ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT AGE UP TO 2 MONTHS

DO A RAPID APRAISAL OF ALL WAITING INFANTS

ASK THE MOTHER WHAT THE YOUNG INFANT'S PROBLEMS ARE

- Determine if this is an initial or follow-up visit for this problem.
  - If follow-up visit, use the follow-up instructions
  - If initial visit, assess the young infant as follows:

USE ALL BOXES THAT MATCH INFANT'S SYMPTOMS AND PROBLEMS TO CLASSIFY THE ILLNESS.

CHECK FOR VERY SEVERE DISEASE (POSSIBLE SERIOUS BACTERIAL INFECTION - PSBI), PNEUMONIA AND LOCAL BACTERIAL INFECTION

ASK

- Is the infant having difficulty in feeding?
- Has the infant had convulsions (fits)

LOOK AND FEEL:

- Count the breaths in one minute. Repeat the count if 60 or more breadths per minute
- Look for severe chest indrawing.

} YOUNG INFANT MUST BE CALM

- Measure axillary temperature
- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules.
- Look at the young infant's movements. *If infant is sleeping, ask the mother to wake him/her.*
  - Does the infant move on his/her own? *If the infant is not moving, gently stimulate him/her.*
  - Does the infant move only when stimulated but then stops?
  - Does the infant not move at all?

Classify ALL YOUNG INFANTS

SIGNS	CLASSIFY	TREATMENT (Urgent pre-referral treatments are in bold print)
Any one or more of the following signs: • Not able to feed since birth, stopped feeding well or not feeding at all or • Convulsions or • Severe chest indrawing or • Fever (37.5°C* or above) or • Low body temperature (less than 35.5°C*) or • Movement only when stimulated or no movement at all, or • Fast breathing (60 breaths per minute or more) in infants less than 7 days old	**VERY SEVERE DISEASE (PSBI)**	• ***Give first does of intramuscular gentamicin*** • ***Give first dose of oral amoxicillin (if the infant can swallow).Give IM ampicicillin if infant critically sick or cannot swallow*** • ***Treat to prevent low blood sugar.*** • ***Refer URGENTLY to hospital.***** • ***Advise mother how to keep the infant warm on the way to the hospital.*** • ***If referral is refused or not possible, further assess and classify the young infant (as on page 35) and treat accordingly***
• Fast breathing (60 breaths per minute or more) in infants 7 to 59 days old	**PNEUMONIA**	• Give amoxicillin • Advice mother to give home care and when to return immediately • Follow up in 4 days.
• Umbilicus red or draining pus • Skin pustules	**LOCAL BACTERIAL INFECTION**	• Give amoxicillin. • Teach mother to treat local bacterial infections at home. • Advise mother to give home care and when to return immediately. • Follow up in 4 days.
• No signs of very severe disease or local bacterial infection	**SEVERE DISEASE OR LOCAL INFECTION UNLIKELY**	• Advise mother to give home care and when to return immediately

**These thresholds are based on axillary temperature*
***If referral is refused or not possible, see page 35,36*

THEN CHECK FOR JAUNDICE

ASK:

- When did jaundice first appear

LOOK AND FEEL:

- Look for jaundice (yellow skin on face)
- Look at the young infant's palms and soles. Are they yellow?

Classify JAUNDICE

SIGNS	CLASSIFY	TREATMENT (Urgent pre-referral treatments are in bold print
• Any jaundice if age less than 24 hours or • Yellow palms and soles at any age	**SEVERE JAUNDICE**	➢ ***Treat to prevent low blood sugar*** ➢ ***Refer URGENTLY to hospital.*** ➢ ***Advise mother how to keep the infant warm on the way to the hospital.*** ➢ ***If referral is refused or not possible, further assess and classify the young infant (as on page 11) and treat accordingly.***
• Jaundice appearing after 24 hours of age and • Palms and soles not yellow	**JAUNDICE**	➢ Advise the mother to give home care for the young infant. ➢ Advise mother to return immediately if palms and soles appear yellow. ➢ If the young infant is older than 3 weeks, refer to a hospital for assessment.
• No jaundice	**NO JAUNDICE**	➢Advise the mother to give home care for the young infant.

THEN ASK: Does the young infant have diarrhoea*?

