



Council of International Neonatal Nursing (COINN) Position Statement on Care of the Well Term Infant

COINN Position:

The United Nations Millennium Development Goal (MDG) 4¹ calls for a 2/3rd reduction in under five years of age mortality. One third of the infant/child deaths occur during the neonatal period. Of these ¾ occur in the 1st week and about 1/3rd of these within the first 24 hours. Forty to seventy percent of these are preventable through basic inexpensive interventions aimed at a continuum of care from preconception through to postnatal care.² Progress has been made to combat the under five years of age group and the death rate has decreased from 12.6 million in 1990 to about 9 million in 2007.³ Too many infants are still dying when preventative measures are possible. Care given with prevention in mind to physiologically vulnerable newborn infants during the first few hours and days of their lives has a profound significance to the United Nations Millennium Development Goal. The American Academy of Pediatrics (AAP) and American Congress of Obstetricians and Gynecologists (ACOG) 6th edition *Guidelines for Perinatal Care* recommend careful observation of a newborn during the first 6-12 hours of the transition period.⁴

A recent rise in the births of late preterm infants in well baby nurseries adds to the complexity of providing adequate care.^{5,6} Please refer to the COINN Position Paper regarding the Late preterm infants.

The Council of International Neonatal Nurses (COINN) is the international voice of neonatal nurses who provide care during this vulnerable period. In order to address identified gaps in current practice COINN supports and recommends the following basic care for well term babies:

1. The presence, at every delivery, of a nurse/doctor trained in neonatal resuscitation (skilled neonatal attendant) dedicated solely to care for the baby.
2. Initial evaluation and recording of the newborn's condition including gestational age, physical exam and vital signs by a trained professional after delivery. Identify risk factors at this time. These factors may include but are not limited to: late preterm birth, Small for Gestational Age (SGA), Infant of a Diabetic Mother (IDM), maternal smoking, substance exposure, prenatal laboratory values for Syphilis, Hepatitis B, Human Immunodeficiency Virus-HIV, Rubella status, and Herpes Simplex Virus (HSV), and genetic anomalies. If late preterm, then the COINN guideline for the late preterm infant should be followed.
3. Monitor vital signs, skin color, respiratory pattern, tone, peripheral circulation, level of consciousness and activity every 30 minutes until over all status is stable for 2 hours.
4. During this time and throughout the hospital stay, ongoing contact with the mother is encouraged for breast feeding initiation and bonding.
5. Maintain the thermal environment to prevent hypothermia. Actions to be taken are: immediate drying after birth, provision of warmth, positioning and clothing, and skin-to skin care.
6. Continue observation for potential complications by assessing for the following, temperature instability, change in activity or poor feeding, poor skin color, abnormal cardiac or respiratory rate and rhythm, abdominal distension or bilious vomiting, excessive lethargy and sleeping, or delayed stooling or voiding. The importance of the assessment should be communicated to the parents so they are able to notify the trained staff immediately while rooming in. Trained staff should observe the infant periodically to assess and to reinforce education for the parents. Infant with abnormal findings should be evaluated by the medical team for specialized care may be necessary to properly care for the infant.

