

Helping Babies Breathe

Prepare for birth*

See HMS Action Plans for mother

Birth

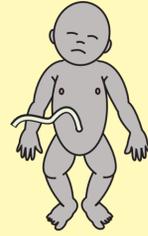


Dry thoroughly

Crying?



Crying



Not crying



Keep warm
Check breathing



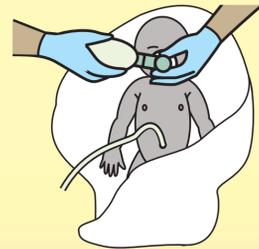
Keep warm
Clear airway if needed
Stimulate



Breathing well

Breathing?

Not breathing



Ventilate
Cut cord

Cut cord



Breathing

Not breathing
No chest movement

Call for help



Essential Care for Every Baby
(See ECEB Action Plan)

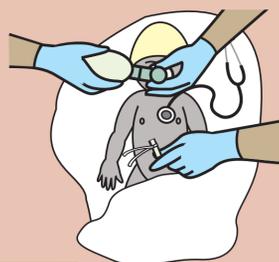
Monitor
with mother



Improve ventilation

Breathing

Not breathing
Heart rate?



Normal

Slow

Not breathing

Continue ventilation
Decide on advanced care

* Equipment to help a baby breathe

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

Disinfect equipment immediately after use

60 sec

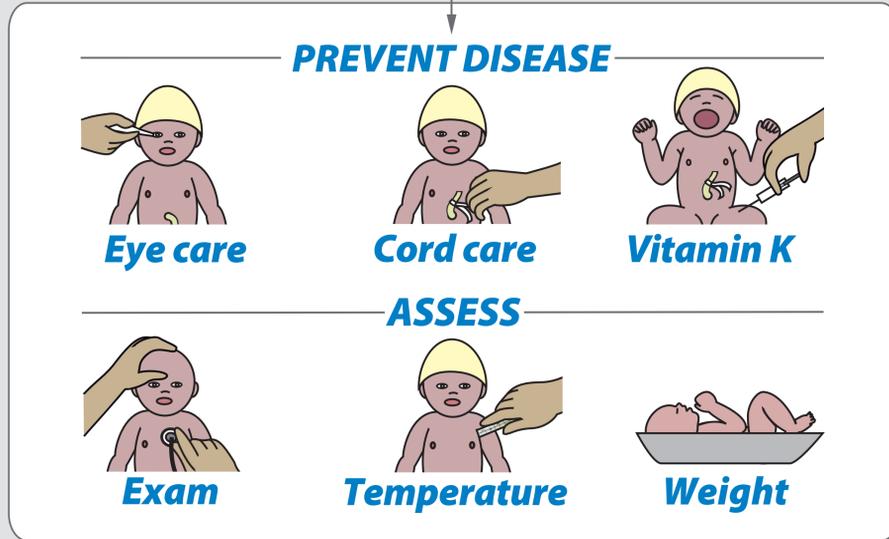
Helping Babies Survive Essential Care for Every Baby

ACTION PLAN

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



Initiate breastfeeding



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

Assess for DANGER SIGN

PROBLEM

Abnormal temperature



Improve thermal care

Normal

Requires continued thermal support

Under 2000 g



Prolong skin-to-skin

Requires continued support

Continue inpatient care

Poor feeding



Express breast milk



Use alternative feeding method

DANGER SIGN

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

Give antibiotics

Seek advanced care

<1500 g or Severe jaundice

60 min

90 min

24 hours



Helping Babies Survive

Helping Babies Survive Essential Care for Small Babies

ACTION PLAN

PREVENT INFECTION

Prepare for Birth

If birth outside the facility -----> **Provide Essential Care**

CLASSIFY

WELL



Maintain thermal care and support breastfeeding

<2500g and abnormal temperature or <2000g



Provide continuous skin-to-skin

Improve thermal care

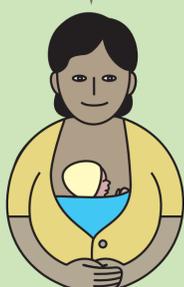
Not possible or ineffective

Consider alternative methods

Not improved

Assess routinely

Breastfeeding Normal temperature



Review home care and immunize

Poor feeding



Express breast milk



Feed with cup

Not possible



Feed with Nasogastric tube

Problem

UNWELL

PROBLEM

<1500 g

Apnea

Cord Infection

Jaundice

Feeding intolerance

Poor weight gain or excess loss

DANGER SIGNS

Fast breathing

Chest indrawing

Temperature

<35.5°C

>37.5°C

Not feeding

No movement

Convulsions



Consider antibiotics



Give antibiotics

Stabilize for transport

Seek advanced care

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

Helping Mothers Survive Bleeding after Birth

ACTION PLAN



The Golden Minute®

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?