IF YES, LOOK AND FEEL:

- Look at the young infant's general condition:

  Infant's movements
  - Does the infant move on his/her own?
  - Does the infant move only when stimulated but then stops?
  - Does the infant not move at all?

  - Is the infant restless and irritable?

- Look for sunken eyes.

- Pinch the skin of the abdomen.
  Does it go back:
  - Very slowly (longer than 2 seconds)?
  - or slowly?

Classify DIARRHOEA FOR DEHYDRATION

SIGNS	CLASSIFY	TREATMENT (Urgent pre-referral treatments are in bold prints)
Two of the following signs: • Movement only when stimulated or no movement at all • Sunken eyes • Skin pinch goes back very slowly.	**SEVERE DEHYDRATION**	• ***If infant has no other severe classification:*** ○ ***Follow Plan C to treat severe dehydration quickly. Start IV fluid immediately, or refer urgently for IV fluid. If that is not possible, start rehydration by NG tube.*** • OR • ***If infant also has another severe classification:*** ○ ***Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ○ ***Advise mother to continue breastfeeding.*** • ***If referral is refused or not possible, further assess and classify the young infant (as on page 12) and treat accordingly.***
Two of the following signs: • Restless, irritable • Sunken eyes • Skin pinch goes back slowly.	**SOME DEHYDRATION**	• Give fluid and breast milk for some dehydration (Plan B). • OR • ***If infant also has another severe classification:*** ○ ***Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way.*** ○ ***Advise mother to continue breastfeeding.*** • Advise mother when to return immediately • Follow-up in 2 days if not improving
•Not enough signs to classify as some or severe dehydration.	**NO DEHYDRATION**	• Give fluids and breast milk to treat for diarrhoea at home (Plan A) • Advise mother when to return immediately

* ***What is diarrhoea in a young infant?***

A young infant has diarrhoea if the stools have changed from usual pattern and are many and watery (more water than fecal matter).

The normally frequent or semi-solid stools of a breastfed baby are not diarrhoea.

THEN CHECK THE YOUNG INFANT FOR HIV INFECTION

ASK:

- Has the mother had an HIV test?

  If yes:

  – Serological test POSITIVE or NEGATIVE?

- Has the infant had an HIV test**?**

  If yes:

  – Virological test POSITIVE or NEGATIVE?

  – Serological test POSITIVE or NEGATIVE?

If mother is HIV positive and NO positive virological test in child, ASK:

- Is the young infant breastfeeding now?
- Was the young infant breastfeeding at the time of test or before it?
- Are the mother and young infant on PMTCT ARV prophylaxis?

IF NO test: Mother and young infant status unknown

Perform HIV test for the mother. If positive, perform virological test for the young infant. A virological test in most cases will be done by using a Dried Blood Spot (DBS) and sending to reference laboratory. It is important to confirm the true status of all exposed infants as soon as possible.

Classify HIV INFECTION by test results

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold print)
• Infant has positive virological test	**CONFIRMED HIV INFECTION**	• Give cotrimoxazole prophylaxis from age 6 weeks • Refer or give HIV care/ART • Assess the infant's feeding and counsel as necessary • Advise the mother on home care • Follow-up as per national guidelines
• Mother HIV positive AND negative virological test in young infant who is breastfeeding or stopped less than 6 weeks ago **OR** • Mother HIV positive, young infant not yet tested **OR** • Infant has positive serological test (HIV antibody test)	**HIV EXPOSED: POSSIBLE HIV INFECTION**	• Give cotrimoxazole prophylaxis from age 6 weeks • Start or continue ARV's for prophylaxis • Assess the infant's feeding and give appropriate feeding advice • Do virological test at age 6 weeks or repeat 6 weeks after the child stops breastfeeding • Advise the mother on home care • Follow-up regularly
• Negative HIV test for mother or child	**HIV INFECTION UNLIKELY**	• Treat, counsel and follow-up existing infections • Advise the mother about feeding and about her own health

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT* FOR AGE IN ALL BREASTFED INFANTS

ASK:

- Is the infant breastfed? If yes,how many times in 24 hours?
- Does the infant usually receive any other foods or drinks?
  - If yes, how often?
  - If yes, what do you use to feed the infant?

LOOK AND FEEL:

- Determine weight for age.
- Look for ulcers or white patches in the mouth (thrush).

ASSESS BREASTFEEDING:

- Has the infant breasted in the previous hour?

