

ONGOING ESSENTIAL NEWBORN CARE

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Background

- Ongoing ENC includes consistent attention to newborn's needs from birth onwards.
- High quality universal newborn health care is the right of every newborn everywhere
- Babies have a right **to be protected from injury, infection, to breathe normally, to be warm and be appropriately fed.**

Background

On going ENC includes:

- Assessing for and managing 8 danger signs
- Continued feeding
- Cord care
- Prolonged skin to skin care
- Colic management
- IPC
- Naturing/responsive care
- Parent care and family centered care

DANGER SIGNS IN A NEWBORN

PART 2

The Eight Danger Signs

1. Poor feeding
2. Lethargy
3. Seizures
4. Too hot, temperature more than 37.5°C
5. Too cold, temperature less than 35.5°C
6. Fast breathing >60 breaths per minute
7. Chest indrawing
8. Jaundice

WHO Young Infant Study Group

Every day and at every postnatal review, every baby should be checked for danger signs. Mothers too should be taught to do so daily

1. Poor Feeding or not feeding at all

- Sucks less
- Sucks poorly
- Does not suck at all
- May not open mouth when offered breast
- May not wake up to feed
- May not stay awake to finish a feed
- Makes little or no urine at all, have poor weight gain and dehydration.

These babies require support and follow up with feeding eg EBM, Cup and spoon feeding, NGT feeding and sometimes fluids

Video - Poor Feeding or not feeding



2. Lethargy

- Very weak, not quite responsive
- May appear like a 'good baby' who doesn't cry or wake up often

Video - Lethargy



3. Seizures

- Features of seizures in newborn are often subtle
 - Starring look
 - Blinking of eyelids
 - Recurring frightening cry
 - Unusual movement of lips
 - Repetitive jerking of limbs
 - Cycling movements of limbs

Parents often miss recognizing subtle seizures, it's important that you expose and look at the baby yourself for at least 15 minutes

Video - Seizures



4. Too cold

- Teach parents to check baby's temperature during every feed
- Compare the baby's temperature to your own temperature using the back of your hand
- If the baby's feet and abdomen are cold the baby is too cold and may be very sick
- A temperature $<35.5^{\circ}\text{C}$ is dangerously low
- If the baby doesn't warm up with skin to skin or has other danger signs, manage for sepsis

Video - Too cold



5. Too hot

- Baby's body will feel hot to touch compared to your own body
- Mother may report that baby's mouth may feel hot when breastfeeding
- One time Temperature of 37.5-38.5°C can be due to overcovering
- Persistent fevers after exposure or >38 or any other danger sign can be due to sepsis
- If otherwise well, remove clothes to cool baby and re-check after 10 minutes, if still hot or other danger signs, manage for sepsis immediately

