

# EARLY ESSENTIAL NEWBORN CARE

Clinical practice pocket guide



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## Clinical practice pocket guide



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## FOREWORD


Women are especially vulnerable during labour, birth and immediately after birth. A newborn infant dies every two minutes in the Western Pacific Region, accounting for more than half of all under-five child deaths. Many of these deaths are preventable.

In a push to meet the Millennium Development Goals (MDGs) 4 and 5 relating to women and children’s health, United Nations Secretary-General Ban Ki Moon championed the Global Strategy on Women’s and Children’s Health (2010). In his initiative, the UN Secretary-General called on governments, United Nations agencies and other stakeholders to take actions towards achieving these targets in MDGs 4 and 5.

Likewise, *Every Newborn: An Action Plan to End Preventable Deaths (2014)* was developed by the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF) and other partners. At the same time, the *Action Plan for Healthy Newborn Infants in the Western Pacific Region (2014–2020)* was developed by the WHO Regional Office for the Western Pacific and UNICEF’s East Asia Pacific Regional Office. Both plans highlight key actions that Member States and development partners can engage to increase maternal and newborn survival rates, particularly by enhancing the quality of care.

Supporting Member States to update clinical protocols, the Regional Office has now developed the *Early Essential Newborn Care: Clinical Practice Pocket Guide*. This practical, hands-on reference volume provides health workers with WHO-recommended steps to care for mothers during labour and delivery and for newborn infants after birth. Within these pages, health workers will find effective, low-cost recommendations that can be easily implemented even at the community level. For example, the “First Embrace” is a simple, yet vital, sequence of steps in immediate newborn care – focusing on maximizing newborn contact with the mother – that have been proven to dramatically improve outcomes. Special attention is also paid to common practices that are harmful and must be stopped.

With our collective will and sustained efforts – along with practical guidance – we can improve the lives of millions... and save 50 000 young lives every year.

  
Shin Young-soo, MD, Ph.D.  
Regional Director

# ACKNOWLEDGEMENTS

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Special gratitude is owed to Kalusugan ng Mag-Ina (KMI), Philippines and its President, Dr Maria Asuncion Silvestre who incorporated the changes and prepared the first draft of the Clinical practice pocket guide.

# ACRONYMS

ART	antiretroviral therapy
BCG	bacille Calmette-Guérin (vaccine)
BP	blood pressure
HIV	human immunodeficiency virus
HLD	high-level disinfection
HR	heart rate
IM	intramuscular
IU	International Unit
IV	intravenous
KMC	kangaroo mother care
LBW	low-birth-weight
PR	pulse rate
pPROM	preterm prelabour rupture of membranes
RPR	rapid plasma reagin
RR	respiratory rate
VLBW	very low-birth-weight
UNICEF	United Nations Children’s Fund
VDRL	Venereal Research Disease Laboratory
WHO	World Health Organization

## RATIONALE, PURPOSE AND INTENDED USERS

Approximately every two minutes, a baby dies in the WHO Western Pacific Region. The majority of newborn deaths occur within the first few days, mostly from preventable causes. The high mortality and morbidity rates among newborns are related to inappropriate hospital and community practices that currently occur throughout the Region. Furthermore, newborn care has fallen into a gap between maternal care and child care.

This Guide aims to provide health professionals with a user-friendly, evidence-based protocol to essential newborn care – focusing on the first hours and days of life.

The target users are skilled birth attendants including midwives, nurses and doctors, as well as others involved in caring for newborns. This pocket book provides a step-by-step guide to a core package of essential newborn care interventions that can be administered in all health-care settings. It also includes stabilization and referral of sick and preterm newborn infants. Intensive care of newborns is outside the scope of this pocket Guide.

## DEVELOPMENT OF THE “EARLY ESSENTIAL NEWBORN CARE” – POCKET GUIDE

The most updated information and actions to perform with regard to the early essential care of newborns in the WHO Western Pacific Region are included in this Clinical practice pocket guide.

The Newborn Care Technical Working Group reviewed the available materials from six countries of the Western Pacific Region (Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, Philippines and Viet Nam).

