

Management of Transitional care and Outlier babies in Joan Booker Ward

Amendments			
Date	Page(s)	Comments	Approved by
Dec 2016		New Guideline	Neonatal Team
April 2017		Guideline Update	Neonatal Team
March 2019		Re written in line with changes in working pattern and virtual TC, and updated HRG based on BAPM 2016 National March 2019 (V Ponnusamy)	Chairs action Women's Health/Neonatal Guidelines Group.

Compiled by: Sister Louise Martin, Lead Nurse and Dr Vennila Ponnusamy, TCU Consultant

In Consultation with: Maternity Team

Ratified by: Neonatal Guidelines Group Women's Health Guidelines Group

Date Ratified: Dec 2016

Date Issued: V3 March 2019

Next Review Date: March 2022

Target Audience: Staff working within neonatal & maternity services

Impact Assessment Carried Out By: Divisional Director

Comments on this document to: Dr Vennila Ponnusamy

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Executive summary

This policy outlines the process, roles & responsibilities, admission criteria and management of babies following birth who require additional care under Transitional Care.

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See also: Neonatal outpatient follow up guidelines
Neonatal Weighing Guidelines

1. Introduction

- 1.1 Transitional Care (TC) aims to support resident mothers as primary care providers for their babies whose care requirements are in excess of normal newborn care, but who do not require to be in a neonatal unit (NICU). Currently, we are able to provide 8 TC beds in Joan Booker ward (JBW). This will be a mix of beds in a Bay and side rooms. Transitional care is a virtual unit, and mothers with babies in LW HDU eligible for TC will also be cared for under TC with TC nurse visiting baby and mother in LW until they are able to be transferred to postnatal ward.

The 8 bedded Transitional care unit (TCU) is currently part of the Neonatal Intensive Care Unit (NICU) and is staffed by their Neonatal Nurses and/or Nursery Nurses, and will be supported by junior medical staff /Advanced Neonatal Nurse Practitioners. The future aim is for neonatal staff to work closely with maternity staff to provide a joint TC service for all mothers and babies needing additional care. The decision to admit to TC is the responsibility of the Neonatal team. Availability of spaces will depend on the current admissions on the unit. The admission criteria is not exhaustive, if you are unsure whether a baby should be admitted to TC or NICU then please discuss with Maternity bleep holder and the Neonatal shift leader and/or the Consultant on-Call on NICU. Admissions can be from NICU, Joan Booker ward (JBW), Labour Ward (LW) or Community

2. Scope

- 2.1 This guideline is relevant to all staff working in the maternity, neonatal and transitional care unit.

3. Purpose

The purpose of the guideline is to provide a clear pathway and operational framework for the management of babies born at Ashford & St.Peters NHS foundation Trust.

4. Duties and responsibilities

The decision to admit to TC is the responsibility of the Neonatal team.

Role of TC Doctor

In Transitional care, mothers are the primary carer's for their babies. They are supported and trained by nursery nurses. Role of a doctor is to ensure babies are well when in TC, and provide an overview of care including readiness for discharge and appropriate follow up plans. In the process of this, they will also identify any unwell babies needing escalation of care. Primary aim is to support planned early discharge to community and prevent readmission to hospital following discharge. Neonatal Community Outreach team (NCOT) will also visit TC on daily basis during weekdays to support discharge process and guide TC doctors/Nursery Nurses. Aim is to work closely with JB staff.

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TC doctor is:

- Expected to carry and answer their Bleep 5165 from 9.00 am to 17:00 hrs
- Responsible for picking up and leaving bleep safely in NICU doctor's office (outside 9.00-17.00)
- At admission to TC, please complete all relevant paperwork and BADGER. If babies are transferred from NICU – Review all outstanding jobs from NICU ward rounds / weekly HDU summary sheets/ Cranial Ultrasound sheets / Other investigations.
- Daily review of NEWTT charts should be done on ward rounds by doctors and documented in notes/BADGER as necessary. Nursery Nurses and doctors should have a joint discussion about each baby prior to ward rounds.
- NCOT team will visit TC daily in the morning in weekdays. TC team to liaise with NCOT regularly. This will aid assessment of readiness for discharge, ensure parent-craft is completed and give time for NCOT to establish relationship with parents prior to discharge.
- Discuss any complicated cases /issues with senior registrars/HDU consultant for their input
- All babies need to have stable temperature without additional aids for 24 hrs prior to discharge
- Ensure all paperwork completed in Discharge check list well before discharge date. Please document discharge weight and Head circumference for ex-prem babies needing long term follow up
- And Out-patient follow up guidelines for follow up requirements http://trustnet/docsdata/paed/Guidelines_Neonatal/Neonatal%20Outpatient%20Follow-up%20Guideline%20Nov%202014.doc
- If a baby is transferred from one location to another within hospital – Please liaise with the teams involved to handover appropriately and document clearly.
- Support NIPE doctors and MEON midwife to review sick babies / prescribe BCG as necessary
- If a baby needing TC care is in LW, TC doctor and Nurse to review baby in LW until baby ready to be transferred to TC cot.
- Use Transcutaneous SBR's, and all necessary paperwork like Parent communication sheet, ultrasound sheets, x ray forms as in NICU

