

Module 13 : Neonatal Sepsis : Diagnosis and Management with Cotrimoxazole

Session 3 : Management of newborns with chest in-drawing

Day : 3

Time Required : 45 Min

Purpose

To give ASHAs the opportunity to discuss the treatment of chest in-drawing with cotrimoxazole and referral of the baby who has chest in-drawing.

Objective

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

1. State how to identify chest in-drawing in a baby, how to treat it, and why it is necessary to refer the baby to hospital.

Materials

- WHO CD on ARI.
- CD/DVD player

Preparation

- Trainers should make arrangements to screen the WHO ARI CD during the session.

Training Methods

Presentation/Discussion (30 minutes)

Instructions to Trainers :

1. Have trainees sit in a large circle.
2. Ask ASHAs how do they identify chest in-drawing in a newborn and how it is different from intercostal in-drawing.
Their answers should include the following:
 - Chest in-drawing is when, on breathing in, stomach and the chest rises but the portion below the chest goes in.
 - Slight in-drawing of skin below the ribs (intercostal in-drawing) is not chest in-drawing. It is often normally seen in very low birth weight babies.
3. To help ASHAs how to identify chest in-drawing, screen the CD and let them do the exercises in the CD for correct identification of chest in-drawing. Give enough time to practice identification. If the result of the exercises is not satisfactory (all ASHAs correctly identify atleast 75% of the cases in the exercises) and there is still any doubt repeat screening of the CD. This is a very important step, which is necessary even for diagnosing newborn sepsis. Sufficient practice is therefore essential. Proceed with the training once everyone has successfully been able to identify chest in-drawing.
4. Ask ASHAs - what would the diagnosis be if a baby less than 2 months old has severe chest in-drawing ? The answer should be – *severe pneumonia*.
5. Ask them what is the treatment – the answer should be – *cotrimoxazole*. Ask them what is the dosage for a baby less than 2 months old? The answer should be: *¼ spoon of cotrimoxazole two times a day for 7 days*.

6. Ask ASHAs whether any one of them has diagnosed chest in-drawing in her village?. Ask her what was the experience? Did the parents take the baby to the hospital? (Often it is difficult to shift the baby to the hospital, and if the baby does not get timely help, it may prove fatal for the baby. In such cases ASHAs should treat the baby themselves.)
Listen to ASHAs experiences. Praise ASHAs for their job. If some facts have been missed out by the ASHAs, add them, and also correct any wrong information.
7. Reiterate that ASHAs are going to take care of the newborns up to the 42nd day. If during this period any baby has chest in-drawing ASHAs should give one dose of cotrimoxazole and refer the baby to hospital. If parents are not ready to shift the baby, ASHA should fill the consent form (strike out the word injection), visit the baby two times a day and complete the treatment for seven days.
8. During this period provide care to baby about breast feeding and maintenance of temperature as provided to high risk baby.

Chest in-drawing as a sign of sepsis: (10 Min)

1. State that if only chest in-drawing is present in the baby, it could be a sign of sepsis and hence it is necessary that ASHA starts its treatment with cotrimoxazole, visits the baby two times a day, and observes the baby for other signs.
2. ASHAs have learnt how to manage the babies having only one sign of sepsis. (If the mother says the baby is cold to touch they will initiate hypothermia management, if baby has feeding problem, they will initiate breastfeeding management, if baby has pus on umbilicus they will treat with G.V. paint, if baby has fever, they will give paracetamol and wait for an hour, if baby does not become normal and has fever with any other sign then the treatment of sepsis will be initiated. All this has been learnt by the ASHAs in the earlier sessions.)
3. Ask ASHAs about their experiences in managing the single signs of sepsis. As the ASHAs speak,
 - Keep track of time.
 - Clarify doubts, if any.
 - Discuss any relevant points brought up in the large group.
 - Note areas where trainees may need more practice or information.
4. Refer to the ASHA's progress record of work and training in the community to get specific information, as well as an overall view on how the ASHAs have managed problems in the field. If any trainee requires additional guidance, have a discussion with her separately, and fix a time when you plan to help them.

Summary (5 minutes)

- Ask an ASHA how she will treat a baby with chest in-drawing.
- Ask another ASHA why it is necessary to refer baby with chest in-drawing to hospital.
- Ask another ASHA how to manage baby with only one sign of sepsis.
- Make corrections if any and add missing information.
- Praise ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
State how to identify chest in-drawing in a baby, how to treat it, and why it is necessary to refer the baby to hospital.	Questions and answers	--