



Facility Based Newborn Care (FBNC) Operational Guidelines for FBNC Trainings

2014



Ministry of Health and Family Welfare
Government of India



Facility Based Newborn
Care (FBNC) Training

Operational Guidelines



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली – 110108
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Ministry of Health & Family Welfare
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FOREWORD

The newborn health challenge faced by India is bigger than that experienced by any other country. As India makes progress in addressing childhood illnesses, reducing newborn deaths remains a critical challenge, making up a growing percentage of child deaths.

With increasing number of Institutional deliveries under JSY and provision of free entitlements under JSSK it becomes imperative that quality newborn care be provided in these facilities. Facility Based Newborn Care (FBNC) to the sick and preterm newborns is being provided by more than five hundred SNCUs and more than 1700 NBSUs across the country. The service providers require special skills to provide quality care in these units. The capacity and skill building of personnel of these units is being done by the Facility Based Newborn Care (FBNC) training.

The Child Health Division, Department of Health and Family Welfare have prepared Facility Based Newborn Care training-Operational Guidelines especially to enable the State child health nodal officers to plan and organize FBNC trainings in their States. The budget details provided in the manual will guide the nodal officers to work out the budget for these trainings in State PIPs.

I am sure that this manual will be used gainfully by the child health nodal persons and will prove to be one more step towards improving newborn survival in the country.

(Dr. Rakesh Kumar)

Healthy Village, Healthy Nation



एड्स – जानकारी ही बचाव है
Talking about AIDS is taking care of each other



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ACKNOWLEDGEMENT

The Government of India has given the 'call to action' on achieving the goals of reducing maternal, infant and neonatal mortality through the implementation of Reproductive, Maternal, Neonatal, Child and Adolescent health (RMNCH+A) strategy. Keeping these goals in view, training in neonatal resuscitation and facility based newborn care gains great significance. Quality of care at these facilities for newborns will play a key role in the RMNCH+A strategy.

The training manual prepared and being used by the experts of National Neonatology Forum (NNF) for the trainings of doctors and nurses has been adapted and updated by Ministry of Health and Family Welfare for Facility Based Newborn Care training package.

National Collaborative Centre for Facility Based New Care Programme at Kalawati Saran Children's Hospital New Delhi, under the aegis of MoHFW led a group of experts from various institutions along with other organisations namely UNICEF, NNF, UNDP-NIPI, NCHRC and USAID-MCHIP for updating, editing, designing, proofing and printing the manual and giving it the final shape.

The effort of all the experts from different organizations and the National Collaborative Centre for preparing the training manual for doctors and nurses working at the Facility Based Newborn Care (FBNC) units is greatly acknowledged. Capacity building process using this manual will go a long way in saving the lives of the newborns of the country.

Dr Ajay Khera

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Introduction

Remarkable progress has been made in last two decades in reducing the child death rate worldwide by almost 50%. The neonatal mortality rate (NMR-number of newborns dying within 28 days of life per 1000 live births), however has decreased only 36% over the same period (1990-2012).

Globally, neonatal mortality is of interest not only because the proportion of under-five deaths that occur during the neonatal period is increasing while under-five mortality is declining – from about 37% in 1990 to 43% in 2012, but also because the health interventions needed to address the major causes of neonatal deaths differ from those required to address other under-five deaths.

Neonatal health continues to remain a major concern. Globally 59% and in India 69% of infant mortality (deaths before age of one year) is contributed by neonatal deaths. India has made significant progress in addressing this issue as NMR has declined from 53 per thousand live births in 1990 to 29 per thousand in 2012.

This decline of NMR in India is significantly higher at 45.3% compared to the global decline of 34.4% achieved in 1990-2012. The absolute number of deaths of neonates decreased from 12 lakh in 1990 to 7.6 lakh in 2012.

The major causes of neonatal deaths are prematurity and its complications (35%), infection (31%), asphyxia (19%), and congenital causes (9%). It is well known that majority of neonatal deaths can be prevented with the help of simple technology and low cost interventions, which are available but fail to reach those who need them the most.

The Government of India (GoI) under the National Rural Health Mission (NRHM) and Call to Action is committed to further improve newborn care in the

country and bring a significant decline in the neonatal and infant mortality to accelerate progress towards MDGs and 12th Plan targets.

