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POPPHI
Prevention of Postpartum
Hemorrhage Initiative

A GUIDE FOR TRAINING COMMUNITY HEALTH WORKERS/VOLUNTEERS TO PROVIDE MATERNAL AND NEWBORN HEALTH MESSAGES

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This publication is one in a series that make up the USAID/BASICS Newborn Health tool kit. The tool kit comprises:

Facility Level Tools:

- Reference Manual
- Technical Presentations
- Facilitator's Guide
- Participant's Notebook
- Clinical Logbook with Learning and Evaluation Checklists

Community Level Tools:

- Guide for Training Community Health Workers/Volunteers to Provide Maternal and Newborn Health Messages
- Set of Counseling Cards



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INTRODUCTION

About 130 million babies are born every year. Among these about 4 million die in the first weeks of life, half of which die within 24 hours after birth and three quarters by the end of the first week. Nearly the same number are still-born. More than 500,000 women too pay a heavy price dying due to complications of pregnancy.

These numbers are unacceptable in themselves, but what is even worse is that well over 90 percent of these deaths are concentrated in developing countries. It is universally acknowledged that women need the support of skilled birth attendants, most of whom are at the facility level. A large number of women, however, around 60 million, deliver at home without skilled care, receiving only the support of traditional birth attendants, family members, or friends. And some receive no assistance at all. Cultural practices associated with pregnancy, childbirth, and the postpartum period result in mothers and babies being cloistered in their homes and not permitted to leave, even to seek appropriate care for problems and sickness. Even where the deliveries take place at facilities, mothers and babies are discharged early and spend practically all of the postpartum period at home.

In addition to providing good quality care at facilities, it is imperative that health programs cover women and newborns at home and that community issues are addressed in to promote healthy behaviors, including preventive care, identifying problems and danger signs, and seeking appropriate care. Community health workers/volunteers can play a very important role in identifying and interacting with women of reproductive age and their families, with community and religious leaders, and with health care providers at the facility level to achieve better results for pregnant women and newborns. This training guide addresses some of the key issues, with a special focus on the using counseling cards to promote and negotiate the desired healthy behaviors.

A set of counseling cards forms part of this training tool.

Note for Program Implementers:

This training guide addresses some of the key issues noted above and focuses primarily on building the capacity of community health workers/volunteers to use counseling cards for promoting and negotiating the desired healthy behaviors.

The guide covers a large number of topics that may not be feasible to cover in one training program. It may be necessary, therefore, for the country/organization to prioritize:

- which messages/counseling cards are to be included.
- which elements of each message/counseling card are to be emphasized.

A suggested training schedule is included in this guide covering all the messages. However, it should be adapted based on the amount of time and finances available and the key messages/counseling cards to be covered. Further additional support can also be provided to the health workers during supervisory sessions and updates.

TRAINING OVERVIEW

Purpose and Audience

The purpose of this course is to train community health workers and/or community health volunteers (hereafter we will use community health workers to refer to both groups) to use counseling cards with effective communication and negotiation skills to encourage behavior changes to improve maternal and newborn health in their communities. The training approach focuses on specific messages and the practical use of counseling cards related to maternal and newborn health, with role plays and immediate feedback to improve counseling skills. Ideally, trainers will already have interpersonal communication and counseling skills. However, those needing more information may consult guides offered in the additional reading listed at the end of this guide (appendix 3).

Design

This guide recommends at least three days of training in a classroom setting, during which time participants become familiar with their roles and responsibilities as community health workers (CHWs) and practice using the counseling cards through role plays and simulations. This training should then be followed by at least two days of practical application. In general, it will be easier to arrange for the practice sessions in a facility providing care before, during, and after delivery than arranging for training at the community level. Participants can develop communication skills through role plays and practice with mothers in the postnatal wards and with those attending the antenatal and postnatal clinics. Where feasible, practice at the community level should be arranged; if this is not possible, then observation during subsequent supervision can be used.

This trainers' manual provides instructions for each session, including learning objectives, key messages, learning activities such as role plays, and specific additional information, including suggestions on influencing common practices and negotiating desired behaviors.

Training Guidelines

In order for training to be successful, it must respond to the needs and preferences of participants. The goal of this workshop is to not only expose participants to new ideas, skills, and problem-solving approaches, but to change their knowledge, attitudes, and behaviors, where required. In order to achieve these goals, trainers should keep in mind the following principles of adult learning throughout the training workshop:

- When learning, participants **relate** new information to what they already know.
- Learning is enhanced when participants are able to **practice** applying new attitudes, knowledge, and skills.
- Learning by **understanding** promotes better retention than learning by memorization.
- **Repetition** increases the retention of new knowledge.
- Changes are unlikely to take place unless the participant is **motivated** to learn.



Training Adult Learners

Adults learn new information and skills in a way that is different from how they learned as children. In order for training to be effective, it must:

- **Be participatory:** Adults learn best when they are actively involved in the learning process. They are more likely to learn and retain new information when training creates opportunities for them to practice applying their new knowledge and skills.
- **Be supportive:** Adults are most likely to learn in an environment that is supportive, in which participants receive positive reinforcement, such as praise and encouragement, instead of negative feedback, such as criticism.
- **Build on the participants' experience:** Effective training provides adults an opportunity to build on existing beliefs, knowledge, and skills and to share these with each other. Valuing participants' experiences not only helps them to feel comfortable experimenting with new knowledge and skills, but is also effective in helping them link what they have learned to real-life contexts.
- **Be relevant:** Adults respond best to learning opportunities that offer them the chance to learn information and skills that are relevant to their workplaces and communities. They are also likely to respond best to training that helps them build knowledge and skills that they will apply immediately. Adults often seek training opportunities when they assume new tasks and roles, but they are usually not motivated to use time and resources that they perceive as irrelevant to their work and lives.
- **Use local language/dialect as required:** Trainers should be familiar with, and where needed, use the local language or dialect to more effectively explain the important issues.
- **Allow for self-directed learning:** Adults are accustomed to taking responsibility for their own decisions and actions, including choosing what they want to learn. They learn best when they are treated as active participants in the learning process.

Retention and Recall

Information retention refers to taking in and storing what has been learned, while information recall involves retrieving this information for use at a later time. Participants may understand concepts presented to them and retain that information for a short period of time but not be able to recall the information at a later date. There are several steps that trainers can take to enhance participants' long-term retention and recall of information:

- Summarize important information at the beginning and end of a session.
- Review important ideas with participants rather than only presenting ideas once.
- Show connections or links between different concepts.
- Emphasize key words and phrases to point out important information and re-emphasize main points.
- Limit periods of concentrated learning to 20-50 minutes or less by providing breaks.

Training Methods

This training manual suggests trainers use interactive methods to stimulate active participation and ensure that learning objectives are met. These methods include:

- Group discussions
- Small group work
- Role play
- Brainstorming sessions
- Demonstrations
- Practical sessions
- Recording of key points, issues, suggestions, new practices and solutions identified during the workshop. For this to happen one of the facilitators needs to act as a reporter to record these issues as they arise, and they can then be synthesized as a brief addendum to this training manual to support future capacity building.

Materials

The following materials will be needed throughout the training:

- Flipchart for noting:
 - Learning objectives
 - Ground rules
 - Key points for each session (these will serve as visual aids and will help you to remember the points you need to cover and can benefit some of the literate participants)
 - Other notes as required
- Copies of the training schedule
- Sets of counseling cards prepared for the intervention program
- Dolls with clothes, preferably one with an umbilical cord that is attached with a press button so that it is removable. Try to have one doll for each 6-8 persons in the course.
- Towels/linen for wrapping the dolls

Role Plays

A role play is a dramatization of a situation or a problem being learned, followed by a group discussion. This training will use role plays to provide participants with an opportunity to practice and perfect the skills learned during this workshop before trying them in a real situation. Role plays will initially be conducted in front of the entire group of participants. Participants will have a chance to observe, ask questions, and provide feedback.

Where feasible and especially for key messages, participants can break into small groups of 6-8 persons. In each small group the role play can be carried out by 2-4 persons who take the place of the CHW, the mother, the grandmother, and the father. Others can observe the role play and provide feedback. One suggestion is to have male participants play female roles and female participants play male roles so they have a chance to place themselves in situations encountered by the opposite sex. Facilitator(s) should go around the small groups to ensure that the role play is kept short and focused, not taking too much time on planning the script, and making sure that sufficient time is provided for feedback.



Role Play Guidelines

When setting up a role play for presentation by trainees, the following guidelines are important:

- Two or more people are asked to take on the role of certain characters and then act out a scene focusing on a predetermined situation. Details will be given about a situation, asking the role players to act it out and create an ending.
- Suggest that male participants play female roles and female participants play male roles so they have a chance to place themselves in situations encountered by the opposite sex.
- Visit small groups creating a role play to make sure that they are developing a scene that is no longer than 5-7 minutes in length and to ensure that all members of the small group are involved in some way.
- Make sure the group members do not spend all their time on the script; they need time to act it out as well.
- Create sufficient space for the role play performance.
- If the role play goes on too long or seems to get “stuck,” invite the players to stop so that everyone can discuss the situation.
- Allow the other participants to offer their observations and feedback after the small group has performed. Role plays are a chance for participants to improve their skills.

Practice Sessions

After three to four days of the participatory, interactive classroom learning activities, participants should have the opportunity for hands-on application of their skills, using counseling cards with women while being observed by other participants and trainers, and later, in the follow-up, by supervisors. The practical sessions with women at a health facility are a key part of the CHW training. Counseling women attending the antenatal and postnatal clinics can be used for providing practical experience, especially when it is not feasible to take the group to the community. This real setting allows CHWs to practice their new knowledge and skills in a way that is difficult to create through role plays and is a critical component of the training workshop

Participants should be involved in the use of various counseling cards to provide messages to improve maternal and newborn health. They should sequentially observe and participate in role plays, counsel mothers and observe and evaluate other participants when they are counseling clients as it helps them to understand supervisory techniques for quality improvement. This is useful for all, but is particularly important during training of trainers. In order to ensure that all participants carry out all the tasks, having them listed in tables as noted below and displayed on the wall or a board will be very useful. Participants themselves can indicate completion of the tasks as tally marks in the various columns.

Sample Chart for Tracking Participant Involvement in All Aspects of Counseling

	Observed role play	Participated in role play	Observed client counseling	Counseled client	Evaluated client counseling
Handwashing					
Antenatal care					
Planning for birth (birth planning)					
Danger signs during pregnancy					
Maintaining body temperature in the newborn					
Cord care					
Early and exclusive breastfeeding and proper positioning at the breast					
Care of the low birth weight baby including kangaroo mother care					
Early postpartum/postnatal care					
Preventive care during the postpartum/postnatal period					
Postpartum/postnatal maternal self-care and care of the baby					
Postpartum maternal danger signs					
Postpartum birth spacing/family planning					

Sample Schedule

A sample training schedule is provided below. Local country teams should review this sample and adapt it, as needed, based on recommendations from the Ministry of Health and other implementing organizations.



Sample Schedule for Training Community Health Workers in Maternal and Newborn Health*

Time	Day 1	Day 2	Day 3	Day 4	Day 5
8:30 a.m. – 10:00 a.m.	<ul style="list-style-type: none"> Welcome, introductions, ice breaker - 20 min. Objectives, expectations - 20 min. Roles and responsibilities of community health workers - 50 min. 	<ul style="list-style-type: none"> Brief review of the previous day messages and plan for the day– 30 min. Maintaining body temperature in the newborn – 60 min. 	<ul style="list-style-type: none"> Brief review of the previous day messages and plan for the day – 30 min. Early post-partum/ postnatal care – 60 min. 	<ul style="list-style-type: none"> Brief review of the previous day messages and plan for the day – 30 min. Revision of key elements, open discussion, additional role plays or practical sessions with mothers 	PRACTICAL SESSIONS WITH MOTHERS
TEA 15 min					
10:15 a.m. – 12:15 p.m.	<ul style="list-style-type: none"> Basic Communication Skills - 30 min. Introducing counseling cards and importance of negotiation – 60 min. Basic guidelines in using counseling cards – 30 min. 	<ul style="list-style-type: none"> Cord care – 30 min. Early, exclusive breastfeeding and proper positioning at the breast – 1 hr. 30 min. 	<ul style="list-style-type: none"> Preventive care during postpartum/postnatal period – 60 min. Postpartum maternal self care and care of the baby – 60 min. 	<ul style="list-style-type: none"> Additional role plays or practical sessions with mothers 	PRACTICAL SESSIONS WITH MOTHERS
LUNCH – 1 hr					
1:15 p.m.– 3:15 p.m.	<ul style="list-style-type: none"> Handwashing – 30 min. Key maternal and newborn health behaviors – 60 min. Antenatal Care – 30 min. 	<ul style="list-style-type: none"> Care of the low birth weight baby including kangaroo mother care - 1 hr. 30 min. Danger Signs in the Newborn – 30 min. 	<ul style="list-style-type: none"> Postpartum maternal danger signs – 2 hr. 	<ul style="list-style-type: none"> Monitoring maternal and newborn health in the community - 2hr. 	PRACTICAL SESSIONS WITH MOTHERS
TEA 15 min					
3:30 p.m. – 5:30 p.m.	<ul style="list-style-type: none"> Birth planning or birth preparedness – 30 min. Danger signs in pregnancy – 1 hr 30 min. Day's review 	<ul style="list-style-type: none"> Danger signs in the newborn (cont'd)- 1 hr. 30 min. Day's review 	<ul style="list-style-type: none"> Postpartum birth spacing/ family planning– 60 min. Extra Role Plays – 60 min Day's review 	<ul style="list-style-type: none"> Using counseling cards for activities other than interpersonal communication – 2 hr. Day's review 	<ul style="list-style-type: none"> PRACTICAL SESSIONS WITH MOTHERS Closing

* Where the facility or practice site is very close to or is at the same location as the training site, some of the timings allocated for additional role plays, such as in the morning session on day 4, can be used for practical sessions with mothers. If, however, the facility is some distance and requires transport, it is more practical and economical to do it all on one day.

Participant Feedback and Involvement

It is important that participants are able to provide trainers with feedback and ask questions throughout the course. A feedback on a daily basis provides facilitators with information to improve and adjust their style and content and allows participants to feel that their needs are being listened to and addressed. This can be done in a number of ways, including the following daily evaluation activities that may be adapted to suit local requirements. Each day should start and end with 15-30 minute sessions to review the previous sessions, discuss the upcoming sessions, and allow participants to ask questions.

End of Day Review (starting from Day 1 of the training)

1. Divide participants into 3 groups. Explain that this is a chance for them to give the trainers feedback and that their opinions are important. Ask each group to select a representative. Explain that you will ask three questions and you would like each group to talk about their answers and the representative will share the responses of his or her group with everyone.
 - What did you like?
 - What should be changed or improved?
 - What did you learn?
2. Give participants 10 minutes to talk about the three questions and then allow each group to report back. Address any issues that you can and make changes as appropriate and feasible.
3. Indicate what topics will be covered the next day and request the participants to look at the relevant counseling card.

Overview of the Day (starting on Day 2 of the training)

1. Ask participants if they have any questions related to the sessions carried out the day before.
2. Review the schedule for the day. Answer any questions participants may have.



TRAINING SESSIONS WITH FACILITATOR NOTES

SESSION 1: Welcome and Introductions (20 minutes)

OBJECTIVES

By the end of this session, participants will have:

- Introduced themselves to each other.
- Agreed on ground rules for the training.

STEPS

1. Welcome participants and thank them for their presence.
2. Introduce yourself and ask the participants to introduce themselves. (Note: A list of the participants, their addresses, and contact points should be available to the trainers/facilitators before the workshop and it should be verified and updated during the course.)
3. Familiarize participants with the venue and review the general schedule (start and end times, lunch and tea times).
4. Facilitate an icebreaker in order for participants to meet one another. The following is a suggested ice breaker, though others can be invented or adapted to the local context.

Divide participants into pairs. Ask each pair to share their names and where they are from and to try to find two or three things they have in common. Allow 10 minutes for this exercise. In plenary, have each pair introduce each other to the group and share one or two commonalities they discovered.
5. Setting ground rules for training workshops is helpful for managing group discussions. Ask participants to brainstorm norms/ground rules. Feel free to add any important rules that they may have omitted (see below). Write the agreed-upon ground rules on a flipchart and post them in a visible spot in the room. These rules should be kept visible for all sessions and referred to as needed throughout the training. If many are illiterate, read out loud at least the key ground rules at the beginning of each day. The following are some suggested ground rules:
 - Participate actively.
 - Respect each other's opinions and experiences. Do not judge people because of what they do or say.
 - In general, questions may be asked at any time unless the trainer indicates that in a particular presentation questions should come at the end. The latter will definitely apply for observation of role plays.
 - Be on time for all activities.
 - Turn mobile phones off during the training.
 - Where opportunities present, feel free to discuss and exchange ideas with other participants at the training.
 - If at any time you do not agree with the recommendations/advice noted on the counseling cards or presented in the session, raise these issues with the trainer during the sessions so that everyone can listen and participate in the discussions.



SESSION 2: Objectives and Expectations (20 minutes)

OBJECTIVES

- To ensure participants understand the workshop objectives and facilitators understand and respond to participants' expectations.

STEPS

1. In plenary, ask participants to list their expectations for this training workshop (what do they hope to learn/accomplish, any difficulties they anticipate, how they hope to be able to use the training). Write their responses on the flipchart.
2. Present the learning objectives noted below and compare them to participants' expectations. Allow participants to ask questions. Where realistic, note the additional, relevant objectives based on participants' expectations.

Overall Learning Objectives

At the end of the training workshop, CHWs will be able to use the counseling cards to promote key maternal and newborn health practices among pregnant and postpartum women, their families, and other community members. However, adequate competence will require additional follow-up supportive supervision.

Specifically, CHWs will be able to:

- Develop effective communication skills to establish open conversations with women, families, and other community members on maternal and newborn health.
- Develop information skills to identify, select, and convey the technical elements accurately to pregnant women, families, and community members.
- Use the counseling cards with effective communication skills to promote key healthy behaviors among women and their families.
- Advocate for improved community behaviors through building the capacity of community leaders, religious leaders, and relevant community-based organizations.
- Commence facilitation of community mobilization activities.
- Take necessary steps to seek and collect the necessary predetermined newborn and maternal health information/data, review them, and transmit them appropriately to the Ministry of Health and implementing organizations.

3. Review the training schedule with participants.
4. Explain that in order to accomplish these learning objectives, this training will include demonstrations, role-playing, and practice in real-life situations with women and family members, at least at the facility level.

SESSION 3: Roles and Responsibilities of Community Health Workers/Volunteers

(50 minutes)

OBJECTIVES

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

- List their responsibilities as a CHW.
- Explain the services they can provide as a CHW.

STEPS

1. Ask participants to discuss what they think they can do as CHWs to improve the health of pregnant women, newborn babies, and women who have recently given birth.
2. Ask participants to describe what they think are the roles and responsibilities of a CHW. Record key points on the flip chart.
3. After the preliminary discussion by the participants, highlight from the list below the tasks that were not mentioned. At the end of this session review all the tasks noted.
4. Answer any questions participants may have.

Trainer Note

Community-based interventions vary in countries and in different regions within the country depending on access to the health systems. They include the following:

1. *Basic preventive care which comprises promotion of healthy behaviors targeting preventive care of the mother and baby at home, seeking of specific preventive care at the facility, such as antenatal and postnatal care, delivery by a skilled attendant, identification of danger signs, and appropriate care-seeking at suitable facilities.*
2. *More comprehensive care including the above basic care, some care at birth, including very simple support for birth asphyxia and giving the first dose of antibiotics before referral for sepsis/infection.*
3. *Full comprehensive home-based care of the mother and the newborn, providing basic care noted above, ventilation for birth asphyxia, and full treatment with antibiotics for sepsis.*

The first option is more appropriate where there is relative ease of access to facilities, while the third is needed in remote areas or those areas where women have considerable difficulty in getting access to the health system. The second option is for an intermediate scenario.

This training guide will focus on the first option.

The activities and responsibilities of the community health workers/volunteers will thus vary depending on the types of interventions planned and implemented by the country or organization. The ones listed below relate to the very basic intervention that is applicable to all regions.



The Importance of the Home and Community in Maternal and Newborn Health

1. Brainstorm over why the home and community are extremely important in the care of the mother and baby
2. After inputs from the participants, synthesize the main issues and highlight the following points:
 - a. A significant proportion of births in poor resource countries take place at home, in some around 40% and in others up to 80%.
 - b. Even when deliveries take place at the facility, mothers and babies are discharged early, some by 2 hours after the birthing process.
 - c. Mothers tend to stay at home. There are many traditional practices that do not permit mothers to leave the house readily in the first few weeks after birth, even to seek care for problems.
 - d. Sickness or problems, especially in the baby, are often attributed to 'mystical' causes and hence families tend to seek traditional or spiritual 'cures'.
 - e. Additionally, half or 50% of the deaths in babies take place within 24 hours after the delivery or on the first day, and three-fourths or 75% by the end of the first week or 7 days, even before the 'naming ceremony' in most traditional societies. To give an idea of how much is 50% and 75%, you can take a stick and break it into 4 equal pieces and remove two pieces to demonstrate the proportion of deaths on the first day and three pieces for deaths by the 7th day. Alternatively, take a transparent container filled with any type of grain, empty half of it to show the loss of 50% and three-quarter to demonstrate the loss of 75%.

It is essential that health workers must find ways of taking the messages to the families. Ideally, home visits should be made at appropriate times. The number of home visits will vary in different countries and will be based on the guidelines of the implementing organization or the Ministry of Health. An option is to have two visits during pregnancy and two or three in the early post-partum period. In the latter period, the first visit should ideally be on the first day, the second between 2 – 3 days, and a third, if possible between 5 – 7 days in order to deal with the critical first week of life.

Identification of Women Who Can Become Pregnant and Registration of Pregnant Women

- Brainstorm with participants on who are the women who can become pregnant.
- Subsequently synthesize the correct answers and highlight the fact that all women (whether they are married or not) between the time when they commence their first menstrual period to the time when it stops can become pregnant.
- Women who have undergone sterilization should not be included in the list.
- If a woman indicates she is pregnant or is obviously pregnant, find out if she has gone to the facility for a check-up and has received a card to document the care given. Ideally, the community health worker should visit the pregnant women twice, initially as soon as s/he comes to know of her pregnancy and later around 8 months to:
 - promote and verify visits to the health center
 - promote identification and care seeking for danger signs and
 - advocate for and verify steps implemented related to birth planning
- Community health workers should keep a listing of all pregnant and postpartum women in their area.

