Reducing the risk of Sudden Unexpected Postnatal Collapse of the newborn. Maternity guideline

NHS University Hospitals of Leicester NHS Trust

Trust ref:C35/2024

Contents

Related documents;

Breast Feeding Support UHL Obstetric Guideline.pdf Trust ref: C120/2008
Sudden and Unexpected Postnatal Collapse In Hospital UHL Neonatal Guideline.pdf Trust ref: C4/2024
Infant Feeding Policy UHL LLR and Childrens Centre Services.pdf Trust ref: E1/2015
Safer Sleeping and Reducing the Risk of Sudden Infant Death Syndrome LPT Midwifery and Neonatal Guidelines.pdf Trust ref: E18/2016
Thermal Protection of the Newborn UHL Obstetric and Neonatal Guideline.pdf Trust ref: C166/2016

1. Introduction and Who Guideline applies to

Definition for the purpose of this Guideline:

Any term or near term (≥35 weeks' gestation) baby who suffers a Sudden Unexpected Postnatal Collapse**:**

- is well at birth with a 5-minute Apgar score of 7 or above and considered well enough to have routine postnatal care
- collapses unexpectedly (i.e. discovered in a state of cardiorespiratory compromise)
- resuscitation is required
- collapses within the first seven days from delivery
- either dies or goes on to require intensive care with or without developing an encephalopathy

Rationale for skin to skin contact

Skin-to-skin contact (SSC) between a mother and her newborn baby has a positive effect on their unique relationship and health. From 1979, when kangaroo care was first tried for preterm babies, studies continue to show that this contact should be immediate and uninterrupted for all well babies for the first one to two hours at birth or preferably until the end of first feed and then ongoing. Skin-to-skin has been shown to be beneficial during the postpartum period with both mother and/or father/partner/carer to help enable pre-feeding behaviour, breastfeeding, and connection between parent/carer and infant.

When a mother holds their baby in skin-to-skin contact after birth, it initiates strong instinctive behaviours in both. The mother will experience a surge of maternal hormones and begin to smell, stroke and engage with their baby. Babies' instincts after birth will drive them to follow a unique process, which if left uninterrupted will result in them having a first breastfeed. If they are enabled to familiarise themselves with their mother's breast and achieve self-attachment, it is very likely that they will recall this at subsequent feeds, resulting in fewer breastfeeding problems. (https://www.unicef.org.uk/babyfriendly/baby-friendly-resources)

SSC must be carried out safely to ensure baby's well-being during these critical hours of life. Some babies have died while skin-to-skin at birth or shortly after, frequently because minimum safety rules were not followed.

Safe positioning in skin to skin:

- The baby's body is vertically aligned (spine to neck to head), lower extremities tucked (legs flexed)
- Neck straight, not bent, chin off their own chest
- The baby's chest is to adults chest, shoulders flat against the adult's chest
- Head of the baby at chest level, not into breast tissue
- Head of the baby turned to side, face fully visible
- The baby is able to lift and move their head
- Colour as expected for that baby
- Tone reflexive, not limp even when asleep
- Easy respirations seen/heard

Safe breastfeeding:

Positions: *Laid back*- needs observation that the baby is not nose into the breast
Rugby ball- ensure breast is not resting on the baby's chest or occluding the nose
Cradle/Cross cradle- baby's chest is to mother's chest
Side lying- the breast is not covering the face or nose

- CHIN – close, head free, in line , nose to nipple ensures nose free when feeding
- Full side profile visible at breast (non-occluded nostrils and mouth)
- Colour as expected for this baby
- Tone reflexive, not limp even when asleep
- A sleeping baby may not protect their own airway
- Easy respirations seen/heard

Antenatal Conversations (BAPM Guidance 2022)

- Parents should be encouraged to connect with their baby in pregnancy

- Parents are informed of the value of skin-to-skin contact (SSC) for all babies
- The 'Parent's Checklist for Safer Skin to Skin Contact (SSC)' is part of this conversation***** Appendix 1
- Explain how to get breastfeeding off to a good start and the value of human milk for the health and wellbeing of the baby, particularly as regards the reduction SIDS risk
- Advise parents on how to recognise that their baby is well and when baby is showing signs of illness
- Remember to share information on safe sleep practices, particularly back lying position

***Use exact wording for elements of safe positioning:**

- Use 'Parent's Checklist for Safer Skin to Skin Contact (SSC)' (Appendix1)
- Demonstrate what positioning looks like; antenatally with images, postnatally with mother and baby
- Explain that **a sleeping infant will not pull away from the breast/chest if airway is occluded**
- If mother is sleepy or alone, infant ***must*** be returned to a safe sleep surface/cot.

