GIG CYMRU
NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Conditions Necessitating Presence of Paediatrician at Birth Guideline

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Brief 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 vast majority of midwifery service users are women and we already have language in place to reflect this, however as a healthboard we recognise that not all people who give birth will identify as being female and therefore aim to use gender inclusive language wherever possible.

To be read in conjunction with:	

Owning group	Obstetric Written Documentation Review Group

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New guideline	14.9.17
2	Guideline update	15/10/2021

Glossary of terms

Term	Definition
APH	Antepartum Haemorrhage
CTG	Cardiotocography
LSCS	Lower Segment Caesarean Section
SHO	Senior House Officer
SCBU	Special Care Baby Unit
SASG	Senior Associate Specialist Grade (senior paediatric doctor)

Keywords	Paediatrician at Birth

Contents

1. Aim 4

2. Objectives 4

3. General Principles 4

4. Conditions necessitating the presence of a paediatrician at birth 5

5. References 5

1. Aim

The aim of this guideline is to provide information on neonatal conditions which necessitate the presence of a paediatrician at birth.

2. Objectives

The aim of this guideline will be achieved by –

- Ensuring all midwives and doctors are aware of Hywel Dda University Health Board procedures and protocols.

3. General Principles

Personnel who are trained in the skills of resuscitation at birth should attend every delivery when advanced resuscitation of the neonate is anticipated with more than one experienced person attending. The lower the gestational age the greater the need for assistance and the greater the skill required in resuscitation

The paediatric Senior Associate Specialist Grade Doctor (SASG) and Special Care Baby Unit should be informed prior to delivery of babies thought to be at risk and therefore likely to require admission to SCBU. The paediatric team should be informed at the earliest opportunity and not solely when their presence is required.

The paediatric SHO is responsible for attending the delivery and if they not had sufficient experience in neonatal resuscitation, they are responsible for ensuring the presence of a more experienced member of the paediatric team. This applies particularly in cases of Caesarean Section, fetal distress, thick meconium and gestation under 32 weeks

If an infant is born unexpectedly in poor condition both SAGD and SHO should be called urgently, via switchboard:

Crash call: phone 2222 and state 'Neonatal Emergency' followed by ward and the exact location (eg. Labour ward Room 1, or theatre 6)

For less urgent (non-emergency) situations, # **276** (SHO), #**058** (SASG) between the hours of 09.00 -21.00. and #**329** from 21.00 – 09.00. Bleep numbers are: # **053** for NIPE. The Consultant paediatrician can be bleeped on #**056**

If a clinical situation requires the presence of a consultant paediatrician they will need to be contacted directly via the bleep system 9am-5pm Monday – Friday and outside of these days / hours will need to be contacted on their mobile number via switchboard. On contacting the consultant paediatrician, please provide the relevant details.

4. Conditions necessitating the presence of a paediatrician at delivery

The following are the conditions identified as necessitating the presence of a paediatrician at delivery:-

- Preterm babies (less than 36 completed weeks gestation)
- fetal compromise or abnormal CTG
- Significant meconium staining of liquor (NICE classification)
- offensive liquor and /or maternal pyrexia
- growth restricted fetus
- breech delivery
- operative vaginal delivery (ventouse or forceps)
- all emergency caesarean sections
- any elective LSCS under general anaesthesia
- multiple pregnancy
- known or suspected fetal malformation
- Moderate or severe rhesus isoimmunisation or any evidence of hydrops maternal conditions associated with fetal and neonatal morbidity such as diabetes, proven APH, feto-maternal bleed.
- Shoulder dystocia
- Placental abruption
- Prolapsed cord

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

Auditable standards

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

5. References

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

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