

EARLY DISCHARGE OF HEALTHY TERM INFANTS

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Neonatal Postnatal
Clinical Guidelines
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BACKGROUND

The hospital stay of a healthy newborn infant should be long enough to allow identification of problems and to ensure that the mother is sufficiently recovered and prepared to care for herself and her newborn at home. Many neonatal cardiopulmonary problems related to the transition from the intrauterine to the extrauterine environment usually become apparent during the first 12 hours after birth. Other neonatal problems, such as jaundice, duct-dependent cardiac lesions, and gastrointestinal obstruction, may require a longer period of observation by skilled health care professionals. Therefore healthy term infants discharged within 24 hours after birth must be examined by skilled health care professional within 48 hours of discharge.

King Edward Memorial Hospital has adapted an Early Discharge Programme for women who have had a baby previously and who have had an uncomplicated pregnancy, labour, and birth. Under the programme, mothers and babies are discharged between four to 23 hours following birth with follow-up arrangements for continuing postnatal care in the home environment.

The infants fulfilling all of the following criteria may be suitable for an early discharge:

1. Full term (gestational age 37⁺⁰ to 41⁺⁶ weeks) with size appropriate for gestational age
2. Normal cardiorespiratory adaptation to extrauterine life
 - No meconium staining of amniotic fluid
 - Not required intubation or assisted ventilation at birth
 - Normal vital signs
3. Normal physical examination of the baby
4. Normal early pulse oximetry screen. [Pulse oximetry screen is done early (before 24 hours of birth) only if infant is likely to be discharged before 24 hours of birth]
5. No risk factor for sepsis
 - No risk factors for GBS infection
 - No prolonged rupture of membrane
 - No maternal intrapartum fever
6. No maternal diabetes mellitus or gestational diabetes
7. No risk factor for Neonatal Abstinence Syndrome
8. No risk factors for haemolytic jaundice
9. No antenatally detected fetal concern
10. Maternal multiparity
11. Maternal desire for early discharge
12. Favourable family, environmental and social factors
13. Maternal residence within a distance of 40 km from the hospital
14. No apparent feeding problems (at least two successful feedings documented)
15. Hepatitis B vaccine and vitamin K have been administered.
16. The mother has adequate knowledge, ability, and confidence to provide care for her infant. The mother should have information regarding:
 - the importance and benefits of breast feeding
 - appropriate urination and stooling frequency for the infant
 - umbilical cord, skin and newborn genital care, as well as temperature assessment and measurement with a thermometer
 - signs of illness and common infant problems, particularly jaundice



- when and how to seek medical advice
 - infant safety, such as use of an appropriate car safety seat and SIDS prevention
17. Arrangements are made for metabolic and hearing screening
 18. Follow-up arrangements have been made for the infant to be examined by visiting midwife within 48 hours of discharge.

REFERENCES

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3. http://kemh.health.wa.gov.au/brochures/consumers/early_discharge_program.pdf accessed on 10th August 2015.