

California College of Midwives
State chapter ~ American College of Community Midwives

Section 3 N

Minimum Practice Requirements – Instructions to Parents

~ to define and clarify minimum practice requirements for providing instructions to new parents on the safe care of their newborn baby

∞ Before leaving the parents' home, the midwife shall provide appropriate information on normal newborn behavior, infant care and feeding, directions for dealing with a pediatric emergency and arrangements for subsequent postpartum/neonatal return visits.

The goal is to assist the mother and father to provide safe and competent care to their new baby as well as to become comfortable and confident in their new role as parents. Verbal instructions are best provided to new parents in small, specific increments relative to the particular circumstance. This increases understanding and retention of the information and guards against the mother or father feeling overwhelmed by the responsibility. These topics can also be addressed during prenatal education and/or printed handouts provided to the parents after the birth.

A. Information provided at the time of the birth and the immediate postpartum home visits should cover the following topics as appropriate:

- Visible characteristics of a healthy baby, including slightly cooler temperature of extremities and normal mild cyanosis of hands and feet for the first 24 hours
- Helping baby to maintain a stable body temperature thru adequate but not excessive clothing, covers and regulating room temperature
- If breastfeeding – colostrum, protection of nipples, role of frequent nursing in helping the milk to come in, how to deal with engorgement, how to tell if baby is getting enough
- If not breastfeeding – how to prepare formula, sterilize equipment, refrigeration of reconstituted formula, frequency of feeding, how to recognize formula intolerance
- Diapering and tracking passage of meconium and urine, characteristics of stools
- Explain possible “red brick” stain in diaper of boy babies, “witch’s period” for girl babies
- Sleeping arrangements and positions including SIDs precautions
- Bathing & routine care for umbilical cord
- Encourage liberal doses of parental affection and lots of cuddling – yes, *spoil* the baby!
- Arrangements for medical initial evaluation and on-going pediatric care

B. Emergency Precautions:

No one spends more time with their baby or cares more for the baby's wellbeing than its parents. For this reason, *parents play the most central role in safe guarding the newborn.* They should

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receive appropriate information on the most common newborn problems, signs and symptoms of serious medical conditions affecting infants during the first weeks of life, how to recognize a pediatric emergency and directions for how to respond to problems or a medical emergency.

In particular it is useful to emphasize to parents that when the midwives leave a few hours after the birth, they, the parents, will need to take over the responsibility of determining if or when medical services are indicated. While they may call the midwife to solicit advice, she cannot see the baby or examine it over the phone. Parents should be encouraged to act on any "intuition" or premonition by seeking out physician care, even if it is inconvenient or they do not have health insurance. It *is* better to be safe than sorry.

1. Parents should be instructed to immediately contact the midwife or arrange for physician evaluation of their newborn should they observe any potential problem, such as poor color, weak cry, lethargy, respiratory difficulty, diminished consciousness, seizures, failure to pass urine, persistent vomiting, diarrhea, inability to take oral nourishment, etc.
2. Parents should be advised to take their baby to the emergency room if unable to contact the midwife or a doctor for more than one hour.
3. Parents should be advised to immediately **call paramedics** if the baby's condition seems extremely serious or the baby manifest signs of a life-threatening emergency such as central cyanosis or erratic respirations, abnormal bleeding or loss of consciousness.

C. Professional interface between midwifery care and pediatric care providers

To assist the professional interface between the professional midwife and the pediatric care provider chosen by the parent, some form of neonatal record should be provided to the parents. Exactly how this is accomplished is at the discretion of each midwife.

While copying the neonatal chart would be ideal, most homes do not have access to photocopying equipment or live in close proximity to a 24-hour Kinko's. A convenient alternative is a one page synoptic record of newborn care that can be left with the parents at the time of the birth. This permits them to carry a brief neonatal record with them to the baby's first pediatric appointment or to provide a record to paramedics should emergency medical care be required.

An example of this type of document is the "Nativity Card" distributed by the American College of Community Midwives (ACCM). Other examples are booklet-type medical records commonly carried by European and Japanese citizens.

Ideally this type of newborn record should provide the name and phone number of the midwife, parents name and address, elemental information on the mother's health history, diagnostic tests during pregnancy, GBS status, time of ROM, the length of the labor, circumstance of the birth, any interventions required, Apgars, immediate neonatal care as rendered by the midwives, finding of the newborn exam, (including weight and other measurements), whether Vitamin K and eye prophylaxis were administered and relevant information from any of the subsequent house calls during the immediately postpartum/postnatal period.