



### Keeping Neonates Warm

For every degree that a baby drops below 36.5°C, the risk of mortality increases by **28%**.

All babies are at risk. Higher risk groups are: premature; low birth weight babies, babies requiring resuscitation and babies of diabetic women.

There is a fine balance between hypothermia, hypoglycaemia, and hypoxia.

### What can you do?



Ensure the baby is thoroughly dried; use dry towels to swaddle.



Use a Hat!



Shut windows and doors to reduce ventilation leaks.



Consider the environment; calm, dimly lit and dignified.  
Reassure and inform at all times.

Encourage skin to skin contact (**not during conveyance**). Remember the nine reasons.

## SKIN TO SKIN MATTERS NINE REASONS

Research suggests that an hour of skin to skin daily in the "fourth trimester" may impart long lasting benefits\*

Regulates baby's heart rate, breathing and temperature

Reduces postnatal recovery time

Strengthens baby's immunity and reduces infection risk

Encourages initiation and continuation of breastfeeding and boosts milk production

Supports good sleep cycles for baby's brain development

Promotes bonding, helping babies feel happier and cry less

Improves baby's digestion, reduces feeding discomfort and encourages weight gain

Accelerates baby's brain growth and supports early cognitive development

Combats postnatal anxiety and depression



[www.carryingmatters.co.uk/skin-to-skin](http://www.carryingmatters.co.uk/skin-to-skin)



\*Feldman et al 2014

## Ethnicity and pregnancy

Maternal mortality occurs in fewer than 1 in 10,000 pregnancies. There are significant variations based on race.

Black women dying in childbirth is five times higher than white women.

This disparity also exists in neonatal death.

### What can you do?

Adopt shared decision-making model – midwives/GP/CAL.

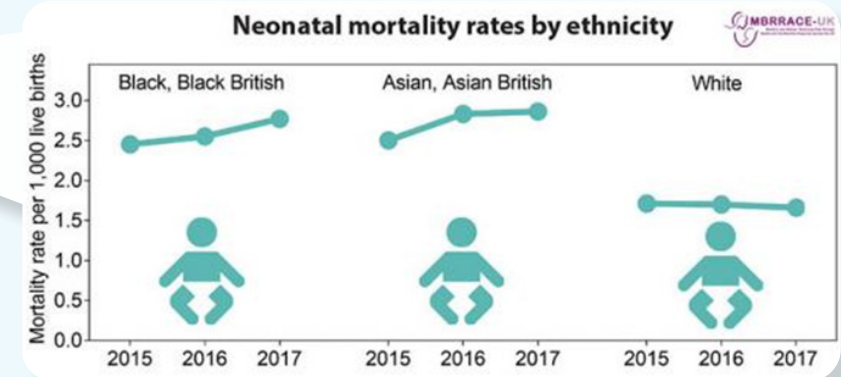
Encourage and reassure pregnant women and new parents that the NHS is safe to access when required. (Covid)

Have a low threshold for transportation to hospital for this patient group.

If the patient is reluctant to attend hospital, contact the patient's midwifery services or speak direct to CAL for a shared decision-making model.

If leaving at home – Safety net!

- Have a HCP to HCP conversation.
- Give specific worsening instruction.
- Documentation!



## Complications and Management approaches

There are still cases where Misoprostol and TXA have not been considered for Postpartum Haemorrhage (PPH).

### REMEMBER THE RULE OF 30

### What can you do?

Emergency tips and tricks:

Cord Prolapse:

- Face down, buttocks up.
- Minimise scene time.
- Fastest and safest way to the ambulance is a brisk walk.
- Rapid transfer in elevated left lateral with the end of the bed raised (MAC)
- **(Do not transport head down bottom up).**

Shoulder dystocia:

- Place patient on a firm surface.
- ENSURE MUM'S BACK IS FLAT!
- Apply traction: to baby-neck pulled straight.

**Caution:** Lateral hyperextension leads to brachial plexus injury.

### Rule of 30

If systolic BP drops by 30mmHg  
HR rises by 30bpm  
RR exceeds 30 per minute  
Patient is likely to have lost 30%  
of their circulating volume:  
50kg pt: 1.5L  
60kg pt: 1.8L  
70kg pt: 2.1L

