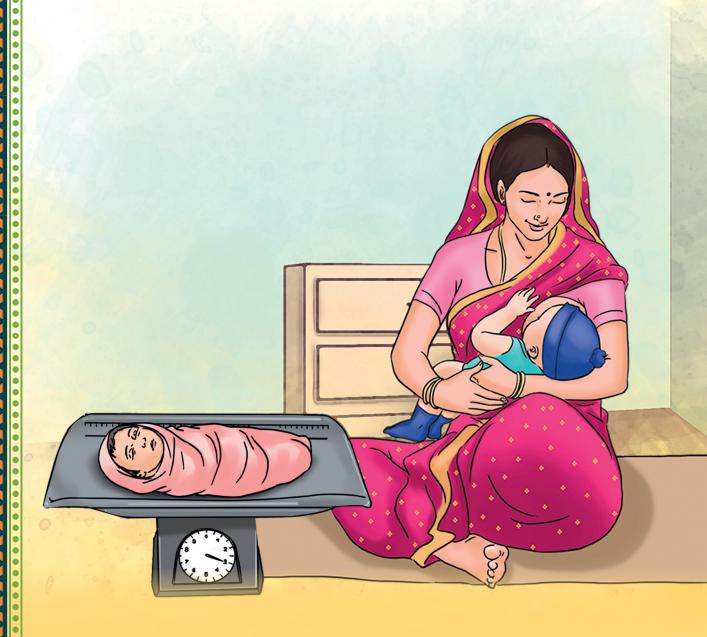




NEW BORN CARE

Facilitator Guide for SHG Meetings



Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)

Ministry of Rural Development, Government of India

Dear Facilitator

This facilitator guide on **New Born Care**, is designed to help all facilitators under State Rural Livelihood Missions (SRLMs) in rolling out the Flipbook and disseminating key messages within the SHG groups and other community cadres. This session is part of a training package on Food, Nutrition, Health and WASH (FNHW) consisting of Flip books, Facilitator guides, Posters, Counselling Cards and Stickers.

The objective of this training on New Born Care is to empower SRLM staff, cadres and community at large with the knowledge, practice and appropriate behaviours to improve care of new born. This knowledge may consequently help in raising healthy babies and adopt better behaviour and practices. We all know that better health and nutrition results in higher productivity leading to reduction in poverty and improvement in quality of life.

It should be kept in mind that this orientation package, although meant for SHG women, should serve as reference material for the entire family. Information provided under each session through flipbooks and this guide should be seen as collective learning for the family, and each member of the family needs to play their part to ensure that the messages are adopted by them in everyday lives.

The responsibility of getting these behaviours imbibed does not lie with women only; the men/husbands/older boys in the family need to ensure making arrangements for whatever is required to follow these practices on FNHW.

Objectives

After going through the module, the facilitator will be able to:

- Explain the group on the significance and key preparations of newborn care practices.
- Explain what can be done to deal with underweight neonates and how to keep the baby warm.
- Inform the group on immunization schedule for children.

Initiate the Session

It is very important that in this session you do not allow the participants to perpetuate negative cultural taboos and myths. More importantly, ensure that participants truly understand the necessity and importance of proper new born care along with points to remember for taking care of a weak or low birth weight new born.

Step 1:

Initiate discussion with the group by asking the participants how they think new born babies should be taken care of and what practices should necessarily be followed. Ask them to share experiences on the concerns and any other issues they may have faced in their family regarding new born care.

Case Study

Akhila, a 20-year-old woman, remained weak throughout her pregnancy and is now in the Health Centre for delivering her child.

She gave birth to a baby boy weighing 1.8 kgs. Her mother in law was with her and soon after the birth of the baby, got jaggery water to feed the new born. The nurse available there tried to stop her but she would not listen.

The doctor had to be called and it was only after the doctor explained that the new born was underweight and required special care, Akhila's mother in law understood, and followed what was required.

- What advise do you think the doctor would have given to Akhila's Mother in Law?
- What are the key things to be kept in mind if the child has low weight at birth?
- How should the baby be kept warm?

Note: Do not give any answers here, just listen to what the group has to say.

India New-born Action Plan (INAP) aims to significantly reduce preventable new-born deaths and stillbirths and to bring down the neonatal mortality rate and still born rate to "single digits" by 2030. Every day 67,385 babies are born in India, that's one sixth of the world's child births. Every minute one of these new born dies. This can be prevented by following some simple practices in the care of the new born baby.

Of the 20 million low birth weight infants born globally every year, about 8 million are in India. Over 80% of neonatal deaths occur among small infants - 65% are attributable to preterm infants and 19% to term small for gestational age, (SGA). India has the highest number of preterm births and also accounts for maximum number of neonatal deaths due to prematurity. Incidence of LBW in India is about 27% of total live births.

