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Step 1: Deliver baby on to mother’s abdomen.

Step 2: Dry baby’s body with dry and warm towel wrap with another dry and warm towel and cover ahead. Wipe eyes, as you dry.

Step 3: Assess breathing, if not breathing or gasping or if breathing is <30 breaths per minute, then resuscitate.

Step 4: Delay cord clamping/tying for 3 minutes then—tie the cord two finger from abdomen and another tie two fingers from the 1st one. Cut between the two ties and separate the baby from the placenta.

Step 5: Place the baby in skin-to-skin contact with his mother and on the breast to initiate breastfeeding.

Step 6: Apply Tetracycline eye ointment once to the newborn’s eyes.

Step 7: Apply Chlorhexidine on the cord daily for seven days.

Step 8: Give Vitamin K, 1mg IM on the baby’s anterior mid thigh.

- Delay bathing of the baby for 24 hours after birth
- Provide four postnatal visits at 6 - 24 hours, 3 days, 7 days and 6 weeks
# NEWBORN - IMMEDIATE ASSESSMENT AND CARE

## ASSESS

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

- Dry, wrap with dry cloth and cover head

## CLASSIFY

**USE ALL BOXES THAT MATCH INFANT’S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS**

## IDENTIFY TREATMENT & CARE

### SIGNS

<table>
<thead>
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<th>If any of the following sign is present</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Not breathing OR</td>
</tr>
<tr>
<td>▶ Gasping OR</td>
</tr>
<tr>
<td>▶ Breathing poorly (less than 30 breaths per minute)</td>
</tr>
</tbody>
</table>

### CLASSIFY

- **BIRTH ASPHYXIA**
  - Start Resuscitation
    - Position baby supine & neck slightly extended
    - Clear the airway with gauze or clean cloth
    - Ventilate with appropriate size mask and self inflating bag
    - If baby remain weak or has irregular breathing after 20 minutes refer urgently to health center/hospital
    - If successful within 20 minutes continue to give essential newborn care
    - Follow after 6 hours, 12 hours, 24 hours, 3rd day, 7th day and 6th week

### IDENTIFY TREATMENT

- **NO BIRTH ASPHYXIA**
  - Continue with the essential newborn Care
    - Skin-to-skin contact with mother
    - Initiate immediate breastfeeding
    - Apply Tetracycline to the newborn’s eyes
    - Give Vitamin K
    - Apply Chlorhexidine on the cord daily for 7 days
    - Delay bathing for 24 hours
    - Provide 4 follow-up visits at age 6-24 hours, 3 days 7 days and 6 weeks
    - Advise mother when to return back immediately

## Assess for breathing problem

### Assess, Look:

- Is baby not breathing?
- Is baby gasping?
- If one of the above is not there count breaths in one minute

### Classify ALL Newborn babies

- Strong cry OR
- More than 30 breaths per minute
# NEWBORN - IMMEDIATE ASSESSMENT AND CARE

## ASSESS

**Assess, Look:**
- Ask the gestational age
- Ask for birth weight
- Weigh the baby (within 7 days of life)

**Classify ALL Newborn babies Within 7 days**

## CLASSIFY

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<th>SIGNS</th>
<th>CLASSIFY</th>
<th>TREATMENT</th>
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</thead>
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<tr>
<td>Weight &lt; 1500 gm OR gestational Age &lt; 32 weeks</td>
<td>VERY PRETERM AND/OR VERY LOW BIRTH WEIGHT</td>
<td>Continue feeding with expressed breastmilk and hold close to mother’s body. Refer URGENTLY with mother to hospital.</td>
</tr>
<tr>
<td>Weight 1500 to &lt; 2500 grams OR gestational age 32-&lt;37 weeks</td>
<td>PRETERM AND/OR LOW BIRTH WEIGHT</td>
<td>Cover the baby well, including head with blanket/Gabi and hold close to mother’s body. Counsel on optimal breastfeeding. Counsel mother/family on prevention of infection. Give Vitamin K 1mg IM on anterior mid thigh. Apply Chlorhexidine on the cord daily for 7 days. Provide 4 follow-up visits at age 6-24 hours, 3 day, 7day and then every week until baby is 1 month old. Advise mother when to return back immediately.</td>
</tr>
<tr>
<td>Weight ≥ 2500 gm AND gestational age ≥ 37 weeks</td>
<td>TERM AND NORMAL WEIGHT</td>
<td>Counsel on optimal breastfeeding. Keep young infant warm. Counsel mother/family on prevention of infection. Give Vitamin K 1mg IM on anterior mid thigh. Apply Chlorhexidine on the cord daily for 7 days. Provide three follow up visits at age 6-24 hours, 3 days 7days and 6 weeks. Advise mother when to return back immediately.</td>
</tr>
</tbody>
</table>

## IDENTIFY

USE ALL BOXES THAT MATCH INFANT’S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS

## TREATMENT & CARE

**This definition of birth weight is an operational definition to include newborns up to 7 days**
ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT 
FROM BIRTH UP TO 2 MONTHS

ASK THE MOTHER WHAT THE YOUNG INFANT’S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
- If follow-up visit, use the follow-up instructions

ASK:  
- Has the infant has difficulty in feeding?
- Has the infant had convulsions?

