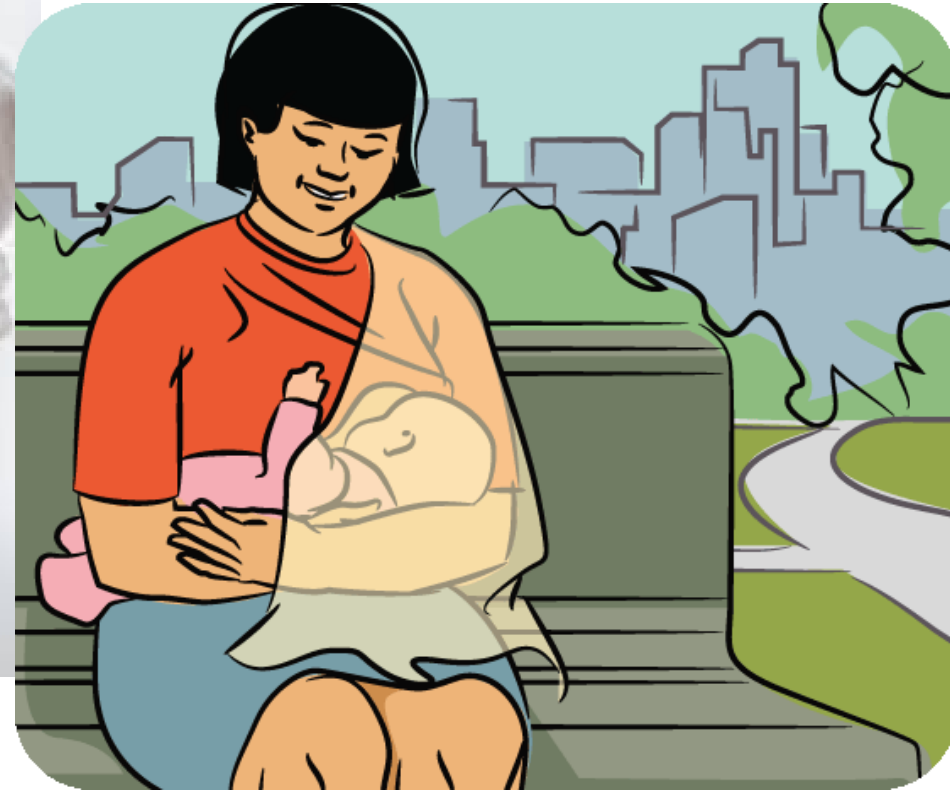


Well newborn care



Eman F. Badran
Professor of
Pediatrics University
of Jordan School of
Medicine Pediatric
Department Neonatal
Division

Fifth year 24-25

Primary Reference:

Attached in e learning module

Care of well newborn reference

1. Benitz WE, Committee on Fetus and Newborn. AAP Policy Statement – Hospital Stay for Healthy Term Newborns. Pediatrics. 2015;135(5): 948-953.

<https://pediatrics.aappublications.org/content/135/5/948>

2 Lancet series on breast feeding

<https://www.thelancet.com/series/breastfeeding>

3. Videos. For breast Feeding support to mothers

https://globalhealthmedia.org/language/arabic/?_sft_topic=breastfeeding



Newborn exam

- LINK. 15 minutes each

<https://www.youtube.com/watch?v=cracmPo3iYo>

<https://www.youtube.com/watch?v=rW3ABQ4S6pQ>



References for newborn Exam

Module

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/newborn%20exam.pdf>

Well newborn care intended learning out comes

- **Learning Objectives**

- Describe Apgar Score
- Understand when the baby need to be assessed
- Understand Voiding and stooling Pattern
- Understand the risks for hemorrhagic disease of newborn , and outline anticipatory guidance that may be preventive
- Identify the most common benign newborn problems after birth delineate appropriate guidance
- Identify types of mandatory neonatal screen
- SIDs

Learning Objectives

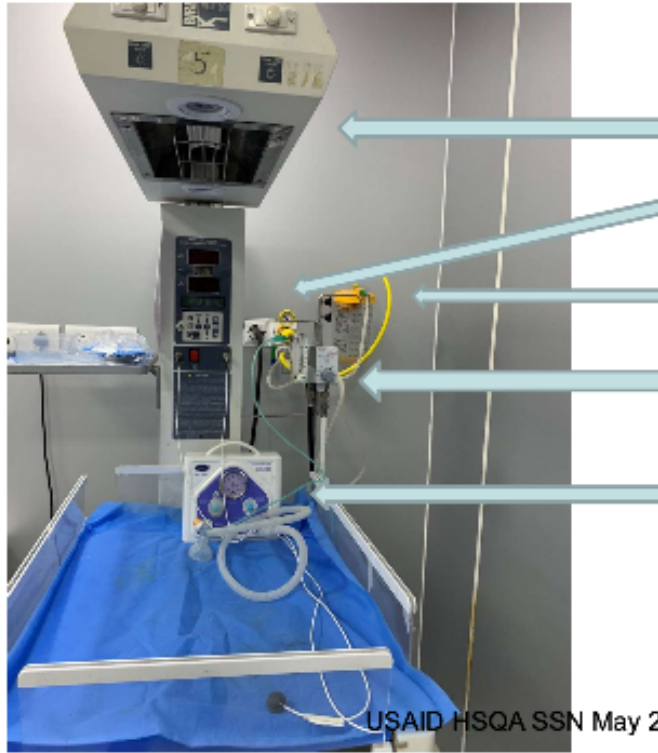
The daily routine care of the neonates are as follows:

The daily routine care of the neonates are as follows:

- ✓ Warmth
- ✓ Breastfeeding
- ✓ Skin care & baby bath
- ✓ Care of umbilical cord
- ✓ Care of the eyes
- ✓ Clothing of the baby

- ✓ General care
- ✓ Observation
- ✓ Taking anthropometric measurement
- ✓ Immunization
- ✓ Follow up & advice

Delivery Room / OR



USAID HSQA SSN May 2

Plan for the Golden Hour

Antenatal consultation for high-risk pregnancies (before the mother comes in for delivery)

Examples

- Maternal conditions: von-Willebrand disease, SLE, Cancer
- Fetal conditions: Twin to twin transfusion, Rh hemolytic disease of the newborn, fetal cardiac malformation, congenital diaphragmatic hernia, gastroschisis, open neural tube defects

