

## LABOUR WARD CALLS

- Encourage obstetric team to warn neonatal team of expected problems **well in advance**
- Decide who should attend (e.g. first on-call, tier 2 staff or consultant), and degree of urgency

### **Neonatal team should attend the following deliveries:**

- Non-reassuring electronic fetal monitoring trace, as assessed by obstetric team
- Significant fresh meconium in liquor
- Major congenital abnormalities (minor abnormalities will wait until working hours)
- Vacuum extraction or instrumental deliveries performed for fetal reasons (see below)
- Preterm delivery <36 weeks' gestation
- Severe pre-eclampsia with seizures
- Antepartum haemorrhage
- Moderate-to-severe Rhesus disease
- Unexpected breech delivery
- Any delivery under general anaesthesia

It is **not** necessary for neonatal team to attend the following deliveries:

- Elective caesarean section under regional anaesthesia
- Meconium staining of liquor
- Planned breech delivery (including caesarean section under regional anaesthesia)
- Twins (>36 weeks)
- Pre-eclampsia without seizures

### **The following factors may require neonatal team to attend birth or assess baby soon after birth (see antenatal plan in maternal notes)**

- Maternal illness likely to affect baby:
  - diabetes mellitus
  - thyroid disease
  - systemic lupus erythematosus
  - myasthenia gravis
  - myotonic dystrophy
  - hepatitis B carriage
  - intrapartum antibiotics indicated but not given, or given <4 hr before delivery
  - HIV
  - HELLP syndrome
  - suspected sepsis treated with IV antibiotics
- Maternal medications that may affect baby e.g. antidepressants
- Maternal substance abuse
- Neonatal alerts:
  - abnormal antenatal scans
  - low-birth-weight baby <2.5 kg
- Pregnancy and past history
  - prolonged rupture of membranes
  - polyhydramnios
  - previous baby/perinatal death
  - family history of genetic or metabolic abnormalities