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
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

REVISION & APPROVAL HISTORY
Reviewed and endorsed Maternity Services LOPs 7/11/17
Approved Patient Care Committee 6/12/07
Maternity Services Clinical Committee 11/9/07

FOR REVIEW : NOVEMBER 2022