British Columbia Newborn Clinical Path (PSBC 2335)

Guide for Completion

January 2024

Perinatal Services BC
Provincial Health Services Authority

Territory Acknowledgement

We respectfully acknowledge that the document "British Columbia Newborn Clinical Path — Guide to Completion" was developed at Perinatal Services BC on the unceded, traditional and ancestral territories of the Coast Salish People, specifically the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish) and səl̓ílwətaɬ (Tsleil-waututh) Nations who have cared for and nurtured the lands and waters around us for all time. We give thanks for the opportunity to live, work and support care here.

A note on gender inclusion and the language of this document

This document uses gender inclusive language as health care providers play a critical role in creating a supportive environment that meets the needs of transgender and gender non-conforming (TGNC) people. Breast/chest feeding is traditionally understood to involve a person of the female sex and gender identity (cisgender) who also identifies as a woman and mother. However, it is important to recognize that there are people in a parenting and human-milk-feeding relationship with a child who may not self-identify as such. We encourage all health care providers to inquire with families on first consultation what language they use when referring to their pregnancy, parenting and infant feeding as well as their pronouns.

Please send feedback/suggestions on how Perinatal Services BC can improve the Newborn Clinical Path (PSBC 2335) to psbc@phsa.ca.

Suggested Citation: Perinatal Services BC. (January 2024).
British Columbia Newborn Clinical Path (PSBC 2335). Vancouver, BC.

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1. Summary of Changes

This section provides an overview of the key changes to the British Columbia (BC) Newborn Clinical Path (PSBC 2335). It presents the fields as they appear on the January 2011 (reviewed and reaffirmed May 2014) version of the record, as well as the updated fields on the 2023 version. A description of what the change is and why it was made is also provided.

Previous Version (PSBC 1593, 2011)	Revised Version (PSBC 2335, 2023)	Type of Field Change	Rationale for Change
Section 2. Safe Skin-to-skin			
N/A	Safe skin-to-skin section	Addition	Sudden unexpected postnatal collapse (SUPC) is a rare, possibly avoidable, but potentially fatal event. Increased surveillance during skin-to-skin contact in the first two hours of life may decrease the risk of SUPC. In the presence of ongoing risk factors after the first two hours of life, document safe skin-to-skin findings on the Variance Record.
Section 3. Core Physiological Observations			
Section 2	Section 3	Change	Updating section numbers
Clinical Observation	Core Physiological Observations	Section title change	The term Core Physiological Observations better represents or describes set of observations and measurements.
Graph to document temperature	Line to document temperature measurement	Change	Graph removed to provide additional space required for safe skin-to-skin surveillance.
N/A	Variances/Alerting signs legend	Addition	Variance or alerting signs added to alert the RN that newborn may require closer observation. This includes entering the ACoRN Primary Survey at sites that use the ACoRN Process.
N/A	Skin-to-skin moved to Clinical Observation Section	Change	Skin-to-skin may happen during times when the newborn is not feeding.

Previous Version (PSBC 1593, 2011)	Revised Version (PSBC 2335, 2023)	Type of Field Change	Rationale for Change
Section 4. Feeding			
Section 3	Section 4	Change	Updating section numbers
Exclusive breastfeeding	Exclusive breast/chest feeding	Change	Gender-inclusive language
N/A	Other feeds	Addition	Capture non-human milk feedings easier
Section 5. Intake and Output Summary			
Section 4	Section 5	Change	Updating section numbers
N/A	Each block represents a 12 hour shift	Addition	For ease of standardized charting
Amount EBM	Amount expressed human milk	Change	Gender-inclusive language
Amount pasteurized donor milk	Amount pasteurized human donor milk	Change	Gender-inclusive language
Amount breast milk substitute	Amount non-human milk	Change	Gender-inclusive language
Feeding and Intake Definitions and Legend			
Definitions updated to reflect gender-inclusive language and current accepted definitions.			
Method: Dropper removed to reflect current practices.			
Section 6. Newborn Assessment			
Section 5	Section 6	Change	Updating section numbers
Cord clamp removed	Cord clamp removed	Placement on page changed	Documentation regarding cord clamp removal moved to below newborn assessment section for ease of charting.
1st Newborn bath	N/A	Removed	To align with evidence-based practice and WHO recommendations that first newborn bath should be delayed for 24 hours or more.
Feeding Variances and Feeding Plans			
Examples of feeding variances and feeding plans updated to include gender-inclusive language and reflect current evidence-based practice.			

