



CLINICAL PRACTICE GUIDELINE

Guideline Number: DHMP_CHOICE_PG1004

Effective Date: 11/1/2021

Guideline Subject: Care of the Well Newborn

Revision Date: 11/1/2022

Pages: 1 of 3

Gregg Kamas
Quality Management Committee Chair

10/1/2021
Date

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. The newborn will be evaluated by a provider within 24 hours of birth and within 24 hours prior to discharge for prolonged hospital stays (UpToDate, July 2021). Ongoing evaluations and routine procedures should include:
 - a. A thorough physical evaluation should look for any anomalies, birth injuries, jaundice, sepsis risk and cardiopulmonary disorder, as well as a family and prenatal history (Uptodate, June 2021).
 - b. Prophylactic eye care
 - c. Vitamin K within 1 hour of birth, to prevent hemolytic disease of the newborn.
 - d. Umbilical cord care to prevent infection
 - e. Monitoring for hyperbilirubinemia and hypoglycemia
 - f. Newborn screening
 - g. Evaluation of feedings
2. Newborns should have an evaluation within 3-5 days of birth; and within 48-72 hours after discharge from the hospital.
3. Breastfeeding is encouraged. Instruction and support should be offered. Breastfeeding newborns should receive a formal breastfeeding evaluation and mothers should receive encouragement and instruction.
4. Re-emphasize and support elements of quality postnatal care for mother and newborn, including identifications of issues, referrals, and follow-up.
5. Vitamin D within the first few weeks of life for breastfed infants.
6. Immunizations: in accordance with the ACIP Recommended Immunization Schedules.
7. .

B. History and Physical Examination as per Bright Futures

1. Developmental surveillance is recommended at all Well Visits

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 clinicians judgment or to establish a protocol for all patients with a particular condition.



CLINICAL PRACTICE GUIDELINE

Guideline Number: DHMP_CHOICE_PG1004

Effective Date: 11/1/2021

Guideline Subject: Care of the Well Newborn

Revision Date: 11/1/2022

Pages: 2 of 3

Quality Management Committee Chair

Date

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:

1. Benefits of breastfeeding, provide support and follow-up
2. Appropriate frequency of urination and stooling including normal and abnormal appearance.
3. Care of the umbilical cord, skin and genital area.
4. Signs and symptoms of common neonatal illnesses
5. Safety, including proper sleeping and car seat safety (UpToDate, 2021)
6. 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.
7. Denver Health encourages participation of family in care. It is recommended that both parents/primary caregivers attend well child checks as possible.

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.

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.



CLINICAL PRACTICE GUIDELINE

Guideline Number: DHMP_CHOICE_PG1004

Effective Date: 11/1/2021

Guideline Subject: Care of the Well Newborn

Revision Date: 11/1/2022

Pages: 3 of 3

Quality Management Committee Chair

Date

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.

The Denver Health Guideline: Breast-feeding the Healthy Term AGA Infant (PolicyStat ID 9892521) provides the framework for support and promotion of breastfeeding as applicable to Denver Health Ambulatory Care Clinics.

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)

McKee-Garrett, Tiffany. (2021, June). Overview of the routine management of the healthy newborn infant. *UpToDate*.
<https://www.uptodate.com/contents/overview-of-the-routine-management-of-the-healthy-newborn-infant>

McKee-Garrett, Tiffany. (2021, July). Assessment of the newborn infant. *UpToDate*.

https://www.uptodate.com/contents/assessment-of-the-newborn-infant?topicRef=5068&source=see_link

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.



Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may

require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive

AGE	INFANCY								EARLY CHILDHOOD						
	Prenatal	Newborn	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY															
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS															
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•			
Weight for length		•	•	•	•	•	•	•	•	•	•				
Body Mass Index												•	•	•	•
Blood Pressure		★	★	★	★	★	★	★	★	★	★	★	★	•	•
SENSORY SCREENING															
Vision		★	★	★	★	★	★	★	★	★	★	★	★	•	•
Hearing		•	•	→	→	★	★	★	★	★	★	★	★	★	•
DEVELOPMENTAL/BEHAVIORAL HEALTH															
Developmental Screening								•					•		
Autism Spectrum Disorder Screening												•	•		
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment															
Depression Screening															
Maternal Depression Screening				•	•	•	•								
PHYSICAL EXAMINATION		•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES															
Newborn Blood		•	•	→	→										
Newborn Bilirubin		•													
Critical Congenital Heart Defect		•													
Immunization		•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia						★				★	★	★	★	★	★
Lead							★	★	• or ★			• or ★		★	★
Tuberculosis				★			★		★			★			★
Dyslipidemia												★			★
Sexually Transmitted Infections															
HIV															
Cervical Dysplasia															
ORAL HEALTH							•	•	★		★	★	★	★	★
Fluoride Varnish											•				
Fluoride Supplementation							★	★	★		★	★	★	★	★
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

KEY: • = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← • → = range during which a service may be provided

For more information and updates visit www.aap.org/periodicityschedule.



Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics (Cont'd)

health supervision and the need to avoid fragmentation of care Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017)

The recommendations in this statement do not indicate an exclusive course of treatment or standard of

medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright© 2017 by the American Academy of Pediatrics, updated February 2017.

No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

AGE	MIDDLE CHILDHOOD						ADOLESCENCE											
	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
HISTORY																		
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MEASUREMENTS																		
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Head Circumference																		
Weight for length																		
Body Mass Index	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Pressure	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
SENSORY SCREENING																		
Vision	•	•	★	•	★	•	★	•	★	★	•	★	★	★	★	★	★	
Hearing	•	•	★	•	★	•	←	•	→	←	•	→	←	•	→	←	•	→
DEVELOPMENTAL/BEHAVIORAL HEALTH																		
Developmental Screening																		
Autism Spectrum Disorder Screening																		
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tobacco, Alcohol, or Drug Use Assessment							★	★	★	★	★	★	★	★	★	★	★	
Depression Screening								•	•	•	•	•	•	•	•	•	•	
Maternal Depression Screening																		
PHYSICAL EXAMINATION	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
PROCEDURES																		
Newborn Blood																		
Newborn Bilirubin																		
Critical Congenital Heart Defect																		
Immunization	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Anemia	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead	★	★																
Tuberculosis	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Dyslipidemia		★		★	←	•	→	★	★	★	★	★	★	★	★	★	★	
Sexually Transmitted Infections	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
HIV							★	★	★	★	←	•	→	★	★	★		
Cervical Dysplasia																	•	
ORAL HEALTH	★	★																
Fluoride Varnish	→																	
Fluoride Supplementation	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

KEY: • = to be performed ★ risk assessment to be performed with appropriate action to follow, if positive ← • → = range during which a service may be provided

For more information and updates visit www.aap.org/periodicityschedule.

