

ATTACHMENT AND DETACHMENT OF IDENTIFICATION LABELS FOR THE NEWBORN	CLINICAL GUIDELINES Register No: 04216 Status: Public
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CQC Fundamental Standards:	11, 12

Consulted with:	Post/Committee/Group:	Date:
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Related Trust Policies (to be read in conjunction with)	04071 Standard Infection Prevention 04072 Hand Hygiene 06036 Guideline for Maternity Record Keeping including Documentation in Handheld Records 04225 Examination of the Newborn 09127 Routine Postnatal Care for Mothers and Babies 04266 Prevention of Abduction from Maternity

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1.0	Julie Bishop	October 2005
2.0	Emma Footman	September 2008
3.0	Linda Anselmi	July 2012
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1.0 Purpose

- 1.1 To ensure all newborn infants within the department are labelled for identification.
- 1.2 To identify the infant with its mother.
- 1.3 To ensure identification of the infant is apparent until discharged home from the maternity department

2.0 Equality and Diversity

- 2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

3.0 The Procedure

- 3.1 Following delivery of the newborn infant, two identification labels should be attached to the baby to ensure the correct identification of the infant.
- 3.2 The labels should contain the following information:
 - Sex of baby
 - First name and surname of mother
 - Baby's date and time of birth
 - Mother's identification number

i.e. Male Infant of Jane Smith; A12345; DOB 01/06/08 @ 1300hours
- 3.3 Both completed labels should be checked with the mother or father of the infant, to ensure details are the same as the mother, in case mother and baby are separated at anytime.
- 3.4 The labels should be placed on each ankle where they are less likely to become detached.
- 3.5 On warding on the Postnatal Ward both identification labels should be checked to ensure that they are present and also to verify that the baby has been labelled correctly with the mother's details.
- 3.5 Two identification labels should remain on the infant until discharged from hospital.
- 3.6 The infant must leave hospital wearing identification labels to ensure the correct baby is discharged with the correct mother.
- 3.7 As part of the daily postnatal check on the infant in hospital it should be identified that two identification labels are attached on the baby's ankles and if they are not then this needs to be addressed.

4.0 Detachment of Labels

- 4.1 If labels become detached at any time they must be replaced.
- 4.2 If only one label is detached then a new label should be completed matching the details of the other label already in place.
- 4.3 Before attaching any new labels, check the details with the mother and then attach accordingly.
- 4.4 If two labels are detached then all the other babies on the ward need to be correctly identified by their labels. This procedure can be conducted by a midwife and an MCA to ensure the correct baby is with the correct mother.
- 4.5 If all the babies on the ward are correctly labelled, then two new labels should be completed and the details checked with the mother before attaching securely to ensure the correct baby is with the correct mother.

5.0 Staffing and Training

- 5.1 All midwifery and obstetric staff are to ensure that their knowledge and skills are up to date in order to complete their portfolio for appraisal.
- 5.2 The midwife has a responsibility to ensure that during the immediate examination of the newborn, two identification labels (that have been checked by the parents) have been attached securely to the newborn infant's ankles following delivery.
- 5.3 All midwives, maternity care assistants (MCA's) and student midwives (supervised by their midwives) should be checking at the daily postnatal infant examination that two labels are correctly attached and labelled.

6.0 Infection Prevention

- 6.1 All staff should follow Trust guidelines on infection prevention by ensuring that they effectively 'decontaminate their hands' before and after each procedure.

7.0 Audit and Monitoring

- 7.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy (register number 08076), the Corporate Clinical Audit and Quality Improvement Project Plan and the Maternity annual audit work plan; to encompass national and local audit and clinical governance identifying key harm themes. The Women's and Children's Clinical Audit Group will identify a lead for the audit.
- 7.2 The findings of the audit will be reported to and approved by the Multi-disciplinary Risk Management Group (MRMG) and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.
- 7.3 The audit report will be reported to the monthly Directorate Governance Meeting (DGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.

- 7.4 Key findings and learning points from the audit will be submitted to the Patient Safety Group within the integrated learning report.
- 7.5 Key findings and learning points will be disseminated to relevant staff.

8.0 Guideline Management

- 8.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.
- 8.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.
- 8.3 Guideline monitors have been nominated to each clinical area to ensure a system whereby obsolete guidelines are archived and newly approved guidelines are now downloaded from the intranet and filed appropriately in the guideline folders. 'Spot checks' are performed on all clinical guidelines quarterly.
- 8.4 Quarterly Clinical Practices group meetings are held to discuss 'guidelines'. During this meeting the practice development midwife can highlight any areas for future training needs will be met using methods such as 'workshops' or to be included in future 'skills and drills' mandatory training sessions.

9.0 Communication

- 9.1 A quarterly 'maternity newsletter' is issued to all staff to highlight key changes in clinical practice to include a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly. Midwives that are on maternity leave or 'bank' staff have letters sent to their home address to update them on current clinical changes.
- 9.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.
- 9.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.
- 9.4 Regular memos are posted on the guideline and audit notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

10.0 References

Macdonald, S., Magill-Cuerden, J. (2011) *The Newborn Baby: Physiology, Assessment and Care; Mayes Midwifery*; 14th ed. Balliere Tindall: London.

Fraser, D; Cooper, M. (2009) *The Newborn Baby; Myles Textbook for Midwives*. Churchill Livingstone: London.