Previous Version (PSBC 1593, 2011)	Revised Version (PSBC 2335, 2023)	Type of Field Change	Rationale for Change
Section 7. Summary, Newborn Care/Caregiver Education and Anticipatory Guidance			
Section 6	Section 7	Change	Updating section numbers
1. Benefits of skin-to-skin	1. Benefits of skin-to-skin including safe skin-to-skin (SUPC)	Addition of safe skin-to-skin education	Safe skin-to-skin education to prevent SUPC
2. Breastfeeding education	2. Newborn feeding	Change	Gender-inclusive language, inclusion of non-human milk feeding, expanded list of topics.
Topics reordered to approximate order of education and for ease of charting			
9. Newborn screening	10. Newborn screening	Addition	Bilirubin and CCHD Screening added
Blood Spot Card collected	Metabolic screening	Change	Align with term used in PSBC guideline
Infant Stool Colour Card	Biliary Atresia	Change	Align with term used across PSBC/Hub documents
10. Newborn ready for hospital discharge, discharge order	N/A	Moved to Section 8: Discharge	Allows for logical work flow, including separate charting for each of discharge readiness and completion of discharge order.
Section 8. Discharge			
Section 7	Section 8	Change	Updating section numbers
N/A	Parent/caregiver phone number	Addition	Parent/caregiver phone number added for convenience of sites that sends page 3 (Section 7: Summary, Newborn Care/Caregiver Education and Anticipatory Guidance and Section 8: Discharge) to Public Health to ensure continuity of care.
N/A	Newborn ready for hospital discharge, discharge order	Moved from Section 6	Allows for logical work flow, including separate charting for each of discharge readiness and completion of discharge order.
Hours /days of age at time of discharge	N/A	Removed	Hours and days of age can be calculated from date and time of discharge information if required.
Section 9. Variance Record/Progress Notes			
Section 8	Section 9	Change	Updating section numbers

2. Introduction

The BC Newborn Clinical Path aims to facilitate the assessment and documentation of pertinent information of newborns in the health care system in a structured, logical, and standardized manner. It is a form to facilitate consistent and complete documentation, communication, and continuity of care among health care providers and provides a guide for evidence-based newborn care.

The surveillance team at PSBC provides ongoing analysis of data in the Perinatal Services BC Database Registry (BCPDR) to report temporal trends and geographic variations on a broad spectrum of perinatal indicators at the hospital, regional, and provincial levels. BCPDR collects data, indicated with an asterisk (*), about Sudden Unexpected Postnatal Collapse (SUPC), newborn temperature, and newborn feeding from the BC Newborn Clinical Path.

Guiding Principles

The following fundamental principles guided the design and development of the BC Newborn Clinical Path:

- Facilitate early recognition, timely communication, and intervention for changes in newborn wellbeing.
- Useful and appropriate for all birthing sites providing healthy newborn care.
- Incorporate relevant information from the birth.
- Adaptable to charting by exception or variance charting.
- Minimize double charting or the need for narrative notes on several forms.
- Utilize standardized terminology and abbreviations.
- Seamless integration of other provincial records such as the BC Labour Partogram, BC Labour and Birth Summary, the BC Newborn Birth Record, and BC Postpartum Clinical Path.
- Facilitate data collection for Perinatal Services BC Perinatal Database.
- Enable electronic archiving or formatting.

General Guidelines

- Refer to the PSBC Newborn Nursing Care Pathway for guidance on the normal and normal variations, variances, interventions, parent education and anticipatory guidance, and frequency of assessments.
- To obtain pertinent information:
  - Review the BC Antenatal Record, BC Labour Partogram, BC Labour and Birth Summary, the BC Newborn Birth Record, and any other significant health records.
  - Confirm assessment data with parents/caregivers.
  - Perform newborn clinical, physical, feeding, and behavioural assessments at appropriate intervals.
- For any identified variances:
  - Document in the Variance Record/ Progress Notes
  - Communicate with the Primary Health Care Provider (PHCP) or designate if indicated. Document the following:
    - The exact time of notification
    - Nature of communication
    - Responses of PHCP
    - Plan of action
    - Response or evaluation of outcomes
- A blank space indicates that the action or assessment was not performed.

