Standard Operating Procedure (SOP)

SOP Title	**When to summon assistance on Delivery Suite & Alongside MLU for Neonatal Resuscitation**		
SOP Number	041		
Care Group	Women and Children's		
Version Number	2.4		
Effective Date	12/1/2023	Review Date	1/12/2026
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Approval date	March 2023		
Distribution	MGG, Maternity Governance & Neonatal Governance members		
Location	Maternity and Neonatal Services		

Document Control				
Version	Date	Authors	Status	Comments
1	30/1/17	Dr Ray & Paula Pryce	NEW SOP	New SOP revised from Maternity & Neonatal guidelines
2	23/04/20	Dr Wendy Tyler	Updated	To include alongside MLU General review
2.2	3rd August 2020	Dr Wendy Tyler	Update from SI	Tier 2 to be called to attend prior to delivery, in addition to Tier 1, for all category 1 C sections. Full neonatal team including on-call consultant neonatologist to be alerted if the consultant obstetrician attending is concerned that the baby is likely to be severely compromised
2.3	1/12/2021	Dr Wendy Tyler	Update	To reintroduce when to call the neonatal nurse; to clarify calls for congenital anomalies & difficult airway; how to call the Tier 3
2.4	24th March 2023	Lindsey Reid		Suspected FGR or suspected < 10th centile with placental insufficiency added to Neonatal First on call

SOP Objectives	▪ To provide a framework for situations where assistance from the neonatal team may be required at birth. ▪ To outline the procedure for summoning assistance from appropriate members of the neonatal team
Scope	This SOP details the appropriate neonatal staff who should be called to attend in situations, where there may be an anticipated or unanticipated need for

	assistance in neonatal resuscitation or stabilisation. It covers when, who, and how to summon help in neonatal emergencies. The resuscitation process recommended by the Resuscitation Council UK is clearly outlined in the separate guideline on 'Neonatal Resuscitation'. The separate guideline on 'When Should the Consultant Neonatologist be Informed?' details a broader framework where the specialist skills and advice of a consultant should be availed.
Performance Measures	Compliance with this guideline / SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust's five-year rolling programme of NICE and local guideline audits, unless circumstances require an earlier or more frequent audit. The audit will be carried out using the auditable standards and the results will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25).

Number	Brief	Responsibility
	DEFINITIONS **Resuscitation:** is the immediate intervention that is required to aid recovery when the circulation fails, when breathing is interrupted, or both (NLS, 2016) **ANNP:** Advanced Neonatal Nurse Practitioner **ST doctor:** Specialty Training Doctor **FY doctor:** Foundation Year Doctor **Neonatal First on-call (Tier 1)**: ANNP/ST1–3/FY2 **Neonatal Second on-call (Tier 2/Middle Grade):** ST4-8 /Tier 2 ANNP **Fast-Bleep:** a voice message conveyed by the switchboard operator over the speech channel of the paging system. It is preceded by a rapid tone. Staff must state who they want to be fast-bleeped and to which location e.g., "please fast-bleep the First on-call for Neonates to the delivery suite". **An emergency ('crash') call can be activated via switchboard after dialling 2222 and this alerts the Neonatal Tier 1 (FY2/ST1-3/ANNP), Neonatal Tier 2 (ST4-8/ ANNP) and Neonatal Nurse who will attend the call.**	
	Anticipated need for help – when to call the Neonatal First on-call. The Midwife or Obstetric ST1-7 will be required to anticipate the potential need for additional support for resuscitation at birth and summon help by calling the Neonatal First on-call (ANNP/ST1-3/FY2) These include the following cases: • The presence of significant (fresh, thick) meconium-stained liquor. • CTG changes that indicate facilitation for urgent birth. • Significant APH • Prematurity below 36/40 • Congenital abnormalities likely to require assessment and/or stabilisation (this may be determined on a neonatal alert form) • Multiple births at <37 weeks • Emergency Caesarean section (categories 1 and 2) • **Any** Caesarean Section under **General Anaesthesia** • Vaginal breech delivery	Midwife/Delivery Suite Coordinator

