

Essential Newborn Care at Birth Checklist

Training facilitators or learners can use the following learning checklist to gauge progress while learning to care for the newborn at birth.

Directions Rate the performance of each step or task using the following rating scale: 1 = Performs the step or task completely and correctly. 0 = Is unable to perform the step or task completely or correctly or the step/task was not observed. N/A (not applicable) = Step was not needed.					
Step/Task	Rating				
Date					
Prepare the woman during the first stage of labor					
1. Explain to the woman and her support person what will be done and encourage questions.					
2. Review the woman's chart. For example:					
• prenatal card, partograph					
• HIV status and ARV and cotrimoxazole prophylaxis where applicable					
• Test for HIV if status is unknown					
• If her medical documents are not complete, gather any information necessary to complete them.					
3. In order to prepare the woman, explain that the newborn will be placed first on her abdomen and then on her chest (explain the advantages of skin-to-skin contact) and that breastfeeding will be facilitated in the delivery room within one hour of birth, and obtain her permission to complete these actions.					
4. Advise the woman to bathe or help her to bathe to ensure cleanliness (if possible).					
5. Provide emotional support and reassurance and keep the woman and her family informed throughout birth and during the immediate postpartum period.					
Preparation for childbirth					
1. Check that all needed equipment, instruments, and supplies for delivery care, essential newborn care, and newborn resuscitation are available, clean, sterile/HLD, and in good working order (see checklist on resuscitation).					
2. Make sure that the room is warm (25-28 °C/77.0-82.4 °F) and free from drafts from open windows, doors, and fans. Make sure that all of the windows are closed. NOTE: If the temperature of the room is less than optimal, a heater should be available to warm the room or at least the					

newborn's corner. In hot weather, air conditioning or fans should be turned off or adjusted in the delivery room.					
3. Where a heater is available, place the baby linen and clothes under/near the heater to warm them before delivery.					
4. Make sure that all surfaces the woman and baby will come in contact with are clean and dry.					
5. Make sure the room is well-lit. Have an emergency battery powered torch.					
6. Provide PMTCT interventions if the woman is infected with HIV, making sure that ARV is available for the baby.					
Preparation if the mother comes during the second stage of labor					
1. If the woman presents at the facility when she is completely dilated, explain that the newborn will be placed first on her abdomen and then on her chest, and obtain her permission to do this.					
2. Provide emotional support.					
3. Wear a clean plastic or rubber apron, closed toed rubber shoes/sandals/slippers, mask, and eye protectors.					
4. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth (or air-dry them).					
5. Wear sterile (preferable) surgical or HLD gloves on both hands.					
Immediate newborn care					
1. When the head is delivered, wipe the mouth and nose with gauze.					
2. When the baby is fully born, place the baby on a clean, dry towel or blanket on the mother's abdomen.					
3. Note the time of birth and the sex of the baby and announce them loudly enough to inform the mother.					
4. Wipe the eyes and face and thoroughly dry the baby except the hands.					
5. Stimulate the baby while drying by rubbing up and down along the baby's spine with the heel of your hand.					
6. Assess the baby's breathing while drying and stimulating. <ul style="list-style-type: none"> If the baby is not crying or breathing well within 30 seconds of birth, clamp and cut the cord and begin resuscitation (see checklist for neonatal resuscitation). If the baby is breathing normally, continue with the other components of essential newborn care. 					
7. Remove the wet cloth and place the baby skin-to-skin on the mother's chest.					
8. Cover the baby with a clean, dry cloth including the head. Use a hat if available.					
9. Inject the mother with oxytocin for AMTSL.					

