



TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER



GIVE THESE TREATMENTS IN CLINIC ONLY

- Explain to the mother why the drug is given.
- Determine the dose appropriate for the infant's weight (or age).
- Use a sterile needle and sterile syringe. Measure the dose accurately.
- Give the drug as an intramuscular injection.

➤ If infant cannot be referred, follow the instructions provided in the section **Where Referral is Not Possible** in module. **Treat the Young Infant and counsel the Mother.**

➤ Give First Dose of Intramuscular Antibiotics

➤ Give first dose of both ampicillin and gentamicin intramuscularly.

WEIGHT	GENTAMICIN Dose: 5 mg per kg		AMPICILLIN Dose: 100 mg per kg (Vial of 500 mg mixed with 2.1 ml of sterile water for injection to give 500mg/2.5 ml or 200mg/1 ml)
	Undiluted 2 ml vial containing 20 mg = 2 ml at 10 mg/ml	OR Add 6 ml sterile water to 2 ml vial containing 80 mg* = 8 ml at 10 mg/ml	
1 kg	0.5 ml*		0.5 ml*
2 kg	1.0 ml*		1.0 ml*
3 kg	1.5 ml*		1.5 ml*
4 kg	2.0 ml*		2.0 ml*
5 kg	2.5 ml*		2.5 ml*

*Avoid using undiluted 40 mg/ml gentamicin.
➤ Referral is the best option for a young infant classification with POSSIBLE SERIOUS BACTERIAL INFECTION, SEVERE DEHYDRATION, SOME DEHYDRATION WITH LOW WEIGHT, AND SEVERE MALNUTRITION. If referral is not possible, give oral amoxicillin every 8 hours and intramuscular gentamicin once daily.

➤ Treat the Young Infant to Prevent Low Blood Sugar

- If the child is able to breastfeed: Ask the mother to breastfeed the child.
- If the child is not able to breastfeed but is able to swallow: Give 20-50 ml (10 ml/kg) expressed breastmilk or locally appropriate animal milk (with added sugar) before departure. If neither of these is available, give 20-50 ml (10 ml/kg) sugar water.
- To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water.
- If the child is not able to swallow: Give 20-50 ml (10 ml/kg) of expressed breastmilk or locally appropriate animal milk (with added sugar) or sugar water by nasogastric tube.

KEEP THE YOUNG INFANT WARM

➤ Warm the young infant using Skin to Skin contact (Kangaroo Mother Care)

- Provide privacy to the mother. If mother is not available, Skin to Skin contact may be provided by the father or any other adult.
- Request the mother to sit or recline comfortably.
- Undress the baby gently, except for cap, nappy and socks.
- Place the baby prone on mother's chest in an upright and extended posture, between her breasts, in Skin to Skin contact; turn baby's head to one side to keep airways clear.
- Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby-mother duo with an added blanket or shawl.
- Breastfeed the baby frequently.
- If possible, warm the room (>25°C) with a heating device.
- **REASSESS after 1 hour:**
 - Look, listen and feel for signs of Possible Serious Bacterial Infection and
 - Measure axillary temperature by placing the thermometer in the axilla for 5 minutes (or feel for low body temperature).
- If any signs of Possible Serious Bacterial Infection OR temperature still below 36.5°C (or feels cold to touch):
 - Refer URGENTLY to hospital after giving pre-referral treatments for Possible Serious Bacterial Infection.
- If no sign of Possible Serious Bacterial Infection AND temperature 36.5°C or more (or is not cold to touch):
 - Advise how to keep the infant warm at home.
 - Advise mother to give home care.
 - Advise mother when to return immediately.
- Skin to Skin contact is the most practical, preferred method of warming a hypothermic infant in a primary health care facility. If not possible:
 - Clothe the baby in 3-4 layers, cover head with a cap and body with a blanket or a shawl; hold baby close to caregiver's body, OR
 - Place the baby under overhead radiant warmer, if available.

➤ Keep the young infant warm on the way to the hospital

- By Skin to Skin contact OR
- Clothe the baby in 3-4 layers, cover head with a cap and body with a blanket or a shawl; hold baby close to caregiver's body.

TREAT THE YOUNG INFANT FOR LOCAL INFECTIONS AT HOME

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

Follow the instructions below for every oral drug to be given at home. Also follow the instructions listed with each drug's dosage table.

- Determine the appropriate drugs and dosage for the infant's age or weight.
- Tell the mother the reason for giving the drug to the infant.
- Demonstrate how to measure a dose.
- Watch the mother practise measuring a dose by herself.
- Ask the mother to give the first dose to her infant.
- Explain carefully how to give the drug, then label and package the drug.
- If more than one drug will be given, collect, count and package each drug separately.
- Explain that all the oral drug tablets or syrups must be used to finish the course of treatment, even if the infant gets better.

