

# Care of a normal baby at birth (Until 1 hour after birth)

## **Slide NC-I,2**

### **Introduction**

The first hour after birth has a major influence on the survival, future health and wellbeing of a newly born infant. Health professionals have an important role at this time. The care they give during this period is critical in helping to prevent complications and ensuring intact survival. A normal newborn weighs more than 2500 grams, breathes normally and regularly, has warm trunk and soles (temperature 36.5-37.5° C), is pink in color (no central cyanosis) has spontaneous body movements , and actively sucks on breast.

## **Slide NC-3**

### **Basic needs at birth**

The four basic needs of ALL babies at the time of birth (and for the first few weeks of life) are:

- i. Thermal protection
- ii. Normal breathing
- iii. Mother's milk
- iv. Protection from infection

These needs indicate that a baby's survival is totally dependent upon her mother and other caregivers. Therefore it is important to provide proper care to all the neonates immediately after birth.

All newborns require essential newborn care to minimize the risk of illness and maximize their growth and development. This care will also prevent many newborn emergencies. For example, the umbilical cord may be the most common source of neonatal sepsis (and also tetanus infection); good cord care can significantly reduce the risk of these serious conditions.

## **Slide NC-4,5,6,7,8**

### **Immediate care at birth**

The steps to be undertaken at the time of birth for all babies (including those who need resuscitation) include:

**1. Call out the time of birth**

It is important to tell loudly the time of birth – this helps in accurate recording of the time and more importantly, alerts other personnel in case any help is needed.

**2. Receive the baby onto a warm, clean and dry towel and place on mother's chest**

The baby should be delivered onto a warm and clean towel and kept on the mother's chest. If this is not possible, the baby should be kept in a clean, warm, safe place close to the mother.

**3. Clamp and cut the umbilical cord**

The umbilical cord should be clamped using a sterile, disposable clamp or a sterile tie and cut using a sterile blade about 2-3 cm (1-inch) away from the skin.

**4. Immediately dry the baby with a warm clean towel or piece of cloth**

The baby should be thoroughly dried to prevent from getting cold. Blood or meconium on the baby's skin should be wiped away; however, the white greasy substance covering the baby's body (vernix) should not be wiped off. Because this vernix helps to protect the baby's skin and gets reabsorbed very quickly.

**5. Assess the baby's breathing while drying**

At the time of drying itself, the baby's breathing should be assessed. A normal newborn should be crying vigorously or breathing regularly at a rate of 40-60 breaths per minute. If the baby is not breathing well, then the steps of resuscitation have to be carried out (see the lesson on 'Resuscitation').

**6. Wipe both the eyes with sterile gauze**

Clean the eyes using sterile gauze/cotton. Use separate gauze for each eye. Wipe from the medial side (inner canthus) to the lateral side (outer canthus).

**7. Leave the baby between the mother's breasts to start skin-to-skin care**

Once the cord is cut, the baby should be placed between the mother's breasts to initiate skin-to-skin care. This will help in maintaining the normal temperature of the baby as well as in promoting early breastfeeding.

**8. Place an identity label on the baby**

This helps in easy identification of the baby and avoids inadvertent mix-up. The label should be placed on the wrist or ankle.

**9. Cover the baby's head with a cap; cover the mother and baby with a warm cloth**

Both the mother and the baby should be covered with a warm cloth, especially if the delivery room is cold (temperature less than 25°C). Since head is the major contributor to the surface area of the body, a newborn baby's head should be covered with a cap to prevent loss of heat.

**10. Encourage mother to initiate exclusive breastfeeding**

Breastfeeding should be initiated within half an hour of birth in all babies.

*Note:* Preparation in the delivery room before the birth of the baby is explained in the lesson on 'Resuscitation'.

**Slide NC - 9,10**

**Ensuring warmth: 'Warm chain'**

A baby's skin temperature falls within seconds of being born. If the temperature continues to fall, the baby will become ill and may even die. This is why a baby MUST be dried immediately after birth and delivered onto a warm towel or piece of cloth, and loosely wrapped before being placed (naked) between the mother's breasts. Keeping the baby between the mother's breasts also ensures that the baby's temperature is kept at the correct level for as long as the skin contact continues. This first skin-to-skin contact should last uninterrupted for at least one hour after birth or until after the first breastfeed. The mother and baby should be covered with a warm and dry cover, especially if the room temperature is lower than 25°C.

For maintaining the temperature, it is important to understand the concept of 'Warm chain'. It means that the temperature maintenance should be a continuous process starting from the time of delivery and continued till the baby is discharged from the hospital. The components of warm chain include:

***At delivery:***

- Ensure the delivery room is warm (25° C), with no draughts
- Dry the baby immediately; remove the wet cloth
- Wrap the baby with clean dry cloth

- Keep the baby close to the mother (ideally skin-to-skin) to stimulate early breastfeeding
- Postpone bathing/sponging for 24 hours

## **Slide NC -11**

### **Helping the baby breathe**

The baby's breathing should be assessed at the time of drying. If the baby is crying vigorously or breathing adequately (chest is rising smoothly at a rate of 40 to 60 times per minute), then no intervention is needed.

However, if the baby is not breathing or gasping, then skilled care in the form of positive pressure ventilation etc. might be required. These steps are given in the lesson on 'Neonatal resuscitation'.

