

CHAPTER 14

The first few hours after the birth

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The first few hours after the birth



After the birth of the placenta, the mother's body should start to recover from labor. The baby should breathe well on her own and start to keep herself warm.

The midwife should stay for a few hours after the birth to make sure the mother and baby are healthy, and to help the new family to eat and rest.

What to do for the mother

Check the mother's physical signs

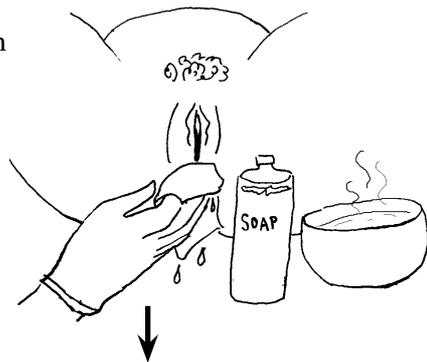
Check the mother's temperature, pulse, and blood pressure regularly — at least once an hour if she is having any health problems.

Clean the mother's genitals, belly, and legs

Help the mother clean herself after the birth. Change any dirty bedding and wash blood off her body.

Wash your hands and put on gloves before you touch the mother's genitals, just as you did before the birth (see pages 53 to 55). Clean the mother's genitals very gently, using very clean water and a sterile cloth. If you have some disinfectant, like betadine, add a little to the water. Do not use alcohol or any other disinfectant that might sting the mother. You can use a little mild soap or even salt if you do not have disinfectant.

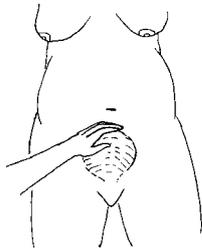
Wash downward, away from the vagina. Be careful not to bring anything up from the anus towards the vagina. Even a piece of stool that is too small to see can cause infection.



Prevent heavy bleeding

After birth, most women bleed the same amount as a heavy monthly bleeding. The blood should also look like monthly blood — old and dark, or pinkish. The blood comes out in little spurts when the womb contracts, or when the mother coughs, moves, or stands up.

Very heavy bleeding is dangerous. To check for heavy bleeding in the first few hours after birth:



Feel if the womb is getting hard.

- feel the womb to see if it is contracting. Check it just after the placenta is born. Then check it every 5 or 10 minutes for 1 hour. For the next 1 to 2 hours, check it every 15 to 30 minutes. If the womb is hard, it is contracting as it should. Leave it alone between checks. If it is soft, see page 236 to learn what to do.
- check the mother's pads often (bed pads or pads she is wearing) for too much bleeding. 500 ml (about 2 cups) is too much.
- check the mother's pulse and blood pressure every hour. Watch for signs of shock (see page 239).

Check the mother's genitals for tears and other problems

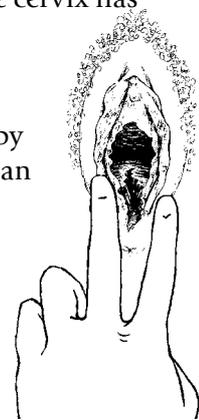
Use a gloved hand to gently examine the mother's genitals for tears, blood clots, or a hematoma (bleeding under the skin). Also check to see if the cervix has prolapsed (dropped down to the vaginal opening).

If the mother has a tear

If you do not know how to sew a tear, and there is nowhere nearby where she can go to have the tear sewn, or if the tear is small, it can probably heal without sewing.

Ask her to rest in bed for 2 weeks with her legs together most of the time. She should move her legs regularly, but she should not climb up or down steps or steep hills. Someone else should do the cooking and cleaning for the family. To speed healing, she should also eat plenty of healthy food.

To learn how to sew a tear, see page 356.



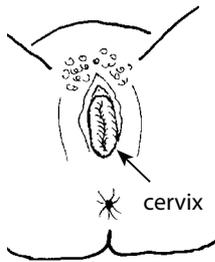
If the mother has a hematoma or pain in the vagina

Sometimes a woman may have a large amount of bleeding into the skin in her vagina, called a hematoma. The skin in this area is often swollen, dark in color, painful, and soft. Sometimes the mother feels dizzy and weak as if she were bleeding too much, even though the womb is hard and there is only a little bleeding from the vagina. Pain in the vagina can be a sign that she is bleeding into a hematoma.

Although a hematoma is painful, it is usually not serious unless it gets very large. If the hematoma is growing, press on the area with sterile gauze for 30 minutes or until it stops growing. If the mother has signs of shock, treat her for shock (see page 239) and get medical help so the blister can be opened and the trapped blood can come out. If you know how, you can drain it yourself by opening it with a sterile scalpel. After draining, put pressure on the area with a sterile gauze until the bleeding stops.



If the cervix can be seen at the opening of the vagina



If you can see the cervix at the vaginal opening after childbirth, the womb has prolapsed into the vagina. This problem is not dangerous, and the cervix will usually go back up inside the mother in a few days. You may be able to push the womb farther in with a gloved hand. Help the mother lie on something so her hips are higher than her head. Ask her to do squeezing exercises (see page 44) at least 4 times a day.

Watch her closely for signs of infection during the next 2 weeks (see pages 271 and 272).

