Frimley Health
NHS Foundation Trust

Immediate care of the newborn

Key Points

- The findings of the initial examination including plan of care, referral and follow up as required should be explained to the mother and partner at the time of the examination.
- All women should be offered the opportunity to have skin to skin with their baby and it is the primary method of warming neonates unless the woman is unable to do so. This promotes effective temperature regulation, stabilisation of heart rate, the rooting reflex and establishment of early feeding.

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Abbreviations

APH	Antepartum haemorrhage
GBS	Group B Streptococcus
GDM	Gestational diabetes mellitus
HIV	Human immunodeficiency virus
IUGR	Intrauterine growth restriction
NEWTT	Newborn early warning trigger and track
NLS	Newborn life support
NNU	Neonatal unit
SGA	Small for gestational age
WHO	World health organisation

Contents

1. Introduction

The immediate care of the newborn baby is an important first step in allowing term babies to transition safely between intrauterine and newborn life. The majority of babies will make the transition without requiring anything other than basic care while others will need support. It is important the baby is risk assessed to determine the appropriate care pathway.

2. Labour Ward

2.1 On Admission

All women when admitted to labour ward should have a thorough review of their medical and obstetric history. Early notification to the neonatal team is essential in the following conditions to ensure a detailed plan of care is in place prior to birth.

- Premature Labour (<34 weeks)
- Haemolytic disease
- Major Malformation: Antenatal plans are formulated by Paediatric Consultant alongside the Antenatal screening team. Care plan notes are added to EPIC – usually media or letters tab. A flag can be seen on EPIC labelled as 'Fetal abnormality detected'.
- Narcotic addiction/child abuse/severe psychosis

2.2 Neonatal team to be present at birth of baby

- **Neonatal SHO to be present**
  - Preterm labour <35 weeks
  - Fetal distress
  - Fresh meconium with fetal distress or significant meconium. It is not necessary for non-significant meconium in the absence of fetal distress.
  - High rotational instrumental deliveries
  - Breech presentation
  - Caesarean sections category 1 & 2. Not required to be present for elective caesarean sections or failure to progress unless there are known fetal issues. Please alert Neonatal Tier 1 doctor to standby if the woman is having a general anaesthetic.
  - Multiple pregnancy if either is non-cephalic or if delay with second twin or <36 weeks gestation.
  - Fetal abnormalities and haemolytic disease
  - Maternal psychotropic drugs/narcotic addiction/heavy analgesia
  - Others at request of obstetrician/labour ward coordinator

- **Neonatal Tier 2 doctor (Registrar) or equivalent also to be called in the following situations**
  - Preterm <34 weeks
  - Multiple pregnancy <35 weeks or with fetal distress
  - Sever haemolytic disease / fetal abnormalities
  - Anticipated poor condition of baby at birth, e.g., severe fetal distress
  - Category 1 caesarean section

3. Following Birth

3.1 Immediate actions

- Delayed cord clamping of at least 1 minute should be carried out unless the condition of mother and baby indicates cutting of the cord sooner.
- Clamp and cut the cord before 5 minutes to allow for active management of 3rd stage of labour.
- If the woman requests that the cord is clamped and cut later than 5 minutes, support her choice.
- Record Apgar score at 1 minute and 5 minutes for all births.
  - When assessing the colour element of the apgar score assess central oxygenation by looking at the inside of the mouth at the mucous membranes and tongue
  - Assess the peripheral oxygenation by looking at the colour of the nail beds.
- If the baby is in poor condition
  - Follow the Newborn Life Support guideline.
  - Take paired cord-blood samples for blood analysis.
  - Continue to evaluate and record the baby's condition until it is improved or reviewed.
- Encourage mothers to have skin-to-skin contact with their babies as soon after birth as possible. If the mother is not well enough, encourage her birth companion to have skin-to-skin instead.
- Baby should be dried following birth prior to initiating skin to skin and covered to support thermoregulation.
- Avoid separating the woman and her baby within the first hour of the birth for routine postnatal procedures, for example, weighing and measuring, unless these procedures are requested by the mother or are necessary for the immediate care of the baby.
- Encourage initiation of infant feeding as soon as possible after birth, ideally within 1 hour.

3.2 Labelling the baby.

- Ensure the baby is labelled correctly with two ID bands and confirm details with mother or partner.
- Maternal details label is generated on admission in labour.
- Baby details label generated following birth with baby's NHS and MRN number.
- **Frimley Park Hospital**; a label on each ankle, one with the mother's details on and one with baby details on (to be in place before the midwife leaves the delivery room).
- **Wexham Park Hospital**; a label to be applied on one wrist and one ankle. A security tag to be added to one ankle as soon as possible after birth.
- Ensure mother/partner are aware of the security system in the maternity unit.

3.3 Initial examination

- Document the initial check in the baby's records in Epic; Initial Baby Examination flowsheet.
- Perform a head-to-toe examination of the baby to detect any physical abnormality and to identify any problems that need referral to paediatrician.

- If there are any concerns at the time of the examination, then the paediatrician is to be informed and asked to review the baby.
- Record any birth injuries or marks on the baby on the body map on Epic.
- Identify those babies who require further review or monitoring to ensure the correct pathway is followed. These include:

  - Risk of Sepsis
  - Risk of Hypoglycaemia
  - Risk of Hypothermia
  - Risk of Neonatal abstinence
  - Mother HIV positive
  - Mother Hep B positive
  - Maternal antibodies
  - Concealed pregnancy
  - Breech delivery
  - Shoulder dystocia

- Ensure that any examination or treatment of the baby is undertaken with the consent of the parents and either in their presence or, if this is not possible, with their knowledge.
- Administer Vitamin K following a discussion of the risks and benefits with the parents who need to provide verbal consent for the administration.
- Record baby's temperature 1 hour post birth
- Pulse oximetry to be carried out alongside of NIPE or within 4-24hrs of age. If NIPE is not to be completed within 24hrs pulse oximetry must be completed.
- Babies who do not trigger for regular observations should have a full set of observations within first day of birth either on admission to postnatal ward or if remaining on labour ward.

