

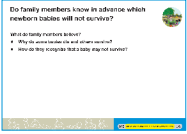
# Identification and care of a Weak Newborn baby



Ministry of Women & Child Development  
Government of India, 2018

5





# Do family members know in advance which newborn babies will not survive?



**Display the card.**

**Ask the participants the following questions to start a discussion:**



1. Do family members know soon after the birth that this baby might not survive?
2. What are the signs which help family members to recognize that the baby may not survive?
3. In such conditions who advises them that baby is not well? Any elderly, Dai or someone else?



**Do not offer any 'correct' answers. After a few minutes of discussion, go to the next card.**



5 Minute

M5 Identification and care of a Weak Newborn baby

1F

# Do family members know in advance which newborn babies will not survive?



What do family members believe?

- Why do some babies die and others survive?
- How do they recognize that a baby may not survive?



How do doctors identify which babies are more likely to survive?

By observing, pondering upon, the list which of the following is/are likely to die.

Category	700 babies	30 babies
100 babies born before completing 8 ½ months in the mother's womb (premature babies)	100	20
900 babies born after completing 8 ½ months in the mother's womb (full term babies)	900	10
Total	1000	30

# How do doctors identify which babies are more likely to survive?



**Display the card.**

**Talk to the participants:**



These numbers are from one of the districts of our state. Read the table carefully.

What do you understand from the numbers shown in the table?



**Ask one of the brighter participants to read and explain the numbers. Let other participants respond and discuss.**

**After some discussion, use the points given on the right to explain.**

In some states in India, of every 1000 babies born, about 30 die before they are one month old. This is shown in the last row of the table.

When a baby is born before completing 8 ½ months in the mother's womb, we say s/he is premature. Of every 1000 babies, about 100 are born premature. These babies usually weigh less than 2 kg. This is also shown in the table.

As can be seen from the numbers in the table, of the 30 babies who die, 20 are from among the 100 that are born premature or with a weight less than 2 kg. But only 10 die from among the 900 which are born at full term or with a birth weight of 2 kg or more. This is also shown in the table.

The number of babies who die out of every 1000 births will be larger or smaller, depending on how well we take care of the babies. In some states, the number is lesser. This means that if we take care of babies well, we can prevent their deaths.



10 Minute

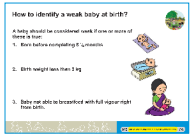
# How do doctors identify which babies are more likely to survive?



By observing gestational age, or the birth weight of the baby, it is possible to identify babies who are more likely to die.

How early was the baby born? Or What was the weight at birth?	How many are born?	How many die within 1 month of birth?
Born after 8 ½ months of pregnancy or birth weight 2 kg or more	900	10
Born before 8 ½ months of pregnancy or birth weight less than 2 kg	100	20
<b>Total</b>	<b>1000</b>	<b>30</b>





# How to identify a weak baby at birth?



## Display the card.

Use the points on the right to explain how to identify a weak newborn baby at birth.

Explain that this has already been taught to ASHA in Module 7, Part C, Page No. 49.

Explain that this is also given in ICDS MIS manual, Chapter 8 and Chapter 9, and is included in the checklist of messages in the Home Visit Planner.

After the participants have understood the three points, ask:



What is the difference between a weak baby and a sick baby? Recall what we learnt in the last session on newborn care.



Let the participants respond. Then provide the answer:



A baby who cannot feed strongly right from birth is a weak baby.

A baby who was feeding well, but has now lost interest in breastfeeding and is inactive, is a sick baby.

The difference is important. A weak baby can be cared for at home, but a sick baby must be rushed to the hospital to save her life.

We have now learned how to identify a baby as 'weak' immediately after birth. A baby should be considered weak if you observe any of the following about the baby:

1. The birth was before completing 8 ½ months. This is the same as 37 weeks. How would you know this? (if you know the LMP, you can calculate and see how early the baby was born. We will soon learn how to do this, using the LMP-EDD table)
2. The birth weight was less than 2 kg. How would you know this? (you may know this if you weigh the baby soon after birth)
3. The baby is not able to suckle vigorously at the breast right from the first day. How would you know this? (if you observe the baby breastfeeding soon after birth – we have already learned this in the last session on newborn care).

