Basic Clinical Interventions for Maternal and Newborn Complications

Session 5-3: Providing Care to the Newborn Baby

At birth and within the first hour(s)

 Warm delivery room: room temperature should be 25-28°C

 Dry baby: immediately after birth, place the baby on the mother's abdomen or on a warm, clean and dry surface.

Dry the whole body and hair thoroughly, with a dry cloth.

Skin-to-skin contact:

- Leave the baby on the mother's abdomen (before cord cut) or chest (after cord cut) after birth for at least 2 hours.
- Cover the baby with a soft dry cloth.
- If the mother cannot keep the baby skin-to-skin because of complications
 - Wrap the baby in a clean, dry, warm cloth and place in a cot.
 - Cover with a blanket.
 - Use a radiant warmer if room not warm or baby small.



Photo Courtesy of BEmOC: A Trainer's Guide, DOH (2004)



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Subsequently (first day)

- Explain to the mother that keeping baby warm is important for the baby to remain healthy.
- Dress the baby or wrap in soft dry clean cloth. Cover the head with a cap for the first few days, especially if baby is small.
- Ensure the baby is dressed or wrapped and covered with a blanket.
- Keep the baby within easy reach of the mother. Do not separate them (rooming-in).

- If the mother and baby must be separated:
 - ensure baby is dressed or wrapped and covered with a blanket.
- Assess warmth every 4 hours by touching the baby's feet:
 - if feet are cold use skin-to-skin contact
 - add extra blanket and reassess.

Keep the room for the mother and baby warm. If the room is not warm enough:

 always cover the baby with a blanket and/or use skin-to-skin contact.

At Home

- Explain to the mother that babies need one more layer of clothes than other children or adults.
- Keep the room or part of the room warm, especially in a cold climate.



At night, let the baby sleep with the mother or within easy reach to facilitate breastfeeding.

Rewarm the baby skin-to-skin

- Before rewarming, remove the baby's cold clothing.
- Place the newborn skin-to-skin on the mother's chest dressed in a pre-warmed shirt open at the front, a nappy (diaper), hat and socks.
- Cover the infant on the mother's chest with her clothes and an additional (pre-warmed) blanket.

Check the temperature every hour until normal.

Keep the baby with the mother until the baby's body temperature is in normal range.

Rewarm the baby skin-to-skin

- If the baby is small, encourage the mother to keep the baby in skin-to-skin contact for as long as possible, day and night.
- Be sure the temperature of the room where the rewarming takes place is at least 25 ° C.
- If the baby's temperature is not 36.5°C or more after 2 hours of rewarming, reassess the baby.
 - If referral needed, keep the baby in skin-to-skin position/contact with the mother or other person accompanying the baby.

Help the mother to initiate breastfeeding within 1 hour, when baby is ready

- After birth, let the baby rest comfortably on the mother's chest in skin-to-skin contact.
- Tell the mother to help the baby to her breast when the baby seems to be ready, usually within the first hour. Signs of readiness to breastfeed are:

baby looking around/moving mouth open searching.

- Check that position and attachment are correct at the first feed. Offer to help the mother at any time.
- Let the baby release the breast by her/himself; then offer the second breast.



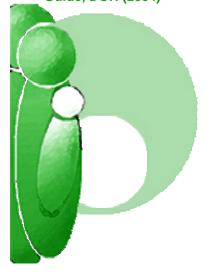
- If the baby does not feed in 1 hour, examine the baby. If healthy, leave the baby with the mother to try later. Assess in 3 hours, or earlier if the baby is small.
- If the mother is ill and unable to breastfeed, help her to express breast milk and feed the baby by cup. On day 1 express in a spoon and feed by spoon.

If mother cannot breastfeed at all, use one of the following options:

home-made or commercial formula donated heat-treated breast milk.



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Support exclusive breastfeeding

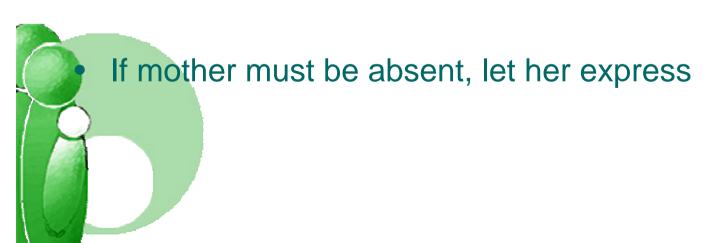
- Keep the mother and baby together in bed or within easy reach. DO NOT separate them.
- Encourage breastfeeding on demand, day and night, as long as the baby wants.

A baby needs to feed day and night, 8 or more times in 24 hours from birth. Only on the first day may a full-term baby sleep many hours after a good feed.

A small baby should be encouraged to feed, day and night, at least 8 times in 24 hours from birth.

Support exclusive breastfeeding

- Help the mother whenever she wants, and especially if she is a first time or adolescent mother.
- Let baby release the breast, then offer the second breast.



Teach correct positioning and attachment for breastfeeding

Show the mother how to hold her baby. She should:

- make sure the baby's head and body are in a straight line
- make sure the baby is facing the breast, the baby's nose is opposite her nipple
- hold the baby's body close to her body
- support the baby's whole body, not just the neck and shoulders



Photo Courtesy of BEmOC: A Trainer's Guide, DOH (2004)

Teach correct positioning and attachment for breastfeeding

 Show the mother how to help her baby to attach. She should:

touch her baby's lips with her nipple wait until her baby's mouth is opened wide move her baby quickly onto her breast, aiming the infant's lower lip well below the nipple.