In order to achieve optimal neonatal outcomes it is important to ensure continuum of care from community to facility and back with equal focus on family and community (outreach) oriented services and facility based care. Increase in institutional delivery offers a wonderful opportunity to reach a large number of newborns being delivered in health facilities, ensure quality care at birth and in the immediate postnatal period. Facility based care encompasses care at peripheral health posts such as Sub-centres, Primary Health Centres (PHC), First Referral Units and the District Hospitals(DH). It has been estimated that optimal treatment of neonatal illness can avert upto half of all preventable neonatal deaths.

As a first step towards successfully achieving the targets, the GoI, has operationalized the PHCs for round the clock deliveries and is continuously upgrading the health facilities at the district hospitals and referral centres in terms of inpatient neonatal care.

With an aim to strengthen facility based newborn care (FBNC) under NRHM, facility based programme established special newborn care units for sick newborns for providing comprehensive newborn care by awareness building, sensitization, capacity building and system strengthening. Keeping in view the acute shortage of specialists (pediatricians) at facilities, it becomes important to build skills of the health staff at these facilities to manage referred sick newborns. This programme is now being operationalized country wide.

FBNC training: What is it and how does it help

The goal of newborn care training is to improve the skills of health workers so that they can save newborn lives. The FBNC training package has been developed by a committee of experts constituted by the Ministry of Health & Family Welfare. The committee members included members from professional bodies such as National Neonatology Forum (NNF), Development Partners, and Neonatologists from Medical colleges and field level experts.

The programme includes identification of facilities at various points of health care (subcentres, PHC, CHCs and DHs for establishing Newborn Care Corners (NBCCs), Newborn Stabilizing Units (NBSUs) and Special Newborn Care Units (SNCUs), equipping these centres with the equipment needed for newborn care (according to the operational guidelines), deploying personnel for round the clock newborn care at these centres and ensuring that they are trained to manage newborns at their centres.

FBNC training will help in skill building of the medical officers and staff nurses posted in these units to provide quality care. The training is based on a participatory approach combining classroom sessions with hands-on clinical sessions. The training package includes:

- a) Training Module for doctors and nurses which addresses most of the common issues in newborn care,
- b) NRP Module which has the updated protocols for neonatal resuscitation for doctors and nurses, and
- c) Facilitator's Module for the trainers conducting these trainings.

The training is for four days. During the four days, around fifty percent of the training time is spent in a

health care facility building skills by “hands-on training” and the remaining fifty percent is spent in classroom sessions in order to build a strong theoretical base of common newborn diseases/ conditions to be managed.

Skill development is critical to the implementation of all trainings. Facilitators demonstrate the skills first, following which the participants are made to practice those skills on manikins before they actually use them on patients. This sequence not only makes it easier to apply the skills in actual practice but also ensures safety, besides being a better learning method. Though demonstrations and practice on manikins are helpful, there is no substitute for experience with real mothers and babies. The training course therefore includes supervised time in appropriate clinical settings where trainees can observe and practice clinical skills on patients.

The four-days classroom training is not complete till it is followed by 14 days observership at a recognized state/regional/national collaborating centre and designated for this purpose. The state should designate a medical college to function as State Collaborating Centre. All doctors and nurses working in SNCUs/NBSUs should have undergone the four-days FBNC training. They should also be instructed to carry the Training Module and the NRP Module with them when they come for the observership training. It is mandatory to include the 14 days training while planning for the four days training so that the participant and the manager both are aware of the duration of the training and the purpose of the training is not lost. The batch composition may be planned in such a way that the daily activities of the facility are not compromised. The training coordinator should try to saturate the training of the staff facility wise.

