

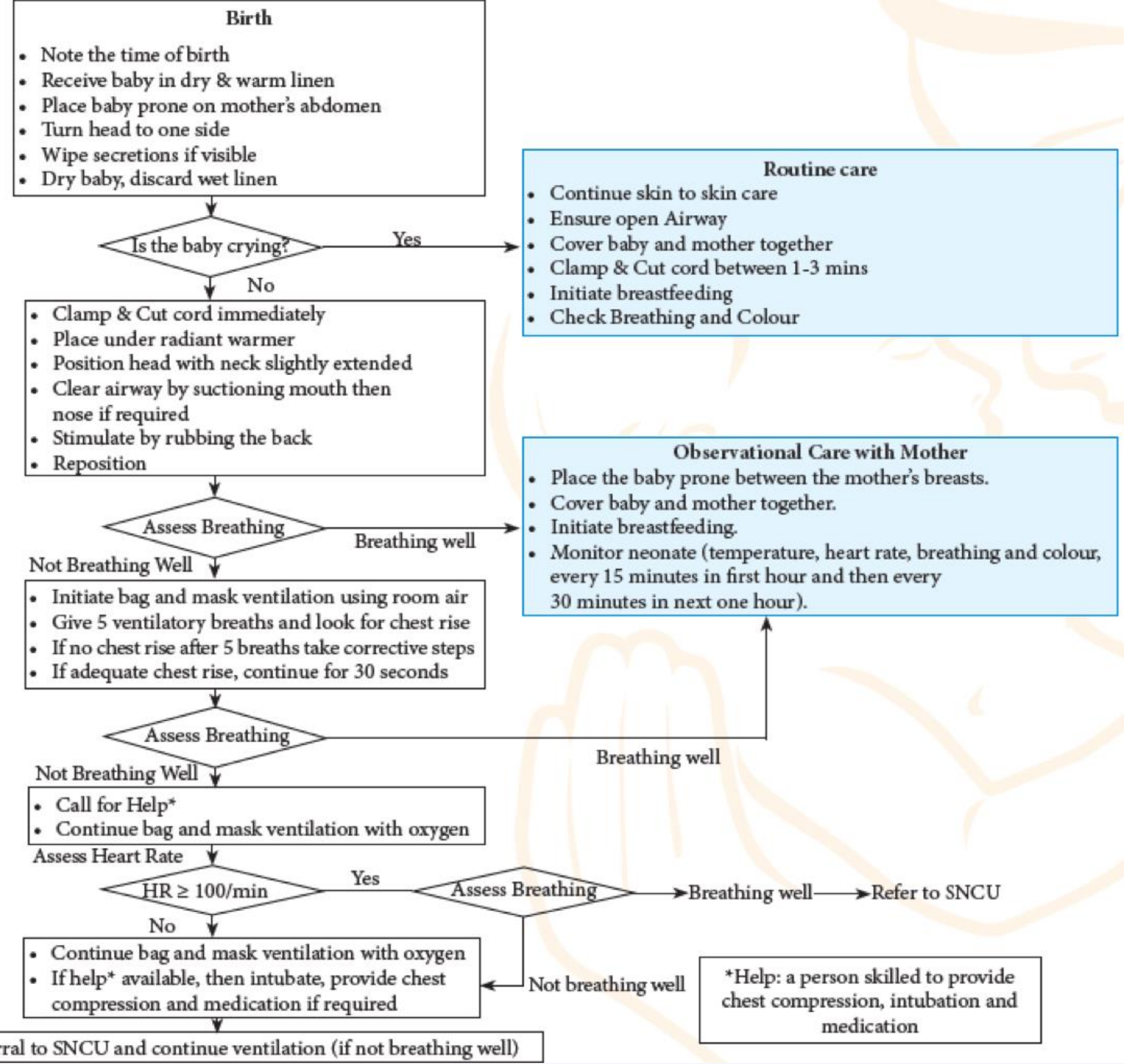


# Neonatal Skills For MO





GOLDEN MINUTE



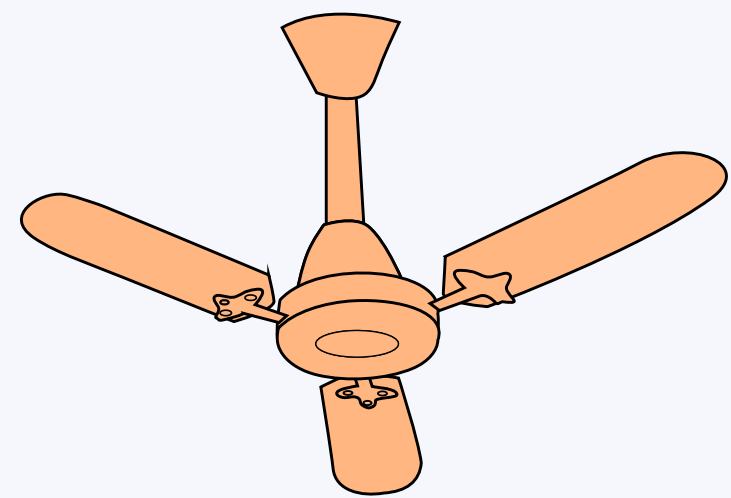
BEYOND GOLDEN MINUTE



# PREPARATION OF LABOUR ROOM

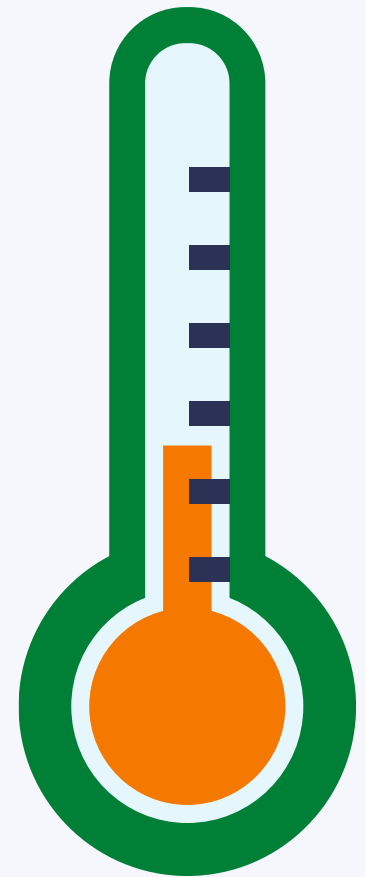


1



Switch Off Fans

2



Maintain room temperature between 26-28°C

3