LOOK, LISTEN, FEEL:
- Count the breaths in one minute
  - Repeat the count if 60 or more
- Look for severe chest indrawing
- Look at the umbilicus. Is it red or draining pus
- Measure temperature (if axillary temperature 37.5°C or above (or feels hot to touch) or temperature less than 35.5°C (or feels cold to touch)
- Look for the young infant’s movement.
  - Does the infant move only when stimulated?
  - Does the infant not move even when stimulated?
- Look for skin pustules

 Classify All Young infants

CHECK FOR VERY SEVERE DISEASE AND LOCAL BACTERIAL INFECTION

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<td>Not feeding well, OR</td>
<td>Breastfeed more frequently (or expressed breastmilk if unable to suck but is conscious)</td>
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<tr>
<td>Convulsions OR</td>
<td>Advise mother on the need for referral</td>
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</tr>
<tr>
<td>Fast breathing (60 breaths per minute or more) OR</td>
<td>Give a dose of pre-referral amoxicillin, and gentamycin</td>
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</tr>
<tr>
<td>Severe chest indrawing OR</td>
<td>Refer URGENTLY to health center/hospital.</td>
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</tr>
<tr>
<td>Fever (37.5°C or above or feels hot) OR</td>
<td>Advice mother to cover the baby well, including head with blanket/Gabi and hold close to her body on the way to hospital /health center</td>
<td></td>
</tr>
<tr>
<td>Low body temperature (less than 35.5°C or feels cold) OR</td>
<td>When referral is not possible treat the young infant with amoxicillin and gentamycin daily for 7 days</td>
<td></td>
</tr>
<tr>
<td>Movement only when stimulated OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No movement even when stimulated</td>
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Umbilicus red or draining pus OR | Give amoxicillin for 5 days; and follow up care on the 2nd day |

Skin pustules | Advise mother when to return back immediately |

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<tr>
<th>SEVERE DISEASE OR LOCAL INFECTION UNLIKELY</th>
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<tr>
<td>None of the signs of severe disease or local bacterial infection</td>
</tr>
<tr>
<td>Advise mother when to return back immediately</td>
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USE ALL BOXES THAT MATCH INFANT’S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS

IDENTIFY TREATMENT
**CHECK FOR JAUNDICE**

### LOOK, LISTEN, FEEL:

- Check for jaundice
  - Are only the skin and eyes yellow?
  - Are the palms and soles yellow?
  - Is the age less than 24 hours or ≥14 days?

### ASSESS

Classify All Young infant for jaundice

### CLASSIFY

<table>
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<th>CLASSIFY AS</th>
<th>TREATMENT</th>
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</thead>
</table>
| Palms and/or soles yellow, OR Skin and eyes yellow and baby is < 24 hours old, OR Skin and eyes yellow and baby is ≥14 days old | SEVERE JAUNDICE | - Breastfeed more frequently  
- Advise mother on the need for referral  
- Refer URGENTLY to health center/hospital  
- Advise mother to cover the baby well, including head with blanket/Gabi and hold close to her body on the way to hospital/health center |
| Only skin on the face or eyes yellow, AND Infant aged 2-13 days old | JAUNDICE | - Breastfeed more frequently  
- Advice mother to keep the young infant warm  
- Expose to sunshine 20 to 30 minutes every day  
- Advise mother when to return back immediately  
- Follow-up in 2 days |
| No yellowish discoloration of the eye or skin | NO JAUNDICE | - Advise the mother to give home care for the young infant  
- Advise mother when to return back immediately |

### IDENTIFY TREATMENT

(Urgent pre-referral treatments are in bold print)
**THEN ASK:**
Does the young infant have diarrhoea?

### IF YES, ASK:

**LOOK AND FEEL:**
- Look at the young infant’s general condition.
  - Does the infant move only when stimulated?
  - Does the infant not move even when stimulated?
- Look for sunken eyes.
- Pinch the skin of the abdomen.
  - Does it go back:
    - Very slowly (longer than 2 seconds)?
    - Slowly (less than 2 seconds)?

### Classify DIARRHEA

#### For Dehydration
- Two of the following signs:
  - movement only when stimulated
  - No movement even when stimulated
  - Sunken eyes
  - Skin pinch goes back very slowly.

