SCOPE: All nurses and midwives working in Maternity and Neonatal Unit

GUIDELINE: Transitional Care

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PURPOSE: To identify and refer babies whose condition necessitates transitional care in the neonatal unit, in order to achieve optimal outcomes for the baby and their family.

DEFINITIONS: Transitional care is when a baby is cared for temporarily by nurses in the Neonatal Unit following a request for transitional care by an obstetrician/LMC/core midwife, but the baby has not been referred to the Paediatrician and the management of care for the baby has not been taken over by a Paediatrician.

It is important that when assessing the need for transitional care that unnecessary separation of mother and baby is avoided. (Breast feeding policy Step 7)

GUIDELINE:
See maternity guideline - Referral of Neonates to the Paediatric service.

Transitional care: The neonatal unit may be used for transitional care of babies at the request of an LMC/obstetrician/core midwife, without a paediatric referral, for a period of up to 4 hours during the first 12 hours of life. This could be used for situations requiring nursing observations such as:

a. Babies with respiratory depression at birth but responding well to resuscitation with no continuing oxygen requirement;

b. Temperature instability - a temperature of less than 36°C or more than 37.5°C that has been confirmed after one hour of appropriate management (such as skin to skin with mum and breastfeeding).

Breast feeding will be supported and the period of separation of mother and baby should be minimized.

If there is any need for active intervention, or if the baby does not maintain normal vital signs or shows any sign of illness during transitional care, there must be prompt referral to the on call Paediatrician by the LMC/core midwife/NNU nurse for ongoing management.

The LMC must be notified if the referral has been made by Core staff and will need to ensure that the infant’s parent(s) are fully informed that a referral to the Paediatrician has been made.
If the baby who has had transitional care subsequently needs a referral to the paediatrician it is vital that accurate information and documentation is completed, by the appropriate health professional, for all referrals.

If a baby is requested to be seen in the neonatal unit for any reason, the following should be photocopied and available to the neonatal team:

- Obstetric history
- Labour and birth summary
- Newborn infant summary
- Clinical notes as appropriate

The initial neonatal check should still be completed and documented by the LMC within 24 hours, even if the baby is or has been in transitional care.

**Documentation**

The LMC/core midwife should provide relevant information and a copy of the mother’s delivery record if possible. The initial newborn examination should be completed by the LMC/core midwife wherever possible. In the absence of MCIS documentation being available a Newborn Infant Summary sheet should be completed.

An appropriate ‘Feeding and observations chart’ should be used in conjunction with the clinical notes to appropriately document the transitional care of the neonate. Documentation should include times of admission and discharge and any key nursing points to ensure effective communication with ward staff for the ongoing care of the baby. The baby should be entered into the NNU diary and the register book as a “transitional care” infant. Trend care should be completed (NNU).

**No matter how short the transitional care is it needs to be documented in MCIS. In Baby-Events you need to Transfer Baby both to and from NNU appropriately. These babies are not transferred in iPMS but we need to keep a record of transitional care.**

The baby will return to the post-natal ward when the neonatal nurse, in liaison with LMC/core midwife, believes the baby can be cared for as a normal well baby. Any ongoing need for observations must be clearly documented and handed over.
ASSOCIATED DOCUMENTS
Maternity and NNU guideline – Referral of inpatient neonates to paediatric service
Hauora Tairawhiti policy – Breast feeding

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