



Neonatal Attendance at Birth SOP

Trigger list

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Trigger list for Neonatal Attendance at birth

Trigger list for Neonatal attendance at birth (SHO):

Antenatal

- Gestational Age < 35 weeks (all deliveries 22+0 to 34+6 weeks)
- Any baby under 32 weeks requires a registrar
- Any baby under 27 weeks requires a consultant.

- Known fetal malformations likely to cause compromise at birth
- Cardiac, pulmonary and neuromuscular problem
- These cases should have a plan in the 'Fetal management box or Intrapartum care plan'

Intrapartum

In labour

- Moderate APH – antenatal or in labour
- Chorioamnionitis or maternal sepsis (NB not if solely intrapartum pyrexia)
- Meconium

CTG concerns

- Abnormal CTG – pathological / fetal bradycardia / sustained fetal tachycardia >160bpm / sub acute hypoxia prior to birth
- CTG chronic hypoxia or sinusoidal (consider fetal anaemia)
- Unable to monitor or loss of contact and clinical concern

Birth

- Vaginal breech
- Operative vaginal birth
- Category 1 or 2 caesarean section
- General Anaesthetic for delivery

Neonatal priority call 2222 for attendance at birth

- Shoulder dystocia
- Suspected uterine rupture
- Suspected fetal anaemia
- Cord prolapse
- Prolonged fetal bradycardia
- Massive APH
- Maternal collapse

Any other cases where there are concerns the baby may need resuscitation