WAS THE YOUNG INFANT EXAMINED BY A HEALTH WORKERS AFTER BIRTH?

IF NO, ASSESS FOR CONGENITAL PROBLEMS

ASK

- Ask the mother if she has any concerns
- Ask for any identified birth defects or other problems
- Was the mother's RPR tested in pregnancy?
- If yes, was it positive or negative?
- If positive, did she receive treatment?
- If yes, how many doses?
- How long before delivery did she receive the last dose?

LOOK AND FEEL

- Measure head circumference

LOOK FOR PRIORITY SIGNS

- Cleft lip or palate
- Imperforate anus
- Nose not patent
- Macrocephaly (birth head circumference more than 39 cm)
- Ambiguous Genitalia
- Abdominal distention
- Very low birth weight (≤ 2kg)

LOOK FOR OTHER ABNORMAL SIGNS

HEAD AND NECK

- Microcephaly (Birth head circumference less than 32 cm)
- Fontanelle or sutures abnormal
- Swelling of scalp, abnormal shape
- Neck swelling or webbing
- Face, eyes, mouth or nose abnormal
- Unusual appearance

LIMBS AND TRUNK

- Abnormal position of limbs
- Club foot
- Abnormal fingers and toes, palms
- Abnormal chest, back and abdomen
- Undescended testis or hernia

SIGNS OF CONGENITAL SYPHILIS

- Oedema
- Pallor or jaundice
- Reduced movements or irregular, jerky movements
- Full fontanelle
- Large lymph nodes
- Large liver and/ or spleen
- Respiratory distress
- Small red or purple spots on the skin (petechiae)
- Blisters on hands and feet

CLASSIFY YOUNG INFANT

Any one of the PRIORITY SIGNS:

• Cleft palate or lip • Imperforate anus • Nose not patent • Macrocephaly • Ambiguous genitalia • Abdominal distention • Very low birth weight (≤ 2kg)	MAJOR ABNORMALITY OR SERIOUS ILLNESS	• **Give diazepam rectally if convulsing at present (p. 35)** • **Give oxygen if indicated (p. 11)** • **Give first dose of ceftriaxone IM (p. 12)** • **If fast breathing, chest indrawing or grunting, give cotrimoxazole 2.5 ml if older than 1 month (p. 38)** • **If there is abundant pus or purulent discharge or eyelids are swollen, irrigate with normal saline immediately. Repeat hourly until referral.** • **Test for low blood sugar, and treat or prevent (p. 11)** • **Breastfeed if possible** • **Keep the infant warm on the way (p. 11)** • **Refer URGENTLY**
• One or more abnormal signs	BIRTH ABNORMALITY	• Keep warm, skin to skin (p. 11) • Assess breastfeeding (p. 20) • Address any feeding problems and support mother to breastfeed successfully (p. 20-21) • Refer for assessment • If not able to breastfeed, give EBM 3ml/kg per hour on the way
• Mother's RPR positive and she is - Untreated - Partially treated (fewer than three doses) - Treatment completed less than 1 month before delivery **OR** • Mother's RPR is not known, and it is not possible to get the result now	POSSIBLE CONGENITAL SYPHILIS	• Check for signs of congenital syphilis and if present refer to hospital • If no signs of congenital syphilis, give intramuscular penicillin (p. 12) • Ask about the caregiver's health, and treat as necessary (p. 10) • Ensure that the mother receives full treatment for positive RPR
• No risks nor abnormal signs	NO BIRTH ABNORMALITIES	• Counsel the caregiver on home care for the young infant (p. 14)