Study to Assess the Impact of Counselling by FLWs for Weak Newborn in Bahadurpur Block, Darbhanga District in Bihar

By

Tulika Chakraborty

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Miss Tulika Chakraborty** student of MBA Health and Hospital Management from The IIHMR University, Jaipur has undergone internship training at **CARE India, Bihar** from **4th Feb 2019 to 4th May 2019.**

The Candidate has successfully carried out the study on **A study to assess the impact of counseling by FLWs for weak newborn in Bahadurpur block, Darbhanga district in Bihar** assigned to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dr Col. Ashok kaushik
Proctor and Dean
The IIHMR University,Jaipur

17 May 2019.

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CERTIFICATE

The certificate is awarded to
TULIKA CHAKRABORTY

In recognition of having successfully completed her
Internship in the department of

Bihar Technical Support Programme
and has successfully completed her Project on

STUDY TO ASSESS THE IMPACT OF COUNSELLING BY FLWs FOR WEAK NEW BORN IN BAHADURPUR, DARBHANGA, BIHAR
04th FEB'19- 03rd MAY'19
CARE INDIA, BIHAR

She comes across as a committed, sincere & diligent person who has a strong drive
and
zeal for learning
We wish her all the best for the future endeavors

Deputy Director-Human Resources

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A study to assess the impact of counseling by FLWs for weak newborn in Bahadurpur block, Darbhanga district in Bihar** and submitted by **Tulika Chakraborty** Enrollment Number **684** under the supervision of **Dr. Alok Kumar Mathur** for award of MBA in Hospital and Health Management in Indian Institute of Health and Hospital University carried out during the period from 4th April to 4th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

Acknowledgement

At the phase of the completion of my project I would like to thank all the faculty IIHMR University, who have helped us in gaining knowledge. I would also express my gratitude to Mr. Ashok Kaushik, Dean Academics in IIHMR University for giving us constant inspiration.

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List of Abbreviation

1. **WNB – Weak New Born**
2. **ANM- Auxiliary Nurse Midwife**
3. **ASHA-Accredited Social Health Activists**
4. **AWW- Anganwadi Workers**
5. **FLW- Front Line Worker**
6. **KMC- Kangaroo Mother Care**
7. **NICU- Newborn Intensive Care Unit**
8. **SNCU- Special Newborn Care Unit**

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Introduction

What are weak newborns?
The Government of India recommends that the presence of any one of the following criteria should identify a neonate at high risk of death:

1. Birth before 37 completed weeks of pregnancy.
2. Birth weight less than or equal to 2000 grams.
3. Baby not feeding strongly from Day-1 of birth.

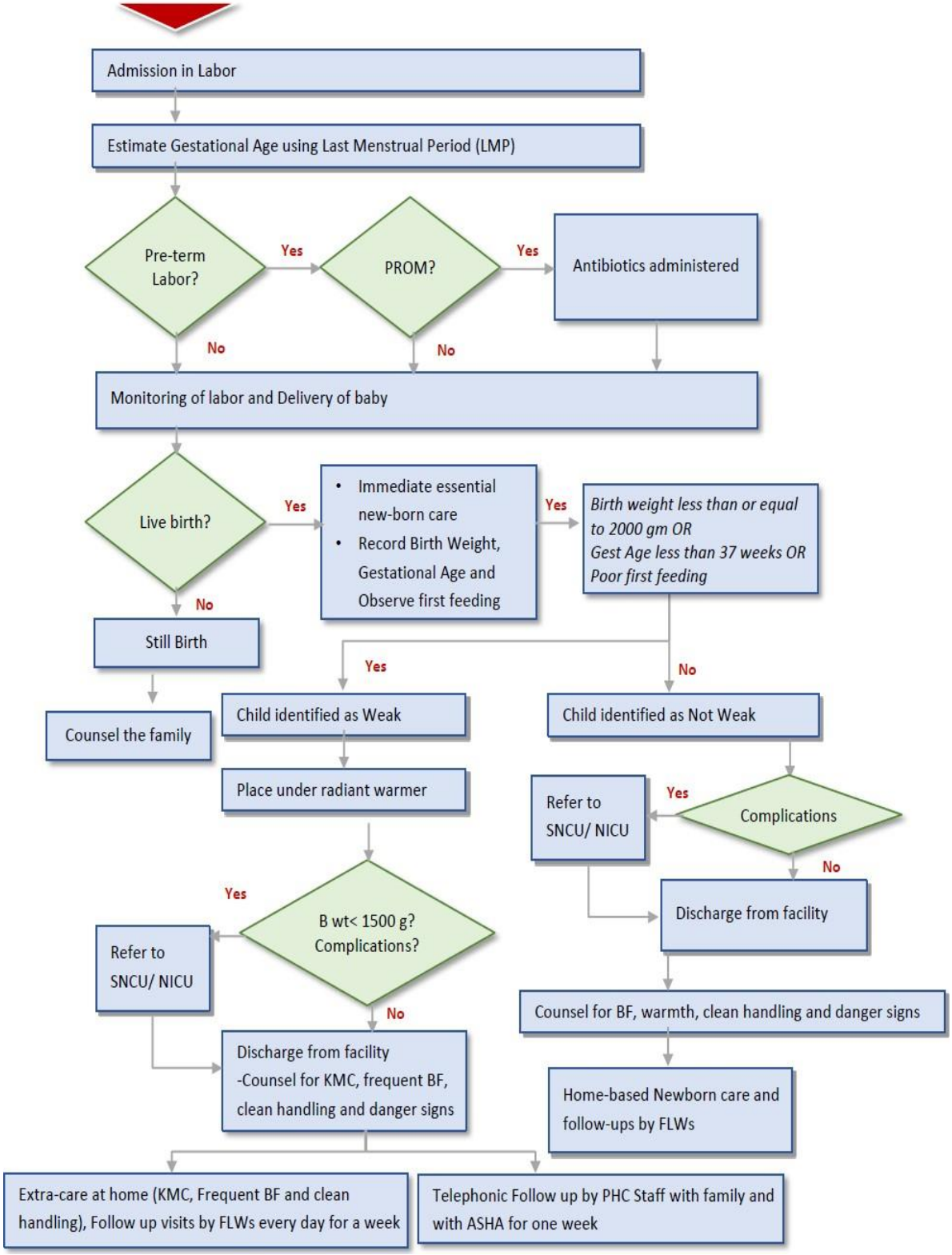
Babies born with these characteristics (preterm, birth weight which is equal to or less than 2000g or not able to suck the milk properly from the first day) are referred to as the 'Weak New Born'. Babies who later develop signs of severe infection may be referred to as 'Sick New Born'.
Follow up of all preterm/LBW babies at home: Once a baby is identified as preterm/LBW, the concerned ASHA/AWW/ANM can be notified and expected to follow up closely through home visits until the baby starts breastfeeding normally and gain weight at home using provisions of existing HBNC (Home Based New Born care) guidelines for ASHA and ICDS MIS guidelines for AWW. Over time, ASHA and AWW can be trained to provide support and counselling for KMC as well as the use of expressed breast milk for feeding babies who do not suckle strongly enough.