If the cervix stays at the vaginal opening for a month or more, the mother should get medical advice. A cervix that stays prolapsed can cause problems when the woman has another child.

Help the mother urinate

A full bladder can cause bleeding and other problems. A mother's bladder will probably be full after birth, but she may not feel the need to urinate. Ask her to urinate within the first 2 to 3 hours. If she is too tired to get up and walk, she can squat over a bowl on the bed or on the floor. She can also urinate into a towel or thick cloth while lying down. If she cannot urinate, it may help to pour clean, warm water over her genitals while she tries.

If the mother cannot urinate after 4 hours:

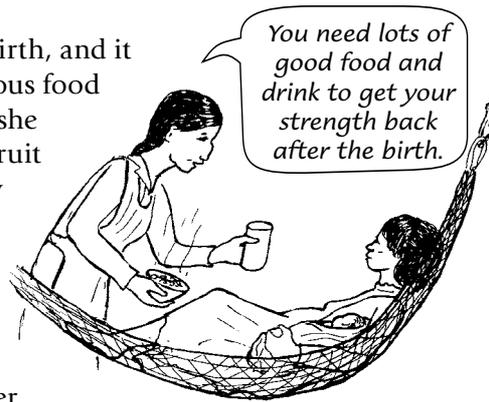
1. Check her bladder (see page 161). If it is not full, help her drink fluids.
2. See page 352 for ways to help a woman urinate.
3. If she still cannot urinate, she may need to have a catheter inserted (see page 352). If you have not been trained to use a catheter, get medical help.



A mother should try to urinate soon after the birth.

Help the mother eat and drink

Most mothers are ready to eat soon after birth, and it is good for them to eat any kind of nutritious food they want. If a new mother is not hungry, she should at least have something to drink. Fruit juice is good because it gives energy. Many women want something warm to drink, like herbal tea. Some juices, like orange juice, also have vitamin C, which can help healing. (But she should avoid soda pop like Coke that is full of sugar and chemicals but not nutrition.) Encourage her to eat soon, within the first few hours, and to drink often.



If the mother cannot (or will not) eat or drink after 2 or 3 hours

- The mother may be ill. Check for bleeding (see page 236), infection (see page 271), and other signs of illness that may be taking away her appetite.
- The mother may be depressed (sad, angry, or without any feelings). Encourage her to talk about her feelings and needs.
- The mother may believe that certain foods are bad to eat after a birth. But she must eat to recover from the birth and to be able to care for her baby.

Eating after birth

Midwives, healers, family members, and doctors may all have different advice about the food women should eat during pregnancy and after birth. The nutrition information in this book is based on the ideas most Western doctors, nurses, and midwives learn. Other systems of medicine and local customs prescribe different ways of eating, such as avoiding spicy foods, or only eating warm foods. Some of these ideas may not seem of value to those who practice Western medicine, but they still offer benefits.



However, some customs, such as avoiding protein, are dangerous. Eating only one kind of food is not enough, and avoiding certain foods can lead to serious health problems. After birth, women need to eat as much as or more than they did when they were pregnant. They need the same mix of foods: main foods, vegetables and fruits, and protein foods like beans, eggs, nuts, meat, or milk. Talk to the mother and her family about what she plans to eat after the birth. Help her eat a wide variety of healthy foods. See pages 33 to 42 for more about nutrition.

Watch the mother for infection

After birth, a mother's temperature is often a little higher than usual, especially during hot weather. But she may have an infection if she feels ill, has a fast pulse or a temperature above 38°C (100.4°F), or her belly feels sore when touched. Infection is more likely if her waters broke early in labor, if labor was long, or if she was exhausted during labor.



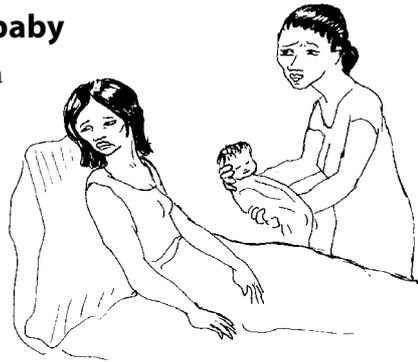
What to do

1. Check if she is dehydrated (see page 159).
2. Give her lots of water and other fluids to drink.

If a fever or other signs continue, see page 271 for medicines to treat womb infection.

Watch how the mother feels about her baby

There are many reasons why some mothers seem not to be interested in their babies. The mother may be ill or bleeding, or just very tired. She may not have wanted this baby, or be worried she cannot take care of it. Pregnancy and birth both make some women more likely to become depressed (see page 274). These feelings can make it hard to care for a baby and to recover from birth.



What to do

- You might talk with the mother about how she feels, or you may feel it is better to watch and wait while letting her rest for a while.
- Encourage the mother to keep the baby close. Skin-to-skin contact helps both baby and mother.
- Encourage the family to help the mother sleep by watching the baby. The mother should also try to sleep when the baby sleeps.
- If the mother is depressed (or was depressed after a previous birth), talk to the family about how they can support her in the next weeks. Make sure a family member or friend can help the mother take care of the baby.

