

5 INTRAPARTUM CARE

5.9 SECOND STAGE OF LABOUR

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5.9.4.3 LBS QRG Paediatric Staff Member Attendance at 'At Risk' births
Section B
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

5.9.4 BIRTH

5.9.4.3 LABOUR AND BIRTH SUITE QUICK REFERENCE GUIDE PAEDIATRIC MEDICAL STAFF ATTENDANCE FOR 'AT RISK' BIRTHS

KEY POINTS

1. A member of the Department of Neonatal Paediatrics or other designated personnel shall be called to attend at the birth for possible resuscitation in the conditions listed below.
2. Sufficient notice shall be given to enable the staff members to get to Labour and Birth Suite, to check and prepare the resuscitation trolley and to obtain a resume of the relevant pregnancy and labour details.
3. Neonatal Paediatric medical staff attending births include RMOs, Registrars, Senior Registrars and Consultants.
4. Births are divided into three different groups depending upon the level of paediatric support likely to be required.
5. For all **Group Three** patients a resuscitation cot with full intensive care facilities should be in the Labour and Birth Suite or Theatre
6. The decision to call personnel for possible resuscitation of the newborn is the responsibility of the obstetric staff. Whenever possible he/she should personally contact the appropriate member of the Department of Newborn Services.
7. Discussion of impending problems would be in the patient's interests
8. A Caesarean section shall not commence unless a medical member of the Department of Neonatal Paediatrics is present in Theatre

Group One:- Call the paediatric RMO

Note: Neonatal registrars will support RMO's at every birth until the RMO is deemed competent and confident in attending births alone.

- Forceps (low cavity)
- Vacuum extraction (low cavity)
- Pre-eclampsia
- Intrauterine growth restriction
- Membranes ruptured greater than 24 hours
- Maternal sepsis or positive maternal HVS for group B strep
- Elective Caesarean section for non complicated term infants under regional anaesthesia
- Maternal diabetes
- Maternal Morphine analgesia administered within 4 hours of birth
- < 37 weeks gestation

Group Two:- Call the Paediatric RMO **plus** the Paediatric Registrar

- < 35 weeks gestation
- All breech births
- Poor obstetric history – previous perinatal and neonatal death
- Multiple pregnancy
- High or mid cavity forceps / vacuum extraction
- Trial of instrumental birth in Theatre
- Elective Caesarean section < 38 weeks and > 41 weeks
- All Non-elective Caesarean sections or those under general anaesthesia
- Meconium stained amniotic fluid, fetal bradycardia, other acute fetal compromise
- Rhesus isoimmunisation
- APH / Intrapartum bleed

Group Three:- Call the paediatric RMO **plus** the Paediatric Registrar, **and notify** the Neonatal Senior Registrar or in their absence, the Neonatal Consultant.

- Code 'Blue' paediatric
- All births of 30 weeks gestation or less
- Multiple pregnancy < 34 weeks
- Severe acute fetal compromise
- Severe rhesus isoimmunisation e.g. hydrops
- Other **very** high risk births
- Known high risk congenital anomalies such as diaphragmatic hernias