

ASHA Module 6

Skills that Save Lives



Focus on Maternal and Newborn Health



ASHA Module 6

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About this book

The sixth and seventh modules cover areas whose content is already familiar to the ASHA. In addition, this module includes the development of specific competencies in healthcare for mothers and children. It is thus, intended to serve as a refresher module, building on existing knowledge and the development of new skills in the area of maternal and child health. ASHAs that are newly recruited into the programme, could directly start with Module 5, 6 and 7. This module is also designed to serve as a reading material for ASHAs, and is therefore, to be given to each ASHA. A companion communication kit for the ASHA to use when she conducts home visits and village meetings has also been developed. There is also a manual for trainers with training aids to use during the training of ASHA. The training plan envisages a total of 20 to 24 days of residential training, to impart the skills that these two modules are teaching.

Acknowledgements

The sections on maternal and newborn care are excerpted from the SEARCH Manual on 'How to Train ASHA in Home-Based Newborn Care' and SEARCH developed ASHA Reading Material on Home-Based Newborn Care. Thanks are due to Members of the National ASHA Mentoring Group, United Nations Children's Fund (UNICEF), Breastfeeding Promotion Network of India (BPNI), the Public Health Resource Network (PHRN), and the training, maternal and child health and malaria divisions of the ministry for providing extensive feedback, and also HLPPT for providing information on Nischay Kit. The Integrated Management of Neonatal Childhood Illnesses (IMNCI) package is also incorporated into these modules.





PART A

Being an ASHA





Being an ASHA

Objectives of this Session

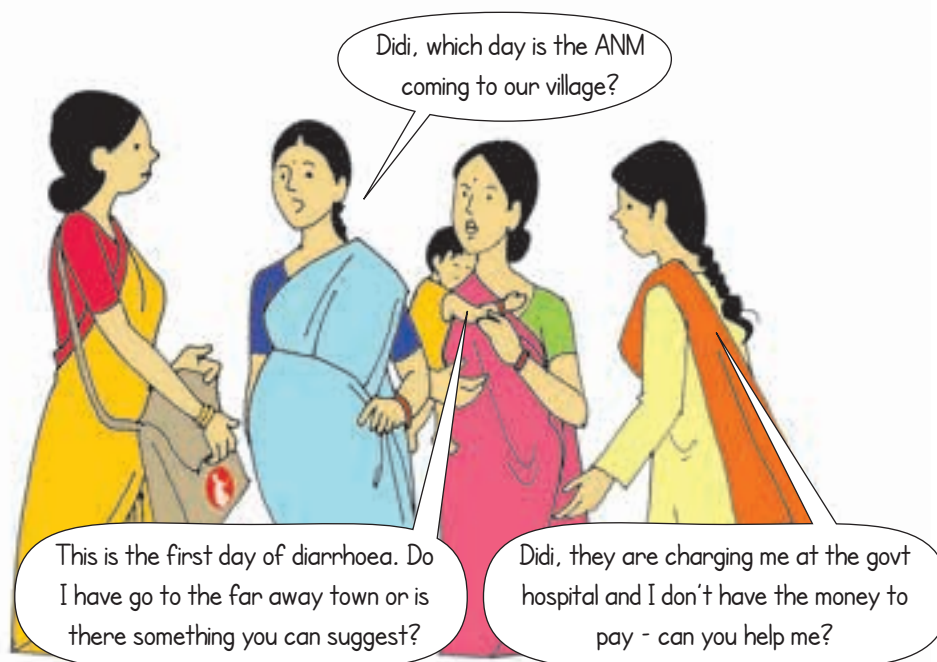
By the end of this session, the ASHA will learn about:

- The role of an ASHA and the activities expected of her.
- The health outcomes that her work should result in.
- The sets of skills that she needs to be effective in.
- The records that she has to maintain.
- The arrangements for her support and supervision.



1. Role of ASHA

ASHA is considered to be a healthcare facilitator and provider of a limited range of healthcare services. Health rights would be integral to her work and would be focused in the areas of community mobilisation to improve health status, access to services, and promote people's participation in health programmes.



2. Activities of an ASHA's

ASHA's work consists mainly of five activities:



1. **Home Visits:** For two to three hours every day, for at least four or five days a week, the ASHA should visit the families living in her allotted area. *Home visits should take place at least once in a month if not more. Home visits are mainly for health promotion and preventive care. Over time, families will come to her when there is a problem and she would not have to go so often to their houses. Meeting them anywhere in the community/ village is enough. However, where there is a child below two years of age or any malnourished child or a pregnant woman, she should visit the families at home for counselling them. Also, if there is a newborn in the house, a series of five visits or more becomes essential.*
2. **Attending the Village Health and Nutrition Day (VHND):** On one day every month, when the Auxiliary Nurse Midwife (ANM) comes to provide immunisation and other services in the village, ASHA will promote attendance by those who need the Anganwadi or ANM services and helps with service delivery.
3. **Visits to the health facility:** This is usually accompanying a pregnant woman or some other neighbour who requests her services for escort. The visit could also be to attend a training programme or review meeting. In some months, there would be only one visit, in others, there would be more.
4. **Holding village level meeting** of women's groups, and the Village Health and Sanitation Committee (VHSC), for increasing health awareness and to plan health work.
5. **Maintain records** which would make her more organised and make her work easier, and help her to plan better for the health of the people.

The first three relate to facilitation or provision of healthcare and the last two are supportive and mobilisational activities.



3. Measurable Outcomes of the ASHA Programme

In the course of conducting these five activities, the ASHA should ensure the following:

Maternal Health

1. That every pregnant woman and her family receive health information for promotion of appropriate healthcare practices – diet, rest and for increased use of services which would focus on care in pregnancy, delivery, postnatal care and family planning services.
2. That every pregnant woman avails of antenatal care and postnatal care at the monthly health worker clinic/VHND.
3. That every family with a pregnant woman has made a plan and is prepared for the event of childbirth.
4. That every couple that needs contraceptive services is counselled on where to avail of the service.

Newborn and Child Health

1. That every newborn is visited as per the schedule, more often if there are problems and receives essential home-based care as well as appropriate referral for the sick newborn.
2. That every family receives the information and support it needs to access immunisation.
3. That all families with children below the age of two years are counselled and supported for – prevention and management of malnutrition and anaemia and for prevention of illness such as malaria, recurrent diarrhoea and respiratory infection.
4. That every child below five years with diarrhoea, fever, Acute Respiratory Infection (ARI) and worms, brought to her attention is counselled on whether referral is immediately required or whether, given the problems of access to a doctor, first contact curative care with home remedies and drugs in her kit, the child can be managed.

Disease Control

1. That those individuals noticed during home visits as having chronic cough or blindness or a skin patch in a high leprosy block are referred to the appropriate centre for further check-up.
2. That those prescribed a long course of drugs for tuberculosis or leprosy or surgery for cataract are followed up and encouraged to take the drugs or go for surgery.
3. That those with fever which could be malaria (or kala – azar) have their blood tested to detect the disease and provide appropriate care/referral.
4. That the village and health authorities are alerted to any outbreak of disease she notes during her visits.

Note: Each outcome is not a separate activity. They are part of the protocol followed during a single activity – the home visit.

4. Essential Skills for an ASHA

The essential skills that an ASHA requires can be classified into six sets. These are simple skills requiring only a few hours to learn, but they can save thousands of lives. These six sets of skills are given below:

1. Maternal Care

- Counselling of pregnant women
- Ensuring complete antenatal care through home visits and enabling care at VHND
- Making the birth plan and support for safe delivery
- Undertaking post-partum visits, Counselling for family planning.



2. Newborn Care when visiting the newborn at home:

- Counselling and problem solving on breastfeeding
- Keeping the baby warm
- Identification and basic management of LBW (Low Birth Weight) and pre-term baby
- Examinations needed for identification/first contact care for sepsis and asphyxia



3. Child Care

- Providing home care for diarrhoea, Acute Respiratory Infections (ARI), fever and appropriate referral, when required
- Counselling for feeding during illness
- Temperature management
- De-worming and treatment of iron deficiency anaemia, with referral where required
- Counselling to prevent recurrent illness especially diarrhoea.



4. Nutrition

- a. Counselling and support for exclusive breastfeeding
- b. Counselling mothers on complementary feeding
- c. Counselling and referral of malnourished children.



5. Infections

- a. Identifying persons whose symptoms are suggestive of malaria, leprosy, tuberculosis, etc. during home visits, community level care and referral
- b. Encouraging those who are put on treatment to take their drugs regularly
- c. Encouraging the village community to take collective action to prevent spread of these infections and individuals to protect themselves from getting infected.

6. Social Mobilisation

- a. Conducting women's group meetings and VHSC meetings
- b. Assisting in making village health plans
- c. Enabling marginalised and vulnerable communities to be able to access health services.



In addition, there are important skills related to self-awareness, communication, and organising a meeting which have been already taught in Module 5.

5. Qualities that Make an ASHA Effective

For an ASHA to be effective in improving people's access to health services and their health status, an ASHA should:

- Have the knowledge and skills to explain the basic maternal and child health services, educate on preventive and promotive aspects of maternal and child health, and provide some measure of immediate relief and advice if there is any illness.
- Have the knowledge and skills on other general health issues, especially related to common infections, and be able to provide information on access to services and preventive and promotive aspects of healthcare.
- Be friendly and polite with people and known among community, and establish rapport with the family during household visits.
- Be a special friend to the needy, the marginalised, and the less powerful.
- Possess the art of listening.
- Have the skill of coordination with Panchayati Raj Institution (PRI), AWW and ANM.
- Be competent in conducting meetings in the community.
- Be motivated and feel happy and rewarded to help community/serve people.
- Have a positive attitude and be keen to learn new skills.



6. Conducting a Home Visit

The purpose of the home visit is to interact with the family, especially the young women of the house, so as to develop a rapport with them, communicate key health messages, support them for better healthcare practices, identify illness early and provide appropriate advice.



In particular, homes with a pregnant woman, or a woman who had an abortion or delivery within the last one month, or with any child below two or any malnourished child needs regular home visits.

The first step is to gather information to understand the situation. You should ask appropriate initial questions, listen to the woman's response actively, and do not interrupt the woman while she is speaking. Once the mother has finished, ask further questions to clarify what she has said. Then seek more information by asking more detailed and probing questions about the duration of illness and the symptoms.

The second step after listening is to first praise the mother for how she is managing and reinforce the correct actions she is taking. Then make suggestions to the mother/woman on what further she needs to do – in short sentences and in clear blocks of information. Repeat the key information to make sure that the mother has understood it. You should ask whether the

All Visits

(Basic communication skills to create friendly environment)

- Greeting.
- Explain why she is visiting today.
- Act in a way so family feels they can confide in her.
- Speak in a gentle tone.
- Use simple words in local language.
- Be respectful.
- Praise what the woman is doing correctly and build up her self-confidence.
- Point out why you are discouraging some health practices; do not merely condemn it or brand it as bad, superstition etc.
- Ask, don't tell.
- Check if the woman has any questions.
- Answer in simple language.
- Thank the woman after the visit and inform the family when you (ASHA) will return.

suggestion is applicable and acceptable, and whether she would be able to implement it. If necessary, ask the woman to repeat what has been suggested. Discuss further and come to an understanding of what can be done

Then the third step, you should discuss and try to correct any misconceptions or rumours.

Finally, you should also arrange for follow-up visit or referral.

Do NOT “prescribe” health advice: You need to “counsel.” See the examples below:

| Gratuitous Ineffective Messages | Useful Health Communication Message |
|---|---|
| To prevent diarrhoea, pay attention to cleanliness. | To prevent diarrhoea, please ensure that you wash your hands with soap and water before preparing food or feeding the child and after cleaning up after defecation. |
| Take good care of the child. | Are you able to find enough time to feed the child? To play with the child? Who looks after the child when you are at work? |
| Your child is now one year old. You must give it nutritious food. | Would it be possible for you to give your child an egg daily (or milk, green vegetables etc)? How would you manage it? Can you afford it? Would other children in the family also demand it, and would that create a problem? |



Difficult Situations

If the woman is shy

- Speak of general things to ‘warm her up’.
- Encourage the woman to speak.
- Praise the woman more to make her confident.
- Repeat the questions.