The following sections provide descriptive information on the items on the Newborn Clinical Path:

- The term “document” instructs one to write out the requested information in the space provided
- The term “indicate” instructs one to check (✓) the box provided

3. Completion of the Form

Section 1: British Columbia Newborn Clinical Path

Item	Description
Addressograph/ label area	Demographic information includes: patient surname, given name, address, phone number, personal health number, physician/midwife name, date
Birth	Document the newborn's birth information as date of birth (dd/mm/yy), and time of birth. Refer to the BC Newborn Record Part 1, Section 4 (PSBC 1583A) or the BC Labour and Birth Summary Record, Section 4 (PSBC 1920)
GA (Gestational Age)	Document GA in weeks + days. Refer to the BC Newborn Record Part 1, Section 8 (PSBC 1583A) or the BC Labour and Birth Summary Record, Section 1 (PSBC 1920)
APGAR Score	Document the infant's Apgar Score for 1, 5 min and for 10 min if applicable. Refer to the BC Newborn Record Part 1, Section 2, (PSBC 1583A) or the BC Labour and Birth Summary Record, Section 5 (PSBC 1920)
Type of birth	Indicate the type of birth as: ▪ SVD (Spontaneous Vaginal Delivery) ▪ Forceps (Assisted Birth) ▪ Vacuum (Assisted Birth) ▪ C/S (Cesarean Section) Refer to the BC Newborn Record Part 1 Section 4 (PSBC 1583A) or from the BC Labour and Birth Summary Record, Section 3 (PSBC 1920)
Meconium at delivery	Indicate if meconium was present at birth: Yes or No Refer to the BC Newborn Record Part 1 Section 3 (PSBC 1583A) or the BC Labour and Birth Summary Record, Section 2 (PSBC 1920)
Resuscitation required	Indicate Yes or No If yes refer to the Newborn Resuscitation Record to see the interventions performed
Birth weight	Document the newborn's birth weight in grams Refer to the BC Newborn Record Part 1, Section 6, (PSBC 1583A) or the BC Labour and Birth Summary Record, Section 5 (PSBC 1920)
Skin-to-skin* for the first hour	Indicate if the infant was placed skin-to-skin following birth for the first hour of life: Yes or No* ▪ If No document the reason on the Variance Record/Progress Notes. Refer to the BC Newborn Record Part 1, Section 3, (PSBC 1583A) BC Labour Partogram, Section 21 and 22 (PSBC 2315)

Item	Description
Group B Strep	Indicate if the infant was exposed to Group B Streptococcus: Yes or No ▪ If yes, indicate if prophylaxis protocol was followed Refer to the British Columbia Antenatal Record Part 2, Section 13 (PSBC 1905) and BC Newborn Record Part 2, Section 11 (PSBC 1583A).
Hepatitis B Exposure	Indicate if the infant was exposed to Hepatitis B: Yes or No ▪ If yes, indicate if prophylaxis protocol was followed: Yes or No Refer to the British Columbia Antenatal Record Part 2, Section 13 (PSBC 1905) or the BC Newborn Record Part 1 Section 11 (PSBC 1583A)
Other	Indicate if the infant was exposed to other infections or risks for infection such as HIV, Varicella or Flu. Refer to the British Columbia Antenatal Record Part 2, Section 13 (PSBC 1905) or the BC Newborn Record Part 1 Section 11 (PSBC 1583A)

Section 2: Safe Skin-to-Skin

Increased surveillance during the first 2 hours of life for Sudden Unexpected Postnatal Collapse (SUPC)* prevention:

- Monitor position, colour, breathing, and perfusion every 15 minutes in all newborns during SSC and breast/chest feeding.

Item	Description
Date and time	Document the date and time the safe skin-to-skin observations/assessments were performed.
Respiratory effort	N = Normal (Easy, regular breathing) V = Variance (Apnea)
Activity	N = Normal (Sleep, quiet/active alert, crying, feeding) V = Variance (Non-responsive)
Perfusion/colour	N = Normal (Pink, Acrocyanosis) V = Variance (Pale, dusky)
Position	N = Normal (Head turned to side, neck straight, nares/mouth visible V = Variance (Face into chest/breast, neck extended or flexed, nares and/or mouth occluded)

Item	Description
Tone	N = Normal (Limbs flexed) V = Variance (Limp)
Did SUPC event occur*	Y = Yes (Any finding that required stimulation of the newborn and/or the initiation of PPV) N = No
Initials	Provide legible initials

Section 3: Core Physiological Observations

Frequency of observations:

- Within 15 minutes in the first hour of life
- Continued assessment if stable;
  - At 1 and 2 hours following the first vital signs and if stable:
    - At hour 6
    - Once per shift until hospital discharge
- Third trimester exposure to SSRI/NSRI — No additional VS monitoring required[5]

Variances:

Increase frequency of vital signs assessment as required by nursing judgement, history, or risk factors e.g. increased risk for early onset sepsis or instrumental assisted birth as per organization's policies and/or variances as per legend:

- Temp*: < 36[5] °C or > 37[5] °C
- Resp rate: > 60 breaths per minute
- Heart rate: Persistently > 180 beats per minute
- SpO_2: < 90%
- Resp effort: ↑ WOB (indrawing, retractions, nasal flaring, grunting)
- Colour: Pale, mottled, dusky, jaundice on day 1
- Tone: ↑/↓ tone,
- Other: Abnormal level of alertness, abnormal movements, not feeding well, hypoglycemia, emesis.

