Caring for the newborn at home

FACILITATOR NOTES

UNICEF

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Caring for newborns and children in the community: a training course for community health workers: caring for the newborn at home.

Contents: Participant’s manual – Counselling cards – Facilitator notes


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ACKNOWLEDGEMENTS

The WHO Department of Maternal, Newborn, Child and Adolescent Health (MCA) and UNICEF initiated the development of the materials *Caring for the newborn at home*, to increase access to postnatal care services and essential interventions for pregnant and lactating women and their newborn infants. They are a follow-up to the WHO/UNICEF joint statement on *Home visits for the newborn child: a strategy to improve survival* (2009).

Rajiv Bahl (WHO/MCA) and Judith Standley (consultant, UNICEF) developed the materials on *Caring for the newborn at home*, with substantial contributions to the content from Pyande Mongi (WHO/AFRO), Nancy Terreri (UNICEF/HQ) and Luwey Pearson (UNICEF/ESARO). Other members of the WHO/MCA working group on community level newborn and child care, including Jose Martines, Samira Aboubaker, Bernadette Daelmans, Cathy Wolfheim and Teshome Desta provided many valuable inputs during development and field testing.

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A special word of thanks is also due to Pavitra Mohan (UNICEF India) and Nita Bhandari (Society for Applied Studies) who coordinated the production of the illustrations for the Asian context, and Rolando Jose Rolando Figueroa (UNICEF/ESARO) who did so for the African context. Patricia Shirey conducted a final review of the materials.

WHO and UNICEF are grateful to all external contributors who made suggestions for the scope and content of materials for community health workers: Abhay Bang, Isabelle Cazottes, Lastone Chitembo, Luis Gutiérrez, Sharad Iyengar, Orphelia Khachatryan, Harish Kumar, Dharma Manandhar, B. Mayame, Pavitra Mohan, Vinod Paul, Mwale Rodgers, David Sanders, and Ellen Villate.
I. INTRODUCTION TO THE COURSE FOR FACILITATORS

This training course is part of the WHO-UNICEF package "Caring for Newborns and Children in the Community" which is aimed at increasing the coverage of household and community interventions that will reduce newborn and child mortality and promote the healthy growth and development of young children. The package consists of 3 courses, namely on caring for the newborn at home, promoting healthy growth and development, and caring for the sick child. These courses can be offered separately or in combination, according to a country’s needs.

TRAINING COURSES IN THE PACKAGE

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for the Newborn at Home</td>
<td></td>
</tr>
<tr>
<td>Option 1 (two units separated by a few weeks):</td>
<td></td>
</tr>
<tr>
<td>Unit 1: Home visits during pregnancy</td>
<td>3 days</td>
</tr>
<tr>
<td>Unit 2: Home visits after birth</td>
<td>4 days</td>
</tr>
<tr>
<td>Option 2 (continuous): Units 1 and 2:</td>
<td>6 days</td>
</tr>
<tr>
<td>Home visits during pregnancy and after birth</td>
<td></td>
</tr>
<tr>
<td>Caring for the Child at Home</td>
<td>Healthy child contacts (including home visits)</td>
</tr>
<tr>
<td>Caring for the Sick Child</td>
<td>Version 1. Identify illness, refer the child for danger signs, treat diarrhoea at home</td>
</tr>
<tr>
<td></td>
<td>Version 2. Identify illness, refer the child for danger signs, treat diarrhoea, fever and fast breathing at home</td>
</tr>
</tbody>
</table>

Of the 7.6 million deaths in children under five years of age that occurred in 2010, over 40% were during the first 28 days of life. The risk of mortality is greatest during the first week after birth, during which about 70% of neonatal deaths occur. Many of these newborn deaths can be prevented by simple interventions delivered at the community level.

Evidence from several research studies suggests that home visits by community health workers during pregnancy and in the first week after birth can make a significant difference in reducing newborn mortality. At these home visits in these studies, CHWs counselled the families on home care practices during pregnancy and after birth and encouraged families to seek appropriate care during pregnancy, childbirth and the postnatal period.

This course is intended to teach community health workers to care for mothers and newborns in the community, to assess for danger signs, and to assist families in accessing clinical care when necessary. Community health workers will learn to conduct home visits to pregnant women to promote antenatal care, planning for skilled care at birth, and home care during pregnancy. They will also visit newborns and mothers in the home in the hours and days following birth, identify danger signs and refer appropriately, and advise on appropriate home care practices for newborns and mothers.
I. INTRODUCTION TO THE COURSE FOR FACILITATORS

The course is based upon adult learning principles to achieve the required competencies for counselling families about pregnancy care and caring for newborns at home. It includes classroom learning, group discussions, games, role plays and most importantly, hands-on supervised field practice in a health facility and in the community.

The course will need to be adapted at country level to ensure that it is consistent with national policies, care standards and the health systems. It is clearly recognized that training is only one component of a programme for delivering effective interventions at community level. Once trained, community health workers will require supplies, regular supervision, and support from the health system to ensure they provide consistent and high-quality services.

Caring for the Newborn at Home

Course Objectives

- To develop community health workers' competence in communication skills and building a good relationship with the family when making a home visit
- To develop CHWs' competence in counselling the family on the importance of antenatal care, planning for birth in a health facility, home care for pregnant women and appropriate newborn care practices immediately after birth
- To develop CHWs' competence in assessing breastfeeding, danger signs and weight in a newborn, deciding to refer or provide care at home depending on the results of the assessment, and advising families on optimal care practices for the newborn
- To develop CHWs' competence in assisting families to provide extra care for the small baby

Key Competencies for Community Health Workers Taught in this Course

At the end of the course, CHWs should be able to:

1. Greet the family appropriately and develop a good relationship
2. Identify all pregnant women in the community
3. Counsel families effectively — ask, listen, understand the situation of the family, give appropriate information in the form of a story, check understanding of the family, discuss what the family intends to do, praise and together solve any problems the family may have.
4. Promote antenatal care
5. Promote birth in a health facility and help a family prepare for birth
6. Advise on home care of a pregnant woman
7. Advise on immediate care of the newborn
8. Support the mother to initiate and sustain exclusive breastfeeding. Observe a breastfeed and assess attachment and suckling. Help improve position and attachment if necessary.
9. Assess the baby for danger signs -- including assessing feeding, asking for convulsions, counting breaths, looking for chest indrawing, measuring temperature, looking for movement, yellow soles and signs of local infection.

10. Measure birth weight and identify very small and small babies

11. Identify when a newborn or woman needs referral and assist the family in going to a health facility

12. Advise on how to keep the newborn warm

13. Advise on hygiene to prevent infections

14. Advise on when to seek care for illness

15. Advise on home care of the mother after birth

16. Support the mother and the family to give skin-to-skin care for the small baby

17. Advise on continued care beyond the first week.
II. PREPARE TO CONDUCT THE COURSE

The key steps in preparing to conduct this training course for community health workers, “Caring for Newborns at Home,” are briefly described below.

Involve policy makers: National policy makers should be involved in adapting the course in order to ensure that the objectives and content of the course are consistent with national policies. The course would also have to be adjusted depending on the CHW strategy in the country including the tasks expected from them, mechanisms to maintain their motivation, their supervision and links to the health system.

1. Involve supervisors: It is important to involve the supervisors of CHWs in this training. They must fully understand the content of this course and the tasks that the CHWs will perform so that they may later provide supportive supervision. This could be done through orientation of supervisors prior to training of CHWs, and involvement of supervisors as observers and in some cases, as trainers.

2. Decide the number of CHWs to be trained: The recommended trainee group is 8 but in no case should it exceed 12. The recommended trainee to facilitator ratio for this course is 4:1. Therefore, 2-3 facilitators per group would be required depending on the number of trainees in the group.

<table>
<thead>
<tr>
<th>Trainees</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–4</td>
<td>1</td>
</tr>
<tr>
<td>5–8</td>
<td>2</td>
</tr>
<tr>
<td>9–12</td>
<td>3</td>
</tr>
</tbody>
</table>

If more CHWs are to be trained, they should be divided into two groups. It is recommended not to have more than 2 groups in a training course because the logistics, particularly for practice in a health facility and the field, are likely to become difficult (e.g. not enough newborns for each trainee to practice on).

3. Select facilitators and conduct their training: The facilitators selected for this course should have technical knowledge of maternal and newborn health issues and should be comfortable in clinical skills (e.g. health professionals trained in Integrated Management of Childhood Illness and Essential Newborn Care courses). They should have some experience in training and interacting with community health workers. Finally, they should have attended this course previously as trainees when it was conducted by expert facilitators.

   A facilitator should have:
   
   - Experience in newborn care, including clinical skills
   - Interest and time to conduct CHW training courses
   - Previously observed this course “Caring for the Newborn at Home” being taught to CHWs
   - Facilitator training
II. PREPARE TO CONDUCT THE COURSE

4. **Facilitator training is important.** The training should not be just a review of the content of the materials. It should provide demonstration of the various teaching steps. (See III. Facilitator Role and Teaching Methods.) The facilitator trainees should take turns practicing the teaching steps (with guidance and feedback from experienced facilitators) as the group follows the agenda provided to learn both the content and process of the training course. A suggested schedule for training a group of facilitators appears in Annex A.

5. **Select venue of CHW training:** The CHW training should be conducted close to the community. It is recommended that the venue should be at the sub-district or district level. The choice of whether the training would be residential or not would depend upon the logistics required for each trainee to reach the training venue on a daily basis. A large classroom is needed to accommodate all trainees and facilitators (e.g. 9 + 2), some extra chairs, 2–3 flip charts, and equipment to show a DVD, as well as sufficient floor space to allow chairs to be arranged in smaller groups and to do practical exercises, such as hand washing and weighing dolls. Because field visits are an essential part of the training, the choice of the venue should consider both the classroom facilities available and the proximity to a health facility and communities where trainees will be able to assess and interact with pregnant women, mothers and newborns.

6. **Finalize agenda:** The recommended agenda is to conduct this course in two parts, with a gap of a few weeks in between during which the CHW would practice the skills learned. During this ‘gap’ the CHW would be visited by a supervisor who would observe progress and provide supportive supervision. If this gap is not possible, it is suggested that the training have at least a one day break between the two parts. The recommended time for the first part (Unit 1: Home visits during pregnancy) is 3 days and for the second part (Unit 2: Home visits after birth) is 4 days. This two-part agenda is shown as the recommended schedule in Annex B.

   If it is not feasible to have the training span longer than one continuous week, an alternative schedule for 6 days is also available but is very likely to be intense and heavy for both CHWs and facilitators. It shortens one session and requires working beyond the scheduled hours (starting early or finishing late) on some days. This 6-day schedule also appears in Annex B.

7. **Select CHWs:** The training materials have been developed assuming that CHWs have at least 8 years of formal school education and are competent in reading and writing. As the CHWs will be expected to discuss care during pregnancy, childbirth and newborn care, it is preferable if they are women because they are likely to be more comfortable with the issues and better accepted by families. However, this needs to be decided locally based on the social and cultural environment of the communities. Finally, there should be clear plan for CHWs to start their work soon after they successfully complete the training.

8. **Ensure availability of training materials:** The training materials are described below:
   
   **Facilitator Guide** (one for each facilitator): The Facilitator Guide provides step-by-step guidance for facilitators to conduct classroom and field practice sessions. In order to ensure that the facilitator has to refer to only one document while conducting the sessions, the Facilitator Guide contains (in italics) all the information that also appears in the CHW Manual.
II. PREPARE TO CONDUCT THE COURSE

**CHW Manual** (one for each trainee): The CHW Manual provides basic information on topics related to care of the mother and newborn at home. It also contains the exercises that CHWs will do during the sessions. After the training, the CHW can use the manual as reference material during the course of their work. However, they are not expected to take the manual with them when making home visits.

**Counselling Cards** (one set for each trainee and facilitator): Counselling cards are the core of this training course. They are aimed to serve as job aids for the CHWs to use when they are making home visits. There is a specific set of counselling cards for each visit:

### First pregnancy visit (green band):
- Card 1: Promote antenatal care
- Card 2: Prepare for birth in a health facility
- Card 3: Advise on home care for the pregnant woman

### Second pregnancy visit (orange band):
- Card 1: Review actions since first pregnancy visit
- Card 2: Prepare for birth at home (for use if family thinks facility birth is not possible or is not sure)
- Card 3: Advise on immediate newborn care

### First Postnatal Visit - Day 1 (light blue band):
- Card 1: Assess feeding, danger signs and weight
- Card 2: Care of the normal baby
- Card 3: Care of the small baby
- Card 4: Care of the mother

### Second Postnatal Visit - Day 3 (purple band):
- Card 1: Assess the mother and baby for danger signs
- Card 2: Care of the normal baby
- Card 3: Care of the small baby
- Card 4: Care of the mother
II. PREPARE TO CONDUCT THE COURSE

During each home visit the CHW will counsel the mother and family using no more than 3 cards per visit. CHWs are trained to weigh each newborn at the first home visit within 24 hours of delivery, and based on their findings, to counsel the mother and family using either Card 2 ‘Care of the normal baby’ if the baby weighs 2.5 kg or more, or Card 3 ‘Care of the small baby’ if the baby weighs less than 2.5 kg. Even though the titles and contents of some of the cards are similar, each card is adapted to be specific for the tasks to be done at that visit. Having a set of counselling cards specific to each visit means that the CHW does not have to struggle to decide which cards to use at a particular visit.

In general, each counselling card includes the following steps:

- Reminder to the CHW to greet the family, build a good relationship and explain the purpose of the visit (first card of each home visit).
- Ask the questions listed and listen carefully.
- Understand the situation of the family, particularly where they are in the behaviour change process (unaware, thinking, trying or maintaining -- see Session 2 for details).
- Ask the family what they see in the pictures. Tell the story to give appropriate information to the family, linking to the pictures. This technique is used to give the information in a non-threatening, non-confrontational way.
- Check understanding of the family and discuss what they intend to do.
- Praise the family. Try to solve any problems the family has in adopting a good behaviour.

Mother and Baby Card (10 per trainee): The CHW gives this card to the family to keep. There is information about the pregnancy on one side of the card -- identification of the mother, record of CHW visits, ANC visits, contact details of CHW, and a reminder of danger signs during pregnancy. On the other side of the card, there is information about the mother and baby after the birth -- name, date and place of birth of the baby, birth weight, CHW visits, and signs of illness for which to go to the health facility immediately.
II. PREPARE TO CONDUCT THE COURSE

*Referral Note* (5 per trainee): This note is filled in by the CHW and given to the family if the mother or baby is referred to a health facility. The reverse side of the note has guidance on how to keep the baby fed and warm on the way to the health facility.

*CHW Register* (one for each trainee): The CHW Register used in this training is merely suggestive. It should be adapted according to the local needs and the ongoing monitoring system. There are five sections: Section 1 to record home visits made to pregnant women; Section 2 to record visits to mothers and newborns; Section 3 to record referrals of pregnant women or mothers; Section 4 for referred babies; and Section 5 is a calendar to schedule home visits.

9. **Collect needed equipment and supplies for the training course:** The table below shows the equipment and supplies, their purpose and the numbers needed for a training of 8–10 CHWs often working in 3 subgroups. If more CHWs will be trained at one time (16–20 in two groups) double the number needed.

## Training Materials

<table>
<thead>
<tr>
<th>EQUIPMENT / SUPPLY</th>
<th>PURPOSE</th>
<th>NUMBER NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator Guide</td>
<td>Instructions for facilitator</td>
<td>1 per facilitator</td>
</tr>
<tr>
<td>CHW Manual</td>
<td>Learning material for CHW</td>
<td>1 per trainee</td>
</tr>
<tr>
<td>Counselling Cards</td>
<td>CHW job aid</td>
<td>1 per trainee plus 1 per facilitator</td>
</tr>
<tr>
<td>CHW Register</td>
<td>CHW record</td>
<td>1 per trainee plus 1 per facilitator</td>
</tr>
<tr>
<td>Mother and Baby Cards</td>
<td>CHW job aid</td>
<td>10 per trainee plus extra copies</td>
</tr>
<tr>
<td>Referral Notes</td>
<td>CHW job aid</td>
<td>5 per trainee plus extra copies</td>
</tr>
<tr>
<td>Training schedule</td>
<td>Schedule of the training sessions</td>
<td>1 for each trainee or facilitator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>plus some extra copies</td>
</tr>
<tr>
<td>Monitoring checklists</td>
<td>Monitor CHW performance during classroom and</td>
<td>20 copies of each</td>
</tr>
<tr>
<td></td>
<td>field practice sessions</td>
<td></td>
</tr>
</tbody>
</table>
## II. PREPARE TO CONDUCT THE COURSE

### Facilitators Training Aids

<table>
<thead>
<tr>
<th>EQUIPMENT / SUPPLY</th>
<th>PURPOSE</th>
<th>NUMBER NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training DVD: Caring for the Newborn at Home</td>
<td>Video demonstrations and exercises</td>
<td>2 copies</td>
</tr>
<tr>
<td>Cards for card game (Session 22)</td>
<td>Reinforce learning: decision-making after assessment</td>
<td>2 copies</td>
</tr>
<tr>
<td>A3 or larger version of Mother and Baby Card</td>
<td>Classroom demonstrations on how to fill the card</td>
<td>2 copies</td>
</tr>
<tr>
<td>A3 or larger version of Referral Note</td>
<td>Classroom demonstrations on how to fill the Referral Note</td>
<td>2 copies</td>
</tr>
<tr>
<td>A3 or larger versions of 5 sections of CHW Register</td>
<td>Classroom demonstrations on how to fill the CHW Register</td>
<td>2 copies</td>
</tr>
<tr>
<td>Large light plastic ball</td>
<td>Play the ball game</td>
<td>1</td>
</tr>
<tr>
<td>Dolls</td>
<td>For role plays, and for demonstration and practice of weighing sessions</td>
<td>3 (1 per 3 participants)</td>
</tr>
<tr>
<td>Weights or stones</td>
<td>For making the dolls heavier -- 2 each in green, yellow and red zones on the scale</td>
<td>3 sets</td>
</tr>
<tr>
<td>Soft towels</td>
<td>For wrapping the dolls</td>
<td>3</td>
</tr>
<tr>
<td>Hats/Caps</td>
<td>For dolls</td>
<td>3</td>
</tr>
<tr>
<td>Socks</td>
<td>For dolls</td>
<td>3 pairs</td>
</tr>
<tr>
<td>Shirts</td>
<td>For dolls</td>
<td>3</td>
</tr>
<tr>
<td>Nappies</td>
<td>For dolls</td>
<td>3</td>
</tr>
<tr>
<td>Large cotton cloth (2 meters long X 75 cm wide)</td>
<td>Securing the baby in skin-to-skin position</td>
<td>3 (1 per 3 participants)</td>
</tr>
<tr>
<td>Equipment to show DVD clips (DVD player and TV, or computer with projector)</td>
<td>Video demonstrations and exercises</td>
<td>1</td>
</tr>
<tr>
<td>Flip charts and stands</td>
<td>Writing main points during sessions</td>
<td>3</td>
</tr>
<tr>
<td>Markers (different colours)</td>
<td>Writing on flip charts</td>
<td>9</td>
</tr>
<tr>
<td>Masking tape / glue tack</td>
<td>Attaching flip chart paper or cards to a wall</td>
<td>4</td>
</tr>
<tr>
<td>Large basins</td>
<td>For practicing hand washing</td>
<td>3</td>
</tr>
<tr>
<td>Pitchers/mugs</td>
<td>For practicing hand washing</td>
<td>3</td>
</tr>
<tr>
<td>Buckets for water</td>
<td>For practicing hand washing</td>
<td>3</td>
</tr>
<tr>
<td>Soap</td>
<td>For practicing hand washing</td>
<td>3</td>
</tr>
<tr>
<td>Pencils and erasers</td>
<td>For writing exercises and recording information during practice sessions</td>
<td>2 for each trainee and facilitator</td>
</tr>
</tbody>
</table>
II. PREPARE TO CONDUCT THE COURSE

Equipment for CHW’s

<table>
<thead>
<tr>
<th>EQUIPMENT / SUPPLY</th>
<th>PURPOSE</th>
<th>NUMBER NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand-held weighing scale</td>
<td>Measure weight of the newborn</td>
<td>1 of each item for each CHW and each facilitator</td>
</tr>
<tr>
<td>Digital thermometer</td>
<td>Measure temperature of the newborn</td>
<td></td>
</tr>
<tr>
<td>One-minute timer</td>
<td>Count breathing rate of the newborn</td>
<td></td>
</tr>
<tr>
<td>Bag</td>
<td>For CHWs and facilitators to keep their equipment and training materials</td>
<td></td>
</tr>
</tbody>
</table>

10. Ensure the availability of equipment to issue to CHWs after the training:

During the course, trainees learn to use certain items of equipment to perform their tasks, specifically a one-minute timer, a digital thermometer, and a hand-held weighing scale. It is essential that this equipment is available to issue to the community health workers to use during the training and then to keep and use when they carry out their assigned responsibilities. It is not appropriate to conduct the training until the equipment is available for issue to every trained CHW.

After the training, the CHWs should also be provided the following printed materials for their work and resupplied as needed:

<table>
<thead>
<tr>
<th>Counselling Cards</th>
<th>One set to use during home visits. Should be replaced when lost or damaged.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother and Baby Cards</td>
<td>Each CHW needs a supply, so that each pregnant woman can be given a copy.</td>
</tr>
<tr>
<td>Referral Notes</td>
<td>Each CHW needs a supply, so that the CHW can fill out one to send with any woman or newborn referred to a health facility.</td>
</tr>
<tr>
<td>CHW Register</td>
<td>One register, to record women and newborns visited, referrals, and appointments. Should be replaced periodically.</td>
</tr>
<tr>
<td>CHW Manual</td>
<td>One to keep for reference</td>
</tr>
</tbody>
</table>

11. Organize field practice: In addition to activities that are done in a classroom, this training course includes two types of field practice:

a. Home visits:
   To counsel pregnant women in their homes (Session 12)
   To assess newborn babies and counsel their mothers (Session 26)

b. Health facility visits:
   To assess breastfeeding (Session 15)
   To assess a newborn for feeding, danger signs, weight (Session 21)

Both types of visits provide critical practice assessing and interacting with pregnant women, mothers and newborns, which is not possible in the classroom sessions. Practice in the classroom is limited to role plays with other trainees, dolls, etc.
A field practice organizer should be designated to plan and organize the field practice sessions as described below. Because the planning will require time to visit health facilities and communities to assess the possibilities for practice sessions there and to make arrangements, the field practice organizer should not be expected to also be a facilitator.

It is very important to plan for an adequate number of vehicles to carry trainees, facilitators and any CHW supervisors or others to the health facility and to the communities for field practice. The course schedule requires efficient use of time and does not allow extra hours for transportation to and from field practice visits.

a. Organize home visits

Two visits are planned to women in their homes. The first (Session 12) is to give trainees practice doing a first pregnancy visit. The second (Session 26) is to give trainees practice making a first postnatal visit to a mother with a newborn.

The field practice organizer should pre-visit a community to arrange for the field visits. This will vary depending on the country and situation but may include a visit to the Village Leader, a community nurse (if present) and possibly a women’s organization. Once there is agreement that the community can be used for the training, pregnant women and women with babies (expected to be less than 7 days old on the day of Session 26) in the community need to be identified.

By talking with key informants or with health workers from nearby clinics or CHWs in the area, the field practice organizer can identify pregnant women and women with newborns who are willing to be visited and where their homes are located (addresses or map).

- For Session 12, one pregnant woman is needed per trainee.

- For Session 26, one woman and baby pair is needed for each pair of trainees.

Just prior to the visit, each pregnant woman and each mother and baby should be visited and fully informed about the training and the field practice. Explain the date and approximate time of the visit. Only families who agree to the visit will be visited.

Note: If the trainee CHWs are from communities that can be reached by car within 30 minutes, they could be asked to each identify at least one pregnant woman and one mother and newborn (less than 7 days of age). They should obtain consent from the families to visit for practice and inform them about the day and time of the visit.

The field practice organizer should carefully work out the transportation logistics ahead of time (number of cars, trainees and facilitator in each car, the route to the homes, and schedule) and provide to the driver and facilitator clear directions to the locations of the homes to be visited.

b. Organize health facility visits

Two visits to a health facility are planned. The first (in Session 15) is to give trainees practice doing breastfeeding assessment with a mother and newborn (or young infant). The second (in Session 21) is to give trainees an opportunity to
practice the full assessment of a newborn for breastfeeding, danger signs and weight, and perhaps see a few babies with a danger sign or low weight.

These sessions should be organized in a nearby health facility where more than 5–10 births occur each day. This will usually be a district or sub-district hospital.

Before the training, the field practice organizer should:

- Visit the facility (or facilities in the area) to assess the case load of newborns and the possibility to conduct practice sessions there. For Sessions 15 and 21, one newborn and mother pair is needed per trainee plus one more pair for an initial demonstration by the facilitator. Select an appropriate facility. NOTE: If there are not likely to be enough babies (at least 4), consider organizing these exercises in the community.
- Obtain permission from the health facility/hospital administrators for the visits.
- Visit the health facility before the course to meet with staff responsible for newborn care, explain the process of clinical practice and ask for the assistance required from them.
- Arrange for efficient transportation of the trainees, facilitators, CHW supervisors and any other observers to and from the health facility, according to the course schedule.

On the morning of that the trainees will visit, go to the health facility early to identify (with a staff member’s help) all of the mother and newborn pairs present and ask the permission of the mothers to allow their newborns to be seen by a trainee. In addition, on the morning of Session 26, identify any babies with a danger sign or low weight that the trainees could see during the visit.

12. **Plan for the final session**: The final session is a brief discussion about the CHWs’ work in the community after the course. CHW supervisors and programme managers should be asked to participate in the panel for this discussion. Prior to the session, the following issues should be clearly laid out so that CHWs will have a clear understanding of the process of supervision and the expectations for them. Prepare to explain:

   a. Who will supervise the CHWs work; what facility the CHW will be linked to
   b. Who will make a supervisory visit to the CHW and how often. What the supervisor will do and look at during each supervisory visit.
   c. Process of replenishing supplies
   d. Maintenance of the equipment, and the process for reporting and replacing faulty equipment (weighing scales, slings, timers, thermometers)
III. ROLE OF THE FACILITATOR AND TEACHING METHODS

A. ROLE OF THE FACILITATOR

A facilitator helps trainees learn the skills presented in this course. As a facilitator, you will lead discussions, demonstrate what a CHW needs to do, help trainees practise skills and give feedback to them. You will also supervise field practice conducted at a health facility and at homes of women in the community. You will give trainees any help they need to successfully complete the course and learn the skills that will help them care for newborns and mothers at home.

For facilitators to give enough attention to trainees in the course to learn information and skills, a ratio of one facilitator to 3 to 4 trainees is recommended. Two or three facilitators work as a team with a group of trainees. Since the course only assumes basic (class VIII) education of CHWs, it places greater responsibility on the facilitator than other courses for professional health workers like Integrated Management of Childhood Illness (IMCI) and Essential Newborn Care (ENCC).

As a facilitator, you help the trainees learn, motivate them, and manage the training:

To help learn:

- Make sure that each CHW understands how to work through the materials and what he or she is expected to do in each exercise.
- Give information, particularly when CHWs are not very competent in reading.
- Use your personality and communication skills to maintain energy during the sessions and keep trainees engaged and interested.
- Answer questions and explain what seems confusing.
- Lead group discussions, video exercises, demonstrations, and role play practice.
- Assess each trainee’s work and contributions.
- Help each CHW identify how to apply the skills taught in the course to their work in the community.
- In the field practice sessions, explain what to do, and model good clinical and communication skills.
- Give guidance and feedback as needed during classroom and field practice sessions.

