ESSENTIAL NEWBORN CARE TIPS

Essential Care for Every Newborn

- Immediate care at birth
- Care during the first day
- Care up to 28 days

1.Establish respiration and maintain clear airway

1. Wipe mouth and nose of secretions after delivery of the head.

2. Suction secretions from mouth and nose.

Compress bulb syringe before inserting

Suction mouth first, then, the nose

Insert bulb syringe in one side of the mouth

Establish respiration and maintain clear airway

3. A crying infant is a breathing infant. Stimulate the baby to cry if baby does not cry spontaneously, or if the cry is weak.

Do not slap the buttocks rather rub the soles of the feet.

Stimulate to cry after secretions are removed.

The normal infant cry is loud and husky. Observe for the following abnormal cry:

- High, pitched cry – indicates hypoglycemia, increased intracranial pressure.

- Weak cry – prematurity

-Hoarse cry – laryngeal stridor

Establish respiration and maintain clear airway

Gentle suctioning is necessary to prevent laryngospasm, reflex bradycardia, and other cardiac arrythmias from vagal stimulation.

Oropharyngeal suctioning is performed for up to 5 seconds with sufficient time between each attempt to allow the infant to reoxygenate.

If nasal suctioning is necessary, it must be done after oral suctioning to minimize the possibility of aspiration of oropharyngeal contents

2. Dry the baby

- Keep the birth place warm at least 25 C°. Warm the room before the baby is born.
- Immediately after birth, dry the baby including the head, rap up and down the baby's back using a warm towel

The vernix should not be removed (the creamy white substance which may be on the skin) as it protects the skin and may help prevent infection

- Use a radiant heating device, such as a heat lamp to keep the newborn warm.

Dry and stimulate the baby

3.Apgar scoring system

The APGAR Scoring System was developed by Dr. Virginia Apgar as a method of assessing the newborn's adjustment to extrauterine life. It is taken at one minute and five minutes after birth. With depressed infants, repeat the scoring every five minutes as needed. The one minute score indicates the necessity for resuscitation. The five minute score is more reliable in predicting mortality and neurologic deficits. The most important is the heart rate, then the respiratory rate, the muscle tone, reflex irritability and color follows in decreasing order. A heart rate below 100 signifies an asphyxiated baby and a heart rate above 160 signifies distress

Apgar scoring system

Sign	0	1	2
Heart rate	Absent	Slow, <100beats/min	>100beats/min
Respiratory effort	Absent	Irrigular, slow, weak cry	Good, strong cry
Muscle tone	Limp	Some flexion of extremities	Well flexed
Reflex irritability	No response	Grimace	Cry, sneeze
Color	Blue, pale	Body pink, extremities blue	Completely pink

Score:

-Total score of 0 to 3 represents severe distress

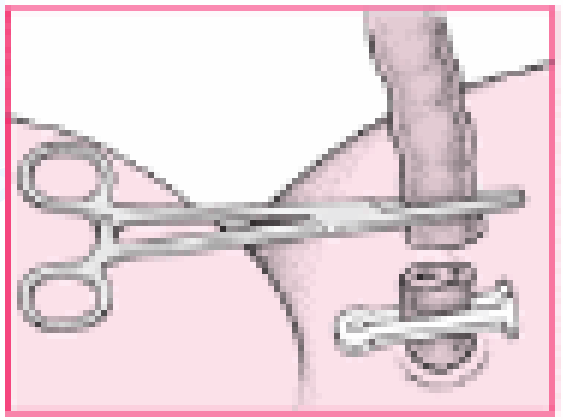
- score of 4 to 6 signify moderate difficulty
- scores of 7 to 10 generally normal (indicate absence of difficulty in adjusting to extra uterine life)

