



Neonatal Transitional Care Guideline

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1.0 Introduction

Neonatal Transitional Care (NTC) is a concept and not a physical location within Barnsley Maternity Unit. It can be delivered in any area where mothers and newborn babies are cared for together when the baby requires extra care/observations. These babies will need additional input from Midwifery and Neonatal teams but are not unwell enough to warrant admission to the Neonatal Unit (NNU).

It is well researched that keeping mothers and babies together has a multitude of benefits, including but not limited to, increased breastfeeding, supporting transition to extra-uterine life, maternal and neonatal bonding, reduced length of hospital stay and rates of readmission, enhanced parental confidence and improved service user experience. Close and loving relationships between mother and baby are proven to increase the baby's brain development and this impact is lifelong. By using this Transitional Care (TC) guideline, we are able to provide care via a multidisciplinary approach to mothers and their babies who previously would have been separated on admission to the Neonatal Unit.

Neonatal Transitional Care (NTC) is care additional to normal care, provided in a postnatal clinical environment by the mother or an alternative resident carer, supported by appropriately trained healthcare professionals" (British Association of Perinatal Medicine, 2017)

2.0 Objective

This guideline has been developed to standardise admission criteria for babies who require transitional care (It will also describe the process by which babies will be escalated to or 'stepped down' from the Neonatal Unit (NNU) in response to the baby's condition. This guidance must be referred to by all staff groups involved in the immediate care of the newborn when deciding the most appropriate place of admission.

Other objectives of this guidance are to:

- Demonstrate how a multi-professional team will provide postnatal care and transitional care to the mother and baby.
- Outline best practice to enable the team to support the family, so that they can remain together when they may have otherwise been separated.
- Demonstrate how NTC will prevent unnecessary admission to the Neonatal Unit and separation of mother and child.



3.0 Scope

Transitional care criteria

From Birth (Coded as HRG 4):

- Gestational age 34+0 to 36+6 (CNST standard) who are clinically stable and do not require admission to the neonatal unit
- Birth weight >1800g* and <2000g who are clinically well and do not require admission to the neonatal unit
- Risk factors for sepsis and requiring intravenous antibiotics but are clinically stable
- Any baby predicted to require nasogastric tube feeding

*All babies weighing $\leq 1800\text{g}$ will be admitted initially to the NNU for observation of feeding and temperature control

Within 7 days of birth (Coded as HRG 5):

- All postnatal re-admissions requiring feeding support will be cared for on the Antenatal Postnatal ward (ANPN) ward and not directed to the Paediatric ward. Both mother and baby will be cared for as a collective.

NB: the primary carer must be resident with the baby and providing some of the baby's care

4.0 Main body

NTC at Barnsley Hospital is care additional to standard infant care provided in a postnatal clinical environment by the mother or an individual with authorised parental responsibilities. The care provided by the mother is supported by appropriately trained healthcare professionals (British Association of Perinatal Medicine (BAPM), 2017).

To fulfil the BAPM criteria for NTC, the primary carer must be resident with the baby and providing some of the baby's care. Consideration needs to be given to the care of both the mother and baby. Ability to evaluate and respond to the care needs of both mother and baby in a flexible manner is essential in providing safe and effective NTC, and will involve multidisciplinary collaborative working. In the rare situation in which the mother is too unwell to provide care for her baby, every effort should be made to keep mother and baby together.

Clear and consistent information about their baby's condition and the care they require will be shared regularly with parent(s). This information will be consistent across the neonatal and maternity teams. This will be given in a supportive and nurturing environment in order to encourage and empower parents to take the lead role in their baby's care and make informed decisions.



Maternity Voices Partnership will be involved in the development of this service by sharing and discussing the routine audit data which assists the maternity unit to monitor and develop the service further.

5.0 Barnsley Transitional care staffing model.

5.1.1 Role of the Midwife

- A registered midwife will be responsible for the care of the mother
- The baby will be under the shared care of midwifery, the paediatric medical team. and the neonatal team
- At the point of admission of a baby who requires NTC, the NTC admission proforma will be completed by the Midwife
- The plan of care for the baby requiring NTC will be discussed with the paediatric medical team at the daily Safety Huddle on the ANPN ward. This will enable joint management plans to be developed and recorded on BadgerNet via the daily review. A daily review proforma (found within the paediatric huddle paperwork on the ANPN) will be completed by the Midwife, Maternity Support Worker (MSW) or admin support team caring for the baby.
- All discharge arrangements for the baby including: TTO's, outpatient appointments, community midwife follow up, red book, postnatal notes and discharge will be arranged by the midwife following discussion with the paediatric medical team.

If the staffing ratio of one MSW to four TC babies is breached, the Midwife will complete a red flag on the Ward Acuity tool. This Red Flag will be reported via Women's Business and Governance meetings monthly to monitor the staffing model and support further NTC development and expansion moving forward.

