

CARE OF THE NORMAL BABY AT BIRTH

The module is designed to complement in-service education and orientation of health personnel involved in care of newborns.

LEARNING OBJECTIVES

At the end of this session, participants will be able to:

- Describe basic needs at birth and every day care of the newborn baby
- Describe evidence-based routine care of a newborn baby at birth
- Enumerate the components of 'Clean chain' and 'Warm chain'
- Educate mother how to look after her baby and what to do if her baby is sick

MODULE CONTENTS

The module includes following elements:

- **Text material:** Easy to read format for quick reproduction and essential reference material for the participants. Key messages are highlighted in the boxes.
- **Role-play:** Observing the steps of normal newborn care at birth. Participant will also be provided with an opportunity to do role play.
- **Demonstration:** Demonstration of immediate care of cord and eye at the time of birth.
- **Self-evaluation:** At the end of text, self evaluation based on what has been learnt is included. Feel free to consult your text material, if you need assistance in recapitulating.

I. CARE OF BABY AT BIRTH

1. INTRODUCTION

The first hour after birth has a major influence on the survival, future health, and well being of a newly born infant. The health workers have an important role at this time. The care they provide during this period is critical in helping to prevent complications and ensuring survival. All mothers need help, support, and advice in the initial few days after delivery to ensure proper care of their newly born baby.

2. THE BASIC NEEDS OF A NORMAL BABY AT BIRTH

The four basic needs of ALL babies at the time of birth (and for the first few weeks of life) are:

- i. Warmth
- ii. Normal breathing
- iii. Mother's milk
- iv. Prevention of infection

These basic needs indicate that a baby's survival is totally dependent upon her mother and other caregivers. Therefore it is important to provide proper care to all the neonates immediately after birth. All newborns require essential newborn care to minimize the risk of illness and maximize their growth and development. This care will also prevent many newborn emergencies. For example, the umbilical cord may be the most common source of neonatal sepsis and also of tetanus infection, and good cord care can dramatically reduce the risks of these serious conditions. Exclusive breastfeeding has a significant protective effect against infections. Early breastfeeding and keeping the baby close to the mother reduce the risk of hypothermia and hypoglycemia.

The basic needs of a baby at birth are :warmth, normal breathing , mother's milk and prevention of infections.

Though most of these are discussed in separate modules, a brief overview is given here.

3. CARE OF THE NORMAL NEWBORN AT THE TIME OF BIRTH

The steps to be undertaken at the time of birth for all babies (including those who need resuscitation) are covered in the module on 'Basic resuscitation'. Here, we shall review the steps that are essential for a normal newborn baby at birth. The steps are summarized in the box below:

Immediate care of a normal newborn at the time of birth

1. Call out the time of birth.
2. Deliver the baby onto a warm, clean and dry towel or cloth and keep on mother's abdomen or chest (between the breasts).
3. Wipe both the eyes separately with sterile swab.
4. Clamp and cut the umbilical cord after 1 minute ,if baby breathing well.
5. Immediately dry the baby with a warm clean towel or piece of cloth.
6. Assess the baby's breathing while drying.*
7. Leave the baby between the mother's breasts to start skin-to-skin care for at least an hour.
8. Cover the baby's head with a cap. Cover the mother and baby with a warm cloth.
9. Place an identity label/band on the baby.
10. Encourage mother to initiate breastfeeding (within half an hour of birth).

****if the baby is not crying or breathing well, the next steps of resuscitation have to be carried out after immediate clamping the cord and taking the baby to warmer(as explained in the module on 'Basic resuscitation').***

The individual steps are briefly explained below:

1. **Call out the time of birth**

It is important to call loudly the time of birth - this helps in accurate recording of the time and more importantly, alerts other personnel in case any help is needed.

2. **Receive the baby on to a warm, clean and dry towel or cloth**

The baby should be delivered on to a warm clean towel and kept on the mother's abdomen or chest. If this is not possible, the baby should be kept in a clean, warm, safe place close to the mother.

