

EXERCISE –5

Smt Marulvati had two girl children and gave birth to a girl child again (Madhi) on 15 June, 2012 under very difficult circumstances in a tribal area of Jagdalpur district in Chhatisgarh. Smt Marulvati and her husband Shri Lakadvir were unemployed and were not prepared for the child birth. Soon after the delivery, the family shifted to Andhra Pradesh. Madhi was born as a low birth weight baby as her birth weight was 2.1kg. Due to extensive travel soon after birth, Madhi did not get required care (breastfeeding) from her mother. In the second week of July, 2012, the family reached their village. Soon after relocation they got employed as daily labourers at a construction site. Smt Marulvati used to leave for her work while her newborn was taken care of by her elder sisters. She used to take all 3 kids to the construction site. Once local AWW visited the family and weighed Madhi and her weight was 2.5 kg on 14 July 2012. She regularly received SNP from the AWC but did not attend any NHE sessions organized at the centre.

Smt Marulvati followed advice of AWW for breastfeeding and providing complementary feeding to Madhi after Six months of age. Marulvati took care of the child according to the information received from AWW and was successful in maintaining the trajectory in an upward direction till 9 months of age. The weight of Madhi remained in the Orange Zone. AWW weighed Madhi regularly and her weights from June, 2012 to March, 2014 are as stated below:

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|-----------------|--------|
| 15 June 2012 | 2.1 kg |
| 14 July, 2012 | 2.5 kg |
| 16 August, 2012 | 3.2 kg |
| 17 Sept. 2012 | 3.7 kg |
| 14 Oct. 2012 | 4.1 kg |
| 17 Nov. 2012 | 4.6 kg |
| 16 Dec. 2012 | 4.9 kg |
| 15 Jan. 2013 | 5.2 kg |
| 16 Feb. 2013 | 5.4 kg |
| 14 Mar. 2013 | 5.6 kg |
| 17 Apr. 2013 | 5.6 kg |
| 17 May, 2013 | 5.7 kg |

| | |
|---------------|--------|
| 15 June, 2013 | 5.7 kg |
| 17 July, 2013 | 5.7 kg |

When Madhi was 10 months old, she suffered from fever and diarrhoea. She met AWW and ANM and followed the advice initially but she was unable to provide appropriate care and nutrition to her child as she had to go for her job. Initially she used to take her children to the site but later on she started keeping Madhi under the guidance of their other elder children. The elder siblings were unable to provide her adequate care and feed. As a result, Madhi's health kept on deteriorating due to inappropriate care, nutrition and unhygienic conditions at home. She kept on losing weight & her growth trajectory started moving downward. Finally she died after her first birthday after another episode of diarrhoea.

2. Prepare the growth chart of Madhi and list down messages which need to be given to her mother and other mothers in the AW for proper growth of children.

Exercise 5

A-Growth Chart of Madhi is at Annexure- V

B-Messages to be given to mother of Madhi and other mothers in the AW for growth of children

Parents of Madhi were not prepared for the child birth. Madhi was a low birth weight baby. Due to extensive travel soon after birth, Madhi did not get required care (breastfeeding) from her mother. She was moderately underweight at the time of birth and continuously lost her weight gradually due to continued infections and was a severely underweight child till she died. She died after her first birthday as her mother could not provide her appropriate care, nutrition and hygienic conditions at home.

Possible messages and actions that could have saved Madhi's life are stated below:

- Proper care right from the pregnancy has a direct impact on the child. Therefore, wife and husband should only bring about wanted birth and should be ready for a child in order to ensure that proper health, nutrition and socio-emotional care are provided to the pregnant woman during pregnancy. Once pregnant, the woman has to be registered at AWC and nearest health facility for required care. She should get her MCPC from health facility/AWC and use that for ensuring care and getting various services from AWC and health facility. She should have minimum of 3 ANC's after registration and gain at least 10-12 kg during pregnancy and take one tablet of iron and folic acid a day for at least 3 months. She should consume variety of foods and consume more food-around 1/4th times extra than the normal diet.

