GUIDELINE

Discharge/Transfer of Healthy Infants from Postnatal Ward

Scope (Staff):	Midwifery, Nursing and Medical Staff
Scope (Area):	KEMH Postnatal Wards

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

To identify newborn infants suitable for discharge from postnatal wards at KEMH.

Risk

Newborn infants discharged without adequate review and assessment prior to discharge from postnatal wards at KEMH.

Assessment

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 either in hospital or at home.

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 MR410 neonatal history sheet and Purple Child Health Record, with printed name and signature.

Mothers and infants can be discharged and transferred to visiting midwifery community care 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.

Discharge of the Newborn who may Require Ongoing Care

The post-natal ward neonatal consultant should be contacted to approve discharge 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 neonatal consultant, including (but not limited to):
    - Infants treated for sepsis.
    - 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 whose mother 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.

Transfer of the Newborn to another Hospital

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 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 neonatal 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 neonatal 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 CAHS internal policies, procedures and guidelines
Discharge/Transfer Planning Quick Reference Guide

References and related external legislation, policies, and guidelines *(if required)*
WNHS Discharge Policy
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.

Useful resources (including related forms)
Discharge/Transfer Letter

This document can be made available in alternative formats on request.

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