Labour room with curtained cabins





# EQUIPMENT TO BE PREPARED







# PREVENTION OF INFECTION







# ACTIONS AT BIRTH

1



Note time of birth

2



Place baby prone on mother's abdomen

3



Turn head to one side and dry the baby





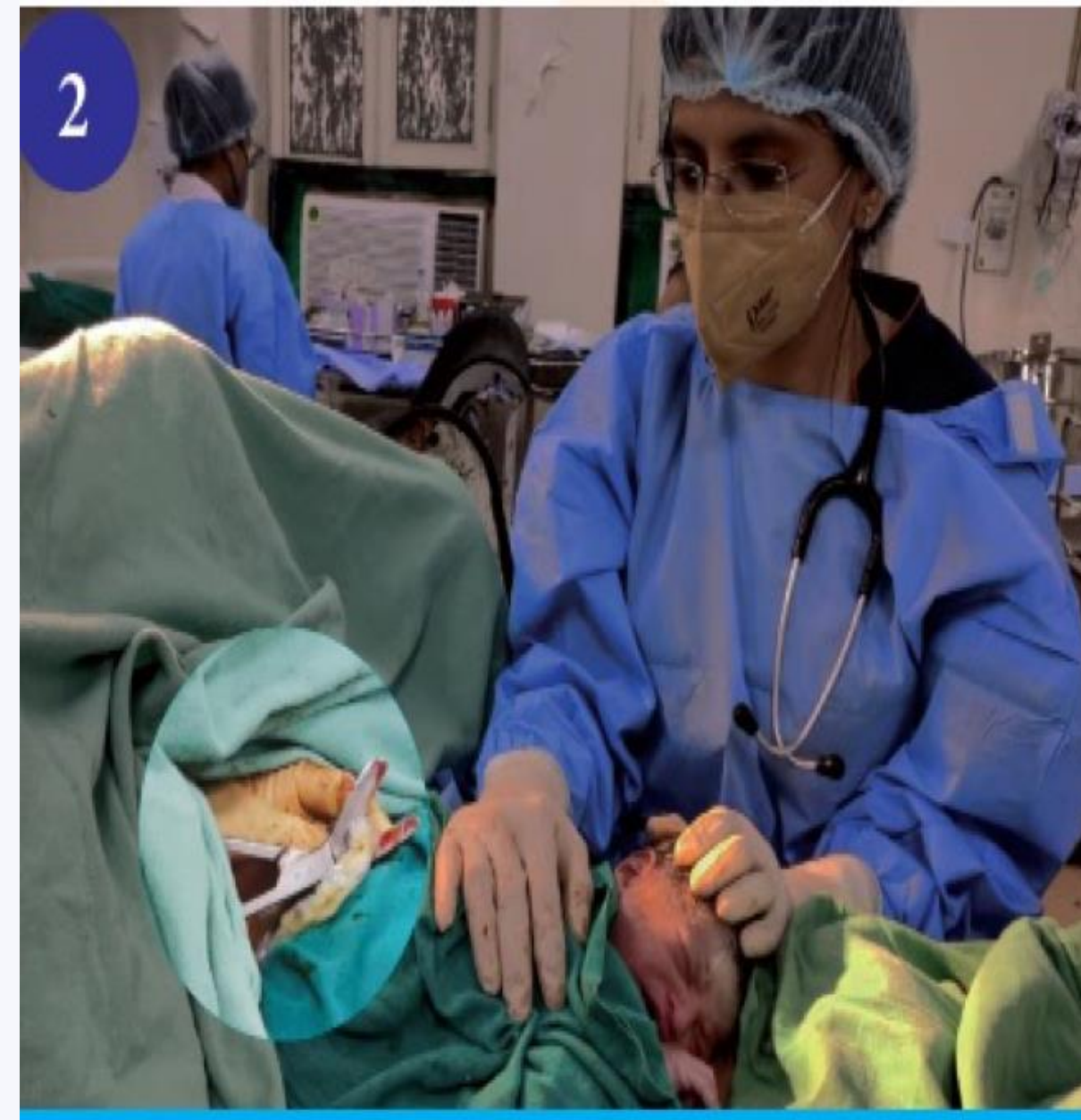
# BABIES WHO CRY AT BIRTH - ROUTINE CARE