Consult other specialists ahead of delivery

Plan mode and time of delivery

Plan actions at time of delivery

Have written plans available at time of delivery

LIP 5.1 | LIP 5.0R | PNH 4.2P

Communication between OB and NICU

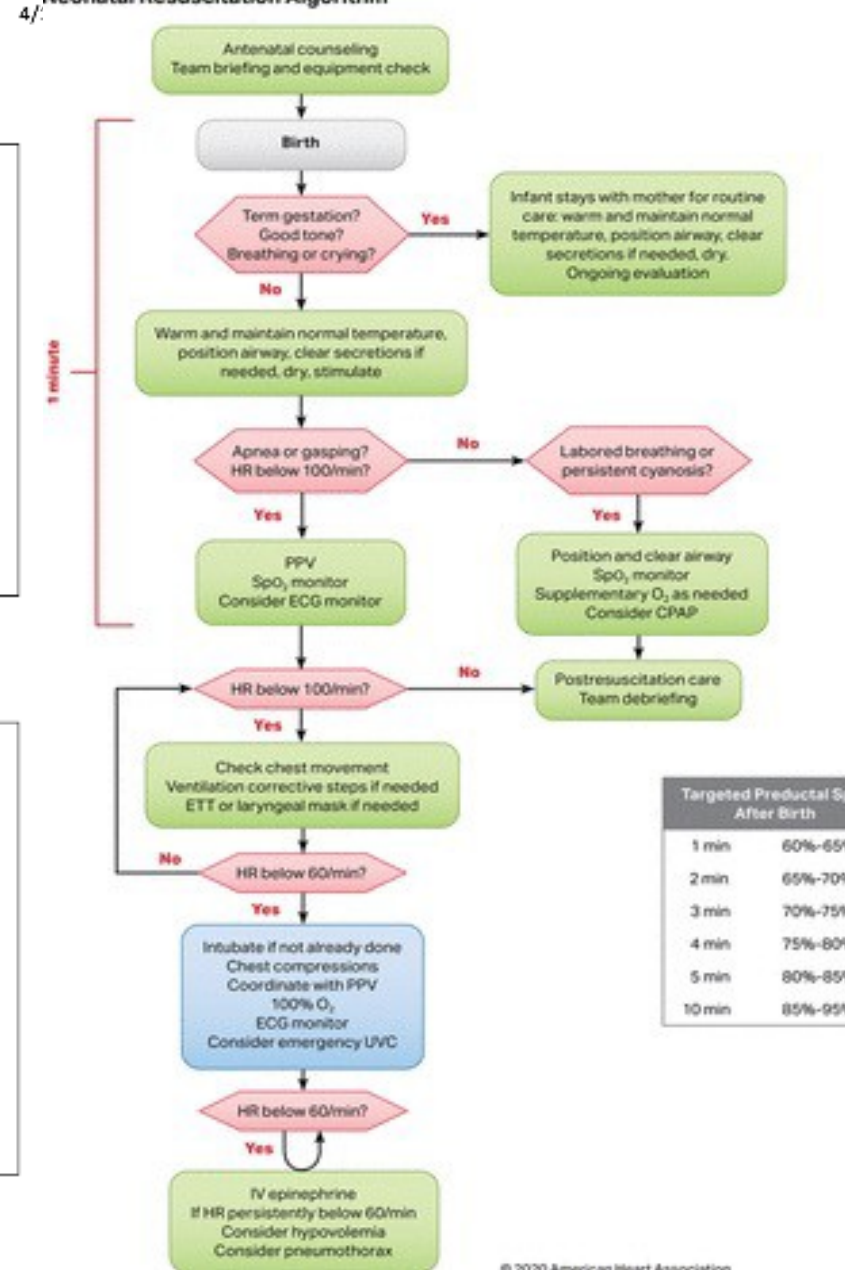
when high risk conditions are noted on admission of patient for delivery or monitoring to Labor Ward

- Preterm labor or premature rupture of membranes
- Multiple gestation
- Known fetal anomaly
- Other complications of pregnancy- preeclampsia, gestational diabetes, intrauterine growth restriction, Rh isoimmunization
- Other medical conditions in mother
- Bleeding- placenta previa or abruption

What is your hospital's plan for this communication?

LIP 5.1 | LIP 5.0R | PNH 4.2P

Neonatal Resuscitation Algorithm



Delay Cord clamping



Cord blood is the blood that remains in the umbilical cord after birth.

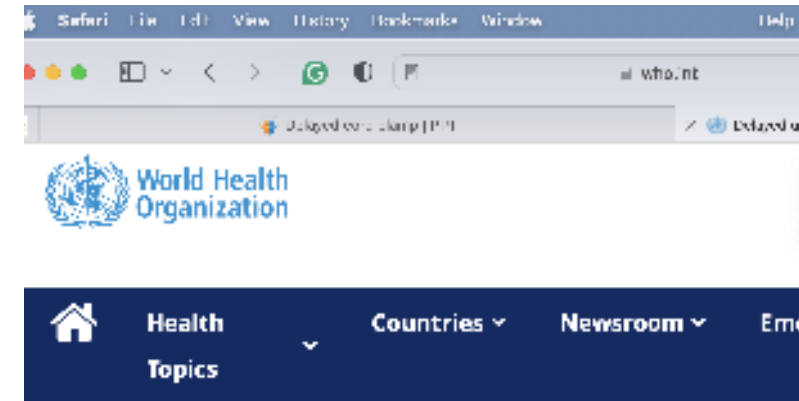
It contains red blood cells that can carry oxygen, nutrients and [stem cells](#). Stem cells replenish cells in blood, skin and organs

If cord clamping occurs 10–15 seconds after birth, 67% of the umbilical cord blood goes to the infant. By 1 minute of age, the amount of cord blood in the placenta passed to the infant increases to

Delay Cord clamping

Delayed Cord Clamping: Delivery Room Management (AAP/NRP & ACOG)

- For vigorous term and preterm infants, cord clamping should be delayed for 30 – 60 seconds
- Infant placed skin-to-skin, wrapped, and warmed – begin initial steps of newborn care
- Contraindications: bleeding from placental abruption /previa or cord avulsion
- Unclear benefits in multiple gestations, IUGR, abnormal placentation, and nonvigorous newborn
- Delivery plan made with OB and Neonatal teams



Delayed umbilical cord clamping for improved maternal and infant health and nutrition outcomes

Guideline

WHO: Cord pulseless
At least 2- min



• Delay cord clamping |

Benefit

The Benefits to the Infant of Delayed Cord Clamping

- **Increased iron stores at birth and less infant anaemia:** Studies show a 61% reduction in the rate of anaemia requiring blood transfusion when delayed cord clamping is practiced.⁷
- **Decreased intraventricular haemorrhage:** Studies show a 59% reduction in the rate of intraventricular haemorrhage in preterm infants when delayed cord clamping is practiced.⁷
- **Less necrotizing enterocolitis:** Studies show a 62% reduction in the rate of necrotizing enterocolitis among preterm babies when delayed cord clamping is practiced.⁷
- **Less infant sepsis:** Studies show a 29% reduction in the rate of neonatal sepsis for preterm infants when delayed cord clamping is practiced.⁷
- **Fewer blood transfusions needed:** Studies show a 52% reduction in the rate of blood transfusions for low blood pressure among preterm babies when delayed cord clamping is practiced.⁷

Maintenance of temperature:

- ❖ Immediately dry the infant under a radiant warmer
- ❖ Skin to skin contact with the mother.
- ❖ Keep neonates head covered.

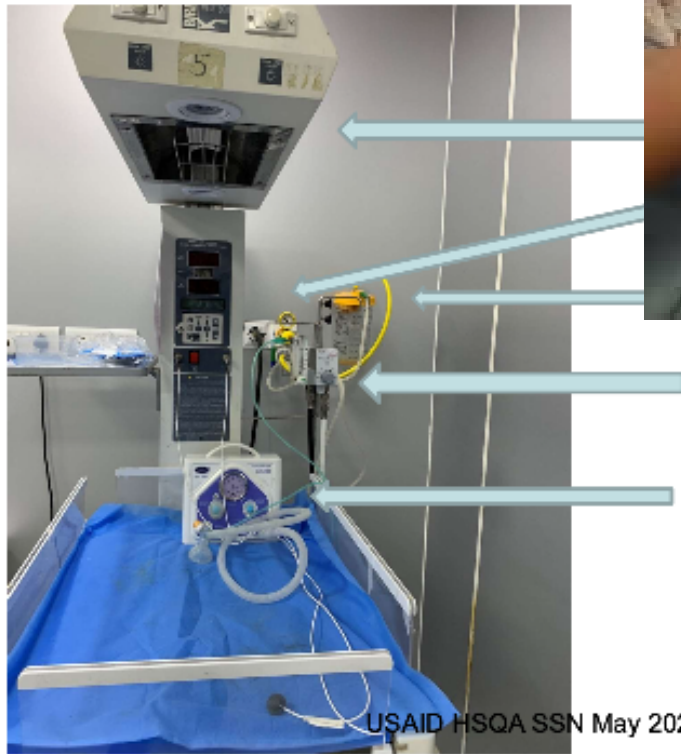
• Temperature Management

WARMTH

-is provided by keeping the baby **dry** & wrapping the baby with adequate clothing in two layers, ensuring the head & extremities are well covered.

