



# Paediatric Team Attendance for 'At Risk' Births Procedure

Effective: 31/01/2020

## 1. Guiding Principles

A member of the Department of Paediatrics (Consultant, Registrar or RMO) is to be called to attend at the birth for possible resuscitation in the conditions listed below. Sufficient notice is to be given to enable staff members to get to the birth suite, to check and prepare the resuscitation cot and to obtain a handover of the relevant pregnancy and labour details.

Paediatric medical staff attending births includes resident medical officers (RMOs), registrars and consultants.

Births are divided into three (3) groups depending on the level of paediatric support likely to be required.

The decision to call personnel for possible resuscitation of the newborn is the responsibility of the obstetric and/or midwifery staff. Whenever possible, he/she is to personally contact the appropriate member of the paediatric team.

Ensure at the earliest convenience, that the woman and her family have discussed risk factors with the paediatrician and have been counselled about impending care and treatments.

A caesarean section is not to commence unless the theatre coordinator has approved transfer and commencement.

## 2. Procedure

**Group One:** Call the Paediatric RMO/Paediatric Registrar (0800-2300) and after hours, call the Paediatric Consultant or Registrar on call. The Paediatric RMO is responsible for informing the Paediatric Consultant of their required attendance at a birth.

**Note:** Paediatric Registrar/Consultant will support Paediatric RMO's at every birth until the RMO is deemed competent and confident in attending births alone during hours (0800 – 1600) Paediatric RMO to complete Neonatal Resuscitation package and practical validation in LMS before attending as primary clinician at birth and after 1600 hrs the resident will be directly accompanied by the registrar or consultant.

- Maternal cardiac / renal / pulmonary / thyroid or neurologic disease (as necessary following antenatal consultation with the Paediatric Consultant).
- 35-36+6weeks gestation.
- Maternal diabetes if mother required insulin during pregnancy and/or labour.
- Pregnancy-induced hypertension / pre-eclampsia.
- Intrauterine growth restriction.
- Maternal substance abuse during labour or just prior to commencement of labour – ie substance/drug affected women..

- Maternal sepsis/maternal GBS bacteraemia.
- Elective Caesarean Section for non-complicated term infants under regional anaesthesia.
- No antenatal care.
- Membranes ruptured greater than 24 hours if no antibiotics have been administered for four hours prior to birth.
- Maternal morphine analgesia administered within four (4) hours prior to birth.

### **Group Two:** Call the Paediatric Consultant +/- Paediatric Registrar

- < 35 weeks gestation.
- All breech / malpresentation births.
- Poor obstetric history – previous perinatal or neonatal death.
- Multiple pregnancy.
- Forceps (low cavity).
- Vacuum extraction.
- Trial of instrumental birth in Theatre.
- After 1600 hours - any LUSCS (elective or non-elective)
- Elective Caesarean Section under general anaesthesia.
- Meconium stained amniotic fluid, fetal bradycardia, other acute fetal compromise.
- Rhesus isoimmunisation.
- APH / intrapartum bleed / placenta praevia.
- Code 'Blue Paediatrician.
- Known congenital abnormalities/malformation (e.g. cleft lip/palate).
- Placental abruption.
- Chorioamnionitis.

**Group Three:** Dependent upon postnatal adaptation (timing of review depends on level of concern about infant's postnatal condition ie a well neonate needs an 'as required 0800-1600 hours review' an unexpectedly compromised infant needs immediate review).

- Women taking a Selective Serotonin Reuptake Inhibitor (SSRI) or Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) medication (post birth only if clinical condition requires review).
- Historical maternal substance abuse
- Any compromised neonate

### 3. Definitions

<b>RMO</b>	Resident Medical Officer
<b>GBS</b>	Group B Streptococcus
<b>LMS</b>	Learning Management System
<b>RMO</b>	Resident Medical Officer
<b>SNRI</b>	Serotonin and Norepinephrine Reuptake Inhibitor
<b>SSRI</b>	Selective Serotonin Reuptake Inhibitor
<b>LUSCS</b>	Lower uterine segment caesarean section

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Always source the current version from [WACHS HealthPoint Policies](#).

<b>APH</b>	Antepartum haemorrhage
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#### 4. Roles and Responsibilities

**All Staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

#### 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system MP0031/16 Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) 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. Records Management

[Records Management Policy](#)

[Health Record Management Policy](#)

#### 7. Evaluation

Monitoring of compliance with this document is to be carried out by the Clinical Midwifery Specialist/Maternity Unit Manager Bunbury Hospital Maternity Ward every 12 months using the following means or tools:

- WACHS Clinical Practice Audit Tool – Compliance with Paediatric Team Attendance for 'At Risk' Births

#### 8. Standards

[National Safety and Quality Health Service Standards:](#) 1.1, 6.1, 6.4, 6.9, 8.1, 8.4

#### 9. Related Policy Documents

KEMH

[Labour: Neonatal Team Attendance at Birth \(prev called Paediatric Team Attendance at 'at risk' Births\)](#)

WNHS

[Resuscitation: Algorithm for the Newborn](#)

[Resuscitation: Neonatal](#)

[Resuscitation Medications and Fluids](#)

WACHS

[Recognition and Response to Acute Deterioration \(RRAD\) in the Newborn Policy](#)

[Neonatal Resuscitation Policy](#)

## 10. Policy Framework

[Clinical Governance, Safety and Quality](#)

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on request for a person with a disability**

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