Government of **Western Australia**
Department of **Health**

Public Home Birth Standard

Chief Nursing and Midwifery Office

April 2024

Suggested citation
Department of Health, Western Australia. *Public Home Birth Standard*. Perth: Chief Nursing and Midwifery Office, Clinical excellence, Department of Health, Western Australia. 2020. Updated 2024.

Document control

Version	Published date	Effective from	Review date	Amendment(s)
Version 1.0	10 August 2020	10 August 2020	August 2023	Original version
Version 2.0	5 July 2021	5 July 2021	August 2023	Amended.
Version 3.0	12 April 2024	12 April 2024	April 2027	Complete policy review conducted with amendments made as listed below.
• Title renamed from Public Home Birth Program Standard to Public Home Birth Standard. • Word 'Program' removed throughout the Standard. • Inclusion and Exclusion criteria revised an updated. • Section 3 updated to include the reference of track and trigger charts (Appendix 3 and 4) • Appendix 1- screening tool added.				

Contents

1. Introduction

The WA health system aims to develop, deliver and provide maternal and newborn services that are safe, integrated, effective, and responsive to the individual needs of women and their babies in their community setting.[1] All studies of planned home births report increased maternal satisfaction and reduced obstetric interventions including requirement for epidural analgesia, assisted birth and caesarean section.[2,8,10]

Planned home birth with a midwife or obstetric medical practitioner registered by the Australian Health Practitioner Regulation Agency (AHPRA) is a safe alternative for women determined to be at low risk of pregnancy complications through the application of risk-based program inclusion and exclusion criteria. [3,8,9,10]

The Public Home Birth Standard (the Standard) is a mandatory related document that supports the implementation of the overarching MP 0141/20 *Public Home Birth Policy.*

2. Standard requirements

2.1 Additional professional development requirements for midwives

There are additional professional development and ongoing education requirements for midwives providing a Public Home Birth service, to ensure midwives remain competent to provide the full scope of antenatal, intrapartum and postnatal midwifery care.

In addition to the mandatory midwifery competency requirements of employing Health Service Providers, Public Home Birth midwives must obtain and maintain competence, or undertake training within six-months of commencing work within the service, with respect to the following skills:

- obstetric emergencies (in-home scenarios) with annual drill attendance
- perineal suturing
- intravenous cannulation
- water immersion birth.

2.2 Eligibility criteria for a Public Home Birth Service

Women must be provided with information antenatally about the conditions requiring transfer to a maternity hospital should complications arise. Initial documentation must include, but is not limited to, a Terms of Care agreement to provide a Public Home Birth service and the WA Hand-held Pregnancy Record (WAHPR). Public Home Birth midwives must ensure the woman has read and signed the Terms of Care agreement at booking. The woman has the right to give and to rescind consent to care at any time and the decision is to be acknowledged and supported. The WAHPR must be completed at all visits with any health professional during the pregnancy.

Public Home Birth midwives must ensure all women enrolled in the Public Home Birth service are booked into a maternity hospital close to their planned place of home birth. This will ensure that referral pathways are in place if complications arise during the woman's care. The booking maternity hospital must be within 45 minute drive of the woman's planned place of home birth.

The following inclusion/exclusion criteria have been designed to ensure that women and their newborns are at low risk of complications during home births. These criteria have been adapted from the Australian College of Midwives (ACM), National Midwifery Guidelines for Consultation and Referral. [4]

2.3 Inclusion criteria

Women accessing a Public Home Birth service must be assessed by a Public Home Birth midwife and determined to be at low risk of pregnancy and birth complications by meeting the following criteria (see Appendix 1):

