

Thermal Care of Newborn

Ashok K Deorari¹, Praveen Kumar², Adhisivam B³, Anu Sachdeva⁴, Ashish Jain⁵, Ashish Mehta⁶, Asim Kumar Mallick⁷, Damera Yadaiah⁸, Deepak Chawla⁹, Geeta Gathwala¹⁰, Gopal Agrawal¹¹, J Kumutha¹², K Venkatnarayan¹³, M Jeeva Sankar¹⁴, Mangala Bharathi S¹⁵, Nandkishor S Kabra¹⁶, Neelam Kler¹⁷, Neeraj Gupta¹⁸, Nishad Plakkal¹⁹, Poorva Gohiya²⁰, Ramesh Agarwal²¹, Rhishikesh Thakre²², Ruchi N. Nanavati²³, S. Giridhar²⁴, Sandeep Kadam²⁵, Sarita Verma²⁶, Shiv Sajjan Saini²⁷, Siddarth Ramji²⁸, Sindhu Sivanandan²⁹, Sridhar Santhanam³⁰, Srinivas Murki³¹, Suja Mariam G³², Suksham Jain³³, Suman Rao PN³⁴, Sushma Nangia³⁵, Tapas Som³⁶, Venkateshan Sundaram³⁷

¹All India Institute Of Medical Science, New Delhi; ²Postgraduate Institute of Medical Education and Research, Chandigarh; ³Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry; ⁴All India Institute Of Medical Science, New Delhi; ⁵Maulana Azad Medical College (MAMC), New Delhi; ⁶ANCC, Ahmedabad; ⁷Nil Ratan Sircar Medical College and Hospital, Kolkata; ⁸Govt Hospital Nalgonda.Mother And Child Helth Center, Nalgonda; ⁹Government Medical College & Hospital, Chandigarh; ¹⁰Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak; ¹¹CH, Gurgaon; ¹²Stanley Medical College, Chennai; ¹³NITI Ayog, New Delhi; ¹⁴All India Institute Of Medical Science, New Delhi; ¹⁵Madras Medical College, Chennai; ¹⁶SH, Mumbai; ¹⁷Sir Ganga Ram Hospital, New Delhi; ¹⁸All India Institute Of Medical Science, Jodhpur; ¹⁹Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry; ²⁰Gandhi Medical College, Bhopal; ²¹All India Institute Of Medical Science, New Delhi; ²²NCH, Aurangabad; ²³KEM, Mumbai; ²⁴Chettinad Hospital And Research Institute, Chennai; ²⁵KEM Hospital, Pune; ²⁶Tata Institute of Social Sciences, Mumbai; ²⁷Postgraduate Institute of Medical Education and Research, Chandigarh; ²⁸Maulana Azad Medical College (MAMC), New Delhi; ²⁹Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry; ³⁰Christian Medical College, Vellore; ³¹PCH, Hyderabad; ³²Sri Ramakrishna Hospital, Coimbatore; ³³Government Medical College & Hospital, Chandigarh; ³⁴St John's Medical College Hospital, Bengaluru; ³⁵Lady Hardinge Medical College, New Delhi; ³⁶All India Institute of Medical Sciences, Bhubaneswar; ³⁷Postgraduate Institute of Medical Education and Research, Chandigarh

CORRESPONDING AUTHOR

Dr. Ashok K Deorari, Department of Neonatology, All India Institute of Medical Science, New Delhi
Email: ashokdeorari_56@hotmail.com

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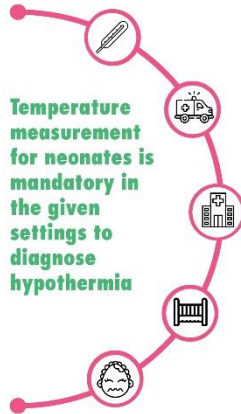
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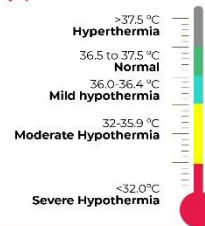
**Standard Treatment Workflow (STW)
THERMAL CARE OF NEWBORN
ICD-10-P81.8**