Identification of Women who have Recently Given Birth

- Brainstorm over how to identify women who have recently delivered so that home visits can be made preferably on the day of birth and in the early postnatal period as noted above.
- Inform the participants that identification of the day of birth may present challenges. Even when a health worker can work out the expected date of delivery, there is no guarantee that the woman will give birth on the calculated date. Tell the worker that s/he must therefore establish a good relationship with the family members and neighbors during the antenatal visits and request them to inform him soon after the baby is born. Similarly, linking with local traditional birth attendants will also assist the CHW in finding out about the birth so that an early home visit can be made

Activities of CHWs with Women and Families

1. Identifying and enrolling mothers early in their pregnancy and recently delivered women, mapping their location.
2. Identifying who makes decisions at home.
3. Identifying likely barriers to adoption of key healthy behaviors by the family members and discussing with them ways to overcome these barriers.
4. Starting home visits to pregnant women at the times indicated by the supervisor and helping facilitate at least four visits for antenatal care with a skilled care provider such as a nurse/midwife or doctor.
5. Taking steps to prepare for each home visit:
 - Identifying, registering and mapping pregnant and recently delivered women.
 - Having clear ideas of the location of the homes.
 - Preparing/reviewing the objectives of the planned visit.
 - Identifying and reviewing the cards to be used for the planned visit, noting issues such as the key message(s), questions to be asked, and negotiations to be made at the visit.
6. Getting to know, through the family, neighbors and other community workers including the traditional birth attendants, the time of birth of the baby and visiting the family on the day of birth/within 24 hours, again within three days, at the end of the first week/early in the second week, and again near 4-6 weeks or as indicated by the supervisor. Facilitating a visit to the health facility within three days after a home delivery for a check-up of the woman and baby by a skilled health worker.
7. Facilitating identification of danger signs in the woman and baby and early referral to an appropriate health facility.
8. Making follow-up visits within 24-48 hours after noting problems or effecting referral to note the compliance and outcome.
9. Recording specific information/data as indicated by the supervisor for program monitoring, reviewing them, and transmitting them to the supervisor or designated place for onward transfer to the health authorities.
10. Keeping records in a safe and easily accessible place.



Activities of CHWs in the Community

1. Identifying appropriate facilities in the area for referral. Discussing well in advance with the supervisor as to the centers that should be used for referral.
2. Identifying community resources to assist in emergencies (savings schemes, transport, etc.) and conveying relevant information to the women and their families.
3. Identifying local community, religious, and government leaders; elders; well-respected community members; and organizations for advocacy, capacity building, and community mobilization.
4. Getting to know the TBAs in the locality, establishing a good relationship with them so that there can be some coordination between the two of you and so that you can have an additional method to know the time of birth. Working with the TBA to identify mothers with problems who need referral to the health centers and promoting a link between the center staff and the TBAs.
5. Facilitating outreach services by linking with the outreach staff, informing families of the dates and schedules, and encouraging attendance and participation of families.

SESSION 4: Basic Communication Skills (30 minutes)

OBJECTIVES

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

- List and identify key components of effective communication.

PREPARATION

In advance, select a participant to role play a person with a problem. Talk with the volunteer to decide on a problem that is common for many people in the community.

STEPS

1. Explain that this workshop is focused on learning how to use the counseling cards to share correct information with women and their families during pregnancy and after giving birth and provide appropriate messages and counseling to encourage healthy behaviors. In order for communication to be effective the CHW must take care to:
 - Listen “actively.” This requires the CHW to:
 - Listen “non-judgmentally,” without being critical of the other person.
 - Understand the other person’s point of view by imagining himself/herself in the other’s position.
 - Invite her/him to openly and freely ask questions.
 - Ask questions to ensure understanding but avoid giving the impression that the other person’s knowledge is being “tested.”
 - Ask the pregnant woman, mother, and/or the family member to repeat the key points that you have presented during counseling (i.e., paraphrase) to verify whether he/she has understood the issues correctly.
 - Make eye contact (as culturally appropriate) and show real interest in what the other person is saying.
 - Concentrate on common interests and goals, not on different viewpoints.
 - Involve other family and community members as needed. For instance, include in discussions:
 - Grandmothers/grandparents, other older women, and husbands/partners who are important persons involved in health care decisions such as in:
 - ✓ Birth planning/preparation
 - ✓ Seeking routine preventive care
 - ✓ Referring a woman and/or baby with problems or sickness to health facilities
 - ✓ Increasing or changing the woman’s diet
 - ✓ Advocating for additional rest for the pregnant or breastfeeding woman
 - ✓ Birth spacing/family planning
 - Formal and informal community leaders who can help in facilitating financial support systems and transport
 - Religious leaders who when motivated can help with some of the more deep rooted practices, especially those with apparent or real links with religious beliefs and mandates



- Take into account other potential barriers, for example, lack of resources. Women may not be able to act on their intentions because they lack basic resources. Where feasible, refer women and their families to organizations that can supply items such as the vitamins, food products, bed nets, and other materials they may need. Help women identify accessible quality health care services.
 - Use compelling, real-life stories that women, their families, and community members can identify with. For instance, the death of a pregnant woman is a dramatic event that everyone in a community remembers. That type of story could be turned into a lesson learned. Likewise, the story of a woman or newborn whose life was saved due to the timely care-seeking at a health facility is a “happy ending” that can be used as an example for others to follow.
2. Explain that you will demonstrate these communication skills using a role play. Ask for the pre-selected volunteer to come forward. Explain that you will show how to communicate effectively by listening, not passing judgment, asking questions, and encouraging him/her to find a way to address the problem (not just give advice). After asking the other participants to observe the demonstration, carry out the role play with the volunteer.
 3. Ask the participants to provide you with feedback on your communication skills. Ask:
 - Do you think that I demonstrated effective communication skills? Why or why not?
 - What are specific examples of things that were done well? Things that were not done well?
 - What would you have done if you were me? Please explain.

SESSION 5: Introducing Counseling Cards and the Importance of Negotiation (60 minutes)

OBJECTIVES

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

- List the advantages of using counseling cards.
- Describe basic aspects of the process of negotiation.
- Explain how negotiating with a woman is different from telling her to do something.
- List the main guidelines for using counseling cards effectively.
- List the different settings where they may use counseling cards.

STEPS: Counseling Cards

1. Ask participants what a counseling card is. Allow participants to discuss and share experiences using or seeing counseling cards.
2. Explain that a counseling card is a kind of visual “support material” used by health workers during counseling sessions to facilitate communication with women, family members, and other community members. Counseling cards contain images that describe and support the required behavior and a few well-targeted messages or key words.
3. Explain that there are a number of reasons for using counseling cards including the following:
 - Counseling cards are appealing. They are visual and fun. Women, their families, and other community members are usually interested in conversations or sessions that include such aids.
 - They provide credibility and recognition for CHW and may help gain access to homes.
 - They help CHW organize the topics they want to discuss with women, mothers, and families, and prioritize and focus on only one message or a set of interrelated messages at a time.
 - They remind the CHW of what they need to discuss. With experience and repeated use even illiterate or less literate workers can begin to use the bulleted statement on the back of the counseling cards to remind them to cover the key points, especially if the cards have small appropriate images near the bullets.
 - The person(s) seeing the images can identify with the persons in the card and feel: “That person is like me.” Then she/he is more likely to think, “I can try that practice too.”
4. It is, however, important to remember that counseling cards are just a “support” to the interaction between the health worker and the woman, family, or community group. Health workers also need to develop skills to use counseling cards.
5. Explain that although the topics in the various counseling cards are different, the way that CHW will use them will be similar.
6. The CHW has to be able to decide which message or card to focus on in each situation.



7. For the cards to be used effectively, health workers must learn how to communicate with women, families, and other community members. They have to learn to “negotiate” changes in behaviors rather than simply imposing them on others.
8. Ask participants to think about all of the places where counseling cards can be used. Allow participants to share their ideas. Be sure they mention the following settings:
 - home-visits,
 - group sessions,
 - advocacy activities with community leaders (business, civil, religious, or well-respected people), and
 - to support community mobilization as required.

STEPS: The Importance of Negotiation

1. Explain that families’/communities’ views on maternal and newborn care are often influenced by local beliefs and experiences. They are also affected by the relatively large numbers of maternal and newborn deaths. Families often lack basic information on preventive care for pregnant women, mothers, and newborns. This can explain why beliefs and practices differ from or even contradict the behaviors that health workers want to promote.
2. When talking with women and their families, it is better to move away from simply telling them to do something, but rather to go through a **process of negotiation** and get them to agree to try the desired behavior/activity.
3. Use stories of people’s experiences that you know or have heard of that can help to motivate families, such as those about how delay in seeking proper treatment increased complications and even resulted in the death of a mother while early care-seeking saved the life of another woman.
4. Facilitate a discussion with the following questions:
 - What are our goals as CHWs when we promote maternal and newborn health practices with these counseling cards?
 - What can we do as CHWs to help women and their newborn babies be healthy?
 - Does telling a woman to do something mean that she will do it?
 - How can we get a woman to follow the recommended healthy behaviors?
5. Ask participants to think about a time in their life when someone told them to practice a new behavior and whether or not they followed it. Ask someone who did try the behavior to raise their hand. Request one person to volunteer to share the experience with the whole group. For example, ask the volunteer:
 - What was the behavior you were told to do?
 - Who told you to try the new behavior?
 - What was the reason they gave you for trying this behavior?
 - How did you feel about the behavior and the person telling you to do it?
 - Did the person telling you to do it provide you with support?
 - What were the main reasons you agreed to try the recommended behavior?
6. Ask another person who did not try a behavior to tell his/her story. Ask questions similar to those noted above.
7. Ask participants to look for common themes or feelings in the above experiences. Discuss how these experiences relate to communicating with women and family

members. Ask participants to talk about how we can encourage women to change their behavior.

8. After participants discuss, remind them that providing people with correct information is necessary, but this alone is not usually enough to change behavior. As a CHW, they can communicate best with people by listening, understanding, and negotiating so that the women/families will try the new behavior and then adopt it.
9. Explain that this training will focus on using counseling cards to help engage women and their families in conversations about improving their health and the health of their baby. Some of the healthy practices being promoted may be uncommon in their communities. There may be many reasons why people do not want to practice what the CHW is suggesting. In fact, CHWs should anticipate barriers to practicing healthy behaviors and help women to identify ways to overcome these barriers. Explain that as a CHW they will need to talk with a woman about her individual situation and make her feel that she is respected. It is important to share information with women and their families, encourage them to talk about why they are or are not able or willing to try a practice. It is extremely important to listen patiently to families and their challenges/problems and work together to find solutions.
10. Explain that healthy behaviors will often need to be **negotiated**. **Negotiation is a process**, based on dialogue, reflection, problem solving, mutual respect, and support to engage people through a joint search for solutions. Additionally the mother/family members can be asked to do the following:
 - Identify the family beliefs and practices that will help them to follow the required healthy behavior.
 - Identify those beliefs and practices that will make it difficult to accept and follow the stated behavior. Discuss with them if certain adaptations in certain existing customs will aid them in carrying out the required actions.
 - Involve key decision-makers in the family in the negotiation process, such as the husband/partner, mothers-in-law, and other elder women.
 - Share information about any support services available in their community that could help the family in complying. The latter can be improved further by community mobilization and convincing of key leaders.
 - Come up with options that both sides can benefit from and negotiate the desired behavior. To do so, remember to respect culture, and harmless traditional practices. For instance, talismans are considered important protective objects in certain cultures and in most cases their use does not jeopardize the baby's or the woman's health unless considerable time is wasted in procuring them before going to the health facility.
11. Indicate that sharing stories of actual case studies of community experiences may also help them to negotiate the desired behaviors.
12. Other steps noted above under "Basic Communication Skills" will also support efforts for negotiation.
13. Negotiation has been shown to be an effective way to encourage people to try new behaviors. The process represents an important shift from external imposition or a prescriptive approach to mutual understanding for the attainment of common goals (i.e., healthy mothers and babies).



SESSION 6: Basic Guidelines for Using Counseling Cards (30 minutes)

OBJECTIVES

- To demonstrate the general steps to follow when **using a counseling card** with a woman, family, or a group.

STEPS

1. Explain that home visits are ideal for postpartum maternal and newborn issues since mothers do not readily come out of their homes after delivery.
2. Explain to participants what steps the CHWs should take to prepare for the meeting with a client. To prepare for home visits:
 - Identify pregnant women and women who have recently given birth; these should be registered and mapped.
 - Have clear ideas of the location of the homes.
 - Select the theme to be discussed based on guidelines set by the supervisor and specific requirements of the planned home visit or community meeting.
 - Prepare/review the objectives of the particular visit. Make sure that they identify and review the cards to be used, note issues such as questions to be asked, and possible negotiations to be made at the visit
 - Look at the counseling card(s) related to the theme several times to be sure that they understand the information and will feel comfortable talking about it.
 - Think about their own beliefs about maternal and newborn health and deal with them before communicating with the client(s). Clarify any doubts and ask questions from the supervisors or other more experienced CHW on aspects that they might not yet fully understand.
3. Enter the home in a pleasant courteous manner. After asking permission to enter, congratulate the family on the good news of either the new pregnancy or baby.
4. If there is a newborn baby, take care to wash hands with soap and clean water and “air-dry” them if you need to touch the baby. Remember to ask permission before touching the baby.
5. Ask for and help identify any danger sign in the woman and/or baby during the visit and promote urgent care-seeking at an appropriate facility if even one danger sign exists.
6. If there is no urgent problem, use this visit to provide appropriate advice using relevant counseling cards on appropriate themes, selecting from topics such as care during pregnancy and in the postpartum/postnatal period, healthy behaviors related to preventive care at home, appropriate antenatal and postnatal visits to the health center, identification of danger signs in the woman and baby, and appropriate care-seeking behavior. Key guidelines for use of the counseling cards are noted in the following box.

Guidelines for Using Counseling Cards
(During a home visit or community sessions)

Show the counseling card.

- Ask mothers/family members to describe what the images on the card convey to them. What are the persons on the card doing? What message is being promoted?
- After the above responses, describe the counseling card in your own words, presenting the following:
 - The specific behavior being promoted
 - The main message
 - Any special issues related to the message
 - Points for counseling
 - Beliefs and practices that can influence the acceptance of the required behavior (supportive and hindering)
 - Suggestions for negotiation of the required behavior
- Have an interactive discussion with the family and counsel them on how the members can:
 - accept and follow the healthy behavior, keeping as far as possible within their cultural framework or requirements.
 - make safe adaptations where necessary.
 - consider trying at least some of the suggested options where there is more resistance to adopting the desired behavior.
- Maintain records of such visits/counseling sessions as advised by the supervisor and provide the necessary information/data to the latter.

The checklist with the key steps of counseling is also noted in appendix # 1 for easy reference and for making additional copies as required. The same list can also be used during supervision visits.



Counseling cards for maternal and neonatal health – hand washing



Hand Washing

Sheet G1

Newborns are fragile, so strict attention to hygiene is necessary to maintain their health. Handling a newborn with unclean hands may put their health in danger.

QUESTIONS

Why is important for you to wash your hands?

When is it particularly important for you to wash your hands?

ANSWERS (KEY MESSAGES)

Frequent hand washing can help the mother, baby, and family members to remain healthy and prevent dangerous infections.

Wash your hands with clean water and soap to protect your newborn against infections.

Washing your hands with clean water and soap is simple and effective, and is particularly important to do:

- after using the toilet
- after changing your baby's diaper
- (if possible) before each time you come in contact with a newborn, especially low birth-weight babies



SESSION 7: Handwashing (30 minutes)

OBJECTIVES

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

- Explain the need for handwashing and the value it brings to improving the health of the whole family.
- List in what situations hands should be washed before touching the baby.
- Demonstrate how to wash hands effectively.

Importance of Handwashing

One of the most effective ways of preventing infection, a leading cause of death in mothers and babies, is frequent washing of hands in a correct manner with soap and clean water.

When Should Hands Be Washed?

Hands should be washed by the mother and members of the family before handling the baby, at least after using the toilet, after changing the baby's diaper/napkin and after cleaning the house. Hands should be washed even more frequently before handling the low birthweight/preterm baby who is much more susceptible to infections.

The community health worker/volunteer must wash his/her hands before entering the house/room where there is a newborn baby, particularly because it is good for the worker to review the baby for the status and presence of danger signs with the mother. After washing, hands are best air-dried. If a cloth or towel is used, it must be clean.

Since health workers need to see and touch newborn babies, it is best that their nails are short and clean to decrease germs under the nails.

DEMONSTRATION / RETURN – DEMONSTRATION

1. Demonstrate the correct method of hand washing taking care that while you carry out the procedure, each step of the checklist noted below is read aloud by one of the participants or a co-facilitator. Show how to rub in the soap well, taking care to clean the palms, back of the hands, in between the fingers, under the nails and the arms up to the elbow for at least 20 seconds.
2. Demonstrate how to rinse the hands with or without help:
 - With help (ideal): the assistant pours the water from a container while the facilitator washes the hands over a basin. Air-dry hands in the manner noted in the checklist below.
 - Without help: Pour water on your hands with a container by holding the handle, outside or outer rim after applying soap. Do not plunge the hands inside a basin of water as it may not be so clean and even if the water is clean it will get contaminated. After washing hands pour some water to wash off any soap stains on the outside of the container.
3. Return demonstrations can be carried out with some of the participants. One can carry out the procedure while another reads aloud each step as it takes place.

Evaluation Checklist for Handwashing

Checklist	1	2	3	4	5	6	7	8	9	10
1. Removes bracelets, bangles and watches										
2. Uses clean water										
3. If there is no tap, ensures that water is poured on the hands and does not dip them inside a basin or bowl.										
4. Wets hands and arms, applies soap and rubs the hands well, taking care to clean the palms, back of the hands, in between the fingers, under the nails and the arms up to the elbow for at least 20 seconds.										
5. Rinses hands and arms with clean water										
6. Keeps hands raised and allows the hands and arms to "air dry"										



SESSION 8: Key Maternal and Newborn Health Behaviors (1 hour)

OBJECTIVES

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

- Explain why improving maternal and newborn health is important in their communities.
- Identify key behaviors required to improve the health of women and their newborns.

STEPS

1. Ask participants why they think it is important to focus on maternal and newborn health. Facilitate a discussion about the maternal and newborn health issues in their community. Encourage participants to share examples about problems women face during pregnancy, delivery, and after the baby is born, as well as examples of problems newborns face soon after birth. Ask participants to list common serious problems that they have heard of in mothers and babies during pregnancy and after birth that need immediate care, especially those that can result in deaths. Ensure the causes of death noted below are highlighted. At the end of the discussion, review again the chief causes of death, using simple words that families can readily understand and identify with.
2. Present the causes of death in women related to pregnancy and childbirth:
 - Disorders related to high-blood pressure (hypertension) such as preeclampsia and eclampsia, conditions that are associated with high blood pressure and with swelling of the face, hands and feet. These disorders are a danger to both the mother and baby.
 - Obstructed labor
 - Severe bleeding
 - Infection
 - Health conditions that can indirectly lead to her death including anemia, malaria, HIV/AIDS
3. Present the causes of newborn deaths:
 - Infections, including tetanus
 - Failure to breathe well upon birth (birth asphyxia)
 - Complications from a premature birth
4. Define and describe stillbirths: Babies (or fetuses) may also die before birth, these being called “stillbirths.” In practical terms there are two types of stillbirths: fresh stillbirths and macerated stillbirths:
 - Fresh stillbirths: These are fetuses (babies that die shortly before birth) and are important, as many are related to problems during labor that can be addressed by proper care during this process and thus help to prevent some of the deaths. The body is fresh and looks like a normal baby, with the skin being normal. In some cases babies who are actually born alive but die very soon after birth are considered by some families as “stillbirths.” Hence these types of “fresh” stillbirths are extremely important to monitor.

- **Macerated stillbirths:** These are fetuses that die much earlier during pregnancy and are related to other causes that may be more difficult to detect and treat. Such bodies are usually smaller, misshapen, and the skin is friable and looks “macerated.” Try to describe the latter in local terms.

It is important to try and get information about deaths and stillbirths from the community. Considerable tact is required as the subject is painful and families tend to “hide” the information. Because of this, monitoring deaths is very important, especially related to the newborn period. In fact these deaths are grossly under-reported so that the burden of deaths during the first month, especially the first few days, is not clearly understood by the community, by health systems, and even at higher levels with policy and decision-making groups.

5. Ask participants to discuss what people in their community usually do if a woman or newborn baby falls sick. Use the following questions to facilitate the discussion:
 - What do they do when a woman or newborn baby falls ill?
 - Where do they seek help?
 - What are the reasons for the above actions?
 - Would they consider going to the health facility for treatment? Why? Why not?
6. Present the following information on maternal and newborn health and answer any questions. While pregnancy and childbirth are normal events that happen all the time, some women and babies can develop complications that not only pose problems but can also result in death. Sadly, many women and newborns die from causes that could have been prevented if the woman had sought suitable care at the appropriate time. A few examples of problems are noted below.
 - Babies are very vulnerable and require basic care for survival.
 - A newborn’s health is also affected by when and how often a woman gives birth. Women who give birth when they are too young or too old or have babies too closely together, or have too many babies put their health and the health of their babies at risk.
 - Women who deliver without a skilled birth attendant are also at risk.
 - Malaria can cause problems for pregnant women and their babies. There are medicines that can be given to pregnant women during antenatal care (ANC) visits to help prevent these problems.
 - Eating well and getting enough rest during pregnancy are also important for the health of the woman and baby.
7. Ask participants to list what actions should be taken by the woman/family to ensure that she remains healthy during pregnancy and after birth and the baby also stays healthy and thrives.

Make sure the behaviors listed below are also covered. After this discussion it will be useful to review again the key behaviors during the antenatal and postnatal periods related to the woman and her baby. These are listed in the table below.



Key Family Behaviors Related to Maternal and Newborn Health

(The behaviors can be prioritized and adapted for individual country programs.)

Maternal Components before Birth

The family ensures that the pregnant woman:

- Visits the antenatal clinic at least four times during pregnancy.
- Takes the required doses of tetanus toxoid vaccine.
- Consumes iron and folic acid.
- Takes mebendazole (every six months starting in the second trimester).
- Gets tested for STIs, including HIV, and follows the advice of the health worker based on the results.
- Consumes a nourishing diet, including an extra meal a day.
- Uses iodized salt when preparing family meals.
- Takes additional rest (at least one hour) during the day.
- Sleeps under an insecticide-treated bednet during pregnancy.
- Has intermittent preventive treatment (IPTp) for malaria, as advised by the health worker.
- Knows the danger signs for seeking immediate care at the facility, such as leaking of fluid or blood, fever, swelling of the face and hands, convulsions (fits), or tongue or palms being very pale.
- Has a plan for birthing and complications or emergencies, including identification of the center to go to, the transport to use, saving/procuring funds for transport and medical services, arrangements for care at home, and assistance for the mother.