- aged 18 or older at time of booking
- have the capacity to give informed consent [5,6]
- live within 30 minutes' drive (via ambulance) from a maternity hospital in case of an emergency transfer
- have received regular antenatal care from a midwife or medical practitioner (registered with AHPRA) prior to booking into the Public Home Birth service (minimum standard as per National Institute for Health and Clinical Excellence Guidelines for Schedule of antenatal appointments)
- have booked into the Public Home Birth service by no later than 35^{+0} weeks of pregnancy
- have a singleton pregnancy
- at the onset of labour have a cephalic presentation between 37^{+0} and 42^{+0} weeks of gestation
- be free from pre-existing medical or pregnancy complications (as stated in the exclusion criteria)
- be aware of the need for ambulance cover (otherwise the woman will incur the full cost of an emergency transfer)
- have a suitable home environment including but not limited to:
    - clean running water and electricity
    - general home cleanliness with ability to provide hygienic sanitation
    - have easy vehicular access (that includes access by vehicles in the event transfer during labour is warranted)
    - a working phone (landline or mobile with adequate reception)
    - home visiting risk assessment tool confirms suitability for home visiting/lone working.[12,13]

2.4 Exclusion criteria

Women are deemed ineligible for a Public Home Birth service if on initial assessment, or during the continuum of their maternity care, the following risk factors are identified:

- any ACM Guidelines, Category C conditions
- any of the ACM Guidelines, Category B Conditions and other conditions listed below:

Indications at commencement of care:

- illicit drug or alcohol use
- maternal age < 18
- epilepsy (past history)
- BMI more than 35 pre-pregnancy
- hypertension
- grand multiparity (more than 5 previous births)
- female genital cutting Type 2B or higher (i.e where there is restriction to the vaginal opening)
- previous Group B Streptococcus (GBS) positive neonate
- previous confirmed neonatal sepsis
- previous history of a neonate with haemolytic jaundice
- previous intrauterine fetal demise or stillbirth at term with unknown cause
- current child protection concerns
- history of Postpartum Haemorrhage (PPH) over 1000mls (except where documented from perineal tear or episiotomy)
- previous shoulder dystocia requiring internal manoeuvres
- previous caesarean section

Indications developed or identified during the Antenatal period:

- women declining routine fetal anatomy ultrasound scan at 19-22 weeks gestation
- gestational hypertension
- IUGR/SGA < 10th centile on serial scans
- polyhydramnios or oligohydramnios
- HSV – untreated active genital lesions after 36 weeks
- low lying placenta of less than 25mm (transvaginal) at 36 weeks
- anaemia Hb < 100g/l at term
- 42 completed weeks
- women declining auscultation of fetal heart rate in labour via doppler

2.5 Conditions requiring antenatal consultation as to eligibility for Home Birth

All ACM Category B and B/C conditions and maternal medications with implications for neonatal withdrawal syndrome (see Appendix 2) require obstetric or neonatal/paediatric consultation and collaborative decision making to determine an appropriate place of birth, except for the following Category B conditions:

- Rhesus Negative requiring Anti D
- low ferritin with normal Haemoglobin
- history of COVID-19 in pregnancy not requiring admission
- smoking in pregnancy with normal growth
- mild asthma – controlled with preventatives
- previous vacuum/kiwi birth.

3. Criteria for transfer of care to maternity hospital

3.1 Antenatal factors

- any ACM Category C condition
- any ACM Category B condition where obstetric consultation and collaboration decision making has led to determining hospital is the most appropriate place of birth.

3.2 Intrapartum factors

All maternal, fetal and newborn observation monitoring must occur as per Health Service Provider 'Track and Trigger Chart' Guidelines (see Appendix 3-4):

- any ACM Category B/C and C conditions
- rupture of membranes more than 24 hours (unless in active labour and commenced appropriate intravenous antibiotics for GBS prophylaxis as per GBS status) in the absence of abnormal maternal and fetal observations.
- meconium stained liquor
- abnormal fetal heart rate
- physiological 3rd stage > 1 hour.

3.3 Immediate Postpartum factors

3.3.1 Mother

- any ACM Category B/C and C conditions
- PPH > 600mls or symptomatic
- the following ACM Category B conditions:
  - temperature 38 or more on > 1 occasion
  - urinary retention

3.3.2 Immediate Neonatal factors

- any ACM Category B/C and C conditions
- the following ACM Category B conditions:
  - abnormal findings on newborn examination or clinical observations as per 'Track and Trigger' chart (see example Appendix 4)
  - excessive bruising /pigmentation or lesions

3.3.3 Immediate Neonatal conditions requiring neonatal/paediatric consultation to determine need for transfer

- all other ACM Category B Neonatal conditions.

