



**DENVER HEALTH
MEDICAL PLAN INC.**



**DENVER HEALTH
MEDICAID CHOICE**

CLINICAL PRACTICE GUIDELINE

Guideline Number: DHMP_CHOICE_PG1004

Effective Date: 8/28/2020

Guideline Subject: Care of the Well Newborn

Revision Date: 8/28/2021

Pages: 1 of 3

Quality Management Committee Chair

Date

9/23/2020

I. PURPOSE:

To define the expected standards of inpatient and outpatient care for well newborns, from birth to 30 days of age, covered by any of the Denver Health Medical Plans.

If a child comes under care for the first time at any point on the Bright Futures schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.

II. POPULATION:

All infants, from birth through the first 30 days of life, covered by Denver Health Medical Plan, including Denver Health Medicaid Choice.

Care for the well-newborn immediately after birth is to be structured according to current inpatient hospital policy and nationally recognized/evidence based guidelines of care. Relevant Denver Health policies and guidelines are listed as references to this document.

III. GUIDELINE:

A. Evaluation:

1. Newborns should have an evaluation within 3-5 days of birth; and within 48-72 hours after discharge from the hospital.
2. The newborn will be evaluated by a provider within 24 hours of birth.
3. Evaluation should include an evaluation for feeding and jaundice.
4. Breastfeeding is encouraged. Instruction and support should be offered. Breastfeeding newborns should receive a formal breastfeeding evaluation and mothers should receive encouragement and instruction.
5. Re-emphasize and support elements of quality postnatal care for mother and newborn, including identifications of issues, referrals, and follow-up.
6. Vitamin K within 1 hour of birth, to prevent hemolytic disease of the newborn.
7. Vitamin D within the first few weeks of life for breastfed infants.
8. Immunizations: in accordance with the ACIP Recommended Immunization Schedules.
9. Umbilical cord care to prevent infection.

B. History and Physical Examination as per Bright Futures

1. Developmental surveillance is recommended at all Well Visits

C. Screening:

1. Newborn Hearing Screen (per USPSTF recommendations)
 - Universal screening for hearing loss is recommended within the first week (3-5 days) to detect infants with hearing loss and is legally mandated per Denver Health Policy: Automated Otoacoustic Emission Screening for Newborns, Denver Health Clinical Care Resource Guideline, PolicyStat ID 1784172
2. Pulse oximeter use within 24-48 hours of birth to screen for congenital heart disease
3. Newborn metabolic screenings near birth and at ≥ 8 days of life as per the State of Colorado guidelines.

D. Education and Anticipatory Guidance:

NOTE:

This guideline is designed to assist providers by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition.



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1. Benefits of breastfeeding, provide support and follow-up
 2. Relevant topics include: Environmental tobacco and marijuana exposure, maternal /paternal depression, the Bright Futures periodicity schedule, injury prevention, nutrition, positioning the infant, appropriate urination/stooling, care of umbilical cord/skin/genital care, recognition of warning signs, infant safety, hand hygiene, sleep positioning, Sudden Infant Death Syndrome (SIDS) prevention, jaundice and hyper-bilirubinemia.
 3. Denver Health encourages participation of family in care. It is recommended that both parents/primary caregivers attend well child checks as possible.
 4. Denver Health utilizes the Bright Futures Guideline and handouts for preventive care. Bright Futures is a “national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported by the Maternal and Child Bureau, Health Resources and Services Administration. The Bright Futures guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits.” Bright Futures content is accepted by NCQA for meeting HEDIS standards of care. Access to all Bright Futures content, materials & tools, and information can be found at <https://brightfutures.aap.org/Pages/default.aspx>
- E. Homebirths: (Homebirths are not supported by the Plan as it exposes the mother and newborn to risk.)
1. The World Health Organization recommends the first postnatal contact should be as early as possible within 24 hours of birth.
 2. Evaluation should be completed by a qualified clinician with knowledge of pediatric care, within 24 hours of birth and again within 48 hours of that evaluation.
 3. Additional assessments and interventions may be necessary for home birth newborns due to no hospitalization stay. The home birthed newborn should be evaluated and a plan of care will be formulated by the provider to meet the needs of the newborn.
- F. Breastfeeding:
1. Denver Health observes the current recommendation that babies should be exclusively breastfed from birth until six months of age and can be continued for as long as mother and baby desire it. Mothers will be counseled and provided support for exclusive breastfeeding at each postnatal contact where applicable. The recommendation is for Mothers to provide exclusive breast feeding from birth to 6 months and continued thereafter as complementary foods are introduced.
 2. The Denver Health Guideline: Breast-feeding the Healthy Term AGA Infant (PolicyStat ID 2034035) provides the framework for support and promotion of breastfeeding as applicable to Denver Health Ambulatory Care Clinics.

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IV. ATTACHMENTS:

Attachment A – Bright Futures Schedule, 2020

V. REFERENCES:

AAFP Breastfeeding Advisory Committee. (2014). *Breastfeeding Support Paper*. AAFP.

American Academy of Pediatrics. (2020 Bright Futures: Prevention and Health Promotion for Infants, Children, Adolescents and their Families. Elk Grove Village, Illinois, United States.)

Bright Futures/AAP. (2020. Recommendations for Preventive Pediatric Health Care.

Kirsti L. Watterberg, M. (2013, May). Planned Home Birth. *American Academy of Pediatrics*, 131(5).

Shakib, J., Buchi, K., Smith, E., Korgenski, K., & Young, P. (2015, March). Timing of initial well-child visits and readmissions of newborns. *Pediatrics*, 135(3), 469-74.

American Academy of Pediatrics. Healthy Children.org (2020)

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