Labour: in the first two hours after birth:

SUPPORT Mother

- **Skin-to-skin:** offer to lay baby in skin-to-skin, with mother in semi-recumbent position (never flat) so baby is not lying fully prone.
- **Understanding:** ensure parents understand how to raise concerns; always listen and respond immediately to any concerns*. Discourage mobile phone use during SSC.*
- **Position:** offer help for breastfeeding and to change baby's position if required.
- **Practice continued effective observation** of mother and act if any changes in mother (e.g. sedated, fatigued, limited mobility, undergoing procedures, pain)
- **Oxytocin** effects the mother making them feel sleepy and relaxed

SUPPORT Baby

- **Ongoing observation**: assess Apgar scores, 1, 5 and 10 minutes and ensure ongoing effective observations, including positioning, clear airway, flexed legs
- **React:** take action if baby shows any changes in respiration, breathing sounds, perfusion, tone, temperature.
- **Understanding:** even a sleeping baby will respond to touch but oxytocin will make the baby sleepy and relaxed

Environment: (BAPM 2022)

- Timely observation/assessment of mother and baby: paying particular attention to any sedation, fatigue, limited mobility, procedures or pain. Ongoing support and supervision of the mother should be provided in order to observe changes in the baby's condition. Support should be given to reposition the baby when needed
- Staff should maintain a high level of situation awareness in relation to care provision and their environment. Ensure the mother is continually supported and assisted with the care of the baby during the first 2 hours after birth, with the help of partners/family or staff members, or until their and their baby's condition exhibit no cause for concern.

Ensure that if staff are not able to easily and adequately monitor baby's condition that additional staff members are involved .

- Parents should be encouraged to continually observe and respond to their baby's needs during SSC avoiding distractions (such as using a mobile phone) which may distract them from observing and changes in their baby and raising concerns.
- Mothers should not be in SSC with their baby when they are receiving Entonox or if consciousness is affected as a result of other analgesics or medicines. If mother is undergoing such a procedure, the baby should be observed by an additional person such as family/staff member.
- Staff have a clear view of mother and baby while in SSC
- All babies should continue to be observed both when held by the mother/parent/carer or when placed in the cot.
- Cover baby's back with appropriate blanket and put on a hat if less than 24 hours old and clinically indicated (e.g pre-term, hypothermic, cold environment)
- **If unsupervised** and mother is sleepy the baby should be put on their back in the cot.
- In the first two hours after birth, if a mother or partner/carer raises a concern about baby, a neonatal assessment should be completed.

Document:

- Safety messages have been communicated using the Parent's Checklist for Safer Skin to Skin Contact (SSC)
- Assessment of baby
- Reasons why skin to skin has been stopped or resumed
- Any relevant observations

The midwife has a responsibility to assess the parents' competence to observe their own baby. If, in the midwife's judgement the parents are unable to observe their baby, or if parents feel unable to observe their baby, staff will make every effort to identify a staff member who will assist the parents in observing the baby who is in skin contact with mother during these early hours.
If parents are not able to observe their baby and no supporter or staff member is available to help, the safest option is to place the baby on their back in a cot at that time. However, the baby must continue to be observed.
It is the responsibility of the midwife to document any episode of skin contact in the notes and also any reasons why skin contact has not taken place.

