

How to Train ASHAs in Home-Based Newborn and Child Care

Training Manual : Volume 1

The SEARCH Team

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Volume 1:

Introduction

Training workshop 1

Training workshop 2

Training workshop 3

Volume 2:

Training workshop 4

Training workshop 5

Training workshop 6

Training workshop 7

Volume 3:

Module 9

The training curriculum and contents in this manual were reviewed and recommended by following group appointed by the Ministry of Health & FW, Government of India

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Following organisations and projects have contributed to the development of material used in this manual.

- **Society for Education, Action and Research in Community Health (SEARCH), Gadchiroli**
- **ANKUR Project, Maharashtra**
- **Indian Council of Medical Research, New Delhi**
- **World Health Organisation, New Delhi**
- **UNICEF, New Delhi**
- **Breast Feeding Promotion Network, India**
- **Ministry of Health and FW, Government of India**

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Preface

This manual was originally prepared for training Community Health Workers (CHWs) in Home-based Newborn Care based on the training process followed in the Gadchiroli trial. For replicating that training in the ANKUR project (2001-05) and in the field trial by the Indian Council of Medical Research, we wrote this manual in a systematic manner and used it for training of CHWs at 12 different sites in five states. SEARCH published the training manual in 2006 under the title 'How to Train Community Health Workers in Home-based Newborn Care'. It was used in India, and in an adapted form, in Africa.

The National Rural Health Mission, Government of India has introduced the ASHA scheme through out India, under which, nearly 600,000 new female Community Health Workers - called ASHAs - have been selected and trained in India. This is a hugely important giant step towards Health For All.

To reduce infant mortality rate in India and achieve the national goal the National Rural Health Mission showed a serious interest in introducing Home-based Newborn Care by training ASHAs in it. For this purpose, an 'Advisory Group for Training and Enabling ASHAs in Newborn and Child Care' under Indo-Norway joint initiative was constituted by the Ministry. The Advisory Group selected the SEARCH manual as the mainstay of training ASHAs in Home-based Newborn Care.

The advisory group made some suggestions and additions to enrich the manual and to make it more suitable for training ASHAs. These have been incorporated. The final contents were approved by the Health Ministry for training ASHAs in ten districts in five states.

We have extensively revised the manual to incorporate these. The major improvisations are following-

- i) Material on maternal care and institutional delivery (Janani Suraksha Yojana) is introduced.
- ii) A new module on the management of sick child, primarily based on the sick child (2 month - 5 years) module in the Integrated Management of Newborn and Childhood Illnesses (IMNCI), developed by the SEARO office of the WHO and published by the Government of India has been added. This has been modified to make it consistent with the training strategy of SEARCH – in which the training is provided in a staged manner and the clinical practice is not provided in hospital but in the community. We believe this makes the training more feasible and appropriate for a worker like ASHA. The technical contents of the sick child module in IMNCI are maintained unchanged. Dr. Harish Kumar of the WHO, New Delhi was very helpful in making available the material from the IMNCI training for adaptation in this manual.
- iii) Training material from the Breast Feeding Promotion Network of India has been added.
- iv) Evaluation of training has been increased and improved. An assessment is added in the 5th workshop before ASHA qualifies for learning using injection gentamicin and ambu bag.
- v) A progress book of learning by ASHA is added.
- vi) The records and forms are completely revised.

Thus the manual is more relevant and useful for ASHAs, and now it covers sick children also. Therefore the title has been changed to 'How to train ASHAs for Home-based Newborn and Child Care'.

We are grateful to the Advisory Group, to the Indian Council of Medical Research, World Health Organisation, UNICEF and BPNI for their contribution.

We are grateful to the Ministry of Health and FW, Government of India for the sustained encouragement in shaping this manual.

This manual is now ready for wider use to train ASHAs in the National Rural Health Mission.

January 2010

Abhay Bang
Director,
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FOREWORD

This training manual was developed by a team from SEARCH, a nongovernmental organization based in Gadchiroli, Maharashtra, India, and further field-tested through the Ankur project at seven different NGO sites in Maharashtra state. It is an impressive and clear set of materials for training village health workers to deliver basic yet comprehensive home-based neonatal care at the community level. In an isolated rural area of India with limited access to other health care services, the original SEARCH project which had developed this home-based neonatal care approach was able to reduce the neonatal mortality rate by over 60 percent. From the experience in the Ankur field test, the training was assessed as “extremely effective” in an extensive evaluation.

Designed to be adapted to various conditions and interventions, this manual will be an important tool and an invaluable resource for other programs engaged in developing curricula and training activities in home-based neonatal care. Regardless of local conditions, however, *the SEARCH team found two principles to be critical to the success of this program. First, training sessions, which relied heavily on participatory training approaches, were conducted over a number of months and interspersed with periods of supervised hands-on field practice. Second, the technical content was presented in a deliberate sequence, from simple to more complex, with each component building on previous ones.* From my own experiences in developing countries, particularly India and China, these two aspects are critical for effective training of health workers, particularly those with limited or basic education and little or no prior health care training or experience. In addition, a third principle—carefully focused refresher training carried out on a periodic basis and with supportive supervision—is also essential to maintaining the knowledge and skills imparted by the initial training program. *Refresher training and effective supervision have also been critical to the success of the SEARCH and Ankur projects.*

For those who anticipate adapting and using this manual, it is important to understand the context in and for which it was developed, especially the challenges and opportunities in working at the community level in India. For more than 20 years, Drs. Abhay and Rani Bang, and more recently their team in the SEARCH and Ankur projects, have been committed to working in Maharashtra to solve the health care problems of rural, tribal, and urban slum communities. Their approach begins with helping the community identify and understand their health care needs and participate in developing and implementing solutions. As scientists, they worked to ensure careful documentation of health care problems, the processes in carrying out interventions (including training), and the effect of any intervention. They found that it is important to document results from community interventions in terms that would be understood by and carry weight with policy makers and program managers and would, therefore, be useful for advocacy and replication in other places.

It is important to note that the materials in this manual were not developed in a limited or static situation; they were developed, rather, through a dynamic and iterative process that is necessary for any community-based activity. Through a combination of known and feasible health care practices, experience in participatory training approaches, and trial and error, SEARCH developed the basic materials and approaches as

the original interventions evolved over several years. The credit for this achievement belongs not only to the leaders of SEARCH and Ankur, but to the field staff of the projects for their inputs and suggestions, particularly the village-level health workers and their supervisors who were the real targets of the training. The final team responsible for putting this manual together included: Dr. Abhay Bang, the director of SEARCH, Priya Paranjpe, the training expert at SEARCH, and Dr. Sanjay Baitule, the SEARCH medical officer - in collaboration with Judith Standley, an international consultant with valuable experience in developing manuals for village-level training programs in India and China.

In any activity based on a specific setting and program, the ability to sustain and replicate the results are relevant issues. Within the SEARCH and more recently the Ankur settings, the training program and approach have now been sustained for almost ten years, albeit in a dynamic and evolutionary manner. The lesson for other programs and projects is that training and training programs cannot remain static; they must have the flexibility to evolve and adapt to the experiences and changing conditions of each setting. *Successfully replicating this training program depends on recognizing that the program is both a technical package, with a particular focus on staging and participation, and, most importantly, a philosophy of community participation that forms the basis for true acceptance, utilization and support of the health workers being trained.*

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January 2006

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This training manual and the training method, are products of the efforts of many individuals and organisations. We especially acknowledge the 39 community health workers in the Gadchiroli field trial and the members of SEARCH, especially Dr. Rani Bang, Dr. Hanimi Reddy, Mr. Mahesh Deshmukh, Dr. Pradeep Paranjpe, Ms. Kusum Gadpayle, Kausalya Rode and Sunanda Khorgade.

