

CBA ID no.

Community Based Newborn and Maternal Health Care Initiative
(CBNB & MCHI)

Section B: Newborn Birth Asphyxia

Circle the right description at 30 seconds and 5 minutes

Observations	At 30 Seconds	At 5 minutes
a) Cry	No/ <u>Weak</u> /Forceful	No/ <u>Weak</u> /Forceful
b) Breathing	No/ <u>Weak</u> /Forceful	No/ <u>Weak</u> /Forceful
c) Movement of limbs	No/ <u>Weak</u> /Forceful	No/ <u>Weak</u> /Forceful

If baby breaths weak or not present:

- 1) Did you dry and wrap the baby quickly? Yes No
- 2) Did you put baby in a position to maximise breathing? Yes No
- 3) Did you use mucus extractor? Yes No
- 4) Did you use bag and mask? Yes No
- 5) How long did you use bag and mask? _____
- 6) Did you stimulate and touch baby to breathe better? Yes No
- 7) Was the cord around the baby's neck? Yes No
- 8) Is baby alive? Yes No
- 9) If ycs does baby have any complications because of the asphyxia? Specify?

*Mama
P/1*

Section C: Breastfeeding

- 1) Can the baby breastfeed? Yes No
- 2) How long after delivery did baby first breastfeed? Hrs _____ Min 40 min
- 3) What was the first feed of the baby after birth? Breast milk