

### **Essential Newborn Care: The DOH/WHO Protocol**

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## OUTLINE

- Why do we need this Protocol?
- What are the four core, time-bound steps of Essential Newborn Care?
- How are these steps performed?
- What can I do to implement the Protocol in my area of practice?

#### <5 year old and Neonatal Mortality, 1988 to 2008

- <5 Yr Old mortality decreased 40% (1988-1998)</li>
- Past 10 years, declined by 20%
- Slow decline since neonatal mortality hasn't improved



# 82,000 Filipino children die annually, most could have been prevented



Source: CHERG estimates of under-five deaths, 2000-03

## The Philippines is one of the 42 countries that account for 90% of global under-five mortality



NDHS 2003, special tabulations

#### What Immediate Newborn Care Practices will save lives?

#### Time Band: At perineal bulging Prepare for the Delivery

- Check temperature of the delivery room
  - 25 28 ° C
  - Free of air drafts
- Notify appropriate staff
- Arrange needed supplies in linear fashion
- Check resuscitation equipment
- Wash hands with clean water and soap
- Double glove just before delivery

#### Four Core Steps of Essential Newborn Care

- Immediate and thorough drying
- Early skin-to-skin contact
- Properly timed cord clamping
- Non-separation of the newborn and mother for early initiation of breastfeeding

#### Time Band: Within 1st 30 secs Immediate Thorough Drying

- Call out the time of birth
- Dry the newborn thoroughly for at least 30 seconds
  - Wipe the eyes, face, head, front and back, arms and legs
- Remove the wet cloth

#### Time Band: Within 1st 30 secs Immediate and Thorough Drying

- Do a quick check of breathing while drying
- Notes:
  - During the 1st secs:
    - Do not ventilate unless the baby is floppy/limp and not breathing
    - Do not suction unless the mouth/nose are blocked with secretions or other material

#### Time Band 0 - 3 mins: Immediate, Thorough Drying

- Notes:
  - Do not wipe off vernix
  - Do not bathe the newborn
  - Do not do footprinting
  - No slapping
  - No hanging upside down
  - No squeezing of chest

#### Time Band: After 30 secs of drying Early Skin-to-Skin Contact

- If newborn is breathing or crying:
  - Position the newborn prone on the mother's abdomen or chest
  - Cover the newborn's back with a dry blanket
  - Cover the newborn's head with a bonnet

#### Time Band: After 30 secs of drying Early Skin-to-Skin Contact

- Notes:
  - Avoid any manipulation, e.g. routine suctioning that may cause trauma or infection
  - Place identification band on ankle (not wrist)
  - Skin to skin contact is doable even for cesarean section newborns

#### Time Band: 1 - 3 mins Properly - timed cord clamping

- Remove the first set of gloves
- After the umbilical pulsations have stopped, clamp the cord using a sterile plastic clamp or tie at 2 cm from the umbilical base
- Clamp again at 5 cm from the base
- Cut the cord close to the plastic clamp

#### Time Band: 1 - 3 mins Properly - timed cord clamping

- Notes:
  - Do not milk the cord towards the baby
  - After the 1st clamp, you may "strip" the cord of blood before applying the 2nd clamp
  - Cut the cord close to the plastic clamp so that there is no need for a 2nd "trim"
  - Do not apply any substance onto the cord

- Leave the newborn in skin-to-skin contact
- Observe for feeding cues, including tonguing, licking, rooting
- Point these out to the mother and encourage her to nudge the newborn towards the breast

- Counsel on positioning
  - Newborn's neck is not flexed nor twisted
  - Newborn is facing the breast
  - Newborn's body is close to mother's body
  - Newborn's whole body is supported

- Counsel on attachment and suckling
  - Mouth wide open
  - Lower lip turned outwards
  - Baby's chin touching breast
  - Suckling is slow, deep with some pauses

- Notes:
  - Minimize handling by health workers
  - Do not give sugar water, formula or other prelacteals
  - Do not give bottles or pacifiers
  - Do not throw away colostrum

- Weighing, bathing, eye care, examinations, injections (hepatitis B, BCG) should be done after the first full breastfeed is completed
- Postpone washing until at least 6 hours

