

MEET YOUR FACILITATOR
FOR THIS SESSION



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ICSA LEARNING SERIES

MODULE 1 · SESSION 5

Preterm and Low Birth Weight Care



Wednesday, 19 August 2026



10:00 – 11:00 AM WAT



Certificate of Participation
Attend 75% of Module 1 sessions to earn
your certificate.

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**SCAN TO
REGISTER:**



Welcome

PRETEST



Learning Certification Requirement

Attend at least 70% of the Module 1 sessions

Be present for at least 70% of each learning session

Complete both the pre- and post-session assessments for at least 70% of the sessions attended.



NEONATAL RESUSCITATION: SAVING BABIES AT BIRTH

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Session Overview

What We Will Cover Today

-  What are preterm and low birth weight babies?
-  Why does this matter in Nigeria?
-  How to identify these babies early
-  Kangaroo Mother Care (KMC) – demonstration
-  Feeding the small baby
-  When to refer
-  Case discussion & practice

Definitions – Know Your Baby

Preterm Baby:

- Born **before 37 completed weeks** of pregnancy

Low Birth Weight (LBW):

- Birth weight **less than 2,500 grams (2.5 kg)** regardless of gestational age

Classification of LBW:

- Low birth weight: **< 2.5 kg**
- Very low birth weight: **< 1.5 kg**
- Extremely low birth weight: **< 1.0 kg**

The Nigerian Context – Why This Matters

- **Nigeria has the 3rd highest number of preterm births globally – after India and China**
- **Over 774,000 preterm births occur in Nigeria each year**
- **Complications of prematurity are a leading cause of newborn mortality in Nigeria**
- **In low-income countries, most extremely preterm babies die within days – but in high-income countries, almost all survive**
- **This gap is preventable.**



Early Identification – What to Look For

Ask the mother:

- How many months pregnant were you when you delivered?
- Do you know the baby's birth weight? (Weigh the baby at birth)

Physical signs of prematurity:

- Thin, red, translucent skin
- Fine hair (lanugo) over the body
- Poor muscle tone (floppy baby)
- Large head compared to body
- Weak or absent sucking reflex
- Absent breast tissue (if < 34 weeks)
- Plantar creases only on the front of the sole



Simple tools:

- Weigh all newborns at **1 hour** of life
- Measure the length
- Mid-upper arm circumference (MUAC), head and chest circumference have good diagnostic accuracy for identifying LBW

The Three Critical Risks

**Preterm and LBW babies
face three major threats:**

Risk	Why	Consequence
 Hypothermia	Little body fat, unable to regulate temperature	Death, infection
 Poor feeding	Weak suck, immature gut	Malnutrition, hypoglycaemia
 Infection	Immature immune system	Sepsis, death

**Kangaroo Mother Care addresses ALL THREE
risks simultaneously!**

Kangaroo Mother Care – What Is It?

KMC = prolonged skin-to-skin contact + exclusive breast milk feeding

Key principle: The mother's chest is the baby's **natural incubator**.

Who should get KMC?

- **ALL preterm or LBW newborns** – starting **immediately** after birth
- **Exceptions only if:** Baby cannot breathe on their own OR blood pressure/circulation is dangerously low (requires urgent treatment first)



KMC Demonstration – Step by Step

Step 1: Prepare

- Find a quiet, private space
- Mother sits in a comfortable, semi-reclined position
- Baby is naked except for a nappy and a small cap

Step 2

Step 2: Position

- Place baby **vertically** on mother's bare chest
- Baby's head turned to one side, neck extended
- Baby's chest against mother's chest
- Baby's legs in a "frog" position (flexed)

Baby between
mother's breasts

Head turned to
one side

Support baby's bottom

Frog-leg position



Step 3

Step 3: Secure

- Use a cloth wrap, elastic binder, or specially designed garment to hold baby securely
- Wrap around both mother and baby
- Baby should be snug but able to breathe easily



Kangaroo Mother Care for all small babies

Step 4

Step 4: Duration

- **Continuous KMC:** At least **8–24 hours per day**
- Can be practiced at all levels
– from labour room to postnatal ward to home

Step 5

Step 5: Monitor

- Check baby's colour, breathing, and temperature regularly
- Baby should be warm to touch, pink, breathing comfortably



Kangaroo Mother Care

www.loveandbreastmilk.com

The Amazing Benefits of KMC

Benefit	Reduction
Newborn deaths	> 30% reduction
Hypothermia	~70% reduction
Severe infections	15% reduction
Breastfeeding rates	Improved
Weight gain	Improved
Long-term cognitive development	Improved

KMC saves lives:

KMC empowers mothers and families – it transforms newborn care.

