

	POLICY Number: 7311-60-008 Title: Infant/Newborn Overnight When Mother/Primary Caregiver Admitted to Hospital
Authorization <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Director, Maternal Services Cross Index: Date Approved: September 8, 1998 Date Revised: April 29, 2016 Date Effective: May 5, 2016 Date Reaffirmed: Scope: Acute Care

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DEFINITIONS

Infant means greater than thirty (30) days of age and less than three (3) months of age.

Mother means a postpartum woman who has given birth in the prior 6 weeks.

Newborn means less than thirty (30) days of age.

Obstetric complication means complication arising within six (6) weeks of birth, related to the birth process and requiring admission.

Primary caregiver means the parent¹ of a newborn/infant. The primary caregiver could be:

- (i) the mother;
- (ii) the father;
- (iii) a person to whom custody of a child has been granted by a court of competent jurisdiction or by a deed or agreement of custody;
- (iv) a person with whom a child resides and who stands in loco parentis to the child.

Staff means SHR employees, practitioner staff, students and volunteers.

1. PURPOSE

The purpose of this policy is to facilitate mothers or primary caregivers and their newborns/infants remaining together if a mother/primary caregiver requires admission or re-admission to hospital.

¹ The Child and Family Service Act, Saskatchewan

2. PRINCIPLES

- 2.1 Keeping mothers/primary caregivers and newborns/infants together helps sustain the family unit and develop bonds.
- 2.2 Keeping mothers/newborns/infants together in hospital facilitates ongoing breastfeeding.
- 2.3 Bed management (stewardship); acute care facilities are intended to provide care to acutely ill patients, provide specialized diagnostics and provider expertise.
- 2.4 Consideration of keeping mothers/primary caregivers and newborn/infants together in hospital should balance the needs of the family unit against the needs for rest and recovery of the mother/primary caregiver.

3. POLICY

- 3.1 Whenever possible, Saskatoon Health Region (SHR) will keep a mother/primary caregiver and newborn/infant² together upon admission to hospital.
 - 3.1.1 The mother/primary caregiver must be able to provide care for the newborn/infant while in hospital.
 - 3.1.2 The Most Responsible Physician (MRP) in consultation with the mother/primary caregiver and family will determine suitability of newborn/infant accompaniment based on medical condition. This will be reassessed by the MRP as medical condition changes.
- 3.2 **Admission Policy**

If a mother/primary caregiver is admitted to hospital, a well newborn less than 24 hours old will also be admitted (see 3.5 below).
- 3.3 If a mother/primary caregiver is admitted to hospital, a well newborn/infant greater than 24 hours old (including newborns born at home or outside SHR) but less than three months will not be admitted.
 - 3.3.1 The newborn/infant may accompany their mother/primary care giver as a "visitor".
- 3.4 If a mother/primary caregiver and a newborn/infant both require an admission for medical reasons, depending on the care required, they both may be admitted.

Admission Location and Support

- 3.5 Newborns less than 24 hours old will be admitted to the most appropriate unit.
 - 3.5.1 Newborns at Royal University Hospital (RUH) will be admitted to the Maternal and Newborn Care Unit (MNCU) 5100.
- 3.6 Postpartum mothers with an obstetrical complication will be admitted to an Obstetric Unit (e.g. Labour & Birth or MNCU).

² http://www.caringforkids.cps.ca/handouts/your_childs_development

- 3.7 Postpartum mothers who require admission for a non-obstetrical indication will be admitted to the appropriate medical/surgical unit.
 - 3.7.1 Newborns/infants are not permitted to accompany a mother/primary caregiver to units in outbreak situations. Every attempt will be made to admit the mother/primary caregiver in a non-outbreak unit.
 - 3.7.2 Mothers/primary caregivers must be provided a private room (except postpartum).
- 3.8 SHR will provide a bassinet or crib for the newborn/infant as appropriate.
 - 3.8.1 Cribs/bassinets from home are not permitted for safety and infection prevention and control reasons.
 - 3.8.2 All other supplies for the newborn/infant are the responsibility of the family.
- 3.9 Mothers/primary caregivers must be advised of the risks associated with co-sleeping (including the risk of death due to Sudden Infant Death Syndrome and asphyxiation) and be provided with information regarding co-sleeping (see SHR Nursing Policy: *Safe Sleeping for Infants* and Appendix A).
 - 3.9.1 This information is to assist mothers/primary caregivers in making an informed decision.
- 3.10 All infants/newborns accompanying a mother/primary caregiver admitted to hospital as a visitor must wear an identification bracelet.
 - 3.10.1 Infants in MNCU require a transponder bracelet.
- 3.11 Security of the newborn/infant is a shared responsibility between the mother/primary caregiver/family and SHR.
 - 3.11.1 In emergency circumstances SHR staff may need to provide care for the new/born infant until a designated family member can attend.
- 3.12 SHR staff will assist mothers/primary caregivers in providing care to newborns/infants identified as a visitor (e.g. assistance with moving newborn/infant for breastfeeding).
 - 3.12.1 SHR staff will not provide care for the newborn/infant.
- 3.13 SHR staff are not permitted to administer medication or perform medical treatment to a newborn/infant not admitted to hospital (except in emergency circumstances only).

