

NEONATAL OBSERVATIONS outside Newborn Care Centre

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

- Early diagnosis of the unwell neonate outside Newborn Care Centre

2. PATIENT

- Neonate

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Thermometer
- Stethoscope
- Hand-held glucometer
- Pulse Oximeter

5. CLINICAL PRACTICE

- Refer to flowchart (appendix 1) for 'Observation of the Neonate' attached to bedside notes in postnatal ward to reinforce policy
- Review and assess neonate at any time if parents or staff are concerned about their wellbeing
- Activate Neonatal Patient with Acute Condition for Escalation (PACE) if observations fall within the neonatal PACE criteria as per Standard Neonatal Observation Chart (SNOC)

Neonate with no known risk factors

- Assess temperature, heart rate (HR) and respiration rate (RR) at time of initial examination of the neonate in the birth environment
- Assess temperature, HR and RR on admission to postnatal ward
- Complete oxygen saturation (SpO₂) screening between 4-24 hours of age. Refer to 'Pulse Oximetry Screening of New-borns' LOP
- Alert paediatric team if observations are outside the normal range as per SNOC.
- Cease further observations unless there are signs of deterioration.

Neonate with risk factors including, but not limited to:

- meconium stained liquor
- maternal fever in labour $\geq 38^{\circ}\text{C}$
- maternal prolonged rupture of membranes > 18hrs
- low Apgar score (<5 at 1 minute and/or <7 at 5 minutes)
- maternal known group B streptococcus (GBS) carrier and received either no intrapartum antibiotics, or <4 hours intravenous (IV) antibiotics prior to birth
- mother had a previous neonate with GBS sepsis
- Assess temperature, HR and RR at time of initial examination of the neonate in the birth environment.
- Assess temperature, HR and RR on admission to postnatal ward
- Repeat observations every 4 hours for 24 hours if within normal range as per SNOC.
- Alert paediatric team if observations are outside the normal range as per SNOC.
- Cease observations after 24 hrs if within normal range as per SNOC.

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
16/2/17

NEONATAL OBSERVATIONS outside Newborn Care Centre cont'd

Neonate at risk of hypoglycaemia:

- neonate of diabetic mother (gestational and pre-gestational)
- small for gestational age < 2.5kgs
- large for gestational age > 4.5kgs
- Perform blood glucose level (BGL), temperature, HR and RR at two hours of age
- Assess temperature, HR and RR on admission to postnatal ward
- Repeat observations every 3 hours for 24 hours
- Perform BGL every 3 hours for 24 hours, prior to neonatal feed
- Refer to 'Hypoglycaemia in a Neonate - Monitoring and Management of At Risk Neonate' LOP if BGL is outside normal range as per SNOC.
- Cease observations after 24 hours if within normal range and after consultation with paediatric team

Neonate at risk of subgaleal haemorrhage following assisted vaginal birth:

- Assess temperature, HR, RR, colour and scalp observations at 1, 2, 4, 6, 8 and 12 hours of age, as per SNOC.
- Refer to 'Neonatal Observations Following Assisted Vaginal Birth - Subgaleal Haemorrhage

Neonate at risk of withdrawing from opioids/non-opioids:

- Commence Neonatal Abstinence Score at 2 hours of age.
- Complete the (NAS) every 4 hours at 30-60 minutes after a feed.
- Refer to 'Neonatal Abstinence Syndrome (NAS) – Management' LOP

Neonate at risk of withdrawing from selective serotonin reuptake inhibitor (SSRI) antidepressants:

- Commence Neonatal Abstinence Score at 2 hours of age.
- Complete the (NAS) every 4 hours at 30-60 minutes after a feed.
- Refer to 'Antidepressants in Pregnancy - Neonatal Observations and Interventions' LOP

Neonate who is readmitted from home, whose mother is at of risk of sepsis:

- Assess temperature, HR and RR on admission and every 4 hours until paediatric team review, or discharge home
- Alert paediatric team if observations are outside the normal range as per SNOC.

6. DOCUMENTATION

- Standard Neonatal Observation Chart (SNOC)
- Neonatal Abstinence Score chart (NAS)
- Neonatal Care Plan
- Neonatal integrated notes

7. EDUCATIONAL NOTES

- Initiating skin to skin contact and first breastfeed as soon as possible after birth reduces neonatal hypothermia and hypoglycaemia
- Clinical signs of an unwell neonate, as per SNOC.

