PREMATURE BABIES

This is one of the most emotive and difficult situations that we ever have to deal with, a tiny baby who through no fault of their own, arrives early and a family who did not plan on having a baby on their holiday and so are completely unprepared for it.

The clinical complications can be significant, some may not present immediate issues for the baby, but poor timed repatriations of infants who may not have fully developed can result in longer term damage and cognitive issues as well as presenting an immediate risk to health.

tifgroups consideration is firstly and simply ensuring mother and baby are in an appropriate facility that can support the needs of a premature baby.

Our second consideration is the timing of when it is safe for baby to return back to the UK. This is something that we have to consider extremely carefully in order to mitigate the risk of any harm coming to the baby.

WHAT IS A PREMATURE BIRTH?

A baby who is born before 37 weeks of pregnancy will be called a premature baby. The neonatal team have different words for different levels of premature birth. They may also use the word 'preterm' to talk about a baby being born early. There are different ways of describing a premature birth.

Term: A baby that has spent at least 37 weeks inside the womb (gestation)

Preterm: A Baby Born before 37 Weeks' Gestation

Moderate to Late Preterm: A Baby Born between 32- and 37-Weeks' Gestation

Very Preterm: A Baby Born between 28- and 32-Weeks' Gestation

Extremely Preterm: A Baby Born at or before 28 Weeks' Gestation

PREMATURE BABIES IS A VERY SPECIALIST AREA OF MEDICINE

Premature labour it is usually an emergency and unexpected and so the focus is around getting mum to a hospital, any hospital and as quickly as possible.

It some instances we understand that this may be a private facility initially, who may well be able to handle an uncomplicated labour however in our experience they are unlikely to have the facilities to support an early baby requiring neo-natal care.

In the event that mum and baby are in a private facility, our doctors will assess the clinical situation and where possible arrange a transfer safely to a state hospital that has a specific neo-natal

intensive care unit so that there is access to the best doctors, facilities and range of specialisms should the baby suffer any complications as a result of their early arrival, which can be extremely complex.

In areas of the world where state facilities are not adequate the medical team will work to ascertain which privately funded facility could be best to support the medical situation.

WHAT IS NEONATAL CARE?

It can be confusing to understand what care there is available and what care a new baby needs. Sometimes babies might be treated in different types of units because their condition has changed.

It might not be clear straight away what type of care a baby is getting; For example, the baby could be in a neonatal intensive care unit, but getting special care.

There is some terminology used which around what babies require what care and what this care actually is; this terminology in the main is universal and so translates worldwide.

NEONATAL INTENSIVE CARE UNIT (NICU)

This is the level of care for babies with the highest need for support. Often these babies will have been born before 28 weeks' gestation, or be very unwell after birth. A large proportion of premature babies require NICU.

Even some of the smaller state-run facilities do not have NICU facilities as it is such a specialist area of medicine, so sometimes the baby has to be moved to a different hospital which has a neonatal intensive care unit.

Babies are cared for here when they:

- Need breathing support given through their windpipe (called ventilation)
- Have severe disease affecting their breathing (called respiratory disease)
- Need or have just had surgery
- At a neonatal intensive care unit, all levels of emergency and routine neonatal care is supported.

SPECIAL CARE BABY UNIT – SCBU, SOMETIMES CALLED LOW DEPENDENCY

This is for babies who **DO NOT NEED** intensive care. Often, this will be for babies born **AFTER** 32 weeks. Care can include:

- Monitoring their breathing or heart rate
- Giving them more oxygen
- Treating low body temperature
- Treating low blood sugar
- Helping them feed, sometimes by using a tube
- Helping babies who become unwell soon after birth
- Sometimes, a baby might be admitted to a special care baby unit for phototherapy to treat jaundice.

LOCAL NEONATAL UNIT (LNU)

Babies who need a higher level of medical and nursing support are cared for here. If a baby is born between 28 and 32 weeks' an LNU may be considered. Care on an LNU might include:

- Breathing support given through their windpipe (called ventilation)
- Short-term intensive care
- Care during short periods where they stop breathing (called apnoea)
- Continuous positive airway pressure (called CPAP) or high flow therapy for breathing support
- Feeding through a drip in their vein (called parenteral nutrition)
- Cooling treatment for babies who have had difficult births or are unwell soon after birth (before being transferred to a neonatal intensive care unit)
- Helping babies who become unwell soon after birth

TRANSITIONAL CARE

This is where mother and baby stay together in hospital and the team care for you both.

