Keeping Mothers and Babies Together Pathway aims to keep mothers and babies together after birth when safe to do so.

Please use this booklet to document first hour care for all babies and record observations for “at risk” babies on the NEWTT chart enclosed. This booklet will remain with the purple baby notes. Give the feeding chart to all parents to use.

Good first hour care and supporting “at risk” babies keeps mothers and babies together.

Please scan this QR code with the CAMERA ON YOUR MOBILE PHONE to download the Keeping Mothers & Babies Together Information Leaflet
Assessing for Respiratory Distress within the 30mins of Birth

Immediately post delivery, assess need for resuscitation and resuscitate as appropriate. Babies needing ongoing cardiorespiratory support will need admission to the neonatal unit.

Key:  
- Midwife action
- Paediatrician action

For all babies ≥ 34/40 gestation:
- Assess need for resuscitation and resuscitate as appropriate.
- Babies needing prolonged stabilization will need admission to NNU
- Babies who respond rapidly may remain with the mother if birth weight >1.6kg

Does the baby have any signs of respiratory distress WITHIN 30MINS OF BIRTH?

Call for paediatric review

- Yes
  - Paediatrician to assess HR, RR & work of breathing
  - RR>80/min; OR HR>180bpm OR persistent grunting; OR significant work of breathing
  - RR60-80/min OR HR<180bpm OR intermittent grunting
  - RR60/min AND HR<180bpm AND not grunting
  - Measure pre-ductal saturations & temperature
  - Pre-ductal saturations>92%
  - Admit to NNU
  - Reassess in 30mins: Has the baby settled? (≤RR60/min AND HR<180bpm AND not grunting AND saturations ≥94%)

- No
  - Stay with mother To continue on “Keeping Mothers & Babies Together” pathway
  - Consider screening for sepsis if other risk factors for sepsis present. If HR 160-180, start baby on “at risk” pathway

Pre-ductal O₂ Saturations

<table>
<thead>
<tr>
<th>Time (min)</th>
<th>Saturations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>60%</td>
</tr>
<tr>
<td>3</td>
<td>70%</td>
</tr>
<tr>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>5</td>
<td>85%</td>
</tr>
<tr>
<td>10</td>
<td>90%</td>
</tr>
</tbody>
</table>

*revised council 2010
# First Hour Care

**Clinical Care Pathway: Keeping mothers and babies together**

<table>
<thead>
<tr>
<th>FOR ALL BABIES</th>
<th>First hour care</th>
<th>Date</th>
<th>Time of birth</th>
<th>Comments &amp; signature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Delivery</strong></td>
<td><strong>Findings</strong></td>
<td><strong>Action</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skin-to-skin</strong></td>
<td>All mothers will be offered the opportunity to have uninterrupted skin contact with their baby at least until after the first feed and for as long as they want. Father to do skin to skin if mother unable to.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| | • Place baby naked directly on mother’s chest  
| | • Cover baby and mother with a blanket  
| | • Put hat on baby’s head | | |
| **First feed** | Baby has first breast or formula feed (circle as appropriate in next column & complete front page of purple baby notes) | Baby has not fed | Baby has a good feed ** | |
| | | Yes | Yes | |
| | | • Continue skin-to-skin  
| | | • Show mother how to hand express  
| | | • Refer to slow to feed pathway (BAPM pathway) | | |
| | | **Note:** if baby has been separated from mother for assessment/admission to NNU, show mother how to hand express and collect colostrum. This should ideally be done within the first hour, and 10-12 times per day over the first few days. Continue on Clinical Pathway | | |
| | **Good feed= 5-45mins, with rhythmic sucks and pauses, rounded cheeks and no pain for mother** | | | |
| | | **Yes** | | |
| **Temperature** | • Measure axillary temperature  
| | • Put hat on for all babies (babies with risk factors should have orange hats-see below) | <36.5°C | No further measurements unless clinically indicated (e.g. risk factors identified or clinical symptoms) |
| | | ≥37.5°C | Undertake a full set of observations (HR,RR) refer for urgent paediatric review |
| | | 36.5°C-37.4°C | | |
| **Assess for risks** | Any risk present (see reverse of NEWS chart), identify as high risk baby and follow high risk pathway:  
| | • Start observations on NEWS chart at birth.  
| | • Explain need for increased support to the family  
| | • Put on orange hat (for 1st 12hrs)  
| | High risk babies with risk of sepsis may need an early paediatric review for a septic screen and intravenous antibiotics (see sepsis guideline)  
| | All other babies follow normal care pathway (*no risk identified* pathway) | | |

**5 - 45 minutes, with rhythmic sucks and pauses, rounded cheeks and no pain for mother**
No identified risk factors

Feeding support:
- Observed feed & complete breastfeeding assessment
- Support responsive feeding (if not fed by 6hrs follow slow to feed pathway)
- Start feeding chart

NIPE within 72 hours
- any concerns on NIPE requires a paediatric review PRIOR to discharge