Seven non-government organisations who participated in the ANKUR project of replicating the Home-Based Newborn Care, the Indian Council of Medical Research staff from the pilot sites in five states were the next participants in the training. They and their community health workers contributed in the evolution of this training.

Anil Barsagade of Gadchiroli drew many sketches.

IMNCI training material and CD produced by Ministry of Health and Family Welfare, Government of India, and UNICEF has been included in this manual. We are grateful to Ministry of Health and Family Welfare, Government of India, and UNICEF and Dr. Harish Kumar.

We are grateful to the Saving Newborn Lives of Save the Children, US, The MacArthur Foundation, US and the Ministry of Health and Family Welfare, Government of India, for financially supporting the process of developing and producing this training manual and the package.

Finally, we thank the National Health System Resource Center, New Delhi for providing financial support to print this new manual.

Abhay Bang
Priya Paranjpe
S.B. Baitule
Judith Standley

LIST OF ABBREVIATIONS

ANC	Antenatal care
ANM	Auxiliary nurse midwife
ASHA	Accredited Social Health Activist
CHW	Community health worker
Cotra	Cotrimoxazole
EDD	Expected date of delivery
G.V. Paint	Gentian violet paint (solution)
HBNC	Home-based newborn care
HBNCC	Home-based newborn and child care
IMR	Infant mortality rate
IPComm	Interpersonal communication
LBW	Low birth weight
LMP	Last menstrual period
NGO	Nongovernmental organization
NMR	Neonatal mortality rate
PHC	Primary health center
TBA	Traditional birth attendant
TT	Tetanus toxoid

How to Use this Manual

Background

This manual is based on the programme developed by SEARCH in Gadchiroli District, Maharashtra, India to train community health workers (CHWs) in home-based newborn care (HBNC). The success of the programme — a significant reduction in neonatal mortality — led to the replication of the HBNC model by other nongovernmental organizations (NGOs) through the Ankur Project in Maharashtra. During the implementation of the Ankur Project, this manual was field-tested by seven NGOs in Maharashtra state, where 100 new CHWs were trained. Using the CHWs' actual experiences during the training, the manual was revised to make it more effective and user friendly. It was then sent for review to a number of national and international experts in newborns' health. The revised version was translated into Hindi, Marathi and Oriya languages, and used in the field trial in 5 states (Uttar Pradesh, Bihar, Rajasthan, Orissa and Maharashtra) by the Indian Council of Medical Research. The experience so gained was used to further improve this version of the manual. Based on the recommendations of the Advisory Group, a module on management of sick child and nutrition has been added and the portion on promoting institutional delivery and maternal health has been expanded.

The Home-Based Newborn and Child Care Training Package

This manual is a part of the training package being developed to assist organizations or governments in implementing home-based newborn and child care (HBNCC) approach in communities. The package will consist of :

1. A manual for training ASHAs in Home-Based Newborn and Child Care, and additionally,
 - ASHA Reading Material including important information about newborn and child care, skills checklists and photographs of newborn conditions and sick children
 - Health education flipchart to counsel for newborn and child care
 - Health education film in Hindi (Nanhisi Jaan) and Marathi (Tanhula)
 - Video demonstrating key signs of newborn illnesses (under preparation)
 - Newborn and child health records
 - Booklets of worksheets for ASHA
 - Progress book to record and monitor training and progress of ASHA
 - Training film for diagnosis and treatment of childhood illnesses (UNICEF)
 - Color coded management charts for management of childhood illnesses
2. Training of trainers (TOT) manual for home-based newborn and child care (under preparation).
3. Manual for training supervisors, ANMs, TBAs in HBNCC. (under preparation)

Training Philosophy

The methodology of this training manual is strongly participatory and based on learning-by-doing activities. The CHWs in both the SEARCH and Ankur programmes are women with limited education, some having as little as four years of schooling (although a few have studied up to 12 years). As all of these CHWs are adult women, they bring a range of experiences to the classroom and this greatly enriches the training programme.

A vast majority of these women are married and have children. Thus they have a profile similar to ASHAs in the National Rural Health Mission.

In order to ensure that all participants are included in the learning process, the training activities in this manual focus on adult learning methods that require participation. This includes large and small group discussions, role plays, demonstrations, games, case presentations, case studies, and practice in both the classroom as well as the community.

In the Ankur project, most of the trainers who used this manual were graduates. However, since many of them did not have any significant teaching experience, the manual is very detailed, giving step-by-step instructions and providing ready-made training aids and tools, such as model role play scripts and skill checklists.

Because of the need to upgrade their training skills and to maintain the quality of the programme, as a prerequisite to using this manual, trainers are encouraged to undergo the training-of-trainers course prepared by SEARCH.

Eligible Trainers

The personal qualities and attitudes (openness, ability to communicate, respect and empathy for trainees), and the willingness to train ASHAs are very important eligibility criteria. Professional background of the trainers should be diverse. In the experience of SEARCH, a team of three persons makes the ideal combination of trainers. 1) a doctor (MBBS or non - MBBS), 2) a nurse and 3) a social worker.

Layout of the Manual

Volume 1 and 2 : The material of seven training workshops on Home-based Newborn Care is bound in two volumes. A schedule for each workshop is provided and the modules to be taught during that training workshop follow the schedule.

Each module contains extensive trainer notes or lesson plans, which are meant as a guide to what will happen during that session. The notes include:

- Objectives of the session
- Time required for the session
- Material/preparation needed for the session
- Training methods to use
- Content of the session
- How to summarise the session
- How to evaluate if the objectives have been met

The materials section, found on the pages immediately following the trainer notes, lists all training aids, worksheets, checklists, reading material etc. that are needed for the particular session.

Volume 3: This volume is mainly based on the IMNCI training module of Government of India and UNICEF. The main purpose of this volume is to provide training in treatment of children from 2 months to 5 years and nutrition education. To facilitate ASHA training a training film produced by UNICEF has been included in this manual.

Training Schedule and the logic of sequence

Training during the Ankur project was divided into seven training workshops spread out over a period of one year. This was done deliberately so that CHWs of ANKUR were introduced to a limited amount of information and skills during a training workshop and then given time to practice the new skills in their communities under guidance from their supervisors. Allowing the CHWs time to absorb one set of skills before learning another, worked very well and was consistent with SEARCH's strategy of introducing interventions into the community.

The CHWs in ANKUR were first taught skills in collecting basic data (communication skills, how to examine a newborn, how to fill in forms, etc.). After they practiced data collection, intervention skills were taught and practised, including counseling for breastfeeding, keeping the newborn warm, identifying and treating the high-risk baby, identifying and treating asphyxia, and identifying and treating infection.

This training manual is divided into seven training workshops containing a total of 16 training modules. The sequence of the modules and the grouping of topics have been carefully planned for maximum learning and while trainers are encouraged to follow the sequence, the manual is flexible and changes can be made when needed. In making changes, however, it would be best to bear in mind the overall rationale for the order of the sessions in the manual.

