



Conflict of interest-None

Smartphone Apps *in* Newborn Health

Department of Pediatrics
All India Institute of Medical Sciences

WHO-CC for Training & Research in
Newborn Care

Smart phone Apps

- Idea about Apps
 - Development
 - Principle of proof – enhance learning ; can be used as training tool
 - Dissemination
-

Idea-why smartphones ?

- One day an Intern posted at Community Hospital ,100 kms away walks in room and suggests need for point of care Tool
 - Webcast on Google 45 minutes !
 - So simple –Can Do it !!
-



WHO COLLABORATING CENTER FOR TRAINING AND RESEARCH IN NEWBORN CARE

Department of Pediatrics, All India Institute of Medical Sciences, New Delhi, India



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E-LEARNING ▶



SEARNET DATABASE ▶



KANGAROO MOTHERCARE ▶



BIRTH DEFECTS



APP'S FOR SMARTPHONE ▶



Neonatal Division, AIIMS

The Neonatal Division at the Department of Pediatrics, All India Institute of Medical Sciences, New Delhi, was designated as the WHO Collaborating Centre for Training and Research in 1997. During the sixteen years since its inception, the Centre has made significant contribution towards promotion of newborn care at the national and the international level

[Read More](#)

LATEST UPDATES

- » [Facility based Newborn Nursing 2014](#) **new**
- » [Skill videos on neonatal procedures 2014](#)
- » [Standard Treatment Protocols for small hospitals 2013](#)
- » [Webinars on Essential/Sick Newborn Care](#)
- » [Equipment Podcasts 2013](#)

FORTHCOMING EVENTS ▶

NEWS ROOM

- » For our Team at AIIMS, it has been a great learning experience to follow the progress in field of Neonatal Perinatal Medicine and to constantly watch the new accumulating evidence for improvement of Neonatal Health.
[Dr C. Aparna & Dr Ashok Deorari share their views on 'Prevention of Ventilation associated complications'....](#)
[For More](#)
- » [Field Testing for Newborn Nursing for SCNUs/ Small Hospitals](#) **new**
- » [Historic day for Indian Newborns](#) **new**
- » [State of India Newborn report 2014](#) **new**



IMAGE GALLERY

Identification of Barriers and Facilitators for Educaion of Nurses.

Android & iOS platform

WHO COLLABORATING CENTER FOR TRAINING AND RESEARCH IN NEWBORN CARE
Department of Pediatrics, All India Institute of Medical Science, New Delhi, India

Home - Windows Live
State Bank of India
ONTOX - My Home
ONTOX - Administration
Payment Detail
IS2 (unread) - unread
Mozilla Firefox Start Page
IS4 (unread) - unread
Online Neonatal Training
Online Training Orientation
Home - Windows Live
Hemal - sphoconet...
Hemal - sphoconet...
Outlook - sphoconet...
Inbox (5) - sphoconet...
Outlook - sphoconet...
World Federation of Soc...

APPS For Smartphone

- E-LEARNING**
- SCANNET DATAMAP**
- KANGAROO HOLDING**
- BIRTH OBJECTS**
- APPS FOR SMARTPHONE**

Forthcoming Event

1. WHO-CC ADPs with the help of nursing colleagues and neonatologist from SEARO region (also with Essential Newborn Nursing for Small Hospitals with limited resources). The participatory learning tool can be accessed at www.newbornwho.org. The core contents are based on current evidence based practices advocated by WHO HQ (KPCNC Guidelines for health workers, World Health Organization 2012) and expert opinion. The tool is converted as "Able Newborn" for healthcare professionals on smart phones. Modules have undergone pilot testing among nurses and doctors. The feedback suggestions has been incorporated. We would welcome suggestions for further improvement.

2. Standard treatment protocols (STPs) for Management of Sick Newborns in Small Hospital* WHO-CC ADPs with the help of neonatologists from SEARO region have come out with STPs for management of sick newborns in small hospitals with limited resources (neonatal stabilization units and first referral unit). These are based on current evidence based practice advocated by WHO HQ (Managing newborn problems - a guide for doctors, nurses, and midwives, World Health Organization 2010) and expert opinion of case CPM January 2010. STPs have undergone pilot testing among postgraduate medical students. The feedback suggested has been incorporated. We would welcome suggestions for further improvement.

3. SickNewborn is an app based on the "Standard Treatment Protocol (STP) for Management of Sick Neonates in Small Hospital* World Health Organization Collaborating Center at the All India Institute of Medical Sciences with the help of neonatologists from SEARO region have come out with STPs for management of sick newborns in small hospitals with limited resources. These are based on current evidence based practices advocated by WHO HQ (Managing newborn problems - a guide for doctors, nurses, and midwives, World

4. The NewbornCare app is based on the "Essential Newborn Nursing for Small Hospital* Training Tool of WHO Collaborating Center for Training and Research in Newborn Care, All India Institute of Medical Science, New Delhi. This is conceptualized as evidence based practice advocated by WHOHQ, Saving Newborn Lives, National Neonatology Forum, Kangaroo Foundation, and expert opinion. The app presents user-based information for managing neonatal care and newborns, links to newborn procedures and equipment videos, well charts it easy to read format as possible. This is complementary to Stabilization app of WHO CC ADPs.

5. Essential Care for Sick Baby (ECSB) is an evidence-based educational program designed to increase cognitive knowledge and develop skills of health care professionals in essential newborn care in low-resource areas based on WHO HQ's guidelines. The practice guide suggests ways for quality improvement methods in strengthen health systems. The tool focuses on the immediate care of the newborn after birth and during the first day to until discharge from the health facility. One may use ECSB app as a preparation for and during the initial training course. Others will use it after the completion of the course as a "take home" part of one's tool of bedside. It will guide activities that will help providers maintain and improve knowledge and skills through review and practice. The app also outlines ways to implement in your facility.

6. Essential Newborn Care App is for Android phones. ECSB is an evidence-based educational program designed to increase cognitive knowledge and develop skills of health care professionals in essential newborn care in low-resource areas based on WHO HQ's guidelines. The practice guide suggests ways for quality improvement methods to strengthen health systems. The tool focuses on the immediate care of the newborn after birth and during the first day to until discharge from the health facility. One may use app as a preparation for and during the initial training course. Others will use it after the completion of the course as a "take home" part of one's tool of bedside. It will guide activities that will help providers maintain and improve knowledge and skills through review and practice. The app also outlines ways to implement in your facility.

Download on the App Store

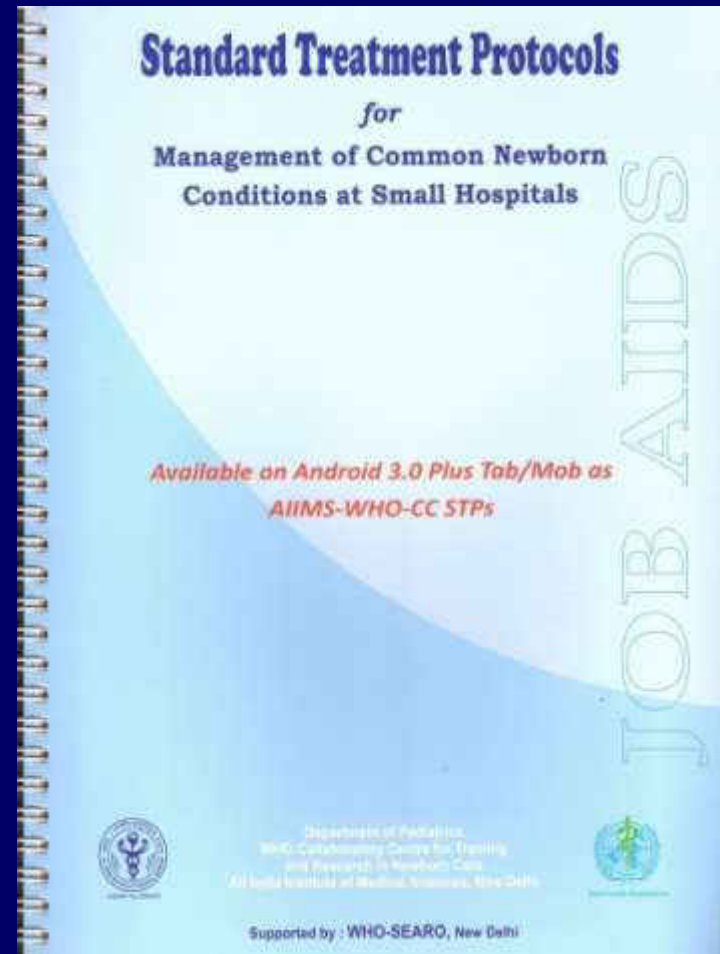
Published on each store apps on Sick Newborn
Evaluation of SickNewborn / ADPs WHO CC STPs
HQHQ

Standard Treatment Protocols

Evidence based- 2012-13 WHO Guidelines

- Target group
- Contents –Wall charts; Job Aids; Rx Algorithm
- Essential drugs , equipment ,procedures
- Uses existing resource materials of WHO-CC

**Based on WHO HQ's Pink & Blue book ,guidelines 2012*



Rapid Assessment and immediate management of emergencies

SHEET-A

Look for EMERGENCY Signs

Evaluate all neonates for emergency signs afterwards refer to Sheet B

Not breathing at all (even when stimulated) OR gasping respiration OR respiratory rate less than 20/minute

APNEA OR GASPING RESPIRATION

- Start PPV
- Continue Oxygen

Weak and fast pulse (HR > 180/mt) AND Extremities cold to touch AND Capillary Refill Time > 3 sec, with or without pallor, or lethargy or unconscious

SHOCK

If bleeding is the likely cause of shock:

- Infuse normal saline 10ml/ kg body weight over 10 minutes
- Stop external bleeding
- Give Vit K IV

If bleeding is not the likely cause of shock:

- Give 10 ml/kg normal saline over 30 min

(Follow STP)

Bleeding

BLEEDING

Seizures

SEIZURES

Manage Airways, Check and manage Low Blood Glucose, check Calcium, give Anticonvulsants

Blood glucose less than 45 mg/dl

HYPOGLYCEMIA

Treat Hypoglycemia (Follow STP)

Temperature <36° C

MODERATE TO SEVERE HYPOTHERMIA

Keep under warmer Rapid re-warm if temp. <32° upto 34° C and then gradual rewarming (Follow STP)

Make sure newborn is warm; manage airways; start oxygen if saturation <90%; insert IV; measure blood glucose; correct low blood glucose



Assessment for specific conditions

SHEET-B

[AFTER EMERGENCY MANAGEMENT OR IF EMERGENCY SIGNS ARE ABSENT]

ASK

NEONATAL HISTORY

- Age of the neonate and the birth weight if available.
- Was the baby born term? If not, then at what gestation?
- Delayed Cry/ not breathing at birth/ requirement of BMV at birth
- Is the baby having any other problem in feeding/ choking/ vomiting?
- When did the problem start?
- Has the baby worsened?

