

Routine care of a newborn baby

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Introduction

All mothers need help, support, and advice in the first few days after delivery to ensure proper care of their newly born babies. The care and help given to mothers and babies during this period are critical in maintaining the normality and in preventing any complications.

Ideally, all pregnant women should be counseled regarding the care of the baby during the antenatal period itself - this would help them to be mentally prepared to take care of their babies after birth. After delivery, majority of mothers usually stay for a very short time in the hospital. During this short period, they

- need time to get to know their babies
- need time to rest (since they are often tired and exhausted after delivery)
- need to know what care to give to their baby and how to carry out the care; they also need to know what to do if their baby is not well.

Therefore, it is very important for the health care providers to help the mothers - whether at a health facility or at home - in this crucial time period. First time mothers often need more help and support for the proper care of their infants.

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Routine care after birth

The care a mother and the baby need in the initial few days after delivery can be broadly grouped under the following headings:

1. The postnatal environment
2. Every day care of the baby
3. Looking for danger signs and giving treatment
4. Preparation for discharge

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Postnatal environment

The postnatal room should be kept warm with no draughts from open doors/windows; a room temperature of at least 25°C is required to help keep the baby warm. A radiant heater or another device for providing warmth is often needed to maintain the appropriate room temperature particularly in winter months.

A mother and her baby should be kept together from birth - together in bed or very near to each other. This helps the mother to get to know her baby and form an early close loving relationship (bonding); she can also respond quickly when her baby wants to feed, which helps establish breastfeeding. Small babies (i.e. low birth weight) should ideally be kept in skin-to-skin contact position e

In tropical countries, a bed net prevents a mother and baby becoming ill from diseases spread by mosquitoes and other insects (e.g. malaria).

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Everyday care

Everyday care refers to the care needed by *all newborn* babies after the first few hours of birth till the time of their discharge from the health facility. These needs are the same even for babies born at home - it is the duty of the health care provider to ensure that each baby receives appropriate care irrespective of the place of delivery.

The key areas of everyday care include:

- Breastfeeding
- Warmth
- Cord care
- Hygiene

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Everyday care: Breastfeeding

All health workers must be knowledgeable as well as skilled enough to support mothers to breastfeed their babies. They should know the key points of correct positioning and attachment of the baby to the breast. In addition to teaching about

positioning and attachment, health workers must also be able to give mothers the correct information about infant feeding.

Mothers should be informed that in the first few days after birth, only small amount of thick yellow milk (*colostrum*) is secreted (if she needs to express at this time, only a teaspoonful can be expressed). They should be reassured that even this much amount is sufficient for a normal baby in the first 2 days and that the amount of milk secreted will gradually increase. The importance of giving colostrum should also be emphasized and any doubts or false beliefs should be clarified.

It is important to practice rooming or bedding in to ensure successful breastfeeding; the mother and baby should not be separated. The mother should be advised to breastfeed on demand, day and night as long as the baby wants. She should be asked if there is any difficulty in breastfeeding her infant; if yes, she must be instructed to get help from any skilled health provider.

Health providers should assess the feeding, especially positioning and attachment, in any mother with difficulty in breastfeeding. They should help and counsel her; demonstrate good positioning and attachment and allay her anxiety. The baby should not be discharged if proper breastfeeding is not established.

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Everyday care: Ensuring warmth

The essential steps in preventing heat loss and maintaining the normal temperature in a newborn baby are discussed in detail in the module on 'Thermal protection in neonates'.

All mothers should be explained about the importance of keeping their babies warm. They should be instructed to dress / wrap the baby in a dry clean cloth and to cover the head and feet with cap and socks respectively. They should be taught to assess the baby's temperature by touching the feet every four hours; if the feet are found to be cold, the baby should be kept in skin-to-skin contact position and be covered with a blanket. Mother should reassess the baby's temperature after one hour; if the feet are still cold, she should inform the health provider.

