



NURSING CARE OF PREMATURE INFANTS

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Annotation: *In this article, a premature baby, its symptoms, degrees of prematurity, care of premature babies, features of managing the thermoregulation process in their body, feeding skills of premature babies, physiological changes in premature babies the progress of cases and knowledge about the further development of a premature baby are covered. Also, information on the factors that cause premature birth and measures to prevent this condition is given.*

Key words: *Premature baby, levels of prematurity, warming changing table, incubator, physiological weight loss, physiological jaundice, kidney-urate infarction, physiological erythema, nasal tube feeding.*

Newborn children differ from older children and adults in their body structure and functional characteristics. Many organs and systems, including the central nervous system, are not fully developed in newborns. The tissues of a newborn child's body are functionally immature, easily injured, and resistant to adverse effects. Especially in premature children, thermoregulation is not improved. In the care of babies, it should help to create favorable conditions for their development. Protecting babies from adverse effects of the external environment, especially from infection, is one of the main rules of care. The care of babies is entrusted to medical doctors who have received appropriate training; in small maternity complexes (maternity wards) babies are taken care of by an obstetrician. Technical workers are not allowed to take care of newborn babies, cleaners are allowed to clean and do various other support jobs. When employees come on duty, they wash their hands thoroughly with soap up to the elbow, then disinfect them (alcohol, a mixture of 2.4% S-4 solution, hydrogen peroxide and formic acid - pervo mur, chlorhexidine bigluconate, degmycin, iodopyron, etc.). A staff member washes their hands and wipes them with a disinfectant solution before each baby is placed on the bed. A baby brought from the maternity ward to the neonatal ward is put on a warm shirt, put on a bed, and its condition is carefully monitored. It should be remembered that the baby may vomit, have breathing problems (cyanosis), and bleed from the umbilical cord. Babies are cleaned twice a day (in the morning before the first feeding and in the evening). At the same time, the child is examined, all the folds of the skin, the umbilical cord are checked, the skin and sensory organs are taken care of, the body temperature is measured, and the doctor's orders are followed. In the morning cleaning, babies are pulled. Skin care is very important. If the baby's delicate skin is not properly cared for, it is easy to cut, chafe and suffer from other injuries, including infection. Due to this, purulent processes appear on the skin, and septic disease can occur. In the morning and evening cleaning (toilet), the whole body of the child is carefully examined, attention is paid to skin folds that are easy to shave (behind the ears,



neck, armpits, armpits, etc.). The baby is not bathed until the umbilical cord falls off, because infection can enter if the umbilical wound is not healed. For this reason, it is sufficient to wash the child's face with warm boiled water or cotton soaked in 2% boric acid solution until the remnant of the umbilical cord falls off and the wound of the umbilical cord heals; the skin behind the ear, the top of the ear, the folds of the neck, the palm of the hand are wiped with wet cotton, dried, and then the whole body is dried.

If reddened areas of the skin are found when examining the baby's body, apply sterile petroleum jelly or sunflower oil. The baby's eyelids are washed with a cotton ball soaked in 2% boric acid solution. Each eye is wiped with a separate cotton pad from the outer corner of the eye to the inner corner. Ear care is enough to wipe the top of the ears in the morning. There is usually no need to clean the ear canal. The nasal passages are cleared only when the baby struggles to breathe and presses his nose with mucus. The nostrils are carefully wiped with a cotton ball soaked in petroleum jelly. It is absolutely not good to wipe the mucous membrane of the oral cavity, because otherwise the mucous membrane of the mouth may become infected and diseases may occur.

Even if the baby's mouth is watery due to poor care and improper feeding, it is recommended to carefully apply a 10% flea solution and glycerin mixture without wiping the oral mucosa. Modern methods of baby care. In accordance with the criteria of the World Health Organization, as soon as the baby is born, it is quickly dried and placed on the mother's womb, following the principle of the thermal chain, in order not to lose heat from the body. A warm blanket (blanket) is covered with the mother, and a cap is put on her head. The baby should not be allowed to cool down. After the first signs of preparation for breastfeeding (sudden rapid breathing, sucking movements, searching for the breast) appear in the baby, you can breastfeed for 30-60 minutes. Direct skin-to-skin contact - the baby is placed between the breasts for direct skin-to-skin contact, and the mother and child are wrapped in a blanket to maintain warmth. This method is performed on healthy newborn babies. This method is not used if there is cyanosis in the skin color, nervous disorders, breathing is uneven. Direct skin-to-skin contact continues throughout the baby's stay in the delivery room, following the basic principles of the "heat chain". If the baby is hypothermic at birth, it will be very difficult to warm him. It is necessary to keep them in heat, in an incubator or in special heating devices. Long-term inhalation of mucus from the airways of healthy babies can prevent them from breathing evenly and cause bronchospasm. Therefore, it is better to use a disposable balloon or a special soft suction catheter when cleaning the oral cavity. The catheter should be inserted into the child's mouth up to 3 cm, first the mouth is cleaned, then the nose. Treatment should not exceed 5 seconds.