Out



Check tone
Massage if soft



Placenta complete?

Complete



Uterus hard?

Hard



Bleeding normal?

Normal



Continue care
Check tone
Monitor bleeding
Check vital signs
Encourage breastfeeding

Not out
in 30 minutes

Encourage empty bladder
Repeat 10 units oxytocin
Repeat controlled cord traction

Out



Incomplete

Not out
in 60 minutes

Advanced care



Soft

Massage uterus
If still soft
Repeat medication

Hard
Bleeding excessive



Press on tears

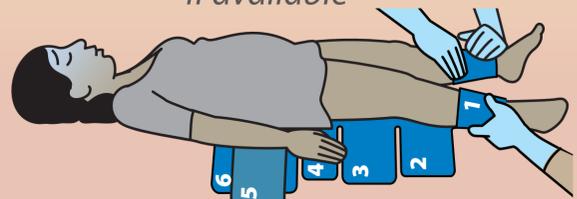
Soft
Bleeding excessive



Compress uterus

Hard
Bleeding normal

If available



Rapidly apply NASG

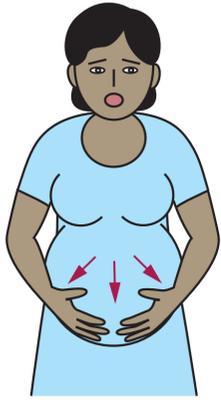


Keep warm
Seek advanced care

Threatened Preterm Birth Care: Dexamethasone

ACTION PLAN

ASSESS WOMAN'S CONDITION AND START CARE



Labour?



Rupture of membranes?



Severe pre-eclampsia?



Antepartum hemorrhage?

If any of these conditions

Assess for threatened preterm birth

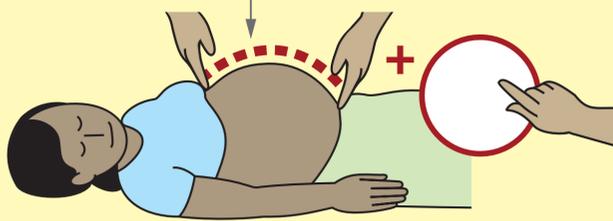
Within 15 min



Check for fetal heart beat

If absent → **Stabilize mother and deliver**

If present



Using more than one method Estimate gestational age

24 < 34 weeks



Give Dexamethasone 1st dose (12 mg IM)

Within 1 hour

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

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

+12 hours

2nd dose (12mg IM)

