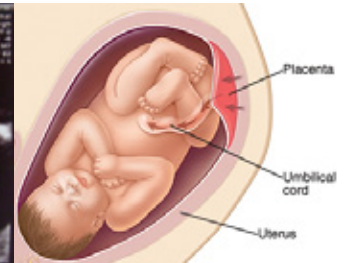
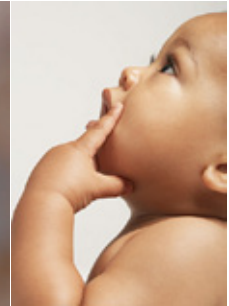
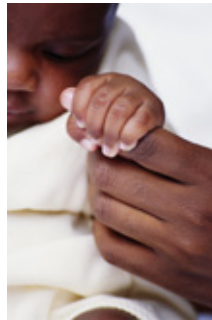




MINISTRY OF HEALTH



FACILITATORS' MANUAL FOR TRAINING VILLAGE HEALTH TEAMS ON **COMMUNITY BASED NEWBORN CARE**

August 2011

FACILITATORS' MANUAL FOR TRAINING
VILLAGE HEALTH TEAMS ON
COMMUNITY BASED NEWBORN CARE

General Introduction

Purpose

This manual is designed to provide skills and competencies for newborn care at the community level. These skills are necessary for ensuring that the basic needs of newborns from the time of conception through the child birth period and up to one month after birth and thereafter; are met at the community level. Timely and full time attendance; birth planning; timely accessing of care for sick newborns and mothers; timely initiation and maintenance of breastfeeding; and proper cord care are still very poor according to a situation analysis of newborns and community care practices assessment. While knowledge about some of these care practices is high the actual practices are different. The training complements other efforts to promote newborn and child health including; the basic VHT training which equips VHTs on their key roles and what they can do to promote health at the community level; and the ICCM which equips VHTs to manage simple childhood illnesses at the community level. This training aims to equip VHTs with knowledge and skills on what and most importantly how to help and facilitate mothers and children care takers to adopt and maintain the healthy care practices for newborns. The individual sessions in this training can be offered separately as part of continuous capacity building for VHTs in newborn care during support supervision activities.

The content for this manual has been adapted from the UNICEF Community Newborn care course. The course complements existing basic training for VHT the course on Integrated Community Case Management (ICCM) for promoting newborn care at the community level .

Target audience

This manual is designed for use in the training of Village Health Teams who have already undergone the basic VHT and ICCM trainings. The manual can also be used by other extension workers whose concern is the advancement of health in their community. These may include among others, school teachers or school health nurses, Parish Development Committees (PDCs), adult educators, parenting or church groups who would spread the message of positive new born care practices.

; Nurses, Doctors, Clinical Officers, Nursing Aides, Midwives, Health Assistants and Environmental health Officers would also benefit from this facilitators manual.

Organization of the Course

The course has one module on Essential Newborn Care. The module is divided into five sessions. The first session introduces the learners to the burden of newborn ill health and highlights the role of VHTs in promoting the health of newborns at the community level.

The second session focuses on the key healthy care practices for the newborn at the community level that the VHTs have to promote during the household visits and health education talks in the community. The third session is about community care of the pregnant mother and the unborn baby. It describes and provides hands on training on the specific tasks that a VHT needs to undertake to promote newborn health during this period. The fourth session focuses on care for the mother and the newborn baby during the postnatal period. It describes and provides hands on training on the specific tasks that have to be undertaken by a VHT to promote newborn health during the postnatal period.

How to use the manual

The purpose, learning objectives, and learning materials required are provided for each of the sessions under the two modules. Facilitation of each session is guided by instructions to the facilitator given under the “procedure”. For module one, detailed content is provided for each of the sessions. This is meant to enrich the trainers’ knowledge on the subject and need not be part of session presentation.

The facilitator should review the manual, learner’s handouts (included after every session in this manual) alongside the job aids before the training to familiarize and internalize the methodology for delivery of the course and key learning points. The learners’ Handouts provide detailed content for each of the sessions. Reviewing the facilitators’ instructions alongside the learner’s handouts guide one on how to facilitate the session. During delivery of each session, the facilitator is expected to use the manual for details about the methodology.

Hands on practice

This course aims at building hands on skills to care for newborns at the community level. Therefore, the delivery of this course should be done by dividing the class into groups of six with one facilitator per group. Within a group each participant should be encouraged to practice skills as they are introduced. As part of the practice sessions, learners should be encouraged to observe and give feedback to each other. Each learner should be familiar and practice using the correct techniques.

Recaps

At the beginning of each day, 2 participants will be selected to share the major highlights of the day's activities. Every morning before the days work begins recap is given by the selected participants will recap the previous day's work. Other participants can remind the presenters if any important highlight is left out.

Key messages and evaluations

At the end of each session, conclusion will be made either by making a summary of the key messages or an evaluation/assessment intended to summarize the key messages. Questions to check participants understanding are provided at the end of every session. Review these before the training and use the facilitators manual and learners handbook to familiarize yourself with the answers.

Module 1

Essential Newborn care

Objectives

By the end of this module learners should be able to provide basic care and conduct tasks for promotion of newborn health at the community level.

Specific objectives

1. List the needs of a newborn baby.
2. Describe the roles of VHT in promoting newborn care at the community level.
3. List the key healthy care practices for newborn health.
4. Demonstrate and support mothers to adopt the key care practices for newborns including: birth planning, breastfeeding, keeping baby warm, cord care and eye care.
5. List and demonstrate key activities conducted during home visits in the pregnancy and postnatal period.

Session 1- Introduction to the Module

Purpose:

To help participants understand the importance and roles of VHTs in promoting newborn health and outline the training process.

Objectives: By the end of this topic participants will be able to:

- List workshop objectives.
- Explain the importance of newborn health.
- Describe the roles of a VHT in promoting newborn care at the community level.

Content:

- Introductions.
- Participants' fears and expectations
- Workshop Norms and objectives.
- Importance of newborn health
- Roles of VHT in promoting newborn health at the community level.

