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BOOK REVIEW

NEWBORN HEALTH CARE: A GUIDE FOR GENERAL HEALTHCARE PROFESSIONALS

ATENÇÃO À SAÚDE DO RECÉM-NASCIDO: GUIA PARA OS PROFISSIONAIS DE SAÚDE CUIDADOS GERAIS

ATENCIÓN A LA SALUD DEL RECIÉN NACIDO: GUÍA PARA LOS PROFESIONALES DE SALUD CUIDADOS GENERALES

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The Guide for professionals << Newborn health care >> concerns general care with the newborn (NB), this belongs to the Norms and Technical Manuals, was published by the Ministry of Health - Secretariat of Attention to the Health and Department of Strategic Programmatic Actions Technical Area of Child Health and Breastfeeding. This is the 2nd revised edition, published in 2012, with 195 pages and four thousand copies.

It is accessible through electronic means: (http://www.bvsms.saude.gov.br), available especially to professionals and to all interested parties. The book is divided into nine chapters / parts and their respective subdivisions regarding care with the newborn, as follows: Part I - The health of the newborn in Brazil; part II - Care at birth; Part III - Knowing the newborn: History and physical examination; Part IV - Care in housing together; Part V - Prevention of hospital infection; Part VI - Breastfeeding; part VII - Difficulties in Breastfeeding; Part VIII - Safe Transport and Part IX - Community Care.

Part II <<Care at birth>> is directed to immediate actions with the newborn, and the authors describe, in a fragmented way, such actions, thus, guiding health professionals. This part is subdivided into: preparation for care; evaluation of vitality at birth; assistance to the newborn at term with good vitality at birth; assistance to the newborn with meconium amniotic fluid; assistance to the NB in need of resuscitation; assistance to newborns with congenital anomalies; ethical aspects of NB care in the delivery room; routine care after the clinical stabilization of the newborn in the delivery room and the final considerations. Regarding the first subitem, before the preparation for the care, the authors describe that, to prepare the care due to the newborn, some points are needed. These are: maternal anamnesis; availability of material for care and the presence team trained for neonatal resuscitation. This subitem is subdivided to analyze these points. About the maternal anamnesis, the authors describe the maternal conditions that can lead the RN to a resuscitation. These are antenatal factors and factors related to childbirth. About the availability of the material, they emphasize the preparation of the equipment, knowing that these should be tested and available for use in such situations, and should be ready before the baby is born, after all, they are reporting the preparation for care. The authors describe the materials

that should be fit: resuscitation material and temperature environment at 26º C; aspiration material; ventilation material; for tracheal intubation; umbilical catheterization; medications and other necessities.

About the trained neonatal resuscitation team, the need for agility and attitudes in a timely manner is confirmed to promote vitality for the newborn, requiring two to three professionals to provide this assistance within their specifics. Regarding the other subitem of part II, which addresses the question of the evaluation of vitality at birth, the authors describe that; to know the need for resuscitation, heart rate should be evaluated, which should be greater than 100 bpm; and breathing, as determinant parameters for the at the beginning of a resuscitation. Another thing is that, in order to evaluate the resuscitation, it is necessary to ask a few questions about the situation: "Term pregnancy ?; Absence of meconium ?; Breathing or crying ?; Muscle tone good?". It is known that, in the immediate care of the NB, the Apgar bulletin, which evaluates the heart rate, respiratory rate, muscle tone, reflex irritability and color of the skin, is used. This scale, according to author's descriptions, are not used as paramaters to initiate a neonatal resuscitation and would serve to, protractedly evaluate the response of the newborn maneuvers that are being performed.

The Apgar bulletin, as already described such points, and these should be inspected in the first of the fifth minute of life of the RN, the golden minute, and, according to the table described by the authors, the bulletin will provide a score of zero to ten for the care of the newborn.

The other subitem, the authors describe the assistance to the newborn at term and with good vitality at birth. After all these described procedures, it is perceived that the baby is regular, and responded well to all questions asked by the authors previously. At this moment, there is a sequence to giving care, and the authors describe a variety of care, beginning with skin-to-skin contact with the mother, waiting for the cord to pulse to perform the clamping, which lasts about one to three minutes. After clamping, using the mother and her skin as a source of warmth for the baby, since heating is one of the care with the NB.

