

Before transferring any neonate to a higher level of care telephonic consultation between referring and receiving facilities is essential.

The following are recognised as broad indications for the referral of a newborn baby from a CHC/MOU to a district hospital.

If staff is worried about the state of a newborn who has a condition not listed below this should be discussed with the doctor at the receiving institutions.

MATERNAL

1. Age: > 40 years or < 16 years
2. Mother with features of an acute infection:
 - a. Pyrexia; rigors; urinary tract infection; OR
 - b. Prolonged Rupture of Membranes > 24 hours or/and Offensive liquor
3. Maternal chronic disease e.g.:
 - a. Tuberculosis or TB Exposure
 - (a) Babies born to mothers on tuberculosis treatment for less than 21 days
 - (b) Babies of mothers who have suspected tuberculosis but are not on treatment.
 - b. Diabetes or gestational diabetes
4. Babies born to a mother who gets chicken pox 5 or fewer days before delivery
5. Syphilis:
Babies born to WR / RPR positive mother's with incomplete or inadequate treatment:
 - i. Not treated or treated with drug other than penicillin
 - ii. Treated with penicillin but < 3 doses
 - iii. Treated with penicillin but last dose within 1 month of birth

BABY

1. All babies with low birth weight ie $\leq 2000\text{g}$ or preterm ≤ 36 weeks gestation.
2. All babies with birth weight above 4000g or post-term > 42 weeks gestation.
3. Apgars:
 - a. 5 minute Apgar of ≤ 6
 - b. Floppy/lethargic baby
 - c. Poor suck
 - d. Seizures or fits
4. Glucose:
 - a. Persistent hypoglycemia: glucose reading less than 2.6 mmol/l 15 minutes after baby has been fed
5. Temperature:
 - a. Ear or axillary temp $> 38^{\circ}\text{C}$ on 2 occasions 30 minutes apart
 - b. Ear or axillary temp $< 36^{\circ}\text{C}$ despite adequate warming

6. Critically ill baby:

- a. Any baby who fails to respond to initial resuscitation should be referred
- a. Not breathing at all or gasping
- b. Chest indrawing, nasal flaring, grunting, chest deformity,
- c. Respiratory rate < 20 OR > 60
- d. Blue or cyanosed baby
- e. Pale baby despite adequate resuscitation and warming after birth
- f. Requires oxygen to maintain saturations > 88%
- g. Heart rate < 100 per minute despite stimulation
- h. Heart rate persistently greater than 180 per minute
- i. Absent femoral pulses.

NB Patient must be stabilised before transfer

There must be consultation with receiving institution

7. Trauma:

- a. Open wounds
- b. Large cephalohaematoma that crosses the suture line
- c. Poor limb movement

8. Neonates with presumed sepsis:

- a. Lethargic baby OR reduced activity
- b. Poor peripheral circulation
- c. Poor Feeding
- d. High pitch cry OR inconsolable crying
- e. Fits, seizures OR irregular jerky movements
- f. Decreased tone OR floppy baby
- g. Increase tone OR stiff baby
- h. Full Tense Bulging Fontanelle
- i. Apnoea
- j. Unsterile cutting of umbilical cord

9. Abdominal distension:

- a. Vomiting bile
- b. Diarrhoea with or without bloody stools
- c. Not passing stools or urine within 24 hours

10. Areas of Localized Sepsis

- a. Redness or pus around the umbilicus
- b. Severe swollen eyes with or without discharge
- c. Desquamating OR ulcerative OR open skin lesions

11. Neonatal jaundice in the 1st 24 hours of life.

12. Poor feeding or not feeding

CONGENITAL ABNORMALITIES

Congenital abnormalities are grouped into Major or Minor abnormalities.

- Major abnormalities are defined as any abnormality that affects functioning which results in an unstable newborn i.e. excessive fluid loss (like gastroschisis) or inability to feed and must be **referred immediately**.
- Minor abnormalities may affect function but do not cause instability and can be referred during normal working hours.

MAJOR CONGENITAL ABNORMALITIES:

1. Heart murmur in a sick baby
2. Abdominal wall defects (Gastroschisis, omphalocele etc)
3. Myelomeningocele,
4. Imperforate anus
5. Ambiguous genitalia
6. Head circumference greater than the 97th centile ie Macrocephaly (big head).
7. Head circumference less than the 3rd centile ie Microcephaly (small head).
8. Any baby with a cleft lip or palate.

MINOR CONGENITAL ABNORMALITIES:

1. Extra digits that contain bony attachment (not attached via a skin tag)
2. Extra digits, with or without bony attachment, on the radial side of the hand
3. Abnormal facial appearance including Down's syndrome (funny looking babies)
4. Any structural abnormality including limbs
5. Club feet
6. Heart murmur in a well baby
7. Abnormal antenatal ultrasound findings
8. Any abdominal mass
9. Any deformity of the spine
10. White pupil

NB: For more information about assessment and initial management of the above conditions/problems refer to

1. IMCI Guidelines for Sick Young Infants
2. Kwazulu-Natal **Newborn Care Charts - Management of Sick and Small Newborn**
3. Pmb Complex Child Health Resource Package – Guidelines
4. Paediatric Standard Treatment Guidelines and Essential Drug List



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