Summary Chart of FBNC Training	
Training	Facility Based Newborn Care (FBNC)
Trainees	Medical officers and staff nurses posted in SNCU. Staff posted at NBSU to be included when all SNCU staff is saturated for training
Trainers	Faculty members of Department of Neonatology from National/Regional/State collaborating Centres, National Facilitators from National Neonatology Forum (NNF) and Indian Association of Neonatal Nurses (IANN)
Venue	Training in a functional SNCU at a district hospital followed by observership at a collaborative centre or at medical college designated for this purpose
Duration	Four days of training followed by two weeks of observership
Batch Size	24 participants per batch for four days training and 6 participants (2 doctors & 4 nurses) for 14 days observership training
Expenditure	Approx. Rs. 4-4.5 lakh per batch for four days training and approx. Rs. 70,000 per batch for observership plus TA/DA to participants as per Government rules.
Monitoring Tool	As per Annexure 1.4 of Operational Guidelines for FBNC, MoHFW 2011

Institutional arrangements

As the training requires coordination at all levels, the state may designate the child health nodal person/ training coordinator/SNCU coordinator to coordinate, conduct (with the help of resource pool of trainers) and monitor these trainings as is done for all the other trainings. State RCH Director may be the overall in-charge. The state may also form an expert group which would help in mentoring, monitoring and reviewing the progress of training.

Training materials like soft copies of modules, videos and facilitator guides will be made available to states for facilitating the training under FBNC. Requirement of funding for printing the training material may be reflected in the State PIPs. Each state should have an estimate of the number of state trainers needed. The state has to first plan a TOT (Training of the Trainers) wherein the faculty of medical colleges, medical officers and staff nurses working in district hospitals with functional SNCUs and dedicated private practitioners inclined to teach may be included. Subsequently, these trainers will serve as state resource pool and will be required not only for training but also for supportive supervision in the state.

The state needs to have the data related to FBNC training in a format provided below.

While training of the staff needs special efforts, ensuring availability of essential drugs, functional equipment and referral mechanisms should also be put in place by the state programme managers. Referral mechanisms should be efficient and functional to ensure that an identified sick newborn can be swiftly transferred to a higher level of care whenever needed. Functioning referral centres should be identified, especially where healthcare systems are weak. Referral institutions identified could be developed as a private-public partnership also. As HBNC programme is already in place and ASHA will also be incentivized for follow up of

SNCU discharges, the SNCUs will be able to have linkages within the community. Availability of FBNC trained manpower at SNCUs should be ensured 24 hours and if possible the trained staff (in FBNC) should not be transferred from the unit for at least 2-3 years. Promoting healthy behavior, recognition of danger signs in a newborn and early care seeking by the families should be ensured by staff at these units, specially at the time of discharge and follow-up as this will go a long way in ensuring the survival of newborns.

The most important task of a programme manager is to choose the appropriate candidates for the training session and ensuring their posting at a facility which provides adequate opportunity to put into practice the new skills learned during the trainings. The training schedules should be planned well in advance and shared with the group so that all those participating in the session can plan accordingly. The details of the four-day training are given in the facilitator Guide.

FBNC trainings are an integral part of Child Health Training and budget for these is allotted under NRHM.

The state has to coordinate with the districts and centres at all levels. There has to be a designated nodal person for FBNC who coordinates within the state. The number of FBNC trainings, observership trainings, budgets and the requirements essential for planning should be put up in the state PIP so that planning for FBNC training becomes easy. The trainings, if not coupled with adequate monitoring and mentoring, fail to have the impact which they are expected to have, hence the programme manager should ensure and coordinate regular monitoring and mentoring visits to the units. To ensure quality trainings, training coordinators have to ensure trainers, participants, logistics and venue.

Cumulative target	Number of persons trained till date	Proposed numbers to be trained	Number of persons completed observership	Number of persons yet to complete observership	Budget approved in a financial year	Expenditure in a year
Medical Officers						
Staff Nurses						

Role of supportive supervision and monitoring

Research has shown that training alone has a limited effect. Trained workers need support and supervision to help them integrate new skills into their job activities. It is never easy to make changes in work routines, especially when the changes involve more than one person and extra effort. Trainers are the ideal people to help trainees make changes to improve the quality of newborn care. They can provide motivation and leadership, answer technical questions, help solve problems, and negotiate with the people in-charge. Therefore, ideally newborn trainers should make regular supervisory visits dedicated exclusively to newborn care. This ensures trainees to retain their new knowledge, master their new skills, and put them to practice.

