

POSTNATAL DISCHARGE EXAM FOR BABY

Before the mother and newborn leave the facility

Wash Hands

Assess the baby for these danger signs:

- Stopped feeding well
- Fast breathing: 60 breaths or more in one minute (two counts)
- Chest indrawing
- Grunting
- Nasal Flaring
- Temperature 37.4°C or more OR less than 35.5°C
- Only moves when stimulated, or does not move even on stimulation
- Yellow soles
- Signs of local infection: umbilicus red or draining pus, skin boils and eyes draining pus
- If baby convulsed or fitted since birth
- Bulging Fontanelles

Health Education:

- Keep baby warm
- Wash hands before handling baby
- Feed the baby only breast milk for 6 months
- Keep the cord clean and dry
- Get your child immunized at 6 weeks
- If baby stops feeding, is lethargic, has difficulty breathing, is too hot or too cold, has skin boils, or eyes or umbilicus is draining pus go immediately to CHC or District Hospital
- Low birth weight babies need additional care and at least three extra follow-up visits after delivery in first month

Ask mother and family members if they have any questions

This self-learning tool should be used only as an adjunct & not a replacement to formal training and supportive supervision

POSTNATAL MONITORING

From 1 – 6 hours after delivery check every 2 hours

From 6 – 24 hours after delivery check every 6 hours

Wash Hands

Check Mother:

- Check uterus for firmness
- Look for heavy bleeding
- Check vaginal discharge
- Take temperature
- Take blood pressure and pulse
- Check urination
- Check breasts
- Ask how mother feels and her general condition

Wash Hands

OBSERVE the mother breastfeed at least twice and at discharge

Is the baby well attached and suckling effectively?

- Chin touching breast?
- Mouth wide open?
- Lower lip turned outward?
- More areola visible above than below the mouth?

If not, help the mother to improve positioning and attachment.

Check Baby:

- Breathing (should be less than 60 per minute)
- Temperature (axillary) normal ($36.5^{\circ}\text{C} - 37.4^{\circ}\text{C}$)
(If cold $<36.5^{\circ}\text{C}$ place skin to skin to re warm; re-evaluate after 30 minutes)
- Confirm passage of urine and stool
- Umbilical stump clean and dry
- Eyes and skin
- General condition

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CARE OF THE PREMATURE OR LOW BIRTH WEIGHT BABY

Newborns who weigh between 1.5 kg and 2.5 kg need:

Warmth

- Place skin to skin with mother, secure baby with a cloth and cover both mother and baby
- Keep in this position day and night. When unable, let the mother-in-law or father keep baby skin to skin
- Delay bathing for as long as possible. When bathing make sure the room is warm and baby is dried quickly and put back in skin to skin position

Breastfeeding

- Small babies can often suckle without problems. If needed assist mother with position and attachment.
- If baby is unable to suckle or if s/he tires easily give expressed breast milk with a palladi until able to suckle
- Small babies should feed often, about every 2 hours during the day and night

Hygiene

- Everyone needs to wash hands before touching the baby.
(Small babies are very susceptible to infections)

Danger Signs

- Families need to recognize signs that the baby may be sick Health workers must review these before discharge
- Explain the importance of getting to a referral facility rapidly if any of these signs are found

Encourage the mother and give her confidence that by following this method she is capable of providing the best care for her baby

Small babies need three follow-up visits in first month

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