

**CHILD HEALTH**

☞ Note to facilitator- Dear facilitator, you will first discuss the aspects of New-born care.

|               |   |
|---------------|---|
| Key learnings | <ol style="list-style-type: none"> <li>1. Care for new born.</li> <li>2. Birth weight of baby.</li> <li>3. New born and first bath.</li> <li>4. Keeping babies warm.</li> <li>5. Preventing infection.</li> </ol> |
| Time          | 30 mins.  |

**New-borns of teenage mothers:**

New-born babies born to teenage mothers faces greater health risks compared to those mothers who conceived at the right age. The babies to teenage mothers are less likely to get proper nutrition and care, hence more likely to experience social, emotional problems in life.

☞ Dear facilitator- you will ask one of the participants to read a case on 'aasha ki bichhar' and discuss the context with the questions. The interactive session can be played in a group as a role-play, a sample is provided below;

Nina: Mother who has just given birth.

Sruti: Nina's friend

Rekha: Mother

Vikram: Father

Aasha ji: Paramedic

Riya: Nina's sister

Riya, Nina's sister, comes from a different city to see Nina and the new-born. She greets Vikram, Rekha, Sruti and Nina and rushes to pick up the child while the baby had just dozed off after breastfeeding.

Riya: Hello Mom, Hi Dad. Hi Nina, How are you, all? Sruti; I am glad you are here with Nina.

Vikram & Rekha: Hi beta, come on in.

Sruti: We are all good. We were eagerly waiting for you.

Riya: And I am eagerly waiting to see Nina and my little princess, I have been seeing her in photos only.

Sruti: Yes, Nina is inside, and your princess is a month old now.

Vikram: Give me your bags and go see both (Riya hands over the bags to her father, hugs her mom and rushes into another room, where Nina is lying with a baby (doll).

(Riya rushes in to hug Nina and grab the little one immediately).

Aasha ji: Stop there, young lady. (Riya is shocked to hear that authoritative voice from behind).

Riya: Oh! Aasha ji, I am sorry I did not see you.

Aasha ji: It's ok Riya but go wash your hands and change your clothes first. You have just come from outside and you may be carrying all infections on your hands and clothes which can make your princess fall ill. I am sure you don't want to see her ill, do you? Also, the baby has just dozed off, it is ill-advised to do anything that might wake up the new-born that too after the breastfeed. It is very necessary for the baby to sleep naturally after each feed and any break in that cycle will affect the growth, development of the baby.

Riya: Of course, I do not want that. I am sorry Aasha ji, I forgot in excitement.

**All the characters come together and say in one voice:**

“If you wish to give the new born in your arms a lift, clean hands and clean body are your best gift. Do not wake the baby during their sleep, for it helps them to grow healthy naturally”.

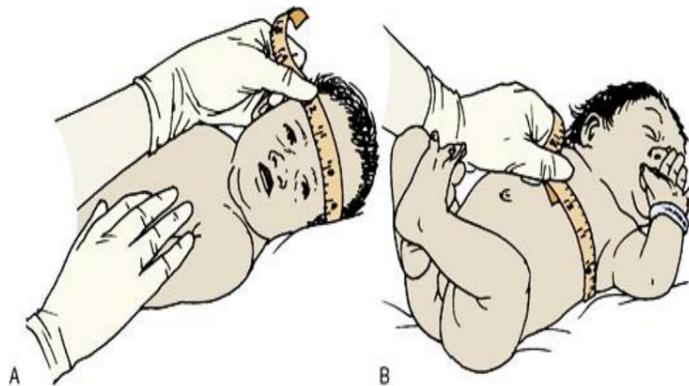
👉 **Note to facilitator:** Once you are done with the role-play, please introduce the participants with the below definition.

**What is a New-born:**

A baby between 0-1 month of life is known as new-born baby.

**What is Low-birth weight:**

It is when the birth weight of the baby is less than 2.5 kg at birth at the end of 9 months of pregnancy.



