

Module 11 : High-Risk Assessment and the Management of Low Birth Weight/Preterm Babies

Session 2 : How to care for the LBW/ preterm newborn

Day : 2

Time Required : 2 hour 15 minutes

Purpose

To provide an opportunity to ASHAs to learn the method of caring LBW and preterm newborn.

Objectives

At the end of the session the ASHA will be able to:

1. Explain the immediate care of the LBW infant after delivery.
2. Explain the skin to skin contact method; when and how it is used.
3. Explain how to assist the mother of an LBW infant who has difficulty in breastfeeding.

Materials

- Reading Material 1 : Illustration of skin to skin contact method
- Reading Material 2 : Illustration of underarm and opposite underarm breastfeeding position
- Reading Material 3 : Feeding low birth weight and preterm babies
- Worksheet 1 : Case situations
- Training Aid 1 : Answers to case situations

Preparation

- Ensure availability of enough copies of Reading Material 1, 2, 3 and Worksheet 1 for all the ASHAs.

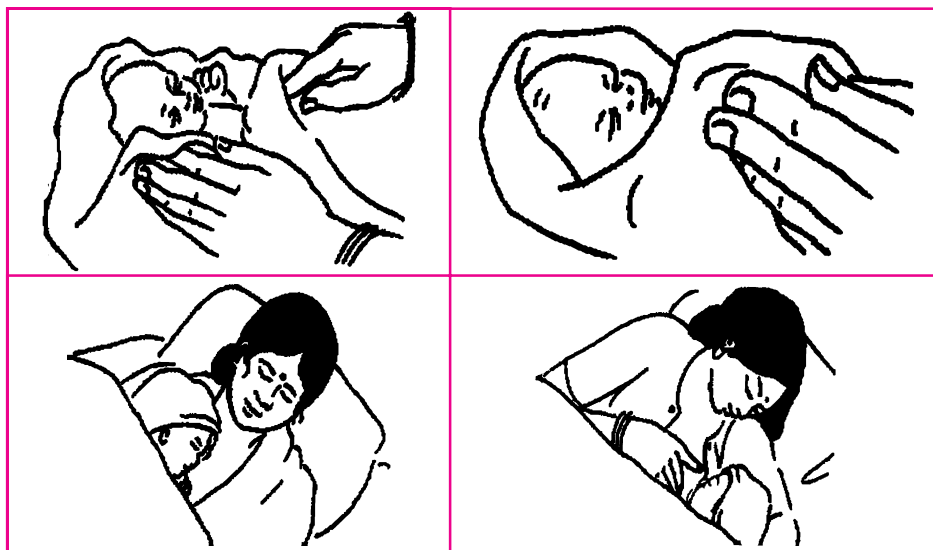
Training Methods

Presentation and Discussion (1 hour and 20 minutes)

Instructions to Trainers :

1. Ask the ASHAs to remember why the LBW baby needs extra care; the answers should include:
 - They get cold easily.
 - They are more likely to get an infection.
 - They can have difficulty in feeding.
2. Giving the reasons why extra care is needed, ask the ASHAs to suggest what the **immediate care** for the LBW infant would be. You can give them a clue by saying that much of the care is the same as the one for the healthy infant, especially in terms of trying to keep them warm. Answers should include:
 - Keep room even warmer than usual.
 - Dry baby immediately after birth.
 - Put skin-to-skin with mother (if very small, see below) and cover or wrap and place close to mother.
 - Start breastfeeding.

- Put on baby clothes, hat.
 - Place in warm bag close to mother.
3. Explain that small babies need to feed more often, every two hours. It means that if the baby is sleeping, the mother should wake the baby up for a feed. This should be done until the baby gains some weight and is stronger.



Preventing heat loss at the time of birth:

drying • wrapping • skin-to-skin • breast-feeding

4. For **very small babies (high risk)**, explain that they are at greatest risk of getting cold and sick and having difficulty in breastfeeding.
5. Ask the ASHAs what is the name of the method to take care of very small babies. (Answer: *skin to skin contact method*). The skin to skin contact method is a very successful method of caring for small and preterm babies. It keeps babies warm, and ensures frequent breastfeeding. Babies cared for this way grow well and develop well.
6. Review the **skin to skin contact method** : Ask ASHAs to see the illustration in the Reading Material.
- Baby is placed upright with his/her chest against the skin of the mother and in between her breasts.
 - Baby is naked or lightly dressed with a hat on its head, socked and it is covered by the mother's sari or shawl.
 - Baby stays next to the mother as much as possible.
 - Breastfeed often (every two hours). Use the underarm or opposite underarm position for more support. (Refer to reading material for an illustration)
7. Review the counseling card for the skin to skin contact method.

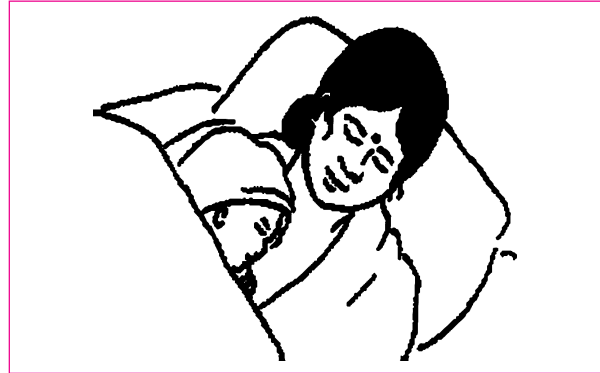
Text from the Counseling Card on Skin to Skin Contact

Your very small baby needs special care.

- ✓ For providing skin to skin contact you can keep it between your breasts.
- ✓ This keeps him very warm and close to your breasts if it gets hungry.
- ✓ Try and keep it in skin to skin as much as possible until it gains more weight.
- ✓ If you need to keep the baby aside, make sure it is warm, wearing clothes, a hat, socks and placed in the warm bag.