If the woman is non-cooperative or argumentative

- Praise the women to make her feel secure.
- Sympathise with her and be friendly; do not get angry.
- Spend more time in listening to her.
- Do not push if the woman is still not immediately receptive but just say that you would like to come again.

If the woman is curious and asks many questions

- Answer her questions in simple language.
- Explain that you will be coming every month so they can talk again.



7. Village Health and Nutrition Day (VHND)

VHND is a common platform for allowing the people to access the services of the ANM and the male health worker and of the Anganwadi Centre (AWC). It is held at the AWC once every month. The ANM gives immunisation to the children, provides antenatal care to pregnant women and provides counselling and contraceptive services to eligible couples. In addition, the ANM provides a basic level of curative care for minor illness with referral where needed.

The VHND is an occasion for health communication on a number of key health issues. It should be attended by the members of the PRI, particularly the women members, pregnant women, women with children under two, adolescent girls and general community members. The VHND is to be seen as a major mobilisation event to reinforce health messages. You should provide information on the topics given below during the VHND. These topics can be taken up one by one and completed over a period of one year.

Topics for Health Communication during the VHND

- Care in pregnancy, including nutrition, importance of antenatal care and danger sign recognition.
- Planning for safe deliveries and postnatal care.
- Exclusive breastfeeding and the importance of appropriate complementary feeding.
- Immunisation: the schedule and the importance of adhering to it.
- Importance of safe drinking water, hygiene and sanitation, and discussion on what actions can be taken locally to improve the situation.
- Delaying the age at marriage, postponing the first pregnancy and the need for spacing.
- Adolescent health awareness, including nutrition, retention in school till high/higher secondary level, anaemia correction, menstrual hygiene and responsible sexual behaviour.
- Prevention of Malaria, TB and other communicable diseases.
- Awareness on prevention and seeking care for RTI/STI and HIV/AIDS.
- Prevention of tobacco use and alcoholism.

What should you do for a successful VHND?

- Make a list of the following and ensure their presence during the VHND meeting:
 - ◆ Pregnant women for their antenatal or postnatal care.



- ◆ Women who need to come for ANC for first time or for repeat visit.
- ◆ Infants who need their next dose of immunisation.
- ◆ Malnourished children.
- ◆ TB patients who are on anti-TB drugs.
- ◆ Those with fever who have not been able to see a doctor.
- ◆ Eligible couples who need contraceptive services or counselling.
- ◆ Any others who want to meet the ANM.
- Specially identifying families who are new migrants, living in hamlets or are vulnerable because of poverty or otherwise marginalised and ensuring their attendance.
- Coordinate with the AWW and the ANM to know in advance which day the VHND is scheduled so as to inform those who need these services and the community, especially the VHSC members.
- Undertake a part of the health communication work done at the VHND.



8. What Records do the ASHA Maintain



- a. **Village Health Register** in which you will record details of pregnant women, children, 0-5 years, eligible couples and others in need of services.
- b. **An ASHA diary** which is a record of your work and also useful for tracking performance based payments due to you.
- c. **Maintaining drug kit stocks:** You are provided with a drug kit so as to be able to treat minor ailments/problems. The drug kit contains: Paracetamol tablets, Albendazole tablets, Iron Folic Acid (IFA) tablets, Chloroquine tablets, Oral Rehydration Salts (ORS), and eye ointment. In addition, the kit may contain condoms and oral contraceptive pills, pregnancy testing kits, and malaria testing kits. The contents of the kit may change depending on the needs of the state.

The drug kit is to be re-filled on a regular basis from the nearest PHC. To keep a record of consumption of the drugs, and for effective re-filling and ensuring adequate/timely availability, a drug kit stock card is maintained. This can be completed by the person who refills the kit or by you.

(Annexe 1: Sample drug kit stock card)



9. ASHA Support and Supervision

- For ASHA to be effective and for her skills to be updated, she needs both on-the-job support and refresher trainings.
 - Each ASHA will be supported in the field by an ASHA facilitator.
 - The ASHA facilitator will interact with ASHA at least twice if not thrice a month.
 - At least one of these interactions will be in the form of a “mentoring” visit to the hamlet where she provides her services. This would focus on mentoring or on-the-job training.
- Another one or two interactions would be in a local review meeting. This could be held at Gram Panchayat (GP) level, or at the sector level or even at the block level.
 - Each of the facilitators will have a clear protocol of activities to follow for the mentoring visit to the ASHAs and for the review meetings. The purpose of these interactions are:
 - a Collecting health related information as observed by ASHA and information on what work ASHA is doing.
 - b For providing support to the ASHA to manage the health problems they encounter.
 - c For providing training and refresh or update their knowledge and skills.
 - d For helping ASHAs plan their work.
 - e For building up mutual solidarity and motivation.
 - f For troubleshooting problems, especially as regards payments and addressing grievances.
 - g For refills to their drug kit
 - The Medical Officer In-charge of the block PHC/CHC should attend at least one monthly meeting of all ASHAs in the Primary Health Centre (PHC) area, to review work progress.





PART B

Maternal Health





Maternal Health

Objectives of this session

By the end of the session the ASHA will learn about:

- Diagnosing pregnancy using Nischay Kit.
- Determining Last Menstrual Period (LMP) and Expected Date of Delivery (EDD).
- Key components of antenatal check-up¹.
- Identification of problems and danger signs during the antenatal period and appropriate referral.
- Provide appropriate care for anaemia.
- Developing plans for birth preparedness.
- Follow-up with pregnant women.
- Knowledge of safe delivery.
- Understand obstetric emergencies and enable appropriate referral for emergencies.
- Updating Maternal Health Cards with support from the ANM.



1. Pregnancy Diagnosis

Diagnosis of pregnancy should be done as early as possible after the first missed period.

There are two ways to diagnose pregnancy early:

- Missed Periods
- Pregnancy testing: through use of the Nischay home pregnancy test card
 - ◆ The Nischay test card can be used easily by you to test if a woman is pregnant.
 - ◆ The test can be done immediately after the missed period.
 - ◆ A positive test means that the woman is pregnant.
 - ◆ The benefit of early diagnosis of pregnancy is that the woman can be registered early by the ANM and start getting antenatal care soon.
 - ◆ A negative test means that the woman is not pregnant. In case she is not pregnant and does not want to get pregnant, you should counsel her to adopt a family planning method.

Instructions for the use of the Nischay Kit are in Annexe 2.

¹ All knowledge areas in this chapter have been covered in ASHA Module 2.



Determining LMP and EDD

When pregnancy is diagnosed, you should help the pregnant woman in calculating the probable date when she is likely to deliver.

Steps to find the EDD

- Find out from the woman the date of the first day of her LMP.
- Then count nine months after that date.
- Add seven days to that date.

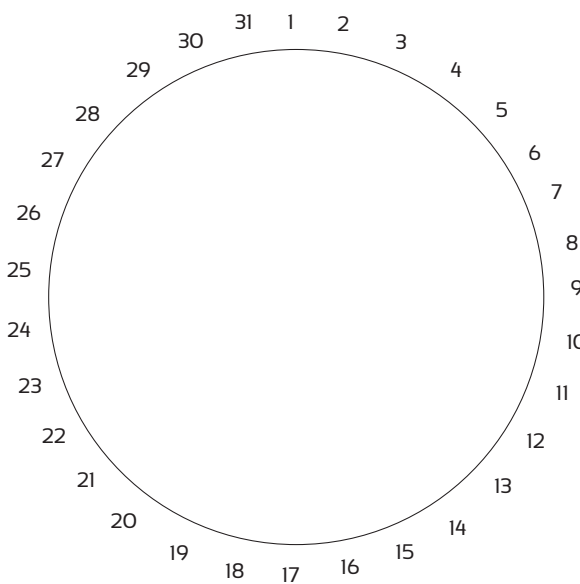
For example,

| | |
|---|---------------------|
| If the first day of the LMP is: | 10th Dec. 2009 |
| Nine months later is: | 10th Sept. 2010 |
| Adding seven days is: | 17th Sept. 2010 |
| Therefore, the expected date of delivery is | 17th September 2010 |

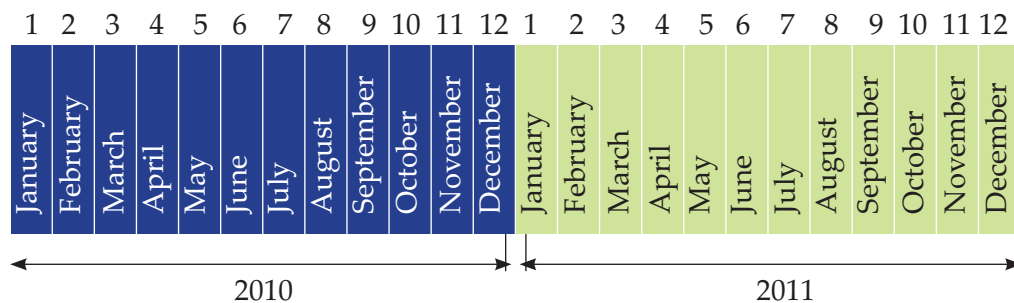
Note: This method only gives an approximate date of delivery, and baby may be born anytime during 15 days before or after the EDD.

The Circle Aid for Determining Last Menstrual Period (LMP) and Expected Date of Delivery (EDD)

This picture drawn beside helps you in estimating the date of delivery.



The Measuring Strip to Determine Change in Year



Facts about Antenatal Check-up

How many antenatal check-ups?

Four antenatal visits must be ensured, including registration within the first three month period. The suggested schedule is as below:

1st visit: Within 12 weeks preferably as soon as pregnancy is suspected for registration of pregnancy and first antenatal check-up

2nd visit: Between 14 and 26 weeks

3rd visit: Between 28 and 34 weeks

4th visit: After 36 weeks

It is advisable for the pregnant woman to visit the Medical Officer (MO) at the PHC for the third antenatal visit, as well as availing of the required investigations at the PHC.



Essential components² of antenatal care

- Early registration
- Regular weight check
- Blood test for anaemia
- Urine test for protein and sugar
- Measure blood pressure
- One tablet of IFA every day for three months to prevent anaemia
- Treatment for anaemia
- Two doses of Tetanus Toxoid (TT) vaccine
- Nutrition counselling
- Preparing for birth.



² The components of ANC have already been covered in Module 2.

Where are ANC services provided?

The nearest place for ANC services for a woman is at the AWC during the monthly VHND. The pregnant woman could also go to the Sub-Centre, where the ANM will provide ANC services. ANC services are also provided at the PHC or Community Health Centre (CHC) or district hospital.

Identification of problems and danger signs

Given below are complications that can occur during the antenatal period for which pregnant women must seek treatment in an institution:

- Jaundice, high blood pressure, fever with chills, or bleeding
- Severe anaemia
- Women with protein and sugar in their urine
- Swelling of feet, face and hands.

Given below are danger signs for which pregnant women must seek delivery in a centre where they can manage complications including those requiring surgery and blood transfusion.

- Mothers who had a complication in a previous pregnancy (C section, prolonged labour, stillborn, neonatal death)
- Pregnant women with severe anaemia.
- Pregnant women having any of the danger signs of the antenatal period which are still persisting at the time of delivery.

Some women are to be considered more at risk of developing complications during delivery and therefore, **must** opt for an institutional delivery. These include:

- Young mothers (below 19 years of age)
- Mothers who are over 40 years of age
- Mothers who already have three children
- Mothers who have excessive weight gain or do not gain enough weight.


Key tasks to be undertaken during ANC

- List all pregnant women: Ensure that you cover the women in the poorest families, and in any sections which tend to get left out, e.g. women from SC/ST communities, women living in hamlets far from the main village, or in hamlets that fall between villages and newly migrant women.
- Educate pregnant women about care in pregnancy, especially on the importance of increased nutrition, rest, and complete ANC services.



