

PN-ACD-625

Integrated Management of Childhood Illness (IMCI) 994872
Complementary Course

**MANAGEMENT OF THE SICK
YOUNG INFANT
FACILITATOR'S GUIDE**

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Integrated Management of Childhood Illness (IMCI)

Complementary Course

MANAGEMENT OF THE SICK YOUNG INFANT

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MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

ACTIVITY 1

Assess and Classify the Sick Young Infant for POSSIBLE BACTERIAL INFECTION

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Describe similarities and differences between the IMCI processes of MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO TWO MONTHS and MANAGEMENT OF THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS
- Use the INTEGRATED MANAGEMENT OF THE SICK YOUNG INFANT Charts to assess and classify a sick young infant for POSSIBLE SERIOUS BACTERIAL INFECTION and LOCAL BACTERIAL INFECTION
- Describe why all sick young infants need to be assessed for possible bacterial infection
- List major signs of bacterial infections
- Demonstrate procedure for checking for bacterial infections

TIME 1 hour 45 minutes

MATERIALS ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT Wall Chart
IMCI Chart Booklets
IMCI Photograph Booklet
Participant's Manual MANAGEMENT OF THE SICK YOUNG INFANT
Enlarged Sick Child Recording Forms
Enlarged Sick Young Infant Recording Form
IMCI Video #3+4, VCR, monitor
Flipcharts #1 - #2
Participant's Manual, pages 1 - 8

FACILITATOR'S NOTE

Before this session begins, place the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart and the ASSESS CLASSIFY, AND TREAT THE SICK YOUNG INFANT Wall Chart next to each other on the wall at the front of the classroom

Post the Enlarged IMCI Sick Child Recording Form next to the Enlarged IMCI Sick Young Infant Recording Form on the wall at the front of the classroom

ACTIVITY OUTLINE
Assess and Classify the Sick Young Infant for
POSSIBLE BACTERIAL INFECTION

Content	Materials
I Introduction	
A Introduce Component	
B Preview Wall Charts	ASSESS CLASSIFY SICK YOUNG INFANT Wall Chart
II Find Out What Participants Know and Do	
A Assess Current Practice	Blank Flipchart
B Introduce Critical IMCI Points	
C Preview Session Objectives	Flipchart #1
D Complete Critical Incident	Flipchart #2
III Build on What Participants Know and Do	
A Identify Problems to Assess in Sick Young Infant	ASSESS, CLASSIFY SICK YOUNG INFANT Wall Chart
B Identify Differences Between Assess the Sick Child and Assess the Sick Young Infant	Enlarged Sick Child Recording Form Enlarged Sick Infant Recording Form
C Review Sick Young Infant Recording Form	
IV ASSESS Sick Young Infant for Possible Bacterial Infection	
A Introduce Steps in ASSESS POSSIBLE BACTERIAL INFECTION	
1 Convulsions	
2 Count Breaths per minute	Participant's Manual page 1
3 Look for Severe Chest Indrawing	
4 Look for Nasal Flaring	Participant's Manual page 2
5 Look and Listen for Grunting	
6 Look and Feel for Bulging Fontanelle	Participant's Manual page 3
7 Look for Pus Draining from Ear	
8 Look at Umbilicus	Participant's Manual, page 4
9 Check for Fever or Low Body Temperature	
10 Look for Skin Pustules	Participant s Manual, page 5, IMCI Photograph Book, Photos # 60 - 65
11 Look to See if Infant is Lethargic or Unconscious	
12 Look at Infant's Movements	
B Show Video Segment How to Check for Possible Bacterial Infection	IMCI Video #3+4
V CLASSIFY the Sick Young Infant for POSSIBLE BACTERIAL INFECTION	
A Identify IMCI Classification	IMCI Chart Booklet
B Practice CLASSIFY POSSIBLE BACTERIAL INFECTION	
1 Complete Case Studies	Participant s Manual pp 6 - 8

ACTIVITY DESCRIPTION

I INTRODUCTION

A Introduce COMPONENT

The facilitator begins the session by explaining

- This component of the Course is **MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS**
- The process is similar to the one that participants learned for managing the sick child age 2 months up to 5 years

B Preview WALL CHARTS

FACILITATOR'S NOTE

The IMCI **MANAGEMENT OF THE SICK YOUNG INFANT** Charts are not used for assessing a newborn of less than one week because many of the medical problems of newborns less than one week are related to delivery or are illnesses that require special management. Information on care of the sick young infant of less than one week will be in the Mother-Baby Package materials

S/he goes to the **ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT** Wall Chart

S/he explains that the same chart is on page 22 of their IMCI Chart Booklets

The facilitator states

- The Management of the Sick Young Infant is for the sick young infant age 1 week up to, but not including, 2 months
- Sick young infants (aged 1 week to 2 months) have special characteristics that must be considered when classifying their illness

The facilitator asks

- If a caretaker comes to your clinic with a child age who is exactly 2 months, which chart should you use? (*The **ASSESS AND CLASSIFY THE SICK CHILD** chart, not the **ASSESS AND CLASSIFY THE SICK YOUNG INFANT** chart*)

S/he states

- Participants will use the Wall Chart, the IMCI Chart Booklet, and the Sick Young Infant Recording Form during the MANAGEMENT OF THE SICK YOUNG INFANT component

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Assess CURRENT PRACTICE

The facilitator asks

- How often do you see sick young infants in your clinics? (*Possible response Very rarely*)

S/he asks

- In your clinics, what are the most common reasons that young infants need to be seen by a health worker? (*Possible responses Grunting, sneezing, chest indrawing, twitching, jaundice, pus draining from the eye*)

S/he writes participants' responses on flipchart paper

S/he asks

- Why are health workers especially concerned about sick young infants? (*Desired Response Young infants can become sick and die quickly*)

B Introduce CRITICAL IMCI POINTS

The facilitator reinforces participants' responses and states

- Young infants can become sick and die quickly from serious bacterial infections
- Sick young infants often have only general signs such as fewer movements, fever, low body temperature
- Mild chest indrawing is normal in young infants because their chest wall is soft

S/he states

- These are some of the reasons why the sick young infant is assessed, classified and treated differently than an older infant or young child

- IMCI places the most common reasons young infants need to be seen in clinics into 4 categories
 - ▶ Possible bacterial infection
 - ▶ Diarrhoea
 - ▶ Feeding Problem or Low Weight or Growth Faltering
 - ▶ Immunization

The facilitator notes where participants' reasons for why young infants come to their clinics fit into these 4 categories

C Preview SESSION OBJECTIVES

The facilitator posts *Flipchart #1 Session Objectives* and reads it aloud

SESSION OBJECTIVES

- Describe the differences between IMCI process for managing a sick child and for managing a sick young infant
- Assess and classify a sick young infant for possible bacterial infection

Sick Young Infant - Flipchart #1

D Complete CRITICAL INCIDENT

The facilitator states

- Participants will read a Critical Incident about a sick young infant

S/he posts *Flipchart #2 Critical Incident* and reads it aloud

CRITICAL INCIDENT

An excited and nervous mother arrives at the clinic with a four week old boy who is lethargic. When the health worker asks the mother what the infant's problem is, she says that he has had diarrhoea for three days and that he does not seem interested in breastfeeding.

What should the health worker do first?

Sick Young Infant - Flipchart #2

The facilitator asks

- What should the health worker do first?

S/he lists participants' answers on a blank flipchart S/he does not evaluate participants' responses

The facilitator states

- Although the infant had only one visible sign when his mother brought him to the clinic, the health worker needs to proceed systematically through the assessment
- This process is the same that participants learned in ASSESS & CLASSIFY THE SICK CHILD AGE 2 MONTHS TO 5 YEARS

The facilitator then corrects any incorrect answers from participants that s/he wrote on the flipchart

FACILITATOR'S NOTE

For Flipchart #2 Critical Incident incorrect answers that should be corrected are

- The health worker should assess the child for diarrhoea only and then begin treatment
- The health worker should begin treatment immediately

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Identify PROBLEMS TO ASSESS IN SICK YOUNG INFANT

The facilitator instructs participants to go to the Wall Chart

S/he asks

- According to the chart, what problems does a health worker assess in a sick young infant? (*Desired response POSSIBLE BACTERIAL INFECTION, DIARRHOEA FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING IMMUNIZATION STATUS*)

B Identify DIFFERENCES BETWEEN ASSESS THE SICK CHILD AND ASSESS THE SICK YOUNG INFANT

The facilitator asks participants to look at the Enlarged Sick Child Age 2 Months up to 5 Years Recording Form and the Enlarged Sick Young Infant Recording Form on the wall at the front of the classroom

S/he asks

- What is the difference between the very top sections of the Sick Young Infant Recording Form and the Sick Child Age 2 Months up to 5 Years Recording Form? *(Desired response The same basic information is requested at the top of both forms name, age, weight, temperature, problem, initial or follow-up visit)*

- What are some differences between the Sick Young Infant Recording Form and the Sick Child Recording form? *(Desired responses*
 - ▶ *There is no General Danger Signs section in the Sick Young Infant Recording Form as there is in the Sick Child Recording Form*
 - ▶ *The Sick Young Infant Recording Form has only 4 problems to assess and classify, while the Sick Child Age 2 Months up to 5 Years Recording Form has 5 main problems to assess)*

FACILITATOR'S NOTE

While the Integrated Management of the Sick Young Infant Recording Form and charts do not contain separate GENERAL DANGER SIGNS boxes, the GENERAL DANGER SIGNS assessed in the older infant or child (ability to drink or breastfeed, vomiting, convulsions lethargy or unconsciousness) are found in other sections of the Sick Young Infant Recording Form and charts This should be pointed out to participants

The facilitator states

- If the child presents for an initial visit, the health worker should assess the young infant

- If it is a follow-up visit, the health worker should use the follow-up instructions for the sick young infant that participants will learn in the next component

C Review SICK YOUNG INFANT RECORDING FORM

The facilitator asks participants to look at the Sick Young Infant Recording Form

S/he asks

- What do you ASSESS a sick young infant for? (*Desired responses Possible bacterial infection, diarrhoea, feeding problem and low weight, and immunization*)

S/he states

- To begin ASSESSING the infant, the health worker will have to pick up the infant, undress him/her, look at the skin all over the child's body, and then take the child's temperature By that time, the infant should be awake unless it is lethargic or unconscious

IV ASSESS SICK YOUNG INFANT FOR POSSIBLE BACTERIAL INFECTION

A Introduce STEPS IN ASSESS POSSIBLE BACTERIAL INFECTION

The facilitator asks participants to look at page 22 of the IMCI Chart Booklet

S/he asks

- What are some bacterial infections that can make a young infant very sick and kill him/her very quickly? (*Possible responses include pneumonia sepsis, or meningitis*)

FACILITATOR'S NOTE

Before discussing the box CHECK FOR POSSIBLE BACTERIAL INFECTION ask a participant to locate the box on the Wall Chart and read the title of the box out loud

1 CONVULSIONS

The facilitator explains

- Participants are now going to practice assessing young infants for POSSIBLE BACTERIAL INFECTION

S/he asks

- After you have filled in the information at the top of the form, what is the first question that you ask the mother? (*Desired response Has the infant had convulsions?*)

2 COUNT BREATHS PER MINUTE

FACILITATOR'S NOTE

- Fast breathing in young infants is faster (60 breaths or more per minute) than in young children

The facilitator states

- Health workers must count the breaths per minute and write the number in the space on the Sick Young Infant Recording Form

S/he asks

- How is the breathing of young infants different than the breathing of other infants and children? (*Desired response Breathing in young infants is often irregular*)

S/he states

- The breathing rate of a young infant is often irregular
- If the number of breaths per minute is above 60, the health worker recounts the breaths per minute
- If it is necessary to recount, place a tick (✓) on the line after the phrase "Repeat if elevated"
- If the second count is also 60 breaths or more, the young infant has fast breathing

The facilitator distributes a *Participant's Manual* **MANAGEMENT OF THE SICK YOUNG INFANT** to each participant

S/he asks participants to turn to page 1 of the Participant's Manual *Fast Breathing Cut-Offs*

FAST BREATHING CUT-OFFS		
GROUP	AGE	FAST BREATHING CUT-OFF
Young Infants	1 week up to 2 months	60 breaths per minute or more
Infants	2 months up to 12 months	50 breaths per minute or more
Children	12 months up to 5 years	40 breaths per minute or more

DOES THIS CHILD HAVE FAST BREATHING?			
With Answers			
QUESTIONS		ANSWERS	
		Yes	No
Age	Breathing Rate		
3 weeks	55		✓
4 weeks	63	✓	
2 weeks	59		✓
18 months	44	✓	
2 months	48		✓
12 months	40	✓	
3 years	38		✓
12 months	38		✓
3 years	42	✓	
12 months	49	✓	
11 months	49		✓
6 months	52	✓	
6 weeks	65	✓	
14 months	45	✓	

S/he explains

- The first part of page 1 contains cut-off points for fast breathing for three different groups of children

S/he reads the section Fast Breathing Cut-Offs at the top of page 1

S/he guides the participants through the first example S/he states

- The first case says that this child is three weeks old and has a breathing rate of 55 breaths Does this child have fast breathing? (*Desired response No*)
- Why? (*Desired response Because the child is a young infant, and the fast breathing cut-off for young infants is 60 This young infant's breathing rate is 55 which is less than 60*)

S/he asks if participants have any questions and clarifies as necessary

S/he states

- Participants should divide into pairs
- Working with their partner, participants should decide if fast breathing is present in each case on page 1
- Participants will discuss and correct their responses when everyone has finished

When participants have finished reading and discussing page 1, the facilitator asks each pair to tell their responses to the whole group S/he corrects as necessary

S/he continues to the next step in the process of assessing a sick young infant for POSSIBLE BACTERIAL INFECTION

3 LOOK FOR SEVERE CHEST INDRAWING

FACILITATOR'S NOTE

Mild chest indrawing is normal in young infants because their chest wall is soft What is being assessed is SEVERE chest indrawing

The facilitator asks participants to look again at page 22 of their IMCI Chart Booklets

S/he asks

- What is the next sign that a health worker assesses in a sick young infant?
(*Desired response Severe chest indrawing*)

To review the steps in checking for severe chest indrawing, s/he asks

- Where does chest indrawing occur? (*Desired response In the young infant's lower chest wall*)
- When is it seen during the breathing cycle? (*Desired response When the young infant breathes IN*)
- If only the soft tissue between the ribs goes in when the infant breathes in, does the infant have chest indrawing? (*Desired response No, it must be in the lower chest wall*)
- What emotional state must the infant be in to see chest indrawing? (*Desired response The infant must be calm Infants who are crying or breastfeeding may appear to have chest indrawing, so the infant must be calm in order to assess for chest indrawing*)
- How should the infant be positioned in order for the health worker to correctly assess for chest indrawing? (*Desired response The infant should be lying flat, with his/her chest exposed It is also helpful if there is good light so that the health worker can see the chest clearly*)
- If the health worker thinks s/he sees chest indrawing and then thinks that s/he sees no chest indrawing, does the infant have chest indrawing? (*Desired response No Chest indrawing must be present all of the time*)

The facilitator states

- Chest indrawing in the young infant should be very deep and easy to see to be classified as severe chest indrawing
- Mild chest indrawing in young infants is normal because the chest wall is soft

4 LOOK FOR NASAL FLARING

The facilitator asks

- What is the next step in CHECK FOR POSSIBLE BACTERIAL INFECTION?
(*Desired response Look for nasal flaring*)

- What does nasal flaring look like? (*Desired response The infants' nostrils widen when s/he breathes in*)

S/he states

- Nasal flaring is a widening of the nostrils when the young infant breathes in

The facilitator asks participants to turn to page 2 of their Participant's Manual *Nasal Flaring*

S/he asks the checking questions below, and explains that participants should tick (✓) next to Yes or No for each drawing on page 2

NASAL FLARING

Does this drawing show nasal flaring?

Yes _____

No



Does this drawing show nasal flaring?

Yes

No _____



- *Here are two drawings of the same child at different points in the breathing cycle*
- *Does either drawing show nasal flaring? (Desired response Yes)*
- *If yes, which drawing shows nasal flaring? (Desired response The bottom drawing shows nasal flaring)*
- *What is difference between the drawing of the infant with nasal flaring and the drawing of the infant without nasal flaring? (Desired response The infant with nasal flaring has widened nostrils)*

The facilitator continues to the next step in the process of assessing a sick young infant for POSSIBLE BACTERIAL INFECTION

5 LOOK AND LISTEN FOR GRUNTING

The facilitator asks

- What is the next step to CHECK FOR POSSIBLE BACTERIAL INFECTION? *(Desired response Look and listen for grunting)*
- What is the difference between grunting and stridor? *(Desired response Grunting is a soft, short sound a young infant makes when breathing out, while stridor is a harsh noise an infant makes when breathing in, grunting occurs when a young infant is having trouble breathing)*

S/he asks a volunteer participant to demonstrate the sound of grunting S/he asks other participants if they recognize the sound, and whether or not they agree that it sounds like grunting

6 LOOK AND FEEL FOR BULGING FONTANELLE

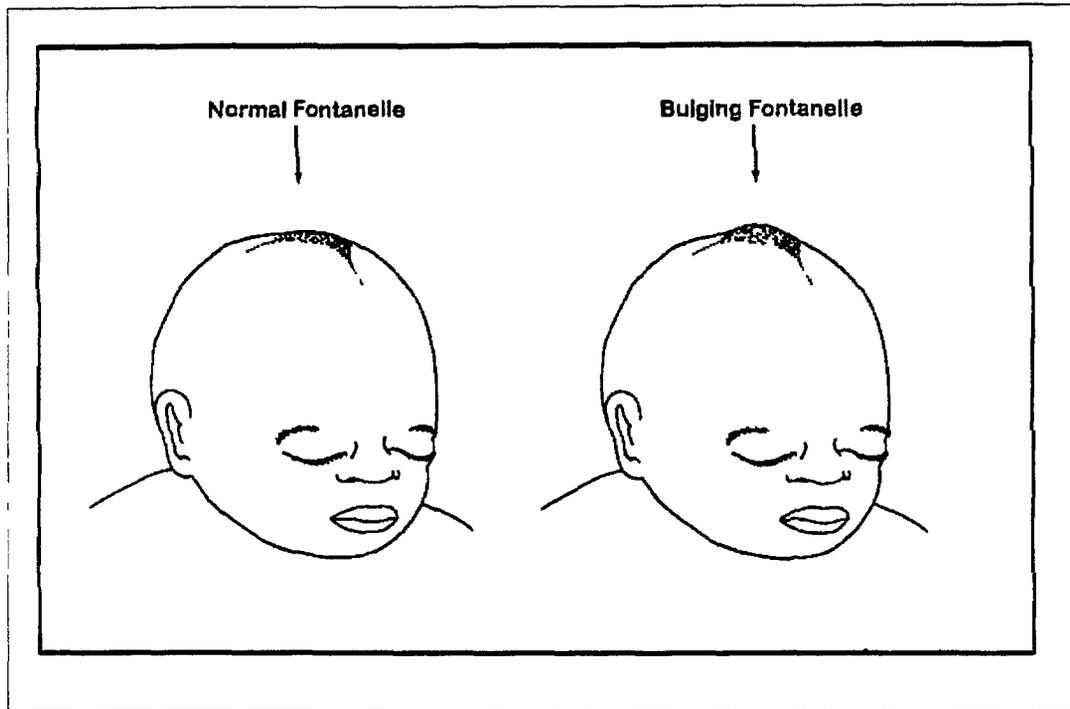
The facilitator asks

- What is the next step to CHECK FOR POSSIBLE BACTERIAL INFECTION? *(Desired response Look and feel for bulging fontanelle)*

S/he asks participants to turn to page 3 of the Participant's Manual *Bulging Fontanelle*

S/he asks participants to look at the two pictures on page 3 and s/he asks the checking questions below

BULGING FONTANELLE



When being checked for a bulging fontanelle, the young infant should be held in an upright position and must not be crying

- *What is the difference between a young infant with a normal fontanelle and one with a bulging fontanelle? (Desired response The normal fontanelle is flat and pulsates, the bulging fontanelle protrudes)*
- *If the fontanelle is bulging the young infant may have meningitis*

7 LOOK FOR PUS DRAINING FROM EAR

The facilitator asks

- What is the next step in CHECK FOR POSSIBLE BACTERIAL INFECTION?
(*Desired response Look for pus draining from the ear*)