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ESSENTIAL NEW BORN CARE Unang Yakap. Yakap ng Ina. Yakap ng Buhay. The evidence is solid:

The following Newborn Care Practices will save lives:

**Immediate and** 

**Thorough Drying** 

Early Skin-to-Skin Contact

Properly Timed Cord Clamping

Non-separation of Newborn from Mother for Early Breastfeeding

#### **Delaying Initiation of breastfeeding** increases risk of infection-related death, RR

Nepal 2008, 22,838 breastfed babies



#### Delaying Initiation of breastfeeding increases risk of infection-related death, Ghana 2004, 10,947 breastfed infants

Source: Edmond et al 2006, London School of Hygiene and Tropical Medicine Figure 1. The increasing risk of neonatal death with increasing delay in starting breastfeeding\*. \*Note that the analysis accounts for the fact that ill babies are less likely to breastfeed. 12 11 10 Relative risk of neonatal death 9 8 7 6 5 3 2 ٥ 1h-end Day1 Day 3 After Day 3 Within 1h Day 2

#### **ENC** Time-Bound Interventions

Within 30 Seconds <i>Objective:</i> •To stimulate breathing, provide warmth	After thorough drying <i>Objective:</i> •To provide warmth, bonding, prevent infection & hypoglycemia	Up to 3 minutes Post-delivery <i>Objective:</i> •To reduce anemia in term & preterm; IVH & transfusions in preterm	Within 90 minutes Of age <i>Objective:</i> •To facilitate initiation of breastfeeding through sustained contact
<ul> <li>Put on double gloves</li> <li>Dry thoroughly</li> <li>Remove wet cloth</li> <li>Quick check of NB's breathing</li> <li>Suction only if needed</li> </ul>	<ul> <li>Put prone on chest/ abdomen skin to skin</li> <li>Cover w/ blanket, bonnet</li> <li>Place identification on ankle</li> <li>Do not remove vernix</li> </ul>	<ul> <li>-Remove 1<sup>st</sup> set of gloves</li> <li>-Clamp and cut cord after cord pulsations stop (1-3 mins)</li> <li>-Do not milk cord</li> <li>-Give oxytocin 10mg IM to mother</li> </ul>	<ul> <li>-Uninterrupted skin to skin contact</li> <li>-Observe NB for feeding cues</li> <li>-Counsel on positioning &amp; attachment</li> <li>-Do eye care, injections etc after 1st breastfeed</li> </ul>



# Unang Yakap

Training Video



#### Current State of Newborn Care Practices in Philippine Hospitals

#### **Variation in Sequence of Interventions**



Sobel, Silvestre, Mantaring, Oliveros, 2009

Newborn Care until the First Week of Life



*Clinical Practice Pocket Guide* 







Essential **Newborn Care** Protocol was guideline developed to address these issues

Newborn Care until the First Week of Life



*Clinical Practice Pocket Guide* 





#### **Next Steps**

- Dissemination
  - DOH Administrative Order
     2009-0025 on ENC signed
  - Unang Yakap campaign launched Dec 9, 2009
- Implementation
- Monitoring



Scope of Application



- Whole hierarchy of the DOH and its attached agencies
- Public and private providers
- Development partners involved in the MNCHN strategy
- All health practitioners involved in maternal and newborn care

## **ENC Implementation**

- The current state of maternal and newborn care needs urgent action
  - Evidence-based interventions are not practiced sufficiently.
  - ENC Protocol provides an evidence-based, low cost, low technology package of interventions that will save tens of thousands of lives.
- Each of us, as individuals and as organizations, have to look inward to find ways to implement ENC
- Join us to bring Unang Yakap to your membership and every person they can influence.

## How can I contribute to implementing ENC?

- Organize a multidisciplinary ENC Working Group
  - MDs: Obs, Pediatricians, Anesthesiologists
  - Nurses, nursing assistants
  - Midwives
  - Administrators
  - Infection control committee
- Conduct a "situational analysis" of your facility
- Revise hospital policies and standard operating procedures, forms, order sheets etc

## How can I contribute to implementing ENC?

- Enable the environment for ENC
- Disable the environment that hinders ENC
- Join us to bring Unang Yakap to your membership and every mother, father that they can influence.



# Unang Yakap