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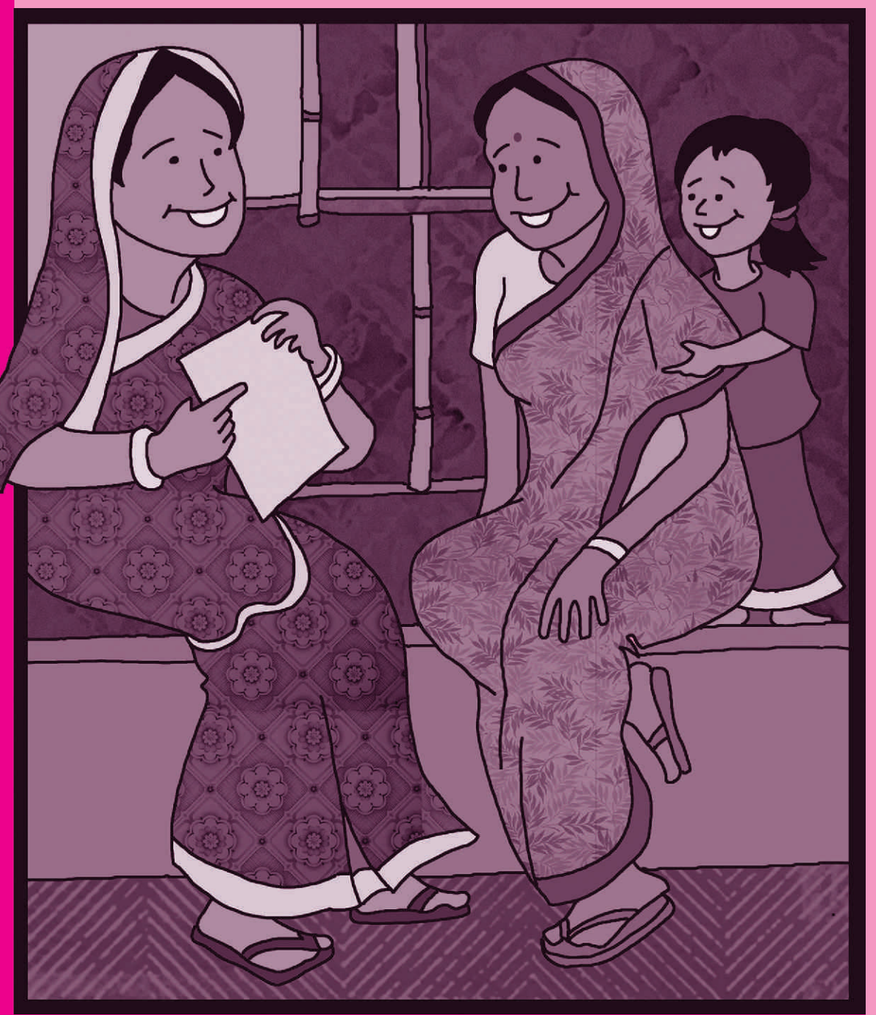
CARE AND FOLLOW UP OF DISCHARGED NEWBORNS FROM SNCU



FACILITATORS MANUAL

This material has been adapted using IMNCI guidelines of GOI and WHO, UNICEF package on "COUNSEL THE FAMILY ON CARE FOR CHILD DEVELOPMENT"

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FACILITATORS MANUAL

SNCU + PROGRAMME

CARE AND FOLLOW UP OF DISCHARGED NEWBORNS FROM SNCU

OBJECTIVE OF THE ORIENTATION PROGRAM

To build the capacity of ASHA/ANM to increase survivals and reduce morbidity in the SNCU discharged newborns

Towards this the following actions needs to be performed.

1. To track survivals till 6week of age
2. Ensuring compliance with follow up visit if any suggested by the admitting SNCU
3. Promoting Growth & development
4. Promoting KMC and Exclusive Breast feeding/Special feeding for LBW
5. Prevention of infection
6. Referral of sick infants
7. Counseling for danger signs
8. Check for immunization drop out and counsel for immunization

LOGISTICS FOR THE ORIENTATION

- **The induction training will be conducted in the district hospital that provides:**
- A classroom that can accommodate about 20 participants and 2 facilitators
- Post Natal Ward
- **Time schedule**
- The training will be held from 9 AM to 5 PM
- **Checklist of supplies for each trainee**
- Participants manual
- PNC CARD
- **Checklist of supplies for the trainer**
- Training Manual
- Note pad, pencil, pen, eraser, felt pens in two colors, chalk, white board, duster, wipe
- Access to an LCD (preferred) AND A LAPTOP.
- **Other materials required for the training**
- As per session requirements.
- To be decided by the Facilitator

