



SPANISH ASSOCIATION OF PAEDIATRICS

Recommendations for the unequivocal identification of the newborn[☆]



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Abstract Newborn identification is a legal right recognised by international and national laws. Moreover, improving the accuracy of correct patient identification is an important goal of patient safety solutions programmes. In this article, the Standards Committee of the Spanish Society of Neonatology establishes recommendations to ensure correct identification of the newborn whilst in hospital. Currently, the most reliable method of identification of the newborn is the combination of identification cord clamp and bracelets (mother bracelet, newborn bracelet and cord clamp with the same number and identical and exclusive barcode system for each newborn) and the collection of maternal and umbilical cord blood samples (for DNA testing only for identification purposes).

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PALABRAS CLAVE

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Recomendaciones para la identificación inequívoca del recién nacido

Resumen La identificación del recién nacido es un derecho reconocido, tanto a nivel internacional como nacional, y la correcta identificación del paciente constituye una prioridad dentro de las políticas de mejora de la seguridad de la asistencia sanitaria. En este documento el Comité de Estándares de la Sociedad Española de Neonatología recoge las recomendaciones para garantizar la identificación inequívoca del recién nacido durante su estancia hospitalaria. La combinación del codificador neonatal (pulsera de la madre y pulsera del recién nacido y pinza de cordón con un mismo número y con un código de barras idéntico y exclusivo para cada recién nacido), junto con la recogida de una muestra de sangre materna y otra de sangre del cordón umbilical (para análisis de ADN en caso exclusivamente de duda de identidad) es actualmente el método más fiable de identificación del recién nacido.

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In recent years, newborn identification has improved with the routine use of identification bands from the time of birth, avoiding the separation of mother and child during their hospital stay, and the creation of a health record for all newborns as opposed to only newborns that require hospital admission. Nevertheless, certain clinical circumstances may require the separation of mother and child after birth. Thus, despite the advances made for the correct identification of newborns, there is still a chance, however small, for the identity of a newborn to be uncertain or mistaken.

The purpose of the Standards Committee of the Sociedad Española de Neonatología (Spanish Society of Neonatology) in publishing this document was to establish, on the basis of current law and the available scientific evidence, guidelines for the unequivocal identification of newborns during their hospital stay, and to make the identification process homogeneous throughout Spain to avoid inconsistencies between different institutions and autonomous communities.

Newborn identification is a right recognised at both the national and international levels. Thus, article 7 of the Convention on the Rights of the Child (November 20, 1989) stipulated that every child has the right to a name and to acquire a nationality from birth, while article 8 specified that state parties were obligated to protect and, if necessary, re-establish the identity of a child, if the child had been partially or fully deprived of it.¹ In Spanish law, under the 1996 Organic Law on the Legal Protection of Minors, children are entitled to the rights recognised by the constitution and any international treaties in which Spain partakes.² More recently, the 2015 Law on Measures of Administrative Reform in the Field of the Administration of Justice and the Civil Registry underscored "certainty in the identification of newborns and the establishment beyond any doubt of the relationship between mother and child through the performance, when applicable, of the necessary medical, biometric and laboratory tests".³ In this regard, each autonomous community has developed regional legislation to guarantee the rights of children, including the right to be identified at birth.

On the other hand, the World Health Organisation has established the correct identification of patients as a priority

in the context of policies designed to improve health care safety. Based on the strategies proposed by the World Health Organisation, health care organisations should have systems in place that emphasise the primary responsibility of health care workers to check the identity of patients, promote the use of at least 2 identifiers to verify a patient's identity, and standardise the approaches to patient identification among different facilities within a health care system.⁴

Thus, health care professionals employed in hospitals with a maternity ward are responsible for guaranteeing this right.

An appropriate newborn identification system should fulfil the following requisites:

- Implementation at birth, in the delivery room or operating theatre, before mother and child are ever separated.
- Non-interference with mother-child bonding.
- Verification of the positive match between mother and newborn at birth, throughout the hospital stay and at discharge.
- Permanence.
- Reliability.
- Rapid resolution of doubts regarding identity.

There are different means for identification, and those used most commonly are fingerprints or footprints, identification (ID) bands, biometrics and DNA analysis.

The limitations of fingerprints and footprints are well known, since the prints obtained by health care staff not trained in this skill are of low quality, and over 70% of them are not good enough to serve as the sole means of identification.⁵⁻⁷ In fact, the American Academy of Pediatrics has been advising against the routine use of footprints and fingerprints alone for patient identification.⁸ Furthermore, in some instances fingerprinting or footprinting must be postponed due to the medical condition of the patient, which carries a risk of error.

One of the most frequently used methods is the fastening of tamper-resistant ID bands bearing the name of the mother, hour of birth and sex of the newborn around the wrist of the mother and the ankle of the newborn.

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