

IMMEDIATE CARE OF THE NEW BORN

Presenter

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Introduction

- Every newborn baby is entitled to immediate high quality care in order to achieve quality life. In Uganda, newborn care has shown significant progress but challenges persist. The country records 22 deaths/1000 live births exceeding the Sustainable Development Goal of 12 deaths/1000 live births by 2030.

Immediate care of B/o K.A

Preparation:

- Human resource –team work
- Resuscitation equipment
- Emergency tray
- Oxygen and accessories
- Observation tray
- Bed- pre-warm the incubator
- Safety equipment
- Cord ligatures and scissors
- Stationary

Management

- Receive baby preferably in the BBA room.
- Create Rapport
- Take brief history from care taker – mothers name, W.O.A
- Take a quick general observation – dry baby if not well dried, colour - pink, tone – active, and breathing - spontaneous and act accordingly.
- Take vitals – temperature 36.1, pulse rate 160B/min, respiratory rate - 66b/min, SPO2 – 88% R.A.
- Weigh 1.6kg

- Transfer baby to incubator – Thermo care
- KMC not ideal now as baby is not yet stabilized
- Connect to Oxygen – CPAP
- Provide a diaper or nappy
- Give a head cap
- Nurse baby in a nest – calms baby and reduces stress

CORD CARE

- Inspect the cord - clean with saline and shorten 2-3cm if required.
- Apply double ligature for proper cord care and reduce the risk of bleeding.

NEWBORN EXAMINATION

- This is to identify any potential health issues and ensure the Newborns well being. Do a quick general assessment, then follow it with system assessment.
- **Head and neck** – fontanelles, eyes, ears(shape, size, position), mouth (cleft lip and palate), nose.

- **CVS** – Heart rate and abnormal sounds
- **Respiratory system** – rate and effort, lung sound, chest shape
- **Abdomen** – shape, umbilical cord abnormalities
- **Musculoskeletal**- spinal abnormalities, limb abnormalities

FEEDING;

- Delay breastfeeding as baby is unstable – consider EBM 24hrs later following stabilization.
- Start IV D10 at 60mls/kg/24hrs.
- Involve caretaker/mother in your mgt

PROPHYLACTIC CARE

- Give injection Vitamin K 0.5mls IM or IV where you have the cannula in situ. This helps prevent vitamin K deficiency related bleeding

- Apply TEO onto the eyes – prevents bacterial infections (ophthalmia neonatorum)
- Immunization may be delayed considering circumstances of birth.

Thank you