Facilities where the trained medical officers and nurses are deployed will require strict monitoring by

the state authorities. Following are some of the issues/indicators which must be checked by any supervisor who visits SNCU:

- a) Number of medical officers and staff nurses trained in FBNC at the facility
- b) SNCUs admitting at least six newborns per bed per month
- c) Data recording in standard SNCU case sheets and in SNCU online software
- d) Availability of drugs and functional equipments at SNCU
- e) Number of referrals received from PHCs/CHCs/ASHAs/Private Clinics
- f) Deaths in >1.8kg birth weight babies
- g) Rate of asphyxia in inborn babies



Checklists for FBNC training workshop

Instructional materials needed

Room	Two rooms in total. With one room big enough (>350 sq.ft.) to accommodate 25 - 30 people and other one big enough to accommodate 12-14 (>200 sq.ft.) people at a time.
LCD and Laptop	Two sets
Set of training module	25-30 sets (1 set for each facilitator and 1 set for each participant)
Name tag and holder	30
Note pad	30
Ball pen and markers	30
Folder or bag	30
Manikins	03
Intubation head	01
Self inflating bag and mask	02
Linen	4 baby sheets
Suction catheter	01 of each size 6,8,10,12 and 14 Fr
Oxygen tubing	01
Delee's trap	02
Laryngoscope	01
Endotracheal tubes	Any size- 2.5 to 4.0
Large size doll for role play	2
Facilitator Guide	4
White-boards with white-board markers	2 and 4
Neonatal Resuscitation Pre test and Post Test	60 copies
FBNC Pre test and Post test	60 copies
Participants Manual & NRP Manual	28 copies each

Supplies for classroom sessions

Supplies needed for each person include:			
1	Name tag and holder		
2	Notepad		
3	Ball point pen		
4	Highlighter		
Supplies needed for each group include:(4 groups)			
1	Manikin	1	
2	Self-inflating Bag and Mask	1	
3	Linen (Baby sheets)	2	
4	Suction catheter	1	
5	Oxygen tubing	1	
6	Delee's trap	1	
7	Laryngoscope	1	
8	Endotracheal tube (any size 2.5 to 4.0)	2	
9	Large size doll for role play	1	
10	White board	2	
11	White board markers	4	
12	Laptop with LCD projector and screen	1	

In addition, certain exercises require special supplies such as manikin or a baby doll (or rolled towel to hold like a baby). These supplies are listed in the guidelines for each activity. The guidelines should be reviewed before hand and the supplies needed should be available in advance.

Budgets

FBNC training workshop at the district hospital

Budget Item	Amount (in Rs)
Travel of facilitators from duty station to training venue and back (including local travel, airport and station transfer) 20000 X 4	80,000 (to be paid as per actuals)
Per-diem: 4 resource person 4 X 4000/d X 4 days	64,000
Accommodation for 4 resource person (single room) 4 X 5000 X 4 days	80,000
Accommodation for 24 participants (sharing) 24 X 2000 X 4 days	1,92,000
Lunch, tea/coffee, dinner for 30 people @ 750 per head	22,500
Audiovisual and venue charges	10,000
Training materials: Neonatal Resuscitation Manual @ 200 Participants Manual @ 300 X 24 participants	12,000 (can be supplied by state)
Postage, Xerox and Stationery, etc.	5,000
Secretarial support and support for logistical arrangement	4,000
Miscellaneous (Banner, Photography, contingency)	5,000
Grand Total	474,500

Note: Budget for travel, stay and food to be paid as per actuals with in approved budget.

FBNC training workshop at any collaborative centre

Budget Item	Amount (in Rs)
Honorarium for resource persons 4 X 4000 X 4 days	64,000
Travel of participants from duty station and back 24 X 5000	120,000
Local travel of participants (to training venue and back)	Lump sum 10,000
Accommodation for 24 participants (sharing accommodation) 24 X 2500 X 4 days	240,000
Breakfast, lunch, tea/coffee and dinner for 30 people @ 1000 per person	30,000
Audiovisual and venue charges	10,000
Training modules and materials: (Neonatal Resuscitation Manual, Participants Manual)	12,000 (can be provided by state, GoI or UNICEF)
Postage, Xerox and Stationery etc.	5,000
Secretarial support and assistance for logistics	4,000
Miscellaneous (Banner, Photographs, contingency)	5,000
Grand Total	500,000

Note: Travel and stay to be paid as per actuals with in the approved budget.

