Clinical Practice Guideline
Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Resuscitation: Who Attends Births (KEMH)

This document should be read in conjunction with the Disclaimer

The decision to call personnel for possible resuscitation of the newborn is the responsibility of the obstetric staff. Sufficient notice should be given to enable staff members from the Department of Neonatal Paediatrics to get to the delivery ward or theatre, to check and prepare the resuscitation trolley and to obtain a resume of the relevant pregnancy and labour details.

A neonatal consultant will attend high risk deliveries if requested by the neonatal SR or obstetric consultant. A routine caesarean section is not to commence until the relevant NICU staff are present in theatre.

These lists are not exclusive. If in doubt call for help.

GROUP ONE RMO's - Neonatal registrars will support RMO's at every birth until the RMO is deemed competent and confident in attending births alone.	**GROUP TWO** RMO's **and** Neonatal Registrar - a SR/Consultant should be called to attend at the birth if needed.
• < 37 weeks gestation • Forceps (low cavity) • Vacuum extraction (low cavity) • Pre-eclampsia • Intrauterine growth retardation • Membranes ruptured greater than 24hours if no antibiotics administered 4 hours prior to birth • Maternal sepsis/positive maternal screen for GBS • Maternal diabetes (if mother required insulin during pregnancy and/or delivery • All elective/non complicated caesarean sections at term and under regional anaesthesia • Maternal morphine analgesia given within 4 hours of birth	• < 35 weeks gestation • All vaginal breech births and multiple pregnancies • Poor obstetric history – previous perinatal and neonatal death • High or mid cavity forceps / vacuum extraction • Trial of instrumental birth in theatre • Meconium liquor, fetal bradycardia and other fetal distress • Rhesus iso-immunisation • APH/Intrapartum bleed (If medical clearance has been given to women to birth in the FBC then the paediatric team is not required at the birth) • All non-elective caesarean sections or that are under general anaesthetic • Elective caesarean section <38 weeks and >41 weeks gestation

GROUP THREE (HIGH RISK): RMO's **and** Neonatal Registrar **and** notify SR and/or Neonatal Consultant.
A resuscitation cot with full intensive care facilities is needed.

- Code 'Blue' paediatric
- All births < 30 weeks gestation
- Other **very** high risk births
- Multiple pregnancy < 34 weeks gestation
- Severe fetal distress/compromise
- Severe rhesus iso-immunisation e.g. Hydrops
- Known high risk congenital anomalies such as diaphragmatic hernia

Related WNHS policies, procedures and guidelines

Neonatology Clinical Guidelines - Resuscitation Algorithm for the Newborn
Resuscitation: Neonatal
Resuscitation: Medications and Fluids
Obstetrics and Midwifery Guideline – Paediatric Team Attendance for 'At Risk' Births

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