

California College of Midwives
State chapter ~ American College of Community Midwives

Section 3 K

Minimum Practice Requirements ~ NEONATAL CARE

~ to define and clarify minimum practice requirements for the safe care of women and infants during the **NEWBORN** period

☞ After the birth of the baby, the Midwife shall assess, monitor, and support the baby during the immediate postpartum period until the baby is in stable condition, and during the on-going postpartum period. Physiologic stability is defined the ability to maintain stable cardio-respiratory function and the ability to suckle, feed and maintain normal body temperature in an open environment. (AAP)

A. Immediate Newborn Care

1. Overall newborn well-being
2. APGAR scores at 1 and 5 minutes, and at 10 minutes when indicated
3. Clamping/cutting of umbilical cord
4. Vital signs including color, tone/reflexes, temperature*, pulse, & respirations
5. Newborn physical exam, including weight, length, measurement of head, chest, abdominal circumference, normal reflexes and gestational age assessment
6. Eye prophylaxis
7. Administration of Vitamin K, orally or intramuscularly
8. Initiation of breastfeeding/other feeding
9. Note voiding and meconium stools
10. Arrange to or obtain laboratory testing on the infant of an Rh negative mother to include blood type and Coombs test
11. Address the concerns of the family

Note: Neonates at delivery do not have the capacity to produce a fever. The purpose of assessing the newborn's 'temperature' relates to whether or not the baby is able to maintain normal warmth. This does not require or even benefit from oral, rectal or axillary temperatures taken with a thermometer. Therefore assessing temperature at delivery can be achieved by feeling the baby's skin and observing its skin color, which will be pale or slightly cyanotic if too cold. Uniform warmth with pink skin (except for hands and feet) is a normal characteristic of a well-adapted newborn.

B. Ongoing Newborn Care ~ The physiologic competencies that are generally recognized as defining the normal healthy neonate are the continued ability to maintain stable cardio-respiratory function, the ability to maintain a normal body temperature fully clothed in an open bed with

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normal ambient temperature, the ability to coordinate suckle feeding, swallowing, breathing while ingesting an adequate volume of feeding, the normal elimination for urine and stool and evidence of growth.

Follow-up visits shall include assessment of the infant to include, as indicated:

1. status of the umbilical cord and clamp
2. vital signs, as indicated
3. weight gain
4. skin color
5. feeding, hydration status and elimination
6. sleep/wake patterns
7. bonding and family response to the baby's needs
8. arrange for or draw the required newborn screenings
9. address the concerns of family