Dray and warm

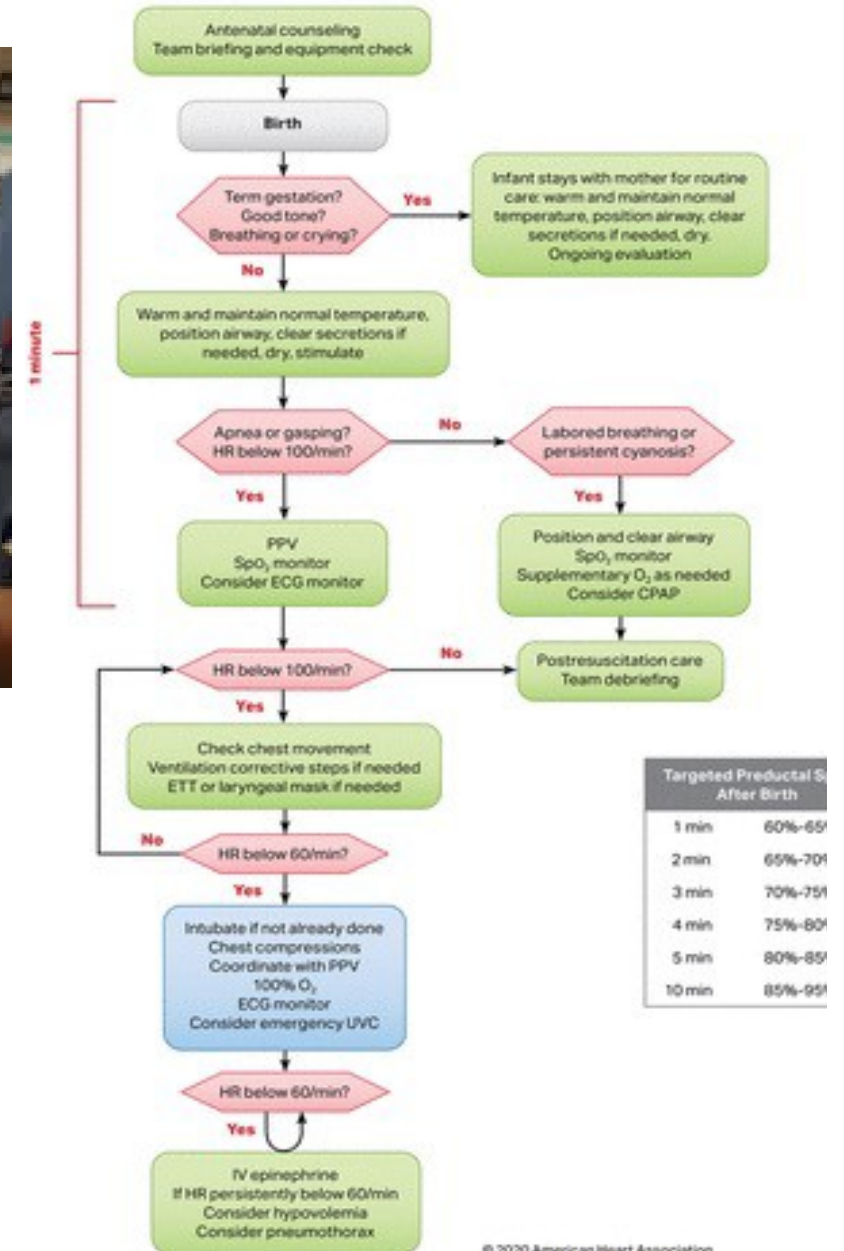
ne Delivery Room / OR



USAID HSQA SSN May 2024



Neonatal Resuscitation Algorithm



Targeted Productal S After Birth	
1 min	60%-65%
2 min	65%-70%
3 min	70%-75%
4 min	75%-80%
5 min	80%-85%
10 min	85%-95%

Apgar Score

At 1. @ 5 minutes of age

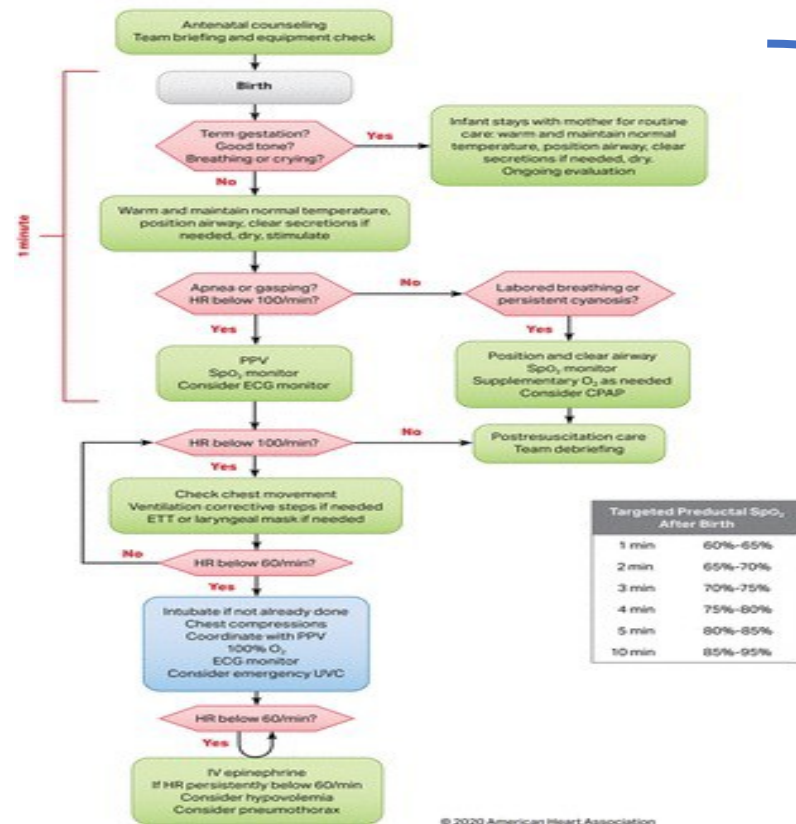
PARAMETER	0	1	2
Heart Rate	Absent	<100	>100
Respiratory Effort	Absent	Irregular, slow	Good, strong cry
Muscle Tone	Limp	Some flexion of extremities	Well flexed
Reflex Irritability	No response	Grimace	Cry, Sneezes
Color	Blue, Pale	Body pink, extremities blue	Completely pink.

Table 1. The Apgar Score

The Apgar Score	0	1	2
Heart rate	Absent	<100 beats per min	>100 beats per min
Respiratory effort	Absent	Weak cry; hypoventilation	Good cry
Muscle tone	Flaccid	Some flexion	Active motion/Well flexed
Reflex irritability	No response	Grimace	Cry/Cough/Sneeze
Color	Blue/Pale	Acrocyanotic	Completely pink

- ▶ A 5-minute Apgar score of 7 to 10 is considered normal.
- ▶ Apgar scores can be helpful **in assessing an infant's transition** from intrauterine to extrauterine life
- ▶ It may reflect neonatal resuscitation efforts
- ▶ It **should not guide** these resuscitation efforts.
- ▶ Apgar scores should **not be used to predict** neurologic outcomes or development of infants

Neonatal Resuscitation Algorithm



Neonatal resuscitation steps 2020

CASE

Prenatal visit

Q1. What are the 2 steps applied in the delivery room to support this Mom to Breast Feed her baby?

Delivery room management of well term newborn

First do **skin-to-skin** contact to maintain his or her temperature (30-60min)



Breast feeding initiation

- The infant should be encouraged **to breastfeed** as soon as possible and **within the first hour of birth**



Q2. What information's you need to give the Parents to convince them that Vitamin K injection is needed to be given in the first hour after Birth?

Vitamin

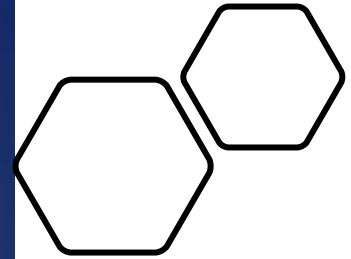
- **K** Vitamin K is an important clotting factor synthesized by intestinal bacteria.
- All neonates are born with low levels of vitamin K because of:
 - ▶ the absence of gut flora
 - ▶ low levels of transplacental passage
 - ▶ inability of the fetal liver to store vitamin K.
 - ▶ **Human breast milk is a poor source of vitamin K**
- **Vitamin K–deficient bleeding** (formerly known as hemorrhagic disease of the newborn) can occur:
 - directly after birth
 - or many weeks later (2-12 weeks)
- PRESENT AS.
 - (Vitamin K–deficient bleeding)
 - presenting as skin bruising, mucosal bleeding, bleeding at the umbilicus and circumcision site, or even fatal intracranial hemorrhage. Large hematomas at injection sites or on the head after delivery also may be presenting signs.

