ALL babies require routine care after delivery.
Some require additional specialised and sustained care in a neonatal unit.

A. Routine care for all newborn babies
- Keep dry in a warm room away from drafts, well covered
- Keep the baby with the mother, rooming in
- Initiate breastfeeding within the first hour
- Let the baby breastfeed on demand if able to suck
- Give vitamin K (Konakion®) 1 ampoule (1 mg/0.5ml or 1 mg/ml) IM once (do NOT use 10 mg/ml ampoule)
- Keep umbilical cord clean and dry
- Apply antiseptic ointment or antibiotic eye drops/ointment to both eyes once
- Give oral polio, hepatitis B and BCG vaccines, according to EPI

B. General care for babies in a neonatal unit
1. Maintain temperature
   - Prevent radiant, conductive, convective and evaporative heat losses.
   - Dry baby thoroughly after birth, and/or if wet
   - Cover head with cap or blanket
   - Swaddle / wrap baby tightly if in a cot
   - Place in incubator if not maintaining temperature
     - If baby < 1.8kg
     - check for and manage hypoglycaemia (see “Neonatal Hypoglycaemia” guideline)
   - Kangaroo nurse wherever possible, if baby and mother’s condition permits (see “KMC” guideline)
   - Cover with plastic wrap in an incubator

2. Observations
   - Hourly observations until temperature is stable 36° - 37°C. Thereafter, 3 hourly. If temperature falls out of normal range, take action and repeat hourly until stable. (see “Neonatal Hypothermia” guideline)
   - Observe heart rate and respiratory rate. NB: report if H/R >180 or < 120/min
   - Observe for any signs of respiratory distress, i.e. apnoea; grunting; nasal flaring; recession; central cyanosis; tachypnoea; tachy/bradycardia
   - Observe colour for: jaundice, cyanosis or pallor
   - Check IV infusion rate, volume administered and drip site hourly (see “IV Lines” protocol)
   - Check urine dipstix daily – SG and for blood, protein, glucose or bilirubin SG should be ≤ 1010. In order to catch baby’s urine – place a swab in the nappy and use a syringe to draw up urine from this

3. Maintain airway
   If signs of respiratory distress are present, check air entry with a stethoscope and suction oro- and nasopharynx if necessary. (see “Respiratory Distress” guideline)
   - Use a 6FG in most cases or an 8FG if very thick secretions are present or in a large term baby
   - Never allow suction pressure over 30 KPA
   - Suction gently and do not go too deep as this can cause a vagal response leading to apnoea and bradycardia
   - Use a new suction catheter each time you suction
   - All babies on oxygen require regular suctioning at least 6 - 12 hourly
4. Weighing a baby

**Careful monitoring of a baby’s weight is one of the cornerstones of quality care and is essential for good management**

**Why weigh babies?**
Babies lose 10% of their body weight within the first 3 days of life. After the first three days, a term baby should put on between 150 - 200g per week. It is important to weigh babies regularly to ensure they have gained weight sufficiently after birth, to determine fluid requirements and accurately calculate medication, if needed.

**When to weigh babies**
- daily, while in the nursery
- if in the ward with mother, can be done 3 times / week

**How to weigh babies**
The nurse should be shown how to use the nursery scale as all scales are different:
- collect all relevant equipment
- before weighing each baby, chlorhexidine tincture should be used to wipe the scale to prevent cross-infection
- all baby's clothes should be removed, i.e. nappy and nightie
- baby should be weighed and the weight charted on baby’s notes, i.e. Nursing Process, neonatal chart (Form Paed/01) and Road to Health Chart

**Monitoring growth**
- monitor growth according to percentile chart – it should follow the 50th percentile
- if mom is worried, advise her that a baby loses weight after birth but gains within a week
- loss of 10% of birth weight within the first three days is acceptable

**Ensure mother is given a Road to Health Chart on discharge and is referred to the nearest well baby clinic for ongoing monitoring**

5. Bathing an infant
This does not have to be done daily. It is dependent on the baby’s condition and can be done 2-3 / week. Preferably bath at night as this is similar to home routines.

Do not bath a baby on admission as this cools him/her and can lead to hypothermia and metabolic acidosis. Also, do not bath a baby if his/her condition is not stable.

1) **First baby bath**
The first baby bath and examination gives the nurse the opportunity to clean the baby, educate the parents (when present), prevent infection and thoroughly examine the baby for any congenital abnormalities, respiratory distress, or any other problems.

**a. Requirements**
- Jug with hot water to top up ½ way through if necessary
- Bath towel
- Receiving blankets x 2
- Baby jacket warmed on hot pad
- Disposable napkin
- Suction machine clean and working
- Spray bottle chlorhexidine tincture
- First baby bath pack, including:
  - Konakion®, syringe and needle
  - Terramycin®
  - mild, non-allergenic baby soap  NB: If offensive liquor was present, use hibiscrub
  - thermometer
  - vaseline and spatula
  - fine-toothed comb
- Container for soiled linen
- Container for soiled napkins and swabs
- Basinette

**b. Preparation**
- Close all windows to avoid draughts
- Test suction and oxygen equipment
- Wash your hands
- Open pack (First baby bath pack)
- Fill basin with warm water
- Put on latex gloves
- Rinse comb under tap and place on tray
- Test water with inner aspect of forearm. Should be warm but not hot (30°C on a thermometer)
- Keep baby firmly wrapped in blanket and napkin, ensuring that head is covered

c. Procedure

To wash the face:
- gently wipe with swabs dipped in the bowl of water, using one swab for each eye
- clean half the face at a time, starting from the forehead
- clean under chin and behind the ear
- clean second half of the face in the same way
- DO NOT WASH INSIDE THE EARS

