



A saviour in the neighbourhood:

Auxiliary Nurse Midwives offer life-saving antibiotics

Baby Farhan is restful in his mother's arms as she sways him to sleep. Kanta, the local Accredited Social Health Activist (ASHA) has arrived to conduct a final visit to check on mother and baby, who is now 42 days old. Each ASHA conducts seven home visits to review newborns growth and development at pre-specified intervals till baby is 42 days old. Kanta will have to return when the baby is fully awake. Nonetheless she carefully observes the calm baby who she suspects as a case of Possible Severe Bacterial Infection (PSBI).

Born normal weight and healthy, baby Farhan started showing signs of illness within two weeks of birth. When Kanta arrived for her scheduled third visit, Farhan's mother informed Kanta that baby was not feeding and was less active than earlier. Kanta checked for signs of illness and noted that the baby was breathing much faster than normal at 70 breathes per minute; this being a sign of acute respiratory infection. Kanta checked the baby's temperature, which was normal. In the three years since Kanta has been the local ASHA, there have been many such instances and she had been referring babies to the nearest Primary Health Centre but despite counselling, denizens preferred local unqualified practitioners as they are proximate.

However, after her recent training on newborn care in December 2016, the ASHA knows that Anju Chauhan, the Auxiliary Nurse Midwife (ANM) at the local sub-centre (the most proximate and basic public health facility) will be the first point of contact; she will be able to better identify signs of sickness, will provide immediate antibiotics if required and reduce delays in care seeking. At that point of time, Farhan's mother was unable to seek immediate care as she was alone at home. Kanta informed the ANM, Anju Chauhan, about the case and requested immediate intervention. Anju arrived at the earliest. Based on the briefing provided by the ASHA she anticipated the need for administering injectable antibiotic and carried her medical kit. She received injectable Gentamicin and syrup Amoxicilin as per indent just a month back. Anju is one of the 32 ANMs trained on the use of injectable Gentamicin in block Roorkee where baby Farhan lives.



Anju confirms PSBI and after his mother’s consent administers the first dose of antibiotics- Baby Farhan has been blessed. Now he has to complete the antibiotic course of at least seven days. Following the injection, both Anju and Kanta advise the mother to take baby to the nearest Public facility where doctors would be able to attend to him. However, she refuses as her husband has been working in another city for several years and she has no support to take care of her other five other children. When ANM insists on referral, mother says “sister, if you will not take care of my baby, I will visit the local doctor. I would not like to visit the facility located so far away. Now my child is in your hands.” Anju knows the ‘local doctor’ is actually a quack whom she cannot entrust this baby. So, she visits Baby Farhan for the next six days regularly for his treatment.

Above: Anju Chauhan (ANM, sub-centre, Mustafabad) administering the first dose of injection gentamicin to baby Farhan at his home, Kanta (ASHA) holding the baby as his mother looks on @JSI 2017

इलाज पत्रक

इलाज पत्रक: शिशु में सेप्सिस का इलाज और देखभाल

खण्ड ब: यह हिस्सा ए.एन.एम. द्वारा करा जायेगा और रेफरल के पहले शिशु की माता को दिया जाएगा।

