Subject: Early Discharge, Newborn	
REVISION DATE: May 2013, December 2011, February 2007, July 2006 REPLACES: MBU: Early Discharge	WRITTEN: February 1986 REVIEWED: July 2015 SUPERSEDES DATE: December 2011

Purpose: To provide a guideline for determining appropriate candidates for 'early' (before 48 hours of birth) discharge with the goal of postnatal and postpartum care of establishing good health and well-being of the mother-infant dyad.

Summary of Changes: References/content updated to reflect most current standards of practice.

1. References:

1.1. American Academy of Pediatrics (AAP) Committee on Fetus and Newborn (2010). Hospital stay for healthy term newborns. *Pediatrics 125*(2), 405-409.

2. Responsibilities:

2.1. Pediatrician:

2.1. Ensure the health and well-being of the newborn in the context of the family prior to discharge (AAP, 2010, p. 405).

2.1.1. Manage and assume responsibility for patient care administered.

2.1.2. Place appropriate medical orders in patient's Electronic Health Record (EHR) based on comprehensive patient assessment.

2.2. Nurse:

2.2.1. Provide recognized nursing standard of care to patients in coordination with provider's orders.

2.2.2. Acknowledge and carry-out all provider orders in the EHR.

2.2.3. Report all assessment findings out of expected range to provider.

3. General

3.1. The hospital stay of the mother and 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 (AAP, 2010).

3.2. The length of stay should be based on the unique characteristics of each patient, including the health and stability of the mother and infant, the ability and confidence of the mother to care for her infant, the level of support systems at home, and access to follow-up care (AAP, 2010).

4. Standard of Practice/Guidelines for Care

4.1. If discharge is considered before 48 hours it will be limited to mothers and infants who meet the discharge criteria as follows (AAP, 2010):

4.1.1. Uncomplicated antepartum, intrapartum, and postpartum course.

4.1.2. Vaginal delivery.

4.1.3. Infant is 38-42 weeks and weighs 2700-4500 grams with no abnormalities revealed in physical exam.

4.1.4. The infant's vital signs are documented as being within normal ranges and stable for the last 12 hours preceding discharge.

4.1.5. Infant has voided and stooled.

4.1.6. The infant has completed at least 2 successful feedings, with coordinated sucking, swallowing, breathing coordination and latch, milk transfer, maternal comfort, and infant satiety documented.

4.1.7. There is no evidence of excessive bleeding at the circumcision site for at least 2 hours, if applicable

4.1.8. Infant hearing screening has been completed per hospital protocol and state regulations.

4.1.9. Infant has no evidence of jaundice in the first 24 hours of life.

4.1.10. Infant has no pending blood cultures.

4.1.11. If mother is Type O or Rh negative, baby is direct coombs negative.

4.1.12. Only babies born to GBS Negative mothers or mothers who have had adequate prophylaxis (i.e. maternal antibiotics greater than 4 hours before delivery) are considered for early discharge.

4.1.13. The first metabolic screening specimen is collected and Hepatitis B vaccine has been administered, if appropriate.

4.1.14. Mother is a multipara who has cared for older children as newborns. Mother's knowledge, ability, and confidence to provide adequate care for her infant have been documented, including the ability to recognize the signs of illness and common infant problems as well as demonstrating awareness of proper infant safety.

4.1.15. Mother lives in the Anchorage area or has a stable living situation in the Anchorage area even though permanent home is elsewhere.

4.1.15.1. Pediatrician may consider discharge to areas outside of Anchorage before 48 hours if all other criteria are met.

4.1.16. Mother has adequate support at home with a functional telephone and reliable transportation.

4.1.17. Family, environmental, and social risk factors have been assessed. No evidence of significant maternal substance use or family social risk issues. No other agencies (i.e. OCS) are involved.

4.1.18. Both the OB provider and pediatric provider are in agreement that early discharge is appropriate, follow up instructions have been given, and appointments have been made.

4.2. If above criteria are met, early discharge may then take place after the infant is 24 hours old. If criteria above are not met and the patient is requesting early discharge it will be ultimately up to the providers (OB and pediatrics) and all risks will be explained to the patient.