**SIGNs**

**CLASSIFY AS**

**TREATMENT**

- Refer URGENTLY to health center/hospital with mother giving frequent sips of ORS on the way
- Advise mother to breastfeed more frequently & longer
- Advise mother to keep young infant warm
- Advise her on the need for referral

- Give fluid and breastmilk for some dehydration (Plan B).
- Give Zinc treatment for 10 days
- Advise mother to breastfeed more frequently & longer
- Advise mother when to return immediately
- Follow up in 2 days

- Give ORS/breastmilk to treat diarrhoea at home (Plan A).
- Give Zinc treatment for 10 days
- Advise mother to breastfeed more frequently
- Advise mother when to return immediately
- Follow-up in 2 days if not improving

#### Some Dehydration
- Two of the following signs:
  - Restless and irritable
  - Sunken eyes
  - Skin pinch goes back slowly

#### Severe Dehydration
- Not enough signs to classify as some or severe dehydration.

#### No Dehydration
- Diarrhoea lasting 14 days or more.

#### Severe Persistent Diarrhoea
- Blood in the stool.

#### Dyentery
- Give a dose of pre-referral amoxicillin and gentamycin
- Refer URGENTLY to health center/hospital with mother giving frequent sips of ORS on the way
- Advise mother to breastfeed more frequently & longer
- Advise mother to keep young infant warm
- Advise her on the need for referral

---

**What is diarrhoea in a young infant?**
If the stool has changed from the usual pattern has become many and watery (more water than fecal mater.) The normally frequent or loose stools of a breastfed baby are not diarrhoea.
### CHECK FOR HIV INFECTION

**ASK:**
- Has the mother had a positive HIV test?
- Has the child had any positive HIV test?

**Classify by test result**

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<th>SIGNS</th>
<th>CLASSIFY AS</th>
<th>TREATMENT</th>
</tr>
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<tr>
<td>Both mother and child have HIV test positive OR Only the mother or Child has HIV test positive</td>
<td>POSSIBLE HIV INFECTION (HIV EXPOSED)</td>
<td>▶ If only the mother or the child is tested, advise the mother on the need for testing both  ▶ If mother and child are already on follow up at health center/hospital advise on the need to continue  ▶ If follow up is not started refer to health center/hospital</td>
</tr>
<tr>
<td>Mother AND infant have never been tested for HIV</td>
<td>UNKNOWN HIV STATUS</td>
<td>Counsel the mother on voluntary testing</td>
</tr>
<tr>
<td>Mother only tested and HIV Negative OR Mother and infant HIV negative</td>
<td>HIV INFECTION UNLIKELY</td>
<td>▶ Praise the mother for being tested ▶ Advise mother on how to keep herself free of HIV ▶ Advise the mother to give home care for the young infant</td>
</tr>
</tbody>
</table>
### THEN CHECK FOR FEEDING PROBLEM OR UNDERWEIGHT

#### Ask
- Is there any difficulty of feeding?
- Is the infant breastfed? If yes?
- How many times in 24 hours?
- Do you empty one breast before switching to the other?
- Do you increase frequency or length of breastfeeding during illness?
- Does the infant receive other foods or drinks other than breastmilk, even water? If yes, ask the reason and how often
- What do you use to feed the infant?

#### Look, Listen, Feel:
- Determine weight for age

#### Classify FEEDING

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<th>NO FEEDING PROBLEM OR UNDERWEIGHT</th>
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<td>▶ Not well attached to breast or</td>
<td>▶ Not underweight for age and no other signs of inadequate feeding.</td>
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<tr>
<td>▶ Not suckling effectively or</td>
<td>▶ Advise the mother to breastfeed as often and for as long as the infant wants, day and night.</td>
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<tr>
<td>▶ Less than 8 breastfeeds in 24 hours or</td>
<td>▶ If not well attached or not suckling effectively, teach correct positioning and attachment.</td>
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<tr>
<td>▶ Switching to another breast before one is emptied or</td>
<td>▶ If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding.</td>
</tr>
<tr>
<td>▶ Not breastfeeding more frequently and for longer during sickness or</td>
<td>▶ If receiving other foods or drinks, counsel mother about exclusive breastfeeding and gradually stop other foods or drinks.</td>
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<tr>
<td>▶ Receives other foods or drinks (even water) or</td>
<td>▶ If thrush, teach the mother to treat thrush at home.</td>
</tr>
<tr>
<td>▶ underweight for age or</td>
<td>▶ Advise mother to give home care for the young infant.</td>
</tr>
<tr>
<td>▶ Thrush (ulcers or white patches in mouth)</td>
<td>▶ Follow-up any feeding problem or thrush in 2 days.</td>
</tr>
</tbody>
</table>

#### IF AN INFANT
- Has no indication to refer urgently to health center or hospital.
- Has the infant been breastfed in the previous hour?
  - if the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeeding for 4 minutes.
  - If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again

#### To check the positioning, look for:
- Infant’s head and body straight
- Facing her breast with nose opposite to nipple
- Infant’s body close to her mother’s body
- Mother supporting the infant’s whole body (all of these signs should be present if the positioning is good)

#### To check the attachment, look for:
- Chin touching the breast
- Mouth wide open
- Lower lip turned outward
- More areola visible above than below the mouth (all of these signs should be present if the attachment is good)

#### No attachment at all | Not well attached | Good attachment
- Is the infant suckling effectively (that is slow deep sucks, sometimes pausing)?
- Not suckling at all | Not suckling effectively | Suckling effectively
  - Clear blocked nose if it interferes with breastfeeding
  - Look for ulcers or white patches in the mouth (thrush)

