

Care of Newborn first two hours

CARE OF THE UNCOMPROMISED NEWBORN IN THE FIRST TWO HOURS OF LIFE

Definition: Initial newborn care at ANMC will adhere to recommended AAP/ACOG guidelines while enhancing the maternal newborn bonding process.

Procedure:

1. Initial clearing of the airway, if needed, is done by the delivering practitioner.
 - If there is meconium stained amniotic fluid and the newborn is not vigorous or breathing, the infant will be given to the pediatrician in attendance for suctioning.
2. The baby is placed skin-to-skin with the mother (with her permission), covered with warm blankets, dried and stimulated by gentle rubbing.
3. Exchange the damp blankets with dry, warm blankets and put a hat on the baby.
4. Assign 1 and 5 minute APGARS.
5. Take initial vital signs.
6. Place matching ID bands on the infant and mother prior to leaving the labor and delivery room (LDR). If the 4th band is not used, (significant other not in attendance or mother does not desire it), destroy the band and document in the infant record.
7. Weigh and measure the infant in the LDR. This should be delayed if the infant is stable to allow breastfeeding and skin-to-skin time.
8. The nursery nurse should administer the vitamin K, and erythromycin eye ointment within the first two hours of life. The first bath can be done any time after the first 2 hours if the baby's temperature is stable.
9. Vital signs as per standing orders.
10. If the infant's temperature (axillary) drops, wrap the infant in warm blanket to maintain temp above 97.7 F. If the temp remains below <97.7 or >99.3 (axillary), check rectal temp. Notify MD if rectal temp < 97.7 or >100.4, place infant in a radiant warmer next to mom's bed when possible.

11. Admit infant in the electronic health record (EHR). Complete admission assessment in EHR, as well as, initiate Nursing Care Plan for Infant Transition to Extrauterine Life.

Reference: Guidelines for Perinatal Care Fifth Edition, 2002. AAP/ACOG Chapter 4

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