- Steps 1-3 all happen at almost the same time

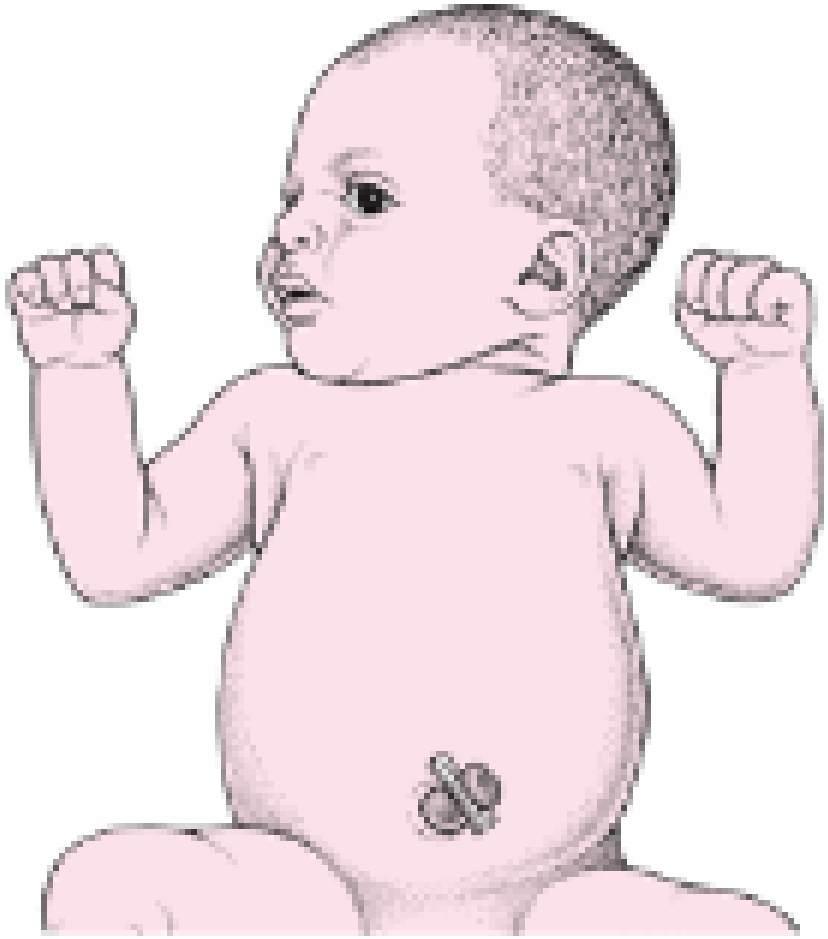
4.Care of the cord

The cord is clamped and cut approximately within 30 seconds after birth. In the delivery room, the cord is clamped twice about 8 inches from the abdomen and cut in between. When the newborn is brought to the nursery, another clamp is applied ½ to 1 inch from the abdomen and the cord is cut at second time. The cord and the area around it are cleansed with antiseptic solution. The manner of cord care depends on hospital protocol. What is important is that the principles are followed. Cord clamp maybe removed after 48 hours when the cord has dried. The cord stump usually dries and fall within 7 to 10 days leaving a granulating area that heals on the next 7 to 10 days

Care of the cord



Cord is Cut



Cord is Clamped

5.Care of the Eyes

It is part of the routine care of the newborn to give prophylactic eye treatment against gonorrhea conjunctivitis or opthalmia neonatorum. Neisseria gonorrhea, the causative agent, may be passed on the fetus from the vaginal canal during delivery. Silver nitrate, erythromycin and tetracycline ophthalmic ointments are the drugs used for this purpose

6.Identification

- The nurse must verify that identifying bands are securely fastened on the newborn and verify the information (name, sex, mother's admission number, date, time of birth) against the birth records, and the child's actual gender
- Footprinting or fingerprinting alone is not currently recommended for newborn identification. However, many institutions continue to practice footprinting
- Prevent newborn abductions

7.Vitamin K

The newborn has a sterile intestine at birth, hence, the newborn does not possess the intestinal bacteria that manufactures vitamin K which is necessary for the formation of clotting factors. This makes the newborn prone to bleeding. As a preventive measure, .5 (preterm) and 1 mg (full term) Vitamin K is injected IM in the newborn's vastus lateralis (lateral anterior thigh) muscle

8. Place the baby in skin-to-skin contact with the mother

- The warmth of the mother passes easily to the baby helps stabilize the baby's temperature
- Put the baby on the mother's chest for skin-to-skin warmth
- Cover both the mother and baby together with a warm cloth or blanket
- Cover the baby's head

- If there is no chance to give direct skin-to-skin contact, dry and wrap the baby. Make sure the head is covered and put the baby next to the mother.

