



## Early Discharge for the Newborn-template

***Please customize this protocol according to your hospital. The protocol is a place to clarify the process of transfer and meet everyone's needs: hospital provider and transferring midwife, while keeping the patient/client at the center. As the protocol is being used, make modifications as needed to maximize efficiency, safety, and satisfaction.***

When there is a planned community birth that ultimately takes place in the hospital, it may be appropriate for the parent and their *well* newborn to be discharged earlier than is customary for the hospital.

When appropriate, early discharge of the well newborn, from the hospital back to the community midwife, can provide for continuity of care which often leads to a more positive patient experience. This decision should be a shared one with discussion taking place between the newborn's parent(s), the discharging hospital's pediatric provider, and the community midwife.

Licensed Midwives in Washington state care for well newborns up to two weeks of age; this care can include:

- General monitoring of the newborn's well-being
- Washington State newborn metabolic screen at 18-48 hours **and** 7-14 days of age
- Monitoring of newborn weight loss/gain
- Monitoring for jaundice, including bilirubin levels as needed
- Feeding assessment, including referral to lactation support as needed
- Critical Congenital Heart Disease (CCHD) screen
- Referral for circumcision provider, if desired

The customary schedule for *well newborn* care includes:

- A home visit following hospital discharge – completed within the first 48 hours to include the first newborn metabolic screen
- If necessary or desired, a 3-4 day visit (home or clinic) for feeding assessment, jaundice assessment, or for any other concern(s)
- A 7-10 day visit (home or clinic) to assess feeding, weight loss/gain, jaundice, and/or any other concerns; the second newborn metabolic screen to be completed at this time as well

Licensed Midwives refer the well newborn to begin pediatric care between two and four weeks of age. If at any time the midwife has concern(s) about the well-being of the newborn, that falls outside of the Licensed Midwife's scope of practice, they would be referred to pediatric care at that time. Communication and discussion between providers are essential to providing appropriate, safe, and satisfactory care for families.

### **Criteria for Early Discharge of the Newborn**

The following criteria may be used to determine the appropriateness of early discharge of the well newborn to the care of the community midwife.

For early discharge, the newborn should:

- Be a term newborn (born at 37+ weeks)
- Be at least  hours old
- Have stable vital signs that are within normal range for at least  hours after birth
- Have fed at least twice for at least 10 minutes (\*parent(s) demonstrates competence in feeding skills)
- Be low risk for newborn sepsis (based on institution criteria, e.g., Kaiser Sepsis Calculator: <https://neonatalesepsiscalculator.kaiserpermanente.org/>)
- Have no significant risk factors for jaundice (e.g. not Coomb's/DAT positive)
- Have no risk factors for hypoglycemia (SGA, LGA, IDM) or have completed glucose screening per hospital protocol
- Have follow-up appointment made with community midwife within 24 hours of discharge from hospital; discharge summary routed/available to community midwife
- Future pediatric/primary care provider identified, and discharge summary routed to provider

It should be discussed with the parent(s) of the newborn that the following screening is required and determine if the screening will be done prior to discharge or with the community midwife:

- State newborn metabolic screen (1<sup>st</sup> screen done at 18-24 hours of age; 2<sup>nd</sup> screen done at 7-14 days of age) (\*parent(s) have the option to decline the hospital newborn screen at discharge and then have the community midwife perform it at ~24 hour visit)
- Newborn hearing screen (by 1-2 weeks of age)
- Weight check (between 20-48 hours of age)
- Jaundice check or re-check (between 12-72 hours of age)
- Critical Congenital Heart Disease evaluation (at 24-72 hours of age)

## Informed Choice Agreement for the Early Discharge of the Newborn

The pediatric care team at (hospital name) has evaluated this newborn for early discharge and the pediatric provider has explained to the parent(s) any concerns about early discharge.

I, \_\_\_\_\_, parent of the newborn \_\_\_\_\_, born on \_\_\_\_\_, have requested early discharge of my newborn from hospital care. I understand that the typical hospital stay for the well newborn is 24-48 hours. I understand the criteria that the hospital and their pediatric care team use to determine which newborns are healthy and may qualify for early discharge.

- I have made arrangements for the newborn to be cared for by my midwife and/or pediatric care provider. I acknowledge and understand which newborn screenings and care should be provided by my midwife and/or pediatric care provider.
- I acknowledge that some conditions may arise after the newborn has been discharged and I agree that I will seek care from a pediatric care provider immediately if the newborn shows any signs or symptoms of illness or distress.
- I acknowledge that I have been offered the chance to remain in the hospital longer. I understand that there are inherent risks for the newborn to early discharge, and I know that I may return to this hospital for further evaluation if I have concerns at any time by (e.g., calling pediatric provider at \_\_\_\_\_, going to ER, returning to PP unit, etc.)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_