➤ Give an Appropriate Oral Antibiotic

For local bacterial infection:

➤ Give Oral COTRIMOXAZOLE OR AMOXICILLIN

AGE OR WEIGHT	COTRIMOXAZOLE (trimethoprim + sulphamethoxazole) ➤ Give two times daily for 5 days		AMOXICILLIN ➤ Give three times daily for 5 days	
	Adult Tablet single strength (80 mg trimethoprim + 400 mg sulphamethoxazole)	Pediatric Tablet (20 mg trimethoprim + 100 mg sulphamethoxazole)	Tablet 250 mg	Syrup 125 mg in 5 ml
Birth up to 1 month (< 3 kg)		1/2*		1.25 ml
1 month up to 2 months (3-4 kg)	1/4	1	1/4	2.5 ml

*Avoid cotrimoxazole in infants less than 1 month of age who are premature or jaundiced.

➤ Teach the Mother to Treat Local Infections at Home

- Explain how the treatment is given.
- Watch her as she does the first treatment in the clinic.
- She should return to the clinic if the infection worsens.
- Check the mother's understanding before she leaves the clinic.

To Treat Skin Pustules or Umbilical Infection

- Apply gentian violet paint twice daily.
- The mother should:
 - Wash hands.
 - Gently wash off pus and crusts with soap and water.
 - Dry the area and paint with gentian violet 0.5%.
 - Wash hands.

Dry the Ear by Wicking

- Dry the ear at least 3 times daily.
 - Roll clean absorbent cloth or soft, strong tissue paper into a wick.
 - Place the wick in the young infant's ear.
 - Remove the wick when wet.
 - Replace the wick with a clean one and repeat these steps until the ear is dry.

➤ To Treat Diarrhoea, See TREAT THE CHILD Chart

TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS

➤ Teach Correct Positioning and Attachment for Breastfeeding

- Show the mother how to hold her infant
 - with the infant's head and body straight
 - facing her breast, with infant's nose opposite her nipple
 - with infant's body close to her body
 - supporting infant's whole body, not just neck and shoulders.
- Show her how to help the infant to attach. She should:
 - touch her infant's lips with her nipple
 - wait until her infant's mouth is opening wide
 - move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple.
- Look for signs of good attachment and effective suckling. If the attachment or suckling is not good, try again.

- If still not sucking effectively, ask the mother to express breast milk and feed with a cup and spoon in the clinic. To express breast milk:
 - The mother should wash hands, sit comfortably and hold a cup or 'katori' under the nipple
 - Place finger and thumb each side of areola and press inwards towards chest wall. Do not squeeze the nipple
 - Press behind the nipple and areola between finger and thumb to empty milk from inside the areola; press and release repeatedly
 - Repeat the process from all sides of areola to empty breast completely
 - Express one breast for at least 3-5 minutes until flow stops; then express from the other side
- If able to take with a cup and spoon advise mother to keep breastfeeding the young infant and at the end of each feed express breast milk and feed with a cup and spoon.
- If not able to feed with a cup and spoon, refer to hospital.

➤ Teach the mother to feed with a cup and spoon

- Place the young infant in upright posture (feeding him in lying position can cause aspiration)
- Keep a soft cloth napkin or cotton on the neck and upper trunk to mop the spilled milk.
- Gently stimulate the young infant to wake him up
- Fill the spoon with milk, a little short of the brim
- Place the spoon on young infant's lips, near the corner of the mouth.
- Gradually allow a small amount of milk to drip into young infant's mouth making sure that he actively swallows it
- Repeat the process till the young infant stops accepting any more feed, or the desired amount has been fed
- If the young infant does not actively swallow the milk, do not insist on feeding; try again after some time

➤ To Treat Thrush (ulcers or white patches in mouth)

- Tell the mother to do the treatment twice daily.
 - The mother should:
 - Wash hands.
 - Wash mouth with clean soft cloth wrapped around the finger and wet with salt water.
 - Paint the mouth with gentian violet 0.25%.

TREAT THE YOUNG INFANT FOR FEEDING PROBLEMS OR LOW WEIGHT

➤ Teach the mother to treat breast or nipple problems

- If the nipple is flat or inverted, evert the nipple several times with fingers before each feed and put the baby to the breast.
- If nipple is sore, apply breast milk for soothing effect and ensure correct positioning and attachment of the baby. If mother continues to have discomfort, feed expressed breast milk with katori and spoon.
- If breasts are engorged, let the baby continue to suck if possible. If the baby cannot suckle effectively, help the mother to express milk and then put the young infant to the breast. Putting a warm compress on the breast may help.
- If breast abscess, advise mother to feed from the other breast and refer to a surgeon. If the young infant wants more milk, feed undiluted animal milk with added sugar by cup and spoon.