- ASHA must be accepted as a useful person in the entire community. Management of childhood illnesses is therefore integrated in the newborn care. Hence ASHA is not just newborn care provider but is also a care provider for the children upto age 5 and to mothers during their pregnancy and after delivery.
- Early skills are designed to be building blocks for more complex tasks. For instance, diagnosing and managing asphyxia with mucus extractor and diagnosing and managing sepsis with co-trimoxazole and giving vitamin K injections are taught in early workshops so the ASHA masters these skills before she learns asphyxia management with bag and mask and sepsis management with injectable antibiotic in a later workshop.

Most of the modules are taught in one training workshop, with the exception of Module 9, Integrated management of childhood illnesses. This module is split in assess and classify, identifying treatment and giving treatment before referral and counseling and follow up and is spread in workshops 3, 5 and 7.

After training workshop 1, 2 and 6 additional gap of one month each has been given to allow ASHAs time for more practice.

In addition to the ongoing evaluation at the end of each session, extensive structured evaluation of the previous learning is conducted in workshop 5 to make sure that ASHAs have mastered all essential skills before they learn the most complex ones i.e. use of bag & mask and injection gentamicin. Final evaluation is again conducted in the last (7th) workshop. Thus the manual ensures the quality of training before ASHAs perform new tasks in the community.

Plan to Train ASHAs in Home-Based Newborn and Child Care

Place of Training	Months									
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
Training workshop	TW* 1 4 days <u>Module 1:</u> Introduction to HBNC <u>Module 2:</u> Registering mothers and Home visiting during pregnancy		TW 2 5 days <u>Module 3:</u> Observing labour and delivery <u>Module 4:</u> First exam of newborn <u>Module 5:</u> Home visits and eye, cord, skin care <u>Module 6:</u> Interpersonal communication		TW 3 4 1/2 days <u>Module 7:</u> Breastfeeding <u>Module 8:</u> Prevention and management of Hypothermia <u>Module 9:</u> Sick child 9A : Assess and classify sick child	TW 4 4 1/2 days <u>Module 10:</u> Injection Vitamin K <u>Module 11:</u> High risk assessment and management of High risk and LBW <u>Module 12:</u> Birth asphyxia Diagnosis and early management with mucus extractor <u>Module 13:</u> Neonatal sepsis Diagnosis and early management with cotra	TW 5 3 days Revision and evaluation of workshop 1 to 4 <u>Module 9:</u> Sick child 9B Identifying treatment and giving treatment before referral	TW 6 2 1/2 days <u>Module 14:</u> Birth asphyxia Diagnosis and management with bag and mask <u>Module 15:</u> Neonatal sepsis Diagnosis and management with injectable antibiotic		TW 7 2 1/2 days <u>Module 16:</u> Final steps in the training for newborn care <u>Module 9:</u> Sick child 9C Counseling and follow up
Field practice in the community	26 days	30 days	25 days	30 days	26 days	25 days	28 days	29 days	30 days	29 days

*TW : Training Workshop

Total training : 26 days in 10 months

Home-Based Newborn Care

I shall give you a talisman. When you are in doubt, or when the self becomes too much in you, bring before your eyes the weakest, most wretched and miserable human being that you ever saw, and ask yourself, that the step you contemplate, "Will it reduce his misery? Will it reduce his helplessness?" You will get your answer.

Mahatma Gandhi

In Gadchiroli district, about 1,000 kilometers from the state capital, Mumbai, (Fig 1) SEARCH (Society for Education, Action and Research in Community Health) has developed a model of home-based newborn care, which, in a controlled trial, showed significant reduction in newborn and infant mortality in the villages of this poor, remote area¹.

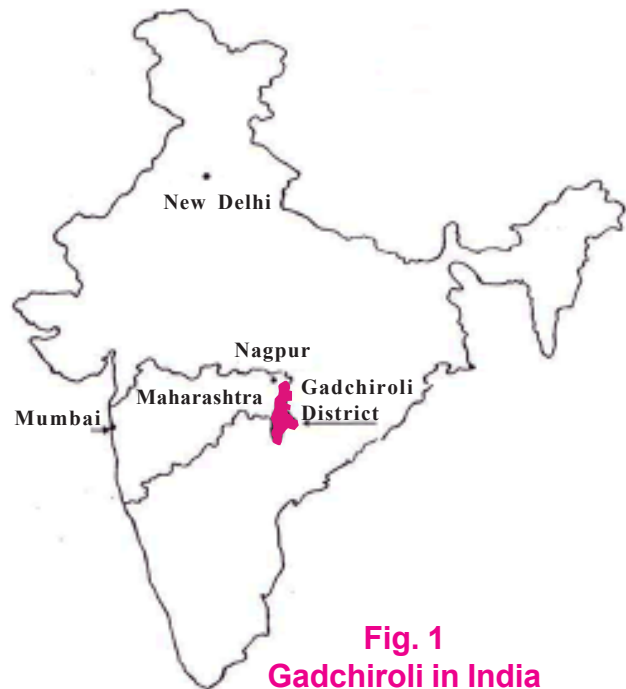
The Challenge

SEARCH had introduced community-based management of pneumonia in children in 1988 with excellent results². By 1992, the team realized that of the residual infant mortality rate (IMR) of 80 per 1000 live births, neonatal mortality rate (NMR) contributed 75 percent. Recognizing that hospital-based care for sick newborns was not possible in their community, SEARCH conceived the innovative idea of a home-based newborn health care. Care had to be home-based because a) 83 percent of births in rural India occurred at home, b) more than 90 percent of parents were unwilling to go to hospital for treatment of a sick newborn³; c) local doctors were not trained to manage sick newborns, and d) hospital care was inaccessible to and too costly for most rural communities.

Testing the Solution

In response to this problem situation, SEARCH developed the concept of newborn care to be provided at home by village women. Will this approach be successful? SEARCH designed a field trial to test the feasibility and effectiveness of home-based newborn care (HBNC).

The study began by collecting baseline data for two years (1993-1995) from 39 intervention villages and 47 control villages. The baseline NMR was 62 and 58 respectively¹. One year of observing newborns in their homes provided the first estimates of morbidities in rural newborns. While 54 percent of newborns



needed medical attention, only 2.6 percent received it, and only 0.4 percent were hospitalized⁴. The main causes of death in newborns were infection (sepsis / pneumonia) 52%, asphyxia 20%, and preterm birth 15%. The research team then introduced home-based newborn care in the intervention villages (1995-1998) and monitored mortality rates in both the control and intervention villages.

What is Home-Based Newborn Care?

The key providers of newborn health care in SEARCH's model are women from the community - mothers and grandmothers - supported by trained community health workers (CHWs) and traditional birth attendants (TBAs). The CHWs visit each woman two times during her pregnancy, provide health education, attend the delivery to care for the newborn, and visit 5 to 13 times during postnatal period to help the mother look after the newborn.

The CHWs are trained to resuscitate asphyxiated newborns, support breastfeeding and maintenance of body temperature, and recognize and treat sepsis / pneumonia using antibiotics. They also provide care at home to high-risk newborns such as per-term or LBW. (See Fig. 2, & Box 1)

TBAs receive a short orientation so that she supports CHW in her work and not oppose her. The CHWs are paid an honorarium linked to their workload and performance.