  If the infant has not fed in the previous hour, ask the mother to put her infant to the breast. Observe the breastfeed for 4 minutes.

  (If the infant was fed during the last hour, ask the mother if she can wait and tell you when the infant is willing to feed again.)

- Is the infant well attached?

  not well attached *good attachment*

  TO CHECK ATTACHMENT, LOOK FOR:

  - *More areola seen above infant's top lip than below bottom lip*
  - *Mouth wide open*
  - *Lower lip turned outwards*
  - *Chin touching breast*

  (All of these signs should be present if the attachment is good).

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

  not suckling effectively *suckling effectively*

  ➢ Clear a blocked nose if it interferes with breastfeeding.

Classify FEEDING

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold prints)
• Not well attached to breast or • Not suckling effectively, or • Less than 8 breastfeeds in 24 hours, or • Receives other foods or drinks, or • Low weight for age, or • Thrush (ulcers or white patches in mouth)	**FEEDING PROBLEM Or LOW WEIGHT FOR AGE**	• If not well attached or not suckling effectively, teach correct positioning and attachment. • • If not able to attach well immediately, teach the mother to express breast milk and feed by a cup • If breastfeeding less than 8 times in 24 hours, advise to increase frequency of feeding. Advise her to breastfeed as often and for as long as the infant wants, day and night. • If receiving other foods or drinks, counsel mother about breastfeeding more, reducing other foods or drinks, and using a cup. • If not breastfeeding at all: - Refer for breastfeeding counselling and possible relactation. - Advise about correctly preparing breast-milk substitutes and using a cup. • Advise the mother how to feed and keep the low weight infant warm at home • If thrush, teach the mother to treat thrush at home. • Advise mother to give home care for the young infant. • Follow up any feeding problem or thrush in 2 days. • ➢ Follow-up low weight for age in 14 days.
• Not low weight for age and no other signs of inadequate feeding.	**NO FEEDING PROBEM**	• Advise mother to give home care for the young infant. • ➢ Praise the mother for feeding the infant well.

***If an infant weighs more than 1500 gms and has no indications for referral to hospitals**

THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT FOR AGE IN INFANTS RECEIVING NO BREAST MILK

(use this chart when an HIV positive mother has chosen not to breastfeed)

ASK:

- What milk are you giving?
- How many times during the day and night?
- How much is given at each feed?
- How are you preparing the milk?
  - Let mother demonstrate or explain how a feed is prepared, and how it is given to the infant.
- How is the milk being given?
  Cup or bottle?
- How are you cleaning the feeding utensils?
- Are you giving any breast milk at all?

What foods and fluids in addition to replacement feeds are given

LOOK, LISTEN, FEEL:

- Determine the weight for age.

Look for ulcers or white patches in the mouth (thrush).

Classify FEEDING

SIGNS	CLASSIFY AS	TREATMENT (Urgent pre-referral treatments are in bold)
• Giving inappropriate replacement feeds, or • Giving insufficient replacement feeds, or • Milk incorrectly or unhygienically prepared, or • Using a feeding bottle, or • An HIV positive mother mixing breast and other feeds before 6 months, or • Low weight for age, or • Thrush	**FEEDING PROBLEM Or LOW WEIGHT FOR AGE**	➢ Counsel about feeding ➢ Explain the guidelines for safe replacement feeding ➢ Identify concerns of mother and family about feeding. ➢ If mother is using a bottle, teach cup feeding. ➢ If thrush, teach the mother to treat it at home. ➢ Follow-up FEEDING PROBLEM or THRUSH in 2 days. ➢ Follow up LOW WEIGHT FOR AGE in 7 days.
• Not low weight for age and no other signs of inadequate feeding	**NO FEEDING PROBLEM**	➢ Advise mother to continue feeding, and ensure good hygiene ➢ Praise the mother for feeding the infant well

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION AND MOTHER'S VITAMIN A STATUS

IMMUNIZATION SCHEDULE:

AGE	VACCINE				VITAMIN A
Birth*	BCG**	OPV-0***			20000 IU to the mother within 6 weeks of birth
6 weeks	PENTA 1****	OPV-1	ROTAV-1	PCV-1	

