

Care for Newborn

☆ **Newborn Instruction:**

Relax with your infant. He/ she will adjust to you. If you are tense, baby will feel tense; if you are relaxed, it will help relax your baby

☆ **Breast Feeding**

A. Why is breast-feeding the best?

1. Breast feeding offers mother and baby a special kind of closeness
2. Breast milk has all the nutrients babies need for the first 4 to 6 months. It is tailor-made for their growth and developmental needs.
3. Babies digest breast milk more easily than other foods.
4. Breast milk contains substances that protect babies from several contagious illnesses. Studies have shown that breast-fed infants have fewer colds and ear infections
5. Breast-fed babies are less prone to colic and diarrhea
6. Breast milk may protect babies from allergies as they get older
7. Nursing speeds the return of the mother's uterus to normal size. Every time you nurse, the muscles of your uterus contracts.
8. Breast-feeding is easier than sterilizing bottles and preparing formula.

B. Contraindication to breast feeding:

1. Tuberculosis
2. Heart disease
3. Thyrotoxicosis
4. Severe puerperal depression
5. Chronic renal diseases
6. Diabetes mellitus
7. Acute infection
8. Other chronic disease, e.g., Cancer, multiple sclerosis
9. Acute engorgement of the breast

C. The reasons given by mothers to avoid breast feeding:

1. Too time consuming
2. Milk is too thin
3. Embarrassing in the presence of others
4. Ruins figure and cloths
5. Difficult to know if the baby is getting enough

D. Effect of the use of some drugs taken during breast feeding:

Drug	Use during Breast Feeding
1. <i>Aspirin</i>	Rash & metabolic acidosis (large doses)
2. <i>Narcotic analgesics</i>	Infant lethargy, prolonged use results in infant drug dependence
3. <i>Heparin</i>	Not excreted in breast milk
4. <i>Warfarin</i>	Appears in breast milk
5. <i>Oral Hypoglycemic Agents</i>	Use cautiously because infant, hypoglycemia may occur.
6. <i>Erythremyeine</i>	Cause GI flora and allergies
7. <i>Flagyl</i>	Contraindicated
8. <i>Sulfonamides</i>	Should not be given to nursing mothers or infants younger than 2 months
9. <i>Tetracycline</i>	Tooth discoloration, inhibits bone growth, but little actual absorption by infant.
10. <i>Lasix</i>	Contraindicated, may suppress lactation if used during the first month
11. <i>O.C.P</i>	May decrease or stop milk secretion
12. <i>Iodine</i>	May cause rash or suppress infant's thyroid

E. Health Education:

1. Feed newborn when hungry

2. Begin feeding newborn on one side for 10 to 30 minutes or until newborn begins to slow down.
3. Break suction of newborn's mouth on nipple by placing finger inside mouth between gums.
4. Avoid pulling newborn of breast without releasing suction.

F. Breast feeding positions:

1. Cradle position.
2. Side-lying position
3. Football hold
4. Cross-cradle position



G. Burping:

1. Upright position
2. Across your lap
3. Upright on your lap



☆ **Vitamin K:**

Vitamin K is given orally to the newborn directly after birth, in order to prevent bleeding and help in coagulation.

☆ **Vaccination:**

<i>Vaccine</i>	<i>Visit</i>
BCG	<i>At birth</i>
Hepatitis B	

Oral Polio	2 Months
DTP	
Hib	
Hepatitis B	
Oral Polio	4 Months
DTP	
Hib	
Oral Polio	6 Months
DTP	
MMR	12 Months

☞ **Health education before and after vaccination:**

1. If the infant have fever, diarrhea, nausea and vomiting, postpone infant's vaccination.
2. If there is fever, give the baby paracetamol.
3. Apply warm compression to the site of injection.
4. If the baby vomits after oral polio vaccine, it must be given again to the baby, as the infant does not benefit from it.
5. The baby's mood will change, so hug your baby. He/she will feel good.

☆ **Baby Bath:**

1. Sponge bathes with mild soap (low alkaline such as Dove, until the umbilical cord has fallen off and is completely healed).
2. Do not use oil or powder on baby's head or skin; as powder leads to allergy or respiratory problems.
3. When the navel is healed, baby may have a tub bath.
4. Bathe baby before feeding.