Feeding the Preterm/LBW Baby

- **The Golden Rule: BREAST MILK IS BEST** – especially for small babies

If baby can breastfeed:

- Put to the breast **as soon as possible** after birth
- Feed **frequently** – at least every 2–3 hours
- Include night feeds

If baby cannot breastfeed (weak suck, too small):

- Express mother's milk and feed by:
 - **Cup** (clean cup)
 - **Nasogastric tube** (in facility settings)
 - Start feeding **as early as possible from the first day**

Feeding volume guide:

- Start with small volumes: **10–30 ml/kg/day**
 - Gradually increase as baby tolerates
 - Target full feeds: **120 ml/kg/day**
-
- **If mother's milk is not available:**
 - Donor human milk
 - Standard infant formula

Exercise

"A baby weighs 1.6 kg and is 5 days old. The mother's milk is coming in but baby is too weak to suck. Calculate the feed for the day (target 120 ml/kg/day, divided into 8 feeds. What volume do you give per feed?"

Refer immediately if the baby has ANY of these danger signs:

When to Refer – Danger Signs

Danger Sign	What to do
 Not feeding well / unable to feed	Refer urgently
 Reduced activity / lethargic	Refer urgently
 Difficulty breathing	Refer urgently
 Fever or feels cold	Refer urgently
 Fits or convulsions	Refer urgently
 Weight < 1.5 kg (very low birth weight)	Refer for specialised care
 Gestational age < 32 weeks	Refer for specialised care
 Any sign of infection (umbilical redness, pus, jaundice)	Refer urgently

Time is critical – referral should ideally occur **within one hour of delivery**

Case Discussion – Putting It All Together

CASE SCENARIO

"A 28-year-old woman comes to your primary health centre in labour. She tells you she is 'about 7 months pregnant.' She delivers a baby boy who weighs 1.9 kg. The baby is crying weakly, feels cold to touch, and is not interested in feeding."

Questions:

- **What is your immediate assessment?** (Preterm? LBW? Danger signs?)
- **What are your priority actions?** (Warmth? Feeding? KMC?)
- **Should you refer this baby?** (Yes – why? Where? How?)
- **What would you tell the mother?** (Counselling messages – kmc, referral?)

Summary – Key Messages

**Remember the 4
Critical Actions:**

1 IDENTIFY	2 WARM
Weigh every newborn	Start KMC immediately
Recognise preterm signs	Skin-to-skin contact
3 FEED	4 REFER
Breast milk – expressed if needed	Know the danger signs
Frequent feeds	Refer early – within 1 hour

"No newborn should die from preventable causes."  **WHO**
World Health Organization

Resources & Further Reading

- **WHO Kangaroo Mother Care: A Clinical Practice Guide (2025)** – www.who.int
- **WHO Parent Counselling Guide on KMC (2025)** – available at WHO publications
- **WHO Recommendations for Care of the Preterm or LBW Infant (2022)** – 25 recommendations
- **Nigeria Every Newborn Action Plan (NiENAP)** – national framework
- **Nigeria national KMC guidelines** – available through Federal Ministry of Health
- **Comprehensive Newborn Care Guidelines for Nigeria**

Q & A



POST TEST



Next Session - Overview of Module 1

covers the critical first days of life, equipping frontline health workers with expert-led, practical knowledge on newborn care, from birth through the first weeks of life.

PERIOD	TOPIC	PRESENTER	DATE
1	Essential Newborn Care Thermal care, cord care, breastfeeding, infection prevention, danger signs	Assoc. Prof. Ezenwa Beatrice	Wed, 24 Jun 2024
2	Newborn Danger Signs Recognition drills, triage exercises, caregiver counselling	Prof. Zubaida Farouk	Wed, 8 Jul 2026
3	Neonatal Resuscitation Bag-and-mask simulation, team scenarios, equipment readiness	Assoc. Prof. Ezenwa Beatrice	Wed, 22 Jul 2026
4	Birth Asphyxia Stabilization simulation, referral decision-making, case review	Prof. Zubaida Farouk	Wed, 5 Aug 2026
5	Preterm & Low Birth Weight Care Kangaroo mother care, feeding plans, referral guidance	Assoc. Prof. Ezenwa Beatrice	Wed, 19 Aug 2026
6	Neonatal Jaundice Severity assessment, referral timing, caregiver counselling roleplay	Prof. Zubaida Farouk	Wed, 2 Sep 2026
7	Neonatal Sepsis Risk factors, first-line management, referral pathway mapping	Assoc. Prof. Ezenwa Beatrice	Wed, 16 Sep 2026
8	Vaccine Hesitancy & Risk Communication Rumour management, roleplay, community engagement planning	Prof. Zubaida Farouk	Wed, 30 Sep 2026
9	Interactive Review — Periods 1–8 Case presentations, knowledge quiz, experience sharing	Module Facilitators	Wed, 14 Oct 2026

Thank You