A baby should be considered weak if any of these three points is true about the baby. Such a baby needs extra care in order to survive.



10 Minute

# How to identify a weak baby at birth?



A baby should be considered weak if one or more of these is true:

1. Born before completing 8 ½ months



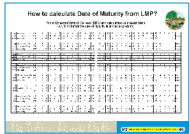
2. Birth weight less than 2 kg



3. Baby not able to breastfeed with full vigour right from birth.







# How to calculate Date of Maturity from LMP?



**Display the card.**



Ask the participants to open the LMP-EDD-DOM calculation tool. Ask them whether they have ever used the sheet to find the EDD of any pregnant woman. Ask if they have ever used it to find the DoM of any pregnant woman.

Ask the participants to find the EDD and DoM of a woman with the following LMP:

"Give one example, from the ICDS MIS Facilitators' Manual, but use recent years"

After the participants have tried, explain how to find the EDD and DoM, using the tool, and using the points given on the right side.

Ask the participants to find the EDD and DoM of two other women with the following LMP.

"Give two more examples, from the ICDS MIS Facilitators' Manual, but use recent years"

Allow time for the participants to learn. Find out which participants are able to find the correct answers quickly. Ask them to help others learn how to find the dates.

**Emphasize the following:**

- A baby born before 37 completed weeks or before 8 ½ completed months of pregnancy is termed as 'premature'. Such babies need extra care to survive, that is why it is important to identify them as soon as they are born
- A woman who starts having labor pains before DoM is likely to deliver a premature baby and should deliver in a hospital.
- Since the DoM is so important, once we have estimated the DoM, we should record it in the Home Visit Planner, along with the EDD. This way, when labor pains start, you can see if it is a case of premature delivery or if the DoM has already passed.

## Use of Table

- In the first row of table the date of last menstrual period is given (LMP).
- In the second row the date for expected date of delivery is given(EDD).
- In the third row the date given is for the date of maturity (DOM).

**Example:** Salma's last date of menstruation cycle is 10th June. Note down the last date of menstruation cycle. In the row with "June", search for "10". In the row below "10", the date that is mentioned is "17". This "17" March is the expected date of delivery. In the third row below "10", the date that is mentioned is "24". This "24" is the date of maturity.



10 Minute



# How to calculate Date of Maturity from LMP?



**Table: Expected Date of Delivery (EDD) and calculation of preterm birth**  
(Any birth before the date of Maturity is termed as preterm)

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

14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	January
21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	November
30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	October
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				February
21	22	23	24	25	26	27	28	29	30	1	2	3	4	5				December
31	1	2	3	4	5	6	7	8	9	10	11	12	13	14				November
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	March
19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	January
28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	December
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		April
19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4		February
29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14		January
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	May
18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	March
28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	February
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		June
21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6		April
28	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		March
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	July
20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	May
30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	April
14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	August
21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	June
30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	May





# How to help a weak baby survive?



**Display the card.**



**Ask the participants**

What does each of the three points mean?

**Use the text on the right to explain, point by point, how to take care of a weak baby.**

**Explain**

This has been taught to ASHA through Module 7, Part C page 50.

This is included in the ICDS MIS manual Chapter 9 and in the checklist of messages in the Home Visit Planner-Register.

If there is a SNCU or similar facility where the baby can be admitted at a cost that the family can afford, the baby should be taken there. Else, the baby can be cared for at home, strictly following the instructions discussed on the right.

**All newborn babies require the same basic care:**

- Breastfeeding starting immediately after birth, avoiding giving any other liquid or home medicine.
- Warmth – wipe completely dry at birth, wrap in a clean and dry cotton cloth, place close to the mother.
- Use five cleans, particularly make sure that the cord is cut with a new blade, tied with clean thread, and left dry without applying anything. Such care is necessary to protect the babies from catching an infection and falling sick.
- Premature babies require greater care, because they are even more likely to catch infection and fall sick.
- Give nothing other than breastfeeding, but feed very often: small babies may need to be woken up every hour to breastfeed, since they have a small tummy that cannot take much milk in one go.
- Provide more warmth than you provide to full term babies: best is to provide kangaroo mother care (we will learn about that in detail later), and keep the room warm enough to make an adult sweat. This is particularly required on cold nights, such as in winter, rain or when it is very windy; avoid bathing for at least one week after birth.
- Always wash hands before touching the baby, such as, for cleaning the baby or changing nappies. Keep the cord clean and dry, apply nothing even after it falls off.