DURATION -1 DAY

TABLE

S.No.	TIME	TOPIC	Methods
1.	9.00 – 9.30	Inauguration and Introductory presentation	LCD presentation
2.	9.30- 9.45	Introduction of the participants	Participatory
3.	9.45 – 10.15	Steps of providing SNCU plus care.	Read section-1and Group discussion
4	10.15 – 10.45	Conducting special home visits for sncu discharged infants	Read section-2 and Discuss Visitation schedule and items needed and demonstration on LCD
5	10.45 – 11.45	Ensuring Compliance with discharge instructions. Promoting care for development	Read Section 3 and discuss Card Exercise
6	11.45 -.1. 15	Counsel caregivers for playing and interacting with baby	Finish reading section till Gp discussion and role play
	1.15 – 2.15	Lunch	
7	2.15 – 3.00	Ensuring optimal feeding.	Read Group Discussion and Video
8	3.00 –4.00	Ensuring maintenance of temperature	Read till gp discussion and video on KMC
9	3.45 – 4.30	Detecting sick newborns and ensuring referral AND Promoting home care and hygiene especially hand washing	Read till gp discussion and video on Hand Washing
10	4-30-5.00	Sequence of steps	Reading and discussion

SESSION 1

INTRODUCTION OF PARTICIPANTS

Then, introduce yourself and your co-facilitator. Write your names on the easel chart. Indicate how you want participants to call you by underlining the name. State minimal information on your position. More information about you and other participants will come out during the course.

Then ask each participant, one by one, to do the same. Ask participants to tell the group where they are from and their current post or responsibility.

Ask facilitators and participants to write their names on a card tent and a name tag, using cards and markers. Set the card tents on the table in front of the participants.

Distribute a copy of the participant's manual.

SESSION 2

STEPS OF PROVIDING SNCU PLUS CARE.

Read section-2

Discuss why it is important to identify newborns discharged from the SNCU? and how special care is provided?

Highlight that around 10% die in the first month. Newborns continue to be vulnerable even after discharge. SNCU plus offers the opportunity of increasing survival and decreasing morbidity through better growth and development.

The process starts right at discharge when special card is issued by SNCU Nurse. ANM should carry additional cards as the baby might have been treated in a private clinic or a place where cards are not available.

Discuss with the participants around what time after discharge they think they will come to know that baby has returned home from SNCU.

SESSION 3

DISCUSS VISITATION SCHEDULE AND ITEMS NEEDED

Highlight that ASHA is providing routine home visits to all newborns on day1, 3, 7,14,28 and 42. Emphasize that **through SNCU plus they will be providing additional 3 visits**. These visits will be jointly by ASHA and ANM

If the baby is sick MO is to be informed.

If the visit happens to be on one of the days when it clashes with HBPNC visit the visit can beclubbed.

Distribute a copy of the Special HBPNC Card. Top portion is filled by SNCU nurse. In case the same has not been done ASHA can fill the same.

Find below a filled top portion of the card

POST NATAL CARE CARD FOR SNCU DISCHARGED CHILDREN

(To be filled by SNCU team(Top portion) and the ANM during home

Village		**Sub-Center**		**Block**	
AHSA's name:		**Mother's name:**	Radha	**Father's Name:**	Hira
Date of delivery	15 Jan	**Place of delivery**	Health Facility Alwar district hospital/Home	**Sex of baby:**	Male/ Female✓
Mode of delivery	✓Normal/ Assisted/	**Breastfeeding started: CS**	< 1 hr,✓ 1- 24 hr, > 24hr	**Birth weight (gms):**	1600gm
Date of discharge from SNCU	22 Jan	**SNCU Registration No.**	123/2012	**Wt. at time of discharge (gm)**	1750gm
Diagnosis at SNCU	Preterm with Jaudice		**Name of SNCU & district**	ALWAR district Hospital	

SESSION 4

ENSURING COMPLIANCE WITH DISCHARGE INSTRUCTIONS. & PROMOTING CARE FOR DEVELOPMENT

DISCUSSION ON COMPLIANCE WITH DISCHARGE INSTRUCTIONS.

Emphasize that it is important to complete the full course of recommended treatment. Do not forget to praise the mother if all instructions are being complied. As ANM it is important to teach the mother right doses of medicine if any

DISCUSSION: CARE FOR CHILD DEVELOPMENT

Participants will:

- Identify basic family influences on a child's development.
- Identify what a child can do and how to stimulate a child's learning.

