Essential Care for Small Babies

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Helping Babies Survive
the 3 main causes of newborn death are preventable and treatable

- Severe infections: 23%
- Complications from preterm birth: 35%
- Intrapartum-related complications: 23%
- Other: 6%
- Congenital: 9%
- Diarrhea: 2%
- Pneumonia: 2%
Essential Care for Small Babies

the well small baby 1500-2500 grams

Content fundamental to care of small babies:

- Thermal support (continuous skin-to-skin care, safe use of incubator and radiant warmer as secondary alternative)
- Nutrition (breastfeeding, breast milk expression, cup and nasogastric feeding)
- Infection prevention
- Daily assessment and discharge planning
- Recognition of problems and danger signs
- Transport for advanced care
Essential Care for Small Babies

Action Plan

Helping Babies Survive
Essential Care for Every Baby

ACTION PLAN

1. Preparing for Birth
   - Birth outside the facility
   - Provide Essential Care
   - Classify

2. Well
   - Maintain thermal care and support breastfeeding
   - Poor feeding
   - Express breast milk
   - Improve thermal care
   - Feed with cup

3. Unwell
   - Problem
     - <1500 g
     - Apnea
     - Card infection
     - Jaundice
     - Feeding intolerance
     - Poor weight gain or excess loss
   - Danger Signs
     - Fast breathing
     - Chest indrawing
     - Temperature <35.5°C
     - >37.5°C
     - Not feeding
     - No movement
     - Convulsions
   - Assess routinely
   - Consider antibiotics
   - Give antibiotics

4. Prevent Infection
   - Breastfeeding
   - Normal temperature
   - Review home care and immunize

5. Stabilize for transport
   - Seek advanced care
Essential Care for Small Babies materials

- Action Plan
- Facilitator Flip Chart
- Provider Guide
- Parent Guide
## Review Key Knowledge

Feeding with a nasogastric tube requires close attention to the baby. In some facilities, mothers may learn to administer feedings.

- Measure the amount to be fed into a container (page 68).
- Confirm tube is secured and the mark on the tube is visible at the edge of the nose.
- Hold the baby semi-upright, preferably skin-to-skin or in the lap.
- Open the nasogastric tube and attach an empty syringe of the correct size (without plunger).
- Pinch off the tube and pour milk into syringe.
- Hold syringe 20cm above the baby and release pinch to allow milk to flow into the stomach.

- If flow does not start
  - Gently insert syringe plunger but do not push or
  - Cover top of the syringe barrel with thumb and release
  - Remove syringe and recap tube when finished.

If baby spits up or chokes, slow the feed by lowering syringe and/or gently pinching tube.

Each feed should take about 10-15 minutes.

When combining nasogastric tube feedings with cup or breastfeeding, adjust for the volume taken by cup or approximate intake at breast.

## Review Key Skills

Work in pairs to play the roles of the mother and the provider.

- Explain to the mother the steps as you administer a feed.
- Discuss feeding tolerance with mother.
- Demonstrate adjusting the flow of milk.

Change roles and repeat practice.

## What to monitor:

- How often do complications occur during nasogastric tube feedings?

## To improve care in your facility:

- What problems occur while feeding a baby by nasogastric tube?
- Who feeds small babies by nasogastric tube in your facility?
- Who responds if problems occur during nasogastric feedings?
Essential Care for Small Babies

*simulation for skill practice*

Skin-to-skin care

Nasogastric feeding

Breast milk expression
ECSB formative evaluation and field testing

*sites and participants*

- WHO Geneva technical expert review and harmonization with guidelines
- Field testing in Nepal and Uganda
  - *Nepal:* 12 Facilitators (from Nepal, India, Bangladesh)
    - 24 Providers
  - *Uganda:* 11 Facilitators (from Uganda, Ethiopia, Kenya)
    - 18 Providers
  - Confidence survey, knowledge check (MCQ), Objective Structured Clinical Evaluations (OSCE), focus group discussions
- Feedback of Asia regional workshop participants (n=70)
ECSB improved confidence and knowledge

Greatest improvement

1. Discharge readiness
2. Readiness to breastfeed
3. Transport
4. Feeding volumes and tolerance
5. Insertion and use of nasogastric tube
### ECSB promoted acquisition of skills

<table>
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<th>OSCE A (12 point max)</th>
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**Average provider score:**

- **OSCE A:** 11.0 (SD 1.0)
- **OSCE B:** 18.2 (SD 2.5)
ECSB as a framework for quality improvement

Process and outcome measures linked to the Action Plan

Is a birth attendant who can help babies breathe present at every delivery?

How often do babies < 2500 g receive skin-to-skin care for the first 24 hours?

How often do small babies remain skin-to-skin with their mothers at birth?

Do all mothers of small babies receive counseling on breastfeeding?
Do all mothers of small babies breastfeed or provide some breast milk?

How often do all babies have the first temperature measured within 90 min of birth?
Do all small babies have a normal first temperature?

How often do small babies lose more than 10% of birth weight?
Do all small babies gain weight adequately beyond the period of initial weight loss?

Do all small babies have a temperature measured and recorded at least daily?
Is the temperature normal?

How often do small babies require referral for advanced care?
Essential Care for Small Babies

*framework for improved survival*

- improved confidence and knowledge of providers
- acquisition of technical and communication skills
- structure for quality improvement
- education and empowerment of families in care of their small baby
Helping Babies Survive
addressing 3 major causes of neonatal mortality

ECEB:
Hygiene, cord care
Skin-to-skin contact
Exclusive breastfeeding
Recognition of danger signs, antibiotic treatment

ECSB:
Continuous skin-to-skin care
Alternative feeding methods
Hygiene
Recognition of problems and danger signs, antibiotic treatment