

Monash Newborn Outreach Team

Role

The Monash Newborn Outreach Team provides a dedicated neonatal service for attendance at births, review of newborn infants on birth suite and maternity ward, consultation for infants under EPC and MC@H follow-up, antenatal counselling, and response to emergency codes (e.g. Code Green, Neonatal Code Blue, Neonatal MET) at the MMC site. The team helps to improve patient flow through the maternity ward as the result of a dedicated ward service.

Responsibilities

- To liaise with birth suite staff (midwife in charge, obstetric registrars and consultants) regarding expected deliveries and admissions to Monash Newborn, and to communicate this information to neonatal unit leads and other staff as appropriate (e.g. paediatric sub-specialty teams).
- To participate in Monash Women's and Monash Newborn handovers to ensure flow of information between birth suite, maternity ward and the neonatal unit.
- To triage and respond to inpatient and outpatient antenatal counselling referrals.
- To attend births where neonatal attendance is indicated, and to follow procedures to ensure that the resuscitation skill level of attendees is appropriate to the anticipated birth complexity and risk.
- To coordinate admissions to Monash Newborn from the MMC site, including stabilising and transporting unstable infants.
- To respond to Codes (Blue, Green) and Neonatal MET calls at the MMC site.
- To triage and respond to referrals of infants on maternity ward and birth suite, and to perform at least daily review of infants who require ongoing neonatal care.
- Neonatal consultation for infants in the community under the care of EPC (and MC@H discharged from the maternity ward)
- To participate in multi-disciplinary meetings with Monash Women's teams

Team Members

- Monash Newborn Outreach Registrar/neonatal nurse practitioner (NNP)
- Monash Newborn Elective C/S Registrar/NNP
- Monash Newborn Outreach Fellow/NNP
- Monash Newborn Outreach Consultant

Team Roles

Outreach Registrar (#4574 / 0466028282) 0800 to 1630 (M-F), 0800 to 1200 (S,S, PH)

- Carry delivery pager #156
- Attend outreach team handover at 0800 in the Monash Newborn outreach office, followed by maternity ward handover
- Review and manage infants on birth suite and maternity ward under supervision of the outreach fellow and outreach consultant
- Meet with maternity ward AMUMs at 1600 to ensure urgent matters for the day have been addressed
- Attend births where neonatal attendance is indicated
- Respond to Code Greens, Neonatal Code Blues and Neonatal MET calls
- Update the outreach handover list and TFT follow-up spreadsheet on the G drive daily

Elective C/S Registrar/NNP (#4946) 0800 to 1200

- Attend 0800 outreach handover in the Monash Newborn outreach team office
- Attend elective C/S list in theatre
- Where available, assist outreach registrar with birth suite and postnatal ward infant reviews

Outreach Day Fellow/NNP (#5016 / 0481902531/ speed dial 3269) 0800 to 2000

- Carry delivery pager #156 after 1630 (M to F and after 1200 on S, S, PH)
- Receive handover from the outreach night fellow at 0800
- At 0815, attend obstetric handover in birth suite
- At 0830, attend maternity ward to prioritise reviews with maternity ward AMUMs and the outreach registrar
- Liaise with neonatal unit team teams and outreach consultant re: expected high risk births and admissions
- Review and manage infants on birth suite & maternity ward
- Attend births where neonatal attendance (advanced skills) is indicated
- Respond to Code Greens, Neonatal Code Blues and Neonatal MET calls
- Antenatal counselling (inpatient) with outreach consultant supervision/oversight
- Provide telephone consultation to EPC and MC@H
- Meet with maternity ward AMUMs at 1600 to ensure urgent matters for the day have been addressed
- Update the outreach handover list and TFT follow up spreadsheet on the G drive daily
- Attend multidisciplinary FDU meeting 1st and 3rd Thurs of month 0900 (Webex)
- Attend Perinatal M&M meeting 4th Thurs of month 0800 (Webex)
- Supervise and support the outreach registrars/NNPs