Notify MRP and, if appropriate for the site†, enter the ACoRN primary survey.

- †Sites with registered ACoRN Providers that adopted the ACoRN Process to assess and manage at-risk newborns.

Describe any variances in the Variance Record/Progress Notes (including focus, information on the variance, nursing actions and responses to interventions/care).

Item	Description
Date and time	Document the date and time the clinical observations/assessments were performed
Temperature* **Respiratory rate** **Heart rate** **Circulation (SpO_2)**	▪ Axilla temperature in degrees Celsius. Document in Variance Record/ Progress Notes if temperature is < 36⁵ °C or > 37⁵ °C. ▪ Respiratory rate (count for a full minute). Document in Variance Record/ Progress Notes if respiratory rate is > 60 breaths per minute. ▪ Heart rate (count for a full minute). Document in Variance Record/ Progress Notes if heart rate is > 220 beats per minute. ▪ Circulation (SpO_2). Document in Variance Record/Progress Notes if SpO_2 is < 90%.
Respiratory effort	N = Normal (easy regular breathing) V = Variance (↑ WOB)
Colour	N = Normal (pink/normal for ethnicity) V = Variance (Pale, mottled, dusky, jaundice on day 1)
Tone	N = Normal V = Variance (increase or decrease tone)
Other	V = Variance (Other significant clinical data pertaining to this newborn such as abnormal movements, level of alertness)
Skin-to-skin	Indicate (✓) if the newborn is placed skin-to-skin with mother/parent/caregiver
Initials	Provide legible initials

Section 4: Feeding

Item	Description
Date and time	Document the date and time the feeding assessments were performed
Exclusive breast/chest feeding	▪ Document N = Normal if the newborn is receiving human milk exclusively including EHM (Expressed human milk), pasteurized donor human milk. ▪ Document V = Variance if newborn is receiving both non-human milk along with human milk, document reason for variance and feeding options discussed (informed decision making). Non-human milk feedings refers to human milk substitutes, commercial infant formula or breast/chest milk substitutes.
Effective latch	▪ Document N = Normal if the newborn is demonstrating an effective latch (Asymmetrical approach, wide open mouth, corners of newborn's mouth in "C" shape not "V", lower areolar tissue well within newborn mouth, flanged lips, chin close to or touching the breast/chest, no dimpling of cheeks, may hear audible swallow, several burst of sustained sucking, newborn does not easily slide off the breast, no nipple damage or distortion after feed. ▪ Document V = Variance if latch is not effective. Document plan/action to improve latch.

Active feeding	▪ Document N = Normal if the newborn is demonstrating active feeding
	  ▪ Active breast/chest feeding are defined as responsive cue based feeding with short, several bursts of sustained sucking at each feeding, including comfortable positioning, latch and evidence of milk transfer. Regular feeding rhythm begins about day 3–4 with onset of lactogenesis II.
	  ▪ Active feeding when using a bottle are defined as responsive cue-based feeding with coordinated suck, swallow and eating an age appropriate volume.
	  ▪ Responsive, cue-based feeding — watching for newborn's cues and responding quickly when newborn signals readiness to feed, the need for a break during the feeding or when hunger is satiated.
	▪ Document V = Variance if newborn is not demonstrating active feeding. Document plan/action to improve active feeding.

Other feeds	▪ If the newborn only receives non-human milk indicate V = Variance at initial assessment, document reason for variance and then continue to document as N = Normal as this becomes the normal for the newborn. ▪ Non-human milk: refers to human milk substitutes, commercial infant formula or breast/chest milk substitutes.
Initials	Provide legible initials

Section 5: Intake and Output Summary

Facilities may use a bedside newborn intake and output record that the mother/parent completes. During and at the end of each shift, the nurse reviews the intake and output information with the mother/parent and transcribes a summary of intake and output into the appropriate newborn age timeframe. Each block represents a 12-hour shift.

