

Maternity Transitional Care Unit (TCU) Standard Operational Procedure

Key Points

- Frimley Health NHS Foundation Trust believes that mothers and babies should not be separated unless it is absolutely necessary.
- The decision to admit mother and baby to TCU should be made following discussion with the neonatal team
- Women will be supported by the midwives and maternity support workers to care for their baby/babies as they are able.
- The lead neonatologist and the named obstetric consultant will have joint overall medical responsibility for TCU.
- Head of midwifery and inpatient matrons will have ultimate responsibility for the leadership of TCU.

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Abbreviations

BAPM	British Association of Perinatal Medicine
NG or NGT	Nasogastric tube
NIPE	Newborn Infant Physical Examination
PROM	Prelabour rupture of membranes
WTE	Whole time equivalent

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Introduction

Frimley Health NHS Foundation Trust (or 'the trust') believes that mothers and babies should not be separated unless it is absolutely necessary. Therefore, every effort is made to ensure that women and babies receive an appropriate level of care. Babies who need continuous medical and nursing care will receive it in the Neonatal Unit.

The aim is to keep mothers and babies together in order to reduce maternal anxiety, promote and provide an environment to facilitate successful breast-feeding, and to promote a positive relationship between the infant and their family.

The Transitional Care Unit (TCU) consists of two four-bedded bays, within the maternity postnatal wards.

Function of the Unit

- To provide safe midwifery care for women and their babies whose condition enables them to be cared for on the TCU ward with support from the neonatal team.
- This area will provide a higher staff to patient ratio, 1:5 - 1:8 (could be 1:10 on a night shift), depending on complexity (BAPM 2017), than a postnatal ward, but not as high as is required on a neonatal unit.
- The unit will be open 24 hours per day, 365 days per year.

Staffing of the Unit

The minimum staffing levels per shift will be one registered midwife and one maternity support worker or maternity care assistant. This will equate to 5.5 WTE registered midwives and 5.5 WTE maternity support worker/maternity care assistants.

Midwives working on TCU should have completed their initial supernumerary shift(s) alongside another experienced TCU midwife.

Admission Policy

The decision to admit the mother and baby to the transitional care unit should be made following discussion with the neonatal team. The babies must be reviewed and discussed by a Tier 2 neonatal doctor or equivalent within 24 hours of admission. Women should be reviewed by the obstetric team as clinically indicated.

The admission criteria are:

- Gestational age 34+0 to 35+6 weeks gestation who do not require intensive or high dependency care on NNU
- Low birth weight babies 1,700 – 2,000 grams who do not require intensive or high dependency care on NNU
- Babies with risk factors for sepsis requiring IV antibiotics who are clinically stable.
- Babies requiring enhanced phototherapy, including high intensity (double) phototherapy following discussion with the Tier 2 neonatal doctor. This includes babies with haemolytic disease requiring enhanced phototherapy and and/or assessment of serum bilirubin 4 – 6 hourly.
- Babies, born to women with Diabetes, requiring more than the normal blood sugar monitoring

- Term infants with persistent hypothermia and unable to self thermo-regulate following a full paediatric review to exclude any underlying cause (Sepsis).
- Infants who are tolerating full enteral feeds minimum of 3 hourly via a NG tube but not fully sucking.
- Babies with a congenital abnormality requiring NG feeds/feeding support and observations at 4 hourly intervals or less
- Babies with Neonatal Abstinence Syndrome diagnosis due to history of maternal recreational drug use or requiring observations at 3 hourly intervals or less
- Babies requiring readmission from the community (mother lodges with the baby).
- All babies must be admitted on Epic and have the Neonatal Critical Care Minimum Data set (NCCMDS) information recorded through Epic Badgernet and a daily care entry recorded. The TCU team will complete the admission and the daily care checklist, and the Neonatal Team will complete the hospital course.
- Any baby that does not completely meet the above admission criteria but whom there is clinical concern.