Role of Baby Check (NIPE) Doctor

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- Expected to carry and answer their Bleep 5165 from 9.00 am to 17:00 hrs
- Responsible for picking up and leaving bleep safely in NICU doctors office (outside 9.00-17.00)
- Performs Paediatric baby checks, while normal checks are performed by MEONS
- If MEONS have increased workload, NIPE doctors can perform normal checks to help, and for learning / to achieve competency (use competency document)
- Prescribe BCG's for MEONS
- Review all Antenatal high risk folder for all NIPE checks – follow plan and document action taken (Kept in locked AN bay office in JBW)
- Works closely with TC doctors in review of well babies on antibiotics (GP trainees and FY2 trainees to be supported well by TC doctor). NIPE doctor is not responsible for clerking a new baby /referral. They only see outlier babies after TC doctor has seen and classified them as outlier babies.
- Prepares BADGER admission / discharge for outlier babies
- Join Infant feeding team /Midwives in review of Outlier babies for learning opportunities
- Join TC doctors on ward rounds for learning opportunities and assist in jobs as necessary under supervision (Examining babies, doing heel pricks and SBR's)
- Attend Simulation on Tuesdays (14:30 -15:30) Grandrounds on Fridays, Perinatal mother and baby high risk folder discussion on Fridays (once a fortnight)
- To come up to NICU at 16:00 to discuss interesting cases and referrals for postnatal babies with doctors and reflect on day's learning.

Common Issues in NIPE:

Hips

Please email your hip referrals direct to Rowley.bristow@nhs.net.

Clicky hips alone are not an abnormality so do not document abnormality suspected but instead document in 'other' section.

Please email referral directly by attaching a copy to your email, and leave two printed copies in baby purple folder kept in notes trolley. One goes to GP, and the other goes to Evolve. If you do need an urgent hip referral please phone Rowley Bristow directly on 01932 722730 (ext 2730) to get appointment ASAP.

All abnormalities:

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With regards to all screening if there are any abnormalities suspected please add a comment in the notes section to provide information as to what the suspected abnormality is and what action taken.

BCG'S

TB risk assessment in Badgernet should be reviewed. BCG risk should be documented in NIPE. BCG offer, accept or decline, and administration should be recorded in Badgernet.

Working Pattern in JB ward:

TC babies and outlier babies are briefly discussed in NICU handover first between 9.00 - 9.15 am. This should be attended by baby check doctor (NIPE doctor) along with NICU team.

Daily Board Rounds (9.15 - 9.30 am): (NIPE doctor +TC doctor)

- All at risk babies for feeding issues who are called outliers babies should be discussed daily using JBW patient board for regular review and support by TC doctor as necessary– please use the Outlier category below as a guide
- All well babies on antibiotics for risk factors of infection should also be identified on the board
- All babies at risk under Bobble Hat policy should be colour coded on the board
- It is the responsibility of Midwife in Charge in JBW to ensure the board is up to date with all at risk babies identified clearly at the start of the shift
- Infant feeding team to join the board rounds and support feeding for at risk small babies daily
- MEON midwife to join board rounds to discuss any potential NIPE issues/ signing of BCG forms by doctors as necessary.
- Ongoing discussions at any time of day by TC nurse with JB midwife in charge and Infant feeding team as necessary

Please note that - Board rounds are not for discussing TC babies.