3.3.4 Ongoing Postnatal care

- further postnatal care/monitoring as per Health Service Provider postnatal clinical guidelines.

4. Public Home Birth activity data capture

A responsible clinical governance oversight committee is advised to ensure the Public Home Birth activity is captured as per the requirements for admitted, hospital in the home activity as outlined in MP 0164/21 *Patient Activity Data Policy.*

5. Transfer from home to hospital

Collaboration and communication with the maternity hospital is essential and there must be mechanisms in place to support the midwife to continue to provide on-going care.

The midwife must ensure all relevant documentation accompanies the woman/baby to the maternity hospital. A concise verbal and written handover is to be provided to the receiving hospital midwife and medical team member/s as per MP 0095/18 Clinical Handover Policy .

Ongoing evaluation of women planning a home birth with timely consultation and referral to hospital care enables appropriate transfer of women whose 'clinical risk' status changes.

Transport arrangements must be made that are appropriate to the assessed level of risk and clinical factors present at the time. Transport may either be by ambulance or private vehicle. The midwife must not transport the woman in his/her own/Health Service Provider vehicle.

6. Midwifery care when a woman makes a decision that is inconsistent with the Public Home Birth Standard

As a primary caregiver, the midwife must provide midwifery care that is consistent with this Standard and is within their scope of practice, as endorsed by their Health Service Provider. When a woman's decision varies from professional advice, guidelines and/or recommendations, the midwife must consult and document accordingly as per ACM Guidelines.[4]

During the antenatal period when the woman, in a stable condition makes a decision that is not consistent with the Public Home Birth Standard, the midwife may choose to discontinue care for the planned home birth.[4,11,] The midwife must engage the support of the booked maternity hospital obstetrician to discuss the specific issues with the woman.

The decision to discontinue care must be made with a midwifery manager/specialist or consultant, communicated to the woman, and documented, with a letter confirming the rationale for the

decision provided to the women. A copy of the letter must be secured in the WAHPR and medical records.

If a woman having a Public Home Birth is advised by the midwife/health professional during labour and birth that her clinical situation has varied from normal (as per ACM and Health Service Provider Guidelines) and the woman has declined emergency transfer at the recommendation of the attending midwife, the woman must be referred to the Terms of Care agreement.

During labour or urgent situations where the steps for discontinuing care have not been undertaken or completed, as stated in this Standard via a letter of discontinuation of care, the midwife must not refuse to attend the woman.

Equally, where a woman refuses emergency transfer of care during active labour, the midwife must remain in attendance. The midwife must document in detail all advice given to the woman and her birth support people and the woman's response to this advice in her medical records. The midwife must ensure his/her support midwife is called to attend and if transfer is deemed an emergency, an ambulance must be called.

The midwife must provide notification to all support practitioners at the maternity hospital and engage appropriate maternity hospital staff. This may include one or more of the following:

- Coordinating Senior Midwife on labour ward
- Clinical Midwifery Specialist/Consultant
- Obstetrician
- Neonatologist/Paediatrician
- Midwifery Manager.

All consultation with the maternity hospital staff must be documented in the woman's medical records throughout the course of the labour and birth.

