

## **Midwifery care of the near term infant under special protocols – the CUSP trial**

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### **Background**

In the early 1980s all near term (late preterm) infants were admitted to the special care nursery (SCN) at King George V Memorial Hospital (now RPA Women and Babies). However research now demonstrates the positive impact of keeping mothers and babies together immediately after birth. Over the last 15 years midwifery protocols were reviewed to facilitate the management of these high risk but otherwise well infants in the postnatal environment and so minimise maternal infant separation. Proactive management by midwives to ensure the early identification of potential problems such as hypoglycaemia, hypothermia, hyperbilirubinaemia and feeding difficulties is essential. The progress, admission rates to the SCN and length of stay for this cohort of infants at RPA were unknown and so a clinical audit to investigate management and outcomes for this cohort of infants was designed and implemented.

### **Objectives**

1. To describe the population of near term babies cared for in the postnatal ward at RPA.
2. To review the current management of these high risk babies on the postnatal ward and to identify potential problems associated with their care.

### **Method**

A retrospective audit of all infants 35 – 36 weeks gestation born at RPA Women and Babies between June 2005 and May 2006 was undertaken. Information about perinatal risk factors, intrapartum events and postnatal management was retrieved and entered into SPSS (version 14.0). Descriptive statistics were used to describe the cohort and information about episodes of hypoglycaemia, thermal management, jaundice and feeding were analysed. Compliance with clinical protocols was reviewed.

### **Results**

There were 206 babies born at 35 – 36 weeks between June 2005 and May 2006. The medical records of all infants were retrieved. There was a high rate of perinatal risk factors identified in this group of women with 26% having more than one antenatal complication such as hypertensive disease of pregnancy and gestational diabetes. Forty-nine per cent of the infants were born via lower segment Caesarean section, 43.7% had a vaginal birth and 7% needed assistance with forceps or vacuum extraction. The median birth weight was 2.62kg (range 1.524 – 4.34kg); median Apgar scores were 9<sup>1</sup> and 9<sup>5</sup>. The proportion of infants admitted to SCN immediately after birth was 34.5%, while 65.5% had some or all of their management on the postnatal wards. Only 39.3% had all care with their mothers on the postnatal wards.

### **Conclusion**

There remains a high rate of maternal infant separation in this cohort of high risk infants. This paper will further explore the reasons for admission of near term infants to the SCN and compliance with the clinical protocols at RPA. Recommendations to further optimise the midwifery management of these infants on the postnatal wards will be discussed.

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