Caring for Newborns and Children in the Community

A Training Course for Community Health Workers

Caring for the newborn at home

Counselling Cards

UNICEF

World Health Organization
**HOME VISIT SCHEDULE**

Two home visits in pregnancy: First visit as early in pregnancy as possible, and second visit 2 months before expected date of birth

Three home visits after birth: Visit all babies on the day of birth (day 1), day 3 and day 7 after birth

Extra visits for small babies: In addition to day 1, 3 and 7, also visit on day 2 and day 14

Follow-up visit for referred babies: Visit on the day after referral

**MATERIALS TO TAKE ON A HOME VISIT**

- Counselling cards
- CHW Register
- Mother and Baby cards
- Referral Notes
- Timer
- Thermometer
- Weighing scale
- Pen or pencil
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FIRST PREGNANCY VISIT   CARD 1: PROMOTE ANTENATAL CARE

GREET THE WOMAN AND FAMILY.
Explain that you are visiting to talk about care during pregnancy.

Ask & Listen: Do you have other children?
(If yes) Did you attend antenatal clinic in previous pregnancies? In this pregnancy?

Understand the situation and adapt your advice to fit the situation.

Give relevant information: Ask the family what they see in the pictures and listen to their answers. Tell the story of Abena, who is healthy and had a healthy baby:

- Abena went for the first antenatal check up (Picture 1) as soon as she knew she was pregnant. She knew this was important to:
  - be examined and get advice to make sure she remained healthy (Picture 2),
  - get injections to protect against tetanus (Picture 3),
  - receive iron and folic acid tablets to prevent anaemia or ‘weak blood’ (Picture 4),
  - receive medicines to prevent malaria, and an insecticide-treated bednet.
  - get tested for HIV and other infections, so she could receive appropriate care and reduce the risk of passing them to the baby (Picture 5).
- Abena went for antenatal check ups four times during her pregnancy.

Check understanding and discuss what the family will do. Will the pregnant woman go for four antenatal care visits? If yes, praise them. If no, ask why not and try to solve any problems.
FIRST PREGNANCY VISIT CARD 2: PREPARE FOR BIRTH IN A HEALTH FACILITY

1. Image of a building exterior with people and vehicles.
2. Image of a vehicle.
3. Image of a person writing or posting something on a wall.
4. Image of a woman seated, possibly with a baby or belongings.
5. Image of a person interacting with another person near a vehicle.
Ask & Listen: (If the woman has other children) Where did you give birth? (If not) Where did other women in your family give birth?

Understand the situation and adapt your advice to fit the situation.

Give relevant information: Ask the family what they see in the pictures and listen to their answers. Tell the story of Abena, who is healthy and had a healthy baby:

Abena and her family:

- Chose to have the birth in a health facility (Picture 1) because they knew that complications can happen to any woman and these can be prevented and treated immediately in a health facility.
- Identified transport to get to the health facility when labour started, either during the day or night and decided who will accompany her (Picture 2)
- Saved money for transport and other expenses for birth at health facility (Picture 3)
- Collected supplies for her and the baby (e.g. towels for drying and wrapping the baby) (Picture 4) and planned who will care for the household when the woman is in the facility for childbirth
- Went to health facility early in labour (Picture 5)

Check understanding and discuss what the family will do. Will they plan for birth in a facility and prepare the same way as Abena? If yes, praise them. If no, ask why not and try to solve any problems.
FIRST PREGNANCY VISIT
PREGNANT WOMAN

CARD 3: HOME CARE FOR THE

DANGER SIGNS IN PREGNANCY
FIRST PREGNANCY VISIT  CARD 3: HOME CARE FOR THE PREGNANT WOMAN

Ask & Listen: What should a woman do to take better care of herself during pregnancy?
Understand the situation and adapt your advice to fit the situation.

Give relevant information: Ask the family what they see in the pictures (ABOVE THE LINE) and tell the story

• *Abena ate more than usual during pregnancy to keep healthy and help the baby grow* (Picture 1)
• *She avoided heavy work and rested more, to help her and the baby stay healthy* (Picture 2)
• *She took iron and folic acid tablets and followed other advice given at antenatal clinic* (Picture 3)
• *She slept under an insecticide-treated bednet every night to prevent getting malaria* (Picture 4)

Check understanding and discuss what the family will do. Can the pregnant woman care for herself like Abena? If yes, praise them. If no, ask why not and try to solve any problems.

