



Neonatal Special Referrals to Child Health Services Policy

1. Background

WA Country Health Service (WACHS) is committed to ensuring the seamless transition of care between maternity and child health services. Good communication and continuity of care is important across the neonatal period to optimise the health and development of infants by providing quality and timely support to new parents.

Care transition and continuity is important for all infants and new parents, as recognised in s.335 of the *Health (Miscellaneous Provisions) Act 1911* which requires midwives to furnish the Maternal and Child Health Unit with a report of every case (birth) attended, in writing, within 48 hours of a birth. In turn, community child health staff offer home visits within 14 days of birth to commence services that focus on responsive parenting for optimal child development and wellbeing, and early identification of health developmental concerns.

It is critical that vulnerable neonates are identified and referred to child health services as early as possible to be prioritised for proactive care and support. Neonatal Special Referrals from maternity services to child health services are initiated for this purpose. Neonatal Special Referrals may be initiated at any time prior to discharge from hospital when infant or family risk factors are identified.

2. Policy Statement

This policy defines the roles and responsibilities of staff working across maternity, neonatal and child health services in relation to Neonatal Special Referrals to Child Health Services (Neonatal Special Referrals), to facilitate timely and effective transfer of information for families with known risk factors for the newborn or family.

The Neonatal Special Referral complements clinical judgement to assess the circumstances and needs of mother, family or infant, and to determine if additional support from child health services may be beneficial.

3. Definitions

Notification of Case Attended form	It is a requirement under the Section 335 of the <i>Health (Miscellaneous Provisions) Act 1911</i> that the midwife in attendance at any birth complete a 'Notification of Case Attended' form.
Birth Notification	This information is derived from the Notification of Case Attended form and may be presented electronically or scanned as an attachment. It is stipulated in the <i>Health (Miscellaneous Provisions) Act 1911</i> that this must be forwarded to Department of Health Maternal and Child Health Unit within 48 hours of a birth.

Perinatal database	Collects perinatal data and enables submission of some of this data electronically as Notifications of Case Attended.
Neonatal Special Referral to Child Health Services Form	Form used to signal and prioritise families and infants with risk factors identified in the antenatal or postnatal period. The form is incorporated into the STORK perinatal database. A paper form is available to maternity and neonatal services that do not use STORK.

4. Roles and Responsibilities

Maternity service staff responsibilities:

- Midwives enter birth data into the perinatal database STORK within 48 hours of every birth.
- Maternity service staff identify unborn children and newborns at risk and who require a Neonatal Special Referral (so vulnerable families can be prioritised for child health services following discharge from hospital). Refer to [Appendix 1](#) for the list of indicators.
- Maternity staff initiate Neonatal Special Referrals via the perinatal database STORK **or** using the Neonatal Special Referral form.
- The Neonatal Special Referral is to be initiated as soon as the vulnerability and risk is identified. An expected date of discharge is to be included.
- If further risk information is identified an updated Neonatal Special Referral is to be completed and sent.
- To maintain patient confidentiality, it is recommended that paper forms are scanned and emailed using encryption, to the email address appropriate for the postcode/suburb of the mother and infant. Email is to be monitored for returns. Country regions: AreaOfficePopulationHealth.WACHS@health.wa.gov.au
Refer to [WACHS postcodes list](#) to match postcodes mapped to country regions. For Perth metropolitan, send to BirthNotificationsCDIS.CACH@health.wa.gov.au
- A copy of the Neonatal Special Referral must be printed and placed in the Correspondence section of the client's healthcare record.
- Maternity staff are to generate a WebPAS Child at Risk (CAR) Alert as per the WACHS Child At Risk Alert procedure.
- Maternity staff are to make timely referrals to the Department of Communities as per the [Guidelines for Protecting Children 2020](#).

Maternal and Child Health Unit (Department of Health) responsibilities:

- Collecting all birth notifications (public and private maternity services) and forwarding to child health services to initiate a service response for each infant.
- Monitoring and reporting on birth notifications for Western Australia.

WACHS Population Health Central Office responsibilities:

- Neonatal Special Referrals (scanned forms) for children being discharged to a WACHS region are received by Central Office into a generic email account.
- Central Office staff check the email account at least once per day and distribute the Neonatal Special Referrals to the Regional Designated Officer via the nominated regional email addresses.

