

**Providence St. Peter's Hospital
NEWBORN TRANSFER PROTOCOL
Edited 1/24/23**

Purpose: To facilitate the safe, timely and effective transfer of newborn care from community midwives to the Seattle Children's Inpatient Pediatric Hospitalist Service at Providence St. Peter Hospital. Also, through collaboration, to promote the best experience for families who are transitioning care to the hospital setting.

For the purpose of newborn transfer, there are **2 pathways** with which to contact the on-call Pediatric Hospitalist. One is for life-threatening emergencies and the other for all other transfers or pediatric consultations. It is important to have a provider to provider communication (use Neonatal Transfer Form for guidance)

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EMERGENCY TRANSFER PATHWAY:

CALL DIRECTLY TO THE HOSPITALIST: 360-486-6931. If there is no answer, call Special Care Nursery at 360-493-7020 and give pertinent details to the receiving on-call pediatrician.

This is the pathway for the critically ill infant. This can include respiratory failure, distress or depression. Also it can include resuscitation in progress without appropriate response, signs or symptoms of sepsis, decreased tone/responsiveness, symptomatic hypoglycemia, seizures or other acute issues. **This number is to be called when the newborn's condition is imminently life-threatening.**

NON-EMERGENCY TRANSFER PATHWAY:

PAGE THE PEDIATRIC HOSPITALIST: 360-971-0928

This can include the infant in mild respiratory distress whose oxygen saturations are normal, otherwise stable infant in whom there is concern for sepsis, infant with feeding issues, infant with hyperbilirubinemia, infant with suspected congenital anomaly or any other condition possibly needing hospital admission but which is not acutely life threatening.

Step 1: When calling this number, it is understood that the attending midwife will give a brief synopsis of details pertinent to immediate care of the baby to the receiving on-call pediatrician. Full historical details can follow later.

Step 2: Fax records to Special Care Nursery #360-486-6623

Step 3: Neonates experiencing an emergency transfer will access the SCN by ambulance. Neonates admitted for non-emergency care, per direction of the pediatric hospitalist, may present at the Labor and Delivery entrance. After hours admission is performed at the ER admissions desk. Staff at the SCN will alert the admission's desk of pending arrival.

Step 4: Due to the Covid Pandemic, parents will need to be tested (pcr) upon arrival before they will be admitted into Special Care with their newborn. This applies to vaccinated and unvaccinated parents. Visitation guidelines state 2 covid-negative parents are allowed (no siblings) and they are able to come and go. If they develop symptoms, they will need to be retested. PSPH does not have a system for testing parents during a transfer of care. Parents may speed up access to the SCN by providing their own rapid Covid 19 screen.

Step 5: On-going communication between Special Care Nursery and community midwife to answer questions and get clarification. Early discharge, if approved by the pediatric provider, will be done with provider-to-provider communication. Early discharge is not the expectation, rather neonates are anticipated to be in care for a minimum of 24 hours.

Step 6: Once the baby is able to be discharged home, Special Care Nursery will fax records to the community midwife. If the baby needs follow-up care, the discharging pediatric hospitalist will contact the community midwife and make a plan of care involving the family's pediatric care provider as needed. Release of records is not required to be signed when the neonate is discharged to the CM provider.

Step 7: The community midwife, receiving hospital provider, nursing staff (ideally the NTL and bedside nurse), and the client will fill out their appropriate Smooth Transitions™ surveys and data collection tools. If EMS was involved, they will be encouraged to complete a survey to fill out as well.