1



Continue skin to skin care

2



Cut cord within 1-3 minutes



# BABIES WHO CRY AT BIRTH - ROUTINE CARE



3



Initiate breastfeeding

4



Keep mother and baby covered and observe breathing and colour

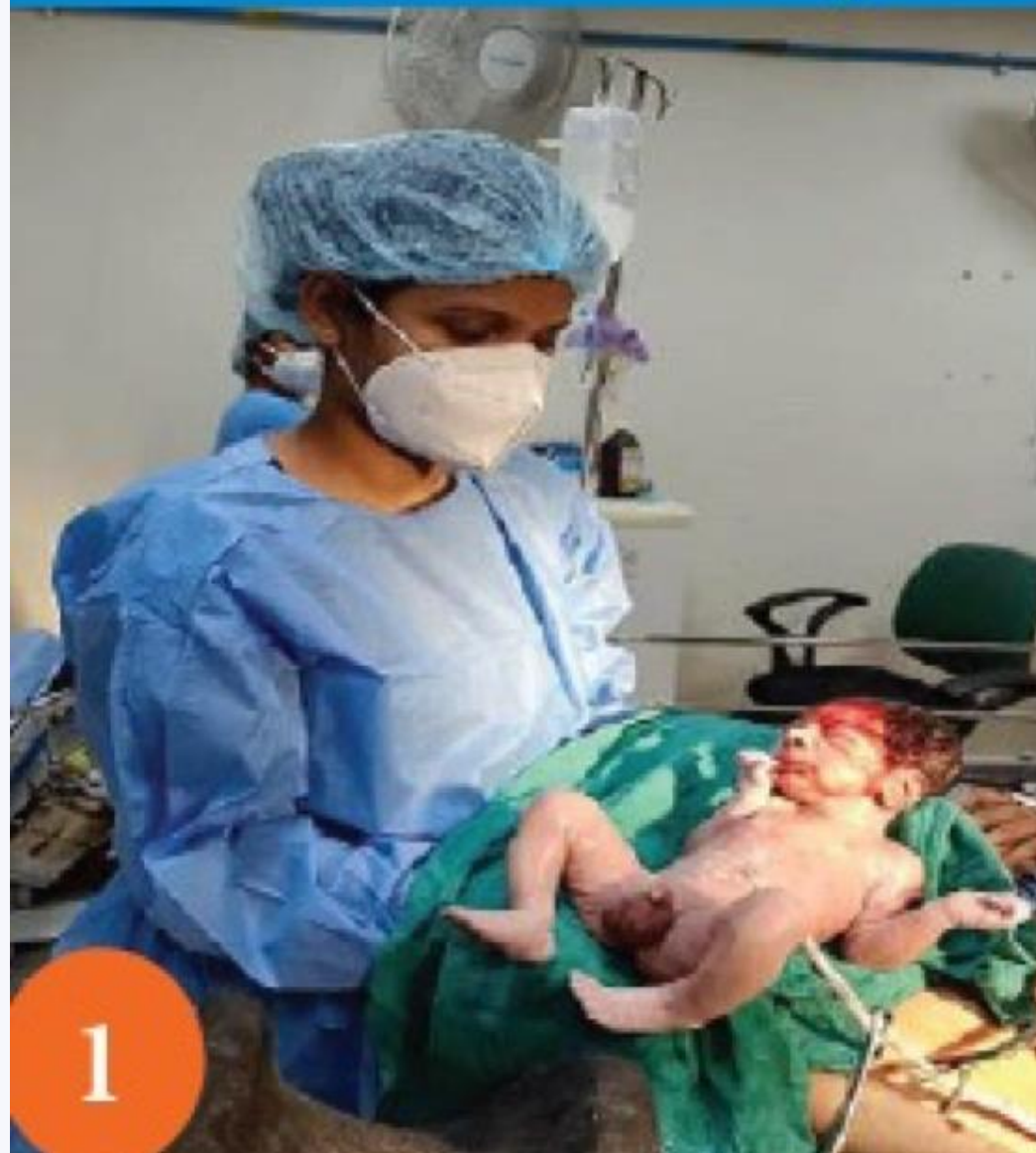


# BABIES WHO DON'T CRY AT BIRTH



1

Clamp and cut the cord immediately



2

Place baby under radiant warmer





# BABIES WHO DON'T CRY AT BIRTH



3

Position head by placing a shoulder roll beneath the shoulders



4

Clear airway if required (mouth before nose)





