

BORN BEFORE ARRIVAL (BBA)

1. AIM

- The condition of the woman and neonate are assessed, and responded to appropriately

2. PATIENT

- Woman and her neonate who present to Birthing Services following a BBA

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Sterile cord clamp
- Delivery pack
- Personal protective equipment as appropriate
- Suture pack/local anaesthetic/suture material if required
- Warm neonatal garments

5. CLINICAL PRACTICE

Assess maternal and neonatal wellbeing simultaneously:

Woman

- Ascertain time of delivery and whether or not placenta has been delivered
- Check maternal observations, palpate uterus, check for ongoing vaginal bleeding and estimate blood loss to date
- Administer IM Syntocinon 10 IU and deliver the placenta if third stage not complete
- Collect cord blood if Rh negative blood group or if blood group unknown
- Check for perineal trauma and repair as required
- Routine postnatal care
- Notify main admissions desk of maternal admission
- Offer the woman and her partner the opportunity to debrief
- Offer social work

Neonate

- Check neonatal observations and initiate resuscitation if required
- Ensure neonate is warm and dry
- Call paediatric resident medical officer (RMO) to examine neonate
- Apply cord clamp if necessary, or check security of clamp if already insitu
- Initiate skin to skin contact and assist with breastfeeding
- Identify neonate with two leg identification bands
- Weigh, measure length and head circumference of the neonate. Perform neonatal examination and administer Vitamin K and Hepatitis B vaccine as appropriate.
- Notify main admissions desk for neonatal admission

6. DOCUMENTATION

- Integrated clinical notes - Maternal and Neonatal
- Obstetric database
- Birth Registration
- Ambulance transfer form

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
16/11/17

BORN BEFORE ARRIVAL (BBA) cont'd

7. EDUCATIONAL NOTES

- BBA occurs in around 1:1000 pregnancies
- Maternal and neonatal outcomes after a BBA are generally good.
- The main risk to the neonate is hypothermia
- Most commonly affects women at full term
- It is more common in multiparous women who have had a previous spontaneous vaginal birth following a rapid second stage of labour
- The main risk to the mother is of a postpartum haemorrhage because of poor third stage management
- These complications may be reduced by promoting skin to skin contact as soon after birth as possible
- There is an increased risk with a previous history of BBA
- There is no increase in the risk of BBA with increasing parity
- There is no difference in perineal trauma between women who have a BBA and those women who have planned hospital births

8. RELATED POLICIES/ PROCEDURES

- Management of the third stage of labour
- Homebirth Transfer
- Identification of Babies

9. RISK RATING

- Low

10. NATIONAL STANDARD

- CC - Comprehensive Care

11. REFERENCES

- Loughney A, Collis R, Dastgir S (2006) Birth before arrival at delivery suite: Associations and consequences. British Journal of Midwifery. Vol 14, no 4: 204 –208
- Scott T, Esen U (2005) Unplanned out of hospital births- who delivers the babies? Ir Med J 98: 70-72

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Approved Patient Care Committee 6/12/07

Maternity Services Clinical Committee 11/9/07

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