Telehealth Home Visits: Moms, Babies, and Videos!

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Welcome Baby Staff Model

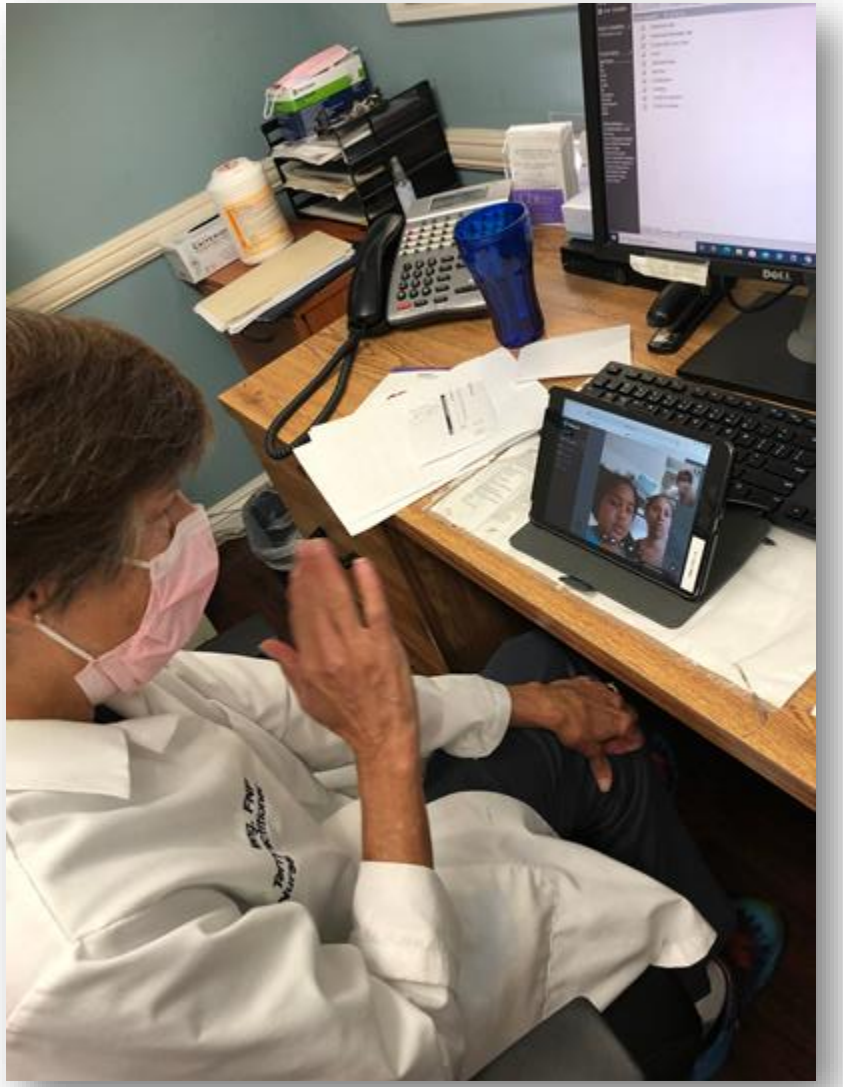


- Empathy, reflective communication, and positive regard is critical when communicating with our clients.
- Home visitors use a client centered model to assess the needs and strengths of each family.

Objective 1:
By the end of the presentation the learner will

Learn best practices in telehealth for mother/baby assessment, management, and education

Best Practices in Telehealth



- History taking is critical, use terminology based on health literacy
- What questions can get you the information that you need?
  - E.g. You may not be able to see the rash that they are describing
- Gut feelings are important – you can get this in the first minute

Telehealth Pros and Cons

Pros

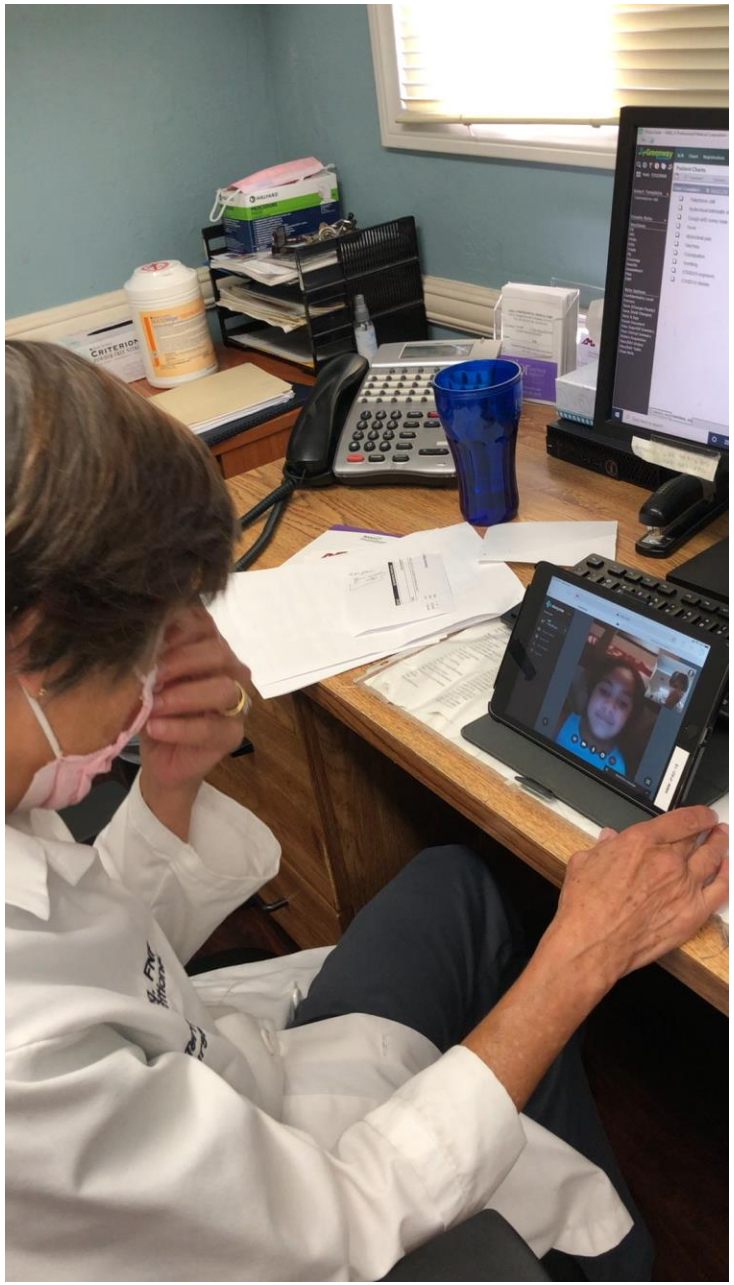
- Get to see/connect with mom and baby, and other family members
- Clients/families happy to see you
- Home environment visible
  - OTC medications
  - Sleeping arrangements

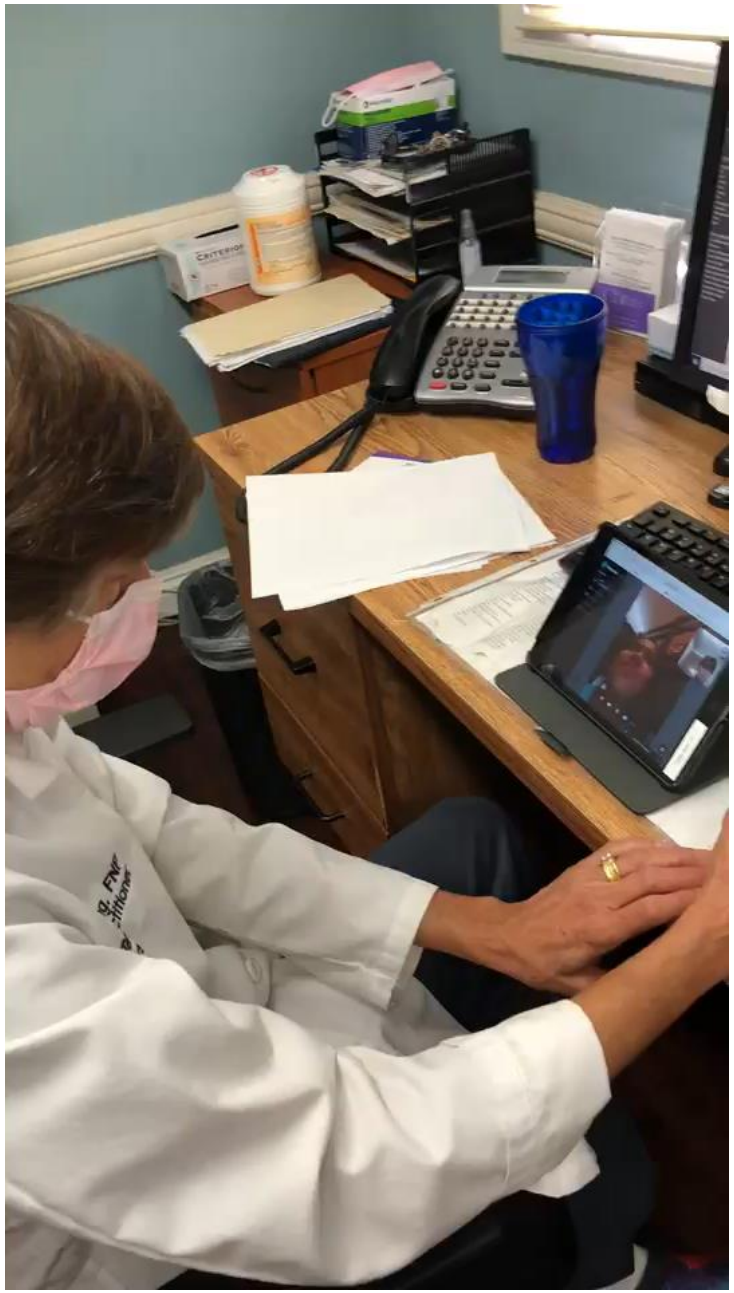
Cons

- Connection issues, lighting, phone quality
- Lack of privacy
- Home distractions (noise, siblings)
- Parents having difficulties with phone/camera (flipping camera) – sending images

“Dr. Terry” in action

What interview techniques do you observe?





Objective 2:
By the end of the presentation the learner will:

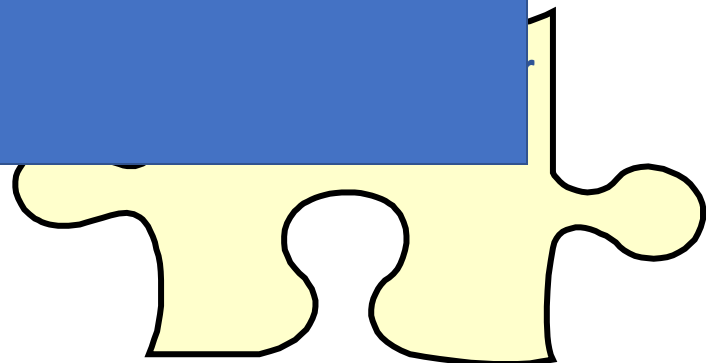
Verbalize critical areas of teaching and assessment based on mode of delivery (CS vs vaginal) with or without complications

Background

Early Postpartum & Newborn Care

Components of Postpartum Care
ACOG Guidelines

But it is much more than a visit!



Redefining Postpartum Care

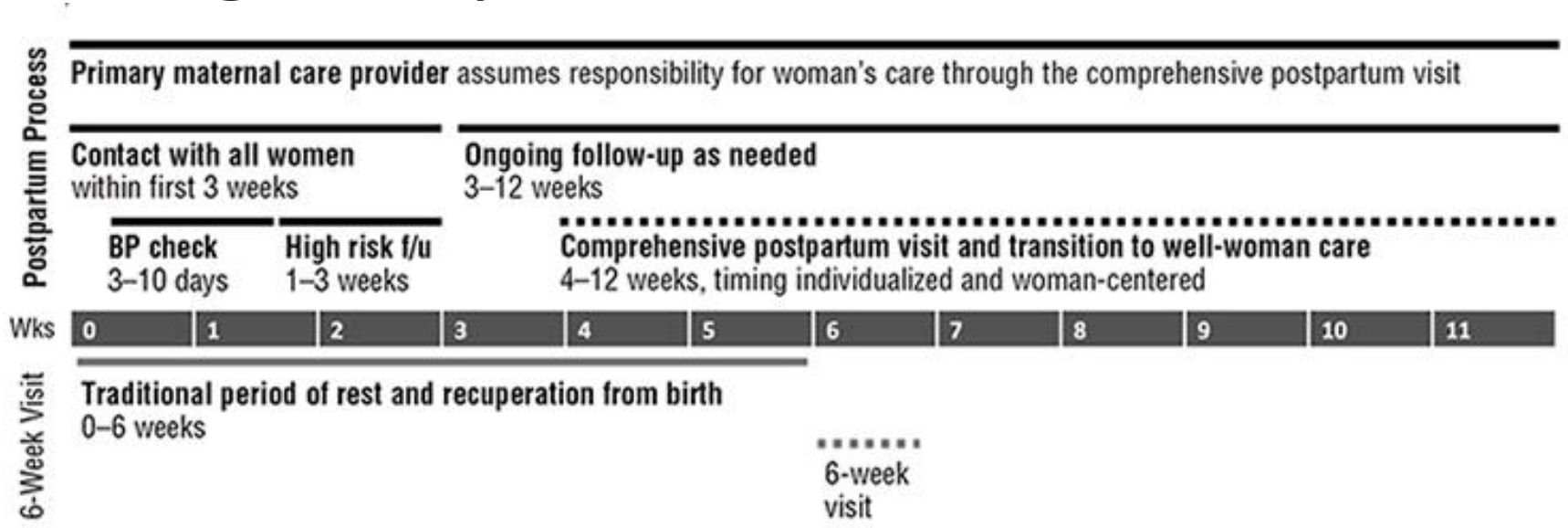


Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up. ⇦

It's a process, not just a visit!

ACOG, 2018

Table 2. Postpartum Care Team* ⇦

Team Member	Role
Family and friends	• Ensures woman has assistance for infant care, breastfeeding support, care of older children • Assists with practical needs such as meals, household chores, and transportation • Monitors for signs and symptoms of complications, including mental health
Primary maternal care provider (obstetrician–gynecologist, certified nurse midwife, family physician, women's health nurse practitioner)	• Ensures patient's postpartum needs are assessed and met during the postpartum period and that the comprehensive postpartum visit is completed • "First call" for acute concerns during postpartum period • Also may provide ongoing routine well-woman care after comprehensive postpartum visit
Infant's health care provider (pediatrician, family physician, pediatric nurse practitioner)	• Primary care provider for infant after discharge from maternity care
Primary care provider (also may be the obstetric care provider)	• May co-manage chronic conditions (eg, hypertension, diabetes, depression) during postpartum period • Assumes primary responsibility for ongoing health care after comprehensive postpartum visit
Lactation support (professional IBCLC, certified counselors and educators, peer support)	• Provides anticipatory guidance and support for breastfeeding • Co-manages complications with pediatric and maternal care providers
Care coordinator or case manager	• Coordinates health and social services among members of postpartum care team
Home visitor (eg, Nurse Family Partnership, Health Start)	• Provides home visit services to meet specific needs of mother–infant dyad after discharge from maternity care
Specialty consultants (ie, maternal–fetal medicine, internal medicine subspecialist, behavioral health care provider)	• Co-manages complex medical problems during postpartum period • Provides prepregnancy counseling for future pregnancies

Abbreviation: IBCLC, international board certified lactation consultant.

*Members of the care team may vary depending on the needs of the mother–infant dyad and locally available resources.