It is important to delay or delay the first bath. The baby should not be bathed at birth because a bath can cool the newborn dangerously. After a minimum of 1 hour, the newborn can have his first bath if his temperature has stabilized, and effective thermoregulation measures are taken after bath.

9. Have The Mother Start Breastfeeding

If every thing is normal:

-Help the mother begin breastfeeding within the first hour of birth

- Help the mother at the first feed

Make sure the baby has a good position, attachment, suck.

ASSESSING THE AVERAGE NEWBORN

Head Circumference	**34 – 35 cm**
Temperature	97.6 – 98.6 F axillary
Chest Circumference	32 – 33 cm
Heart Rate	120 – 140 bpm
Respirations	30 – 60 bpm
Blood pressure	65/41mm/hg
Weight	2.5 to 3.4 kg
Length	46 to 54 cm

Common variations

- Molding of head may result in a lower head circumference measurement
- Head and chest circumferences equal for first 1-2 days after birth due to molding

- **Common variations**

Loss of 10% of birth weight in first week. Regained in 10-14days, depending on feeding method

Skin

Expected findings

- At birth, skin reddish in color, smooth and puffy

- 2nd to 3rd day of age, skin flaky, dry and pink in color
  Edema around eyes, feet, and genitals
  Vernix caseosa
  Lanugo
  Turgor good with quick recoil
  Hair silky and soft with individual strands
  Nipples present and in expected locations
  Cord with one vein and two arteries
  Cord clamp tight and cord drying
  Nails to end of fingers and often extend slightly beyond

Common variations

- Acrocyanosis – result of sluggish peripheral circulation

Physiologic jaundice after first 24 hours

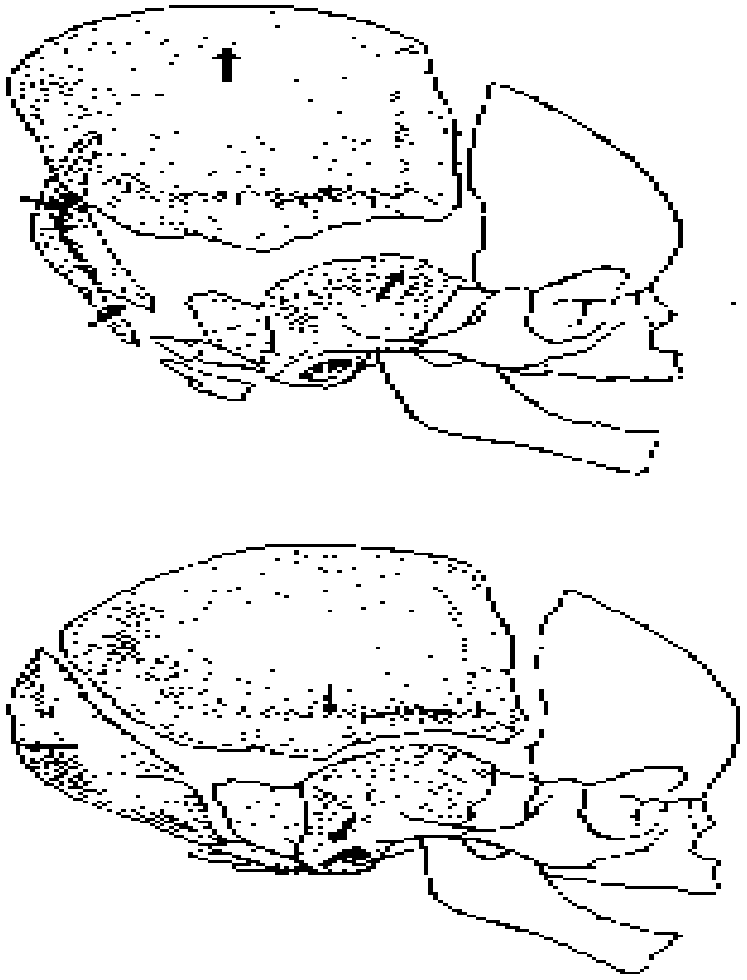
Milia

Head

Expected findings

- Anterior fontanel diamond shaped 4- 5cm at its widest point
  Posterior fontanel triangular 0.5 - 1 cm
  Fontanels soft, firm and flat
  Sutures palpable with small separation between each

