

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
Care of the Late Preterm Infant Snapshot/Prework



Care of the Late Preterm Infant Snapshot

1. Your facility: _____
2. Date of Snapshot: _____
3. Your Name: _____
4. Your email: _____
5. Your role and unit (L&D, NICU, Nursery, RN, MD, etc.) : _____
6. How many deliveries do you average a year? _____
7. Which type of nurseries are present at your facility? (Utilize AAP definitions)
 Level I Nursery
 Level II Nursery
 Level III/IV Nursery
8. Which providers take care of newborn infants in the Level I nursery? Check all that apply.
 General pediatricians
 Pediatric hospitalists
 Neonatal hospitalists
 Family Medicine physicians
 Neonatologists
 Resident physicians
 Advanced Practice Providers (NP, PA, etc)
 Other
9. What is the birthweight threshold for admission to the Level I nursery?
 ≥ 1800 grams
 ≥ 1900 grams
 ≥ 2000 grams
 ≥ 2200 grams
10. What is the gestational age threshold for admission to the level I nursery?
 ≥ 34 weeks
 ≥ 35 weeks
 ≥ 36 weeks
 ≥ 37 weeks

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11. Do infants need to meet both the birthweight and the gestational age cutoffs for admission to the Level I nursery?
 Yes
 No
 Provider discretion
12. Does your facility have a protocol for managing and discharging late preterm infants?
 Yes
 No
13. If you answered yes to 'Does your facility have a protocol for managing and discharging late preterm infants', please indicate aspects of care that are addressed in the protocol: (check all that apply)
 Minimum length of stay
 Bilirubin monitoring
 Allowed weight loss
 Hypoglycemia screening
 Thermoregulation
14. Does your facility have a standard practice of labeling/identifying infants who are 34 0/7 – 36/67 weeks gestation as late preterm infants in the medical record?
 Yes
 No
15. Does your facility practice rooming in or couplet care for healthy late preterm infants to remain in their mother's room?
 Yes
 No
16. Which of the following interventions can be performed in the mother's room? Check all that apply.
 Phototherapy
 Dextrose gel
 Intravenous fluids
 Nasogastric or orogastric tube feeds
 Isolette for thermoregulation
 Continuous cardiorespiratory monitoring
 None of the above
17. Which best describes screening of infants for hyperbilirubinemia at your facility?
 All infants receive a serum bilirubin during hospitalization
 All infants receive a transcutaneous bilirubin during hospitalization, with serum measurement as needed
 Infants receive either a serum or transcutaneous bilirubin, depending on risk factors
 No site-specific protocol, management per provider discretion

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18. Which of the following guidelines most inform the management of hyperbilirubinemia at your facility?
- Phototherapy thresholds per the AAP Clinical practice guidelines
 - Phototherapy thresholds per the Northern California Neonatal Consortium
 - Institution specific phototherapy thresholds
 - No site-specific protocol, management per provider discretion
19. Are infants in NBN or SCN/NICU discharged home on phototherapy?
- Yes
 - No
 - Not sure
20. For late preterm infants whose mothers are attempting breastfeeding, is a consult with a lactation consultant ordered and completed (virtual or in person) during hospitalization?
- Yes, but it must be ordered by the provider or nurse
 - Yes, lactation consults are automatic for all late preterm infants
 - No, we do not have lactation consultants at our facility but we try to assign nurses with training in lactation to these mothers
21. Does your facility assess and document LATCH scores for breastfeeding infants?
- Yes
 - No
22. In treating infants requiring phototherapy for hyperbilirubinemia do you ever stop breastfeeding and substitute formula feeding until bilirubin levels decrease?
- Yes routinely
 - Yes, but at provider discretion
 - No
23. Do you track percent weight loss for late preterm infants during hospitalization?
- Yes
 - No
24. If you answered 'Yes' to 'Do you track percent weight loss for late preterm infants during hospitalization', what percent weight loss dictates closer follow up of feeding frequency or quality?
- 5-7%
 - 8-10%
 - > 10%
 - Provider discretion

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25. Does your facility utilize the NEWT tool to track newborn weight loss?
 Yes
 No
26. For late preterm infants who are clinically well appearing with no maternal factors limiting discharge, how long would these infants routinely be hospitalized after an uncomplicated vaginal delivery?
 less than 24 hours
 24-36 hours
 36-48 hours
 48-72 hours
 greater than 72 hours
27. Does your facility accept readmissions of an infant in any facility unit post discharge?
 Yes
 No
 Readmission would depend on the reason for needing care (ie. Hyperbilirubinemia treatment would be readmitted, sepsis would not)
28. What is the standard follow up appointment time for discharged late preterm infants?
 within 48 hours
 within one week
29. Do any providers follow up discharge of late preterm infants with a phone call to the pediatric provider?
 Yes
 No