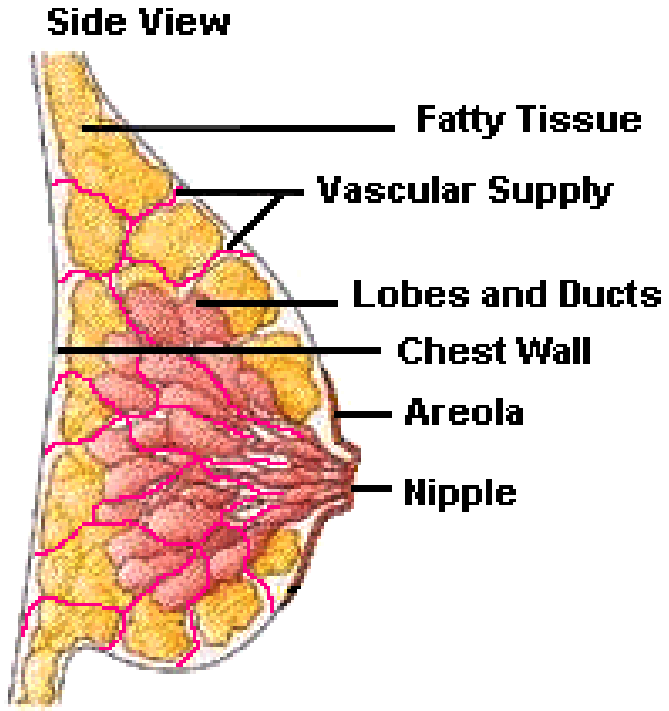
American College of Obstetricians & Gynecologists Committee Opinion No. 736: Optimizing Postpartum Care."

BUBBLES

- Breast
- Uterus
- Abdomen
- Bowels
- Lochia/Laceration
- Emotional Status

Physiological Changes of Postpartum: Breasts & Milk Production

- In situ placenta (during pregnancy) increased levels progesterone and estrogen
  - Inhibit prolactin
  - Cause hypertrophy of alveoli and lobules
- Lactation relies on two mechanisms:
  - Delivery of placenta → Milk production
  - Infant suckling → Secretion or “let-down” of milk and ongoing milk production



“Let down” reflex

- Infant suckling → production of oxytocin by posterior pituitary
- Oxytocin causes contraction of myoepithelial cells surrounding alveoli and ducts
- Milk “lets down” to the lactiferous sinuses → milk available to baby

Physiological Changes of Postpartum: Uterine Involution

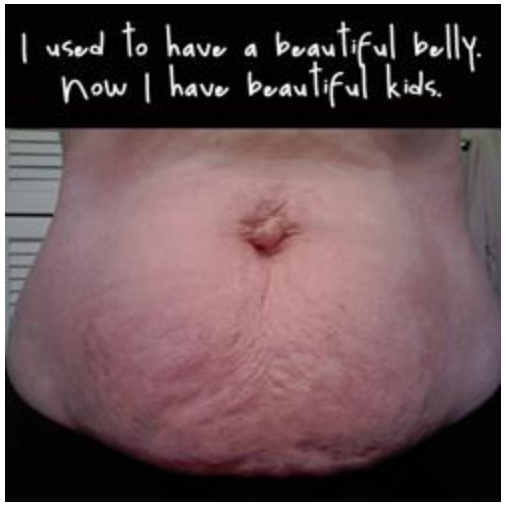
- Shedding of decidua/endometrium and exfoliation (shedding) of placental site
  - Note: If exclusively breastfeeding, may have "bleeding" off and on for several weeks
- Changes in size and location of uterus
  - Immediately after delivery; palpated two FB below umbilicus
  - By first postpartum week; palpated midway between umbilicus and symphysis pubis
  - Non palpable (not felt) by 10^{th} pp day
- Complete regeneration of endometrium (including placental site) by 6 weeks postpartum

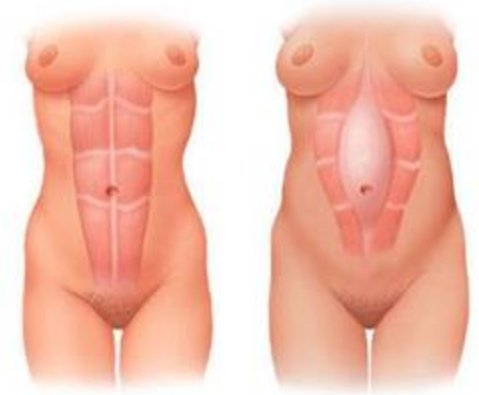
Physiological Changes: Bladder & Bowel Function

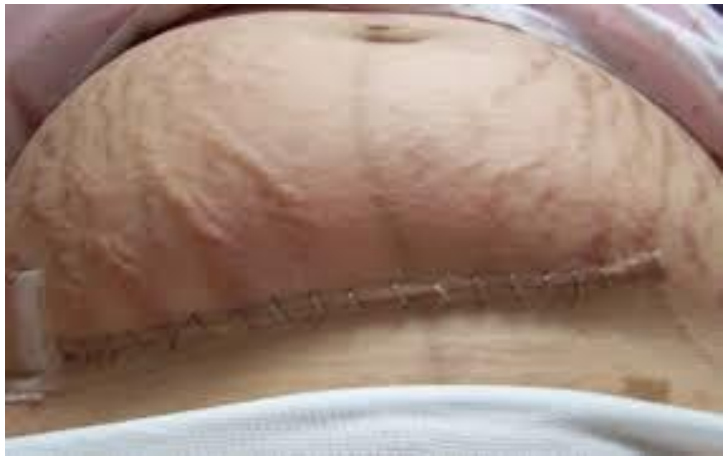
- If epidural or long pushing stage:
  - May have loss of bladder tone d/t swelling & anesthesia ; urinating difficult.
  - May not feel urge to void or be incontinent
- During pregnancy - 2000-3000 ml. of fluid accumulates in body
  - Hydronephrosis [enlargement of ureters] occurs after delivery & to 4 wks.
  - Early pp - loses 5- 10 lbs. of water weight in 1st wk through diuresis (sweating and urination)
- Bowels – ↓if C/S or narcotic use
  - First stool may be difficult/painful due to lacerations or hemorrhoids –encourage activity, stool softener helpful, increase fluids

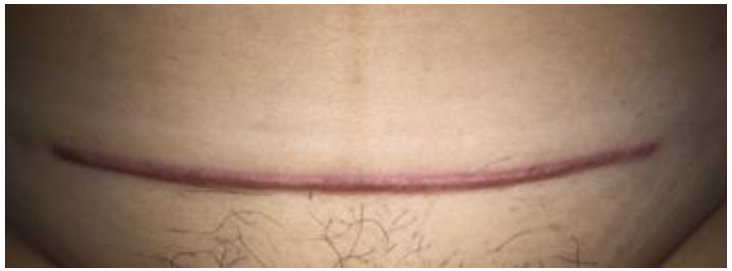
Sidebar: Diastasis Recti

- Separation of the rectus abdominis muscles due to excessive abdominal pressure
- Can be observed prenatally but more often noted postpartum









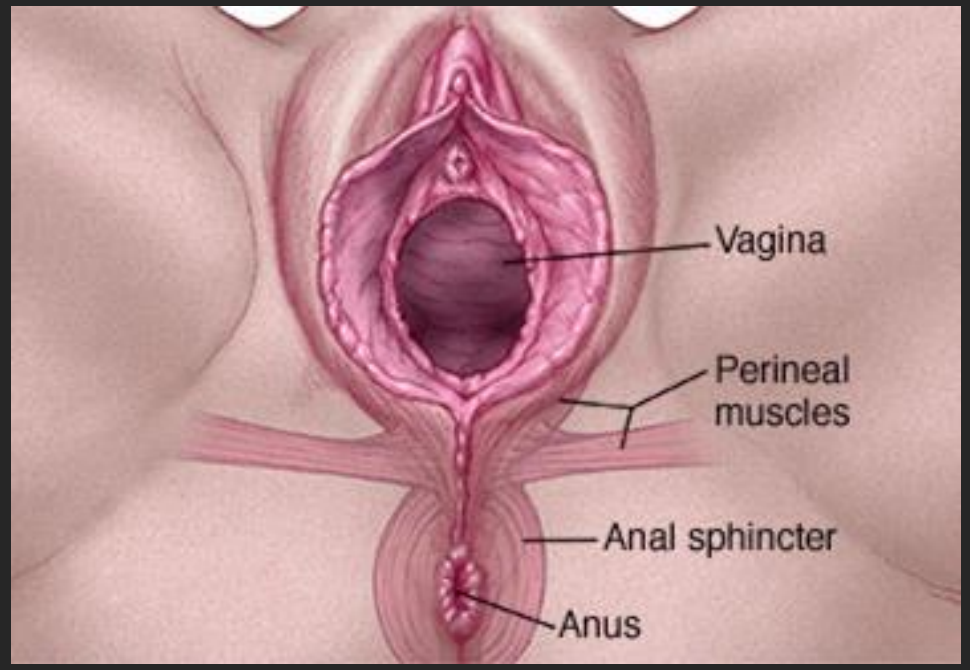
Cesarean Delivery/Birth Incision

Emotional Status: Assessment of Postpartum Mood Disorders

	Postpartum Blues	Postpartum Depression	Postpartum Psychosis
Incidence (%)	70-80%	> or = 10	0.1-0.2
Average time	2-4 days pp	2 weeks to 12 mo pp	2-3 days pp
Average duration	2-3 days, resolution within 10 days	3-14 months	Variable
Symptoms	Mild insomnia, tearfulness, fatigue, irritability, poor concentration, depressed affect	Irritability, labile mood, difficulty falling asleep, phobias, anxiety; symptoms worsen in the evening	Similar to organic brain syndrome; confusion, attention deficit, distractibility, clouded sensorium
Treatment	None; self-limited	Antidepressant Rx; psychotherapy	Antipsychotic Rx and/or antidepressant Rx as 50% meet depression criteria

Physiological Changes: Lacerations (Perineal Care)

- After vaginal delivery, perineum can be edematous and/or ecchymotic
  - If repaired, absorbable sutures used
  - Ice x 24 hrs. then heat [Sitz]
  - Topical anesthetics creams/sprays apply for comfort.
- Improves circulation & healing of epis/lac.
- Teach Kegels - tightening & releasing of perineal muscles.



POSTPARTUM

PERINEAL (PERI) CARE

The perineal area consists of the vaginal opening where your baby exited as well as the surrounding tissue. Following the birth of your baby, this area and the vagina itself may be tender and sore. This tenderness may occur whether or not you had stitches to repair a tear or episiotomy.

Cleanliness and pain relief are the two most important items in the care of the perineal area following birth. Good peri care can help prevent infection as well as speed healing.

Cleanliness prevents infection

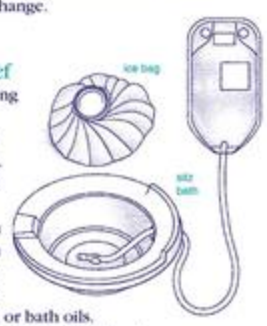
Wash the perineal area with gentle soap. In addition, do the following every time you use the toilet:

- Use a peri bottle or other plastic squeeze bottle to wash the area with warm water after urinating until lochia (postpartum vaginal discharge) stops, which usually is 4–6 weeks postpartum.
- Pat the perineal area dry from front to back to avoid introducing germs from the rectal area.
- Change the sanitary pad at least every 4–6 hours.
- Assess amount and color of lochia with each pad change.

Pain and discomfort relief

For pain relief, use the following methods:

- Apply ice packs for the first 24 hours to reduce swelling.
- After the first 24 hours have passed, you can take a 20-minute sitz bath in warm water three times a day. You can also soak in 2–3 inches (5–8 cm) of water in a bathtub. Do not use bubble bath or bath oils.
- Let your perineum air-dry while you lie in bed.



- Avoid standing or sitting for long periods of time.
- Ask your healthcare professional about using acetaminophen (paracetamol) or ibuprofen as well as over-the-counter pain-relieving sprays or foams. Also ask about using a stool softener.
- Drink 6–8 glasses of water or 100% fruit juice daily, and eat fresh fruits and vegetables to prevent straining the peri area from constipation.
- Ask your healthcare professional to explain how to do Kegel exercises (special exercises to strengthen the pelvic floor muscles). These exercises can boost the blood flow to the area for increased healing.
- Pour warm water over the vaginal area to alleviate any burning experienced while urinating.

Warning signs

Immediately call your healthcare professional if you note any of the following:

- Very heavy bleeding that soaks a large sanitary pad every hour
- Bright red blood after day four
- A foul-smelling discharge—normal lochia should smell like a normal period
- Clots larger than the approximate size of a quarter (3 cm)
- A fever of 100.4 Fahrenheit (38 Celsius) or higher

Do not use tampons and vaginal douches or have sexual intercourse until after your 6-week postpartum appointment and your healthcare professional has said it is OK.

Physiologic Changes: Lochia

- Consists of blood, fragments of decidua, mucus, bacteria
  - 1st 3 days = rubra =”red” [blood]
  - >3 days = serosa = “pink”
  - 10th day – alba - “white” [up to 3 wks]
- Total flow lasts about 4-5 wks- sometimes intermittent especially with breastfeeding
- Should not be bright red or with clots after first several days

Postpartum Learning Needs: Study Design

- 35 studies selected based on keywords of *postpartum, teaching, learning, concerns, needs*
- 18 articles retained for evaluation (1963-2000)
- Designs were descriptive, comparative or experimental
- Resulted in learning needs clustered into two categories:
  - Before postpartum day three
  - After postpartum day three

Bowman KG. Postpartum learning needs. *J Obstet Gynecol Neonatal Nurs* 2005;34:438-43.

Postpartum Learning Needs: Results

- Up to 3rd postpartum day
  - Needed information about stitches and episiotomy, postpartum complications
- After the 3rd postpartum day,
  - Needed information about being a good mother, meeting the needs of everyone at home, activities to regain prepregnant shape
- First postpartum week infant feeding and illness were dominant concerns

Bowman KG. Postpartum learning needs. *J Obstet Gynecol Neonatal Nurs* 2005;34:438-43.

Objective 3: By the end of the presentation the learner will:

Identify abnormalities in the mother/newborn dyad that require further evaluation

SteadyHealth.com

Postpartum Problems Every Mom Should Know About

Caring For Tears Or An Episiotomy Wound

It is normal for vaginal wounds to take a few weeks to heal, but do watch out for signs of infection. If your wound becomes red, hot, or starts oozing pus see your OBGYN right away.

Lochia — The 'Mother Of All Periods'

Seek medical help if you pass extremely large clots, bleed so heavily that you saturate a pad or more an hour, or your lochia smells foul.

Baby Blues & Postpartum Depression

Did you know that between 70 and 80 percent of postpartum moms experience some mood swings or negative feelings after their baby's birth?

Constipation And Hemorrhoids

Apply cold packs to the area to ease swelling and pain. Herbal sitz baths combat hemorrhoids and vaginal tears.

Breast Problems

Apply cold compresses and cabbage leaves on sore breasts, gently massage your breasts or even pump some milk. Lanolin soothes cracked and painful nipples.

Diastasis Recti

Wait until your healthcare provider gives you the green light to exercise, usually at the six-week postpartum checkup.

Uterine Problems

The uterus needs to shrink back to its tiny non-pregnant size after labor and birth, and this might cause painful contractions.

Your pelvic floor muscles will have weakened during pregnancy and birth, so it is best to start doing Kegel exercises soon after you give birth.