5. Policy

Criteria for admission to Transitional Care

- Preterm babies ≥ 34 weeks. (Babies >35 weeks with weight of >1.8 kg should be looked after in JB ward, if well. Please use Bobble Hat Guideline.)
- Low birth weight babies ≥ 1.7 kg.
- Babies requiring oro/nasogastric feeding (≥ 3 hourly)
- Babies on intravenous antibiotics if needing additional monitoring/support for TC
 - Babies previously admitted to NICU who are completing a course of antibiotics or
 - Escalation of care from JBW
- Neonatal Abstinence Syndrome babies requiring observations more frequently than 4 hrly

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- Jaundiced babies requiring more than double phototherapy and who could not be managed on JBW. (Please discuss with Consultant if unclear criteria)
- Infants with non-complex congenital abnormalities / syndromes – needing additional feeding support with NGT
- Well babies < 14 days old readmitted for poor feeding and >12.5% weight loss – if needing significant phototherapy or NGT feeds or serum sodium \geq 150 mmols/L
http://trustnet/docsdata/paed/Guidelines_Neonatal/Weighing%20Baby%20Guideline%20May%202017.pdf

This is not exhaustive. All admissions are at the discretion of the NICU Team.

Outlier babies on Joan Booker ward

Criteria for admission to Outlier category babies on Joan Booker Ward

- Well Babies >35 weeks and >1.8 kg if not needing any respiratory support
- Well babies >34 weeks after 1 week of age if establishing feeds without use of NGT
- \leq 2 kg birth weight
- Babies with noncomplex congenital abnormalities who do not otherwise fulfil criteria for higher categories of care
- Support for babies with social care needs that do not need to be in TC as outlined in antenatal plan
- Any baby who has been discharged home who requires readmission in the first 14 days of life for any of the activities considered to be part of normal maternity care.
- Well babies on antibiotics for maternal risk factors

For <36 weeks and < 2 Kg – TC team to provide advice on use of Preterm formula and ABIDEC /Iron supplements as necessary based on the gestation and weight.

Infant feeding team to prioritise and support at risk WELL babies on bobble hat project to avoid being admitted in TC for feeding issues /temperature instability or hypoglycaemia

Joan Booker Ward babies on antibiotics

These are the majority of outlier babies. They should only be well babies who have commenced antibiotics due to being at risk of infection because of maternal risk factors.

- JBW midwife or LW midwife should hand-over these babies in each shift and discussed at morning joint board rounds.
- Please use the new cards with ‘Antibiotics are due at.....’ these will help empower parents to say if antibiotics have not been given by the time on the card. All observations and monitoring of these babies are the responsibility of the staff on JBW/LW.
- These babies should be seen by NIPE doctor. NIPE should be performed on these babies at the earliest opportunity.
- Any baby who subsequently becomes unwell must be discussed and considered for transfer to TCU.

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- TCU doctor and Baby check doctor work jointly in reviewing the outlier babies based on their skill set and work load.
- Not all Outlier babies need to be seen daily by the doctors.
- Only those identified in board rounds as needing review by MDT team as above
- And those babies on antibiotics.
- Any other baby with abnormal observations or concerns identified later in the day needs prompt review by the doctors.

At risk babies in Labour Ward:

- Any baby identified as needing additional care due to risk factors for poor feeding / hypoglycaemia / Hypothermia should be identified under Bobble Hat pathway
- These babies need to be reviewed by Infant feeding team to support feeding early and adequately.
- If babies are not able to come to JB as outlier or to TC if needed, Infant feeding team Nursery Nurse or TC doctor and Nurse should go to baby in LW to review and make a feeding plan
- Aim to transfer baby to appropriate location at the earliest opportunity for continuation of care
- Inform parents – risk factors and support her to lead the care
- If baby not suitable to move as unwell or observations including blood sugar abnormal – please contact TC doctor urgently for review

NEWTT charts – When and How to use?

- All babies in TC do not need routine full monitoring on NEWTT (Newborn Early Warning Trigger and Track) charts. However, due to risk of temperature instability, all babies need their temperatures measured and plotted on NEWTT charts as a routine. This should not be entered in feeding chart. NEWTT chart entries help to provide a trend.
- If there are any concerns with temperature, or additional clinical concerns due to infection, full set of observations should be documented in NEWTT charts. A clear plan to do this should be documented in ward rounds. If observations are stable for 24 hrs, this can be discontinued.
- Bobble Hat projects identifies babies at risk of hypothermia, hypoglycaemia and feeding issues. These babies will need appropriate colour hat (Red, Amber or Green) and identified at admission to TC/JB.
- Babies needing eye check for ROP need to go to NICU. To make sure they are well prior to procedure – They need a full set of observations pre and post ROP check by the nurse looking after the baby. Please do not discharge a baby post procedure unless the observations are normal and the baby has had a good feed post procedure.

