

Scope

This guideline is for medical, midwifery and nursing staff at the UHL who is involved with the care of the newborn at and after delivery in hospital setting. It is to provide guidance on the admission of babies to the neonatal unit (NNU).

Related UHL documents

Resuscitation of the Newborn
Thermoregulation of the Newborn.
Intra-Hospital Transport
Hypoglycaemia guideline
Postnatal Ward Book
Patient Identification Band Policy
Transfer of babies to the Neonatal Unit from Home or Community Hospital
Admitting a baby of at least 34 weeks to the Neonatal Unit
Substance Abuse in Pregnancy (Neonatal Abstinence Syndrome)
Prolonged Rupture of Membranes at Term
GBS guideline

Background

Approximately 10% of the babies born in Leicestershire will require admission to the neonatal unit.

Prior to Admission

- Availability of neonatal cots will be agreed between the Consultant 'on service' and the nurse in charge for NNU.
- At commencement of each shift nurse in charge of NNU will contact midwife in charge of delivery suite to notify of NNU cot situation and ascertain whether there are any impending admissions and reasons for those admissions.
- Obstetric medical staff will contact neonatal medical staff to notify of any expected admissions or any transfer of activity between sites.
- Whenever possible a nurse will be allocated for admissions at the beginning of each shift. The nurse responsible for admissions should check the cot space is set up with all necessary equipment (see appendix 1) and check that resuscitation equipment is available and working.
- Where admission to NNU is anticipated:
 - Whenever possible, Neonatal medical staff will speak to parents of baby prior to delivery.
 - Midwifery staff will contact neonatal medical staff by bleep, shortly before delivery to inform of expected delivery.
 - Medical staff will attend the delivery. A Neonatal nurse will attend with transport incubator and drugs as an when required.
- Where admission to NNU is unanticipated i.e. babies >37/40 gestation with no pre-existing condition will be reviewed by ATAIN group.

Criteria for Admission to the Neonatal Unit/ Transitional Care*

- **Prematurity** Infants <34/40 will probably require admission to the neonatal unit at birth.
- **Respiratory distress**, including babies with persistent grunting.
- **Hypothermic infants** not responding to conservative management on the delivery suite or postnatal wards: Temperature < 36°C
- **Pyrexial infants** with a temperature > 37.5 °C
- **Hypoglycaemic infants** not responding to conservative management on delivery suite or postnatal wards
- **Surgical conditions** requiring intervention
- **Any other cause for concern****

*Refer to the Transitional Care guideline.

** This is not an exhaustive list

Safe transfer of baby to neonatal unit

- Babies must have identification bands attached prior to transfer to the neonatal unit
 - UHL Identification bands policy can be accessed [here](#)
- Any baby requiring transfer to the neonatal unit from delivery suite or the postnatal ward must be transferred by transport incubator or in a cot.
- Babies requiring maintenance of the airway, administration of oxygen and / or at risk of hypothermia will be transferred in a transport incubator and be accompanied by an appropriate trained staff.
- Where possible, the baby, once stabilised, will be taken to the parents before being transferred to NNU. The Birth partner may accompany the infant to the neonatal unit if they choose.

- For babies requiring transfer from home or Community hospital immediately after birth – see separate policy.

On The Neonatal Unit

- On admission to the neonatal unit the baby will be transferred into an incubator or cot as appropriate to the condition of the baby.
- Babies will be admitted into an ITU/HDU cot space or to the special care nursery depending on the clinical condition.
- Treatment will be commenced in accordance with baby's condition.
- Admission procedures will be completed within the required time frame.
- Baby details will be entered on Patient Centre, the Badgernet system and in the admission book.
- Parents will be updated by a ST4 or above or Advanced Neonatal Nurse Practitioner within 24 hours of admission.
- Parents have the option of using Skype while in patient at UHL Hospitals or EMNODN, when they are unable to visit their baby.

Unanticipated Admissions to the Neonatal unit

- Unanticipated admissions will be reviewed quarterly through the ATAIN and Neonatal Governance group.

