POSTNATAL WARD SURVIVAL GUIDE

Jobs to Do

- The nursery nurses keep a clipboard of babies to see. At the beginning of your shift check with the nursery nurse to see if there are any babies for early review e.g. those ready to go home, those they are worried about
- Next review all transitional care babies
- Next complete all routine NIPEs
- Review results table daily and once weekly (Thursdays) with the N2 Consultant
- Up-date the handover list
- Miscellaneous

If you think you're going to need help to finish on time, let the team upstairs know EARLY so that someone can be sent to help.

Transitional Care Reviews

- All babies on trans-care pathways need to be seen daily with something written in the notes
- TMBU guidelines are very helpful. Access them from the website or download the Microguide app. Familiarise yourself with which guidelines are available.
- If you have any questions or concerns, do not be afraid to ask for senior help. The Nursery 2 team are your first port of call.

NIPE

- Can be completed after 4 hours of life
- NIPE SMART can be accessed via
  https://nipe.northgate.thirdparty.nhs.uk/S4N/nhsbaby
  if the link is not found on the desktop
- Increasing numbers of midwives are being trained to perform routine (non-transitional care) NIPEs. This is very helpful but not always available
- Best practice is to perform NIPEs on the nursery resuscitaire where there is better lighting and privacy to talk to parents.
- Antenatal details to be checked (from maternal antenatal notes +/- ICE):
  - Maternal blood group:
    - If Rh-, must also check baby's group & DAT, usually taken from the cord at delivery by midwives.
  - Maternal infection status (HIV/Hep/Syphilis):
    - If positive, there is usually an antenatal plan with details on what vaccinations etc. are needed, otherwise see TMBU guidelines for HBV/HCV, HIV, etc.
    - If maternal Hep B positive, Hep B Notification form needs to be completed Find in T: TMBUSHO > NIPE REFERRAL LETTERS > Hepatitis B Notification forms RSCH. Complete this form, save a copy in this folder, where the secretaries will find it and send it to the relevant people. Print a copy and keep with baby notes. These babies will usually have an orange folder already generated. If not, please get an orange folder – see section 4 below.
  - Antenatal scans:
    - If anomalies noted, antenatal plan is usually present, but if unclear, there is usually a relevant guideline to refer to, e.g. renal pelvic dilatation.
    - Trisomy risk
    - Breech >36 weeks
  - Substance misuse:

        - May have been seen in One Stop Clinic, and an antenatal plan (lilac sheet) may have been put in place from here. If NAS scoring is required, see 'Management of Neonatal Abstinence' guideline (under neurological care)
    - Child protection and safeguarding:
        - May be on yellow paper in maternal brown notes. No need to do anything specific with this information unless specified, but good to be aware of the information and should be recorded on NIPE SMART in relevant box.
    - Specific family history information:
        - Eyes - may require ophthalmology referral depending on problem, discuss with senior
        - Hearing - no need to do anything if family history present, but ensure audiology screeners know as they may need to refer for further testing
        - Thyroid (relevant in mother only) - see 'Maternal thyroid disease' section of postnatal guideline
        - Heart - see 'Heart' section of postnatal guideline
        - Hips - breech at >36 weeks or first degree relative with DDH requires referral
        - Country of origin of parents/grandparents - for determining high risk BCG groups – See below
    - Other questions for parents:
        - Feeding
        - Urine
        - Stool
        - Any other concerns to be addressed
- Record on NIPE SMART
    - 'Select all to no' is a quick way to record a normal NIPE
    - OFC can be recorded either in Head/Skull notes or in comment box at the bottom (on print out, OFC can also be added to appropriate spaces on template)
    - Record pulse oximetry screening after saving NIPE. Act on any abnormal result: see 'Heart' section of postnatal guideline
- Print NIPE
    - Print two copies (one for parents to give to their health visitor and one to keep with notes)
    - Delete 'yes/no/unknown' as appropriate on the computer, or circle once printed
    - Copy of NIPE print out does NOT need to be saved to local computer (official copy already stored in NIPE SMART system)
- Referrals
    - See 'NIPE referral guideline' and 'Postnatal ward guideline' for things to look for and what to refer. If unsure about a finding, discuss with a senior
    - Pre-generated templates for each baby are available on NIPE SMART (see letters tab) for Ophthalmology, Heart, Hips, Testes. General forms are also available which can be edited for relevant specialities
    - Save referral form in T: TMBUSHO > NIPE REFERRAL LETTER > RSCH Referrals. The neonatal secretaries will see it and send it on
    - Print a copy and keep with baby notes
    - All referred babies require an orange folder. Folders can be found underneath postnatal computer desk.
    - BCG referrals:
        - BCG referral form found in T: TMBUSHO > NIPE REFERRAL LETTERS > BCG REFERRALS
        - Fill out EVERY box otherwise the form will be rejected

