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**Literature search results**

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<td>Search completed by:</td>
<td>Lesley Firth</td>
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**Neonatal transitional care**

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; CINAHL; MEDLINE; Google Scholar; NHS Trusts

**Database search terms:** "transitional care", (neonat* OR baby OR babies OR infant* OR newborn*), exp INFANT, NEWBORN, (postnatal OR post-natal OR "post natal"), exp POSTNATAL CARE, (perinatal OR peri-natal OR "peri natal")

**Evidence search string(s):** "transitional care" AND (newborn OR neonate OR neonatal OR baby OR babies OR infant)

**Google search string(s):** "transitional care" AND (newborn OR neonate OR neonatal OR baby OR babies OR infant)

**Summary**

Unfortunately there is not much research literature about neonatal transitional care but there are an increasing number of Trust guidelines.

**Guidelines**

**British Association of Perinatal Medicine**

**Categories of Care**, 2011

p. 4

**General principle**

Transitional care can be delivered in two service models, within a dedicated transitional
care ward or within a postnatal ward. In either case the mother must be resident with her baby and providing care. Care above that needed normally is provided by the mother with support from a midwife/healthcare professional who needs no specialist neonatal training. Examples include low birth-weight babies, babies who are on a stable reducing programme of opiate withdrawal for Neonatal Abstinence Syndrome and babies requiring a specific treatment that can be administered on a post-natal ward, such as antibiotics or phototherapy.

**Transitional care**

In the design of all large Neonatal Units, staff should consider creating a Transitional Care Area. In this facility, parents can look after their own infants with some supervision from trained Neonatal Unit staff. Transitional Care is interpreted in a wide range of ways. There is undoubtedly a group of babies who are not well enough to be looked after on regular postnatal wards and yet there are strong advantages in their parents carrying out the bulk of their care. Such infants include babies with hypoglycaemia when it is believed there is no underlying serious pathology, babies of 34 and 35 weeks gestation who are establishing breast feeding, and babies who have mild respiratory disease who do not require oxygen supplementation. Phototherapy may safely be given in Transitional Care. The Transitional Care Area can also be used by mothers who are gaining confidence immediately prior to discharge home. A four-bedded room may be 56 sq m in size. Each family area may be curtained separately, and should contain a single bed, a cot and a personal wardrobe for the mother. There should be television, telephone and en suite toilet and shower facilities. With the baby’s developmental care in mind, there should be flexible control of the environment including heating, lighting and sound-reduction.

**Gloucestershire Hospitals NHS Foundation Trust**

NEONATAL UNIT and TRANSITIONAL CARE UNIT ADMISSIONS POLICY, 2012

**East Cheshire NHS Trust**

Transitional Care, 2011

**Imperial College Healthcare NHS Trust**

Transitional Care guidelines, 2012

**Liverpool Womens NHS Foundation Trust**

Guidelines for Transitional Care, 2010

**Luton and Dunstable NHS Foundation Trust**

Guidelines for admission to and management of babies on the neonatal Transitional Care Unit, 2006

**Worcestershire Acute Hospitals Acute NHS Trust**

CRITERIA FOR ADMISSION OF BABIES TO THE NEONATAL UNIT, TRANSITIONAL CARE UNIT AND POST NATAL WARDS AT WORCESTERSHIRE ROYAL HOSPITAL, 2013

**Evidence-based reviews**
Both parents and nurses considered present transitional arrangements to be inadequate. Nurses should provide more effective discharge planning and transitional care. A positive labeling of the transition as a first step to home discharge for the newborn seems appropriate. Parents need to be better-informed and should be involved in the planning process.

