

## ASHA is in for Neonates in Pediatrics (New Born Care)

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In 1947, the IMR was nearly 200. This means that one in five. The principle causes of infant death are: diarrhea, pneumonia, malnutrition, measles, tetanus, whooping cough which can be controlled by ORS (clean water, hand washing), antibiotics, nutritional supplement, vaccination, vaccination (clean birth) and vaccination respectively. Nearly 4 million neonates globally die each year; 96% are in developing countries. In India in 2007, Neonatal Mortality Rate (NMR) is 36 per 1000 live birth. Fifty percent deaths are occurring in the 1<sup>st</sup> month while rests of the 50% ones are under five years of age. One million dollar question is as to why neonates are not receiving health care. The common answers are (a) custom to stay at home with newborn, (51% home based deliveries), (b) parents are not aware of danger signs in case of newborns and more importantly, (c) no access to health care locally. Financial reasons also dominate the several precipitating factors. That is why preventing newborn deaths emerge as the biggest challenge. Every newborn needs care immediately at birth and in the first 28 days of life, irrespective of mode of delivery or weight of baby, the basic aspects of the newborn care. So, ASHA is an important link between community and facility.

ASHA is an *Accredited Social Health Activist*; an honorary incentive based woman[1] which is selected by the community to serve as a resource because she understands their needs, their beliefs and practices, the social factors, where the poor and needy live, and what people want from health services. ASHA knows a lot about the community in which she lives. However in order to be an effective resource, she needs additional knowledge and skills; learns about health rights and

entitlements, the causes and treatment of common illnesses, and type of treatment available at different facilities. She needs to develop the skills to communicate health related information to people in the community, to counsel them on prevention of illness and to adopt healthy behaviors, to treat minor ailments and the leadership ability to help people negotiate access to rights and entitlements. She has three-fold roles: (i) to be a facilitator of health services and link people to health care facilities, (ii) to be a provider of community level health care, and (iii) an activist, who builds people understands of health rights and enables them to access their entitlements. It is quite established that Infant Mortality Rate (IMR) cannot be reduced to less than 30/1000 live births without reducing Neonatal Mortality rate (NMR). Now, ASHA is in for neonates in Pediatrics for home based newborn care (HBNC) and facilitating the facility based newborn care (FBNC). We know the FBNC is costly and inaccessible to all, particularly, the vulnerable ones. Therefore, for newborn care when visiting the newborn at home, she would provide:

- a. Counselling and problem solving on breastfeeding;
- b. Keeping the baby warm;
- c. Identification and basic management of LBW (Low Birth Weight) and pre-term baby
- d. Examinations needed for identification/ first contact care for sepsis and asphyxia

### *Care of the Normal Baby*

#### *Immediate care of the newborn at birth*

Immediate care at the time of birth involves clearing the nose and mouth of mucus, to allow the baby to breathe. Sometimes, the newborn can die immediately after birth due to asphyxia (difficulty in breathing). The ANM or the doctors attending the birth usually clear the airway and resuscitate the baby. In case of a home delivery, where there is no skilled birth attendant she should immediately refer the baby to the nearest health facility, as in such circumstances the time to save the baby is very short.

#### *Normal care at birth*

**Drying the newborn:** Baby should be cleaned gently with a clean soft moist cloth and the head be wiped dry with a dry soft clean cloth.

**Ensuring warmth:** The baby should be kept warm and in close skin to skin contact with the mother. It should be wrapped in several layers of clothing or woollen clothing depending upon the season. The room should be warm enough for an adult person to just feel uncomfortable; free from moisture and strong wind. The family and mother should be counselled to avoid bathing the baby till at least first seven days after birth. A newborn loses body heat very quickly and if it is left wet or exposed, its body temperature may fall suddenly and cause sickness which can kill the baby.

**Early initiation of breastfeeding:** Mother should be encouraged to start breastfeeding immediately after delivery. This is beneficial for both the mother and baby since it not only makes the baby stronger but also helps in quick delivery of placenta and reduces bleeding. The first yellow thick milk of the mother known as colostrum should be fed to the baby and not discarded as it prevents the baby from infections.