Vitamin K

- Maternal risk factors for the infant's development of vitamin K–deficient bleeding include:
 - antiepileptic, antituberculin, and other vitamin K antagonist medications.
 - Infants born to mothers taking anticonvulsant (eg, phenytoin, barbiturates, carbamazepine) or antituberculosis medication (eg, rifampin, isoniazid)
- Vitamin K given to all babies after delivery in an intramuscular injection has been shown to prevent both early and late forms of bleeding.

Newborn Identification:

Newborn Identification Before a baby leaves the delivery area, identification bracelets with identical numbers are placed on the baby and mother. Babies often have two, on the wrist and ankle.



Initial newborn assessment

The parents are concerned about their baby when you can reassure them about their baby condition after birth ? .

Q3- When is the initial newborn assessment is done?

The initial newborn assessment

- **WHAT IS INITIAL ASSESSMENT**

- It Include a **thorough examination** of the infant **after birth for** :
- Asses if
 - Resuscitation is needed
 - Gestation Age and birth weight
 - Apgar Score
 - any anomalies and **identification** of infant
 - maternal **risk factors** necessitating further evaluation

- **When.** **IMMEDIATELY AFTER DELIVERY**

- **Who** -Typically is performed by a labor and delivery nurse or the birth attendant for **low-risk deliveries**.

- For **higher-risk deliveries**, a specialized neonatal resuscitation team may be present at the delivery and perform this assessment.

After normal delivery of her healthy male baby. Mom was in good condition.

She did skin to skin contact to with her baby immediately after birth, and started to breast fed her baby in the first hour of his life.

She asked you if her baby can stay with her at her own room in obstetric floor.

You were also excited since the hospital is baby friendly

Q4-How you support breast feeding during her stay?

DAILY ROUTINE CARE OF NEONATES

- The majority of complications of the normal newborn may occur during the first 24 -48 hours (discharge after 48 hour
- Then within the first 7 days.
- So close observation & daily essential routine care is important for health & survival of the newborn baby.



Support Breast feeding during Stay

- **Answer: Do Room In policy (Baby stay with his mother)**
- Breastfeeding Information should be given to the family
 - GIVE parents **postnatally** clear and unbiased information
 - Regarding **the benefits** of breastfeeding for both mother and infant
 - Dextrose water and sterile water are to be **avoided**
 - Individuals education in:
 - **breastfeeding skill**
 - as well as the **assessment** and **management** of breastfeeding **problems**
 - This should be readily available **during** hospitalization and after discharge (Post discharge feeding counseling).
- Mothers who are **unable to breastfeed** their infants
 - should have access to high-quality breast pumps and providers skilled in lactation.

Q 5. When the pediatric clinician's examination is completed

- The pediatric clinician's examination is completed in the first 24 -48 hours after birth.

What to do at time of exam

1 Look at Nurse Assessment (it is complemaentary)

- Nurses often have assessed the infant fully before this examination, and their evaluations should be viewed as complementary.
- Do The initial examination serves the purpose of:
 - Identify Further **risk factors** through history and physical exam
 - Identifying anomalies
 - **Reassuring parents** about the health of their new infant.
 - Education, sometimes termed "**discharge teaching,**"
 - Identifies and discusses common findings.
 - as **safe sleep** positioning, skin and cord care, jaundice,
 - As **voiding patterns** common to the newborn.

The TEN STEPS to Successful Breastfeeding

5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...



Checking positioning, attachment and suckling

Giving practical breastfeeding support

Helping mothers with common breastfeeding problems

8 RESPONSIVE FEEDING

6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...



Giving only breast milk unless there are medical reasons

Prioritizing donor human milk when a supplement is needed

Helping mothers who want to formula feed to do so safely

9 BOTTLES, TEATS AND PACIFIERS

7 ROOMING-IN

Hospitals support mothers to breastfeed by...



Letting mothers and babies stay together day and night

Making sure that mothers of sick babies can stay near their baby

10 DISCHARGE

Before discharge

- **Q 5.1** When the pediatric clinician's examination is completed before discharge
- **Q5.2** What is required prior to discharge?

► Take history

You Asked about the main Pointes needed to be in the History that include

- Prenatal and Antenatal History that Include :

- Maternal Age, method of pregnancy,
- Maternal disease Diseases before and during pregnancy (UTI, PET , etc...
DM)
- Mother blood group and Hepatitis B Status
- Maternal screen (first and second. And third)
- Fetal condition during Obstetric follow up
- Maternal Medications before and duringPregnancy and during labor
- Maternal family and Social history
- Previous pregnancies history and Birth outcome
- social history (level of education, living, smoking ,working status etc...)

- Delivery History including:

- method of delivery and gestation age Birth weight
Maternal medication during labor

Do the second exam at 24 -48 hours of age

Now, you are planning to meet this Mom and Dad who have just had their first male baby. They are a friendly young couple who are very excited about their new son

As ideal, you completed in the first 24-48 hours after birth

a **second exam** (preferable with parents' attendance

(first was initial Assessment was immediately after birth)

Q7: How you address
these parental concerns
regarding Growth and
gestation Age assessment

Q 7.1 How you Gestational

Q 7.2 Age How you Assess
Growth

Q 7.1 How you Gestational Age Gestation Age Assessment

- Last menstrual period (**LMP**)
- first trimester **US**
- When the gestational age or due dates are uncertain, a gestational age assessment is completed using the **Dubowitz/Ballard** examination

Gestation calculator

Mode

LMP-based

Ultrasound-based

Date of Ultrasound scan

Month: January Day: 1 Year: 2000

Scan data

Fetal biometry

Derived gestation

Weeks: 18 Days: 0

Measurement

Crown rump length

Biparietal diameter 37 mm

Head circumference

perinatal institute
for maternal and child health
www.gestation.net

Calculate EDD

Cancel and RESTART

This software EXPIRES on 31st October 2013

Q 7.2 How you Assess Growth

Growth assesment

- Do Growth Measurement : Measure
 - weight
 - length
 - Head circumference
- Plot them on CDC, WHO , fenton and intergrowth charts.
- Know if (for AGA, SGA and LGA)

- **WEIGHT:**
 - The baby will be regaining their birthweight. Most babies are at, or above, their birth weight by 2 weeks.
 - The average daily wt gain for healthy term babies is about 30gm/day in the first month of life
- **LENGTH:**
 - (from the top of head to the heel with the leg fully extended)
 - Average range: (46-56 cm)

Head circumference:

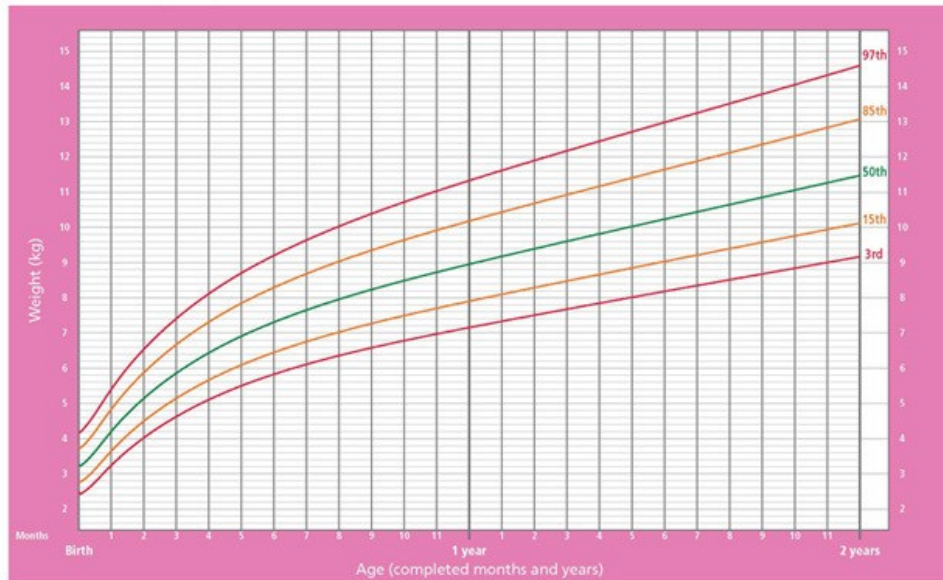
- Head circumference (repeat after molding and caput succedaneum is resolved).
- Average range: 33 to 35 cm (13-14 inches)
- Place tape measure above eyebrows and stretch around fullest part occipital at posterior fontanel.

