SCOPE: **Maternity and Neonatal Unit**

GUIDELINE: **Early postnatal discharge from the Maternity Unit**

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PURPOSE: To identify risk factors associated with early discharge

DEFINITIONS:

- Low birth weight babies are those whose weight is less than 2500gms
- Full term birth is at 37 or more gestational weeks
- Small for gestational age (SGA) babies are those whose birth weight is below the 10th centile for gestational age on a customised centile chart.
- Early discharge is defined as discharge within 12 hours of birthing

GUIDELINE:

There is no "correct" length of stay for a healthy mother and baby. Length of stay should be based on their individual needs and preference.

If there are identified risk factors for the mother and/or baby, early discharge (less than 12 hours after birth) may be contra-indicated.

Although risk factors can be identified, any checklist is no substitute for a specific assessment of the mother and baby.

The LMC/core midwife should assess the mother and baby at birth. If an early discharge is planned the LMC/core midwife should reassess the mother and baby prior to discharge.

Maternal factors

- Risk factors for the mother will relate to her ante natal, intra partum and postnatal history.
- If the mother has had an instrumental birth or LSCS, excessive blood loss, hypertension, an epidural or spinal anesthesia, early discharge is likely to be contraindicated.
- Postnatal observations of blood pressure, temperature and pulse, fundus, lochia, perineum and urinary output should be completed by a midwife prior to discharge.
- Any appropriate blood tests should be completed and results obtained. Anti D immunoglobulin administration should be arranged if appropriate.
- The mother and her support person should have contact numbers of their postnatal midwife.
- They should be advised of abnormal signs and symptoms for both mother and baby that should alert them to seek advice.

Risk factors which **may** contraindicate early discharge of the baby

1. Referral: If the baby has been referred to the paediatrician or for transitional care, then early discharge will be contraindicated due to ongoing need for regular observations.
2. Weight: Early discharge is contraindicated for infants who are small for gestational age or weighing less than 2500gms. Infants who are small for gestational age or who weigh less than 2500gms should be considered for referral to the neonatal team. Infants who weigh less than 2000gms or who are less than 35 weeks gestational age should be referred for paediatric examination. Infants whose weight is greater than the 95th centile on a customised BWC for gestational age are at risk of hypoglycaemia so may need further monitoring.
3. Maturity: Early discharge is contraindicated for infants less than 37 weeks gestational age
4. Multiple birth: twins or more are at increased risk of hypoglycaemia
5. Thermal instability: if the baby has had a temperature of less than 36º C or more than 37.5º C confirmed within one hour of appropriate management further observation may be indicated.
6. Low Apgar scores at birth (less than 7 at 1 or 5 minutes)
7. Narcotic depression at birth treated with Naloxone
8. Respiratory rate should be less than 60 with no increased work of breathing
9. Meconium stained amniotic fluid: the chemical irritation caused by aspiration of meconium causing inflammation is apparent 24 - 48 hours following birth, and it is therefore essential to maintain close observation of the infant.
10. Jaundice: any infant with signs of jaundice within the first 24 hours of life should be referred to the paediatric service
11. Hypoglycaemia of the newborn: if the baby is at risk of hypoglycaemia the greatest risk is in the first 24 hours of life.
12. Group B Strep risk factors
    - Previous GBS affected baby
    - GBS bacteruria (of any count) in this pregnancy
    - Preterm (<37 weeks) labour and birth
    - Intrapartum fever >38 degrees C
    - Membrane rupture >18 hours
    - Positive maternal screening test for GBS at 35 – 37 weeks of current pregnancy
13. Immunisations: If the mother's HBsAg status is negative, no further action is needed. If her status is unknown or positive see *Management of babies born to Hepatitis B positive mother's guideline.* If required Hepatitis B vaccine and Hepatitis B HBIG should be given within 12 hours of birth if possible. If the baby requires BCG then a referral to the Public Health Unit should be completed.
14. Feeding: the baby should have fed well since birth and appropriate breast feeding education offered as per Breast Feeding policy. If formula feeding ensure the mother knows how to sterilise equipment and prepare formula feeds as per formula feeding guideline.

Education for the family

- BABY ESSENTIALS EDUCATION: Information on preventing sudden unexpected death in infancy should be offered to all parents with key messages. It is essential that infant

positioning is modelled and promoted for all babies with the additional benefits to vulnerable babies reinforced. Low birth weight and preterm babies are more vulnerable than full term babies with normal weights. The leaflet *'Safe Sleep Essentials*" is provided to all postnatal women. If the mother has smoked during pregnancy the baby is more vulnerable to sickness, asphyxia and SUDI. The family can reduce the risks by ensuring safe sleeping practice, breast feeding and not letting the baby smell or breathe tobacco smoke. They need to ensure these things happen if the baby is in the care of other caregivers.

- Shaken baby prevention education
- WARMTH: The baby will be more vulnerable to becoming cold than in the first 48 hours following birth. Adequate clothing, hats and bedding are essential.
- FEEDING: The family should contact their LMC if the baby is not feeding well after discharge from hospital. The family should be taught to check nappies to see that the baby is passing urine and stools regularly.
- PEPI-POD: these are offered to families that meet the criteria

APPENDIX

Checklist for early discharge from the Maternity Unit

ASSOCIATED DOCUMENTS

Breast feeding – Organisational Policy
Formula feeding guideline
Referral of inpatient neonates to paediatric service Guideline
Management of hypoglycemia of the Newborn Guideline
Low birth weight babies on the Maternity Unit
Management of babies born to Hepatitis B positive mothers
Management of infants born with meconium stained amniotic fluid

REFERENCES

Change for our Children Baby Essentials Education

Consultant Paediatrician

Group Service Manager
Maternal, Child and Youth

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