

**CARING FOR NEWBORNS  
AND CHILDREN  
IN THE COMMUNITY**

**A TRAINING COURSE  
FOR COMMUNITY  
HEALTH WORKERS**



# **Caring for the newborn at home**

**PARTICIPANT'S MANUAL**



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# **UNIT 1: HOME VISITS DURING PREGNANCY (SESSIONS 1 THROUGH 12)**

# GETTING STARTED WITH HOME-BASED NEWBORN CARE

## SESSION 1: Introduction to training, importance of home visits for newborn care, and CHW training materials

### Objectives of this session

At the end of this session, you should be able to:

- Discuss why the mother and baby are particularly vulnerable during birth and the first days of life, and the importance of newborn care
- Describe the materials that are used in this training and will help you in your work

### *Why newborn babies need extra care*

The first month of life, called the newborn or neonatal period, is the most risky period in the life of an individual. Out of every 100 children born alive, about 10 die before reaching the age of 5 years. Of these 10, about 4 die in the first month of life itself, the newborn period. Most of these newborn deaths occur in the first week of life.

Many newborns fall sick in the first days of life due to complications of childbirth. It is therefore important to have skilled care at birth so that any complications can be prevented or treated. The first day of life is particularly important. While inside their mother, babies are safe, warm and well fed. After birth, newborns have to adapt to a different way of feeding, breathing and staying warm. It is very important to help them meet their new needs. At this time babies can get sick easily and the sickness can become serious very quickly.

### Story of a death

- A woman in a nearby village, Ameena, was pregnant with her first child. She was very happy.
- Ameena's family was as poor as others in the village. She was short and thin. She did not go to get any health care during pregnancy.
- When labour started Ameena's husband called the TBA. The baby was born small and weak. Ameena did not breastfeed the baby. Her mother-in-law fed the baby sugar water with a dropper because she thought that breast milk should not be given because the baby was too small.
- By the end of the second day, the baby stopped accepting sugar water, became cold and died the next morning.
- Ameena was very sad. She blamed herself for not being able to take care of the baby.

Unfortunately, this story is not uncommon. But it is not necessary that the stories of babies in

your community should end like this. Most newborn deaths are preventable. It is important to make these little arrivals to our world welcome and help them stay with us.



**Story of a death prevented**

A woman in another village, Esther, was also pregnant with her first child. She was very happy.

Esther's family was as poor as others in the village. She was short and thin. A CHW visited her and encouraged her to go to the clinic for antenatal care. She went to the clinic four times during pregnancy.

The CHW discussed where Esther wanted to give birth. The CHW explained the benefits of health facility delivery and Esther and her family agreed to have the birth in the health centre. The worker discussed how the family could plan for this delivery. She also explained how to care for the baby; how to dry the baby immediately after birth, to keep the baby in skin-to-skin contact and to put the baby to the breast soon after the cord was cut.

When labour started Esther's husband called his neighbour who was a taxi driver and had agreed to take them to the health facility. They reached the health centre in time. The baby was born small but crying loudly. The midwife dried her and placed her on Esther's abdomen, covered with a dry cloth. After some minutes, the baby showed signs of wanting to feed, and the midwife helped Esther breastfeed the baby. The next day, Esther and the baby went home.

That same morning, the CHW visited Esther and checked the baby for signs of illness. Since the baby was small (she weighed 2.1 kg. at the health facility) the worker encouraged Esther to feed the baby only her own breast milk every 2 hours, including at night. The worker also showed her how to keep the baby warm by keeping the baby in skin-to-skin contact as much as possible.

The CHW visited Esther three more times in the first week and once in the second week. The baby did not have any signs of illness, was breastfeeding well and was always warm. Esther was happy that she was taking good care of the baby.

The baby is one year old now.

It is clear from this story that community health workers can do a lot to improve newborn health and prevent newborn deaths. However, community health workers need appropriate training to perform their tasks.

## Box 1: Overview of CHW tasks

1. **Identify pregnant women in the community** so that CHW can make home visits during pregnancy and in the first days after birth for the greatest impact.
2. **Make two home visits to all pregnant women** in the community:
 

***First pregnancy visit** — as early in pregnancy as possible — to encourage the pregnant woman to go for antenatal care, to promote birth in a health facility, to help prepare for birth, and to teach home care for the pregnant woman.*

***Second pregnancy visit** — about 2 months before delivery — to review antenatal care visits, plans for birth, and home care for the pregnant woman; and to encourage the family to follow optimal newborn care practices immediately after birth.*
3. **Make 3 home visits after birth** for all mothers and babies, regardless of place of birth.
 

***First postnatal visit** — on Day 1 after birth — so that the CHW can assess for signs of illness, weigh the baby, and help the mother with early and exclusive breastfeeding and keeping the baby warm. (NOTE: This visit can also be made at the health facility.)*

***Second postnatal visit** — on Day 3 after birth — so that the CHW can assess for signs of illness, help the mother to sustain breastfeeding and prevent breastfeeding problems, and advise on optimal care for the mother and her baby. (NOTE: If the first postnatal visit is delayed until day 2 for some reason, this visit should still be made on day 3.)*

***Postnatal visit 3** — on Day 7 after birth — so that the CHW can assess for signs of illness, and advise on optimal care beyond the first week of life. (NOTE: If the second postnatal visit is delayed for some reason, this visit should still be made on day 7.)*
4. **Make two extra home visits after birth for small babies (birth weight less than 2.5 kg) - on day 2 and day 14** - so that the CHW can provide the extra care that small babies need.
5. **Make a follow-up visit for a baby who is referred to a health facility for illness.**

## When to make home visits?

### During pregnancy: Two home visits

- First pregnancy visit: as early in pregnancy as possible
- Second pregnancy visit: about two months before delivery

### After birth: If birth weight is normal, three home visits

- First postnatal visit: day 1 (within 24 hours of birth)
- Second postnatal visit: day 3
- Third postnatal visit: day 7

### If low birth weight (small baby – less than 2.5 kg), five home visits

- First postnatal visit: day 1 (within 24 hours of birth)
- First follow-up visit for small baby: day 2
- Second postnatal visit: day 3
- Third postnatal visit: day 7
- Second follow-up visit for small baby: day 14

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## Community health worker materials

- **CHW Manual** to provide the CHW with information needed to carry out the work and exercises during training
- **A set of Counselling Cards** which will guide the CHW during home visits and will also be shown to the families to help them understand the messages
- **Mother and Baby Card** to be given to each family during the first pregnancy visit; it will continue to be used until the last home visit after birth
- **Referral Note** to be used when referring a family to the health facility
- CHW Register to use for recording important information on pregnant women and newborns and visits

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## SESSION 2: Interacting with families

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### Objectives of this session

At the end of this session, you should be able to:

- Explain the stages of behaviour change
- Explain the counselling steps in a home visit: ask questions and listen, understand the situation, give relevant information, check understanding and problem solve as needed
- Explain why it is important to use effective communication skills

### *Home Visiting*

One of the most important tasks you will do as a Community Health Worker (CHW) is to visit families in their homes. To do this well, you need to develop good relations with the family, listen to them, understand the situation, provide relevant information, and encourage them to make their own decisions. **Counselling is a way of working with people in which you try to understand how they feel and help them to decide what to do.** In order to counsel effectively, CHWs need to be able to use various communication skills.

### *Why are good communication skills important?*

If you are talking to someone, and that person tells you what to do and does not ask you what you think or listen to what you are saying, you usually do not feel like talking to that person. That's because they are not showing respect or showing interest in your opinion. In other words they are not using good communication skills.

Good communication skills are important in order to gain the trust of people in the community. They also help ensure that information given to families is provided in a way that is easy to understand, and the advice is easy to follow. They will help you talk to people in a way that will make it more likely they will listen to and accept your advice. By using good communication skills, the CHW can talk with families effectively and help them provide the best care possible for their newborn babies.

### *Steps to be followed at a home visit*

In this training, you will learn to carry out a home visit using the following counselling steps:

1. Greet and build good relations
2. Ask questions and listen; understand the situation
3. Give relevant information
4. Check understanding
5. Discuss what the woman and family will do
6. Together, try to solve any problems
7. Thank the family

As a CHW, you will use counselling cards during each home visit. The cards are labelled for each visit (i.e. First Pregnancy Visit, Second Pregnancy Visit, First Postnatal Visit, etc.) There are two to four cards per visit. The text on all of the cards follows the steps above. Counselling cards are a useful tool to guide CHWs through each home visit.

### *Process of Behaviour Change*

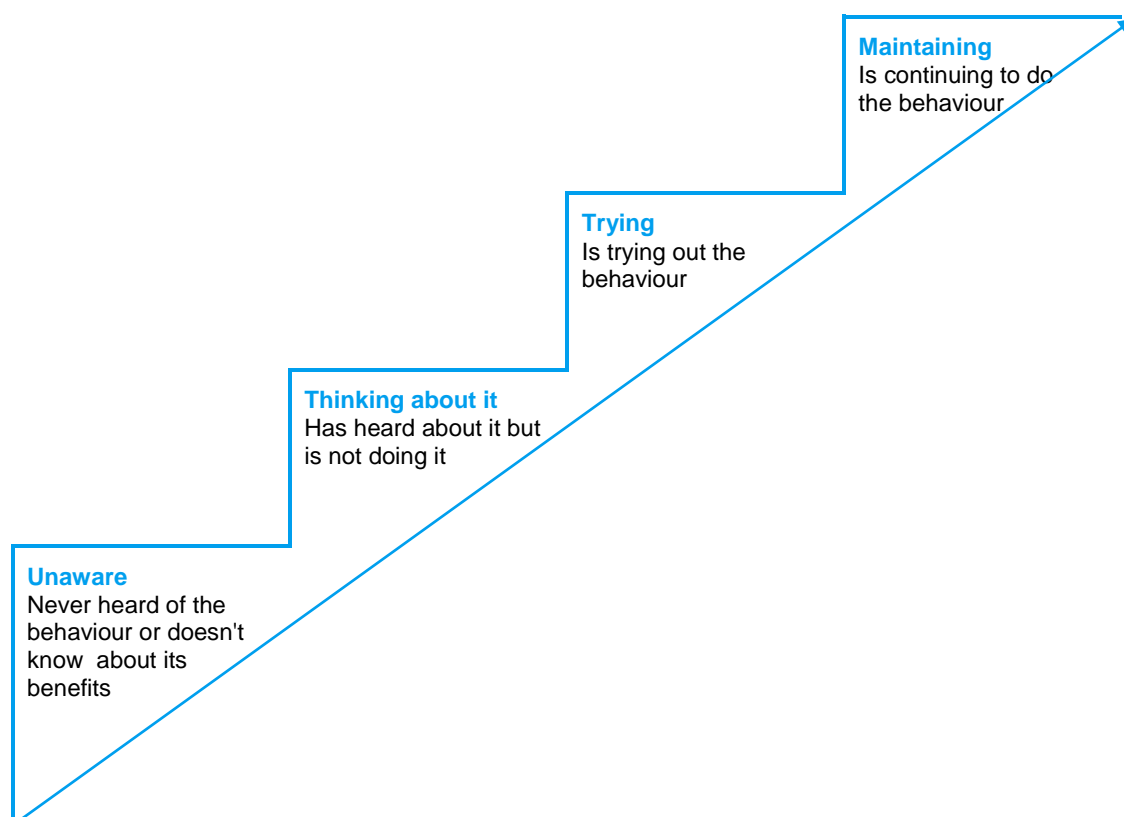
It is important to understand the process of behaviour change before you start visiting and counselling the family.

In order for counselling to be successful, you need to:

- understand **how people change** the way they do something and adopt a new behaviour,
- ask questions and listen to **determine where the family is** in terms of adopting the behaviour, and
- then **counsel the family based on their situation**.

### *Stages of Behaviour Change*

The steps below show the stages people usually go through when they are adopting a new behaviour. When you understand the stage that the family is in at the time of your visit, you will know how to modify your counselling to be most effective.



**Read the examples of the stages below:**

<b>Unaware:</b>	Sara has heard about washing hands with soap before eating but does not know that it could prevent illness.
<b>Thinking about it:</b>	Rita is aware that washing hands with soap before eating prevents illness. She is thinking about adopting this behaviour but does not wash hands every time before eating now.
<b>Trying:</b>	Janet has just started washing her hands with soap every time before eating, but sometimes it is too inconvenient or there is no soap.
<b>Maintaining:</b>	Pamela has been washing her hands with soap every time before eating for the last year.

**Discuss** each of the above, ask for questions and clarify any confusion.

## Discussion in small groups

Decide for each case the stage of behaviour change that the woman is in.

Case descriptions
<p><b>Case 1:</b> A woman has heard that delivering at a health facility is safer than delivering at home, and her husband and mother-in-law also are talking about it. She is thinking about saving money for a health facility birth because she thinks it will be best for her and her child.</p> <p><b>Case 2:</b> A woman started to breastfeed her last two babies immediately after the cord was cut and says this helped make the babies strong and healthy. She is pregnant and plans to do the same for this baby.</p> <p><b>Case 3:</b> A woman has delivered a small baby. She was told by the CHW that feeding small babies every 2 hours is important to make them strong and healthy and she is trying to do this. She is worried that waking the baby up to feed her is making the baby irritable and making the baby take a long time to fall asleep.</p>

## ANSWERS

**Case 1 –**

**Case 2 –**

**Case 3 –**

The table below shows the kind of information a person or a family needs depending on the stage of adopting a new behaviour they are in:

If the person or family is in this stage of behaviour change:	Then, to provide effective counselling:
Unaware	Give information about the behaviour. Explain the benefits of the behaviour.
Thinking about it	Encourage the family to try the behaviour. Identify the problems the family may have in trying the behaviour and help solve these problems.
Trying	Encourage continuation of the behaviour through praising. Identify and solve any problems the family is having in adopting the behaviour.
Maintaining	Praise the family and encourage them to continue the behaviour.

A key activity for CHWs is to share important health information with your neighbours, especially pregnant women and caregivers of newborns and young children. Counselling is an effective way to sharing relevant information.

Counselling does not mean simply giving information or messages. It should be a two-way communication between you and the families. Good counselling includes first finding out more about the family's situation and then providing advice that is most relevant for them. Good counselling makes it more likely that the family will listen to your advice. When they are willing to try a new behaviour, it includes helping them plan how they can adopt the behaviour.

### *Communication skills for home visiting*

You have learned that effective counselling first determines where the family is in terms of the behaviour, and then provides advice relevant to that. This thinking underlies an effective home visit. However, many communication skills are also needed to build trust, encourage dialogue, and give information in a way that is likely to be accepted and acted on.

**In order to carry out an effective home visit, many skills are needed:**

- I. Skills for greeting and building good relations
- II. Skills for asking and listening
- III. Skills for giving relevant information
- IV. Skills for checking understanding and solving problems

## I. Skills for greeting and building good relations

- a. Be friendly and respectful
- b. Speak in a gentle voice
- c. Talk to the whole family
- d. Explain why you are visiting

### *DEMONSTRATION ROLE PLAY: Greeting and building good relations*

#### ROLE PLAY SCRIPT

##### Greet the family and build good relations

###### GREET THE FAMILY

**CHW:** Hello, Is anyone home?

**Pregnant woman:** Hello.

**CHW:** Hello. I am Monica, a community health worker for this community. I am married to Ishmael and live near the river. (Speaking in a gentle voice) How are you and the family? (Smiles and looks at her)

**Pregnant woman:** We are fine. Yes, we know your family. Welcome. Please have a seat.

###### EXPLAIN THE VISIT

**CHW:** Thank you. I am glad to hear you are well.

**Pregnant woman:** As you can see, I am pregnant with my first baby.

**CHW:** Yes, I see! You are looking very well. (Praise) Part of my responsibility is to visit pregnant women and discuss what you can do to make sure you and the baby stay healthy (Explains the visit). Is this a good time for me to visit or should I come back another time?

**Pregnant woman:** (Nods) This is a good time.

**CHW:** Excellent. Can your husband or mother-in-law join us?  
(Include other family members if possible)

**Pregnant woman:** Let me call my mother-in-law.....

##### END OF ROLE PLAY



---

## II. SKILLS FOR ASKING AND LISTENING

### a. Ask open-ended questions to find out about the family's situation and where they are in adopting the behaviour

Asking questions is important to learn about the family's situation. This is because you should build your advice on what the family already knows and is doing or thinking about doing.

Read the following two questions:

- Are you giving only breast milk to your baby?
- Please tell me how you are feeding your baby?

The first question is answered with a yes or no. Such questions **are called 'closed-ended questions'**.

The second question is answered with a longer description. Questions like this are usually asked when you want to understand a situation or learn more about something. **They are called 'open-ended questions'**. These questions usually start with "How do you....", "Please tell me about.....", "Please describe.....", "What are the....", and "Why do you....." .

Closed-ended questions are good for getting specific information, such as whether the mother has had any children previously.

Open ended questions are better to explore the family's situation of what they already know and are doing. The CHW can then build on this information while counselling them instead of talking at them as if they didn't know anything. Open-ended questions are more likely to identify harmful beliefs than closed-ended questions.

### b. Use 'body language' to show that you are listening to the family

You can show that you are listening even without saying anything by using 'body language'.

- Sit opposite the person you are listening to.
- Lean slightly towards the person to demonstrate interest in what they are saying.
- Maintain eye contact as appropriate.
- Look relaxed and open, show you are at ease with them -- arms should not be crossed
- Do not rush or act as if you are in a hurry
- Use gestures, such as nodding and smiling, or saying 'mmm' or 'ah'
- Touch, as appropriate

**c. Show that you are listening by reflecting back what the woman or family member said**

You can also show you are listening by **responding** to what the family says in the following ways:

Responding to the woman by reflecting back will encourage the woman to continue to talk to you. When a person states how they are feeling (afraid, worried, happy etc.), let them know that you hear them by repeating it. This is called reflecting feelings and is a tool to show you are listening. An example would be 'so you say you are worried'.

For example, if a mother says: "My baby was crying too much last night."

You could say: "He was crying a lot?"

**d. Empathize with how the person is feeling**

Show that you understand what the person feels by putting yourself in their place and thinking of how they feel in that situation. Empathizing builds trust. If a mother says "I am tired all the time now", a response showing empathy would be: "You are feeling tired, that must be difficult for you"

CHW: How is breastfeeding going for you and the baby?

Mother: He is suckling well and I am happy.

CHW: You must feel pleased that it is going so well.

**e. Avoid words that sound judging**

Judging words' are words like: right, wrong, well, badly, good, enough, properly. If you use judging words when you talk to a mother about breastfeeding, especially when you ask questions, you may make her feel that she is wrong, or that there is something wrong with the baby.

For example:

Do not say: "Does the baby sleep enough?"

Instead say: "How is the baby sleeping?" (open-ended question with no judging words)

---

## III. SKILLS FOR GIVING RELEVANT INFORMATION

**a. Accept or acknowledge what the woman thinks or feels**

Sometimes a mother says something that you do not agree with because of your knowledge about good practices. Or, a mother may feel very upset about something that you know is not a serious problem.

It is important not to disagree with a woman or family member. On the other hand, it is also important not to agree with a mistaken idea. Instead, accept what the woman thinks or feels. Accepting means responding in a neutral way, and not agreeing or disagreeing.

**The 'mother' (in tears):**

"It is terrible! Obama has trouble breastfeeding -- he just cries and I don't know what to do!"

