



Care of Normal Newborn

Principles of care at birth

- Establishment of respiration
- Prevention of hypothermia
- Establishment of breastfeeding
- Prevention of infection
- Identification of at risk neonates

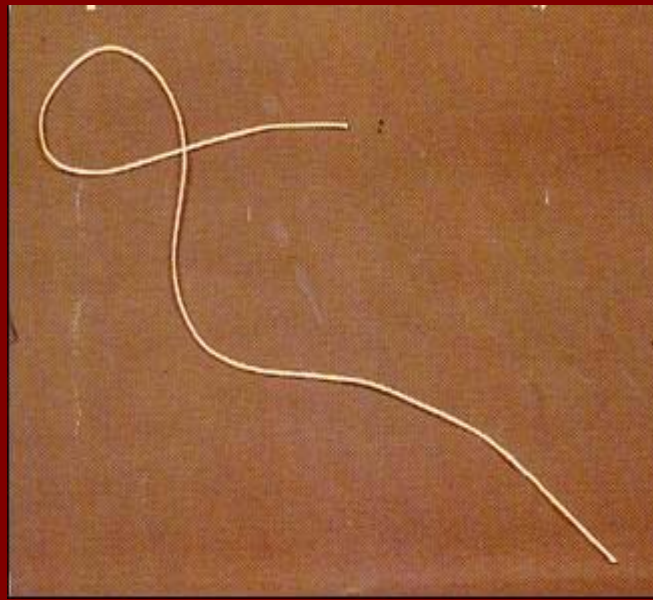
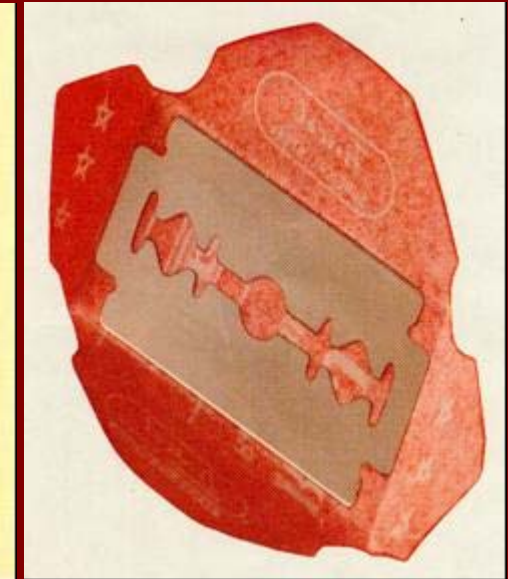
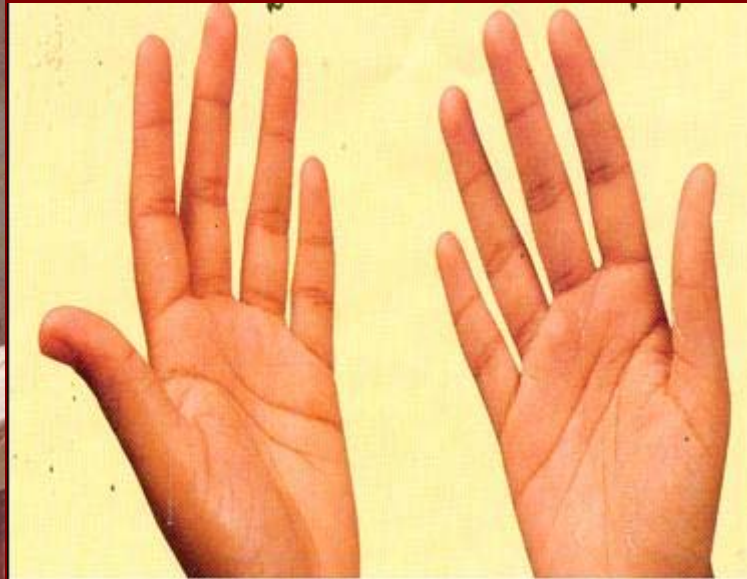
Care of normal newborn

- ✚ Preparation before delivery
- ✚ Immediate care at and after birth
- ✚ Essential postnatal care

