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## **ESSENTIAL NEWBORN CARE**

### **INTRODUCTION:**

Essentials care of the normal healthy neonates can be best provided by the mothers under supervision of nursing personnel or basic or primary health care providers. About 80% of the newborn babies should be kept with their mothers rather than in a separate nursery. The healthy newborn at term, between 38-42 weeks, cries immediately after birth, establishes independent rhythmic respiration quickly adapts with the extra uterine environment ,having an average birth weight & no congenital anomalies.

The major goal of the nurse in the care of newborn infant is to establish & maintain homeostasis. This care takes place immediately following birth in the transitional period. This care may be shared with the parents in the maternity unit of a hospital or in an alternative birth center or assumed by parents in the home

### **DEFINITION**

“A healthy infant at term (between 38-42 weeks) should have an average birth weight for the country (usually exceeds 2500gm cries

immediately following birth) establishes independent rhythmic respiration and quickly adapts to the changed environment.”

### **APGAR Scoring:**

At 1min and 5 min after birth the newborn must be observed and rated according to the APGAR score, Heart rate, respiratory effort. muscle tone, reflex irritability and colour are rated 0,1,2 all 5 scores are added. An infant whose total score is under 4 is in serious danger and needs resuscitation. A score of 4-6 means that his condition is “guarded” and he may need clearing of the airway and supplementary oxyegenaton. A score of 7-10 is considered as good APGAR rating .An APGAR score standardizes infant evaluation and serves as a base line for future evaluation. An APGAR rating should be the responsibility of the delivery room nurse

### **PREVENTION OF INFECTION AND INJURY:**

In every step of newborn care and for every person who comes in contact with neonates the importance of maintain cleanliness and asepsis cannot be over emphasized.

#### **Clean environment:**

One should follow the 5cleans of birthing process: including clean hands, clean delivery surface, clean cord cut, clean cord tie and clean cord stump.

#### **Hand washing:**

It is the single most effective method to prevent nosocomial infection.

**Strict asepsis:**

It should be maintained during procedures

**No sharing:**

Sharing of equipments , sheet, towel. medicine, syringes etc among neonate increases the chance of infection transmission significance and should be avoided.

**Parental education:**

Parental counseling should be done to underline the importance of hygiene practice at home and illustrate methods in which it can be done.

**Cord care:**

The umbilical cord is clamped soon after delivery without any undue haste or delay. After stabilization and drying of the baby following method is used to cut cord.

Using two clean ligatures and a new blade, the first ligature is tied about 2cm from the abdomen of the baby (to avoid inclusion of any gut wall present in the cord as part of undetected omphalocele and to leave adequate length for umbilical catheter insertion.) Second ligature is tied 5cm from the abdomen and the cord between the 2 ligature is cut using a new blade. One should check the cut end of cord for normal anatomy two arteries and one vein. The cord is left dry and one should not apply anything on the cord and avoid touching it.

**Eye care:**

Eyes are cleaned with sterile normal saline –soaked cloth using separate edges or pieces for the two eyes. The cloth is moved over the lower edge of eye lid from medial to lateral canthi. No application is recommended unless there was evidence of gonococcal infection in mother in which case 1% silver nitrate is applied to both eyes.

### **Vitamin k prophylaxis:**

Vitamin K is placed in the human body from bacteria colonizing the gut. In babies the relative absence of such micro organism and the deficiency of vitamin K in breast milk predispose the baby to its deficiency. This deficiency can manifest as vitamin K deficiency bleeding with formation of subcutaneous hematomas, ecchymosis, mucosal bleeding and life threatening intra cranial bleed. Laboratory studies reveal prolonged prothrombin and activated partial thromboplastin time. In order to prevent this vitamin K should be given intra muscularly at birth in a dose of 1 mg to all babies >1kg and 0.5mg to those <1kg.

### **Hepatitis-B vaccine administration:**

To decrease the incidence of HBV in children and its series on sequences, cirrhosis and liver cancer in adulthood the first of 3 doses of HBV vaccine is recommended soon after birth and before hospital discharge for all new borns, this first dose may also be given by age 2 months if the mother is HBsAG negative.

### **BATHING:**

Bath time is an opportunity for the nurse to accomplish much more than general hygiene. It is an excellent time for observations of the infant's behaviour, state of arousal, alertness and muscular activity. Bathing is usually performed after the vital signs have stabilized especially the temperature. Bath should be given using warm water in a warm room gently

and quickly. The baby should be dried swiftly and thoroughly from head to toe and wrapped in a dry warm towel or clothing. Use of live oil or coconut oil can be allowed after 3-4 weeks of age . Oil massage improves circulation and muscle tone.

### **PROVISION OF OPTIMAL NUTRITION:**

Selection of a feeding method is one of the major decisions faced by parents. In general there are three acceptable choices human milk, commercially prepared whole cow's milk formula and modified evaporated cow's milk.

### **BREAST FEEDING:**

Breast milk provides immunologic factors to certain disease .It provide the neonate with a passive means of protection from the environment. Almost every delay or deficiency in host defense maturation is countered by a factor in breast milk contain a mucosal growth that is important in the maturation of intestinal mucosal epithelial cells.