- Emphasise the importance of a balanced and nutritious diet during pregnancy. The diet of the pregnant woman should contain a mix of cereals, pulses (including beans and nuts), vegetables including greens, milk, eggs, meat and fish. If possible, the family should be encouraged to add oils, jaggery and fruits to the diet. Meat and nuts are especially good for anaemic women. You should explain to the mother and family that no foods should be forbidden during pregnancy.
- See when ANC is due for each check-up and remind them appropriately.
- Escort pregnant woman to VHND where they are hesitant or need such support.
- Ensure that all components of ANC are delivered.
- Ensure that the Maternal Card is updated.

Integrated Child Development Services
National Rural Health Mission



Photograph of Mother & Child

| Family Identification | |
|---|---|
| Mother's Name | Age <input type="text"/> |
| Father's Name | |
| Address _____ | |
| Mother's Education: <input type="checkbox"/> illiterate/ <input type="checkbox"/> primary/ <input type="checkbox"/> middle/high school/ <input type="checkbox"/> graduate | |
| Pregnancy Record | |
| Mother's ID No. | |
| Date of the last menstrual period | / / |
| Expected date of delivery | / / |
| No. of pregnancies/ previous live births | / / |
| Last delivery conducted at: | <input type="checkbox"/> Institution <input type="checkbox"/> Home |
| Current delivery: | <input type="checkbox"/> Institution <input type="checkbox"/> Home |
| JSY Registration No. | |
| JSY payment Amount | Date / / |
| Birth Record | |
| Child's Name | |
| Date of Birth | / / |
| Birth Weight | <input type="text"/> kg <input type="text"/> gms |
| Girl <input type="checkbox"/> Boy <input type="checkbox"/> | Birth Registration No: <input type="text"/> |
| Institutional Identification | |
| AWW | AWC/Block _____ |
| ASHA | ANM _____ |
| SHC / Clinic | _____ |
| PHC / Town | Hospital / FRU _____ |
| Contact No. ANM | Hospital _____ |
| Transport Arrangement | |
| AWC Reg. No. | Date <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Sub-centre Reg. No. | Date <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Referral | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Ministry of Women & Child Development, Government of India
Ministry of Health and Family Welfare, Government of India

Planning for Safe Delivery

You should

- Know how to calculate the EDD and communicate this to the pregnant woman.
- Know which institutions in the area provide different levels of care and establish linkages with providers there.
- At least once before delivery, take the pregnant woman to this centre and introduce her to the providers.
- Know what transport is available – whether funded by the state or other private means – that is easily accessible and affordable and how to call on it when the need arises.
- Assist all pregnant women and families to prepare plans for birth: including identifying funding sources should money be required at short notice. Sometimes Self-Help Groups (SHGs) may advance money in emergency even if the woman is not a member. This is most important for women in remote hamlets, or in communities which are currently not availing of institutional delivery or those at high risk for complications.
- Know what records (BPL card) need to be carried to the institution.
- Share birth plans with ANM and PHC MO at the VHND or monthly meeting.
- Identify mothers with complications, or a high likelihood of developing complications with support from the ANM. Inform them of the institutions that it is most advisable for them to go to and motivate the mother and the family to go there and escort them if required.



2. Birth Preparedness for a Safe Delivery

What is Birth Preparedness?

This is a method of planning in advance by the pregnant mother and her family for a safe and comfortable delivery and for care after delivery. You should help every family make this plan in consultation with the ANM.

What are the choices available to the mother?

1. **If there are any danger signs or complications:**
Identify the nearest institution (CHC/District Hospital) which has the staff and equipment to provide Comprehensive Emergency Obstetric and Newborn Care (CEmONC), and counsel the mother and the family to go there.
2. **If there are no complications:** Counsel the mother to go to the PHC which is open 24 X 7, where there is a team of doctors and nurses or ANMs to conduct the delivery and provide care for the mother and newborn. These institutions can manage some complications and transfer immediately to a higher facility if complications requiring surgery or blood transfusion develop. The list of such institutions can be obtained from the ANM. The place should be clean and safe and friendly and have a skilled nurse or doctor at all times. The woman would have to stay there for 48 hours after delivery.
3. **If there are no complications and mother and her family are reluctant or unable to go to the 24x7 PHC or if it is too far away:** Advise the mother could go the Sub-Centre, provided it is accredited as a delivery centre, which means the ANM has been trained as a Skilled Birth Attendant (SBA), and is available, and there are minimum facilities for delivery.
4. **If there are no complications or not a high risk case for developing complications and the mother and family insist on delivering at home, despite counselling:** You could work with the ANM to enable a delivery by SBA. This should be agreed to only if you are sure that the family can organise transport and funds at very short notice. The SBA should be able to arrive within 30 minutes of the onset of labour at the home/Sub-Centre and should be able to stay through the process of labour and for a few hours afterwards. A team of two or three women with experience in attending at labour would be helpful.

What does a birth preparedness plan contain?

(See Annexe-3 for format for individual plan)

When should a birth preparedness plan be readied?

It should be ready as early as possible after confirming the pregnancy, and in consultation with the family (husband, mother-in-law, or other decision makers). You should review the plan in the third trimester (after seventh month) with the family and the ANM. At this time, the choice of institution and the transport should be finalised.

Decisions People Make

Woman's choice

Where should I go for a safe delivery?



If I go to the PHC which is open 24 hours, I will be cared for and can rest for two days. Also, if there is any surgery needed, they can rush me to the big hospital quickly.



If danger signs or complications develop before the delivery, I will need to go to the big hospital straight away, but I hope that does not happen.



I will also need to ensure that I have an escort, maybe the ASHA, to accompany me, and that someone is taking care of the children and things at home.

Birth Micro Plan of ASHA/ANM/AWW

I help every family with a pregnant woman to make a birth plan.



If she has any danger signs or complications, I will ask her to go to the CHC or DH when her delivery is due. I must also make arrangements to ensure that the transport is ready and available at that time.



If she has no complications, I will counsel her to go to the 24x7 PHC, and for this too, I must ensure that transport arrangements are made in time.



But if she and her family do not want to go that far and the 24x7 PHC is crowded, I will advise her to go to the nearby sub-centre where two ANMs are trained to conduct deliveries and one of them is always there.



For some women, family circumstances and beliefs make even going to the sub-centre difficult. I will then get the ANM to come to her house, and will assist in the preparations needed, after counselling that a safe delivery in this situation may not always be possible.



3. Management of Anaemia

In India, anaemia among women is very common. The chances of a mother having a delivery before term, or even dying are higher among mothers with severe anaemia. In order to make sure that all women have good iron stores, all pregnant women should be given iron tablets, even if they are not anaemic. Anaemia can be detected by a simple blood test, which measures the amount of a pigment called Haemoglobin (Hb). Low levels of Hb mean that the woman has anaemia (see box below). The test should be performed during the antenatal check-up. This can be done at the VHND by the ANM.

| Haemoglobin level | Degree of anaemia |
|-------------------|---------------------------|
| More than 11 g/dl | Absence of anaemia/Normal |
| 7-11 g/dl | Moderate anaemia |
| Less than 7 g/dl | Severe anaemia |

If a woman during the time of pregnancy has Hb level below 11g/dl, she is considered to be suffering from anaemia.

Common symptoms of severe anaemia include:

- Very pale tongue
- Weakness
- General swelling in body.

For women who do not have anaemia (Hb more than 11 g/dl)

The pregnant woman should take one tablet of IFA every day for at least 100 days (prophylactic dose), starting after the first trimester, at least 14-16 weeks of gestation to prevent anaemia. This dosage regimen is to be repeated again for three months after the delivery.

If a woman is found to be anaemic:

- The woman should be given two IFA tablets per day for three months. This means that a pregnant woman with anaemia needs to take at least 200 tablets of IFA. Besides taking IFA tablets, you should encourage the pregnant woman, where possible, to increase her dietary intake of iron-rich food.
- The Hb level should be estimated again after one month. If the level increases, you should tell the woman to continue with two tablets of IFA daily until the Hb comes to normal. If the Hb does not rise in spite of taking IFA tablets, in the prescribed dose, you should refer the woman to the nearest facility that is equipped to manage complications in pregnancy.
- You should refer women with severe anaemia immediately to the nearest PHC/CHC/DH for further treatment. Such women may need injections or blood transfusions.



- The dosage regimen of two IFA tablets per day should be repeated for three months post-partum also.

Counselling pregnant women on anaemia:

- Encourage women to take iron-rich foods such as green leafy vegetables, whole pulses, ragi, jaggery, meat and liver. This advice should be discussed with family and finalised based on the family situation.
- Encourage the woman, where possible, to take plenty of fruits and vegetables containing vitamin C (such as mango, guava, orange and sweet lime) as these enhance the absorption of iron.
- Counsel the women on the necessity of taking IFA, the dangers associated with anaemia, and inform the women that these side-effects are common and not serious, and will reduce over time.
- IFA tablets must be taken regularly, preferably early in the morning on an empty stomach. If the woman has nausea and pain in abdomen, she may take the tablets after meals or at night. This will avoid nausea.
- Dispel the myths and misconceptions related to IFA and convince the woman about the importance of taking it. An example of a common myth is that the consumption of IFA may affect baby's complexion.
- Many women do not take IFA tablets regularly due to some common side-effects such as nausea, constipation and black stools. Tell women not to worry about passing black stool while consuming IFA. It is normal.
- In case of constipation, the woman should drink more water and add roughage (plenty of green leafy vegetables) to her diet.
- IFA tablets should not be consumed with tea, coffee, milk or calcium tablet as it reduces the absorption of iron.
- IFA tablets may make the woman feel less tired than before. However, despite feeling better, she should not stop taking the tablets and must complete the course as advised by the healthcare provider.
- Ask the woman to return to you if she has problem taking IFA tablets.






How do you get the IFA?

The IFA tablets are part of your drug kit. Try to ensure that you always have enough stock. Either your facilitator or a person appointed by the MO of the PHC is given the responsibility of refills for the drug kit. IFA tablets are also made available at VHND or in any health facility.

4. Identifying complications during Pregnancy and Delivery

Danger signs can occur at any time during pregnancy or delivery. You should be alert to these signs. A woman who experiences any one of these signs may be in serious danger and you should immediately facilitate referral to a health facility. You should also educate family members on how to recognise these complications and be prepared for immediate referral.

Health problems during pregnancy that need immediate referral

| Danger signs in women | How to recognise |
|---|---|
| Bleeding from vagina  | Bleeding - any amount (bright red bleeding or clots or tissue) |
| Loss of foetal movement  | Absence of movement/ kicking or severe abdominal pain |
| Headache/dizziness/blurred vision  | Severe headache and blurred vision or severe headache and spots before the eyes |



Swollen face/hands





Pitting oedema over back palm



Convulsions/fits



Eyes roll, face and limbs twitch, body gets stiff and shakes, fists clinched

Non-Emergency referral during pregnancy



| Problem | How to recognise | Action to be taken |
|---|---|--|
| <p>Severe anaemia</p>  | <p>Tongue very pale, weakness, general swelling in body</p> | <p>Refer to PHC/ Dist./Tertiary Hospital</p> |
| <p>Night Blindness</p>  | <p>Pregnant women find it difficult to see at dusk</p> | <p>Refer to ANM or PHC</p> |

| | | |
|--|---|--|
| <p>Fever</p>  | <p>Skin warm to touch</p> <p>Temp > 100 degree F (37.8 degree Celsius)</p> | <p>Give paracetamol tablet. If no relief after 48 hours, refer to PHC.</p> |
| <p>Pain/burning when urinating</p> | <p>Frequent urination and urgency. Or pain/burning when passing urine</p> | <p>Let mother drink plenty of water. If no relief after 24 hours, refer to PHC.</p> |
| <p>White Discharge</p>  | <p>Passage of white discharge per vagina, itching in private parts</p> | <p>Teach mother to use gentian violet; place high in her vagina daily. If no relief after 5 days, refer to PHC/Hospital.</p> |

Non-Emergency referral during pregnancy

| Problem | How to recognise | Action to be take |
|---------------------------------------|--|---|
| Itching/Scabies/boil on skin with pus | <p>Skin rashes with itching could be present in other family members as well</p> <p>Scabies</p> <p>Presence of pus filled boils</p> | <p>For boils, advice women to apply hot fomentations to the area thrice daily. If no improvement after 2 days, refer to PHC. For scabies, refer to ANM/PHC.</p> |
| Bad obstetric history | <p>Always ask the pregnant woman about past history of abortion, still birth, or neonatal death, or whether she developed complications in last pregnancy especially one which required surgery.</p> | <p>Refer to CHC/DH</p> |



| | | |
|---|--|--|
| <p>Multiple pregnancies</p>  | <p>Suspicion/Knowledge: usually suspected by ANM or by doctor after abdominal examination.</p> | <p>Refer to CHC/DH. Ultrasound examination would confirm this.</p> |
| <p>Malpresentation</p>  | <p>Suspicion/Knowledge: Diagnosed by ANM or doctor after abdominal examination.</p> | <p>Refer to CHC/DH. Ultrasound examination would confirm this.</p> |

Danger signs in labour and delivery

These danger signs can occur at any time:

- Bleeding (fresh blood)
- Swollen face and hands
- Baby lying sideways
- Water breaks but labour does not start within 24 hours or less
- Colour of water - green or brown
- Prolonged labour - woman pushing for more than 12 hours (eight hours in the case of women who have already had children) with the baby not coming out
- Fever
- Fits
- Retained placenta

5. Care during Delivery



Objectives of the Session

By the end of this session, the ASHA will learn about:

- Attend and observe delivery and record various events.
- Record the time of birth in Hours, Minutes and Seconds, using a digital wrist watch.
- Record pregnancy outcomes as abortion, live birth, still birth or newborn death.

