**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:**

<table>
<thead>
<tr>
<th>ASSESS (Instructions: put ✓ if yes, X if No)</th>
<th>CLASSIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Discharge</td>
<td>1st Check-up</td>
</tr>
</tbody>
</table>

### QUICK CHECK (B2)

**Does the baby have any of the following?**

- Very small, convulsions, difficult breathing, just born, or any maternal concern
- Specify:

<table>
<thead>
<tr>
<th>Age</th>
<th>Days</th>
<th>Days</th>
<th>Days</th>
<th>Days</th>
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</table>

### 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
- Has baby passed meconium?
- Has baby passed urine?
- Asymmetrical movements of the limbs?

### CHECK

- Respiratory Rate (per minute)
- Temperature (°C)
- Body weight (in grams)

### 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

### 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?

### 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?
## ASSESS BREASTFEEDING (J4)

**ASSESS, CHECK RECORD**

<table>
<thead>
<tr>
<th>Question</th>
<th>1st Check-up</th>
<th>2nd Check-up</th>
<th>3rd Check-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the breastfeeding going well?</td>
<td></td>
<td></td>
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<tr>
<td>Has your baby fed in the previous hour?</td>
<td></td>
<td></td>
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<tr>
<td>Is there any difficulty?</td>
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<tr>
<td>Is your baby satisfied with the feed?</td>
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<tr>
<td>Have you fed your baby any other foods or drinks?</td>
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<tr>
<td>Is there any problem with breasts?</td>
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<tr>
<td>Do you have any concerns? Specify:</td>
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</tbody>
</table>

If baby is more than 1 day old:

- How many times has your baby fed in 24 hours?

**LOOK, LISTEN, FEEL** (Observe a breastfeed)

- 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.

## 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?

## IS THERE ANY SWELLING, BRUISES, OR MALFORMATION?

If YES, refer to J8

## ASSESS OTHER PROBLEM: Ask mother: any concern?

Specify. If none, write down NONE

## 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)

## OVERALL ASSESSMENT

**MANAGEMENT (TREATMENT/ADVICE)**

<table>
<thead>
<tr>
<th>On Discharge</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
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**NEXT CHECK-UP** (1st visit- within 1 week; 2nd 2-3 wks; 3rd 4-6 wks)

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*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)