

## **NEONATAL OBSERVATIONS outside Newborn Care Centre**

*This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.*

### **1. AIM**

- Early diagnosis of the unwell neonate outside Newborn Care Centre

### **2. PATIENT**

- Neonate

### **3. STAFF**

- Medical, midwifery and nursing staff

### **4. EQUIPMENT**

- Thermometer
- Stethoscope
- Hand-held glucometer
- Pulse Oximeter

### **5. CLINICAL PRACTICE**

- Refer to flowchart (appendix 1) for 'Observation of the Neonate' attached to bedside notes in postnatal ward to reinforce policy
- Review and assess neonate at any time if parents or staff are concerned about their wellbeing
- Activate Neonatal Clinical Emergency Response System (CERS) if observations fall within the neonatal CERS criteria as per Standard Neonatal Observation Chart (SNOC)

#### **Neonate with no known risk factors**

- Assess temperature, heart rate (HR) and respiration rate (RR) at time of initial examination of the neonate in the birth environment
- Assess temperature, HR and RR on admission to postnatal ward
- Complete oxygen saturation (SpO<sub>2</sub>) screening between 4-24 hours of age. Refer to 'Pulse Oximetry Screening of New-borns' LOP
- Alert paediatric team if observations are outside the normal range as per SNOC.
- Cease further observations unless there are signs of deterioration.

#### **Neonate with risk factors including, but not limited to:**

- meconium stained liquor
- maternal fever in labour  $\geq 38^{\circ}\text{C}$
- maternal prolonged rupture of membranes > 18hrs
- low Apgar score (<5 at 1 minute and/or <7 at 5 minutes)
- maternal known group B streptococcus (GBS) carrier and received either no intrapartum antibiotics, or <4 hours intravenous (IV) antibiotics prior to birth
- mother had a previous neonate with GBS sepsis
- Assess temperature, HR and RR at time of initial examination of the neonate in the birth environment.
- Assess temperature, HR and RR on admission to postnatal ward
- Repeat observations every 4 hours for 24–48 hours if within normal range as per SNOC.
- Alert paediatric team if observations are outside the normal range as per SNOC.
- Cease observations after 24 hrs if within normal range as per SNOC.

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### Neonate at risk of hypoglycaemia:

- neonate of diabetic mother (gestational and pre-gestational)
- small for gestational age < 2.5kgs
- large for gestational age > 4.5kgs
- Perform blood glucose level (BGL), temperature, HR and RR at two hours of age
- Assess temperature, HR and RR on admission to postnatal ward
- Repeat observations every 3 hours for 24 hours
- Perform BGL every 3 hours for 24 hours, prior to neonatal feed
- Refer to 'Hypoglycaemia in a Neonate - Monitoring and Management of at Risk Neonate' LOP if BGL is outside normal range as per SNOC.
- Cease observations after 24 hours if within normal range and after consultation with paediatric team

### Neonate at risk of subgaleal haemorrhage following assisted vaginal birth:

- Assess temperature, HR, RR, colour and scalp observations at 1, 2, 4, 6, 8 and 12 hours of age, as per SNOC.
- Refer to 'Neonatal Observations Following Assisted Vaginal Birth - Subgaleal Haemorrhage

### Neonate at risk of withdrawing from opioids/non-opioids:

- Commence Neonatal Abstinence Score at 2 hours of age.
- Complete the (NAS) every 4 hours at 30-60 minutes after a feed.
- Refer to 'Neonatal Abstinence Syndrome (NAS) – Management' LOP

### Neonate at risk of withdrawing from selective serotonin reuptake inhibitor (SSRI) antidepressants:

- Commence Neonatal Abstinence Score at 2 hours of age.
- Complete the (NAS) every 4 hours at 30-60 minutes after a feed.
- Refer to 'Antidepressants in Pregnancy - Neonatal Observations and Interventions' LOP

### Neonate who is readmitted from home, whose mother is at of risk of sepsis:

- Assess temperature, HR and RR on admission and every 4 hours for a minimum of 48 hours, or until discharge home
- Ensure paediatric team review soon after readmission and alert paediatric team if observations are outside the normal range as per SNOC.

## 6. DOCUMENTATION

- Standard Neonatal Observation Chart (SNOC)
- Neonatal Abstinence Score chart (NAS)
- Neonatal Care Plan
- Neonatal integrated notes

## 7. EDUCATIONAL NOTES

- Initiating skin to skin contact and first breastfeed as soon as possible after birth reduces neonatal hypothermia and hypoglycaemia
- Clinical signs of an unwell neonate, as per SNOC.
- Infants with early-onset GBS disease generally present with respiratory distress, apnea, or other signs of sepsis within the first 24–48 hours of life. The most common clinical syndromes of early-onset disease are sepsis and pneumonia; less frequently, early-onset infections can lead to meningitis

## NEONATAL OBSERVATIONS outside Newborn Care Centre cont'd

### 8. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE LOP

- SESLHD Patient with Acute Condition for Escalation (PACE): Management of the Deteriorating Neonatal Inpatient in Maternity Services and nurseries SESLHDPR/40 [http://www.seslhd.health.nsw.gov.au/Policies\\_Procedures\\_Guidelines/Clinical/Governance/Documents/PACEProcedureSESLHDPR340.pdf](http://www.seslhd.health.nsw.gov.au/Policies_Procedures_Guidelines/Clinical/Governance/Documents/PACEProcedureSESLHDPR340.pdf)
- Pulse oximetry screening of neonates
- Group B streptococcus infection – monitoring and management of neonates
- Hypoglycaemia in a neonate – monitoring and management of at risk neonate
- Neonatal Observations Following Assisted Vaginal Birth – Subgaleal haemorrhage - [SESLHD policy PR/414](#)
- Neonatal Abstinence Syndrome (NAS) – Management [www.health.nsw.gov.au/policies/gl/2013/pdf/GL2013\\_008](http://www.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_008)
- Antidepressants in Pregnancy – Neonatal Observations and Interventions

### 9. RISK RATING

- Low

### 10. NATIONAL STANDARD

- CC – Comprehensive Care

### 11. REFERENCES

1. Australian College of Midwives (2013) National Midwifery Guidelines for Consultation & Referral 3<sup>rd</sup> Ed
2. CEC (2015) Standard Neonatal Observation Chart [www.cec.health.nsw.gov.au](http://www.cec.health.nsw.gov.au)
3. NSW Health (2013) Recognition and Management of Patients who are Clinically Deteriorating PD2013\_049
4. King Edward Memorial Hospital Clinical Guidelines Obstetrics & Midwifery (2013) Neonatal observations <http://kemiah.health.wa.gov.au>
5. Mid Essex Hospital Services UK NHS (2016) Postnatal observations of babies born with prolonged rupture of membranes (PROM), meconium stained liquor (MSL) and infants of GBS+ve mothers who received IV antibiotics in labour. [www.meht.nhs.uk](http://www.meht.nhs.uk)
6. Queensland Clinical Guidelines (2014) Routine newborn assessment <http://www.health.qld.gov.au/qcg>
7. WHO (2015) Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice 3rd ed

### REVISION & APPROVAL HISTORY

Amended August 2019 – PACE changed to CERS  
Reviewed and endorsed Maternity Services LOPs 14/8/18  
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Reviewed and endorsed Maternity Services LOPs 31/1/17  
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Approved Patient Care Committee 5/6/08  
Obstetrics Clinical Guidelines Group June 2008  
Neonatal Clinical Committee 21/5/08

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**APPENDIX 1  
OBSERVATION OF THE NEONATE**

