

PEDIATRIC ASSOCIATES OF SPRINGFIELD, INC

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PLANNED HOME BIRTH

The providers and staff of Pediatric Associates are excited about the upcoming birth of your child. We are pleased you have chosen our office to assist with your child's health care. To ensure your newborn child receives the highest standard of care, please review the following information as provided by the American Academy of Pediatrics (AAP). After you have reviewed this document, please sign that you acknowledge and plan to fulfill these standards of care. If you have any questions, please contact our office. Thank you and we look forward to meeting your new little one.

RECOMMENDATIONS WHEN CONSIDERING PLANNED HOME BIRTH

Systems needed to support planned home birth:

- The availability of a certified nurse-midwife, certified midwife, or physician practicing within an integrated and regulated health system
- Attendance by at least one appropriately trained individual whose primary responsibility is the care of the newborn infant
- Ready access to consultation
- Assurance of safe and timely transport to a nearby hospital with a preexisting arrangement for such transfers

GUIDELINES FOR PERINATAL CARE

Subsequent newborn care should adhere to AAP standards, including but not limited to the following:

TRANSITIONAL CARE (FIRST 4 TO 8 HOURS):

- The infant should be kept warm and undergo a detailed exam including: assessment of gestational age, intrauterine growth status (weight, length, and head circumference), a comprehensive risk assessment for neonatal conditions that may require additional monitoring or intervention.
- Temperature, heart/respiratory rates, skin color, peripheral circulation, respiration, level of consciousness, tone and activity should be monitored and recorded at least once every 30 minutes until normal and stable for 2 hours.
- If < 37 weeks gestational age should be transferred to medical facility for observation for conditions associated with prematurity such as respiratory distress, poor feeding, hypoglycemia, hyperbilirubinemia, car safety seat study.

MONITORING FOR GROUP B STREPTOCOCCAL DISEASE:

- All women should be screened for group B strep at 35 to 37 weeks of gestation
- If mother tests group B strep positive, she should receive appropriate intrapartum chemoprophylaxis
- If the mother has received this intrapartum treatment and both she and her newborn remain asymptomatic, they can remain at home if the newborn is observed frequently by an experienced health care provider
- If the mother shows signs of chorioamnionitis or if the infant does not appear completely well, the infant should be rapidly transferred to a medical facility for additional evaluation and treatment

GLUCOSE SCREENING:

- Infants who have abnormal fetal growth (estimated to be small/large for gestational age) or whose mothers have diabetes should be delivered in a hospital or birthing center because of increased risk for hypoglycemia and other complications
- After delivery, if an infant is discovered to be small or large for gestation age or has required resuscitation, he or she should be screened for hypoglycemia as outlined in the AAP statement
- If an infant has hypoglycemia that persists after feeding (glucose <45 mg/dL), the infant should be promptly transferred to a medical facility for further evaluation and treatment

EYE PROPHYLAXIS:

- Every newborn infant should receive prophylaxis against gonococcal ophthalmia neonatorum

VITAMIN K:

- Every newborn infant should receive a single injection of natural vitamin K₁ oxide (phytonadione [0.5 – 1 mg]) to prevent vitamin K-dependent hemorrhagic disease of the newborn
- Oral administration of vitamin K has not been shown to be as effective. (If chosen, oral vitamin K administration consists of a 2 mg dose week one of life and then 1 mg weekly x 12 weeks)
- The vitamin K injection should be administered shortly after birth, but may be delayed until after the first breastfeeding

HEPATITS B VACCINATION:

- Early hepatitis B immunization is recommended for all medically stable infants with a birth weight greater than 2 kilograms

ASSESSMENT OF FEEDING:

- Breastfeeding: observation of position, latch, and milk transfer should be evaluated by a trained caregiver
- The mother should be encouraged to record the time and duration of each feeding as well as urine and stool output

SCREENING FOR HYPERBILIRUBINEMIA:

- Infants with mothers who are Rh negative should have cord blood sent for Coombs testing
- Infants should be assessed for risk of hyperbilirubinemia and undergo bilirubin screening between 24-48 hours
- The bilirubin should be plotted on the hour specific nomogram to determine degree of risk and the need for repeated levels

UNIVERSAL NEWBORN SCREENING:

- A universal newborn screen in accordance with state mandates should be completed, with the first blood specimen ideally collected between 24 and 48 hours of age
- More information provided online by the National Newborn Screening and Genetic Resource Center, at <http://genes-r-us.uthscsa.edu/resources/consumer/statemap.htm>

HEARING SCREENING:

- The newborn's initial caregiver should ensure the hearing of any infant born outside the hospital setting is screened by one month of age.

PROVISION OF FOLLOW UP CARE:

- Comprehensive documentation and communication with the follow up provider are essential
- Written records should describe: prenatal care, delivery, and immediate postnatal course
- Clear documentation regarding which screenings and medications have been provided by the birth attendant and which remain to be performed
- Newborn infants should be evaluated by a health care professional knowledgeable and experienced in pediatrics within 24 hours of birth and within 48 hours of the first evaluation
- Screening for congenital heart disease should be performed by using oxygen saturation testing as recommended by the AAP