

I Humane Neonatal Care Initiative

Prof. Adik Levin

II

Map of Europe

III

Map of Nordic countries

IV

Map of Estonia

V, V, VI

Prof. Levin and the first patient in 1979 (1200 grams)

VII

Logo of the unit. A.D. 1979

VIII

Every child in the Neonatal Unit have a right to say:

I have right:

- **....to be with mother in Neonatal Unit 24 hours a day!**
- **....to be breastfed and if I cannot to suck by myself then my mother tubefeds me!**
- **....to have a special care and treatment (if I have born too small) in the presence of my mother!**
- **....to be protected against psychical and physical violence!**

IX

A monologue of preterm and high-risk full-term newborn in the Neonatal Unit:

Dear aunts and uncles, I understand that you want to help me but why do you want to replace my mother?

I want to be with my mother 24 hours a day!

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There are two main trends in the world and European practice:

◆ high-technological (technical) trend

◆ humane trend

XI

Photo (equipment)

XII

Humane trend:

is such a trend in neonatal medicine where for all healthy babies in the maternity units and for all sick babies in neonatal units in are guaranteed existence of all natural factors which means 24 hours contact between mother and baby.

XIII

After the birth between mother and child pulse four invisible umbilical cords:

F bioenergetical

F biological

F psychological

F social

XIV

Picture of umbilical cords.

XV

The term "biological umbilicus" includes:

1. The constant contact between the mother and the child in the early neonatal period.

2. The constant contact between the mother and the child in the late neonatal period

(constantly - 24 hours).

3. Skin-to-skin contact between the mother and the child.

4. The breastfeeding and the breastmilk feeding.

5. Baby's minimal contact with constantly changing medical staff.

XVI

What is the Kangaroo Care Method?

Could we identify it with skin-to-skin contact?

No!

XVII

Skin-to-skin contact is when mother is with her baby few hours during visiting time in the hospital and time which left a baby is in contact with constantly changing medical and nursing staff.

XVIII

Kangaroo Care Method is when baby is with mother 24 hours and from time to time there is skin-to-skin contact between mother and a child.

XIX

Picture.

XX**Psychological umbilical cord:****mother and child form closed psychosomata system.****XXI****Conclusions of studies what had done in Estonia in 1980-ies.****In the scientific studies of biological umbilical cord were compared babies without mother with the babies who were with their mothers in the neonatal unit 24 hours. The babies with mothers:****1) had 3-5 times shorter local infections duration;****2) could treated in the case of local infection without antibiotics;****3) had 3-5 times less respiratory diseases during first year of their life;****4) had stronger immunobiological defence barrier (IgM, IgA, IgG);****5) had higher titer of "physiological interferon" what means that nonspecific immunological defence barrier formed better;****6) and the babies without mothers had more aggressively expressed conditionally pathogenic microflora;****XXII****The dynamic of fullterm babies (with and without mothers) body weights on their 7., 20. and 30. day of their life.****XXIII****The dynamic of preterm babies (with and without mothers) body weights on their 7., 20. and 30. day of their life.****XXIV****Table of the dynamic of babies' body weights.****XXV****Humane trend****Distribution of persons:***** Person N° 1 - baby***** Person N° 2 - mother + family***** Person N° 3 - medicine****Main principle: Medicine delegates a part of important functions to mother (family).****XXVI****HUMANe NEONATAL CARE PRINCIPLES****On the basis of these principles and our own experience we have worked out 13 steps for neonatal units.**

Baby-friendly Hospital Initiative in neonatal units must include many more principles than only breast-feeding.

- 1. Develop a neonatal unit, where mother can stay with her sick baby for 24 hours a day.**
- 2. Every staff member should develop an increased knowledge of the care of mother and infant, including the psychology of both members of the dyad.**
- 3. The staff should be organized to teach breastfeeding techniques to every mother and to encourage its use.**
- 4. Decrease the psychological stress of the mother during her adaptation, following her admission to the unit. The main purpose should be breastfeeding and if medical contraindication is on the agenda, then breastmilk feeding.**
- 5. Instruct mothers in nursing and teach them how to hand express breastmilk, if the baby is on tubefeeding.**
- 6. Unless medically indicated, newborns are to be given no liquid other than breastmilk.**
- 7. Attempt breastfeeding on demand with certain guidelines, tubefeed the breastmilk, if necessary.**
- 8. Give up offering soothers and teats to breastfed babies.**
- 9. Reduce to the minimum the number of tests and examinations.**
- 10. Use as much as possible mother-and-child skin-to-skin and air-to-air contact, reduce the use of technical equipment in child care (incubators etc.).**
- 11. Bring the use of aggressive therapy to the minimum, more attention to its improvement (antibacterial and infusion therapy).**
- 12. Consider the mother and the infant as a closed psychosomatic system. Every-day rounds should focus not only to the infant but also to the needs of the mother (including gynaecologist and other specialists).**
- 13. Allow healthy family members (father, grandparents or helpers) to visit the mother and baby during their prolonged stay at the hospital.**

XXVII

Tallinn Children's Hospital

Neonatal and Infants Department

Special Neonatal Care Unit

~ 500 newborns (premature) babies per year

~ 500 infants per year

XXVIII

Employing of humane neonatal medicine started in Tallinn Children's Hospital, 1979.

Now, in the unit, there are working two teams:

- ◆ For babies: pediatricians-neonatologists, neuropathologists + possibility to consultate with all specialists, nursing staff.**

◆ For mothers: therapist, gynaecologist, psychologist, midwives.

XXIX

There is working two teams in the department:

First team

● medical staff, who is responsible for children;

Second team

● medical staff, who is working with mothers (families): therapist, gynaecologist, midwife, psychologists (defectologist);

XXX, XXXI, XXXII Photos.

XXXIII

Graphic of feeding 1995-1996

XXXIV

Photo.