## Inclusion criteria for midwife discharge of a well newborn

### Key points

- The full physical examination of the well-newborn may be undertaken by either a medical officer, or a midwife who fulfils the WNHS competency requirements for the Full Physical Examination of the Newborn (FPEON).
- If the mother is discharged home within 24 hours and the newborn’s condition does not change, the first full physical examination of the newborn may also be classified as the “home check”.
- If the mother’s stay is extended beyond 24 hours, a further FPEON for discharge home will be required.

The midwife must:

- have a minimum of 2 years’ experience as a midwife before undertaking the Full Physical Examination of the Newborn by a Midwife Program
- successfully complete the Full Physical Examination of the Newborn by a Midwife Program (online and workshop)
- complete a minimum of 10 formative assessment examinations supervised by a Paediatrician or Midwifery Educator/Course Coordinator (KEMH only)
- complete a minimum of 5 assessments with a Paediatric Consultant and be deemed competent by a Paediatric Consultant
- complete and maintain records of every independent examination, in their own portfolio and make them available for audit as required.

The newborn must meet the following criteria:

- Gestational age at birth is greater than 37 completed weeks and less than 42 weeks
- Birth weight greater than 2500 g and less than 4500 g
- Apgar score greater than 7 at 5 minutes of age
• No identified antenatal or perinatal complications e.g. breech presentation, abnormal ultrasound, prolonged ROM

• The mother must be GBS negative

• Using the Neonatal Early Onset Calculator the newborn risk must score in the Green Zone. The newborn must appear well clinically with no persistent physiologic abnormalities [see Neonatology guideline: Sepsis: Septic Calculator-Assessment of Early-Onset Sepsis in Infants > 35 Weeks]. There is no need for any further examination of the well newborn if the mother is discharged within 24 hours. If the mother’s stay is extended beyond 24 hours a further FPEON for discharge home will be required.

Consultation and referral

• Midwives who fulfil the WNHS competency requirements for the FPEON are expected to follow the Australian College of Midwives National Midwifery Guidelines for Consultation and Referral.

• Where an abnormality is identified, or suspected, by the midwife during the FPEON, e.g. a cardiac murmur, or suspected Congenital Dislocation of the Hips, the midwife must ensure the baby is reviewed by a Consultant Paediatrician who will organise the appropriate referral/s.

Procedure

1. The midwife who discharges a newborn should complete and sign the Neonatal History Sheet MR410; Neonatal Inpatient Progress Sheet MR420; and the Personal Health Record

2. The discharge of all newborns must involve a review of the notes to ensure all postnatal / neonatal recommendations have been followed, and the following must be carried out:

• The midwife shall check whether the newborn requires any further appointments e.g. Child Health Nurse, or hearing test, and advises the mother accordingly

• Advice on registration of birth, 6 week GP follow up, immunisations, feeding, and SUDI prevention shall be given

• Advice on the usual postnatal visit arrangement, and who to contact if support is required outside these times

• Correct discharge address and contact details shall be confirmed.

• Discharge details shall be entered accurately into STORK
References
2. WNHS Neonatology Clinical Practice Guideline Sepsis: Septic Calculator - Assessment of Early-Onset Sepsis in Infants > 35 Weeks

Related WNHS policies, procedures and guidelines
Neonatology Clinical Practice Guideline Sepsis: Septic Calculator - Assessment of Early-Onset Sepsis in Infants > 35 Weeks

Useful resources
- NMHS Moodle platform. Full Physical Examination of the Newborn [contact DNAMER]

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