

## **BAPM 'guideline' for good practice in the management of neonatal respiratory distress syndrome (RDS)**

### **Place of delivery and transport [ DRAFT<sub>1</sub> Dec 04]**

- Every obstetric unit must have a protocol for the management of preterm labour.
- Maternity units which are not staffed or equipped to provide neonatal intensive care should have arrangements agreed within their Network for the antenatal transfer of women when it is anticipated that a preterm baby might be born and intensive care may be necessary. Because preterm delivery can be unexpected and certain maternal conditions preclude in-utero transfer, every maternity unit must have facilities and trained personnel to initiate effective resuscitation at birth (see section RDS 11).
- Each Managed Perinatal Network should establish a transport team which can respond immediately to transfer a mother or baby without depleting staffing levels at either the place of birth or the receiving NICU.
- Postnatal transfer of a preterm baby who is receiving artificial ventilation (see section RDS 12) requires trained staff experience and specialised equipment. (CEN standards and PneoStar).
- Regular audit of the activity of the transport team should be carried out.

Healey P. The benefits of specialised neonatal transport teams, effects on the infants and their parents. *Journal of Neonatal Nursing* 2003; 19: 98-102

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