The principles of maintaining normal temperature apply even after the baby is discharged from the hospital. Mother should ensure that the room is kept warm; the baby is dressed or wrapped properly (i.e. one more layer than older children/adults); his head and feet are covered and he is sleeping with her in the

same bed in the night.

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Everyday care: Cord care

It is important to teach the mothers that the umbilical stump should be left dry and that they SHOULD NOT APPLY ANYTHING on the stump. It should be loosely covered with clean clothes and should not be covered by the nappy (diaper). If the stump gets soiled, it should be washed with soap and water and dried by using a clean cloth.

Health care providers should look for any possible sign(s) of infection of the umbilical stump such as pus discharge from the stump and redness around the cord. Mother should be explained about these signs and advised to report if they are present.

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Everyday care: Hygiene

Cleanliness requires mothers, families, and health professionals to avoid harmful traditional practices and follow appropriate guidelines.

The baby need not be bathed daily; (s)he should be washed only if necessary. However, the face, neck, and underarms should be wiped daily. The gluteal region should be wiped whenever it gets soiled.

If the baby is being bathed, make sure that the room is warm; only lukewarm water is used to bathe; and the baby is thoroughly dried and covered with warm clothes immediately after bath. It is important to take additional precautions in case of small babies.

Mothers should be strongly discouraged against applying anything in their babies' eyes or ears both during their stay in the health facility and after their discharge.

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Danger signs

It is important that mothers, care givers and health workers are able to recognize the signs and symptoms which indicate that the baby is not well ('DANGER SIGNS'). Early recognition of these signs will help in identifying those babies who need urgent care and treatment.

The important danger signs are given below:

1. Not feeding well
2. Less active than before
3. Fast breathing (more than 60 breaths per minute)
4. Moderate or severe chest in-drawing
5. Grunting / moaning
6. Convulsions
7. Floppy or stiff
8. Temperature $>37.5^{\circ}\text{C}$ or $<35.5^{\circ}\text{C}$
9. Umbilicus draining pus or umbilical redness extending to skin.
10. More than 10 skin pustules or bullae, or swelling, redness, hardness of skin
11. Bleeding from stump or cut

All mothers should be advised about how to recognize the danger signs and to report immediately if their babies develop one or more of them.

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Preparing for discharge: Immunization

All babies should receive the following 3 vaccines within the first week of life and preferably before discharge from the health facility:

- BCG,
- OPV-0,
- Hepatitis B (HB-1)

It is the duty of the health workers to ensure that the baby gets immunized before discharge.

Mothers should be given an 'Immunization card' (if available) and advised regarding the immunization schedule.

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	DPT, OPV	Hib

5 years

DT, OPV

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Preparing for discharge: Feeding adequacy and weight gain

A baby can be discharged if the following criteria are fulfilled:

- Feeding well - suckling effectively 8 times in 24 hours, day and night
- No danger signs
- No need for any medication except vitamins

Weight gain pattern: Most healthy term babies lose weight during the first 2 to 3 days of life. The weight loss is usually up to 5 to 7 per cent of birth weight. The weight remains stationary during next one to two days and birth weight is regained by the end of first week. There is no need to monitor early weight changes in a healthy newborn baby because it can cause unnecessary anxiety to the mother and may lead to lactation failure. Babies who are adequately fed, are contented, playful, have good sleep and are satisfied for atleast two to three hours after a feed. An adequately fed baby passes urine at least 5 to 6 times in a day while babies pass urine (even stools) after each feed during the first 3 months of life. The average daily weight gain in term babies is around 30 g, 20g and 10g during the first, second and third, 4-month periods respectively during the first year of life. Normally a baby gains about 800 gms per month during the first 3 months.

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Follow up

Each baby should be followed up in the well baby clinic for assessment of growth and development, immunization, early diagnosis and management of illnesses, and health education of parents. Follow up visits should be made to coincide with immunization schedule as far as possible.