Video - Too hot

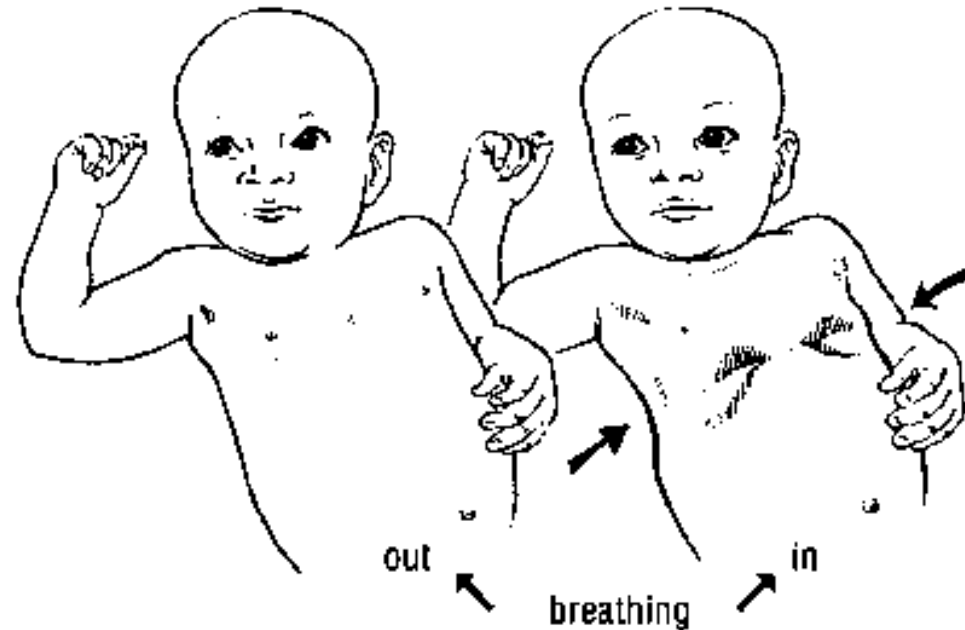


6. Fast breathing

- Count breaths for a full minute when baby is quiet
- More than 60 breaths per minute is **TOO FAST**
- Often have chest indrawing at the same time
- May also see nasal flaring
- May hear grunting, a sound on expiration

7. Chest indrawing

- Observe the breathing
- Watch the baby's chest and abdomen closely
- Chest draws in and belly moves out

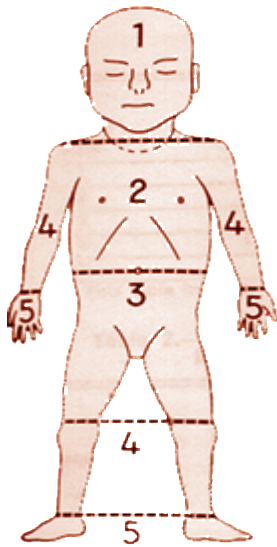


Video - Fast breathing and chest indrawing



Jaundice

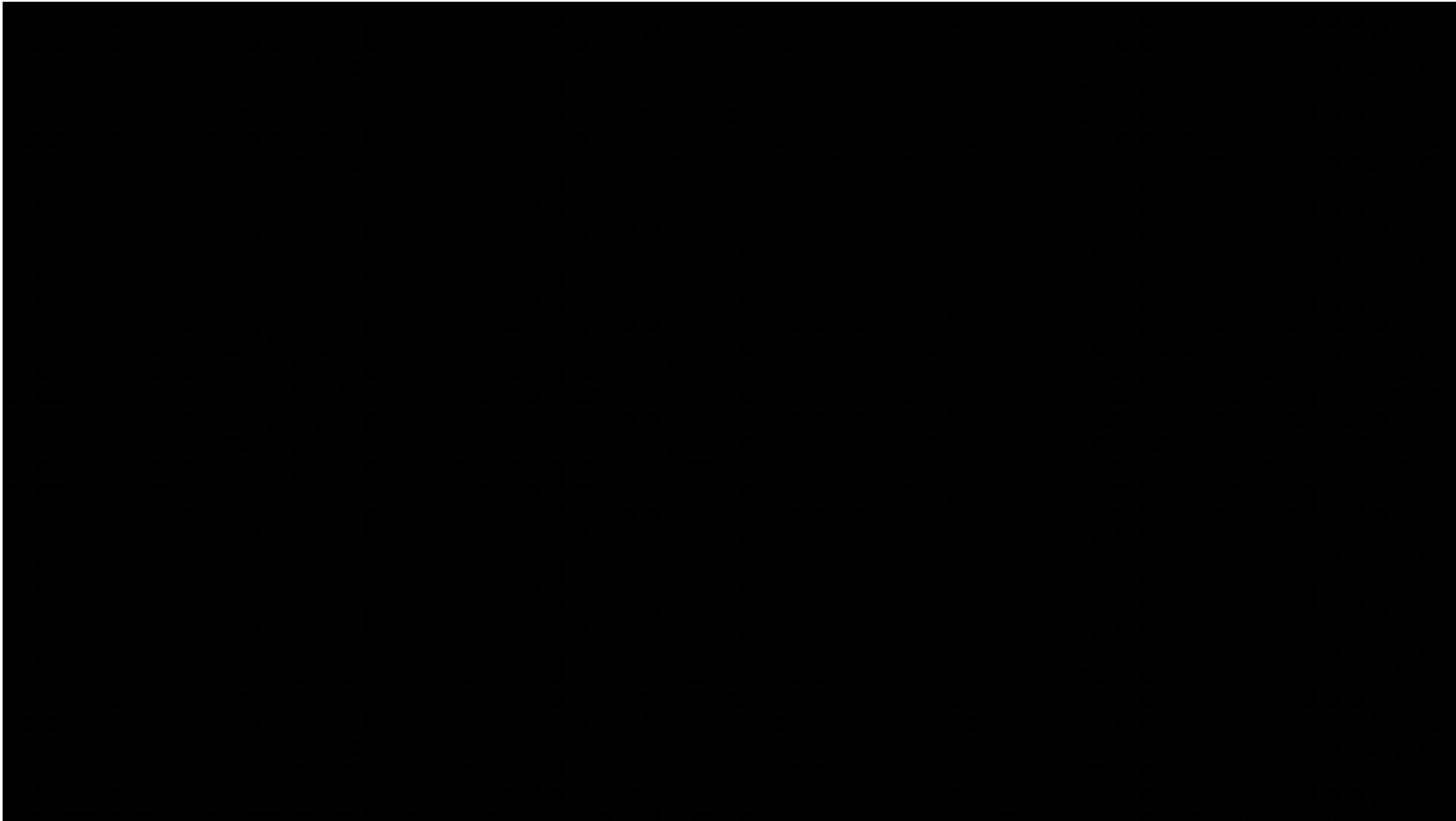
- Jaundice appears first on the face
- Jaundice spreads down the trunk to the arms and legs



