AAP Issues New Discharge Policy for Newborns, Moms
Includes mother’s ability to care for infant, as well as familial, environmental, and social risk factors.

BY JEFF EVANS

Healthy term infants and their mothers should receive individualized care during their hospital stay, but pediatricians, obstetricians, nurses, and other health care providers should work together to determine the optimal time for hospital discharge for each mother-infant dyad, according to a policy statement issued by the American Academy of Pediatrics.

There have been new studies since [the previous policy statement was published in 2004] to find out if there are better ways to assess the readiness for discharge of a healthy term infant, and these studies have shown that perceptions of readiness or unreadiness at the time of discharge often differ among pediatricians, obstetricians, and mothers,” said lead author Dr. Praveen Kumar, a neonatologist at Northwestern University, Chicago.

The new statement recommends that “the hospital stay of the mother and her healthy term newborn infant should be long enough to allow identification of early problems and to ensure that the family is able and prepared to care for the infant at home.”

Dr. Kumar and eight other members of the AAP’s Committee on Fetus and Newborn wrote the statement, which recommends following a set of 16 minimum criteria before discharging a term newborn (Pediatrics 2010;125:409-9).

“It is our recommendation that all hospitals should develop guidelines in collaboration with appropriate community agencies and third-party payers to establish hospital-stay and follow-up programs for healthy term infants that implement these recommendations,” Dr. Kumar said in an interview.

The statement also recommends that physicians use the AAP’s Safe and Healthy Beginnings toolkit, which contains a discharge readiness checklist that can aid clinicians with the preparation of a newborn for discharge (http://practice.aap.org/public/Newborn_Discharge_SAMPLE.pdf).

In making discharge assessments, the committee advises determining that the clinical course and physical examination of the newborn reveal no abnormalities that require additional hospitalization; vital signs are within normal ranges; and there is a history of successful feedings, urinations, and bowel movements and a lack of significant circumsicional bleeding.

Other examinations should assess for the clinical risk of hyperbilirubinemia, and for sepsis based on maternal risk factors and in accord with guidelines for preventing perinatal group B streptococcal disease.

Testing of newborns’ blood type as well as their cord blood should be performed as clinically indicated, according to the statement.

Hospital protocols and state regulations may call for other metabolic and hearing screenings.

The initial hepatitis B vaccine also should be administered to the newborn according to the current immunization schedule.

Mothers should have certain blood tests performed, including screening tests for syphilis and hepatitis B surface antigen and other tests required by state regulations, such as HIV testing.

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Dr. Kumar

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