S/he states

- It is important for health workers to check both ears for pus

8 LOOK AT UMBILICUS

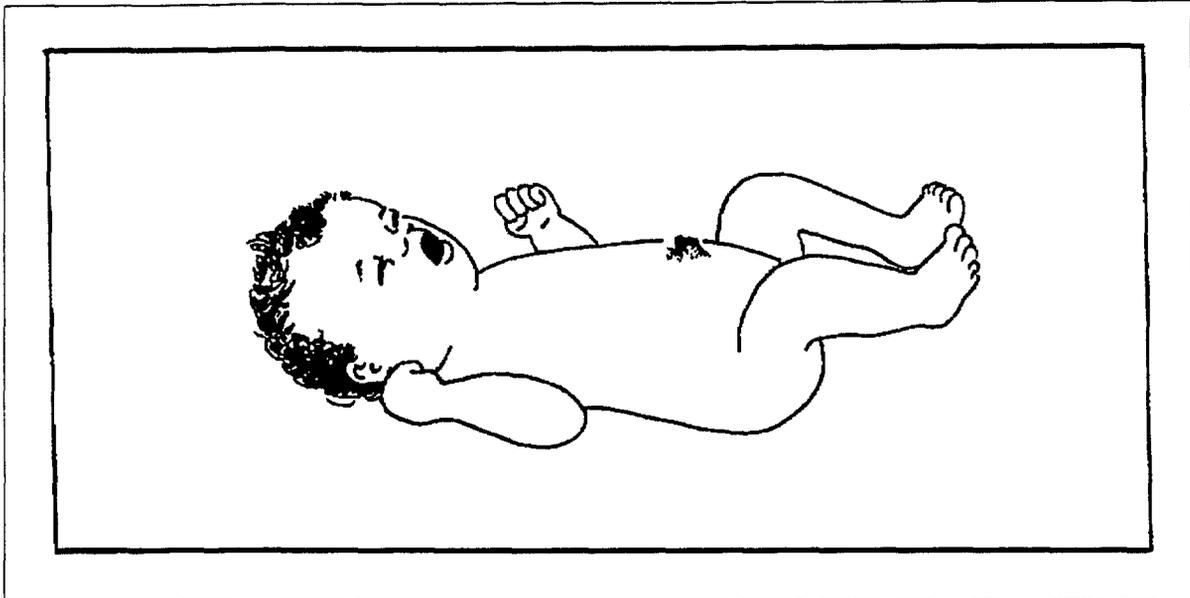
The facilitator asks

- What is the next step in CHECK FOR POSSIBLE BACTERIAL INFECTION?
(*Desired response Look at the umbilicus Is it red or draining pus?*)

S/he asks participants to turn to page 4 of the Participant's Manual *Look at the Umbilicus*

S/he asks the checking questions below

LOOK AT THE UMBILICUS



- *What does the health worker need to look for when checking the infant's umbilicus? (Desired response To see if it is infected, if it is red or draining pus)*
- *How can a health worker determine the severity of the infection? (Desired response The extension of the redness further from the umbilicus determines the severity of the infection)*
- *If the redness extends to the skin of the abdominal wall, what does this indicate? (Desired response It is a serious infection)*

9 CHECK FOR FEVER OR LOW BODY TEMPERATURE

The facilitator asks

- What is the next step in CHECK FOR POSSIBLE BACTERIAL INFECTION?
(Desired response Measure temperature (or feel for fever or low body temperature))

S/he instructs participants to look at the “Fever” bullet in the CHECK FOR POSSIBLE BACTERIAL INFECTION box of the Sick Young Infant Recording Form

S/he states

- Health workers must follow slightly different guidelines when checking young infants’ fevers (versus the sick child’s fever)

S/he asks

- What do you see that is different about checking a sick young infant for fever?
(Desired response There is no “by history” category of fever, young infants must also be checked for low body temperature (below 35.5° C or feels cool))
- Why is it important to check for low body temperature? *(Desired response Young infants can respond to infection by dropping their body temperature to below 35.5° C (36° C rectal temperature))*
- If the infant has fever, how will you indicate this on the Sick Young Infant Recording Form? *(Circle “fever” and then ‘temperature 37.5° C or above’ or ‘feels hot’)*
- If the infant’s body temperature is low, how will you indicate this on the Sick Young Infant Recording Form? *(Circle “low body temperature” and then “below 35.5° C” or “feels cool”)*

The facilitator states

- They must check the information at the top of the chart to see if the infant’s temperature has been taken
- Fever is uncommon in the first two months of life
- A young infant who has fever may have a serious bacterial infection, and fever may be the only sign

10 LOOK FOR SKIN PUSTULES

The facilitator asks

- What is the next step in CHECK FOR POSSIBLE BACTERIAL INFECTION? (*Desired response Look for skin pustules*)
- What are skin pustules? (*Desired response Red spots or blisters that contain pus*)

S/he states

- Health workers should examine the skin on the entire body of the young infant for skin pustules
- If pustules are present, the health worker should check to see if there are many pustules or if the pustules are severe
- The presence of many or severe pustules is the sign of a serious bacterial infection

S/he asks participants to look at the SICK YOUNG INFANT Recording Form

S/he states

- When ASSESSING a sick young infant, health workers should circle “pustules” if any are present, they circle “many” if there are many pustules, they circle “severe” if the pustules are severe

The facilitator next asks participants to open their Photograph Booklets and look at photographs 60, 61, and 62

FACILITATOR'S NOTE

Some participants may have difficulty orienting themselves to the photographs. Tell them that Photographs #60 and #61 show the umbilicus of two young infants

S/he asks

- What do you see in these three photographs? (*Desired responses*
 - ▶ *Photograph 60 Normal umbilicus in a newborn*
 - ▶ *Photograph 61 An umbilicus with redness extending to the skin of the abdomen*
 - ▶ *Photograph 62 Many skin pustules*)

The facilitator asks participants to look at Photographs #63, 64, and 65 in their Photograph Booklets

S/he asks participants to turn to page 5 of the Participant's Manual *Photographs* and asks the checking questions below

PHOTOGRAPHS
with answers

UMBILICUS			SKIN PUSTULES		
	Normal	Redness or draining pus	Redness extending to the skin of abdomen	Many	Severe
Photograph 63			✓		
Photograph 64	✓				
Photograph 65		✓ (pus)		✓	

- *What do you see in Photograph #63? (Desired response Redness around the umbilicus, the redness extends to the skin of the abdomen)*
- *What do you see in Photograph #64? (Desired response A normal umbilicus)*
- *What do you see in Photograph #65? (Desired response Pus draining from the umbilicus many skin pustules)*

The facilitator encourages discussion of the photographs so that participants understand how to recognize an infected umbilicus and skin pustules

11 LOOK TO SEE IF INFANT IS LETHARGIC OR UNCONSCIOUS

The facilitator asks

- What is the next step in CHECK FOR POSSIBLE BACTERIAL INFECTION? *(Desired response See if the young infant is lethargic or unconscious)*
- How does a lethargic young infant appear? *(Desired response S/he is not awake and alert when s/he should be, the infant may be drowsy and may not stay awake after a disturbance, s/he may not react to a loud sound)*

S/he states

- An infant who is NOT lethargic will wake up (even if s/he was asleep at the beginning of the assessment) and be fairly alert after being undressed, handled, and examined during the first ten steps of the assessment

S/he asks

- What is the difference between a lethargic infant and an unconscious infant? *(Desired response An unconscious young infant cannot be wakened at all S/he does not respond when touched or spoken to)*

12 LOOK AT INFANT'S MOVEMENTS

The facilitator asks

- What is the next step in CHECK FOR POSSIBLE BACTERIAL INFECTION? *(Desired response Look at the young infant's movements Are they less than normal?)*

S/he states

- Participants should assess whether the young infant's movements are less than normal

S/he asks

- How would you describe normal movements in an awake young infant? *(Desired response A young infant who is awake will normally move his arms or legs or turn his head several times in a minute if you watch him closely)*

S/he asks

- Is it likely that a lethargic or unconscious child will exhibit movements that are less than normal? (*Desired response Yes*)
- How would you describe an awake young infant whose movements are less than normal? (*Desired response The young infant does not move his arms or legs, s/he does not turn her head when you watch her closely*)

B Show VIDEO SEGMENT. HOW TO CHECK FOR POSSIBLE BACTERIAL INFECTION

FACILITATOR'S NOTE

Use IMCI Video #3+4 Segment 1 11 10 - 1 24 40 for HOW TO CHECK FOR POSSIBLE BACTERIAL INFECTION

The facilitator explains

- Participants will watch a video demonstration of a health worker assessing a sick young infant for POSSIBLE BACTERIAL INFECTION
- The video will show examples of some of the signs the participants have discussed

The facilitator shows Video Segment HOW TO CHECK FOR POSSIBLE BACTERIAL INFECTION (1 11 10 - 1 24 40), pausing as needed

S/he gives explanations and/or discusses the video to be sure the participants understand how to assess these signs

At the end of the video, s/he emphasizes the following important points

- It is particularly difficult to count breathing in a young infant because of irregular breathing Repeat any count which is 60 or more
- Grunting can be difficult to hear Many infants make occasional noises Grunting is regular, soft, short noises when breathing out (at the beginning of expiration)

If participants have difficulty understanding grunting, the facilitator demonstrates the sound of grunting

S/he states

- Health workers need to look very closely for nasal flaring because the nostrils of a young infant are small

The facilitator asks participants if they have questions about any of the steps in the CHECK FOR POSSIBLE BACTERIAL INFECTION process

If participants are not clear about HOW TO CHECK FOR POSSIBLE BACTERIAL INFECTION, the facilitator rewinds the video and shows the relevant portions again

V CLASSIFY THE SICK YOUNG INFANT for POSSIBLE BACTERIAL INFECTION

A Identify IMCI CLASSIFICATION

The facilitator asks

- In the IMCI process for children age 2 months up to 5 years, what does the health worker do after **ASSESSING** the sick child? (*Desired response S/he CLASSIFIES the sick child*)

S/he states

- As in the IMCI process for children age 2 months up to 5 years, it is necessary to **CLASSIFY** sick young infants after they are **ASSESSED**

S/he asks participants to locate the classifications for **POSSIBLE SERIOUS INFECTION** on page 22 of their IMCI Chart Booklets

S/he asks

- What are the classifications for **POSSIBLE BACTERIAL INFECTION**? (*Desired response POSSIBLE SERIOUS BACTERIAL INFECTION or LOCAL BACTERIAL INFECTION*)

The facilitator reads the signs for **POSSIBLE SERIOUS BACTERIAL INFECTION**

S/he emphasizes

- A young infant needs to have only one of the signs to be classified as **POSSIBLE SERIOUS BACTERIAL INFECTION**

B Practice CLASSIFY POSSIBLE BACTERIAL INFECTION

FACILITATOR'S NOTE

You will use the following three case studies throughout MANAGEMENT OF THE SICK YOUNG INFANT to evaluate participants' understanding of the steps in the process of managing the sick young infant

- In Activity 1 participants will classify Henri, Neera and Jenna for POSSIBLE BACTERIAL INFECTION
- In Activity 2, participants will classify Henri, Neera and Jenna for DIARRHOEA
- In Activity 3, participants will classify Henri, Neera and Jenna for FEEDING PROBLEMS and will check their immunization status
- In Activity 4, participants will identify appropriate treatments for Henri, Neera and Jenna

The facilitator asks participants to turn to page 6 of the Participant's Manual *Case Studies Henri Neera and Jenna*

CASE STUDIES Henri, Neera and Jenna

- 1 Read the Case Study Write the young infant's name, age, weight, temperature and problem on a Recording Form Tick (✓) "Initial Visit" (the young infants in this exercise are coming for an initial visit)
- 2 Write the child 's CLASSIFICATION for POSSIBLE BACTERIAL INFECTION on the Recording Form

Case Study 1 Henri

Henri is a 3-week-old infant His weight is 3.6 kg His axillary temperature is 36.5° C He is brought to the clinic because he is having difficulty breathing The health worker first checks the young infant for signs of possible bacterial infection His mother says that Henri has not had convulsions The health worker counts 74 breaths per minute He repeats the count The second count is 70 breaths per minute He finds that Henri has mild chest indrawing and nasal flaring He has no grunting The fontanelle does not bulge There is no pus in his ears, the umbilicus is normal, and there are no skin pustules Henri is calm and awake, and his movements are normal

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Henri Age 3 wks Weight 3.6 kg Temperature 36.5 C

ASK What are the infant's problems? difficulty breathing Initial Visit? Follow up visit?

ASSESS (Circle all signs present)**CLASSIFY**

ASSESS (Circle all signs present)	CLASSIFY
CHECK FOR POSSIBLE BACTERIAL INFECTION Has the infant had convulsions? <u>No</u> Count the breaths in one minute <u>74</u> breaths per minute Repeat if elevated <u>70</u> (Fast breathing?) Look for <u>severe chest indrawing</u> Look for <u>nasal flaring</u> Look and listen for grunting Look and feel for bulging fontanelle Look for pus draining from the ear Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin? Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)? Look for skin pustules Are there many or severe pustules? See if the young infant is lethargic or unconscious Look at young infant's movements Less than normal?	Possible Serious Bacterial Infection

1 Complete CASE STUDIES

The facilitator reads Case Study 1 Henri on page 6 aloud

S/he asks participants to

- CLASSIFY the child for POSSIBLE BACTERIAL INFECTION
- Be prepared to discuss their classification with the group

When participants have classified Case Study 1 Henri, s/he asks a volunteer participant to complete the Enlarged Sick Young Infant Recording Form for Henri

S/he asks

- Why did you CLASSIFY Henri this way?

The facilitator corrects the Enlarged Sick Young Infant Recording Form for Henri as necessary

S/he answers participants' questions as necessary

The facilitator asks participants to locate Case Study 2 Neera on page 7 of the Participant's Manual

Case Study 2 Neera

Neera is 6 weeks old Her weight is 4.2 kg Her axillary temperature measures 36.5° C Her mother brought her to the clinic because she has diarrhoea and seems very sick When the health worker asks the mother if Neera has had convulsions, she says no The health worker counts 50 breaths per minute Neera has severe chest indrawing and nasal flaring She is not grunting Her fontanelle is not bulging There is no pus draining from her ears and her umbilicus is not red or draining pus There are no pustules on her body Undressing Neera, speaking to her, shaking her arms and legs and picking her up do not wake her Neera is unconscious

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Neera Age 6 wks Weight 4.2 kg Temperature 36.5 C

ASK What are the infant's problems? diarrhoea, very sick Initial Visit? Follow-up visit?

ASSESS (Circle all signs present)

CLASSIFY

CHECK FOR POSSIBLE BACTERIAL INFECTION	CLASSIFY
Has the infant had convulsions? <u>No</u> Count the breaths in one minute <u>50</u> breaths per minute Repeat if elevated <u>Fast</u> breathing? Look for <u>severe chest indrawing</u> Look for <u>nasal flaring</u> Look and listen for grunting Look and feel for bulging fontanelle Look for pus draining from the ear Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin? Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)? Look for skin pustules Are there many or severe pustules? See if the young infant is lethargic or <u>unconscious</u> Look at young infant's movements <u>Less than normal?</u>	<p>Possible Serious Bacterial Infection</p>

The facilitator reads Case Study 2 aloud

When participants have classified Case Study 2, s/he asks a volunteer participant to complete the Enlarged Sick Young Infant Recording Form for Neera

The facilitator corrects the Enlarged Sick Young Infant Recording Form for Neera as necessary

S/he asks

- Why did you CLASSIFY Neera this way?

S/he clarifies participants' responses and answers their questions if necessary

The facilitator asks participants to locate Case Study 3 on page 8 of the Participant's Manual

Case Study 3 Jenna

Jenna is 7 weeks old. Her weight is 3 kg. Her axillary temperature is 36.4°C. Her mother has brought her because she has diarrhoea. The health worker first assesses her for signs of possible bacterial infection. Her mother says that she has not had convulsions. Her breathing rate is 58 per minute. She was sleeping in her mother's arms but awoke when her mother unwrapped her. She has slight chest indrawing, no nasal flaring and no grunting. Her fontanelle is not bulging. No pus is draining from her ears. Her umbilicus is not red or draining pus. She has a rash in the area of her diaper, but there are no pustules. She is crying and moving her arms and legs.

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Jenna Age 7 wks Weight 3 kg Temperature 36.4 C

ASK: What are the infant's problems? diarrhoea Initial Visit? Follow up visit?

ASSESS (Circle all signs present)**CLASSIFY****CHECK FOR POSSIBLE BACTERIAL INFECTION**

Has the infant had convulsions? No

Count the breaths in one minute 58 breaths per minute

Repeat if elevated _____ Fast breathing?

Look for severe chest indrawing

Look for nasal flaring

Look and listen for grunting

Look and feel for bulging fontanelle

Look for pus draining from the ear

Look at the umbilicus: Is it red or draining pus?

Does the redness extend to the skin?

Fever (temperature 37.5 C or above or feels hot) or

low body temperature (below 35.5 C or feels cool)?

Look for skin pustules: Are there many or severe pustules?

See if the young infant is lethargic or unconscious

Look at young infant's movements: Less than normal?

S/he reads Case Study 3 aloud

When participants have classified Case Study 3, s/he asks a volunteer participant to complete the Enlarged Sick Young Infant Recording Form for Jenna

The facilitator corrects the Enlarged Sick Young Infant Recording Form for Jenna as necessary

S/he asks

- Why did you CLASSIFY Jenna this way?

The facilitator corrects participants' responses as necessary

S/he asks participants what questions they have about assessing and classifying the sick young infant for POSSIBLE BACTERIAL INFECTION

S/he states

- The next step of MANAGEMENT OF THE SICK YOUNG INFANT is to assess and classify the sick young infant for DIARRHOEA

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

ACTIVITY 2

Assess and Classify the Sick Young Infant for DIARRHOEA

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Use the ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT chart to assess and classify the sick young infant for diarrhoea

TIME

45 minutes

MATERIALS

ASSESS, CLASSIFY, AND TREAT THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart
ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT Wall Chart
IMCI Chart Booklet
IMCI Photograph Booklet
Flipcharts #3 - #4
Participant's Manual, pages 9 - 11

ACTIVITY OUTLINE
Assess and Classify the Sick Young Infant for DIARRHOEA

<u>Content</u>	<u>Materials</u>
I Introduction	
A Review Session Objectives	Flipchart #3
II Build on What Participants Know and Do	
A Compare Differences between ASSESS Sick Young Infant and ASSESS Sick Child	
B Review Steps in ASSESS DIARRHOEA	
C Practice ASSESS Sunken Eyes and Skin Pinch	Flipchart #4 IMCI Photograph Booklet
III CLASSIFY Sick Young Infant for DIARRHOEA	
A Practice Classifying DIARRHOEA	
1 Complete Case Studies Henri, Neera, Jenna	Participant's Manual, pp 9 -11

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review SESSION OBJECTIVES

The facilitator posts *Flipchart #3 Session Objectives*

SESSION OBJECTIVES

By the end of this session, participants will be able to

- Use the ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT chart to assess and classify the sick young infant for DIARRHOEA

Sick Young Infant - Flipchart #3

The facilitator states

- By assessing for diarrhoea, a health worker can identify
 - ▶ The type of diarrhoea the young infant has,
 - ▶ Hydration status,
 - ▶ Proper treatment for the diarrhoea

II BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Compare DIFFERENCES BETWEEN ASSESS SICK YOUNG INFANT AND ASSESS SICK CHILD

The facilitator asks participants to come to the Wall Charts

S/he instructs

- Look at both Wall Charts
- Locate the boxes DOES THE YOUNG INFANT/CHILD HAVE DIARRHOEA? on both Wall Charts

S/he asks

- What are the differences between the diarrhoea sections of the ASSESS AND CLASSIFY THE SICK CHILD and the ASSESS, CLASSIFY, AND TREAT THE SICK YOUNG INFANT Wall Charts? *(Desired responses The sections are identical except for the fact that the Sick Young Infant Chart does not require the health worker to offer the child fluid and observe him/her drink)*

S/he states

- It is not necessary to offer the sick young infant fluid to drink because it is not possible to distinguish thirst from hunger in the sick young infant age 1 week to 2 months
- The process of assessing the sick young infant for diarrhoea is the same as the process participants learned earlier in the course for the sick child age 2 months up to 5 years
- This activity will review the steps in assessing for diarrhoea

B Review STEPS IN ASSESS DIARRHOEA

The facilitator asks participants to return to their seats and to locate the MANAGEMENT OF THE SICK YOUNG INFANT Recording Form on page 31 of their IMCI Chart Booklets

S/he asks

- What is the first step in assessing diarrhoea? *(Desired response Ask the caretaker if the young infant has diarrhoea)*
- What is the next question to ask the caretaker? *(Desired response Ask how long the young infant has had diarrhoea)*

S/he states

- On the line, you write the number of days the infant has had diarrhoea

S/he asks

- What is the next question to ask the caretaker? *(Desired response Ask the caretaker if there is blood in the stool)*

S/he states

- If the mother's answer is "yes," you then circle "blood in the stool"

S/he asks

- What is the next step? (*Desired response Look at the young infant's general condition*)
- What should you look for? (*Desired response See if the young infant is lethargic or unconscious , see whether the young infant is restless and irritable*)

S/he states

- You then circle "lethargic" or "unconscious" as necessary and circle "restless" and/or "irritable," if appropriate

S/he asks

- What is the next step? (*Desired response Look to see whether the young infant has sunken eyes*)

S/he states

- You circle "sunken eyes," if appropriate
- The same description of sunken eyes that was used for older infants is also used for the young infant

S/he asks

- What is the next step? (*Desired response Do a skin pinch on the young infant s abdomen and decide if the skin pinch goes back very slowly (more than 2 seconds) or slowly (less than two seconds)*)

S/he states

- You circle "Very slowly" or "slowly" on the Sick Young Infant Recording Form, as appropriate

C Practice ASSESS SUNKEN EYES and SKIN PINCH

The facilitator explains

- Participants will have the chance to identify sunken eyes and slow/very slow skin pinches by reviewing photographs they studied in a previous component

S/he posts *Flipchart #4 Photograph Exercise Identify Sunken Eyes and Skin Pinch*

PHOTOGRAPH EXERCISE IDENTIFY SUNKEN EYES AND SKIN PINCH

Photo #3 Sunken Eyes?	Yes
Photo #4 Sunken Eyes?	Yes
Photo #5 Sunken Eyes?	No
Photo #6 Sunken Eyes?	Yes
Photo #7 Skin Pinch	Very Slowly

Sick Young Infant - Flipchart #4

S/he asks participants to open their IMCI Photograph Booklet to page 1 and to look at Photograph #1

S/he asks

- Are the child's eyes sunken? (*Desired response Yes*)

S/he asks the health workers to look at Photograph #2

S/he asks

- Assume that this photograph was taken two seconds after performing a skin pinch Does the skin pinch go back slowly or very slowly? (*Desired response Very slowly*)

The facilitator instructs participants to look at Photographs #3 through 6

S/he asks

- Do the children in each Photographs #3, 4, 5, and 6 have sunken eyes?

