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Criteria for hospital discharge of the healthy term newborn after delivery☆

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Abstract Criteria for newborn hospital discharge have to include physiological stability and family competence to provide newborn care at home. In this document, the Committee of Standards of the Spanish Society of Neonatology reviews the minimum criteria to be met before hospital discharge of a term newborn infant. We include a review of hospital discharge criteria for the late preterm infants, as these infants are often not hospitalised and remain with their mother after birth. A shortened hospital stay (less than 48 h after delivery) for healthy term newborns can be considered, but it is not appropriate for every mother and newborn. Newborn infants discharged before 48 h of age, should be examined within 3–4 days of life.

PALABRAS CLAVE
Recién nacido;
Alta;
Alta neonatal precoz

Criterios de alta hospitalaria del recién nacido a término sano tras el parto

Resumen Los criterios para el alta de un recién nacido deben incluir la estabilidad fisiológica y la competencia de la familia para proporcionar los cuidados al recién nacido en el domicilio.

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En este documento, el Comité de Estándares de la Sociedad Española de Neonatología revisa los criterios de mínimos que se deben dar antes del alta de un recién nacido a término. Se incluye una revisión de los criterios de alta en el caso de recién nacidos prematuros tardíos, debido a que estos recién nacidos frecuentemente no son hospitalizados y permanecen con sus madres tras el nacimiento. Se puede considerar, en recién nacidos a término sanos, una estancia hospitalaria reducida (menor a 48 h tras el nacimiento), pero esta no es apropiada para todas las madres y todos los recién nacidos. Aquellos recién nacidos dados de alta antes de las 48 h del nacimiento deben ser evaluados entre el tercer y el cuarto día de vida.

Introduction

The hospital stay of the mother and newborn must be long enough to allow the identification of problems and guarantee that the mother is recovered and prepared enough to care for herself and the newborn at home. Cardiopulmonary problems related to the transition from the intrauterine to the extrauterine environment usually become apparent within 12 h from birth. However, other problems such as jaundice, ductal-related cardiac lesions, gastrointestinal obstruction, etc., may require a longer period of observation.[1] The length of stay of the mother–infant dyad after delivery has progressively decreased in the past few decades.[2] At present, the usual length of stay for healthy newborns in Spain is of at least 48 h for vaginal deliveries and 72–96 h for caesarean deliveries. This practice is recommended, as in general, existing diseases may manifest during this period, while it also allows for a more accurate assessment of initial feedings and bowel movements and for the time to provide the care and recommendations needed for transitioning to the care of the newborn at home.[3]

The criteria for NB discharge must include physiologic stability, family preparedness and competence to provide adequate care for the NB at home, and guaranteed access to the health care system and resources. An inadequate assessment in any of these areas prior to discharge can put the NB at increased risk and may result in readmission. Several epidemiological studies have used readmission rates to assess the adequacy of the NB hospital length of stay. However, they have reported readmissions after an early discharge ranging from no increase to a significant increase.[2,4,5] These studies consistently identified jaundice, dehydration, feeding difficulties and infection as the most common reason for readmission.[6,7] Other frequently reported risk factors for readmission are primiparity, maternal comorbidity, shorter gestation, lower birth weight, assisted delivery and small size for gestational age.[1]

Readiness for discharge. Perceptions of readiness or unreadiness of the family often differ among paediatricians, midwives, and the mothers themselves. Factors associated with perceptions of unreadiness for newborn discharge include first live birth, maternal history of chronic disease or illness after birth, neonatal illness in the early hours post birth, feeding difficulty, history of inadequate prenatal care and poor social support. In light of this, the American Academy of Paediatrics has recommended the use of checklists that can aid clinicians with the preparation of a newborn for discharge.[1,8] The toolkit proposed by the American Academy of Paediatrics mainly focuses on the risk of severe hyperbilirubinaemia, access to breastfeeding support, and coordination of care to improve care for newborns following discharge.

All efforts should be made to keep mothers and newborns together to promote simultaneous discharge.

In this review, we analysed the criteria for the discharge of healthy term newborns, as well as specific criteria for late preterm newborns, who at present often do not require admission to inpatient care and can remain with their mothers. Furthermore, we will analyse the requisites that must be fulfilled for the safe early discharge of newborns.

The grade for recommendations was based on the criteria established by the Canadian Task Force on Preventive Health Care (Table 1).[9]

Table 1 Grade for recommendations for specific clinical preventive action.

A	There is good evidence to recommend the clinical preventive action
B	There is fair evidence to recommend the clinical preventive action
C	The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making
D	There is fair evidence to recommend against the clinical preventive action
E	There is good evidence to recommend against the clinical preventive action
I	There is insufficient evidence to make a recommendation; however, other factors may influence decision-making

Source: Canadian Task Force on Preventive Health Care.[9]