The text and clinical algorithms have been updated and enhanced through the recent WHO publications and guidelines: the 2013 second edition of the *Pocket book of hospital care for children: Guidelines for the management of common childhood illnesses*; the 2012 *Guidelines on basic newborn resuscitation*; the 2012 *WHO recommendations for the prevention and treatment of postpartum haemorrhage*; the 2009 *Infant and young child feeding*. Model chapter for textbooks for medical students and allied health

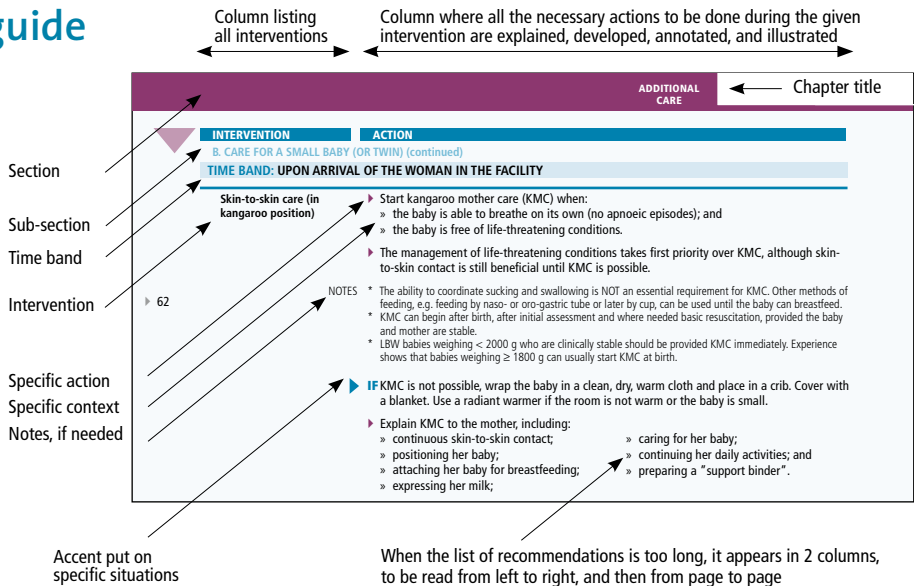
professionals; the 2009 WHO/UNICEF *Baby-Friendly Hospital Initiative: Revised, updated and expanded for integrated care – Section 1: Background and implementation*; the 2013 *WHO recommendations on postnatal care of the mother and newborn* and the 2010 *WHO Technical Consultation on postpartum and postnatal care*; the 2010 *Essential newborn care course*; the 2009 WHO/UNICEF Joint Statement. *Home visits for the newborn child: a strategy to improve survival*; the 2011 *Guidelines on optimal feeding of low-birth-weight infants in low- and middle-income countries*; the 2010 *WHO best practices for injections and related procedures toolkit*; and the 2009 *WHO Guidelines on hand hygiene in health care*.

A compilation of the pertinent recommendations approved or under review by the WHO Guidelines Review Committee is available at: [http://origin.who.int/maternal\\_child\\_adolescent/documents/guidelines-recommendations-newborn-health.pdf](http://origin.who.int/maternal_child_adolescent/documents/guidelines-recommendations-newborn-health.pdf).

# How to use the guide

This clinical practice guide is organized chronologically. It guides health workers through the standard newborn care practices, beginning at the intrapartum period with the process of preparing the delivery area, and emphasizing care practices in the first hours and days of a newborn's life.

