Hampshire Hospitals
NHS Foundation Trust

POSTNATAL RISK ASSESSMENT MATRIX (PRAM)

Please attach Mothers name and address sticker
Mothers name: **Address:**

Please attach Baby's name and address sticker
Baby's Name: **Address:**

Name of Midwife at the Birth: …… Date: ……

NEWBORN BIRTH INFORMATION

Situation

Date of Birth: ..... **Time of birth:** ..... **Gestation:** ..... **Sex:** ..... **Weight:** .....

Grow Centile: ..... **Maternal drugs during labour:** ..... **CTG**: Normal/ Abnormal / N/A

Presentation at birth: Cephalic / Breech / Transverse **Mode of birth:** NVD / Ventouse / Forceps / Elective LSCS / Emergency LSCS

Reason for mode: ..... **Rupture of Membranes:** Date: ..... Time: ..... **Meconium:** None / Thin / Thick

Infection risk factors – complete clinical indicator sticker and discuss with paediatric doctor				Infection Red flags - IF ANY RED FLAG INFORM PAEDIATRICS TO START IVAB WITHIN 1 HOUR	
GBS infection in previous infant	Yes/No	Suspected ROM >18hrs in a preterm	Yes/No	Maternal IVAB given for suspected bacterial infection during labour or 24 hrs pre / post birth	Yes/No
Maternal GBS in current pregnancy	Yes/No	Intrapartum temperature >38C	Yes/No	Suspected infection in twin	Yes/No
Prelabour rupture of membranes (ROM)	Yes/No	Preterm Birth Following Spontaneous Labour Before 37/40	Yes/No		

Background

Maternal Blood group: ..... **Gravida:** **Para:** **Antenatal booking bloods:** Hep B + / - HIV + / - Syphilis + / - Other.....

20 week anomaly scan normal: Yes / No Details if abnormal: ..... **Confirmed breech at/after 36 weeks gestation:** Yes / No

Maternal Past Medical History: ..... **Maternal smoking/alcohol/drug use:** Yes / No Details: .....

Maternal medications during pregnancy: Yes / No Details: ..... **Any relevant family history**: .....

Family history of childhood abnormalities: **Hips:** Yes / No **Eyes:** Yes / No **Heart:** Yes / No

Safeguarding concerns: Yes/No *If yes please document details in baby notes. **Mg S04 given:** Yes/No

Antenatal Steroids: None/Partial/Full course 1st dose date and time ..... 2nd dose date and time .....

Assessment & Apgar Score

Apgar Score

Minutes	1	5	10
Heart Rate			
Respiratory			
Tone			
Reflex			
Colour			
Total			

Resuscitation notes (use continuation sheet if needed):

Staff present:

Name…… Signature……Designation …….

Name…… Signature……Designation …….

Cord gases:

Arterial pH: …… Base Excess: ……

Venous pH: …… Base Excess: ……..

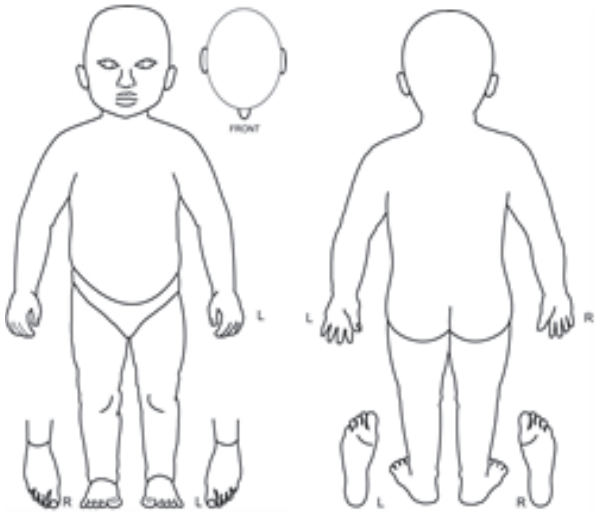
Vitamin K: Dose: ……. Route: IM/Oral Site: Left leg/right leg

Date: ……Time: ……Given by: ……..

Midwife check: Normal / Abnormal (document in notes)

Head circumference: ……cm Performed by: ……..

