



Multidisciplinary antenatal assessment of infants with significant, complex, life-threatening or life-limiting, congenital anomalies

Mothers Name
Home Address
GP
Current E.D.D
Place of Booking
Has the baby been named? Y/N
Baby's Name

Inset addressograph

THIS DOCUMENT IS TO BE COMMENCED BY THE FETAL MEDICINE TEAM ALONG WITH A NEONATAL/PAEDIATRIC CONSULTANT AS SOON AS A DEFINITIVE DIAGNOSIS HAS BEEN MADE

<p>Who should be sent a copy of this document?</p>	<ol style="list-style-type: none">1. Neonatal Antenatal Alert file2. Mother's GP3.4.5.
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This document is based on Antenatal Congenital Abnormality form produced by the Northern Neonatal Network. <http://www.nornet.org.uk/Care-Bundle-for-neonatal-palliative-&-end-of-life-care>

Initial MDT (to take place as soon as possible after definite diagnosis): Section 1-5		
Section 1 – Diagnosis		
To be completed by FMU lead clinician		
Details of diagnosis		
USS (confirmed by Fetal Medicine Consultant)		
CVS/Amniocentesis		
MRI		
Fetal Echocardiography		
Other prenatal investigations		
Section 2 – Multi Disciplinary Team (MDT) meeting		
Location of meeting		
Date of MDT meeting		
Persons present	Fetal medicine Consultant/Obstetrician	Others: (e.g. general paediatrician surgeon, cardiologist, nephrologist)
	Consultant Neonatologist	

Section 3 – MDT Discussion (key points)
Place of delivery
Timing of delivery
Mode of delivery
Monitoring in labour
Persons to be present at delivery
Specific care to be provided at delivery (including extent of resuscitation)
Early neonatal management plan and location where care will be delivery (including transfer to NICU or not)
Planning for discussion of post-mortem (specify by whom and when expected)
Has organ donation been considered and offered if appropriate?

Section 4: Review Planning if required	
Current EDD	
Gestation at review	
Planned date of delivery	
<u>Date of planned pre-delivery MDT review</u>	
Other Comments (free text)	

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Section 5: Pre-Delivery Review MDT Meeting (usually 2 weeks before planned delivery date)	
Persons Present at MDT	
Confirmed diagnosis	
Planned date, place and mode of delivery CONSIDER place of birth: if 3^o/4^o neonatal services are not essential at birth, could the baby be delivered closer to home	
Is the original plan still valid?	YES/NO
Has anything changed since initial review?	
IF the infant has a life-limiting diagnosis OR complex medical condition, <u>detail specific planning for immediate postnatal care</u> <u>Include</u> <ul style="list-style-type: none"> • Monitoring in labour • Scope/extent of planned resuscitation • Possible treatment • Action/plan if resuscitation is not successful in delivery room • Comfort care measures • Place of care • Options for hospice or home care if baby is showing signs of surviving for days, weeks, or months 	
What are the family's priorities if the baby's life is likely to be short (hours/days)? e.g. memory making, family to visit, naming ceremony	
Are there any specific spiritual or cultural needs at the time of infant's birth and/or death?	