A low birth weight baby has increased risks of getting complications, infections or even death. Nearly  $\frac{3}{4}$  of neonatal deaths and  $\frac{1}{2}$  of infant deaths are due to low birth weight. Mid-arm and head circumference of the new born is strongly associated with birth weight and is a very good indicator of low and insufficient birth weight.

Health risks of babies born to teenage mothers:

### 1. Low birth weight:

There is a higher incidence of low birth weight (weight <2500gms) among infants of adolescent mothers. If the baby is low birth weight then the organs are not well developed due to which they can experience bleeding in the brain, respiratory distress, intestinal problems and death in some cases.

## 2. Perinatal and neonatal mortality:

There is an increase in perinatal (during pregnancy) and neonatal (new born) mortality (death) in infants of adolescent mothers, compared to the infants of older mothers.

## 3. Inadequate childcare and breastfeeding practices:

Young mothers, especially those who are single and poor, may find it difficult to provide their children with the adequate care. This can be reflected in poor child feeding and breastfeeding practices.

Hence, these new-borns, born to adolescent mothers, need greater care and love for their growth and development.

☞ **Facilitator will now discuss the Important aspects of care of a new-born, the new-born and first bath, advice to family, keeping baby warm which can be listed as:**

- 1) Breast feeding.
- 2) Keeping the baby warm and prevention of low body temperature.
- 3) Prevention of infection.
- 4) Immunization.
- 5) Detection of danger signs and early referral.
- 6) Care of low birth weight baby.

### **New-born and first bath:**

Baby should not be bathed immediately after birth. Wait for 6 hours or a day before bathing the baby. As baby needs to adjust to the surrounding atmosphere. In case of low birth weight baby, wait till seven days for bathing. Pre-term baby need to gain weight to become 2,000gm before a bath is given. Ensure baby's temperature is normal before giving a bath (Both abdomen & feet should be equally warm). Bathe the baby in a warm room and use warm water.

### **New-born Care: Advice for family members/caregivers.**

- Baby must be kept warm and properly covered as per the weather conditions.
- Baby should be given bath only after 24-48 hrs. If baby is low weight, they should not be bathed until the weight reaches up to 2000 gm.
- Cord stump to be kept clean and dry. Nothing to be applied over cord stump.
- Family members must wash their hands with soap before touching the baby.
- Mother's nails must be cut and she washes her hands every time the baby is breastfed.
- The weight of baby should improve every week from second week. If this does not happen, they must consult the doctor.
- Give only breast milk and do not give anything else during this period. No water, NO Honey.
- Do not apply anything in the eyes (e.g. Kajal, surma or essential oils near ear).
- Do not allow people with cough, loose motions and skin infections to handle the baby.

### **Babies must be kept warm!**

Babies tend to lose heat and become cold easily after bathing, if not covered properly. This increases the risk of sickness and death. Hence babies must be kept warm.

**What if the baby becomes cold to touch?**

Baby must be kept in skin to skin touch with mother as much as possible. Skin to skin contact has been shown to allow babies' body temperatures to regulate more effectively than by clothing / blankets alone. Breastfeeding should continue. Shift the baby to hospital while keeping baby in skin to skin contact with mother (or father or caregiver if mother is not present).

**Danger signs needing immediate hospital referral**

- Baby has difficulty in breathing, chest indrawing is seen.
- Baby is cold to touch.
- Inability to suck / pass urine/ stools.
- Dull and lethargic baby, all limbs become limp, weak cry.
- Jaundice – yellow palms/soles/eyes.
- Fever, Seizures, Diarrhoea.
- Umbilical stump is red or has pus.
- More than 10 pustules over body or has one large boil.
- Eyes are red or infected, Bleeding from any site.