Postpartum and Postoperative Complications

- **Infection**
  - If during labor, may transmit infection to infant and infant & will need to stay longer
  - If postpartum, mother's recovery (discharge from hospital) may be delayed
- **Hemorrhage**
  - Anemia, weakness
- **Hypertension** (pre-pregnancy or related to pregnancy)
  - May need to be on anticonvulsant medication for 24 hours after delivery and stay on a special observation floor

Angelina Spicer Story

Postpartum and Postoperative Complications

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

PHQ-9 total score: ☐

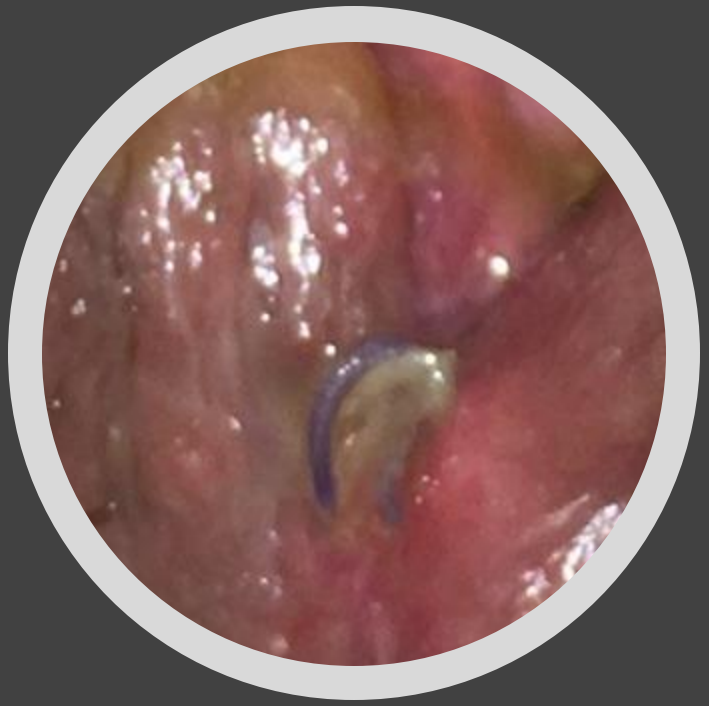
COVID 19 “A Perfect Storm” for Family Violence

- Family violence: threatening or other violent behaviors within families that may be physical, sexual, psychological, or economic, and can include child abuse and intimate partner violence
- In Wuhan province, China, DV rose 3x in February 2020 as compared to previous year
- UK abuse hotline calls increased 25% since stay-at-home measures instituted
- Social distancing and isolation result in
  - Intense and unrelieved contact
  - Depletion of existing support networks
  - Children at greater risk for neglect and abuse
- COVID-19 is used as a coercive control mechanism used by perpetrators to exert further control e.g. misinformation as to the extent of quarantine measures, fear of going to hospital

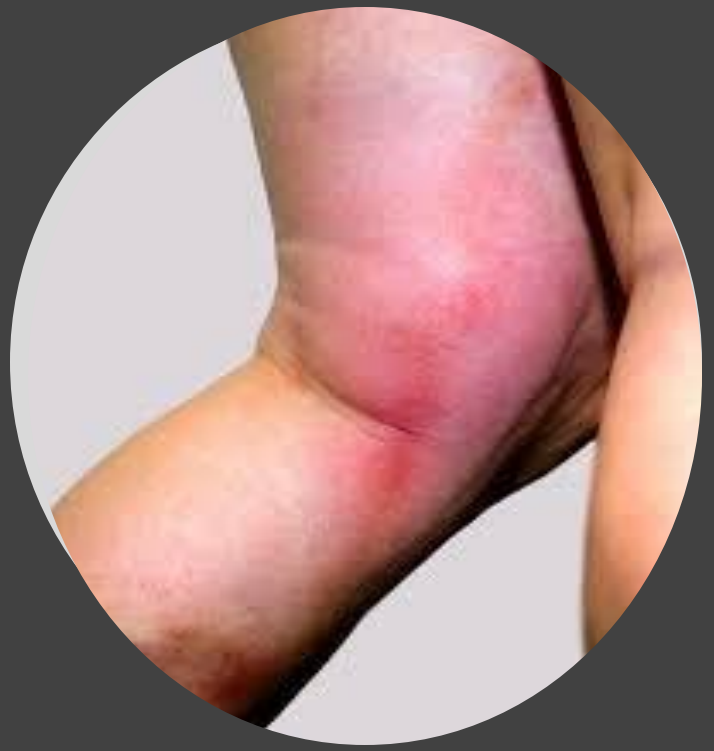
Usher K, Bhullar N, Durkin J, Gyamfi N, Jackson D. Family violence and COVID-19: Increased vulnerability and reduced options for support. International Journal of Mental Health Nursing 2020;29:549-52.

Signs and Symptoms of Danger: Postpartum

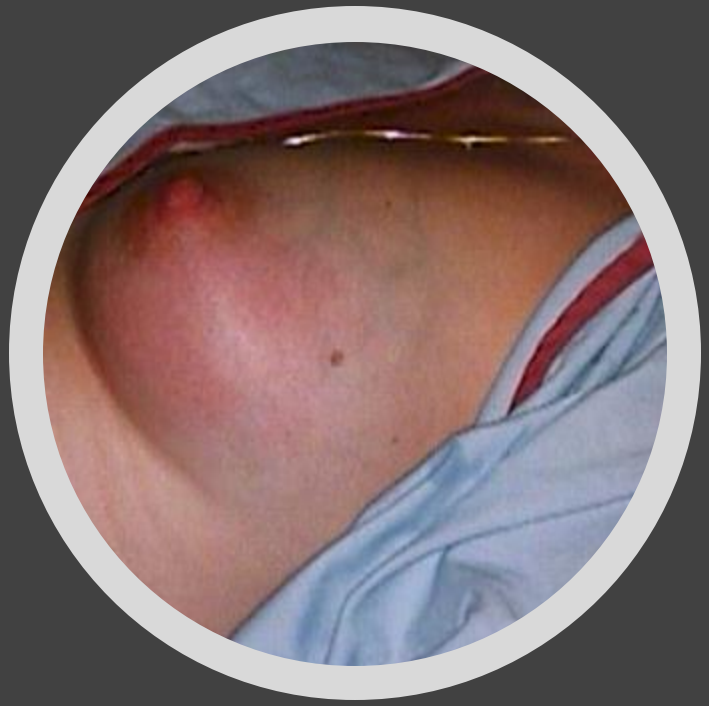
- **Maternal fever ≥ 100.4** (definitely at 101 or greater) and not feeling well (malaise) and…
- **Pain** in:
  - Breast (s) – mastitis (breast infection) or clogged milk duct (affected area will also be red)
  - Uterus/abdomen- endometritis (uterine infection) or if cesarean, wound infection, even bladder (urine) infection
  - Back – pyelonephritis (kidney infection)
  - Leg (s) especially if history of varicose veins (area may also be red)
  - Perineum/vagina – Feeling like something split, increased pain after delivery



Perineal infection



Thrombophlebitis

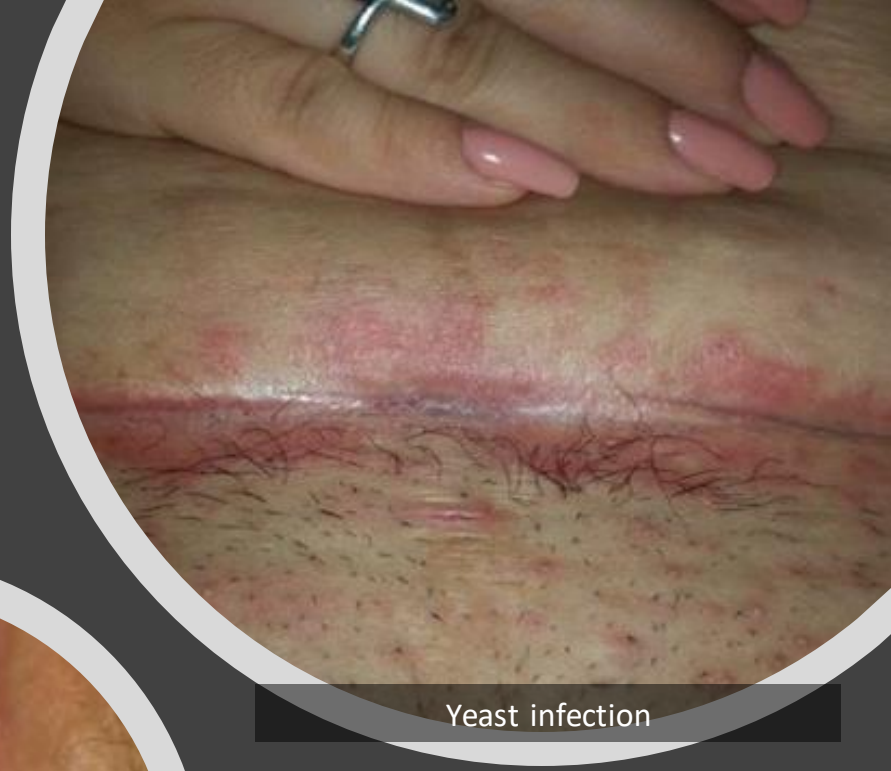


Mastitis

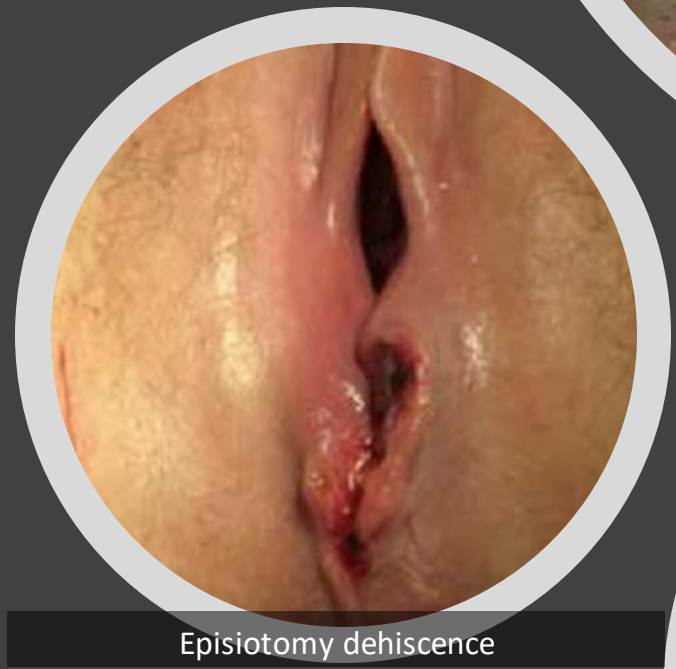
Maternal Infections

Wound Infections/Dehiscence

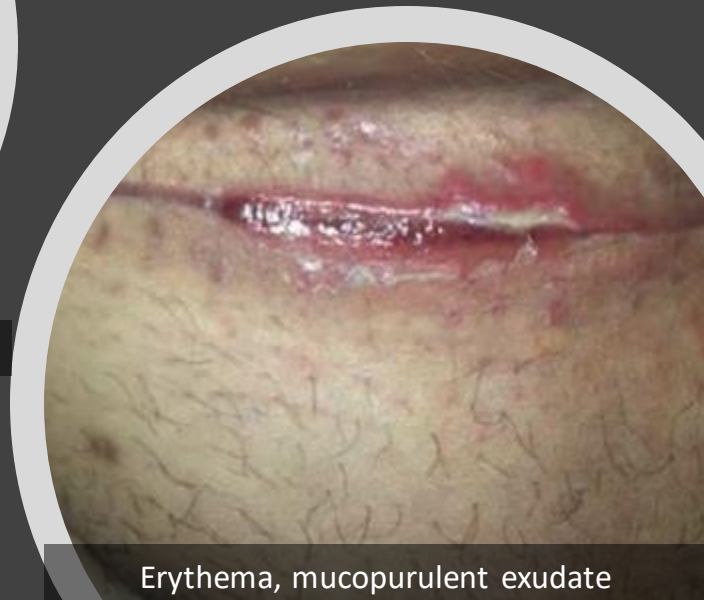
- Surgical site infection (SSI) after CD is an important key quality indicator of maternal care - reported incidence 3.7 to 9.8%
- Episiotomy/laceration repair infection after vaginal delivery
- Risk factors
  - Low SES
  - Limited prenatal care
  - Obesity
  - Tobacco use
  - Diabetes
  - Others?



Yeast infection



Episiotomy dehiscence



Erythema, mucopurulent exudate

CDC Criteria for Surgical Site Infection (SSI)

- Superficial incisional SSI
- Deep incisional SSI
- Organ/space SSI

Superficial incisional SSI (Most common)

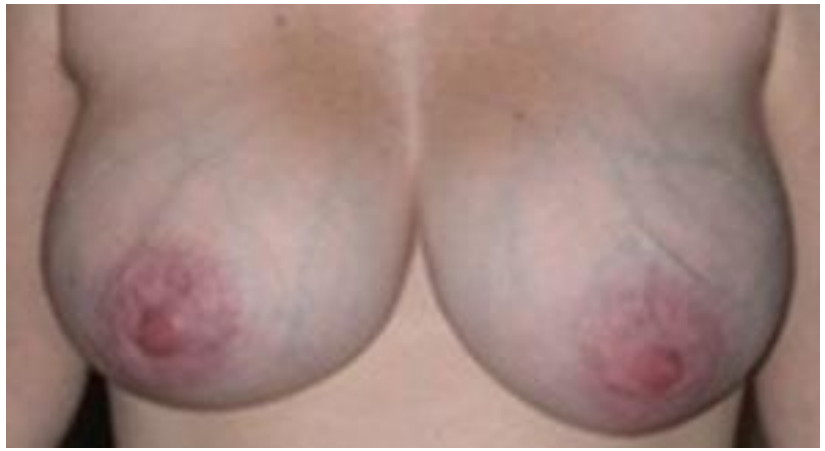
- Infection occurs within 30 days after the operation and infection involves only skin or subcutaneous tissue of the incision and at least 1 of the following:
  1. Purulent drainage, with or without laboratory confirmation, from the superficial incision
  2. Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision
  3. At least 1 of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat and superficial incision is deliberately opened by surgeon, unless incision is culture negative
  4. Diagnosis of superficial incisional SSI by the surgeon or attending physician/provider

Fitzwater JL, Tita ATN. Prevention and management of cesarean wound infection. *Obstetrics and Gynecology Clinics of North America* 2014;41:671-89.