MATERNAL HISTORY

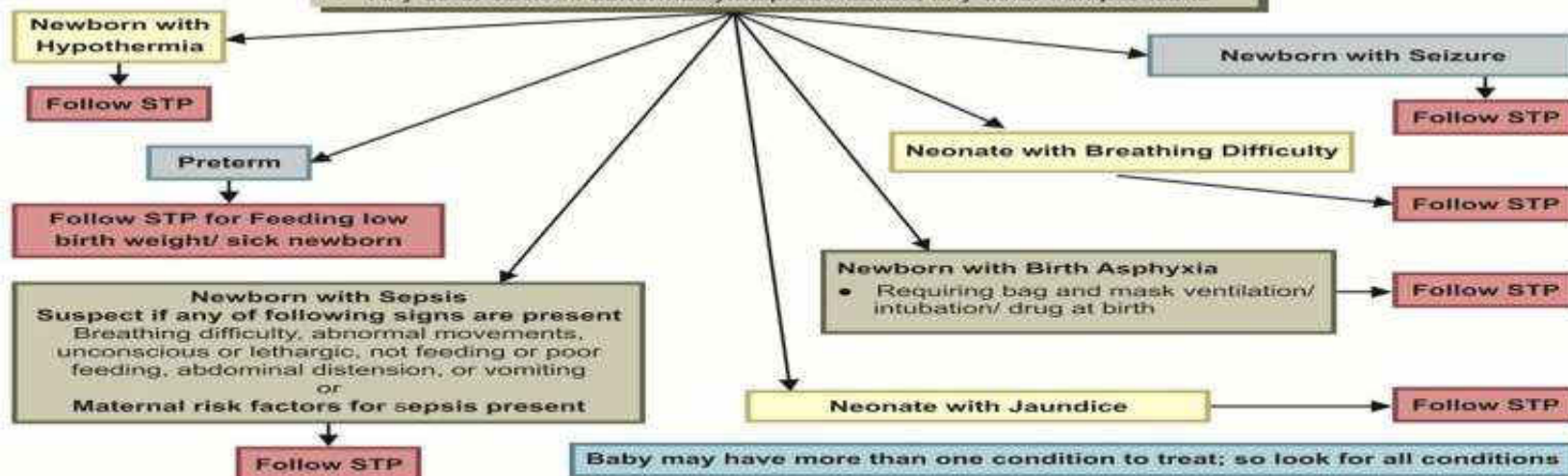
- Medical, obstetric, social history.
- **Pregnancy:** Duration, chronic diseases, HIV, any complications, history of maternal fever
- **Labour:** Any complications, duration of rupture of membranes, any complication-fetal distress, prolonged labor, caesarean section, color and smell of amniotic fluid, instrumental delivery, vaginal delivery, malposition, malpresentation, any other complications

LOOK

EXAMINATION

- Recheck Temperature*
- Recheck Heart rate*
- Recheck Respiratory rate*
- Severe chest indrawing, grunting, central cyanosis.
- Abdominal distention and/or vomiting
- Seizure
- Lethargy
- Jaundice
- Any other obvious abnormality/malpresentation, any other complications

*If taken more than 30 minutes before



Standard Treatment Protocol for management of common newborn conditions in small hospitals

For additional / next level management please refer to WHO Guidelines (Managing Newborn Problems and Pocket Book of Hospital Care of Children), <http://www.ontop-in.org/sick-newborn/>, <http://www.newbornwhocc.org/>



World Health Organization

Shock in Newborn

- Weak & fast pulse (HR>180/min) AND
- Extremities cold to touch AND
- Capillary Refill Time >3 sec
- With or without the following signs:
- Colour- very pale
- Lethargy, not arousable on stimulation

Provide warmth
Secure airway
Support breathing, circulation and temperature
Start oxygen, if saturation (<90%) is low
Measure blood glucose; correct hypoglycemia (Follow STP)

If bleeding is **NOT** the likely cause

- Establish IV access
- Give IV normal saline or Ringer Lactate 20 ml/kg body weight over the first hour
- Give IV 10% Dextrose at maintenance rate
- Treat for Sepsis (Follow STP)
- Continue O2 as required

If bleeding is the likely cause

- Establish IV access
- Give IV normal saline or Ringer Lactate 10 ml/kg body weight over 10 min
- If no improvement, repeat fluid of 10 ml/kg once after 20 minutes as above
- Immediately give a blood transfusion using type O, Rh negative blood
- Give Vitamin K 1 mg IV

Monitor hourly (Panel 2)

- Heart rate, oxygen saturation
- Capillary refill time
- Urine output
- Sensorium

Determine Diagnosis (Panel 1)

If signs of shock improve

- Continue maintenance IV fluid as per weight and day of life (Follow STP)
- Reassess above parameters hourly
- Give specific treatment based on diagnosis (Follow specific STP)

If signs of shock persist

- Continue IV Fluid and O2
- REFER





Downloaded apps



OfficeSuite



TubeMate



Flash Play...



Quickoffice



AIIMS WH...



SWF Player



SmartSWF



SWF Player



RealPlayer



PaedRx



Skype



Norton Mo...



ES File Exp...

Type on Android Smartphone to download small 274 kb app
AIIMS WHOCC STPs





RAPID ASSESSMENT AND IMMEDIATE MANAGEMENT OF EMERGENCIES

APNEA or GASPING REPIRATION

SHOCK

BLEEDING

SEIZURES

HYPOGLYCEMIA

HYPOTHERMIA

NO EMERGENCY SIGNS

LOOK FOR ALL EMERGENCY SIGNS



RAPID ASSESSMENT AND IMMEDIATE MANAGEMENT OF EMERGENCIES

APNEA or GASPING REPIRATION

LOOK

• Seizures

Seizures MANAGEMENT

- Manage airways,
- Check and manage low blood glucose,
- check Calcium,
- Give anticonvulsants
(Follow STP)

NO EMERGENCY SIGNS

LOOK FOR ALL EMERGENCY SIGNS



ASK AND LOOK

NEONATAL HISTORY

MATERNAL HISTORY

EXAMINATION



DEFINITIVE MANAGEMENT

HYPERTHERMIA

HYPOTHERMIA

HYPOGLYCEMIA

SEIZURES

JAUNDICE

RESPIRATORY DISTRESS

SHOCK

SEPSIS

TRANSPORT



Newborn with abnormal movements
Differentiate from jitteriness/other abnormal movements
(CLICK for details)

IF SEIZURES

Secure airway;
Optimize breathing, circulation, and temperature;
Start oxygen in the presence of cyanosis and/or low

Measure Serum Calcium, if possible
If low, give IV Calcium*
• Seizure continues REFER
• If no seizure Start Oral Calcium
(CLICK for more details)

Measure glucose

< 45 mg/dl

> 45 mg/dl

• Do Lumbar Puncture if clinical examination shows bulging anterior fontanel, opisthotonus, lethargy or unconsciousness
• After immediate treatment, also assess signs check if for other illnesses





Newborn with abnormal movements
Differentiate from jitteriness/other abnormal movements
(CLICK for details)

Convulsions vs. Jitteriness

Convulsions

- Have both fast and slow components
 - Slow movements (1-3 jerks per second)
- Not provoked by stimulation
- Does not stop with restraint
- Neurological examination - often abnormal
- Neurological examination - usually normal
- Often associated with eye movements (tonic deviation or fixed stare) and/or autonomic changes (changes in heart rate)

Jitteriness

- Fast movements (4-6 per second); tremors are of equal amplitude
- Provoked by stimulation
- Stops with restraint
- Neurological examination - usually normal
- Not associated with eye movements or autonomic changes

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CALCIUM GLUCONATE I.V.

NOTE For giving IV calcium, cardiac monitoring is preferred. Therefore, baby should be referred to higher center for treating hypocalcemia, if present.

PRESENTATION 9 mg/ml ampoules

DOSAGE 1-2 ml/kg/dose every 6-8 hourly

Direction for use

- Dilute in equal amount of distilled water
- Inject very slowly while MONITORING HEART RATE
- If there is bradycardia, discontinue the injection

CAUTION Take care to avoid extravasation, if being given as infusion, as it may cause sloughing of skin

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Measure glucose

Give phenobarbitone 20 mg/kg IV slowly over 20 minutes
(CLICK for more)

Seizure cont.

No seizure

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(CLICK for more)

Seizure cont.

No seizure

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Protocol for phenobarbitone

Presentation: Injection 200 mg/ml; 1 ml ampoules

Dosage Loading dose: 20 mg/kg IV or IM
Maintenance: 5 mg/kg/day PO (once daily)

Route: Intravenous and per oral

Direction for use

- Take 0.1 mL of solution and dilute with 0.9 mL of water for injection to make 1 mL
- Resultant concentration is 20 mg/mL
- Give required amount slowly over 15-20 minutes

Caution: May cause respiratory arrest





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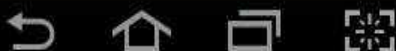
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Give phenobarbitone 20 mg/kg IV slowly over 20 minutes
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Repeat phenobarbitone 10 mg/kg every 30 min until a total of 40 mg/kg is reached

- Do Lumbar Puncture if clinical examination shows bulging anterior fontanel, opisthotonus, lethargy or unconsciousness
- After immediate treatment, also assess signs check if for other illnesses



Saving screenshot...

Screenshot is being saved





(CLICK for details)

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Ongoing care of newborn with seizures

If Seizures controlled with initial management

- Start maintenance Phenobarbitone 5 mg/kg PO once daily
- 12 hours after the last seizures

Monitor for recurrence of seizures

1. Recurrence of seizures

Treat as described under 'Initial management of neonatal seizures' to control the seizure and REFER

2. No clinical seizures in the next 72 hours

If controlled by Phenobarbitone alone, stop without tapering of the doses

If controlled by more than one drug, stop the drugs one by one. Phenobarbitone stopped the last

Seizure cont.

