

Community Kangaroo Mother Care (CKMC) Complementary Module for HEWs Facilitator's Guide



Maternal and Child Health Integrated Program (MCHIP)

March 2012



For information:

MCHIP
Ethiopia Office
House 693, Wollo Sefer near Mina Building
PO Box 2881, Code 1250
Addis Ababa, Ethiopia
Tel: (011) 550 2124 fax: (011) 550 8814

The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health flagship maternal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening. Visit www.mchip.net to learn more.

This program and publication was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Leader with Associates Cooperative Agreement GHS-A-00-08-00002-000. The contents are the responsibility of the Maternal and Child Health Integrated Program (MCHIP) and do not necessarily reflect the views of USAID or the United States Government.

Table of Contents

Contents

Table of Contents	2
About this Module	4
Topic 1: Community Kangaroo Mother Care (CKMC) Introduction and Overview	6
What is Kangaroo Mother Care?	9
Duration of KMC	9
Benefits of Community KMC	10
Topic 2: Kangaroo Mother Care Positioning	12
Steps in KMC positioning	15
KMC positioning checklist	21
Topic 3: Extra Care for Small Newborns	22
Identifying small babies	25
Extra care	25
Extra care for low body temperature	27
Extra care for feeding difficulties	27
Expressing breast milk	29
HANDOUT: KEEPING THE NEWBORN WARM	33
Referral guidelines	35
Topic 4: Guide for Coaching Mothers on KMC	39
Preparation for KMC during pregnancy	41
Antenatal coaching for KMC	41
Addressing common concerns about KMC practice	45
Demonstration of KMC coaching for postpartum mothers	46
Community education and support	49
ANNEX	50
Facilitator Appendix	54
I. CKMC Supervision Strategy and Tools	54
II. Lots Quality Assurance sampling (LQAS) plan for CKMC coverage monitoring	57
III. Bi-annual visit of CKMC sites by CKMC TAG	58
Community Kangaroo mother care Supervisory Checklist	59

About this Module

Community Kangaroo Mother Care: A training module was developed to guide the training of health extension workers (HEWs) in Kangaroo Mother Care.

Potential uses of the manual might be:

- As a module to integrate into existing training programs for Health Extension Workers (HEWs);
- As a technical resource for CKMC; and/or
- As an in-service training for practicing HEWs as part of the Integrated Refresher Training (IRT)

Each topic has objectives, a session plan, trainer's notes and learning activities. In the appendix, there is a section on supportive supervision strategy and tools for use during the implementation CKMC. Other tools for trainers include a pre/post course questionnaire to use as appropriate, trainers' checklists and a list of technical resources. For learners who are semi or non-literate, an example of verbal skills and knowledge tests is included.

At a minimum, CKMC trainers should have a background in community-based health care and be experienced in maternal-newborn care service delivery, including care of low birth-weight newborns. At least some prior experience in KMC practice is desirable. Training expertise is required with skills in the competency-based approach for both facility and community-based providers.

It is assumed that learners will also have some training or experience in health care provision, specifically maternal-newborn care. This is not designed to be a course in essential newborn care. There are many excellent resources for that purpose, some of which are listed in the appendix. Rather, it is designed to help train health workers in implementing CKMC.

Essential to any successful program is an enabling environment. Community KMC will only work when community members, health providers, referral facilities and the health care system all support the household to hospital continuum¹ of health care. In general, the following must be in place before CKMC training is planned:

- ◆ Training and orientation of staff in referral facilities at all levels
 - Ideally, a KMC unit at the nearest facility
- ◆ Training of supervisors for HEWs
- ◆ Sensitization and education of Health Development Army 1 to 5 network leaders
 - Persons responsible for community mobilization must be oriented to KMC in order to appropriately sensitize community leaders and members
- ◆ Training and orientation of birth attendants in KMC since it must be started immediately after birth; this includes training of antenatal providers
- ◆ KMC education for all pregnant and postpartum mothers and their families²
- ◆ A functioning referral system
- ◆ Community health workers trained in basic maternal-newborn health services

¹ Include reference to the HHCC article here

²In settings where low birth weight is common, universal KMC is one way to ensure KMC for small babies

A final assumption is related to the application of KMC in the community context: KMC should be practiced for all babies irrespective of their birth weight. However, KMC is very important especially for those babies with birth weight less than 2500 gm and/or those whose mothers and birth attendants perceive to be small. At least one study has demonstrated that the mother's perception of size was a good proxy for birth weight³.

Though Kangaroo Mother Care has been around for many years, documented experience in the community setting is limited. Where feasible, the information and skills provided in the pages that follow are based on evidence and the most current KMC literature available.

Note: throughout this manual, the word "small" is used to refer to both low-birth weight and pre-term infants.

³Edmond KM, et al. Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. *Pediatrics* 2006; 117:e380-396. DOI: 10.1542/peds.2005-1496

Topic 1: Community Kangaroo Mother Care (CKMC) Introduction and Overview

Objectives:

At the end of the session, participants will be able to:

- ▶ Define Kangaroo Mother Care
- ▶ Describe the two main approaches of KMC practice
- ▶ Explain why community KMC is important for babies in their country
- ▶ Explain benefits of community KMC

Time: 2 hours

Training Methods:

- ▶ Pre-test questions
- ▶ Interactive presentation
- ▶ Group discussion

Training Materials:

- ▶ Flip charts
- ▶ Handout on country-specific newborn care information

<p>*Trainer's note: more time will be needed if trainers elect to do a pre-training questionnaire or spend more time with learning activities</p>

Session Plan Topic 1: Community KMC

TIME	Objectives / activities / learning methods	Flipcharts	Notes to the facilitator
30 min	Activity: Welcome, Introduction and Expectations	N/A	Use this time to welcome participants and facilitators. Select an activity for introductions if needed. Decide on timing of tea and lunch breaks and other logistics as needed
15 min	Activity: pre/post test		<i>A written pretest will be given See facilitator administrative section for details</i>
10 min	Activity : Present an overview of the module Review objectives of the session	Objectives By the end of this topic, learners will be able to: <ul style="list-style-type: none"> • Define Kangaroo Mother Care • Describe the two main approaches of KMC practice • Explain why community KMC is important for babies in their country • Explain benefits of community KMC 	First introduce the module by giving an overview of what will be covered. Emphasize that this will build on content learned in other modules if applicable Introduce the session by presenting the objectives – read the objectives, briefly either summarize them, or ask a learner to read them aloud.
20min	Activity : Interactive introduction to the topic Group discussion <ul style="list-style-type: none"> • Introduce the idea of how kangaroos carry their young 	<div style="text-align: center;"> <p>Kangaroo </p>  </div>	Interactive presentation <ul style="list-style-type: none"> • Have one participant read the definition of a kangaroo • Show diagram of the kangaroo and how the baby Joey is carried • Review the definition of a newborn • Display the text next to the diagram of the kangaroo. Have one participant read it aloud • Involve participants in a brief discussion of different ways mothers carry their babies; have participants and facilitators demonstrate if possible and/or show pictures if available
	<ul style="list-style-type: none"> • Objective: Define Kangaroo Mother Care 	Display the question What is Kangaroo Mother Care? <u>Other terms used to describe KMC</u> Duration of KMC Remember, the main purpose of KMC is to keep the baby warm. If KMC is stopped before the baby is ready, he/she is at risk for becoming cold and ill. Therefore, advise others to keep babies in KMC until they outgrow the method.	Ask participants if they have ever heard of kangaroo mother care? After a few responses, ask them where and what they have heard about it. Present information about KMC. Answer questions participants may have Present information on KMC duration

15 min	<ul style="list-style-type: none"> • Objective: Describe the two main approaches of KMC practice 	<p style="text-align: center;">Community Based Kangaroo Mother Care Facility Based Kangaroo Mother Care</p>	<p>Describe the two service delivery approaches to KMC Discuss differences between facility based and community based; If appropriate, briefly talk about one country's experience in CKMC</p>
15 min	<ul style="list-style-type: none"> • Objective: Explain why community KMC is important for babies in their country 	<p style="text-align: center;">Why is Community Kangaroo Mother Care Important in Ethiopia?</p>	<p>Find out what participants know about the causes of newborn death. Present information on causes Discuss country and/or community-specific issues or practices regarding newborn care. Choose one main issue as a topic for group discussion Use handout to review selected issues about newborn health in your country</p>
15 min	<ul style="list-style-type: none"> • Interactive presentation and discussion • Objective: Explain the benefits of community KMC 	<p style="text-align: center;">Benefits of Community Kangaroo Mother Care</p>	<p>Explain the benefits of KMC for the mother, baby and how the community can be involved</p> <p>Ask participants if they have anything to add to the list of benefits</p>

What is Kangaroo Mother Care?

Kangaroo mother care (KMC) is a simple, low-cost way to keep term and small babies warm. Babies born small can more easily become cold, which puts them at risk for sickness or even death. In Kangaroo Mother Care, the baby is placed skin to skin against the mother/care taker's chest, wearing only a nappy and a cap. The baby is then kept upright between the mother's breasts, inside her/his clothes and held in place by a cloth (*nettela*) wrapped around the mother/care taker and baby. The baby is kept in this position constantly except for short periods for bathing, diaper changing, or when the mother/care taker is attending to personal needs. In addition to keeping the baby warm, the KMC method helps the mother to breastfeed on demand and also helps her bond with her baby.

Other terms used to describe KMC

The word "kangaroo" is not a familiar one in many settings. Some places have never heard about or seen a kangaroo. In many languages, there is no translation for the word, making it difficult for mothers to understand. These are a few reasons why communities have often chosen their own word or term to describe skin-to-skin care.

Trainer's note:

If time permits, discuss this with participants and see what ideas they come up with.

If your country/community/setting already has an alternate term, discuss how the participants like this word/term (Perhaps what they like/dislike about it and why).

Duration of KMC

Advise the mother to practice KMC as long as possible, that is, until the baby no longer tolerates the method. Duration of KMC for the term babies is for hours or days. For low birth weight babies the duration of KMC could last for weeks. Babies who outgrow KMC become restless and will usually try to get out of the skin-to-skin position. It is important to note, however, that babies should still be breastfed on demand and kept warm even when KMC is no longer practiced.

Remember, a main purpose of KMC is to keep the baby warm. If KMC is stopped before the baby is ready, he/she is at risk for becoming cold and ill. Therefore, advise others to keep babies in KMC until they outgrow the method.

Community KMC is most useful in places where many babies are born at home or born small. When KMC is started right after birth, babies benefit immediately. Even when the baby is sick, KMC is often possible. If referral is needed, the baby can be kept warm through skin-to-skin contact with the mother before and during transport. With family and community support, mothers can continue KMC until the baby has gained weight. In these ways, community KMC can be a vital step in helping to prevent newborn sickness and death.

Trainer's note:

Discuss country and/or community-specific issues or practices regarding newborn care here. Choose one main issue as a topic for group discussion. The handout at the end of this session can be used as a guide

Benefits of Community KMC

How does CKMC help the baby?

- The newborn's breathing becomes regular and stable
- The newborn stays warm and is protected from getting cold
 - Skin-to-skin contact helps keep the baby's temperature stable
 - Skin-to-skin is also very good for re-warming cold infants
- The newborn breastfeeds better
 - Feeding on demand and exclusive breastfeeding is easier
- Babies who are born small have special needs :
 - CKMC helps keep the baby warm
 - CKMC helps make it easier to breastfeed on demand
 - CKMC helps the baby gain weight faster through easier breastfeeding
- Babies who are cared for with KMC become sick less often



How does CKMC help the mother?

- The mother becomes closer to her baby (bonding) through constant physical contact
- If the baby is born small, the mother gains confidence in caring for her fragile baby
- With the baby in constant contact, the mother may more easily recognize if the baby has a problem (danger sign) and can promptly seek help from a skilled health provider
- The mother gets support from the community in carrying out KMC and other effective newborn care practices
- KMC is always free!
 - KMC usually involves no additional cost to the mother/family; if they are willing and wish to learn, everyone can practice it

How does CKMC help and involve the community?

