Royal Hospital for Women (RHW) BUSINESS RULE COVER SHEET

Health
South Eastern Sydney
Local Health District

Ref T24/41495

NAME OF DOCUMENT	Born Before Arrival (BBA)
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN065
DATE OF PUBLICATION	25.6.24
NATIONAL STANDARDS	Standard 2 – Partnering with Consumers Standard 5 – Comprehensive Care Standard 6 – Communicating for Safety
RISK RATING	Low
REVIEW DATE	June 2029
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR	Midwifery Clinical Co-director of Maternity services
AUTHOR	S. Arbidans (CMC – Practice Development)
SUMMARY	Unplanned birth of a neonate outside of the hospital/birth centre environment, not attended by a midwife or medical officer.

The Royal HOSPITAL FOR WOMEN

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1. BACKGROUND

Born Before Arrival (BBA) is classified as any birth of an infant ≥ 20 weeks gestation, which occurs, unplanned outside of the hospital/birth centre setting.[1] This includes any birth occurring within women's homes, cars and/or ambulances on way to hospital, and which are not attended by a midwife or medical officer

2. RESPONSIBILITIES

2.1 Midwifery staff - Assessment and admission of the woman and neonate

2.2 Medical staff – Assessment, review, discussion of birth and admission of woman and neonate. Notify obstetric consultant of event

3. PROCEDURE

3.1 Clinical Practice

- Welcome woman, neonate, and support person/s to Birth Unit and allocate room
- Assess maternal and neonatal wellbeing simultaneously and escalate if required
- Continue skin to skin if neonate well, ensuring neonate is warm and dry
- Receive bedside handover from paramedic and/or family, and document accurate birth information including:
  - birth time
  - perception of neonatal wellbeing at birth (eg. crying at birth, good tone, cord clamped or unclamped)
  - management of third stage (eg. Oxytocin given)
- Attend full clinical assessment and routine postnatal care including:
  - maternal observations
  - administering intramuscular (IM) oxytocin 10IU and birth the placenta if not complete
  - collecting cord blood if maternal Rh negative or blood group unknown
  - palpating uterus, assessing for tone, and taking appropriate action if not firm and central
  - assessment and repair of perineal trauma as required (as per Perineal/Genital tract trauma – primary and secondary management CBR)
  - estimation of blood loss
- Notify admissions desk of maternal admission and neonatal birth
- Offer the woman and her partner/support people the opportunity to discuss the birth with obstetric consultant if required
- Offer social work
- Promote skin to skin as outlined in Baby Friendly Health Initiative
- Attend neonatal examination, observations, identification bands and administer Vitamin K and Hepatitis B vaccine as appropriate

3.2 Documentation

- Maternal and Neonatal medical record
- Birth Registration papers

3.3 Educational Notes

- Rates of BBA are 4.8 per 1000[1]
- BBA is associated with higher rates of perinatal mortality, postpartum haemorrhage, neonatal hypothermia, neonatal hypoglycaemia, and neonatal admission to intensive care units[2]
- BBA is associated with preterm birth, lower birthweights and multiparity
- BBA will continue to occur. Negative outcomes may be reduced with education and training to first line care providers, such as paramedics in the understanding of skin to skin and third stage management[3]

3.4 CBR should include implementation, communication, and education plan:

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum, and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.5 Related Policies/procedures

- Management of the third stage of labour
- Identification and security of Neonates

3.6 References

1. Thornton, C. E., Dahlen, H. (2014). Born before arrival in NSW, Australia (2000-2011): a linked population data study of incidence, location, associated factors, and maternal and neonatal outcomes. *BMJ Open*,*8*. https://doi:10.1136/bmjopen-2017-019328
2. Parag, N., McFerrow, N. H., Naby, F. (2014). Profile of babies born before arrival at hospital in a peri-urban setting. *South African Journal of Child Health*,*8*(2).
3. Loughney, A. Collis, R., Dastgir, S. (2013). Birth before arrival at delivery suite: Associations and consequences. *British Journal of Midwifery*,*14*(4). https://doi.org/10.12968/blom.2006.14.4.20786

4. ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for a Aboriginal or Torre Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5. CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Reviewed and endorsed Maternity Services LOPs 7/11/17 Approved Patient Care Committee 6/12/07 Maternity Services Clinical Committee 11/9/07		
16/04/2024 17.6.24	2	Maternity CBR Committee Endorsed BRGC