

Provision of Transitional Care for Babies on the Postnatal Ward.

Guideline information

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Summary of document:

The aim of this guideline is to provide guidance about the admission to and care of a baby on Neonatal Transitional Care. NTC supports a resident mother to be the primary care provider for their baby with care requirements in excess of normal newborn care, but who do not require admission to a Special Care Baby Unit (SCBU).

Scope:

This guideline is aimed at all Midwifery / Neonatal staff who are involved in the admission of a baby to Neonatal Transitional Care on the Postnatal Ward.

The guidance uses the terms “woman” and “mother” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is

important to acknowledge it is not only people who identify as women for whom it is necessary to access women's health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth

To be read in conjunction with:

[Corporate Governance - 794 - Infant Feeding Policy](#) [Opens in new tab]

[Corporate Governance - 1075 - Infant Feeding - Breastfeeding Guideline](#) [Opens in new tab]

All Wales Management of hypoglycaemia on the neonatal unit
All Wales Hypoglycaemia care bundle for Term babies at risk of hypoglycaemia
All Wales Hypoglycaemia care bundle for Preterm babies at risk of hypoglycaemia
Maternity Babies Thermoregulation guideline
Nasogastric feeding Special Care Baby Unit infant feeding guideline
All Wales Enteral feeding care pathway
[1194 - Management of jaundice in neonates](#) [Opens in new tab]
[1193 - Thermoregulation in neonates](#) [Opens in new tab]

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Joint Maternity and Neonatal Guideline, Audit and Research Group 25.03.2025

Executive Director job title: Andrew Carruthers, Chief Operating Officer.

Reviews and updates: New Guideline

Keywords

Transitional Care, Neonates

Glossary of Terms

ATAIN: Avoiding term Admissions into Neonatal units

SCBU: Special Care Baby unit

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Scope

This guideline is for use by Midwifery/ Neonatal staff who are involved in the admission and care of a mother and baby to Transitional Care.

Aim

- To keep mothers and babies together in a Neonatal Transitional Care (NTC) setting
- To support resident mother as primary care providers for their babies with care requirements in excess of normal newborn care, but who do not require neonatal unit (SCBU) admission
- To provide additional support for small and/ or late preterm babies and their families.
- To facilitate a smooth transition to discharge baby's home
- To prevent neonatal admission to SCBU

Introduction

Neonatal Transitional Care (NTC) supports a resident mother to be the primary care provider for their baby who requires care in excess of normal newborn care, but who do not require admission to SCBU.

Normal newborn care is delivered by a mother with the support and guidance of her midwife, either in a labour suite, a postnatal ward or at home. It includes immediate review of the baby after birth to detect major physical abnormality, establishment of feeding and ongoing assessment of infant well-being, including observation of vital signs. The newborn initial physical examination Cymru (NIPEC) (or routine examination of the newborn) may be undertaken by the midwife, who will also normally facilitate newborn bloodspot screening. None of these tasks should involve separation of mother and baby.

The ATAIN (2017) report highlighted how often an admission to a neonatal unit resulted in mother and baby separation which can have an adverse effect on maternal perinatal mental health, mother and baby attachment and neonatal/ maternal physical well-being.

NTC avoids the separation of the mother and baby whilst enabling safe and effective management of a baby with additional care needs. Babies fitting criteria for Transitional Care admission outlined below will be admitted along with their mother to the Transitional Care Ward.

NTC ethos supports Family Integrated Care (FICare), a model of care that cultures the partnership between the parents and carers and healthcare professionals working to care for babies in a neonatal ward.

Neonatal Transitional Care Roles and Responsibilities

The Transitional Care (TC) joint working team consists of Neonatal doctors, Senior Midwifery Manager, Senior Neonatal manager, Postnatal Ward Manager, Neonatal Ward Sister, Midwives, Health Care Support Workers and Clinical Skills Facilitators (CSF; Midwifery and Neonatal).

The success of NTC demands upon the joint working between midwifery, neonatal nursing staff and paediatricians working collaboratively to ensure safe practice and a cohesive approach to NTC care on the postnatal ward.