In the postnatal period:
Environment

- Vigilant awareness by staff of environment, mother and baby
- Ensuring safe sleeping practices in hospital and at home
- Parents are always listened to and staff respond to concerns raised

Skin to skin in the Operating Theatres

Skin to skin contact is possible during Caesarean Section or Instrumental Delivery in Theatre

In order to help women achieve skin to skin in theatre we will:

- Obtain verbal consent for skin to skin contact while in the Operating Theatre from the mother
- Remove one or both arms from the theatre gown to ease access.

- Place ECG leads on the mother's back, leaving the chest clear.
- Following delayed cord clamping, dry the baby thoroughly, weigh, apply a nappy and ID bands and hat (if clinically indicated e.g pre-term, hypothermic, cold environment)) prior to skin to skin starting.
- Raise the mother's head slightly, so that they are not too flat. (Help will be needed to place another pillow under the mother's head or raising the head of the theatre table) If the mother has a raised BMI they may need more pillows.
- The baby should be placed in a position that ensures their airway is open and nostrils are not occluded. If the mother cannot see the baby's face then someone – staff member or partner- else needs to be able to see that the airway is safe.
- Cover the baby with warm towels or blankets to keep them warm.

The midwife will explain to the parents / birth partner:

- How to recognise normal colour and easy, regular breathing.
- How to help support the baby while the mother has only one free arm.
- How to safely position the baby on the mother's chest
- What rooting behaviours the baby may exhibit and how to facilitate breastfeeding
- How and who to call for help if they are concerned about the baby's breathing or colour. (*This is particularly important when the midwife is out of the operating theatre checking and disposing of the placenta)*
- How and who to call for help if the mother becomes nauseous or unwell and is unable to continue holding the baby.
- Offer the partner skin to skin if the mother feels too unwell.

Facilitate continued skin to skin contact:

- During transfer from theatre table to postnatal bed
- Transfer from theatre to the recovery bay
- Transfer from recovery to postnatal ward

In each circumstance the midwife will need to risk assess the safety of ongoing skin to skin contact and take appropriate action.

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Evidence that parental information using the Parent's Checklist for Safer Skin to Skin Contact has been provided regarding reducing the risk of SUPC	Audit of notes	Infant feeding lead	Initially within 6 months of guidance being implemented	Maternity governance

5. Supporting References

Published online 2019 Mar 13. doi: 10.1111/apa.14754 Skin-to-skin contact the first hour after birth, underlying implications and clinical practice

Widstom A-M et al

https://www.england.nhs.uk/atlas_case_study/introduction-of-the-rapp-respiration-activity-perfusion-position-tool-to-minimise-the-risk-of-sudden-unexpected-postnatal-collapse/#:~:text=The%20%E2%80%9CRAPP%E2%80%9D%20assessment%20(respiratory,Unexpected%20Postnatal%20Collapse%20(SUPC).

SUPC_Framework_May_2022.pdf (hubble-live-assets.s3.amazonaws.com)

6. Key Words

Position, Respirations, Resuscitation, Skin-to-skin contact

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details			
Guideline Lead (Name and Title) A Raja – Infant feeding specialist midwife			**Executive Lead** Chief Nurse
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
July 2024	**1**		**New document**

Appendix 1: Parent's Checklist for Safer Skin to Skin Contact (SSC)

Examples of safe positioning




Parent's Checklist for Safer Skin to Skin Contact (SSC)

Position yourself a little upright, never flat.

Position your baby so that:

- ✓ Face can be seen
- ✓ Head can move freely at all times
- ✓ Nose and mouth are not covered
- ✓ Head is turned to one side in the sniffing position
- ✓ Neck is straight not bent
- ✓ Chin is off the baby's chest
- ✓ Shoulders are flat against you, chest to chest
- ✓ Back is covered with a blanket
- ✓ Call staff at once if you are worried about your baby

When holding your baby in SSC at any time:

- ✓ Watch their face.
- ✓ See that their colour remains normal,
- ✓ Their breathing is regular and you can see the movement of their chest
- ✓ Baby reacts to your touch.
- ✓ Do not be distracted by other things eg. mobile phone

For safer sleep, if you are feeling sleepy and no one can watch you and your baby, put your baby in their own cot, positioned **on their back**. Avoid swaddling or bundling your baby, this can prevent them from showing you feeding cues.