



The Health Provider

Editorial

Our nation could not have done it without you and for that reason the NFPB salutes you and all other health care workers at this time. The Corona-virus (COVID-19) pandemic has challenged healthcare professionals to work longer hours, put themselves in the front-line of the pandemic and remain vigilant to stem the spread of the virus. Jamaica's already strained resources are further tested to meet the demands by the public to mitigate the spread of the virus.

The presence of the virus has temporarily stymied the NFPB's personnel's ability to have face-to-face interactions through training sessions with health staff. However, we are using this medium to provide that continuous education.

This is the first time that an edition of the NFPB's Health Provider newsletter will focus primarily on maternal and child health.

As a background, maternal and child health statistics have shown us that our nation's greatest challenge is with respect to care for women with pregnancy or birth-related complications. Women

over the age of 35 and multiparous women are at much higher risk for these complications, which can be life-threatening to both mother and child. An analysis of maternal health in Jamaica revealed that health promotion programmes needed to be strengthened in order to overcome the challenges.

Jamaica's aim was to reduce child mortality by two-thirds (from 14.5/1,000 live births to below 10/1,000) and maternal mortality by 75 per cent (from 94/100,000 live births to 23/100,000).

As a nation we failed to clear the Millennium Development Goal hurdle in 2018 with maternal and child health being

the poorest performing indicator. Our next hurdle is approaching - that of eclipsing the Sustainable Development Goal by 2030. The country's strides were accelerated with the support of the European Union for the implementation of a Programme for the Reduction of Maternal and Child Mortality (PROMAC). The Programme has ended, but the NFPB will continue its initiatives in maternal and child health that have been added to our expanded mandate to ensure the achievement of the goals.

Enjoy this special edition and share the information wherever possible.

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SAVING MOTHERS' LIVES World Health Organization

MILLENNIUM DEVELOPMENT GOAL 5A:
REDUCE MATERNAL DEATHS BY 3/4 BETWEEN 1990 AND 2015

Of the 95 countries with high levels of maternal mortality in 1990:

9 Countries Achieved MDG 5A

- Bhutan
- Cabo Verde
- Cambodia
- Iran
- Lao People's Democratic Republic
- Maldives
- Mongolia
- Rwanda
- Timor-Leste

Another 39 countries also made significant progress

NO WOMAN SHOULD DIE IN PREGNANCY AND CHILDBIRTH

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SKIN-TO-SKIN CARE FOR THE BABY

We've seen it many times in films where the new born baby is placed on the mother's chest immediately after birth. It is commonly known as a bonding technique, but there is also a medical reason. Skin-to-skin contact is recommended for the new born to help regulate their body temperature, minimise heat loss and prevent them from becoming cold.

Continuous skin-to-skin contact, is essentially contact for more than 20 hours per day, and is recommended for babies weighing less than 4 ½ lbs or who are cold. This is where other family members can assist and take turns relieving



ing the mother. If there isn't anyone to assist then bundle the baby snugly.

With the closeness afforded by skin-to-skin a first hand, up close opportunity is presented to observe the baby's A,B,C and T. What's that?

A – Activity – Is the baby active, sluggish or having convulsions?

B – Breathing – Is the baby breathing normally at 40 to 60 breaths per minute or is the breathing fast? Is the baby's breath pausing for more than 20 seconds?

Rapid breathing in a new born is commonplace and is natural, as normal lung fluid is being absorbed. This can last for 1-2 hours after birth. However, if it goes beyond that length of time medical attention should be sought.

C- Colour – Has the skin changed colour? Is it yellow, blue, turned pale?

and

T – Temperature – Is baby hot or cold or displaying a normal temperature? For the newborn you will notice that medics check their temperature within the first 90 minutes of their birth.

Monitoring continues for those who have been placed on the mother's skin with the checking of their temperature every 15 minutes. This is done by feeling their forehead or foot, but the most reliable is placing a thermometer under the baby's armpit. 36.5 degrees Celsius to 37.5 degrees Celsius is considered a *normal* temperature. Beware of temperatures below 35.5 degrees Celsius or above 37 degrees Celsius as those are *danger signs* for which you must seek advanced medical care.

Skin-to-skin may be interrupted only for extremely short periods of time in order to provide general cleaning of the baby. It is not recommended to bathe a small baby; instead after they are more than 24 hours old use a wet cleaning cloth, as needed.

If baby's temperature is low here are some other techniques that can raise the temperature of the environment

Cover both mother and baby with a blanket or other warm clothing. Mittens, a cap and socks can help to keep baby warm as well.

Increase the room's temperature

Increase the length of the skin-to-skin contact.

Minimise drafts in the room

Ensure that baby is not wet and if he/she is, then change his/her diaper.

If your attempts at regulating the temperature are not working then seek additional help of medical personnel.

CARE OF THE UMBILICAL CORD

The umbilical cord serves the purpose of providing nutrients and oxygenated blood for the foetus and removing his/her waste and carbon dioxide-rich blood.