Senior Midwife Inpatient Manager and Senior Neonatal Manager

The Senior Midwifery Manager and Senior Neonatal Nurse/ Manager will have joint overall management, education, and safety responsibility of Neonatal Transitional Care.

Post Natal Ward Manager

Direct line management for the midwifery team will fall to the Postnatal Ward Manager. The ward manager is responsible for the health and safety of the ward, managing ward budgets and working in collaboration with the SCBU Ward Manager and Neonatal team to ensure the provision of safe, high-quality care.

Special Care Baby Unit (SCBU) Manager

Direct line management of the Neonatal Nursery Nurse staff falls to the SCBU Ward Manager. The SCBU ward manager is responsible for working in collaboration with the Postnatal ward manager and midwifery team to ensure the provision of safe and high-quality care.

The role of Staff

The Midwives and Neonatal staff will be responsible for the overseeing of high standards of midwifery and neonatal care and develop, monitor, and update plans of care including the giving of medication, referral and discharge planning.

Role of the Transitional Care Doctor

- Admission of babies meeting criteria for NTC when referred by midwifery team.
- Daily NTC clinical ward round with Midwife in charge on TC and HCSW to discuss and implement effective management planning and discharge planning.
- Following a daily review the babies should then be discussed with the tier 2 doctor responsible for SCBU or a Consultant for their input.
- Make feeding plans where required in conjunction with midwifery and neonatal HCSW.
- Initial septic screens and prescribing of antibiotics.
- If babies are transferred from SCBU – Review all outstanding jobs from SCBU ward rounds.
- Discharge letters.
- Review of babies where clinical concerns have been raised by midwifery or neonatal staff. This responsibility extends to all babies on the post-natal ward.
- Escalation to senior medical staff if unable to review a baby in a timely way due to other tasks as per NEWTT2 escalation threshold and triggers.
- To provide a constant link between Medical, Midwifery and Nursing staff on SCBU, Transitional Care and labour ward.
- To be the shift leader for babies requiring TC care and support the ward with non-TC families as acuity allows.
- To meet with daytime neonatal medical team and attend the ward round in full.
- Allocation of Neonatal HCSW to NTC families. Ensuring all documentation by the Band 3/ 4 is countersigned by the midwife as the overseeing registrant.
- To lead, supervise and support members of the nursing/ midwifery team and ensure that all babies receive safe and appropriate care.
- To facilitate the implementation and evaluation of Neonatal care pathways within NTC.

- Direct point of contact for all staff to provide a clear escalation pathway to the Neonatal medical team.
- Assist in supporting Neonatal and Maternity leads to minimise term admissions to the Neonatal unit, helping to identify themes and trends, informing improvement projects.
- Support commencement of NTC on labour ward to prevent unnecessary admission to SCBU.
- Escalation of clinical concerns identified or reported by HCSW or nursery nurses.

For babies with significant compromise the emergency (2222) bleep system should be used, a neonatal emergency declared and to summon immediate and senior support to the postnatal ward. For less urgent calls, a direct escalation to the neonatal tier 2 bleep may be appropriate to summon senior help

Delays in review – escalation process refer to the NEWTT2 threshold and triggers

Role of the Neonatal Health Care Support Worker (HCSW) (Band 3/ 4)

- One Neonatal HCSW will be allocated from SCBU to Transitional Care.
Work under the supervision of the Transitional Care Midwife to undertake observations and care of babies according to their needs.
- To be experts in transitional care pathways and guidance.
- To advocate avoidance of admissions to SCBU and keep families together where it is clinically safe.
- To manage a set caseload of TC families promoting continuity and providing specialist family integrated care. (BAPM (British Association of Perinatal Medicine) guidelines).
- When no TC babies on ward to liaise with SCBU manager/SCBU Coordinator and the post-natal manager and support the ward with non-NTC families when required if SCBU acuity allows
- To support labour ward with NTC babies.
- To support NNU with special care baby's when required. Teach families and support them on their journey to going home.
- Support TC education to all clinicians and families.
- To recognise the deteriorating neonate, undertake appropriate actions including escalation to Midwife in charge and supporting NLS.

