HIGH RISK FETUS AND NEWBORN IDENTIFICATION: RESUSCITATION

POLICY

GUIDELINES FOR IDENTIFICATION OF THE HIGH RISK FETUS AND NEWBORN AND FOR NOTIFICATION OF THE SPECIAL CARE NURSERY RESUSCITATION TEAM

Any fetus at risk of developing serious problems at birth is considered “high risk”. No classification can cover all eventualities. Clinical judgement is necessary.

1.1 High Risk

The following conditions constitute High Risk and require early notification and attendance of the Resuscitation Team.

- Fetal Distress
- Gestational Age less than (<) 34 weeks
- Meconium
- Multiple Pregnancy < 37 weeks
- Prolapsed Cord
- Severe I.U.G.R.
- Severe Congenital Anomalies
- Severe Oligohydramnios
- Severe Prenatal Infections

The Resuscitation Team does not have to be called to attend the delivery of a baby born in light meconium-stained fluid without fetal and maternal distress provided that two people who are in attendance, and who are trained in the AAP/AHA neonatal Resuscitation program, agree not to call.

1.2 Ultra High Risk

Ultra high risk deliveries are those where additional neonatal resources, resuscitation manpower or expertise, or critical decision-making may be required at the time of birth.

- Extreme prematurity (PCA 28 weeks)
- Hydrops fetalis
- Multiple births of three or more
- Severe life-threatening congenital anomalies
- Severe Hemolytic Disease
- Twin-to-twin transfusion syndrome

The neonatologist on-call must be notified in advance to ensure adequate prior preparation of personnel and resources.

Applicability: Resuscitation of the infant occurs in the Acute Perinatal Program.

PROCEDURE

NOTIFICATION

1.3 Personnel That Need to be Notified

- High Risk Deliveries
  - SCN Resuscitation Team
  - Private practice Pediatrician or SCN Neonatologist (consult with Family Physician or Obstetrician).
- Ultra High Risk Deliveries
  - SCN Neonatologist on-call
  - SCN resuscitation Team
- Private Practice Paediatrician (if consulted by Family Practice Physician or Obstetrician).

RESPONSIBILITIES

1) The BC Women’s Hospital Birthing Program nursing staff are responsible for notifying the Resuscitation Team as soon as High Risk criteria are identified, and before delivery.

2) For babies born in the presence of meconium without fetal distress, if the Physician present requests that the tem or the SCN Physician not be called for the delivery, this request must be documented on the Physician’s Orders.

3) It is an expectation that the attending Obstetrician personally refer a high risk fetus/ infant to a Pediatrician/ Neonatologist upon identification of high risk. In addition, the Neonatologist on service must be notified of Ultra High Risk deliveries by the attending obstetrician or pediatrician.

CALLING THE RESUSCITATION TEAM

1.4 Anticipatory and Non-urgent Calls
- Call the SCN receptionist, using local #7360 or stentofon system #30

1.5 Imminent or Urgent Delivery
- Use a local phone # 33 or in the event of a paging system failure, use stentofon system # 4.

MESSAGE REQUIRED TO CALL THE RESUSCITATION TEAM

State clearly:
- Page the Newborn Resuscitation Team
- Stat or Imminent
- To ________________ exact Location)

Do not use abbreviation. State: “Low Risk Room 6.” Or “High Risk Resuscitation Room.” Or Neonatal Care Nursery,” or Arbutus Square” etc.

Wait for a response from the operator.

THE SCN RESUSCITATION TEAM

Personnel rotate according to SCN schedules.
The team is comprised of
- SCN Fellow or Clinical Assistant
- SCN Resuscitation Registered Nurse
- Optional: Resident

DOCUMENTATION

REFERENCES