



Investigations Following Births With, or With Risk of, Adverse Neonatal Outcome Procedure

1. Guiding Principles

Effective: 20 April 2017

In any obstetrical or neonatal emergency there is the possibility of an adverse outcome for the baby, even when the initial outcome appears favourable.

Collection of appropriate pathology samples at the time of birth can be used to better inform clinicians and the family as to what the underlying cause of a baby's ill health might be.

Many of these samples can only be collected at the time of birth. It is therefore important for all midwives and obstetric doctors to be aware of the situations when these samples are to be collected.

2. Procedure

Examples of Obstetric Indications

- Antepartum/Intrapartum haemorrhage
- Placental abruption
- Intrapartum fever (>38)
- Diabetes/gestational diabetes requiring insulin
- No antenatal care
- Known or suspected illicit drugs

Examples of Neonatal Indications

- Increased risk of neonatal compromise
 - Meconium Liquor
 - Non-reassuring/abnormal CTG
 - Abnormal fetal scalp blood samples
 - Instrumental birth
 - Emergency caesarean section
 - Multiple births
 - Vaginal Breech birth
 - Pre term birth \leq 36 weeks gestation
 - IUGR or SGA
 - Any IPPV or ECC
 - Apgar <5 @ 1 **or** <7 @ 5
- Severe cardiorespiratory depression at birth
- Signs consistent with congenital infection
- Hydropic neonate
- Suspected severe anaemia
- Suspected or known major congenital abnormalities
- Baby admitted to SCN
- Any other circumstances where a live born infant dies shortly after birth in the delivery room.

Samples to be collected

- Recommendations as per the Clinical Practice Guideline for Perinatal Mortality (PSANZ) to be followed
- Cord gases – arterial and venous
- Placenta, cord and membranes to be sent fresh and unfixed to pathology for histopathological examination
- Urine sample from mother for drug screening
- Gastric aspirate
- Placental swabs
- Ear swabs from neonate
- Any other samples deemed appropriate by Obstetric/Neonatal Doctors

3. Definitions

CTG	Cardiotocography
SCN	Special Care Nursery
IPPV	Intermittent positive pressure ventilation
ECC	External Cardiac Compressions
SGA	Small for Gestational Age
IUGR	Intrauterine Growth Restriction
PSANZ	Perinatal Society of Australia and New Zealand

4. Roles and Responsibilities

All WA Country Health Service (WACHS) employees and staff are required to work within policies and guidelines to make sure that WACHS Goldfields provides safe and equitable care based on best practice for all neonates.

Employees and staff includes WACHS salaried and casual employees, health professionals on medical service agreements, and health professionals on placement.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Monitoring of compliance with this document is to be carried out by the Clinical Nurse Manager of the Maternity Unit every six months by conducting an audit and submitting a variance report to the Regional Safety, Quality and Clinical Governance Sub-Committee via the Coordinator of Nursing and Midwifery.

7. Standards

National Safety and Quality Health Care Standards

9.1.1, 9.1.2, 9.2.4, 9.3.1, 9.5.1, 9.5.2, 9.6.2,

EQIP National Standards

11.5.1, 11.5.2, 12.2.1, 12.3.1, 12.4.1

8. References

Perinatal Society of Australia and New Zealand Clinical Practice Guideline for Perinatal Mortality; Second Edition, Version 2.2, April 2009.

WACHS Recognition and Management of the Newborn at Clinical Risk Policy

9. WA Health Policy Framework

Clinical Governance, Safety and Quality Policy Framework

**This document can be made available in alternative formats
on request for a person with a disability**

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