Observership training for SNCU staff: 2 weeks

Observership – Medical Officers and Staff nurses of SNCU	@ (in Rs)	No of Persons	Days	in Rs
Travel of participants from duty station and back	5,000	6	-	30,000
Stay of participants	3,000	6	14	252,000
Breakfast/lunch/dinner for participants	1,000	6	14	84,000
Local travel participants	1,000	per batch	12	12,000
Honorarium for Faculty	1,500	2	12	36,000
Contingency for stationery training materials, clerical, and logistic support	-	-	-	Lump sum 6,000
Total				420,000

The trainees undergoing Observership to ensure that the schedule of the observership is shared with them on Day 1 and is followed up regularly along with observing/performing (if allowed) common procedures performed during the stay like IV access, lumbar puncture, OG feeding and exchange transfusion etc. (Dr. Sushma kindly give your comment on this).

Note:

- 1) In case of exceptional needs state may decide to make changes in travel and stay budget
- 2) Travel and stay to be paid as per actuals with in the approved budget

Mentoring visits (perinatal care unit)

Mentoring Visits	@ (in Rs)	No of Persons	Days	in Rs per visit
Travel of resource person including local travel	20,000	2	-	40,000
Accommodation (including dinner/breakfast)	5,000	2	2	20,000
Refreshments/ lunch	250	15	2	7,500
Honorarium of resource person	4,000	2	2	16,000
Total				83,500

Note:

- 1) Each SNCU should plan for at least 4 mentoring visits each year
Additional visits can be planned for SNCUs with higher mortality
- 2) Travel and stay to be paid as per actuals with in the approved budget

Observership: SCNU Training

Place of Observership

Medical College, with a referral Level III Neonatal Intensive care unit and regular Neonatal follow-up clinics Viz : Well Baby Clinic, High risk baby clinic, & Developmental clinic.

Areas of Rotation during observership period with duration

S.No.	No of days	Area
1	1	Orientation, Resuscitation & ETAT
2	2	Labor Room
3	2	Post-Natal Ward
4	1	High Risk Clinic
5	6	NICU

Details of the observership in each area

D1 – Orientation & Neonatal resuscitation

- Orientation of the Hospital areas &
- Neonatal Resuscitation – Structured interactive classroom session
- Emergency triage assessment & training (ETAT)

D2 – Neonatal resuscitation & Session in Labour Room

Structured session	Observed Skills
<ul style="list-style-type: none"> • Setting up of a resuscitation corner • Checklist of equipments for Resuscitation corner • Thermal control at birth & Warm chain • Radiant Warmer • Examination of newborn at birth • Care of normal newborn at birth • Identifying neonates in need of special care • Weighing a neonate 	<ul style="list-style-type: none"> • Preparing / preheating of resuscitation corner • Warmer - Manual mode operation • Setting of suction machine pressure • Preparation of shoulder roll • Assembly of Self inflating bag • Routine care • Positioning/Suctioning/IPPV • Drying & Wrapping of baby • Measurement of temperature • Cord cutting, and application of I band • Vaccination & Vitamin K administration

D3 – Labour room

Structured session	Observed Skills
<ul style="list-style-type: none"> • Documentation • Identification tags • Case records • Register entry • Transport from LR to Neonatal unit 	<ul style="list-style-type: none"> • Resuscitation • Ensuring ROUTINE CARE demonstration to and observation by all participants

D4 –Post-Natal Ward

Structured session	Observed Skills
<ul style="list-style-type: none"> • Examination of newborn – using proforma • Essential newborn care • Identification of common neonatal problems 	<ul style="list-style-type: none"> • Assessment of temp by touch • Thermal care and KMC

D5 – Post Natal Ward

Structured session	Observed Skills
<ul style="list-style-type: none"> • Breastfeeding assessment and counseling using proforma • Discharge planning • Counseling - ALPAC 	<ul style="list-style-type: none"> • Assessing a breastfeed & Counseling

