Preparing for Transfer of a Neonate
Ensuring the baby arrives safely

Aim
The aim of the care during transfer is to ensure that the infant is in the best possible clinical condition while he/she is being moved from one facility to another, e.g. clinic to the hospital, by providing the following:

- a warm environment
- an adequate supply of oxygen
- a source of energy
- careful observations

Preparation for transfer

- All infants must be stabilized before transfer (see "Transporting Neonates" guideline)
- Follow the referral criteria for your institution and district
- Discuss the transfer and condition of the infant with the staff at the receiving hospital
- Assess the condition of the baby and arrange for the appropriate mode of transport
- Critical notes, referral letter and baby's clinic card must be sent with the infant
- Consent for surgery, if indicated, must be obtained and sent with the infant
- In the absence of trained ambulance personnel, nursing or medical staff should provide care for the infant while he/she is transferred
- A transport incubator, oxygen supply and an emergency box of essential resuscitation equipment should always be available for use in transferring newborn infants
- Whenever possible, the mother should be transferred with her baby

Prevent hypothermia
Keep baby warm using either skin-to-skin care method or the transport incubator. If mother is not available, wrap the baby in a silver swaddler (space blanket) or heavy gauge tin foil. N.B. ensure baby is warm first!
Maintain temperature between 36°-37°C. Do not over-warm. The baby's skin temperature must be measured regularly.

Prevent hypoglycaemia (see "Neonatal Hypoglycaemia" guideline)
Some supply of energy must be provided during transfer, e.g. neonatalyte or 10% dextrose IV; or milk feeds, if stable. Monitor intake and output. (Form Paed/21)

Prevent hypoxia
Infants with respiratory distress and apnoea need oxygen and ventilation during transfer. Monitor pulse and oxygen saturation of all ill neonates. Aim for oxygen saturation of 88-93%. N.B. Saturation > 95% can lead to blindness.

N.B. The referral letter

The referral letter is vitally important for the baby – so make it GOOD!

Include accurate details of the following:

- History of labour and birth details, including Apgar score
- PMTCT programme (nevirapine administration) and feeding choice
- Maternal history
- Care given, including
  - fluids and nutrition, i.e. IV fluids / feeds
  - O₂ requirements
  - last set of observations
  - resuscitation given
- Medications given, e.g. Konakion®, antibiotics
- Clinic card
- Current condition