**Which of the following is the most appropriate response:**

- |              |                                                                       |
|--------------|-----------------------------------------------------------------------|
| (Response 1) | "Don't worry -- your baby is doing very well"                         |
| (Response 2) | "You are upset about Obama, aren't you?"                              |
| (Response 3) | "Yes, this could be dangerous -- why did you not come to me earlier?" |

**b. Give a little, relevant information at a time, based on a family's situation and where they are in adopting a new behaviour**

By asking questions and listening, you can identify the family's stage of adopting a behaviour: Unaware, thinking about it, trying, or maintaining.

Then you can decide the type of information that is relevant for each stage.

- |                    |                                                                                      |
|--------------------|--------------------------------------------------------------------------------------|
| Unaware:           | Information about the behaviour, benefits of it                                      |
| Thinking about it: | Encourage to try it; identify problems the family has with it and try to solve them. |
| Trying:            | Encourage continuation of it; identify and solve any problems                        |
| Maintaining:       | Praise and encourage them to continue                                                |

**c. Tell a story**

Tell a story to give information without seeming like you are giving instructions. Many of the counselling cards that you will use will ask you to tell a story. By telling a story of how a family was successful in caring for a pregnant mother and a healthy baby, you can describe the behaviours that you want the families to adopt and the benefits.

**d. Make suggestions instead of commands: Have you considered....? Would it be possible...? What about trying....?**

For example: A command was phrased, "You better save money to pay for a facility delivery." A suggestion could be phrased, "Would it be possible to put aside a little money each week during your pregnancy, so that you could pay the expenses of a facility delivery?"

**e. Give information in short sentences and use simple language**

Use short sentences because they are usually easier to follow and understand. Do not use technical words if not commonly used, but local words such as 'weak blood' for anaemia, or 'lockjaw' for tetanus.

An example using suggestions, short sentences and simple language would be:

“You may find that eating more when you are pregnant gives you more energy. It will also help the baby grow. Perhaps you could try eating an extra helping of rice and more vegetables every day”.

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## IV. SKILLS FOR CHECKING UNDERSTANDING AND SOLVING PROBLEMS

### a. Use open-ended questions to check understanding

Have the mother or family members repeat what needs to be done in her/their own words. This gives you feedback – **what they understand you have said and what they remember**. This is very important to ensure that they have understood what needs to be done. If necessary, repeat your advice in a different way.

### b. Discuss what the family plans to do

This is perhaps the most important part of the counselling process. Encourage the family to tell you **what they plan to do** about the behaviours you have talked about. (Do not assume they will do what you have said.) Encourage them to tell you if they have any concerns or problems. Praise the family for doing so.

### c. Together, try to solve any problems the family has in adopting a behaviour. Only if they tell you their concerns or problems and discuss what they feel can be done, can you arrive at a solution that will be relevant for them.

### d. Praise when appropriate

Praise the mother and family if they are doing something well or if they have understood correctly. Praising the family for this will strengthen their confidence to maintain the beneficial behaviour and to adopt other beneficial behaviours. However, be sure that praise is genuine. You can always find something to praise.

Praise can be given throughout the counselling process when appropriate.

Example:

Mother: I sent my husband to find you because the baby doesn't seem well.

CHW: It was very good that you called me so quickly because you were concerned about the baby.

## *DEMONSTRATION ROLE PLAY: Using good communication skills*

### ROLE PLAY SCRIPT

#### Using Counselling Cards during pregnancy: Communication skills

This role play takes place during the first visit during pregnancy

#### GREET AND BUILD GOOD RELATIONS

**CHW:** Hello Mara. How are you? I can see you are growing  
**(Greets, smiles and makes eye contact)**

**Mara:** I'm fine.

**CHW:** I've come to visit you since you are pregnant and that is now part of the work I do. **(Explaining reason for visit)**

**Mara:** You are welcome.

#### **ASK QUESTIONS AND LISTEN TO UNDERSTAND THE SITUATION**

**CHW:** Mara, have you been to the clinic yet?

**Mara:** Not yet, I think it's still too early.

**CHW:** Oh, but it is very important to start early. I have something to show you **(Brings out First Pregnancy Visit Card 1: Promote Antenatal Care)**.

What do you see in this picture? **(Uses visual aids appropriately)**

**Mara:** Let's see... a pregnant woman is walking towards a clinic. Here she is getting an injection **(CHW says hmm shows she is listening)**....and here she is getting some pills.

**CHW:** Yes, that's right. Good.

**Mara:** But I don't understand why she is getting an injection?

**CHW:** The injection is to protect the mother and child from tetanus, which can kill. It is very important that a pregnant mother gets at least 2 shots during pregnancy. That is why it is important to go early. And these pills are iron and folic acid to strengthen the blood **(Uses simple language)**.

**Mara:** Really? okay. I remember my sister took those pills but she was very nauseous.

**CHW:** That is a very normal reaction **(Acknowledges feelings)**. It is best to take the pills with meals and with citrus or lemonade. If there are any problems with the tablets you can always call me and we can discuss it further.

#### **GIVE ADVICE AND CHECK UNDERSTANDING**

**CHW:** When you start these check-ups early, the doctor or nurse can check for any other problems. It is advised that the pregnant mother should have at least 4 check-ups during her pregnancy. In case there is high blood pressure and other problems, the doctor or the nurse can take care of them, because they are dangerous to both the mother and the baby.

**Mara:** Okay

- CHW:** Yes, it is very important. Mara, do women in your family go for check-ups during pregnancy? **(Asks to find out where the family is in adopting the behaviour of going for ANC)**
- Mara:** Most of them go. I went one or two times with my last pregnancy. But now I know it is important.
- CHW:** Very, very important. So now that you are pregnant again what will you do? **(Asks open-ended question to check what she understands and will do now)**
- Mara:** I will definitely go for antenatal care....I will start this week.
- CHW:** That is really good. **(Praises)**
- CHW:** Mara, let me ask you a question....have you had an HIV test? **(Deals with a sensitive and personal issue carefully)**
- Mara:** No, not yet.
- CHW:** Why not? **(Asks about concerns or problems)**
- Mara:** I'm afraid that if I am positive the other women will not talk to me.
- CHW:** I understand how you are feeling, **(empathizing)** there are many women in the same situation as you. But don't be afraid. Our government is asking everyone to come out openly and talk about this disease. **(Body language shows caring)** But if you go for this test the doctor will be able to take care of both you and the baby. Do you know that the virus can be passed from you to the baby during pregnancy and delivery?
- Mara:** Really?
- CHW:** Yes. So when you go for the test and if you are positive, they can give you drugs to protect the baby and treat you and also give you advice. So you see it is very important. So Mara, what will you do? **(Asks open-ended question)**
- Mara:** I will ask my husband to go for the test this week
- CHW:** That is excellent Mara! **(Encourages)** I will be visiting you in the next two months to see how you are doing **(Advises about next visit)**
- Mara:** You can come as many times as you want. Go well.

END OF ROLE PLAY

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## SESSION 3: Identifying pregnant women in the community

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### Objectives of this session

At the end of this session, you should be able to

- Explain why it is important to identify pregnant women early in pregnancy
- Describe two ways in which you will identify pregnant women in your community
- Compile a list of the names of pregnant women in the community and record this information in your register.

#### Why is it important for the CHW to identify all pregnant women in the community?

- It is important to identify all pregnant women in the community because all mothers and newborns are vulnerable and need care.
- Often, the ones who are missed are the most vulnerable and at risk of illness and death.

#### Why is it important to identify women early in their pregnancies?

- It is important to identify women early in pregnancy because the sooner a woman goes for antenatal care (ANC), the sooner she can be examined and given important medicine and advice.
- Families need time to prepare for birth: to save money for transport and any costs, and to gather supplies (cloths for drying, etc.) and clothes for the baby.
- The CHW needs to visit the pregnant woman 2 times during pregnancy; the first visit as soon as she knows the woman is pregnant, and the second visit about 8 weeks before delivery.

#### *The story of Sarama*

Sarama is a CHW in a village. One of her tasks is to identify all the pregnant women in the village and visit them during pregnancy.

In order to do her work Sarama had to think how she could identify all the pregnant women in her area.

To help her decide how to get this information, she called together a few of her friends; one was Kulsoom, the head of the women's organization in the village, the other was the school teacher Mr Roshi, the third was Priya, the TBA, and the fourth was Razia the midwife from the health centre. She explained what she needed.

The school teacher suggested that Sarama could visit every household every few months and ask if anyone was pregnant. He also said that when he sees a pregnant woman at the school, he will ask if the CHW has already visited, and if not he will inform Sarama.

Kulsoon, the head of the women's organization, suggested that at the next women's meeting, Sarama should explain her work, and ask all families to inform her as soon as anyone in their household was pregnant.

Razia the midwife said that every month when Sarama comes to the health centre for the monthly meeting, or when Razia herself comes to the community for outreach activities, they can discuss who is newly pregnant in the village.

Priya, the TBA, said that she could inform Sarama when she knows someone is pregnant.

**Sarama's plan to find pregnant women:**

1. CHW visits all the households every few months and asks if anyone is pregnant.
2. CHW attends the women's meeting and asks families to inform her when anyone is pregnant.
3. CHW works with the midwife or nurse at the health centre to identify all pregnant women in the community early in their pregnancies
4. CHW asks other people in the community, such as the teacher, the village chief, the TBA, to let her know if someone is pregnant
5. A CHW may find out someone is pregnant by visiting them or from someone else in the village like the head of the women's organization, the midwife, or the TBA. Once the CHW knows someone is pregnant she<sup>1</sup> needs to visit the house of the woman in order to either make the first pregnancy visit or schedule a time to do so. She should also fill in Section 1 of the CHW Register.

**EXAMPLE: Completing Section 1 of the CHW Register**

Yesterday the CHW learned that Jhema Kak is pregnant, so today the CHW visited her. Today's date 10 October 2011.

Look at the entries written on Section 1 on the next page to see how the CHW listed Jhema and recorded her information at the first home visit.

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<sup>1</sup> In these materials, a CHW is usually referred to as "she" because most often a CHW who visits pregnant women and new mothers at home is female. This does not imply that a male CHW may not do these tasks in a community where this is customary.



## SECTION 1

## LIST OF PREGNANT WOMEN AND HOME VISIT RECORD

No	Name of pregnant woman	Age	Address	Expected date of birth (If not known, no. of months pregnant at first visit)	Date of home visits during pregnancy		Pregnancy outcome 1= miscarriage 2= stillbirth 3= live birth	Date of pregnancy outcome	Place of birth 1= home 2= health facility 3= other	Birth attendant 1= doctor, nurse or midwife, 2= TBA 3= other	Status of mother after birth 1 = alive 2= dead 3= not known
					1st visit	2nd visit					
1	Jhema Kak	22	Row 13, H.no. 8, Soni Village	20 Jan 2012	10 Oct 2011						
2											
3											
4											
5											
6											
7											

---

## EXERCISE: Completing the CHW Register: Section 1 List of Pregnant Women

On your CHW Register:

1. Write your name on the cover.
2. Copy the information for Jhema Kak on the first line.
3. On 12 October, the CHW visited Mary Luo who is pregnant. Enter her information in Section 1 (6 columns).

Pregnant woman 2 is named Mary Luo

Age - 21

House location: Row 2, House number 12, Soni Village

Not been to antenatal clinic so expected date of birth is not yet known

When CHW asked, Mary said she was 5 months pregnant.

After the CHW visit, Mary agreed to go to the ANC clinic the next day. The CHW made a brief visit to Mary after she attended the ANC clinic and noted that the expected date of birth was 24 February 2012. Add this information to her entry.

On 19 October, the CHW learned that Grace Matuba was pregnant and went to visit her at her home. Enter her information in Section 1 (6 columns)

Pregnant woman 3 is named Grace Matuba

Age - 24

House location: Row 7, House number 3, Soni Village

Has been to the ANC clinic once

Expected date of birth: 4 March 2012

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# FIRST HOME VISIT DURING PREGNANCY

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## SESSION 4: Promote antenatal care

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### Objectives of this session

At the end of this session, you should be able to:

- Explain why pregnant women should attend antenatal care and the care they are expected to receive
- Explain when to start going for antenatal care and how many visits are recommended
- Help solve problems in attending antenatal care

### *Importance of antenatal care*

Although the CHW will be visiting each pregnant woman in her area 2 times during pregnancy, the CHW does not provide antenatal care. This is done at the health centre or through outreach by a trained health worker. The CHW will encourage the pregnant woman to go for antenatal care.

### Overview of care given during antenatal visits

- Examination of the pregnant woman (checking blood pressure, weight, etc.)
- Iron and folic acid tablets to prevent anaemia and strengthen blood
- At least 2 tetanus toxoid immunizations to prevent tetanus
- Insecticide-treated bednets and intermittent preventive treatment (IPT) to prevent malaria in areas where malaria is very common
- Advice on home care for the pregnant woman and to ensure the baby grows well
- Preparing for birth including preparing for birth in a health facility and informing the family about danger signs and the importance of early care seeking for them.
- Testing for infections such as HIV, STIs, and treatment and care if needed

The minimum number of antenatal care visits recommended is 4; the first visit early in pregnancy as soon as the woman thinks she is pregnant, then if there are no problems, around 28 weeks, 32 weeks and 36 weeks.

### Why some women do not go for antenatal care?

- don't see the need to go for antenatal care
- distance to clinic
- hidden costs
- poor attitude of the health workers
- medicines, equipment or tests not available at the health facility
- too much work to do at home

- no one to look after the home

For each possible reason in your community, try to understand the problem and how the CHW could help overcome the problem. Some examples are listed below:

- discuss the importance of attending antenatal care with husband and other family members; perhaps they could agree to spare money for transport and any hidden costs
- have other family members do some of the work on clinic days
- discuss 'poor attitude of clinic staff' with supervisor who may be able to talk with them

### **DEMONSTRATION ROLE PLAY: How to use First Pregnancy Visit**

#### **Card 1: Promote Antenatal Care**

Monica, the community health worker (CHW), found out Taja was pregnant a few days earlier. She had been visiting all the houses in the village trying to identify pregnant women, and when she got to Taja's house, she learned she was pregnant. At that time, it was agreed that Monica could return today to visit Taja and carry out the first home visit during pregnancy.

Observe the interaction. This role play will not show a complete visit, but only the greeting and using Card 1.

Be prepared to discuss what you have seen:

- How did the community health worker greet Taja?
- How do you know that she is listening?
- How does the CHW use the card?
- How does the CHW use her knowledge of how behaviour changes?

### **ROLE PLAY SCRIPT**

#### **First Pregnancy Visit Card 1: Promote Antenatal Care**

##### **GREET THE FAMILY**

**CHW:** Hello, Taja, are you home?

**Taja:** Hello Monica. Welcome.

**CHW:** Thank you. How are you and the family? Feeling alright?  
(Smiles and looks at her)

**Taja:** Oh yes. I get tired more easily than before I was pregnant but otherwise I feel fine.

**CHW:** Yes, getting tired more easily can happen when carrying a baby (Reflecting feelings), that's normal, and I am glad you feel fine otherwise.

**EXPLAIN THE VISIT**

As I said the other day, part of my responsibility is to visit pregnant women and discuss what you can do to make sure you and the baby are healthy.

**Taja:** (Nods) I was looking forward to your visit.

**CHW:** (Opens counselling cards to First Pregnancy Visit Card 1 and has the illustrations facing Taja)

**ASK AND LISTEN TO UNDERSTAND THE SITUATION**

**CHW:** Taja, do you have other children?

**Taja:** Yes I have two other children.

**CHW:** Did you attend the clinic with your other pregnancies?

**Taja:** Yes, I went once with my last baby, but not with the first one.

**CHW:** Have you been to antenatal care for this pregnancy?

**Taja:** Not with this baby. I plan to go when I am further along.

**CHW:** I am glad to hear you are planning to go. I suggest you go there early in pregnancy so you can receive the necessary care. I am going to tell you a story about a woman named Abena, who had a very healthy baby. But first, what do you see in these pictures?

**Taja:** I see a clinic and the health worker is examining a pregnant woman. Here she is getting an injection, here there are some tablets, and here she is getting something....I think it may be a bednet. In this picture it looks like the health worker is taking some blood from her arm.

**TELL THE STORY OF ABENA AND ADAPT ADVICE ACCORDINGLY**

**CHW:** Yes, that's right. Abena went to the clinic so she could get checked by the nurse because she knew that check-ups were important to make sure she and the baby were healthy throughout the pregnancy. The first time she went, which was early in her pregnancy, they gave Abena an injection against lockjaw and they checked her for any problems. They gave her iron and folic acid tablets to strengthen her blood.

**Taja:** Hmmm

**CHW:** Abena lives in an area where there is a lot of malaria, so she received an insecticide-treated bednet (Points to photograph of bednet).

- Abena also was given medicines which she takes to prevent her from getting malaria.

- Lastly, Abena agreed to get a test for HIV. It is important to get tested for HIV because if a woman has it, she can receive medicines to prevent it passing to the baby.

**Taja:** I didn't know that. How many times did you say she went to the clinic?

**CHW:** Abena went 4 times for antenatal care. It is important to go back because in the 2nd and 3rd visits they check to make sure your blood is getting stronger, check for any problems that may have come up, and help you prepare a birth plan. The 4th visit is usually a few weeks before delivery and includes checking to make sure the baby is in a good position for the delivery.

**Taja:** I have learned a lot from you.

#### **CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS**

**CHW:** Good. Can you tell me what you understood from our discussion?

**Taja:** Yes, I should go early for antenatal care because I will get examined and receive medicines and information. I should go at least 4 times like Abena.

**CHW:** That is excellent. Now that you know these things, what are your plans about antenatal care?

**Taja:** I will talk to my husband when he gets back from the fields. I will go to the clinic in the next day or so, because now I know how important it is.

**CHW:** Very good. Now let's talk about the baby's birth.

**END OF ROLE PLAY**

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## SESSION 5: Promote birth in a health facility and help prepare for birth

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### Objectives of this session

At the end of this session, you should be able to:

- Explain to a family why it is best for a woman to give birth in a health facility
- Help the family prepare for birth in a health facility
- Identify problems that families may have in preparing for birth and work with them to find potential solutions

#### *Birth planning and the importance of including family members*

During the first visit to a pregnant woman, besides talking about antenatal care, the CHW will also help the family prepare for the birth. Helping the family prepare their own 'Birth Plan' involves an ongoing discussion with the woman and her family to help them decide where to give birth, organize the things they need for the delivery and decide what they will do in an emergency. Having a birth plan can reduce confusion at the time of birth and increase the chance that the woman and her baby will receive appropriate, timely care.

It is important to include the husband and family members for a number of reasons, some of which you already mentioned:

- Giving birth in a facility may involve money, so this decision should be made along with the husband and any others involved.
- If everyone agrees beforehand, when labour starts there will be no problem in making the decision to go to the health facility.
- In some societies the husband has to give permission for the woman to leave the house, so if he agrees beforehand that will allow her to go even if he isn't at home at the time.
- Leaving home means that there needs to be money for transport and someone to look after the house and other children; this may involve other family members.

#### *Why should women give birth in a health facility?*

It is safest for all women to deliver with a skilled birth attendant and in a health facility because health workers have the skills and equipment needed to help ensure a safe delivery and a healthy baby.

Sometimes problems arise during labour and delivery, like bleeding or fits, which require skilled health workers, medications and equipment to treat. Without that treatment, the mother and baby could die. Therefore it is safest to deliver in a facility that can manage these and other problems. However, many women in this area do not deliver in a health facility.