Please detail clearly any marks on the baby at birth on the 'Body and head map'



1	
2	
3	
4	
5	
6	

'FIRST HOUR OF CARE' – 'KEEPING MUM'S & BABIES TOGETHER'
PATHWAY TO PROMOTE NORMAL ADAPTATION TO LIFE

Full risk assessment of baby & Mother to be completed

*Observations whilst skin to skin eg GBS and MEC obs

*Use of thermo-regulation and hypo-glycaemia guideline where appropriate if baby observations are not within normal limits

*If suturing required – can be done whilst baby is skin to skin

*Weigh baby and give vitamin K after the first hour (unless any SGA concerns)

Delayed Cord Clamping

To allow baby full blood volume

- For a minimum of 1 minute (unless resuscitation required)
- 2-3 minutes if possible
- For All births including LSCS where possible
- Keep baby covered/warm whilst delaying cord clamping
- Ensure cord stopped pulsating before clamping

Keeping Baby Warm

To allow thermoregulation

- Dry baby thoroughly, put hat on
- Replace wet towels with warm, dry ones
- Check Mother's temperature within half an hour of birth
- Check Baby's temperature within half an hour of birth
- Ideal birth environment temperature between 23°C - 25°C

Skin to Skin

Uninterrupted to allow adaptation

- Will support thermoregulation process
- Cover Mum and Baby whilst skin to skin
- Observations may be completed whilst skin to skin
- If Mum cannot do this, encourage Partner to do skin to skin
- Ensure baby is in a position to maintain the airway

Baby to be fed within first hour

Breast or Formula

- Breast feeding can be done whilst skin to skin
- Ensure baby is kept warm whilst feeding
- If low blood sugar or poor latching give pre-birth collected colostrum (via syringe) alongside breast feeding

Cord Clamped at .....

If not delayed:

Reason why

.....

Temperatures & timings:

Mum's Temp °C .....

Time of Temp .....

Baby Temp °C.....

Time of Temp .....

Environment Temp °C .....

Time of Temp .....

Skin to Skin timings:

Started at .....

Finished at .....

Feeding timings:

Time of 1st feed .....

Type of feed .....

If not fed within the hour:

Reason why

.....

Recommendations

1. Does this baby need continued observations? Yes / No If yes, why? (*Circle relevant factor below),* Put a red hat on baby and give parents a 'keeping mother and baby together' leaflet.

*Use NEWTT chart and refer to postnatal folder for more information

Premature (<37 weeks)	PROM >24hours	Risk factors for infection	Infant on IVAB
Thick Meconium	Apgar ≤ 6 at 5 minutes	Cord pH <7.1 or base excess ≥ -12	Initial temperature <36'C

2. Does this baby need withdrawal observations? Yes/No If yes, circle drug

Heroin	Amphetamines	Buprenorphine	Benzodiazepines	Prescription opioid medication
Cocaine	Methadone	Barbiturates	SSRI's & TCA's (Selective serotonin-uptake inhibitors and Tricyclic antidepressants)	

3. Does this baby need blood sugar monitoring? Yes / No If yes, why? (*Circle relevant factors)* and give parents 'Protecting your baby from low blood glucose' leaflet.

Premature (<37 weeks)	Suspected Sepsis On Antibiotics	Birth Weight ≤2 Centile or Clinically Wasted	Family History of Metabolic Disorder
Maternal Diabetes	Temperature <36.5°C	Cord pH <7.1 or Base Excess ≥-12	Maternal Labetalol or Oral Hypoglycemics

4. Any other instructions? (i.e. length of stay, specific feed plan, need for paediatric review)

5. Discussed plan with mother: Date: …….. Time: ……..

Breastfeeding Assessment Tool

Unicef UK Baby Friendly Initiative

How you and your midwife can recognise that your baby is feeding well						*This assessment tool was developed for use on or around day 5. If used at other times:
What to look for/ask about	√	√	√	√		**Wet nappies:** Day 1-2 = 1-2 or more in 24 hours Day 3-4 = 3-4 or more in 24 hours, heavier Day 6 plus = 6 or more in 24 hours, heavy
Your baby: has at least 8 -12 feeds in 24 hours*						
is generally calm and relaxed when feeding and content after most feeds						
will take deep rhythmic sucks and you will hear swallowing*						**Stools/dirty nappies:** Day 1-2 = 1 or more in 24 hours, meconium Day 3-4 = 2 (preferably more) in 24 hours changing stools
will generally feed for between 5 and 40 minutes and will come off the breast spontaneously						
has a normal skin colour and is alert and waking for feeds						
has not lost more than 10% weight						
Your baby's nappies: At least 5-6 heavy, wet nappies in 24 hours*						**Sucking pattern:** Swallows may be less audible until milk comes in day 3-4 Feed frequency: Day 1 at least 3-4 feeds After day 1 young babies will feed often and the pattern and number of feeds will vary from day to day. Being responsive to your baby's need to breastfeed for food, drink, comfort and security will ensure you have a good milk supply and a secure happy baby.
At least 2 dirty nappies in 24 hours, at least £2 coin size, yellow and runny and usually more*						
Your breasts:						
Breasts and nipples are comfortable						
Nipples are the same shape at the end of the feed as the start						
How using a dummy/nipple shields/infant formula can impact on breastfeeding						
Date						**Care plan commenced: Yes/No:**
Midwife's initials						
Midwife: if any responses not ticked: watch a full breastfeed, develop a care plan including revisiting positioning and attachment and/or refer for additional support. Consider specialist support if needed.						