Engorgement vs. Mastitis

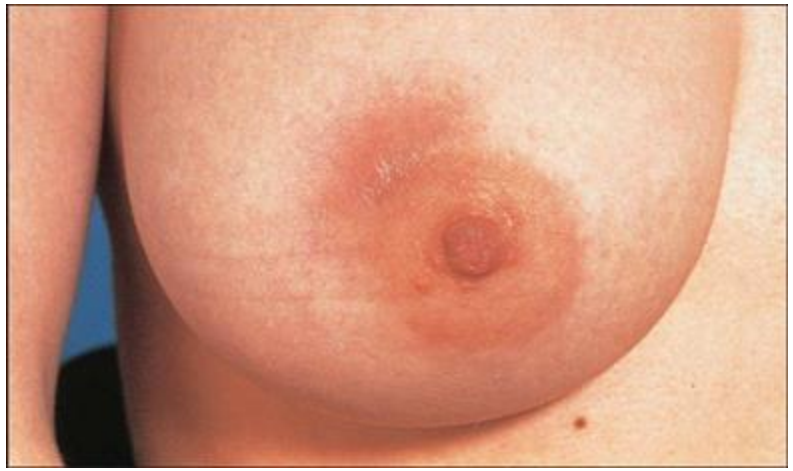
Engorgement

- Common at day 3-4 pp when milk comes in
- May have low-grade fever <100.4



Mastitis

- Usually unilateral
- Demarcated area(s) of redness
- Maternal fever and malaise



Newborn Complications

- **Prematurity**
  - If very premature (< 32 weeks) may stay in the NICU (neonatal intensive care) until close to the mother's due date
- **Infection**
  - Prolonged rupture of membranes (water bag broken for long time)
  - Inadequate treatment of baby born to GBS + mother (vaginal infection identified before delivery)
- **Jaundice (yellow skin)**
  - Prematurity, ABO incompatibility (mother/baby blood type differences), trauma from delivery
- **Meconium (fetal stool prior to delivery- green/brown fluid)**
  - More often in postdates (after due date) mothers, breech presentations and IUGR (intrauterine growth restricted) infants

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition

Priorities and Screening Tables: Infancy Visits

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Components of Well-Baby Care AAP Guidelines

Health History

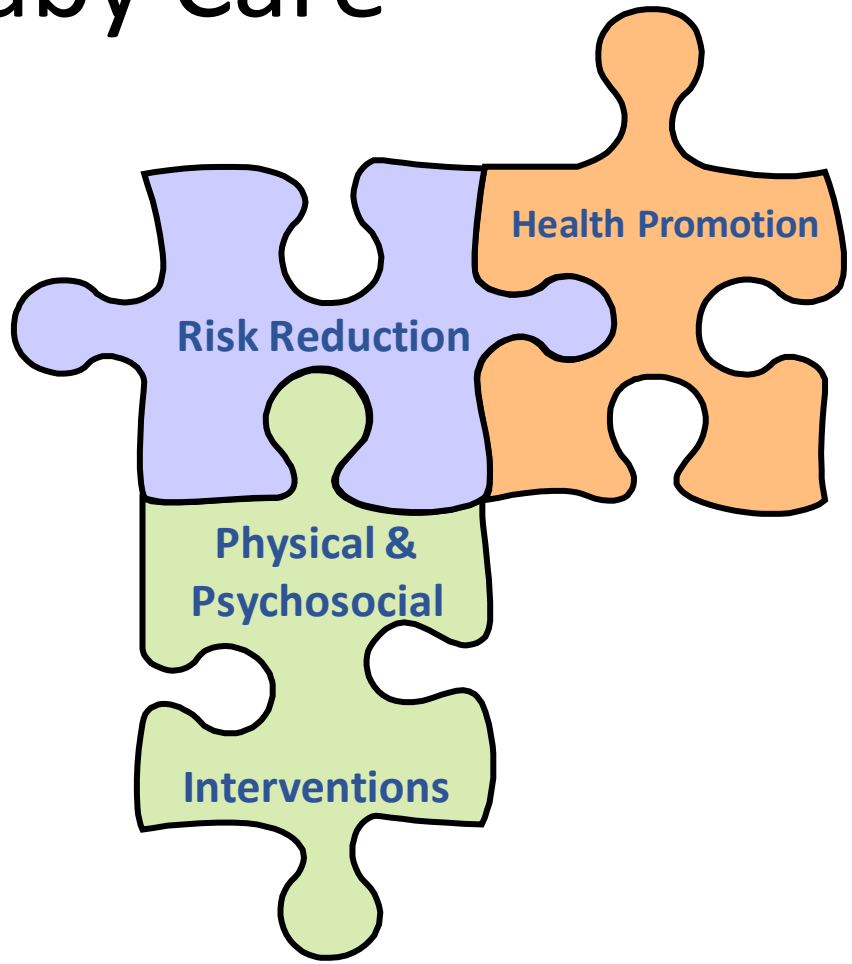
- Prenatal birth history
- Family history
- Tobacco assessment
- Nutritional assessment
- Developmental/behavioral

Measurements

- Weight, height, head circumference

Sensory screening

- Clinical observation



Components of Well-Baby Care

Universal screening

- Done for all infants based on age

Selective screening

- Done for selected infants based risk factors

Vaccinations

Health Education

Universal Screening: Newborn Hearing Screening

Early intervention for hearing loss results in significantly improved outcomes for children with regard to speech and language development (especially if treatment is started by age 3 months).

The screening process:

- painless and takes only about 5 minutes
- ideally performed when the infant is asleep
- 3 sensors are placed on the infant and soft plastic earphones are placed over the infant's ears and soft clicks are transmitted through the earphones
- sensors placed on the baby's skin then detect brainwave response to the clicks. If the detected response matches the anticipated response within the variance allowed by the machine, the ear receives a "PASS". If not, the ear receives a "REFER".

Does a "REFER" mean the child has hearing loss?

- Not necessarily. About 90% of newborns who fail their initial screening will go on to pass subsequent testing. However, follow-up testing is critical, because up to 10% of those initial referrals may have true congenital hearing loss and need treatment.

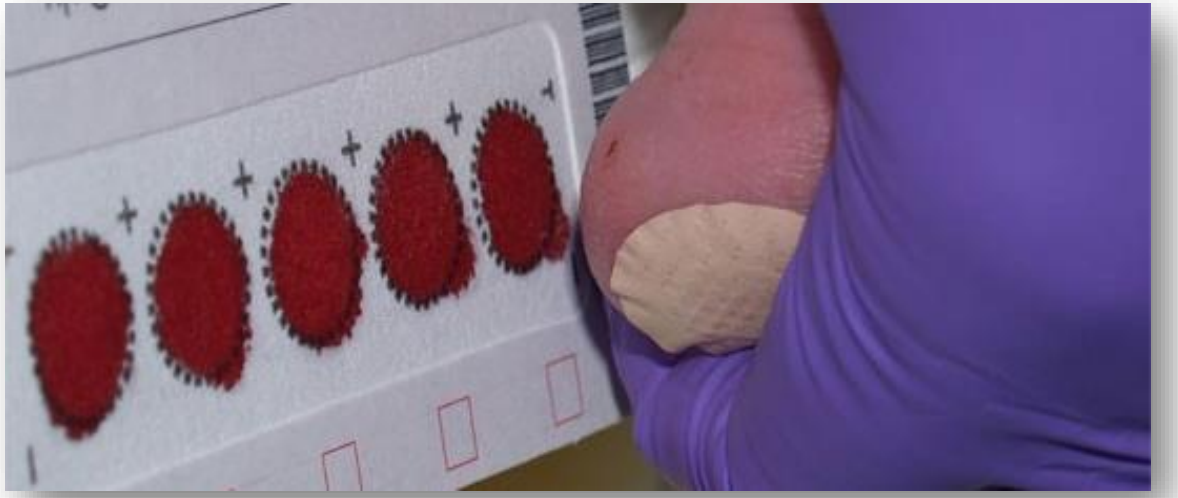
Universal Screening: California Newborn Screening

All newborns born in the state of California are screened for a variety of hematologic, metabolic, and endocrine disorders.

Testing is usually done in the hospital with the first 2 days.

For infants born at home or in an alternative birthing center, testing may be done in a clinic or other laboratory, but must be drawn between 12 hours and 6 days of age.

Because early testing may result in false negatives for PKU in particular, any newborn tested **before** 12 hours of life requires a repeat newborn screen.



Age –Specific Observations of Parent-Child Interaction: Newborn

Supportive Parental Interactions

- Looking frequently at the infant
- Having specific questions and observations about the individual characteristics of the infant
- Touching, massaging, or gently rubbing the infant
- Attempting to soothe the infant when the infant is upset

Positive Infant Responses

- Looking content
- Signaling needs
- Feeding well
- Responding to parent's attempts to soothe

Priorities for the First Week Visit (3 to 5 Days)

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health[a] (risks [living situation and food security, environmental tobacco exposure], strengths and protective factors [family support])
- Parent and family health and well-being (transition home, sibling adjustment)
- Newborn behavior and care (early brain development, adjustment to home, calming, when to call [temperature taking] and emergency readiness, CPR, illness prevention [handwashing, outings] and sun exposure)
- Nutrition and feeding (general guidance on feeding [weight gain, feeding strategies, holding, burping, hunger and satiation cues], breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, heatstroke prevention, safe sleep, safe home environment: burns)

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[a] Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

Components of Well-Baby Care

Subjective/History (What parents say)

- General to specific:
  - How are things going? How are you feeling? How is your baby?
  - What are your concerns, questions today?
- Interval history since D/C:
  - Ask to see D/C summary
  - Newborn health problems
  - Any visits to ED or specialists?
  - Any “failed” tests in the hospital (e.g. hearing)?
  - Any follow-up appts? Well-child appt?
- Changes in family
  - Illness (e.g. Covid, other)
  - Living situation, family support
- Home environment
  - Smoking in home
  - Safety: e.g. where is baby sleeping

Subjective/History (cont).

- Feeding –
  - Breast, formula, both
  - WIC access-food, breast pumps
- Vitamin D drops?
- Wet diapers/Stools
- Skin

1. Is the baby having **several bowel movements in 24 hours** that are mustard yellow with curds in them? ("poop you can scoop", not just a smear)
2. Is the baby **wetting 5 - 7 diapers in 24 hours**?
3. Do the **breasts feel full before feeding** and **softer after feeding**?
4. If the mother had initial **nipple soreness**, is this **resolved**?
5. Do you **hear swallowing** when the baby is breastfeeding?
6. Is the baby **eating at least 8 times in 24 hours**?
7. Does the baby seem **satisfied after a feeding**?
8. Is there a **lack of sore, tender, or red and firm areas** in either breast?

Components of Well-Baby Care

Physical Exam (Objective)

- Head to toe examination recommended
- Mother/infant interaction bonding
- General appearance
  - State of alertness/sleepiness/arousal/cry
  - Does baby look comfortable/content/fussy?
  - Cries with discomfort/calms to voice
- Face
  - Making brief eye contact
  - Comfortable breathing
- Skin turgor, tone, color
  - Umbilical cord
  - Diaper area
  - Circumcision
  - Rash
- Neuro muscle tone, moving all extremities, turning to voice or mom, pushing head up when prone or turning to side

Hyperbilirubinemia (Jaundice)

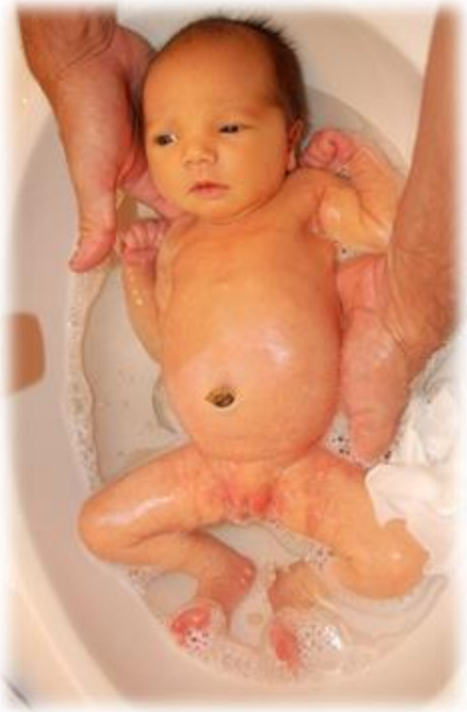
Who and What?

- Most babies have mild jaundice that is harmless physiologic jaundice
  - Physiologic jaundice more common in exclusively breastfed babies
- Jaundice can occur in babies of any race or color

Why and When?

- Due to bilirubin in the baby's blood
  - Everyone has this in their blood- from degraded RBCs
- Before birth, mother's liver filters bilirubin for the baby
- Many babies develop jaundice in the first few days after birth
  - It takes a few days for the baby's liver to remove bilirubin

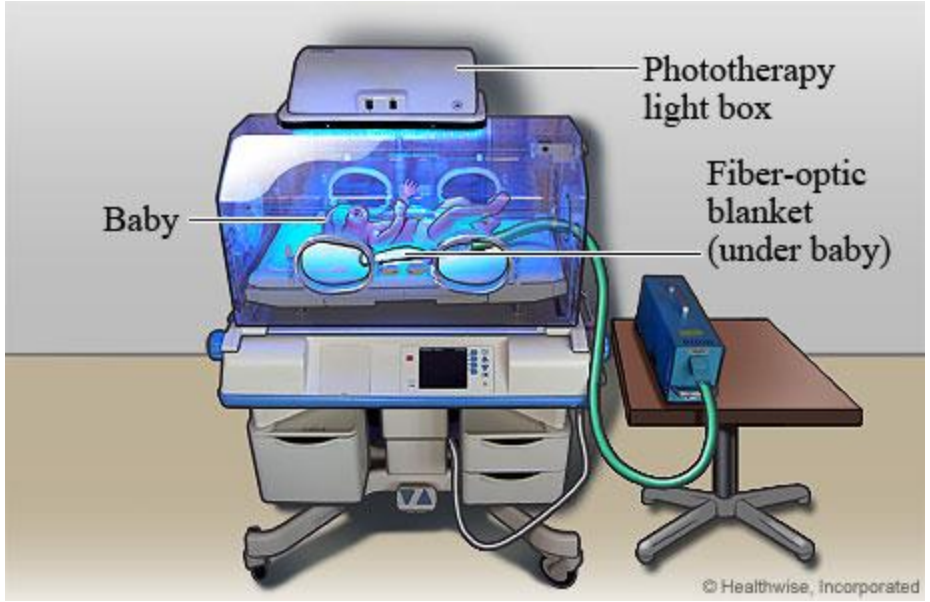
Newborn Jaundice



- Usually is not harmful. For most babies, jaundice usually gets better without treatment within 1 to 2 weeks
  - Very high levels of bilirubin (kernicterus) can damage the brain
- However, jaundice is almost always diagnosed before levels become high enough to cause this damage
  - Keep the baby well hydrated with breast milk or formula. Frequent feedings (up to 12 times a day)
  - Encourage frequent bowel movements, which help remove bilirubin through the stools
- Phototherapy - in hospital or at home may be indicated

Hyperbilirubinemia: Other Causes

- Internal bleeding (hemorrhage)
- Infection in the baby's blood (sepsis)
- Other viral or bacterial infections
- Incompatibility between the mother's blood and the baby's blood
- Liver malfunction
- Enzyme deficiency
- Abnormality of baby's red blood cells
- Prematurity



Say “Ah”

Bohn’s Nodules

Vascular Birthmarks

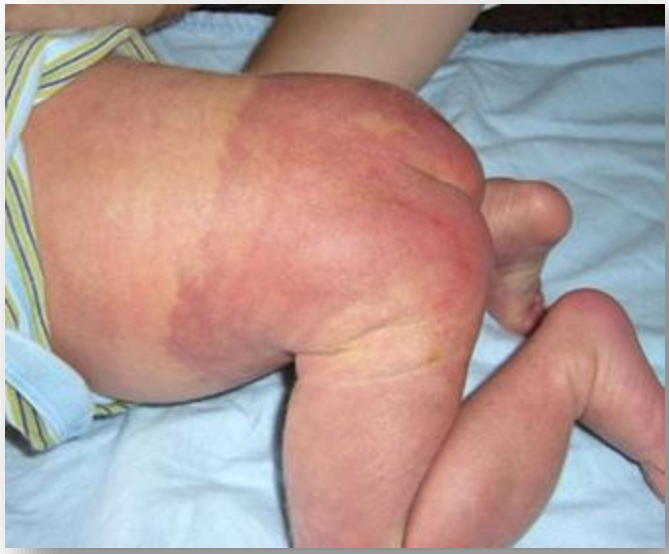
Vascular Birthmarks - collection of blood vessels; may be pink, red, or blue

