

## ELIGIBILITY CRITERIA:

1. Birthweight;  $\geq 2.5\text{kg}$
2. Gestation;  $\geq 37$  weeks
3. Confirmed Death by Neurological Criteria (DNC) death and/or Death by Cardiac Criteria (DCC) death

## TO DO LIST:

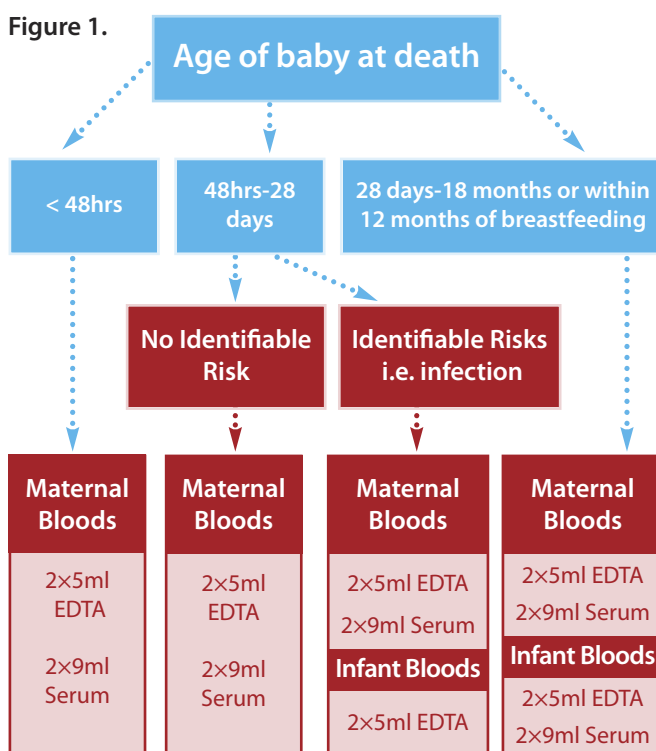
- A. Update Senior Midwifery Management on call and OT**
- B. Complete following forms;**
  - Confidential Medical History Questionnaire on Mother + infant questionnaire in cases ONLY of identifiable risk and late neonatal death (28 days and older ie. blood transfusion or transmissible disease).
  - Consent Form  
*Forms can be found online at;*  
[www.mater.ie/healthcare-professionals/gp-referrals](http://www.mater.ie/healthcare-professionals/gp-referrals)
- C. Obtain Maternal Covid-19 vaccine history**
- D. Blood Tests** see Figure 1. Note transplant surgeon will bring bloods to mater lab for analysis
- E. Copy of blood group** from baby
- F. Covid-19 swab** from baby
- G. Medical team** should inform Coroner of the case ideally in advance of passing
- H. Cardiac ECHO** for infant if indicated by Coroner
- I. Book an OT and OT nurse**
- J. Transplant Surgeon** will bring their own equipment. On site OT may be required to provide
  - $\times 2$  sterile trolleys
  - Surgical table
  - Drip stand
  - Gown/mask/gloves

# HEART VALVE DONATION FLOW CHART

<b>Donor Infant</b>	Approach family with regard to the possibility of a heart valve donation. Give parental Information leaflet
<b>Mater Transplant Coordinator Team</b>	Refer to Mater transplant coordinator if the parents say 'YES' to the valve donation
<b>Paperwork</b>	Senior medical staff to complete paperwork in partnership with the parents
<b>End of Life and supportive Care</b>	Provide end of life care for family and Infant as per local policy. Involve supportive care services ( <i>chaplain, MSW, bereavement CMS</i> )
<b>Mater Transplant Coordinator Team</b>	Phone the transplant coordinator as indicated on left hand column. Service available 24/7 <b>Mater Transplant Coordinator On call coordinator may be reached through switch at: 01 803 2000</b>

\*Heart Valves must be harvested within 4 hours of death (Baby can remain with family until arrival of transplant team - The procedure takes 1 hour)

Figure 1.



## WHEN TO APPROACH FAMILY:

1. If a baby fulfils criteria
2. Discussions should only take place when parents understand death is inevitable
3. Preferable for both a nurse and senior doctor to be present for conversations around donation

## WHEN TO CALL THE TRANSPLANT TEAM IN SCENARIO A + B:

- A. In case of fatal fetal anomaly** where a decision has been made to donate prior to delivery
  - Call the coordinator at each time interval;
  - 1. Onset of established labour-team member will go on standby.
  - 2. Time of birth
  - 3. Time of death
- B. In cases of DNC and DCC death**

Phone the coordinator when family say 'yes'

Follow up phone call once infant has passed to activate transplant team

## CHECKLIST:

- Parental Consent
- Completed paperwork
- Coroner Informed
- Necessary bloods drawn and status reports printed of mother viral status