## **Slide NC - 12**

### **'Warm chain': After delivery**

- Keep the baby clothed and wrapped with the head covered
- Minimize bathing especially in cool weather or for small babies
- Keep the baby close to the mother
- Use kangaroo care for stable LBW babies and for re-warming stable bigger babies
- Show the mother how to avoid hypothermia, how to recognize it, and how to re-warm a cold baby. The mother should aim to ensure that the baby's feet are warm to touch.

## **Slide NC-13,14,15,16**

### **Initiating breastfeeding**

During the initial skin-to-skin contact position after birth, the baby should be kept between the mother's breasts; this would ensure early initiation of breastfeeding. Initially, the baby might want to rest and would be asleep. This rest period may vary from a few minutes to 30 or 40 minutes before the baby shows signs of

wanting to breastfeed. After this period, (*remember*: each baby is different and this period might vary) the baby will usually open his/her mouth and start to move the head from side to side; she may also begin to dribble. These signs indicate that the baby is ready to breastfeed.

The mother should be helped in feeding the baby once the baby shows these signs. Both the mother and the baby should be in a comfortable position. The baby should be put next to the mother's breast with his mouth opposite the nipple and areola. The baby should attach to the breast by itself when it is ready. When the baby is attached, attachment and positioning should be checked. The mother should be helped to correct anything which is not quite right.

## **Slide NC -17,18,19**

### **Prevention of infections: 'Clean chain'**

Babies are securely placed in their mothers' womb. When they are born, they have to be protected from the adverse environment of the surroundings. Cleanliness at delivery reduces the risk of infection for the mother and baby, especially neonatal sepsis and tetanus. Cleanliness requires mothers, families, and health professionals to avoid harmful traditional practices, and prepare necessary materials. Hand washing is the single most important step to be emphasized to both family members and health care workers.

Similar to warm chain, 'Clean chain' has to be followed both at the time of delivery and then till the time of discharge to protect the infant from infections. The components of clean chain are summarized below:

#### **1. Clean delivery (WHO five cleans):**

- Clean attendant's hands (washed with soap)
- Clean delivery surface
- Clean cord- cutting instrument (i.e. razor, blade)
- Clean string to tie cord
- Clean cloth to wrap baby and mother

#### **2. After delivery:**

- All caregivers should wash hands before handling the baby
- Feed only breast milk
- Keep the cord clean and dry; do not apply anything
- Use a clean cloth as a diaper/napkin
- Wash your hands after changing diaper/napkin

## **Slide NC -20**

### **Cord care**

The umbilical cord can be cut and clamped/tied (according to local custom) while the baby is on the mother's abdomen or on a warm, clean and dry surface.

The steps of clamping, cutting the cord and its care after cutting are summarized below:

1. Put the baby on mother's abdomen or on a warm, clean and dry surface close to the mother
2. Change gloves; if not possible, wash gloved hands
3. Put ties (using a sterile tie) tightly around cord at 2 cm and 5 cm from the abdomen
4. Cut between the ties with a sterile instrument (e.g. blade)
5. Observe for oozing blood every 15 minutes. If blood oozes, place a second tie between the skin and first tie
6. DO NOT APPLY ANY SUBSTANCE TO THE STUMP
7. DO NOT bind or bandage stump
8. Leave stump uncovered

## **Slide NC -21**

### **Care of the eyes**

The eyes should be cleaned at birth and once every day using sterile cotton swabs soaked in sterile water or normal saline. Each eye should be cleaned using a separate swab. The practice of applying kajal in the eyes is not recommended because it may cause trauma, transmit infections like trachoma or may even cause lead poisoning. Tetracycline 1% or erythromycin 0.5% ointment is recommended for prophylaxis of gonococcal ophthalmia in areas with a high incidence of sexually transmitted diseases. If the eyes are sticky they can either be managed by frequent cleaning using sterile cotton swabs soaked in normal saline or by instillation of 10% sulphacetamide eye drops every two to four hours. Some neonates may develop persistent epiphora due to blockage of nasolacrimal duct by epithelial debris. The mother should be advised to massage the nasolacrimal duct area (by massaging the outer side of the nose adjacent to the medial canthus) 5 to 8 times a day, each time before she feeds the baby.

## **Slide NC -22**

### **Monitoring the baby**

During the first hour after delivery, the baby (and the mother) should be monitored **every 15 minutes**. Both of them should remain in the delivery room for the first hour to facilitate monitoring; they should never be left alone in the first hour after delivery.

The three most important parameters that need to be monitored are:

- i) Breathing
- ii) Temperature or warmth and
- iii) Color

The health personnel should monitor all the parameters every 15 minutes for the first hour after birth of the baby.

## **Slide NC -23**

### **Special situations: HIV and Newborn care at birth**

Whether a mother is HIV positive or not, Universal Precautions must always be observed and followed when delivering a baby. *Care of the baby at delivery should be no different to the care already described.*

If the mother has decided to breastfeed she should begin skin-to-skin contact as soon after delivery as possible and let her baby breastfeed when she is ready.

If the mother has decided not to breastfeed but has chosen replacement feeding the first few feeds should be prepared for her. These feeds should be given by cup/spoon but NOT bottle.