Salmon patch, stork bite, angel kiss generally disappear within the first year

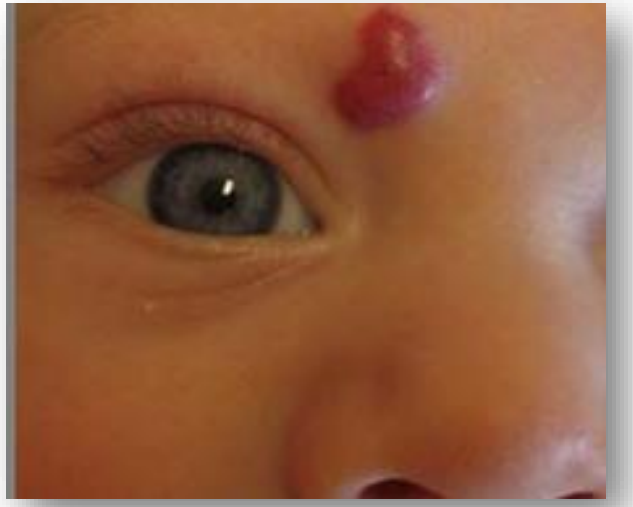
Port-wine stain is darker (does not resolve)

Hemangiomas become more red and enlarge during the first months of life and gradually disappear within the first 6 years

Angel Kiss



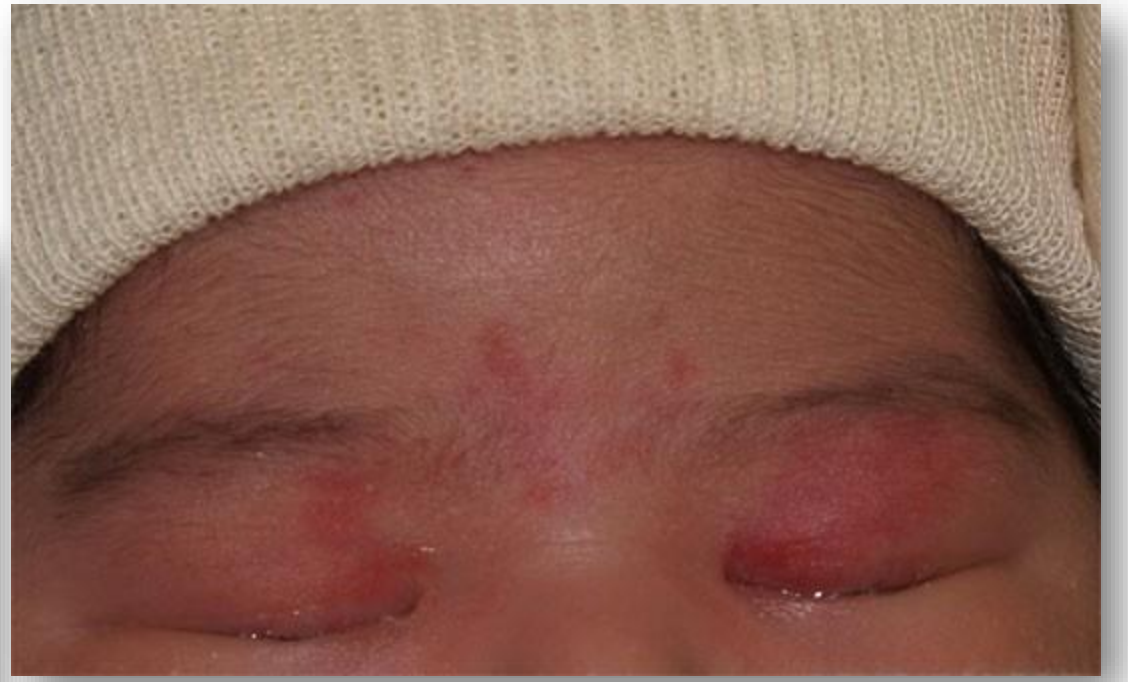
Port Wine Stain

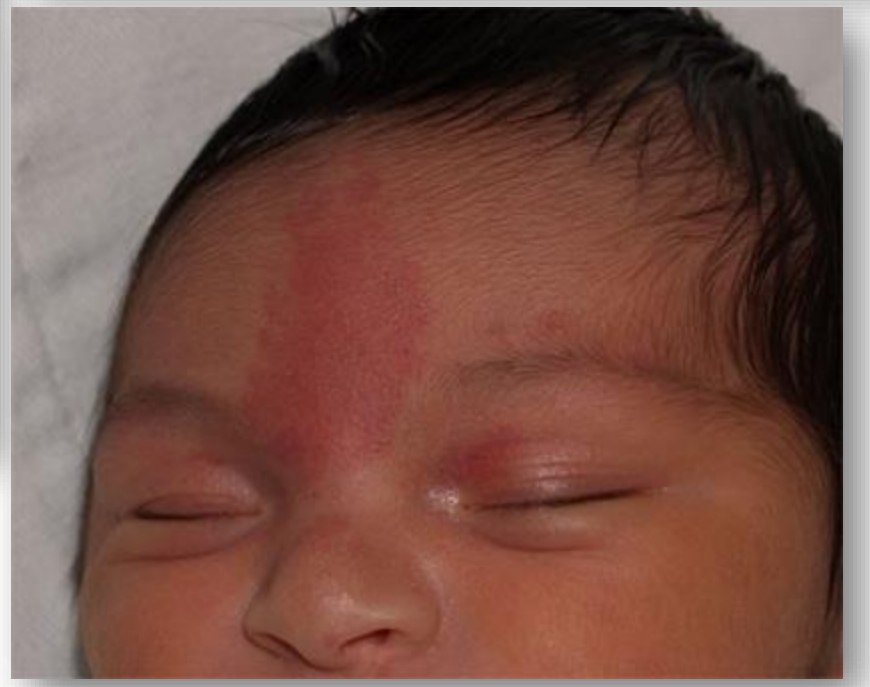


Superficial Hemangioma

Salmon Patches

Stork Bite Mark

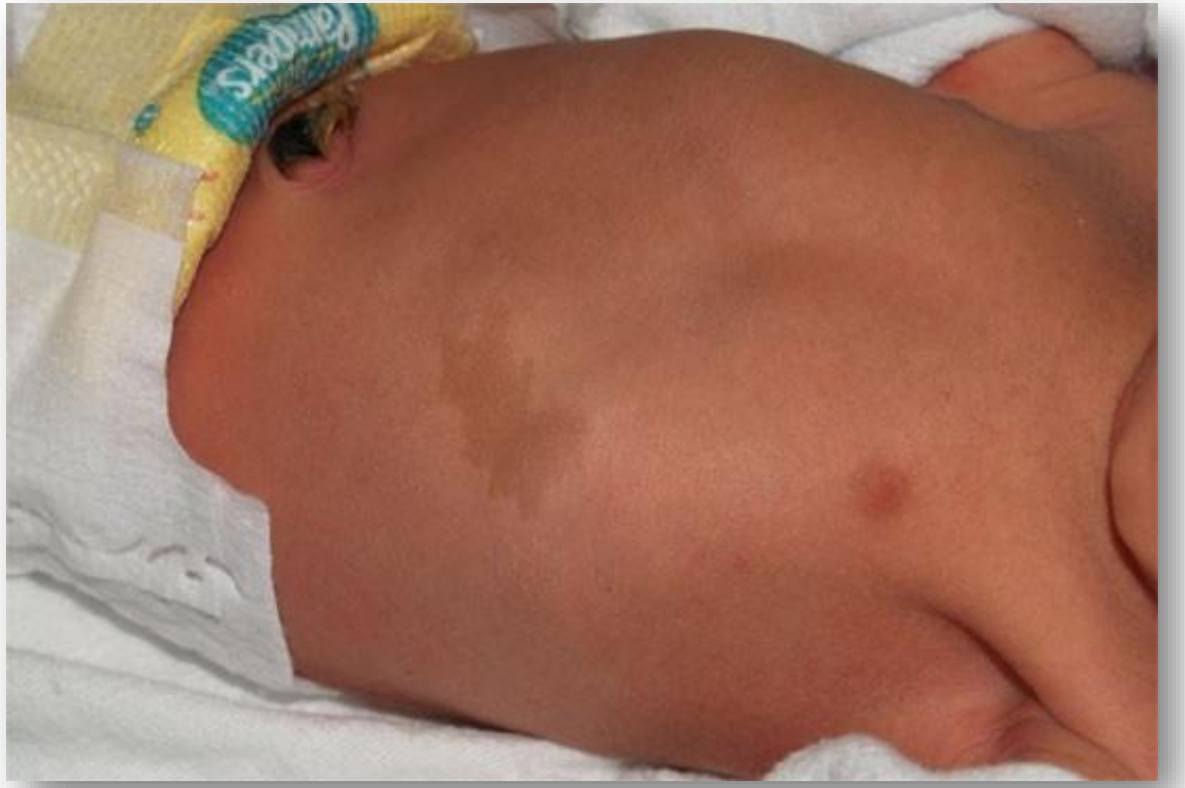




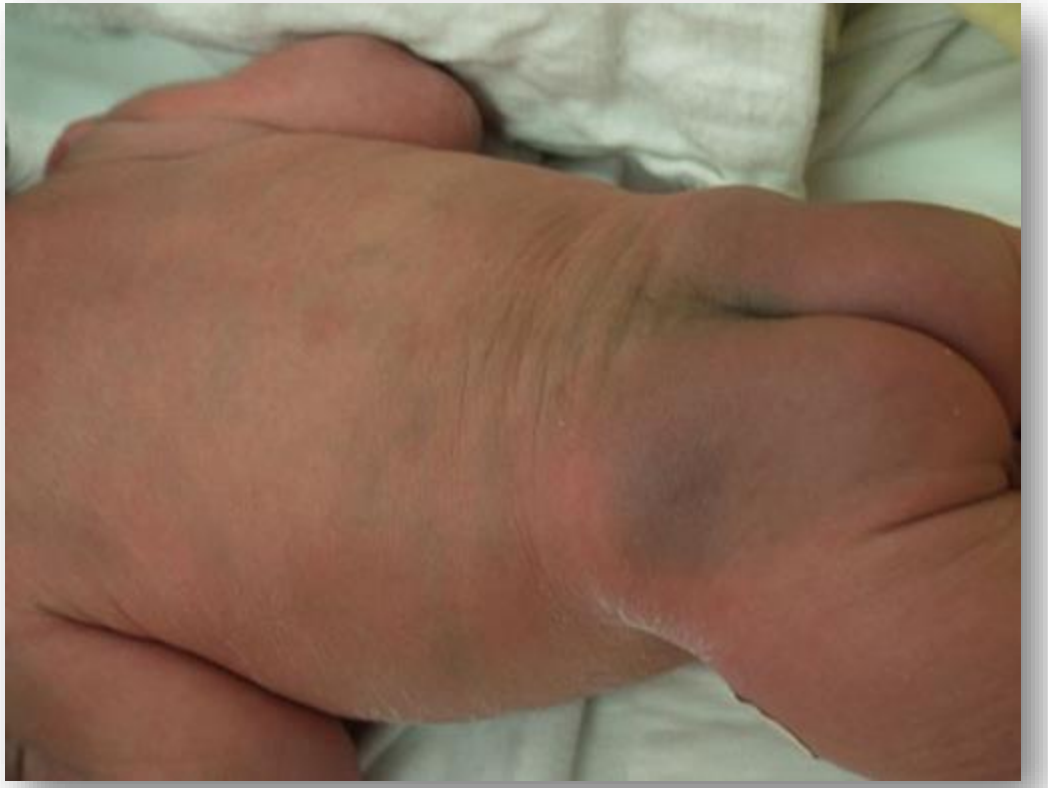
Angel Kisses

Pigmented Birthmarks

Cafe-au-lait



Dermal melanocytosis (Mongolian Spots)



Normal Newborn Skin Conditions

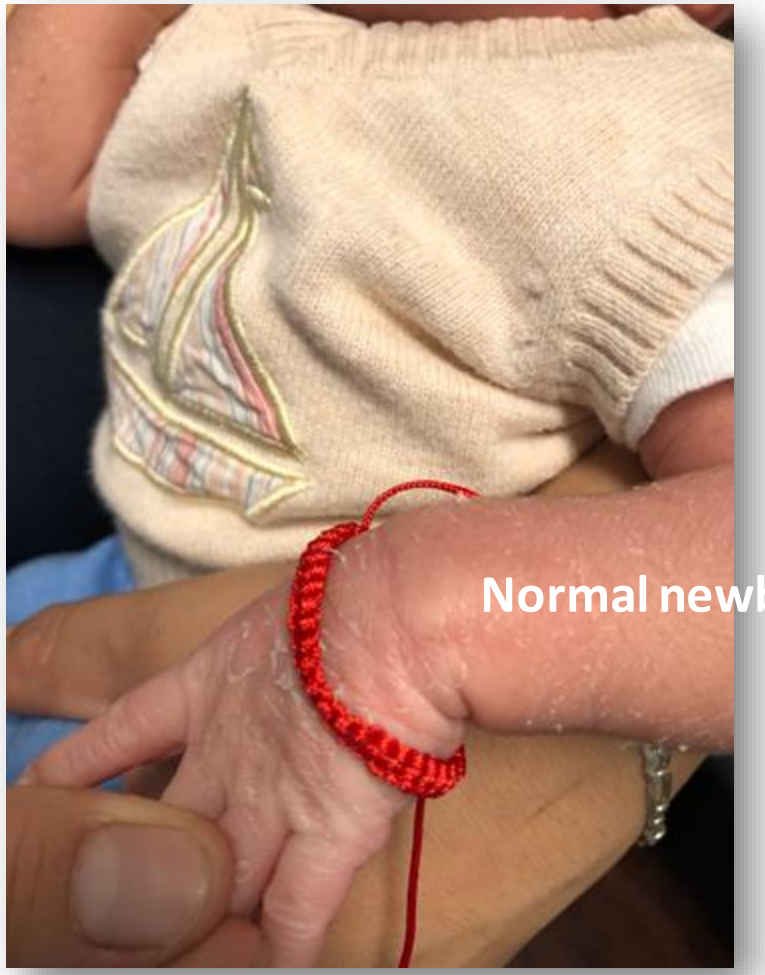
Milia yellow or white spots on nose disappears in first few weeks

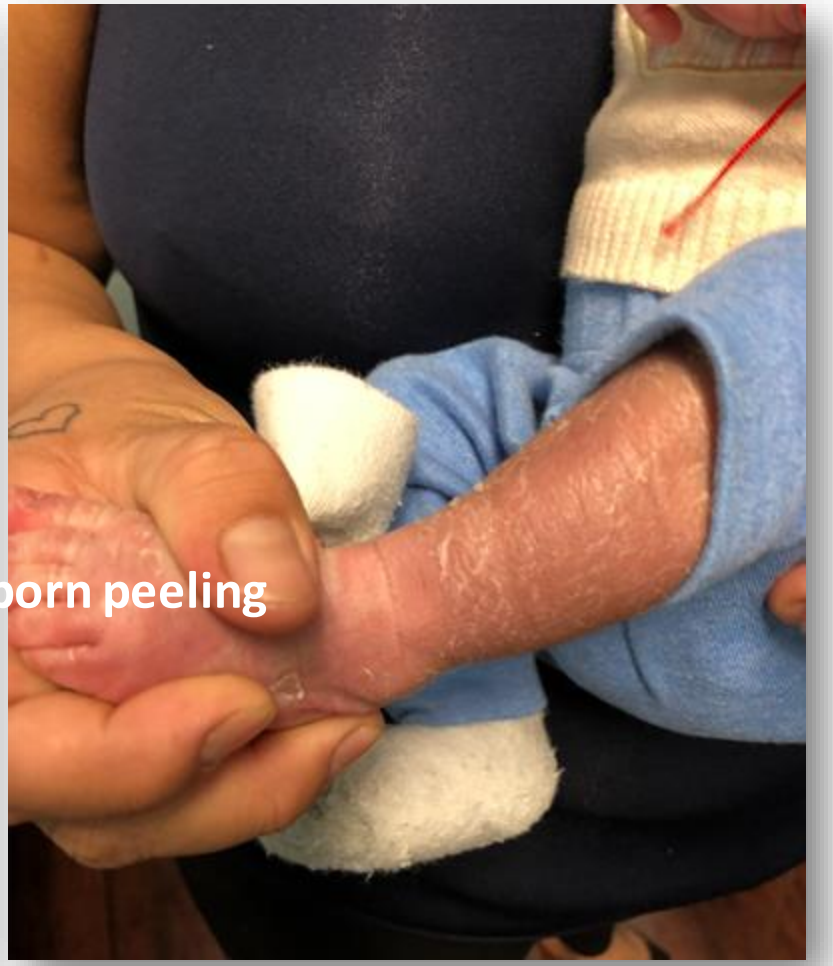
Neonatal acne

Erythema toxicum red blotches harmless pale/yellowish bumps at the center resolves within week

