

Care of the Newborn



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FEEDING OF THE NEW BORN

Breast feeding is every baby's birth right :

Early breast feeding (even in LSCS) within 1 -2hrs after delivery is encouraged. Keep the baby always next to mother. Provide exclusive breast milk feeding for 6 months

Mother's milk - every drop is an ocean of love

Milk production & secretion

Milk is produced as a result of the interaction between hormones and reflexes. During pregnancy, the glandular tissue is stimulated to produce milk due to various hormonal influences. Two reflexes, mediated by two different hormones, come into play during lactation.

Prolactin reflex

Prolactin is produced by the pituitary gland in the brain which is responsible for milk secretion by the mammary gland cells. When the baby sucks, the nerve endings in the nipple carry message to the pituitary which in turn releases prolactin. This hormone passes through the blood to the glands in the breast, promoting milk secretion.

This cycle from stimulation to secretion is called the prolactin reflex or the "**milk secretion reflex**". The

earlier the baby is put on the breast, the sooner the reflex is initiated. The more the baby sucks at the breast, the greater is, the stimulus for production. The-greater is the demand for milk, larger is the volume of milk produced. It is therefore important for the mothers to feed baby early, frequently and ensure complete emptying of the breasts at each feed.

Oxytocin reflex

Oxytocin is a hormone produced also by the pituitary. It is responsible for contraction of the breast tissue leading to ejection of the milk from the glands into the lacteal sinuses and the lacteal ducts. This hormone is produced in response to stimulation to the nerve endings in the nipple by sucking as well as by the thought, sight or sound of the baby. Since this reflex is affected by the mother's emotions a relaxed, confident attitude helps this **"milk ejection reflex"**. On the other hand, tension, pain and lack of confidence, hinders the milk flow. This stresses the importance of a kind and supportive person professional health worker or a relative - to reassure the mother and help her gain confidence so that she can successfully breastfeed.

Types of breast milk

The composition of breast milk varies at different stages after birth to suit the needs of the baby. Milk of a mother who has delivered a preterm baby is different from milk of a mother who has delivered a full term baby.

1. Colostrum is the milk secreted during first week after delivery. It is yellow, thick and contains more antibodies and white blood cells. Though secreted only in small quantities, it has higher protein content and disease fighting capacity and is most suited for the needs of the baby, it should NEVER be discarded.
2. Transitional milk is the milk secreted during the following two weeks. The immunoglobulin and protein content decreases while the fat and sugar content increases.
3. Mature milk follows transitional milk. It is thinner & watery but contains all the nutrients essential for optimum growth of the baby.
4. Preterm milk is the breast milk of a mother who delivers prematurely. It contains higher quantities of proteins, sodium, iron, -immunoglobulins that are needed by her preterm. baby.

- 5 Fore milk is the milk secreted at the start of a feed. It is watery and is rich in proteins, sugar, vitamins, minerals and water and satisfies the baby's thirst
- 6 Hind milk comes later towards the end of a feed and is richer in fat content and provides more energy, and satisfies the baby's hunger. For optimum growth the baby needs both fore and hind milk The baby should therefore be allowed to empty one breast. The second should be offered after emptying the first.

Ensure exclusive breast feeding during first 6 months of life. Additional water is not necessary even in summer.

Key messages to promote exclusive breast feeding

Put baby to feed at breast as soon as possible after birth preferably in the delivery room. This is important for the mother, baby and for milk production.

On the first day, breast milk is thick and yellowish (known as colostrum). Feeding this milk provides nutrition and prevents infections.

DO NOT DISCARD COLOSTRUM.

Keep baby close to mother. It is safe for baby to sleep with mother.

Mother may lie down, sit on a bed, chair or floor to breast feed her baby. Breast feed during day and night at least 8-10 times, whenever baby cries with hunger.

The more the baby sucks at breast the more milk the breast will produce and the healthier baby becomes.

Allow baby to feed at one breast until he removes the nipple on his own. Then feed him at the other breast if he continues to be hungry.

Give baby only breast milk for the first 6 months.

Don't give baby ghutti, gripe water, honey, animal or powdered milk before 6 months.

Never use bottles or pacifier. They are harmful and are likely to make the baby frequently ill.

Positioning and attachment

Mother should be in comfortable position. She may sit on a chair, bed, stool or ground with back properly supported. She should slightly recline backward and should not lean on the baby. She can feed the baby in lying or semi- reclining posture.