No seizure

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APPENDIX

BASIC NRP

I.V. FLUIDS

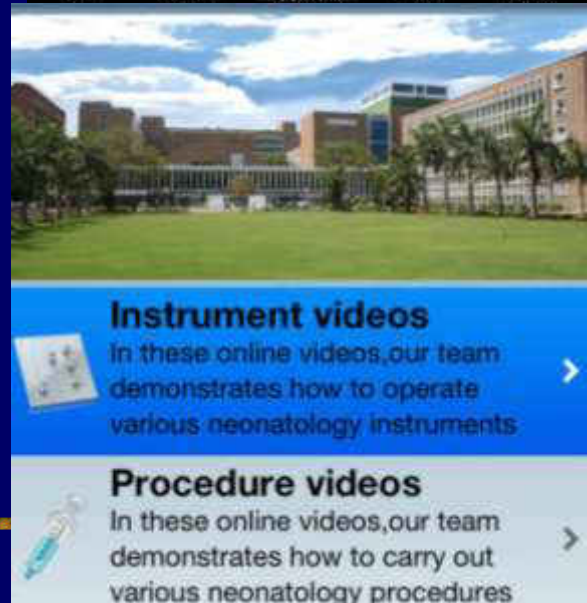
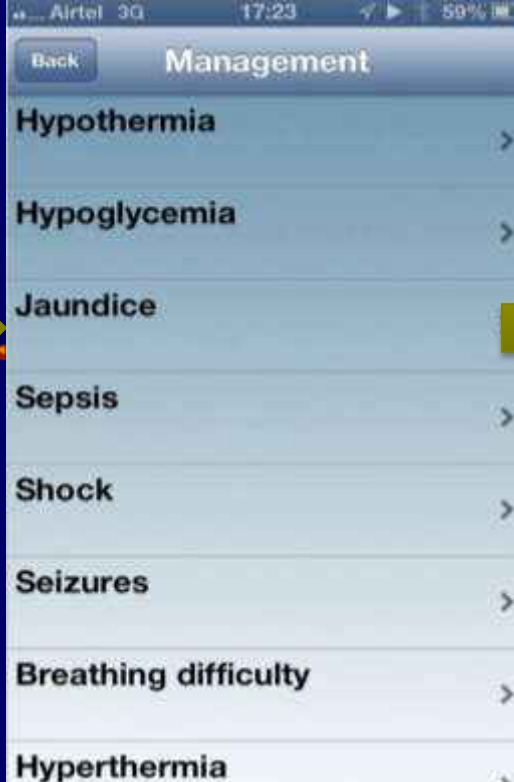
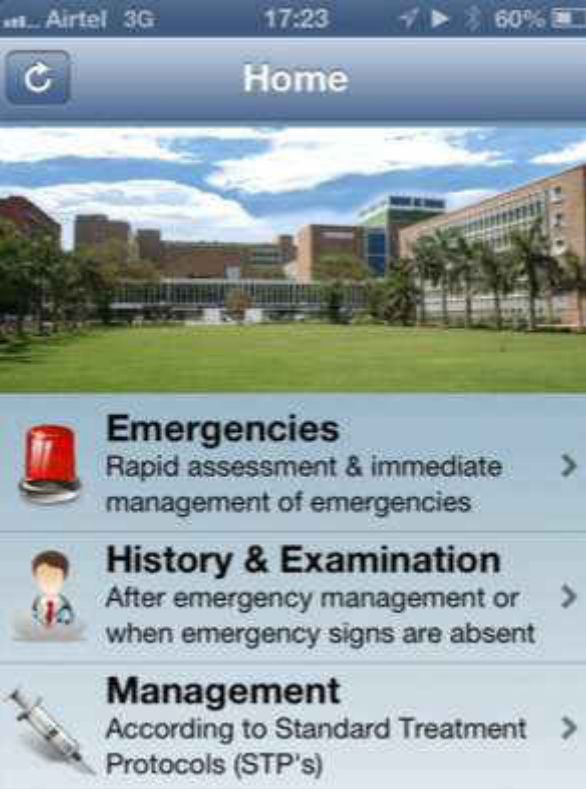
FEEDING LOW BIRTH WEIGHT

DISCHARGE

VIDEO TUTORIAL: INSTRUMENTS

VIDEO TUTORIAL: PROCEDURES

MCQ's Test



Evaluation of Apps as training tool

Knowledge , skills & Focus group discussions

■ Nursing

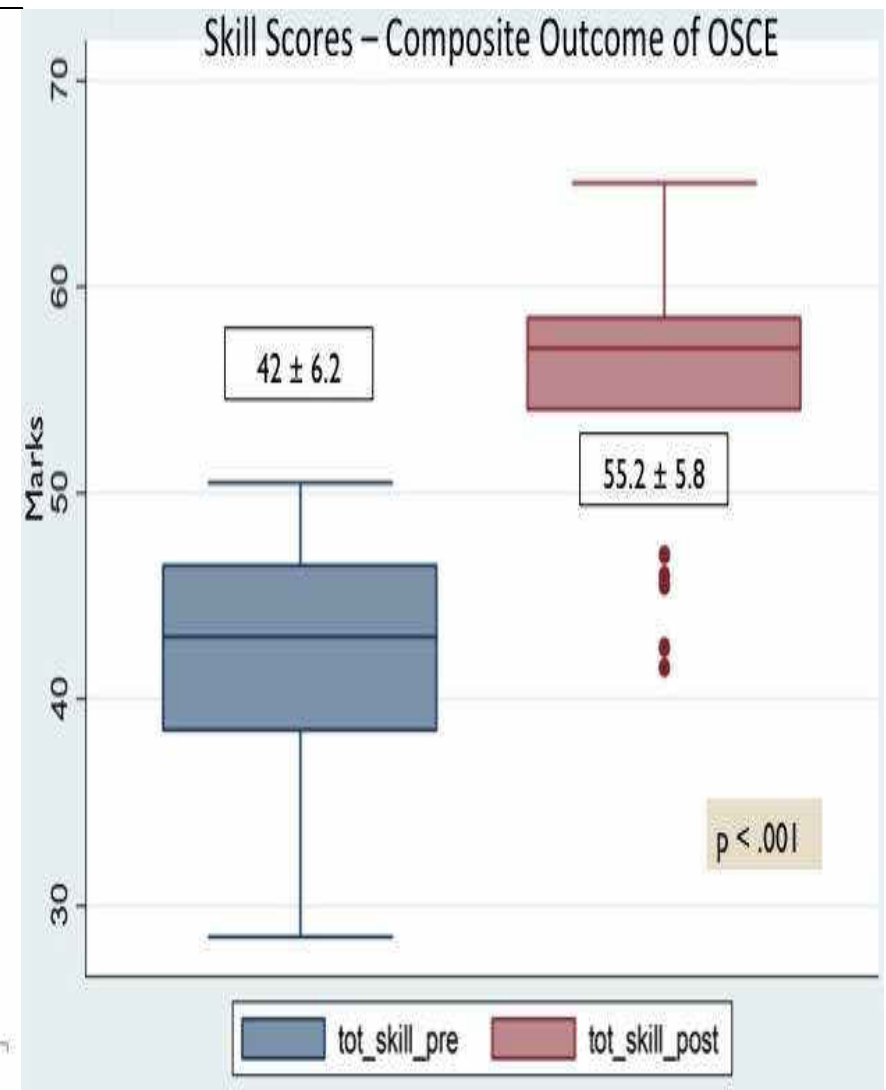
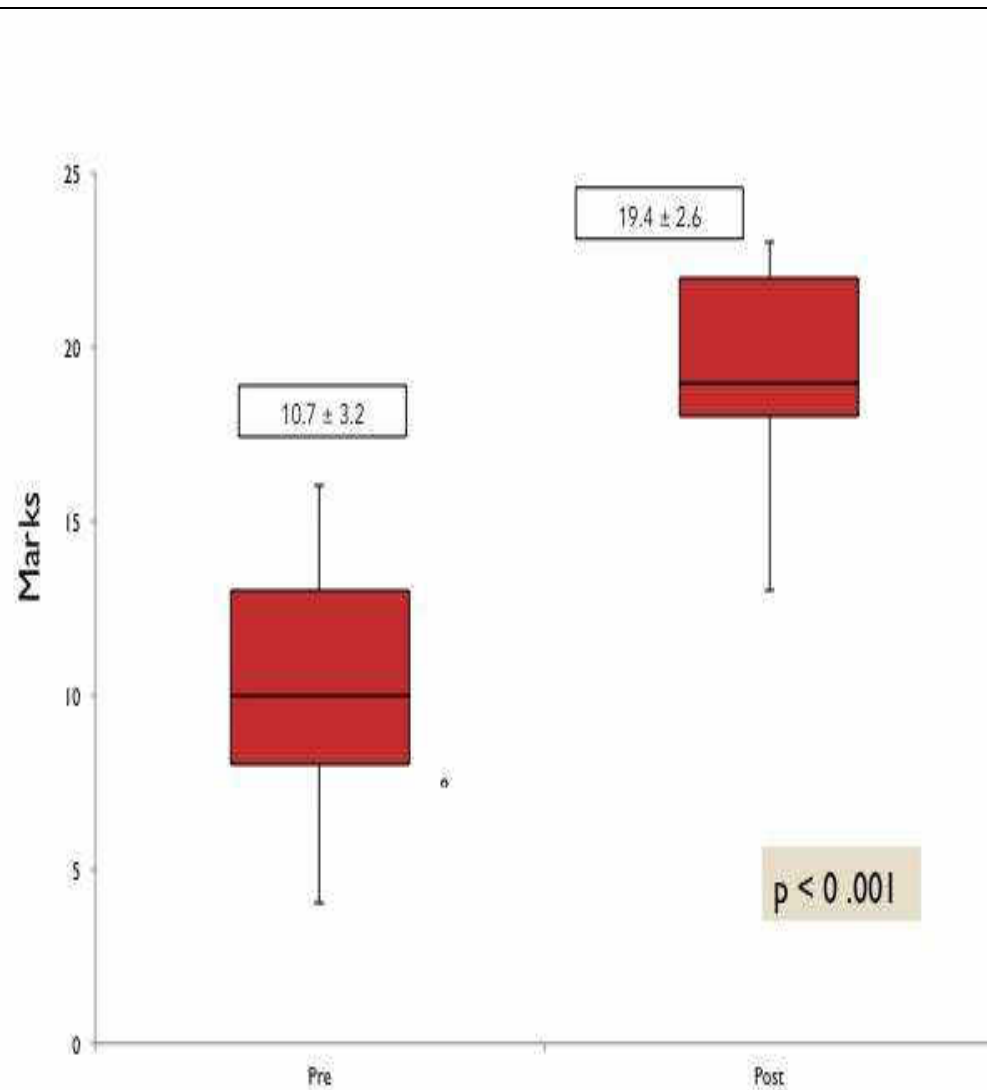
Apps for management of sick newborn: Evaluation of impact on health care professionals . J Trop Ped 2014

