

Baby Pause

What is the Maternal and Fetal Level of Service (MFLOS) Classification? _____

IA – MFLOS Normal & possibly Level 1	EFM – MFLOS Level 1, 2a, 2b, 3, 3+
Have additional risk factors developed during labour?	
<i>Primary Nurse Reports:</i>	1. Indication for EFM (examples below)
1. Location of fetal back	<i>Incoming Care Provider Interprets:</i>
2. Contraction pattern (frequency, duration, intensity, resting tone)	2. Contraction pattern (frequency, duration)
3. Baseline rate	3. Interpretation
4. Time baseline established	• baseline
5. Maternal pulse rate	• variability
6. Rhythm	• accelerations
7. Presence of decelerations & actions	• decelerations
8. Presence of accelerations	• classification (N, Atyp, Abn)
9. Classification (Normal or Abnormal)	<i>Primary Nurse Shares Her Interpretation</i> (include contraction intensity & resting tone)
What is the Plan?	

Antenatal and intrapartum conditions associated with increased risk of adverse fetal outcome where intrapartum electronic fetal surveillance may be beneficial

<u>Antenatal Conditions</u>	<u>Intrapartum Conditions</u>
<u>Maternal</u>	<u>Maternal</u>
Hypertension in Pregnancy	Vaginal bleeding in labour
Pre-existing /Gestational Diabetes	Intrauterine Infection / Chorioamnionitis
Antepartum Hemorrhage	Previous C-Section
Maternal Motor Vehicle Collision or Trauma	Prolonged Rupture of Membranes (>24h at term)
Maternal medical disease: cardiac, anemia, hyperthyroidism, vascular or renal disease	Induced or Augmented Labour
Morbid obesity	Hypertonic Uterus
<u>Fetal</u>	Preterm Labour
Intrauterine Growth Restriction	Post-term pregnancy (>42 weeks)
Prematurity	
Oligohydramnios	<u>Fetal</u>
Abnormal umbilical artery Doppler velocimetry	Meconium-stained amniotic fluid
Isoimmunization	Abnormal FHR on auscultation
Multiple pregnancy	
Breech presentation	

Baby Pause

What is it?

A communication tool used when caring for all labouring women to review risk factors, evaluate current fetal status, & review the management plan. It is similar to the idea of a surgical pause.

Purpose

1. Ensure consistency in hand-over communication
2. Ensure all members of the health care team are aware of maternal/fetal risk factors
3. Identify abnormal Fetal Health Surveillance (FHS) and confirm a plan
4. Include the woman and her support person in understanding our interpretation of fetal surveillance
5. Maintain a culture that values patient safety

Underlying Principles and Assumptions for Success

1. A single person has the authority to lead the Baby Pause. This is the primary RN's responsibility (the Pause Leader).
2. All health care providers requested to participate in the Baby Pause will cooperate with the Pause Leader and earnestly evaluate fetal surveillance with a critical eye.
3. Differing interpretations are invited and encouraged in an attempt to ensure fetal well being.

How is it done?

- The primary RN (Pause Leader) ensures the team completes the Baby Pause at every handover or assessment:
 - Break relief
 - Shift change
 - Handover between areas (example: triage nurse to primary nurse, OB consults)
 - When the woman's primary care provider comes to assess her.Potentially, the Baby Pause will be done multiple times during a woman's labour.
- The Pause Leader will introduce the other team member or acknowledge their arrival if known to the patient. For example;
 - "Mrs. Smith, this is Jane. She is relieving me for lunch. We are going to pause and discuss how your baby is doing."
 - Or
 - "Hello Dr. Jones. I'd like to pause here and review how Mrs. Smith's baby is doing"
- The Baby Pause tool will be available for reference where labouring women are cared for.
- The Pause Leader will follow the tool to prompt other team members to participate.
- For EFM, the other team member will share his/her interpretation and classification first.
- The Pause ends by confirming the management plan with the woman & team members.
- The Baby Pause should take approximately one minute if it is normal. However, different interpretations and dialogue are encouraged with electronic fetal monitoring and this will take longer if one team member classifies the tracing atypical or abnormal.
- Documentation: The Pause Leader (primary RN) will document on the Partogram or Triage Record that the Baby Pause was completed. The other team member who participated in the Pause will co-sign the documentation.