1) Introduction

This guideline is specifically to be used in line with managing healthy, term infants, from the period immediately following birth, until transfer to the postnatal ward, or discharge home directly from labour ward or the birthing unit. Any babies born with underlying risk factors should be cared for in accordance with the advice of the attending neonatal Doctor and in conjunction with the relevant guidelines which correspond to the baby's condition.

All routine examinations will be monitored and recorded in the postnatal newborn notes. Any deviations from the normal will prompt care to be managed under the appropriate guideline (the most common are listed in section 10). Deviations will be reviewed and monitored in keeping with Trust policies surrounding the immediate care of the newborn.

At birth the views, beliefs and values of the parents should be taken into account and respected at all times when caring for the infant. The infant should be handed straight to the mother. Enquiring about the type of feeding should not be asked before skin to skin is established. Mother and baby should not be separated within the first hour. The parents should be given the appropriate support and information they require to look after their baby.

2) Warmth - See Neonatal Hypothermia Guideline

The infant should be dried gently after birth and handed to the mother for skin to skin contact. This maintains the baby's temperature. Unnecessary exposure should be avoided. Within the first hour the baby's axillary temperature should be taken and documented. In a normal room environment this should be around 36.5 - 37.2°C.

3) Umbilical cord - See Umbilical Cord Care

The cord will have been clamped at birth to prevent bleeding. It is important that the cord is checked to ensure no bleeding is present. When the mother and baby are transferred to the postnatal ward the cord should be checked by the receiving midwife. The parents should be instructed on how to care and look after the cord.

4) Identification of Infant - See Identification and Security of the Newborn

Two Identity Labels should be attached, one on each ankle, before the baby leaves
the labour ward or birthing unit. They should contain the following:

Baby of (mother's name) and baby's hospital number

Date of birth

This should either be printed from lastword, or in case of lastword failure, written with indelible ink.

The labels should be checked with the parents.

Application of the secure electronic tag should occur prior to transfer out of the theatre or labour ward. This is done with parental consent.

5) Birth weigh and measurements - See Neonatal Hypoglycaemia Guideline

The baby's weight and head circumference should be recorded on the Birth Notification, in the newborn notes and on the cot Card. The baby's centile should be calculated and documented in the newborn notes.

6) Examination of the infant - See Examination of Newborn Guideline

An examination should be carried out by the midwife at birth to ascertain if there are any obvious physical abnormalities, this should be documented in the newborn notes. The baby should have the newborn examination performed within the first 72 hours after birth.

7) Feeding - See Hospital Breastfeeding Policy

If the mother intends to breastfeed ideally the baby should be fed within the first hour after birth, as at this time the baby is particularly receptive and exhibiting a strong rooting reflex. A successful first feed can have a positive effect on the mother’s confidence and research has shown that undisturbed contact between mother and baby until the first feed is accomplished has a positive effect on the duration and success of breastfeeding. The duration of skin to skin contact and the time of the first feed should be recorded in the newborn notes. (See Hospital Breastfeeding Policy)

If the mother has made an informed choice to bottle feed, the mother should be advised to bring in pre-made formula milk in cartons, bottles and teats will be provided. In both cases the mother should be advised of how frequently she should be feeding her baby.

8) Vitamin K - See Guidelines for Vitamin K prophylaxis in the newborn

All babies should be offered I.M Vitamin K. When Vitamin K I.M is administered, this should be documented in the newborn notes and on Lastword. If I.M Vitamin K is declined, oral should be offered. The parents should have been given the relevant information to enable them to make an informed choice.

9) Baby records

Prior to transfer of mother and baby to the postnatal area all intrapartum documentation should be completed, this includes documenting when the baby has fed and whether the baby has passed urine and meconium. Finally the birth notification needs to be completed and checked for any discrepancies before signing. One copy should be left on labour ward and one copy should be attached to the mothers’ notes. Cot cards should be placed in the baby's cot in labour ward and then in the postnatal ward. If mother and baby are being discharged home from labour ward then this card should be given to the parents prior to discharge.
All babies will have a daily check by the Midwife while they remain in hospital, and this should be documented in the newborn notes.

10) **Commonly arising risk factors**

See Special Observations Chart for Babies on the Post Natal Wards

See Neonatal Drug Withdrawal Guidelines

Infants whose birth have been complicated by the presence of meconium or group B streptococcus, or meet the criteria for monitoring under the neonatal hypoglycaemia guideline, will have observations undertaken as per unit guidelines. Any infants whose mothers have been using drugs in pregnancy likely to cause withdrawal symptoms will have observations as per the neonatal abstinence scoring system. The plan of ongoing care should be documented daily in the newborn notes.

If any safeguarding plans have been made, the appropriate professionals must be informed as soon as possible following birth, preferably prior to discharge to the postnatal ward.

11) **Monitoring and compliance**

Monitoring and compliance will be in line with the CNST minimum requirements for 'immediate care of the newborn'.

12) **References**

1. NMC Midwives Rules and Standards 05.04
2. NICE Clinical Guidelines 37 Issue date July 2006
3. Examination of Newborn Guideline
4. Neonatal Hypothermia Guideline
5. Neonatal Hypoglycaemia Guideline
6. Observations for Babies born with Meconium Stained Liquor
7. Management of Group B Streptococcus in Pregnant Women
8. Neonatal Drug Withdrawal Guideline
9. Identification and Security of the Newborn