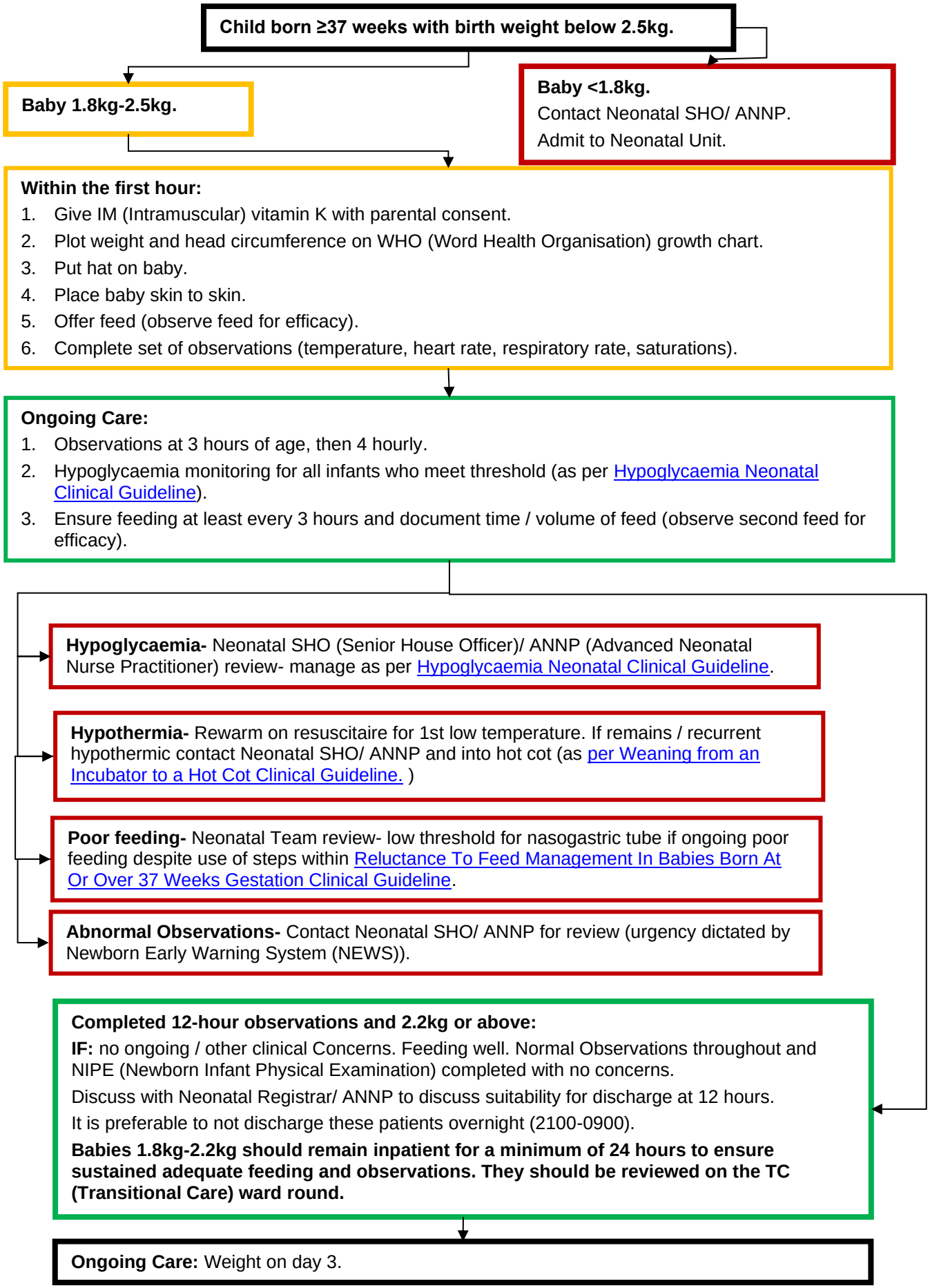
Royal Cornwall Hospitals
NHS Trust

Birth Weight Less Than 2.5kg (Neonates) Standard Operating Procedure

V2.0

January 2025


Child born ≥37 weeks with birth weight below 2.5kg.
Baby 1.8kg-2.5kg.
Baby <1.8kg.
Contact Neonatal SHO/ ANNP.
Admit to Neonatal Unit.
Within the first hour:
1. Give IM (Intramuscular) vitamin K with parental consent.
2. Plot weight and head circumference on WHO (Word Health Organisation) growth chart.
3. Put hat on baby.
4. Place baby skin to skin.
5. Offer feed (observe feed for efficacy).
6. Complete set of observations (temperature, heart rate, respiratory rate, saturations).
Ongoing Care:
1. Observations at 3 hours of age, then 4 hourly.
2. Hypoglycaemia monitoring for all infants who meet threshold (as per Hypoglycaemia Neonatal Clinical Guideline).
3. Ensure feeding at least every 3 hours and document time / volume of feed (observe second feed for efficacy).
Hypoglycaemia- Neonatal SHO (Senior House Officer)/ ANNP (Advanced Neonatal Nurse Practitioner) review- manage as per Hypoglycaemia Neonatal Clinical Guideline.
Hypothermia- Rewarm on resuscitaire for 1st low temperature. If remains / recurrent hypothermic contact Neonatal SHO/ ANNP and into hot cot (as per Weaning from an Incubator to a Hot Cot Clinical Guideline.)
Poor feeding- Neonatal Team review- low threshold for nasogastric tube if ongoing poor feeding despite use of steps within Reluctance To Feed Management In Babies Born At Or Over 37 Weeks Gestation Clinical Guideline.
Abnormal Observations- Contact Neonatal SHO/ ANNP for review (urgency dictated by Newborn Early Warning System (NEWS)).
Completed 12-hour observations and 2.2kg or above:
IF: no ongoing / other clinical Concerns. Feeding well. Normal Observations throughout and NIPE (Newborn Infant Physical Examination) completed with no concerns.
Discuss with Neonatal Registrar/ ANNP to discuss suitability for discharge at 12 hours.
It is preferable to not discharge these patients overnight (2100-0900).