Visual check for jaundice at every interaction (see jaundice guideline)

Transfer to community team

Observation remain within normal limits during period of observation

Risk factors identified

- At every stage, if there are clinical concerns about the baby, an urgent paediatric review should be sought.
- Observations should be undertaken at 1hr, 2hrs, 2hrly until 12hours of age.
- Infants on IV antibiotics or on phototherapy or <37/40 should have 4hourly observations thereafter until treatment is completed/discharged from paediatric care.
- use NEWS chart to plot observations
- Observations include:
  - Heart rate
  - Temperature
  - Respiratory rate
  - Colour & behaviour
- Feeding support (see hypoglycaemia guideline)
  - Start feeding chart & observe a feed
  - Feeding plan made with parents & Midwife
  - Responsive feeding (minimum 3hrly in first 24hrs)
  - If slow to feed, encourage mothers to express and follow hypoglycaemia pathway for babies defined below or slow to feed pathway if no risk factors for hypoglycaemia
- Temperature support:
  - Ensure room temperature is 20-22°C (on PNW; DS 25-28°C)
  - Put orange hat on baby (for 1st 12hrs only) & dress appropriately
- Blood glucose monitoring (pre-2nd/3hrs and 3rd feed- see hypoglycaemia guideline) for the following babies:
  - <37/40 weeks
  - <2.5kg
  - SGA babies (on GAP grow)
  - maternal diabetes
  - maternal β blockers
  - perinatal acidosis
  - Hypothermia (T<36.5°C)
  - until min. 2 consecutive measurements >2.0mmol/l (>2.5mmol/l if <37/40)*
- Visual check for jaundice at every interaction: check transcutaneous bilirubin or serum bilirubin if clinically indicated (see jaundice guideline)
- NIPE completed
- Weigh on Day3 (if still inpatient)

1 observation in yellow zone
- examine baby and repeat all observations within 30mins
- Paeds review if persists

1 observation in red zone or 2 in yellow zone or ANY clinical concern
- paediatric review

Paediatric review undertaken, baby assessed & decision to keep baby with mother on PNW
- Written management plan in place by paediatrician
- Continue 4hrly observations
- Daily paediatric review until fit for discharge from paediatric care. Continue midwifery care until baby discharged from hospital
<table>
<thead>
<tr>
<th>Action</th>
<th>Action</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in amber</td>
<td>Escalate concern to senior midwife and review 30mins</td>
<td>Immediate escalation to ANNP / Doctor</td>
</tr>
<tr>
<td>2 in amber</td>
<td>Immediate escalation to ANNP / Doctor</td>
<td></td>
</tr>
</tbody>
</table>
**NEWTT V14.0**

**At Risk Infants – please tick box as appropriate.** A single tick in any box indicates babies who need to be on the “At risk pathway”

### 1. Sepsis
- Maternal GBS in this pregnancy
- PROM >18 hours in babies <37/40
- Prelabour ruptured membranes at Term
- Maternal Temperature > 38°C
- Chorioamnionitis
- Confirmed invasive GBS infection in previous baby
- Baby commenced on antibiotics

### 2. Intrapartum
- Meconium Stained Liquor
- Cord arterial pH < 7.1
- Base Excess < -12mmol/l
- APGAR < 7 at 5 minutes
- IPPV>5mins
- Other – Specify reason ........................................

### 3. Metabolic : Blood Sugar Monitoring
- Maternal Diabetes
- Maternal β Blockers
- Birthweight <2.5kg
- Gap Grow <10th centile
- < 37 weeks gestation
- Perinatal acidosis (pH<7.1 /BE <-12mmol/l)
- Specify reason ..................................................

**Infants that need IMMEDIATE review by Doctor /ANPP**
- Jaundice < 24 hours
- Bilious Vomiting
- Abnormal Movements
- Hypoglycaemia
- Apnoea

**For ALL at risk infants:**
- **Observations at 1hr, 2hrs, 4hrs, 6hrs, 8hrs, 10hrs, 12hrs of age.**
  - Infants on IV antibiotics or on phototherapy or <37/40 should have 4 hourly observations thereafter until treatment is completed/ discharged from paediatric care.
  - Any additional observations will be determined by the paediatric team at review
- **Feeding support**
  - Feed within the first hour
  - Start feeding chart & observe a feed
  - Feeding plan made with parents & Midwife
  - Responsive feeding (minimum 3hrly in first 24hrs)
  - If slow to feed, encourage mothers to express and follow hypoglycaemia guideline for babies at risk of hypoglycaemia or slow to feed pathway for all other babies
  - Blood glucose monitoring pre-2nd & 3rd feed for babies at risk of hypoglycaemia (see box 3) until minimum of 2 consecutive measurements >2.0mmol/l (term) or >2.5mmol/l (34⁺⁰-36⁺⁶ weeks)
- **Temperature support:**
  - Ensure room temperature is 25°C -28°C in DS or 20°C-22°C on PNW
  - Put orange hat on baby (for first 12hrs only)
- **Visual check for jaundice at every interaction**- check transcutaneous bilirubin or serum bilirubin if clinically indicated (see jaundice pathway)
- **NIPE completed by day 3** (must be completed before discharge)
- **Weigh on Day3 if still inpatient**
- **Discharge:** After 12hours & feeding established unless
  - At risk of hypoglycaemia (box 3) or IV antibiotics-min 24hrs: 34⁺⁰-36⁺⁶ weeks-min day3