- Through health education, community members understand better how to help each other and give better care to newborns.
- The community can work together to get help if the baby has a problem
- The community recognizes the benefits of KMC and can support mothers and families to practice it for all babies
- Members of the community (such as mothers who have recently given birth) can help reinforce positive newborn care behaviors and assist postpartum mothers. For example, they can:
 - Give tips or advice to postpartum mothers with questions on KMC or other newborn care
 - Help mothers access health workers or other health care when needed

Which babies can be included in Community Kangaroo Mother Care?

Generally, all babies should have skin-to-skin just after birth and continue with KMC for as long as he/she tolerates it. Here are some general guidelines. Babies should be:

- In stable condition:
 - No major illness such as sepsis, pneumonia, meningitis, respiratory distress and convulsions.
 - No danger signs
 - Able to breastfeed or take expressed breast milk by cup or spoon

Babies who do not meet the above criteria should be referred immediately while kept skin-to-skin contact with the mother/care taker

Topic 2: Kangaroo Mother Care Positioning

Objectives:

At the end of the session, participants will be able to:

- ▶ List the items needed for positioning/wrapping baby in kangaroo position
- ▶ Explain the KMC positioning steps
- ▶ Demonstrate the steps in positioning and wrapping the baby in KMC using the skill checklist

Time: 2 hours

Training Methods:

- Interactive presentation with flip charts
- Demonstration and practice
- TV with DVD/VHS player or computer

Training Materials:

- ▶ Presentation on flip chart
- ▶ KMC positioning checklist
- ▶ Doll, *nettela* (binder) to demonstrate KMC position
- ▶ Handout/job aid on items needed for KMC position
- ▶ Handout/job aid on positioning baby for KMC
- ▶ Handout with presentation slides (not more than 2-3 slides per page if possible)
- ▶ Checklist on KMC positioning
- ▶ Video on KMC positioning

Session Plan Topic 2: Kangaroo Mother Care Positioning

TIME	Objectives / activities / learning methods	Flipcharts, TV with DVD/VHS player, Doll and <i>Nettela</i>	Notes to the facilitator
10 min	<p>Activity: Introduction of session and review of objectives</p>	<p>Objectives By the end of this topic, learners will be able to:</p> <ul style="list-style-type: none"> ▶ List the items needed for positioning/wrapping baby in kangaroo position ▶ Explain the KMC positioning steps ▶ Demonstrate the steps in positioning and wrapping the baby in KMC using the skill checklist 	<p>Introduce the session by presenting the objectives – read the objectives, briefly either summarize them, or ask a learner to read them aloud.</p>
15 Min	<p>Objective: list the items needed for positioning/ wrapping the baby in kangaroo position</p> <p>Activity: present and discuss items needed to practice KMC</p>	<p>Items needed for KMC</p> <ul style="list-style-type: none"> • For the mother • For the baby <p>Stress that <i>no other clothing</i> is recommended since it is skin-to-skin contact that keeps the baby warm. Additional clothing may block this important benefit of KMC</p> <p><i>KMC works best when as much of the baby's body as possible is in skin-to-skin contact with the mother</i></p>	<p>Tell the participants they will learn how to wrap the baby in KMC and have plenty of time to ask questions and practice the steps. Before the demonstration, we will become familiar with the clothing and other items the mother will need.</p> <p>Next, show the items needed for both the mother and baby.</p> <p>If time permits review info on warmth by asking participants why a soiled diaper might cause heat loss in a baby</p> <p>Discuss the various items, their appropriateness and availability. Discuss alternatives that the mother may use according to local culture or tradition</p>
15 min	<p>Objective: Explain the KMC positioning steps</p> <p>Activity: show the video on KMC positioning</p>	<p>Steps for coaching mothers on KMC positioning</p>	<p>This objective has a focus on coaching mothers and families in KMC positioning. Explain that they will need to give information and demonstration about KMC during antenatal (with a doll) as well as postpartum (with the actual baby).</p>
20 min		<p>Wrapping the infant</p>	<p>Display the steps in positioning (one at a time); respond to all questions before moving on to the next step</p>

			If time allows, discuss wrapping the baby using different materials available (<i>Nettela</i>)
1 hr	<p>Objective: Demonstrate the steps in positioning and wrapping the baby in KMC using the skill checklist</p>	<p>Handout/Job Aid: How to Position and Wrap the Baby for Kangaroo Mother Care</p>  <p>KMC positioning practice using checklist</p>	<p>Present the information on positioning (using the handout). Answer any questions participants may have</p> <p>Prepare the KMC items for mother and baby, and demonstrate the steps in KMC positioning using the skills checklist</p> <p>Note that this session targets positioning only. Detailed information for coaching mothers is covered in the next session</p> <p>Allow participants time to practice in teams using the checklists</p>

Steps in KMC positioning

During this session you will see how to wrap the baby in KMC position. You will have plenty of time to ask questions and practice the steps. Before the demonstration, become familiar with the clothing and other items the mother will need.

Items needed for KMC

- **For the mother**
 - Mother can wear usual clothing like *Nettela* if it accommodates the baby and is not too tight.
 - A support binder (piece of *Nettela*) which will be used to wrap around the mother and baby to help keep the baby close to the mother
 - A cloth or support binder (*Nettela*) suitable for other family members who may assist with KMC
 - Pillows to adjust to a comfortable sleeping or sitting position
 - A sweater: Cotton material is recommended



A cloth or support Binder



Loose sweater or Jacket



A cloth to secure the baby in KMC



A cloth that mother can use when at home

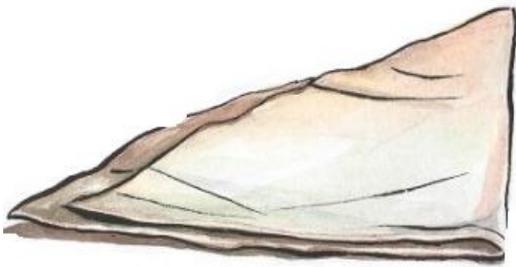
- **For the baby**
 - Diapers (nappies) or cloths used for that purpose
 - Caps: if a cap is used, it should not cover the cheeks (the baby's cheeks should be skin-to-skin with the mother)
 - Socks



Socks



A cap



Piece of cloth that can be used as diaper



Diaper

- *No other clothing* is recommended since it is skin-to-skin contact that keeps the baby warm. Additional clothing may block this important benefit of KMC

KMC works best when as much of the baby's body as possible is in skin-to-skin contact with the mother/care taker

Handout/Job Aid:

How to Position and Wrap the Baby for Kangaroo Mother Care

Positioning of the mother and baby

In KMC the baby, wearing only a nappy, and a cap, is held upright between the mother/care taker's breasts/chest in continuous contact with her/his skin (skin-to-skin contact). The position of the baby against the mother/care taker's chest under the cloth should secure the position of the baby's head and neck.



Tip for mother

When you first try KMC, the baby may be a bit restless. Don't worry; your baby will adjust to the KMC position within a few days

Mother with baby in kangaroo position

The mother/care taker covers her/his baby with her/his own cloth and an additional blanket or shawl to cover the baby, if needed. While resting, the mother/care taker should be in a comfortable position, supported with pillows to keep her comfortable. When the mother/care taker walks around, the baby is still kept upright by a cloth or the mother/the care giver may hold the baby at the bottom.. It is important that the nappy is changed soon after wetting or soiling, not only for the comfort but to reduce the heat loss to the baby.

Trainer's note: Ask why a soiled diaper might cause heat loss in a baby

Tip for the mother

When your body is in direct contact with your baby's, your body heat helps to keep the baby warm and keep his temperature stable. This is why the baby does not need clothing for KMC

Keeping the baby in the KMC position can be demanding for the mother, as continuous KMC practice is a tiring job. To assist the mother when she is tired or is attending to personal needs such as bathing, other family members (such as husbands, older siblings, grandmothers, mothers-in-law, sisters-in-law, etc) can be taught how to care for the baby in the kangaroo position so they can give the mother relief when necessary.



The woman's husband may help her with KMC when she wants to rest



The woman's sister may help her with KMC when the mother wants to do simple domestic activities



Other member of the family may help the mother with KMC when she wants to take shower

Steps for coaching mothers on Demonstration on KMC positioning

(See checklist on page XX for detailed guidance on coaching mothers)

1. After reviewing or explaining what KMC is and getting the mother's permission to demonstrate it:
2. Dress the baby in nappy/diapers, and a cap.
3. Place the baby in an upright position between the mother's breasts (figure 1)
4. Secure the baby on to the mother/care giver's chest with Nettlea. (Figure 2)
5. Instruct the mother to put on a front-opened dress, a blouse which is open at the front to allow the face, chest, abdomen, arms and legs of the baby to remain in continuous skin-to-skin contact with the mother's chest and abdomen (fig 3)
6. Ask the mother to repeat the demonstration of steps 2-5
7. Instruct the mother to keep the baby upright when walking or sitting.
8. Advise the mother to continue KMC 24 hours/day; other family members can assist her by keeping the baby in KMC while she attends to personal needs such as bathing
9. Show the mother different ways she can sleep in a position comfortable for her. Putting pillows on the side may help her from rolling over. Some mothers are comfortable in a half-sitting position. If the mother sleeps on a mat or mattress on a floor, show her ways to be comfortable. Examples of KMC sleeping positions when sleeping without a bed or pillows:
 - a. Position pillows against a wall or firm surface (be sure the wall or surface is not cold) to help support the mother's back, head and neck. If pillows are not available, substitutes could be large bags of clothing.
 - b. Sleeping in a large, comfortable chair with feet elevated on a stool or other comfortable surface

Trainer's note: discuss comfortable ways mothers can position themselves when pillows or beds are not available



Figure 1: Position the baby for KMC.



Figure 2: securely wrap the baby with a cloth tied around the mother.



Figure 3: Cover the baby with a blanket or shawl



Figure4: Put on loose clothing over the wrap.

KMC positioning checklist

Rate the performance of each step or task observed using the following rating scale:

N= Needs improvement: Step or task not performed correctly, is omitted or out of sequence

S = Satisfactory: Step or task performed correctly in proper sequence (if sequence necessary).

MAIN KMC POSITIONING STEPS	Practices Observed				
	1	2	3	4	5
1. Greet the mother and make her comfortable.					
2. Explain what you are going to do and encourage mother to ask questions.					
3. Dress the baby in only a nappy, and a cap.					
4. Put the baby upright; skin to skin between the mother's breasts					
5. Secure the baby to the mother's chest:					
6. Maintain support of the baby with the mother's hand.					
7. Cover the baby with a cloth					
8. The top of the cloth should be under the baby's ear.					
9. The bottom of the cloth is tucked under baby's buttocks.					
10. Make sure the tight part of the cloth is over the baby's back (chest).					
11. Baby's abdomen should not be constricted.					
12. Baby should be able to breathe.					
13. Show the mother how to wrap the baby to her body: tie the <i>Nettela</i> securely over the back of the baby on the mother's chest and cross the ends of the cloth behind the mother's back, bring them back around, and tie them in the front underneath the baby.					
14. Cover the baby with a blanket or shawl and let the mother tuck in at the front or side (under the arms)					
15. Ensure the mother is able to perform the same process to position the baby.					

