Well Newborn Care
Implement reliable care for a well newborn to reduce the chance of complications or infection.

Domain

Patient Care Processes:
Clinical processes that ensure delivery of high-quality care to individual patients

Aims

Effective:
An evidence-based practice that produces better outcomes than its alternative

Process Attributes

$ Cost to Implement
The monetary resources required to implement this process

Minimal: Just the cost of the improvement effort itself

Time to Implement
The amount of time, from months to years, it will take on average to establish this process

Fewer than 12 months

Difficulty to Implement
The challenges of implementing this process

Moderately Challenging: Either involves multiple units or disciplines OR requires a substantial shift in culture and/or operations, but not both of these

Level of Evidence
The degree to which the actions in this process are supported by research and experience; based on the Cochrane scale

Strong Evidence: Level I or Level II — Studies published using randomized trials

Details

Elements

- Universal screening and treatment protocols for group B strep
- Encourage and provide assistance to new mothers on breastfeeding of infants
- Universal screening for hyperbilirubinemia

Outcomes

- Patient Satisfaction: Increased patient satisfaction (e.g., HCAHPS Willingness to Recommend, HCAHPS Hospital Rating)
- Readmissions within 30 Days: Decreased readmissions within 30 days
Service Lines and Critical Functions

- Obstetrics
- Pediatrics

Key Measures

- Percent of mothers and newborns screened and appropriately treated for prevention of Group B strep infection
- Percent of newborns screened for hyperbilirubinemia

Reasons and Implications

Importance for Patients and Families
Improving newborn care by screening for two well-known complications and promoting breast feeding can result in fewer newborn complications and infections.

Requirement, Standards, Policies, and Guidelines

- **American Academy of Pediatrics (AAP)**
  Clinical Practice Guideline: Management of Hyperbilirubinemia in the Newborn Infant > 35 Weeks of Gestation
- **American Academy of Pediatrics (AAP)**
  Policy Statement: Breastfeeding and the Use of Human Milk
- **American College of Obstetricians and Gynecologists (ACOG)**

- **National Priorities Partnership (NPP)**
  Patient and Family Engagement

Financial Implications

- Expense reduction can occur due to decreased length of stay for newborns and decreased treatments, including laboratory tests for septic work-ups and monitoring at a higher level of care.
- Expense increase can occur due to the universal screening protocol (although minimal and there may be a return on investment if the newborn is not readmitted or has an increased length of stay).

Prerequisites

- Prenatal care
- Reliable intrapartum and postpartum care

Resources

Additional Resources

- **Centers for Disease Control and Prevention (CDC)**
  Protect Your Unborn Baby or Newborn from Infections
- **BiliTool Web Resource**
  For risk assessment of developing hyperbilirubinemia or "jaundice" in newborns
- **Centers for Disease Control and Prevention (CDC)**
  Maternity Care Practices
  The CDC Guide to Breastfeeding Interventions
- **American Academy of Pediatrics (AAP)**
  Breastfeeding Resources

IHI.org Resources

- **Improvement Map Discussion Boards**
  Join the Improvement Map Discussion Groups to help IHI build dynamic communities of learning and support. Pose questions, offer new ideas, describe your improvement success stories and experiences, and share tips with your peers for...
taking full advantage of all the Improvement Map has to offer.

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