



# Paediatric Medical Staff Attendance for ‘At Risk’ Births Procedure

## 1. Guiding Principles

Effective: 24 June 2020

Kalgoorlie Hospital recognises the importance of providing a high standard of maternal and neonatal care in the maternity unit.

The aim of this procedure is to ensure safe care at all births with the presence of trained staff to resuscitate the newborn if required.

This procedure clarifies when paediatric attendance is required at a birth.

Paediatric medical staff attending births includes resident medical officer (RMOs), registrars and consultants. RMOs should be supported at every birth until the RMO is competent and confident in attending births alone.

The obstetric and/or midwifery staff is responsible for ensuring the paediatric medical staff is notified of any potential high risk pregnant women in labour.

When possible sufficient notice should be given to enable Paediatric staff to attend labour ward or theatre to check and prepare the resuscitation equipment and to obtain relevant pregnancy and labour details so that potential problems can be anticipated.

Sufficient notice will allow paediatric team to identify themselves, discuss risk factors with parents and family and give them information about impending care and treatments.

Paediatric staff attending a birth is responsible for checking and setting up the resus cot, and procuring the necessary equipment according the perceived risk.

When contacting paediatric staff information needs to be provided using ISOBAR technique.

**Telephone the paediatric registrar via switch board or mobile.  
If contact is not established, call the consultant.**

## 2. Procedure

Paediatric medical staff attendance is required at **all** of these births:

<b>Antepartum factors</b>	<ul style="list-style-type: none"> <li>• Pregnancy induced hypertension/Pre-eclampsia</li> <li>• Maternal diabetes</li> <li>• Maternal sepsis or positive maternal HVS for group B strep</li> <li>• Maternal cardiac/renal/pulmonary/thyroid or neurologic disease</li> <li>• Poor obstetric history – previous perinatal and/or neonatal death</li> </ul>
---------------------------	--

**WACHS Goldfields - Paediatric Medical Staff Attendance for 'At Risk' Births Procedure – Kalgoorlie Hospital**

	<ul style="list-style-type: none"> <li>• Polyhydramnios</li> <li>• Foetal hydrops</li> <li>• Maternal substance abuse</li> <li>• Multiple pregnancy</li> <li>• No antenatal care/age <math>\leq 16</math> y/o or <math>\geq 35</math> y/o</li> <li>• Rhesus isoimmunisation/foetal anaemia</li> <li>• Known congenital abnormalities/malformation</li> <li>• Intrauterine growth restriction</li> <li>• <math>\leq 37</math> weeks gestation, and over 20 weeks gestation with an anticipated live birth</li> <li>• Elective caesarean section</li> </ul>
<b>Intrapartum factors</b>	<ul style="list-style-type: none"> <li>• Maternal morphine analgesia administered within 4 hours of birth</li> <li>• All breech births and abnormal presentations</li> <li>• All non-elective caesarean sections</li> <li>• Meconium stained amniotic fluid, foetal bradycardia or other acute foetal compromise</li> <li>• APH/Intrapartum bleed</li> <li>• Instrumental birth (forceps, vacuum), including trial of instrumental in theatre</li> <li>• Premature rupture of membranes and/or membranes ruptured greater than 24 hours</li> <li>• Preterm labour/abruptio placentae</li> <li>• Chorioamnionitis</li> <li>• Prolonged labour/prolonged second stage of labour</li> <li>• Macrosomia</li> <li>• Persistent foetal bradycardia/non reassuring/abnormal foetal heart rate pattern</li> <li>• Prolapsed cord</li> <li>• Placenta praevia</li> </ul>
<b>Paediatric consultant to attend:</b>	<ul style="list-style-type: none"> <li>• All category 1 caesarean sections</li> <li>• Births &lt; 34 weeks</li> <li>• Multiple pregnancy &lt; 37 weeks</li> <li>• Significant antepartum/Intrapartum Haemorrhage</li> <li>• Thick meconium with fetal bradycardia or other fetal compromise</li> <li>• Severe acute fetal compromise</li> <li>• Trial of instrumental delivery in OT</li> <li>• Unplanned delivery of known high risk congenital anomalies</li> </ul>

**A Caesarean section shall not commence unless a member of a paediatric team is present in Theatre.**

Printed or saved electronic copies of this policy document are considered uncontrolled.  
Always source the current version from [WACHS HealthPoint Policies](#).

### 3. Definitions

<b>Antepartum</b>	occurring or existing before birth; 'the prenatal period'; 'antenatal care'
<b>Intrapartum</b>	relating to childbirth or delivery

### 4. Roles and Responsibilities

**All Staff** are required to work within policies and guidelines to make sure that WACHS Goldfields provides safe and equitable based on best practice for all pregnant women during the antenatal, intrapartum and postnatal stages.

### 5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees "comply with all applicable WA Health policy frameworks."

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Discipline Policy](#) or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

WACHS staff is reminded that compliance with all policies is mandatory.

Compliance with this policy will be monitored by any clinical incidents via the DATIX system.

### 6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

### 7. Evaluation

Monitoring of compliance with this document is to be carried out by the Clinical Nurse Manager of the Maternity Unit, every six months by conducting an audit and submitting a variance report to the Regional Safety, Quality and Clinical Governance Sub-Committee via the Coordinator of Nursing and Midwifery.

### 8. Standards

[National Safety and Quality Health Service Standards](#) - 1.1, 1.3, 1.7, 1.8, 6.1, 6.2, 8.1, 8.4, 8.6, 8.8

### 9. Legislation

[Maternal and Newborn Care Capability Framework Policy](#)

## 10. References

[Recognition and response to Acute Deterioration \(RRAD\) of the Newborn policy](#)

## 11. Related Forms

[MR140D Newborn Observation & Response Chart NORC](#)

## 12. Related Policy Documents

Obstetrics & Gynaecology Guidelines: for WACHS Clinicians and Managers

[KEMH Obstetrics and gynaecology Guidelines](#)

## 13. Related WA Health System Policies

[Clinical Escalation of Acute Deterioration including Medical Emergency Response Policy](#)

## 14. Policy Framework

[Clinical Governance Framework 2018](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

<b>Contact:</b>	Coordinator of Nursing and Midwifery (S. Jennings-Hingston)		
<b>Directorate:</b>	Nursing and Midwifery Services	<b>EDRMS Record #</b>	ED-CO-15-4443
<b>Version:</b>	3.00	<b>Date Published:</b>	24 June 2020

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.