The pregnant woman is admitted in the hospital on the onset of labor pain. The estimated gestation age is measured by using the date of Last Mensural Period (LMP). If it is found that the labor is preterm (37week or less after conceiving) it is noted whether the woman is going through Premature Rapture Of Membrane (PROM) or not. If the condition of PROM is noticed the pregnant women is administered with antibiotics. The delivery is monitored.

If it is live birth, immediate essential newborn care is provided to the infant. The birth weight, gestation age and first breast feeding are observed. If the birth weight is equals to 2000gms or less or gestation age is less than 37weeks or infant cannot suck breast milk properly then the infant is identified as weak newborn.

After the infant is identified as weak newborn, he/she is placed under radiant warmer. If the infant weighs less than 1500gms or any other complication is noticed, then he/she is referred to Special Newborn Care Unit (SNCU). After the condition of the baby is stable, he/she is discharged and counseling is provided to the family member of the infant for KMC, frequent breast feeding, hygiene, etc. Telephonic follow up is taken by the staff of PHC from the family members as well as the ASHA for a week.

Figure 1: Delivery at Public Facility



1) Babies born in public health facilities (PHC)
    a) At all delivery points in public facilities, for vaginal deliveries:
        i) An estimate of gestational age: On admission of the delivery case, LMP is recorded and EDD as well as Date of Maturity in all delivery cases is estimated. If a first or second-trimester ultrasound report is available, it is used to estimate gestational age.
        ii) Preterm: In the case of preterm labor with premature rupture of membranes, antibiotics is started according to the protocol "Guidelines for Pregnancy Care and Management of Common Obstetric Complications by Medical Officers".
        iii) Immediate newborn care: The immediate care of the baby at birth using the standard protocol (placed on mother's abdomen covered with a clean dry cloth; wiping using dry cloth; assessing at 30 seconds for asphyxia, cutting the cord after a minute).
        iv) Birth weight: Before the mother leaves the labor room, weigh the baby without clothes in a warm environment, preferably using a digital scale. Recording accurate birth weight in the case sheet and in the delivery/labor room register.
        v) Record gestational age: Recording the estimated EDD and gestational age in the case sheet and the delivery/labor room register.
        vi) Observation of the first feed: Ensuring that the baby is first breastfed before the mother leaves the labor room.
        vii) Observe the breastfeed and record any observed deficiencies in the case sheet. Particularly observing the vigor of breastfeeding.
        viii) Determining whether weak or normal: Based on the estimated gestational age (less than 37 completed weeks), birth weight (less than or equal to 2000gms) and observed vigor of breastfeeding (not feeding or feeding very feebly from the outset), decided whether the baby is weak or not.
        ix) Management of weak babies in the facility: After immediate care, managing all weak babies according to the following protocol:
            1) Place under radiant warmer as per protocol, if available and functioning, for as long as possible until the newborn start sucking breastmilk properly.
            2) If there are complications, feeding problems or if the known gestational age is less than 34 weeks, the newborn is referred to the nearest SNCU/NICU.
            3) All another preterm/VLBW babies may be handed over to the mother, with counselling and asked to practice those practices at home after discharge
                a) Kangaroo mother care – It is advised to continue KMC at home. KMC can be provided by any family member, not necessarily only by the mother.
                b) Handwashing using soap need to be practiced each time before any family member touches the newborns.
                c) Frequent breastfeeding-waking the baby every 1-2 hours, particularly if the baby is a weak feeder. Early initiation of breastfeeding within 1hour so that the colostrum is fed to the baby. No pre-lacteals should be given to the baby.
            4) While discharging the weak newborn:

a. Counsel for KMC, frequent breastfeeding and keeping the newborn in clean and hygienic environment is given to the mother.
b. Counsel for danger signs of sickness (reduced interest in breastfeeding, reduced activity, fever, convulsions, rapid breathing, etc.) are advice to return to the facility or to go to higher facility or SNCU in case of these danger signs.
c. Informing the family that they will be visited everyday by the ASHA/AWW and will receive calls from the PHCs to enquire about the baby's wellbeing. Ensuring that the correct address and contact number of the family are recorded in the delivery/labor room register.

xii) After discharge of a weak baby:

a. Deliveries in PHCs of the same block where the family stays:
    i. Notify the concerned ASHA/AWW and ANM if they are yet not aware of the birth of a preterm/VLBW in their catchment areas. They should be notified preferably on the day of discharge, to ensure that follow up at home is immediately started.
    ii. Making calls every alternate day to the family from the PHC for one week and recording findings in the provided format.
    iii. Making calls every alternate day to the concerned ASHA from the PHC for one week, record findings in provided format.
    iv. ANM reviews progress and outcomes of all identified weak babies, documenting survival at one month, six months and twelve months.
b. Deliveries at any other delivery point (DH or other Block PHC)
    i. Communicate details of the case (name, address, phone number, date of delivery, gestational age, birth weight, any complications) to the concerned PHC.
    ii. Continue telephonic follow up as above, until follow up is established by the concerned PHC.