Fig. 2 : Home-based Newborn Care in Practice

Box 1

Home-Based Newborn Care: The Contents

1. Selection and training of a community health worker or ASHA in each village.
2. Ensuring cooperation of community, TBA and the health services.
3. Making a list of pregnant women in community, and updating it regularly.
4. Health education:
 - ♦ Group health education: using audio-visuals and games.
 - ♦ To individual mother, by home visiting; two times during pregnancy, on the second day after delivery, and whenever indicated during the home visits.
 - ♦ To mothers of high-risk newborns.
5. Encourage institutional delivery. However, if the woman delivers at home, then attending delivery, along with the TBA.
 - ♦ Encouraging the family and the TBA for referral when necessary.
 - ♦ Taking charge of the baby immediately at birth.
 - ♦ Assessment, and if necessary, management of asphyxia by following medically approved algorithm, and using bag and mask.
6. Initiation of early and exclusive breast feeding, and supporting/teaching mother to breast-feed successfully.
7. Thermal care of the newborn.
8. Administration of injection vitamin K to every newborn
9. Assessing for high-risk status. If present, extra care.
Repeated home visits (5 -13) during newborn period to ensure breast-feeding, thermal care, hygiene, and to monitor the baby for any infection – superficial or systemic (sepsis).
10. Early diagnosis and treatment of newborns with sepsis, including administration of two antibiotics – co-trimoxazole and gentamicin.
11. Home-based care of LBW or preterm newborns.
12. Weekly weighing, problem solving, advising and helping mother.
13. Referral of newborn or mother when necessary.
14. Supervision (twice in a month), support, supplies, records, performance-linked remuneration and training to ASHAs.
15. Vital statistics and HBNC service data monitoring.

The Effects

By 1998, the third year of the intervention, 93 percent of newborns in the intervention area were receiving home-based care. The vital statistics surveillance system of SEARCH was independently recording births and child deaths in the area. While the NMR in the control area remained at around 60 per 1,000 live births, the NMR in the intervention area dropped from 62 to 25 per 1,000 live births - a 62 percent reduction compared to the control area. The IMR was also reduced by nearly half to 39¹. (Table 1).

Effect on Mortality (Gadchiroli, 1993 - 98)

Table 1

Rate (Per 1000 Live births)	Control Area		Intervention		Reduction
	Baseline (1993 - 95)	Intervention Year (1997 - 98)	Baseline (1993 - 95)	Intervention year (1997 - 98)	
Neonatal Mortality Rate	58	60	62	26	62%
Infant Mortality Rate	77	75	76	39	46%

(Lancet 1999)

The other major effects of HBNC were:

- ◆ Beliefs and behaviors of mothers about newborn care improved significantly.
- ◆ The incidence of various newborn morbidities (especially infections, breastfeeding problems, hypothermia and mild birth asphyxia) declined overall by 49 percent⁵.
- ◆ Case fatality dropped steeply in the preterm LBW newborns by nearly 60 percent as well as in the newborns treated for sepsis / pneumonia^{6,7}. (Fig. 3)
- ◆ Maternal morbidities during labor and postpartum period declined significantly, thereby establishing the feasibility of combining home-based postpartum care of mothers with newborn care.

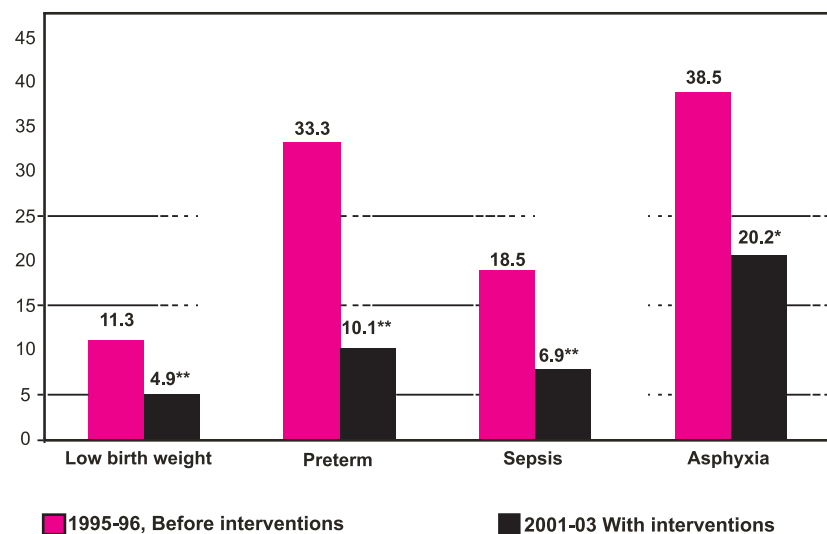


Fig. 3 : Effect on Case Fatality

The total effect of this approach (pneumonia management from 1988 and HBNC from 1995) on the IMR in 39 intervention villages is shown in Fig. 4⁸.

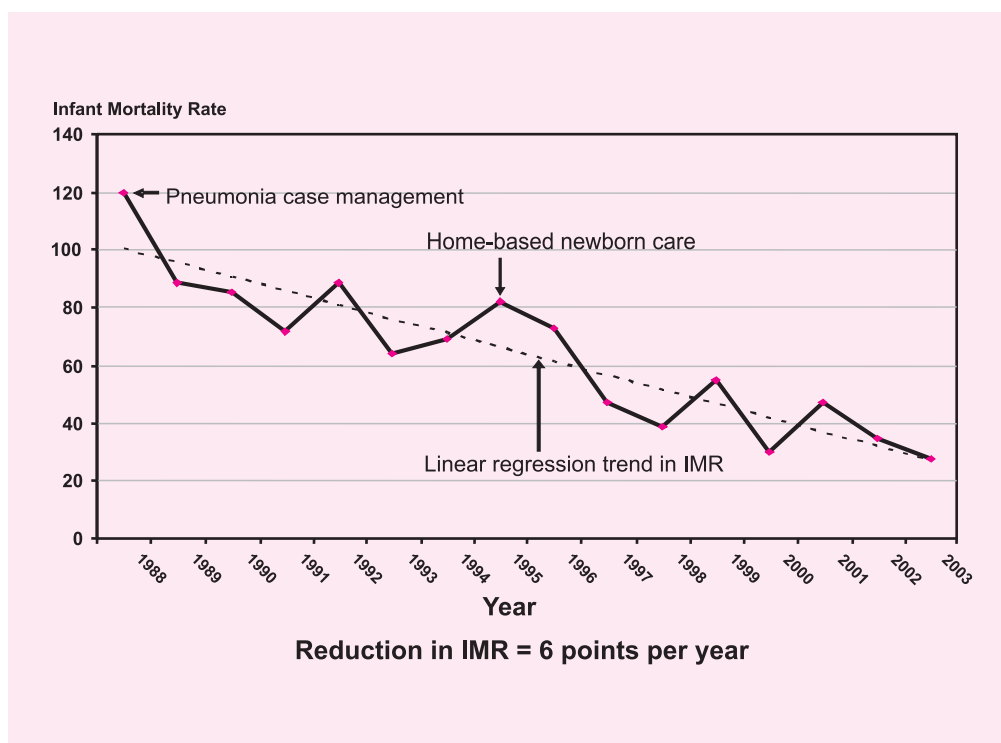


Fig 4 : Effect on the Infant Mortality Rate (39 villages, Gadchiroli)