Give out the Mother and Baby Card

• Fill in the card and CHW register. Make appointment for the next visit.
• Show the pregnancy danger signs (below the line; also on mother and baby card). If woman attended ANC, ask if they were explained there. Advise immediate care-seeking at health facility if present.
• Explain that the family should contact you immediately when the baby is born.
• Thank the family for their time and congratulate them for doing the best for mother and baby.
SECOND PREGNANCY VISIT
FIRST PREGNANCY VISIT

CARD 1: REVIEW ACTIONS SINCE FIRST PREGNANCY VISIT
SECOND PREGNANCY VISIT  CARD 1: REVIEW ACTIONS SINCE FIRST PREGNANCY VISIT

GREET THE WOMAN AND FAMILY.
Explain that you are visiting to talk about care during pregnancy.

**Ask, listen and discuss what the family will do:** *(use the pictures to reinforce advice, if needed)*

Has the pregnant woman attended antenatal clinic?
- If she has, praise her and the family.
- If not, ask why not and try to solve any problems they may have.

How has the woman been caring for herself?
- Praise the woman if she has been able to eat and rest more, sleep under an insecticide-treated bednet and take iron and folic acid tablets.
- If not, ask why not and try to solve any problems she may have.

How are the preparations for birth going?
- Praise the family if they have decided on health facility birth and are saving money, have identified transport and are collecting supplies.
- If not, ask why not and try to solve any problems they may have.

If the family has decided to have birth in a health facility, skip CARD 2 (go directly to CARD 3)
If the family thinks facility birth might not be possible, use CARD 2
SECOND PREGNANCY VISIT CARD 2: PREPARE FOR BIRTH AT HOME

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SECOND PREGNANCY VISIT

CARD 2: PREPARE FOR BIRTH AT HOME

Give relevant information: Ask the family what they see in the pictures and listen to their answers. Tell the story of Sarah who prepared for a home birth because facility birth was not possible:

Sarah and her family:

• Identified a midwife to assist at birth (Picture 1). They also identified an additional person (her mother-in-law) to help the midwife care for the baby immediately after birth
• Saved money (Picture 2) and identified transport (Picture 3) to go the health facility in case of an emergency
• Knew that it is an emergency if labour lasts longer than 12 hours, there is heavy bleeding, the placenta is not delivered, or the baby has difficulty breathing
• Collected supplies for the mother, clean towels to dry and wrap the baby, and a hat, socks and clothes to keep the baby warm (Picture 4)
• Had a clean new blade to cut the cord and clean thread to tie it
• Cleaned the room for birth (Picture 5) and had a light source and soap and water available for the birth attendant and her helper to wash hands (Picture 6)

Check understanding and discuss what the family will do. If they cannot go to health facility for birth, will the family prepare for birth in the same way as Sarah? If yes, praise them. If no, ask why not and try to solve any problems.

Encourage the family to try to have the birth in a health facility.
SECOND PREGNANCY VISIT
NEWBORN CARE

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CARD 3: ADVISE ON IMMEDIATE NEWBORN CARE
SECOND PREGNANCY VISIT
CARD 3: ADVISE ON IMMEDIATE NEWBORN CARE

Ask & Listen: What care do you think a baby should receive right after birth?

Understand the situation and adapt your advice to fit the situation.

Give relevant information: Ask the family what they see in the pictures and listen to their answers. Tell the story of the care that Abena’s baby received immediately after birth:

- The birth attendant dried the baby immediately after birth (Picture 1), placed the baby skin-to-skin on Abena’s tummy (Picture 2), and covered them with a blanket to keep the baby warm
- The birth attendant cut the cord with a new blade. Abena’s mother-in-law put hat and socks on the baby, put him skin-to-skin between Abena’s breasts and covered mother and baby (Picture 3)
- In a few minutes, when the baby was ready, Abena put the baby to the breast to help the milk come in, reduce Abena’s bleeding, and protect the baby from disease (Picture 4)
- The baby suckled as long as he wanted and stayed in skin-to-skin contact with Abena for at least an hour after birth or as long as the mother wanted. He then was wrapped well and kept close to her
- To make sure the baby stayed warm, the bathing was delayed until the next day

Check understanding and discuss what the family will do. Can they care for the baby in the same way as in the story? If yes, praise them. If no, ask why not and try to solve any problems.

