



**Pathway for Short-term Enhanced Observation on Delivery Suite  
 for infants of >35 weeks gestation (maximum 6 hours)**

**Guideline**

<b>Version:</b>	3.0
<b>Authorised by:</b> <i>(Also state if external document)</i>	Children's clinical governance group
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<b>Next review date:</b>	June 2023
<b>Document author by Job Title</b>	Helen Purves

**VERSION CONTROL SCHEDULE**

Version Number	Issue Date	Revisions from previous issue
1.0	August 2016	Ratified
2.0	April 2017	Ratified
3.0	June 2020	Ratified
4.0		

### **Rationale**

Following a series of reviews of term admissions to NICU as part of the 2015/2016 CQUIN, it is apparent that a number of babies are admitted to NICU with initial respiratory distress that settles within a few hours and which does not require additional interventions such as administration of oxygen. These babies may have been delivered by LSCS or had rapid vaginal deliveries.

In order to minimize separation of babies from their mothers, this guidance aims to provide a clinically safe pathway for initial observation and management on Delivery Suite. For some babies, initial respiratory distress may persist or worsen and there needs to be prompt recognition of clinical deterioration and the need for transfer to NICU.

Transfer baby to NICU if Shift Co-ordinator on Delivery Suite cannot be assured that staffing will allow observations as per pathway.

### **Indications (any listed below)**

- Required initial bag/mask resuscitation but rapid clinical response
- Signs of mild respiratory distress (tachypnoea, intermittent grunting) but oxygen saturations within NLS parameters
- Cord pH<7.1 ( if cord pH<7.0 this is indication for immediate admission to NICU)

### **Actions**

1. Identify if any risk factors for sepsis and manage as per local guideline
2. All babies to have senior paediatric review (middle grade or above)
3. Address thermoregulation; document temperature; aim for 36.5 to 37.4 C
  - Skin to skin
  - Hat
  - Dress appropriately once no longer skin to skin
4. Chart observations (HR,RR,oxygen saturations) on Neonatal Early Warning Chart
  - Every 30 minutes for 1 hour, then minimum hourly
  - Escalate to paediatric middle grade if deterioration in clinical observations
  - *Lower threshold for early escalation in preterm babies (<37 weeks)*
5. Support early feed

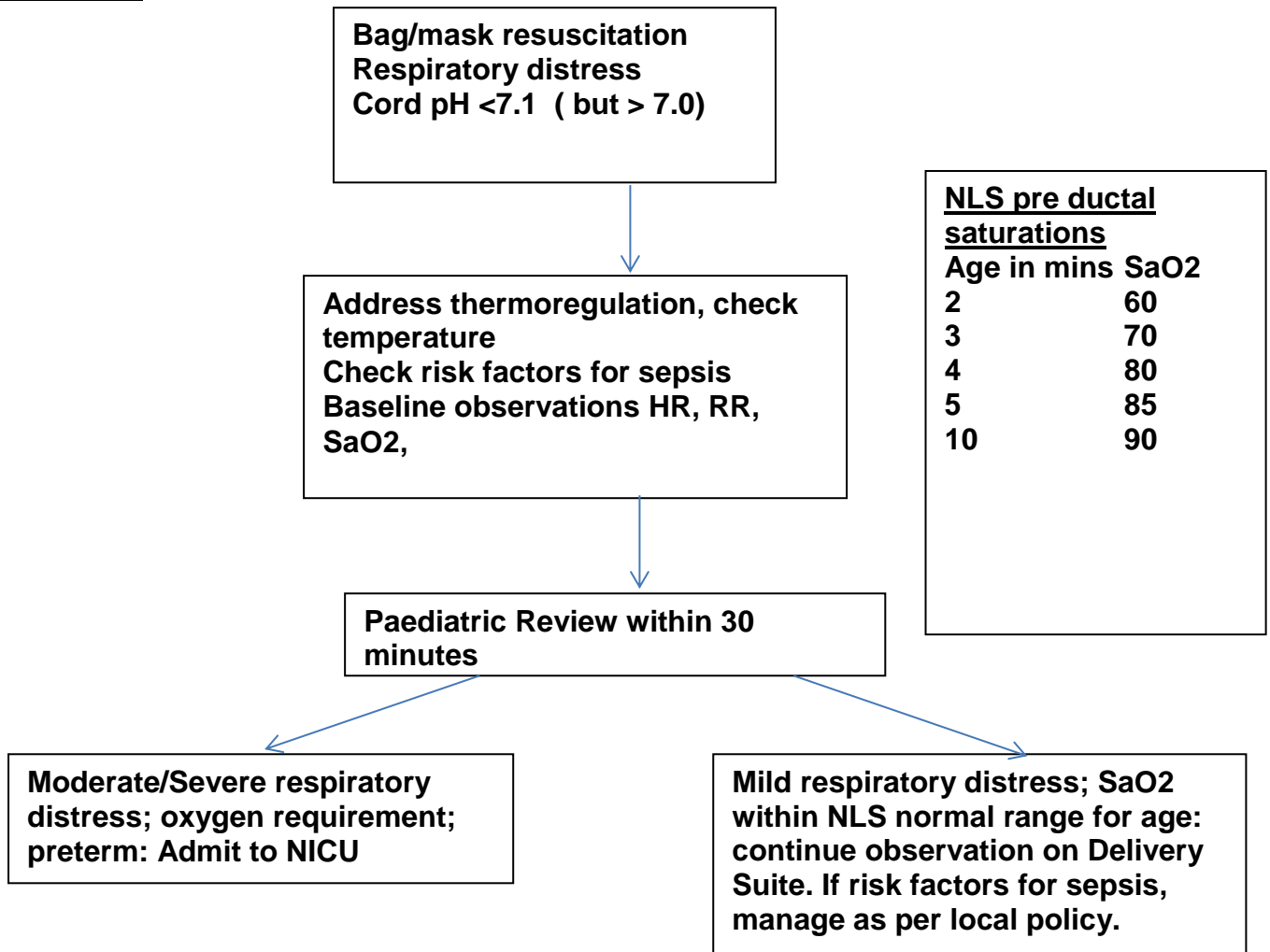
### **Paediatric Reviews**

1. Initial review within 30 minutes of midwife notifying clinical concern
2. Subsequent reviews
  - 2 hours
  - 6 hours
  - At any stage midwife notifies of clinical deterioration

### **Outcomes**

1. If observations stable and respiratory distress resolved by 6 hours of age – for routine postnatal care
2. If on-going respiratory distress at 6 hours of age – admit to NICU for on-going management
3. If clinical deterioration at any stage then midwife to request senior paediatric review

**Pathway for Short-term Observation on Delivery Suite (max 6 hours)-  
 Flowchart**



Time	Heart Rate	Respiratory rate	Oxygen saturations	Temperature	Action

- Outcomes at 6 hours:**
- Observations stable; Routine Postnatal Care  
   Yes/No
  - Clinical deterioration or on-going respiratory distress at 6 hours; transfer to  
   NICU                                    Yes/No