

Module 12 : Birth Asphyxia : Diagnosis and Early Management with Mucus Extractor

Session 1 : How to identify an asphyxiated baby at birth

Day : 3

Time Required : 1 hour 45 minutes

Purpose

To assist ASHAs in identifying asphyxia of the newborn, to understand its consequences, and to be aware of conditions during delivery that could result in asphyxia.

Objectives

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

1. Define asphyxia.
2. Identify (through exercises) babies with asphyxia.
3. Describe warnings during delivery that could result in asphyxia.
4. List the adverse consequences of asphyxia.

Materials

- Reading material 1 : Asphyxia Information Sheet
- Worksheet 1 : Case Exercises: Identifying Asphyxia
- Training Aid 1 : Answers for Case Exercises : Identifying Asphyxia

Preparation

- Ensure availability of enough Reading Material and Worksheet depending on the number of trainees.

Training Methods

Presentation and Discussion : What is asphyxia and its consequences? (1 hour)

Instructions to Trainers:

1. Explain that every living being needs air to survive. The foetus inside the mother's womb gets air from the mother's blood through the umbilical cord. Once the baby is out of the womb, it gets air by breathing. The cry is the first powerful breath. Most babies are born with a good cry and start to breathe vigorously on their own. A few babies do not. Babies who do not cry or breathe, or if their cry and breathing is weak, they need help. This happens when the baby does not have enough air during the process of delivery, & it feels suffocated. This affects the baby's brain and may make it appear dull at birth. When an asphyxiated baby is born, it appears limp and it doesn't cry.
2. Define asphyxia.

Definition of Asphyxia

A baby who has at birth **any one** of the following symptoms is asphyxiated :

- no cry
- weak cry
- no breathing
- gasping
- weak breathing

3. Ask the ASHAs to explain what are some of the local terms used in their communities to describe asphyxia. Write these on the blackboard or white paper.
4. Ask the ASHAs to discuss what can happen to a baby with asphyxia. Fill in any gaps.

Consequences of Asphyxia

Immediate (at birth)

- stillbirth
- drowsy
- unable to suckle
- baby may die within first few days

Long-term

If the baby survives it may have:

- mental retardation
- epilepsy (seizures and fits)
- spasticity (difficulty with walking or moving arms and hands)

5. Tell the following story:

Shalu started labour at sundown. Her husband went to call the TBA and ASHA, who arrived within minutes. Shalu's contractions were regular and strong. In the early hours of the morning, her membranes ruptured and the fluid was thick and greenish. Very soon afterwards the head appeared. As the head moved out of the mother's body the TBA saw the cord was around the neck. She tried to slip it over the baby's head but could not. The TBA tied the cord quickly and cut it while the baby's body was still inside. After that the baby came out easily but had a weak cry and was gasping.

6. Ask these questions:

- Was the baby asphyxiated? (yes)
- What are the signs? (*weak cry and gasping*)
- What happened during labour that could suggest a problem with asphyxia? (*Thick greenish fluid means the baby is in some kind of distress, cord around neck decreases the amount of air the baby gets through it*)

7. Ask the ASHAs to think about signs or events during labour that might indicate the baby could have difficulty in breathing. Write the answers on the blackboard or chart paper. If they are having some difficulty, remind them of the story (*thick green coloured fluid, and cord around neck.*)
8. Ask if any of the ASHAs have been present at a delivery where the baby didn't cry or breathe, or had weak crying or breathing? If yes, have them describe what they saw. Did the labour go smoothly or was there a problem? What was it? List the answers.
9. Compare the list with the List of Warning Signs in the Content Box below. Fill in any gaps and remove inappropriate answers.

Content Box :

Warning of asphyxia during labour

1. Prolonged or difficult labour
2. Ruptured membranes with little fluid (dry delivery)
3. Green or yellow coloured thick amniotic fluid
4. Prolapsed cord or tight cord around the neck
5. Preterm labour (less than 8 months 14 days gestation)
6. Breech presentation (or other abnormal presentation)

10. Ask why the ASHAs think it is necessary to anticipate the possibility of a problem with asphyxia? Listen to their answers. *(It is very important to be prepared for a baby who is not breathing or not breathing well. Anticipating the potential problem is part of this preparation. The other part is preparing the equipment you will need.)*
11. Emphasize that any baby can have asphyxia, even those whose mother has a normal labour. Often we can't tell that a baby is in distress until it is born. Therefore, it is important to be ready and prepared for every delivery by keeping the following ready:
 - Towels or clean cloths and blankets for baby
 - Mucus extractor
 - Bag & mask (You will learn the use of bag and mask in the next training workshop.)
12. Remind the ASHAs: If a baby has asphyxia, the first 5 minutes after delivery are an emergency. A life can be saved or lost in these 5 minutes.
13. Ask ASHAs to refer to Asphyxia Information Sheet in the reading material. Have ASHAs read it and answer any questions they may pose.

Short Case Examples in Large Group (15 minutes)

Instructions to Trainers:

1. Present each case. Ask the trainees to tell you if the baby is asphyxiated or not:
 - Baby is born crying weakly and gasping. Is it asphyxiated? *(yes)*
 - Baby is born crying and breathing strongly. Is it asphyxiated? *(no)*
 - Baby is born and is not crying and not breathing. Is it asphyxiated? *(yes)*
 - Baby is born and is not crying and is gasping. Is it asphyxiated? *(yes)*
 - Baby is born crying weakly and breathing weakly. Is it asphyxiated? *(yes)*
 - Baby is born crying and breathing. Is it asphyxiated? *(no)*
2. Make sure each ASHA understands the answers to each case. Clarify any confusion.

Case Examples (25 minutes)

Instructions to Trainers :

1. Distribute worksheet of case exercises. Have each ASHA answer whether there is asphyxia or not.
2. Collect the worksheets. Review the answers during the session and clarify any doubts.

Summary (5 minutes)

- Ask an ASHA to define asphyxia.
- Have the ASHAs quickly list out the risk factors for asphyxia.
- Have an ASHA explain why asphyxia is an emergency.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session and summary)

Objectives	Assessment Method	Output
Define asphyxia	Questions and answers in session	-
Identify (through examples) babies with asphyxia	Case examples	-
Describe warnings during labour that could result in asphyxia.	Case exercise	Case exercise attempted individually by all the ASHAs and checked by the trainer
List the adverse consequences of Asphyxia	Discussion	-