# BABIES WHO DON'T CRY AT BIRTH



5

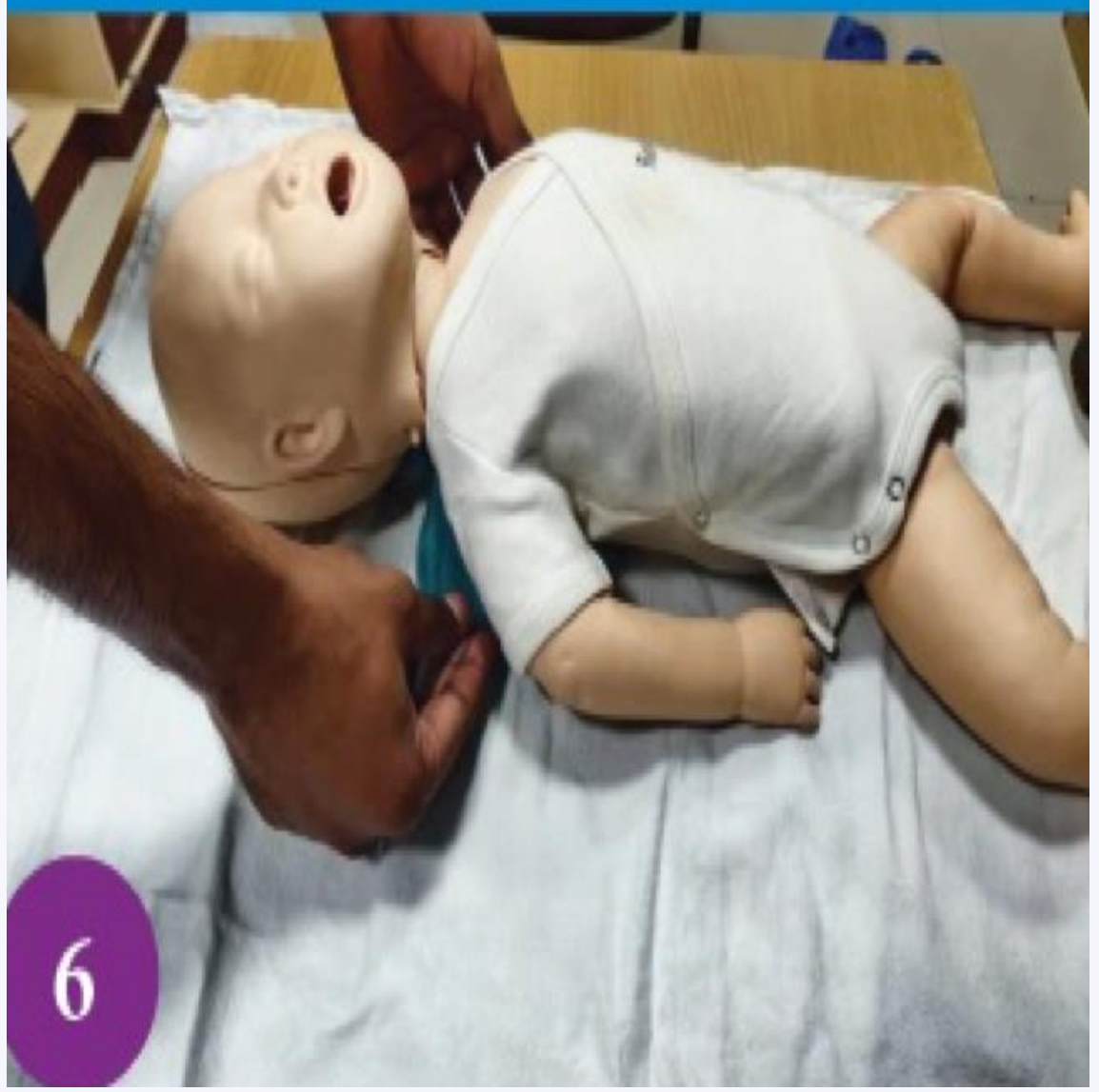
Stimulate by rubbing the back



5

6

Reposition



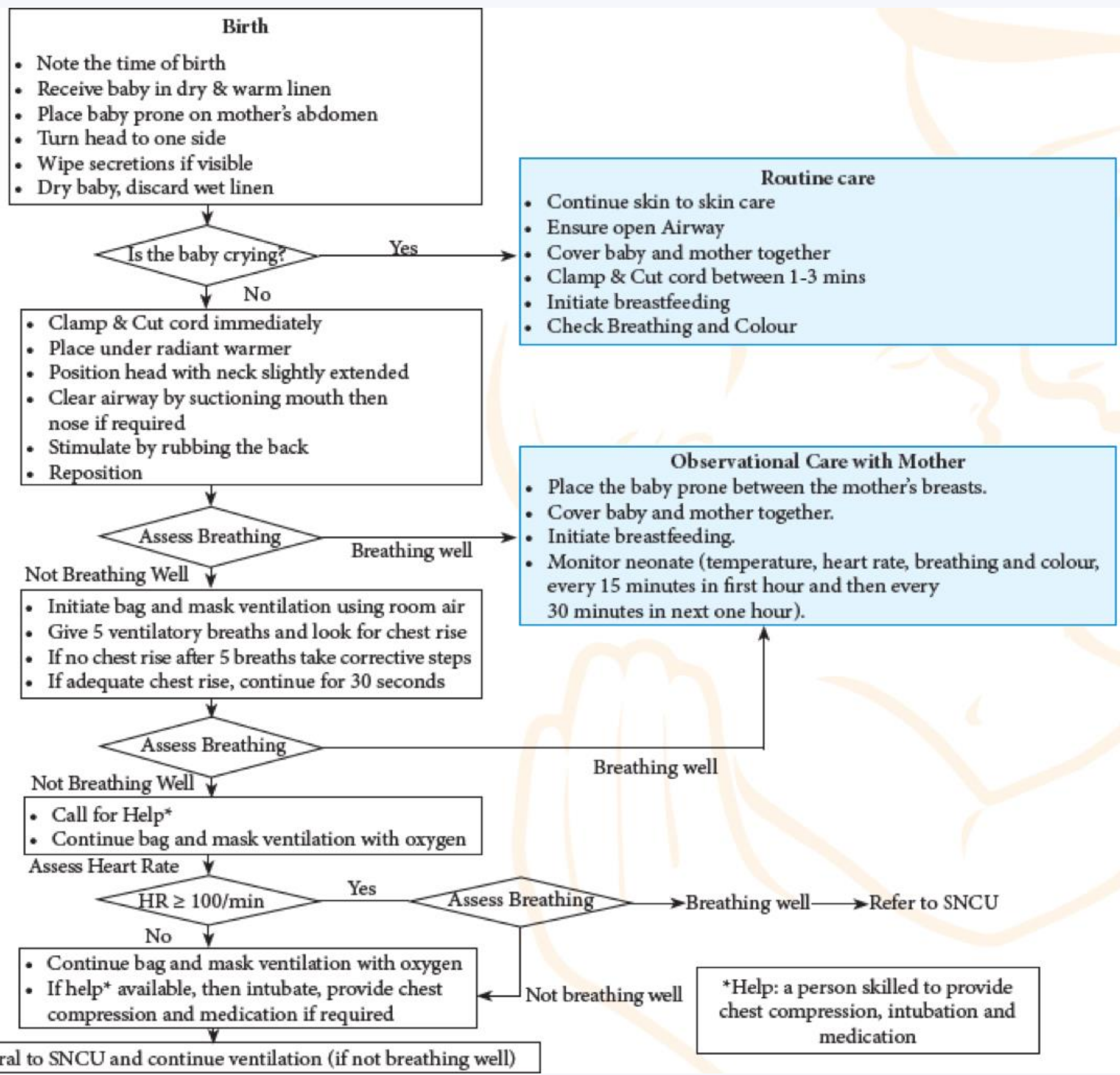
6







GOLDEN MINUTE



BEYOND GOLDEN MINUTE







# BAG & MASK VENTILATION



Check functionality



Place mask covering the chin, mouth and nose to make a tight seal





# RIGHT SIZE OF MASK



Right size and position of mask



Right

Mask held too low



Wrong

Mask too small



Wrong

Mask too large



Wrong





# STEPS FOR BAG & MASK VENTILATION

1



Initiate bag and mask ventilation using room air. Give 5 ventilatory breaths and look for chest rise