References

1. Department of Health Western Australia. Improving Maternity Services: Working together across Western Australia. A Policy Framework. Perth: Department of Health Western Australia; 2007.
2. Health Networks Branch, Western Australia. Models of Maternity Care: Updated Evidence on Outcomes and Safety of Planned Home Birth. Perth: Department of Health Western Australia; 2011.
3. E.K.Sutton, A.Reitsma, J.Simioni, G. Brunton, K. Kauffman. Perinatal or neonatal mortality among women who intend at the onset of labour to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. EClinicalMedicine. 2019;14:59-70. Available from doi.org/10.1016/j.eclinm.2019.07.005
4. Australian College of Midwives. National Midwifery Guidelines for Consultation and Referral: 4rd Edition Issue 2. Canberra: Australian College of Midwives; 2021.
5. Australian Health Professionals. Safety and Quality Framework guiding Midwifery Care provided by Privately Practising Midwives attending homebirths; 2010.
6. Department of Health South Australia. Policy for planned birth at home in South Australia: Clinical Directive: Department of Health, South Australia; 2018.
7. National Institute for Health and Clinical Excellence (NICE) 2021, NG201 Schedule of antenatalappointments(nice.org.uk)https://www.nice.org.uk/guidance/ng201/resources/schedule-of-antenatal-appointments-pdf-9204300829)
8. Homebirth Clinical guidance. Safer Care. State of Victoria. May 2021.
9. Sweet, L., et al. (2022). “Ten years of a publicly funded homebirth service in Victoria: Maternal and neonatal outcomes.” Aust N Z J Obstet Gynaecol 62(5): pp. 664-673.
10. Olsen, O. and J. A. Clausen (2023). “Planned hospital birth compared with planned home birth for pregnant women at low risk of complications.” Cochrane Database of Systematic Reviews(3).
11. Nursing and Midwifery Board, AHPRA. Decision-making framework summary: Midwifery (2020).
12. Government of Western Australia. Department of Commerce. WorkSafe WA Guidance Note, Working Alone: Commission for Occupational Safety and Health: Australia; (2009).
13. Government of Western Australia. North Metropolitan Health Service: Working Alone Policy: NMHS 2020.

Appendix 1: Example Home Birth Screening Tool

GOVERNMENT OF WESTERN AUSTRALIA **Public Home Birth Screening Tool**	Surname	UMRN	
	Given Name	DOB	Sex
	Address		Post Code
		Telephone	

Date:	**GP Obstetrician:**		
EDD:	**Gestation:**	**G:**	**P:**

Screening at commencement of care;	**YES**	**NO**
Aged 18 years or older at time of booking		
Has the capacity to give informed consent		
Pre-pregnancy BMI < 35		
Lives within 30-minute drive (via ambulance) from a maternity hospital		
Has received regular AN care at booking		
Booked for public home birth no later than 35+0 weeks gestation		
Singleton pregnancy		
Woman agreeable to sign the terms of care agreement for home birth		
Woman agreeable to have an anatomy scan		
Aware of the need for ambulance cover		
Has no significant previous obstetric history listed below;	**YES**	**NO**
• Previous caesarean section • Previous shoulder dystocia requiring internal manoeuvres • Previous PPH > 1000mls (except where documented from perineal tear/episiotomy) • Previous GBS positive neonate • Previous confirmed neonatal sepsis • Previous neonate with haemolytic jaundice • Previous FDIU/stillbirth at term with unknown case		
Has no ACM category C conditions	**YES**	**NO**
Has no ACM category B exclusions as per the Public Home Birth Standard		
Has no disadvantaged Social Determinants of Health	**YES**	**NO**
• No domestic violence or alcohol and/or drug dependency of woman and/or family member. • Current or previous child protection concerns		
Other factors	**YES**	**NO**
Home Visiting Risk Assessment Tool confirms suitability for home visiting/lone working		
Has a suitable home environment – clean running water & electricity, good vehicular access, hygienic home, working phone (landline/mobile reception)		

Outcome: (all responses above must be affirmative)

☐ Eligible and accepted to the Public Home Birth Service
☐ Not eligible – rationale provided with alternative options discussed/referred on

Actions taken:

☐ Referred to GP /Obstetrician/Physician/Neonatologist (please circle) Date: Dr:
Reason:

☐ **Other actions taken;**

Name…… Signature…….…… Date ……..