S/he asks

- In Photograph #7, does the child's skin pinch goes back slowly or very slowly?

The facilitator corrects participants' responses as necessary

III CLASSIFY SICK YOUNG INFANT FOR DIARRHOEA

A Practice CLASSIFYING DIARRHOEA

The facilitator explains

- Participants will continue to use the case studies they began in the previous activity to ASSESS and CLASSIFY Henri, Neera and Jenna for DIARRHOEA

1 Complete Case Studies. Henri, Neera and Jenna

The facilitator asks participants to turn to page 9 of the Participant's Manual *Case Studies Henri, Neera, and Jenna*

CASE STUDIES Henri, Neera and Jenna

- 1 Read the first Case Study Write the young infant's name, age, weight, temperature and problem on a Recording Form Check Initial Visit (the young infants in this exercise are coming for an initial visit)
- 2 Write the child 's CLASSIFICATIONS on the Recording Form

Case Study 1 Henri

Henri is a 3-week-old infant His weight is 3.6 kg His axillary temperature is 36.5° C He is brought to the clinic because he is having difficulty breathing The health worker first checks the young infant for signs of possible bacterial infection His mother says that Henri has not had convulsions The health worker counts 74 breaths per minute He repeats the count The second count is 70 breaths per minute He finds that Henri has mild chest indrawing and nasal flaring He has no grunting The fontanelle does not bulge There is no pus in his ears, the umbilicus is normal, and there are no skin pustules Henri is calm and awake, and his movements are normal

The health worker asks the mother, "Does Henri have diarrhoea?" The mother responds, "No, he does not have diarrhoea "

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Henri Age 3 wks. Weight 3.6 kg Temperature 36.5 C

ASK What are the infant's problems? difficulty breathing Initial Visit? Follow-up visit?

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION</p> <p>Has the infant had convulsions? <u>No</u></p> <p>Count the breaths in one minute <u>74</u> breaths per minute Repeat if elevated <u>70</u> fast breathing?</p> <p>Look for severe chest indrawing</p> <p>Look for <u>nasal flaring</u></p> <p>Look and listen for grunting</p> <p>Look and feel for bulging fontanelle</p> <p>Look for pus draining from the ear</p> <p>Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin?</p> <p>Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)?</p> <p>Look for skin pustules Are there many or severe pustules?</p> <p>See if the young infant is lethargic or unconscious</p> <p>Look at young infant's movements Less than normal?</p>	<p>Possible Serious Bacterial Infection</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA?</p> <p>For how long? ___ Days</p> <p>Is there blood in the stool?</p> <p>Look at the child's general condition Is the infant Lethargic or unconscious? Restless and irritable? Look for sunken eyes Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?</p>	<p>Yes ___ No <input checked="" type="checkbox"/></p>

The facilitator reads page 9 (Case Study 1) aloud

S/he states

- Participants should ASSESS and CLASSIFY Henri for DIARRHOEA and write the CLASSIFICATION on the Recording Form for Henri

Once participants have completed the task, the facilitator asks

- What are Henri's classifications for DIARRHOEA? (*Desired response No classification for DIARRHOEA*)
- Why is this his classification?

S/he corrects participants' responses as necessary

S/he asks participants to turn to page 10 (Case Study 2) of the Participant's Manual

Case Study 2 Neera

Neera is 6 weeks old Her weight is 4.2 kg Her axillary temperature measures 36.5° C Her mother brought her to the clinic because she has diarrhoea and seems very sick When the health worker asks the mother if Neera has had convulsions, she says no The health worker counts 50 breaths per minute Neera has severe chest indrawing and nasal flaring She is not grunting Her fontanelle is not bulging There is no pus draining from her ears and her umbilicus is not red or draining pus There are no pustules on her body Undressing Neera, speaking to her, shaking her arms and legs and picking her up do not wake her Neera is unconscious

In response to the health worker's questions, the mother says that Neera has had diarrhoea for 1 week, and there is no blood in the stool The health worker finds that her eyes are sunken When the skin on her abdomen is pinched, it goes back very slowly

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Neera Age 6 wks. Weight 4.2 kg Temperature 36.5 C

ASK What are the infant's problems? diarrhoea, very sick Initial Visit? Follow up visit?

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION</p> <p>Has the infant had convulsions? <u>No</u></p>	<p>Count the breaths in one minute <u>50</u> breaths per minute Repeat if elevated Fast breathing?</p> <p>Look for <u>severe chest indrawing</u></p> <p>Look for <u>nasal flaring</u></p> <p>Look and listen for grunting</p> <p>Look and feel for bulging fontanelle</p> <p>Look for pus draining from the ear</p> <p>Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin?</p> <p>Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)?</p> <p>Look for skin pustules Are there many or severe pustules?</p> <p>See if the young infant is lethargic or <u>unconscious</u></p> <p>Look at young infant's movements <u>less than normal?</u></p>	<p>Possible Serious Bacterial Infection</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA?</p> <p>For how long? <u>7</u> Days</p> <p>Is there blood in the stool? <u>No</u></p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Look at the child's general condition Is the infant Lethargic or <u>unconscious</u>?</p> <p>Restless and irritable?</p> <p>Look for <u>sunken eyes</u></p> <p>Pinch the skin of the abdomen Does it go back <u>very slowly</u> (longer than 2 seconds)? Slowly?</p>	<p>Severe Dehydration</p>

The facilitator reads page 10 (Case Study 2) aloud

S/he asks

- What are Neera's classifications for DIARRHOEA? (*Desired response SEVERE DEHYDRATION*)
- Why did you classify her this way?

S/he corrects participants' responses as necessary

S/he asks participants to turn to page 11 (Case Study 3) of the Participant's Manual

Case Study 3 Jenna

Jenna is 7 weeks old Her weight is 3 kg Her axillary temperature is 36.4°C Her mother has brought her because she has diarrhoea The health worker first assesses her for signs of possible bacterial infection Her mother says that she has not had convulsions Her breathing rate is 58 per minute She was sleeping in her mother's arms but awoke when her mother unwrapped her She has slight chest indrawing, no nasal flaring and no grunting Her fontanelle is not bulging No pus is draining from her ears Her umbilicus is not red or draining pus She has a rash in the area of her diaper, but there are no pustules She is crying and moving her arms and legs

When the health worker asks the mother about Jenna's diarrhoea, the mother replies that it began 3 days ago, and there is blood in the stool Jenna is still crying She stopped once when her mother put her to the breast She began crying again when she stopped breastfeeding Her eyes look normal, not sunken When the skin of her abdomen is pinched, it goes back slowly

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Jenna Age 7 wks. Weight 3 kg Temperature 36.4 C

ASK What are the infant's problems? diarrhoea Initial Visit? Follow up-visit?

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION</p> <p>Has the infant had convulsions? <u>No</u></p> <p>Count the breaths in one minute <u>58</u> breaths per minute Repeat if elevated _____ Fast breathing?</p> <p>Look for severe chest indrawing</p> <p>Look for nasal flaring</p> <p>Look and listen for grunting</p> <p>Look and feel for bulging fontanelle</p> <p>Look for pus draining from the ear</p> <p>Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin?</p> <p>Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)?</p> <p>Look for skin pustules Are there many or severe pustules?</p> <p>See if the young infant is lethargic or unconscious</p> <p>Look at young infant's movements Less than normal?</p>	
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA?</p> <p>For how long? <u>3</u> Days</p> <p>Is there <u>blood in the stool?</u></p> <p>Look at the child's general condition Is the infant Lethargic or unconscious? <u>Restless and irritable?</u></p> <p>Look for sunken eyes</p> <p>Pinch the skin of the abdomen Does it go back <u>Very slowly</u> (longer than 2 seconds)? <u>Slowly?</u></p>	<p><u>Some Dehydration</u></p> <p><u>Dysentery</u></p>

The facilitator reads page 11 (Case Study 3) aloud

S/he asks

- What are Jenna's classifications for DIARRHOEA? (*Desired response SOME DEHYDRATION, DYSENTERY*)
- Why did you classify her this way?

S/he corrects participants' responses as necessary

S/he states

- The next step in MANAGEMENT OF THE SICK YOUNG INFANT is to check the sick young infant for FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING and check the infant's immunization status

**MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS
ACTIVITY 3**

**Check the Sick Young Infant for
FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING
& Check Infant's Immunization Status**

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Check the young infant for feeding problem or low weight or growth faltering
 - ▶ Determine if mother breastfeeds
 - ▶ Assess frequency and exclusivity of breastfeeding
 - ▶ Determine if food and drink other than breastmilk is being given
 - ▶ Determine what is used to give food and drink
 - ▶ Determine weight for age using growth monitoring chart
 - ▶ Assess breastfeeding
- Check the young infant's immunization status
 - ▶ Identify immunizations needed by infants age 1 week to 2 months
 - ▶ Determine which immunization(s) a young infant needs today

TIME 1 hour 45 minutes

MATERIALS Flipchart, markers, tape
ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT Wall Chart
IMCI Chart Booklet
IMCI Photograph Booklet
IMCI Video #3+4, VCR, monitor
Flipcharts #5 - #8
Participant's Manual, pages 12 - 19

FACILITATOR'S NOTE

Use IMCI Video #3+4 to show Video Segment 1 42 00 - 1 49 52 for Check for Feeding Problems or Low Weight

ACTIVITY OUTLINE
Check the Sick Young Infant for
FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING
& Check Infant's Immunization Status

<u>Content</u>	<u>Materials</u>
I Introduction	
A Review Session Objectives	Flipchart #5
II Find Out What Participants Know and Do	
A Check Current Knowledge	
B Check Current Practice	
III Build on What Participants Know and Do	
A Demonstrate CHECK FOR FEEDING PROBLEM AND CHECK IMMUNIZATION STATUS	VCR monitor, videotape Flipchart #6
B Compare IMCI Process to Current Practice	
C Review and Practice the Steps in Checking for FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING	IMCI Chart Booklets
1 Ask the Mother If There is Difficulty in Feeding	
2 Ask the Mother If the Infant Has Just Breastfed	
3 Ask the Mother if the Infant Receives Any Other Fluids or Foods	
4 Determine Young Infant's Weight For Age	
a Study WEIGHT FOR AGE Chart	IMCI Chart Booklet
b Calculate Infants' Ages in Months	IMCI Chart Booklet
c Practice Determining Low Weight for Age	Flipchart #7 IMCI Chart Booklet
5 Check for Growth Faltering	
a Define "Growth Faltering"	
D ASSESS Breastfeeding	
1 Identify When NOT to ASSESS Breastfeeding	Flipchart #8
2 Ask Mother If Infant Has Breastfed in Previous Hour	IMCI Recording Form
3 Look and See If Infant Is Able to Attach	
a Describe Good and Poor Attachment	ACTSYI Wall Chart
b Practice Identifying Good and Poor Attachment	Participant's Manual page 12 IMCI Photograph Booklets

(CONTINUED)

ACTIVITY OUTLINE
Check the Sick Young Infant for
FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING
& Check Infant's Immunization Status

<u>Content</u>	<u>Materials</u>
4 Look to See if the Infant is Suckling Effectively	
5 Look for Ulcers or White Patches in the Mouth (Thrush)	
IV CLASSIFY FEEDING PROBLEMS	
A Present Feeding Classifications through Case Studies	Participant's Manual, page 13
B Discuss and Correct Case Studies	
1 Henri	Participant's Manual, pp 14 - 15
2 Neera	Participant's Manual, pp 16 - 17
3 Jenna	Participant's Manual, pp 18 - 19
V Summarize ASSESS AND CLASSIFY THE SICK YOUNG INFANT	

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review SESSION OBJECTIVES

The facilitator asks participants to go to the ASSESS, CLASSIFY, AND TREAT THE SICK YOUNG INFANT Wall Chart at the front of the classroom

S/he instructs participants to look at the Wall Chart

S/he asks

- What is the next step in the IMCI process after a health worker assesses and classifies a young infant for diarrhoea? (*Desired response Then check for feeding problem or low weight or growth faltering*)

S/he asks participants to return to their seats S/he posts *Flipchart #5 Session Objectives* and reads it aloud

SESSION OBJECTIVES

By the end of this session, participants will be able to

- Check a young infant for feeding problem or low weight or growth faltering
- Check the young infant's immunization status

Sick Young Infant - Flipchart #5

The facilitator states

- These are the last steps in ASSESS and CLASSIFY a sick young infant

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Check CURRENT KNOWLEDGE

To assess what participants already know about feeding problems, low weight or growth faltering, and immunization in young infants, the facilitator asks

- Why is it important to assess young infants for feeding problems? (*Desired response Because adequate feeding is essential for growth and development Poor feeding during infancy can have lifelong effects*)

- What is the best way to feed a young infant? *(Desired response Breastfeed exclusively--no additional food, water, or other fluids)*
- Why is exclusive breastfeeding so good for young infants? *(Desired response It gives them the best nutrition and protection from disease possible)*
- Which immunization should a child receive before he is 14 days old? *(Desired response OPV 0 and BCG)*
- What happens if a child does not receive an immunization at the appropriate age? *(Desired response His risk of getting the disease increases)*

B Check CURRENT PRACTICE

To get an understanding of participants' current practice, the facilitator asks

- Do you check young infants for feeding problems in your clinics?
- If so, how do you check young infants for feeding problems in your clinic?
- How do you check young infants for low weight in your clinic?
- How do you check young infants' immunization status in your clinic?

S/he encourages all participants to respond to the questions

III BUILD ON WHAT PARTICIPANTS KNOW AND DO

A Demonstrate CHECK FOR FEEDING PROBLEM AND CHECK IMMUNIZATION STATUS

The facilitator states

- Participants will watch a video demonstration of the IMCI process used to CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

S/he posts *Flipchart #6 Video Demonstration*

VIDEO DEMONSTRATION

- How is the IMCI process in the video similar to what you currently do in your clinic?
- What surprised you about the IMCI process shown in the video?

Sick Young Infant - Flipchart #6

S/he states

- Participants will answer the questions on the flipchart after watching the video

S/he reads the questions on *Flipchart #6* aloud and states

- Participants should keep these questions in mind as they watch the video

The facilitator then shows Video Segment 1 42 00 - 1 49 52

B Compare IMCI PROCESS TO CURRENT PRACTICE

When the video segment has finished, the facilitator asks

- What is similar about the IMCI process used to CHECK FOR FEEDING PROBLEM OR LOW WEIGHT and what you currently do in your clinic?
- How is the IMCI process used to CHECK FOR FEEDING PROBLEM OR LOW WEIGHT different from what you currently do in your clinic?

The group discusses participants' responses

S/he states

- Checking for a feeding problem or low weight or growth faltering is an important step so that feeding can be improved before the infant develops a serious low weight problem

C Review and Practice THE STEPS IN CHECKING FOR FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING

The facilitator asks participants to locate the CHECK FOR FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING box on page 24 of their IMCI Chart Booklets

1 ASK THE MOTHER IF THERE IS DIFFICULTY IN FEEDING

The facilitators asks

- What is the first question a health worker asks a mother to check for feeding problem or low weight or growth faltering? (*Desired response Is there any difficulty feeding?*)

S/he states

- Any difficulty that the mother mentions is important Counseling may be necessary in order to help the mother deal with the problem
- Any infant who is not able to feed may have a serious infection and needs to be referred urgently

2 ASK THE MOTHER IF THE INFANT HAS JUST BREASTFEED

The facilitator asks

- What is the next question that a health worker asks? (*Desired response Is the infant breastfed?*)
- If the mother says yes, what does a health worker then ask? (*Desired response Then the health worker asks the mother how many times the infant has breastfed in the last twenty-four hours*)
- Do mothers always know how many times the infant has breastfed in the last twenty-four hours? (*Possible response No*)
- What questions can a health worker ask to help the mother determine how many times the infant has breastfed in the last twenty-four hours? (*Desired response There are many ways that a health worker can ask a mother to come up with an approximate number of times the infant has breastfed in the last 24 hours For example, s/he can ask*
 - ▶ *How many times has the infant breastfed since you got up this morning?*
 - ▶ *How many times did the infant breastfeed during the night?*

S/he states

- The young infant should be breastfed at least 8 times in 24 hours and as often as the infant wants, and as long as the infant wants at each feeding

3 ASK THE MOTHER IF THE INFANT RECEIVES ANY OTHER FLUIDS OR FOODS

The facilitator asks

- What is the next question a health worker asks? (*Desired response Does the young infant usually receive any other foods or drinks?*)

S/he states

- The health worker asks this in order to find out if the infant is exclusively breastfed or whether other fluids or supplemental foods are being given

S/he asks

- What does the health worker ask if the mother answers yes? (*Desired response If the mother replies yes, the health worker should ask how often other fluids or foods are given*)
- What is the next question the health worker asks? (*Desired response The health worker then asks the mother what she uses to feed the child*)

S/he states

- The mother's response helps the health worker find out if a bottle or cup is used in feeding

S/he asks participants to look at the MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS Recording Form on page 31 of their Chart Booklets

S/he asks them to locate the box THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT

S/he states

- The health worker writes what is used in feeding in the space next to the question, "What do you use to feed the child?"