3. **Immediately dry the baby with a warm clean towel or piece of cloth**

Immediately dry baby the baby but if secretions are present suction first and then dry (this will prevent aspiration as drying itself is stimulation for a baby to breath). Blood or meconium on the baby's skin should be wiped away; however, the white greasy substance covering the baby's body (vernix) should not be wiped off. Because this vernix helps to protect the baby's skin and gets reabsorbed within few hours .

4. **Wipe both the eyes with sterile swab**

Clean the eyes using sterile gauze/cotton. Use separate gauze for each eye. Wipe from the medial side (inner canthus) to the lateral side (outer canthus).

5. Assess the baby's breathing while drying

At the time of drying itself, the baby's breathing should be assessed. A normal newborn should be crying vigorously or breathing regularly at a rate of 40-60 breaths per minute. If the baby is not breathing well, then the steps of resuscitation have to be carried out. (refer to basic resuscitation)

6. Clamp and cut the umbilical cord

The umbilical cord should be clamped after 1 minute using a sterile, disposable clamp or a sterile tie and cut using a sterile blade about 2-3 cm away from the skin.

7. Leave the baby between the mother's breasts to start skin-to-skin care

Once the cord is cut, the baby should be placed between the mother's breasts to initiate skin-to-skin care. This will help in maintaining the normal temperature of the baby as well as in promoting early breastfeeding.

8. Cover the baby's head with a cap. Cover the mother and baby with a warm cloth

Both the mother and the baby should be covered with a warm cloth, especially if the delivery room is cold (temperature less than 25°C). Since head is the major contributor to the surface area of the body, a newborn baby's head should be covered with a cap to prevent loss of heat.

9. Place an identity label on the baby

This helps in easy identification of the baby, avoiding any confusion. The label should be placed on the wrist or ankle.

10. Encourage mother to initiate exclusive breastfeeding

Breastfeeding should be initiated within half an hour of birth in all babies.



DEMONSTRATION

The facilitators will now conduct a demonstration on Immediate care of a normal newborn at the time of birth.

4. ENSURING WARMTH: 'WARM CHAIN'

A baby's skin temperature falls within seconds of being born. If the temperature continues to fall, the baby will become ill and may even die. This is why a baby **MUST** be dried immediately after birth and delivered onto a warm towel or piece of cloth, and loosely wrapped before being placed naked between the mother's breasts or over abdomen.

Keeping the baby between the mother's breasts ensures that the baby's temperature is kept at the correct level for as long as the skin contact continues. This first skin-to-skin contact should last uninterrupted for at least one hour after birth or until after the first breastfeed. The mother and baby should be covered with a warm and dry cloth, especially if the room temperature is lower than 25°C. The steps of prevention of heat loss are explained in the module on 'Thermal protection'.

For maintaining the temperature, it is important to understand the concept of 'Warm chain'. It means that the temperature maintenance should be a continuous process starting from the time of delivery and continued till the baby is discharged from the hospital. The components of warm chain are summarized below:

'WARM CHAIN'

1. At delivery

- Ensure the delivery room is warm (25° C), with no draughts of air
- Dry the baby immediately; remove the wet cloth
- Cover the baby with clean dry cloth
- Keep the baby in skin to skin contact with mother on chest or abdomen



- Postpone bathing/sponging for at least 6 hours or next day

2. After delivery

- Keep the baby clothed and wrapped with the head covered
- Avoid bathing especially in cool weather or for small babies
- Keep the baby close to the mother
- Use kangaroo care for stable LBW babies and for re-warming stable bigger babies
- Show the mother how to avoid hypothermia, how to recognize it, and how to re-warm a cold baby. The mother should aim to ensure that the baby's feet are warm to touch

5. HELPING TO ESTABLISH NORMAL BREATHING

The baby's breathing should be assessed at the time of drying. If the baby is crying vigorously or breathing adequately (chest is rising smoothly at a rate of 40 to 60 times per minute), then no intervention is needed.