It means the baby is well enough to stay with mum, either in the postnatal ward or a room on the neonatal unit, with support from the hospital staff. Some babies born between 32 and 37 weeks', or babies with mild jaundice or feeding problems, get the care they need in this way.

TIMING IS EVERYTHING

It is our recommendation and to ensure babies safety, that a premature infant is not flown home by any means until he or she is considered as 'term' (37 weeks or more)

We completely understand parents will desperately want to get home and we want to support that but only when it is safe to do so. When a baby is born prematurely, it can be expected that tifgroup will not look to repatriate the baby by any method of transport before he or she is 'term', this does mean some parents have to stay in resort for some time, weeks even months. Depending on how early the baby is.

This is every parents' worst nightmare, however… the risks associated with putting a premature baby whose organs and specifically lungs may have not fully developed in an aviation environment, is something we want to avoid at **all** costs.

An example of compilations that could occur is that premature babies often suffer from anaemia due to the fact that their hematopoietic system (blood formation) is not mature yet.

Due to the lack of oxygen (O2) that their body sends to their tissues, babies are put in an incubator and given extra oxygen.

This can be done during flight and in a specific Air Ambulance however, the hyperoxygenation (higher than usual concentration of O2) may provoke the body to produce more blood vessels, specifically in their eyes that at aviation and increased pressure can then damage their ability to see long term. This is just one example of what may not present as an 'immediate' and critical outcome for the baby, but is a lifechanging effect of a poorly timed transfer.

Our position is simply that we do not want to risk any either immediate or longer-term complications as a result of rushing the baby back to the UK.

A TRUE STORY

Whilst in UAE a mother went into premature labour and gave birth by emergency c-section, to a baby girl at 26 weeks gestation, making her extremely pre-term.

The little girl was born with and suffered, numerous complications of a perforated bowel, necrosing enterocolitis, ileostomy, ileostomy closure, haemorrhage into her cerebral ventricles, ventriculitis, hydrocephalus, with numerous procedures to release pressure by removing intracerebral fluid, and haemorrhage into lungs.

tifgroup recommended that the baby, who was not fit to be transferred back to the United Kingdom, should remain in resort where she was receiving excellent care. She stayed in UAE for 3 months after she was born, after which she then required surgery to insert a ventricular peritoneal shunt from brain to abdomen.

This treatment in UAE would have then required another stay of up to 4 months before she would be safe to transfer back to the UK. A clinical assessment was made as to whether the little girl was suitable for transfer by Air Ambulance pre-surgery and were advised that there was a small window of opportunity.

This possibility was discussed with the parents who were understandably keen to return back to the United Kingdom and allowed us to safely repatriate them and their little girl to Birmingham Children's Hospital to continue with her treatment.

A TRUE STORY

Whilst on holiday in the Caribbean one of our customers following a collapse, gave birth to a little girl prematurely at 27 weeks.

Our customer presented with acute signs of early labour at a private clinic that is part of a larger group of clinics. The clinic told her that they did not have the facilities to handle a premature birth, and also made it clear that no treatment would be provided unless they received an upfront payment.

Faced with this appalling dilemma, before speaking to tifgroup the family believed they had no choice but to pay the clinic with a debit card and arranged for a further sum to be transferred to the clinic's larger partner hospital, where she was to be transferred.

When tifgroup were notified of the case, they urgently advised that she should be transferred to the national maternity hospital in the capital; an excellent hospital that was refurbished with new facilities in 2013. However, the private clinic, transferred her to their own larger clinic without approval from tifgroup and without clinical justification.

The clinic advised the family that tifgroup 'had refused to pay', which was simply untrue and a tactic to try and 'keep' the patient and the associated income within their business and with potential clinical risk of harm to mother and baby.

Whilst this was going on, the emergency medical assistance firm were in constant contact with the family and discussing how best to manage the baby's post-natal care based on their experience as well as referral to consultant paediatricians in the United Kingdom.

The family found the support from tifgroup comforting and gave them confidence that despite not being in the recommended facility, she found the advice that was being given allowed them to be ensure that their baby was receiving the appropriate care.

