

Tools to Support Neonatal Referrals

To ensure the safe, efficient transfer of newborns in humanitarian settings, use these simple tools:

4A: Job Aid: When to Refer a Newborn to the Hospital

4B: Job Aid: Transferring the Sick Newborn

4C: Sample Referral Note



Visit the Newborn Health in Humanitarian Settings Implementation Toolkit for more resources:

www.healthynewbornnetwork.org.

When to Refer a Newborn to the Hospital

For referrals from the household and primary health care (PHC) levels to the hospital

Ask

Is the baby having difficulty feeding?

Has the baby had any convulsions (fits)?

Look, Listen, Feel

- Count the breaths in one minute. Repeat the count if more than 60 breaths per minute.
- Look for severe chest indrawing.
- Measure axillary temperature.
- Look at the umbilicus. Is it red or draining pus?
- Look for skin pustules.
- Look at the young infant's movements.
- If baby is sleeping, ask the mother to wake him/her. Does the baby move on his/her own?
- If the baby is not moving, gently stimulate him/her. Does the baby not move at all?

Refer when ANY of the Following Signs are Present

- Not feeding well
- Convulsions
- Fast breathing (60 breaths per minute or more)
- Severe chest indrawing
- Fever (37.5°C* or above)
- Low body temperature (less than 35.5°C*)
- Movement only when stimulated or no movement at all

Action Before Transfer

- Give first dose of intramuscular antibiotics
- Treat to prevent low blood sugar (**PHC level only**)
- Advise mother how to keep baby warm on the way to the hospital
- Refer **URGENTLY**

* These thresholds are based on axillary temperature. The thresholds for rectal temperature readings are approximately .5°C higher.

Ask

How much does the baby weigh?

How many weeks gestation was the pregnancy?

Refer when ANY of the Following Signs are Present**At household level:**

- <2.5 kg
- <37 weeks gestation

At PHC level:

- <2.5 kg plus another severe classification
- <2.0 kg

Action Before Transfer

- Place baby immediately in KMC position with mother or surrogate
- Refer URGENTLY

Ask**Is the baby breathing normally, or is the baby gasping for breath?****Look, Listen, Feel**

- Look at the baby and observe the breathing.
- Count the breaths in one minute.
- Look to see if the baby's tongue is blue.
- Look to see if the baby is pale. Look at the tongue and palms.
- Feel the pulse and count the heart rate in 1 minute.

Refer when ANY of the Following Signs are Present

First follow the Newborn Resuscitation Flowchart (Figure 3.2). Then refer if:

- Not breathing at all
- Gasping
- Respiration < 20 breaths per minute
- Heart rate < 100 per minute
- Tongue is blue

Action Before Transfer

- Advise mother how to keep baby warm on the way to the hospital
- Refer URGENTLY

Ask

If jaundice is present, ask: when did the jaundice first appear?

Look, Listen, Feel

- Look for jaundice (yellow eyes or skin)
- Look at the baby's palms and soles. Are they yellow?

Refer when ANY of the Following Signs are Present

- Any jaundice if age less than 24 hours
- Yellow palms and soles at any age

Action Before Transfer

- Treat to prevent low blood sugar (**PHC level only**)
- Advise mother how to keep baby warm on the way to the hospital
- Refer **URGENTLY**

** A newborn has diarrhea if the stools have changed from usual pattern and are many and watery (more water than fecal matter). The normally frequent or semi-solid stools of a breastfed baby are not diarrhea.

Adapted from: WHO. *Integrated Management of Childhood Illness: Chart Booklet*. 2014, p. 41-42. http://apps.who.int/iris/bitstream/10665/104772/16/9789241506823_Chartbook_eng.pdf?ua=1. MSF. *Advanced Neonatal Care: Clinical and Therapeutic Guideline*. 2015.

Ask

Does the baby have diarrhea?*

Look, Listen, Feel

- Does the infant move on his/her own?
- Does the infant not move even when stimulated but then stops?
- Does the infant not move at all?
- Is the infant restless and irritable?
- Look for sunken eyes.
- Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds)? or slowly?

Refer when **TWO** of the Following Signs are Present

- Movement only when stimulated or no movement at all
- Sunken eyes
- Skin pinch goes back very slowly

Action Before Transfer

- Advise mother how to keep baby warm on the way to the hospital
- Advise mother to continue breastfeeding
- Refer URGENTLY

PHC Level Only:

- If infant has no other severe classification:
- Give fluid for severe dehydration
- or —
- If infant has another severe classification:
- Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way
- Advise mother to continue breastfeeding

Job Aid: Transporting the Sick Newborn

Before transport:

- Stabilize baby to the extent possible.
 - Note that trained Community Health Workers (CHWs) can provide the initial dose of antibiotics, per protocol.
- Call receiving facility to notify them of the referral.
- Counsel family to explain why referral is necessary. Mother should accompany baby whenever possible.
- Fill out referral note (see Annex 4C for sample) and give to the caregiver or health worker accompanying the baby to the receiving facility.
- Record referred case in register.

On the way to the health facility:

- If the baby is able to breastfeed, feed the baby at least every two hours. Give only breast milk.
- Keep the baby warm. Keeping the baby skin-to-skin is best. Ensure the baby is:
 - Naked except for a nappy, hat and socks
 - Placed between the mother's breasts with the baby's legs along her ribs and the head turned to the side
 - Secured with a cloth
- If skin-to-skin care is not possible, wrap the baby well and keep her or him close to the mother.
- Where feasible, the health worker accompanying the caregiver and baby can provide counseling on care during transport, such as thermal care and breastfeeding.

After referral:

- Where feasible, track counter-referral, including outcome of the referral and any follow-up actions required.
 - Trained CHWs can undertake follow-up visits for referred newborns.
- Monitor and address barriers to the referral process.

Sample Referral Note

Note that pictorial referral slips can be developed in settings where community health workers are preliterate. See the Newborn Health in Humanitarian Settings Implementation Toolkit for samples: www.healthynewbornnetwork.org.

CHW Referral Note

Name of woman/baby: _____

Age of baby when referred: (Day) _____

Address: _____

Date referred: _____

Reason referred (tick below):

MOTHER has:

- Heavy bleeding
- Fever
- Other problems: _____

BABY has/is:

- Not able to breastfeed or stopped breastfeeding
- Convulsions
- Chest in-drawing
- Temperature 37.5°C or more
- Signs of local infection
- Movement only on stimulation or no movement even on stimulation
- Fast breathing
- Temperature 35.4°C or less
- Yellow soles of feet
- Weight in red zone

Name of CHW: _____

To be filled by health facility worker

Comments: _____

Seen at facility by: _____