## Reasons for not delivering in a health facility

- a. Cost of delivery items, transport and the health facility fee
- b. Perception that home birth is safe
- c. Feeling more comfortable delivering with TBA at home
- d. Lack of knowledge on importance of facility delivery
- e. Lack of transport
- f. Fear of the procedures at a health facility or of health facility staff
- g. Birth occurs suddenly at home or on the way to the facility

Problem	Potential advice
<b>Cost of delivery</b>	<ul style="list-style-type: none"> <li>Let families know how much a health facility delivery costs; include 'hidden costs' even if the delivery itself is free.</li> <li>Help them see how saving a very small amount of money each week adds up to a significant amount over the pregnancy, especially if the entire family is involved.</li> <li>Stress that delivering in a health facility helps ensure a safer delivery and a healthy baby. If complications occur during home birth, it will cost much more to get emergency treatment than the cost of a facility birth.</li> </ul>
<b>Perception that home birth is safe</b>	<ul style="list-style-type: none"> <li>Explain to the family that the health facility is the best place to prevent and treat delivery complications.</li> <li>Explain that complications such as prolonged labour, delayed placenta and bleeding after delivery can happen to any woman, even those who usually have safe deliveries.</li> </ul>
<b>Feeling comfortable delivering with TBA at home</b>	<ul style="list-style-type: none"> <li>Acknowledge that it is comforting having a TBA who you feel comfortable with at the birth but if complications occur the mother or the baby could pay with their lives.</li> <li>Suggest that possibly the TBA could go with you to the health facility and be a support (or birth companion) during labour and childbirth.</li> </ul>
<b>Lack of transport</b>	<ul style="list-style-type: none"> <li>Help families identify a means of getting to the facility for either a day or night delivery and in bad weather.</li> <li>Encourage families to make arrangements in advance with a vehicle owner, including taking his or her phone number.</li> <li>Community planning to provide transport for birth and emergencies.</li> <li>Towards the end of pregnancy, encourage the woman to try to find a place to stay (with a relative or friend) close to the facility.</li> </ul>
<b>Fear of health facility procedures and health facility staff</b>	<ul style="list-style-type: none"> <li>Explain to the family that the health facility procedures are always done to save lives. If these procedures are not conducted when they are required, it is likely that the woman or her baby will die.</li> <li>Explain that the CHW or a mature person could accompany the pregnant woman to the health facility to support her and help communicate with health facility staff</li> </ul>



Problem	Potential advice
Birth sometimes occurs very quickly	<ul style="list-style-type: none"> <li>Explain that it is important to go to the health facility for delivery as soon as labour starts. That is why it is important to plan for the delivery during pregnancy.</li> <li>Help families ensure they have everything they need for a safe home delivery in case the labour is very quick.</li> <li>Towards the end of pregnancy, encourage the woman to try to find a place to stay (with a relative or friend) close to the facility.</li> </ul>

### *Helping Families Prepare for Facility Birth*

A key aim of your visit during pregnancy is to help families prepare for birth. The birth planning process helps families think ahead to what is needed for a safe birth and helps them decide how to overcome any difficulty they have.

While it is always best to give birth in a facility, sometimes this decision does not happen immediately. If the family is undecided, go through the elements of preparing for birth in a health facility using the First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility. Then let them think it over. Talk to them again about facility birth at the next visit.

It may not be possible for all women to give birth in a health facility. If a family decides not to deliver in a health facility even after discussions, it is important that you help them make the home birth as safe as possible. Do not judge or scold them for their choice.

#### **First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility**

(Page 6 of Counselling Cards).

##### **1. Prepare for birth in a health facility**

It is safest to deliver in a health facility. Many problems can be prevented and any that do arise can be treated promptly with the required skill and medications.

##### **2. Identify transport to get to the health facility**

It is important to identify how the pregnant woman will get to the health facility during pregnancy because labour can start at any time during the day or night, and it may be difficult to find transport at the last moment.

##### **3. Save money for transport and other expenses at the health facility**

It is important to save small amounts of money throughout pregnancy in order to have enough money to cover the costs of transport and other expenses for birth at the health facility.

**4. Gather the supplies needed for health facility delivery**

To give birth in most health facilities women need to bring: soap, a plastic sheet, sanitary napkins and clean clothes for the mother and the baby (Note: Adapt this list to the situation in your country). As these supplies can be expensive, families may need to collect them bit by bit. It is important the family keep the items clean and together so that they are ready and can be easily found when needed.

**5. Decide to go to the health facility early in labour and have someone accompany the pregnant woman to the facility**

It is important to go to the facility early in labour so that there is enough time to arrive there before the baby comes. Early in the pregnancy, identify the person who is going to accompany the woman to the health facility. This person should know the transportation plan and the importance of going to the facility early in labour. Try to include this person in your discussions during the home visits.

**6. Plan who will care for the household while the pregnant woman and other family members are in the facility**

It is important that arrangements are made beforehand for someone to take care of the household, including caring for older children, other family members, animals, etc.

***PRACTICE ROLE PLAYS - Talking with families about their problems with delivering in a health facility, and proposing possible solutions***

Case Descriptions	
<b>Case 1:</b>	<i>Neena and her husband want to have the birth in the health facility but they are afraid they don't have enough money.</i>
<b>Case 2:</b>	<i>Mary says she wants to deliver at home because it is easier; she doesn't have to leave her other children and she will be more comfortable.</i>
<b>Case 3:</b>	<i>Rona lives in a remote rural area; the health facility is two hours away by car and transport is not available at all times.</i>

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## SESSION 6: Home care for the pregnant woman

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### Objectives of this session

At the end of this session, you should be able to:

- Counsel women on how to care for themselves during pregnancy
- Explain danger signs during pregnancy (using the Mother and Baby Card)

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### Home care for the pregnant woman

#### *Why should pregnant women eat more?*

A pregnant woman needs more energy so the baby she is carrying can grow. Babies born small are at greater risk of getting sick and dying. A pregnant woman should eat more each day, and try to eat good food. This means an extra portion of rice, lentils or bread, and if possible, eggs, fish, meat fruit and vegetables. The CHW can suggest the woman try to eat more of the good foods available locally.

#### *Why should pregnant women avoid heavy work and get more rest?*

If a pregnant woman works hard, there is less energy available for the baby to grow. If a woman rests and eats well, the baby will grow bigger and stronger.

#### *Why should pregnant women sleep under an insecticide-treated bednet?*

Malaria is a serious disease, especially during pregnancy, and can be very dangerous to both the mother and baby. To prevent getting sick, everyone, especially pregnant women and mothers and babies, should sleep under an insecticide-treated bednet.

#### *Why should pregnant women take iron and folic acid tablets?*

During pregnancy, delivery and after delivery a woman needs strong blood to carry and then feed the baby, and to avoid problems. Iron and folic acid tablets make the blood stronger.

#### *Mother and Baby Card: Pregnancy*

The left side of the 'Pregnancy' page is filled in by the CHW during the first visit during pregnancy. The right side of the 'Pregnancy' page illustrates 'Danger signs during pregnancy'. The danger signs are discussed during the first visit during pregnancy and reviewed if necessary during the second visit. More information (on attending ANC, date of delivery, etc.) is added during the second visit during pregnancy according to each woman's situation.

***Danger signs during pregnancy***

The danger signs during pregnancy are:

- any vaginal bleeding
- fits
- severe abdominal pain
- severe headache
- difficult breathing
- fever

If any of these danger signs appear, the family should seek care at the health facility as soon as possible.

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## SESSION 7: First home visit during pregnancy

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### Objectives of this session

At the end of this session, you should be able to:

- Demonstrate how to conduct a first visit to a pregnant woman
- Demonstrate how to use the counselling cards for this visit appropriately (First Pregnancy Visit Cards 1, 2, and 3)
- Demonstrate how to use the Mother and Baby Card to discuss danger signs during pregnancy
- Demonstrate how to fill in the Mother and Baby Card and record the appointment for the second pregnancy visit in the CHW's calendar.

### *Sequence for First Pregnancy Visit*

1. Greet the family and develop good relations
2. Enter information about the woman in the CHW Register, Section 1
3. Use First Pregnancy Visit Card 1: Promote Antenatal Care
4. Use First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility
5. Use First Pregnancy Visit Card 3: Home Care for the Pregnant Woman
6. Discuss the danger signs during pregnancy shown on the Mother and Baby Card
7. Ask the pregnant woman and family to tell you what they have understood about the care needed by women during pregnancy, and about danger signs in pregnancy. They can use the Mother and Baby Card to help remember.
8. Fill in the Mother and Baby Card. Decide with the family when you will visit again and write the appointment for next visit on the Mother and Baby Card.
9. Write the appointment for the second pregnancy visit on the calendar in Section 5 of the CHW Register.
10. Give the family the Mother and Baby Card to keep
11. Thank the family

**DEMONSTRATION AND PRACTICE: Completing the CHW Register and Mother and Baby Card at the first visit during pregnancy**

See the recorded information in your CHW Register Section 1 from the exercise you completed in Session 3.

Name: Jhema Kak

House location: Row 13 House number 8, Soni Village

Attended ANC 2 times

Expected date of delivery (from the ANC card): January 20 2012

**Filling in a Mother and Baby Card**

When you discussed antenatal care, Jhema said she had gone to the ANC clinic two times. You praised her for this and encouraged her to go two more times later in the pregnancy. Also during this first visit, you explained to Jhema and her family that it is safer to have the birth in a health centre with a skilled birth attendant. You explained that families need to plan for the birth and you will help her and the family do that. After discussing the issues of transport, money, and preparing clothes, Jhema and the family decide she will give birth in the health facility.

Record the necessary information on a Mother and Baby Card for Jhema.

Mother and baby card Pregnancy	
<b>Woman's name:</b>	_____
<b>House identification:</b>	_____
<b>Village / community:</b>	_____
<b>Date of CHW visits:</b>	Pregnancy visit 1: _____ Pregnancy visit 2: _____
<b>ANC visits at health centre done (tick):</b>	
ANC 1 _____	ANC 2 _____
ANC 3 _____	ANC 4 _____
<b>Birth preparedness</b>	
_____	Counselled on importance of health facility birth?
_____	Counselled on preparations for birth?
<b>CONTACT YOUR CHW <u>AS SOON AS</u> THE BABY IS BORN</b>	
<b>CHWs name:</b>	_____
<b>CHW contact details:</b>	_____

***When should the second home visit during pregnancy take place?***

The second visit should take place about 2 months before delivery (or if EDB is not known, when the woman has completed 7 months of pregnancy). Jhema Kak's expected date of delivery is 20 January 2012. Two months before that will be around 20 November 2011.

So you asked the family if it would be OK to visit again on 20 November. They agreed that it would be fine and you wrote that date on the Mother and Baby Card. Then you gave them the card to keep.

You also opened your CHW Register Calendar to November and wrote Jhema's name on the box for the 20th.

***DEMONSTRATION ROLE PLAY: First pregnancy visit***

Monica, the community health worker (CHW), found out Taja was pregnant a few days earlier. Monica is visiting Taja today to carry out the first home visit during pregnancy.

This role play will show a complete first pregnancy visit. Watch the interaction and look for:

- Which cards are used and how are they used?
- Does the CHW greet, ask and listen, understand the situation, give advice based on that, check understanding, praise and solve any problems?
- The sequence of the visit
- Use of the Mother and Baby Card and the CHW Register

ROLE PLAY SCRIPT:

FIRST PREGNANCY VISIT

GREET THE FAMILY

CHW: Hello, Taja, are you home?

Taja: Hello Monica. Welcome.

CHW: Thank you. How are you and the family? Feeling alright?  
**(Smiles and looks at her)**

Taja: Oh yes I get tired more easily than before I was pregnant but otherwise I feel fine.

CHW: Yes, getting tired more easily can happen when carrying a baby **(Reflecting feelings)**, that's normal, and I am glad you feel fine otherwise. **At the same time the Mother-in-law (M-I-L) comes in (greetings are exchanged and she is asked to join them).**

EXPLAIN THE VISIT

As I said the other day, part of my responsibility is to visit pregnant women and discuss what you can do to make sure you and the baby are healthy.

Taja: **(Nods)** I was looking forward to your visit.

CHW: **(Opens counselling cards to First Pregnancy Visit Card 1 and has the illustrations facing Taja)**

ASK AND LISTEN TO UNDERSTAND THE SITUATION

CHW: Taja, do you have other children?

Taja: Yes I have two children.

CHW: Did you attend the clinic with your other pregnancies?

Taja: Yes, I went once with my last baby, but not with the first one.

CHW: Have you been to antenatal care for this pregnancy?

Taja: Not with this baby. I plan to go when I am further along.

CHW: I am glad to hear you are planning to go **(Understands her stage of adopting the behaviour)**. It is important to go there early in pregnancy so you can receive the necessary care. I am going to tell you a story about a woman named Abena, who had a very healthy baby. But first, what do you see in these pictures?

M-I-L: I see a woman at the clinic and the health worker is examining her.

CHW: Yes that's correct. What else?



**Taja:** Here she is getting an injection, and here she is holding some tablets, and here she is getting something....I think it may be a bednet. Here it looks as if they are taking some blood.

**TELL THE STORY OF ABENA AND ADAPT ADVICE ACCORDINGLY**

**CHW:** Yes, that's right. Abena went to the clinic so she could get checked by the nurse because she knew that check-ups were important to make sure she and the baby were healthy throughout the pregnancy. The first time she went, they gave Abena an injection against lockjaw and they checked her for any problems. They gave her iron and folic acid tablets to strengthen her blood.

**Taja:** Hmmm

**CHW:** Abena lives in an area where there is a lot of malaria, so she received an insecticide-treated bednet **(Points to photograph of bednet)**.

Abena also was given medicines which she takes to prevent her from getting malaria.

Lastly, Abena agreed to get a test for HIV. It is important to get tested for HIV because if a woman has it she can receive medicines to prevent it passing to the baby.

**Taja:** I didn't know that. How many times did you say she went to the clinic?

**CHW:** Abena went 4 times for antenatal care. It is important to go back because in the 2nd and 3rd visits they check to make sure your blood is getting stronger, check for any problems that may have come up, and help you prepare a birth plan. The 4th visit is usually a few weeks before delivery and includes checking to make sure the baby is in a good position for delivery.

**Taja:** I have learned a lot.

**CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS**

**CHW:** Good. Can you tell me what you understood from our discussion? **(Checking question)**

**Taja:** Yes, I should go early for antenatal care because I will get examined and receive medicines and information. I should go at least 4 times like Abena.

**CHW:** That is excellent. Now that you know these things, what are your plans about antenatal care? **(Asking what family will do)**

**M-I-L:** I think it is good for Taja to go. We will talk to my son when he gets back from the fields.

**Taja:** If possible I will go to the clinic in the next day or so, because now I know how important it is.

**CHW:** Very good. Now let's talk about the baby's birth.

(Turns over counselling card so that First Pregnancy Visit Card 2 is open with the illustrations facing Taja)

**ASK AND LISTEN TO UNDERSTAND THE SITUATION**

**CHW:** Taja, where did you have your previous babies?

**Taja:** Both of them were born at home. My aunt who lives nearby delivered them but she is now too old. My sister-in-law recently had her baby in the health facility.

**CHW:** I see. What do you think of giving birth in the facility?

**M-I-L:** It costs some money.

**Taja:** Yes, it may be okay but I am afraid it may cost a lot of money. It is also far from the house. **(CHW now knows her stage of adopting behaviour = thinking about it)**

**CHW:** Yes, it is some ways and there may be extra costs, but we can discuss how you can plan for these ahead of time.

**TELL THE STORY OF ABENA AND ADAPT ADVICE ACCORDINGLY**

Let me tell you what Abena did. What do you see in these pictures?

**Taja:** This is a picture of the health facility.

**CHW:** Good, that is exactly right. Abena chose to deliver in the health facility because she knew that problems during birth like heavy bleeding can happen to any woman, and it is safer to deliver where these problems can be taken care of.

**Taja:** Can this happen even if I have had no problems the previous two times?

**CHW:** Yes, unfortunately problems can happen any time so it is safer to deliver in the facility where they can perform a clean and safe delivery and manage any problems that may come up.

What do you see here?

**Taja:** I see a taxi, a bus, a bullock cart, different means of transportation.

**CHW:** Yes, very good. And here?

**Taja:** I see a woman and man putting money in a box.

- CHW:** Yes, that's correct. Abena and her husband saved a small amount of money every week (points to the illustration of saving money) to cover any costs and to pay for transportation to the facility. What do you see here?
- Taja:** It looks like a car taking Abena somewhere....
- CHW:** Yes, Abena's husband arranged with a taxi driver to take them to the health facility as soon as labour started. He made sure he knew where he could find the driver, even at night, and he is accompanying her (pointing to illustration). And here, Abena prepared clothes for the baby and things for herself that she would need in the health facility.

### CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS

- CHW:** Do you think you can prepare in the same way? **(Checking question)**
- Taja:** Thank you for letting me know all this.
- M-I-L:** It seems possible.
- Taja:** I will discuss delivering in the health facility with my husband when he comes from work this evening. We should be able to save a little money each week, and I can definitely prepare clothes for the baby and gather supplies that I will need like cloths.
- CHW:** Good. We will discuss it further during my next visit. I would now like to talk about how to care for yourself during pregnancy. **(Opens counselling cards to First Pregnancy Visit Card 3 and has the illustrations facing Taja)**

### ASK AND LISTEN TO UNDERSTAND THE SITUATION

- CHW:** What kind of care do you think pregnant women need?
- Taja:** I don't really know for sure, but I remember that when I went for antenatal care with my last pregnancy, I was told to eat more food and I took iron and folic acid tablets for stronger blood. The nurse also advised me to avoid heavy work and get more rest.
- CHW:** That's right Taja. Very good. What do you see in these pictures?
- Taja:** Oh, I'm right, here a woman is eating...it looks like good food. And here she is taking tablets, and sleeping under a bednet.
- M-I-L:** Yes, she is eating a lot of good food.
- CHW:** **(Nodding)** Uh huh **(Shows she is listening)**. Excellent. What do you think about doing these things? **(Checking question)**

**Taja:** Since I feel tired with this pregnancy I think maybe I need more rest, so I think that is good advice. But do I really have to eat more? I really don't feel like eating these days?

**TELL THE STORY OF ABENA AND ADAPT ADVICE ACCORDINGLY**

**CHW:** It is good that you will avoid heavy work and try to rest more. **(Praise)** About eating more, let me tell you the story of Abena **(Points to the picture of a woman eating more nutritious food)**. Abena eats more than usual during pregnancy to help the baby grow. This is important because if you do not eat well the baby will not grow enough and it will be born weak. You should try to eat (facilitator to pick local and acceptable foods) an extra portion of rice, bread, or lentils, and if possible add an egg, fish or meat, and fruit and vegetables. Do you think that is possible?

**Taja:** I don't know. I really don't feel like eating these days.

**CHW:** I understand what you are saying; you don't have a good appetite **(Reflecting feelings)**. Do you think you could try eating a little more at each meal, like an extra bowl of lentils and an orange or vegetable? You could also try eating a snack between meals. **(Making suggestions)**

**Taja:** Yes. I will try. I want the baby to be strong.

**CHW:** Good. Now as you said, here Abena is sleeping under the bednet so she will not get malaria. Do you think this will be possible for you to do?

**Taja:** Well, I don't have a bednet..... Where can I get one?

**CHW:** You can get one when you go to the antenatal clinic (THIS ADVICE MAY CHANGE DEPENDING ON THE PROGRAMME), so please remember to ask for one when you go.

**Taja:** Yes, I will.

**CHW:** Excellent. Now let's look at the Mother and Baby Card. This card is for you to keep at home. I have written your name here, **(shows Taja and M-I-L)**, where your house is located, the date of this visit, and before leaving I will put the approximate date of when I will return. I have written that you are thinking about preparing for a health facility birth, and we can discuss it more on my next visit after you speak to your husband and mother-in-law.

**CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS**

**CHW:** Can you tell me what you remember about the care you need during pregnancy, and what you will try to do? **(Checking question)**

- Taja:** Yes, I need to eat more, avoid heavy work and get more rest, take iron tablets and sleep under a bednet.
- As I said I will go to the clinic for antenatal care, and I will ask for a bednet. With my mother-in-law's help, I will try and rest more and I will also try to eat more because I know it is good for the baby.
- CHW:** I am happy to hear that. Before I go, I want to ask you both to look at this **(Points to the danger signs on the right side of the Mother and Baby Card)**. What do you see here?
- M-I-L:** These are pictures of sick women.
- CHW:** Yes that is correct. These pictures show the problems or danger signs that can happen in pregnant women: vaginal bleeding, fits, severe headache, severe abdominal pain, and fever. If any of these happen to you Taja, you must go to the health facility immediately. We need to think how you would get there, and it is best for you to save some extra money.
- Taja:** There is a taxi in the next village and one of the men in this village has a mobile phone. We can call for a taxi.
- CHW:** Very good. Do you have any questions about these danger signs and what they mean, or anything else we discussed today?
- Taja:** No. If I forget the danger signs I can always see them on this card.
- CHW:** Very good. **(Looks at the calendar)** I will come back in 4 weeks, the third week of next month just after the harvest holiday. Is that alright?
- Taja:** That's good, I look forward to seeing you.
- CHW:** **(CHW writes proposed date of second visit during pregnancy on the Mother and Baby Card. Then she opens the CHW Register to Section 5: Calendar and writes the proposed date of the next visit on the calendar)**. When I come back, we can talk about how you are and if you are able to do these things for yourself. And here is my name and where my house is located. **(Points to the bottom of the Mother and Baby Card)** Please call me if you need my help.
- Taja:** Thank you, I will.
- CHW:** Bye, remember to go to the clinic and congratulations for doing the best for yourself and the baby.

END OF ROLE PLAY

## Practice role play practice in pairs: First pregnancy visit

Take turns playing the CHW and the mother. Each choose a different one of the cases below. Remember to fill in a Mother and Baby Card for the mother and use the CHW Register.

### Case descriptions

#### **CASE 1: Diara**

First pregnancy visit: You are visiting Diara. She is 4 months pregnant with her second baby. She has never been to ANC. She has no danger signs.

#### **CASE 2: Jani**

First pregnancy visit: You are visiting Jani. It is her first baby. She is now 5 months pregnant. She has already had one ANC check-up.

#### **CASE 3: Baina**

First pregnancy visit: Baina has missed 4 periods and feels movements of the baby. She has 5 children at home. She went to ANC once or twice with her other children.

### *Remember:*

- The counselling steps for the first pregnancy visit include:
  - Greet and build good relations
  - Ask questions and listen (reflect, empathize, etc); understand the situation
  - Give relevant information based on what the family knows
  - Check understanding (open-ended questions)
  - Discuss what the woman and family will do
  - Together, try to solve any problems
  - Thank the family
- Use the First Pregnancy Visit Cards 1, 2, and 3 which provide the relevant information. You will encourage a woman to get antenatal care, prepare in advance for birth, take care of herself at home during pregnancy, and get care at a health facility if she has any danger signs.
- Fill out the Mother and Baby Card and your CHW Register Section 1: List of Pregnant Women and Home Visit Record, including noting on the calendar (Section 5) when you will return.
- Remember that how you interact with a pregnant woman and her family will affect how relaxed and confident she feels and whether she decides to follow your advice.

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## SECOND HOME VISIT DURING PREGNANCY

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### SESSION 8: Review actions since the first pregnancy visit

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#### Objectives of this session

At the end of this session, you should be able to

- Use Second Pregnancy Visit Card 1 to review the family's progress in caring for the pregnant woman and preparing for birth
- Decide whether a family requires information to plan for a safe birth at home in case they will not make it to the facility or if a facility birth does not seem likely (Second Pregnancy Visit Card 2: Prepare for Birth at Home)

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#### QUICK QUIZ: Selecting Card 2 or 3

- a. Lily and her family have decided to deliver in the health facility and have already saved enough money. Lily's husband will accompany her and Lily's mother-in-law will stay with the children. They have identified transport.

Which card would you use?

- b. Grace and her family live 5 km from the main road and are very poor. No one in the family has ever delivered in the health facility. On the second CHW home visit, they say that they are not sure they will be able to go to the health facility for birth. They have not saved any extra money or identified how Grace would get there once in labour.

Which card would you use?

- c. Esther and her family have decided to give birth in a health facility. Because they live a long distance from the facility and Esther has had fast births in the past, they have arranged to move to their relative's house in town some days before the birth is due. They have saved some money for birth in a health facility.

Which card would you use?

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#### SECOND PREGNANCY VISIT CARD 2: Prepare for Birth at Home

Read the card. Note that the story in this card is about Sarah, not Abena, because Sarah had chosen to have her birth at home, and Abena had her baby in the health facility.

##### *Help to prepare for birth at home*

- a. **Identify the birth attendant**

All women need a skilled birth attendant to assist during delivery. It is important that this person is experienced and preferably a nurse or midwife. Explain to the family that they need to know how to contact the birth attendant when labour starts.

- b. Identify a person who will assist the birth attendant** in drying the baby immediately after birth, keeping the baby in skin-to-skin contact with the mother, and putting the baby to the breast soon after the cord is cut and the baby is ready.

The baby can easily get cold after birth -- especially if the baby stays wet with birth fluids. The birth attendant often concentrates on the mother. It is important that there is someone available to help the birth attendant in drying the baby immediately after birth.

Drying should be done with a clean cloth and the baby should then be put in skin-to-skin contact with the mother and covered with another clean dry cloth (removing the wet one). In addition to help the baby stay warm, vigorous drying is an effective way to stimulate the baby to breathe and cry.

Putting the baby to the breast soon after the cord is cut is very important. This person can assist in doing this while the birth attendant is busy with the delivery of the placenta.

- c. Explain danger signs during labour and birth**

Explain to the family that if labour lasts longer than 12 hours, there is heavy bleeding, or placenta is not delivered, the mother should be taken to the health facility immediately to save her life.

- d. Save money for use in case of an emergency and identify transport**

Explain to the family that there could be a complication or emergency during labour, birth or immediately afterwards which could put the life of the mother and the baby in danger. The mother and baby would have to be taken to a health facility urgently in that case.

It is important to have money for transport and treatment at health facility, in case the need arises. Help the family to see how saving a very small amount of money each week adds up to a significant amount over the pregnancy, especially if the entire family is involved.

- e. Collect the supplies needed for home delivery**

Tell the families to make sure **soap and water are available** for the birth attendant. Dirty hands can harm the baby. Therefore, it is important that the family make preparations to ensure that the birth attendant washes her hands before delivery. The family does not have to buy special soap because any soap in the house will clean the hands. Besides making sure soap and water are available at delivery, the family also needs to make sure the birth attendant knows where these are kept.

Other supplies that are needed include washed rags which should be kept in an accessible place. Explain that the baby should be welcomed onto something clean and soft and not onto the bare floor where he or she can get cold easily. There should also be a clean blade and three cord ties.

- f. Prepare a room for delivery**

Explain to the family that the delivery room needs to be clean and warm. As soon as labour starts, they should clean the room and make sure that cold air is not entering the



room. The room should have enough light, during day and night, for the birth attendant to observe the mother and baby well.

**g. Prepare for washing hands with soap and water**

The birth attendant must wash her hands before the delivery. Any other person should also wash their hands with soap and water before holding a newborn

***DEMONSTRATION ROLE PLAY: How to use second pregnancy visit card 1: review actions since first pregnancy visit and card 2: prepare for birth at home***

Monica, the community health worker (CHW), is visiting Mary for the second time during pregnancy. On the first visit, Mary said she was attending antenatal clinic but was not sure where she would give birth.

Observe the interaction. This role play will not show a complete visit, but only the greeting and using Cards 1 and 2. Be prepared to discuss what you have seen:

- How does the CHW use the cards?
- How does the CHW use her knowledge of how behaviour changes?
- Why did the CHW decide to use Card 2: Prepare for Birth at Home?

**ROLE PLAY SCRIPT**

**Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit and Card 2: Prepare for Birth at Home**

**GREET THE FAMILY**

**CHW:** Hello, Mary, are you there?

**Mary:** Hello Monica. Welcome.

**Mother-in-law (M-I-L):** Hello, please sit down.

**CHW:** Thank you. How are you and the family? Feeling alright?  
**(smiles and looks at Mary and M-I-L)**

**Mary:** Oh yes. I am getting bigger and the baby is moving a lot.

**CHW:** That's good news.

**EXPLAIN THE VISIT**

**CHW:** **(Opens counselling cards to Second Pregnancy Visit Card 1 and has the illustrations facing Mary)**

As I told you last time, I am here to make another visit during your pregnancy. I would like to discuss how your preparations for birth are going and the care the baby needs immediately after birth.

**Mary:** **(Nods)** I was looking forward to your visit.

### ASK AND LISTEN TO UNDERSTAND THE SITUATION

- CHW:** Mary, have you gone back to antenatal clinic?
- Mary:** Yes I went back two more times.
- CHW:** That is excellent. When will you go again?
- Mary:** They told me to return in 2 weeks – it is written on my ANC card.
- CHW:** Very good. And how have you been taking care of yourself? Able to eat more and rest? Are you taking the iron and folic acid tablets and sleeping under an insecticide-treated bednet?
- Mary:** I am trying to eat more and sleep under the net. I am also taking the tablets every day but there is so much to do it is hard to rest.
- CHW:** You are doing really well. Is there any way you can avoid heavy work and get a little more rest?
- M-I-L:** I would help her more but I am old and cannot do the heavy work. Maybe I could ask my niece if she can carry water for us until the baby comes....
- CHW:** That would be a good solution. You are really trying to make sure Mary and the baby are healthy. Last time we discussed why delivering in a health facility is safer for both the mother and baby. What have you done to prepare for the birth?
- Mary:** My husband and I talked about it but we haven't decided yet. We are not sure if I can have the birth in a health facility. I have started to gather towels and make some clothes for the baby but we haven't been able to save any money as prices are rising and we are very poor.
- CHW:** It is good that you've started preparing the baby's clothes, and I know that times are hard in terms of money. If you can manage, it is best to deliver in the facility so do try to talk it over with your husband again. Discuss whether you can save even a little money each week. I am going to tell you a story about a woman named Sarah, who had a clean and safe delivery at home. **(Turns to Card 2: Prepare for Birth at Home)**. What do you see in these pictures?

### TELL THE STORY OF SARAH AND ADAPT ADVICE ACCORDINGLY

- Mary:** I see a woman helping a mother during birth, and here I see a cart and horse, here people are saving money and collecting supplies. In this picture a woman is cleaning a room, and here a pregnant woman is on a bed in that room and people are washing hands

- CHW:** Very good. Let me tell you the story of Sarah, who planned for her birth which took place at home.
- Sarah asked a midwife in the village to assist at birth. They decided that the mother-in-law would help her take care of the baby immediately after birth.
  - The family knew that if labour lasts longer than 12 hours, there is heavy bleeding or the placenta is not delivered, the mother should be taken to the health facility immediately to save her life.
  - To be prepared, the family saved money for use in case of emergency for the mother or baby and the husband identified transport to get to the health facility.
  - As you mentioned, Sarah had collected clean cloths to dry and wrap the baby and a hat, socks and clothes to keep the baby warm.
  - The family cleaned the delivery room and had soap and clean water available for the birth attendant and the mother-in-law to wash her hands.

**CHW:** Mary, what do you think of Sarah's preparations?

**Mary:** I think she was well prepared and I have learned a lot.

#### **CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS**

**CHW:** Good. Can you tell me what you understood from our discussion?

**Mary:** Yes, It is best to deliver in the health facility, but if we cannot, then I should make preparations in case the delivery is at home.

**CHW:** Yes, what do you remember that Sarah did?

**Mary:** Sarah found a midwife to help with the delivery and her mother-in-law was prepared to help with the baby. She had towels to dry the baby. She had soap and water for washing hands.

**CHW:** Very good. What else did they do? Look at the illustrations on the card.

**Mary:** Oh, they cleaned the room and also saved money and identified transport in case of an emergency.

**CHW:** Excellent! You remember well. Do you think you can do these things?

**M-I-L:** Yes, we can certainly get the supplies together and I will talk to my son about saving money in case of emergency and identifying transport.

**CHW:** Very good. Now let's talk about the care the newborn baby needs immediately after birth [CHW would normally go to Card 3 but stop the role play here]

**END OF ROLE PLAY**

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## SESSION 9: Keeping the baby warm immediately after birth

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### Objectives of this session

At the end of this session, you should be able to:

- Explain to families how to keep the baby warm immediately after birth
- Explain why keeping a newborn warm is important

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### Drying the baby immediately after birth and keeping in skin-to-skin contact

#### *Why it is important to dry the baby immediately after birth*

Newborns need to be kept warm -- especially for the first few weeks of life. If the baby gets cold it cannot suckle the breast well, it gets sick easily and is more likely to die.

Babies get cold easily immediately after birth when they are exposed to colder temperature than inside the womb because they cannot adjust their temperature like adults.

These behaviours can help keep a baby warm after birth:

- Warm the room where the birth takes place and the baby will stay.
- Dry the baby as soon as the baby is born (comes out of birth canal). Remove the wet cloth or towel and replace with a dry cloth.
- Keep the baby in skin-to-skin contact with the mother (on mother's abdomen) and cover them with a dry sheet or blanket.
- Put a hat/cap and socks on the baby.
- Put the baby to the breast as soon as the mother and baby are ready to breastfeed, usually within 30 minutes of birth.
- Avoid bathing the baby on the day of birth. If a bath is unavoidable, the baby should be bathed with warm water and dried and wrapped immediately.

**DISCUSSION IN SMALL GROUPS:** *Identify behaviours that keep the baby warm*

Read the case study below and list:

- 2 good behaviours: reason why each is good
- 2 poor behaviours: reason why each may be harmful

**Case study**

Matoonda gave birth at night. The baby was dried immediately after birth and given to Matoonda to keep warm through skin-to-skin contact and to breastfeed. After 20 minutes the TBA took the baby from Matoonda to bathe her. As the birth was at night there was no fire to heat the water, so the TBA bathed the baby with cold water, dried the baby and gave the baby back to Matoonda to feed.

## SESSION 10: Promote early initiation of breastfeeding

### Objectives of this session

At the end of this session, you should be able to:

- Explain to families why early initiation of breastfeeding is important
- Explain when to use the Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care, and state the main messages

#### *Why do some women not initiate breastfeeding right after delivery (within 1 hour)?*

Some possible reasons are listed below:

- They believe that the first milk is dirty and should be squeezed out or that the woman should wait for the white milk to come in.
- They believe that they do not have enough milk and need to wait for sufficient milk to start feeding.
- They believe that the baby is not hungry if he or she does not cry for food.
- They are busy performing other activities after birth, such as bathing themselves or the baby, resting or eating.

#### *Why is early initiation of breastfeeding important?*

Breastfeeding should be started as soon as the baby is ready -- usually within the first 30 minutes after birth. The baby is alert around this time. The family can see that the baby is ready for breastfeeding when she/he opens his/her mouth, turns the head as if searching for the nipple or sucks on his/her fingers or hand. Starting to breastfeed early is one of the best actions a mother can do to help her baby be healthy, and has many advantages for both the newborn and the mother. Some of these advantages are:

- The baby gets all the benefits of the first milk (colostrum or yellow milk), which is like the baby's first vaccination and protects the baby from illness.
- Early suckling helps make more milk.
- Breastfeeding helps keep the baby warm.
- Promotes bonding between mother and baby.
- Helps expel the placenta.
- Reduces bleeding of the mother.
- Can prevent breast engorgement.

*Should initiation of breastfeeding be delayed for some reasons?*

The only reason feeding should be delayed is if the mother requires medical assistance (such as for excessive bleeding) or if the baby is unwell (for example, has difficulty breathing). You can counsel families about other perceived reasons such as:

1. **Family feels that first milk is dirty:** Some families think that the first milk is dirty or bad for the baby so wait or squeeze this milk out before they start feeding. Actually the first milk is very beneficial for the baby as it acts like the first immunization and helps the first black stool come out. All babies should be fed the first milk.
2. **Mother feels that the milk has not "come-in" yet:** Some mothers do not start breastfeeding until they feel they breasts are full, which can occur as late as three days after birth. Breastfeeding as soon as the baby is ready after the birth actually helps to increase the milk supply and should be done by all women. Babies do not need a lot of milk in the first 1-2 days of life to be satisfied. Usually, even when a mother thinks that she does not have enough breast milk, she does have enough to give her baby all he or she needs. Explain that this small amount of milk is all that most babies need before the mature milk comes in.
3. **Baby doesn't cry for milk:** Not all babies show they are hungry by crying. The baby should be put to the breast even if it does not cry for milk. The signs that a baby is ready to breastfeed are that she/he opens his/her mouth, turns the head as if searching for the nipple or sucks on his/her fingers or hand – usually within 30 minutes of birth. Breastfeeding as soon as the baby is ready is beneficial for mother and baby.
4. **Performing other activities after birth:** Sometimes families think that the mother or the baby needs to be bathed before they start breastfeeding. Other families do not know the importance of starting to breastfeed as soon as the baby is ready and therefore spend time resting or eating before they start breastfeeding. It is really important that the baby is put to the breast as soon as he/she is ready to feed. Other activities should be delayed until after the baby has been fed.



## SESSION 11: Classroom practice: Second home visit during pregnancy

### Objectives of this session

At the end of this session, you should be able to:

- Demonstrate how to conduct a second visit to a pregnant woman
- Demonstrate how to use the counselling cards for this visit appropriately (Second Pregnancy Visit , Card 1, Card 2 (only if needed) and Card 3)
- Demonstrate how to fill in the CHW Register and Mother and Baby Card, and use it to discuss danger signs during pregnancy

### *What cards to use during the second pregnancy visit*

You will use two or three counselling cards in the second visit during pregnancy:

- Second Pregnancy Visit Card 1: Review Actions Since the First Pregnancy Visit (use for all second pregnancy visits)
- Second Pregnancy Visit Card 2: Prepare for Birth at Home (use only if the family does not agree for a health facility birth or is not sure)
- Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care (use for all second pregnancy visits)

You will also fill in the CHW Register and use the Mother and Baby Card.

### *Sequence of tasks for second pregnancy visit*

1. Greet the family.
2. Use Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit:
  - Attending ANC?
  - Caring for herself?
  - Preparing for a facility birth?

Praise if doing well, solve any problems.

If the family does not agree to a health facility birth or is not sure, use Second Pregnancy Visit Card 2: Prepare for Birth at Home.

Use Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care.

Update the CHW Register and the Mother and Baby Card.

Use the Mother and Baby Card to review and check that the family remembers the danger signs in pregnancy.

Remind the family to contact you (CHW) as soon as birth takes place.

Thank the family.

**DEMONSTRATION ROLE PLAY: Second home visit during pregnancy**

Monica, the community health worker (CHW), is visiting Taja to conduct a second visit during pregnancy.

Watch the demonstration and be prepared to discuss the following:

1. How does the community health worker (CHW) start the second visit?
2. Explain how the CHW builds on what she discussed with Taja during the first visit
3. How does the CHW use the counselling cards?
4. How does the CHW use her knowledge of how behaviour changes?

**ROLE PLAY SCRIPT****Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit and Card 3: Advise on Immediate Newborn Care**

**CHW:** Hello Taja. Is this a good time to visit?

**Taja:** Oh Monica, hello. Yes, last time you were here we agreed you would come this morning. Let me call my mother-in-law, she enjoyed your last visit and has helped me a lot since then.