Rationale

1. Neonatal mortality in Bihar has decreased in the last few years to reach 28/1000 live births in 2013 that is 80,000 neonatal deaths per annum. This continues to be the major contributor to infant mortality (42/1000 live births)1 and under-five mortality in the state (54/1000 live births in 2013 as per SRS 2014 and 70/1000 live births as per AHS 2012-13). The three main immediate causes account for the bulk of neonatal mortality are complications of preterm birth, birth asphyxia and infections (sepsis). Of these, preterm newborns are particularly important since preterm babies are also at greater risk than full term babies for death from asphyxia or sepsis. The exact incidence of preterm birth in Bihar is not known; the WHO estimates that 10-15% of all births in India are preterm births. This translates to approximately 380,000 preterm births out of the annual birth cohort of 2,865,000. 27% of under-five deaths are from preterm birth complications i.e. about 42000 deaths which are about half of all neonatal deaths. It is widely acknowledged that interventions that reduce the incidence of preterm birth and improve specific care of preterm babies in home and facility settings will be useful to bring about substantial reductions in neonatal mortality rates, and consequently, child mortality rates. In context of Bihar:
   Immediate opportunities for addressing mortality from preterm birth.
   Identification of preterm labor and weak newborn in government facilities: Overall 63.8% of all births in Bihar take place in institutions, most of them in government hospitals (47.7%). All these births can be screened for preterm birth. At least 50-60% of all weak newborn babies in the state can be identified in government facilities alone. Such babies may be placed under radiant warmers for a short period while they are assessed for stability and a decision is taken whether to refer to an SNCU or to be sent home with the mother. Before sending home, kangaroo mother care can be taught and practiced, and the family is counselled regarding care of the baby at home including breastfeeding, thermal care and hygiene.

2. Identification of preterm labor and preterm/LBW babies in deliveries that take place in non-government institutions or at home: All ASHA/AWW/ANM are expected to track all pregnancies starting from early registration of pregnancy until delivery is completed. Early registration offers an opportunity for accurately recording the last menstrual period (LMP) and estimating the Expected Date of Delivery (EDD), as well as the Date of Maturity (DOM), before which any birth would be considered preterm. Another opportunity of identifying preterm/LBW babies is the Day 1 home visit that all ASHA are expected to conduct for all delivery cases. Currently, women who deliver in private hospitals or at home tend to be neglected by ASHA, which needs to be corrected. ASHA should be trained to screen babies born at home to determine if the baby is preterm/LBW and whether the baby can be cared for at home.

3. Full utilization of available SNCUs for care of preterm/LBW babies who cannot be cared for at home: It is preferable to ensure the care of all preterm/LBW babies in SNCU settings as per prescribed criteria for SNCU admissions.

Literature Review

- To increase the weight of the infant admitted in intensive care unit by usage of expressed milk. The plan of the study includes counselling of would be mother by showing educational videos and brochures during antenatal care, reminder calls were given to the mothers to follow certain good practices in postnatal period to improve the weight of the infants, kangaroo mother care were given to the infants. The results show that low birth weight infants started expressing more breast milk than before.
- 467 infants were selected on the basic of randomized control trial from an intensive care unit. In one group pre term low birth weight infants were given kangaroo mother care in the time of breast feeding while the other group was consisting of pre term low birth weight infants who were kept on incubator. The result shows that the infants who received kangaroo mother care can initiate breastfeeding more easily and frequently than the infant kept in incubator.

Methodology
This portion of the report gives the information of the study area, setting in which study has been done and data collection method.

Study Setting
The study was conducted in a block of Darbhanga district called Bahadurpur. Darbhanga is a district of northern Bihar. The population of Bahadurpur is 263539.

Study Area
The study is conducted in Bahadurpur which is a block in Darbhanga district.

Study Design
The cross-sectional study was used for assessment of this study. The cross-sectional study is those that takes a subset of the population as the entity of the study. It is an observational study.

The newborn born in the PHC of Bahadurpur who are referred as weak newborn after delivery because of their low birthweight (less than 2000gms), they are born before 37 weeks (preterm babies) and they are poor in sucking breastmilk. These newborns are tracked for a month to note the change in their body weight.
The parents' of these newborns were asked whether any FLW visited them in 1st, 3rd , 7th, 15th and 30th day after discharge of the mother and the newborn from the PHC.

Interview Method
Data were collected by interviewing family of the newborns born in the PHC in the month of March. Data was collected from 23 families by visiting them personally and interviewing them from time to time (4 visit for each family). On the end of the month telephonic call was made to them to interview for the last and final time.
With the help of ASHA, the weight of the newborns was recorded after a month.

Interview Schedule

1st Interview	Second day after infant was discharged from the hospital
2nd Interview	After 5th day baby was discharged from the hospital.
3rd Interview	After a week baby was discharged from the hospital
4th Interview (Telephonic Interview)	After 15days baby was discharged from the hospital
5th Interview	After 30 days infant was discharged from the hospital. Weight of the infant is also recorded.

Sample Size
All newborn born in the month of March in Bahadurpur PHC, who were referred to as weak newborn are taken as a subject for the study, that is, the whole sample was taken as the sample size except those who were excluded in the exclusion criteria. There were total 23 weak newborn born in the month of March in the PHC.

Inclusion criteria

- The babies who have birth weight of 2000gms or less.
- The babies who were born on 37 weeks (preterm babies)
- The babies who cannot suck breastmilk properly after birth.

Exclusion criteria

- Newborn who died within 24 hours after delivery.
- Family who left the block before 30days after delivery.

Research question

What is the effect of counselling done by the FLW on the weight of the new weak born?

Research Objective

To measure the impact of counselling done by FLW to increase the weight of the weak new born (From the Incremental Learning Approach module 8 of Poshan Abhiyan guideline, it is noted that a normal infant of age group 0-3months should gains 200gms weight per week).

Data Analysis

A) Counselling done by FLW

Total Counselling by FLW	Frequency
5th time	3
4th time	6
3rd time	6
2nd time	1
1st time	4

Table 1 Total number of FLW counselling of family member of WNB in the period of 1month

This section presents the counsel provided by the FLW during her 1st visit (first day after delivery), 2nd time (3rd day after delivery), 3rd time (7th day after delivery), 4th day (15th day after delivery) and 5th time (30th day after delivery).
From the table, we can depict that FLW mostly home visit the newborn on 7th and 15th day after delivery.

