

# HOME BASED MATERNAL AND NEWBORN CARE

Care of the Mother and Baby through Home Visits

Facilitator Module for Clinical Practice



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**through Home Visits**

**FACILITATOR MODULE FOR CLINICAL PRACTICE**

## INTRODUCTION

Clinical practice is an important part of training Community Volunteers in the Care of the newborn in the community.

Clinical Practice 1 takes place in the health facility.

Clinical Practice 2 takes place in the community.

If it is not feasible to have the clinical session in the health facility, both clinical sessions can take place in the community.

During a clinical practice one facilitator demonstrates and reinforces the skills. Participants practice the skills learned in the classroom and receive the feedback.

### **Role of facilitator during clinical practice:**

1. Do all necessary preparations ahead of time
2. Explain the session objectives and make sure the participants know what to do during the session
3. Demonstrate the skills exactly as participants should do them
4. Observe the participants' progress throughout the clinical session and provide feed back and guidance as needed
5. Be available to answer questions
6. Lead a discussion after the session

## Clinical Practice 1

The first clinical practice session takes place in the health facility, if feasible.

### Preparation

1. Ask permission from health facility authorities to conduct the clinical session.
2. Visit the health facility well before the session (even before the commencement of the course) to meet with staff responsible for newborn care. Explain the process of clinical session and agree on what assistance is needed from the staff.
3. Ask permission from the caregivers to allow their babies to be seen by participants.
4. Prepare materials needed for the session:
  - Running water and soap (if running water is not available, provide a washing bowl and another container to pour the water)
  - Enlarged copy of the box “steps how to wash hands”
  - Enlarged copy of the box “measuring temperature”
  - Enlarged copies of Good attachment, Good positioning and Improving attachment and positioning, Practice checking for dangers signs in the newborn
  - Thermometers ( one for each participants and one for the facilitator)
  - Weighing scale
  - Home Visit Booklets ( one for each participant) or copies of the pages from Home Visit Booklet: baby sick, baby small
  - Notebook and pencil for each participant

### Objectives

1. Practice washing hands with soap and clean running water
2. Practice measuring temperature
3. Practice checking the weight of the baby
4. Practice checking for dangers signs in the newborn
5. Practice recognizing small baby
6. Practice observing breastfeeding
7. Practice teaching the mother good positioning and attachment

## General Procedures: How to Prepare in the Morning

1. Early in the morning on the day of the clinical session, examine all newborns admitted to the paediatric ward to see if their signs are appropriate for the clinical session (danger signs and small baby). This must be done in the morning as the clinical condition of hospitalized children can change very rapidly, even overnight. If there is no paediatric ward, visit the OPD or weighing center to select cases and conduct the session there.
2. Identify children that have the signs relevant to the objectives of the session.
3. Ask permission from the caretakers/parents to allow their children to be seen by participants. Try to arrange for the babies to be in their beds during the sessions.
4. Select cases who together have appropriate signs for participants to check. Also, select any other cases with good clinical signs to be used for demonstrations.
5. Select one case per participant. If the number of cases is smaller, let participants work in pairs.

## General Procedures: Conducting the Inpatient Session

***The inpatient session will last 3 hours.***

- Tell participants the objectives of the session.
- Demonstrate, while participants observe: hand washing and checking of temperature.
- Invite a few participants to practice.
- Review with participants the signs of good positioning and attachment. Select one case to demonstrate. If possible select another case for one of the participants to check for breastfeeding while the others observe. Give feedback.
- Demonstrate for the participants the assessment process (checking the baby). Explain and demonstrate the clinical skill exactly as you would like participants to do it.
- Assign each participant a case to check.
- Observe while the participants work. Be available to assist or answer questions. Make sure they are recording the baby's signs in their notebooks.
- Make sure participants' work is not interfering too much with the ward routine, especially provision of treatment.
- Give feedback to each participant:
- Ask the assigned participant to present the case, describing the signs found
- Emphasize the correct assessment of the sign. If all participants did not assess it correctly, demonstrate or let participants assess again. Find out why they took various decisions. Treat their opinions with respect. Convey the fact that you might be wrong. Say - "Let's look again."
- Make sure the atmosphere is supportive, so participants do not feel bad if they



get a sign wrong. You may say, “It takes a while to learn these signs. Do not feel bad if you make a mistake.”

- Summarize the case so that participants understand the correct assessment of the child’s signs. Thank the participant and praise him for any new or difficult tasks that he did correctly.