At birth the cord is cut by the attending midwife or doctor. The care of the cord is just as important for the overall health of the baby. The umbilical cord stump will fall off naturally about two (2) to three (3) weeks after birth.

Here are some cord care instructions that it wouldn't hurt to know about:

- * The umbilical cord must be cut and cleaned within the first 90 minutes of the baby's birth.
- * Be very gentle with the umbilical cord stump.
- * Clean water only should be used to wash the cord.
- * In addition, the cord should be kept clean, dry and exposed. Bandages are not required. It is recommended that newborns wear diaper shirts instead of the popular onesie, so that the cord can get enough exposure to air.
- * Unless you are instructed by a health care professional do not apply any creams to the cut cord.
- * Use an alcohol swab to wipe around its base if faeces or urine gets on it.

Under no condition should bush medicine be applied to the cord.



CHOKING IN BABIES

If a baby is choking, this would not be the time for you to be frantically reading a first aid manual. Teach parents what to do before such an event happens.

Choking in babies can be caused by several factors:

- * Developmental delays and disorders of the throat, brain injuries.
- * Toys and other small objects being placed in the mouth
- * Food that is too large, too hard, or too sticky to swallow.
- * Being distracted while eating
- * An inability to cough hard enough to expel the blockage.

When a baby is choking they are unable to make any audible noise (cry, cough) or breathe.

This is what you or any other caregiver should do:

- Stretch out your arm, palm upright and resting on your thigh.
- Place the baby on your arm with the baby's face pointed down.
- Using the heel of your other hand give five (5) quick, strong blows to the area between the baby's shoulder blades to dislodge the obstruction.
- Now for the chest thrust -Turn the baby over on to their back and rest him/her again on the

outstretched arm on the caregiver's thigh with the baby's head positioned lower than their chest.

Locate the child's breastbone which is between and slightly below their nipples.

Press down on it five times using your index and middle fingers so that it depresses (or pushes down) about one-third of its depth, forcing air from the lungs into the airway to force the cause of the obstruction, out.

For parents, have them repeat these steps until the baby gets to medical personnel.

THE HOSPITAL BAG

It would be no laughing matter for a woman to be at the point of delivery of her baby and have not packed a single thing for the trip to the hospital. Our Midwife at the National Family Planning Board is going to share with readers what to pack. To play it safe she recommends that the following items be packed for the 'grab and go' before the woman has reached her seventh month of pregnancy. Stress to her that it is equally important to let others in household know where to find the bag.

Here it is:

- * Nighties
- * Underwear
- * Newborn Diapers
- * Two (2) to three (3) blankets or receivers
- * Three (3) towels for mommy and baby
- * Face rags for mommy and baby
- * Maternity pads
- * Breast pads/Nursing pads
- * Alcohol or rum
- * 6 Chemises or diaper shirts for the infant
- * Toiletries – toothbrush, toothpaste, bathroom tissue, deodorant, soap
- * Socks for the infant
- * Tam for the infant
- * A sheet (if necessary)
- * A pillow (if necessary)
- * Wash basin
- * Disinfectant
- * Cotton wool/Cotton balls
- * Bedroom slippers
- * Dressing gown/duster
- * Incontinence under pad/ bed pad.



With a packed bag that's one less thing to worry about.

BABY & BATH TIME

Considering caregivers can't take their eyes off of the baby when it comes to bath time they have to have all the items needed properly laid out.

Here is a reminder of what is needed at bath time—Towel? Check. Bath? Check. Soap? Check. Diaper and clothes? Check.

- Clean the solid surface on which the baby will be laid down
- Spread a clean towel on the surface.
- Prepare a shallow basin of warm water.
- Remove the baby's clothing.
- Using a cotton ball dipped in warm water clean the baby's eyes from one corner to the next in one smooth motion. Use a new, clean cotton ball for each wipe of the eye. That way you limit the spread of an infection. Never use one cotton ball on both eyes.
- Lather the soap on your hands.
- Using the soapy hands apply the soap all over the baby's body.
- Carefully place baby in the warm water.
- Wash away the soapy bubbles, rinse and dry the little bundle of cuddly goodness.
- By using this technique one reduces the chances of the baby drowning as a baby can slip from the hands as they are manoeuvred.

RECOGNISING DANGER SIGNS IN BABIES

In order to give babies a fighting chance at survival we need to be able to recognise the danger signs which could mean that the baby has infection or a serious medical condition. There are five (5) main danger signs to look out for:



Not feeding – this is linked to prematurity, serious illness or infection

Hot or cold – an indicator that the body's temperature is either too high (that is greater than 37.5 degrees Celsius) or too low (anywhere from 35.5 – 36.4 degrees Celsius).



Convulsions – rapid uncontrolled movements of the limbs (like the baby is suffering from a fit) which when held will not stop. Convulsions are the result of infections, a prolonged second stage of labour or a brain injury.