5.1.2 Role of the paediatric medical team

- The on call paediatric medical team, led by the Paediatric Consultant, will attend the Postnatal Ward and lead the Neonatal Safety Huddle. This MDT meeting will include the Midwife and or the MSW caring for NTC babies.
- A clear management plan will be recorded within the NTC babies' notes.
- At each review, consideration will be given to the possibility of the TC baby requiring escalation (to the NNU), or stepping down (discharge from TC care to routine postnatal care). These changes will be recorded in the management plan and if required onto BadgerNet from the daily update.
- At the Neonatal Unit's Safety Huddle which takes place directly after the ANPN ward round, the NNU nursing team will be notified and/or updated regarding the TC babies on the ANPN ward and any issues/support required will be noted and actioned. This will be documented on the Neonatal unit daily huddle proforma.
- It is also the responsibility of the paediatric medical team to:
 - Review and acknowledge the results of any of the patients' investigations.
 - Write the prescription and ordering of any take home medication (TTO's).
 - Full medical admission and discharge, under neonatal care.
 - Prescription review of any required medications.



5.1.3 **Role of the Neonatal Nursing Team**

- At the NNU safety huddle, the nurse in charge of the neonatal unit will receive an update from the paediatric medical team about the babies on the ANPN ward requiring NTC
- The neonatal nursing team will liaise with the midwifery team regarding all matters of infant feeding, including skin to skin and expressing as required by the Midwife/MSW.

5.4 **Role of the Maternity Support Worker (MSW)**

- MSW staffing ratio is one MSW to four TC babies.
- The postnatal/NTC MSW is a Band 3 with skills to support the mother and baby whilst admitted to NTC. These skills include performing and recording baby observations; recognising and escalating to the midwife any deviations from the norm or deterioration; obtaining blood samples within the scope of their practice; and supporting infant feeding.
- For the mother's care the MSW will be able to provide post-operative care, parenting support, take blood and remove catheters and intravenous lines.
- This group of staff will be supported to develop skills and competencies with the help of the Clinical Skills Facilitator and by having opportunities to work alongside the neonatal nursing team.
- A key role of the MSW will be to provide on-going support to new parents alongside the Midwife. The focus will be on supporting the parents to be the main carer for the baby whilst in hospital and to avoid separating mother and baby.

5.4 **Role of administration staff**

Administration staff will be responsible for inputting the initial admission data, daily summary and discharges for all TC babies on to BadgerNet.



6.0 Associated documents and references

British Association of Perinatal Medicine (2017) A Framework for Neonatal Transitional Care
<https://www.bapm.org/resources/24-neonatal-transitional-care-a-framework-for-practice-2017> (Accessed 22/09/2022)

7.0 Training and resources

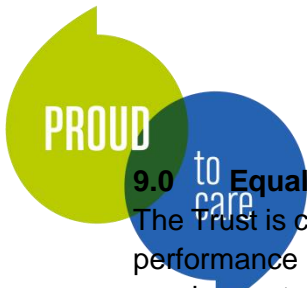
All staff involved within the NTC delivery will be trained to the standard required for their input. As the service evolved training will be established to meet the needs of the service.

8.0 Monitoring and audit

Datix's® must be completed when a readmitted baby, who is within seven days of birth, cannot be cared for on the ANPN ward.

This guideline will be reviewed after three years of authorisation. It may be reviewed within this period if there are any reports, new evidence, guidelines or external standards suggesting that a guideline review is required.

In order to monitor compliance with this guideline, audits will be submitted on a quarterly basis to the Women's Services Business & Governance Meeting, and to the Local Maternity and Neonatal System (LMNS). All audits will be carried out in line with the requirements of the Maternity Incentive Scheme. <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/>



9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1

Glossary of terms

ANPN	Antenatal Postnatal ward
BAPM	British Association of Perinatal Medicine
BBC	Barnsley Birthing Centre
MDT	Multi-Disciplinary Team
MSW	Maternity Support Worker
NTC	Neonatal Transitional Care

Appendix 2 (must always be the last appendix)

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author
8	19/08/2021		

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Women's Business and Governance	18/11/22
Paediatric Business and Governance	09/12/22
CBU3 Business and Governance	21/12/22



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Guideline
Document title	Neonatal Transitional Care
Document author (Job title and team)	Neonatal Unit Lead Nurse ANPN Lead Midwife Deputy HOM
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	Consultant Paediatricians
Approval recommended by (meeting and dates):	Womens B&G 18/11/22 Paediatric B&G 09/12/22 CBU3 B&G 21/12/22
Date of next review (maximum 3 years)	21/12/2025
Key words for search criteria on intranet (max 10 words)	
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Molly Claydon Designation: Governance Support Co-ordinator

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Business and Governance
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