4 DETERMINE YOUNG INFANT'S WEIGHT FOR AGE

The facilitator explains

- Health workers need to determine if the young infant's weight is within range for its age or low for its age
- In determining the young infant's weight for age, health workers should use the low weight for age line instead of the very low weight line used in determining weight for age of older children

a Study WEIGHT FOR AGE CHART

The facilitator asks participants to look at the Weight for Age Chart on the back cover of their IMCI Chart Booklets

S/he asks

- How many weight for age lines are on the WEIGHT FOR AGE CHART?
(Desired response There are 3 lines)
- Which line is the low weight for age line the top line, the middle line, or the bottom line?
(Desired response The middle line)
- Look at the age axis that goes from 1 to 12 Is that 1 to 12 weeks or 1 to 12 months?
(Desired response 1 to 12 months)

The facilitator states

- Young infants' ages are usually calculated in days or weeks, not months
- To use the chart for sick young infants, health workers must
 - ▶ Calculate each infant's approximate age in months
 - ▶ For example, a 2-week-old infant is approximately $\frac{1}{2}$ month old

b CALCULATE INFANTS' AGES IN MONTHS

S/he then drills participants

- Approximately how many months old is a 1-week-old infant? *(1/4 month)*
- Approximately how many months old is a 3-week-old infant? *(3/4 month)*

- Approximately how many months old is a 4-week-old infant? (1 month)
- Approximately how many months old is a 5-week-old infant? (1-1/4 month)
- Approximately how many months old is a 6-week-old infant? (1-1/2 month)
- Approximately how many months old is a 7-week-old infant? (1-3/4 month)
- Approximately how many months old is a 8-week-old infant? (2 months)

c. Practice DETERMINING LOW WEIGHT FOR AGE

S/he posts Flipchart #7 *Determine Low Weight for Age*

DETERMINE LOW WEIGHT FOR AGE (with answers)			
Child	Age	Weight	Low Weight for Age?
A Michael	14 days old	3.5 kg	(No)
B Nurit	8 days old	2 kg	(Yes)
C Imci	7 weeks old	3 kg	(Yes)
D Kamfwa	35 days old	3.25 kg	(No)

Sick Young Infant - 7

The facilitator explains

- Participants will use the *Weight for Age Chart* to determine if the four infants on the flipchart are low weight for age or not

S/he demonstrates how to determine if the first child, Michael, is low weight for age, emphasizing the following points

- Michael's age is 14 days 14 days = 2 weeks = 1/2 month
- Michael's weight is 3.5 kg 3.5 is halfway between 3 kg and 4 kg

S/he demonstrates how to plot Michael's information by starting at the 1/2 month point on the horizontal axis (halfway between 0 and 1) and drawing a vertical line up S/he then goes to the 3.5 kg point on the vertical axis and draws a horizontal line to the right

S/he explains

- The point where the two lines intersect is Michael's weight for age
- This point is well above the low weight for age line
- Michael is not low weight for age

The facilitator then asks volunteers to demonstrate how to determine if the remaining 3 children on *Flipchart #7* are low weight for age

After each volunteer has demonstrated the correct procedure and made the correct determination, the facilitator writes "Yes" or "No" in the Low Weight for Age? column on the flipchart

5 CHECK FOR GROWTH FALTERING

a Define "GROWTH FALTERING"

The facilitator asks

- What is growth faltering? (*Desired response Growth faltering is inadequate weight gain*)

S/he states

- To determine if a young infant has growth faltering, compare the weight of the infant now to the weight of the infant that was recorded one month or more previously
- If the weight has not increased as fast as the curves on the growth chart, then the infant has growth faltering

After asking participants if they have any questions, the facilitator states

- Participants have now come to the end of ASSESS FEEDING AND LOW WEIGHT FOR AGE OR GROWTH FALTERING

D ASSESS BREASTFEEDING

1 Identify WHEN NOT TO ASSESS BREASTFEEDING

The facilitator asks participants to look again at the THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING box on page 24 of their IMCI Chart Booklets

S/he asks

- How does a health worker decide whether or not to ASSESS BREASTFEEDING? (*Desired response If a sick young infant has difficulty breastfeeding, if the young infant is breastfeeding less than 8 times in 24 hours if the young infant is taking any other foods or drinks, or if s/he is low weight for age*)

S/he states

- Low weight for age is often due to low birth weight Low birth weight infants are likely to have a problem with breastfeeding because of their poor ability to suck

S/he asks

- When does a health worker not need to assess breastfeeding? (*Possible responses are*
 - ▶ *A young infant is exclusively breastfed without difficulty and there is not low weight for age*
 - ▶ *The young infant is not breastfed at all*
 - ▶ *The infant has a serious problem which requires urgent referral*

S/he states

- When any one of these three situations exists, feeding will be classified on the information which is already available

The facilitator shows *Flipchart #8 When Not to Assess Breastfeeding* and reads it aloud

S/he reinforces the responses that participants have already given

WHEN NOT TO ASSESS BREASTFEEDING

There are three situations when an assessment of breastfeeding is not needed

- 1 A young infant is exclusively breastfed without difficulty and there is not low weight for age
- 2 The young infant is not breastfed at all
- 3 The infant has a serious problem which requires urgent referral

When any one of these three situations exists, feeding will be classified on the information which is already available

Sick Young Infant - Flipchart #8

2 ASK THE MOTHER IF THE INFANT HAS BREASTFEED IN THE PREVIOUS HOUR

The facilitator asks participants to refer to the ASSESS BREASTFEEDING section of the INTEGRATED MANAGEMENT OF THE SICK YOUNG INFANT Recording Form on page 31 of their IMCI Chart Booklets

S/he asks

- What is the first question the health worker asks the mother to ASSESS BREASTFEEDING? (*Desired response The health worker asks the mother if the young infant has breastfed in the previous hour*)
- What does the health worker do if the infant has not fed in the previous hour? (*Desired response If the infant has not breastfed in the previous hour, the health worker asks the mother to put her infant to the breast*)

S/he states

- If it is not possible to watch the whole feed, the health worker should observe at least 4 minutes of the feed
- If the infant has just breastfed, the health worker should ask the mother to wait and tell him/her when the infant is ready to feed again
- In this case, the health worker should finish the assessment by assessing the infant's immunization status and also beginning any treatment that the infant needs

3 LOOK AND SEE IF INFANT IS ABLE TO ATTACH

a Describe GOOD AND POOR ATTACHMENT

The facilitator states

- Attachment is not an issue with older children but it needs to be looked at closely with the young infant up to two months of age

S/he asks

- What does the health worker look for while observing the breastfeed? (*Desired response The health worker looks to see if the infant is able to attach to the mother's breast*)

The facilitator asks participants to look at the attachment section of the ASSESS BREASTFEEDING box and answer the following question

- What are four signs that a health worker looks for to check attachment? (*Desired response Infant's chin is touching the breast, infant's mouth is wide open, infant's lower lip is turned outward more areola of the breast is visible above than below the infant's mouth*)
- The health worker ticks (✓) "Yes" or "No" on the four areas of the Recording Form to indicate if the infant is able to attach

S/he states

- Poor attachment is problematic for both mother and infant

S/he asks

- How does poor attachment affect the mother? (*Desired response Poor attachment may lead to pain and damage of the nipples and engorgement of the breasts if the child is not removing milk effectively, the mother may abandon breastfeeding or the mother's milk may dry up*)
- How does poor attachment affect the infant? (*Desired response The infant may not be able to remove the mother's milk effectively, as a result the infant may get too little milk and not gain weight*)
- What are some signs of poor attachment? (*Desired response Chin not touching breast, mouth not wide open, lips pushed forward, lower lip turned in, or more areola (or equal amount) visible below infant's mouth than above it*)

b Practice IDENTIFYING GOOD AND POOR ATTACHMENT

The facilitator asks participants to turn to page 12 of the Participant's Manual *Breast Attachment*

BREAST ATTACHMENT

(with answers)

*Study photographs 66 through 74 In each photograph, look for each of the **signs** of good attachment and mark on the chart whether each sign is present Also write your overall assessment of attachment and any comments about the attachment The first three are already done for you*

Photo	Signs of Good Attachment				Assessment	Comments
	Chin Touching Breast	Mouth Wide Open	Lower Lip Turned Outward	More Areola Showing Above		
66	yes (almost)	yes	yes	yes	Good attachment	
67	no	no	yes	no (same above and below)	Not well attached	
68	yes	no	no	yes	Not well attached	Lower lip turned in
69	no	no	no	no	Not well attached	cheeks pulled in
70	yes	yes	yes	cannot see	Good attachment	
71	no	no	yes	no (equal above and below)	Not well attached	
72	yes	yes	yes	yes	Good attachment	
73	yes (almost)	yes	yes	yes	Good attachment	
74	yes	no	no	no (more below)	Not well attached	lower lip turned in

S/he asks participants to open their Photograph Booklets to photographs 66-68

S/he states

- Look at Photographs #66, 67, and 68

S/he discusses each photograph and its corresponding information on page 12 of the Participant's Manual

S/he answers questions and clarifies understanding if necessary

S/he instructs participants to

- Look at photos 69-74 and complete the rest of page 12

When participants have finished this exercise, facilitator asks participants to volunteer their answers and discusses questions they might have, providing correct answers as necessary

4 LOOK TO SEE IF THE INFANT IS SUCKLING EFFECTIVELY

The facilitator asks

- What is the next step in ASSESS BREASTFEEDING? (*Desired response The health worker next looks to see if the infant is suckling effectively*)

S/he states

- The infant should take slow, deep sucks, sometimes pausing
- S/he should also try to listen to the infant swallowing and observe if the infant appears satisfied and releases the breast spontaneously
- An infant that is not suckling effectively takes rapid shallow sucks. The infant may not suck at all or it may start crying

5 LOOK FOR ULCERS OR WHITE PATCHES IN THE MOUTH (THRUSH)

The facilitator asks

- What is the next step in ASSESS BREASTFEEDING? (*Desired response Look for ulcers or white patches in the mouth (thrush)*)
- What does thrush look like? (*Desired response Ulcers or white patches in the mouth Thrush looks like milk curds on the inside of the cheek, or a thick white coating on the tongue*)
- How does thrush interfere with breastfeeding? (*Desired response It makes it difficult for an infant to suck or swallow breast milk*)

The facilitator asks participants to look at photographs 75 and 76 in their Photograph Booklets

S/he states

- Photographs #75 and 76 show examples of thrush

IV CLASSIFY FEEDING PROBLEMS

A Present FEEDING CLASSIFICATIONS THROUGH CASE STUDIES

FACILITATOR'S NOTE

You will discuss CLASSIFY FEEDING and THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS in this section

Use the *Case Studies Henri, Neera and Jenna* to check participants' understanding of how to use the Classification column of the INTEGRATED MANAGEMENT OF THE SICK YOUNG INFANT Chart

The facilitator asks participants to look at the Classify FEEDING box on page 24 and the IMMUNIZATION box on page 25 of their IMCI Chart Booklets

The co-facilitator circulates to make sure that participants are looking at the following boxes

<p>Not able to feed or No attachment at all or Not suckling at all</p>	<p>NOT ABLE TO FEED POSSIBLE SERIOUS BACTERIAL INFECTION</p>	<ul style="list-style-type: none"> ▶ <i>Give first dose of intramuscular antibiotics</i> ▶ <i>Treat to prevent low blood sugar</i> ▶ <i>Advise the mother how to keep the young infant warm on the way to the hospital</i> ▶ <i>Refer URGENTLY to hospital</i>
<p>Not well attached to breast or Not suckling effectively or Less than 8 breastfeeds in 24 hours or Receives other foods or drinks or Low weight for age or Growth faltering or Thrush (ulcers or white patches in mouth)</p>	<p>FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING</p>	<ul style="list-style-type: none"> ▶ Advise the mother to breastfeed as often and for as long as the infant wants day and night <li style="padding-left: 20px;">If not well attached or not suckling effectively teach correct positioning and attachment <li style="padding-left: 20px;">If breastfeeding less than 8 times in 24 hours advise to increase frequency of feeding ▶ If receiving other foods or drinks counsel mother about breastfeeding more reducing other foods or drinks and using a cup • If not breastfeeding at all <ul style="list-style-type: none"> Refer for breastfeeding counselling and possible relactation Advise about correctly prepared breastmilk substitutes and using a cup ▶ If thrush teach the mother to treat thrush at home ▶ Advise mother to give home care for the young infant ▶ Follow up any feeding problem or thrush in 2 days ▶ Follow up low weight for age in 14 days
<p>Not low weight for age and no other signs of inadequate feeding</p>	<p>NO FEEDING PROBLEM</p>	<ul style="list-style-type: none"> ▶ Advise mother to give home care for the young infant ▶ Praise the mother for feeding the infant well

THEN CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS

IMMUNIZATION SCHEDULE	AGE VACCINE	Birth BCG OPV-0	6 weeks DPT 1 OPV 1	10 weeks DPT 2 OPV 2
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The facilitator reads the boxes aloud, answering questions and providing clarification as necessary

S/he asks participants to turn to page 13 of the Participant's Manual *Feeding Problems* S/he reads it aloud

Sick Young Infant - 13

FEEDING PROBLEMS

NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION

- The young infant who is not able to feed has a life-threatening problem. This could be due to a bacterial infection or another sort of problem. The infant requires immediate attention.

FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING

- This classification includes infants who are low weight for age or growth faltering or infants who have some sign that their feeding needs improvement. They are likely to have more than one of these signs.

NO FEEDING PROBLEM

- A young infant in this classification is exclusively and frequently breastfed.
- "Not low" weight for age means that the infant's weight for age is not below the line for "Low Weight for Age" and his growth is not faltering.
- The infant does not necessarily have a normal or good weight for age, but the infant is not in the high risk category that we are most concerned with.

B Discuss and Correct CASE STUDIES

1 Henri

The facilitator asks participants to turn to page 14 of the Participant's Manual *Case Studies Henri, Neera, and Jenna* S/he reads the *Instructions* at the top of page 14 aloud

S/he asks participants to complete the Recording Form for Henri

Sick Young Infant - 65

The facilitator and co-facilitator circulate among participants, answering questions and providing assistance as necessary

CASE STUDIES HENRI, NEERA AND JENNA*Instructions*

This exercise will continue the 3 case studies that you began earlier in this component Refer to the MANAGEMENT OF THE SICK YOUNG INFANT Chart and the Weight for Age chart to complete Henri, Neera, and Jenna's Young Infant Recording Forms (that you used to ASSESS AND CLASSIFY POSSIBLE BACTERIAL INFECTION and DIARRHOEA)

For each case

- 1 *Read the description of the rest of the assessment of the infant Record the additional assessment results on the Recording Form*
- 2 *Use the Weight for Age chart to determine if the infant is low weight for age*
- 3 *Classify the infants' feeding Record classifications on the Recording Form*
- 4 *Check the infants' immunization status Record immunizations needed today*

Case Study 1 Henri

Henri's mother says that she has no difficulty feeding him He breastfeeds about 8 times in 24 hours She gives him no other foods or drinks The health worker uses the Weight for Age chart to determine if Henri's weight (3.6 kg) is low for his age (3 weeks)

When asked about immunizations, Henri's mother says that he was born at home and had no immunizations There are no other problems

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Henri Age 3 wks, Weight 3.6 kg Temperature 36.5 C

ASK What are the infant's problems? difficulty breathing Initial Visit? Follow up visit?

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION Has the infant had convulsions? <u>No</u> Count the breaths in one minute <u>74</u> breaths per minute Repeat if elevated <u>70</u> <u>fast breathing</u> Look for <u>severe chest indrawing</u> Look for <u>nasal flaring</u> Look and listen for grunting Look and feel for bulging fontanelle Look for pus draining from the ear Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin? Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)? Look for skin pustules Are there many or severe pustules? See if the young infant is lethargic or unconscious Look at young infant's movements Less than normal?</p>	<p>Possible Serious Bacterial Infection</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? For how long? ___ Days Is there blood in the stool? Look at the child's general condition Is the infant Lethargic or unconscious? Restless and irritable? Look for sunken eyes Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? Slowly?</p>	<p>Yes ___ No <input checked="" type="checkbox"/></p>
<p>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT Is there any difficulty feeding? Yes ___ No <input checked="" type="checkbox"/> Is the infant breastfed? Yes <input checked="" type="checkbox"/> No ___ If Yes how many times in 24 hours? <u>8</u> times Does the infant usually receive any other foods or drinks? Yes ___ No <input checked="" type="checkbox"/> If Yes how often? What do you use to feed the child?</p>	<p>Determine weight for age Low ___ Not Low <input checked="" type="checkbox"/> Check for Growth Faltering</p>
<p>If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital</p>	
<p>ASSESS BREASTFEEDING Has the infant breastfed in the previous hour? If infant has not fed in the previous hour ask the mother to put her infant to the breast Observe the breastfeed for 4 minutes Is the infant able to attach? To check attachment look for: Chin touching breast Yes ___ No ___ Mouth wide open Yes ___ No ___ Lower lip turned outward Yes ___ No ___ More areola above than below the mouth Yes ___ No ___ no attachment at all not well attached good attachment Is the infant suckling effectively (that is slow deep sucks Sometimes pausing)? no suckling at all not suckling effectively suckling effectively Look for ulcers or white patches in the mouth (thrush)</p>	<p>no feeding problem</p>
<p>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunizations needed today</p> <p><input checked="" type="checkbox"/> BCG <input type="checkbox"/> OPV 0 <input type="checkbox"/> DPT 1 <input type="checkbox"/> OPV 1 <input type="checkbox"/> DPT 2 <input type="checkbox"/> OPV 2</p>	
<p>Return for next immunization on <u>at 6 wks of age</u> (Date)</p>	

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

Do you have any health problems? Yes ___ No ___
 Do you want any help with family planning? Yes ___ No ___
 Did you bring your maternal health card? Yes ___ No ___
 May I please look at it? Yes ___ No ___

When participants have completed the Recording Form for Henri, facilitator asks

- How did you classify Henri? (*Desired response NO FEEDING PROBLEM*)
- Should the health worker assess Henri for breastfeeding? (*Desired response No*)
- Why or why not? (*Desired response Henri does not need to be assessed for breastfeeding because Henri breastfeeds 8 times in 24 hours, is not taking any other food or drinks, and is not low weight for age*)
- Which immunizations did Henri need today? (*Desired response BCG*)
- When should Henri return for his next immunization? (*Desired response At 6 weeks of age*)

2 Neera

The facilitator asks participants to turn to page 16 of the Participant's Manual *Case Study 2 Neera*

S/he asks participants to complete the Recording Form for Neera

The facilitator and co-facilitator circulate among participants, answering questions and providing assistance as necessary

Case Study 2 Neera

The health worker asks Neera's mother if she has difficulty feeding her. The mother says that there was no difficulty until Neera got sick, but now she is not feeding. She breastfed a little last night. This morning her mother repeatedly tried to breastfeed her, but Neera cannot feed, she just sleeps. She usually breastfeeds 8 times in 24 hours and takes no other drinks. The health worker checks her weight for age.

The health worker decides not to assess breastfeeding. Neera's mother says that she was born at home and has received no immunizations.

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Neera Age 6 wks Weight 4.2 kg Temperature 36.5 C

ASK What are the infant's problems? diarrhoea, very sick Initial Visit? Follow up visit?

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION</p> <p>Has the infant had convulsions? <u>No</u></p> <p>Count the breaths in one minute <u>50</u> breaths per minute Repeat if elevated Fast breathing?</p> <p>Look for <u>severe chest indrawing</u></p> <p>Look for <u>nasal flaring</u></p> <p>Look and listen for grunting</p> <p>Look and feel for bulging fontanelle</p> <p>Look for pus draining from the ear</p> <p>Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin?</p> <p>Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)?</p> <p>Look for skin pustules Are there many or severe pustules?</p> <p>See if the young infant is lethargic or <u>unconscious</u></p> <p>Look at young infant's movements <u>Less than normal?</u></p>	<p>Possible Serious Bacterial Infection</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>For how long? <u>3</u> Days</p> <p>Is there blood in the stool?</p> <p>Look at the child's general condition Is the infant Lethargic or <u>unconscious?</u></p> <p>Restless and irritable?</p> <p>Look for <u>sunken eyes</u></p> <p>Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty?</p> <p>Pinch the skin of the abdomen Does it go back <u>Very slowly</u> (longer than 2 seconds)? Slowly?</p>	<p>Severe Dehydration</p>
<p>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT</p> <p>Is there any difficulty feeding? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Is the infant breastfed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes how many times in 24 hours? <u>8</u> times</p> <p>Does the infant usually receive any other foods or drinks? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes how often?</p> <p>What do you use to feed the child?</p> <p>Determine weight for age Low <input type="checkbox"/> Not Low <input checked="" type="checkbox"/></p> <p>Check for Growth Faltering</p>	<p>Not able to feed-</p>
<p>If the infant has any difficulty feeding, is feeding less than 8 times in 24 hours, is taking any other food or drinks, or is low weight for age AND has no indications to refer urgently to hospital</p>	
<p>ASSESS BREASTFEEDING</p> <p>Has the infant breastfed in the previous hour?</p> <p>If infant has not fed in the previous hour ask the mother to put her infant to the breast Observe the breastfeed for 4 minutes</p> <p>Is the infant able to attach? To check attachment look for</p> <p>Chin touching breast Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Mouth wide open Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Lower lip turned outward Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>More areola above than below the mouth Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>no attachment at all not well attached good attachment</i></p> <p>Is the infant suckling effectively (that is slow deep sucks Sometimes pausing)?</p> <p><i>no suckling at all not suckling effectively suckling effectively</i></p> <p>Look for ulcers or white patches in the mouth (thrush)</p>	<p>Possible Serious Bacterial Infection</p>
<p>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunizations needed today</p> <p><u>BCG</u> OPV 0 <u>DPT 1</u> <u>OPV 1</u> DPT 2 OPV 2</p>	<p>Return for next immunization on <u>in 4 weeks</u> (Date)</p>

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

Do you have any health problems? Yes No

Do you want any help with family planning? Yes No

Did you bring your maternal health card? Yes No

May I please look at it? Yes No

When participants have completed the Recording Form for Neera, the facilitator asks

- How did you classify Neera for feeding problem? (*Desired response NOT ABLE TO FEED--POSSIBLE SERIOUS BACTERIAL INFECTION*)
- Why did the health worker decide not to assess Neera for breastfeeding? (*Desired response The health worker did not assess Neera and her mother for breastfeeding because she needs to be urgently referred to hospital*)
- Which immunizations does Neera need today? (*Desired response BCG, DPT 1 OPV 1*)
- Which immunizations should she receive today? (*Desired response None She is being urgently referred*)

The facilitator states

- IMCI helps health workers take advantage of every opportunity to immunize sick infants. A major contraindication is if a child needs urgent referral, as in the case of Neera. It is important, however, to indicate her immunization needs on her referral form so that the hospital staff will know which immunizations to consider giving Neera in the hospital.