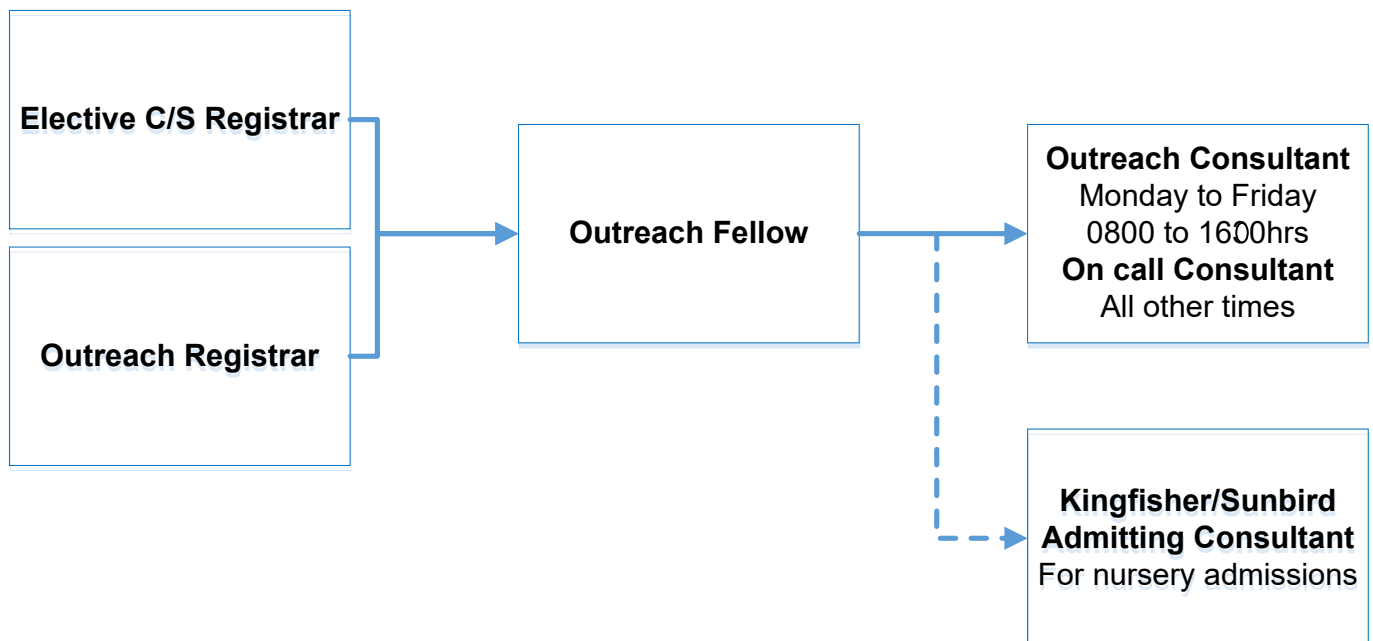
Outreach Night Fellow (#156 / #5016 / 0481902531/speed dial 3269) 1945 to 0815

- Carry delivery pager #156 AND #5016 for other pages, and a SMARTpage
- Receive 1945 handover from outreach day fellow in the Monash Newborn outreach team office
- Attend 2100 obstetric handover in birth suite
- Attend 0730 Antenatal Grand Round on Tuesdays (Webex)
- Liaise with neonatal unit teams and duty consultant re: expected high risk births and admissions
- Review and manage infants on birth suite & maternity ward
- Attend births where neonatal attendance (advanced skills) is indicated. Support SCN night registrar in attending births.
- Respond to Code Greens, Neonatal Code Blues and Neonatal MET calls
- Antenatal counselling (inpatient) if required overnight
- Support neonatal unit team if acuity and workload requires

Outreach Consultant (ASCOM 24479) 0800 to 1600 (M-F)

- Attend NICU morning handover for discussion of bed state and expected admissions.
- Check in with the outreach team before 1100.
- Liaise with neonatal unit teams and Sunbird ANUM re: expected high-risk births and admissions.
- Attend high-risk births where consultant attendance is required.
- Attend Monash Newborn Children’s Clinic on Monday afternoons (divert Ascom to non-Duty NICU Consultant Ascom).
- Attend TRC meetings (Thursday mornings as required).
- Attend Perinatal M&M meeting 4th Thursday of the month 0800 (Webex).
- Attend FDU Multidisciplinary Meetings* 1st and 3rd Thurs of month 0900 (Webex)
- Oversee and provide antenatal counselling: inpatient and outpatient (FDU clinic 1200 to 1300 2nd and 4th Thursdays).
- Supervise and support the outreach team.

Reporting



Business Rules

Births

- The outreach team has primary responsibility for attendance at births. Neonatal unit teams will provide support if there are concurrent high risk births/codes that are beyond the capacity of the outreach team. Capacity and workload demands must be escalated to the outreach consultant/duty consultant
- After 1630, if the outreach fellow/NNP requires further assistance, the SCN registrar/NNP should be contacted in the first instance, but the NICU fellow/NNP may also be required to assist e.g. concurrent neonatal code blues.
- The outreach registrar/NNP must liaise with the outreach fellow/consultant if there is an indication for fellow and/or consultant attendance at a birth. Refer to [Neonatal/Paediatric attendance at births and resuscitation skills](#).
- The outreach team must notify the Sunbird ANUM ASCOM (#24183) (8572 4183 if calling from a mobile phone) when a birth requires neonatal nurse attendance.

Anticipated Admissions to Nursery

- The outreach team must liaise with the Sunbird ANUM and neonatal unit teams to keep them informed of any **expected** high-risk births and admissions at all times. For births where there is anticipated need for sub-speciality team involvement (e.g. cardiology, surgery), the outreach team must also make contact with those teams.