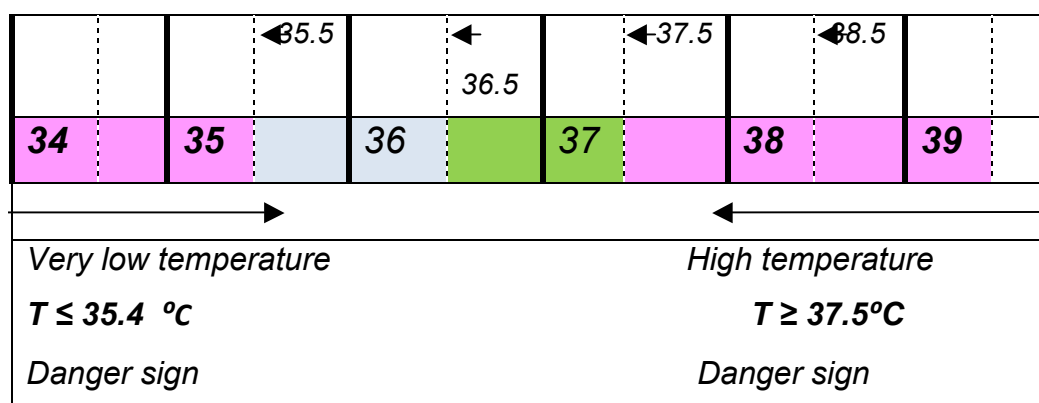
### Practice washing hands with soap and clean running water

- Explain to the family that you are washing your hands to remove any invisible dirt.
- Remove any bracelets, ring or wrist watch
- Let someone pour water onto your hands. Do not wash them in a filled bowl.
- Wet your hands and forearms up to the elbow
- Apply soap and thoroughly wash your hands and forearm up to the elbow. Pay special attention to nails and between the fingers
- Rinse your hands with running water or let someone pour the water
- Do not dry your hands on a towel or piece of cloth, as these may contain invisible dirt – instead shake your hands and let them dry in the air.
- Once your hands are clean, keep them clean. It is easy to pick up invisible dirt that can harm the baby, so once your hands are washed touch as few things as possible

1. *Display enlarged copy of the box: steps in hand washing*
2. *Gather participants together (if possible) in a room or space where running water is available*
3. *If running water is not available prepare washing bowl and another container with water (mug or pitcher)*
4. *Prepare soap*
5. *Review the steps ( read or ask participant to read)*
6. *Emphasize the importance of washing hands before touching the baby as this would prevent bringing germs of infection to the baby*
7. *Demonstrate correct hand washing while participants observe*
8. *Divide participants into small groups; let them practice hand washing*
9. *Observe if they are following the steps*

## Practice measuring temperature

1. Take thermometer out of the box, hold at broad end. Clean the shining tip with cotton and spirit.
2. Make sure that there is enough light to see the temperature reading. Gently lift the baby's shirt or open the wrap so you can access the armpit.
3. Press the "on" button once to turn the thermometer on. Hold the thermometer upward and place it in the middle of the baby's armpit with the display side out-press the arm against the side of the baby to trap the thermometer firmly in place.  
Do not change the position and make sure that the tip of the thermometer does not stick out at the other end of the armpit of the baby.
4. When you hear 3 short beeps or the numbers stop changing (at least 4 minutes), remove the thermometer. Read the number in the display window.
5. Turn the thermometer off, clean the shining tip with cotton and spirit and place it in the storage case.
6. Record temperature



1. Display enlarged copy of the box "measuring temperature" and temperature scale
2. Prepare thermometers, one for each participant
3. Select the newborn for demonstration
4. Gather participants together
5. Explain what the normal temperature is on the scale
6. Tell participants that a baby who is well is neither cold nor hot.  
When a baby has serious infection his body can become cold or the baby may have fever (high temperature- the body is hot).
7. Explain that 35.5 means that the temperature is more than 35 but not yet 36
8. Review the steps (read or ask participant to read)
9. Explain to the mother what is going to happen
10. Demonstrate how to measure the temperature, while participants observe

11. *Divide participants into small groups; let them practice checking temperature*
12. *Observe if they are following the steps*
13. *Lead a group discussion on common errors that can occur when measuring temperature*

### **Common errors when measuring temperature**

- Thermometer not properly placed in the armpit so that the tip is out at the other end of the armpit
- Thermometer not held firmly in the armpit
- Removing the thermometer from the armpit before hearing the three beeps because you think it has been there for a long time
- Not recording the temperature immediately after measuring it Practice checking weight