Methods:

- Plenary discussion.
- Group discussion
- Brainstorming

Materials:

1. VIPP cards, Flip charts and accessories.

Duration : 60 mins

Procedure:

Session 1a: Introduction to the training

1. Tell the trainees
 - a. We will now do self introductions. We will go round the class and have each one of us share their name, the institution they come from and their job description.
2. Tell the trainees
 - a. We will now share our expectations of this workshop. This is a brainstorming exercise. Each one of you will be given two VIPP cards to write on. Write only one expectation on each card.
 - b. Collect all the cards and pin them up for everyone to see.
 - c. Review the listed expectations with them
3. Present the workshop objectives and agenda and match them against the participants' expectations. Identify the expectations that are likely be met by the workshop.
4. Explain how this training links to the VHT and ICCM training.

Session 1b: Introduction to newborn health

1. Tell story A(see Content Box 1).
2. Tell participants that this story is not uncommon.
3. Ask; Do any of you know of a similar story from your community? Have any babies died within one month after birth? Any mothers?
4. Let a few VHTs tell their stories.
5. Explain. This is a fact: Almost half of all deaths in children under 5 years occur during the neonatal period.
6. Demonstration: Use a stick and break it in half to show that half of the babies die, or fill a jar with rice and say these are all the children under 5 who die. Pour out half the rice; these children died in the first month.
7. Now tell story B.
8. Ask: What health care is available for mothers and their babies who delivered at the community level?
9. Conclude: Women and babies are very vulnerable around the time of delivery and the first month and there is little help available. This course will train you to support and ensure mothers and their babies have adequate care during pregnancy, at the time of birth and soon after birth.

Session 1c: Role of VHTs in promoting newborn health

10. Refer participants to the VHT description and roles in their learners' handouts and have them read through it (5 minutes).
11. Assemble the group in a circle. The trainer takes a large ball and states one activity or task of the VHT. The trainer then throws the ball to a participant who has to state another VHT task before throwing it on to someone else. This continues until all or most of the tasks have been mentioned.

Evaluation: ask learners to;

- Explain why newborn health is important.
- Describe in general terms the role of a VHT in promoting newborn health at the community level.

Handout: Session One

Description of a Village Health Team member (VHT)

A VHT participates in mobilizing community members, is confident enough to talk and listen to community members. He/she uses skills in counseling and negotiation to enable him/her bargain with the mother and her family to accept and perform a given task that will lead to the well being of the baby and the mother or pregnant woman.

The roles of a VHT include:

a. During the pregnancy period

Record

- Identifying, registering and following up pregnant women.
- No. of ANC visits done by mothers.
- Mothers identified and referred for danger signs.

Visit

- Conducting at least two home visits to pregnant women, the first one during the first three months of pregnancy and the second one during the last three months of pregnancy.

Help save lives

- Carrying out health education about family care practices for the pregnant woman.
- Identifying mothers with danger signs and referring them to health facilities for care.
- Distributing of ITNs and clean delivery kits and demonstrating how to use them appropriately.

a. During labor: Referring all mothers to health facilities for deliveries

a. During the post natal period

Record

- All births in the village including; date, place of birth; weight
- All deaths of newborns.

Visit

- Conducting home visits for mothers and their newborn babies at least three times during the first week of life on the first, third and sixth day of life.

Help save lives

- Carrying out health education about ideal family care practices for the newborn and mother during the postnatal period
- Identifying mothers and newborns with danger signs and referring them to health facilities for care

Content Box 1

WHY NEWBORN CARE IS IMPORTANT TO THE COMMUNITY

Story A: A woman in my village, Sara, was pregnant with her second child. She was very happy. Her first child, a lovely boy, was already four years old. Sara's family was poor as others in their village, and she was thin. She was not able to attend antenatal care regularly because the nurse in the nearby health centre had left. When labour started, Sara called the mother. Although the mother did what she could, when the baby was born it was small and weak. Sara's mother-in-law fed the baby sugar water. The baby got weaker and weaker, became cold, and died after three days. Sara was very sad. She blamed herself and became unhappy. The whole family suffered.

Story B: Florence went into labour and called her mother in law. She had a long labour and when the baby was born it didn't breathe for many minutes; there was no one to offer immediate assistance. Finally it took a weak breath. This baby lived but grew up mentally retarded and had fits. He was not able to live on his own and had to be taken care of by the family for the rest of his life. Everyone in the family was affected. Because the baby didn't get treatment within minutes (how many minutes) of being born, there was damage to his brain and he was not normal. Those minutes changed the lives of many people.

Session Two: Introduction to healthy family care practices for the newborn

Purpose:

To introduce participants to healthy family care practices for the newborn and mother.

Objectives:

By the end of this unit participants will be able to:

- Describe the needs of a newborn baby
- Describe how to meet the needs of a newborn baby and key family care practices for newborn health.

Content:

- Needs of a newborn baby
- Meeting the needs of a newborn-Care practices for newborn health

Methods:

- Lecture.
- Brain storming.
- Question and answers.

Duration: 45 mins

Materials:

News print, markers, masking tape, notebooks, pens, VIPP cards, Hand out of newborn family care practices

Procedures:

1. Lead participants in a discussion on the basic needs of a baby after birth using the following;
 - Lay an undressed wet baby doll on the table in front of the class.
 - Tell participants that this is Nyakiru and has just been born.
 - Ask participants to mention Nyakiru's immediate needs to keep her alive and healthy.
 - Explain that there are four basic needs of ALL babies at the time of birth and for the first four weeks of life.
 - Ask one of the participants to read the list of the four basic needs from the learners' workbook.
2. Explain to the learners that what happens to a mother and her baby during pregnancy, delivery and in the first month after birth has a big effect on their future health. The care they receive is important in helping to ensure good health for newborns.

3. Explain that for the same reason the care practices should start during pregnancy, and continue at child birth and in the first month after birth.