☆ **Caring for a Circumcision Site:**

1. Watch for bleeding.
2. Position the infant on his side for a few hours immediately following circumcision, and then turn him on his abdomen.
3. To prevent irritation of the circumcision, petroleum gauze or a dressing maybe applied.

4. Voiding may cause a burning pain. The infant's diaper should be changed as soon after soiling as possible.
5. Apply cream according to the doctor's order at every diaper change until the area is no longer red or swollen.
6. Signs & symptoms of infection include increasing instead of decreasing amount of redness and swelling, and yellowish/greenish pus, failure to heal in 7 to 10 days. The healing penis will present smegma, a white material adhering to the circumcised area. This does not wipe off as pus does.

☆ **Providing Umbilical Cord Care:**

1. A moist warm atmosphere is a breeding ground for bacteria. The cord should be kept dry and expose to air. It may be cleaned with alcohol or a cotton ball to facilitate drying. Cleansing must be done around the entire base of the cord, which may be lifted to facilitate cleaning.
2. The cord will dry up and fall off 5 to 8 days after birth. No attempts should be made to dislodge it prematurely.
3. There may be one or two drops of blood when the cord separates.
4. Keep the diaper folded beneath the naval to facilitate drying.
5. Observe oozing and hemorrhage.
6. Call the pediatric care provider if the cord has a foul odor or, if the skin of the abdominal area and the umbilical cord becomes red, or if there is any bleeding.

☆ **Diaper Rash:**

1. Change baby's diaper as soon as possible when soiled.
2. Avoid using plastic pants when possible or change baby frequently.
Air buttocks when changing
3. Cloth diapers should be washed with mild soap and rinsed well after each laundering
4. Apply a diaper rash ointment, such as Balmes or Desitin, to the diaper area, especially to the creases, at each diaper change.

☆ **Nails:**

Never cut with cuticle scissors.

☆ **Clothing:**

1. Keep the baby warm but not over heated.

2. Use simple, easily washed clothes.
3. On hot days, a diaper and a tee shirt may be enough.
4. The baby should wear the same number or one more layer of clothing than his/her mother.
5. If it is cool and breezy, the baby's head should be covered

☆ **Bowel Movement:**

1. Breastfed babies' movements are normally loose and unformed.
2. Breastfed baby may have several small bowel movements each day or go for several days without having a bowel movement at all.

☆ **Providing Visual & Auditory Stimulation:**

1. Mother should keep in mind that her baby can see bright objects and will follow a brightly colored ball or human face. To provide visual stimulation, hang a mobile over the infant's bed. A mobile that turns is better than a stationary mobile because it offers greater variation.
2. To provide auditory stimulation or quite the infant, place a radio (on low volume) or a music box in the infant's room.
3. Because infants can become used to noise, you do not have to reduce the noise in your home and your infant can even sleep better with quite music in the room.

☆ **Weaning:**

A. Principle of weaning:

<i>Principle</i>	<i>Rationale / Amplification</i>
1. Start with one food at one feed time, offering a small quantity only.	a. Enables the infant to adjust to the new texture and spoon feeding thus becoming nutritionally less dependent on milk
2. Introduce new foods one at a time at three-to-four day intervals.	b. To provide a variety of textures which will enable the infant to partake at family meals
3. Decrease feed kilojoules (calories) and volumes as solid are introduced and	c. To prevent obesity

increased in quantity. Do not add sugar to cereals or other dishes.	
4. Do not add salt to savory foods	<i>d. To avoid stressing the relatively immature kidney</i>
5. Introduce second meal after three to four weeks. Include iron-containing foods, e.g., liver, green vegetables.	<i>e. After five to six months, the inherited iron store from the mother is depleted and needs to be replaced in order to meet requirements for hemoglobin production.</i>
6. As solid food are increased and milk volume reduced, remember to offer dilute fruit juice or water from a cup to infant at least twice a day, particularly during hot weather.	<i>f. Prevents dehydration and enables infant to become used to drinking from a cup.</i>
7. Breast milk or formula can continue to be offered until ten months to one year, and then replaced by cow's milk given from a cup.	<i>g. Allows infant to retain comfort of breast or bottle especially for the evening feed whilst weaning is introduced</i>
8. About the age of seven months offer "finger foods", e.g., rusks, peeled apple	<i>h. Promotes self-feeding and chewing.</i>

☆ **Minor Problems:**

A. Colic:

Most common during the first three months of the baby's life

1. Causes:

Specific cause is unknown, but maybe due to;

- i. Excessive gas swollen
- ii. Immature development of the G.I.T

2. Signs & Symptoms:

- i. Legs up to their chest
- ii. Colic happens specially at night

- iii. crying

3. *Prevention:*

- i. Slowly feeding the baby
- ii. Burping the baby
- iii. Mothers should avoid eating food-containing gases.

