

Mother's Name:
Home Address:
Attach Addressograph label here
GP:
Current E.D.D.:
Place of Booking:
Has the baby been named? Y/N
Baby's name:



**The Northern Fetal Medicine Network**  
**The Northern Neonatal Network**

**Multidisciplinary antenatal assessment of infants with significant, complex, life-threatening or life-limiting, congenital anomalies**

**Initial MDT (to take place as soon as possible after definite diagnosis): Section 1-5**

**Section 1 - Diagnosis**

<b>Diagnosis:</b>	
• Details of diagnosis	
• USS (confirmed by Fetal Medicine Consultant)	
• CVS/Amniocentesis	
• MRI	
• Cardiac Scan	
• Other	

**Section 2 – Multi Disciplinary Team (MDT) meeting**

Location of meeting:

Date of MDT meeting:

Persons present:	Fetal medicine Consultant/Obstetrician:	Others: (e.g. surgeon, cardiologist, renal paediatricians)
	Consultant Neonatologist:	

### Section 3 – MDT Discussion (key points)

Have the following been discussed (please give details):

• Place of delivery	
• Persons to be present at delivery	
• Specific Care to be provided at delivery (including extent of resuscitation)	
• Place for baby after delivery (including transfer to NICU or not)	
• Planned support for baby (medical/nursing/midwifery)	
• Planning for discussion of post-mortem if required ( <b>specify</b> by whom and when expected)	

### Section 4 – Best Interests Considerations

Does the baby have a **confirmed life-limiting diagnosis**? YES/NO

If YES, please consider whether a best-interests form needs completing (to be done at this meeting) YES/NO

Form completed (AND attached to this document) YES/NO or N/A

Does the baby have a **complex medical diagnosis** or difficult family situation where it would be appropriate to fill in a best-interests form?

YES/NO

If YES please complete a best interests form and append to this document

The best interest forms is called 'MCA2 v15'

It can be downloaded/printed from: <http://www.nescn.nhs.uk/deciding-right/regional-forms/>

### Section 5: Review Planning

Current EDD:	
Planned date of delivery:	
<b><u>Date of planned pre-delivery MDT review:</u></b>	
Estimated Gestation at review:	
Other Comments (free text)	

## Section 6: Pre-Delivery Review MDT Meeting (usually 2 weeks before planned delivery date)

Persons Present at MDT:			
Confirmed diagnosis:		Planned date, place and mode of delivery:	
Is the original plan still valid?	YES/NO		
<p><u>Has anything changed since initial review?</u></p> <p><b>CONSIDER</b> place of birth: if 3<sup>o</sup>/4<sup>o</sup> neonatal services are not essential at birth, could the baby be delivered closer to home (near a level 3 NICU or SCBU)?</p>			
<p><b><u>IF the infant has a life-limiting diagnosis OR complex medical condition, detail specific planning for immediate postnatal care</u></b></p> <p><u>Include:</u></p> <ul style="list-style-type: none"> <li>• Scope/extent of planned resuscitation</li> <li>• Possible treatment</li> <li>• Action/plan if resuscitation is not successful in delivery room</li> <li>• Comfort care measures</li> <li>• Place of care</li> </ul> <p>What are the family's priorities if the baby's life is likely to be short (hours/days)?</p> <p>Are there any specific spiritual or cultural needs at the time of infant's birth and/or death?</p>			

## Section 7: Administration (to be completed after each MDT):

**NB: Append ALL fetal medicine/neonatal counselling letters to this document BEFORE sending/emailing**

<b>Initial MDT Meeting</b>	Date of email of completed form to relevant parties (NHS.net):
<b>Who should be sent/cc'd this document?</b>	<ol style="list-style-type: none"> <li>1. Neonatal Antenatal Alert file (RVI/JCUH)</li> <li>2. Mother's GP</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>
<b>Pre-delivery MDT meeting</b>	Date of email of completed form to relevant parties (NHS.net):
<b>Who should be sent/cc'd this document?</b>	<ol style="list-style-type: none"> <li>1. Neonatal Antenatal Alert File (RVI/JCUH)</li> <li>2. Mother's GP</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>