This is not an exhaustive list. However, all admissions outside of the admission criteria should be discussed prior with a Maternity Ward Matron/Sister in charge and the Neonatal Team.

Babies being cared for in NNU that meet the admission criteria should be considered for step downed to TCU as soon as clinically well enough to minimise the separation of mother and baby.

Women will be supported by midwives and support workers to care for their baby/ies as they are able.

Babies not eligible for admission to TCU who should be cared for on the postnatal ward if clinically well

- Babies of women who have diabetes who are stable.
- Babies requiring KP calculator observations.
- Babies requiring observation for 12 -24 hours following PROM, meconium-stained liquor or maternal GBS (Group B Streptococcal)
- Babies requiring feeding support unless they have a clinical diagnosis and are receiving NG feeds
- Babies with safeguarding issues who are clinically well
- Babies requiring thermoregulation due to environmental issues
- Babies requiring single light phototherapy treatment for physiological neonatal jaundice who are more than 24hrs of age and not at risk of haemolytic disease.

Medical Management

The lead consultant for neonatology and the named consultant would have joint overall responsibility for the unit, to work in collaboration to provide a seamless perinatal service.

Midwifery Management

The ultimate responsibility for leading the unit will be undertaken by the Maternity Ward Matron for each site. They will have responsibility for the recruitment and training of staff and, be accountable for the quality standards of care. There will be a senior midwife/nurse working in collaboration with NNU and the postnatal ward who will be responsible for the day to day running of the ward. The women and babies on the unit will be always under the care of a registered practitioner. They may be supported by a maternity support worker who will report to the registered practitioner allocated to TCU.

Organisation and Workflow

- Women and their babies will be admitted to TCU from various sources including Labour Ward, Birth Centre, Postnatal Ward and the Neonatal Unit (NNU) or readmitted from the community (≤ 10 days) following assessment/discussion with the ward and neonatal staff.
- Babies who are unwell in the transitional care unit will be transferred to NNU after discussion and review by the Neonatal Team.
- Babies having NG tube feeds; the midwife or maternity support worker must check the aspirate pH, using pH indicator paper, checking the colour change against the chart on the container before commencing with the feed, the pH value must be 0 to 5.5 to proceed with the feed. (If above 5.5, the NG tube position must be checked by a trained clinician, once position is confirmed as correct the aspirate pH needs to be repeated prior to the feed).
- Mothers will have a daily postnatal examination by a midwife as part of routine postnatal care. Once a mother is fit for medical discharge, the mothers will lodge with the babies until they are fit to be discharged home together. Postnatal examinations can be completed in line with the community model once a mother is fit for medical discharge and is staying on TCU as a lodger.
- NEWTT charts; All babies on admission to TCU, must have a full set of observations completed and documented on NEWTT (Newborn Early Warning Trigger and Track) charts. All babies do not need routine full monitoring on NEWTT unless clinically indicated. However, due to temperature instability, all babies on TCU need their temperatures measured and plotted on NEWTT as routine.
- All babies on TCU will have their temperatures monitored as a minimum 6 hourly. Please be observant and proactive when monitoring the trend and range for babies. (For example, a baby that has easily maintained a good core temperature and suddenly struggles to keep around 36.6 may need further investigation). If temperatures are stable for 24hours, routine observation can be discontinued.
- Babies will be discussed at the daily Neonatal Handover and will be reviewed daily on TCU by a member of the Neonatal Team.
- If a woman is unwell and unable to care for her own baby, the baby should be assessed on an individual basis and cared for by an appropriate family member supported by the staff on the postnatal ward or NNU as appropriate.
- Parents will be encouraged to actively participate in the care of their babies on the Transitional Care Unit. Babies must be kept with their mothers wherever possible, including at night-time; this is important for bonding and breast-feeding. If a mother requires support with caring for her baby (day or night), a midwife or maternity support worker/maternity care assistant, should provide this support at the mothers' bedside.
- NIPE and hearing screening will be undertaken prior to discharge.
- Discharge arrangements will be planned on an individual basis, and follow-up appointments will be made as necessary. Outpatient appointments will be made at the time of discharge.