**Preventing infections in new-borns:**

- Always wash hands with soap and water before handling the baby and after cleaning the baby (whenever the baby passes a motion).
- Give only breast milk and do not give anything else.
- Do not apply anything in the eyes (e.g. Kajal, surma) or ears (oil).
- Do not apply anything on the umbilical stump. Keep the umbilical stump clean and dry.
- Do not allow people with cough, loose motions and skin infections to handle the baby.
- Immunize baby against infections (Polio, BCG given within 1 month of birth).



**C2 Breast – feeding**

|               |  |
|---------------|--|
| Key learnings | 1.What is breastfeeding?<br>2.How to breastfeed?<br>3.Importance aspect of breastfeeding.<br>4.First milk. |
| Time          | 30 mins.   |

☞ Dear facilitator, you will now discuss the important aspects of breast-feeding in new-born.

**Why breast milk?**

Breast milk of first few-days is known as colostrum. It is very nutritious for the new-born and contains antibodies which protect the baby from common infections. Babies can easily digest breast milk. It is easily available at right temperature. It is necessary for mental and physical growth of the baby.

**When to breast feed the baby?**

1. Breastfeeding should be started immediately or within ½ to 1 hour after birth.
2. Exclusive breastfeeding must be done until 6 months of age. Do not give water, honey, ghutti, etc. as these may increase the chances of infection.
3. Breastfeeding to be done every 2-3 hours or as the baby demands. If a baby is sleeping, wake up the baby (after the baby has slept for 2 hours post the latest breastfeed) by rubbing a damp cloth over its face.
4. Feeding should be done whenever the baby demands till the baby is fully satisfied.
5. Burping should be done after every feed.
6. Continue breastfeeds till the baby is 1-2 years old.

**Exclusive breast feeding:**

Baby should not be given anything else (not even water) except breast milk until 6 months of age.

In case any mother has any difficulty in exclusive breastfeeding, she should take advice from her paediatrician before feeding the baby any other daily food.

☞ **Note to facilitator-** Dear facilitator, now please ask the participants to read out the following statements and then ask whether the statements are True or False.

1. Colostrum (mothers first milk) is harmful to baby as it is stale.
2. It is good to give honey or sweet water as the first feed to baby.
3. Small breast produces less milk.
4. If mother becomes pregnant again she should stop breastfeeding the baby.
5. Mother who is underweight/malnourished produce less and poor-quality milk.
6. Mother should not breastfeed the baby if she is ill.

7. If baby cries excessively that means the breast milk is not adequate and mother should start giving top feeds.

**Answers for the facilitator for above 7 questions:**

1. Colostrum is the first milk produced inside the mother's body containing antibodies to protect the new-born against diseases. It is a form of milk produced which is higher in protein content than the breast milk produced later and contains a huge infection-fighting substance. It is rich in vitamin K and A and very nutritious, hence, the first and completely natural immunization. Therefore, it should be provided.
2. Anything other than breast-milk can be harmful for the baby because the baby is capable of only digesting breast milk at their just-born state. Breast milk is most easily digestible with the optimum nutrition level and completely disease-free. It also helps in immunity-building of the baby whereas, any other foreign substance including water, can cause infection in the baby, therefore, to be avoided.
3. The production of milk in the mammary glands depends upon the secretory glands in the breast and are mostly similar in quantity in all breasts. The supportive fatty and connective tissue in the breasts determine the size. Small breasts produce milk as efficiently as large breasts.
4. Breastfeeding does not harm the baby in the womb. A normal-healthy mother can continue to breastfeed up to the last trimester of pregnancy, and if she so chooses, even after the birth of a new baby. This is called tandem feeding. She should however ensure good nourishment for herself. A pregnant woman with a risk of premature labour should not breastfeed during pregnancy.
5. Truth.
6. During common illnesses like cough and cold, fever, diarrhoea and vomiting or even in common diseases like typhoid, T. B, jaundice mother can breastfeed her baby. She can even continue to take medications for these illnesses. In diseases like cancer or HIV/ AIDS a healthcare provider should be consulted.
7. Inadequate milk is only one of the many causes of excessive crying. Most of the babies with excessive crying pass urine more than 6-7 times in 24 hours and gain more than 500 grams within a month. This indicates that a baby is getting enough milk from the mother and one should look for other causes of excessive crying. The baby may be wet, or cold, or warm, or maybe running fever due to a hidden infection, or may have ear pain, or may simply be wanting to be picked up. Excessive crying should not be the reason for starting to milk.

