1. Statement

In the interests of safety and security all infants are labeled at birth, prior to leaving the delivery room or theatre, and parents are informed of the importance of this procedure.

It is the responsibility of the midwife in charge of the delivery to ensure that the labelling procedure is carried out correctly at birth. It is the responsibility of the midwife carrying out subsequent care to ensure that the checking procedures are followed and that the information given to the mother/parents is reinforced.

2. Security

All clinical areas must have locked doors with CCTV access via doorbell communication. All patients and visitors must be reminded of the restricted access and not allow other people through the doors without having spoken to a member of staff.

Recorded CCTV operates in reception and is televised to CDS for additional security. The tapes are kept by security for 7 days in case they need to be reviewed.

The Maternity entrance and all corridors leading to the general hospital are locked at night with regular security patrol.

If the security doors are found to be unlocked at any stage Security and Estates must be contacted to ensure immediate remediation of problem.

All staff must carry combined identification and access to restricted area cards.

3. Principles

3.1 Procedures to be completed

3.2 The interfaced computerised Birth Registration Procedures include:
- Recording the labour and delivery details on Protos
- The issuing of a hospital number by iPMS.
- The issuing of an NHS number by the Central Issuing System.
- The issuing of the sheet of NHS barcoded labels with Protos which accompany the baby throughout the hospital stay & then transfer home.
3.3 To achieve this the midwife must;

1. Complete PROTOS

2. File PROTOS documents as follows:
   - Delivery Summary in Obstetric Notes after the Partogram
   - Baby Record Part 1 in Baby notes after Antenatal Information
   - Birth Register on clip beside Birth Register Book
   - Birth Notification on clip beside Birth Register Book
   - Birth Notification in mother’s brown folder
   - Barcoded labels sheet with the Red Child Health Book.

4. NB:
   - The documents produced by Protos must be checked to ensure that all the details are correct. If they are not, incorrect details should be amended on Protos and the documents reprinted.
   - The baby’s hospital number and NHS number will appear on all documentation.
   - Ensure all the mother’s notes and baby notes are completed with all labour and delivery details as well as the baby’s hospital number.

In an emergency situation when a baby hospital number is required immediately for clinical purposes, the midwife should;

- Contact Maternity Reception and request a hospital number for the baby. This should be written on the notes in the appropriate places.
- Complete Protos as above. (The previously issued hospital number will appear on the documentation).

3. The BIRTH REGISTER must be completed in full by the midwife at delivery.

5. Procedure for labelling of infants at birth

As soon after birth as is practical two written identification labels are attached to the infant’s ankles. Preprinted bar coded labels that contain the baby’s NHS number together with name, date of birth and hospital number should be applied.

In the event preprinted bar coded labels are unavailable please default to the following process:

Each label should bear the following information relating to the infant’s mother - as recorded on her hospital records

<table>
<thead>
<tr>
<th>SURNAME *</th>
<th>FIRST NAME</th>
<th>HOSPITAL NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE AND TIME OF BIRTH OF THE INFANT</th>
</tr>
</thead>
</table>

* NB for security reasons the infant’s identity label must bear the name of the mother, even if he/she will be given the surname of the father at a later date. The information should be written using a biro pen and NOT a roller ball pen or ink pen.

The information on the labels must be checked with the mother against her own identification label prior to being attached to the infant.
6. Information to the parents

The midwife / student midwife who carries out the labelling procedure should make sure that the mother / parents are aware of the importance of the identification labels. The parents should be instructed that whilst in hospital they should check that two labels are present and correct every time they handle the infant, or following any period of separation. **If one or both of the labels is missing or incorrect, they must inform the midwife looking after them immediately.**

The parents should be instructed **not to remove** the identification labels until they are visited by the Community Midwife at home. The midwife or student midwife who gives the parents this information should record the fact in the mother’s care plan.

7. Checking of infant identification during hospital stay

The identification of mother and her infant, by a midwife or student midwife, should be confirmed by cross checking the information on their identification labels, on the following occasions;
- On transfer from one ward area to another.
- During routine daily check.
- Following any period of separation of the mother and her infant.
- Prior to transfer out of hospital. NB: The labels are not to be removed until the community midwife has visited at home (see above).

