



GOLDEN MINUTES OF NEWBORN CARE IN LABOUR ROOM

Dr. Vishnu Ganeshrao Sonune*

MD (Balrog), Lecturer, ASPM Ayurvedic College, Buldhana.

***Corresponding Author: Dr. Vishnu Ganeshrao Sonune**

MD (Balrog), Lecturer, ASPM Ayurvedic College, Buldhana.

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INTRODUCTION

The birth of a baby is one of life's most wondrous moments. Few experiences compare to this event. Newborn babies have amazing abilities, yet they are completely dependent on others for feeding, warmth, and comfort.

Amazing physical changes occur with birth. When the baby is delivered, the umbilical cord is cut and clamped near the navel. This ends the baby's dependence on the placenta for oxygen and nutrition. As the baby takes its first breath, air moves into the lungs. Before birth, the lungs are not used to exchange oxygen and carbon dioxide, and need less blood supply. The fetal circulation sends most of the blood supply away from the lungs through special connections in the heart and the large blood vessels. When a baby begins to breathe air at birth, the change in pressure in the lungs helps close the fetal connections and redirect the blood flow. Now blood is pumped to the lungs to help with the exchange of oxygen and carbon dioxide. Some babies have excess amounts of fluid in their lungs. Stimulating the baby to cry by massage and stroking the skin can help bring the fluid up where it can be suctioned from the nose and mouth.

AIMS AND OBJECTIVE

To assess availability of labour room facilities and newborn care services

METHODOLOGY

An assessment of labour room and newborn care.

Providing warmth for the newborn

A newborn baby is wet from the amniotic fluid and can easily become cold. Drying the baby and using warm blankets and heat lamps can help prevent heat loss. Often a knitted hat is placed on the baby's head.

Placing a baby skin-to-skin on the mother's chest or abdomen also helps to keep the baby warm. This early skin-to-skin contact also reduces crying, improves mother-infant interaction, and helps mothers to breastfeed successfully.

Immediate care for the newborn

Health assessments of the new baby begin immediately. One of the first checks is the Apgar test. The Apgar test

is a scoring system designed by Dr. Virginia Apgar, an anesthesiologist, to evaluate the condition of the newborn at one minute and five minutes after birth. The doctor or midwife and nurses will evaluate the following signs and assign a point value:

- Activity; muscle tone
- Pulse rate
- Grimace; reflex irritability
- Appearance; skin color
- Respiration

A score of 7 to 10 is considered normal. A score of 4 to 6 may indicate that the baby needs some resuscitation measures (oxygen) and careful monitoring. A score of 3 or below indicates that the baby requires immediate resuscitation and lifesaving techniques.

Physical examination of the newborn in the delivery room

A brief, physical examination is performed to check for obvious signs that the baby is healthy. Other necessary procedures will be done over the next few minutes and hours. These may be done in the delivery room or in the nursery, depending on the hospital policy and the condition of the baby. Some of these procedures include the following:

- Measurement of the temperature, heart rate, and respiratory rate
- Measurement of weight, length, and head circumference. These measurements help determine if a baby's weight and measurements are normal for the number of weeks of pregnancy. Small or underweight babies, as well as very large babies, may need special attention and care.
- Cord care- The baby's umbilical cord stump will have a clamp. It needs to be kept clean and dry.
- Bath- Once a baby's temperature has stabilized, the first bath can be given.

- Footprints are often taken and recorded in the medical record

Before a baby leaves the delivery area, identification bracelets with identical numbers are placed on the baby and mother. Babies often have two, on the wrist and ankle. These should be checked each time the baby comes or goes from your room.

Care for the newborn after a vaginal delivery

Healthy babies born in a vaginal delivery are usually able to stay with the mother. In many hospitals, immediate newborn assessments including weight, length, and medications, and even the first bath are performed right in the mother's room. As quickly as possible, a new baby is placed in the mother's arms.

In the first hour or two after birth, most babies are in an alert, wide awake phase. This offers a wonderful opportunity for parents to get to know their new baby. A baby will often turn to the familiar sound of the mother's voice. A baby's focus of vision is best at about 8 to 12 inches--just the distance from the baby cradled in a mother's arms to her face.

This first hour or two after birth is also the best time to begin breastfeeding. Babies have an innate ability to begin nursing immediately after they are born. Although some medications and anesthesia given to the mother during labor and delivery may affect the baby's sucking ability, most healthy babies are able to breastfeed in these first few hours. This initial feeding helps stimulate breast milk production. It also causes contraction of the mother's uterus which can help prevent excessive bleeding.

Care for the newborn after a cesarean delivery

If your baby is born by a cesarean delivery, chances are good that you can be awake for the surgery. Only in rare situations will a mother require general anesthesia for delivery, meaning she is not conscious for the birth. Most cesarean deliveries today are done with a regional anesthesia such as an epidural or spinal. With this type of anesthesia, only part of the body is numbed for surgery. The mother is awake and able to hear and see her baby as soon as he or she is born.

Babies born by cesarean are usually checked by a nursery nurse or pediatrician right after delivery. This is often done right near you in the operating room. Because babies born by cesarean may have difficulty clearing some of the lung fluid and mucus, extra suctioning of the nose, mouth, and throat are often needed. Occasionally, deeper suctioning in the windpipe is required.

Once a baby is checked over, a nurse will wrap the baby warmly and bring the baby to you to see and touch. Many hospitals require babies born by cesarean to be watched in the nursery for a short time. All the usual procedures such as weighing and medications are

performed there. Usually, your baby can be brought to you while you are in the recovery area after surgery.

Many mothers think that they will not be able to breastfeed after a cesarean. This is not true. Breastfeeding can begin in the first hours right in the recovery room, just as with a vaginal delivery.

Plan to have someone stay with you during your hospital stay after a cesarean delivery. You will have quite a bit of pain in the first few days and will need help with the baby.

When a baby has difficulty after birth

All the baby's body systems must work together in a new way after birth.

Sometimes, a baby has difficulty making the transition. Health assessments, including the Apgar test performed right after birth, can help determine if a baby is doing well or having problems.

If there are signs the baby is not doing well, treatment can be given right in the delivery room. The doctor or midwife and other members of the health care team work together to help the baby clear excess fluid and begin breathing.

Babies who may have difficulty at birth include those born prematurely, those born with a difficult delivery, or those born with a birth defect(s). Fortunately, for these babies, special care is available. Newborn babies who need intensive medical attention are often admitted into a special area of the hospital called the Neonatal Intensive Care Unit (NICU). The NICU combines advanced technology and trained health professionals to provide specialized care for the tiniest patients. NICUs may also have intermediate or continuing care areas for babies who are not as sick, but need specialized nursing care. Some hospitals do not have a NICU and babies may need to be transferred to another hospital.

Having a sick baby can be stressful. Few parents expect complications of pregnancy or their baby to be sick or premature. It is quite natural for parents to have many different emotions as they try to cope with the difficulties of a sick baby. However, it is reassuring that today's advanced technology is helping sick babies get better and go home sooner than ever before. Further, it helps to know that although separation from a baby is painful, it does not harm the relationship between mother and baby.)

REFERENCES

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