Worcestershire Acute Hospitals NHS Trust

Guideline for Paediatric Attendance at Preterm Deliveries

Lead Clinician	Dr Andrew Gallagher
Approval Date	2nd August 2019
Review Date This is the most current document and should be used until a revised version is in place	2nd August 2022

Key Amendments

Date	Amendments	Approved by

INTRODUCTION

These guidelines are designed to clarify when paediatric staff should routinely attend deliveries and which grade of staff should be called. The paediatrician should be called when the attending midwife feels, after consultation if necessary, that the baby is at increased risk of requiring resuscitation. Therefore the SHO should not attend any delivery alone unless they have been trained in and are competent at basic neonatal resuscitation including airway management and ventilatory and circulatory support.

GUIDELINE

Term Babies
(37 weeks or more gestational age)

The SHO should be called in cases of:

Instrumental deliveries for foetal distress (excludes lift out forceps or ventouse deliveries for maternal indications)

Abnormal presentations (breech, face) delivered vaginally

Non reassuring trace on CTG or abnormal FBS
(ie foetal distress)

Significant meconium (NICE define significant meconium staining as dark green or black amniotic fluid that is thick or tenacious, or any meconium stained fluid containing lumps of meconium)

Anticipated severe congenital abnormalities (should have completed Antenatal Paediatric Referral Form “blue form” in Maternal notes).

Caesarean section under GA

Significant antepartum haemorrhage

Rhesus disease

Eclampsia (not isolated pre-eclampsia)

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Consultant Obstetrician request

Antenatal Paediatric Alert Form indicates attendance required

In the absence of other indications paediatric attendance is **not** required for
Non-significant (thinly stained) meconium liquor
Twins of 37 or more weeks,
Breech, brow or face presentation delivered by C/S
Elective C/S under spinal anaesthesia
Maternal fever, GBS carriage, polyhydramnios
Positive maternal antibodies (other than Rhesus disease)
Lift out forceps or ventouse for maternal indications only

Preterm Babies

33 to 36 weeks

The SHO to attend all deliveries, and inform the middle grade doctor. (for twins with no foetal distress, one SHO plus NLS trained midwife is satisfactory)

It is the responsibility of the midwives and paediatric registrar to decide if senior help is required at delivery. The SHO must know where and how appropriate senior help can be located if necessary.

30 to 32 weeks

Two paediatricians should be present (one experienced paediatrician and a senior neonatal nurse will be adequate in most cases).

27 to 29 weeks

The consultant on call should be informed and will attend the delivery if required after discussion with the paediatric middle grade

Less than 27 weeks*

Ideally these babies should be TRANSFERRED IN UTERO. Discussions should take place with the obstetricians regarding transfer to the appropriate obstetric unit.

OR

If delivery must take place in this unit, a senior paediatrician will make every effort to speak to the parents prior to delivery and will be present at the delivery when possible.

23 - 24 weeks*

Senior paediatric assistance will be needed at delivery, even if the baby is not likely to be resuscitated. Pre delivery discussion with Paediatricians / Parents essential. (See separate guideline).

Less than 23 +0 weeks*

Although the paediatrician may well speak to the mother before delivery if requested, they would not normally attend the delivery or recommend active resuscitation when the gestation is known. If their presence is requested, attendance should be on the understanding that even with signs of life, resuscitation will not be instituted unless the baby is obviously more mature than anticipated

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*Also consult Southern West Midlands Maternity and Newborn Network Neonatal Guideline: Babies born at the margins of viability

Whenever possible maternity staff should warn the Paediatrician beforehand that s/he may be required to attend a delivery, **giving a concise summary about the case and stating why the paediatrician is required**. It is difficult to be accurate about the expected time of delivery and **paediatric staff must understand this**. However, maternity staff will make every effort to avoid calling a paediatrician too early/late.

In cases where neonatal complications are predicted, senior paediatricians should be notified by paediatric or midwifery staff as soon as possible before delivery is imminent and management discussed. Any decisions regarding specific plans for care must be clearly documented to ensure effective implementation of instructions.

MONITORING TOOL

How will monitoring be carried out? Prospective re-audit

Who will monitor compliance with the guideline? Paediatric Clinical Governance Group

STANDARDS:

Item	%	Exceptions
Paediatricians of appropriate grade are present at all preterm deliveries	100	Deliveries outwith delivery suite

REFERENCES

1. Resuscitation at birth. The Newborn Life Support Provider Course Manual. Resuscitation Council (UK) 2015.

CONTRIBUTION LIST

Key individuals involved in developing the document

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Name	Designation

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