

1. What made 'Anjali', a Low Birth Weight baby, turn roly-poly in 3 months?

Usha Bai resides in Jeet Nagar, a slum in Indore district, Madhya Pradesh with her husband and in-laws. She belongs to a 'Balai' (socio-culturally backward caste) family who are natives of 'Neemarkheri' village in Madhya Pradesh. Both she and her husband are illiterate. Her husband, the only breadwinner in her family works as a daily wage labourer. She is a housewife and has 3 children- 4 year old son, 3-year-old daughter and a 3 month-old roly-poly daughter, Anjali who at 3 months weighs 4.5 kgs. Neighbours and slum children wait to play, hug and kiss Anjali as according to them she is active, chubby and not cranky. But, was Anjali as chubby at birth as she is today? Unfortunately Not. At birth, Anjali, weighed only 2 kgs. Described below are excerpts from our discussion with Usha Bai on problems she faced and practices she followed which helped rehabilitate Anjali.

Reason cited for the neonate being low birth weight (LBW)

Usha Bai suffered from persistent diarrhoea from the second trimester of her pregnancy. Her husband had taken her to Maharaja Yashwantrao (MY), the 'big' hospital attached to Indore Medical College, for treatment of diarrhoea. She received medicines from MY, but her illness showed no remission. She actively attended community meetings¹ held in the slum, followed a two meal pattern due to meager resources, had taken 2TT shots, consumed more than 60 iron-folic acid tablets and had gone to MY for antenatal checkups regularly. She felt that possibly due to her poor diet and persistent diarrhoea that Anjali was born LBW.

How was the risk to the neonate identified?

Usha Bai said - "At birth Anjali looked tiny and lied listless and did not even cry on her own immediately after birth. Jassobai, a STBA had milked Anjali's umbilical cord a number of times for resuscitation. When the lead slum based health volunteer (LCBO) came the next day and weighed her she identified her as LBW. All this did scare me. LCBO advised my mother-in-law (MIL) to ensure that I breastfeed frequently and exclusively, wrap the baby and if the baby still lied listless, to call her and together they would seek advice from MY. We are poor and cannot afford a private hospital, but my MIL is very wise, she had saved two thousand rupees for my delivery as she thought in a complication she would have to take me to the hospital. So we were not tensed as we had money in case we needed to seek referral for Anjali in Kasturba gram or MY Hospital. All of us knew that Anjali needed extra care, but we were prepared to provide it".

Extra Care provided to the baby

Usha Bai's MIL provided both emotional and physical support to her. She did not allow her to do any household work until Anjali turned two months and did all of it herself. She also took care of her older grandchildren to allow Usha Bai get some rest. She advised Usha Bai to keep Anjali clean and dry, breastfeed exclusively, patiently and frequently especially when Anjali cried or frowned. Usha said-"When I felt that Anjali was sleeping for a long time, I would put her on my breast while she was asleep. Anjali did not have a poor suckle so I did not have to make extra efforts to make her suckle except to breastfeed more

¹ Community meetings are hosted by slum based health volunteers (trained under the UHRC-India project) each month. In these meetings messages related to antenatal, intra-partum, post-partum and childhood immunization along with their importance are discussed with pregnant and lactating women. Each month one health topic is discussed with the objective to motivate mothers to adopt it.

frequently. I have learned in community meetings that mothers milk has everything a baby needs and nothing additional not even water need be given". "I never left Anjali alone and did not allow my older children to play with her fearing that they may hurt her. Just after she would urinate, I would clean her and change her wraps", Usha Bai continued. Since Anjali was born in peak summer, no extra effort was made to keep her warm, although Anjali was given an oil massage once a day only after she completed one month as Usha ("Anjali was so tiny and weak I felt her weak bones would break with a massage so I started giving her a massage when she turned 1 month only). Since birth, Anjali suffered from only one episode of diarrhoea that too when she was 3 months old. Initially, Usha Bai exclusively breastfed, but when the diarrhoea did not improve, then her MIL advised to take Anjali to a private doctor nearby. On the doctor's advice, Usha Bai fed 'ghutti' until she felt Anjali was passing stools of thicker consistency. Thereafter, she exclusively breastfed. Usha Bai felt that fast breathing, diarrhoea, baby crying continuously would be indicative for seeking referral for Anjali.

Who supported mother and gave advice? Overall, keeping Anjali dry and clad, BF often and exclusively and promptly responding to danger signs played the trick in rehabilitating her and all this would have not happened without the support of the MIL.

This case study points out that despite poverty and illiteracy, a receptive mother religiously following simple home-based practices can ensure survival of a LBW baby. Further, if older women like MILs in the family are supportive, encouraging and have a forwarding attitude to adopt/reinforce positive practices these efforts are complimented. The role of private medical practitioners, unqualified in most cases cannot be ignored (here, he advised feeding 'ghutti') as they are the one most approached due to their proximity and low fee. Updating and counseling private medical practitioners on recommended practices would also go a long way in ensuring survival of such vulnerable newborns.

Source: Agarwal S, Srivastava K, Sethi V. Maternal-newborn care practices amongst the urban poor in Indore: Gaps, reasons and possible program options. Urban Health Resource Center (New Delhi), 2007. www.uhrc.in/name-CmodsDownload-index-req-getit-lid-62.html