D6 - Structured session on Follow up and Visit to High risk clinic including ROP screening, Hearing assessment & BERA
D7- D12 Neonatal Intensive Care Unit
D7-

Structured session	Observed Skills & Self learning
<ul style="list-style-type: none"> • Orientation of the Unit • Asepsis Routines & Hand washing • Fluid preparation • Drug preparation & Drug dispensing • Safe formula preparation • Utensil cleaning and handling 	<ul style="list-style-type: none"> • Attending Clinical rounds • Observation of Identification, examination and management of various illnesses in NICU

D8-

Structured session	Observed Skills & Self learning
Gestational age assessment (Intrauterine growth charts, Postnatal growth charts) <ul style="list-style-type: none"> • Classification of Babies • Identification of sick neonate • Capillary refill time (CRT) & Shock • Enteral Feeding & supplements for LBW 	<ul style="list-style-type: none"> • Attending Clinical rounds • Observation of Identification, examination and management of various illnesses in NICU

D9-

Structured session	Observed Skills & Self learning
<ul style="list-style-type: none"> • Appropriate use of various charts (e.g. AAP Jaundice charts, Fluid and electrolyte charts, • Assessment and grading of icterus • Performing Sepsis screen • Interpretation of sepsis screen • Rational antibiotic prescribing 	<ul style="list-style-type: none"> • Attending Clinical rounds • Observation of Identification, examination and management of various illnesses in NICU

D10-

Structured session	Observed Skills & Self learning
<ul style="list-style-type: none"> • Counting respiratory rate • Identification and scoring of respiratory distress • Oxygen delivery devices & Safe oxygen therapy 	<ul style="list-style-type: none"> • Attending Clinical rounds • Observation of Identification, examination and management of various illnesses in NICU

D11-

Structured session	Observed Skills & Self learning
<ul style="list-style-type: none"> • Equipment Demonstration – Warmer, Phototherapy, Pulse oximeter, Infusion pump & Glucometer. 	<ul style="list-style-type: none"> • Attending Clinical rounds • Observation of Identification, examination and management of various illnesses in NICU

D12-

Structured session	Observed Skills & Self learning
<ul style="list-style-type: none"> • Safe injection practices • Waste Disposal • Expression of breastmilk • KMC in Mother-baby dyad room 	<ul style="list-style-type: none"> • Attending Clinical rounds • Observation of Identification, examination and management of various illnesses in NICU

Candidates must observe and ensure the following procedures, skills, equipments have been learnt by them during NICU stay

Neonatal Skills & Procedures

- Intramuscular injection
- Intravenous access and blood sample collection
- Oxygen therapy (By Hood and Nasal Prongs)
- Expression of breast milk
- Paladai/cup feeding
- Insertion of feeding tube
- Recording weight, length and head circumference
- Temperature recording
- Kangaroo mother care
- Oro-pharyngeal suction
- Transport of neonates
- Dextrose monitoring
- Abdominal girth Monitoring
- Gestational age assessment
- Classification of Babies
- Identification of sick neonate
- Assessment and grading of icterus
- Capillary refill time (CRT)
- Counting respiratory rate
- Identification and scoring of respiratory distress
- Maintaining temperature of newborn
- Umbilical vein catheterization Endo Tracheal Intubation (Desirable)
- Lumbar puncture
- Exchange transfusion (Desirable)

Equipments

- Weighing scale
- Radiant warmer
- Phototherapy unit
- Bag and mask
- Laryngoscope and ET tubes, nasal cannulas
- Oxygen hoods
- Infusion pumps
- Suction Machine
- Pulse oximeters

Clinical case management

- Low birth weight – Prematurity & IUGR
- Birth asphyxia
- Respiratory distress
- Sepsis
- Jaundice
- Seizures
- Metabolic problems
- Hypothermia

Asepsis routine and House Keeping

- Cleaning of floor
- Cleaning of Walls
- Preparation and disinfection of neonatal bed
- Disinfection and sterilization of various equipment
- Hand washing routine and wearing of gloves

Counseling

- Skills – Verbal (ALPAC) and non – verbal
- Early postnatal counseling
- Breast feeding counseling
- Counseling regarding sick neonate
- Discharge counseling
- Counseling following death of neonate

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In collaboration with:



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