#### Classify
- Determine weight for age
- Has no indication to refer urgently to health center or hospital.
- Has the infant been breastfed in the previous hour?
- if the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeeding for 4 minutes.
- If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again

#### ASSESS BREASTFEEDING:
- Infant’s head and body straight
- Facing her breast with nose opposite to nipple
- Infant’s body close to her mother’s body
- Mother supporting the infant’s whole body (all of these signs should be present if the positioning is good)

#### To check the attachment, look for:
- Chin touching the breast
- Mouth wide open
- Lower lip turned outward
- More areola visible above than below the mouth (all of these signs should be present if the attachment is good)

#### No attachment at all | Not well attached | Good attachment
- Is the infant suckling effectively (that is slow deep sucks, sometimes pausing)?
- Not suckling at all | Not suckling effectively | Suckling effectively
  - Clear blocked nose if it interferes with breastfeeding
  - Look for ulcers or white patches in the mouth (thrush)

#### Classify
- Determine weight for age
- Has no indication to refer urgently to health center or hospital.
- Has the infant been breastfed in the previous hour?
- if the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeeding for 4 minutes.
- If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again

#### ASSESS BREASTFEEDING:
- Infant’s head and body straight
- Facing her breast with nose opposite to nipple
- Infant’s body close to her mother’s body
- Mother supporting the infant’s whole body (all of these signs should be present if the positioning is good)
THEN CHECK THE YOUNG INFANT’S IMMUNIZATION STATUS:

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth 0-14 days*</td>
<td>BCG</td>
</tr>
<tr>
<td>6 weeks</td>
<td>Pentavalent-1; Neumococcal-1; Rotavirus –1</td>
</tr>
</tbody>
</table>

* Do not give OPV-0 to an infant who is more than 14 days old. Keep an interval of at least 4 weeks between OPV-0 and OPV-1.

ASSESS OTHER PROBLEMS

COUNSEL THE MOTHER ABOUT HER OWN HEALTH
**TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER**

**ESSENTIAL NEWBORN CARE: NEWBORN RESUSCITATION**

<table>
<thead>
<tr>
<th>Position</th>
<th>Incorrect Position</th>
<th>Incorrect Position</th>
<th>Correct Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Place the baby on his back with the neck slightly extended&lt;br➤ Put a towel or cloth behind the shoulder to facilitate positioning</td>
<td><img src="image1" alt="Incorrect Position Image" /></td>
<td><img src="image2" alt="Incorrect Position Image" /></td>
<td><img src="image3" alt="Correct Position Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clear airway</th>
<th>Incorrect: Bigger Mask</th>
<th>Incorrect: Smaller Mask</th>
<th>Correct: Proper Mask</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Clear the airway by wiping out the mouth with gauze&lt;br➤ Suction the baby's nose and mouth gently&lt;br➤ Reassess the baby’s breathing</td>
<td><img src="image4" alt="Incorrect: Bigger Mask Image" /></td>
<td><img src="image5" alt="Incorrect: Smaller Mask Image" /></td>
<td><img src="image6" alt="Correct: Proper Mask Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ventilate</th>
<th>Incorrect Position</th>
<th>Incorrect Position</th>
<th>Correct Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Use baby bag and mask to ventilate at 40 breaths per minute&lt;br➤ Continue to ventilate until the baby breathes independently&lt;br➤ Stop after 30 minutes if the baby has not responded</td>
<td><img src="image7" alt="Incorrect Position Image" /></td>
<td><img src="image8" alt="Incorrect Position Image" /></td>
<td><img src="image9" alt="Correct Position Image" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitor</th>
<th>Incorrect Position</th>
<th>Incorrect Position</th>
<th>Correct Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Keep the baby warm (skin-to-skin)&lt;br➤ Defer bathing for 24 hours after the baby is stable&lt;br➤ Breastfeed as soon as possible&lt;br➤ Watch for signs of a breathing problem rapid, labored, or noisy breathing, blue color of the tongue, trunk&lt;br➤ If a breathing problem occurs, stimulate, give oxygen [if available], and refer</td>
<td><img src="image10" alt="Incorrect Position Image" /></td>
<td><img src="image11" alt="Incorrect Position Image" /></td>
<td><img src="image12" alt="Correct Position Image" /></td>
</tr>
</tbody>
</table>

**Bag & Mask Resuscitation**

**How to Ventilate**
- Squeeze bag with 2 fingers or whole hand, 2-3 times
- Observe for rise of chest.
- IF CHEST IS NOT RISING:
  - Reposition the head
  - Check mask seal
- Squeeze bag harder with whole hand
- Once good seal and chest rising, ventilate at 40 squeezes per minute
- Observe the chest while ventilating:
  - Is it moving with the ventilation?
  - Is baby breathing spontaneously?
ESSENTIAL NEWBORN CARE: CARE OF THE LOW BIRTH WEIGHT NEWBORN

**Tips to help a mother breastfeed her low birth weight baby**

- Express a few drops of milk on the bay’s lip to help the baby start nursing.
- Give the baby short rests during a breastfeeding; feeding is hard work for LBW baby.
- If the baby coughs, gags, or spits up when starting to breastfeed, the milk may be letting down too fast for the little baby. Teach the mother to take the baby off the breast if this happens.
- Hold the baby against her chest until the baby can breathe well again then put it back to the breast after the let-down of milk has passed.
- If the LBW baby does not have enough energy to suck for long or a strong enough sucking reflex: Teach the mother to express breastmilk and feed it by a cup.