**Taja calls her mother-in-law who joins the discussion. There are greetings and then CHW continues with visit.**

**CHW:** **(Opens Second Pregnancy Visit Card 1)** How are you feeling Taja?

**Taja:** I am feeling well.

**CHW:** That's very good. I am here today to see how you are and how preparations for the birth are coming along. I also want to talk about what care the baby needs immediately after birth. Have you been to the antenatal clinic?

**Taja:** Yes, I went just after your last visit. My husband accompanied me there and my mother-in-law stayed with the kids. They said the baby would be coming at the end of February, around the 21st.

**CHW:** Very good. Taja. How have you been taking care of yourself?

**Taja:** Well, I am taking the iron and folic acid tablets every day and trying to eat more, and my mother-in-law is helping with my chores so I am resting more.

**CHW:** That's very good. Did you get an insecticide-treated bednet?

- Taja:** No, they didn't have any more but told me that a new shipment would be arriving this week, so I can go for my second visit and pick up the bednet at the same time.
- CHW:** That's fine. Last visit we talked about planning for the birth. Have you thought more about it?
- M-I-L:** Yes. We discussed it with my son and we are agreed that Taja should go to the health facility for the delivery. I am putting aside a little money each week.
- Taja:** And I am preparing some towels and baby clothes. We have talked to our neighbour who drives a taxi and he says he can take me to the health facility when labour starts.
- CHW:** I am very pleased with all you have done! **(Takes out Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care)** Now we are going to talk about the care a baby needs immediately after birth. What kind of care do you think a newborn baby needs?
- Taja:** The baby comes out wet and needs to be dried.
- CHW:** Very good. What else?
- M-I-L:** The baby needs to be fed.
- CHW:** That's right. How did you feed your other children?
- Taja:** I breastfed my other children and I will breastfeed this one too.
- CHW:** Excellent. Breast milk is the best food a baby can have. Let me tell you about the care Abena's baby received. What do you see in the pictures?
- Taja:** In this picture a baby is being put in this cloth. And here the baby is lying on the mother's chest. Here the baby is lying on the mother's chest with a hat on, and here the baby is breastfeeding.
- CHW:** Good. The birth attendant dried Abena's baby immediately after birth. She then placed the baby directly on Abena's tummy – the baby's skin touching Abena's skin – and covered them with a blanket. After cutting the cord, the birth attendant placed the baby skin-to-skin between Abena's breasts. Abena's mother-in-law put a hat on the baby's head and socks on his feet and covered Abena and the baby with the blanket. This all helps keep the baby warm. After a few minutes, the baby was alert and moving his mouth, and Abena's mother-in-law helped her to put the baby to the breast. Early breastfeeding helped the milk to come in and reduced Abena's bleeding. The mother-in-law knew that breast milk is like the baby's first vaccination as it protects the baby from disease and provides the best possible food.

To make sure the baby stayed warm, the family decided to wait until the next day to bathe the baby. What do you think about the care given to Abena's baby immediately after birth?

**M-I-L:** We are planning to deliver in the health facility. Will they allow her to breastfeed immediately?

**CHW:** Yes. They are doing all that I described in the clinic because they know it is the best for the baby.

**Taja:** I never knew it was so important to keep the baby warm.

**CHW:** Yes it is. If a baby gets cold, he or she can get sick.

**M-I-L:** Well we will certainly do all this for the baby. But what if people want to see the baby right after birth?

**CHW:** Well, since it is so important to keep the baby warm, to keep the mother and baby skin-to-skin, and to start breastfeeding soon after delivery, I am sure the family will understand if they have to wait to see the baby for an hour or so until the baby is fed and warm.

**Taja:** Yes, I think we can explain it to the family beforehand.

**CHW:** That's fine. Can I please see your Mother and Baby Card? I want to write down your clinic visit and the expected date of delivery on it. **(Taja hands it to her and the CHW writes in the antenatal clinic visits and the expected date of delivery on the pregnancy page. She also puts the same information in the CHW Register).** Do you have any questions?

**Taja:** No, not that I can think of...

**CHW:** Before I go I want to review the danger signs that could occur during pregnancy. Do you remember them? They are on the Mother and Baby Card?

**Taja:** Yes, they are bleeding, severe abdominal pain.....what else?

**CHW:** Look at the card....

**Taja:** Oh, fits, bad headache, difficult breathing and fever.

**CHW:** Very good. Remember that if you have any one of these you must go to the health facility immediately. Well I must be going now. You are doing the best for yourself and the baby. Keep it up. And don't forget to let me know as soon as the birth takes place so I can visit you as soon as possible and meet the new family member! Bye-bye.

END OF ROLE PLAY

***PRACTICE ROLE PLAY in small groups: Second Home Visit during Pregnancy  
(2 months before the expected date of birth)***

All trainees should take turns playing the CHW so that all 3 case studies below are completed.

**Case descriptions for role play of Second Pregnancy Visit  
(2 months before the expected date of birth):**

**CASE 1: Diara**

- What happened at the first visit: Diara was 4 months pregnant with her second baby. She had never been to ANC. She thought she would have the birth at home.
- You are making the second visit today: Diara still has not been to ANC. She still thinks that she will have the birth at home.

**CASE 2: Jani**

- What happened at the first visit: Jani was 5 months pregnant with her first baby. She had been to the ANC clinic once.
- You are making the second visit today: Jani has been to another ANC visit. She is taking iron and folic acid tablets and has made preparations for a health facility birth.

**CASE 3: Baina**

- What happened at the first visit: Baina had missed 4 periods. She had 5 children at home. She went to ANC once or twice with her other children.
- You are making the second visit today: Baina has been to the ANC clinic. She had a test for HIV, a tetanus shot and was given iron and folic acid tablets. She has received a bednet but is not sleeping under it. She plans to have the birth at home.

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## FIELD PRACTICE

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### SESSION 12: Field practice: Home visits during pregnancy

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#### Objectives of this session

At the end of this session, you should be able to:

- Demonstrate how to conduct home visits to pregnant women

#### *Box 2: CHW tasks -- Home visits during pregnancy*

1. **Identify pregnant women in the community** so that the CHW can make home visits during pregnancy and in the first days after birth for the greatest impact.
2. **Make two home visits** to all pregnant women in the community:  
**First Pregnancy Visit** — as early in pregnancy as possible —  
to encourage the pregnant woman to go for antenatal care, to promote birth in a health facility, to help her prepare for birth in a health facility, and to teach home care for the pregnant woman.  
  
**Second Pregnancy Visit** — about 2 months before delivery —  
to review antenatal care visits, planning for birth, and home care for the pregnant woman; and to encourage the family to follow optimal newborn care practices immediately after birth.

## **UNIT 2: HOME VISITS AFTER BIRTH (SESSIONS 13 THROUGH 30)**

## SESSION 13: Hand washing skills

### Objectives of this session

At the end of this session, you should be able to:

- Explain the importance of washing hands before you touch a newborn
- Wash your hands correctly

#### *Why is it important for CHWs to wash hands before touching a newborn?*

Newborns can get an infection more easily than an adult or an older child. Infection in a newborn can be dangerous. Frequent and correct hand washing is one of the most effective ways to prevent infections. As a CHW, it is very important that you should always wash your hands before touching the baby, so that you don't bring germs of infection to the baby.

#### Steps of correct hand washing (for CHWs before touching a newborn)

- Remove any bracelets, rings or wrist watch
- Wet your hands and forearms up to the elbow
- Apply soap and thoroughly scrub your hands and forearms up to elbow. Give special attention to scrubbing your nails and the space between your fingers
- Rinse with clean water flowing from a tap or poured by someone using a mug or pitcher.
- Air-dry with your hands up and elbows facing the ground, so that water drips away from your hands and fingers
- Do not wipe your hands with a cloth or towel, because even a clean looking towel may have germs on it.



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## SUPPORT BREASTFEEDING

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### SESSION 14: Supporting initiation of breastfeeding

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#### Objectives of this session

At the end of this session, you should be able to:

- Check whether the mother has initiated breastfeeding
- Support a mother to initiate breastfeeding, if she has not yet done so
- Observe a breastfeed to assess attachment and suckling
- If difficulties are observed, help the mother to improve positioning and attachment
- Demonstrate at least 3 ways to strengthen a mother's confidence when supporting breastfeeding

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#### How does breastfeeding work?

There are three important things to understand in how breastfeeding works:

1. **Mother's brain controls production of breast milk:** When the baby suckles at the breast, it makes the mother's brain send a signal to the breast to let the milk out of the breast and make more breast milk. This is why the more the baby suckles at the breast, the more breast milk is produced and released. In addition, this process is easily affected by a mother's thoughts, feelings and sensations. The following make the signal from the mother's brain to her breasts stronger, resulting in more breast milk for the baby :
  - Thinking lovingly of baby
  - Sounds of baby
  - Looking at the baby
  - Touching the baby
  - Confidence that she can breastfeed the baby

On the other hand, the following make the signal from the mother's brain to her breasts weaker, stopping her milk from flowing:

- Worry
- Pain
- Doubts about being able to breastfeed the baby

Fortunately this effect is usually temporary.

2. **A breast stops producing milk if the breast remains full of milk:** This means that if the baby does not suckle frequently and remove the milk, the quantity of milk will decrease.
3. **The baby should suckle on the areola, not on the nipple:** During a feed, milk flows and is collected in spaces under the areola (the dark area of the breast around the

nipple). The baby has to suckle on this area to get the milk from the breast. If the baby only suckles on the nipple, his/her mouth and tongue will rub the skin of the nipple making the nipple painful and sore.

### *Review skills learned for interacting with families during home visits (in Session 2)*

Remember the communication skills you learned in Session 2 for asking and listening and for giving information:

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## **II. Skills for asking and listening**

- a. Ask open-ended questions to find out about the family's situation and where they are in adopting the behaviour
- b. Use 'body language' to show that you are listening to the family
- c. Show that you are listening by reflecting back what the woman or family member said
- d. Empathize
- e. Avoid words that sound judging

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## **III. Skills for giving relevant information**

- a. Accept or acknowledge what the woman thinks or feels.
- b. Give a little, relevant information at a time, based on a family's situation and where they are in adopting a new behaviour.
- c. Tell a story to give information without seeming like you are giving instructions.
- d. Make suggestions instead of commands.
- e. Give information in short sentences and use simple language.

### *How can you build a mother's confidence while supporting her to initiate and sustain breastfeeding?*

During home visits you will use all of the above 'communication skills'. The following show how some of these skills can be applied particularly to build the mother's confidence while supporting her to breastfeed.

#### **Accept what the mother thinks and feels.**

Do not disagree with her even if she has an incorrect perception because this may make her feel inadequate and result in her not talking to you further about her concerns. However, it is also important not to agree with her if you think she has incorrect perception. First respond to her in a way that tells her that you accept (acknowledge) her concern.

Which of the following three responses of the CHW is appropriate and is likely to build the mother's confidence?

First interaction:

**Mother:** *My milk is thin and weak, so I have to give bottle feeds*

**CHW:** *Oh no! Milk is never thin and weak.*

Second interaction:

**Mother:** *My milk is thin and weak, so I have to give bottle feeds*

**CHW:** *Yes -- thin milk can be a problem*

Third interaction:

**Mother:** *My milk is thin and weak, so I have to give bottle feeds*

**CHW:** *I see -- you are worried about your milk*

**Praise the mother for what she does well.**

For example, the CHW could continue like this:

**Mother:** *My milk is thin and weak, so I have to give bottle feeds*

**CHW:** *I see -- you are worried about your milk*

**Mother:** *Yes, should I give my baby bottle feeds?*

**CHW:** *It is good that you asked before deciding. ....*

**Then give relevant information in a positive way to correct a mistaken idea or to reinforce a good idea.**

For example, the CHW could continue like this:

**Mother:** *My milk is thin and weak, so I have to give bottle feeds*

**CHW:** *I see -- you are worried about your milk*

**Mother:** *Yes, should I give my baby bottle feeds?*

**CHW:** *It is good that you asked before deciding. Mother's milk is the best food for the baby because it has all the necessary nutrients, even if it looks thin. In addition, it protects the baby against disease.*

Avoid giving information in a negative way because this can make the mother feel that she is doing something wrong, and will decrease her confidence. For example the following is negative and less appropriate:

**CHW:** *Mother's milk is essential for the baby. The baby can get sick and can die if you give him bottle feeds.*

## PRACTICE ROLE PLAY: Building confidence

Practice how to build a mother's confidence while giving correct information.

Remember to:

- Accept what the mother thinks and feels
- Praise the mother for what she does well
- Then give relevant information in a positive way to correct a mistaken idea or reinforce a good idea.

Practice in the following situations:

- Mother has not put the baby to the breast because she thinks her breasts are empty and baby will not get any milk
- Mother has not put the baby to the breast because she thinks the first milk is dirty and could harm the baby
- Mother has not put the baby to the breast because she thinks the baby is not hungry as he is not crying for milk

### *Observing a breastfeed*

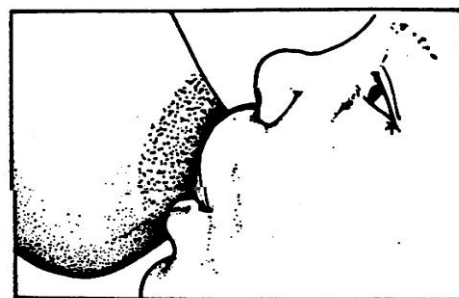
#### **Is the baby's attachment good?**

The baby is well attached to the breast if

- More areola is seen above than below the baby's mouth
- Baby's mouth is open wide
- Lower lip is turned outwards; and
- Chin is touching breast



**Good attachment**



**Poor attachment**

#### **Is the baby suckling effectively?**

The baby is suckling effectively if

- Baby takes slow, deep sucks sometimes pausing in between
- You can see the baby swallow

*How do you help the mother to improve attachment?*

If the attachment is not good or the suckling is not effective, the CHW should try to help the mother to improve attachment. It is important to first observe the breastfeed carefully before starting to help the mother. A common cause of poor attachment is poor positioning at the breast.

Explain to the mother that improving baby's attachment would make it better for her to feed the baby. Ask if she would like you to show her. If she agrees:

**1. Make sure the mother is relaxed and comfortable**

The mother can breastfeed in sitting, reclining or lying down position. It is very important that she is relaxed and comfortable. As you have learnt earlier, if the mother is worried or has pain, her milk may not come out easily.

**2. Ensure that the baby's position is good**

The baby is in a good position for breastfeeding if:

- Baby's head and body are in line (which means neck is not twisted);
- Baby is held close to mother's body, facing the breast; and
- Baby's whole body is supported

**Good position**

(Head and body in line, body close to mother, baby's whole body supported)

**Poor position**

(Neck twisted, body away from mother, only upper body supported)

If the baby is not in a good position, explain to the mother how to position her baby and show her if necessary.

**3. Help the mother to improve attachment**

Ask her to touch the baby's lips with her nipple, wait until the baby's mouth is opening wide, and move the baby quickly onto her breast, aiming his lower lip below the nipple.

Notice how the mother responds and ask her how the baby's suckling feels.

Look for signs of good attachment. If attachment is not good, try again.

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## SESSION 15: Field practice in a health facility: Breastfeeding initiation, attachment and positioning

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### Objectives of this session

At the end of this session, you should be able to:

- Assess a breastfeed and decide if attachment and suckling are good or need improvement
- If necessary, help the mother to improve positioning and attachment
- Demonstrate effective use of counselling skills

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### Practice with a mother and baby: Breastfeeding assessment

- Introduce yourself, explaining the purpose of your visit -- that you would like to discuss how she is feeding her baby.
- Greet the mother (and other family members if present).
- Ask and listen: How are the mother and baby doing?
- Has the mother has put the baby to the breast? Praise her if she has; encourage her to do it now if she has not.
- Observe a breastfeed (if mother is willing) for attachment and suckling.
- If the baby is not well attached, ask the mother if you could help her to improve the baby's position for breastfeeding and improve attachment.
- If she agrees, help her to improve position and attachment.
- Congratulate the mother for her baby and thank her for her cooperation.

## ASSESS FOR DANGER SIGNS AND MEASURE WEIGHT

### SESSION 16: Danger signs: Not able to feed or stopped feeding well, and convulsions

#### Objectives of this session

At the end of this session, you should be able to:

- Explain why it is important to assess a baby for danger signs soon after birth
- Assess for the danger sign "Not able to feed or stopped feeding well"
- Assess for the danger sign "Convulsions or fits"

#### *Why is it important to assess a newborn for danger signs?*

Newborns can fall sick easily in the first days after birth and the sickness can get serious quickly. A delay in receiving treatment can be life threatening for the baby.

Signs of illness in newborns can be difficult for families to identify, but a trained CHW can assess and identify babies who need urgent treatment. The CHW should therefore assess all babies for signs of illness ("danger" signs) at the home visits.

#### Danger signs in a newborn

- Not able to feed since birth, or stopped feeding well
- Convulsed or fitted since birth
- Fast breathing: Two counts of 60 breaths or more in one minute
- Chest indrawing
- High temperature: 37.5°C or more
- Very low temperature: 35.4°C or less
- Yellow soles
- Movement only when stimulated, or no movement even on stimulation
- Signs of local infection: umbilicus red or draining pus, skin boils, or eyes draining pus

#### *Danger sign: not able to feed since birth, or stopped feeding well*

If the baby is not able to suckle at the breast even when the mother has tried to put the baby to the breast several times over a few hours, this indicates the baby may have a severe illness, and is therefore a danger sign. You have already observed the baby at the breast while trying to help the mother initiate and sustain breastfeeding.

If the mother tells you that the baby was feeding well after birth but has stopped feeding well now, this indicates that the baby may have a severe infection. This is also a danger sign.

A baby with a danger sign should be referred to a health facility immediately. If the CHW finds a danger sign, there is no need to spend time to complete the rest of the assessment; instead the CHW should make urgent arrangements for referral.

***Danger sign: convulsions or fits***

A convulsion or fit indicates severe illness in the baby and is therefore a danger sign. During a fit, the baby's arms and legs may become stiff. The baby may stop breathing and become blue. Many times there may only be a recurring movement of a part of the body, such as twitching of the mouth or blinking of eyes.

When you ask the mother "Has the baby convulsed or fitted since birth?" and she says yes, this is a danger sign. If she does not understand what a fit is, explain. If she says the baby did not have a fit, do not ask any further questions.

***Discussion: Does this baby have a danger sign?***

1. Mother is not sure she has enough breast milk.
2. Baby brings out curdled milk after breastfeeding.
3. 6-hour-old baby does not suck at the breast, mother has tried to put the baby to the breast 4 times since birth.
4. Baby makes a jerky movement when there is a sudden noise.
5. Baby had rhythmic twitching of the face lasting for a few minutes this morning.

***DEMONSTRATION ROLE PLAY: Assessing for danger signs – not able to feed since birth or stopped feeding well, or convulsed or fitted***

Mrs. Haji gave birth to a baby girl early this morning. The CHW came to her house to make the first home visit as soon as Mrs. Haji's husband informed her about the birth. Observe the interview and be prepared to discuss what you have seen.

- How did the CHW greet Mrs. Haji?
- How did the CHW explain the purpose of her visit?
- Did the CHW check about initiation of breastfeeding?
- How did the CHW observe breastfeeding?
- Do you think the baby has the danger sign "not able to feed since birth, or stopped feeding well"?
- Do you think the baby has the danger sign "convulsed or fitted since birth"?