■ Medical Officers (SNCUs) of Tamil Nadu *

Efficacy and acceptability of an "App on sick newborn care" in physicians from newborn units . BMC Medical Education 2015 under publication

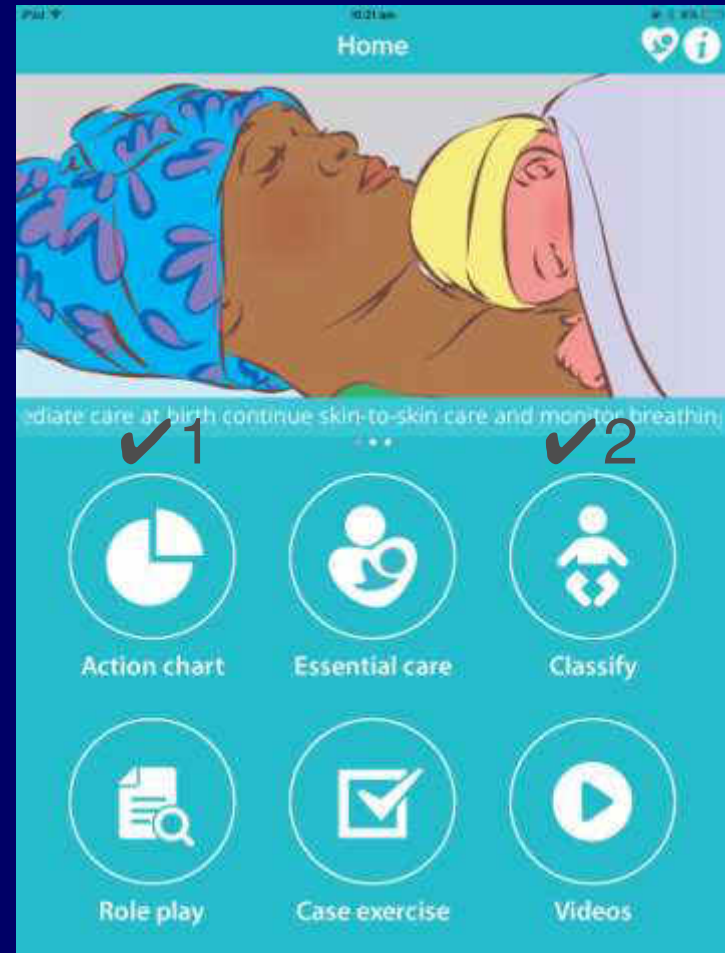
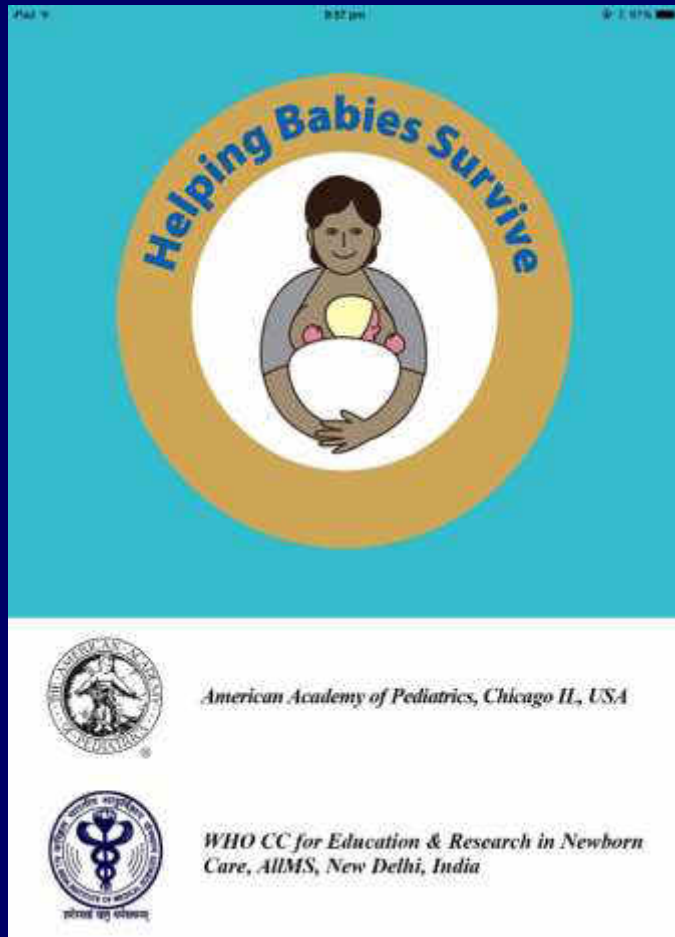
*Reevaluation after 3 week & 6 month**

Improvement in knowledge scores and skill scores in SNCUs (N=27)

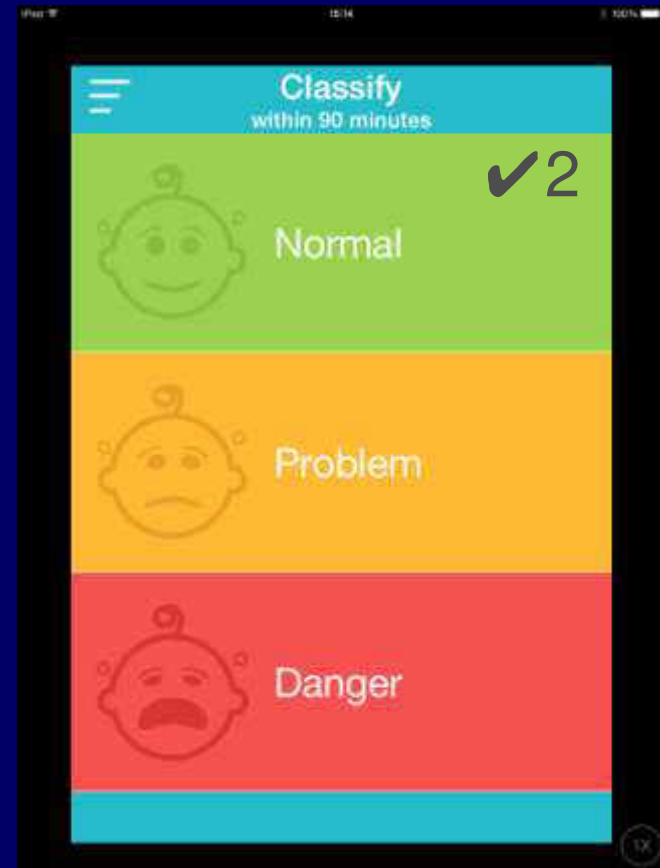
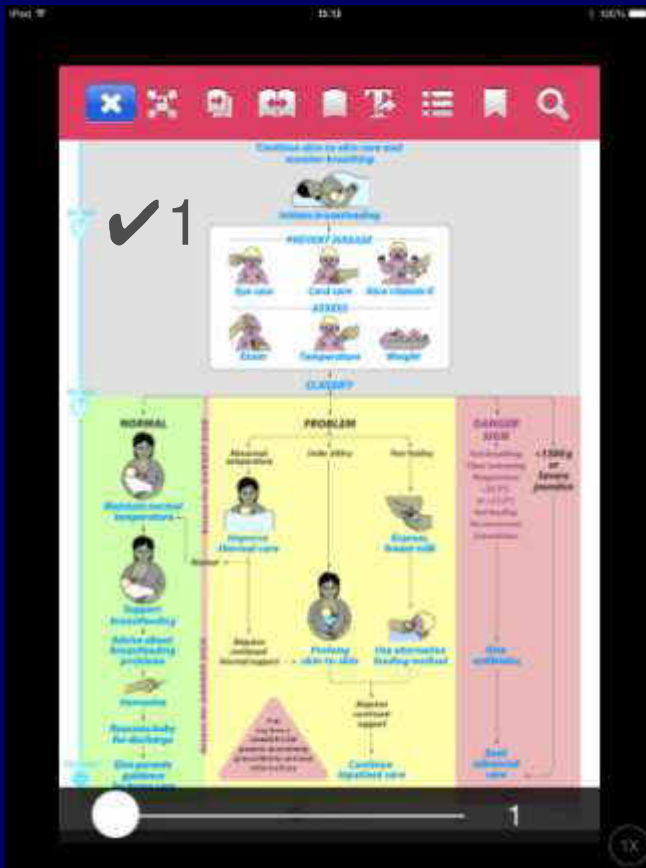


