

| | |
|--|--|
| Reference Number: UHBOBS067 Version Number: 4 | Date of Next Review: June 2023 Previous Trust/LHB Reference Number: N/A |
|--|--|

Guideline for the Identification of Babies in the Obstetric Led Unit and Midwifery Led Unit

Introduction and Aim

The purpose of this Guideline is to reinforce the need for all staff to be aware of security and safety of babies whilst in the Directorate of Women and Children's Health, thus increasing the effectiveness of the UHB Security Policy.

Objectives

ALL babies must be correctly identified following delivery **OR** on admission to the Hospital. Correct identification of the babies is the responsibility of **every** member of staff. These labels must be checked:-

- On handling the baby.
- Daily to ensure data is legible and present.

One band is used for the mother and two for the baby.

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts

| | |
|--|--|
| Equality Health Impact Assessment | An Equality Health Impact Assessment (EHIA) has been completed. The Equality Impact Assessment completed for the policy found here to be a positive. |
| Documents to read alongside this Procedure | Postnatal Guidelines |
| Approved by | Maternity Professional Forum and Q+S |

| | |
|--|--|
| Accountable Executive or Clinical Board Director | <i>Ruth Walker, Executive Nurse Director</i> |
|--|--|

| | | |
|---|--------|---------------------------------|
| Document Title: Guidelines for the Identification of Babies in the Obstetric and Midwifery Led Unit | 2 of 9 | Approval Date: 01/05/2020 |
| Reference Number: UHBOB5067 | | Next Review Date: 01/05/2023 |
| Version Number: 4 | | Date of Publication: 10/05/2020 |
| Approved By: MPF, Q&S | | |

| | |
|-----------|-------------------------|
| Author(s) | Louise Protheroe Davies |
|-----------|-------------------------|

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

| Summary of reviews/amendments | | | |
|-------------------------------|-------------------------|----------------|---|
| Version Number | Date of Review Approved | Date Published | Summary of Amendments |
| 1 | | 2008 | New Document |
| 2 | Sept 2010 | Sept 2010 | Amended by Delyth Bebb |
| 3 | Nov 2013 | Nov 2013 | Amended by Diane Taylor and Sarah Spencer |
| 4 | May 2020 | | Amended by Louise Protheroe-Davies |

| | | |
|---|--------|---------------------------------|
| Document Title: Guidelines for the Identification of Babies in the Obstetric and Midwifery Led Unit | 3 of 9 | Approval Date: 01/05/2020 |
| Reference Number: UHBOB5067 | | Next Review Date: 01/05/2023 |
| Version Number: 4 | | Date of Publication: 10/05/2020 |
| Approved By: MPF, Q&S | | |

1 Table of Contents

Contents

| | | |
|---|---|---|
| 1 | Table of Contents | 3 |
| 2 | Immediately Following Birth | 4 |
| 3 | Transfer to the Neonatal Unit..... | 5 |
| 4 | On admission to the ward | 6 |
| 5 | Responsibilities of the Midwife Manager/ Neonatal Manager | 8 |
| 6 | References | 9 |

| | | |
|---|--------|---------------------------------|
| Document Title: Guidelines for the Identification of Babies in the Obstetric and Midwifery Led Unit | 4 of 9 | Approval Date: 01/05/2020 |
| Reference Number: UHBOB5067 | | Next Review Date: 01/05/2023 |
| Version Number: 4 | | Date of Publication: 10/05/2020 |
| Approved By: MPF, Q&S | | |

2 Immediately Following Birth

The Midwife in charge of the delivery is accountable for ensuring that the baby is correctly identified (Amended Rules NMC, 2007)

As soon as possible after the birth two bands should be attached to the baby 1 around wrist and 1 around ankle, giving the following information:-

- Mother's surname and forenames.
- Mother's Unit Number, if allocated.
- Date and time of birth of baby
- Sex of the baby, recorded as boy or girl (not male or female since these terms are more likely to be misread).

The band placed on the mother's wrist only has the band number on it. The information on the three bands must be checked by:-

- the midwife and another responsible person who is usually one of the parents verifying the details or
- the delivering midwife and another member of staff in the presence of the mother

The band number is recorded on the front sheet of the baby's notes and in the postnatal pathway by the midwife and second member of staff who will sign in the baby's notes that all identification details are correct. The mother must also be advised about her responsibility for regularly checking the bracelets, particularly following separation from her baby.

- A baby is issued with their own NHS Number and Hospital identification number as the delivery details are entered onto Euroking (E3). The Hospital number must be used for labelling any samples or correspondence regarding the baby.

[Back to Contents](#)

| | | |
|---|--------|---------------------------------|
| Document Title: Guidelines for the Identification of Babies in the Obstetric and Midwifery Led Unit | 5 of 9 | Approval Date: 01/05/2020 |
| Reference Number: UHBOB5067 | | Next Review Date: 01/05/2023 |
| Version Number: 4 | | Date of Publication: 10/05/2020 |
| Approved By: MPF, Q&S | | |

3 Transfer to the Neonatal Unit

- Babies who are transferred to the Neonatal Unit should be identified as above, before leaving the delivery area. If the delivery area is at the Consultant Led Unit and this is not possible, a midwife should accompany the baby to the Unit. **A neonatal nurse to check identification bands with the midwife who transfers the baby and signs on baby notes that bands are correct.** Babies that require transfer from the Midwifery Led Unit will be escorted by a midwife and the identification bands will be in place.
- The Midwife/Nurse who receives the baby is responsible for checking the bands, as soon as possible.
- If an identification band has to be cut off for any reason, all 3 bands should be renewed following the usual procedure. These bands should be checked by two midwives or nurses if the mother is unfit to visit the Unit, or has been discharged home. The third band should be attached to the mother or placed in the baby's notes.

