Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET

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NAME OF DOCUMENT	Identification and Security of the Neonate
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EXECUTIVE SPONSOR	Midwifery Clinical Co-directory of Maternity Services
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SUMMARY	Explanation and guidance for the correct identification and security of the neonate.

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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1. BACKGROUND

The aim of this CBR is correctly identifying neonates and implementing processes to match neonates to their intended care using at least three approved identifiers at registration and on admission; when care, medicine, therapy or other services are provided; and whenever clinical handover or transfer occurs, or discharge documentation is generated

The CBR also confirms an organisation-wide system for security of the neonate

2. RESPONSIBILITIES

2.1 Medical, nursing and midwifery staff – consistent and correct identification of the neonate at any time during and admission or course of treatment using at least three approved patient identifiers on neonatal identification bands

3. PROCEDURE

3.1 Clinical Practice

3.1.1 Neonatal Identification
- Identification band is placed on each ankle of the neonate as soon as possible following birth
- Identification bands contain the following patient identifiers:
  - Mother's family name in UPPERCASE, 'B/O' (baby of), given name of mother
    - e.g: SMITH, B/O Mary
  - Identify order of multiples Twin 1, Triplet 2 etc
  - Date of birth
  - Time of birth
  - Gender
  - Medical Record Number (MRN)
- Proceed with any urgent transfer/separation if required, ensure ID band is in place regardless of MRN availability. Replace ID bands once MRN is issued
- Verify information on ID bands with parent/support person before placing on each ankle
- Change ID bands from handwritten to RHW printed bands as soon as available
- Ensure ID bands remain on the neonate's ankles for the duration of their hospital stay. Replace if either band is missing
- Ensure 3 approved identifiers are used at each ID check e.g. name, date of birth, MRN
- Check ID bands with two clinicians at:
  - bedside handover for any transfer/changeover/discharge of care
  - prior to any administration of medication, expressed breastmilk or artificial feeds

- o any woman/neonate separation and upon return of the neonate. Complete neonatal separation sticker and attach to neonatal care plan (see appendix 1)
- Change ID bands to RHW identification when neonate transferred from another hospital

3.1.2 Neonatal Security
- Adhere to hospital policy of Rooming in for Health Babies SESLHDPD/158
- Check ID bands daily as per neonatal care plan
- Ensure neonate is never left unattended
- Ensure neonate is transferred in a cot or on the resuscitaire to eliminate falls risk
- Ensure doors remain locked in Birth Unit and Newborn Care Centre (NCC) at all times. On the postnatal ward, doors are to remain locked during non-visiting times
- Ensure at risk individuals such as parents with involvement of Department of Community & Justice (DCJ), Substance Use in Pregnancy & Parenting Service (SUPPS), domestic & family violence/AVO orders, are identified to staff
- Ensure ID badges worn and visible by staff at all times

Newborn Care Centre (NCC)
- Keep NCC doors locked at all times
- Ensure identification of parents and visitors prior to entry to NCC
- Ensure at risk individuals such as parents with involvement of Department of Community & Justice (DCJ), Substance Use in Pregnancy & Parenting Service (SUPPS), domestic & family violence/AVO orders, are identified to staff
- Give parents information pertaining to NCC, including visiting rules, handwashing and infection control practices and entering/ exiting NCC on admission
  - o two visitors (one must be a parent or a person nominated by a parent) per neonate at any one time
  - o approval from management for grandparents or nominated support person to visit without parent present
- Ensure neonates ID bands are checked and correct by a nurse/midwife and a parent on admission/discharge
- Ensure no information is given out over the phone except to parents of the neonate
- Question any unidentified individuals present in NCC unit
- Ensure all staff in NCC wear an ID badge and introduce themselves to parents and visitors when caring for neonate
- Report and escalate all security concerns as soon as identified

3.2 Documentation
- Medical record
- Neonatal identification bands
- Neonatal separation form

3.3 Educational notes
- The practice of "rooming in" with the neonate increases security, facilitates unrestricted breastfeeding, promotes bonding, reduces cross infection and helps families learn about neonatal normal behaviours and feeding

4. RELATED POLICIES/ PRCOEDURES/ REFERENCES
- Rooming in for Healthy Babies SESLHDPD/158
- NSW Health Patient Identification Bands PD2021_033
- NSW Health Clinical Procedure Safety PD2017_032

- [Australian Commission on Safety and Quality in Health Care. Correct identification and procedure matching](#)
- [Admission of a Neonate to Postnatal Service](#)
- [Admission of a Neonate to Newborn Care Centre](#)

5. ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for a Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

6. CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

7. IMPLEMENTATION PLAN

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Approval
Reviewed and endorsed Maternity Services LOPs group 5/12/17		
Replaced the following : Identification of Neonate – Approved Quality & Patient Care Committee April 2016		
Reviewed and endorsed Obstetrics LOPs group 7/54/16		
Previously titled Identification of Babies Guideline		
Approved Clinical Performance & Quality Committee 19/2/07		
Reviewed and endorsed Maternity Services Clinical Committee 13/2/07		
Approved Quality Council 18/12/01		
Neonatal Security – Approved Quality & Patient Care Committee April 2016		
Reviewed and endorsed Obstetrics LOPs group 7/4/16		
Previously titled : *Neonatal Security Procedure*		
Approved Patient Care Committee 5/2/09		
Endorsed Obstetric Clinical Guidelines Group November 2008		
14/05/2024 17.6.24	1	Maternity CBR Committee Endorsed BRGC

Appendix 1

Neonatal Separation sticker

Reason baby separated from mother: _____

Separated Date and Time: _____ Baby's ID bands checked when separated: ☐ Yes ☐ No

Signatures: _____ _____ _____
                    Parent   Staff   Staff

Reunited Date and Time: _____ Baby's ID bands checked on return: ☐ Yes ☐ No

Signatures: _____ _____ _____
                    Parent   Staff   Staff