Reporting

- 3.14 All instances where SHR staff cannot accommodate a mother/primary caregiver and newborn/infant remaining together due to lack of a bassinet must be reported to the Director, Maternal Services.

4. ROLES AND RESPONSIBILITIES

4.1 Most Responsible Physician

- 4.1.1 Inform Acute Care Access Services as to status of mother/primary caregiver and newborn/infant (e.g. who requires admission and who does not).

4.2 Acute Care Access Services (ACAS)

- 4.2.1 Inform the appropriate nursing unit of admission status (e.g. admitted patient and newborn/infant (as a visitor)).

4.3 Nursing

- 4.3.1 Prepare and affix the identification bracelet to the newborn/infant accompanying a mother/primary caregiver.
- 4.3.2 Obtain crib/bassinet.
- 4.3.3 Provide information regarding safe sleeping practices to assist the mother/primary caregiver in making an informed decision (see procedure).
- 4.3.4 Discusses role and responsibilities of mother/primary caregiver while in hospital (see Appendix B).

4.4 Mother/Primary caregiver and/or family when newborn/infant is a visitor

- 4.4.1 Provide all supplies for care of the newborn/ infant.
- 4.4.2 Advise medical team if struggling with providing care.
- 4.4.3 Review Appendix A.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring and implementation the responsibility of Clinical Nurse Educators and Managers of Nursing. Amendment is the responsibility of the Director, Maternal Services.

6. NON-COMPLIANCE/BREACH

Non-compliance may result in disciplinary action up to and including termination of employment and/or privileges.

7. REFERENCES

Caring for Kids. Canadian Pediatrics Society, 2014. .
http://www.caringforkids.cps.ca/handouts/your_childs_development

The Child and Family Service Act, Saskatchewan

PROCEDURE - DRAFT

Number: 7311-60-008

Title: Infant/Newborn Overnight When Mother/Primary Caregiver Admitted to Hospital

Authorization

- President and CEO
- Vice President, Finance and Corporate Services

Source: Director, Maternal Services

Cross Index:

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Scope: Acute Care

1. PURPOSE

The purpose of this procedure is to establish the process for admission of a mother/primary caregiver who requests his/her well newborn/infant to accompany as a visitor in hospital.

2. PROCEDURE

- 2.1** The MRP and mother/primary caregiver discuss ability to provide care given medical condition of the mother/primary caregiver, and in some instances, given the medical condition of the infant/newborn.
- 2.2** MRP advises Acute Care Access Services (ACAS) in urban acute care sites if newborn/infant is to be admitted or accompany mother/primary caregiver as a visitor. In rural areas, the MRP advises the Charge Nurse.
 - 2.2.1 If both the mother/primary caregiver and newborn/infant are admitted, in most cases each will have a different MRP. Each MRP advises ACAS/Charge Nurse (rural only) of admission requirements and provides information on the care needs of each patient.
- 2.3** ACAS Patient Care Supervisor assigns patient placement, notifies the appropriate unit(s) of pending admission(s) indicating to the nursing unit if mother/primary care giver will have a newborn/infant accompanying them as a visitor.
- 2.4** The Primary nurse:
 - 2.4.1 Documents mother/primary caregiver with newborn/infant as a visitor in the patient care plan.
 - 2.4.2 Obtains crib/bassinet (as appropriate).
 - 2.4.2.1 SHR Urban acute care sites contact RUH post-partum or pediatrics and arrange bassinet to be couriered to SPH and SCH, if required.
 - 2.4.3 Obtains small (blank) name band from Registration.
 - 2.4.4 Generates a duplicate of the mother/primary caregiver's patient information, attach to small name band and affix to the newborn infant.
 - 2.4.5 Discuss with mothers/primary caregiver the risk of co-sleeping and advise safe sleeping practices and guidelines while in hospital (see SHR Nursing Policy: [Safe Sleeping for Infants](#), Appendix A and B).

2.4.5.1 SHR staff will respect the informed decision of the mothers/primary caregivers unless there is a significant risk to the newborn/infant.

2.4.6 Obtain name(s) and contact information for designate caregiver(s) (see 3.5 below).

2.4.7 If staff have concerns regarding a patient's ability to provide care given the mother/primary care giver's medical conditions, discuss with the mother/primary caregiver and MRP.

2.5 SHR staff will:

2.5.1 Provide as much notice as possible regarding upcoming diagnostic/treatment procedures as to assist the mother/primary caregiver with making care arrangements for the newborn/infant.