Published research

CINAHL results

Title: Effects of a Transitional Care Program on Premature Infants and their Mothers.
Citation: Pacific Rim International Journal of Nursing Research, 01 October 2012, vol./is. 16/4(294-312), 19068107
Author(s): Wangruangsatid, Rungtiwa, Srisuphan, Wichit, Picheansathian, Wilawan, Yenbut, Jarassri
Language: English
Abstract: This study tested the effects of a researcher-developed transitional care program for mothers of premature infants on the mothers’ transition from hospital to home, and their infants' physical illness, growth and development. Participants included 72 mothers and 81 premature infants who were randomly assigned into an experimental or a control group. The experimental group received the transitional care program, which included: preparation of the mothers for transition from hospital to home; preparation of family members (i.e. grandmothers/ grandfather and fathers) who would serve as caregivers, along with the mothers, of the premature infants; preparation of the mothers' primary health care providers, in the community, to serve as resources, after the mothers' and infants' discharge from the hospital; and provision of follow-up care after the mothers’ and infants' hospital discharge. Those in the control group received only routine care from the hospital nurses. The results revealed mothers in the experimental group had significantly higher mean transition scores than those in the control group at eight and 16 weeks after they and their infants were discharged from the hospital. In addition, significantly fewer ill infants were found in the experimental group than in the control group at the 8th and 16th week post-hospital discharge. Although the increase in body length of the infants in the experimental group was significantly higher than among infants in the control group at the 8th week, no significant difference was noted between the two groups with respect to body length at the 16th week. Also, no significant differences were found, regarding an increase in weight and head circumference of infants, in either the experimental group or the control group at the 8th and 16th week post-hospital discharge.
Publication Type: journal article
Source: CINAHL

Title: A home away from home.
Citation: Exceptional Parent, 01 March 2005, vol./is. 35/3(24-25), 00469157
Author(s): de la Rocha K
Language: English
Abstract: Ken-Crest Centers' one-of-a-kind transitional care home program offers medically fragile infants a hopeful alternative to life in the hospital.
Publication Type: journal article
Source: CINAHL

Title: Neonatal transitional care.
Citation: Canadian Nurse, 01 October 2004, vol./is. 100/8(18-23), 00084581
Author(s): Lasby K, Newton S, von Platen A
Language: English
Abstract: Challenging times lay ahead for very low birth weight (VLBW) infants and their families after hospital discharge. Ongoing medical concerns, respiratory complications, breastfeeding and feeding problems, inadequate growth and delayed development are frequently encountered by this vulnerable population. Families are burdened by the worry and work of caring for their VLBW infants at home. Specialized support in the community is needed to help in the transition of infants and families from hospital to home. The Neonatal Transitional Care Program (NTCP) commenced in 1997 to assist homeward bound VLBW
infants and their families in the Calgary Health Region. The program team, consisting of clinical nurse specialists and a dietitian, provides in-home and telephone support for four months after infants are discharged. Extensive program evaluations reveal lengthened breast milk provision, decreased demand on healthcare resources (particularly emergency departments and pediatrician offices) and enhanced maternal confidence and satisfaction with community service. In this article, the development and evaluation of the NTCP are described. This innovative approach to caring for a vulnerable population of VLBW infants and their families is believed to be the first of its kind in North America. The NTCP models neonatal care that is seamless across the healthcare system and congruent with the needs of the infant and family.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in Canadian Nurse

**Title:** Neonatal issues. What are the advantages of transitional care for neonates?  
**Citation:** British Journal of Midwifery, 01 February 2001, vol./is. 9/2(92-98), 09694900  
**Author(s):** Duddridge E  
**Language:** English  
**Abstract:** Transitional care has been shown to be very beneficial to moderately compromised neonates (such as babies who need regular blood sugar estimation or phototherapy) and their families. Care provision varies in individual maternity units. The evidence suggests that units situated away from the postnatal wards or the neonatal intensive care unit are potentially able to provide the most advantageous mode of care (Boxall et al, 1989). This article aims to review the literature and discuss the benefits of transitional care units and the provision of family-centred care. It addresses location and staffing issues, and the physical and psychological development of neonates receiving transitional care.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from British Journal of Midwifery in Grantham Hospital Staff Library; Note: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.

