

 <p>GIG CYMRU NHS WALES</p> <p>Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board</p>	<p>Reference Number: TBC Version Number: 1 Next Review date: 7/12/2022</p>
<p>Criteria for Attendance at Delivery by Neonatal Staff</p>	
<p>Introduction</p> <p>The following are intended as guidance, judgement should be exercised in individual cases. Labour ward staff have primary responsibility for assessing the degree of risk anticipated and communicating their concerns effectively to the Neonatal Team. The earlier the Neonatal Team is given notice of a potential problem the better, allowing decisions to be made around the appropriate staffing and management at delivery</p>	
<p>Objectives</p> <p>There are a number of objectives, including:</p> <ul style="list-style-type: none"> • Detailing the primary responsibility for assessing the degree of risk anticipated and communicating their concerns effectively to the Neonatal Team by the labour ward staff across all Cwm Taf Morgannwg University Health Board (CTMUHB). • Detailing the required skills sets attending the risk and concerns identified to the Neonatal Team by the labour ward staff across all Cwm Taf Morgannwg University Health Board (CTMUHB). • Identify the criteria list for attendance of the neonatal team at deliveries across the Cwm Taf Morgannwg University Health Board (CTMUHB). 	
<p>Operational Date: 01/10/2020</p>	<p>Expiry Date: 7/12/2022</p>
<p>Scope</p> <p>This policy applies to all neonatal and maternity staff on all locations across the Cwm Taf Morgannwg University Health Board.</p>	
<p>Equality Impact Assessment</p>	<p>An Equality Impact Assessment is not Required.</p>
<p>Distribution</p>	<p>All staff working on maternity and neonatal units across CTMUHB via internet (SharePoint) and notified via email.</p>



To be read by	All staff working on neonatal and maternity units across CTMUHB
Documents to read alongside this Policy	<ul style="list-style-type: none">• None
Approved by	Clinical Policies Working Group
Accountable Executive / Lead Director (responsible for formal review every three years)	Clinical Director and Head of Nursing CYP & CAMHS
Author / Management Lead (carries out informal review annually)	Neonatal Clinical Policies Lead and Neonatal Senior Nurse in conjunction with Neonatal Network
Freedom of Information Status	Open (most will be open, seek advice from the Head of Corporate Services if unsure)
<p>If the review date of this policy has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Corporate Services Department.</p> <p>To avoid use of out of date policies please do not print and then store hard copy of this document.</p> <p>Out of date policies cannot be relied upon.</p>	

Amendment Record

If a change has been made to the document, the changes must be noted and circulated to the appropriate colleagues.

Detail of change	Why change made?	Page number	Date of change	Version	Name of Policy Author

This is a controlled document. Whilst this document may be printed, the electronic version posted on the SharePoint/Intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the SharePoint/Intranet.

Criteria for attendance at delivery by neonatal staff- Guideline V.7 (final)

Author: Dr Iyad Al-Muzaffar Date created: 07/12/2019

Updated Leanne Richards March 2021

Criteria for attendance at delivery by neonatal staff

Objectives

This guideline is applicable to all medical, nursing and midwifery staff working in maternity units in Cwm Taf Morgannwg University Health Board. Staff using this guideline are responsible for maintaining their skills in neonatal resuscitation and for seeking appropriate help where required. Staff should also refer to appropriate guidelines for the management of specific medical and surgical conditions which may require urgent intervention during the resuscitation of the infant.

Introduction

The following are intended as guidance, judgement should be exercised in individual cases. Labour ward staff have primary responsibility for assessing the degree of risk anticipated and communicating their concerns effectively to the Neonatal Team. The earlier the Neonatal Team is given notice of a potential problem the better, allowing decisions to be made around the appropriate staffing and management at delivery.

"If in doubt, call and discuss"

In turn the Neonatal Team should make every effort to attend promptly and ensure that they have adequate information to make management decisions.

Definitions:

For the rest of this document the term "**First Attender**" will be used when referring to anyone on a "first on" rota, i.e. ST1-2, FY2s, GPST2s, ANNPs (Advanced Neonatal Nurse Practitioners), etc.

"**Registrar**" will refer to anyone on "middle grade" rotas, i.e. ST4+, SpRs, Senior Clinical Fellows, Speciality doctors and ANNPs.

Training and competence

Every delivery should be attended by at least one person who is trained in the skills of resuscitation of the newborn at birth. (For the first attenders this is often the in-house training)

If it is expected that the baby (newborn) will need advanced resuscitation, more than one experienced person should attend. The lower the gestational age the greater the need for assistance and the greater the skill required in resuscitation.

It is expected that trainees acting as "First Attenders" will be accompanied to deliveries until they and an experienced Registrar (or Consultant) feel that they are capable of attending independently. By this time the trainee should have demonstrated the ability to assess wellbeing and institute appropriate management up to and including supporting respiration with face mask ventilation. Trainees should be assessed as being competent for this procedure and the evidence logged on ePortfolio as a directly observed procedure (DOP). Once trainees are attending independently, they should continue to ask for assistance from Registrar early in resuscitation if a rapid improvement is not being made in the baby's condition.

All staff involved in the care of the newborn should have attended the Newborn Life Support (NLS) course, or if this is not accessible they should have undergone the departmental NLS training provided during induction, and should:

- Reinforce their training with a yearly update in resuscitation skills (in-house training sessions covering Middle grades and consultants evidenced via appraisal.
- Regularly attend local perinatal mortality and morbidity meetings
- Undertake NLS updates (recertification) every 4 years

Training records are stored by the individual, via ESR and are held within the directorate.