## ROLE PLAY SCRIPT

**Assessing for the danger signs – not able to feed since birth or stopped feeding well, or convulsed or fitted**

- CHW:** Hello. Congratulations on the new baby! She is so beautiful. How are you and the baby doing?
- Mrs. Haji:** I am fine but quite tired. The baby looks fine.
- CHW:** Yes, one can be quite tired after labour and birth. Do you have any other problems?
- Mrs. Haji:** I am having some bleeding but it is not heavy.
- CHW:** That's good. As I had explained earlier, the purpose of my visit today is to check if you and the baby are doing well. Is this a convenient time?
- Mrs. Haji:** Yes, please sit. I am happy that you could come so soon after my husband informed you about the birth.
- CHW:** Thank you. I would like to wash my hands before I touch the baby. Could someone pour water?
- Mrs. Haji:** Yes, my sister will help you. She is in the kitchen preparing tea. **(CHW leaves and comes back after washing hands)**
- CHW:** Have you fed the baby?
- Mrs. Haji:** Yes, I put the baby to the breast just a few minutes after birth, as you had advised me.
- CHW:** Excellent. I would like to see how the baby is breastfeeding. Is it possible for you to feed the baby now?
- Mrs. Haji:** Yes, but I have one concern. I think I don't have any milk in my breasts.
- CHW:** I can see that you are concerned about the amount of milk. Don't worry, it is normal to have a small amount of milk on the first day, but giving it to the baby is very important. You are doing the best thing for the baby. If you continue to put the baby to the breast frequently, the milk supply will increase in a day or two.
- Mrs. Haji:** Thank you. I think the baby wants to feed **(Puts the baby to her breast)**
- CHW:** I can see that the baby's mouth is wide open so she has more than just the nipple in her mouth. She is well attached to your breast and is suckling well. You and the baby are doing very well!
- Let me ask you another question. Has the baby convulsed or fitted since birth?

**Mrs. Haji:** No, I don't think so but she sometimes moves her hands and legs when there is a sudden noise.

**CHW:** If she only moves once when there is a sudden noise that is normal. A fit means the baby repeats the movement many times over a few minutes.

**Mrs. Haji:** In that case no, she hasn't had a fit.

**END OF ROLE PLAY**

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## SESSION 17: Danger signs: Fast breathing and chest indrawing

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### Objectives of this session

At the end of this session, you should be able to:

- Count the breaths that a newborn takes in one minute
- Decide if the newborn has fast breathing or not
- Assess a newborn for chest indrawing

### *Danger sign: fast breathing*

#### Counting Breaths that the Newborn Takes in One Minute

##### What is a full breath?

Breathing is taking air in and out of the body through the mouth or nose. Breaths can be counted by looking at the breathing movements. The chest and abdomen move out when we breathe in, and move in when we breathe out. One outward and inward movement of the chest and abdomen together makes one breath.

##### What is fast breathing in a newborn?

If the breathing rate of a newborn is 60 per minute or more the first time, the CHW should repeat the count.

If the second count is still 60 breaths per minute or more, the newborn has "fast breathing", which is a danger sign. A baby with fast breathing should be REFERRED to a health facility.

##### Why should the baby be calm and not breastfeeding when you count?

The baby must be quiet and calm when you look at the breathing. If the baby is crying or uncomfortable, you will not be able to obtain an accurate count.

##### Why count for a full minute?

Babies often have irregular breathing: a few fast breaths and a slower period. Therefore it is important to count breaths for a full minute (60 seconds).

**How do you count breathing rate in a newborn?****Counting breaths in one minute**

- Wait for the newborn to be calm (or sleeping). Do not count when the baby is breastfeeding.
- Make sure that there is enough light to see the breathing movements.
- Gently lift the baby's shirt so you can see breathing movements. The chest and abdomen rising and falling once makes one breath.
- Watch a few breaths until you are sure when the baby is breathing in and out.
- Start the timer and count the breaths for one full minute (until the final beep, which is at the end of one minute).
- Record the number of breaths.
- If there are 60 breaths per minute or more, repeat the count and record the number of breaths counted the second time.

**What are the common errors in counting breaths?**

Some common mistakes that can happen while counting breaths in one minute are listed in the box below.

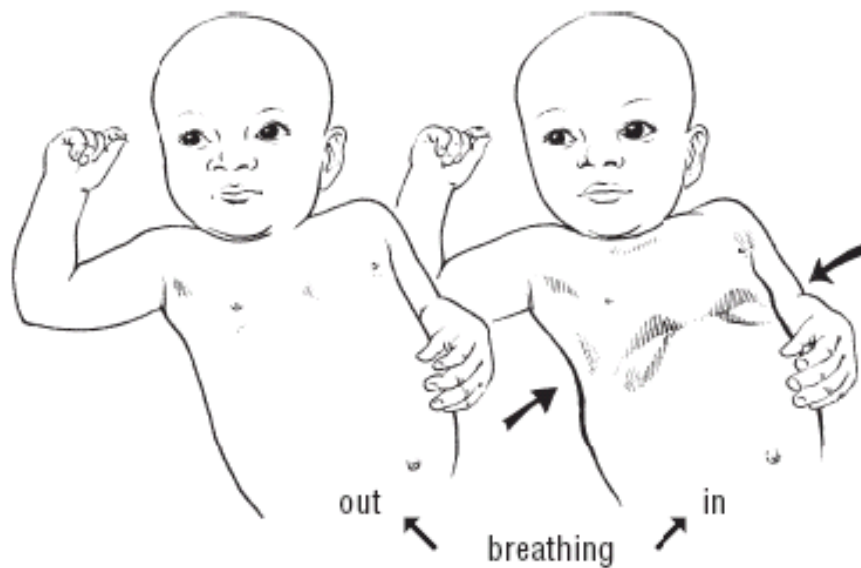
**Common errors in counting breaths**

- Counting when the baby is not calm or is breastfeeding
- Generating your own rhythm of respiratory movements and not actually observing the abdomen of the baby
- Counting for less than a minute and multiplying the result. It does not take account of irregular breathing which is normal in newborn babies.
- Counting breaths loudly and slower than the actual movement of the abdomen
- Counting up and down movements of chest and abdomen as 2 breaths instead of one.
- Not repeating the count when the first count is 60 or more.

***DANGER SIGN: CHEST INDRAWING*****What is chest indrawing?**

Normally the abdomen and chest move out when the baby breathes in. Both the upper and lower part of the chest move out when the baby breathes in.

When the baby has a problem with his lungs, the LOWER chest wall goes IN when the child breathes IN. At the same time, the upper chest and abdomen move out. You can therefore see a groove forming between the chest and abdomen. Chest indrawing is a danger sign. A newborn with chest indrawing should be referred urgently to a health facility.



***Chest indrawing: Lower chest wall going in while breathing in***

In the picture above, the baby on the left is breathing out. On the right, the same baby is breathing in. See the groove between the chest and abdomen as the baby on the right breathes in. The lower part of the chest moves in while the abdomen and upper chest move out normally.

**Why should the baby be calm and not breastfeeding when you look for chest indrawing?**

Even normal babies can seem to have chest indrawing when they are breastfeeding or are crying. The baby should therefore be calm and not breastfeeding when you look for chest indrawing.

**How to look for chest indrawing**

- To look for chest indrawing, the child must be calm. The child should not be breastfeeding.
- Ask the caregiver to raise the child's clothing above the chest just like while counting breaths.
- Look at the lower chest wall when the child breathes IN.
- For chest indrawing to be present, it must be clearly visible and present at every breath.
- If you see chest indrawing only when the baby is crying or feeding, the baby does not have chest indrawing. If you are unsure, decide that the baby does not have chest indrawing.

## SESSION 18: Danger signs: High or very low temperature

### Objectives of this session

At the end of this session, you should be able to:

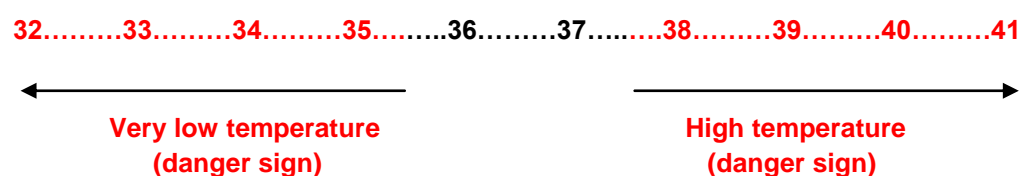
- Use the digital thermometer to measure temperature of a newborn
- Read the thermometer and decide if temperature is high or too low

### Why should a CHW measure the temperature of a newborn?

In a previous unit, you learnt about the importance of keeping babies warm. If a baby gets cold, he has problems in suckling at the breast, can get sick easily and is more likely to die.

A well baby is neither hot nor too cold. When a newborn has a serious infection, his body can become very cold. In some cases, the baby may have fever instead. Thus, both very low temperature and high temperature are danger signs indicating severe illness in a baby.

It can be difficult to tell whether the baby is too hot or too cold just by touching them. The best way to know is to use a thermometer to measure temperature.



#### Measuring temperature

- Take thermometer out of the box, hold at broad end.
- Wash the area from the tip of the thermometer extending 4 cm (the length of half a finger), with warm (not hot) soapy water. Air dry thoroughly before using.
- Press the "on" button once to turn the thermometer on.
- Hold the thermometer upward and place the shining tip in the centre of the armpit. Press the arm against the side of the baby. Do not change the position.
- When you hear 3 short beeps, and the numbers stop changing, remove the thermometer (this will take a few minutes).
- Remove the thermometer and read the number in the display window. Record the temperature reading.
- Turn the thermometer off; clean the shining tip with warm soapy water, air dry, and place it in the storage case.



Common errors that can happen during measurement of temperature are listed in the box below.

Common errors in temperature measurement
<ul style="list-style-type: none"><li>• Thermometer not properly placed in the armpit so that the tip juts out at the other end of the armpit of the baby.</li><li>• Thermometer not held firmly in the armpit of the baby.</li><li>• Removing the thermometer from the armpit without hearing the three beeps, because you think it has been there for a long time.</li><li>• Not recording the temperature immediately after measuring it.</li></ul>

### *How to interpret temperature?*

If a baby's temperature is:

- **37.5°C or more:** the baby has high temperature (fever) -- this is a danger sign and the baby should be URGENTLY referred to a health facility for treatment and care.
- **35.4°C or less:** the baby has very low temperature and this is a danger sign and the baby should be URGENTLY referred to a health facility for treatment and care.

A baby with temperature between 35.5°C and 37.4°C does NOT have a danger sign. However, the family of a baby with temperature between 35.5°C and 36.4°C should be specially counseled on keeping the baby warm.



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## SESSION 19: Danger signs: Assess for yellow soles, movement and local infection

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### Objectives of this session

At the end of this session you will be able to:

- Demonstrate how to look for yellow soles
- Demonstrate how to assess the baby's movement
- Demonstrate how to look for signs of local infection

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### Danger sign: Yellow soles

#### How to look for yellow soles

Many babies have some jaundice (yellow eyes or skin) in the first week of life. This is normal and disappears in a few days. However, some babies can develop severe jaundice, which can be dangerous. If the baby has yellow soles, it means that the jaundice is severe.

Assess every baby for yellow soles:

- Always look for this sign in natural light because it is difficult to accurately decide if the skin colour is yellow in artificial light.
- Press the infant's soles with your thumbs to blanch, remove your thumbs and look for yellow colour.

A baby with yellow soles should be URGENTLY taken to a health facility for treatment of severe jaundice.

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### Danger sign: Movement only on stimulation or no movement even on stimulation

#### How to look for movement

Babies often sleep most of the time, and this is not a sign of illness. Observe the baby's movement while you do the assessment. If a baby does not wake up during the assessment, ask the mother to wake him or her.

- A baby who is awake will normally move his arms or legs or turn his head several times in a minute if you watch him closely. If you see the baby moving on his or her own, the baby does not have the danger sign "Movement only on stimulation or no movement even on stimulation".
- If the baby is awake but does not move on his own, gently stimulate the baby by tapping or flicking the sole. If the baby moves only on stimulation and then stops moving, the baby has a danger sign.

- If the baby does not move at all even after stimulation, this is also a danger sign. A baby who cannot be woken up even after several efforts to wake him or her up also has this danger sign.

A baby who moves only on stimulation or does not move even on stimulation should be URGENTLY taken to a health facility for care.

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## Danger sign: signs of local infection

### How to look for signs of local infection

Most common local infections occur on skin, umbilicus and eyes. Pus and redness are signs of local infection. You should therefore look at the:

1. **Umbilicus:** Is there pus coming out of umbilical stump? Is the skin around the umbilical stump red?
2. **Skin:** Are there skin boils filled with pus? Look at the whole body including the back, armpits and groin area.
3. **Eyes:** Is pus coming out from the eyes? Look at both the eyes.

A baby with any local infection needs treatment because local infection may progress to a severe infection if it is not treated. **Refer** a baby with a local infection to a health facility.

## SESSION 20: Measure birth weight and identify small babies

### Objectives of this session

At the end of this session you will be able to:

- Explain why it is important to weigh the newborn on the day of birth
- Use a hand-held scale to weigh a newborn correctly and safely
- Interpret the colour readings on the scale
- Record the weight correctly on the Mother and Baby Card and the CHW Register (Section 2)
- Identify if the baby needs special care because of low weight.

### *Why should a newborn's weight be measured?*

It is difficult to tell if a baby is small or normal size just by looking at him or her; the best way to tell if a baby is small is to weigh the baby. If a baby is born in a health facility, weight is taken soon after birth and usually recorded on the discharge paper given to the family. If you have record of the newborn's weight taken at the health facility, you do not need to re-weigh the baby.

The baby should be weighed on the day of delivery – small babies are most vulnerable during the first days and their special care needs to start as soon as possible. If you find a danger sign during your assessment on the first day of life, you should not waste time to measure weight but rather arrange for referral urgently. If you cannot weigh the baby on the day of delivery, weigh him or her as soon as possible.

Babies who are small may have been born early or may not have grown well enough in the womb. This means that small babies may not be fully ready to live outside the womb and can have many problems. Small babies are more likely to become seriously ill or die than normal size babies.

Small babies need special care to prevent them from becoming ill and dying. The box below describes common problems faced by small babies:

#### Problems faced by small babies

**Low temperature:** *Small babies have little fat on their bodies and are often not able to maintain their temperature. This means that they can get cold and sick easily and need to be kept extra warm.*

**Feeding problems:** *Small babies need breast milk to survive and grow, but they have small stomachs, tire easily as they do not have enough energy to suckle, and may not attach well to the breast. This means small babies are at risk of not getting enough breast milk and need to be fed very often to ensure they are adequately fed.*

**Infection:** *Small babies may not have enough strength to fight disease and so can get infections and illnesses easily. This means that it is even more important to do things that help prevent infection, such as hand washing, for them than normal size babies.*

### Problems faced by small babies

**Breathing:** *Very small babies may have difficulty in breathing because their lungs have not yet matured.*

### Steps in weighing the baby

- Explain to the family why you are weighing the baby – be sure to explain what you are doing throughout the weighing.
- Ask for the Mother and Baby Card, fold it so the postnatal section is on the outside and record the date and place of birth.
- Place the weighing scale and the sling on a clean surface.
- Adjust the knob to make sure that the scale reads ZERO when you hang the sling on it.
- Ask the mother to undress the baby so he or she is wearing only a hat, shirt and nappy and place the baby on the sling.
- Draw the sides of the sling up and attach the sling to the hook on the scale.
- Holding the top bar carefully, lift the scale and sling with baby off the ground until the scale is at eye level. Do not hold or touch the baby from below as the weight will be incorrect.
- When the scale is fully extended and has stopped bouncing, read the scale at eye level. Look where the coloured inner part of the scale meets the top of the outer case of the scale.
- Read the weight. Look at the colour zone. Then read the weight in kilograms to the completed 0.1 kg, i.e. if the weight is between 1.9 and 2.0 kg, it should be read as 1.9 kg.
- Gently put the sling and the baby back down and unhook the sling. Ask the mother to take the baby out of the sling. Encourage her to calm the baby.
- Record the weight on the Mother and Baby Card. Encircle the zone on scale (red, yellow or green). Then write the weight in kilograms in the space provided.
- Explain to the family what you found.

It is very important to make sure that the baby does not fall. You should hold the top bar carefully, and can support your hand holding the top bar with the other hand if needed. For additional safety, it is better to weigh the baby over a soft bed or close to the ground. You should not worry if the baby cries, this is normal. You nor the caregiver should not hold or touch the baby from below as the weight will be incorrect.

You should wash the sling regularly and whenever a baby soils it. If you need a replacement sling or are concerned about how the scale is functioning, you should inform your supervisor.

### *How do you explain the process of weighing to the mother or caregiver?*

Explain what you are doing and what you find. For example:

"This is the scale to weigh the baby; this will help us know if the baby is small and needs special care to help him or her stay healthy.

For us to get the correct weight the baby needs to have as few clothes on as possible. Can you undress the baby – but leave the shirt on to keep warm – I will be as fast as possible with the weighing -- he can be dressed again very soon.

Now, please lay the baby on the sling, I will then attach the sling to the scale and gently lift the baby off the floor and read the weight on the scale.

Can you see that the scale is extending? – if the green part of the scale shows, the baby has a healthy weight. Can you see the green part? Your baby has a healthy weight, which is very good".

### *How do you interpret the weight?*

**If the birth weight is in the:**

**Red zone (less than 2.0 kg):** The baby is very small and can have severe problems with keeping warm, feeding and breathing. This baby should be referred to a health facility urgently.

**Yellow zone (2.0 to 2.4 kg):** The baby is small and needs special care because they can get sick easily. You will learn about care for the small baby at home in later sessions.

**Green zone (2.5 kg or more):** This is a normal size baby and needs normal care. You will learn about care for the normal baby in later sessions

However, remember that if a baby has any danger sign, even if the weight is in the yellow or green zone, you should refer the baby to the health facility.

## **PRACTICE: How to interpret the weight?**

Weight	Colour zone on weighing scale	Refer the baby?	Counsel on care for the small baby?	Counsel on normal care?
1.4 kg	Red	✓		
2.9 kg				
2.0 kg				
2.1 kg				
1.3 kg				

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## SESSION 21: Field practice: Assessing a newborn in a health facility

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### Objectives of this session

At the end of this session, you should be able to:

- Observe a breastfeed and decide if position and attachment are good or need improvement
- Assess a newborn for danger signs
- Weigh a newborn using a hand-held scale
- Record the weight of the newborn

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### Practice with a mother and newborn: Assessing a newborn

- Greet the mother (and other caregivers if present)
- Ask how the mother and baby are doing
- Ask how breastfeeding is going and observe a breastfeed (if mother is willing)
- Assess the baby for all the danger signs.
- Weigh the baby and record the weight on the Mother and Baby Card
- Thank the mother for her cooperation

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## CARE OF THE BABY BASED ON THE ASSESSMENT

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### SESSION 22: Deciding how to proceed after assessment

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#### Objectives of this session

At the end of this session, you should be able to:

- Decide what to do next after completing assessment of danger signs and weight, depending on what you find during the assessment

#### *How to proceed after assessment*

In the previous sessions, you have learnt how to use the First Postnatal Visit Card 1: "Assess Feeding, Danger Signs and Weight".

The next two cards for this visit are:

First Postnatal Visit Card 2: Care of the Normal Baby

First Postnatal Visit Card 3: Care of the Small Baby

You will use one of these cards or the referral note depending on what you found during assessment.

Most babies will not have any danger sign and their weight will be in the green zone. These babies are normal. For all these babies, proceed to use Card 2: Care of the Normal Baby. There is no need to use Card 3 for these babies.

Some babies will not have any danger sign but a weight in yellow zone. These small babies need additional care at home. For these small babies, instead of Card 2, use Card 3: Care of the Small Baby.

