



NEONATE WITH ANTENATALLY DETECTED CONGENITAL HEART DISEASE

ANTENATAL CASE DISCUSSION IN WEEK PRIOR TO DELIVERY AT JOINT FETAL
- NEONATAL MEETING and CARDIAC JCC MEETING

PLANNED DELIVERY AT QEUEH

Obstetric Team discuss with NICU (+/- PICU) pre-delivery.
Cardiology postnatal management plan on Clinical Portal
NICU Team attend delivery

PLANNED OR UNPLANNED DELIVERY at OTHER CENTRE

DISCUSS WITH ONCALL CARDIOLOGIST AFTER DELIVERY

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

TRANSFER TO NICU FOR INITIAL MANAGEMENT AND CONFIRMATION OF DIAGNOSIS

- Duty Cardiologist informed by NICU team, and arrange review + echo
- Initiation of appropriate management e.g.: Prostaglandin E1, central / arterial access, investigation of anomalies
- Cardiac genetic testing (as per guideline)

MANAGE AS PER "POSTNATAL" PATHWAY

DETERMINE APPROPRIATE WARD FOR ONGOING MANAGEMENT

Criteria to define appropriate ward for ongoing care:

Cardiology Ward Criteria

- Weight $\geq 2.5\text{kg}$
- Gestation ≥ 37 weeks
- No respiratory support
- No inotropes
- No acute neonatal issues
- Prostaglandin E1 ≤ 10 nanog/kg/min and 2 x IV access

NICU Criteria

- Gestation < 37 weeks
- Age < 10 days
- Neonatal issues or associated anomalies likely to require NICU input
- Confirmed neonatal palliative pathway

PICU Criteria*

- Weight ≥ 2.5 kg
- Gestation ≥ 37 weeks
- Age ≥ 10 days
- Likely cardiac surgery in next 5 days e.g. HLHS
- Cardiovascular instability

- 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

*INFANTS MEETING PICU CRITERIA

- If PICU admission is indicated / likely inform PICU team pre- and post- delivery.
- **Timing of transfer:** agree between NICU and PICU teams dependent on diagnosis, patient stability, timing of surgery.
- **Infants with HLHS:** PICU transfer within 24 hours, or sooner if any evidence of instability