**CLINICAL PRACTICE GUIDELINE**
**KEMH Postnatal Wards**

# Discharge/Transfer of Healthy Infants from Postnatal Ward

**This document should be read in conjunction with the Disclaimer**

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.

An * appropriately prepared health professional can authorise the discharge of a well term newborn.

If the infant is < 24 hours of age, the day 1 examination may act as the ‘discharge check’. These examinations are to be performed by an *appropriately prepared health professional and the results written in the neonatal history sheet, with printed name and signature.

Therefore healthy term infants discharged **within** 24 hours after birth **must** be examined by skilled health care professional within 48 hours of discharge.

Mothers and infants can be discharged from 4 hours following an uncomplicated vaginal birth and at 24-72 hours following a caesarean section (if clinically appropriate and safe to do so), with appropriate follow-up arrangements for continuing postnatal care in the home environment.

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

- Full Term (Gestational age 37+0 to 41+6 weeks) with size appropriate for gestational age.
- Normal cardiorespiratory adaptation to extrauterine life:
    - No meconium staining of amniotic fluid.
    - Not required intubation or assisted ventilation at birth.
    - Normal vital signs.
- Normal physical examination of the baby.
- 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.
- No risk factor for sepsis:
    - No risk factors for GBS infection.
    - No prolonged rupture of membrane.
    - No maternal intrapartum fever.

- No maternal diabetes mellitus or gestational diabetes.
- No risk factor for Neonatal Abstinence Syndrome (NAS).
- No risk factors for haemolytic jaundice.
- No antenatally detected foetal concern.
- Maternal multiparity.
- Maternal residence within a distance of 40 km from the hospital.
- No apparent feeding problems – a documented feeding plan is in place.
- Hepatitis B vaccine and vitamin K have been administered.
- The mother has adequate knowledge, ability, and confidence to provide care for her infant. The mother should have information regarding:
    - 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.
- Arrangements are made for metabolic and hearing screening.
- Follow-up arrangements have been made for the infant to be examined by visiting midwife within 48 hours of discharge.

## 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 < 2500 grams 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.

If transferring to another hospital, the receiving Paediatrician/GP/LMO MUST be contacted and agree to transfer.

A Discharge/Transfer Letter is to be completed (See 'Form') to accompany the mother and newborn.

If the infant is < 24 hours of age, the day 1 examination may act as the 'discharge check'. These examinations are to be performed by an *appropriately prepared

health professional and the results written in the neonatal history sheet, with printed name and signature.

Thereafter, a repeated examination is to be performed within 48 hours of discharge.

## 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. Discuss with the Paediatric consultant. In the event that in-flight supplemental oxygen is considered necessary, liaise with the Neonatal Discharge Co-ordinator (pager 3512) to co-ordinate:
    - Teaching of parents on use of the oxygen cylinder.
    - Flight oxygen clearance documentation.
    - Delivery of oxygen cylinder.

**Note:** *An appropriately prepared health professional* is either a paediatric medical officer or a midwife who has successfully undertaken the Full Physical examination of the Newborn (FPEON).

## Related WNHS policies, procedures and guidelines

WNHS Discharge Policy

## References

1. Benitz WE. Hospital stay for healthy term newborn infants. Pediatrics 2015;135(5):948-953
2. Brown S, Small R, Argus B, Davis PG, Krastev A. Early postnatal discharge from hospital for healthy mothers and term infants. Cochrane Database of Systematic Reviews 2002, Issue 3. Art. No. :CD002958. DOI: 10.1002/14651858.CD002958.
3. http://kemh.health.wa.gov.au/brochures/consumers/early_discharge_program.pdf accessed on 10th August 2015.

| Document owner: | Neonatal Directorate Management Committee | | |
|---|---|---|---|
| Author / Reviewer: | Neonatal Directorate Management Committee | | |
| Date first issued: | August 2015 | | |
| Last reviewed: | 1st May 2017 | Next review date: | 1st May 2020 |
| Endorsed by: | Neonatal Directorate Management Committee | Date endorsed: | 27th June 2017 |
| Amendment: | | | 10th May 2018 |
| Standards Applicable: | NSQHS Standards: 1 Governance, 6 Clinical Handover | | |
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