Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Neonatal Intensive Care Unit
Document Facilitator Name	Sarah Power
Document Facilitator Title	Maternity Quality & Safety Coordinator
Document Owner Name	Jutta van den Boom
Document Owner Title	Head of Department, NICU
Target Audience	All staff working in Maternity or NICU and LMC who have access agreement with Health NZ Waikato.

Disclaimer: This document has been developed for use specifically by staff at the former Waikato District Health Board. Caution should be exercised before use outside this district. Any reliance on the information contained herein by any third party is at their own risk and Health New Zealand | Te Whatu Ora assumes no responsibility whatsoever for any issues arising as a result of such reliance.

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
9	Sarah Power	Sep 2024	Update with flowchart, sticker for consultation and clarification of process

Contents

1 Overview ... 3
1.1 Purpose ... 3
1.2 Staff group ... 3
1.3 Patient / client group ... 3
1.4 Exceptions / contraindications ... 3
1.5 Definitions and acronyms ... 3
2 Clinical management ... 3
2.1 Roles and responsibilities ... 3
2.2 Competency required ... 4
2.3 Responsible Clinician ... 4
2.4 Documentation ... 4
2.5 Emergency Care ... 5
2.6 Recommended conditions to transfer clinical responsibility from LMC to NNT within the neonatal period ... 5
3 Guidelines for place of admission ... 5
3.1 Babies with a repeat NOC NEWS of > 0 ... 5
3.2 Preterm infants ... 6
3.3 Low birthweight babies ... 6
3.4 Fetal growth restricted neonate ... 6
3.5 Babies of diabetic mothers ... 7
3.6 Rhesus blood group incompatibility or other antibodies ... 7
3.7 Congenital abnormalities ... 7
3.8 Babies transferred from other hospitals or maternity facilities for increased level of monitoring and treatment ... 7
3.9 Maternal drug use / dependence ... 7
3.10 Readmissions from the community (not from another facility) ... 8
4 Audit ... 8
4.1 Indicators ... 8
5 Evidence base ... 8
5.1 Bibliography ... 8
5.2 Associated Health NZ Waikato documents ... 8
Appendix A – Neonatal team consultation sticker ... 9
Appendix B – Flowchart ... 10

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 vice versa, and subsequent location of care.

1.2 Staff group

All clinical staff at Health NZ Waikato and LMCs involved in the clinical care of the newborn.

1.3 Patient / client group

All babies and their caregivers in the neonatal period where a consultation with specialist services (NNT) is requested.

1.4 Exceptions / contraindications

Babies outside the neonatal period.

1.5 Definitions and acronyms

BGL	Blood glucose level
LMC	Lead Maternity Carer
Neonatal Period	The period of time from birth until day 28 of a newborn life
NICU	Newborn Intensive Care Unit
NNT	Neonatal Team
NOC/NEWS	Newborn Observation Chart/ Newborn Early Warning Score

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 are aware of the maternity referral guidelines related to conditions following birth – baby. See
- All 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 of newborns, knowledge of the referral process and this guideline.

2.3 Responsible Clinician

Babies born in Waikato Delivery Suite are born under the clinical responsibility of the mother's 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,

a) The baby may remain under LMC care with a care plan recommendation from the NNT, which must be documented in the newborn notes

b) The NNT may advise that ongoing clinical care is recommended to be transferred from the LMC to the neonatal team. If indicated, transfer of care may occur without in-person immediate discussion with the LMC, dependent on the documented LMC care plan.

In the absence of a care plan, the LMC must be contacted at the time of transfer of care.

If the care of the baby is transferred to NNT, and remains on the postnatal ward or delivery suite, the baby will be admitted in iPM under the name of the **NICU SMO on duty for Level 2**.

If baby is admitted to NICU, they will be admitted in iPM under the name of **NICU SMO on duty for level 3.**

2.4 Documentation

Request of consultation in accordance to the referral guidelines must be documented in the clinical record by the person requesting it.

Following the consultation it is the NNT's responsibility to document the care plan and complete the sticker (Appendix A) in the clinical record.

When the baby is under the care of the NNT and no longer requires NNT input, the same sticker is used to transfer care back to LMC responsibility.

NOTE: Please refer to flowchart (Appendix B) for assigning responsible clinician.

2.5 Emergency Care

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

In an emergency, dial 99-777 and advice there is a Neonatal Emergency and the location (ward / room).

