NCLEX 2026 • MATERNAL-NEWBORN NURSING

NEWBORN CARE *PRIORITIES*

Elite Study Infographic • Clinical Judgment • Prioritization • Safety

ABCs First | **Golden Hour** | **Thermoregulate** | **Safety** | **Bonding**

1st hour after birth = most critical physiological transition of life

STEP 01

Definition & Overview

What newborn care priorities are — and why they matter

Comprehensive, evidence-based care of the infant during the first hours to days of life — focused on a safe transition from fetal to neonatal life.

1 hr	110-160	30-60	97.7-99.5°F
"Golden Hour" most critical window	Normal HR beats per minute	Normal RR breaths per minute	Normal axillary temperature range

WHY IT MATTERS

Poor transition → hypoxia, hypoglycemia, cold stress, sepsis risk, impaired bonding.

THE 5 NEWBORN PRIORITIES

1. **Airway** — Clear, patent, effective breathing
2. **Thermoregulation** — Prevent cold stress / hypoglycemia
3. **Safety / ID** — Matched bands, hypoglycemia screen
4. **Bonding** — Skin-to-skin, early feeding
5. **Nutrition** — Breast / formula within 1st hour

STEP 02

Pathophysiology — Transition to Life

Cardiopulmonary transition + thermoregulation basics

CARDIOPULMONARY TRANSITION

1. First breath → lungs expand; fluid clears
2. ↑ PaO_2 → pulmonary vessels dilate → ↓ PVR
3. Cord clamped → ↑ SVR → blood through lungs
4. Foramen Ovale closes (functional, minutes)
5. Ductus Arteriosus closes (12–24 hrs)
6. Ductus Venosus closes (cord clamped)

Key concept: The first breath starts a cascade that converts fetal circulation to neonatal in minutes.

THERMOREGULATION

Newborns lose heat 4 ways:

- Evaporation — wet skin after birth/bath
- Conduction — cold scale, bed, stethoscope
- Convection — cold drafts, open doors
- Radiation — cold walls/windows nearby

Heat produced by BROWN FAT (non-shivering thermogenesis). Newborns CANNOT shiver.

COLD STRESS CASCADE

↑ O_2 consumption

↓

Hypoxia + Metabolic acidosis

↓

Depletes glycogen → HYPOGLYCEMIA

↓

Respiratory distress, ↑ bilirubin

STEP 03

Signs & Symptoms

Normal findings vs. 🚨 Red Flag emergencies

NORMAL FINDINGS

VITAL SIGNS

HR 110–160 bpm • RR 30–60/min
Temp 97.7–99.5°F (36.5–37.5°C) axillary
BP 60–80 / 40–50 mmHg

EXPECTED FINDINGS

- Acrocyanosis (blue hands/feet) up to 24 hrs
- Molding & caput succedaneum
- Milia, lanugo, vernix caseosa
- Mongolian spots, stork bites, erythema toxicum
- Weight loss up to 10% in first week
- Pseudomenstruation / witch's milk
- First void < 24 hrs • Meconium < 48 hrs
- Physiologic jaundice AFTER 24 hrs (day 2–5)

🚨 RED FLAGS — REPORT NOW

- **Central cyanosis (lips/tongue/trunk)**
- **Grunting, nasal flaring, retractions**
- RR > 60 or < 30 • HR < 100 or > 160
- Temp instability (< 97.7 or > 99.5°F)
- **Jaundice < 24 hrs = PATHOLOGIC**
- Jitteriness, lethargy, hypotonia (↓ glucose)
- No void in 24 hrs / no meconium in 48 hrs
- Weight loss > 10% • High-pitched cry

APGAR SCORE • assess at 1 & 5 min

SCORE	MEANING	ACTION
7–10	Normal	Routine care
4–6	Moderate difficulty	Stimulate / O_2
0–3	Severe distress	Full resuscitation

STEP 04

Priority Nursing Interventions

The Golden Hour — ABCs, warmth, identity, prophylaxis

THE GOLDEN HOUR • first 60 minutes define outcomes

1. **Dry & stimulate**
   Prevent evaporative heat loss; radiant warmer, hat
2. **Airway — suction**
   Bulb syringe: MOUTH before NOSE (M before N)
3. **Assess breathing**
   Respiratory effort, color; give O_2 PRN
4. **Delayed cord clamping**
   30–60 sec (term); ↑ iron stores
5. **APGAR at 1 & 5 min**
   < 7 at 5 min → repeat q5 min × 20 min
6. **Skin-to-skin**
   Thermoregulation + bonding + breastfeeding
7. **Matched ID bands**
   Baby + mother before leaving delivery room
8. **Erythromycin eye oint.**
   Inner → outer canthus within 1 hr; do NOT wipe
9. **Vitamin K IM**
   0.5–1 mg vastus lateralis → prevents VKDB
10. **Hep B vaccine**
    Within 24 hrs; + HBIG if mother HBsAg+

ONGOING Monitor glucose (LGA/SGA/IDM) • daily weight + I&O • assess jaundice • newborn screen before discharge

STEP 05

Pharmacology

Routine newborn medications + emergency drug

ERYTHROMYCIN 0.5%

Ophthalmic ointment

Class Macrolide antibiotic

Action Prevents ophthalmia neonatorum (N. gonorrhoeae, Chlamydia)

Side Effects Mild eye irritation; transient blurred vision

Nursing 1/4" ribbon inner → outer canthus; within 1 hr; DO NOT WIPE

VITAMIN K

Phytonadione / AquaMEPHYTON

Class Fat-soluble vitamin

Action Activates clotting factors II, VII, IX, X

Side Effects Injection-site pain; rare anaphylaxis

Nursing 0.5–1 mg IM vastus lateralis. Give BEFORE circumcision.