Maternal Components after Childbirth

Soon after birth and later in the postpartum period, the woman/family promotes the general well being of the woman by ensuring that she:

- Consumes adequate food and fluids.
- Empties the bladder frequently.
- Follows hygienic/clean practices.
- Follows the instructions of the health worker on proper techniques of breastfeeding (details below in the baby components).
- Consumes the required supplements (iron and folate, vitamin A), medication (e.g., anti-malarials, deworming) according to country norms.
- Sleeps with the baby under an insecticide-treated bednet in malaria prone areas.
- Receives any missed doses of tetanus toxoid.
- Has and is aware of results of tests for STDs and HIV/AIDS and takes the necessary steps if any test is positive (if missed in the antenatal period).
- (Mother) and baby are assessed by a trained health worker early in the first week postpartum, preferably within 24 hours of birth or at least within the first three days and have follow-up visits as advised by the health worker.
- Knows the danger signs for which she has to go to the facility, such as:
 - Excessive vaginal bleeding (e.g., more than 2 or 3 pads soaked in 20-30 minutes after delivery or bleeding increases rather than decreases after delivery)
 - Convulsions
 - Fast or difficult breathing
 - Fever and being too weak to get out of bed
 - Severe abdominal pain
 - Foul smelling vaginal discharge (lochia)
 - Severe headache and swelling of the hands and face
 - Red patches or streaks and or pain in the legs
 - Severe painful, engorged breasts and/or sore, cracked, bleeding nipples
- Develops in advance an emergency plan including identification of the center to go to, the transport to use, saving/procuring funds for transport and medical services, arrangements for care at home, and assistance for the mother.
- Seeks the advice of the health worker and follows the most suitable method for birth spacing/family planning in order to delay the next birth for about three years.



Newborn Components

At birth and later in the postpartum period, the mother/family ensures that:

- The temperature of the baby is maintained by the following:
 - Having the baby dried with a clean cloth immediately after the birth and wrapped (including the head) with a fresh clean dry cloth.
 - Placing the baby close to the mother, preferably practicing skin-to-skin contact.
 - Delaying the first bath for the baby at least for six hours and preferably until the next day.
 - Verifying that the baby is actually maintaining temperature by checking that the tummy, hands, and feet are all adequately warm, not cold or too hot.
- The mother commences breastfeeding within one hour of the birth without giving any other fluids and breastfeeds the newborn exclusively on demand during the day and night at least 8-10 times a day (24 hours).
- The mother keeps the cord clean and dry without applying ash, clay, or any other similar harmful substance.
- In order to protect the baby from infections, the mother and family members wash their hands with clean water and soap before touching the baby, especially after using the toilet or changing the napkin/diaper for the baby and cleaning items or the house.
- The mother provides greater care for the low birth weight infant, such as:
 - Keeping the baby warm by skin-to-skin contact (kangaroo mother care).
 - Breastfeeding more frequently.
 - Delaying the first bath for a week or more but taking care to keep the baby clean by sponging the parts that get dirty.
 - Taking the baby to the nearest health facility if he/she cannot maintain temperature or suck at the breast.
- The mother knows the danger signs for which to take the baby immediately to the facility:
 - Is sucking less or not sucking at all.
 - Is inactive/ lethargic.
 - The body feels excessively hot or cold.
 - The breathing is fast or is associated with lower chest retraction, groaning and flaring of the nostrils.
 - Has abdominal distension and or persistent vomiting.
 - Has convulsions.
 - The base of the cord is red, swollen, has pus discharge or a foul smell.
- The mother/family develops in advance an emergency plan, including identification of the center to go to, the transport to use and saving/procuring funds for transport and medical services, arrangements for care at home, and assistance for the mother.
- The mother/family ensures that the baby is assessed by a trained health worker early in the first week postpartum, preferably within 24 hours of birth or at least within the first three days and has follow-up visits as advised by the health worker.
- The baby receives the necessary immunizations as advised by the health worker.

8. Ask the participants if women generally comply with the above behaviors. If not, what are the barriers? How can we overcome them? Encourage participants to share personal examples and stories from their community. Ensure that key points are noted on the flip chart and reviewed, not only at the end of this session but also reviewed when dealing with each main behavior or message related to the individual counseling cards. Inform them that these issues will be discussed again in detail with each specific behavior later on.



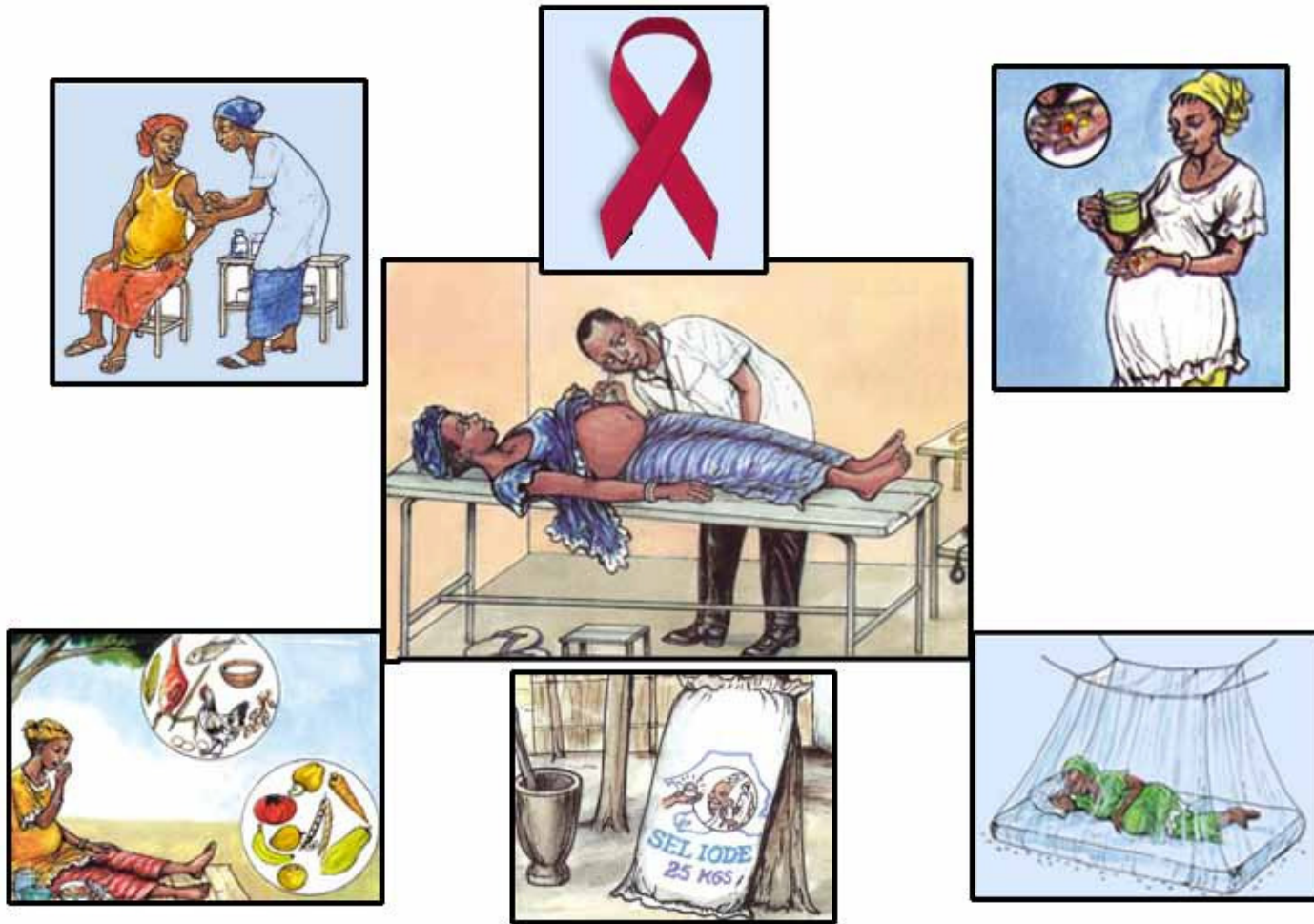
INSTRUCTIONS: Sessions 9 Through 25

Beginning with the next session (9), the rest of this training guide will explain how to use the individual counseling cards. The box below describes in detail the steps to be followed for each session. (Some of these steps are also incorporated into each session description.)

Steps for Conducting Daily Training Sessions on Using the Individual Counseling Cards

1. Briefly review previous days' activities, highlighting key points for learning.
2. Show the counseling card to the participants and ask what the pictures mean to them and if they are appropriate for the community they work in.
3. Present the key message(s) for promoting the desired behavior.
4. Present key points written on the back of the card and/or any additional information noted in this training guide relevant to the card being discussed.
5. List common cultural beliefs and practices that can influence the adoption of the desired behavior.
6. Ask the participants to identify other practices in their community that can influence the desired behavior.
7. Ask participants to divide the identified practices into three groups: (a) those that support the behavior that must be praised and encouraged; (b) those that hinder the adoption of the behavior for which advocacy and negotiation is required to effect change; and (c) those that are neither obviously harmful nor particularly helpful that can be left alone until more evidence-based information is available.
8. Present guidelines for negotiation noted in the manual. Ask participants for any additional suggestions and develop concurrence over the appropriate ones.
9. Organize the role play for highlighting the specific message(s).
10. Encourage discussion after the role play.
11. Ask participants who are not literate or less literate to determine methods to note down key points that they need to remember while using the counseling card with families/groups.
12. Repeat the above with other counseling cards planned to be covered on that day.
13. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today? (b) List two things you liked? (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
14. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.

Counseling cards for maternal and neonatal health – Antenatal care





Sheet A1

ANTENATAL CARE

A pregnant woman can reduce many of the risks related to pregnancy and delivery if she regularly attends the antenatal clinic and receives proper care.

QUESTIONS

- 1) When should the pregnant woman initiate visits to the antenatal clinic?
- 2) What are the six (6) preventive guidelines the woman should follow during her pregnancy?

KEY MESSAGES (includes answers to above questions)

- **During the first three (3) months, as soon as you learn that you are pregnant, go immediately to the health facility to initiate a series of a minimum of four (4) visits for proper monitoring of your pregnancy**
- **Follow the six (6) preventive guidelines to reduce the risks of pregnancy and delivery:**
 1. **Get vaccinated against tetanus.**
 2. **Protect yourself and the baby from malaria by sleeping under insecticide-treated bednets and taking the recommended doses of antimalarials.**
 3. **Take the recommended doses of iron and folate to avoid anemia.**
 4. **Add foods of high nutritional value (such as cheese, eggs, peanuts, and fruit) especially during the last months of pregnancy.**
 5. **Consume iodized salt to prevent miscarriages or the early death of the newborn, and damage to the baby's brain.**
 6. **Get tested for HIV/AIDS to receive care and protect your infant.**

ADDITIONAL INFORMATION

- Take iron tablets with meals to reduce side effects (nausea, vomiting, and diarrhea).
- Taking iron tablets can result in dark-colored stools; this is no cause for worry.
- When taking iron tablets, consume foods rich in vitamin C such as oranges, lemon, guava, green leaf vegetables, and tomatoes. Avoid drinking tea or coffee immediately after taking the tablets because this reduces the absorption by your body.
- Avoid doing heavy work and get plenty of rest.
- The mosquito net must be retreated with insecticide after a period as advised by the manufacturer.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

SESSION 9: Antenatal Care (30 minutes)

OBJECTIVES

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

- Help women, their families, and the community understand the importance of antenatal visits.
- Explain when a woman has to go for antenatal visits and why they are important.
- List the key preventive behaviors during pregnancy.
- Negotiate the appropriate behaviors.

STEPS

1. Show participants the antenatal counseling card. Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: During the first three months, as soon as you learn you are pregnant, go immediately to the health facility to begin a series of four visits for proper monitoring of your pregnancy and for preventive care.**
3. Present the key points for counseling mothers and families:
 - Although pregnancy is a normal process, complications can occur.
 - Many complications can be prevented by following the advice of the health care provider and attending regular antenatal consultations for information and services.
 - Early detection of complications is important; complications that are detected early are more easily treated and managed.
 - In addition to finding out about possible problems and treating them, a woman who goes for regular antenatal care receives other important information and services on how to improve her health and that of her baby.
4. Present the key actions a woman can take to protect herself and her baby during her pregnancy:
 - Get vaccinated against tetanus.
 - Protect herself and the baby from malaria by sleeping under insecticide-treated bednets and taking the recommended doses of anti-malarial medicine.
 - Take the recommended doses of iron and folate to avoid anemia.
 - Add foods of high nutritional value (such as milk, cheese, eggs, meat, fish, oils, nuts such as peanuts, seeds, cereals, beans, vegetables, and fruit), especially during the last months of pregnancy. Among these nutritious foods, women can give priority to those that are more readily available and affordable.
 - Use iodized salt when cooking to prevent miscarriages and damage to the baby's brain.
 - Get tested for HIV/AIDS to receive care and protect your infant.
 - Get screened for STIs, including syphilis and other reproductive health infections or diseases that can affect your health and that of the baby.



Trainer Note:

- Regarding iron tablets: take them with meals to reduce side effects, such as nausea, vomiting, and diarrhea. They can result in dark-colored stools, but this is no cause for worry. Avoid drinking tea or coffee immediately after taking the tablets because this reduces the absorption by your body.
 - Consume foods rich in vitamin C such as oranges, lemon, guava, green leaf vegetables, and tomatoes.
 - Avoid doing heavy work and get plenty of rest.
 - The mosquito net must be retreated with repellent after a period if advised by the manufacturer.
 - Engage in safer sex, including using of condoms when pregnant and breastfeeding
 - Avoid alcohol and smoking during pregnancy.
 - Do NOT take medication unless prescribed at the health center/hospital.
 - Whenever possible, bring your husband/partner or a family member for at least one visit.
5. Ask participants if most women in their community go for the minimum four ANC visits and practice the recommended preventive behaviors during pregnancy. Ask participants to share common beliefs and practices in their community, including beneficial and harmful ones that may influence whether a woman goes for antenatal visits during pregnancy. Make sure that the ones listed below are highlighted; if not mention them yourself. Make a note of any additional beliefs and practices that participants may bring up and inform the person/team carrying out the capacity building so that, where feasible, a record can be maintained of these points and new beliefs and practices can be maintained and included in subsequent training sessions.
- Some women and families may not be comfortable going to a health facility for care.
 - Since pregnancy is thought of as a natural process, families may think that antenatal check-ups are unnecessary.
 - In some places, women tend to hide their pregnancy for fear of the “evil eye” or other traditional beliefs.
 - Some women have important taboos about foods which are nutritionally important for good health (for example, some protein-rich foods).
 - Some believe that tetanus toxoid is an injection that will prevent future pregnancies.
6. After 10 minutes of discussion about common beliefs and practices, facilitate a discussion that will help the participants list all behaviors identified into three groups:
- Helpful traditional practices that need to be encouraged
 - Harmful traditional practices that need to be discouraged
 - Traditional practices that are neither helpful nor harmful and can be left alone
7. Present the following suggestions to help participants in preparing a strategy to promote the required behaviors. Ask them if they have any additional suggestions.
- Although pregnancy is a normal process, complications can occur which may be serious and even result in death. It is difficult to predict which women will develop problems. Hence, all pregnant women should be assessed by a qualified health worker and given appropriate preventive care.
 - Harmless talismans can be used to ward off an “evil eye,” permitting the family to adopt the above recommended behaviors.

- Other points can be based on the general guidelines noted in the section on negotiation, on country recommendations, if any, and on suggestions from participants.
 - Reassure the family that the injection to prevent tetanus does not have any impact on limiting the number of children that the mother can have. In contrast, it protects both the mother and baby from the serious life threatening illness of tetanus. Use the locally used term for this condition to make it clearer to the woman and the family.
8. Organize a role play as described below:

Role Play: Invite two volunteers for a role play. Alternatively, one can also use three volunteers, the first representing the community health worker, the second the pregnant woman/mother, and the third the mother-in-law/grandmother. Since this is the first role play, it might be beneficial if you, as the trainer, participated as the CHW. Read the following passage to the participants. Advise them that their discussion should be based on the information presented earlier on common beliefs and practices regarding antenatal consultations. Once the role play is completed, ask the observers what they thought about the role play. Then ask the group for their ideas based on the questions below.

Scenario: (This may be changed as required to suit local situations.) A CHW learns from some older women that a young woman in the area may be pregnant. She/he goes to the pregnant woman's home and, after greeting her and putting her at ease, asks her when she is planning to go to the antenatal clinic. She/he also reminds her that a minimum of four visits are recommended during pregnancy. After discussion, the community health worker asks the woman if she expects any problems in going for her antenatal care and if she/he can help in any way. The woman explains that she may have some difficulties with her mother-in-law. She has also heard rumors about the TT vaccine preventing future pregnancies and wants to know if they are true. The CHW then counsels the woman and negotiates the required behavior.

Additional scenario (to be used if necessary): In talking with a neighbor, a CHW learns that the woman's daughter-in-law went for her second antenatal visit several weeks ago and received iron tablets. The pregnant woman had black stools and felt nauseous when she took them and now has stopped taking them. The CHW decides to go to the house to visit the pregnant woman. He/she talks with the pregnant woman and notices that she looks very tired. The CHW explains how to manage the side effects from the iron tablets. He/she also talks about the importance of taking all of the prescriptions (worm tablets, anti-malaria tablets, and iron/folic acid), being vaccinated against tetanus, eating well, and getting enough rest. She reminds the woman that four ANC visits are recommended during pregnancy. Before leaving, the CHW asks the pregnant woman if she expects any problems going for her antenatal care and if he/she can help in any way. The woman explains that she may have some difficulty getting money from her husband for transport for more ANC visits and to buy nutritious foods. She is concerned that her mother-in-law may not permit her to take additional rest. The CHW helps the pregnant woman develop a plan for negotiating with her husband and mother-in-law



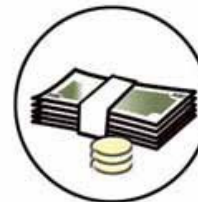
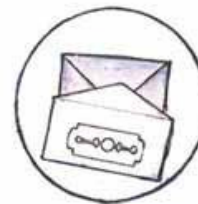
9. Allow ten minutes for the role play; then ask the following questions:
- What were the pregnant woman's major concerns about going for antenatal consultations?
 - Do you think the CHW adequately addressed the woman's concerns? How so?
 - Did the CHW encourage and allow enough time for the woman to ask questions?
 - Did the CHW verify that the woman had understood the main messages by asking her to repeat them?
 - Do you think that the pregnant woman will go for the four recommended visits? Why or why not?
 - If you had been the CHW is there anything that you would have done differently during the counseling session? Please explain.
 - What additional steps should the CHW take to ensure that the mother/family adopts the desired behavior?

Trainer Note:

Role plays can be carried out as a plenary session or participants can be divided into small groups of six to conduct their own role play for assessment and feedback. One participant is the CHW, another is the mother, and the third is the mother-in-law/grandmother or husband/partner. Three of them can enact the scenario and the other three can provide feedback. Advise them that their discussion should be based on the information presented earlier on common beliefs and practices around the problem being discussed and guidelines for negotiation.

10. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today. (b) List two things you liked. (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
11. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.

Counseling cards for maternal and neonatal health – Birth preparedness





Sheet A2

PLANNING FOR DELIVERY (BIRTH PREPAREDNESS)

A pregnant woman can reduce many of the risks associated with pregnancy and delivery if she makes specific plans for her delivery such as those noted below.

QUESTIONS

1. What plans should you make for the delivery?
2. What must the pregnant woman keep ready for her delivery?

KEY MESSAGES (include answers to above questions)

- Preparing for the delivery allows you to plan for the best available quality of care.

You should:

- Identify the place of your delivery with your health worker;
 - Prepare the necessary materials;
 - Save enough money for medical expenses.
- To have a clean delivery and avoid infections in your baby, keep aside the following materials from the fifth month of pregnancy:
 - Five clean cloths
 - A bar of soap
 - A new razor blade (kept in its original wrapping)
 - Clean thick cotton thread (knitting thread)

ADDITIONAL INFORMATION

- For the delivery go to the health facility to benefit from the help of a qualified professional.
- Identify a means of transport for rapid evacuation in case of an emergency;
- Boil the new razor blade and the cotton thread for 10 minutes before the delivery.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

SESSION 10: Planning for Birth –Birth Planning or Birth Preparedness (30 minutes)

OBJECTIVES

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

- Explain why it is important for pregnant women and their families to plan for the birth and be prepared for an emergency.
- Help pregnant women, their husbands/partners, and family members develop birth-preparedness and complication-readiness plans.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: Prepare for birth and make plans in case of complications.**
3. Present the key points for counseling mothers and families. Although giving birth is usually a normal process, it is important to plan for the delivery and to be prepared in case of any complications/emergencies to protect the health of the woman and baby.

Preparing for the delivery allows you to plan for the best available care and should include the following:

- Identify the place of your delivery with your health worker.
- Discuss with the nurse/midwife when you should go for antenatal visits, when to reach the center for the delivery, and what to take with you.
- Prepare the necessary materials for yourself and for your baby.
- Save enough money for going to the health center for the delivery/complications, other medical expenses and for the transport.
- Identify the transport to be used for the above.
- Plan who will go with you for support during delivery and who will help at home while you are away.

Giving birth in a facility is recommended because:

- Complications can develop at any time during delivery without warning.
- A facility has staff, equipment, supplies, and drugs available to provide the best care.

If giving birth at home, the woman should gather everything required for the delivery in advance. To have a clean delivery and avoid infections in your baby, keep in a clean covered box or container the following materials well in advance:

- Five clean cloths
- A bar of soap
- A new razor blade (kept in its original wrapping)
- Clean cotton thread, at least three pieces to tie the cord. Plan to boil the blade and the cotton ties for ten minutes when the labor pains start. After delivery, keep the cord clean and dry.
- HIV-positive women will need appropriate ARV treatment for the mother and her baby during childbirth.



4. Present the common beliefs and practices influencing the desired behavior:
 - Some families believe that “preparing” for the birth ahead of time may result in problems in the woman and baby.
 - In communities with mostly underprivileged families, newborn deaths are high, especially in the first week. Some families may consider that the baby has not really “come into the family” until 7-10 days have passed. For this reason there may even be a delay in naming the baby.
 - Others as highlighted by participants.

Beliefs and practices may be grouped into:

- Helpful traditional practices that need to be encouraged
 - Harmful traditional practices that need to be discouraged
 - Traditional practices that are neither helpful nor harmful and can be left alone
5. Present guidelines for negotiation (see also suggestions under the general guidelines for negotiation).
 - If planning ahead for the delivery is a cultural taboo, reminding the mother/family that people are always preparing for something as it is a natural part of life. For example:
 - Those who work in the fields plan and get organized to plant and harvest their crops in different times of the year. This does not mean that the harvest will be poor; in fact it helps them to get a better harvest.
 - Preparing for a birth is as natural as being pregnant and having a baby; it is just part of life.
 - Preparing ahead allows you to select and arrange for the best available care for the woman and baby.
 - If there are any religious/cultural adages that support such planning for eventualities, highlight these to the families. (Find out if there are other supportive local religious recommendations.)
 - If cultural taboos are strong, consider combining the promotion of the new behaviors with harmless traditional practices. For example, if the woman or her family are afraid of the “bad omen” that preparing for a delivery or an eventual emergency can cause, find out about local talismans or rituals that people use to protect themselves and that are not harmful for the woman and baby, and see if the family would like to use them.
 - If the family does not wish to purchase new clothes for the baby ahead of time, old dresses or even pieces of cloth of the appropriate sizes can be kept aside after being washed well, dried in the sun on a clothes line, and stored in a clean container.
 - All families may not have ready access to money and transport and hence, these too must be saved and put aside. Families can also join in special saving schemes that may be available in their community or at the facility.
 - The woman may not be empowered to make appropriate decisions. Hence, advocacy must be carried out with the family, especially with the father/partner and grandmother to promote making suitable arrangements for funds. When the father has to go out of the village/town, he should assign a suitable person in the household to support the woman in making decisions.
 - Other points can be based on the general guidelines noted in the section on negotiation, on country recommendations, if any, and suggestions from participants.