Communication

Communication around an emerging situation, where there may be both neonatal and maternal concerns is a challenge, however every effort should be made to ensure that adequate information is accurately passed to the neonatal team when they are called for resuscitation. Ideally the call should be made by a member of staff with a good working knowledge of the situation- if the midwife looking after the mother or midwife in charge is not able to make the call to the neonatal team, they should ensure that when delegating this adequate information is passed on.

When calling for neonatal assistance, the **SBAR** format should be used:

Situation

e.g. - I've got a baby about to deliver with meconium and a non-reassuring CTG

Background

e.g. - The baby is at term, mum has gestational diabetes, and there have been no other concerns in pregnancy. The obstetric registrar is setting up for a vacuum extraction in the room

Assessment

e.g. The CTG trace is concerning, with late dips

Recommendation

e.g. I need you to come to room 4 straight away- will you need the registrar too?

Response

e.g. I'll come straight down, my Registrar is with me- I'll bring them along

If an infant is born unexpectedly in poor condition both the First attender & Registrar should be called urgently, via switchboard:

Crash call: phone 2222 and state 'Paediatric Cardiac Arrest' followed by ward, room number and telephone extension.

Guidelines for neonatal attendance at deliveries

Deliveries not routinely requiring the presence of Neonatal Team:

- Elective caesarean sections > 36 weeks gestation under regional anaesthesia with no concerns regarding fetal wellbeing

First Attender only (Doctor or ANNP carrying the first-on page):

- 34-36 weeks gestation
- Instrumental deliveries
- Caesarean Section under general anaesthesia*
- Where a fetal blood sample (FBS) has been done with a pH <7.25*
- Intrapartum haemorrhage prompting delivery*
- Fresh meconium in the amniotic fluid, with an abnormal CTG or FBS*
- Vaginal breech delivery*
- Sustained fetal tachycardia > 160/min*
- Non-reassuring CTG *

All those marked with a * require assessment by labour ward staff of the degree of concern and whether Registrar should be requested to attend in addition to the first attender. This should be communicated using standard **SBAR** procedures.

First Attender and Registrar (Doctor or ANNP carrying the second-on page):

- All criteria above marked * where labour ward staff have enough concerns
- All emergency calls (2222 calls)
- 29-33 weeks' gestation (Registrar to discuss delivery plan with Consultant Paediatrician as early as possible)
- Major concerns re intrapartum fetal wellbeing, e.g.:
 - Significant abruption
 - Any case of suspected fetal haemorrhage (specify this concern to neonatal team)
 - Acute fetal bradycardia
 - Cord prolapse
 - Shoulder dystocia
 - FBS with pH <7.2
 - Multiple births <37 weeks

First Attender, Middle grade and Consultant:

- <29 weeks' gestation
- Diaphragmatic hernia, Hydrops fetalis & fetal anomalies with potentially immediate life-threatening consequences (e.g. Any condition requiring delivery at tertiary unit-: duct dependent cardiac anomalies, abdominal wall defects. These conditions usually have an agreed plan of delivery in tertiary level neonatal units)
- CTG trace suggestive of fetal asystole or severe bradycardia or of significant fetal distress.

It should be borne in mind that Consultant Paediatricians are not resident out of hours in all units and are not ordinarily part of the paediatric emergency team. It is the responsibility of the Registrar on call to inform/discuss delivery plan with the on-call Consultant as early as possible.

Attendance by Neonatal Nursing Team:

Attendance by Neonatal Nursing Team is determined in part by local arrangements for cover with labour ward. In all cases requiring attendance at delivery of a Registrar or Consultant, a member of the Neonatal Nursing Team should also attend as there is more likelihood for admission to the neonatal unit.

Early Neonatal Review

Several fetal/neonatal issues require prompt review by a member of the Neonatal Team after delivery, but do not require them to be present at delivery. This is primarily to ensure that an investigation/treatment plan is put in place. The Neonatal Team should be informed of these situations before delivery and should review the babies before they leave labour ward.

Requiring prompt review:

- Maternal Hepatitis B infection
- Maternal HIV infection
- Maternal substance misuse
- Known blood group sensitisation with haemolytic antibodies present (e.g. rhesus incompatibility)
- Polyhydramnios (Baby requires Nasogastric tube passage check before first feed)
- Risk factors for Early Onset Neonatal Sepsis
- Infants at risk of hypoglycaemia
- Infants at risk of bleeding, e.g. maternal haemophilia carrier, ITP or NAIT
- Other situations where an urgent neonatal review has been requested in the special features section of the maternal notes.

There are several situations that require review by the Neonatal Team in the postnatal period, but where there is no need for any intervention immediately, e.g. an infant with antenatally diagnosed renal pelvis dilatation. In these situations, it is most appropriate that the baby is reviewed on the postnatal ward, and many can wait for normal working hours. As before if there is any doubt about the timing of a review please contact the Neonatal Team to discuss.

Reference

NHS Greater Glasgow & Clyde Paediatric Guidelines. (2017) Criteria for attendance at delivery by neonatal staff. [Online] Available from: <http://www.clinicalguidelines.scot.nhs.uk/ggc-paediatric-guidelines/ggc-guidelines/neonatology/criteria-for-attendance-at-delivery-by-neonatal-staff/>

[Accessed 19th June 2019].