The authors describe the relevance of early breastfeeding and its benefits to the infant, reducing child mortality and providing the link between the two. Then, the two should move on to their accommodation together. Another subitem is titled as care for the newborn with meconium amniotic fluid, where the authors describe the non-use of airway aspiration, reporting that this procedure does not reduce meconium aspiration syndrome, and that the professional's behavior towards the infant with fluid amniotic depends on the vitality of the baby to be born. And they orient that, if the newborn is born with the presence of meconial fluid, but, with rhythmic and regular breathing movements, good muscle tone and heart rate greater than 100 bpm, should: take the baby to the resuscitation table; leave it in heat source; position your head with a slight extension of the neck; perform aspiration with probe #10 in the mouth and nose; dry and despise the moist parts and perform, continuously, evaluation of heart rate and breathing, and, if the baby follows well, they will receive the normal care in sequence. However, if the newborn presents amniotic fluid and does not present a regular respiratory rhythm, inadequate muscle tone, flaccidity and heart rate below 100 bpm, the procedure will be: tracheal aspiration, connected to the vacuum aspirator. The authors advise to aspirate once. If persisting, to begin positive pressure ventilation.

Another subitem is the assistance to the NB in need of resuscitation. In the preterm NB, and soon after the birth is not showing vitality, a few steps must be followed, and these must be initiated in a maximum, of 30 seconds. The first step is to provide heat, maintaining 36.5 at 37 ° C; another step is airway permeability. The authors direct towards the aspiration, guiding perform a slight extension of the neck and aspirate first mouth and then the nostrils, subtly. Within these aspiration steps, subdivides in: positive pressure ventilation, which is a relevant, and practical procedure in immediate care, which will result in pulmonary vasodilatation providing effective gas exchange in the baby. Also, following the subdivision of this item, the authors describe about the resuscitation equipment. Regarding the characteristic, auto inflatable balloon, anesthetic balloon and manual mechanical ventilator T. In view of these specificities, the authors describe each item succinctly, addressing the availability of these materials in the health service and within the delivery room. On ventilation, they bring the approach of supplemental oxygen in ventilation, and guide in administering 100% in ambient air, being in each NB, with its specificities and maintenance. Another is ventilation with balloon and facial mask, which will act individually in the NB, maintaining its respiratory rate, until it improves muscle tone too and the baby can

breathe normally. Another subdivision of this same item is balloon ventilation and tracheal cannula. The authors describe that balloon and tracheal cannula ventilation is only used because of failures in other attempts such as: ventilation with ineffective face mask, problems and intercurrences in the equipment. In this procedure there are negative points. If it is not done with a fully qualified professional, which can cause serious complications in the NB. Still within this item, the authors report the subdivision manual ventilator in T with face mask or facial cannula, that is related to the concentration and the gestational age that the RN preceded, adjusting the oxygen according to the due conducts. They also describe continuous positive airway pressure (Cpap). Based on evidence, avoiding atelectrauma, using peep at the earliest and earliest possible ventilation. Another aspect of NB care, that requires resuscitation, is cardiac massage, which must be started early, using the thumb technique just below the sternum, or, also, using the two index and middle fingers in this procedure. Cardiac massage brings complications such as fractures, pneumothorax, hemothorax and liver laceration. It should be performed according to the depth, synchronization and correct frequency of the massages, always verifying the pulse and seeking the stability of the NB. Still on resuscitation, the authors approach the medications, advising on the use of adrenaline in appropriate cases, and the route of administration is endovenous, and the umbilical vein is quick and effective.

