

SIGNIFICANT NEONATAL HEALTH PRACTICES THAT REQUIRE CHANGE AND ENCOURAGEMENT BASED ON THE GLOBAL BEST PRACTICES

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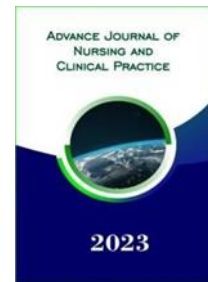
Abstract: The significant neonatal health practices that require change and encouragement based on the global best practices are the following: implementing Kangaroo Mother Care (KMC) for premature and low birth weight infants, regular antibiotics use, early initiation of breastfeeding, overreliance on formula feeding, separation of mother and infant, and non-adherence to immunization schedules, among others. These practices have been proven to have a positive impact on neonatal health outcomes and should be prioritized for implementation in order to improve the overall health of newborns.s

Introduction

Global best practices must be followed for the greatest results because neonatal health is essential to a child's complete wellbeing. The largest risk of death occurs during the neonatal, or newborn, period, which lasts for the first 28 days of a child's existence. For the mother of the newborn, it is also the most hazardous time. Every year, 295,000 women worldwide pass away during pregnancy or childbirth, 2.4

million newborns die, and 1.9 million babies are stillborn. The day of birth is the most perilous day for babies in almost every country, with over 800,000 newborns dying on the first day of life (New Born Health, 2023). This article examines important infant health procedures that need to be modified to conform to the most recent international guidelines and standards. Therefore, neonatal health practices that need

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to be modified in light of International best practices includes the following:

Regular Antibiotic Use

In newborn care, antibiotics are essential since they are frequently given for infection prevention and therapy. Global best practices for the use of antibiotics in neonates have changed, nevertheless, and now emphasize the importance of using antibiotics sparingly in order to avoid antibiotic resistance.

Justification for Frequent Use of Antibiotics

According to Shah, Ohlsson and Shah (2017), routine use of newborn antibiotics is warranted for the prevention or treatment of infections, particularly in high-risk circumstances like preterm birth or maternal illnesses during pregnancy. This justification seeks to avoid serious consequences linked to newborn infections, which are a major source of morbidity and death in this susceptible group (Stoll et al., 2015).

Global Concerns: Antimicrobial Resistance (AMR)

Notwithstanding the advantages, routine newborn antibiotic usage is a concern due to the global growth in antimicrobial resistance (AMR). Overuse and misuse of antibiotics are major factors to antimicrobial resistance (AMR), according to the World Health Organization (WHO, 2015). Due to their restricted therapeutic options, which could jeopardize the treatment of serious infections, neonates are especially susceptible to the repercussions of AMR (Tacconelli et al., 2018).

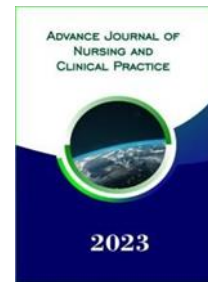
Current Guidelines and Recommendations

The use of neonatal antibiotics should be targeted and used sparingly, according to international best practices. Guidelines from the Pediatric Infectious Diseases Society (PIDS) and the American Academy of Pediatrics (AAP) emphasize the need of choosing antibiotics based on local epidemiology and taking resistance threats into account (American Academy of Paediatrics, 2018). To help guide the proper use of newborn antibiotics, the WHO also advocates the "AWaRe" classification system, which emphasizes the Access, Watch, and Reserve categories (WHO, 2019).

Challenges and Barriers

The risk of under treating serious infections, differences in local resistance patterns, and the difficulty of correctly detecting neonatal infections are some of the obstacles to implementing global best practices. The persistent use of empirical antibiotic therapy may be influenced by socioeconomic considerations and restricted access to diagnostics. Antibiotics are still essential for newborn care, but in order to combat the growing problem of antimicrobial resistance, routine usage must be in line with international best practices. To ensure neonatal health in the face of changing global problems, it is imperative to follow evidence-based guidelines, encourage the prudent prescription of antibiotics, and fund research for alternative preventive techniques.

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Separation of Mother and Infant

In neonatal care, it has long been standard practice to separate mothers from their newborns soon after birth. The negative impacts of this technique on infant health and the significance of encouraging early bonding and breastfeeding are highlighted by changing global best practices.

Justification for Separation

In the past, it was thought that separating mother and child would make medical examinations and treatments easier. The goal of this approach was to give the baby targeted medical care while enabling doctors to do required treatments without the mother's involvement (Ludington-Hoe et al., 2013).

