

MATERNITY GUIDELINES

Admission Criteria for Neonatal Transitional Care Ward (TCW)

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Aim

To ensure that infants are admitted appropriately to the Transitional Care Ward with full involvement of the midwifery and neonatal medical teams.

Introduction

Transitional Care ward supports a resident mother / parent to be the primary carer for a baby with care requirements in excess of normal well new-born care, but who does not require continuous monitoring in a special care environment. TCW avoids separation of mother and baby and facilitates the establishment of infant feeding, whilst enabling safe and effective management of a baby with additional care needs. Babies fitting criteria for Transitional Care admission outlined below will usually be admitted along with their mother to the Transitional Care Ward. TCW ethos supports Family Integrated Care (FICare).

Sources of Admission for TCW

Infants may only be admitted to TCW from:

- Central Delivery Suite
- Post-Natal ward
- The Neonatal Unit
- The Community/Home <10 days of age
- Emergency Department <10 days of age
- Other Hospitals

Indications for admission to TCW

1) Central Delivery Suite & the Post-natal Ward

- Prematurity: 34 – 36⁺⁶ weeks gestation
- Low birth weight: 1500 - 2500 grams (<2nd centile for weight and / or have abnormal antenatal Doppler studies should be admitted to the NICU for initial assessment)
- Respiratory problems: Mild respiratory distress (respiratory rate <80/minute, mild recession and grunting) and with normal oxygen saturations in air may be observed initially. Admit to NICU if symptoms persist or worsen.
- Requiring 4 hourly observations including those fitting criteria for 24 hours of monitoring according to the Kaiser Permanente Early Onset Sepsis calculator
- Infection: Requiring anti-bacterial or anti-viral medication
- Congenital abnormalities: Requiring specialist nursing care e.g. Downs syndrome, cleft palate
- Hypoglycaemic infants: glucose <2.0 mmol/l/2.8 mmol/l despite adequate feeding. Refer to separate guideline
- Infant of diabetic mother (insulin, metformin or diet controlled)
- Maternal drug and alcohol dependency: including mothers taking opiates for chronic pain and antipsychotic medication
- At risk of early jaundice e.g. Maternal haemolytic antibodies
- Requiring phototherapy
- Social/Safeguarding concern: Infants for adoption and those subject to care proceedings

2) Neonatal Unit

- ≥ 33 weeks gestation should be considered for admission for TCW soon after birth if they fulfil the following criteria:
 - Birth weight appropriate for gestation (>10th centile)
 - Normal observations on admission to NICU
 - Tolerating full enteral feeds 3 hourly on low risk regime
- Continuing care / discharge planning of infants who are feeding at least 3 hourly regardless of weight or corrected gestation
- Continuing care / discharge planning of infants on a prescribed amount of low flow oxygen and feeding by breast or bottle following satisfactory oxygen saturation download.

3) Community / Emergency Department

Less than 10 days old with the following conditions:

- Jaundice
- Weight loss (> 12.5 %)
- Poor feeding
- Infection
- Other clinical concerns following discussion with tier 2 doctor/ANNP or Consultant
- Discharged home with a known problem / condition and are less than 37 weeks corrected gestation

NB Some babies <10 days of age will be unsuitable for admission from the community if viral respiratory infections are suspected putting other infants at risk. Infants requiring long-term investigation need to be referred to the Children's Assessment Unit, Level 12

If in doubt, please discuss with on call consultant

Transfer from other hospitals

For continuing care/ discharge planning of infants who are feeding at least 3 hourly regardless of weight or corrected gestation

Procedure for admission to TCW

The Neonatal team covering TCW must be informed of all infants fulfilling admission criteria before transfer (expected patients) and at the time of arrival.

Capacity and outliers

- Infants who fulfil the criteria for admission to TCW must be discussed with the neonatal tier 2 doctor/ ANNP before they are transferred to another ward for maternal or capacity reasons. This is to ensure that all infants receive the right care in the most appropriate location.
- Infants who fulfil the criteria for admission to TCW who are located on another ward must be treated as 'TCW outliers' and receive the same level of neonatal input and care.
- Transitional care outliers should be transferred to TCW as soon as possible.
- When there are 2 or less infant beds available on TCW the neonatal tier 2 or consultant need to triage patients with the midwifery team to ensure patients are cared for in the most appropriate location.

Record Keeping

Information relating to transfer of care from admission sources must be documented in the following formats:-

- CDS – Protos and Hospital baby buff notes
- Community – Hand held Maternal notes, Badger if previously admitted
- NICU – Hospital baby buff notes on TCW transfer sticker, Badger summary
- Emergency Department - Hand held Maternal notes, Badger if previously admitted

All infants who fulfil admission criteria to TCW must be formally clerked with a documented plan in the baby's buff hospital notes within 4 hours of admission.

<p>Training requirements</p> <p>Audit of training needs compliance – please refer to TNA policy</p> <p>Training needs analysis: Please refer to ‘Training Needs Analysis’ guideline together with training attendance database for all staff</p>	
<p>Cross references</p> <p>Neonatal Jaundice: http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Neonatal/Neonatal%20Jaundice.pdf?timestamp=1538726349933</p> <p>Management of Neonatal Hypoglycaemia: http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Neonatal/Hypoglycaemia%20guideline.pdf?timestamp=1538726460330</p> <p>Neonatal sepsis: http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Neonatal/Neonatal%20Sepsis.pdf?timestamp=1538726391048</p> <p>Cleft Lip and Palate: http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Neonatal/Cleft%20Lip%20and%20Palate.pdf?timestamp=1538726602097</p> <p>Down’s Syndrome Neonatal Pathway: http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Neonatal/Down's%20Syndrome%20Neonatal%20Pathway.pdf?timestamp=1538726632604</p> <p>Enteral Feeding Pathway: http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Neonatal/Enteral%20feeding%20pathway.pdf?timestamp=1538726553787</p> <p>Tongue Tie Guideline: http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Clinical%20Guidelines/Neonatal/Tongue%20tie%20guideline.pdf?timestamp=1538726189727</p>	
<p>References</p> <p>Neonatal Transitional Care, A Framework For Practice 2017</p>	
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