Contents of clean delivery kit (at home)

- Soap for washing hands; ensure clean and boiled water
- 2 to 3 sterilized cord ties
- A new clean blade / boiled at home instrument to cut cord
- Clean sun-dried cloth / sheet, small gauze pads
- A clean plastic envelope / cloth to keep the kit in

'Five cleans' to prevent infection



Physical facilities for resuscitation (at hospital)

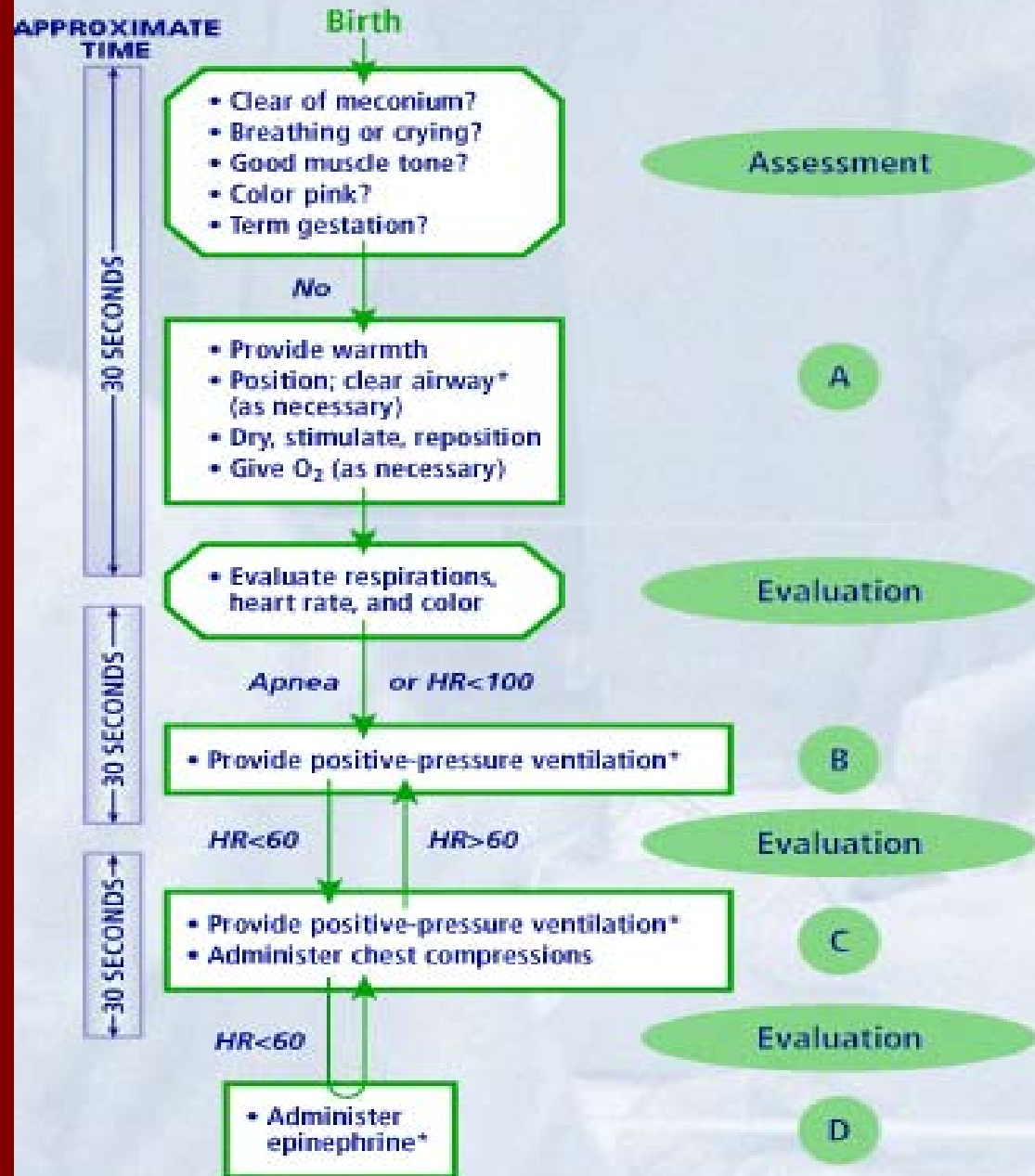
- ✚ Resuscitation corner with warmer
- ✚ Contents of resuscitation kit
- ✚ Suction catheter 10 Fr, De Lee trap, suction machine
- ✚ Resuscitation bag and masks