Limited movement or not moving – may be caused by serious illness or infection.

Fast breathing or Chest indrawing – Breaths of over 60 per minute are considered fast. Chest indrawing with each breath results in indenting above, below and in between the ribs. Any baby displaying these signs must be given advanced health care and antibiotics specific to the condition.

If you notice any of these danger signs in a baby, take him/her to the hospital immediately.

5 DANGER SIGNS

- ◇ **Not feeding;**
- ◇ **Too hot or too cold;**
- ◇ **Convulsions;**
- ◇ **Limited movement or not at all;**
- ◇ **and**
- ◇ **Fast breathing or chest indrawing**

CORONA VIRUS

PREVENTION TIPS

Reduce your risk of coronavirus infection:



Clean hands with soap & water or alcohol-based hand rub

Cover nose and mouth when coughing and sneezing with tissue or flexed elbow



Avoid close contact with anyone with cold or flu-like symptoms

Thoroughly cook meat and eggs



No unprotected contact with live wild or farm animals



Shopping in wet markets?

Stay healthy!

Wash hands with soap and water after touching animals and animal products



Avoid touching eyes, nose and mouth

Avoid contact with sick animals and spoiled meat



Avoid contact with stray animals, waste and fluids in market



INFECTION PREVENTION: KEEPING BABY SAFE

Protecting babies from infections is our collective responsibility and there are some simple yet effective steps that go with handwashing that we can adopt

- ◇ **Before** handling the baby.
- ◇ **Before** preparing their food or feeding.
- ◇ **After** handling the baby
- ◇ **After** changing the baby's diaper
- ◇ **After** handling their items



By being acutely aware of simple everyday behaviours or actions we can make a difference for example by cleaning our surroundings regularly we protect the baby. Additionally,

- ◇ Skin-to-skin contact with the mother can add some level of protection for the baby.
- ◇ Properly disposing of waste.
- ◇ Avoiding contact with sick persons.
- ◇ Cleaning dirty surfaces .

The first line of defence against infection comes through breastfeeding. The infection prevention benefits of breastfeeding can't be overstated. Remember now, breastmilk helps the baby build his/her immune system through antibodies (transmitted from the mother).

HOW TO WEAR A MEDICAL MASK SAFELY

Do's →



Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

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HOW TO WEAR A MEDICAL MASK SAFELY

Don'ts →



Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

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EYE CONDITIONS & JAUNDICE IN NEWBORNS

Eye Conditions : One thing is for certain and that is that the first 90 minutes of a baby's life are crucial to its health and survival.

Did you know that medicine has to be applied to the lower lid of the baby's eyes within the first 90 minutes of life to prevent infections? Not just any eye medicine but one approved by the local health authority. It's necessary as during the birth process the mommy can pass infections to the baby. If she has an untreated sexually transmitted infection like syphilis the newborn can develop congenital syphilis that can lead to blindness and other complications. If she has untreated gonorrhoea and the baby contracts conjunctivitis from it and does not receive immediate medical attention, the baby can develop permanent scarring and blindness. Untreated chlamydia can also result in the newborn getting a form of conjunctivitis. With chlamydia there is the possibility that the baby could get chlamydia pneumonia that will cause coughing and rapid breathing .

Jaundice: There's something else we need to be vigilant with and that's jaundice, you know that yellowing of the baby's skin.

Jaundice is the result of elevated levels of bilirubin. Now, bilirubin is a pigment in red blood cells that's released when those cells break down. Jaundice can range from mild to severe cases. The severe cases are found in babies who have a blood disorder, don't feed sufficiently well, are premature or who have infections.



EYE CONDITIONS & JAUNDICE IN NEWBORNS *(Continued)*

Jaundice appears on the baby's head and as the condition worsens the yellowing is seen on other parts of the body like hands and feet. Another way to check if the baby has jaundice is to press the skin then release it and if you notice that the spot looks yellow the infant has jaundice.

To prevent permanent injury or death of the baby who has jaundice, the mother should breastfeed the baby every 2-3 hours and seek immediate medical attention for the child.



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PERSONAL PROTECTIVE EQUIPMENT—DONNING AND DOFFING

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedures for putting on and removing PPE should be tailored to the specific type of PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolated gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GLOVES**
 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a gloved hand, grasp the palm area of the other gloved hand and peel off the glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
 - Discard gloves in a waste container
- 2. GOGGLES OR FACE SHIELD**
 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band or ear pieces
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- 3. GOWN**
 - Coats front and sleeves are contaminated!
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Pull gown away from neck and shoulders, reaching inside of gown only
 - Turn gown inside out
 - Roll or roll into a bundle and discard in a waste container
- 4. MASK OR RESPIRATOR**
 - Front of mask/respirator is contaminated — DO NOT TOUCH!
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grab bottom ties or elastic of the mask/respirator, then the area at the top, and remove without touching the front
 - Discard in a waste container
- 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**


PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

