ADMISSION OF A NEONATE TO NEWBORN CARE CENTRE (NCC) OR POSTNATAL WARDS

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. Aim
   • To ensure appropriate and suitable criteria for admitting a newborn infant to the NCC and the Postnatal ward
   • Healthy babies that are born at the hospital and being cared for by their parents on the Postnatal wards are not formally admitted, these babies are classified as boarders.

2. Patient
   Newborn Infant born:
   • in the hospital and requiring paediatric care
   • in another hospital and requiring transfer to NCC
   • before arriving at the hospital (RHW)

3. Staff
   Nurses
   Midwives
   Medical Staff

4. Equipment
   Cot
   Incubator
   Open-care bed as appropriate for needs of infant

5. Clinical practice

ADMISSION PROCEDURE TO NCC
   • Inform Nursing Team Leader of any admission prior to bringing baby to NCC
   • Ring the nursery first for babies requiring admission on extension 26170 or 26180, describe the condition of the baby and the level of care needed in NCC.
   • Notify the fellow on call for level 2 or 3 depending on admission level
   • Admit all babies who come to the NCC, for observation (max. 4 hrs), under the care of a paediatrician/neonatologist.
   • Admit all babies for ongoing care under Duty Neonatologist on roster:
     • All infants admitted to Level III for clinical care OR
     • tertiary referrals from another hospital for investigation or management in Level II
     • all infants born less than 33 week gestation or birth weight less than 1800 g cared in Level II
     • Other infants may be admitted under Level II duty neonatologist/paediatric VMO on roster.
     • Admit under nominated private paediatric VMO if direct referral by private obstetricians at the time of admission.
     • Notify Fellow/Neonatologist on call immediately for all admissions.
     • Notify Level II private paediatric VMO of their admissions at the earliest convenience within 12 hours of admission.
### A. Indications for admission to NCC

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>AUTOMATIC ADMISSION TO NCC</th>
<th>POSSIBLE ADMISSION TO NCC - ASSESS WHETHER ADMISSION IS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEIGHT</td>
<td>&lt; 2.4 kg</td>
<td>&gt; 4.5 Kg</td>
</tr>
<tr>
<td>GESTATION</td>
<td>&lt; 36 weeks</td>
<td></td>
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<tr>
<td>TACHYPNOEA</td>
<td>with cyanosis / distress at any age or other concerns</td>
<td>Tachypnoea without Cyanosis – Paediatric Staff to review and assess the need for admission to NCC</td>
</tr>
<tr>
<td>MATERNAL FACTORS</td>
<td>Infants of type 1 Diabetic mothers</td>
<td>Infants of insulin treated gestational Diabetes or poorly controlled diabetes. Mothers with adverse psychosocial issues, e.g. Schizophrenia</td>
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<tr>
<td>BIRTH RELATED</td>
<td>Infants with significant perinatal asphyxia Infants with a low arterial cord pH as follows: (1) Babies with arterial cord pH &lt; 7.10 ⇒ admit for a minimum of 2 sets of observations and oxygen saturation monitoring (2) Babies with arterial cord pH &lt; 7.0 or babies requiring intubation and ventilation at birth or with a 5min Apgar &lt; 7 ⇒ admit for minimum of 4hrs observation and oxygen saturation monitoring Infants with significant birth trauma such as suspected subgaleal Haemorrhage.</td>
<td></td>
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<tr>
<td>PRENATAL DIAGNOSIS</td>
<td>Significant Rhesus Isoimmunisation Certain surgical problems (Tracheoesophageal fistula, Gastroschisis, Exomphalos, or life threatening congenital anomaly)</td>
<td>Congenital Heart Disease</td>
</tr>
</tbody>
</table>
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B. From Postnatal Wards to NCC:
See below for common indication of admission of an infant from postnatal ward to NCC:
1. Persistent poor feeding
2. Difficulties with temperature regulation
3. Infants at risk of sepsis needing septic work-up and observations
4. Respiratory distress - tachypnoea
5. Low blood sugars
6. Suspected cyanotic episodes for monitoring
7. Irritability
8. Lethargy
9. Persistent/bile-stained vomiting
10. Bleeding
11. Overt signs of infection/illness (diarrhoea, seizures, apnoea etc.)
12. Signs of drug withdrawal (Refer to Neonatal Abstinence Syndrome Local Operating Procedures)

Admission to NCC for other conditions may be required after consultation with Senior Paediatric/Neonatology Staff.

C. From another hospital to NCC:
• Discuss all referrals with fellow/neonatologist upon request. Inform NCC team leader promptly of any possible admissions.
• Admit the infant directly to the NCC and the mother to Delivery Suite. The mother may be admitted directly to the allocated ward as arranged by the Bed Manager.

D. From Home to NCC:
• Consider re-admission to the appropriate section of NCC within 14 days of discharge, provided there is no risk of infection and the reason for re-admission relates to a neonatal problem.
• Note neonate’s history in relation to the possibility of a viral illness such as RSV, rotavirus, etc and the risk of cross-infection to other babies in the NCC.
• Inform the Neonatologist on call and authorise acceptance of the admission to the NCC.
• Do not admit babies who have been inpatients from another hospital to RHWNCC or the Postnatal Ward if they have already been discharged home. These babies should be referred to SCH.

POSTNATAL WARD ADMISSION

A. Readmission for Phototherapy
• Accommodate mother and baby in a single room on the Postnatal ward where possible.
• Admit the baby as an inpatient under Level II duty neonatologist on roster or admit under nominated private paediatric VMO if direct referral by private obstetricians.
• Admit the mother as a boarder unless she has medical problems requiring treatment and/or care.
• Place the baby immediately under phototherapy, do not wait for paediatric/neonatology review.
• Notify the paediatric registrar and/or neonatologist/paediatric VMO of the baby’s admission.
• Educate the mother regarding the care of the baby. The mother assumes full care of the baby unless her condition precludes this.
ADMISSION OF A NEONATE TO NEWBORN CARE CENTRE (NCC) OR POSTNATAL WARDS cont’d

B. Re-Admission of Neonates following discharge from RHW
- Consider re-admission to the Postnatal Ward within 14 days of discharge, provided there is no infection risk and the reason for re-admission relates to a neonatal problem.
- Admit well babies to Postnatal Ward as boarder if the mother has been re-admitted.
- Determine suitability of care on the Postnatal ward according to clinical criteria. Neonatal Registrar (in consultation with the neonatologist/paediatrician on-call) should make the clinical assessment.

C. Babies - Born Before Arrival (B.B.A.)
- Admit infants born before arrival at the hospital to Delivery Suite or Birth Centre. The bed will be allocated by the Bed Manager.
- Assess the baby and admit only if required according to table A to the Newborn Care Centre for observation.

RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE GUIDELINES/LOCAL OPERATING PROCEDURES

- Neonatal Abstinence Syndrome
- Home birth transfer to hospital
- Phototherapy
- Babies born before Arrival
- Transfer of Neonates between NCC and Operating Theatre
- Fetal Blood Sampling-Interpretation
- Neonatal Resuscitation
- Telephone advice – Response to women who called midwife for postnatal and/or neonatal advice.
- Diabetes in Pregnancy Service
- Postnatal ward Management of term infants at risk of hypoglycaemia