Check that the mother has enough to eat, and if she does not, connect her or the family to services that can help. Remind the mother that as her body heals from the birth, her mood and her sleep will improve if she moves a little each day. Encourage her to begin physical activities she enjoys. Plan to check on the mother over the next few weeks.

Usually depression passes in time, but it may take weeks or even months. See page 274.

Help with breastfeeding

Breast is best for both the mother and baby. If the mother is not sure she wants to breastfeed, ask her to try breastfeeding just for the first few weeks or months. Even a short time of breastfeeding is better than none.

Make sure the mother understands that if she breastfeeds her baby:

- her womb will contract more quickly.
- the baby is less likely to get diarrhea and other illnesses.
- the mother will have more money for her family. (It is more expensive to bottle feed a baby.)

See Chapter 16 for more on breastfeeding.



To help a mother with HIV feed her baby safely, see page 293.

Give the new family some time alone



If the mother and baby are healthy, give them time alone. New parents need time with each other and their new baby. They may also need privacy to talk, laugh, cry, or celebrate in some way.

What to do for the baby

When the mother and baby are stable, usually about an hour after birth, check the baby over from head to toe. Many health problems can be prevented or cured if you find them quickly.

Wash your hands, just as you did for the birth, and put on clean gloves. It is easy for a new baby to get an infection, so everything that touches the baby must be as clean as possible. But there is no need to bathe the baby right away. Bathing, even in warm water, will make her cold. You can safely wait a few hours or even a few days. Wear gloves until the baby is clean and dry to help protect you from getting an infection.

While you examine the baby, keep her warm. Cover her head and the parts of her body you are not examining. If possible, you should warm up the room. Be gentle with the new baby. Babies feel as much as adults do and gentle care will help them feel strong and safe.

The most important things to check for a new baby are her general appearance and other physical signs. Check these as soon as you can after the birth. The other parts of the newborn exam can wait a few hours.

If you can, write down what you find on a chart. A chart will help you remember to do each step, and notice changes that happen over time. Here is an example of a chart you can use:

Mother's name		Baby's name				
physical signs	hour 1	hour 2	hour 3	hour 4	hour 5	hour 6
general appearance						
breathing						
heartbeat						
temperature						
weight and length	shoulders, arms, and hands					
head (skull)	belly					
ears	genitals					
eyes	hips					
nose and mouth	legs and feet					
neck	back					
chest	skin					

General appearance

The way a baby looks and sounds can tell you a lot about her health. Notice everything! Is the baby small or large? Fat or thin? Do her arms, legs, feet, hands, body, and head seem to be the right size? Is the baby tense or relaxed? Active or still? Listen to the baby's cry. Every baby's cry is a little different, but a strange, high, piercing cry can be a sign of illness.

Baby is limp, weak, does not wake up, or does not eat much

Many babies are very sleepy for the first few days after birth. They should wake up from time to time to breastfeed. When awake, the baby should respond to noise and touch. If the baby does not respond, or seems unusually weak, slow, or limp in the first few hours, she may have one of these problems:

- difficulty breathing (see page 254)
- infection (see page 277)
- sleepiness from drugs or herbs given to the mother during labor
- not enough sugar in the blood (see page 254)



Not enough sugar in the blood

A very weak baby may need more sugar in her blood. This is especially likely if the baby is very big or very small, if the birth was very hard or long, or if the mother has diabetes (see page 115). The baby may stay cold or tremble.

Breastfeed the baby as much as possible — there is sugar in breast milk.

Keep the baby warm and close to the mother's body. If the baby does not seem more awake and alert in 12 hours, **get medical help**.

Physical signs: breathing, heartbeat, temperature

Check the baby's physical signs every hour for 2 to 6 hours after the birth, and more often if the baby is having problems.

Breathing rate

Count the baby's breaths for one full minute by watching her belly rise and fall. A new baby should take between 30 and 60 breaths in a minute while she is resting, and her breathing may slow down and speed up from moment to moment. This is OK.

A baby who is breathing too fast, too slow, or with difficulty may be having trouble getting enough air, or may be having other problems.

Baby has trouble breathing, or takes more than 60 breaths a minute

If a baby has trouble breathing, or if she takes more than 60 breaths a minute, it is a warning sign. It could mean that the baby has an infection, has breathed in her own stool, has drugs in her blood from the mother, or has other problems.

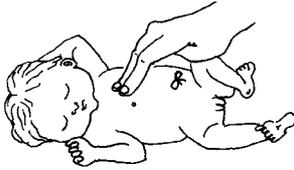
What to do

- Keep the baby warm.
- Check for signs of infection (see page 277).
- Lay the baby with her head lower than her bottom to help fluids drain. Suction the baby (see page 213) — especially if you think she might have breathed stool into her nose or throat.
- Encourage the baby to breastfeed.
- If the baby stops breathing — do rescue breathing (see page 242).
- Get medical help.



Heartbeat

A new baby's heart should beat between 120 and 160 times a minute. It may beat as slow as 100 beats a minute or as fast as 180 beats a minute.



If the baby's heartbeat is too fast, she may have an infection (see page 256).

If the heartbeat is too slow, give rescue breathing (page 242). If the heart rate does not come back up, get medical help.