GOVERNMENT OF WESTERN AUSTRALIA

Public Home Birth Screening Tool

Surname	UMRN	
Given Name	DOB	Sex
Address		Post Code
	Telephone	

Guidelines for use:

Assess the woman against the ACM National Guidelines for Midwifery Consultation and Referral guidelines and the MP 0141/20 Public Home Birth Policy

Screening:	**Booking Yes or NO**	**28 weeks Yes or No**	**36 weeks Yes or No**	**Intrapartum Yes or No**
Date screened:				
No risks identified				
Category A condition identified				
Category B condition identified (Consult)				
Category C condition identified (Refer)				
List conditions identified				
Category and condition				
Actions taken				
Discussed with Clinical Midwifery Specialist/ Consultant or Manager				
Discussed or referred Obstetrician				
Advised women ineligible for home birth				
Other				
Outcome of actions				
Referred to allied health (list who)				
Agreed eligible for home birth				
Planned hospital birth				
Other				
PRINT NAME				

Appendix 2: Drugs implicated in neonatal withdrawal or abstinence syndromes requiring antenatal consultation with a paediatrician or neonatologist

Class	Examples
Alpha Blockers	Clonidine, Prazosin
Amphetamine derivatives	Methylphenidate
Benzodiazapines	Alprazolam, Diazepam, Clonazepam
Noradrenaline Reuptake Inhibitors (NRIs)	Reboxetine
Other Sedatives	Choral Hydrate, Phenobarbitone
Selective Serotonin Reuptake Inhibitors (SSRIs)	Citalopram, Escitalopram, Fluoxetine, Sertraline
Serotonin and Noradrenaline Reuptake Inhibitors (SNRIs)	Duloxetine, Venlafaxine, Desvenlafaxine
Tetracyclic Antidepressants	Mirtazapine, Mianserin
Tricyclic Antidepressants (TCAs)	Amitriptyline, Nortriptyline, Clomipramine
‘Z-drugs’ (Non-Benzodiazapine Hypnotics)	Zopiclone, Zolpidem

Appendix 3: Example Maternal Track and Trigger Chart (WA Country Health Service)

Date																							
Time																							
If Respiratory Rate ≥ 36 or ≤ 4, write value in box	Write ≥ 36																						Write ≥ 36
Respiratory Rate (breaths / min)	30 - 35																						30 - 35
	25 - 29																						25 - 29
	21 - 24																						21 - 24
	15 - 20																						15 - 20
	10 - 14																						10 - 14
	5 - 9																						5 - 9
	Write ≤ 4																						Write ≤ 4
If O_2 Saturation ≤ 84, write value in box	≥ 95																						≥ 95
O_2 Saturation (%)	91 - 94																						91 - 94
	85 - 90																						85 - 90
	Write ≤ 84																						Write ≤ 84
O_2 Flow Rate (L / min)	≥ 10																						≥ 10
	7 - 9																						7 - 9
	4 - 6																						4 - 6
	≤ 3																						≤ 3
If Heart Rate ≥ 140, or ≤ 30, write value in box	Write ≥ 140																						Write ≥ 140
Heart Rate (beats / min)	130s																						130s
	120s																						120s
	110s																						110s
	100s																						100s
	90s																						90s
	80s																						80s
	70s																						70s
	60s																						60s
	50s																						50s
	40s																						40s
	Write ≤ 30s																						Write ≤ 30s
If Systolic BP ≥ 160, or Diastolic BP ≥ 105, write value in the Pre-Eclampsia Observations box opposite	Write ≥ 200																						Write ≥ 200
	190s																						190s
	180s																						180s
	170s																						170s
	160s																						160s
	150s																						150s
Blood Pressure (mmHg) V ^	140s																						140s
	130s																						130s
	120s																						120s
	110s																						110s
	100s																						100s
Escalate for systolic not diastolic	90s																						90s
	80s																						80s
	70s																						70s
Booking BP	60s																						60s
	50s																						50s
	40s																						40s
If temperature ≥ 39.0, write value in box	Write ≥ 39.0																						Write ≥ 39.0
Temperature (°C)	38.5 - 38.9																						38.5 - 38.9
	38.0 - 38.4																						38.0 - 38.4
	37.5 - 37.9																						37.5 - 37.9
	36.6 - 37.4																						36.6 - 37.4
	35.1 - 36.5																						35.1 - 36.5
	≤ 35.0																						≤ 35.0
Consciousness If necessary, wake patient before scoring	Alert																						Alert
	To Voice																						To Voice
	To Pain																						To Pain
	Unresp.																						Unresp.
Has the Patient passed urine? If no urine output, consider fluid balance chart and escalation	Yes (Y)																						Yes (Y)
	No (N)																						No (N)
Pain Score None (0) - Worst (10)	Rest																						Rest
	Movement																						Movement
Intervention	E.g. 'A'																						E.g. 'A'

