

Labelling of neonatal screening blood spot cards.

Date		Version
01/09/16		1
Purpose		
The purpose of this Standard Operating Procedure is to provide all staff working within Maternity Services with the essential knowledge regarding the role of the midwife in relation to the labelling of neonatal screening blood spot cards.		
Who should read this document?		
All midwives All staff working within Maternity Services		
Key messages		
Maintenance of safe patient care		
Accountabilities		
Production	Screening team	
Review and approval	Clinical Effectiveness Committee, Women's and Children's	
Ratification	Sue Wilkins	
Dissemination	To maternity staff	
Compliance		
Links to other policies and procedures		
Version History		
V1	01/09/16	Written by Ruth Rice, Screening midwife.
Last Approval		Due for Review
Sep 2016		Sep 2019

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Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

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Section	Description
1	Definitions
2	Expected outcomes
3	Care of the caesarean section wound
4	Record Keeping
5	Cross references
6	References

1 Purpose

This document has been formulated to ensure that Plymouth Hospitals NHS Trust provides safe and effective care to all women being treated within the Maternity Service. To ensure all specimens are correctly labelled for the purpose of identification and allow for any follow up treatment. To ensure a standardised level of care is given by a midwife at the newborn screening appointment.

2 Expected Outcomes

- To maintain a safe standard of midwifery care to neonates when the blood spot screening test is performed.
- To ensure that the roles of the midwifery staff are clearly defined.

3 Labelling of the national blood spot card.

Always use a printed barcoded label.

Never request or print barcoded labels for a demised baby even when that baby has been allocated an NHS number (ie stillbirth).

Check the information on the barcoded label with the mother to ensure it is correct.

When labelling the bloodspot card ensure the label has all the correct information including the RANK if multiple birth.

Take the blood sample as per guideline.

Whilst the sample is drying further check the details before sending.

4 Record keeping

It is expected that every episode of care is recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges i.e. NMC and RCOG.

All entries must have the date and time together with a signature and printed name.

5 Cross references

Postnatal Guideline 8 – Postnatal Care

AN No 31: Maternity Hand Held Notes, Hospital Records and Record keeping

PN No.7 Newborn Bloodspot Screening Programme

8 | **References**

NSC No.7 Newborn Bloodspot Screening Programme