Jaundice

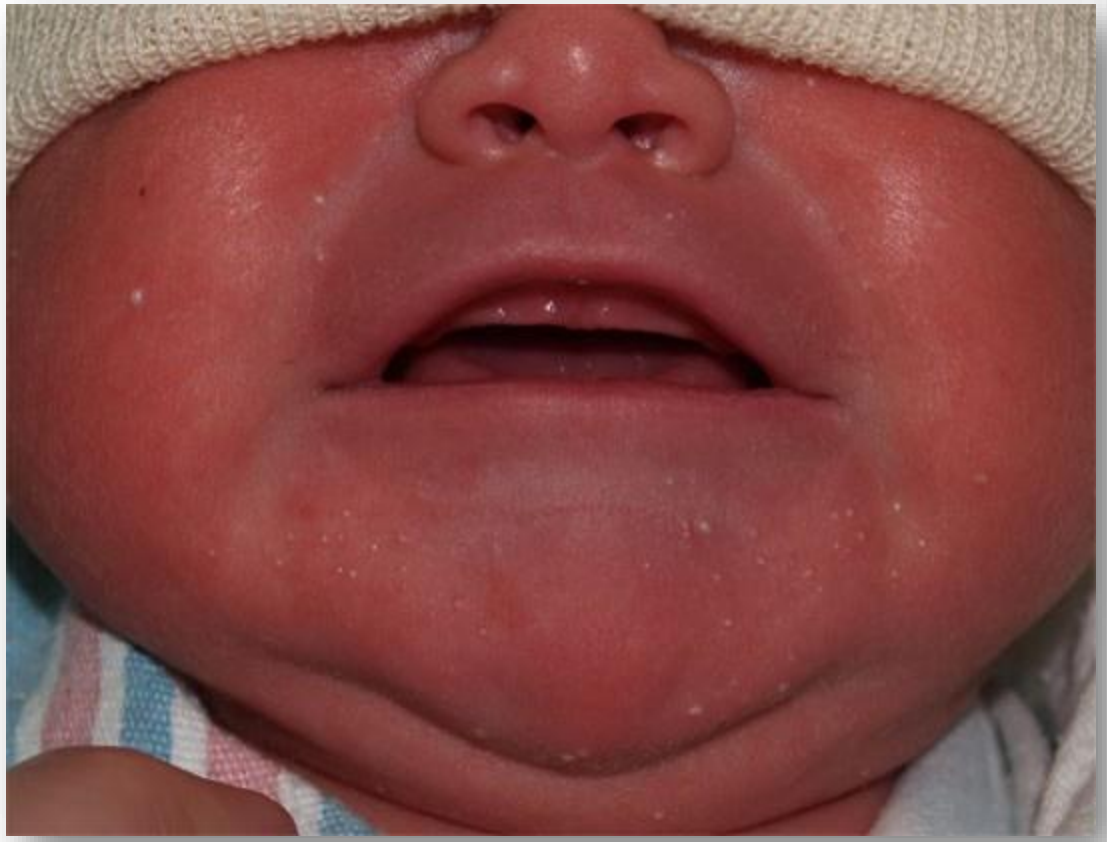
Heat rash





Normal newborn peeling

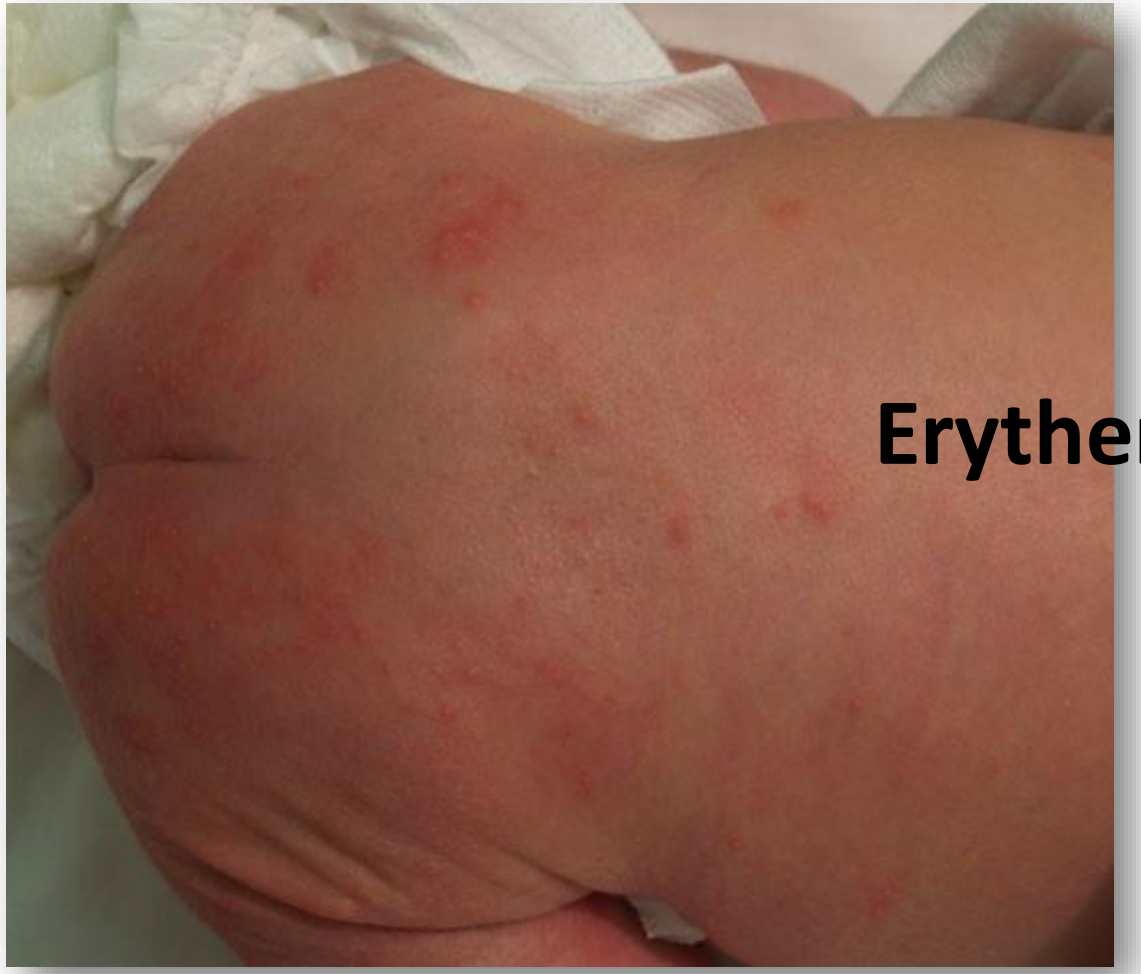
Normal Newborn Skin Conditions



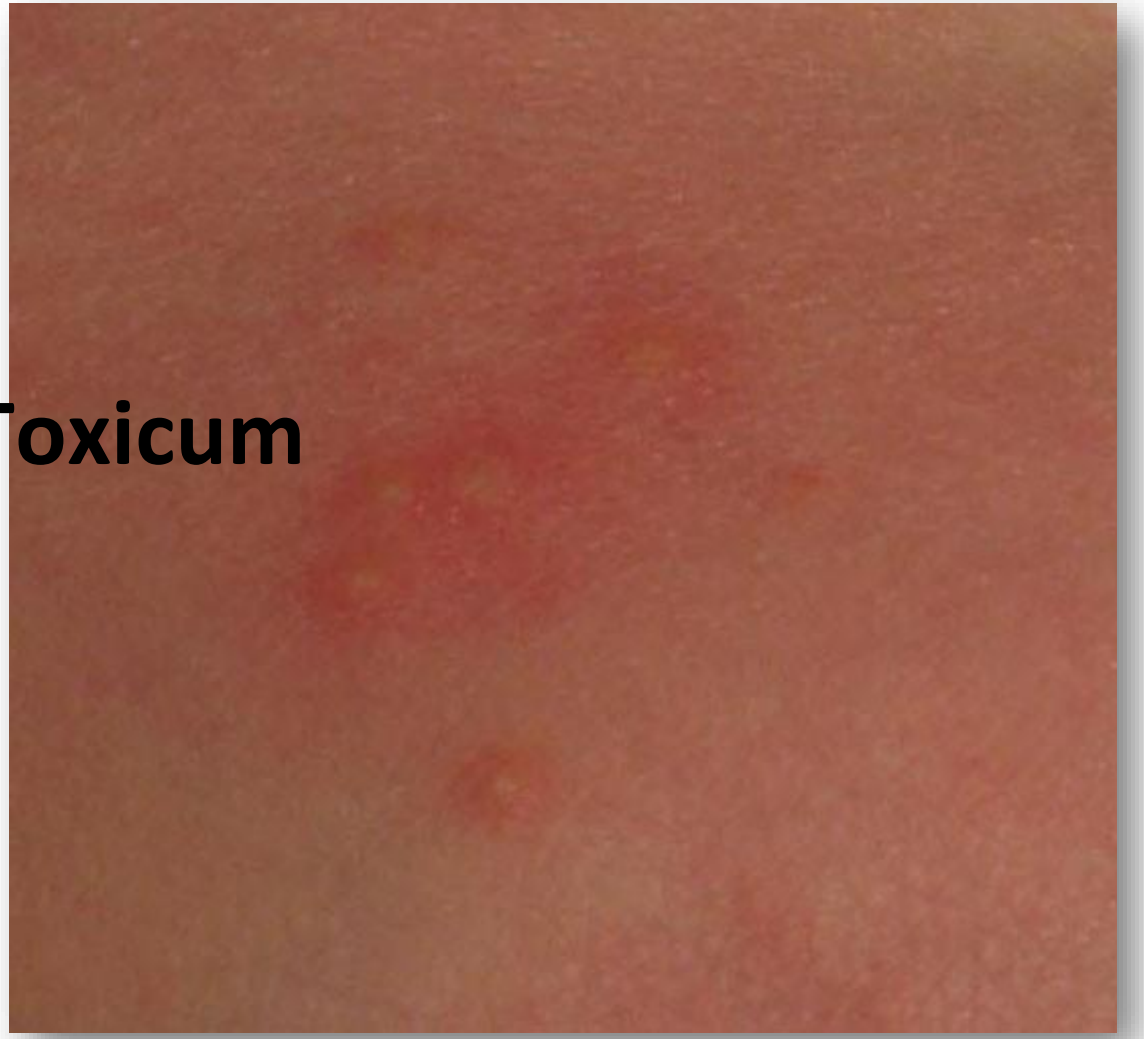
Milia

Neonatal acne

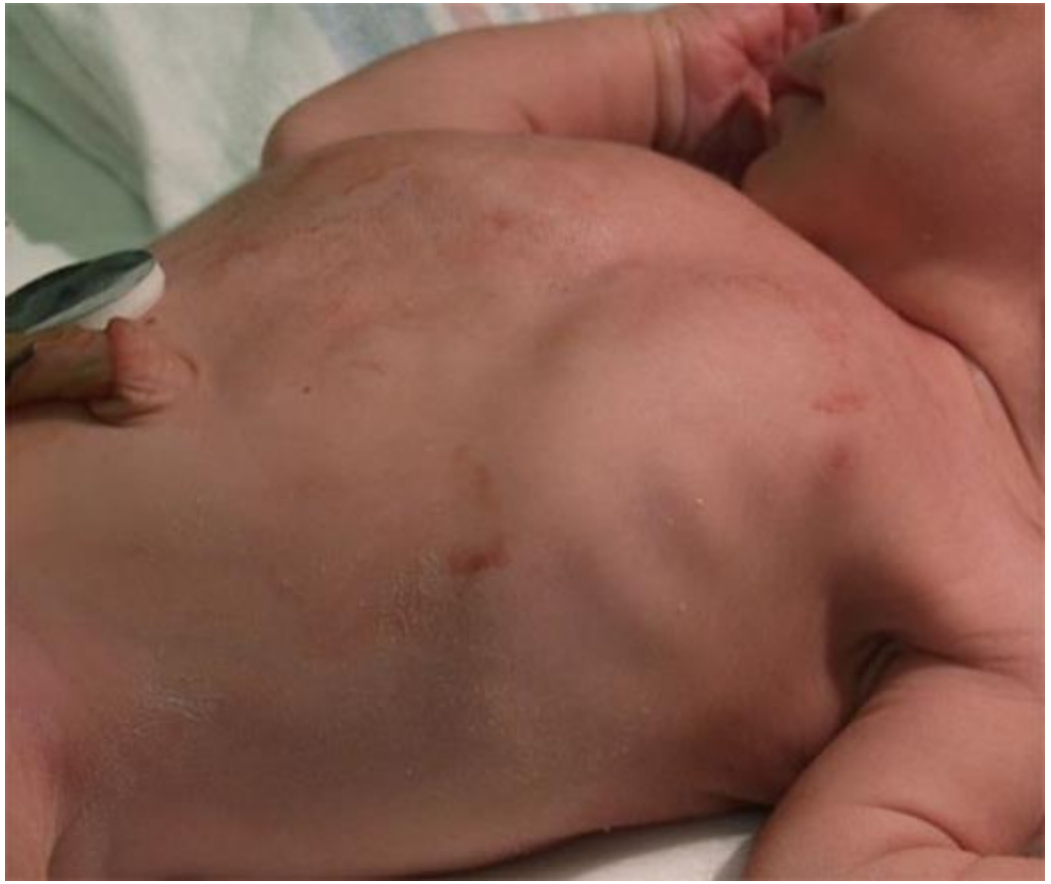
Normal Newborn Skin Conditions



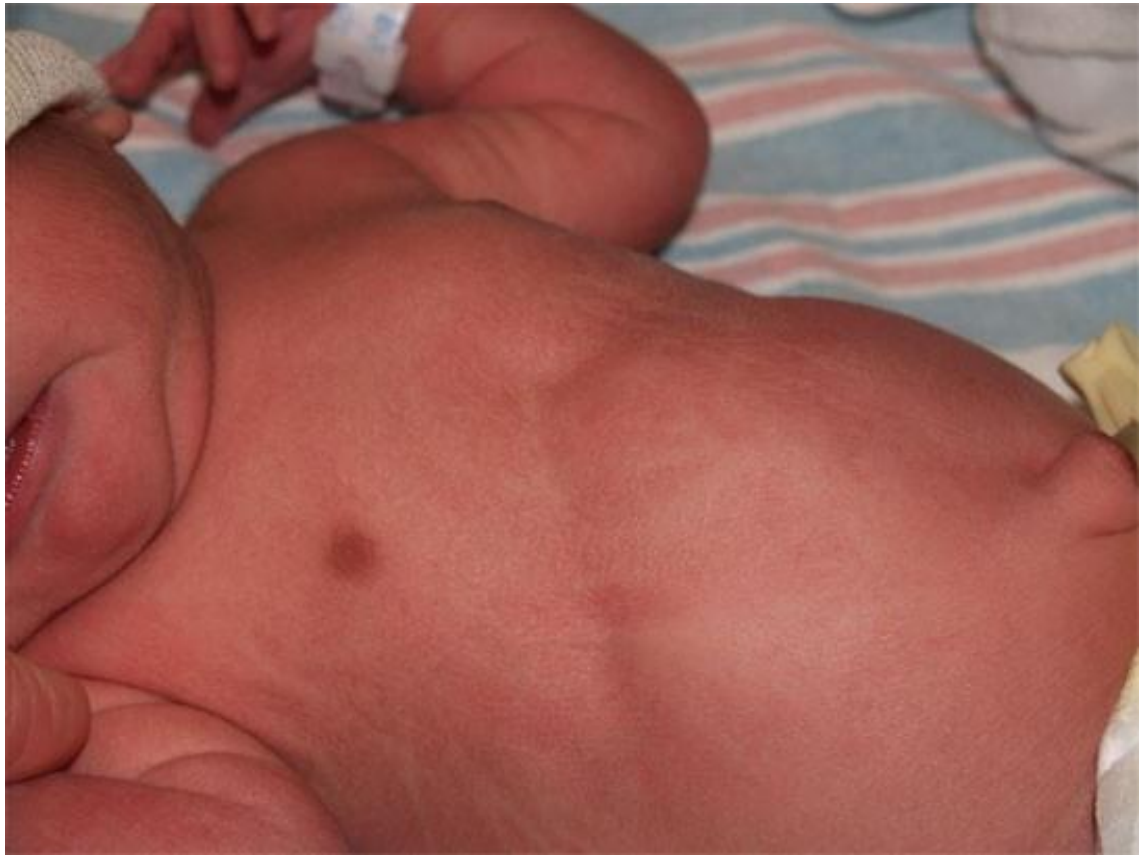
Erythema Toxicum



Respiratory Distress



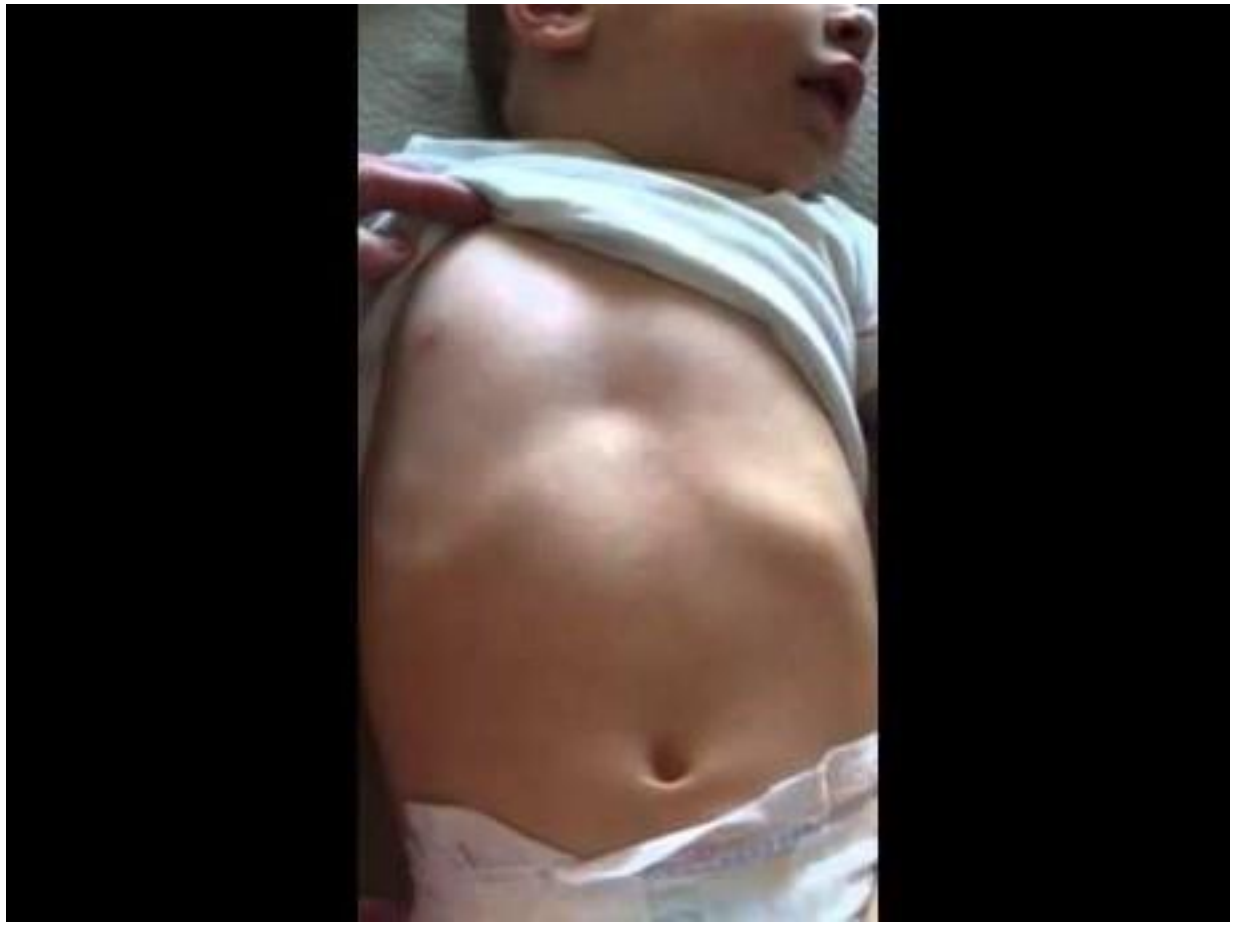
intercostal retractions



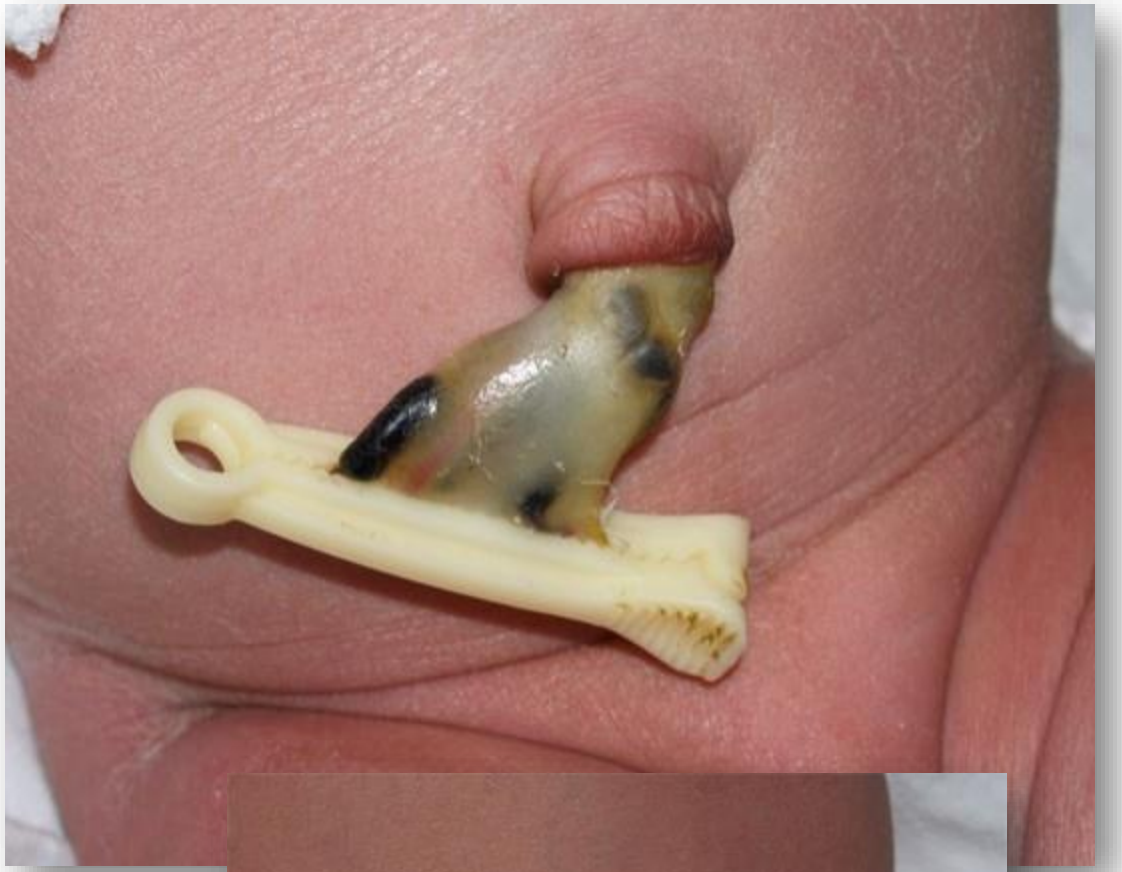
subcostal retractions

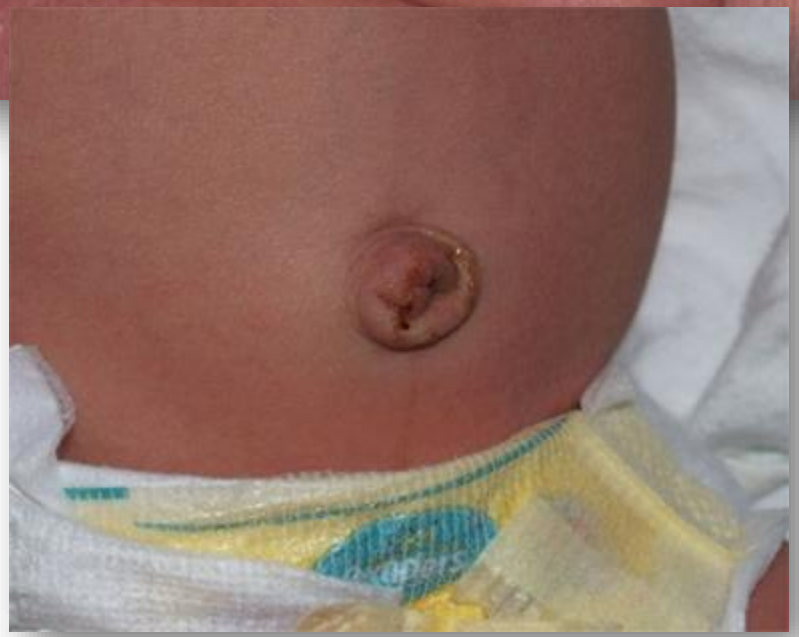
Respiratory Distress

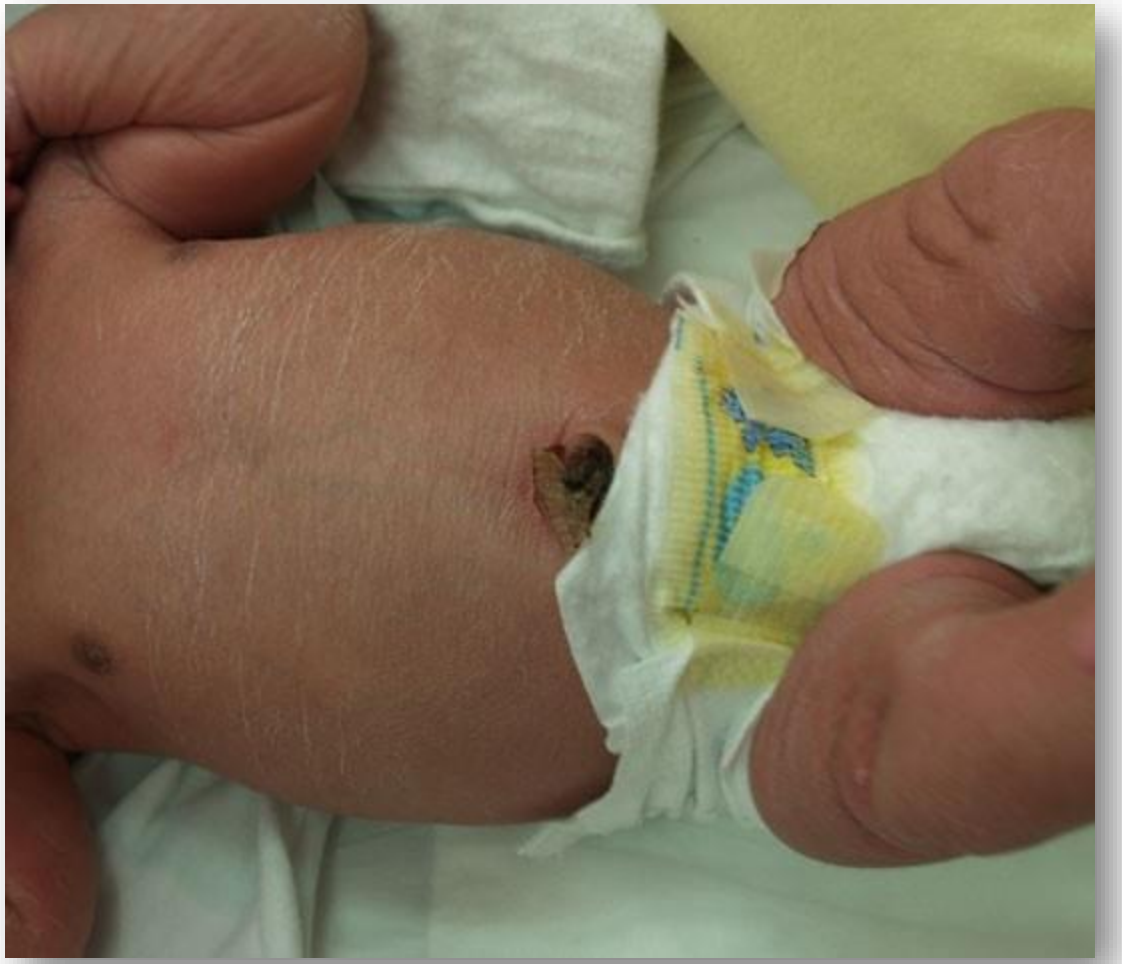
Wheezing, grunting, and squeaking



Intercostal and subcostal retractions

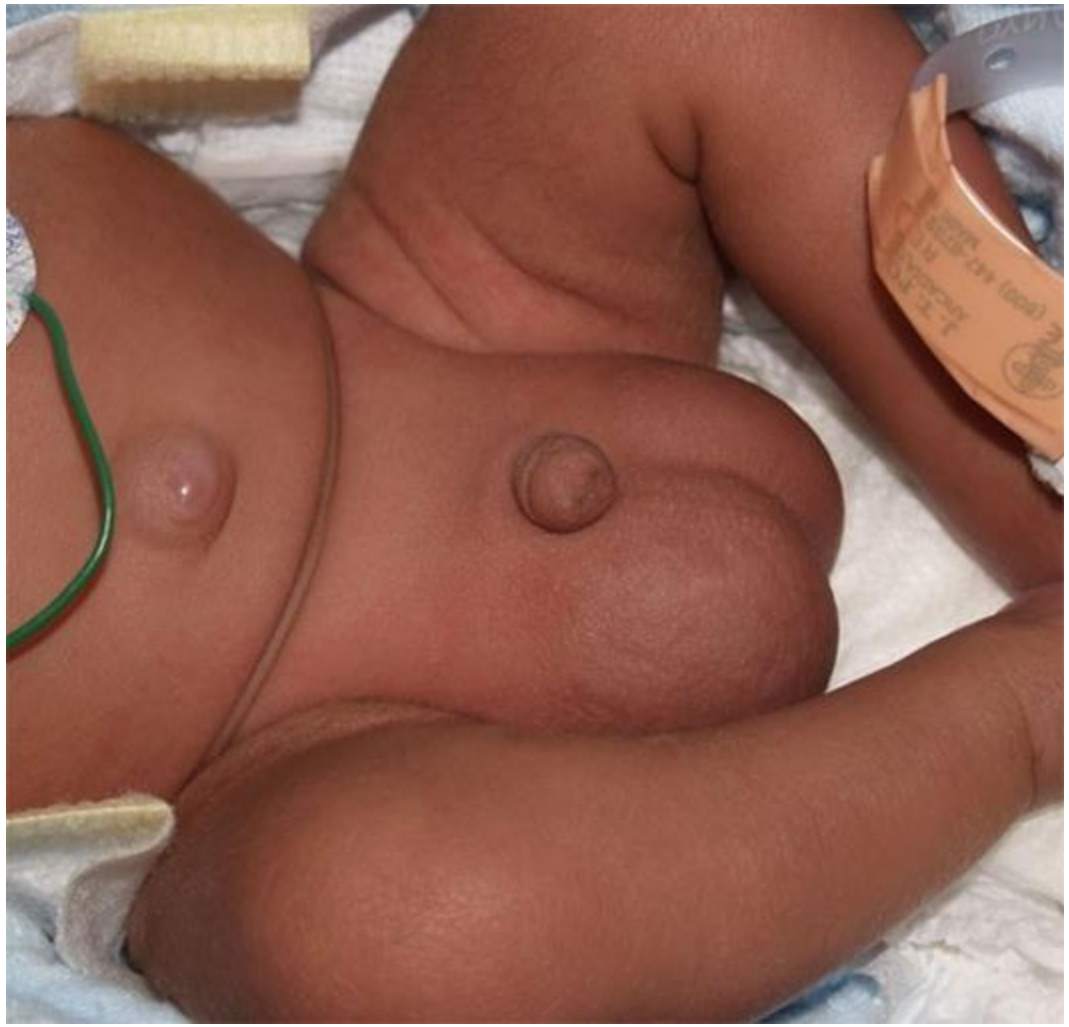




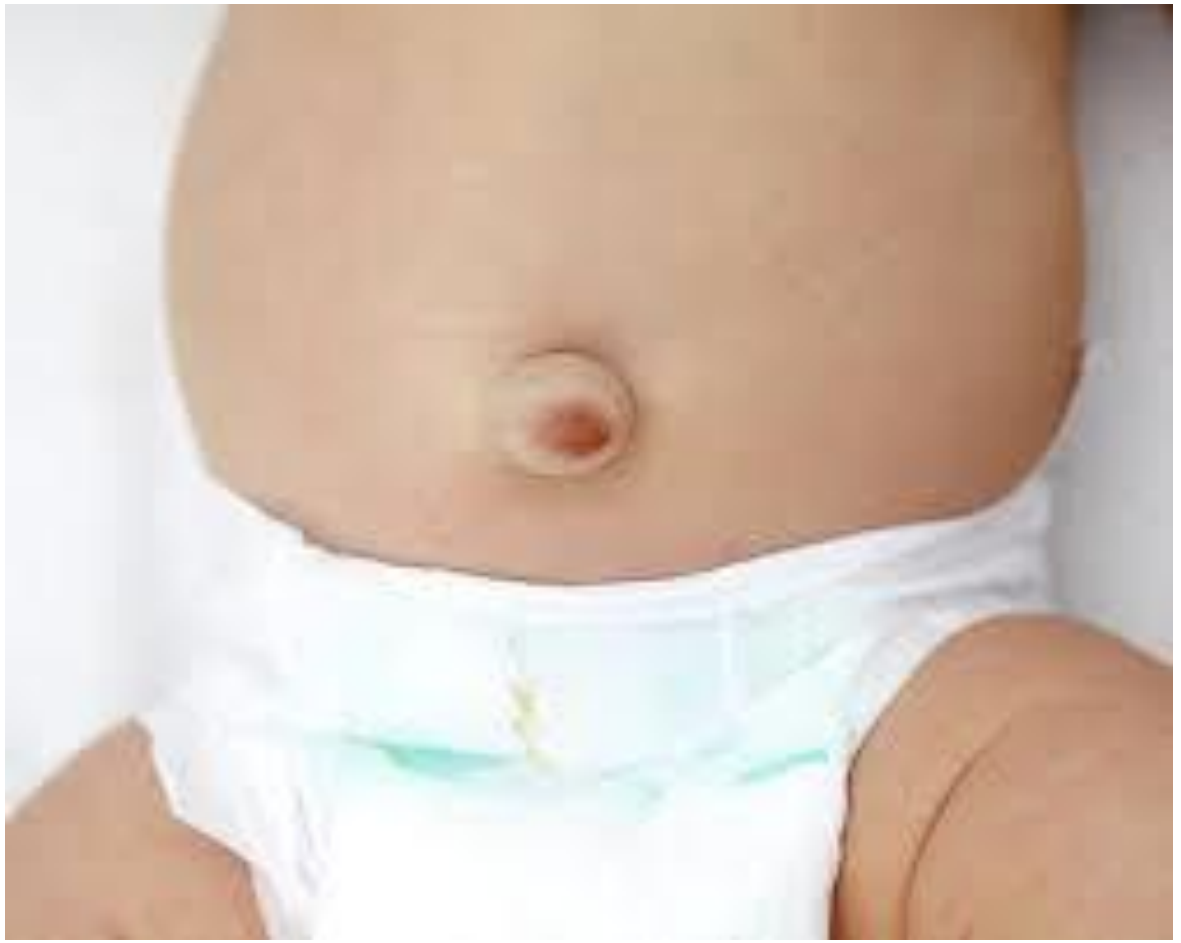


Normal Umbilical Cords

Hernias in Newborns



Inguinal hernia



Umbilical hernia

Muscle Tone

Hypotonia

Signs and Symptoms of Danger: Newborn

- **Appearance**
  - Jaundice -yellowish/orange skin (red blood cells in baby's circulation are breaking down and result in orange/yellow color)
  - Bluish color of body or mouth
  - Fontanel (soft spot) looks sunken (sign of dehydration) or loose skin
- **Feeding and elimination**
  - Poor feeding with associated changes in elimination
  - Fewer than 6 wet diapers every 24 hours
  - Fewer than 2-3 stools in 24 hours (breastfeeding babies will look yellow and grainy)
  - Persistent vomiting and diarrhea (in non-breastfeeding infant)
- **Lethargy (laziness) or inconsolable crying**

Anticipatory guidance

- Family support/mom sleep
- Feeding guidance/vitamin D/WIC
- Early brain development, calming, can’t spoil, learning cues
- When to call PCP
- Normal sleep 16-17 hours/day
- Sleep safety, Back to sleep, tummy to play
- Safety /car seats/heat/sunburn prevention
- Promoting growth and development/talking/reading/singing
- Immunizations

Newborn FAQs

Thermoregulation

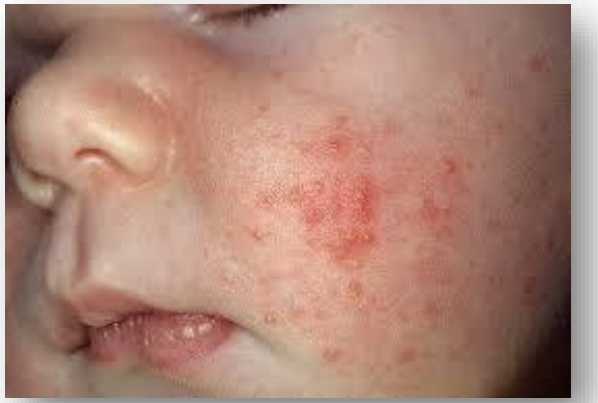
- How to take temperature?
- What is a fever?
- When do we go to ED?

Respiration

- Irregular - normal in first 6 mo.
- 30-60 bpm then 25-40 bpm
- If seems abnormal, call provider

Skin care

- How do I take care of…
  - Neonatal acne - can present 2-4 weeks, resolves by 4-6 weeks
  - Cradle cap - can present at 1 week



Vaccinations

Vaccination	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4 to 6 years
HepB (protects against hepatitis B)	1st	2nd			3rd					
DTaP (protects against diphtheria, tetanus, pertussis)			1st	2nd	3rd		4th			5th
Hib (protects against haemophilus influenzae type b; may be 3 or 4 doses)			1st	2nd	3rd	4th				
IPV (protects against polio)			1st	2nd	3rd					4th
RV (protects against rotavirus; may be 2 or 3 doses)			1st	2nd	3rd					
PCV13 (protects against pneumococcal disease)			1st	2nd	3rd	4th				
Flu (protects against influenza)					1 or 2 doses each year					
MMR (protects against measles, mumps, rubella; if travelling outside the U.S., your baby can get his first dose at 6 months)						1st				2nd
Varicella (protects against varicella, also called chickenpox)						1st				2nd
HepA (protects against hepatitis A)						1st and 2nd 6 to 18 months apart				

Official BF4 Table Images: Use for Presentations

Bright Futures.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Are moms avoiding vaccination visits?

