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. Note- Additional staff outside those listed below may be recommended if there is a Neonatal Management Plan.
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. See Perioperative guideline: Caesarean Section: Roles of Non-Perioperative Staff Attending (section 'Neonatal staff') for specific instructions and exceptions. Midwife must be present at birth.

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

Group One: Call the Neonatal RMO on pager 3219

- 35-37 weeks gestation vaginal births
- Forceps or vacuum extraction births (low cavity)
- Pre-eclampsia
- Intrauterine growth restriction or small for gestational age
- Suspected large for gestational age (LGA)
- 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).

Note: if there are more than 2 of the below risk factors, the Neonatal Senior Registrar (pager 3377) should be paged as well.

- 32-35 weeks gestation
- All breech births
- Multiple pregnancy
- Meconium stained amniotic fluid
- 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. Neonatal Senior Registrar (pager 3377) **PLUS**
2. Neonatal Registrar (pager 3249) **PLUS**
3. Neonatal RMO (pager 3219).

Note: The Senior Registrar will notify the Neonatal Consultant as required.

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

Related policies, procedures and guidelines

- WNHS: OPH WNS: Paediatrician Attendance in Hospital
- CAHS Neonatology Clinical Guidelines: Resuscitation: Neonatal

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Version history

Date	Summary
Sept 2003	First version
Prior to	Archived- contact OGD Guideline Coordinator for previous versions. Original

Aug 2018	titled as B.5.9.4.3: 'Labour and Birth Suite – Quick Reference Guide Paediatrician Attendance For At Risk Births' (DPMS Ref 5431)
Aug 2018	**History**: The August 2018 version superseded 2 guidelines: 1. O&G: August 2015 version of this document 2. NCCU Guideline Section 1- 'Who attends Births (KEMH)' (dated Sept 2016) **Changes include:** • When paging, include telephone extension so the neonatal doctor can call to advise availability • Pager numbers added to sections in guidelines • Group three (high risk) criteria changed- now includes gestations 32 weeks or less (instead of 30 weeks)
May 2021	• Amended criteria that initiates neonatal staff to attend • Group one (Neonatal RMO) also now includes: ➢ poor obstetric history with healthy current pregnancy ➢ SGA ➢ ROM >18 hrs GBS unknown, no antibiotics given four hours prior to birth ➢ GBS positive and no antibiotics four hours prior to birth ➢ chorioamnionitis • Group two (Neonatal Registrar and RMO) also includes: ➢ Abnormal CTG ➢ Elective Caesarean gestation changed (<37 weeks) • Group three (high risk- Neonatal Senior Registrar, Registrar and RMO) ➢ Meconium-stained amniotic fluid
Oct 2024	• If individualised Neonatal Management Plan, extra staff may be listed • Group one now includes large for gestational age (LGA) • Group two: ➢ Note added: If there are more than 2 of the listed risk factors, the Neonatal Senior Registrar (pager 3377) should be paged as well ➢ Meconium stained amniotic fluid moved to group two (from group three)