Types of Growth Charts

1-WHO Growth chart for Breastfed infants

Weight-for-age GIRLS

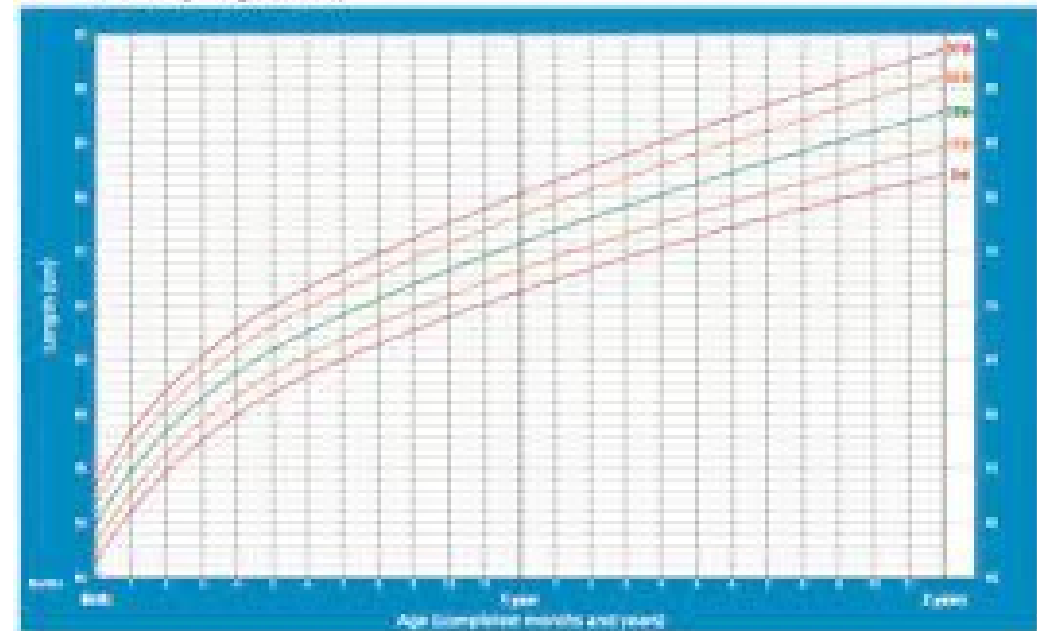
Birth to 2 years (percentiles)



WHO Child Growth Standards

Length-for-age BOYS

Birth to 2 years (percentiles)

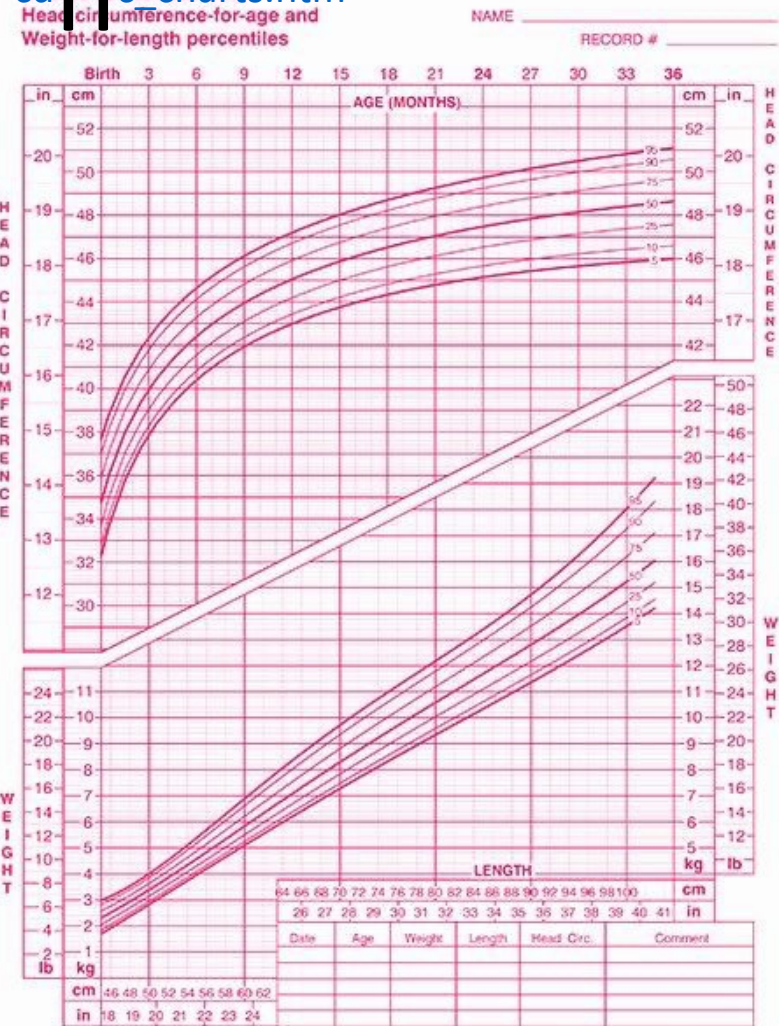


WHO Child Growth Standards

2-CDC growth Charts for US Child re

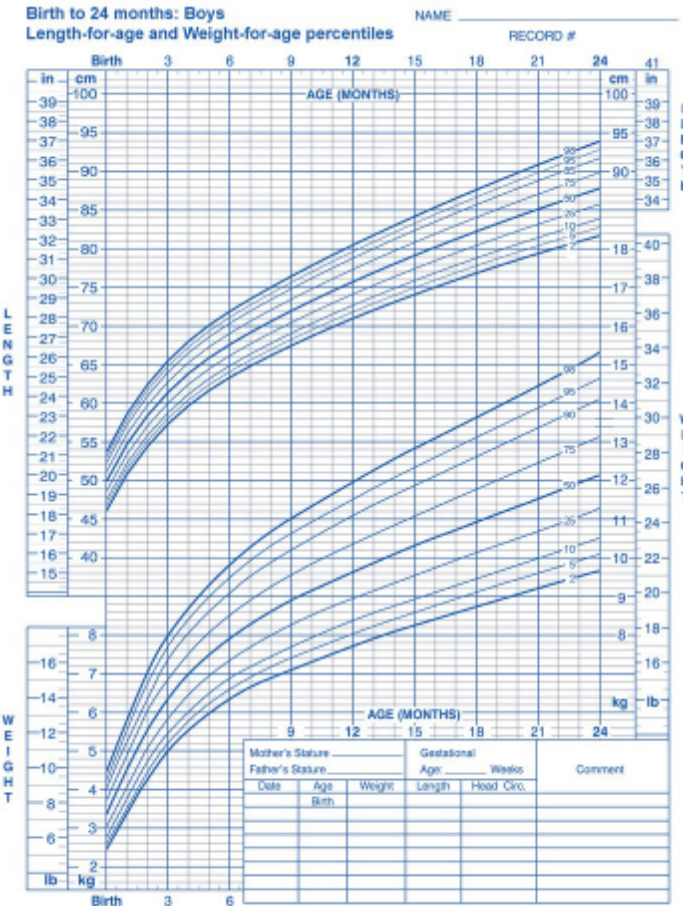
<https://www.cdc.gov/growthcharts/>

[cdnc.html charts.htm](https://www.cdc.gov/growthcharts/html_charts.htm)



Published May 30, 2000 (modified 10/16/00)
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>