Positioning baby in skin to skin contact method



Skin to skin contact care while resting



Father and grand mother using skin to skin contact method

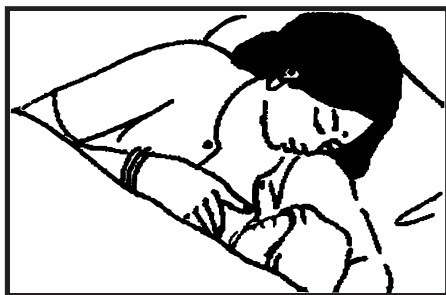
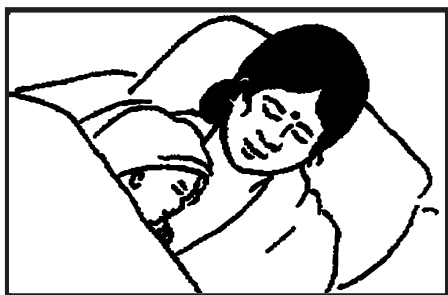
8. Ask the trainees 'What is the best food for the LBW or preterm baby?' Listen to the answers. *(The best food is breast milk. It is made just for the needs of the baby at the time it is born, even if it is born early. As the baby matures, the milk also changes so that it is perfect for the baby at each stage of its development.)*
9. Explain that most small babies can suckle from the breast; in fact, most babies over 1,500 grams can suckle. Extra care may be needed to encourage the mother and ensure proper positioning.
10. Ask the trainees: 'What are some advantages of breast milk for the LBW or preterm baby?' Make a list. Add to the advantages on the basis of facts given in the Content Box below.

Content Box :

Feeding Low Birth Weight/ Preterm Babies

Advantages of breast milk for LBW/ preterm babies :

- ✓ Has just the right nutrients for the preterm/ LBW baby. Preterm babies need more protein and preterm milk contains more protein.
- ✓ Is easily digestible.
- ✓ Contains factors to fight infection (small babies are more vulnerable to disease).
- ✓ Breastfeeding keeps the baby warm (close to the mother); being cold (hypothermia) can lead to infection.



Baby kept warm in skin to skin contact method and breastfed

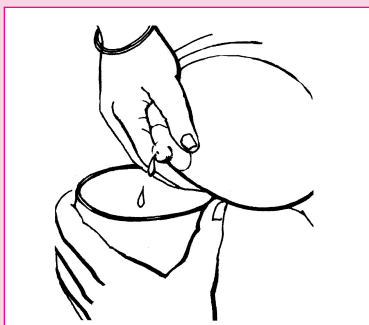
Important points :

For small babies who can suckle :

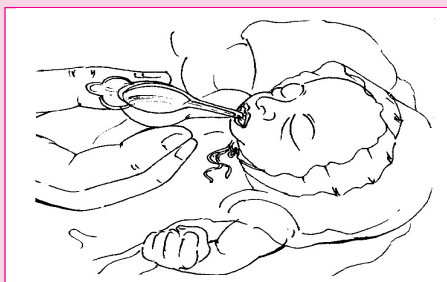
- ✓ Try the underarm hold for more support or the alternate underarm hold.
- ✓ If sleeping, wake baby every 2-3 hours for breastfeeding.

For small babies unable to suckle at birth :

- ✓ Babies less than 1,500 grams may not be able to breastfeed in the beginning.
- ✓ Place in skin to skin contact method.
- ✓ Express milk and feed baby with paladaya or spoon.
- ✓ Express the milk every 2-3 hours to keep the milk supply up.
- ✓ Put the baby to the breast to let him lick the nipple and perhaps suckle a little.
- ✓ Once the baby can suckle, he should be put on the breast frequently to stimulate milk production. Continue feeding with cup and paladaya until the baby can get all it needs directly from the breast.



Expressing milk



Feeding baby with paladaya

How much to give:

- ✓ LBW: 60 ml /kg body weight for first day.
- ✓ Add 20 ml per kg per day until baby is taking a total of 200 ml per day
- ✓ Divide the total into 8-12 feeds (every 2-3 hours).
- ✓ Colostrum can keep up to 12 hours at room temperature; mature milk can keep for 6-8 hours at room temperature.
- ✓ Continue until baby can fully breastfeed.

11. For babies whose mother cannot express milk (mother has died, or is very sick, etc.) give donated breast milk or prepared milk :

- Dilute cow's milk: to 150 ml cow's milk (directly from cow) add 50 ml water, boil together and add 1 teaspoon sugar (15 grams).
- Divide this into 8-12 feeds.
- Feed with a spoon or paladay.

Case Situation Exercises : (45 minutes)

Instructions to Trainers :

1. Distribute the Case Situation Worksheet 1.
2. Have trainees work on case studies either individually or in small groups of two or three.
3. After 20 minutes collect the worksheets for assessment and scoring. Review the cases in the larger group and discuss the answers.
4. Check if there are any questions, and clarify doubts.

Summary (10 minutes)

- Ask an ASHA to explain the care of the LBW infant at delivery and in the first few days.
- Ask another ASHA to explain the skin to skin contact method, why it is used and how she would explain it to a mother.
- Have another ASHA explain how to feed a LBW baby who can not suckle.
- Make necessary corrections and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session)

Objectives	Assessment Method	Output
Explain the immediate care of the LBW infant after delivery.	Case situation.	Worksheet 1 completed by all ASHAs and checked by trainer
Explain the skin to skin contact method; when and how it is used.	Case situation. Questions and answers.	Worksheet 1 completed by all ASHAs and checked by trainer
Explain how to assist the mother of a LBW infant who has difficulty breastfeeding.	Questions and answers.	--