**Helping Babies Breathe**

*Equipment to help a baby breathe*

- Gloves
- Suction device
- Ventilation bag-mask
- Suction device
- Stethoscope
- Timer (clock, watch)
- Head covering
- Scissors
- Ties / Clamps

Disinfect equipment immediately after use.

**ACTION PLAN**

**Prepare for birth***

See HMS Action Plans for mother

**Birth**

- Crying

**Dry thoroughly**

- Crying?

**Keep warm**

- Keep warm

**Clear airway if needed**

Breathing?

- Not breathing

**Stimulate**

Breathing well

**Not breathing**

- Not breathing

**Crying?**

- Not crying

**Set the scene**

- Crying

**Keep warm**

- Keep warm

**Check breathing**

Breathing well

**Not breathing**

- Not breathing

**Not crying**

**Cut cord**

- Cut cord

**Monitor with mother**

Breathing

- Breathing

**Not breathing**

- Not breathing

**No chest movement**

- Not breathing

**Call for help**

- Not breathing

**Ventilate**

- Ventilating

**Cut cord**

**Monitor with mother**

**Breathe well**

Breathing

**Breathing?**

- Breathing

**Crying?**

- Not crying

**Crying?**

- Not crying

**Check breathing**

Breathing well

**Not breathing**

- Not breathing

**Not breathing**

- Not breathing

**Heart rate?**

- Heart rate?

**Normal**

- Normal

**Slow**

- Slow

**Not breathing**

- Not breathing

**Continue ventilation**

- Continue ventilation

**Decide on advanced care**

- Decide on advanced care

**The Golden Minute**

- 60 sec
Helping Babies Survive

Essential Care for Every Baby

ACTION PLAN

Following initial care after birth
Continue skin-to-skin care and monitor breathing

Initiate breastfeeding

PREVENT DISEASE

Eye care  Cord care  Vitamin K

ASsess

Exam  Temperature  Weight

CLASSIFY

NORMAL

Maintain normal temperature
Support breastfeeding
Advise about breastfeeding problems
Immunize
Reassess baby for discharge
Give parents guidance for home care

Assess for DANGER SIGN

PROBLEM

Abnormal temperature  Under 2000 g  Poor feeding

Improve thermal care
Express breast milk
Use alternative feeding method

Assess for DANGER SIGN

If at any time a DANGER SIGN presents, immediately give antibiotics and seek advanced care

Continue inpatient care

DANGER SIGN

<1500 g or Severe jaundice

Give antibiotics
Seek advanced care

Fast breathing
Chest indrawing
Temperature <35.5°C or >37.5°C
Not feeding
No movement
Convulsions
**Helping Babies Survive**

**Essential Care for Small Babies**

**ACTION PLAN**

1. **Prepare for Birth**
   - If birth outside the facility
     - **Provide Essential Care**

2. **WELL**
   - Maintain thermal care and support breastfeeding
   - **<2500g and abnormal temperature or <2000g**
   - Poor feeding
   - Express breast milk
   - Provide continuous skin-to-skin
   - Improve thermal care
   - Not possible or ineffective
     - Consider alternative methods
     - Not possible or ineffective

3. **UNWELL**
   - **<1500 g**
   - Apnea
   - Cord Infection
   - Jaundice
   - Feeding intolerance
   - Poor weight gain or excess loss
   - Fast breathing
   - Chest indrawing
   - Temperature <35.5°C
   - >37.5°C
   - Not feeding
   - No movement
   - Convulsions

**PROBLEM**

**DANGER SIGNS**

- Consider antibiotics
- Give antibiotics
- Stabilize for transport
- Seek advanced care

**Assess routinely**

**Breastfeeding**

**Normal temperature**

**Review home care and immunize**

**If at any time a DANGER SIGN presents, immediately give antibiotics and seek advanced care**

** expressions as per study context.**

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Helping Mothers Survive

Bleeding after Birth

**ACTION PLAN**

- **Prepare for birth**
  - Birth (See HBB Action Plan for baby)
  - 10 IU or 200 mcg x 3 = 600 mcg
  - Give medication within 1 minute
- Cut the cord between 1 - 3 minutes
- Perform controlled cord traction to deliver placenta

**Placenta out?**
- Not out in 30 minutes
  - Encourage empty bladder
  - Repeat 10 units oxytocin
  - Repeat controlled cord traction
- Placenta complete?
  - Complete
- Uterus hard?
  - Hard
  - Soft
    - Massage uterus
      - If still soft
        - Repeat medication
- Bleeding normal?
  - Normal
  - Hard
    - Bleeding excessive
      - Press on tears
      - Compress uterus
      - If available
        - Rapidly apply NASG
        - Keep warm
        - Seek advanced care
  - Soft
    - Bleeding excessive
      - Press on tears
      - Compress uterus
      - If available
        - Rapidly apply NASG
        - Keep warm
        - Seek advanced care
  - Not out in 60 minutes
- **Advanced care**

**Continue care**
- Check tone
- Monitor bleeding
- Check vital signs
- Encourage breastfeeding
**Helping Mothers and Babies Survive**

**Threatened Preterm Birth Care: Dexamethasone**

**ACTION PLAN**

**ASSESS WOMAN’S CONDITION AND START CARE**

- Labour?
- Rupture of membranes?
- Severe pre-eclampsia?
- Antepartum hemorrhage?

