

## **Guideline for admission to Neonatal Unit (Cross-site guideline for Wexham Park and Frimley Park Hospitals)**

### **Key Points**

- Admission to the Neonatal Unit may be anticipated or unanticipated
- Good communication between Maternity and Neonatal staff can help identify babies requiring admission promptly.
- Babies are usually admitted from Labour ward, birth centre or postnatal ward. However, in some circumstances may be admitted from outside the hospital including home (e.g., following a home delivery), the Emergency department or transferred from another hospital.
- This guideline includes clinical admission criteria for admission to the Neonatal Unit.

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**Key words:** Admission, Neonatal Unit, NNU

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### **Abbreviations**

HIE	Hypoxic-ischemic encephalopathy
NNU	Neonatal Unit

The Neonatal Units (NNU) at Wexham Park and Frimley Park Hospitals provide neonatal special and intensive care (level 2, Local Neonatal Unit). Admissions to the Neonatal Unit can be planned or take place in an emergency; admissions usually occur from Labour Ward, Birth Centre or the Postnatal Ward; however, it is possible that a baby will need to be admitted following a home birth or transfer from another hospital (usually a repatriation) or from Emergency department.

Regular communication between Maternity and Neonatal Unit Staff will ensure smooth running of both units. The Nursing Coordinator on the Neonatal Unit and the Midwifery Coordinator on Labour Ward should discuss potential admissions to the Neonatal Unit after each handover and inform the Neonatal Registrar. Some admissions to the Neonatal Unit can be anticipated; for instance, those listed on the Antenatal High Risk Register (Wexham Park Hospital) or those identified antenatally will be highlighted at the daily safety hub meeting (Frimley Park Hospital).

### **Unanticipated admissions**

The Neonatal SHO should be informed if a baby shows any abnormal signs or symptoms. The Neonatal SHO may identify some babies requiring admission to NNU when they attend a delivery. (N.B. neonatal attendance at deliveries is not covered in this guideline). Once the baby has been assessed and admission is felt necessary, it must be discussed with the Neonatal Registrar and Nursing Coordinator on the Neonatal Unit and the Midwife looking after the baby.

### **In-utero transfers**

If Labour Ward receives a referral from an outside unit for an in-utero transfer of a premature baby or baby that will likely need admission to the Neonatal unit once delivered, the Midwifery Coordinator should discuss with the Neonatal Team. If Labour Ward is unable to accept the referral this must be discussed with the Labour Ward Manager and consider discussion with Obstetric Consultant on-call, and should be documented in the daily diary. Similarly, the Neonatal Unit will also keep a record of any in-utero or ex-utero referrals and any refusals should first be discussed with the Neonatal Consultant.

### **Transfer from Labour Ward, Postnatal Ward or Birth Centre.**

Transfer the baby to the Neonatal Unit in a cot, with a warming mattress if needed, unless the baby requires oxygen, in which case the transfer should be made using the resuscitaire or the Giraffe Incubator with shuttle (preferred option for premature babies) or Transport Incubator.

Please ensure the baby has 2 identification labels and update the parents regarding the need for admission (this can also be a useful time to encourage early breast milk expression and consent for donor breast milk if appropriate, e.g., premature babies), see Nutrition and Enteral feeding guideline. Aim to stabilize the baby as much as possible before transfer. Use saturation and temperature probes during transfer where available/appropriate.

Ensure a helper runs ahead to hold open double doors to minimize time spent in cold corridors or lifts. Keep baby warm during transfer, see Thermal Care guideline.

### **Transfer from outside the hospital.**

- **Transfers from home** for a baby identified to have problems at birth should be arranged by the midwife attending the birth. A paramedic ambulance should be used. Babies less than 5 days of age may, if appropriate, be re-admitted to NNU from home – see Guideline for Re-admitting Babies to Hospital. In some circumstances, e.g., jaundice requiring multiple phototherapy or exchange-transfusion, the cut off age for re-admission may be extended to 10 days.
- **Transfers from other hospitals** (usually repatriations) should be planned in advance and should have been discussed with the Neonatal Consultant and Nursing Coordinator on the Neonatal Unit.

In either case, the Neonatal SHO and Registrar and allocated nurse should take handover from transfer staff. The neonatal team should admit the baby using unit guidelines. Neonatal Consultant on duty should be informed.

## Criteria for admission to the Neonatal Unit

- Prematurity:
  - Babies less than 34 weeks gestation
  - Low birth weight: babies less than 1700g
  - Persistent hypothermia despite appropriate measures, see Thermal Care guideline
- Post prolonged resuscitation with
  - Persistent floppiness
  - Persistent pallor
  - Poor cord gases
  - See Assessment and Initiation of Therapeutic Hypothermia guideline (TV&WNN)
- Respiratory problems
  - Persistent grunting/tachypnea/low oxygen saturations
  - Recurrent or prolonged apneic or cyanosis episodes
  - Requirement of any form of respiratory support
- Infection
  - Suspected sepsis with clinical signs
  - Postnatal collapse
- Gastrointestinal problem
  - Abdominal distension/persistent or bilious vomiting
  - Jaundice requiring more than double phototherapy or likely exchange transfusion or rapidly rising SBR requiring more frequently than 4 hourly monitoring, see Jaundice in Newborns guideline
- Metabolic
  - Hypoglycemia requiring frequent tube feeds or intravenous fluids, see Neonatal Hypoglycaemia (Management on Maternity Wards) and Neonatal Hypoglycaemia (Management on NNU) (WPH)
- Cardiovascular
  - Suspicion of significant cardiac abnormality
- Neurological
  - Seizures or any abnormal neurological signs
  - Grade 2 or 3 hypoxic-ischemic encephalopathy (HIE) see Therapeutic Hypothermia guideline (TV&WNN)
  - Signs of Neonatal Abstinence Syndrome requiring treatment
- Major congenital anomalies
- Any baby that requires close and continuous monitoring

### **Avoid unnecessary separation of baby from mother**

## Process for monitoring compliance to this guideline

Details of any unanticipated admission to the Neonatal Unit should be collected on a RLDATIX report by maternity staff and discussed at the Patient Safety and Quality meeting (PSQ).

Some of these cases will require discussion at the monthly Perinatal Morbidity and Mortality Meetings and trends and problems identified should be discussed at the Maternity Forum. These meetings are multi professional and minutes recorded, action plans are agreed and follow-up at subsequent meetings.

## Full version control record

<b>Version:</b>	1.0 (first cross site version)
<b>Guidelines Lead(s):</b>	Dr Claire Oclee-Brown, ST8 Paediatrics
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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

## Version Control Sheet

Version	Date	Guideline Lead(s)	Status	Comment
1.0	Dec 21	C Oclee-Brown	Final	First cross site version

## Related Documents

Document Type	Document Name
Guideline	Thermal Care of the Newborn
Guideline	Assessment and Initiation of Therapeutic Hypothermia (Thames Valley & Wessex Neonatal Network)
Guideline	Neonatal Jaundice, Management of (see Postnatal, Neonatal and Infant Feeding folder in Obs & Gynae guideline set)
Guidelines	Neonatal Hypoglycaemia (Management on Maternity Wards) Neonatal Hypoglycaemia (Management on NNU)
Guideline	Neonatal Unit - Nutrition and Enteral feeding
Guideline	Re-admitting Babies to Hospital