1. Purpose

The purpose of this bulletin is to describe the reporting and coding rules for newborns and neonates.

2. Background

The Admission Policy for WA Hospitals (Technical Bulletin 17/2) instructs that all newborns are admitted patients. They are further defined as either qualified or unqualified.

The definitions for qualified and unqualified were developed to address health insurance issues and have led to confusion when reporting and allocating codes for ‘well’ and ‘sick’ newborns.

**Qualified Newborn**

A qualified newborn is defined as:

- Any newly born baby who is nine days old or less and meets one or more of the following criteria:
  - is the second or subsequent liveborn infant of a multiple birth, whose mother is currently an admitted patient;
  - is accommodated in a special care nursery (This includes both Neonatal Intensive Care Unit Level 3, see Technical Bulletin 15/1 – 'Intensive Care Unit Reporting’, and Special Care Nursery Level 2);
  - remains in hospital without its mother;
  - is admitted to hospital without its mother;
  - any newly born baby who remains in hospital after day nine.

**Neonatal Intensive Care Unit**

A level 3 neonatal intensive care unit is a separate and self contained facility in a hospital capable of providing complex, multisystem life support for an indefinite period. The unit must be capable of providing mechanical ventilation and cardiovascular monitoring. (See Technical Bulletin 15/1).
Criteria to qualify for treatment in a Level 3 Neonatal Intensive Care Unit

One or more of the following criteria must be present if a newborn is to receive care in a Level III Neonatal Intensive Care Unit:

• Need for sustained assisted ventilation, either mechanical or continuous positive airway pressure;
• Need for cardiorespiratory monitoring for recurrent apnoea or bradycardia when condition is unstable;
• Extreme illness, eg; sepsis, recurrent seizures;
• Need for parenteral nutrition by central line;
• Post major surgery, especially the first 24-48 weeks hours;
• During the first 48 hours of life if < 30 weeks gestational age.

Paediatric Intensive Care Unit

A paediatric intensive care unit is a separate and self contained facility in a hospital capable of providing complex multisystem support for an indefinite period. It is a tertiary referral centre for children needing intensive care services and must have extensive back up laboratory and clinical service facilities to support this tertiary role. A paediatric intensive care unit must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period for infants and children.

Neonatal & paediatric intensive care units are located at PM/KE Hospitals.

Criteria to Qualify for Treatment or Care in a Special Care Nursery Level 2

One or more of the following criteria must be present if a newborn is to receive care in a Level 2 Special Care Nursery:

• There is a requirement for oxygen concentrations up to 40%;
• There is a need for continuous cardiorespiratory monitoring but the condition is relatively stable;
• There is a need for parenteral fluid therapy including via an umbilical arterial catheter;
• The newborn requires short term assisted ventilation to maintain the infant until the transport team arrives;
• There is a need for convalescent care following acute problems;
• There is a need for post minor surgery care for at least the first 24 hours;
• The newborn requires monitoring of transient problems, for example, observation of babies of drug addicted mothers;
• There is a requirement for the monitoring of dying babies if parents do not wish the baby to stay with the mother.

Level 2 Special Care Nurseries are located at PM/KE, Port Hedland and Derby Regional Hospitals.
Unqualified

An unqualified newborn is a baby under ten days old who does not meet the criteria of a qualified newborn.

The unqualified newborn is the first born of a multiple birth or is a singleton who stays in hospital with its mother for less than 10 days and is not accommodated in a special care nursery.

Conditions observed by the midwife which do not receive any treatment or care should not be recorded. For example birthmark, slight jaundice.

Newborns can be separated into:

- newborns treated in a Level 3 Neonatal Intensive Care Unit (NICU) or a Level 2 Special Care Nursery (SCN) (qualified);
- newborns receiving additional care but not in a NICU or SCN (qualified or unqualified); and,
- normal newborns receiving no additional care (qualified or unqualified).

As stated before the definitions for qualified and unqualified were developed to address health insurance issues and have led to confusion when reporting and allocating codes for ‘well’ and ‘sick’ newborns.