Healthy family practices during the pregnancy

4. Tell the learners “The practices during pregnancy aim at ensuring proper growth and development of the unborn baby as well as keeping the pregnant woman healthy and strong.
5. Ask participants to list the health family newborn care practices during the pregnancy period as shown on the job aid.
6. In each of the small groups ask the participants to discuss the following:
 - Which of the key household care practices for the newborn are not commonly practiced and why?
 - What are the factors that affect newborn care practices at the household and community level?
 - Is it possible for VHTs to influence mother’s and caretakers to adopt the healthy care practices? How can this be done?
 - Discuss any questions that participants may raise.

Care practices at birth and during one month after birth

7. Tell the learners: “The key practice during child birth is to encourage and support every mother to deliver at a health facility under the care of a trained health worker.”
8. Tell the learners: “The key practices during the one month after birth aim at meeting the basic needs of the newborn baby. In addition, there are some practices that are needed to protect the newborn from infections and ensure early access to care for mothers and newborns who get ill during this period”.
9. Tell the participants to list the health family newborn care practices during the first month after the birth of the baby as shown on handout for session two.
10. In each of the small groups ask the participants to discuss the following:
 - Which of the key household care practices for the newborn are not commonly practiced and why?
 - What are the factors that affect newborn care practices at the household and community level?
 - Is it possible for VHTs to influence mothers and caretakers to adopt the healthy care practices? How can this be done?
 - Discuss any questions that participants may bring up.

Handout :Session Two

Basic needs of a newborn:

- To be protected.
- To breathe normally.
- To be warm.
- To be fed.

Care practices during pregnancy

The practices in this period aim at proper growth and development of the unborn baby as well as keeping the pregnant woman healthy and strong. These practices are highlighted below, but will be discussed in more detail later in the manual.

- All pregnant women should attend antenatal care at least four times from a skilled provider as soon as pregnancy is suspected.
- All pregnant women should be able to recognize danger signs and seek appropriate medical care as early as possible.
- All pregnant women with their partners/spouses should prepare and have a birth plan.
- A pregnant woman should always sleep under an insecticide treated mosquito net.
- All pregnant women should take a dose of anti malarial drugs at least twice during pregnancy starting when quickening starts, with a period of one month between the doses.
- All pregnant women should test for HIV infection and seek for treatment to prevent infection of the unborn baby.
- A pregnant woman should increase on the amount and variety of food she eats.
- A pregnant woman should take more time to rest.

Care practices during labor

The key practice during this period is to encourage mothers to deliver at a health facility under the care of a trained health worker.

Care practices during the post natal period

The practices in this period aim at meeting the basic needs of the newborn baby; protecting the newborn from infections and ensuring early access to care for mothers and newborns who get ill during this period. These practices are highlighted below, but will be discussed in more detail later in the manual.

- a. **Practices for survival, growth promotion and development of newborn:**
 - Newborn babies should be put on the breast within an hour after birth and should be given nothing except breast milk until after six months.
 - Mothers and the family should delay the first bath of the newborn until after

- 24 hours.
 - Keep the newborn baby in warm clothing to prevent low body temperature.
 - Provide extra care to very small babies including warmth and proper feeding.
- b. **Practices to prevent infections in the newborn and mother:**
- Keep the cord clean and dry.
 - Wash hands before handling the newborn baby.
- c. **Practices for seeking appropriate and timely medical care:**
- Seek appropriate medical care as soon as danger signs are recognized in the newborn and mother.

Session Three:

Care for the unborn baby and pregnant woman during pregnancy

Purpose:

To equip participants with knowledge and skills on care for the newborn during pregnancy.

Objectives:

By the end of this unit, participants will be able to:

- Describe roles of a VHT in providing care for pregnant woman.
- List various ways that can be used to identify pregnant women.
- List the key information that needs to be collected and recorded about a pregnant women in a village register.
- Explain how to determine the expected date of delivery for the pregnant woman.
- Demonstrate and counsel mothers on how to make a birth plan.
- Describe the steps and activities during a home visit to a pregnant woman.

Content:

- Recap of VHT roles in providing care for pregnant women.
- Identifying and recording pregnant women in the village.
- Determining the expected date of delivery.
- Making a birth plan.
- Activities during a home visits for a pregnant women.
- Field practice - home visit to a pregnant woman.

Methods

Brain storming
 Role play(s)
 Group discussions and plenary
 Lecturing

Duration: 1 hour 20 mins
40 mins (skills practice)

Materials:

News print, markers, masking tape, notebooks, pens, VIPP cards and counseling cards, VHT village register.

Procedure:

1. Start this session in the plenary. Ask participants to quickly do a recap of the roles of a VHT during the pregnancy period. Wrap up the discussion by filling the gaps from the plenary discussion.

Session 3a: Identifying and recording information about pregnant women

1. Explain that in order to care for pregnant women and newborns, the VHT has to know who is pregnant in the village. The first activity is to visit every home and write down the names of all the pregnant women. Ask participants to share how they identify pregnant women in their villages and how these are followed up.
2. Listen and build on responses to highlight the following key points:
 - a. The VHT should visit every household every 3 – 6 months to identify pregnant women early enough so they can attend ANC and receive at least two visits from the VHT.
 - b. All women (whether married or not) between the age 12- 45 years can get pregnant. You can identify a woman who is pregnant by asking her or looking at her physical appearance especially if the pregnancy is advanced. If a woman has missed her period more than 3 months, but has not been to the clinic she is likely to be pregnant. Encourage her to visit a health facility to confirm her pregnancy status. You can then re-visit this woman in a month or two and make sure she has confirmed her pregnancy status.
 - c. However, it may not be possible to tell by just looking if the pregnancy is still in early stages or if the way of dressing does not allow one to tell. Sometimes women may not be willing to share or discuss this kind of information.
3. Ask participants to share reasons why women may fear to talk about or confirm their pregnancy status.
4. Listen and build on responses where needed. Emphasize that cultural fears about

telling and showing to the public that one is pregnant can affect willingness of women to confirm that they are pregnant.