Trainer's note:

This checklist is designed to help participants with learning correct positioning only. There is a detailed checklist in the next session that outlines further steps in coaching mothers who are starting KMC

Topic 3: Extra Care for Small Newborns

Objectives:

At the end of the session, participants will be able to:

- ▶ Describe how to identify small newborns
- ▶ Explain what extra care is needed for small newborns
- ▶ Teach a mother how to express breast milk
- ▶ Teach a mother how to cup feed a baby
- ▶ Coach mothers and families how to keep babies warm
- ▶ List the main parts of follow-up care
- ▶ Describe how and when to refer a baby with problems using guidelines

Time: 3 hrs 45 min

Training Methods:

- ▶ Interactive presentation with flip charts
- ▶ Demonstration and practice

Training Materials:

- ▶ Presentation on flip chart
- ▶ Doll, cup, breast model to demonstrate:
 - Feeding positions
 - Expressing breast milk
 - Cup feeding
- ▶ Video on breastfeeding (especially sucking reflex and latching, cup feeding) if available

Session Plan Topic 3: Extra Care for Small Newborns

TIME	Objectives / activities / learning methods	Flipcharts / TV with DVD or VHS player	Notes to the facilitator
10 min	<p>Activity: Introduction of session and review of objectives</p>	<p>Objectives By the end of this topic, learners will be able to:</p> <ul style="list-style-type: none"> ▶ Describe how to identify small newborns ▶ Explain what extra care is needed for small newborns ▶ Teach a mother how to express breast milk ▶ Teach a mother how to cup feed a baby ▶ Coach mothers and families how to keep babies warm ▶ List the main parts of follow-up care ▶ Describe how and when to refer a baby with problems using referral guidelines for their setting 	<p>Introduce the session by presenting the objectives – read the objectives, briefly either summarize them, or ask a learner to read them aloud.</p>
20 min	<p>Activity : Review of definitions Group participation</p>	<p>Definitions <i>Antibodies-</i> substances in the blood that fight infection; part of the body’s immune system <i>Colostrum-</i> the first milk from the mother’s breast; it is yellowish in color and usually lasts about 2-3 days. <i>Exclusive breastfeeding-</i> This means to feed the baby only with the breast milk. <i>Hypothermia –</i> low body temperature, below 36 °C; temperature is measured under the armpit (axillary). The normal body temperature is 36.5 to 37.5 °C <i>On-demand breastfeeding-</i> This means to breastfeed whenever the baby wants to eat.</p>	<p>Interactive presentation Most participants will be familiar with the words. Find out what they know first:</p> <ul style="list-style-type: none"> ▪ Have participants each word aloud and ask them what they know about each word ▪ Display each definition after the discussions
30 min.	<p>▶ Objective: Describe how to identify small newborns</p> <ul style="list-style-type: none"> ○ Include definition of low birth weight, and pre-term 	<p>Identifying small babies A baby who is born small (less than 2500 grams) is considered low birth weight. A very low birth weight baby weighs less than 1500 grams. LBW babies can be:</p> <ul style="list-style-type: none"> □ Preterm (or premature): a baby born before the 37th week is called preterm. <p>During this training, we shall refer to all low birth weight babies as “small”</p> <p>What do low birth weight babies look like?</p>	<p>Ask participants what they know about the definitions and appearance of small babies. Encourage examples from personal experience. Present info about identifying small babies (definitions, terms, appearance). Answer questions participants may have</p> <p>Show pictures of LBW and/or pre-term babies compared to term babies here if available. Take time to discuss these similarities and differences</p>
	Identifying small	Criteria for KMC	

	newborns continued		
30 min	<ul style="list-style-type: none"> Objective: Explain what extra care is needed for small newborns <p>What problems do small babies have?</p>	<p>Extra care In addition to basic care, small babies will need extra care if they are to survive. This is because compared to normal weight babies, small babies are more likely to get sick and die. The smaller the baby, the bigger the risk. The early weeks of life are most critical</p> <p>What problems do small babies have? Problems Recommended care</p>	<p>Introduce the topic with the first paragraph. Then first find out what participants know about the problems small babies may have. Ask: what problems have you seen in small babies? Have participants share personal experiences from their work or in their communities Next, review chart of problems and recommended care Emphasize that the focus of the session will be on feeding and warmth</p>
10 min	<ul style="list-style-type: none"> Objective: Explain what extra care is needed for small newborns <ul style="list-style-type: none"> Extra care for low temperature 	<p>Extra care for low body temperature <i>Why warmth is important</i></p>	<p>Introduce one aspect of extra care: low body temperature. Explain why this is can be a problem in small babies and why warmth is important.</p>
20min	<ul style="list-style-type: none"> Objective: Coach mothers and families how to keep babies warm 	<p>HANDOUT KEEPING THE NEWBORN WARM</p>	<p>Interactive Discussion: How babies lose heat and ways to prevent heat loss Though babies usually stay warm during KMC, explain that they can become cold. When this happens, the baby must be re-warmed. Discuss the ways they can become cold and how to re-warm them. Stress the importance of referral if baby does not respond to re-warming after 2 hours See Trainer’s notes for possible activities that illustrate heat loss</p>
45 min	<ul style="list-style-type: none"> Objective: Explain what extra care is needed for small newborns <ul style="list-style-type: none"> Extra care for feeding difficulties 	<p>Extra care for feeding difficulties: Small babies need to feed as soon as possible after birth and have more frequent feedings in the first days and weeks of life</p>	<p>After a short break, Introduce extra care for feeding difficulties by presenting the info in the opening paragraphs of the session. Explain the different ways a baby can be fed if he/she cannot suck or swallow. Emphasize referral for babies that cannot swallow. The chart can be adapted to suit participant scope of practice and local situation</p> <p>Explain to participants: A baby must be able to effectively remove milk from the breast during breastfeeding. If not, the</p>

		Signs that a baby is not sucking well	baby will not grow and gain weight well and may become sick. Several things can affect a small baby's ability to suck and remove milk Then ask: what are the signs that a baby is not sucking well? Find out what participants know first. Then display list and discuss as needed
2 hrs	<ul style="list-style-type: none"> ▪ Objective: Teach a mother how to express breast milk ▪ Teach a mother how to cup feed a baby 	<p>Expressing breast milk</p> <p>Checklist for Observation of Expressing Breast Milk</p> <p>Rate the performance of each step or task observed using the following rating scale: 1. Needs improvement step or task not performed correctly 2. Competently performed: step or task performed</p> <p>EXPRESSING BREAST MILK CASES OBSERVED 1 2 3 4 5 Steps for expressing breast milk Storing expressed breast milk Signs that a baby is getting enough breast milk</p>	<p>As a continuation of the above, explain that it is important to be able to teach mothers how to express breast milk. Describe when this will be necessary. Demonstrate this skill with a checklist before allowing time for participants to practice. Explore videos showing technique if available. Alternatively, organize the observation of a postpartum mother expressing milk. Discussions after presentation and demonstration should include storage and selecting an appropriate cup for feeding. Emphasize infection prevention Practice should include how to coach or teach mothers this skill, including information on storage of expressed milk and signs the baby is getting enough milk</p>
	Objective: List the main parts of follow-up care		<p>Stress importance of follow-up for the mother and the baby, either at home or the nearest facility. The smaller the baby, the earlier and more frequent follow-up visits Outline main parts of follow-up visits</p>

Identifying small babies

A baby who is born small (less than 2500 grams) is considered low birth weight. A very low birth weight baby weighs less than 1500 grams. The causes of low birth weight are complex and not well understood. During pregnancy, babies gain weight by getting enough nourishment from their mother and by staying in the uterus for at least 37 weeks or 9 calendar months. A baby born before the 37th is called preterm or premature baby and is likely to have low birth weight. This baby is not usually ready to live outside the uterus and may have difficulty starting to breathe, sucking, fighting infection and staying warm.

During this training, we shall refer to all low birth weight babies as “small”

Extra care

In addition to basic care, small babies will need extra care if they are to survive. This is because compared to normal weight babies, small babies are more likely to get sick and die. The smaller the baby is the bigger the risk would be. The early weeks of life are most critical.

These babies have a better chance of surviving if they get the care they need. KMC can be a vital part of the extra care to address these important needs. The table below lists the possible problems of small babies and the recommended care for each.

What problems do small babies have?

Remember, newborn danger signs are the same, regardless of weight and size!	
PROBLEMS	RECOMMENDED CARE
Breathing problems at birth and later (especially preterm babies)	Resuscitate if the baby is not breathing, is gasping, or is breathing less than 30 breaths per minute. Preterm babies have immature lungs, get cold easily, and are more prone to infections, all of which lead to breathing problems. IF YOU ARE NOT TRAINED IN RESUCITATION, IMMEDIATELY REFER or GET HELP FROM A TRAINED HEALTH PROVIDER
Low body temperature because there is little fat on the body and the newborn's temperature regulating system is immature	Kangaroo mother care with the baby in continuous skin-to-skin contact helps keep the LBW newborn warm.
Low blood sugar because there is very little stored energy in the LBW baby's body	These babies need breast milk (colostrum) as soon as possible after birth and very frequent feedings (at least every 2 hours) in the first weeks.
Feeding problems because of the baby's small size, lack of energy, small stomach, and inability to suck	LBW babies can usually breastfeed well with help. The LBW baby may need many small frequent feeds. Preterm babies may not be strong or mature enough to breastfeed well at first. KMC helps stimulate production of breast milk. Cup feeding may be needed for some babies. See the section below on extra care for feeding difficulty
Infections because the immune system is not mature	Caregivers must use infection prevention practices and wash their hands carefully before caring for LBW babies. At the health care facility, do not house uninfected LBW babies in the same room with septic newborns or sick children. Keep sick people (visitors and staff) away from LBW babies.
Jaundice (high bilirubin) because the liver is not mature	Preterm LBW babies become yellow earlier and it lasts longer than in term babies. If there is any jaundice in the first 24 hours or after 2 weeks or if the baby is yellow with any other danger sign, refer to a higher-level facility. The mother should breastfeed the jaundiced LBW newborn more often (at least every 2 hours).
Chart from: <i>Care of the Newborn Reference Manual (Save the Children 2004)</i>	

Remember:

Do not provide false confidence to mothers and families about KMC; ensure them that although KMC is a good way to care for newborns, it is NOT:

- A substitute for responding to danger signs
- A sole treatment or cure for newborn problems
- A substitute for other basic care

The focus of extra care in this module will be on the potential problems of feeding and low body temperature. The care for most babies at risk for these problems can be given at home with the mother providing KMC. It is important to note that KMC alone does not prevent or cure these or any other problems. Refer any baby with a danger sign immediately and be sure to teach mothers and their families how to respond to newborn danger signs.

Extra care for low body temperature

Another critical need for small babies is to keep warm. Small babies have less fat than larger babies, so low body temperature can be a major problem. Kangaroo mother care is an excellent way for mothers to keep these babies warm at all times. The skin-to-skin contact of KMC helps keep the baby's body temperature normal.

Why warmth is important

Newborns lose heat rapidly after birth. Leaving the warmth of the uterus, the wet newborn loses heat immediately as he adjusts to colder surroundings. Too much heat loss in the newborn can lead to the baby becoming too cold and result in serious sickness or death. **This is important in warm climates as well as cool climates.**

Trainer's note:

If time permits, illustrate how something warm becomes cold using a local situation or something participants are familiar with. Have participants give real-life examples from the handout on how babies lose heat. Ask them to name ways this can happen in both infants and adults

Another possible exercise is to discuss cultural or traditional practices that may promote heat loss in a newborn. Examples include placing the newborn on a (cold) floor or mat right after birth or bathing the baby soon after birth.

Extra care for feeding difficulties

Small babies need to feed as soon as possible after birth and have more frequent feedings in the first days and weeks of life.

Exclusive and unlimited breastfeeding is an important part of KMC. Initiate feeding as soon as possible, preferably immediately after birth. However, breastfeeding small babies can be tiring and frustrating at times, so mothers will need lots of support and encouragement to properly feed their babies.

Newborns must be fed on demand—at least every 2 to 3 hours. The mother may need to wake her baby to be sure he or she is getting adequate feeds. Low birth weight and preterm babies may need to be fed as often as at least every 2 hours. If the baby cannot breastfeed, help the mother select another feeding method using breast milk. The most important consideration is the baby's ability to suck, swallow, and coordinate swallowing and breathing as outlined in the following table:

Criteria	Recommendation	Remarks
If there is no sucking reflex or the baby is not able to swallow and to coordinate swallowing and breathing:	Refer Immediately	
If the baby is able to drink from a cup:	Give Expressed Breast Milk with a cup.	Transition gradually from cup feeds to breastfeeding. From time to time let the baby lick the nipple first, then suckle a little bit while continuing cup feeding, and breastfeed when the baby can suck well and effectively.
If the sucking reflex is established, signs of readiness for breastfeeding are the baby moves the tongue and mouth and is interested in sucking:	Breastfeed exclusively.	Wrap the baby with a warm blanket when he is taken out of KMC for cup feeds.