- A discharge letter will be generated to inform health care professionals of the planned ongoing care for the baby.
 - This is generated through Epic by the midwife and will include the hospital course information that is completed by the Neonatal Team once babies are fit for discharge.
- Referrals to the Neonatal outreach team will be made if the baby requires specialist follow up in the community
- All mandatory documentation will be completed as per protocol on Epic.

Supporting Services

1. Physiotherapy, Speech Therapy and Dietetics

These services will be directed towards any patients following medical referral.

2. Pathology

Pathology will be provided from the main hospital laboratory.

3. X-Ray and Ultra-sound

All routine X-rays and ultra-sounds will be carried out in the main X-ray department. Cranial USS and Echocardiogram will be performed on the NNU as with babies admitted to NNU.

4. Social Services

Social work support will be provided by the relevant local authority for the family.

5. Multidisciplinary Team

These services will be involved as per required, e.g., GP, health visitors, community midwives, safeguarding midwife, audiology, orthopaedic and surgical referrals.

6. Pharmacy

A drugs service is provided from the main hospital pharmacy. Controlled drugs are to be kept in approved secure controlled drug storage, other drugs will be kept in a locked fridge and cupboard on the unit.

7. Laundry and Linen

As exists for the postnatal ward. Clean linen will be delivered daily for mothers and babies.

8. Catering

Meals will be provided for the mothers from the postnatal ward, on the Frimley site a dining area is provided within the Transitional Care unit. Breastfeeding is the recommended method of infant feeding. Access for expressing and storage of breast milk will be available on the unit.

For mothers who wish to artificially feed, formula, teats and equipment for naso-gastric tube feeding will be available for infants on the unit.

9. Administration

Outpatient arrangements at FHFT will be ordered on Epic, for all outpatient arrangements outside of FHFT, the accepted referral route for that organisation will need to be used and then be documented on Epic. Electronic admission will be on Epic.

10. Housekeeping

Cleaning arrangements will be part of postnatal wards present arrangements and comply with infection control guidelines on maintaining a clean environment.

Visiting Policy

Security access to the unit will be in place and the visiting policy will be the same as on the postnatal ward. All visitors to the unit will follow the existing prevention of infection trust policy guidelines.

Clinical Governance

The Clinical Governance framework for the transitional care unit is via the Obstetric and Gynaecology governance forum and will link to the Paediatric governance forum. Frimley Health NHS Foundation Trust Hospital policies will apply to the Transitional Care Unit.

Staff Development

In order to maintain and develop skills, midwives and MCAs working on the Transitional Care unit may rotate into Neonatal Unit for a period of updating.

