

## ARTICLE XI

### NURSERY AND CARE OF NEWBORN

#### 11.1 On-Call Roster

A Physician on-call schedule is available in the Nursery and Labor and Delivery to ensure that a Physician is available at all times to come to the Hospital immediately and address emergency situations.

#### 11.2 Examinations

Each newborn infant shall have an initial assessment by a Physician in the Delivery Room and shall be further assessed by the Delivery Room Obstetrical Nursing Staff who shall notify the Special Care Nursery of any significant abnormalities. The infant shall have a complete physical examination by a Physician within twenty-four (24) hours after admission to the Nursery. The results of the examination shall be recorded ~~on~~ in the infant's medical record. The infant's attending Physician shall be notified as soon as possible concerning any infant who displays abnormal signs and symptoms at any time.

#### 11.3 High-risk Infants

The Physician to be in charge of the infant and the nurse in charge of the Nursery shall be notified when the delivery of a potentially high-risk infant is expected. Continuity of care for all infants and especially for high-risk infants is to be initiated in the Delivery area, with constant observation of newborns for evidence of distress. The term "high risk infant" means any infant who, on the basis of socio-economic, genetic, or patho-physiologic history prior to delivery or on the basis of findings in the newborn period, manifests or is likely to manifest persistent and significant signs of distress. This includes but is not limited to the following:

- (a) any infant with a birth weight below 2,250 grams or of less than thirty-seven (37) weeks gestation;
- (b) any infant showing persistent and significant signs of illness, including those with respiratory distress, gross congenital anomalies, hypoglycemia, hemolytic disease, sepsis or other conditions which pose an immediate threat to neonatal survival;
- (c) any infant with serious feeding difficulties, excessive lethargy, or instability of body temperature;
- (d) any infant whose mother has insulin dependent diabetes, severe preeclampsia, Rh isoimmunization, or any other illness or condition which may affect the fetus, and/or;

- (e) any infant requiring major surgical procedures and awaiting transfer to the appropriate health care facility.

Any infant who is a high-risk at birth shall be delivered to the Special Care Nursery after delivery.

#### **11.4 Identification**

The identification of each infant and his mother shall be carefully checked again at the time of discharge from the Hospital. Infants discharged or transferred to another nursery or Hospital shall be carefully identified.

#### **11.5 Birth Certificates**

Birth certificates are the responsibility of the attending obstetrician and must be completed within a reasonable period of time.

#### **11.6 Transportation of Infants**

Care for the protection of the infant shall be taken when transporting the newborn to the Nursery from the Delivery Room. Transfer of distressed infants to the Special Care Nursery shall be done in such a manner as to minimize heat loss and to insure adequate oxygenation. Transfer to other facilities shall conform with departmental policies in accordance with state and federal laws.

#### **11.7 Prophylaxis against Gonorrheal Ophthalmic and Chlamydial Conjunctivitis**

An appropriate prophylaxis against gonorrheal ophthalmia and chlamydial conjunctivitis shall be carried out after birth as the condition of the infant permits.

#### **11.8 Medical Record**

- (a) Every newborn shall be examined at the time of delivery and the following noted in the newborn's medical record:
  - (1) condition at birth including Apgar score or its equivalent;
  - (2) any physical abnormalities or pathological states; and
  - (3) any evidence of distress.
- (b) The record of the newborn infant shall be available to Nursery personnel. In addition to the information listed above, this medical record shall also include

information concerning prenatal history, course of labor, delivery, drug administration to mother and infant, relevant conditions of the mother, procedures performed on the infant in the delivery room, complications of any type, and other facts and observations.