Signs that a baby is not sucking well

A baby must be able to effectively remove milk from the breast during breastfeeding. If not, the baby will not grow and gain weight well and may become sick.

Several things can affect a small baby's ability to suck and remove milk. You already know that small babies may be too weak to suck. Conditions such as a cleft lip or palate might hinder a baby's ability to use the mouth for effective sucking. Signs of ineffective sucking include the baby who consistently:

- Does not wake on his/her own to cue for feedings eight or more times in 24 hours
- Wants to feed 14 or more times in 24 hours.
- Latches on and then lets go of the breast repeatedly.
- Pushes away or resists latch-on.
- Falls asleep within five minutes of latch-on or after sucking for only two or three minutes.
- Does not suck almost continuously for the first seven to 10 minutes of a feeding.
- Continues to feed without self-detaching at the first breast after 30 to 40 minutes.
- Feeds for more than 45 minutes without acting satisfied or full after a meal.
- Produces fewer than three stools in 24 hours by the end of the first week (for the first four to eight weeks).
- Seems "gassy" and produces green, frothy stools after the first week.
- Produces fewer than six soaking wet diapers in 24 hours by the end of the first week.

- Has difficulty taking milk by other alternative feeding methods.

The mother who:

- Has persistent sore or bruised nipples or areola
- Develops red, scraped or cracked nipples.
- Frequently observes misshapen nipples after feedings (i.e., creasing or flattening).
- Rarely or never notices fullness prior to, and a softening of the breasts after, a feeding, especially if there are several hours between feedings.
- Experiences more than one episode of plugged ducts or mastitis.

Expressing breast milk

It is important to teach mothers how to express breast milk. Expressing breast milk can be important when:

- The small baby cannot suck or latch on to the breast effectively (in the absence of danger signs)
- The breast becomes engorged when the mother's milk comes in on day 2 or 3 postpartum (the baby may be unable to grasp the nipple from engorged breasts unless some of the milk is expressed)
- The mother is sick or unable to breastfeed

Before expressing breast milk, teach the mother to clean and boil a cup and a container. The cup will be used to feed the baby, while the container is to store the breast milk.

Trainer's note:

Demonstrate this skill with a checklist before allowing time for participants to practice. Explore videos showing technique if available. Alternatively, explore the possibility of observing a postpartum mother expressing milk. Practice should include how to coach or teach mothers this skill

See teaching aid on expressing breast milk in the appendix

Checklist for Observation of Expressing Breast Milk

Rate the performance of each step or task observed using the following rating scale:

N = Needs improvement: Step or task not performed correctly, is omitted or out of sequence (if sequence necessary).

S = Satisfactory: Step or task performed correctly in proper sequence (if sequence necessary).

EXPRESSING BREAST MILK	CASES OBSERVED				
	1	2	3	4	5
1. Greet the mother and make her comfortable.					
2. Explain what you are going to do and encourage mother to ask questions.					
3. Listen to what the mother has to say.					
4. Wash hands; also let the mother wash hands.					
5. Obtain a clean cup or bowl.					
6. Demonstrate and then ask mother to re-demonstrate the following:					
b) Massage the breast from the outside towards the nipple to help the milk come down.					
c) Hold the breast with thumb on top and other fingers below pointing away from the areola.					
d) Have mother lean slightly forward so the milk will go into the container.					
e) Squeeze thumb and other fingers together, move them towards the areola so the milk comes out.					
f) Press and release and try using the same rhythm as the baby sucking.					
g) Move hands around the breast so milk is expressed from all areas of the breast.					
h) Express one breast until breast softens					
i) Express the other side and then repeat both sides.					

Steps for expressing breast milk

Note that the cup is large for the purpose of illustration; an adult drinking cup or container is fine for expressing milk. The actual size of the cup used for feeding should be much smaller. Examples of cups used to feed the baby are

- Medicine cups: small cups (usually made of plastic) used to dispense drugs in facilities. The capacity of such cups is about 30 mls. (see figure)
- Small cups of not more than 60-90 mls. These will vary from place to place, but should not be as large as an adult drinking cup/glass/small stainless steel bowl
- If you express breast milk for feeding the baby at a later time:
 - Cover the container
 - Keep the container in a cool, dry place
 - You may store breast milk for up to 6 hours
- If there is milk remaining in the feeding cup after a feed, discard what is left in the cup



Clean cup or bowl to store the milk



Clean cup to feed the baby with



Wash your hand with soap



Massage the breast



Express the breast milk



Store the milk in clean bowl



Feeding the baby with
expressed breast milk

Signs that a baby is getting enough breast milk

Many mothers worry if they have enough breast milk for their babies. Almost all the time mothers have plenty of breast milk. The signs that the baby is getting enough breast milk are:

- Baby feeds at least every 2-3 hours (more often for a small baby)
- There is swallowing sound when the baby feeds
- Mother's breasts feel softer after a feed
- Baby passes urine at least 6 times in 24 hours
- Baby's lips become wet
- Baby sleeps after 30 – 40 minutes continuous breastfeeding

HANDOUT: KEEPING THE NEWBORN WARM

How babies lose heat

The newborn can become quite cool in the first 10-20 minutes after birth. If the baby is not kept warm, the temperature can continue to drop. Continued heat loss can lead to hypothermia, a condition that is very serious for the newborn. Newborn babies can lose heat in several ways:

1. When they are wet
 - a. As the fluid dries from the body, the baby becomes cool
2. When they are on or near a cool surface
 - a. Being placed on a cold or cool surface (such as a table, bare floor, mat, or mattress)
 - b. Being near a cold surface such as a wall or window
3. When they are uncovered or exposed to drafts
 - a. The air that surrounds the naked (or partly covered) baby can cause him to lose heat and become cold.

Heat loss increases with air movement, and a baby risks getting cold even at a room temperature of 30°C (86°F) if there is a draft

Ways to prevent heat loss

The mother, family, birth attendant, and health worker can plan together to help prevent heat loss. Here are some simple actions to help keep the baby warm:

- * Keep the birthplace warm and avoid drafts. Warm the room before the baby is born.
- * Immediately after birth, dry the baby with a warm cloth or towel
- * Put the baby skin-to-skin with the mother as soon as possible; keep them in this position for at least 2 hours after birth. Cover the baby with a warm cloth
- * Help the mother breastfeed as soon as possible (within 1 hour of birth)
- * Wait at least 3 days to bathe the baby (longer for a LBW baby)
- * **Continue KMC for as long as the baby tolerates it; the baby will kick out of the position automatically when he/she is ready** (see Topic 3)
- * Keep the baby's head covered with a cap or cloth-especially in cold climates. About 25% of the baby's heat loss can come from the head
- * Keep the house warm and free from drafts

How to re-warm the baby

If a baby does become cold, take the following actions:

- Make sure the mother is warm and that the mother/baby are covered
- If baby is not in KMC position, mother should provide skin-to-skin care
- Make sure the room is warm and free of drafts
- Remove and replace wet/cold nappies
- Cover the baby's head
- Encourage breastfeeding
- Check for signs of infections or other danger signs
- If the baby does not respond to re-warming within 2 hours, refer immediately

Follow-up visits

It is important to ensure follow-up for the mother and the baby at their home. The smaller the baby, the earlier and more frequent follow-up visits he will need. The following guidelines will be valid in *most* circumstances:

- First PNC Visit: first visit within 24 hours after birth
- Follow up visit: the next day to reinforce :
 - Check correct KMC positioning
 - Feeding instructions/ensure that baby is sucking effectively (especially if this is the mother's first baby). Visit babies with feeding difficulties more frequently until effective breastfeeding is established. If the baby continues to have problems with sucking, but can swallow, instruct the mother on expressing breast milk, otherwise refer
- Second PNC visit: on the third day after birth
- Third PNC visit: on the seventh day after birth

The care and services provided on the first, second and third PNC visit should be done according to the health extension program guideline.

KMC—Find out the following information from the mother:

--if she is practicing CKMC, she is practicing correct KMC positioning, if she is practicing, praise and encourage her. If she is not practicing CKMC coach her to position the baby in KMC.

--the duration of skin-to-skin contact, the position, clothing, body temperature, support for the mother and the baby. Is the baby showing signs of intolerance?* If not, encourage the mother and family to continue KMC as long as possible.

**A baby may refuse KMC by becoming restless and crawling out when put in the KMC position. This baby is ready to discontinue KMC if he/she is not showing any danger signs and is generally stable*

Breastfeeding—is it exclusive? If yes, praise the mother and encourage her to continue. If not, advise her on how to increase breastfeeding and decrease supplements or other fluids. Ask the mother about signs that the baby is receiving enough breast milk

Danger signs/Illness—Always observe for and ask the mother/family about any danger sign. Ask and look for any signs of illness, reported by the mother or not. Refer the baby for any danger sign or illness as per the guidelines.

Immunizations/other care—check that the local immunization schedule is being followed. Check for eye infection, if there are signs of eye infection please refer as per program guidelines because pre term infants are at more risk for developing eye problems

Mother's concerns—Always encourage the mother to ask questions and express her concerns during the visit. Ask the mother about any problems with CKMC or newborn care; also ask about other problems, including personal, household, and social problems. Try to help her find the best solution for all of them and refer as needed. Don't forget to ask about maternal danger signs and refer as needed. Follow your program guideline when arranging referral.

Next follow-up visit—always schedule or confirm the next visit. Do not miss the opportunity, if time allows, to check and advise on hygiene, and to reinforce the mother's awareness of danger signs and the appropriate response

Routine infant care—encourage the mother to seek routine care

Praise—praise the mother/family for doing well and encourage her to continue KMC

Adapted from: *Kangaroo mother care: a practical guide. WHO, 2004*

Referral guidelines

If you identified any danger sign support the family member to arrange referral to health facility. Always follow your program guidelines when arranging a referral.

Explain the reason you are recommending referral to the mother and family. Explain that the care the baby needs will help save the baby's life. Be patient in answering their questions and addressing their concerns.

First find out if the family has a complications readiness plan. Whenever possible, help them to follow their plan for transport and choice of facility/provider. Here are some steps to help you assist the family in getting the baby the care he/she needs:

Arrange transport

- Arrange transport without delay, use assistance of HDA members in your village
- Advise that a family member, HDA or friend go with the mother and baby
- If possible, notify the referral facility or provider so that they can be prepared for the baby

Caring for the newborn during transport

- Encourage the mother to transport the baby in KMC position to keep him warm; she should also continue to breastfeed during transport

Documenting the referral

- Complete the referral slip
- Notes for the referral should include:
 - The reason for the referral (for example: "the baby has a temperature of 38°C and is not breastfeeding well")
 - If there are any antenatal or delivery records that the mother has, advise her to take them with her

If referral is delayed, impossible or the parents refuse:

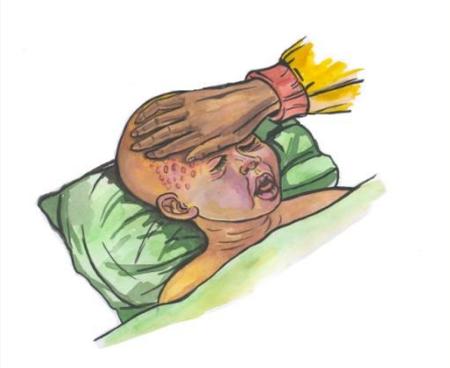
- Continue to support the family if referral is delayed or not possible
- Get help from the community as appropriate e.g. contact HDA team under them
- If the family refuses:
 - Inform them that the baby may die if he/she does not get the recommended attention

HANDOUT/JOB AID

Newborn Danger Signs

Danger signs are markers that tell the mother, family, birth attendant or caretaker that a complication has occurred. Early recognition and seeking appropriate treatment is critical for survival. Presence of danger signs may also mean serious illness of the baby. Serious illness often leads to death. Immediate medical treatment saves baby's life. Below is a list of danger signs that the mother or care taker must be taught to recognize. Discuss any local or more common terms for these signs to make it easier for mothers and families to remember them.