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Neonatal BADGER summary

- All babies admitted under TCU needs a neonatal BADGER admission and discharge summaries.
- Outlier babies in JB Ward under Midwifery care will also need neonatal BADGER summary if Neonatal team (including TCU) have been involved regularly in their care (more than 1 episode of interaction with baby/Mother)
- This includes
 - Babies at birth of 34 week gestation in the first 7 days of life
 - Babies at birth of 35 weeks gestation in the first 48 hrs of life
 - Babies less than or equal 2 kg birth weight for first 48 hrs after birth
 - Babies of complex congenital problems needing ongoing review and follow up – example – Trisomy 21.
 - Well babies on antibiotics for maternal risk factors.
 - Any other babies with ongoing medical input

Maternity BADGER records:

All postnatal babies have electronic records under maternity BADGER. Please use them to document any involvement with postnatal babies. Review all maternal details to identify risk factors for baby. At discharge, if baby needs follow up, please produce an In-Patient discharge summary (IPL).

In-Patient discharge summary

Those babies with simple antenatal diagnosis like renal pelvic dilatation/ minor congenital problems like limb abnormalities or Intra uterine growth restriction (IUGR) babies do not need Neonatal BADGER, but need a good in-patient discharge (IPL) summary with plan for appropriate investigations arranged and follow up plan made. The IPL summary will guide the consultant following the baby in clinic about follow up plans. Please follow postnatal ward guidelines and complete appropriate referral forms. <http://trustnet/docsdata/maternity/Postnatal%20Guideline%20May%202018.doc>

References:

- 1) <https://www.bapm.org/resources/new-nccmds-neonatal-hrgs-2016-and-reference-costs-guide-clinicians-2016>
- 2) <https://www.bapm.org/resources/framework-neonatal-transitional-care>

6. Approval and Ratification

Guideline is to be jointly approved by Neonatal and Maternity Guideline Groups.

7. Dissemination and Implementation

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The policy will be disseminated to all staff and implemented by the Neonatal and Maternity Governance Team and practice Education Team

8. Review and Revision Arrangements

The policy shall be reviewed on a 3 yearly basis.

9. Document Control and Archiving

Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified jointly through the Neonatal Governance Group & Women's Health Governance Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

10. Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring/Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/committees, inc responsibility for reviewing action plans
Meeting admission and management and discharge criteria	Audit	Annual	TC Lead Consultant	Neonatal & Women's Health Governance Group

APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Divisional Director – Faris Zakaria

Policy: Management of Transitional care and Outlier babies in Joan Booker Ward

<p>Background</p> <ul style="list-style-type: none"> The Equality Impact Assessment was carried out by Divisional Director
<p>Methodology</p> <ul style="list-style-type: none"> The policy considered all midwives employed by ASPH. It took into account the variety of equalities groups currently employed
<p>Key Findings</p> <ul style="list-style-type: none"> Policy is inclusive
<p>Conclusion</p> <ul style="list-style-type: none"> No adverse or potentially adverse impacts for any equalities groups were identified.
<p>Recommendations</p> <ul style="list-style-type: none"> Policy suitable for implementation

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APPENDIX 2: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document:

Policy (document) Author:

Executive Director:

		Yes/No/ Unsure/ NA	<u>Comments</u>
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Scope/Purpose		
	Is the target population clear and unambiguous?	Y	
	Is the purpose of the document clear?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
3.	Development Process		
	Is there evidence of engagement with stakeholders and users?	NA	
	Who was engaged in a review of the document (list committees/individuals)?		Maternity Team, Managers, neonatal team, Managers
	Has the policy template been followed (i.e. is the format correct)?	Y	
4.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are local/organisational supporting documents referenced?	NA	
5.	Approval		
	Does the document identify which committee/group will approve/ratify it?	Y	
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	Y	
6.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	
7.	Process for Monitoring Compliance		

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		Yes/No/ Unsure/ NA	<u>Comments</u>
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Y	
8.	Review Date		
	Is the review date identified and is this acceptable?	Y	
9.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Y	
10.	Equality Impact Assessment (EIA)		
	Has a suitable EIA been completed?	Y	

Committee Approval (insert name of Committee)

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

Name of Chair		Date 18.03.2019	Faris Zakaria – Divisional Director WH&P
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Ratification by Management Executive (if appropriate)

If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner

Date: n/a

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