



**COUNCIL OF INTERNATIONAL NEONATAL
NURSES, Inc. (COINN)**

Position Statement

Position Type	Policy Name	Policy #
PS – Practice	Care of the Well Term Infant	PS-0010
Review Frequency	Last Reviewed	Date to Review Policy
Every 3 years	March, 2018	March, 2021

COINN Position

The Council of International Neonatal Nurses, Inc. (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 breastfeeding 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. The medical team should evaluate infant with abnormal findings 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 Haemorrhagic disease and eye prophylaxis against gonococcal ophthalmia within 1 hour after birth.
12. Careful timing for the bath often delaying up to 6 hours and once the infant is stable to prevent 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 (Telofski, Morello, Mack Correa, & Stamatos (2012), The Royal Children Hospital's Melbourne (2017).
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 (AAP and ACOG, 2017):
 - 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 36.5-37.5 degrees C or 97.7-99.5 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, breastfeeding infants and infants of first time mothers.

19. The 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:
 - 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.
20. 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 and country. (Hepatitis B, Mumps, Measles, and Rubella (MMR), Haemophilus influenza type b-Haemophilus influenza (b-HIB), Pneumococcal conjugate, Polio, Rotavirus 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 in jaundice, any lethargy and poor feeding, development of respiratory distress or fever greater than 38 degrees C or 100.4 degrees F (axillary, oral thermometer).
 - 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 appointment should be made and parent is aware of it before discharge. To avoid severe hyperbilirubinemia, follow up within 48-72 hours should be considered. The baby that has had early discharge (24 hours) should be assessed at 48 hours then 3 to 5 days after discharge, 2 weeks, and every 2-3 months for first 6 months.

Background

The United Nations Sustainable Development Goal (SDG) 3 calls for a reduction in newborn death to 12 deaths per 1000 births (United Nations, 2015). 2.7 million babies die in the first 28 days of life. The worldwide neonatal mortality rate fell by 47 per cent between 1990 and 2015 from 36 to 19 deaths per 1,000 live births (UNICEF, 2016). Most of the neonatal deaths occur in low-and middle-income countries.

Of the noted neonatal death, almost one million occur on the first day of live and close to 2 million during the first week of life (UNICEF, 2016). The World Health Organization (WHO) strategy included sending skilled health care workers immediately after birth to evaluate the baby for infections or birth complications (World Health Organization, 2016). Progress has been made to combat the under five years of age group and the death rate has decreased from 5 million in 1990 to about 2.7 million in 2015 (United Nations, 2015). 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 Sustainable 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 (AAP & ACOG, 2017).

A recent rise in the births of late preterm infants in well baby nurseries adds to the complexity of providing adequate care (Loftin, Habli, Snyder, Cormier, Lewis, & DeFranco, 2010 & WHO, 2012). Please refer to the COINN Position Paper regarding the Late preterm infants.

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