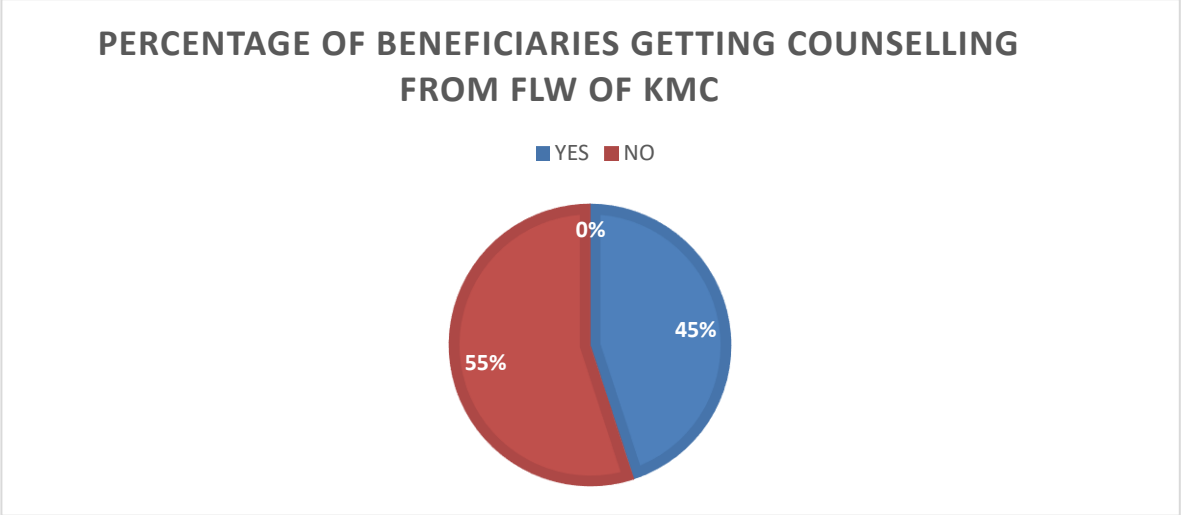


Fig1 Data set showing percentage of beneficiaries getting counselling from FLW of KMC for March 2019 in Bahadurpur

The graph depicts the percentage of beneficiaries getting counselling from FLW of KMC in the month of March 2019. From the study it has been observed that 41% of beneficiaries got counseling of KMN from the FLW, 50% of the beneficiaries did not get counseling of KMN from the FLW.

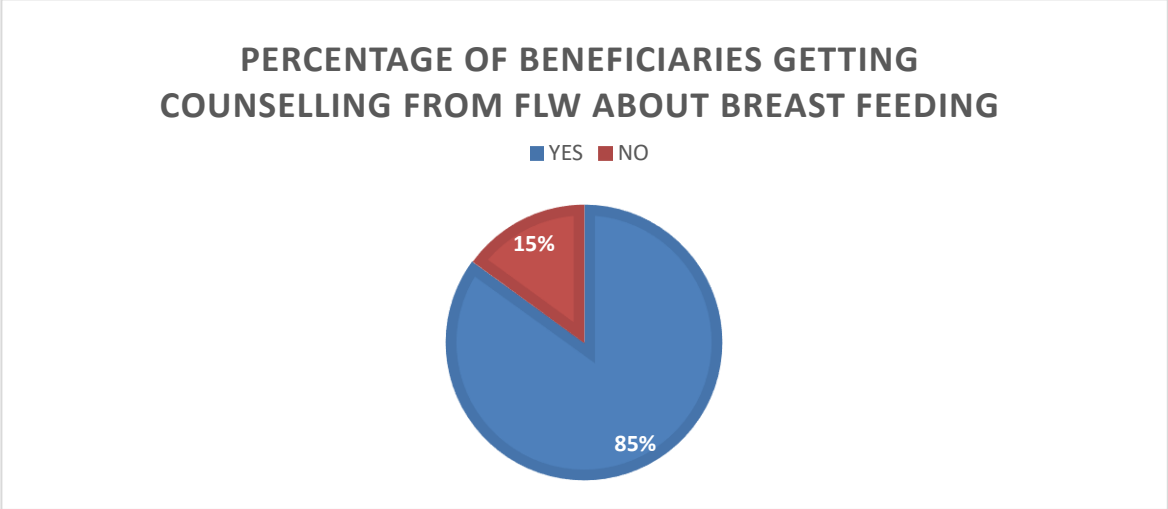


Fig 2: Data set showing percentage of beneficiaries getting counselling from FLW about breast feeding for March 2019 in Bahadurpur.

The graph depicts the percentage of beneficiaries getting counselling from FLW of exclusive and frequent breastfeeding in the month of March 2019. From the study it has been observed that 14% of beneficiaries got counseling of exclusive and frequent breastfeeding from the FLW, 77% of the beneficiaries did not get counseling of exclusive and frequent breastfeeding from the FLW.