Ask for the mother and baby card – complete it and review danger signs. COMPLETE the CHW register. THANK the family for their time. REMIND them to contact you as soon as the birth takes place.
**FIRST POSTNATAL VISIT**  
**CARD 1: ASSESS FEEDING, DANGER SIGNS AND WEIGHT**

**GREET THE FAMILY.**

**Ask and Listen:** How are the mother and baby doing? If the mother has heavy bleeding, fever, fits, severe headache, difficult breathing, or severe abdominal pain, REFER urgently to hospital. If not, ask if the mother has put the baby to the breast. If yes, praise the family. If no, encourage her to do so now.

**Understand the situation:** WASH your hands. OBSERVE the mother breastfeeding. Is the baby well attached (Chin touching breast? Mouth wide open? Lower lip turned outward? More areola visible above than below the mouth?) and suckling effectively? If not, help the mother to improve positioning and attachment.

Ask the family if you can check the baby — use the pictures to explain what you will do. **ASSESS** the baby for these DANGER SIGNS:

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

**WEIGH THE BABY** (if not done). Record the weight on the Mother and Baby Card and explain it to the family.

If the baby has:

- **NO** danger signs AND **Weight** in **GREEN zone**: Go to CARD 2 “Care of the Normal Baby”
- **NO** danger signs AND **Weight** in **YELLOW zone**: Go to CARD 3 “Care of the Small Baby”
- **ANY** DANGER SIGN OR **Weight** in **RED zone**: STOP and Refer to hospital with a Referral Note
FIRST POSTNATAL VISIT

CARD 2: CARE OF NORMAL BABY

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Counselling Cards: Caring for the Newborn at Home
FIRST POSTNATAL VISIT  CARD 2: CARE OF NORMAL BABY

**Ask & Listen:** What care do you think a baby should receive in the first days after birth?

**Understand the situation** and adapt your advice to fit the situation.

**Give relevant information:** Ask the mother and family what they see in these pictures and listen to their answers. Tell the story about how Abena took care of her baby, who remained healthy.

*Abena and her family*

- Gave **ONLY** breast milk to the baby *(Picture 1)*, because she knows that:
  - *breast milk is the best food for the baby*
  - *breast milk protects against infections*
  - *the more the baby suckles at the breast, the more milk is made*
- Breastfed the baby during the day and night *(Picture 2)*, whenever the baby wanted -- at least 8 times a day
- Wrapped the baby well and kept him close to her at all times to keep him warm *(Picture 3)*. The family did not bathe the baby on the first day after birth
- The family members washed their hands before touching the baby *(Picture 4)*. They kept the cord stump clean and dry
- Looked into baby’s eyes and talked to the baby, particularly while breastfeeding *(Picture 5)*

**Check understanding and discuss what the family will do.** How will the family care for the baby? Praise them if they plan to care for the baby in the same way as in the story. If not, ask why not and try to solve any problems.
FIRST POSTNATAL VISIT  CARD 3: CARE OF A SMALL BABY

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Ask the family what they see in the pictures and listen to their answers. **Advise the family to:**

**FEED THE SMALL BABY BREAST MILK FREQUENTLY** (Picture 1):

- Show the mother the underarm position for breastfeeding; which may be easier for a small baby.
- Advise the mother to breastfeed at least every 2 hours, during the day and night.
- If necessary, help the mother to improve positioning and attachment.
- If the baby is unable to suckle, refer to a health worker for feeding expressed breast milk with cup.

**KEEP THE SMALL BABY WARM** (Pictures 2 and 3):

- Explain that the best way to keep a small baby warm is SKIN-TO-SKIN contact.
  - If the mother and family agree, help the mother place the baby skin-to-skin:
    - The baby should only be wearing a nappy, hat and socks
    - Place the baby between mother’s breasts; baby’s legs along her ribs and head turned to the side
    - Secure the baby with a cloth tied around the mother and baby
  - If the family does not agree, advise to wrap the baby well and keep close to the mother at all times
- Advise to delay bathing for a few days; instead, to clean the baby by quickly wiping and drying

**WASH HANDS FREQUENTLY,** particularly after going to the toilet, handling children’s stools and after coming home from outside (Picture 4).