Molding of fontanels and suture spaces



Eyes

Expected findings

- Slate gray or blue eye color
  No tears
  Fixation at times - with ability to follow objects to midline
  Red reflex
  Blink reflex
  Distinct eyebrows
  Cornea bright and shiny
  Pupils equal and reactive to light

Ears

- Position:Top of pinna on horizontal line with outer canthus of eye
- Startle reflex elicited by loud, sudden noise
- Pinna flexible, cartilage present

Signs of potential distress or deviations from expected findings

Low placement of ears

Nose

Expected findings

- Nostrils patent bilaterally
  Obligate nose breathers
  No nasal discharge

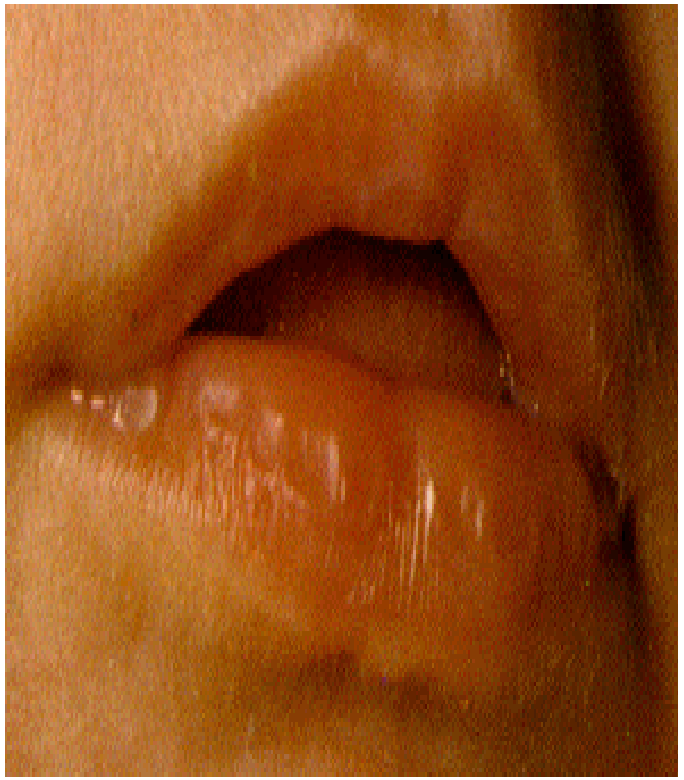
Common variations

- Sneezes to clear nostrils
  Bridge appears absent
  Thin white nasal mucus discharge