Regional Population Health Directorates responsibilities:

- Each WACHS Regional Population Health Directorate will nominate a Regional Designated Officer (RDO) to undertake the role of allocating and monitoring Neonatal Special Referrals for the local child health service.
 - RDOs check the email account at least once per day for Neonatal Special Referrals and promptly distribute forms:
 - Via email (with a read receipt) to appropriate child health nurse/child health clinic
- or**
- Placed in local shared folder according to clinic location or similar in Community Health Information System (CHIS).
 - Child health nurses assess each Neonatal Special Referral, seek further information if required from the referrer, and prioritise client for contact.
 - The Neonatal Special Referrals are to be attached to the relevant child health electronic clinical record in CHIS.
 - Timely services are initiated and provided as required by the family to optimise child health, development and wellbeing.

Child Health Services responsibilities:

- Timely and coordinated service responses for each birth notification.
- Prioritised service response on receipt of a Neonatal Special Referral.
- Reporting to the WA Health Datix Clinical Incident Management those children identified during the initial child health contacts who were not the subject of a Neonatal Special Referral from the birthing hospital, but where a referral should have been made to share information about significant risk.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

This policy is a mandatory requirement under the Section 335 of the *Health (Miscellaneous Provisions) Act 1911* (Part XIII).

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

Birth notifications

The Midwifery Notification System provides a daily extract of WACHS birth notifications which the Community Health Information System (CHIS) automatically

processes. The birth notification process is then followed by the clinicians to ensure provision of services in line with WACHS policies.

Neonatal Special Referrals to Child Health

A copy of the Neonatal Special Referral must be printed and placed in the Correspondence section of the maternal healthcare record.

Upon receipt by the child health nurse, the Neonatal Special Referral is reviewed and retained as an attachment to the child health record as per CHIS guidelines.

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Monitoring and evaluation of this document is to include:

- Child Safety Officer to conduct annual evaluation of the Neonatal Special Referrals received by WACHS.
- Child Safety Officer to conduct annual analysis of WA Health Datix Clinical Incident Management reports relating to Neonatal Special Referrals.

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.15, 5.06, 5.13, 6.09.

9. Legislation

Section 335 of the [Health \(Miscellaneous Provisions\) Act 1911](#) (Part XIII)

10. References

Moore T, Arefadib N, Deery A, West S. [The First Thousand Days: An Evidence Paper](#). Centre for Community Child Health, Murdoch Children's Research Institute. 2017

Commissioner for Children and Young People WA. [Improving the Odds for WA's vulnerable children and young people](#). April 2019

11. Related Forms

CAHS [Neonatal Special Referral to Child Health Services Form](#)

12. Related Policy Documents

CAHS [Child Health Services Policy](#)

CAHS [Guidelines for Protecting Children 2020](#)

CAHS [Universal Contact Initial Interaction Guideline](#)

CAHS [Universal Contact 0 – 14 days Guideline](#)

WACHS [Child Health Clinical Handover of Vulnerable Children procedure](#)

WACHS [Enhanced Child Health Schedule Guideline](#)

WACHS [WebPAS Child at Risk Alert Procedure](#)

13. Related WA Health System Mandatory Policies

MP 0095/18 [Clinical Handover Policy](#)

14. Policy Framework

[Clinical Service Planning and Programs](#)

15. Appendix

Appendix 1: [Indicators for Neonatal Special Referral to Child Health Services](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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Appendix 1: Indicators for Neonatal Special Referral to Child Health

Parent factors

- Alcohol and/or drug abuse
- Anxiety, depression or other mental illness
- Foster care or adoption
- Child Protection involvement
- Family instability, conflict or violence
- Rejection of baby or poor attachment
- Unsupported teenage parent
- Lack of support at home and/or social isolation
- Homelessness
- Intellectual or physical disability
- Maternal morbidity e.g. post-partum haemorrhage greater than 1L, birth complications (e.g. shoulder dystocia, breech, perineal tear 3rd or 4th degree) or hospital readmission.

Infant factors

- Low birth weight
- Multiple birth
- Physical issues post birth, trauma
- Prematurity
- Weight loss >10% of birth weight
- Stillbirth or neonatal death
- Difficulties with feeding
- Birth trauma / disability
- Transfer to special care nursery
- Indeterminate gender
- Health conditions
- Hospital readmission for neonate

Home and community environment

- Exposure to smoking
- Housing in disrepair and unsafe
- Overcrowded housing
- Poor sanitation and/or lack of fresh water
- Poor access to healthy food
- Poor access to transport
- Remote community

NOTE: All WACHS clinicians are responsible for making timely referrals to the Department of Communities as per the *Guidelines for Protecting Children 2020*.