



## Module 2 Neonatal and Infant Care

Time: 2 hours

### Introduction

This is the second incremental learning modules series of Safe Childhood Programme. The content in this module is based on the fact that initial time immediately after birth is the most important time for physical and mental health and survival of the child.

### Session Objectives

At the end of the session, participants will be able to:

- Tell what all is necessary to ensure neonatal health immediately after birth
- Will be able to help the mother and the family by giving information on what all should be done for nutrition, physical development and health of the child
- Will be able to provide guidance to village level health functionaries on how to work efficiently amongst mothers, families and community in ensuring child care and how to motivate them
- Will be able to monitor the care given to neonates by participating in VHND and community meetings

### Session Process

#### Step 1

Begin the session by welcoming all the participants and thank them for participating in it. Introduce yourself and ask them to introduce themselves. Start the session with a motivational song.

#### Step 2

Tell the participants while using Mother and Child Protection Card that steps to ensure proper care of a new born are as below: (show MCP card to the participants and use the card during the session)

- ➔ Mother should start breast feeding the child within one hour of the birth and must feed yellow thick milk (colostrum) to the child
- ➔ Mother should give warmth to the child by keeping baby close to her body
- ➔ Do not bathe the child for first seven days after birth

Integrated Child Development Services  
National Rural Health Mission

**Mother and Child Protection Card**

Photograph of Mother & Child

**Family Identification**

Mother's Name \_\_\_\_\_ Age

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Mother's Education: illiterate/primary/middle/high school/graduate

**Pregnancy Record**

Mother's ID No. \_\_\_\_\_

Date of the last menstrual period  /  /

Expected date of delivery  /  /

No. of pregnancies/ previous live births  /

Last delivery conducted at: Institution  Home

Current delivery: Institution  Home

JSY Registration No. \_\_\_\_\_

JSY payment: Amount  Date  /  /

**Birth Record**

Child's Name \_\_\_\_\_

Date of Birth  /  /

Birth Weight

kg  gms

Girl  Boy  Birth Registration No.

- Child should be fed breast milk within an hour after birth upto six months and should not be given anything else, not even water.
- Vaccination should be given to the child as per schedule such as BCG, hepatitis injections and Polio dose at birth, Polio dose, pentavalent injection and hepatitis B injections, measles, Vitamin A and booster doses of relevant injections as per schedule. Some of the initial injections are given at the hospital or centre and rest of the injections are given by ANM at VHND or at AWC.



- Complementary feeding should be started when child attains six months of age. For example, boiled and mashed rice, dals, daliya, khichdi etc.
- Regular food prepared for the family should be fed to child from two years onwards.
- Register the child at Anganwadi centre at the age of two and half to three years so that the child can get nutritional diet and also be prepared for early education.
- In case of severe diarrhoea, high respiratory rate or in case of fever for few days, child should be shown to ANM or doctor at the earliest and panchayat members should be contacted in case of any difficulty.
- Feed the child along with family members and help the child in eating if required.

**Note:** Above mentioned points are explained in the chart at the end of the module for better understanding of routine immunisation and complementary feeding. Facilitators should explain the use of immunisation and complementary feeding chart to the participants.

### Step 3

Tell the participants that for better upbringing of child, it is important to give vaccination and supplementary nutrition to the child as advised by doctor or ANM. Participants or the panchayat members also need to see whether village level functionaries are periodically visiting neonates at their house, whether they are carrying out health check-ups and whether they are providing the mothers and family members with necessary information in order to take care of the newborn efficiently.



Tell the participants that during their participation in VHND, they need to observe how the issues related to health of newborns are taken care of. They can interact with families of newly born children and contribute towards enduring health of the neonates. They can pay attention to what steps are being taken by the family in case of child falling sick. Additionally, they also need to pay attention to upkeep of anganwadi centres and ensuring availability of necessary facilities for the children. It is the

responsibility of village ASHA or ANM to take necessary steps required in case the child suffers from diarrhoea, has fever, high respiratory rate or is sick. However, panchayat members should see that they are treating the child appropriately and should refer to the health facility, if required.