6. Organize a role play as described below and allow ten minutes for it.

Role Play: Ask for three volunteers to conduct a role play; the first representing the community health worker, the second the pregnant woman/mother, and the third the mother-in-law/grandmother.

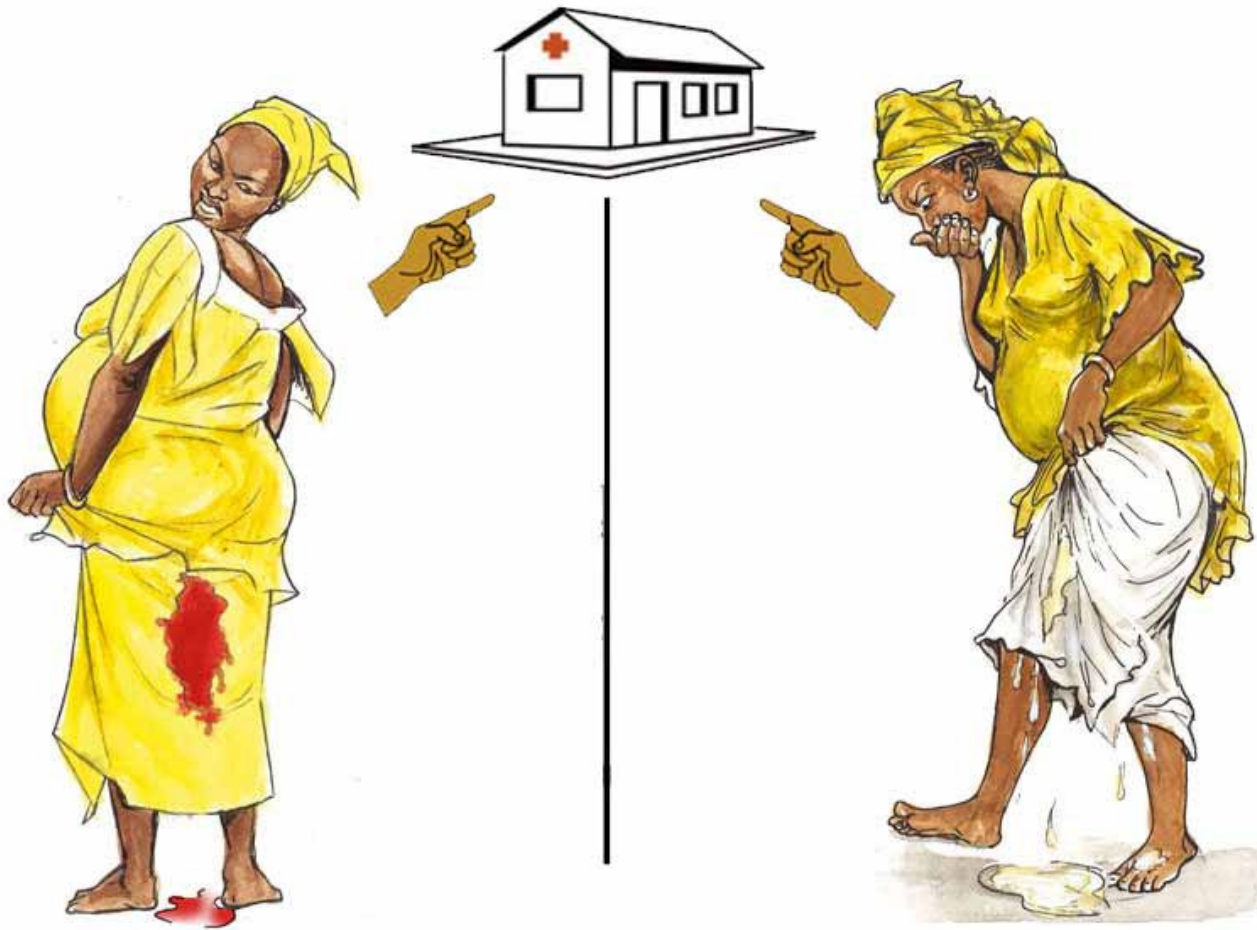
Scenario: (This may be changed as required to suit local situations.) A CHW learns that a young woman in the area may be pregnant and goes to the woman's home and after greeting the woman and putting her at ease, the CHW asks her what she and her family are doing to prepare for the delivery. Is she planning to visit the facility for antenatal visits? How will she get there? Is she planning to go to the center for the delivery? Then the CHW asks the pregnant woman if she has heard of women and babies having problems during pregnancy and childbirth. Has she or the family considered what they would do if such a problem occurred? The pregnant woman explains that she may have some difficulties talking about preparing for the birth with her husband/partner or mother-in-law. The CHW indicates the actions that are necessary. In addition he/she talks to the mother-in-law and the husband to negotiate support for birth planning.

Additional scenario (as necessary): A community health volunteer visits with a pregnant woman in her home and hopes to help her plan for her birth and in case of a complication. The mother-in-law interrupts the visit and lets the CHW know that she believes that young women are weak because they think they need to give birth in a facility and run to the nurse every time they have a little ache or pain. When the mother-in-law enters the room, the pregnant woman becomes quiet. After listening, the CHW talks with the mother-in-law and the pregnant woman and gradually helps them to develop a birth-preparedness and complication-readiness plan

7. Ask questions to stimulate feedback on the role play:
 - What were the pregnant woman's major concerns about preparing for birth?
 - Do you think the CHW adequately addressed the woman's concerns? How so?
 - Did the CHW encourage and allow enough time for the woman to ask questions?
 - Did the CHW **verify** that the woman had understood the main messages by asking her to repeat them?
 - Do you think that the pregnant woman will make the necessary preparations for emergencies and for going to the facility? Why or why not?
 - If you had been the CHW, is there anything that you would have done differently during the counseling session? Please explain.
 - What additional steps should the CHW take to ensure that the mother/family adopts the desired behavior?
8. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today. (b) List two things you liked. (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
9. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.



Counseling cards for maternal and neonatal health – Antenatal danger signs (a)



Sheet A3a

DANGER SIGNS IN PREGNANCY

Leakage of fluid or blood

It is important for a pregnant woman and the family to recognize the danger signs in pregnancy so she can be taken, when necessary, to a qualified health professional.

QUESTIONS

1. Why is leakage of fluid a danger sign during pregnancy?
2. Why is bleeding a danger sign during pregnancy?
3. What should the pregnant woman do when she recognizes one of these danger signs?

KEY MESSAGES (includes answers to above questions)

- Leakage of fluid can result in infection in yourself or your baby.
- Loss of blood is a sign of a complication of pregnancy.
- When you have a leakage of fluid or blood go to the nearest health facility immediately to receive appropriate care.

ADDITIONAL INFORMATION

Other danger signs in pregnancy that require an immediate visit to the nearest health facility are:

- fever
- swelling of the face and hands
- convulsions
- severe anemia

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal



Counseling cards for maternal and neonatal health – Antenatal danger signs (b)



Sheet A3b

DANGER SIGNS IN PREGNANCY **Swollen face and hands, convulsions**

It is important for a pregnant woman and the family to recognize the danger signs in pregnancy so she can be taken, when necessary, to a qualified health professional.

QUESTIONS

1. Why are swollen face and hands danger signs during pregnancy?
2. Why are convulsions a danger sign in pregnancy?
3. What should a pregnant woman do when she has swollen face and hands?
4. What should be done for a pregnant woman if she has convulsions?

KEY MESSAGES (includes answers to above questions)

- **Swollen face and hands are signs of a dangerous condition associated with high blood pressure in the mother that can also harm her baby.**
- **Convulsions can cause the death of the mother and her baby.**
- **When you have swollen face and hands, go immediately to the nearest health facility to receive care.**
- **Take a pregnant woman who is having convulsions to the nearest health facility.**

ADDITIONAL INFORMATION

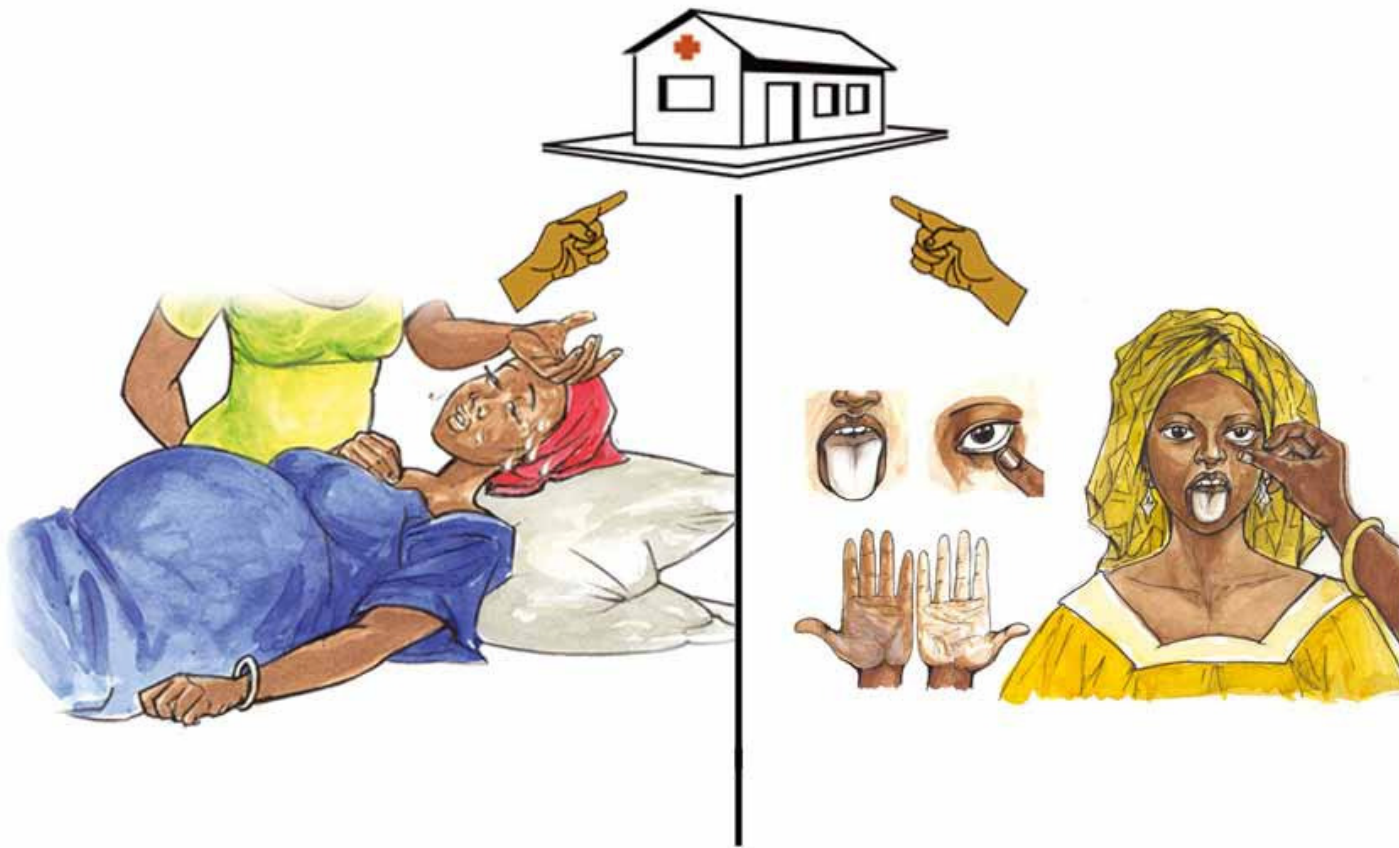
Other danger signs in pregnancy that require an immediate visit to the nearest health facility are:

- fever
- bleeding
- loss of fluid
- severe anemia

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal



Counseling cards for maternal and neonatal health – Antenatal danger signs (c)



Sheet A3c

DANGER SIGNS IN PREGNANCY

Fever and severe anemia

It is important for a pregnant woman and the family to recognize the danger signs in pregnancy so she can be taken, when necessary, to a qualified health professional.

QUESTIONS

1. Why is fever a danger sign during pregnancy?
2. What should a pregnant woman do when she has fever?
3. Why is severe anemia a danger sign during pregnancy?
4. What should a pregnant woman do when she has severe anemia?

KEY MESSAGES (includes answers to above questions)

- **Fever is serious because it is a sign of an infection that may cause a miscarriage, a stillbirth, or premature delivery. If you have a fever, go immediately to the nearest health facility for care.**
- **Severe anemia is dangerous because it can result in problems in the mother and can cause a premature delivery, or may result in a stillbirth or a low birth weight baby. If the inner part of your eyelids, the tongue, or the palms of your hand are very pale, go immediately to the nearest health facility for care.**

ADDITIONAL INFORMATION

Other danger signs in pregnancy that require an immediate visit to the nearest health facility are:

- swollen face and hands
- bleeding
- loss of fluids
- convulsions

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal



SESSION 11: Danger Signs during Pregnancy (1 hour 30 minutes)

OBJECTIVES

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

- List danger signs for a woman during pregnancy.
- Counsel mothers/families on the key danger signs and what actions should be taken by the family.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. Present the key message: It is important for a woman and the family to recognize the danger signs in pregnancy so she can be taken immediately to the facility.
3. Present the points for counseling mothers and families.
 - Although pregnancy is a normal process, complications can occur.
 - The danger signs listed serve as a warning that something has occurred that is not normal during pregnancy and could harm the health of the woman, her baby, or both.
 - The common danger signs are:
 - Leakage of fluid
 - Leakage of blood
 - Fever
 - Swelling of the face and hands
 - Convulsions (fits)
 - Severe anemia as noted by pale lips, tongue, and palms
 - It is important to notice any problem early. Complications that are detected early are more easily treated and managed.
 - Seeking timely care at a health facility with skilled staff will provide the necessary treatment to improve the situation and help prevent complications and death.
4. Present the common beliefs and practices influencing the desired behaviors:
 - Families are genuinely interested in the mothers getting well soon and take actions that they believe are best.
 - In some places, families will first seek help from traditional healers.
 - Families may not want to take the woman to a health facility due to reasons such as perceived inadequacy of the health services, poor behavior of the staff, and the expenses involved.
 - Beliefs in bad omen or spirits may prevent mothers from seeking care, especially if the emergency occurs during certain times of the day (for example, after sundown).

Beliefs and practices may be grouped into:

- Helpful traditional practices that need to be encouraged
- Harmful traditional practices that need to be discouraged
- Traditional practices that are neither helpful nor harmful and can be left alone

5. Present guidelines for negotiation (see also suggestions under the general guidelines for negotiation).
 - Get information from the supervisor about where/which center(s) have the staff and resources required to treat women and babies with danger signs or problems, in order to be able to refer families to the most appropriate center quickly.
 - Plan how to dispel any fears the woman or family may have regarding health services.
 - Explain to the family that wasting precious time seeking help first from persons who are not equipped to treat the complication could put woman and/or baby at greater risk of getting seriously sick or dying.
 - Explain that it is all right to get a special talisman as long as it does not delay care seeking. Perhaps a relative or a friend can help by procuring this while the woman gets ready to leave. Quickly performed ceremonies while the family is preparing to leave are also acceptable, but delays in care seeking are not. In such cases try to persuade the mother/family members that reciting suitable prayers during travel to the referral center will be as effective, and in all religions the basic belief is that God is merciful and blesses everyone.
 - Other points can be based on the general guidelines noted in the section on negotiation, on country recommendations if any and suggestions from participants.

6. Organize a role play as described below and allow ten minutes for it.

Scenario: (This may be changed to suit local situations.) A community health volunteer visits a pregnant woman's home and after greeting the woman and putting her at ease, asks the woman when she is planning to begin antenatal consultations. She also reminds her that a minimum of four visits are recommended during pregnancy. The community health worker then informs the woman that although most pregnancies are normal, some women do develop complications. The community health worker then describes the common danger signs and advises the woman on when and where she should seek treatment should she develop any such problems. The grandmother and father raise issues that they would normally be expected to bring up (for example, seeking care from traditional healers or the expense of treatment at a facility). The community health worker then attempts to negotiate the desired behaviors.

7. Ask questions to stimulate feedback on the role play.
 - What were the pregnant woman's (and/or her family's) major concerns during the role play?
 - Do you think the CHW adequately address the woman's concerns? How so?
 - Did the CHW encourage and allow enough time for the woman to ask questions?
 - Did the CHW verify that the woman had understood the main messages by asking her to repeat them?
 - Do you think that the woman will seek appropriate care if she has any problems during the pregnancy? Why or why not?
 - If you had been the CHW, is there anything that you would have done differently with this expectant mother? Please explain.
 - What additional steps should the CHW take to ensure that the mother/family adopts the desired behavior?



8. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today. (b) List two things you liked. (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
9. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.

Counseling cards for maternal and neonatal health – Maintain baby's temperature





MAINTAINING THE BODY TEMPERATURE OF THE NEWBORN

Sheet N1

Care must be taken to maintain the body temperature of the newborn, especially soon after delivery when babies tend to get cold and later to prevent excessive cooling or heating of the body, both of which can be dangerous for the baby.

QUESTIONS

1. How can you maintain the body temperature of the newborn?
2. How can you check the body temperature of the newborn?

KEY MESSAGES (includes answers to above questions)

• In order to maintain the temperature of the newborn at birth:

1. Place the newborn on the mother's abdomen.
 2. Dry the baby with a clean cloth; then discard the wet linen.
 3. Place the baby in skin-to-skin contact on the mother's chest and encourage early breastfeeding. Cover the baby over the mother with a fresh, clean, and dry cloth.
 4. After feeding, wrap the baby, including the head, with a clean, dry cloth and place him/her beside the mother or keep in skin-to-skin contact with the mother.
 5. Wait at least 6 hours before giving the baby the first bath.
- To check the temperature of the baby, place your hand on the baby's tummy and compare its temperature with that of the hands and feet. The tummy, hands and feet all must be warm, not too hot and not too cold.

ADDITIONAL INFORMATION

- If the baby's hands and feet are too cold, wrap him/her with an additional cloth or blanket, or place him/her in skin-to-skin contact covering the baby over the mother's chest.
- If the baby is too hot, remove some of the clothes or covers.
- If the temperature can not be brought to normal in a short while by these simple means, consider that the change in temperature may be a danger sign that needs urgent referral to the health facility.
- When the baby is bathed take care to use warm (but not too hot) water and immediately after the bath, dry the body quickly, clothe and wrap the baby, including the head, and keep close to the mother.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

SESSION 12: Maintaining Body Temperature in the Newborn (1 hour)

OBJECTIVES

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

- Explain how to maintain the body temperature of the newborn.
- Describe how to assess the body temperature of the newborn at home.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: Care must be taken to maintain body temperature of the newborn, especially soon after delivery when babies tend to get cold and, later, to prevent the baby from becoming too cold or too hot, both of which can in themselves harm the baby or can be a sign of a serious illness.**
3. Present the key points for counseling mothers and families:
 - It is more difficult for newborn babies to maintain body temperature than for older children and adults. It is therefore important to ensure that the baby does not get too cold or too hot, as this can cause serious complications. This is especially dangerous in low birth weight infants.
 - Even in warm climates the baby at birth is at risk of getting chilled because he/she has come out of a warm environment, is wet, and comes in contact with a colder surface. As the water on the skin dries, the body temperature drops very quickly.
 - In order to maintain the temperature of the newborn at birth:
 - Place the newborn on the mother's abdomen.
 - Dry the baby with a clean cloth; then discard the wet linen.
 - Cover the baby, including the head, with a fresh, clean, and dry cloth.
 - After cutting the cord, place the baby in skin-to-skin contact on the mother's chest and encourage early breastfeeding. Note that even later whenever practicing skin-to-skin contact to warm the baby, remove the clothes, leaving only the diaper/napkin, a cap and socks. Place the baby with his/her chest against the mother's chest in between her breast, and cover the baby, including the head, over the mother adequately with a clean and dry cloth. If possible, demonstrate to participants how this is done with a doll. [*Ask 2-3 persons to carry out a return demonstration and ask the group for feedback.*]
 - After feeding, wrap the baby, including the head, with a clean, dry cloth and place him/her beside the mother.
 - Wait at least six hours and preferably until the next day before giving the baby the first bath.
 - To check the temperature of the baby, place your hand on the baby's tummy and compare its temperature with that of the hands and feet. The tummy, hands, and feet all must be warm, not too hot and not too cold.
 - In the very hot season, especially after the baby has stabilized after delivery, he/she may become overheated if clothed excessively. If the baby is too hot, remove some of the clothes or covers.



- When the baby is bathed later, take care to use warm water (but not too hot) and immediately after the bath, dry the body quickly, clothe and wrap the baby, including the head, and keep close to the mother.
 - If at any time the baby is noted to be excessively cold or hot, if the temperature cannot be brought to normal by the above simple means, then consider that the change in temperature, with the baby being too warm or too cold, may be a **danger sign** that needs urgent referral to the health facility.
4. Present the common beliefs and practices influencing the desired behavior:
- In many cultures, bathing the baby soon after birth to “purify” him/her is a common practice. It may be carried out with cold water in order to stimulate breathing.
 - In some places, the baby is left unwrapped for some time on the floor until the cord is cut after expulsion of the placenta.
 - In other cultures, the postpartum period is considered a “cold state,” and mothers and babies are given warm drinks and “hot foods.” In a few countries the provision of “heat” to the mother can be excessive, with mothers and babies being kept very close to fires that may cause overheating and even risk of burns.

Common beliefs and practices may be:

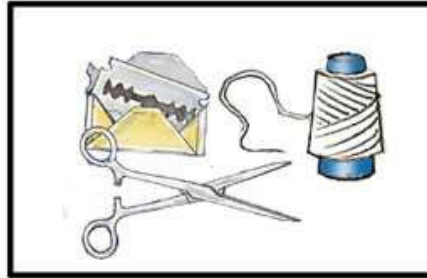
- Helpful traditional practices that need to be encouraged
 - Harmful traditional practices that need to be discouraged
 - Traditional practices that are neither helpful nor harmful and can be left alone
5. Present the guidelines for negotiation (see also suggestions under the general guidelines for negotiation):
- A baby is totally dependent on adults for care. Once he/she comes out of the mother’s womb, the mother’s body is no longer directly caring for the baby. It is therefore essential that the birth attendant and other family members present at birth care for the baby.
 - The baby coming out of a warm, wet womb will get chilled because the water evaporates. Family members can note that when they wash their hands in warm water, as the hands dry they actually will feel cooler. Since the baby is more vulnerable, this cooling can be harmful.
 - Other points can be based on the general guidelines noted in the section on negotiation, on country recommendations, if any, and suggestions from participants.
6. Organize a role play as described below and allow ten minutes for it.