Item	Description
Date and time	Document the date and time the intake and output summary are completed

Intake	In the appropriate date and time column document the:
	▪ Number (#) of active feedings
	▪ Number (#) of attempts of breast/chest feeding only (tries but does not actively feed)
	▪ Amount expressed human milk in ml
	▪ Amount pasteurized donor human milk in ml
	▪ Amount non-human milk in ml
	▪ Method: Document the method of infant feeding
	  ▪ BC = Breast/chest
	  ▪ C = Cup
	  ▪ S = Spoon
	  ▪ S = Syringe
	  ▪ B = Bottle

Output	In the appropriate date and time column document the: ▪ Number (#) of Voids for the shift (12 hour period) ▪ Number (#) of Stools for the shift (12 hour period) ▪ Other (such as emesis), is a variance — document number (#) and describe any variances in the Variance Record/Progress Notes.
Initials	Provide legible initials

Section 6: Newborn Assessment

Refer to the timeframes in the Newborn Nursing Care Pathway for a description of the normal/ normal variations, client education and anticipatory guidance, variances and interventions for each of the assessed items

- Assessments are performed:
  - During the period of stability. The first twelve (12) hours are considered to be the period of transition where the normal newborn adapts to extra-uterine life
  - Twelve (12) hours of life to discharge: Once per shift.

Variances:

- Require more frequent assessments as appropriate.
- Describe any variances/concerns in the Variance Record/ Progress Notes (including focus, information on the variance, nursing actions and responses to interventions/care).

Item	Description
Date/time	Document the date and time the clinical observations/assessments were performed
Age in hours up to 72 hrs then # of days	Document the age of the infant in hours until 72 hours of age. Once the infant is 72 hours old (3 days) document the age in days
Neonatal Daily Classification	Assigning a Neonatal Daily Classification on admission and daily at the start of each dayshift. Use the Neonatal Daily Classification Tool to determine the classification. ▪ If the infant is classified as Level 1a (normal), place a checkmark (✓) in the N column ▪ Document on the V column any classification beyond Level 1a (normal) as either 1b, 2a, 2b, 3a or 3b.
Normal/Variance Columns **(N/V Columns)**	Indicate Normal or Variance for each of the areas relating to the newborn assessment as per the Newborn Nursing Care Pathway. Place a checkmark (✓) in the ▪ N column indicating the assessment fits the normal or normal variations for the time period as described in the Newborn Nursing Care Pathway ▪ V column indicating there is a variance from the assessment for the time period as described in the Newborn Nursing Care Pathway. Document the variances/ concerns on the Variance Record/ Progress Notes Document in the "N" column if assessment item is: ▪ NA = Not applicable ▪ X = Not assessed The newborn comprehensive assessment includes: ▪ Head ▪ Nares ▪ Eyes ▪ Ears ▪ Mouth ▪ Chest ▪ Abdomen ▪ Umbilicus ▪ Skeletal/Extremities ▪ Skin ▪ Neuromuscular (reflexes) ▪ Genitalia ▪ Elimination — urine ▪ Elimination — stool ▪ Behaviour (states/cues) ▪ Crying ▪ Other e.g. weight
Initials	Provide legible initials
Cord clamp removal	Indicate cord clamp removal, include date and time of removal

Section 7: Summary, Newborn Care/Caregiver Education and Anticipatory Guidance

Item	Description
Interpretation	Indicate if interpretation is **required** and the language required for provision of care
Education	Add initials in the appropriate line indicating that the item was reviewed with the mother/parent/caregiver. Space is provided for each item to be reviewed with the mother/parent/newborn caregiver more than once. If the item is not applicable, put a checkmark (✓) on the row in the column N/A (Not applicable). Before discharge from the hospital review the following items with the mother/parent/newborn caregiver: 1. Benefits of skin-to-skin including safe skin-to-skin (SUPC) 2. Newborn feeding: ▪ Cues (hungry/full) ▪ Infant positioning ▪ Signs that newborn is feeding well (number of feeds and wet diapers) ▪ Breast/chest feeding: effective latch and transfer of milk ▪ Active feeding ▪ Non-human milk: Appropriate substitute, preparation, storage ▪ Feeding plan in place 3. Normal newborn behaviours — sleep / wake states 4. Safer infant sleep 5. Newborn crying: ▪ Consoling techniques ▪ Shaken Baby Syndrome (SBS) prevention 6. Environment smoke-free 7. Injury prevention 8. Car seat safety 9. Newborn care: ▪ Bathing/ hygiene ▪ Tummy time, carrying infant ▪ Vitamin D supplementation ▪ S & S of jaundice ▪ When to seek medical advice/ help (poor feeding, not waking for feeds, cardio respiratory changes) 10. Newborn screening: ▪ Early newborn hearing screening (and follow-up if indicated) ▪ Metabolic screening ▪ Bilirubin screening ▪ CCHD screening ▪ Biliary Atresia (Infant Stool Colour Card) 11. Weight loss/ gain 12. Review of communicable diseases and immunization 13. Knows newborn PHCP; how and when to contact 14. Aware of PHN contact / role / community resources 15. Access to *Baby's Best Chance Parents'* Handbook
Variances — Plan(s)	Document the identified variance(s) including the plan(s) for resolving the variances; include information regarding any referrals such as pediatrician, specialists clinics, public health.
Tests/Procedures	Document and date the type of any tests and/or procedures performed on the newborn