HBSECEB on iOS

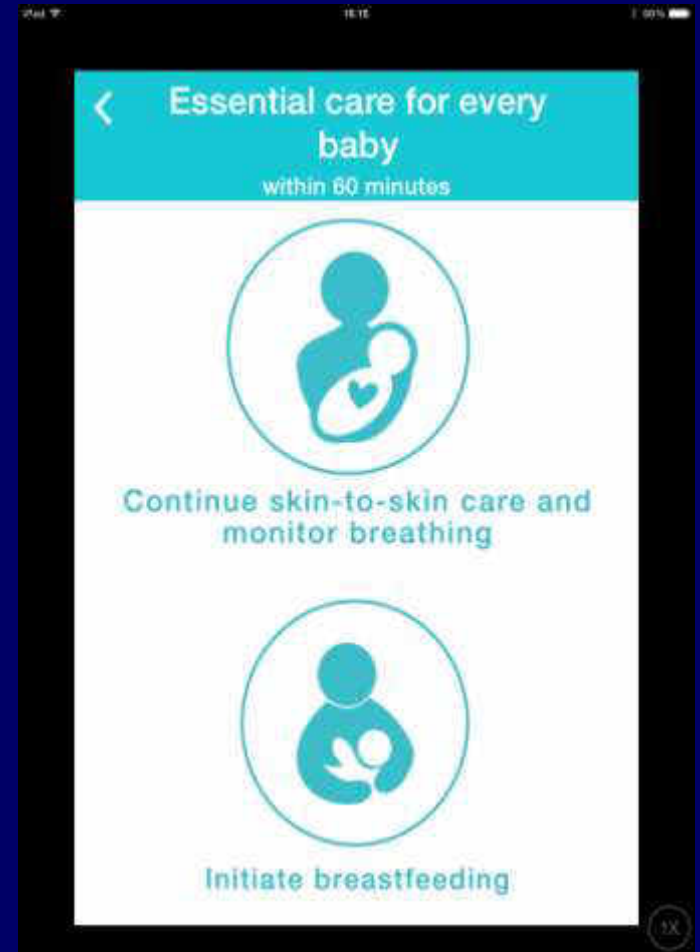
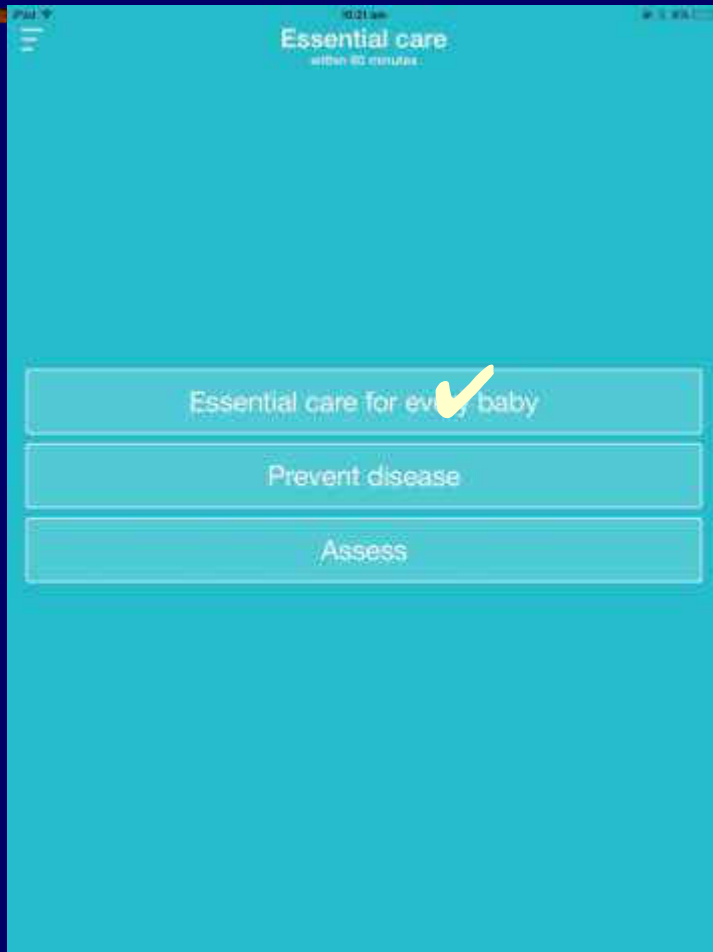
Essential Newborn Care AAP on Google play 2015



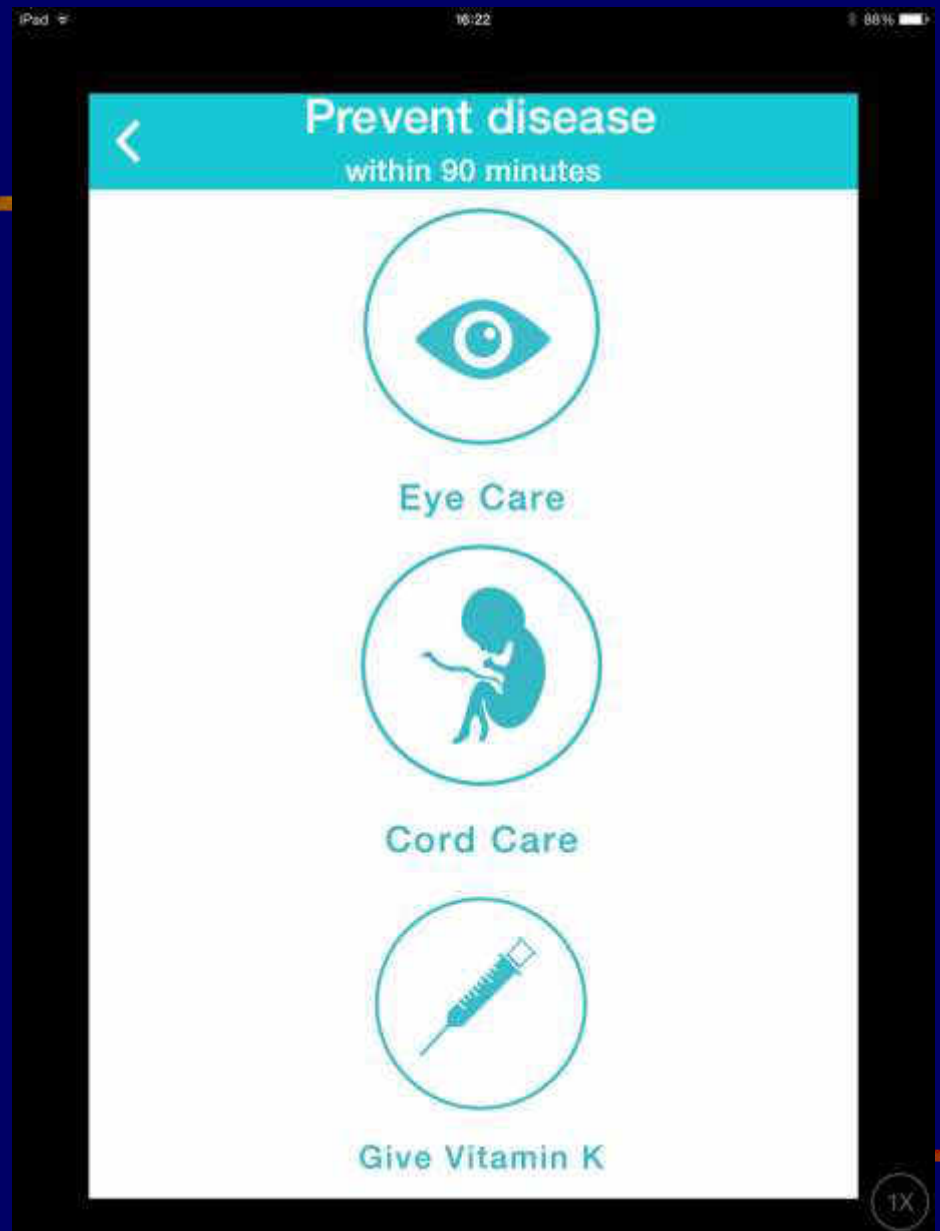
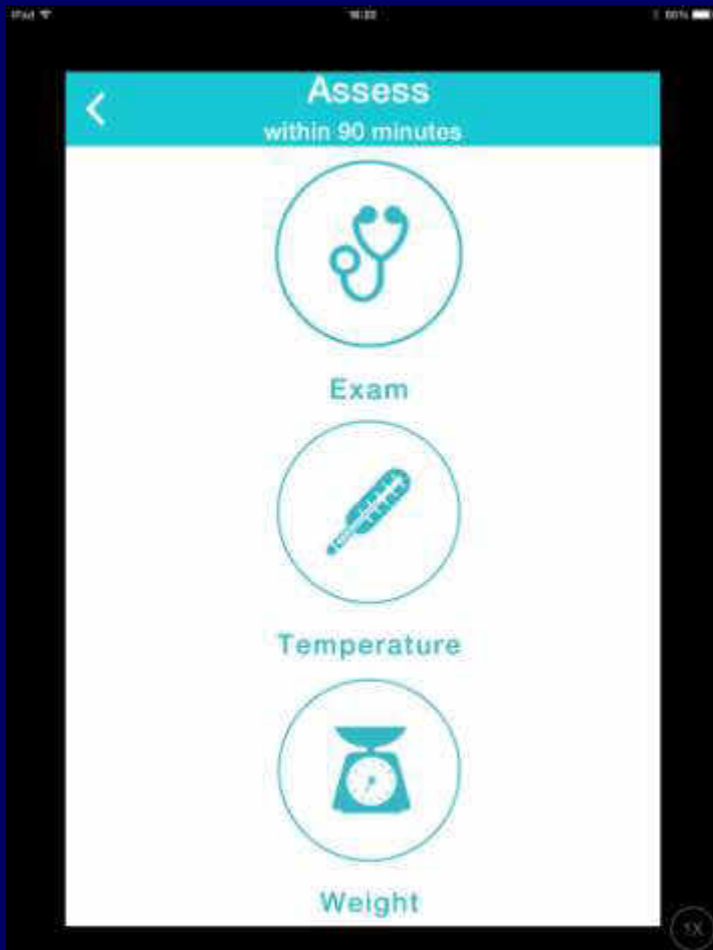
Action chart or Classify