Government of **Western Australia**
Department of **Health**

MATERNAL OBSERVATION & RESPONSE CHART

FACILITY: _____

Med Rec. No: .....
Surname: .....
Forename: .....
Gender: ..... D.O.B. .....

☐ **Modifications in use**

Actions Required

Medical Emergency	Medical Review	Senior Midwife/Nurse Review	Increased Surveillance
• Place Emergency Response Call • Initiate ALS/BLS protocols if required	• Doctor to review within 30 minutes (via phone or in person) • Record observations every 15 minutes • If medical review not attended within 30 minutes, initiate MER call	• Senior Midwife/Nurse must review patient • Senior Midwife/Nurse to discuss with Medical Officer if a Medical Review is required • Record observations at least once every hour • Review O_2 requirement • Manage fever, pain, fluids, blood loss or distress	• Inform Senior Midwife/ Nurse • Record observations at least every 2 hours • Carry out appropriate interventions as prescribed • Review O_2 requirement • Manage fever, pain, fluids, blood loss or distress

Obstetric Observations

Date																								
Gestation / Day																								
Time																								
Fetal Heart Rate (BPM) (Singleton or Twin 1)	Write ≥ 160																							Write ≥ 160
	110 - 159																							110 - 159
	90 - 109																							90 - 109
	≤ 89																							≤ 89
Fetal Heart Rate (BPM) (Twin 2)	Write ≥ 160																							Write ≥ 160
	110 - 159																							110 - 159
	90 - 109																							90 - 109
	≤ 89																							≤ 89
Fetal Movement Yes (Y) or No (N)	Tw 1 / Tw 2																							Tw 1 / Tw 2
Uterine Activity																								
PV Loss																								
Fundus (Tone & Position)																								

Pre-Eclampsia Observations

Write Systolic BP > 160																								Pre-Eclampsia Observations
Write Diastolic BP > 105																								
If any 2 items have dots (.), or you are concerned, obtain Medical Review																								
Proteinuria																								
Visual Disturbance																								
Frontal Headache																								
Epigastric Pain																								
Intervention (eg. 'A')																								

