



Out of Region In Utero Transfer Care Pathway Exception Report

*Hospital Code/Hospital Name

Hospital & Trust: _____

Month & Year: _____

Person Completing the Form: _____

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

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 IUT in this Pregnancy Y / N	Outcome (If Known) Delivered Y / N	Comment

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