Scenario: (This may be changed to suit the local situation.) A CHW learns of a woman who is in labor at home and goes to check on the woman and baby. When the CHW arrives, the newborn baby has just been delivered and is lying unwrapped on the ground while the TBA is delivering the placenta. The mother-in-law is also there and is talking with the TBA about what should be done with the placenta. The CHW notes that baby is not being attended to because conventionally the family waits for the placenta to be expelled. He/she counsels the grandmother to carry out all the steps to dry and wrap the baby to keep him/her warm.

7. Ask questions to stimulate feedback on the role play:
 - Do you think the CHW convinced the grandmother of the need to keep the baby warm at birth? Did she/he explain the steps clearly?
 - If you had been the CHW, is there anything that you would have done differently with this mother? Please explain.
 - What additional steps should the CHW take to ensure that the mother/family adopts the desired behavior and continue to practice it?
8. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today (b) List two things you liked (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
9. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.



Counseling cards for maternal and neonatal health – Cord care



Sheet N2

CLEAN CORD CARE

An infection in the cord could put the baby's life in danger. Keep the cord clean and dry until it heals to prevent infection.

Questions

1. Why is it important to keep the cord clean and dry?
2. How do you keep the cord clean and dry?

KEY MESSAGES (includes answers to above questions)

- The umbilical cord has connections to organs inside the tummy. It can get infected easily and infections can spread readily to the rest of the body causing serious complications that can endanger the life of the baby.
- Before the birth keep in a clean box a new razor blade unopened in its own paper wrapper along with clean thick thread. These then can be boiled in water for 10 minutes before they are used to cut and tie the umbilical cord after the birth of the baby.
- Keep the cord uncovered by the napkin/diaper.
- Keep the cord clean and dry. If it gets soiled, wash it with soap and water and dry it well.
- If there is bleeding from the cord, take the baby immediately to the nearest health facility.
- Do not apply harmful substances like ash, clay, mud, etc.
- Apply an antiseptic only if recommended by the health worker or center.

ADDITIONAL INFORMATION

- If the base of the cord gets red and swollen and/or there is a foul smell or pus, it is a danger sign and the baby must be taken promptly to a health facility for treatment.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal



SESSION 13: Cord Care (30 minutes)

OBJECTIVES

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

- List the risks to the baby due to infection of the cord.
- Explain how to care for the cord to prevent infection.
- List the danger signs related to the cord and the umbilicus (belly button) and the required actions for treatment.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: Keep the cord and later the umbilicus clean and dry.**
3. Present the key points for counseling mothers and families:
 - Care must be taken to prevent infection of the cord that can result in serious risks to the newborn baby, including life-threatening conditions such as tetanus and sepsis.
 - In home births, as noted in the counseling card on birth planning, the instrument used for cutting the cord should be a clean new blade kept in its original wrapper and opened only when the woman starts giving birth. The pieces of string used for tying the cord must also be clean. Both the blade and string should ideally be sterilized by boiling for at least 10 minutes before use.
 - Keep the cord stump and later the belly button clean and dry until it heals in order to avoid serious infections.
 - Do not apply a bandage on the cord. Fold down the napkin under the cord.
 - If the cord should get soiled, it should be washed with clean water and soap and dried with a clean cloth.
 - Any person touching the cord must wash his/her hands with soap and water before and after touching it.
 - Do not apply any harmful substances on the cord stump, such as ash, leaves, palm oil, talcum powder, or other similar substances.
 - Apply antiseptic to the cord, especially the base, if recommended by the Ministry of Health.
 - Signs of infection in the cord stump/umbilicus include:
 - The base of the cord or the umbilicus has pus.
 - The skin surrounding the cord/umbilicus is red.
 - The skin around base of the cord is swollen.
 - The cord stump smells bad.
 - Take the newborn baby to the recommended health center if he/she has any one of the signs of infection.

4. Present the common beliefs and practices influencing the desired behavior:
 - Sometimes blades of grass, bark fibers, reeds, or fine roots are used for cutting the cord. This is harmful because such materials often harbor germs and thus increase the risk of infections, such as tetanus.
 - Used razor blades are often used to cut the cord. They may even be rusty and are dangerous sources of infection.
 - In some areas, the cord is not tied at all, increasing the risk of bleeding.
 - In many cultures it is common to bind the newborn's abdomen with cloth or bandages or apply a separate bandage to the cord. This practice may keep the stump moist, delay healing, and increase the risk of infection, especially if the material used is unclean. In addition, it does not allow one to examine the cord for danger signs.

Beliefs and practices may be:

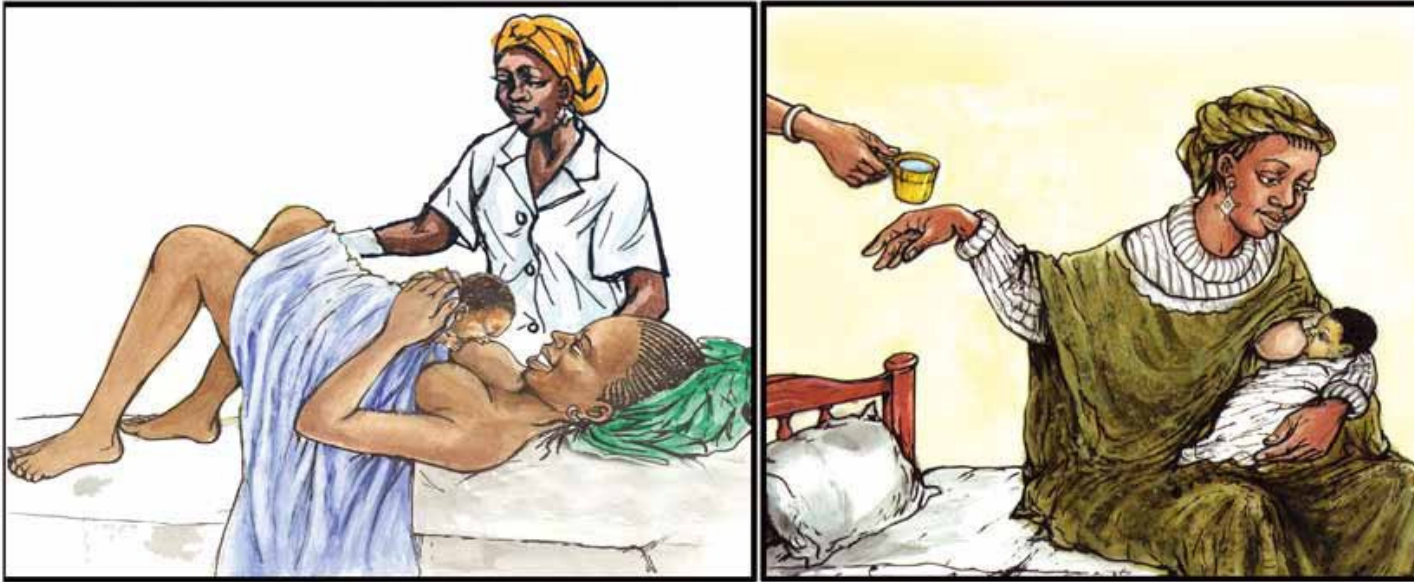
- Helpful and need to be encouraged.
 - Harmful and need to be discouraged.
 - Neither helpful nor harmful and can be left alone.
5. Present the guidelines for negotiation (see also suggestions under the general guidelines for negotiation):
 - The cord is connected to organs inside the body and thus infection at this site can go more readily inside the tummy, resulting in severe complications and even death. Hence it must be kept clean and dry. Applying harmful substances noted above is likely to worsen the situation. If recommended by the health center and Ministry of Health, apply an antiseptic that can reduce the germs on the cord.
 - Others based on general guidelines noted in the section on negotiation, on country recommendations, if any, and suggestions from participants.
 6. Organize a role play as described below and allow ten minutes for it.

Scenario: (This may be changed as required to suit local situations.) A CHW learns of a woman who is in labor at home and goes to check on the woman and baby. When the CHW arrives, the cord has just been cut and the grandmother wants to put an herbal preparation on the cord stump. The CHW counsels the grandmother about proper cord care.
 7. Ask questions to stimulate feedback on the role play:
 - What were the family's major concerns?
 - Did you think the CHW adequately addressed the woman's concerns? How so?
 - Did the CHW encourage and allow enough time for the woman to ask questions?
 - Did the CHW verify that the woman had understood the main messages by asking her to repeat them?
 - Do you think that the family will avoid applying harmful substances on the cord?
 - If you had been the CHW, is there anything that you would have done differently? Please explain.
 - What additional steps should the CHW take to ensure that the mother/family adopts the desired behavior?



8. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today (b) List two things you liked (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
9. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.

Counseling cards for maternal and neonatal health – Breastfeeding (a)





Sheet N3a

EARLY AND EXCLUSIVE BREASTFEEDING

Breast milk is the best food for the baby. Skin to skin contact and early initiation of breastfeeding within the first hour after delivery is beneficial for both the mother and her baby. There is no need to give any other fluids before initiation of breastfeeding. These may actually result in problems in the baby such as infections.

QUESTIONS

- 1 Why should you start breastfeeding soon after delivery?
- 2 Why should you not give water and other foods to the baby before 6 months of age?

KEY MESSAGES (includes answers to above questions)

- **Breastfeed the baby soon after delivery to encourage milk production and to give the baby the benefits of colostrum. Immediate breastfeeding also helps with the delivery of the placenta and reduces bleeding.**
- **Colostrum, the first yellowish milk, is a natural vaccine that protects the baby from illnesses. Do not throw it away; give it to your baby.**
- **During the first 6 months after birth, do not give any other food or liquid (even water) besides breast milk to your baby. Breast milk is a complete food and contains the amount of water the baby needs during this period, even in dry and warm weather . Giving other fluids or foods may cause serious infections in the baby.**

ADDITIONAL INFORMATION

- While breastfeeding, wait until the baby spontaneously lets go of the nipple before switching to the other breast. In this way, the baby is more likely to receive the fat-rich breast milk that comes out near the end as the breast gets emptied.
- Breastfeed on demand when the baby wants the milk, day and night. This will promote milk production so your baby will be healthy and grow well.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

Counseling cards for maternal and neonatal health – Breastfeeding (b)





Sheet N3b

CORRECT POSITIONING FOR BREASTFEEDING

Breastfeeding is very important for the mother and the baby. It can be facilitated by:

- A comfortable position for the mother.
- Proper positioning of the baby.
- Correct attachment of the baby's mouth at the breast.

QUESTIONS

1. How should the mother hold her baby during breastfeeding?
2. How can you be sure that the baby is attached properly at the breast?

KEY MESSAGES (includes answers to the above questions)

- **To breastfeed your baby, make sure that you are seated or lying down comfortably. A correct posture will keep you from getting tired too quickly or stopping breastfeeding before the baby is satisfied.**
- **To allow your baby to get enough milk necessary for growth from each feeding, make sure he/she is in a good position:**
 - The baby's whole body is fully supported, the baby is held close, at the level of the breast, and turned toward the mother.
 - The baby's mouth and chin are close to the breast.
- **To avoid pain in the nipples and to make sucking more effective, make sure that your baby's mouth is attached properly to the breast This can be verified by:**
 - The baby's chin touches or is very close to the breast.
 - The mouth is wide open.
 - The areola is more visible above the baby's mouth than under it.
 - The lower lip is turned out (everted).

ADDITIONAL INFORMATION

- Breastfeed on demand, day and night. This will promote milk production so your baby will be healthy and grow well.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

SESSION 14: Early, Exclusive Breastfeeding and Proper Positioning at the Breast

(1 hour 30 minutes)

OBJECTIVES

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

- Explain why it is important to start breastfeeding soon after delivery.
- Define exclusive breastfeeding on demand.
- Describe why babies should be given only breast milk, no water or other foods, until they are 6-months-old.
- Explain and demonstrate proper positioning and attachment of the baby's mouth at the breast.

STEPS

1. Show participants the relevant counseling cards (A3 and A4). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).

2. **Present the key messages:**

PART A: Start breastfeeding within the first hour of birth and continue to give only breast milk on demand (no other food, liquid, or water) for the first six months of life.

PART B: Ensure proper attachment of the baby's mouth at the breast.

3. Present the key points for counseling mothers and families:

Part A:

- Breast milk is the best food for babies.
- Breast milk also protects against infections, which are the most common causes of illnesses and deaths in newborn infants.
- Breastfeed the baby within the first hour after birth to promote milk production and to give the baby the benefits of colostrum, the first yellowish milk that is secreted initially.
- Colostrum is a natural vaccine that protects the baby from illnesses. Do not throw it away; give it to your newborn baby.
- Immediate breastfeeding also helps with the delivery of the placenta and reduces bleeding in the mother.
- While breastfeeding, wait until the baby spontaneously lets go of the nipple before switching to the other breast. In this way, the baby is more likely to receive the fat-rich milk that comes out near the end of a feed as the breast gets emptied.
- Breastfeed day and night on demand whenever the baby wants milk. This will promote milk production; it will also prevent painful breast engorgement
- Exclusive breastfeeding is essential during the first six months. This means giving only breast milk; no water, teas, other liquids, herbs, or foods. During this period, breast milk is a complete food and contains all the water a baby needs, even in hot climates.



- Exclusive breastfeeding on demand during the first six months can also prevent pregnancy if a woman's menstrual periods have not returned. After this time, another method needs to be used to avoid pregnancy.
- Counsel the woman on the need for HIV testing if her HIV status is unknown. If she is positive, encourage her to go to a facility for appropriate counseling.

Part B:

Proper attachment or the correct manner in which the baby's mouth is fixed on the breast during feeding is important. Ensure that:

- The baby's mouth is wide open.
 - The chin is touching or is very close to the breast.
 - Most of the areola is inside the mouth and where the areola is visible, more is seen above the mouth than below.
 - The lower lip is turned out or everted.
 - If the mouth is not well attached, ask the woman to gently depress the baby's chin, ease out the nipple, and assist her in recommencing the feeding.
4. Present the common beliefs and practices influencing the desired behavior:
- In many countries, the baby receives food or liquids, such as water with sugar, honey, herbs, spices, and other milks, before the woman begins breastfeeding.
 - Colostrum may be thrown away because it is considered unclean.
 - Because breastfed babies demand feeds more frequently, it is often thought that breast milk is not enough, and other milks and liquids are given unnecessarily to the baby, increasing the risk of infection.
 - Many families and even health workers believe that babies need extra water in between breastfeeds, especially in the hot weather.
 - Women may leave their babies with grandmothers or aunts after the first 2-3 months so that they can resume housework or work in the fields.

Beliefs and practices may be:

- Helpful and need to be encouraged.
 - Harmful and need to be discouraged.
 - Neither helpful nor harmful and can be left alone.
5. Present the guidelines for negotiation (see also suggestions under the general guidelines for negotiation):
- Breast milk tends to leave the stomach sooner than formula and hence breastfed babies cry more frequently for feeds. Giving formula feeds is not required and carries a very high risk of infection.
 - Breast milk has adequate water and extra water need not be given to the baby in between breastfeeds, even in hot climates.
 - Breastfeeding can be continued along with housework and even working in the fields. Families can resolve these issues based on their individual situations.
 - Other points can be based on the general guidelines noted in the section on negotiation, on country recommendations, if any, and suggestions from participants.

6. Organize a role play as described below and allow ten minutes for it.

Scenario: (This may be changed as required to suit local situations.) A young mother worries that she does not have enough breast milk for her baby, and her mother-in-law wants to start cow's milk to help the baby become stronger. The community health worker explains that breast milk is enough for the baby and advises her to feed frequently on demand, day and night, without any other fluids or food. She also demonstrates correct attachment of the baby at the breast.

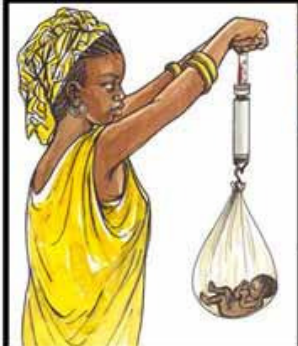
Trainer Note:

In training programs, positioning of the woman and the baby can be demonstrated using a volunteer and a doll, but proper attachment may require live demonstration during visits to the maternity wards.

7. Ask questions to stimulate feedback on the role play:
- What were the woman's (and/or her family's) major concerns?
 - Did you think the CHW adequately addressed the woman's concerns? How so?
 - Did the CHW encourage and allow enough time for the woman to ask questions?
 - Did the CHW verify that the woman had understood the main messages by asking her to repeat them?
 - Do you think that the woman will practice exclusive breastfeeding and will seek appropriate care if she has any problems? Why or why not?
 - If you had been the CHW, is there anything that you would have done differently? Please explain.
 - What additional steps should the CHW take to ensure that the mother/family adopts the desired behavior?
8. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today. (b) List two things you liked. (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
9. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.



Counseling cards for maternal and neonatal health- Care of LBW babies



Sheet N4

CARE OF THE LOW BIRTH WEIGHT (LBW) INFANT

The low birth weight newborn is very fragile. It is important to take good care of him/her to promote good health.

QUESTION

How do you take care of a low birth weight baby?

KEY MESSAGES (includes answers to the above question)

- To avoid a dangerous drop in the baby's body temperature, especially soon after birth:
 - Dry the baby with a clean cloth, discard the wet cloth. Wrap the body, including the head, with a fresh dry cloth or several cloths as required.
 - Ask the mother and another family member to practice continuous skin – to skin- contact, also known as kangaroo mother care
 - Do not bathe the baby until the end of the first week.
- Practice exclusive breastfeeding, day and night, at least 10 to 12 times a day.
- Wash your hands with clean water and soap every time before touching a low birth weight baby, in order to protect him/her from infections.
- Visit the health center and get your baby weighed once a week to make sure he/she is growing well.

ADDITIONAL INFORMATION

- To check the temperature of the baby, place your hand on the baby's tummy and compare its temperature with that of the hands and feet. The tummy, hands and feet all should be warm, not too hot and not too cold.
- The kangaroo mother care method is an effective way of maintaining the body temperature in low birth weight babies, at birth for all babies, or during transport of sick babies;
- Advantages of the kangaroo mother care method:
 - Skin to skin contact protects the newborn from becoming too cold.
 - The baby is near the breast, which makes breastfeeding on demand easier.
 - The breathing movements of the mother stimulate the breathing of the preterm infant.
 - The kangaroo method does not stop the mother from carrying out most of her daily chores if she desires.
 - The method can be used by any other members of the family.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal



SESSION 15: Care of the Low Birth Weight Baby including Kangaroo Mother Care (1 hour 30 minutes)

OBJECTIVES

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

- Explain how to care for a low birth weight baby.

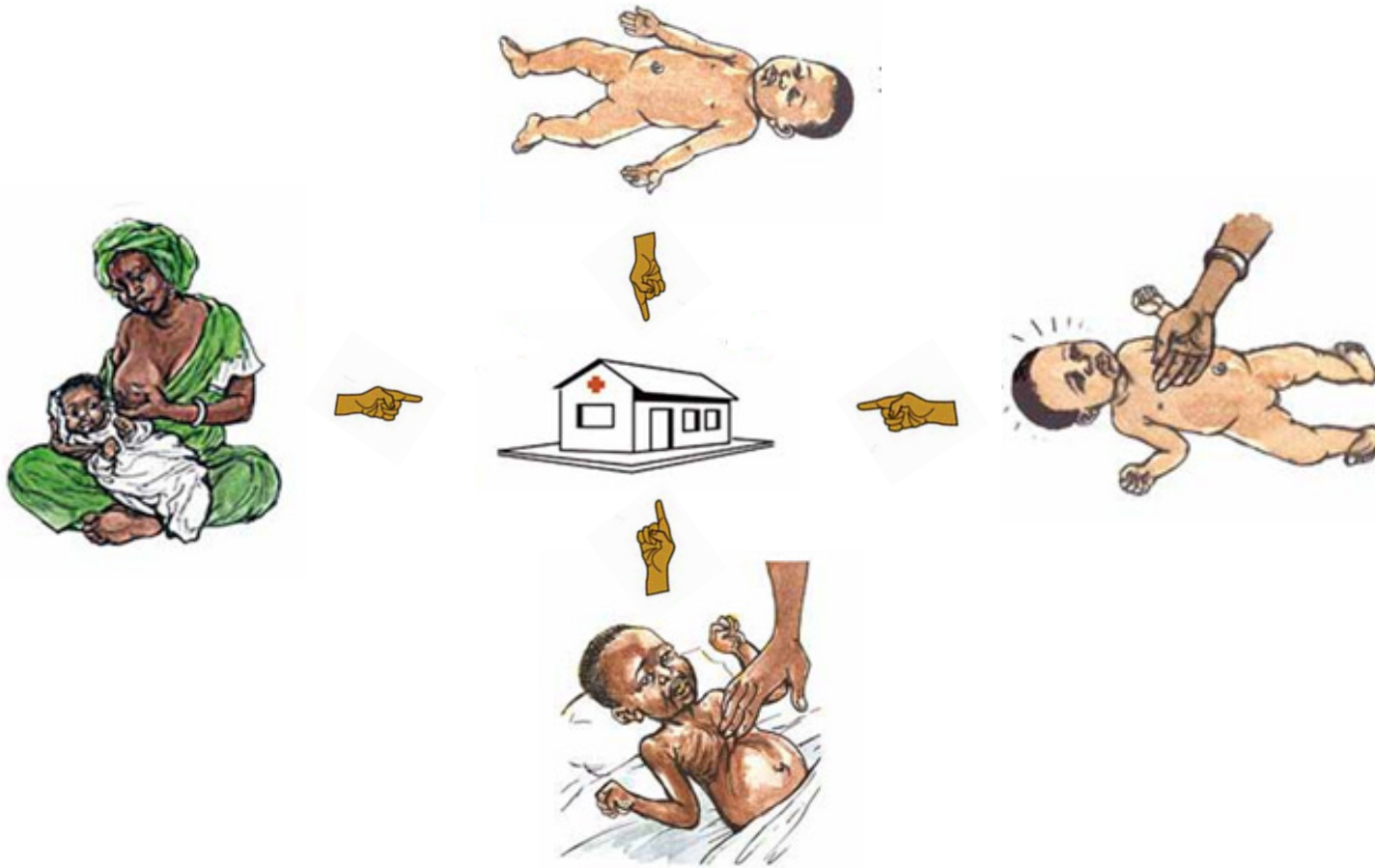
STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: The small or low birth weight newborn is very fragile. It is important to take good care of him/her to promote good health by keeping the baby warm, giving breast milk, washing your hands often, and taking him or her to be weighed and for check-ups as advised by the health care provider.**
3. Present the key points for counseling mothers and families:
 - Much of the care of the small or low birth weight baby is similar to that required by normal newborns, but these vulnerable babies require extra support.
 - To avoid a dangerous drop in the baby's body temperature, especially soon after birth:
 - Dry the baby quickly with a clean cloth and discard the wet cloth.
 - Wrap the body, including the head, with a fresh dry cloth or several cloths/blanket as required to keep the baby warm.
 - Check the temperature of the baby. Place your hand on the baby's tummy and compare its temperature with that of the hands and feet. The tummy, hands, and feet all should be warm, not too hot and not too cold.
 - Ask the mother and/or another family member to practice continuous skin-to-skin contact, also known as kangaroo mother care. Find out more details of this component from your facility health care provider or supervisor if this is being practiced in your area.
 - Do not bathe the baby until the end of the first week.
 - The kangaroo mother care method is an effective way of maintaining the body temperature in low-birth weight babies, at birth for all babies, or during transport of sick babies.
 - Advantages of the kangaroo mother care method:
 - Skin-to-skin contact protects the newborn from becoming too cold.
 - The baby is near the breast, which makes breastfeeding on demand easier.
 - The breathing movements of the mother stimulate the breathing of the preterm infant.
 - The kangaroo method does not stop the mother from carrying out most of her daily chores if she so desires.
 - The method can be used by any other member of the family.

