[DOH ADMINISTRATIVE ORDER NO. 2009-0025, December 01, 2009]

ADOPTING NEW POLICIES AND PROTOCOL ON ESSENTIAL NEWBORN CARE

I. RATIONALE

The Philippines is one of the 42 countries accounting for 90% of all global deaths of under 5 year old children. Childhood death rates in the Philippines showed a downward trend from 1993 to 2003 with the decline showing down in the last 10 years. The under five mortality rate (U5MR), decreased to only 32 per 1000 livebirths in 2003 from 52 per 1,000 live births in 1988. The infant mortality and child death rates exhibited similar trend over the same period. Neonatal and post-neonatal deaths declined the slowest over the past 20 years with the reduction of only 9 percent and 7 percent, respectively, from 1988 to 2003.

Further analysis of the neonatal deaths shows that half occur during the first 2 days of life. Birth asphyxia (31%), complications of prematurity (30%) and severe infection (19%) account for the majority of newborn deaths. If newborn mortality is not reduced by at least half, the goal of reducing childhood mortality by two thirds (Millennium Development Goal # 4) by 2015 would not be met.

An observational study of consecutive deliveries using a standardized assessment tool to document minute-by-minute newborn care done in the first hour of life was undertaken in 51 hospitals in 9 regions of the country in 2008. The study found that Philippine hospital practices prevented newborns from benefiting from their mothers' natural protection in the first hour of life. Further, the performance and timing of evidence-based interventions in immediate newborn care are below WHO essential newborn care standards. Specifically:

- Only 3% of our study newborns were dried prior to or with cord cutting, and only 1 of 26 with difficult breathing was dried first. Hypothermia can lead to infection, coagulation defects, acidosis, delayed fetal to newborn circulatory adjustment, hyaline membrane disease and brain hemorrhage.

- Unnecessary delays and restrictions on immediate and sustained skin-to-skin contact, early latching on, rooming in and full breastfeeding compromised the newborns' chance for maintenance of warmth and sustained breastfeeding. These earliest interventions contribute to hospital infection control as they directly reduce risk of neonatal sepsis.

- Almost no newborn benefited from the natural transfusion through non-immediate cord clamping. A Cochrane systematic review of 7 Randomized Controlled Trials (RCTs) showed that among infants less than

37 weeks of gestation, non-immediate cord clamping is associated with fewer transfusions due to anemia or low blood pressure and fewer intraventricular hemorrhages. Full-term neonates also benefit by having lower incidence of anemia.

- Only 61.3% of newborns was initiated to breastfeeding within the first hour. However, newborns were given a median of only about two minutes to get colostrum, their first immunization. Furthermore, they were being forced to breastfeed at a median of 10 mins, long before the typical newborn would be ready.

- More than 80% was exposed to hypothermia during washing. The WHO recommends that initial bathing should be six hours after birth or longer. The vernix was washed off at a median of 8 minutes thereby removing a protective barrier to bacteria such as E. coli and Group B Strep. Furthermore, washing removes the crawling reflex.

-Virtually all healthy newborns were suctioned unnecessarily, 80% more than once- a practice WHO discourages.

Correct and appropriately-timed interventions given to the newborn during this period will benefit both the newborn and the mother as these will avert approximately 70% of avoidable newborn deaths. A package of services for newborn that follow a prescribed sequence of interventions increases newborn care effectiveness. This means that time-bound interventions are routinely performed first, non-time bound interventions are performed after time-bound ones, and unnecessary procedures are not performed.

This Administrative Order (AO) outlines specific policies and principles for health care providers with regard the prescribed systematic implementation of interventions that address health risks known to lead to preventable neonatal deaths. This AO is consistent with AO No. 2008-0029 on Implementing Health Reforms for Rapid Reduction of Maternal and Newborn Mortality and supports all DOH initiatives and programs for
newborn and child health.

II. OBJECTIVES

In general, this policy aims to ensure the provision of globally accepted evidence-based essential newborn care focusing on the first week of life.

Specifically, it aims to:

1. Guide health workers and medical practitioners in providing evidence-based essential newborn care

2. Define the roles and responsibilities of the different DOH offices and other agencies in the implementation of the Newborn Protocol

III. SCOPE OF APPLICATION

This order shall apply to the whole hierarchy of the DOH and its attached agencies,

other public and private providers of health care and development partners implementing the Maternal, Newborn and Child Health and Nutrition (MNCHN) strategy and to all health practitioners involved in maternal and newborn care.

IV. DEFINITION OF TERMS

1. **Attachment** - is the mode of contact between the baby's mouth and the mother's breast during the act of breastfeeding.

2. **Kangaroo Mother Care** - a universally available and biologically sound method of care for all newborns, but in particular for premature babies, with three components: a) skin-to-skin contact, b) exclusive breastfeeding and c) support to the mother-infant dyad.

3. **Newborn Resuscitation** - a series of actions taken to establish normal breathing in a newborn with depressed vital signs.

4. **Positioning** - means how the mother holds her baby to ensure proper attachment to each other.

5. **Positive pressure ventilation** - is the most important aspect of newborn resuscitation for ensuring adequate ventilation of the lungs, oxygenation of vital organs such as heart and brain, and initiation of spontaneous breathing.

