



POSTNATAL CARE

NEONATAL OBSERVATIONS

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Frequency

- Daily postnatal assessments on the baby should be performed for the first 72 hours postpartum, following this observations should be performed as often as indicated by the baby's clinical condition.
- The first postnatal visit and assessment of the baby following a home birth or early discharge should take place within 24 hours post birth and be dependent on the baby's clinical needs.
- The remainder of the visits shall be individualised to each baby's needs.

Procedure

- Observe and assess the baby as an individual, taking note of its level of activity, tone, colour, sleep patterns, feeding history and urine output over the past 24 hours. The assessment is ongoing and the baby's behaviour should be consistent from day to day.
- Recommend and encourage the woman to have her baby examined by a General Practitioner within 10 days of the birth for a full cephalocaudal examination.⁴
- All examinations should be performed with respect to the baby and family and can be used as a chance for parental education/health promotion.
- **If observations are outside the normal range or if the baby's condition gives rise to concern, immediate consultation and/or referral to the woman's GP or paediatric team at the support hospital must occur.**^{1 2 3}

Daily Newborn Observations:

- Perform temperature, heart rate, respiratory rate, colour and tone daily for 72 hours or as clinically indicated.
- Check umbilical area for signs and symptoms of infection during process of cord separation.
- Assess bladder and bowel function. Discuss with parents the number of wet or soiled nappies per day and the presence of meconium, transitional stools, yellow stools etc. Failure to pass urine or meconium within the first 24 hours of life requires consultation/referral with a paediatrician at the support hospital.



- Check skin (colour, rashes, jaundice, infection). If jaundice is noted in first 24 hours consultation and / or referral is indicated.
- Observe the eyes (jaundice, red areas, discharge, infection or signs of neurological irritability).
- Check the mouth if there are any concerns regarding feeding issues (thrush, tongue tie, suck reflex, vomiting).
- Assess for signs and symptoms of dehydration if indicated on feeding history (sunken fontanelles, dry mouth, decreased urine output, pyrexia or vomiting) and consult/refer with a paediatrician at the support hospital if there are any concerns.
- Discuss feeding with parents (does baby feed regularly, demand feeds, settling post feed or vomiting).

Weight:

- Weight should be recorded at birth, on day 3, 5 -7 and offered weekly (to determine if weight loss > 10%) until day of discharge as a minimum requirement.
- Weight assessments should be performed more frequently where there are concerns regarding feeding issues (refer to CMP guideline [Newborn Feeding Issues](#), if required).
- A baby should not lose more than a total of 10% of birth weight (refer to CMP guideline [Newborn Feeding Issues](#), if required). Consultation should occur as further investigations may be required.³
- The baby should regain its birth weight within approximately two weeks of birth.

Screening and diagnostic tests

- Recommend the neonatal screening test. This is preferably performed between 48 and 72 hours following the birth of the baby if parents have consented to the test. All parents should be provided with the WA Newborn Screening Program brochure ⁽⁶⁾ and sign the consent form in the PHR prior to the test being performed.
- Recommend the newborn hearing screen test. Provide the parents with the WA Newborn Hearing Screening brochure ⁽⁷⁾. The test can be performed by nominated midwives working for the CMP
- SBR (serum bilirubin) levels should be performed if baby is symptomatic of jaundice e.g. very sleepy, not demanding feeds, yellow sclera of eyes and reduced urine output. Jaundice in the first 24 hours requires paediatric review. **Paediatric consultation is essential if a SBR is indicated and an order must be obtained.**
- If the baby is not feeding effectively within 12 hrs refer to CMP Guideline "[Breastfeeding the healthy term infant](#)"



Discharge management:

- Review the general wellbeing of the baby and document all clinical findings including colour, tone, alertness, feeding, sleeping and elimination patterns.
- Check baby's weight and measure the head circumference on the day of discharge and complete and document the cephalocaudal assessment (if not already performed by the Paediatrician or GP) in the Child Health Book prior to discharge.
- Ensure that all doses of Vitamin K have been recorded in the Child Health Book if administered either orally or intra- muscularly.
- Ensure that the Child Health Book has been completed. Remove the carbon copy (P43 as identified as quadruplicate for medical records). Ensure the immunisation record has been filled in. Complete referral to GP or Child Health Nurse if Hepatitis B vaccination is requested and for continuing care post discharge from the program.
- Check that the date and time of the neonatal screening test and the results have been entered.
- Determine where the closest Child Health Nurse is located and ensure that the address and phone numbers for the clinic are recorded in the Child Health Book.
- Ensure that a list of support services are provided for the mother and that she is aware of how to contact the closest Resource Centre for further support if required.
- Ensure that the parents have received the relevant Centrelink forms and the application for a birth certificate and that they are able to complete all the documentation required without additional assistance. Refer if necessary to social services for additional support and follow- up.
- Complete Part 2 of the Case Summary and all postnatal records and return to the CMP office for filing as soon as possible.



REFERENCES / STANDARDS

1. **Royal College of Midwives**, 2012, Evidenced based guidelines for midwifery-led care – immediate care of the newborn.
2. **Queensland Maternity and Neonatal Clinical Guidelines Program, 2009**. Examination of the newborn baby.
3. **Australian College of Midwives**. National Guidelines for Consultation and Referral 2008
4. **DOH Policy for Publically Funded Homebirths 2012**
5. CMP guideline Newborn feeding issues 2008
6. WA Newborn Screening Program, **Your newborn baby's screening test**. Department of Health, 2012
7. WA Newborn Hearing Screening Program, **Your newborn baby's hearing screen**, Department of Health, 2012

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
12 Provision of Care

Legislation - Nil

Related Guidelines / Policies –KEMH [Preterm Labour](#)

Other related documents – Midwifery care when a Client Makes a Decision that Is Incompatible with the CMP
Midwifery Standard of Practice

RESPONSIBILITY

Policy Sponsor	Nursing & Midwifery Director OGCCU
Initial Endorsement	October 2008
Last Reviewed	June 2016
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