Key tasks to be undertaken:

- Know what are the important tasks in taking care of the newborn.
- Be able to carry out these tasks if required.
- Ensure that SBA does not apply fundal pressure or gives injections to speed up labour.
- Put baby to breast as soon as possible after birth (provided mother is comfortable).
- If the delivery is taking place at home, in case of complications, mother and baby should be referred to the nearest health facility.

Pregnancy and the Birth Processes

Pregnant Woman Full-Term



Notice that the mouth of the uterus is tightly closed. Head of the baby is towards mouth of uterus and baby's umbilical cord is attached to placenta which is attached to uterus.



Observation of the delivery process was not part of previous ASHA training modules. In this module, you will be oriented to normal delivery processes and newborn care, and also develop the skills for recording the various events and pregnancy outcome. Even though you are not required to manage delivery, you may have to help if the delivery starts during transport. This knowledge also gives you confidence to know more about this.

You should try and stay with the pregnant woman through delivery in the institution or at home, and post-partum period. You could therefore also be a 'Birth Companion' to the mother during the stay at the institution. This is not a compulsion, but a desirable service. Alternatively, a close relative could also be the birth companion.



Before Delivery

| | | |
|---|---|--|
|  |  | The delivery room should be cleaned before the delivery. If the delivery is happening at home, you should facilitate a clean delivery space. |
|  |  | Immediately after birth, if the baby remains naked, it may become cold. Hence, baby clothes should be kept ready before delivery. |

Safe Delivery

Three Stages of Labour

1st Stage of labour

Starts from the beginning of pain until the mouth of the womb is fully open. This happens inside and cannot be seen. The bag of water also breaks at the end of this stage. The fluid is usually clear but may be yellow or green or red.

This first stage of labour usually lasts about 8 to 12 hours in the first pregnancy. May take much less time in subsequent pregnancies.

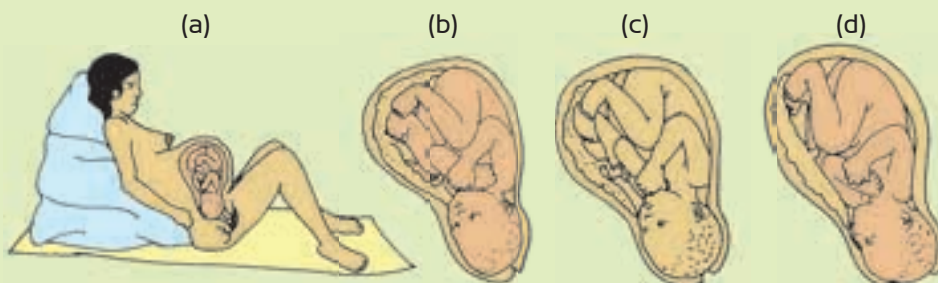


Illustration (a) - drawing of side view of a pregnant woman.

In illustration (b) - the mouth of the womb is almost closed, and thick.

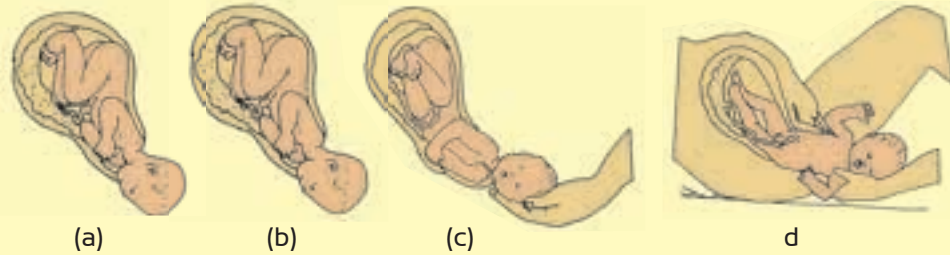
In illustration (c) - the mouth is thinner and is opening little.

In (d) - the mouth of the womb is fully open. When the womb is completely open, it is the end of the first stage of labour. At this time, the water bag usually breaks. This first stage of labour usually lasts about 8 to 12 hours. It takes longer if the woman is having her first baby.

2nd Stage of labour

Contractions push the baby out of the womb: the delivery of the baby.

This second stage of labour usually lasts about one hour.



During the second stage of labour, the baby moves down the birth canal until the baby's head is showing at the opening of the vagina. After the head is delivered, the shoulders come out and then the rest of the body.

3rd Stage of labour

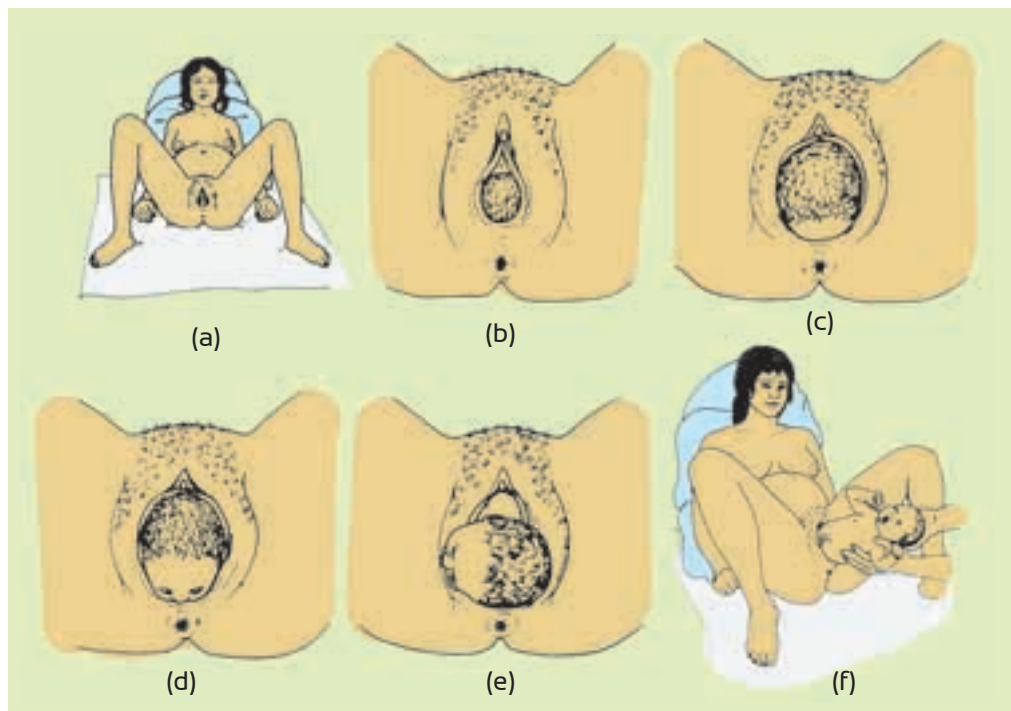
The contractions cause the placenta to separate out from the uterus and be pushed out. delivery of the placenta.

The third stage of labour usually takes only a few minutes. if it takes above 20 to 30 minutes there is cause for concern.



The Process of Delivery

In this process, ASHA can see on the outside when the baby starts to move through the vagina in the process of being born. During each contraction, a little more of the head is seen (a, b, c).



The very top of the head comes first, then the eyes, nose and mouth (d). While in most babies, the eyes are facing the floor; sometimes they are born looking towards the ceiling. When the baby's head is out, it turns to one side (e) and the shoulders and rest of the body are delivered (f). Once out, the baby will cry.

Delivery of Placenta

The cord will be connected to the placenta which is still inside the womb.



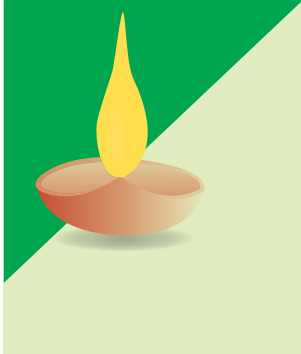
The placenta usually comes out after 15-20 minutes.

Points for you to pay attention to if you are also present at the time of delivery in the institution:

- It is not necessary to shave the area, or give an enema to the mother at the time of delivery.
- All deliveries do not require an episiotomy (cut at the perineal site).
- Fundal pressure (pushing on the abdomen) should not be applied.
- You should be alert if injections are being given to hasten the delivery process. Such injections can cause a baby who is still born, birth of a baby who is unable to breathe, or even cause the death of the newborn. However, the same injections are advisable after the baby has been born in order to control bleeding after delivery. Only the ANM or doctor should give the injection.
- When the mother and baby stay in the hospital and if you are staying with them as a birth companion, she should ensure that the mother and baby are seen by the MO and nurse at least twice a day and whenever required if there are problems.

6. Post-Partum Care

Post-partum care is the period after delivery of the placenta up to six weeks after birth.³



Objectives of the session

By the end of this session, the ASHA will learn about:

- Schedule of visits and tasks to be performed at each visit.
- Understand the possible complications of the post-partum period.
- Be able to identify the complications and refer appropriately.

Tasks for you to undertake during this period



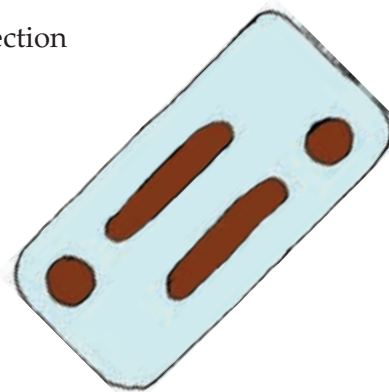
- Conducting home visits to mother and child: Mothers and newborns need care from the time of birth to six weeks after the delivery. The recommendation for postnatal care is to visit on the 3rd day after delivery, on the 7th day and at the end of six weeks, i.e on the 42nd day. For the newborn, the recommendation is to visit on the 3rd day, 7th day, 14th day, 21st day and 28th day. After this period, visits are still needed once in two weeks till the child is two years old for nutrition advice, immunisation advice, and support for breastfeeding and complementary feeding, for illness prevention and just to remain in touch.
- In effect therefore, you would need to visit on the 3rd, 7th, 14th day, 21st, and 28th day, and after that, once every two weeks starting from the 42nd day, till the child is two years old. If the child is born at home, then of course you should be there at birth or at least visit her within the first hour.
- Advice to the mother during these visits:
 - ◆ Assess the mother for signs of complications (see below for the list of complications) and ensure appropriate referral.
 - ◆ Encourage her to rest for at least six weeks after childbirth. Families should be counselled to allow this.
 - ◆ Encourage her to eat more food than usual. She can eat any kind of food but high protein foods – pulses and legumes (nuts are especially useful), foods of animal source. She should also drink plenty of fluids.



