Neonatal Telephone Consultations in the National Maternity Hospital

Abstract:
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Details of telephone consultations concerning infants were recorded prospectively over a two month period in the National Maternity Hospital (NMH). There were one hundred and forty-six calls recorded. Eighty (54.8%) were made by mothers while sixteen (11.0%) were made by fathers. Health Care Professionals including General Practitioners and Public Health Nurses accounted for eleven (7.5%) of the calls. One hundred and twenty-one (82.9%) infants were less than six weeks old. One hundred and eleven (76.0%) calls were received between 8am and 5pm. There were thirty-nine (26.7%) calls relating to the gastrointestinal system. There were twenty-seven (18.5%) calls regarding respiratory concerns. There were twenty-seven calls regarding gastrointestinal problems including reflux, vomiting, constipation, appearance of stools and colic. There were twenty-seven calls regarding respiratory concerns including breathing difficulties, cough and noisy breathing. Sixteen (11.0%) calls related to babies described as irritable. Twenty-four (16.4%) of the calls were about the umbilicus. Eight (5.5%) calls were about the umbilicus.

Results
There were one hundred and forty six calls recorded. Eighty (54.8%) calls were recorded by Nursing Staff. The remaining sixty-six (45.2%) calls were recorded by Doctors. The vast majority of forms were fully completed. One hundred and twenty-one (82.9%) infants were less than six weeks old. One hundred and eleven (76.0%) calls were received between 8am and 5pm. There were thirty-nine (26.7%) calls relating to the gastrointestinal system. There were twenty-seven (18.5%) calls regarding respiratory concerns. There were twenty-seven calls regarding gastrointestinal problems including reflux, vomiting, constipation, appearance of stools and colic. There were twenty-seven calls regarding respiratory concerns including breathing difficulties, cough and noisy breathing. Sixteen (11.0%) calls related to babies described as irritable. Twenty-four (16.4%) of the calls were about the umbilicus. Eight (5.5%) calls were about the umbilicus.

Discussion
This review highlights the large number of care providers (mostly parents) in the community who are seeking assistance and advice from health care professionals in our hospital on a daily basis. The majority of these calls are dealt with by simple reassurance and advice. However amongst the many infants with uncomplicated medical concerns, we noted that there were some infants with more significant problems. These included a case of constipation which on consultation was found to be due to an obstruction. Sixteen (11.0%) of the calls were attended to by simple reassurance and advice. However amongst the many infants with uncomplicated medical concerns, we noted that there were some infants with more significant problems. These included a case of constipation which on consultation was found to be due to an obstruction.

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Introduction
Outside line telephone calls to hospital staff are a frequently neglected area of healthcare delivery. Telephone calls from worried care providers regarding unwell infants are common. The advice provided is not standardised and protocols are not in general use. The advice provided is rarely recorded or formally documented. This review was undertaken to determine the number and nature of telephone consultations in relation to young infants. The authors wanted to quantify who was calling and what were the issues they were calling about. We also wanted to define what recommendations we are providing as healthcare workers.

Methods
A proforma was created for the purpose of this review. This was distributed throughout the National Maternity Hospital at locations where staff were likely to be receiving calls. Details recorded included the sex and age of the infant, the relationship of the caller to the infant and the issue that had led them to contact the hospital for an opinion. Staff members receiving a call were then asked to record their position (nurse or doctor) and whether they felt that the caller's level of concern was mild, moderate or severe. There were five options for follow up provided on this proforma. These included reassurance & home care advice, attend GP, Baby Clinic appointment, attend The National Maternity Hospital immediately and referral to a Paediatric ED. Calls were recorded prospectively over a two month period in late 2010.

