

Prevention of hypothermia

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Good morning everyone. Today we will learn about various methods of preventing hypothermia in neonates

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A series of simple measures can prevent hypothermia in most neonates. These measures start from preparing for the baby's birth, continue in the Newborn unit, and are also important once the infant goes home. Together, we refer to these measures as the Warm Chain

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Babies become hypothermic when they are kept in cold surroundings. Before the baby is born, we make sure that the delivery room temperature is 26-28°C. This may involve adjusting the air conditioning in the labor room or the operation theatre.

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Stable babies who do not need detailed assessment or resuscitation after birth should be placed on the mother's abdomen for skin-to-skin contact immediately after delivery. The baby will move towards the mother's breast using its

sense of smell. This is called the breast crawl. The baby can be allowed to do this in the first hour after birth. Cord clamping can be done after 1 minute. Routine procedures like Vitamin K injection and weighing can be postponed until after skin-to-skin contact.

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Switch on the radiant warmer at least 20-30 minutes before delivery. We use the radiant warmer in manual mode to preheat the mattress and 2 linen sheets. The heater output should be set to 100% initially for rapid heating.

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To reduce evaporative heat losses in the delivery room, the infant should be dried immediately after birth. This can be done on the mother's abdomen or under the radiant warmer. Wet linen in contact with the baby's skin will continue to cause evaporative heat loss. Hence the sheet used to wipe the baby must be discarded, and a new warm sheet can be used to wrap the baby. A cap can be applied to prevent heat loss from the head. If the infant is less than 32 weeks of gestation, use a plastic bag or wrap. This can also be considered for preterm babies above 32 weeks of gestation.

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Skin-to-skin care can be continued in the maternity ward, Newborn Unit, or Kangaroo Mother Care Ward. Breastfeeds should be given within 1 hour after delivery. Babies born by Cesarean section also should be breastfed as early as possible. We should actively discourage prelacteal feeds like tea, honey and cow's milk and ensure that only the mother's milk is provided.

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Bathing the infant should be postponed for at least 24 hours.

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The baby should be clothed adequately in the maternity ward and at home. The infant's head should be covered when wrapping. Use a cap to cover the head, and socks and mittens to cover the extremities. Neonates will need extra layers of clothing when compared to adults, especially in winter or in rooms with air conditioning. Wet nappies should be changed promptly to prevent heat loss.

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Room in mother and baby to encourage bonding and breastfeeding. The baby should stay with the mother 24 hours a day. Bedding the baby in with the mother will also result in better thermal care. If Kangaroo Mother Care is not being

done, the baby can be wrapped in a warm blanket and placed next to the mother.

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Babies often become hypothermic when being transported. Whenever possible, use a transport incubator to transfer the neonate. Skin-to-skin contact can be used if a transport incubator is not available. If neither is possible, the baby should be wrapped well and a cap placed on the head. When a high-risk delivery is anticipated, consider in-utero transfer, so that the baby can be delivered at a higher center.

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All members of the team caring for newborns should be aware of the dangers of hypothermia and the methods to prevent it. Train all team members in thermal care during resuscitation, STS, breastfeeding and in the use of equipment like radiant warmers and incubators. Learning and training are continuous processes, so a regular training program should be in place.

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To summarize, , increased awareness and a series of simple measures such as are all that is needed to prevent hypothermia in most neonates. Thank you for your patient listening.