**Title:** Effectiveness of a neonatal nurse practitioner managed transitional care unit.  
**Citation:** , 01 January 2001, vol./is. /(0-149),  
**Author(s):** Stutts AL  
**Language:** English  
**Abstract:** The purpose of this comparative, quantitative study was to assess the effectiveness of active discharge planning and developmentally based care in two models of neonatal care. Discharges from the transitional care unit in 1997, 1998, and 1999 whose parent or guardian completed a satisfaction survey were asked to participate in the study. Patient charts were reviewed for completion of multidisciplinary action plan, date immunizations ordered and received, date nipple feedings initiated, date full nipple feedings reached, xanthine therapy discontinued, and date home care ordered. Data analysis included means, standard deviations, percentages, frequencies, and analysis of variance, chi square analysis, and Pearson rho correlations. MOC 2 provided more effective pro-active discharge planning (completion of MAP, completion of home care equipment and nursing orders 7 days prior to discharge, and patient discharge before 3 p.m.), and developmentally based care (earlier initiation of eye exams and audiological screens) than MOC 1.

**Publication Type:** doctoral dissertation  
**Source:** CINAHL

**Title:** Transitional care: let's think again.  
**Citation:** Journal of Neonatal Nursing, 01 March 2000, vol./is. 6/2(60-64), 13551841  
**Author(s):** Bromley P  
**Language:** English  
**Abstract:** In an era of limited resources and increased pressure on neonatal intensive care cots, this article looks at the case for the creation of transitional care units or a transitional care scheme for higher risk infants who do not require intensive care nursing. Experience from those units already in existence would suggest that these units provide a number of advantages for low birthweight infants and their mothers, associated with the best use of
resources and a good outcome.

**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Transitional care for neonates: setting up a new service.  
**Citation:** Practising Midwife, 01 February 2000, vol./is. 3/2(13-15), 14613123  
**Author(s):** Simpson D  
**Language:** English  
**Abstract:** The whys and the wherefores of setting up a transitional care ward, explained by Doreen Simpson.  
**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from Practising Midwife (incorporates Modern Midwife) in Grantham Hospital Staff Library; Note: ; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.

**Title:** Transitional care: who cares?  
**Citation:** Nursing: The Journal of Clinical Practice, Education & Management, 22 November 1990, vol./is. 4/23(9-12), 01420372  
**Author(s):** Crawford DA  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Facility report: a model transitional-care program for premature infants... designed to enhance parental skills.  
**Citation:** Perinatology Neonatology, 01 March 1985, vol./is. 9/2(31-34), 01477927  
**Author(s):** Bachrach S, Branca P, Clark-Levenson J, Partner J, Hudes J  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Moving forward in neonatal care -- transitional care... for mothers and their premature well babies.  
**Citation:** Midwives Chronicle, 01 October 1983, vol./is. 96/1149(17-18), 00263524  
**Author(s):** Whitby CA  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Transitional care of low birth weight infants... the Shared Care With Mothers ward.  
**Citation:** Journal of Nurse-Midwifery, 01 September 1983, vol./is. 28/5(25-26), 00912182  
**Author(s):** Whitby CA  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL

**MEDLINE results**

**Title:** Management of the vulnerable baby on the postnatal ward and transitional care unit.  
**Citation:** Early Human Development, May 2010, vol./is. 86/5(281-5), 0378-3782;1872-6232 (2010 May)  
**Author(s):** de Rooy L, Johns A  
**Language:** English  
**Abstract:** Many guidelines for the prevention and management of neonatal hypoglycaemia focus on the sick infant admitted to the intensive care unit and pay scant attention to what is known about normal neonatal physiology. It is questionable whether treatment guidelines for low blood glucose levels for sick infants can be applied to a population of well infants on the postnatal ward, especially if such guidelines interfere with the establishment of breastfeeding, which has well recognised long and short term health benefits for mother and baby. What then of the baby who is at risk of abnormal postnatal adaptation, but is not
unwell? Can the complications which occur in such infants, such as hypoglycaemia, be safely managed without resorting to admission to a baby unit? Can such vulnerable infants be safely managed in an environment that promotes mother and baby bonding and facilitates breastfeeding? Crown Copyright 2010. Published by Elsevier Ireland Ltd. All rights reserved.

