Neonatal Attendance at Elective Caesarean section

Purpose: Which neonatal staff should attend elective caesarean sections?

Related Guidelines:
1. Neonatal resuscitation
2. Caesarean section – role of the RM / RN
3. Infant Identification at Caesarean Section

Background:
International guidelines on neonatal resuscitation and Pediatric and Obstetric Colleges state that an appropriately trained practitioner should be present at all births by caesarean section and an advanced skills practitioner present only for high risk deliveries\(^1,2,3\). There is now a body of evidence demonstrating that term infants born after elective caesarean section under regional anaesthetic have no greater need for resuscitation than those born vaginally.\(^4-15\)

Rationale:
An appropriately trained practitioner (usually the designated theatre midwife / nurse) skilled in the resuscitation of the newborn should be present at all Caesarean sections. The requirement for an advanced skills practitioner (usually the neonatal resident, registrar or transitional (t) neonatal nurse practitioner) is required if there are additional risk factors.

Policy:
Criteria for attendance by theatre midwife/nurse without medical attendance:
Babies born to mothers by elective caesarean section (i.e. without labour) can be received and attended to by an accredited theatre midwife/registered nurse, without neonatal resident or registrar in attendance, in the following circumstances:

- The elective caesarean is within normal working hours (08:00 to 16:00)
- The designated theatre midwife/nurse is available to attend
- Gestation 37 weeks and above.
- Singleton Pregnancy
- Cephalic Presentation
- Regional anaesthesia
- No fetal distress

Criteria for routine neonatal medical/tNNP attendance at caesarean section:

- Outside normal working hours or theatre midwife/nurse not available.
- Less than 37 weeks gestation
- Multiple pregnancy
- Any evidence of fetal compromise
- Non-cephalic presentation
- General Anaesthesia
- Maternal illness likely to affect fetal condition.
- Known fetal abnormalities
If the theatre midwife/nurse, obstetrician or anaesthetist feels that there is a need for neonatal JMO/tNPN support outside the suggested criteria above they should contact the neonatal HDU registrar/tNPN.

**Staff Responsibilities for CS:**

**Elective CS not needing JMO/tNPN attendance:**
- An accredited theatre midwife/registered nurse with back up from Fellow/Registrar/tNPN carrying the emergency pager (80126).

**Elective CS needing JMO/tNPN attendance:**
- No evidence of fetal compromise - Postnatal Ward Resident / tNPN
- Fetal compromise or abnormality – Resident and HDU Registrar / tNPN

**Emergency CS:**
- SCN resident with HDU registrar/tNPN depending on experience and expected condition of baby.

**C/S with likely need for advanced resuscitation including babies less than 30 weeks, fetal bradycardia, known severe fetal abnormality.**
- Neonatal resident and registrar/tNPN but *also* attendance by neonatal Fellow or Consultant on duty.

**Accreditation of theatre midwife/registered nurse.**

Designated theatre midwife/registered nurse will be defined as:

- A RN with the relevant Postgraduate qualifications

    **OR**

- A registered nurse and / or midwife with at least 4 years experience in a neonatal or high risk midwifery service

    **AND**

- Completion of the theatre midwife / nurse orientation programme
- Assigned to a designated theatre midwife / nurse for at least 5 caesarean sections.
- Having achieved mastery in the annual neonatal resuscitation competency with the CNE/CNC/tNPN

**Ongoing accreditation:**

Attendance at the neonatal resuscitation SCORPIO at least once every two years. Annual neonatal resuscitation competency

**Accreditation register:**

The list of midwives and nurses who fulfill these criteria will be maintained by the clinical nurse educator.
Procedure when medical attendance at C/S is not indicated:

The midwife/nurse receiving a baby at Caesarean section **must**

- Check that the mother and baby meet the above criteria
- Discuss the caesarean section list with the Reg/tNNP/Fellow carrying the emergency pager about the caesarean section list, should they be required urgently
- Have a list of pager numbers for JMO / registrar /tNNP / Neonatal Fellow on service that day
- Prepare resuscitaire
- Stabilise the infant according to principles of resuscitation
- Perform cursory examination of the newborn and identify potential risks
- Document the newborn examination on the case history notes (MR45)
- Attach identification bands to mother and baby
- Transfer baby to the postnatal ward with father or support person or follow through to theatre recovery with mother (Tues, Wed, Thurs)
- Handover to postnatal midwives who then perform early newborn examination, and administer vitamin K (nurse initiated medication).
- Postnatal ward midwives to document the newborn examination and administration of vitamin K on Newborn Care Plan (MR504).
- Complete Power Chart and other documentation as required

**NB:** Any questions regarding the medical/delivery history and postnatal care/follow up should be directed to the HDU registrar / tNNP or Neonatal Fellow

The JMO/tNNP/ Fellow responsible for emergency back up for caesarean section deliveries **must**

- Be already dressed in theatre scrubs
- Be aware of which CS are being attended by the theatre midwife/RN
- Attend theatre immediately if paged on the emergency pager (80126)

**Urgent Assistance**

The process for activating the emergency pager must be prominently displayed in all caesarean theatres and is:

- Ring switchboard emergency number 222
- Ask to activate neonatal emergency pager (number 80126) to attend theatre number that you are in.
- This communication process is displayed prominently on the laminated sheet by the phones in Theatres 18 and 19.
References:


12) Thrathip K et al. Effects of general and regional anaesthesia on the neonate (A prospective randomized trial). J Med Assoc Thai 1999; 82. 40 – 44


RPA Newborn Care Clinical Practice Guidelines June 2010, revised Oct 2012