To motivate:

- Praise trainees and the group on improving their performance and developing new skills.
- Encourage trainees to move through the initial difficulties of learning new skills by focusing on steps in their progress and the importance of what they are learning to do.
III. ROLE OF THE FACILITATOR AND TEACHING METHODS
III. ROLE OF THE FACILITATOR AND TEACHING METHODS

To manage:

- Plan ahead and obtain all supplies needed each day.
- Make sure that movements from the classroom to field practice (at a health facility or in homes in the community) and back are efficient.
- Monitor the progress of each trainee.
- Work with the facilitator team to identify improvements to be made each day.

B. TEACHING METHODS

This course uses a variety of teaching methods, which are described below as they are expected to be used in a typical classroom or field practice session. Not all of the steps or methods are used in all sessions; please refer to the training steps of specific sessions for details.

Teaching steps used in classroom sessions

1. **Introduce the session:** At the beginning of a session, it is important to explain its purpose. Then, go through the objectives of the session one by one and clarify if necessary.

2. **Determine what the CHWs already know:** This is an important step as different groups of CHWs are likely to have variable knowledge and experiences. The method that is recommended for this step is a discussion in the large group. The facilitator asks the questions, listens to the answers and writes down the main points on a flip chart to get an idea of CHW knowledge and beliefs. The facilitator should expect that some of the answers mentioned by CHWs would be incorrect. It is important not to immediately disagree or correct the trainee but to come back to these after the next step where the CHWs get relevant and correct information.

3. **Give relevant information:** The information required is given in the CHW manual (and also in the facilitator guide in italics). The course gives three options for sharing information with the trainees, which can also be used in combination. First, a trainee could read out loud a short paragraph from the CHW Manual with the facilitator explaining the main points in an interactive way (see next step) before asking the next trainee to read out loud the next paragraph. Second, the facilitator could read out loud and then explain. Third, the facilitator can simply explain the information if she/he is confident that no major points will be missed.

4. **Discuss and explain:** After the information is read aloud or explained, the facilitator interacts with the group to make sure that the information is well understood. This would be the time to go back to the list of issues listed on the flip chart during the discussion of what CHWs already know. The facilitator should reinforce the correct points and modify or correct the others. It is a good idea for the facilitator to ask questions to check understanding of trainees before proceeding further, particularly when the existing knowledge of trainees was weak.
5. **Conduct exercises to reinforce learning:** The training steps in sessions suggest the use of one of the following methods to reinforce information that the trainees have learnt. The facilitator could add an exercise if she/he feels that the trainees have not learnt a particular concept.

   a. Small group discussions and feedback: Trainees work in a group of 3–4 to discuss a given issue or case and answer the questions in their CHW Manual. The small groups then present their answers and the facilitator fills any remaining gaps after all the presentations.

   b. Card game: The purpose of the game is to reinforce learning of decision-making on what to do following assessment of the newborn. In the game, the decisions are posted on a wall and each trainee is given a card with results of assessment of a baby. Trainees are asked to put their card on the wall under the correct decision. Each card is then discussed with the whole group and any corrections made. If the facilitator finds that trainees are making mistakes, the game can be played a few times with different cards until all the trainees are able to make the correct decision.

   c. Ball games: The purpose of a ball game is to review a list of things, such as the tasks of a CHW or the list of danger signs of illness in a newborn. Trainees stand in a circle and the facilitator throws the ball towards one of them. The trainee should catch the ball and say one item on the list. He or she then throws the ball towards another trainee. The game continues until the group has mentioned all the items on the list a few times.

6. **Demonstrate skills in classroom**

   a. Video demonstrations: The facilitator shows the video clips such as a good interaction with a pregnant woman, or danger signs in a newborn.

   b. Role play demonstrations by facilitators as CHWs in small groups: These role plays demonstrate good counselling skills, how to use the counselling cards and the sequence of conducting a home visit. Role play scripts are provided to ensure that the important points will be demonstrated and to make efficient use of time. Facilitators will read the part of the CHW and different trainees will be asked to read the roles of the mother or another family member. The people who will read the script out loud should read it through ahead of time to become familiar with it and to prepare to read at a normal speaking pace, with good expression in their voices. It is recommended to do these role play demonstrations in small groups rather than the large group to keep the attention of trainees. The role plays get longer as the course progresses; it is important that persons reading the roles do not have to struggle with the reading (which is usually not in the local language) because this will extend the time required and make it difficult for others to follow the flow of the visit. In some groups it may be necessary to ask only the best readers to read the roles so that the demonstrations will be effective.

   c. Demonstrations of assessment skills by facilitators: Skills are demonstrated by facilitators before asking trainees to practice, e.g. measuring temperature or weight.
III. ROLE OF THE FACILITATOR AND TEACHING METHODS

7. **Conduct practice of skills in classroom**
   
   a. **Video exercises**: These exercises allow CHWs to practice looking for danger signs which they may or may not see during field practice. The facilitator should try to make the exercises as interactive as possible.
   
   b. **Role plays in small groups**: After demonstration by the facilitator, each trainee should play the role of the CHW. The purpose of having trainees conduct role plays is to practice the tasks of a home visit and their sequence. Role plays require practice of communication, manual and decision-making skills. The facilitators as well as fellow trainees should observe the role plays and provide feedback at the end of each role play. A monitoring checklist is provided to help track the competencies demonstrated by each CHW in the role play of a full visit. (See Annex C.)
   
   c. **Practice of assessment skills**: Some assessment skills are practiced in classroom by trainees before they go for field practice. These include measuring their own temperatures and weighing dolls.
   
   d. **Practice filling the Mother and Baby Card and CHW Register**: These exercises should make CHWs more comfortable with recording relevant information correctly. Although these may appear to be simple tasks to a health professional, they are often the most challenging tasks in the course for trainees.

8. **Summarize the session**: At the end of the session, the facilitator should summarize the key points. These are provided in the notes for each session.

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**Teaching steps used in field practice sessions**

Steps listed here assume that adequate preparations have been made by the field practice organizer to procure transportation, permission to visit the health facility or home, and agreement of the woman to be visited by the trainees. (See 11. Organize field practice, in section II. Prepare to conduct the course.) If not, the facilitator should remedy the situation to the extent possible, e.g. explain to the staff member in charge the purpose of the trainees' visit and ask permission; explain to the mother the purpose of the visit and ask the mother's permission to talk with her and assess her baby.

**Steps prior to and during a health facility visit (Sessions 15 and 21)**

1. Explain the purpose of the health facility visit to the trainees
2. Explain the process to be followed and the specific tasks/skills to be practiced by trainees
3. At the health facility, demonstrate the steps to be performed with the mother and newborn before asking trainees to practice
4. Assign trainee pairs to mother-baby pairs
5. Observe trainees as they practice. Use the monitoring checklist\(^1\) to note skills performed well and those needing improvement. Discuss the trainees' assessments with them and guide as needed.

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\(^1\) Monitoring checklists are provided in Annex A for the role play of a complete visit in Sessions 7, 11, and 25 and for the field practice in Sessions 12, 15, 21 and 26.
III. ROLE OF THE FACILITATOR AND TEACHING METHODS

6. Give feedback to the group based on your observations.
7. After the session, summarize

Steps prior to and during a home visit (Sessions 12 and 26)

1. Explain the purpose of the home visit to the trainees
2. Explain the process to be followed and the specific tasks/skills to be practiced by trainees
3. At the home of a pregnant woman, observe the trainees’ interactions with the woman. At the home of a newborn, observe the assessment of the newborn and the trainees’ interaction with the mother. Use the appropriate monitoring checklist to note skills performed well and those needing improvement.
4. Give feedback to the group based on your observations.
5. After the visits, summarize.

How should a facilitator prepare herself or himself for the next day?

The most important preparation is to read the Facilitator Guide for the sessions to be covered the next day. The facilitator should also:

- Meet with co-facilitators to identify what the session requires and who will prepare for which activities.
- Gather and organize the supplies and other items needed for the session.
- Practise role plays, demonstrations, and other activities which are new for him or her.
- Identify possible questions trainees may ask, and practise how they can be answered.
- Review the logistics and tasks to be done when there is a field practice session (visit to a health facility or community).
IV. FACILITATOR GUIDELINES FOR CONDUCTING THE COURSE

UNIT 1: HOME VISITS DURING PREGNANCY (SESSIONS 1 THROUGH 12)
WELCOME AND INTRODUCTIONS

(30 minutes)

Welcome trainees. Introduce yourself and your co-facilitator(s). Write your names on the flip chart. Indicate how you want trainees to call you by underlining the name (e.g. Mary, or Dr Kandi). Provide minimal information about yourself and on your position (e.g. nurse, doctor, CHW supervisor). More information about you and other trainees will come out during the course.

Then ask each trainee, one by one, to do the same. Ask trainees to tell the group where they are from, whether they are currently a community health worker, or what other responsibility they have in the community.

Ask facilitators and trainees to write their names on a card tent or name tag, using cards and markers.

Review administrative tasks (5 minutes)

Make administrative announcements before the course starts. For example:

- The daily schedule (when to start and finish the day, lunch breaks)
- Facilities (lunch room, toilets, telephones, computers, photocopy)
- Expected attendance (every day for the full session)
- Reimbursement for travel and other expenses

Develop norms of the workshop: (10 minutes)

- Use the flip chart and marker
- Ask trainees what workshop rules they would like to follow and write down their ideas such as:
  - Be on time
  - Participate actively
  - Listen to others
  - Express our opinions
  - Respect other people's opinions
  - Come to all sessions

Review the points mentioned and decide which ones to follow for this Workshop. Place the final list on the wall for the duration of the Workshop.
GETTING STARTED WITH HOME BASED NEWBORN CARE

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

(Time required: 1 hour and 30 minutes)

Materials
- Flip chart with paper, markers
- Training course materials: Facilitator Guide, CHW Manual, Mother and Baby Card, Counselling Cards, Referral Note, CHW Register

Preparation
- Gather training materials in advance
- Review the under five and neonatal mortality rate for the country/region and use during the session if substantially different from that provided in Training Step 3

Training Steps

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of the session is to highlight the importance of newborn care and the role of CHWs, and to review the training materials that will be used in this course and during home visits.

Distribute the CHW Manual. Ask trainees to open it to page 1.

*Explain or read out loud: 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

2. DETERMINE WHAT THE CHWS ALREADY KNOW (5 MINUTES)
Ask the CHW's:

*Why do newborn babies need extra care?*

Write their answers on the flip chart.
3. **GIVE RELEVANT INFORMATION (10 MINUTES)**

*Read out loud or explain:*

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.

Refer back to the answers on the flip chart to affirm what the CHWs already know.

*Read out loud the story of Ameena:*

<table>
<thead>
<tr>
<th>Story of a death</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman in a nearby village, Ameena, was pregnant with her first child. She was very happy.</td>
</tr>
</tbody>
</table>

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.

*Explain or read out loud:*

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.
Read the story of Esther:

<table>
<thead>
<tr>
<th>Story of a death prevented</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman in another village, Esther, was also pregnant with her first child. She was very happy.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>The baby is one year old now.</td>
</tr>
</tbody>
</table>

Explain or read out loud:

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.
4. **REINFORCE LEARNING: DISCUSSION IN SMALL GROUPS (20 MINUTES)**

**Objective**

Trainees will be able to:

- Explain the differences between the two stories and list a few actions that the CHW did to improve care of the baby.

**Process**

a. Divide the trainees into groups of 3–4

b. Have the CHWs refer to the stories in their manuals

c. Give each group a flip chart and markers

d. Ask each group to discuss the differences between the first and second stories and:

- List at least **three** differences in what the family did between the two stories.
- List **five** actions of the CHW in the second story.

**Possible answers**

Differences include:

<table>
<thead>
<tr>
<th>First story (Ameena)</th>
<th>Second story (Esther)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No antenatal care</td>
<td>Attended antenatal clinic four times</td>
</tr>
<tr>
<td>No birth preparedness</td>
<td>Prepared for birth in health facility</td>
</tr>
<tr>
<td>Had the birth at home with a TBA</td>
<td>Had the birth in a health facility with a skilled birth attendant</td>
</tr>
<tr>
<td>No breastfeeding; baby was given sugar water.</td>
<td>Early initiation of breastfeeding, baby given only breast milk every 2 hours</td>
</tr>
<tr>
<td>No special effort to keep the baby warm</td>
<td>Dried immediately after birth and put skin-to-skin with the mother</td>
</tr>
</tbody>
</table>

CHW actions in the second story (Esther):

- Made home visits during pregnancy
- Promoted antenatal care
- Promoted birth in a health facility and preparation for birth
- Explained the care for the baby immediately after birth
- Made a home visit as soon as the mother and baby returned home from the health facility
• Made three more home visits during the first week of life and another one during the second week
• Checked the baby for signs of illness at the home visits
• Counselling the mother to feed the baby only her breast milk every 2 hours
• Counselling the mother on how to keep the baby warm by skin-to-skin contact

e. Bring the groups together after 10 minutes. Have each group present their answers. Add to the answers presented if they have missed any major points (see possible answers above).

5. GIVE RELEVANT INFORMATION: OVERVIEW OF CHW TASKS - MAKING HOME VISITS (10 MINUTES)

Ask: From the story of Esther, when do you think home visits should be made and why?

Listen to the answers and then read and discuss the information in the box below:

<table>
<thead>
<tr>
<th>Box 1: Overview of CHW tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Identify pregnant women in the community</strong> so that CHW can make home visits during pregnancy and in the first days after birth for the greatest impact.</td>
</tr>
<tr>
<td>2. <strong>Make two home visits to all pregnant women</strong> in the community:</td>
</tr>
<tr>
<td><em>First pregnancy visit</em> — 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.</td>
</tr>
<tr>
<td><em>Second pregnancy visit</em> — 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.</td>
</tr>
<tr>
<td>3. <strong>Make 3 home visits after birth</strong> for all mothers and babies, regardless of place of birth.</td>
</tr>
<tr>
<td><em>First postnatal visit</em> — 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.)</td>
</tr>
<tr>
<td><em>Second postnatal visit</em> — 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.)</td>
</tr>
<tr>
<td><em>Postnatal visit 3</em> — 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.)</td>
</tr>
<tr>
<td>4. <strong>Make two extra home visits after birth for small babies (birth weight less than 2.5 kg)</strong> - on day 2 and day 14 - so that the CHW can provide the extra care that small babies need.</td>
</tr>
<tr>
<td>5. <strong>Make a follow-up visit for a baby who is referred to a health facility for illness.</strong></td>
</tr>
</tbody>
</table>
6. DISCUSSION IN THE LARGE GROUP: HOME VISITS BY CHWS (10 MINUTES)

Ask:

*Why is it important to include all family members who are involved in newborn care in the visits?*

Listen to the trainees’ answers. Encourage participation. Answers may include:

- Family members such as the husband and mother-in-law have influence on decisions in the family. In addition to the mother, they also need information to make the best decisions.
- Family members can support the mother better if they have the appropriate information on care during pregnancy, birth and in the postnatal period.
- Family members may have incorrect beliefs and practices and it may be better to give them the correct information together.

Ask:

*Why is it important to visit families in their homes?*

Listen to their answers. Encourage participation. Answers may include:

- It is important to counsel the family in their own environment.
- You can counsel family members as well as the mother.
- It is the tradition in many communities to stay at home after birth -- sometimes for as long as a month -- and the mother and baby may not get any care if there is no home visit.

7. REINFORCE LEARNING - BALL GAME: TO REVIEW WHEN TO MAKE HOME VISITS (10 MINUTES)

*Purpose*

Trainees will be able to:

- State the number and time of visits during pregnancy and after birth, for a normal and a small baby

*Prepare*

A large light ball for easy throwing and catching

*Process*
Gather trainees in a large circle.

a. The trainer takes the ball and states when the first home visit during pregnancy should be made. The trainer then throws the ball to a trainee.

b. Ask the trainee with the ball to state the name and time of another home visit before throwing the ball on to someone else.

c. This continues until all the home visits have been mentioned a few times.

### 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

### 8. GIVE RELEVANT INFORMATION: INTRODUCE CHW MATERIALS (10 MINUTES)

a. Distribute a copy of each of the following to each trainee (CHW Manual has already been distributed).

b. Explain each item and answer any questions the trainees may have:

- **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
9. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- This course will teach CHWs to help families care for pregnant women, newborns and their mothers at home, and to assist families to get care for the mother or newborn at a health facility when necessary.

- The course will last 6 days. We will begin each day at [time] and end at [time].

- Newborns and mothers are very vulnerable in the first few days and weeks after birth. CHWs can play a very important role in protecting the health of newborns and their mothers in their communities.

- They do this by identifying pregnant women and visiting their homes at least 2 times during pregnancy and 3 times after birth.

- Postnatal visits should be made on day 1, 3 and 7 for all mothers and newborns.

- Small babies should have two extra visits, that is, a total of 5 visits -- on days 1, 2, 3, 7 and 14.
SESSION 2: Interacting with families

(Time required: 2 hours and 45 minutes)

Materials

- Flip chart paper, markers
- Tape
- Counselling cards
- Training DVD: Caring for the Newborn at Home: Clip 1: Interpersonal communication: Using counselling cards during pregnancy: Communication techniques
- Equipment to show the DVD

Preparation

- Practice with the equipment and DVD so that you are prepared to locate and show Clip 1.
- Prepare 4 pages of flip chart paper as described in step 7 below.

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of this session is to provide CHWs with knowledge and skills for successful communication and counselling that can be used for making home visits.

Explain or read out loud: 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
2. **DETERMINE WHAT THE CHWS ALREADY KNOW (5 MINUTES)**

Ask the CHWs the two questions below. Listen to their answers and write them on the flip chart.

How do you, as community health workers, talk to families when visiting them in their homes?

How do you decide what advice will be most effective for a particular family?

When relevant, refer back to the responses during the rest of the session.

3. **GIVE RELEVANT INFORMATION: COUNSELLING STEPS AND COMMUNICATION SKILLS IN A HOME VISIT (10 MINUTES)**

Read out loud or explain:

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. These are counselling steps. **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.

Ask:

Why are good communication skills important?

Listen to their answers and write them on the flip chart.

Read out loud or explain:

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.

Explain:

We all have had experiences when people (health workers or others) have not used good communication skills. Ask the trainees to give a few examples. Discuss.

Continue to explain or read out loud:
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 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

Ask the CHWs to take out the Counselling Cards.

**Explain or read out loud:**

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.

Ask the CHWs to look at First Pregnancy Visit Card 1: Promote Antenatal Care.

Point out the words in bold type: greet, ask and listen, understand the situation, give relevant information, check understanding, discuss what the family will do, solve any problems.

**Explain** that during the first visit during pregnancy you will use 3 cards. Point out that at the end of the third card, it says Thank the family, thereby completing all the steps for the home visit.

**Explain** that the trainees will have lots of practice using the counselling cards and following the home visiting steps in the next few days.
4. **GIVE RELEVANT INFORMATION: UNDERSTANDING THE PROCESS OF BEHAVIOUR CHANGE (10 MINUTES)**

*Explain or read out loud:*

**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:

**Unaware:** Sara has heard about washing hands with soap before eating but does not know that it could prevent illness.

**Thinking about it:** 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.

**Trying:** Janet has just started washing her hands with soap every time before eating, but sometimes it is too inconvenient or there is no soap.

**Maintaining:** 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.

5. **REINFORCE LEARNING: DISCUSSION IN SMALL GROUPS: STAGE OF BEHAVIOUR CHANGE (10 MINUTES)**

**Purpose**

Trainees will be able to:

- Determine at what stage a person is in the process of adopting a behaviour

**Process**

a. Divide the trainees into groups of 4. Give each group a flip chart and markers.

b. Ask each group to read each case description.

c. Ask each group to decide for each case the stage of behaviour change that the woman is in.

<table>
<thead>
<tr>
<th>Case descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case 1:</strong> 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.</td>
</tr>
<tr>
<td><strong>Case 2:</strong> 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.</td>
</tr>
<tr>
<td><strong>Case 3:</strong> 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.</td>
</tr>
</tbody>
</table>
ANSWERS
Case 1 – Thinking about it
Case 2 – Maintaining
Case 3 – Trying
Bring the groups together after 7 minutes and discuss the cases.
Ask if trainees have personal examples of how they adopted new behaviours.

6. GIVE RELEVANT INFORMATION: THE INFORMATION YOU SHOULD PROVIDE DEPENDS ON WHERE THE FAMILY IS IN ADOPTING A NEW BEHAVIOUR (10 MINUTES)

Explain or read out loud

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:

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

Explain that the group will discuss what the CHW could do to help families adopt healthy behaviours, for example, hand washing with soap.

Ask:

What if the family has not heard that hand washing can prevent illness?

Listen to the answers. Explain that once you know the family’s stage of behaviour change, you know what sort of information to provide.
If the family has not heard about this behaviour, first give information on how hand washing with soap prevents people from getting sick.
Ask:

What if the family knows about this behaviour but have concerns about it?

Explain that:

If the family has heard that hand washing can prevent illness, but have problems doing it, help them to solve these problems. For example, if they are concerned that they don’t know when to wash hands, then you can provide this information. But if the concern is that soap is seldom available, you will need to discuss a different type of solution.

Ask:

What if the family says that they already wash hands with soap after going to the toilet or cleaning children’s stools and before touching a baby. What would you as a CHW do?

ANSWER: Praise the family and encourage them to maintain this behaviour.

Continue reading:

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.
7. GIVE RELEVANT INFORMATION: COMMUNICATION SKILLS FOR HOME VISITING (5 MINUTES)

Facilitator: Before this step, prepare 4 pages of flip chart paper.

Write one of the following headings on each:

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

Prepare to tape these pages to the wall where they can remain for the rest of the training.

**Explain or read out loud:**

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.

**Read out loud:**

*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

**Explain**

For the rest of this session, the CHWs will learn more about communication skills helpful for each step of a home visit. Then post on the wall the 4 sheets of paper that you have prepared.
8. **GIVE RELEVANT INFORMATION: ROLE PLAY**  
**DEMONSTRATION: SKILLS FOR GREETING AND BUILDING GOOD RELATIONS** (15 MINUTES)

*Read out loud:*

I. **SKILLS FOR GREETING AND BUILDING GOOD RELATIONS**

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

*Review* what each skill listed above means. Ask a trainee to comment briefly on why each would be important.

*Then demonstrate* the skills for greeting and building good relations by reading the role play script below.

**Prepare**

- Place two chairs in the front of the room.
- The facilitator will read the role of the CHW and the co-facilitator (or a trainee) will play the role of the mother. Before the role play, read through the script below to become familiar with it.

**Process**

a. Ask the trainees to observe and be prepared to discuss what they see.

b. With the co-facilitator, read the script out loud, as the demonstration of a good interaction. **Act out** the motions of entering the house, the initial greetings, etc. Be sure to read at a normal pace and with good expression in your voices.
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?

Pregnant woman: (Include other family members if possible)

CHW: Let me call my mother-in-law.....

END OF ROLE PLAY

c. After the role play, ask trainees whether the CHW used the skills for greeting and building good relations (Was she friendly and respectful? Did she speak gently? etc.) Listen to the answers.

Summarize

Tell the trainees that you will now write on the flip chart page the skills that they have learned. Walk to the flip chart page titled: I. Skills for greeting and building good relations.

Ask trainees to tell you (one at a time) the skills that they have learned. Write the answers on the flip chart page.

ANSWERS: Be friendly and respectful. Speak in a gentle voice. Talk to the whole family. Explain why you are visiting. Tell trainees that the paper will be left in view to remind them of the skills they have learned all week.
9. **GIVE RELEVANT INFORMATION: SKILLS FOR ASKING AND LISTENING (15 MINUTES)**

**Explain or read out loud:**

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.

Explain that it is important to ask questions in a way that the CHW will learn the most from the answer and without influencing the answer.

**Read the following two questions:**

*Are you giving only breast milk to your baby?*

*Please tell me how you are feeding your baby?*

**Ask the trainees:**

What is the difference between the two questions?

Discuss their answers.

**Continue to read or explain:**

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 or 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.

**Quick exercise:** Facilitator goes around the room asking each person to state an open-ended question. If there is any doubt if the question is ‘open-ended’ or ‘closed-ended’ discuss in the group to reinforce learning.
**Explain:**

Asking open-ended questions is a good skill for asking. Next we will talk about some skills for listening.

**Read out loud:**

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’.

Ask a trainee who is sitting near you to read each skill out loud, one at a time. Demonstrate (act out) how to show that you are listening to the trainee who is reading using ‘body language’ as each skill is read:

- 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.

**10. REINFORCE LEARNING: SKILLS FOR ASKING AND LISTENING (5 MINUTES)**

**Explain:**

We have discussed two groups of skills for asking and listening so far. Walk to the flip chart page titled: II. Skills for asking and listening.

**Ask:**

*What was the first skill?*

**ANSWER:** Ask open-ended questions to find out about the family’s situation and where they are in adopting the behaviour.

Write the answer on the flip chart page.

*What is the second skill?*

**ANSWER:** Use body language to show you are listening.
Then ask the trainees to list some ways you use body language (e.g. sit opposite, lean toward the person, eye contact, look relaxed, do not hurry, use gestures, touch.) Write the answers on the flip chart page, under ‘Use body language.’
11. GIVE RELEVANT INFORMATION: MORE SKILLS FOR LISTENING (10 MINUTES)

Continue reading:

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

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?”

Ask trainees to reflect back the statement,

“I am very tired during this pregnancy and have no energy.”

Possible answers: You are very tired? or You say you are tired and have no energy?

Explain:

A second way to respond and show that you are listening is by empathizing.

Read out loud:

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 seem pleased that it is going so well.

Ask trainees to empathize with this statement from a mother:

“Since the baby has been born, I cannot get enough sleep”

Possible answer: Not sleeping enough must be difficult for you.
Explain or read out loud:

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?"

Ask the trainees:

Why would you not say that?

Listen to the answers. Explain that saying it this way may make the mother worry whether the baby is sleeping enough or whether she is doing something wrong.

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

Ask trainees:

What is a better way to ask this question?

Did you breastfeed your last baby properly?

Possible answers: How did you breastfeed your last baby? Or, Tell me about how you breastfed your last baby.)

12. REINFORCE LEARNING: REVIEW SKILLS FOR LISTENING (5 MINUTES)

Explain:

We have now discussed three more skills for listening. Then walk to the flip chart page titled: II. Skills for asking and listening. Ask the questions below and record trainees’ answers on the flip chart page:

What are some more skills for listening that we discussed?

ANSWERS: Show that you are listening by reflecting back what the woman says. Show that you are listening by empathizing with how she feels in the situation.)

What is the last skill we discussed?

ANSWER: Avoid words that sound judging, like right, wrong, good, enough, properly.
13. **GIVE RELEVANT INFORMATION: SKILLS FOR GIVING RELEVANT INFORMATION**

(15 MINUTES)

**Explain or read out loud:**

**III. SKILLS FOR GIVING RELEVANT INFORMATION**

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

Sometimes a woman 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.

Ask:

*How will she feel if you disagree with her, or criticize, or tell her that it is nothing to be upset or to worry about?*

(Wait for 2-3 responses, and then continue.)

Explain that you may make her feel that she is wrong. This reduces her confidence. She may not want to say any more to you.

**Continue reading:**

*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.*

**Demonstration of accepting what a woman feels or thinks:**

Ask the co-facilitator to play the part of the mother in the following dialogue. Read out loud the 3 possible responses from the CHW with appropriate gestures. For example, you can put your hand on her shoulder to comfort her.

Ask trainees to say which response accepts what the mother feels. (The accepting response is marked ✓).

