

Section: Division of Nursing
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PROTOCOL

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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NEWBORN SERVICES
(Scope)

TITLE: CARE OF THE NEWBORN-FAMILY UNIT IN THE TRANSITIONAL TIME PERIOD

PURPOSE:

1. To define nursing practice in the care of the newborn that will optimize physiological adaptation to extrauterine life.
2. To define nursing practice that will facilitate psychological adaptation through promoting family-newborn attachment and parenting skills.

SUPPORTIVE DATA:

1. Transition from fetal to newborn status is a critical physiological event involving diverse and complex system adaptations. (Simpson, 2001)
2. The majority of newborns need minimal support to complete this transition.
3. Timely nursing assessment and interventions facilitates this process.
4. All professional perinatal unit nursing staff must have proficiency in the skills necessary for newborn resuscitation; i.e., completion of the program "Neonatal Resuscitation" through the American Heart Association and the American Academy of Pediatrics.
5. Continuous learning is the most powerful benefit in a family centered care program with mother-baby nursing as the practice model. Learning is ongoing, stimulating and an expected part of the nurse's evolving role. It occurs during all contact with parturient clients and their families.
6. During the first two to four hours after the newborn's birth, there is an observable time of alertness and receptiveness on the part of the newborn and mother. Every moment should be utilized to assist the family with the task of psychological adaptation. The only reason to justify separating the family would be a safety issue for mom or baby.

CONTENT: I. INITIAL CARE AND MANAGEMENT

A. Cesarean Delivery

1. The infant is placed under the pre-warmed radiant warmer in the room by the pediatric care provider.
2. The infant is assessed for resuscitative needs/airway management per NRP standard procedure by both RN and patient care provider.
3. Immediate care is provided under radiant warmer:
 - a. Cord care by patient care provider.
 - b. Assignment of Apgars by patient care provider.
 - c. ID bracelet procedure completed before infant removed from C/S room.
 - d. Initial set of vital signs obtained before parents hold infant.

4. If regional anesthesia has been administered to mother, and family member(s) are present in C/S room:
 - a. Information and reassurance is provided to family/parents by:
 - 1) Having infant in radiant heater within their viewing.
 - 2) Providing verbal interaction and information regarding infant's status.
 - b. Bonding is initiated by giving the infant to the parents as soon as possible
 - 1) As soon as the anesthesiologist concurs, the mother should be assisted to hold her newborn, positioning the infant across her chest so that eye to eye contact occurs.
5. If general anesthesia has been necessary:
 - a. Information/reassurance/bonding is provided by bringing the newborn to the family members waiting.
 - b. The infant will be brought to mom in recovery area for bonding, etc. as soon as her status allows.

B. Vaginal Birth

1. Initial care and assessment may be provided while the newborn is on mother's abdomen immediately after birth.
 - a. Contact must be skin to skin with hat on baby's head and pre-warmed dry blanket over both newborn and mother for thermoregulation.
 - b. This includes the following assessments and interventions:
 - 1) Blow-by oxygen administration
 - 2) Stimulation
 - 3) Suction airway
 - 4) Obtaining vital signs
 - 5) Assessing Apgar score
 - 6) Initial umbilical cord care
 - 7) Any other care that the care provider (RN) may be able to safely provide at the mother's request.
2. Initial care and assessment may be provided under the radiant warmer at mother's bedside under the following situations:
 - a. The newborn requires assistance with physiological adaptation (other than noted above) per NRP standards.
 - b. If mother does not desire skin to skin contact immediately after birthing.
 - c. If mother's condition does not allow immediate skin to skin bonding; i.e., obstetrical management issues such as increased bleeding, extensive vaginal-perineal repair.
 - d. Information and reassurance will be provided in a calm, positive manner to the parents/family members who are present and watching.
 - e. Bonding will be initiated as soon as physiological status allows. If holding of newborn cannot occur, then touching/stroking of newborn will be actively assisted to occur.

3. Breast-feeding will be initiated per Breast Feeding Protocol (6170.067B).
 - a. Newborn will exhibit behaviors such as rooting, opening mouth, sucking on hands, fingers.
 - b. Mother will verbalize desire or request information regarding the newborn's behaviors; i.e., observe infant sucking behavior.
 - c. If mother does not initiate breast-feeding per (b.), then RN will actively assist mother to observe newborn behavior and assist mother to initiate breast-feeding.
 - d. This initial breast feeding experience will begin the teaching plan for breast feeding mothers and will include showing new mom:
 - 1) Rooting behaviors
 - 2) Correct positioning
 - 3) Latch-on and removal from breast

II. NEWBORN ADMISSION ASSESSMENT AND ADMISSION PROCEDURES

- A. All newborns will receive professional level of care regardless of where the care is administered.
 1. Cesarean Birth, newborns are admitted in the Nursery.
 2. Vaginal Birth newborns are admitted in mother's LDR.
 3. Newborns requiring extended/expanded assistance with physiological adaptation are admitted in the nursery.
 4. Apgar scores are assessed at one (1) minute and five (5) minutes of life; and if needed, for an extended period of time until the total score is seven (7) or greater.
 5. Newborns will be assessed for temperature, heart rate, rate and character of respirations, skin color, level of consciousness, muscle tone and activity level at least once every 30 minutes until the newborn's condition has remained stable for two (2) hours.
- B. Parents and other family members may be involved in these events as much or as little as they (and the parents) desire and the newborns condition/status allows.
 1. All family members in direct contact with the newborn should be free of contagious disease.
 2. All family members must first wash their hands with germicidal soap before having contact with the newborn.
 3. Filming and/or recording of these procedures is encouraged and even prompted by the perinatal nursing staff providing the care.
 - a. This is especially valuable for the mother who is undergoing cesarean section repair while the newborn is being admitted in the Nursery.
 - b. Pictures, not videos, may be taken of baby in OR after Cesarean Birth.
- C. Newborn admission assessment and care provides the first learning opportunity regarding newborn physical and behavioral characteristics and basic newborn care.
- D. The perinatal nurse provides care to both the newborn and the mother in the immediate post-birth time period.
 1. To facilitate psychological adaptation
 2. To provide continuity of care

E. Newborn Admission Procedures include:

1. Newborn identification procedure
 - a. Newborn footprints may be applied to those surfaces parents request in addition to standard CFC procedure; i.e., baby book, Dad's hat, shirt, etc.
2. Administration of newborn admission medications. Parents may comfort, as they desire.
3. Initial bath with newborn soap.
4. Application of security device.

- DOCUMENTATION:
1. Admission orders from newborn care set are entered into Cerner by OB Tech or nurse. Nurse must enter all newborn medication orders and care plan.
 2. Admission assessment Newborn documented in Cerner Power chart.
 3. Hepatitis Consent and Administration Record if warranted.
 4. Teaching Plan (Record on Maternal Chart in Cerner documentation of Patient education).

RESOURCES:

1. Perinatal Nursing; AWHONN[®], Second Edition, 2001 Edited by: Kathleen Rice Simpson, RNC, MSN & Patricia A. Creehan, RNC, MSN; Lippincott-Raven, Philadelphia-New York, pg. 502 - 541.
2. Manual for Family Centered Care Program Development, Marianne E. Olson, RN, MS; The Childbearing Years; Minnesota; 1993.
3. Textbook of Neonatal Resuscitation; American Heart Association and the American Academy of Pediatrics.
4. Competence Validation for Perinatal Providers; AWHONN[®]; Edited by Simpson, Kathleen Rice & Creehan, Patricia A.; Lippincott-Raven, Philadelphia, NY; 1998.