

10 CARE OF THE NEONATE

10.2 ROUTINE CARE OF THE NEONATE IN THE WARD

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10.2.4 Neonatal Care
Section B
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10.2.4 NEONATAL CARE

CORD CARE

Evidence suggests¹:

- The more the umbilical cord is treated, the longer it takes to separate.
- 24 hour rooming-in decreases risk for cross-infection and risk of neonatal infections.
- Prolonged cord separation rates are associated with reduced colonisation levels (although colonisation is not necessarily a precursor to infection).
- For the healthy term infant avoidance of non-topical cord care is the safest and most cost-effective management.
- The use of sprays, creams or powders do not provide any additional benefits to prevent cord infections at birth. Keeping the cord clean and dry is just as effective at prevention of infection.²

CARE OF THE UMBILICAL CORD

1. Clean skin / cord junction with tap water on a cotton bud when soiled e.g. with urine or stools. Do not use cotton wool as it may leave filaments behind.¹
2. Dry the skin / cord junctions after bathing.
3. Instruct the mother on cord care, hand hygiene, and how to assess for signs of infection.¹
4. The nappy should be folded down to expose the cord at each nappy change until the cord has separated.¹
5. The cord clamp may be removed when the cord stump is dry (usually around 24 hours). **NB Cord clamp removers are single use only items and must not be used on other neonates.** If preferred the clamp may remain on the stump until separation occurs.
6. Observe the umbilicus and the surrounding area for signs of infection each shift and / or each nappy change i.e.
 - i. Pus
 - ii. Redness
 - iii. A distended abdomen
7. Notify the paediatrician if any of the above are present. Consider obtaining a microbiology swab from the site.¹

NAPPY CHANGE

PROCEDURE

1. Wash hands.
2. Remove the nappy.
3. Note the contents of the nappy.
4. Clean the area with warm tap water or a baby skin care wipe only if there are stools present dry carefully (when only urine has been passed the area does not require washing if disposable nappies are being used). Cover with a clean nappy.
5. Wash hands. Replace any soiled linen.

EDUCATION

Parental education should include:

- Discussion about the possibility that urates that may be passed in neonatal urine in the first 48 hours, or that the female neonate may discharge pseudo-menstruation resulting from circulating female hormones.³
- Frequency and type of normal neonatal stool excretion.
- Prevention of nappy dermatitis:⁴
 - Hygiene measures including hand washing
 - Change nappy when soiled. Ensure the genital area is cleansed of stools.
 - Avoid the use of harsh soaps or detergents
 - Use barrier creams only if the neonate has frequent nappy rashes. Barrier creams should not be routinely used only.
 - Allow some nappy free time when practical.
 - Disposable nappies are associated with less nappy rash. The use of cloth or disposable nappies is determined by parental choice.
 - Modern skin wipes may be better than water, soap and cloth to clean neonatal skin. This is due to their mildness as they contain emulsion-type watery or oily lotions.⁵
- Persistent painful nappy rashes should be reviewed by a midwife, child health nurse or general practitioner (GP) to assess for presence of thrush and to implement antifungal treatment as required.⁶

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