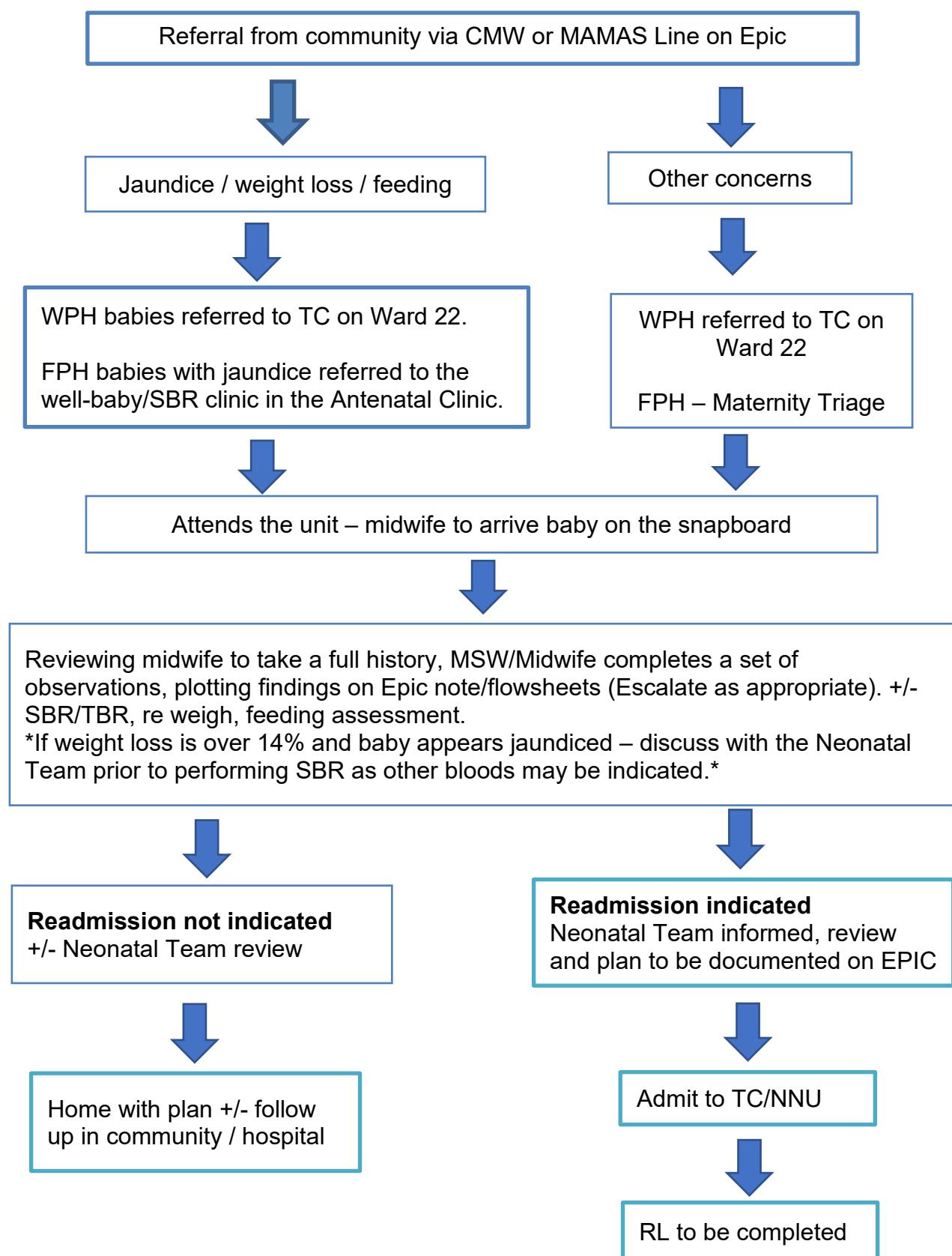
Auditable Standards

- Readmission to NNU
- Readmission from home
- Bed occupancy
- Admission criteria

Reference

British Association of Perinatal Medicine (2017) *A Framework for Neonatal Transitional Care*. Available at: <https://www.bapm.org/resources/24-neonatal-transitional-care-a-framework-for-practice-2017> (Accessed 28.11.22)

Appendix 1: Readmission of baby pathway



Full version control record

Version:	2.0
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Key words:	Transitional care, TCU, baby readmission, infant readmission, observation

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	June 2019	Maternity Transitional Care Unit	final	Approved at OGCAC 11th June 2019, first cross site version, supersedes v1 WPH version
1.1	June 2020	Maternity Transitional Care Unit	Interim	Appendix 1 added Readmission of baby pathway Amendment approved at OGCAC 22nd June 2020
1.2	February 2021	Maternity Transitional Care Unit	Interim	Amendment of admission criteria by Shakeela Banno (NNU matron WPH) as per BAPM
2.0	May 2023	Maternity Transitional Care Unit	Final	Approved at Cross Site Obstetrics Clinical Governance Meeting, 27 th July 2023

Related Documents

Document Type	Document Name
Policy	Controlled Drugs Policy
Policy	Visiting Times Policy