Ongoing clinical responsibility following the emergency will be determined following a discussion with the LMC and mother.

2.6 Recommended conditions to transfer clinical responsibility from LMC to NNT within the neonatal period

Health practitioners must use clinical judgement in deciding when and to whom to refer a baby. For example, there may be multiple conditions that, when taken together, warrant referral for consultation or a transfer of clinical responsibility for care.

Gestation <35 weeks (currently babies <36 weeks are admitted to NICU due to restrictions in the maternity ward, all babies admitted to NICU are transferred to the clinical responsibility of the NNT).

- Birthweight <2000g
- Fetal growth restricted neonate
- Weight loss >12.5% since birth
- Apgar <7 at 10 minutes
- Hypoglycaemia < 2.0mmol/L
- Any jaundice in first 24h
- Any maternal iso-immunisation
- Respiratory distress, persistent grunting or cyanosis
- Oxygen saturation <90% any time after transition period
- Apnoea
- Subgaleal haemorrhage
- Heart murmur with symptoms
- Inability to pass a gastric tube in suspected oesophageal atresia
- Evidence of bleeding (e.g. haematemesis, melaena, haematuria, purpura, generalised petechiae or haemorrhage from cord or any other site)

3 Guidelines for place of admission

3.1 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 parent/s regarding a transfer of clinical responsibility to the NNT in line with the referral guideline. Consider whether admission to NICU is indicated.

3.2 Preterm infants

See Care of Late Pre-term or Growth Restricted Neonates on 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.

3.3 Low birthweight babies

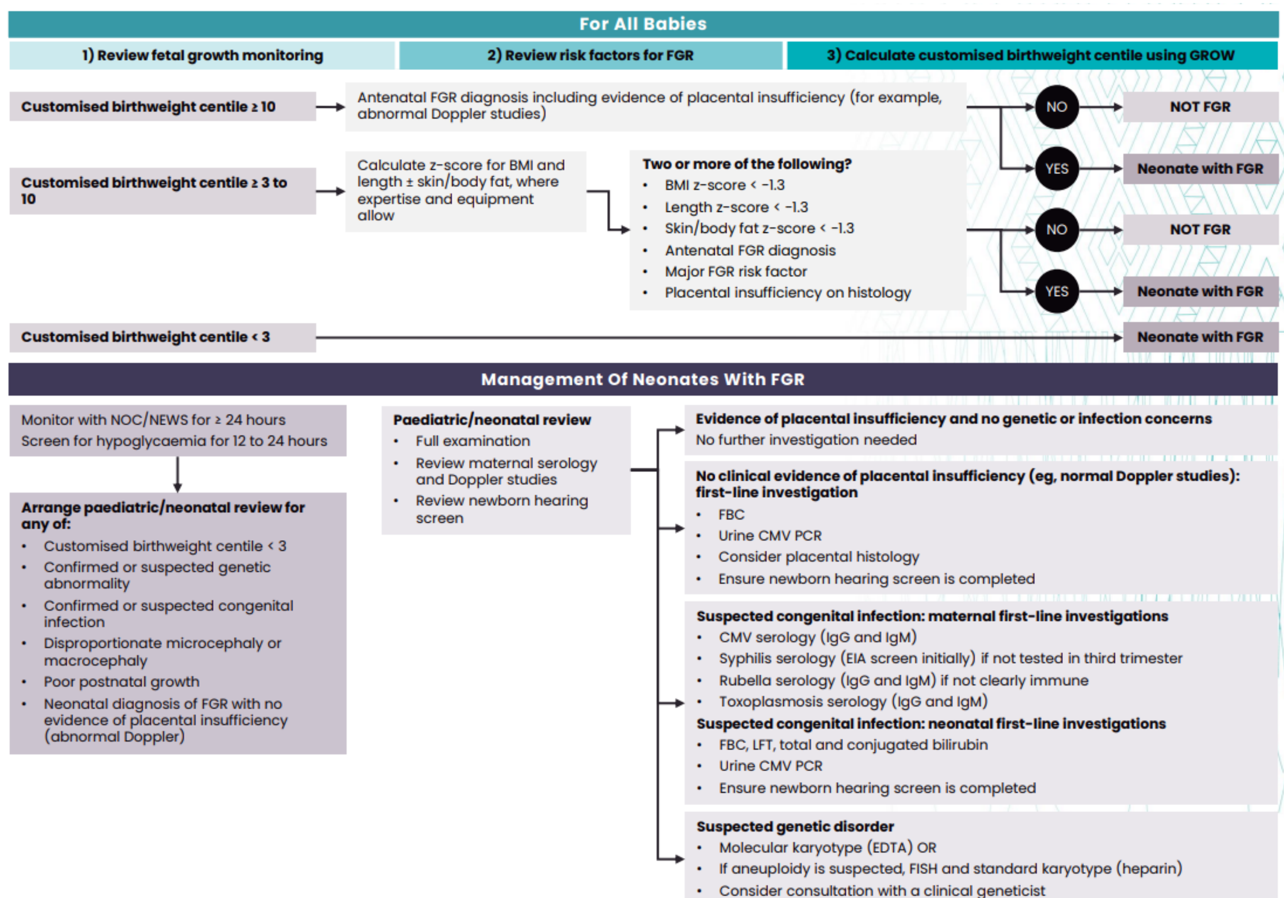
See Hypoglycaemia Monitoring and Management in the Newborn intensive Care Unit Ref 6482