Admissions to the Neonatal unit from Community

- It is not current practice to admit infants to NNU from the community (with the specific exception of the neonate less than 5 days of age that requires an exchange transfusion).
- However if a neonate comes back with its mother to the postnatal ward they may remain on the postnatal ward with their mother as long as it is felt to be clinically appropriate. If the baby subsequently needs medical input and admitting for more active treatment not normally available on the postnatal ward then arrangements will need to be made for the infant to be transferred to the paediatric wards
- The neonatal middle grade/ANNP will help facilitate the transfer of care to Children Hospital

Monitoring	
Process for monitoring:	Retrospective review of case notes, badgernet database and unanticipated admissions.
How often will monitoring take place:	Quarterly
Population:	1% of all health records of newborns where admission to the neonatal unit is required.
Person responsible for monitoring:	Matron for Neonatal Services
Auditable standards:	<ul style="list-style-type: none"> • The reason for admission will be documented on Badgernet database. • There is documentation of communication with parents from ST4 or above or ANNP within 24hours of admission. • Unanticipated admissions (as per criteria) will be reviewed quarterly.
Results reported to:	Maternity Governance Group Neonatal Governance Group
Action plan to be signed off by:	Neonatal Governance Group
Person responsible for completion of action plan:	Senior Midwife Neonatal Services

Guideline development:

May 2005	Original Guideline
Aug 2008	Review by J Foxon Matron
Sept 2008	Review by Neonatal Services Guidelines Group
Sept 2011	Review by J Foxon Matron
Oct 2015	Review by E Boyle (no amendments required)
Oct 2015	Neonatal Guidelines Group
Jan 2018	Neonatal guidelines meeting (no significant alterations but to only ratify for 12 months)
Jan 2018	Neonatal Q &S meeting (Governance).
Feb 2020	Neonatal guidelines meeting
Feb 2020	Neonatal Q & S meeting (Governance)

Admission to the Neonatal Unit UHL Neonatal Guideline

Author: Judith Foxon and Elaine Boyle

Reviewed by : Raseena Ayooob

Contact: Clinical Guidelines Lead

Approved by: Neonatal Guidelines Group and Neonatal Governance

Group Guideline Register No: C117/2008

Page 7 of 9

Written: May 2005

Last Review : Feb 2020

Next Review: Feb 2023

NB: Paper copies of guidelines may not be the most recent version.

The definitive guideline is held on SharePoint and BadgerNet

APPENDIX 1

ADMISSION SPACE CHECKLIST - ITU (Unplanned)

Incubator

(Set to 34⁰C) with temperature probes if none for monitor
Mattress in level position with sheet on

Vital signs monitor: Modules and cables ECG, SPO₂, NIBP, iBP, temperature x 2.

'Dry' Right Hand Pendant

SLE 5000 ventilator
Infant Flow CPAP or SiPAP driver with humidifier/circuit and water for irrigation.

'Wet' Left Hand Pendant

Name Board
Suction Jar and length of tubing (to reach incubator) attached to suction regulator and function tested. Suction set at 10 – 13 mmHg
Suction catheters 4 each black blue green grey
Sterile gloves (handful of medium)
Stethoscope
Neo-Puff (set up and tested) with all sizes masks
Volumed infusion pump x 1 (charging)
Alaris Asena pumps x 3 (charging)

Utility Trolley

Hand sanitizer
Clipboard with ITU charts, care plan, drug chart, blood gas and results flow chart,
Notes Folder
Trolley drawers as per current stock list by housekeepers (to include swabs)

Parent Chair

SPECIAL CARE ADMISSION SPACE

Name Board

Incubator

Set to 32°C with at least one temperature probe
Mattress Flat with sheet on

Vital Signs monitor:

Modules and cables for SP0₂, ECG, NIBP (at least one temperature probe if none with incubator)

Utility Trolley

Clipboard with SCBU admission booklet
Stethoscope
Hand Sanitizer
Trolley drawers as per current stock list by housekeepers (to include swabs)

Parent Chair

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Page 9 of 9
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