KEY

Uterine Activity
N Nil
W Weak
M Moderate
S Strong
I Irritable

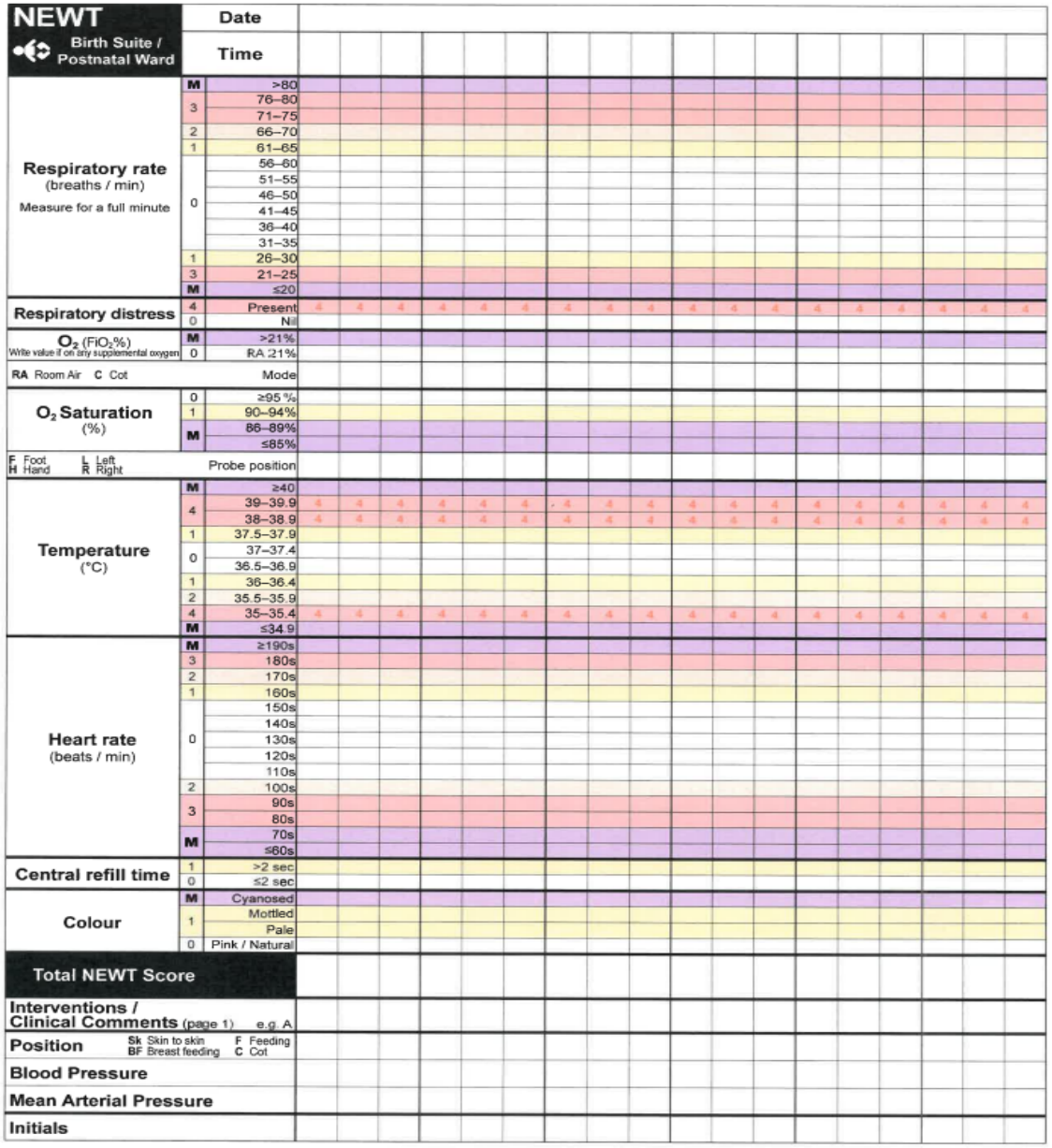
PV Loss
S Scant
M Moderate
H Heavy

Amniotic Fluid
C Clear
P Pink
G Green
B Blood Stained

Lochia
R Rubra
S Serosa
A Alba

Fundus
F&C Firm & central
B Boggy
→ Deviated to patient left
← Deviated to patient right
⊙ Umbilicus

Appendix 4: Example Neonatal Track and Trigger Chart (Fiona Stanley Hospital)



NEWT — Birth Suite / Postnatal Ward		Date / Time
Respiratory rate (breaths / min) Measure for a full minute	M	>80
	3	76–80
		71–75
	2	66–70
	1	61–65
	0	56–60
		51–55
		46–50
		41–45
		36–40
		31–35
	1	26–30
	3	21–25
	M	≤20
Respiratory distress	4	Present
	0	Nil
O_2 (FiO_2%) Write value if on any supplemental oxygen	M	>21%
	0	RA ≤21%
RA Room Air C Cot		Mode
O_2 Saturation (%)	0	≥95%
	1	90–94%
	M	86–89%
		≤85%
F Foot H Hand L Left R Right		Probe position
Temperature (°C)	M	≥40
	4	39–39.9
		38–38.9
	1	37.5–37.9
	0	37–37.4
		36.5–36.9
	1	36–36.4
	2	35.5–35.9
	4	35–35.4
	M	≤34.9
Heart rate (beats / min)	M	≥190s
	3	180s
	2	170s
	1	160s
	0	150s
		140s
		130s
		120s
		110s
	2	100s
	3	90s
		80s
	M	70s
		≤60s
Central refill time	1	>2 sec
	0	≤2 sec
Colour	M	Cyanosed
	1	Mottled
		Pale
	0	Pink / Natural
Total NEWT Score		
Interventions / Clinical Comments (page 1) e.g. A		
Position Sk Skin to skin BF Breast feeding F Feeding C Cot		
Blood Pressure		
Mean Arterial Pressure		
Initials		

