Warmth

Prevent Hypothermia
- Labour ward and theatre must be kept at 24 - 26°C
- Dry babies immediately afterbirth with a soft towelling towel and wrap in a second warm, dry towel
- Ensure that there is a good overhead heater in the infant resuscitation area
- Keep incubators and resuscitators warm, even when not in use
- Keep the baby with the mother in the kangaroo position (KMC)
- Nurse babies less than 1.5kg in an incubator or in KMC, continue KMC even after discharge
- Keep the room (nurseries, post natal wards) warm i.e. at 24 - 26 C, but not higher
- Dress all babies in a vest, nappy, booties and a woolen cap. If incubated, do not wrap in a blanket
- Keep the baby away from windows and draughts

Temperature settings for closed incubators

<table>
<thead>
<tr>
<th>Birth weight (g)</th>
<th>Days after delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1000</td>
<td>0 5 10 15 20 25 30</td>
</tr>
<tr>
<td>1000 - 1500</td>
<td>35.5 35.0 35.0 34.5 34.0 33.5 33.0</td>
</tr>
<tr>
<td>1500 - 2000</td>
<td>35.0 34.0 33.5 33.5 33.0 32.5 32.5</td>
</tr>
<tr>
<td>2000 - 2500</td>
<td>34.0 33.0 32.5 32.0 32.0 32.0 32.0</td>
</tr>
<tr>
<td>2500 - 3000</td>
<td>33.5 32.5 32.0 31.0 31.0 31.0 31.0</td>
</tr>
<tr>
<td>&gt; 3000</td>
<td>33.0 32.0 31.0 30.0 30.0 30.0 30.0</td>
</tr>
</tbody>
</table>

Oxygen Do's and Don'ts
- Do give a baby oxygen, who needs oxygen
- Do use the minimum O2 necessary to maintain O2 saturation 85-93%
- Keep the baby with the mother in the kangaroo position (KMC), continue KMC even after discharge
- Don't give O2 than is needed and don't give less
- Don't transport a baby who needs O2 out of oxygen
- Don't take a baby out of O2 for feeds or drugs or cuddles or bathing or procedures (use a nasogastric tube for feeds if necessary)
- Do monitor oxygen delivery and saturation on a designated monitoring sheet

Oxygen Techniques
- The mainstays of O2 therapy for neonates should be NASAL Prong, Catheter or CPAP. Headboxes are good in the acute scenario, but should be done away with as soon as possible. Give theophylline (5mg/kg load and 1-2mg/kg 12 hourly maintenance to prevent apneas in ALL preterm babies)
- Check the temperature of manual incubators every hour and keep them at the following temperatures according to the baby's weight and age. Record the incubator temperature AND the baby's temperature every hour using the "Basic Neonatal Care Nursing Observations" chart.

Food

How Much to Give

<table>
<thead>
<tr>
<th>Total fluids (ml/kg/day)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 60</td>
<td>Always individualise intake</td>
</tr>
<tr>
<td>Day 2 90</td>
<td>Give an extra 20 ml/kg/day if preterm</td>
</tr>
<tr>
<td>Day 3 120</td>
<td>Give an extra 30 ml/kg to babies under radiant warmers or phototherapy</td>
</tr>
<tr>
<td>Day 4 150</td>
<td>Don't rush fluids (starting or increasing), but also don't delay unnecessarily</td>
</tr>
<tr>
<td>Day 5 180</td>
<td>Take extra care in immature, small and sick babies</td>
</tr>
<tr>
<td>Day 6 200</td>
<td>Use urine output as a guide for adequate intake</td>
</tr>
</tbody>
</table>

What to Give

Feed all babies within 30 minutes of birth (unless contraindicated e.g. severe respiratory distress)
- Babies more than 34 weeks gestation are usually able to suckle
- Commence breastfeeding within 30 minutes of birth

If the baby is able to suckle
- Babies more than 34 weeks gestation are usually able to suckle
- Commence breastfeeding within 30 minutes of birth
- Breastfeeding and encouragement EXCLUSIVE breastfeeding
- Allow mothers to breastfeed on demand (at least 6 x a day) and practice rooming in
- If the baby should not be fed yet (6/12 or airway problems)
- Commerical EVN maintenance fluids (neonatal) are provided for the greatest metabolic needs of the newborn for the first 24 hours
- Increase the feeds gradually if there is no vomiting, apnoea or clinical distress
- EVN fluids can be continued sole for a maximum of 3 days. Thereafter, if still unable to feed, arrange for transfer

Love

The baby friendly hospital initiative is about LOVE and CARING, not DICTATES and DOGMA

Infection

(See guideline “Sepsis Neonatorum”)

Prevent
- Screen for syphilis antenatally
- Ensure the PMTCT protocol is followed exactly
- Take maternal pyrexia, P/PROM seriously
- Wash your hands between every baby

Suspect
- Regard all preterm babies as at risk
- Take non-specific signs (lethargy, poor feeding, hypothermia, hypoglycaemia, respiratory distress) seriously

Find and Identify

If bacteraemia is possible do:
1. Blood culture
2. Lumbar puncture
3. Urine dipstick

Treat
- Maintain and monitor temperature, blood sugar and O2 saturation

Ferrodrops 0.6ml daily on day 42. Continue iron and vitamins for the first year of life

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