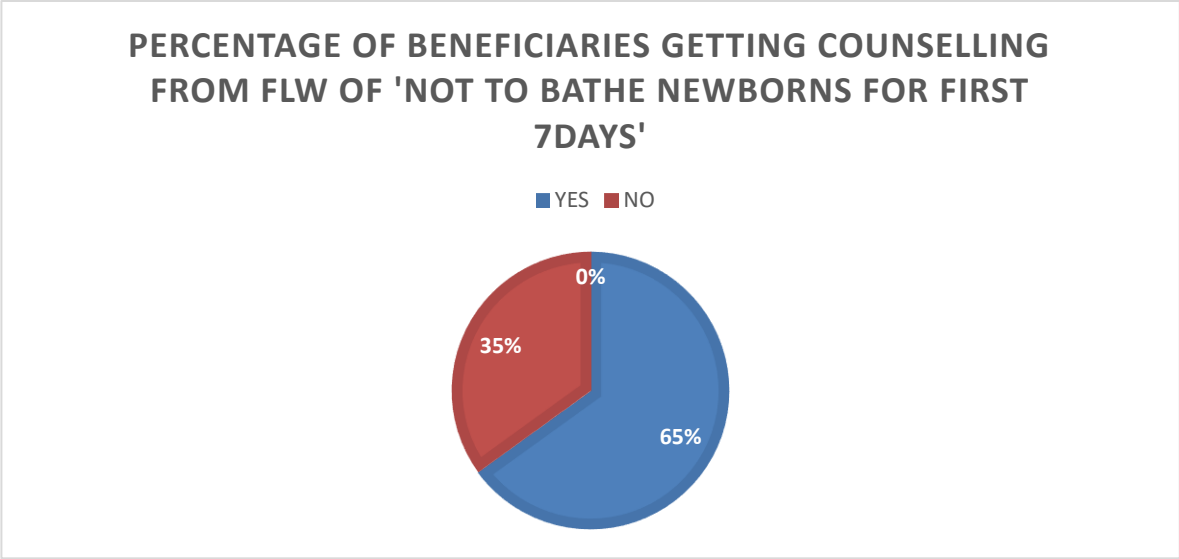


Fig3: Data set showing percentage of beneficiaries getting counselling from FLW of 'not to bathe newborns for first 7days' for March 2019 in Bahadurpur

The graph depicts the percentage of beneficiaries getting counselling from FLW of ‘not to bathe newborns for first 7days’ in the month of March 2019. From the study it has been observed that 59% of beneficiaries got counseling of ‘not to bathe newborns for first 7days’ from the FLW, 32% of the beneficiaries did not get counseling of ‘not to bathe newborns for first 7days’ from the FLW.

B) Counselling provided by ANM at facility

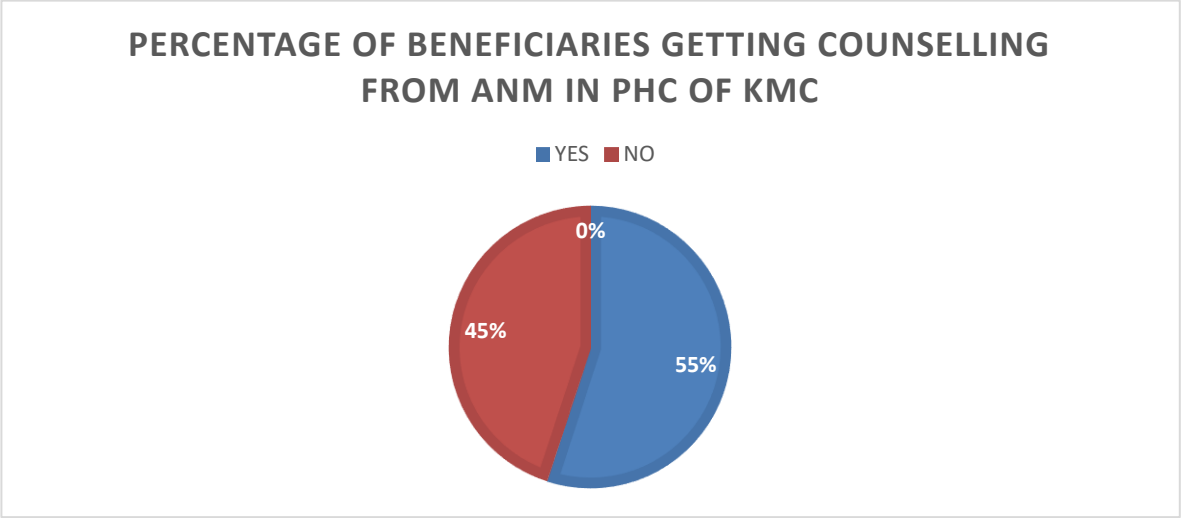


Fig 4: Data set showing percentage of beneficiaries getting counselling from ANM in PHC of KMC for March 2019 in Bahadurpur

The graph depicts the percentage of beneficiaries getting counselling from ANM in PHC of KMC in the month of March 2019. From the study, it has been observed that 50% of beneficiaries got counseling of KMN from the ANM, 41% of the beneficiaries did not get counseling of KMN from the ANM.

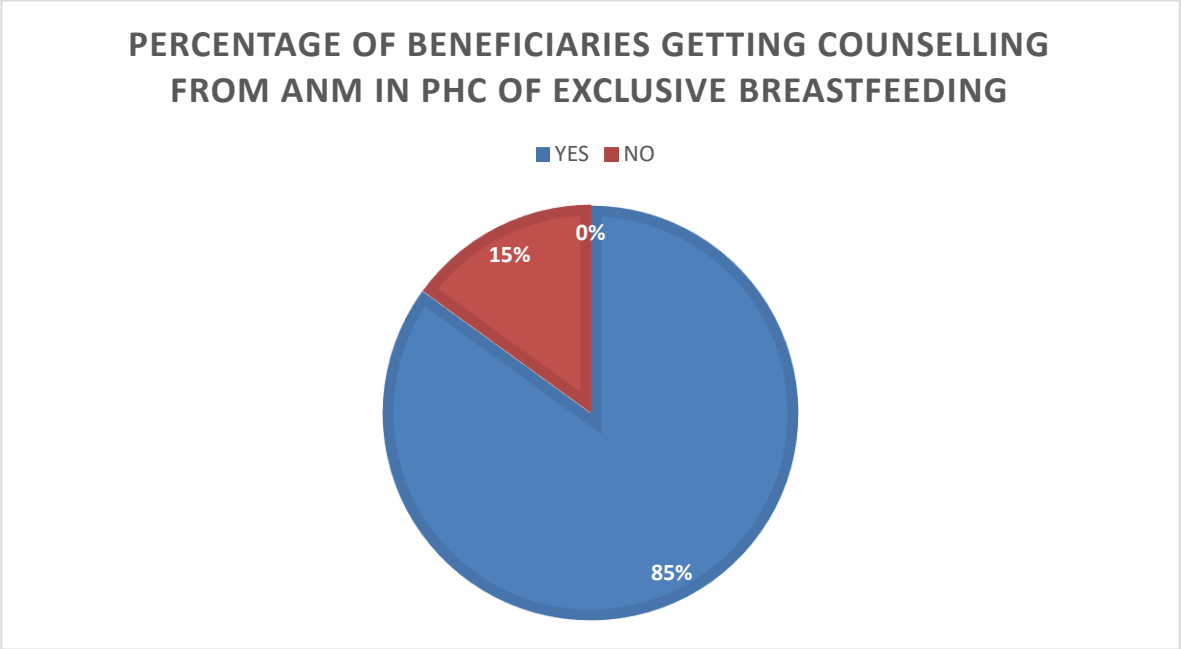


Fig 5: data set showing percentage of beneficiaries getting counselling from ANM in PHC of exclusive breastfeeding for March 2019 IN Bahadurpur

The graph depicts the percentage of beneficiaries getting counselling from ANM in PHC of exclusive and frequent breastfeeding in the month of March 2019. From the study, it has been observed that 77% of beneficiaries got counseling of exclusive and frequent breastfeeding from the ANM, 14% of the beneficiaries did not get counseling of exclusive and frequent breastfeeding from the ANM.