NEWT Score Legend

0	Score 0
1	Score 1
2	Score 2
3	Score 3
4	Score 4
M	MET Call

SURNAME	UMRN	
GIVEN NAMES	DOB	GENDER
ADDRESS		POSTCODE
	TELEPHONE	

Observation Instructions for Facilities with Onsite Nursery or NICU

- All babies require 2 hours continuous oximetry post-partum.
- Documented observations must include at a minimum: respiration rate, respiratory distress, oxygen saturations, temperature, heart rate, colour and position, at 15 minutely intervals for first two hours post-partum.
- After the first two hours post birth a total NEWT score must be calculated at least every 8 hours.
- Notification and actions for NEWT scores as per Actions Required table below.

Actions Required for Facilities with Onsite Nursery or NICU

NEWT Score	Vigilance Observations* First 2 hours post birth	Observations (min. frequency) >2 hours post birth	Notify	Escalate	Intra-hospital Escort
0	15 minutely	8 hourly Total NEWT score			
1–3	15 minutely Total NEWT score	4 hourly Total NEWT score	• Team Leader		
4–5	15 minutely Total NEWT score	1 hourly Total NEWT score	• Team Leader • Resident Medical Officer / Nurse Practitioner review within 30 mins	• If no review after 30 mins, or concerned, Registrar / Nurse Practitioner to review	Midwife / Nurse
6–7	15 minutely Total NEWT score	½ hourly Total NEWT score	• Team Leader • Registrar / Nurse Practitioner review within 15 mins	• If no review after 15 mins, or concerned, place MET Call	Midwife / Nurse **and** Medical Officer / Nurse Practitioner
≥8 *or* M	15 minutely Total NEWT score	15 minutely Total NEWT score	• Initiate MET CALL immediately	• Registrar / Nurse Practitioner to ensure Consultant is notified	Midwife / Nurse **and** Medical Officer / Nurse Practitioner

Initiate MET CALL immediately if any of the following:

- Airway threat
- Seizure
- Any observation in the purple area (**M**)
- Apnoea
- Bleeding (major)
- You are worried about the patient

Escalate any one of the following to Team Leader <10 mins

Team Leader to escalate to MO / NP as per clinical judgement	Baby might have:
• Unwell, pale or mottled • Low temperature ≤36.4°C despite re-warming (check within 1 hour) • High temperature ≥37.5°C on two measures (check within 1 hour)	• Infection / Sepsis
• Poor Tone	
• No urine output by 24 hours of age or ≤2 wet nappies in second 24 hours • <1 stool / 24 hours or persistent meconium • >10% weight loss	• Dehydration
• Grunting • Persistent tachypnoea or respiratory distress (recession, tracheal tug, nasal flaring or head bobbing) • Oxygen saturation <95% in air	• Respiratory illness / disease
• Repetitive or stiffening movements	• Seizures
• Dusky, oxygen saturation <95% in air • Skin pallor of sudden onset	• Congenital heart disease
• Lethargy, apnoea, high pitched crying • Jittery • Low temperature ≤36.4°C despite re-warming (check within 1 hour)	• Hypoglycaemia (if any doubt check BGL, medical review if <2.6 mmol/L) or withdrawal
• Jaundice before 24 hours of age • Deepening jaundice (lemon to orange yellow)	• Haemolysis / Severe jaundice
• Pooling of saliva / secretions • Bilious (green or green / yellow) vomitus • Abdominal distension • No meconium by 24 hours	• Gastrointestinal obstruction
• Parental / Carer concern	

This document can be made available in alternative formats on request for a person with a disability.