Can it be done elsewhere? Based on these remarkable results, the ANKUR project has been launched by SEARCH in collaboration with seven local NGOs and with financial support from Save the Children's 'Saving Newborn Lives Initiative'. The aim is to examine the potential of replicating this successful model in other communities in Maharashtra state as a prelude to scaling up in other regions of India. The seven project sites include urban and tribal communities as well as rural populations.(Fig.5)



Fig 5 : Project ANKUR in Maharashtra

The Ankur project began in 2001. Baseline mortality rates were collected, and then the CHWs were selected. An outstanding feature of the Ankur project was the staged participatory training program for CHWs, TBAs and their trainers - a process that has produced capable and confident CHWs. These CHWs scored 86 percent marks on average in the final training evaluation. Their skills have been recognized and their communities now request their services. This rapid community acceptance of the CHWs and home-based newborn care in the NGO study sites was impressive. SEARCH and Saving Newborn Lives, in a mid term evaluation in March 2003, were able to conclude that the ANKUR project - at least in its preliminary stage - has shown that home-based newborn care can be replicated by NGOs.

The national leadership of pediatricians and the Health Secretary, Government of India (Fig.6) conferred certificates to all CHWs and trainers assessed as competent.



Fig 6 : Health Secretary, Govt of India and the national leaders of pediatrics associations inaugurating the intervention in ANKUR project, (2003)

Since replication of the home-based model in the Ankur project with NGOs has had positive results to date, the Government of India has initiated a pilot study conducted by the Indian Council of Medical Research (ICMR) in five states, to test how the HBNC model can be incorporated into a national program.

The contents and methods in this training manual are based upon the field trial in Gadchiroli and the ANKUR project and have been used to train the trainers, supervisors and CHWs in five states in the ICMR project.

Essential Ingredients for Successful Replication⁹

The coverage, quality and effectiveness of HBNC in the Gadchiroli trial were high. On looking back, the following ingredients are considered crucial for this achievement:

1. Community Consultation:

Newborn care was not a high priority for the adult males who usually articulate community needs. Moreover, due to their past experience, families had a fatalistic outlook towards the survival of newborns. Hence, a wider consultation with community members, including women, to sensitize them to the need and the possibilities of the new intervention of HBNC, is necessary.

2. Selection of CHWs:

This was probably the single most important decision for ensuring success at the community level. A nationwide CHW program in India failed nearly two decades ago and was finally stopped. The major causes were selection of inappropriate persons as CHWs (mostly males) and poor training. The method of selecting CHWs in Gadchiroli (and followed in the Ankur project) involved setting eligibility criteria, wide publicity and community involvement to get the maximum number of eligible candidates, personality testing of the candidates in a 3 day workshop, objective evaluation and finally, testing in the field. This intensive method of recruiting yielded satisfactory results - high performance of CHWs and only a 15% dropout rate in 14 years.

3. Training:

In the training strategy and the curriculum that we developed, a literate woman from a village, newly selected as CHW, requires 26 days of classroom training, spread over a period of 10 months. This gives her the opportunity to learn in small doses (three to five days in each month) and to practice incrementally these new skills in the community (in which about two births occur every month) under the guidance of a visiting field supervisor. This ensures that the training is practical and of good quality, and is based on actual tasks she will be doing. Moreover, the CHW is trained in the setting where she will be working. The community becomes the ground for learning clinical and communication skills.

4. Supervision:

Field supervision (two visits in each month to each CHW) is a crucial component of the HBNC. It should be viewed as an extension of training and support to CHWs rather than inspecting. It should result in improved skills, motivation and performance of CHWs, problem solving and community support. The time requirement for the work of supervision is 8 hours per day per 20,000 population.

5. Performance Linked Remuneration:

The result of time motion study done in ANKUR shows that the CHW has to give 1 hour 23 minutes time per day per 1000 population to provide services to the newborns and mothers in the area and hence it is not a full time job. Families, at least for now, were unwilling to pay for the services to the newborn. Hence, the CHW has to be financially supported. In both the Gadchiroli and Ankur projects, the CHWs remuneration was kept marginally more than the wages she might earn as an agricultural laborer in the same number of hours. This ensures that the rural elites did not vie for the job, but at the same time, ordinary village women find it attractive to take up this new job. The CHW's total expected remuneration is divided so that approximately one-third is a fixed monthly payment (retention price) and two-thirds is linked to her performance. A payment scale using work output and the work quality has been developed. We find this to be very effective in motivating the CHWs and for ensuring good performance.

6. Motivation and Empowerment:

Apart from the remuneration, the newly acquired skills and new role give the CHW recognition in her community. This, combined with the respect she receives from her supervisors and program managers and, finally, the emotional gratification she gets by helping mothers and newborns in her own community are powerful motivators and sources of empowerment.

7. Acceptance and Utilization:

HBNC covered 93% of newborns in the intervention area in Gadchiroli. The CHWs were present for 84% of the home-deliveries. Most families were willing to allow for management of sick newborns, including of LBW, preterm newborns and those with sepsis, to take place at home. The crucial elements for high acceptance were:

- i) An unserved area in which 95% of deliveries occurred at home. (However, in the ANKUR project it was found that even in the areas with a higher proportion of hospital deliveries, most of the post-partum/newborn period is spent at home. Therefore, HBNC is needed even in such areas.)
- ii) Selection of a woman acceptable to the community as the CHW.
- iii) 24 hour availability of the CHW.

iv) Cooperation of the TBA who was made to feel supported and not threatened by the arrival of an additional hand.

v) The curative role of the CHW (treatment of minor illnesses of adults, management of diarrhoea and pneumonia in children, management of asphyxia and sepsis in newborns, administration of vitamin K injection to all newborns), and reduced case fatality.

Replication and Improvisation Initiatives in the world.

i) In two national workshops (1999 and 2003) the national leadership of pediatricians and neonatologists in India endorsed the HBNC approach and recommended its wider application.

ii) Development of the training curriculum, manuals and health education material for training in HBNC has been completed by SEARCH, Gadchiroli. The evaluation of the training in seven different field sites showed that 92% of the trained CHWs scored more than 70%. As a result, the training has been now standardized.

iii) Replication through government health services is a major research issue. A field trial (2003-2009) by the Indian Council of Medical Research at the behest of the Ministry of Health and Family Welfare, Government of India, is field testing the HBNC approach in five states in India, using the intervention package and training developed in the Gadchiroli trial and further tested in the Ankur project.

iv) The 11th five-year national plan of the Government of India (2008-2012) recommends introduction of the HBNC approach as the main strategy to reduce IMR in India, to be introduced by training ASHAs and ANMs in all districts where IMR is more than 45¹⁰.

v) The IMCI program has been modified in India to include a home-based newborn care component using a similar approach and has become an “IMNCI” i.e. Integrated Management of Newborn and Childhood Illnesses.

vi) New field trials have been launched to test the feasibility, replicability, and sustainability of HBNC in communities in Bangladesh, Malawi, Nepal and Pakistan.

vii) World Health Organization and UNICEF, in a new global policy statement, recommended incorporation of Home-Based Newborn Care (2009).