However, if the baby is not breathing or gasping, then skilled care in the form of initial steps, positive pressure ventilation etc. might be required. These steps are explained in the module on 'Basic resuscitation'.

6. INITIATING BREASTFEEDING

During the initial skin-to-skin contact position after birth, the baby should be kept between the mother's breasts; this would ensure early initiation of breastfeeding.

Initially, the baby might want to rest and would be asleep. This rest period may vary from a few minutes to 30 or 40 minutes before the baby shows signs of wanting to breastfeed. After this period (remember each baby is different and this period might vary), the baby will usually open his/her mouth and start to move the head from side to side; he may also begin to dribble. These signs indicate that the baby is ready to breastfeed. Baby may also try reaching the breast by making directed movements -called 'Breast Crawl'

The mother should be helped in feeding the baby once the baby shows these signs. Both the mother and the baby should be in a comfortable position. The baby will be put next to the mother's breasts with his mouth opposite the nipple and areola. The baby should attach to the breast by itself when it is ready. When the baby is breastfeeding, attachment and positioning should be checked. The mother should be helped to correct anything which is not quite right. If in the initial first feeding session baby does not latch, don't give any liquid other than breast milk (or colostrum) even if baby doesn't feed.

Most of the babies are ready to take feed with in 30min to one hour. The procedure of counseling and support for breastfeeding are explained in the module on 'Feeding of normal and low birth weight infants'.

7. PREVENTION OF INFECTIONS: 'CLEAN CHAIN'

Babies are secure placed in their mothers' womb. When they are born, they have to be protected from the adverse environment of the surroundings. Cleanliness at delivery reduces the risk of infection for the mother and baby, especially neonatal sepsis and tetanus. Cleanliness requires mothers, families, and health professionals to avoid harmful traditional practices, and prepare necessary materials. Hand washing is the single most important step to be emphasized to both family members and health care workers.

Similar to warm chain, 'Clean chain' has to be followed both at the time of delivery and then till the time of discharge to protect the infant from infections. The components of clean chain are summarized below:

'CLEAN CHAIN'

1. Clean delivery (*WHO's six cleans*)

- Clean attendant's hands (washed with soap)
- Clean delivery surface
- Clean cord- cutting instrument (i.e. razor, blade)
- Clean string to tie cord
- Clean cloth to cover the baby
- Clean cloth to cover the mother

2. After delivery

- All caregivers should wash hands before handling the baby
- Feed only breast milk
- Keep the cord clean and dry; do not apply anything
- Use a clean absorbent cloth as a diaper/napkin
- Wash your hands after changing diaper/napkin. Keep the baby clothed and wrapped with the head covered



SELF-EVALUATION

1. The four basic needs of a baby at the time of birth are:

- i. _____ ii. _____
iii. _____ iv. _____

2. Where should be a baby kept immediately after a normal delivery?

3. How would you clamp and cut the umbilical cord after birth?

4. Enumerate the steps of 'Warm chain'.

At delivery	After delivery
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Mention the benefits of initiating skin-to-skin care immediately after birth:

- i. _____

ii. _____

6. Enumerate the 'Six cleans' one has to follow at the time of delivery:

- i. _____ ii. _____
iii. _____ iv. _____
v. _____ vi. _____

****You will be given individual feedback after you have evaluated yourself.***

8. CORD AND EYE CARE

8.1 Cord care

The umbilical cord can be clamped-cut and tied (according to local custom) while the baby is on the mother's abdomen or on a warm, clean and dry surface.