* Birth Hepatitis B dose will be introduced and oral Polio will be converted to injectable in Sierra Leone
** Children who are HIV positive or unknown HIV status with symptoms consistent with HIV should not be vaccinated with BCG
*** Oral polio(OPV-0) should not be given after 13 days
**** PENTA contains DPT (Diphtheria, Pertussis and Tetanus), HIB (Haemophilus B) and Hepatitis B vaccines

ASSESS OTHER PROBLEMS

ASSESS MOTHERS OWN HEALTH

Counsel The Mother About Her Own Health

- ***If the mother is sick, provide care for her, or refer her for help.***
- ***If she has a breast problem (such as engorgement, sore nipples, breast infection) provide care for her or refer her for help.***
- ***Advise her to eat well to keep up her own strength and health.***
- ***Advise her to sleep (with baby) under Insecticide Treated Bed net.***
- ***Make sure she has access to:***
  - ***Family planning***
  - ***Counselling on STD and AIDS prevention***

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IF THE YOUNG INFANT IS CLASSIFIED AS VERY SEVERE DISEASE (PSBI), GIVE PRE-REFERRAL TREATMENTS AND REFER URGENTLY

1. Give First Dose of Gentamicin Intramuscularly

- Desired range is 5–7.5 mg/kg/day in once daily injection. In low birth weight infants, give 3–4 mg/kg/day in once daily injection.
- **Preparation:** From a 2 ml vial containing 40mg/ml, remove 1 ml gentamicin from the vial and add 1 ml distilled water to make the required strength of 20 mg/ml

WEIGHT	**Gentamicin** (strength 20 mg/ml) **Amount per dose**
1.5 to 2.4 kg	**0.4 ml**
2.5 to 3.9 kg	**0.8ml**
4.0 to 5.9 kg	**1.2 ml**

2. Give First Dose of Oral Amoxicillin (if the infant can swallow) and if too sick to swallow give IM ampicillin (see page 13)

WEIGHT	**Amoxicillin** Desired range is 75 to 100 mg/kg/day in 2 divided doses		
	Dispersible tablet 250 mg	**Dispersible tablet 125 mg**	**Syrup 125 mg/5ml**
1.5 to 2.4kg	**1/4 tablet**	**1/2 tablet**	**5 ml**
2.5 to 3.9kg	**1/2 tablet**	**1 tablet**	**10 ml**
4.0 to 5.9kg	**1 tablet**	**2 tablets**	**20 ml**

3. Treat the Young Infant to Prevent Low Blood Sugar

- ***If the young infant is able to breastfeed:***

  Ask the mother to breastfeed the young infant.

- ***If the young infant is not able to breastfeed but is able to swallow:***

  Give 20–50 ml (10 ml/kg) expressed breastmilk before departure. If not possible to give expressed breastmilk, give 20–50 ml (10 ml/kg) sugar water. ***(To make sugar water: Dissolve 4 level teaspoons of sugar (20 grams) in a 200-ml cup of clean water = 0.1g/ml)***

- ***If the young infant is not able to swallow you can start by :***

  Giving a small volume of glucose in the mouth under the tongue as some will be absorbed in the mouth.
  [Aim for approximately 0.15g/kg note: 50% dextrose contains 0.5g/ml and 10% dextrose contains 0.1g/ml]

4. Refer Urgently

- ***If the infant also has SEVERE DEHYDRATION:***

  Give the mother some prepared ORS and ask her to give frequent sips of ORS on the way.

  Advise mother to continue breastfeeding.

- ***Teach the Mother How to Keep the Young Infant Warm on the Way to the Hospital***

  Provide skin to skin contact, OR

  Keep the young infant clothed or covered as much as possible all the time. Dress the young infant with extra clothing including hat, gloves, socks and wrap the infant in a soft dry cloth and cover with a blanket.