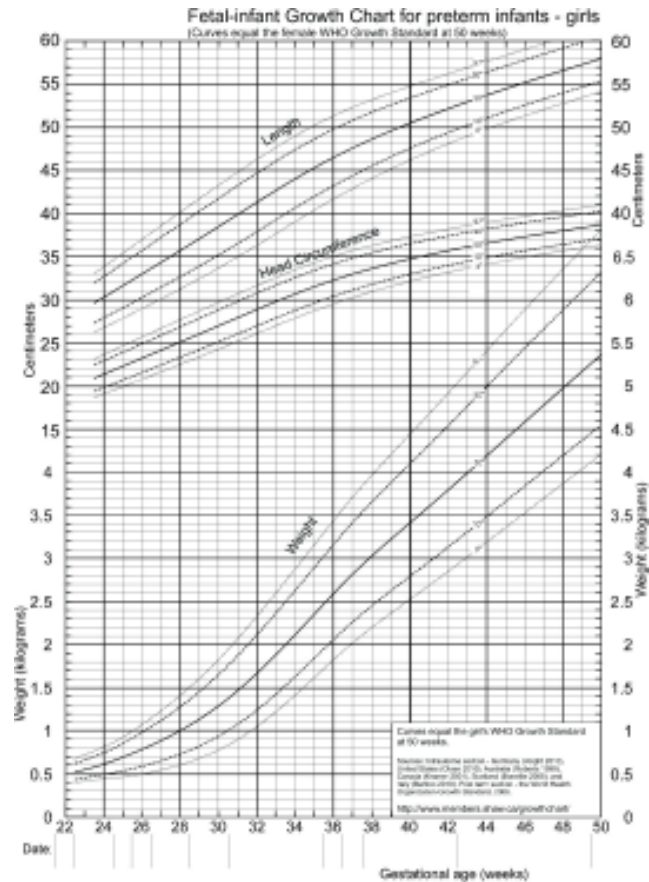
CDC
 SAFER • HEALTHIER • PEOPLE



Published by the Centers for Disease Control and Prevention, November 1, 2008
 SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth>)

CDC

Fenton charts for preterm infants. (Girls and Boys)



- <https://www.pdfFiller.com/jsfiller-desk10/?projectId=6158b1b361eaf62627634145&lp=true#ac4cf c9622534c769873b5b26163e308>

How you Assess Growth

Growth assessment for

preterm

- Intergrowth charts.
 - Intergrowth charts <36 weeks. And international
 - (<https://intergrowth21.tghn.org/standards-tools/>)
 - Hc, Weight and length

CDC



World Health Organization

Health Topics - Countries - Newsroom - Emergencies - Data - About Us

Home / Tools and tools / Child growth standards / Standards

Child growth standards

This web site presents the WHO Child Growth Standards, standards were developed using data collected in the WHO Multicentre Growth Reference Study. The site presents documentation on how the physical growth curves and milestone windows of achievement were developed as well application tools to support implementation of the standards.

Child growth standards

Standards

WHO Multicentre Growth Reference Study (MGRS)

The WHO Child Growth Standards

Documentation

The following documents describe the sample and methods used to construct the standards and present the fit

https://www.cdc.gov/growthcharts/cdc_charts.htm

Growth charts for preterm

Example : Intergrowth charts.



Gestational Weight Gain	 Publications	 Tables & Graphs	 Calculators & Apps	 Training & Resources
Newborn Size for Very Preterm Infants	 Publications	 Tables & Graphs	 Calculators & Apps	 Training & Resources
Newborn Size	 Publications	 Tables & Graphs	 Calculators & Apps	 Training & Resources
Postnatal Growth of Preterm Infants	 Publications	 Tables & Graphs	 Calculators & Apps	 Training & Resources

<https://intergrowth21.tghn.org/standards-tools/>

Mom and Dad have

They have many questions for you. Their Son **is one** day old now, He is **Breast fed every 2-3 Hours** . You found that

- He passed urine 4-5 times of“**brick dust**” color .
- He did not gain any weight at 24 hour of age
- He did not pass stool yet at 24 hour of age.

You examined the Baby and found that he has normal physical exam and normal vital signs. Mom asked You Is that normal?

- **Q8:** Does he need formula since he did not gain weight today?
- **Q9:** Is he having an Obstruction?”
- **Q10:** Is the urine color cause of concern?
- **Q11:** Does he need to test his blood sugar to know if it is low?
- **Q12:** Can they discharge her baby and observe his stooling pattern at Home ?

How you address these
parental concerns (Q8 - Q12)

Q 8 : Does he need formula since he did not gain weight today?

- Weight loss in newborns is observed **frequently**
- In general, **if** weight loss of **>10% to 12%** in the first postnatal week is a cause for concern (necessitates a thorough **evaluation**).
- Families should be **reassured** about this progression and can become **preoccupied** with a normal process because this is a value **commonly measured**, reported, and compared in the course of routine newborn care.
- **Numerical weight loss** of concern in the presence of a progressively improving feeding relationship **should not drive supplementation**.
- It is typically taught that newborns should **regain their birth weight by 2 weeks** after the birth, although many newborns reach this value much sooner if feeding is well established.
- **Emphasis** should return to the feeding relationship between mother and infant and **the promotion of breastfeeding**.

Q 8.1 : : When the newborns should regain this birth weight?

- It is typically taught that newborns should **regain their birth weight by 2 weeks** after the birth, although many newborns reach this value much sooner if feeding is well established.
- **Emphasis** should return to:
 - the feeding relationship between mother and infant (demand feeding)
 - and **the promotion of breastfeeding.**
- **How do I know if my newborn is breast milk is enough?**
 - Baby is swallowing during feeding
 - Breast feel empty or softer
 - Passing urine (4-6 times /day) @ stool
 - Sleep after feed or feel satisfied
 - Start to gain weight

You examined the Baby and found that he has normal physical exam and normal vital signs. Mom asked You Is that normal?

- **Q8:** Does he need formula since he did not gain weight today?
- **Q9: Is he having an Obstruction?”**
- **Q10:** Is the urine color cause of concern?
- **Q11:** Does he need to test his blood sugar to know if it is low?
- **Q12:** Can she discharge her baby and observe his stooling pattern at Home ?

Normal Stooling Patterns

Meconium

- The infant typically passes a **first meconium** stool shortly after birth, often within the first hours and typically **before** 48 hours
- These black, tarry, and sticky stools



Transition Stool

- Occur as the mother's human milk production increases.
- Typically occurs in a pattern, often from green/brown to a seedy, loose, mustard yellow appearance.

It is not rare for an **infant to pass stool** with nearly **every breastfeeding** when the mother's milk is in because of the **gastrocolic reflex** signaling the colon to empty

Stool in infants



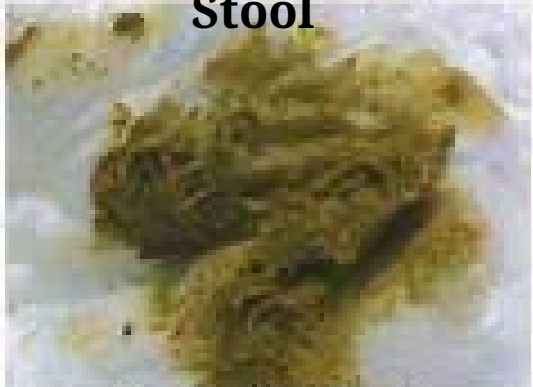
Day 1-3 Meconium



Day 4 **Transition Stool**



Day 5 Yellow Stools



Formula-fed Stools

Delayed passage of stool

- When the passage of meconium stool is delayed,
 - carefully **recheck the infant's anus** for the normal characteristic.
 - continue to observe **if** the infant is feeding well without abdominal concerns (distension or vomiting).
- Delayed passage of stool beyond **48** hours can indicate serious problems,
 - Such as colonic obstruction from **imperforate anus** with or without fistula, **meconium plug syndrome**, or **Hirschsprung disease**.
 - **Need Imaging**, including barium enema, and **rectal suction biopsy** as the diagnostic gold standard for Hirschsprung

Q9: Is he having an Obstruction?”

- Answer:
- May be

You examined the Baby and found that he has normal physical exam and normal vital signs. Mom asked You Is that normal?

- **Q8:** Does he need formula since he did not gain weight today?
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- **Q11:** Does he need to test his blood sugar to know if it is low?
- **Q12:** Can she discharge her baby and observe his stooling pattern at Home ?