### **Practise checking weighing**

1. Prepare the scale for weighing
2. Select the newborn for demonstration
3. Gather participants together
4. Review the steps of checking the weight (read or ask participant to read)
5. Explain to the mother what is going to happen
6. Demonstrate how to check the weight, while participants observe
7. Let a few participants practice weighing the baby (select 2 or 3 babies)
8. Observe if they are following the steps
9. Lead a group discussion on common errors that can occur when checking the weight



**To weigh the baby using the scale with the pan:**

- Explain to the family why you are weighing the baby; be sure to explain what you are doing throughout the weighing.
- Bring the scale near the baby
- Clean the weighing scale
- Wash hands with soap and water
- Place a clean, warm cloth in the scale pan to prevent baby from losing heat
- Adjust the scale to zero with the cloth in the pan
- Ask the mother to undress the baby so he or she is wearing only a hat, shirt and nappy and place the baby in the pan.
- Wait for the baby to settle and the weight to stabilize.
- Read the weight in kilograms to the completed 0.1 kg, i.e. if the weight is between 1.9 and 2.0 kg, it should be read as 1.9 kg or as precisely as possible.
- Ask the mother to take the baby out of the pan and wrap the baby immediately to keep warm
- Record the weight in your register
- Explain to the family what you found.

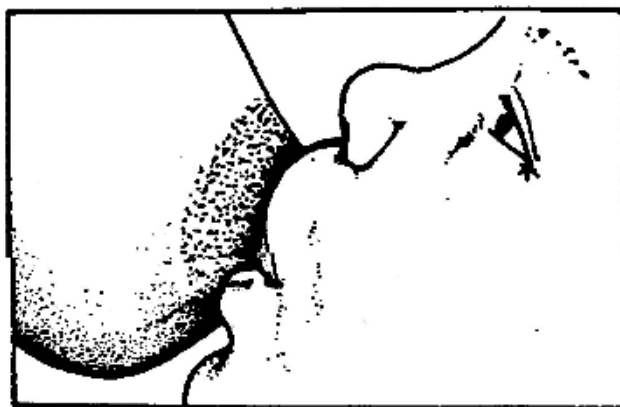
**To weigh the baby using the scale with the sling:**

- Explain to the family why you are weighing the baby; be sure to explain what you are doing throughout the weighing.
- Place the weighing scale and the sling on a clean surface.
- Adjust the knob to make sure that the scale reads ZERO when you hang the sling on it.
- Wash hands
- Ask the mother to undress the baby so he or she is wearing only a hat, shirt and nappy and place the baby in the sling.
- Draw the sides of the sling up and attach the sling to the hook on the scale.
- Holding the top bar carefully, lift the scale and sling with baby off the ground until the scale is at eye level.  
Do not hold or touch the baby from below as the weight will be incorrect.
- When the scale is fully extended and has stopped bouncing, read the scale at eye level.
- Then read the weight in kilograms to the completed 0.1 kg, i.e. if the weight is between 1.9 and 2.0 kg, it should be read as 1.9 kg.
- Gently put the sling and the baby back down and unhook the sling. Ask the mother to take the baby out of the sling and wrap the baby immediately to keep warm.
- Explain to the family what you found.

## Practice observing breastfeeding and teaching the mother good positioning and attachment



**Good attachment**



**Poor attachment**

Signs of good attachment:

- More areola above the infant's upper lip than below the lower lip
- The baby's mouth is wide open
- The baby's lower lip is turned outwards
- The baby's chin touching/almost touching the breast

Breast feeding position  
Mother can sit or lay down



**Good position:**  
Body close, facing breast  
Whole body supported



**Poor position:**  
Body away from mother, neck  
twisted, only head supported

1. Display enlarged copy of the boxes above
2. Review the steps ( read or ask participant to read) signs of good attachment and positioning
3. Select a newborn baby that has been fed at least an hour ago
4. Demonstrate while participants observe:
  - Wash hands
  - Greet the mother and ask if she would like to put baby to breast
  - Observe the breastfeed for a few minutes (at least 4 minutes)
  - If the baby is not attached well or the baby is not suckling effectively, counsel the mother on good positioning and attachment (see box below)
  - If the baby is well attached and is suckling effectively, praise the mother. Do not teach correct positioning and attachment
  - Answer any questions participants may have
5. Divide participants into small groups; select one baby for a group of 2-3 participants. Ask participants to wash their hands
6. Observe them practice and give feedback
7. Lead a group discussion, emphasize steps below (display enlarged copy) when teaching the mother correct positioning and attachment

