

Pediatric Attendance at High Risk Deliveries

Process for notification and attendance of pediatricians to high-risk infant deliveries.

Purpose: To ensure the appropriate personnel with the appropriate training attend deliveries of high-risk infants.

Pediatricians will be notified immediately of all high-risk indications listed below when they occur in an expecting mother. OB providers may call for any additional concerns as well. These high risk deliveries will be attended by a pediatrician and/or a NICU nurse.

- Preterm infants < 37 weeks gestation
- Multiple births
- Breech vaginal delivery, or other abnormal presentations
- Infants with significant congenital malformation diagnosed antenatally
- Any meconium-stained amniotic fluid
- Emergency cesarean section
- Prolapsed cord
- Abruptio placentae
- Placenta previa
- Non-reassuring fetal heart rate patterns
- Oligohydramnios

During AM rounds, the pediatrician working with the babies on the Mother-Baby Unit will be notified of the following conditions. These deliveries do not need to be attended by a NICU nurse or pediatrician unless additional concerns arise:

- Maternal infection/fever
- PEC
- Polyhydramnios
- Maternal cardiac, renal, pulmonary, thyroid, or neurologic disease
- PROM
- Post-term gestation
- Maternal substance abuse
- Prolonged labor (>18 hours)
- Prolonged second stage of labor (>2 hours)
- GBS (institute protocol)
- Maternal drug therapy: opiates, magnesium, adrenergic-blocking drugs
Maternal diabetes if insulin dependent and poorly controlled
- Magnesium Sulfate therapy

Procedure:

1. When a mother is admitted to Labor & Delivery (L&D) and it is determined she is 'high-risk', the OB Physician will PAGE the pediatrician on-duty; *the consult will be documented in EHR.* The L&D nurse will call the NICU RN; *the L&D RN will document the call in EHR.*

2. The L&D RN will call the NICU just prior to delivery.
3. *The arrival time of the pediatrician and the NICU nurse will be documented in EHR.*
4. The following staff need to be present for each high-risk delivery:
Pediatrician and/or NICU Nurse
Newborn Nursery Nurse or designee
5. When chest compressions are necessary for the newborn, a Pediatric Medical Emergency will be called by dialing x1111 and clearly stating Neonatal Code White: Newborn in LDR #____ or Neonatal Code White: Newborn in the C-section room, etc.

For routine C-sections with no identified risk factors:

These deliveries should be attended by NRP-trained nursing staff. It is not necessary to notify the NICU nurses or the pediatricians for these deliveries unless complications develop.

For meconium deliveries:

1. In the following order based on *presence at delivery*, medical staff will determine the need for, and perform, interventions for the newborn (e.g. visualization of vocal cords, endotracheal suctioning):
 - a) Pediatrician
 - b) Obstetrician/CNM if they do not need to attend to the mother
 - c) Anesthesiologist/CRNA

Reviewed Jun 2012, Jul 2015