- It is important to consume SNP from the AWC regularly.
- Nutrition Health and Education (NHE) sessions are organised at AWC on various subjects on care and development of women and children and all women/girls even before marriage can attend these sessions. It is essential for women to attend these sessions before planning to have a child.
- After child birth, every newborn must be provided with appropriate care and support from the moment of birth. This includes initiation of breastfeeding within one hour, keeping the baby warm, identifying illnesses or risk including low birth weight, access to referral care and regular growth monitoring.
- Since Madhi was a LBW baby she should have put to the breast as soon as possible after birth. If she was unable to suckle, then she should be fed with expressed breast milk using a clean katori and spoon. The expressed milk should be fed to a baby with a spoon or traditional feeding device (eg. paladai, cup & spoon etc.) till baby accepts breast feeds well.
- Like other normal children, LBW infants should also be exclusively breastfed until 6 months i.e., 180 days of age. Exclusive breast feeding for 6 months is the key factor for optimum growth for any child.
- Age appropriate complementary feeding after 6 months with continued breast feeding is also an important factor for optimal growth of any child.
- The trajectory of Madhi started moving downward from 9 months onward as she suffered from fever and diarrhoea. At that time if she would have followed and

continued the AWW's and the ANM's advice, she must have definitely saved her daughter's life. She should have continued practicing the following:

- Continued breastfeeding along with small quantities of soft complementary foods like khichri, dal-rice, curd etc. which are easily digestible.
- Give enough water and fluids and ORS to replenish nutrients. Watery foods like coconut water, rice-kanji, light tea etc. may be given. AWW should guide mother for preparation of ORS.
 - Take one litre of clean drinking water in a clean container after washing your hands with soap and water. Add one packet of ORS in it and stir it thoroughly so that the powder is mixed. Cover the vessel. One teaspoon of ORS should be given every one-two minutes to infants. Prepare fresh ORS every day.
 - Give ORS spoon by spoon to avoid vomiting.
 - Use potable water for preparing ORS and make sure it is from safe sources.
 - Continue breastfeeding if the baby is breastfeeding.
 - No Bottle feeding for any child.
- Inform mother that ORS packets are available with AWW and health worker.
- Advise families about immediate referral if the following signs & symptoms are there:
 - If the child passes watery stools for 7 days or more
 - Child becomes lethargic
 - Not able to drink or breast feed

- Blood appears in the stool
 - Does not pass urine for eight hours
 - If the vomiting does not stop
 - In case of convulsions
 - If the child has fever
 - REFER the child to the PHC/CHC where facilities for admission are available. If possible, escort the family.
- The mother could have prevented diarrhea and infection in the child, if she would have followed the following instructions carefully:
 - Always wash hands with soap and water after toilet and after cleaning the baby.
 - Allow only one or two persons (other than the mother) to handle the baby.
 - Do not allow persons with cough / cold to come near the baby.
 - Give exclusive breast feeding. It protects the baby from infection
 - Bring the infant for immunization as per schedule. The schedule of immunization is same as for normal babies.
 - Look for danger signs. Seek medical help immediately if any of the danger signs (like poor feeding, fever or cold to touch, fast or difficult breathing, yellow palm or soles etc.) are present.
- AWW needs to be consulted in case of any problem relating to infant and young child feeding practices and illness.
- Child should be regularly weighed at AWC and SNP as per the age of the child should be availed.

Note:

- As an AWW, you must tell and inform the community about the various health services that they can avail from the centre:
 - Immunization of children to prevent six dangerous illnesses.
 - Routine checkup of pregnant women, conducting normal deliveries and post natal care.
 - Birth spacing and sterilization
 - Early and safe abortions
 - Treatment of minor ailments
 - Child care including treatment of diarrhoea and coughs
 - Advice on village sanitation, water safety etc.
 - Explain the importance of timely referral and give information about the nearest PHC which they can refer for preventing diseases, promoting health and treatment of illnesses
- AWW may also organize one NHE session on importance of referral using case studies.

You can refer following points for explaining the importance of referral

- There are only a few illnesses that are responsible for most of the deaths in children, and so these are considered dangerous.
- The main causes of deaths in older children in our country are diarrhoea, pneumonia and malaria. Children who are malnourished are more likely to die from any cause than those who are well nourished, so malnutrition is considered an important cause of death.

- Every month, at least 2-3 children in our village will experience illnesses that require special care.
- Together, these illnesses are responsible for 9 out of every 10 child deaths, so if we are able to take care of these illnesses, we can save many lives.
- It is possible for you to save lives by recognizing and referring children with any of these illnesses. The most important reason for death among these children is delay in recognizing the problem, or in seeking care or in getting care even after reaching the hospital.
- So, it is extremely important to make sure that everyone caring for the child knows about that such a problem might occur, and act quickly when they recognize a problem.
- Therefore sound referral system at primary level support early identification and helps avoid the need for hospitalization & provide better treatment for acute and complicated conditions.