



ADMISSION AND DISCHARGE IN NEONATAL NURSERY

Appropriate care of the newborn baby at delivery is very important. It is here that decisions about admission to the neonatal nursery are made.

Routine care of the newborn at delivery

Most babies require only **simple supportive care** at and after delivery

- Dry the baby with a clean towel
- Observe baby while drying (heart rate, breathing, colour, muscle tone, response)
- Give the baby to the mother as soon as possible, place on chest/abdomen
- Cover the baby to prevent heat loss
- Encourage initiation of breastfeeding within the first hour

Skin-to-skin contact and early breastfeeding are the best ways to keep a baby warm and prevent hypoglycaemia

Neonatal resuscitation

Anticipate the need for resuscitation in the baby of / with:

- a mother with a chronic illness
- a mother with a previous fetal or neonatal death
- a mother with pre-eclampsia
- a multiple pregnancy
- a preterm delivery
- abnormal presentations of the foetus
- a prolapsed cord
- prolonged labour or rupture of membranes
- meconium-stained liquor

For many babies the need for resuscitation cannot be anticipated before delivery. Therefore, **be prepared for resuscitation at every delivery**

A. Admission of a baby to the nursery

NB: Ensure baby is fully resuscitated according to "[Neonatal Resuscitation](#)" guideline / [Resuscitation poster](#) in labour ward. Ensure baby is wiped down and stimulated prior to transfer.

Admission procedure

- 1) The baby must be correctly identified with the identification band attached to the baby's arm or leg. ID band to include name, gender and date of birth.
- 2) A nurse must transfer the baby, together with the baby's chart, correctly completed with all the necessary information and reason for admission.
- 3) Ensure full maternal history is given including administration of nevirapine and dexamethasone. Full details of birth and resuscitation are required.
- 4) During the transfer, the baby must be kept warm. Provide oxygen if necessary.
- 5) The nurse transferring the baby must hand over and give the full report to the nursery nurse.
- 6) The baby must be put on a warm resuscitation stand and both nurses must together check and confirm the baby's details.
- 7) The baby's condition must be assessed and oxygen must be given as required **even before** identifying the baby.
- 8) The first observations must be done:
i.e. HGT 1 hour after birth, signs or respiratory distress (breathing, colour, oxygen saturation), pulse and temperature.
- 9) Notify the doctor and give a full report about the admitted baby.
- 10) Enter the baby's details into the nursery admission book.

The following babies should be admitted into the neonatal unit:

1) Pregnancy complications

- Babies with Rh negative mothers
- Babies with diabetic mothers

2) Labour / birth complications

- Birth asphyxia
- Meconium stained liquor Grade 2 & 3
- Caput Grade 2 & 3
- Birth injuries
- Assisted deliveries
- Prolonged rupture of membranes
- Babies born with offensive liquor

3) Small / big babies

- Babies weighing < 2kg at birth
- IUGR
- Big babies weighing \geq 4kg at birth

4) Sick babies

- Breathing problems
- Congenital abnormalities
- Jaundice – on day 1 with rising TSB, or levels close to requiring an exchange transfusion (see "[Neonatal Jaundice](#)" guideline)
- Lethargic and/or hypothermic babies that do not respond to routine management
- Persistent vomiting or abdominal distention
- Persistent hypoglycaemia despite normothermia and supervised feeding
- Haemorrhage e.g. subaponeurotic

5) Absent mothers

- Babies whose mothers are too ill for rooming-in
- Babies whose mothers have died
- Abandoned babies
- Babies whose mothers are on 'pass out'
- Babies born before arrival (BBAs), if they have any of the problems listed above

B. Discharge of a baby from the nursery

A baby may be discharged home once his/her condition is stable, i.e.:

- not oxygen-dependent,
- sucking from breast,
- gaining weight, and
- > 1.7kg

If the baby is in 24hr kangaroo mother care with a responsible mother, earlier discharge can be considered at \pm 1.5-1.6kg (See " KMC " guideline)
