Breathing problems in a newborn

Breathing problems in a young baby, especially rapid breathing and chest in-drawing are signs of a serious, often life threatening condition.

This video will show how to evaluate and treat the baby with a breathing problem.

Before checking the baby, wash your hands and the thermometer. As you take the baby’s temperature, gather important background information; especially evidence of danger signs:

When did the breathing problem start?
Was the labor or birth long and difficult?
Did the baby need any help to start breathing?

Check for any other danger signs such as poor feeding and convulsions.

The mother explains that the baby has been breathing fast since yesterday. He is also not feeding well.

First observe: the baby looks listless. His chest shows indrawing: as he draws a breath his chest draws in, and the belly appears to move out. Check the lips and tongue for pinkness, look at the nose for nasal flaring, and listen for grunting. Count how many breaths the baby takes in one minute. More than 60 is too fast. Count again to be sure. This baby is taking 90 breaths in one minute.

Now check the baby from head to toe for other signs of serious illness.

Here are examples of babies with signs of breathing difficulty. All of them need urgent referral, especially for oxygen.

This baby has chest indrawing, fast breathing, and grunting, a sound associated with breathing difficulty heard on the out breath.

This baby is breathing too fast at 70 breaths per minute. She has chest indrawing and nasal flaring.

This baby is breathing at a normal rate of 50 breaths per minute but he has chest indrawing.

Here is another example of nasal flaring.

This baby has a very severe breathing problem. He’s taking 120 breaths per minute and has severe chest indrawing. He urgently needs oxygen and specialized care.

The health worker has determined that the baby is breathing too fast, has chest indrawing, poor feeding and listlessness.
He has a serious breathing problem and needs to be referred for oxygen and special care.

Discuss the baby’s urgent condition with the mother and advise her to take the baby to a higher level facility.

**Provide oxygen if possible on the way.** Also give the baby the first doses of intramuscular ampicillin and gentamicin.

Notify the hospital, arrange transportation, and write a referral note.

Make sure the baby has breast or cup fed and is warm with skin-to-skin contact throughout the trip.

Breathing problems can be life-threatening. Every effort should be made to refer the baby. If referral is not possible, do your best to care for the baby in your clinic though realize that this care is not the same.

- Provide oxygen if possible. Also give antibiotics. Effective treatment options are intramuscular gentamicin plus either ampicillin, or procaine penicillin. Procaine penicillin has the advantage of being given only once daily

- A secondline treatment can be intramuscular gentamicin plus oral amoxicillin

Treat for 7 days.

Ensure that the baby is warm and fed every 2-3 hours.

Discharge when she has no further signs of breathing difficulty and is feeding well. Be sure the baby completes the full 7 days of treatment.

Remember:

- Rapid breathing and chest in drawing are signs of breathing difficulty.
- Count the number of breaths for one minute, if more than 60, count again.
- Refer babies with breathing problems urgently for oxygen and special care