





Care of the weak newborn baby -How many weak babies are we missing?



Ministry of Women & Child Development Government of India, 2018





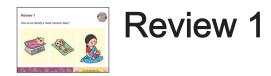














Display the card and ask the participants to read

Ask:

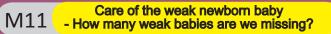
'Do you remember how to identify a 'weak' newborn baby?'

Use information on the right to facilitate a discussion and arrive at correct answer.

Make a note whether participants know how to use LMP to decide whether the baby was born at full term or not. We can identify a 'weak' baby by observing following three characteristics on the day of birth:

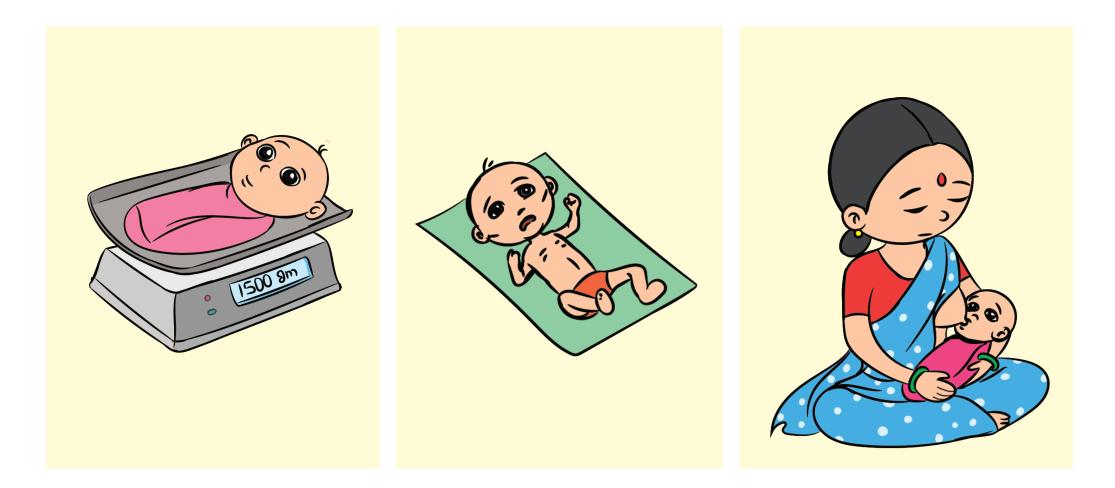
- Is the birthweight of the baby 2000 g or less?
- Is the baby born before 8 ¹/₂ months of pregnancy?
- Is the baby unable to suck vigorously at the breast?

If answer of any of these is 'Yes', then baby is identified as 'weak'. Such babies require special care to help them survive.



Review 1

How do we identify a 'weak' newborn baby?







Review 2



Display the card, Ask the participants to read the questions. Now ask multiple participants to respond to the same question one by one.

Ask,

'In which registers will you find information about weak babies?'

Ask each participants to find information about births which took place during last three months, from pregnancy/delivery register. Ask them to identify and count the no. of 'weak' babies born during this period. Make sure to include even those babies who were alive at birth and died subsequently.

Add all the numbers using the format shown on the right as an example.

Calculate the percentage of 'weak' babies with respect to total births.

Note: About 10% of all babies are likely to be 'weak'. If the percentage of 'weak' babies calculated is much less, 'weak' babies are probably being missed.

Total number of Anganwadi Centers for which data was collected	
Total babies born in the last three months in these AWCs	
Total babies 'weak' at birth	



Review 2



Of all the babies born in my village during last three months, how many babies can be classified as 'weak' at birth?





Exercise



Ask the participants to take out the Toolkit, and open the LMP-EDD conversion chart.



Ask the participants to open their pregnancy registers.

- For every delivery during last three months in the register, ask participants to calculate EDD and DoM, using LMP recorded in the register.
- Compare DoM and DoD (Date of Delivery) and find out whether DoD has been earlier than DoM in any instance.
- Guide them while they do this, using the table below if required.
- After this exercise, count the number of 'weak' babies again (for DoD < DoM or weight 2000 gms or lesser).

Ask participants if they have observed any of these children breastfeeding on the day of birth. Did they find any baby not feeding well?

Point out that this observation is crucial and if they had done the same, then it could have helped them identify few more such weak newborn babies.

Use Table 3 (MIS Tools) and explain the calculation of DoM if needed.



Once the numbers of babies born and babies detected as 'weak' are final, display the card again, and make sure the participants understand what the final numbers are.

Then, go to the next card. Table 3: Expected Date of Delivery (EDD) and preterm birth calculation

(Any birth taking place before date of maturity will be termed premature)

January	Menstrual Period (LMP)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	January
October	Expected Date of Delivery (EDD)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	November
September	Date of Maturity (DOM)	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	October

M11

15 Minute

F3





Use the LMP-EDD-DoM chart to check if any of the births in the last 3 months was premature.

Then recalculate the numbers:

1.	Total births in last three months in my Anganwadi center area	
2.	Among them, babies found to be 'weak' at birth:	
	Have we counted all the weak babies?	



Are we able to identify all the 'weak' babies?