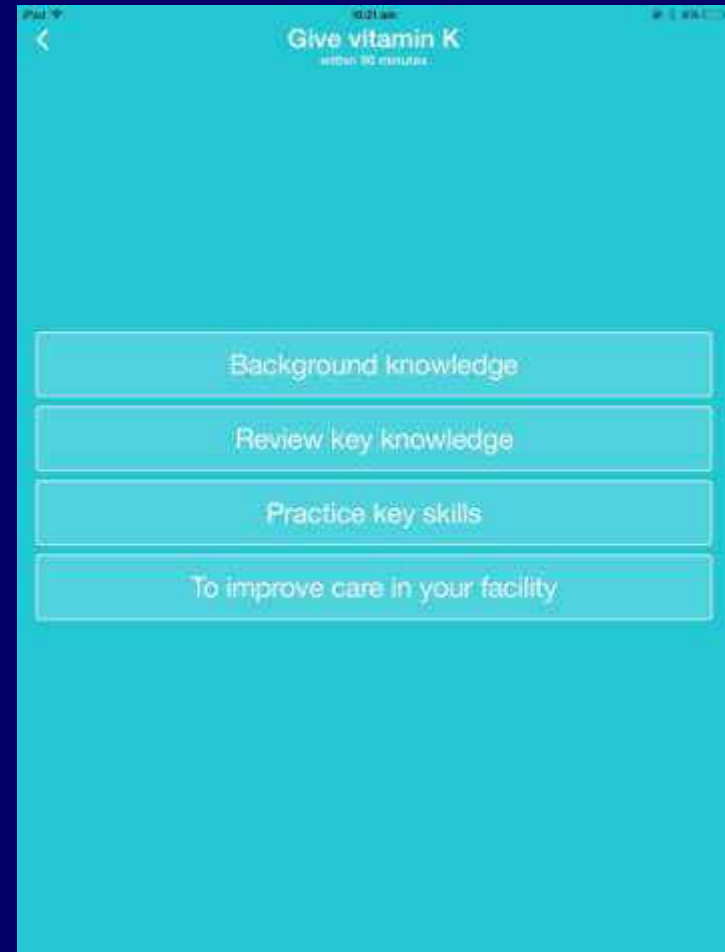
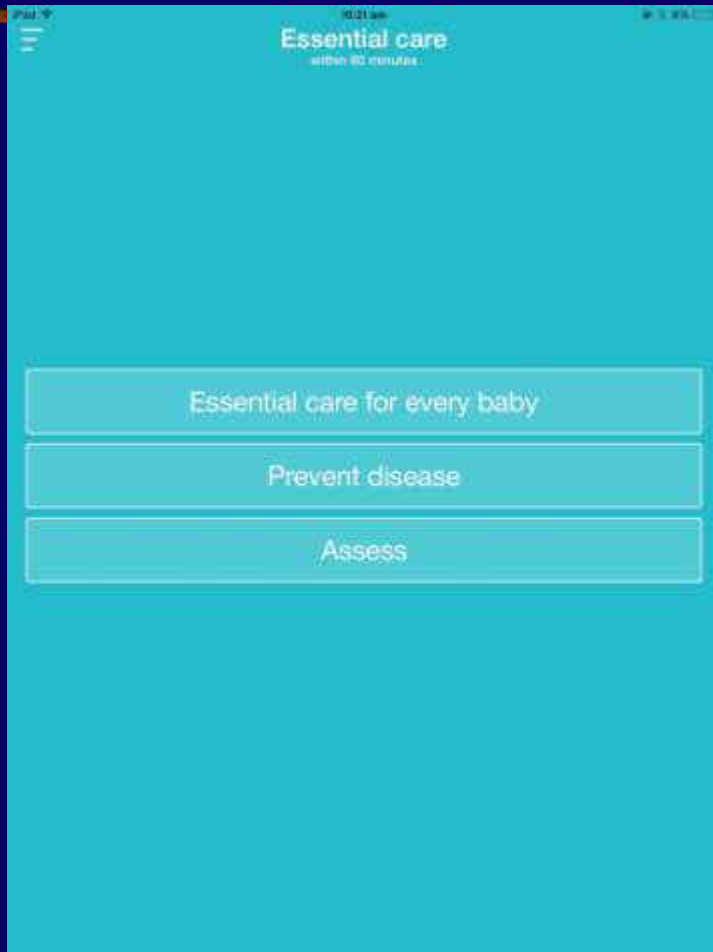
Essential care



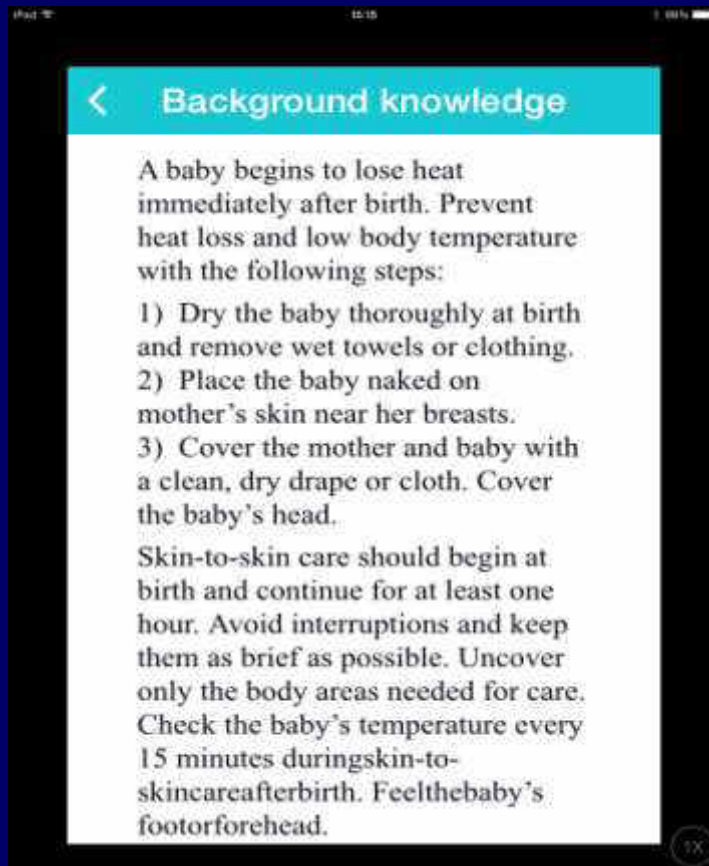
Essential care



Essential care



Knowledge check- if correct green with bleep ,red if wrong ;scores cumulated



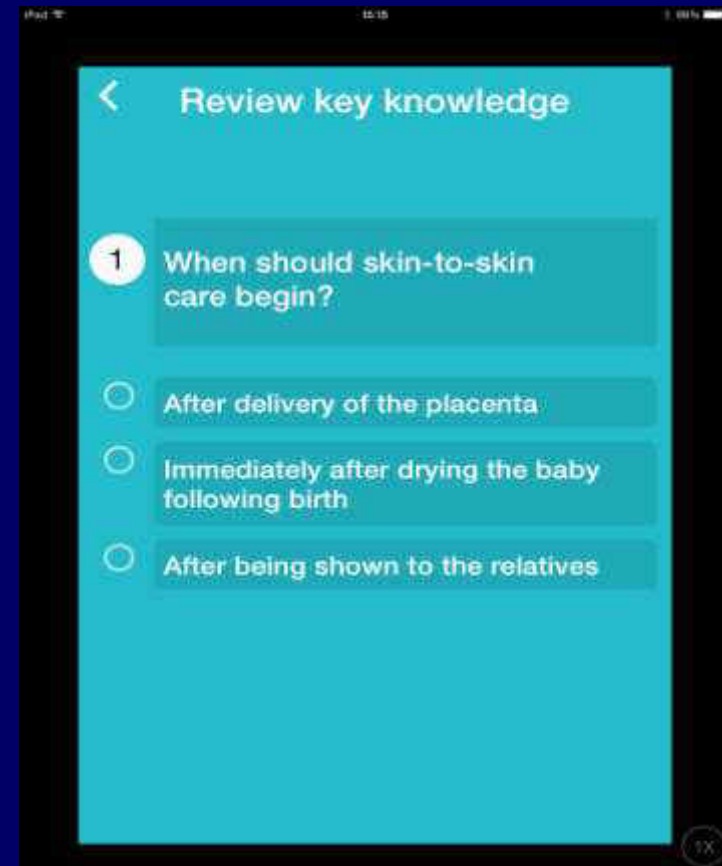
Background knowledge

A baby begins to lose heat immediately after birth. Prevent heat loss and low body temperature with the following steps:

- 1) Dry the baby thoroughly at birth and remove wet towels or clothing.
- 2) Place the baby naked on mother's skin near her breasts.
- 3) Cover the mother and baby with a clean, dry drape or cloth. Cover the baby's head.

Skin-to-skin care should begin at birth and continue for at least one hour. Avoid interruptions and keep them as brief as possible. Uncover only the body areas needed for care. Check the baby's temperature every 15 minutes during skin-to-skin care after birth. Feel the baby's foot or forehead.

IX



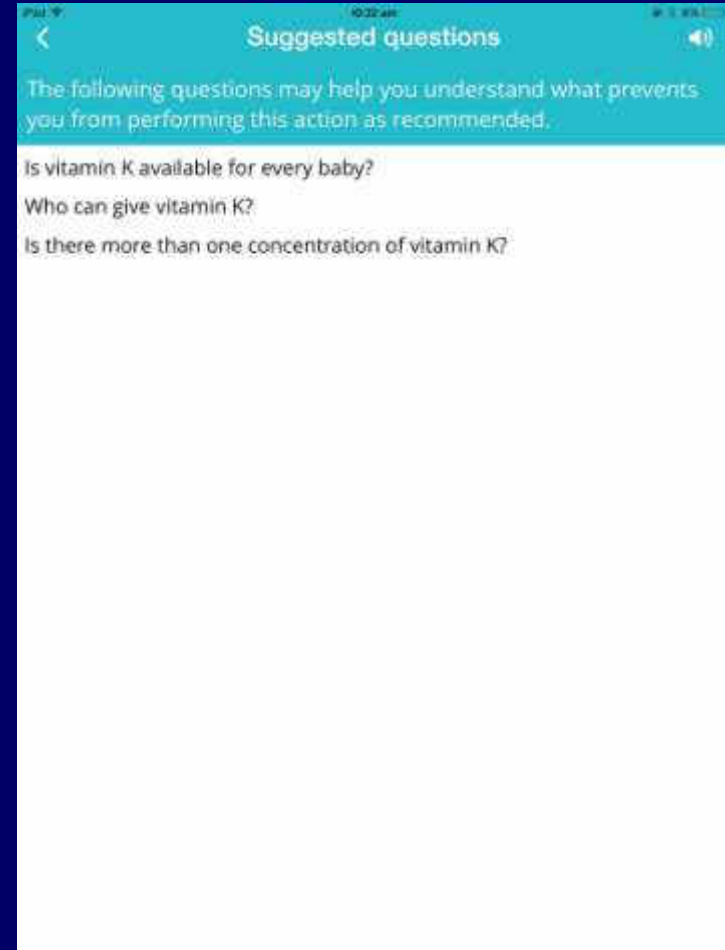
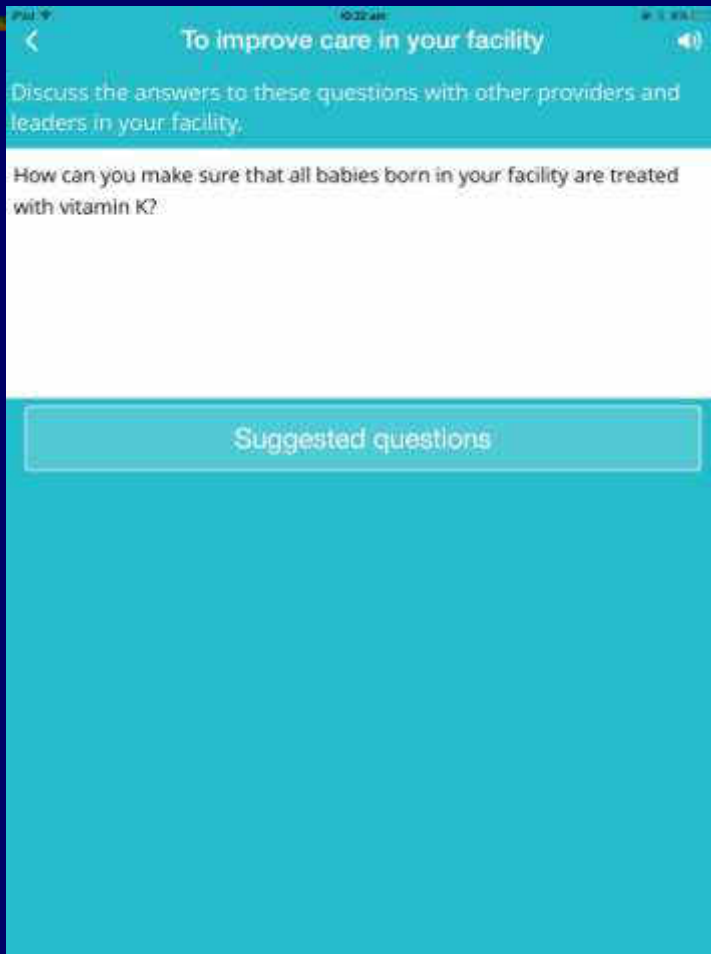
Review key knowledge

