

## Home-Based Newborn Care: Meeting the Challenge in Resource-limited Communities

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Maternal and neonatal health care, despite remarkable strides, continues to face problems in the underserved, marginalised and resource-poor communities, especially in the developing world [1]. In India, for instance, despite a remarkable increase in institutional deliveries, around 25 - 33% deliveries are still conducted by unskilled birth attendants, inviting a plethora of issue. Secondly, even in institutional deliveries, facility-based neonatal care is available only up to a point once the baby is moved to home. Most of these neonates fail to receive proper care with unfavourable outcome in the form of high morbidity and mortality. The World Health Organisation (WHO) and UNICEF have been advocating caring for newborns in the community and for increasing the coverage of household and community interventions that are known to reduce the neonatal morbidity and mortality, especially in the first week of life [2,3].

These considerations led to the launching of the home-based newborn care (HBNC), a huge community-based approach to newborn health, in 2014 in India [4].

The objectives of the HBNC include early detection and special care of preterm and low birth weight (LBW) neonates, early identification of illness and provision of appropriate care and referral, and supporting the family for adoption of healthy practices and build confidence and skills of the mother to safeguard her health and that of the neonate.

The key activities of HBNC include

- Care for every newborn through a series of home visits by a trained health worker (THW)-usually an accredited social health activist (ASHA) in the first 6 weeks of life. Some 600,000 such trained workers are involved in delivering HBNC through home visits in the breadth and length of the country under the National Health Mission (NHM).
- Information and skills to the mother and the family of every newborn to ensure better health outcomes.
- An examination of every newborn for prematurity and LBW.
- Extra home visits for preterm and LBW infants by ASHA or ANM and referral for appropriate care as per protocol.
- Early identification of illness in the newborn and provision of adequate care at home or referral.
- Follow-up of sick newborns after they are discharged from facilities.
- Counselling the mother on postpartum care, recognition of postpartum complications and enabling referral.
- Counselling the mother for adoption of an appropriate family planning method.

The key worker, ASHA's role in the delivery of HBNC to the community is paramount. Time schedule for home visits and services offered by ASHA are as follows:

- Home delivery time schedule  
Post-delivery day 1, 3, 7, 14, 21, 28, 42
- Institutional delivery time schedule  
Post-delivery day 3, 7, 14, 21, 28, 42

The services offered are

- Essential care of the newborn
- Examination of the newborn
- Early recognition of danger signs, stabilization and referral
- Counselling the mother for breastfeeding, warmth and care of the baby
- Immunization
- Postpartum care
- Use of family planning methods.

Undoubtedly, there is a convincing evidence that the strategy that has been in operation for over the last 4 years is contributing to improved neonatal care amongst the underprivileged in India [5]. Whether it has indeed accelerated the reduction in neonatal mortality and its extent remains to be ascertained [6].

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