Improving Positioning and Attachment	
What?	Why?
Check positioning and attachment in breastfed baby	If the baby is not well positioned or attached: <ul style="list-style-type: none"> <li>• The baby will not take enough milk</li> <li>• The baby will not gain enough weight</li> <li>• The baby will not empty the breast and the mother will have less milk</li> <li>• The mother could get sore nipples</li> </ul>
Observe a mother breastfeeding	You understand her situation better.
Say something to encourage her: “She really likes your breast milk, doesn’t she?”	To make the mother feel good about herself
Then say: “Breastfeeding might be more comfortable for you if your baby took a larger mouthful of the breast”.	Using supportive language to explain how feeding could be improved makes mother want to try.
If baby not attached or positioned well:	
Explain to the mother how the baby should be positioned/attached	The mother understands
Mother sitting on a low seat with her back against the wall or back of the chair.	Mother will be relaxed and comfortable
Ask her to position the baby well.	The mother practices for you to see
The mother brings the baby close to the breast	It is easier for the baby to take a mouth full of breast .
Mother touches the baby’s lips with her nipple	Baby opens mouth fully
Then mother moves the infant quickly onto her breast aiming lower lip well below the nipple.	The baby takes mouthful of breast- baby well attached
Let her try again	Practice helps mother to improve attachment

## Practice checking for dangers signs in the newborn

Baby Problems: Baby Is Sick	
Danger sign	Why
Poor or no suck	<ul style="list-style-type: none"> <li>• Baby sucks poorly</li> <li>• Baby has not fed since birth (not sucking)</li> <li>• Baby stopped feeding well</li> </ul>
Baby had convulsion or fits (abnormal movement of any part of the body)	<ul style="list-style-type: none"> <li>• Baby's arms and legs become stiff</li> <li>• Some parts of the baby's body starts moving.</li> <li>• Baby may even stopped breathing and become blue</li> </ul>
Difficult breathing	<ul style="list-style-type: none"> <li>• The breathing appears fast (60 breaths per minute or more)</li> <li>• The breathing appears difficult- lower chest wall is going inside when the baby is breathing in</li> <li>• The baby is grunting- making soft short noise when breathing out</li> <li>• Baby's breathing may appear unusual</li> </ul>
Feels hot or too cold	<ul style="list-style-type: none"> <li>• High temperature: 37.5°C or more</li> <li>• Very low temperature: 35.4°C or less</li> <li>• Feel the baby's stomach or underarm to see if it feels hot or unusually cold.</li> </ul>
Sleeps too much and is hard to wake up	<ul style="list-style-type: none"> <li>• Baby does not stay awake after disturbing him but goes back to sleep again</li> <li>• Baby cannot be wakened</li> </ul>
Pus draining from cord, skin sores or eyes	<ul style="list-style-type: none"> <li>• Cord (umbilical stump) is red or draining pus</li> <li>• Pus coming from either eye</li> <li>• Skin for pustules (blisters filled with pus)</li> </ul>
Yellow eyes or skin	<ul style="list-style-type: none"> <li>• Eyes or skin look yellow in color</li> </ul>

1. Display enlarged copy of the box above
2. Prepare Home Visit Booklet for each participant. You can also make copies of page 12 and 13 for each participant
3. Select a newborn baby that has any one of the danger signs
4. Gather participants together
5. Review danger signs (Sick Baby) - see box above
6. Demonstrate how to look/ask for danger signs
  - Wash hands
  - Explain to the mother what you are going to do
  - Assess the baby (see below How to Assess the Baby for danger sign)

## How to assess the baby for danger signs

*Use notes below as you demonstrate how to assess the baby*

### 1. Ask the mother: Have you put the baby to breast? How is the baby suckling?

- If the mother says that the baby is not suckling the breast or has stopped feeding well observe breastfeeding to see what she means by that
- If the baby is not able to suckle at the breast even after the mother has tried to put the baby to the breast several times over few hours- baby may have serious illness- baby has a danger sign.
- If the mother tells you that the baby was feeding well after birth but has stopped feeding well now- baby may have serious infection- baby has a danger sign.