WHERE REFERRAL IS REFUSED OR NOT POSSIBLE, FURTHER ASSESS AND CLASSIFY THE SICK YOUNG INFANT

Assess further	Classify	Treatment
Young infant has any one of the following: • Unable to feed • History of Convulsions • Infant does not move even when stimulated or is unconscious • Persistent vomiting* • Bulging fontanelle	**CRITICAL ILLNESS**	➢ ***Explain to the parents that the infant needs urgent referral to hospital for care and cannot receive the necessary care in outpatient clinic.*** ➢ ***Give first dose of intramuscular gentamicin.*** ➢ ***Give first dose of oral amoxicillin (if child can swallow)but IM ampicillin is alternative*** ➢ ***Treat to prevent low blood sugar.*** ➢ ***Refer URGENTLY to hospital.*** ➢ ***Advise mother how to keep the infant warm on the way to the hospital.*** ➢ ***Arrange transportation and help solve other difficulties in referral.***
Young infant has any one of the following: • Not feeding well on observation • Temperature 38^{o}C or more • Temperature less than 35.5^{o} C • Severe chest indrawing • Movement only when stimulated	**CLINICAL SEVERE INFECTION**	➢ Treat at outpatient clinic with daily intramuscular gentamicin for 2 days. ➢ Give oral amoxicillin for 7 days. ➢ Teach the mother how to give the oral amoxicillin twice daily. ➢ Advise mother to return tomorrow for the second injection. ➢ Reassess the child daily during treatment (see Follow-up Care).
Young infant has: • Fast breathing (60 breaths per minute or more) in infants <u>less than 7 days old</u>**	**FAST BREATHING PNEUMONIA**	➢ Give oral amoxicillin for 7 days. ➢ Teach the mother how to give the oral amoxicillin twice daily. ➢ Reassess the infant on day 4 but advise mother when to return immediately (see Follow-up Care and Home Care

*Persistent vomiting is defined as vomiting following three attempts to feed the infant within 30 minutes, and the infant vomits after each attempt.
**Note that young <u>Infant 7-59 days old</u> having fast breathing (60 breaths per minute or more) does not necessarily need to be referred; treat at outpatient clinic with oral amoxicillin but ensure clear advice on when to return.

WHERE REFERRAL IS REFUSED OR NOT POSSIBLE, TREAT THE YOUNG INFANT WHO HAS CLINICAL SEVERE INFECTION WITH IM GENTAMICIN AND ORAL AMOXICILLIN

➢ *Give IM Gentamicin to Young Infants with CLINICAL SEVERE INFECTION where Referral is Refused or Not Possible*

- Desired range is 5–7.5 mg/kg/day in once daily injection. In low birth weight infants, give 3–4 mg/kg/day in once daily injection.
- **Preparation**: From a 2ml vial containing 40mg/ml, remove 1ml gentamicin from the vial and add 1 ml distilled water to make the required strength of 20 mg/ml.

	GENTAMICIN (Strength 20 mg/ml)
WEIGHT	**Amount per dose**
1.5 to 2.4 kg	**0.4 ml**
2.5 to 3.9 kg	**0.8 ml**
4.0 to 5.9 kg	**1.3 ml**

- **Ask the mother to bring back the young infant tomorrow for a second injection**

➢ *Give Oral Amoxicillin where Referral is Refused or Not Possible.*

- **To young infants with CLINICAL SEVERE INFECTION**
- **To young infants <u>less than 7 days old</u> with PNEUMONIA (fast breathing alone)**
- **Note if young infant is too sick to take oral medicine referral to a hospital should be encouraged and intramuscular ampicillin should be given (see page 13)**

	AMOXICILLIN Desired range is 75 to 100 mg/kg/day divided into 2 daily oral doses **Give twice daily for 7 days**		
WEIGHT	**Dispersible Tablet 125 mg**	**Dispersible Tablet 250 mg**	**Syrup 125 mg in 5 ml**
1.5 to 2.4 kg	**1/4 tablet**	**1/2 tablet**	**5 ml**
2.5 to 3.9 kg	**1/2 tablet**	**1 tablet**	**10 ml**
4.0 to 5.9 kg	**1 tablet**	**2 tablets**	**20 ml**

➢ Teach the mother how to give the oral antibiotic at home (page 37).

TREAT THE YOUNG INFANT

➢ *Teach the Mother to Give Oral Drugs at Home*

Follow the instructions below for every oral medicine to be given at home. Also follow the instructions listed with each medicine's dosage table.

- Determine the appropriate medicines and dosage for the child's age or weight.
- Tell the mother the reason for giving the medicine to the child.
- Demonstrate how to measure a dose.
- Watch the mother practice measuring a dose by herself.
- Ask the mother to give the first dose to her child.
- Explain carefully how to give the medicine, then label and package the medicine.
- If more than one medicine will be given, collect, count and package each medicine separately.
- Explain that all the tablets or syrups must be used to finish the course of treatment, even if the child gets better.
- Check the mother's understanding before she leaves the clinic.