Clamp and cut the cord					
1. Wait for 2-3 minutes after birth or until the cord ceases to pulsate, whichever comes first, before clamping and cutting the cord. NOTE: Refer to national MOH protocols for cord cutting if the woman is infected with HIV. NOTE: As noted above, clamp and cut the cord soon after drying the baby if he/she is not breathing.					
2. Place one clamp on the cord where convenient. Pinch the cord below the clamp, push the blood in the cord 2 cm towards the placenta, pinch the cord and place the second clamp. Cut the cord between the two clamps using a sterile or HLD blade or scissors.					
3. Deliver the placenta using controlled cord traction (CCT)					
4. Massage the uterus immediately after placenta is delivered.					
5. Examine the placenta to be sure it is complete.					
6. Check perineum and vagina for tears. Repair if needed.					
Care of the umbilical cord (after implementing AMTSL)					
1. Tie the cord when the mother and baby are stable and after completing AMTSL.					
2. Tie the cord with a ligature or place the disposable cord clamp, if available, 2 fingers (2-3 cm) from the abdomen, making sure the tie is firmly applied with two or three knots. Check for bleeding; if present, retie the cord.					
3. If recommended by the Ministry of Health/health facility, apply an antiseptic on the cord, taking care to apply it on the base of the cord.					
Care of the eyes					
1. Instill eye drops (tetracycline or erythromycin), one drop in each eye. When using an ointment, depress the lower eyelid and place a length/strip of the ointment inside the lid from the inner to the outer edge of the eye. Do the same for the other eye.					
2. Make sure that the tip of the bottle or the tube does not touch the eye of the baby or other objects.					
Identification of the baby					
1. Place an identification band, preferably two—one on the wrist and the other on the ankle of the baby—noting the name of the mother and that of the father (where available), the sex of the baby, and date and time of the delivery.					
Maintain the baby's body temperature/thermal protection					
1. Keep the baby warm, ideally by keeping him/her in skin-to-skin contact on the mother's chest, with the body and head covered by a cloth or hat. If the baby cannot be placed in skin-to-skin					

contact in case of a Cesarean section or if the mother is ill, wrap the baby well and cover the head.					
2. Check the baby's axillary temperature with a thermometer.					
Administer vitamin K1					
1. Explain to the mother that an injection will be required to prevent hemorrhage in the baby.					
2. Collect all the necessary supplies: disposable syringe (preferably 1 mL) with needle, vitamin K, alcohol, pieces of gauze/cotton, preferably sterile.					
3. Wipe the injection site with alcohol soaked cotton or gauze.					
4. Inject the drug intramuscularly in the antero-lateral part of the thigh: 1 mg for a normal weight baby and 0.5 for a baby weighing less than 1500 grams.					
5. Dispose of the needle and syringe in an appropriate and safe manner (in a container for sharp instruments).					
Commence exclusive breastfeeding					
1. Support the mother in breastfeeding her baby within one hour of birth and before their transfer out of the delivery room.					
Verify that the baby's mouth is latched on well at the breast					
1. The baby is belly to belly with the mother.					
2. The baby's nose and chin are touching the breast.					
3. The mouth is open wide.					
4. All or most of the areola is inside the mouth, especially the lower part, so that the upper part of the areola is more visible than the lower part.					
5. The baby's lips are everted.					
Briefly counsel the mother					
1. On the importance of early, exclusive breastfeeding and of colostrum in protecting the baby against infections.					
2. To feed frequently on demand, day and night.					
3. Not to give any liquids (including water) or solids, other than breast milk.					
4. Not to apply anything harmful to the cord, such as ash, mud, clay, or herbal preparations.					
5. To keep the baby warm, if necessary by skin-to-skin contact, and check the temperature by touching the hands, feet, and abdomen to ensure that they are all warm but not too hot.					
6. To call the care provider if there is any problem.					
7. That the baby should not be bathed for at least 6 hours after birth.					
Weigh the baby					
1. Delay taking the weight of the baby until he/she is stable and					

warm and after first breast feeding.					
2. Place a clean cloth/paper on the pan of the weighing scale.					
3. Make the necessary adjustments to bring the needle/pointer back to "zero."					
4. Place the baby on the cloth/paper. If the cloth is large enough, fold the sides to cover the baby.					
5. Note the weight of the baby when the pan is not moving.					
6. Record the weight of the baby in the relevant records/registers and inform the mother.					
7. Do not leave the baby unattended on the scale.					
Decontamination, cleaning, and sterilization					
1. Ensure the proper disposal of waste and decontamination of the equipment and supplies that can be reused.					
2. Remove the gloves after having dipped them in the decontamination solution.					
3. Wash hands and air-dry them or wipe them with a clean cloth.					
4. Replace all items after cleaning/sterilization and replenish the disposable/consumable items to be ready for the next delivery.					
Record all the key data/information					
1. Note all the key data/information in partograph/cards/records of the mother and baby/registers, based on the recommendations of the facility authorities.					
Ensure follow-up of the mother and the baby					
1. Monitor mother (B/P, pulse, fundus, bleeding, bladder) and baby (breathing, suck, temp, cord) every 15 minutes for 2 hours, every 30 minutes for 1 hour, and then every 1 hour for 3 hours. Record findings.					