



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Labour and birth: Neonatal team attendance at births

Scope (Staff):	Obstetrics and Gynaecology Directorate and CAHS Neonatology staff
Scope (Area):	KEMH Labour and Birth Suite, Family Birth Centre and Theatres

This document should be read in conjunction with this [Disclaimer](#)

Key points

1. Births are divided into three different groups depending upon the level of neonatal support likely to be required.
2. For all **Group Three** patients, a resuscitation cot with full intensive care facilities should be in the Labour and Birth Suite or Theatre.
3. When paging it is essential to include a telephone extension so that the neonatal doctor can call to advise of their availability to attend.
4. Sufficient notice, when possible, shall be given to enable staff members to get to Labour and Birth Suite or Theatre, to check and prepare the resuscitation trolley and receive clinical handover.
5. A Caesarean section shall not commence unless a neonatal doctor is present in Theatre.



Group One: Call the Neonatal RMO on pager 3219

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

- 35-37 weeks gestation
- Forceps (low cavity)
- Vacuum extraction (low cavity)
- Pre-eclampsia
- Intrauterine growth restriction or small for gestational age
- Rupture of membranes (ROM)
 - > 24 hours **and no** antibiotics administered four hours prior to birth
 - >18 hours **GBS unknown, no** antibiotics administered four hours prior to birth
- GBS +ve **and no antibiotics** have been administered four hours prior to birth
- Maternal sepsis or chorioamnionitis
- Previous infant with GBS
- Poor obstetric history (previous perinatal and neonatal death) with healthy current pregnancy
- Elective caesarean section ≥ 37 weeks under regional anaesthesia
- Maternal diabetes if mother required Insulin during pregnancy and/or labour
- Maternal morphine analgesia administered within 4 hours of birth
- Women taking a Selective Serotonin Reuptake Inhibitor(SSRI) or Serotonin and Norepinephrine reuptake Inhibitor (SNRI) medication

Group Two: Call the:

1. Neonatal Registrar (pager 3249) **PLUS**

2. Neonatal RMO (pager 3219)

- 32-35 weeks gestation
- All breech births
- Multiple pregnancy
- High or mid cavity forceps / vacuum extraction
- Trial of instrumental birth in theatre
- Elective caesarean section < 37 weeks and > 41 weeks
- Non-elective caesarean sections
- Elective caesarean sections under general anaesthesia
- Abnormal CTG
- Rhesus isoimmunisation
- Antepartum haemorrhage (APH) / Intrapartum bleed
 - Note- Family Birth Centre (FBC) women- Following an APH if medical clearance has been given for the woman to birth in the FBC then the neonatal team is not required at the birth

Group Three (high risk): Call the:

1. Senior Neonatal Registrar (pager 3377) **PLUS**
2. Neonatal Registrar (pager 3249) **PLUS**
3. Neonatal RMO (pager 3219).









Note: The Senior Registrar will notify the Neonatal Consultant at his/her discretion.

- All births of 32 weeks gestation or less
- Multiple pregnancy < 34 weeks
- Severe acute fetal compromise
- Severe rhesus isoimmunisation e.g. hydrops
- Known high risk congenital anomalies such as diaphragmatic hernia
- Meconium stained amniotic fluid

Related policies, procedures and guidelines

CAHS Neonatology Clinical Guidelines:

- [Resuscitation: Algorithm for the Newborn](#)
- [Resuscitation: Emergency Transfusion of O-Negative Blood in Theatre](#)
- [Resuscitation: Medications and Fluids](#)
- [Resuscitation: Neonatal](#)

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