Neonatal transport
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правляе Transporting sick neonates is not an easy task

In utero transport is far more rewarding than the transport of sick neonates after birth

Care providers should, therefore, be ready, competent and confident to handle this responsibility
Constraints in neonatal transport

A challenge in developing countries

- Scarce and inaccessible facilities
- Lack of organized transport system
- Road links poor or non-existent
- Communication systems not developed
Constraints in neonatal transport (contd...) 
A challenge in developing countries

- Ill equipped health facilities
- Families have poor resources
- No provider accompanies baby
- No care possible en route
Neonatal transport

Prepare well before transport

ภา Make careful assessment of the need and urgency of referral

ภา Correct hypothermia before – it is going to worsen during travel
Before transport

1. Communicate, write a note
2. Encourage mother to accompany
3. Arrange provider to accompany
4. Explain care during travel
Communicate

- Explain the condition, the prognosis and the reasons for referral of the baby
- Explain where to go and whom to contact
- Inform the referral facility beforehand, if possible
Assess & stabilize

Temperature
Tactile / Thermometer
Warmer/Cover / KMC

Airway
Position/Suction

Breathing
Tactile stimulation / PPV 100% O2
Assess & stabilize

- Circulation
  - CFT, Pulses
  - Fluid bolus RL/NS 10 ml/kg - Reassess
- Fluids
  - Day of life/ abnormal losses
- Medications
  - Antibiotics, Anticonvulsants, vitamin K etc.
- Feeding
  - Gavage, paladai, breast feeds
Who to accompany?

Mother should accompany, as far as possible

A doctor / nurse / dai / health worker should accompany the baby, if feasible
Care during transport

- Ensure warm feet
- Ensure open airway
- Check breathing; stimulate, if apneic
- Provide feeds, if active
Warm transport

- Skin to skin care
- Well covered
- Improvised containers
- Transport incubator (rare)
Skin to skin care

(Kangaroo Mother Care)

Baby is naked except for a cap and napkin

Baby is placed facing the mother in skin to skin contact between breasts

Baby’s back is covered by tying the blouse or with a fold of gown / ’chunari’

Another woman or a man (father) can also provide
Kangaroo mother care
If provider not accompanying

- Avoid running I.V. fluids
- Avoid oro-and nasogastric feeds
- Avoid hot water filled bags for warmth
Summary of safe transport for neonates

Prepare well before transport
- Communicate, write a note
- Assess & stabilize
- Correct hypothermia

During transport
- Caregiver to accompany
- Arrange a provider to accompany
- Ensure warm transport
Conclusion

- Neonatal transport in developing countries is a formidable challenge
- A simple approach is required
- Family plays a major role
- There is a need to educate providers
Take the baby to the nearest referral facility, by the shortest route, using the fastest possible mode of transport