**Avoiding pre lacteal feeds:** Honey, sugar water etc. should not be given to the baby since they can cause infection or diarrhoea. Only

breast milk should be fed to the baby.

**Weigh the baby:** Baby should be weighed immediately after birth. If the weight of the baby is 2500 gms then it is a normal baby. But if the weight is less than 2500 gms, esp less than 2000 gms, it is a High Risk Baby (HRB).

#### *Home visits for the care of newborn*

You should undertake home visits to ensure that the newborn is being kept warm and breastfed exclusively. Encourage the mother to breastfeed, discourage harmful practices such as bottle feeds, early baths, giving other substances by mouth. Frequent home visits will help her to identify early signs of infection or other illnesses in the newborn.

For institutional births-visit on Days - 3, 7, 14, 21, 28 and 42.

For home deliveries visit on Days - 1, 3, 7, 14, 21, 28 and 42.

#### *Care of the High Risk Baby*

A *high risk baby* is the one who is:

1. Having less than 2000 gms birth weight.
2. Not able to suckle or breast feed properly on day.
3. Pre term baby - born before completion of 8 month 14, days.

These babies need extra care. She you should visit such babies on daily basis in the first week after birth. Visit the baby once every three days until she is 28 days old. If the baby is improving, then one visit is undertaken on the 42nd day.

#### *Care for the high risk baby includes:*

**Extra warmth:** You can advise mother and family to adopt the Kangaroo Mother care\_KMC (Skin to skin contact)- method to keep the baby warm. The mother has to sit or recline comfortably if possible in a private place, and loosen her upper garments. Place the baby on mother's chest in an upright and extended posture, between her breasts, so that the baby skin is in direct contact with the

mother skin. Turn baby's head to one side to keep airways clear. Cover the baby with mother's blouse, 'pallu' or gown; wrap the baby mother together with an added blanket or shawl. If mother is not present then she can advise father or any other adult of the family to provide kangaroo care (KMC) to the baby. The head of the baby should be covered with a cloth or cap to prevent heat loss.

### **Kangaroo Mother Care (KMC)**



**Caution during bathing:** For Low birth weight (LBW) and Pre-term babies, bathing should be delayed after the usual seven days, till a steady weight gain is recorded and the baby attains a weight of over 2000 gms.

**Frequent breast feeds:** Babies with low birth weight may not be able to breastfeed in the beginning and need to be given expressed breast milk using a spoon. As they gradually learn to suckle they should be put to breast as often as possible.

**Early identification and referral for danger signs:** Counsel the mother to identify the following danger signs. If any of the following danger signs appear in the baby then it should be immediately referred to a well -equipped health facility for proper care.

- a. Poor sucking of breast
- b. Pus on Umbilicus
- c. Pus filled boils
- d. Develops fever
- e. Fast breathing/difficulty in breathing/ chest wall in drawing

- f. Develops diarrhoea or has blood in stool
- g. Pallor of palms/soles (jaundice)
- h. Blue palms/soles
- i. Remains excessively drowsy or cries incessantly
- j. Feels cold or hot to touch
- k. Bleeding from any site
- l. Abdominal distension/vomits often
- m. Abnormal movements (convulsions)
- n. No urine passed in 48 hours
- o. Cracks or redness on the skin folds (thigh axilla/buttock)

### *Precautions during referral:*

1. Choose the fastest mode of transport.
2. Keep the baby warm during travelling.
3. Mother should accompany and stay close to the baby and breast feed the baby whenever required.

### *Other precautions to be taken for newborn care:*

- a. The cord of the baby should be kept clean and dry at all times. Nothing should be applied on the cord of the baby, it should be kept clean and dry at all times.
- b. Nothing should be put in the eye of the baby.
- c. Newborn baby should be kept away from people or children who are sick.
- d. The newborn baby should not be taken to very crowded places.