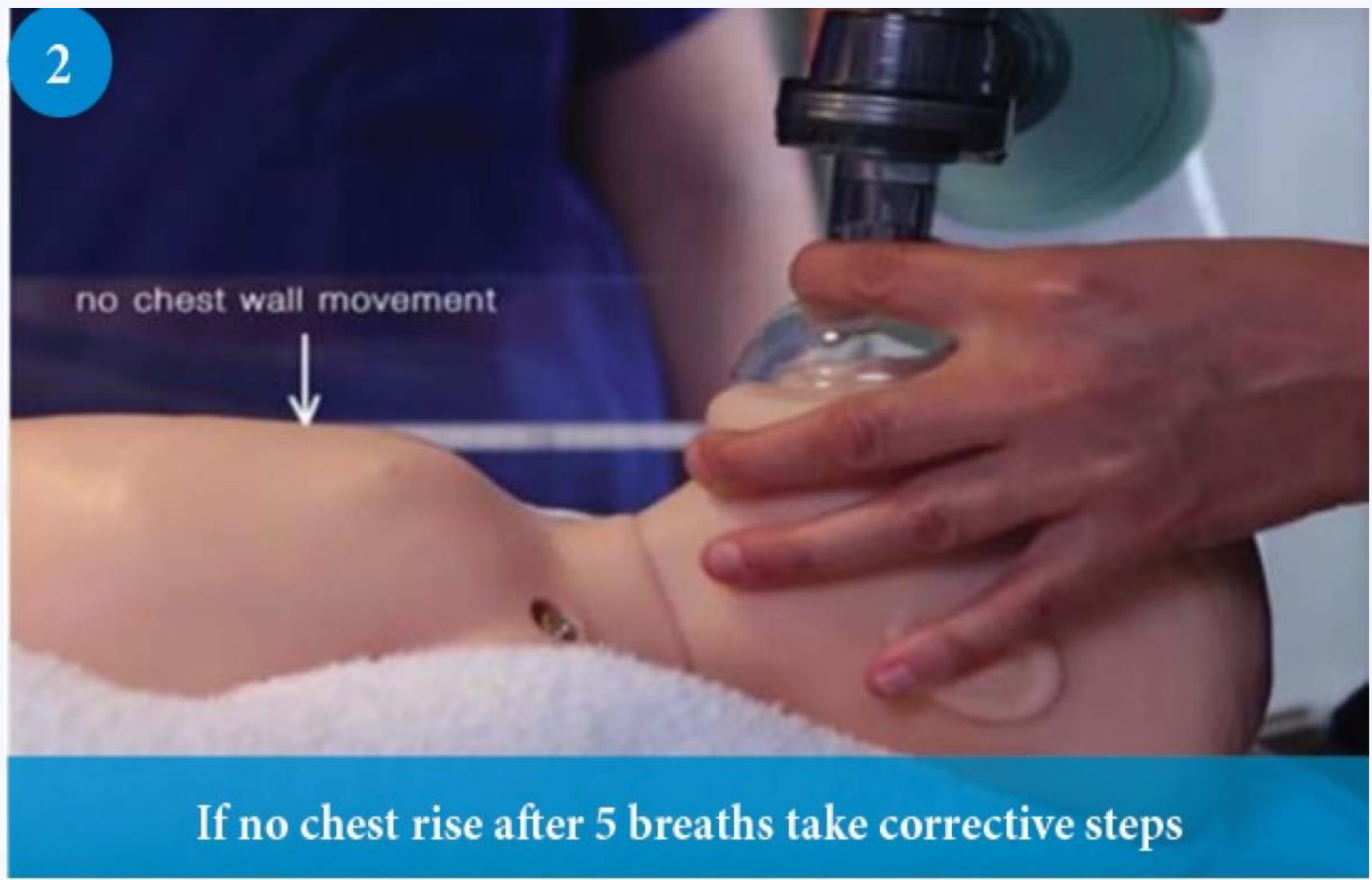




# STEPS FOR BAG & MASK VENTILATION



2







# CORRECTIVE STEPS IF NO CHEST RISE

1



Adjust the mask to ensure airtight seal

2



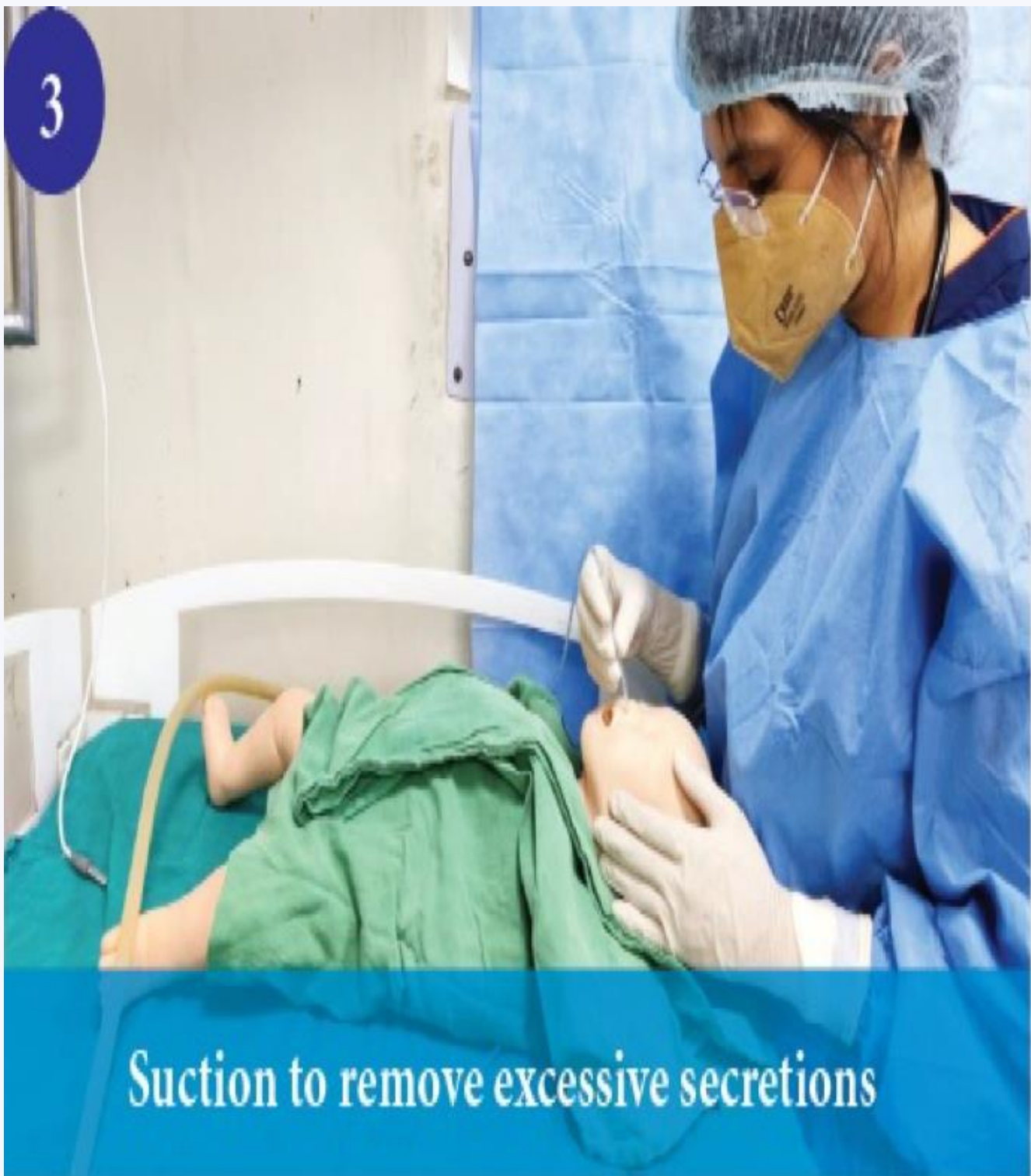
Reposition the head to open the airway





# CORRECTIVE STEPS IF NO CHEST RISE

3



Suction to remove excessive secretions

4

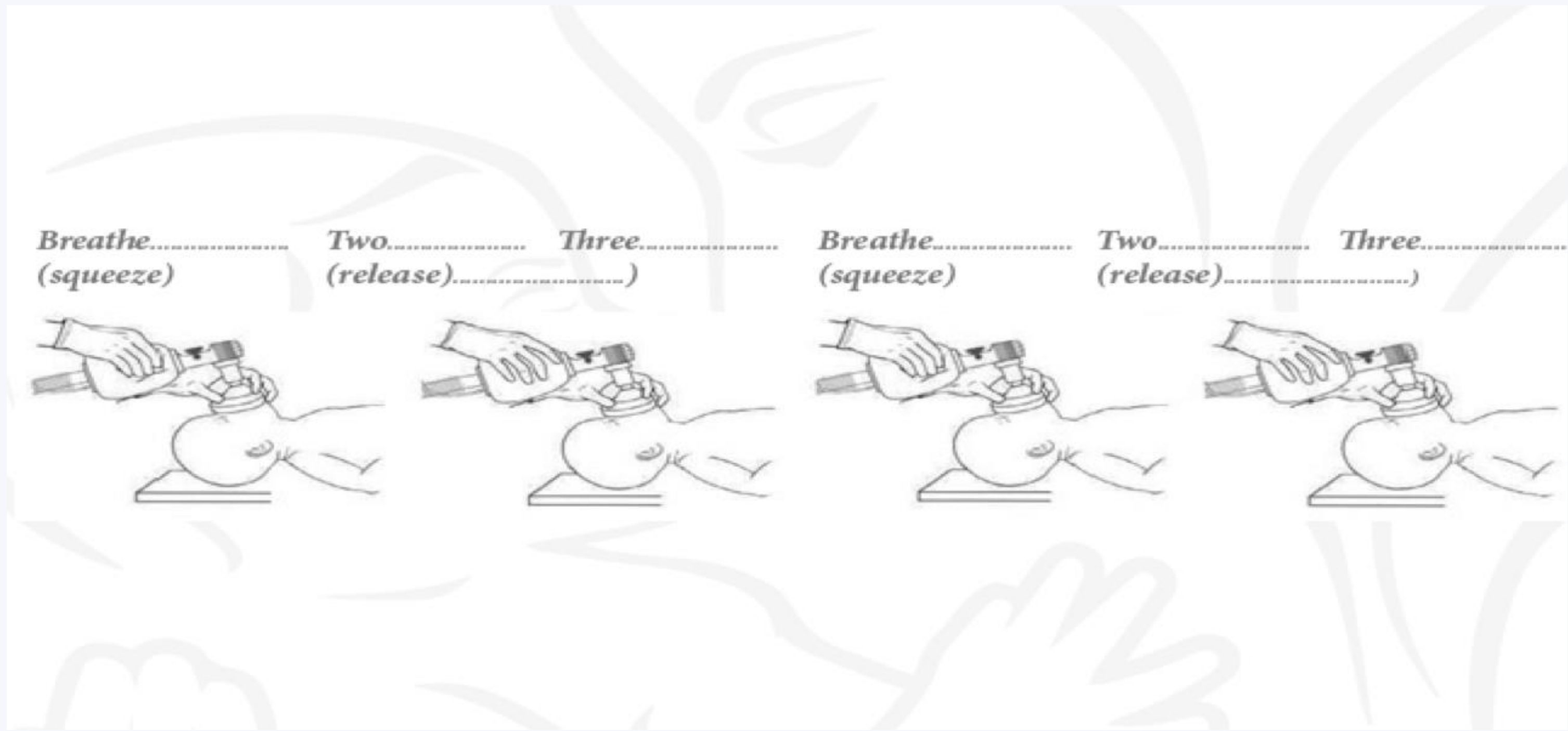


Increase Pressure by squeezing bag to get a visible chest rise





# RATE OF BAG & MASK VENTILATION



A ventilatory rate of 40-60/minute should be maintained





GOLDEN MINUTE

- Birth**
- Note the time of birth
  - Receive baby in dry & warm linen
  - Place baby prone on mother's abdomen
  - Turn head to one side
  - Wipe secretions if visible
  - Dry baby, discard wet linen

Is the baby crying?

Yes

- Routine care**
- Continue skin to skin care
  - Ensure open Airway
  - Cover baby and mother together
  - Clamp & Cut cord between 1-3 mins
  - Initiate breastfeeding
  - Check Breathing and Colour

No

- Clamp & Cut cord immediately
- Place under radiant warmer
- Position head with neck slightly extended
- Clear airway by suctioning mouth then nose if required
- Stimulate by rubbing the back
- Reposition

Assess Breathing

Breathing well

- Observational Care with Mother**
- Place the baby prone between the mother's breasts.
  - Cover baby and mother together.
  - Initiate breastfeeding.
  - Monitor neonate (temperature, heart rate, breathing and colour, every 15 minutes in first hour and then every 30 minutes in next one hour).

Not Breathing Well

- Initiate bag and mask ventilation using room air
- Give 5 ventilatory breaths and look for chest rise
- If no chest rise after 5 breaths take corrective steps
- If adequate chest rise, continue for 30 seconds

Assess Breathing

Breathing well

Not Breathing Well

- Call for Help\*
- Continue bag and mask ventilation with oxygen

Assess Heart Rate

HR ≥ 100/min

Yes

Assess Breathing

Breathing well

Refer to SNCU

No

- Continue bag and mask ventilation with oxygen
- If help\* available, then intubate, provide chest compression and medication if required

Not breathing well

\*Help: a person skilled to provide chest compression, intubation and medication

Organize referral to SNCU and continue ventilation (if not breathing well)

