

ROUTINE NEWBORN FOLLOW-UP

Provide four postnatal visits, at 6-24 hours, 3 days, 7 days and 6 weeks.

6 to 24 hours visit/evaluation:

- Check for danger signs in the newborn and in the mother
- Counsel mother/family to keep the baby warm
- Counsel mother/family on optimal breastfeeding
- Check umbilicus for bleeding
- Counsel mother to keep umbilicus clean and dry and infection prevention actions
- Weigh newborn, if not weighed at birth
- Immunize newborn with OPV & BCG
- Give Vitamin K, 1mg IM if not given before
- Give one capsule of 200,000 Vitamin A to the mother
- Counsel the lactating mother to take at least 2 more varied meals than usual

3 days visit:

- Check for danger signs in the newborn
- Counsel and support optimal breastfeeding
- Follow-up of kangaroo mother care
- Follow-up of counseling given during previous visits
- Counsel mother/family to protect baby from infection
- Give one capsule of 200,000IU Vitamin A to the mother if not given before
- Immunize baby with OPV & BCG if not given before

6 weeks visit:

- Check for danger signs in the newborn
- Counsel and support optimal breastfeeding
- Immunization, DPT1- HEP 1-Hib, OPV 1
- Counsel mother/father on the need of family planning
- Counsel mother/family to protect baby from infection
- Give one capsule of 200,000IU Vitamin A to the mother if not given before

Classification of Newborns immediately after birth

ASSESS AND CLASSIFY THE NEWBORN FOR BIRTH ASPHYXIA

IF YOU ARE ATTENDING DELIVERY or
BABY BROUGHT TO YOU IMMEDIATELY AFTER BIRTH

- Assess and check for Birth Asphyxia while drying and wrapping the newborn with dry cloth

CHECK FOR BIRTH ASPHYXIA

Assess Look, Listen,

- Is baby not breathing?
- Is baby gasping ?
- Count breaths in one minute

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Classify ALL Newborns

SIGNS	CLASSIFY AS:	TREATMENT: <small>(Urgent pre-treatments are in bold print)</small>
If any of the following sign • Not breathing • Is breathing poorly (less than 30 per minute) • Gasping	Birth ASPHYXIA	Start Resuscitation • Position the newborn supine with neck slightly extended • Clear the airway with gauze or clean cloth • Ventilate with appropriate size mask and self inflating bag • If the resuscitation is successful continue giving essential newborn care • follow after 6hrs, 12hrs, 24hrs, 2days and 6 weeks • if the baby remains weak or is having irregular breathing after 30 minutes of resuscitation; refer urgently to hospital
• Strong cry • Breathing more than 30 per minute	No Birth ASPHYXIA	▶ Cord care ▶ Eye care ▶ Vitamin K ▶ Initiate skin to skin care ▶ Initiate exclusive breast-feeding ▶ follow after 6hrs, 12hrs, 2days and 6 weeks

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ASSESS AND CLASSIFY THE NEWBORN FOR BIRTH WEIGHT AND GESTATIONAL AGE

Assess, Look

- > Ask the gestational age
- > Ask for birth weight
- > Weigh the baby (with in 7 days of life)

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Classify ALL Newborn babies

SIGNS	CLASSIFY AS	TREATMENT
Weight < 1500gm or Gestational Age < 32 weeks	VERY LOW BIRTH WEIGHT AND/OR VERY PRETERM	▶ Continue feeding with expressed breast milk ▶ Continue skin to skin contact ▶ Give Vitamin K 1mg IM on anterior mid thigh ▶ Refer URGENTLY with mother to health centre/hospital
Weight 1500 to <2500 grams or Gestational age 32-36weeks	LOW BIRTH WEIGHT AND/OR PRETERM	▶ Kangaroo Mother Care (KMC) ▶ Counsel on optimal breast feeding ▶ Counsel mother/family on prevention of infection ▶ Give Vitamin K 1mg IM on anterior mid thigh ▶ Provide three follow up visits at age 6-24 hrs, 3 days & then every week
Weight ≥ 2500gm and Gestational age ≥ 37 weeks	NORMAL WEIGHT AND TERM	▶ Counsel on optimal breast feeding ▶ Counsel mother/family on prevention of infection ▶ Provide three follow up visits at age 6-24 hrs, 3 days & 6 weeks ▶ Give Vitamin K 1mg IM on anterior mid thigh