WOMEN'S HEALTH AND PAEDIATRICS
MATERNITY UNIT

Meconium stained liquor; Guidelines for the management of labour

Amendments			
Date	Page(s)	Comments	Approved by
Oct 2008		Updated in response to Paediatric audit and NICE guidance	WHCG committee
July 2009	2-3	Change of meconium grading Monitoring added of guidance added	Women's Health Guidelines group, labour ward forum
Oct 2014		Whole guideline review Whole guideline review Updated Reference to NICE 2017	Women's Health Guidelines group
June 2015			Women's Health Guidelines group
April 2019			Women's Health Governance

Compiled by: Sandra Newbold Consultant Obstetrician & Alex Bell Senior Midwife Governance Team
Midwife Team Leader

In Consultation with: Women's Health Guidelines Group, Labour Ward Forum

Ratified by: Women's Health Guidelines Group

Date Ratified: August 2015

Date Issued: v7 July 2019

Next Review Date: July 2022

Target Audience: Staff working in maternity services

Impact Assessment Carried Out By: Women's Health Guidelines Group

Comments on this document to: Women's Health Guidelines Group

Meconium stained liquor; Guidelines for the management of labour

See also:

- *Care of women in labour guideline*
- *Abbey Birth Centre clinical guideline*
- *Fetal Monitoring, Assessment of, and Response to Intrapartum Cardiographs, including Fetal Blood Sampling Guidelines*
- *Neonatal Resuscitation guideline*
- *Immediate Care of the Newborn guideline*

Recognition and appropriate management of meconium stained liquor is important because it may be associated with poor neonatal outcome. In most cases meconium is not a cause for clinical concern. Management at delivery aims to reduce the risk of meconium aspiration. Meconium Aspiration Syndrome accounts for 2% perinatal of deaths.

Meconium stained liquor increases in frequency with increasing gestation, occurring in 15-20% of labours at term. Meconium stained liquor preterm (< 37 weeks) is very rare and may be associated with Listeria infection or other medical problems and **MUST** be reviewed by the registrar.

Description of Meconium:

- **Non –significant Meconium** – Thin, watery

- **Significant Meconium** – Dark green or black amniotic fluid that is thick or tenacious or any meconium stained amniotic fluid containing lumps of meconium. (NICE 2014).

Document the presence or absence of significant meconium in any labour after the rupture of membranes.

Significant meconium may suggest oligohydramnios or a breech presentation.
If there is no evidence of SROM but meconium is suspected the following should be done –

a. Ballot the head between contractions to observe the liquor

b. If no evidence of liquor review history of SROM and arrange senior obstetric review and +/- USS

Liquor should be assessed hourly and the presence or absence of significant meconium documented (NICE 2017). The Team Leader must be informed of any new significant meconium which should also be recorded on the labour ward board.

Management of labour

Non-significant Meconium

Continuous CTG monitoring is only required if **ANY** maternal observations are abnormal or if FHR abnormalities are suspected on intermittent auscultation (NICE 2014). Women with non-significant meconium, should have labour augmented at the earliest opportunity if they present prior to established labour.

Significant Meconium

Women with significant meconium will be under Consultant Led care. A thorough review, therefore, is to be recorded in the notes with a clearly documented plan at the earliest opportunity following confirmation of significant meconium.

CTG monitoring should be continuous (NICE 2017) because significant meconium can be associated with fetal hypoxia.

Significant meconium is uncommon, but its presence may mean that the woman is more likely to need an emergency caesarean section, therefore:

Give Ranitidine and Metoclopramide as detailed in the Care of women in labour guideline.

Follow Fetal Monitoring, Assessment of, and Response to Intrapartum Cardiographs, including Fetal Blood Sampling Guidelines.

Birth

A neonatal doctor is only required to attend the delivery of a woman with significant meconium stained liquor in labour, unless there are other risk factors. NICE (2017) recommend the following -

Do not suction baby's upper airways if the baby has normal respiration; heart rate and tone

Routine intubation is not required, but if the baby has depressed vital signs then laryngoscopy and suction under direct vision is essential.