Beyond the Old Boundaries, a New Role:

Management of a high-risk or sick newborn is usually considered a difficult and specialized job. Though theoretically sound and well meaning, this position may result in a “touch-not a newborn” mindset among health workers. The Gadchiroli trial shows that by using the method of task analysis, the complex job of newborn care can be broken down into a series of smaller, simpler tasks and the CHWs can be trained to successfully undertake these tasks.

This new role involves some unconventional tasks, such as the management of birth asphyxia with bag and mask, administering injection vitamin K, management of LBW babies, clinical diagnosis of sepsis using

specific criteria and managing sepsis with two antibiotics, including the administration of gentamicin by injection. With proper training and supervision, these tasks can be done well in home settings by a CHW as demonstrated in this trial.

A trained CHW is not a skilled birth attendant; but she is also not an illiterate traditional attendant. She may be called “a semi-skilled attendant”. The evidence in this trial shows that by teaming up with TBA, mother and family, the CHW can provide newborn care, improve newborn survival, and as described earlier, also improve maternal health in unserved areas.

The Talisman for Equity in Health Care

We began this chapter with a quote, “the talisman,” by Mahatma Gandhi. A newborn in developing countries undoubtedly is that weakest human being, its care the ultimate test of equity, human justice and health care. Four million newborns die every year, most of them at home. If they cannot reach health services, the health services must reach out to them. The evidence from the Gadchiroli field trial suggests that such reaching out is possible. This is the reason for writing this manual.



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Job description of ASHA in

Home-Based Newborn and Child Care and Training objectives

Upon successful completion of this training, the ASHA will be able to

1. Visit every house in the village to make a list of all women who are eligible to become pregnant and children under the age of 5 years.
2. Visit every house in the village every two months, & update the list of all women who are eligible to become pregnant and already pregnant women.
3. Keep records, registers and stock of supplies, equipment and medicines.
4. Keep community leaders and women's groups informed and involved by visiting them at least once in 6 months
5. Visit each pregnant woman in village 3 times and provide her health education.
6. Help the supervisor organize group talks for pregnant women every 4 to 6 months.
7. Attend home deliveries and observes each mother during labour and delivery.
8. Refer to the hospital, mothers who have danger signs.
9. Observe newborns immediately after birth and provide routine care at birth.
10. Manage the baby if it is not breathing immediately after birth.
11. Examine baby after the first hour and record the findings.
12. Administer vitamin k injection to newborn.
13. Visit mother and baby regularly in the first month after birth. Give 5 visits to normal baby and 13 visits to high risk baby. Also visit baby on 42nd day .
14. Educate and help mothers in taking care of the newborns.
15. Recognize early signs of newborn's sickness and manage this at home.
16. Treat newborn infection (sepsis and pneumonia) with cotrimoxazole and gentamicin.
17. If necessary, refer sick mothers or newborns to the hospital.
18. Ensure that the baby receives the necessary immunization on time.
19. Provide health education to mother during home visit on 42nd day, for continued care of baby
20. Manage children who are sick with cough, fever, diarrhoea or malnutrition.
21. Actively collaborate with traditional birth attendant, ANM and supervisor.

Kit of ASHA to Provide Home-Based Newborn and Child Care

Equipments

Sr No	Equipments	Manufacturer	Unit cost (Year 2009)	Quantity per CHW
1	Digital wrist watch	-	Rs 200/-	1
2	Digital Thermometer flexible digital thermometer	Becton & Dickinson B-D soft	Rs 289/-	1
3	Weighing Scale with sling	Salter weighing Scale Model (Super Samson Capacity: 5Kg)	Rs 366/-	1
4	Bag and mask	Zeal Medical Pvt. Ltd.	Rs 871/-	1
5	Warm sleeping bag for neonates.	Made to order as per SEARCH specifications	Rs 65/-	2-3
6	Blankets for neonates	-	Rs 70/-	3-4
7	Mucus extractor	Romson	Rs 12/-	2
8	Health Education flip chart	Made by SEARCH	Rs 200/-	1
9	Baby feeding spoon	-	Rs 8/-	2
10	Torch with 2 cells	-	Rs 50/-	1
11	Spoon	-	Rs 5/-	1
12	Insulin Syringe	-		5
13	Trunk for storage of kit, records etc. size 22"x 12"x 10"	-	Rs 625/-	1
14	Bag for carrying Kit/material during home visit	-	Rs 50/-	1

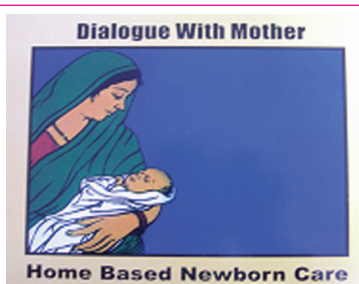
Medicines

Sr No	Medicines	Use	Quantity per CHW supplied initially
1	Tablets Paracetamol 500 mg	For children in community	100
2	Tablets Acetylsalicylic Acid 300 mg (Aspirin)	For mother	500
3	Gentian Violet paint 400 ml bottle (1%)	Skin care	1 bottle
4	Injection Gentamicin vial 80 mg x 2ml vial (40 mg per ml)	Neonatal sepsis	1 Vial
5	Sterilised cotton		1 bundle
6	Syrup / tablets Co-trimoxazole (Trimethoprim 40 mg + Sulphamethoxazole 200 mg/5 ml)	Neonatal sepsis & pneumonia in children	1 bottle
7	Spirit	For giving injection	100 ml
8	Tablet Salbutamol (4 mg)	Children with wheeze	20
9	Injection vitamin K ampoule (10 mg / ml)	Neonates	1 per newborn*
10	Tetracycline eye ointment (3.5 mg)	Neonates	1 per newborn*

* : Number of expected newborns may be estimated from the birth rate



Group photograph of Gadchiroli CHWs



Health Education flip Chart



Weighing scale



Wrist watch



Syringe



**Ampoule of
Injection Vitamin K**



Injection Gentamicin



Cotrimoxazole



Mucus Extractor



Bag and Mask

 ASHA bag to carry kit on home visit	 Sterile cotton	 Trunk for ASHA kit
 Soap for handwashing	 Blanket	 Paracetamol and aspirin tablets
 Digital thermometer	 Tetracycline eye ointment	 Paladay
 Gentian Violet solution	 Warm bag	