Temperature

Keep the baby warm

Babies must stay warm to stay healthy. But they cannot keep themselves warm as easily as adults can. The easiest way to keep a baby warm is to put her next to her mother's skin. The mother is exactly the right temperature for the baby. Cover them both with blankets and be sure to cover the baby's head.



If the mother cannot hold her baby for a bit (for example, if she gets up to urinate), someone else can hold the baby. This person should wash their hands well before handling the baby.

Temperature and health

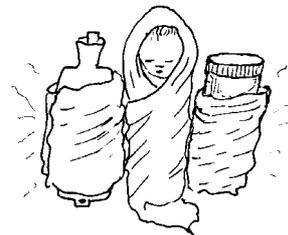
A healthy baby's temperature is around 37°C (98.6°F).



To check the baby's temperature, gently put the thermometer into her armpit. Then hold the baby's arm against her body for 3 minutes if it is a glass thermometer or until the digital thermometer beeps. If you do not have a thermometer, feel the back of the baby's neck while you touch a healthy person. If the baby does not feel as warm as the healthy person, her temperature is too low.

A baby whose temperature is 36.5°C (97.7°F) or less should be warmed quickly. Do not wait. Place her skin to skin, between the mother's breasts (see page 257), wearing only a diaper and hat. If she will not warm, try using hot water bottles.

Fill hot water bottles (or jars) with hot water, wrap them in cloths so they do not burn the baby, and put the bottles next to the baby's body.



If the baby does not get warmer after 1 or 2 hours, she may need medical attention.

Infection

Infection can cause a baby's temperature to be too low or too high (fever). Too low is below 35.5°C (96°F). Too high is above 38°C (100.4°F). Other signs of infection are:

- the baby cannot keep warm even wrapped in blankets
- fever lasting more than 4 hours
- breathing more than 60 breaths a minute
- baby who seems ill
- baby sucks poorly or stops feeding
- weak, fast heartbeat

If the baby shows any of these signs of infection, get medical help. If the nearest medical help is more than 2 hours away, give the baby antibiotics on the way. See page 279 for the kind and amount of medicine to give.

Get medical help if the baby cannot warm up after several hours — even if she has no other signs of infection.

Baby does not urinate or pass stool within the first 24 hours

The baby should urinate and pass stool within the first day of birth. If the baby does not do so, her urethra or intestines may be blocked. Get medical help right away.

The baby's body

Weight

Every baby is different, but most healthy babies weigh between 2.5 and 4 kilograms (between 5.5 and 9 pounds).

You may be able to get a scale from the local health authority, buy a hanging fish scale, or make one of the homemade scales on page 449. But you do not need a scale to have an idea of what a healthy baby should weigh. Every time you hold a baby, think whether that baby weighs more than most babies, or less, or about the same. This way, you will know when a baby is very small (underweight) — even without a scale.



Very small babies

Very small babies who are less than 2.5 kilograms (5.5 pounds) have a higher risk of infection, breathing problems, and jaundice (see page 279). The smaller the baby, the greater the risk. Small babies also may have trouble breastfeeding and digesting their food. Some babies are small because they were born early, and some are just small.



If there is a well-equipped medical center nearby, it may be best to take very small babies there to be cared for. But if you are going to care for a small baby at home, there are some things you can do to help him stay healthy.



What to do

1. Keep the baby warm. The best way to warm him is against his mother's skin. Place the naked baby, with a hat and a diaper, inside the mother's clothing, against her skin and between her breasts. Keep this skin-to-skin contact day and night. The mother will have to change the baby's position to breastfeed. If the mother needs to put the baby down, another family member can put the baby next to their skin.
2. Give breast milk. Breast is best for all babies, but it is even more important if the baby is very small. Breast milk is easiest for the baby to digest, it gives the best nourishment, and it protects the baby from illnesses. A small baby may not be able to eat much. Keeping him close to the mother's body will help him to breastfeed often. In this way, he will get enough to eat.

If the baby is not able to breastfeed, the mother should remove milk from her breasts by hand (see page 285). The mother should feed the baby the breast milk with a very clean cup or spoon until he is strong enough to breastfeed. Give the baby as much breast milk as he will take and as often as he will take it. He must eat to grow.
3. Visit the baby every day for the first few weeks, to check for warning signs. Be sure the mother knows the signs of jaundice (see page 279), breathing problems (see page 241), and other signs of infection (see page 277). If the baby develops any warning signs, get medical help.



Causes of small babies

Babies come in all sizes — just like people are many sizes. But small, underweight babies are much more likely to have problems than bigger babies.

And the size of a baby is not just a matter of chance. Mothers who get enough food and care in pregnancy usually have bigger, stronger babies. Mothers who did not get enough food and care usually have smaller, weaker babies.

Small babies are often born to:

- mothers who did not get enough to eat in pregnancy.
- mothers who had to do very hard work during pregnancy.
- mothers who did not get good medical care in pregnancy.
- mothers who smoke cigarettes, drink alcohol or use drugs.
- mothers who were exposed to pesticides or toxic chemicals in pregnancy.
- mothers who have had many babies before.



Note: A small baby does not make birth easier. And small babies have many more health problems. For a healthy birth and a healthy baby, women must eat enough and avoid things that can harm them or their babies.