If undelivered

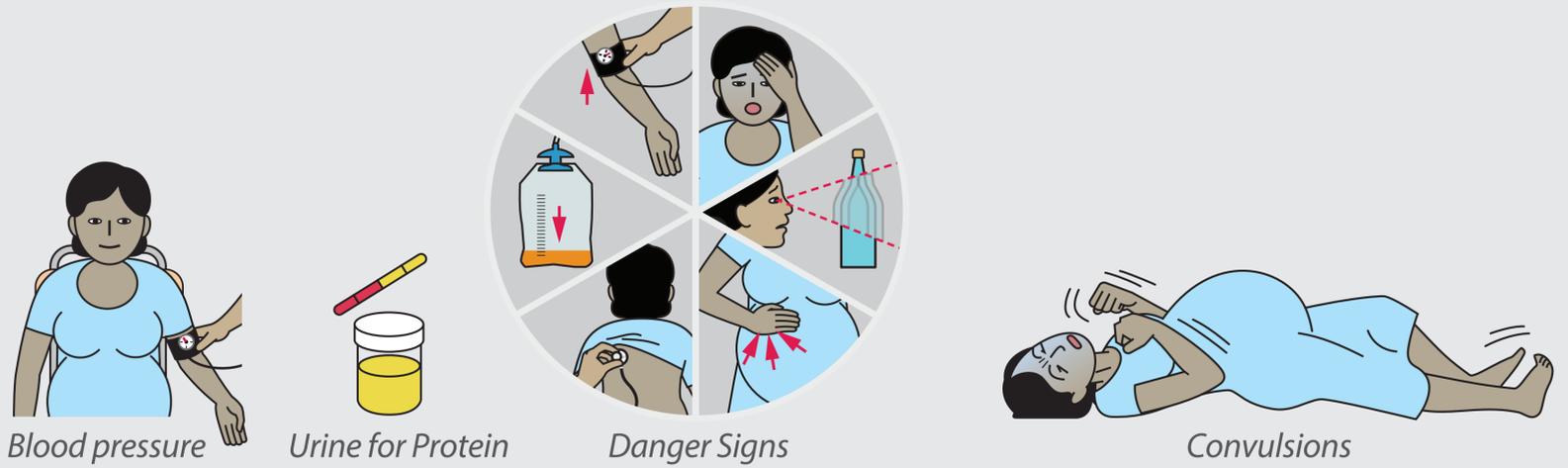
Continue maternal monitoring and care



Helping Mothers and Babies Survive Pre-Eclampsia & Eclampsia

ACTION PLAN 1 - INITIAL CARE

Assess (if > 20 weeks pregnant)



CLASSIFY

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



Reassess
Normal?

Routine care

Yes →
No



Do laboratory tests

Normal? → No

Yes

Increase follow up

Stable? → No

Yes

**Confirm gestational age
Deliver at 37 weeks**



**Provide essential care
Continue to monitor**

Result normal? → No

SEVERE PRE-ECLAMPSIA
dBP ≥ 110 or sBP ≥ 160 and
≥ 2 + proteinuria **or** Pre-Eclampsia
and ≥ 1 Danger Sign



ECLAMPSIA
Convulsions or Unconscious

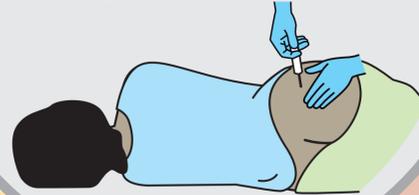


**Safely
manage all
convulsions**

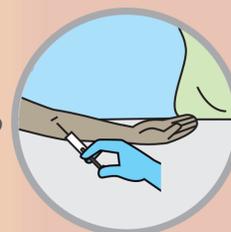
Continually assess for Danger Signs

Mobilize team

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



OR



**Give medication
to reduce severe BP**

Seek advanced care

Essential Care for Labor & Birth

ACTION PLAN



PREVENT INFECTION



PROVIDE RESPECTFUL CARE

Quick check

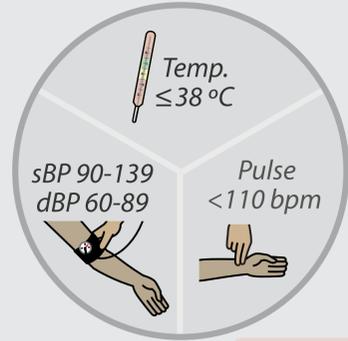


Close to birth?

Support birth



Danger Signs?



Seek advanced care

Assess



History



Regular contractions



Presentation head first



Fetal heart rate 120-160



Vaginal examination ≥ 5cm

Classify

Normal, not active
Reassess

1st stage: ≥ 5 cm

Normal, active labor

Warning signs
Manage

Danger signs
Seek advanced care

Support labor

Continue documentation
Assess

Danger signs?
Seek advanced care

Check every 30 min	Fetal heart rate Contractions Pulse Woman's mood
2 hours	Temperature
4 hours	BP Cervix and membranes Fetal descent