N.B. Bronglais General Hospital Maternity Services do not employ Neonatal HCSW therefore care for neonates requiring neonatal transitional care are cared for by the Midwife.

Role of the Maternity Health Care Support Worker (HCSW) (Band 2 / 3)

- The Maternity HCSW will support the mother and non-TC baby whilst admitted to the postnatal ward.
- The Maternity HCSW supports the mother as requested by the NTC Midwife.

Clinical Skills Facilitators

- The Clinical Skills Facilitators will support the Midwives and Neonatal HCSW, to develop skills and competencies within Neonatal Transitional Care.

Admission Criteria for admission to transitional care bay on the postnatal ward

The aim of transitional care is to provide the extra care needed in a safe environment. So, if a baby fulfils the criteria for admission to transitional care, this should be arranged directly from labour ward whenever possible. The neonatal team must be informed of all admissions to transitional care.

The Neonatal Transitional care unit on the Postnatal ward in Glangwili General Hospital has a maximum capacity of 4 beds. If demand exceeds this amount, there must be escalation to the postnatal ward manager/ labour ward coordinator and the SCBU nurse in charge for a review of the acuity and/ or dependency to determine if NTC admissions require relocation to SCBU or for additional staff support from SCBU.

Criteria from Birth

- Preterm between 34- and 35+6 weeks' gestation who do not fulfil criteria for care on SCBU.
- Birth weight from 1600g and less than 2000gms in a baby 34 weeks' gestation or above who do not fulfil criteria for SCBU care.
- Multiple births between 35 and 37 weeks' gestation if closer observations required.
- Risk factors for sepsis requiring IV antibiotics, but clinically stable.
- Any baby following the Hypoglycaemia Protocol Inclusion Criteria who has a blood glucose measurements of below 2.6mmols/l (in babies <37 weeks) or < 2.0mmol/l (in babies >37 weeks) Please refer to All Wales Hypoglycaemia care bundles for preterm and term neonates.
- Neonatal Abstinence Syndrome (NAS) Baby who has a Finnegan score of 8 or more. (Two or more consecutive scores of 8 or more require urgent paediatric review and consideration of transfer to SCBU).
- Babies requiring occasional NasoGastric(NG) top up/full feeds or as part of the hypoglycaemia protocol.

Note Babies who require **full fluid requirements** via NG feeds requires a SCBU admission until oral feeding is established and NG feeds are supplemental

N.B Prior to birth consider BGH admission criteria: [link to guidance](#).

Additional Care Needs developing on the postnatal ward

- Inability to maintain temperature despite skin-to-skin contact, adequate clothing and use of incubator or hot cot.
- Stable baby who has developed (or been identified as having) risk factors for sepsis, requiring IV antibiotics
- Inability to establish full suck feeds; predicted to require occasional NasoGastric(NG) top up/full feeds or as part of the hypoglycaemia protocol
- Haemolytic disease requiring enhanced phototherapy and/or assessment of serum bilirubin 4 – 6 hourly.

Transfer from Transitional Care to SCBU

- There may be occasions where babies initially assessed as suitable for transitional care develop needs that require admission to SCBU.
- The Paediatric doctor should promptly review babies as requested by the transitional care midwives and liaise with SCBU shift leader regarding admission if it is felt to be appropriate in accordance with SCBU admission criteria.