4. *Treatment:*

- i. Hold infant close to you
- ii. Put the baby on his/her abdomen after warming the place, massage his/her abdomen and exercise his/her legs.
- iii. Give the baby a warm drink (specially herbal drinks)

B. Otitis media:

1. *Definition:*

Inflammation of the middle ear

2. *Causes:*

- i. Extension of throat infection
- ii. Secondary infection
- iii. Various organisms

3. *Signs & Symptoms:*

- i. Severe ear pain
- ii. Poor hearing
- iii. Irritability
- iv. Headache
- v. Fever
- vi. Vomiting and diarrhea
- vii. Febrile convulsions
- viii. Purulent discharge from ear

4. *Complications:*

- i. Deafness
- ii. Chronic Otitis media
- iii. Meningitis
- iv. Mastoiditis
- v. Rupture of the eardrum

5. *Care:*

- i. Administer antibiotics or sulfonamides (parenteral/ or local as ordered by physician).
- ii. Administer ear and nose drops.
- iii. Give local heat applications.
- iv. Care for skin around the ear to protect it from drainage irritation
- v. Observe signs of complications, and report them.
- vi. Position the infant with affected ear down to make drainage easier.
- vii. Assess for signs of hearing loss.

C. Febrile Convulsions:

1. Causes:

It is caused by an infection like a cold or a cough; it causes a rise in the baby's temperature.

2. What to do when the baby's temperature increases?

- i. Take off most of the baby's clothes and open the windows. This will cool the room and the baby tremendously.
- ii. Stay with the child, remember he/she may feel poorly and need comfort.
- iii. Give paracetamol syrup to reduce temperature.
- iv. Give plenty of drinks, as the baby will be losing a lot of fluid by sweating, which much be replaced.

3. What not to do?

- i. Do not sponge the baby with cold water, this will make the temperature fall too rapidly.
- ii. Don't listen to old views' tales such as sweating out a fever, this is positively dangerous

4. What to do when the baby has another fit?

- i. Clear the area around the child to prevent any accidents.
- ii. Turn the child into his/her side, into the recovery position.
- iii. Stay with your child but do not attempt to restrain him/her.

D. Common communicable disease:

Communicable diseases are those caused by a specific agent or its toxic products, transmitted either by direct contact or indirectly

through contaminated articles. Childhood immunizations have resulted in significant decrease of many of these diseases.

1. *Signs of Immunization reactions:*

- i. **DPT (Diphtheria, pertussis, tetanus):** local reaction at site (e.g., indurations, redness, nodule, mild temperature elevation, irritability).
- ii. **MMR (Measles, mumps & rubella):** fever, rash (symptoms usually occur 5 - 12 days after vaccination); transient arthritis & arthralgia (1-3 weeks after vaccination).
- iii. Report severe reactions (e.g., fever of 105°F {40.5°C} or greater, severe swelling of injection site, shock-like episodes, seizures, persistent/unusual crying lasting longer than three hours).
- iv. Give yearly immunization against influenza to high risk (e.g., chronically ill) children

2. *Care of infected children:*

- i. Educate post pubertal mumps patients to remain in bed until afebrile; give a soft, non-acidic diet, support scrotum if orchitis occurs; apply ice packs to relieve parotid discomfort.
- ii. Clip child's nails and keep hands clean; put mittens on young child to prevent scratching; teach older child to apply pressure to pruritic area instead of scratching.
- iii. Give tepid baths, apply topical antipruritic / anesthetic
- iv. Administer oral antihistamine as ordered; monitor for desired effect.
- v. Bath child often with mild soap and water to prevent infection

3. *Care for children with measles:*

- i. Know that children with measles may be photosensitive; restrict reading, bright lights, TV, close work, if troublesome.
- ii. Introduce new quiet activities (e.g., knitting, building models, listening to recorded books).

