

Information for legal representatives related to the discharge of a neonate to his/her social environment within 72 hours of birth

Czech expert medical societies recommend that physiological newborns should be discharged into their social environment **more than 72 hours of birth**.

A **physiological newborn** is considered a full-term newborn (duration of pregnancy 37 + 0 to 41+ 6 weeks and days) with the weight of 2,500 g, free of any obvious signs of pathology. During the first hours after the birth, there is an increased risk of sudden infant death. The period of 72 hours of birth allows for the newborn's full physiological adaptation after the birth. At this time, the **vital functions of the child** are monitored, the presence of serious birth defects is tested (especially the gastrointestinal tract and the heart), problems with defecation, urination and maintaining body temperature are excluded and a number of tests is performed.

The hospitalization of a physiological newborn for at least 72 hours after birth will ensure appropriate and necessary scope of health care.

Vitamin K (Kanavit) is administered to protect the newborn from bleeding after the birth. **Vaccination** against TB is currently selective, i.e. only high-risk newborns are vaccinated.

Newborns are discharged to their natural environment only when **the curve of postpartum weight loss** has ceased to decrease and the child has a stable nutritional intake. The greatest weight loss is usually seen 2 to 3 days after the birth, because the amount of breast milk begins to rise only 48-72 hours after the delivery (caesarean leads to even further delay in lactation onset). If the baby does not thrive, it is necessary to exclude any further illnesses or birth defects, which may be detected in tests carried out just on the basis of the stagnant weight curve. In case of a stay shorter than 72 hours, there is a risk of dehydration of the neonate associated with a higher risk of cerebral haemorrhage, unless sufficient food intake is provided.

Newborns often have neonatal jaundice with gradual increase in the bilirubin level (**hyperbilirubinemia**) requiring repeated tests for bilirubin levels and possible treatment during the first days after the birth. The development of hyperbilirubinemia cannot be predicted in most children in advance (it affects 50% of full-term newborns, start 2 to 3 days after the birth and peaks on the day 3 to 5). It may also be the first sign of neonatal sepsis or another severe condition. Early discharge of newborns lead to an increase in the incidence of brain lesions, the so called bilirubin encephalopathy (nuclear icterus) in the 90s in the US and Canada, but also in Europe. It was caused by a late diagnosis of hyperbilirubinemia. **Umbilical cord stump** is left attached until it falls off spontaneously or it can be cut off after drying down in the hospital if there is a higher risk of bleeding. After cutting off, the navel must be taken care of in a sterile way and monitored for approximately 24 hours for bleeding. Every newborn passes a spectrum of tests during his/her stay in the hospital that are able to determine whether there are **any severe congenital or hereditary diseases**. Newborns also undergo hip tests, the neonatal screening for congenital cataract and hearing screening.

The legal representative of the infant should ensure that the newborn discharged home within 72 hours of its birth is checked by a **medical healthcare provider** specialised in the field of neonatology, paediatric medicine and practical medicine for children and adolescents **within 24 hours of the discharge**. Blood sampling must be performed within 48 to 72 hours of birth to screen for inherited metabolic disorders at the healthcare provider in the field of neonatology, paediatric medicine and practical medicine for children and adolescents.

The provision of these healthcare services (clinical examination) does not mean that this newborn is automatically registered at that specific general practitioner for children and adolescents. The first preventive visit of the newborn by **the registering healthcare provider** specialised in the field of practical medicine for children and adolescents **is generally carried out within 2 days** of the discharge from the medical facility that provided the healthcare services associated with the childbirth.

It is recommended that the legal representative of the infant discharged home within 72 hours of its birth ensures the examinations by the following healthcare providers:

- screening for congenital cataract performed by an eye specialist - should be done within 4 weeks of the birth of the newborn;
- hearing screening is performed by an ENT or phoniatory specialists within 1 month of the birth;
- hip screening should be performed by an orthopaedist within 7 days of birth.