HEPATITIS B VACCINE

Recombivax HB / Engerix-B

Class Recombinant vaccine

Action Active immunity against hepatitis B virus

Side Effects Low-grade fever; injection-site soreness

Nursing 0.5 mL IM within 24 hrs. If mom HBsAg+ → add HBIG within 12 hrs.

NALOXONE

Narcan — EMERGENCY only

Class Opioid antagonist

Action Reverses maternal opioid-induced respiratory depression

Side Effects Withdrawal, seizures if opioid-dependent

Nursing ⚠️ **CONTRAINDICATED in opioid-dependent mothers → seizure risk**

STEP 06

NCLEX Test Traps

High-yield confusions students miss most often

Suction MOUTH before NOSE

Nasal suction first → gasp reflex → aspiration of oral contents

Acrocyanosis vs CENTRAL cyanosis

Hands/feet blue = NORMAL. Lips/trunk blue = EMERGENCY

Molding vs Caput vs Cephalhematoma

Caput crosses sutures. Cephalhematoma does NOT — bleeding, ↑ jaundice risk

NEVER give Naloxone if mother is opioid-dependent

Triggers acute withdrawal & seizures in newborn

Jaundice < 24 hrs = PATHOLOGIC

Think hemolysis/ABO/Rh. Physiologic jaundice appears day 2–5.

Vitamin K BEFORE circumcision

Prevents hemorrhage during the procedure

Back to Sleep / Tummy to Play

Prone sleep = major SIDS risk. Supine only for sleep.

Weight loss up to 10% = NORMAL

> 10% = concern — assess feeding, hydration, sepsis

NCLEX PRIORITY RULE *ABCs → Safety → Maslow → Acute over chronic → Unstable over stable*

STEP 07

Patient & Family Education

Discharge teaching for safe newborn care at home

SAFE SLEEP

- Always place on BACK to sleep (ABC: Alone, Back, Crib)
- Firm flat mattress — no pillows, blankets, bumpers, toys
- Room-share WITHOUT bed-sharing for first 6 months
- Avoid overheating; keep room 68–72°F

FEEDING

- Breastfeed 8–12 times / 24 hrs on demand
- Formula q3–4 hrs (2–3 oz per feed initially)
- NO water before 6 months; NO honey before 1 year
- Burp mid-feed and after; hold upright 15–30 min

DIAPER & CORD CARE

- By day 4: 6–8 wet diapers + 3–4 stools/day
- Breastfed stools = yellow, seedy; formula = tan, firmer
- Cord: keep clean and dry, fold diaper below it
- Sponge baths only until cord falls off (10–14 days)

CALL PROVIDER IF…

- Fever ≥ 100.4°F (38°C) rectal — medical emergency
- Poor feeding, lethargy, or inconsolable crying
- Yellow skin/eyes (jaundice) or dark urine
- < 6 wet diapers/day after day 4; green/bilious vomit

STEP 08

Memory Boosters

Mnemonics, patterns & exam-day recall tools

APGAR

Scored 0–2 each • at 1 & 5 min • max 10

- **A** — **Appearance** — *skin color*
- **P** — **Pulse** — *heart rate*
- **G** — **Grimace** — *reflex irritability*
- **A** — **Activity** — *muscle tone*
- **R** — **Respiration** — *effort*

TABS

Newborn priorities

Thermoregulation • Airway • Bonding • Safety

ECCR

Four heat-loss mechanisms

Evaporation • Conduction • Convection • Radiation

M before N

Suctioning sequence

Mouth before Nose — prevent gasp aspiration

Back to Sleep

SIDS prevention

Supine for sleep • Tummy time only while awake & supervised

QUICK VITALS RECALL

110-160	30-60	97.7-99.5	40-60	≥10%
HEART RATE	RESPIRATIONS	TEMP °F	GLUCOSE	WEIGHT LOSS
bpm	*per minute*	*axillary*	*mg/dL min*	*= concern*

ONE-PAGE CHEAT SHEET

Newborn Care Priorities • NCLEX 2026

PRIORITIES

- Airway (suction M → N)
- Thermoregulation
- Safety + ID bands
- Bonding / feeding
- Prophylaxis (eyes, K, Hep B)

NORMAL VITALS

- HR 110–160 bpm
- RR 30–60 / min
- Temp 97.7–99.5°F
- BP 60–80 / 40–50
- Glucose ≥ 40–60 mg/dL

🚨 RED FLAGS

- Central cyanosis
- Grunt / flare / retract
- Jaundice < 24 hrs
- Jitteriness (↓ glucose)
- No void 24h / no mec 48h

REMEMBER

- M before N (suction)
- APGAR at 1 & 5 min
- Back to Sleep
- Vit K before circ.
- NO Narcan if opioid-dep. mom

THE GOLDEN HOUR

DRY → SUCTION (M before N) → WARM → APGAR → SKIN-TO-SKIN → ID → EYES → VIT K → HEP B → FEED

Stabilize first. Prophylaxis next. Bond always.