जिला: हरियाणा ब्लॉक: रुहनी
 गाँव: भारपुर उप स्वास्थ्य केंद्र: मुस्तफाबाद
 शिशु का नाम: फरहान शिशु की उम्र: 25/11/17 (दिन/महीने)
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| सेप्सिस के लक्षण | | दिया गया इलाज | | | | |
|---|----------|---------------|-----------------------|--|--------------------------------------|-------------------|
| स्तनपान में असमर्थ/मौ की छाती से जुड़ाव नहीं/स्तनपान के लिए पहल नहीं | हाँ/नहीं | दिनांक | इलाज का दिन | इजेक्शन जेन्टासाइसिन खुराक (mg) दिन में एक बार | एमाकिसिसिन सीरप खुराक दिन में दो बार | टिप्पणी/हस्ताक्षर |
| सामान्य से कम हिलना झुलना | हाँ/नहीं | 10/3 | पहला दिन | 0.4ml | 3ml 3ml | ANM |
| सूस्त या अचेत | हाँ/नहीं | 11/3 | दूसरा दिन | 0.4ml | 3ml 3ml | ANM |
| सांस तेज चलना (60 या उससे अधिक) | हाँ/नहीं | 12/3 | तीसरा दिन | 0.4ml | 3ml 3ml | ANM |
| दौरा पड़ना | हाँ/नहीं | 13/3 | चौथा दिन | 0.4ml | 3ml 3ml | ANM |
| नधुनों का फूलना | हाँ/नहीं | 14/3 | पांचवां दिन | 0.4ml | 3ml 3ml | ANM |
| सांस लेते समय धुरधुराहट की आवाज | हाँ/नहीं | 15/3 | छठा दिन | 0.4ml | 3ml 3ml | ANM |
| शरीर पर 10° या उससे ज्यादा फुसियों या एक बड़ा फोड़ा | हाँ/नहीं | 16/3 | सातवां दिन | 0.4ml | 3ml 3ml | ANM |
| काँच का तापमान 37.5 सेटीग्रेड या उससे ज्यादा (या घूने में गर्म महसूस हो) या तापमान 35.5 सेटीग्रेड से कम हो (या घूने में ठण्डा महसूस हो) | हाँ/नहीं | | इलाज के बाद का परिणाम | जीवित/मृत | जामित | |
| मल में रक्त आना | हाँ/नहीं | | | | | |

The printing of this card was supported by JSI/India

Baby Farhan has survived a serious infection and is now thriving. Husanjahan, Farhan’s mother, shows the Treatment card with all the details which she has stacked safely with Farhan’s other hospital records. There was an attempt to dissuade her from continuing treatment by the local unqualified practitioner. “Why are you giving such a small baby so many injections?...I will offer less invasive and better treatment”. However, the improvement in baby Farhan’s breathing was so obvious that Husanjahan was convinced that she had opted for the right course. Further, both the ASHA and ANM reached her at the most critical time and supported her through door-step treatment when she was unable to visit the health centre.

Left: Baby Farhan’s treatment card with day and dose details of the seven day antibiotic course @JSI 2017

Anju Chauhan feels proud of her latest achievement, a baby saved due the ASHA's and her timely intervention. She credits it to timely training and availability of antibiotics. In early February, all 32 ANMs in block Roorkee received stock of antibiotics along with refresher training on screening newborns for danger signs and assessing eligibility for injection gentamicin.

Right: Dr Yadav, National expert and trainer reinforcing protocol during antibiotic distribution to ANMs in Roorkee, Uttarakhand, @JSI 2017



They also received a flow chart for continual reinforcement of protocol for diagnosis of sepsis and treatment with injectable gentamicin and amoxicillin. Anju Chauhan, like other ANMs has displayed it in her sub-centre.



Left: Anju Chauhan, ANM showing the protocol for treatment of PSBI displayed in her sub-centre

Above all she feels ANMs need a lot of support and “boosting” to treat the first case. Narrating her own experience, she remembers how nervous she was when she realized baby Farhan is in need of injectable Gentamicin. This was her first case. The baby was only 13 days old and thoughts of adverse events were surging in Anju’s mind. While she has been the ANM for this catchment area (Village Bahrapur) for over six years, she realizes that denizens will lose faith in her instantly if any problem arises post treatment. After assessing this

baby, she had immediately contacted the District Technical Advisor from JSI, Dr Vikas Kanthwal who has been a guide and mentor to all the ANMs in the block. Anju Chauhan strongly believes that if Dr Vikas had not encouraged her and strengthened her resolve to treat without fear, she may have advised the mother to take baby to the Primary Health Centre. In the months to follow, Anju Chauhan treated five more babies with suspected PSBI and feels extremely confident at this stage of managing a baby of any age. It has been over a month since the ANMs in Roorkee received antibiotic stock. To date, eleven babies have been treated for suspected PSBI by ANMs.



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