How to Train ASHAs in Home-Based Newborn and Child Care

Training Workshop 1

Module 1 : Introduction to Newborn Health and Care

Module 2 : Working in the Community and Home-visiting During
Pregnancy

TIME TABLE
TRAINING WORKSHOP 1 OF ASHA TRAINING
Modules 1 and 2

Time	Day 1	Day 2	Day 3	Day 4
Morning session 0830-1230	Welcome, song Ice breaker (15 Min) Module 1: Introduction to Newborn Health and Care <u>Session 1</u> : Welcoming ASHAs to Home Based Newborn and Child Care (HBNCC) (30 Min) <u>Session 2</u> : Local customs and terminology about pregnancy childbirth and newborns (1 Hr 15 Min) Tea (15 Min) <u>Session 3</u> : Introduction to home-based newborn care (1 Hr 30 Min) Lunch (1 Hr 15 Min)	Song and review of the previous day (15 Min) <u>Session 4</u> : Preparing the register to record the 'List of women who are eligible to become pregnant' (40 Min) <u>Session 5</u> : Determining the date of last menstrual period (LMP) (1 Hr 15 Min) Tea (15 Min) <u>Session 6</u> : Determining the expected date of delivery (EDD) (1 Hr) <u>Session 7</u> : Preparing the list of pregnant women (1 Hr) Lunch (1 Hr 5 Min) <u>Session 8</u> : Home visiting and use of the Pregnancy Form - Part 1 (2 Hrs 5 Min) Tea (15 Min) <u>Session 9</u> : Home visiting and use of the Pregnancy Form -Part 2 (1 Hr)	Song and review of the previous day (15 Min) <u>Session 9</u> : (continued) Home visiting and use of the Pregnancy Form - Part 2 (demonstration and practice) (1 Hr 25 Min) Tea (15 Min) <u>Session 10</u> : Health problems during pregnancy and referral (1 Hr 15 Min) <u>Session 11</u> : Counseling cards: Health education during antenatal visits (1 Hr) Lunch (1 Hr 30 Min) <u>Session 12</u> : Using visual aids in antenatal care (1 Hr 10 Min) Tea (15 Min) <u>Session 12</u> : (continued) Using visual aids in antenatal care (1 Hr 20 Min)	Song and review of the previous day (15 Min) <u>Session 13</u> : Field practice and use of the Pregnancy Form (3 Hrs 45 Min) Review in session (1 Hr 15 Min)
Afternoon session 1330-1730	Module 2: Working in the Community and Home Visiting During Pregnancy <u>Session 1</u> : Working in the community (1 Hr 15 Min) <u>Session 2</u> : Talking with women in the community – (practice) (1 Hr) Tea (15 Min) <u>Session 3</u> : Preparing the 'List of all women who are eligible to become pregnant' (1 Hr)	Recapitulation of the Day (10 Min) Games Personal story telling	Recapitulation of the Day (15 Min) Games Group discussion : Relation with mother-in-law	Lunch (1 Hr) <u>Session 14</u> : How the ASHA relates to the Traditional Birth Attendant (1 Hr 15 Min) Tea (15 Min) <u>Session 15</u> : Qualities of an ideal ASHA (1 Hr) Training workshop 1: Summary and Planning for work in the community (45 Min)
Evening	Recapitulation of the Day (15 Min) Games	Recapitulation of the Day (10 Min) Games	Recapitulation of the Day (15 Min) Games	Recapitulation of the Day (15 Min) Games
Recreation	Visualization exercise	Personal story telling	Group discussion : Relation with mother-in-law	Folk dance

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Module 1 : Introduction to Newborn Health and Care

Session 1 : Welcoming ASHAs to Home Based Newborn and Child Care (HBNCC)

Day 1

Time Required : 30 minutes

Purpose

To link ASHAs with the Home Based Newborn and Child Care

Objectives

At the end of the session ASHAs will be able to

1. List what they have been doing till now
2. Understand what their new role is

Materials

- Flip chart papers

Preparation

- None

Training methods :

Large Group discussion (30 minutes)

Instructions to Trainers :

- Start the session with a song
- Ask each ASHA to tell her name and the name of the village she comes from (trainer could do this in the form of a game).
- Ask ASHAs to tell the group about the tasks they have been doing till now.
- Write the responses on black board
- Give opportunity for sharing to all the trainees.
- When the trainees are talking trainer should keep track of time.

The responses may include the following

1. Care of children
2. Referral
3. Sanitation
4. Mobilizing for immunization
5. Mobilizing for family planning
6. Encouraging health seeking behaviour etc.

If the ASHAs have covered all the tasks, praise them. If they have forgotten something, add it and complete the list.

- Further, ask the ASHAs to share the difficulties they faced in doing the tasks

- Listen to their answers.

Participatory Presentation :

- Reiterate that till now, they have been working for the whole community.
- Ask them who is the dearest to a woman? The common answer will be - children. Who amongst children need maximum care and attention? – newborn babies. What were they doing specifically for the newborns and the children? The answers may including the following:
 1. Mobilizing mothers for immunization of baby
 2. To see that birth is recorded, etc.
- Explain that from now onwards, ASHAs will also start providing Home Based Newborn and Child Care.
- Welcome them for the new role
- Assure them that they will be learning slowly, but in phased manner, and will begin to work only as much as the content they pick up.
- As the trainings will progress, they will learn more, and will be doing more & more important tasks.
- This training will empower them to care for the precious & delicate newborns in the community, and other children as well.
- State how the training will be conducted and how they are going to start with providing the care in phased manner:
 - There will be 7 training workshops. Each workshop will be of 2 ½ to 5 days duration.
 - ASHAs will practice in the field what they have learned in the workshop.
 - At least one month time is provided after each workshop for practicing in the field.

Summary

- Have a trainee state what she had been doing till now.
- Ask 2-3 trainees about the new role being added to the present job

Evaluation of the session

Objectives	Assessment Method	Output
Listing what the ASHA has been doing till now	Group discussion	The list prepared with the help of ASHAs during group discussion
What is her new role?	Question & answers	--

Module 1 : Introduction to Newborn Health and Care

Session 2 : Local customs and terminology about pregnancy childbirth and newborns

Day : 1

Time Required : 1 hour and 15 minutes

Purpose

To allow ASHAs, who themselves come from the local communities, to revisit their understanding of traditional customs about pregnancy, childbirth and newborns, and to identify local words used in describing these events.

Objectives

At the end of the session, the ASHAs will have developed :

1. A list of local terms about pregnancy, delivery and newborn period and the meaning of these terms.
2. A list of local customs around childbearing.

Materials

- Blackboard or white paper/flip chart paper (for small groups)
- Markers
- Notebooks and pens for each participant
- Worksheet 1: Small Group Exercise

Preparation

- Ensure availability of Worksheet 1
- Cut the Worksheet 1 to make three slips

Training Methods

Large Group Discussion (10 minutes)

Instructions to Trainers :

1. Ask the group members why they think it is important to be aware of rituals surrounding pregnancy, birth, and the first days of a newborn's life. Why is it important to know the local words used?
2. Listen to their answers and write the key responses on the blackboard. There may be more than one correct answer. Following are a few examples:
 - *Knowing the community better will help an ASHA work with the community more effectively towards improving its health.*
 - *Knowing the exact meaning of local words will enable an ASHA to have more effective communication with the community. This will decrease the gap between what women in the community mean and what an ASHA perceives.*
 - *Knowing local practices will help the ASHA determine if traditional practices should be appreciated and supported, but if harmful, she should suggest healthy practices.*

Small Group Discussion (20 minutes)

Instructions to Trainers :

1. Divide ASHAs into three groups by assigning each participant a number 1, 2 or 3. All the 1's join into a group, the 2's into another group and the 3's into a third group.
2. Distribute three slips made from the worksheet 1, one slip to each group.
3. Each group will select the group leader and a rapporteur.
4. Explain different tasks.

Group 1 will make two lists :

'Traditional practices during pregnancy' list and 'Words used during pregnancy' list. This group will discuss local customs during **pregnancy**; for example, how does a woman know that she is pregnant? When does she first communicate her pregnancy to her family, to the outside world, and to the TBA? What customs or 'do's and don'ts' are followed during pregnancy, especially about diet, work, sexual relations, etc? These points are included in the 'Traditional practices during pregnancy' list. When special words are used (such as *Inde*¹), these words and their meanings are included in the 'Words used during pregnancy' list,

Group 2 will make two lists :

'Traditional practices during delivery' list, and 'Words used during delivery' list.

