

Caring for a newborn in the first days of life

This article has been translated from WikiSkripta; ready for the **editor's review**.

The birth of a live baby is its complete expulsion or removal from the mother's body if it shows at least one of the signs of life (breathing, heartbeat, movement) and has a birth weight ≥ 500 g or < 500 g if it survives 24 hours after birth. Newborns must be treated immediately after birth so that, for example, they do not catch a cold.

Caring for a physiological newborn in the first days of life

Newborn Nutrition

- breastfeeding support.

Urination

- newborns often urinate for the first time after birth, but it is still normal if they urinate within 48 hours after birth (92% of newborns urinate within 24 hours, 99% within 48 hours after birth);
- volume of excreted urine is 50-150 ml/kg/day;^[1]
- in the first days diuresis is small, later it increases with food intake.

Emptying

- meconium (black, viscous, odorless) leaves in 94% within 24 hours after birth (in 99% within 48 hours);
 - the presence of meconium in the amniotic fluid is a sign of fetal hypoxia;
- with the onset of breastfeeding, the so-called transitional stool appears - greenish-black, thinner;
- stools of a fully breastfed baby - yellow, thinner (like "scrambled eggs");
 - frequency is highly variable (e.g. 10 times a day to once every 10 days);
- newborns on artificial nutrition have green stools (green indicates the presence of reducing substances), they should have stools daily
- [[meconium ileus] occurs in children with cystic fibrosis.



Meconium

Belly button treatment

- is important in preventing omphalitis and the spread of infection through this route;
- after delivery, the ligated umbilical stump is covered with a sterile mule square;
 - the stump is surgically removed either on day 3-4 (depending on the practice of the unit),
 - or allowed to dry and fall off spontaneously;
- the umbilical stump or umbilicus is treated with topical disinfectants (alcohol, Framycain, Cutasept, chlorhexidine, 98% alcohol; iodine preparations are not recommended).

Newborn screening

- collection of a dry drop of blood on a screening card;
- screening for hyperphenylalaninemia and phenylketonuria, congenital hypothyroidism, congenital adrenal hyperplasia, cystic fibrosis and other inherited metabolic disorders.

Screening for congenital cataracts

- Examination of the ocular background reflex (called the red reflex) using an ophthalmoscope as a screening for congenital cataract.

Hearing screening

- in some maternity hospitals, newborn hearing is screened by otoacoustic emission testing.

Ultrasound examination of the kidneys

- in some clinics, renal and urinary ultrasound is performed as a screening for congenital developmental defects of the uropoietic tract.

Hip examination

- the aim is to detect congenital luxation and to initiate treatment early if necessary;
- triple sieve examination (3 consecutive examinations):
 - first examination: in the first week of life, i.e. in the delivery room - performed by a paediatrician (clinical examination) or an orthopaedic surgeon (including ultrasound);
 - if the first ultrasound examination is not performed immediately in the delivery room, it is postponed until the 2nd-3rd week of age;
 - second examination: at 6-9 weeks - ultrasound examination by a paediatric orthopaedic surgeon;
 - third examination: at 12-16 weeks - dtto;
- we do not put newborns in swaddles;
- babies born at the pelvic end are more at risk.

Weight curve

- the course of the weight curve is typical:
 - postpartum weight loss (10-15%) - maximum around day 4 of life;
 - the baby reaches birth weight around day 10;
 - weekly gain in the first six months of life is about 100-200 g.

Administration of vitamins

- vitamin K - given to prevent bleeding disorders of the newborn
 - 1 mg i.m. (*Kanavit*® 1 mg = 0.1 ml) or
 - 2 mg p.o. (1 drop = 1 mg), in fully breastfed infants 1 mg p.o. should be repeated once a week until 10-12 weeks of age^[2]
- vitamin D (*Vigantol*® or *Infadin*®) - 1 drop per day for term newborns, 2 drops per day for premature newborns, 1-2 drops per day for infants and children from the 2nd week of life for at least 1 year (for children born in autumn or winter until spring).
 - can also be administered parenterally ('Calciferol'® i.m.)^[3]

Links

Related articles

- Neonatal cardiopulmonary resuscitation

References

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