Danger sign	Description
Breathing problem	<p>A newborn should take between 30 and 60 breaths every minute while s/he is resting. The breathing should be without difficulty. If the baby is not breathing, breathing less than 30 breaths per minute or more than 60 breaths/minute, has blue tongue or lips, severe chest in-drawing or is gasping, seek help immediately</p> 
Jaundice (yellow eyes or skin)	<p>The skin or eyes of some babies have a yellow color a few days after birth. Normally, this goes away after a few days. In rare cases, a baby may have dangerous jaundice. Signs of serious jaundice are that it starts in the first 24 hours of birth, lasts more than 2 weeks, extends to the baby's hands/feet or occurs with another danger sign</p>
Feeding difficulties	<p>This could mean not sucking; does not want to breastfeed; cannot swallow. Most babies want to breastfeed at least 8-12 times per day (or about every 2-3 hours). When a baby is ill, she/he may have signs of feeding difficulty: unable to suck or sucks poorly; cannot be awakened to suck or does not stay awake long enough to empty the breast; sucks, but does not seem satisfied</p> 

<p>Feels cold</p>	<p>Babies in continuous skin-to-skin contact rarely get too cold. Feel the baby's skin (abdomen or back) with your hand. If the baby feels cold when compared to normal adult skin, he/she needs to be re-warmed with skin-to-skin contact. Along with being cold, if the baby also has any other danger sign, he needs attention immediately</p>
<p>Feels hot</p>	<p>Avoid sitting too close to a heat source or direct sunlight. Signs that the baby is too hot include: The baby's axillary temperature is above 37.5 °C</p> <ul style="list-style-type: none"> ○ The baby's skin feels hot ○ The baby's breathing is rapid (more than 60 breaths per minute) 
<p>Red swollen eyes</p>	<p>Newborns can develop serious eye infections that can lead to loss of vision or even blindness. Signs of an eye infection are red, swollen eyelids, sticky discharge from the eyes and/or pus discharge from the eyes</p>
<p>Red swollen area around cord and pus discharge</p>	<p>An infection around the cord or umbilicus can easily pass through the cord into the rest of the body and cause tetanus or other serious infection. Signs of a cord infection are: moist cord, drainage of pus with a bad smell, red, swollen skin around the umbilicus, distended abdomen (this is a sign that the baby is developing sepsis); fits or convulsions –signs of sepsis or tetanus</p> 
<p>Lethargy (slow to respond)</p>	<p>When a baby is not asleep, he/she is active and moves around. When the baby is limp, floppy or <u>responds only when stimulated</u>, he may be very sick and needs help immediately. Lethargy can be a sign of a serious illness such as sepsis</p>

		
<p>Convulsions/fits</p>	<p>Convulsions (fits) or spasms in the newborn are signs of a serious problem—usually a major infection like sepsis or tetanus. These are different from the common occasional jitteriness of the newborn. First ensure that the baby is actually having a convulsion or spasm and is not just jittery:</p> <ul style="list-style-type: none"> ◆ Like convulsions, jitteriness also has repeated rapid movements of the body. However, in a jittery baby, these movements are in the same direction ◆ Like spasms, jitteriness can happen because of sudden handling of the baby or by loud noises. However, a jittery baby can usually calm down by cuddling, feeding or flexing the baby’s limbs. 	

TIPS TO HELP FAMILIES/COMMUNITIES RESPOND TO NEWBORN DANGER SIGNS

- Explain the danger signs in the community’s local language.
- Use pictures to explain the danger signs.
- Give printed information or pictures(danger signs leaflet) to parents to help them remember the danger signs.
- Remind them that quick treatment saves lives; delay increases the risk of death.
- Tell parents what kind of treatment is needed for serious illnesses that cause babies to die.
- Help parents and communities plan how to get medical care if they find a danger sign.
 - Take baby straight to the health center.
 - Take baby to closest health facility for emergency care and referral
 - Plan ahead for money to get transport in case of emergency
- It is important to emphasize that KMC is not a cure for danger signs; though they should keep the baby in skin-to-skin during transport to the facility, KMC is not a substitute for skilled care

Refer any baby with a danger sign immediately!

Topic 4: Guide for Coaching Mothers on KMC

Objectives:

At the end of the session, participants will be able to:

- ▶ Describe the main messages to the pregnant women, mothers and other caretakers about KMC, including
 - When to start KMC
 - Duration of KMC, including when to discontinue KMC
 - How to feed the baby in KMC position
- ▶ **Demonstrate how to coach pregnant women to practice KMC**
- ▶ Describe when and how to refer a baby with problems
- ▶ **Assess the mothers' practice of KMC**

Time:4 hrs

Training Methods:

- ▶ Interactive PowerPoint presentation/lecture
 - Presentation with flip charts
- ▶ Large and small group discussion
- ▶ Role plays, case study
- ▶ Demonstration and practice

Training Materials:

- ▶ Prepare info on flip charts
- ▶ KMC positioning checklist
- ▶ Starting KMC checklist
- ▶ Handout on referral guidelines
- ▶ Handout/job aids with key KMC/newborn care messages to mother
- ▶ Handout/job aid on birth plan
- ▶ Handout with common concerns about KMC and sample responses
- ▶ For KMC demonstration and practice:
 - Dolls, cloths (Netela), caps, usual clothing of mothers like blouse

Session Plan Topic 4: Guide for Coaching KMC at Home

TIME	Objectives / activities / learning methods	Flipcharts	Notes to the facilitator
10 min	<p>Activity: Introduction of session and review of objectives</p>	<p>Objectives By the end of this topic, learners will be able to:</p> <ul style="list-style-type: none"> ▶ Describe main points for preparing pregnant woman for KMC ▶ Describe the main messages to the pregnant woman and postpartum mother and other caretakers about KMC, including <ul style="list-style-type: none"> ○ When to start KMC ○ Duration of KMC, including when to discontinue KMC ○ How to feed the baby in KMC position 	<p>Introduce the session by presenting the objectives – read the objectives, briefly either summarize them, or ask a learner to read them aloud.</p> <p><i>This session is primarily for demonstration and practice of KMC coaching and continued practice of positioning skills.</i></p>
4 hrs	<ul style="list-style-type: none"> ▶ Objective: Describe main points for preparing pregnant woman for KMC ▶ Describe the main messages to the postpartum mother and other caretakers about KMC, including: <ul style="list-style-type: none"> ▶ When to start KMC ▶ Duration of KMC, including when to discontinue KMC ▶ How to feed the baby in KMC position ▶ When and how to refer a baby with problems 	<p>Preparation for KMC during pregnancy and after birth</p> <p>Antenatal coaching for KMC</p> <p>COACHING POINT WHAT TO INCLUDE</p> <p><i>Ante partum Skills Checklist: Coaching the Mother in Kangaroo Mother Care</i></p> <p>Postpartum Coaching about KMC: key messages for the mother and other caretakers</p> <p>Common concerns about CKMC and sample solutions</p> <p><i>Postpartum Skills Checklist: Coaching the Mother in Kangaroo Mother Care</i></p>	<p>Present the general information on preparation for KMC.</p> <p>Use the chart on antenatal coaching points to discuss main areas of KMC coaching for pregnant women</p> <p>Demonstrate these points as they are discussed. Allow time for participant to practice during this session.</p> <p>This information is outlined as common questions and sample answers. If time permits, present this part in form of a role play. The help of actual postpartum mothers to assist in the practice will help participants learn to respond to actual situations</p> <p>Adapt and/or add to the chart on common concerns as a large or small group session activity</p> <p>Adapt the checklist as needed. Demonstrate coaching using different scenarios (e.g., a mother who received KMC counseling during pregnancy and one who did not</p> <p>Allow participants time to practice coaching and positioning skills</p>

Trainer's note:

This session is primarily for demonstration and practice of KMC coaching and continued practice of positioning skills. You may wish to arrange time at a local (preferably high-volume) facility so that participants can coach both antenatal and postnatal mothers and demonstrate KMC to them. It is advisable to do this in the classroom first to be sure participants are correctly demonstrating positioning and coaching points

Preparation for KMC during pregnancy

Much of essential newborn care is focused on the days and weeks following childbirth. However, good newborn health starts before the baby is born. During pregnancy, women need good nutrition; preventive measures, screening for complications and treatment when needed. Pregnant mothers should also receive health counselling/advice, including information on how to start skin-to-skin contact with the newborn soon after birth.

A good time to introduce information about KMC is when discussing the birth plan with the woman and her family during antenatal visits. An important part of the birth plan is preparing the items the mother will need for herself and her newborn during labour and birth. Fortunately, practicing KMC is not expensive; most women can use items they already have at home.

The following chart outlines the main points of discussion for coaching the pregnant mother in preparing to practice KMC. You can use this to remember the points when talking to pregnant women. Involve her partner and family when possible. It is not necessary to discuss all the points at one time. As with all coaching, encourage the woman to ask questions and express her concerns throughout the discussion.

Antenatal coaching for KMC

COACHING POINT	WHAT TO INCLUDE
Introduce KMC	<ul style="list-style-type: none">• Ask mother/family if they have heard about or seen anyone practicing KMC• Describe KMC; show pictures when possible• Discuss the benefits of KMC for all babies• Answer any questions/discuss concerns
What items are needed	In addition to other items included in the birth plan: For the mother: loose blouses, Netella/long cloths for wrapping baby around mother For the newborn: cap, diapers (nappies or cloths used for that purpose), other items as needed such as socks (optional), blanket
Skin-to-skin at birth	<ul style="list-style-type: none">• Discuss how KMC begins with skin-to-skin contact immediately after birth• What to expect at the time of birth (birth attendant/newborn care person/family member will place baby on mother's abdomen as soon as

COACHING POINT	WHAT TO INCLUDE
	possible after birth; baby may remain in skin-to-skin contact until after first breastfeed)
Demonstration of KMC	<ul style="list-style-type: none"> • Demonstrate KMC using a doll • Another mother already practicing KMC in the community may help with this demonstration • Show pictures of each step • Ask mother and/or family member, newborn care person and the TBA to also demonstrate KMC

Role plays

Trainer's note: demonstrate KMC for the pregnant woman. Include coaching on the main points above. Have participants return do demonstrations.

Antenatal Coaching about KMC: key messages for the mother and other caretakers

Pregnant woman may have many questions when first learning about KMC or beginning to practice it. During post-delivery coaching, you can help mothers and their families to feel comfortable and confident while practicing CKMC. Here are the main points to be sure the mother and her family understand. **Sample responses are in *italics*.**

When to start KMC

Within minutes after birth, your baby will be put in direct skin-to-skin contact with you after drying. This means that the birth attendant will place the baby on your chest and cover with dry cloth. This is a good opportunity to feed your baby for the first time. After the first feeding, the attendant can help you to wrap the baby in KMC position. There is no need to wait; your baby can benefit from the warmth of your body immediately after birth and you can get some rest in the process!

How long to keep the baby in KMC

You should practice KMC all day and night, everyday. Do this until your baby does not want to be in the position any longer. Most babies will stay in KMC for few hours or days. Babies who are born small may stay in KMC for weeks.

It may take a few days for you and your baby to get used to being skin-to-skin all the time, but you will both adjust. If needed, have a family provide KMC care for the baby during short periods so that you can rest.

How to sleep with the baby in KMC position

I will show you how to comfortably sleep with your baby. You may need a few extra pillows to help keep you slightly upright. Here is a picture to show you some examples. Let's try one or two of these ways. You can practice them later to find which is most comfortable for you



Sleeping with the baby in kangaroo position was possible

Signs that the baby is ready to stop KMC: *When the baby starts to wiggle away from the skin-to-skin position or push away from your body when you try to wrap the cloth around you. The baby may also become fussy or restless and try to kick out of the skin-to-skin position. When you begin weaning the baby from KMC, make sure the baby still stays warm when not skin-to-skin is wrapping him/her with dry cloth. If the baby becomes cold easily, you may need to continue KMC for a few more days or weeks. Remember, warmth is a very important need for all newborns*

Exclusive breastfeeding and on demand

For the first six months of life, your baby only needs breast milk. No other fluids are needed, not even water. Feeding the baby other things may make him sick. Feed your baby whenever he/she wants to eat. Most babies will want to feed about every 2-3 hours or at least 8-12 times in a day. Also feeding your baby only with your breast milk will prevent pregnancy in the first six months after delivery if your menses has not returned.