Physical facilities for resuscitation (at hospital)

- ✚ Infant laryngoscope with blades
- ✚ Endotracheal tubes (2.5, 3.0, 4.0 mm)
- ✚ Medications – epinephrine, naloxone, normal saline, sodium bicarbonate
- ✚ Plenty of disposables

Newer guidelines for neonatal resuscitation

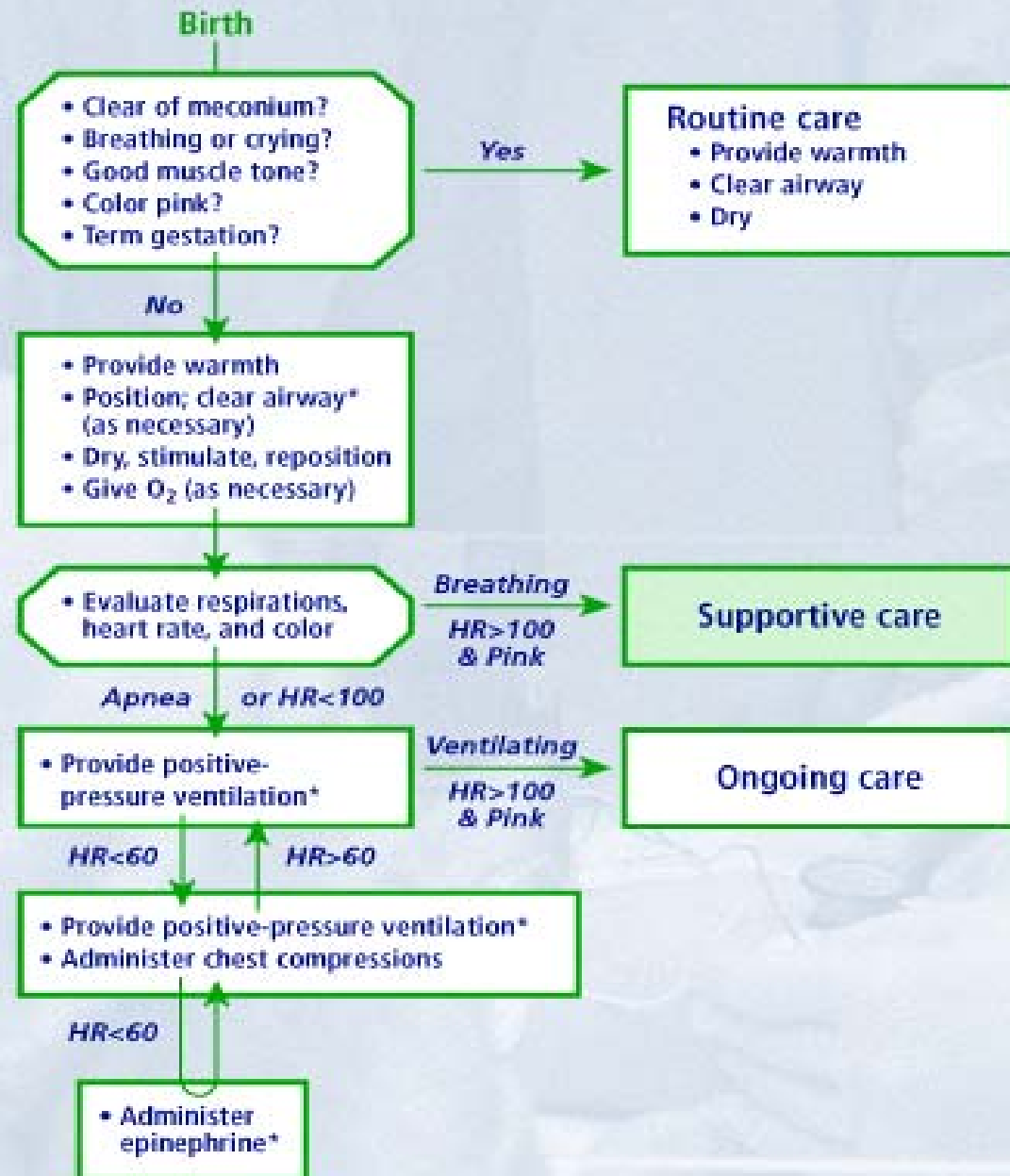
Teaching Aids: NNF



*Endotracheal intubation may be considered at several steps

Concept of Routine Care, Supportive care and Ongoing Care

Teaching Aids: NNF



*Endotracheal Intubation may be considered at several steps



**Vigorous baby born at term
needing only routine care**



**Baby with poor tone and
color who needs resuscitation**

Immediate care after birth

- ✚ Prevent hypothermia
- ✚ Eye, skin, cord care
- ✚ Give injection vitamin K
- ✚ Breastfeed within ½ hour of birth
- ✚ Search for malformations

Increased risk of malformation

- ✚ Single umbilical artery
- ✚ Simian crease
- ✚ Dysmorphic features
- ✚ Asymmetric cry due to absence of Depressor Angularis Oris Muscle
- ✚ Excessive drooling of saliva

Quick screening for malformations

- Screen from top to bottom and in midline
- Orifice examination
 - Anal opening
 - Oesophagus patency*
 - Choanal atresia

* *SFD baby, polyhydramnios, excessive drooling, single umbilical artery*

Essential postnatal care

- ✚ Nurse in thermal comfort
(warm to touch, pink soles)
- ✚ Check umbilicus, skin, eyes
- ✚ Good sucking at breast
- ✚ Screen for danger signals
- ✚ Advice on immunization

Care of umbilical stump

- ✚ Inspect 2 to 4 hours after ligation for bleeding
- ✚ Do not apply anything, keep cord clean and dry