Coming into another subitem, entitled Assistance to newborns with congenital anomalies, the authors describe that these babies also need a different care delivery, and, in view of the future need for such resuscitation procedures, that have already been mentioned in the other item, the baby with anomalies congenital is also inserted in these procedures, if necessary. The authors describe some specificities of anomalies such as: esophageal atresia; omphalocele; gastroschisis; diaphragmatic hernia; meningomyelocele and hydropsy. The authors guide the conducts in each situation for professionals. In esophageal atresia, they report the use of gastric tube, in the numbering eight, which remains connected to the aspiration device, avoiding pulmonary aspiration of saliva. In omphalocele, gastroschisis and fragrancing hernina, the authors advise to initiate ventilation with balloon and tracheal cannula. One should keep the catheter open to decompress the stomach, and intestinal parts. In this case, it does not need to have continuous aspiration, as we have previously shown. In meningomyelocele , the authors direct the professionals to change the decubitus position of the newborn, placing it lateralized, with essential care, and the lesion should be examined in detail about its characteristics, the signs of infection, the presence of hemorrhage, among other intercurrences. At the hydropsy, the NB has severe respiratory insufficiency caused by pleural effusion and ascites and the authors advise that the professionals are placed to perform the procedure of thoracentesis, or abdominal paracentesis, providing the aspiration of the fluids in the cavities of the newborn.

This subitem is titled ethical aspects of NB care in the delivery room. The authors describe that because cultural, social, national and religious changes, alterations occur in the ethical context and in the way in which it is approached and discussed by the professionals, more emphasize the care that is primordial in early life and in the procedures the baby may need, one of which is resuscitation. The authors describe the relationship between gestational age and the need for resuscitation, guiding the relevance that it has, and that, is often, not measured. The resuscitation is a procedure that can not be expected, but initiated in front of the designated situation, because without a doubt, will result in injuries to the newborn if you get resuscitation through delays.

This subitem refers to routine care after clinical stabilization of the newborn in the delivery room. They are procedures, such as: umbilical cord ligation; prevention of gonococcal ophthalmia by the Credé method; atropometry; prevention of bleeding due to vitamin K deficiency; detection of maternal-fetal blood incompatibility; serology for syphilis and HIV, and identification of the newborn. Regarding umbilical cord ligation, the authors advise that the fixation of the clamp be performed approximately two to three cm from the umbilical ring, involving the umbilical stump with gauze and 70% alcohol or chlorhexidine. If the NB is classified as low-weight, saline solutions is used. Also check the presence of two arteries and a vein, as the presence of some differentiation, in this respective subject, may indicate congenital anomalies. In view of the prevention of gonococcal ophthalmia by the Credé method, the authors advise the removal of the venous catheter from the eyes of the newborn with gauze dry or moistened with water, since it is contraindicated the use of

serum or any other saline solution. To move the eyelids and drip, over the baby's eyes, a 1% nitrate drop into the bottom of the tear sac, subtly perform a light massage, in the area, aiming to spread the substance through the baby's eye region. If there is doubt in the application of nitrate, or the substance fall out of the baby's eyes, the authors advise, repeating the procedure again. In relation to anthropometry, they describe the measurement during physical examination, observing weight, length, cephalic, thoracic and abdominal perimeter. Regarding the administration of vitamin K, according to the authors, 1 milligram of vitamin K should be administered intramuscularly or subcutaneously. In relation to the detection of maternal-infant blood incompatibility, it is directed to collect the blood of the mother and the baby to observe the presence of D antigens through indirect coombs in the mother and direct coombs in umbilical cord blood. When performing serology for syphilis and HIV, collect the mother's blood to obtain serology for syphilis, if the mother has not performed tests for HIV serology, the specific rapid test must be performed, and specific medications given. And, closing, regarding the identification of the NB, the authors refer to registering through the plantar digital fingerprint and the mother's fingerprint, and is located in the medical record. The binomial must be carrying identification wristbands containing the mother's name, hospital record , sex of the newborn, date and time of birth. After that, the transport of the two to the joint accommodation must be carried out, and if it is necessary, to go to the neonatal unit. The baby must always be shown to the mother.

In the final considerations of the chapter, the authors describe that the guidelines are only guidelines for better neonatal management, and that these should be adapted to each service. This work is recommended for health professionals working in primary care, focused on prenatal care, since rapid testing, at this time, influences the procedures within the delivery room, among other specific interventions. It is also recommended, especially, for professionals who will be in contact with the delivery room and all the dynamics of the service, since they must know how to intervene, lead and promote the health of the NB within their responsibilities. Health students, who are interested in the area, are also recommended, be the professionals mentioned above, and for others who wish to have the knowledge about the subject.

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