CLINICAL POLICIES, PROCEDURES & GUIDELINES

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NEONATAL OBSERVATIONS outside Newborn Care Centre cont'd

8. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE LOP

- SESLHD Patient with Acute Condition for Escalation (PACE): Management of the Deteriorating Neonatal Inpatient in Maternity Services and nurseries SESLHDPR/40 http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Clinical/Governance/Documents/PACEProcedureSESLHDPR340.pdf
- Pulse oximetry screening of neonates
- Group B streptococcus infection – monitoring and management of neonates
- Hypoglycaemia in a neonate – monitoring and management of at risk neonate
- Neonatal Observations Following Assisted Vaginal Birth – Subgaleal haemorrhage - [SESLHD policy PR/414](#)
- Neonatal Abstinence Syndrome (NAS) – Management www.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_008
- Antidepressants in Pregnancy – neonatal observations and interventions

9. RISK RATING

- Low

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES

1. Australian College of Midwives (2013) National Midwifery Guidelines for Consultation & Referral 3rd Ed
2. CEC (2015) Standard Neonatal Observation Chart www.cec.health.nsw.gov.au
3. NSW Health (2013) Recognition and Management of Patients who are Clinically Deteriorating PD2013_049
4. King Edward Memorial Hospital Clinical Guidelines Obstetrics & Midwifery (2013) Neonatal observations <http://kemiah.health.wa.gov.au>
5. Mid Essex Hospital Services UK NHS (2016) Postnatal observations of babies born with prolonged rupture of membranes (PROM), meconium stained liquor (MSL) and infants of GBS+ve mothers who received IV antibiotics in labour. www.meht.nhs.uk
6. Queensland Clinical Guidelines (2014) Routine newborn assessment <http://www.health.qld.gov.au/qcg>
7. WHO (2015) Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice 3rd ed

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 31/1/17
Previously titled *Neonatal Observations Guideline*
Approved Patient Care Committee 5/6/08
Obstetrics Clinical Guidelines Group June 2008
Neonatal Clinical Committee 21/5/08

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**APPENDIX 1
OBSERVATION OF THE NEONATE**

WHEN

- ✓ At initial examination of neonate
- ✓ On admission to postnatal ward
- ✓ Neonatal O2 sats 4-24hrs of age
- ✓ Continue observations only if **risk factors exist**
- ✓ Document Standard Neonatal Observation Chart (SNOC)
- ✓ **If outside normal range alert paediatric team**

NORMAL RANGE
(As per SNOC)

Temperature: 36.5-37.5°C
RR: 30-60/min
HR: 110-160bpm

RISK OF SEPSIS AND RESPIRATORY DISTRESS

- Meconium stained liquor
- Prolonged ruptured membranes (>18hrs)
- Maternal fever in labour
- Low apgars (<5 at 1min or <7 at 5min)

- 4 hourly temp, HR, RR for 24 hours
- Review by midwife after 24hrs and cease if normal

RISK OF GBS SEPSIS

- GBS pos mother, no intrapartum IV antibiotics or < 4hrs IV antibiotics prior to birth
- Unknown or neg GBS mother with additional risk factors e.g. <37/40, ROM >18 hrs, fever

4 hourly temp, HR, RR for **48 hours**

RISK OF GBS SEPSIS

- mother had a previous neonate with GBS sepsis

- 4 hourly temp, HR, RR for **48 hours**
- If observations abnormal => Paediatric team review, FBC, cultures and IV antibiotics

RISK OF HYPOGLYCAEMIA

- Low birth weight (<2500gm)
- High birth weight (>4500gm)
- Mother with diabetes (gestational and pregestational)

- 3 hourly temp, HR, and RR
- 3 hourly pre feed BGL
- Review by paediatric team after 24 hrs and cease if normal

RISK OF SUBGALEAL HAEMORRHAGE

- Assisted vaginal birth

- At 1, 2, 4, 6, 8 and 12 hours of age
- Assess temp, HR, RR and scalp observations as per SNOC
- Review by midwife after 12 hours and cease if normal

RISK OF WITHDRAWAL

- Neonate at risk of withdrawal from maternal opioids

4 hourly NAS scoring 30-60 mins after neonatal feed

RISK OF WITHDRAWAL

- Neonate at risk of withdrawal from maternal SSRI's

4 hourly NAS scoring 30-60 mins after neonatal feed

RISK OF SEPSIS

- Neonate readmitted from home whose mother at risk of sepsis

4 hourly temp, RR, HR, until paediatric review or discharge