**Panchayat members should take feedback periodically from community members whether village ASHA and ANM are particular about their work and providing infant related services appropriately. Panchayat members should also interact with village level functionaries in this context and support them in any challenges that they may face in their work.**

Give participants two case studies to read

## Case Study 1

### How Kavita's baby's life was saved!!

Kavita looked after her daughter as advised by her doctor upon her return from hospital after delivery. When the child attained six months of age, Kavita introduced complementary feeding in addition to breast-feeding such as boiled and mashed rice, dal, porridge, etc. She was regular in attending VHND and her child was vaccinated regularly as per schedule.

Once when the baby had diarrhoea, she made ORS as advised earlier during VHND. She continued breast-feeding her child. But when diarrhoea didn't stop, she thought of consulting ANM and ASHA. Upon reaching the centre, she was informed that ANM had not come to the village for several weeks and ASHA was also not available owing to sickness.

In this context, Kavita met panchayat member Sharda Devi along with her husband. When Sharda Devi enquired, she was informed that ANM is on leave. Sharda Devi immediately established contact with health centre and made arrangements to send the child for treatment by the doctor. Later Sharda Devi felt that ANM should have informed about her absence well in advance. After this incident, village panchayat took a decision that in future, whenever ANM needs to be on leave for 1-2 days, she should inform panchayat samiti so that while she is on leave, other alternatives can be timely arranged in case of need.



Today, Kavita's baby is healthy and safe and her name has also been registered at anganwadi centre.

## Case Study 2

### Why Savita's son Pintu's health was in danger?

Just like Kavita, Savita had also undergone institutional delivery and had received appropriate post natal care. But when she returned home after delivery she did not pay attention to further care of Pintu. She would not breast feed Pintu regularly citing excuse that she does not get sufficient milk. She started feeding him cow's milk and water. Village ASHA tried to convince her several times that exclusive breast feeding is must for six months and not even water should be fed. But Savita did not pay attention to her. Although she continued getting the child vaccinated on the advice of ANM she was not aware of how to take care of the baby post delivery.



Savita's son would get frequent bouts of diarrhoea due to which he had become quite weak. At the advice of her in-laws, she took the child to nearby traditional healer. He informed Savita that the child had some paranormal effect which required to be treated and would incur expense of three hundred rupees. Savita was from a very poor family. She was capable of bearing such an expense and therefore returned back disheartened. While she was taking the child to the local quack, she happened to meet panchayat member Sharda Devi. Looking at the child's condition and talking to Savita, Sharda Devi could immediately assess the situation. She advised Savita, "Take your child immediately to ANM or ASHA didi. There is no need to go to any quack. Now, all facilities are available in the village itself. Panchayat takes care of these issues. If required, call me."

Savita felt Sharda Devi was giving correct information. She immediately took the child to the health centre. Upon examining the child, ANM found that the child was suffering from severe malnutrition. She immediately referred the child for admission and further treatment. Savita became worried after knowing this. She started thinking how would she manage wages if she remains absent from work for so many days. ANM immediately informed panchayat member Sharda Devi on noticing Savita's dilemma. Sharda Devi's motivation and reassurance helped Savita and her husband to admit their child. The child was given appropriate treatment.

As a result of following the advice of health workers and panchayat members, today Pintu has fully recovered and he is hale and hearty.

When participants finish reading both the case studies, discuss how both case studies are different? How Kavita's baby remained healthy and what steps could Savita take to save her child from becoming malnourished?

- How did Kavita take care of her baby? Give examples
- What steps should have Savita taken in order to keep him healthy?
- What all did Kavita do when her child suffered from diarrhoea?
- What are the advantages of exclusive breast feeding for six months?
- What was the role of panchayat member in the stories? Was there any role that could have been played?

If any point is left out, facilitators can add and explain in case of incorrect answer.