3 Jenna

The facilitator asks participants to turn to page 18 of the Participant's Manual *Case Study 3 Jenna*

S/he asks participants to complete the Recording Form for Jenna

The facilitator and co-facilitator circulate among participants, answering questions and providing assistance as necessary

Case Study 3 Jenna

When asked, Jenna's mother says that Jenna usually feeds well. She breastfeeds 3 times a day. She also takes a bottle of breastmilk substitute 3 times a day. The health worker checks her weight for age.

The health worker decides to assess breastfeeding. Jenna has not fed in the previous hour. Her mother agrees to try to breastfeed now. The health worker observes that Jenna's chin is not touching the breast. Her mouth is not very wide open, and her lips are pushed forward. The same amount of areola is visible above and below the mouth. Her sucks are quick and are not deep. When Jenna stops breastfeeding, the health worker looks in her mouth. He sees no ulcers or white patches in her mouth.

Jenna's mother has an immunization card. It shows that Jenna received BCG and OPV 0 in the hospital. Her mother says that she has no other problems.

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Jenna Age 7 wks Weight 3 kg Temperature 36.4 C

ASK What are the infant's problems? diarrhoea Initial Visit? Follow up visit?

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION Has the infant had convulsions? <u>No</u> Count the breaths in one minute <u>58</u> breaths per minute Repeat if elevated _____ Fast breathing? Look for severe chest indrawing Look for nasal flaring Look and listen for grunting Look and feel for bulging fontanelle Look for pus draining from the ear Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin? Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)? Look for skin pustules Are there many or severe pustules? See if the young infant is lethargic or unconscious Look at young infant's movements Less than normal?</p>	
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? For how long? <u>3</u> Days Is there <u>blood in the stool?</u> Look at the child's general condition Is the infant Lethargic or unconscious? <u>Restless and irritable?</u> Look for sunken eyes Offer the child fluid Is the child Not able to drink or drinking poorly? Drinking eagerly thirsty? Pinch the skin of the abdomen Does it go back <u>Very slowly</u> (longer than 2 seconds)? <u>Slowly?</u></p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Some Dehydration Dysentery</p>
<p>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT Is there any difficulty feeding? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is the infant breastfed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes how many times in 24 hours? <u>3</u> times Does the infant usually receive any other foods or drinks? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes how often? <u>3 times per day - breastmilk substitute feeding bottle</u> What do you use to feed the child?</p>	
<p>If the infant has any difficulty feeding, is <u>feeding less than 8 times in 24 hours</u> <u>taking any other food or drinks</u> or is <u>low weight for age</u> AND has no indications to refer urgently to hospital</p> <p>ASSESS BREASTFEEDING Has the infant breastfed in the previous hour? If infant has not fed in the previous hour ask the mother to put her infant to the breast Observe the breastfeed for 4 minutes Is the infant able to attach? To check attachment look for Chin touching breast Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Mouth wide open Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Lower lip turned outward Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> More areola above than below the mouth Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> no attachment at all <u>not well attached</u> good attachment Is the infant suckling effectively (that is slow deep sucks Sometimes pausing)? no suckling at all <u>not suckling effectively</u> suckling effectively Look for ulcers or white patches in the mouth (thrush)</p>	<p>Feeding Problem and Low Weight</p>
<p>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunizations needed today <u>1st birth</u> <u>1st birth</u> BCG OPV 0 <u>DPT 1</u> <u>OPV 1</u> DPT 2 OPV 2</p>	<p>Return for next immunization on <u>in 4 weeks</u> (Date)</p>

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

Do you have any health problems? Yes No
 Do you want any help with family planning? Yes No
 Did you bring your maternal health card? Yes No
 May I please look at it? Yes No

When all of the participants have completed the Recording Form for Jenna, the facilitator asks

- Why did the health worker decide to assess Jenna's feeding? (*Desired response Because Jenna is feeding less than 8 times in 24 hours, is taking other food or drinks, and is low weight for age*)
- What did the health worker decide about Jenna's feeding? (*Desired response Jenna is not well attached and is not suckling effectively*)

S/he completes discussion of *Case Study Jenna* by reviewing the infant's immunization status

- Which immunizations should Jenna receive today? (*Desired response DPT 1 and OPV 1*)
- When should she return for her next immunization? (*Desired response In 4 weeks*)

V SUMMARIZE ASSESS AND CLASSIFY THE SICK YOUNG INFANT

The facilitator states

- Participants have completed the ASSESS AND CLASSIFY process for the MANAGEMENT OF THE SICK YOUNG INFANT
- It is important for health workers to assess any other problems mentioned by the mother or observed by the health worker and record them in the ASSESS OTHER PROBLEMS section of the form
- For these other problems, the health worker should refer to any guidelines on treatment of the problems
- If the health worker thinks the infant has a serious problem or does not know how to help the infant, the infant should be referred to hospital

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS
ACTIVITY 4
IDENTIFY APPROPRIATE TREATMENT

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Describe the purpose of IMCI treatments for sick young infants
- Determine if a young infant needs urgent referral
- Identify treatments for a young infant who does not need urgent referral
- Identify urgent pre-referral treatment needed
- Give urgent pre-referral treatments
- Refer the young infant

TIME 1 hour 40 minutes, not including optional Step VII C (2 hours 25 minutes, including this optional exercise)

MATERIALS Flipchart, markers, tape, scissors
IMCI Chart Booklet
ASSESS, CLASSIFY, AND TREAT SICK YOUNG INFANT Wall Chart
Enlarged Sick Young Infant Recording Form
Flipcharts #9 - #11
Participant's Manual, pages 15, 17, 19 - 22

FACILITATOR'S NOTE

The ASSESS, CLASSIFY, AND TREAT THE SICK YOUNG INFANT Wall Chart should be placed next to the ASSESS AND CLASSIFY THE SICK CHILD AGE 2 MONTHS UP TO 5 YEARS Wall Chart on the wall at the front of the classroom

**ACTIVITY OUTLINE
IDENTIFY APPROPRIATE TREATMENT**

Content	Materials
I Introduction	
A Review IDENTIFY TREATMENT Steps	
B Introduce Session Objectives	Flipchart #9
C Review IMCI Classifications for Sick Young Infants	IMCI Chart Booklet
II Assess How Participants Currently Treat Sick Young Infants	
III Build on What Participants Know and Do	
A Discuss Methods and Purposes of IMCI Treatments	Participant s Manual, pp 20 - 21
IV Determine if the Young Infant Needs Urgent Referral	
A Identify Classifications Requiring Urgent Referral	ACSC Wall Chart
B Compare Sick Young Infant Classifications Requiring Urgent Referral to Sick Child Classifications Requiring Urgent Referral	ACTSYI Wall Chart
C Discuss Severe Classifications Not Necessarily Requiring Urgent Referral	IMCI Chart Booklet
V IDENTIFY TREATMENT for a Young Infant Who Does Not Need Urgent Referral	
A Identify Steps in Treatment Process for Sick Young Infants Not Needing Urgent Referral	
B Identify Follow-Up Times for Specific Signs and Classifications	IMCI Chart Booklet
C Identify What To Do If the Infant Is Worse At Follow-Up Visit	
VI Identify Urgent Pre-Referral Treatment Needed	
A Identify Urgent Pre-Referral Treatments for the Sick Young Infant	Flipchart #10 IMCI Chart Booklet
VII Refer the Young Infant	
A Review Steps in Referral Process	
VIII Evaluation	
A Present Case Study Exercise	Flipchart #11, Participant's Manual, pp 15, 17 19
B Complete and Discuss Case Studies	Participant's Manual pp 15 17, 19
C Write a Referral Note (Optional)	Participant s Manual, page 22
D Conclude Activity	

ACTIVITY DESCRIPTION

I INTRODUCTION

A Review IDENTIFY TREATMENT STEPS

FACILITATOR'S NOTE

It is not essential that participants use the exact wording that is provided as *Desired Responses* to your questions below. Rather, the purpose of asking participants the questions is to check their understanding of the logical progression of steps health workers take to IDENTIFY TREATMENT.

The facilitator asks

- Based on what you learned earlier about the INTEGRATED MANAGEMENT THE SICK CHILD, what is the next step in the IMCI process? (*Desired response IDENTIFY TREATMENT*)

S/he states

- The IMCI process used to IDENTIFY TREATMENT for the sick young infant is exactly the same as the process used to IDENTIFY TREATMENT for the young child.

S/he asks

- Based on what you have already learned and practiced, what are the steps in IDENTIFY TREATMENT? (*Desired response 1) Determine if the Young Infant Needs Urgent Referral, 2) Identify Treatment for a Young Infant Who Does Not Need Urgent Referral, 3) Identify Urgent Pre-Referral Treatment Needed, 4) Give Urgent Pre-Referral Treatments, 5) Refer the Young Infant*)

B Introduce SESSION OBJECTIVES

The facilitator posts *Flipchart #9 Session Objectives* and reads it aloud

SESSION OBJECTIVES
<ul style="list-style-type: none">• Describe the purpose of IMCI treatments for sick young infants• Determine if the young infant needs urgent referral• IDENTIFY TREATMENT for a young infant who does not need urgent referral• Identify urgent pre-referral treatment needed• Give urgent pre-referral treatments• Refer the sick young infant
Sick Young Infant - 9

C Review IMCI CLASSIFICATIONS FOR SICK YOUNG INFANTS

As a review, the facilitator instructs participants to

- Look at the ASSESS AND CLASSIFY THE SICK YOUNG INFANT charts in the IMCI Chart Booklet
- Read the name of each sick young infant classification out loud

II **ASSESS HOW PARTICIPANTS CURRENTLY TREAT SICK YOUNG INFANTS**

To get a general sense of how participants currently treat young infants, the facilitator asks

- Before you came to this course, how did you treat young infants for bacterial infections?
- How did you treat young infants for dehydration?
- How did you treat young infants for feeding problems?

III **BUILD ON WHAT PARTICIPANTS KNOW AND DO**

A Discuss METHODS AND PURPOSES OF IMCI TREATMENTS

The facilitator asks participants to look at the TREATMENT box for POSSIBLE BACTERIAL INFECTION on page 22 of their Chart Booklets

S/he reads the box aloud

The co-facilitator circulates to make sure that participants are looking at the following box

CLASSIFY AS TREATMENT (Urgent pre referral treatments are in bold print)	
POSSIBLE SERIOUS BACTERIAL INFECTION	<ul style="list-style-type: none">▶ Give first dose of Intramuscular antibiotics▶ Treat to prevent low blood sugar▶ Advise mother how to keep the infant warm on the way to the hospital <p>Refer URGENTLY to hospital **</p>
LOCAL BACTERIAL INFECTION	<ul style="list-style-type: none">▶ Give an appropriate oral antibiotic▶ Teach the mother to treat local infections at homeAdvise mother to give home care for the young infant▶ Follow up in 2 days

S/he asks

- What is bold print? (*Desired response Bold print is darker than regular print*)
- Which TREATMENTS are in bold print? (*Desired response Urgent pre-referral treatments are in bold print Or, participants may read the actual treatments that are in bold print*)

The facilitator points to regular print and bold print on the Wall Chart to demonstrate the difference between the two prints

The facilitator asks participants to turn to page 20 of the Participant's Manual *IMCI Treatments for Sick Young Infants* S/he reads the section about CHECK FOR POSSIBLE BACTERIAL INFECTION aloud

IMCI TREATMENTS FOR SICK YOUNG INFANTS

CHECK FOR POSSIBLE BACTERIAL INFECTION

- *What do we know about POSSIBLE SERIOUS BACTERIAL INFECTION?*

POSSIBLE SERIOUS BACTERIAL INFECTION

A young infant with signs in this classification may have a serious disease and be at high risk of dying. The infant may have pneumonia, sepsis or meningitis. It is difficult to distinguish between these infections in a young infant. It is not necessary to make this decision.

A young infant with any sign of POSSIBLE SERIOUS BACTERIAL INFECTION needs urgent referral to hospital. Before referral, give a first dose of intramuscular antibiotics and treat to prevent low blood sugar. Malaria is unusual in infants of this age, so give no treatment for possible severe malaria.

Advising the mother to keep her sick young infant warm is very important. Young infants have difficulty maintaining their body temperature. Low temperature alone can kill young infants.

LOCAL BACTERIAL INFECTION

Young infants with this classification have an infected umbilicus or a skin infection.

Treatment includes giving an appropriate oral antibiotic at home for 5 days. The mother will also treat the local infection at home and give home care. She should return for follow-up in 2 days to be sure the infection is improving. Bacterial infections can progress rapidly in young infants.

DIARRHOEA

Diarrhoea in a young infant is classified and treated in the same way as in an older infant or sick child.

Note: There is only one possible classification for SEVERE PERSISTENT DIARRHOEA in a young infant. This is because any young infant who has persistent diarrhoea has suffered with diarrhoea a large part of his life and should be referred.

Note: Dysentery (blood in the stool) is a pink or severe classification in young infants. Any child younger than 2 months with blood in the stool should be referred to a hospital for further assessment and care.

The facilitator asks participants to look at the TREATMENT box for DIARRHOEA on page 23 of their IMCI Chart Booklets

S/he reads the box aloud

The co-facilitator circulates to make sure that participants are looking at the following box

SEVERE DEHYDRATION	<ul style="list-style-type: none"> ▶ If infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION Give fluid for severe dehydration (Plan C) <li style="text-align: center;">OR ▶ <i>If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION</i> <i>Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way</i> <i>Advise mother to continue breastfeeding</i>
SOME DEHYDRATION	<ul style="list-style-type: none"> ▶ Give fluid and food for some dehydration (Plan B) ▶ <i>If infant also has POSSIBLE SERIOUS BACTERIAL INFECTION</i> <i>Refer URGENTLY to hospital with mother giving frequent sips of ORS on the way</i> <i>Advise mother to continue breastfeeding</i>
NO DEHYDRATION	<ul style="list-style-type: none"> ▶ Give fluids to treat diarrhoea at home (Plan A)
SEVERE PERSISTENT DIARRHOEA	<ul style="list-style-type: none"> ▶ If the young infant is dehydrated treat dehydration before referral unless the infant has also POSSIBLE SERIOUS BACTERIAL INFECTION ▶ Refer to hospital
DYSENTERY	<ul style="list-style-type: none"> ▶ <i>Treat for 5 days with an oral antibiotic recommended for Shigella in your area</i> ▶ Follow up in 2 days

S/he asks

- What are the urgent pre-referral treatments for severe dehydration? (*Desired response If the infant does not have POSSIBLE SERIOUS BACTERIAL INFECTION, give Plan C*)

The facilitator asks participants to refer to the bottom of page 20 of the Participant's Manual

S/he reads the DIARRHOEA section on page 20 of the Participant's Manual aloud

The facilitator asks participants to look at the TREATMENT box for FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING on page 24 of their IMCI Chart Booklets

S/he reads the box aloud

The co-facilitator circulates to make sure that participants are looking at the following box

<p>NOT ABLE TO FEED POSSIBLE SERIOUS BACTERIAL INFECTION</p>	<ul style="list-style-type: none"> ▶ <i>Give first dose of Intramuscular antibiotics</i> ▶ <i>Treat to prevent low blood sugar</i> ▶ <i>Advise the mother how to keep the young infant warm on the way to the hospital</i> ▶ <i>Refer URGENTLY to hospital</i>
<p>FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING</p>	<ul style="list-style-type: none"> ▶ Advise the mother to breastfeed as often and for as long as the infant wants day and night <ul style="list-style-type: none"> If not well attached or not suckling effectively teach correct positioning and attachment If breastfeeding less than 8 times in 24 hours advise to increase frequency of feeding ▶ If receiving other foods or drinks counsel mother about breastfeeding more reducing other foods or drinks and using a cup <ul style="list-style-type: none"> If not breastfeeding at all <ul style="list-style-type: none"> Refer for breastfeeding counseling and possible relactation Advise about correctly prepared breastmilk substitutes and using a cup ▶ If thrush teach the mother to treat thrush at home ▶ Advise mother to give home care for the young infant. ▶ Follow up any feeding problem or thrush in 2 days ▶ Follow up low weight for age in 14 days
<p>NO FEEDING PROBLEM</p>	<ul style="list-style-type: none"> ▶ Advise mother to give home care for the young infant. ▶ Praise the mother for feeding the infant well

The facilitator asks participants to turn to page 21 of the Participant's Manual S/he reads it aloud and asks the appropriate checking questions

FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING

NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION

The young infant who is not able to feed has a life-threatening problem. This could be due to a bacterial infection or another type of problem. The infant requires immediate attention.

Treatment is the same as for the classification POSSIBLE SERIOUS BACTERIAL INFECTION. Refer the young infant urgently to hospital. Before departure give a first dose of intramuscular antibiotics. Also treat the infant to prevent low blood sugar by feeding breastmilk, other milk or sugar water.

FEEDING PROBLEM OR LOW WEIGHT OR GROWTH FALTERING

This classification includes infants who are low weight for age or growth faltering or infants who have some sign that their feeding needs improvement. They are likely to have more than one of these signs.

Advise the mother of any young infant in this classification to breastfeed as often and for as long as the infant wants, day and night. Short feeds are an important reason why an infant may not get enough breastmilk. The infant should breastfeed until he is finished. Teach each mother about any specific help her infant needs, such as better positioning and attachment for breastfeeding, or treating thrush. Also advise the mother how to give home care for the young infant.

- *What is thrush?*
- *What does thrush look like?*

An infant in this classification needs to return to the health worker for follow-up. The health worker will check that the feeding is improving and give additional advice as needed.

NO FEEDING PROBLEM

A young infant in this classification is exclusively and frequently breastfed. "Not low" weight for age means that the infant's weight for age is not below the line for "Low Weight for Age" and their growth is not faltering. The infant does not necessarily have a normal or good weight for age, but the infant is not in the high risk category that we are most concerned with.

The facilitator asks

- What questions do you have about the IMCI treatments for these classifications?