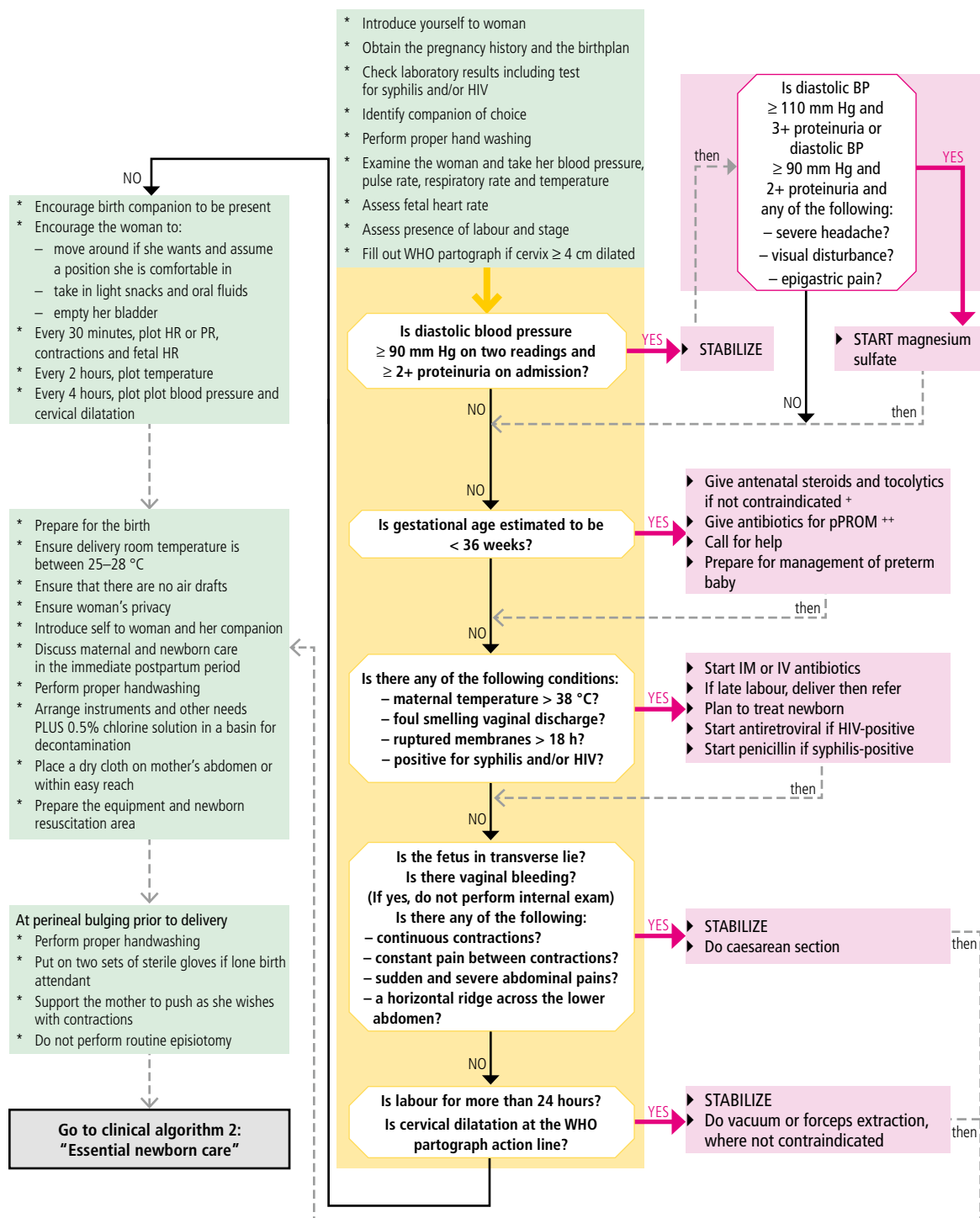
Each section has a colour tab for easy reference.



## 1. Preparing for a birth

# Algorithm 1: Preparing for a birth

2



3

\* Recommendations for antenatal steroids are currently under global review. An update will be provided once available.

\*\*pPROM: preterm prelabour rupture of membranes

Essential care for all

Decision points

Conditions needing urgent care

YES NO then



## or a birth

### ACTION

#### THE WOMAN IN THE FACILITY

- Introduce yourself to the woman.
- Obtain the pregnancy history and birth plan.
- Identify the companion(s) of choice.
- Perform proper handwashing (see pages 75–77).
- Examine the woman. Check for pallor, and take:
  - » blood pressure (BP),
  - » heart rate (HR) or pulse rate (PR),
  - » respiratory rate (RR),
  - » temperature.
- Assess fetal heart rate.
- Assess the progress and stage of labour.

#### TIME BAND: UPON CONFIRMATION THAT LABOUR HAS BEGUN

- Check results of woman's laboratory tests including haemoglobin, syphilis – rapid plasma reagin (RPR) or Venereal Disease Research Laboratory (VDRL) – and HIV tests.

#### FILL OUT WHO PARTOGRAPH, WHICH INCLUDES:

- » hours in active labour,
  - » hours since ruptured membranes,
  - » rapid assessment,
  - » vaginal bleeding,
  - » amniotic fluid,
  - » uterine contractions,
  - » fetal heart rate,
  - » urine voided,
  - » temperature,
  - » heart rate or pulse rate,
  - » blood pressure,
  - » cervical dilatation, and
  - » any problems.
- **IF** diastolic blood pressure is  $\geq 90$  mm Hg, CONFIRM with a second reading and check urine for protein.
  - **IF** diastolic blood pressure is  $\geq 90$  mm Hg on two readings AND  $\geq 2+$  proteinuria, STABILIZE the woman.