



C-Obs 32

Responsibility for Neonatal Resuscitation at Birth

- 1) An appropriately trained practitioner, skilled in neonatal resuscitation, should be present at all births.
- 2) Health care facilities must ensure that all staff attending births with the responsibility for neonatal resuscitation have adequate and appropriate training in accord with national guidelines^{1,2}
- 3) A requirement for the attendance of a paediatrician should be at the discretion of the accoucher responsible for managing the birth, taking into consideration the following:
 - a) The presence of specific additional risk factors for neonatal compromise including (but not limited to):
 - significant fetal compromise
 - multiple birth
 - preterm birth
 - breech presentation³
 - general anaesthesia^{4,5}
 - b) The availability / proximity of urgent Paediatrician attendance should such assistance become necessary. Factors affecting this would include (but not be limited to):
 - the presence of an immediately adjacent NICU, staffed with neonatologists capable of reliably attend within seconds. This may raise the threshold for paediatrician attendance at birth
 - a situation where the most available paediatrician is a considerable time away This would lower that threshold
 - c) The availability of another medical practitioner attending the birth to assist with neonatal resuscitation, should such be necessary. Factors requiring consideration include the following:

- where the obstetrician (with or without anaesthetist), are managing a complex birth (e.g. caesarean section, mid-cavity instrumental delivery, or multiple birth), they are unlikely to be available to assist with neonatal resuscitation
- although elective caesarean section under regional anaesthesia, in the absence of risk factors for fetal compromise has no higher incidence of fetal compromise than that associated with vaginal birth^{6,7}, there is often reduced availability of medically-trained personnel to assist with neonatal resuscitation as the obstetrician and anaesthetist are pre-occupied with maternal care.

Links to other related College Statements

(if any)

References

- 1) Australian Resuscitation Council. Neonatal Guidelines. Section 13.
<http://www.resus.org.au/>
- 2) New Zealand Resuscitation Council. Newborn Life Support.
<http://www.nzrc.org.nz/>
- 3) Gordon A, McKechnie EJ, Jeffery H. Paediatric presence at caesarean section: justified or not? *Am J Obstet Gynecol.* 2005;193(3 Pt 1):599-605.
- 4) Ng PC, Wong MY, Nelson EAS. Paediatrician attendance at caesarean section. *Eur J Paediatr* 1995; 154:672-5.
- 5) Parsons SJ, Sonneveld S, Nolen T. Is a paediatrician needed at all caesarean sections? *J Paediatr Child Health* 1998; 34:241-4.
- 6) Jacob J, Pfenninger J. Caesarean deliveries. *Obstetrics & Gynaecology* 1997; 89(2):217-20.
- 7) Atherton N, Parsons SJ, Mansfield P. Attendance of paediatricians at elective Caesarean sections performed under regional anaesthesia: is it warranted? *J Paediatr Child Health.* 2006 ;42(6):332-6.

Disclaimer

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

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