

NEWBORN NURSERY ROTATION
Winnie Palmer Hospital for Women and Babies

Name of Rotation	Newborn Nursery
Duration	4 Weeks
Location	Winnie Palmer Hospital (WPH)
Where to Go on Day 1	WPH 8 TH Floor Nursery Workspace
Rotation Director	David Skey, MD
Other Faculty	Jean Moorjani, MD; Jaya Surujdyal, DO; Amanda Cooke, MD; Ancil Abney, MD; Tolu Adebajo, MD; Adaobi Okobi, MD; Alan Chan, MD; Rachel Prete, DO; Matthew Eng, MD; Christine Bessett, MD; Suha Alkadry, MD; Shalini Patel, MD; Ron Potocki, MD; Natalia Salazar, MD; Natalie Thoni, MD, Mariam Zeini, MD
Other Requirements	None
Last Revision	6/2025

Prior to the start of the rotation

- Please review the rotation Goals and Objective (see below).
- Please read the following:
 - PGY-2: Review nursery clinical tools on the website and be prepared to discuss with intern.
 - PGY-1: Review articles for week 1, including ‘Well Newborn’ and ‘Newborn Stay Policy’
 - All residents: Breastfeeding CME...here is the link for the breastfeeding education all residents are required to complete. Please send certificate of completion to Lisa Bailey or Dr. Skey: <http://www.hriainstitute.org/breastfeedingcme>

All materials for the rotation (goals and objectives, articles, clinical tools, etc) are available on www.hospitalped.com under the “Nursery” tab.

Reminders for day-to-day functioning of the nursery

Admissions:

1. New babies will populate to the WPP Nursery list in Epic once the nurse enters the newborn standing orders. Our care team in Epic is “WPP Nursery Team”.
2. The nurses have been instructed to contact us via the Ascom or PerfectServe if there is a baby who is clinically ill or has issues that require timely attention (such as tachypnea, hypoglycemia, HIV exposure, etc).
3. If there is confusion over which team a baby is assigned to (WPP vs PHS), the Epic Care Team determines which team the baby goes to. If the care team is WPP, then we take care of the baby.

Rounding:

1. Weekday rounding census cap is 18 patients. Divide the patients equally between residents. Census in excess of 18 will be managed by the nursery attending.
2. Weekend rounding: On weekends the nursery will be covered by a single resident during the day (PGY1 or PGY2). At 0600, up to 10 patients are assigned to the resident and any remainder will be assigned to the WPP attending. All babies will be discussed on rounds; after rounds and for the rest of the day, the resident is responsible for care of all babies on the WPP list.
3. After receiving the morning handoff, pre-round on all your patients. Review overnight events with parents and nursing, review vital signs, intake/output, labs, and examine babies. Update the Epic blue cards and be prepared for rounds. Rounding nurses will help to update Epic blue cards and start notes if time allows.
4. Residents are expected to see new WPP babies born between 0600 and 1545.

Admissions:

1. Day team residents are responsible for patients assigned to WPP who are born between 0600 and 1545.

Night Coverage:

1. The APH Yellow Team, which consists of 3 residents (PGY3, PGY1, PGY1), will provide overnight coverage for babies with urgent problems overnight and babies in TCN.

- a. Examples of urgent problems: Bilious emesis, respiratory distress, hypoglycemia, seizure like activity.
 - b. Examples of non-urgent problems that will not be the residents' responsibility: bilirubin levels, EOS scores, absence of voids or stools, perinatal exposures (HIV, Hep B), routine screening or treatment refusals (Vitamin K, Hep B vaccine, screenings, etc), vital sign abnormalities not requiring bedside evaluation.
2. The nursery day team will sign out to the APH Yellow Team any infants in TCN or any infant that they have concerns about for whom issues may come up.
 - a. Overnight, the WPP resident ASCOM will be turned off. The Yellow Team ASCOM number will be the point of contact for WPH nurses with urgent issues or questions about TCN babies.
 - b. All other newborn issues will be managed by the overnight attending. If the overnight attending is contacted about an urgent issue, they will communicate this to the APH Yellow Team.
 - c. If it is unclear whether an issue is urgent or non-urgent, discuss with the overnight attending.

Circumcisions:

1. For baby boys ask if the mother/parents want a circumcision. If they do, let the rounding nurse know so they can find out if it is covered by insurance. If covered, then you may obtain written consent and enter the circumcision order set in Epic.
2. If the insurer will not cover it in-hospital we typically recommend outpatient circumcision, to be arranged by the PCP.

Discharge/follow-up:

1. Each baby must have a plan for follow-up prior to discharge.
2. Discuss this early and often with the new mothers of your patients.
3. Provide a PCP list asap if family needs it.

Attending Coverage:

1. The Nursery teaching attending are available for consultation/questions 7a-7p daily.

Breastfeeding:

1. All residents are required to complete the following breastfeeding CME module. Please send certificate of completion to Lisa Bailey or Dr. Skey: <http://www.hriainstitute.org/breastfeedingcme>

Contact

1. If you have questions or issues regarding the rotation or nursery operations, please contact the rotation director, Dr. David Skey.