Bottle Feeding Assessment Tool

Unicef UK Baby Friendly Initiative

How parents and midwives/health visitors can recognise that bottle feeding is going well				
What to look for/ask about	✓	✓	✓	✓
General health and wellbeing of the baby				
Around six heavy, wet nappies a day by day five				
At least one soft stool a day				
Appropriate weight gain/growth				
Is generally calm and relaxed when feeding and is content after most feeds				
Has a normal skin colour and is alert and waking for feeds				
Feed preparation				
Equipment washed and sterilised appropriately				
Parents know how to make up feeds as per manufacturer's guidelines				
Responsive bottle feeding				
Parents are giving most of the feeds and limiting the number of caregivers				
Parents recognise early feeding cues				
Parents hold their baby close and semi-upright and maintain eye contact				
Pacing the feed				
Bottle held horizontally allowing just enough milk to cover the teat				
Baby invited to take the teat				
Baby observed for signs of needing a break and teat removed or bottle lowered to cut off flow				
Finishing the feed				
Parents recognise signs when baby has had enough milk (turning away, splaying hands, spitting out milk)				
Baby not encouraged to finish a feed inappropriately				
Expressed breastmilk				
Mother is expressing her breastmilk effectively and storing it safely				
Mother is maximising her breastmilk if that is her goal				
Infant formula				
First stage milk is used				
Leftover milk is discarded after two hours				
Date:				
Midwife/health visitor's initials:				
Care plan commenced:				

Note: If any responses are not ticked, consider watching a feed and developing a care plan. Refer for additional support if needed.

Meaningful Conversations with Mothers in the Postnatal Period

After Birth

All mothers are offered support with:

- Unhurried skin contact
- Recognising early feeding cues
- Offering the first feed in skin contact

Signature:	Date:	Comments:

Postnatal

All mothers are offered support to:

- Appreciate the importance of closeness and responsiveness for mother/baby wellbeing
- Hold their baby for feeding
- Understand responsive feeding

Breastfeeding mothers are offered support to:

- Hand express
- Value exclusive breastfeeding
- Understand how to know their baby is getting enough milk
- Access help with feeding when at home

Mothers who formula feed are offered support on:

- Sterilising equipment and make up feeds
- Feeding their baby first milk
- Paced bottle feeding
- Limiting the number of people who feed their baby

Signature:	Date:	Comments:

Breastfeeding assessment

Breastfeeding assessment carried out using breastfeeding assessment form (minimum of two in the first week) and an appropriate plan of care made. This may include referral for additional/ specialist support.

Signature:	Date:	Comments:

Hypoglycaemia Monitoring for Babies at Risk

Risk Category

(Circle all that apply)

- Pre term <37 weeks gestation
- 2nd Centile and under
- Maternal diabetes
- Maternal beta-blockers
- Hypothermia (<36.5 C)
- Acidosis (pH <7.1 and base deficit >12mmol/l)
- Suspected/confirmed early onset sepsis
- Known family history of a metabolic disorder in 1st degree relative

Date and time of birth:

Birth Weight:

Gestation:

Date	Time	Pre or Post	Blood Glucose (mmol/l)	BF mins (active sucking)	EBM/ml Method	Formula/ml Method	Comments	Print name

Postnatal Risk Assessment Matrix (PRAM)

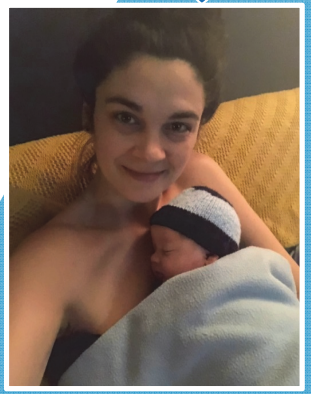
"Skin to Skin - but watch my chin"

