

Randall Children's Hospital

Co-Management and Referral Guidelines

Normal Newborn Screening and Routine Interventions in the First Two Weeks of Life

Randall Children's Newborn Services

For consultation, contact
Legacy One Call Consult & Transfer

Phone: **1-800-500-9111**

Introduction

Most newborns are healthy, however, routine screening and select interventions are recommended in order to detect, prevent or provide early treatment for serious disorders including certain infections, genetic diseases and anomalies.

Evaluation and Management

At birth

- If the baby is well, anticipate timed cord clamping (at least 30–60 seconds after delivery) and facilitate two hours of uninterrupted time of the baby on mom's chest with initiation of breastfeeding within the first hour after birth.
- Administer vitamin K injection, prophylactic erythromycin eye ointment and Hepatitis B vaccine.
- If infant's mother is positive for Hep B surface antigen, immediately administer Hep B vaccine **and** HBIg.
- If infant's Hep B status is unknown, and baby is > 2kg, administer Hep B vaccine and ensure a Hep B surface antigen has been sent on the mother. If this returns positive, HBIg must be given as soon as possible and within 7 days.
- Assess for hypoglycemia if patient has risk factors (SGA, LGA, maternal diabetes, < 37 weeks gestation).
- Assess for neonatal sepsis risk factors (maternal chorioamnionitis, maternal fever, mother positive for GBS, prolonged rupture of membranes, preterm, etc.).
 - Send blood culture, +/- CBC, and consider starting antibiotics, if baby is not clinically well or has significant risk for neonatal sepsis (see Resources below for Newborn Sepsis Risk Calculator and CDC GBS Guidelines).

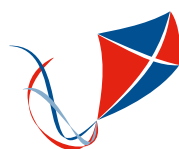
At 24 hours of life or prior to discharge

- Perform daily weights and document percentage change from birth weight.
- Assess feeding adequacy.
- Obtain first newborn blood spot screen (aka metabolic screen or state screen).
- Perform jaundice screening (should be assessed serially after birth and through a week of age).
 - *See related co-management guideline on jaundice.*
- Administer hearing screen.
- Perform pulse oximetry screening for critical congenital heart disease.
- Administer Hepatitis B vaccine if not already given.
- Perform car seat challenge if the baby was born at < 37 weeks gestation, required oxygen or CPAP therapy beyond their initial resuscitation and stabilization, or is at high risk for apnea, e.g., hypotonia, congenital anomalies.

24–48 hours after discharge

- Perform follow-up clinical assessment: observe jaundice on physical exam, check current weight and percentage change from birth weight, and assess adequacy of feeding, quantity of wet diapers and quantity and color of stools. Support bonding and be observant for signs of post-partum depression at each encounter.

(continued)



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10–14 days from birth

- Obtain second newborn blood spot screen (per state protocol).
- Perform clinical assessment, with particular attention to adequacy of feeding, whether baby has returned to birth weight and signs of post-partum depression.

When to refer

- Any ill-appearing child should be transferred to a NICU.
- Any baby who fails a screen for critical congenital heart disease should be transferred immediately to a facility where an echocardiogram can be performed and further evaluation completed.
- Jaundice requiring phototherapy treatment should be referred for admission (if patient has already been discharged from the hospital).
- Any baby with breastfeeding difficulties should be referred to Lactation Services.
- Any baby who fails a hearing screen should be re-tested by audiology as an outpatient.

Referral process

Randall Children's Newborn Services

Call Legacy One Call Consult & Transfer: 1-800-500-9111 to consult with the nursery attending, neonatologist or pediatric hospitalist, depending on your needs.

Legacy Lactation Services, 503-413-2800

Legacy Emanuel Audiology, 503-413-4327

Additional Resources

AAP Committee on Fetus and Newborn. Clinical Practice Guideline: Postnatal Glucose and Homeostasis in Late Preterm and Term Infants; *Pediatrics*, March 2011.

<http://pediatrics.aappublications.org/content/127/3/575>

AAP Policy Statement: Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease. *Pediatrics*, January 2012. <http://pediatrics.aappublications.org/content/129/1/190.full>

AAP Subcommittee on Hyperbilirubinemia. Clinical Practice Guideline: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. *Pediatrics*, July 2004.

<http://pediatrics.aappublications.org/content/114/1/297.abstract>

CDC. Prevention of Perinatal Group B Streptococcal Disease: Revised guidelines from CDC, 2010. *MMWR Recommendations and Reports*, 59 (RR-10) 1–32. November 2010.

<http://www.cdc.gov/groupbstrep/guidelines/guidelines.html>

Early Identification of Hearing Impairment in Infants and Young Children. NIH Consensus Statement, March 2013. <http://consensus.nih.gov/1993/1993hearinginfantschildren092html.htm>

LactMed online database: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

Escobar GJ, et al. Stratification of Risk of Early-Onset Sepsis in Newborns > 34 Weeks' Gestation. *Pediatrics* 2014; 133: 30–36. <http://pediatrics.aappublications.org/content/133/1/30>

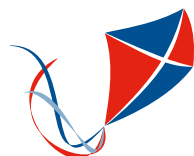
Newborn sepsis risk calculators: <https://neonatalespsiscalculator.kaiserpermanente.org>
(mobile site: <http://www.newbornsepsiscalculator.org>)

Online BiliTool: www.bilitool.org

Online pulse oximeter tool: www.pulseoxtool.com

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Find this and other co-management/referral guidelines online at: www.legacyhealth.org/randallguidelines



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