Babies “stepping down” from SCBU

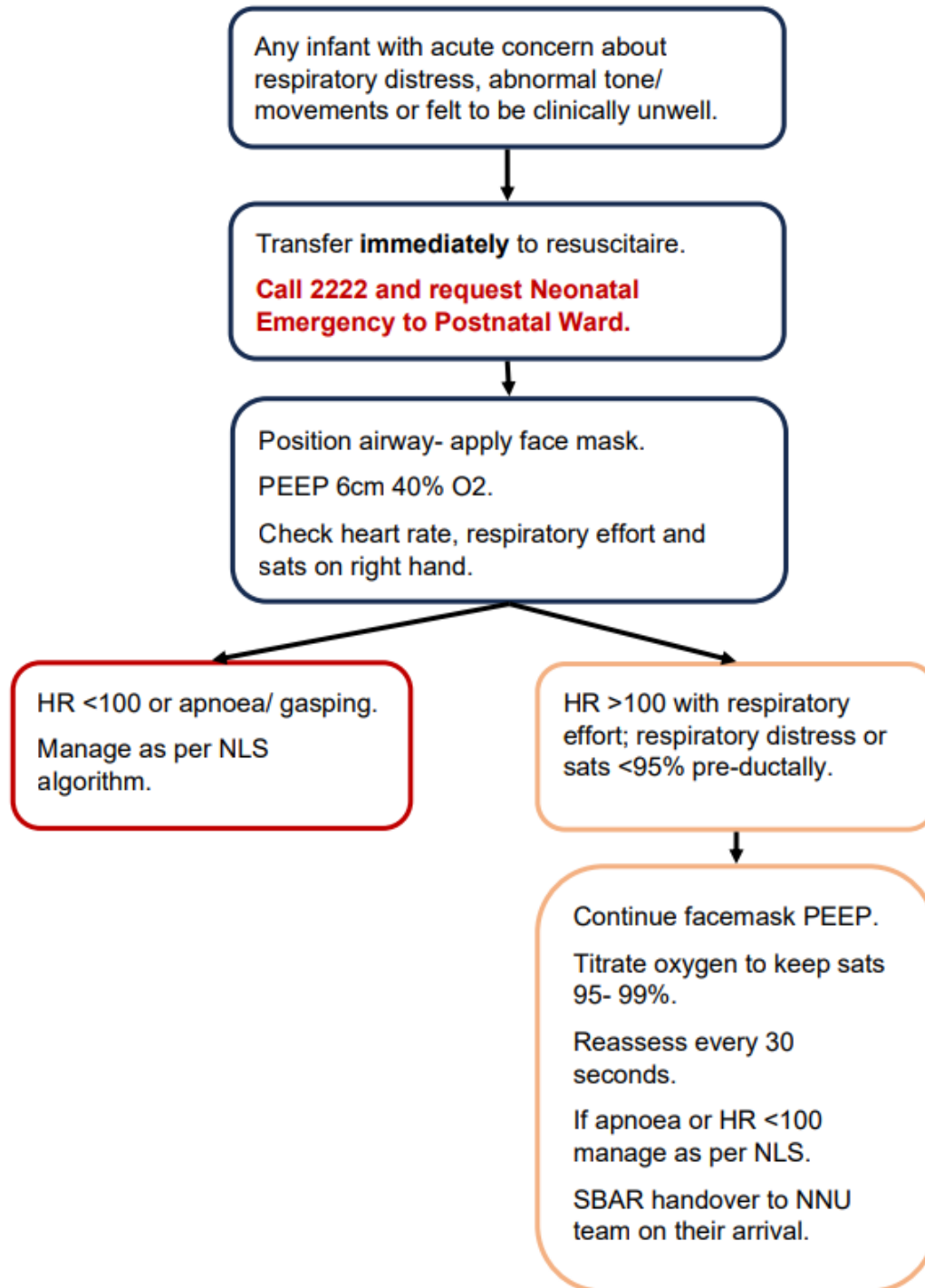
- Corrected gestational age > 34+0 weeks and clinically stable
- Current weight more than 1600g and maintaining temperature and monitoring of vital signs required no more frequently than 3 hourly
- Stable baby with sepsis requiring ongoing IV antibiotics
- Baby has completed phototherapy and requires repeat bloods/monitoring
- All babies stepping down from SCBU should be discussed with the NTC Midwife and a full and thorough verbal handover of care must be carried out.

Additional Information

In the event of an emergency the 2222 Neonatal Emergency call should be requested to the postnatal ward.

Escalation Flowchart of the unwell Newborn on NTC

Escalation of the unwell Newborn on TC



References

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