**Within 15 min**

If any of these conditions

**Assess for threatened preterm birth**

If absent → **Stabilize mother and deliver**

**Check for fetal heart beat**

If present

**Using more than one method**

**Estimate gestational age**

- 24 < 34 weeks
  - Give Dexamethasone 1st dose (12 mg IM)
  - Prepare for preterm birth
    * See Essential Care for Small Baby module

- >34 < 37 weeks
  - Do not give dexamethasone
  - Prepare for preterm birth
  * See Essential Care for Small Baby module

- ≥37 weeks
  - Prepare for term delivery

**Within 1 hour**

- Give Dexamethasone 1st dose (12 mg IM)
  - Prepare for preterm birth
    * See Essential Care for Small Baby module

- 2nd dose (12mg IM)

Only give dexamethasone when you have:

- high confidence gestational age <34 weeks
- high confidence in diagnosis of condition with high risk of birth in the next 7 days
- ability to care for preterm baby, including: resuscitation, thermal care, feeding support, infection treatment and safe oxygen use
- ability to identify and treat maternal infections

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Helping Mothers and Babies Survive

Pre-Eclampsia & Eclampsia

ACTION PLAN 1 - INITIAL CARE

Assess (if > 20 weeks pregnant)

Blood pressure
Urine for Protein
Danger Signs
Convulsions

CLASSIFY

PRE-ECLAMPSIA

dBP ≥ 90 or sBP ≥ 140 and ≥ 2 + proteinuria
No Danger Signs

Reassess
Normal?

Yes
No

Routine care

Do laboratory tests
Normal?

Yes
Increase follow up
Stable?

Yes
Confirm gestational age
Deliver at 37 weeks

Provide essential care
Continue to monitor
Result normal?

Yes
No

SEVERE PRE-ECLAMPSIA

dBP ≥ 110 or sBP ≥ 160 and ≥ 2 + proteinuria

Pre-Eclampsia and ≥ 1 Danger Sign

Continually assess for Danger Signs

Mobilize team

Give loading dose of magnesium sulfate (MgSO₄) IV + IM

OR

Give medication to reduce severe BP

Seek advanced care

ECLAMPSIA

Convulsions or Unconscious

Safely manage all convulsions
Essential Care for Labor & Birth

**Quick check**
- Close to birth?
- Support birth
- Danger Signs?
- Seek advanced care

**Assess**
- History
- Regular contractions
- Presentation head first
- Fetal heart rate 120-160
- Vaginal examination ≥ 5 cm

**Classify**
- Normal, not active
  - Reassess
- Normal, active labor
- Warning signs
  - Manage
  - Seek advanced care
- Danger signs
  - Manage
  - Seek advanced care

**Support labor**
- Continue documentation
- Assess
- Encourage to move, drink, eat, use toilet
- Give comfort

**Support birth**
- Assess
- Prepare for birth
- Support choice of position
- Dry baby
  - Check breathing
  - Place skin-to-skin
- Baby not breathing?
  - Resuscitate and seek advanced care
- Clamp and cut cord
- Deliver placenta and check uterus

**Support immediate care**
- Check for 2nd baby
  - Give nystatin
- Give comfort
- Baby not breathing?
  - Resuscitate and seek advanced care

**Continue care**
- Check for bleeding and tears
- Heavy bleeding?
  - Manage and seek advanced care
- Give comfort and start breastfeeding
- Review danger signs
- Ensure hygiene, comfort and rest

**1st stage: ≥ 5 cm**
- Check every 30 min
  - Fetal heart rate
  - Contractions
  - Woman's mood
- 2 hours
  - Temperature
- 4 hours
  - Cervix and membranes
  - Fetal descent

**2nd stage: 10 cm**
- Check every 5 min
  - Fetal descent
  - Woman's mood
- 30 min
  - Pulse
- 2 hours
  - Temperature
  - Bladder empty
- 4 hours
  - BP

**3rd stage: Baby born**
- Check for 2nd baby
  - Give nystatin
- Clamp and cut cord
- Deliver placenta and check uterus

**4th stage: Placenta out**
- Monitor woman and baby
  - Check every 15 min for 2 hrs
  - Uterus
    - Bleeding
    - BP
    - Pulse
  - Baby
    - Breathing
    - Color
    - Pulse
  - Bath
    - Temperature, repeat if not normal
Suspected Poor Progress in Labor

**ACTION PLAN**

**Quick check and fetal heart rate**
- Temperatures over 38°C
- Pulse <60 or >110 bpm
- BP <90/60 or >110
- FHR >160 bpm

**Danger Signs**
- Seek advanced care

**Assess**
- Labor tool and history
- Patient
- Power
- Passenger
- Passage

**Classify**
- Signs of prolonged labor
- Provide general care
- Watch for maternal fever (Temperature >38.0°C)

**Ineffective contractions**
- Poor progress with ≤ 2 contractions in 10 minutes, lasting <40 seconds

**Frank or complete breech**
- Cervical dilatation is slower than normal if it remains at:
  - 3 cm for >6 hours
  - 6 cm for >5 hours
  - 7 cm for >3 hours
  - 8 cm for ≥2.5 hours
  - 9 cm for ≥2 hours

- If not in CEmONC facility
- Seek advanced care

**Start oxytocin**
- If no oxytocin, OR if not in CEmONC facility
- Seek advanced care

**Assess woman, baby, and progress**
- 1 Check every 30 min
- Fetal condition
- Contraction
- Pulse
- Woman's mood
- BP
- Cervix/membranes
- Station
- Molding/caput
- Problems
- Seek advanced care
- No problems
- Continue oxytocin and monitoring

**Support birth**
- Monitor woman and baby closely
- Continue care

**No problems**
- Be aware of shoulder dystocia

**Prepare to help baby breath**
- Perform breech maneuvers to deliver
- No problems
- Continue assessment until cervix fully dilated
- Problems
- Seek advanced care for cesarean birth

**Provide general care**
- If in referral facility OR
- If referral not possible

**See Essential Labor and Birth**