Neonatal Transitional Care in Lothian
Neonatal Service Guidance

NHS Lothian

1. INTRODUCTION:

Neonatal Transitional Care (NTC) is care additional to normal newborn care*, provided in a postnatal clinical environment by the mother or an alternative resident carer, supported by appropriately trained healthcare professionals. NTC keeps mother and baby together and facilitates parenting, bonding and the establishment of feeding, whilst enabling safe and effective management of a baby with additional care needs.

*The British Association of Perinatal Medicine (BAPM) defines normal newborn care as care delivered by a mother with the support and guidance of her midwife, either in a labour suite, a postnatal ward or at home. Normal newborn care includes immediate review of the baby after birth to detect major physical abnormality, establishment of feeding and ongoing assessment of well-being, including observation of vital signs. The newborn initial physical examination (or routine examination of the newborn) may be undertaken by the midwife, who will also normally facilitate newborn bloodspot screening. None of these tasks should involve separation of mother and baby.
The following care activities for otherwise healthy “term” (> 36+0 weeks’ gestation and birth weight >2 kg) babies should be considered part of normal newborn care and should be managed by the midwife in the relevant postnatal setting:

- enhanced monitoring (NEWS or equivalent) for early detection of deterioration in babies with risk factors in first 12 hours of life
- thermoregulatory management
- monitoring blood glucose and following a management and prevention of hypoglycaemia policy for babies at risk of hypoglycaemia
- supporting establishment of infant feeding
- monitoring serum bilirubin for babies with exaggerated physiological jaundice
- investigation and support for infants with congenital abnormalities who do not otherwise fulfil criteria for higher category of care
- support for babies with social care needs

2. AIM:

All eligible babies who meet BAPM NTC criteria will be cared for on the postnatal ward with resident mother/alternative carer as the primary care provider. Support and ongoing review of maternal care needs will be provided by the midwifery team, and baby care needs will be met by a combination of midwifery and neonatal nursing and medical teams, dependent on criteria.

3. GUIDELINES:

<u>BAPM NTC Criteria</u>

1. Gestational age 34+0 to 35+6 weeks who do not fulfil criteria for intensive or high dependency care
2. Birth weight ≥1600g and <2000g who do not fulfil criteria for intensive or high dependency care
3. Babies at risk of haemolytic disease requiring immediate phototherapy

4. Babies unable to maintain temperature following an episode of rewarming and despite skin-to-skin contact and/or adequate clothing
5. Babies with a congenital anomaly likely to require nasogastric tube feeding
6. Risk factors for sepsis requiring IV antibiotics (IVABx), but clinically stable
7. Babies "stepping down" from the NNU
    - CGA >33+0 weeks and clinically stable
    - Weight > 1600g and maintaining temperature or requiring thermoregulatory support
    - 3 hourly observations sufficient
    - 3 hourly NG feeds and maintaining blood glucose
    - Stable baby with sepsis requiring ongoing IV antibiotics
    - Continuing double phototherapy
    - Palliative care
8. Babies with neonatal abstinence syndrome (NAS) requiring feeding support or medication

Identification of eligible babies for NTC at birth

Babies may be admitted directly to the postnatal ward from the delivery suite if the above criteria are met. This must be discussed with the consultant on duty for NTC (RIE PNW Cons, SJ Paediatric consultant of the week) and the nursing lead for NTC (RIE HD/SC co-ordinator, SJ midwife/nurse in charge).

Identification of eligible babies for step-down from RIE NNU/SJ SCBU to PNW NTC care

Babies in RIE NNU and those in SJ SCBU are reviewed daily to determine their eligibility for NTC on the PNW.
In RIE NNU, babies are reviewed by the HDU medical team and the HD/SC co-ordinator. In the absence of a co-ordinator, the eligible babies are discussed with the neonatal nursing team leader. In SJ SCBU, babies are reviewed by the medical team and the midwife/nurse in charge.
If baby fulfils NTC step-down criteria, the midwife caring for the mother in the PNW should be consulted to determine whether PNW transfer is appropriate. An SBAR handover will be given to the allocated midwife on transfer to the PNW.

Ongoing NTC care expectations

In RIE, babies receiving PNW NTC delivered by the NN team will be reviewed daily on the PNW ward round. The baby's care will be delivered in partnership with the parents by a designated neonatal nurse, midwife or nursery nurse from neonatal services, who will liaise directly with the PNW midwife caring for mother. An SBAR handover will be given to the maternal midwife after any change in baby's management. NTC delivered by the NN team will continue to be documented on BadgerNet, until the baby is discharged to normal newborn care, when MW care will then be documented on TrakCare.
In SJ, if NTC is being provided on the PNW, this is largely delivered by the maternal midwife. There is a daily paediatric medical review and care notes are documented on TrakCare.

Escalation of clinical concerns or queries relating to care

RIE	SJ
For all NTC babies: - Neonatal acute tier 1 **bleep 1611** - Neonatal acute tier 2 **bleep 1610** - Neonatal PNW consultant **bleep 4133**	For all NTC babies: - Neonatal Tier 1 SCBU **bleep 3611** - SCBU Tier 2 **bleep 3565** - Paediatric consultant of the week **bleep 3593**

Recommendations for NTC data recording

Describe and record Lothian NTC service as the total number of babies per shift cared for on PNW (regardless of which team is providing assistance to the resident carer):

a. With a gestation at birth ≥34+0 - 35+6
b. With a BW 1600g – 1999g
c. Receiving double phototherapy
d. Nursed in a heated cot
e. With a nasogastric tube in situ
f. With a cannula in situ
g. If born <34w, with a CGA ≥33+0
h. Receiving NAS treatment

4. REFERENCES:

Neonatal Transitional Care - A Framework for Practice (2017) | British Association of Perinatal Medicine

5. AUTHOR/S:

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