Feeding the baby in KMC position

Feeding your baby in KMC takes a little practice. Let me show you how to feed your baby while he/she is still in skin-to-skin contact. It may help if we take the baby out of KMC the first time you practice feeding. In this way, I can help to show you how to make sure the baby is attaching to your breast in the best way.

When and how other family members can help

Keeping the baby in KMC position will be possible most of the time. However, there will be times when it is uncomfortable or not advisable to continue KMC for short periods. It is at those times that your husband or another family member can help you. Some examples of these times may include:

- ◆ *When you are tending to personal needs such as bathing or showering*
- ◆ *When you are near open flames or smoke during cooking*
- ◆ *When you must go out in cold or rainy weather*
- ◆ *When you are bathing your other children or other instances when the newborn could become wet*

- ◆ *Any other situations that may interfere with the safety of the baby or the correct KMC position*



The woman's husband may help her with KMC when she wants to rest



The woman's sister may help her with KMC when the mother wants to do simple domestic activities

Remember that the small baby needs to be fed at least every 2 or 2 ½ hours. Therefore the time another family member helps you should not be longer than this.

Young children must not put babies in KMC.

What to do when the mother or family member is sick

Explain that if the mother has a cold she should continue KMC, but use a cloth over her nose/mouth until she is better. Family members in the household should do the same.

Wash your hands frequently to prevent spreading the cold. Family members should do the same and avoid contact with the baby as much as possible until they are better. Ask friends or neighbors who are sick to delay visiting you until they are better.

If you have a bad cold or illness with a fever, try to get another family to help you by holding the baby in KMC in-between feeding. You can continue KMC when you are better.

If you have another illness or problem that cannot be passed to the baby, you may keep the baby in KMC while you seek medical attention. This is important so that you can continue to breastfeed on demand. Ask someone to go with you so that they can keep the baby skin-to-skin while you are being examined or treated. If the illness or treatment does not interfere with your daily activities, you can continue KMC.

What to do when the baby has a problem

Emphasize here that KMC is not a cure for danger signs; review newborn danger signs with the mother and her family. Also review and help the mother update her birth and complication readiness plan.

Signs that the baby is in danger of becoming seriously ill are called danger signs. If you recognize any danger sign in your baby, you need to act right away! Don't delay in getting your baby the help he/she needs. Have an emergency plan in case you or your baby has any problems. Planning for this in advance helps to save time and get help as

quickly as possible. When taking your baby to the health facility or health provider, keep him/her in KMC position if possible and continue to breastfeed while traveling.

Let's review the danger signs for all babies.

- *Convulsions or fits*
- *Movement only when stimulated or no movement, even when stimulated*
- *Not breastfeeding well*
- *Fast breathing, or difficulty breathing (≥ 60 breaths per min, twice)*
- *The child feels hot or unusually cold ($\geq 37.5^{\circ} C$ or $< 36.5^{\circ} C$)*
- *Very small baby (≤ 1500 gm or born more than two months early)*
- *Jaundice (yellow soles)*
- *Red umbilicus or pus draining from the umbilicus,*
- *Pus draining from the eyes or swollen eyelids*

Now let's talk about the other parts of your birth and complications plan. Since you have already given birth, it is important to update your plan or make sure everything is still in place.

Addressing common concerns about KMC practice

This chart provides sample responses to other concerns mothers may express as you coach them on KMC. You may want to add additional concerns and responses to share with your fellow learners.

Common concerns about CKMC and sample solutions	
CONCERN	SOLUTION
Kangaroo mother care is tiring for the mothers.	Encourage family members to assist by putting the baby in the kangaroo position when the mother needs a break.
A strong belief in high technology may lead to some resistance by mothers because of the simplicity of KMC.	Provide correct information about KMC to the mothers, their families and communities. Get support about KMC from facility providers and health leaders in the community Ensure that facility providers are trained to know and support CKMC
Cultural barriers, e.g., grandmothers may not accept the method. In some traditions, the babies are separated from their mothers	Educate mothers, grandmothers and others in the community regarding importance of keeping the mother and newborn baby together. Have providers from local facilities give community education

and the granny takes care of the baby during the first weeks. Also, in some cultures, babies are carried on the back rather than in front.	<p>talks about KMC.</p> <p>Have mothers/families who have used CKMC share positive experiences and tips through CAC</p> <p>Explain that babies will not be kept as warm when carried on the back as in the front. It is most warm between the mother's breast</p>
Mothers may be concerned about getting enough sleep if sleeping with KMC is uncomfortable.	Reassure mothers that they can sleep in many different positions while maintaining KMC. She should sleep in the position in which she is most comfortable. Show her how she can use pillows to rest in a half-sitting position on her back or side.
Mothers may be concerned about suffocating the baby while sleeping with the baby in the KMC position.	Reassure mothers that if the baby is secured in the proper KMC position while the mother is sleeping, there is no risk of smothering; it is actually very safe. There is no known experience of any baby smothering while in the KMC position.
<p>Skin Rashes</p> <p>Changing soiled diapers frequently</p>	Explain that if she keeps the skin dry then there is less chance of getting skin rash, changing wet diapers frequently would help to keep the baby's skin dry. Check for any rash and if there are signs of infected pustules, please refer.
Mothers /caregivers cleanliness	Explain that sweat should be wiped off time to time with a clean piece of cloth to keep the baby dry, if the baby is wet then it will become cold
Compressed head/Neck/Back sprain	Reassure the mother if the baby is upright and tied properly with her chest, the head and neck will remain straight and will not be compressed. Also assure that she will feel confident in a day or two.

Demonstration of KMC coaching for postpartum mothers

Using role plays, the trainers will demonstrate how to coach a postpartum mother. For some mothers, this will be a review of the information they have received during pregnancy. Other mothers will need more detailed explanation about KMC.

The HEWs will take time to explain and demonstrate all the important points. In actual practice, the time needed for coaching and demonstration may vary depending on the information the mother has received during pregnancy and any questions she may have. After the demonstration, you will have time to practice these skills until you are comfortable.

Ante natal KMC Skills Checklist

Participant's Name:

Evaluator: Read the following case situation and instructions to the participant:

"You are counseling pregnant woman during ANC visit. You are ready to coach the pregnant woman on KMC. Please demonstrate with a partner the steps of informing and coaching the woman on KMC.

(Note: This information may be given in any order.)

Rate the performance of each step or task observed using the following rating scale:

1. N= Needs improvement: Step or task not performed correctly, is omitted or out of sequence
2. S = Satisfactory: Step or task performed correctly in proper sequence (if sequence necessary).

MAIN KMC POSITIONING STEPS	Practices Observed				
	1	2	3	4	5
1. Greet the mother and make her comfortable.					
2. Explain what you are going to do and encourage mother to ask questions.					
3. Dress the baby in only a nappy, and a cap.					
4. Put the baby upright; skin to skin between the mother's breasts					
5. Secure the baby to the mother's chest: (Separate row for each item below)					
6. Maintain support of the baby with the mother's hand.					
7. Cover the baby with a cloth.					
8. The top of the cloth should be under the baby's ear.					
9. The bottom of the cloth is tucked under baby's buttocks.					
10. Make sure the tight part of the cloth is over the baby's back (chest).					
11. Baby's abdomen should not be constricted.					
12. Baby should be able to breathe.					
13. Show the mother how to wrap the baby to her body: (tie the Nettlea securely over the back of the baby on the mother's chest and cross the ends of the cloth behind the mother's back, bring them back around, and tie them in the front underneath the baby.)					
14. Cover the baby with a blanket or shawl and let the mother tuck in at the front or side (under the arms).					
15. Ensure the mother is able to perform the same process to position the baby.					
16. Encourages the mother to ask questions throughout the demonstration; address her questions and concerns					
Total Score					

Post partum KMC Skills Checklist:

Participant's Name:

Evaluator: Read the following case situation and instructions to the participant:

"You are conducting a postnatal visit; the newborn was in KMC position. You have completed the newborn check up for danger signs. Now you ask the mother to put the baby back in KMC position. Please demonstrate what assessment and counseling you will provide this mother with regards to KMC.

(Note: This information may be given in any order.)

Rate the performance of each step or task observed using the following rating scale:

1. N= Needs improvement: Step or task not performed correctly, is omitted or out of sequence
2. S = Satisfactory: Step or task performed correctly in proper sequence (if sequence necessary).

<i>Steps</i>		Practices Observed				
		1	2	3	4	5
1	Congratulate the mother for practicing KMC and explains that she would like to assess how the mother is practicing KMC					
2	Observes if the baby is dry and clean, has a cap and a diaper/nappy on					
3	If the baby is not naked, except for the nappy, cap and socks, explains the importance of baby being naked for KMC					
4	Observe the mother's position the baby upright between her breasts, feet below her breasts and hands above.					
5	If the mother is not practicing correctly, instructs/helps the mother and the NCP position the baby upright between her breasts, feet below her breasts and hands above.					
6	Observes the baby's head turned to one side.					
7	If the head is not rightly placed helps the mother to turn baby's head to one side					
8	Observes how the baby is wrapped to her body: Places the center of aNetela over the back of the baby on the mother's chest. Crosses the ends of the cloth behind the mother's back, brings them back around, and ties them in the front underneath the baby.					
9	If the mother is not wrapping properly shows the mother how to snugly wrap the baby to her body					
10	Asks the mother if she has any concern in practicing KMC and address accordingly					
11	Asks mother if the baby has any feeding difficulties of the newborn, addresses them appropriately					
Add up all the ones (1) and write the total number in this box						

Community education and support

Mothers and families need the support of their communities when practicing CKMC. When communities are educated and sensitized, they can encourage mothers to continue KMC and help them to recognize danger signs and get to an appropriate health facility.

Facility providers, birth attendants, counsellors, community health workers, and community leaders are all examples of those who can help create a supportive environment. There are many ways that this can happen. For example, CKMC can be introduced to groups through social groups or other community gatherings. Posters, campaigns and media like newspapers, radio and TV can also be used.

Sometimes a well-respected or well-known member of the community who believe in or have practiced CKMC can help promote the practice. They can act as a role model to help inspire mothers to use CKMC. They can also give tips to help mothers/families that are practicing KMC.

Take some time to discuss how you can help organize or participate in such an activity. Discuss what types of events or activities might work best in your setting. For instance, HEWs should sensitize Kebele council members or Kebele command post members, women groups on KMC.

Learning activities

Case study 1 with answer key

Abebech delivered a baby boy two days ago. The baby is breastfeeding about 6-7 times per day. He is not on any supplemental feeds.

A. What are the possible problems?

1. *Baby is not getting enough breast milk.*
 - a. *Should be at least 8 times/day (every 2-3 hours)*
2. *Baby is not attaching to the breast properly.*
3. *The duration of feeding is too short.*
4. *The baby is sick (infection) resulting in poor feeding.*

B. How would you proceed?

1. *Question the mother about any danger signs, including feeding problems.*
2. *Look for danger signs*
3. *Observe the baby breastfeeding to be sure there is proper positioning and attachment.*
4. Review with Abebech the importance of adequate feeds and correct positioning and attachment if needed:
 - a. *The baby should feed at least every 2-2.5 hours, including during the night.*
 - b. *The baby should remain at the breast until satisfied.*
 - c. *Do not limit the length of feeds.*
 - d. *The baby should feed on demand, not on a specific schedule.*
 - e. *Advise Abebech to drink fluids when she is thirsty and to eat at least one extra serving of staple food per day while lactating.*
5. If the baby is not feeding well after the support provided by HEW refer the baby to health center immediately but advise the mother to keep the baby in KMC position and continue breast feeding

ANNEX

HANDOUT/JOB AID: SUCCESSFUL BREASTFEEDING

Mother's position

Help the mother to be in a comfortable position. Use pillows or folded blankets under the mother's head if she is lying, or under her arm if she is sitting. Mother should sit comfortably and confidently to breastfeed her baby.