³ Post-partum care has been covered in ASHA Module 2.



- ◆ Encourage and support for exclusive breastfeeding (Please see section on Breastfeeding-Part C, Section 3)
- ◆ Discuss with the mother the need for contraceptive services. Caution her on the risk of unprotected sex and the high chances of conceiving again. You should counsel her on the importance of spacing the next child birth for her own health and that of the baby. You should help her in making the choice of the method of family planning, whether spacing or limiting.



Complications during the post-partum period

Some women can develop complications after the childbirth. The symptoms of these major complications are:

1. **Excessive bleeding:** Ask the mother if the bleeding is heavy. Often this is quite obvious, but sometimes it may be difficult to judge. If the woman is using more than five pads a day or more than one thick cloth in a day, she is having heavy bleeding. You should immediately refer her to an institution which manages complications. You should also ask the mother to begin breastfeeding immediately, that should help reduce the bleeding. Referral is most urgent. Even the delay of a few minutes can make a difference.
2. **Puerperal Sepsis (Infections):** Ask if the discharge is foul smelling. If the answer is yes, then suspect infection. Fever, chills and pain in abdomen along with the foul smell make infections even more likely. You should measure temperature to confirm fever. Referral is required since the mother needs antibiotics. Referral on the same day is advisable.
3. **Convulsions with or without swelling of face and hands, severe headache, and blurred vision:** Such patients need immediate referral. If ANM is available within 15 minutes, she can stabilise the patient before referral.
4. **Anaemia:** You should check if the mother is pale and enable the mother to get her blood Hb status checked (for management of anaemia in the post-partum period, please see Section 3).
5. **Breast engorgement and Infection:** (Part C: Newborn Health)





6. **Perineal Swelling and Infection:** If the mother has a small tear at the opening of her vagina (or has had stitches during the delivery), she should keep the area clean. She can apply cloth dipped in hot water, twice a day and hold it to her genitals. This will give her relief and help the healing. If there is fever, she should be referred to the PHC or CHC. A tablet of paracetamol would help both the pain and the fever.
7. **Post-Partum Mood Changes:** Some women may suffer from mood changes after delivery. They need counselling and family support. The changes usually disappear after a week or so. If the changes become severe then referral is required.





PART C

Newborn Health





Newborn Health

Objectives of the session

By the end of this session, the ASHA will learn about:

- Observe and assist during the immediate newborn period in case she is present at the time of delivery.
- Observe the baby during the first hour, during the first two days and during the first month to take care of the newborn, support and help the mother to breastfeed, and to keep the baby warm.
- Know what her specific role is during the home visits, and learn how to care for the newborn.



1. Care of the Baby at the time of Delivery



Many babies die immediately after birth due to asphyxia. In case of home delivery, when mild labour pains start, you can manage asphyxiated babies by removing mucus and can initiate respiration with the help of the instruments you have.



You should encourage the mother to start breastfeeding immediately after the delivery, as this will help in quick delivery of placenta and minimises bleeding. Starting to breastfeed immediately after the birth makes the baby stronger.



Chances of the baby's death and getting sick are higher among the babies born before time (pre-term) and in LBW babies, (Weight less than 2500 gm increases the risk and below 1800 gm, the risk is considered very high.)

2. Schedule of Home Visits for the care of the Newborn

The purpose of these visits is to ensure that the newborn is being kept warm and breastfed exclusively. Encourage the mother to breastfeed, discourage harmful practices such as bottle feeds, early baths, giving other substances by mouth, and to identify early signs of sepsis or other illnesses in the newborn.

- The newborn requires a visit immediately after birth (or within the first 24 hours), and on Day 2, if the baby is born at home.
- If the baby is born at a facility, persuade and support the mother to stay for at least 48 hours, and therefore, the first two visits are taken care of in the institution. However, if you are there with the mother, as a birth companion, then you could be of assistance to the nurse/ANM there.
- If the baby is born in a health facility, or at home, you should visit the baby on Days 3, 7, 14, 21 and 28.
Additional visits are needed for newborn babies which are LBW, born before term and are sick.

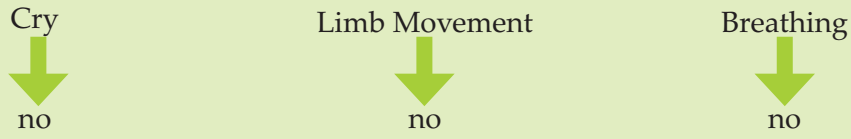
3. Examining the Newborn at Birth

Steps for you to take “just after” the baby is born if the baby is born at home, or if you are present at the delivery,

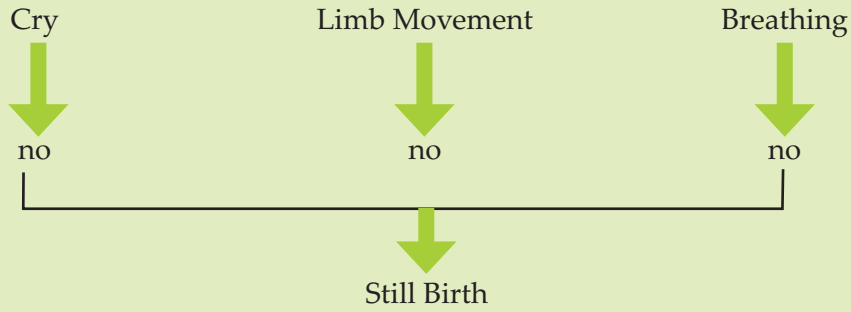
1. Ask the mother about/observe the fluid after the waters break.
2. If the fluid is yellow/green, as soon as the head is seen (even before delivery of complete baby), clean the mouth of the baby with gauze piece.
3. As soon as the baby is born, note the time of birth and start counting time.
4. Observation of baby at birth or within the first 30 seconds and at 5 minutes after birth for movement of limbs, breathing and crying. The figure below will enable the assessment of whether the newborn should be recorded as a live or still birth. All six have to be “No” to declare a still birth. Even if one is “yes” the baby should be declared as live birth.
5. If there is no cry or a weak cry, if there is no breathing or weak breathing or gasping, this condition is called Asphyxia. If the baby is asphyxiated (does not breathe at birth), and there is no doctor or nurse, you should try to help and this skill is taught to you, in Module 7. However, in many such newborns, your efforts may not make enough difference and you should not feel bad or blame yourself for this. (Management of asphyxia will be taught in Module 7).



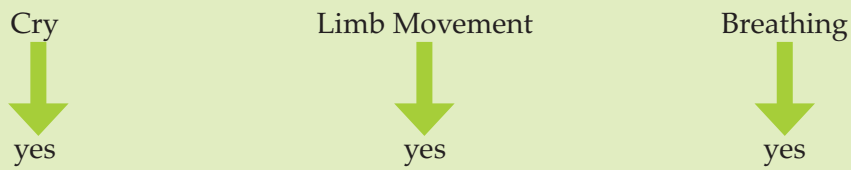
Stillbirth Decision Tree Examination at 30 seconds



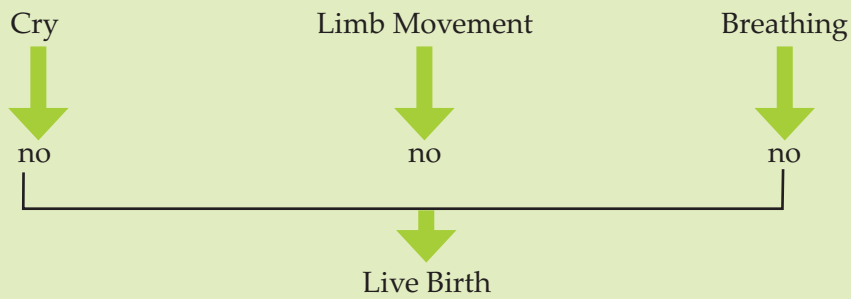
Examination at 5 minutes



Examination at 30 seconds



Examination at 5 minutes





6. Provide normal care at birth.

- ◆ Dry the baby: Immediately after delivery, the newborn should be cleaned with a soft moist cloth and then the body and the head wiped dry with a soft dry cloth. The soft white substance with which the newborn is covered is actually protective and should not be rubbed off.
 - ◆ The baby should be kept close to mother's chest and abdomen.
 - ◆ The baby should be wrapped in several layers of clothing/woollen clothing depending upon the season.
 - ◆ The room should be warm enough for an adult to feel just uncomfortable. The room should be free from strong wind.
8. You should weigh the newborn and decide whether the baby is normal or LBW.
9. Determine whether the baby is term or pre-term.
10. Measure newborn temperature.

First examination of newborn

a. You should conduct the first examination within first 24 hours of delivery look for the following:

- Whether the baby has any abnormality such as curved limbs, jaundice, bump on head, cleft lip.



- How the baby is suckling at the breast.
- Whether the baby has loose limbs.
- Listen to the cry of the baby.
- Provide care of eyes. If there is pus/purulent discharge from eyes and no doctor or nurse available, apply tetracycline ointment. Even for normal eyes, tetracycline is used as a preventive, so even in doubt as to whether it is pus, it could be given.
- Keep umbilical cord dry and clean.



b. General precautions the family must take

The newborn is delicate and can easily fall sick if the family and mother are not careful. You should explain some general precautions that the family should take.

- Bathing the baby: Although it is recommended that the baby should not be bathed until the first seven days, many families would like to bathe the baby on the first or second day. You should explain that bathing the baby and leaving it wet or exposed may cause it to get cold and fall sick. Thus, it is better to wipe the baby with a warm wet cloth and dry the baby immediately, at least for the first five to seven days.
- Keep the baby away from people who are sick.
- People who are sick with cold, cough, fever, skin infection, diarrhoea, etc. should not hold the baby or come in close contact with the baby.
- The newborn baby should not be taken to places where there are other sick children.
- The newborn baby should also not be taken to places where there are large gatherings of people.

c. What are you expected to do during the newborn visits?

- Enquire and fill the mother's information on home visit form. **(Annexe 6)**
- Enquire and fill newborn information on home visit form. These forms help you to think about all the steps you need to take. **(Annexe 7)**
- Take out the necessary equipment from the bag and keep on a clean cloth.
- Wash your hands well as taught.
- Then examine the baby – a. measure temperature, b. weigh the baby, and c. perform other activities in the sequence provided in the newborn home visit form. **(Annexe 8 & 9)**
- Provide the care of eyes, skin and cord.
- Check that the home visit form is filled in completely.

d. Learning proper hand washing

You must make sure that your hands are washed properly with soap before touching the baby. You should also teach the mother and family members to wash their hands before touching the baby.

(Please see Annexe 7 for skills checklist for hand washing)

e. Learning how to measuring temperature

You should measure the temperature of the newborn using a special thermometer to see if the body temperature is normal or if baby has hypothermia (colder than normal).

(Please see Annexe 8 for skills checklist for measuring temperature)

f. Learn how to weigh the new born

- Baby should be weighed within two days of birth.
- It is important to weigh the baby after birth because babies may require special care on the basis of the birth weight.
- It is better to use a special colour-coded weighing machine meant just for weighing newborn which records the weight as green, yellow or red.

(Please see Annexe 7,8 & 9 for skills checklist)

- ◆ If the baby's weight is "in the green zone: baby's weight is normal and can be managed with normal care as described above.
- ◆ If in the yellow zone, the baby is mildly under weight, but can be managed at home with extra care as given below. (below 2.5 kg but above 1.8 kg).
- ◆ If in the red coloured zone, this means that the baby is very small and must be referred to the health centre. These babies also need extra care as given below.
(less than 1.8 kg)

g. Learn how to take care of babies less than 2.5 kg

Babies whose weight is in the yellow or red zone are small and require extra care as follows:

- Provide extra warmth.
- Family should ensure.
 - ◆ Baby is wrapped well with thin sheets and blankets.
 - ◆ The head is covered to prevent heat loss.
 - ◆ The baby is kept very close to the mother's abdomen and chest.
 - ◆ Warm water filled bottles wrapped in cloth may be kept on either side of the baby's blankets, when not being kept close to the mother's body.
 - ◆ The baby must be fed more frequently.