Some immediate and essential new born care practices to remember are immediate and thorough drying of the baby, skin to skin contact, delayed cord clamping, and early initiation of breastfeeding.

Inform the group that for beginning of a healthy life of the new born

- Immediately after birth, the baby should be made to lie down at the mother's breast so that the baby can feed on mother's first yellow milk-colostrum. This initiation of breast feeding should be within the first hour of birth.
- The weight of the baby at birth should not be less than 2.5kgs, this is also one of the indicators that the new born is healthy. If less than 2.5 kgs at birth, ask the doctor for guidance. Some special efforts need to be taken, these have been mentioned later in this session also.





Immediate care is the basic right of every new-born baby. These include interventions such as immediate drying and stimulation, provision of warmth, hygienic care, early initiation of breastfeeding, and administration of vitamin K. For babies who do not breathe at birth, neonatal resuscitation is a crucial lifesaving intervention. Hypothermia is a risk factor for neonatal mortality, especially in cases of preterm and low birth weight babies. All steps should be taken to prevent and manage hypothermia and rooming-in of babies with mother must be universally practiced. Delayed cord clamping in new-born's, including pre-term babies is associated with decreased risk of anaemia and intraventricular haemorrhage. Administration of vitamin K at birth prevents haemorrhagic disease of new-born.

Step 2:

Ask all the participants to share their understanding on the new born care practices and highlight the discussion points writing on a white board.

Points to be remembered for new born care

Some things should always be taken care of for the healthy life of the newborn

- The newborn should be given mother's first yellow milk within 1 hour of birth.
- It is necessary to breastfeed the newborn during night time also.
- The child should be fed only mother's milk from birth to 6 months, not even a drop of water.
- It is important to keep the body of the newborn warm, therefore the head and body of the baby should always be covered.
- The person handling the child and the mother should wash hands with soap and keep them clean before touching the child, before feeding the newborn and after cleaning the stool of newborn.
- To protect the newborn from infections, it is necessary not to apply any thing on his placenta.
- If any swelling, blood, wound or redness is seen on or around the navel, immediately show the child to a doctor. The umbilical cord usually dries and falls off on its own in five to ten days, do not try to pull it.
- Do not bathe the baby immediately after birth, but keep it clean with a clean cotton cloth, consult the doctor on when to bathe the baby.











Step 3:

Involve a participant who is a young mother or a grandmother to demonstrate how to keep the newborn warm with clean clothes showing the picture.

Right steps to the keep the babies warm

- Select a piece of saree of the mother, clean bed towel or cloth to wrap the baby and to keep warm
- Teach the mothers to wrap the babies with the clean cloth as given in the picture.









Care of Low Birth Weight infants

- Low birth weight (LBW) infants need optimal nutrition during the neonatal period for proper growth and development. Appropriate feeding of low birth weight and very low birth weight infants improves their chances of survival and is important for their optimum growth and development. Breast milk is the ideal food for all infants including those who are LBW. WHO recommends that all LBW infants, irrespective of their gestation be fed breast milk. The goal is to enable every LBW infant to receive feeding directly and exclusively from her/his mother's breast at the earliest.
- LBW infants who are able to breastfeed should be put to the breast as soon as possible
 after birth when they are clinically stable, and should be exclusively breastfed until
 six months of age.
- Breastfeeding Mother's milk is best for LBW infants of all gestational ages. Breast
 milk and especially colostrum (the thick, yellowish milk which is produced in small
 quantities during the first few days after delivery) 20 Kangaroo Mother care & optimal
 feeding of low-birth-weight infants best assures the survival and well-being of LBW
 infants. Breast milk is specially adapted to the nutritional needs of LBW infants; for
 example, the breast milk of a mother who delivers a preterm LBW infant contains
 extra protein that is necessary for the normal growth of such an infant.

It should be kept in mind that all low birth weight new born babies require special attention and mothers as well as family members need to be aware of the specific practices to be followed-

- If the baby is born less than 2.5kg weight, they are termed underweight.
- Such babies should be breastfed more frequently, especially in the night also
- There is a need to provide more warmth and comfort to the baby along with more frequent breastfeeding and maintaining proper hygiene.
- It is simple to provide warmth to the baby by following these steps -
 - First, the mother should wipe her chest and breasts with clean clothes.
 - Cover the weak children with cap, gloves, socks, and nappies.
 - Place the underweight baby on the chest of the mother facing their head on one side.
 - By doing this the week infant will be able to breathe better and will also be able to drink milk when hungry.
 - Both the mother and infant may be covered with a blanket to keep them warm depending on the weather.