Baby's position

Help the mother position her baby. You may need to take the baby out of KMC position the first time she feeds to show her what to do:

- Baby's head and body should be in a straight line
- Baby is facing the breast with nose opposite to nipple.
- Support the baby's *whole* body, not just the neck and shoulders

Attachment and suck

Show the mother how to help the baby attach:

- Touch her baby's lips with her nipple;
- Wait until the baby's mouth is wide open;
- Move the baby quickly onto the breast—aiming the baby's lower lip well below the nipple

Attachment is good when:

- Chin is touching the breast
- The baby's mouth is wide open
- Lower lip is turned outward
- More areola is seen above than below the mouth
- Mother's breasts and nipples are comfortable
- Sucks are slow and deep with some pauses

Breastfeed on Demand

Feed the baby when it wants to eat. Most babies will eat 8 – 10 times in 24 hours, or about every 2 – 3 hours. This is important because:

- A baby's stomach is small and needs to be filled often.
- Breast milk is digested easily and so passes through the baby quickly.
- The more the baby sucks, the more milk is produced.



Empty the first breast then offer the baby the other one

- **If the right breast is started first for one feed, offer the left breast when the right one is empty.** If right breast is not emptied then the same breast should be started at the next feed and after emptying right breast left one should be started. In this way both of the breasts will be emptied alternately and both will make same amount of milk.
- **Have no time limit on how long the baby would suck during a feeding.** The baby will continue to suck until the baby feels full and will leave the nipple when hunger is met. If hunger is fulfilled before emptying of the breast, the same breast should be offered at next feeding.
 - The first part of a feed (breast milk) is more watery, for baby's thirst.
 - The later part of a feed is enriched with fat, for baby's hunger.

Eat extra food every day

A breastfeeding woman needs to eat at least **one large extra serving of her staple food** every day. This gives her the energy to produce milk and to put nutrition into the breast milk.

Breastfeeding mothers need to drink enough fluids. She should **always drink when thirsty**. An easy way to remember to drink more is to drink a large glass of liquid with every breastfeed

Get enough rest

A breastfeeding mother is often awake at night. This means she is not getting enough sleep. When a mother is very tired, she makes less milk. One way to get more sleep is to **sleep when the baby sleeps during the day**. But if the mother has other children or responsibilities, it can be hard to do this. As a health worker, talk with the mother and family about:

- Why the mother needs to sleep during the day
- How she can get more sleep
- What the family can do to help

Checklist for Observation of Breastfeeding

*Note: Some preterm babies may not be able to achieve all of the attachment and sucking criteria. This checklist assumes that the baby is already stable and able to feed well.

Rate the performance of each step or task observed using the following rating scale:

N = Needs improvement: Step or task not performed correctly, is omitted or out of sequence (if sequence necessary).

S = Satisfactory: Step or task performed correctly in proper sequence (if sequence necessary).

OBSERVE BREASTFEEDING	CASES OBSERVED				
	1	2	3	4	5
Greet the mother and make her comfortable.					
1. Explain what you are going to do and encourage mother to ask questions.					
2. Ask the mother to put the baby to breast and observe the baby feeding.					
3. Check for good positioning at breast: a) Baby's ear, shoulder and hip should be straight. b) Baby's face should be facing the breast with nose opposite nipple. c) Baby's body should be held close to mother. d) Baby's whole body should be supported.					
4. Check for good attachment at breast: a) Chin touching breast b) Mouth wide open c) Lower lip turned outward d) More areola visible above than below the mouth					
5. Check for effective suckling: a) Slow, deep sucks b) Occasional short pauses c) Mother reports that breast feels softer after the feed					

Adapted from the ENC Reference Manual

HANDOUT/JOB AID: WHAT TO DO IN CASE OF NEWBORN DEATH

What if the baby dies?

Pregnancy and childbirth are usually a happy time. But even babies who are born well are at risk of getting sick or dying. As a HEW, you may be the first point of contact if the baby dies. Regardless of the reason for the death, the mother and family need care and support that is culturally appropriate and acceptable.

- ◆ **Be sensitive to their needs**
- ◆ **Find out what they wish to do with the baby's body**
- ◆ **Explain to the mother/family that:**
 - The mother will need rest, support and good nutrition at home
 - The mother should not return to a full workload too early
 - The mother's breasts will become full with milk (starting about day 2-3 postpartum). Here are things she can do to shorten the time her breasts will be full:
 - Bind the breasts with a tight bra or cloth until there is no milk in the breasts
 - Do not express breast milk or stimulate the breasts
- ◆ **The mother may feel very emotional and cry a lot. The normal changes in a woman's hormones after pregnancy can make her feel sad, worried or irritable. Because of the baby's death, the feelings may be worse than usual. *It is important to let her know that she did not do anything to cause the baby's death.***
- ◆ **Encourage the mother and family to speak with your supervisor if they wish to talk. Get assistance from a skilled health worker if she wants to discuss details about the cause of death**
 - Perhaps extended family members or religious leaders may also be appropriate. Follow the family's wishes
- ◆ **Don't try to handle this situation alone. Get help from other experienced supervisors and leaders. Grieving takes time, so support and follow-up visits from you and others may help the mother/family cope.**
 - Don't forget, this mother may need to use a family planning method until she is physically and emotionally ready to become pregnant again. After such a loss, it is medically recommended that women wait for a period of at least 6 months between pregnancies before becoming pregnant again.

Facilitator Appendix

I. CKMC Supervision Strategy and Tools

The CKMC implementation feasibility study will be implemented in health posts associated with the 10 health centers that are located in the four big regions in Ethiopia (Tigray, Amhara, Oromia and SNNPR). Generally, the study includes the following key activities

- Establishing KMC centers at the 10 health centers to which the CKMC health posts are associated. Establishing KMC centers in the health centers includes training of newborn care providers on ENC, provision of KMC equipments and supplies to the facilities and continuous supportive supervision to the health centers
- Establishing CKMC services in the communities covered by the health posts associated with the 10 health centers. This also includes training of Health Extension Workers on CKMC, orientation of HDA 1-to-5 network leaders on CKMC, provision of CKMC equipments and supplies to the HEWs and job aids to HDA 1-to-5 network leaders, and provision of regular supportive supervision to HEWs and HDA 1-to-5 network leaders, use of monitoring data to improve the performance of HEWs and HDA 1-to-5 network leaders in terms of counseling pregnant and postnatal mothers on CKMC
- Continuous extraction of CKMC performance monitoring data from HEWs' registers and from the supervisory checklists.

As presented above provision of supportive supervision both to health centers and most importantly to study communities/health posts is one of the key activities that will help the study team to closely monitor the performance of CKMC implementation as well as to provide the required material and technical support for HEWs and HDA 1-to-5 network leaders and thereby improve their performance.

For the CKMC implementation study we will use the following strategies to provide supportive supervision for HEWs, HDA 1-to-5 network leaders and the KMC centers in the selected health centers.

1. ***MCHIP Regional Staffs:*** The MCHIP regional staffs, with HEWs' supervisors, will provide regular supportive supervision to the health centers, HEWs and HDA 1-to-5 network leaders. They will also coordinate the overall implementation activities of CKMC in the study communities. For this they will use detailed supportive supervision plan developed for supportive supervision for the health centers, HEWs and HDA 1-to-5 network leaders.
2. ***PHCUs HEWs supervisors:*** HEWs' supervisors are the lead supervisors of HEWs and HDA 1-to-5 network leaders. They have more frequent contact with HEWs and HDA 1-to-5 network leaders and according to the recent PHCU guidance they should meet at least once per month to review the performance of HEWs and HDA 1-to-5 network leaders in terms of implementing high priority ENC/CMNCH interventions and other HESP activities. MCHIP will use this platform to provide on-site support to HEWs and HDA 1-to-5 network leaders to improve the quality of CKMC services they provide. As such MCHIP regional staffs will ensure that HEWs' supervisors are trained and/or orientated on CKMC, have CKMC supportive supervision tools/checklists, included CKMC as part of supportive supervision plan for the other ENC/CMNCH interventions, and used the data

generated through supportive supervision to improve the performance of CKMC and other ENC/CMNCH interventions.

3. **Kebele Command Post.** The HDA 1-to-5 network leaders and HDA team leads are overseen by command posts established at each Kebele. MCHIP will orientate the command posts in the study Kebeles to ensure HDA 1-to-5 network leaders have the needed support in terms of providing counseling on KMC for pregnant and postnatal mothers. As the practice CKMC is relatively new to many of the study communities the fact that the HDA Kebele command post members understand and support the practice would potentially address many of the challenges that would otherwise be encountered.

During supportive supervision both MCHIP regional staffs and HEWs' supervisors will use the checklists presented below.

MCHIP regional staffs in the four big regions where the CKMC study will be implemented should visit each health post/HEWs every two weeks in the first three months and address any concerns around CKMC implementation and provide any technical and/or material support required for CKMC implementation. The frequency of site visit may decrease after the first three months from fortnightly to monthly as most of the HEWs and HDA 1-to-5 network leaders will have continued to confidently provide the CKMC services for pregnant women and recently delivered mothers. As part of planning for the supportive supervision the MCHIP regional staffs should prepare for the site visits, estimate the time required to visit each health post, form supervisory team/teams and work on logistics for the travel based on the following guideline.

1. Prepare for the site visits

The MCHIP regional staffs' supervisory team will need to prepare for the CKMC implementation site visits. Health Centers and/or HEWs should be notified prior to the visit. This notification is important in order for appropriate staff and HEWs to be available at the time of visit and for the supervisory team to provide on-site supportive supervision for them. In addition, the team will need to: (1) estimate the timing required for the visit (and work with the supervision team members to agree on dates); (2) constitute the supervisory team with the required skills; and (3) prepare materials for the site visits. Finally, the team will need to make travel plans for the site visits.

A. Estimate Timing

Depending on the number and location of the C/KMC health center and/or the health posts to be visited, the supervisory team will need to estimate the time required to conduct the supportive supervision. The visit to a KMC health center will be conducted as part of the supportive supervision visit for other comprehensive MCHIP supported MNCH interventions and the duration of the visit will depend on the supportive supervision tool that MCHIP uses for this purpose. This supervision plan mainly focuses on the supportive supervision for CKMC communities/health posts and the time required for each team to visit a health post plus walking to selected households in the same community is estimated to be one full day.

The table below provides an illustrative daily schedule for the site visits which will help the supervisory team plan for the total time required for each of the supervisory visit to the CKMC health post.

No.	Activity	Estimated time		Remark
		Supervisor 1	Supervisor 2	
1	Introduction and orientation of CKMC sites on supportive supervision process	30 min		Both supervisors
2	Questions and answers	15 min		Both supervisors
3	Discuss general CKMC implementation progress and challenges	20 min		Both supervisors
4	Check for/ask availability and Functionality of the Following Items:	15 min		
5	Review Record Keeping		15 min	
6	Observe HEW coach 2 pregnant women or recently delivered mothers on how to put a baby in KMC position	20 min		
7	Observe HEW weigh babies and counsel two recently delivered mother on how to breastfeed their baby	20 min		
8	Observe HEW coach two pregnant women on how to express breast milk for a baby using the breast model		20 min	
9	Observe HEW coach two pregnant women on how to cup feed a baby using the breast model		20 min	
10	Interview at least one pregnant woman at HP (exit) or at home		30 min	
11	Interview at least one recently delivered woman at HP or at home	30 min		
12	Hold closeout meeting with HEWs and provide feedback	20		Both supervisors
13	Address any around CKMC issues identified by supervisory team or HEWs	10		Both supervisors
	Total time	3 hours	3 hours	

B. Form the Supervision Team

The supervision team should include MCHIP regional staff and one other staff from MCHIP or from supervisors of HEWs in the health post to be visited. All people involved in the CKMC supportive supervision must have received training or orientation on CKMC and must be familiar with the supervision tools and approaches. The size of the team visiting a health post should not be less than two and more than four members. The regional coordinators should form the team; orient the supervisory teams on the purpose and schedule of the site visits.