Remember:



The usual bathroom scales cannot reliably record small differences in weights. That is why bathroom scales cannot accurately record newborn weight and it is not advisable to use these for weighing newborns.

All babies below 1.8 kg must be taken to a 24x7 facility or other facility known to provide referral care for sick newborn and examined by a doctor or nurse.

h. Umbilical cord care

- Cord should be kept clamped for at least 24 hrs after the birth. The clamp can be removed when the cord is dried and occluded
- No application of any medicine is required if there is no bleeding or discharge.
- The umbilical cord should be kept clean and dry at all times.

i. Eye care

Skill checklist for applying eye ointment

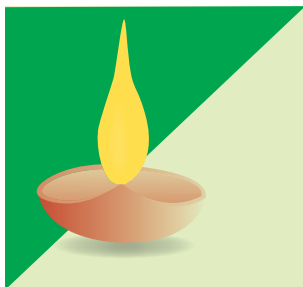
If a newborn has pus discharging from its eyes you can put antibiotic ointment in the baby's eyes or a capsule which is available in the market.

How to put antibiotic ointment:

- Gently pull the baby's lower eyelid down.
- Squeeze a thin line of ointment moving from the inside corner to the outside of the eye.
- Do not touch the baby's eye with the tip of the tube. If the tube touches the babies eyes, it shouldn't be used again.
- If the eyes are swollen with pus, then put the ointment two times a day for 5 days.



4. Breastfeeding



Objectives of the session

By the end of this session, the ASHA will learn about:

- Counsel mother for breastfeeding.
- Provide breastfeeding support.
- Emphasise importance of early and exclusive breastfeeding.
- Help mother to express milk and feed babies who cannot suckle at birth.
- Manage breastfeeding problems (engorgement, cracked nipple, mother feels she does not have enough milk).

a. Benefits for the baby

- Early skin-to-skin contact keeps the baby warm.
- It helps in early secretion of breast milk.
- Feeding first milk (colostrum) protects the baby from diseases.
- Helps mother and baby to develop a close and loving relationship.

b. Benefits for the mother

- Helps womb to contract and the placenta is expelled easily.
- Reduce the risk of excessive bleeding after delivery.

c. Important facts about breastfeeding

- Start breastfeeding immediately or at least within one hour after birth. Give nothing else, not even water.
- Baby should be put to the mother's breast even before placenta is delivered. It is useful for both the baby as well as the mother.
- Breastfeed as often as the baby wants and for as long as the baby wants. Baby should be breastfed day and night at least 8-10 times in 24 hours.
- Feeding more often helps in production of more milk. The more the baby sucks, more milk is produced.
- Baby should not be given any other liquid or foods such as sugar water, honey, ghutti, goat's/cow's milk and not even water.



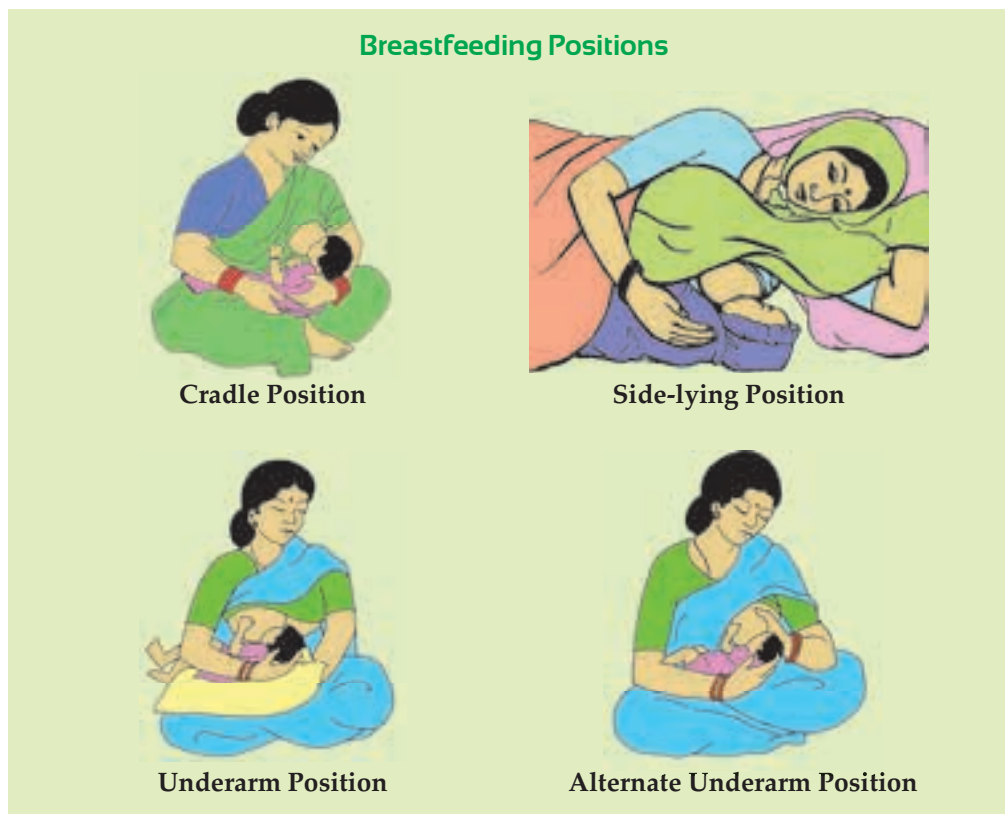
d. Breastfeeding observation tips

| Signs of breastfeeding going well | Signs of possible difficulty |
|---|---|
| Mother's body relaxed, comfortable, confident, eye contact with baby, touching | Mother tense, leans over baby. Not much eye contact or touching |
| Baby's mouth well attached, covering most of the areola, opened wide, lower lip turned outwards | Mouth not opened wide, not covering areola Lips around nipple |
| Suckling well, deep sucks, bursts with pauses Cheeks round, swallowing heard or seen | Rapid sucks, cheeks tense or sucked in Smacking or clicking sounds |
| Baby calm and alert at breast, stays attached, Mother may feel uterus cramping, some milk may be leaking (showing that milk is flowing) | Baby restless or crying, slips off breast; Mother not feeling cramping, no milk is leaking (showing that milk is not flowing) |
| After feed, breast soft, nipples protruding | After feed, breast full or enlarged, nipples may be red, cracked, flat or inverted |

e. Correct position for breastfeeding

To obtain maximum benefit of breastfeeding, the baby should be held in the correct position and be put correctly to the breast. The baby is in the correct position when:

- While holding the baby, the mother also supports the baby's bottom, and not just the head or shoulders.
- Mother holds the baby close to her body.
- The baby's face is facing the breast, with nose opposite the nipple





f. Counselling tips

- You are there to help the mother, not to take over.
 - Use verbal and non-verbal skills to make her feel at ease.
 - Encourage and praise her; every mother has the ability to breastfeed. Often mothers are worried that they are inexperienced and lack the confidence. Many women do not breastfeed successfully because they do not get good advice, support and encouragement.
-
- If she says something that you do not agree with, do not say 'that is wrong'. Do not make her feel bad or stupid. You can repeat what she says (For example, 'I hear you saying that you think you don't have enough milk....' Ask her why she thinks so. Listen to what she is saying and why).
 - After you assess the breastfeeding, you should check the baby's weight gain.
 - Give advice in simple and clear language.
 - Make sure the mother understands what you are saying.
 - Have her repeat what she will try to do.



g. Why only breastfeeding?

Giving other food or fluid may harm the baby in following ways

- It reduces the amount of breast milk taken by the baby.
- It may contain germs from water or on feeding bottles or utensils. These germs can cause diarrhoea.
- It may be too dilute, so the baby becomes malnourished.
- Baby does not get enough iron from cow's and goat's milk and may thus develop anaemia.
- Baby may develop allergies.
- Baby may have difficulty digesting animal milk; the milk can cause diarrhoea, rashes or other symptoms. Diarrhoea may become persistent.
- Breast milk provides all the water a baby needs. Babies do not need extra water even during the summer months.



Managing Common Breastfeeding Problems

Sore nipples

Causes: poor latch-on or positioning at breast

Management

- Improve attachment and/or position.
- Continue breastfeeding (reduce engorgement if present).
- Build mother's confidence.
- Advise her to wash breast once a day; not to use soap for this.
- Put a little breast milk on nipples after feeding is finished (to lubricate the nipple) and air-dry.
- Wear loose clothing.
- If nipples are very red, shiny, flaky, itchy, and their condition does not get better with above treatment, it may be fungus infection. Apply gentian violet paint to nipples after each breastfeed for five days. If the condition does not improve, refer to a doctor.



Inverted nipples

Sometimes the nipple will retract in to the breast, and can be checked even during pregnancy.

The best treatment is to encourage the mother to gently pull out the nipple and roll it, several times in a day.

Not enough milk

Causes: Delayed initiation of breastfeeding; infrequent feeding; giving fluids other than breast milk; mother's anxiety, exhaustion, insecurity; inadequate family support.



Management

- Decide whether there is enough milk or not:
 - ◆ Does the baby pass urine six times or more each day?
 - ◆ Has the baby gained sufficient weight? (During the 1st week there is usually a small weight loss, after that a newborn should gain 150-200 gm per week.)
 - ◆ Is the baby satisfied after feeds?
- Re-assure mother.
- If there is not enough milk, have the baby feed more often.
- Check breastfeed to observe mother attachment and positioning of the mother and baby.
- Encourage rest. Emphasise the mother to drink and eat more.
- Praise her and return for follow-up.

Engorged and painful breasts (very full breasts)

Causes: Delayed initiation of breastfeeding, poor attachment, incomplete emptying of breasts, restricting the length of the feeds.

Management

- Prevent by:
 - ◆ Starting breastfeeding soon after delivery and feeding often..
 - ◆ Ensuring correct attachment.
 - ◆ Encouraging on-demand feeding.
- If baby is able to suckle, feed more frequently, help with positioning.
- If the baby is not able to attach, apply warm compresses to breast, gently massage from outside toward the nipple and express some milk until the areola is soft, then put baby to the breast, making sure that the attachment is correct.
- Have baby feed often to empty out the breasts. If it is not possible, ask the mother to express some milk herself.
- If breasts are red and hard, continue to feed often. Use warm compresses and gently massage breasts towards nipple. Take mother's temperature. If she has fever, mother should visit the doctor. She should continue to breastfeed (from both sides) even if she is taking antibiotics.



Expressing milk by hand

1. Wash hands with soap and water.
2. Place a warm compress on the breast for a few minutes if desired.
3. Gently massage the breast starting from the chest moving toward the nipple; do this in a circle (near the underarm, and then to the bottom of the breast etc.), so that all parts of the breast are massaged.
4. Lean forward and support the bottom of the breast with one hand.
5. Hold the areola between thumb and two fingers of other hand. Put her hand on the areola above the nipple and the two fingers on the areola below the nipple.
6. Press toward the chest (about 1-2 cm) and then squeeze the milk reservoirs beneath the areola (do not squeeze the nipple).
7. Press and release the thumb and first finger several times until the milk drips out. Use a clean bottle or a cup to collect the milk. Milk may drip at the beginning and then spray out after it starts flowing.
8. Rotate the thumbs and finger around the areola so that the milk is removed from all the reservoirs.



Expressing milk



Feeding baby with traditional spoon like utensil used for milk feeding

9. Repeat with the other breast.

Signs that the baby is not getting enough milk

- Poor weight gain
 - ◆ Weight gain of less than 500 gm in a month
 - ◆ Less than birth weight after two weeks
- Passing small amounts of concentrated urine
 - ◆ Less than six times a day
 - ◆ Yellow and strong smelling
- Other signs are:
 - ◆ Baby not satisfied after breastfeed and often cries
 - ◆ Very frequent breastfeeds
 - ◆ Very long breastfeeds
 - ◆ Baby refuses to breastfeed
 - ◆ Baby has hard, dry or green stools
 - ◆ No milk comes when mother tries to express
 - ◆ Breast did not enlarge
 - ◆ Milk did not come in.