	• Instrumental deliveries • Neonatal alert advises that the Tier 1 Neonatal staff should attend the delivery. • Suspected FGR or suspected < 10th centile with placental deficiency (abnormal UA doppler/ oligohydramnios)	
	Anticipated need for help – when to call the Neonatal Second on-call AND the neonatal nurse. The Neonatal Second on-call (ST4-7) must be called to the Labour Ward with the Neonatal Nurse AND the Neonatal First on-call (ANNP/ST1-3/FY2) for: • Very preterm infants (gestation < 32 weeks) • Delivery of a multiple pregnancy < 34 weeks' gestation • Any delivery where poor condition of the baby after birth is anticipated (this includes all Emergency Category 1 sections) • Neonatal Alert advises that the Tier 2 should attend. • Congenital anomalies requiring airway and breathing support, or for a baby with an anterior abdominal wall defect	Midwife/Delivery Suite Coordinator
	Anticipated need for help – when to inform the Neonatal Consultant The Neonatal Consultant should be informed before birth about: • Extremely preterm infants (gestation <27 weeks) • Unexpected birth of a baby with congenital diaphragmatic hernia • If the consultant obstetrician attending is concerned that the baby is likely to be born in a severely compromised condition • If requested in the Neonatal Alert Form • For any anticipated Difficult Airway or suspected Can Not Ventilate the Lungs scenario	Midwife/Delivery Suite Coordinator/ Tier 2 Neonatal Staff
	Emergency neonatal support must be called to the Delivery suite for neonates who require resuscitation at birth, which was not anticipated. **In the following situations where there is an unanticipated need for help, it may be appropriate to summon the Neonatal First on-call in the first instance.** • If any neonate has a slow heartbeat (<60 beats per minute) • On delivery of a neonate with thick meconium in the oropharynx who is not crying or breathing regularly • After the first 5 inflation breaths with no response obtained in either heart rate or chest wall movement • If the baby is pale and/or floppy • If regular respirations are not established by 3 minutes of age **The Neonatal Second on-call AND the neonatal nurse will be called in an emergency by sending out an emergency ('crash') call in the following situations:** • If required or requested by the initial resuscitation team • If any neonate has an absent heartbeat	Midwife/Delivery Suite Coordinator

	• If a neonate is not responding to resuscitation measures • If a neonate has obvious congenital abnormalities of the airway	
	PROCEDURE FOR CALLING FOR EMERGENCY HELP ('CRASH TEAM') IN CASES OF UNANTICIPATED NEONATAL EMERGENCIES **Emergency Telephone Number for Neonatal Team** **Dial 2222** • Ask for the **Neonatal Team** • Clearly state the location (e.g., room number or theatre) where they are required.	Midwife/Delivery Suite Coordinator
	Advanced Resuscitation – Availability of Neonatal Consultant During the period between Mon-Fri 08.30-17.30 hours, the Neonatal Consultant is on-site and will also be alerted to the 'crash call' via the on-call Consultant bleep. However, **if their assistance is required, they will need to be summoned** via switchboard separately using the Emergency Telephone Number 2222.	Midwife/Delivery Suite Coordinator
	Advanced Resuscitation - On-call Consultant out of hours There is a consultant on-call for neonates. **They can be contacted urgently through Switchboard via their phones.** **DO NOT BLEEP as they are <u>not resident on-site</u>.** If possible, use the cordless phone handset on Delivery Suite to facilitate up to date communication. The Consultant should be summoned: • When a member of the team requests their help • If the Tier 2, Tier 1 and neonatal nurse **cannot achieve chest wall movement** and require the poor chest movement algorithm. • If a **call is made for "Difficult Airway"**/the trolley is in use • If there is no improvement in the heart rate despite good chest wall movement • If heart rate is not sustainable • Continuing resuscitation at 10 min of age • At the discretion of the Consultant Obstetrician • Major traumatic birth (e.g., suspected subgaleal/haemorrhage) Do NOT ask a colleague who has no knowledge of why resuscitation is being undertaken to either make the call OR answer the phone for you, as the consultant may be able to assist on route IF you provide them with information while they travel to you or before they set off; this could be lifesaving.	Midwife/Delivery Suite Coordinator – **must ensure the non-resident on-call consultant is <u>not bleeped at this time</u> but need to ask switchboard to contact them via their phones.**

	Documentation • A Newborn Initial Assessment Proforma will be completed for every baby. • An Advanced Resuscitation Proforma will be completed for all a newborn requiring resuscitation of more than 2 sets of inflation breaths. • Any additional documentation should be written as free text by the individuals involved and incorporated into the baby's medical records.	Any person involved in the resuscitation should document their involvement and actions.