7. Admission of each infant as an individual patient including the establishment of an individual record to document infant's condition and progress.
8. The individual infant's record should include the evidence that high risk factors have been assessed. (maternal fever, infection, late preterm, Low Birthweight (LBW), Small for Gestational Age (SGA), maternal prenatal laboratory values for Syphilis, Hepatitis B, Human Immunodeficiency Virus-HIV, Group B Streptococcus (GBS), Rubella immune status, low Apgar score at 5 minutes, in utero substance exposure). High risk factors must be communicated to the appropriate medical personnel. For late preterm infants (older than 34 weeks, born before reaching 37 weeks), refer to COINN late preterm position statement and guideline.
9. Collaborate with social service as indicated by the presence of high risk social issues.
10. Initial feeding should be offered as soon as possible after delivery. If delayed feeding occurs or poor feeding is an issue, or the infant is Small for Gestational Age, Low Birth Weight, follow the protocol to evaluate the glucose.
11. Give Vitamin K to prevent Vitamin K dependent Hemorrhagic disease and eye prophylaxis against gonococcal ophthalmia within 1 hour after birth.
12. Careful timing for the bath once the infant is stable in a manner that does not cause hypothermia. Low Birth Weight and Small for Gestational Age infants require vigilance with this intervention. Localized skin care or techniques that expose the skin minimally may prevent the excessive heat loss thus prevents hypothermia. Bathing should primarily be done to educate the mother on bathing her baby and to cleanse any remaining blood/meconium not removed at delivery. The skin barrier function for the first four weeks of life is somewhat unstable and offers protective immunity when not disrupted.^{7,8}
13. Infant should be weighed daily on a same scale.
14. The infant must be immunized according to country requirements.
15. Perform hearing screen. If the infant does not pass, make or asked the doctor for a referral for further examination.
16. Perform metabolic and genetic screen 24 hours after feeding initiated, if done before, another follow up must be arranged.
17. Identify a health care professional who will provide an on-going care of the infant with whom immediate follow up care can be arranged. Discharge summary or a form of written report is sent to the follow up health care professional with specific hospital course and follow up needs.
18. The baby should be carefully assessed with #6 in mind before discharge. Discharge in less than 48 hours can be considered if the criteria are met for both infant and the mother/care taker.⁴
 - Infant's nursery course was uncomplicated after vaginal delivery.
 - Gestational Age (GA) is 38-42 weeks.
 - Infants should be in stable condition for at least 12 hours prior to discharge. (Respiratory Rate-RR less than 60 per minute, Heart Rate-HR 100-160 per minute, Temperature-T 36-37 degrees C or 97-98.6 degrees F in an open crib with appropriate clothing.
 - Has urinated and passed one stool.
 - Free from abnormal physical assessment findings, (or follow up plan made for non emergent abnormal findings).
 - At least 2 successful feedings evidenced by coordinated suck, swallow and breathing.
 - No evidence of significant jaundice at less than 24 hours of age (transcutaneous Bilirubin/serum bilirubin should be done before discharge).
 - To prevent complications associated with severe indirect hyperbilirubinemia, plans should be made for a follow up evaluation within a 24-48 hours based on the bilirubin level at discharge. Care should be given especially for Low Birth Weight, Small for Gestational Age or infants with Coombs's positive, breast feeding infants and infants of first time mothers.
19. Family should be assessed to ensure the safeguarding of the infant and proper education is provided to the mother before discharge. The documentation for the parental education and demonstration of competency by the mother or the primary care provider is made.⁴
 - Free from history of abuse or neglect or domestic violence, parent with mental illness.
 - Presence of family support for the mother.
 - Presence of a fixed home environment with heat, water and essential supply.
 - Identify community support as needed to address concerns.

- Parental understanding for the basic care outlined below and reinforce education
 - ✓ Prevention of hypothermia.
 - ✓ Basic hygiene including bathing, cord care, diaper change.
 - ✓ Breast feeding, and also proper preparation for formula.
 - ✓ Importance of follow up care and definite plan for the next follow up.
 - ✓ Basic safety and prevention of Sudden Infant Death Syndrome (SIDS) (back to sleep, no soft bedding or excessive blankets).
 - ✓ Newborn safety including car seat safety, smoke fire alarms for home, danger of second hand smoking, and any other environmental hazards (i.e. a need for boiling water for formula preparation).
 - ✓ Preventive measures against infection (avoid public in flu season, hand washing for the care providers, avoid crowd during newborn period).
 - ✓ Immunization schedule should be reviewed and need for follow up according to the recommended schedule by follow up health professional. (Hepatitis B, Mumps, Measles, and Rubella (MMR), Haemophilus influenza type b-Haemophilus influenza (b-HIB), Polio and other).
 - ✓ Proper use of thermometer for axillary temperature.

Education to identify risk factors given in #6 and number for clinic to call to report change

- ✓ Jaundice
- ✓ Lethargy and Poor feeding
- ✓ Respiratory distress
- ✓ Fever greater than 37.5-38 degrees C or 99.5-100.4 degrees F (axillary, oral thermometer)

20. Depending on the time of discharge, the bilirubin level, and other factors identified should be included in the decision for the timing of the follow up and the first appt should be made and parent is aware of it before discharge. To avoid sever hyperbilirubinemia, follow up within 48-72 hours should be considered. The baby should be assessed at minimum after 6 days, 2 weeks, and every 2-3 months for first 6 months.

References

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3. The Millennium Development Goal (MDG) Report 2009. Available: http://www.un.org/millenniumgoals/pdf/MDG_Report_2009_ENG.pdf
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8. Walker, L., Downe, S., & Gomez, L. (2005). Skin care in well term newborn: Two systematic reviews. *Birth*, 32(3), 224-228.

COINN acknowledges that some countries may not be able to implement the recommendations as written due to limited resources-personnel, financial, and equipment. However, to improve health outcomes all the neonatal community must strive to uphold these recommendations. Determinations must be made within local and national organizations as to what constitutes basic, essential, and advanced care.

Approved by COINN Board of Directors
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