

SUBJECT/TITLE: DAILY CARE AND ASSESSMENT OF WELL NEWBORNS AFTER THE FIRST 4 HOURS OF LIFE	NUMBER	PAGE
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AUTHORIZATION: Postpartum Nurse Managers and Instructors (2006 April 11) Normal Newborn Care Committee (2006 Apr 21) RNCC Approved (2006 May 3) Women's Health Managers (2006 May 9)	DATE ESTABLISHED REGIONALLY	DATE REVISED REGIONALLY
	December 31, 2003	May 23, 2006

PURPOSE

To provide the standard of nursing care for well newborns in acute care after the first 4 hours of life.

POINTS OF EMPHASIS

- For initial care of well newborns during the first 4 hours of life, refer to policy 4-A-1 *Well Newborn Admission, Assessment and Management During The First Four Hours of Life And Physician/Midwife Notification: Labor And Delivery/Postpartum*
- CHR Standard Practice includes wearing gloves until the newborn's first bath has been completed.
- Every effort is to be made to minimize separation of mother and newborn.
- Abnormal or unusual clinical assessment findings are to be reported to appropriate care providers; refer to policy 4-C-1 *Complications/Change in a Newborn's Condition Requiring Medical Evaluation; Contacting Physician/Registered Midwife.*

POLICY

1. **Newborn Physical Assessments**

A newborn assessment is to be completed and documented on the *Newborn Assessment Record* as follows:

- A minimum of every 12 hours and PRN until discharge
- Vital signs every 4 hours and PRN for 24 hours (in addition to the every 12 hour assessment) for newborns, delivered vaginally, of mothers whose GBS status is positive or unknown and have not received adequate antibiotics (at least one dose \geq 4 hours prior to delivery).

2. **Bathing**

Newborns may be bathed after 4 hours of age if they are physiologically stable and able to maintain their body temperature equal to or greater than 36.5° C for longer than one hour.

3. **Thermoregulation**

- Methods to assist a newborn to maintain temperature, such as skin-to-skin contact should be utilized.
- Use of radiant warmers may be considered when other methods to maintain temperature have been unsuccessful; refer to the policy 4-T-2 *Temperature: Management of a Newborn (During the First few Days of Life) if Temperature Less Than 36.3C.*

4. **Blood Glucose Monitoring**

Neonatal blood glucose Point of Care Testing (POCT) is to be performed on newborns as outlined in the following policies:

- Policy 4-G-1 *Glucose (Blood) Monitoring & Feeding The Newborn at Risk for Hypoglycemia in Labor and Delivery and In Level 1 Nursery (Postpartum)*
- Policy B-7 *Blood Glucose Monitoring for Neonates: Point of Care Testing.*

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5. **Metabolic Screen**

All newborns are to have a metabolic screen between 24 hours (after at least one effective feed) and within 7 days of birth.¹

NOTE: It is recognized that not all newborns are fed within the first hour of birth and there must be 24 hours following oral intake of protein for the abnormality to be identified. The risk of drawing the metabolic screen too early may require a repeated test to be done, creating additional discomfort for the newborn and additional expense for the system.

PROCEDURE

1. **Maternal History**

Review maternal history (e.g., controlled or uncontrolled Diabetes, drug dependency, GBS Positive, HIV, Hepatitis); refer to related policies.

2. **Physical Assessment**

Assess and document in accordance with policy item 1.

Infant Assessment Orientation module and Acute Care of at Risk Newborns (ACoRN) provide specific physical assessment parameters of normal, concerns/alerts, interventions and findings requiring physician referral.

NOTE: completing the assessment in the presence of mother/family provides a learning opportunity about newborn cues and personality.