**LOOK INTO BABY’S EYES AND TALK TO THE BABY.** The mother can do this while breastfeeding (Picture 5).

**Check understanding and discuss what the family will do.** How will they care for their small baby? Praise them if they plan to do what was advised. If not, ask why not and try to solve any problems.
FIRST POSTNATAL VISIT  CARD 4: CARE OF THE MOTHER

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FIRST POSTNATAL VISIT CARD 4: CARE OF THE MOTHER

Give relevant information: Ask the family what they see in the pictures and listen to their answers.

Tell the story of how Abena cared for herself with support of her family; she:

- **Went to the postnatal care clinic so that she and the baby could be checked, the baby could receive vaccines and she could be counselled for family planning** (Picture 1)
- **Drank more fluids and ate more to ensure she had enough energy to produce breast milk** (Picture 2)
- **She continued to take iron tablets to strengthen her blood**
- **Slept with the baby under an insecticide-treated mosquito net every night because she lived in a malaria-affected area** (Picture 3)
- **Knew when to seek care immediately for herself and the baby** (Picture 4)

Using the Mother and Baby Card, advise the family about danger signs for which the mother and baby should be taken urgently to a health facility.

**Check understanding and discuss how the family** can help ensure that the mother receives this care. Praise them if they plan to do what was advised. If not, try to solve any problems they may have.

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FILL THE MOTHER AND BABY CARD AND CHW REGISTER.

THANK THE FAMILY FOR THEIR COOPERATION AND LET THEM KNOW THAT YOU WILL RETURN FOR THE NEXT VISIT IN 2 DAYS (OR THE NEXT DAY IF THE BABY IS A SMALL BABY)
SECOND POSTNATAL VISIT
BABY FOR DANGER SIGNS

CARD 1: ASSESS THE MOTHER &
SECOND POSTNATAL VISIT CARD

CARD 1: ASSESS THE MOTHER & BABY FOR DANGER SIGNS

GREET THE FAMILY

Ask and listen: How are the mother and baby doing? IF THE MOTHER HAS HEAVY BLEEDING, FEVER, FITS, SEVERE HEADACHE, DIFFICULT BREATHING, OR SEVERE ABDOMINAL PAIN, REFER URGENTLY TO HOSPITAL

Understand the situation: WASH your hands. Ask the family if you can check the baby now — use the pictures to explain what you will do. ASSESS for DANGER SIGNS in the newborn. Tell the family what you find:

- NOT ABLE TO FEED SINCE BIRTH, OR STOPPED FEEDING WELL
- CONVULSED OR FITTED SINCE BIRTH
- FAST BREATHING: 60 BREATHS OR MORE IN ONE MINUTE (TWO COUNTS)
- 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 AND EYES DRAINING PUS

If the baby has ONE OR MORE DANGER SIGNS, REFER to hospital using REFERRAL NOTE. Explain that you will come back later today/tomorrow to find out what happened

If the baby does NOT have any DANGER SIGNS, go to CARD 2 if birth weight was in green zone or to CARD 3 if the birth weight was in yellow or red zone.
SECOND POSTNATAL VISIT CARD 2: CARE OF THE NORMAL BABY

**Ask and listen:** How is breastfeeding going? Does mother have any concerns she wishes to discuss?

Praise the family if the baby is getting only breast milk. If not, try to solve any problems.

**OBSERVE** the mother breastfeed:

- Is the baby well attached?
  - CHIN TOUCHING BREAST?
  - MOUTH WIDE OPEN?
  - LOWER LIP TURNED OUTWARD?
  - MORE AREOLA VISIBLE ABOVE THAN BELOW THE MOUTH?
- Is the baby suckling effectively?
- If the baby is not well attached or not suckling effectively, ask the mother if she would like you to help her. If yes, help the mother to improve positioning and attachment.

**Ask and listen:** How is the baby being kept warm?

- Praise the family if the baby is kept well wrapped and close to the mother, and is bathed with warm water and dried and wrapped immediately. If not, try to solve any problems.
- Ask and listen: Do family members wash their hands with soap before touching the baby? Do they keep the cord stump clean and dry? Praise the family if they do the above. If not, try to solve any problems.

**Ask and listen:** Do family members look into baby’s eyes and talk to the baby? Praise the family if they do. If not, try to solve any problems.

Use the pictures to reinforce any advice, if needed.
SECOND POSTNATAL VISIT CARD 3: CARE OF THE SMALL BABY

1. Breastfeeding
2. Cuddling and burping
3. Changing the baby's diaper
4. Warming the baby's bathwater
5. Dressing the baby
Ask and listen: How is feeding going? How often is the baby fed?