Baby weighs more than 4 kilograms (9 pounds)

Watch all big babies carefully for the first 2 days. If they seem tired, weak, or sick, they may not have enough sugar in the blood. See page 254 and get medical help.

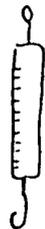
Some babies are big because their mothers had diabetes. These babies may have problems with the amount of sugar in their blood. Make sure these babies breastfeed often and stay warm.



Weighing a baby with a scale

If you have a scale, you can find out exactly how much a baby weighs. (See page 449 for how to make your own scale.)

If you have a hanging scale, follow these steps:



1. Attach a cloth to the scale.
2. Adjust the scale so that it is at 0.
If there is no knob to adjust the scale, write down how much the cloth weighs (the number that the scale is at when the cloth is attached).
3. Put the naked baby into the cloth to weigh him.
4. If you were able to adjust the scale, it will tell you the weight of the baby.



Adjust the scale to 0 or weigh the cloth.



If there is no knob to adjust the scale, you must subtract the weight of the cloth to find out the weight of the baby.

For example:

<i>Baby and cloth together weigh</i>	3.25 kilograms
<i>Cloth alone weighed</i>	<u>– 0.25 kilograms</u>
So baby alone weighs	→ 3.00 kilograms

If you have a scale that you stand on, follow these steps:



1. Weigh yourself, and write down the weight.
2. Get off the scale.
3. Get back on the scale holding the baby without his clothes or blankets. Write down the weight.
4. Subtract your weight from the combined weight of you and the baby.

For example:

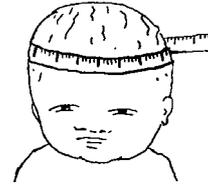
<i>You and baby together weigh</i>	62 kilograms
<i>You weighed</i>	<u>– 59 kilograms</u>
So the baby alone weighs	→ 3 kilograms

Length

If you have a tape measure, measure the baby from the top of her head to the bottom of her heel. Most babies are between 45 and 53 centimeters (18 to 21 inches). Babies who are not within this range may have problems.

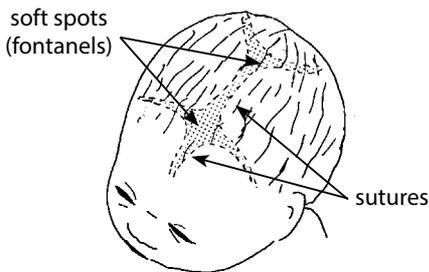
Head

If you have a tape measure, measure around the baby's head, just above the ears. For most babies, this measurement is about 35 centimeters (13 to 14 inches). A very large or small head can be a sign of illness or disability in the child.



Head shape, sutures, and fontanels

The skulls (head bones) of children and adults are solid, but a new baby's skull is made of 5 separate pieces. The spaces between these 5 pieces are called sutures or suture lines. The baby's skull also has 2 larger soft areas called fontanels or soft spots.



These spaces between the skull bones allow the skull pieces to move during birth. This helps the baby's head squeeze through the mother's vagina.

Sometimes the skull bones have to overlap for the head to be born. This is called molding. When the baby is first born, his head may be in a pointed or flattened shape. It will usually become more round in 1 to 3 days. Molding is common, and does not last.

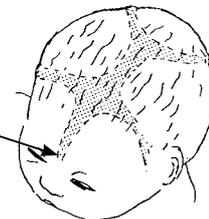
Here are some of the different shapes you might see at birth.



Gently feel the sutures and soft spots with your fingers.

The front suture should stop at or near the top of the forehead. Notice if the other sutures are where you expect, or if the soft spots are unusually wide. Are the soft spots soft, or tense and bulging? Do not push on the soft spots — this could hurt the baby.

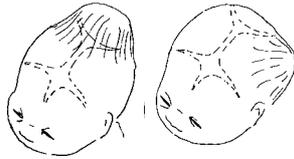
If the soft spots are unusually wide, if the front suture goes down to the middle of the forehead, or if the soft spots are tense or bulging, the baby may have hydrocephalus (water on the brain). Hydrocephalus can cause learning disabilities or other serious problems. If there are no soft spots, this can also cause problems as the baby's head grows. In either case, get medical advice.



These soft spots are unusually wide.

Caputs and hematomas

Some babies have a swelling called a caput in the area that was pressed against the cervix during labor and birth. A caput usually crosses a suture line. It will go away in 1 or 2 days.



Caput (crosses suture line): not a problem

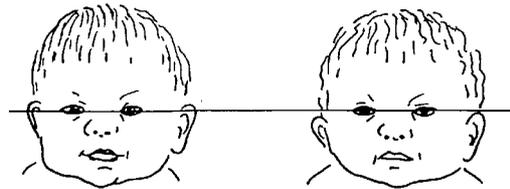
Hematoma (not across suture lines): might cause problems

If you find a swelling on the head that does not cross a suture line, it may be a hematoma (bleeding under the skin). Hematoma can cause the baby to get jaundice as she heals. If you find a hematoma, check the baby every day for signs of jaundice until the hematoma is gone (see page 279). If possible, get medical advice.

Ears

To check the baby's hearing, softly clap near the baby's ear. Most babies will move when they hear a sound. If the baby does not seem to hear, get medical advice.