Mother and baby were discharged from what was basic neonatal care without complications however, it was not medically advisable to fly her home until she had reached 36-37 weeks. tifgroup arranged and paid for alternative accommodation, taxi fares for post-natal care at the local hospital, telephone calls and the provision of baby essential.

Under the circumstances tifgroup felt that family support was important and paid for the mothers' family to visit her on numerous occasions to support them emotionally and until the family and their new baby were repatriated without complication, 16 weeks after she was born.

OUR PHILOSOPHY

SAVING LIVES NOT MONEY

There is lots of information contained in a travel insurance policy wording, information that *should* be read, but that most people just don't. It is important and the lack of time invested in the product can result in people being left out of pocket financially.

That's why we, tifgroup, launched Travel Insurance Explained, a consumer education campaign to help customers understand the, let's face it, complicated product and to then help them find the most appropriate travel insurance for their circumstances. We have done this because, at our very core, we are passionate about our customers and about our industry.

As an industry, our ability to meet the expectations of our customers is the only way we can really raise the impression that people have of the travel insurance product.

However, accepting that this is important, that is after all why we created the Travel Insurance Explained campaign for our industry, it is, in the grand scale of things only an issue of money.

It is an issue which we will and continue to try to tackle, for the benefit of consumers, but there are far more challenging problems that moral and ethical insurers face and which are not limited to just financial impact to our customers, but to our customers welfare and safety.

WHAT ARE TIFGROUP ABOUT?

From humble beginnings to now having become the largest provider of travel insurance company in the UK, tifgroups' position hasn't faltered and has always been to do what is in the best interest of our customers.

As we have grown in size and market share, we have seen an ever-increasing number of complexities and challenges for holidaymakers overseas and have created a business model aimed at navigating through these; always doing what is right for our customers and keeping their best interests at the core of every decision we make.

We pride ourselves on this and over the years have made sure that only likeminded individuals join our team so that this passion and determination to do the right thing, regardless of the consequences or the required effort to do so, stays at the core of what we do.

IT IS A SIMPLE MORAL OBLIGATION TO DO WHAT IS RIGHT

As we have grown, the exposure to and experience we have witnessed first-hand of immoral and unethical practice around the world is significant.

This has made us even more passionate and determined that we will make a stand to change things. **'THE MORAL INSURANCE COMPANY'**- sounds unlikely we hear you scoff, but it's what we do and have been doing for some twenty years, because whilst we are a 'business'- we are also a group of really nice people who believe in doing the right thing.

WE FEEL THAT WHAT WE DO IS IMPORTANT, THAT IT MATTERS AND IT MAKES A DIFFERENCE TO PEOPLE'S LIVES.

Many customers have taken the trouble to write to us to tell us they agree, but we are aware that, not many people outside of our organisation, or who have had first-hand experience of these problems understand the issues.

We feel so passionately about this situation, that not only are we trying to tackle the problem single handed. We are also raising awareness of the issues so that people can make better decisions and understand the complex world that they may face should they be unlucky enough to fall ill abroad.

We want you to understand what goes on, what we know, what we are trying to do, so you can at the very least chose to protect yourselves, whether you are insured by us or not.

WHAT DOES TIFGROUP KNOW?

We have real case studies that are quite frankly horror stories, countless- and we have some truly shocking information, we have tried to categorise this into areas of concern. But the headlines – on what customers need to know about is:

- Some Doctors working in private medical facilities overseas have and will withdraw pain relief and will refuse to treat over financial matters.
- Some Private Hospitals will breach fundamental human rights by holding patients or family members hostage over payment concerns. Some will do so forcibly
- Air ambulances can be fatal, if not timed carefully
- Private hospitals overseas do not in many cases offer a better quality of care.
- Optimal care is in our experience found in state run facilities.
- Doctors working privately outside of the UK are not in all cases, bound by the same level of regulation as our doctors in the UK
- Some hotels in tourist destinations earn fees or commission for referring to pre-agreed private hospitals, even if the treatment needed by the patient is not available or possible.

We are not the only company in the industry that are aware of these issues, but we believe we are the only one currently prepared to tackle the problems. Whereas others, we know, take the path of least resistance.

We will continue to try and protect our customers from poor practice and unnecessary risk, whilst trying to ensure optimal care. As you read, you will understand that these decisions are motivated only by best consumer outcome and not financial concerns.