1 When should skin-to-skin care begin?

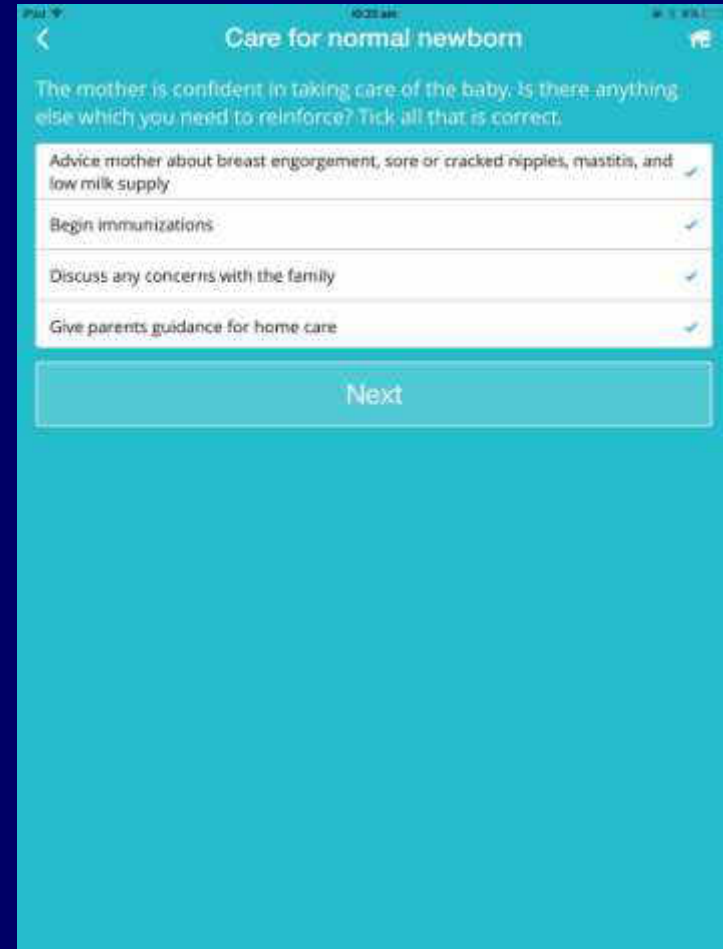
- After delivery of the placenta
- Immediately after drying the baby following birth
- After being shown to the relatives

IX

Quality improvement



Case exercises - four



Walk through

10:23 AM

Care for normal newborn

You want to reassess the baby. What all will you note during the assessment? Tick all that is correct.

Temperature	<input checked="" type="checkbox"/>
Feeding with regards to position, attachment and adequacy	<input checked="" type="checkbox"/>
Breathing	<input checked="" type="checkbox"/>
Color	<input checked="" type="checkbox"/>
Hydration	<input type="checkbox"/>
Body movements and overall activity	<input checked="" type="checkbox"/>
Appearance of the cord	<input checked="" type="checkbox"/>
jaundice	<input checked="" type="checkbox"/>

Next

10:23 AM

Care for normal newborn

You want to reassess the baby. What all will you note during the assessment? Tick all that is correct.

Temperature	<input checked="" type="checkbox"/>
Feeding with regards to position, attachment and adequacy	<input checked="" type="checkbox"/>
Breathing	<input checked="" type="checkbox"/>
Color	<input checked="" type="checkbox"/>
Hydration	<input type="checkbox"/>
Body movements and overall activity	<input type="checkbox"/>
Appearance of the cord	<input checked="" type="checkbox"/>
jaundice	<input checked="" type="checkbox"/>

Don't you think . you need to Body movements and overall activity is also to be done. Please refer to the reading material again.

OK

Next

Danger Signs

Essential Care

Done 10:24 pm Danger Signs

Danger Signs

Seek health care immediately!

- Not feeding
- Too hot or too cold
- Chest indrawing or fast breathing
- Convulsions
- No movement
- Yellow palms or soles of feet

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Done 10:25 pm EssentialCare

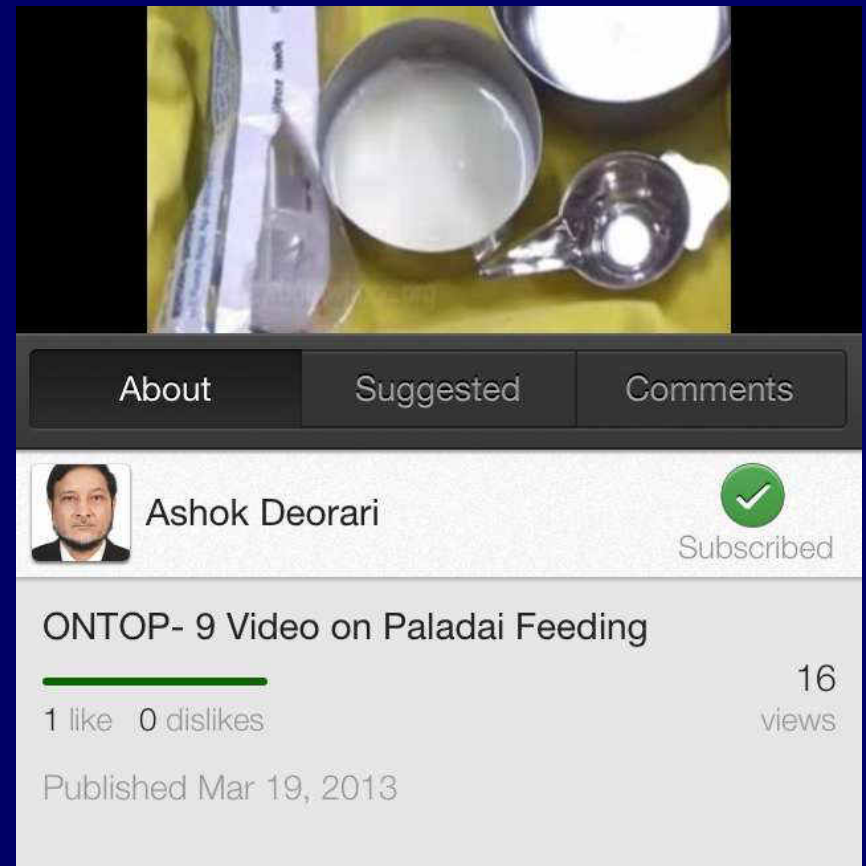
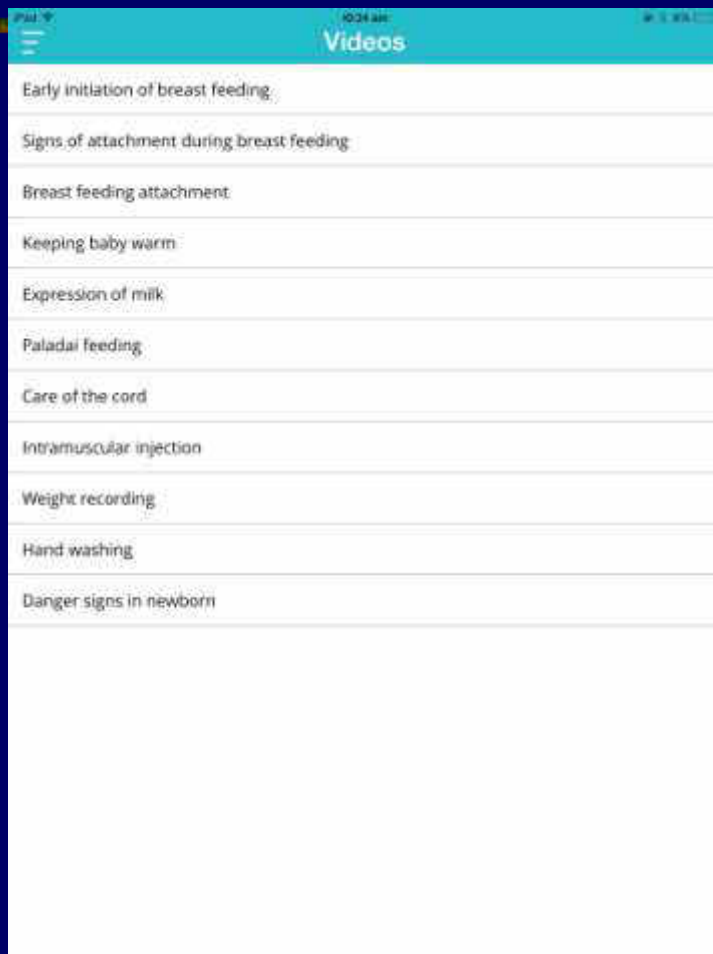
Essential Care

Feed only breastmilk

Manage common breast problems

Full breasts	Cracked nipples	Tender and red breasts
Seek advice		Seek health care urgently

