

**CRITERIA FOR ADMISSION OF BABIES TO THE NEONATAL UNIT,  
TRANSITIONAL CARE UNIT AND POST NATAL WARDS AT  
WORCESTERSHIRE ROYAL HOSPITAL**

This is the most current document and should be used until a revised version is in place

<b>Key Document code:</b>	WAHT-KD-015	
<b>Key Documents Owner/Lead:</b>	Dr Weckemann	Consultant Paediatrician
<b>Approved by:</b>	Paediatric Quality Improvement Meeting	
<b>Date of Approval:</b>	2 <sup>nd</sup> August 2019	
<b>Date of review:</b>	2 <sup>nd</sup> August 2022	

**Key Amendments**

Date	Amendment	Approved by

**INTRODUCTION**

There are three areas of postnatal care for neonates born at Worcestershire Royal Hospital. These are the Neonatal Unit, the Transitional Care Unit and the Postnatal Ward. The following guideline seeks to inform staff of the admission criteria for each area thus providing the appropriate level of care for individual patients.

Any baby requiring admission to the neonatal or transitional care unit should be transferred as soon as possible following delivery. Weighing of the baby does not need to be done on delivery suite

**GUIDELINE**

**CRITERIA FOR ADMISSION TO THE NEONATAL UNIT**

**Where admission to neonatal unit is required the paediatrician will make arrangements for transfer and liaise with midwife and neonatal staff.**

- Gestation less than 34 + 0 weeks
- Birth weight less than 1500g
- babies with significant illness e.g seizures/jaundice to exchange level, severe or repeated hypoglycaemia
- Any baby requiring intensive or high dependency care
- Any baby requiring oxygen for acute respiratory problems
- Babies with a cord blood pH of  $\leq 7.0$
- Babies with an agreed hospital birth plan which identifies a high risk of significant harm from the parents & requires separation from mother

**CRITERIA FOR ADMISSION TO TRANSITIONAL CARE UNIT**

The aim of transitional care is to keep mothers and babies together where ever possible. Therefore if a baby fulfils the criteria for admission to TCU every attempt should be made to arrange this admission from delivery suite.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

**WAHT-KD-015  
Neonatal Key Documents**

The following babies **may** be admitted from the delivery suite or the wards by a midwife; following discussion with the midwife on TCU. The paediatric team should be informed of all new admissions to TCU.

- Babies who require regular tube feeding or significant feeding support.
- Babies of 34<sup>+0</sup> to 36<sup>+0</sup> weeks gestation at delivery, who are otherwise well
- In **exceptional** circumstances, babies over 33/40 who are well may be assessed on an individual basis by consultant/senior nurse as to suitability for TCU
- Babies of mothers who are known substance abusers
- Unaccompanied babies e.g babies for adoption, babies of mothers who are on intensive care, providing an appropriate level of observation can be maintained
- Babies between 1.50 and 2.0 kg birth weight who do not require admission to the neonatal unit occasionally >1.2kg + >34/40, if no significant illness
- Babies with an agreed hospital birth plan which identifies the need for additional support or observation of parenting capacity ( this will be for a maximum of 7 days )
- Readmission from home if previous NICU/TCU patient, with feeding or jaundice issue. No suspected infected baby to be readmitted to this area.

*If a bed is not available on TCU, these babies will need to be admitted to the Neonatal Unit. Babies will be admitted straight from labour ward with their mothers, without delay, including caesarean sections on day 0 (if mother's condition allows).*

The following babies may be admitted to TCU following discussion with the paediatrician;

- Babies who no longer require care on the neonatal unit but are not ready for home or postnatal ward
- Babies requiring low flow oxygen prior to discharge home
- Babies receiving IV glucose for hypoglycaemia or awaiting production of MEBM
- Observations including SA02 monitoring for babies with mild respiratory distress, who do not require oxygen

**CRITERIA FOR ADMISSION TO THE POSTNATAL WARD**

All babies of 36 + 1 weeks gestation or greater who do not fulfil the criteria for admission to the neonatal unit or transitional care. This will include the following:

- Babies requiring intravenous antibiotics
- Babies requiring phototherapy
- Babies requiring nursing in an incubator or hot cot to correct hypothermia
- Babies whose mothers need support with breast feeding or parenting skills, including those with a hospital birth plan which does not identify any risk of significant harm to the baby.
- Babies who require monitoring of blood sugars, e.g. babies of diabetic mothers
- Low birth weight infants weighing more than 2.0 kg

Nursing staff on TCU and the neonatal unit will try to offer advice and support for such babies if required.

The above admission criteria are not exclusive and other cases may be discussed on an individual basis with both medical and nursing staff.

### MONITORING TOOL

How will monitoring be carried out?

Datix incident reporting

Who will monitor compliance with the guideline?

Obstetric Governance Committee

STANDARDS	%	CLINICAL EXCEPTIONS
Incident reported on Datix for all unexpected admissions to NNU	100%	
Admission to NNU as per above criteria	100%	

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

## CONTRIBUTION LIST

### Key individuals involved in developing the document

Name	Designation
Sarah Lodge	Midwife - TCU
Vicky Bullock	Matron - NICU
Simone DeLeon	Manager – PN Ward
Sharon Ali	Matron for Neonatal Services
Karen Harmer	Manager for TCU and Outreach
Andrew Short	Consultant Paediatrician
Michele Emery	Sister NNU

### Circulated to the following individuals for comments

Name	Designation
Miss R Imtiaz	Consultant Obstetrician
Dr A Gallagher	Consultant Paediatrician
Dr V Weckemann	Consultant Paediatrician
Members of Guideline Group (For consultation with their peers)	
J A Barratt	Clinical Midwife Specialist
M Byrne	Midwife, Alexandra Hospital
H Doherty/J McGivney	Community Midwife, Bromsgrove-Redditch Team
J S Farmer	Midwife, Antenatal Clinic, WRH
C Parry	Community Midwife, Evesham Team
J Martin	Midwife, Alexandra Hospital
T Meredy	Midwife, Antenatal Clinic, Alexandra Hospital
R Rees	Audit & Training Midwife/WRH representative
G Robinson	Community Midwife, Worcester Team
H Walker	Community Midwife, Kidderminster
V Tristram	Midwife, Kidderminster Hospital/Supervisor of Midwives
J Voyce	Community Midwife, Malvern Team
B Wilkes	Midwife, Alexandra Hospital
R Williams	Midwife, WRH
P Paine	Head of Midwifery
K Kokoska	Maternity Services Risk Manager
R Carter	Matron IP WRH
M Stewart	Matron OP-Community
A Talbot	Matron IP Alexandra Hospital
A Bennett/F Pagan	Delivery Suite Managers, Alexandra Hospital
P Jones	Delivery Suite Manager, WRH

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.