

Transportation of Sick Neonates

It has been rightly observed that the transportation of sick newborns is far from ideal in our situation(1). In our study thirty two high-risk newborns requiring continuation of special care or surgical intervention were transported from Cama and Albless Hospital to J.J. Hospital Mumbai(2). They were transported in styropor boxes to maintain temperature. Oxygen was bubbled through a ventilatory hole of the box. Three babies continued to get inotrope infusion. The intravenous tubing was introduced through another ventilatory hole. A baby was fed 30-45 minutes prior to transportation.

A commercially available styropor box, 75x60x25 cm in size with 2.5 cm wall thickness was used for this purpose. Two ventilatory holes, 2 cm in diameter were made on each narrow side in co-axial pairs, 8 cm apart and 8 cm above the base. A box costs Rs. 85. No baby became hypothermic or failed to maintain color or required resuscitation during transportation. No baby developed at least symptomatic hypoglycemia. Heart rate and respiratory rate remained in acceptable range.

Our subsequent experience on acquiring pulse oximeter have shown that oxygen saturations were well maintained during transportation. Rate of oxygen flow predictably maintain oxygen concentrations in the box, *i.e.*, 0.5, 1, and 2 l/min maintain oxygen concentration in the range of 40-45%, 60% and 80-85%, respectively.

We have found this method to be useful in rural setting also. Under the Rural Neonatal Care Programme, Dahanu, one box was kept with each anganwadi worker/traditional birth attendant to be readily available for transporting a preterm/low birth weight baby requiring hospital care(3,4). Generally, the babies were received with pink and warm soles. More importantly, the acceptance of the box by the community was good.

It is suggested that a thermocol box should be available at a every nursing home so that it is radily available for transportation of a baby for special care.

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