Mothers and families think that in the following situations, their milk is not enough, but in fact, these do not affect the breast milk supply:

- Age of mother
- Sexual intercourse
- Return of menstruation
- Disapproval of relatives and neighbours
- Age of baby
- Caesarean Section
- Many children
- Simple, ordinary diet



5. Keeping the Newborn Warm

Objectives of the session

By the end of this session, the ASHA will learn about:

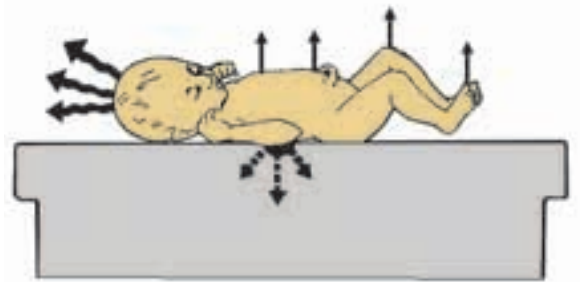
- Identify the newborn whose body temperature is less than normal and whose body temperature is more than normal.
- Teach mothers how to keep the newborns warm.
- Teach mothers how to re-warm cold babies.
- Teach mothers how to control newborn temperature in hot weather.
- Learn to take the temperature.



Keeping newborn warm and the problem of hypothermia

Why is it important to keep baby warm after delivery?

Babies have difficulty maintaining their temperature at birth and in the first day of life. They come out wet, and lose heat quickly. If they get cold, they use up energy, and can become sick. LBW and pre-term babies are at greater risk of getting cold.



When and why do most newborns get cold?

Most newborns lose heat in first minute after delivery.

They are born wet. If they are left wet and naked, they lose a lot of heat to the air. A newborn baby's skin is very thin and its head is big in size compared to its body. It loses heat very quickly from its head. Babies do not have the capacity to keep themselves warm. If the newborn baby is not properly dried, wrapped, and its head is not kept covered, it can lose 2 to 4 degree Celsius within 10-20 minutes.

Example: If the baby's temperature was 97.7 degree Fahrenheit (36.5 degree Celsius) (normal temperature) at the time of birth and if there was a loss of 2.7 degree Fahrenheit because the baby was not properly dried and covered, the body temperature will become 95 degree Fahrenheit (35.0 degree Celsius), which is below normal.



What is the term for a situation when a baby's temperature falls below normal?

When a baby has a temperature below normal, it suffers from **hypothermia**.

What happens to a baby with hypothermia?

A baby who is cold, and has a low temperature (hypothermia) suffers from:

- Decreased ability to suckle at the breast, leading to poor feeding and weakness.

- Increased susceptibility to infections.
- Increased risk of death, especially in LBW and pre-term babies.

How can you tell if a baby is hypothermic?

- The early sign is cold feet.
- Then, the body becomes cold.
- The best method is to measure the baby's body temperature.

(This skill has already been taught to you)

How to keep newborns warm

- Before delivery, warm up the room (warm enough for adults).
- Immediately after delivery, dry the baby.
- Put a cap on the baby since a lot of heat could be lost through its head.
- Place in skin-to-skin contact with mother.
- Cover or put clothes on the baby, wrap it up with clean cloth, and place it close to its mother.
- Initiate early breastfeeding.
- Bathing for newborns:
 - ◆ It is best to wait until the **second day to bathe the baby. One should wait seven days in case of LBW baby.**
 - ◆ If the family insists on bathing the first day, please ask them to delay for at least six hours to give the baby time to adjust with its new environment.
 - ◆ For small and pre-term babies, do not give a bath until the baby gains weight (this could be few weeks) and weight of baby become 2,000 gm.
- To keep a small baby clean, you can give a light oil massage but making sure that the room is warm and the baby is not left uncovered for more than 10 minutes. **DO NOT** pour oil into any orifice, like the nose or ears at any time.
- Keep baby loosely clothed and wrapped.
- If it is very warm outside, make sure the baby is not too heavily clothed and wrapped; the baby can also get too hot.

Warming



How to re-warm a baby getting cold?

<97 degree Fahrenheit (36.1 degree Celsius) or too cold <95 degree Fahrenheit (35.0 degree Celsius)

- Increase the room temperature.
- Remove any wet or cold blankets and clothes.
- Hold the baby with its skin next to its mother's skin (skin-to-skin contact) and place a warmed cloth (not too hot to avoid burns) on its back or chest. As this cloth cools down, replace it with another warmed one, and repeat until the baby is warmer. Continue until the baby's temperature reaches the normal range.
- Put on its clothes and its cap, put it in warm bag, and make it lie close to its mother.
- Continue to breastfeed the baby to provide calories and fluids to prevent a drop in the blood glucose level.
 - ◆ A common problem in hypothermic babies.

If a baby is too cold <95 degree Fahrenheit (35.0 degree Celsius), follow the above advice, and

- Place skin-to-skin, and once the baby is a little warmer, then clothe baby and place in a bed pre-warmed with warm clothes, or a hot stone or hot water bottle. (Remove these articles before putting baby on the bed.)
- In an institutional delivery, there should be a newborn corner available with a radiant warmer, or some other suitable heating arrangement where the newborn baby can be kept.



6. Management of fever in newborn

A baby has fever if the temperature is above 99 degree **Fahrenheit (37.2 degree Celsius)**. In the case of high body temperature of the baby during summer, verify in the following manner whether this is due to the body being overdressed or does it really have fever:

- Unwrap the baby and take off its cap.
- Ventilate the room too to cool the baby.
- Ask the mother to start breastfeeding.
- If there is a source of extra heat (like a fire) in the room, put it out.
- Wait for 30 minutes and take the temperature once again.

If the baby's temperature returns to normal, explain to the mother that in very warm weather, the baby does not have to be kept covered with additional cloth or kept wrapped.

If the temperature is still above normal after the above measures have been taken, refer the baby for treatment.





Annexes

Annexe 1: ASHA Drug Kit Stock Card

| Month & Date of Refill | | | (1) | | (2) | | (3) | | (N) | |
|------------------------|--------------|---------|---------|--------------|---------|--------------|---------|--------------|---------|--------------|
| S.No. | Name of Drug | Symbol* | Balance | Refill given | Balance | Refill given | Balance | Refill given | Balance | Refill given |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 'n' | | | | | | | | | | |

Balance: This is what was left in kit at the time of refill – after recovering explained drugs/supplies.

Refill: This is what was put into the kit.

*Symbol is a pictorial symbol that could be used to denote a drug, since often, the drugs comes labelled only in English.





Card is to be updated by person providing the refill.



Annexe 2: Instructions for Pregnancy Test using Nischay Kit

The Nischay Kit contains the following:

1. A test card
2. A disposable dropper
3. A moisture absorption packet (not required for testing)

| | |
|---|--|
|  | <ul style="list-style-type: none"> • Collect the morning urine in a clean and dry glass or in a plastic bottle. • Take two drops of urine in the sample well. • Wait for 5 minutes. |
|  | <ul style="list-style-type: none"> • If two violet colour lines come in the test region (T), the woman is pregnant. • If she wants to continue with the pregnancy, advice her to undergo antenatal care. • If she does not want to continue with the pregnancy this time, advice her for safe abortion. |
|  | <ul style="list-style-type: none"> • If the violet colour line in the test region (T) is one only, the woman is not pregnant. • Tell her about family planning methods and help her in choosing the most appropriate one. |
|  | <p>If there is no colour line in the test region (T), repeat the test next morning using a new Pregnancy Test Card.</p> |



Annexe 3: Format for Individual Plans (Birth Preparedness)

Name:

Age:

Husband's name:

HH income

LMP

EDD

Past pregnancy history (Include abortion, if any):

| Order of pregnancy | Date of delivery (Month and Year) | Place of delivery: Home, SC, PHC, CHC, DH, Private Nursing Home | Type of delivery: Natural, Forceps, C-Section | Birth Outcome: Live Birth, Stillborn, | Age and Status of child currently | Any other complications: Fever, Bleeding |
|--------------------|-----------------------------------|---|---|---------------------------------------|-----------------------------------|--|
| First | | | | | | |
| Second | | | | | | |
| Third | | | | | | |

- Any risk factors:
- Nearest SBA: Phone:
- Nearest 24X7 PHC: Distance: Time: Cost
- Nearest Sub-Centre with a Skilled Birth Attendant
- Nearest CHC with facilities to manage complications: Distance: Time: Cost
- Distance to District Hospital:
- How much is transport going to cost?
- Is the vehicle fixed: Owner:
- Will we need extra money for the treatment ? How to organise it?
- Who will take care of the children when mother goes to the facility?
- Who will accompany her to the facility?
- Where will they stay?
- How will they finance their stay?
- Have they organised clothes and blankets for the baby?



Annexe 4: Delivery Form (Fill in the form completely even in the case of a stillbirth)

| | | |
|--|-------------|---|
| 1) When did ASHA arrive at the hospital/woman's home: Date: | | For Supervisor# Correct/Incorrect |
| Time: Hrs_____Min_____Early morning/ morning/afternoon/evening/night | | |
| 2) When did woman's mild labour pain starts? Date | | Correct/Incorrect |
| Time: Hrs_____Min_____Early morning/ morning/afternoon/evening/night | | |
| Look for the following danger signs and if present, shift mother immediately to hospital | | Action taken |
| | Danger sign | Yes/No/NA |
| 1) Delivery does not occur within 24 hrs of onset of mild labour | Yes/No | Yes/No/NA |
| 2) Any part of the baby other than head comes out first | Yes/No | Yes/No/NA |
| 3) Mother is having excessive bleeding | Yes/No | Yes/No/NA |
| 4) Placenta is not delivered within 30 mins after delivery | Yes/No | Correct/Incorrect |
| 5) Mother is unconscious or is getting fits | Yes/No | Correct/Incorrect |
| TBA/Neighbour or family member/Skilled Birth Attendant/Nurse/Doctor Name: _____ | | Correct/Incorrect |
| 4) Where was the delivery conducted? Name of the village/town: _____ Home/Sub-Centre/PHC/CHC/ District Hospital/Private Hospital | | Correct/Incorrect Correct/Incorrect Correct/Incorrect Yes/No/NA |
| 4 a) Nature of delivery: Normal/Caeserian | | Correct/Incorrect |
| 5) Which part of the baby's body came out first? Head/Cord/Other | | |
| 6) Was the amniotic fluid thick and green/yellow? Yes/No | | #: Mar 'Yes' if necessary and possible action has been taken without any mistake. |
| If yes, was the mouth cavity of baby cleaned with a gauze piece immediately after head came out? Yes/No | | |
| 7) When did the baby come out fully? Date: _____ | | |
| Record the time of birth: Early morning/morning/afternoon/evening/night | | |
| Time: Hours:_____Minutes_____Seconds_____ | | |
| Name of the ASHA: _____ Date: _____ | | |
| Name of Trainer/Facilitator: _____ Total Score _____ | | |
| Block Name: _____ | | |
| 8) Immediate actions: Was action taken: | | |



| | | |
|--|---------------------|---|
| Dry the baby : Yes/No | | For Supervisors# |
| Cover the baby : Yes/No | | |
| 9a) Observe the baby at birth: | | Yes/No/NA |
| | At 30 seconds | At 5 minutes |
| a) Cry | No/Weak/Forceful | No/Weak/Forceful |
| b) Breathing | No/Gasping/Forceful | No/Gasping/Forceful |
| c) Movement of limbs | No/Weak/Forceful | No/Weak/Forceful |
| 9b) Diagnosis - Normal/Stillbirth | | Was ASHA present when the baby came out? |
| 9c) If still birth - Fresh/Macerated | | Yes/No/NA |
| 10) Sex of the child: Male/Female | | Correct/Incorrect |
| 11) Number of baby/babies born: 1/2/3 | | Correct/Incorrect |
| 12) Actions: | | Correct/Incorrect |
| Give the mother something to drink immediately after the delivery: Yes/No | | Yes/No/NA |
| 13) Time at which placenta came out fully? Hrs_____Min_____ | | Yes/No/NA |
| Immediate breastfeeding reduces mother's bleeding and helps to quicken delivery of placenta | | Yes/No/NA |
| 14) Actions: | | Other Information |
| Cover the baby: | Yes/No | #: Mark 'Yes' if necessary and possible action has been taken without any mistake |
| Keep close to mother: | Yes/No | |
| Early and exclusive breastfeeding: | Yes/No | |
| 15) Special features/Comments/Observations, if any | | |
| _____ | | |
| _____ | | |

