



# Particularity Of in Utero Transfer to A Level 3maternity Hospital in Tunisia

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## Objective:

Describe the epidemiological and clinical aspects of Transfer in utero (TIU) and whether or not they are indicated by the acknowledged societies.

## Design:

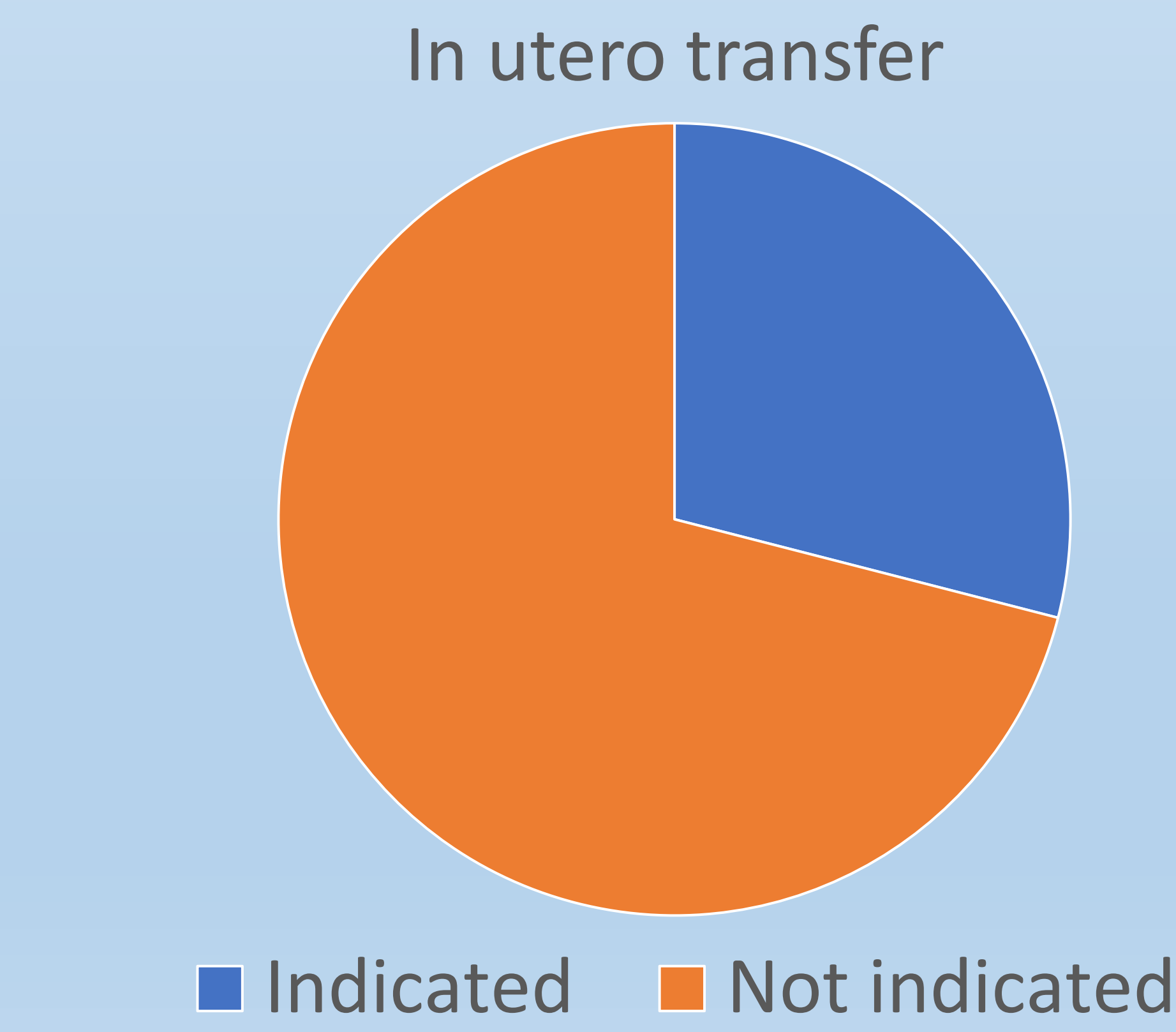
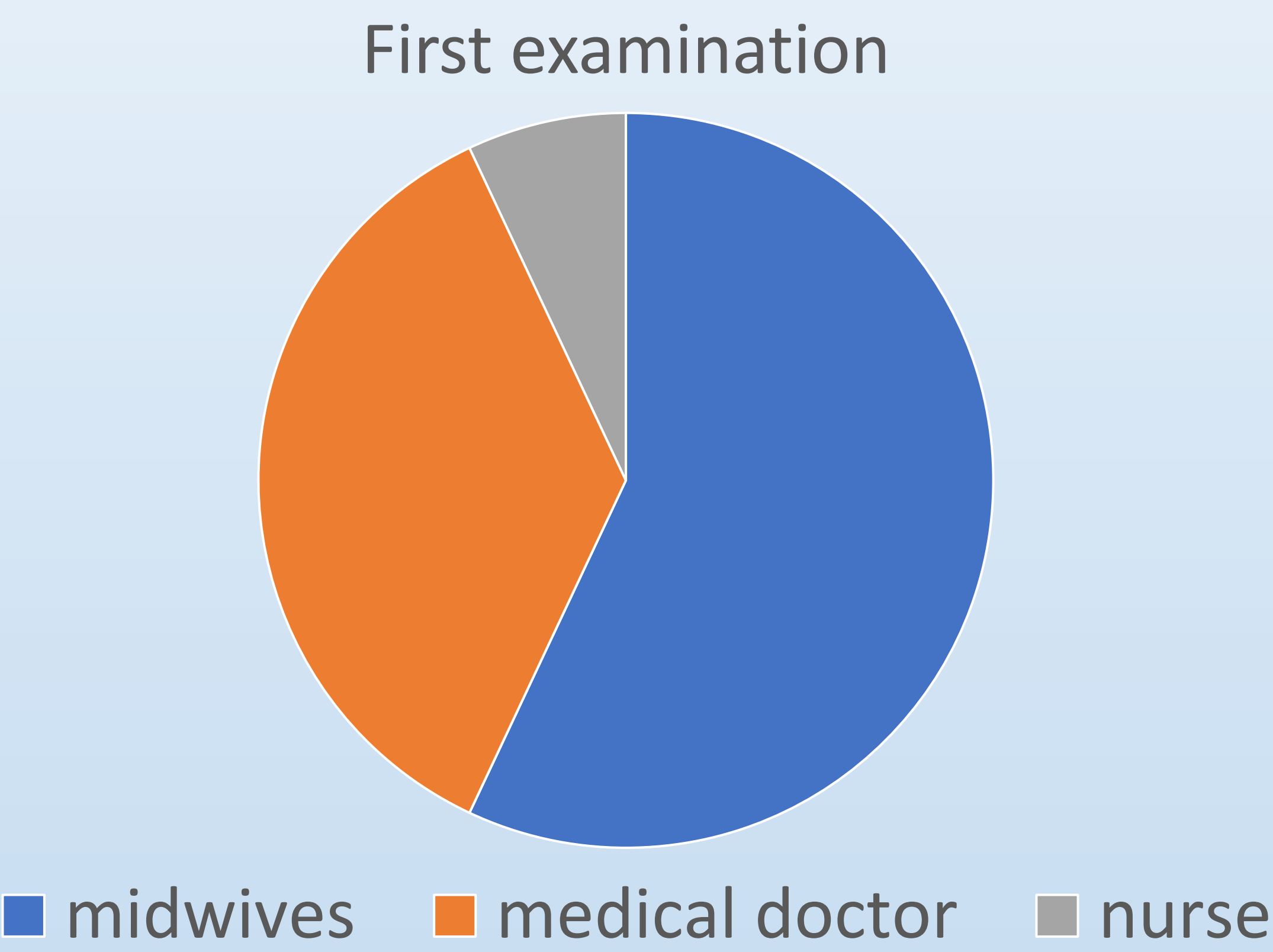
We conducted a prospective descriptive study.

