Standard operating procedure (SOP) · OBS-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 12.5

At a glance

- Each newborn is assessed at birth for breathing, heart rate and colour.
- Warmth, airway and drying are given at once, as the newborn care rule sets.
- Newborn resuscitation equipment is ready and checked each shift (OBS-FRM-004).
- A newborn needing more care is transferred on the defined route (PTR-SOP-003).
- Stop and get help straight away if: a newborn is not breathing and resuscitation is delayed, or the equipment is not ready.

1. Purpose

To give each newborn the care it needs from the first minutes (12.5).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

A newborn needs care from the first minutes, including warmth, breathing and checks. Trained staff, and the equipment to do it, are the difference between a healthy start and an avoidable death.

5. Responsibilities

Role	Responsibility	Competence
Neonatal lead	Owns the protocol and the equipment	Clinician
Midwife or nurse	Runs the first assessment	Nurse

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Assess.

- Assess breathing, heart rate and colour at birth, and record the time.

Key point: At birth.

Step 2. Warm and support.

- Dry, warm and support the airway at once, and resuscitate if needed.

Key point: At once.

Step 3. Transfer if needed.

- Transfer a newborn needing more care on the defined route, with the record.

Key point: Route and record.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Newborns assessed at birth with the time recorded	100%	Monthly	Neonatal lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
OBS-FRM-004	Newborn care record	Record
PTR-SOP-003	Neonatal, paediatric and critical transfers (existing, reused)	Procedure

17. Evidence

Reference	Note
E-009	Based on the WHO recommendations on newborn health (2017).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Emergency Medical Equipment & AED Readiness (MED-02)
- **Safety & Emergency Preparedness** (H-05)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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