Also check how high or low the baby's ears are on her head. To do this, look straight into her face and imagine a line across her eyes. Some part of each ear should be above this line. Low or uneven ears can be a sign of other problems inside the body, including cognitive delay and kidney problems. If one or both ears is below the line, get medical advice.



Ears are usually above the eyes.

Ears below the eyes can be a sign of a medical problem.

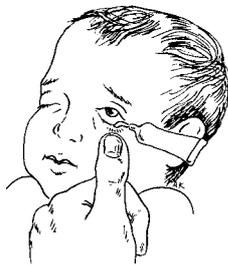
Eyes

Look at the baby's eyes. Notice if they look like other babies' eyes, and if they move together. A little bit of blood under the surface of the white part of the eye is common. The blood should go away in a few days.



A little blood in the white part of the eye is OK

Put medicine in the baby's eyes to prevent blindness



If a mother has chlamydia or gonorrhea (see page 323), she may pass it to her baby during birth. The infection gets into the baby's eyes and can cause blindness. Many, many women have chlamydia or gonorrhea and do not know they have it. Unless the mother has had a test to show that she **does not** have these infections, give the baby medicine in the eyes to prevent blindness.



To prevent blindness

- put a line of erythromycin 0.5% to 1% eye ointment in each of the baby's eyes, within the first 2 hours after the birth

or

- put a line of tetracycline 1% eye ointment in each of the baby's eyes, within the first 2 hours after the birth

or

- put 1 drop of 2.5% solution of povidone iodine in each of the baby's eyes, within the first 2 hours after the birth

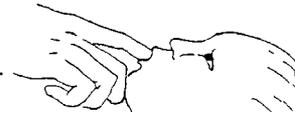
or

- put 1 drop 1% silver nitrate solution in each of the baby's eyes, within the first 2 hours after the birth

Erythromycin, tetracycline, and povidone iodine are safer and work better than silver nitrate at preventing blindness caused by gonorrhoea and chlamydia. Silver nitrate also irritates the baby's eyes for a few days. If you can get erythromycin or tetracycline ointment, or povidone iodine, use one of them. But use silver nitrate if that is all you have.

Nose and mouth

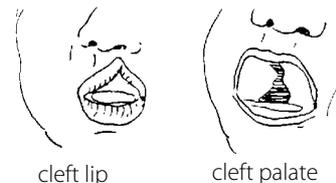
First check if the baby can breathe easily through his nose. If not, try suctioning the baby (see page 213).



Then, gently stroke the baby's cheek. He should turn his head toward your finger. This is called the rooting reflex. Put a very clean finger inside the baby's mouth. The baby should suck on your finger. If there is no rooting reflex, and if the baby does not suck, he may be very weak or sick. Get medical help.

Babies with cleft lip and cleft palate

A cleft lip is an opening or gap on the baby's upper lip, often connecting to the nose. A cleft palate is a split in the roof of the baby's mouth. These problems can be fixed by an operation when the baby is older. Cleft lip is often repaired when the baby is 4 to 6 months old. Cleft palate is often repaired when the baby is about 1½ years old.



Babies with cleft lip or cleft palate may need some help breastfeeding. For babies with cleft lip, the nipple should go deep into the baby's mouth, so the breast fills up the cleft. If there is still a space in the lip, the mother can put her finger over it.



For babies with cleft palate, the nipple should go as far back into the baby's mouth as possible. Point the nipple to the side of the cleft. The baby should drink with his head up so that milk does not go into his nose. If the baby cannot breastfeed, the mother can remove milk from her breasts by hand (see page 285) and feed the baby with a very clean spoon.

Babies with cleft lip or cleft palate may also have more ear infections and other health problems as they get older. Be sure the mother knows this. Also, a baby with a cleft lip may look unusual, and some parents feel upset when they first see their child. It is important to listen to how these parents feel, and also to remind them of the beauty of their children.

Neck

Check the neck for swelling and lumps. Also, the baby's head should move freely. If you find any problems, get medical advice.

Chest

Breathing

Watch the baby breathe. If the skin between and under the baby's ribs sucks in when he takes a breath, the baby is having trouble breathing (see page 241).

Listen to the baby's breathing. Use a stethoscope or fetoscope if you have one. If not, just use your ear. You should hear breathing sounds on both sides of the chest, and on both sides of the back. If you do not hear breathing sounds on both sides, one lung may not be working. Get medical help immediately.

Count the baby's breaths when she is quiet, not breastfeeding or crying. If the baby breathes more than 60 breaths a minute, she may have an infection and need medical help. See page 256.

Heart sounds

If you have a stethoscope or fetoscope, use it to listen to the baby's heart sounds too.

It is hard to describe heart sounds in a book. If possible, someone should teach you how a baby's heart usually sounds. But listen to the baby's heart sounds even if you are not experienced. Over time you will learn what sounds a healthy baby's heart makes, and what sounds are unusual. If the heart sounds are unusual, get medical advice.



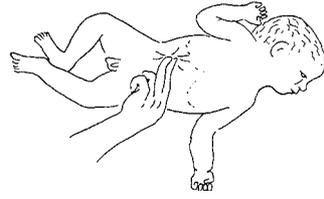
Shoulders, arms, and hands

Look at the baby's arms and hands. Do they look like most other babies? Can the baby move them without difficulty?