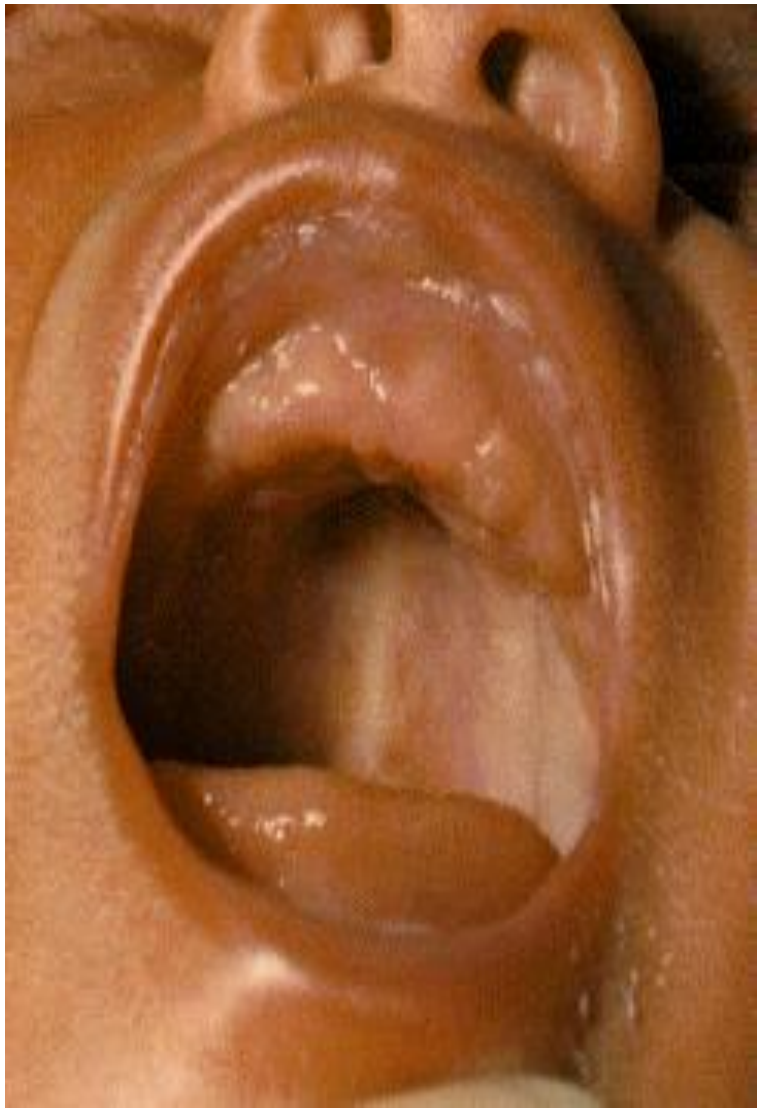
Mouth and Throat

Expected findings

- Mucosa moist. Shortly after birth may visualize sucking calluses on central portions of lips.



- Palate high arched
- . Uvula midline
  . Minimal or absent
  .salivation
  . Tongue moves freely and does not protrude
  . Well developed fat pads
- . bilateral cheeks
  . Sucking reflex
  . Rooting reflex
  . Gag reflex
  . Extrusion reflex



Signs of potential distress or deviations from expected findings

- Cleft lip or cleft palate
  Candida Albicans

Neck

Expected findings

- Short and thick
  Turns easily side to side
  Clavicles intact
  Tonic neck reflex present
  Some head control

Chest

Expected findings

- Evident xiphoid process
  Equal anteroposterior and lateral diameter
  Bilateral synchronous chest movement
  Symmetrical nipples

Common variations

- "Witch's milk"
  Enlarged breasts
  Accessory nipples

Abdomen

Expected findings

- Cylindric in shape
  Abdominal respirations
  Soft to palpation
  Well formed umbilical cord
  Three vessels in cord (2 arteries, 1 vein)
  Cord dry at base
  Liver palpable 2 - 3 cm below right costal margin
  Spleen's tip palpable at end of 1st week of age
  Kidney palpable 1-2 cm above umbilicus
  Bilaterally equal femoral pulses
  Bowel sounds auscultated within two hours of birth
  Voiding within 24 hours of birth
  Meconium within 24 - 48 hours of birth

Female Genitalia

Expected findings

- Edematous labia and clitoris
  Labia majora are larger and surrounding labia minora
  Vernix between labia

Male Genitalia

Expected findings

- Urinary meatus at tip of glans penis
  Palpable testes in scrotum
  Large, edematous, pendulous scrotum, with rugae
  Stream adequate on voiding

Back and Rectum

Expected findings

- Intact spine without masses or openings

  Patent anal opening

Extremities

Expected findings

- Maintains posture of flexion
  Equal and bilateral movement and tone
  Full range of motion all joints
  Ten fingers and ten toes
  Feet appear flat
  Palmer creases present
  Negative hip click
  Grasp reflex present

Dislocation of hip

Neuromuscular System

Expected findings

- **Maintains postion of flexion**
  When prone, turns head side to side
  Holds head and back in horizontal plane when held prone
  Ability to hold head momentarily erect

Reflexes

Reflex	Eliciting The Reflex	Response
Moro reflex	Hold infant in semi setting position, allow head and trunk to fall backward to an angle of at least 30 degrees.	Symmetric abduction and extension of arms are seen; fingers fan out and form a C with thumb and forefingers; slight tremor maybe noted; arms adducted in embracing motion and return to relaxed flexion and movement. Legs may follow similar pattern of response. Present at birth, and absent by 6 month
Grasp Palmar	Place finger in palm of the hand	Infants fingers curl around examiner's fingers, lessens by 3 to 4 month
Planter	Place finger at base of toes	Toes curl downward, lessens by 8 month.

