

Definitions

Neonate

These standards refer to the care of the neonate who requires an additional level of care to that of a normal well newborn. Usually this care will be provided within a neonatal unit. The Standards also cover the transition period following discharge from hospital to the primary care team at home.

Level 1 Unit

Mothers	<ul style="list-style-type: none">• Deliveries at 32 weeks gestation and above considered to be low risk.• Deliveries at 30 – 32 weeks gestation, subject to a risk assessment and in accordance with agreed clinical guidelines
Babies	<ul style="list-style-type: none">• Babies needing special care• Babies transferred back (see below)
Transfer – out	<ul style="list-style-type: none">• Mothers expected to deliver at less than 30 – 32 weeks gestation or with significant medical problems• Babies needing intensive or high dependency care
Transfer – in / back	<ul style="list-style-type: none">• Babies on CPAP who are stable, in accordance with agreed clinical guidelines• Babies needing special care (including post-operative care for babies whose condition is stable)• Mothers from level 2 and level 3 units who fall within the clinical criteria for the level 1 unit. (NB. It is desirable that care is delivered as close to home as possible. It may, occasionally, be necessary to transfer mothers from a level 2 or 3 unit in order to free capacity in that unit or because they are no longer expected to need that level of care.)
Care	<ul style="list-style-type: none">• Resuscitation, stabilisation and intubation• Non-invasive monitoring• Special care• CPAP only for babies transferred back following high dependency or intensive care whose condition is stable• Support for parents• Follow up for two years
Staffing	<ul style="list-style-type: none">• As BAPM standards• Medical and nursing staff to have regular clinical experience in a level 3 unit in order to maintain skills

Level 2

Because of the fluctuating need for care and in order to ensure reasonable occupancy and value for money from level 2 facilities, it is expected that level 2 units will have at least 3,500 births per annum.

Mothers	<ul style="list-style-type: none">• Deliveries at 28 weeks gestation and above considered to be medium risk.• Deliveries at 27 to 28 weeks gestation, subject to a risk assessment and in accordance with agreed clinical guidelines
Babies	<ul style="list-style-type: none">• Babies needing short term intensive care• Babies needing high dependency care• Local babies needing special care (including post-operative care for babies whose condition is stable)
Transfer – out	<ul style="list-style-type: none">• Mothers expected to deliver at less than 27 – 28 weeks gestation or with significant medical problems• Babies needing intensive care for more than 48 to 72 hours
Transfer – in / back	<ul style="list-style-type: none">• Babies needing high dependency care• Mothers from level 3 units who fall within the clinical criteria for the level 2 or 1 unit. (NB. It is desirable that care is delivered as close to home as possible. It may, occasionally, be necessary to transfer mothers from a level 3 unit in order to free capacity in that unit or because they are no longer expected to need that level of care.)
Care	<ul style="list-style-type: none">• Resuscitation, stabilisation and intubation• Short term intensive care - ventilation for 48 to 72 hours and, following discussion with a level 3 unit, those whose condition is expected to improve shortly thereafter.• High dependency and special care• Support for parents• Follow up for two years
Staffing	<ul style="list-style-type: none">• As BAPM standards for nursing staff• Medical staff:<ul style="list-style-type: none">○ One consultant neonatologist○ Two paediatricians with an interest in neonatology○ At least two other consultant paediatricians○ Middle grade rota shared with general paediatrics○ SHO / ANNP rota separate from general paediatrics

Level 3

Mothers	<ul style="list-style-type: none">• In-patient care of mothers expected to deliver at less than 27 weeks gestation• In-patient care of mothers at 27 weeks gestation and above who are considered to be at high risk (identified in clinical guidelines – for example, severe early onset pre-eclampsia; fibronectin positive; cervical length decrease at 24 – 27 weeks)• Outpatient monitoring of mothers according to agreed clinical guidelines – for example, severe intra-uterine growth retardation, congenital anomalies, severe TTTS and haemolytic disease.
Babies	<ul style="list-style-type: none">• Babies needing intensive care (excluding short-term intensive care in level 2 units)• Babies needing intensive or high dependency care following surgery• High dependency and special care
Transfer – out	<ul style="list-style-type: none">• Babies returning to level 2 and level 1 units when condition is stable• Mothers expected to need level 2 or level 1 care in order to free up capacity or because their baby is no longer expected to need intensive care.
Transfer – in	<ul style="list-style-type: none">• Babies needing intensive care (excluding short-term intensive care in level 2 units)• Babies needing high dependency care (if no level 2 unit closer to home)• Babies needing surgery
Care	<ul style="list-style-type: none">• Resuscitation, stabilisation and intubation• Intensive, high dependency and special care• Advice to level 2 and level 1 units• Parental support• Follow up for two years• Specialist investigations (for example, neuro-imaging and EEG)
Staffing	<ul style="list-style-type: none">• Expertise in foeto-maternal medicine• Medical and nursing staffing as BAPM standards

Parents

The term 'parents' is used to include mothers, fathers, carers and other adults with responsibility for caring for a neonate.