- Call their /PCP clinic and find out if they are doing well child check ups on infants What is the protocol for vaccines?
- Vaccines don't start until 2 months of age
- Ask PCP/clinic what is their procedure for protecting patients from COVID
- Los Angeles County Dept. of Public Health immunization clinics

Healthcare professionals are finding new ways to keep up with immunization schedules in the era of COVID-19.

- Many pediatric practices are holding special office hours just for infant immunizations.
- Precautions for both patients and staff, including using masks and gloves, screening children before they come in, taking temperatures onsite, and using separate waiting rooms for immunization visits.
- Waiting "room" may actually be a parking lot. Parents wait in the car for their child's turn to go into the clinic, or to be vaccinated in their car.
- Others are creatively studying bus schedules and weather forecasts to help families figure out how to access care.

Telemedicine is also surging in popularity.

Parents are still receiving vaccine information statements online as well as getting answers to their questions via telehealth visits. Conversations about vaccine hesitancy are no different via telemedicine than in person.

Either way, it is possible to see parents face to face, listen to their concerns,
and provide straightforward answers and advice.

Tools of the Trade (Parenting)

- Nasal bulb/saline nasal spray
- Vaporizer/humidifier
- Thermometer - rectal
- Diaper care (Cornstarch, A & D, zinc oxide, vaseline)
- Vitamin D – need to ask provider at first WCC
- Soft wet cloth or baby wipes (no alcohol)
- Sunscreen less than 6 months of age is ok, but rec. avoid direct or indirect sunlights less than 5-6 mo of age unless jaundiced
- Eye care: tear-free shampoo
- Patience, patience….

More tools specific to COVID-19

- **Employment Assistance**
  - Find out if you might qualify for unemployment benefits in your state here.
  - Immigrant Eligibility for Public Programs During COVID-19
  - Know Your Rights: Emergency Paid Sick Days and Paid Leave for Child Care and Coronavirus. Also available in Spanish
- **Additional Resources**
  - To see if you are eligible for WIC, or to learn more about applying click here.
  - Tips for families talking about the Coronavirus
  - A guide to handwashing from Elmo
  - Income Assistance for those who need help paying bills
  - Spanish Language Resources about COVID-19
  - A guide to well-being during COVID-19
  - Deciding to Go Out Guidance from the CDC on how to continue to protect yourself by practicing everyday preventive actions.
  - Stress & Coping The CDC shares ways to manage and reduce stress for yourself and others.
  - More national resources

Tools NOT to Use

- No OTC fever or pain reliever until provider approves
- No medications without consulting provider
- No honey
- Alcohol, fragrance and color free wipes, soaps, cleansers, lotions
- NO VAPOR RUB – can inhale and cause breathing problems
- Inclined sleepers/positioners
- Crib bumpers
- Walkers

Key Elements of Newborn-Postpartum Care (Rule of 6s)

- Physical & Psychosocial Interventions

	6-12 hours	3- 6 days	6 weeks	6 months
