Strengthening Maternal and Child Health Services in Eastern Visayas

BEmONC ASSESSMENT TOOL FOR NEWBORN CARE

Name of Facility

FAMILY RECORD NO.: _____ PHILHEALTH NO.: _____

NAME: _____ DOB: _____ BIRTH WEIGHT: _____ gm. DELIVERY TYPE: _____

MOTHER'S NAME: _____ ADDRESS: _____

	ASSESS (Instructions: put (✓) if yes, (X) if No)	CLASSIFY			
		On Discharge	1st Check-up	2nd Check-up	3rd Check-up
1	**OUICK CHECK (B2)** Date	/ /	/ /	/ /	/ /
	Does the baby have any of the following? Age	Days	Days	Days	Days
	• Very small, convulsions, difficult breathing, just born, or any maternal concern Specify:	☐	☐	☐	☐
	ASK/CHECK RECORD **(J2)** Check maternal and newborn record of mother				
	• Preterm (less than 37 weeks)	☐			
	• Is the mother very ill or transferred	☐			
	• Any of the following? Breech delivery, difficult birth resuscitation at birth, had convulsions Specify:	☐			
	• Has baby passed meconium?	☐			
	• Has baby passed urine?	☐			
	• Asymmetrical movements of the limbs?	☐			
	CHECK				
	• Respiratory Rate (per minute) _____	_____	_____	_____	_____
	• Temperature (° C) _____	_____	_____	_____	_____
	• Body weight (in grams) _____	_____	_____	_____	_____
2	**IS THERE PRESENCE OF DANGER SIGNS? (J7)** Any of the following signs:				
	▪ Fast breathing (more than 60 breaths per minute).	☐	☐	☐	☐
	▪ Slow breathing (less than 30 breaths per minute).	☐	☐	☐	☐
	▪ Severe chest in-drawing	☐	☐	☐	☐
	▪ Grunting	☐	☐	☐	☐
	▪ Cyanosis of lips and mucus membranes	☐	☐	☐	☐
	▪ Apnea (not breathing)	☐	☐	☐	☐
	▪ Fever (temperature >38° C)	☐	☐	☐	☐
	▪ Temperature <36.4° C or not rising after rewarming	☐	☐	☐	☐
	▪ Convulsions	☐	☐	☐	☐
	▪ Floppy or stiff	☐	☐	☐	☐
	▪ Umbilicus draining pus or umbilical redness extending to skin	☐	☐	☐	☐
	▪ >10 skin pustules or bullae, or swelling, redness, hardness of skin	_____	_____	_____	_____
	▪ Bleeding from stump or cut	☐	☐	☐	☐
	▪ Pallor	☐	☐	☐	☐
3	**IF PRETERM, BIRTH WEIGHT <2500G or twin (J3)** ASK, CHECK RECORD				
	▪ Birth weight o <1500g	☐			
	o 1500g to 2500g	☐			
	▪ Preterm o <32 weeks	☐			
	o 33 to 36 weeks	☐			
	▪ Twin:	☐			
	LOOK, LISTEN, FEEL				
	* If it is a repeat visit, assess weight gain. Is it adequate?	☐	☐	☐	☐
4	**CHECK FOR SPECIAL TREATMENT NEEDS (J5)** ASK, CHECK RECORD				
	▪ Has the mother had fever within 2 days of delivery? If so,	☐			
	o Mother had Fever >38° C?	☐			
	o Infection treated with antibiotics?	☐			
	▪ Membranes ruptured >18 hours before delivery?	☐			
	▪ Mother tested RPR positive? Write N/A if not done	☐			
	▪ Mother tested HIV+?	☐			
	o Has she received infant feeding counseling?	☐			
	▪ Is the mother on TB treatment which began <2 months ago?	☐			

	NEWBORN CARE: ASSESS	CLASSIFY			
		On Discharge	1st Check-up	2nd Check-up	3rd Check-up
5	**ASSESS BREASTFEEDING (J4)**				
	ASK, CHECK RECORD				
	Ask the mother				
	▪ Is the breastfeeding going well?	☐	☐	☐	☐
	▪ Has your baby fed in the previous hour?	☐	☐	☐	☐
	▪ Is there any difficulty?	☐	☐	☐	☐
	▪ Is your baby satisfied with the feed?	☐	☐	☐	☐
	▪ Have you fed your baby any other foods or drinks?	☐	☐	☐	☐
	▪ Is there any problem with breasts?	☐	☐	☐	☐
	▪ Do you have any concerns? Specify:				
	If baby is more than 1 day old:				
	How many times has your baby fed in 24 hours?				
	LOOK, LISTEN, FEEL (Observe a breastfeed)				
	If the baby has not fed in the previous hour, ask the mother to put the baby on her breasts and observe breast feeding for about 5 minutes				
	- Is the baby able to attach correctly?	☐	☐	☐	☐
	- Is the baby well positioned?	☐	☐	☐	☐
	- Is the baby suckling effectively?	☐	☐	☐	☐
	If mother has fed in the last hour, ask her to tell you when her baby is willing to feed again.				
6	**LOOK FOR SIGNS OF JAUNDICE AND LOCAL INFECTION (J6)**				
	ASK, CHECK, RECORD				
	▪ What has been applied to the umbilicus?				
	LOOK, LISTEN, FEEL				
	▪ Look at the skin,				
	* If baby is less than 24 hours old, look at the skin on the face, Is it yellow?	☐			
	* If baby is >=24 hours old, look at palms and soles. Is it yellow?	☐	☐	☐	☐
	▪ Look at the eyes. Are they swollen and draining pus?	☐	☐	☐	☐
	▪ Look at the skin, especially around the neck, armpits, inguinal area:				
	- Are there skin pustules?	☐	☐	☐	☐
	- Is there swelling, hardness or large bullae?	☐	☐	☐	☐
	▪ Look at the umbilicus:				
	- Is it red?	☐	☐	☐	☐
	- Draining pus?	☐	☐	☐	☐
	- Does redness extend to the skin?	☐	☐	☐	☐
7	**IS THERE ANY SWELLING, BRUISES, OR MALFORMATION?** If YES, refer to J8	☐	☐	☐	☐
8	**ASSESS OTHER PROBLEM: Ask mother: any concern?** Specify. If none, write down NONE	☐	☐	☐	☐
9	**ADVICE AND COUNSEL**				
	▪ Care of newborn baby (J10, M6)	☐	☐	☐	☐
	▪ Exclusive breastfeeding (K2-K8, M7)	☐	☐	☐	☐
	▪ Hygiene, cord care and warmth (K9, K10)	☐	☐	☐	☐
	▪ Special advice if low birth weight (J11)	☐	☐	☐	☐
	▪ Danger signs (M6)	☐	☐	☐	☐
	▪ Newborn screening (J12)	☐	☐	☐	☐

10	**OVERALL ASSESSMENT**	**MANAGEMENT (TREATMENT/ADVICE)**
On Dis.		
1st		
2nd		
3rd		

NEXT CHECK-UP (1st visit- within 1 week; 2nd 2-3 wks; 3rd 4-6 wks)	/ /	/ /	/ /	/ /
Assessment done by (name of health worker):				

*Record relevant findings /Management to Mother and Child Book

* Use this form to assess newborn at birth (after 90 min,) for discharge; and during the first week of life (routine & sick newborn visits)