

BASIC NEWBORN INTERVENTION AT BIRTH

Antenatal steroids

- <35weeks gestation
- Complications of prematurity – RDS will be reduced
- Optimal benefit when delivery occurs *24 hours after completing therapy.*
- Dexamethasone 8mg IM every 12 hours (3 doses)

Prophylactic antibiotics to mother

- Mothers with prolonged rupture of membranes (PROM >18hours)
- Prevents early onset sepsis in the newborn
- Drugs used: erythromycin / ampicillin /penicillin
- Monitor : maternal temperature, FBC, CRP, HR, HVS (high vaginal swabs)

Skills attendance (Trained Healthcare worker) at birth

Having a companion of choice at the delivery (Father or Mother's close relative)

- Reduces need for analgesia

Delay in umbilical cord clamping

- for at least for 1 minute
- newborn infants not requiring resuscitation
- Hold at or below placental level (if possible)
- Advantageous for preterm more than term babies

Immediate skin-to skin contact;

- Deliver onto mother's abdomen
- Naked baby between mother's naked breasts,
- Cover both of them – **put a hat on**

Advantages:

- Establish breastfeeding early
- Prevent hypothermia
- Bonding
- Colonise with maternal flora
- Episiotomy suturing can be done safely with baby on mother's chest

Cord care

- Clamp & cut cord **2 to 5cm** from babies abdomen
- Observe for oozing blood.
- Identify two arteries and a vein
- Put **nothing** on the stump
- Leave stump uncovered and dry

Establish breastfeeding early

- Leave the baby and the mother skin to skin contact for 1 hour
- Wait for hunger cues