Milestone-based competencies

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health

PGY1 Resident

1. Gain the knowledge and skills necessary to provide new parents with support and problem-solving skills to foster a healthy environment for a newborn.
2. Understand routine newborn care including but not limited to, feeding, safe sleep, newborn screening, and normal newborn exam.
3. Learn how to identify, examine, and manage an ill newborn
4. Perform or assist with the following procedures: circumcision, frenotomy, supernumerary digit removal; lumbar puncture.
5. Gain skills on communicating normal newborn care to families.

PGY2 Resident

1. Refine knowledge on how to take care of a healthy newborn.
2. Gain independence on making decisions while also recognizing limitations and when to ask attending for assistance.
3. Recognize an ill newborn and know how to intervene appropriately.
4. Gain independence in the following procedures: circumcision, frenotomy, supernumerary digit removal, lumbar puncture.
5. Provide supervision of interns.

6. Master communicating with families regarding normal newborn care.
7. Know how to discuss normal newborn interventions to families refusing care.

COMPETENCY 2. Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

PGY1 Resident

1. Learn prenatal and perinatal factors that impact the well-being of newborns.
2. Know normal vs. abnormal newborn behavior as they transition after delivery.
3. Demonstrate appropriate newborn physical exam technique.
4. Know how to identify and manage common newborn conditions such as, but not limited to:
 1. Hyperbilirubinemia
 2. Hypoglycemia
 3. Tachypnea and respiratory distress
 4. Murmur
 5. Hip Dysplasia
 6. Prenatal US abnormalities
 7. Newborn affected by maternal infections
 8. Risk assessment for early-onset sepsis
 9. In utero drug exposure
 10. Subgaleal hemorrhage
5. Know the normal newborn screening tests and the rationale behind them.
6. Understand the normal feeding and output patterns of a newborn.
7. Learn how to prioritize and triage patient care.

PGY2 Resident

1. Know how to identify and manage common newborn conditions such as, but not limited to:
 - a) Hyperbilirubinemia
 - b) Hypoglycemia

- c) Tachypnea and respiratory distress
 - d) Murmur
 - e) Hip Dysplasia
 - f) Prenatal US abnormalities
 - g) Newborn affected by maternal infections
 - h) Risk assessment for early-onset sepsis
 - i) In utero drug exposure
 - j) Subgaleal hemorrhage
2. Know the normal newborn screening tests and the rationale behind them.
 3. Know how to stay updated on latest newborn care and management.
 4. Understand normal and abnormal feeding and output patterns of a newborn.
 5. Learn how to teach interns the basics of newborn care.
 6. Master how to prioritize and triage patient care.

COMPETENCY 3. Communication Skills. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

PGY1 Resident:

1. Gain skills formally presenting patients on team rounds.
2. Gain skills to communicate anticipatory guidance to new parents in a culturally sensitive manner.
3. Gain skills to effectively communicate with other members of the patient care team.
4. Demonstrate teamwork with the entire healthcare team.
5. Know how to communicate with the outpatient pediatrician regarding a newborn.

PGY2 Resident:

1. Demonstrate skills formally presenting patients on team rounds.
2. Gain skills to communicate anticipatory guidance to new parents in a culturally sensitive manner.
3. Gain skills to effectively communicate with other members of the patient care team.
4. Demonstrate teamwork with the entire healthcare team.

5. Know how to communicate with the outpatient pediatrician regarding a newborn.
6. Demonstrate effective communication with an intern regarding a patient's care.

COMPETENCY 4. Practice-based Learning and Improvement.

Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

PGY1 Resident:

1. Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement.
2. Formulate questions regarding newborn care and evaluate care practices using evidence-based medicine.
3. Lead his/her own education by looking up newborn conditions.
4. Identify knowledge gaps and seek out opportunities to fill these gaps.

PGY2 Resident:

1. Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement.
2. Formulate questions regarding newborn care and evaluate care practices using evidence-based medicine.
3. Lead his/her own education by looking up newborn conditions.
4. Learn how to critically review articles regarding newborn care and how to apply them to daily practice.
5. Identify opportunities to teach the intern how to use evidence-based medicine.
6. Identify knowledge gaps and seek out opportunities to fill these gaps.

COMPETENCY 5. Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

PGY1 Resident:

1. Recognize and respond to the aspects of health care in underserved and culturally diverse populations that create special barriers to health care delivery
2. Demonstrate commitment, responsibility, and accountability for patient care, including continuity of care.
3. Communicate professionally with patients and the entire healthcare team.

PGY2 Resident:

1. Recognize and respond to the aspects of health care in underserved and culturally diverse populations that create special barriers to health care delivery
2. Demonstrate commitment, responsibility, and accountability for patient care, including continuity of care.

COMPETENCY 6. Systems-Based Practice. Understand how to practice quality health care and advocate for patients within the context of the health care system.

PGY1 Resident

1. Know the resources available new parents, including, Lactation services, post-partum depression resources, community pediatricians, Healthy Start and WIC.
2. Learn how to formulate a discharge document to communicate with community pediatricians.

PGY2 Resident

1. Know the resources available new parents, including, Lactation services, post-partum depression resources, community pediatricians, Healthy Start and WIC.
2. Learn how to formulate a discharge document to communicate with community pediatricians.
3. Master working within the confines a resource-poor setting using evidence-based practices.