**In summary:** premature babies require extra breastfeeding, extra warmth, and extra cleanliness.



10 Minute

# How to help a weak baby survive?



## Frequent Breastfeeding

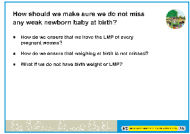


## Kangaroo Mother Care



## Cleanliness





# How should we make sure we do not miss any weak newborn baby at birth?



**Display the card.**

**Ask one of the participants to read the questions, one by one, and ask the participants to respond to each question.**

**Use the text on the right to guide the discussion.**

1. How to ensure we have the LMP for all pregnant women:
  - Register pregnancy early, and make sure we ask the woman about her LMP before she forgets her dates.
  - Later EDD and DoM can be obtained with the help of a nurse or doctor, but this may not always be possible.
  - When the DoM has been obtained, write down the DoM along with the EDD in the Home Visit Planner.
2. How to ensure that correct birth weight is taken:
  - Every effort should be made to measure and record birth weight in the hospital; parents should insist that they should be given a record of the birth weight
  - Weight measurement can be repeated at home within the first three days after birth, using Salter scale or special baby weighing scale
3. What to do if neither birth-weight nor LMP are available
  - Whether or not they are available, breastfeeding should be observed on the day of birth, or at least immediately after returning from a hospital birth.
  - To ensure this, making a home visit on Day 1 is essential.



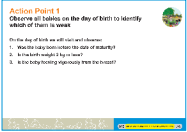
5 Minute

# How should we make sure we do not miss any weak newborn baby at birth?



- How do we ensure that we have the LMP of every pregnant woman?
- How do we ensure that weighing at birth is not missed?
- What if we do not have birth weight or LMP?





# Action Point 1

## Observe all babies on the day of birth to identify which of them is weak



### Tell the participants:

We will now discuss how can we identify weak newborn at birth.



### Display the card.

Ask one of the participants to read the card.

Use the text on the right to explain what the points mean.



### After the discussion, ask:

Over a year, how many weak newborn babies do we expect to find in an AWC catchment area?

### Let the participants respond. The correct answer should be:

One baby out of every 10 births will be a weak baby. If there are 20 births in an AWC area in a year, we can expect that there will be 2 weak babies born in that year.

### At the end, emphasize:

1. We will be able to identify these weak babies only if we examine every baby to find out which of them is weak. That is why it is important to visit each baby
2. The earlier a baby is identified as weak, the earlier we can ensure that adequate care is provided. This is why it is important that we try our best to observe every baby on the first day. Later, it may be too late.

We will visit each baby on the day of birth (or on the day when the baby returns home after hospital delivery), and we will check to see the following:

1. If the baby was born in a hospital, has the family been told that the baby is premature or very small/weak and requires extra care? If yes, we will ask the family what they have been told, and whether they are following the instructions of providing extra care to the baby.
2. Does the family have a discharge card or papers from the hospital that mention the gestational age and birth weight? If yes, we will use this information to find out if the baby was born weak.
3. If the baby was born at home, or if the baby was born in a hospital but does not have papers mentioning the birth weight or gestational age, we will ourselves find out:
  - a) We will weigh the baby using an appropriate weighing scale, and record the weight.
  - b) We will consult our recorded date of maturity and find out if the baby was born before the date of maturity.
4. In every case, we will ensure that we observe breastfeeding at least once on the first day. This will give us confidence that the baby is truly doing well.

Once we have identified the baby as weak, we will record three points in our home visit planner:

- Birth weight
- The months or weeks of pregnancy at which the baby was born.
- Whether the baby is breastfeeding vigorously, weakly or not at all.



10 Minute

M5 Identification and care of a Weak Newborn baby

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# Action Point 1

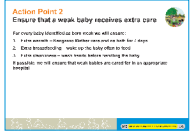
Observe all babies on the day of birth to identify which of them is weak



On the day of birth we will visit and observe:

1. Was the baby born before the date of maturity?
2. Is the birth weight 2 kg or less?
3. Is the baby feeding vigorously from the breast?