Zone	1	2	3	4	5
SBR ($\mu\text{mol/l}$)	100	150	200	250	>250

- Jaundice is severe if:
 - It is present in a sick baby
 - It is ever seen on the palms and soles
 - Is ever present in the first 24 hours of life

Video - Jaundice



What to do in labour ward/postnatal

- A baby with any of the **8 Danger Signs** needs **Immediate Referral** to the paediatric or neonatal ward
- Resuscitate immediately if needed
- Depending on the danger sign, prereferral treatment may include: antibiotics, oxygen, dextrose, anticonvulsants
- Write a **quick** referral note with details of the pregnancy, labour and delivery
- Escort the baby and caregiver to the Paediatric or Neonatal ward
- Help the caregiver put the baby in skin-to-skin contact for transfer to the paediatric or neonatal ward to keep the baby warm

ONGOING ESSENTIAL NEWBORN CARE

PART 3

1. Continued feeding, expected urine and stool habits

- Breastfeeding directly from the breast is best choice
- 2 hourly breastfeeding till full lactation (day 3-5)
- Thereafter, 3 hourly feeds are adequate
- First urine should come in first 48 hrs and ≥ 6 urine diapers/day are expected if breastmilk supply is enough
- First stool in first 24 hours, Stool motions can be as many as feeding episodes eg 8 or even no stooling for 1-2 days (green, yellow & brown colours are normal)

Breastfeeding support should be given to all mothers while addressing breastfeeding challenges

2. Prolonged skin to skin care

- should be emphasized for all lowbirth weight babies < 2.5kgs.
- same benefits are achieved for term babies too.
- continued KMC promotes
 - ✓ bonding
 - ✓ better thermal care
 - ✓ faster weight gain
 - ✓ lower risk of infections
 - ✓ better breathing
 - ✓ better neurodevelopment



3. Colic



Definition: Colic is excessive crying in an otherwise healthy baby/infant, typically lasting ≥ 3 hours a day, for ≥ 3 days a week, and for ≥ 3 weeks.

Symptoms: Babies with colic often exhibit loud, intense crying that is difficult to console, fussiness, gas, and difficulty sleeping.

Cause: Exact cause of colic is unknown, it's thought to be related to digestive issues, inappropriate breast attachment, immaturity of the digestive system, abdominal migraine or a baby's temperament.

Duration: Colic usually resolves on its own, often by 3 to 4 months of age

Colic management

Soothing Techniques:

- Holding and Cuddling: Hold the baby close while rocking, or gently patting
- Warm Baths: A warm bath to relax and calm a colicky baby.
- soothing music and sounds: soft music, repeating soft sounds like a fan, flowing water, washing machine .
- Swaddling: makes them feel secure and help them relax.
- Positioning: holding them upright or on their tummy, can help relieve gas.
- Car Rides: The motion and sound of a car ride can be calming for some babies.
- Gentle bouncer or Swing: provides gentle, rhythmic movement that may soothe the baby.