➤ Teach the mother how to keep the young infant with low weight or low body temperature warm at home:

- Do not bathe young infant with low weight or low body temperature; instead sponge with lukewarm water to clean.
- Provide Skin to Skin contact (Kangaroo mother care) as much as possible, day and night.
- When Skin to Skin contact not possible:
 - Keep the room warm (>25°C) with a home heating device.
 - Clothe the baby in 3-4 layers; cover the head, hands and feet with cap, gloves and socks, respectively.
 - Let baby and mother lie together on a soft, thick bedding.
 - Cover the baby and the mother with additional quilt, blanket or shawl, especially in cold weather.

FEEL THE FEET OF THE BABY PERIODICALLY - BABY'S FEET SHOULD BE ALWAYS WARM TO TOUCH

➤ Immunize Every Sick Young Infant, as Needed.

COUNSEL THE MOTHER

➤ Advise Mother to Give Home Care for the Young Infant

- **FOOD** } Breastfeed frequently, as often and for as long as the infant wants, day or night, during sickness and health.
- **FLUIDS** }
- Make sure the young infant stays warm at all times.
 - In cool weather, cover the infant's head and feet and dress the infant with extra clothing.

➤ Counsel the Mother About Her Own Health

- If the mother is sick, provide care for her, or refer her for help.
- If she has a breast problem (such as engorgement, sore nipples, breast infection), provide care for her or refer her for help.
- Advise her to eat well to keep up her own strength and health.
- Give iron folic acid tablets for a total of 100 days.
- Make sure she has access to:
 - Family planning
 - Counselling on STD and AIDS prevention

➤ Advise the Mother when to return to physician or health worker immediately:

Follow-up Visit		When to Return Immediately: Advise the mother to return immediately if the young infant has any of these signs:
If the infant has:	Return for follow-up in:	
LOCAL BACTERIAL INFECTION JAUNDICE DIARRHOEA ANY FEEDING PROBLEM THRUSH	2 days	Breastfeeding or drinking poorly Becomes sicker Develops a fever or feels cold to touch Fast breathing Difficult breathing Yellow palms and soles (if infant has jaundice) Diarrhoea with blood in stool
LOW WEIGHT FOR AGE	14 days	

GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

➤ LOCAL BACTERIAL INFECTION

- After 2 days:
 - Look at the umbilicus. Is it red or draining pus?
 - Look for skin pustules. Are there > 10 pustules or a big boil?
 - Look at the ear. Is it still discharging pus?
- Treatment:
 - If **umbilical redness or pus remains or is worse**, refer to hospital.
 - If **umbilical pus and redness are improved**, tell the mother to continue giving the 5 days of antibiotic and continue treating the local infection at home.
 - If **>10 skin pustules or a big boil**, refer to hospital.
 - If **< 10 skin pustules and no big boil**, tell the mother to continue giving 5 days of antibiotic and continue treating the local infection at home.
 - If **ear discharge** persists, continue wicking to dry the ear. Continue to give antibiotic to complete 5 days of treatment even if ear discharge has stopped.

➤ LOW WEIGHT

- After 14 days: Weigh the young infant and determine if the infant is still low weight for age. Reassess feeding. ➤ See "Then Check for Feeding Problem or Low Weight" above.
 - If the infant is **no longer low weight for age**, praise the mother and encourage her to continue.
 - If the infant is **still low weight for age, but is feeding well**, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization.
 - If the infant is **(still low weight for age and still has a feeding problem)**, counsel the mother about the feeding problem. Ask the mother to return again in 2 days.

➤ JAUNDICE

- After 2 days: Look for jaundice
 - Are the palms and soles yellow?
- If palms and soles are yellow or age 14 days or more refer to hospital
- If palms and soles are not yellow and age less than 14 days, advise home care and when to return immediately

➤ FEEDING PROBLEM

- After 2 days: Reassess feeding. ➤ See "Then Check for Feeding problem or Low Weight" above.
- Ask about any feeding problems found on the initial visit.
 - Counsel the mother about any new or continuing feeding problems. If you counsel the mother to make significant changes in feeding, ask her to bring the young infant back again in 2 days.
- Exception:** If you do not think that feeding will improve, or if the young infant has **lost weight**, refer to hospital

➤ THRUSH

- After 2 days: Look for ulcers or white patches in the mouth (thrush). Reassess feeding. ➤ See "Then Check for Feeding Problem or Low Weight"
 - If **thrush is worse**, or the infant has **problems with attachment or suckling**, refer to hospital.
 - If **thrush is the same or better**, and if the infant is **feeding well**, continue gentian violet 0.25% for a total of 5 days.

➤ DIARRHOEA

- After 2 days: Ask:
 - Has the diarrhoea stopped?
- If diarrhoea persists, Assess the young infant for diarrhoea (➤ See ASSESS & CLASSIFY chart) and manage as per initial visit.
- If diarrhoea stopped - reinforce exclusive breastfeeding