Reflex	Eliciting The Reflex	Response
Babinski reflex (planter)	On sole of foot, beginning at heels, stroke upward along lateral aspect of sole, then move finger across ball of foot	All toes hyperextended, with dorsiflextion of big toe; recorded as a positive sign. Disappear after 1 year of age.
Rooting Reflex	Touch infant's lip, cheek or corner of mouth	Infant turns head toward stimulus, opens mouth, takes hold and suck. disappear at age 3-4 months, may persist for up to 12 months
Sucking Reflex	Infant begins sucking movement of circumpolar area in response to stimulation ; persists though –out infancy , even without stimulation ,such as during sleep.	
Tonic neck reflex or "fencing"	Infant head is turn to one side with sleeping	Arm and leg extend on that side, and opposite arm and leg flex disappears by age 3-4 months

Reflex	Eliciting The Reflex	Response
Swimming reflex	you were to put a baby under six months of age in water	they would move their arms and legs while holding their breath. This is why some families believe in swim training for very little babies. It is not recommended for you to test this reflex at home for obvious safety reasons.
Doll's eye reflex	A head of infant moved slowly to right or left	eyes lag behind and do not immediately adjust to new position of head; disappears as fixation developed if persists , indicate neurological damage
Dance or step reflex " walking"	Hold infant vertically, allowing one foot to touch table surface	Infant will simulate walking, alternating flexion and extension of feet; disappear after age 3-4week
Tonic neck reflex or "fencing"	Infant head is turn to one side with sleeping	Arm and leg extend on that side, and opposite arm and leg flex disappears by age 3-4 months

Reflex	Eliciting The Reflex	Response
Startle reflex	sudden loud noise	abduction of the arms with flexion of elbow, hand remain clenched ;disappears by age of 4 months
Extrusion reflex	Touch or depress tip of tongue	Newborn forces tongue outward
Crawl Reflex	Place newborn on abdomen	infant makes crawling movements with arm and legs, disappears at about 6 wk
Placing	Infant is held upright under arms and dorsal side of foot is briskly placed against hard object	leg lifts as if foot is stepping on table, age of disappearances varies

Reflex	Eliciting The Reflex	Response
Perez Reflex	Infant is prone on firm surface and thumb is pressed along spine from sacrum to neck	infant responds by crying, flexing extremities, and elevating pelvis and head, lordosis of spine, defecation, and urination, disappears by 4-6 month.
Trunk incurvation (Galant) reflex	Place infant prone on flat surface, run finger down back about 4 to 5 cm lateral to spine, first on one side and then down other	Trunk is flexed and pelvis is swung toward stimulated side. disappears by 4 wk.

Moro Reflex

Step reflex

Tonic neck reflex

Palmar grasp reflex

Plantar grasp reflex

Rooting reflex

Babniski reflex

Care of The Newborn During The First 28 Days

- Physical exam and follow up assessment
- Immunization
- Breastfeeding
- Circumcision
- Teach and counsel the mother about newborn care
  - -Warmth
  - -Sleep
  - -Loving care
  - -Protection care
  - -Bathing the newborn
  - -Cord care
  - -Safety and security

References

- Beck, D., Ganges, F., Goldman, S., & Long, P. (2004). *Care of the newborn reference manual.* Washington: Bill & Melinda Gates Foundation

- Hockenberry, M. J. & Wilson, D. (2007). *Wong's Nursing Care of Infants and Children* (8th ed.). St. Luis, Massouri: Mosby, Inc.
- http://nursingcrib.com/nursing-notes-reviewer/immediate-care-of-the-newborn/

- Lowdermilk,D.& Perry,S. (2007) *Maternity & women's health care* (9th edition) : Mosby, Inc.