

Newborn examination - care responsibility

Document Type	Policy
Function	Clinical Practice, Patient Care
Directorate(s)	National Women's Health, Child Health
Department(s) affected	Maternity, Child Health, NICU, Newborn Services
Applicable for which patients, clients or residents?	All neonates born at Auckland DHB
Applicable for which staff members?	All clinicians in maternity and neonatal care including access holder lead maternity carers (LMCs)
Key words (not part of title)	Neonatal
Author - role only	Midwifery Director - Women's Health
Owner (see ownership structure)	Midwifery Director - Women's Health
Edited by	Clinical Policy Advisor
Date first published	29 June 2017
Date this version published	29 June 2017 - issued
Review frequency	3 yearly
Unique Identifier	CP01/BRD/099 – v01.00

Contents

1. [Purpose of policy](#)
2. [Definitions](#)
3. [Introduction](#)
4. [Policy statements - management principles](#)
5. [Defining care responsibility for the newborn examination](#)
6. [Supporting evidence](#)
7. [Legislation](#)
8. [Associated Auckland DHB documents](#)
9. [Disclaimer](#)
10. [Corrections and amendments](#)

1. Purpose of policy

The purpose of this policy is to clearly define who is responsible for completing and documenting newborn examination at Auckland District Health Board (Auckland DHB).

2. Definitions

- Newborn is an in-born baby born at Auckland DHB up until discharge
- Neonate is a baby from birth up to and including 28 days of age

3. Introduction

The [newborn examination](#) is defined as the routine 24 - 48 hour assessment of the neonate (as per the [Well Child Tamariki Ora assessment](#)). The newborn examination is essential to assess the integrity of various organ systems and successful adaptation of the newborn to extra-uterine life. It may also identify congenital defects, which require appropriate referral and treatment. All newborn examinations should be clearly documented in the newborn medical history, the Well Child Health Book (see [supporting evidence](#)) and Healthware. Responsibilities for newborn examination will differ, depending on the level of newborn care required in the postnatal period.

4. Policy statements - management principles

- The newborn examination is completed and documented
- A copy of the newborn's discharge summary is provided to the parents
- Where required, the newborn receives appropriate follow up referral and/or consultation in a timely manner.

5. Defining care responsibility for the newborn examination

- a. Where the newborn is under the care of the Lead Maternity Carer (LMC) or in routine postnatal care (i.e. care is being provided in the postnatal ward following birth and there has been no referral to the paediatric team or admission to NICU/Newborn Services) it is the role of the LMC to perform the newborn examination.
- b. Where care of the newborn has been transferred to the Neonatal Intensive Care Unit (NICU)/Newborn Services, the newborn sits under the paediatric team and it is the role of the paediatric team to perform the newborn examination, unless care is transferred back to the LMC or routine postnatal care. In which case, this should be clearly documented in the newborn's clinical notes and communicated with either the LMC and/or the receiving postnatal midwife.

- c. The newborn examination should be completed and documented with the clinicians signature, name, designation and any comments/action or referral/consultation required in the following:
 - i. The newborn clinical notes
 - ii. Healthware
 - iii. Well Child Tamariki Ora My Health Book
- d. A copy of the discharge summary is given to the parents at discharge and is documented in the newborn clinical notes.

Newborn	Care responsibility for newborn examination	Transfer to LMC/Midwife care
Admitted directly to Postnatal Unit (either from Birth Suite or Theatre) with no referral to Paediatric team	LMC/Midwife/Obstetrician	N/A
Admitted directly to Postnatal Unit (either from Birth Suite or Theatre) with referral to Paediatric team	Neonatal/Paediatric team	Remains under Neonatal/Paediatric team unless documented in clinical notes transfer back to routine postnatal care
Care transferred from Postnatal Unit to NICU/Newborn Services	Neonatal/Paediatric team	Remains under Neonatal/Paediatric team unless documented in clinical notes transfer back to routine postnatal care on discharge from NICU/Newborn Services
Discharged home from Birth Suite - no referral to Paediatric team	LMC/Midwife/Obstetrician	N/A
Discharged home from Birth Suite - referral to Paediatric team	Neonatal/Paediatric team	Remains under Neonatal/Paediatric team unless documented in clinical notes transfer back to routine postnatal care

6. Supporting evidence

- Ministry of Health. (2014). [Well Child / Tamariki Ora My Health Book](#). Revised 2014. Wellington: Ministry of Health.
- Ministry of Health. (2012). [Guidelines for Consultation with Obstetric and Related Medical Services \(Referral Guidelines\)](#). Wellington: Ministry of Health.

7. Legislation

- [Maternity Services notice pursuant to Section 88 of the New Zealand Public Health and Disability Act 2000, Issue No.41, 12 April 2007.](#)

8. Associated Auckland DHB documents

- [Intrapartum care - Normal Labour and Birth](#)
- [Guidelines for Paediatric Presence at Delivery](#)
- [Paediatric Attendance at Low Risk, Elective Caesarean Deliveries](#)
- [Guideline for Attendance at High Risk Deliveries by a Specialist Neonatologist](#)
- [Management of Paediatric Problems on Postnatal Wards by Obstetric House Staff and LMCs](#)
- [Paediatric and Childhealth - RACP](#)

9. Disclaimer

No policy can cover all the variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB policy to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it immediately, when an individual patient falls outside of the boundaries of this policy.

10. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed before the scheduled date, they should contact the owner or email the [Clinical Policy Advisor](#) without delay.