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

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

**Read these responses (with an appropriate gesture):**

(1) "Don't worry -- your baby is doing very well"

✓ (2) "You are upset about Obama, aren't you?"

(3) "Yes, this could be dangerous - why did you not come to me earlier?"
Discuss:

The first response disagrees with the mother. It may not be the truth and is not an appropriate answer.

The second response accepts what the mother feels and is the best answer.

The third response agrees with the mother and would make the mother more upset. The second part of the response would reduce her confidence and make her feel that she has made a mistake.

Explain that now you will continue with some other skills for giving information.

Read out loud:

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

Explain:

You have already learned about the stages of behaviour change.

Ask the trainees (for review):

What are the 4 stages of adopting a behaviour?

ANSWERS: Unaware, thinking about it, trying, maintaining)

What type of information is relevant for each stage?

ANSWERS:

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

Praise the trainees for what they remember.

Continue reading:

c. 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?”

Ask trainees to rephrase this command as a suggestion:

“During your pregnancy you must avoid heavy work and rest more.”

Possible answers: Do you think it would be possible for you to rest more? Is there someone that can help you with any heavy work?

Read out loud:

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 use 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.”

14. **REINFORCE LEARNING: SKILLS FOR GIVING RELEVANT INFORMATION (5 MINUTES)**

   **Explain:**

   We have discussed several skills for giving relevant information. Walk to the flip chart page titled: III. Skills for giving relevant information.

   **Ask:**

   *Can someone tell me one of them?*

   Listen to the answer and write it on the flip chart page. Continue asking for skills for giving information until you have noted all of the skills below:

   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:
15. GIVE RELEVANT INFORMATION: SKILLS FOR CHECKING UNDERSTANDING AND SOLVING PROBLEMS (10 MINUTES)

Explain or read out loud:

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.

For example: after describing the importance of exclusive breastfeeding to a woman who is pregnant for the first time, the CHW said: “So. You will breastfeed exclusively, right?”

Ask:

What is wrong with that question?

Possible answer: It would be hard for the woman to say no, even if that is what she thinks.

Ask:

What could you ask instead to learn what the woman is planning to do regarding breastfeeding?

Possible answers: How do you feel about exclusive breastfeeding? Or, Do you have any concerns or see any problems with exclusive breastfeeding?

Continue reading:

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.

16. **REINFORCE LEARNING: SKILLS FOR CHECKING UNDERSTANDING AND SOLVING PROBLEMS (5 MINUTES)**

*Explain:*

We have discussed several skills for checking understanding and solving problems. Walk to the flip chart page titled: **IV. Check understanding and solve problems.**

*Ask:*

*Can someone tell me one of them?*

Listen to the answer and write it on the flip chart page. Continue asking for skills for checking understanding and solving problems until you have noted all of the skills below:

a. Use open-ended questions to check understanding

b. Discuss what the family plans to do

c. Together, try to solve any problems

d. Praise

*Ask* the trainees to look at the 4 flip chart pages of communication skills. Explain that these pages contain a lot of skills, which are a lot to remember. Ask trainees to refer to the pages at any time during the training to remind themselves of these skills. They can practice them during role plays and become more comfortable using them.

*Explain* that many of these skills such as praising, using body language, showing empathy, using simple language, etc. are used repeatedly during home visits.
17. REINFORCE LEARNING: DVD DEMONSTRATION: COMMUNICATION SKILLS (15–20 MINUTES)

Purpose
To demonstrate good communication skills in a home visit

Prepare
- Before the session, set up the equipment for showing the DVD, turn it on and test it. Check that all the trainees will be able to see the screen.
- Before the session, become familiar with how the DVD and the equipment work so that you can start the desired clip without delay.

Locate Clip 1: Interpersonal communication: Using counselling cards during pregnancy. View a few minutes of it. Practice pausing the DVD and then resuming. Practice starting the clip from the beginning again. Make sure that the equipment for showing the DVD is ready and turned on.

Process
a. Gather trainees around the TV monitor or the computer to show Clip 1.

b. Introduce the video: The video will show a CHW visiting a pregnant woman at home. She will use a counselling card and discuss antenatal care. The CHW will use communication skills that will be highlighted.

c. Show the video role play (duration: 5:16).

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**

---

d. Show it a second time pausing to point out and discuss particular ‘communication skills’ demonstrated in the role play. Refer to the items in bold type in the role play script below.

e. After showing the clip for the second time, ask for comments on the role play. Listen to the responses and discuss.

f. Read the following interaction out loud:

**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.
Ask:

*Any comments on the CHW’s response?*

Ask:

*Does the response “Oh, but it is very important to start early” accept or acknowledge the mother’s feelings?*

**How could this have been said in more accepting way?**

Example:  *CHW: Oh, I see. Let me show you this card…….*

Or

*CHW: I know some people feel that way. Many pregnant women find that going early means they can take best advantage of all the services offered.*

By using these two responses, the CHW would show she is listening but would not contradict the mother directly. These responses may be more accepting ways of answering.

18. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- It is very important to greet the family and build good relations with them during the home visit. Also thank them at the end.
- You should talk to and counsel a family based on where they are in the behaviour change process: unaware, thinking about it, trying it or maintaining.
- The process of counselling includes: asking questions and listening to understand the situation of the family, giving relevant information based on the situation, checking understanding of the family, discussing what they plan to do and trying to solve any problems they have in adopting the behaviour, and praising.
- Using good communication skills helps you to talk with families in a way that will make it more likely that they will listen and will follow your advice.
SESSION 3: Identifying pregnant women in the community

(Time required: 55 minutes)

**Materials**
- CHW Register
- Large printout of CHW Register Section 1: List of Pregnant Women and Home Visit Record

**Preparation**
- Stick a large size printout of the CHW Register Section 1 on the blackboard, flip chart or on the wall

**TRAINING STEPS**

1. **INTRODUCE THE SESSION (5 MINUTES)**

   Explain that the purpose of this session is to explain why it is important for CHWs to identify pregnant women early in their pregnancies and to discuss how to do this.

   *Explain or read out loud: 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**

2. **DETERMINE WHAT THE CHWS ALREADY KNOW (15 MINUTES)**

   *Ask the trainees:*

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

   Listen to their answers and make sure the points below are mentioned:

   - 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 most at risk of illness and death.

Ask the trainees:

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

Listen to their answers and make sure the points below are mentioned:

• 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.

Ask the CHWs:

**How can you find out when a woman in your community is pregnant?**

Write their answers on the flip chart. Use this information in the next training step.

### 3. GIVE RELEVANT INFORMATION: THE STORY OF SARAMA (10 MINUTES)

**Read out loud:**

*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.

Kulsoom, 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 is 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:

- CHW visits all the households every few months and asks if anyone is pregnant.
- CHW attends the women’s meeting and asks families to inform her when anyone is pregnant.
- CHW works with the midwife or nurse at the health centre to identify all pregnant women in the community early in their pregnancies
- CHW asks other people in the community, such as the teacher, the village chief, the TBA, to let her know if someone is pregnant

Ask the trainees:

What do you think of Sarama’s plan to identify pregnant women?

Listen to the answers and clarify any confusion.

Explain or read out loud:

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 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:

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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2 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.
4. **REINFORCE LEARNING: EXERCISE TO LIST PREGNANT WOMEN IN THE CHW REGISTER SECTION 1 (FIRST 6 COLUMNS) (20 MINUTES)**

**Prepare**

Large printout of Section 1 of the CHW Register (or draw on white paper). On it, write the entries for Jhema Kak on row 1 as shown in the example below.

**Process**

a. Explain that the CHW Register will be the place where the CHW will record information on her work. It will list the pregnant women, where they live and the date the baby is due. It will be used to note when visits were made and other important information. Now we will learn how to fill in Section 1 when you find out a woman is pregnant. We will learn how to fill in more of the register in later sessions.
## SECTION 1

**LIST OF PREGNANT WOMEN AND HOME VISIT RECORD**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of pregnant woman</th>
<th>Age</th>
<th>Address</th>
<th>Expected date of birth (if not known, no. of months pregnant at first visit)</th>
<th>Date of home visits during pregnancy</th>
<th>Pregnancy outcome</th>
<th>Date of pregnancy outcome</th>
<th>Place of birth</th>
<th>Birth attendant</th>
<th>Status of mother after birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jhema Kak</td>
<td>22</td>
<td>Row 13, H.no. 8, Soni Village</td>
<td>20 Jan 2012</td>
<td>1st visit 2nd visit</td>
<td>1= miscarriage 2= stillbirth 3= live birth</td>
<td>Date of pregnancy outcome</td>
<td>1= home 2= health facility 3= other</td>
<td>1= doctor, nurse or midwife, 2= TBA 3= other</td>
<td>1 = alive 2= dead 3= not known</td>
</tr>
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<td>2</td>
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</tr>
</tbody>
</table>
b. Ask trainees to get out their CHW Registers and write their names on the front cover. Ask them to locate Section 1 and copy on to it the information for Jhema Kak.

Read out loud:

On 12 October, the CHW visited Mary Luo who is pregnant. Enter her information in section 1 (6 columns).

Explain:

For this exercise, now enter information on the next woman, Mary Luo, on the next line in Section 1 List of Pregnant Women under Jhema Kak. Notice that the first column is the serial number.

Read out loud (one line at a time, allowing time for trainees to record the information):

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.

c. Walk around to look at trainees working. Make sure that trainees are able to do the task. Ask a trainee to fill in the information about Mary on the large printout. Discuss as needed with the other trainees until the register is filled out correctly.

Continue reading out loud:

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.

d. Then, ask the trainees to update the information on Mary Luo to add the expected date of birth. Ask one trainee to update the information about Mary on the large printout. Check if all trainees have completed the register correctly.

Continue reading out loud:

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
e. When the trainees have entered the information for Grace, ask another trainee to add her information to the large printout. Then discuss as needed. Answers are shown below.

ANSWERS

SECTION 1

LIST OF PREGNANT WOMEN AND HOME VISIT RECORD

<table>
<thead>
<tr>
<th>No</th>
<th>Name of pregnant woman</th>
<th>Age</th>
<th>Address</th>
<th>Expected date of birth (if not known, no. of months pregnant at first visit)</th>
<th>Date of home visits during pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jhema Kak</td>
<td>22</td>
<td>Row 13, H.no. 8, Soni Village</td>
<td>20 Jan 2012</td>
<td>10 Oct 2011</td>
</tr>
<tr>
<td>2</td>
<td>Mary Luo</td>
<td>21</td>
<td>Row 2, H.no. 12, Soni Village</td>
<td>5 months 24 Feb 2012</td>
<td>12 Oct 2011</td>
</tr>
<tr>
<td>3</td>
<td>Grace Matuba</td>
<td>24</td>
<td>Row 7, House number 3, Soni Village</td>
<td>4 March 2012</td>
<td>19 Oct 2011</td>
</tr>
</tbody>
</table>

Facilitator: Save the flip chart sheet (shown above) made in this exercise. It will be used for an exercise in Session 7.

5. SUMMARIZE THE MAIN POINTS OF THE SESSION

- It is important to identify all pregnant women in your community and to do so as early in pregnancy as possible. Pregnant women need to attend antenatal care (ANC) at a health facility. The sooner a woman goes for ANC, the sooner she will receive important services and information and the healthier she and her baby will be.

- The CHW should visit a pregnant woman at least 2 times during pregnancy; to ensure ANC attendance, to help the family plan for a facility birth, and to provide important information on care during pregnancy and danger signs.

- We can identify pregnant women in several ways, such as visiting homes, asking at health facilities, and talking with neighbours and community leaders. CHWs must try to find pregnant women, rather than waiting for pregnant women to come to them.

- The CHW Register is an important tool to help you make a list of all pregnant women and to record information about the home visits during pregnancy and after birth.
SESSION 4: Promote antenatal care

(Time required: 55 minutes)

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of this session is to help the CHW understand the importance and timing of antenatal care (ANC) and why they should encourage women to attend the antenatal clinic.

*Explain or read out loud: 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

2. DETERMINE WHAT THE CHWS ALREADY KNOW: DISCUSSION IN THE LARGE GROUP (5 MINUTES)

Ask:

*Has any of you or anyone in your family received antenatal care during their pregnancies?*

Ask a few women who said ‘yes’ if they can explain what care is given and why antenatal care is important for pregnant mothers.

Listen to their answers and write the correct answers on the board or flip chart paper. Use this list during the next training step (compare it with the overview of ANC below)
3. **GIVE RELEVANT INFORMATION: IMPORTANCE OF ANTENATAL CARE (10 MINUTES)**

   *Explain or read out loud:*

   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 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 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

   *Ask:*

   **Does anyone know how many times a woman should go for antenatal care?**

   Listen to the answers and then continue to explain or read out loud:

   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.

   **Facilitator:** The recommendation of four antenatal care visits is the minimum. This recommendation should be adapted based on the national policy in your country.
Ask the trainees:

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

Listen to the answers which may include:

- 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

Continue to read:

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
4. **GIVE RELEVANT INFORMATION: USING COUNSELLING CARDS (10 MINUTES)**

Have trainees look at the First Pregnancy Visit Card 1: Promote Antenatal Care (page 5 of Counselling Cards)

You will see that on one side there are illustrations (or photographs). This side is meant for the woman or family to see.

**Ask the trainees:**

*What do you see in the illustrations?*

**Possible answers:**

- a health facility
- a woman being examined (blood pressure)
- a woman receiving an injection (tetanus toxoid injection)
- iron and folic acid tablets
- a pregnant woman receiving an insecticide-treated bednet (ITN)
- blood being taken from a pregnant woman for testing

Ask a trainee to read out loud the text of Card 1: Promote Antenatal Care.

5. **REINFORCE LEARNING: ROLE PLAY DEMONSTRATION: HOW TO USE FIRST PREGNANCY VISIT CARD 1: PROMOTE ANTENATAL CARE (15 MINUTES)**

**Purpose**

To demonstrate how a community health worker encourages a pregnant woman to go to ANC using the appropriate counselling card.

**Prepare**

- **Two chairs**—one for the CHW and one for the pregnant woman.
- **Role play script** (next page)—You will play the CHW. Read through the script a few times and prepare to read it out loud at a normal pace and with expression.
- **Pregnant woman**—Select someone to play the role of the pregnant woman (for example, your co-facilitator could play the role). Ask him or her to read through the script to prepare for reading it out loud with expression.
- **Counselling Cards**

**Facilitator:** Be sure look at the illustrations yourself because different versions of the Counselling Cards may have different illustrations. Modify the answers if needed.
Process
a. Introduce the role play by reading these instructions:

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?

b. Read the role play script with your co-facilitator at a normal pace and with expression in your voices.

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

c. After the role play demonstration:

Ask each of the questions in the CHW Manual (listed again below). Lead a discussion using the information that the trainees give you.

• 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?

Emphasize the quality of the conversation:

• How the CHW approaches Taja
• How the CHW sits in relation to Taja (body language)
• How the CHW looks at Taja
• How gently and encouragingly the CHW speaks (open-ended questions? Non-judging words?)
• How the CHW listens (reflecting? empathizing?).
6. REINFORCE LEARNING: DISCUSSION (5 MINUTES)

Lead a discussion of how the CHW’s conversation would change in a different situation, depending on where the family is in adopting the new behaviour, that is, going for ANC. When you ask the questions listed below, listen to the trainees’ answers to the questions; acknowledge correct answers; ask more questions as needed to guide them to correct or reasonable answers.

Read out loud:

When a CHW makes a home visit, what she says will change depending on the pregnant woman’s situation. In this role play, Taja knew about ANC and went once with a previous pregnancy but not with this one.

Think about what you learned about the stages of behaviour change in Session 2. Let’s discuss two more cases:

Case 1: A woman is pregnant with her first baby and has not gone to ANC.

Ask

At what stage of behaviour change is this woman or family?

ANSWER: Unaware or thinking about it.

Ask:

What should the CHW’s conversation with this mother include?

ANSWER: First, ask questions to find out if the family is unaware or if they are thinking about it. Then,

- If unaware, give information about ANC. Explain the benefits of ANC.
- If thinking about it, encourage the family to try ANC. Identify the problems the family may have in trying ANC and help solve these problems.

Case 2: A pregnant woman made 4 ANC visits during her previous pregnancy and has already attended once during this pregnancy.

Ask:

At what stage of behaviour change is this woman or family?

ANSWER: Maintaining the behaviour.

Ask:

What should the conversation with her include?

ANSWER: Praise the family and encourage them to continue going for ANC.
7. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- Antenatal care can help prevent illness in a mother and her baby, identify and treat illness should it occur, and help the family prepare for a safe birth.
- Pregnant women should make at least 4 antenatal visits, which means they should start early during their pregnancy.
- The Counselling Cards will help guide you on how to promote antenatal care as you visit a mother during pregnancy.
SESSION 5: Promote birth in a health facility and help prepare for birth

(Time required: 1 hour 20 minutes)

Materials

- First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility
- Flip chart or blackboard

Preparation

- Make sure CHWs have a Mother and Baby Card

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of this session is to learn how to help families plan for the birth in a health facility.

Explain or read out loud: 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

2. GIVE RELEVANT INFORMATION: BIRTH PLANNING AND THE IMPORTANCE OF INCLUDING FAMILY MEMBERS (5 MINUTES)

Explain or read out loud:

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.
Ask:

Do you think it is important to include husbands and other family members in discussions about place of delivery? Why?

Listen to the answers and summarize by reading out loud:

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.

3. GIVE RELEVANT INFORMATION: WHY SHOULD WOMEN GIVE BIRTH IN A HEALTH FACILITY? (10 MINUTES)

Explain or read out loud:

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.
Ask:

*What are the reasons why some women in your community do not deliver in a health facility?*

Write the responses on the flip chart.

Then, continue to read (add any reasons mentioned by CHWs, which are not in the box below):

<table>
<thead>
<tr>
<th>Reasons for not delivering in a health facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cost of delivery items, transport and the health facility fee</td>
</tr>
<tr>
<td>b. Perception that home birth is safe</td>
</tr>
<tr>
<td>c. Feeling more comfortable delivering with TBA at home</td>
</tr>
<tr>
<td>d. Lack of knowledge on importance of facility delivery</td>
</tr>
<tr>
<td>e. Lack of transport</td>
</tr>
<tr>
<td>f. Fear of the procedures at a health facility or of health facility staff</td>
</tr>
<tr>
<td>g. Birth occurs suddenly at home or on the way to the facility</td>
</tr>
</tbody>
</table>

4. REINFORCE LEARNING: DISCUSSION IN SMALL GROUPS: BARRIERS TO DELIVERING IN A HEALTH FACILITY (20 MINUTES TOTAL)

Objective

At the end of the discussion, trainees will be able to:

- Discuss practical solutions to barriers families have to delivering in a health facility

Process

a. Divide trainees into 3 or 4 groups and assign to each group one or two of the reasons mentioned for not delivering in the health facility

b. Each small group discusses possible ways of overcoming these reasons in your community. You may use the table below for your discussions.

c. Facilitators circulate in the room and observe the discussion, clarifying points if needed.

d. After 10 minutes bring the groups back together into a large group. Have each group present the solutions they discussed. (5 minutes each)

e. Then, explain or read out loud the table below:
<table>
<thead>
<tr>
<th>Problem</th>
<th>Potential advice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost of delivery</strong></td>
<td>• Let families know how much a health facility delivery costs; include ‘hidden costs’ even if the delivery itself is free.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td><strong>Perception that home birth is safe</strong></td>
<td>• Explain to the family that the health facility is the best place to prevent and treat delivery complications.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td><strong>Feeling comfortable delivering with TBA at home</strong></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• Suggest that possibly the TBA could go with you to the health facility and be a support (or birth companion) during labour and childbirth.</td>
</tr>
<tr>
<td><strong>Lack of transport</strong></td>
<td>• Help families identify a means of getting to the facility for either a day or night delivery and in bad weather.</td>
</tr>
<tr>
<td></td>
<td>• Encourage families to make arrangements in advance with a vehicle owner, including taking his or her phone number.</td>
</tr>
<tr>
<td></td>
<td>• Community planning to provide transport for birth and emergencies.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td><strong>Fear of health facility procedures and health facility staff</strong></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td><strong>Birth sometimes occurs very quickly</strong></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• Help families ensure they have everything they need for a safe home delivery in case the labour is very quick.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
</tbody>
</table>
5. GIVE RELEVANT INFORMATION: PREPARING FOR BIRTH IN A HEALTH FACILITY (5 MINUTES)

Explain or read out loud: 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.

6. GIVE RELEVANT INFORMATION: FIRST PREGNANCY VISIT CARD 2: PREPARE FOR BIRTH IN A HEALTH FACILITY (10 MINUTES)

Ask the trainees to look at the First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility (Page 6 of Counselling Cards).

Discuss the contents of the card as below:

a. 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.

b. 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.

c. 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.

d. 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.

e. 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.

f. 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.

7. REINFORCE LEARNING: ROLE PLAYS: TALKING TO FAMILIES ABOUT DELIVERING IN A HEALTH FACILITY (20 MINUTES)

Objective

At the end of this role play practice, the trainees will be able to demonstrate how to talk with families about problems that they face when choosing to deliver in a health facility, and how to propose possible solutions.

Process

a. Divide the trainees into groups of 3 or 4. Explain that this exercise will be a role play in which trainees will practice using the First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility.

b. Read out loud the following case descriptions which the trainees can refer to in the CHW Manual:

<table>
<thead>
<tr>
<th>Case Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case 1:</strong> Neena and her husband want to have the birth in the health facility but they are afraid they don't have enough money.</td>
</tr>
<tr>
<td><strong>Case 2:</strong> 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.</td>
</tr>
<tr>
<td><strong>Case 3:</strong> Rona lives in a remote rural area; the health facility is two hours away by car and transport is not available at all times.</td>
</tr>
</tbody>
</table>

c. Explain that in each small group, one trainee will play the CHW and another will play the role of the pregnant woman in Case 1. The third trainee can play the husband (and the fourth an observer). The CHW should focus on solving the
problem the family has, using the process of counselling learnt earlier in session 2. (Remind trainees to look at the communication skills lists posted on the wall.) At the end of the role play, the trainees should briefly discuss what was done well and what could be improved. Then the trainees will switch roles and do Case 2, and then Case 3.

d. Ask the groups to do the role plays. Have each group do a short role play for each of the above cases; each trainee takes a turn playing the role of CHW.

e. Facilitators observe each group and provide support and encouragement as needed.

8. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- It is safest for a mother and her baby to have the birth in a health facility. Even if the mother is healthy, she may have problems during delivery that require medicines, equipment, and skilled health professionals to save her and her baby.

- The CHW can play a very important role in helping the family to overcome difficulties in having the birth in a facility, and to help them prepare for the birth.
SESSION 6: Home care for the pregnant woman

(Time required: 40 minutes)

Training Steps

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of this session is to provide CHWs with the knowledge needed to advise pregnant women on how to care for themselves and on the danger signs during pregnancy.

*Explain or read out loud: 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)

2. DETERMINE WHAT THE CHWS ALREADY KNOW (5 MINUTES)

Ask the CHWs:

*From your experience of pregnancy – either your own pregnancy or a family member’s – what care do you think pregnant women need?*

Write the answers on the flip chart.
3. **GIVE RELEVANT INFORMATION: HOME CARE FOR THE PREGNANT WOMAN (5 MINUTES)**

*Explain or read out loud:*

**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.

4. **GIVE RELEVANT INFORMATION: FIRST PREGNANCY CARD 3: HOME CARE FOR THE PREGNANT WOMAN (10 MINUTES)**

Ask the trainees to open their counselling cards to the First Pregnancy Visit Card 3: Home Care for the Pregnant Woman (Pages 8–9)

*Ask what they see in the pictures on page 8.*

*Discuss.*

Ask a trainee to read the first three lines on the card.

Continue with another trainee reading the points in the box and then the ‘Check understanding’ sentences. Discuss and answer any questions.

Have another trainee read the rest of the card.
5. **DEMONSTRATION: INTRODUCE THE MOTHER AND BABY CARD (5 MINUTES)**

   a. Distribute the Mother and Baby Card and have the trainees look at the card for a couple of minutes.

   b. Explain that CHWs should give each family a Mother and Baby Card during the first visit during pregnancy. The Mother and Baby Card is kept by the family, but the CHW uses it during each of the home visits to record information and remind the family of the danger signs.

   c. Point out that the card has two sides: one side is used during pregnancy and is labelled ‘Pregnancy’ and the other side is used after the baby is born and is labelled ‘After Birth’.

6. **GIVE RELEVANT INFORMATION: USING THE MOTHER AND BABY CARD (10 MINUTES)**

   **Explain or read out loud:**

   **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.*

   Ask trainees if they have any questions about the danger signs. Do they know what ‘fits’ are? Explain that fits involve stiffening of the body, with rhythmic movements of arms, legs or face. Usually a person loses consciousness during a fit.

   Ask if anyone can explain ‘severe abdominal pains.’ Explain that severe abdominal pain is very bad pain in the abdomen. It is different from labour pains in that it does not come and go at regular intervals but is usually constant.
Remind the trainees that after discussing care during pregnancy, the CHW should review the Danger Signs during pregnancy with the woman and family. Make sure they know that if any of these problems arise, they must go to the health facility immediately.

Ask:

*How could you determine if the family knows what to do if a danger sign occurs?*

If trainees do not say that you could ask an OPEN-ENDED QUESTION to check understanding, remind them of this. Then ask them to suggest a few examples of open-ended questions that the CHW could ask. (E.g., If your wife has severe abdominal pain, what would you do?)

7. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- You should encourage women to care for themselves during pregnancy: eat more, take iron and folic acid tablets, avoid heavy work and get more rest, sleep under an insecticide-treated bednet, and go for at least 4 antenatal visits.
- Give the family a Mother and Baby Card during the first pregnancy visit. The card has important information including when you will be visiting again and danger signs to be aware of.
SESSION 7: Classroom practice - First home visit during pregnancy

(Time required: 2 hours)

**Materials**

- First Pregnancy Visit Card 1: Promote Antenatal Care
- First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility
- First Pregnancy Visit Card 3: Home care for the Pregnant Woman
- CHW Register
- Mother and Baby Card (copy of pregnancy side; one per participant) plus copy on large or flip chart paper
- Monitoring checklist for Session 7 for each facilitator (See Annex C.)

**Preparation**

- CHWs have Counselling Cards, CHW Register and Mother and Baby Cards

**TRAINING STEPS**

1. **INTRODUCE THE SESSION (5 MINUTES)**

   Explain that the purpose of this session is to help CHWs master the process of carrying out the first home visit to a pregnant woman.

   *Explain or read out loud: 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
2. GIVE RELEVANT INFORMATION: FIRST HOME VISIT DURING PREGNANCY
(5 MINUTES)

Read out loud:

Sequence for First Pregnancy Visit

a. Greet the family and develop good relations

b. Enter information about the woman in the CHW Register, Section 1.

c. Use First Pregnancy Visit Card 1: Promote Antenatal Care.

d. Use First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility.

e. Use First Pregnancy Visit Card 3: Home Care for the Pregnant Woman.

f. Discuss the danger signs during pregnancy shown on the Mother and Baby Card.

g. 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.

h. 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.

i. Write the appointment for the second pregnancy visit on the calendar in Section 5 of the CHW Register.

j. Give the family the Mother and Baby Card to keep.

k. Thank the family.

**Purpose**

To show CHWs how to fill in the Mother and Baby Card and the CHW Register at the first pregnancy visit and how to schedule the second pregnancy visit.

