Well Newborn – Medical Directive

Pharmacy & Therapeutics Approved: 08SEP2020

☑ Harmonized

Authorizing Prescriber(s)

Family Medicine Physicians, Paediatricians, Neonatologists, Registered Midwives with privileges in the Women's and Children's Program at Lakeridge Health.

Authorized to Whom

Nurses working in the Women and Children's program at Lakeridge Health.

Patient Description/Population

Newborn patients born at a Lakeridge Health facility being cared for in Labour and Delivery or Post Partum areas.

Orders and/or Procedures

1. **Infant care**
   Lakeridge Health supports at least one hour of uninterrupted skin to skin contact for baby with mother or another support person within the first two hours of birth to facilitate bonding and establish breastfeeding.
   - Skin to skin contact immediately post delivery provided the infant does not require urgent medical attention.
   - Complete routine baby care AFTER this timeframe provided the infant does not require urgent medical attention.

2. **Medications**
   - Administer Vitamin K 1 mg intramuscularly once to the vastus lateralis within the first 6 hours of life.
   - Administer Erythromycin 0.5% ophthalmic ointment to each eye X1 within the first 2 hours of life provided that there is written parental/guardian consent in the patient's record.

3. **Infant Feeding**
   - Feeding of parental choice on demand
     - Feed within 60 minutes of life and then based on cues with a minimum of 8 feeds in a 24 hour period.
   - If supplementation for breastfeeding infants is required, attempt to use an alternative feeding method and always attempt to feed Expressed Breast Milk first.
   - If bottlefeeding, provide 2-10 mL per feed in the first 24 hours of life.

4. Vital Signs

The nurse or midwife will assess vital signs (axillary temperature, apical heart rate, and respiratory rate) according to the chart below:

Population	• Group B Streptococcus (GBS) negative • GBS positive with adequate Intra-partum Antibiotic Prophylaxis (IAP) • GBS negative or unknown with 1 risk factor and adequate IAP	• GBS negative and at least 1 risk factor and inadequate IAP or, • GBS unknown or, • GBS positive, inadequate IAP or, • Chorioamnionitis	• Vacuum/forceps assisted delivery
Vital Sign Standard	• VS at birth • Hourly for 2 hours • Q8h until discharge	• VS at birth • Hourly for 2 hours • Q3-4h until discharge	• VS at birth • Q2h x3 then, • Q6h x3 then, • Q8h until discharge

Risk Factors:

- Maternal intrapartum GBS colonization during the current pregnancy
- GBS bacteruria at any time during the current pregnancy
- A previous infant with invasive GBS disease
- Prolonged rupture of membranes ≥18 h
- Maternal fever (temperature ≥ 38^{o}C)

5. Infant weight and measurements

- Complete Infant weight, head circumference and length measurements after 1-2 hours of uninterrupted skin to skin contact
- If vacuum or forceps assisted delivery, complete head circumference measurement: Q2h X 3 then Q6h X 3
- Notify the MRP if head circumference is increasing

6. Hypoglycemia Screening

- Glucose point of care testing (POCT) to be completed any time an infant shows signs of hypoglycemia
- POCT as per the *Initial Screening and Management of Hypoglycemia in Neonates greater than 35 weeks Gestation-Medical Directive* and *Well Newborn orderset*. Complete the first POCT at 2 hours of life.

7. Neonatal Jaundice

- For infants appearing clinically jaundiced in the first 24 hours of age notify the **Most Responsible Practitioner (**MRP**)** and proceed to collect:
    - Neonatal Bilirubin

- ABO testing of cord blood (stored by lab)
- Direct Antibody Test (DAT) if mothers blood type is O
- CBC
- Reticulocyte count

Indications to the Implementation of the Directive

- Infants born at 35 completed weeks gestation or greater

Contraindications to the Implementation of the Directive

- Infants born at less than 35 weeks' gestation.
- Lack of parental/guardian consent to any of the orders listed above will prompt the implementer to notify the MRP for further orders
- Infants admitted to the NICU
- Infant has noted congenital abnormalities at birth

Consent

The nurse will ensure that the consent to treatment or refusal/withdrawal of consent to treatment form has been completed by the parent/guardian prior to administering erythromycin eye ointment and will act accordingly. If the parent/guardian indicates they wish to change their preference, the nurse will notify the MRP for further discussion

The nurse will obtain verbal consent from the parent/guardian prior to obtaining blood samples or initiating feeding using alternative methods. The nurse will notify the MRP when consent cannot be obtained.

Documentation Requirements

In addition to standard documentation practices, the nurse implementing this medical directive must document in the order section of the patient's health record:

- The name of this medical directive
- The procedure(s) implemented
- The name of the implementer
- Signature of implementer including credentials
- The date and time

Review/Evaluation Process

This medical directive will be reviewed every 2 years by the Women's and Children's program.

References

Brigitte Lemyre, Ann L. Jefferies, Pat O'Flaherty; Canadian Paediatric Society. Fetus and Newborn Committee. Facilitating discharge from Hospital of the healthy term infant. Canadian Paediatric Society Position Statement. https://www.cps.ca/en/documents/position/facilitating-discharge-from-hospital-of-the-healthy-term-infant. (2018) Accessed December 2019.

Eugene Ng, Aman Eugene Ng, Amanda D. Loewy, Fetus and Newborn Committee. Guidelines for Vitamin K prophylaxis in Newborns. Canadian Paediatric Society Position Statement. https://www.cps.ca/en/documents/position/vitamin-k-prophylaxis-in-newborns. (2018). Accessed December 2019.

KJ Barrington, K Sankaran; Canadian Paediatric Society, Fetus and Newborn Committee. Guidelines for detection, management and prevention of hyperbilirubinemia in term and late preterm newborn infants. Canadian Paediartic Society Position Statement. https://www.cps.ca/en/documents/position/hyperbilirubinemia-newborn. (2018). Accessed December 2019.

Narvey, M., Marks, S., Fetus and Newborn Committee. Screening guidelines for newborns at risk for low blood glucose. Canadian Paediatric Society Position Paper. http://www.cps.ca/documents/position/newborns-low-blood-glucose. (2019) Accessed December 2019.