BEYOND GOLDEN MINUTE







# AFTER 30 SECONDS – BABY NOT BREATHING WELL, HR < 100



Assess heart rate and attach oxygen to bag if less than 100 per minute



Continue bag and mask ventilation





# AFTER 30 SECONDS – BABY NOT BREATHING WELL, HR < 60

Start chest compression

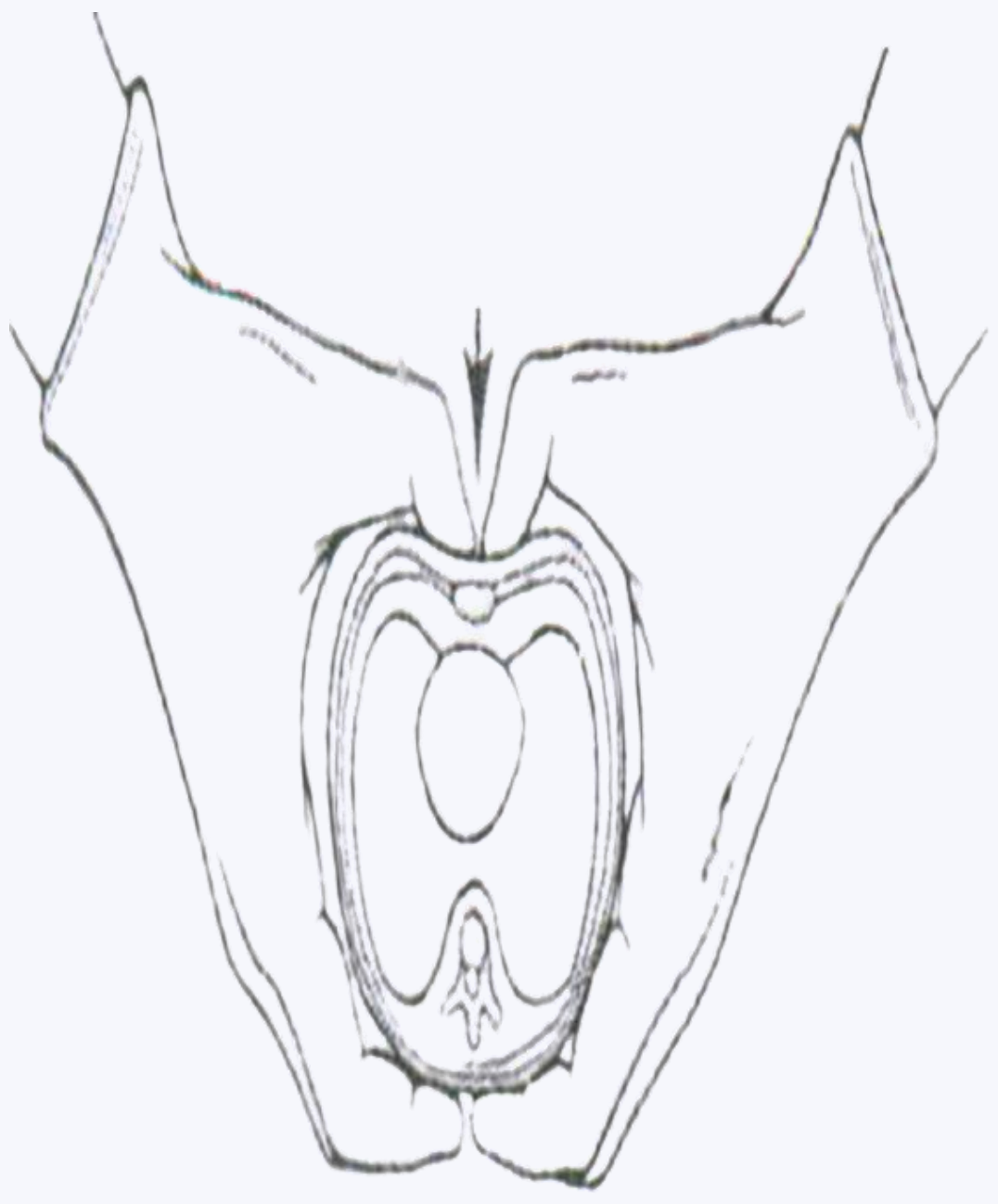


Continue PPV with 100% oxygen

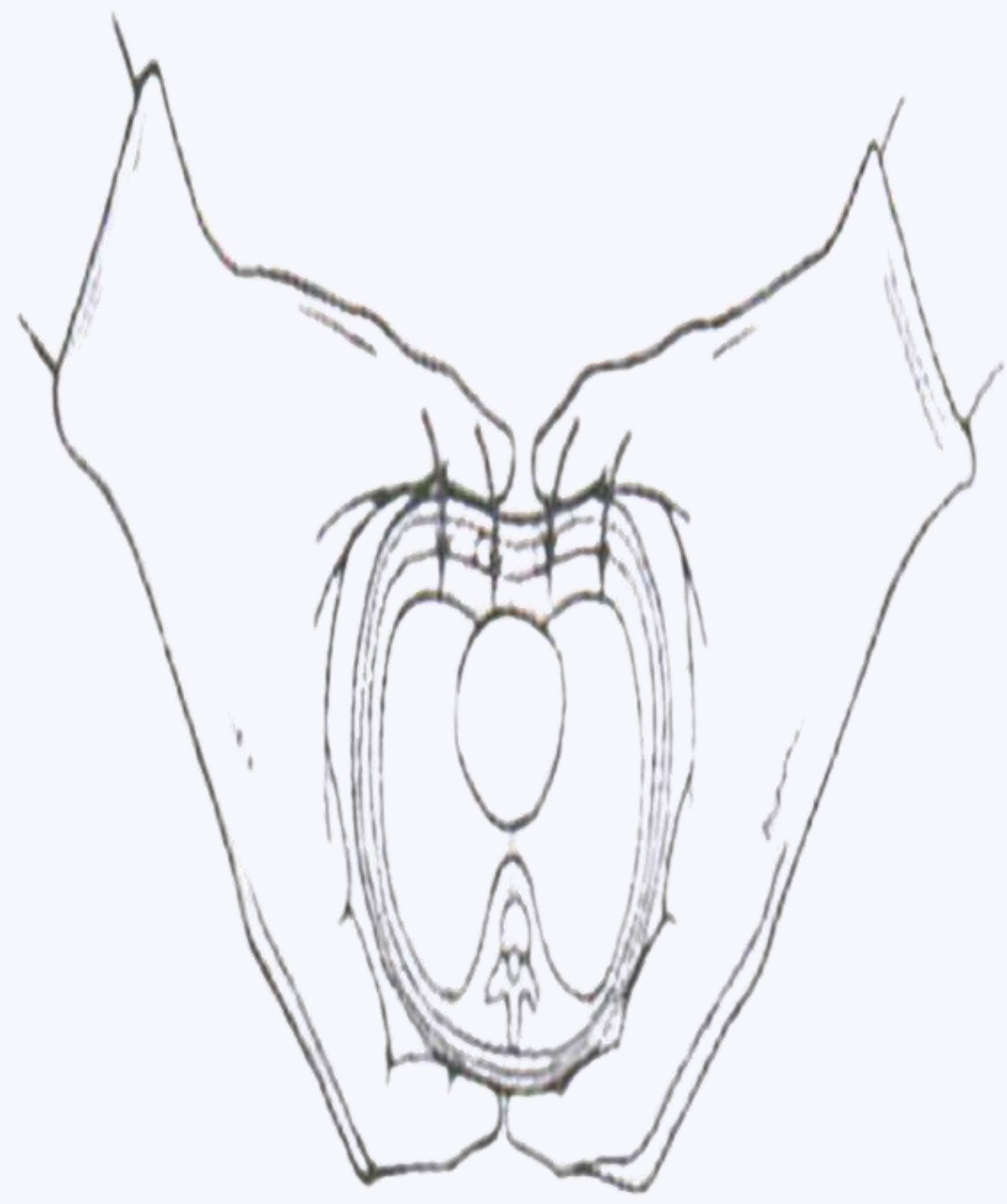




# CHEST COMPRESSIONS



Correct



Incorrect





# CHEST COMPRESSIONS



## RATE

- 3 CC then 1 ventilation (1:3)
- 90 CC to 30 ventilation in one minute

**“ONE-AND-TWO-AND-THREE-AND- BREATHE AND”**

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CC

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B&M