Babies 1.8kg-2.2kg should remain inpatient for a minimum of 24 hours to ensure sustained adequate feeding and observations. They should be reviewed on the TC (Transitional Care) ward round.
Ongoing Care: Weight on day 3.

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. To provide guidance for the immediate care of newborn infants born at or after 37+0 weeks but weighing less than 2.5 Kg, for all clinical staff working in the Care Group of Women, Children and HIV where the Trust supports them in this role.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

Newborn infants at term gestation usually require no more than adequate drying, a clear airway and warmth to support adaptation to extra uterine life. However, infants born at less than 2.5kg are recognised as at increased risk of poor perinatal adaptation. Therefore, these infants require additional care after birth.

3. Ownership and Responsibilities

3.1. Role of the Managers

Line managers are responsible for:

- Ensuring SOP disseminated to applicable staff and compliance with guidance.

3.2. Role of Individual Staff

All staff members are responsible for:

- Adhering to the SOP within their own sphere of practice.

4. Standards and Practice

4.1. Rationale

Rationale for extra care provided for term infants born below 2.5kg is to ensure safe transition following birth until discharge. This will take into consideration the potential increased risk applicable to this patient group.

4.2. Actions

- Midwifery team to identify to Neonatal Team at time of birth all infants born below 2.5kg and commence care as per SOP.
- Babies <1.8kg should be admitted to the neonatal unit.
- Weight and head circumference plotted on appropriate gender WHO growth charts.
- Give vitamin K with parental consent.
- Minimum of 12 hours of NEWS (Newborn Early Warning Score) observations, first set of observations within 1 hour of birth and then at 3

hours of age. Subsequent observations can be 4 hourly.