Admissions to Nursery

When an infant requires admission to the neonatal unit following resuscitation and stabilisation, or is unstable, the outreach team will:

- Notify the Sunbird ANUM imminent transfer and current management.
- Transport the infant to the neonatal unit.
- Give a bedside handover to the admitting team.
- Complete patient documentation arising from the birth and/or resuscitation
- Complete a Riskman if a Neonatal Code Blue was attended
- For stable infants who require admission to the neonatal unit, the Outreach Team will:
 - Notify the admitting team Sunbird ANUM
 - Give a handover to the admitting team
 - Liaise with the neonatal unit and maternity ward/birth suite AMUMs to coordinate transfer of infant to neonatal unit.

For all admissions, the receiving team will ordinarily perform the admission, including any necessary procedures.

Other Considerations

Administrative Requirements

- Paperwork (referral forms/path slips etc.) – the green folder should be kept in the Monash Newborn Outreach Team Office. Once a day, the outreach team must bring completed request forms over to MN Administration and replenish stocks as needed.
- Antenatal consultations should be received by verbal phone referral AND a formal referral on EMR
- The outreach team should be able to attend teaching and unit meetings when workload allows. The outreach registrar is to hand the #156 pager to the fellow during core teaching, or the consultant if available

- The outreach team must check the Monash Newborn Clayton Outreach Team calendar daily – contains relevant meeting and Webex links
- It is the outreach registrar and fellow responsibility to update the outreach handover list and TFT follow-up spreadsheet daily on the G-drive
- Be aware of active Monash Newborn research activities and potential antenatal recruits to these studies – see MN Research Quick Reference Guide on the G: drive and on laminated print-out in the MN Outreach Office

Relevant PROMPT guidelines:

- Escalation for Neonatal review – 52 Maternity implementation tool
- Escalation: when to call a neonatal consultant
- Neonatal MET/Code Blue
- Code Green Maternity Emergency
- Code Pink Maternity Emergency

To assist us with capturing up to date information from the **Thursday morning FDU Multidisciplinary Meetings**, please update and save the spreadsheet that is comes with the meeting invitation.

During the meeting, please create an ‘Update’ column on the far right of the spreadsheet and annotate as per this example snip below, and then:

- save to **G:\nbs_medicalgeneral\##OUTREACH TEAM\Antenatal Consults, Clinic appointments and FDU patient list**
- archive any previously saved file

If there are any urgent/critical birth plans out of the meeting to convey to our team, please share via a group email.

18/03/2021 >		>		Next Meeting				
NAME	UR	Diagnosis	*Gest	EDD	Last Ul's	Next FDU	Notes	Update
		TGA with mild pulmonary stenosis	39	25.03.21	16.02.21	No further FDU	PP: B Ly	18/3: coming in for induction on 28/3
		Asymmetry of cardiac vessels, R ventricle < left PA < aorta	37	08.04.21	02.02.21	09.03.21	T'fer to MFM	18/3: aim for delivery at 38/40 with post-natal ECHO
		Coarctation of the aorta	36+1	14.04.21	04.03.21	No further FDU	T'fer to MFM	18/3: plan for IOL at 38-39/40
		Large cystic structure occupying 4/5th of right lung	35+4	18.04.21	25.02.21	25.03.21	Amethyst team	18/3: CPAM appears to have resolved on latest scan - no deliver
		TOF LV apex flaring, loss of valve offset w/ pm VSD, overriding aorta, no pulmonary valve	34+1	28.04.21	28.01.21	18.03.21	T'fer to MFM	18/3: TOF, normal microarray - aim for delivery at 38/40
		VSD	33+3	03.05.21	02.03.21	08.04.21	T'fer to MFM	18/3: plan to review at 36 weeks with an aim to deliver at 38 w
		MCDA, Twin A = pyelectasis, Twin B = cardiac anomaly	33+3	03.05.21	25.02.21	23.03.21	Amethyst team	18/3: Twin B: Tetralogy of Fallot
		L kidney not visualised, R renal pelvis diameter 4mm persistent L SVK	33	06.05.21	02.03.21	06.04.21	T'fer to MFM	18/3: absent left kidney, Left SVC, new added diagnosis of TAPV
		TOF Crossing R and L outflow tract ? perimembranous VSD	32+4	09.05.21	11.02.21	11.03.21	T'fer to MFM	18/3: <1st centile: TOF, anhydramnios ? T18/T13: suggested Nt
		AVM, Placental Cyst	31	20.05.21	16.03.21	30.03.21	T'fer to MFM	18/3: Placental AVM, fetus ok, will plan for delivery only if high r
		Bilateral Ventriculomegaly	31+4	16.05.21	21.01.21	11.03.21	Ruby team	18/3: marked bilateral ventriculomegaly, next visit 3 weeks for r