# AFTER 60 SECONDS OF PPV WITH CC

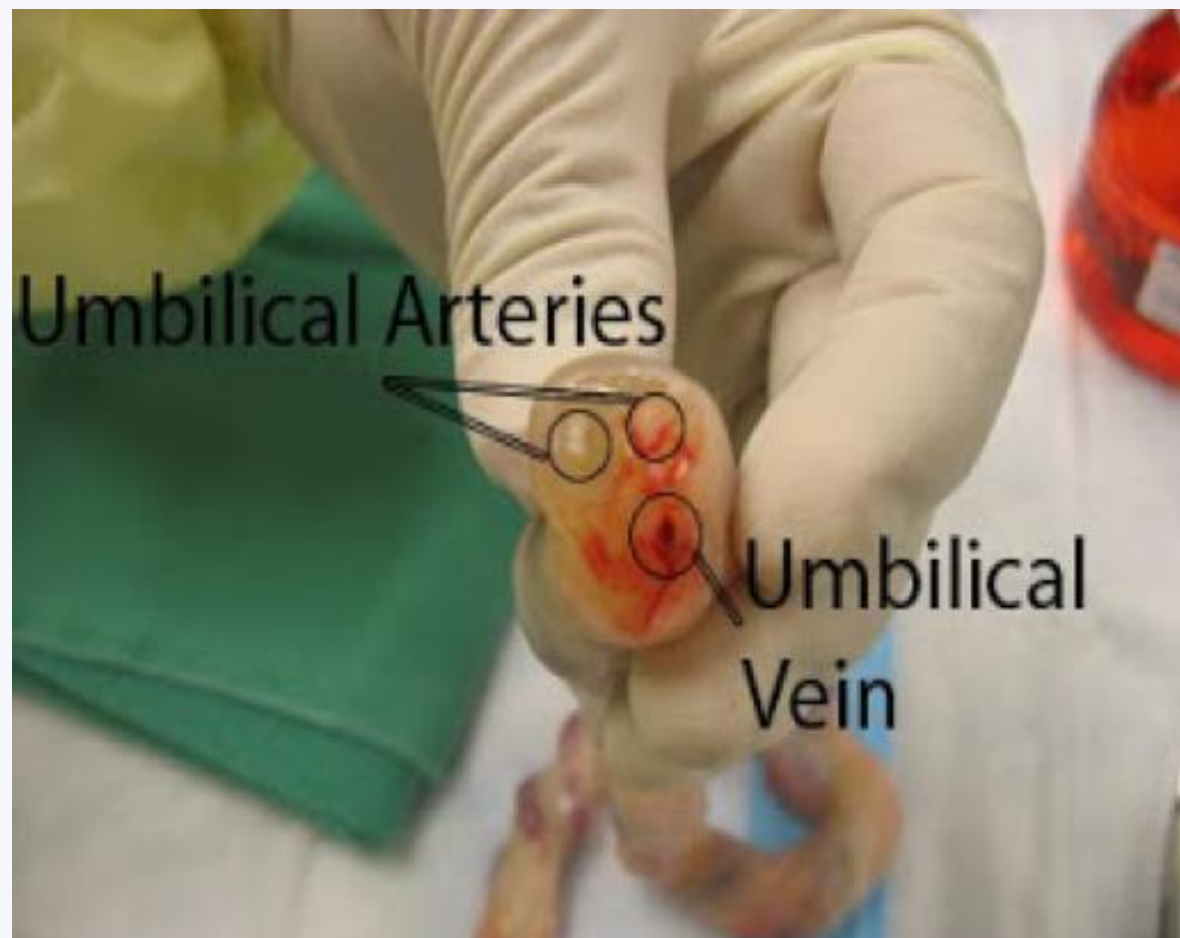
- HR > 60/min– Stop Chest compression & continue with PPV till spontaneous efforts are seen
- HR < 60/min- Give IV adrenaline





# IV ADRENALINE

IV route (UVC ) is preferred over ET route



**Dose of Adrenaline:** 1:10,000 0.1 ml to 0.3 ml/kg







# SUMMARY

- **Temperature** – Skin to skin, Radiant warmer
- **Airway**- head position , clearing of airway
- **Breathing** -Bag & Mask Ventilation for 30 sec
- **Circulation**- Chest Compression if HR< 60 despite of effective PPV
- **Drugs** – IV adrenaline if HR< 60/min after 60 sec of Compression & Ventilation





# Thank You

