



सरस्यमेव जयते
Government of Assam



National Health Mission, Assam

Home Based New Born Care (HBNC)

HBNC is a community level activity where an **Accredited Social Health Activist (ASHA)s** visit the homes of mothers and their newborns at defined intervals. She provides counselling on appropriate care of newborn and the mother, which they need after delivery. She also helps identify any danger signs for the new born and ensures timely referral to higher facility if required. This reduces neonatal and infant mortality in the state.

Support for HBNC

The main vehicle to provide HBNC is ASHA, who will be supported and guided by the Auxiliary Nursing Midwifery or ANM.

Home Visit Schedule

6 visits in case of institutional deliveries (Days 3, 7, 14, 21, 28 & 42)

7 visits in case of home deliveries (Days 1, 3, 7, 14, 21, 28 & 42)

Need for HBNC

The visits under HBNC are very important for early identification of neonates, and eventual death.

- > 75% of all neonatal deaths occur during the first 7 days of life. Remaining 25% of deaths between week 2 to 4.
- > 40% of neonatal deaths occur during the first 24 hours of life and on day 3, 10% neonates die.
- > So, the schedule visits under HBNC ensure early referral of sick neonates and thereby reducing mortality.



Key Activities

1. Care of every newborn through a series of home visits in the first 6 weeks of life.
2. Provide information to the mother and other family members on proper newborn care.
3. Examining every newborn for prematurity and low birth weight, in which case extra home visits by ASHA or ANM will be referred.
4. Early identification of illness in the newborn and their appropriate referral.
5. Follow up for sick newborn after discharge from a health facility.
6. Counselling the mother on postpartum care, recognition of postpartum complication and enabling referral.

Important steps to be taken during HBNC

- **Greet the mother or care taker with a smile and address by name**
- **Allow the mother to speak about her and her newborn condition**
- **Start with supporting exclusive breastfeeding. Teach the mother the proper position and attachment for initiating and maintaining a breastfeed.**
- **If there is any problem with breastfeeding, then find out the cause and provide appropriate counselling.**
 - Counsel on skin, cord and eye care.
 - Explain the importance of a hand wash before touching a newborn.
 - Counsel the mother and her family on newborn care. Discourage unhealthy practices such as early bathing and bottle feeding.
 - Support and counsel the mother and family to keep the baby warm and enabling frequent and exclusive breastfeeding.
- **After initial counselling, ASHA will wash her hands with soap and water and thereafter –**
 - She will weigh the newborn. If weight is less than 2.5 Kg, then advice the mother to keep the baby extra warm and feed more frequently. If weight is <1.8 kg, then refer to nearly 'Sick New born Care Unit' (SNCU). On subsequent visits, if the baby (LBW as normed) is not giving weight then refer to SNCU.
 - Measure the temperature. If temperature is <97°F, advice the mother to keep the baby warm by increasing the room temperature, providing skin to skin contact and frequent breast feeding. If temperature is <95.9°F, start with above measures and once the baby is warm then clothe the baby and place in a pre-warmed bed close to the mother. If temperature is >99°F, then a possibility of sepsis is there. Refer to the nearest SNCU.

- Check for yellowish discoloration of skin or eye. Examine under natural daylight by pressing over the skin. If the baby has jaundice since the first day or persists even after 14 days of birth, refer to a SNCU. (see pic 1)

- Check swollen eye or pus from eyes. In case of pus, give an antibiotic ointment.

- Check the umbilical cord for any bleeding or redness and swelling. (see pic 2)

- Examine the newborn for presence of danger signs. Presence of danger signs signify sepsis in the newborn. All newborn with danger signs should be referred to a nearby health facility for timely treatment.



Pic 1



Pic 2

- Check if there is any birth disorder. In case there is any, refer a nearby hospital as per ASHA module under Rastriya Bal Swasthya Karyakram (RBSK). (see pic 3)

- Recognize postpartum complication of mother like excessive bleeding, unconsciousness, temperature >102°F, foul smelling discharge and temperature >100°F, mother speaking abnormally or having fits.

- Counsel the couple to choose an appropriate family planning method.
- Ensure that newborn receive age-appropriate immunization.
- Provide immediate newborn care in case of more deliveries at home or on the way to a health facility.
- Use the checklist for first newborn home visit and fill a home visit form to ensure that ASHA follows all the steps of examination and counselling.

Pic 3



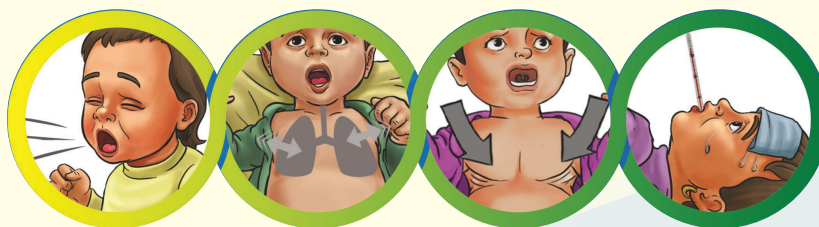
Look for the following danger signs. If any is present, refer the newborn to the closest appropriate help facility:

- > Newborn does not pass stool within 24 hours of birth and does not pass urine within 48 hours of birth.
- > Yellowish discolouration of skin, eye within 24 hours of birth or yellowish discoloration of palm and sole at any time.
- > Bleeding from any site of body including umbilicus.
- > If the newborn is not feeding well, excessive sleepiness and lethargic.
- > Excessive weight loss, despite the newborn taking mother's milk.
- > Difficulty in breathing. Fast breathing (>60 breaths/minutes and or subcostal retraction).
- > Abnormal jerky movements of limbs or convulsions.
- > Excessive body temperature or cold to touch.
- > Bluish discoloration of tongue and lip.
- > Abdominal distension along with repeated vomiting.
- > Pus discharge from umbilicus or swelling and reddish discoloration around the umbilicus.
- > Presence of pallor.
- > >10 skin pustules or a large boil in the body. (see pic 4)
- > Reddish discolouration of eyes with discharge of pus.

Pic 4



Symptoms of Pneumonia



Excessive cough

Rapid breathing

Chest compression

Fever

Pneumonia can be identified by observing the respiratory rate of infants,

Less than 2 months of age if respiratory rate is more than 60 breaths per minute

Between 2 months to 1 year age group if respiratory rate is more than 50 breaths per minute

Between 2 months to 1 year age group if respiratory rate is more than 40 breaths per minute

If these signs are noticed, refer the baby to a nearby hospital. Your action can save the baby from death.

(Dial 104 in case of emergency)

Examination facilities for newborns admitted in Sick Newborn Care Unit (SNCU) and with Low Birth Weight (LBW)

Necessities:

- > The mortality rate in case of newborns discharged from Sick Newborn Care Unit (SNCU) and the ones with Low Birth Weight (LBW) is high.
- > The rate of malnutrition in case of infants with lower birth weight is higher and this leads to high mortality rate in comparison to infants with proper birth rate. Such infants face growth complications if they are not examined properly in their first year of birth.
- > The newborns admitted to Sick Newborn Care Unit (SNCU) have death risk even after release. 65% of such deaths occur within the 1st month of discharge, the 1st week has the highest risk of death. Such newborns are highly prone to growth delay and disabilities.
- > Therefore, it is very important to get proper health checkups of the either kinds of infants in regular intervals by an ASHA. Early detection and timely treatment of newborns suffering from growth issues and sickness at such home-based testing facilities can not only save them but also ensure them a safe life.

Home Visit Schedule:

- > In case of newborns who are allowed to leave the SNCU on the date of discharge is considered as the 1st day. The ASHA worker will do the first home visit examination within 24 hours of release, the remaining home visits will be done according to the HNBC schedule i.e. on the 3rd, 7th, 14th, 21st, 28th and 42nd day. These days will be counted from the first day of discharge.
- > After the 7 home visits, there will be 4 additional home visits in the first year at an interval of three months (at 3 month, 6 month, 9 month and 12 month of age).
- > In case of infants with Low Birth Weight (LBW) or pre-term birth who do not need to be admitted into SNCU, the home visits (till 42 days from birth) will be done according to HNBC schedule. Additional home visits will be done when the baby turns 3 months, 6 months, 9 months and 12 months.

Objectives of Home Visits:

1. To ensure that the baby is given medicines as prescribed by the doctor after discharge from hospital.
2. To ensure visits to the SNCU for check-ups as mentioned in the discharge letter. (usually, the baby should be taken to the hospital on the 8th day of discharge, after 1, 3, 6 months and after 1 year).
3. If there is symptom ensure immediate referral to a hospital.
4. Help the family get in contact with the nearby Anganwadi Centre in order to examine the growth of the baby and get supplementary baby food.
5. Explain the mother about danger signs; if the baby shows any such symptoms ask her to inform immediately.
6. Check whether age wise growth (height and weight) of the baby is properly listed in the growth chart on the Mother and Child Protection Card (MCP Card) and make sure that the baby has a proper growth.

7. Explain to the mother on how to help the baby in its initial growth by using MCP card (page 12 to 25). If there is any delay in growth or the mother informs any such issue then refer them to a nearby ANM/primary healthcentre doctor so that the baby gets timely treatment.
8. To avoid infection, make sure to wash hands with soap and water for extra care of the baby, give counseling to maintain proper body temperature and proper nutrition.
9. Give advice on exclusive breastfeeding in the first 6 months of life. Once the baby completes 6 months, advice on proper nutrition as per age of the baby.
10. Make sure the baby gets age specific vaccination.
11. In case of any complications regarding breastfeeding of infants with low birth weight or pre-term birth, the ASHA workers can teach the mother how to give expressed breast milk to the baby with a spoon.
12. If the baby suffers from diarrhea provide ORS and zinc tablets.
13. Provide IFA syrup, vitamin 'A' as per need.

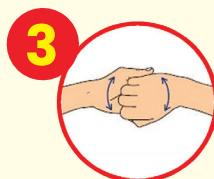
After your scheduled home visit, list down all information at the ASHA HNBC Booklet



Wet your hands with water and rub soap



Rub the palms of your hands with each other



Rub the back of the hand and the spaces between the fingers with the palm and fingers of the other hand



Rub the nails of one hand against the palm of the other



Rotationally rub the thumb of one hand with the other hand and vice versa



Rub and clean your wrist also



Rinse both the hands well with water