### *Breastfeeding*

Breastfeeding should be started within half an hour after the birth. Baby should be put to the breast even before the placenta is delivered. The first thick milk – *colostrum* - should always be fed to the baby, as it is *the first immunization* for the baby. Many people discard this milk due to cultural beliefs but it should never be

discarded. Colostrum builds the immunity of the baby and protects from diseases.

#### *Facts about breastfeeding*

- The baby should be exclusively breast fed till *six months* of age and no other outside feed should be given.
- Breast milk provides for all the dietary needs of the baby. It also provides sufficient water to the baby, thus baby should not be given water even on summer days.
- It is safe, builds immunity against illnesses, helps in keeping the baby warm and helps develop a bond between mother and baby.
- Feeding other than breast milk may cause infections and malnutrition due to poor nutritious content. The baby may have difficulty in digesting such foods resulting in diarrhoea and vomiting.
- Breastfeeding should be done as often as baby wants and for as long as the baby wants, through the day and night.
- The more often the baby is fed, more milk will be produced.
- Breastfeeding helps in contraction of the uterus, expulsion of the placenta and also reduces the risk of excessive bleeding after delivery.
- At six months of age other foods should be introduced. Breastfeeding can be continued till the child is 1-2 years of age.

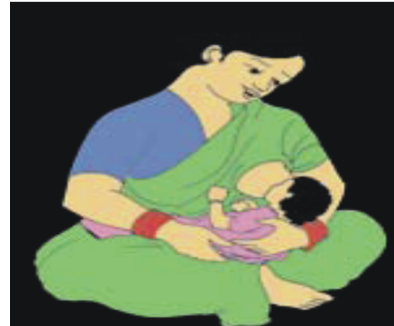
#### *Correct positioning for breastfeeding*

The mother's hand should hold the baby supporting the baby's bottom, and not just the head or shoulders. The baby's face should face the breast, with nose opposite the nipple, chin touching the breast, mouth is wide open and the lips upturned. To obtain maximum benefit of breastfeeding, the baby should be held in the correct position and be put correctly to the breast. Explain to the mother the correct position for breastfeeding. The pictures below

explain how the baby is held in different positions.

*Breastfeeding Positions: Four positions (a, b, c and d)*

**Cradle Position (a)**



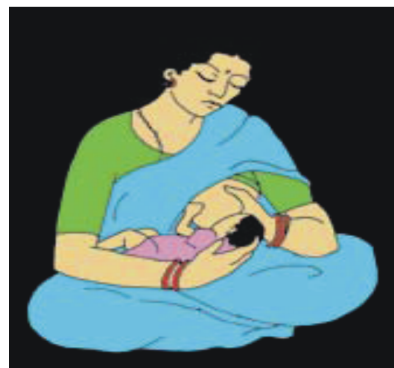
**Side-lying Position (b)**



**Underarm Position (c)**



**Alternate Underarm Position (d)**



Mother should follow the following steps while breastfeeding the baby every time:

Clean the nipple of the breast with warm water before feed. Hold the baby horizontal on the lap or besides if the mother is lying on side. Hold the breast at the root of the nipple. Put the baby's mouth to the breast so that the baby gets a full hold of the nipple now. Make sure the baby's head and body is held facing the breast without turn and twist. Support the baby's head and bottom.

#### *Common problems in breastfeeding*

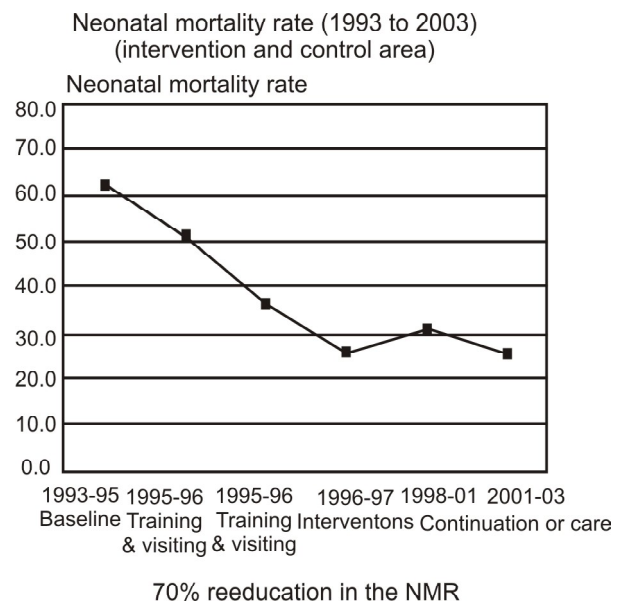
Some mothers may find it difficult to breast feed their baby normally. She should counsel such mothers and encourage them. Listen to them, understand their problems and give advice clearly and simply. The common problems reported are:

- Not enough milk
- Sore nipples and
- Engorged and painful breasts
- Encourage the mother to continue breastfeeding when she complains of not enough milk. Maintaining the correct position during breastfeeding will prevent sore nipples. If the baby is not able to attach, apply warm compresses to breast, gently massage from outside toward the nipple and express some milk until the areola is soft, then put baby to the breast, making sure that the attachment is correct. If the problem persists refer the mother to ANM for advice.

There are 8, 34, 922 ASHAs working across 31 states and union territories including the High focus states like Andhra Pradesh, Delhi, Gujrat, Haryana, J & K, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, West Bengal and four UTs viz, Andaman Nicobar islands, Dadra and Nagar Haveli, Lakshdeep, Daman and

Diu. In the High states ranges from 80 to 99% and the drop out rate is 0.8 to 11 while in non-high focus states, the drop out rate is 2.5 to 22%. Still the progress rate is good in handling routine and state specific programs involving ASHAs<sup>2</sup>.

But before we close, some of the examples will also help in removing the doubts about community health worker (CHW) like the Arogya Doots as CHWs in Gadchiroli\_Maharashtra wherein Home Based Newborn Care concept evolved as a result of field trial in Gadchiroli in 37 naxalite infested villages. This model produced results in 70% reduction in NMR from 60 plus to 20 plus per 1000 live births in 1993 to 2003<sup>3</sup>.



- Similarly, Mitani Programme as Health Sector Reform in Chhattisgarh, over 60,000 women are working as community health worker and giving health support at the village level and this program is going on satisfactorily and producing the desired results.

SI No.	Heads of Compensation	Amount in Rs/case
<b>1.</b>	JSY financial package (NEW uniform package)	
<b>a)</b>	For ensuring antenatal care for the woman	Rs. 300 for Rural areas Rs. 200 for Urban areas
<b>b)</b>	For facilitating institutional delivery	300 for Rural areas 200 for Urban areas
<b>2.</b>	Reporting Death of women (15-49 years age group) by ASHA to Block PHC Medical Officer. <b>(New Revised incentive)</b>	200 for reporting within 24 hours of occurrence of death by phone to Block Medical Officer
<b>II</b>	<b>Child Health</b>	
	Undertaking six (in case of institutional deliveries) and seven (for home deliveries) home - visits for the care of the newborn and post- partum mother	Rs.250
<b>III</b>	<b>Immunization</b>	
<b>1</b>	Social mobilization of children for immunization during VHND	Rs.150/session
<b>2</b>	Complete immunization for a child under one year	Rs.100.00
<b>3</b>	Full immunization per child upto two years age (all vaccination received between 1st and second year age after completing full immunization after one year	Rs 50
<b>4</b>	Mobilizing children for OPV immunization under Pulse polio Programme	Rs.75/day

## Reference

1. Induction Training Module for ASHAs, (National Rural Health Mission), National ASHA Mentoring Group and State Nodal Officers for ASHA and Community Processes. Ministry Of Health and Family Welfare, India.
2. Progress of the ASHA program; update on ASHA program, Jan2014, NHM, Ministry Of Health and Family Welfare, India.
3. Field trial In Gadchiroli\_Maharashtra, Home Based Newborn Care, SEARCH, Gadchiroli\_Maharashtra, 1993-2003.

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