PREPARE

1. Easel chart paper—write two labels True and False.
2. Cards for the discussion in Annex A—copy them on card stock and cut them.

PROCESS FOR THE GROUP DISCUSSION

1. Ask participants to come to the easel chart. Bring their Manuals with them.
2. One at a time, give a participant a card with the statement on care for child development. Ask the participant to read the card. Ask: Is the statement True or False?
3. Then ask the participant to decide where to stick the card on the easel chart, under the appropriate label True or False.
4. Refer to the Answer Sheet below, with Comments to add to the discussion, if any.
5. Repeat the process until each participant has made a decision about a card and all cards have been posted in the correct place on the easel chart.
6. Refer to the Answer Sheet below, with comments to add to the discussion.

1. A MOTHER DOES A BETTER JOB WHEN SHE FEELS CONFIDENT ABOUT HER ACTIVITIES TO PROVIDE CARE

2. THE BRAIN DEVELOPS MORE RAPIDLY WHEN THE CHILD FIRST ENTERS SCHOOL THAN ANY OTHER AGE

3. YOUNG CHILDREN LEARN MORE BY TRYING OUT AND COPYING OTHERS THAN BY BEING TOLD WHAT TO DO

4. A FATHER SHOULD TAK TO HIS CHILD EVEN BEFORE THE CHILD CAN SPEAK

5. BEFORE A CHILD SPEAKS, THE ONLY WAY TO COMMUNICATE IS CRYING

6. A BABY CAN HEAR AT BIRTH.

7. A BABY CANNOT SEE AT BIRTH

8. TALK TO YOUR CHILD, BUT DO NOT TALK TO A CHILD WHILE BREASTFEEDING, IT WILL DISTRACT THE CHILD FROM EATING.

				COMMENT
1.	A mother does a better job when she feels confident about her abilities to provide care.	True		Before a caregiver leaves, she should have a chance to practise any new activity confident that she will be able to do the activity at home.
2.	The brain develops more rapidly when the child first enters school than at any other age.		False	The brain develops most rapidly before birth and in the first two years of life. The efforts to help the child learn at this age will benefit the child for her whole life.
3.	Young children learn more by trying things out and copying others than by being told what to do.	True		
4.	A father should talk to his child, even before the child can speak.	True		The father is preparing the child for speech and how people communicate.
5.	Before a child speaks, the only way she communicates is by crying.		False	A young infant communicates by moving, reaching. For example, he communicates hunger by sucking his hands, shaping his mouth, turning to the mother's breast. Help caregivers see the child's signs and interpret them. Waiting until the child cries is distressful to the child and to the caregiver.

				COMMENT
6.	A baby can hear at birth.	True		There is even evidence that a child hears before birth, and recognizes the voices of persons closest to him—including mother and father.
7.	A baby cannot see at birth.		False	The child can see at birth, although sight becomes more refined as the days go on. The child is most attracted to faces. Studies show that a child can even begin to copy the faces of others within 2 to 3 weeks. Some have found imitation even earlier, within the first few days of life.
8.	Talk to your child, but do not talk to a child while breastfeeding. It will distract the child from eating.		False	A mother can talk softly to a child and gently be affectionate to a child who is breastfeeding without distracting the child from feeding. It helps the mother become close to her child. The child is comforted by the sounds and touch of the mother.

SESSION 5

COUNSEL CAREGIVERS FOR PLAYING AND INTERACTING WITH BABY

Finish reading section 3 till Group discussion and role play

Role Play Exercise:
Help solve problems

OBJECTIVES

Participants will role play helping a caregiver solve problems before they work with caregivers and children in the outpatient clinic or other setting. Participants will be able to:

1. Demonstrate good communication skills in counselling the caregiver.
2. Identify the caregiver's view of a problem he will have in playing and communicating with his child.
3. Assist the caregiver in finding and selecting a feasible solution to the problem.

PREPARATION

1. Space and chairs—for participants to work in groups of three
2. Dolls or a substitute (e.g. cloth or towel)—enough for 1 doll for each group of three participants

PROCESS

1. Ask participants to identify who are the counsellor, the caregiver, and the observer. Make sure that each group has a doll or doll substitute.
2. Start the role-play. Move around the room to ensure that groups are getting started and are clear with the instructions.
3. After the first round of role-plays, help the groups change roles. The caregiver should select another problem from the list.
4. At the end of the role-plays, discuss with the whole group.