## Method:

We included in the study 109 patients in the third trimester who were transferred towards the maternity center in Tunis, carried out over a period of 6 months from January 2021 to July 2022.

## Results:

The average age of our patients was 29 years, 24.5% of women had no formal education. Ten per cent of couples were unemployed. Six point six per cent without public transport. The average distance between home and health structure was 9.19 km. Eighty three per cent of TIUs came from inland areas. Nighty percent of TIUs came from regional hospitals. Fifty-seven per cent of TIUs were examined by midwives and 36% by a medical doctor. The main reasons were obstetrical. Seventy-one per cent of ITUs were not indicated of which 36,79% were justified by regional disparities in access to health services, infrastructure and equipment and in terms of socio-demographic disparities.



## Discussion:

The assessment and coordination of in utero transfers face inherent difficulties due to fragmented reporting systems and inadequate collaboration among different healthcare providers and specialties such as obstetrics, midwifery, and neonatology. Insufficient ownership of this complex process has likely hindered advancements in the system over the past few decades. However, guidelines from NICE regarding preterm birth suggest that all women in TPTL (threatened preterm labor) who are less than 30 weeks' gestation should be transferred to specialized neonatal units, without relying on predictive tests(1). If widely embraced, this guidance may significantly increase the overall number of in utero transfers, potentially lacking proper prioritization of the most critical cases.(2) In addition, We need to rationalize in utero transfers: A decrease in transfers resulted in a cost savings of \$153,120 (roughly equivalent to £85,000), and a reduction in the average hospital stay further saved \$2,970 (approximately £1,640) per patient.(3)

## Conclusion:

Our study found a TIU practice not in line with international recommendations in 71.70% of cases. The development of perinatal network seems essential.

## References:

1-National Collaborating Centre for Women's and Children's Health (UK): Preterm Labour and Birth. Natl Inst Heal Care Excell. 2015; November  
2-Tsoi E, Akmal S, Geerts L, *et al.*: Sonographic measurement of cervical length and fetal fibronectin testing in threatened preterm labor. *Ultrasound Obstet Gynecol.* 2006; **27**(4): 368–72  
3-Giles W, Bisits A, Knox M, *et al.*: The effect of fetal fibronectin testing on admissions to a tertiary maternal-fetal medicine unit and cost savings. *Am J Obstet Gynecol.* 2000; **182**(2): 439–42.