Feeding:

- Proper Feeding Techniques: Ensure good positioning & burp frequently
- Avoid Overfeeding as it can lead to discomfort and increased crying (often done with bottle feeding).
- Formula Changes and air release bottles if bottle-feeding
- Dietary Adjustments: If breastfeeding eliminating dairy, caffeine to see if they affect the baby.

Other Tips:

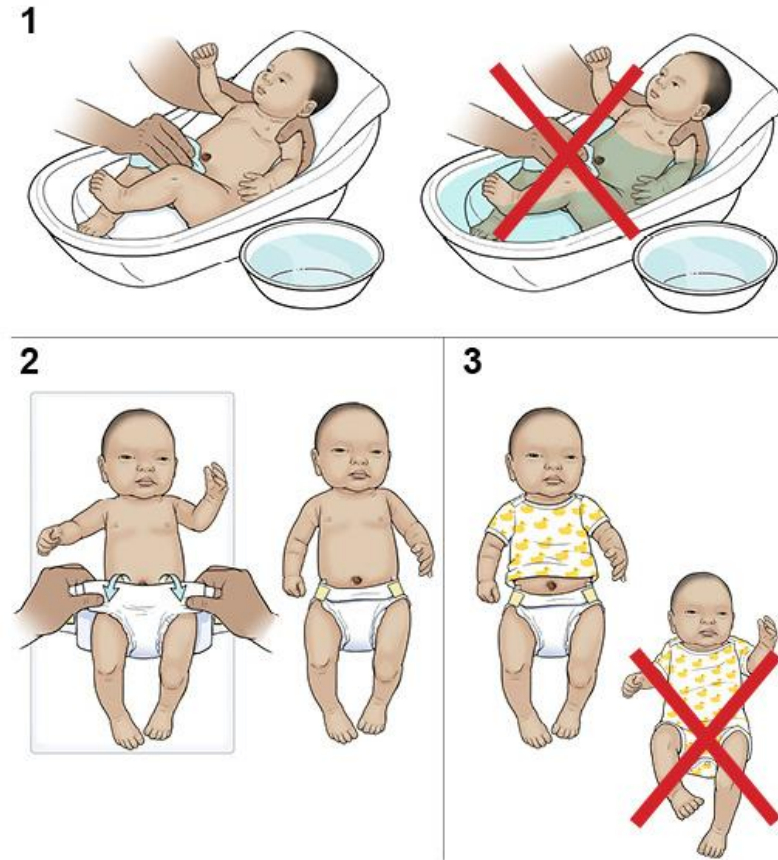
- Create a Calm Environment: Dim the lights, reduce stimulation, and speak in a calm, soothing voice.
- Take Breaks: It's okay to step away for a few minutes to collect yourself if you're feeling overwhelmed.
- Seek Support: Don't hesitate to reach out to family, friends, or a healthcare professional for support and advice.
- Consult a doctor (infacole, bonisan, herbs, soups don't

4. Cord care

1. Do clean dry cord care (don't apply anything); only put umbigel, chlorhexidine if infected or delivered in dirty place
2. Cord can take 3 days to 3 weeks to fall off, it's normal.
3. Check it everyday for foul smell, reddening at the base, or pus discharge; if any, baby needs treatment for cord infection
4. For granulomas, apply normal saline or caustic pencil