**Expressing breastmilk** (can take 20-30 minutes or longer in the beginning)

- Wash hands with soap and water.
- Prepare a cleaned and boiled cup or container with a wide opening.
- Sit comfortably and lean slightly toward the container. Hold the breast in a “C-hold”.
- Gently massage and pat the breast from all directions.
- Press thumb and fingers toward the chest wall, role thumb forward as if taking a thumb print so that milk is expressed from all areas of the breast.
- Express the milk from one breast for at least 3-4 minutes until the flow slows and shift to the other breast.

**TIPS for storing and using stored breastmilk**

Fresh breastmilk has the highest quality. If the breastmilk must be saved, advise the mother and family to:

- Use either a glass or hard plastic container with a large opening and a tight lid to store breastmilk.
- Use a container and lid which have been boiled for 10 minutes.
- If the mother is literate, teach her to write the time and date the milk was expressed (or morning, afternoon, evening) on the container before storing.
- Empty the breast and store the milk in the coolest place possible.

**Show families how to cup feed**

- Hold the baby closely sitting a little upright as shown in the picture.
- Hold a small cup half-filled to the baby’s lower lip.
- When the baby becomes awake and opens mouth, keep the cup at the baby’s lips letting the baby take the milk.
- Give the baby time to swallow and rest between sips.
- When the baby takes enough and refuses put to the shoulder & burp her/him by rubbing the back.
- Measure baby’s intake over 24 hours rather than at each feeding.
1. Wash hands with soap and water before and after touching the newborn and keep fingernail short
2. Keep cord clean and dry, and apply Chlorehexidine daily for seven days and do not put anything else (dressing, herbal, butter, dung, etc...) on the umbilicus
3. Wash and keep clean any thing that touches the newborn, clothing, bedding, and covers
4. Keep sick children and adults away from the newborn
5. Protect the newborn from smoke in the air to avoid respiratory infections
6. Put the newborn to sleep under ITN in malaria risk areas
7. Ensure optimal breastfeeding. Emphasize on proper positioning and attachment
8. Get the baby immunized with all recommended EPI vaccines on time
9. After 24 hours, keep the baby clean by daily cloth bath until the umbilical cord falls then full bathing with warm water and soap every 2-3 days
WHERE REFERRAL IS NOT POSSIBLE

- The Sick Young Infant with very severe disease classification is at risk of death and needs to have treatment immediately as the disease can progress fast.

- The best possible treatment for a young infant with a very severe illness is at a hospital. However, compliance with referral may not be possible in most cases as distances to hospitals are far; the family may not have money for medicine, transport, and lodging food in larger towns, and transportation might not be available. As a result, parents may not be able to take a child to a health center/hospital, in spite of the health extension worker’s effort to explain the need for referral. The reality is that very few newborns are seen at health centers/hospitals due to the barriers to referral mentioned above. In that case, the HEWs should do all that she can do to help the family care for the baby.

- In many cases, families cannot comply with referral due to an inability to travel to and from the health center/hospital. For newborns with very severe disease this will be at least 7 days of treatment. Costs related to travel, staying in a large town or travelling several hours per day to access treatment may not be acceptable or possible.

- HEWs who classify newborns with Very Severe Disease need to discuss referral options with mothers/caretakers so that she can decide with the family what treatment options are available to families.

- To help reduce deaths in severely ill children who cannot be referred, HEWs can offer treatment and negotiate and agree place of daily gentamycin injection.
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ Give an Appropriate Oral Antibiotic - AMOXICILLIN*

<table>
<thead>
<tr>
<th>AGE or WEIGHT</th>
<th>AMOXICILLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FOR VERY SEVERE DISEASE TREATMENT**... give 2 times daily for 7 days</td>
</tr>
<tr>
<td></td>
<td>FOR LOCAL BACTERIAL INFECTION: give 2 times daily for 5 days</td>
</tr>
<tr>
<td></td>
<td>FOR PREREFERRAL: give one dose before referral</td>
</tr>
<tr>
<td>DISPERISABLE TABLET</td>
<td>125mg</td>
</tr>
<tr>
<td>&lt; 2000gm</td>
<td>1/2</td>
</tr>
<tr>
<td>2000gm to &lt; 4500gm</td>
<td>1</td>
</tr>
<tr>
<td>SYRUP</td>
<td>125 mg in 5 ml</td>
</tr>
<tr>
<td>2.5 ml</td>
<td></td>
</tr>
<tr>
<td>5 ml</td>
<td></td>
</tr>
</tbody>
</table>