On each occasion, the fact that this has taken place and that labels are present and correct must be recorded in the infant’s care plan.

8. Action to be taken by the midwife if identification labels are missing or incorrect

- **IF one of the infant’s identification labels is missing**
  - The information on the remaining identification label must be checked with the mother using her obstetric notes and her own identification label.
  - If this information is correct, a second label can be rewritten and double checked with the mother before being attached to the infant.
  - This event must be recorded in the infant’s care plan.
  - The Ward Manager or the midwife who is responsible for the co-ordination of the ward must be informed.

- **IF an infant is found with no labels attached (even if they are found loose in the cot)**
  - The identification labels of all other infants on the ward must be checked and counted by two midwives.
  - After this check has been completed and all other infant labels are found to be present and correct. The infant can be re-labelled as per the procedure.
  - This event must be recorded in the infant’s care plan.
  - The Ward Manager or the midwife who is responsible for the co-ordination the ward at the time must be informed.
  - The Incident Form must be completed immediately.

9. Notes

If the mother is unable to participate in this procedure, it is acceptable for the midwife to check details with her partner or relative. If she is unaccompanied, the midwife
should check all details with another midwife or student midwife and record this fact in the notes or care plan.

It is particularly important that the identification procedure is correctly followed if the infant needs to be separated from his mother soon after delivery. If the mother is having a general anaesthetic she needs to be aware that the infant identification labels will be checked with her partner or by two professionals.

In the case of multiple births, it is acceptable to attach a temporary identification label bearing mother’s surname and e.g. ‘Twin I’ immediately after delivery (to avoid confusion during resuscitation procedures). However, these must be replaced with permanent labels before the infant leaves the delivery room or theatre, as per procedure

10. Infant in Nursery

The decision to separate a well baby from its mother should never be done as a routine procedure and should only take place with the agreement of the mother. The midwife takes responsibility for any infants placed in the nursery, and she must be satisfied that she can offer a safe level of supervision and care to any infant that she accepts.

When an infant is cared for in the nursery, the midwife must record in the infant’s care plan;
- the reason that the infant was removed to the nursery
- the time that he was removed
- the time that he was returned to his mother
- the fact that the label checking procedure was carried out on his removal and return

11. Readmissions

All infants who return to the Maternity Unit for tests or examinations, OR because their mothers have been readmitted MUST be labelled.

NB: This will mean that ALL mothers readmitted because of their infant’s condition will need to be labelled in accordance with local and Trust policy.

12. Babies for adoption

If a baby is to be adopted, all registration information should be completed in the normal manner.

In order to protect the woman’s identity, the following steps must be taken when the baby is discharged from the Maternity Unit:
- the midwife caring for the baby (usually on TCW) must inform the PROTOS Co-ordinator (if weekend – PROTOS baby documents should be retained for attention on following Monday)
- the PROTOS Co-ordinator will remove all the woman’s details from the baby documentation produced by PROTOS.
- a new PROTOS document will be provided with baby information ONLY.

13. Record keeping

It is expected that every episode of care be 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 signature and printed name.
Monitoring and Audit

Auditable standards
Correct identification of newborn according to hospital procedure
Correct labelling of newborn according to hospital procedure

Please refer to audit tool, location: ‘Maternity on ci2-file11’, Guidelines

Reports to:
Clinical Effectiveness Committee – responsible for action plan and implementation of recommendations from audit

Frequency of audit:
Annual

Responsible person:
Ward manager (midwife)

Cross references
Trust Security Policy TRW/SEC/POL/235/1
Trust Strategy Policy TRW/SEC/STR/236/1
Trust Policy on the Identification of Patients TRW/RIS/POL/86/2
Trust Infant Child Abduction Procedure TRW/SEC/PRO/238/1
AN Guideline 31 - Maternity Hand Held Notes, Hospital Records and Record Keeping
AN Guideline 44 – Guideline Development within the Maternity Services

References


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Guideline Committee

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Version
5

Changes
Bar coded identity bracelets
Routine update

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July 14
Valid Until Date
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