

Identification and Labelling of the Newborn Standard Operating Procedure

Reference No: UHDB/Operational/02:24/O24

Contents

Section		Page
1	Identification of the Baby	1
1.1	Multiple births	2
1.2	Baby's requiring immediate transfer to Neonatal Unit (NNU)	2
1.3	Baby's born at home requiring transfer to hospital	2
1.4	Parents who do not wish identity bands to be attached to their baby	2
2	Checking Identity bands	3
2.1	Transfer between departments	3
2.2	Daily check	3
2.3	One identity band missing	3
2.4	Both identity bands are missing	3
	Documentation Control	4

1. Identification of the Baby

It is the responsibility of the attending Midwife to undertake identification and labelling of the baby at birth. The baby must remain in the presence of the Midwife until this process is completed, and preferably not removed from the presence of the parents.

Wherever possible, the identification process should not interfere with the parents' wishes for skin-to-skin and feeding after birth. A newborn examination should be undertaken by the Midwife with consent from and in the presence of the parents, during which two hand-written identity labels should be attached to the baby - most commonly, these are placed around each ankle.

The identity bands should contain the following information:

- Baby girl/ boy of (mother's surname)
- Baby's date of birth
- Baby's time of birth
- Mother's hospital number

On completion, the identity bands should be shown to the parents to confirm the information is correct, before attaching them to the baby.

If the identity bands are completed by a non-registered person who attended the birth e.g. Maternity Support Worker (MSW) or Student Midwife, they must also be checked by a registered professional before being attached to the baby.

The procedure must be documented in the labour notes, and the placement of the identity bands recorded e.g. "2X identity bands to ankles".

1.1 Multiple births

At the immediate birth of the babies before the formal identity process and attachment of identity bands can be performed; each baby should have cord clamps applied as below, as a means of identification:

- Twin/triplet 1 - 1 cord clamp
- Twin/triplet 2 - 2 cord clamps
- Triplet 3 - 3 cord clamps

Identity bands for twins and triplets should contain the following information:

- Twin 1 or Twin 2 or triplet 1, 2 or 3
- Baby girl/ boy of (mother's surname)
- Baby's date of birth
- Baby's time of birth
- Mother's hospital number

The same procedure of checking these with the parents' and documenting should be undertaken.

1.2 Baby's requiring immediate transfer to Neonatal Unit (NNU)

Before the baby is removed from the delivery room or theatre, the above process should be undertaken by the Midwife attending the birth.

At the earliest convenience, the baby must be admitted to the hospital so that a hospital number/NHS number can be created. An electronic identity band must then be created by the admitting nurse, to replace one of the hand-written bands.

1.3 Baby's born at home requiring transfer to hospital

If this is a home- birth attended by Midwives, the baby should be identified and labelled as per the procedure in section 1.0 before the baby leaves the place of birth.

For a baby born before arrival, with no registered professional in attendance or a Paramedic in attendance, the Midwife accepting care of the baby upon arrival at the hospital, should identify and label the baby at the earliest opportunity, once the welfare of mother and baby has been established.

If the baby has been transferred to delivery suite and then requires transfer to NNU, the process as per section 1.2 should be followed.

1.4 Parents who do not wish identity bands to be attached to their baby

If parents object to identity labels being attached to their baby:

- Listen to their reasoning as to why they wish their baby not to wear identity bands, and address their concerns.
- Explain the rationale behind babies wearing identity bands.
- If they do not consent, try to establish what they would be happy for e.g. identity band being attached to the cord.
- If an agreement cannot be reached, escalate to the Senior Midwife for the area, or the Manager-on-call out-of-hours.
- If a baby is un-labelled - ensure all staff working in the area are aware.
- Document how many and where, if any, identity bands have been attached to the baby in their handheld notes.

If there are safeguarding concerns in relation to consent being withheld for attaching identity bands to a baby, seek advice from the Lead Midwife for Safeguarding and inform the named social worker if applicable.

If it is believed that the baby is at risk of abduction, do not leave the parents un-attended with the baby.

2. Checking Identity Bands

2.1 Transfer between departments

When a baby is transferred between departments e.g. from Labour Ward to the Postnatal Ward, the Midwife receiving care of the patient must check the identity bands and confirm the details with the parents. It must be documented in the baby's hand-held records that both identity bands are in place and correct.

2.2 Daily check

During the daily newborn examination, the Midwife must check and document the baby's identity bands as in section 2.1.

Parents/guardians should be asked by Midwives in the Hospital setting to keep the identity bands attached to the baby until the first visit at home by the Community Midwife.

2.3 One identity band missing

Confirm the remaining identity band is correct with the parents. Produce a replacement identity band as per section 1.0.

2.4 Both identity bands are missing

- Ask the parents to confirm the identity of the baby, and ask them to remain with the baby until the issue has been resolved.
- Do not move any babies around the department or transfer to another area, unless in an emergency.
- Alert the Midwife in Charge of the department, and if in normal working hours - the Senior Midwife for the area.
- Check the identity bands of all the other babies within the department - once the identity of all other babies has been confirmed, create and attach new identity labels to the baby, as per section 1.0.
- Ascertain if the parents/carers removed the labels - if so, follow section 1.4
- Complete Datix for the incident

Documentation Control

Reference Number: UHDB/Operational/O24	Version: 1	Status: DRAFT		
Version / Amendment	Version	Date	Author	Reason
	1	Feb 2024	Lauren Wilkinson - Risk Support Midwife	New
Intended Recipients: All staff with responsibility for caring for women in the Postnatal period				
Training and Dissemination: Cascaded through lead midwives/doctors / Published on Intranet NHS mail circulation / Article in BU newsletter				
To be read in conjunction with:				
Consultation with:	Obstetricians, Maternity Staff			
Business Unit Sign off:	02/02/2024: Maternity Guidelines Group: Miss A Joshi – Chair 15/02/2024: Maternity Governance Group - Mr R Deveraj			
Notification Overview sent to TIER 3 Divisional Quality Governance Operations & Performance: 20/02/2024				
Implementation date:	01/07/2024			
Review Date:	February 2027			
Key Contact:	Joanna Harrison-Engwell			