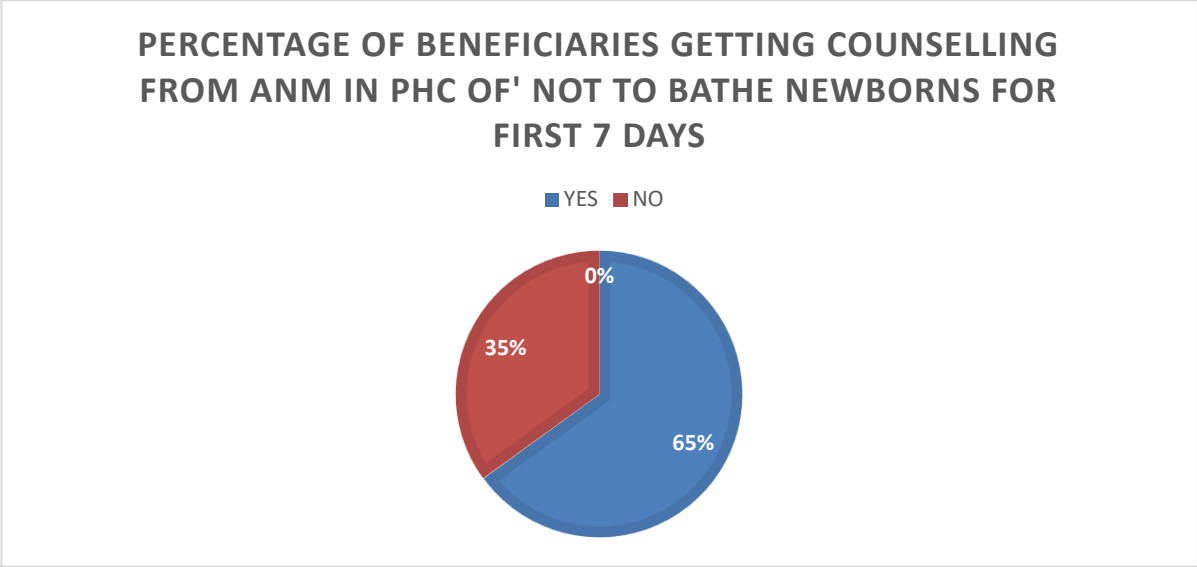


Fig 6: data set showing percentage of beneficiaries getting counselling from ANM in PHC of' not to bathe newborns for first 7 days for March 2019 IN Bahadurpur

The graph depicts the percentage of beneficiaries getting counselling from ANM in PHC of ‘not to bathe newborns for first 7days’ in the month of March 2019. From the study it has been observed that 59% of beneficiaries got counseling of ‘not to bathe newborns for first 7days’ from the ANM, 32% of the beneficiaries did not get counseling of ‘not to bathe newborns for first 7days’ from the ANM.

C) Practices practiced at home

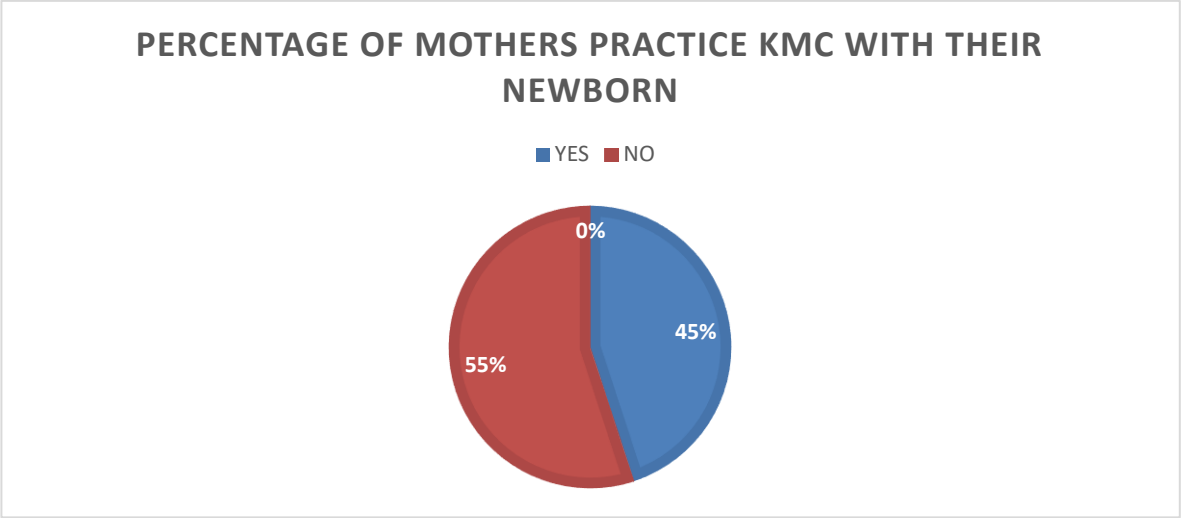


Fig 7: Data set showing percentage of mothers practice KMC with their newborn for March 2019 IN Bahadurpur

The graph depicts the percentage of mothers practice KMC with their newborn for March 2019 in Bahadurpur. From the study we can depict that 41% of mother practice KMC with their newborn while 50% do not practice KMC.