	breathing warmth feeding cord care immunization	feeding infection routine tests	weight/feeding immunization	development weaning
	blood loss pain BP Warning signs of infection & post partum depression	breast care temperature/ infection lochia mood	recovery anemia contraception problems	general health contraception Continuing morbidity

	6-12 hours Hospital visit	3-6 days Office Visit or Call (if LR)	2-6 weeks Office visit	3-6 months
Physical & Psychosocial Evaluation & Interventions	Perineal healing, lochia, anemia M I interaction (all visits) DMPA, Nexplanon, IUD prn	Infant feeding Involution Lochia Breast/nipple eval Incision check NB visit	Wound check (if cesarean) Eval for FP method Teach Kegel's 2 hr Gtt for GDM (6-12 weeks) LARC if desired NB visit	Follow-up family planning/Pap prn Possible NB solid food added (6 mo) Eval for combined OCP NB visits
Risk Assessment	Complicated hospital course? Medical condition? Infant NICU?	If HR- seen by MD/CNM If LR- seen by CPHW for CPSP Assess postpartum blues vs. depression	Reassess Risk Status If HR- seen by MD/CNM with consult Assess postpartum depression	Reassess Risk Status If persistent medical conditions- to PCP or other specialist Assess postpartum depression prn

	6-12 hours Hospital visit	3- 16 days Office Visit or Call (if LR)	4-6 weeks Office visit	3-6 months
Health Promotion	S & S Infection for mom/baby, Pt to call office for appt or problems Initial lactation info	Confirm Peds eval for baby Rx for hemorrhoids, constipation Information to support members R/T	Back to work discussion; breastfeeding Discuss findings on EPDS; Assess for intervention if score greater than 12	Encourage continued breastfeeding even with introduction of solid food Recommendations for well-woman care (pap, mammo)
Reduce Risk for subsequent pregnancy		If HR, discuss long-term FP (IUD) or interval tubal	Continue prenatal vitamins Re-discuss long-term FP method (IUD, Nexplanon or interval BTL)	Continue prenatal vit Need to continue FP; fertility returns If DM, to PCP

Components of Newborn-Postpartum Care: Summary

- Telehealth is here to stay – at least to some degree!
- Number of and interval between newborn-postpartum care visits to be based on risk-status, not on a single "Newborn visit" or "6 week postpartum visit"
- Baseline assessments can be done by skilled licensed personnel (RNs, NPs, CNMs, MDs) who are licensed to provide assessment
- Health promotion and education should "match" the needs of the learner and respect cultural system
- Health resources must be evidence-based
- Telehealth promotes ongoing accessibility to community services and health professionals and improves maternal and newborns outcomes

AAP Resources for Parents

- Check out their site or download the AAP Healthy Children app for iPhone or Android devices!
- http://www.healthychildren.org/English/ages-stages/Pages/default.aspx
- Let's try one…

Evidence Based Resources

- AAP.org
- Healthy Children.org
- www.hopkinsallchildrens.org/Patients-Families/Health-Library/HealthDocNew/Looking-at-Your-Newborn-what-s-Normal
- https://med.stanford.edu/newborns.htmltanford
- What To Do When Your Child Getz Sick. By Gloria Mayer, R.N. and AnnKuklierus, R.N. Institute for Healthcare Advancement, La Habra, CA 90631


Thank you!
Ruth