

Appendix 1: Newborns for NEWTT2 monitoring

(see Page 5 and 6 of the main document for full details including frequency, duration and national guidance)

Intrapartum Fetal compromise (see hypoglycaemia) Meconium-stained amniotic fluid
Mode of Delivery Elective pre-labour Caesarean section <39 weeks' gestation Newborns born before arrival of a healthcare professional (BBA)
Early Onset Infection Risk factors Clinical indicators During treatment
Hypoglycaemia risk (BAPM framework) ≤ 2 nd centile and/or clinical wasting IPPV at 5 min of age, low cord pH ≤ 7.1, low Apgar score ≤ 7@5 minutes, Base deficit >/=12.0 Maternal B-blocker medication Maternal diabetes mellitus 34+0-36+6 weeks gestation Hypothermia unresponsive to thermal care Feeding concerns – reluctant, refusal, irritable, frequent feeder or any deterioration
Transitional Care (BAPM framework)
Postnatal concerns Early-onset jaundice <24 hours Grunting Feeding concerns - reluctant, refusal, irritable, frequent feeder or any deterioration Reduced tone Altered behaviour NB. Bilious vomiting is abnormal and immediate escalation is warranted
*Other maternal medications Maternal opiates <6 hours prior to delivery Prescribed maternal SSRIs and SNRIs and other psychotropic medications within the 3 rd trimester Maternal drugs of addiction – prescribed or illicit
*Consider using NEWTT2 if no other chart available or there are physiological concerns

This list is not exhaustive and NEWTT2 can be used as a track and trigger tool for other newborns.