University of Kentucky / UK HealthCare Departmental Policy and Procedure	Policy # OB08-44
Title/Description: Newborn Care	
Purpose: Routine newborn care is performed to monitor the infant's adaptation to extrauterine life and to promote parent/infant bonding involving parents in the care of the neonate in the mother's room.	

Policy

The purpose of this policy is to provide a standardized approach to the care of newborns ≥ 35 weeks gestation and 2000 grams with a 5 minute apgar score of 8 or greater.

Definitions

KC/Immediate Skin to Skin

Is direct contact between mother and infant immediately (<5 minutes after delivery) continuing through the first feeding and at minimum 1 hour.

KC/Transitional Skin to Skin

Is direct contact between mother and infant > 5 minutes after delivery and within 5 minutes of the time she is able to respond to her infant and both are determined to be medically stable.

Procedure

Second Stage of Labor Preparations

1. Increase temperature of the labor & delivery room to the warmer setting (ideally ≥ 77 degrees Fahrenheit).
2. Just prior to birth, place a warm blanket over the mother's abdomen/chest, where infant will be placed after delivery.

Immediate Birth Care

1. Upon birth the health care team assesses the ability of the mother and infant to tolerate KC.
2. Place infant supine on the warmed blanket on mother's abdomen. (If in the OR on Mom's chest as appropriate)
3. Follow NRP guidelines to stabilize infant as required.
4. Dry infant's head and place the head cap on immediately.
5. Dry and stimulate the infant's body with a warm blanket. Encourage mother to assist in drying the infant. Diaper infant.
6. Before turning the baby to prone position, dry the mother's chest and abdomen. Place the baby belly-to-belly, with the baby's head at the level of the mother's sternum. Remove all wet blankets/linen.
7. Place two warmed baby blankets over the infant.
8. Continue the initial steps of resuscitation while in KC/Skin-to-Skin as long as the infant shows no signs of distress. Move the baby to a radiant warmer if signs of distress are noted. Notify PEDS.
9. Assign and document APGAR scores at 1 and 5 minutes of age.
10. Notify admission clerk and NBN of birth time, gender of infant, and obtain the medical record number. Provide the NBN nurse with a basic report so they can notify the pediatric staff of the delivery and orders can be entered into SCM.
11. While in KC/Skin-to-Skin, perform the infant identification process by placing identification bracelets on the KC couplet.
12. If cases of an operative delivery, KC will be initiated in the Post Anesthesia Care Unit as soon as the baby is eligible and the mother is able to participate.

30 Minute Care

1. Assess infant's vital signs while in KC/Skin-to-Skin. Keep infant covered as much as possible.
2. Assist and support the first feeding as needed. Encourage the first feeding to be at the breast.
3. Notify Lactation RN, if available, for consult and support.
4. Breastfeeding: provide continuous skin-to-skin contact between mother and infant until first feeding is completed.
5. Formula Feeding: Offer formula when infant displays pre-feeding behaviors.
6. Infant Postnatal Glucose Check – See Appendix 1.

Assessment	Normal	Abnormal	Interventions
Axillary Temperature	97.5 - 99.5 F	<97.5	▪ Ensure infant and mom are dry, including head/hair ▪ Replace any wet linen, including hat ▪ Add an additional pre-warmed blanket ▪ Increase room temperature ▪ Reposition infant to maintain correct skin-to-skin contact. ▪ Assess maternal temperature ▪ Check rectal temp Notify PEDS
		> 99.5 F	▪ Remove 1 blanket layer Check a rectal temp. Notify PEDS.
Resp Rate	30-60	> 60	Asymptomatic: Call PEDS and continue KC. Symptomatic: Move to resus room and call PEDS, implement NRP as needed to stabilize.
Heart Rate	110-160bpm	<110 >160	Asymptomatic: Call PEDS leave in KC. Symptomatic: Move to resus room, call PEDS, implement NRP to stabilize.

60 Minute Care

1. Assess infant's vital signs while in KC/Skin-to-Skin. Keep infant covered as much as possible.
2. Administer eye prophylaxis in both eyes within 60 minutes of delivery.
3. Administer Vitamin K injection and Hepatitis B vaccine if consent has been obtained.
4. Obtain infant measurements: birth weight, head circumference, and length and notify NBN RN for plotting on growth curve.
5. While preparing mother for transfer (empty bladder, pericare, linen change, etc.) Infant may remain under the radiant warmer or may be placed in KC with the other parent.
6. Complete newborn admission assessment.

