## Annexe 5: First Examination of the Newborn (Form)

(Examine one hour after the birth but in any case within six hours from the birth. If ASHA is not present on the day of delivery then fill the form on the day of her visit and write the date of her visit).

| Part I:   | For Supervisor#                       |
|---|---------------------------------------|
| 1) Date of Birth  | Correct/Incorrect                     |
| 2) Pre-term cut-off date: Is baby pre-term? Yes/No                              | Correct/Incorrect                     |
| 3) Date of first examination  | First examination done                |
| Time: Early morning Morning Afternoon Evening Night Hrs                         | Days: Hrs:                            |
| 4) Does mother have any of the following problems?                              | After birth                           |
| a. Excessive bleeding Yes/No  | \/ /N                                 |
| b. Unconscious/fits Yes/No  | Yes/No/NA                             |
| Action: If yes, refer immediately to hospital Action taken Yes/No               |                                       |
|   |                                       |
| (In case of stillbirth, do not perform further examination but complete the     |                                       |
| examination of the mother as per home visit form on day 2, 3, 7, 14, 21, 28)    |                                       |
| 5) What was given as the first feed to baby after birth?                        | Correct/Incorrect                     |
| 6) At what time was the baby first breastfed? HrsMin                            | Correct/Incorrect                     |
| How did baby take feed? Mark 🗸  |                                       |
| 1) Forcefully   |                                       |
| 2) Weakly   | Correct/Incorrect                     |
| 3) Could not breastfeed but had to be fed with spoon                            |                                       |
| 4) Could neither breastfeed nor take milk given by spoon                        |                                       |
|   |                                       |
| 7) Does the mother have breastfeeding problem? Yes/No                           | Yes/No/NA                             |
| Write the problem   | Yes/No/NA                             |
| If there is problem in breastfeeding, help the mother to overcome it            |                                       |
| Part II:  |                                       |
| First examination of the baby   |                                       |
| Temperature of the baby (Measure in axial and record):                          |                                       |
| 2) Eyes: Normal   | Yes/No/NA                             |
| Swelling or oozing pus  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 3) Is umbilical cord bleeding: Yes/No   | Yes/No/NA                             |
| Action: If yes, either ASHA, ANM or TBA can tie again with clean thread. Action |                                       |
| taken: Yes/No   |                                       |
| 4) Weight: Kg Gm Colour on scale: Red/Yellow/Green                              | Weighing matches with                 |
|   | the colour? Yes/No                    |
|   | #Mark yes if necessary                |
|   | and possible action has               |
|   | been taken without any                |
|   | mistake                               |