Sometimes a baby's shoulder, collarbone, or arm breaks during the birth. Feel those parts of the body to see if there are any odd lumps or breaks. A baby with a broken bone may cry in pain, but he may not. Simple breaks will usually heal on their own, but if possible, get medical help. Use a cloth to wrap the arm across the front of the body so it moves as little as possible and is not injured more when you go to get help.

Belly

Look at the belly. Does it look how you expect? What happens to the area around the cord when the baby cries? If some of the baby's insides push the skin out, this means the belly muscles are not connected. This is called an umbilical hernia. Get medical advice.



Next, feel the belly. When the baby is not crying, the belly should be soft. Check for lumps, cysts (round sacs of fluid), or other odd shapes under the skin. If you find anything unusual, get medical advice.

Note: A freshly cut cord can easily become infected. To prevent infection, keep it clean and dry. Always wash your hands before touching the cord and do not cover it or put anything on it. If the cord is still bleeding, clamp or tie it again.

Genitals and anus

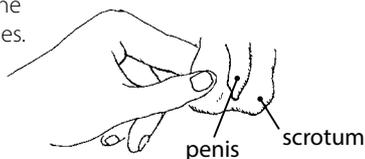
Look at the baby's genitals. All babies' genitals look swollen after birth. If the baby was breech, the genitals may be very swollen.

Make sure that the anus is really an opening, and not covered over with skin. If the baby has had a bowel movement, you know that this part of the body works. If the baby has no anus, or if it is closed, get medical help right away.

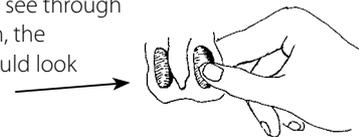
For a boy

First look at the baby's scrotum. The scrotum is the sac under the penis. Inside the sac, there are 2 smooth, firm balls called testicles which will make sperm when the boy is older. Testicles form inside the baby's body during pregnancy and they usually drop down (descend) into the scrotum before birth. You should be able to feel the testicles and move them with your fingers.

Feel the testicles.



If you could see through the scrotum, the testicles would look like this.



Some boys are born with testicles still high in their bodies that did not descend into the sac. If you cannot find one or both testicles, check again in a month or so. In most of these babies, the testicles will move into the sac by 3 to 4 months after birth. If they do not, the baby should be evaluated in a hospital before age 2 for possible surgery.

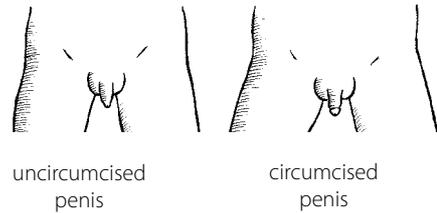
If testicles that do not descend are common in your births, toxic chemicals in the air, water, or soil may be causing problems for the whole community. For ways to work together to protect against these chemicals, see Hesperian's *A Community Guide to Environmental Health*.

Next, check to see if the hole at the end of the penis seems in the right place. If the penis looks very unusual, get medical advice.

Male circumcision

Circumcision is an operation to remove the skin around the tip of the penis (foreskin). A baby may be circumcised right after birth, or after a few months, and sometimes men are circumcised later. Some are not circumcised at all.

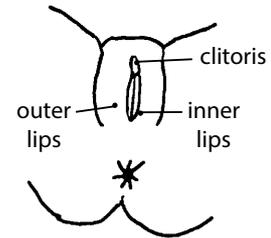
Circumcision is important in some cultures and religions. It is not medically necessary but it may provide some protection for a man against sexually transmitted infections, including HIV. For a baby, it can help prevent infections of the bladder and kidneys. The risks of circumcision are infection, bleeding, injury or less sensitivity of the penis, and pain and trauma to the baby. Only a skilled person with sterile tools should circumcise a baby.



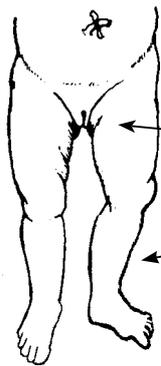
Teach families with uncircumcised babies to clean their baby's penis as they do the rest of the baby's body. They should not pull back the foreskin to clean under it until it pulls back easily, usually after a few years.

For a girl

Make sure that the girl has both outer and inner "lips" of her genitals and a small opening to her vagina. If she does not have an opening, she may need an operation. Get medical help right away. Tell the family that it is common for girls to have a small amount of blood from the vagina for 1 to 2 days after birth.



Hips and legs



First, look at the baby's hips. Compare the two legs. If one hip is dislocated, that side may show these signs:

- the upper leg partly covers part of the body
- there are not as many skin folds
- the leg may seem shorter, or the knee and foot are pointing outwards

Also, Hold both legs with the knees bent, like this:



Then, open them wide, like this:



If you feel or hear clicking, the hip is dislocated —get medical advice.

To treat a dislocated hip

The family will need to keep the baby's knees high and open. There are several ways to do this.

The best is a Pavlik Harness, which is only removed for bathing.