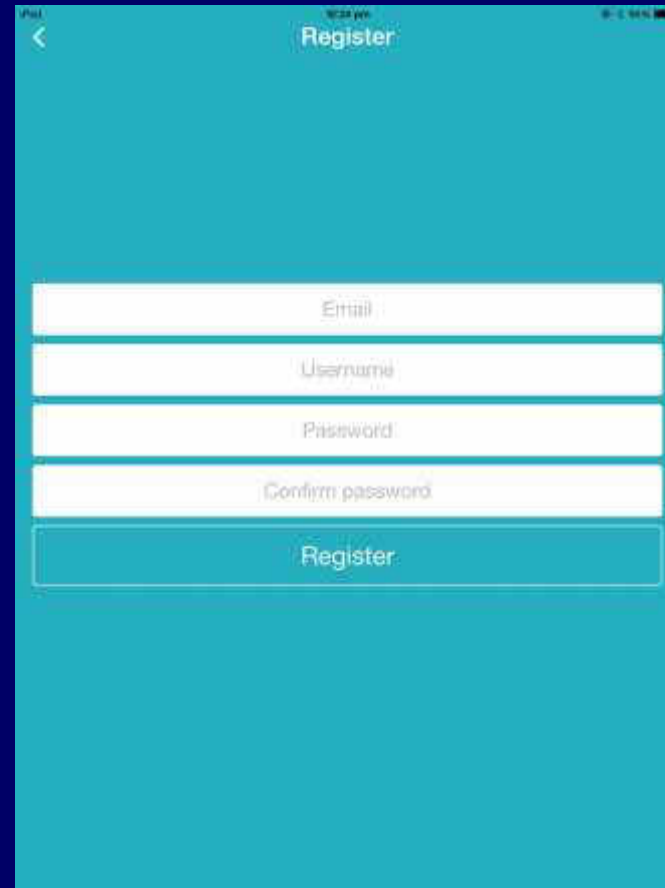
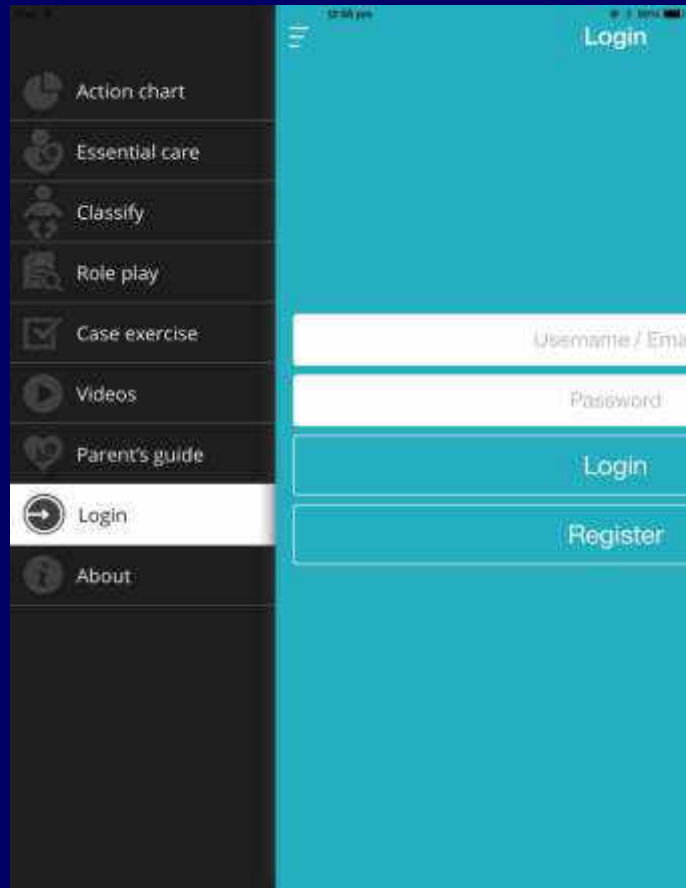
Video links



What works for *Saving Newborn Lives*


- Coverage with Quality
 - Concept of contextual Quality Improvement
-

Log in for data



QI Data on local smart phone

No SIM 9:33 pm Report

Patient Picture 

Patient firstname

Patient lastname

Patient DOB

Patient mobile

Continue skin-to-skin care and monitor breathing

Initiate breastfeeding

No SIM 9:37 pm Report

Examine the baby

Measure temperature (°C)

Weigh the baby (grams)

Immunised

Danger signs explained

Follow up advised given

Submit

Data to sync on server

No SIM 9:37 pm

< Report

Examine the baby

Measure temperature (°C)

Weigh the baby (grams)

Immunised

Danger signs explained

Follow up advised given

Submit

No SIM 9:33 pm

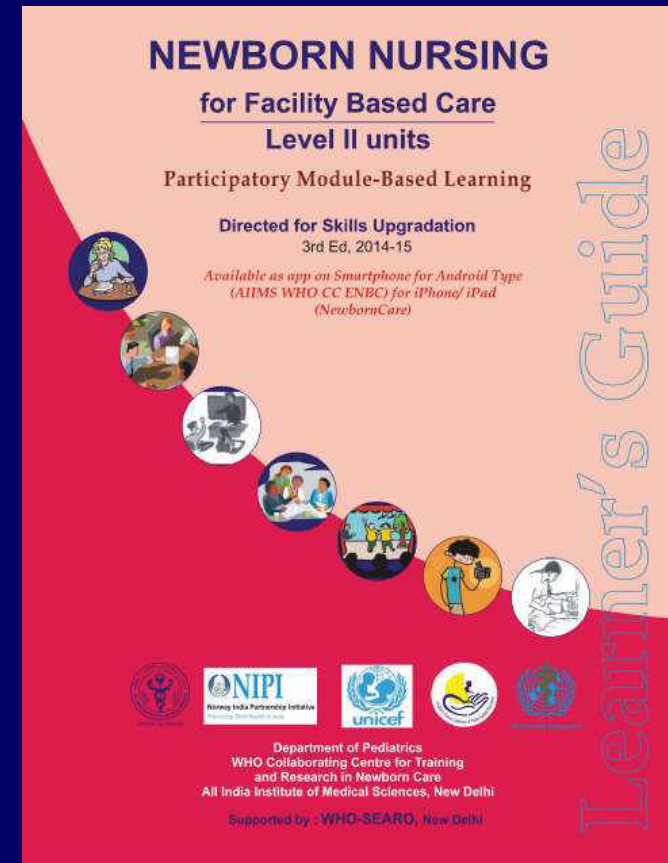
< Report list

Fr Add 03-10-2015 >

Ash Deo 03-10-2015 >

AIIMS WHO CC , IANN,UNICEF,NIPI,WHO-SEARO-2014

- Workshop small group
- Participatory learning with basics of QI
- Uses modern educational methods of teaching learning simulators, tablets,
- Available as print ,web, DVD ,smart phone app









Acknowledgment

- Team at WHO-CC –AIIMS
 - Ministry of Health FW /NHM
 - WHO- SEARO Delhi /WHO HQs Geneva
 - UNICEF India Country Office
 - NIPI/ UNDP/ QEDJT- UK
 - Network institutions-students & facilitators
-

Where to look for resources

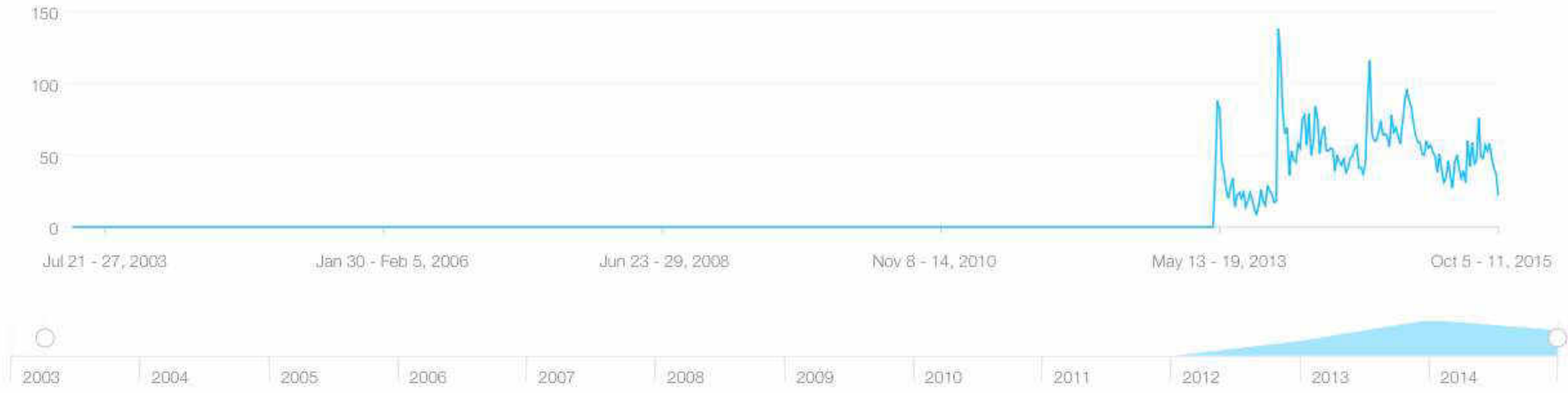
AIIMS has the Best Tools in the Region

- www.newbornwhocc.org
- www.ontop-in.org
- Apps on Android **AIIMS WHO CC STPs**
- Apps for iPhone/iPad **SickNewborn**

iOS downloads

Units per Week

Line Weeks



Content	Content Type	ID	Units	Previous Range
Sick Newborn Ashok Deorari	App	642143981	4.16K	0 n/a
NewbornCare Ashok Deorari	App	756007885	2.37K	0 n/a
HBSECEB Ashok Deorari	App	1028948801	107	0 n/a

Android downloads

Browser tabs: All applications - Google Pl... x +

Address bar: https://play.google.com/apps/publish/?dev_acc=12889144740099150755#AppListPlace

Search: Search

Navigation icons: Home, Star, Bookmarks, Security, etc.

Google Play Developer Console

Prof. Ashok Deorari ashokdeorari@gmail.com Sign out

ALL APPLICATIONS

+ Add new application

Filter

Page 1 of 1

APP NAME	PRICE	CURRENT/TOTAL INSTALLS	AVG. RATING / TOTAL NO.	CRASHES & ANRS	LAST UPDATE	STATUS
AIIMS-WHO CC ENBC 2.0	Free	1,500 / 4,162	★ 4.51 / 130	3	11 Dec 2014	Published
AIIMS-WHO CC STPs 1.2.1	Free	3,375 / 10,761	★ 4.28 / 227	—	16 Jul 2014	Published
Essential Newborn Care AAP 1.2	Free	166 / 226	★ 4.87 / 23	1	16 Oct 2015	Published

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