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Documentation practice of weights in Special Care Newborn Unit (SCANU; also known as Neonatal Intensive Care Unit (NICU)), at facilities is crucial to managing the small vulnerable newborns. Yet there exists a significant knowledge gap regarding documentation practices, particularly concerning newborn weights in Bangladesh.

This study aims to assess the status of availability, appropriateness and completeness of weights in SCANU's register within public health facilities of Bangladesh.

Sample Size: 2727 newborns admitted to the MCH's and DH's SCANUs

Variable Measures: Primary outcome variables were the availability, appropriateness and completeness of birth-, admission-, and discharge weight. Weight was considered appropriately recorded if documented as four digits in grams or to three decimal places in kilograms. Availability of weights at all three-time points was considered as completeness of weight. Newborns who were not discharged alive from the facilities were not included in the assessment of discharge weight. Additionally, digit preference for weight documentation were also considered as secondary outcome variable.

Statistical Analysis: Descriptive analysis, Bivariate analysis, Chi-square test.

Figure 1: Availability of Birth-, Admission-, and Discharge Weight in SCANU Registers

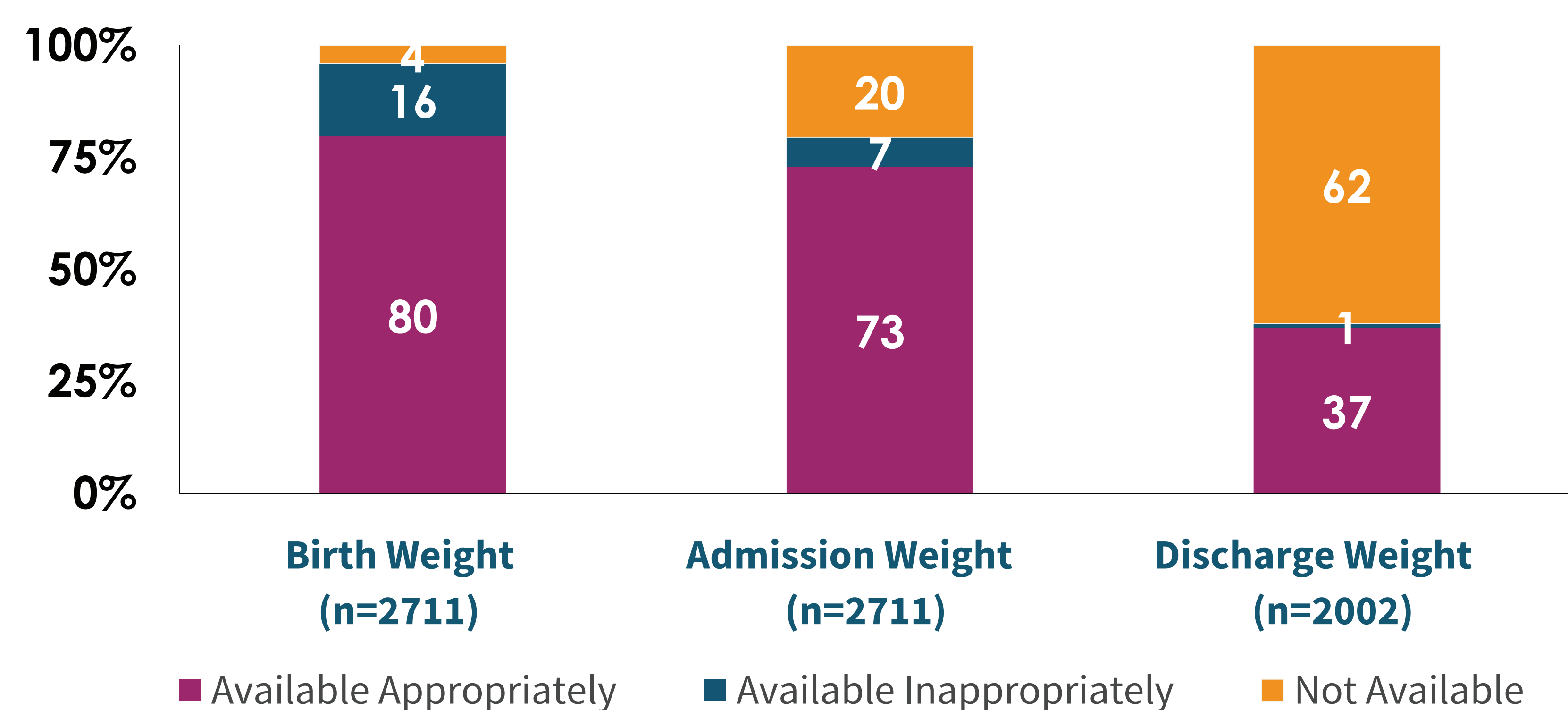


Figure 2A: Availability and Completeness of Birth-, Admission-, and Discharge Weight (n=2002)

