

# Essential Intrapartum and Newborn Care (EINC)

Essential Intrapartum and Newborn care (EINC) is a package of evidence-based practices recommended by the Department of Health (DOH), Philippine Health Insurance Corporation (PhilHealth), and the World Health Organization (WHO) as the standard of care in all births by skilled attendants in all government and private settings.



It is a basic component of DOH's Maternal, Newborn and Child Health and Nutrition (MNCHN) strategy. The EINC practices for newborn care constitute a series of time-bound, chronologically-ordered, standard procedures that a baby receives at birth. At the heart of the protocol are four time-bound interventions: immediate drying; skin-to-skin contact followed by clamping of the cord after 1-3 minutes; non-separation of baby from mother; and breastfeeding initiation.

## 1. Immediate drying

Using a clean, dry cloth, thoroughly dry the baby, wiping the face, eyes, head, front and back, arms and legs.

## 2. Skin-to-skin contact

- If a baby is crying and breathing normally, avoid any manipulation, such as routine suctioning, that may cause trauma or introduce infection. Place the newborn prone on the mother's abdomen or chest skin-to-skin.
- Cover newborn's back with a blanket and head with a bonnet. Place identification band on ankle.

## 3. Proper cord clamping and cutting

- Clamp and cut the cord after cord pulsations have stopped (typically at 1-3 minutes).
- Put ties tightly around the cord at 2 centimeters and 5 centimeters from the newborn's abdomen.
- Cut between ties with sterile instrument.



- Observe for oozing blood.
- Do not milk the cord towards the newborn.
- After cord clamping, ensure oxytocin 10 IU IM is given to the mother

**4. Non-separation of baby from mother and breastfeeding initiation**

- Observe the newborn. Only when the newborn shows feeding cues (e.g., opening of mouth, tonguing, licking, rooting), make verbal suggestions to the mother to encourage her newborn to move toward the breast (e.g., nudging).
- Counsel on positioning and attachment.
- When the baby is ready, advise the mother to:
  - a. Make sure the newborn's neck is neither flexed nor twisted.
  - b. Make sure the newborn is facing the breast, with the newborn's nose opposite her nipple and chin touching the breast.
  - c. Hold the newborn's body close to her body.
  - d. Support the newborn's whole body, not just the neck and shoulders.
  - e. Wait until her newborn's mouth is opened wide.
  - f. Move her newborn onto her breast, aiming the infant's lower lip well below the nipple.

- g. Look for signs of good attachment and suckling:
  - Mouth wide open
  - Lower lip turned outward
  - Baby's chin touching breast
  - Suckling is slow, deep with some pauses
  - If the attachment or suckling is not good, try again and reassess.

**Notes**

- Health workers should not touch the newborn unless there is a medical indication.
- Do not give sugar water, formula or other prelacteals.
- Do not give bottles or pacifiers.
- Do not throw away colostrum.

**References**

- WHO EINC Briefer. (2011). Essential Intrapartum and Newborn Care (EINC): Saving mothers' and newborns' lives by translating evidence to practice.
- World Health Organization. (2009). Newborn Care Until the First Week of Life

Image from <http://www2.wpro.who.int/sites/RegionalHepBControl/news/photo/>