**Prepare**

- Display the CHW Register Section 1: List of Pregnant Women and Home Visit Record (completed for exercise in Session 3) and the Mother and Baby Card (on large white paper) on the blackboard or wall.
- Draw the time line on a flip chart or blackboard (shown in step i below) showing just the line and the designations of 6, 7, 8, and 9 months.
- Have CHWs use their CHW Register and blank Mother and Baby Cards (or photocopies of the pregnancy side) for practice.

**Process**

a. Ask the trainees to look at the information for the 3 pregnant women recorded in the CHW Register Section 1 from the exercise that they completed in Session 3 (as shown below).

b. Explain that this basic information is completed either when the CHW first finds out the woman is pregnant or during the first home visit during pregnancy.

### SECTION 1

**LIST OF PREGNANT WOMEN AND HOME VISIT RECORD**

<table>
<thead>
<tr>
<th>No</th>
<th>Name of pregnant woman</th>
<th>Age</th>
<th>Address</th>
<th>Expected date of birth (if not known, no. of months pregnant at first visit)</th>
<th>Date of home visits during pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jhema Kak</td>
<td>22</td>
<td>Row 13, H.no: 8, Soni Village</td>
<td>20 Jan 2012</td>
<td>10 Oct 2011</td>
</tr>
<tr>
<td>2</td>
<td>Mary Luo</td>
<td>21</td>
<td>Row 2, H.no: 12, Soni Village</td>
<td>5 months 24 Feb 2012</td>
<td>12 Oct 2011</td>
</tr>
<tr>
<td>3</td>
<td>Grace Matuba</td>
<td>24</td>
<td>Row 7, House number 3, Soni Village</td>
<td>4 March 2012</td>
<td>19 Oct 2011</td>
</tr>
</tbody>
</table>
FILLING IN THE MOTHER AND BABY CARD

c. Hold up the Mother and Baby Card showing the Pregnancy side. Have trainees look at their Mother and Baby Cards.

Read out loud:

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.

d. Ask trainees to fill in the Pregnancy side of the Mother and Baby Card (copy provided) for Jhema. They should refer to the CHW Register, Section 1 (above) as needed for information on Jhema. Ask trainees to write their own name as the CHW. However, they should NOT fill in the date for the second pregnancy visit. The group will discuss how to set the date next.

e. Give time for trainees to record the information. Walk around to look at trainees working. Make sure that trainees are able to do the task.

f. While the last trainees are finishing, write (or ask a trainee to write) the information on the displayed Mother and Baby Card for all to see. Discuss this as needed. (See the answer sheet below.)

SCHEDULING THE SECOND PREGNANCY VISIT

g. Explain that before departing at the end of the first home visit, the CHW needs to schedule the second home visit during pregnancy.

Ask:

When should the second home visit during pregnancy take place?

Listen to the answers and then read out loud:

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.

h. Explain how to determine when to make the second pregnancy visit. Show the time line (below) which you have drawn on the flip chart (or blackboard. Explain that pregnancy lasts a little over 9 months. Write Jhema’s baby’s expected date of birth (20 Jan 2012) under the point for 9 months. Then count back 2 months from the expected date of birth (9 months) to see when the second home visit during pregnancy should occur -- in this case, on about 20 November 2011. Answer questions and discuss the time line until trainees understand how to determine the date for the second pregnancy visit.
i. Step 8 in the Sequence for First Pregnancy Visit is:

Decide with the family when you will visit again and write the appointment for the next visit on the Mother and Baby Card.

Therefore, you would not just TELL the family that you will return on 20 November. Instead, you would ASK the family if it will be convenient for them if you return on that date. If not, ask them to choose a date within a few days of that time, and agree on that date for the appointment.

Continue reading:

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.

j. Ask the trainees to write the planned date of the second pregnancy visit on Jhema’s Mother and Baby Card.

4. PRACTICE: SCHEDULING THE SECOND PREGNANCY VISIT AND WRITING IT ON THE MOTHER AND BABY CARD AND CHW REGISTER (10 MINUTES)

a. Ask the trainees to determine when the second pregnancy visits to Mary Luo and to Grace Matuba should be scheduled.

b. Ask a trainee to explain to the group how they arrived at their answers. (Different trainees may suggest different ways to count back, such as to find the expected deliver date on the CHW Calendar, and then turn back two months to find the date for the second visit.)

ANSWERS: Mary Luo – about 24 December 2011

Grace Matuba – about 4 January 2012

c. Ask the trainees to take out their CHW’s Registers and turn to the Calendar (section 5). Ask them to write Jhema’s name on 20 November (CHW register Section 5). Then ask them to write the dates for the second pregnancy visits to Mary Luo and Grace Matuba on the CHW Calendar.

d. Ask for any questions in filling in the Mother and Baby Card, deciding on the date of the second visit during pregnancy, and filling in the Calendar (CHW Register Section 5).
### ANSWERS:

<table>
<thead>
<tr>
<th>Woman’s name:</th>
<th>Jhema Kak</th>
</tr>
</thead>
<tbody>
<tr>
<td>House identification:</td>
<td>Row 13, House No. 8</td>
</tr>
<tr>
<td>Village / community:</td>
<td>Soni</td>
</tr>
</tbody>
</table>

#### Date of CHW visits:
- Pregnancy visit 1: 10 October 2011
- Pregnancy visit 2: Planned for 20 November 2011

#### ANC visits at health centre done (tick):
- ANC 1: X
- ANC 2: X
- ANC 3: ___
- ANC 4: ___

#### Birth preparedness
- X Counselling on importance of health facility birth?
- X Counselling on preparations for birth?

#### CONTACT YOUR CHW AS SOON AS THE BABY IS BORN
- CHWs name: Neema Lathi
- CHW contact details: Row 20, House No. 22, Soni Village
5. DEMONSTRATION: ROLE PLAY IN SMALL GROUPS: HOW TO CONDUCT THE FIRST PREGNANCY VISIT (25 MINUTES)

Purpose
To demonstrate how a community health worker conducts the entire first pregnancy visit.

Prepare
- Divide the trainees into two groups, with one facilitator per group.

For each group:
- **Three chairs**—one for the CHW, one for the pregnant woman, and one for the mother-in-law (M-I-L)
- **Role play script**—select two trainees to play the roles of the pregnant woman and another to play the mother-in-law (for example, a co-facilitator and a trainee). The facilitator will play the CHW. Each person should read the script ahead of time to be familiar with it and prepared to read it out loud at a normal pace and with good expression.
- **Counselling Cards: First Pregnancy Visit Cards 1,2,3, CHW Register (Section 1 and Calendar) and Mother and Baby Card**

Process
a. The two facilitators conduct the process described below simultaneously in the two groups.

Introduce the role play by reading these instructions:

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

b. The three people sit in front of the others and read the role play script below, speaking clearly with expression.
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: Hmm

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?

Facilitator, Adapt this description as needed to match the photos on your card.

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 clothes.

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**
c. After the role play is finished, lead a discussion of the following questions and any other observations.

- Which cards were used and how were they used
- Did 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

6. **PRACTICE: ROLE PLAY PRACTICE IN PAIRS: FIRST PREGNANCY VISIT (50 MINUTES)**

**Objective:**

At the end of this role play practice, the trainees will be able to:

- Demonstrate how to carry out the entire first home visit during pregnancy

**Process**

a. Put trainees in pairs. Each CHW should choose one of the cases in the CHW Manual.

<table>
<thead>
<tr>
<th>Case descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASE 1: Diara</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>CASE 2: Jani</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>CASE 3: Baina</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

b. In each pair, the trainees perform a role play (roles: CHW, mother). Each role play should include using the appropriate counselling cards, filling in a Mother and Baby Card, and entering the woman in the CHW Register.

c. After each role play, the ‘mother’ may give feedback and/or the ‘CHW’ may comment on what was done well and what needs improvement.

d. Then the trainees switch roles. Each CHW should have experience doing a first pregnancy visit and using all 3 counselling cards, CHW Register (Section 1 List of Pregnant Women and Home Visit Record, and Section 5 Calendar) and Mother and Baby Card. At the end of the exercise there should be two Mother and Baby Cards completed by each pair, and each trainee should have added one woman to the CHW Register.
e. Facilitators circulate in the room, observing and assisting as needed. Use the monitoring checklist for Session 7 to note competencies demonstrated.

f. Bring the trainees together after an hour. Ask them how it went. Clarify any questions and encourage them: becoming competent in using all the materials and communicating well takes practice.

7. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- 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

- You should 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.

- During the first pregnancy visit, you will 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.
SESSION 8: Review actions since the first pregnancy visit

(Time required: 1 hour)

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of this session is to prepare CHWs to carry out the first part of the second visit during pregnancy.

*Explain or read out loud: 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)

2. REINFORCE LEARNING: BALL GAME: REVIEW HOME CARE FOR A PREGNANT WOMAN AND PREPARATION FOR BIRTH IN A FACILITY (10 MINUTES)

*Purpose*

Trainees will:

- Recall what needs to be done to plan for a facility birth (save money, identify transport, identify who will accompany mother to the facility, identify who will stay with the other children at home, prepare cloths and baby clothes, and things the mother may need)
• Recall the care a pregnant woman needs (4 ANC visits, eating more, taking iron and folic tablets, avoiding heavy work and resting more, sleeping under an insecticide-treated bednet)

Prepare

Ball

Process

a. Gather trainees in a large circle.

b. The trainer takes the ball and states one way to care for a pregnant woman at home (i.e. eating more during pregnancy). The trainer then throws the ball to a trainee.

c. Ask the trainee with the ball to state another need of pregnant women during pregnancy before throwing the ball on to someone else.

d. This continues until the main points for caring for a pregnant woman at home are mentioned (taking iron and folic acid tablets, attending 4 ANC clinics, sleeping under an insecticide-treated bednet, etc.)

e. The trainer then takes the ball again and states one action needed in the birth planning process (i.e. decide to deliver in a health facility). The trainer then throws the ball to a trainee.

f. That trainee has to state another step in the birth planning process before throwing the ball on to someone else.

g. This continues until all the steps have been mentioned.

3. GIVE RELEVANT INFORMATION: SECOND PREGNANCY VISIT CARD 1: REVIEW ACTIONS SINCE FIRST PREGNANCY VISIT (10 MINUTES)

Ask trainees to look at the first card for the second visit during pregnancy. Ask:

What do you see in the illustrations?

ANSWER: The illustrations are from counselling cards used during the First Pregnancy Visit Cards 1, 2 and 3.

• Midwife examining pregnant woman
• Pregnant woman eating more
• Pregnant woman resting more
• Pregnant woman taking iron and folic acid
• A health facility where births occur
• Pregnant woman’s husband arranging transport
• Pregnant woman and her husband saving money
• Pregnant woman collecting supplies for birth)
Ask a trainee to read the text of the card out loud to the group.

Ask:

*How will you decide if you should counsel the family with Card 2: Prepare for Birth at Home?*

ANSWER: If the family has decided to have birth in a health facility, go to Card 3 (skip Card 2).

If the family thinks facility birth is not possible, or they are unsure where the birth will occur, use Card 2 and Card 3.

4. **REINFORCE LEARNING: QUICK QUIZ: SELECTING CARD 2 OR 3 (5 MINUTES)**

Read each case below out loud. Listen to the answers from trainees and discuss:

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.

Ask:

*Which card would you use?*

ANSWER: Skip Card 2: Prepare for Birth at Home and go to Card 3: Advise on Immediate Newborn Care

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.

Ask:

*Which card would you use?*

ANSWER: Use Card 2: Prepare for Birth at Home

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.

Ask:

*Which card would you use?*

ANSWER: The CHW could skip Card 2 because Esther is likely to have birth in the facility. If some trainees decide to use Card 2 because they feel that Esther could have the birth at home, you can consider that answer to also be correct.
5. **GIVE RELEVANT INFORMATION: SECOND PREGNANCY VISIT CARD 2: PREPARE FOR BIRTH AT HOME (15 MINUTES)**

Have trainees look at the Second Pregnancy Visit Card 2: Prepare for Birth at Home. Ask a trainee to read the card out loud.

*Then read out loud:*

*Note:* Explain 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.

Read and/or discuss each bullet point (in box) briefly.

Then ask:

*Why is this step necessary?*

Continue this process until you have reviewed all the steps.

*Read out loud:*

**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.
6. REINFORCE LEARNING: ROLE PLAY DEMONSTRATION: HOW TO USE SECOND PREGNANCY VISIT CARDS 1: REVIEW ACTIONS SINCE FIRST PREGNANCY VISIT AND CARD 2: PREPARE FOR BIRTH AT HOME (15 MINUTES)

Purpose
To demonstrate how a community health worker uses the first two cards for the second visit during pregnancy

Prepare
- **Three chairs**—one for the CHW, one for the pregnant woman, and one for the mother-in-law.
- **Pregnant woman**—select someone (or your co-facilitator) to play the role of the pregnant woman, and another person for the role of the mother-in-law. You will play the CHW. Read the script through to be prepared to read it out loud; ask the others in the role play to do the same.
- **Second Pregnancy Visit Cards 1 and 2**

Process
a. Introduce the role play by reading these instructions:

*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?

b. Read the role play, speaking clearly and with expression.
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?

Facilitator, Adapt this description as needed to match the photos on your card.

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

c. After the role play demonstration:

Ask each of the questions in the CHW Manual (also listed directly above). Lead a discussion using the information that the trainees give you.

Ask the trainees the following questions:

- 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?
Lead a discussion using the information that the trainees give you. Mention that when a CHW makes a home visit, what she says will change depending on the pregnant woman’s situation. In this role play, Mary and her husband were still ‘thinking about’ delivering in the facility but were not sure and hadn’t done anything to plan for it. Based on Monica’s understanding of the situation she used Card 2: Prepare for Birth at Home to ensure they were prepared for a clean birth in case it happened at home.

7. **SUMMARIZE THE MAIN POINTS OF THIS SESSION**

- At the second home visit during pregnancy, you should review preparedness for birth with the family as well as the care the pregnant woman is receiving.
- Praise the family if they have decided to have the birth in a health facility. If they cannot have the birth in a health facility or are not sure, help them to prepare for the birth at home.
SESSION 9: Keeping the baby warm immediately after birth

(Time required: 40 minutes)

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

   Explain that the purpose of this session is to learn how to advise pregnant women and their families on how to keep the baby warm immediately after birth.

   Explain or read out loud: OBJECTIVES OF THIS SESSION

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

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

2. DETERMINE WHAT THE CHWS ALREADY KNOW (5 MINUTES)

   Ask the CHWs:

   What happens to a baby right after they are born in your communities? When are they dried? What else is done?

   Listen to the responses and write them on the flip chart. Some answers may include, ‘the cord is cut’, the ‘baby is wrapped in a cloth’, etc.

   Ask:

   What happens if you stand wet without clothes after bathing in cold weather? The response will be that you get cold.

   Explain:
The same thing happens to a newborn baby who is left wet with birth fluids after birth, but newborns become cold much quicker than adults. When babies get cold they can become sick.

3. **GIVE RELEVANT INFORMATION: IMMEDIATE NEWBORN CARE (10 MINUTES)**

*Explain or read out loud:*

**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.

Refer back to the list the trainees made on immediate care of the newborn in their communities. Identify any practices that do not protect the baby from getting cold, and discuss how they can be improved.

Facilitators can show the recommended behaviours in a very short ‘role play’ of care immediately after delivery: drying the baby with a cloth or towel, removing the wet cloth, placing the baby skin-to-skin with mother and covering with a dry cloth.

4. **REINFORCE LEARNING: DISCUSSION IN SMALL GROUPS (15 MINUTES)**
Objective
Trainees will be able to:

- Identify behaviours that keep the baby warm and should be promoted and those that can be harmful to the baby and should be avoided

Process
a. Divide the trainees into groups of 3-4
b. Give each group a flip chart and markers
c. Read out loud the case study below. Have the CHWs refer to the stories in their manuals.

**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.

d. Ask each group to decide which behaviours were good for keeping the baby warm and what could have been done better.
e. Have the groups prepare a chart listing:
   - 2 good behaviours: reason why each is good
   - 2 poor behaviours: reason why each may be harmful
f. After 10 minutes bring the groups together and summarize. You may refer to the possible answers below. (This chart is not in the CHW Manual.)

**Possible answers:**

<table>
<thead>
<tr>
<th>Good behaviours</th>
<th>Reason why the behaviour is good</th>
</tr>
</thead>
<tbody>
<tr>
<td>The baby was dried immediately after birth.</td>
<td>A wet baby can easily get cold. If the baby gets cold he/she can get very sick. It is important that babies are dried immediately after birth to ensure they stay warm and healthy.</td>
</tr>
<tr>
<td>The baby was put in skin-to-skin contact with the mother.</td>
<td>Giving the baby to the mother to keep skin-to-skin immediately after birth is good because the mother’s heat keeps the baby warm.</td>
</tr>
<tr>
<td>Good behaviours</td>
<td>Reason why the behaviour is good</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>The baby was put to the breast soon after birth.</td>
<td>Early breastfeeding helps to keep the baby warm.</td>
</tr>
</tbody>
</table>
5. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- Newborns must be kept warm after delivery because if they get cold, they can become ill.
- Four important ways we can keep newborn babies warm are:
  - drying them as soon as they are born and removing the wet cloth
  - putting them in skin-to-skin contact with the mother and covering the baby and mother with a dry cloth
  - helping them breastfeed very soon after birth (usually within 30 minutes)
  - not bathing them on the first day after birth
SESSION 10: Promote early initiation of breastfeeding

(Time required: 55 minutes)

**Materials**
- Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care
- Training DVD: Clip 2: Early initiation of breastfeeding
- Equipment for showing the DVD
- Blackboard or large sheets of paper to tape on wall

**Preparation**
- Locate Clip 2. Make sure that the equipment for showing the DVD is ready and that you can start the clip without delay.

**TRAINING STEPS**

1. **INTRODUCE THE SESSION (5 MINUTES)**

   Explain that the purpose of this session is to learn how to advise a pregnant woman and her family on the importance of early initiation of breastfeeding.

   *Explain or read out loud: 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

2. **DETERMINE WHAT THE CHWS ALREADY KNOW: BELIEFS AND PRACTICES (10 MINUTES)**

   a. Write each of the questions on the blackboard or on a sheet of white paper and tape it to the wall.
      - *How long after delivery is breastfeeding started in your community? Why? Who decides?*
      - *What are the most common beliefs about colostrum (the first milk) in your community?*
      - *What is usually given to the babies in this community after birth?*
b. Ask the CHWs each of the questions. For each question, listen to the responses and write them underneath the particular question. Do not make any judgments on what is said.

c. Summarize local practices based on what is said, identifying both good practices and those that could be improved (i.e. delayed initiation, giving other fluids in the first days, etc.)

d. If there is delayed initiation of breastfeeding in these communities, ask:

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

   Write down the answers. 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.

3. **GIVE RELEVANT INFORMATION: EARLY INITIATION OF BREASTFEEDING (15 MINUTES)**

   Read out loud:

   *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.
Discuss these advantages and ask for any questions. Continue to read out loud:

**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:

- **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.

- **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.

- **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.

- **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.

Discuss any other reasons for delayed breastfeeding listed by the trainees that have not been discussed above.
4. **REINFORCE LEARNING: DVD DEMONSTRATION: IMMEDIATE NEWBORN CARE (DRYING, KEEPING WARM AND EARLY INITIATION OF BREASTFEEDING) (10 MINUTES)**

*Objective*
To demonstrate how a newborn is cared for immediately after birth; immediate drying, keeping warm, and early initiation of breastfeeding

*Prepare*
Before the session:
- Turn on the equipment for showing the DVD
- Locate Clip 2: Early initiation of breastfeeding

*Process*
a. Gather trainees so that all of them can see the video

c. After the video, review the important steps in immediate newborn care: immediate drying and changing to a dry cloth, placing the newborn in skin-to-skin contact with the mother and covering to keep warm, breastfeeding as soon as the newborn is ready.
d. Ask for any questions

5. **GIVE RELEVANT INFORMATION: SECOND PREGNANCY VISIT CARD 3: ADVISE ON IMMEDIATE NEWBORN CARE (10 MINUTES)**

a. Explain that this is the last counselling card to be used during the second visit during pregnancy. As with the other cards, it is a guide to help CHWs go through a counselling process with a family. This card describes the care a newborn baby needs immediately after birth: to be dried and kept warm and to be fed.

b. Ask trainees to look at the illustrations/photos and describe what they see.

- A baby is just born and is being dried
- A baby is in skin-to-skin contact with the mother with the cord attached and covered with a cloth
- Baby is placed skin-to-skin between mother’s breasts with a hat on and mother and baby are covered with a cloth
- Mother is reclining soon after delivery and baby is breastfeeding with a hat on and covered with a blanket
c. Read the card out loud. Explain that towards the end of the card, the Mother and Baby Card and the CHW Register are mentioned. Trainees will practice with those as well as this counselling card in the next practice session.

6. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- Breastfeeding immediately after birth has many advantages for both the baby and the mother. The first breast milk given to the baby just after birth is like a vaccine because it protects him or her from disease.
- The mother should breastfeed immediately after birth even if she does not feel that her breasts are full. Breastfeeding frequently will help her to produce more milk.
- You should counsel a family about early breastfeeding during the second pregnancy visit, using Card 3: Advise on Immediate Newborn Care to guide you.
SESSION 11: Classroom practice: Second home visit during pregnancy

(Time required: 1 hour 35 minutes)

Materials
- Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit
- Second Pregnancy Visit Card 2: Prepare for Birth at Home
- Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care
- CHW Register
- Mother and Baby Card
- Monitoring checklist for Session 11 for each facilitator (See Annex C.)

Preparation
- CHWs have Counselling Cards, Mother and Baby Card and CHW Register

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

   Explain that the purpose of this session is to help the CHW master the process of carrying out the second visit to a pregnant woman

   Explain or read out loud: 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
2. **GIVE RELEVANT INFORMATION: WHAT CARDS TO USE DURING THE SECOND PREGNANCY VISIT (10 MINUTES)**

   **Read out loud:**

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

   - **Second Pregnancy Visit Card 1: Review Actions Since 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.

   **Read out loud:**

   **The content of the Second Pregnancy Visit Card 1:**

   Review Actions since First Pregnancy Visit -- goes over the advice the pregnant woman received during the first home visit during pregnancy (First Pregnancy Visit Cards 1, 2 and 3). If the woman is following advice given, then this card does not have to be fully used. However, if the woman has not been following the advice, it may be necessary to go over the main points of how Abena cared for herself. This will be decided based on the woman’s actual situation.

   **The content of the Second Pregnancy Visit Card 2:**

   Prepare for Birth at Home has been reviewed in Session 8. This card has to be used only if the family is not sure that the birth will be in a health facility or if you, as the CHW, feel there may be a chance that the birth could be at home.

   **The content of Second Pregnancy Visit Card 3:**

   Advise on Immediate Newborn Care – was read and discussed in Sessions 9 and 10.

   Continue reading out loud and discuss the sequence for the Second Pregnancy Visit:

   **Sequence 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.

3. 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.

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

5. Update the CHW Register and the Mother and Baby Card

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

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

8. Thank the family

3. REINFORCE LEARNING: ROLE PLAY DEMONSTRATION OF SECOND PREGNANCY VISIT IN SMALL GROUPS (15 MINUTES)

Purpose
To demonstrate how a community health worker conducts the second home visit during pregnancy.

Prepare
a. Facilitators review the role play script to become familiar with it.

b. Divide the trainees into groups of 3–4 people.

c. One facilitator joins each group and will play the CHW. Ask one of the trainees to play the role of the mother and another to play the mother-in-law. Ask them to read through the script before the role play so that they are ready to read it at a normal pace and with good expression.

d. Ask any other trainees to observe, and note down key points related to the questions below.

e. Trainees and facilitators should have their Second Pregnancy Visit Cards 1, 2, 3, CHW Register, and Mother and Baby Card.
Process

a. Introduce the role play by reading these instructions:

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

b. Ask the trainees to be prepared to discuss what they will see in the role play:

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

c. Read the role play script below, speaking clearly and varying your tone of voice so that it does not become boring.

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
Unit 1: Home visits during pregnancy
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birth takes place so I can visit you as soon as possible and meet the new family member! Bye-bye.

END OF ROLE PLAY

d. After the role play demonstration, ask each of the questions below. Lead a discussion using the information that the trainees give you.

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

4. REINFORCE LEARNING: ROLE PLAY PRACTICE OF SECOND PREGNANCY VISIT (60 MINUTES)

Objective
At the end of this role play practice, the trainees will be able to:

- Demonstrate how to carry out the second home visit during pregnancy

Facilitator, if you are following a 6-day schedule, this role play practice should be

Process

a. Divide the trainees into groups of three. Ask CHWs to refer to the case descriptions in the CHW Manual. They should use the information for the second pregnancy visit for each case.

b. In each group, have two or three CHWs perform a role play (roles: CHW, mother and either mother-in-law or husband) while any extra people watch and observe the interaction. The role play should include using the appropriate counselling cards, Mother and Baby Card, and CHW Register. The idea is to follow the text of the Counselling Cards and to ‘understand the situation’ of the mother and family and provide advice based on the actual situation.

c. Trainers circulate in the room, observing and assisting as needed. Use the monitoring checklist for Session 11 to note competencies demonstrated by each CHW.

d. After each role play, the group discusses what was done well and what needs improvement.

e. Have the trainees take turns playing the CHW so that all 3 cases are completed and each CHW has experience doing a second pregnancy visit using the necessary counselling cards, the CHW Register (Section 1 List of Pregnant
Women and Home Visit Record) and the Mother and Baby Card. At the end of the exercise each CHW should have completed or updated a Mother and Baby Card and completed a CHW Register entry for the woman.

f. Bring the trainees together after 50 minutes. Ask them how it went. Clarify any questions and encourage them: it takes practice to become competent in using all the materials and communicate well.

### 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.
5. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- Visit a pregnant woman for a second time 2 months before she is due to deliver.
- Use the Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit to review what you discussed in the first visit and to see how the family are progressing in caring for the pregnant woman and preparing for birth in a health facility.
- If the family is not sure that a facility delivery is possible or if you are not sure, use Second Pregnancy Visit Card 2: Prepare for Birth at Home.
- Use Card 3: Advise on Immediate Newborn Care with all families to discuss the importance of immediate care for the baby; immediate drying, placing skin-to-skin with mother and covering with a dry cloth, and early initiation of exclusive breastfeeding.
- At the end of the visit, fill out your CHW Register and the Mother and Baby Card. Do not forget to remind the mother to contact you as soon as the baby is born.
SESSION 12: Field practice: Home visits during pregnancy

(Time required: 4 hours)

### Materials

- Counselling Cards for Pregnancy visits:
  - First Pregnancy Visit Cards 1, 2, and 3
  - Second Pregnancy Visit Cards 1, 2 and 3
- CHW Register
- Mother and Baby Card
- Monitoring checklist for Session 12: Field practice – First pregnancy visit, for each facilitator (See Annex C.)

### Preparation

- Arrangements should have been completed by the Course Director or the field practice organizer for CHWs to make a field visit to pregnant women in their homes (see 11. Organize Field Practice, in section II. Prepare to conduct the course).
- This preparation should have included:
  - Identification of pregnant women in nearby communities who are willing to be visited and where their homes are located (addresses or map). (one per trainee)
  - Arrangement of transport for CHWs, facilitators and any trainer/supervisors who will accompany the CHWs when they visit the pregnant women.

### TRAINING STEPS

1. **INTRODUCE THE SESSION (5 MINUTES)**

   Explain that the purpose of this session is to provide CHWs with supervised practice in the community, in order to master the skills for making home visits to pregnant women.

