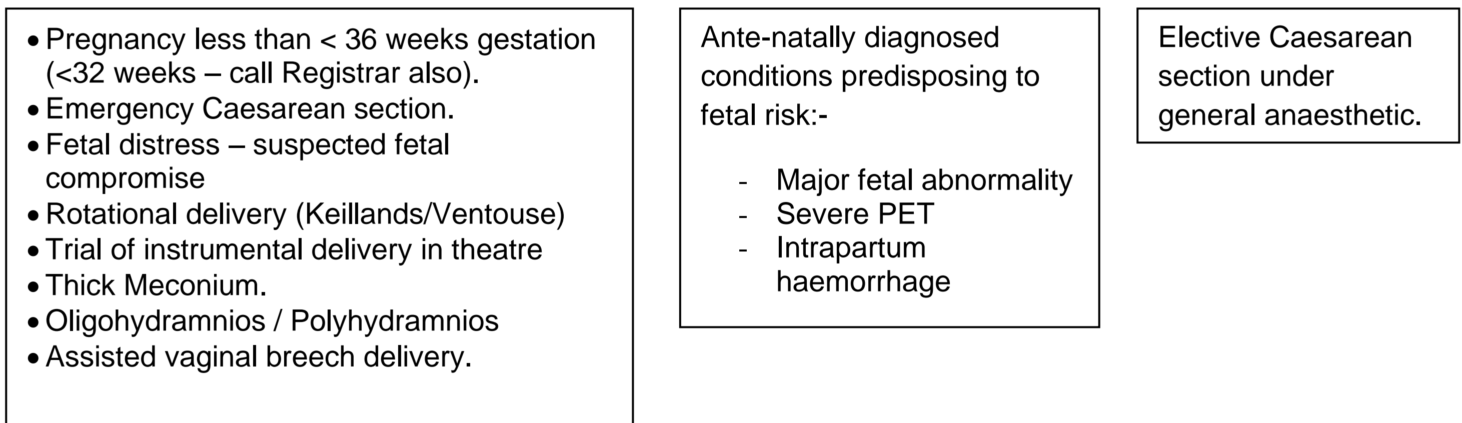
Paediatric ST1-3/ANNPs to Labour Suite or Gynae Theatres – when to call - Full Clinical Guideline

Reference no.: NICU GI 02/Aug 2019/v005

Joint Obstetric/Paediatric guideline

OPERATIONAL GUIDELINE FOR CALLING PAEDIATRIC ST 1-3 / ANNPs TO ATTEND A BIRTH ON THE LABOUR SUITE or IN THE GYNAE THEATRES

Call to attend high risk and pre-term deliveries in the case of:



Call urgently in the event of:-

- Shoulder dystocia.
- Unanticipated thick Meconium.
- Cord prolapse.
- Low Apgar score – 0, 1 or 2 at 5 minutes.

NOT to be called routinely for:-

- Elective Caesarean section under spinal anaesthetic (unless suspected fetal compromise).
- Instrumental delivery without fetal distress/suspected fetal compromise (except rotational forceps or trial of instrumental delivery in theatre).
- Thin/insignificant meconium stained liquor.

OPERATIONAL GUIDELINE FOR CALLING PAEDIATRIC ST 1-3 / ANNPs TO ATTEND A BIRTH ON THE LABOUR SUITE or IN THE GYNAE THEATRES

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1. Purpose

To support maternity/obstetric and paediatric/NICU staff regarding neonatal

ST 1-3 / ANNP support at any birth.

2. Aim & Scope

To ensure that neonatal ST1-3's are present at high risk and pre-term deliveries.

Reduce unnecessary requests for neonatal ST 1-3 / ANNP's to be present at deliveries.

3. Abbreviations

ANNP - Neonatal Nurse Practitioner
CS - Caesarean Section
PET - Pre Eclampsia (toxaemia)
ST 1-3 - Speciality Trainee 1-3

4. Key Responsibilities

It is the responsibility of the clinician involved in the care of the delivering woman to ensure clear lines of communication are made in the event there is a requirement for a paediatrician to attend a birth

5. Documentation

Please ensure all assessments and individual plans of care are documented clearly in the appropriate records which may include some or all of those listed below

- medical records
- maternity hand held records
- maternity clinical system special instructions page
- Baby notes

6. Call to attend high risk and pre-term deliveries in the case of:

- Pregnancy less than < 36 weeks gestation (<32 weeks – call Registrar also).
- Emergency Caesarean section.
- Fetal distress – suspected fetal compromise
- Rotational delivery (Keillands/Ventouse)
- Trial of instrumental delivery in theatre
- Thick Meconium.
- Oligohydramnios / Polyhydramnios
- Assisted vaginal breech delivery.

- Ante-natally diagnosed conditions predisposing to fetal risk:-
  - Major fetal abnormality
  - Severe PET
  - Intrapartum haemorrhage

- Elective Caesarean section under general anaesthetic.

6.1 Call urgently in the event of:-

- Shoulder dystocia.
- Unanticipated thick Meconium.
- Cord prolapse.
- Low Apgar score – 0, 1 or 2 at 5 minutes.

6.2 NOT to be called routinely for:-

- Elective Caesarean section under spinal anaesthetic (unless suspected fetal compromise).
- Instrumental delivery without fetal distress/suspected fetal compromise (except rotational forceps or trial of instrumental delivery in theatre).
- Thin/insignificant meconium stained liquor.

7. Elective Caesarean section in gynae theatres

An elective Caesarean list runs independently of the labour ward Monday, Tuesday, Thursday and Friday. **Cases that require anticipated input from the neonatal team not suitable for this list are stated above (see also Guidelines for women undergoing delivery by Caesarean Section (C7).**

Where there is an anticipated fetal problem the CS will be performed on Labour ward unless the woman has complex issues and requires the procedure to be undertaken in gynae theatres. In these cases the obstetrician performing the procedure will discuss paediatric presence on an individual needs basis.

For routine elective CS in gynae theatres the attending midwife will inform the paediatric team prior to the 1st CS the case details of the women on the list that day, and also in the event of any unanticipated neonatal problems.

In the event a baby requires transfer to NICU a heated transfer cot/incubator to be used

(See Trust policy and Procedures for patient transfer CL-OP 2008 034)

8. Monitoring Compliance and Effectiveness

Monitoring requirement	Compliance with guidelines
Monitoring method	Retrospective case note review
Report prepared by	Named individual undertaking audit
Monitoring report sent to:	Labour Ward Forum/NICU team meetings
Frequency of report	Bi annually

9. Documentation Controls

Development of Guideline:	Dr M Ratnayaka
Consultation with:	Paediatric Consultants
Approved By:	*Paediatric Business Unit Guidelines Group, Women and Children's Division. 20th August 2019*
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Key Contact:	Dr M Ratnayaka