ADMISSION OF A NEONATE TO POSTNATAL SERVICES

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 admission criteria followed for admission of a neonate to postnatal services (PS)

2. PATIENT
   - Neonate

3. STAFF
   - Medical, nursing and midwifery staff

4. EQUIPMENT
   - Stethoscope
   - Oximeter
   - Thermometer

5. CLINICAL PRACTICE

A. Admission from Birthing Services to PS
   Healthy neonate that is born at the hospital and is being cared for by his/her parent/s on the Postnatal Ward is formally admitted but he/she is classified as “unqualified”
   - Continue neonatal observations as per the Neonatal Observation LOP

B. 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) during the week (Monday-Friday) or the Neonatologist on call for Neonatal Intensive Care Unit(NICU) on the weekend and public holidays
   - Commence phototherapy immediately
   - Ensure Neonatal Registrar (in consultation with the Fellow/Neonatologist on-call) makes a clinical assessment
   - Continue neonatal observations as per the Neonatal Observation LOP
   - Admit mother if under the care of Midwifery Support Program(MSP)/Midwifery Group Practice(MGP) or has medical problems requiring treatment and/or care
   - Classify the mother as a boarder unless she has medical problems requiring treatment and/or care

C. 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 criteria
   - Continue neonatal observations as per the Neonatal Observation LOP
   - Ensure Neonatal Registrar (in consultation with the Fellow/Neonatologist on-call) makes a clinical assessment

D. Re-admission for maternal reasons e.g. mastitis, puerperal sepsis
   - Admit well neonate to Postnatal Ward as an inpatient (not as boarder) if the mother has been re-admitted
   - Commence neonatal observations as per the Neonatal Observation LOP
   - Ensure Neonatal Registrar (in consultation with the Fellow/Neonatologist on-call) makes a clinical assessment

E. Born Before Arrival (BBA)
   - Admit BBA neonate to Birthing Services
   - Assess the neonate and admit only if required according to neonatal admission criteria
   - Ensure Neonatal Registrar (in consultation with the Fellow/Neonatologist on-call) makes a clinical assessment
ADMISSION OF A NEONATE TO POSTNATAL SERVICES  cont’d

6. DOCUMENTATION
   • Neonatal Care Plan
   • Paediatric Medication Chart
   • Standard Neonatal Observation Chart (SNOC)
   • Integrated Clinical Notes
   • Cot Card

7. EDUCATION NOTES
   • These guidelines are developed to:
     o ensure that the neonate is cared for in the optimal environment to meet his/her needs,
     o allow flexibility in the admission criteria to minimise the separation of the mother and neonate whilst ensuring that the neonate’s needs are met
     o ensure safe, prompt and effective delivery of care to the neonate admitted to the Postnatal Services through organized and coordinated work of the medical, nursing and midwifery staff.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE GUIDELINES/LOCAL OPERATING PROCEDURES
   • Identification of Newborns
   • Neonatal Abstinence Syndrome
   • Home Birth Transfer to Hospital
   • Phototherapy
   • Born Before Arrival
   • Neonatal Observations Guideline

9. RISK RATING
   • Low Risk

10. REFERENCES
    2. Mid Essex Hospital Services NHS Trust. Guidelines for admission to the neonatal unit, June 2012.

REVISION & APPROVAL HISTORY
Reviewed and endorsed Neonatal Services LOPs May 2015
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