Teach correct positioning and attachment for breastfeeding

- Look for signs of good attachment and effective suckling (that is, slow, deep sucks, sometimes pausing).
- If the attachment or suckling is not good, try again.
- Then reassess.
 - If breast engorgement, express a small amount of breast milk before starting breastfeeding to soften nipple area so that it is easier for the baby to attach.

Express breast milk

- The mother needs clean containers to collect and store the milk. A wide necked jug, jar, bowl or cup can be used.
- Once expressed, the milk should be stored with a wellfitting lid or cover.
- Teach the mother to express breast milk:
 - To provide milk for the baby when she is away. To feed the baby if the baby is small and too weak to suckle To relieve engorgement and to help baby to attach To drain the breast when she has severe mastitis or abscesses.

Express breast milk

- Teach the mother to express her milk by herself. DO NOT do it for her.
- Teach her how to:

Wash her hands thoroughly.

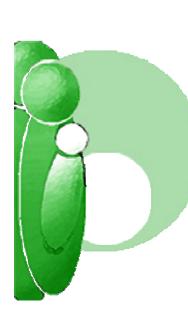
Sit or stand comfortably and hold a clean container underneath her breast.

Put her first finger and thumb on either side of the areola, behind the nipple.

Press slightly inwards towards the breast between her finger and thumb.

Express one side until the milk flow slows. Then express the other side.

Continue alternating sides for at least 20-30 minutes.



Express breast milk

If milk does not flow well:

Apply warm compresses.

Have someone massage her back and neck before expressing.

Teach the mother breast and nipple massage.

Feed the baby by cup immediately. If not, store expressed milk in a cool, clean and safe place.

 If necessary, repeat the procedure to express breast milk at least 8 times in 24 hours. Express as much as the baby would take or more, every 3 hours.

When not breastfeeding at all, express just a little to relieve pain.

If mother is very ill, help her to express or do it for her.

Signs that baby is receiving adequate amount of milk

- Baby is satisfied with the feed.
- Weight loss is less than 10% in the first week of life.
- Baby gains at least 160 g in the following weeks or a minimum 300 g in the first month.
 - Baby wets every day as frequently as baby is feeding.
 - Baby's stool is changing from dark to light brown or yellow by day 3.

Resuscitation

- 1) Keep the baby warm
- 2) Make sure the airway is clear.
 - Clean out mucus and amniotic fluid from mouth and nose with nasal bulb syringe if available, or with clean gauze on your finger.
- 3) Stimulate the baby by rubbing on her/his skin or gently tapping the soles of her/his feet. If s/he does not breathe, start mouth to mouth resuscitation:
 - Extend the baby's head.
 - Cover the baby's nose and mouth entirely with your own mouth.
 - Puff into baby's lungs with cheek muscles only. You will see the baby's chest move. Let her/his lungs expand between puffs. Puff about 20 times in each minute.
 - Check if heart is beating by feeling the chest and/or listening with stethoscope.

Resuscitation

- If heart is not beating:
 - Put your index and middle finger on the baby's sternum.
 - Press down gently three times for each puff in mouth to mouth resuscitation.
 - Stop when the baby starts to cry or breathe.
 - Stop if the heart has not started beating in 10 minutes.

Cord care

- Wash hands before and after cord care.
- Put nothing on the stump.
- Fold nappy (diaper) below stump.
- Keep cord stump loosely covered with clean clothes.
- If stump is soiled, wash it with clean water and soap. Dry it thoroughly with clean cloth.



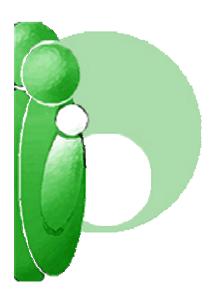
- •If umbilicus is red or draining pus or blood, examine the baby and manage accordingly.
- •Explain to the mother that she should seek care if the umbilicus is red or draining pus or blood.

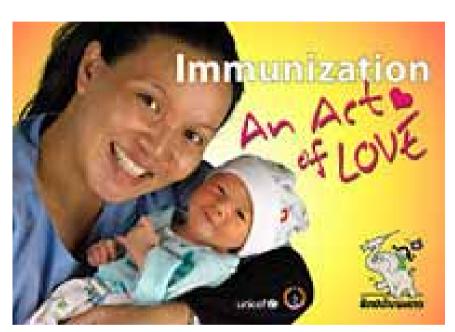
Sleeping

- Use the bednet day and night for a sleeping baby.
- Let the baby sleep on her/his back or on the side.
- Keep the baby away from smoke or people smoking.
- Keep the baby, especially a small baby, away from sick children or adults.

Immunization within 24 hours

- BCG
- Hepatitis B





Source: www.unicef.org

Hygiene (washing, bathing) At birth:

Only remove blood or meconium.

Later and at Home:

- Wash the face, neck, underarms daily.
- Wash the buttocks when soiled. Dry thoroughly.
- Bath when necessary:
 - Ensure the room is warm, no draught
 - Use warm water for bathing
 - Thoroughly dry the baby, dress and cover after bath.

Others:

- Use cloth on baby's bottom to collect stool. Dispose of the stool as for woman's pads. Wash hands.
- Small babies require more careful attention. The room must be warmer when changing, washing, bathing and examining a small baby.