- Practice exclusive breastfeeding, day and night, at least 10-12 times a day.
 - Wash your hands with clean water and soap every time before touching a low birth weight baby in order to protect him/her from infections.
 - If the baby cannot maintain temperature with the above methods or is not able to suck well, take him/her to the facility. Take the baby immediately to the facility if at any time the baby develops any of the danger signs discussed in the next section.
 - Even when the baby can be managed at home, visit the health center and get your baby weighed once a week or as advised by the health worker to make sure he/she is growing well.
4. Present the common beliefs and practices influencing the desired behavior: Beliefs and practices related to a low birth weight infant are often similar to the newborn babies in general. Ask if the participants know of any special beliefs and practices in their community, including beneficial and harmful ones, that may influence the care of the low birth weight infants. Brainstorm together how these should be addressed.
 5. Demonstrate how to keep the baby warm at home:
 - By covering the baby with adequate cloths, cap, socks, and blankets as required.
 - Kangaroo mother care with a participant and a doll. Ideally this should be done first at the facility level where the staff has been trained.
 6. Organize return demonstrations by several participants and get feedback from other participants.
 7. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today. (b) List two things you liked. (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
 8. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.



Counseling cards for maternal and neonatal health – Baby danger signs (a)



Sheet N5a

DANGER SIGNS IN THE NEWBORN

Illness in the newborn can become serious quickly and put the baby's life in danger. It is important that the mother and the family members know how to recognize danger signs in the newborn that require immediate care by a qualified health care provider.

QUESTIONS

1. What are the danger signs in the newborn?
2. What should the mother do when she recognizes danger signs?

KEY MESSAGES (includes answers to the above questions)

- **Danger signs in the baby include the following:**
 1. **Refuses to breastfeed or sucks poorly**
 2. **Is inactive, moves less or only when stimulated or is lethargic**
 3. **Feels too hot or too cold**
 4. **Has rapid or difficult breathing, chest retractions, and/or grunting**
 5. **Has a convulsion or fit**
 6. **Has a distended tummy and/or vomits after most or all feeds**
 7. **Has redness or swelling around the base of the cord/umbilicus and/or foul smell with or without pus**
- **Take your baby immediately to the health facility as soon as you see even one of the danger signs.**

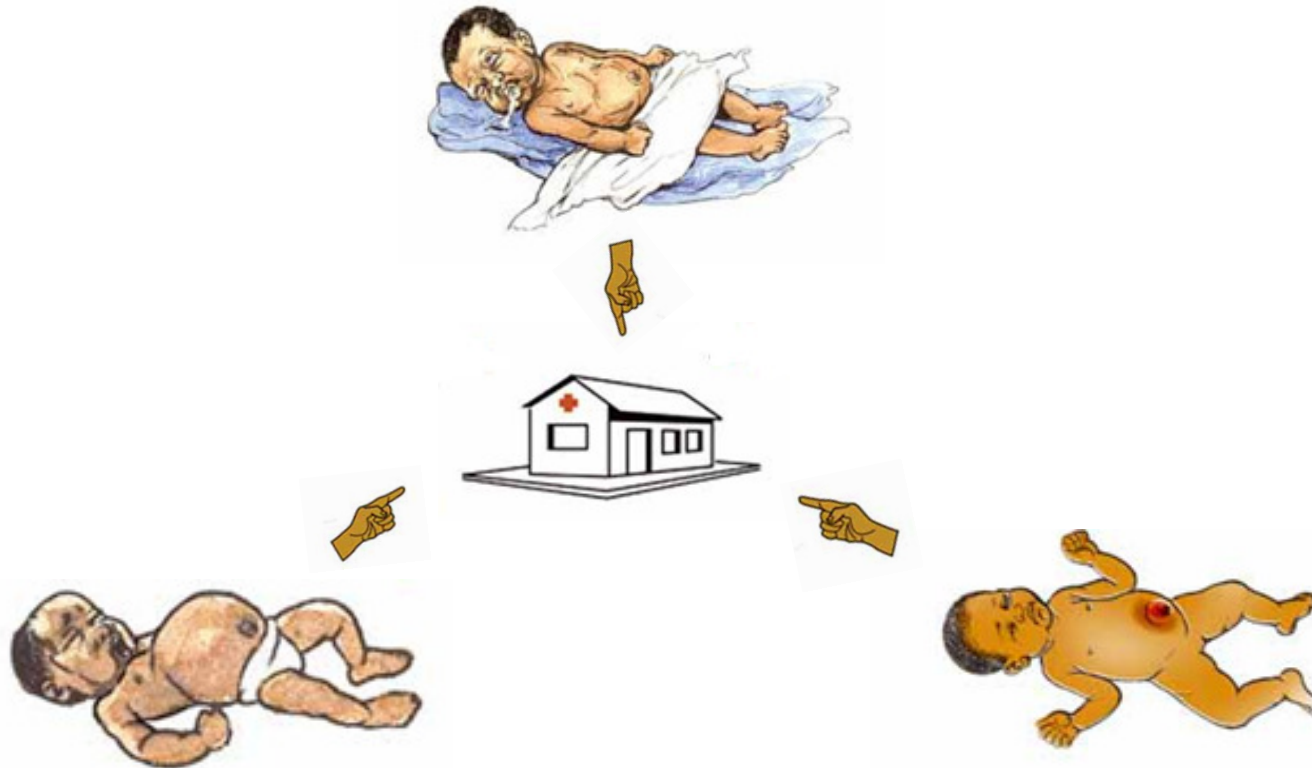
ADDITIONAL INFORMATION

- During transport, use the Kangaroo Mother Care Method and breastfeed the sick baby if possible
- When the baby is sent home, follow the instructions of the health care provider and if the general condition of the baby does not improve, bring him/her back to the health facility.
- The newborn baby is very delicate and good hygiene is necessary to keep him or her in good health. In order to prevent infections, it is important to wash your hands with clean water and soap, ideally before touching the baby, but at least after using the toilet or changing the baby's soiled diaper/napkin.
- An infection in the cord could put the baby's life in danger. Keep the cord clean and dry until it heals to prevent infection.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal



Counseling cards for maternal and neonatal health – Baby danger signs (b)



DANGER SIGNS IN THE NEWBORN

Sheet N5b

Illness in the newborn can become serious quickly and put the baby's life in danger.

It is important that the mother and the family members know how to recognize danger signs in the newborn that require immediate care by a qualified health care provider.

QUESTIONS

1. What are the danger signs in the newborn?
2. What should the mother do when she recognizes danger signs?

KEY MESSAGES (includes answers to the above questions)

- **Danger signs in the baby include the following**
 1. **Refuses to breastfeed or sucks poorly**
 2. **Is inactive, moves less or only when stimulated or is lethargic**
 3. **Feels too hot or too cold**
 4. **Has rapid or difficult breathing, chest retractions, and/or grunting**
 5. **Has a convulsion or fit**
 6. **Has a distended tummy and/or vomits after most or all feeds**
 7. **Has redness or swelling around the base of the cord/umbilicus and/or foul smell with or without pus**
- **Take your baby immediately to the health facility as soon as you see even one of the danger signs.**

ADDITIONAL INFORMATION

- During transport, use the Kangaroo Mother Care Method and breastfeed the sick baby if possible
- When the baby is sent home, follow the instructions of the health care provider and if the general condition of the baby does not improve, bring him/her back to the health facility.
- The newborn baby is very delicate and good hygiene is necessary to keep him or her in good health. In order to prevent infections, it is important to wash your hands with clean water and soap ideally before touching the baby, but at least after using the toilet or changing the baby's soiled diaper/napkin.
- An infection in the cord could put the baby's life in danger. Keep the cord clean and dry until it heals to prevent infection.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal



SESSION 16: Danger Signs in the Newborn (2 hours)

OBJECTIVES

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

- List and describe danger signs in a newborn.
- Counsel what actions need to be taken by the family when the baby develops a danger sign.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: Babies with even one of the danger signs must be taken to a health facility immediately for care.**
3. Present the key points for counseling mothers and families:
 - Key danger signs in the newborn are noted in the box below.

Danger Signs in the Newborn that Require Immediate Care at a Health Facility

1. Refuses to breastfeed, sucks poorly, does not demand feeds
2. Is moving less, is inactive, lethargic or is "loose-limbed"
3. Feels too hot or too cold
4. Has rapid or difficult breathing, chest in-drawing (retractions), grunting, or flaring of the nostrils
5. Has a convulsion (fit)
6. Has a swollen tummy or is vomiting everything he/she eats
7. The base of the cord is red or swollen, has a foul smell along with pus discharge

Note: The first five are the most important danger signs. While these are standard danger signs, it is also important to inform the mother that at least once a day she should look at her baby carefully in adequate light. Even if she cannot identify a specific danger sign, if she feels for any reason that her baby is just not 'looking well' or not 'doing well', she should seek help with an appropriate health worker. In this way a sick newborn can be identified early as initial features may be difficult to define clearly and, in addition, the baby's condition can deteriorate rapidly.

- Early recognition and treatment for danger signs can help keep the baby from becoming very sick and from dying.
- It is important for families to set aside money for emergencies and transport to the facility for routine early postnatal visits and for seeking care for problems.
- Families should also identify a means of transport to get to the health care facility. If the main decision maker has to leave the village/town, he/she should delegate the responsibility for making the decision about seeking care, preferably to the mother or a suitable person in the household.

4. Present the common beliefs and practices influencing the desired behavior:
 - In many communities, mothers and newborns are isolated after the delivery for a variety of reasons, including to rest and recuperate. Hence, care may not be sought outside the home for complications.
 - Illnesses in the newborn infant, especially in the early days after birth, are often related to mystical causes and, when coupled with the existing high mortality during this period, there may be feelings of acceptance and even hopelessness and a feeling that the baby was “not meant to be.” Remedies sought may be related to rituals, consultation with religious leaders, and use of herbs.
 - Families may be superstitious and may not like to plan ahead to deal with emergencies, feeling that such planning may in fact “precipitate” the problem.
 - Perception by families of the quality of care at the health centers and behavior of the staff may not always be satisfactory, and this will influence care seeking.
 - In many cases the woman may not be empowered to make decisions and may need to depend on the husband/partner/grandmother.
 - Others as highlighted by participants.

Common beliefs and practices may be:

- Helpful traditional practices that need to be encouraged
 - Harmful traditional practices that need to be discouraged
 - Practices that are neither helpful nor harmful and can be left alone
5. Present the guidelines for negotiation (see also suggestions under the general guidelines for negotiation). Giving advice on detecting danger signs and seeking care immediately is one of the most difficult elements of counseling.
 - Have information ready about where/which center(s) have the staff and resources required to treat women and babies with danger signs/problems, in order to be able to refer families to the most appropriate place quickly.
 - Plan how you will dispel any fears the family may have regarding health services.
 - Explain to the family that wasting precious time seeking help first from persons who are not equipped to treat the complication could put the baby at greater risk of getting seriously sick or dying.
 - Explain that it is all right to get a special talisman as long as it does not delay care seeking. Perhaps a relative or a friend can help by procuring this while the woman gets ready to leave. Quickly performed ceremonies while the family is preparing to leave are also acceptable, but delays in care seeking are not. In such cases, try to persuade the mother/family members that reciting suitable prayers during travel to the referral center will be as effective, as in most religions the basic belief is that God is merciful and blesses everyone.
 - During transport, ask the woman to keep the baby in “skin-to-skin contact” as in kangaroo mother care. Advise her to breastfeed the sick baby if he/she accepts feeds. Ask the woman not to feed if the baby cannot swallow.
 - Planning to arrange for resources, including transport, ahead of time presents a number of challenges, and families may need the support of community leaders. Hence, this area should not be restricted only to counseling of families but also to motivating village leaders and community groups (see the section on community mobilization).
 - Other points can be based on the general guidelines noted in the section on negotiation, on country recommendations, if any, and suggestions from participants.



6. Organize a role play as described below and allow ten minutes for it.

Scenario A: (This may be changed as required to suit local situations.) A first-time mother has just given birth. The CHW comes for a home visit to talk with the woman and her family about danger signs. The CHW explains each of the danger signs, how to recognize them, and what to do in case any danger signs are present.

Scenario B: (This may be changed as required to suit local situations.) A woman notices that her three-day-old baby is not as active as he was the previous day. Her mother-in-law says that it is normal for babies to sleep a lot, and she is lucky that he rarely cries. The CHW helps the family decide if the baby is in danger and guides them on the actions to be taken.

7. Ask questions to stimulate feedback on the role play:

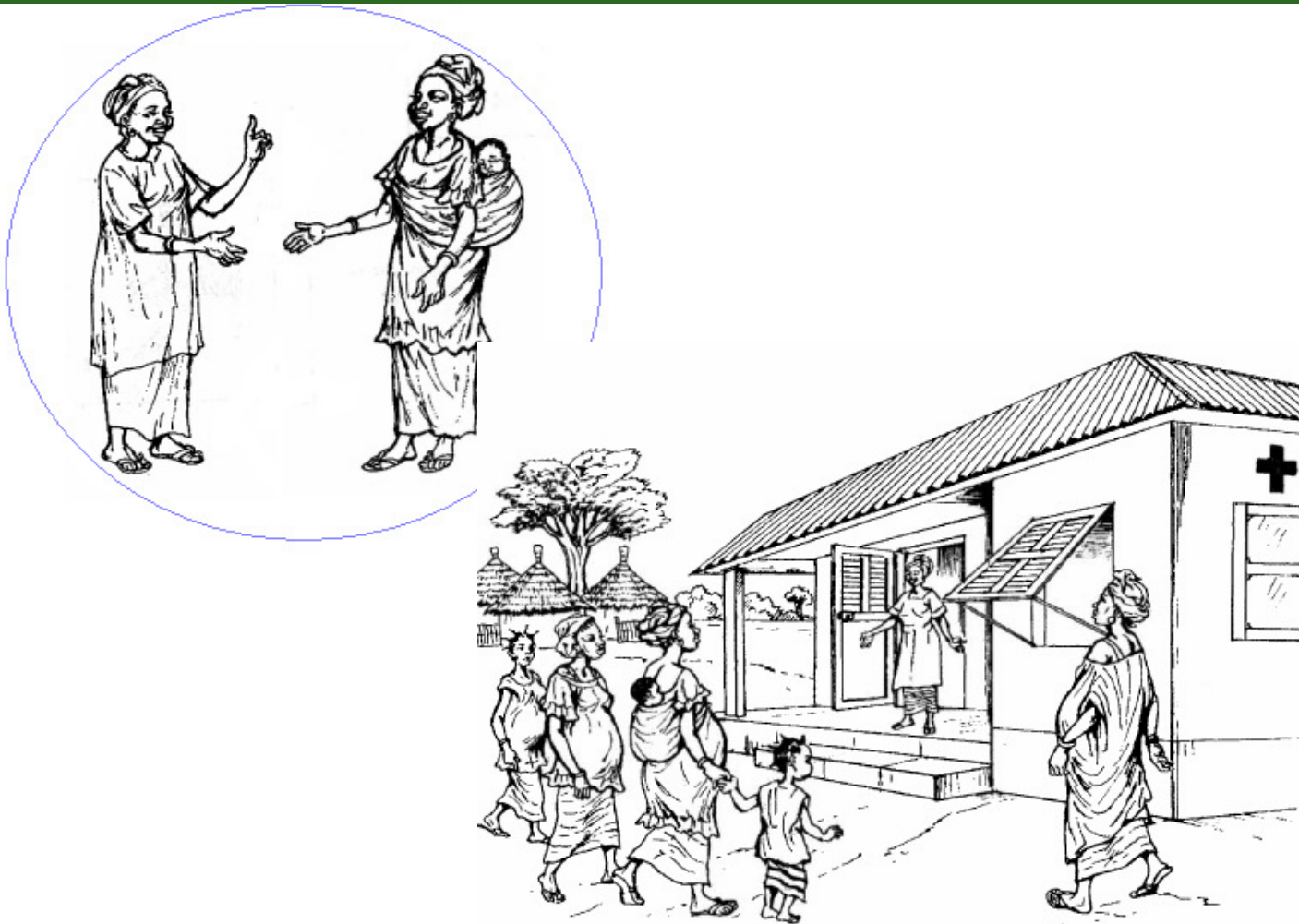
- What were the mother's concerns?
- Did you think the CHW addressed the mother's concerns? How so?
- Did the CHW encourage family members and allow enough time for questions?
- Did the CHW verify that the woman had understood the main messages by asking her to repeat them?
- Do you think that the family will recognize danger signs and seek appropriate care? Why or why not?
- If you had been the CHW, is there anything that you would have done differently? Explain.
- What else should the CHW do to help the mother/family adopt the desired behavior?

Trainer Note:

Recognition of danger signs is often difficult. It is not feasible to demonstrate the signs during training, although videos may be helpful. The key points for recognition as noted in the box above should be repeated several times to the CHW and he or she in turn must not only repeat them during counseling sessions but must also ask the mother to list and describe them.

8. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today. (b) List two things you liked. (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
9. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.

Counseling cards for maternal and neonatal health – Early postpartum visits





Sheet P1

POSTPARTUM/POSTNATAL VISITS

A woman who has just given birth can reduce many of the risks related to the postpartum period for herself and her baby if she regularly attends the postnatal clinic and receives proper care. During a postpartum visit, the midwife (or health worker) will give the woman preventive treatments and counsel her on how to keep herself healthy and how to care for her baby.

QUESTIONS

- How can a woman stay healthy after giving birth? How can a mother help her baby stay well?
- When should a woman and her baby go to a health center for postnatal visits?
- What should a woman expect when she goes with her baby to the health center for a postnatal checkup?

KEY MESSAGES (includes answers to the above questions)

* **An early postpartum/postnatal visit to the health center is important for your and your baby's health.**

* If you gave birth at home or were discharged a few hours after giving birth in a facility, you should go to the health center for an examination of yourself and your baby within the first week, preferably 2- 3 days after birth.

* Go back for follow-up visits as advised by the health worker including a visit at 6 weeks after the birth.

* At a postnatal visit:

- The health worker will

- Ask you questions about your pregnancy, the birth and about the baby and examine you and your baby to be sure you are both doing well.
- Give preventive treatments to keep you both healthy,
- Counsel you on how to take care of yourself and your baby

- It is important to be tested for HIV to receive care and protect your infant. Follow the advice of the health worker after getting the results.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

SESSION 17: Early Postpartum/Postnatal Care (1 hour)

OBJECTIVES

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

- Help women, their families, and the community understand the importance of early postnatal visits and when they should take place.
- Explain basic care provided at the postnatal visits.
- Explain and negotiate with the family the adoption of healthy, self-care behaviors for the woman and her baby.
- List common beliefs and practices that influence the care-seeking behavior of a woman soon after birth and help women/families to find solutions to barriers that may prevent her/them from seeking early postnatal care.
- Help women and their family members develop complication-readiness plans in the postpartum period.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key messages:**
 - **The woman and the baby are most vulnerable in the first week after birth, especially the first three days when most of the deaths take place. About half the deaths in mothers and babies take place during the first 24 hours after birth.**
 - **Women who deliver at home should go with their babies to a facility for their first exam by a skilled birth attendant within three days after birth.**
 - **Women who deliver at facilities should return for a follow-up postnatal visit as advised by the health worker. This will depend on the day of discharge and will be within the first three days of birth if discharged early but may be within the first week if discharged later.**
 - **Subsequent follow-up visits should take place as advised by the health worker.**
 - **Small or low birth weight babies should be assessed by a skilled health care provider, ideally once a week until they are gaining weight well.**
3. Present the points for counseling mothers and families:
 - The first postpartum week is critical, especially the first 2 – 3 days after birth as most of the deaths take place during this period. Hence, mother/families need to be counseled to take particular care during this period.
 - It is important for women who give birth at home to go with the baby for an early postnatal visit at a facility within the first 2-3 days after birth. At this visit, the woman and her baby will be examined and given preventive treatment and advice to be sure they stay healthy. Further appointments will be given as required.
 - Women who give birth in a facility should ensure that they are examined along with their babies before leaving and given preventive treatment and counseling to stay healthy. They should make an appointment for the first postnatal visit which will be



as early as within three days if they are discharged very early, but may be within the first week if discharged later.

- Subsequent follow-up visits should take place as advised by the health care provider.
- At a postnatal visit the health worker will:
 - Ask you questions about your pregnancy, the birth and about your baby and examine you and your baby to be sure you are both doing well.
 - Give preventive treatment to keep you both healthy.
 - Counsel you on how to take care of yourself and your baby.
- It is important to be tested for HIV/AIDS, and if positive, to receive care and protect your infant if you have not done this during pregnancy or soon after delivery. Follow the advice of the health worker after getting the results.
- Repeat visits may be advised where there are problems and risk factors, such as anemia in the mother and low birth weight in the baby.
- The final postnatal visit is usually from 4-6 weeks after birth. After that, appointments will be made for other immunizations and care for the baby.

The remaining steps for this session (steps 4-9) are presented at the end of Session 20 below.

Counseling cards for maternal and neonatal health – PP Preventive Care





Sheet P2

PREVENTIVE POSTPARTUM (PP) /POSTNATAL TREATMENT

At the postpartum visit, the provider will give preventive treatments to the woman and baby to help keep them healthy.

QUESTION

1) What preventive treatments should the postpartum woman and baby take to stay healthy after birth?