- iii. Allow child to rest in an area where he/she can observe.
- iv. Provide attractive meals, colorful fluids to increase intake and vary stimuli.
- v. Provide school work if appropriate; encourage phone calls to friends if desired.
- vi. Provide bathtub play, especially if child has pruritis, rash.

E. Tonsillectomy & Adenoidectomy:

☞ Care for operation:

1. Position prone or lying on side
2. Encourage child to gently spit up mucus secretions.
3. Turn and deep breathe every 2 hours.
4. Observe for signs of bleeding (e.g., increased pulse rate, decreased blood pressure, restlessness, skin color changes); monitor vital signs every hour for the first 4 hours, then every 2 hours or as necessary; document findings; inspect throat when checking vital signs.
5. Observe for increased frequency of swallowing; note any vomiting of bright red blood.
6. Avoid red colored fluids to make it easier to detect bleeding.
7. Avoid using aspirin for pain management (increases possibility of bleeding)
8. Remind child to avoid coughing or clearing throat as much as possible.
9. Maintain bed rest with bathroom privileges in quiet environment.
10. Avoid putting sharp objects (e.g., forks, straws, and pointed toys) in mouth.
11. Encourage frequent sips of cool, clear liquids (e.g., ice chips, popsicles) initially; advance diet (e.g., full liquid, soft, regular) as tolerated
12. Provide mouth care; rinse with cold water every 1-2 hours or as needed; instruct child not to gargle.
13. Encourage use of ice collar as tolerated.

14. Explain all procedures; instruct regarding medications (e.g., schedule, side effects, necessity of taking ordered).
15. Caution about potential for bleeding for 5 - 10 days postoperatively.
16. Teach symptoms (e.g., persistent earache, coughing, swallowing, vomiting blood, fever) that require a physician's attention.
17. Instruct to keep child quiet for a few days; to continue soft foods for 7-10 days; to encourage 1-1 ½ quarts of fluids/ day; and to protect child from contact with infection, especially upper respiratory infections.
18. Emphasize importance of and schedule follow-up appointments.
19. Provide written materials to support verbal teaching.

F. Vitamin D Deficiency "Rickets":

1. Definition:

Vitamin D deficiency results in rickets, which is a condition of defective mineralization of growing bone & deformities that result from weight bearing on structurally soft bones.

2. Signs & Symptoms:

- i. Costochondral junctions enlarge to produce the rachitic rosary.
- ii. If the infant crawls, weight bearing on the wrists will produce an enlargement or knobby appearance.
- iii. While walking, ankles become prominent & limbs may be angulated or bowed
- iv. Later scoliosis, lordosis, & failure of the pelvis to grow can produce severe deformities.
- v. The chest wall is too compliant (flail), & may hinder normal respirations.

3. Treatment:

- i. Administration of 1500-5000 international units of vitamin D daily for 2-4 weeks

- ii. When healing is complete, 400 international units daily should be maintained
- iii. For treatment of the patients with chronic renal diseases & rickets

4. *Prevention:*

Exposure to ultraviolet light is also prophylactic but care must be taken to avoid sunburn.

☆ **Administering Medication to Children:**

A child's mother should be alert to:

1. Do not give aspirin to a child under the age of ten years in view of the recognized association with Reye's syndrome.
2. Never put medicines into large amount of fluid or food as the necessary tablets can be crushed and added to a teaspoon of fluid, jam or honey, followed by a drink
3. Never threaten a child with an injection if he/she refuses an oral medication.
4. Medications should not be mixed with large quantities of food or with any food that is taken regularly (e.g. milk).
5. Medications should not be given at mealtime unless specifically ordered.
6. Prior to discharge, if medication is to be continued, parents should be given clear information regarding the purpose, dose and side effects of the drug. If necessary, parents need to be shown the most satisfactory method of giving the medication. On discharge, this should be reinforced with written instructions and adequate supplies.
7. Protective sheets may be necessary to prevent undue soiling of the bed cover.
8. Supply a steady surface such as a tray.
9. Sick children tire quickly, toys and materials will need frequent changing.
10. The sick child often regresses, therefore toys, which he/she played with when younger may please him/her again.