Display the card and ask the participants to read.

Ask the participants to answer each question.

If the answer to any of the questions is 'no', ask why.

Let there be a discussion, and note down the reasons.

Use the information on the right to guide the discussion.

- 1. How to ensure that LMP is accurate?
 - a. Register pregnancy as early as possible, and ask for LMP immediately, before the woman forgets.
 - b. In a few cases, LMP may not be accurate:
 - When a woman becomes pregnant again without menstruating after the previous delivery.
 - When a woman's menstrual cycle is very irregular.
- 2. We can use other sources of information for knowing the EDD, and then calculate DoM using our chart:
 - a. If ultrasound report from the first trimester is available and is from a reputed specialist, the EDD from that can be more accurate than LMP.
 - b. ANM can examine the abdomen in the sixth or seventh month and provide approximate EDD, which can be used if nothing else is available.
- 3. We can use birthweight information from hospital records in case of hospital delivery.
- 4. If the baby's breastfeeding is weak right from the first day, we should consider the baby to be 'weak' even if the weight is more than 2 kg and DoD is later than DoM.

15 Minute

F4

A4

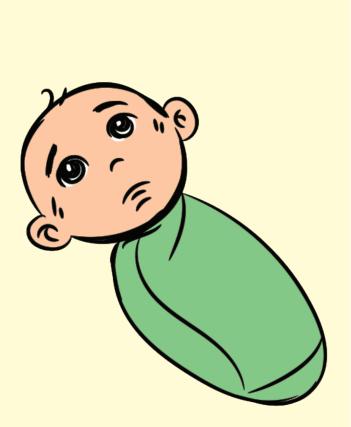
Are we able to identify all the 'weak' babies?

For every 10 babies born, there may be one that is born 'weak'.

Have we found these many 'weak' babies in our area?

If not, where are we missing the babies?

- 1. Are we recording accurate LMP at the time of registration of pregnancy in all cases?
- 2. Are we calculating DoM correctly from the chart?
- 3. Are we weighing every baby on the day of birth?
- 4. Are we observing breastfeeding on the day of birth?







Summary: What do we do to make sure that we do not miss any 'weak' baby?



Display the card, and ask the participants to read all the points one by one.



Ask the participants whether they agree to each point?

Conclude the discussion:

We will repeat the exercise quickly every three months to see if we are getting any better at identifying all 'weak' babies.





Summary: What do we do to make sure that we do not miss any 'weak' baby?

- 1. Register pregnancy early, record LMP immediately.
- 2. Calculate DoM accurately and inform the mother and family about DoM as well as EDD.
- 3. Ensure we visit the home as soon as possible after birth, preferably within 24 hours of delivery or within 24 hours of returning home from hospital delivery.
- 4. Weigh the baby on the day of birth.
- 5. Observe the baby's breastfeeding on the first day visit.











Are we ensuring adequate care after identifying 'weak'

babies?

Ask the participants:

'Why are we bothered so much about identifying 'weak' babies?' The main reasons are given on the right.



Then, display the card, and ask the participants to read, point by point. Let there be a discussion. Use the points on the right to summarize the care that should be provided.



Emphasize:

In one Anganwadi Center area every year, we do not expect to find more than 2-3 weak babies who need such care.



Inform the participants

We will deal with KMC and Breastfeeding support for the 'weak' baby in subsequent meetings. Identifying and caring for 'weak' babies is important because:

- 1. 'Weak' babies are far more likely to die than babies who are not weak
- 2. If proper care is provided, we can ensure that most 'weak' babies will survive
- 3. In most cases, such care can be provided at home.

The special care that is required for weak babies includes the following:

- 1. More attention to keeping the baby warm. Preferably, use KMC as much as possible. Otherwise, keep the baby wrapped in multiple layers of cotton cloth (such as old sarees or dhotis) and close to the body.
- 2. More attention to cleanliness. Preferably, wash hands with soap and let them dry by themselves (do not wipe them dry) before touching the baby for any purpose, such as cleaning, feeding or changing clothes.
- 3. More attention to breastfeeding. Feed the baby often, waking him/ her up every 1-2 hours if need be. Wake up the baby if he/she falls asleep during a feed. Start with alternate breasts each time if the baby cannot empty out both breasts at every feed. If required, express milk into a cup and use a small cup or 'paladai' (spoon with spout) to feed breastmilk to the baby.

Weak babies require special care until they start breastfeeding strongly, and gaining weight adequately.



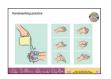
Are we ensuring adequate care after identifying 'weak' babies?

For every baby that is identified as weak:

- 1. Are we informing the parents that the baby needs special care?
- 2. Are we visiting the family at least once a day for the first one week to make sure that the baby is getting special care?
- 3. Are we identifying babies who are less than 1500 g, or who are not able to swallow milk at all, and sending them to the nearest SNCU?







Handwashing practice



Display the card that shows standard steps of handwashing.