- If there are any clinical concerns, abnormal observations, concerns about poor feeding or temperature control then discuss with neonatal team.
- The frequency and duration of observations may change based on NNU medical review.
- Temperature management. Ensure hat applied and normothermic temperature maintained and documented in infant record at 36.6- 37.4ºc. Follow hot cot guideline if <36.5ºc despite rewarming on resuscitaire and changes in environmental factors. Infants unable to maintain normothermia MUST be discussed with the Neonatal team.
- Allow baby to remain in warm contact with mother to optimise early breastfeeding as per Baby Friendly Initiative (BFI) standard, RCH Infant Feeding Policy, and RCH Hypoglycaemia Neonatal Clinical Guideline or offer milk feed of mother's choice within first hour of life.
- Regular feeds at a minimum of 3 hourly intervals thereafter should be offered and recorded in the infant record. The first 2 feeds should be observed to ensure optimal nutritional intake.
- Babies <1.8kg should be commenced on Nutriprem 1 if not breast feeding or EBM (expressed breastmilk) available. Babies <1.8kg commenced on Nutriprem 1 should be referred to the Neonatal Dietitian.
- Hypoglycaemia- check weight against Hypoglycaemia Neonatal Clinical Guideline to identify infants requiring blood glucose monitoring.
- NIPE should be performed prior to discharge home by any trained NIPE Practitioner.
- A day 3 weight should be scheduled prior to discharge if not remaining an inpatient.
- Prior to discharge infants born at less than 2.5kg should be discussed with an ANNP or Neonatal Registrar.
- Babies born below 2.2kg should remain inpatient for a minimum of 24 hours and be reviewed as part of the TC ward round.
- Babies 2.2kg- 2.5kg can be discharged if there are no ongoing medical concerns, they have had normal observations, a NIPE has been performed and they have demonstrated sustained good feeding. If there are clinical or feeding concerns preventing discharge, they should have a documented medical review and plan.

5. Dissemination and Implementation

5.1. The document will be available on the RCHT guidelines website.

5.2. It will be shared with staff in maternity and neonatology upon approval via patient

safety updates.

5.3. Implementation will be audited, and any non-compliance reported via the Trust Datix process.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with policy/ key changes to practice.
Lead	Neonatal Guidelines Lead.
Tool	Adherence to guidelines will be monitored as part of the ongoing audit process on a Word or Excel template.
Frequency	As dictated by audit findings.
Reporting arrangements	Neonatal Audit and Guidelines Group.
Acting on recommendations and Lead(s)	Neonatal Unit.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months, immediately if required. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant staff/ stakeholders.

7. Updating and Review

This document will be reviewed every 3 years, unless changes to practice are identified. Changes will be actioned within 3 months, immediately if required. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant staff/ stakeholders.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Birth Weight Less Than 2.5kg (Neonates) Standard Operating Procedure V2.0.
This document replaces (exact title of previous version):	Birth Weight Less Than 2.5kg (Neonates) Standard Operating Procedure V1.0.
Date Issued / Approved:	January 2025.
Date Valid From:	January 2025.
Date Valid To:	January 2028.
Author / Owner:	Jess Milling; Neonatal Nurse.
Contact details:	01872 252667.
Brief summary of contents:	To provide guidance for the immediate care of newborn infants born at or after 37 + 0 weeks but weighing less than 2.5kg.
Suggested Keywords:	<2.5kg, low birth weight, less than 2.5kg.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Neonatal Audit and Guidelines Group.
Manager confirming approval processes:	Caroline Chappell.
Name of Governance Lead confirming consultation and ratification:	Tamara Thirlby.
Links to key external standards:	None required.
Related Documents:	None required.
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.

Information Category	Detailed Information
Document Library Folder/Sub Folder:	Clinical/ Newborn Care.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
May 2021	V1.0	Initial issue.	Jess Milling; Neonatal Nurse.
January 2025	V2.0	Full review and update to new Trust format. Section 4.2 updated regarding notification of neonatal team, commencing babies <1.8kg on Nutriprem and ensuring NIPE prior to discharge.	Jess Milling; Neonatal Nurse.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Birth Weight Less Than 2.5kg (Neonates) Standard operating Procedure V2.0.
Department and Service Area:	Neonatal.
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Neonatal Audit and Guidelines Group.
Contact details:	01872 252667.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Neonatal and Midwifery staff (delivery suite and postnatal) involved in the care of infants <2.5kg.
2. Policy Objectives	Ensure patient at higher risk of poor perinatal adaptation due to low birth weight have appropriate observations, care and escalation.
3. Policy Intended Outcomes	To improve the well-being of patients by offering the appropriate management of patients.
4. How will you measure each outcome?	Audit/ multidisciplinary team weekly discussion/ incidents/ risk management.
5. Who is intended to benefit from the policy?	Neonates.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Neonatal Audit and Guidelines Group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/ carer/ patient's needs- i.e., available in different languages if required/ access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/ carer/ patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison Team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Neonatal Audit and Guidelines Group.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis