

Unit Seven

NEWBORN ASSESSMENT AND CARE

Purpose

This unit has three primary purposes -- to review:

1. how to assess the health of a newborn during a home visit;
2. warning signs of serious newborn health problems that require medical care by a nurse, midwife or doctor; and
3. general recommendations for newborn care.

Learning objectives

After studying this unit, you will be able to:

1. Describe the primary steps to assess a newborn during a home visit in the first days and weeks after delivery.
2. List warning signs of serious newborn problems which must be referred to a clinic or hospital.
3. Review special counseling topics, such as immunizations and growth monitoring for newborns.
4. Review general recommendations about newborn care.

Pretest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. To assess the newborn's health, important questions to ask the mother are: (Select all that apply.)
 - A) how often the baby breastfeeds
 - B) how many times the baby wets or urinates each day
 - C) what color the baby's eyes were at birth
 - D) whether the baby is breastfeeding well (sucking well)
2. During the newborn's physical examination, important things the TBA should inspect are: (Select all that apply.)
 - A) the baby's breathing
 - B) fontanelle (soft spot)
 - C) any bleeding or infection of the umbilical stump
 - D) color of the newborn's tongue
3. Warning signs of serious newborn health problems include: (Select all that apply.)
 - A) newborn who throws up with every feeding
 - B) newborn who wants to eat every 2 to 3 hours
 - C) sunken fontanelle (soft spot)
 - D) discharge, redness or foul smell around the umbilical stump
4. Counseling topics to discuss with the new mother include: (Select all that apply.)
 - A) immunizations (when to get them and where to go to get them)
 - B) naming the baby
 - C) growth monitoring
 - D) how to clean the umbilical cord stump
5. Immunizations which the baby should have within the first week: (Select all that apply.)
 - A) BCG to prevent tuberculosis
 - B) oral polio vaccine
 - C) measles vaccine
 - D) DPT to protect against diphtheria, whooping cough and tetanus
6. Newborn care topics which the TBA should discuss with the new mother include: (Select all that apply.)
 - A) breastfeeding
 - B) bathing the newborn
 - C) keeping the newborn warm
 - D) common newborn sleep patterns

Self-study content

The newborn

Newborns go through a period of adjustment in the first few weeks of life. While inside their mother's uterus, babies are safe, warm and well fed. After birth, newborns have to adapt their patterns of feeding, breathing and staying warm. It is very important to help them meet their new needs for nutrition, body warmth, protection from infection and loving relationships during the first weeks after delivery. This is a time when newborns are very vulnerable and can get sick quickly.

It is generally recommended that the baby be checked by a TBA or other MCH worker immediately after the delivery, and then a few other times during the first day and weeks after delivery. Because other excellent materials provide information on what to check in the first hours and days of a newborn's life, this unit will focus on the period after that time.

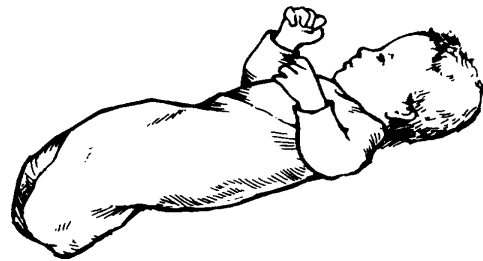


Figure 40: Newborn baby.
Illustration source: Burns A A et al., p. 218.

Caring for a newborn is always hard work. Women and their newborns need extra attention and support. Many mothers will have experience in caring for newborns or will have help from other women in their families. Some will need more guidance.

TBAs can play an important role in newborn health by checking on new babies in their community frequently, supporting new and first time mothers and answering questions about newborn care.

Assessing the newborn

This section reviews basic steps to assess newborns in the first few weeks of life. (For excellent information on assessment during the immediate period after delivery or more detail on assessment during the first weeks after delivery, see the reference list for sources.)

The newborn assessment is divided into three sections here: 1) observing the mother and newborn; 2) asking the mother questions about the newborn; and 3) the newborn examination. The information you gather in these three steps and in the following pages will help you identify what to tell the TBAs you train to counsel the mother about and the problems that need to be referred to a nurse, midwife or doctor.

1. Visit with and observe the new mother and baby.

When a TBA makes a home visit to check a new mother and her newborn, she should spend the first few minutes visiting. If the mother is breastfeeding, the TBA should allow her to finish before examining the newborn.

She can use the time to observe and/or ask general questions about:

- how well the baby is doing
- whether the new mother has any problems or questions about breastfeeding or her own health (See Units 2 and 3.)
- whether there are other people in the house or close by to help the new mother
- the home (cleanliness, available food and water)
- the general mood of the new mother and how the mother interacts with the baby

2. Ask questions about how the baby is doing.

(For information about assessing the new mother's health, see Unit 2.)

- When was the baby born? (If the TBA was not at the delivery.)
- Is the baby growing and gaining weight?
Many babies lose weight in the first week of life. However, if the baby weighed less than 2.5 kg at birth and has not gained any weight after one week or if the baby continues to lose weight after the first week, advise the mother to take the baby to a nurse, midwife or doctor.
- Has the baby had any of the nine warning signs of serious newborn problems? (See page 90.)
- Is the baby breastfeeding well?
 - Does the baby have a good suck?
 - Does the baby breastfeed at least every 2 to 4 hours?
 - Does the baby wet 6 to 8 times a day?
(Newborns who do not breastfeed well may have one of the serious problems listed on page 90. If the newborn is not breastfeeding well, advise the mother to take the baby to a nurse, midwife or doctor.)
- Has the baby had a fever?
If the baby feels hot or cold-to-touch (or has a temperature above 38°C or 100.4°F, or below 36°C or 97°F, if the TBA can check it), advise the mother to take the baby to a clinic.
- Is the baby alert when she is awake? Do her eyes follow her mother's movements?
If the baby sleeps all night and much of the day, this behavior could be a sign of illness. Advise the mother to take the baby to a clinic.

3. Examine the newborn.

Useful tools to have for home visits and assessments include: antiseptic, soap and clean cloths for teaching new mothers about bathing newborns; a rectal thermometer to take the newborn's temperature; and a scale or measuring tape for growth monitoring. In some communities, babies are weighed with a hanging scale and in other places their arms or chests are measured with special, color-coded plastic tapes. It may be very difficult for some TBAs to get equipment to do this. If equipment is available, TBAs should be taught how to use them properly. Talk to the TBAs you train, and teach them to use this equipment if it is available in their community.

Before the examination, the TBA should first ask the new mother if she can look at the baby. The TBA should also wash her hands with soap and water. During the examination, she should:

- check the baby's breathing. Is the baby having any difficulty breathing (either taking very small and quick breaths or struggling to breathe)?
- check the baby's fontanelle (soft spot). Is it soft and flat? A sunken fontanelle could be a sign of dehydration. A swollen fontanelle could be a sign of infection.
- check the baby's umbilical cord or stump. Is it clean? Are there signs of infection or bleeding? Are there any signs that ashes, dirt or other harmful substances are being placed on the umbilical cord or stump?
- check for any other signs of serious infection. (See list on page 90)
- check the baby's eyes. Is there discharge? Do the whites of the eyes look yellow?
- If a scale is available, weigh the baby and record weight on a growth chart.
- If a rectal thermometer is available, take and record the baby's temperature.



Figure 41: Weighing the baby.
Illustration source: Arkutu A, p.131.

WARNING SIGNS of serious newborn problems

Newborns with any of the following nine warning signs should be referred to a midwife, nurse or doctor for medical care immediately.

1. Newborns who have a birth weight less than 2.5 kg, or newborns who do not gain any weight in the first month.
2. Newborns who have a rectal temperature of less than 36 degrees centigrade or more than 38 degrees centigrade.
3. Newborns who do not suck well at all or who vomit a lot with every feeding. (Most babies spit up some after feedings.)
4. Newborns who are very irritable, or who are listless.
5. Newborns who take quick and shallow breaths or who are struggling to breathe.
6. Newborns who have a sunken fontanelle (soft spot); dry, cracked or loose skin; do not urinate often; or who otherwise look dehydrated.
7. Newborns with bleeding or signs of infection (discharge, redness, and foul smell) around the umbilical cord stump.
8. Newborns with signs of a tetanus infection, including fits or seizures, stiffness, or difficulty breathing and eating.
9. Newborns who must be woken up to eat after four or more hours on a regular basis (some newborns will sleep four to six hours at night).



Figure 42: Taking a newborn with serious problems to a midwife, nurse or doctor.

Illustration source: Werner D, p. 17.

Special Counseling Topics

1. Get immunizations.

Immunizations or vaccinations are injections which prevent serious infections like polio, tetanus and whooping cough. If a baby is born at the hospital or health post, the baby will probably get some of these immunizations before she or he goes home. But babies who are born at home often do not get them. New mothers should take their new babies for immunizations as soon as possible.

Immunizations which newborns should have within their first week are:

1. BCG vaccine to prevent tuberculosis; and
2. oral polio vaccine to prevent polio soon after birth.

In some places, hepatitis B vaccine is also given in the first few days. In many places, it is not available or too expensive.

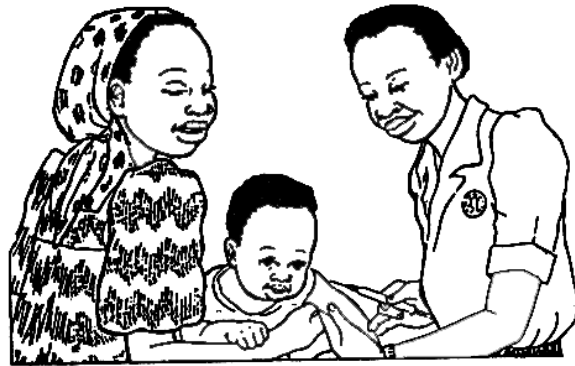


Figure 43: Immunizations protect the new baby from serious infections.

Illustration source: Uganda Ministry of Health, p. 73.

The newborn should also get DPT to protect against diphtheria, pertussis (whooping cough) and tetanus. The first DPT shot should be given at 6 to 8 weeks of age and the second DPT shot should be given 4 to 8 weeks later. The third DPT shot is given 4 to 8 weeks after the second. The measles vaccine is usually given at 9 to 12 months of age. Ask the mother if she got at least 2 tetanus toxoid vaccines while pregnant. If not, remind her to get vaccines too.

Find out where immunizations are given in the communities where you train. Encourage TBAs to help new mothers get immunizations for their newborns.

2. Monitor growth.

Growth monitoring is the measuring of the height and weight of children. Growth monitoring is an important way to see if a baby is healthy and well nourished. Healthy babies get heavier every month, and babies who lose weight are sick. Newborns should be weighed soon after birth, and should be weighed every month for the first year of life. Find out where the growth monitoring station is in the communities where you train. It will probably be at the same place where immunizations are given. Encourage TBAs to weigh or measure the newborns they care for, and to encourage new mothers to go to the growth monitoring station to have their newborns checked every month for the first year of life.

3. Get enough Vitamin A for nutrition and to fight infections.

Vitamin A is an important vitamin for good newborn nutrition. Yellow fruits and vegetables, green leafy vegetables, eggs, liver and fish all contain vitamin A. If the mother eats these foods, her newborn will get vitamin A through the breastmilk. Vitamin A helps the skin and tissues heal after infections and prevents blindness. Vitamin A is especially important where night blindness and measles are common.

In areas where children do not get enough vitamin A in foods, vitamin A capsules are sometimes given to women after delivery or given to newborns in the first month of life. These Vitamin A capsules will help fight infection. One capsule of Vitamin A lasts 4 to 6 months. Too much Vitamin A can be dangerous and can cause seizures, so no more than one capsule should be taken every 4 to 6 months. Vitamin A capsules are usually available at the health post or growth monitoring station.

Care of the Newborn

1. Bathe the newborn.

Some new mothers will know how to bathe their babies, but others will need help. The TBA should ask the new mother if there are any traditions about massaging new babies, or any special bathing customs. Many of these traditions are harmless, but too much irritation of the baby's skin is dangerous and can cause infections. A newborn should not have a full bath until his umbilical cord has dried and the stump healed. After this, babies should be bathed once every day or two. The baby should not get cold. It is good for babies to be exposed to some sunlight, but direct sun for more than a few minutes can burn their skin.



Figure 44: Bathing the new baby.
Illustration source: Gordon G, p. 108.

To bathe the newborn, the new mother should:

1. wash her hands before bathing the baby;
2. use clean, warm water for the bath;
3. clean the umbilical cord stump with antiseptic and let it dry in the air; (**NOTHING else should be put on the cord stump.** Ashes, dung, herbs and other potions can all cause tetanus and other infections.); and
4. dry the newborn with clean cloths after the bath and wrap or dress the newborn warmly.

2. Allow the newborn to sleep.

For about two weeks after birth, a newborn sleeps most of the time. Slowly a baby starts to stay awake more between feedings. If you are not carrying the baby, place the baby on his side or back to sleep (do not use a pillow). A baby should sleep out of drafts but with some fresh air. If the back of the baby's neck is perspiring, the baby is too warmly wrapped. A baby should be alert when awake.

3. Breastfeed the newborn.

The baby should breastfeed at least every 2 to 4 hours. The baby should wet at least 6 to 8 times a day. The baby should be sucking well.



Figure 45: Keep the new baby nearby so she can breastfeed when she wants.

Illustration source: Burns AA, et al., p 111.

Summary

This unit was about newborn care. TBAs can play an important role in helping new mothers care for their newborns. They can assess the newborns' health during the first weeks after delivery when they are more vulnerable. TBAs can recognize signs of serious newborn health problems and refer these newborns for timely medical care. They can teach new mothers about bathing and feeding their babies, help them get important newborn immunizations and teach them how to monitor their child's growth.

TBAs should visit all new mothers and their newborns frequently to check for health problems and to listen carefully and answer questions.

Posttest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get five or six questions correct, go on to the next unit. If you get four or fewer questions correct, review the information in this unit again.

1. To assess the newborn's health, important questions to ask the mother are: (Select all that apply.)
 - A) how often the baby breastfeeds
 - B) how many times the baby wets or urinates each day
 - C) what color the baby's eyes were at birth
 - D) whether the baby is breastfeeding well (sucking well)
2. During the newborn's physical examination, important things the TBA should inspect are: (Select all that apply.)
 - A) the baby's breathing
 - B) fontanelle (soft spot)
 - C) any bleeding or infection of the umbilical stump
 - D) color of the newborn's tongue
3. Warning signs of serious newborn health problems include: (Select all that apply.)
 - A) newborn who throws up with every feeding
 - B) newborn who wants to eat every 2-3 hours
 - C) sunken fontanelle (soft spot)
 - D) discharge, redness or foul smell around the umbilical stump
4. Counseling topics to discuss with the new mother include: (Select all that apply.)
 - A) immunizations (when to get them and where to go to get them)
 - B) naming the baby
 - C) growth monitoring
 - D) how to clean the umbilical cord stump
5. Immunizations which the baby should have within the first week: (Select all that apply.)
 - A) BCG to prevent tuberculosis
 - B) oral polio vaccine
 - C) measles vaccine
 - D) DPT to protect against diphtheria, whooping cough and tetanus
6. Newborn care topics which the TBA should discuss with the new mother include: (Select all that apply.)
 - A) breastfeeding
 - B) bathing the newborn
 - C) keeping the newborn warm
 - D) common newborn sleep patterns

Vocabulary List

- Antiseptic**– a soap or cleaning liquid that prevents the growth of bacteria
- BCG vaccine**– vaccination to prevent tuberculosis, BCG stands for bacillus Calmette-Guerin
- Communicable**– infections that can be spread from one person to another
- DPT vaccine**– vaccination to prevent diphtheria, pertussis (whooping cough) and tetanus
- Growth monitoring**– measurement of the height and weight of children to check growth and nutrition
- Immunizations**– medicines that give protection against specific diseases, usually given by injection (except oral polio vaccine); also called vaccinations
- OPV vaccine**– drops given by mouth to prevent polio; OPV stands for oral polio vaccine
- Polio or poliomyelitis**– a viral infection which is initially similar to a cold but which sometimes causes long-term weakness and paralysis of the limbs
- Tetanus**– an infection caused by bacteria which enters the body through a wound or the umbilical cord and causes stiffness, seizures and difficulty eating due to lockjaw
- Thermometer**– an instrument used to measure how hot a person's body temperature is
- Tuberculosis**– a serious and communicable infection of the lungs. It causes fever, coughing, poor appetite and loss of weight, and it can spread to the bones, skin and other organs.
- Umbilical cord**– the cord that connects a baby from its navel to the placenta on the inside of its mother's womb, stump left after the cord is cut after delivery
- Vaccinations**– immunizations
- Whooping cough**– an infection which causes a bad cough and difficulty breathing, also known as Pertussis

Unit Eight

MANAGEMENT OF COMMON NEWBORN PROBLEMS

Purpose

This unit has two purposes:

1. to provide information on signs and management of common newborn health problems, and
2. to discuss care of special newborns.

Learning objectives

After studying this unit, you will be able to:

1. List signs of common health problems of newborns that can be treated at home. Distinguish these signs from signs that mean the baby must be referred to a nurse, midwife or doctor.
2. Discuss how to treat mild respiratory infections.
3. Discuss how to treat mild diarrhea.
4. Discuss how to treat mild eye and skin infections.
5. Discuss how to care for special newborns who may be at risk for health problems and/or neglect.

Pretest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. Signs of common newborn problems that can be treated at home are:
 - A) heavy discharge from the eye
 - B) mild cough
 - C) low fever
 - D) any illness lasting more than three days
 - E) blood in the stool

2. A mother who has a newborn with mild respiratory infection should:
 - A) keep the newborn's nose clear of mucous
 - B) keep the newborn away from smoke
 - C) watch for signs of difficulty breathing or a bad cough
 - D) give the baby cough medicine from the health post
 - E) go to the nurse, midwife or doctor if the illness lasts more than three days

3. A mother who has a newborn with mild diarrhea should:
 - A) breastfeed frequently
 - B) stop breastfeeding until the diarrhea stops
 - C) give oral rehydration solution by spoon after each breastfeed
 - D) give the baby food (like bananas) that cause constipation
 - E) go to the nurse, midwife or doctor if the illness lasts more than three days

4. To make a home-made oral rehydration solution (ORS), a mother needs:
 - A) one teaspoon (two pinches) of salt
 - B) orange juice
 - C) vitamin A
 - D) one liter of boiled and cooled water
 - E) eight teaspoons (one handful) of sugar

5. A mother who has a newborn with a mild eye infection should:
 - A) wipe the newborn's eyes with a clean cloth which has been wet with clean water
 - B) put ashes around the eyes
 - C) wash the newborn's eyes with soap and water
 - D) do nothing but wait for the infection to go away
 - E) go to the nurse, midwife or doctor if there is heavy discharge or pus

6. Special newborns who may need extra care include:
 - A) babies who sleep a lot
 - B) babies who are born early and/or weigh less than 2.5 kg. at birth
 - C) babies with birth defects
 - D) babies with birth marks
 - E) babies of first-time mothers

Self-study content

Preventing common newborn health problems

Newborns have some natural protection against common illnesses because of the protective substances passed through the placenta during pregnancy. Newborns continue to get extra protection against illness through breastmilk. For example, breastmilk helps prevent diarrhea and respiratory illnesses. (See Unit 3 for more information.)

Newborns who are small or premature do not have as much natural protection. These special newborns should be breastfed for more months than babies born on time, be given extra attention and watched carefully for signs of health problems.

There is a strong relationship between nutrition and infection in newborns. Newborns who are malnourished are more likely to get infections. Newborns who get infections often do not eat well and get even sicker. Sometimes mothers will not feed newborns who are sick because the newborn does not seem to be hungry, or because they think that the newborn will get more diarrhea. The newborn then gets worse and cannot fight off the infection. It is very important that TBAs teach mothers to continue to breastfeed their newborns, even when they are sick.

Common newborn problems which can be treated at home

Mild respiratory infections, mild diarrhea and mild skin and eye infections are all common newborn health problems which can be treated at home. It is important that TBAs teach new mothers how to recognize the symptoms of these problems and be able to distinguish them from the more serious problems which need to be seen by a doctor, nurse or midwife. (See Unit 7 to review warning signs of these problems.)

There are simple ways to treat these mild illnesses. However, if symptoms get worse or last longer than three days for any type of illness, the mother should take the newborn to a health clinic or hospital as soon as possible.

Respiratory Infections

Mild acute respiratory infections (ARIs) are common in all children. Many respiratory infections are due to viruses and get better by themselves. Newborns with mild respiratory illnesses can be cared for at home. However, more serious respiratory infections, do occur in newborns and must be referred to a clinic or hospital.

Symptoms of a mild respiratory infection:

- a runny nose;
- a mild cough; or
- a low fever (less than 38.0 degrees centigrade).

To care for the newborn, the new mother should:

1. clean out the mucous in the newborn's nose with a clean cloth;
2. watch for signs of a bad cough or difficulty breathing; and
3. keep the newborn warm and clean and away from smoke from cigarettes or cooking fires. (Smoke will irritate the respiratory tract and make the newborn cough.)

WARNING SIGNS of a serious respiratory infection

If a newborn has any of the following four warning signs of a serious infection, the new mother should take the baby to a nurse, midwife or doctor immediately:

- a high fever (more than 38.0 degrees centigrade);
- a bad cough;
- difficulty breathing and breastfeeding; or
- a respiratory infection that lasts for more than three days.

Diarrhea

Most newborns have some natural protection against diarrhea. Diarrhea is more common around the time when babies are weaned from breastfeeding because they begin to eat other foods which may not be clean. Babies who are small (less than 2.5 kg), poorly nourished, or who have older brothers and sisters with diarrhea, are more likely to get diarrhea.

Any child with watery diarrhea is in danger of dehydration. This means that they don't have enough water left in their bodies. Newborns with mild diarrhea can be cared for at home.

Symptom of mild diarrhea:

- fewer than 5 to 6 stools per day (loose or watery stools).

To care for the newborn, the new mother should:

1. continue to breastfeed as long as the baby wants; and
2. after breastfeeds, give oral rehydration solution by a spoon (see instructions below).

WARNING SIGNS of serious diarrhea

If a newborn has any of the following five warning signs of serious diarrhea, the new mother should take the baby to a nurse, midwife or doctor immediately:

- newborn has more than 5 to 6 stools/day;
- newborn has blood in the stool;
- newborn has a high fever (more than 38.0 degrees centigrade);
- newborn appears dehydrated (has a sunken fontanelle, sunken eyes with no tears, little or no urine, and wrinkled or dry skin); or
- diarrhea lasts more than three days.

Oral rehydration solution (ORS)

Oral rehydration solution (ORS) can prevent babies with diarrhea from becoming dehydrated. In some communities, ORS packets will be available from the health post or in the pharmacy. These are fine to use. Newborns with mild diarrhea should continue to breastfeed and should also be given ORS with a spoon after and in between breastfeeding to prevent dehydration. Mothers can give newborns ORS slowly by the spoonful in between breastmilk feedings. The newborn should drink about 5 to 10 spoonfuls of ORS every time he or she passes a watery stool. If ORS packets are not available, below is a simple formula to make an oral rehydration solution at home. (For other formulas, see the references listed in Appendix G.)

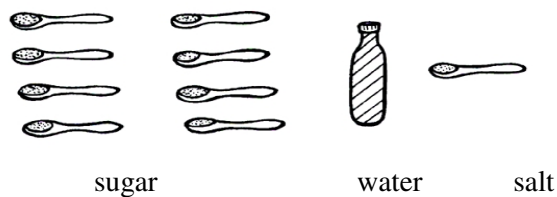


Figure 46: Making oral rehydration solution.

Illustration source: Gordon G, p. 156.

To prepare ORS at home

1. Boil and cool one liter of water.
2. Add eight level teaspoons (or one handful) of sugar.
3. Add one level teaspoon (or two pinches) of salt.
4. Stir and store the ORS in a covered, clean container. It can be used for 24 hours if kept covered and clean. After 24 hours, throw unused ORS away and make another batch.

Remember that if a newborn has diarrhea for more than 3 days, even while taking ORS, the mother should take the newborn to a nurse, midwife or doctor.

TRAINING TIP

Practice preparing ORS when you train TBAs. Make certain they understand how much salt and sugar to use, and how to feed the newborn with a spoon. If ORS packets are available, practice preparing these too.

Eye infections and skin infections

Eye infections and skin infections are common in newborns. This is especially true if the newborn is not kept clean and if the house is crowded with many people or is very smoky.

TBAs should teach mothers to wipe their newborns' eyes with a clean cloth which has been wet with clean water. **NOTHING** should be placed in or around a newborn's eyes. Ashes and other substances which are often put around the eyes can cause infections and these practices should be discouraged. In hospitals, antibiotic ointment is sometimes placed in the eyes right after delivery to prevent infection. Babies born at home may not get this treatment, and are more likely to get eye infections. Newborns with a heavy discharge or pus in their eyes need to see a midwife, nurse or doctor right away. Eye infections can cause blindness if they are not treated right away.



Figure 47: Wiping a newborn's eyes with a clean cloth and clean water.

Illustration source: Gordon G, p. 108.

Skin infections are also common. If the skin is broken open or irritated, skin infections can spread quickly. Review the information on bathing newborns and cleaning the umbilical cord stump (see Unit 7). Most mild skin infections will get better with regular washing and application of antiseptic. Signs of serious skin infections are: increasing redness and swelling or discharge of pus. More serious skin infections need to be seen by a nurse, midwife or doctor so that the newborn can be given antibiotics.

Symptoms of mild eye or skin infection:

- irritation
- slight redness

To care for the newborn with a mild eye infection, the new mother should:

1. use a clean cloth that has been wet with clean water to gently wipe around the eyes.
2. not put other things (like ashes or other substances) around the eyes.

To care for the newborn with a mild skin infection, the new mother should:

1. Bathe the newborn daily in clean water with mild soap.
2. If there is mild redness at the umbilicus, apply an antiseptic (e.g., gentian violet) once a day.

WARNING SIGNS of serious skin or eye infection

If a newborn has either of the following symptoms of serious infection, the new mother should take the baby to a nurse, midwife or doctor immediately:

- heavy discharge of pus from the eyes (Serious eye infections can cause blindness if they are not treated right away.) or
- increasing redness or swelling and discharge of pus from the skin or umbilical stump (or redness lasting more than 3 days).

Special Newborns

Newborns who are small, sickly, or who have a birth defect are often given less attention by new mothers and families. The new mother (or family) may think that the baby will not be healthy or that the baby is going to die. When these newborns get less attention, they often do get sick and die.



Figure 48: Special newborns need a lot of love and care.

Illustration source: Burns AA, et al., p 118.

Most newborns who start out small, who have a birth defect like a shortened leg, or who have birthmarks on the skin, grow up to be healthy. It is important that special newborns be recognized early so that they can be given the extra attention they need. Small newborns (less than 2.5 kg) need to breastfeed frequently and be kept warm. Newborns with problems like a shortened leg or a cleft palate need to be seen by a doctor, nurse or midwife. Most of these problems can be fixed. Many newborns have birthmarks on the skin. Sometimes these birthmarks go away, and sometimes they do not. All newborns need a lot of love and care from their mothers.

TBAs can help care for special newborns by referring any babies that are small or who have obvious birth defects to a nurse, midwife or doctor, and by reassuring new mothers

that their babies will most likely be healthy. They should check on these newborns frequently to make sure they are eating well, growing and being cared for.

Case stories

Stories are a very useful learning tool for applying new knowledge. Read the following three case stories. Answer the questions after each story and then compare your answers with those given below the questions.

TRAINING TIP

Case stories are also a very useful training tool. You may choose to use or adapt these when you train TBAs. Review page 28 in Unit 2 for ways to use them.

Story #1

A baby girl was born after only seven months of pregnancy. The baby weighed 2 kg at birth. The new mother had three older children to care for. She decided not to name the baby since her family told her the baby would die anyway. She stopped breastfeeding and left the baby in her mother's care when she returned to work. The baby girl died within two weeks.

Questions

1. Why did this baby girl die?
2. What did the baby need that she did not get from her mother?
3. What could have been done to prevent this baby from dying?

Answers

1. Since the mother's family told her the baby would die because she was so small, the mother stopped breastfeeding her and taking care of her.
2. The baby needed to be breastfed frequently and be kept warm. She needed a lot of love and care from her mother.
3. The mother could have been counseled to take the baby to a nurse, midwife or doctor and to take special care of her by breastfeeding frequently and keeping her warm. The TBA could reassure the mother and frequently check on the newborn to make sure she is eating well, growing and being cared for.

Story #2

A baby boy was born with both feet turned in. His mother thought this was a sign of a curse and that it meant bad luck for the family. She did not pay attention to the baby and he got sick and died in the first month.

Questions

1. Why did this baby boy die?

2. What did the baby need that he did not get from his mother?
3. What could have been done to prevent this baby from dying?

Answers

1. The mother did not pay attention to the baby boy, even when he got sick.
2. The baby needed a lot of love and care from his mother.
3. The mother could have been reassured that the baby would most likely be healthy, but that she should take him to a nurse, midwife or doctor to have his feet checked and cared for.

Story #3

A baby boy was born with a big birthmark on his back. The boy's father did not have any dark spots on his skin and said that this must not be his baby. The new mother took the baby to the hospital to be checked, and the nurse there assured her that the mark was just dark colored skin from a birthmark. The mother told her husband, and he was relieved. The baby grew strong and healthy.

Questions

1. Why did this baby grow and do well?
2. What did his mother do right?
3. What could a TBA have said to reassure this mother and father?

Answers

1. The baby's mother was determined to care for the baby.
2. She took him to a hospital to be checked, and she reassured her husband that the nurse told her the mark was just dark colored skin from a birthmark.
3. A TBA could have told the mother and father that many newborns have birthmarks on the skin and that sometimes the birthmarks go away. If the parents were still not reassured, they could take the baby to a nurse, midwife or doctor to be checked.

Summary

This unit was about the most common newborn health problems. Nutrition and infection are related. It is very important for mothers to know that they should continue to breastfeed their newborns even if they are sick. Mild respiratory infections and diarrhea can be treated at home if mothers are given instructions and support. More serious infections need to be referred to a midwife, nurse or doctor as soon as they are recognized. TBAs should visit and check the newborns in their community often, especially newborns who are small, malnourished or at risk of neglect and illness. Make certain that your trainees understand symptoms of serious illness and how to refer newborns. TBAs can help new mothers care for common newborn health problems, and can prevent illness and death by recognizing and referring serious health problems.

Posttest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get five or six questions correct, go on to the next unit. If you get four or fewer questions correct, review the information in this unit again.

1. Signs of common newborn problems that can be treated at home are:
 - A) heavy discharge from the eye
 - B) mild cough
 - C) low fever
 - D) any illness lasting more than three days
 - E) blood in the stool
2. A mother who has a newborn with mild respiratory infection should:
 - A) keep the newborn's nose clear of mucus
 - B) keep the newborn away from smoke
 - C) watch for signs of difficulty breathing or a bad cough
 - D) give the baby cough medicine from the health post
 - E) go to the nurse, midwife or doctor if the illness lasts more than three days
3. A mother who has a newborn with mild diarrhea should:
 - A) breastfeed frequently
 - B) stop breastfeeding until the diarrhea stops
 - C) give oral rehydration solution by spoon after each breastfeed
 - D) give the baby food (like bananas) that cause constipation
 - E) go to the nurse, midwife or doctor if the illness lasts more than three days
4. To make a home-made oral rehydration solution (ORS), a mother needs:
 - A) one teaspoon (two pinches) of salt
 - B) orange juice
 - C) vitamin A
 - D) one liter of boiled and cooled water
 - E) eight teaspoons (one handful) of sugar
5. A mother who has a newborn with a mild eye infection should:
 - A) wipe the newborn's eyes with a clean cloth which has been wet with clean water
 - B) put ashes around the eyes
 - C) wash the newborn's eyes with soap and water
 - D) do nothing but wait for the infection to go away
 - E) go to the nurse, midwife or doctor if there is heavy discharge or pus
6. Special newborns who may need extra care include:
 - A) babies who sleep a lot
 - B) babies who are born early and/or weigh less than 2.5 kg. at birth
 - C) babies with birth defects
 - D) babies with birth marks
 - E) babies of first-time mothers

Vocabulary List

Acute respiratory infection (ARI)– lung infection caused by a virus or bacteria; symptoms include cough, fever, and difficulty breathing

Birth defect– physical or mental problems a child is born with such as cleft lips, club feet, and mental retardation

Birthmark– a mark on the skin that a child is born with

Cleft palate– a split in the roof of the baby’s mouth

Dehydration– a larger than normal loss of water and salts from the body

Diarrhea– frequent runny or liquid stools

Malnourished or Malnutrition– health problem caused by not eating enough of the foods that the body needs

Measles or Rubella– a severe viral infection, symptoms include rash, fever, difficulty breathing, diarrhea and dehydration

Night blindness– an eye disease caused from Vitamin A deficiency, the first symptom is difficulty seeing at night, but this can progress to cause permanent eye damage and blindness

Oral rehydration solution (ORS)– a solution of sugar, salt and water which is used to prevent and treat dehydration

Pneumonia– acute respiratory infection

Respiratory tract– the organs that are used for breathing: bronchioles, bronchi and lungs

Virus– a germ that causes an infection (viruses are different from bacteria, so antibiotic medicines like penicillin will not treat viruses)

Vitamin A– a vitamin in yellow vegetables, green leafy vegetables, eggs, liver, and fish which helps skin and other tissues heal and prevents blindness