Hypoglycaemia Monitoring and Management on the Postnatal Ward Ref 6483

Birthweight 2000g-2500g provide a consultation and care plan as requested by the LMC. These babies may be admitted to the ward in discussion with the Clinical/ Midwife Manager of the ward, provided the NOC NEWS has been commenced, ideally the score should be 0.

- For babies admitted to the postnatal ward that lose weight to less than <2000g who cannot maintain a NEWS of 0, should be considered for admission to NICU.

3.4 Fetal growth restricted neonate



3.5 Babies of diabetic mothers

See Hypoglycaemia Monitoring and Management in the Newborn intensive Care Unit Ref 6482

Hypoglycaemia Monitoring and Management on the Postnatal Ward Ref 6483

Provide a consultation and care plan as requested by the LMC.

Transfer of care from LMC to NNT is recommended where the BGL is < 2.0mmol/L.

Admit to the postnatal ward if the initial BGL is >2.6mmol/L, or when there is a repeat NOC NEWS score of 0.

3.6 Rhesus blood group incompatibility or other antibodies

(see Neonatal Hyperbilirubinemia (Jaundice) Management Ref 6618)

Transfer of care from LMC to NNT is recommended in the presence of antibodies with implications for 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. Initial monitoring is on the postnatal ward, admission to NICU may be necessary for intensive phototherapy and ongoing management.

3.7 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.

3.8 Babies transferred from other hospitals or maternity facilities for increased level of monitoring and treatment

LMC arranges a consultation with the neonatal team, this may be by phone. NNT will advise recommended care plan which may include admission to the postnatal ward or NICU.

3.9 Maternal drug use / dependence

(see Newborns Delivered to Drug Dependent Mothers, Management of Ref 6435)

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

3.10 Readmissions from the community (not from another facility)

Neonatal Pathway to Paediatric and Post-Natal Wards for Admission from Community of Babies Less Than 14 Days of Age guideline (Ref. 6417)

See 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, admission to the 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 Health NZ Waikato documents

- Care of Late Pre-term or Growth Restricted Neonates on the Postnatal Ward guideline (Ref. 3285)
- Hypoglycaemia Monitoring and Management in the Newborn intensive care unit (NICU) guideline (Ref. 6482)
- Hypoglycaemia Monitoring and Management on the Postnatal Ward guideline (Ref. 6483)
- Neonatal Emergency Response procedure (Ref. 0192)
- Neonatal Hyperbilirubinemia (Jaundice) Management guideline (Ref. 6618)
- Neonatal Pathway to Paediatric and Post-Natal Wards for Admission from Community of Babies Less Than 14 Days of Age guideline (Ref. 6417)
- Newborns Delivered to Drug Dependent Mothers, Management of guideline (Ref. 6435)

Appendix A – Neonatal team consultation sticker

NEONATAL TEAM CONSULTATION W1191HWF 09/24

NHI________________ Baby name________________

LMC name________________________________

Consultation provided by

Name________________ Signature________________

Date(dd/mm/yy) ________________ Time(24hour) ________________

Document the recommendations/care plan in the clinical notes

Outcome of consultation

☐ Consultation only ☐ Transfer of clinical responsibility*

*LMC must be involved in the decision for a transfer of clinical responsibility

Ongoing clinical responsibility for care with

☐ LMC ☐ Neonatal team

Appendix B – Flowchart