➢ Give Intramuscular Antibiotic - GENTAMYCIN *

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>GENTAMYCIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FOR VERY SEVERE DISEASE TREATMENT**... give one dose daily for 7 days</td>
</tr>
<tr>
<td></td>
<td>FOR VERY SEVERE DISEASE TREATMENT for weight &lt;2000gm give one dose every 48 hours for a total of 4 (four) doses.</td>
</tr>
<tr>
<td></td>
<td>FOR PREREFERRAL: give one dose before referral</td>
</tr>
<tr>
<td>GENTAMYCIN</td>
<td>20mg/2ml</td>
</tr>
<tr>
<td>1 ml every 48 hours</td>
<td></td>
</tr>
<tr>
<td>GENTAMYCIN</td>
<td>80mg/2ml</td>
</tr>
<tr>
<td>0.3ml every 48 hours</td>
<td></td>
</tr>
<tr>
<td>2000gm to &lt; 2500gm</td>
<td>1 ml daily</td>
</tr>
<tr>
<td>0.3 ml daily</td>
<td></td>
</tr>
<tr>
<td>2500gm to &lt; 3500gm</td>
<td>1.4 ml daily</td>
</tr>
<tr>
<td>0.4ml daily</td>
<td></td>
</tr>
<tr>
<td>3500gm to &lt; 4500gm</td>
<td>2ml daily</td>
</tr>
<tr>
<td>0.5 ml daily</td>
<td></td>
</tr>
</tbody>
</table>

➢ Referral is the best option for a young infant classified with VERY SEVERE DISEASE. If referral is not possible, give Amoxicillin and Gentamy cin for 7 days.

** If the young infant has the following signs inform and convince the mother/care taker that the baby needs in-patient treatment and facilitate for urgent referral:
1. Stopped breastfeeding
2. Convulsing (having abnormal movement) now
3. Not able to move even when stimulated

---

TEACH THE MOTHER TO GIVE ORAL DRUGS AT HOME

➢ Follow the instructions below for every oral drug to be given at home.

➢ Tell the mother the reason for giving the drug to the young infant

➢ Determine the dose appropriate for the child’s weight

➢ Demonstrate how to measure a dose. Watch the mother practice measuring a dose by herself

➢ Ask the mother to give the first dose to her baby. Explain carefully how to give the drug, then label and package the drug

➢ Explain that all the drugs must be used to finish the course of treatment (7 days) even if the child gets improved

➢ Check the mother’s understanding before you end the advice
Instruction for the Health Extension Worker

- Follow the instructions below during every injection of gentamycin.
- Tell the mother the reason for giving the injection for the sick young infant in addition to oral amoxicillin.
- Make ready the drug; syringe & needle, and alcohol/savalon swabs and injection safety box before hand.
- Check the ampule of gentamycin for strength and determine the dose appropriate for the child’s weight by referring your chart booklet.
- Measure a dose appropriate for the sick young infant.
- Identify the correct site for giving the injection by referring to your chart booklet (shaded in green in the diagram).
- Give the gentamycin injection on the correct site; make sure there is no bleeding.
- Advise the mother that the sick young infant needs the gentamycin in addition to the oral amoxicillin for a total of seven days even if he/she improves.
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

- To Treat Diarrhoea, See TREAT THE CHILD Chart

- Immunize Every Sick Young Infant, as Needed

Teach the Mother to Treat Local Infections at Home (when the baby is referred back to you)

- Explain how the treatment is given.
- Watch her as she does the first treatment in the clinic.
- Tell her to do the treatment twice daily. She should return to the clinic if the infection worsens.

To Treat Skin Pustules or Umbilical Infection

The mother should:
- Wash hands
- Gently wash off pus and crusts with soap and water
- Dry the area
- Paint with gentian violet
- Wash hands

To Treat Thrush (ulcers or white patches in mouth)

The mother should:
- Wash hands
- Wash mouth with clean soft cloth wrapped around the finger and wet with salt water
- Paint the mouth with half-strength gentian violet (0.25%)
- Wash hands
TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

Teach Correct Positioning and Attachment for Breastfeeding

- Show the mother how to hold her infant
  - With the infant’s head and body straight
  - Newborn facing to the breast
  - Infant body close to the mother
  - 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.
  - Chin touching the breast
  - Mouth wide open
  - Lower lip turned outward
  - More areola visible above than below the mouth (all of these signs should be present if the attachment is good

Advise Mother to Give Home Care for the Young Infant

- **FEEDING**  Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness

- When to return
  - Follow up visit

<table>
<thead>
<tr>
<th>If the child has:</th>
<th>Return after / HEW do home visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very severe disease (sepsis)</td>
<td>Daily for 7 days</td>
</tr>
<tr>
<td>Local bacterial infection</td>
<td>2 days</td>
</tr>
<tr>
<td>Jaundice</td>
<td>2 days</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>2 days</td>
</tr>
<tr>
<td>Feeding problem</td>
<td>2 days</td>
</tr>
<tr>
<td>Underweight</td>
<td>14 days</td>
</tr>
</tbody>
</table>

- 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.