Assessment	Normal	Abnormal	Interventions
Axillary Temperature	97.5 -99.5 F	< 97.5 F	▪ Repeat interventions previously identified at 30 minutes ▪ Discontinue KC and move infant to radiant warmer. Obtain rectal temperature Notify PEDs
		>99.5F	Obtain rectal temperature. Remove 1 Blanket and notify PEDS
Resp Rate	30-60	> 60	Asymptomatic: Call PEDS and continue KC. Symptomatic: Move to resus room and call PEDS, implement NRP as needed to stabilize.
Heart Rate	110-160bpm	<110 >160	Asymptomatic: Call PEDS leave in KC. Symptomatic: Move to resus room, call PEDS, implement NRP to stabilize.

90 Minute and 2 Hour Care

Assess infant's vital signs while in KC/Skin-to-Skin. Keep infant covered as much as possible.

At 2 hour mark, an infant security bracelet should be applied after cleaning a small area of 1 leg.

Assessment	Normal	Abnormal	Interventions
Axillary Temperature	97.5^0 -99.5F	< 97.5F	▪ Repeat interventions previously identified at 30 minutes ▪ Discontinue KC and move infant to radiant warmer. ▪ Obtain Rectal temperature. Notify PEDS
		> 99.5 F	Obtain rectal temperature. Remove 1 Blanket and notify PEDS
Resp Rate	30-60	> 60	Asymptomatic: Call PEDS and continue KC. Symptomatic: Move to resus room and call PEDS, implement NRP as needed to stabilize.
Heart Rate	110-160bpm	<110 >160	Asymptomatic: Call PEDS leave in KC. Symptomatic: Move to resus room, call PEDS, implement NRP to stabilize.

Postpartum KC/Skin-to-Skin Care

1. The Labor and Delivery RN will notify the Mother and Baby Unit RN when the couplet is eligible to transfer to the postpartum unit.
2. Infant and mother will be transported to the Mother and Baby Unit (MBU), as appropriate, in KC/Skin-to-Skin or via a bassinet.
3. Patient Education on MBU to include options of Mother or Father performing skin-to-skin. Breastfeeding on demand. Bath will be delayed for thermoregulation.
4. Bath given 6-8 hours after delivery without radiant warmer. Bath should be given quickly and drying thorough and complete. Then infant should be placed in skin-to-skin for re-warming immediately. VS including axillary temp at 30 minutes post bath.
5. Once VS stable after bath, newborn can continue KC/Skin-to-Skin or be weaned to open crib. Assessments and VS return to 6-12-6-12 schedule.

   KC/Skin-to-Skin can be used for the following:

(a) Re-warming the infant after the newborn bath.

(b) One to three hours before anticipated feedings.

(c) Calming a fussy infant.

(d) During or after noxious stimuli such as newborn metabolic screen, heel sticks, injections, etc.

(e) Immediately after circumcision to reduce infant stress and pain.

(f) At least one hour per day, especially during posted "Quiet Time".

(g) If the couplet is experiencing breastfeeding difficulties.

(h) After periods of separation such as surgical procedures, illness, exams, tests, or NICU stays.

(i) To encourage bonding with the other parent at times that the mother is not available to KC.

6. KC/Skin-to-Skin is not currently validated with grandparents or siblings.
7. Adoptive parents are encouraged to hold infants skin-to-skin with consent of the birth mother.

Persons and Sites Affected

☐ Enterprise ☐ Chandler ☐ Good Samaritan ☐ Kentucky Children's ☐ Ambulatory ☒ Department OB / Birthing Center

Policies Replaced

☐ Chandler HP ☐ Good Samaritan ☐ Kentucky Children's CH
☐ Ambulatory KC ☐ Other

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Approval by and date:

Signature _____ Date_____
Name Anita Taylor RNC-OB, PCM Maternal Care Services, Review Team Leader

Signature _____ Date_____
Name Gwen Moreland MSN, RN/ Director Women's & Neonatal Services

Signature _____ Date_____
Name Rebecca Collins, MD, Medical Director Newborn Nursery

Signature _____ Date_____
Name Wendy Hansen MD, Chair of Obstetrics and Gynecology

Appendix 1: Algorithm for Screening and Immediate Management of Infants at Risk of Neonatal Hypoglycemia