5. Ask participants to share how they can encourage women to reveal their pregnancy status. Listen and summarize responses. Include the following if not mentioned:
 - a. Regular visits to homes with women to build rapport and trust.
 - b. Explain reasons why registration is being done.
 - c. The services needed by pregnant women and how the VHT will help in provision of some of these services.
 - d. How the mother and her children will benefit.
 - e. Assurance about maintenance of privacy and confidentiality.
6. Ask participants whether they have VHT registers. Ask them to share how the registers are used to fill in information about pregnant women. Then ask them to list the information that needs to be collected and recorded from the pregnant mother. Write responses on a flip chart and complete list if necessary to include the following:
 - Name of the expectant mother
 - Age
 - Village
 - Month of Delivery
 - Antenatal care visits attended
 - Any danger signs
 - Referral made
 - Use of ITN
7. Demonstrate and explain in the small groups how to use the register to collect information about pregnant women and how often this information should be collected.
8. Ask participants to practice in pairs:
 - a. Visiting a woman in a reproductive age group.
 - b. Finding out and confirming whether the woman is pregnant.
 - c. Filling in the VHT register.

Session 3b: Determining the expected date of delivery

9. Ask the participants whether pregnant women in the community know how to estimate the month when the baby is due. How do they do the estimation? Who teaches them? If not, why can't they estimate the month? Is it useful to know the month when the baby is due? Why is it important?
10. Explain that it is important to record the estimated date of delivery of the mother. The VHT will use it to determine when to remind the mother to go to the health

facility for a safe delivery.

11. Ask the participants to share how they can estimate the month when the baby is due.
12. Explain to the participants that the dates of the last menstrual period can be used to determine the estimate date of delivery. The VHT can determine the date by asking the woman. But if she doesn't know, then the VHT has to try and find the date by linking the menstrual dates to certain routine/ seasonal events such as festivals and agricultural activities (planting, weeding, or harvesting).
13. Explain the steps to estimate the expected month of delivery
14. Ask the participants to work through one of the following examples; ask one of the participants to show how it is done. Provide additional explanation if needed and then ask the participants to work through the rest of the examples in groups.

LMP	EDD
December. 2003	September 2004
September. 2003	July 2004
November. 2003	August. 2004

15. Have each team present their responses and how they arrived at the responses.
16. Appreciate the groups who have answered correctly and help those who did not. Clarify any misconceptions.

Session 3c: Completing the birth plan (45 minutes)

- i. Ask participants; Do women and their families discuss arrangements for the time of delivery during the pregnancy period? If yes, what arrangements are discussed and prepared? If not, why don't families discuss and prepare arrangements for the time of delivery? How can they be encouraged to discuss arrangements for the time of delivery?
- ii. Distribute the birth plan to all participants. Ask participants: What do you see on the document? What do you think is the use of the document?
- iii. Explain that the document is a birth plan. Explain that the birth plan helps families decide:
 - a. Where to deliver
 - b. What items are needed for the baby and the mother before and after the delivery
 - c. Danger signs in the mother and the baby
 - d. How to organize timely transport for mother when in labour or when

- problems arise.
- e. How to raise funds for transport and the cost of delivery.
 - f. Who is going to be your birth companion at the health facility'
 - g. Who will look after the home and children while you are away.
- iv. Explain that the VHT helps the family go through, identify and discuss the options for each of the questions. But the family makes the decision on which options to take.
 - iv. Complete one birth plan with each family (pregnant woman and her husband or if not possible another close relation such as mother or mother in law) at least 1-2 months during the home visit before delivery. The completed birth plan is kept by the family to be used when needed.
 - iv. Give the participants five minutes to look over the birth plan.
 - iv. Review the birth plan with the participants, taking them through every section and explain what needs to be filled in and how.
 - iv. Ask learners to practice in pairs how to fill in the birth plan. One person acts as the mother the other acts as the VHT.

Session 3d: Home visits during pregnancy

1. Refer the participants to the handout for session 4 . Have one of the participants read the main activities of the home visit during pregnancy.
2. Ask the participants to tell you the recommended frequency and timing of the home visits to the mother. Listen and clarify where necessary.
3. Explain that in addition to the main activities of a home visit during pregnancy, there are key interventions and messages that need to be given during each of the visits.
4. Refer the participants to the handbook and ask them to read the key tasks during home visits done in pregnancy period.
5. Demonstrate with a colleague how to conduct home visit 1 and 2.
6. Ask the participants in the small groups to practice home visit 1 and 2. Each one to take turns on being either a mother, VHT or observer. The VHT should be able to follow the steps and conduct all the expected activities during each visit. The observer watches as the other two members of the group role play and identifies areas that need to be improved.

Handout: Session Three:

Roles of a CHW in the pregnancy period

- Identifying, registering and following up of pregnant women.
- Conducting at least two home visits to pregnant women. The first one during the first three months of pregnancy and the second visit during the last three months of pregnancy.
- Carrying out health education of mothers about family care practices for the pregnant woman.
- Identifying mothers with danger signs and referring them to health facilities for care.
- Distributing of ITNs and clean delivery kits and demonstrating how to use them appropriately.

Session 3a: Identifying and recording information about pregnant women

Identification, registration and follow up of pregnant women:

In order to provide adequate care for pregnant women and newborns, the VHTs have to know who is pregnant in the village. This is done through observation or self reporting or use of information from other community members.

What type of information should be collected?

- Name of the expectant mother
- Age
- Village
- Month of Delivery
- Antenatal care visits attended
- Any danger signs
- Referral made
- Use of ITN

Session 3b: Determination of expected date of delivery or EDD:


The steps to follow are described below:

1. Determine the month of the last menstrual period (LMP) by asking the mother or estimate if she does not remember. Help mother to link dates to events during the year that can help get a better estimate of the month of the last menstrual period.
2. Add nine months to the month of the last menstrual period to get the probable month of delivery. $EDD = LMP + 9 \text{ months}$.
3. This method gives approximate date of delivery and a baby can be born 15 days before or after.

