



Review of babies born with low cord gases

Aims and Objectives

To identify fetus at risk of intrapartum hypoxia and to describe issues related to intrapartum hypoxia. (arterial cord pH <7.1)

Methods

It was a retrospective review of all babies born with arterial cord pH below 7.1 from Dec 2018 till Dec 2019. A total of 34 cases (35 babies with one set of twins) all analysed.

Cases were identified from hospital incident reporting system. This was cross checked with statistics from Dashboard. All case notes of mothers and babies were reviewed as well as notes from other hospitals were reviewed as well (if baby was shifted out).

Results

Patients: around 70% of women were primigravida and 76% of women with either overweight or obese.

- IOL was done for 44% of women, majority had Balloon (23%) versus pessary 5.8%).
- Main indication for IOL was static growth followed by PROM, post dates and others.
- Indications of IOL were all justified.
- Three women had PROM >48 hrs (antibiotics were given in 2 cases but after temp spike in labor).
- Hyperstimulation, majority without Oxytocin (60%)
- Failure to identify hyperstimulation hence no Terbutaline.
- Instrumental delivery
- Use of fetal pillow: Difficult delivery of engaged head after failed instruments in 3 cases, fetal pillow was used in one patient.

Conclusion

It is erroneous and dangerous to imply that if the contraction frequency is six or seven in 10 minutes, but the fetal heart rate remains normal, tocolysis is not required. Tocolytics should be considered if contractions are >5 in 10 minutes, even without Oxytocin infusion. Local guidance to follow for prolonged PROM, low threshold for IV antibiotics, if maternal/fetal tachycardia or any other signs of infection. To consider use of fetal pillow if deeply engaged fetal head.

Key words

Low cord gases, intrapartum hypoxia, hyper-stimulation

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