



**World Health
Organization**

REGIONAL OFFICE FOR
Africa



Newborn Guidelines

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Other guidelines



Corticosteroids for preterm births

Maternal interventions	Recommendations	Strength of recommendation and quality of the evidence ^a
Antenatal corticosteroids to improve newborn outcomes	<p>1.0. Antenatal corticosteroid therapy is recommended for women at risk of preterm birth from 24 weeks to 34 weeks of gestation when the following conditions are met:</p> <ul style="list-style-type: none">■ gestational age assessment can be accurately undertaken;■ preterm birth is considered imminent;■ there is no clinical evidence of maternal infection;■ adequate childbirth care is available (including the capacity to recognize and safely manage preterm labour and birth);■ the preterm newborn can receive adequate care if needed (including resuscitation, thermal care, feeding support, infection treatment and safe oxygen use).	<p>Strong recommendation based on moderate-quality evidence for newborn outcomes and low-quality evidence for maternal outcomes</p>

CPAP

Continuous positive airway pressure for newborns with respiratory distress syndrome

8.0. Continuous positive airway pressure therapy is recommended for the treatment of preterm newborns with respiratory distress syndrome.

Strong recommendation
based on low-quality evidence

8.1. Continuous positive airway pressure therapy for newborns with respiratory distress syndrome should be started as soon as the diagnosis is made.

Strong recommendation
based on very low-quality evidence

Others

Tocolytics for inhibiting preterm labour

2.0. Tocolytic treatments (acute and maintenance treatments) *are not* recommended for women at risk of imminent preterm birth for the purpose of improving newborn outcomes.

Conditional recommendation based on very low-quality evidence

Magnesium sulfate for fetal protection against neurological complications

3.0. The use of magnesium sulfate is recommended for women at risk of imminent preterm birth before 32 weeks of gestation for prevention of cerebral palsy in the infant and child.

Strong recommendation based on moderate-quality evidence

Oxygen therapy

Oxygen therapy and concentration for preterm newborns

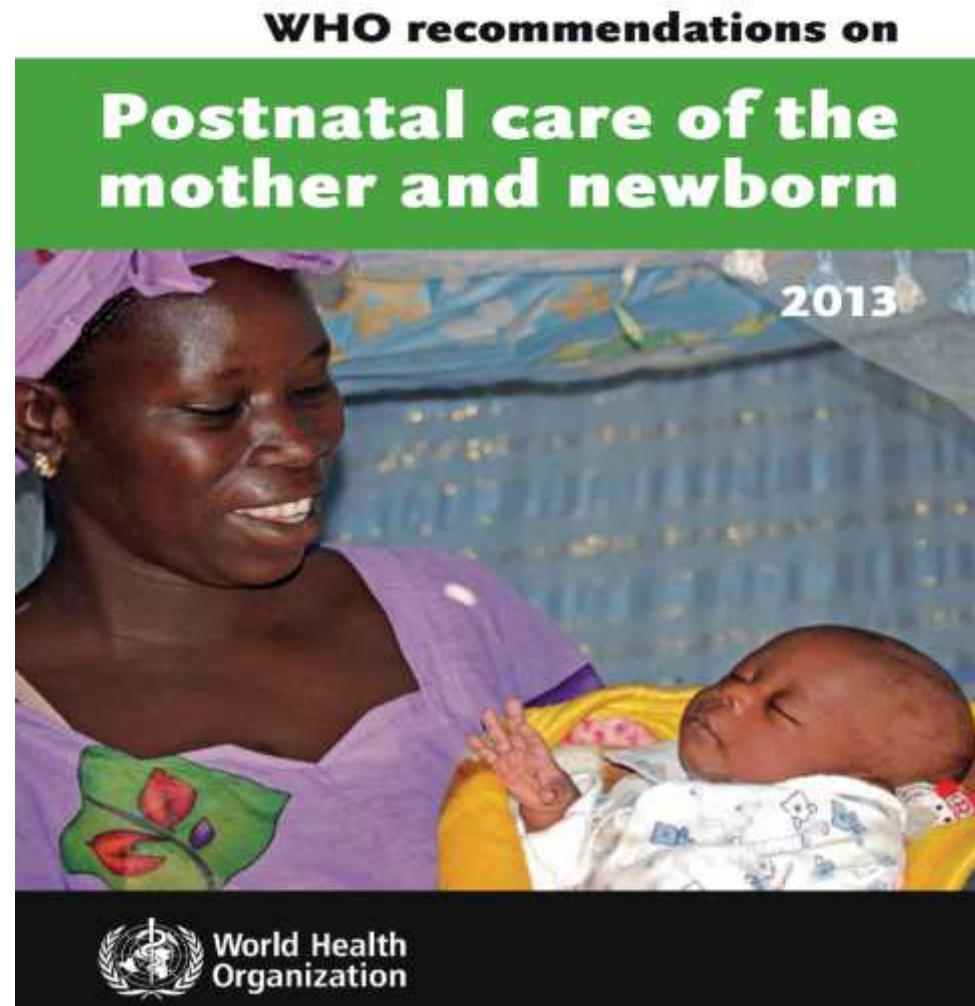
10.0. During ventilation of preterm babies born at or before 32 weeks of gestation, it is recommended to start oxygen therapy with 30% oxygen or air (if blended oxygen is not available), rather than with 100% oxygen.

Strong recommendation
based on very low-quality evidence

10.1. The use of progressively higher concentrations of oxygen should only be considered for newborns undergoing oxygen therapy if their heart rate is less than 60 beats per minute after 30 seconds of adequate ventilation with 30% oxygen or air.

Strong recommendation
based on very low-quality evidence

Postnatal care guidelines



Recommendations

Recommendation	
<p>Number and timing of postnatal contacts: If birth is in a health facility, mothers and newborns should receive postnatal care in the facility for at least 24 hours after birth. a If birth is at home, the first postnatal contact should be as early as possible within 24 hours of birth.</p> <p>At least three additional postnatal contacts are recommended for all mothers and newborns, on day 3 (48–72 hours), between days 7–14 after birth, and six weeks after birth.</p>	<p>Strong recommendation based on moderate quality evidence for newborns and low quality evidence for mothers</p>
<p>Home visits for postnatal care: Home visits in the first week after birth are recommended for care of the mother and newborn.</p>	<p>Strong recommendation based on high quality evidence for newborns and low quality evidence for mothers</p>

Cord care:

-Daily chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine) application to the umbilical cord stump during the first week of life is recommended for newborns who are born at home in settings with high neonatal mortality (30 or more neonatal deaths per 1000 live births).

-Clean, dry cord care is recommended for newborns born in health facilities and at home in low neonatal mortality settings. Use of chlorhexidine in these situations may be considered only to replace application of a harmful traditional substance, such as cow dung, to the cord stump.

Strong recommendation based on moderate quality evidence



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Thank you
Merci beaucoup