The statement also recommends that physicians use the AAP's Safe and Healthy Beginnings toolkit, which contains a discharge readiness checklist that can aid clinicians with the preparation of a newborn for discharge (http://practice.aap.org/public/Newborn_Discharge_SAMPLE.pdf).

In making discharge assessments, the committee advises determining that the clinical course and physical examination of the newborn reveal no abnormalities that require additional hospitalization; vital signs are within normal ranges; and there is a history of successful feedings, urinations, and bowel movements and a lack of significant circumcisional bleeding. Other examinations should assess for the clinical risk of hyperbilirubinemia, and for sepsis based on maternal risk factors and in accord with guidelines for preventing perinatal group B streptococcal disease.

Testing of newborns' blood type as well as their cord blood should be performed as clinically indicated. Hospital protocols and state regulations may call for other metabolic and hearing screenings. The initial hepatitis B vaccine also should be administered to the newborn according to the current immunization schedule.

Mothers should have certain blood tests performed, including screening tests for syphilis and hepatitis B surface antigen and other tests required by state regulations, such as HIV testing. Other assessments need to be made of the mother's knowledge, ability, and confidence to provide adequate care for her infant—including barriers to adequate follow-up care for the newborn—as well as any family, environmental, and social risk factors.

"One of the take-home messages is that the length of stay should accommodate the unique characteristics of each mother-infant dyad, including the health of the mother, the health and stability of the infant, the ability and confidence of the mother to care for her infant, the adequacy of support systems at home, and access to appropriate follow-up care.

To accomplish this, a pediatrician's decision to discharge a newborn should be made jointly with input from the mother, her obstetrician, and other health care providers who are involved in the care of the mother and her infant, such as nursing staff and social workers," Dr. Kumar said.

"Everything should be considered as a mother-infant dyad rather than independently for the mother and infant. Just looking at the baby and making a decision that the baby can go home" is not adequate, he added.

Once a medical home for the newborn has been identified and a plan for timely communication of pertinent clinical information to the medical home is in place, the committee recommends making a follow-up appointment for the infant within 48 hours of discharge, but no later than 72 hours, if the infant was discharged less than 48 hours after delivery.

"It is very important for all babies to have a medical home, and it should be in place before a baby goes home," Dr. Kumar said. ■

Disclosures: *None was reported.*

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The new policy recommends following 16 minimum criteria before discharge.

Spina Bifida Trial Seeks Enrollees

The Management of Myelomeningocele Study (MOMS) is a randomized, controlled clinical trial that continues to enroll pregnant women between 19 and 25 weeks' gestation. Funded by the National Institute of Child Health and Human Development, the trial will compare the safety and efficacy of prenatal versus postnatal closure of myelomeningocele. Participating MOMS centers are the Children's Hospital of Philadelphia; Vanderbilt University Medical Center in Nashville, Tenn.; and the University of California at San Francisco.

To refer a patient or for more information, contact study coordinator Jessica Ratay at 866-275-6667 or MOMS@bsc.gwu.edu, or visit www.spinabifidamoms.com. ■