To wash the hair:
- place rinsed comb in bowl of water
- fold down the blanket into the nape of the neck and expose the head
- hold the baby firmly over the bath, supporting baby's body with the left forearm
- hold the head in the left hand with the thumb and forefingers covering the ears
- wet the hair, soap gently and lather, using fine tooth comb to methodically comb through baby's hair, rinsing the comb after each stroke in the bowl of water
- rinse hair in bath
- dry thoroughly with the towel

To wash the body:
- unfold the blanket and remove the napkin
- wet hands and work up lather
- soap the baby from neck and wrists (not hands) down the body, legs and feet. Turn the baby on its side, soap the back and buttocks and lastly the genitals
- lift the baby carefully and lower into the bath, support baby's body with the left forearm, hold baby's upper arm in hand and rinse off all the soap. Now rinse the baby's hands
- lift the baby out of the bath and wrap baby in the towel, cuddle for a while, then pat dry
- do not rub the baby
- pay particular attention to the folds in the neck, axilla, groin and buttocks
- NB: it is not necessary to remove all the vernix as it helps to insulate the baby

To dress the baby:
- remove baby from the wet towel and place on the receiving blanket and napkin
- put jacket on and place baby on back
- expose the umbilical cord, hold the clamp and check if secure. Clean carefully with chlorhexidine swabs. Prevent tincture from spilling onto skin. Dry surrounding skin
- apply liberal amount of vaseline to buttocks, put napkin on and fold below cord
- apply Terramycin® to eyes.
- give Konakion® 1mg as per standing order (if not already given)
- brush hair, wrap baby up warmly in receiving blanket, ensuring that head is covered
- place in clean crib on hot pad, if necessary
- check axillary temperature

At the first baby bath, the baby is examined for birth injuries and congenital abnormalities. This should be done thoroughly before, during and after the bath.

Record findings accurately on: A) Nursing Process, and B) Neonatal Chart (Form Paed/0)

2) Incubator bath

a. Requirements
- Bath pack (receiver and gullipot with swabs)
- Sterile cotton wool swabs
- Mild, non-scented baby soap / water
- Hibitane hand spray

b. Procedure
- Wash hands
- Open pack and fill gullipot with warm tap water
- Clean eyes with swabs soaked in water (if eyes are sticky use normal saline) NB: a swab is used once only for each eye and part of face, then discard
- Wipe face with wet swab from forehead, around the eyes, to the nose, around the mouth and under the chin
- Using swabs and hibiscrub in water, clean arm from axilla down, chest, abdomen, legs, from groin down
- Turn the baby and clean the back and genitalia NB: dry the area that has been cleaned before moving to the next area
- Change linen and place infant on a clean napkin
- Spray hands and clean cord with hibitane swab
- Clean incubator as explained in the “Incubator Care” protocol
- Clean and restock solutions container

Each baby should have his/her own container (ice cream containers work well) with:
1) Sterile saline ampoules
2) Sterile swabs
3) Aqueous cream (for dry skin)
4) Vaseline (for lips and bottom)
5) 1 syringe (2ml) for nasogastric aspirates
6) 1 syringe (2 ml) for urine testing
7) Soda bicarbonate 1% spray (for cleaning bottom)
8) Hand lotion
9) Chlorhexidine

6. Cord care

Keeping the cord clean and dry is important to prevent infection, facilitate separation of the cord and promote comfort for the baby

a. Equipment
   - Pack of swabs
   - Chlorhexidine hand spray
   - Disposable napkins
   - Cord spirit e.g. chlorhexidine 5% in 70% alcohol
   - Packet to dispose of dirty of swabs

b. Preparation
   - Introduce youself to the mother and explain the procedure
   - Identify the baby with the mother by asking the mother’s name and checking the baby’s armband
   - Check the napkin and change it if wet or soiled
   - Wash hands and spray with hibitane hand spray
   - Lay out the swab
   - Spray the swabs with hibitane spray

c. Cleaning the cord
   - Use each swab once and discard
   - First: clean around the base
   - Second: clean below the cord clamp
   - Lastly: clean the clamp

d. Observe the cord and surrounding area for:
   - bleeding
   - pus
   - signs of inflammation
   - redness around the cord
   - offensive smell
   - is cord clamp tight?
   - is ligature well secured?

Record your findings and report any abnormalities to the doctor.

The mother must be taught to do this with every nappy change. Give mother chlorhexidine / surgical spirits and swabs on discharge.
If she observes any of the above problems with the cord she must take the baby to the clinic.

NB: Do not use anything else e.g. mercurochrome to clean the cord
7. Eye care

Eye care is important to prevent and control infection

a. Indications
   - routinely after the delivery
   - if the baby suffers from conjunctivitis

b. Equipment
   - Sterile cotton wool swabs
   - Sterile saline ampoules
   - Chloramphenicol eye ointment / eye drops / Terramycin®
   - Sterile gloves

c. Procedure
   - Wrap and put the baby in the dorsal position (on back)
   - Clean hands
   - Moisten swabs with saline
   - Wipe the eye from inside out until it is clean, cleaning one eye at a time
   - Use the cotton wool swab once and discard after use
   - Instill eye ointment / drops into each eye after birth and prn if there is a discharge

NB: If a discharge is present, clean with saline first and then take a pus swab before instilling ointment.

Severely swollen and discharging eyes are serious and must be seen by a doctor, as there may be a gonococcal infection which may require systemic antibiotics

8. Transfer to a cot
A baby can be transferred to a cot when:
   - the baby's condition is stable
   - temperature is being maintained
   - weighs ≥ 1.4kg

NB: Ensure baby is well wrapped with head covered.

If baby does not maintain temperature of 36°-37°C, check for hypoglycaemia (HGT < 2.5mmol/l). Manage accordingly and put baby back in incubator.