

Conditions Necessitating Presence of Paediatrician at Birth Guideline

Guideline information

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Clinical

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N/A

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N/A

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Approval information

Approved by: Maternity Guideline, Audit and Research Group

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07/11/2027

Summary of document:

Guidance on conditions necessitating the presence of a paediatrician at birth.

Scope:

This guideline is relevant to all healthcare providers who provide care to women and birthing people to provide guidance on conditions necessitating the presence of a paediatrician at birth.

The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth.

Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

To be read in conjunction with:

Midwifery Led Care Guideline (currently in draft)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Maternity Written Document Group

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Executive Director job title:

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Reviews and updates:

1.0 – New Guideline – 14.09.2017

2.0 – Updated – 15.10.2021

3.0 – Updated – 07.11.2024

Keywords

Paediatrician at Birth

Glossary of terms

Term	Definition
APH	Antepartum Haemorrhage
CTG	Cardiotocography
LSC birth	Lower Segment Caesarean Birth
NLS	Neonatal Life Support
SCBU	Special Care Baby Unit
Tier 2/ SASG	Tier 2 /Senior Associate Specialist Grade / previously called “Registrar”
Tier 1	Previously known as “SHO”

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Scope

This guideline is relevant to all healthcare providers who provide care to women and birthing people to provide guidance on conditions necessitating the presence of a paediatrician at birth.

Aim

The aim of this document is to:

- provide information on neonatal conditions which necessitate the presence of a paediatrician at birth.

Objectives

The aim of this document will be achieved by the following objectives:

- ensuring all midwives and doctors are aware of when and how to call paediatrician to be present at a birth.

Introduction

Paediatricians and experienced Midwives who are trained NLS providers should attend every birth where it is anticipated that Newborn Life Support may be required with one or more experienced person attending.

Most infants adapt well to extra-uterine life, but some may require help with stabilisation or resuscitation. A number of antenatal and intrapartum risk factors are recognised as increasing the likelihood of the baby requiring support or resuscitation and these have been taken into account when developing this guideline.

Communication

Where babies thought to be at risk and therefore likely to require newborn life support and/or admission to SCBU the paediatric Registrar /Senior Associate Specialist Grade and Neonatal Band 6 Coordinator (bleep #447) are to be informed at the earliest opportunity and not solely when their presence is required.

Escalation

Paediatric Tier 1 (SHO) doctors are the first responders in indicated deliveries and are responsible for escalating to a more senior member of the paediatric team according to their assessment of the situation) e.g Tier 2/ SASG (Registrar) to be present for all births <34 weeks. Consultant presence at all births <30 weeks.

Should the midwife in attendance feels further clinical support is required they can request the SASG (Registrar) to attend.

Conditions necessitating the presence of a paediatrician at delivery

Conditions identified as necessitating the presence of a Paediatrician
<ul style="list-style-type: none">• Preterm babies (\leq 36 weeks and 6 days gestation)• Suspected fetal compromise• <u>Significant</u> meconium staining of liquor (NICE classification, see table 1)

- New meconium i.e. Where liquor is clear but becomes meconium-stained during the intrapartum period (See Table 1 below)
- Offensive liquor
- Breech Birth
- Assisted vaginal birth (ventouse or forceps)
- All unplanned caesarean births
- Planned caesarean births under general anaesthesia (GA). Note: Paediatric attendance not required at planned caesareans births under spinal/epidural anaesthesia **unless** other conditions necessitate it.
- Multiple pregnancy
- Known or suspected fetal malformation. Refer to high-risk antenatal plan and if unsure discuss with senior paediatrician (tier 2 or consultant) about need to attend birth
- Moderate or severe rhesus isoimmunisation or any evidence of hydrops maternal conditions associated with fetal and neonatal morbidity
- Proven APH
- Shoulder dystocia
- Placental abruption
- Prolapsed cord
- When requested to attend by care providers

Table 1

Table 1 Classification of Meconium	
Significant:	Dark green or black amniotic fluid that is thick or tenacious, or any Meconium stained amniotic fluid containing lumps (particulates) of meconium.
Non-significant:	Large amount of amniotic fluid lightly stained by meconium (no particulates). In the absence of other risk factors paediatricians are not required to attend for delivery
New	Where liquor is clear but becomes meconium-stained during the intrapartum period, to any degree, this should be considered an emerging risk factor and more likely to be linked to intrapartum events.

**THIS IS NOT A PRESCRIPTIVE LIST.
A PAEDIATRICIAN CAN BE CALLED AT THE CLINICIANS DISCRETION**

Contacting Paediatric Team in Glangwili (GGH)

In non-emergency situations

Contact

Tier 1 (SHO)	Bleep 276
Tier 2/ SASG (Registrar):	<ul style="list-style-type: none">Between hours of 0900 and 2100 -bleep 058Between hours of 2100 and 0900- Bleep 329

Urgent / Crash Call

If an infant is born unexpectedly in poor condition both Tier 2/SASG (Registrar) and Tier 1 (SHO) and neonatal Nurses should be called urgently via:

- Crash call: phone 2222, state 'Neonatal Emergency' followed by ward and the exact location (e.g. 'Labour Ward, Room 1' or 'Theatre 6').

Other Contacts

Consultant Paediatrician	<ul style="list-style-type: none">Between 0900- 1700 Monday to Friday-bleep 056Outside working week hours -contact on mobile number via Switchboard
Neonatal Band 6 Coordinator	Bleep 447
NIPE	Within working day hours; bleep 053

Contacting Paediatric Team in Bronglais (BGH)

In non-emergency situations

Registrar	<ul style="list-style-type: none">Between hours 0900-2100 bleep 3175Between 2100-0900 bleep 3350
NIPE	Within working day bleep 3175
Consultant	Contact via mobile number via Switchboard

Urgent / Crash Call

If an infant is born unexpectedly in poor condition

- Crash call: phone 2222, state 'Neonatal Emergency' followed by ward and the exact location.

Auditable Standards

- Evidence that a paediatrician had appropriately been informed that their presence was requested

References

DOH 2007 Standards for Maternity Care: Report of a Working Party

NICE. 2017. Intrapartum care for healthy women and babies. [NG192]

Resuscitation Council UK, Newborn resuscitation and support of transition of infants at birth Guidelines .2021.<https://www.resus.org.uk/library/2021-resuscitation-guidelines/newborn-resuscitation-and-support-transition-infants-birth> – open in a new tab