 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>MIDWIFERY CLINICAL PRACTICE GUIDELINE</b></p>	<p><b>Title:</b> Intrapartum Meconium-Stained Fluid in Out-of-Hospital Settings</p>	<p><b>Policy Number:</b> MWPG-11</p>
	<p><b>Approval Date:</b> July 10, 2019 Final <b>UPDATED: October 7 2021</b></p>	<p><b>Pages:</b> 1</p>
	<p><b>APPROVED BY:</b> Midwifery Practice Council, 2021-22</p>	<p><b>Supersedes:</b> NONE</p>

## A. PREAMBLE


Guidelines outline recommendations to guide health care practitioners in specific practice situations and to support their process of informed decision-making with clients. The best evidence is helpful in assisting thoughtful management decisions and may be balanced by experiential knowledge and clinical judgment. It is not intended to demand unquestioning adherence to its doctrine as even the best evidence may be vulnerable to critique and interpretation. The purpose of practice guidelines is to enhance clinical assessment and decision-making in a way that supports practitioners to offer a high standard of care. This is supported within a model of well-informed, shared decision-making with clients in order to achieve optimal clinical outcomes. Person-centred care is integral to healthcare and midwifery services. A client's values and preferences are valued as part of the decision-making and plan of care.

## B. INTENT

To assist the midwife in providing care when meconium stained amniotic fluid presents in labour in out-of-hospital settings.

## C. GUIDELINE

1. Provide prenatal education on the recommendation for transport to hospital if there is meconium-stained fluid present during labour.
2. During labour, if there is meconium-stained fluid presenting with rupture of membranes, recommend a transport to the hospital for continuous electronic fetal monitoring. Consider the complete clinical picture to determine route of transport and feasibility of safe transport.
3. If the birth is imminent:
  - a. Call for help: Consider calling emergency medical services (EMS) for paramedics to be in attendance at the time of birth in order to transport the neonate if needed. Communicate with paramedics: *"There is meconium in the fluid. There is greater risk for issues in the neonatal transition. However, due to an imminent birth we will manage the birth in the OOH setting"*. Communicate with the paramedics after the birth as soon as possible to give them leave.
  - b. Prepare for neonatal resuscitation program (NRP): bring the infant warmer into the birth room if at Ode'imín.
  - c. Follow newborn care procedures after the birth, as per NRP

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- d. If infant is not vigorous at birth or responsive to initial NRP steps, clamp and cut the cord leaving several inches to facilitate umbilical catheter placement, if necessary. If EMS was not yet called, call EMS immediately if initial assessment leads to any further steps.
4. If the client declines to transport in labour for meconium:
- a. Document the client's decision to decline recommendations for transport to the hospital
  - b. If the FHR is abnormal at any time, initiate intrauterine resuscitation and emergency transport.
  - c. Call EMS when birth is imminent for the possibility of transport. If the baby is born vigorous, cancel or send the paramedics home as soon as possible. Do not ask the paramedics to stay on stand-by after the birth if the baby is vigorous

#### D. AUTHORS

Midwifery Practice Council

- E. **APPROVED BY:** Ensieh Taeidi, Clinical Director of Midwifery Services (2019)  
Midwifery Practice Council 2020-21 approved update.

**SCOPE: This Midwifery Practice Guideline applies to the WRHA MIDWIFERY SERVICES for use in out of hospital settings.**

#### REFERENCES

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