Chapter 13

WELL BABY CARE

Nursing Admission

1. See topic NEWBORN ASSESSMENT.

2. The baby should be properly identified with name bands (also containing mother's name) on a wrist and ankle.

3. Vital signs should be taken hourly until stable, then daily until discharge.

   Temperature
   - axillary temperatures using an electronic thermometer are recommended
   - normal 36.3 – 37.2 C
   - rectal temperature assessment is not recommended on admission, or for routine assessment

   Heart rate
   - normal 100 - 160 beats per minute

   Respirations
   - use a small stethoscope to auscultate chest sounds
   - normal - 40 - 60 breaths per minute

4. Skin-to-skin care is the best possible way to support physiologic transition of the healthy newborn is compelling. A mother's body will warm up or cool down to moderate the temperature of her infants' body, thereby preventing hypothermia. Hypothermia and cold stress can lead to increased oxygen consumption resulting in respiratory distress and increased metabolism which depletes glucose stores resulting in hypoglycemia. An infant cared for skin-to-skin has slower respirations and is more coordinated in its movements. Once an infant is past the first few hours of life the benefits of skin-to-skin contact continue with increased attachment, an increased duration of breastfeeding,

decreased crying and less expression of pain during procedures such as 'heel prick' blood sampling.

5. Assessment of weight, length, and head circumference is made, the parameters checked with a growth chart and charted according to percentile.

6. Eye prophylaxis may be delayed until admission but must be carried out. Erythromycin ointment is instilled in each eye.

7. To prevent Hemorrhagic Disease of the Newborn, Vitamin K_1 is given, l mg IM to the upper, outer aspect of the thigh, if the baby weighs more than 1500 gm (0.5 mg if the birth weight is less than 1500 gm).

8. The timing of the first voiding and stool should be recorded; urine should be passed by 24 hours of age and meconium by 48 hours.

9. Baby is placed in the crib supine from birth. This is continued throughout infancy to reduce incidence of SIDS.

Nutrition

1. See topics BREASTFEEDING, BOTTLE FEEDING.

2. Well babies should receive their first feeding as soon as possible after birth.

Bathing

1. The first bath should be withheld until the temperature has been stable for at least four hours, and need not be performed before 24 hours of age.

2. Tub baths are recommended using plastic baby tubs. Tub bathing the newborn before the cord has sloughed does not increase the cord infection rate. The traditional sponge bath causes a more marked drop in body temperature.

3. Hexachlorophene preparations are not recommended for newborn care. A mild soap is all that is required.

Blood Tests

1. A capillary blood sample must be drawn for thyroid function (TSH) and Phenylketonuria (PKU) level (as well as many other metabolic disorders), after 24

hours of age and prior to discharge. If the baby is discharged < 24 hours, arrangements **must** be made to obtain the sample post discharge.

2. The newborn heel should be vasodilated before any capillary sample is drawn. This can be accomplished by wrapping the heel in a warm washcloth for approximately ten minutes prior to the sampling.

3. Whenever possible all attempts should be made to have baby skin to skin and, or breastfeeding for newborn screening to decrease pain during procedure

4. If Band-Aids are used they should be removed at the next diaper change or bath.

5. Hearing assessment is completed as per provincial guidelines.

Cord Care

1. Air drying of the cord is all that is done with the healthy newborn.

Circumcision

1. The Canadian Pediatric Society has stated that there is no medical indication for routine circumcision (see Perinatal Manual chapter 45).

2. Parents should be taught that forcible retraction of the foreskin is absolutely contraindicated and unnecessary. Gentle cleansing of the prepuce as part of the normal hygiene is all that is necessary. In many boys, the foreskin will not be fully retractable for several years.

Rooming-In

1. See POSTPARTUM NURSING (FAMILY CENTERED CARE).

Discharge

1. The nursing discharge examination should include assessment of:
   - vital signs
   - skin - colour
     - rashes
   - oral cavity
   - heart (for murmurs)
   - femoral pulses
   - umbilicus
   - infant's activity
   - feeding
   - diaper area
   - record of head circumference*
   - stability of the hips

* preferable at discharge since at birth it is inaccurate due to molding

Early Discharge and Length of Stay for Term Birth

(see CPS/SOGC joint policy statement No. 56 – October, 1996)

1. With many uncomplicated births, a stay of 12 to 48 hours is adequate, provided the mother and baby are well, the mother can care for her baby and there is proper nursing follow-up in the home.

2. In Group B Streptococcus (GBS) Positive mothers with inadequate prophylaxis close in-hospital observation including vital signs every 3 – 4 hours for at least 24 hours with a reassessment to confirm well-being prior to discharge is recommended.

3. When discharge occurs before 48 hours after birth, this must be part of a program that ensures appropriate ongoing assessment of the mother and baby. This evaluation should be carried out by a physician or other qualified professional with training and experience in maternal/infant care.

Programs should ensure availability of assessment to:

- assess infant feeding and hydration
- evaluate the baby for jaundice and other abnormalities
- complete screening tests and/or other investigation as required
- assess and support integration of the baby into the home environment
- review plans for future health maintenance and care, including routine infant immunizations

Criteria for discharge of the healthy newborn less than 48 hours after birth

- Full-term infant (37 - 42 weeks) with size appropriate for gestational age (> 2200 gm)
- Normal cardiovascular adaptation to extrauterine life
- No evidence of sepsis
- Temperature stable in cot (axillary temperature of 36.3 – 37.2 C)
- No apparent feeding problems (at least two successful feedings documented)
- Physical examination of the baby by physician, or other qualified health professional, within 12 hours prior to discharge indicated no need for additional observation and/or therapy in hospital
- Baby has voided
- No bleeding at least two hours after circumcision, if this procedure has been performed
- Receipt of necessary medications and immunization (e.g. hepatitis B)

- Metabolic screen completed (at >24 hours of age) or satisfactory arrangements made
- Screening for CCHD completed (at 24 hrs of age) or satisfactory arrangements made
- Mother is able to provide routine infant care and recognizes signs of illness and other infant problems
- Arrangements are made for the mother and baby to be evaluated within 48 hours of discharge
- Physician responsible for continuing care is identified with arrangements made for follow-up within one week of discharge.

References:

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Policy Statement Early Discharge And Length Of Stay For Term Birth A Joint Policy Statement By The Canadian Paediatric Society And The Society Of Obstetricians And Gynaecologists Of Canada Fetus And Newborn Committee Journal Of SOGC Dec 1996

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