   **Explain or read out loud:** OBJECTIVES OF THIS SESSION

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

   - *Demonstrate how to conduct home visits to pregnant women*

   During this field practice, the trainees will practice the first and second home visits during pregnancy.
2. **GIVE RELEVANT INFORMATION: HOW FIELD PRACTICE WILL WORK (25 MINUTES)**

Before leaving for the field, explain how the field practice will work including the logistics and what each trainee will be expected to do.

a. Divide trainees into groups of 4. One facilitator should accompany each group. Make pairs within each group. Each group should be assigned at least 4 pregnant women to visit and given the location of their homes.

b. Explain what the groups will do as below:

   Each group will consist of 2 pairs of trainees and a facilitator, and may also include an additional trainer or supervisor of CHWs. Each group will be given the names and addresses of 4 pregnant women.

   At the home of the first pregnant woman, one trainee will conduct the First Pregnancy Visit. Then the group will travel to the second home and the second trainee will conduct the visit using the Second Pregnancy Visit Cards. During each visit, the facilitator and other members of the small group observe and may write down any suggestion or idea to discuss after the visit. Any discussion on how the visit was done should take place outside of the home and not in front of the mother.

   Then the group will visit the homes of 2 more pregnant women and the second pair will conduct the visits in the same way.

c. Review with the CHWs the sequence of steps for making the pregnancy home visits:

   - **Sequence for First Pregnancy Visit (in Session 7)**
     (However, tell trainees to omit the step of making an appointment for a second pregnancy visit, because the trainees will not be returning to visit this woman.)
   - **Sequence for Second Pregnancy Visit (in Session 11)**

   **NOTE** When practicing the second pregnancy visit, the CHW will have difficulty in using Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit because the pregnant woman would not have received the first visit. Explain that the CHW should still use this card to discuss the actions the family has taken so far during the pregnancy related to attending ANC, home care for the mother, decision on place of birth and preparations (if any) for birth.

Also remind the CHWs of communication skills to use during visit:

- Greet and build good relations
- Ask and listen (reflect, empathize, etc.)
- Give relevant information based on what family knows (use counselling cards)
- Check understanding (open-ended questions)
- Discuss what family will do and help to solve problems
- Thank the family
3. FIELD PRACTICE: CONDUCT THE HOME VISITS TO PREGNANT WOMEN

**Purpose**
To provide trainees the opportunity to practice what they have learned about making home visits to a pregnant woman with supervision and support from a facilitator.

**Process**

a. Each group visits 4 homes of pregnant women.

b. When one CHW is talking to the mother, the other CHWs and facilitator observe and if necessary write down any suggestion or idea to discuss after the visit. Any discussion on how the visit was done takes place outside of the home and not in front of the mother.

c. Facilitators observe and use the monitoring checklist for Session 12 to note competencies demonstrated.

d. Facilitators in the groups make sure that the group completes the 4 visits and returns to the vehicle at the scheduled time and place.

4. FEEDBACK (30 MINUTES)

When you are back from the home visits, ask the trainees about their experiences. Give feedback on what they did well and what needs improvement.

*Read out loud the tasks of a CHW learnt so far:*

**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

Time required: 30 minutes

Materials
- Water, soap, a large basin, mug or pitcher (4 sets)
- Training DVD: Clip 3: Handwashing
- Equipment to show the DVD

Preparation
- Have materials ready for a hand washing demonstration
- Check the equipment and DVD and make sure you are ready to show the correct clip

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of the session is to practice how a CHW should wash his or her hands before touching a newborn and discuss why this is important.

Read out loud: 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

2. GIVE RELEVANT INFORMATION: WHY AND HOW TO WASH HANDS (5 MINUTES)

Read out loud:

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.
Have the trainees read out loud the **Steps of correct hand washing**:

<table>
<thead>
<tr>
<th>Steps of correct hand washing (for CHWs before touching a newborn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Remove any bracelets, rings or wrist watch</td>
</tr>
<tr>
<td>• Wet your hands and forearms up to the elbow</td>
</tr>
<tr>
<td>• 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</td>
</tr>
<tr>
<td>• Rinse with clean water flowing from a tap or poured by someone using a mug or pitcher.</td>
</tr>
<tr>
<td>• Air-dry with your hands up and elbows facing the ground, so that water drips away from your hands and fingers</td>
</tr>
<tr>
<td>• Do not wipe your hands with a cloth or towel, because even a clean looking towel may have germs on it.</td>
</tr>
</tbody>
</table>

Explain that this way of hand washing is only for them before they touch a newborn. When they wash their hands after going to the toilet or before eating, they can continue to use their usual way of hand washing.

### 3. DEMONSTRATE SKILL: HAND WASHING (5 MINUTES)

a. Show Training DVD: Clip 3: Hand washing (duration: 1:52)

b. Demonstrate correct hand washing technique by washing your hands while the trainees are observing

### 4. PRACTICE SKILL: HAND WASHING (15 MINUTES)

a. Divide trainees into groups of 3–5.

b. Have the groups practice hand washing using the steps in the box above.

c. Observe if they are following the steps in the box above.

### 5. SUMMARIZE THE MAIN POINTS OF THE SESSION

- CHWs should always wash their hands before they touch a newborn because this will prevent bringing germs of infection to the baby.
- CHWs should wash their hands more carefully than usual, as we have practiced, before touching a newborn.
SESSION 14: Supporting initiation of breastfeeding

Time required: 2 hours

Materials

- Blackboard or flip chart paper
- Counselling cards
- Training DVD: Clip 4: Supporting breastfeeding: Signs of good attachment
- Training DVD: Clip 5: Supporting breastfeeding: Teach correct positioning and attachment for breastfeeding
- Equipment to show the DVD

Preparation

- Turn on the equipment to show the DVD
- Before the session, practice showing Clip 4, pausing after each baby is presented so that trainees can state their assessment of attachment, and resuming it to hear the correct assessment.
- Check the DVD and make sure you can quickly navigate to clips 4 and 5 when you want to show them.

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the trainees will now start learning about what to do in the first home visit after birth, starting with the First Postnatal Visit Card 1: Assess Feeding, Danger Signs and Weight.

The purpose of this session is to develop skills of community health workers so that they can help a mother initiate breastfeeding (in case she has not done so by the time of the CHW visit) and sustain exclusive breastfeeding.

*Explain or read out loud: 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
2. DISCUSSION IN THE LARGE GROUP (5 MINUTES)
   
   a. For review, ask:

   **Why is it important to initiate breastfeeding early?**
   
   The trainees have already learnt several reasons in Session 10.
   
   List trainees’ answers on the flipchart. After trainees have mentioned all they can recall, ask them to turn back in the CHW Manual to Session 10 to review the reasons listed. Complete the flipchart list.

   b. Ask the trainees to open their counselling cards to the First Postnatal Visit Card 1. Explain that it is important to make a home visit as soon as the CHW gets information about a birth.

   c. Ask a trainee to read the first paragraph on the First Postnatal Visit Card 1 – ‘Greet’ and ‘Ask and Listen’. Discuss.

   • Explain that the first thing to do at each home visit after birth, is to greet the family, ask how the mother and baby are doing and make sure the mother has no danger signs.
   
   • Explain that the next step is to find out if the baby has already started breastfeeding. If not, the CHW should encourage the mother to start in the presence of the CHW.

   d. Ask another trainee to read the next paragraph starting with "Understand the situation." Discuss.

   e. Explain that the next step is to observe a breastfeed and, if necessary, support the mother to improve positioning and attachment. Tell the trainees that before practising these skills, we will learn more about breastfeeding, and how CHWs can support mothers.

3. GIVE RELEVANT INFORMATION (10 MINUTES)
   
   Explain or read out loud:

   **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.

Ask for any questions and clarify as needed.
4. **GIVE RELEVANT INFORMATION: HOW TO BUILD THE MOTHER’S CONFIDENCE**  
*(15 MINUTES)*

Explain that trainees have learned that it is important that the mother is confident for breastfeeding to work well. They will now learn more about how to make the mother confident.

**REVIEW:** Ask the CHWs to remember the communication skills they learned for asking and listening and for giving information. (See list below and refer to the flip chart pages on the wall.)

### 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.

### 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.

**Explain or read out loud:**

*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.
Explain that you will now show a brief interaction between a community health worker and a mother. Explain that the mother will express a concern and the CHW will respond. Ask the trainees to observe carefully and decide:

_Which of the following three responses of the CHW is appropriate and is likely to build the mother’s confidence?_

Demonstrate the following responses with your co-facilitator or volunteer playing the role of the mother.

**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.

Ask the CHWs:

_Is this response appropriate? Would it build the mother's confidence?_

**ANSWER:** CHW disagrees; not appropriate as this will not build the mother's confidence

**Second interaction:**

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

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

Ask the CHWs:

_Is this response appropriate?_

**ANSWER:** CHW agrees with an incorrect perception; not appropriate

**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.

Ask the CHWs:

_Is this response appropriate? Would it build the mother's confidence?_

**ANSWER:** CHW accepts the mother's concern without disagreeing or agreeing; appropriate as is likely to build the mother's confidence
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.

5. PRACTICE: ROLE PLAYS IN SMALL GROUPS: BUILDING CONFIDENCE (15 MINUTES)

Process

a.  Divide the trainees into groups of 3-4.

b.  Explain that in these role plays, they will practice building a mother’s confidence at the first postnatal visit while giving correct information. They will not role play the entire visit, but only the part where they are discussing putting the newborn to the breast.

c.  Review the three steps:

- 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.
d. Ask each group to decide who will take the first turn to be the mother and who will be the CHW.

e. Read out loud to the groups the first situation:

Case 1: Mother has not put the baby to the breast because she thinks her breasts are empty and baby will not get any milk.

f. Each small group does a brief role play. Facilitators observe each group and provide support as needed.

g. When the role plays are finished, ask the trainees to switch roles and repeat the process for the second and then the third situations:

Case 2: Mother has not put the baby to the breast because she thinks the first milk is dirty and could harm the baby.

Case 3: Mother has not put the baby to the breast because she thinks the baby is not hungry as he is not crying for milk.

6. GIVE RELEVANT INFORMATION (10 MINUTES)

Explain that trainees will now learn how to observe a breastfeed. Explain that the most important thing to observe is the baby’s attachment to the breast and if the baby is suckling effectively. Read out loud:

**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
**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

### 7. DVD DEMONSTRATION: OBSERVING FOR SIGNS OF GOOD ATTACHMENT (20 MINUTES)

**Prepare**

- Before the session, practice showing Clip 4, pausing after each baby is presented so that trainees can state their assessment of attachment, and resuming it to hear the correct assessment. Because the DVD clip is not designed as an exercise, it is necessary to practice so that you will know when to pause the DVD.

**Process**

a. Show Clip 4: Supporting breastfeeding: Signs of good attachment (duration: 6:00)

b. Show Clip 4 again, pausing after each baby is presented. Ask if attachment is good or poor and ask trainees to note their answer. Then resume the clip to hear the correct assessment.

c. Ask the trainees if they have questions about any of the signs of good attachment and discuss.

### 8. GIVE RELEVANT INFORMATION: IMPROVING ATTACHMENT (10 MINUTES)

**Read aloud**

_How to 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._

_If the mother 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.

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.

4. **Notice how the mother responds and ask her how the baby’s suckling feels.**

5. **Look for signs of good attachment. If attachment is not good, try again.**
9. **DVD DEMONSTRATION: TEACHING CORRECT POSITIONING AND ATTACHMENT**  
   *(20 MIN)*

   a. Introduce the clip by explaining that this clip will show how to help a mother improve attachment if you have observed that the baby is not well attached and not suckling effectively.

   b. Show Clip 5: Supporting breastfeeding: Teach correct positioning and attachment for breastfeeding. *(duration: 11:24)*

   c. Show Clip 5 once again if trainees want.

   d. Answer any questions that the trainees have.

10. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

    - It is very important for a mother to be confident that she can breastfeed her baby. Use your counselling and communication skills whenever you talk with the mother.

    - When a baby suckles often at the breast, more milk is produced.

    - The baby should suckle on the areola, not on the nipple. Good attachment to the breast is therefore very important to improve milk flow and prevent nipple soreness.

    - While observing breastfeeding, a CHW should look for the 4 signs of good attachment (more areola seen above than below the mouth, mouth wide open, lower lip turned outwards and chin touching breast).

    - If the attachment is not good, a CHW should help the mother correct the position of the baby and improve attachment.
SESSION 15: Field practice in a health facility:
Breastfeeding initiation, attachment and positioning

(Time required: 2 hours 15 minutes)

Materials

- Counselling Cards (for each CHW)
- Monitoring checklist for Session 15 for each facilitator (See Annex C.)

Preparation

- Arrangements should have been completed by the Course Director or the field practice organizer for CHWs to visit a health facility where they can assess the breastfeeding of newborns (see 11.Organize Field Practice, in section II. Prepare to conduct the training.)
- After arriving at the facility for the visit (perhaps while the trainees are washing their hands), the facilitator should visit the mothers present and ask their permission to allow their newborns to be seen by trainees, or facility staff may be asked to do this.

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of the session is to practice observing and supporting breastfeeding with supervision.

Explain or read out loud: 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
2. PREPARE FOR THE PRACTICE SESSION (5 MINUTES)

Ask the trainees to gather together all the materials required for assessing a breastfeeding of a newborn (counselling cards, pens/pencils).

Explain the rules to follow in the health facility -- that the trainees must not be loud, they should be respectful to the mothers and not obstruct the work of the staff.

Explain what trainees will be expected to do during the visit. They will work in pairs and each pair will be assigned two newborns. Each trainee will make at least one full breastfeeding assessment. While one trainee does the assessment, the other should observe. Then they will switch the roles to do a breastfeeding assessment for the next newborn. The facilitator will check the breastfeeding assessments and give guidance as needed.

3. WASH HANDS (15 MINUTES)

On arrival at the health facility, you and all trainees should wash hands thoroughly as learnt in a previous session before starting the assessment and again before touching a different baby.

4. DEMONSTRATE THE BREASTFEEDING ASSESSMENT ON THE FIRST BABY (10 MINUTES)

The facilitator should demonstrate the assessment by following the First Postnatal Visit Card 1 through the paragraph starting with ‘Understand the situation’ only.

Explain that the CHW should try to touch the baby as little as possible during the breastfeeding assessment. Also, emphasize that the CHW should complete the breastfeeding assessment BEFORE deciding to help the mother or not. If a baby is well attached and is suckling well, the CHW does NOT need to help the mother improve positioning and attachment, and should only congratulate her.

Show how to:

- Introduce yourself (and your trainees), 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.
5. PRACTICE: BREASTFEEDING ASSESSMENT (1 HOUR)

a. Divide the trainees in pairs. Allocate two newborns to each pair so that each trainee makes at least one full breastfeeding assessment. While one trainee does the assessment, the other should observe. They should switch the roles to do a breastfeeding assessment for the next newborn.

b. Observe the trainees as they practice. Watch carefully so that you can determine whether the assessment is correct. Use the monitoring checklist for Session 15 to note competencies demonstrated.

c. Be available to assist or answer questions. Make sure that the practice is not interfering too much with the ward routine, especially provision of treatment.

d. If you find out that a mother needs help and the trainee seems unable to provide it, ask a facility staff to provide the help or help the mother yourself without making the trainee feel uncomfortable.

e. Treat trainees’ opinions with respect. Convey the fact that you might be wrong. For example, if a trainee says that attachment is good, when you think it is not, say, “Let’s look again.” Make sure the atmosphere is supportive, so trainees do not feel bad if they get a sign wrong. You may say, “It takes awhile to learn to assess a breastfeed. Do not feel bad if you make a mistake—we all will”.

f. Ask the CHW who observed the assessment to provide feedback to his/her partner, and ask the CHW who did the assessment to indicate how he/she felt. Facilitator should provide feedback as needed.

6. FEEDBACK (15 MINUTES)

Gather the trainees together after they have completed the breastfeeding assessments.

Remind the trainees that it is important to assess every baby for breastfeeding at every home visit.

If you observed errors during the practice, discuss how to correct them without mentioning who made the error. Answer any questions that the trainees have.

Praise the trainees for things they did correctly, and give suggestions and encouragement to help them improve.
SESSION 16: Danger signs: Not able to feed or stopped feeding well, and convulsions

(Time required: 30 minutes)

Materials

- Blackboard, or flipchart paper
- Counselling cards
- Doll

Preparation

- Review the script for role play

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of this session is to understand why it is important to assess danger signs in a baby and learn about the first two danger signs.

Explain or read out loud: 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"
2. **GIVE RELEVANT INFORMATION: DANGER SIGNS IN A NEWBORN (10 MINUTES)**

*Explain or read out loud:*

**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.

Ask the trainees to open to the First Postnatal Visit Card 1 and find the middle of the page, starting with "Ask the family if you can check the baby—"

*Then read out loud:*

"Ask the family if you can check the baby. Use the pictures to explain what you will do. Assess baby for these DANGER SIGNS:"

Explain that the next few sessions will focus on how to assess a baby for danger signs. Ask a trainee to read out loud the list of danger signs (not the entire card). Then show trainees that the danger signs are also listed in a box in the CHW Manual.

**WHAT ARE THE DANGER SIGNS IN A NEWBORN?**

<table>
<thead>
<tr>
<th>Danger signs in a newborn</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not able to feed since birth, or stopped feeding well</td>
</tr>
<tr>
<td>• Convulsed or fitted since birth</td>
</tr>
<tr>
<td>• Fast breathing: Two counts of 60 breaths or more in one minute</td>
</tr>
<tr>
<td>• Chest indrawing</td>
</tr>
<tr>
<td>• High temperature: 37.5 °C or more</td>
</tr>
<tr>
<td>• Very low temperature: 35.4 °C or less</td>
</tr>
<tr>
<td>• Yellow soles</td>
</tr>
<tr>
<td>• Movement only when stimulated, or no movement even on stimulation</td>
</tr>
<tr>
<td>• Signs of local infection: umbilicus red or draining pus, skin boils, or eyes draining pus</td>
</tr>
</tbody>
</table>
Read out loud:

**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.

Answer any questions the trainees have. Then continue reading about the next danger sign:

**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.

3. REINFORCE LEARNING: DISCUSSION IN THE LARGE GROUP (5 MINUTES)

a. Conduct this exercise with the trainees as a group.

b. Read each situation below and then ask if the baby has a danger sign. If yes, ask which danger sign -- “Not able to feed since birth, or stopped feeding well” or “convulsed or fitted since birth”?

Ask:

**Does this baby have a danger sign? If yes, which danger sign?**

- Mother is not sure she has enough breast milk (ANSWER: NO)
- Baby brings out curdled milk after breastfeeding (ANSWER: NO)
6-hour-old baby does not suckle at the breast; mother has tried to put the baby to the breast 4 times since birth (ANSWER: YES – not able to feed since birth)

Baby makes a jerky movement when there is a sudden noise (ANSWER: NO)

Baby had rhythmic twitching of the face lasting for a few minutes this morning (ANSWER: YES – Convulsions or fits)

4. REINFORCE LEARNING: DEMONSTRATION ROLE PLAY ON ASKING QUESTIONS ABOUT FEEDING AND CONVULSIONS: (15 MINUTES)

Purpose
To demonstrate how a community health worker greets the mother and the family, and asks questions about the first two danger signs.

Prepare
- A doll to be the baby
- Mother — select someone to play the role of the mother, and ask her to read the script to become familiar with it. You will play the CHW.
- Two chairs
- Counselling cards

Process
a. Introduce the role play by reading these instructions:

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”?

b. With the ‘mother’, read the role play script below out loud at a normal pace and with good expression.
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

c. After the role play demonstration, lead a discussion of each of the questions below. Ask the trainees each of the questions and discuss using the information that the trainees give you.

- 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”? (ANSWER: NO)
- Do you think the baby has the danger sign “convulsed or fitted since birth” (ANSWER: NO)

5. SUMMARIZE THE MAIN POINTS OF THE SESSION

- It is important to assess a newborn for danger signs of illness at a home visit to identify and treat for them early.
- If the newborn is not able to feed since birth, or has stopped feeding well, this is a danger sign.
- If a newborn has had convulsions or fits any time since birth, this is also a danger sign.
- Refer all newborns with any danger sign to a health facility.

Facilitator: Some trainees may ask why these materials say to refer a newborn or woman with danger signs “to a health facility” instead of to a hospital. The intention is to refer the newborn or woman to the facility that is able to provide emergency care and/or the highest level facility to which community health workers are authorized to refer patients. In some settings, CHWs must refer the patient to a facility to see a health worker who may then refer the patient on to a hospital. In other settings, a CHW may be able to refer a patient with danger signs directly to a hospital. The term “health facility” is intended to include both possibilities. The facilitator should find out the specific referral instructions for the CHWs participating in the training.
SESSION 17: Danger signs: Fast breathing and chest indrawing

(Time required: 2 hours)

Materials

- Timer
- Ball
- Training DVD: Clip 6: Fast breathing
- Training DVD: Clip 7: Chest indrawing
- Equipment to show the DVD

Preparation

- Check the DVD and make sure you can quickly navigate to clips 6 and 7 when you want to show them.
- Preview clips 6 and 7 to practice pausing the DVD when appropriate for the exercise.

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

   Explain that the purpose of this session is to learn about two other danger signs -- fast breathing and chest indrawing.

   Explain or read out loud: 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
2. GIVE RELEVANT INFORMATION (5 MINUTES)

Read out loud:

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.

Ask the trainees to practice in pairs. Ask them to look for breathing movements of their partner and count full breaths aloud.

Then continue reading out loud.

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.

3. DVD DEMONSTRATION AND EXERCISE: CLIP 6: FAST BREATHING (30 MINUTES)

Prepare

- Preview the clip and practice pausing the DVD (when the red disk appears) to let trainees write down their counts.

Process

a. Introduce the clip by saying that it will teach you how to count the breaths that a newborn takes in 1 minute. They will count the breaths taken by the first baby, Abdi, as instructed by the narrator. After that, trainees will count the breaths for two more cases.


c. The trainees count the breaths the first newborn (Abdi) takes in one minute. When the red disk appears, pause the DVD. Ask all trainees to write down their count. If they are unsure, show the 1 minute counting exercise again. Then start the DVD again to listen to the answer.
d. If there are many errors (which are expected as it is not very easy to count breaths correctly in this case), play the case again and ask trainees to count again. If needed, either count out loud yourself or ask a CHW who counted closest to the answer to count out loud. This would help those who are making mistakes to appreciate what to count as breaths and what not to count.

e. Then provide more practice by showing two cases (1 and 2) in the exercise on fast breathing. Pause the DVD when the red disk appears. Let trainees write down the count. Then resume the DVD.

f. Make sure that all trainees are comfortable in counting breaths correctly before proceeding further.

4. DEMONSTRATION: TIMER (5 MINUTES)

a. Ask the trainees how they would know that one minute has passed when counting breaths in a newborn (in the DVD, someone told them when to start and when to stop counting). Someone will probably mention that they could use a watch with a second's hand. Explain that this is correct but it is difficult to look at the watch and the baby's breathing at the same time.

b. Show them the timer and demonstrate how it works.

c. Distribute the timers and ask trainees to practice how to turn them on and off and to listen to the 30 seconds and 1 minute beeps.

5. GIVE RELEVANT INFORMATION: HOW TO COUNT THE BREATHS THAT A NEWBORN TAKES (10 MINUTES)

Read out loud:

*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 to count breathing rate in a newborn*

Ask trainees to read out loud the steps in counting breaths:
**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.
6. **REINFORCE LEARNING: BALL GAME: DETERMINING IF BREATHING IS FAST**  
(10 MINUTES)

a. Ask the trainees to stand in a circle.

b. Explain that you will throw the ball towards one trainee. After she or he catches the ball, you will tell the number of breaths that a baby took in one minute and she or he will have to decide if the baby has fast breathing. Explain that the trainees are expected to say "NO" if they think the baby does not have fast breathing, "YES" if they think the baby has fast breathing and "REPEAT THE COUNT" if they would like to repeat the count.

c. Throw the ball towards one trainee. When he catches the ball, ask about the first situation from the table below. After the trainee answers the question, he throws the ball to another trainee. You ask that trainee about the next situation in the table.

d. Continue in this manner until you believe all trainees have learned the cut-off for fast breathing in a newborn.

<table>
<thead>
<tr>
<th>Does this baby have fast breathing?</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing rate 40 breaths per minute</td>
<td>No</td>
</tr>
<tr>
<td>Breathing rate 68 breaths per minute. Repeat count 58 breaths per minute</td>
<td>Repeat the count No</td>
</tr>
<tr>
<td>Breathing rate 55 breaths per minute</td>
<td>No</td>
</tr>
<tr>
<td>Breathing rate 68 breaths per minute Repeat count 64 breaths per minute</td>
<td>Repeat the count Yes</td>
</tr>
<tr>
<td>Breathing rate 69 breaths per minute Repeat count 60 breaths per minute</td>
<td>Repeat the count Yes</td>
</tr>
<tr>
<td>Breathing rate 49 breaths per minute</td>
<td>No</td>
</tr>
<tr>
<td>Breathing rate 57 breaths per minute</td>
<td>No</td>
</tr>
<tr>
<td>Breathing rate 50 breaths per minute</td>
<td>No</td>
</tr>
<tr>
<td>Breathing rate 78 breaths per minute Repeat count 74 breaths per minute</td>
<td>Repeat the count Yes</td>
</tr>
<tr>
<td>Breathing rate 63 breaths per minute Repeat count 56 breaths per minute</td>
<td>Repeat the count No</td>
</tr>
</tbody>
</table>
7. GIVE RELEVANT INFORMATION: CHEST INDRAWING (15 MINUTES)

Read out loud:

**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.

Discuss the illustration below.

*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.

8. DVD DEMONSTRATION AND EXERCISE: CLIP 7: CHEST INDRAWING (30 MINUTES)

Prepare

Before the session, preview clip 7 and practice pausing the video after the narrator tells the trainees to write down their assessment. Practice pausing after each of the 5 cases.

Process

a. Introduce the video clip by explaining that it will describe how to look for chest indrawing. Then it will present 5 different newborns and the trainees will decide if each has chest indrawing.

b. Start Clip 7: Chest indrawing. (duration: 6:25 without pausing)

c. Do the exercise on chest indrawing with the trainees in an interactive way. There are five cases. First show the clip of each baby and ask the trainees to write down whether there is chest indrawing or not; pause the video to give the trainees time to decide and write down their answer.

d. Ask for any questions and if necessary replay the video of that child.

e. Tell the trainees the correct answer (see the chart below). Discuss any questions and if needed, show the child again.

f. When all the trainees understand how to tell whether the baby has chest indrawing or not, show the next clip.
ANSWERS:

<table>
<thead>
<tr>
<th>Baby number</th>
<th>Chest indrawing?</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>Very clearly visible</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>Clearly visible</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>Some trainees may have a problem seeing this</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
<td>Very clear</td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td>Baby has mild indrawing (although some experienced facilitators may not agree). Accept all answers as correct for this baby but point out that all cases are not clear. In case the CHW is not sure, she/he should not consider it chest indrawing.</td>
</tr>
</tbody>
</table>

9. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- At each home visit, a CHW should count the breaths a newborn takes in one minute. If there are 60 breaths or more in a minute, the count should be repeated. If the repeat count is also 60 or more, the newborn has the danger sign "Fast Breathing".
- If lower chest moves in when the newborn breathes in, and this is seen clearly and consistently, the newborn has the danger sign "Chest indrawing".
- A baby with fast breathing (second count 60 or greater) or chest indrawing must be sent to a health facility immediately because these are danger signs.
SESSION 18: Danger signs: High or very low temperature

(Time required: 1 hour)

**Materials**

- Digital centigrade thermometer (adapt the session if using non-digital or Fahrenheit thermometer)

**Preparation**

- Have enough thermometers to give one to each trainee

**TRAINING STEPS**

1. **INTRODUCE THE SESSION (5 MINUTES)**

   Explain that the purpose of this session is to learn to measure temperature of a newborn.