C. Prepare Logistics

When the Supervision Team visits the CKMC study sites, it should be prepared with all the materials needed to carry out the on-site assessment. The supportive supervision checklists are presented below and each team should have adequate copies of the checklists for supportive supervision. The Supervision Team should as well plan for travel to the sampled sites — both to set appointments and to coordinate with program/project staff that will accompany the supervision team on the site

visits. The Supervision Team should arrange for transportation to the sampled sites and for lodging for the team.

2. Develop supportive supervision report and communicate findings

Each supportive supervision team after site visit must develop concise report on the findings of the visits. The report could be compiled for all sites visited in one trip but must also show findings for each health post visited. A summary of the report should be shared with the HEWs, chair of the HDA command post at each Kebele visited, HEWs supervisors at PHCU, and program leaders in MCHIP. A separate guide on documenting stories/case studies on CKMC users and service providers may be provided but consent must be obtained for all pictures of mothers, HEWs, or any community groups that may be taken during visits to be used as part of report.

II. Lots Quality Assurance sampling (LQAS) plan for CKMC coverage monitoring

MCHIP will apply standard LQAS methodology to quarterly conduct coverage survey on certain number of pregnant women and recently delivered mothers. Detailed plan for the LQAS will be developed and relevant MCHIP regional staffs and HEWs supervisors will be orientated before the first survey is conducted. LQAS will help us in monitoring our progress using a yes/no question whether we have reached a specified target or not.

In LQAS approach a sample size of 19 will be used per each primary healthcare unit and using population proportional to population size, some quotas will be assigned to each health post to be visited. The supervisor conducting the supervisory visit will select the specified number of samples randomly from the list of recently delivered women in the community and conduct interviews on the type of services received during the ANC visits. The following LQAS table shows the level of coverage and the number of correct use of particular indicator under investigation to attain a desired level of coverage using 19 sample size.

Decision Rules for sample Sizes of 19 and Coverage Targets /Average of 20-95%																	
Sample size	Average Coverage (baselines)/Annual Coverage Targets (monitoring and Evaluations)																
	20 %	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
12	N/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

For example using appropriate KMC positioning by women as indicator, we can conduct an assessment of a random of 19 women in a Primary Health Care Unit (PHCU) i.e. 2-4 women per Kebele, then we observe each woman whether she has demonstrated appropriately or not. If for instance 7 of the women demonstrated appropriately our coverage is 50%. So during the next visit we may target to reach 70% and monitor the progress.

III. Bi-annual visit of CKMC sites by CKMC TAG

The CKMC TAG members will conduct visits to the CKMC implementation communities bi-annually. The first visit of the group will happen after the HEWs training on CKMC is completed and when HEWs start to orientate HDA 1-to-5 network leaders on CKMC. The purpose of this first visit will be to understand the practical implementation of the CKMC in the study communities, document if there are observed challenges and provide feedback to the CKMC study team leaders. In addition, through CKMC TAG regular meetings the group will be provided with updates on the progress of the CKMC implementation and CKMC study team leaders will seek for any technical advice from the group throughout the implementation of the study.

The CKMC TAG will also conduct its second visit to the CKMC implementation communities six months after its first field visit. This second visit will provide the group with an opportunity to look at the progress made by the HDA 1-to-5 network leaders, HEWs, HEWs' supervisors and MCHIP regional staffs in terms of providing quality CKMC services for pregnant women and recently delivered women. Based on the findings of the field visit the group may provide recommendations for the study team that may help to further improve the performance of CKMC implementation. During its bi-annual field visit the CKMC TAG will use the supervisory checklists for CKMC. In addition, the group may interview community groups, woreda and regional health bureau staffs regarding the CKMC implementation to get the full picture of the study.

COMMUNITY KANGAROO MOTHER CARE SUPERVISORY CHECKLIST

User: HEWs' supervisors and MCHIP regional Staffs

Name of HEW _____

Name of Supervisor _____

Date _____

Signature of HEW _____

A. Checklist for observation of KMC items, record keeping and exit interview

Item	Yes, Functional	Yes, Non- functional	No
1. Availability and Functionality of the Following Items:			
Baby weighing scale			
Doll			
At least two pieces of cloth			
Breast model			
Respiratory counter/watch			
Thermometer			
Small breast milk feeding cup			
CKMC Flipchart for HEWs			
CKMC Leaflets for HDA 1-to-5 network leaders			
2. Record Keeping:	Yes	No	
Recording on name of the pregnant woman			
Gestational age			
ANC counseling			
EDD			
Delivery date			
Number of expected pregnancy			
Number of expected pregnancy			
PNC visit (number and timing)			

3. Interview at least one pregnant woman at HP (exit) or at home

1. What information was shared by HEW during your ANC visit?

2. Probe for specific information on KMC – benefits, positioning, duration, Breastfeeding, expressing breast milk, cup feeding, discharge, danger signs and action to take, HEW solicited and addressed questions that woman had

3. Did the HEW demonstrate on the KMC positioning?

a. Yes b. No

4. Did you back demonstrate on the KMC positioning?

a. Yes b. No

5. Did the HEW demonstrate on expressing breast milk?

a. Yes b. No

6. Did you back demonstrate on expressing breast milk?

a. Yes b. No

7. Did the HEW demonstrate on cup feeding?

a. Yes b. No

8. Did you back demonstrate on cup feeding?

a. Yes b. No

4. Interview at least one pregnant woman at HP (exit) or at home

1. Were you counseled on KMC during antenatal period?

a. Yes b. No

2. Did you practice KMC in postnatal period?

a. Yes b. No

3. If yes, for how many days? _____

4. If yes, did you practice KMC continuously or intermittently daily?

a. Continuously b. Intermittently daily

5. If not, why not

6. Did you experience any challenges when you practice KMC? If so how did you address them?

B. KMC positioning supervisory checklist

Supervisor should observe HEW coach 2 pregnant women or recently delivered mothers on how to put a baby in KMC position during supervision

Rate the performance of each step or task observed using the following rating scale:

1. **N= Needs improvement:** Step or task not performed correctly, is omitted or out of sequence
2. **S = Satisfactory:** Step or task performed correctly in proper sequence (if sequence necessary).

MAIN KMC POSITIONING STEPS	Practices Observed	
	1	2
1. Greet the mother and make her comfortable.		
2. Explain what you are going to do and encourage mother to ask questions.		
3. Dress the baby in only a nappy, and a cap.		
4. Put the baby upright; skin to skin between the mother's breasts		
5. Secure the baby to the mother's chest: (Separate row for each item below)		
6. Maintain support of the baby with the mother's hand.		
7. Cover the baby with a cloth.		
8. The top of the cloth should be under the baby's ear.		
9. The bottom of the cloth is tucked under baby's buttocks.		
10. Make sure the tight part of the cloth is over the baby's back (chest).		
11. Baby's abdomen should not be constricted.		
12. Baby should be able to breathe.		
13. Show the mother how to wrap the baby to her body: tie the Netela securely over the back of the baby on the mother's chest and cross the ends of the cloth behind the mother's back, bring them back around, and tie them in the front underneath the baby.		
14. Cover the baby with a blanket or shawl and let the mother tuck in at the front or side (under the arms).		
15. Ensure the mother is able to perform the same process to position the baby.		
Total Score		

C. Checklist for Observation of Weighing and Breastfeeding

Supervisor should observe HEW weigh babies and counsel two recently delivered mother on how to breastfeed their baby during supervision

Rate the performance of each step or task observed using the following rating scale:

1. Needs improvement: Step or task not performed correctly, is omitted or out of sequence (if sequence necessary).

2. Competently performed: Step or task performed correctly in proper sequence (if sequence necessary).

OBSERVE BREASTFEEDING	CASES OBSERVED	
	1	2
1-Greet the mother and make her comfortable.		
a) Explain what you are going to do and encourage mother to ask questions.		
b) Correctly weigh the baby		
c) Appropriate categorize the baby as very LBW, LBW or normal		
Ask the mother to put the baby to breast and observe the baby feeding.		
2- Check for good positioning at breast:		
a) Baby's ear, shoulder and hip should be straight		
b) Baby's face should be facing the breast with nose opposite nipple.		
c) Baby's body should be held close to mother.		
d) Baby's whole body should be supported.		
3- Check for good attachment at breast:		
a) Chin touching breast		
b) Mouth wide open		
c) Lower lip turned outward		
d) More areola visible above than below the mouth		
4- Check for effective suckling (Slow, deep sucks)		
5- Counsel mother on exclusive breastfeeding for 6 months		
Total Score		

D. Checklist for Expressing Breast Milk

Supervisor should observe HEW coach two pregnant women on how to express breast milk a baby during supervision using the breast model

Rate the performance of each step or task observed using the following rating scale:

1. N= Needs improvement: Step or task not performed correctly, is omitted or out of sequence

2. S = Satisfactory: Step or task performed correctly in proper sequence (if sequence necessary).

OBSERVE EXPRESSING BREAST MILK	CASES OBSERVED	
	1	2
1) Greet the mother and make her comfortable.		
2) Explain what you are going to do and encourage mother to ask questions.		
3) Wash hands; also let the mother wash hands.		
4) Obtain a clean cup or bowl.		
5) Demonstrate the following:		
a) Massage the breast from the outside towards the nipple to help the milk come down.		
b) Hold the breast with thumb on top and other fingers below pointing away from the areola		
c) Have mother lean slightly forward so the milk will go into the container.		
d) Squeeze thumb and other fingers together, move them towards the areola so the milk comes out.		
e) Press and release and try using the same rhythm as the baby sucking.		
f) Move hands around the breast so milk is expressed from all areas of the breast.		
g) Express one breast until breast softens (HEW states that that breast is soften – model cannot do that)		
h) Express the other side		
i) Repeat expression for both sides		
j) Asked mother to re-demonstrate expressing breast milk		
Total Score		

E. Checklist for Cup Feeding

Supervisor should observe HEW coach two pregnant women on how to cup feed a baby during supervision using the breast model

Rate the performance of each step or task observed using the following rating scale:

1. **N= Needs improvement:** Step or task not performed correctly, is omitted or out of sequence
2. **S = Satisfactory:** Step or task performed correctly in proper sequence (if sequence necessary).

OBSERVE CUP FEEDING	CASES OBSERVED	
	1	2
1) Greet the mother and make her comfortable.		
2) Explain what you are going to do and encourage mother to ask questions.		
3) Wash hands; also let the mother wash hands.		
4) Obtain a clean cup or bowl.		
5) Demonstrate the following:		
a) Hold baby in upright or semi-upright position with head, neck and shoulders supported		
b) Use a small size cup (such as Ethiopian coffee cup)		
c) Tilt cup so that milk just touches the lips (do not pour milk into baby's mouth)		
d) Asked mother to re-demonstrate how to cup feed		
Total Score		



Approved: August 18, 2011 IRB No.: 3542

CKMC Study: HEW Register Extraction Form

HEW ID Code: _____

Reporting Period (Dates): _____

Pregnancies and antenatal visits

Number of pregnancies identified: _____

Number of first antenatal visits made: _____

Number of second antenatal visits made: _____

Number of third antenatal visits made: _____

Deliveries and postnatal visits

Number of deliveries in area: _____

Number of maternal deaths: _____

Number of stillbirths: _____

Number of postnatal visits made within 24 hours: _____

Number of postnatal visits made outside 24 hours: _____

Number of babies weighed: _____

Number of normal birth weight babies: _____

Number of low birth weight babies: _____

Number of babies for which KMC initiated: _____

Number of mothers who attended PNC at health center: _____

**Community Kangaroo Mother Care Implementation
Health Center Planning Template**

Region _____
Zone _____
Woreda _____
Health Center _____

No	Activity	Measurement/ unit	Quantity/ Frequency	Responsible	Resources required	Timeline	Remark
1							
2							
3							
4							
5							
6							
7							