Examples

LMP	EDD
December. 2003	September 2004
September. 2003	July 2004
November. 2003	August. 2004

Session 3c: Helping a family to complete a birth plan



REPUBLIC OF UGANDA
MINISTRY OF HEALTH

BIRTH PREPAREDNESS PLAN

Health worker to discuss with mother preferably in presence of spouse or person she lives with:

Whom do you live with?
.....

Who will accompany you to the health centre when labour starts?
.....

What means of transport will you use to come to the health centre?
.....

Whom will you leave a home to look after it while you are away?
.....

Who will stay with you at the health centre during labour?
.....

Would you like us to throw the after birth in our placenta pit or would you like to take it home?
.....

Would you and your husband like to take an HIV test?
.....

You may need to take these supplies with you to the health centre (Tick all that apply)

- 4 pairs of gloves
- Gauze: (this is a special material for dressing that can be bought from a drug shop/pharmacy)
- Plastic sheet (Eklveera)
- Cotton wool
- Needles and syringes
- Razor blade

Personal effects to take with you to the health centre (Tick all that apply)

- Sanitary pads
- Baby clothing
- Money for emergency transport
- Basin
- Soap
- Sugar and tea leaves
- Clean clothing for you

What family planning method will you use after delivery before your next pregnancy?
.....

Name of health worker with whom the birth plan has been made:

MoH copy of birth plan

The birth plan helps family decide and take action on the following;

1. Where to deliver.
2. What items are needed for the baby and the mother before and after the delivery.
3. Danger signs in the mother and the baby
4. How to organize timely transport for mother when in labour or when problems arise.
5. How to raise funds for transport and the cost of delivery.
6. Who is going to be your birth companion at the health facility.
7. Who will look after the home and children while you are away.

Importance of the birth plan

Helps mother and family to be well prepared for the birth of the baby and deal with problems if any arise.

Session 3d: Steps and activities during a home visit

A minimum of two home visits by the VHT are recommended during pregnancy, but more than two visits may be made if need arises. The sequence of activities is summarized below:

- Greetings.
- Explain reason for the visit.
- Ask about well being, make general conversation.
- Ask about progress and problems with practicing ideal family care practices.
- Use screening cards to identify danger signs and initiate referral if necessary.
- Counsel mother on her health and baby's condition, as needed. Use counseling cards appropriate to the situation (e.g. on breastfeeding, LBW, etc).
- Remind mother about danger signs in the baby and herself.
- Praise mother and reinforce positive behaviors.
- Complete the appropriate Home Visit Form. Make appointment for next visit.

During each home visit the (VHT) should create a caring environment through:

- Acting with confidence.
- Speaking in a gentle tone or voice.
- Using simple words in local language.
- Being respectful to members of the home.

Each visit has a different purpose as explained below:

Home visit 1: Expected to take place as soon as the pregnancy is identified.

Tasks for the VHT:

- Determine EDD.
- Provide health education using counseling cards and negotiate with pregnant women to implement newborn care practices with a particular focus on the following practices:
 - ANC attendance.
 - Birth plan.
 - Sleeping under an ITN.
- Conduct screening for danger signs and refer if present.
- Distribute ITNs if available.
- Completing the pregnancy register.

Home visit 2: Expected between the 8th to 9th month of pregnancy

Tasks for a VHT:

- Conduct health screening as in the first visit.
- Review and complete birth plan; where to deliver, arrangements of a clean birth, danger signs, emergency preparedness.
- Provide Health education using counseling cards on: Safe delivery, danger signs, immediate newborn care, breastfeeding and care of mother and new born after delivery.
- Remind and confirm EDD.
- Distribute clean home delivery kits.
- Complete the pregnancy register.

Session 4: Care for the mother and newborn baby in the post natal period.

Purpose:

To equip participants with knowledge and skills to provide care and promote healthy practices for a newborn baby and mother during the postnatal period.

Objectives:

By the end of this chapter participants should be able to:

- Describe roles of a VHT in providing care for newborn and the mother during the postnatal period.
- Demonstrate skills for supporting new mothers to initiate and maintain exclusive breastfeeding for newborn babies.
- Demonstrate skills for supporting mothers to keep the baby warm.

- Demonstrate skills for supporting the mother to care for the cord.
- Describe the steps and activities during a post natal home visit.

Content:

- Roles of a VHT in providing care for a newborn baby and the mother during the postnatal period.
- Supporting a mother to initiate breastfeeding and correctly position and attach the baby to the breast.
- Keeping the baby warm.
- Cord care.
- Steps and activities during a post natal home visit.

Methods

Brain storming

Role play(s)

Group discussions and plenary

Lecturing

Clinical session

Duration: 1 hrs 45 mins
60 mins(Skills practice)

Materials:

News print, markers, masking tape, notebooks, pens, VIPP cards and counseling cards, an insecticide treated mosquito net, doll, a scripted role plays and post natal register.

Procedure:

1. Begin this session in plenary.
2. Ask the participants to list the basic needs of the newborn. Help participants to complete the list if needed.
3. Ask the participants to list the roles of a VHT in helping meet the needs of a newborn baby. Tell participants that in this session the care of the mother and newborn after delivery will be discussed.

Participants should now move to their small groups.

Session 4a: Supporting a mother to initiate and maintain breastfeeding

4. Ask: After how long are babies breastfed after birth in your community? Are they breast fed immediately? Why?
5. Listen and discuss responses.
6. **Explain:** It is important that the baby is breastfed within the first hour after birth. The first colostrum (thick yellowish milk) strengthens the baby and keeps him safe from diseases. Do not throw it out. Babies who are given other food or

drinks including water apart from breast milk before 6 months of age are more likely to develop diarrhea. The first milk is usually small in amount, but is very rich in the food contents needed by the baby. The amount of breast milk will increase if you breast feed soon after birth and frequently.