**Always take the baby to a paediatrician in case of any illness.**

☞ Dear Facilitator, you will now discuss weaning.

### Definition:

Weaning is a process where a baby gradually adds other foods to its intake in addition to breast milk. The weaning process begins the first-time baby takes food from a source other than breast milk around the age of 6 months – whether it's formula from a bottle or mashed banana from a spoon. After 6 months the baby needs additional nutrition than that solely provided by breast milk. The World Health Organization recommends that babies be exclusively for the first 6 months, and that breastfeeding is continued for up to two years of age or beyond.

A baby is considered to have completed the weaning process when the baby is consuming a range of foods other than breast milk and no longer breastfeeds. The benefits of breastfeeding (including up to 2 years of age and beyond if desired) cannot be emphasised enough. Apart from providing the baby with nutrition tailored to its needs, breastmilk also helps to build a strong immune system in the baby. Breastfeeding also provides emotional security and comfort through skin to skin contact and time for bonding, apart from nutrition.

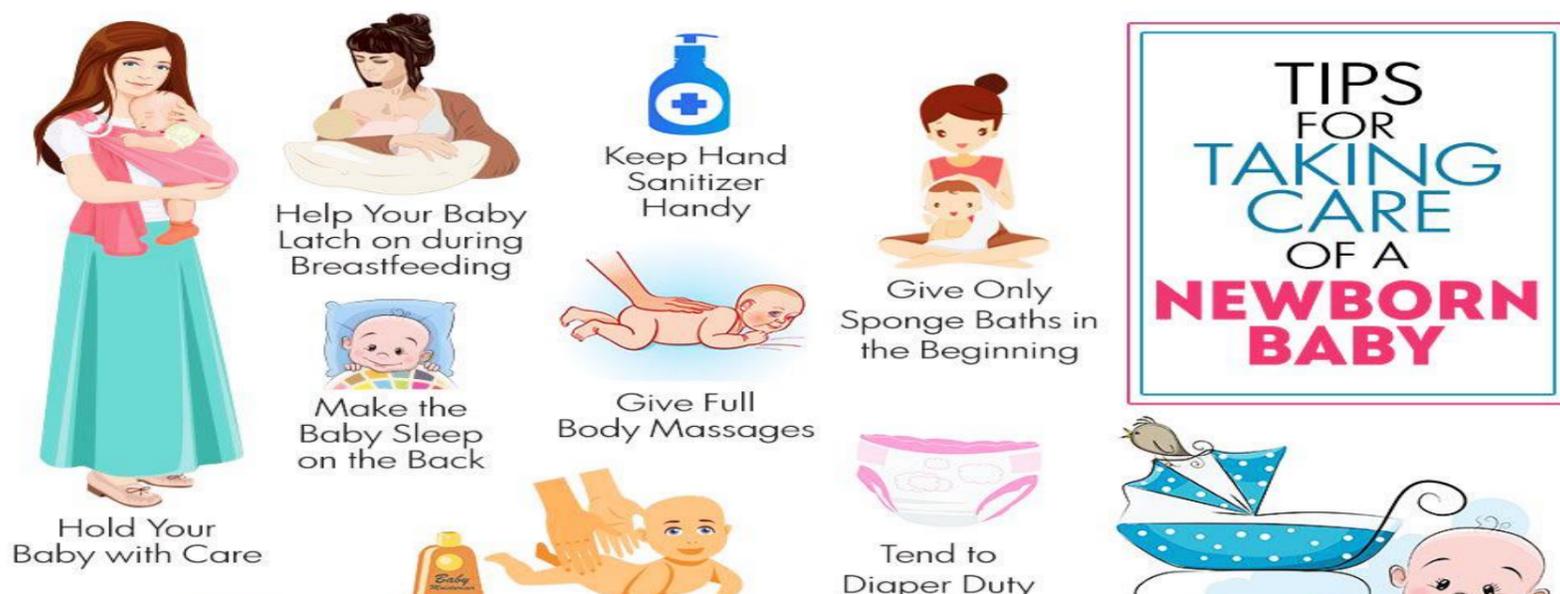
### Time to wean:

It is generally advised to exclusively breastfeed the baby for six months then gradually introduce other food.

### When not to wean?

- During illness.
- Sometimes babies show disinterest in breastfeeding if they are unwell or have teething issues.

Do not consider these as signs that baby is ready for weaning.



Please consult your paediatrician before weaning. It must be a well-informed decision.

👉 Dear facilitator, now please discuss the important aspects of nutrition in babies.

|   |  |
|---|--|
| How much should the baby eat?                       | Their tummies are small (the size of a marble when first born), and appetites also vary. Each baby is unique so try not to compare your baby's feeding patterns with others. Feeding a baby should be done very patiently. Your baby may take just a few teaspoons full at a given time and often this process has to be repeated patiently every few hours a day. |
| How much fruit or vegetable can I give to my baby?  | In an entire day, the baby can have fruit and vegetables up to five times the amount s/he can hold in their fist. If we consider the quantity held in a baby's fist as one portion, then they can consume up to a total five such portions in a day.<br>Example: 1 mashed banana / 1 boiled and mashed potato/ carrot, etc.  |
| Should I worry if my baby is not eating frequently? | If the baby is not eating, you should take advice from the paediatrician. The older women from the house can also guide on how to encourage a baby to eat. It is important your baby is healthy, playful and gaining weight.   |
| How can I prevent iron deficiency in my baby?       | Food like spinach, green leafy vegetables, beans, eggs, red meat, apples, etc. are good sources of Iron. Consult your doctor while planning weaning foods as they will be able to give advice based your baby's health status.   |

### What to expect by the age of one year?

You could have your baby sit beside you while you're having your food, to promote interest in foods and to get used to family mealtimes. Allow your baby to taste your food and consume as much as they need. Babies eat less at a time than adults as their stomach is small. Babies tend to eat 'little and often' and can eat 4-5 times a day.

If the baby is not breastfed undiluted milk by cup can be given. Food should be in soft consistency/mashed and freshly cooked. Take out the food for the baby before adding spices in the food for rest of the family.

☞ Dear facilitator, Undernourishment/Malnutrition in children is a very important and sensitive issue, please address the aspects of undernutrition among babies responsively.

### Symptoms of undernourishment:

Children who look smaller for age with weak appearance, lack of attentiveness and irritable could be undernourished. Please bear in mind also that undernourishment is found in children from all socio-economic backgrounds of society.

All children up-to six years should be monitored for growth and nutrition regularly as children have a higher risk of getting infections, and in extreme cases the risk of mortality is higher among 0-6 years old.

☞ Dear facilitator, please emphasize the below points with participants.

1. Make sure, nutrition and food-intake of children are monitored up to the age of 8.
2. All babies should be weighed regularly every three months.
3. In families where girls are being neglected, families should be counselled of not to ignore the nutritional (and emotional, intellectual etc.) needs of girls.
4. All undernourished children should be regularly seen by their doctors and supplementary feeding be given accordingly.
5. It is important to monitor and appropriately feed babies during illness / fever/diarrhoea, etc. When babies are, ill or have fever they generally lose their appetite. However, they still need energy during this time to help recovery. It is best to feed them small amounts regularly (i.e. every few hours).
6. Do not dilute the dal or baby's food. Add spoonful of butter/ghee/oil to baby's food as they need these good fats for healthy brain and physical development.