Section 8: Discharge

Item	Description
Parent/caregiver phone number	Add best contact number for parents/caregiver
Newborn ready for hospital discharge	Indicate (✓) that the newborn is ready for discharge
Identification bands checked	Indicate (✓) that the identification bands were checked prior to discharge
Discharge order complete	Indicate (✓) that the PHCP completed the discharge order
Home with parent/guardian	Indicate (✓) if the infant was discharged home with the parent / guardian
Date and time of discharge	Document date and time of discharge from hospital.
Discharge weight	Document discharge weight in grams
Discharge RN signature	Provide a legible signature

Section 9: Variance Record/Progress Notes

Item	Description
Date/Time	Document the date and time the clinical observations/ assessments were performed
Focus	Document the reason or focus of documentation
Variance/ Progress Notes	Document in a chronological order any variances observed during the newborn assessment Include pertinent data, nursing actions or plan of care, and responses or evaluations of outcomes

Download additional Variance Record/Progress Notes from Perinatal and Newborn Health Hub.

4. References

1. BAPM. (2022, May 4). *Sudden and Unexpected Postnatal Collapse*. British Association of Perinatal Medicine. https://www.bapm.org/resources/sudden-and-unexpected-postnatal-collapse-supc#:~:text=This%20Framework%20for%20Practice%20provides

2. Boulton, J. E., Coughlin, K., O'flaherty, D., & Solimano, A. (2021). *Acute care of at-risk newborns: a resource and learning tool for health care professionals.* Oxford University Press.

3. CPS. (2017, June 15). *Management of term infants at increased risk for early onset bacterial sepsis | Canadian Paediatric Society*. Cps.ca. https://cps.ca/en/documents/position/management-infant-sepsis

4. CPS. (2018, November 9). *Facilitating discharge from hospital of the healthy term infant | Canadian Paediatric Society*. Cps.ca. https://cps.ca/en/documents/position/facilitating-discharge-from-hospital-of-the-healthy-term-infant

5. CPS. (2021, July 29). *Selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors in pregnancy: Infant and childhood outcomes | Canadian Paediatric Society.* Cps.ca. https://cps.ca/en/documents/position/selective-serotonin

6. Evans, R. J., Evans, M. K., Brown, Y. M. R., & Orshan, S. A. (2015). *Canadian maternity, newborn and women's health nursing : comprehensive care across the life span.* Lippincott, Williams And Wilkins.

7. Keenan-Lindsay, L., Sams, C., O'Connor, C. L., Perry, S. E., Hockenberry, M. J., Deitra Leonard Lowdermilk, & Wilson, D. (2021). *Maternal Child Nursing Care in Canada - E-Book.* Elsevier Health Sciences.

8. Lewis, M. L. (2014). A Comprehensive Newborn Examination: Part I. General, Head and Neck, Cardiopulmonary. *American Family Physician*, 90(5), 289–296. https://www.aafp.org/pubs/afp/issues/2014/0901/p289.html

9. Ludington-Hoe, S. M., & Morgan, K. (2014). Infant Assessment and Reduction of Sudden Unexpected Postnatal Collapse Risk During Skin-to-Skin Contact. *Newborn and Infant Nursing Reviews*, 14(1), 28–33. https://doi.org/10.1053/j.nainr.2013.12.009

10. Priyadarshi, M., Balachander, B., Gupta, S., & Sankar, M. J. (2022). Timing of first bath in term healthy newborns: A systematic review. *Journal of Global Health*, 12. https://doi.org/10.7189/jogh.12.12004

5. Notes

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Suggested Citation: Perinatal Services BC. (January 2024).
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