Proper position of baby while breastfeeding includes

Supporting whole of baby's body

Ensure baby's head, neck and back are in same plane Entire baby's body should face mother

Baby's abdomen touches mother's abdomen
Correct positioning will ensure effective sucking and prevent sore nipples and breast engorgement.

Attachment of baby on mother's breast

4 signs of good attachment are:

Baby's mouth wide-open

Lower lip turned outwards

Baby's chin touches mother's breast

Majority of areola inside baby's mouth



Causes of poor attachment

Use of feeding bottles

Inexperienced mother

Lack of skilled support

Inverted nipples

Poor attachment results in Pain or damage to nipple or sore nipples.

Breast milk is not removed effectively and thus causes breast engorgement.

Breast produces less milk resulting in a frustrated baby and refusal to suck. This leads to poor weight gain.



How does mother feed the baby when she has twins?

Most of the time mother is able to produce enough milk for two babies. The supply of milk is related to demand by the baby. More is the demand,

greater is the production. She can breastfeed the babies - either together at a time or alternately.

Indicators of adequate breastfeeding

Baby passes urine 6-8 times in 24 hours

Goes to sleep for 2-3 hrs after the feeds

Gains weight at 20-40 gm / day

Crosses birth weight by 10 days

Problems in breastfeeding

Inverted /flat nipples

Flat or short nipples which protract well (become prominent or pull out easily) do not cause difficulty in breastfeeding.

Inverted or retracted nipples make attachment to the breast difficult. They should be diagnosed in the antenatal period. These mothers need additional support to feed their babies.

Treatment is started after birth of the baby. Nipple is manually stretched and rolled out several times a day. A plastic syringe is used to draw out the nipple and the baby is then put to the breast.

Sore nipples

A sore nipple is caused by incorrect attachment of the baby to the breast. A baby who sucks only at the nipple does not get enough milk so he sucks more vigorously resulting in a sore nipple

Frequent washing with soap and water, pulling the baby off the breast while he is still sucking may result in a sore nipple Fungal infection of the nipple may be cause of sore nipple after first week

Treatment consists of correct positioning, and attachment of the baby to the breast. Hind milk should be applied to the nipple after a feed and the nipples should be allowed to heal in between feeds.

Breast Engorgement

The milk production increases during, the second and third day after delivery.If feeding is delayed or infrequent, or the baby is not well positioned at the breast, the milk accumulates in the alveoli. As milk production increases, the amount of the milk in the breast exceeds the capacity of the alveoli to store it comfortably. Such a breast becomes swollen, hard, warm and painful and is termed as an engorged breast.

Treatment: Breast engorgement can be prevented by early and frequent breast feeds and correct attachment of the baby to the breast. Treatment consists of local warm water packs. Paracetamol can be taken by the mother to relieve pain. Gently express the milk to soften the breast and then help the mother to correctly latch the baby to the breast.

ROUTINE CARE

1. Maintenance of body temperature :

The baby should be kept dried and adequately clothed as per the environment temperature. The baby should be kept in close proximity to the mother so that baby gains heat from maternal warmth. The presence of warm & pink extremities of baby are fair reassurance of good health of the baby. If baby is kept in a room with A.C., please cover the baby appropriately. Do not chill the room. Maintain A.C. temp. above 28°C. All babies below 2.5 kg should receive Kangaroo mother care.

2. Cord care :

The umbilical cord usually falls off between 5-10 days. Keep the cord clean and do not apply sindoor or ghee on cord. After the cord falls off an antiseptic powder can be applied.

3. Eye care :

A bit of mucus collection is normal and only needs to be wiped with boiled water & clean cotton wool. If the eyes are sticky & red, it should be treated with antibiotic eye drops. Avoid application of "Kajal" or "Surma" in eyes to protect from

infection and risk of injury to eyes.

4. Ear care :

Use cotton swab to remove the dirt. A tiny bit of baby oil on the swab will help make cleaning process even easier. The best time to clean his ears is when his skin is still damp just after a bath. Do not put oil in the ears or nose.

5. Nail care :

Baby's nails grow quickly and should be trimmed once a week. If not trimmed properly, a baby's long nail may scratch his face. Cutting nails while sleeping is best. Use small special baby scissors.

6. Massage of the baby :

Oil massage is both culturally & scientifically acceptable as it provides insulation against cold. The breast of the baby should not be massaged & witch's milk (some secretions) should not be expelled. This leads to breast infection. Baby massage is good for mother child bonding & should be done by mother gently while singing to the baby. Start massage only after 15 days. For massage any baby oil, olive oil can be used. No "atta", ghee, malai should be used.