| | | | | | | | |
|--|-------------------|--|----------------------|--|---------------------|--|--|
| <p>4) Weight: Kg_____ Gm_____ Colour on scale: Red/Yellow/Green</p> <p>5) Record <input checked="" type="checkbox"/> <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. All limbs limp</td> <td style="width: 20%;"></td> </tr> <tr> <td>2. Feeding less/stop</td> <td></td> </tr> <tr> <td>3. Cry weak/stopped</td> <td></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Routine Newborn Care</p> <p>Whether the task was performed</p> <p>1) Dry the baby Yes/No</p> <p>2) Keep warm, don't bathe, wrap in the cloth, keep Yes/No closer to mother</p> <p>3) Initiate exclusive breastfeeding Yes/No</p> </div> <p>6) Anything unusual in baby? Curved limbs/Cleft lip/Other_____</p> <p>_____</p> | 1. All limbs limp | | 2. Feeding less/stop | | 3. Cry weak/stopped | | <p>For Supervisor</p> <p>Weighing matches with the colour? Yes/No</p> <p>Correct/Incorrect</p> <p>Action taken?</p> <p>Yes/No/NA</p> <p>Yes/No/NA</p> <p>Yes/No/NA</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> |
| 1. All limbs limp | | | | | | | |
| 2. Feeding less/stop | | | | | | | |
| 3. Cry weak/stopped | | | | | | | |

For Supervisor

Form checked by: Name _____ Date _____

Corrections: _____

Unusual or different observation: _____

Whether the form has been completed? Yes/No

Signature _____

| Ask/Examine | Day 2 | Day 3 | Day 7 | Day 15 | Day 28 | Day 42 | Action by the ASHA | Supervisory Check |
|---|-------|-------|-------|--------|--------|--------|--------------------|-------------------|
| Date of ASHA's visit | ----- | ----- | ----- | ----- | ----- | ----- | | Action Take |
| C. Examination of Baby | | | | | | | | Y/N |
| Are the eyes swollen or with pus | | | | | | | | Y/N |
| Weight (on day 7, 15, 28 and 42) | | | | | | | | |
| Temperature: Measure and Record | | | | | | | | |
| Skin: | | | | | | | | |
| Pus filled pustules | | | | | | | | |
| Cracks or redness on the skin fold (thigh/Axilla/Buttock) | | | | | | | | |
| Yellowness in eyes or skin: Jaundice | | | | | | | | |

D. Check now for the following signs of sepsis: If sign is present mention - Yes, if it is absent, mention - No

Record the observations on Day 1 from the first examination of newborn form

| Ask/Examine | Day 1 | Day 2 | Day 3 | Day 7 | Day 15 | Day 28 | Day 42 | Action by the ASHA | Action Taken |
|--|-------|-------|-------|-------|--------|--------|--------|--------------------|--------------|
| All limbs limp | | | | | | | | | Y/N |
| Feeding less/Stopped | | | | | | | | | |
| Cry weak/Stopped | | | | | | | | | |
| Distended abdomen or mother says 'baby vomits often' | | | | | | | | | |
| Mother says 'baby is cold to touch' or baby's temperature >99 degree F (37.2 degree C) | | | | | | | | | |
| Chest indrawing | | | | | | | | | |
| Pus on umbilicus | | | | | | | | | |

Supervisor's note: Incomplete work/incorrect work/incorrect record/incorrect record

Name of ASHA: _____ Date: _____

Name of Trainer/Facilitator: _____

Annexe 7: Skills Checklist: Handwashing

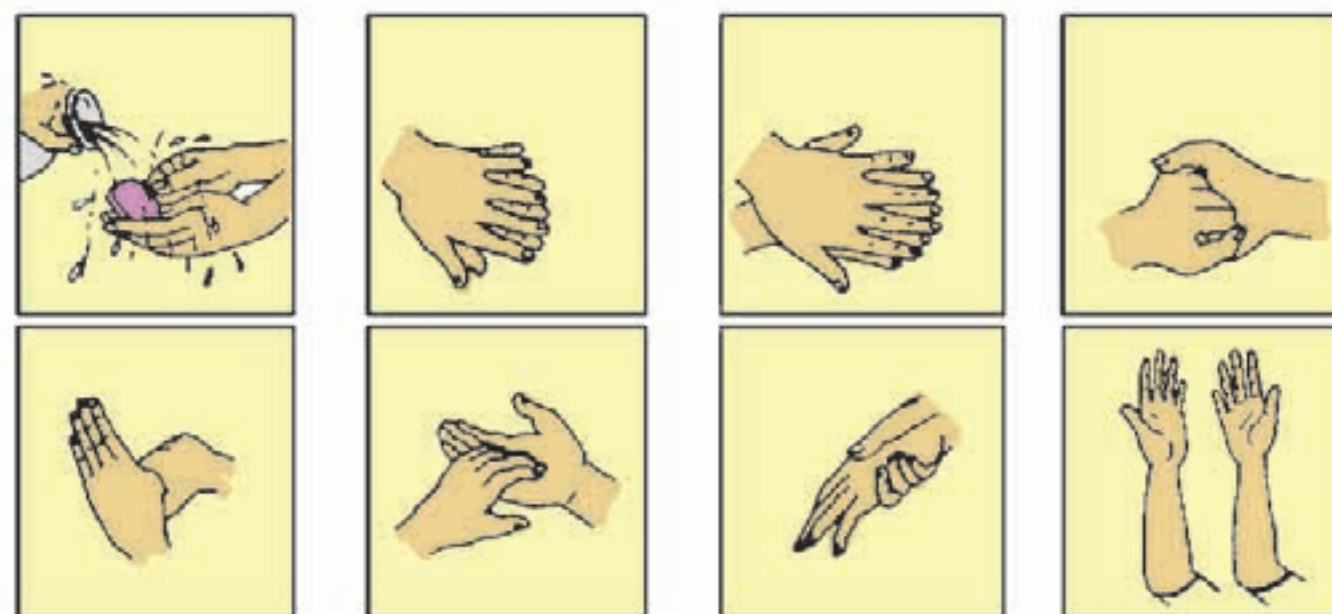
| Checklist | Number of Practices | | | | |
|--|---------------------|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1) Remove bangles and wrist watch | | | | | |
| 2) Wet hands and forearms up to elbow with clean water (Fig. 1) | | | | | |
| 3) Apply soap and scrub forearms, hands and fingers (especially nails) thoroughly (Fig 2 to 7) | | | | | |
| 4) Rinse with clean water | | | | | |
| 5) Air-dry with hands up and elbow facing the ground (Fig 8) | | | | | |
| 6) Do not touch with your hands the ground, floor or dirty objects after washing your hand | | | | | |

Note: Use the checklist while observing the skills being implemented.


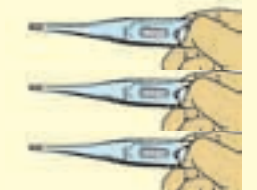





When a step is performed correctly, place a tick (✓) in the box.

When a step is not performed correctly, place a cross (X) in the box.

Make sure to review the steps where crosses appear, so that performance can be improved.







Annexe 8: Skills Checklist: Measuring Temperature

| Picture/Illustration | Skills Checklist | For Peer Record | | | | |
|---|--|-----------------|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
|  | 1) Take thermometer out of its storage case, hold at broad end, and clean the shining tip with cotton ball soaked in spirit. | | | | | |
|  | 2) Press the pink button once to turn the thermometer on. You will see "188.8" flash in the centre of the display window, then a dash (-), then the last temperature taken and then three dashes (- - -) and a flashing "F" in the upper right corner. | | | | | |
|  | 3) Hold the thermometer upward and place the shining tip in the centre of the armpit. Place arm against it. Do not change the position. | | | | | |
|  | 4) You will hear a beep sound every 4 seconds while the thermometer is recording the temperature. When you hear 3 short beeps, look at the display. When "F" stops flashing and the number stop changing, remove the thermometer. | | | | | |
|  | 5) Read the number in the display window. | | | | | |
| | 6) Record the temperature reading on the form. | | | | | |
|  | 7) Turn the thermometer off by pushing the pink button one time. | | | | | |
| | 8) Clean the shining tip of the thermometer with a cotton ball soaked in spirit. | | | | | |
|  | 9) Place thermometer back in its storage. | | | | | |

Annexe 9: Skills Checklist: Weighing the Baby

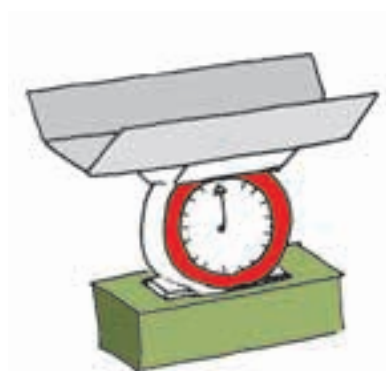
Scale Type 1:

| Picture/Illustration | Skills Checklist | For Practice | | | | |
|---|---|--------------|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
|  | 1. Place the sling on scale | | | | | |
| | 2. Hold scale by top bar off the floor, keeping the adjustment knob at eye level. | | | | | |
| | 3. Turn the screw until its top fully covers the red and 'O' is visible. | | | | | |
|  | 4. Remove sling on hook and place it on a clean cloth on the ground. | | | | | |
| | 5. Place body with minimum clothes on, in sling and replace the sling on hook. | | | | | |
|  | 6. Holding top bar carefully, as you stand up, lift the scale and sling with baby off the ground, until the knob is at eye level. | | | | | |
|  | 7. Read the weight. | | | | | |
| | 8. Gently put the sling with baby in it, on the ground and unhook the sling. | | | | | |
| | 9. Remove the baby from the sling and hand it over to its mother. | | | | | |
| | 10. Record the weight. | | | | | |

Scale Type 2:



Salter Scale



Weighing machine (for up to 10 kg)



Acronyms

| | |
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| ANM | Auxiliary Nurse Midwife |
| ASHA | Accredited Social Health Activist |
| AWC | Anganwadi Centre |
| AWW | Anganwadi Worker |
| ARI | Acute Respiratory Infection |
| ANC | Antenatal Care |
| AIDS | Acquired Immuno-deficiency Syndrome |
| ART | Anti-Retroviral Therapy |
| BEmoC | Basic Emergency Obstetric Care |
| BCG | Bacillus Calmette-Guerin |
| BPNI | Breastfeeding Promotion Network of India |
| CEmoC | Comprehensive Emergency Obstetric Care |
| CHC | Community Health Centre |
| DPT | Diphtheria, Tetanus and Pertussis |
| EDD | Expected Date of Delivery |
| FRU | First Referral Unit |
| GP | Gram Panchayat |
| GV paint | Gentian Violet paint |
| HBNC | Home-Based Newborn Care |
| IFA | Iron Folic Acid |
| IMNCI | Integrated Management of Neonatal Childhood Illnesses |
| LBW | Low Birth Weight |
| LMP | Last Menstrual Period |
| MO | Medical Officer |
| ORS | Oral Rehydration Solution |
| PHC | Primary Health Centre |
| PRI | Panchayati Raj Institution |
| SBA | Skilled Birth Attendant |
| TB | Tuberculosis |
| TT | Tetanus Toxoid |
| UNICEF | United Nations Children's Fund |
| VHND | Village Health and Nutrition Day |
| VHSC | Village Health and Sanitation Committee |