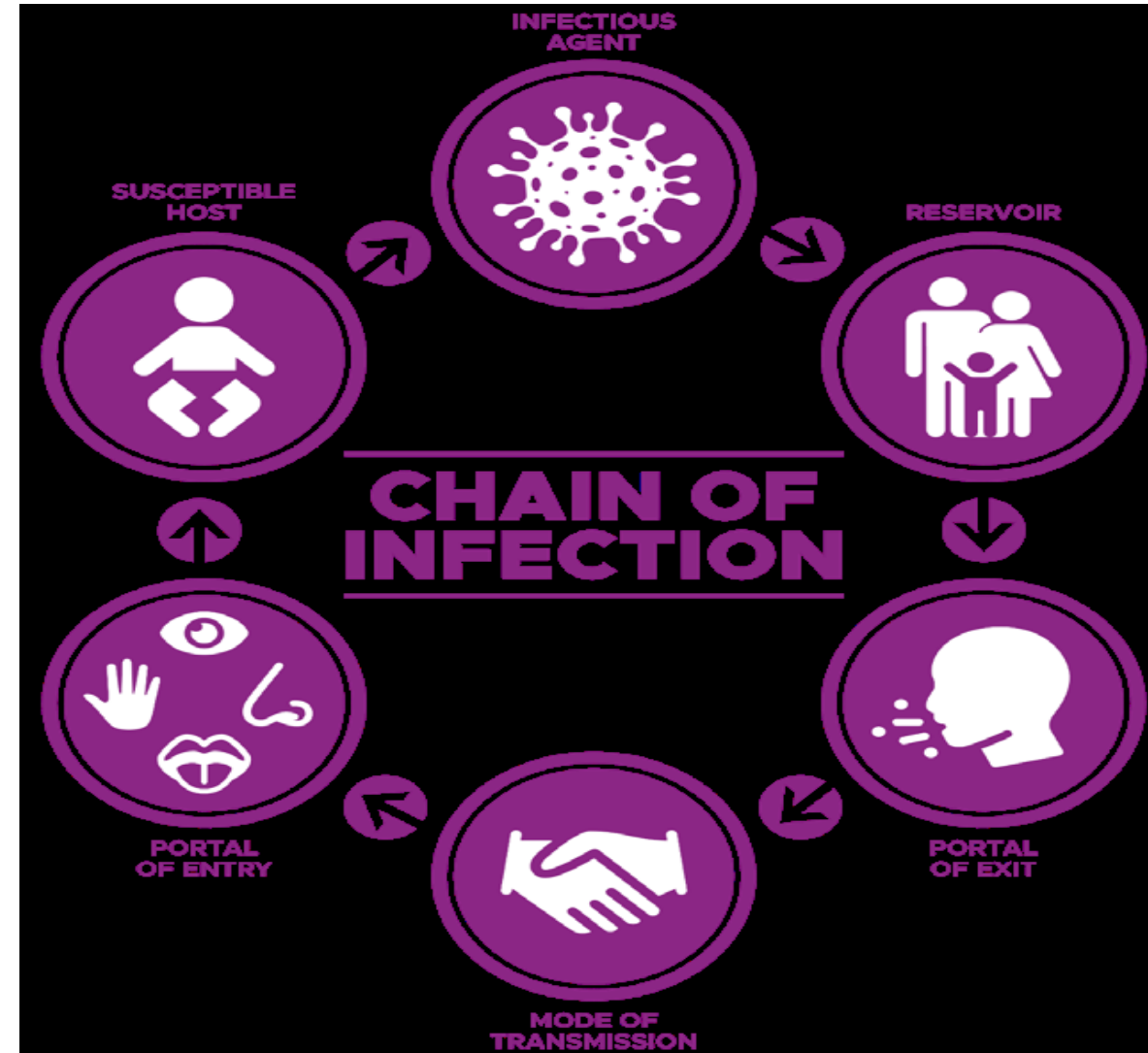
Dangerous practices include: spitting on the cord, applying dung, matchstick paste, milk, herbs, alcohol, iodine etc