Global Concerns

Recent studies have shown how crucial early bonding and nursing are to infant care. In order to improve maternal-infant bonding and enable exclusive breastfeeding, the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) strongly support immediate skin-to-skin contact and rooming-in (AAP, 2012; WHO, 2018).

Current Guidelines and Recommendations

Minimizing mother-infant separation during the first postpartum period is emphasized by international best practices. In order to assist breastfeeding and improve the mother-infant bond, the American Academy of Pediatrics (AAP) urges healthcare professionals to encourage and support rooming-in (AAP, 2012). Similarly, the WHO Baby-Friendly Hospital

Initiative discourages needless separation by outlining the importance of breastfeeding and early interaction (WHO, 2018).

Challenges and Barriers

Global best practices are still difficult to implement, even with changing criteria. In many contexts, the ongoing separation of mother and child is a result of institutional procedures, healthcare personnel' ignorance, and cultural prejudices. Optimizing neonatal outcomes requires a reexamination of the practice of separating mothers and infants. In order to promote the health and wellbeing of both mother and child, it is essential to follow international best practices that place an emphasis on early bonding and nursing.

Overreliance on Formula Feeding

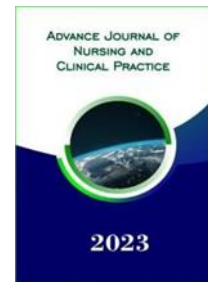
Despite international guidelines that advocate exclusive breastfeeding for the first six months of life, formula feeding has become a common practice in neonatal care. This conversation critically evaluates international best practices that support breastfeeding and investigates the causes of neonates' excessive reliance on formula feeding.

Justification of Formula Feeding

A number of variables, including maternal work commitments, perceived convenience, and worries about an inadequate milk supply, contribute to the over-reliance on formula feeding (Rollins et al., 2016). Formula feeding is frequently used in neonatal care because it is occasionally seen as a good substitute.

Global Concerns: Promotion of Breastfeeding

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The World Health Organization (WHO) and other international health organizations stress the unparalleled advantages of breastfeeding for the development and health of newborns. According to Victora et al. (2016), breast milk promotes healthy growth and cognitive development by supplying vital nutrients and antibodies. The World Health Organization advises nursing exclusively for the first six months and then continuing to do so for up to two years or longer while consuming supplemental foods (WHO, 2023).

Current Guidelines and Recommendations

Initiatives that support and encourage breastfeeding while preventing an excessive dependency on formula feeding are encouraged by global best practices. In order to promote optimal feeding practices and assist mothers in making informed decisions, the WHO's Baby-Friendly Hospital Initiative (BFHI) urges healthcare facilities to adopt the Ten Steps to Successful Breastfeeding (UNICEF, 2018).

Challenges and Barriers

Notwithstanding the obvious advantages of breastfeeding, issues including the aggressive promotion of baby formula, a lack of support for nursing moms in the workplace, and cultural norms all lead to an over-reliance on formula feeding. Multifaceted actions, such as altered policies and raised public awareness, are necessary to remove these obstacles (Rollins et al., 2016). It takes a concentrated effort to bring methods into line with international best practices in order to address neonates' over-

reliance on formula feeding. Enhancing neonatal health outcomes and guaranteeing infants' long-term wellbeing require giving priority to programs that promote breastfeeding on both an individual and social level.

Non-Adherence to Immunization Schedules

Neonatal health depends on timely and thorough immunization, yet the ongoing problem of non-adherence to vaccination schedules necessitates careful investigation.

Rationale for Immunization

Immunization protects newborns from serious illnesses and their related problems, making it a fundamental component of preventive healthcare (WHO, 2024). Strict adherence to vaccination schedules is justified by the timely development of immunity against diseases that can be prevented, which eventually aids in international efforts to lower infant mortality.

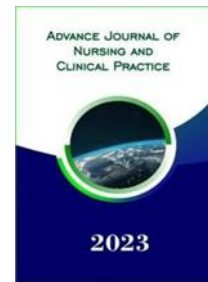
Global Concerns: Consequences of non-adherence

Noncompliance with vaccination schedules has serious consequences, making newborns vulnerable to diseases that can be prevented by vaccination. The World Health Organization (WHO) emphasizes that populations with low vaccination coverage have higher rates of morbidity and mortality as well as the possibility for disease comeback (WHO, 2020). Following suggested timetables is essential for creating herd immunity and protecting individuals who are unable to get vaccinations.