   Explain or read out loud: **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

2. **GIVE RELEVANT INFORMATION: WHY MEASURE TEMPERATURE (5 MINUTES)**

   Explain or read out loud:

   **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.
3. **EXPLAIN TEMPERATURE SCALE (10 MINUTES)**

Ask trainees if they know the normal temperature of a human being. Draw a scale like the following on the blackboard / flipchart:

32……33……34……35……36……37……38……39……40……41

Very low temperature (danger sign)   High temperature (danger sign)

Review whether they understand decimals (e.g. what 36.5 means; if not explain). Explain that our normal temperature is between 36.5°C and 37.5°C.

Explain that a newborn with temperature 37.5°C or more has high temperature and therefore has a danger sign. Also, a newborn with temperature 35.4°C or less has a danger sign because the temperature is very low.

4. **DEMOnSTRATION: USING THE THERMOMETER (10 MINUTES)**

   a. Distribute the thermometers.
   
   b. Explain that the thermometer should be used only to measure the temperature in the baby’s axilla (arm pit).
   
   c. Point to the different parts of the thermometer -- particularly the tip, display window and the on/off button.
   
   d. Help the trainees to get familiar with the thermometers and switch them on and read the display window.
   
   e. Mention that the battery in the thermometer should last about three years. Tell them how to decide that the battery is dead and needs to be replaced (check the manufacturer's instructions). Ask the trainees to report this immediately to their supervisor.
5. **GIVE RELEVANT INFORMATION: MEASURING TEMPERATURE (10 MINUTES)**

Ask a trainee to read out loud the steps in measuring temperature listed in the box below.

<table>
<thead>
<tr>
<th>Measuring temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Take thermometer out of the box, hold at broad end.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Press the &quot;on&quot; button once to turn the thermometer on.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• When you hear 3 short beeps, and the numbers stop changing, remove the thermometer (this will take a few minutes).</td>
</tr>
<tr>
<td>• Remove the thermometer and read the number in the display window. Record the temperature reading.</td>
</tr>
<tr>
<td>• Turn the thermometer off; clean the shining tip with warm soapy water, air dry, and place it in the storage case.</td>
</tr>
</tbody>
</table>

Review the common errors that can happen during measurement of temperature. These are listed in the box below.

<table>
<thead>
<tr>
<th>Common errors in temperature measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Thermometer not properly placed in the armpit so that the tip juts out at the other end of the armpit of the baby.</td>
</tr>
<tr>
<td>• Thermometer not held firmly in the armpit of the baby.</td>
</tr>
<tr>
<td>• Removing the thermometer from the armpit without hearing the three beeps, because you think it has been there for a long time.</td>
</tr>
<tr>
<td>• Not recording the temperature immediately after measuring it.</td>
</tr>
</tbody>
</table>

6. **DEMONSTRATION: TAKING TEMPERATURE (5 MINUTES)**

a. Ask a trainee to help you by reading out each step as you demonstrate. Gather the trainees around you and the doll, making sure everyone can see.

b. Demonstrate how to take a newborn's temperature using a doll, particularly where to place the thermometer tip and how to hold the baby's arm.

c. Answer any questions the trainees might have.
Unit 2: Home visits after birth  Session 18: Danger signs: High or very low temperature

7. PRACTICE: TAKING TEMPERATURE (10 MINUTES)
   a. Ask the trainees to measure their own temperature following the steps in the box.
   b. Discuss their findings as a group.

8. GIVE RELEVANT INFORMATION (5 MINUTES)

   Read out loud:

   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 -- 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 counselled on keeping the baby warm.

9. SUMMARIZE THE MAIN POINTS OF THE SESSION:

   • You should measure a newborn’s temperature at every home visit by placing a thermometer in the baby’s armpit.

   • A baby that is too hot (has a fever) or is too cold has a danger sign and needs to be urgently referred to a health facility.
SESSION 19: Danger signs: Assess for yellow soles, movement and local infection

(Time required: 45 minutes)

Materials

- Training DVD: Clip 8: Yellow soles
- Training DVD: Clip 9: No movements or movements only on stimulation
- Equipment to show the DVD

Preparation

- Check the DVD and make sure you are prepared to show the appropriate clips

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

   Explain that the purpose of this session is to learn about the last three danger signs: yellow soles, less than normal movement and local infections

   Explain or read out loud: 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
2. **REINFORCE LEARNING: REVIEW THE DANGER SIGNS TRAINEE HAVE LEARNED UP TO NOW (5 MINUTES)**

Ask the trainees to name the danger signs they have learnt to assess up to now. Ask one trainee to come up and write one danger sign on the flip chart. Then ask another trainee to write another on the flip chart. Continue until all the following danger signs have been listed:

- Not able to feed since birth, or stopped breastfeeding well
- Convulsed or fitted since birth
- Fast breathing -- two counts of 60 breaths or more per minute
- Chest indrawing
- High temperature (37.5°C or more)
- Low temperature (35.4°C or less)

Explain that the trainees will learn how to assess for the three remaining danger signs in this session:

- Yellow soles
- Movement only on stimulation, or no movement even on stimulation
- Local infection -- umbilicus red or draining pus, skin boils or eyes draining pus

3. **GIVE RELEVANT INFORMATION: LOOK FOR YELLOW SOLES AND MOVEMENT (10 MINUTES)**

*Read out loud:*

**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.
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.

4. REINFORCE LEARNING: DVD DEMONSTRATION: CLIP 8: YELLOW SOLES AND CLIP 9: NO MOVEMENTS OR MOVEMENTS ONLY ON STIMULATION (10 MINUTES)

Show the trainees Clip 8 on how to look for yellow soles (duration 1 minute). At the end of the clip, ask for any questions and discuss as needed.

Then show Clip 9 about how to assess for movement (duration 3:18).

Emphasize that if a baby was moving when the CHW was observing breastfeeding and looking for other danger signs, there is no need to stimulate the baby. This baby does not have the danger sign related to movement.
5. GIVE RELEVANT INFORMATION: SIGNS OF LOCAL INFECTION (5 MINUTES)

Read out loud:

**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.

Ask for any questions and clarify as required.

6. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

You have now learnt about all the danger signs of illness in a newborn. These include:

- not able to feed or stopping 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 on stimulation, or no movement even on stimulation
- signs of local infection -- umbilicus red or draining pus, skin boils or eyes draining pus

If a newborn has any of these danger signs, refer him to the health facility immediately.
SESSION 20: Measure birth weight and identify small babies

(Time required: 1 hour 30 minutes)

Materials

- Hand-held weighing scale and sling for each CHW
- Dolls of different weights (preferably in the range of 1.2 to 3.0 kg)
- Training DVD: Clip 10: Measure weight
- Equipment to show the DVD

Preparation

- Check the DVD and make sure you are prepared to show the appropriate clip

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of the session is to learn to measure a newborn’s birth weight using a hand-held scale, and determine if the baby is normal, small or very small.

*Explain or read out loud: 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.
2. **GIVE RELEVANT INFORMATION: WHY A NEWBORN’S WEIGHT IS IMPORTANT (10 MINUTES)**

*Explain or read out loud:*

**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:

<table>
<thead>
<tr>
<th>Problems faced by small babies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low temperature</strong>: 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.</td>
</tr>
<tr>
<td><strong>Feeding problems</strong>: 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.</td>
</tr>
<tr>
<td><strong>Infection</strong>: 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.</td>
</tr>
<tr>
<td><strong>Breathing</strong>: Very small babies may have difficulty in breathing because their lungs have not yet matured.</td>
</tr>
</tbody>
</table>
3. **DEMONSTRATION: HAND-HELD WEIGHING SCALE (10 MINUTES)**

a. Distribute the weighing scales to the trainees.

b. Show the different parts: top bar, adjustment knob, colour-coded scale, hook, and sling.

c. Encourage the trainees to look at their weighing scales and identify the different parts.

d. Show the trainees the colour coding and graduations on the scale. Explain that the scale starts at 0 and goes up to 5 kg. Draw the scale on the blackboard or flip chart. Mark a point between 1 and 2 kg. Ask the trainees:

   **What is the reading?** (e.g. 1.4, 1.7, 1.8).

e. Repeat the same exercise with a new mark between 2 and 3 kg.

4. **GIVE RELEVANT INFORMATION: HOW TO WEIGH A BABY (20 MINUTES)**

Ask a trainee to read out loud the steps in weighing a baby.

<table>
<thead>
<tr>
<th>Steps in weighing the baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain to the family why you are weighing the baby – be sure to explain what you are doing throughout the weighing.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Place the weighing scale and the sling on a clean surface.</td>
</tr>
<tr>
<td>• Adjust the knob to make sure that the scale reads ZERO when you hang the sling on it.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• Draw the sides of the sling up and attach the sling to the hook on the scale.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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</td>
</tr>
</tbody>
</table>
**Steps in weighing the baby**

- Explain to the family what you found.

**Read out loud:**

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.
5. **REINFORCE LEARNING: PRACTICE INTERPRETING THE WEIGHT (5 MINUTES)**

Draw this table on the blackboard or flip chart. Ask a trainee to fill in the second column (colour zone on the scale). Ask another trainee to tick what she would do for this baby if there are NO DANGER SIGNS:

<table>
<thead>
<tr>
<th>Weight</th>
<th>Colour zone on weighing scale</th>
<th>Refer the baby?</th>
<th>Counsel on care for the small baby?</th>
<th>Counsel on normal care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4 kg</td>
<td>Red</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.9 kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0 kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 kg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 kg</td>
<td></td>
<td></td>
<td></td>
<td>Refer to a health facility</td>
</tr>
</tbody>
</table>

**ANSWERS:**
- 2.9 kg: Green/Counsel on normal care
- 2.0 kg: Yellow/Counsel on care for the small baby
- 2.1 kg: Yellow/Counsel on care for the small baby
- 1.3 kg: Red/Refer to a health facility

6. **DEMONSTRATIONS: DVD CLIP 10: MEASURE WEIGHT, AND DEMONSTRATION WITH A DOLL (10 MINUTES)**

a. First, play Clip 10: Measure weight to show how to weigh a baby (duration: 2:12). Answer any questions the trainees have.

b. Demonstrate how to weigh a baby using the hand-held weighing scale and a doll.
   - Ask your co-facilitator to help by playing the mother.
   - Ask a trainee to read the steps in the box that has the steps in weighing, one at a time, while you demonstrate the step.
   - Show how to weigh a baby using the weighing scale and a doll, doing each step as it is read.

c. Record the weight on the Mother and Baby Card and the CHW Register Section 2 and explain it to the mother.
7. **PRACTICE: WEIGHING THE BABY (30 MINUTES)**

a. Divide trainees into groups of 3

b. Have each group practice weighing 3 dolls (one for each CHW). Ask one CHW to weigh and record the weight, the other to play the role of the mother and the third to read the steps. Depending on the number of dolls available, you may need to pass the dolls from group to group so that each CHW can weigh a different doll.

c. Move through the room and assist if needed.

d. Check whether the process is correct and weight measurements are accurate. Give feedback to each group.

8. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- Small babies require special care and attention. It is important to weigh a newborn on the day of birth to know whether he or she is small.
- Weigh newborns in the home using a hand-held scale.
  - If the scale shows the newborn’s weight is in the green zone, the baby is a normal birth weight.
  - If the weight is in the yellow zone, the baby is small and needs extra care and attention at home.
  - If the weight is in the red zone, the baby is very small and should go to the health facility immediately.
SESSION 21: Field practice: Assessing a newborn in a health facility

(Time required: 2 hours 30 minutes)

Materials (for each CHW to have)

- Counselling Cards
- Mother and Baby Card
- CHW Register
- Weighing scale and sling, thermometer and timer
- Monitoring checklist for Session 21 for each facilitator. (See Annex C.)

Preparation

- Arrangements should have been completed by the Course Director or a field practice organizer for CHWs to visit a health facility where they can assess newborns for danger signs, observe breastfeeding and weigh the baby using the hand-held scale. (See 11. Organize Field Practice, in section II. Prepare to conduct the course.)
- After arriving at the facility for the visit (perhaps while the trainees are washing their hands), the facilitator should visit the mothers present and ask their permission to allow their newborns to be seen by trainees, or facility staff may be asked to do this.

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of the session is to practice assessing a newborn for danger signs, observing a breastfeed, and measuring the baby’s weight using the hand-held scale.

Explain or read out loud: 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

2. PREPARE FOR THE PRACTICE SESSION (5 MINUTES)

Before leaving for the health facility, ask the trainees to take with them all the materials they will need for assessment of a newborn (Counselling Cards, timer, thermometer and weighing scale and sling, pens/pencils, Mother and Baby Card, CHW Register).

Explain the rules to follow in the health facility -- that the trainees must not be loud, must be respectful to the mothers and other family members, and must not obstruct the work of the staff.

If they identify any danger sign in the baby, they should report it immediately to you (the facilitator), so that you can make the staff aware and they can take the necessary action. If they believe that the breastfeeding positioning and attachment can be improved, they should inform you before counselling the mother so that you can supervise.

3. WASH HANDS (15 MINUTES)

On arrival at the health facility, you and all trainees should wash their hands thoroughly as learnt in a previous session before starting the assessment and again before touching a different baby.

4. DEMONSTRATE THE ASSESSMENT ON THE FIRST BABY (15 MINUTES)

Follow the First Postnatal Visit Card 1: Assess Feeding, Danger Signs and Weight. Show how to:

• 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

5. PRACTICE: ASSESSING A NEWBORN (1 HOUR 20 MINUTES)

a. Divide the trainees in pairs. Allocate two newborns to each pair so that each trainee makes at least one full assessment. While one trainee does the assessment, the other should observe. They should switch the roles with the next newborn.
b. Observe the trainees as they practice. Use the monitoring checklist for Session 21 to note competencies demonstrated. Be available to assist or answer questions. Make sure that the practice is not interfering too much with the ward routine, especially provision of treatment.

c. When a trainee identifies a danger sign, she should inform a facilitator. Assess the newborn yourself to confirm the presence of the danger sign. If the newborn does have a danger sign, inform the staff immediately so that the newborn can be given care. If the newborn does not have the danger sign, use the opportunity to give additional guidance.

d. If a trainee does not identify a danger sign correctly, or measure weight correctly, demonstrate and let the pair of trainees look again. For example if a trainee incorrectly identifies chest indrawing, find out why she decided differently—where she was looking, when she thinks breathing in or out is occurring, or other relevant factors.

e. Treat trainees’ opinions with respect. Convey the fact that you might be wrong. "Let's look again." "Now, is it more clear in this position?" "Ben was correct to doubt chest indrawing if he was not sure. Let’s look in a different position." Make sure the atmosphere is supportive, so trainees do not feel bad if they get a sign wrong. You may say, "It takes awhile to learn these signs. Do not feel bad if you make a mistake—we all will."

6. FEEDBACK (30 MINUTES)

a. Gather the trainees together after they have completed the assessments.

b. If you observed any errors, discuss how to correct them without mentioning who made the error.

c. Answer any questions that the trainees have.

d. Praise the trainees for things they did correctly, and give suggestions and encouragement to help them improve.

7. SUMMARIZE THE MAIN POINTS OF THE SESSION

- It is important to assess every newborn at every home visit for breastfeeding and danger signs.

- At the first home visit after birth, a CHW should also take the weight of the newborn to decide whether the baby is normal, small or very small.
SESSION 22: Deciding how to proceed after assessment

Time required: 30 minutes

Materials

- Hand-held weighing scale and sling for each CHW
- Dolls of different weights (preferably in the range of 1.2 to 3.0 kg)
- Training DVD: Clip 10: Measure weight

Preparation

- Have the prepared cards, flip chart and tape/plaster ready for the card game

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of this session is to learn how to use your assessment findings to decide how to proceed after assessing a baby for danger signs and measuring weight.

**Explain or read out loud: 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

2. GIVE RELEVANT INFORMATION: HOW TO PROCEED AFTER ASSESSMENT (5 MINUTES)

Ask the trainees to look at the remaining two cards for the first postnatal home visit. Ask a trainee to read the titles of the cards (Card 2: Care of the Normal Baby; Card 3: Care of the Small Baby). Do not read the entire cards at this stage.

**Explain or read out loud:**

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 A HEALTH FACILITY using a Referral Note.

Tell the trainees that they will learn how to use a Referral Note in a later session.

3. **REINFORCE LEARNING: CARD GAME ON DECISION-MAKING FOLLOWING ASSESSMENT (20 MINUTES)**

**Purpose**
- To practice deciding how to proceed after assessment based on what the CHW finds during the assessment.

**Prepare**
- **Decision Cards** — copy these three decisions onto three cards of coloured cardboard or paper.
  
  **Proceed to Use card 2: Care of the Normal Baby**
  
  **Proceed to Use card 3: Care of the Small Baby (instead of Card 2)**
  
  **Refer Urgently to Health facility**

- **Baby’s cards** — Prepare at least 40 cards describing assessment results of a baby – about 20 needing normal care, 10 needing care of the small baby and 10 needing referral.

A set of cards is provided at the end of this session for photocopying. Use a different colour paper. To make the cards sturdier, photocopy on a heavy stock paper, or paste the photocopies onto cardboard. Then, cut the cards on the lines to separate them.
How to play the game

a. Explain that the purpose of the game is to practice deciding what CHWs should do based on the findings of the assessment of a newborn.

b. Stick the Decision Cards on the flip chart or blackboard, as if they are 3 column headings:

   Proceed to Use card 2: Care of the Normal Baby

   Proceed to Use card 3: Care of the Small Baby (instead of Card 2)

   Refer Urgently to Health facility.

c. Give one BABY card to each CHW. Ask them to read the card carefully, decide what they would do for this baby and stick the card on the flip chart or blackboard below the correct decision.

   If the CHWs are finding this difficult, demonstrate how to do it using another baby card. Encourage the community health workers to refer to the First Postnatal Visit Card 1: Assess Feeding, Danger Signs and Weight as needed.

d. After all CHWs have finished, ask them to present their decision to the group and ask the group if they agree. If the CHW has made a mistake, ask her or him to correct it now by shifting the card to the correct decision,

e. Continue the game using more cards until CHWs have become confident in making the decisions.

4. SUMMARIZE THE MAIN POINTS OF THE SESSION

- If the baby has any danger sign, refer the baby to a health facility immediately using the Referral Note.

- If the baby’s weight is in the red zone, refer the baby to the health facility immediately using the Referral Note.

- If the baby's weight is in the yellow zone but she or he has no danger signs, counsel the family on Care of the Small Baby at home (Postnatal Visit Card 3).

- If the baby has no danger sign and the weight is in green zone, counsel the family on Care of the Normal Baby (Postnatal Visit Card 2).
<table>
<thead>
<tr>
<th>BABY OF DALILI</th>
<th>BABY RAMI</th>
<th>BABY PERCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 HOURS OLD</td>
<td>8 HOURS OLD</td>
<td>HOURS OLD</td>
</tr>
<tr>
<td>• ABLE TO FEED</td>
<td>• ABLE TO FEED</td>
<td>• ABLE TO FEED</td>
</tr>
<tr>
<td>• CONVULSIONS</td>
<td>• NO CONVULSIONS</td>
<td>• NO CONVULSIONS</td>
</tr>
<tr>
<td>• 55 BREATHS/MINUTE</td>
<td>• 55 BREATHS/MINUTE</td>
<td>• 44 BREATHS/MINUTE</td>
</tr>
<tr>
<td>• NO CHEST INDRAWING</td>
<td>• NO CHEST INDRAWING</td>
<td>• NO CHEST INDRAWING</td>
</tr>
<tr>
<td>• TEMPERATURE 39°</td>
<td>• TEMPERATURE 37.2°</td>
<td>• TEMPERATURE 36.6°</td>
</tr>
<tr>
<td>• SOLES NOT YELLOW</td>
<td>• SOLES NOT YELLOW</td>
<td>• SOLES NOT YELLOW</td>
</tr>
<tr>
<td>• MOVEMENT ONLY ON STIMULATION</td>
<td>• MOVING ON HIS OWN</td>
<td>• MOVING ON HIS OWN</td>
</tr>
<tr>
<td>• PUS FROM UMBILICUS</td>
<td>• EYES DRAINING PUS</td>
<td>• NO PUS FROM EYES, SKIN OR UMBILICUS</td>
</tr>
<tr>
<td>WEIGHT: GREEN ZONE</td>
<td>WEIGHT: GREEN ZONE</td>
<td>WEIGHT: GREEN ZONE</td>
</tr>
<tr>
<td>BABY OF NAFIA</td>
<td>BABY SUSAN</td>
<td>BABY MAMO</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>12 HOURS OLD</td>
<td>10 HOURS OLD</td>
<td>12 HOURS OLD</td>
</tr>
<tr>
<td>ABLE TO FEED</td>
<td>NOT ABLE TO FEED</td>
<td>ABLE TO FEED</td>
</tr>
<tr>
<td>NO CONVULSIONS</td>
<td>NO CONVULSIONS</td>
<td>NO CONVULSIONS</td>
</tr>
<tr>
<td>50 BREATHS/_MINUTE</td>
<td>58 BREATHS/_MINUTE</td>
<td>52 BREATHS/_MINUTE</td>
</tr>
<tr>
<td>NO CHEST INDRAWING</td>
<td>NO CHEST INDRAWING</td>
<td>NO CHEST INDRAWING</td>
</tr>
<tr>
<td>TEMPERATURE 35.0°</td>
<td>TEMPERATURE 35.6°</td>
<td>TEMPERATURE 35.5°</td>
</tr>
<tr>
<td>SOLES NOT YELLOW</td>
<td>SOLES NOT YELLOW</td>
<td>SOLES NOT YELLOW</td>
</tr>
<tr>
<td>MOVING ON HER OWN</td>
<td>MOVING ON HER OWN</td>
<td>MOVING ON HIS OWN</td>
</tr>
<tr>
<td>NO PUS FROM EYES, SKIN OR UMBILICUS</td>
<td>NO PUS FROM EYES, SKIN OR UMBILICUS</td>
<td>NO PUS FROM EYES, SKIN OR UMBILICUS</td>
</tr>
<tr>
<td>WEIGHT: YELLOW ZONE</td>
<td>WEIGHT: GREEN ZONE</td>
<td>WEIGHT: GREEN ZONE</td>
</tr>
</tbody>
</table>
### BABY OF NEMO
8 HOURS OLD

- Able to feed
- No convulsions
- 70 breaths/minute
- Repeat count 66/minute
- Chest indrawing
- Temperature 36°6
- Soles not yellow
- Moving on his own
- No pus from eyes, skin or umbilicus

Weight: Green zone

---

### BABY MIRA
12 HOURS OLD

- Able to feed
- Convulsions
- 61 breaths/minute
- Repeat count 66/minute
- No chest indrawing
- Temperature 36.2°
- Soles not yellow
- Moving on her own
- No pus from eyes, skin or umbilicus

Weight: Yellow zone

---

### BABY ABEJE
20 HOURS OLD

- Not able to feed
- No convulsions
- 48 breaths/minute
- No chest indrawing
- Temperature 36.8°
- Soles not yellow
- No movement even on stimulation
- No pus from eyes, skin or umbilicus

Weight: Green zone
### BABY OF THEARY
#### 8 HOURS OLD
- Able to feed
- No convulsions
- 44 breaths/minute
- No chest indrawing
- Temperature: 36.6°
- Soles not yellow
- Moving on her own
- No pus from eyes, skin or umbilicus

**Weight:** Yellow Zone

### BABY OF RESTY
#### 10 HOURS OLD
- Able to feed
- No convulsions
- 44 breaths/minute
- No chest indrawing
- Temperature: 37.6°
- Soles not yellow
- Moving on her own
- No pus from eyes, skin or umbilicus

**Weight:** Yellow Zone

### BABY STEVE
#### 14 HOURS OLD
- Able to feed
- No convulsions
- 57 breaths/minute
- No chest indrawing
- Temperature: 37°
- Soles not yellow
- Moving on his own
- No pus from eyes, skin or umbilicus

**Weight:** Green Zone
<table>
<thead>
<tr>
<th>Baby Name</th>
<th>Age (Hours Old)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby of Michelle</td>
<td>6</td>
<td>Able to feed, no convulsions, 52 breaths/minute, no chest indrawing, temperature 37°, soles not yellow, movement only on stimulation, no pus from eyes, skin or umbilicus, weight: green zone</td>
</tr>
<tr>
<td>Baby of Nadia</td>
<td></td>
<td>Able to feed, no convulsions, 48 breaths/minute, no chest indrawing, temperature 36.8°, soles not yellow, moving on his own, no pus from eyes, skin or umbilicus, weight: green zone</td>
</tr>
<tr>
<td>Baby Jane</td>
<td></td>
<td>Able to feed, no convulsions, 50 breaths/minute, no chest indrawing, temperature 37.3°, soles not yellow, moving on her own, no pus from eyes, skin or umbilicus, weight: green zone</td>
</tr>
</tbody>
</table>
### BABY OF DAYO
12 HOURS OLD
- Able to feed
- No convulsions
- 68 breaths/minute
- Repeat count 54/minute
- No chest indrawing
- Temperature 37°C
- Soles not yellow
- Moving on his own
- No pus from eyes, skin or umbilicus

**Weight:** Green Zone

### BABY SAMUEL
13 HOURS OLD
- Able to feed
- No convulsions
- 48 breaths/minute
- No chest indrawing
- Temperature 36.9°C
- Soles not yellow
- Moving on his own
- No pus from eyes, skin or umbilicus

**Weight:** Yellow Zone

### BABY JOHN
12 HOURS OLD
- Able to feed
- No convulsions
- 55 breaths/minute
- No chest indrawing
- Temperature 35.8°C
- Soles not yellow
- Moving on his own
- No pus from eyes, skin or umbilicus

**Weight:** Yellow Zone
### Baby of Hope
- 4 Hours Old
- Able to feed
- No convulsions
- 54 breaths/minute
- No chest indrawing
- Temperature 36.2°
- Soles not yellow
- Moving on his own
- No pus from eyes, skin or umbilicus
- Weight: Green Zone

### Baby Roberto
- 16 Hours Old
- Able to feed
- No convulsions
- 50 breaths/minute
- No chest indrawing
- Temperature 36.9°
- Soles not yellow
- Moving on his own
- No pus from eyes, skin or umbilicus
- Weight: Yellow Zone

### Baby Diana
- 1 Day Old
- Able to feed
- No convulsions
- 60 breaths/minute
- No chest indrawing
- Temperature 37.3°
- Soles not yellow
- Moving on her own
- No pus from eyes, skin or umbilicus
- Weight: Green Zone
SESSION 23: Care of the normal baby

Time required: 1 hour 5 minutes

Materials

- Blackboard or flip chart paper
- Counselling Cards
- Mother and Baby Card
- Equipment for showing DVD
- Training DVD: Clip 5: Support breastfeeding: Teach correct positioning and attachment for breastfeeding

Preparation

- Prepare to show Clip 5, if you decide it is needed

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of this session is to learn how to help a family care for the normal baby -- promote and support exclusive breastfeeding, keep the newborn warm, practice good hygiene and seek care promptly in case of illness.

Explain or read out loud: 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
2. **REINFORCE LEARNING: REVIEW: OBSERVING A BREASTFEED (5 MINUTES)**

Ask the trainees:

*What should you look for while observing a breastfeed?*

**ANSWER:** Signs of good attachment and effective suckling:

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

The baby should be taking slow, deep sucks with pauses.