Give Oral Amoxicillin

- **Local Bacterial Infection:** Give oral amoxicillin twice daily for 5 days
- **Pneumonia (fast breathing alone) in infant 7-59 days old:** Give oral amoxicillin twice daily for 7 days

	AMOXICILLIN Desired range is 75 to 100 mg/kg/day divided into 2 daily oral doses **Give twice daily**		
WEIGHT	**Dispersible Tablet 125 mg**	**Dispersible Tablet 250 mg**	**Syrup 125 mg in 5 ml**
1.5 to 2.4 kg	**1/4 tablet**	**½ tablet**	**5 ml**
2.5 to 3.9 kg	**1/2 tablet**	**1 tablet**	**10 ml**
4.0 to 5.9 kg	**1 tablet**	**2 tablets**	**20 ml**

TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

➢ *Teach the Mother How to Treat Local Bacterial Infections at Home*

- Explain how the treatment is given.
- Watch her as she does the first treatment in the clinic.
- Tell her to return to the clinic if the infection worsens.

To Treat Skin Pustules or Umbilical Infection

The mother should do the treatment twice daily for 5 days:

- Wash hands
- Gently wash off pus and crusts with soap and water
- Dry the area
- Paint the skin or umbilicus/cord with full strength gentian violet (0.5%)
- Wash hands again

To Treat Thrush (ulcers or white patches in mouth)

The mother should do the treatment 4 times daily for 7 days:

- Wash hands
- Paint the mouth with half-strength gentian violet (0.25%) using a clean soft cloth wrapped around the finger
- Wash hands again

➢ *Immunize Every Sick Young Infant, as needed.*

➢ *To Treat the Young Infant with Diarrhoea, Give Extra Fluids and Continue Feeding.*

See TREAT THE CHILD Chart.

COUNSEL THE MOTHER

TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING

- Show the mother how to hold her infant.
  - with the infant's head and body in line.
  - with the infant approaching breast with nose opposite to the nipple
  - with the infant held close to the mother's body.
  - with the infant's whole body supported, not just neck and shoulders.

- Show her how to help the infant to attach. She should:
  - touch her infant's lips with her nipple
  - wait until her infant's mouth is opening wide
  - move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple.

- Look for signs of good attachment and effective suckling. If the attachment or suckling is not good, try again.

TEACH THE MOTHER HOW TO EXPRESS BREAST MILK

Ask the mother to:

- Wash her hands thoroughly.
- Make herself comfortable.
- Hold a wide necked container under her nipple and areola.
- Place her thumb on top of the breast and the first finger on the underside of the breast so they are opposite each other (at least 4 cm from the tip of the nipple).
- Compress and release the breast tissue between her finger and thumb a few times.
- If the milk does not appear she should re-position her thumb and finger closer to the nipple and compress and release the breast as before.
- Compress and release all the way around the breast, keeping her fingers the same distance from the nipple. Be careful not to squeeze the nipple or to rub the skin or move her thumb or finger on the skin.
- Express one breast until the milk just drips, then express the other breast until the milk just drips.
- Alternate between breasts 5 or 6 times, for at least 20 to 30 minutes.
- Stop expressing when the milk no longer flows but drips from the start.

TEACH THE MOTHER HOW TO FEED BY A CUP

- Put a cloth on the infant's front to protect his clothes as some milk can spill.
- Hold the infant semi-upright on the lap.
- Put a measured amount of milk in the cup.
- Hold the cup so that it rests lightly on the infant's lower lip.
- Tip the cup so that the milk just reaches the infant's lips.
- Allow the infant to take the milk himself. DO NOT pour the milk into the infant's mouth

