



The Royal College of
Midwives

Evidence Based Guidelines *for* *Midwifery-Led Care in Labour*

Immediate Care of the Newborn



Practice Points

Kindness and respect of the newborn baby should involve gentle handling and avoidance of excessive noise (Carbajal 2003, Tyson 1992).

Babies can lose heat quite dramatically after birth (Resuscitation Council 2011, Enkin et al. 2000). They should be placed in contact with the mother's skin and dried with pre-warmed towels (Moore et al. 2009, Christensson et al. 1992).

Routine suctioning of the newborn's oral and nasal passages is not recommended as the baby is capable of clearing fairly large amounts of lung fluid (Resuscitation Council UK 2011).

Early mother-baby contact should be encouraged (Moore et al. 2009; Enkin et al. 2000). Such close contact is known to have positive effects on the initiation and duration of breastfeeding (Bramson et al. 2010; Moore et al. 2009; Colson et al. 2008; Anderson et al. 2004; Perez-Escamilla et al. 1994).

Routine labour ward practice should not be allowed to interfere with the interaction between the mother and her baby and the initiation of breastfeeding (NICE 2007).

A holistic and detailed physical examination should be undertaken within 72 hours after the initial examination immediately after birth (RCM 2009). The national standards and competencies for physical examination of the newborn screening address four areas of the examination: eyes, testes, hips and heart (UK NSC 2008).

Any assessment or examination at birth or later should be seen as an opportunity for parental education and health promotion (DH 2009; RCM 2009; NICE 2006; NHS Quality Improvement Scotland 2004).

Administration of Vitamin K requires informed consent, as well as explanation and education regarding Vitamin K deficiency bleeding and its signs and symptoms (NICE 2006; MIDIRS 2008).

Immediate Care of the Newborn

There appears to have been little interest in the effects of the birth environment on the neonate, except in association with breastfeeding initiation and skin-to-skin contact (Britton et al. 2007). Leboyer (1975) was influential in advocating efforts to minimise “the shock of the newborn’s first separation experiences”: dimmed lights, soft voices, gentle handling, lack of activity. Sorrel-Jones (1983) found positive “transient” differences, such as increased infant alertness and increased maternal smiling and talking to the infant, in the Leboyer group on the second day postpartum. As Tyson (1992) suggests, despite the lack of evidence to support Leboyer-style deliveries, the newborn should be treated with kindness and respect.

Resuscitation guidelines include the observation that most babies cope well with the journey of birth (Resuscitation Council (UK) 2011). They describe the steps to be taken for the immediate care of a baby at birth; these include drying, covering baby to minimize heat loss and assessing the baby’s condition. Actions to be taken if a baby requires further support are described (Resuscitation Council (UK) 2011). Routine suctioning of the newborn’s oral and nasal passages is not recommended as baby is well capable to clear fairly large amounts of lung fluid present (Resuscitation Council UK 2011). Potential hazards of suctioning include cardiac arrhythmia, laryngospasm, and pulmonary artery vasospasm (Tyson 1992).

There is a large body of evidence supporting the need to keep all babies warm immediately after birth. Even vigorous newborns, exposed to cold delivery rooms, may have a marked drop in temperature (Resuscitation Council 2011, Enkin et al. 2000). Skin-to-skin contact with the mother will reduce this loss of temperature (Moore et al. 2009; Christensson et al. 1995; Christensson et al. 1992).

A Cochrane review of early skin-to-skin contact between mothers and their healthy newborns includes thirty studies, considered by the reviewers to be of variable methodological quality (Moore et al. 2007). Despite this reservation, early skin-to-skin contact appears to confer benefits on breastfeeding at one and three months of age. No negative consequences were reported. The reviewers suggest that the timing of the contact may be important, as babies are alert within the first two hours after birth. A baby’s temperature will be maintained by drying with pre-warmed towels and then placed in contact with the mother’s skin (Anderson et al. 2004). If the mother is unable to hold her baby, s/he should be wrapped in warmed towels and placed under a radiant warmer (Tyson 1992).

Overall, the evidence demonstrates that early mother-baby contact and early suckling have positive effects on breastfeeding success (Colson et al. 2008; Moore et al. 2007; Renfrew and Lang 1997; Perez-Escamilla et al. 1994; Atkinson 1992).

NICE guidelines (NICE 2006) recommend that routine practices at birth should not be allowed to interfere with the interaction between the woman and her baby and the initiation of breastfeeding.

