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Impact of acute cardiac transfers conducted by the West Midlands Neonatal Transfer Service

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Introduction:

Congenital heart disease is the commonest group of congenital malformations and accounts for approximately 10% of infant deaths.¹ These infants need to be transferred to centres with expertise in paediatric cardiology and account for a significant proportion of transfers conducted by neonatal transfer teams. The West Midlands Neonatal Transfer Service (WMNTS) was established in 2007 and is primarily led by Advanced Neonatal Nurse Practitioners (ANNPs). It provides transport within neonatal networks comprising of 16 neonatal units within the West Midlands region.

Objective:

To review the impact of cardiac transfers conducted by the WMNTS for congenital heart disease.

Methods:

Retrospective review of all acute cardiac transfers conducted by WMNTS from Jan 2007 to Aug 2009.

Results:

A total of 236 transfers were conducted during the study period. 188 babies were on a prostin infusion of which 45 babies were ventilated. All babies on a high dose prostin infusion were transferred ventilated. 184 were transferred to the cardiology wards, while 52 were transferred to PICU. 225 babies were transferred to the regional tertiary children's hospital. There were no reported clinical incidents.

	2007	2008	2009
Total number of cardiac /total annual transfers	77 /1115	79 / 1251	80/ 1328
Median gestational age in weeks (range)	40 (31-42)	39 (31-42)	39 (32-43)
Median birth weight in grams (range)	3090 (1096-4400)	2960 (1020-4890)	3100 (1064-4536)
Male : Female ratio	36: 41	42: 37	42: 38
Receiving prostin	59	55	74
Prostin dose in nanograms/kg/min (range)	5 (5-100)	5 (5-100)	5 (5-100)
Ventilated	17	13	15
ANNP: Registrar	71: 1	59:13	50:24

Conclusions:

Acute cardiac transfers comprise approximately 6 % of the transfers conducted by WMNTS. 95% of the babies remained within the region. All transfers were completed safely. ANNPs are capable of transferring these sick babies safely.

References:

1. Abu-Harb M et al. Arch Dis Child 1994;71:3-7.