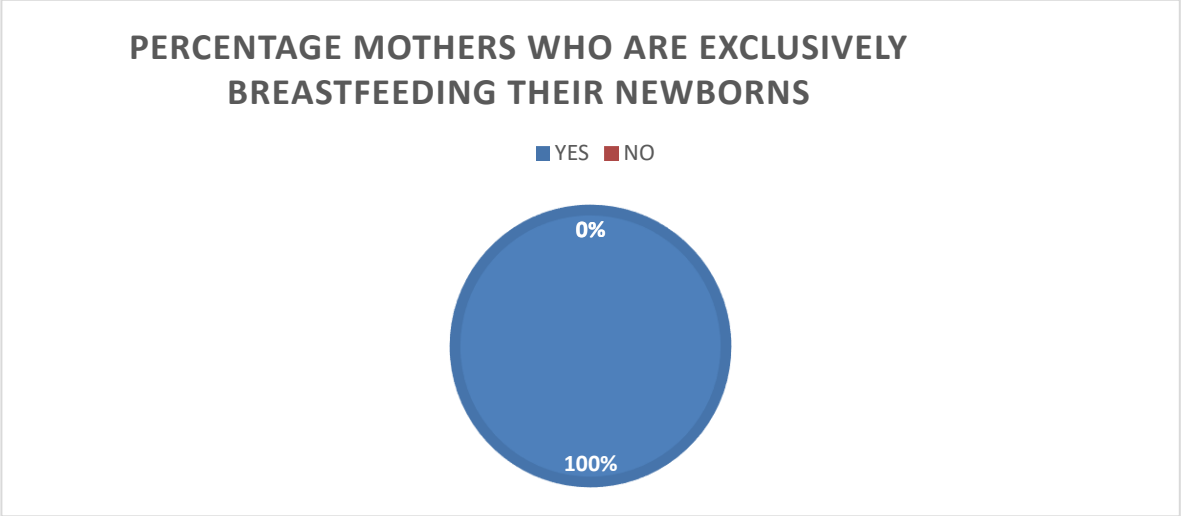


Fig 8: Data set of percentage mothers who are exclusively breastfeeding their newborns for March 2019 in Bahadurpur

The graph depicts the percentage of mothers feeding exclusive breastmilk frequently to newborns for March 2019 in Bahadurpur. From the study we can depict that 92% of mother

mothers feeding exclusive breastmilk frequently to newborns, while 9% of data are missing.

Number of times newborn is breastfed in 24hours	Gain in weight(average)
10 or more than 10 times	1340.38
less than 10 times	675.83

Table 2: Gain in weight of WNB with respect to the number of times newborn is breastfed in 24hours.

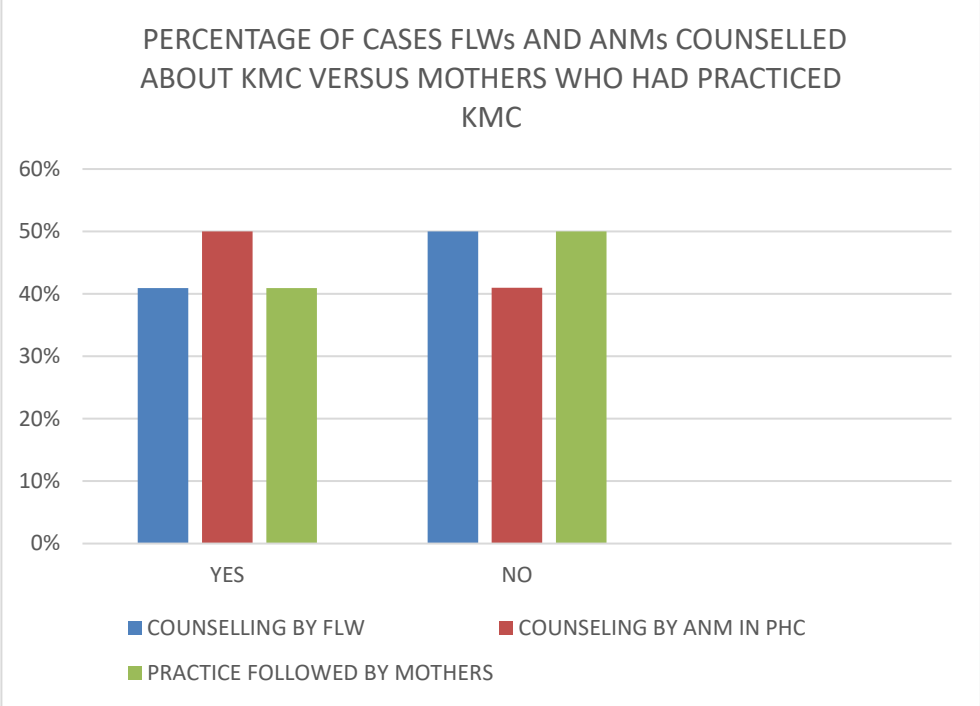


Fig 8: Data showing percentage of cases FLWs and ANMs counselled about KMC versus mothers who had practiced KMC

The graph depicts that percentage of cases FLWs and ANMs counselled about exclusive breastfeeding versus mothers who had practiced it. The study shows that approximately 70% of ANMs and FLWs counsel the beneficiaries about exclusive breastfeeding and approximately 90% of the mother exclusively breastfeed their newborn.

