The Yorkshire and Humber Neonatal Operational Delivery Network

NHS

TRANSITIONAL CARE

ABSOLUTE CRITERIA MUM or PRIMARY CARER RESIDENT and MUST be caring for BABY

TC Environment
Postnatal ward
Dedicated TC area
Combination of both

- **Essential staffing:** Appropriate Midwifery staff (Birth rate plus guidance), plus
- **Designated neonatal Band 7 TC Lead (not direct care):** Neonatal skilled nurse/ancillary staff 1:4 ratio, plus
- Overseeing Paediatric Consultant

Criteria for NTC for babies from birth

- Gestational age 34+0 to 35+6 weeks who do not fulfil criteria for intensive or high dependency care.
- Birth weight > 1600 g and < 2000 g who do not fulfil criteria for intensive or high dependency care (qualified recommendation).
- Risk factors for sepsis requiring IV antibiotics, but clinically stable.
- Congenital anomaly likely to require tube feeding.
- At risk of haemolytic disease requiring immediate phototherapy.

Additional care needs developing on the postnatal ward or at home

- Inability to maintain temperature following an episode of rewarming and despite skin to skin contact and/or adequate clothing.
- Stable baby who has developed (or been identified as having) risk factors for sepsis, requiring IV antibiotics.
- Inability to establish full suck feeds; predicted to require 3 hourly nasogastric tube feeds.
- Significant neonatal abstinence syndrome requiring oral medication or additional feeding support.
- Haemolytic disease requiring enhanced phototherapy and/or assessment of serum bilirubin 4 – 6 hourly.

Babies readmitted from the community

- Excessive weight loss and/or poor suck feeding requiring complementary nasogastric tube feeds.
- Haemolytic disease requiring enhanced phototherapy and/or assessment of serum bilirubin 4 – 6 hourly.

Babies “stepping down” from the NNU

- Corrected gestational age > 33+0 weeks and clinically stable.
- Current weight more than 1600 g and maintaining temperature.
- Monitoring of vital signs required no more frequently than 3 hourly.
- Tolerating 3 hourly nasogastric tube feeds and maintaining blood glucose. Stable baby with sepsis requiring ongoing IV antibiotics.
- Continuing phototherapy when serum bilirubin has stabilised following IV immunoglobulin or exchange transfusion.
- Additional needs (e.g. nasogastric feeding, home oxygen) rooming in before discharge.
- Palliative care when parent/carer doing most of the care.

Transitional Care/ Keeping Mother & Baby Together

- Transitional Care is any care provided which meets HRG4 classification regardless of the physical location that it has taken place.

- This is typically the level of care equivalent to HRG3 but with mum present helping with day to day cares etc. So this would include IV antibiotic babies, tube feeding babies & phototherapy babies etc.

- If the baby is not receiving any of these care items then they will be classified as HRG5 (Normal care) & this would NOT attract a HRG4 tariff. It is expected that HRG5 days will now incur a nominal payment.

- HRG5/Normal care babies will not attract a HRG4 tariff even if mum is resident.

- The focus should not be on providing "Transitional Care" which has traditionally been provided within a dedicated 'space' which is in addition to the Postnatal wards and neonatal Units, but on providing HRG4 care; this care can be provided in ANY suitable physical setting and does not need to take place on a dedicated Transitional Care unit or space.

- The correct physical location needs to be recorded on Badger for the provision of this care as this will affect your nurse staffing levels and needs to be reflected in this way.

- Examples:

    - If mum is resident and caring for a baby and is staying in a room located within the neonatal unit – the location is NNU.
    - If mum is resident and caring for a baby and is staying in a dedicated Transitional Care Room or unit which is separate to your neonatal unit – the location is TC.
    - If mum is resident and caring for a baby and is staying on the postnatal ward – the location is PNW.
    - All of these babies will accrue HRG4 regardless of the physical location they were cared for in.

- By ensuring that you record the correct physical location as well as the care elements the baby has received, activity data can be attributed to the appropriate areas along with correct staffing ratios etc.

Examples:

Location of Care: NNU
Carer Status: Carer Resident - Caring for Baby
HRG5 - this baby has no care elements recorded which would indicate that they received any additional neonatal input

Location of Care: NNU
Carer Status: Carer Resident - Caring for Baby
HRG4 - on this day the baby has 'Regular Monitoring' recorded and this is associated with HRG3 activity and as mum is resident is applied to HRG4

Location of Care: TC
Carer Status: Carer Resident - Caring for Baby
HRG5 - on this day the baby has NO IV antibiotics, tube feeding, regular monitoring etc. Despite the fact that mum is resident and is on a TC unit the care the baby is receiving does not trigger the HRG4 definition as such is classified as a HRG5 day.

HRG calculations are very much about the *care that baby receives*, NOT the *physical location* that they receive it in.

Reference: *British Association of Perinatal Medicine: "A Framework for Neonatal Transitional Care, October 2017".*