Results
There were one hundred and forty-six calls recorded. Eighty (54.8%) calls were recorded by Nursing Staff. The remaining sixty-six (45.2%) calls were recorded by Doctors. The vast majority of forms were fully completed. One hundred and twenty-one (82.9%) infants were less than six weeks old. One hundred and eleven (76.0%) calls were received between 8am and 5pm. There were thirty-nine (26.7%) calls regarding gastrointestinal problems including reflux, vomiting, constipation, appearance of stools and colic. There were twenty-seven calls regarding respiratory concerns including breathing difficulties, cough and noisy breathing. Sixteen (11.0%) calls related to babies described as irritable. Twenty-four (16.4%) calls were regarding jaundiced babies while a further fourteen (9.6%) calls were concerning rashes. Eight (5.5%) calls were about the umbilicus.

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Three (16.7%) callers were offered Baby Clinic appointments. Similarly, three (16.7%) patients were advised to attend the National Maternity Hospital immediately. Only one (5.6%) patient was advised to attend their GP. Seven (38.9%) callers in the very concerned group were told to attend a Paediatric ED.

The use of paediatric telephone consultations has previously been investigated. As far back as 1984 in Australia, Oberklaid et al. argued that it was not acceptable that outside lines be dealt with in an ad hoc manner and recommended the creation of a dedicated telephone service with recognised protocols. In the United States, telephone consultation services for worried parents have been routinely provided for decades 3. These facilities use recognised American Academy of Pediatric guidelines for paediatric telephone consultations. A review of one such nurse-delivered after-hours paediatric telephone consultation service in Denver 4 showed that 45% of callers received home care advice, 30% were told to contact the Paediatrician tomorrow and 4% were referred to the on call Paediatrician while 21% were advised to attend their local Paediatric Emergency Department. Further research from Kempe et al. 5 in Denver demonstrated that parents were likely to comply with the advice given where the advice was for either Paediatric ED review or simple home care advice. They were less likely to comply with intermediate levels of advice such as to attend their Paediatrician the next day. This study also suggested that the service was safe with a potential rate of under-referral of 0.2%. They noted that under-referral was associated with calls received after eleven at night and age of less than six weeks or more than twelve years. Infants 6 weeks or less accounted for the majority of our population. Telephone consultations relating to young infants are potentially difficult and dangerous as visual clues are such an integral part of the assessment. There may be reluctance among those answering calls from worried parents to document the consultations due to the fear of being held accountable in terms of litigation. Training in the use of recognised protocols would help to protect both children and medical staff.

Such services are not exclusive to paediatric care in the United States. Call centres are in common use in countries including Australia, Switzerland and Israel 6. Kidsnet was developed following research from Oberklaid et al. in Sydney. This service deals with over 20,000 calls per year using accredited hospital protocols. The advice that Kidsnet provides is perceived by the public as being highly accurate and valued 7. In the UK, 30-40% of calls made to NHS Direct are in relation to children 8. Parental satisfaction with such paediatric after-hours telephone services is high 9. They provide worried parents with a valued opinion which is considered safe and reliable. This helps to ease the burden on local emergency departments as usually, the issues these parents are concerned about can be dealt with by parental reassurance and home care advice alone 10. It was noted that the majority of calls were received during daytime working hours. Due to a lack of funding there is currently no plan to create a dedicated telephone service to deal with this demand.

The current system of unfiltered calls arriving through to hospital staff and outside line bleeps to busy junior doctors is largely beneficial to the public but it is potentially hazardous for all parties as well as time consuming 11. However the public demands twenty-four hour access to health information 12. As healthcare providers we must demonstrate that this service is safe and effective in a prospective manner. Greater awareness of the Health Service Executive website, www.hse.ie, would be useful in this regard. This website provides answers to many of the questions about which parents most frequently call. A postnatal booklet for new parents containing advice about many of the common neonatal problems highlighted by this review has recently been created in the National Maternity Hospital. Information concerning common neonatal problems could also be made available on the hospital website. Efforts to implement paediatric telephone consultation could reduce pressure on primary care and out-patient services, while also decreasing the number of telephone consultations.

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