



## Out of Region Ex Utero Transfer Care Pathway Exception Report

**Hospital & Trust:** \_\_\_\_\_

**Month & Year:** \_\_\_\_\_

**Person Completing the Form:** \_\_\_\_\_

\*Hospital Code/Hospital Name

Code	Hospital - NI	Code	Hospital - ROI
1	Altnagelvin	9	Coombe Women's
2	Antrim	10	National Maternity (Hollies)
3	Causeway		
4	Craigavon	11	Our Lady of Lourdes
5	Daisy Hill	12	Rotunda
6	Royal Jubilee Maternity		
7	SWAH	13	Other - please state
8	Ulster		

Once completed, please return to: Claire McGinley at [Claire.mcginley@hscni.net](mailto:Claire.mcginley@hscni.net)

Date & Time (24 hrs)	Gestation (completed weeks/days)	Reason(s) for IUT (List item no.) 1. No Labour Ward Capacity in Hospital 2. No Labour Ward Capacity in region 3. No Regional NNU capacity (state reason?) 4. No NNU Capacity in Network 5. Other (please state)	Transfer destination (List hospital codes 9-13 - see table above*)	Previous ExUT in this Pregnancy Y / N	Outcome (If Known) Delivered Y / N	Location of Birth (List hospital code – see table above*)	Comment

<b>Date &amp; Time (24 hrs)</b>	<b>Gestation (completed weeks/days)</b>	<b>Reason(s) for IUT (List item no.)</b> 1. No Labour Ward Capacity in Hospital 2. No Labour Ward Capacity in region 3. No Regional NNU capacity (state reason?) 4. No NNU Capacity in Network 5. Other (please state)	<b>Transfer destination</b> (List hospital codes 9-13 - see table above*)	<b>Previous ExUT in this Pregnancy</b> Y / N	<b>Outcome (If Known) Delivered</b> Y / N	<b>Location of Birth</b> (List hospital code – see table above*)	<b>Comment</b>