Current Guidelines and Recommendations

Strict adherence to vaccination schedules set forth by health authorities is strongly

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encouraged by international best practices. The WHO provides thorough vaccination guidelines, guaranteeing that newborns receive immunizations at the appropriate ages for optimal efficacy (WHO, 2020). These recommendations are often supported by national immunization programs, which stress the vital significance of receiving immunizations on schedule.

Challenges and Barriers

Non-adherence is caused by a number of issues, including vaccine reluctance, restricted access to medical services, and false information. Targeted public health measures, community involvement, and educational initiatives highlighting the effectiveness and safety of vaccines are necessary to remove these obstacles.

For neonatal health to be at its best, non-adherence to vaccination regimens must be addressed. Global best practices can make a substantial contribution to a future where newborns are protected from diseases that can be prevented by vaccination by raising knowledge, removing obstacles, and highlighting the need for timely vaccines.

Early Initiation of Breastfeeding

Global Best Practice: Within the first hour of birth, the World Health Organization advises starting breastfeeding (WHO, 2018).

Nigerian Context; In Nigeria, early breastfeeding initiation still needs to be encouraged and supported, notwithstanding international recommendations. This improves the newborn's access to vital nutrients and

immunological protection while also being in compliance with WHO criteria.

Kangaroo Mother Care (KMC)

Global Best Practice: The World Health Organization recommends kangaroo mother care for preterm newborns that involves skin-to-skin contact (Conde-Aguudelo et al., 2017).

Nigerian Context: Neonatal survival rates can be considerably raised in Nigerian healthcare institutions by using KMC methods, especially for preterm newborns (Conde-Agudelo et al., 2017).

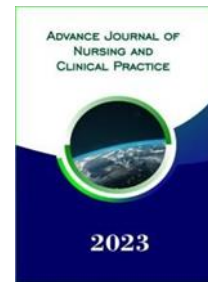
Delayed Cord Clamping

Global Best Practice: Research supports postponing cord clamping in order to optimize neonatal iron levels and developmental outcomes (McDonald et al., 2017).

Nigerian Context: By conforming to international guidelines, delayed cord clamping can improve infant health outcomes in Nigerian healthcare settings (McDonald et al., 2017).

Delayed Bathing of the Baby after Birth

The World Health Organization (WHO) advises waiting 24 hours after delivery for the baby's first bath, or at least 6 hours if a full day is not feasible due to cultural norms. Give the baby a thorough cleaning and wait at least 24 hours before giving them their first bath. Wear a hat over the baby's head and keep them warm with one or two layers of clothing more than adults. One of the most important phases in the newborn's adjustment to the outside world is delayed bathing. Although this may be a novel idea to some, Beebe is currently utilizing this evidence-based approach to enhance the infant's general health after birth (Health Hub, 2023). According to Health Hub (2023), there



are so many benefits to delayed bathing for both mother and newborn. This includes the following:

It limits the risk of infection: A whitish material termed vernix, which is composed of skin cells from early development, covers the newborn. This chemical serves as a natural germ defender for the child and aids in the battle against bacterial diseases. E. Coli and Group B Strep are common bacterial illnesses in infants that can cause meningitis and pneumonia. You are enabling the vernix to continue serving as a protective barrier for the child's immune system by postponing the first bath.

It helps to stabilize infant blood sugar levels: The baby's body has to adapt to a new environment after it makes its debut. The placenta that regulates blood sugar levels is no longer present. A baby who is bathed too soon after birth may release too many stress hormones, which will lower blood sugar levels, make them exhausted, and make them less inclined to nurse. This exhaustion may cause brain damage in certain situations.

It provides temperature control: Giving a baby a bath too soon after delivery can cause hypothermia. Remember that while most hospital rooms are approximately 70 degrees, the temperature in the womb is a comfortable 98.6 degrees. This implies that when the infant is exposed to the outside world, they will have to expend a lot of energy trying to stay warm. The baby's blood sugar levels will fall if they become too chilly, which may cause further issues.

More maternal-infant bonding time: In order to promote breastfeeding and preserve the infant's general health, proper skin-to-skin time with the mother is essential. It has been repeatedly seen that newborns who are carried on their mother's chest shortly after birth maintain better blood sugar levels and temperatures and even find breastfeeding easier.

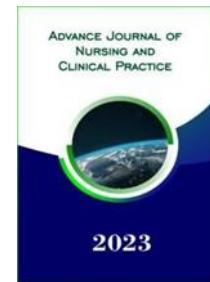
Improves breastfeeding ability: The breastfeeding adjustment period is much simpler if the baby can spend time with you skin-to-skin as soon as possible. This procedure is also facilitated by avoiding medical interruptions such as bathing.