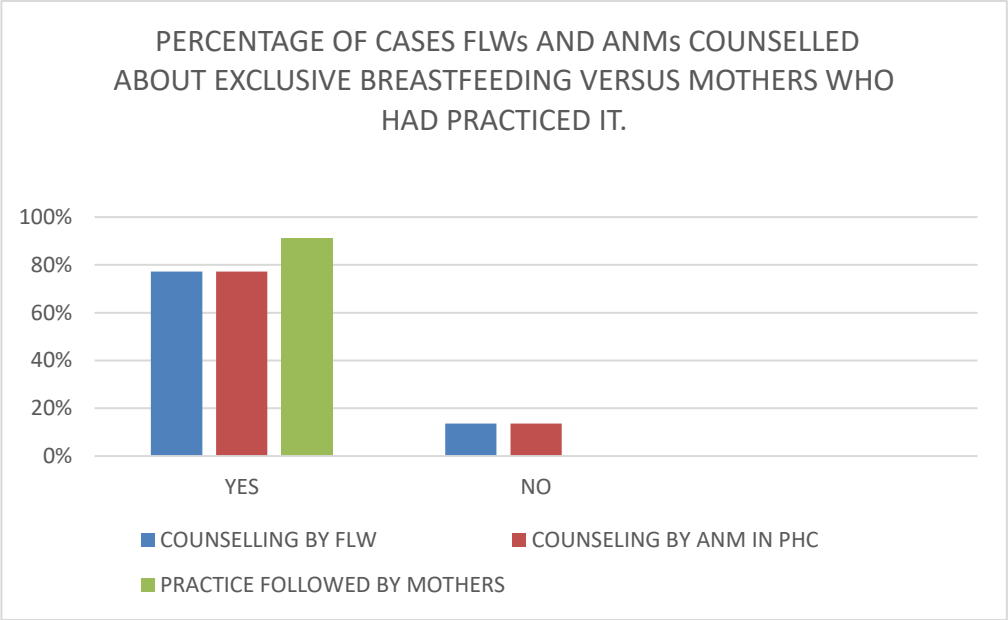


Fig 9: Data showing percentage of cases FLWs and ANMs counselled about exclusive breastfeeding versus mothers who had practiced it.

D) Change in weight after a month from date of birth

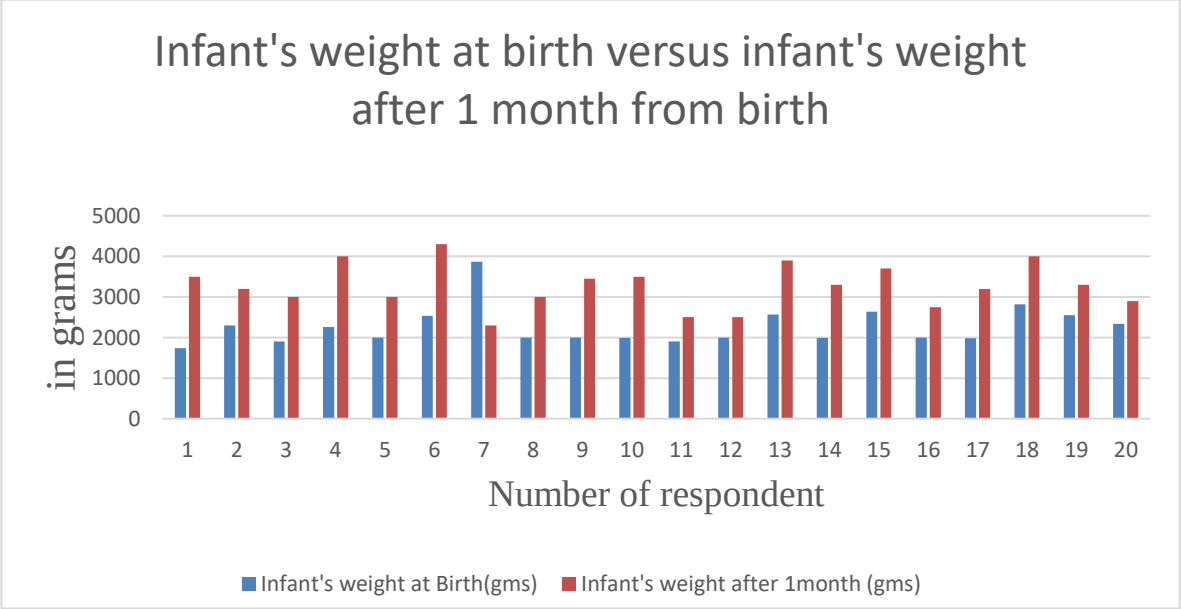


Fig 10: Infant's weight at birth versus infant's weight after 1 month from birth

The graph depicts the change in weight of the infants in the 30th day from the day they were born.

Total Counselling by FLW	Average gain in weight in of the infant in the period of 1month from the date of birth
5th	1151.67
4th	1207.5
3rd	1065.83
2nd	1000
1st	846.25

Table 3: Average gain in weight by the WNB in the period of 1month with respect to total counselling by FLW.

The table depicts that total number of counselling done by FLWs and gain in weight of the infant in the period of 1month after birth. The study shows that with more counselling by FLW and ANM practices such as KMC, exclusive breast feeding, etc. can be brought into the practice. These practices help to gain weight of the newborns.

Limitation of the study

The sample size of the study is limited to one block of Darbhanga, that is, Bahadurpur. Hence generalization of the study to all of the blocks in the Darbhanga is not possible.

Conclusion

FLW is one of the people from the community so their advice is highly regarded by the other people in the community. The study suggests if counselling is given to the beneficiaries in the timely manner by the FLW then the improvement or betterment in the condition of the beneficiaries can be noticed.

Very low birth weight infant can lead to morbidity even mortality of the infant. FLW can spread awareness among the family members of the weak newborns about the condition of the newborns. She can also suggest the practices like frequent and exclusive breastfeeding, KMC, cleanliness, etc. to improve the condition of the infant. At least

5 home visits need to be made by the FLW to counsel the beneficiaries about the practices need to be practiced during post-natal care.

Recommendation

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- To ensure home visits by Anganwadi workers and ASHA for counselling the family members about the intensive care of the newborn.
- To ensure counselling of the family of the weak newborn within 24hours after delivery by FLWs
- Proper documentation of the weak newborn in the hospital to increase the counselling of the family members by ANM.

Appendix

Event	Questions
Institution	Date of Delivery
	Place of Delivery
	Gender
	Birthweight
	Breastfeed within 1 hour
	Prolacta practice (if any)
	Weak baby identified at facility & advised for extra care
	Counselling at facility :
	a. KMC
	b. More frequent breast feeding
	c. Not to bathe the newborn for first 7 days
Follow up	Any FLW visited in last week
	If yes, counselling at home
	a. KMC
	b. More frequent breast feeding
	c. Not to bathe the newborn for first 7 days
Practice at home	a. KMC
	aa. time (minutes) in 24 hrs.
	b. Exclusive breast feed
	bb. How many times in 24 hrs.
	Is baby Alive? (Yes / No)
	If No, Date of death (or age of death (days))
	Baby weight (recent)
	Date when weight was measured (age (days))

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