Neonatal Observations

Neonatal observation of the baby's temperature, heart rate, respiration rate, capillary refill and general wellbeing should be undertaken as below –

- **Non-significant Meconium –** Routine observations at birth**,** take further observations at 1 and 2 hours old (NICE 2017). If normal, mother and baby can be transferred to the postnatal ward or a 6 hour discharge facilitated. These babies can have the Examination of the Newborn (MEON) completed by an appropriately trained midwife in the absence of any other risk factors.
- **Significant Meconium –** Routine observations at birth**,** take further observations at 1 and 2 hours, then 2 hourly until 12 hours (NICE 2017). The 1 and 2 hourly observations should occur on the labour ward and the neonatologists made aware; if normal, mother and baby can then be transferred to the post natal ward.

Monitoring

Compliance with this guideline will be monitored 3 yearly by review of maternity records. Where deficiencies are identified action plans will be developed and changes implemented and disseminated as required.

References:

1. National Institute for Health & Care Excellence (NICE) 2017, Intrapartum care: care of healthy women and their during childbirth; NICE Clinical Guideline 190, NICE

EQUALITY IMPACT ASSESSMENT TOOL

Name: **Women's Health Guidelines Group**

Policy/Service: **Meconium Stained Liquor; Guideline for Management of Labour**

Background • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment
• To ensure consistent and high standards of care within the maternity service. • Maternity Services labour care • Maternity Guideline group
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
• Impact assessment revealed no obvious impact identified • N/A • The multidisciplinary team delivering maternity care had the opportunity to contribute to development of the policy.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
• No impact identified
Conclusion • Provide a summary of the overall conclusions
• No impact
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
• Impact assessment will be reviewed at next policy review

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)

If further assessment is required please see the Integrated Single Equality Scheme.

For advice in respect of answering the above questions, please contact, HR Manager, on extension 2552.

PROFORMA FOR RATIFICATION OF POLICIES AND GUIDELINES BY RATIFYING COMMITTEE

Policy/Guidelines Name:	**Meconium Stained Liquor; Guideline for Management of Labour**
Name of Person completing form:	Alex Bell/Women's Health Guidelines Group
Date:	20/08/2015

Author(s) *(Principle contact)*	Sandra Newbold, Consultant Obstetrician/ Alex Bell, Senior Midwife, Governance Team	
Name of author or sponsor to attend ratifying committee when policy/guideline is discussed	Sandra Newbold, Consultant Obstetrician/ Alex Bell, Senior Midwife, Governance Team	
Date of final draft	04/03/2015	
Has this policy/guideline been thoroughly proof-read to check for errors in spelling, typing, grammar and consistency?		Yes
By whom:	Women's Health Guidelines Group	
Is this a new or revised policy/guideline?	revised	

Describe the development process used to generate this policy/guideline. *Who was involved, which groups met, how often etc.?*
Women's Health Guidelines Group, Labour Ward Forum, Obs & Gynae Consultants, Supervisors of Midwives
Who is the policy/guideline primarily for?
Health Professionals working within the maternity service
Is this policy/guideline relevant across the Trust or in limited areas?
Maternity Services
How will the information be disseminated and how will you ensure that relevant staff are aware of this policy/guideline?
Staff Meeting, Newsletters, Intranet
Describe the process by which adherence to this policy/guideline will be monitored. *(This needs to be explicit and documented for example audit, survey, questionnaire)*
See *monitoring section* of the policy
Is there a NICE or other national guideline relevant to this topic? If so, which one and how does it relate to this policy/guideline?
See references
What (other) information sources have been used to produce this policy/guideline?
See referenced
Has the policy/guideline been impact assessed with regard to disability, race, gender, age, religion, sexual orientation?
Yes
Other than the authors, which other groups or individuals have been given a draft for comment?*(e.g. staff, unions, human resources, finance dept., external stakeholders and service users)*
Paediatricians All obstetric Consultants, Women's Health Guidelines Group, Labour Ward Forum, SOM's
Which groups or individuals submitted written or verbal comments on earlier drafts?
Any comments received considered by Women's Health Guidelines Group
Who considered those comments and to what extent have they been incorporated into the final draft?
All comments considered
Have financial implications been considered?
Yes