## Step 4

Points to be kept in mind by the participants (write the points on the chart and display)

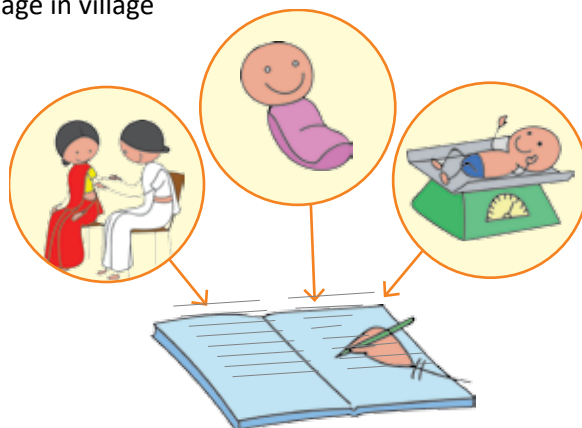
- ⇒ It is necessary for panchayat members that they keep an eye on health status of newborn children in the village. They can maintain periodic contact with community members and village level functionaries for the same.
- ⇒ Panchayat members can play an important role in bringing down maternal mortality rate and infant mortality rate at the village level. Keeping this objective in mind, they should ensure health of mother and children in the village in cooperation with ANM and ASHA workers.
- ⇒ It is also important for panchayat members to evaluate work of health functionaries thereby contributing in ensuring healthy newborns.
- ⇒ Panchayat members should participate in VHND. This way they can play efficient role in ensuring healthy newborns.
- ⇒ In case a newborn is unwell, panchayat members can take initiative and motivate the caregivers for referral.

## Step 5

### Monitoring mechanism and data collection

Share with participants that figures related to infant health are collected at the village level itself. This work is carried out at sub centre by ANM, at AWC by AWW and panchayat collectively. For example, if a child is born, the information is updated by ANM, AWW and village panchayat in their respective registers. Following figures are collected for indicators related to maternal and child health at the village level. Write all these indicators on a chart and display on wall:

- ⇒ All children born in village and any child dying between 0-5 years of age
- ⇒ Any incident of child death below five years of age in village
- ⇒ Incidents of infant deaths
- ⇒ Number of women who undergo four ANC check-ups
- ⇒ Number of pregnant women who get tetanus injections
- ⇒ Number of infants getting supplementary nutrition diet from AWC
- ⇒ Number of children born underweight
- ⇒ Number of children born malnourished
- ⇒ Number of moderately malnourished and severe acute malnourished children
- ⇒ Number of anemic children
- ⇒ Number of children who got completely immunised
- ⇒ Number of women and children from backward castes, minority communities, handicapped, HIV/AIDS affected who have above-mentioned indicators



**Village panchayat samiti can take initiative and motivate villagers to contact them in case of facing any difficulty in upbringing newborn child. Panchayat can even nominate one panchayat member for this purpose. Name of nominated member along with mobile number should be written at centre where it can be easily read and in case of necessity, villagers can contact the member and get support.**

.....  
*Ask the participants to discuss on the points and motivate them to add more points . Also ask if they would want to amend/remove any point*  
.....

Thereafter, conclude the discussion as below:

All indicators mentioned above reflect maternal and child health therefore it is necessary to collect them and update registers correctly. As you are aware, figures collected at the village level reach the block, then district, state and finally the national level.

These figures provide monitoring mechanism for panchayats to keep a close watch on maternal and child health indicators of the village and help in making the panchayat child friendly.

*Summarise the key learnings before ending the session*



# MCP Card

Ensuring Complete immunisation is necessary for health of the child



## Complementary Feeding Card

0-6 months

Diet



- Start breast feeding within one hour of child birth
- Exclusive breast feeding for six months. No other eatable or drink, not even water to be given
- Breast feed as many times as the child seeks
- Breast feed during day as well as night

6-12 months

Diet



- After 6 months, start soft, mashed food, vegetables, dal and fruits in small quantities
- Gradually increase the quantity and thickness
- Understand indication of hunger in child and feed accordingly
- Feed the child 4-5 times in a day and continue breastfeeding

1-2 years

Diet



- Continue giving variety of food such as rice, chapatti, green vegetables, yellow and orange fruits, dal and milk products along with food prepared for the family.
- Feed child atleast five times in a day
- Feed child in a separate bowl so that quantity taken can be seen
- Sit along with the child and help in finishing the meal
- Breastfeed upto two years of age and if possible continue it even later

2-3 years

Diet



- Give food prepared for the family five times a day
- Encourage and help child to eat on own
- Keep watch on the child while having food
- Ensure washing of hands with soap before having food









