

Steps for giving eye care:

1. Wash your hands/ put gloves
 2. Tetracycline 1% eye ointment/
 3. Hold one eye open and apply a rice grain size of ointment along the inside of the lower eyelid. Make sure not to let the medicine dropper or tube touch the baby's eye or anything else.
 4. Repeat this step to put medication into the other eye.
- Give Vit. K1 mg IM in the anterior –lateral aspect of the thigh. Use any disinfection available with you to clean the area before and after you give the injection.
 - Put the baby skin to skin contact with the mother and start **exclusive breastfeeding within the first one hour of life.**

IF RESUSCITATION IS NECESSARY:

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- Change your gloves
- Tie and cut the cord first
- Tell the mother that her baby is having difficulty to breath and that you are going to help him. Tell her quickly but calmly.
- Lightly wrap the baby in a warm dry towel or cloth.
- Leave the face and upper chest free for observation
- If necessary, transfer the baby to a newborn corner which is warm, clean and dry surface, under an over head heat source .

Resuscitation of Asphyxiated newborn

- If the baby is not breathing, gasping or breathing < 30/minute and if drying the baby does not stimulate him to breathe, the first step of resuscitation should be started immediately.
- CALL FOR HELP!
- Cut cord quickly, transfer to a firm, warm surface [under an over head heater source]
- Inform the mother that baby has difficulty breathing and you will help the baby to breathe
- *Start newborn resuscitation*

Opening the airway

POSITIONING

- Lay the baby on its back on a hard warm surface
- Position the baby's head so that is slightly extended
- Place a folded piece of cloth under the baby's shoulders



SUCTION

Routine suctioning may not be required. Do it when there is Meconium stained liquor

- Clear the mouth first and then the nose.
 - gently introduce the suction tube into the mouth
5 cms from the lips
 - suck while withdrawing the tube
 - Then introduce the suction tube 3 cms into each nostril
 - suck while withdrawing the tube
 - Repeat mouth and nose suction if needed , but no more than twice.
- Spend no longer than 20 seconds doing suction

Ventilating the baby

If the baby is still not breathing, VENTILATE.

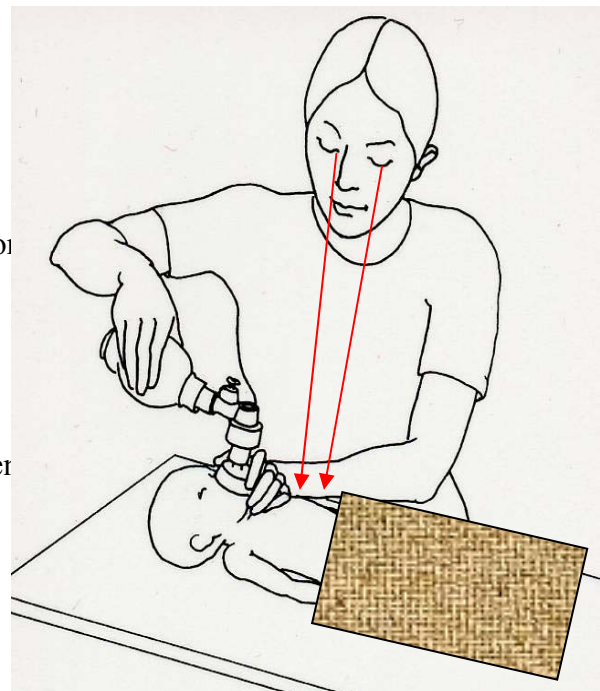
Use the CORRECT size face mask

Fitting a face mask:

- A face mask that is too LARGE
 - Covers the eyes
 - Extends over the tip of the chin
- A face mask that is too SMALL
 - Does not cover the nose
 - Does not cover the mouth effectively
- A correct sized mask covers:
 - The nose
 - The mouth
 - The tip of the chin

How to ventilate

- Squeeze bag with 2 fingers and a thumb on whole hand, 2-3 times
- Observe for rise of chest.
- IF CHEST IS NOT RISING:
 - reposition the head
 - check mask seal
- Squeeze bag harder with whole hand when stiff lung



- Once good seal and chest rising, ventilate at 40 squeezes per minute
- Observe the chest while ventilating:
 - is it moving with the ventilation?
 - Is it moving symmetrically
 - is baby breathing spontaneously?
- Observe for color change (the baby who was blue becomes pink)

When to stop ventilating?

- If breathing or crying: STOP VENTILATING
 - count breaths per minute
 - look for chest in-drawing
- If breathing >30/min, and regular:
 - Stop ventilating
 - put the baby in skin-to-skin contact on mother's chest and continue care
 - monitor every 15 minutes for breathing and warmth
 - tell the mother the baby will probably be well
- Encourage the mother to start breastfeeding as soon as possible.

When to continue ventilating?

If the baby:

- is breathing <30/min,
- is gasping/breathing irregularly
- has severe chest in-drawing
- ARRANGE FOR IMMEDIATE REFERRAL to a pediatrician
- Explain to the mother what happened, that her baby needs help with breathing
- Ventilate during the referral
- Record the event on a referral form and labour record.
- If the baby is NOT breathing (stop ventilating at 20 minutes).