7. Tell participants that: Mothers sometimes fail to breastfeed because they do not know how to position and attach the baby to the breast.
8. Ask: Can one of you volunteer to demonstrate how to position and attach the baby on the breast? The rest of the class should observe whether the volunteer demonstrates positioning and attachment correctly.
9. Ask: Can we get feedback about how the volunteer has performed?
10. Listen to responses, appreciate what was done correctly.
11. Describe and demonstrate using a doll with a colleague acting as the mother, the following steps to teach a mother to correctly position and attach her baby for breast feeding:
 1. **Show the mother how to hold her baby:**
 - Ensure mother is sited comfortably.
 - Make sure the baby's head and body are in a straight line.
 - Make sure the baby is facing the breast, the baby's nose is opposite her nipple.
 - Hold the baby's body close to her body.
 - Support the baby's whole body not just the neck and shoulders.
 2. **Show the mother how to help a baby attach. She should:**
 - Touch the baby's lips with her nipple.
 - Wait until her baby's mouth is wide open.
 - Move the baby quickly onto the breast, aiming the infant's lower lip well below the nipple.
 3. **Look for signs of good attachment**
 - Mouth widely opened.
 - Lower lip turned outwards.
 - Chin touching the breast.
 - More areolar seen above the baby's mouth than below.
 4. **Look for signs of effective suckling** (That is, slow deep sucks sometimes pausing)
 5. **If the attachment or suckling is not good, try again. Then re-assess.**
 6. **If breast is engorged**, express a small amount of breast milk before starting to breast feed again to soften the nipple area so that it is easier for the baby to attach.
12. Ask participants to practice positioning of the baby to the breast
 - Sitting comfortably.

- Holding the baby's head and body in a straight line.
- Positioning baby so that the baby is facing the breast and the baby's nose is opposite her nipple.
- Holding the baby's body close to her body.
- Supporting the baby's whole body not just the neck and shoulders.

Session 4b: Common breastfeeding problems and their solutions

13. Ask: What are some of the other breastfeeding problems faced? List and discuss the responses.
14. Go through each one of the problems and ask participants to identify possible solutions for each of the problems identified.
15. Below are some of the common problems and their solutions.
 - **Breast engorgement:** Causes the breast to swell and is painful but doesn't feel hot and does not cause fever. Express some little breast milk before allowing the baby to breast feed.
 - **Sore or cracked nipples:** Causes a lot of pain especially when breast feeding the baby. Clean with warm salty water and keep it dry all the time. Express the milk to relieve engorgement and avoid breast feeding on that breast until the pain has gone.
 - **Insufficient breast milk:**
 - Many mothers complain that they do not produce adequate breast milk for their babies. Encourage the mother to:
 - Breast feed more frequently.
 - Exclusively breast feed day and night.
 - Position and attach the baby correctly.
 - **A baby who refuses to breast feed:**
A new born may refuse to breast feed because:
 - Poor positioning and attachment to the breast. He/she is sick
 - The breast is tense and painful due to engorgement.
16. If a baby cannot breastfeed, encourage the mother to express breast milk.
 - Show mother how to prepare for expressing breast milk. She will need:
 - Wash hands with soap and water
 - Get a clean container with lid.
 - Show mother how to do hand expression.
 - Place the clean container near the nipple.
 - Press slightly inwards, towards breast between fingers + and

- thumb.
 - Express one side until milk slows then other side.
 - Continue alternating sides for 20-30 minutes.
 - Advise mother how to store expressed milk:
 - Keep expressed milk covered in a cool place.
 - To keep milk cool, place container with breast milk in container with cool water, away from direct heat or fire.
 - Show mother how to feed the baby with expressed milk:
 - Feed your baby the breast milk using a cup or spoon
 - Do not pour milk into baby's mouth.
 - Use expressed breast milk within 6-8 hours (unless it is frozen)
17. Ask participants to practice how to help a mother prepare for and express breast milk, and storing it using the steps above. Use a doll to demonstrate.

Session 4c: Keeping a baby warm

1. **Ask participants to explain how baby is cared for soon after birth.**

Are they left aside as the birth attendant waits for the placenta to come out? Is the baby left wet, dried or covered? Write down the answers given on a flip chart paper.

2. Ask

Why do you think babies should be kept warm after delivery? Listen to the answers; appreciate the correct responses and fill in any incomplete responses. Address any misconceptions the participants may have about keeping the baby warm at the time of birth.

3. Explain to the participants that if the baby is not kept warm immediately after birth, the baby can lose enough heat to be in danger of losing life.
4. Ask : What needs to be done to keep the baby warm soon after birth? Write all the ideas presented on flip chart. Review and discuss the list suggested. Add anything left out and remove any incorrect ideas after explaining why they are not appropriate.
5. Explain: The baby should be dried all over the body even its head with a dry piece of cloth immediately after birth while the cord is still attached.
6. Explain: After drying the baby, and place the baby skin to skin with the mother and cover it with another dry cloth or sheet. This warms the baby and stimulate it to start feeding. Put away the cloth used to dry the baby.
7. Explain: If placing the baby skin to skin with the mother is not possible, wrap the baby in clean and dry cloths after being dried and placed in the mother's arms or a close relative who is attending the birth.

8. **Explain:** The following can also help keep the baby warm;
 - a. Initiating breast feeding as soon as possible. The breast milk provides energy which helps the baby to keep warm.
 - b. Putting a hat on the baby's head to reduce loss of body heat through the head surface.
 - c. Delay bathing until after the first day of birth.
 - d. Ensure that before delivery there is at least one dry cloth to wipe the baby soon after birth and before cutting and tying the cord and another cloth / clothes to wrap the baby in after drying baby, cutting and tying the cord.
9. Emphasize : Small babies are at more risk of losing heat and therefore need more warmth especially when being referred.
10. Ask participants to practice keeping baby warm using;
 - a. Drying the baby, changing cloth, and wrapping baby in dry piece of cloth.
 - b. Placing baby skin to skin on mother's abdomen or chest.