TEACH THE MOTHER HOW TO KEEP THE LOW WEIGHT INFANT WARM AT HOME

- Keep the young infant in the same bed with the mother.
- Keep the room warm (at least 25°C) with home heating device and make sure that there is no draught of cold air.
- Avoid bathing the low weight infant. When washing or bathing, do it in a very warm room with warm water, dry immediately and thoroughly after bathing and clothe the young infant immediately.
- Change clothes (e.g. nappies) whenever they are wet.
- Provide skin to skin contact as much as possible, day and night. For skin to skin contact:
  - Dress the infant in a warm shirt open at the front, a nappy, hat and socks.
  - Place the infant in skin to skin contact on the mother's chest between her breasts. Keep the infant's head turned to one side.
  - Cover the infant with mother's clothes (and an additional warm blanket in cold weather).
- When not in skin to skin contact, keep the young infant clothed or covered as much as possible at all times. Dress the young infant with extra clothing including hat and socks, loosely wrap the young infant in a soft dry cloth and cover with a blanket.
- Check frequently if the hands and feet are warm. If cold, re-warm the baby using skin to skin contact.
- Breastfeed the infant frequently (or give expressed breast milk by cup).

COUNSEL THE HIV POSITIVE MOTHER

Counsel the HIV positive mother who is not breastfeeding (or the caretaker of a child who cannot be breastfed)

The mother or caretaker should have received full counselling before making this decision

- Ensure that the mother or caretaker has an adequate supply of appropriate breast milk substitute replacement feed.
- Ensure that the mother or caretaker knows how to prepare milk correctly and hygienically and has the facilities and resources to do so.
- Demonstrate how to feed with a cup and spoon rather than a bottle.
- Make sure that the mother or caretaker understands that prepared feed must be finished within an hour after preparation.

Make sure that the mother or caretaker understands that mixing breastfeeding with replacement feeding may increase the risk of HIV infection and should not be done.

Teach the Mother How to Feed by a Cup

- Put a cloth on the infant's front to protect his clothes as some milk can spill
- Hold the infant semi-upright on the lap.
- Put a measured amount of milk in the cup.
- Hold the cup so that it rests lightly on the infant's lower lip.
- Tip the cup so that the milk just reaches the infant's lips.
- Allow the infant to take the milk himself. DO NOT pour the milk into the infant's mouth.

Approximate amounts of formula needed per day

Age in Months	Weight in Kilos	Approximate amount of formula in 24 hours	Approximate number of feeds and amounts per feeds
Birth	3	400 ml	8 x 50 ml
4 weeks	3	450 ml	8 x 60 ml
2 months	4	600 ml	7 x 90 ml
3 months	5	750 ml	6 x 120 ml
4 months	5	750 ml	6 x 120 ml
5 months	6	900 ml	6 x 150 ml
6 months	8	900 ml	6 x 150 ml

HOW TO PREPARE COMMERCIAL FORMULA MILK



- Wash your hands before preparing the formula.

- Make ____ ml for each feed. Feed the baby ____ times every 24 hours.

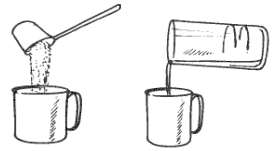


- Always use the marked cup or glass to measure water and the scoop to measure the formula powder. Your baby needs _____ scoops.



- Measure the exact amount of powder that you will need for one feed.

- Boil enough water vigorously for 1 or 2 seconds.



- Add the hot water to the powdered formula. The water should be added while it is still hot and not after it has cooled down. Stir well.

- Only make enough formula for one feed at a time. Do not keep milk in a thermos flask because it will become contaminated quickly.



- Feed the baby using a cup. Discard any unused formula, give it to an older child or drink it yourself.



- Wash the utensils.

- Come back to see me on _____.

COUNSEL THE MOTHER

➢ Advise the Mother to Give Home Care for the Young Infant

1. EXCLUSIVELY BREASTFEED THE YOUNG INFANT (for breastfeeding mothers)

- Give only breastfeeds to the young infant.
- Breastfeed frequently, as often and for as long as the infant wants, day or night, during sickness and health.

2. MAKE SURE THAT THE YOUNG INFANT IS KEPT WARM AT ALL TIMES

- In cool weather cover the infant's head and feet and dress the infant with extra clothing.

