

# WEBINAR ON NEONATAL CARE GUIDELINES CHAPTERS: IMMEDIATE AND ROUTINE CARE OF A NEONATE

## ROUTINE CARE OF WELL NEWBORN



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# OUTLINE OF THE PRESENTATION



- BACKGROUND
- IMMEDIATE CARE OF THE NEWBORN
- PREVENTION OF HYPOTHERMIA
- FIRST BATH AND SKIN CARE
- DISCHARGING WELL TERM NEWBORNS



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# BACKGROUND



- Preparation for every birth is crucial
- Skilled birth attendant to take care of the baby must be present at every delivery
- Delivery room preparation is crucial
- Ensure resuscitation equipment is available and functional.
- Refer to Immediate Care and Neonatal Resuscitation soon after birth for resuscitation.



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# BACKGROUND



- Review maternal history and notes prior to delivery to identify risk factors and potential need for resuscitation
- Follow resuscitation guidelines at birth
- Routine suctioning is not recommended
- Delay cord clamping for 60 seconds in all babies, provided baby does not need resuscitation.



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# BACKGROUND



- Keep the baby with the mother skin to skin immediately after birth and promote breastfeeding
- Clear protocols and referral pathways
  - There should be clear protocols for referrals, document and discuss with all referral centers in your area



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# IMMEDIATE CARE OF THE NEWBORN



- Rapidly assess risk factors
  - Mothers RPR and HIV, positive or unknown
  - Mother on TB treatment
  - Mothers Blood group O or RH negative
  - Prolonged rupture of membranes > 18 hours, offensive liquor



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# IMMEDIATE CARE OF THE NEWBORN



- Assess for priority Signs
  - apnoea, fast breathing  $>60$ b/m, grunting, chest indrawing,
  - lethargy, irregular jerky movement, increase/ decrease tone, full fontanelle, abdominal distension
  - Pallor or jaundice



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# IMMEDIATE CARE OF THE NEWBORN



- Examine the baby from head to toe within 24 hours after birth and again on discharge
- Ensure family centred and respectful care
- Always acknowledge parental concerns and allow parents to actively participate in their baby's care.
- Always wash hands
- Examine in a warm well-lit area with warm and clean hands.
- Assess for major birth abnormalities



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# IMMEDIATE CARE OF THE NEWBORN



- Measure weight, length and head circumference
- Administer vit k
  - > 1500grams: 1mg IMI
  - <1500grams: 0,5mg IMI
- Apply Chloromycetin eye ointment to each eye within one hour after birth to all babies



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# PREVENT HYPOTHERMIA



- Well baby >1500 grams with good muscle tone and strong respiratory drive (crying and breathing without difficulty) does not require immediate intervention.
- Keep all babies skin to skin with their mothers after drying
- Start breastfeeding soon after birth or within an hour to promote bonding.



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# FIRST BATH AND SKIN CARE



- Earlier bathing can only be done if there is clinical concern of transmission e.g. newborns born from mothers with active herpes simplex virus , genital lesions, or HIV or Hep B or C
- Do not regularly bath very low birth weight babies of unwell term babies, first bath can be delayed much later than 24hours.



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# FIRST BATH AND SKIN CARE



- Optimal timing of the first bath in well newborns is uncertain
- Delay bathing for at least 24 hours, optimise thermoregulation and breast feeding.
- If cultural practice necessitate early bath, delay for at least 6 hours
- Avoid wiping vernix off the skin for at least 6 hours



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# FIRST BATH AND SKIN CARE



- **Skin Care**
  - Use warm water for bathing at a temperature of between 37-37,4 degrees with a mild gentle cleanser.
  - Avoid antimicrobial soaps and chlorhexidine products
  - Use a soft towel with a hood to cover the head
  - Dry the baby by tapping with warm towel
  - Clean and dry cord and expose to the air to dry
  - Apply skin lotion and buttock cream
  - If skin dry, flacking and cracking an emollient may be applied



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# DISCHARGING WELL TERM BABIES



- For normal vaginal deliveries discharging both mother and baby is within 24 hours if:
  - Both mother and baby are stable
  - Mothers confidence and ability to care for the baby
  - Adequate support at home and appropriate follow-up care.



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# DISCHARGING WELL TERM BABIES



- Minimum criteria to be considered before discharge
  - No abnormalities detected during newborn examination
  - Baby vital signs normal including blood glucose
  - Baby has passed urine and at least one stool
  - Baby observed feeding successfully at least twice
  - Has no identified risk factors.



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# DISCHARGING WELL TERM BABIES



- IMMUNIZATIONS
  - Give BCG 0.05mls into the right arm and oral polio 2 drops orally.
  - Record on the Road to Health Booklet
  - Complete the birth registration forms
  - Advise on Post Natal visit within 3-6 days at the nearest PHC facility



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