This practice of keeping the baby warm can be done by the father or any other family member, if the mother is unwell or not in a position to follow this for any reason. The father should specifically support in these situations.





Step 4:

After the group has understood key messages on new born care, initiate discussion on immunization by asking the group members about why they think immunization is important and whether all children in their families are being immunized as per schedule.

Inform the group that Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. They are important for both adults and children in that they can protect us from the many diseases out there. Immunization not only protects children against deadly diseases but also helps in developing children's immune systems.[2] Through the use of immunizations, some infections and diseases have almost completely been eradicated throughout the World.

It is therefore very important that our children are given the complete schedule of immunization so that we can save them from a number of deadly diseases.

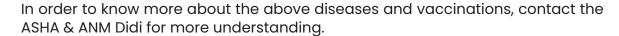
Immunization saves children from deadly diseases

- Routine vaccination is a safe, cheap and effective way to protect the children getting affected from fatal diseases.
- By getting vaccinated the children are protected from getting affected by deadly diseases.

Following are deadly diseases for the children

- Tetanus
- Polio
- Measles

- Hepatitis B
- Respiratory diseases including pneumonia, TB, Black fungus etc



Children should be fully immunized from birth till 5 years as per the schedule

- Children should get immunized from birth till 5 years without missing any dose following the schedule.
- Immunization and other services will be arranged in the Anganwadi centers, once in a month on the VHSND day.
- Register with the ANM or ASHA to get an immunization card
- A card will be given to follow the complete schedule of immunization which should be kept safe.





The following Table provides an overview of interventions that impact new born health under the National Health Mission.

Programme	Objectives
Janani Suraksha Yojana (JSY)	Safe motherhood intervention to increase institutional delivery through demand-side financing and conditional cash transfer
Integrated Management of Neonatal and Childhood Illnesses (IMNCI) at the community level and F-IMNCI at health facilities	Standard case management of major causes of neonatal and childhood morbidity and mortality
Navjat Shishu Suraksha Karyakram (NSSK)	Basic newborn care and resuscitation training programme
Janani Shishu Suraksha Karyakram (JSSK)	Zero out-of-pocket expenditure for maternal and infant health services through free healthcare and referral transport entitlements
Facility Based Newborn Care (FBNC)	Newborn care facilities at various levels of public health services that includes Newborn Care Corners (NBCCs) at all points of childbirth to provide immediate care; Newborn Stabilization Units (NBSUs) at CHC/FRUs for management of selected conditions and to stabilize sick newborns before referral to higher centres; and Special Newborn Care Units (SNCUs) at district/sub-district hospitals to care for sick newborns (all types of care except assisted ventilation and major surgeries)
Home Based Newborn Care (HBNC)	Provision of essential newborn care to all newborns, special care of preterm and low-birth-weight newborns; early detection of illness followed by referral; and support to family for adoption of healthy practices by ASHA worker
Rashtriya Bal Swasthya Karyakram (RBSK)	Screening of children with birth defects, diseases, deficiencies, and developmental delays (including disabilities)

Role of Self Help Group

- ▶ The group members to ensure that pregnant women and other family members have adequate information and know what should be done related to new born care.
- It should also be ensured that men, specifically husbands of new mothers get complete vaccination done of the new born and have all information on new born care.
- The group should ensure that the required in formation is provided by the ASHA/ other health providers during home visits regarding care of the new born.
- Members of the group should support and make sure that if there is a weak or sick new born in the family or around, the child gets immediate help from a doctor or nurse.





Note: The Self Help Group should be ready to support those members who face problems or find it difficult to convey these messages and convince their families.

Session concludes: End the session by revisiting the questions from the case study and their answers. Thank the participants and close.



The Food, Nutrition, Health and WASH (FNHW) Toolkit has been developed by the National Mission Management Unit (NMMU) with support from Technical Assistance agencies—TA- NRLM (PCI) and inputs from ROSHNI—Centre of Women Collectives led Social Action, National Institute of Rural Development (NIRD), State Institutes of Rural Development (SIRDs), National Resource Persons (NRPs), State Rural Livelihood Missions (SRLMs) of Bihar, Chhattisgarh, Jharkhand, Odisha, Uttar Pradesh, Andhra Pradesh, Telangana and Maharashtra, JEEViKA Technical Support Program—Project Concern International (JTSP—PCI) and UNICEF state teams from Odisha, Bihar and Chhattisgarh.

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Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)

Ministry of Rural Development, Government of India 7th Floor, NDCC Building-II, Jai Singh Road, New Delhi - 110001 website: www.aajeevika.gov.in