Normal voiding

- **When** urine should pass
 - The infant's first urination nearly **always occurs in the first 24 hours.**
 - Should have passed urine 4-6 times /day
- Why there is **Difficulty in urine detection**
 - Urine can be difficult to detect in the presence of frequent meconium stool
 - Urine could not be seen

How you address these parental concerns (Q1 10)

He passed urine 4-5 times of “**brick dust**”
color

What is the normal stooling and urine pattern in their
newborn baby after birth?

How to detect Urine

- **Review notes**

- Clinical notes should be reviewed to determine if the infant **voided at delivery** or elsewhere and the **voiding was not recorded**.

- **Look at Diaper with strips**

- Commercially available diapers now commonly have a strip that changes color in the presence of urine, which helps identify small amounts of urine



- **Use A cotton ball**

- A cotton ball is placed between the labia or a bag may be applied to collect urine if there is concern that the urine was simply not observed.

- **Use Invasive**

- If there are continued concerns for anuria, **catheterization**, bladder and **renal ultrasound with urologic consultation**, and evaluation of **renal function** can be considered.



How you address these parental concerns
(Q1: 10)

He passed urine 4-5 times of “**brick dust**” color

What is the normal stooling and urine pattern in their newborn baby after birth?



Appearance of newborn urine

- can initially be scant and darkly colored.
- Can be (“**brick dust**”)
 - this is *urate crystals* (often termed “brick dust”) can be confused with blood in diapers
 - **urate crystals** tend to sit on the surface of the diaper and are iridescent and completely **benign**.
- **DDX**
 - Vaginal discharge can be clear, yellow, or white, and even blood-tinged as the female *infant* “**withdraws bleed**” from maternal hormones.



A newborn should not be discharged until the passage of stool and urine can be documented

You examined the Baby and found that he has normal physical exam and normal vital signs. Mom asked You Is that normal?

- **Q8:** Does he need formula since he did not gain weight today?
- **Q9:** Is he having an Obstruction?”
- **Q10:** Is the urine color cause of concern?
- **Q11: Does he need to test his blood sugar to know if it is low?**
- **Q12:** Can she discharge her baby and observe his stooling pattern at Home ?

Q 11. Is her baby at risk of Hypoglycemia?

Who at Risk for Hypoglycemia

1. Infants born to mothers with diabetes mellitus
(IDM)
2. those who are SGA, or LGA
3. Preterm and late preterm
4. as well as **sick infants** :
 - as those with birth asphyxia, are at risk for hypoglycemia.

You examined the Baby and found that he has normal physical exam and normal vital signs. Mom asked You Is that normal?

- **Q:** Does he need formula since he did not gain weight today?
- **Q:** Is he having an Obstruction?”
- **Q:** Is the urine color cause of concern?
- **Q:** Does he need to test his blood sugar to know if it is low?
- **Q: Can she discharge her baby and observe his stooling pattern at Home ?**

Q12. What should you tell parents about bathing their infant , cleaning the genitalia and cord care

Skin care & baby bath

First Bath:

- Once a baby's temperature has stabilized, the First bath can be given.
- No need for immediate bathing
- Baby baths can be given at the hospital or at home by **using warm water in a warm room**

- Who should be bathed immediately:
 - hepatitis B–positive mothers or HIV Mothers should be bathed at birth

SKIN and Umbilical cord care

- The skin is cleaned of blood, mucus & meconium by gentle wiping before he/she is presented to the mother.
- Initially, should have **sponge baths** until the umbilical cord detaches.
 - In the past, antibiotic ointments, dyes, and alcohol have all been applied to the umbilical cord, but this practice is unnecessary. (AAP recommendation)
- The newborn infant does **not require frequent bathing**. (2-3 times/week)
- **Cleansers** should be mild (Non irritant)

Skin and Umbilical cord care.

- Parents should keep the **umbilical stump clean dry** and allow it to fall off naturally, generally in 10 to 14 days.
- Topical application of antiseptics are **not necessary** unless the baby is living in a highly contaminated area.
- Long, flexible but sharp fingernails.
 - Often are a source of concern for the new family.
 - With good lighting and when the child is quiet, the nails can be

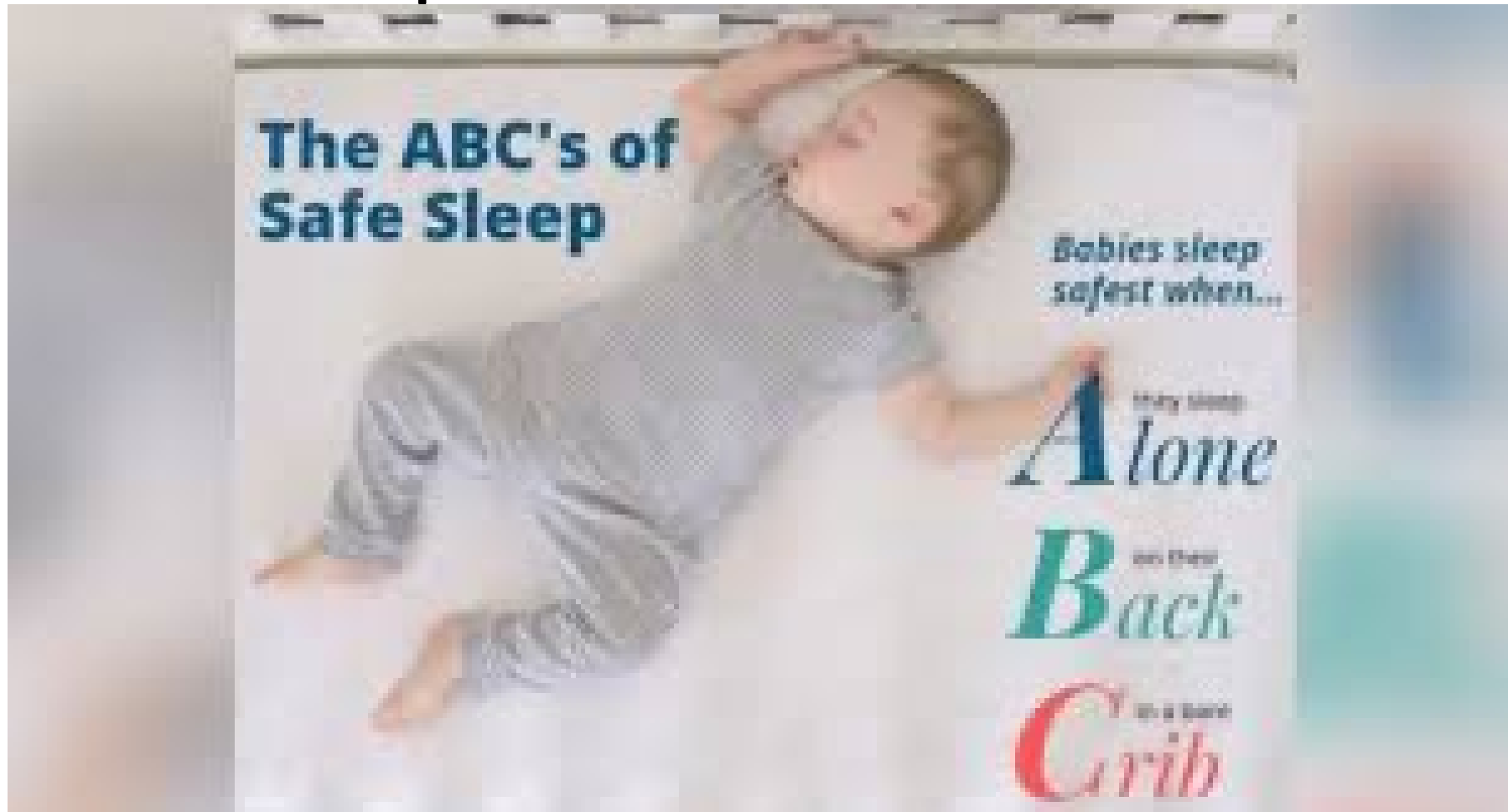
Care of Genitalia

- Care **of the uncircumcised** penis requires little effort.
 - It can be **cleansed externally** when regular bathing is established.
 - **Retracting** the foreskin of an infant **is discouraged** because it will likely cause pain, bleeding, and even adhesions.
- **If circumcised** the penis should **be kept clean and simple petroleum ointment**. applied to keep the newly exposed glans from adhering to adjacent skin or diaper.