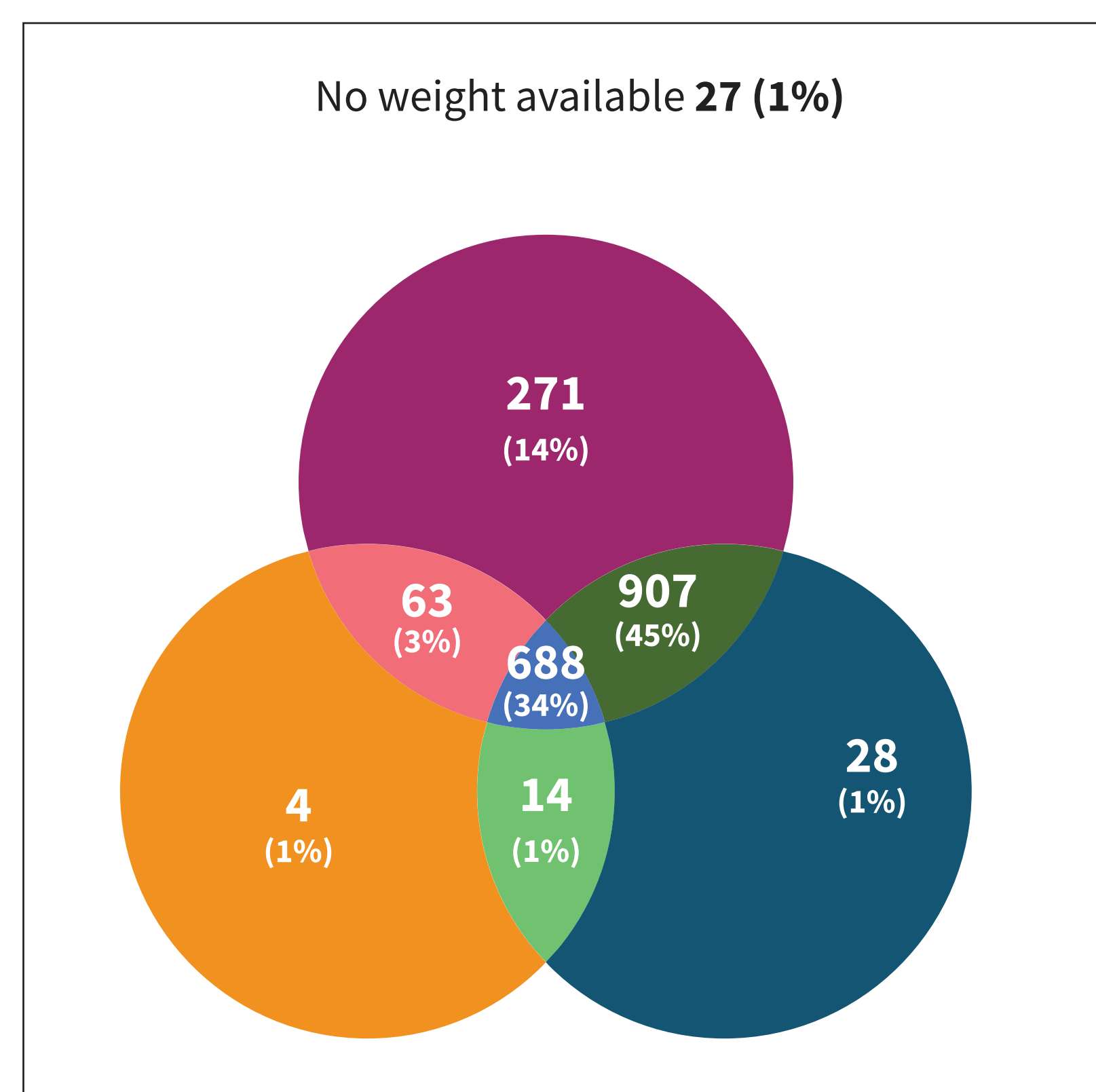
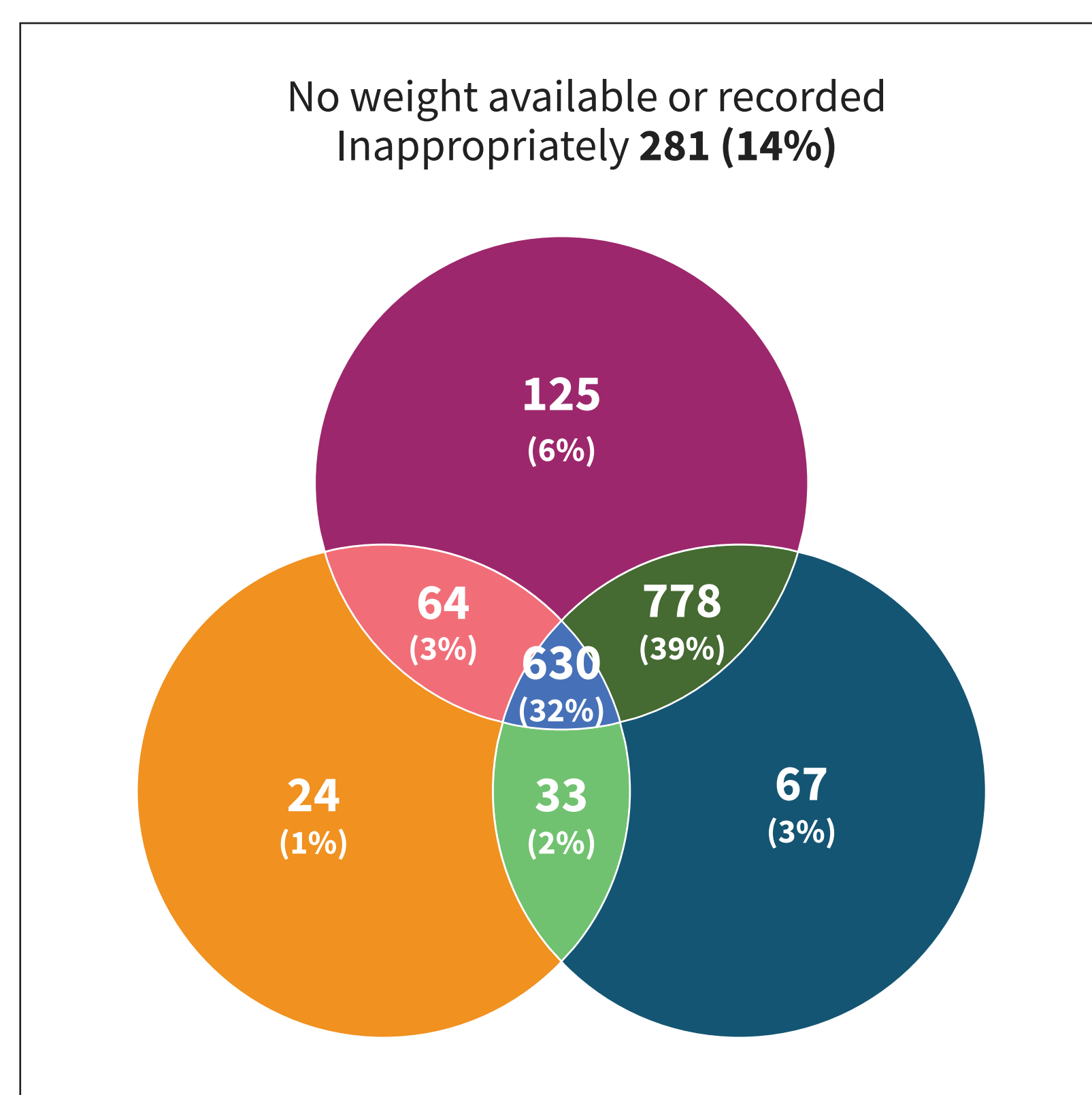
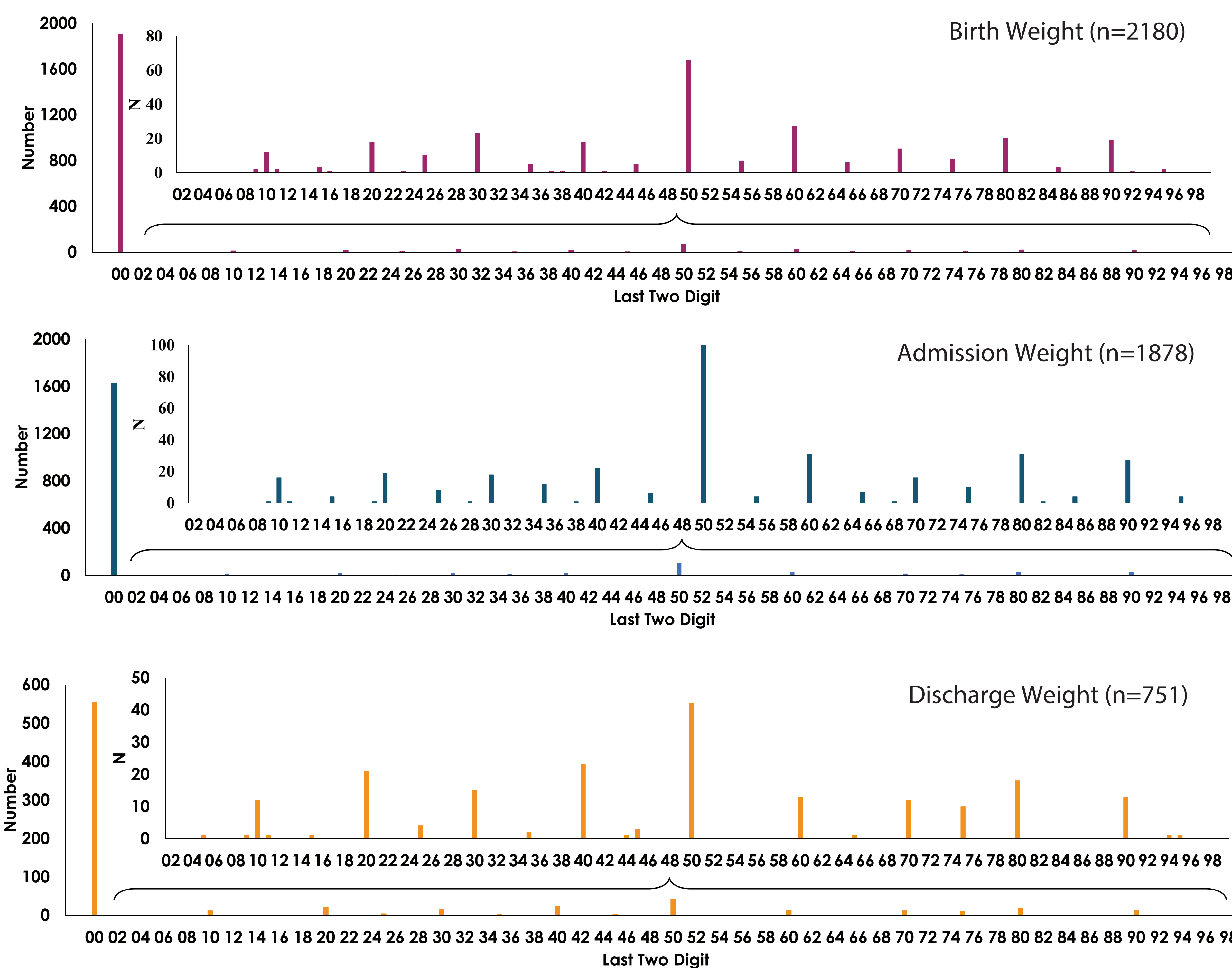


Figure 2B: Availability and Completeness of Appropriate Birth-, Admission- and Discharge Weight (n=2002)



■ Birth weight available
 ■ Admission & Discharge weight available
 ■ Discharge weight available
■ Birth & Discharge weight available
 ■ Birth, Admission & Discharge weight available
■ Birth & Admission weight available
 ■ Admission weight available

Figure 3: Distribution of Last Two Digits for Birth Weight, Admission Weight, and Discharge Weight for infants with recorded weights Up to four digits



The study reveals poor weight documentation in SCANUs, with major gaps in admission and discharge records. Standardised global health policies and digital solutions, like electronic health records with automated quality checks, are needed to improve accuracy and completeness.