- ✚ Inspect for discharge or infection till healing occurs

Care of the skin

- ✚ Dry using soft prewarmed clean cloth
- ✚ Bathing soon after birth is not recommended
- ✚ Do not make vigorous attempts to remove vernix caseosa
- ✚ Inspect for superficial infections

Care of the eyes

- ✚ Clean at birth and subsequently daily
- ✚ No kajal application
- ✚ For sticky eyes use normal saline or appropriate medication
- ✚ Nasolacrimal duct blockage, Massaging helps

Summary: care of normal neonates at home

- ✚ Protect from cold/ heat
- ✚ Keep umbilical stump clean and dry
- ✚ Don't apply anything on cord
- ✚ No application in eyes
- ✚ Exclusive breastfeeding - day and night for six months

Weight change pattern in term baby

- ✚ May lose up to 5-7% during first 3-5 days
- ✚ Regains birth weight by 7-10 days
- ✚ Gains 30 g/day during 1st month

Danger signs

 Lethargy

 Hypothermia

 Respiratory distress

 Cyanosis

 Convulsions

 Abd distension

 Bleeding

 Yellow palms/ sole

 Excessive wt loss

 Vomiting

 Diarrhoea

Follow up visit: Objectives

- Assess growth & development
- Early diagnosis and management of illness
- Health education
 - Exclusive breastfeeding for 6 months
 - Complementary feeds after 6 months
 - Spacing of family

Immunization

Age	Vaccine	Optional
0-7 days	BCG, OPV, Hep B	
6 Weeks	OPV,DPT, Hep B	Hib
10 Weeks	OPV,DPT, Hep B*	Hib
14 Weeks	OPV, DPT, Hep B	Hib
9 months	Measles	
15 months	MMR	
18 months	OPV, DPT	
School entry(4-5 yrs)	OPV, DT	
10 years	Tetanus toxoid (every 5 years)	

* May omit this dose of hepatitis B vaccine if birth dose is given

Hib