### 2. Ask the mother: Has the baby convulsed (or fitted) since birth?

- If the mother says " yes"- the baby has a danger sign
- If the mother does not understand what fit is -explain.
- If the mother says that the baby did not have a fit, do not ask any further questions about convulsion
- Then look to see if the baby is convulsing now

### 3. Look to see if the baby has difficult breathing

- Wait for the baby to be calm
- Make sure there is enough light to see baby's breathing
- Gently lift baby's shirt to see if:
  - The breathing appears fast (count the breaths per minute; decide if it is fast breathing -60 breaths per minute or more)
  - The breathing appears difficult- lower chest wall is going inside when the baby is breathing in
  - The baby is grunting- making soft short noise when breathing out
  - Baby's breathing may appear unusual

#### 4. Measure baby's temperature

- If the baby's temperature is 37.5° C or more baby has fever – baby has a danger sign
- If the baby's temperature is 35.4° or less baby has very low temperature-danger sign
- If the baby's temperature is between 35.5 C° and 37.5 °C – baby does not have danger sign. However, counsel the family how to keep baby warm if the temperature is between 35.5°C and 36.4°C

#### 5. Look to see if the baby 'Sleeps too much and is hard to wake up'

- Observe if the baby is awake as you assess the baby
- A baby who is awake will move arms and legs or turn the head several times in a minute. The baby does not have danger sign
- If the baby does not wake up ask the mother to wake the baby up
- If the baby cannot be wakened – baby has danger sign
- If the baby wakes up a little, moves arms and legs a little but goes back to sleep- baby has danger sign

#### 6. Look to see "Pus draining from cord, skin sores or eyes"

- Pus and redness are signs of infection
- Undress the baby
- Look at umbilicus. Is it red? Is there pus coming out of umbilical stump?
- Look at the skin. Look at the whole body including the back, armpit, neck and groin area. Are there skin pustules (blisters filled with pus)? Boils?
- Look at the eyes. Is pus coming from the eyes?

#### 7. Look to see if the eyes or skin are yellow

- Always look for this sign in natural light (day light). It is difficult to see yellow eyes or skin in artificial light (electricity or gas)
- If the baby opens the eyes, look at the white part of the eye. Is it yellow?
- Look at the skin. Is it yellow? If the skin is too dark, gently press the skin with your thumb to blanch, remove your thumb and look for yellow colour



## Practice Recognizing Small Baby



This picture shows small baby.  
We can hold small baby with both  
palms of our hands put together

A baby is too small if we see:

- A baby much thinner than a full size baby or a baby with less fat than a full size baby.
- A baby born too soon or thought to be born too soon.

1. Review **Small Baby** - (see box above)
2. Select a small baby (with weight less than 2.5 kilograms). Select also a newborn baby that is full size (normal size)
4. Emphasize the difference while comparing the two babies: a small baby is much thinner, smaller, and less fat.

## Practice checking for danger signs and small baby

1. Select babies with danger signs or small baby
2. Tell participants that they will now practice recognizing sick baby and small baby. After the assessment they should record their findings in their notebooks
3. Divide participants into groups of 2 (or more if there are not enough babies; if there are many babies assign each participant to one baby)
4. Allocate one baby to each group or to each participant
5. Tell participants to:
  - wash their hands before touching each baby
  - use their Home Visit Booklet- Sick Baby, Small Baby
  - record the signs that are present in their notebooks
6. Observe participants
7. Be available to assist or answer questions
8. Praise them for doing steps correctly. Be polite when correcting them:  
"Let's try it again". "Let us look again". "It takes practice to learn these signs". "Do not be afraid to make a mistake- we all do".
9. Lead group discussion at the end of the session

## Clinical Practice 2

*Clinical Practice 2 takes place in the community.*

### Objectives

1. Practice home visit  
Participants practice the home visit in the field to master the skills learned in the classroom: home visit before and after birth

### Preparation

1. Visit the community in advance. Select, if possible, a community near to the training center
2. Contact community leaders
3. Identify families willing to be visited: families with pregnant women or babies just born or less than 7 days old.
4. Inform the family about the visit, explain what is going to happen and the date and time of the visit
5. Organize transport

### Materials (for each participant)

1. Home Visit Booklet
2. Referral card
3. Thermometer, cotton wool, spirit, pencils and erasers
4. Sanitizer

1. *Divide participants into 2 groups (if there are 2 facilitators)*
2. *The whole group visits the family.*
3. *One pair of participants (or 3 if there are not enough families or if there is not enough time) conducts the visit, while facilitator and the rest of participants observe.*
4. *The pair that jointly conducts the visit shares the steps: one participant greets the family, builds good relationship, and completes card 1; the other participant takes over and continues the visit.*
5. *Lead a group discussion in the training center. Do not discuss with participants about how the visit was conducted in front of the family. That can be done later in the classroom*
6. *Thank the family and leave*