

# IMMEDIATE BABY CARE



## Definition:-

**It is care that introduced to baby after birth immediately and continued for at least first week.**

# Objectives:-

- **To establish and maintain respiratory function.**
- **To provide warmth and prevent hypothermia.**
- **To stimulate circulation and maintain health.**



- **To ensure safety and prevent infection.**
- **To identify actual and potential problems that might need immediate action.**
- **To detect any congenital anomalies**
- **Care of umbilical cord**
- **Care of eyes**

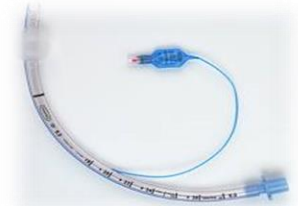
# Equipments

- Prepare the equipment:

- Radiant warmer and warm receiving blankets



- Oxygen suction with sterile catheter



- Oxygen mask with three different sizes.



- **Laryngoscope with different sizes blades OR airway.**



- **Endo- tracheal tubes with different sizes and satellite.**

- **Sterile gloves**



- **Cord care tray.**

1. Sterile clamp.
2. Dry cotton and gauze
3. Cotton with alcohol.
4. Sterile scissor.



- **Vitamin K with insulin syringe.**



- **Paper bag.**

– Eye drops



– Neonatal health card.

| NEW SOUTH WALES          |  | REGISTRATION NO. 25445 6789                            |
|--------------------------|--|--|
| BIRTH CERTIFICATE        |  |  |
| 1. Name                  | WESTHEAD<br>LARA                               | WESTHEAD<br>LARA<br>Royal Hospital for Women, Randwick |
| 2. Date of Birth         | 20 FEB<br>1994                                 | 20 FEB<br>1994<br>Royal Hospital for Women, Randwick   |
| 3. Place of Birth        | WESTHEAD<br>LARA                               | WESTHEAD<br>LARA<br>Royal Hospital for Women, Randwick |
| 4. Date of Issuance      |  |  |
| 5. Issued by             |  |  |
| 6. Registrar             | L. WESTHEAD<br>1111 Westhead St<br>Sydney, NSW | L. WESTHEAD<br>1111 Westhead St<br>Sydney, NSW         |
| 7. Registrar's Signature |  | Deanne Stacey, Registrar<br>10 August 2004             |
| 8. Registrar's Stamp     |  |  |

NSW Reg 1798



- **Baby scale, measuring tape**



- **Baby clothes.**



- **Identification band**



- **Rectal thermometer**



- **Set scope**

# Procedure

## 1. Immediate care of the new born

- As the head is delivered ,wipe the mucus and fluid from infant nose and mouth with use dry gauze .
- As soon as infant is born clamp the umbilical with two kokhor and cut in between .



- Receive newborn in warm towel and place under radiant heater.



## 2- Suctioning :-

- Use small rubber suction Catheter which is attached to a mechanical suction.
- Suction the newborn's mouth then nose.
- Administration of oxygen if needed.
- Place the newborn in trendlenburg position.



### **3- Warmth :-**

**- provide warmth by keeping the baby dry (start to dry the head, face and the rest of the baby by dry towel.**

**-Be sure that the baby is dry from any amniotic fluid and avoid air drafts in the room.**



## **4- Assess the new born condition**

### **Apgar score:-**

- Assess the new born condition immediately after birth at 1minutes through Apgar score , 5 minutes after birth and 10 minutes if score 6 or less.