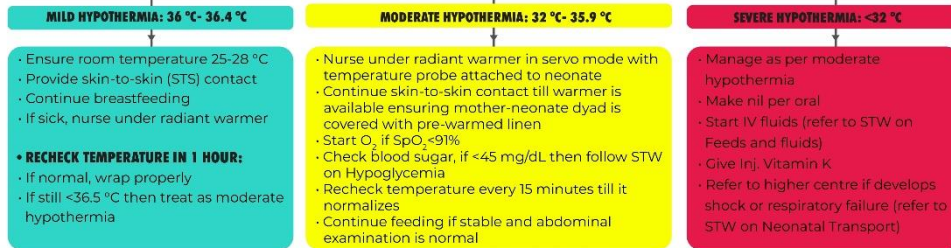
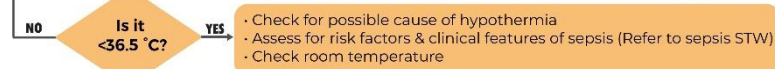
- Delivery room - in the first hour after delivery
- Prior to and during transport
- At the time of admission
- Continuous monitoring for all babies nursed in radiant warmer/ incubator
- At-risk neonates staying with mother e.g. - LBW, preterms - every 4 hourly

STANDARD TECHNIQUE FOR MEASUREMENT OF TEMPERATURE

- Use a standard digital thermometer
- Place the tip in the neonate's axilla keeping it parallel to the neonate's trunk
- Read once the beep sound is heard



REGULARLY MONITOR TEMPERATURE AND DOCUMENT



PREVENTION OF HYPOTHERMIA- MAINTENANCE OF WARM CHAIN

DELIVERY ROOM (DR)	POSTNATAL WARDS	WARM CHAIN DURING TRANSPORT
<ul style="list-style-type: none"> Radiant warmer is must in Neonatal Care Corner Area should be air draught free All DRs should have room thermometer Maintain DR temperature >25 °C Switch on radiant warmer 20-30 minutes before delivery Radiant warmer should be in manual mode with heater output being 100% Pre-warm two to three sterile towels by keeping them under radiant warmer for 20 minutes Practice early skin-to-skin contact for stable neonates for 1 hour or at least till first breastfeeding Dry newborn immediately after birth Remove wet linen immediately Weighing and checking temperature should be done after breastfeeding 	<ul style="list-style-type: none"> Cover neonate adequately Practice rooming-in 24x7 Avoid air draughts by closing windows, doors, and switching off fans and air conditioners Start Kangaroo Mother Care (KMC) as early as possible for eligible neonate Promote exclusive breastfeeding Delay bath till after discharge Remove wet clothes as early as possible Educate mother regarding identification of hypothermia using touch method 	<p>Without external heat source:</p> <ul style="list-style-type: none"> A fully wrapped neonate with cap can be transported in an adult's arms in a closed vehicle Neonate can be transported in skin-to-skin contact Ensure that the neonate is in upright position and covered snugly with the person's clothes and a blanket <p>With external heat source:</p> <ul style="list-style-type: none"> A thermal mattress or a transport incubator Indigenous insulated boxes can be used in resource-limited settings No neonate should be placed naked in a trolley or bed without an external heat source



HYPERTHERMIA

- Neonates may become hyperthermic due to high environmental temperature and/ or overclothing
- Differentiate from sepsis: If both trunk & extremities are hot, an environmental cause is likely. If trunk is hot & extremities are cold, consider sepsis
- If baby is hyperthermic, move to cooler environment and decrease clothing. Ensure adequate breastfeeding and check weight loss
- If still hyperthermic, needs further evaluation

REFERENCES

1. World Health Organization. Maternal Health and Safe Motherhood Programme & Meeting of Technical Working Group on Thermal Control of the Newborn (1992 - Geneva, Switzerland). (1993). Thermal control of the newborn : a practical guide. World Health Organization. <https://apps.who.int/iris/handle/10665/60042>

HYPOTHERMIA IN NEWBORNS INCREASES MORTALITY. PREVENT HYPOTHERMIA - MAINTAIN WARM CHAIN

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: stw.icmr.org.in for more information.
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