        - Save a copy in 'BCG REFERRALS' folder where the secretaries will see and send onwards.
        - Print a copy and keep with baby notes. Orange folder is not required.
    - Hepatitis B Notification - see section above

Results Table

- Found in T: TMBUSHO > POSTNATAL WARD RESULTS
- Check as regularly as possible, and update date on postnatal handover sheet
- If you action anything, make notes in the appropriate column and date/initial it
- Once a result has been chased and actioned, make notes in relevant column and move the row to the 'Completed results' section of the results table.
- If arranging for outpatient blood testing
    - Give parents blood forms and telephone number of RACH phlebotomy, parents will be able to book an appointment themselves when convenient.
    - Number for RACH phlebotomy can be found at the top of results table
    - Ensure correct phone number of parent is recorded on the results table
- If no blood results are available when expected
    - Phone parents to ensure they actually have/will attend a phlebotomy appointment at RACH
- If blood test done but repeat test required
    - Leave a completed blood form in RACH phlebotomy and phone parents to ask them to make another appointment. The form will be waiting for them in phlebotomy when they come.

Handover List

- Found in T: TMBUSHO > Postnatal ward handover
- If you are the delivery bleep holder but not the postnatal doctor, don't forget to add any babies you've delivered and screened for sepsis onto the postnatal list and hand this over
- The nursery 2 registrar or consultant should listen in on your postnatal handovers between shifts.

Tests and Procedures

- Blood tests are repeated regularly on babies on the postnatal ward for a number of reasons. If a blood test is not time-critical, a helpful time for nursery nurses to do bloods is usually 06:00 am. This means the result is then ready for the day team to chase and action. Below is a rough guide only and clinical judgement is required:
    - CRP in babies with suspected sepsis
        - See 'Management of Newborns at Risk of Early and Late Infections' guideline
        - First CRP is taken during initial partial septic screen
        - Second CRP should be repeated >6h <24h after the first CRP was taken
        - If CRP < 10 mg/l, no further repeats are necessary unless there is a clinical concern
        - If there is a significant CRP rise, CRP is usually repeated until it is < 10 mg/l
        - These repeats may be every >6h <24h, or if the baby is on a prolonged course of antibiotics, you may decide to wait until the last few days of treatment.
    - SBR in jaundiced babies
        - See 'Hyperbilirubinaemia' guideline
    - Glucose monitoring
        - See 'Hypoglycaemia' guideline
- Venepuncture and cannulation equipment is available on the postnatal ward
- Nursery nurses can perform heel-prick blood sampling but currently do not perform blood gases

- Lumbar punctures and other procedures can be performed on Level 12 in or next to the examination room
- For lumbar punctures, the microbiology lab should be called to inform them that the sample is coming. Out of hours, call switchboard to put you through to the microbiology technician on call. The sample should be hand delivered to the lab so as to avoid delay in processing the CSF sample
- For any newly identified baby needing septic screening, please perform all investigations on Level 12 and ask a neonatal nurse to give to give the first dose of antibiotic.

Weight Loss and Feeding on the Postnatal Ward

- Babies are weighed on D3 and D5 if still an inpatient. In the community, midwives weigh on D5. Weight loss is expressed as % = [Birth weight – Current weight] / Birth weight x 100.
  - If there is weight loss of 8 - 10%, discuss how feeding is going. A feeding plan (see below) may need to be implemented, but you may not need to introduce formula in the feeding plan yet as breastfeeding plus MEBM top ups may be enough.
  - If there is weight loss of 10 - 12%, a feeding plan including formula top ups may need to be implemented.
  - If there is weight loss > 12%, implement a feeding plan and consider also checking hydration with U&Es
- All feeding plans are created on a case-by-case basis and depend on mother's milk production, preferences, and what the baby is doing. If appropriate, nursery nurses and midwives can also provide feeding support to optimise breastfeeding, expressing, and feeding technique. Use the below as a guideline only and clinical judgement is required:
- Babies on a feeding plan should be given a feeding chart so that timings, volumes, and nappies can be recorded (approx. 4 - 5 wet nappies per day)
  - If breastfeeding, aim to breastfeed for a short period, followed by MEBM/formula top up at appropriate volumes, 2-3 hourly
  - If not breast feeding well or mum is only producing very small amounts of expressed milk, aim for full volume top ups
  - If not breast feeding well and mum is producing good volumes, aim for partial top up volume
  - If formula feeding, calculate volumes as appropriate

Miscellaneous

- Oral vitamin K prescriptions
  - Midwives will ask you to sign for oral vitamin K prescriptions
  - As you are signing the prescription, it is your responsibility to ensure parents have been fully informed
  - If possible, talk to the parents in person, as it doesn't take long and it may also be a good opportunity to discuss any anti-vaccination views
  - There is a postnatal leaflet available which you can also give to parents