**When to Return Immediately:**

- Advise the mother to return immediately if the young infant has any of these signs:
  - Breastfeeding or drinking poorly
  - Becomes sicker
  - Develops a fever
  - Fast breathing
  - Difficult breathing
  - Blood in stool

Return after / HEW do home visit

- Very severe disease (sepsis)  
- Local bacterial infection  
- Jaundice  
- Diarrhoea  
- Feeding problem  
- Underweight  

- In cool weather, cover the infant’s head and feet and dress the infant with extra clothing.
GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

- **Very Severe Disease**
  - Daily
  - Reassess for signs of very severe disease
  - If the young infant condition worsens at any time or is the same after 2 days treatment advise the mother/father to take the baby to hospital and facilitate urgent referral
  - If the sick young infant is improving, continue with the same treatment until last day
  - Advice mother to keep the young infant warm and breastfeeding more frequently than usual

- **JAUNDICE**
  - After 2 days
  - Reassess infant for jaundice
  - If soles and palms are yellow or age is 14 days and above refer urgently to health center/hospital
  - If soles and palms are NOT yellow and age is less than 14 days continue to see after 2 days

- **FEEDING PROBLEM**
  - After 2 days:
  - Reassess feeding recommended feeding options. See “Then Check for Feeding Problem or ” 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.
    - If the young infant is underweight, ask the mother to return 14 days after the initial visit to measure the young infant’s weight gain.
  - **Exception:**
    - If you do not think that feeding will improve, or if the young infant has lost weight, refer the child.

- **Local bacterial infection**
  - After 2 days
  - Reassess for very severe disease and local bacterial infection
  - If the young infant has any sign of very severe disease refer urgently;
  - If referral is not possible treat with gentamycin and amoxicillin for 7 days
  - If improving, continue with the same treatment until the 5th day
  - Advice mother to keep the young infant warm and breastfeeding more frequently than usual
GIVE FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

► UNDERWEIGHT

After 14 days:

Weigh the young infant and determine if the infant is still for underweight. Reassess feeding. See "Then Check for Feeding Problem.

► If the infant is no longer underweight, praise the mother and encourage her to continue.

► If the infant is still underweight, 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 underweight and still has a feeding problem, counsel the mother about the feeding problem. Ask the mother to return again in 14 days (or when she returns for immunization, if this is within 2 weeks). Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer underweight.

Exception:
If you do not think that feeding will improve, or if the young infant has underweight, refer to hospital/health center

► DIARRHOEA

After 2 days

Ask: Has the diarrhoea stopped?

► If the diarrhoea persists, assess the young infant for diarrhoea (see Assess and Classify chart) and manage as per initial visit

► If diarrhoea stopped reinforce optimal breastfeeding

► THRUSH

After 2 days:

Look for ulcers or white patches in the mouth (thrush). Reassess feeding. See “Then Check for Feeding Problem or “ above.

► 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 half-strength gentian violet for a total of 5 days.
GIVE FOLLOW UP CARE

ESSENTIAL NEWBORN CARE – GIVE 4 FOLLOW UP CARE FOR ALL YOUNG INFANTS and MOTHERS

6 to 24 hours visit: do the following
1. Check mother for danger signs listed below
2. Check Young Infants for danger signs listed below and classify (use young infant register to follow the steps)
3. Refer Young Infants and mothers to health center if any danger sign
4. Treat the Young Infants with severe disease if referral is not possible according to chart booklet (page 16-17)
5. Counsel mother to keep the Young Infants warm
6. Counsel mother on optimal breastfeeding
7. Counsel mother on chlorhexidine application, or keep umbilicus clean and dry if chlorhexidine is not available
8. Counsel on hygiene-hand washing etc.
9. Immunize newborn with OPV0 & BCG
10. Give Vitamin K, 1mg IM if not given before
11. Give 200,000 IU Vitamin A to the mother
12. Counsel the lactating mother to take at least 2 more meals than usual
13. Teach mother to identify newborn and maternal danger signs and to sick care immediately
14. Advise on the importance of PNC on the 3rd and 7th days

3rd day and 7th day visit: do the following
1. Check mother for danger signs listed below
2. Check Young Infants for danger signs listed below and classify (use young infant register to follow the steps)
3. Refer Young Infants and mothers to health center if any danger sign
4. If referral is not possible treat the Young Infants with severe disease according to chart booklet (page 16-17)
5. Counsel mother to keep the Young Infants warm
6. Counsel mother on optimal breastfeeding
7. Counsel mother on chlorhexidine application to the umbilicus, or to keep it clean and dry if chlorhexidine is not available
8. Counsel on hygiene and sanitation-hand washing and safe water use etc.
9. Immunize newborn with OPV0 & BCG
10. Give Vitamin K, 1mg IM on the 3rd day if not given before
11. Give 200,000 IU Vitamin A to the mother
12. Counsel the lactating mother to take at least 2 more meals than usual
13. Teach mother to identify newborn and maternal danger signs and to sick care immediately
14. Advise on the importance of PNC for the young infant and mother
15. Advice mother and husband on family planning