2.5.2 Provide ongoing consideration of the impact of medications on breast feeding newborns/infants.

2.5.3 Advise the mother/primary caregiver that a car seat for the newborn/infant is required at time of discharge.

3. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring and implementation is the responsibility of Clinical Nurse Educators and Managers of Nursing. Amendment is the responsibility of the Director, Maternal Services.

4. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action up to and including termination of employment and/or privileges.

5. REFERENCES

Recommendations for Safe Sleep Environments for Infants and Children. Canadian Pediatric Society. Position Statement. Pediatric and Child Health Vol. 9 No 9 Nov 2004, reaffirmed February 2014.

SHR Nursing Policy, Safe Sleeping for Infants #1103, January 2015.

facts on

For More Information Contact:

1319 Colony Street
 Saskatoon, SK S7N 2Z1
 Bus. 306.651-4300
 Fax. 306.651.4301
 info@skprevention.ca
 www.skprevention.ca

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Safe Sleeping for Your Baby

Deciding where your baby sleeps is important. The Canadian Paediatric Society and the American Academy of Pediatrics state that the safest place for your baby to sleep is in a crib, in your room for the first six months. This sleeping arrangement can reduce the risk of Sudden Infant Death Syndrome (SIDS) which is the sudden and unexpected death of a baby under one year of age.

Choosing where your baby sleeps is your decision. If you choose to share your bed with your baby, here are some important points to consider.

Parent Check List

If you choose to share your bed with your baby:

- ✓ Choose a mattress that is firm and flat (for example, not a waterbed or air mattress).
- ✓ Make sure your baby can't fall out of bed, or get stuck between the mattress and the wall or headboard.
- ✓ Never leave your baby alone in bed.
- ✓ Tell your partner when your baby is in bed with you.
- ✓ Make sure covers do not overheat your baby or cover his or her head.
- ✓ Don't let others, including children or pets, share your bed with your baby (only the parents or regular caregiver).

You should NOT share your bed with your baby:

- ✓ If you smoke, or if your baby is exposed to second-hand smoke in the home. Cigarette smoke affects your baby's breathing and increases the risk of SIDS.
- ✓ If you have drunk alcohol, taken prescriptions or illegal drugs, or are extremely tired or sick, you should not take your baby to bed with you. These things affect how alert you are and your ability to respond to your baby.

- ✓ If your baby was born premature or is sick.
- ✓ If you are not on a sleeping surface that is firm and flat. It is not safe to sleep with your baby on a couch, recliner, air mattress, bean bag chair or any other cushioned chair.

Wherever your baby sleeps, you can reduce the risk of death by making sure your baby sleeps safely each and every time.

- ✓ Always put your baby to sleep on his or her back.
- ✓ Take out any bumper pads, quilts, toys, or pillows from the crib or bed that could suffocate your baby.
- ✓ Make sure your baby's mattress is firm and flat.
- ✓ Keep the room temperature comfortable, not too hot.
- ✓ Dress your baby in appropriate clothes for the room temperature (not too hot or cold).
- ✓ Make sure no one smokes around your baby.
- ✓ Remember that car seats are made for travel and not for sleeping when not in the car.
- ✓ Recognize that breastfeeding can provide some protection against SIDS.

Unsafe cribs are a risk to your child's safety. Only use cribs that meet current safety standards. For more information go to the following Health Canada website: http://www.hc-sc.gc.ca/cps-spc/pubs/cons/crib-lits/index_e.html

Developed in partnership with the Perinatal Education Program and the Saskatoon Health Region.

References available upon request.

The following guidelines will help provide a safer health care experience for you and your newborn/infant as a visitor while in hospital.

- SHR will provide a bassinet or crib for the newborn/infant. All other supplies required to care for your child while in hospital are your responsibility.
- Please review and follow safe sleeping practices as discussed with your nurse.
- Ensure your child's identification bracelet remains on your child throughout your hospital stay.
- Your child should remain with you/designated family member/support person until you are discharged home or until the newborn/infant is no longer a visitor in hospital.
 - All SHR staff have identification badges containing colour photographs.
 - SHR staff are not permitted to take your newborn/infant anywhere (this requirement is in place in order to ensure the security of your child while in hospital).
 - If you leave your room or ward you will need to consider who will look after your child (for example a family member or close friend).
 - SHR will make every effort to advise you of upcoming treatments/procedures in advance so that you may arrange for care.
 - SHR staff will not care for your child on the unit/ward during diagnostic/treatment procedures; a designated support person must be identified to nursing staff at all times.
- SHR staff are not permitted to care for/take your child, they are available to assist YOU with care of your child while in hospital.

Examples include: assisting with moving you/your child for breast feeding/changing diapers.

Examples do not include: feeding your child, changing diapers, providing laundry services.

Friendly reminders

- Hand washing – visitors should wash hands before handling baby; mother/primary care givers should wash hands after diaper changes and before feedings.
- If you find you are struggling to provide care to your child while in hospital, *don't feel bad ...we want you to get well so you can provide the best possible care for your child.*