KEY MESSAGES (includes answers to the above question)

• **Follow the preventive guidelines to improve your health and the health of your baby in the postpartum period:**

1. Get vaccinated against tetanus;
 2. Take the recommended dose of Vitamin A before you go home from the hospital or health center.
 3. To avoid anemia: Take the recommended doses of iron and folate and a 6-monthly prescribed treatment for intestinal worms.
 4. Get tested for HIV/AIDS to receive care and protect your infant.
- Make sure that your baby receives BCG and oral polio according to the guidelines of the Ministry of Health.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

SESSION 18: Preventive Care during the Postpartum/Postnatal Period (1 hour)

OBJECTIVES

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

- List the preventive treatments women and babies will receive during a postpartum/postnatal visit.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: Go for an early postpartum/postnatal visit to receive other preventive treatment from the health care provider.**
3. Present the key points for counseling mothers and families: Preventive care is extremely important for a woman after delivery. To keep herself healthy during this time, a woman should:
 - Get vaccinated against tetanus if she has not received all the required doses earlier.
 - Take the recommended dose of Vitamin A.
 - Continue the recommended doses of iron and folate and a prescribed treatment for intestinal worms every six months.
 - Get tested for HIV/AIDS if not tested earlier and follow the advice of the health worker after getting the results.
 - Preventive care is extremely important for the newborn baby. To keep her baby healthy, a woman should get her baby vaccinated against:
 - Polio, hepatitis B, and tuberculosis right after birth, according to the guidelines of the MOH.
 - Polio, diphtheria, and whooping cough at 4-6 weeks of age and additional doses at subsequent visits, as recommended by the health care provider.
 - Take her baby for regular weighing and growth monitoring as recommended.
 - Follow all the main actions noted in the counseling cards related to the care of the baby, such as temperature maintenance, exclusive breastfeeding on demand, cord care, clean hygienic practices, and identification and care seeking for danger signs in the baby.

The remaining steps for this session (steps 4-9) are presented at the end of Session 20 below.



Counseling cards for maternal and neonatal health – PP Maternal self care



Sheet P3

SELF CARE DURING THE POSTPARTUM (PP) /POSTNATAL PERIOD

A woman who has just given birth can reduce many of the risks related to the postpartum period if she takes proper care of herself and her baby.

QUESTIONS

1) What can the woman do to care of herself and her baby so that both can stay healthy after she has given birth?

KEY MESSAGES (includes answers to the above questions)

• **Follow the following self-care guidelines to improve health in the postpartum period:**

1. Practice good hygiene.
2. Wash your hands with soap and water before handling the baby at least after using the toilet, changing the baby's napkin/diaper and after cleaning the house.
3. Add foods of high nutritional value (such as eggs, peanuts, and fruit) especially while breastfeeding.
4. Protect yourself and the baby from malaria by sleeping under insecticide-treated bednets and getting treatment for malaria as soon as symptoms / signs appear.
5. Take additional time to rest.

▪ **For the infant, refer to the counseling cards on preventive care for the baby:**

- Clean cord care, exclusive breastfeeding on demand, temperature maintenance.
- Identification of danger signs and appropriate care seeking.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal



SESSION 19: Postpartum Maternal Self-Care and Care of the Baby (1 hour)

OBJECTIVES

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

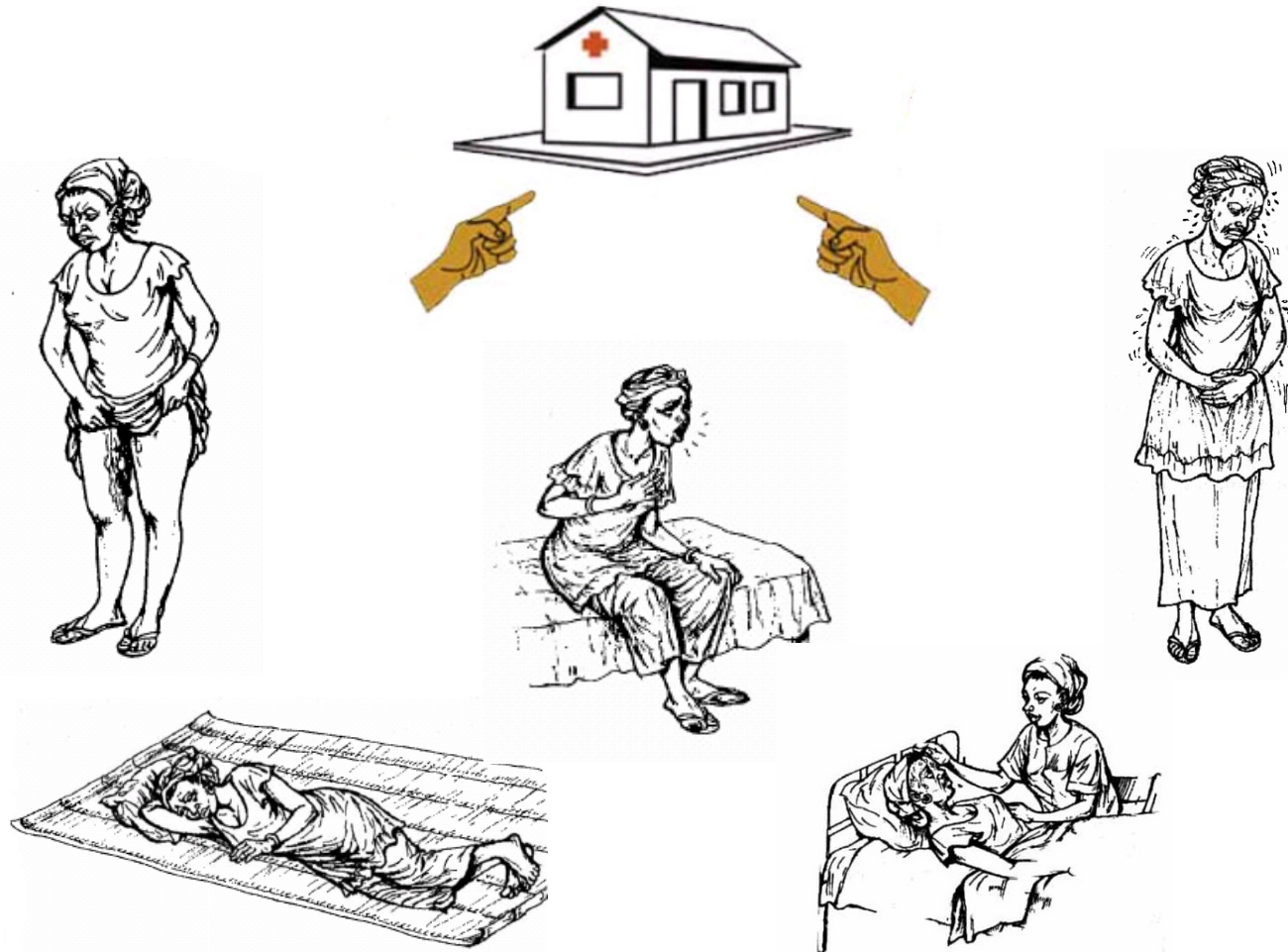
- Explain and negotiate the adoption of healthy, self-care behaviors for the woman and her baby with the family.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: It is important for women to take especially good care of themselves and their babies during the postpartum period.**
3. Present the key points for counseling mothers and families. It is extremely important for the postpartum woman to take special care of herself.
 - To keep herself healthy during the postpartum period, a woman should:
 - Practice good personal hygiene.
 - Add foods of high nutritional value (such as eggs, peanuts, and fruit), especially while breastfeeding.
 - Take additional time to rest.
 - A woman who has just given birth should not be left alone during the first 24 hours after delivery.
 - Preventive care is extremely important for the newborn. (Refer to the individual counseling cards related to the care of the baby.) In summary, to keep her newborn healthy, a woman should:
 - Wash hands with soap and clean water at least after going to the bathroom/toilet, after changing the baby's napkin/diaper, and after cleaning the house.
 - Breastfeed the baby exclusively on demand without giving other fluids or food.
 - Protect herself and the baby from malaria by sleeping under insecticide-treated bednets and getting treatment for malaria as soon as symptoms/signs appear.
 - Keep the baby adequately warm but not overheated.
 - Keep the cord clean and dry.
 - Keep the baby clean. When bathing the baby, use warm water and dry the body quickly to avoid chilling. Take special care to clean the folds of the skin behind the ears, at the neck, under the arm, and in the groin.
 - Plan for emergencies and care-seeking for danger signs noted in the session on danger signs in the newborn.

The remaining steps for this session (steps 4-7) are presented at the end of Session 20 below.

Counseling cards for maternal and neonatal health – PP Maternal danger signs (a)





Sheet P4a

EMERGENCY DANGER SIGNS IN THE POSTPARTUM (PP) PERIOD

- Increase in bleeding or more than 2 or 3 pads soaked in 20-30 minutes
- Convulsions
- Fast or difficult breathing
- Fever and too weak to get out of bed
- Severe abdominal pain

A woman who experiences these danger signs should go to a hospital or health center **immediately**, day or night, WITHOUT WAITING.

QUESTIONS

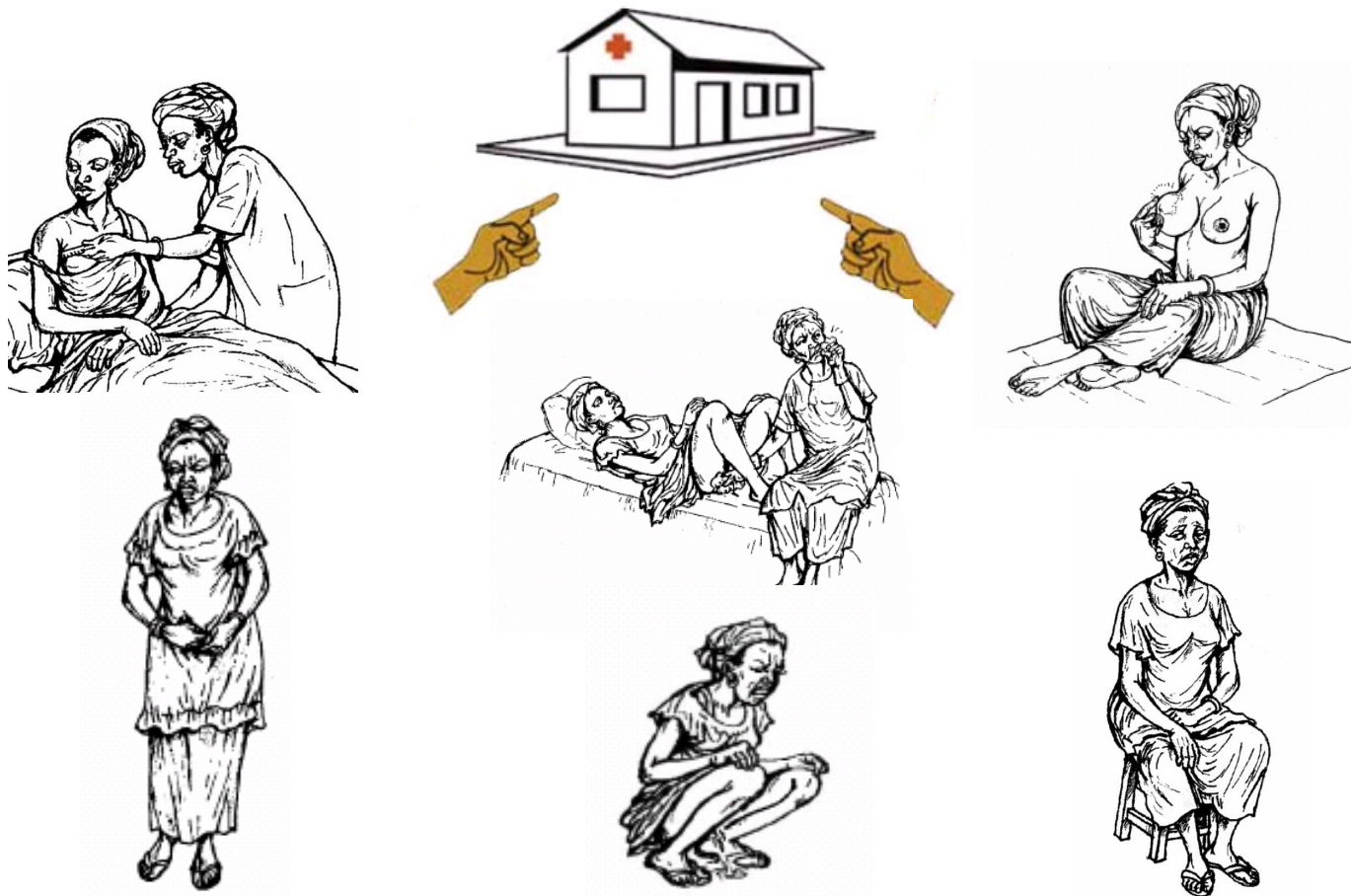
1. Why is it important that a woman go immediately to a hospital if she experiences any of the emergency danger signs listed above?

KEY MESSAGES (includes answers to the above questions)

- The woman's very survival may depend upon her getting timely care.
- Bleeding may occur at a slow rate over several hours and the condition may not be recognized until the woman suddenly collapses from blood loss.
- Prolonged or delayed bleeding may be a sign of an infection in your uterus.
- Convulsions may be a sign of a serious complication related to pregnancy / the postpartum or of other serious illnesses, like malaria or meningitis.
- Difficult or fast breathing may be a sign of a serious complication related to pregnancy / the postpartum or of severe anemia, heart problems, pneumonia, or asthma.
- Fever and being too weak to get out of bed is usually a sign of severe infection or malaria.
- Severe abdominal pain may be a sign of a severe infection.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

Counseling cards for maternal and neonatal health – PP Maternal danger signs (b)





Sheet P4b

DANGER SIGNS IN THE POSTPARTUM (PP) PERIOD

- Fever
- Abdominal pain
- Feels ill
- Breasts swollen, red or tender breasts, or sore nipple
- Urine dribbling or pain on urinating
- Pain in the perineum or draining pus
- Foul-smelling lochia

If the woman has any of the danger signs listed above, she should go to a health center as soon as possible.

QUESTIONS

1. Why is it important that a woman go to a health center as soon as possible if she experiences any of the danger signs listed above?

KEY MESSAGES (includes answers to the above questions)

- If the woman gets treated in a timely fashion, she will regain her health sooner and prevent a small problem from becoming an emergency danger sign or severe complication.
- Fever is usually a sign of infection or malaria.
- Abdominal pain may be a sign of an infection.
- Feeling ill may be a sign of anemia, infection, malaria, depression, or other problems in the postpartum period.
- If the woman has problems with her breasts, she may be experiencing an infection in one or both of her breasts or nipples. If a woman is breastfeeding and has an infection in her breasts or nipples, it increases the risk of mother-to-child transmission of HIV.
- Dribbling urine may be a sign that the woman has a hole between her vagina and the urinary tract.
- Pain when urinating may be the sign of an infection.
- Pain and/or draining pus in the perineum are usually signs of an infection.
- Foul-smelling vaginal discharge is usually a sign of an infection.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

SESSION 20: Postpartum Maternal Danger Signs (2 hours)

OBJECTIVES

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

- List danger signs in a woman who has recently given birth.
- Explain and negotiate for the adoption by the family members of appropriate care-seeking behaviors for the woman.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: A woman who experiences any one of the danger signs should go to a hospital or health center immediately.**
3. Present the key points for counseling mothers and families: The key danger signs are listed in the box below.

Danger Signs for Women after Giving Birth

- Increase in bleeding or more than 2 or 3 pads soaked in 20-30 minutes
- Convulsions (fits)
- Fast or difficult breathing
- Fever
- Abdominal pain
- Feeling “ill”
- Swollen, red or tender breasts, or sore nipples that interfere with breastfeeding
- Dribbling of urine or pain on urinating
- Pain in the perineum or pus discharge
- Foul-smelling lochia/ discharge from the vagina

- Early recognition and treatment for danger signs can help keep a woman from becoming very sick and from dying.
- It is important for families to set aside money for emergencies and transport to the facility for postnatal visits and for care seeking for problems.
- Families should also identify a means of transport to get to the health care facility.
- If the main decision maker has to leave the village, he/she should delegate the responsibility for making the decision about seeking care, preferably to the mother or a suitable person in the household.



4. Present the common beliefs and practices influencing the desired behavior:
- In many communities, mothers and newborns are isolated after delivery for cultural reasons and are generally not allowed to go out of the house. Hence, care may not be sought outside the home for complications. However, provided the mother and the baby can go for the early postpartum/postnatal visit and are permitted to seek care with a skilled health care provider, this practice can be a good opportunity for women to take time to rest, breastfeed exclusively, and care for herself and her baby.
 - Problems may be thought to be due to mystical causes or due to the effect of an “evil eye.”
 - Beliefs in bad omens or spirits may prevent mothers from seeking care, especially if the emergency occurs during certain times of the day (e.g., after sundown).
 - Remedies sought may be related to rituals, consultation with religious leaders, traditional healers, and use of herbs.
 - Families may be superstitious and may not like to plan ahead to deal with emergencies, feeling that such planning may bring about problems.
 - Families may feel that like pregnancy and delivery, the postnatal period is also a “normal” event and may not comprehend the need for a routine check-up so soon after delivery, especially if they have not noted any problems.
 - Families may view the quality of care at the health centers and behavior of the staff as unsatisfactory; this will influence care seeking.
 - In many cases the woman may not be empowered to make decisions and may need to depend on the husband/partner/grandmother.
 - Others as highlighted by participants.

Common beliefs and practices may be:

- Helpful traditional practices that need to be encouraged.
 - Harmful traditional practices that need to be discouraged.
 - Traditional practices that are neither helpful nor harmful and can be left alone.
5. Present the guidelines for negotiation (see also suggestions under the general guidelines for negotiation):
- Many communities do consider the postpartum period as a special period for the mother and baby, and advantage must be taken of this to negotiate some of the recommended healthy behaviors noted above.
 - Giving advice on detecting danger signs and seeking care immediately is one of the most difficult elements of counseling.
 - Have information about where/which center(s) have the staff and resources required to treat women and babies with danger signs/problems ready, in order to be able to refer families to the most appropriate place quickly.
 - Plan how you can dispel any fears the family may have regarding health services.
 - Explain to the family that wasting precious time seeking help first from persons who are not equipped to treat the complication could put the baby at greater risk of getting seriously sick or dying.
 - Explain that, as in the case of the baby having a danger sign noted earlier, it is all right to get a special talisman as long as it does not delay care seeking. Perhaps a relative or a friend can help by procuring this while the woman gets ready to leave. Quickly performed ceremonies while the family is preparing to leave are also acceptable, but delays in care seeking are not. In such cases, try to persuade the

mother/family members that reciting suitable prayers during travel to the referral center will be as effective, as in most religions the basic belief is that God is merciful and blesses everyone.

- Making plans in advance for emergencies and arranging ahead of time for resources, including transport, present a number of challenges and families may need the support of community leaders. Hence, this area should not be restricted only to counseling of families but also to motivating village leaders and community groups (see section on community mobilization).
 - Other points can be based on the general guidelines noted in the section on negotiation, on country recommendations, if any, and suggestions from participants.
6. Organize a role play as described below and allow ten minutes for it.

Scenario A: (This may be changed as required to suit local situations.) A CHW visits a woman who has just given birth at home the previous day. The woman remembers talking with the CHW while she was pregnant about the importance of going with her baby for a postpartum/postnatal visit at the health facility within 2-3 days after giving birth to be sure that she and the baby are both healthy. She wants to go to the facility, but her mother-in-law thinks that since both she and the baby are healthy, there is no reason to go and it is a waste of money. The CHW counsels and negotiates with the family to advocate an early postnatal visit.

Scenario B: A woman gave birth in the facility two days ago and returned home within about eight hours of the delivery and is now at home with her newborn baby boy. The CHW has come for a home visit to check on the woman and her baby. Although both the woman and her baby are doing well, the woman wants to know how to stay healthy and how to care for her newborn baby to keep him healthy. The CHW provides the necessary advice, using the relevant counseling cards, and takes care to recommend an early postnatal visit on the same or the very next day.

Scenario C: A CHW is visiting a woman just returned home after giving birth at the facility. The woman notices she is bleeding more and has soaked 3 pads in 30 minutes. The CHW explains to the mother and the family that it is a serious danger sign and guides the family on where to go and provides them the necessary advice and support to get to the referral center.

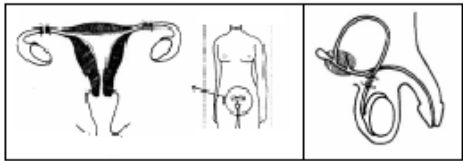
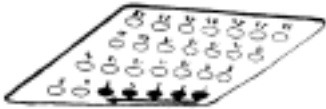
(The above role plays can also be carried out with the woman, the husband, and the CHW.)

7. Ask questions to stimulate feedback on the role play:
- What were the woman's/family's concerns?
 - Did you think the CHW adequately addressed the concerns? How so?
 - Did the CHW encourage and allow enough time for the mother/ family members to ask questions?
 - Did the CHW verify that the woman/family members had understood the main messages by asking her/them to repeat the key points?
 - Do you think that the family will seek appropriate care if the mother has any problem/ follow the advice given by the CHW? Why or why not?
 - If you had been the CHW, is there anything that you would have done differently with this family? Please explain.
 - What additional steps should the CHW take to ensure that the mother/family adopts the desired behavior?



8. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today. (b) List two things you liked. (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
9. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.

Counseling cards for maternal and neonatal health – Birth Spacing





POSTPARTUM FAMILY PLANNING / BIRTH SPACING

Sheet P5

A woman who has just given birth can become pregnant again as soon as 4 weeks after giving birth if she is not breastfeeding exclusively. She can ensure adequate birth spacing periods and prevent unwanted pregnancy by taking steps to ensure that she and/or her partner adopts an appropriate family planning method.

QUESTIONS

- 1) When should a woman who has just given birth start thinking about using a family planning method?
- 2) Can all women start to use a family planning method immediately after giving birth?

KEY MESSAGES (includes answers to the above questions)

- It is important for your own well being, as well as your baby's and family's well being, for the next pregnancy to be delayed for at least 2 years.
- It is necessary to think about protecting yourself from pregnancy before you begin having sex again. Talk with a health worker about the methods that are best for you, some methods can be used immediately after giving birth, some cannot.
- Women who are breastfeeding can talk with a health worker about the methods that are best for them. There are some methods that are not recommended for women who are breastfeeding.
- A breastfeeding woman is protected from pregnancy if:
 - She is no more than 6 months postpartum, and
 - she is breastfeeding exclusively (8 or more times a day, including at least once at night; no daytime feedings more than 4 hours apart and no night feedings more than 6 hours apart; no complementary foods or fluids), and
 - her menstrual cycle has not returned.
- Women who are not breastfeeding should plan to begin some sort of family planning before having intercourse. Remember that a woman can get pregnant before she has her first normal period after giving birth.
- Traditionally, women have been told to abstain from intercourse until at least 6 weeks after giving birth. In reality, the only reason you should not have sex is if you do not want to have sex or because you feel it will not be comfortable for you. If you choose to have sex while you still have discharge (lochia), then use a condom to protect yourself from an infection.
- Always practice safe sex.