Session 4d: Cord care

1. Ask: What are the common local practices for cutting, tying, and treating the cord in your community? Should we discourage some practices and why?
2. Ask: What is the proper way of caring for the cord? Listen to answers, appreciate the correct responses. Add anything left out and remove incorrect ideas after explaining why they are not appropriate.
3. **Explain:** The VHT should show the mothers how to care for the cord. Infections of the cord in a newborn are serious and can spread to the whole body causing disease and death. Good cord care can prevent infection. The mother should wash hands with soap and water before touching the cord. The cord should not be touched unless necessary. The cord should be left to dry on its own. Nothing should be put on the cord. Applying herbs, animal dung, and other treatments can cause infection.
4. Ask: How can you know that the cord is infected? Listen to participants responses.
5. Show participants an illustration of an infected cord. Ask participants to list signs of an infected cord. **Stress the following;**
6. A cord is infected if it has redness or pus.
7. Ask: What should you do if a newborn baby has an infected cord?
8. They should refer the baby to a health facility.
9. Ask participants to practice cleaning the cord.

Session 4e: Home visits after delivery the postnatal period

1. Refer the participants to the handbook. Have one of the participants list the main activities of the home visit after delivery.
2. Ask the participants to tell you the recommended frequency and timing of the home visits to the mother after delivery. Listen and clarify where necessary.
3. Explain that in addition to the main activities of a home visit after delivery, there are some key interventions and messages that need to be given during each of the visits.
4. Refer the participants to the list of tasks for a home visit after delivery. Ask one of the participants to list out the main and additional tasks for each of the visits
5. Demonstrate with a colleague how to conduct home visit 1 after delivery. In the small groups ask the participants to home visit 1, 2 and 3. Each one to take turns on being either mother, or VHT. The VHT should be able to follow the steps and conduct all the expected activities during each visit. The mother watches as the VHT role plays and identifies areas that need to be improved.

Handout: Session 4

Plenary session:

The basic needs of a newborn baby

- Feeding
- Warmth
- Protection from infection

How do we meet the basic needs of a newborn baby?

- **Feeding:** Through breastfeeding. Breast milk and only breast milk is best for the newborn baby until after six months.
- **Warmth:** Through delaying the first bath until after 24 hours and keeping the baby wrapped in dry and warm clothes.
- **Protection from infection:** Through proper cord care and washing hands before handling the newborn baby. The cord should be kept clean and dry until it drops off. Nothing should be applied to the cord.

Roles of a VHT during the post natal period

- Conducting home visits for mothers and their newborn babies at least three times during the first week of life on the first, third and sixth day of life.
- Carrying out health education of mothers about ideal family care practices for the newborn and mother during the postnatal period.
- Identifying mothers and newborns with danger signs and referring them to health facilities for care.

Session 4a: Supporting a mother to initiate and maintain breastfeeding

When should a newborn be initiated on breast milk?

Newborn babies should start breast feeding with in 1 hour of birth. They should not have any other food or drinks.

Why should a baby be initiated on breast milk as early as possible?

- The first breast milk (thick yellowish milk) strengthens the baby and keeps him safe from diseases. Do not throw it out.
- Babies who are given other food or drinks including water apart from breast milk before 6 months of age are more likely to develop diarrhea.
- The first milk is usually small in amount, but is very rich in the food contents needed by the baby.
- The amount of breast milk will increase if you breast feed soon after birth and continue breastfeeding frequently.

How can a mother successfully initiate and carry out exclusive breastfeeding?

To successfully initiate early and exclusive breastfeeding, the baby needs to be correctly positioned and well attached to the mother's breast.

Steps to teach a mother to correctly position and attach her baby for breast feeding:

7. **Show the mother how to hold her baby:**
 - Ensure mother is sited comfortably.
 - Make sure the baby's head and body are in a straight line.
 - Make sure the baby is facing the breast; the baby's nose is opposite her nipple.
 - Hold the baby's body close to mother's body.
 - Support the baby's whole body not just the neck and shoulders.

8. **Show the mother how to help a baby attach:**
 - Touch the baby's lips with her nipple.
 - Wait until her baby's mouth is wide open.
 - Move the baby quickly onto the breast, aiming the baby's lower lip well below the nipple.

9. **Look for signs of good attachment**
 - Mouth widely opened.
 - Lower lip turned outwards.
 - Chin touching the breast.
 - More areolar seen above the baby's mouth than below.

10. Look for signs of effective suckling (That is, slow deep sucks sometimes pausing)
11. If the attachment or suckling is not good, try again. Then re-assess.
12. If breast engorgement, express a small amount of breast milk before starting to breast feed again. This softens the nipple area so that it is easier for the baby to attach.

Session 4b: Common breastfeeding problems and solution (similar to info on page 28)

1. **Breast engorgement:** causes the breast to swell and is painful but doesn't feel hot and does not cause fever. Express some little breast milk before allowing the baby to breast feed.
2. **Sore or cracked nipples:** causes a lot of pain especially when breast feeding the baby. Clean with warm saline water and keep it dry all the time. Express the milk to relieve engorgement and avoid breast feeding on it until the pain has gone.
3. **Insufficient breast milk:** many mothers complain that they do not produce adequate breast milk for their babies. Encourage the mother to:
 - Breast feed more frequently.

- Exclusively breast feed day and night
- Position and attach the baby correctly.

4. **A baby who refuses to breastfeed:**

A new born may refuse to breastfeed because of poor positioning and attachment to the breast or because he/she is sick or because the breast is tense and painful due to engorgement.

Session 4c : Keeping a baby warm

Why is it important to keep newborn babies warm at all times?

Warmth is essential for the survival of a newborn. The newborn's skin temperature falls rapidly within seconds of being born. If the temperature continues to fall the baby will become ill and may die.

How does a newborn baby lose heat?

- Not drying the baby immediately after delivery
- Baby left on or in a wet cloth.
- Not initiating breast feeding soon after birth.
- Giving a bath immediately after birth.
- Not wrapping the baby in dry warm clothing.

How do you keep newborn babies warm at all times?

- Delay the first bath until after the first day. When bathing after first day, close doors and windows to avoid cold draught.
- Keep baby wrapped in dry warm clothes all the time, or provide skin to skin care if you don't have enough clothes. Do not leave baby in wet nappies. Warmth is especially important if the baby is being referred.
- Breastfeed baby on demand.