4. Auditable Standards

- The appropriate professional will be present at all births to assess and support the neonate as required.
- All neonates' temperature will be taken and recorded at 1 hour post birth.
- All babies will have two identification labels, with maternal and neonatal information and attached to the neonate prior to leaving the birthing room.
- All documentation should be on Epic, including an appropriate plan of care when risks are identified, observations and timely referral for review.

5. Monitoring Compliance of Guideline

This guideline will be subject to three yearly audit. The audit midwife is responsible for coordinating the audit. Results presented to the department clinical audit meeting. Action plans will be monitored at the department clinical audit meeting.

6. References

1. British Association of Perinatal Medicine (2020) *Therapeutic Hypothermia for Neonatal Encephalopathy A Framework for Practice.* https://www.bapm.org/resources/deterioration-of-the-newborn-newtt-2-a-framework-for-practice (Accessed 2/1/25)
2. National Institute for Health and Care Excellence. *Postnatal Care*. NICE guideline (NG194). April 2021.
3. National Institute for Health and Care Excellence. *Intrapartum Care*. NICE guideline (NG235) Sept 2023
4. British Association of Perinatal Medicine. *Routine Pulse Oximetry Testing for Newborn Babies.* October 2024.
5. Royal College of Obstetricians & Gynaecologists (2017) Group B Streptococcus (GBS) in pregnancy and newborn babies. https://www.rcog.org.uk/for-the-public/browse-our-patient-information/group-b-streptococcus-gbs-in-pregnancy-and-newborn-babies/ (Accessed 22.1.25)
6. National Institute for Health and Care Excellence [NICE] (2024) *Neonatal infection: antibiotics for prevention and treatment*. NG195. Available at: https://www.nice.org.uk/guidance/ng195 (Accessed: 12 February 2025)

Appendix: Neonatal Observations

Meconium-Stained Liquor If there has been meconium staining and the baby is in good condition at birth, the baby should be closely observed for signs of respiratory distress until minimum 12 hours (Intrapartum Care Guidelines NICE 2023[3]) **Observations at birth, 1, 2hrs old and then 2hrly until 12hrs old**
Pre-Labour Rupture of Membranes >24hrs Asymptomatic term babies born to women with pre-labour rupture of membranes (more than 24 hours before labour) should be closely observed for the first 12 hours of life (Intrapartum Care Guidelines NICE 2023[3]) **Observations at birth, 1, 2hrs old and then 2hrly until 12hrs old**
GBS / Early Onset Neonatal Infection No red flags and no clinical indicators but one "risk factors" that is not a red flag. Observation for at least 12 hours. (Neonatal Infection NICE 2024 [6]) **Confirm paediatric plan for ongoing observations/plan of care**
Neonatal Infection **Observations at birth, 1, 2hrs and then 2hrly until 12hrs old** **If KP observations specified – 2hrly for 12hrs then 4hrly until 24hrs old**
GBS If antibiotic cover given in labour: **Observations at birth, 1, 2hrs and then 2hrly until 12hrs old** If no antibiotic cover OR GBS present in current pregnancy OR previous baby affected**:** **Observations to be carried out until 24hrs old** (Group B Streptococcus in Pregnancy and Newborn Babies RCOG 2017[5])
Neonatal Abstinence Duration of observations are dependent on medications taken by the mother – See Perinatal Mental Health guideline for duration and escalation process. Recreational Drug use in pregnancy – refer to Neonatal Abstinence Syndrome - Neonatal Network South East for duration of observations which are performed 4hrly Ensure all fields of NEWTT2 flowsheet are completed on EPIC for each set of observations to ensure appropriate calculation of NEWTT score. For abstinence observations, please ensure 'withdrawal' flowsheet is completed alongside NEWTT2.

A full set of observations should include heart rate, respiration rate, temperature, assessment of colour and tone, signs of respiratory distress and general wellbeing.

Full version control record

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Contributor(s):	Abi Jurd, Postnatal Lead Midwife (FPH) Jo Millen, Paediatrician (FPH) Samantha Thomson, Postnatal Lead Midwife (WPH)
Lead Director / Chief of Service:	Balvinder Sagoo, CoS for Obstetrics & Gynaecology
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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 History

Version	Date	Guideline Lead(s)	Status	Comment
0.1	September 2019	P. Clark	Draft	First cross site version
1.0	March 2020	P. Clark	Final	Approved for publication
1.1	June 2020	P. Clark	Interim	Addition of examination of the palate during initial examination of the newborn in Appendix 1. Approved at cross site meeting 22.06.2020
2.0	Feb 2025	R Grindle, Leanne Donlevy, Abi Jurd	Final	Approved at Cross Site Clinical Governance meeting 11.02.2025

Related Documents

Document Type	Document Name
Guideline	Neonatal Jaundice
Guideline	HIV in Pregnancy
Guideline	Neonatal Hepatitis B vaccine
Guideline	Newborn Life Support
Guideline	Skin-to skin contact and initiating a close relationship for all mothers and babies in hospital
Guideline	Perinatal Mental Health
Guideline	Neonatal Hypoglycaemia (Management on Maternity Wards)
Guideline	Substance Misuse in Pregnancy
Guideline	Neonatal Vitamin K Administration in Maternity
Guideline	Management of Early Infection Risk in Newborns