# Action Point 2

## Ensure that a weak baby receives extra care



### Tell the participants:

The best care for a premature or very low birth weight baby is in a special hospital such as a SNCU. However, where such hospitals are not available, we can still save lives by providing adequate care at home.

The second action point is to ensure adequate care for a weak newborn baby.



### Display the card.

Ask one of the participants to read the card.

Use the text on the right to explain what the points mean.



### After the discussion, ask:

What will you do if you find that the baby is unable to suck or swallow? What if the baby is unable to open the mouth or refuses to breastfeed when the mother tries to?

Encourage the participants to respond. Then explain:

Babies, who even after being tried by mother to breastfeed, are unable to suckle the breast or swallow the milk are probably born premature. Such babies can not be taken care of at home and they must be taken to an appropriate hospital such as an SNCU, even if it is far away.

Once we have identified the baby as weak, we will observe the following:

1. Is the baby getting adequate warmth?
  - Is the room warm enough to make me sweat?
  - Is there wind blowing across the room?
  - Is the baby being given KMC? Or is the baby well wrapped and kept close to the mother?
  - Is the family bathing the baby?
2. Is the baby getting enough and only breastfeeding?
  - Is the mother aware that she has to keep waking up the baby and breastfeeding him / her every hour, night and day?
  - Does the mother know how to position the baby to make it easy for the baby to feed?
  - Is there a bottle or cup in the room which the family is using to feed the baby? (if present, advise to remove it)
3. Is the family taking enough care to maintain cleanliness?
  - Are they washing hands before handling the baby?
  - Are they restricting the number of people handling the baby?
  - Is the cord clean and dry?

If there are mistakes being made in any of this, we will advise the family about the correct ways of caring, and explain why this is important.



## Action Point 2

# Ensure that a weak baby receives extra care

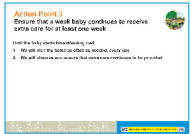


For every baby identified as born weak we will ensure:

1. Extra warmth – Kangaroo Mother care and no bath for 7 days
2. Extra breastfeeding – wake up the baby often to feed
3. Extra cleanliness – wash hands before handling the baby

If possible, we will ensure that weak babies are cared for in an appropriate hospital





## Action Point 3

# Ensure that a weak baby continues to receive extra care for at least one week



### Tell the participants:

It is not enough to advise the family about extra care just once. It takes at least one week for a baby who is born weak to become strong enough to feed well at the breast. Feeding vigorously at the breast is a sign that the baby is now out of danger.

Until then, there are many details that a family may not understand or may forget. The family may also lose patience and give up, or they may panic and do something wrong. They may start giving unnecessary home remedies or get unqualified doctors to treat the baby. We will need to keep supporting the family and assure them that as long as the baby's breastfeeding continues to improve, and the baby can be woken up to feed, the baby is doing well.

The third action point is to ensure that we continue to support the family until the baby starts feeding vigorously at the breast.



### Display the card.

Ask one of the participants to read the card.

Use the text on the right to explain what the points mean.



### After the discussion, explain:

In a later session, we will learn the correct way of providing KMC

Once we have identified the baby as weak on the first day and ensured that correct special care has been started, we will also ensure the following:

1. Visit the home every day until the baby starts breast feeding strongly
  - This will usually take about one week, but may take longer
2. During every visit, ensure that the baby is being cared for adequately:
  - Adequate warmth, no bathing
  - Adequate and only breastfeeding, no bottle
  - Adequate cleanliness – hand-washing and cord care

For this purpose, we may need to go to a baby's house more than once on some days.

During these visits, if we find that the baby is losing interest in breastfeeding, or it is becoming difficult to wake up the baby for many hours at a time, we will advise the family to take the baby to an appropriate hospital such as SNCU.



5 Minute

## Action Point 3

**Ensure that a weak baby continues to receive extra care for at least one week**



**Until the baby starts breastfeeding well:**

- 1. We will visit the home as often as needed, every day**
- 2. We will observe and ensure that extra care continues to be provided**



- 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*