The initial assessment and examination of the newborn is done at birth and within first hours of life (NICE 2006; RCM 2006) and should include assessing physiological adaptation into extra-uterine life; colour, tone, breathing and heart rate (Resuscitation Council 2011). Recent standards for newborn and infant physical examination set a timeline of 72 hours after birth for full newborn examination. The maternity policies are driving the agenda for expanding the group of professionals who perform this examination due to changes in service delivery (RCM 2009; DH 2007; DH 2004). Studies show that midwives are, in principle, enhancing their skills in this practice to ensure continuity of an holistic approach to care (Lumsden 2005; Townsend et al. 2004). Furthermore, Townsend et al.'s (2004) study found no difference in outcomes between midwives and paediatric house officers undertaking the examination but higher levels of satisfaction were found when midwives performed the examination.

Examination of the newborn baby should always be carried out in the mother's, and if possible, father's presence after obtaining consent, and should be accompanied by a comprehensive explanation of the procedure, reason for it, and afterwards explaining and recording the findings (RCM 2009; NICE. 2006; NHS Quality Improvement Scotland 2004). The standards and competencies for the physical examination of the newborn screening programme are set by the UK National Screening Committee (UK NSC). These standards address four areas of the examination: eyes, testes, hips and heart (UK NSC 2008). Within the midwifery practice the holistic and more detailed examination is undertaken as supported by the RCM Examination of the Newborn learning resource (EON) (RCM 2009).

Any assessment or examination at birth or later should be seen as an opportunity for parental education or health promotion (DH 2009; RCM 2009; NICE 2006; NHS Quality Improvement Scotland 2003). Midwives and other health professionals should demonstrate cultural competence and sensitivity to parents wishes in promoting closeness and attuned sensitive parenting (DH 2009; NMC 2008).

Prophylactic Vitamin K administration in the immediate period after birth is in the UK a routine therapeutic intervention offered to all babies. The review of research in the NICE postnatal guidelines (NICE 2006) on routine Vitamin K concluded that uncertainty in evidence of any harm by this intervention cannot be solved without Random Controlled Studies (RCT), which would be unethical and the intervention remains to be seen as beneficial for prevention of Vitamin K deficiency bleeding (VKDB). MIDIRS (2008) leaflets discuss alternative interventions such as maternal Vitamin K supplementation to increase Vitamin K in breast milk, but these have not been found to be as effective as administering intramuscular Vitamin K to the baby.. Within midwifery practice, obtaining informed consent is paramount and parents need to be informed to make a decision. Therefore, midwives must be updated and knowledgeable about the evidence. This means that professionals should understand physiology, and the role of Vitamin K in haemostasis to explain and educate parents about observations for the condition and potential alternative interventions.

References

- Anderson GC, Moore E, Hepworth J, et al. (2004) Early skin-to-skin contact for mothers and their healthy newborn infants *Cochrane Database of Systematic Reviews*, Issue 1. Chichester: John Wiley & Sons
- Atkinson S (1992) feeding the normal term infant: human milk and formula. In: Sinclair JC and Bracken MB (eds) *Effective Care of the Newborn Infant* Oxford: Oxford University Press
- Bramson L, Lee JW, Moore E et al. (2010) Effect of early skin-to-skin mother-infant contact during the first 3 hours following birth on exclusive breastfeeding during the maternity hospital stay. *Journal of Human Lactation*. **26**(2): 130-7
- Britton C, McCormick FM, Renfrew MJ, et al. (2007) Support for breastfeeding mothers. *Cochrane Database of Systematic Reviews*, Issue 1. Chichester: John Wiley & Sons
- Carbjal R, VS Coudered S et al. (2003) Analgesic effect of breastfeeding in term neonates: randomised controlled study. *British Medical Journal* **326**(7379):13.
- Christensson K, Carbera T, Christensson E et al. (1995) Separation distress call in the human neonate in the absence of maternal body contact. *Acta Paediatrica* **84**(5): 468-73
- Christensson K, Siles C, Moreno L, et al (1992) Temperature, metabolic adaptation and crying in healthy full-term newborns cared for skin-to-skin or in a cot. *Acta Paediatrica Scandinavica* **81**(6-7): 488-93
- Colson, SD, Meek, JH, Hawdon, JM (2008) Optimal positions for the release of primitive neonatal reflexes stimulating breastfeeding. *Early Human Development* **84**: 441–449.
- Department of Health (DH) (2009) Healthy Child Programme: Pregnancy and the first five years of life. London: DH
- Department of Health (DH) (2007) Maternity matters: choice, access and continuity of care in a safe service. London: DH.
- Department of Health (DH) (2004) National Service Framework for Children, Young People and Maternity Services. London: DH.
- Enkin M, Keirse MJNC, Crowther C, et al. (2000) *A guide to effective care in pregnancy and childbirth* Third Edition Oxford: Oxford University Press
- Leboyer F (1975) *Birth Without Violence*. New York: Alfred A Knopf
- Lumsden H (2005) Midwives' experience of examination of the newborn as an additional aspect of their role: a qualitative study. *MIDIRS* **15**(4): 450-57.
- MIDIRS (2008) Informed choice for professionals; Vitamin K – the debate and the evidence no 18. MIDIRS: Bristol
- Moore ER, Anderson GC, Bergman N (2009) Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systemic Reviews 2009*, Issue 1. Chichester: John Wiley & Sons
- National Institute of Clinical Excellence (NICE) (2006) Clinical guideline 37 Routine postnatal care of women and their babies London: NICE
- National Institute of Clinical Excellence (NIICE) (2007) *Intrapartum Care: care of healthy women and their babies*. London: NICE
- NHS Quality Improvement Scotland (NHS QIS) (2004) Best Practice Statement for Routine Examination of the Newborn. Edinburgh: NHS QIS
- Nursing and Midwifery Council (NMC) (2008) The code: Standards of conduct, performance and ethics for nurses and midwives. London: NMC