Umbilical cord clamping is performed approximately one minute after birth, when the umbilical cord stops pulsating. Care of the umbilical wound is carried out in an open manner, observing cleanliness, without using drying agents.

Preventive measures are performed before transferring the mother and the child to the chilly ward, i.e. during the first two hours, after contact with the territory, anthropometry, body temperature measurement, 1% tetracycline or 1% eye drops to prevent gonoblenorrhea. erythromycin ointment, the genital fissure of girls is treated with one of



these substances or, if not, with a 1% solution of silver nitrate. Vitamin K is given to prevent hemorrhagic syndrome. Then, a closed clamp with a Rogovin clamp or a rubber ring is placed on the umbilical cord. They should be at a distance of 3-4 cm from the edges of the navel. If there is a plan to carry out an infusion-transfusion procedure to the baby, it is advisable to tie the navel with a silk ligature. When swaddling, you should not squeeze the chest tightly, instead of swaddling, it is recommended to wear a shirt and pants on the baby. A tight blanket prevents the free movement of the diaphragm, does not help to maintain heat, disrupts the nerves, muscle coordination, blood circulation, and interferes with breastfeeding.

Breastfeeding babies. Normal food for babies is breast milk. Only when the child is breastfed, the whole body grows and matures. Morbidity and death are several times less common among breast-fed children than in formula-fed children. Therefore, medical staff explain the importance of breastfeeding to women and do everything possible for every mother to breastfeed her child. In the first days after childbirth, there is still little milk, and a decrease in milk secretion (hypogalactia) is noted, only on those days the second nipple can be attached. Each feeding lasts 15-20 minutes, a well-fed child absorbs about half of the required amount of milk in the first 5 minutes. At each feeding, the nipple should be completely empty of milk. If the mammary glands are prematurely empty, the milk may be less processed. After breastfeeding, it is necessary to express the milk left in the breast by hand or with a boiled teat. If the nipple is flat and retracted, as well as when it cracks, it is recommended to breastfeed through a bottle with a rubber nipple. Premature babies do not tolerate heat. When they are overheated, they are disturbed, their temperature rises, their body shakes, and they sweat. In such cases, the temperature of the heater (or incubator) should be reduced. Currently, special heated beds are used for premature babies who need special care. Premature children are protected from infection, special wards are allocated for this purpose. In small institutions where it is not possible to allocate a special ward, it is necessary to put a premature child in a general ward for infants and separate it with a glass wall. The rules of asepsis and antiseptics are observed in the care of premature children.

It is extremely important to feed a premature baby with breast milk, preferably with mother's milk. The method of feeding premature babies depends on their degree of prematurity, general condition, ability to suck and swallow milk. It is better to breastfeed a premature baby for the first time 2 hours after birth. How many times a day they should be sucked depends on the characteristics of the child. A. F. Tur recommends breastfeeding 7-8 times a day for children weighing 2000-2500 g, 8-10 times for children weighing 1500-2000 g, and 10-14 times for children weighing 1000-1500 g. If a premature baby is breastfed, it should be breastfed according to generally accepted rules. If the child does not suck milk well, gets tired quickly, after one feeding, you can drink milk from the bottle a second time through a rubber nipple. At first, pacifiers are applied 1-2 times a day; when the child gets a hold of himself, he is constantly breastfed, and gradually he completely abandons the pacifier. A small teaspoon is useful; A spoon with a long tip is the most convenient. Oxygen is breathed before and after feeding the baby. Infants can drink milk through a pipette. The milk in the pipette drips onto the child's upper lip near the nostrils. Milk flows down



through the nasopharynx and passes into the esophagus. Very weak children who are unable to suck and swallow milk are given milk through a feeding tube. For this, a soft catheter number 13-15 is used, the catheter is connected to the funnel through a glass tube. The probe is carefully inserted into the child's esophagus through the mouth. Sterile petroleum jelly is applied to the tip before inserting the probe. In order to prevent air from entering the child's stomach, milk must continuously flow through the tube. The body temperature, weight, skin, sensory organs, bowel movements, general condition and behavior of a premature child are carefully monitored. Premature children are cared for in the maternity complex for at least two weeks, if they are very premature, they are kept longer in the maternity complex. When the mother is sent home, complete instructions are given on the care and feeding of the premature child, and the children's polyclinic is informed in advance that the premature child is being sent home.

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