

WPH Newborn “Early Discharge” criteria

Early discharge = discharge from the hospital at 24-48 hrs of age. The pediatricians at WPH generally do not recommend discharge prior to 24 hrs of life for any infant.

Please note, this list is guidance based on AAP policy and does not reflect OH policy. Pediatric providers may tailor discharge recommendations based on individual patient assessments and circumstances.

Recommended criteria for early newborn discharge from WPH:

- Born by vaginal delivery between 37 0/7 – 41 6/7 wks gestation and birthweight is AGA.
- Mother received prenatal care, maternal prenatal labs are complete, have been reviewed, and a plan is in place for any abnormal lab results.
- Examination reveals no significant abnormalities.
- Vital signs have been normal without interventions for the 12 hours preceding discharge.
- The infant has demonstrated coordinated suck/swallow and normal breathing while feeding.
- Infant has voided and stoolled.
- The mother expresses comfortable/confidence with the feeding plan.
- If mother is blood type O or Rh negative, baby has a negative direct Coombs test.
- The infant has not had clinically significant jaundice in the first 24 hours of life.
- Sepsis risk has been calculated to be low and no monitoring/intervention is recommended.
- Infant’s weight loss has not been excessive (e.g., as determined by the NEWT Newborn Weight Tool).
- Mother has demonstrated or expressed comfort with providing infant care at home, including recognizing signs of illness and awareness of proper infant safety.
- Mother has reliable access to a phone and transportation.
- There is no evidence of social risk factors, including illicit substance use, that may warrant further assessment or intervention.
- Screening tests completed:
 - Hearing
 - Cyanotic congenital heart disease.
 - Jaundice – the clinical significance of the infant’s jaundice has been determined and appropriate management/follow-up has been arranged.
 - FL newborn screening sample collected.
- Hepatitis B vaccine given or declined after counseling.
- If circumcised, there is no evidence of active bleeding at the circumcision site.
- An appropriate car seat is available before discharge.
- A follow-up provider for the infant has been identified and follow-up appointment has been made or the care team feels confident that the family will access timely follow-up for the infant (i.e., <48 hours from the time of discharge).

References

Hospital Stay for Healthy Term Newborn Infants. Pediatrics 2015; 135; 948.

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