- (c) The complete medical record for every newborn should include the following information:
- (1) obstetrical history of mother's previous pregnancies;
  - (2) description of complications of pregnancy or delivery;
  - (3) list of complicating maternal disease;
  - (4) duration of ruptured membranes;
  - (5) maternal antenatal blood serology, blood typing, Rh factors, and, where indicated, a Coombs test for maternal antibodies;
  - (6) complete description of progress of labor including reasons for induction and operative procedures, if any, signed by the attending Physician or his authorized delegate;
  - (7) anesthesia, analgesia and medications given to mother and infant;
  - (8) condition of infant at birth, including the one (1)- and five (5)-minute Apgar scores or their equivalent, resuscitation, details of physical abnormalities, pathological states observed and treatments given before transfer to the Nursery; if the Apgar score is below 7 at five (5) minutes, then a ten (10) minute Apgar score should be recorded.
  - (9) any abnormalities of the placenta and cord vessels;
  - (10) date and hour of birth, birth weight and length, and period of gestation;
  - (11) documentation of eye prophylaxis;
  - (12) documentation of Vitamin K administration;
  - (13) documentation of hereditary metabolic screening testing;
  - (14) documentation of glucose screening and monitoring if applicable.

- (15) documentation of initial physical examination, including any abnormalities signed by the infant's attending Physician or authorized delegate;
- (16) recommendations and signature of attending Physician or authorized delegate;
- (17) list of all diagnoses since birth, including discharge diagnosis; and
- (18) where appropriate, specific follow-up plans for care of infant.

## **11.9 Nursing Notes**

Upon admission to a Nursery, nurses shall document in the medical record all infants as to weight, type and volume of feedings; time of first voiding; time of passage of first stool; number, color, and consistency of stools; and temperature. If abnormalities are suspected or recognized, nurses shall also make notations on respiratory rate, dyspnea, color, cyanosis, jaundice, pallor, lethargy, twitching, motor activity, skin and buttocks, vomiting, condition of the eyes and umbilical cord, and other relevant factors as indicated and warranted by the condition of the infant. Treatments, medication and special procedures ordered by a Physician should also be documented with time, date, and the name and title of the individual who administers them.

## **11.10 Notification of the Infant's Physician After Birth**

### **(a) Normal Nursery**

- (1) The infant's Physician will have completed the newborn admission physical within twenty-four (24) hours of admission to the Nursery. The nursery nurse will notify the physician of the infant's birth. The means of notification shall be by method chosen by that particular physician for consultation.
- (2) If the newborn has no apparent problem at the time of admission, a message detailing pertinent facts including the name, weight, mother's name, mode of delivery and Apgar's may be left with the answering service or office personnel, and no return call from the Physician requested.
- (3) If the newborn has any problem, such as those listed below, a call back from the Physician will be requested. It is expected that the Physician will be available for consultation via telephone or in person within 30 minutes. If no response occurs, the Physician providing Nursery on-call services shall be notified. Problems requiring Physician input include the following:

(a) Temperature Instability

- (1) If the infant's temperature is less than 97.6 degrees F, he should be placed under a warmer and the temperature retaken in an hour. If it is still under 97.6 degrees F, the attending Physician should be notified.
- (2) Greater than 100 degrees F

(b) Glucose Instability

- (1) Neonatal blood sugars will be assessed per American Academy of Pediatrics guidelines: See attached guidelines: **Postnatal Glucose Homeostasis in Late-Preterm and Term Infants** <http://www.pediatrics.org/cgi/content/full/127/3/575> located on the World Wide Web at:  
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(c) Dusky spell or other color change

(d) Respiratory rate greater than 70 for more than one (1) hour.

(e) Any physical abnormality

- (4) If the infant requires immediate care, the infant should be transferred to the Special Care Nursery. If the attending Physician cannot be reached immediately, the Physician providing Nursery on-call services will assume care of the infant until other arrangements are made.

**(b) Special Care Nursery (SCN)**

- (1) If the newborns condition deteriorates the nurse will notify the attending Physician. The physician will respond via phone or in person within 30 minutes of the notification. If the infant's Physician is not on the Medical Staff roster, the on-call Physician for the SCN shall be the responsible person until the matter is clarified.

- (2) If the infant requires immediate care by the physician, the attending physician or designee will respond in person within 30 minutes.
- (3) Exceptions to the above as follows:
  - (a) If a Physician, other than the attending Physician, has participated in the care of the infant, he should notify the attending Physician. He may request the admitting nurse to do this for him.
  - (b) If an infant requires resuscitative efforts in the Labor and Delivery Room, the pediatrician covering the Neonatal High Risk Service will respond to the hospital within 30 minutes of notification.

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