

TITLE: Keeping Mums and Babies Together (KMBT) PNW

Maternity Services Lothian

Guidelines

1. INTRODUCTION:

Neonatal Transitional Care (NTC) is care additional to normal infant care, provided in a postnatal clinical environment by the mother or an alternative resident carer, supported by appropriately trained healthcare professionals. It benefits both mother and baby and promotes breast feeding as compared to separation of mother or baby when babes are cared for in SCBU.

2. AIM:

All eligible babies who meet the criteria for transitional care will be cared for in the postnatal ward with resident mothers as the primary care providers. Support and ongoing review of care will be provided by nursing and medical staff from Neonatal Services

3. GUIDELINES:

Criteria for Transitional Care

- $\geq 34+0$ weeks gestation
- Birthweight ≥ 1600 g and maintaining temperature

Reason for Transitional Care

- Establishing full suck feeds; predicted to require nasogastric tube feeds no more frequently than 3 hourly
- Congenital anomaly likely to require tube feeding or feeding support (e.g. cleft palate)
- Significant neonatal abstinence syndrome requiring oral medication or additional feeding support
- Requiring monitoring of vital signs no more frequently than 3 hourly
- Requiring double phototherapy
- Requiring support with thermoregulation, such as use of heated mattress
- Requiring IV antibiotics but clinically stable

Identifying Eligible Babies

Babies in the Neonatal Unit (NNU) at the Royal Infirmary of Edinburgh (RIE) and the Special Care Baby Unit (SCBU) at St John's Hospital (SJH) should be reviewed daily to determine their eligibility for transitional care in the post natal ward.

In the NNU, babies should be reviewed by the Special Care Consultant and the High Dependency/Special Care Co-ordinator. In the absence of the Co-ordinator, the eligible babies should be discussed with the Team Leader.

In SCBU, babies should be reviewed by the SCBU team and the midwife/nurse in charge.

The midwife caring for the mother in the post natal ward should be consulted to determine whether transfer to the ward is appropriate.

Babies may be admitted directly to the postnatal ward from the labour ward if the above criteria are met. This must be discussed with a Consultant.

Ongoing Review

These babies will remain under the care of the neonatal team and will be reviewed and seen daily on the ward round. Their care will be delivered in partnership with the parents by a

designated neonatal nurse/midwife or nursery nurse from neonatal services who should make themselves known to the midwife looking after mum on every shift. An SBAR handover should be given to the allocated midwife on transfer to the ward and after any change in the baby's management.

Babies' care will continue to be documented on Badgernet.

Escalation Policy

At the RIE, if there are any concerns about the baby or questions regarding their care, these should be directed to the Special Care medical team. Within hours phone 22601/22602). The acute neonatal registrar can be contacted on bleep #1610 at all other times.

At St John's Hospital concerns should be directed to the SCBU medical team on bleep 3565.