Praise the family if the baby is getting only breast milk at least every 2 hours during day and night. If not, ask why not and try to solve any problems.

OBSERVE a breastfeed:
- Is the baby well attached?
  - CHIN TOUCHING BREAST?
  - MOUTH WIDE OPEN?
  - LOWER LIP TURNED OUTWARD?
  - MORE AREOLA VISIBLE ABOVE THAN BELOW THE MOUTH?
- Is the baby suckling effectively?
- If the baby is not well attached or not suckling effectively, help the mother to improve positioning and attachment. If still not able to suckle effectively, refer to a health worker.

Ask and observe: Is the small baby kept in skin-to-skin contact? If yes, praise the family. If not, ask why not and try to solve any problems.

Ask and listen: Have the family delayed bathing? If yes, are they instead quickly wiping and drying baby? Praise them if they have, and solve any problem the family may have.

Ask if the family is washing hands frequently, particularly after going to the toilet and coming home from outside. Praise them if they have. If not, solve any problem the family may have.

Use the pictures to reinforce any advice, if needed.
SECOND POSTNATAL VISIT

CARD 4: CARE OF THE MOTHER

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SECOND POSTNATAL VISIT  CARD 4: CARE OF THE MOTHER

**Ask** if the mother has:

- Attended postnatal care clinic at a facility?
- Been drinking and eating more, and taking iron and folic acid tablets to build up her blood?
- Received information on family planning and discussed a birth spacing method?
- Been sleeping with the baby under an insecticide-treated mosquito net every night?

**Listen** to their answers. **Praise** the family if they have, and **solve any problem** they have.

Use the pictures to reinforce any advice, if needed.

USE the Mother and Baby Card to ADVISE the family when to take the mother and baby urgently to a health facility.

THANK the mother and family for their cooperation and let them know that you will return for the next visit in 4 days.
THIRD POSTNATAL VISIT
DANGER SIGNS

CARD 1: ASSESS THE BABY FOR
THIRD POSTNATAL VISIT

CARD 1: ASSESS THE BABY FOR DANGER SIGNS

GREET THE MOTHER AND FAMILY and ask how the mother and baby are doing. If the mother has heavy bleeding, fever, fits, severe headache, difficult breathing, or severe abdominal pain, REFER urgently to hospital.

WASH YOUR HANDS before you proceed with the assessment.

Ask the family if you can check the baby now — use the pictures to explain what you will do. ASSESS for DANGER SIGNS. Tell the family what you find:

- 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: 37.5ºC or more
- Very low temperature: 35.4ºC 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 and eyes draining pus

If the baby has one or more DANGER SIGNS, REFER to hospital using REFERRAL NOTE. Explain that you will come back later today/tomorrow to find out what happened.

If the baby does NOT have any DANGER SIGNS, go to CARD 2 if birth weight was in green zone or to CARD 3 if the birth weight was in yellow or red zone.
THIRD POSTNATAL VISIT
CARD 2: CARE OF THE NORMAL BABY

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Ask the mother and family how breastfeeding is going. Ask if the baby is getting only breast milk. If not, try to solve any problem they have.

Observe the mother breastfeed:

- Is the baby well attached?
  - CHIN TOUCHING BREAST?
  - MOUTH WIDE OPEN?
  - LOWER LIP TURNED OUTWARD?
  - MORE AREOLA VISIBLE ABOVE THAN BELOW THE MOUTH?
- Is the baby suckling effectively?
- If the baby is not well attached or not suckling effectively, help the mother to improve positioning and attachment.

Ask if the family have been able to: Keep the baby well wrapped and close to the mother? Bathe the baby with warm water and dry and wrap him/her immediately? Wash their hands with soap before touching the baby? Keep the cord stump clean and dry? Look into baby’s eyes and talk to the baby?

Praise them if they have. If not, try to solve any problem they have in adopting these behaviours.

Use the pictures to reinforce any advice, if needed.

Show the family pictures of signs of illness on the MOTHER AND BABY CARD. Explain that if any of these problems arise it is important to take the baby to the health facility immediately.
THIRD POSTNATAL VISIT CARD 3: CARE OF THE SMALL BABY

1. Breastfeeding
2. Holding the baby
3. Comforting the baby
4. Bathing the baby
5. Diapering the baby
Ask the mother and family how feeding is going. Ask if the baby is getting only breast milk at least every 2 hours during day and night. Praise them or problem solve, as necessary.