3. **GIVE RELEVANT INFORMATION: EXCLUSIVE BREASTFEEDING (10 MINUTES)**

*Explain or read out loud:*

**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.

Ask the trainees what they recall about helping a mother improve positioning and attachment. Listen to their answers. They should include the points below. If you feel that trainees are not able to answer sufficiently, show the relevant video again: Clip 5: Teach correct positioning and attachment for breastfeeding (duration 5:33).

- Mother is relaxed and comfortable
- Help the mother and baby get in a good position:
  - Baby’s head and body are in line (neck not twisted)
  - Baby is held close to mother’s body, facing the breast
  - Baby’s whole body is supported
- Ask mother to touch the baby’s lips with her nipple
- When baby’s mouth is open wide, move him quickly onto the breast
• Ask mother how that feels. Look for signs of good attachment.
• If attachment is not good, try again.

4. DETERMINE WHAT THE TRAINEES ALREADY KNOW (5 MINUTES)

Ask the trainees to suggest some reasons why the baby may not get enough breast milk. Write their answers on the flip chart. Use these in the next training step.

5. GIVE RELEVANT INFORMATION: PROMOTING EXCLUSIVE BREASTFEEDING (5 MINUTES)

Ask a trainee to read out loud:

<table>
<thead>
<tr>
<th>Reasons a baby may not get enough milk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family giving other feeds</strong>: 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.</td>
</tr>
<tr>
<td><strong>Infrequent feeds</strong>: 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.</td>
</tr>
<tr>
<td><strong>Feeds not long enough</strong>: 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.</td>
</tr>
<tr>
<td><strong>Mother lacks confidence, is worried or tired</strong>: 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.</td>
</tr>
<tr>
<td><strong>Baby not positioned or attached well</strong>: 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.</td>
</tr>
</tbody>
</table>

Explain that after the community health worker has identified the reason why the family is reluctant to exclusively breastfeed, she should try to address this concern by giving relevant advice and encouragement. Read out loud each row of the table below one by one and discuss with trainees:

<table>
<thead>
<tr>
<th>Relevant advise for a mother reluctant to exclusively breastfeed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Problem</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Family giving other feeds</td>
</tr>
</tbody>
</table>
Relevant advice for a mother reluctant to exclusively breastfeed

<table>
<thead>
<tr>
<th>Family thinks water should be given in hot weather.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother does not think that she has enough breast milk.</td>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

6. GIVE RELEVANT INFORMATION: KEEPING A NEWBORN WARM (5 MINUTES)

**Explain or read out loud:**

*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:*

<table>
<thead>
<tr>
<th>How to keep a newborn warm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep the room where the mother and newborn stay warm and free from draughts.</td>
</tr>
<tr>
<td>Dress the newborn in several layers of clothes, and keep the baby in the same bed as the mother.</td>
</tr>
<tr>
<td>Keep the newborn’s head covered with a hat.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Ask:**

*What do families do to keep newborns warm in your communities?*

Listen to some answers. Then ask:
Do you think families will be able to follow the recommendations for keeping a newborn warm? If not, what problems do you think families will face?

If trainees state problems, remind them that it will be their job to help families find ways to solve the problems.

7. GIVE RELEVANT INFORMATION: PREVENTING INFECTIONS AND PROMOTING THE BABY’S DEVELOPMENT (5 MINUTES)

Explain or read out loud:

**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.

Explain or read out loud:

**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.

8. GIVE RELEVANT INFORMATION: FIRST POSTNATAL VISIT CARD 2: CARE OF THE NORMAL BABY (5 MINUTES)

a. Ask the trainees to turn to First Postnatal Visit Card 2: Care of the Normal Baby

b. Ask them what they see in the pictures and discuss the illustrations.
c. Read the card out loud or ask some trainees to take turns reading.

d. Discuss and answer any questions.
9. GIVE RELEVANT INFORMATION: DANGER SIGNS (5 MINUTES)

Explain or read out loud:

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.

Ask the trainees to look at the Mother and Baby Card. Explain that the conditions for which the family should go the health facility immediately are shown on the right hand side of the card. Continue to read further:

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

Explain that these signs of illness are slightly different from what the CHWs themselves will look for during the home visits. This is because the family members are not trained to assess for specific danger signs -- such as counting breaths and looking for chest indrawing or measuring temperature.

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

10. DISCUSSION IN THE LARGE GROUP: REASONS WHY A FAMILY COULD BE RELUCTANT TO TAKE THEIR SICK BABY TO A HEALTH FACILITY (10 MINUTES)

Explain that families may have problems in taking sick newborns to a health facility even if they identify signs of illness.
Ask:

**What problems could families in your communities have in taking mothers and newborns to a health facility?**

Listen to their answers. You may write the problems on the flip chart, or just list any problems that are not listed below.

Then read out loud each row of the table below one by one and discuss.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family thinks they should take a sick baby to the faith healer first</td>
<td>A baby with danger signs needs urgent treatment in a health facility, and could die quickly if he/she does not get this treatment.</td>
</tr>
<tr>
<td>Family has fear of the health facility</td>
<td>Explain that treatment using injections is necessary for a baby who has a severe illness. This can be done only in a health facility.</td>
</tr>
<tr>
<td>Family thinks it would cost them too much to get treatment</td>
<td>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.</td>
</tr>
<tr>
<td>Family does not have any transport to take the baby to the health facility</td>
<td>Help the family explore options for arranging transport.</td>
</tr>
</tbody>
</table>

Finally, if there is a problem that was mentioned by participants that is not in the table, discuss possible ways the community health worker could help families overcome the problem.

### 11. SUMMARIZE THE MAIN POINTS OF THE SESSION

- At a home visit, if a baby does not have any danger signs and weight is in the green zone, encourage and support the mother to breastfeed exclusively, keep the baby warm, and watch for signs of illness.

- One of your most important tasks as a CHW is to support exclusive breastfeeding. Remember that a mother almost always has plenty of milk for her baby. If the baby breastfeeds frequently and the attachment is good, he or she will get enough. Giving a newborn baby foods or fluids other than breast milk can make him sick.

- A baby learns from birth. It is important to play with and communicate with the baby by talking, singing, and gently touching.

- A newborn baby can become sick very quickly, so it is important to promote frequent hand washing and hygiene. Help the mother and other family members learn to watch the baby for signs of illness.
SESSION 24: Care of the mother

(Time required: 30 minutes)

**TRAINING STEPS**

1. **INTRODUCE THE SESSION (5 MINUTES)**

   Explain that the purpose of this session is to provide CHWs with the knowledge needed to advise a mother on how to care for herself after birth.

   *Explain or read out loud: 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

2. **GIVE RELEVANT INFORMATION: DANGER SIGNS IN THE MOTHER (5 MINUTES)**

   Ask the trainees to look at the Mother and Baby Card where the danger signs for mothers and babies are shown. These danger signs for the mother (and the baby) should be reviewed with the family at each home visit.

   *Explain or read out loud:*

   **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.

**Materials**

- Counselling Cards
- Mother and Baby Card

**Preparation**

- Gather Counselling Cards and Mother and Baby Card for demonstration
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.

---

3. **GIVE RELEVANT INFORMATION: FIRST POSTNATAL VISIT CARD 4: CARE OF THE MOTHER (10 MINUTES)**

   a. Ask the trainees to open their Counselling Cards to First Postnatal Visit Card 4: Care of the Mother (pages 22 and 23).

   b. Ask the trainees what they see in the pictures (page 22). Discuss.

   c. Ask a trainee to read the first few lines on the card and the story of how Abena took care of herself (the bullet points in the box).

   d. Ask for any questions.

   e. Ask the trainees:

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

   Listen to the answers and discuss.

   f. Then read out loud:

   **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.

g. Ask another trainee read the rest of the card from ‘Check understanding’.

h. Ask for any questions on the card, or on how the Mother and Baby Card is used to review danger signs.

4. DETERMINE WHAT THE CHWS ALREADY KNOW (5 MINUTES)

Ask the CHWs:

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

Where can they be referred if they need emergency care?

Listen to the answers and discuss.

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

Facilitator: In these materials, the instruction is written to refer a newborn or a woman with a danger sign “to a health facility”. The intention is to refer the newborn or woman to the facility that is able to provide emergency care and/or the highest level facility to which community health workers are authorized to refer patients. In some settings, CHWs must refer a patient to a facility to see a health worker who may then refer a patient on to a hospital. In other settings, a CHW may be able to refer a patient with danger signs directly to a hospital. Be sure that the CHWs in the training know the facility or facilities to which they should refer a newborn or a woman with danger signs.
5. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- A mother is vulnerable in the days following delivery. To stay healthy, she should go to the postnatal clinic, get family planning counselling, eat well and drink plenty of fluids to regain her strength and support her in producing breast milk, and sleep under an insecticide-treated bednet.

- If a mother has a fever or heavy vaginal bleeding after delivery, or complains of not feeling well, you should refer her to a health facility.

- As with all referrals, if you refer a mother to a health facility and suspect she may not go, ask why and help her and her family solve any problems.
SESSION 25: Classroom practice: First home visit after birth

(Time required: 1 hour and 50 minutes)

**Materials**
- Counselling cards
- Mother and Baby Card
- Referral Note
- Weighing scale, timer and thermometer
- Doll
- Monitoring checklist for Session 25 for each facilitator (See Annex C.)

**Preparation**
- Trainees have all the materials required to conduct the home visit

**TRAINING STEPS**

1. **INTRODUCE THE SESSION (5 MINUTES)**

   Explain that the purpose of this session is to help CHWs master the process of carrying out postnatal home visits.

   *Explain or read out loud: OBJECTIVES OF THIS SESSION*

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

   - Demonstrate how to conduct the first postnatal visit

2. **GIVE RELEVANT INFORMATION: FIRST POSTNATAL VISIT (10 MINUTES)**

   *Read out loud:*

   **Sequence of tasks in the First Postnatal Visit**

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

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

d. 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)

e. Observe the mother breastfeeding the newborn. If necessary, help the mother correct the positioning and attachment. (Card 1: Assess Feeding, Danger Signs and Weight)

f. Assess for danger signs (Card 1: Assess Feeding, Danger Signs and Weight).

  o Based on the above, decide if the baby is not able to feed, or has stopped feeding well.

  o Ask if the baby has had fits or convulsions since birth.

  o 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.

  o Measure the baby's temperature. Decide if the temperature is high or very low.

  o Look at the baby's soles to check if they are yellow.

  o 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.

  o 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.

  g. 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 CHW Register Section 2: List of Mothers and Babies and Home Visit Record.

  h. Based on your assessment decide how to proceed further:

    o counsel on care for a normal baby (use Card 2)

    o counsel on care for a small baby (use Card 3), or

    o refer to health facility if any danger sign present, or weight in red zone. Use the Referral Note.
i. Use First Postnatal Visit Card 4: Care of the Mother.

j. 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.

k. 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.

3. EXERCISE: COMPLETING THE CHW REGISTER DURING THE FIRST POSTNATAL VISIT (10 MINUTES)

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

a. Ask a trainee to read the information below for Jhema Kak:

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 Lily.

b. Ask the trainees to enter this information in their CHW Registers.

c. Give time for trainees to record the information.

d. Walk around to look at trainees working. Make sure that trainees are able to do the task. (Answers are filled in below)
### SECTION 1
LIST OF PREGNANT WOMEN AND HOME VISIT RECORD

<table>
<thead>
<tr>
<th>No</th>
<th>Name of pregnant woman</th>
<th>Age</th>
<th>Address</th>
<th>Expected date of birth (If not known, no. of months pregnant at first visit)</th>
<th>Date of home visits during pregnancy</th>
<th>Pregnancy outcome</th>
<th>Date of pregnancy outcome</th>
<th>Place of birth</th>
<th>Birth attendant</th>
<th>Status of mother after birth</th>
<th>Status of baby at last visit (1 = alive, 2 = dead, 3 = not known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jhema Kak</td>
<td>22</td>
<td>Row 13, H.no. 8, Soni Village</td>
<td>20 Jan 2012</td>
<td>1 Oct 2011</td>
<td>3</td>
<td>9 January 2012</td>
<td>1 home</td>
<td>doctor, nurse or midwife</td>
<td>1 alive</td>
<td>1 alive, 2 = dead, 3 = not known</td>
</tr>
<tr>
<td>2</td>
<td>Mary Luo</td>
<td>21</td>
<td>Row 2 H.no. 12, Soni Village</td>
<td>5 months 24 Feb 2012</td>
<td>12 Oct 2011</td>
<td>3</td>
<td>10 Nov 2011</td>
<td>1 health facility</td>
<td>TBA</td>
<td>1 alive</td>
<td>1 alive, 2 = dead, 3 = not known</td>
</tr>
</tbody>
</table>

### SECTION 2
LIST OF MOTHERS AND BABIES AND HOME VISIT RECORD

<table>
<thead>
<tr>
<th>No</th>
<th>Name of mother and baby</th>
<th>Address</th>
<th>Date of birth</th>
<th>Sex of baby</th>
<th>Birth weight (in kg)</th>
<th>Date of home visits after birth</th>
<th>Date of extra home visits for small babies</th>
<th>Status of mother at last visit (1 = alive, 2 = dead, 3 = not known)</th>
<th>Status of baby at last visit (1 = alive, 2 = dead, 3 = not known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jhema Kak, Lilly</td>
<td>Row 13, H.no. 8, Soni Village</td>
<td>9 Jan 2012</td>
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Facilitator Manual: Caring for the newborn at home
4. **DEMONSTRATION: ROLE PLAY IN SMALL GROUPS (20 MINUTES)**

How to conduct the first postnatal visit

**Purpose**
To demonstrate how a community health worker conducts the first home visit after birth.

**Prepare**
- Divide the trainees into 2 groups with one facilitator per group.
- Gather three chairs for each group—one for the CHW, one for the mother and one for the mother-in-law.
- Select a trainee in each small group to play the role of the mother, and another for the mother-in-law (MIL) and use a doll for the baby. The facilitator will play the CHW.
- The facilitators and selected trainees should read through the role play script a couple of times to be familiar with it.
- First Postnatal Visit Cards 1, 2, 3, 4; Mother and Baby Card; Referral Note; CHW Register
- Weighing scale and sling, timer and thermometer.

**Process**

a. Introduce the role play by reading these instructions:

   *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.*

b. Ask the trainees to watch the interaction and look for:

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

c. After the role play, discuss the points below and any other observations.

- The cards used and how they are used
- The sequence of the visit
- Does the CHW greet, ask and listen, understand the situation, give advice based on that, check understanding, solve any problems and praise?
- Use of CHW Register and Mother and Baby Card
5. **PRACTICE IN SMALL GROUPS: FIRST HOME VISIT AFTER BIRTH (60 MINUTES)**

**Objective:**
At the end of this role play practice, the trainees will be able to demonstrate how to carry out the first home visit after birth for a normal newborn.

**Process:**

a. Divide the trainees into groups of three. Ask the CHWs to refer to the case descriptions in the CHW Manual.

b. In each group, have two CHWs perform a role play while the third watches and observes the interaction. The role play should include using the appropriate counselling cards and Mother and Baby Card.

c. Facilitators observe and use the monitoring checklist for Session 25 to note competencies demonstrated by the CHWs.

d. After each role play, the group of three discuss what was done well and what needs improvement.

e. Have CHWs take turns playing the CHW and the mother so that all 3 cases are completed. Each CHW should have experience practicing all the steps of a First Postnatal Visit.

f. Facilitators circulate in the room, observing and assisting as needed.

g. Bring the groups together after 50 minutes. Ask them how it went. Clarify any questions and encourage them.

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**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.
h. Point out that the 3 cases were all newborns with no danger signs and with weight in the green zone. Therefore, to counsel the family you used Card 2: Care of the Normal Baby.

Ask:

**If a baby has any danger sign, what would you do?**

ANSWER: Refer immediately

**If a baby has weight in the yellow zone, what would you do?**

ANSWER: Use First Postnatal Visit Card 3: Care of the Small Baby

**If a baby has weight in the red zone, what would you do?**

ANSWER: Refer immediately

Explain that HOW the CHW would use the Referral Note and assist with referral will be covered in a later session (tomorrow afternoon). Also, HOW to counsel the family with a small baby will be covered in a later session.

6. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- Today we practiced conducting the first postnatal visit to a family with a normal newborn.
- Tomorrow, you will practice doing the same in the field with a real family.
SESSION 26: Field practice: First home visit after birth

(Time required: 3 hours)

Materials

- Counselling Cards
- Weighing scale, thermometer and timer
- Mother and Baby Card
- CHW Register
- Monitoring checklist for Session 26 for each facilitator (See Annex C.)

Preparation

- Arrangements should have been completed by the Course Director or a field practice organizer for CHWs to make a field visit to women in their homes who have given birth within the past 7 days. (See 11. Organize Field Practice, in section II. Prepare to conduct the course.)
- This preparation should have included:
  - Identification of women with newborns (less than one week old) in nearby communities who are willing to be visited (one woman and baby per 2 trainees) and where their homes are located (addresses or map).
  - Arrangement of transport for CHWs, facilitators and any trainer/supervisors who will accompany the CHWs when they visit the women and newborns.

TRAINING STEPS

1. INTRODUCE THE SESSION

Explain that the purpose of the session is to practice making postnatal home visits with support and supervision of a facilitator.

*Explain or read out loud: OBJECTIVES OF THIS SESSION*

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

  - Conduct a first home visit after birth
2. GIVE RELEVANT INFORMATION TO PREPARE TRAINEES FOR THE FIELD VISITS TO THE HOME OF A NEWBORN (15 MINUTES)

a. Divide trainees into groups of 4. One facilitator should accompany each group. Make pairs within each group. Each group should be assigned at least 2 mothers and babies to visit and given the location of their homes.

Trainees should take all the items they need to complete a postnatal visit (timer, thermometer, hand-held scale, Counselling Cards, Mother and Baby Card, CHW Register)

b. Explain the objective of the field practice and what the groups should do as below:

Each group will visit at least 2 mother and baby pairs. 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.

Facilitator: Because the field visits must be done in the morning, the schedule does not allow trainees to learn how to assist referral and advise on care of a small baby prior to this postnatal home visit. Therefore, you must be prepared to step in if needed. Trainees will learn these skills in the afternoon.
3. **PRACTICE: HOME VISITS TO MOTHERS AND NEWBORNS (FIRST POSTNATAL VISIT)**

   **(2 HOURS)**

   a. Each group goes to two homes to visit the mother and newborn at each.

   b. One CHW assesses the mother and newborn; then the other CHW in the pair counsels the family as appropriate.

   When one CHW is assessing the newborn or talking to the mother, the other CHWs and facilitator observe and may write down any suggestion or idea to discuss after the visit. The facilitator should use the monitoring checklist for Session 26 to note competencies demonstrated by each CHW. Any discussion on how the visit was done takes place outside of the home and not in front of the mother.

   c. Facilitators in the groups observe the work of the trainees and note issues to discuss later. If required, the facilitator assists to refer a newborn with danger signs or weight in the red zone.

   d. The facilitator makes sure that the group completes the 2 visits and returns to the vehicle at the scheduled time and place.

4. **FEEDBACK: DISCUSSION AFTER THE FIELD VISITS (30 MINUTES)**

   Once back at the training classroom, lead a group discussion of the visits. Discuss what went well and was easy to do and what needs more practice. Facilitators provide feedback on their observations. If supervisors of CHWs or other trainers also participated in the visits, they also provide feedback on their observations.

   If any group met a newborn who had danger signs or weight in the red zone, ask the trainees to describe the referral. If any group met a newborn with weight in the yellow zone, ask them to describe how the family was counselled.

   Tell the trainees that care of the small baby and assisting referral will be covered in the next 2 sessions.
SESSION 27: Care of the small baby and follow-up visits

Time required: 1 hour 20 minutes

Materials
- Blackboard, or flipchart paper
- Counselling cards
- Training DVD: Clip 11: Skin-to-skin care
- Equipment to show the DVD
- Clean cloth to secure baby in skin-to-skin position (2 meters long and 75 cm wide)

Preparation
- Check the DVD and make sure you are ready to show Clip 11.

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of the session is to learn how to teach the family to care for a small baby. Remind the trainees that a small baby is a baby whose birth weight is in the yellow zone (2.0–2.4 kg).

Explain or read out loud: 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
2. REINFORCE LEARNING: REVIEW PROBLEMS A SMALL BABY CAN HAVE AND THE EXTRA CARE THEY NEED (5 MINUTES)

Ask the trainees to remember problems a small baby can have.

Then explain or read out loud:

*Problems that small babies can have*

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

Ask the trainees what extra care small they think babies should receive. You can give them a clue that much of the care is the same as that for a normal baby, but they should think about the problems a small baby can have.

Then explain or read out loud:

*Extra care that small babies need*

- 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
- Extra support for breastfeeding
- Extra care for keeping warm
- Extra attention to hygiene

3. GIVE RELEVANT INFORMATION: SUPPORT BREASTFEEDING OF A SMALL BABY (5 MINUTES)

Read out loud:

*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 breastfeeding. 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).

4. **REINFORCE LEARNING: REVIEW HOW TO KEEP A BABY WARM IMMEDIATELY AFTER BIRTH (5 MINUTES)**

Ask the trainees what they have learnt about keeping a newborn warm immediately after birth. Explain that a small baby would need many of these things during the first days and weeks after birth.

Write the correct answers on the blackboard or flipchart and discuss and clarify any answers that are not correct. Then explain or read out loud:

**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*
5. **GIVE RELEVANT INFORMATION (5 MINUTES):**

*Read out loud:*

**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.

**Demonstrate skin-to-skin care:**

Ask your co-facilitator to play the role of the mother. You will need one doll and a cloth to secure the baby. Tell the trainees that in this demonstration, the ‘mother’ can continue to wear his or her shirt, but a ‘real’ mother would not be wearing anything and the baby's skin would be in contact with her skin. Use a doll dressed only in a nappy, hat and socks as the baby. Have a trainee read the following steps out loud as you demonstrate them, one by one.

**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.

6. **DVD DEMONSTRATION: CLIP 11: SKIN-TO-SKIN CARE (5 MINUTES)**

Play the Clip 11 which shows how to place the baby for skin-to-skin contact with the mother (duration 2:30). Answer any questions.
7. **PRACTICE: HELP MOTHER PLACE BABY IN SKIN-TO-SKIN CONTACT (15 MINUTES)**

   a. Divide the trainees into groups of 3.

   b. Give each group a doll and a cloth to secure the baby.

   c. Ask them to practice how to help the mother to place the baby in skin-to-skin contact.

   d. Remind trainees to use all their counselling skills as relevant while helping. Remember to allow the mother to express her feelings, and to build her confidence so that she can take care of her small baby.

   e. Each team should repeat the exercise so that each trainee practices being the community health worker once, while the others in the group play the role of the mother and observer.

8. **GIVE RELEVANT INFORMATION: ADDITIONAL ADVICE FOR SMALL BABIES (5 MINUTES)**

   Read out loud:

   **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.
9. **GIVE RELEVANT INFORMATION: PROMOTING BABY’S DEVELOPMENT (5 MINUTES)**

*Read out loud:*

**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.

10. **GIVE RELEVANT INFORMATION: FIRST POSTNATAL VISIT CARD 3: CARE OF THE SMALL BABY (5 MINUTES)**

a. Have the trainees turn to First Postnatal Visit Card 3: Care of the Small Baby.

b. Ask them what they see in the pictures and discuss the illustrations.

c. Read (or ask a trainee to read) the card out loud.

d. Discuss and answer any questions

11. **REINFORCE LEARNING: SCHEDULE FOR POSTNATAL VISITS AND IMPORTANCE OF VISITS TO A SMALL BABY (10 MINUTES)**

Ask the trainees the questions below. Write the answers on a flip chart to reinforce the learning.

*When should the CHW make visits to a newborn?*

**ANSWER:** On day 1, day 3 and day 7

*When are the extra visits to a small baby?*

**ANSWER:** on day 2 and day 14

*Therefore, when should the CHW make visits to a small baby?*

**ANSWER:** On day 1, day 2, day 3, day 7, day 14
Then ask:

**Why do you think extra visits to a small baby are important?**

Listen to their answers. Be sure that the points such as those below are mentioned:

- 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.

### 12. GIVE RELEVANT INFORMATION: EXTRA VISITS FOR A SMALL BABY (5 MINUTES)

Ask trainees to look at the Counselling Card titled Extra Visits for a Small Baby (the next to last card; pages 40 and 41).

Ask a trainee to read out loud from the card the steps for an extra visit on Day 2.

Then ask:

**What counselling cards would the CHW use during this visit?**

ANSWER: Second Postnatal Visit Cards 1, 3 and 4.

Ask a trainee to read out loud the steps for an extra visit on Day 14.

Ask:

**What counselling cards would the CHW use during this visit?**

ANSWER: Third Postnatal Visit Cards 1, 3 and 4.

Discuss the above questions as needed until trainees seem confident about what to do at the extra visits to a small baby and why extra visits are important.
13. SUMMARIZE THE MAIN POINTS OF THE SESSION

- Breast milk is always the best food for babies. A CHW can support a mother in breastfeeding her small baby by helping build her confidence and improving positioning and attachment.
- Small babies need to feed frequently, at least every 2 hours during the day and night.
- Mothers of small babies need extra support to feel confident about caring for a small baby.
- Small babies need extra attention to keep 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.
- Make extra visits to the family of a small baby; visit on day 1, 2, 3, 7 and 14 to assess the baby’s feeding, assess danger signs, reinforce advice on care of the small baby, and to give extra support and confidence to the family.
SESSION 28: Assisting referral for the baby with a danger sign or with weight in red zone and following up

(Time required: 1 hour 15 minutes)

Materials

- Blackboard, or flipchart paper
- Referral Note
- CHW Register (Section 2: List of Mothers and Babies and Section 4: List of Referred Babies)
- A doll, with nappy, hat and socks
- Cloth to tie around the mother and baby to secure the baby
- A shirt or sweater for the mother to wear

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

Explain that the purpose of the session is to learn how to assist a family when referring a baby with a danger sign or weight in the red zone, and how to conduct a follow-up visit to a baby who was referred.

*Explain or read out loud: 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 family 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.
2. DISCUSSION IN THE LARGE GROUP (10 MINUTES)

Explain or read out loud the story in the box below:

<table>
<thead>
<tr>
<th>Story of a sick baby</th>
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<tr>
<td>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.</td>
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</tbody>
</table>

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.

Ask the trainees these questions about the story and discuss the answers:

- *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?*

Point out that:

The CHW in the story not only convinced Charlotte that the baby needed health facility care but also solved problems that were stopping her going to the health facility. Babies with danger signs need to be taken to the health facility urgently.

Explain that if you suspect that the family does not want to take a baby with danger signs to health facility or is delaying taking the baby, you should talk to them to find out why. Then you can calm the family's fears and help solve any problems that might prevent the baby from receiving care. Delaying care by only a few hours can be very serious for the baby.
3. DISCUSSION IN THE LARGE GROUP: OVERCOMING OBSTACLES TO REFERRAL (10 MINUTES)

Difficulties in taking the baby to a hospital

*Read out loud:*

> 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.