If they do not have this, they can use 2 to 3 diapers at the same time to hold the hips in position.



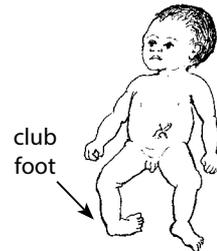
They can also carry the baby with legs apart like this:



Also, try to feel the baby's pulse in the place where the leg and genitals come together. A skilled person may have to teach you. If a skilled person cannot find this pulse, the baby may not have good blood flow to the legs. Get medical advice.

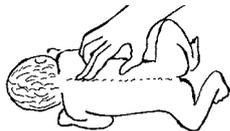
Feet

Look at the baby's feet. If one foot turns inward and cannot be straightened, it may be a club foot. This can usually be fixed with a cast if the baby gets help in the first few days. Chapter 11 of *Disabled Village Children* has more on treating club foot.



Back

Turn the baby over and look at her spine. Look for holes, sores, cysts, growths, or tufts of hair.



Gently move your fingers down the baby's spine to feel the bumps of her spinal bones. Can you feel a flat spot in the spine? Are there any holes in the skin at the bottom of the spine where the baby's buttocks begin?

If you find any holes, sores, growths, or tufts of hair, get medical advice.

Skin

Look carefully at the baby's skin. Some babies have spots on their skin. For example, the baby might have large, dark patches on the lower back or bottom. Other babies have red patches on their faces. These spots are not harmful. Other spots, like small red rashes, can be a sign of infection. If you are not sure, get medical advice.

Color

The baby should have a healthy color within a few hours of the birth.

If the baby stays blue

- If a baby's hands and feet are still blue, but the baby is warm, there is probably not a problem. Some babies' hands and feet stay blue for 1 or 2 days after birth.



- If the baby's lips or face are still blue one hour after birth, the baby may have a problem with his heart or lungs. He may also need oxygen. Place the baby skin to skin with the mother, and cover them to stay warm. Go to the hospital now.

If the baby looks yellow

If the baby seems yellow less than a full day and night after the birth, he may have jaundice or an infection. See page 279, and get medical help.

If the baby is pale

A pale, limp baby may be anemic or have other problems. Get medical help now.

If the baby is very red

A very red baby may be OK. Watch him carefully for a week for signs of jaundice. Get medical help as soon as possible if the baby becomes yellow, starts breathing fast, or has trouble breastfeeding.

Baby has disabilities

When you look a baby over from head to toe, you may see signs that she has an illness or disability. Or you may see that the baby is somehow different from other babies. These differences or disabilities are sometimes small and not dangerous, like cleft lip. Or they may be very serious and life threatening, like a large opening in the spine (spina bifida). If you find anything unusual, get medical help.

If the baby has a disability, the parents may be very accepting, or they may not. Some people think that disabilities are caused by curses or bad luck. Some families feel sad that their child is not the way they imagined, or not like other children. They may feel overwhelmed by the extra help that they may need to give a child with disabilities. Parents of children with disabilities often need extra support.

Help these parents:

1. find good medical care for their child.
2. learn about the child's specific needs.
3. learn about the child's strengths and help the child learn to use these to navigate their world. For example, a child who will not walk because of a disability in her legs may have very strong arms and hands and a clever mind.



There are many helpful books for parents and caregivers of children with disabilities. *Disabled Village Children*, *Helping Children Who Are Blind*, and *Helping Children Who Are Deaf* are all available from Hesperian Health Guides.

What causes disabilities present at birth?

Some babies develop differently inside the womb, and no one knows why. But some disabilities are caused when:

- the mother did not get enough good food to eat in pregnancy.
- the mother was exposed to sicknesses like herpes, chicken pox (varicella), or German measles (rubella) during pregnancy.
- the mother had to work with toxic chemicals (like pesticides) during pregnancy.
- the mother was given unsafe medicines or drugs during pregnancy.

Work with your community to prevent disabilities caused by poverty, lack of food, or diseases. Build support for families with children with disabilities because these problems can affect anyone.

Immunizations given at birth

Hepatitis B vaccine Hepatitis B is a serious infection that can cause fatal liver disease (see page 336). Hepatitis B can be passed from an infected mother to a baby during birth. The vaccine is very effective for prevention. For best protection the first of 3 injections (sometimes 4) should be given at birth.

BCG vaccine In places with a lot of tuberculosis (TB), a vaccine called BCG may be given to all babies at birth to prevent TB. Elsewhere, it only is given at birth if the mother has TB. BCG vaccination does not always work, so people who have been vaccinated should still be careful not to be exposed. Babies who are HIV positive and have any signs of illness should not be given the BCG vaccine.



If you do not give these vaccines yourself, help the mother have the baby immunized as soon as possible. For a complete listing of childhood immunizations, see *Where There Is No Doctor*, page 147.

HIV medicines While not a vaccination, babies who have HIV or were exposed to HIV during pregnancy because their mothers had it should be started on antiretroviral treatment as soon as possible. See page 496.

Clean up and answer the family's questions

Clean up the birth area. Anything that has blood on it, including the placenta, must be disposed of so it does not spread germs. See page 67 to learn how to safely dispose of tools and wastes.

Make sure the family has all of their questions answered before you leave.