Olsen K (2000) Stop taking the baby! *Practising Midwife* **3**: 12-13

Perez-Escamila R, Pollitt E, Lonnerdal B, et al (1994) Infant feeding policies on maternity wards and their effect on breast-feeding success: an analytical overview. *American Journal of Public Health* **84**(1): 89-97

Renfrew MJ, Lang S (1997) Early Initiation of breastfeeding. In Neilson JP et al. (eds) *Pregnancy and Childbirth Module of the Cochrane Database of Systematic Reviews* (updated 04 March 1997). Available in The Cochrane Library (database on disk and CDROM) The Cochrane Collaboration; Issue 2. Oxford: Update Software; 1997

Resuscitation Council (UK) (2011), *Newborn life support: Resuscitation at birth*. 3rd edition. London: Resuscitation Council.

The Royal College of Midwives (RCM) (2009) *Examination of the Newborn: Learning resource*. Version 1(CD and website). London: RCM

The Royal College of Midwives (RCM) (2006) *The fetus in Labour – the baby at birth; Brown study series*. London: RCM.

Sorrel-Jones J (1983) A comparison of the effects of Leboyer delivery and modern 'routine' childbirth in a randomized sample. Presented at the 7th International Congress of Psychosomatic Obstetrics and Gynaecology, Dublin, Ireland

Townsend J, Wolke D, Hayes J et al. (2004) Routine examination of the newborn: the EMREN study. Evaluation of an extension of the midwife role including a randomised controlled trial of appropriately trained midwives and paediatric senior house officers. *Health Technology Assessment*. Volume 8 Number 14

Tyson JE (1992) Immediate Care of the Newborn Infant in Sinclair JC and Bracken MB (eds) *Effective Care of the Newborn Infant*. Oxford: Oxford University Press: 21-39

UK National Screening Committee (UK NSC) *Newborn and Infant Physical Examination Standards and competencies*. London: UKNS

This updated guideline was authored by:

Jane Munro, Quality and Audit Development Advisor, RCM, Mervi Jokinen, Practice and Standards Development Advisor, RCM

And peer reviewed by:

Dr Tracey Cooper, Consultant Midwife – Normal Midwifery, Lancashire Teaching Hospitals NHS Foundation Trust.

Dr Fiona Fairlie, Consultant Obstetrician and Gynaecologist, Sheffield Teaching Hospitals NHS Foundation Trust.

Anne-Marie Henshaw, Lecturer (Midwifery and Women's Health)/ Supervisor of Midwives, University of Leeds

Helen Shallow, Consultant Midwife & Head of Midwifery, Calderdale & Huddersfield NHS Foundation Trust.

The guidelines have been developed under the auspices of the RCM Guideline Advisory Group with final approval by the Director of Learning Research and Practice Development, Professional Midwifery Lead.

The guideline review process will commence in 2016 unless evidence requires earlier review.

© The Royal College of Midwives Trust 2012

Appendix A

Sources

The following electronic databases were searched: The Cochrane Database of Systematic Reviews, MEDLINE, Embase and MIDIRS. As this document is an update of research previously carried out, the publication time period was restricted to 2008 to March 2011. The search was undertaken by Mary Dharmachandran, Project Librarian (RCM Collection), The Royal College of Obstetricians and Gynaecologists.

Search Terms

Separate search strategies were developed for each section of the review. Initial search terms for each discrete area were identified by the authors. For each search, a combination of MeSH and keyword (free text) terms was used.

Journals hand-searched by the authors were as follows:

- Birth
- British Journal of Midwifery
- Midwifery
- Practising Midwife
- Evidence-based Midwifery