S/he answers questions and provides clarification as necessary

IV DETERMINE IF THE YOUNG INFANT NEEDS URGENT REFERRAL

A Identify CLASSIFICATIONS REQUIRING URGENT REFERRAL

The facilitator asks participants to

- Go to the ASSESS, CLASSIFY, AND TREAT THE SICK YOUNG INFANT Wall Chart
- Point to the classifications that require urgent referral to hospital

B Compare SICK YOUNG INFANT CLASSIFICATIONS REQUIRING URGENT REFERRAL TO SICK CHILD CLASSIFICATIONS REQUIRING URGENT REFERRAL

The facilitator asks participants to look at both Wall Charts

S/he states

- Locate these classifications POSSIBLE SERIOUS BACTERIAL INFECTION, SEVERE DEHYDRATION, SOME DEHYDRATION, AND SEVERE PERSISTENT DIARRHOEA, and NOT ABLE TO FEED - POSSIBLE SERIOUS BACTERIAL INFECTION

S/he asks

- When you compare the DIARRHOEA TREATMENTS for the sick young infant with the DIARRHOEA TREATMENTS for the sick child, what do you notice?
(Desired response The TREATMENT identified for SEVERE DEHYDRATION SOME DEHYDRATION, and SEVERE PERSISTENT DIARRHOEA is the same for the sick child as for the sick young infant)

While pointing to the Wall Chart, the facilitator asks

- Which CLASSIFICATIONS for sick young infants require urgent referral?
(Desired responses POSSIBLE SERIOUS BACTERIAL INFECTION, SEVERE DEHYDRATION)
- Note that SEVERE PERSISTENT DIARRHOEA and DYSENTERY should also be referred to the hospital, but not urgently unless the young infant also has POSSIBLE SERIOUS BACTERIAL INFECTION or NOT ABLE TO FEED

C Discuss SEVERE CLASSIFICATIONS NOT NECESSARILY REQUIRING URGENT REFERRAL

The facilitator asks

- If a sick young infant has SEVERE DEHYDRATION but does not have POSSIBLE SERIOUS BACTERIAL INFECTION, what treatment should he receive? (Desired response Give fluid for severe dehydration (Plan C))
- If a sick young infant has SOME DEHYDRATION but does not have POSSIBLE SERIOUS BACTERIAL INFECTION, what treatment should he receive? (Desired response Give fluid and food for some dehydration (Plan B))
- If a sick young infant has SEVERE PERSISTENT DIARRHOEA but does not have POSSIBLE SERIOUS BACTERIAL INFECTION, what treatment should he receive? (Desired response Treat dehydration before referral)
- If a sick young infant has DYSENTERY, what treatment should he receive? (Desired response Give first dose of antibiotic for dysentery before referral)

The facilitator states

- This information is the same as for the young child

S/he answers participants' questions and clarifies as necessary

V IDENTIFY TREATMENTS FOR A YOUNG INFANT WHO DOES NOT NEED URGENT REFERRAL

A Identify STEPS IN TREATMENT PROCESS FOR SICK YOUNG INFANTS NOT NEEDING URGENT REFERRAL

The facilitator states

- We have discussed how to determine if a sick young infant requires urgent referral

S/he asks

- If a sick young infant does not need referral, what should the health worker do? *(Desired response Identify and write the following information on the back of the INTEGRATED MANAGEMENT OF THE SICK YOUNG INFANT Recording Form treatments, advice to give the mother, when to return for a follow-up visit and when to return immediately)*

B Identify FOLLOW-UP TIMES FOR SPECIFIC SIGNS AND CLASSIFICATIONS

The facilitator states

- Follow-up visits are especially important for a young infant

S/he asks them to look at the ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT chart on page 28 of their IMCI Chart Booklets

The facilitator states

- This chart contains information they will record on the young infant's Recording Form

S/he asks

- According to the chart, when should a young infant who receives antibiotics for local bacterial infection return for follow-up? *(Desired response In 2 days)*
- According to the chart, when should a young infant who has a feeding problem or thrush return for follow-up? *(Desired response In 2 days)*
- According to the chart, when should a young infant with low weight for age return for follow-up? *(Desired response In 14 days)*

C Identify WHAT TO DO IF THE INFANT IS WORSE AT THE FOLLOW-UP VISIT

The facilitator states

- If you find at the follow-up visit that the infant is worse, you refer the infant to the hospital

VI IDENTIFY URGENT PRE-REFERRAL TREATMENT NEEDED

A Identify URGENT PRE-REFERRAL TREATMENTS FOR THE SICK YOUNG INFANT

The facilitator asks

- Before urgently referring a young infant to the hospital, what should the health worker do? (*Desired response Give all appropriate pre-referral treatments*)

S/he shows *Flipchart #10 Appropriate Pre-Referral Treatments*

APPROPRIATE PRE-REFERRAL TREATMENTS
(with answers)

- ✓ • Give first dose of intramuscular antibiotics
- Teach mother how to treat local infections at home
- ✓ • Give an appropriate oral antibiotic
- ✓ • Advise the mother how to keep the infant warm on the way to the hospital
- Teach correct positioning and attachment
- ✓ • Treat to prevent low blood sugar
- ✓ • Give frequent sips of ORS on way to hospital Advise mother to continue breastfeeding
- Counsel mother about breastfeeding more
- Give immunizations needed today

Sick Young Infant - Flipchart #10

The facilitator asks

- In your Chart Booklet, how do you know which treatments are urgent pre-referral treatments? (*Desired response They are in **bold print***)
- Which of the treatments on the flipchart are urgent pre-referral treatments? (*See (✓) on flipchart above for desired responses*)

S/he selects a participant to tick (✓) the urgent pre-referral treatments on *Flipchart #10*

S/he corrects participants' responses as necessary

VII REFER THE YOUNG INFANT

A Review STEPS IN REFERRAL PROCESS

The facilitator states

- Use the same procedures for referring a young infant to hospital as for referring an older infant or young child

S/he asks

- Based on what you learned previously about referring a sick child, what do you have to do to “refer the sick young infant”? (*Desired responses*
 - *Prepare a referral note*
 - *Explain to the mother the reason you are referring the infant*
 - *Give pre-referral treatment*
 - *Teach the mother anything she needs to do on the way, such as keeping the young infant warm, breastfeeding, and giving sips of ORS*
 - *Explain that young infants are particularly vulnerable and that the infant’s illness can best be treated at hospital)*

VIII EVALUATION

A Present CASE STUDY EXERCISE

The facilitator states

- Participants will have the opportunity to practice identifying treatment for sick young infants

S/he instructs

- Locate the INTEGRATED MANAGEMENT OF THE SICK YOUNG INFANT Recording Forms for Henri, Neera, and Jenna on pages 15, 17, and 19 of the Participant’s Manual that they completed in the last activity

The facilitator posts *Flipchart #11 Identify Treatment for Henri, Neera, and Jenna* and reads it aloud

IDENTIFY TREATMENT FOR HENRI, NEERA, AND JENNA

Look at the Sick Young Infant Recording Forms that you completed earlier for Henri, Neera, and Jenna. Study the front of each form, then fold over the classifications and list the treatments on the back. Be sure to

1. Review each infant's assessment results and classifications which you wrote on the Recording Form to remind you of the infant's condition.
2. Write all recommended treatments and advice to the mother on the back of the Recording Form.

Sick Young Infant - Flipchart #11

S/he states

- Participants are not required to write the names of the drugs or the dosages for the treatments that they identify. Drugs and dosages will be discussed in the next activity.
- They should leave enough space on the form to write them later.

B Complete and Discuss CASE STUDIES

The facilitator gives participants adequate time to complete the back of pages 15, 17, 19 of the Participant's Manual.

When participants have finished, the facilitator asks a participant to go to the enlarged Sick Young Infant Recording Form and write the recommended treatments and advice to Henri's mother on the back of the enlarged Sick Young Infant Recording Form.

S/he corrects as necessary.

S/he asks another participant to write the recommended treatments and advice for Neera's mother on the enlarged Sick Young Infant Recording Form

S/he corrects as necessary

NEERA

TREAT

Give first dose of intramuscular antibiotics

Prevent Low Blood Sugar

Advise mother how to keep infant warm on way

Refer urgently to hospital

Return for follow-up in _____

Give any immunizations needed today none given - urgent referral

S/he asks another participant to write the recommended treatments and advice for Jenna's mother on the enlarged Sick Young Infant Recording Form

S/he corrects as necessary

JENNA

TREAT

Give fluid/food - Plan B

Oral antibiotic for Shigella

Advise to breastfeed as often and as long
as infant wants

Teach correct positioning and attachment

Increase frequency of feeding

Reduce other foods/drinks

Use cup instead of bottle

Advise on home care

F/U feeding problem: 2 days

F/U low WFA: 14 days

Return for follow up in 2 days

Give any immunizations needed today DPT, OPV 1

The facilitator asks

- What questions do participants have about the treatments identified for Henri, Neera, and Jenna?

S/he answers all questions as needed

C Write a REFERRAL NOTE (Optional)

FACILITATOR'S NOTE

When correcting participants' referral notes, disregard any minor differences in format or wording. The most important purpose of this exercise is to make sure participants include pertinent information in a clear, organized way on the Referral Note.

The facilitator states that

- In the previous exercise, participants determined that Neera needs urgent referral to hospital.
- As a result, the health worker who assessed and classified Neera must write a referral note for her.

The facilitator asks participants to turn to page 22 of the Participant's Manual *Referral Note for Neera*. S/he reads it aloud.

S/he allows participants 10 minutes to complete the exercise.

REFERRAL NOTE FOR NEERA

Fill out the referral note below for Neera

INSTRUCTIONS

- 1 Use today's date and time
- 2 Refer Neera to University Teaching Hospital
- 3 The name of your health center is Health Center 4, Lusaka
- 4 Neera's first dose of intramuscular antibiotics was gentamicin-1.0 ml and benzylpenicillin-at 250 000 units/ml--8 ml
- 5 Neera was given sugar water by NG tube to prevent low blood sugar
- 6 Sign the note with your own name

Today's Date	Current Time
Urgent referral to University Teaching Hospital	
Neera, age 6 weeks	
Referred for: POSSIBLE SERIOUS BACTERIAL INFECTION SEVERE DEHYDRATION NOT ABLE TO FEED-POSSIBLE SERIOUS BACTERIAL INFECTION	
Treatment given at Health Center 4, Lusaka:	
First dose of intramuscular antibiotics:	
Gentamicin- 1.0 ml	
Benzylpenicillin- at 250 000 units/ml- 8 ml	
To prevent low blood sugar:	
Sugar water by NG tube	
Mother advised to keep infant warm on way to hospital	
Health Worker's Name	

The facilitator asks a participant to volunteer to write his/her referral note on blank flipchart

S/he corrects his/her referral note as necessary

The facilitator states

- Participants should compare their referral notes with the one on the flipchart
- Their referral note does not need to be written exactly as the referral note on the flipchart, but it does need to include the same important information

D Conclude ACTIVITY

The facilitator states

- The group has finished discussing the IDENTIFY TREATMENT process for the sick young infant

S/he asks

- Before practicing the skills they have reviewed or learned, what questions do they have about how to IDENTIFY TREATMENT for the sick young infant?

S/he answers questions as necessary

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS
ACTIVITY 5
TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 1

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Give the sick young infant an appropriate oral antibiotic
- Instruct the mother how to give an oral antibiotic at home
- Explain cases when certain antibiotics should not be used
- Give the sick young infant a first dose of intramuscular antibiotics
- Describe how to administer gentamicin and benzylpenicillin
- Treat the sick young infant with diarrhoea
- Explain special points to remember about giving diarrhoeal treatments to a young infant
- Immunize every sick young infant, as needed
- Teach the mother to treat local infections at home
- Advise the mother to give home care for the young infant
- Describe when follow-up visits are required
- Identify when the young infant should return immediately
- Read a completed Sick Young Infant Recording Form and identify which treatments and counseling are necessary

TIME 3 hours

MATERIALS Flipchart, markers, tape
IMCI Chart Booklet
ASSESS, CLASSIFY, AND TREAT SICK YOUNG INFANT Wall Chart
Enlarged Sick Young Infant Recording Form
Flipcharts #12 - 15
Participant's Manual, pages 15, 17, 19, 23 - 27

ACTIVITY OUTLINE
TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 1

Content	Materials
I Introduce the Session	
A Introduce the TREAT THE SICK YOUNG INFANT and COUNSEL THE MOTHER Steps in IMCI Process	
B Introduce Session Objectives	Flipchart #12
C Locate TREAT THE SICK YOUNG INFANT and COUNSEL THE MOTHER on Charts	IMCI Chart Booklet, ACTSYI Wall Chart
II Give an Appropriate Oral Antibiotic	
A Identify Classifications Requiring Treatment with an Appropriate Antibiotic	IMCI Chart Booklet ACTSYI Wall Chart
B Practice Reading the Give an Appropriate Antibiotic Chart	IMCI Chart Booklet, ACTSYI Wall Chart Flipchart #13
C Identify Appropriate Antibiotics and Doses for Sick Young Infants	
D Review How to Teach Mother to Give Oral Antibiotics at Home	Flipcharts #14 and #15 IMCI Chart Booklet
III Give First Dose of Intramuscular Antibiotics	
A Identify Classifications Requiring a First Dose of Intramuscular Antibiotics	IMCI Chart Booklet, ACTSYI Wall Chart
B Practice Using Give First Dose of Intramuscular Antibiotics Chart	IMCI Chart Booklet, ACTSYI Wall Chart
C Practice Specifying the Appropriate Antibiotics and Doses for Infants	Participant's Manual back of pp 15, 17, 19
IV Treat Diarrhoea	
A Introduce TO TREAT DIARRHOEA SEE THE TREAT THE CHILD CHART box	IMCI Chart Booklet ACTSYI Wall Chart
B Introduce Special Points to Remember about Young Infants	Participant's Manual page 23
V Immunize Every Sick Young Infant as Needed	
A Discuss Key Points in Immunizing Every Sick Young Infant as Needed	IMCI Chart Booklet, ACTSYI Wall Chart
VI Teach The Mother to Treat Local Infections at Home	
A State Which Local Infections Can Be Treated at Home	IMCI Chart Booklet, ACTSYI Wall Chart
B Review Treatment of Local Infections Information	IMCI Chart Booklet

(CONTINUED)

ACTIVITY OUTLINE
TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 1

Content	Materials
VII Advise Mother to Give Home Care to the Young Infant	
A Locate ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT Box on Chart	IMCI Chart Booklet, ACTSYI Wall Chart
B Present Steps in ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT	IMCI Chart Booklet, ACTSYI Wall Chart
C Check Understanding of Follow-Up Times and When to Return Immediately	IMCI Chart Booklet, ACTSYI Wall Chart
VIII Evaluation	
A Present Evaluation Exercise	Participant's Manual
B Complete and Correct Evaluation Exercise	pp 24 - 27
C Preview Next Activity	

ACTIVITY DESCRIPTION

I INTRODUCTION THE SESSION

A Introduce the TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER STEPS IN IMCI PROCESS

The facilitator states

- The next step is how to TREAT THE SICK YOUNG INFANT
- An important part of TREAT THE SICK YOUNG INFANT is the use of good counseling skills
- We will begin to discuss how to COUNSEL THE MOTHER of the sick young infant in this component

B Introduce SESSION OBJECTIVES

The facilitator posts *Flipchart #12 Session Objectives* and reads it aloud

SESSION OBJECTIVES	
•	Give the Sick Young Infant an Appropriate Oral Antibiotic
•	Instruct the Mother How to Give an Oral Antibiotic at Home
•	Give the Sick Young Infant a First Dose of Intramuscular Antibiotics
•	Treat the Sick Young Infant with DIARRHOEA
•	Immunize Every Sick Young Infant As Needed
•	Teach the Mother to Treat Local Infections at Home
•	Advise the Mother to Give Home Care for the Young Infant
•	Describe When Follow-Up Visits Are Required
•	Identify When the Young Infant Should Return Immediately

Sick Young Infant - Flipchart #12

C Locate TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER ON CHARTS

The facilitator instructs participants to open their IMCI Chart Booklets

S/he asks

- On what pages can you find information on how to TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER? (*Desired response Pages 26-28*)

S/he asks participants to come to the Wall Chart at the front of the classroom

S/he asks for a volunteer to point out the TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER section on the ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT Wall Chart

The facilitator makes sure all participants are able to see the sections that the volunteer points out

II GIVE AN APPROPRIATE ORAL ANTIBIOTIC

A Identify CLASSIFICATION REQUIRING TREATMENT WITH AN APPROPRIATE ANTIBIOTIC

The facilitator asks

- What is the first box in the TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER section of the Chart Booklet and the Wall Chart? (*Desired response GIVE AN APPROPRIATE ORAL ANTIBIOTIC*)
- Look back at the IDENTIFY TREATMENT column of the ASSESS, CLASSIFY AND TREAT THE SICK YOUNG INFANT chart Which classifications require that the infant receive an appropriate oral antibiotic? (*Desired response LOCAL BACTERIAL INFECTION and DYSENTERY*)

B Practice READING THE GIVE AN APPROPRIATE ANTIBIOTIC CHART

The facilitator asks

- Look at the GIVE AN APPROPRIATE ORAL ANTIBIOTIC chart This chart gives dosage instructions for which two antibiotics? (*Cotrimoxazole and amoxicillin*)
- The chart contains a special note about cotrimoxazole What does it say? (*Desired response Avoid cotrimoxazole in infants less than 1 month of age who are premature or jaundiced*)
- From your experience, why shouldn't cotrimoxazole be given to infants less than 1 month old who are premature and jaundiced? (*Desired response It can contribute to jaundice*)
- What antibiotic may be given to infants less than 1 month old with local bacterial infection who are premature and jaundiced INSTEAD of cotrimoxazole? (*Desired response Amoxicillin or benzylpenicillin*)
- What is the schedule for cotrimoxazole? (*Desired response 2 times daily for 5 days*)

- What is the schedule for amoxycillin? (*Desired response 3 times daily for 5 days*)
- How does a health worker determine the correct dose for a young infant? (*Desired response Based on the young infant's weight*)

C Identify APPROPRIATE ANTIBIOTICS AND DOSES FOR SICK YOUNG INFANTS

FACILITATOR'S NOTE

Ask participants to answer the problems on the flipchart. As each person answers, write his/her answer in the appropriate column on the flipchart. If a participant offers an incorrect answer, ask

- Did everyone choose the same drug/dose as (name of participant)? Did anyone choose anything different?

Only write correct responses on the flipchart

Make sure participants understand that either cotrimoxazole OR amoxycillin (not both) may be given to the sick young infant with POSSIBLE BACTERIAL INFECTION or DYSENTERY. With this in mind, be sure to write "or" where appropriate on the flipchart.

The facilitator posts *Flipchart #13 Appropriate Antibiotics and Doses*

APPROPRIATE ANTIBIOTICS AND DOSES				
<i>(with answers)</i>				
Young Infant	Special Considerations	Weight	APPROPRIATE ORAL ANTIBIOTIC Cotrimoxazole or Amoxycillin	
Bocar	none	1 kg	½ pediatric tablet or 1 25 ml syrup or 1 25 ml syrup	
Rose	1 week old jaundiced	2 kg	n/a	1 25 ml syrup
Ibrahim	none	3.5 kg	¼ adult tablet or 1 pediatric tablet or 2.5 ml syrup or 2.5 ml syrup	
Daniela	26 days old, premature	2 kg	n/a	1 25 ml syrup
Tito	none	3 kg	¼ adult tablet or 1 pediatric tablet or 2.5 ml syrup or 2.5 ml syrup	

Sick Young Infant - Flipchart #13

The facilitator states

- This flipchart contains information about sick young infants
- Read the information on the flipchart
- Then use the GIVE AN APPROPRIATE ORAL ANTIBIOTIC chart in your Chart Booklet to decide the appropriate antibiotics that can be given to each infant

S/he gives participants adequate time to determine the answers

S/he asks participants to tell their answers to the whole group

S/he writes participants' correct responses on the *Flipchart #13*

S/he answers questions and clarifies as necessary

D Review HOW TO TEACH MOTHER TO GIVE ORAL ANTIBIOTICS AT HOME

The facilitator states

- As participants learned in the TREAT THE CHILD component, it is important to teach the mother how to give oral antibiotics at home
- They should follow the steps on the TREAT THE CHILD chart for teaching the mother how to give an oral antibiotic at home

The facilitator posts *Flipchart #14 Steps for Teaching a Mother to Give Oral Drugs at Home*

STEPS FOR TEACHING A MOTHER TO GIVE ORAL DRUGS AT HOME

Sick Young Infant - Flipchart #14

S/he asks

- What are the steps for teaching a mother to give an oral antibiotic at home?

S/he records participants' answers on *Flipchart #14*

S/he asks

- What order should these steps be in?