The steps of clamping, cutting the cord and its care after cutting are summarized in the box below:

Care of the umbilical cord

1. Put the baby on mother's abdomen or chest or on a warm, clean and dry surface close to the mother.
2. Change gloves; if not possible, wash gloved hands.
3. Put ties (using a sterile tie) tightly around cord at 2 cm and 5 cm from the abdomen.
4. Cut between the ties with a sterile instrument (e.g. Blade).
5. Remove blood or meconium by wiping with clean cloth
6. Observe for oozing blood. If blood oozes, place a second tie between the skin and first tie.
7. DO NOT APPLY ANY SUBSTANCE TO THE STUMP.
8. Leave stump exposed and nothing should be placed on it.
9. If stump is soiled, wash it with clean water and dry with a clean cloth

Note: Applying traditional remedies to the cord may lead to infections and tetanus.

8.2 Eye Care

Eye care is given to protect a baby's eyes from infection. In areas where sexually transmitted diseases are common, eye care is needed soon after delivery because infections such as gonorrhoea can be passed to the baby during the birthing process which can result in blindness.

A baby's eyes should be **wiped as soon as possible after birth**. Both eyes should be gently wiped with separate sterile swabs soaked in warm sterile water.

Eye drops (whenever indicated) or ointment should be given **within one hour of delivery**. This can be done after the baby has been dried or when he is being held by his mother.

After instilling the eye drops, care should be taken so that the drug is not washed away.

A baby's eyes should be wiped as soon as possible after birth

In areas where sexually transmitted diseases are common an anti-microbial eye medicine should be applied within one hour of birth

Eye care

Do's:

- Clean eyes immediately after birth with swabs soaked in warm sterile water using separate swabs for each eye. Clean from medial to lateral side
- Give prophylactic eye drops within 1 hour of birth as per hospital policy

Don'ts:

- Do not apply anything else (e.g. Kajal) in the eyes

8. WEIGH THE BABY

Weighing helps identify babies at a higher risk of death.

- < 2500 grams may require special care to prevent low body temperature
- < 2000 grams should receive prolonged skin-to-skin
- < 1500 grams will need referral

Steps to weigh

Refer to section on common procedures

9. EXAMINE THE BABY

A complete examination should be performed within about 60 minutes after birth

- Count the number of breaths during one minute.
- Observe the movement of the limbs when awake, their position when not moving and their tone.
- Observe the skin color.
- Inspect the following body areas for abnormalities: head, face, mouth and palate, chest, abdomen, genitalia, anus, limbs and skin

A well baby should have

- Normal temperature , warm to touch, pink with Weight > 2.5 kg
- Breathe easily at 40-60 breathes/minute
- Move arms and legs equally when active and rest with limbs flexed

Explain to mother the examination findings to allay her concern. Document in case record and ask her to inform you , in case any other concerns develop subsequently.

10. GIVE VITAMIN K

Vitamin K will protect babies from serious bleeding.

- Give vitamin K by intramuscular (IM) injection 1.0 mg for every newborn (0.5 mg for <1000 gms).
- Encourage mothers to breastfeed their baby during the injection for comfort.

11. MONITORING THE BABY

During the first hour after delivery, the baby (and the mother) should be monitored every 15 minutes. Both of them should remain in the delivery room for the first hour to facilitate monitoring.

DO NOT leave the mother and baby alone, monitor every 15 minutes

The three most important parameters that need to be monitored are:

- i. **Breathing**
- ii. **Temperature** or warmth and
- iii. **Color**

The health personnel should monitor these three parameters every 15 minutes in the first hour after birth of the baby. The signs to be looked for are given in the table below:

Table 1 : Monitoring the baby in the first hour after birth

Parameter	What to look for?
Breathing	Listen for grunting; Look for chest in-drawing and fast breathing
Warmth	Check to see if baby's feet are cold to touch (by using dorsum of your hands)
Color	Evaluate the color of the trunk and extremities

11. SPECIAL SITUATIONS

11.1 Caesarean section, instrumental delivery

Caesarean section, instrumental delivery and breech delivery, all carry increased risks to the mother and to the baby. Before delivery, preparation for newborn resuscitation should be made in all these cases, since the need for resuscitation might be more in them as compared to a normal delivery.