Q13. What sort of anticipatory guidance can you give these new parents regarding avoidance of Sudden infant death

Safe sleep



free of
1) quilts,
2) sleep positioners,
3) other soft objects, such as stuffed animals

Safe sleep



Infant Safe Sleep

4

Baby's face uncovered.

1

Baby sleeps in crib.

5

No smoking around baby.

2

Baby sleeps on back.

6

Do not overheat or overdress.

3

Nothing in sleep area.

7

Firm mattress, tight-fitting sheet.



Anticipatory guidance for safe sleep
positioning

To reduce the risk of sudden infant death
syndrome

- ▶ **Breastfeeding**
- ▶ a **pacifier** can be offered **once breastfeeding is established.**

- Immunization
 - HBV vaccine at birth (self study)
 - Congenital hear screen
 - Hearing Screen
 - Metabolic screen

1-3-6 Principle

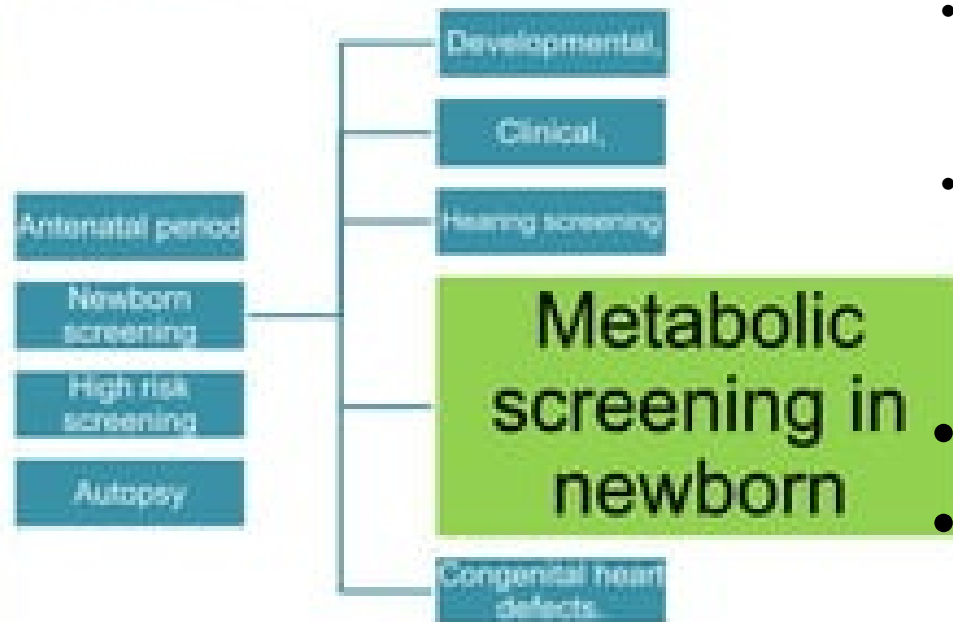
Goals of Hearing screen

(Early Hearing Detection and Intervention)
endorsed by the JCIH, AAA, ASHA and the
AAP

- Hearing Screening by **1** month of age
- Hearing identification by **3** months of age
- Intervention by **6** months of age

Children with hearing loss who do not receive intervention services by 6 months of age are at greater risk for delays in speech and language development.

When??



- overall incidence of metabolic disorder around the world is 1:1350.
- About 5 to 15 % of all sick neonates in NICU are expected to have some Inborn Error of Metabolism
- In Jordan : TSH, G6PD, PKU
- At 2 weeks of age

Congenital Heart disease screen

Why does this matter?

- Congenital heart disease is common
- Critical congenital heart disease is life-threatening

Critical Congenital Heart Disease Lesions

Most consistently cyanotic

Hypoplastic left heart syndrome

Pulmonary atresia with intact septum

Total anomalous pulmonary veins septum

Tetralogy of Fallot

Transposition of the great arteries

Tricuspid atresia

Truncus arteriosus

May be cyanotic

Coarctation of the aorta

Interrupted aortic arch

Double outlet right ventricle

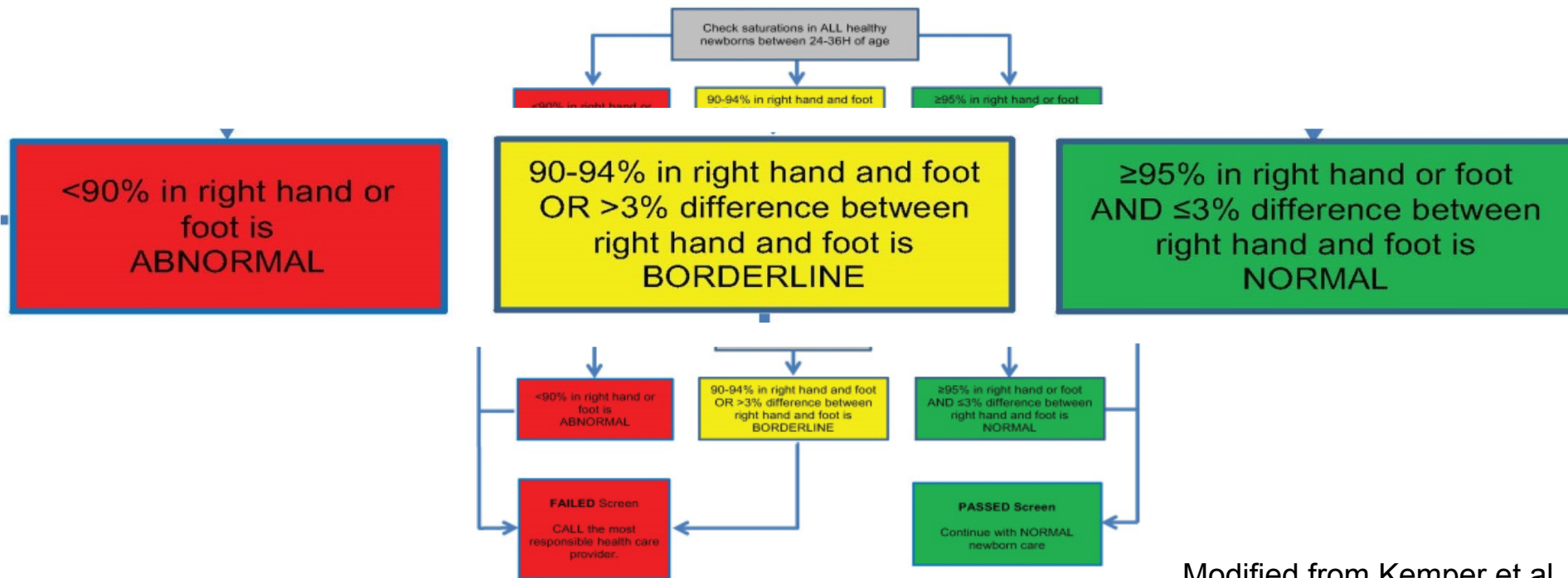
Ebstein anomaly

Other single ventricles

Recommendation #4

Pulse oximetry should be performed using the right hand and either foot.

(Strong Recommendation, Moderate Quality of Evidence)



Modified from Kemper et al, Pediatrics 2011; 2011

Summary of Recommendations

1. We recommend that pulse oximetry screening should be routinely performed in all healthy newborns to enhance the detection of critical congenital heart disease in Canada.
2. We recommend that the optimal screening for critical congenital heart disease should include prenatal ultrasound, physical examination and pulse oximetry screening.
3. We recommend that pulse oximetry screening should be performed between 24-36 hours of age.
4. We recommend that pulse oximetry screening should be performed in the right hand and either foot.
5. We recommend that newborns with an abnormal screening result should undergo a comprehensive evaluation by the most responsible health care provider. If a cardiac diagnosis cannot be confidently excluded, referral to a pediatric cardiologist for consultation and echocardiogram is advised.