

NEONATAL MANAGEMENT ON POST-NATAL WARDS

9. NEONATAL DISCHARGE AND TRANSFER PLANNING

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9. Neonatal Discharge and Transfer
Neonatal Postnatal
Clinical Guidelines
King Edward Memorial Hospital
Perth Western Australia

DISCHARGE / TRANSFER OF THE WELL, TERM NEWBORN

Term neonates (≥ 37 weeks gestation) who are born following uncomplicated, normal vaginal delivery may be transferred to another metropolitan hospital if the following criteria have been met:

- The baby has had a feed and is normo-thermic
- KEMH has designated discharge times from post-natal wards as 10:00 and 16:00 hours.
- A minimum duration of stay following uncomplicated vaginal delivery is **4 hours**, in general;
 - For a birth occurring in the morning (00:00 – 11:59 h), discharge should take place in the morning.
 - For a birth occurring in the afternoon/evening (12:00 – 23:59 h), discharge should take place in the afternoon.
- The RMO can authorise the discharge of a well term newborn
- If transferring to another hospital, the receiving Paediatrician / GP / LMO **MUST** be contacted and agree to the transfer.
- A Transfer / discharge letter is to be completed (See 'Forms') to accompany the mother and newborn.
- If the infant is <24 hours of age, the day 1 examination may act as the 'discharge check'. Thereafter, a repeated examination is to be performed within 48 hours of discharge.
- These examinations are to be performed by a Paediatric RMO / Registrar / SR and the results written in the neonatal history sheet, with printed name and signature.

TRANSFER OF THE NEWBORN WHO REQUIRES ONGOING MEDICAL CARE

The post-natal ward consultant should be contacted to approve transfer of any infant fitting the following criteria:

- All preterm infants <37 weeks gestation
- All small-for-gestation infants <2500gm birthweight

- Any infant who has been admitted to SCN / NICU
- Any infant who has required care by the Paediatric consultant, including (but not limited to);
 - Infants treated for sepsis, particularly where a full 5-7 day antibiotic course has been ordered
 - Infants with any non-physiological cause for jaundice (e.g. ABO, Rh incompatibility, prolonged jaundice, etc)
 - Infants with poor feeding, excessive weight loss (>10% of birthweight)
 - Infants of diabetic mothers
 - Any infant with an abnormal day 1 or discharge examination
- Any infant who has been under the care of WANDAS or CAMI clinic antenatally, or in whom concerns regarding the social environment have been raised by ward staff or social workers.

TRANSFER OF THE NEWBORN BY COMMERCIAL AIRLINE

Infants from regional / remote centres who require a commercial flight to be transferred to home, or a regional hospital require the following criteria to be fulfilled;

- Any medical or social issues outstanding must be discussed with the Paediatric consultant *prior to initiating transfer (e.g. booking flights, etc)*.
- If less than 10 days of age, a 'Fitness to Fly' clearance must be completed. This form is available from the ward clerk.
- The receiving Paediatrician / GP / LMO must approve the transfer, as must midwifery / nursing staff at the receiving hospital if an inter-hospital transfer.
- Infants under 35 weeks gestation at birth may require a flight hypoxia test prior to transfer. Discuss with the Paediatric consultant to determine if testing is required. In the event that in-flight supplemental oxygen is considered necessary, liaise with the NCCU Discharge Co-ordinator (pg 3512) to co-ordinate:
 - Teaching of parents on use of the oxygen cylinder
 - Flight oxygen clearance documentation
 - Delivery of oxygen cylinder