Delay between the time of birth and skin-to skin contact & the first breastfeed may happen in each of these special situations. Also, separation is common, leading to babies receiving pre-lacteal feeds in the first hours after birth. If a long delay between delivery and breastfeeding is expected, encourage the mother to express colostrum. If the mother is too ill to express herself, do it for her.

A mother who has delivered by caesarean section should **NOT** be routinely separated from her baby unless either the mother or the baby is sick and needs special care. The baby should be kept in the same room with mother.

Once the baby is born, monitoring every 15 minutes in the first hour will be particularly important.

A baby born by caesarean section or instrumental delivery should not be routinely separated from the mother; these babies need better readiness during delivery and more careful monitoring after birth.

Skin-to-skin contact and breastfeeding in difficult deliveries (caesarean section, instrumental and breech delivery):

- Breastfeeding can begin as soon as the mother is comfortable and able to respond to her baby. It does not have to be delayed
- A mother who was given a general anaesthetic agent should begin skin-to-skin contact as soon as she is able to respond to her baby. This may be initiated within one hour of birth
- A mother who has had an epidural (spinal) anaesthesia may be able to start skin-to-skin contact very soon after surgery
- These mothers will need additional assistance in positioning and attaching the baby comfortably. Breastfeeding in lying down position may be more comfortable in the first days

11.2. HIV and newborn care at birth

Whether a mother is HIV positive or not, follow standard safety precautions (while delivering must be observed and followed) Use HIV kit when needed as per national guidelines while delivering must always be observed and followed when delivering a baby. All HIV infected pregnant women should have PPTCT interventions provided early in pregnancy as far as possible.

Care of the baby at delivery should be no different from the care already described.

If the mother has decided to breastfeed, she should begin skin-to-skin contact as soon as possible after delivery and let her baby breastfeed when she is ready.

If the mother has decided not to breastfeed but has chosen replacement feeding, the first few feeds should be prepared for her. These feeds should be **given by cup NOT bottle**. Avoid mixed feeding.

The salient features of care in these infants are summarized in the box below:

Care of a baby born to HIV+ve mother

1. Standard safety precautions must be followed as with any other delivery.
2. Baby can have immediate skin-to-skin contact as any other mother and baby.
3. Exclusive breast feeding is the recommended feeding choice in their first 6 months, irrespective of the fact that the mother is on ART early (or) infant is provided with prophylaxis for 6 weeks.(preferably)*
4. If mother chooses replacement feeding, prepare formula for the first few feeds. Ensure it is safe ,affordable and sustainable for family.
5. All other care (including cord care and eye care) remains the same.
6. Give oral nevarapine for six weeks to the neonate as per national policy

***Mother should be counseled regarding the mode of feeding before delivery and dangers of mixed feeding**



SELF EVALUATION

1. During the first hour after birth babies need to be monitored every _____ minutes

2. Name the three most important parameters that need to be monitored in the first hour after birth:
 - i. _____
 - ii. _____
 - iii. _____

3. Routine care of eyes at birth includes

4. Babies born by caesarean section should not be routinely _____ from mothers for initial hours after birth.

5. Enumerate the important steps involved in the case of a baby born to HIV+ve mother:

6. For baby born to HIV positive mother -----oral is given for six weeks

****You will be given individual feedback after you have evaluated yourself.***

II. POSTNATAL CARE OF NORMAL BABY

1. INTRODUCTION

All mothers need help, support, and advice in the initial few days after delivery to ensure proper care of their newly born babies. The care and help given to mothers and babies in the first few days after birth are critical in maintaining the normality and preventing any complications in them.

2. WHY DO MOTHERS NEED HELP IN THE INITIAL FEW DAYS OF DELIVERY?

Ideally, all pregnant women should be counseled regarding the care of the baby during the antenatal period itself. This would help them to be mentally prepared to take care of their babies after birth.

