NEONATAL OBSERVATIONS GUIDELINE

1. OPTIMAL OUTCOMES
   - Early diagnosis and treatment of the unwell neonate

2. PATIENT
   - Neonate (not in Newborn Care Centre)

3. STAFF
   - Registered midwives
   - Student midwives
   - Neonatal Nurses
   - Obstetric Doctors
   - Paediatric Doctors

4. EQUIPMENT
   - Thermometer
   - Stethoscope
   - Hand-held glucometer

5. CLINICAL PRACTICE
   Non- compromised term neonates with no known risk factors:
   - Assess temperature, heart rate and respiration rate prior to leaving birthing unit/operating theatre (OT) and on admission to postnatal ward
   - Initiate treatment if observations are abnormal
   - Repeat if initial observations are abnormal within 1 hour
   - Assess results and alert Paediatrician if indicated

   Non- compromised term neonates with risk factors including but not limited to:
   - Meconium stained liquor
   - Maternal fever in labour ≥38°C
   - Prolonged rupture of membranes > 24hrs
   - Low Apgars (<5 at 1min &/or <7 at 5min)
   - Mother has tested positive for Group B streptococcus (GBS) or has unknown GBS status
   - Perform temperature, heart rate and respiration rate prior to leaving birthing unit/OT
   - Perform temperature, heart rate and respiration rate on admission to postnatal ward
   - Repeat observations every 4 hours for 24 hours if within normal range
   - Cease after 24 hrs if within normal range
   - Alert Paediatrician if observations outside the normal range
   - Refer to GBS infection – monitoring of neonates at risk guideline for GBS positive or GBS unknown women

cont’d ..../2
Non-compromised term neonates at risk of hypoglycaemia:
- neonate of gestational diabetic mother
- small for gestational age < 2.5kgs
- large for gestational age > 4.5kgs

- Perform temperature, heart rate and respiratory rate prior to leaving birthing unit/OT and on admission to postnatal ward
- Repeat observations every 3 hours for 24 hrs
- Perform blood glucose level ½ hr post breastfeed or offer of breastfeed
- Continue with 2-3 hourly breastfeed or expressed colostrum and blood glucose level ½hr post feed for 24 hrs if blood glucose level is >2.5mmol/L
- Cease after 24 hrs if within normal range after consultation with Paediatrician
- Refer to management of term neonates at risk of hypoglycaemia guideline if blood glucose level is <2.5mmol/L
- Refer to “Postnatal ward management of term infants at risk of hypoglycaemia for babies with mothers with pre-existing diabetes

6. HAZARDS/SUB-OPTIMAL OUTCOMES
- Neonatal morbidity
- Failure to recognise unwell neonate
- Excessive observations and/or blood glucose levels of neonate

7. DOCUMENTATION
- Neonatal Care Plan
- Neonatal Integrated notes

8. EDUCATIONAL NOTES
- Initiating skin to skin contact of mother and baby and first breastfeed as soon as possible after birth reduces neonatal hypothermia and hypoglycaemia
- Normal Range of Observations:
  - Heart rate: 100 – 160 beats per minute
  - Respiration rate: 30 – 60 per minute
  - Temperature: 36.7 – 37.2 C
- Algorithm for ‘Postnatal Observation of the Newborn’ is attached to walls of postnatal ward to reinforce policy
- Clinical signs of early onset Neonatal GBS sepsis include:
  - Lethargy
  - Pyrexia
  - Respiratory distress
  - Apnoea
  - Cyanosis
- The associated mortality rate is between 5 and 20%, however only 1% of exposed neonates will develop neonatal GBS.

9. RELATED POLICIES/PROCEDURES/GUIDELINES
- GBS infection – monitoring of neonates at risk
- Postnatal ward Management of term infants at risk of hypoglycaemia
- Skin to skin contact – Newborns
10. REFERENCES

- Centers for Disease Control and Prevention, Prevention of Perinatal Group B Streptococcal Disease. *MMWR* 2002:51
- Clinical Practice Guidelines Website, The Royal Women's Hospital Melbourne:
- Minimisation of neonatal Early Onset of Group Streptococcal infection. NSW Health Department Circular 2002/28