SESSION 6

ENSURING OPTIMAL FEEDING

Reference Material:

EXCLUSIVE BREASTFEEDING

- Starts immediately after birth
- For the first six months
- Nothing else, no other foods, drinks, not even water to be given by mouth

HARMFUL EFFECTS OF GIVING PRE-LACTEAL FEEDS/OTHER FOODS/LIQUIDS

Baby should not be given any other liquids or foods such as sugar water, honey, ghutti,

goat/cow's milk and not even water. These harm the baby in the following manner:

- Delayed initiation of breast milk
- Newborn consumes less milk than required
- Even boiling the water, feeding bottles or utensils does not kill all the germs
- May be too dilute, so the baby becomes malnourished
- Baby may not get enough vitamin A and Iron

Baby may have difficulty in digesting animal milk and animal milk may cause diarrhea and/or

POSITIONS THAT CAN BE ADOPTED WHILE BREASTFEEDING THE BABY

- Mother sitting and supporting the head, body and buttocks of the baby on arm
- Mother reclining at an angle and breastfeeding
- Mother lying down with the baby close by

HOW TO HOLD THE BABY IN CORRECT POSITION WHILE BREASTFEEDING

- Mother supports the baby's bottom and not just head or shoulder
- Mother holds baby close to her body
- Baby's face is facing the breast, with nose opposite the nipple
- Baby's chin touches the breast
- Baby's mouth is wide open
- Bay's lower lip is turned outside
- Most of the areola (dark part around the nipple) is in baby's mouth

BREASTFEEDING- SOME POSSIBLE PROBLEMS: WHEN BABY IS NOT ABLE TO SUCKLE

Express breast milk every 2-3 hours and feed baby with 'paladai'or spoon

PRECAUTIONS NEEDED WHILE BREASTFEEDING:

- Improper positioning while breastfeeding could result in nipple biting or injury
- Complete nursing from one breast until it is empty before offering the other breast
- Baby's face should not be covered. Mother should be able to see the face of the baby and interact with the baby
- Mother under gone surgery can feed lying down or semi inclined position till they recover
- In case of twins, both babies can be fed simultaneously or one after another

Do burping by keeping the baby upright and rubbing or patting the back gently

Demonstrate how to weight the baby.

SESSION 7

TITLE: KEEPING THE NEWBORN WARM

WHY IS IT NECESSARY TO KEEP THE BABY WARM:

The newborn is very vulnerable to hypothermia (cold) for the first few months after birth.

It is very essential to keep the newborn warm and dry to prevent her/him from cold.

MEASURES TO KEEP THE NEWBORN WARM:

- Skin to skin contact as far as possible.
- Breastfeeding the newborn.
- Wrap the newborn with a blanket/sheet; ensure to cover the head as well.
- Cover the baby with extra layers, socks and caps.
- Clean, dry and change the baby after he/she urinates or defecates.
- Keep the room warm by keeping doors and windows closed. Broken window/window glasses should be immediately brought to the notice of nurses and doctors

WHY SHOULD THE BABY BE KEPT CLOSE TO THE MOTHER?

- Body warmth of the mother helps the baby keep warm.
- Keeping the baby close stimulates better milk output in the mother.
- Being close to the mother encourages the baby to feed better.
- Easier for the mother to breastfeed the baby on demand.

KANGAROO MOTHER CARE (KMC):

Kangaroo care seeks to provide care to the newborn by placing the infant in direct skin-to-skin contact with mother, father or other relatives.

Kangaroo mother care has three components

- Skin-to- skin contact
- Exclusive breastfeeding
- Physical & Emotional bonding

This ensures physiological and psychological warmth and bonding.
The parent's stable body temperature helps to regulate the neonate's temperature more smoothly than an incubator
KMC allows for readily accessible breastfeeding

SESSION 8

DETECTING SICK NEWBORNS AND ENSURING REFERRAL & PROMOTING HOME CARE AND HYGIENE ESPECIALLY HAND WASHING

SIGNS OF SICKNESS AMONG NEWBORNS THAT REQUIRE URGENT ACTION:

- Weight less than 2000 grams (Refer Flip Book card D - 1)
- Refuses to breastfeed (Refer Flip Book card B4 and B6)
- Feels hot or cold to touch (Temperature: 37.5$_{o}$C or more or 35.4 $_{o}$C or less)
- Develops yellow palms and soles or has blue lips and tongue
- Fast breathing (>60/min)
- Chest in-drawing
- Moves when stimulated or does not move even on stimulation
- Convulsions/ Fits – abnormal movements
- Skin Pustules
- Umbilicus red/draining pus/ Conjunctivitis/draining pus

- If the baby has any danger sign, refer the baby to a hospital immediately using the Referral Note.
- If the baby's weight showing a fall after 14 days of life refer the baby to the hospital using the Referral Note.
- If the baby's weight is is not increasing after 14 days but she/he has no danger signs, counsel the family on correct feeding and inform MO
- (If the baby has no danger sign and the weight is in green zone, counsel the family on Care of the Normal Baby .