OBSERVE the mother breastfeed:

- Is the baby well attached?
  - CHIN TOUCHING BREAST?
  - MOUTH WIDE OPEN?
  - LOWER LIP TURNED OUTWARD?
  - MORE AREOLA VISIBLE ABOVE THAN BELOW THE MOUTH?
- Is the baby suckling effectively?
- If the baby is not well attached or not suckling effectively, help the mother to improve positioning and attachment. If still not suckling effectively, refer to a health worker.

Ask and observe if mother has been able to keep the small baby in skin-to-skin contact. Praise her if she has, and solve any problem she may have.

Ask: Have the family delayed bathing? If yes, are they instead quickly wiping and drying baby? Praise them if they have, and problem solve if necessary.

Ask if the family is washing hands frequently, particularly after going to the toilet and coming home from outside. Praise them if they have, and problem solve if necessary.

Use the pictures to reinforce any advice, if needed.

Show the family pictures of signs of illness on the MOTHER AND BABY CARD. Explain that if any of these problems arise it is important to take the baby to the health facility immediately.
Ask the mother and family to look at the pictures (Above the line). Ask if the mother has:

- Attended postnatal care clinic at a facility?
- Been drinking and eating more, and taking iron and folic acid tablets to strengthen her blood?
- Thought about going for family planning counselling to adopt a birth spacing method?
- Been sleeping with the baby under an insecticide-treated mosquito net every night?

Listen to their answers and problem solve as needed. Use the pictures to reinforce any advice, if needed.

Counsel on continued care of the baby beyond the first week (Pictures below the line):

- Continue to exclusively breastfeed until the baby is 6 months old
- Mother and baby should continue to sleep under an insecticide-treated mosquito net every night
- Take the baby for the next immunization when he/she is 6 weeks old and have a postnatal check-up for the mother at the same time
- Remind the family about when to take the mother and baby urgently to a health facility

Thank the family for their cooperation.

- If this is not a small baby, explain that this is your last home visit, but the mother and family can contact you if they have any concerns.
- If this is a small baby, explain that you will return in a week.
EXTRA VISITS FOR A SMALL BABY

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EXTRA VISITS FOR A SMALL BABY

DAY 2

Assess for danger signs: Second Postnatal Visit Card 1 – Assess feeding, danger signs and weight

Check whether the family has been able to follow the advice for the small baby on breastfeeding, skin-to-skin care, delaying bathing and hand washing. Review the Second Postnatal Visit Card 3: Care of the Small Baby. Try to solve any problems the family may have.

Use the pictures to reinforce any advice, if needed.

THANK the family and make an appointment for the next visit.

DAY 14

Assess for danger signs: Second Postnatal Visit Card 1 — Assess the Mother and Baby for Danger Signs

Check whether the family has been able to follow the advice on breastfeeding, skin-to-skin care, bathing and hand washing. Problem solve as needed. Use the pictures to reinforce any advice, if needed.

Explain that this is your last home visit, but the mother and family can contact you if they have any concerns. Thank the family for their cooperation.
FOLLOW UP VISIT FOR BABIES REFERRED TO A HEALTH FACILITY
FOLLOW UP VISIT FOR BABIES REFERRED TO A HEALTH FACILITY

Greet the family and ask how the baby is doing. Ask whether the baby was taken to the health facility. If the baby was taken to the health facility, ask what happened. Look at the Referral Note.

Wash your hands before proceeding with the assessment.

Assess feeding and danger signs (as in Second Postnatal Visit Card 1: Assess the Mother and Baby for Danger Signs)

If the baby has any danger sign, refer again. If the baby was NOT taken to a health facility yesterday, find out why the family did not take the baby and problem solve, if needed.

If the baby does not have a danger sign, and the birth weight was in the

- green zone, counsel on care of the normal baby (Second Postnatal Visit Card 2),
- yellow or red zone, counsel on care of a small baby (Second Postnatal Visit Card 3).

Mark on the Mother and Baby Card that you made a follow-up visit for danger signs.

Update the CHW Register Section 2: List of Mothers and Babies and Home Visit Record, and Section 4: List of Referred Babies.

Make an appointment for the next visit.

Thank the family for their cooperation.