Improving Clinical Protocol Adherence in SNCUs and NICUs: From Guidelines to Practice

Child Health Division, MoHFW



Q – 1: Prof. Dr. Sumitra Yadav

How is coordination done for timely administration of antenatal corticosteroid in preterm labor, and what challenges impact consistent adherence to protocol?

Q – 2: Prof. Dr. Sushma Nangia

What strategies or innovations can ensure Essential Newborn

Care practices during deliveries especially during Caesarean

births?



Q – 3: Prof. Dr. Sumitra Yadav

What are the key gaps in birth asphyxia management at labour room, and how can the readiness of NBCCs be improved for consistent protocol adherence?



Q – 4: Prof. Dr. Suman Rao

Is Vitamin K administration standardized in public health facilities, and what barriers impact comprehensive newborn screening at birth?

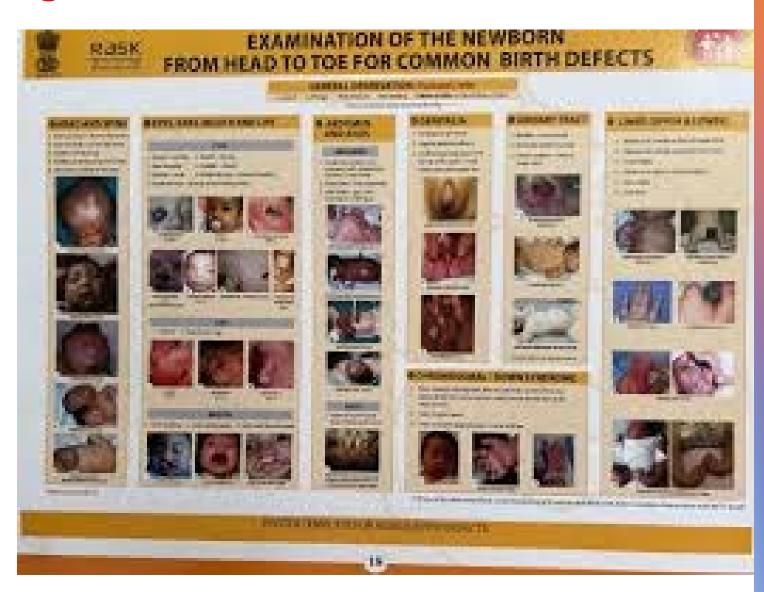
Vitamin K administration at birth

- Who: All newborns
- What: 1 mg of Vit K1 for > 1000 g
 0.5 mg of Vit K1 for < 1000 g
- How: 1 ml syringe; 26 G needle
- Where: anterolateral aspect of thigh IM
- When: After one hour of SSC
- Why: To prevent VKDB (Vit K deficiency bleeding- which can be serious)

- Why the gap?
- Supplies
- Syringes
- 10 ml ampoule wastage
- Not a priority??
- Missed?

Universal newborn screening

- Head to toe examination for common birth defect
- Comprehensive NBS 72-96 hours when available
- WHO recommendation
 - Hearing (using OAE/AABR)
 - Eye examination (external + red reflex)
 - Jaundice (TcB at 24–48 hours)





Q – 5: Dr. Vivek Singh

What is the best approach for developing neonatal transport

systems and triage protocols in healthcare settings?

Q – 6: Prof. Dr. Sumitra Yadav

What barriers exist in using partographs and Foetal Heart Rate (FHR) monitoring during deliveries, and how can they be overcome?

Q – 7: Prof. Dr. Sushma Nangia

What challenges are encountered in feeding and fluid management in SNCUs/NICUs, and how we can ensure that all admitted babies received timely safe adequate nutrition.

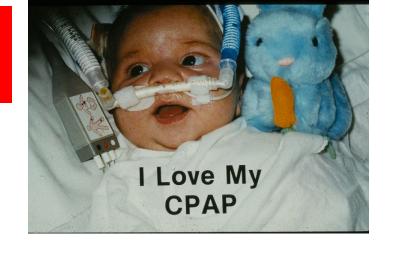


Q – 8: Prof. Dr. Suman Rao

How can the judicious and safe use of oxygen be ensured to prevent complications like Retinopathy Of Prematurity (ROP) in preterm newborns?

Strategies to ensure safe use of oxygen

Oxygen is a DRUG





Saturation target- 91-95% Alarm limits



Protocols – starting, weaning Audits



Q – 9: Prof. Dr. Sushma Nangia

What are the challenge in rational use of antibiotics, and

how the rational use can be ensured in existing settings?

Q – 10: Prof. Dr. Suman Rao

What should be the criteria for admitting newborns to SNCUs, and

how can discharge planning be optimized for at-risk newborns?

Strategies to prevent over-crowding

- Admission criteria & discharge criteria
- Prioritization
- Step down KMC ward,
- Postnatal wards
 - Jaundice
 - Completing antibiotics
- Early feeding, KMC, avoiding unnecessary antibiotics

Q – 11: Dr. Vivek Singh

What challenges exist in ensuring effective follow-up care for

SNCU graduates, and how can linkages with DEICs improve

outcomes?

Q – 12: Prof. Dr. Sushma Nangia

What are the gaps in infection prevention practices in SNCUs/NICUs, and what low-cost strategies can strengthen infection control practices?

Q – 13: Prof. Dr. Suman Rao

What practices can prevent hypothermia in preterm and low birth weight newborns.

What barriers hinder KMC implementation and engagement of parents and family members, and how can family participation in neonatal care be improved?





Strategies to prevent hypothermia

- Admission temp as a quality indicator
- Monitoring
- Behavior change
 - No bath, covering & swaddling the baby





Parental involvement





- Quality of care
- Modular training for families
- Monitoring
- Communication & counseling skills
- Maternal support, comfort
- Champions

Q – 14: Dr. Vivek Singh

How can facility teams be encouraged to adopt a data-driven decision making approach, and how can technology support telementoring in neonatal care?