The facilitator posts *Flipchart #15 Steps for Teaching a Mother to Give Oral Drugs at Home Answers*

S/he asks a participant to read the steps on *Flipchart #15*

**STEPS FOR TEACHING A MOTHER TO GIVE ORAL DRUGS AT HOME
ANSWERS**

- 1 Ask the caretaker how she has been treating the child
- 2 Tell the mother the reason for giving the drug to the child
- 3 Demonstrate how to measure a dose
- 4 Watch the mother practice measuring a dose by herself
- 5 Ask the mother to give the first dose to her child
- 6 Explain carefully how to give the drug, then label and package the drug
- 7 If more than one drug will be given, collect, count, and package each drug separately
- 8 Explain that all the oral drug tablets or syrups must be used to finish the course of the treatment, even if the child gets better
- 9 Check the mother's understanding before she leaves the clinic

Sick Young Infant - Flipchart #15

S/he reinforces correct responses on *Flipchart #14*

The facilitator states

- The steps on *Flipchart #15* can also be found in the TREAT THE CHILD section on page 8 of their IMCI Chart Booklets

III GIVE FIRST DOSE OF INTRAMUSCULAR ANTIBIOTICS

A Identify CLASSIFICATIONS REQUIRING A FIRST DOSE OF INTRAMUSCULAR ANTIBIOTICS

The facilitator asks

- What is the next box in the TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER section of your charts? (*Desired response GIVE FIRST DOSE OF INTRAMUSCULAR ANTIBIOTICS*)

- Look back at the TREATMENT column of the ASSESS, CLASSIFY, AND TREAT THE SICK YOUNG INFANT chart Which classifications require that the infant receive a first dose of intramuscular antibiotics? *(Desired response POSSIBLE SERIOUS BACTERIAL INFECTION)*

B Practice Using GIVE FIRST DOSE OF INTRAMUSCULAR ANTIBIOTICS CHART

The facilitator asks

- Look at the GIVE FIRST DOSE OF INTRAMUSCULAR ANTIBIOTICS chart This chart gives dosage instructions for which two antibiotics? *(Desired response gentamicin and benzylpenicillin)*
- What did we say earlier about benzylpenicillin? *(Desired response Benzylpenicillin may be given for local bacterial infection in infants less than 1 month of age who are premature or jaundiced)*
- According to the chart, should a young infant requiring a first dose of intramuscular antibiotics receive either gentamicin OR benzylpenicillin or gentamicin AND benzylpenicillin? *(Desired response The young infant should receive BOTH drugs)*

S/he states

- A young infant receives two intramuscular antibiotics because they are often infected with a broader range of bacteria than older infants The combination of gentamicin and penicillin is effective against this broader range of bacteria
- The chart shows that sometimes gentamycin comes in an “undiluted” form
- Other times, gentamycin comes in a form that requires you to add 6 ml of sterile water
- Read the label before using gentamycin
- When ready to use, the concentration should be 10 mg/ml

S/he asks

- How do you mix up benzylpenicillin?
- How many units are in a typical vial of benzylpenicillin? *(Desired response 1,000,000)*
- How much water should be mixed with the vial? *(Desired response Either 2 1 ml or 3 6 ml)*

- What if the vial contains more than 1,000,000 units or less than 1,000,000 units? Can you use this chart in your IMCI Chart Booklet? (*Desired response No*)
- There is a special note near the bottom of the chart that says “Avoid using undiluted 40 mg/ml gentamicin The dose is 1/4 of that listed ” What does this note mean? (*Desired response The recommended concentration of intramuscular gentamicin is 10 mg/ml The concentration in the note is 40 mg/ml Therefore, the correct, recommended concentration of 10 mg/ml is 1/4 of the concentration in the note*)

C Practice Specifying THE APPROPRIATE ANTIBIOTICS AND DOSES FOR INFANTS

The facilitator states

- Participants should locate the Sick Young Infant Recording Forms for Henri, Neera, and Jenna that they used in the previous activities on pages 15, 17, and 19 of the Participant’s Manual
- For each case, participants should
 - ▶ Review the infant's assessment results, classifications, and treatments that are written on each infant’s recording form
 - ▶ If the infant needs an antibiotic, write the name of the antibiotic that should be given and the dose and schedule
- They should refer to page 26 of the IMCI Chart Booklet as needed

When participants have finished, s/he asks a participant to write the appropriate antibiotics and doses for Henri on the back of the enlarged Sick Young Infant Recording Form

S/he reviews the appropriate antibiotics and doses with participants S/he corrects as necessary

The facilitator asks another participant to write the appropriate antibiotics and doses for Neera on the back of the enlarged Sick Young Infant Recording Form

S/he reviews the appropriate antibiotics and doses with participants S/he corrects as necessary

S/he asks another participant to write the appropriate antibiotics and doses for Jenna on the back of the enlarged Sick Young Infant Recording Form

S/he reviews the appropriate antibiotics and doses with participants S/he corrects as necessary

HENRI

TREAT

Give first dose intramuscular antibiotics
Gentamicin - 1.0 ml
Benzylpenicillin at 250 000 units/ml
0.8 ml
Treat to prevent low blood sugar - breastfeed

Advise how to keep infant warm on way
Refer urgently to hospital

Return for follow up in _____
Give any immunizations needed today None given - urgent referral

JENNA

TREAT

Give fluid/food - Plan B

Oral antibiotic for Shigella
Cotrimoxazole - 1 pediatric tablet
2 day x 5 days

Advise to breastfeed as often and as long
as infant wants

Teach correct positioning and attachment

Increase frequency of feeding

Reduce other foods/drinks

Use cup instead of bottle

Advise on home care

F/Up feeding problem: 2 days

F/Up low WFA: 14 days

Return for follow up in 2 days
Give any immunizations needed today DPT, OPV1

IV TREAT DIARRHOEA

A Introduce TO TREAT DIARRHOEA, SEE THE TREAT THE CHILD CHART BOX

The facilitator asks participants

- What is the next box in the TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER section of their charts? (*Desired response TO TREAT DIARRHOEA, SEE THE TREAT THE CHILD CHART*)

S/he states

- As stated in the TO TREAT DIARRHOEA, SEE THE TREAT THE CHILD CHART box, the information about how to treat diarrhoea in older infants and young children also applies to the young infant

B Introduce SPECIAL POINTS TO REMEMBER ABOUT YOUNG INFANTS

The facilitator states

- While participants have already studied Plans B and C in detail, there are some special points to remember about giving these treatments to a young infant

S/he asks participants to turn to page 23 of the Participant's Manual *Special Points to Remember*

SPECIAL POINTS TO REMEMBER

Write "T" for true or "F" for false beside each statement

PLAN A. TREAT DIARRHOEA AT HOME

- 1 T All infants who have diarrhoea need extra fluid to prevent dehydration and give nourishment
- 2 T Additional fluids that may be given to a young infant are ORS solution and clean water
- 3 T If an infant is exclusively breastfed, it is important not to introduce a food-based fluid
- 4 T If a young infant will be given ORS solution at home, the health worker should show the mother how much ORS to give the infant after each loose stool
- 5 T Remind the mother to stop giving ORS solution after the diarrhoea has stopped

PLAN B. TREAT SOME DEHYDRATION

- 6 T A young infant who has SOME DEHYDRATION needs ORS solution as described in Plan B
- 7 F During the first 4 hours of rehydration, the mother should give ORS and not breastfeed *(During the first 4 hours, the mother should pause to breastfeed the infant whenever the infant wants, then resume giving ORS)*
- 8 T Give a young infant who does not breastfeed an additional 100-200 ml clean water during the first 4 hours of rehydration

The facilitator states

- Participants should read each statement and decide if it is true or false
- They should refer to the IMCI Chart Booklet, if necessary, to answer the true/false questions

When participants have finished page 23, the facilitator asks participants to tell the whole group their answers

The facilitator corrects as necessary and answers any questions that arise

V IMMUNIZE EVERY SICK YOUNG INFANT AS NEEDED

A Discuss KEY POINTS IN IMMUNIZING EVERY SICK YOUNG INFANT AS NEEDED

The facilitator asks

- What is the next box in the TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER SECTION? (*Desired response IMMUNIZE EVERY SICK YOUNG INFANT, AS NEEDED*)

S/he states

- Participants learned all of the important points pertaining to immunizing sick young infants in the TREAT THE CHILD component

S/he asks

- What questions do participants have about immunizing every sick infant as needed?

S/he answers any questions participants have before continuing to the next part of the activity

VI TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME

A State WHICH LOCAL INFECTIONS CAN BE TREATED AT HOME

The facilitator asks

- What is the next box in the TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER section of your charts? (*Desired response TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME*)

S/he states

- Participants should look at the TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME box on page 27 of their Chart Booklets

S/he asks

- The box contains instructions for treating which three local infections at home? *(Desired response Skin pustules, umbilical infection, and thrush)*

B Review TREATMENT OF LOCAL INFECTIONS INFORMATION

The facilitator explains

- The treatment for skin pustules, umbilical infection, and thrush in young infants is the same as the treatment for mouth ulcers in an older infant or young child
- You already learned how to teach the mother the how to treat mouth ulcers in the TREAT THE CHILD component

S/he asks

- What is that treatment? *(Desired response Clean infected area and apply Gentian violet)*
- How is Gentian violet paint for thrush different than Gentian violet paint for skin pustules? *(Desired response It is half strength for thrush)*

As a review, the facilitator reads aloud the TEACH THE MOTHER TO TREAT LOCAL INFECTIONS AT HOME box

After reading the box aloud, the facilitator asks

- How many times a day is Gentian violet paint applied? *(Desired response Twice)*

S/he instructs

- Participants should write in their IMCI Chart Booklets that this treatment is given for 5 days

VII ADVISE THE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT

A Locate ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT BOX ON CHART

The facilitator asks

- What are the last two boxes in the TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER section on page 28 of your Chart Booklets? (*Desired response TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING and ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT*)

S/he states

- Discussion of the TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING box will take place in the next activity
- Instead, participants will discuss the ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT box right now

S/he states

- Participants should look at the ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT box on page 28 of their Chart Booklets

B Present STEPS IN ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT

The facilitator reads the ADVISE MOTHER TO GIVE HOME CARE FOR THE YOUNG INFANT box aloud

S/he states

- These are basic home care steps for ALL sick young infants
- Teach each mother these steps
- Emphasize that frequent breastfeeding will give the infant nourishment and help prevent dehydration
- Tell the mother when to return for a follow-up visit

S/he asks

- Look at the FOLLOW-UP VISIT chart Which classifications require a follow-up visit in 2 days? (*Desired response LOCAL BACTERIAL INFECTION DYSENTERY, ANY FEEDING PROBLEM, THRUSH*)
- Which classifications require a follow-up visit in 14 days? (*Desired response LOW WEIGHT FOR AGE OR GROWTH FALTERING*)

S/he states

- Also teach the mother when to return immediately
- Use the mother's card to explain the signs and help her to remember them Ask her checking questions to be sure she knows when to return immediately
- Make sure that keeping a sick young infant warm (but not too warm) is very important Low temperature alone can kill young infants

C Check UNDERSTANDING OF FOLLOW-UP TIMES AND WHEN TO RETURN IMMEDIATELY

The facilitator states

- S/he will ask participants some questions about follow-up visits and when to return immediately
- Participants may refer to the ADVISE MOTHER WHEN TO GIVE HOME CARE FOR THE YOUNG INFANT box as needed

S/he asks

- If a young infant has LOCAL BACTERIAL INFECTION and LOW WEIGHT FOR AGE, when should he return for a follow-up visit? (*Desired response 2 days*)
- If a young infant with LOCAL BACTERIAL INFECTION develops a fever, when should he return to the clinic? (*Desired response Immediately*)
- If a child with LOW WEIGHT FOR AGE gains a good deal of weight in the week following his initial visit, should he return for follow-up? (*Desired response Yes in 14 days*)

VIII EVALUATION

A Present EVALUATION EXERCISE

The facilitator states

- The purpose of the next exercise is to review all that participants have learned about treating the sick young infant

S/he asks participants to turn to pages 24 - 25 of the Participant's Manual *Review*

S/he states

- These pages contain a Sick Young Infant Recording Form for an infant named Sashie and some questions about how the health worker should treat Sashie

The facilitator reads the instructions on page 24 of the Participant's Manual

REVIEW

In this exercise you will review the steps of some treatments for sick young infants

Look at the Sick Young Infant Recording Form for Sashie

For each case

- 1 Review the infant's assessment findings and classifications*
- 2 Record the infant's treatments needed*
- 3 Answer the additional questions about treating each case*
- 4 Refer to the YOUNG INFANT chart as needed*

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

Child's Name Sashi Age 5 wks. Weight 4 kg Temperature 37 C

ASK What are the infant's problems? rash, diarrhoea Initial Visit? Follow up visit?

ASSESS (Circle all signs present)

CLASSIFY

<p>CHECK FOR POSSIBLE BACTERIAL INFECTION Has the infant had convulsions? _____</p> <p>Count the breaths in one minute <u>56</u> breaths per minute Repeat if elevated _____ Fast breathing?</p> <p>Look for severe chest indrawing Look for nasal flaring Look and listen for grunting Look and feel for bulging fontanelle Look for pus draining from the ear Look at the umbilicus Is it red or draining pus? Does the redness extend to the skin? Fever (temperature 37.5 C or above or feels hot) or low body temperature (below 35.5 C or feels cool)? Look for <u>skin pustules</u> Are there many or severe pustules? See if the young infant is lethargic or unconscious Look at young infant's movements Less than normal?</p>	<p>Local Bacterial Infection</p>
<p>DOES THE YOUNG INFANT HAVE DIARRHOEA? For how long? <u>3</u> Days Is there blood in the stool? _____</p> <p>Look at the child's general condition Is the infant Lethargic or unconscious? <u>Restless and irritable</u> Look for sunken eyes Pinch the skin of the abdomen Does it go back Very slowly (longer than 2 seconds)? <u>Slowly?</u></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Some Dehydration</p>
<p>THEN CHECK FOR FEEDING PROBLEM OR LOW WEIGHT Is there any difficulty feeding? Yes ___ No <input checked="" type="checkbox"/> Is the infant breastfed? Yes <input checked="" type="checkbox"/> No ___ If Yes how many times in 24 hours? <u>3</u> times Does the infant usually receive any other foods or drinks? Yes <input checked="" type="checkbox"/> No ___ If Yes how often? <u>3 times per day - breastmilk substitute feeding bottle</u> What do you use to feed the child?</p> <p>Determine weight for age Low <input checked="" type="checkbox"/> Not Low ___ Check for Growth Faltering</p> <hr/> <p>If the infant has any difficulty feeding, is <u>feeding less than 8 times in 24 hours</u>, <u>taking any other food or drinks</u> or is <u>low weight for age</u> AND has no indications to refer urgently to hospital</p> <p>ASSESS BREASTFEEDING Has the infant breastfed in the previous hour? _____</p> <p>If infant has not fed in the previous hour ask the mother to put her infant to the breast Observe the breastfeed for 4 minutes</p> <p>Is the infant able to attach? To check attachment look for</p> <p>Chin touching breast Yes ___ No <input checked="" type="checkbox"/> Mouth wide open Yes ___ No <input checked="" type="checkbox"/> Lower lip turned outward Yes ___ No <input checked="" type="checkbox"/> More areola above than below the mouth Yes ___ No <input checked="" type="checkbox"/></p> <p>no attachment at all <u>not well attached</u> good attachment</p> <p>Is the infant sucking effectively (that is slow deep sucks Sometimes pausing)?</p> <p>no sucking at all <u>not sucking effectively</u> sucking effectively</p> <p>Look for ulcers or white patches in the mouth (thrush)</p>	<p>Feeding Problem and Low Weight</p>
<p>CHECK THE YOUNG INFANT'S IMMUNIZATION STATUS Circle immunizations needed today</p> <p><input checked="" type="checkbox"/> BCG <input checked="" type="checkbox"/> OPV 0 DPT 1 OPV 1 DPT 2 OPV 2 <u>at birth at birth</u></p>	<p>Return for next immunization on <u>at 6 weeks of age</u> (Date)</p>

ASSESS THE CHILD'S OTHER PROBLEMS

ASSESS THE MOTHER'S HEALTH NEEDS

Do you have any health problems? Yes ___ No
Do you want any help with family planning? Yes ___ No
Did you bring your maternal health card? Yes ___ No
May I please look at it? Yes ___ No ___

TREAT

Give oral antibiotic - Cotrimoxazole
1 pediatric tablet 2 times/day x 5 days
Teach mother to treat local infection
Advise on home care for young infant
F/Up: 2 days

Give fluid and food for Some Dehydration (Plan B)

Advise to breastfeed as often and as long
as infant wants

Teach correct positioning + attachment

Increase frequency of feeding

Reduce other foods and drinks

Use cup instead of bottle

Advise on home care

F/Up feeding problem: 2 days

F/Up low WFA: 14 days

Return for follow-up in 2 days

Give any immunizations needed today None

When the participants have completed the treatments needed for Sashie, the facilitator asks a participant to write Sashie's treatments needed on the back of the enlarged Sick Young Infant Recording Form

S/he corrects as necessary

The facilitator asks participants to turn to page 26 of the Participant's Manual *Sashie* S/he instructs participants to answer the questions about Sashie

SASHIE

- 1 In addition to treatment with antibiotics, Sashie needs treatment at home for her local infection, that is, the pustules on her buttocks. List below the steps that her mother should take to treat the skin pustules at home

(Wash hands)

(Gently wash off pus and crusts with soap and water)

(Dry the area)

(Paint with gentian violet for 5 days)

(Wash hands)

- 2 How often should her mother treat the skin pustules?

(Twice each day)

- 3 Sashie also needs "home care for the young infant." What are the 3 main points to advise the mother about home care?

(Food/Fluids Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health)

(When to return)

(Make sure the young infant stays warm at all times)

- 4 What would you tell Sashie's mother about when to return?

(Return in 2 days for follow-up (to be sure the skin pustules are improving))

*(Return **immediately** if Sashie becomes sicker, develops a fever, breathing becomes fast or difficult)*

- 5 In addition to treatment with antibiotics, Sashie needs treatment for SOME DEHYDRATION according to Plan B How much ORS should Sashie be given for the first 4 hours of treatment?

(In clinic, during the first 4 hours, Sashie should be given approximately 200 ml of ORS)

Should she receive any other fluids during the 4-hour period? If so, what fluids?

(Her mother should continue breastfeeding her during the 4-hour period)

- 6 While giving ORS, the several mothers in the ORT corner were taught how to mix ORS After 4 hours of treatment, Sashie is reassessed She is calm A skin pinch goes back immediately The health worker classifies her as having NO DEHYDRATION and selects Plan A to continue her treatment

The health worker tells the mother that during diarrhoea, Sashie will need extra fluids She explains that the best way to give an infant extra fluids is to breastfeed frequently and for longer at each feed The health worker also gives her mother 2 packets of ORS to give to Sashie at home

What else should the health worker tell the mother about giving ORS at home?

(The health worker should tell the mother After each loose stool, offer a breastfeed Then offer about 50 ml ORS (show her how much fluid this is) Give frequent small sips from a cup If she vomits, wait 10 minutes Then continue, but more slowly Continue giving extra fluid until the diarrhoea stops)

B Complete and Correct EVALUATION EXERCISE

The facilitator allows adequate time for participants to complete the questions about Sashie

The facilitator and co-facilitator circulate around the room, checking with participants to see if they have any questions

When participants have finished the exercise facilitator asks volunteers to

- Read their answers to the questions about Sashie

The facilitator and participants discuss participants' answers

The facilitator presents correct answers as necessary

After completing the exercise, s/he ask

- What questions do participants have about TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER 1?