After delivery, majority of mothers usually stay for a very short time in the hospital. During this short period, they

- need time to get to know their babies
- need time to rest (since they are often tired and exhausted after delivery)
- In addition, they need to know what care has to be given to their baby and how to carry out the care; they also need to know what to do if their baby is not well

Therefore, it is very important for the health care providers to help the mothers (whether at a health facility or at home) in this crucial time period. First time mothers often need more help and support for the proper care of their infants.

3. CARE AFTER BIRTH

The care a mother and her baby need in the initial few days after delivery can be broadly grouped under the following headings:

3.1 The postnatal environment

A postnatal room should be kept warm with "no draughts of air" from open doors or windows. A temperature of at least 25°C is required to keep a baby warm. Often, a radiant heater, blower or other devices for providing warmth are necessary to maintain the appropriate room temperature especially in winter months.

A mother and her baby should be kept together from birth (in bed or very near to each other). This helps the mother to get to know her baby and form an early close loving relationship (bonding); she can also respond quickly when her baby wants to feed, which helps establish breastfeeding.

In tropical countries, a bed net prevents a mother and baby becoming ill from diseases spread by mosquitoes and other insects (e.g. Malaria).

Postnatal environment

- Ensure that the room is warm with air currents
- Keep mother and baby close together in same room and same bed
- Provide bed nets to sleep

3.2 Every day care of the baby

Here, we shall discuss the every day care needed by ALL newborn babies until the time of discharge from the health facility. The needs are the same even for babies born at home; it is the duty of the health care provider to ensure that each baby receives appropriate care irrespective of the place of delivery.

The key areas of every day care include:

- **Breastfeeding**
- **Warmth**
- **Cord care**
- **Hygiene**

Breastfeeding and warmth (thermal protection) are covered in detail in separate modules; similarly, cord care is explained in earlier section of 'Care at birth'.

The key areas of every day care of a newborn baby include: breastfeeding, warmth, cord care, and hygiene.

3.2.1. Breastfeeding

To support mothers in breast feeding their babies, health workers must be both skilled and knowledgeable. They should know the key points of correct positioning and attachment of the baby to the breast. In addition to teaching about positioning and attachment, health workers must also be able to give mothers the correct information about infant feeding.

Mothers should be informed that in the first few days after birth, only a small amount of thick yellow milk (*Colostrum*) is secreted (if she needs to express at this time, only a teaspoonful can be expressed). They should be reassured that even this much is sufficient for a normal baby in the first 2 days and that the amount of milk secreted will gradually increase. The importance of giving colostrum should be emphasized and any doubts or false beliefs should be clarified.

The steps of breastfeeding counseling and support are covered in detail in the module on 'Feeding of normal and low birth weight babies.' Some important points are summarized below:

Every day care: Breastfeeding

1. Support exclusive breastfeeding **on demand** day and night.
2. Ask the mother to **get help** if there is a breastfeeding difficulty.
3. **Assess** breastfeeding in every baby **before** planning for **discharge**.
4. If the mother reports a breastfeeding difficulty, assess breastfeeding and help her with attachment and positioning.
5. DO NOT discharge the baby if breastfeeding is not established.

3.2.2. Warmth

The essential steps in preventing heat loss and maintaining the normal temperature in a newborn baby are discussed in detail in the module on Thermal protection.

3.2.3. Cord care

Care of the umbilical cord at the time of birth has been explained in the earlier section of 'Care at birth'.

Routine cord care in the first few days of life (until the cord dries and falls off) is summarized below:

Every day care: Keeping the cord healthy

1. Wash hands before and after cord care.
2. Put NOTHING on the stump.
3. Fold nappy (diaper) below the level of the stump.
4. Keep cord stump loosely covered with clean clothes.
5. If stump is soiled, wash it with clean water and soap. Dry it thoroughly with clean cloth.
6. Look for signs of infection (daily)
 - Pus discharge from the cord stump
 - Redness around the cord especially if there is swelling
 - High temperature (more than 37.5°C) or other signs of infection
7. Explain to the mother that she should seek care if the umbilicus is red or draining pus or blood.