☞ Dear facilitator, now discuss the following points to remember

### How will a mother know if her baby is getting enough breast milk?

- Baby is gaining weight as expected.
- Baby sleeps minimum 2 hours after each breast feed.
- Baby passes urine minimum 5 to 6 times in a day.
- While feeding the baby, milk flows from the other breast too.

### If the mother has fever, should the baby be breast fed?

Yes. Baby should be breast fed if the mother is able to breastfeed the baby. Baby will get protection from the infection through a protective factor passed through her milk.

### When should a new-born be given his/her first bath?

Babies do not need bathing immediately after birth. Wait for at least 6 hours or a day before bathing the baby (as recommended by WHO) before bathing the baby, as babies need to adjust to the surrounding atmosphere/ temperature outside of the womb. Further, vernix caseosa, the waxy coating on newborn's skin, is a natural moisturizer and cleanser, and protects them against infection. In the case of low birth weight babies, it is better to wait until at least seven days for bathing. Pre-term babies need to gain weight to become 2,000gm before a bath is given. When your baby is not bathed, it is of course still important to maintain good hygiene by changing and cleaning your baby during nappy changes regularly.

### What is considered to be diarrhoea in a New-born?

Passing stools more than three times a day is diarrhoea. Usually it is watery. Diarrhoea and vomiting is common in babies. Most of the times it doesn't need any treatment. Take the baby to hospital in these cases: if Diarrhoea persisted for 14 days, if there is any blood in the stool, or if the baby shows signs of dehydration.

### GOVERNMENT SERVICES FOR CHILDREN.

Janani Shishu Suraksha Karyakaram (JSSK)

<http://nrhm.gov.in/janani-shishu-suraksha-karyakram.html>

The Government of India launched JSSK on 1st June, 2011. The scheme benefits pregnant women who access Government health facilities for their delivery. Moreover, it aims to motivate those who still choose to deliver at their homes to opt for institutional deliveries.

**Incentives:** Under the Scheme an incentive of Rs. 600/- / Rs. 700/- by cheque is given to pregnant women to promote institutional delivery in case she is a resident of Urban / Rural area. Woman should be above 19 yrs. of age and should belong to SC / ST / BPL category. The benefit is available for first two live births.



### C3-Immunization.

|               |   |
|---------------|---|
| Key Learnings | 1)What is immunization?<br>2)When to give immunization? |
| Time          | 30 mins.  |

☞ **Note to the facilitator:** This is detailed information, so try to share only the most relevant information with participants. Please be aware of adolescent's attention span and discuss the topics in a short and compact manner.

Facilitator needs to discuss the topic of immunization and gather the points mentioned by the participants and mention all these points on the board. Points can be gathered on the basis of the following questions:

#### Questions:

1. What do the participants know about immunization?
2. Have they seen children around them getting immunized?
3. Have they seen adverts about immunization?
4. How many diseases do they think are covered under the immunization scheme?
5. Do you think people still don't get their children immunized? Have you met any of them?
6. What do you think are the reasons/could be reasons they don't get their children immunized?

☞ **Dear facilitator, you will now discuss the aspects of immunization in new-born-baby.**

Immunization is a process in which an injection or drops (polio vaccine) are given to the baby to strengthen the baby's natural defence mechanism against specific infections or diseases.

The Government of India recommends that all children should be vaccinated against at least six diseases - tuberculosis, diphtheria, pertussis, tetanus, polio and measles. In addition to these, the Indian Academy of Paediatrics (IAP) recommends the Hepatitis B, MMR, HIB, Typhoid and HPV vaccines.

☞ **Dear facilitator, educate the participants on myths and facts about immunization that could be existing.**

**Myth 1:** Good health and maintaining hygiene will keep the body healthy and there is no requirement of getting vaccinated.

