

ADMISSION OF A NEONATE TO POSTNATAL WARD

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 criteria followed for admission of a neonate to the postnatal ward

2. PATIENT

- Neonate

3. STAFF

- Medical, nursing and midwifery staff

4. EQUIPMENT

- Stethoscope
- Oximeter
- Thermometer

5. CLINICAL PRACTICE

Admission from Birthing Services to Postnatal Ward

- Ensure neonate is formally admitted and has a medical record number assigned prior to transfer to postnatal ward
- Perform neonatal observations on admission and continue as per the Neonatal Observation LOP

Readmission for Phototherapy

- Accommodate mother and neonate in a single room on the Postnatal Ward (where possible)
- Admit the neonate as an inpatient under the neonatologist on-call for:
 - Special Care Nursery (SCN) on weekdays
 - Neonatal Intensive Care Unit (NICU) on the weekend or public holidays
- Commence phototherapy immediately
- Ensure clinical assessment of neonate occurs by neonatal resident medical officer (RMO) or registrar, in consultation with the fellow/neonatologist on-call
- Commence and continue neonatal observations as per the Neonatal Observation LOP and record in Standard Neonatal Observation Chart (SNOC)
- Readmit mother if being cared for by Midwifery Support Program (MSP)/ Maternity Antenatal Postnatal Service (MAPS) /Midwifery Group Practice (MGP) or has medical problems requiring treatment
- Classify the mother as a boarder if no medical problems requiring treatment and had been discharged from hospital care

Re-admission for other neonatal reasons e.g. poor feeding, weight loss

- Consider re-admission to the postnatal ward **within 14 days of birth** provided:
 - there is no known communicable infectious disease risk
 - the reason for re-admission relates to a neonatal problem
- Determine suitability of care on the postnatal ward according to clinical situation (i.e. may require admission to SCN)
- Commence or continue neonatal observations as per the Neonatal Observation LOP
- Ensure neonatal RMO/registrar (in consultation with the fellow/neonatologist on-call) makes a clinical assessment and plan

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Re-admission for maternal reasons e.g. mastitis, puerperal sepsis

- Admit well neonate to the postnatal ward as an inpatient (not boarder) if the mother has been re-admitted
- Commence neonatal observations as per the Neonatal Observation LOP
- Ensure clinical assessment of neonate by neonatal RMO/registrar (in consultation with the fellow/neonatologist on-call)

Born Before Arrival (BBA)

- Admit BBA neonate to Birthing Services
- Ensure neonate is formally admitted and has a medical record number assigned prior to transfer to postnatal ward
- Ensure clinical assessment of neonate by neonatal RMO/registrar (in consultation with the fellow/neonatologist on-call)

6. DOCUMENTATION

- Medical record

7. EDUCATION NOTES

- A neonate remains with mother on the postnatal ward and is monitored appropriately when risk factors exist. This is in accordance with Breastfeeding Friendly Health Initiative to minimise the separation of the mother and neonate.
- A neonate requiring phototherapy is cared for on the postnatal ward, if otherwise well, to minimise separation and assist in establishment of breastfeeding
- If a woman is readmitted for any reason, the neonate is admitted as an inpatient (not boarder) to allow for monitoring (e.g. signs of infection)

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

- Admission of a Neonate to Newborn Care Centre
- Identification and Security of Neonate
- Neonatal Abstinence Syndrome (NAS) - Management
- Homebirth Transfer to Hospital
- Jaundice Neonatal – identification and management in neonates – NSW Health GL2016_027
- Born Before Arrival (BBA)
- Neonatal Observations outside Newborn Care Centre
- Sepsis in Pregnancy and Postpartum
- Mastitis (Lactational) Treatment – SESLHDPR/352
- Mastitis and Breast (Lactational) Abscess – Readmission for treatment
- Policy Directive- Recognition and management of patients who are deteriorating – NSW Health PD2020_018
- Management of the Deteriorating neonatal inpatient – SESLHDPR/340

9. RISK RATING

- Low Risk

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10. NATIONAL STANDARD

- Standard 5 Comprehensive care
- Standard 6 Communicating for safety
- Standard 8 Recognising and Responding to Acute Deterioration

11. REFERENCES

- 1 Avery's Diseases of the Newborn. 10th ed. (2017). Gleason CA, Juul SE. Elsevier
- 2 Queensland Clinical Guidelines (2019) Routine newborn assessment
<http://www.health.qld.gov.au/qcg/7>
- 3 WHO (2015) Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice 3rd ed
- 4 King Edward Memorial Hospital Clinical Guidelines Obstetrics & Midwifery (2020) Clinical Practice Guideline Neonatal Care <https://www.kemh.health.wa.gov.au/-/media/Files/Hospitals/WNHS/For-health-professionals/Clinical-guidelines/OG/WNHSOGNeonatalCare.pdf>
- 5 Benitz WE. Hospital stay for healthy term newborn infants. Pediatrics 2015;135(5):948-953

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 6/7/21
Previously titled *Admission of a Neonate to Postnatal Services*
Approved Quality & Patient Safety Committee June 2015
Reviewed and endorsed Neonatal Services LOPs May 2015
Previously titled *Admission of a Neonate to Newborn Care Centre or Postnatal Wards*
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Reviewed and endorsed Newborn Care Management Committee 8/12/10
Previously titled *Admission of Newborn to Ward* approved Quality Council 17/11/03

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