CARE OF YOUNG INFANT AGED BIRTH UP TO 2 MONTHS

Name: ___________________________________ Age: _______HC______ Weight: _______kg Temp:______ ºC Date: ____________

CHECK: Is the baby just been delivered? If yes, follow the Helping Babies Breathe approach

ASK: Does the child have any problems? If yes, record here: ____

ASK: Has the child received care at another health facility since birth? If yes, record here: _________________________________

CHECK FOR POSSIBLE BACTERIAL INFECTION AND JAUNDICE (ALL YOUNG INFANTS, CB p. 3) — ALWAYS classify:

- ☐ convulsions with this illness
- ☐ apnoea
- Breaths per minute: ______ Repeat (if required):____ ☐ fast breathing
- ☐ severe chest indrawing
- ☐ nasal flaring or grunting
- ☐ bulging fontanelle
- ☐ fever (37.5ºC or above) or low temperature (below 35.5 ºC or feels cold)
- ☐ only moves when stimulated
- ☐ pus draining from eye ☐ sticky discharge from eyes
- ☐ umbilical redness If yes, does it extend to skin or is pus draining ☐
- ☐ skin pustules present If yes, are they many or severe ☐
- ☐ Any jaundice if age less than 24 hours ☐ Jaundice appearing after 24 hours of age
- ☐ yellow palms and soles

DOES THE YOUNG INFANT HAVE DIARRHOEA? (CB p. 4) ☐ yes ☐ no

- Diarrhoea for_____ days ☐ very young infant (> 1 month) ☐ blood in stool
- ☐ lethargic or unconscious ☐ restless and irritable ☐ sunken eyes
- Skin pinch ☐ Normal ☐ goes back slowly ☐ goes back very slowly (> 2 secs)

If infant has not been seen by health worker before, CHECK FOR CONGENITAL PROBLEMS (CB p. 5)

Check Mother RPR results

- ☐Positive ☐Negative
- ☐Unknown

If positive, Mother is

- ☐ Untreated
- ☐ Partially treated
- ☐ Tx completed > a month before delivery

Check for Priority Signs:

- ☐ Cleft lip or palate
- ☐ Imperforate anus
- ☐ Ambiguous Genitalia
- ☐ Nose not patent
- ☐ Macrocephaly
- ☐Abdominal distension
- ☐Very low birth weight (≤ 2kg)

Check Head and Neck

- ☐Microcephaly
- ☐ Fontanelle or sutures abnormal
- ☐Swelling of scalp, abnormal shape
- ☐Neck Swellings, webbing
- ☐Face, Eyes, Mouth or nose abnormal
- ☐ Unusual appearance I
- ☐Other problems

Check Limbs and Trunk

- ☐Abnormal position of limbs
- ☐Club foot
- ☐Abnormal Fingers and toes, palms
- ☐Abnormal chest, back and abdomen
- ☐Undescended testis or hernia

CONSIDER RISK FACTORS IN ALL YOUNG INFANTS (CB p. 6) — ALWAYS classify:

- ☐Signs/symptoms of congenital TB
- ☐Mother is on TB treatment
- ☐Admitted to hospital for more than three days after delivery
- ☐Infant weighed less than 2 kg at birth
- ☐Known neurological or congenital problem
- ☐Mother has died or is ill
- ☐Infant not breastfed
- ☐Teenage caregiver
- ☐Social deprivation

CONSIDER HIV INFECTION (CB p. 7) — ALWAYS classify:

- Has the child had an HIV (PCR) test? ☐ No test ☐ Pos test ☐ Neg test
- If test is negative, is the child being breastfed (or breastfed in the 6 weeks before the test was done)? ☐ yes ☐ no
- If child not tested, has the mother had an HIV test? ☐ No test ☐ Pos test ☐ Neg test

THEN CHECK FOR FEEDING PROBLEM OR POOR GROWTH (all young infants; CB p. 8-9) — ALWAYS classify:

- Breastfeeding ☐ no ☐ yes ______ times in 24 hours
- Difficulties with feeding ☐ no ☐ yes
- Receiving other food or drinks ☐ no ☐ yes ______ times in 24 hours
- If yes, what do you use to feed the baby? _________________________________
- Plot weight for age ☐ low weight ☐ not low weight
- Weight gain ☐ satisfactory ☐ unsatisfactory ☐ Thrush

If the young infant has any difficulty feeding, or is feeding less than 8 times in 24 hours, taking any other food or drinks, or is low weight for age AND has no indication to refer urgently to hospital, assess breastfeeding (CB p. 8 or 9). Record findings on the back of the recording form.

CHECK THE YOUNG INFANT'S IMMUNISATION STATUS (All young infants; CB p. 10) : Underline those already given - Tick those needed today

☐Birth	☐ BCG	☐ OPV0		
☐6 weeks	☐ DaPT-IPV-HB-Hib1	☐ OPV1	☐ RV1	☐ PCV1
☐10 weeks	☐ DaPT-IPV-HB-Hib2			

Doses needed today:

Next immunisation date:

CONSIDER OTHER RISK FACTORS AND PROBLEMS

ASK ABOUT THE MOTHER OR CAREGIVER'S HEALTH (RECORD FINDINGS AND MANAGEMENT)

TREAT THE SICK YOUNG INFANT

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Return for follow-up in: ______________________________________

Give any immunization today: _______

Name: **Designation:**

Signature: **SANC no:** **Contact no:**

If the young infant has any difficulty feeding, or is feeding less than 8 times in 24 hours, taking any other food or drinks, or is low weight for age AND has no indication to refer urgently to hospital, assess feeding(CB p. 8,9). Record findings here.

Assess breastfeeding

Breastfed in previous hour? ☐ yes ☐ no

If the mother has not fed in the previous hour, ask the mother to put the child to the breast

Observe the breastfeed for four minutes, check attachment:

Chin touching breast ☐ yes ☐ no
Mouth wide open ☐ yes ☐ no
Lower lip turned out ☐ yes ☐ no
More areola above than below the mouth ☐ yes ☐ no

Not attached *Not well attached* *Good attachment*

Is the young infant suckling effectively (that is, slow deep sucks, sometimes pausing)?

Not sucking at all *Not suckling effectively* *Suckling effectively*

If an HIV positive mother has chosen not to breastfeed:

Which breastmilk substitute is the infant receiving?
____

Is enough milk being given in 24 hrs?
☐ yes ☐ no

Correct feed preparation?
☐ yes ☐ no

Any food or fluids other than formula?
☐ yes ☐ no

Feeding utensils?
☐ cup ☐ bottle

Utensils cleaned adequately?
☐ yes ☐ no