6 weeks visit
1. Check for danger signs in the young infant
2. Counsel and support optimal breastfeeding
3. Follow-up of counseling given during previous visits
4. Counsel on hygiene and sanitation-hand washing and safe water use etc.
5. Give one capsule of 200,000IU Vitamin A to the mother if not given before
6. Give DPT1- HepB1-Hib1, OPV-1, PCV-1; Rotavirus-1 vaccines & BCG (if not given before)
7. Counsel mother and husband on the need of family planning

Newborn danger signs
1. Breathing < 30 or ≥ 60 breaths per minute, severe chest indrawing
2. Unable to suck or sucking poorly
3. History of Convulsion (abnormal/unusual movement) or convulsing now
4. Feels cold to touch or axillary temperature < 35.5°C
5. Feels hot to touch or axillary temperature ≥ 37.5°C
6. Bleeding, redness or pus around the cord or umbilicus
7. Movement only when stimulated OR
8. No movement even when stimulated
9. Jaundice/yellow skin — at age < 24 hours or > 2 weeks
   — involving soles and palms

Maternal danger signs
1. Fever
2. Vaginal bleeding
3. Foul smelling or greenish Vaginal discharge
4. Headache/blurred vision
5. Convulsion/coma
6. Swelling of the hand and face
7. Unusually severe abdominal pain
**MANAGEMENT OF THE SICK YOUNG INFANT AGE BIRTH UP TO 2 MONTHS**

**Name:** __________________________________    **Age:** ______   **Sex:**________   **Weight:** _______ kg    **Temperature:** ____°C

**ASK:** What are the infant's problems? __________________________________   **Initial visit?** ___   **Follow-up Visit?** ___

**ASSSESS (Circle all signs present)**

<table>
<thead>
<tr>
<th>ASSESS FOR BIRTH ASPHYXIA (immediately after birth)</th>
<th>Not breathing</th>
<th>Gasping</th>
<th>Is breathing poorly (less than 30 per minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESS FOR BIRTH WEIGHT AND GESTATIONAL AGE (the first)</td>
<td>7 days of life</td>
<td>Weigh the baby: &lt;1500g, 1500-&lt;2500g, ≥2500g</td>
<td></td>
</tr>
</tbody>
</table>

**CHECK FOR POSSIBLE BACTERIAL INFECTION /SEVERE DISEASE and JAUNDICE**

- Has the infant stopped feeding well?
- Has the infant had convulsions?
- Count the breaths in one minute. ____ breaths per minute
  Repeat if 60 or more ________ Fast breathing?
- Look for severe chest indrawing.
- Look at umbilicus. Is it red or draining pus?
- Fever (temperature ≥ 37.5°C or feels hot) or body temperature below 35.5°C (or feels cool)
- Look for skin pustules.
- Look at young infant's movements.
  Does the infant move only when stimulated?
  Does the infant not move even when stimulated?
- Look for jaundice?
  Are the palms and soles yellow?
  Are, skin on the face or eyes yellow?
  Is age less than 24 hours or more than 14 days

**DOES THE YOUNG INFANT HAVE DIARRHOEA?**

- Yes _____   No ______
- For how long? _______ Days
- Is there blood in the stools?
- Look at the young infant's general condition:
  Does the infant move only when stimulated?
  Does the infant not move even when stimulated?
  Is the infant restless or irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back:
  Very slowly (longer than 2 seconds)?      Slowly?

**CHECK FOR HIV INFECTION**

**THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT**

<table>
<thead>
<tr>
<th>ASSESS BREASTFEEDING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the infant breastfed in the previous hour?</td>
</tr>
<tr>
<td>If yes, how many times in 24 hours? _____ times</td>
</tr>
<tr>
<td>Do you empty one breast before switching to the other? Yes ___ No ___</td>
</tr>
<tr>
<td>Do you increase frequency and length of breastfeeding during illness? Yes ___ No ___</td>
</tr>
<tr>
<td>Does the infant receive any other foods or drinks, even water? Yes ___ No ___</td>
</tr>
</tbody>
</table>

If the infant is breastfed, ask:

- Is the infant able to attach? To check attachment, look for:
  - Chin touching breast   Yes ___ No ___
  - Mouth wide open       Yes ___ No ___
  - Lower lip turned outward    Yes ___ No ___
  - More areola above than below the mouth    Yes ___ No ___
  
  **no attachment at all ** not well attached ** good attachment**

- Is the infant sucking effectively (that is, slow deep sucks, sometimes pausing)?
  **not suckling at all** not suckling effectively **suckling effectively**

- Clear blocked nose if it interferes with breastfeeding
- Look for ulcers or white patches in the mouth (thrush).

**CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS**

<table>
<thead>
<tr>
<th>BCG</th>
<th>Pentavalent-1</th>
<th>Pneumococcal-1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Return for next immunization on:    (Date)

**ASSESS OTHER PROBLEMS:**

**COUNSEL THE MOTHER ABOUT HER OWN HEALTH**
Weight-for-age GIRLS
Birth to 6 months (z-scores)

WHO Child Growth Standards
Weight-for-age BOYS
Birth to 6 months (z-scores)