It is important to teach the mothers that the umbilical stump should be left dry; they SHOULD NOT APPLY ANYTHING on the stump. Health care providers should look for any possible sign(s) of infection of the umbilical stump (see above). Mother should be explained about these signs and advised to report if they are present.

3.2.4. Hygiene

The important aspects of personal hygiene such as washing, bathing are given in the box below:

Every day care: Ensuring hygiene

1. Wash the face, neck, and underarms of the baby daily.
2. Do not bathe the baby before 24 hours of age or if the baby is cold. In case of small babies, bathe only after the baby reaches a weight of 2000g.
3. If bath is given
 - Ensure room is warm and there is no draught while changing clothes, washing and bathing
 - Use warm water for bathing
 - Thoroughly dry the baby, dress and cover after bath
 - Take extra precautions if the baby is small
4. Wash the buttocks when soiled. Dry thoroughly.
5. Use cloth diaper on baby's bottom to collect stool. Dispose off the stool as for woman's pads. Wash hands after disposing.
6. Do not apply 'Kajal' on eyes

3.3 Looking for danger signs and giving treatment

It is important that mothers, care givers and health workers are able to recognise the signs and symptoms which indicate that the baby is not well ('DANGER SIGNS'). Early recognition of the danger signs will help in identifying those babies who need urgent care and treatment.

The important danger signs are given in the box below:

DANGER SIGNS

1. Not feeding well
2. No movement
3. Fast breathing (more than 60 breaths per minute)
4. Moderate or severe chest in-drawing
6. Jaundice on day 1 or palms or sole stained yellow any age
7. Abnormal movements
9. Fever (temperature $>37.5^{\circ}\text{C}$)
10. Temperature $<35.5^{\circ}\text{C}$ or not rising after re-warming

3.4 Normal neonate: Preparing for discharge

3.4.1 Ensure immunization

All babies should receive the following 3 vaccines within the first week of life and preferably before discharge from the health facility:

- BCG,
- OPV-0,
- Hepatitis B (HB-0)

It is the duty of the health workers to ensure that the baby gets immunized before discharge. Mothers should also be given an 'Immunization card' (if available) and advised regarding the immunization schedule.

3.4.2 Check if the baby is fit for discharge

A baby can be discharged if the following criteria are fulfilled (see box):

Criteria for discharge from a health facility

1. Feeding well (suckling effectively) at least 8 times in 24 hours
2. No danger signs
3. Mother is confident to take care of baby
4. Understands the need for follow up and danger signs when to report early
5. For small baby below 2500gms: feeding well and gaining weight adequately (see module on 'Feeding of normal and low birth weight babies')

Advise on essential care for neonate at discharge

Feed breast milk

- Breast milk is the best and is the only food baby needs for first six months
- Mother needs to breastfeed day and night, at least eight times in 24 hours
- Mothers need to take nutritious meals and should drink lots of clean water
- For a small baby who finds difficult to suckle, express breast milk and collect in a clean cup to feed the baby with a paladai, cup or spoon

Keep clean

- Wash your hands with clean water and soap before every feed and after visiting toilet and handling baby's faeces / urine.
- Keep the surroundings clean
- Keep the cord stump clean, do not apply anything on cord

Keep warm

- Keep the baby well wrapped in a clean dry cloth or blanket (in cold season)
- Cover baby's head with part of cloth / blanket or put a cap on the head
- Keep the room warm avoid direct draught of air
- Keep next to mother for warmth; it promotes lactation and mother-baby bonding
- Encourage KMC for Low birth weight babies

Counsel and educate the mother and family

- Build confidence of the family in taking care of baby at home
- Ensure that the family understands importance of administering prescribed medicines for the whole duration
- Educate mother when to report for follow up after discharge
- Educate mother when to report early if there is worsening of condition at any time after discharge
- Educate mother for signs of well baby feeds on breast, active behavior, pink extremities and trunk & extremities are warm to touch
- Ensure baby is gaining weight on follow up
- Advise for timely immunization

