

Module 14 : Birth Asphyxia : Diagnosis and Management With Bag and Mask

Session 2 : Revise diagnosis and first step in management of asphyxia

Day : 1

Time Required : 55 minutes

Purpose

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

Objectives

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

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

Materials

- Reading Material 1 : Asphyxia Information Sheet (Provided in the Module 12 Reading Material)

Preparation

- Ask trainees in advance to bring their copies of Reading Material.

Training Methods

Presentation and Discussion : What is asphyxia and its consequences? (30 minutes)

Instructions to Trainers:

1. Tell the following story:
Shalu started labour at sundown. Her husband went to call the TBA and ASHA, who arrived within minutes. Sulabha'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. Quickly the TBA tied the cord 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.
2. Ask these questions:
 - Was the baby asphyxiated? (yes)
 - What are the signs? (*weak cry and gasping*)
3. Check if any of ASHAs was 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? Write any answers on the list.
4. Emphasise 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 having ready:

- Towels or clean cloths and blankets for baby
 - Mucus extractor
 - Bag and mask (check that it is clean and dry and working properly; you will learn using bag and mask in next session)
5. Remind ASHAs: If a baby has asphyxia, the first 5 minutes after delivery are an emergency. A life can be saved or lost in those 5 minutes.
 6. Ask ASHAs to refer to Asphyxia Information Sheet in Reading Material. Have ASHAs read it and answer questions, if any.

Short Case Examples in Large Group (10 minutes)

Instructions to Trainers:

1. Present each case. Ask the trainees to tell you if the baby is asphyxiated or not:
 - Baby was born at 12.03. At 30 seconds it was crying and breathing well. Is it asphyxiated? (*No*)
 - Neela gave birth to a girl. At 30 seconds the baby was not crying and gasping. Is the baby asphyxiated? (*Yes*)
 - Immediately after delivery Sunanda's baby had a weak cry and was breathing weakly. Is the baby asphyxiated? (*Yes*)
 - Nanda's baby came out limp and without crying or breathing. Is the baby asphyxiated? (*Yes*)
 - Meera's baby is crying weakly and gasping. Is the baby asphyxiated? (*Yes*)
 - Manju's baby was born with a vigorous cry and breathing strongly. Is the baby asphyxiated? (*No*)
2. Present each case and ask if there is a risk of asphyxia. What is the warning sign ?
 - Mangla was into labour. Bag of waters broke and there was little liquid. (*Yes, dry delivery*)
 - Meena was in labour for a day and a half. (*Yes, prolonged labour*)
 - During Archana's delivery, one hand of baby came out first. (*Yes, breech*)
 - Yamuna delivered a baby in 7th month. (*Yes, preterm delivery*)
 - Sindhu's labour lasted for 30 hours. (*Yes, prolonged labour*)
3. Make sure each ASHA understands the answers to each case. Clarify any doubts.
4. Have ASHAs read about the Asphyxia Action Tree. Explain that if on breaking of the bag of waters the fluid is thick, yellow or green they should immediately clean the mouth cavity of the baby with gauze piece as soon as the head emerges without waiting for the complete baby to come out. ASHAs have learned this in the Training Workshop 2 and may have done this at the time of delivery. Explain that if the baby is not crying or breathing or breathing weakly, or gasping, it has asphyxia and immediate action is to be started. Action to treat asphyxia is called **resuscitation**.
5. Explain the steps in resuscitation:
 - 1) **Dry and wrap** : Explain that the baby should be quickly dried with cloth and then wrapped with a dry cloth; sometimes this itself stimulates a cry and breathing.
 - 2) **Use the mucus extractor** : If the baby does not cry after drying and wrapping, the next step for managing asphyxia is clearing secretions in the airway (mouth, throat and nose) so that the baby can inhale freely. For this, a mucus extractor is used. The baby's mouth is first cleared, and if still the baby is not crying or breathing, the throat and nose are cleared.

- 3) **The cord does not have to be cut before the mucus extractor is used** (unless the cord is short and there is not enough space). If the mother delivers on a cot, it is good to place the baby on the floor below her so blood in the placenta can flow into the baby. If not, place the baby on the floor to the right side of the mother with its head toward the mother's head.
 - 4) **Bag and Mask:** If using the mucus extractor does not result in the baby crying or breathing, immediately begin using the bag and mask . Till now, ASHAs were only using mucus extractors and if still the baby did not start crying or breathing they used to stop the resuscitation process. ASHAs will now learn using Bag And Mask. This is the 2nd step in managing asphyxia and will be discussed in the next session.
6. Remind ASHAs:
- If the baby is breathing and crying normally, the mucus extractor is not needed.
 - It is important to keep the baby covered and warm.
 - Once the baby starts crying and breathing normally, stop using the mucus extractor.

Demonstration (10 minutes)

Instructions to Trainers :

1. Ask ASHAs to refer to the Skills Checklist for the Mucus Extractor, provided in reading material.
2. First demonstrate how the mucus extractor is used by sucking in some water from a saucer or a small plate.
3. Then demonstrate use of the mucus extractor on the life size doll. Read the steps out loud from skills checklist as you perform each step.
If after suctioning, the baby is still not breathing, **move immediately** to the next step: using the bag and mask to push air into the baby's lungs. If too much time is lost, the baby can become brain damaged or even die. (How to use the bag and mask is covered in next Session). The mucus extractor is to be used only one time and then disposed off.

Summary (5 minutes)

- Ask an ASHA to explain what to do if a baby has asphyxia.
- Have an ASHA demonstrate use of the mucus extractor while the rest of the group observes using the checklist.
- Make corrections if any and add missing information.
- Praise 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 exercises) babies with asphyxia.	Case exercises.	-
Describe conditions during labour that can be a warning for developing asphyxia.	Case examples.	-
List the adverse consequences of asphyxia	Questions and answers	-