A baby who has any one or more of the danger signs or has weight in the red zone needs urgent care and treatment in a health facility REFER THIS BABY URGENTLY TO HEALTH FACILITY using a Referral Note.

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## SESSION 23: Care of the normal baby

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### Objectives of this session

At the end of this session, you should be able to:

- Promote and support exclusive breastfeeding
- Teach how to keep the baby warm
- Promote hygiene
- Promote care for the baby's development
- Promote identification of signs of illness and prompt care seeking

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### REVIEW: What should you look for while observing a breastfeed?

1. The baby should be well attached to the breast:
  - More areola seen above than below the baby's mouth
  - Baby's mouth is open wide
  - Lower lip is turned outwards; and
  - Chin is touching breast
2. The baby should be taking slow, deep sucks with pauses.

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### Why should a newborn be given only breast milk?

An infant should be given only breast milk for the first 6 months of life. Breast milk is the best food for the baby and provides all the food and fluid that the baby needs. It protects the infant against infections. Giving other food or fluids, even water, can be harmful for the baby.

One of the most common reasons a mother introduces other foods or fluids is because she thinks that she “does not have enough milk”. It is very uncommon for a mother to have physical difficulty producing enough breast milk. However, breasts make less milk if the baby is not suckling enough at the breast. Also, the baby does not get enough milk if he is not well attached to the breast.



### Reasons a baby may not get enough milk

**Family giving other feeds:** A baby who has other food or fluids (artificial milks, solids, or drinks including plain water) before 6 months suckles less at the breast. This reduces the amount of milk the mother makes.

**Infrequent feeds:** A baby should be breastfed at least 8 times a day in the first 4 weeks – even if they do not cry that often. Mothers also need to feed the baby at night. If the mother does not breastfeed the baby often, during the day and night, her milk supply will decrease.

**Feeds not long enough:** Breastfeeds may be too short or hurried, so that the baby does not get enough milk. This may be because the baby pauses, and his mother decides that she/he has finished. Or she may be in a hurry. The mother should allow the baby to feed until the baby lets go of the breast himself.

**Mother lacks confidence, is worried or tired:** Many mothers worry about their breast-milk supply and want to wait to start breastfeeding until they have enough milk. These mothers lack confidence and may wait to start breastfeeding or decide to start artificial feeds, which may decrease breast-milk supply.

**Baby not positioned or attached well:** If a baby is in the wrong position or is not attached to the breast well they cannot suck well and may not get enough milk.

After you have identified the reason why the family is reluctant to exclusively breastfeed, you should try to address this concern by giving relevant advice and encouragement.

### Relevant advice for a mother reluctant to exclusively breastfeed

Problem	Advice
Family thinks water should be given in hot weather.	Explain that breast milk contains all the water that the baby needs. In hot weather, the baby can suckle more often. Giving water or other fluids can make the baby sick.
Mother does not think that she has enough breast milk.	Help the mother relax and be comfortable. Advise her to put the baby to suckle more often. The more the baby suckles, the more milk will come. Check breastfeeding attachment and positioning. If there is a problem, help the mother correct the position and improve attachment.
Family wants to give at least one formula or animal milk feed so that the baby gets used to it, because the mother has to return to work in a few days.	Explain the advantages of breastfeeding and risks of giving other fluids or foods. Advise that the mother can learn to express breast milk, which can be kept at room temperature for 8 hours, and be fed to the baby by the caregiver in the mother's absence.

*How do you keep a newborn warm at all times?*

It is very important to keep the baby warm at all times. Several practices can help keep the baby warm. Some of them are listed in the box below:

How to keep a newborn warm
<ul style="list-style-type: none"> <li>• Keep the room where the mother and newborn stay warm and free from draughts.</li> <li>• Dress the newborn in several layers of clothes, and keep the baby in the same bed as the mother.</li> <li>• Keep the newborn's head covered with a hat.</li> <li>• Avoid bathing the newborn in cold weather. When necessary to bathe the baby, use warm water and bathe quickly. Dry and dress the baby immediately after the bath.</li> </ul>

*How can infection be prevented?*

Newborns can get an infection if caregivers are not careful about hygiene. A family can help their baby stay healthy by following these simple steps:

- Wash their hands after going to toilet, before entering the baby's room and after changing soiled nappies.
- Keep the cord clean and dry, and do not apply anything to the cord.
- Clean the baby every time he or she passes stools or urine, and keep the baby dry.
- Put clean clothes on the baby.

*How can the baby's development be promoted?*

It is important for the family to know that the baby learns from birth.

- **Play:** If the baby is provided ways to see, hear, move arms and legs freely and the baby is touched, gently stroked and held, it helps in baby's development.
- **Communicate:** If the mother and other family members look into the baby's eyes and talk to the baby, it also helps in the baby's development. They should try to do this as often as possible. The mother can also talk to the baby while breastfeeding. Even a newborn baby sees the mother's face and hears her voice.

*When should a family seek care from a health facility?*

You have learnt that a baby with a danger sign needs to be taken for URGENT treatment in a health facility. However, you will only see the baby three times during the first week of life. A baby may become sick in between your visits or after the first week of life. It is therefore important to teach the family about the conditions that require immediate treatment and how they should look for them.

The family should take their baby to a health facility urgently if the baby has any of the following:

- Stops breastfeeding well
- Has fits
- Has difficult or fast breathing
- Fever or unusually cold
- Becomes less active
- Whole body becomes yellow

In addition, the mother should be taken to a health facility immediately for treatment if she has any of the following:

- Heavy bleeding
- Severe abdominal pain
- Fever
- Fits
- Severe headache
- Difficult breathing

Relevant advice for a family reluctant to take their sick baby to a health facility	
Problem	Advice
Family thinks they should take a sick baby to the faith healer first	A baby with danger signs needs urgent treatment in a health facility, and could die quickly if he/she does not get this treatment.
Family has fear of the health facility	Explain that treatment using injections is necessary for a baby who has a severe illness. This can be done only in a health facility.
Family thinks it would cost them too much to get treatment	Explain what it usually costs to get treatment at the health facility, and ask if it would be covered by their savings for an emergency.
Family does not have any transport to take the baby to the health facility	Help the family explore options for arranging transport.

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## CARE OF THE MOTHER

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### SESSION 24: Care of the mother

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#### Objectives of this session

At the end of this session, you should be able to:

- Counsel mothers on how to care for themselves in the days after birth
- Fill in the Mother and Baby Card appropriately

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#### Danger signs after birth - Mother

1. **Heavy bleeding:** Some bleeding is normal after birth. It decreases in the days after birth and the colour of discharge becomes less red. However, if the mother reports that the bleeding is heavy and she has to change pads several times a day, she should be referred to the health facility immediately.
2. **Fever** is another danger sign. Fever is a sign of infection and the mother should also be referred.
3. **Severe headache or fits** are signs that the mother's blood pressure may be too high, and requires immediate referral.
4. **Difficult breathing** may indicate that the mother's blood is not strong and the mother should be referred.
5. **Severe abdominal pain** may indicate bleeding inside the womb and is another sign that requires immediate referral.

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#### Care of the mother after the birth

##### *Why should the mother attend a postnatal care clinic after birth?*

If the birth occurs in a health facility, the mother is told when to return for a postnatal care visit. If the birth occurs at home, the mother should go for a postnatal care visit as soon as possible. (NOTE: COUNTRY SPECIFIC GUIDELINES SHOULD BE FOLLOWED) At the clinic, a health professional would examine the mother and baby to rule out any problems. The mother would also get iron and folic acid tablets and advice on family planning, and the baby would receive necessary vaccinations.

##### *Why should the mother and father go for family planning counselling?*

Having another birth soon increases risk of death and illness in the mother and her children. Spacing births by at least 2 years can help the woman and her baby to be healthier.

##### *Why should the mother drink more fluids and eat more?*

After delivery the mother needs to drink more fluids and eat more to ensure she has enough energy to produce breast milk. She needs to take nutritious food and continue with iron tablets to build up her blood.

*Why should the mother and baby sleep under an insecticide-treated bednet?*

Malaria is a serious disease, and sleeping under an insecticide-treated bednet can prevent it. This is particularly important for pregnant women, mothers and young children

*Where do mothers in your community go for normal postnatal care (including family planning)?*

**Where can they be referred if they need emergency care?**

It is important that the CHWs know where women and babies in their communities can be referred for emergency care day and night.

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## FIRST HOME VISIT AFTER BIRTH

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### SESSION 25: Classroom practice: First home visit after birth

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#### Objectives of this session

At the end of this session, you should be able to:

- Demonstrate how to conduct the first visit after birth

#### *Sequence of tasks in the first postnatal visit*

- a. Greet the family and ask how the mother and baby are doing.

If the mother has one or more danger signs, REFER her urgently to the health facility (use Referral Note and fill in CHW Register Section 3: List of Referred Pregnant Women/mothers.)

- b. Wash your hands before proceeding with assessment.
- c. Ask if the mother has put the baby to the breast. Praise the family if she has. If not, ask why not and encourage the mother to put the baby to the breast now. (First Postnatal Visit Card 1: Assess Feeding, Danger Signs and Weight)
- d. Observe the mother breastfeeding the newborn. If necessary, help the mother correct the positioning and attachment. (First Postnatal Visit Card 1: Assess Feeding, Danger Signs and Weight)
- e. Assess for danger signs (First Postnatal Visit Card 1: Assess Feeding, Danger Signs and Weight)
- i. Based on the above, decide if the baby is not able to feed, or has stopped feeding well.
  - ii. Ask if the baby has had fits or convulsions since birth.
  - iii. Look at the baby's breathing. Count the breaths that the baby takes in one minute. Count again if you counted 60 breaths or more the first time. Decide if baby has fast breathing. Then look for chest indrawing.
  - iv. Measure the baby's temperature. Decide if the temperature is high or very low.
  - v. Look at the baby's soles to check if they are yellow.
  - vi. Look at the baby's movement. If the baby has been asleep and has not moved during the assessment, ask the mother to wake up the baby and gently stimulate the baby. Decide if the baby moves only on stimulation or does not move even on stimulation.

- vii. Look at the umbilicus -- is it red or draining pus? Look at the skin -- are there boils filled with pus? Look at the eyes -- are they draining pus?

If the baby has any danger sign, skip the next step, weighing.

- f. Weigh the baby and decide if the weight is in red, yellow or green zone. Record the date of birth and birth weight on the Mother and Baby Card and in the CHW Register Section 2: list of Mothers and Babies and Home Visit Record.
- g. Based on your assessment decide how to proceed further:
- counsel on care for a normal baby (use Card 2),
  - counsel on care for a small baby (use Card 3), or
  - refer to health facility if any danger sign present, or weight in red zone (use Referral Note).
- h. Use First Postnatal Visit Card 4: Care of the Mother.
- i. Fill in the Mother and Baby Card and make an appointment for your next visit. If the baby's weight is in the green zone and he has no danger signs, visit on Day 3 and Day 7. If the baby's weight is in the yellow zone (and no danger signs), visit on Days 2, 3, 7 and 14. Mark the day of the appointment for your next postnatal visit on your calendar.
- j. Thank the family

NOTE: The order of the tasks can vary according to the situation of the mother and baby. If the mother had recently breastfed and the baby is sleeping peacefully, assess for danger signs first and then observe a breastfeed.

### ***EXERCISE: Completing the CHW Register during the first postnatal visit***

When you visit a woman after the birth of her baby, you can obtain all the information needed to complete Section 1: List of Pregnant Women and Home Visit Record in the CHW Register. You should also make a new entry on Section 2: List of Mothers and Babies and Home Visit Record.

Jhema Kak gave birth to a girl at home on 9 January 2012 early in the morning attended by the TBA. The CHW visited her on the same day as soon as Jhema's husband informed the CHW about the birth. During the visit the CHW found that the mother and baby had no danger signs, and the baby weighed 2.2 kg. The parents named the baby Lilly.

Enter this information in your CHW Register.

**DEMONSTRATION ROLE PLAY: First postnatal visit**

Monica, the community health worker (CHW), found out Taja gave birth last night. Monica is visiting Taja today to carry out the first home visit after birth.

**ROLE PLAY SCRIPT**

**First Postnatal Visit**

**CHW:** Hello, Taja, congratulations. The baby is so beautiful.

**Taja:** Thank you Monica.

**CHW:** How are you and the baby doing? Feeling all right? **(Smiles and looks at her)**

**Taja:** Yes, I am fine. I have some bleeding but it is just a little.

**CHW:** I am glad you and the baby are fine. As I said when I visited you last time, part of my responsibility is to assess the baby after birth and discuss care for you and the baby.

**Taja:** **(Nods)** Yes, I remember. That's why I told my husband to inform you about the birth this morning

**CHW:** Thank you, you did the right thing. I would like to wash my hands before I touch the baby -- washing hands before touching the baby can prevent infections.

**Taja:** Of course. The wash basin is just outside the room.

**MIL:** Please come with me

**(CHW goes out and washes her hands with help of mother-in-law and air-dries them)**

**CHW:** Have you put the baby to the breast?

**Taja:** Yes, I did that a few minutes after birth, just as you had advised.

**CHW:** That was very good -- you are a wonderful mother. Is it okay for me to watch while you breastfeed the baby now?

**Taja:** Yes, that's fine. **(Puts the baby to the breast)**

**CHW:** The baby really wants to breastfeed, doesn't she? **(Looks at the attachment and positioning)**

**Taja:** Yes, but I feel that my breasts are empty. I don't think the baby is getting anything.

**CHW:** When the baby suckles, your breasts will start producing more milk. Even the small amount that she is getting now is sufficient for her today.

**Taja:** Thank you, I was a little worried.



- CHW:** I see that the baby is sucking at the nipple. To get milk from the breast, she needs to press on the dark area around the nipple. You can improve the way she is attached to your breast by changing her position a little. Please turn her towards you so that her belly touches yours and hold her very close to you. Would you like me to show you?
- Taja:** Yes.
- CHW:** Could you please take the baby off the breast. Yes, now keep the baby like this **(The CHW corrects the position and asks the mother to attach the baby to the breast again)**.
- Taja:** hmmm. This feels much better. My nipples were hurting earlier.
- CHW:** The nipples can get sore if the baby is not attaching well to the breast. I'm glad you feel better, and the baby will be able to get more milk from the breast now.
- Taja:** Thank you for your help.
- CHW:** You should let the baby feed as long as she wants and until she leaves the breast herself. After she has finished feeding, I would like to assess her
- Taja:** OK.
- CHW:** While you are feeding I will ask a couple of questions. Did the baby have any fits or convulsions since birth?
- Taja:** No she hasn't. Oh, the baby has finished feeding for now.
- CHW:** Very good. Can I check the baby now?
- Taja:** Yes.
- (CHW opens to First Postnatal Visit Card 1: Assess Feeding, Danger Signs and Weight; prepares her timer, thermometer and weighing scale)**
- CHW:** Now let me look at the baby's breathing. **(Opens blanket and lifts baby's shirt to expose the chest)** I will first count the breaths she takes in one minute. **(Counts)** I counted 46 breaths per minute, this is normal. Also, I see she has no difficulty in breathing. I am now going to measure her temperature.
- Taja:** OK.
- CHW:** **(Washes and dries the thermometer, switches it on, places it in the axilla until she hears 3 short beeps)** The temperature is 37°C, which is normal. I am now looking at the soles of the baby's feet -- they, are not yellow. I also do not see any pus or redness from the cord stump, and the

skin and eyes are also normal. Your baby does not have any danger sign of illness.

**Taja:** That is very good to know.

**CHW:** Yes, I will now weigh the baby. Can you please give me your Mother and Baby Card? (Taja gives it to the CHW). Thank you. **(Weighs the baby and records on the Mother and Baby Card)** The weight is in the green zone, this is also normal.

**Taja:** Could you tell me how much does she weigh?

**CHW:** Yes, she weighs 2.9 kg. Your baby has a normal weight. Now, let's talk about how to care for your baby. **(Opens to Card 2: Care of the Normal Baby)** What do you see in these pictures?

**Taja:** I see a woman breastfeeding her baby. Here she is sitting up and here she is lying down...perhaps it is night time. I also see a baby who is wearing a sweater and a cap.

**CHW:** Very good. Let me tell you the story of how Abena and her family took care of their normal baby. Abena gave her baby only breast milk because she knew that it is best for the baby and helps fight infection. She also knew that not giving other foods or fluids would help her make more breast milk. She fed the baby whenever the baby wanted, day and night. As you said, she wrapped the baby well and put a hat to keep the baby warm. When she bathed the baby, she used only warm water, and quickly dried the baby after bath. Here Abena's mother-in-law is washing her hands before touching the baby, and here Abena is playing and talking to the baby. It is important for the baby's development to do this. Do you think you can care for the baby in the same way?

**Taja:** Yes, I will give her only breast milk. I will also put warm clothes and a hat. But will bathing and drying quickly be sufficient to clean the baby? Look she has this thing sticking to her head.

**CHW:** It is very good that you will give the baby only breast milk and wrap her well. The substance you see on the head is normal. You don't need to remove it today. It will go away in a few days.

**Taja:** OK, I will not worry about it.

**CHW:** Good. Finally, you should also take good care of yourself. **(Opens Card 4: Care of the Mother)** What do you see in the pictures?

**Taja:** Here, Abena is at a clinic, and here she is drinking and eating a full plate of food.

**CHW:** Yes. Let me continue with the story of Abena. She drank a lot of fluids and ate more in the days after birth because she knew this was important to have enough energy to produce breast milk. Abena also went to the postnatal clinic to get checked and get advice about birth spacing. She continued to take iron tablets. Every night, she slept with her baby under an insecticide-treated bednet to prevent malaria. What do you think about this?

**Taja:** Well, I can take care about eating and drinking more, and also have a bednet that I have been using during pregnancy so we can sleep with the baby under the net. When should I go the clinic?

**CHW:** You should go as soon as you can.

**Taja:** OK, I will ask my husband to take us there when he can arrange for transport.

**MIL:** Yes, I can stay to look after the household.

**CHW:** Excellent. Lastly, these pictures **(holds up the Mother and Baby Card)** show danger signs that can occur to you or the baby. Can you tell me what you see?

**Taja:** I can see that this mother is not well. And this baby looks so tired.

**CHW:(Points to pictures of danger signs)** If you have heavy bleeding, fever, severe headache, fits, difficulty breathing or severe abdominal pain, you should go to the health facility immediately. If the baby stops feeding well, has fits, fast or difficult breathing, has fever or feels unusually cold, becomes less active or the whole body turns yellow, you should take her immediately to the health facility. You will have this card to remind you of the danger signs.

**Taja:** I am glad the danger signs are on the card and I can keep it to remind myself.

**CHW:** Good. I will come to see you and check on the baby again the day after tomorrow. **(Completes the Mother and Baby Card and the CHW Register, and marks the date of the next visit on her calendar)**. Goodbye, congratulations for doing the best for yourself and the baby.

**END OF ROLE PLAY**

**PRACTICE ROLE PLAY: First postnatal visit**

**Case descriptions**

**CASE 1: Diara**

- You are visiting Diara. She gave birth to her second baby yesterday evening at home, attended by a neighbour. The baby is a boy, named Rami.
- The baby does not have any danger signs and the weight is 2.6 kg, which is in the green zone.

**CASE 2: Jani**

- You are visiting Jani. She gave birth to her first baby, a boy, this morning at the health facility. They have not named him yet.
- The baby does not have any danger signs. The birth weight recorded at the health facility was 2.9 kg, which is in the green zone.

