BABIES BORN BEFORE ARRIVAL (BBA) GUIDELINES

1. OPTIMAL OUTCOMES
   • The condition of the mother and baby are assessed and responded to appropriately

2. PATIENT
   • Women who present to Birthing Services following a BBA

3. STAFF
   • Registered Midwife
   • Medical Staff
   • Student Midwives

4. EQUIPMENT
   • Sterile cord clamp
   • Delivery pack
   • Personal protective equipment as appropriate
   • Suture pack/local anaesthetic/suture material if required
   • Warm baby garments

5. CLINICAL PRACTICE
   • Assess maternal and neonatal wellbeing simultaneously

   Mother
   o Ascertain time of delivery and whether or not placenta has been delivered
   o Check maternal observations, palpate uterus and check for vaginal bleeding and assess blood loss
   o Administer IM Syntocinon 10iu and then deliver the placenta if third stage not complete
   o Collect cord blood if Rh negative blood group or if blood group unknown
   o Check for perineal trauma
   o Routine postnatal care
   o Notify front desk of admission

   Baby
   o Check neonatal observations including signs of bruising
   o Call paediatric resident to examine baby
   o Ensure baby is warm and dry
   o Initiate treatment as needed
   o Apply cord clamp if necessary, check security of clamp if already insitu
   o Initiate skin to skin contact and assist with breastfeeding
   o Identify baby with two leg bracelets
   o Weigh and measure length and head circumference of the baby. Perform newborn examination and administer Vitamin K as appropriate.
   o Notify front desk for baby admission

   • Offer the woman and her partner the opportunity to debrief
   • Offer social work or discharge planner follow up

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BABIES BORN BEFORE ARRIVAL (BBA) GUIDELINES  cont’d

6. HAZARDS/SUB-OPTIMAL OUTCOMES
   • Maternal morbidity- risk of post-partum haemorrhage
   • Neonatal morbidity- risk to the baby of hypothermia

7. DOCUMENTATION
   • Integrated notes Maternal and Neonatal
   • ObstetriX database
   • Birth Registration
   • Family Allowance Forms

8. EDUCATIONAL NOTES
   • BBA occurs in around 1:1000 pregnancies
   • Maternal and neonatal outcomes after a BBA are generally good.
   • The main risk to the baby is hypothermia
   • Maternal and neonatal outcomes after BBA in developed countries are generally good
   • BBA 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

9. RELATED POLICIES/ PROCEDURES
   • Management of the third stage of labour
   • Homebirth Transfer
   • Identification of Babies

10. REFERENCES