3. **Weight Loss/Gain**

Assess and document the percentage of weight loss/gain as follows, using the following guidelines:

- **Daily for Newborns Who Are:**
 - Less than 37 weeks gestation
 - Small for gestational age (SGA): less than 10th percentile
 - Not feeding well
 - Receiving phototherapy
 - Weight loss equal to or greater than 7%
- **Every 48 hours for:**
All other newborns

4. **Bath**

4.1 **Points of Emphasis**

- Delay any initial cleansing until temperature and overall condition stabilizes; if required, remove excessive meconium only, and pat dry to prevent thermal instability.
- Remove obvious vernix only; vernix may provide antibacterial protection and promote wound healing⁸ and should be allowed to wear off.
- Bathing and other skin care practices alter skin pH; bathing with an alkaline soap affects the acid mantle, which may then take an hour or longer to regenerate.⁸
- Immersion bathing is more effective than sponge bathing in maintaining body temperature and preventing temperature loss in healthy newborns.⁵

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- Bathing should be pleasurable for the infant and the parents and provide opportunities for interaction.
- An important teaching/parental support opportunity arises if parents perform the initial bath of their newborn; ⁹ evidence supports infants remain warmer when bathed by their mothers. ⁹

4.2 **Initial Newborn Bath**

- **Prior to the initial bath:**
 - Ensure a non-drafty area with a room temperature of 22°C ⁵
 - Check and record axilla temperature to ensure a pre-bath temperature equal to or greater than 36.5 °C for at least one hour.
- **To maintain thermoregulation and comfort:**
 - Wash face, eyes and hair while still clothed,
 - Hair is washed with neutral pH cleanser. ¹³ (e.g., April Fresh®, if required) and dried well to maintain newborn's temperature,
 - Remove clothing and slowly immerse newborn (preferably to the neck) in warm water cleansing front and back with a soft cloth and neutral pH cleanser. ¹³ (e.g., April Fresh®, if required)
 - Remove newborn from water and wrap in large towel, pat dry, paying particular attention to all skin folds and under identification bands
- **Following the initial newborn bath:**
Check and record newborn's temperature; refer to item 2, *Thermoregulation*, page 3 if post bath temperature is less than 36.5 °C.

5. **Umbilical Cord Care**

- 5.1 Teach parents to:
- Wash hands prior to handling the cord, e.g., after changing the diaper, etc.
 - Keep the cord dry and clean at all times, so that urine and/or feces do not come in contact with the cord.
 - Wash cord with soap and water and dry thoroughly if cord becomes soiled with urine or feces
 - Observe for signs of infection and report to nurse/physician/registered midwife
- 5.3 Assess and record any signs of infection such as inflammation around the cord, malodorous discharge or bleeding in conjunction with any change in vital signs; report, as appropriate, to the physician/registered midwife.
- 5.4 Assess and remove cord clamp when the cord is dry (usually after 24 hours of age).
- 5.5 If the newborn is discharged prior to 24 hours of age, and/or if the cord clamp is still attached at discharge, notify Public Health via the *Transfer of Postpartum Care Form* (to be discontinued October 1, 2005) *or NOB* indicating the cord clamp needs to be removed: refer to policy 4-D-2 *Discharge of Postpartum Mother and Newborn*.

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6. **Skin Care**

- Avoid the use of creams and emollients as they can alter the skin pH and decrease the protective properties of the acid mantle.
- Use an emollient (i.e., Aquaphor® or Glaxal Base®) only if the newborn's skin is cracking or fissure development is imminent; superficial peeling or dryness is normal in newborn infants.¹⁰
- Use topical petrolatum based ointments for diapering only.
- Use skin barriers, e.g., Stomahesive® under adhesives to protect fragile skin.
- Substances, such as mineral oil, may be helpful to remove adhesives, e.g., skin probes or urine specimen collectors; if the site needs to be used again, slow and careful removal of adhesive with warm water and gauze is safest.⁸

7. **Feeding**

7.1 Complete a comprehensive assessment and evaluation of the effectiveness of the newborn's feeding and record before the end of each shift (refer to 4-F-1 *Infant Feeding Assessment Policy and Clinical Practice Guidelines*).