NHS Hampshire Hospitals NHS Foundation Trust

Holding Your Baby Safely

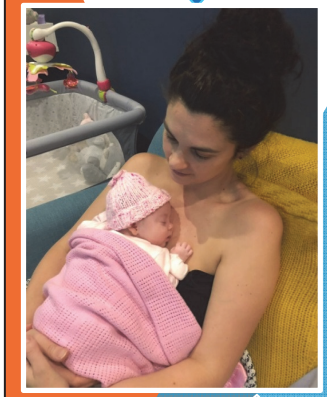
Please make sure my **neck is straight** and my **head is upright** so I can breathe easily…

I am calm



…and that you can always **see my face** so you can check I'm ok (and I love to be able to see you too)

I am safe



I feel loved

We feel warm

We can get to know each other

Adapted with permission from Sheffield Teaching Hospitals NHS Foundation Trust

Dr Cindy Shawley
November 2018

CARE AND COMPASSION ACCOUNTABILITY RESPECT ENCOURAGING EACH OTHER

Midwife to have a conversation with the woman and her family regarding the poster to ensure that they know how to support and maintain the baby's airway. To be done on labour ward/in the community just after the birth.

Midwife Details:

Name ……

Signature ……

Date ……**Time**……

Baby Falls

Please ask each woman to tell a member of staff or a relative if she is too tired or needs help to feed or care for her baby. The safest place for the baby to sleep is in a separate cot next to the Mother.

Please also discuss the prevention of 'Baby Falls' and refer parents to the 'Baby Falls and how to prevent them' leaflet.

Newborn Early Warning Trigger and Track (NEWTT)

Action		
		Continue observations as planned
	1 in amber	Escalate concern to senior midwife and review 30 mins
	2 in amber	Immediate escalation to ANNP / Doctor
	1 in red	Immediate escalation to ANNP / Doctor

Reason for Observations		Signed
Frequency and Duration of Observations		

Date																					
Time																					
Temperature	38																				
	37																				
	36																				
Heart Rate	180																				
	170																				
	160																				
	150																				
	140																				
	130																				
	120																				
	110																				
	100																				
	90																				
	80																				
Respirations	80																				
	70																				
	60																				
	50																				
	40																				
	30																				
Grunting																					
SaO_2 / Colour	Pale or Blue or SaO2 < 90%																				
	SaO2 91 – 94%																				
	Pink >95%																				
Behaviour	Floppy/ not feeding																				
	Jittery/ irritable/ poor feeding																				
	Active/ feeding well																				
	Blood Glucose																				
	Bilirubin																				
	Initials																				

Newborn Early Warning Trigger and Track (NEWTT)

At Risk Infants – Please tick box as appropriate. Record reason for observation, frequency and duration overleaf .

Sepsis

- Infants fulfilling NICE (2012) criteria ☐
- PROM > 18hours Preterm ☐
- PROM > 24 hours Term ☐
- Maternal Temperature > 38°C ☐
- Chorioamnionitis ☐
- Maternal GBS in vaginal swab/ or MSU ☐
- Confirmed invasive GBS sepsis in previous baby ☐

Intrapartum

- Meconium Stained Liquor (requiring intervention ☐
- Cord arterial pH ≤ 7.1 ☐
- Base Excess ≥ - 12mmol/l ☐
- APGAR ≤ 7 at 5 minutes ☐
- Other – Specify reason

.....

Metabolic : Blood Sugar Monitoring

- Maternal Diabetes ☐
- Maternal β Blockers ☐
- Birthweight <2nd centile ☐

Other – Specify reason

.....

Other

- IPPV > 5 minutes ☐
- Maternal pethidine < 6 hours before delivery ☐
- < 37 weeks gestation ☐

Other – Specify reason .....

Weight on 2nd centile in Kg.

GA	Boys	Girls
35	1.65	1.60
36	1.90	1.80
37	2.10	2.00
38	2.30	2.20
39	2.50	2.45
40	2.65	2.60
41	2.8	2.75
42	2.9	2.85

Infants that need immediate review by Doctor /ANNP

Jaundice < 24 hours

Bilious Vomiting

Abnormal Movements

Hypoglycaemia

Apnoea

These criteria are a guide only to increase surveillance on infants of potential concern. It can be expanded upon to meet local requirements and guidelines.

Notes

Date & Time

Notes

Date & Time

Notes

Date & Time

Cindy Shawley/Fiona Porro 2nd July 2020, Review June 2021