Prenatal Detection of CONGENITAL HEART DISEASE

Abnormal Mid Trimester Screening Scan

(Sonographer/Obstetrician/Fetal Medicine Specialist)

- Abnormal cardiac screening views (FASP views)
- Abnormal cardiac rhythm e.g. bradycardia/tachycardia

Abnormal Cardiac Views Any Gestation

(Sonographer/Obstetrician/Fetal Medicine Specialist)

- Abnormal cardiac screening views (FASP views)
- Abnormal cardiac rhythm e.g. bradycardia/tachycardia



Refer to National Fetal Cardiology Service for Detailed Fetal Echocardiography Assessment & Counselling



Confirmed Congenital Heart Disease (CHD)

- · Counselling by fetal cardiology/fetal medicine team & specialist fetal medicine midwifes
- Genetic testing offered where appropriate
- Detailed echocardiography report available on Maternity Badger [™]
- Patients provided with written information and contact details of specialist cardiac centre
- Formal letter to referring centre; GP and patient detailing outcome of the fetal echo; counselling session; prognosis & postnatal management plan
- F/u appointment confirmed
- Appointment to meet with Cardiac Nurse Specialists in the 3rd trimester



Planned Delivery in Specialist Cardiac Centre

- Case presentation at combined weekly fetal medicine/neonatal meeting
- Case presentation at Cardiac MDT
- Postnatal management plan available electronically

Planned Delivery in Local Hospital

- Local obstetric & neonatology team informed of the postnatal cardiac plan
- Paediatric cardiology team to be informed of delivery to ensure appropriate f/u arranged

NEONATE WITH ANTENATALLY DETECTED CONGENITAL HEART DISEASE

CASE DISCUSSION IN WEEK PRIOR TO DELIVERY AT JOINT FETAL/NEONATAL MDT and CARDIAC MDT PLANNED OR UNPLANNED DELIVERY PLANNED DELIVERY AT QEUH at OTHER CENTRE Obstetric Team discuss with NICU (+/- PICU) pre-delivery. Cardiology postnatal management plan on Clinical Portal **DISCUSS WITH ONCALL CARDIOLOGIST** NICU Team attend delivery **AFTER DELIVERY** Cardiology Registrar (0900-2100Hrs) or **Duty Cardiology Consultant** TRANSFER TO NICU FOR INITIAL MANAGEMENT Via RHC Switchboard (0141 201 0000) +/-AND CONFIRMATION OF DIAGNOSIS Telemedicine if appropriate · Duty Cardiologist informed by NICU team, and arrange review + echo

DETERMINE APPROPRIATE WARD FOR ONGOING MANAGEMENT

· Initiation of appropriate management e.g.:

· Cardiac genetic testing (as per guideline)

anomalies

PGE1, central / arterial access, investigation of

Criteria to define appropriate ward for ongoing care: **Cardiology Ward Criteria ←** ▶ **←**▶ **PICU Criteria NICU Criteria** •Weight ≥ 2kg Requiring respiratory Weight ≥ 2kg • Able to maintain support Requiring respiratory temperature in open cot Neonatal issues or support No respiratory support → associated anomalies Requiring inotropic •No inotropic support likely to require NICU support No acute neonatal input Cardiovascular issues Confirmed neonatal instability •PGE1 ≤ 10 ng/kg/min palliative pathway Potential cardiac with PICC or 2 x intervention within 5 peripheral IV access days •If uncertainty or no bed available in appropriate ward arrange joint discussion with PICU & NICU • If patient status changes re-consider appropriate ward / unit and arrange transfer if appropriate

MANAGE AS PER

"POSTNATAL" PATHWAY

OVERLEAF

NEONATE WITH <u>POSTNATAL SUSPECTED</u> / <u>DETECTED</u> CONGENITAL HEART DISEASE

CARDIAC REFERRAL SOURCE

e.g. GP, Health visitor, Midwife, A&E, Neonatal, Postnatal or Paediatric Ward (Registrar or Consultant)

Discussion with Duty Cardiologist

Including clinical management plan e.g. need for prostaglandin E1

Cardiology Registrar (available 0900-2100Hrs), or contact Duty Cardiology Consultant Via RHC Switchboard (0141 201 0000) +/- Telemedicine if appropriate



STABLE INFANT SUITABLE FOR OUTPATIENT REVIEW?

YES



Arrange cardiology rapid access clinic appointment or routine clinic referral

REQUIRES IMMEDIATE TRANSFER FOR ASSESSMENT AND MANAGEMENT



IMMEDIATE RETRIEVAL AND ADMISSION PROCESS:

- Referrer ± Duty Cardiologist refer urgently to Emergency Transport Service (SCOTSTAR)
- Admission Unit guided by Admission Criteria below
- Conference Call with Referrer, Cardiologist, Transport Lead, and Duty NICU/PICU Consultant.

Admission Criteria to guide appropriate ward for admission:

Cardiology Ward Criteria

- •Weight ≥ 2kg
- •Able to maintain temperature in open cot
- No respiratory support
- •No inotropic support
- •No acute neonatal issues
- PGE1 ≤ 10 ng/kg/min with PICC or 2 x peripheral IV access

NICU Criteria

- Requiring respiratory support
- Neonatal issues or associated anomalies likely to require NICU input
- Confirmed neonatal palliative pathway

PICU Criteria

- Weight ≥ 2kg
- Requiring respiratory support
- •Requiring inotropic support
- Cardiovascular instability
- Potential cardiac intervention within 5 days

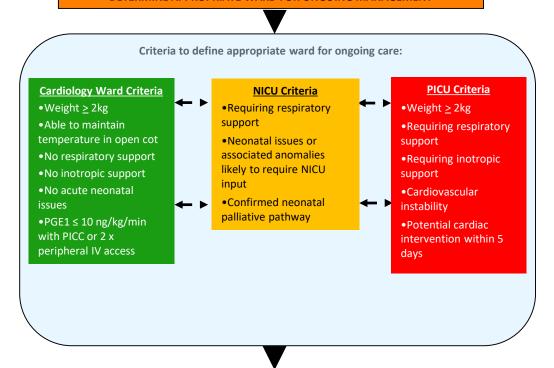
PHONE NUMBERS

Duty cardiologist, NICU consultant via RHC switchboard: 0141 201 0000 RHC PICU: 0141 452 4760 / 4761 RHC NICU: 0141 232 4710 / 4760

NEONATE WITH CONGENITAL HEART DISEASE

Intra-hospital Transfer

DETERMINE APPROPRIATE WARD FOR ONGOING MANAGEMENT



- Patient reviewed by cardiology team & accepted for ongoing care by duty cardiologist
 - Patient plan documented in patient notes <u>+</u> JCC Discussion
- Cardiology Consultant documented 'Accepted for transfer' in the medical notes
- Complete nursing SBAR share with both teams
- Discussion at daily huddle confirm bed availability
- Transfer to Ward 1E/PICU when bed available

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Transfer to Ward 1E or PICU

RHC PICU: 0141 452 4760 / 4761

RHC Ward 1E: 0141 452 4438