**DRAFT v14.0: Keeping mothers and babies together 2018**
### Breastfeeding is Going Well - Talk to Your Midwife/Health Visitor -

<table>
<thead>
<tr>
<th>Condition</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your baby has 8 feeds or more in 24 hours</td>
<td>Your baby is sleepy and has had less than 6 feeds in 24 hours</td>
</tr>
<tr>
<td>Your baby is feeding for between 5 and 40 minutes at each feed</td>
<td>Your baby consistently feeds for 5 minutes or less at each feed</td>
</tr>
<tr>
<td>Your baby consistently feeds for longer than 40 minutes at each feed</td>
<td>Your baby always falls asleep on the breast and never finishes the feed himself</td>
</tr>
<tr>
<td>Your baby has normal skin colour</td>
<td>Jaundiced (yellow skin), sleepy and not finishing feeds</td>
</tr>
<tr>
<td>Your baby is generally calm and relaxed whilst feeding and is content after most feeds</td>
<td>Your baby comes on and off the breast frequently during the feed or refuses to breastfeed</td>
</tr>
<tr>
<td>Your baby has wet and dirty nappies (refer to pg14 baby notes)</td>
<td>Your baby is not having the wet and dirty nappies explained overleaf</td>
</tr>
<tr>
<td>Breastfeeding is comfortable</td>
<td>You are having pain in your breasts or nipples, which doesn’t disappear after the baby’s first few sucks. Your nipple comes out of the baby’s mouth looking pinched or flattened on one side.</td>
</tr>
<tr>
<td>When your baby is 3 - 4 days old and beyond you should be able to hear your baby swallowing frequently during the feed</td>
<td>You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond.</td>
</tr>
<tr>
<td>Your baby is generally calm and relaxed between feeds and content</td>
<td>You think your baby needs a dummy</td>
</tr>
<tr>
<td>Your baby is gaining weight.</td>
<td>You feel you need to give your baby formula milk</td>
</tr>
</tbody>
</table>

### Formula Feeding is Going Well - Talk to Your Midwife/Health Visitor -

<table>
<thead>
<tr>
<th>Condition</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>New-borns will feed little and often to start with – by 1 week old, most will require approximately 150-200mls per kg of babies weight /day until 6 months old</td>
<td>Baby is sleepy and having less than 5/6 feeds /day</td>
</tr>
<tr>
<td>Baby is waking for feeds and feeding responsively – showing signs of hunger</td>
<td>Slow to feed or taking less than the appropriate amount of feed for his age</td>
</tr>
<tr>
<td>Baby’s skin colour is normal</td>
<td>Jaundiced (yellow skin), sleepy and not finishing feeds</td>
</tr>
<tr>
<td>Baby is calm and relaxed between feeds and content</td>
<td>Unsettled between feeds despite feeding well</td>
</tr>
<tr>
<td>Heavy wet nappies at least 6/day</td>
<td>Less than 5 wet nappies/day</td>
</tr>
<tr>
<td>Dirty nappies at least 1-2/day</td>
<td>Not passing a stool for more than 1-2 days</td>
</tr>
<tr>
<td>Your baby is gaining weight.</td>
<td>Any concerns about your baby’s weight</td>
</tr>
</tbody>
</table>

Families will be supported in their choice of infant feeding. Breastfeeding has many benefits for both mothers and babies. Exclusive breastfeeding is recommended for the first six months of a baby’s life. If you are giving your baby infant formula – 1st Infant formula for Newborns is the only formula needed for the 1st year of life. A simple, up to date guide on infant milks can be downloaded at - firststepsnutrition.org. Start4life ‘Guide to Bottle Feeding’ - can be downloaded for information on How To make up Feeds Safely and Responsive Bottle Feeding.

If you are breastfeeding and formula feeding and would like support to exclusively breastfeed, or increase your milk supply, please contact your Midwife or Health Visitor at your local Children’s Centre or Health Clinic.

*FIRST FEEDING CHART v6.0*
<table>
<thead>
<tr>
<th>Time</th>
<th>Feed Offered Breast/Syringe/Cup/Bottle</th>
<th>Amount (mls) or Time on Breast</th>
<th>Wet Nappy</th>
<th>Dirty Nappy</th>
<th>Comments e.g. Fed Well/Slow/Sleepy</th>
</tr>
</thead>
</table>