TITLE Guidelines for Neonatology Consultations	
POLICY OWNER: Director of Obstetrics	
DEPARTMENT(S) AFFECTED: Obstetrics	**VERSION EFFECTIVE DATE:** 3/1/2022 **ORIGINAL EFFECTIVE DATE:** 3/1/2022 **LAST REVIEW DATE:** 3/1/2022
APPROVED BY: OB Provider Committee, as reflected in minutes 3/1/2022	**REVIEW CYCLE –** ☐ 1 year ☒ 2 years ☐ 3 years

PATIENT CARE POLICY GENERAL STATEMENT

Decisions to adopt these guidelines are made by the practitioner based on available resources and by circumstances presented by individual patients. The recommendations in the guideline may not be appropriate for use in all circumstances.

PURPOSE

To provide guidelines for neonatology consultations in a level I facility. Southwest Health is a level I facility with a well-newborn nursery, providing a basic level of care to neonates who are low risk. Level I nurseries have the capability to perform neonatal resuscitation at every delivery and evaluate and provide routine postnatal care for healthy newborn infants. In addition, level I nurseries can care for pre-term infants at 35 to 37 weeks' gestation who are physiologically stable and can stabilize newborn infants who are less than 35 weeks of gestation or who are ill until they can be transferred to a facility at which specialty neonatal care is provided.

POLICY STATEMENT

Neonatology consultations enhance the perinatal service by providing an advanced level of care for the high-risk neonate. The goal of the neonatology consult is to ensure appropriate and timely management and care of the high-risk neonate.

PROCEDURES

A. **Considerations** for neonatology consultation of the antenatal patient **may** include, but are not limited to:
   a. Known fetal anomaly; including but not limited to cardiac, neurologic, gastrointestinal, genetic, or other anomalies
   b. Concern about preterm birth (23 0/7 to 34 6/7 weeks estimated gestational age)
   c. Multiple gestation (beyond twins)
   d. Maternal conditions that could potentially affect the fetal course/outcome. This includes, but not limited to pre-term severe pre-eclampsia, pre-term premature rupture of membranes, oligohydramnios, placental abnormalities, poorly controlled type I or II diabetes mellitus, and/or the potential for needing continuous insulin infusion in labor.

e. No maternal prenatal care
f. Maternal drug/narcotic abuse
g. Concern about fetal growth (intrauterine growth restriction, macrosomia)
h. Concern about congenital infection
i. Concern about the fetal well-being
j. At the request of the OB/Family Practice admitting/attending physician
k. Any fetal intervention

B. **Considerations** for neonatology consult of infant in newborn nursery **may** include, but are not limited to:
   a. Newborns with high suspicion for sepsis
   b. Newborns on respiratory support for greater than 2 hours
   c. Newborns with Apgar score <5 at 5 minutes
   d. Newborns with persistently low blood sugar
   e. Newborns requiring hypoxic ischemic encephalopathy evaluation
   f. Newborns with persistent feeding problems
   g. Newborns with hyperbilirubinemia at high risk for kernicterus (active hemolysis related to ABO/Rh incompatibility with positive Coomb's test)
   h. Newborns requiring continuous vital signs monitoring for any time period or frequent vital signs check that is more than the every 4 hour routine
   i. Newborns with congenital condition/malformation
   j. At the request of the Pediatric/Family Practice attending physician
   k. Fetal intervention
   l. Newborns meeting criteria for Morphine using the Eat Sleep Console monitoring criteria for neonatal abstinence syndrome
   m. Newborns failing critical congenital heart defect screening
   n. Newborns persistently failing car seat safety challenge testing

REFERENCES

American Academy of Pediatrics and American College of Obstetricians and Gynecologists (2012). *Guidelines for perinatal care.* Elk Grove Village, IL.

American Academy of Pediatrics and American Heart Association (2011). *Textbook of neonatal resuscitation (6th ed.).* Elk Grove, IL.