**Fact 1:** Even if we manage to maintain a good hygiene routine or stay healthy by eating good, getting proper sleep, staying clean, it will only keep us away from regular infections. Inculcating these habits does not guarantee immunity against viral or bacterial infections. Diseases like polio, measles, pox can be prevented with vaccinations because these diseases have a chance of re-occurring.

| Vaccine   | Age | Range of Recommended Ages |                          |      |                    | Catch-up Immunization |       |         |                    | Preadolescent Assessment |             |         |         |
|---|-----|---------------------------|--------------------------|------|--------------------|-----------------------|-------|---------|--------------------|--------------------------|-------------|---------|---------|
|   |     | Birth                     | 1 mo                     | 2 mo | 4 mo               | 6 mo                  | 12 mo | 15 mo   | 18 mo              | 24 mo                    | 4-6 y       | 11-12 y | 13-18 y |
| Hepatitis B <sup>2</sup>                          |     | HepB #1                   | only if mother HBsAg (-) |      | HepB #2            |                       |       | HepB #3 |                    |                          | HepB series |         |         |
| Diphtheria, Tetanus, Pertussis <sup>2</sup>       |     |                           | DTaP                     | DTaP | DTaP               |                       | DTaP  |         |                    | DTaP                     | Td          | Td      |         |
| <i>Haemophilus influenzae</i> Type b <sup>4</sup> |     |                           | Hib                      | Hib  | Hib <sup>4</sup>   |                       | Hib   |         |                    |                          |             |         |         |
| Inactivated Poliovirus                            |     |                           | IPV                      | IPV  | IPV                |                       |       |         |                    | IPV                      |             |         |         |
| Measles, Mumps, Rubella <sup>4</sup>              |     |                           |                          |      |                    | MMR #1                |       |         | MMR #2             |                          | MMR #2      |         |         |
| Varicella <sup>4</sup>                            |     |                           |                          |      |                    | Varicella             |       |         | Varicella          |                          |             |         |         |
| Pneumococcal <sup>4</sup>                         |     |                           | PCV                      | PCV  | PCV                | PCV                   |       |         | PCV                | PPV                      |             |         |         |
| Influenza <sup>2</sup>                            |     |                           |                          |      | Influenza (yearly) |                       |       |         |                    | Influenza (yearly)       |             |         |         |
| Hepatitis A <sup>4</sup>                          |     |                           |                          |      |                    |                       |       |         | Hepatitis A series |                          |             |         |         |

Vaccines below this line are for selected populations

**Strengthening Facility based new-born care:**

1. New-born care corners (NBCC) are being set up at all health facilities where deliveries take place to provide essential new-born care at birth to all new-born babies.
2. Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at FRUs are being set up for the care of sick new-born babies. As on date 401 SNCUs, 1542 NBSUs and 11508 NBCCs are functional across the country.

**In the community:**

1. **Home Based New-born Care (HBNC):** Home based new-born care through Accredited Social Health activists (ASHA) has recently been initiated to improve newly born care practices at the community level and for early detection and referral of sick new-born babies.
2. **Management of Malnutrition:** Emphasis is being laid on the reduction of malnutrition which is an important underlying cause of child mortality. 605 Nutritional Rehabilitation Centres have been established for the management of Severe Acute Malnutrition (SAM). Iron and Folic Acid is also provided to children for prevention of anaemia.
3. **Village Health and Nutrition Days (VHNDs)** are also being organized for imparting nutritional counselling to mothers and to improve child care practices.
4. **Universal Immunization Program (UIP):** Vaccination against seven diseases is provided to all children under UIP.

In addition, the government is providing **capacity building support to health care providers:** Various training are being conducted under National Rural Health Mission (NRHM) to build and upgrade the skills of doctors, nurses and Auxiliary Nurse Midwifery (ANM) for early diagnosis and case management of common ailments of children and care of a new-born at the time of birth.