There is no need for baby lotion: As they enter our surroundings, babies require protection. Since they will already be covered in vernix, a natural protective substance, you can avoid using chemical lotions if you wait to bathe them after birth.

Nurses and doctors will continue to wear gloves: All medical personnel are required by hospital policy to wear gloves when the infant is not being bathed in order to protect them from potentially hazardous fluids. You can prevent the spread of viruses and diseases by giving your baby more time before bathing.

Parents get to enjoy giving their newborn a bath: The parents can assist in bathing their new little bundle of joy after the mother has fully recovered. Both parents and nurses can learn a lot from this and it can be a unique time for everyone to bond.

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Roles of Midwives in Neonatal Health Practices in Line with the Global Health Practices

By coordinating their efforts with international best practices, midwives play a critical role in improving newborn health practices. Their diverse involvement has a major impact on mothers' and babies' well-being. Among the responsibilities of midwives are:

Antenatal Education and Preparation

According to Renfrew et al. (2014), midwives play a crucial role in antenatal education by giving pregnant women advice on healthy eating, prenatal care, and crucial procedures like starting a nursing regimen. Global best practices that stress the value of early and knowledgeable maternity care are well aligned with this.

Skilled Birth Attendance

One of the most important duties of midwives is to ensure expert birth attendance during labor and delivery. In order to avoid difficulties and guarantee a safe delivery environment, the World Health Organization (WHO) emphasizes the importance of trained birth attendants (WHO, 2018). By using their knowledge, midwives significantly lower the chances of maternal and newborn death.

Facilitating Immediate and Exclusive Breastfeeding

The promotion of rapid and exclusive breastfeeding is mostly the responsibility of midwives. Midwives promote exclusive breastfeeding for the first six months after delivery and encourage nursing to begin within

the first hour of birth, in accordance with the WHO's global best practices (WHO, 2018). Their assistance and instruction enable moms to follow these guidelines.

Kangaroo Mother Care (KMC)

Midwives promote the implementation of Kangaroo Mother Care (KMC), a skin-to-skin contact approach that is internationally recognized. KMC promotes bonding and heat regulation, which is especially advantageous for preterm newborns (Conde-Agudelo et al., 2017). The active participation of midwives in KMC is in line with global guidelines for improving newborn outcomes.

Providing Postnatal Care

One of the most important services that midwives provide is postnatal care, which is vital for keeping an eye on the health of both mothers and babies. Midwives provide postnatal care that includes routine checkups, vaccination support, and advice on newborn care practices (World Health Organization, 2013). These activities play a major role in accomplishing the goals of postnatal care worldwide.

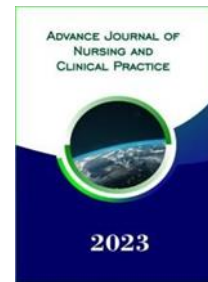
Community Engagement and Education

By interacting with communities and educating them about newborn health, midwives have an influence outside of medical facilities. This is consistent with the WHO's focus on community-based initiatives to improve the health of mothers and newborns (WHO, 2018). Midwives support the development of a culture of health and wellbeing by acting as advocates and educators.

Continuous professional development programs

Create programs for ongoing education to ensure that midwives are knowledgeable about

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the newest research, best practices, and technologies so they can provide high-quality care that complies with international standards. Midwives can better support neonatal health practices in accordance with changing international best practices by attending to these factors, which will eventually improve outcomes for both mothers and newborns.

Collaboration with another Health Team

For a comprehensive approach to newborn care, encourage interdisciplinary teamwork by facilitating coordination and communication between pediatricians, obstetricians, midwives, and other pertinent healthcare professionals.

Conclusion

Global best practices in neonatal care emphasize a shift from traditional interventions to evidence-based approaches that prioritize maternal and infant well-being. By fostering collaboration between healthcare providers, parents, and policymakers, midwives are fundamental in implementing and sustaining these practices. Addressing barriers such as inadequate resources, lack of education, and cultural resistance requires a multi-faceted approach. Through support, education, and evidence-based interventions, midwives can lead efforts to ensure neonatal health practices align with international standards, improving outcomes for mothers and newborns worldwide.

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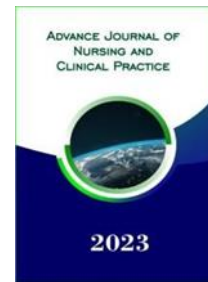
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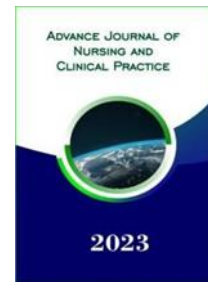
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