Preparations : Set the room temperature to one

comfortable for your baby. Adjust the lights in moderate brightness. You may also play some of your baby's favourite music. Lay a mat or other cushion on the floor and cover it with a large bath towel. Use oil, using palms to gently and slowly rub it all over your baby's body. while you're doing this, relax, make eye contact with baby and talk to him, creating a pleasant atmosphere.

Baby massage makes your baby feel good while mom and dad gently touch him. Cradling your baby makes him feel safe-after all, this is the first time he's been out in the world and he's full of uncertainty.

7. Skin care :

A baby should be bathed with good quality soap. In case of dry skin and peeling of skin use good quality baby moisturizing lotion.

8. Nappy care :

Use of cotton nappies is advisable. After soiling keep the nappy area clean & dry. Use of creams like rash free etc, is sometimes required to treat nappy rash. Use cotton to keep baby's diaper area dry. A good baby powder also can be used. Change nappy regularly.

9. Weight of New born :

Most babies lose weight during 2-3 days after birth. Weight remains stationary during next 2-3 days after which child starts gaining weight. Usually child regains weight within 7-10 days. 10% weight loss is acceptable for full term baby.

10. Vitamin supplements :

Vit-K is given at birth. Vitamins are routinely not required except Vit. D₃. But in case of premature & low birth weight babies, multivitamin drops & calcium are advised.

11. All babies have poor immunity and hence can get infected very fast. Therefore keep visitors to the minimum and no extra people should handle the baby except close family members.

12. Always keep the baby close to the mother. This is good for infant mother bonding, gives the baby warmth & increases breast milk.

13. Burp the baby adequately after every feed. The baby tends to remove small amount of curd or occasionally milk after every feed. This is normal & is called regurgitation. If vomiting is green Contact your Doctor.

14. Most babies pass stool, which are loose

after every feed. This is normal and the baby continues to gain weight. This remains till 4 months. Some babies pass stool once in 7 days, this also is normal for that baby. Usually a breast fed baby passes 8-12 motions/day. Initially stools are dark in color. In 4-5 days they become golden yellow, soft and mixed with slight water.

15. Throat sounds babies are obligate nose breathers and hence some secretory sounds are normal in babies.

16. Babies make straining sounds, this is normal.

17. Babies normally pass less urine in first 2-3 days. From 4-5 days babies pass urine 6-7 times in a day. This shows adequacy of breast feeding.

18. Babies tend to have watering from eyes. Clean eyes with warm water & clean cotton. If eyes continue to water, please take the advise of the doctor as the nasolacrimal ducts may be blocked.

19. Babies do not know how to laugh or play. They tend to cry. This is their way of communication. They may cry for no reason, or before passing stool or urine, if they are hungry, if they are wet or over clothed. Do not panic if the baby cries.

During initial few days babies sleep through out the day & they are noisy, awake & troublesome during the night. If babies keep on crying even after feeding then it requires attention of doctor. Usually babies stop crying on being held or cradled.

ROUTINE PROBLEMS :

1. Jaundice :

Jaundice appears after 48 hrs and increases further till 5 days and then starts decreasing and disappears by 7-10 days.

But it may increase in some babies beyond physiological range and requires phototherapy.

Risk factor for jaundice to increase beyond physiological range:

- Mother's blood group RH-negative and baby's blood group Rh-positive.
- Mother's blood Grop O-positive and baby's blood group A/B-positive.
- G6PD deficiency especially male.
- Thyroid dysfunction.

2. Fever :

Common causes are excessive clothing, environment heat, mild dehydration etc. If a baby feels very warm & is very fussy, does not accept feeds consult the doctor immediately.

3. Birth marks :

Irregular blue patches over back & buttocks are quite common & is not cause of concern. These are called Mongol spots & will disappear at 1½ years of age. Pinkish grey coloration of eyelids, neck, forehead & root of nose is normal.

4. Shape of legs :

Slight concavity of legs appearing like bow legs is common.

5. Skin rashes :

Red colored rash on face & scattered all over body are common after 2-3 days of birth. It disappears spontaneously.

6. In girl babies whitish vaginal discharge or occasionally blood is common. This occurs due to separation from mother and withdrawal of her hormones.

7. All babies have small nostrils which tend to be blocked. One can remove the mucus gently with a cotton swab or put saline nasal drops.

8. In summer, due to heat the baby can get fever.

So cover with light cotton clothes, breast feed regularly and keep fan or A.C. can be used Do not chill the baby.



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