



## STRENGTHENING NEONATAL SERVICES ACROSS A DISTRICT

### BACKGROUND

There are a limited number of neonatal beds in most districts in KwaZulu-Natal and the demand for neonatal beds, especially regional level beds, frequently exceeds the number of available beds in each district.

- In a few towns in the province there is a regional but no district hospital and district level patients are admitted to regional level beds resulting in limited access to this level of care for babies outside the town.
- These regional hospital neonatal nurseries are frequently overcrowded with recurring outbreaks of hospital associated infections
- Many district hospital neonatal nurseries are underutilized.

### OBJECTIVE

To optimize the utilization of neonatal beds in all hospitals in each district in order to improve access to regional level services and to reduce the frequency of outbreaks of hospital associated infections.

### PURPOSE

- To reinforce the implementation of provincial neonatal admission and discharge criteria;
- To establish a district neonatal service in order to:
  - Optimize the use of neonatal beds throughout the district;
  - Reduce overcrowding in the neonatal nursery in Regional Hospitals;
  - Ensure easier access to regional level services for babies who require this level of care.

### A DISTRICT NEONATAL SERVICE

#### 1. Principles of a district neonatal service.

The movement of babies between facilities within a district neonatal service should be governed by the following principles in order of importance:

- Mothers and babies must be kept together;
- There must be minimal movement of the mother/baby dyad;
- Each baby must be admitted to the level of care required for the optimal care of his/her disease process;
- Babies should be accommodated in a facility of the appropriate level that is as close to home as possible.

#### 2. Protocol for the implementation of a district neonatal service

- There must be ongoing counselling of all women whose baby is admitted to a neonatal nursery regarding the above principles and the possibility that her baby may need to move to another hospital when he/she no longer requires the level of care provided by the current hospital;
- Babies eligible for down referral should be identified each day;
- Beds for down referral should be identified each day;

- Consultation must occur between the medical staff in each nursery before any down referral;
- Down referrals can only occur within the available bed status of each nursery;
- As only stable babies will be down referred this should be done using KMC in a patient transport vehicle.

3. Discharge procedures

- Babies who have been down referred can be discharged directly home and need not be transferred back to the referring facility;
- However they must be transported back to the facility closest to their home;
- Any neonatal follow up procedures must occur at the appropriate level of care.



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