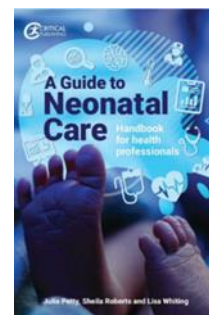


## Chapter 2 Fundamental neonatal care principles

*A Guide to Neonatal Care - Handbook for Health Professionals*  
Petty J, Whiting L and Roberts S (2024) Critical Publishing



### Supplementary information

Most newborn babies are born healthy and at term. The care they receive during the first hours and days, particularly in the neonatal period, can determine whether they remain healthy. All neonates need basic care to support their survival and wellbeing and includes immediate care at birth, care during the first day, up to 28 days and thereafter. Most newborns breathe and cry at birth with no help, having just been within the uterus, an environment that was warm and quiet and where the amniotic fluid and walls of the uterus gently cushioned and contained them. Therefore, following delivery caregivers should elicit closeness and keep the baby warm with clothing and a hat along with ensuring an adequate environmental temperature. In addition, skin-to-skin contact with a caregiver keeps the newborn baby at the optimum temperature, so this is to be encouraged, at the wishes of the parent(s). The care given to a newborn baby and parents immediately after birth is simple and basic but that does not mean it is unimportant; in fact, in the words of the UK Resuscitation Council, *"babies need simple things, done well"*.

Parents should be given advice, support and information about the fundamental care needs of their baby:

- how to bathe their baby and care for their skin.
- care of the umbilical stump.
- feeding [see chapter 5].
- how to recognise if the baby is unwell, and how to seek help [see chapter 5].
- safer sleeping [see chapter 5].
- bonding and emotional attachment [see chapter 6].

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## Glossary

### Also see - the terms used in the NICE guidance on postnatal care

**Colostrum:** the protein and immunoglobulin rich first milk produced in the late stages of pregnancy.

**Conjugated bilirubin:** Bilirubin which is water soluble and able to be excreted via the urine.

**Jaundice:** The yellowing of the skin, mucous membranes, and the whites of the eyes that occurs when the body does not process bilirubin as it should resulting in hyperbilirubinaemia.

**Oral candida:** An oral infection caused by the fungus candida.

**Personal protection equipment (PPE):** Equipment worn for example aprons, gloves, masks to prevent transmission of infection.

**Phototherapy:** Treatment for jaundice, involving placing a neonate under blue, fluorescent lights, sometimes called bili-lights.

**Projectile vomiting:** Vomiting with force.

**Transcutaneous bilirubinometer:** A non-invasive device for measuring bilirubin levels through the skin.

**Unconjugated bilirubin:** unbound bilirubin which is able to cross the blood-brain barrier and cause brain damage.

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## EXTRA READING

To add to the direct links provided in the supplementary information, here are a few more resources:

- Read this paper on skin and important aspects of skin care- by Oranges T, Dini V, Romanelli M. (2015) **Skin Physiology of the Neonate and Infant: Clinical Implications**. *Adv Wound Care*. 4(10):587-595.
- Neonatal skin conditions (benign)
  - **Nappy Rash**
  - **Erythema Toxicum Neonatorum- Baby Acne**
  - **Images of benign skin conditions including a Mongolian blue spot**
- The clinical knowledge summary [CKS]; **Jaundice in the Newborn.\***
- Plus, also read the guidance on assessing babies with dark skin tones from the National Health Service (NHS) Race and Health Observatory (2023). **Review of neonatal assessment and practice in Black, Asian and minority ethnic newborns: Exploring the Apgar score, the detection of cyanosis and jaundice**
- Read the NICE (2019) guidance **on gastro-oesophageal reflux in infants & children**

\*For more information on Jaundice, see also chapter 8, book and web companion extra reading.