Waikato District Health Board

Guideline

Consultation Process and Transfer of Care for Neonates

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Newborn Intensive Care
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Target Audience	All staff working in Maternity or NIUC and LMC who have access agreement with Waikato DHB
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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
7	David Bourchier	11.1.2017	None – transfer to new template
8	Sarah Power	20 July 2021	Align with national guidelines & NOC NEWS

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Consultation Process and Transfer of Care for Neonates

1 Overview

1.1 Purpose

To define the infants requiring consultation and transfer of care from Lead Maternity Carer (LMC) to Neonatal Team (NNT) and subsequent location of admission.

1.2 Scope

All Waikato District Health Board (DHB) clinical staff and LMC, involved in the clinical care of the newborn.

1.3 Patient / client group

All babies born or transferred into Waikato Hospital in the neonatal period.

1.4 Exceptions / contraindications

Babies outside the neonatal period.

1.5 Definitions and acronyms

Neonatal Period	The period of time from birth until day 28 of a new born life
LMC	Lead Maternity Carer
NNT	Neonatal Team
NICU	Newborn Intensive Care Unit
BGL	Blood glucose level

2 Clinical management

2.1 Roles and responsibilities

Clinicians: Doctors, Midwives including LMC, Nurses, and Allied Health

- All babies born in or transferred to Waikato Hospital in the neonatal period must have a physiological assessment undertaken and documented within 0-2 hours of birth or admission and thereafter at a frequency appropriate for the clinical condition.
- All clinical staff must be educated and trained in the use of the Newborn Observation Chart, Newborn Early Warning Score (NOC NEWS).

Line Managers

- Managers must ensure all relevant staff complete the NOC NEWS online education development package on or prior to employment.
- All staff are orientated to this guideline

2.2 Competency required

Skilled in the assessment in new-borns, knowledge of the referral guidelines and this guideline.

2.3 Responsible Clinician

Babies born in Waikato Delivery Suite are born under the clinical responsibility of the mothes Lead Maternity Carer (LMC). The LMC is responsible for requesting or referring for a specialist consultation in line with the Maternity Referral Guidelines. In the absence of the LMC at the birth the core midwives will make the referral in consultation with the LMC.

Following a consultation, the Neonatal Team may advise that ongoing clinical care is being transferred from the LMC to the neonatal team for clinical management.. This must be discussed with the woman, LMC and NNT. The baby may remain under LMC care with a care plan recommendation from the NNT.

If the care of the baby is transferred to NNT, the baby will be admitted under the **NICU SMO on duty for Level 2**, please check Amion.

2.4 Emergency Care

In the event of a neonatal emergency, the Neonatal team must be involved immediately. See Neonatal Emergency Response procedure

Lift the red phone in the birth room or dial 99-777 and advice there is a Neonatal Emergency and the location.

Ongoing clinical responsibility following the emergency will be discussed with the LMC and woman.

2.5 Recommended conditions to transfer clinical responsibility from LMC to NNT at birth

- <2000g (either birthweight or weight loss)
- Respiratory distress, persistent grunting or cyanosis
- Gestation <35 weeks (currently babies less than 36 weeks are admitted to NICU due to restrictions in the maternity ward, all babies admitted to NICU are transferred to the NNT).

Babies whose care transfers to the NNT may be admitted to the ward with their caregiver or to NICU depending on the condition.

3 Guidelines for place of admission

3.1 Preterm infants

Please also see the Waikato DHB Breastfeeding the Late Pre-term Infant in the Postnatal Ward guideline.

Gestation <36 weeks admit to NICU (Level I/II/III depending on level of care infants require). Babies born at a gestation >36 weeks can be admitted to the ward under LMC responsibility with a care plan made during the consultation.

3.2 Low birthweight babies

Please also see the Waikato DHB Screening and initial treatment for babies at risk of hypoglycaemia procedure.

Birthweight 2000g-2500g provide a consultation and care plan as requested by the LMC. These babies may be admitted to ward in discussion with the Charge Manager of the ward, with the mother provided the NOC NEWS (combined score) of 0 is achieved at 1 hour and 4 hours post birth.

Babies admitted to the postnatal ward that lose weight down to <2000g will be admitted to the NICU.

3.3 Babies of diabetic mothers

Please also see the Waikato DHB Screening and initial treatment for babies at risk of hypoglycaemia procedure.

Provide a consultation and care plan as requested by the LMC. Transfer of care from LMC to NNT is recommended if there are abnormal blood glucose level (BGL), or poor feeding. Admit to the maternity ward if the initial BGL is >2.6mmol/L, or when there is a repeat NOC NEWS combined score of 0.

3.4 Babies with a repeat NOC NEWS of >0

These babies should be reviewed in line with the NOC NEWS escalation pathway and a discussion with the LMC and woman regarding a transfer of clinical responsibility to the NNT. Babies with a repeated NOC NEWS (combined) of >0 should be admitted to NICU.

3.5 Rhesus blood group incompatibility or other antibodies

Transfer care from LMC to NNT is recommended in the presence of implicated with haemolytic disease of the newborn. Cord blood sample for Serum Bilirubin (SBR) and Complete Blood Count (CBC). Monitor SBR 4-8 hourly initially. If strongly positive antenatal antibody titres (or rising) – begin prophylactic phototherapy immediately after birth. Admit to the maternity ward.

3.6 Congenital abnormalities

Provide a consultation as requested by the LMC. The outcome of the consultation may be a transfer of clinical responsibility from the LMC to the NNT. In many situations it would be best if the infant stayed with its mother; otherwise admission can be to the Newborn Intensive Care (Level I/II/III). Please provide any antenatal consultations or Maternal Fetal Medicine (MFM) letters.

3.7 Babies transferred from other hospitals or maternity facilities for neonatal problems

Admit to Newborn Intensive Care for assessment. Baby may subsequently be transferred to Ward.

3.8 Maternal drug ingestion

Consult with the neonatal team to determine care based on the drug and location of admission.

3.9 Readmissions from the community

Babies returning from the community should be reviewed either in the interview room in NICU or in the emergency department. If admission is required, the location of admission is a conversation between paediatrics and NICU. In rare situations, an admission to postnatal ward may be necessary. .

4 Audit

4.1 Indicators

- 100% of babies have a named clinician at admission
- 100% of babies have observations in line with NOC NEWS
- 100% of babies admitted to the maternity ward outside this guideline have documented evidence of rationale by the NNT

5 Evidence base

5.1 Bibliography

- Health Quality & Safety Commission New Zealand: Newborn Observation Chart (NOC) incorporating the Newborn Early Warning Score (NEWS). February 2020
- Ministry of Health, Guidelines for Consultation with Obstetric and Related Medical Services. (2002)

5.2 Associated Waikato DHB documents

- Breastfeeding the Late Pre-term Infant in the Postnatal Ward guideline (Ref. 3285)
- Screening and initial treatment for babies at risk of hypoglycaemia procedure (Ref. 1900)
- Neonatal Emergency Response procedure (Ref. 0192)