Simply keep it clean, don't apply anything and let it dry

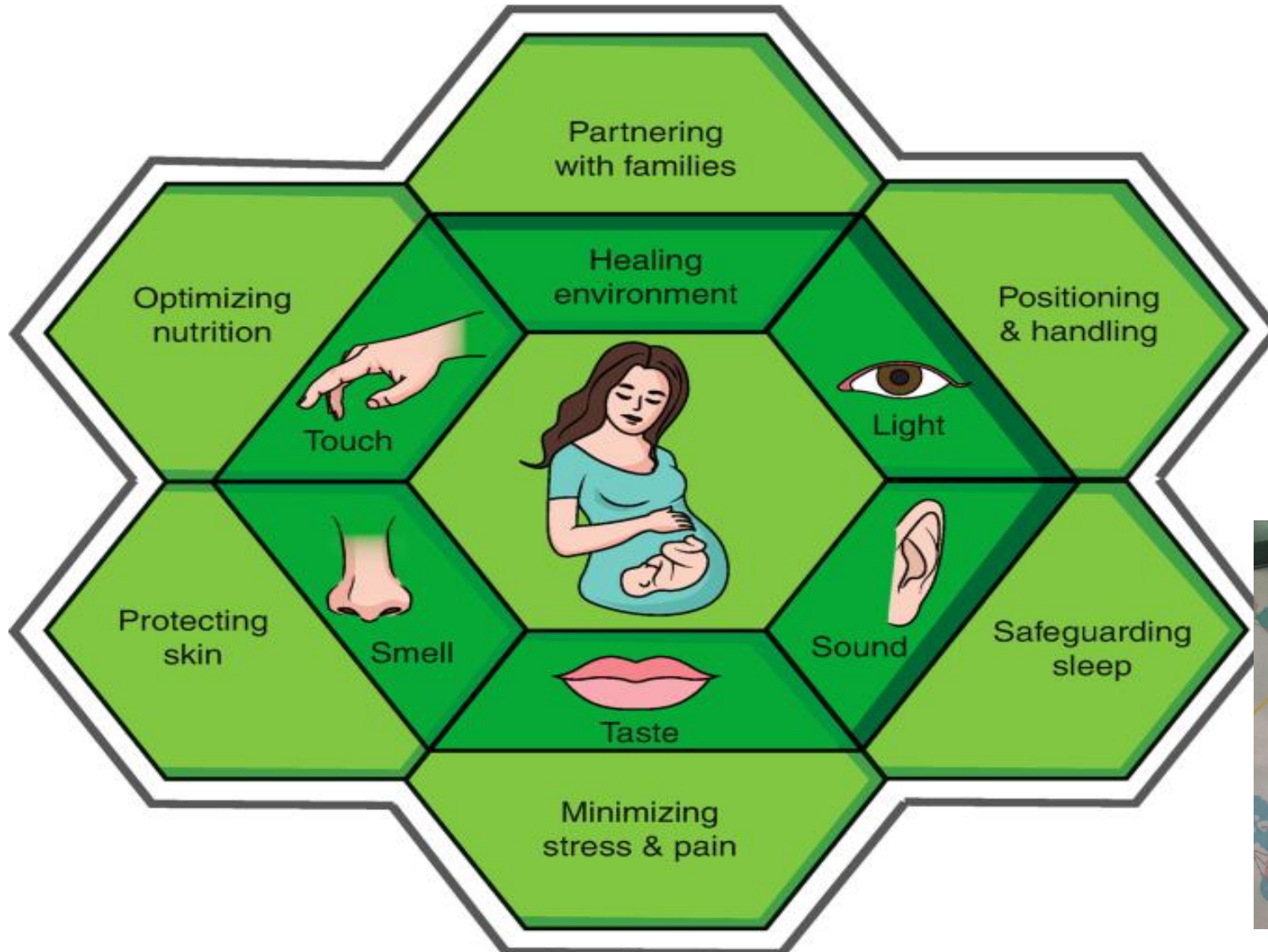


5. IPC

1. Always ensure clean hands
2. Delayed bathing to 2-3 days
3. Initiate breastfeeding in first hour (even c/s mothers)
4. Avoid pre-lacteal feeds
5. Minimal handling of the baby



6. NATURING, RESPONSIVE & DEVELOPMENTAL CARE



SWADDLING



NESTING



7. Infant & Family centered care

- Giving birth carries deep personal and cultural significance for a woman and her family.
- Women's autonomy, dignity, feelings, choices and preferences must be respected, including their choice of companionship and care of her newborn.
- Parents should not be abused or disrespected; it's a powerful deterrent to use skilled care than recognized barriers such as cost or distance (Kruk et al. 2009).
- Privacy and confidentiality
- Must be involved in decision making for their baby

THANK YOU