6. **Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC): A Guide for Essential practice in Philippine Setting** - an Essential Care Practice Guideline adapted from the World Health Organization by the Department of Health. It provides evidence-based recommendations to guide healthcare professionals in the management of women during pregnancy, childbirth and postpartum, post-abortion, and newborns during their first week of life

7. **Skin-to-skin contact** - is placing the naked newborn prone on the mother's bare chest. It is considered a critical component for successful breastfeeding initiation.

8. Small baby - a newborn weighing from between 1,500 g to 2,499 g

V. GUIDING PRINCIPLES

1. **Evidence-based interventions** - Continuous update of policies and guidelines must be in accordance to recommended international standards proven effective and applicable to the country. Efforts will be exerted to generate information to guide the planning and implementation of Newborn Care programs and activities. Research findings will be used to focus interventions and approaches most responsive to the affected groups.

2. **Integrated service delivery** - Under the MNCHN framework of health services delivery, there shall be assurance of provision of integrated and functional service packages where the mother and the newborn are seen as a unit but with varying needs, to respond to the interrelated health needs of mothers and newborns and ensure provision of a more effective and efficient care using a similar approach.

3. **Human Rights-based approach** - The human rights-based approach recognizes

the person as the key actor to his/her own development and not as passive recipients of services. It also recognizes that human rights are indivisible whether they are cultural, economic or social; they are inherent to the dignity of every human person. It emphasizes that soliciting the participation of your clients should both be a means and a goal.

4. **Life-cycle based intervention** - The continuum of care framework aims to veer away from the traditional approach of utilizing single, disease-specific interventions. Critical to the success of this framework are the delivery of essential services and the implementation of improved practices at key points in the life cycle, linking mothers, newborns and their households and communities with quality basic health care and maternity services.

5. **Multi-sectoral collaboration** - Networking with stakeholders must be proactively pursued and sustained. The government agencies, non-government organizations, private volunteer groups, religious and civic organization and educational institutions can contribute to Newborn Care through their respective capabilities, expertise, resources
and networks.

VI. SPECIFIC GUIDELINES

Standard essential newborn care practices guidelines are organized by time, beginning at the time of perineal bulging until one week of life. However for this Administrative Order, emphasis is given to care interventions that should be provided to the newborn from birth until the first 6 hours of life (please see Annex A*). The care for the newborn after six (6) hours till the first week of life is mentioned briefly but will be discussed in more detail in a Department Circular that is issued corollary to this AO.

A. **Ensure Quality Provision of Time-Bound Interventions** - This is the aspect of newborn care in the Philippines that have not met international standards, and should therefore, be re-taught and re-learned by all health care providers.

1. **Within the first 30 seconds**

1.1 Objective: Dry and provide warmth to the newborn and prevent hypothermia

- Put on double gloves just before delivery.
- Use a clean, dry cloth to thoroughly dry the newborn by wiping the eyes, face, head, front and back, arms and legs.
- Remove the wet cloth.
- Do a quick check of newborn's breathing while drying (see page 9 on Newborn Resuscitation).
- Do not put the newborn on a cold or wet surface.
- Do not bathe the newborn earlier than 6 hours of life.
- If the newborn **must** be separated from his/her mother, put him/her on a warm surface, in a safe place close to the mother.

2. **After thorough drying**

2.1 Objective: Facilitate bonding between the mother and her newborn through skin-to-skin contact to reduce likelihood of infection and hypoglycemia

- Place the newborn prone on the mother's abdomen or chest, skin-to-skin.
- Cover the newborn's back with a blanket and head with a bonnet.
- Place the identification band on the ankle.
- Do not separate the newborn from the mother, as long as the newborn does not exhibit severe chest in-drawing, gasping or apnea and the mother does not need urgent medical/surgical stabilization e.g. emergency hysterectomy.
- Do not wipe off vernix if present.

Check for multiple births as soon as newborn is securely positioned on the mother. Palpate the mother's abdomen to check for a second baby or multiple births. If there is a second baby (or more), get help. Deliver the second newborn. Manage like the first baby.

3. **While on skin-to skin contact (up to 3 minutes post-delivery)**

3.1 Objective: Reduce the incidence of anemia in term newborns and intraventricular hemorrhage in pre-term newborns by delaying or non-immediate cord clamping

- Remove the first set of gloves immediately prior to cord clamping.
- Clamp and cut the cord after cord pulsations have stopped (typically at 1 to 3 minutes. Do not milk the cord towards the newborn.

a. Put ties tightly around the cord at 2 cm and 5 cm from the newborn's abdomen.
b. Cut between ties with sterile instrument.
c. Observe for oozing blood.

- After cord clamping, ensure 10 IU Oxytocin IM is given to the mother. Follow other protocols per PCPNC.

4. **Within 90 minutes of age**

4.1 Objective: Facilitate the newborn's early initiation to breastfeeding and transfer of colostrum through support and initiation of breastfeeding

- Leave the newborn on the mother's chest in skin-to-skin contact. Health workers should not touch the newborn unless there is a medical indication.
- Observe the newborn. Advice the mother to start feeding the newborn once the newborn shows feeding cues (e.g. opening of mouth, tonguing, licking, rooting). Make verbal suggestions to the mother to encourage her newborn to move toward the