

A LIFE SAVING PRACTICE

Story of Nutan's First Born



Nutan had a smooth pregnancy. She regularly attended all her appointments and kept up with prenatal care. Finally, it was time for her delivery. Overwhelmed with emotions, she was admitted to the hospital and couldn't wait to hold her child in her arms. In no time, she was in the delivery room and the nurses monitored her condition continuously. They were constantly comforting her, checking her temperature and blood pressure at regular intervals, preparing her well for the delivery.

While delivering the infant, the doctor noticed something worrying. The infant wasn't breathing, as his mouth and nose were stuffed with meconium, the early stool passed by a new-born soon after birth.

Meconium is the first feces, or stool, of the newborn. Meconium aspiration syndrome occurs when a newborn breathes a mixture of meconium and amniotic fluid into the lungs around the time of delivery. Meconium aspiration syndrome, a leading cause of severe illness and death in the newborn, occurs in about 5 percent to 10 percent of births. It typically occurs when the foetus is stressed during labour, especially when the infant is past its due date[1]

The staff present in the labour room took timely action and positioned the baby on a warm surface, slightly extending the head by placing a folded piece of cloth under the infant's shoulder.

* Image changed for confidentiality

[1] <https://www.hopkinsmedicine.org/health/conditions-and-diseases/meconium-aspiration-syndrome>

Following the guidelines for newborn resuscitation, in no time with intubation and meconium suction, his airway was cleared by first clearing the mouth and then the nose. Appropriate intervention to support ventilation and oxygenation was initiated at the right time and the infant was revived. Soon after reviving, the infant was kept under observation for two hours.

Birth asphyxia, defined as the failure to establish breathing at birth, accounts for an estimated 900,000 deaths each year globally and is one of the primary causes of early neonatal mortality. The most common cause of perinatal asphyxia is complications during childbirth. (2)

“Previously, we were following traditional reviving practices such as slapping infant’s back, squeezing the rib cage, or forcing the baby’s thighs into its abdomen. We lacked necessary knowledge, skills, and equipment. Now, with Manyata training and clinical standards, we are aware of the necessary supplies and procedures.” said Nurse Hansraj, Krishna Hospital, Ajmer.

Nutan was scared and feared losing her newborn but due to quick action of the hospital staff, the infant was revived in no time. It was the nurses and doctors’ commitment that saved the day. When she left the hospital few days later, her worries were relieved which ignited her hope for a better future. This facility was trained under the Utkrisht Development Impact Bond.



“Since the trainings, my staff has been extremely efficient in their daily practices. Our protocols and medical processes have become streamlined. Each patient’s details, vitals and test reports are gathered and properly documented throughout their visit. We, as healthcare professionals aim to reduce the asphyxia related deaths as they can be prevented through effective practices. With Manyata training, our staff can now predict the complications and intervene at the right time using appropriate methods. Our approach has pivoted from care to quality care”

- Dr Narendra Kapoor,
Krishna Hospital, Jaipur

Manyata’s clinical guidelines states and ensures that the operation theatre is adequately equipped and makes it compulsory to have supplies and equipment for conducting adult/newborn resuscitation. Additionally, the guidelines ensure the availability of paediatrician (practitioner skilled in resuscitation of the newborn) to provide adequate care for pregnant woman and newborn.