[Back to Contents](#)

| | | |
|---|--------|---------------------------------|
| Document Title: Guidelines for the Identification of Babies in the Obstetric and Midwifery Led Unit | 6 of 9 | Approval Date: 01/05/2020 |
| Reference Number: UHBOB5067 | | Next Review Date: 01/05/2023 |
| Version Number: 4 | | Date of Publication: 10/05/2020 |
| Approved By: MPF, Q&S | | |

4 On admission to the ward

- The Midwife/Nurse who admits the baby to the ward is responsible for checking with the midwife who is transferring the baby to the ward that the identification bands are in place and that the information corresponds with the case notes. **She/he must then sign in the baby's records that these details are correct.** It is the midwife's responsibility to ensure that every baby has an electronic security tag secured to their ankle on admission to the ward.
- If a baby is admitted from another hospital or from home, the details should be checked with the Midwife/Nurse or relative escorting the baby, and the identification bands completed and attached in their presence following procedure as for following the birth.
- When taking the baby to the mother for the first time after separation, the Midwife/Nurse must ask the mother to check that the information on both bands is correct and the mother should then be advised about her responsibility for regularly checking the bands.
- It is the mother's responsibility to ensure the safety of her baby at all times. Every mother admitted to the ward or Neonatal Unit will be given Guidance on Security Leaflet outlining these responsibilities.
- **Daily checks** of identification bands should be carried out and **signed as correct in the infant's records and postnatal pathway.**
- If a band is missing, the Midwife/Nurse in charge of the ward must be informed. The Midwife/Nurse in Charge together with the person discovering that the band is missing must then check the remaining band against the mother's case notes. If they correspond, a new set of 3 bands should be completed following the procedure as for Delivery Suite. The mother should be present during this procedure to check the details and witness the new bands attached to the baby's ankle/wrist. Every effort should be made to locate the missing identification band which should then be destroyed.
- The Midwife/Nurse in Charge of the ward **must always** be informed if a baby is found to have both bands missing. New bands must not be issued until it is certain that there can be no doubt about the baby's identity. If any possible doubt exists, the Midwife/Nurse Manager or Acting Midwife/Nurse Manager and the Midwife/Nurse in charge of the ward should check the presence of all other babies' notes. When these

| | | |
|---|--------|---------------------------------|
| Document Title: Guidelines for the Identification of Babies in the Obstetric and Midwifery Led Unit | 7 of 9 | Approval Date: 01/05/2020 |
| Reference Number: UHBOB5067 | | Next Review Date: 01/05/2023 |
| Version Number: 4 | | Date of Publication: 10/05/2020 |
| Approved By: MPF, Q&S | | |

midwives/nurses are satisfied that there is no possibility of a mistake in identity, three new identification bands should be made out, using information in the Midwifery Infant Record and the mother's case notes following the procedure as for Delivery Suite. If the midwives/nurses are not completely satisfied about the baby's identity, the Ward Manager/Midwifery Unit Manger should be contacted, who will decide upon appropriate action.

- The Midwife in Charge and the midwife should record the incident in the infant case notes, giving the date and time of the incident and specifying their names and job titles. The notes should then be signed by them. **An incident form should be completed.**
- A separate identification band should be placed on the baby with name, date and time of birth and hospital number if he/she requires any medication/investigations.
- The identification bands must be checked immediately prior to transfer home in the mother's presence. The mother and midwife/nurse must sign that the 3 identification bands are correctly labelled on transfer from hospital. The midwife/Nurse and the mother must sign the record book kept at the reception book after checking that all bands are present and correct immediately prior to leaving the ward on discharge home.
- At the first visit by the Midwife/Outreach nurse in the community, the identification bands will be removed and given to the mother and the same documented in the community notes.

[Back to Contents](#)

| | | |
|---|--------|---------------------------------|
| Document Title: Guidelines for the Identification of Babies in the Obstetric and Midwifery Led Unit | 8 of 9 | Approval Date: 01/05/2020 |
| Reference Number: UHBOB5067 | | Next Review Date: 01/05/2023 |
| Version Number: 4 | | Date of Publication: 10/05/2020 |
| Approved By: MPF, Q&S | | |

5 Responsibilities of the Midwife Manager/ Neonatal Manager

The Midwifery Manager/Neonatal Manager, has the responsibility for ensuring that the procedures are made clear to all members of the Midwifery/Nursing staff. All new members of staff must be informed of current Midwifery/ Nursing practices and are included in the Induction Programme. The Midwife/Nurse Managers make random checks to audit compliance with this Policy.

[Back to Contents](#)

| | | |
|---|--------|---------------------------------|
| Document Title: Guidelines for the Identification of Babies in the Obstetric and Midwifery Led Unit | 9 of 9 | Approval Date: 01/05/2020 |
| Reference Number: UHBOB5067 | | Next Review Date: 01/05/2023 |
| Version Number: 4 | | Date of Publication: 10/05/2020 |
| Approved By: MPF, Q&S | | |

6 References

Nursing and Midwifery Council (2007) Amended Midwives Rules and Standards

[Back to Contents](#)