**Publication Type:** Journal Article, Review  
**Source:** MEDLINE

- **Title:** Neonatal transitional care program.  
  **Citation:** Alberta RN, December 2002, vol./is. 58/11(4-5), 1481-9988;1481-9988 (2002 Dec)  
  **Author(s):** Durrie KR  
  **Language:** English  
  **Publication Type:** Clinical Trial, Journal Article, Randomized Controlled Trial  
  **Source:** MEDLINE  
  **Full Text:** Available from EBSCOhost in Alberta RN

- **Title:** New practices in the transitional care center improve outcomes for babies and their families.  
  **Citation:** Journal of Perinatology, November 1998, vol./is. 18/6 Pt 2 Su(S13-7), 0743-8346;0743-8346 (1998 Nov-Dec)  
  **Author(s):** Forsythe P  
  **Language:** English  
  **Abstract:** Assuming sole responsibility of parenting a high-risk infant after a prolonged hospital stay can be a complex and traumatic event, especially when the infant is discharged with residual health care problems requiring medical management and treatment at home. A parent's ability to successfully transition the management of their infant's care from hospital to home depends on a collaborative discharge process where parents are ongoing, full participants. The Transitional Care Center environment makes learning comfortable for parents, allows parental care-giver mastery to occur, and fosters family integration. Favorable clinical outcomes concurrent with decreased lengths of hospital stays and readmission rates have been demonstrated.  
  **Publication Type:** Journal Article, Review  
  **Source:** MEDLINE

- **Title:** Who is holding the baby?.  
  **Citation:** Midwives Chronicle, February 1989, vol./is. 102/1213(34-6), 0026-3524;0026-3524 (1989 Feb)  
  **Author(s):** Boxall JF, Whitby C, Lawrence C, Tripp J  
  **Language:** English  
  **Abstract:** A survey of neonatal units has been undertaken to establish how many maternity units have to separate mothers from their well, low birthweight babies or low dependency special care babies. The study also looked at some differences in the hospitals practising transitional care, or shared care with mother, and a group of maternity wards looking after babies down to 1.8 kg on normal maternity wards.  
  **Publication Type:** Journal Article  
  **Source:** MEDLINE

- **Title:** Early discharge and specialist transitional care.  
  **Citation:** Image - the Journal of Nursing Scholarship, 1988, vol./is. 20/2(64-8), 0743-5150;0743-5150 (1988)  
  **Author(s):** Brooten D, Brown LP, Munro BH, York R, Cohen SM, Roncoli M, Hollingsworth A  
  **Language:** English  
  **Publication Type:** Journal Article, Research Support, U.S. Gov't, P.H.S.  
  **Source:** MEDLINE

- **Title:** High-risk infants and families offered transitional care.  
  **Citation:** Naacog Newsletter, August 1986, vol./is. 13/8(1, 6-7), 0889-0579;0889-0579 (1986 Aug)  
  **Author(s):** anonymous  
  **Language:** English
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<td><strong>Title:</strong> Nursing Mirror midwifery forum. The case for transitional care.</td>
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<td><strong>Citation:</strong> Nursing Mirror, December 1984, vol./is. 159/21(vii-viii), 0029-6511;0029-6511 (1984 Dec 5)</td>
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<td><strong>Author(s):</strong> Peon-Machado Y</td>
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<td><strong>Title:</strong> Reassessment of a newborn transitional care unit.</td>
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<td><strong>Citation:</strong> JOGN Nursing, November 1972, vol./is. 1/4(34-5), 0090-0311;0090-0311 (1972 Nov-Dec)</td>
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<td><strong>Author(s):</strong> Carson S</td>
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<td><strong>Title:</strong> The transitional care nursery. A mechanism for preventive medicine in the newborn.</td>
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<td><strong>Citation:</strong> Pediatric Clinics of North America, August 1966, vol./is. 13/3(651-68), 0031-3955;0031-3955 (1966 Aug)</td>
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<td><strong>Author(s):</strong> Desmond MM, Rudolph AJ, Phitaksphraiwon P</td>
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*From 1st 50 results…*

**Transitional Care Unit Leaflet - Tameside Hospital**


File Format: PDF/Adobe Acrobat - **Quick View**

*Transitional care is an area on Ward 27 where babies who need a little more nursing care and ... Why will my baby be admitted to the Transitional Care Unit?*