The facilitator answer questions as necessary

C Preview NEXT ACTIVITY

The facilitator states

- In the next activity, we will discuss how to COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS and TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING

MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS

ACTIVITY 6 TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 2

LEARNING OBJECTIVES

By the end of this session, participants will be able to

- Identify common situations that warrant counseling about feeding problems
- Give mothers relevant advice about how to correct feeding problems, such as
 - Gradually changing back to more or exclusive breastfeeding
 - Preparing breastmilk substitutes
 - Using a cup instead of a bottle to feed the young infant
 - Feeding the young infant well during illness
- Give the mother recommended advice about difficulty in breastfeeding
- Identify reasons for poor attachment and ineffective suckling
- Show the mother correct positioning and attachment for breastfeeding
- Counsel the mother about other feeding problems
- Counsel the mother about her own health

TIME 1 hour 30 minutes, not including optional Step III and Step IV B exercises (1 hour 50 minutes including optional exercises)

MATERIALS Flipchart, markers, tape
IMCI Chart Booklet
ASSESS, CLASSIFY AND TREAT SICK YOUNG INFANT Wall Chart
Enlarged Sick Young Infant Recording Form
IMCI Photograph Booklet
COUNSEL THE MOTHER Chart
IMCI Video #3+4, VCR, monitor
Flipcharts #16 - #18
Participant's Manual, page 28 - 33
Facilitator's Aids Cards/Positioning

FACILITATOR'S NOTE

Cue IMCI Video #3+4 to Segment 1 51 30 - 1 57 18 for Teach Correct Positioning and Attachment for Breastfeeding

ACTIVITY OUTLINE
TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER 2

Content	Materials
I Introduce Session	
A Preview Remaining Content in TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER	
B Introduce Session Objectives	Flipchart #16
II Find Out What Participants Know and Do	
A Determine Participants' Experience Counseling the Mother about Feeding Problems	
III Present IMCI Advice about Feeding Problems (Optional)	Participant's Manual pp 28 - 30
IV Situations That Warrant Counseling About Breastfeeding	
A Identify Reasons for Poor Attachment and Ineffective Suckling	
V Role of Positioning in Counseling about Positioning and Attachment	
A Explain Importance of Good Positioning	
B Identify Signs of Good Positioning	Facilitator's Aid Cards/ Positioning, Flipchart #17 Flipchart #18, Participant's Manual, page 31
VI Counsel to Improve Positioning	
A Identify How to Teach Correct Positioning and Attachment for Breastfeeding	Participant's Manual, page 32 IMCI Chart Booklet
B Observe a Health Worker	IMCI Video #3+4
VII COUNSEL THE MOTHER ABOUT HER OWN HEALTH	
A Present Topic	Enlarged Sick Young Infant Recording Form
B Identify how to COUNSEL THE MOTHER ABOUT HER OWN HEALTH	COUNSEL THE MOTHER Chart
VIII Evaluation	
A Evaluate Ability to Identify Good/Poor Positioning and Attachment	Participant's Manual page 33 IMCI Photograph Booklet
B Review Important Points of Advice for Mothers of Infants (Optional)	IMCI Chart Booklet Wall Charts

ACTIVITY DESCRIPTION

I INTRODUCTION

A Preview REMAINING CONTENT IN TREAT THE YOUNG INFANT AND COUNSEL THE MOTHER

The facilitator states

- In the previous session, participants learned how to TREAT THE YOUNG INFANT
- They also discussed some situations in which health workers need to counsel the mothers of young infants

S/he asks

- In what situations would you counsel the caretaker with a sick young infant?
(Desired response Teach the mother to give antibiotics at home to measure a single dose at home, to treat local infections at home, when to return for follow-up, when to return immediately, to give home care for the young infant)

S/he states

- Participants will now complete the TREAT THE SICK YOUNG INFANT AND COUNSEL THE MOTHER section of INTEGRATED MANAGEMENT OF THE SICK YOUNG INFANT
- This last activity will focus on feeding the young infant and counseling the mother about her own health problems

B Introduce SESSION OBJECTIVES

The facilitator posts *Flipchart #16* and reads it aloud

SESSION OBJECTIVES

- Identify common situations that warrant counseling about feeding problems
- Give mothers relevant advice about how to correct feeding problems
- Give the mother recommended advice about difficulty breastfeeding
- Identify reasons for poor attachment and ineffective suckling
- Show the mother correct positioning and attachment for breastfeeding
- Counsel the mother about other feeding problems
- Counsel the mother about her own health

Sick Young Infant - Flipchart #16

II FIND OUT WHAT PARTICIPANTS KNOW AND DO

A Determine PARTICIPANTS' EXPERIENCE COUNSELING THE MOTHER ABOUT FEEDING PROBLEMS

The facilitator asks

- In your clinics, when do you counsel mothers about feeding? (*Possible answers When the mother is having difficulty with breastfeeding, the mother has a breast problem such as engorgement, sore nipples, or a breast infection, the infant is entering a new age group with different feeding recommendations, the infant is low weight for age, it is necessary to encourage the mother to resume breastfeeding or stop feeding the infant other fluids/foods or use a cup instead of a bottle, etc*)

The co-facilitator writes participants' answers on the flipchart

If participants do not suggest the answers listed above, the facilitator suggests them and co-facilitator adds them to the participants' list on the flipchart

III PRESENT IMCI ADVICE ABOUT FEEDING PROBLEMS

The facilitator states

- IMCI has identified some common feeding problems that can often be solved by counseling the mother

S/he asks participants to turn to page 28 of the Participant's Manual *Counsel the Mother About Feeding Problems*

S/he states

- Pages 28 - 30 review many points about Counsel the Caretaker that participants discussed in ASSESS AND CLASSIFY THE SICK CHILD component

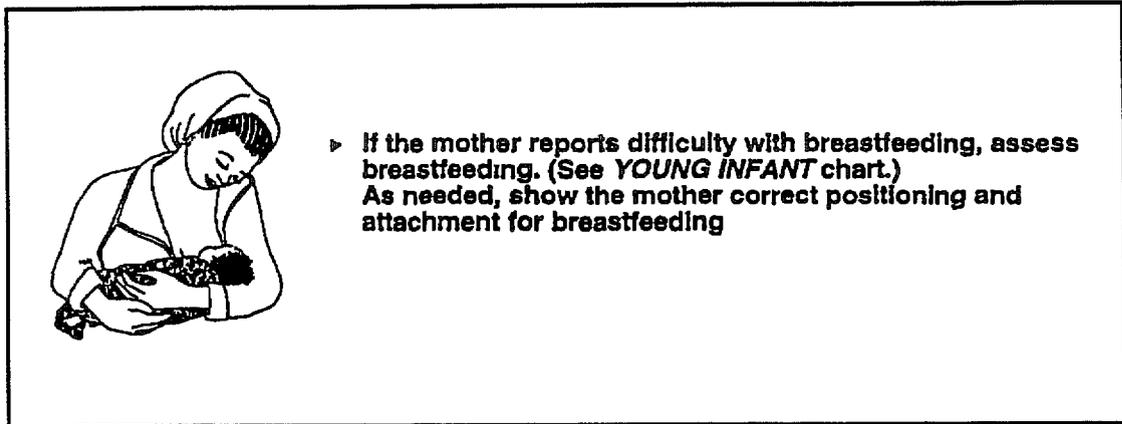
S/he reads pages 28 - 30 aloud and asks the appropriate checking questions

COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS A

If the feeding recommendations are being followed and there are no problems, praise the mother for her good feeding practices. Encourage her to keep feeding the child the same way during illness and health.

- *What could you say to praise the mother for following the feeding recommendations?*

If the feeding recommendations for the child's age are not being followed, explain those recommendations.



If the mother has a breast problem, such as engorgement, sore nipples, or a breast infection, then she may need referral to a specially trained breastfeeding counselor (such as a health worker who has taken *Breastfeeding Counseling: A Training Course*) or to someone experienced in managing breastfeeding problems, such as a midwife.

Even though young infants often lose their appetites during illness, they should be encouraged to eat as often as recommended. The mother should be advised to breastfeed more frequently and for longer if possible.

She should expect that the young infant's appetite will improve as the infant gets better. She should clear a blocked nose if it interferes with feeding.

After illness, good feeding helps make up for any weight loss and prevent malnutrition. In sickness and in health, always encourage a mother to breastfeed her infant at least 8 times in 24 hours. She should breastfeed as often and as long as the infant wants, day and night.

COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS B

If a child under 4 months old is receiving food or fluids other than breastmilk, the goal is



► **If the child is less than 4 months old and is taking other milk or foods**

- Build mother's confidence that she can produce all the breastmilk that the child needs
- Suggest giving more frequent, longer breastfeeds, day and night, and gradually reducing other milk or foods

If other milk needs to be continued, counsel the mother to

- Breastfeed as much as possible, including at night
- Make sure that other milk is a locally appropriate breastmilk substitute
- Make sure other milk is correctly and hygienically prepared and given in adequate amounts
- Finish prepared milk within an hour

to gradually change back to more or exclusive breastfeeding

In some cases, changing to more or exclusive breastfeeding may be impossible (for example, if the mother never breastfed, if she must be away from her child for long periods, or if she will not breastfeed for personal reasons) In such cases, the mother should be sure to correctly prepare cow's milk or other breastmilk substitutes and use them within an hour to avoid spoilage It is important to use the correct amount of clean, boiled water for dilution

To prepare cow's milk for infants less than 3 months of age, mix $\frac{1}{2}$ cup boiled whole cow's milk with $\frac{1}{4}$ cup boiled water and 2 level teaspoons¹ of sugar

- *How can you teach a mother to measure $\frac{1}{2}$ cup or $\frac{1}{4}$ cup?*

¹

Each level teaspoon of sugar should equal 5 grams A cup contains 200 ml Adjust the recipe if you have different size cups or teaspoons

COUNSEL THE MOTHER ABOUT FEEDING PROBLEMS C

If the mother is using a bottle to feed the child

- Recommend substituting a cup for bottle
- Show the mother how to feed the child with a cup

A cup is better than a bottle A cup is easier to keep clean and does not interfere with breastfeeding

To feed a baby by cup

- Hold the baby sitting upright or semi-upright on your lap
- Hold a small cup to the baby's lips Tip the cup so the liquid just reaches the baby's lips
- The baby becomes alert and opens his mouth and eyes
 - A low-birthweight baby takes the milk into his mouth with the tongue
 - A full-term or older baby sucks the milk, spilling some of it
- Do not **pour** the milk into the baby's mouth Just hold the cup to his lips and let him take it himself
- When the baby has had enough, he closes his mouth and will not take more
 - *How can you be sure that a mother knows how to feed a baby by cup?*



IV SITUATIONS THAT WARRANT COUNSELING ABOUT BREASTFEEDING

A Identify REASONS FOR POOR ATTACHMENT AND INEFFECTIVE SUCKLING

The facilitator asks

- IMCI has identified two problems that mothers often have breastfeeding their young infants. What are these two problems? (*Desired response: Poor attachment, ineffective suckling*)
- From your experience working with and counseling the mothers of young infants, why do some mothers have difficulty breastfeeding? (*Desired responses include: Bottle feeds especially in the first few days after delivery, mother inexperienced with breastfeeding, nobody to help mother with breastfeeding, infant is small and weak, mother's nipples are flat, poor positioning, etc.*)

The facilitator writes participants' responses on flipchart paper. S/he includes the above *Desired responses* if participants do not mention them.

V ROLE OF POSITIONING IN COUNSELING ABOUT POSITIONING AND ATTACHMENT

A Explain IMPORTANCE OF GOOD POSITIONING

The facilitator states

- We have looked at poor attachment and ineffective suckling and found that positioning is extremely important in breastfeeding because poor positioning often results in poor attachment, especially in younger infants.
- If the infant is positioned well, the attachment is likely to be good.

B Identify SIGNS OF GOOD POSITIONING

The facilitator distributes *Facilitator s Aid Cards/Positioning* to participants

FACILITATOR'S AID CARDS/POSITIONING
Infant's head and body is straight
Infant's body is turned towards the mother
Infant's body is close to the mother
Infant's whole body is supported
Infant's neck is twisted or bent forward
Infant's body is turned away from mother
Infant's body is not close to mother
Only the infant's head and neck are supported

S/he posts (blank) *Flipcharts #17 and #18*

GOOD POSITIONING <i>(with answers)</i>
Infant's head and body is straight
Infant's body is turned towards the mother
Infant's body is close to the mother
Infant's whole body is supported
Sick Young Infant - Flipchart #17

POOR POSITIONING <i>(with answers)</i>
Infant's neck is twisted or bent forward
Infant's body is turned away from mother
Infant's body is not close to mother
Only the infant's head and neck are supported
Sick Young Infant - Flipchart #18

S/he states

- Some of the cards describe signs of good positioning, while others describe signs of poor positioning
- Participants' task is to determine which cards contain signs of good positioning or poor positioning
- Participants should post signs of good positioning on *Flipchart #17 Good Positioning*
- They should post signs of poor positioning on *Flipchart #18 Poor Positioning*

The facilitator distributes tape to participants

S/he instructs

- Participants should read their card and attach it to the appropriate flipchart
- They should refer to page 28 of their IMCI Chart Booklets if necessary

The facilitator reviews participants' choices with the whole group and corrects them if necessary

The facilitator asks participants to turn to page 31 of the Participant's Manual *Positioning for Breastfeeding* S/he asks the appropriate checking questions

POSITIONING FOR BREASTFEEDING

(with answers)

_____ GOOD _____ POSITIONING

_____ POOR _____ POSITIONING



- *These two drawings show examples of both good and poor positioning*
- *Is the picture on the left an example of good positioning or poor positioning?
(Desired response Good positioning)*
- *Why is this an example of good positioning?*
- *Is the picture on the right an example of good positioning or poor positioning?
(Desired response Poor positioning)*
- *Why is this an example of poor positioning?*

S/he asks a participant to write the word “good” in the blank above the picture on the left

S/he asks a participant to write the word “poor” in the blank above the picture on the right

S/he answers participants’ questions and provides clarification as necessary

VI COUNSEL TO IMPROVE POSITIONING

A Identify HOW TO TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING

The facilitator asks participants to locate the Teach Correct Positioning and Attachment for Breastfeeding box on page 28 of their IMCI Chart Booklets

The co-facilitator circulates to make sure that participants are looking at the following box

➤ Teach Correct Positioning and Attachment for Breastfeeding

- ▶ Show the mother how to hold her infant
 - with the infant’s head and body straight
 - facing her breast with infant’s nose opposite her nipple
 - with infant’s body close to her body
 - supporting infant’s whole body not just neck and shoulders
- ▶ Show her how to help the infant to attach She should
 - touch her infant’s lips with her nipple
 - wait until her infant’s mouth is opening wide
 - move her infant quickly onto her breast aiming the infant’s lower lip well below the nipple
- ▶ Look for signs of good attachment and effective suckling If the attachment or suckling is not good try again

S/he states

- This box (TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING) describes how to teach the mother to correct her infant’s attachment, once the health worker has identified that attachment is poor

S/he reads the box aloud

The facilitator asks participants to turn to page 32 of the Participant’s Manual *Improving Positioning and Attachment* S/he reads it aloud

IMPROVING POSITIONING AND ATTACHMENT

Make sure that the mother is comfortable and relaxed. Then follow the steps in the Teach Correct Positioning and Attachment for Breastfeeding box.

Always observe a mother breastfeeding before you help her. Do not rush to make her do something different. If you see that the mother needs help, first say something encouraging, like "She really wants your breastmilk, doesn't she?"

Then explain what might help and ask if she would like you to show her. If she agrees, you can start to help her.

As you show the mother how to position and attach the infant, be careful not to take over from her. Explain and then let the mother do things herself.

Then look for signs of good attachment and effective suckling again. If the attachment or suckling is not good, ask the mother to remove the infant from her breast and to try again.

When the infant is suckling well, explain to the mother that it is important to breastfeed long enough at each feed. She should not stop the breastfeeding before the infant wants to.

B Observe A HEALTH WORKER

The facilitator states

- Participants will watch a video demonstration of the steps to help a mother improve her baby's positioning and attachment for breastfeeding

S/he shows Video Segment 1 51 30 - 1 57 18

When the Video Segment is finished, the facilitator asks

- What questions or comments do participants have about how the health worker in the video helped the mother improve her infant's positioning and attachment?

The facilitator discusses participants' comments and questions

S/he answers all questions as appropriate

VII **COUNSEL THE MOTHER ABOUT HER OWN HEALTH**

A Present TOPIC

The facilitator states

- The last subject that health workers counsel the mother about is her own health

S/he states

- Look at the last section of the enlarged INTEGRATED MANAGEMENT OF THE SICK YOUNG INFANT AGE 1 WEEK UP TO 2 MONTHS Recording Form

S/he asks

- What is the name of this section? (*Desired response This section is labeled ASSESS THE MOTHER'S HEALTH NEEDS*)

S/he states

- In an earlier activity, participants learned to assess the mother's health needs and fill out this section of the Sick Young Infant Recording Form

B Identify HOW TO COUNSEL THE MOTHER ABOUT HER OWN HEALTH

The facilitator states

- Participants should look at the COUNSEL THE MOTHER ABOUT HER OWN HEALTH box on the COUNSEL THE MOTHER Chart

The co-facilitator circulates to make sure that participants are looking at the following box

▶ ***Counsel the Mother About Her Own Health***

- ▶ If the mother is sick, provide care for her or refer her for help
- ▶ If she has a breast problem (such as engorgement sore nipples, breast infection) provide care for her or refer her for help
- ▶ Advise her to eat well to keep up her own strength and health
- ▶ Check the mother s immunization status and give her tetanus toxoid if needed
- ▶ Make sure she has access to
 - Family planning
 - Counseling on STD and AIDS prevention

The facilitator reads the box aloud

VIII EVALUATION

A Evaluate ABILITY TO IDENTIFY GOOD/POOR POSITIONING AND ATTACHMENT

The facilitator asks participants to turn to page 33 of the Participant's Manual *Photographs* S/he reads the instructions aloud

PHOTOGRAPHS

Instructions

In this exercise you will study photographs to practice recognizing signs of good or poor positioning and attachment for breastfeeding. There will be a group discussion of each photograph. You will discuss what the health worker could do to help the mother improve the positioning and attachment for breastfeeding.

- 1 *Study photographs numbered 77 through 79 of young infants at the breast. Look for each of the signs of good positioning. Compare your observations about each photograph with the answers in the chart below to help you learn what good or poor positioning looks like.*
- 2 *Now study photographs 80 through 82. In these photographs, look for each of the signs of good positioning and mark on the chart whether each is present. Also decide if the attachment is good.*

Photo	Signs of Good Positioning				Comments on Attachment
	Infant's Head and Body Straight	Head and Body Facing Breast	Infant's Body Close to Mother's	Supporting Infant's Whole Body	
77	yes	yes	yes	yes	
78	yes	yes	yes	yes	
79	no - neck turned so not straight with body	no	no - turned away from mother's body	no	Not well attached mouth not wide open lower lip not turned out areola same above and below
80	no	no -- body turned away	no -- body not close	no -- only neck and shoulders supported	Not well attached mouth not wide open, lower lip not turned out more areola below than above
81	yes	yes	yes -- very close	yes	Good attachment chin touching breast
82	no -- head and neck twisted and bent forward, not straight with body	no -- body turned away	no -- not close	no -- only neck and shoulders supported	Not well attached mouth not wide open

The facilitator and participants discuss photos 77-79 in the IMCI Photograph Booklet

S/he states

- Participants should complete the chart for photos 80-82 in the IMCI Photograph Booklet

When participants have finished, the facilitator and participants discuss participants' responses

The facilitator identifies correct responses when necessary

B Review IMPORTANT POINTS OF ADVICE FOR MOTHERS OF INFANTS
(Optional)

FACILITATOR'S NOTE

When a question has several points in the answer, ask each participant to give one point of the answer. This will help move the activity along smoothly and quickly, particularly if participants are sitting in a circle or semi-circle and they reply in order.

If time permits, the facilitator states

- The next activity is a review of important points of advice for mothers of infants that you learned in this and the previous activity
- Participants may look at the SICK YOUNG INFANT chart if needed

The facilitator conducts the drill by asking the question in the left column

Participants answer in turn

Drill

QUESTIONS	ANSWERS
When advising a mother about Home Care for a young infant, what are the three major points of advice?	Food / Fluids When to return Make sure the young infant stays warm
What is the advice to give about food and fluids?	<ul style="list-style-type: none"> - Breastfeed frequently, as often and for as long as the infant wants, day and night, during sickness and health - Exclusive breastfeeding is best - Do not use a bottle
What are the signs to teach a mother to return immediately with the young infant?	Return immediately with the infant if <ul style="list-style-type: none"> - Breastfeeding or drinking poorly - Becomes sicker - Develops a fever - Fast breathing - Difficult breathing - Blood in stool
What is another reason that a mother may return with the young infant?	Return for a follow-up visit as scheduled Return for immunization
If a young infant has a feeding problem, when should the mother bring him back for follow-up?	In 2 days
What advice would you give about keeping the infant warm?	In cool weather, cover the infant's head and feet and dress the infant with extra clothing
What are the four signs of good attachment?	Chin touching breast Mouth wide open Lower lip turned outward More areola visible above than below the mouth
Describe effective suckling	The infant takes slow, deep sucks, sometimes pausing

QUESTIONS	ANSWERS
When you help a mother hold and position her infant for breastfeeding, what are 4 points to show her?	Show her how to hold the infant <ul style="list-style-type: none"> - with the infant's head and body straight - facing her breast, with infant's nose opposite her nipple - with infant's body close to her body - supporting infant's whole body, not just neck and shoulders
To show a mother how to help her infant attach, what are 3 points to show her?	She should <ul style="list-style-type: none"> - touch her infant's lips with her nipple - wait until her infant's mouth is opening wide - move her infant quickly onto her breast, aiming the infant's lower lip well below the nipple
When the infant has attached, what should you do?	Look for the signs of good attachment and effective suckling
Again, what are the signs of good attachment?	Chin touching breast Mouth wide open Lower lip turned outward More areola visible above the mouth than below
If attachment or suckling is not good, what should you do?	Ask the mother to take the infant off the breast Help the mother position and attach the infant again
If the mother of a sick young infant is sick or has a breast problem, what should you do?	Provide care for her or refer her for help
What are three breast problems the mother of a sick young infant might present with?	Engorgement, sore nipples, breast infection
If needed, which immunization should you give a mother?	Tetanus toxoid
Which services should you make sure the mother has access to?	Family planning and STD and AIDS prevention