Session 4d: Cord Care

Common causes of infection through the cord:

- Applying substances or medicine on the cord stump such as local herbs, animal dung, ghee and or powder.
- Bandaging of the cord stump.

What is the importance of keeping the cord clean and dry?

It is important to keep the cord clean and dry because most newborn infections pass through the cord. The VHT will demonstrate and teach the mother of the newborn baby how to keep the cord clean and dry.

How does a mother clean and dry her baby's cord?

- Mix clean warm water with salt to taste.
- Use a clean piece of cloth to apply the salty water onto the cord.
- Remove any surrounding dirt.
- Dry the cord after cleaning using a dry clean piece of cloth.
- Do this 3 times a day until the cord falls off and dries.
- The mother should apply nothing to the cord.

What should a VHT do for a newborn being referred?

All newborn babies being referred should be placed skin to skin with mother and covered with warm clothes during journey to the health facility.

- Encourage mother to continue breastfeeding on the way to health facility.
- If baby cannot breastfeed, express breast milk and feed using cup or spoon.
- Do not give any medicines that are not directed by a trained health worker.

Session4e: Postnatal home visits

At least 3 post natal home visits are recommended. The first one, as soon as the mother is discharged from the health facility where delivery took place, the second one on the 3rd day after delivery and the third visit on the 7th day.

When conducting a home visit during the post natal period, similar steps are followed as for the home visits during pregnancy. It is the tasks which the VHT performs that change.

Home visit 1: Focus on initiation of breastfeeding, warmth, cord care and danger signs among the newborn and mother. (where are the danger signs..?)

Home visit 2: Focus as in first visit, additionally review sustainability of breastfeeding and cord care.

Home visit 3: Focus as in home visit 2 – especially danger signs in both newborn and mother.

Contents of the first visit during the postnatal period

- Encourage mother to go to a health facility with the baby for a postnatal check up if she delivered at home.
- Check newborn's body and conduct health screening for danger signs in mother and newborn and refer if present.
- Provide health education (using counseling cards appropriately) on
- Exclusive breastfeeding.
- Cord care.

- Warmth for newborn.

Contents of the second visit during the postnatal period

- Check for any problems with breastfeeding and cord care.
- Check newborn's body and conduct health screening for danger signs in mother and newborn and refer if present as in bullet two above.
- Provide health education (using counseling cards appropriately) on:
 - Exclusive breastfeeding.
 - Cord care.

Contents of the third visit during the postnatal period

- Check newborn and conduct health screening for danger signs in mother and newborn and refer if present.
- Provide health education (using counseling cards appropriately) on:
 - Recognition of danger signs.
 - Exclusive breastfeeding.

Proposed Training Schedule for Community Newborn Care

Course Objectives:

1. List the needs of a newborn baby
2. Describe the roles of VHT in promoting newborn care at the community level
3. List the key healthy care practices for newborn health
4. Demonstrate and support mothers to adopt the key care practices for newborns including; birth planning; breastfeeding, keeping baby warm, cord care and eye care
5. List key activities conducted during home visits in the pregnancy and postnatal period

Teaching Session

TIME	TEACHING METHOD	CONTENT DAY 1	MATERIALS NEEDED	EVALUATION
60 min	Group Discussion Question and Answer	Introduction <ul style="list-style-type: none"> • Welcome remarks • Introductions • Climate setting <ul style="list-style-type: none"> ○ Facilitator guides participants through the introductory story of the status of newborn health and role of VHTs in promoting newborn health at community level • Course objectives and agenda 	<ul style="list-style-type: none"> ▪ Training Schedules ▪ CNBC training guide 	Learner responses to questions
45 min	Question and Answer Participatory Demonstration	1. Introduction to family care practices for the newborn <ul style="list-style-type: none"> • Presentation and discussion <ul style="list-style-type: none"> ○ Needs of newborn ○ Meeting the needs of newborns at the community-key family care practices 	<ul style="list-style-type: none"> • Flip chart stand • Flip chart • Markers • Learners workbook/flipchart 	Learners responses to questions
		Tea Break		

TIME	TEACHING METHOD	CONTENT DAY 1	MATERIALS NEEDED	EVALUATION
120 min	Presentation, demonstration/return demonstration, question and answer and group discussion	<p>2. Care during the pregnancy period</p> <ul style="list-style-type: none"> • Presentation, Demonstration and skill practice <ul style="list-style-type: none"> ○ Registration and follow up of pregnant women in the community ○ Estimation of month of delivery ○ Preparation of birth plan ○ Steps and activities during a home visit to a pregnant woman 	<ul style="list-style-type: none"> • Flip chart stand • Flip chart • Markers • Learners workbook/flipchart 	Ability of learners to demonstrate appropriate actions to take for pregnant women in the community and 3
		LUNCH		

TIME	TEACHING METHOD	CONTENT DAY 1	MATERIALS NEEDED	EVALUATION
1hour 45 min	Presenta- tion, dem- onstration/ return dem- onstration, question and answer and group discussion	3. Care during the postna- tal period <ul style="list-style-type: none"> • Presentation, demon- stration and skill prac- tice <ul style="list-style-type: none"> ○ Supporting early initiation, and exclusive breast- feeding(position- ing, attachment,) ○ Cord care ○ Keeping baby warm 	Same as above	Ability of learners to demonstrate appropri- ate actions to take for mothers and babies during the postnatal period
		Mid afternoon break		
60 min	Demonstra- tion/return demonstra- tion	4. Care during the post- natal period <ul style="list-style-type: none"> • Presentation, dem- onstration and skill practice <ul style="list-style-type: none"> • Steps and ac- tivities during a postnatal home visit 	Same as above	Ability of learners to demonstrate appropri- ate actions to take for mothers and babies during the postnatal period
10 min	Plenary discussion	Review day's activ- ity End of module evaluation		

Ministry of Health
P.O. Box 7272 Kampala Uganda
Plot 6 Lourdel Rd, Nakasero
General Telephone: 256-414-340874 /231563 /9

Permanent Secretary's Office: 256-414-340872
Fax: 256-41-4231584
Email: info@health.go.ug