7.2 Initiate and document a plan to address ineffective feeding; the plan may require a consultation with a Lactation Consultant; (refer to policies 1-B-3 *Breastfeeding Infant – Supplementation* and 3-B-2 *Breastfeeding Support*.)

8. **Serum Bilirubin Testing**

Initiate serum bilirubin testing if the newborn is assessed as being jaundiced; refer to policy 4-H-1 *Hyperbilirubinemia and Phototherapy: Newborn ≥ 35 Weeks Gestation*.

9. **Blood Glucose Monitoring**

If assessment of the newborn indicates a neonatal blood glucose is required, refer to page 2 of the policy statement *Blood Glucose Monitoring*.

10. **Metabolic Screen**

10.1 **Procedure for Metabolic Screen**

- Initiate a metabolic screen in hospital 24 hours after at least one effective feed.
- Notify the PHN on the *NOB* if the newborn is discharged before 24 hours of having an effective feed to ensure the metabolic screen is done in the home.

11. **Documentation**

Record all assessment findings actions and patient responses in the patient record; refer to Calgary Health Region policy 1611 *Clinical Responsibility for Documentation of Health Information*.

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CROSS REFERENCES

<u><i>Subject/Title</i></u>	<u><i>Number</i></u>	<u><i>Manual</i></u>
• Assessment of Jaundice and Use of Phototherapy in the Healthy Term Infant	4-A-2	<i>Women's & Infant Health</i>
• Glucose (Blood) Monitoring and Feeding the Newborn at Risk for Hypoglycemia in Labor and Delivery and In Level 1 Nursery (Postpartum)	4-G-1	<i>Women's & Infant Health</i>
• Blood Glucose Monitoring for Neonates: Point of Care Testing	B-7	<i>CHR Regional Nursing</i>
• Breastfeeding Infant- Supplementation	3-B-1	<i>Women's & Infant Health</i>
• Breastfeeding Support	3-B-2	<i>Women's & Infant Health</i>
• Clinical Responsibility for Documentation of Health Information	1611	<i>Calgary Health Region Policy</i>
• Complications/Changes in Newborn's Condition Requiring Medical Evaluation: Contacting Physician/Registered Midwife	4-C-1	<i>Women's & Infant Health</i>
• Discharge of Postpartum Mother and Newborn	4-D-2	<i>Women's & Infant Health</i>
• <i>From Here Through Maternity</i>		<i>On units</i>
• Genital Herpes Simplex: Management of Maternity Patients and Their Newborns	3-H-2	<i>Women's & Infant Health</i>
• Group B Streptococcus: Prevention and Early Onset Neonatal	3-G-1	<i>Women's & Infant Health</i>
• Hepatitis B	3-H-1	<i>Women's & Infant Health</i>
• Human Immunodeficiency Virus (HIV): Maternity and Newborn	3-H-3	<i>Women's & Infant Health</i>
• Hyperbilirubinemia & Phototherapy: Newborn \geq 35 Weeks Gestation	4-H-1	<i>Women's & Infant Health</i>
• Identification of Newborns	4-I-1	<i>Women's & Infant Health</i>
• Infant Assessment, Maternal Newborn Orientation Module		<i>Postpartum Orientation</i>
• Newborn (Well) Admission, Assessment and Management During the First Four Hours of Life & Physician/Midwife Notification: L&D and Postpartum	4-A-1	<i>Women's & Infant Health</i>
• Nipple Shield for Use With Term Infants	4-N-2	<i>Women's & Infant Health</i>
• Pain & Stress in Level 1 Newborn: Assessment and Management	4-P-1	<i>Women's & Infant Health</i>
• Security of Newborns in the Postpartum Units	4-S-2	<i>Women's & Infant Health</i>
• Temperature: Management of a Newborn (During the First few Days of Life) if Temperature Less Than 36.3C	4-T-2	<i>Women's & Infant Health</i>