3. WHEN TO RETURN:

Follow up visit	
If the infant has:	**Return for first follow-up in:**
• JAUNDICE	1 Day
• PNEUMONIA • LOCAL BACTERIAL INFECTION • FEEDING PROBLEM • THRUSH • DIARRHOEA	3 Days
• LOW WEIGHT FOR AGE	14 Days
• CONFIRMED HIV INFECTION or POSSIBLE HIV INFECTION/HIV EXPOSED	14 Days

4. **WHEN TO RETURN IMMEDIATELY:**

Advise the caretaker to return immediately if the young infant has any of these signs:
• Breastfeeding poorly • Reduced activity • Becomes sicker • Develops a fever • Feels unusually cold • Develops Fast breathing • Develops Difficult breathing • Palms and soles appear yellow

FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

➢ *VERY SEVERE DISEASE (PSBI) where REFERRAL IS REFUSED OR NOT POSSIBLE*

- ➢ Reassess the young infant at the next contact for injection (day 2) and at day 4.
- ➢ Young infants with fast breathing alone should be checked as often as possible but it is mandatory to do so on the day 4 of treatment.
- ➢ ***Refer*** young infant if:
  - Infant **becomes worse** after treatment is started or
  - Any **new sign of CLINICAL SEVERE INFECTION** appears while on treatment or
  - Any sign of CLINICAL SEVERE INFECTION **is still present** after day 8 of treatment
- If the young infant is improving, complete the 2 days treatment with IM gentamicin. Ask the mother to continue giving the oral amoxicillin twice daily until all the tablets are finished.
- Ask the mother to bring the young infant back on day 4.

➢ *PNEUMONIA*

- ➢ Reassess the young infant for VERY SEVERE DISEASE, PNEUMONIA AND LOCAL BACTERIAL INFECTION.
- ➢ ***Refer*** young infant if:
  - Infant **becomes worse** after treatment is started or
  - Any **new sign of VERY SEVERE DISEASE** appears while on treatment
- ➢ If the young infant is improving, ask the mother to continue giving the oral amoxicillin twice daily until all the tablets are finished.
- Ask the mother to bring the young infant back on day 4.

FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

➢ *LOCAL BACTERIAL INFECTION*

After 3 days:

- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules.

Treatment:

- If umbilical ***pus or redness remains same or is worse***, refer to hospital. If ***pus and redness are improved***, tell the mother to continue giving the 5 days of antibiotic and continue treating the local bacterial infection at home.
- If skin pustules are ***same or worse***, refer to hospital. If ***improved***, tell the mother to continue giving the 5 days of antibiotic and continue treating the local bacterial infection at home.

➢ *JAUNDICE*

After 1 day: LOOK for jaundice. Are palms and soles yellow?

- If **palms and soles are yellow**, refer to hospital.
- If palms and soles are not yellow, but jaundice **has not decreased**, advise the mother about home care and ask her to return in 24 hours for follow up.
- If jaundice **increasing** and child has other problems or **if palms and soles become yellow** refer to hospital
- If jaundice has **started decreasing**, reassure the mother and ask her to continue home care. Ask her to return for follow up at 3 weeks of age.

After 3 weeks of age: If **jaundice of continues beyond 3 weeks' age**, refer the young infant to hospital for further assessment.

➢ *DIARRHOEA*

After 2 days, ASK: Has the diarrhoea stopped?

- If the diarrhoea has **not stopped**, assess and treat the young infant for diarrhoea (see pages 38, 15,16)
- If the diarrhoea has **stopped**, tell the mother to continue exclusive breastfeeding.

FOLLOW-UP CARE FOR THE SICK YOUNG INFANT

➢ *LOW WEIGHT FOR AGE*

After 14 days:
Weigh the young infant and determine if the infant is still low weight for age.
Reassess feeding. Use "Then Check for Feeding Problem or Low Weight for Age" above (page 30).

- If the infant is ***no longer low weight for age***, praise the mother and encourage her to continue.
- If the infant is ***still low weight for age, but is feeding well***, praise the mother. Ask her to have her infant weighed again within a month or when she returns for immunization.
- If the infant is ***still low weight for age and still has a feeding problem***, counsel the mother about the feeding problem. Ask the mother to return again in 14 days (or when she returns for immunization, if this is within 14 days). Continue to see the young infant every few weeks until the infant is feeding well and gaining weight regularly or is no longer low weight for age.

Exception:
If you do not think that feeding will improve, or if the young infant has ***lost weight***, refer to hospital.

➢ *THRUSH*

After 2 days:
Look for ulcers or white patches in the mouth (thrush).
Reassess feeding. Use "Then Check for Feeding Problem or Low Weight for Age" above (page 30).

- If ***thrush is worse***, or the infant has ***problems with attachment or suckling***, refer to hospital.