Paediatrics SHOs attending Elective Caesarean Sections

Sir,

The envisaged implementation of the EU Working Time Directive1 will have implications for the working practices of NCHDs. We wondered if any of the daily tasks of NCHDs in our institution could be reorganised in order to facilitate compliance with the EWTD requirements without compromising SHO training and education.

We conducted a retrospective analysis of neonatal resuscitation following â low riskâ caesarean delivery over a 12-month period from 1st July 2001 to 30th June 2002. An SHO attends all such births to receive and assess the baby and resuscitate if required. Attendance at deliveries takes precedence over other responsibilities. The midwife present is fully trained in neonatal resuscitation. The attending SHO spends an average of 20 to 30 minutes in the operating theatre per caesarean section.

During the study period, 18.4% (1414) of the 7684 babies born at the Coombe Womenâ s Hospital were delivered by caesarean section. 474 (33.6%) were classified as elective and of these 204 were â low riskâ as defined by the exclusion of prolonged rupture of membranes, meconium stained liquor, prematurity, maternal diabetes or hypertension, anticipated foetal anomalies, large or small for gestational age babies and use of general anaesthetic. For this study these 204 mothers were matched with 200 â low riskâ controls that had spontaneous vaginal deliveries. The mother and baby case notes were reviewed retrospectively and the babiesâ resuscitation needs assessed.

The results are presented in table 1. The SHO resuscitated 6 babies in the caesarean section group with bag and mask ventilation (IPPV) for less than 60 seconds. No baby required further measures. The midwife initiated IPPV in the 4 babies delivered normally. The SHO was contacted and arrived in all but one case by 1 minute of age. The total duration of IPPV was less than one minute in all cases and no baby required further measures. An estimated 102 hours was spent at the â low riskâ caesarean deliveries each of the 10 SHOs in our institution (i.e. 5 in each 6 month rotation) attended for over ten hours for only 20 babies who were no more likely to require resuscitation than a normally delivered baby. We do not feel that this is justified given the limited training time of SHOs. Additionally their unnecessary attendance may preclude their participation in other activities particularly high-risk resuscitation being undertaken by the registrar or consultant.

Table 1:

	Caesarean Section Study group n=204	***SVD control group n=200***
Resuscitation required	6 (2.9%)	4 (2%)
No resuscitation required	198	196
Duration of resuscitation in all cases	<1 min	<1 min

There has been much recent debate about routine attendance of paediatric trainees at â low riskâ caesarean sections.[2] We telephoned a member of each paediatric team in the 20 public Irish maternity units. 17 out of the 20 units (responsible for just over 80% of all Irish deliveries) routinely have paediatric staff present at all caesarean deliveries. In only 3 units (1 tertiary and 2 secondary) is SHO attendance not sought. Training of nurses and paediatric SHOs in neonatal resuscitation using the NRP3 (Neonatal Resuscitation Programme) is conducted in all Irish maternity units and arrangements should be in place for the timely availability of staff who have acquired and maintained expertise both in basic and advanced resuscitation when required.

Our study is in agreement with previous studies of â low riskâ caesarean birth demonstrating that the requirement for resuscitation is no different from that required after an uncomplicated vaginal delivery.[4-6] The abandonment of the prevailing practice of routine paediatric attendance at such deliveries should not prejudice the safety of birth nor the education and training needs of SHOs. Its abandonment will actually permit greater opportunity for attendance and participation at higher risk resuscitations and procedures in the NICU with supervision and feedback of more senior colleagues.

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