Module 5a: Care of the newborn (FOR NEONATAL DEATHS < 28 DAYS OLD)

Read: Now I would like to ask you about the care of the newborn child.

S5a.1	What tool was used for cutting the cord?	1. New/from delivery kit/boiled razor blade 2. Old razor blade 3. Scissors 4. Other *(specify)*...... 9. Don't know	☐ ______
S5a.2	What material was used for tying the cord?	1. Clean/from delivery kit/boiled piece of thread 2. Unclean piece of thread 3. Cord clamp 4. Other *(specify)*...... 9. Don't know	☐ ______
S5a.3	Was anything applied to the umbilical cord stump after birth?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5a.4***
S5a.3.1	What was it?	1. Alcohol/other antiseptic 2. Antibiotic ointment/cream/powder 3. Mustard oil or ghee 4. Animal dung or dirt/mud 5. Other *(specify)*...... 9. Don't know	☐ ______
S5a.4	How long after birth was the baby first bathed?	1. Less than 1 hour 2. 1-23 hours 3. 24-72 hours (1-3 days) 4. More than 72 hours (3 days) 5. Not bathed 9. Don't know	☐
S5a.5	Was anything done to keep the baby warm on the first day after birth?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5a.6***
S5a.5.1	What was done? *[Multiple answers allowed.]* *For each mentioned, ask:* How soon after birth was this done?	1. Dried/wiped ...... 2. Wrapped in a blanket ...... 3. Skin-to-skin contact ...... 4. Incubator ...... 5. Other ...... *(specify other)*	Done / How soon after birth (<1hr, <6, 6-24, >24, DK) 1. ☐ ... 1.☐ 2.☐ 3.☐ 4.☐ 9.☐ 2. ☐ ... 1.☐ 2.☐ 3.☐ 4.☐ 8.☐ 3. ☐ ... 1.☐ 2.☐ 3.☐ 4.☐ 9.☐ 4. ☐ ... 1.☐ 2.☐ 3.☐ 4.☐ 9.☐ 5. ☐ ... 1.☐ 2.☐ 3.☐ 4.☐ 9.☐ ______
S5a.6	Did (you / the mother) or a wet nurse ever breastfeed the baby?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5a.7***
S5a.6.1	How long after birth was the baby first put to the breast? *[If immediately or less than 1 hour, record '00' hours.]* *[If less than 24 hours, record hours; otherwise record days.]*		___ ___ Days *(DK = 99)* OR ___ ___ Hours *(DK = 99)*
S5a.6.2	Was the baby being breastfed at the time when the fatal illness began?	1. Yes 2. No 9. Don't know	☐

S5a.7	At the time the fatal illness began, was the baby being given any other liquid, including non-human milk or formula, fruit juice, tea or water, or any semisolid or soft foods such as cereal? *[Multiple answers allowed. Probe, and record all liquids and foods given.]*	1. Non-human milk or pre-mixed formula .. 2. Powdered formula mixed with a liquid ... 3. Juice, water and/or water-based drinks. 4. ORS... 5. Drops or syrups (vitamins, medicines) 6. Semi-solid or soft foods........................ 7. Nothing else, only given breast milk...... 9. Don't know...	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 9. ☐
S5a.8	*Check SQ4.17 to determine if the baby was born in a health facility (codes 1-2):*	1. Yes, born in a health facility 2. Not born in a health facility 9. Don't know	☐ ***2 or 9 → SQ5a.10***
S5a.8.1	Did the baby leave the delivery facility alive or did s/he die in the facility?	1. Yes, left alive 2. Died in the facility 9. Don't know	☐ ***2 or 9 → SQ6.1***
S5a.8.2	How soon after birth did the baby leave the facility? *[Mark hours if less than 1 day. Mark days if 1 day or more.]*		___ ___ Days *(DK = 99)* OR ___ ___ Hours *(DK = 99)*
S5a.8.3	Was the child examined by a health worker prior to discharge?	1. Yes 2. No 9. Don't know	☐
S5a.9	Did (you / the mother) receive any counselling by a health worker prior to discharge?	1. Yes 2. No 9. Don't know	☐ ***2 or 9 → SQ5a.10***
S5a.9.1	What (were you / was she) counselled on? *[Multiple answers allowed].* *Probe:* Anything else?	1. Breastfeeding................................ 2. Immunization .... 3. Post-natal care attendance................ 4. Danger signs of newborn illness.......... 5. Other (specify) .... 9. Don't know	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ ____________________ 9. ☐

			Seen	Times	First visit
S5a.10	Was the baby ever seen by a health worker or nurse at home or in the community, or by a doctor or nurse at a health facility <u>before</u> the fatal illness began? *[Multiple answers allowed.]* *For each mentioned, ask:* How many times was the baby seen by a <PROVIDER TYPE at PLACE> before the fatal illness began? *Then ask:* When was the baby first seen by (this / <u>any</u> of these) provider(s)?	1. CHW/nurse at home or in community ... 2. Doctor/nurse at a health facility............ 3. Never seen... 9. Don't know...	1. ☐... 2. ☐... 3. ☐ 9. ☐	.....___ ___ .....___ ___	___ ___ Days old *(<1 = 00; DK = 99)*

			Suffered from Yes No DK	Treatment Yes No DK
S5a.11	Before the fatal illness began, did <NAME> suffer from any of the following known conditions: *[Read out all conditions and check "Yes," "No" or "Don't know" for each.]* *If "Yes," then ask:* Was s/he provided any treatment for this condition?	1. Preterm birth	1. ☐ 2. ☐ 9. ☐	
		a. Was s/he given special nutrition? ...	....	1. ☐ 2. ☐ 9. ☐
		b. Was s/he given "kangaroo care"? ...	....	1. ☐ 2. ☐ 9. ☐
		2. Malformation (from the time of birth):		
		a. Head, neck and/or back	1. ☐ 2. ☐ 9. ☐	1. ☐ 2. ☐ 9. ☐
		b. Mouth/palate	1. ☐ 2. ☐ 9. ☐	1. ☐ 2. ☐ 9. ☐
		c. Heart	1. ☐ 2. ☐ 9. ☐	1. ☐ 2. ☐ 9. ☐
		d. Arms and/or legs............................	1. ☐ 2. ☐ 9. ☐	1. ☐ 2. ☐ 9. ☐
		3. Other	1. ☐ 2. ☐ 9. ☐	1. ☐ 2. ☐ 9. ☐
		(specify other).....................................	________________	
Inst_1 → SQ6.1				