**CASE 3: Baina**

- You are visiting Baina. She gave birth to a girl last night. A TBA assisted at the birth. The baby is named Jaina.
- The baby has no danger signs. Her weight is 2.5 kg, which is in the green zone.

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## SESSION 26: Field practice: First home visit after birth

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### Objectives of this session

At the end of this session, you should be able to:

- Conduct a first home visit after birth

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### PRACTICE: Home visits to mothers and newborns (first postnatal visit)

Each group will visit at least 2 mother and baby pairs at their homes. Because there isn't enough time for each CHW to visit a home and carry out a complete visit, each pair of CHWs will jointly conduct one visit.

For example:

#### **Pair 1 conducts the visit while pair 2 and the facilitator observe**

Among the pair, the visit can be divided as follows:

- One CHW greets the family, creates good relations, and completes the assessment using First Postnatal Visit Card 1: Assess Breastfeeding, Danger Signs and Weight.
- The second CHW completes the rest of the visit using the First Postnatal Visit Card 2: Care of the Normal Baby, and then Card 4: Care of the Mother.
- In the event that the newborn is found to have a danger sign or weight in the red zone, the facilitator will refer the baby to a health facility. (The trainees will observe.)
- In the event that the newborn is found to have a weight in the yellow zone, the facilitator (or a trainee who has studied ahead) will counsel the family using Card 3: Care of the Small Baby, instead of Card 2.

**Then the group travels to the second home. Pair 2 conducts the visit while pair 1 and the facilitator observe.**

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## CARE OF THE SMALL BABY

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### SESSION 27: Care of the small baby and follow-up visits

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#### Objectives of this session

At the end of this session, you should be able to:

- Support the mother to exclusively breastfeed a small baby
- Support the family to keep the small baby warm
- Advise the family on preventing infections
- Advise the family on promoting the baby's development
- Advise the family on when to seek care for illness

#### *Problems a small baby can have*

- They get cold easily
- They can have difficulty in breastfeeding
- They are more likely to get an infection than normal weight babies
- Very small babies can have difficulties breathing

#### **Extra care that small babies need**

- a. Referring very small babies (weight in red zone) to a health facility as these babies may have breathing problems and may not be able to feed.
- b. Extra support for breastfeeding
- c. Extra care for keeping warm
- d. Extra attention to hygiene

#### **Support breastfeeding of a small baby**

Breast milk is the best food for a small baby. The mother's body produces milk that is suited to the needs of the small baby, particularly if birth has occurred early. It protects the baby against infections, which are more likely in the small baby than in a normal weight baby.

A small baby needs to be fed more often because they can take very small amounts of breast milk at a time. The baby can get cold if not fed frequently. Advise the mother to try to feed a small baby at least every 2 hours, day and night. If a baby is sleeping for longer than 2 hours, the mother should wake the baby up to breastfeed. This should continue until the baby gets stronger.

A small baby may also have difficulties in attaching to the breast. You have already learnt to help the mother improve positioning and attachment. The figure below shows two breastfeeding positions which may be easier for small babies.



**A mother holding her baby in the underarm position**



**A mother holding her baby with the arm opposite the breast**

If a baby is unable to attach even after trying, refer to the health facility for additional support (such as learning how to express breast milk and feed by a cup).

### ***How to keep a baby warm immediately after birth***

- Keep the room warm and free from draughts of air
- Dry the baby as soon as the baby is born
- Keep the baby in skin-to-skin contact with the mother
- Put a hat on the baby's head
- Put the baby to the breast soon as soon as the mother and baby are ready
- Delay bathing

### ***Skin-to-skin care***

Small babies need extra attention to keeping warm in the first days of life. The best way to keep them warm at all times is to keep them in skin-to-skin contact with the mother and breastfeed at least every 2 hours. Babies cared for in this way grow and develop well.

Explain to the mother and the family the benefits of skin-to-skin care. If they agree, explain how this can be done and then help the mother place the baby in skin-to-skin contact.

### ***Steps in placing the baby skin-to-skin:***

- Undress the baby except for a nappy, hat and socks.
- Place the baby upright between the mother's breasts with the baby's chest touching the mother.
- Put the legs of the baby along the mother's ribs and turn his or her head to one side.
- Secure the baby with a special blouse or cloth tied around the mother and the baby.
- The mother can then wear a shirt, sweater or shawl if she wants.

- Ask the mother to breastfeed the baby as often as the baby wants but at least every 2 hours.

### *What to do if family does not agree to skin-to-skin care?*

If a family is unwilling to try skin-to-skin care, counsel them to:

- Keep the baby's room warm and free from draughts of air
- Wrap the baby in multiple layers of clothes and keep close to the mother
- Put a hat and socks on the baby

### *For all small babies*

Advise all families to delay bathing for a few days. Instead, ask them to clean the baby by wiping quickly, and drying and wrapping immediately after that.

Advise all families on maintaining hygiene just as you have learnt for the normal baby. However, explain that preventing infections is even more important for the small baby than the normal baby.

Advise all families on identification of signs of illness in the newborn and prompt care seeking just like you have learnt to do for normal babies.

### *How can the baby's development be promoted?*

It is important for the family to know that the baby learns from birth.

- **Play:** If the baby is provided ways to see, hear, move arms and legs freely and the baby is touched, gently stroked and held, it helps in baby's development. Keeping the small baby in skin-to-skin contact is particularly useful to stimulate the baby.
- **Communicate:** If the mother and other family members look into the baby's eyes and talk to the baby, it also helps in the baby's development. They should try to do this as often as possible. The mother can also talk to the baby while breastfeeding. Even a small baby sees the mother's face and hears her voice.

### *When should the CHW make visits to a small baby?*

A CHW should make home visits to a small baby on day 1, day 2, day 3, day 7, and day 14. The extra follow-up visits to a small baby are those on day 2 and 14. On these visits, refer to the counselling card titled Extra Visits for a Small Baby.

### *Why is it important to make extra visits to a small baby?*

- Small babies may have trouble feeding, so it is important to give the mother extra support for breastfeeding during the early days to ensure the baby is feeding well.
- Small babies need more attention to keeping warm, so the CHW can check how the mother is keeping the baby warm and give guidance or solve problems as needed.
- The CHW can also encourage the family to continue to delay bathing (so the baby does not become chilled) and instead just quickly wipe and dry the baby.
- Family members may need to be praised or reminded to wash their hands frequently, so that they continue the behaviour.



- Small babies can become sick more easily, so the CHW wants to check for signs of illness more frequently during the first week of life and again in the second week. It is also important that the family remembers the danger signs of illness.

## ASSISTING REFERRAL

### SESSION 28: Assisting referral for the baby with a danger sign or with weight in red zone and following up

#### Objectives of this session

At the end of this session, you should be able to:

- Explain the importance of taking a baby with danger signs or weight in red zone urgently to a health facility.
- Understand the barriers a family has in seeking health facility care and counsel the families to help them overcome these barriers.
- Counsel the family on care that a sick baby needs on the way to the health facility, using the Referral Note.
- Conduct a follow-up visit to a baby who was referred and counsel the family.

#### Story of a sick baby

*The CHW visited Charlotte when her baby was 1 day old. On assessment, she found that the baby had a temperature of 35°C. There were no other danger signs and weight was in yellow zone. The CHW decided to refer the baby to the health facility because of the danger sign -- very low temperature.*

*She explained to the family that the baby may be very sick and urgently needed to be checked by a doctor, in the health facility where medicines and other necessary treatment is available.*

*She asked Charlotte if she would manage to go to the facility. Charlotte was worried about who would care for the other children but she knew she had enough money for a taxi to get to the facility. The CHW suggested that Charlotte ask her neighbor to care for the children; the neighbor agreed. The CHW advised and showed Charlotte how to keep the baby in skin-to-skin contact. She advised Charlotte to breastfeed him frequently on the way to the facility. She gave Charlotte a Referral Note to take to the health facility and walked with her to wait for a taxi.*

*When Charlotte reached the facility the baby was admitted and given injections. The baby is almost normal after 2 days in the health facility. The doctor congratulated Charlotte and told her that the baby got well quickly because they came to the health facility in time.*

Try to answer these questions about the story:

- How did the CHW convince Charlotte to take the baby to the health facility?
- What did the CHW do to help Charlotte get to the health facility?

- What did the CHW advise Charlotte to do on the way to the health facility?

Sometimes, even if the family knows the baby should go to the health facility, they don't go. It is important for the CHW to understand their reasons so she can help families overcome these obstacles.

Difficulties in taking the baby to a health facility	
Problem	Advice
Fear that the health facility is a place where babies often die	Explain that the health facility has doctors, supplies, and equipment that can help sick babies get better. A sick baby with danger signs can get worse without treatment.
No one to care for the other children or to do the daily tasks	Ask who could help with the children/tasks, for example, a relative or neighbour. Help the mother contact these people.
Lack of transport	Assist the family in finding a means of transport.
Lack of money	Ask if the family had saved money for an emergency during pregnancy. If not available, suggest that they approach other family members or a village committee for help.
Family wants to take the baby to a faith healer first	Explain that a baby with a danger sign needs urgent treatment in a health facility. Delaying treatment may make the baby worse.
Mother is alone and needs permission of a family elder or her husband	Help the mother to contact a person who can give her permission to take the baby to the health facility.

## DEMONSTRATION: Using the Referral Note

Read the example below:

Baby of Nemo (8 hours old): Palu village visited on 1 July 2012

Able to Feed

No convulsions

64 breaths/minute; repeat count 66 breaths/minute

Chest indrawing

Temperature 36.6°C

Soles not yellow

Moving on his own

No pus from umbilicus, skin or eyes

Weight: Green zone



**Example of a referral note:**

<b>CHW REFERRAL NOTE</b>	
Name of woman / baby: <u>Baby of Nemo</u>	
Age of baby when referred: Day <u>1</u>	
Address, Community: <u>Palu Village</u>	Date referred: <u>1 July 2011</u>
Reason referred (tick)	
<b>MOTHER has:</b> <input type="checkbox"/> Heavy bleeding <input type="checkbox"/> Fever <input type="checkbox"/> Other problems _____	
<b>BABY has/is:</b> <input type="checkbox"/> Not able to breastfeed or stopped breastfeeding <input type="checkbox"/> Convulsions <input checked="" type="checkbox"/> Fast breathing <input checked="" type="checkbox"/> Chest indrawing <input type="checkbox"/> Temperature 35.4°C or less <input type="checkbox"/> Temperature 37.5°C or more <input type="checkbox"/> Yellow soles <input type="checkbox"/> Movement only on stimulation or no movement even on stimulation <input type="checkbox"/> Signs of local infection <input type="checkbox"/> Weight in red zone	
----- Name of CHW: <u>Grace Nbele</u>	
<b>To be filled out by the health facility worker</b> <b>Comments:</b> _____ _____ _____	
Seen at facility by: _____	

**Advise on care on the way to the health facility**

The reverse side of the Referral Note summarizes the care the baby needs on the way to the health facility:

- **Frequent feeding:** A sick baby can become sicker if he or she does not get any milk. It is important that you counsel the mother to breastfeed frequently a baby who is able to suck at the breast.
- **Keep the baby warm:** As you have learnt earlier, babies can become cold quickly. This is particularly true if the baby is sick or small. Sick babies need to be kept warm by keeping in skin-to-skin contact as you have learnt in the session on care for the small baby. There are instructions on how to keep the baby in skin-to-skin contact on the Referral Note. If it is not possible to keep the baby in skin-to-skin contact, wrap the baby in multiple layers of clothing and put on a hat and socks. However, if the baby has high temperature, he or she should be covered with a light blanket or lightly wrapped.

**ON THE WAY TO THE HOSPITAL**

- ☐ If the baby is able to breastfeed, feed the baby at least every two hours. Give only breast milk.
- ☐ Keep the baby warm. Keeping the baby skin-to-skin is best. The baby is:
  - Naked except for a nappy, hat and socks
  - Placed between the mother's breasts with the baby's legs along her ribs and the head turned to the side
  - Secured with a cloth



If skin-to-skin care is not possible, wrap the baby well and keep him or her close to the mother.

**PRACTICE ROLE PLAY: Assisting referral**

One trainee in your small group will assist the mother to take the baby to a health facility. Observe the role play and be prepared to answer some questions.

**The situation:** A CHW is making a home visit to Jesmyn Kriva who had her first baby at home last night. Jesmyn is resting and the baby is sleeping in a basket in another room with her mother-in-law. Jesmyn says that she has only breastfed the baby once so far. The CHW asked the mother-in-law to bring the baby to Jesmyn. Then she encourages and helps Jesmyn to wake the baby and put him to the breast. When she assesses the newborn, she finds one danger sign -- Very Low Temperature ( $35^{\circ}\text{C}$ ). The CHW decides that the baby needs immediate referral to the health facility for the danger sign. She does not weigh the baby.

***Follow-up visit to a referred baby***

You should make a follow-up home visit to a referred baby the next day to check on the baby. This is very important because these babies have a high risk of death, particularly if they are not taken to a health facility for care.

*Sequence of tasks in a follow-up visit for a referred baby*

- a. Greet the family and ask how the baby is doing. Ask if the baby was taken to the health facility. If yes, ask what happened there. Look at the Referral Note.
- b. Wash your hands and then assess the baby – feeding and danger signs. If the baby still has a danger sign, refer again.
- c. If the baby has **any danger sign, refer** again to a health facility, giving assistance for the referral and using a Referral Note. Find out why the baby was not taken yesterday and problem solve.
- d. If the baby does **not** have a danger sign, **counsel** on care for the normal baby or for the small baby, as appropriate.
- e. Update the Mother and Baby Card and the CHW Register (Section 2 and Section 4). Make appointment for the next visit.
- f. Thank the family.

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## SECOND AND THIRD POSTNATAL HOME VISITS

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### SESSION 29: Review sequence of second and third home visits after birth

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#### Objectives of this session

At the end of this session, you should be able to:

- Demonstrate how to conduct the second and third visits after birth

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#### Sequence of tasks in the second postnatal visit

- a. Greet the family and ask how the mother and baby are doing.
- b. Wash your hands before proceeding with assessment.
- c. Assess for danger signs (Second Postnatal Visit Card 1: Assess the Mother and Baby for Danger Signs)
  - i. Ask if the baby is able to feed, or has stopped feeding well.
  - ii. Ask if the baby has had fits or convulsions since birth.
  - iii. Look at the baby's breathing. Count the breaths that the baby takes in one minute. Count again if you counted 60 breaths or more the first time. Decide if baby has fast breathing. Then look for chest indrawing.
  - iv. Measure the baby's temperature. Decide if the temperature is high or very low.
  - v. Look at the baby's soles to check if they are yellow.
  - vi. Look at the baby's movement. If the baby has been asleep and has not moved during the assessment, ask the mother to wake up the baby and gently stimulate the baby. Decide if the baby moves only on stimulation or does not move even on stimulation.
  - vii. Look at the umbilicus -- is it red or draining pus? Look at the skin -- are there boils filled with pus? Look at the eyes -- are they draining pus?
- d. Take action based on the assessment findings.
  - i. If baby has any danger sign, refer to health facility (Referral Note).
  - ii. If baby has no danger sign, and the weight on first home visit was in the green zone, counsel on care for a normal baby (Second Postnatal Visit Card 2) including observation of a breastfeed.



- iii. If baby has no danger sign, and the weight on first home visit was in the yellow or red zone, counsel on care for a small baby (Second Postnatal Visit Card 3), including observation of a feed.

- e. Use Second Postnatal Visit Card 4: Care of the Mother to check on the care the mother is receiving and counsel as needed.
- f. Fill in the Mother and Baby Card and CHW Register and make an appointment for next visit.
- g. Thank the family.

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## Sequence of tasks in the third postnatal visit

The third home visit after birth is very similar to the second. The main difference is the addition of counselling on continued care of the baby beyond the first week of life. This is your last home visit for a normal baby.

- a. Greet the family and ask how the mother and baby are doing.
- b. Wash your hands before proceeding with assessment.
- c. Assess for danger signs (Third Postnatal Visit Card 1: Assess the Baby for Danger Signs)
  - i. Ask if the baby is able to feed, or has stopped feeding well.
  - ii. Ask if the baby has had fits or convulsions since birth.
  - iii. Look at the baby's breathing. Count the breaths that the baby takes in one minute. Count again if you counted 60 breaths or more the first time. Decide if baby has fast breathing. Then look for chest indrawing.
  - iv. Measure the baby's temperature. Decide if the temperature is high or very low.
  - v. Look at the baby's soles to check if they are yellow.
  - vi. Look at the baby's movement. If the baby has been asleep and has not moved during the assessment, ask the mother to wake up the baby and gently stimulate the baby. Decide if the baby moves only on stimulation or does not move even when stimulated.
  - vii. Look at the umbilicus -- is it red or draining pus? Look at the skin -- are there boils filled with pus? Look at the eyes -- are they draining pus?
- d. Take action based on the assessment findings.
  - i. If baby has any danger sign, refer to health facility (Referral Note).
    - If baby has no danger sign, and the weight on first home visit was in the green zone, counsel on care for a normal baby (Third Postnatal Visit Card 2) including observation of a breastfeed.
    - If baby has no danger sign, and the weight on first home visit was in the yellow or red zone, counsel on care for a small baby (Third Postnatal Visit Card 3), including observation of a feed.

- e.** Use Third Postnatal Visit Card 4: Care of the Mother to check on the care that the mother is receiving and counsel as needed. Counsel on continued care of the baby beyond the first week of life.
- f.** If the baby is not small, explain to the family that this is your last home visit, but they can contact you in case they have any concerns about the baby. For a small baby, tell the family that you will return in one week.
- g.** Thank the family for their cooperation.

## DISCUSSION ON WORK IN THE COMMUNITY

### SESSION 30: Review CHW tasks and work in the community

#### Box 3: CHW tasks

1. **Identify pregnant women in the community** so that visits can be targeted during pregnancy and in the first days after birth for the greatest impact.
2. **Make two home visits to all pregnant women** in the community as follows:
 

**First Pregnancy Visit** — as early in pregnancy as possible — to encourage pregnant women to go for antenatal care, to promote birth in a health facility, to help prepare for birth, and to teach home care for the pregnant woman.

**Second Pregnancy Visit** — about 2 months before delivery — to review antenatal care visits, plans for birth, and home care for the pregnant woman; and to encourage the family to follow optimal newborn care practices immediately after birth.
3. **Make three home visits after birth** for all mothers and babies, regardless of place of birth.
 

**First postnatal visit** — on Day 1 after birth — to (i) support the mother to initiate and sustain exclusive breastfeeding, (ii) check the baby for danger signs, (iii) measure birth weight, (iv) refer to the health facility for danger signs or if birth weight is very low, (v) advise the family on care for the normal baby, (vi) advise the family on additional care for the small baby, and make an extra visit on Day 2, (vii) counsel family to seek care promptly for illness, (viii) advise mother on her own care.

**Second postnatal visit** — on Day 3 after birth — to (i) check the baby for danger signs, (ii) refer to the health facility for danger signs, (iii) advise the family on care for the normal baby including exclusive breastfeeding, warmth, and hygiene, (iv) advise the family on additional care for the small baby, (v) counsel family to seek care promptly for illness, (vi) advise mother on her own care.

**Third postnatal visit** — on Day 7 after birth — to (i) check the baby for danger signs, (ii) refer to the health facility for danger signs, (iii) advise the family on care for the normal baby including exclusive breastfeeding, warmth, and hygiene, (iv) advise the family on additional care for the small baby, and make the second extra visit on Day 14, (v) counsel family to seek care promptly for illness, (vi) advise mother on her own care, (vii) advise on continued care beyond the first week.
4. **Make a follow-up visit to a baby who is referred to a health facility for illness**