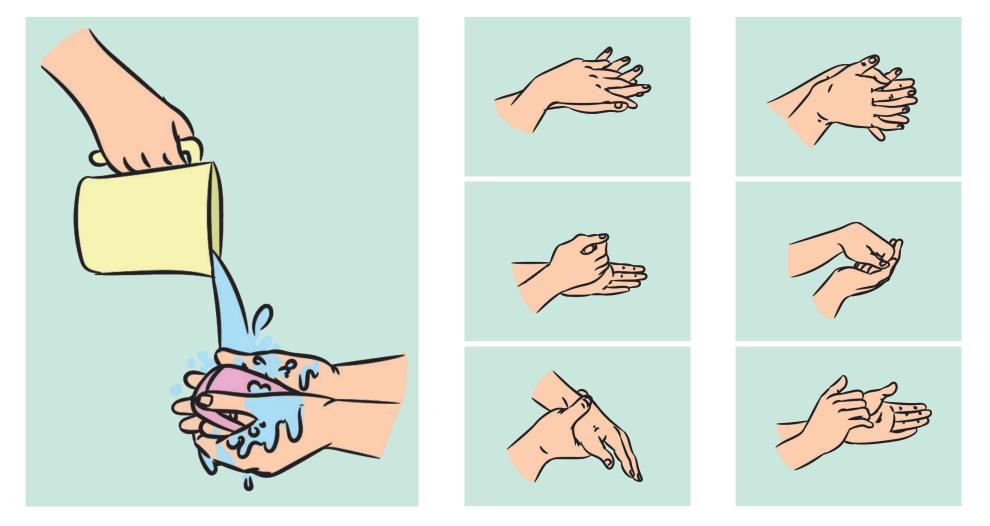
Using available source of water and soap, let all participants practice handwashing.





Handwashing practice







Recording the identification and care of weak babies



Display the card, and ask the participants to read the points one by one.

Facilitate a discussion.

Use the points on the right to answer each question.

Where do we record information related to the 'weak' baby:

ASHA will record the information in the Home Visit Planner and in other registers as provided to her by the state.

Anganwadi worker will record the information in the following registers:

- Registration of pregnancy with LMP/EDD/DOM: Should be done in Register 4. Also, in case the mother's name has not been previously registrered in the family's page, it should be done in Register 1.
- Identification of premature labor :Register 9, Section 2 (case of pregnancy related complications should be referred)
- Identification of a 'weak' baby during a home visit: Register 8 (Home visit planner, column 5 or 6), Register 9, Section 1 (case management and referrals of children, column 8)
- Identification of a baby who is too weak to suck and swallow breastmilk: Register 8 (record as a problem found during home visit) and Register 9 (record as a problem that was referred)
- Follow up of the 'weak' baby for at least one week: Register 8, column 6 and 7 as need be.
- In case of death of a 'weak' baby: Register 10, Section 8 and Register 8.



Recording the identification and care of weak babies

In which registers should we record the details in following events:

- Registration of pregnancy with LMP/EDD/DOM
- Identification of premature labor.
- Identification of a 'weak' baby during a home visit.
- Identification of a baby who is too weak to suck and swallow breastmilk.
- Follow up and special care of the 'weak' baby for at least one week.
- Recording death of a 'weak' newborn baby.



A8



Action points



Summarize the session, by reading the text on the right and asking the participants to read the points on the card one by one.



Ask the participants whether they agree with these points, and that they will not miss a single weak baby.

Tell the participants:

We will repeat the exercise of counting the number of weak babies every three months in this meeting, but the LS and ANM will follow up with individual ASHA and AWW each time they visit the village or center.

Today:

- We learnt how many 'weak' babies we are missing and why
- We revised how to identify a weak baby and how to care for one
- We learnt where to record details related to a weak baby.
- We practiced handwashing.



Action points

What will we do henceforth to help 'weak' babies survive:

- 1. We will make sure that we do not miss identifying any 'weak' baby in our area.
- 2. We will make sure that we provide daily follow up support to 'weak' babies until they are out of danger.
- 3. We will appropriately record details of weak babies identified, and the support provided to their families.







- 1 Why this Monthly Meeting ?
- 2 Making or updating Home Visit Planner & Initiating Home Visits
- *3 Planning and Organizing Community Based Events at AWC*
- 4 Observing Breastfeeding in Newborn Babies Why and How
- 5 Identification and Care of a Weak Newborn baby
- 6 Complementary Feeding: Diet Diversity
- 7 Preventing Anemia in Women
- 8 Assessment of Growth in Children
- 9 Ensuring that Complementary Feeding improves over time
- 10 Ensuring Exclusive Breastfeeding
- 11 Care of the Weak Newborn Baby How many weak babies are we missing?
- 12 How to ensure timely initiation of Complementary Feeding
- 13 Identifying and preventing Severe Acute Malnutrition
- 14 Feeding During Illness
- 15 Supporting mothers with issues in Breastfeeding
- 16 How to take care of weak newborn with the help of Kangaroo Mother Care
- 17 Identification & Referral of Sick Newborn
- 18 Preventing illnesses to avert Malnutrition and Death
- *19 Prevention of Anemia in girls and adolescents*
- 20 Birth Preparedness- For Institutional and Home Delivery
- 21 Preparation During Pregnancy: For NewBorn Care & Family Planning