SESSION 9

SEQUENCE OF STEPS DISCUSS SEQUENCE OF STEPS AND SHOW FILLING UP OF THE CARD.

BABY OF DIVYA 6 days OLD	BABY RANI 18 days OLD	BABY PERCY 20 days OLD
• ABLE TO FEED • CONVULSIONS • 55 BREATHS/MINUTE • NO CHEST INDRAWING • TEMPERATURE 39° • NOT MOVING ON HIS OWN • SOLES NOT YELLOW • PUS FROM UMBILICUS Birth Wt=2.8 kg Present WEIGHT: 2.8 kg	• ABLE TO FEED • NO CONVULSIONS • 55 BREATHS/MINUTE • NO CHEST INDRAWING • TEMPERATURE 37.2° • MOVING ON HIS OWN • SOLES NOT YELLOW • EYES DRAINING PUS Birth Wt=1.8 kg Present WEIGHT: 2.0 kg	• ABLE TO FEED • NO CONVULSIONS • 44 BREATHS/MINUTE • NO CHEST INDRAWING • TEMPERATURE 36.6° • MOVING ON HIS OWN • SOLES NOT YELLOW • NO PUS FROM EYES, SKIN OR UMBILICUS Birth WEIGHT: 2 kg Present WEIGHT: 2.3 kg
BABY OF DEEPA 12 DAYS OLD	**BABY AMITA 10 DAYS OLD**	**BABY AMRITA 12 DAYS OLD**
• ABLE TO FEED • NO CONVULSIONS • 50 BREATHS/MINUTE • NO CHEST INDRAWING • TEMPERATURE 35.0° • MOVING ON HER OWN • SOLES NOT YELLOW • NO PUS FROM EYES, SKIN OR UMBILICUS Birth Wt=2.8 kg Present WEIGHT: 2.8 kg	• NOT ABLE TO FEED • NO CONVULSIONS • 58 BREATHS/MINUTE • NO CHEST INDRAWING • TEMPERATURE 35.6° • MOVING ON HER OWN • SOLES NOT YELLOW • NO PUS FROM EYES, SKIN OR UMBILICUS Birth Wt=2.0 kg Present WEIGHT: 2.0 kg	• ABLE TO FEED • NO CONVULSIONS • 52 BREATHS/MINUTE • NO CHEST INDRAWING • TEMPERATURE 35.5° • MOVING ON HIS OWN • SOLES NOT YELLOW • NO PUS FROM EYES, SKIN OR UMBILICUS Birth Wt=2.8 kg
BABY OF MINU 8 DAYS OLD	**BABY MIRA 12 DAYS OLD**	**BABY ASHA 20 DAYS OLD**
• ABLE TO FEED • NO CONVULSIONS • 70 BREATHS/MINUTE • REPEAT COUNT 66/MINUTE • CHEST INDRAWING • TEMPERATURE 36°6 • MOVING ON HIS OWN • SOLES NOT YELLOW • NO PUS FROM EYES, SKIN OR UMBILICUS Birth Wt=1.8 kg Present WEIGHT: 2.0 kg	• ABLE TO FEED • CONVULSIONS • 61 BREATHS/MINUTE • REPEAT COUNT 66/MINUTE • NO CHEST INDRAWING • TEMPERATURE 36.2° • MOVING ON HER OWN • SOLES NOT YELLOW • NO PUS FROM EYES, SKIN OR UMBILICUS Birth Wt=2.8 kg Present WEIGHT: 3.0 kg	• NOT ABLE TO FEED • NO CONVULSIONS • 48 BREATHS/MINUTE • NO CHEST INDRAWING • TEMPERATURE 36.8° • NOT MOVING ON HIS OWN • SOLES NOT YELLOW • NO PUS FROM EYES, SKIN OR UMBILICUS Birth Wt=1.8 kg Present WEIGHT: 2.1 kg