Adapted from counseling cards by USAID/BASICS and Ministry of Health, Louga, Senegal

SESSION 21: Postpartum Birth Spacing/Family Planning (1 hour 30 minutes)

OBJECTIVES

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

- Explain the benefits of birth spacing to women, their children, and their families.
- Explain what advice to give the woman/family and where to refer them.

STEPS

1. Show participants the relevant counseling card(s). Encourage participants to talk about what they see in the pictures, what they think about the counseling card, if they agree with it, and if it is appropriate in their community (as per the general counseling cards guidelines noted in Session 6).
2. **Present the key message: It is important for your own health, as well as the health of your baby and your family's well being, to delay the birth of your next baby for at least three years.**
3. Present the key points for counseling mothers and families:
 - Family planning is important after giving birth, and women should talk with a health care provider about the method that is best for them.
 - A woman who has just given birth can become pregnant whenever unprotected intercourse is practised, even as soon as four weeks after giving birth, if she is not breastfeeding exclusively.
 - It is important for women to talk with health care providers about methods that they can use to prevent pregnancy, including those that can be used immediately after giving birth and that can also be safe with breastfeeding. Women who are not breastfeeding should plan to begin some sort of family planning before having intercourse.
 - A breastfeeding woman is protected from pregnancy if all three of the following are true:
 - She is no more than six months postpartum.
 - She is breastfeeding exclusively (8 or more times a day, including at least once at night, no daytime feedings more than 4 hours apart, no night feedings more than 6 hours apart, and no complementary foods or fluids).
 - Her menstrual cycle has not returned.
 - Traditionally, women have been told to abstain from intercourse until at least six weeks after giving birth. In reality, the only reason a woman should not have sex in the postpartum period is if she does not want to have sex or because she feels it will not be comfortable for her. If she chooses to have sex while she still has discharge (lochia), then she should use a condom to protect herself from an infection. Women should always practice safer sex by using condoms.



4. Present the common beliefs and practices influencing the desired behavior:
 - In some places, women are thought to be “unclean” until they are no longer having discharge, and are therefore prohibited from having sexual intercourse until they are “clean.”
 - Women may be embarrassed to admit they are having sex and so will not go to a health center for a family planning method in time.
 - Women and men may believe that a woman cannot get pregnant until she starts her period again, and so will not seek a family planning method until after her period resumes.
 - Others as highlighted by participants.

Common beliefs and practices may be:

- Helpful traditional practices that need to be encouraged.
 - Harmful traditional practices that need to be discouraged.
 - Practices that are neither helpful nor harmful and can be left alone.
5. Present the guidelines for negotiation (see also suggestions under the general guidelines for negotiation):
 - Women who do not have babies before three years after their last baby have healthier babies, lead healthier lives, and can better look after the whole family.
 - It is essential that families have only the number of children they can look after well and educate and who in turn can be productive. Better-educated children can get higher paying jobs.
 - Other points can be based on the general guidelines noted in the section on negotiation, on country recommendations, if any, and suggestions from participants.
 6. Organize a role play as described below and allow ten minutes for it.

Scenario: A woman gave birth five weeks ago, and she and her husband are thinking about having sex again. She is breastfeeding but is scared she might get pregnant too soon after this most recent birth. They are visited by the CHW who advises them on the importance of birth spacing, highlights key methods, and encourages the couple to go to the health center for further information and care.
 7. Ask questions to stimulate feedback on the role play:
 - What were the couple’s major concerns?
 - Did you think the CHW adequately addressed the concerns? If so, how?
 - Did the CHW encourage and allow enough time for questions?
 - Did the CHW respond to queries and concerns of the couple?
 - Was the information provided by the CHW accurate? If not, what should he/she have said differently?
 - Did the CHW verify that the couple had understood the main messages by asking her/them to repeat them?
 - If you had been the CHW, is there anything that you would have done differently with this couple? Please explain.
 - What additional steps should the CHW take to ensure that the couple adopts the desired behavior?

8. At the end of the day evaluate with participants the day's proceedings: (a) List two things that you learned today. (b) List two things you liked. (c) What should be changed or improved? Make one or two suggestions. Divide participants into three groups and ask each to select a representative (who can be a different person each day). Let the three groups discuss the above questions among themselves for 10 minutes and then representatives can list the answers at a plenary.
9. Finally, indicate what will be covered the next day and ask the participants to study the relevant card(s) before coming the next day.



SESSION 22: Monitoring Maternal and Newborn Health in the Community (2 hours)

OBJECTIVES

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

- Use the monitoring forms for tracking pregnant women, deliveries, deaths, stillbirths, referrals, and home visits. The exact elements will be determined by the implementing organizations/MOH and supervised by the local supervisors to whom the data will be given.

STEPS

1. Explain that there is important information that CHWs need to keep track of to do their job effectively and for the program to monitor.
2. Pass out copies of the registers/documenting forms with graphics and describe how to use them. A sample is provided in Appendix #2. While literate participants can write more details, less literate persons may be able to note only “tally marks.”
3. The exact number of indicators that can be collected by the CHW will vary and will depend on their education and motivation. The indicators will also depend on local country and/or program requirements and can be thus be adapted to suit local needs.
4. If feasible, a small portable color-coded spring balance can be given to community health workers to be used with a home-made hammock tied to the balance for recording the baby’s weight or at least to identify low birth weight babies under 2500 grams after birth and at follow-up visits.
5. Explain the two registers that will be needed:
 - A register to note the pregnant women and babies seen, the number of home visits and group counseling sessions, recording separately:
 - The number of pregnant women seen.
 - The number of babies seen at birth.
 - The number of postnatal visits within three days.
 - The number of subsequent visits based on the mandates of the government and implementing organization.
 - A register for monitoring selected events happening in households in the participant’s area. Suggestions are noted below and may be adapted to suit local country/program requirements.
 - The number of pregnant women.
 - The number of home deliveries.
 - The number of facility deliveries.
 - The number of babies with low birth weight (<2500 grams) if weight is recorded.
 - The number of maternal deaths; less literate workers can only note as tally marks under columns “deaths during the first week after giving birth” and “deaths between 1-4 weeks after giving birth.”
 - The number of newborn deaths with age, if possible; if not, note, as tally marks, “deaths within the first week” and “deaths between 1-4 weeks.”

- The number of stillbirths.
 - ✓ The number of fresh still births.
 - ✓ The number of macerated stillbirths.
- The number of women who were referred to the facility for delivery:
 - ✓ Number referred.
 - ✓ Number who followed through with referral.
- The number of pregnant women with problems who were referred to the facility:
 - ✓ Number referred.
 - ✓ Number who followed through with referral.
 - ✓ The reason for referral may be recorded if suitable graphics are developed.
- The number of women who were referred for problems in the postpartum period:
 - ✓ Number referred.
 - ✓ Number who followed through with referral.
 - ✓ The reason for referral may be recorded if suitable graphics are developed.
- The number of women who were referred for family planning in the post partum period if graphics are developed:
 - ✓ Number referred.
 - ✓ Number of women who are on family planning method.
- The number of women who were referred for HIV testing (needs graphics):
 - ✓ Number referred.
 - ✓ Number who followed through with referral.
- The number of babies under 4 weeks of age who were referred to the facility for problems:
 - ✓ The number under 1 week of age:
 - Number referred.
 - Number who followed through with referral.
 - The main reason for referral (needs graphics).
 - ✓ The number between 1-4 weeks of age:
 - Number referred.
 - Number who followed through with referral.
 - The main reason for referral (needs graphics).
- The number of newborn who were referred for HIV testing:
 - ✓ Number referred.
 - ✓ Number who followed through with referral.



SESSION 23: Using Counseling Cards for Activities Other than Inter-personal Communication (2 hours)

OBJECTIVES

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

- List the different settings where they may use counseling cards.
- Demonstrate how to use counseling cards in a group setting.
- Demonstrate how to use counseling cards for community mobilization.

STEPS

1. Explain some of the other uses for counseling cards. In addition to individual sessions with women and their families, counseling cards can be used for:
 - Group health education activities
 - Advocacy activities with community leaders (business, civil, religious, or well-respected, influential people)
 - Community mobilization activities with community members, groups, and community-based organizations
2. Explain the use of counseling cards in group sessions. Counseling cards can be used in group sessions that generally consist of 10-20 community members. Where possible, encourage the active participation of men in the community. Announce the activity in advance and link with other activities such as an outreach service or a market day. Here are the steps for using counseling cards with a group:
 1. Prepare the topic in advance. This includes reviewing the content on the cards to be presented, key points to be discussed and negotiated, and answers to potential questions that may be asked.
 2. Greet the group cordially, introduce yourself, and thank them for coming to the meeting.
 3. Introduce the topic to be discussed.
 4. Briefly present the key points related to the topic.
 5. Use the relevant counseling cards.
 6. Have an interactive discussion including the views and thoughts of the group members.
 7. Identify from your own knowledge and from group discussion beliefs and practices that may influence the desired outcome.
 8. Negotiate with the group the appropriate behaviors.
 9. Involve the group in finding solutions to problems.
 10. Review the key points and messages and ask questions to verify that they have understood the issues.
 11. Review specifically one or two points related to the actions that have been negotiated for some members or leaders to take.
 12. Fix the date for the next session to review actions taken, especially in community mobilization sessions.
 13. Fix the subsequent monthly session for group counseling and involve members in the choice of the next topic.
 14. Thank the group for their participation.

3. Present some of the guidelines for facilitating a good group session:
 - Limit the group size to 10-20 members.
 - Limit the duration of the session to 15-20 minutes; do not exceed 30 minutes.
 - Limit a session to cover one theme.
 - Be tactful, especially when covering challenging topics. Do not be judgmental.
 - Listen “actively” and with an open mind.
 - Do not be “prescriptive.”
 - Encourage active participation and interactive discussions, engaging the members in finding solutions.
 - Even while providing suggestions, encourage members to find solutions.
4. Explain the use of counseling cards for advocacy and community mobilization. It is not within the scope of this document to discuss community mobilization in depth, but we can highlight a few points. Community mobilization:
 - Is a combination of efforts and activities to increase awareness, encourage positive changes in health-related behavior, and create a community that supports good health practices.
 - Involves community members at all levels and raises awareness about critical health issues.
 - Activities encourage communities to recognize issues that need attention, sparks dialogue and problem solving, and ultimately leads to positive changes and improved practices.
 - A CHW can participate in community mobilization by raising people’s awareness of maternal and newborn health issues, sharing information on the risks as well as prevention and treatment, encouraging community members to support women and their families, correcting common myths and practices that are dangerous for women and their newborns, and increasing the demand for maternal and newborn health services.
 - A CHW’s goal is to improve the health seeking and preventive behaviors of women and their families in order to improve their health and that of their children. Information alone is not usually enough to lead a person to change his or her behavior. Community mobilization can help lead to community-wide changes. Such activities help to ensure that there is community support for women and their families to adopt healthy behavior.
 - Counseling cards can also be used as a part of community mobilization. For maternal and newborn health, community mobilization is the process of bringing people together to increase knowledge of healthy behaviors and create and increase the demand for maternal and newborn health services. It also includes ensuring that there are resources and services available and strengthening community participation.
5. Ask participants to brainstorm community mobilization activities they could carry out or help to facilitate in their communities.
6. Share the following information about using counseling cards during advocacy meetings with community and religious leaders and community-based organizations.
 - Advocacy means getting people with power or influence to address or change an issue or problem in the community, in this case maternal and newborn health.
 - Community health workers can work with representatives of local governments, well-respected community members, religious leaders, and community-based organizations to increase their knowledge and understanding of the importance of



key maternal and newborn health issues. Such persons and groups can facilitate promotion of healthy family behaviors, establishment of local finance systems/common funds, and arrangement of transport.

- Advocate with and involve respected and influential community leaders to build awareness about why it is important to follow these healthy behaviors. It is important to develop emergency evacuation plans involving not just the postpartum woman and her family but also other members in their communities. For instance the family, with the support of local leaders, can coordinate the use of a vehicle in case of an emergency. Likewise, the community health worker can facilitate the establishment of a collective maternal and newborn fund that every family or postpartum woman could access when needed.
 - Involve and motivate religious leaders in the community. Religious leaders, when motivated, can dispel some of these deep-rooted religious beliefs in their communities. They can raise people's awareness of the actual, caring prescriptions contained in their religious books (e.g. Koran, Bible), and demystify beliefs regarding harmful practices that have nothing to do with religious mandates. They can convey and reinforce messages to promote healthy practices during sermons, religious ceremonies, or when they informally talk to postpartum women and/or their families.
7. Organize a role play: Divide participants into three groups. Assign each group member one of the following: religious leader, community leader, and government leader. Ask each group to prepare a role play that they will perform for the larger group using one of the counseling cards and targeting their assigned leader. Each group should select a participant to be a CHW and the others should play the leaders. Give the groups 15-20 minutes to prepare how they would approach their assigned leader and talk about maternal and newborn health. Encourage each group to decide on the desired outcome based on their meeting.

Allow each group to perform their role play. After each role play, the other participants can provide suggestions and feedback, particularly whether or not they think the group achieved the desired outcome.

SESSION 24: Practice Sessions with Pregnant/Postpartum Women and Mothers

PREPARATION

Identify a health facility nearby with an ANC clinic and maternity ward and arrange visits for CHWs to practice using counseling cards with women. Where the facility is walking distance from or is a part of the training site, some of the periods allocated for additional role plays can be adapted and used for practical sessions with mothers in addition to the final day allocated for these sessions. If the facility is some distance from the training site, and transport is required, it may be more practical and economical to keep these practice sessions on one day.

STEPS

1. Review the observation checklist (see Appendix 3) with participants before the practice session.
2. Let the participants carry out the counseling session with the mother/family.
3. Use the checklist as unobtrusively as possible to evaluate the participants.
4. Share the results with the participant.



SESSION 25: Closing

OBJECTIVES

The purpose of this exercise is to help participants identify specific actions they will take as a result of what they have learned during the training. This exercise helps bring closure to the training as well as helps participants think about how they will apply what they have learned during the training.

STEPS

1. Ask participants to think about the training workshop.
2. Ask participants to form a circle and each say one thing they will do as a result of the training. Ask each participant to begin with the statement, "One thing I'll do..." Continue around the circle until everyone has shared.
3. Thank participants.

APPENDIX 1: Checklist for Evaluating Community Health Workers in Using Counseling Cards

USAID/BASICS/POPPHI								
Checklist for Evaluating Community Health Workers in Using Counseling Cards								
<i>This tool can be used to evaluate the competence of community health workers during training (before and after the course) or during supportive supervision. Recommended time for one session: 20-30 minutes.</i>								
<p>1 = Satisfactory: Carries out the steps or the tasks in accordance with the protocol or standard guidelines.</p> <p>0 = Not satisfactory: The steps or tasks are not carried out properly in accordance with the protocol or standard guidelines or not carried out at all.</p> <p>N/A = Not applicable: The step/task was not applicable at the observed time during the practice/demonstration. The facilitator or supervisor can pose questions relevant to these and fill in the checklist accordingly.</p>								
Place:			Date:					
Theme/Counseling Card:			Name:					
Actions/Steps			Evaluation: Name					
			1	2	3	4	5	
Date								
Evaluated a role play (R) or on a client (C)								
1. Greets the woman and any other family member.								
2. Introduces himself/herself and the subject that he/she is going to counsel on.								
3. Ensures (by asking) that the mother and the baby do not have any problems, and in the presence of even one danger sign, stops the counseling session and assists the family in going to the health center.								
4. Asks a few questions to determine how much the mother and the family members already know on the topic that will be discussed.								
5. Utilizes the appropriate counseling card(s).								
6. Shows the counseling card to the mother and family members and asks them what they think the picture(s) depict.								
7. Presents the key elements in the card, point by point.								
8. Asks the mother/family member to repeat the key messages to verify that they have understood them.								



9. Finds out if there are any special family beliefs or practices that could support or hinder adoption of the recommended behavior.					
10. Initiates and carries out correctly a negotiation to promote the required behavior, covering at least 80% of the beliefs and practices identified during the session.					
11. Uses suitable statements and arguments to deal especially with the hindering beliefs and practices and negotiate the required behavior.					
12. Utilizes simple terms that are easily understandable.					
13. Does not interrupt the mother or the family members when they are talking or responding to a question.					
14. Asks appropriate questions, is open and listens attentively.					
15. Does not blame anybody and praises correct answers.					
16. Summarizes the key messages in the counseling card.					
17. Asks the family if they have any questions.					
18. Gives information about the next visit and thanks the family members.					
19. Ensures that the session at the home is between 20-30 minutes.					
20. Washes hands before s/he touches the baby.					
21. Covers at least 80% of all the steps, messages, and the counseling related to the card(s) used.					
22. Asks the mother/family member to highlight the key issues in order to verify that she/he has understood the messages.					
A. Total					
B. Number of "non-applicable" steps					
Percentage (" A " divided by 22 less " B " multiplied by 100)					
Signature of the Facilitator					
Name of the facilitator					

Note: The community health worker is declared competent if he/she scores at least 80% of the points.

APPENDIX 2: Sample Picture Card for Collecting Information for Monitoring and Evaluation *

(for adaptation as required)

(Tally marks can be applied in each column or square for each case.)

DATA COLLECTION TOOL FOR COMMUNITY HEALTH WORKERS



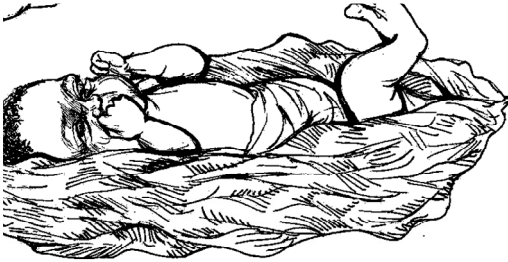

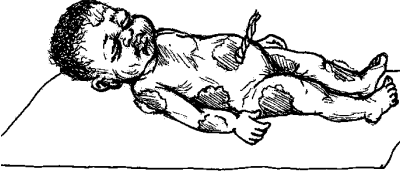


* Adapted from the card developed by USAID/BASICS and the Dept. of Reproductive Health, Ministry of Health, Louga, Senegal



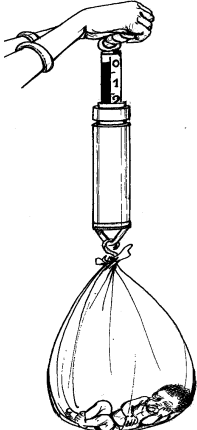

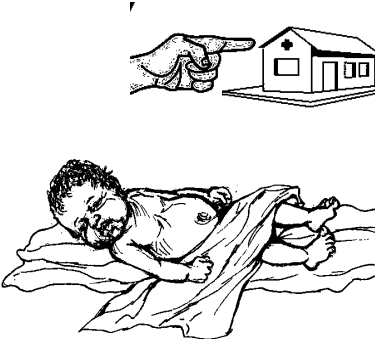


I PREGNANCIES, DELIVERIES AND REFERRALS

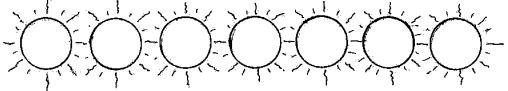

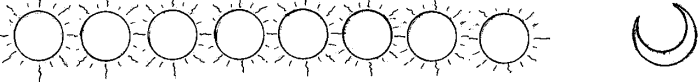



Month	Number of home deliveries	Number of deliveries referred	Number of pregnancies with a danger sign identified and referred

II. NEWBORNS

Month	Number of live births	Number of fresh stillbirths	Number of macerated stillbirths
			
			
			



Month	Number of low birth weight newborns	Number of newborns brought for at least 1 follow-up visit during the first three days after birth/first week after birth	Number of sick newborns referred for care
			
			
			

Month	Number of deaths amongst newborns aged 1-7 days	Number of deaths amongst newborns aged 7 days-1month
	 	 
		
		



APPENDIX 3: Additional Readings for Trainers

GATHER Guide to Counseling

Johns Hopkins University School of Public Health, Population Information Program (1998)

<http://www.infoforhealth.org/pr/j48/j48.pdf>

This Counseling Guide is for reproductive health care providers. With this Guide, you can learn new things about counseling; remember important counseling tips; practice counseling skills; remind yourself of important information for clients; use pictures to help explain family planning methods; and teach others about counseling.

Learning to Listen to Mothers.

Academy for Educational Development

<http://www.globalhealthcommunication.org/tools/49>

This manual provides guidelines and instructions for planning and conducting a two-day Growth Monitoring and Promotion (GMP) workshop with an emphasis on communication skills. The training is designed for field supervisors and community health workers already skilled in weighing and charting child growth so they can focus on "strengthening communication" aspects of their practice.

Improving Interpersonal Communication Between Healthcare Providers and Clients

<http://www.qaproject.org/training/ipc/inst1.pdf>

This course is designed for care providers who are responsible for counseling, educating, or otherwise communicating with clients. Topics include characteristics of effective interpersonal communication, including caring and socio-emotional communication, diagnostic communication and problem solving, counseling, and education.

Mother-to-Mother Support Group Methodology and Infant Feeding (Breastfeeding and Complementary Feeding): Training of Trainers

<http://www.linkagesproject.org/media/publications/Training%20Modules/MTMSG.pdf>

Prepares participants to train health care providers or community-based volunteers to organize and facilitate mother-to-mother support groups on infant feeding.

Comprehensive Counseling for Reproductive Health: an Integrated Curriculum

EngenderHealth (2003)

http://www.engenderhealth.org/files/pubs/counseling-informed-choice/ccrh_ph.pdf

There is a need for counseling and communications training that prepares service providers to perceive the client as a whole person with a range of interrelated SRH needs (including information, decision-making assistance, and emotional support), to address sensitive issues of sexuality with greater comfort, to support and protect the client's sexual and reproductive rights, and to access resources more easily. *Comprehensive Counseling for Reproductive Health: An Integrated Curriculum* attempts to meet this training need by introducing the concept of 'integrated sexual and reproductive health counseling, by using client profiles developed by the participants to reinforce an orientation to the individual client (all the while tailoring the training to local needs), and by adapting counseling frameworks to help providers effectively assess and address clients' comprehensive SRH needs.

Client-Provider Interaction (FHI Contraceptive Technology and RH Series modules)

Family Health International (1999)

<http://www.fhi.org/training/en/modules/CPI/default.htm>

The Contraceptive Technology and Reproductive Health Series modules are designed to meet the continuing educational needs of family planning practitioners, program managers, and policymakers in resource-constrained settings by providing information on contraceptive technology and reproductive health. These modules may be used individually for a self-study program or as training presentations for physicians, nurses, pharmacists, or other trained health care personnel. The purpose of this training module is to help providers become more aware of the importance of client-provider interactions, especially family planning counseling.