Ask a trainee to read one row; then discuss. Continue in this way through the table.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear that the health facility is a place where babies often die</td>
<td>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.</td>
</tr>
<tr>
<td>No one to care for the other children or to do the daily tasks</td>
<td>Ask who could help with the children/tasks, for example, a relative or neighbour. Help the mother contact these people.</td>
</tr>
<tr>
<td>Lack of transport</td>
<td>Assist the family in finding a means of transport.</td>
</tr>
<tr>
<td>Lack of money</td>
<td>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.</td>
</tr>
<tr>
<td>Family wants to take the baby to a faith healer first</td>
<td>Explain that a baby with a danger sign needs urgent treatment in a health facility. Delaying treatment may make the baby worse.</td>
</tr>
<tr>
<td>Mother is alone and needs permission of a family elder or her husband</td>
<td>Help the mother to contact a person who can give her permission to take the baby to the health facility.</td>
</tr>
</tbody>
</table>
4. DEMONSTRATION: USING THE REFERRAL NOTE (10 MINUTES)

a. Show the trainees the Referral Note and explain how to fill it. An example is shown below:

   **Baby of Nemo (8 hours old)**
   Address: 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

b. Ask:

   *Why does this baby need to be referred?*

   Then ask trainees to read the Referral Note below.
Example of a referral note:

```
CHW REFERRAL NOTE

Name of woman / baby: Baby of Nemo

Age of baby when referred: Day 1

Address, Community: Palu Village Date referred: 1 July 2011

Reason referred (tick)

MOTHER has:
- Heavy bleeding
- Fever
- Other problems ________________

BABY has/is:
- Not able to breastfeed or stopped breastfeeding
- Convulsions
- Fast breathing
- Chest indrawing
- Temperature 35.4°C or less
- Temperature 37.5°C or more
- Yellow soles
- Movement only on stimulation or no movement even on stimulation
- Signs of local infection
- Weight in red zone

Name of CHW: Grace Nbele

To be filled out by the health facility worker

Comments:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Seen at facility by: ________________________________
```

c. Ask trainees to look at the reverse side of the Referral Note (shown below). Ask a trainee to read in the CHW manual:

**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.

### 5. EXERCISE: FILLING THE CHW REGISTER SECTION 4 (5 MINUTES)

a. Ask trainees to look at their CHW Register Section 4: List of Referred Babies. Ask them to enter the baby of Nemo in this section. Explain that the last two columns would be filled at the follow-up visit to a referred baby (the next day).

b. Give time for trainees to record the information.

c. Walk around to look at trainees working. Correct answers are shown below. Make sure that trainees are able to do the task. Answer any questions.
### SECTION 4
**LIST OF REFERRED BABIES**

<table>
<thead>
<tr>
<th>No</th>
<th>Name of baby/mother (and serial number from list of mothers and babies)</th>
<th>Age in days when referred</th>
<th>Reason for referral</th>
<th>Follow-up visit done?</th>
<th>Baby taken to health facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baby of Nemo</td>
<td>1</td>
<td>✓ ✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
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<td>10</td>
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</tr>
</tbody>
</table>
6. **PRACTICE: ROLE PLAY: ASSISTING REFERRAL (15 MINUTES)**

   a. Divide trainees into groups of three. Ask one trainee to play the role of CHW, another to play the role of the mother and the third to be an observer. Ask the ‘mother’ to have a problem in mind that is preventing her from taking the baby to the health facility, but not to reveal it until the CHW asks.

   b. Read out loud to introduce the role play:

   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°C). The CHW decides that the baby needs immediate referral to the health facility for the danger sign. She does not weigh the baby.

   c. Observe the groups as they conduct the role plays (just one role play per group).

   d. After the role plays, gather the trainees together. Ask the trainees:

   Based on the interaction that you observed or participated in, do you think the mother will:

   - go to the health facility?
   - continue feeding the baby every 2 hours or more frequently, even during the trip?
   - keep the baby skin-to-skin during the trip?

   If they doubt that the mother will do all these things, ask for some suggestions of what the CHW could do better.

   e. Explain that this mother will need advice and support to care for her baby. It is therefore especially important that the CHW make a follow-up visit to this family tomorrow, to find out how the baby is doing and to give the new mother advice on feeding and caring for the baby.
7. **GIVE RELEVANT INFORMATION: FOLLOW-UP VISIT TO A BABY WHO WAS REFERRED (15 MINUTES)**

*Explain or read out loud:*

*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.

*a. Ask the trainees to look at the counselling card titled* **Follow-up Visit for Babies Referred to a Health Facility.** Ask a trainee to begin reading the counselling card out loud, through the fourth paragraph.

>After the fourth paragraph (“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”), ask the trainee to stop.

*Ask the trainees:*

*If the family did not take the baby to the health facility yesterday, are they likely to take the baby today? Why?*

>Listen to trainees’ answers. Discuss. It may be that whatever problem prevented them yesterday will prevent them again today. It may be that the problem has resolved. It may be that they wanted to wait to see if the baby improved.

>Emphasize that the CHW must find out the reason and try to address it. The CHW may need to make more effort or give more assistance than yesterday. This baby has a danger sign for the second day in a row and is at high risk of death.

*b. Ask another trainee to read the rest of the card.*

*Ask if there are any questions about how to counsel the family and which card to use.*

*c. Ask trainees to take out their copies of the CHW Register. Ask them to look at Section 2 and Section 4.*

*Ask:*

*How and where would the CHW mark Section 2: List of Mothers and Babies and Home Visit Record?*

>ANSWER: Record the date of this visit. (Mention that it is an extra visit, so the CHW may need to squeeze in the date.)
Ask:

How and where would the CHW mark Section 4: List of Referred Babies?

ANSWER: Tick or write the date under the heading “Follow-up visit done”. Also tick (or write yes or no) under “Baby taken to health facility”.

Read out loud:

Sequence of tasks in a follow-up visit for a referred baby

- 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.

- Wash your hands and then assess the baby -- feeding and danger signs.

- 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.

- If the baby does not have a danger sign, counsel on care for the normal baby or for the small baby, as appropriate.

- Update the Mother and Baby Card and the CHW Register Section 2 and Section 4. Make an appointment for the next visit.

- Thank the family.

d. Ask trainees if there are any questions about referring a baby to a health facility or making a follow-up visit the next day. Discuss as needed.

8. SUMMARIZE THE MAIN POINTS OF THE SESSION

- A newborn with a danger sign or weight in the red zone needs care in a health facility and should be referred.

- Delaying care even by only a few hours can be very serious for a very small baby or a baby with danger signs.

- A CHW can play a very important role in helping to solve any problems that might prevent the baby from receiving care in a health facility.

- The CHW should also advise the family on care the baby needs on the way to the health facility -- particularly frequent feeding and keeping warm.

- A follow-up visit is important to determine whether the baby received care or still requires referral, and if so, to make extra efforts to assist that referral.

- The family of a baby who was referred needs support and advice on caring for the baby after the baby is home.
SESSION 29: Review sequence of second and third home visits after birth

(Time required: 1 hour)

**Materials**

- Counselling Cards
- Mother and Baby Card
- Referral Note
- CHW Register

**TRAINING STEPS**

1. **INTRODUCE THE SESSION (5 MINUTES)**

   Explain that the purpose of the session is to explain the sequence of tasks in the second and third postnatal visits, and the differences.

   *Explain or read out loud: 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

2. **GIVE RELEVANT INFORMATION: SECOND POSTNATAL VISIT (25 MINUTES)**

   Explain that the first visit is similar to the second, but there are some differences. The main differences are that breastfeeding initiation and weighing were already done in the first postnatal visit. During the second and third visits, you will check whether the family is following the recommended practices. If yes, praise the family.

   Read out loud and discuss the sequence for the second home visit after birth:

   **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.

Ask the trainees to look at the counselling cards for the second postnatal visit. Discuss any questions.

3. GIVE RELEVANT INFORMATION: (20 MINUTES) THIRD HOME VISIT AFTER BIRTH

Point out that the main difference between the second and third postnatal visit is that the third includes counselling on continued care of the baby beyond the first week of life. Also, the CHW needs to explain to the family that this is his or her last visit, but the family can contact him or her in case they have any concerns. Contact information for
the CHW is written on the Mother and Baby Card. Discuss the sequence for third home visit after birth.

Read out loud:
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.

Sequence of tasks in the Third Postnatal Visit

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

b. Wash your hands before proceeding with assessment.

   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).
   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 (Third 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 (Third Postnatal 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. Also 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.

Ask the trainees to look at the counselling cards for the third postnatal visit.

4. SUMMARIZE THE MAIN POINTS OF THE SESSION

- The second postnatal visit, on day 3, is similar to a first postnatal visit. You do all the same things as in the first postnatal visit, except you do not need to weigh the baby and you will support the family in continuing to breastfeed.

- The third postnatal visit, at 7 days, is also very similar to the first and second postnatal visits, except that you will counsel the family on continued care of the baby after the first week of life and inform them that this is your last scheduled visit.
SESSION 30: Review CHW tasks and work in the community

(Time required: 30 minutes)

Preparation
- Arrange for the CHW supervisors and programme managers to participate in the panel for this discussion

TRAINING STEPS

1. INTRODUCE THE SESSION (5 MINUTES)

   Explain that the purpose of this session is to review CHW tasks and discuss how the trainees will continue to work in the community after training.

2. REVIEW OF CHW TASKS (10 MINUTES)

   a. Ball game: Ask the trainees what they have learnt in the course.

      Gather trainees in a circle. As the ball is tossed from person to person, the trainee holding the ball tells one thing that he or she learned in the course (a task, a skill, a fact), and then tosses the ball to another trainee. The game continues in this way until time is up.

   b. Review the CHW tasks listed in the box below:

      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.

      4. First postnatal visit — on Day 1 after birth — to (i) support the mother to
Box 3: CHW tasks

- 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.

5. **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.

6. **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.

7. **Make a follow-up visit to a baby who is referred to a health facility for illness**

### 3. GROUP DISCUSSION (15 MINUTES)

a. **Ask** the trainees if they have questions about their work in the community after the course. Moderate the discussion with the panel of programme managers and supervisors answering the questions.

b. **Discuss** the process of supervision (COUNTRY SPECIFIC).

**Explain or read out loud** (each country will revise the statements below to reflect the supervision provided in their country)

- Each CHW will be linked to the local health centre and will be supervised by the nurse or midwife there.
- Each CHW will attend a monthly meeting at the health centre to discuss how to improve the work and to receive continuing education.
- The nurse will visit each CHW once per month. During that visit, the nurse will
  - review the CHW Register, discuss any problems and help problem solve
  - accompany the CHW on at least one home visit to a pregnant woman and one home visit to a mother and newborn, providing supportive supervision to improve the quality of care as needed
  - check the CHW kit and replenish supplies

c. **Discuss** the process of replenishing supplies (COUNTRY SPECIFIC).
d. Discuss the maintenance of the equipment, and the process for reporting and replacing worn or faulty equipment (weighing scale, sling, timer, thermometer). (COUNTRY SPECIFIC)
ANNEXES

A: FACILITATOR TRAINING SCHEDULE ................................................. 231
B: COURSE SCHEDULES .......................................................................... 232
C: MONITORING CHECKLISTS .................................................................... 235
## ANNEX A: Facilitator Training Schedule

**WHO-UNICEF COURSE FOR COMMUNITY HEALTH WORKERS: CARING FOR THE NEWBORN AT HOME**

**TRAINING OF FACILITATORS SCHEDULE**

<table>
<thead>
<tr>
<th>DAY</th>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
<th>DAY 4</th>
<th>DAY 5</th>
<th>DAY 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30-10:30</td>
<td>Opening (30 min)</td>
<td><strong>Session 1:</strong> Introduction (1 hr)</td>
<td><strong>Session 7:</strong> Classroom practice: First pregnancy visit (2 hr)</td>
<td><strong>Session 12:</strong> Field practice - pregnancy home visits (4 hr)</td>
<td><strong>Session 16:</strong> Not able to feed &amp; convulsions (30min)</td>
<td><strong>Session 23:</strong> Care of normal baby (1 hr)</td>
</tr>
<tr>
<td></td>
<td>10:30-11:00</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
</tr>
<tr>
<td>11:00-12:30</td>
<td><strong>Session 2:</strong> Counselling skills (1 hr 30min)</td>
<td><strong>Session 8:</strong> Review counselling done at first home visit (1 hr)</td>
<td><strong>Session 9:</strong> Keeping baby warm after birth (30 min)</td>
<td><strong>Session 12 contd.</strong></td>
<td><strong>Session 19:</strong> Yellow soles, movement, local infection (30 min)</td>
<td><strong>Session 25:</strong> contd. (1 hr)</td>
</tr>
<tr>
<td></td>
<td>12:30-13:30</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
</tr>
<tr>
<td>13:30-15:00</td>
<td><strong>Session 3:</strong> Identify pregnant women (1 hr)</td>
<td><strong>Session 10:</strong> Early BF initiation (30min)</td>
<td><strong>Session 11:</strong> Classroom practice: 2nd pregnancy visit (1 hr)</td>
<td><strong>Session 14:</strong> Support initiation of breastfeeding (1 hr 30 min)</td>
<td><strong>Session 21:</strong> Discuss practice in health facility (30 min)</td>
<td><strong>Session 27:</strong> Care of the small baby (1 hr)</td>
</tr>
<tr>
<td></td>
<td>15:00-15:30</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
</tr>
<tr>
<td>15:30-17:30</td>
<td><strong>Session 5:</strong> Promote health facility birth (1 hr)</td>
<td><strong>Session 11 contd.</strong> (1 hr)</td>
<td><strong>Session 15:</strong> Hospital practice: breastfeeding (2 hr)</td>
<td><strong>Session 22:</strong> Decide how to proceed after assessment (30 min)</td>
<td><strong>Session 29:</strong> Second and third home postnatal visits (1 hr)</td>
<td><strong>Session 30:</strong> Review of tasks and work in the community (30 min)</td>
</tr>
</tbody>
</table>
### WHO-UNICEF COURSE FOR COMMUNITY HEALTH WORKERS: CARING FOR THE NEWBORN AT HOME

**RECOMMENDED CHW TRAINING SCHEDULE**

**UNIT 1: Home visits during pregnancy**

<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30-10:30</td>
<td>Welcome and introductions (30min)</td>
<td>Session 5: Promote health facility birth (1 hr 20 min)</td>
<td>Session 12: Field practice: Home visit during pregnancy (4 hr)</td>
</tr>
<tr>
<td></td>
<td><strong>Session 1: Introduction (1hr 30min)</strong></td>
<td><strong>Session 6: Home care during pregnancy (40 min)</strong></td>
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</tr>
<tr>
<td>10:30-11:00</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
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</tr>
<tr>
<td>11:00-12:30</td>
<td>Session 2: Interacting with families (1 hr 30 min)</td>
<td>Session 7: Classroom practice: First pregnancy visit (1 hr 30 min)</td>
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<tr>
<td>12:30-13:30</td>
<td>LUNCH</td>
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<tr>
<td>13:30-15:00</td>
<td>Session 2 contd. (1 hr 15 min)</td>
<td>Session 7 contd. (30min)</td>
<td>Session 11: Classroom practice: Second pregnancy visit (1 hr 35 min)</td>
</tr>
<tr>
<td></td>
<td><strong>Session 3: Identify pregnant women (15 min)</strong></td>
<td><strong>Session 8: Review counselling done at first visit during pregnancy (1hr)</strong></td>
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<tr>
<td>15:00-15:30</td>
<td>COFFEE/TEA</td>
<td>COFFEE/TEA</td>
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</tr>
<tr>
<td>15:30-17:00</td>
<td>Session 3 contd. (35 min)</td>
<td>Session 9: Keeping baby warm after birth (40 min)</td>
<td>Closing session</td>
</tr>
<tr>
<td></td>
<td><strong>Session 4: Promote ANC (55 min)</strong></td>
<td><strong>Session 10: Early initiation of breastfeeding (55 min)</strong></td>
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</tbody>
</table>

| LUNCH     | COFFEE/TEA | LUNCH     | COFFEE/TEA | LUNCH | COFFEE/TEA | LUNCH | COFFEE/TEA | LUNCH |
## Recommended CHW Training Schedule

### Unit 2: Home visits after birth

<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30-10:30</td>
<td>Welcome and introductions (30 min) Discussion of CHWs application of</td>
<td>Session 17: Fast breathing and chest indrawing (2 hrs)</td>
<td>Session 21: Field practice: Assessment in a health facility (2 hr 30 min)</td>
<td>Session 26: Field practice: First visit after birth (3 hr)</td>
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<tr>
<td></td>
<td>Unit 1 (30 min)</td>
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<tr>
<td></td>
<td><strong>Session 13</strong>: Hand washing skills (30min)</td>
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<tr>
<td></td>
<td><strong>Session 14</strong>: Support initiation of breastfeeding (30 min)</td>
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<tr>
<td>10:30-11:00</td>
<td><strong>COFFEE/TEA</strong></td>
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<tr>
<td>11:00-12:30</td>
<td><strong>Session 14</strong> contd. (1 hr 30 min)</td>
<td>Session 18: Danger signs: High or very low temperature (1 hr)</td>
<td>COFFEE/TEA on return</td>
<td>COFFEE/TEA on return</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Session 19</strong>: Yellow soles, movement, local infection (30 min)</td>
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<tr>
<td>12:30-13:30</td>
<td><strong>LUNCH</strong></td>
<td>Session 19 contd. (15 min)</td>
<td>Session 25 contd. (1 hr 20 min)</td>
<td>Session 28 contd. (15 min)</td>
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<td></td>
<td></td>
<td><strong>Session 20</strong>: Measure weight (1 hr 15 min)</td>
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<tr>
<td>13:30-15:00</td>
<td><strong>Session 15</strong>: Field practice: Breastfeeding initiation, attachment &amp;</td>
<td><strong>Session 20</strong></td>
<td>Session 28: Assisting referral and following up (1 hr)</td>
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<td></td>
<td>positioning (2 hr 15 min)</td>
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<tr>
<td>15:00-15:30</td>
<td><strong>COFFEE/TEA</strong></td>
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<tr>
<td>15:30-17:00</td>
<td><strong>COFFEE/TEA on return</strong></td>
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<td></td>
<td><strong>Session 22</strong>: Decide how to proceed after assessment (30 min)</td>
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<td><strong>Session 23</strong>: Care of the normal baby (65 min)</td>
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<td><strong>Session 24</strong>: Care of the mother (30 min)</td>
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<td></td>
<td><strong>Session 25</strong>: Classroom practice: First home visit after birth (30 min)</td>
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<td></td>
<td><strong>Session 28</strong>: Review sequence of 2nd and 3rd home visits (1 hr)</td>
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<td></td>
<td><strong>Session 29</strong>: Review of CHW tasks and work in the community (30 min)</td>
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<td><strong>Session 30</strong>: Review CHW tasks and work in the community (30 min)</td>
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<tr>
<td>TIME</td>
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<td>TUESDAY</td>
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<tr>
<td>08:00-10:00</td>
<td>Welcome and introductions (30 min)</td>
<td>Session 5: contd.</td>
<td>Session 12: Field practice: Home visit during pregnancy (4 hr)</td>
<td>Session 15: Field practice: Breastfeeding initiation, attachment &amp; positioning (2 hr 15 minutes)</td>
</tr>
<tr>
<td></td>
<td><strong>Session 1:</strong> Introduction (1 hr 30 min)</td>
<td><strong>Session 6:</strong> Home care during pregnancy (40 min)</td>
<td><strong>Session 7:</strong> Classroom practice: First pregnancy visit (35 min)</td>
<td></td>
</tr>
<tr>
<td>10:00-10:30</td>
<td><strong>COFFEE/TEA</strong></td>
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<td><strong>COFFEE/TEA</strong></td>
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<tr>
<td>10:30-12:30</td>
<td><strong>Session 2:</strong> Interacting with families (2 hr)</td>
<td><strong>Session 7 contd.</strong></td>
<td><strong>Session 17:</strong> Fast breathing and chest indrawing (2 hr)</td>
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<td></td>
<td></td>
<td><strong>Session 8:</strong> Review counselling done at first visit during pregnancy (30 min)</td>
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<tr>
<td>12:30-13:30</td>
<td><strong>LUNCH</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>13:30-15:00</td>
<td><strong>Session 2 contd.</strong></td>
<td><strong>Session 8 contd.</strong></td>
<td><strong>Session 13:</strong> Hand washing skills (30 min)</td>
<td><strong>Session 18:</strong> Danger signs: High or very low temperature (1 hr)</td>
</tr>
<tr>
<td></td>
<td>(45 min)</td>
<td>(30 min)</td>
<td>(30 min)</td>
<td>(1 hr)</td>
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<tr>
<td></td>
<td><strong>Session 3:</strong> Identify pregnant women (50 min)</td>
<td><strong>Session 9:</strong> Keeping baby warm after birth (40 min)</td>
<td><strong>Session 14:</strong> Support initiation of breastfeeding (1 hr)</td>
<td><strong>Session 19:</strong> Yellow soles, movement, local infection (30 min)</td>
</tr>
<tr>
<td>15:00-15:30</td>
<td><strong>COFFEE/TEA</strong></td>
<td><strong>COFFEE/TEA</strong></td>
<td><strong>COFFEE/TEA</strong></td>
<td><strong>COFFEE/TEA</strong></td>
</tr>
<tr>
<td>15:30-17:00</td>
<td><strong>Session 4:</strong> Promote ANC (55 min)</td>
<td><strong>Session 10 contd.</strong></td>
<td><strong>Session 14 contd.</strong></td>
<td><strong>Session 19 contd.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Session 5:</strong> Promote health facility birth (35 min)</td>
<td><strong>Session 11:</strong> Second pregnancy visit (30 min)</td>
<td><strong>Session 16:</strong> Danger signs: not able to feed &amp; convulsions (30 min)</td>
<td><strong>Session 20:</strong> Measure weight (1 hr 30 min) (until 18:00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Session 12:</strong> Field practice (30 min)</td>
<td><strong>Session 14 contd. (1 hr)</strong></td>
<td><strong>Session 19 contd. (15 min)</strong></td>
</tr>
</tbody>
</table>

This schedule requires omitting Session 11, activity 4, Role play practice of second pregnancy visit; and a willingness to work beyond the scheduled hours as needed.
ANNEX C: Monitoring Checklists

Unit 1: Home Visits during Pregnancy

For Session 7: First pregnancy visit – Role play of full visit ...................................................236
For Session 11: Second pregnancy visit – Role play of full visit ............................................237
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Unit 2: Home Visits after Birth

For Session 15: Breastfeeding initiation, attachment and positioning in a health facility ......239
For Session 21: Practice assessment of a newborn in a health facility .........................................240
For Session 25: First postnatal visit – Role play of full visit ...................................................241
For Session 26: Field practice – First postnatal visit ..............................................................242
### Session 7: First pregnancy visit – Role play of full visit

Name of the facilitator: ________________

<table>
<thead>
<tr>
<th>Competence</th>
<th>Name of CHW:</th>
<th>Name of CHW:</th>
<th>Name of CHW:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had all the materials required for the visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greeted the family appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Built good rapport with the family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showed good listening skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave appropriate advice (on counselling cards for this visit)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checked and discussed what the family will do</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried to solve problems in adopting behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filled in CHW Register correctly</td>
<td></td>
<td></td>
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<tr>
<td>Filled in the Mother and Baby Card correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling on danger signs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Followed the sequence of the visit</td>
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</table>
Session 11: Second pregnancy visit – Role play of full visit

Name of the facilitator:________________________

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<th>Name of CHW:</th>
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<tbody>
<tr>
<td>Had all the materials required for the visit</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Greeted the family appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Built good rapport with the family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showed good listening skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave appropriate advice (on counselling cards for this visit)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Checked and discussed what the family will do</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tried to solve problems in adopting behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filled in CHW Register correctly</td>
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<td></td>
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<tr>
<td>Filled in the Mother and Baby Card correctly</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Counselling on danger signs</td>
<td></td>
<td></td>
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<tr>
<td>Competence</td>
<td>Name of CHW:</td>
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<td>----------------------------------------</td>
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</tr>
<tr>
<td>Followed the sequence of the visit</td>
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</table>
Session 12: Field practice – First pregnancy visit

Name of the facilitator: ____________________

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<th>Competence</th>
<th>Name of CHW:</th>
<th>Name of CHW:</th>
<th>Name of CHW:</th>
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</thead>
<tbody>
<tr>
<td>Had all the materials required for the visit</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Greeted the family appropriately</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Built good rapport with the family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showed good listening skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave appropriate advice (using counselling cards)</td>
<td></td>
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<tr>
<td>Checked understanding, discussed what the family will do</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tried to solve problems in adopting behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filled in CHW Register correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filled in the Mother and Baby Card correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling on danger signs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Followed the sequence of the visit</td>
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</table>
### Session 15: Breastfeeding initiation, attachment and positioning in a health facility

**Name of the facilitator:**

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<tr>
<th>Competence</th>
<th>Name of CHW:</th>
<th>Name of CHW:</th>
<th>Name of CHW:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeted the mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asked about breastfeeding initiation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Correctly assessed attachment:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• More areola seen above than below baby's mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Baby's mouth is open wide</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Lower lip is turned outwards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chin is touching breast</td>
<td></td>
<td></td>
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<tr>
<td><strong>Correctly assessed suckling:</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Slow deep sucks sometimes pausing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• You can see baby swallow</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Correctly assessed positioning</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Baby's head and neck are in line</td>
<td></td>
<td></td>
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<tr>
<td>• Baby is held close to mother's body, facing breast</td>
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<tr>
<td>• Baby's whole body is supported</td>
<td></td>
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<tr>
<td>Helped the mother to improve positioning and attachment (only if needed)</td>
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**Session 21: Practice assessment of a newborn in a health facility**

*Name of the facilitator: ___________________*

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<th>Competence</th>
<th>Name of CHW:</th>
<th>Name of CHW:</th>
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<tbody>
<tr>
<td>Greeted the mother</td>
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<td></td>
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</tr>
<tr>
<td>Asked about breastfeeding initiation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctly assessed attachment and suckling</td>
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<td></td>
<td></td>
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<tr>
<td>Correctly assessed:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Not able to feed/ stopped feeding well</td>
<td></td>
<td></td>
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<tr>
<td>• Convulsions or fits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Breathing rate</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Chest indrawing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yellow soles</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Local infection</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• No movement or movement only on stimulation</td>
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<tr>
<td>Measured weight</td>
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<td></td>
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<tr>
<td>Correctly</td>
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<tr>
<td>Interpreted weight correctly on colour zone</td>
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<td>Competence</td>
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<tr>
<td>Correctly decided whether baby needs referral, or care for normal or small baby</td>
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**Session 25: First postnatal visit – Role Play of full visit**

*Name of the facilitator: ___________________

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<th>Name of CHW:</th>
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<tbody>
<tr>
<td>Had all the materials required for the visit</td>
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</tr>
<tr>
<td>Greeted the family and built rapport</td>
<td></td>
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<tr>
<td>Washed hands correctly before assessment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Discussed breastfeeding initiation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctly assessed attachment and suckling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helped the mother to improve positioning and attachment (only if needed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Correctly assessed:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Not able to feed / stopped feeding well</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Convulsions or fits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Breathing rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chest indrawing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Temperature</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Yellow soles</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Local infection</td>
<td></td>
<td></td>
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<tr>
<td>Competence</td>
<td>Name of CHW:</td>
<td>Name of CHW:</td>
<td>Name of CHW:</td>
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### Session 26: Field practice – First postnatal visit

*Name of the facilitator: ____________________*

<table>
<thead>
<tr>
<th>Competence</th>
<th>Name of CHW:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Had all the materials required for the visit</td>
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<tr>
<td>Greeted the family and built rapport</td>
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<tr>
<td>Washed hands correctly before assessment</td>
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<tr>
<td>Discussed breastfeeding initiation</td>
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<tr>
<td>Correctly assessed attachment and suckling</td>
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<tr>
<td>Helped the mother to improve positioning and attachment (only if needed)</td>
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<td>Correctly assessed:</td>
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<tr>
<td>- Not able to feed / stopped feeding well</td>
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<tr>
<td>- Convulsions or fits</td>
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