Encourage to move, drink, eat, use toilet



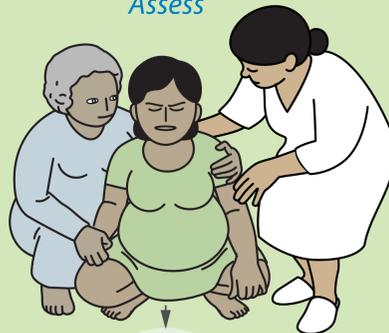
Give comfort

2nd stage: 10 cm

Support birth

Assess

Check every 5 min	Fetal heart rate Contractions Fetal descent Woman's mood
30 min	Pulse
2 hours	Temperature Bladder empty
4 hours	BP



Prepare for birth



Support choice of position

3rd stage: Baby born

Support immediate care



Check for 2nd baby
Give oxytocin

Clamp and cut cord



Deliver placenta and check uterus

Dry baby
Check breathing
Place skin-to-skin

Baby not breathing?
Resuscitate and seek advanced care

4th stage: Placenta out

Continue care

Check for bleeding and tears

Heavy bleeding?
Manage and seek advanced care

Monitor woman and baby Check every 15 min for 2 hrs	
Woman	Uterus Bleeding BP Pulse
Baby	Breathing Color Pulse
Both	Temperature, repeat if not normal



Give comfort and start breastfeeding
Review danger signs



Ensure hygiene, comfort and rest

The Golden Minute®
60 sec

Suspected Poor Progress in Labor

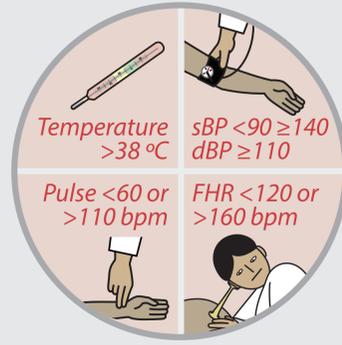
ACTION PLAN

Quick check and fetal heart rate



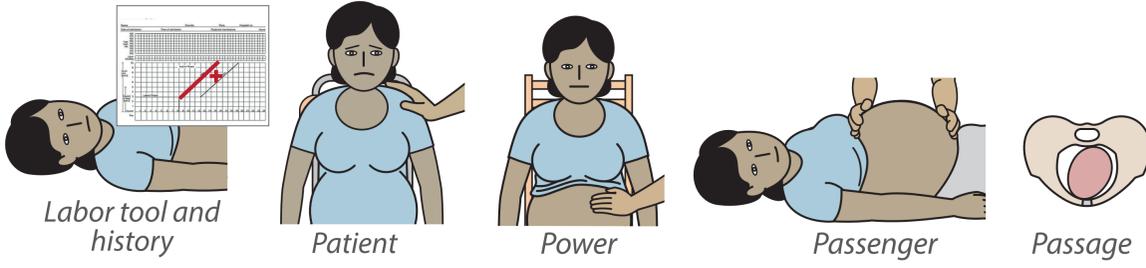
Close to birth?

Support birth



Danger Signs
Seek advanced care

Assess



Classify

Maternal and fetal status reassuring
See Essential Labor and Birth

Signs of CPD / Obstruction
Brow, Chin posterior,
Transverse, Footling, Arm
Pre-referral / Pre-op care

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



Start oxytocin

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

Cervical dilatation is slower than normal if it remains at:
5 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



Assess woman, baby, and progress
Problems?

Problems
Seek advanced care

No problems
Continue oxytocin and monitoring

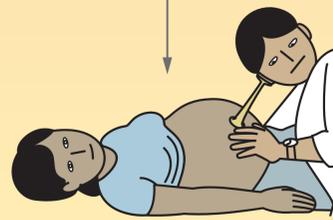
No problems
Be aware of shoulder dystocia

Check every 30 min	Fetal condition Contractions Pulse Woman's mood
2 hours	Temperature Descent by fifths Bladder
4 hours	BP Cervix/membranes Position Station Molding/caput

Frank or complete breech

If not in CEmONC facility
Seek advanced care

If in referral facility
OR
If referral not possible



Assess woman, baby, and progress
Problems?

Problems
Seek advanced care for cesarean birth

No problems
Continue assessment until cervix fully dilated

Perform breech maneuvers to deliver

Prepare to help baby breathe



Support birth

Monitor woman and baby closely



Continue care

PREVENT INFECTION

PREVENT INFECTION

PROVIDE RESPECTFUL CARE

PROVIDE RESPECTFUL CARE