### **APGAR:**

1. Appearance(skin color)
2. Pulse(heart rate)
3. Grimace(reflex irritability)
4. Activity(muscle tone)
5. Respiratory(effort)

# A PGAR scoring table

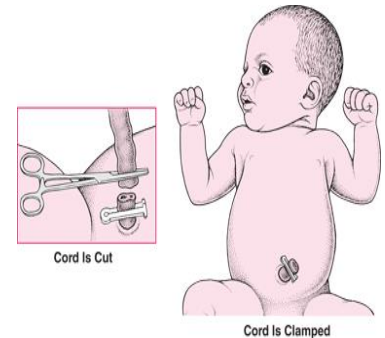
|   | 2                                       | 1   | 0                                  |
|---|---|---|------------------------------------|
| A | Complete pink body and face             | Pink body ,blue limbs ,pale body and face | Pale or blue body and face         |
| B | >100 b/m                                | <100 b/m                                  | No HR or response                  |
| G | Crying ,coughing<br>Or sneezing         | Grimace or puckering<br>Of face           | No response                        |
| A | Active movement<br>,waving arms or legs | Some response to stimulation              | No movement of legs ,arms,<br>Palm |
| R | Strong cry                              | Slow irregular breathing or weak cry      | No cry or breathing                |

# Comments and required intervention

| Apgar score | Classification    | Intervention   |
|-------------|-------------------|--|
| 7-10        | Normal            | Routine post delivery  |
| 4-6         | Moderate asphyxia | Some resuscitation (oxygen ,suction, stimulate baby ,rub baby) |
| 0-3         | Sever asphyxia    | Full resuscitation.  |

# 5-Cord care as the following :

- The cord is clamped at 3-5 cm away from abdomen and the cord is cut after 1cm
- Assess that there are small two arteries and one big vein to detect any congenital malformation
- Clean umbilical cord from its base with a cotton ball or cotton tipped applicator, earplugs moistened with 70% alcohol then the stamp of cord and finally the tip of the cord





# Vital signs

- **Apical pulse:** Auscultate chest for heart beats for one minute.
- **Respiratory Rate:** Count respiratory rate for one minute and observe depth.
- **Rectal temperature.**



# 6. Take the growth Measurement for the baby

## Length

- Remove the newborn towel ,place the newborn in supine position and grasp the knee until the legs are extended.



## Weight

- Check the scale balance at zero line
- Place the newborn on the scale with clothes
- Keep your hands above the infant body without touching



## Head Circumference

place the measuring tape above the temporal bones.(33-35)



## Chest Circumference

- Place the tape above the nipple line
- Normal measurements (30-33)
- Assess for any growth deformity or congenital defect



# Vital signs

- **Apical pulse:** Auscultate chest for heart beats for one minute.
- **Respiratory Rate:** Count respiratory rate for one minute and observe depth.
- **Rectal temperature.**



# 7-Eye Care

- Wash the hands
- Eyelid should be cleaned with sterile moistened cotton ball from inside to outside
- Few drops of silver nitrate solution or antibiotic into the eye.



**8. A signal dose of vitamin k is administered intramuscularly**

# 9-Identification

- Identification of the newborn should be done. Apply ID band to the arm of the baby which include
- Mother name
- Hospital number
- Newborn sex
- Time and date of birth
- Take the newborn foot prints according to the hospital policy ,mother finger print



10-Complete recording

11-Return the equipments

12-Hand washing

13-Neurological Examination.

NEW SOUTH WALES  
BIRTH CERTIFICATE

|                         |  |
|-------------------------|--|
| 1. CHILD                | STEPHEN LANE                           |
| 2. DATE OF BIRTH        | 21 May 2004                            |
| 3. SEX                  | M                                      |
| 4. PLACE OF BIRTH       | Royal Hospital for Women, Randwick     |
| 5. FATHER'S NAME        | WALEY, J. ALAN                         |
| 6. MOTHER'S NAME        | WYTHEHEAD, J. ELIZABETH                |
| 7. FATHER'S ADDRESS     | 1/100, GARDNER ST,<br>LANSING, ENGLAND |
| 8. MOTHER'S ADDRESS     | 1/100, GARDNER ST,<br>LANSING, ENGLAND |
| 9. REGISTERED ADDRESS   |  |
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| 100. REGISTERED ADDRESS |  |

21 May 2004  
J. ALAN WALEY  
J. ELIZABETH WYTHEHEAD  
1/100, GARDNER ST,  
LANSING, ENGLAND

30 May 2004  
Registrar General

# Thank You

