

## Standard Operating Procedure

# FETAL CARDIOLOGY REFERRAL PROCESS BETWEEN LEVEL 2 AND LEVEL 1 CENTRES

<b>SETTING</b>	Fetal Cardiology and Fetal Medicine Departments in UH Bristol and UH Wales
<b>FOR STAFF</b>	All Fetal Cardiologists, Fetal Medicine Consultants
<b>PATIENTS</b>	Referral pathway for fetal cardiology patients from the level 2 fetal cardiology centre in UH Wales to the level 1 fetal cardiology centre in UH Bristol

## STANDARD OPERATING PROCEDURE

### Purpose

The purpose of this guidance is to describe the referral pathway for fetal cardiology referrals between the level 2 fetal cardiology centre in University Hospital Wales (UHW) and the level 1 fetal cardiology centre in University Hospitals Bristol & Weston (UHBW).

### Fetal Cardiology pathway at UHW

- An anomaly scan is offered around 18 – 20 +<sup>6</sup> weeks, if a cardiac anomaly is suspected, patients from South Wales are referred to the fetal cardiology team at UHW.
- Patients are seen within 5 working days (for suspected cardiac disease) by the fetal cardiology team at UHW. A fetal echocardiogram is performed and diagnosis and counselling are given as part of the visit. The patient will also be seen in the Cardiff FMU for detailed assessment and counselling.
- A referral should be made immediately to UHBW level 1 centre if the following conditions are suspected :
  - Significant CHD requiring operation within the first 1-2 weeks of life
  - Cardiomyopathies with decreased ventricular function with expectation of inotropic support after birth
  - Cardiac tumours with significant hemodynamic compromise
  - Life threatening arrhythmias
- Referrals are made to both the fetal cardiology & fetal medicine department and should be made via secure e-mail or letter at the earliest opportunity.  
(see section below – Routine referral to Bristol)
- For patients not suspected with clinical conditions above, or that have an evolving clinical condition that requires monitoring, their care will remain under the fetal cardiology team and fetal medicine team at UHW.
- The outcome of the fetal medicine appointment should be communicated with both the fetal cardiology team and fetal medicine team in Bristol (i.e. continuing with

pregnancy/discontinuing the pregnancy).

### **Fetal Cardiology pathway at UHBW**

- UHBW Fetal cardiology will contact the patient directly to offer an appointment prior to 28 weeks gestation.
- A second appointment will be offered around 32 weeks and where possible this will be a joint appointment with the Fetal medicine unit at UHBW. The patient will be seen by cardiology first, and if delivery does not need to be in Bristol, then the patient can be followed up by the local team and will not need FMU (Bristol).
- The appointment will involve a detailed fetal assessment, and arrangements made for delivery (IOL or LSCS). It will be made clear to the patient that the focus of her care will remain at her local unit until she attends Bristol for delivery.
- A further fetal echocardiogram will be performed with confirmation of the diagnosis. The results will be discussed with the patient.
- A Fetal Cardiac Nurse Specialist from UHW will have supported the patient for the duration of their fetal cardiac pathway thus far. As part of this process, they will have prepared the family for transition of care to UHBW, as well as communicated key information to the UHBW CNS team during this time.
- The UHBW fetal CNS team will be present at the 32/40 clinic to offer ongoing support and give information and advice specific to the BCH surgical pathway. The team will facilitate appropriate referrals to the wider MDT as required e.g.: Psychology, to ensure maximum support throughout the surgical pathway. If a UHBW fetal CNS is not present at the 32/40 fetal cardiology clinic, the patient will be contacted by telephone by the BCH CNS team within 24 hours
- Feedback from joint FMU/Fetal Cardiology clinic to Welsh Fetal CNS team will be undertaken to ensure a seamless service.
- The patient care will be formally transferred from UHW to UHBW.
- Copies of the consultant's report will be sent to the patient, fetal medicine consultant, neonatal team, to patient's UHW fetal cardiology consultant, the local unit's obstetric and neonatal teams

### **Routine Referral to Bristol (before 32 weeks gestation)**

- To refer a patient to the UH Bristol fetal cardiology team, a referral letter must be completed and emailed to the fetal cardiology coordinator ([ubh-tr.BristolFetalCardiology@nhs.net](mailto:ubh-tr.BristolFetalCardiology@nhs.net)). This letter should also be copied to the UH Bristol fetal medicine team ([ubh-tr.Fetalmedicineunit@nhs.net](mailto:ubh-tr.Fetalmedicineunit@nhs.net))
- Direct referral from UHW Fetal cardiology to UHBW Fetal cardiology is preferred to maximise clear communication of relevant details. Where extra cardiac problems co-exist a joint referral with fetal medicine details should be considered, if necessary.
- The referral letter should contain the following information;
  - Patient name

- Hospital number
- NHS number
- Summary of diagnosis
- Description of echocardiogram's findings
- Clear plan and discussions during counselling including pregnancy options (termination/invasive testing) and surgical post-natal management plan
- If surgery is involved, details of counselling about mortality and prognosis should be included in the letter.

### **Urgent referral to Bristol**

Patients that have remained under the care of the team at UHW may need an urgent referral to UHBW as a result of a change in clinical condition or a diagnosis in late gestation.

- A referral should first be securely emailed to the fetal cardiology administrator and also to the fetal medicine team.
- The referring fetal cardiologist from UHW should personally contact the UHBW fetal cardiologist to discuss the patient.

<b>REFERENCES</b>	<a href="https://www.england.nhs.uk/wp-content/uploads/2018/08/Congenital-heart-disease-standards-and-specifications.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/08/Congenital-heart-disease-standards-and-specifications.pdf</a> .
<b>RELATED DOCUMENTS</b>	Fetal cardiology handbook
<b>AUTHORISING BODY</b>	Clinical Governance Group, Bristol Royal Hospital for Children Antenatal Working party
<b>SAFETY</b>	None
<b>QUERIES AND CONTACTS</b>	Patricia.Caldas@uhbw.nhs.uk

## **Appendix 1 – Evidence of Learning from Incidents**

The following table sets out any incidents/ cases which informed either the creation of this document or from which changes to the existing version have been made.

<b>Incidents</b>	<b>Summary of Learning</b>
n/a	

**Table A**

<b>AUDIT REQUIREMENTS</b>	Adherence to guideline will be audited periodically as part of Network audit
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<b>Plan Elements</b>	<b>Plan Details</b>
<b>The Dissemination Lead is:</b>	Dr Stephanie Curtis, Clinical Director, SWSWCHD Network

<b>Is this document: A – replacing the same titled, expired SOP, B – replacing an alternative SOP, C – a new SOP:</b>	A
<b>If answer above is B: Alternative documentation this SOP will replace (if applicable):</b>	
<b>This document is to be disseminated to:</b>	South West and South Wales Congenital Heart Network
<b>Method of dissemination:</b>	Email
<b>Is Training required:</b>	No

### Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
Mar 2023	3	Consultant Paediatric Cardiologist	None	