3. Information reporting for newborns

3.1 Newborn infants receiving care in a NICU or SCU

Qualified newborns accommodated in a NICU or SCU will have a condition which requires the special care as their principal diagnosis. For example:

- Hyaline membrane disease
- Convulsions in the newborn
- Neonatal haemorrhage
- Neonatal pneumonia

Note: A code from the Z38.x series of codes is positioned as an additional code.

3.2 Newborn infants receiving additional neonatal care (not in a NICU or SCU)

Other infants have conditions which require some monitoring or treatment but are not accommodated in a special care nursery. They receive more than normal neonatal care but may still not meet the criteria for classification as a qualified neonate.

Babies receiving more than normal care include neonates with a diagnosis of jaundice if phototherapy is provided for >12 hours.
Note: A code from the Z38.x series should be sequenced after the condition that was being treated.

3.3 Health neonates receiving no additional care

Many neonates are considered healthy neonates and receive no extra care. These neonates may be said to receive normal neonatal care. A code from the Z38.x series should be sequenced as principal diagnosis when the baby is completely well and receives neonatal care during the birth episode. This includes those babies who have a circumcision.

All newborn babies receive a certain amount of care which is considered normal neonatal care while in hospital during the birth episode. Medical records for newborn babies may contain clinicians’ or midwives’ notes which state that the new born baby may have conditions (eg; mild jaundice, birthmark or chignon) which did not receive special treatment. Unless the conditions noted are treated with more than normal neonatal care during the episode, they should not be coded.

Note: Some newborn babies without signs and symptoms need observation and evaluation for a suspected abnormal condition resulting from exposure to the mother or the birth process. If no condition is found, a code from the Z76.2 series Observation and evaluation of newborns for suspected condition not found, should be used as an additional code.

3.4 Congenital conditions

Many congenital abnormalities are not treated in the birth episode. The attached list of conditions formulated by the WA Birth Defects Register, located at KEMH may be used as a guide for those conditions which are unlikely to be treated during the birth episode unless the infant has other major congenital abnormalities.

Note: This list differs slightly from the Congenital Malformations Exclusion List prepared by the Perinatal Statistics Unit, Australian Institute of Health and Welfare.

There may be instances when a condition from this list is treated. If treatment occurs, the information should be coded.
CONGENITAL MALFORMATION EXCLUSION LIST

(List prepared by the West Australian Birth Defects Register, KEMH)
September 1995

NOTE: THE FOLLOWING IS A GUIDE ONLY. IF ANY OF THE CONDITIONS ARE TREATED IN THE BIRTH EPISODE THEY MAY BE CODED.

Accessory Nipples
Balanced Translocation (in normal individual without malformation(s)
Blocked Tear Duct
Broncho-pulmonary Dysplasia
Clicky Hips
Congenital Infection (if no birth defects)
Congenital Pneumonia
Cerebral Palsy
Delayed Milestones
Deviated Nasal Septum
Ear Anomalies (minor)
Egigastric Hemia
Epilepsy
Failure to Thrive
Fetal Arrhythmias
Glactosaemia-Durarte Variant
Hiatus Hemia
Hydatid of Morgagni
Hydrocele Testis
Hydrops Fetalis-Immune (include if non-immune hydrops)
Hypoglycaemia
Impenetrable Hymen
Inguinal Hemia
Intrauterine Growth Retardation
Intussusception
Labial Adhesion of Fusion
Large Fontanelles
Laryngeal Stridor
Laryngomalacia
Low Birth Weight
Meconium Ileus
Mental Retardation
Metatarsus Adductus (Unless Splinted)
Mongolian Blue Spot
Motor Impairment
Oesophageal Reflux
Paroxysmal Atrial Tachycardis
Patent Fpramen Ovale
Persistent Fetal Circulation
Perthe’s Disease
Pilonidal Sinus
Posit/Postural Foot Deformity
Sacral Dimple (unrelated to occult spinal dysraphism)
Single Palmar Crease
Single Umbilical Artery
Skin Tag
Strabismus
Thalasemia Minor
Toe Anomalies (minor)
Tongue Tie
Trigger Finger/Thumb
Umbilical Hernia
Undescended Testis
Webbing of 2nd & 3rd Toes
Wide Suture Lines
Wolfe Parkinson White Syndrome

No longer applicable