This group will discuss local customs surrounding **delivery**; for example, how the community knows when labour starts, when is the TBA to be called, what happens during delivery and in the first hours after delivery; what problems may arise, how they are treated, what is the TBA equipped to do? These points are included in the 'Traditional practices during delivery' list. When special words are used, (such as the word for the liquid that comes out when the bag of water breaks), these words and the meanings are included in the 'Words used during delivery' list.

Group 3 will make two lists :

'Traditional practices during newborn period' list, and 'Words used during newborn period' list. This group will discuss local customs surrounding **newborn period**; for example, how a baby is cared for after delivery, what is the first feed the baby takes and when is it fed, traditions around breastfeeding (when and how often the baby is fed, how do they know if there isn't enough milk?). Are there any existing rituals about clothing the baby? How do they know if something is wrong with the baby? These points are included in the 'Traditional practices during newborn period' list. If special words are used, these words and the meanings are included in the 'Words used during newborn period' list.

5. Allow 20 minutes for work in the small groups.

Large Group Discussion (30 minutes)

Instructions to Trainers :

1. Let the rapporteur of group 1 present their lists. Discuss the findings in the larger group. Ask if anyone wants to add or delete anything. Discuss. Trainer should revise the lists on the same paper.

¹*Inde* : Term used in Maharashtra when a woman becomes pregnant when she still breastfeeding her baby and not resumed her menstruation. This word should be replaced by an equivalent local word while training ASHAs.

(Trainer should be careful not to pass any judgement about “right or wrong practices”).)

2. Continue as above with the groups 2 and 3. At the end of this exercise there will be six completed lists. Trainer should file these lists as output of the training session.

Summary (15 minutes)

- Have one trainee summarise the local customs during pregnancy; another trainee should summarise the customs during delivery; and a third trainee summarise customs during newborn period.
- Praise the ASHAs for their contribution.

Evaluation of the session

Objectives	Assessment Method	Output
A list of local terms about pregnancy, delivery and newborn period and the meaning of these terms	Trainer has a glossary of terms prepared by ASHAs The number of terms, variety and comprehensiveness of the list	Trainer preserves the lists of local terms about pregnancy, delivery and newborn period and the meaning of these terms prepared by ASHAs. Score these sheets by giving one point to each term and each meaning of the term
A list of local customs around childbearing	Trainer has three lists of customs around childbearing The number of customs, variety and comprehensiveness of the list	Trainer preserves the lists of local customs around childbearing, prepared by ASHAs. Score these sheets by giving one point to each custom mentioned

Small Group Exercise

(Cut along the serrated line of Worksheet 1 to make three slips and distribute to the respective group.)

Group 1 will make two lists :

‘Traditional practices during pregnancy’ list and ‘Words used during pregnancy’ list. This group will discuss local customs during **pregnancy**; for example, how does a woman know that she is pregnant? When does she first communicate her pregnancy to her family, to the outside world, and to the TBA? What customs or ‘do’s and don’ts’ are followed during pregnancy, especially about diet, work, sexual relations, etc? These points are included in the ‘Traditional practices during pregnancy’ list.

When special words are used (such as *Inde¹*), these words and their meanings are included in the ‘Words used during pregnancy’ list,

Group 2 will make two lists :

‘Traditional practices during delivery’ list, and ‘Words used during delivery’ list.

This group will discuss local customs surrounding **delivery**; for example, how the community knows when labour starts, when is the TBA to be called, what happens during delivery and in the first hours after delivery; what problems may arise, how they are treated, what is the TBA equipped to do? These points are included in the ‘Traditional practices during delivery’ list. When special words are used, (such as the word for the liquid that comes out when the bag of water breaks), these words and the meanings are included in the ‘Words used during delivery’ list.

Group 3 will make two lists :

‘Traditional practices during newborn period’ list, and ‘Words used during newborn period’ list. This group will discuss local customs surrounding **newborn period**; for example, how a baby is cared for after delivery, what is the first feed the baby takes and when is it fed, traditions around breastfeeding (when and how often the baby is fed, how do they know if there isn’t enough milk?). Are there any existing rituals about clothing the baby? How do they know if something is wrong with the baby? These points are included in the ‘Traditional practices during newborn period’ list. If special words are used, these words and the meanings are included in the ‘Words used during newborn period’ list.

Module 1 : Introduction to Newborn Health and Care

Session 3 : Introduction to Home-Based Newborn Care

Day : 1

Time Required : 1 hour and 30 minutes.

Purpose

To help ASHAs understand that the newborn period is an important time for both mothers and children in their communities. The session then leads to introduction of the main objectives of Home Based Newborn and Child Care. ASHAs become acquainted with their new roles and responsibilities and of those with whom they will be working. The session concludes with an overview of the training schedule.

Objectives

At the end of the session, ASHAs will be able to :

1. Explain why the delivery and the baby's first month of life are important for the health of mothers and their babies.
2. Explain the main objectives of newborn care (*reduction of newborn sicknesses and deaths in the first month of life*).
3. Describe, in general terms, the roles and responsibilities of the ASHA and the roles of the trainer, the supervisor, the TBA, the project manager, and the ANM.

Materials

- Blackboard or white paper/flip chart paper
- Markers
- Worksheet 1 : Role and Responsibility Game (4 Sets)
- Training Aid 1 : Visualisation Exercise
- One tablespoon full of rice, 10 small stones and a plate

Preparation

- Cut the worksheets of the Role and Responsibility Game (Worksheet 1) into slips, with each slip naming a task. Prepare such four sets.
- Have on hand four boxes or bowls (to hold slips).

Training Methods

Presentation and Discussion (45 minutes)

Instructions to Trainers :

1. Start with a story (see Content Box).
2. Link the story to the need to develop a way to save newborn lives, of home-based newborn care and to the main objectives of the project . Use simple language to explain the terms that may be unfamiliar.

Content Box :

Why newborn care is important to the community

- **Tell this story** : A woman I'm acquainted with, Shanti, was pregnant with her second child. She was very happy. Her first child, a lovely boy, was already four years old. Shanti's family was poor like the other families in their village and she herself was thin and weak. Although she wanted to become stronger, there was no medical facility in the village and there was no other help available. When labour pains started, Shanti called the TBA. The baby was born small and weak. Shanti's mother-in-law fed the baby jaggery water (*gur pani*). The baby became still weaker and cold, and ultimately died after three days. Shanti was very sad; she blamed herself and went into depression. The whole family suffered. This story is not new.

Do any of you know of a similar story from your community ? Have any babies or their mothers died in similar circumstances?

Trainer lets a few women tell such stories.

- **Conduct the following demonstration** : Spread one tablespoon full of rice grains in a plate. These are similar to 100 babies born in a community. Put 10 small stones in the rice. These represent children who died in the community. Separate half of these i.e. 5 stones, and call them children who died during newborn period.

Impress upon the group that these are facts. Almost half of all deaths in children under five years occur during the newborn period.

- **Tell this story** : Meerabai went into labour and called the TBA. She had a long labour and when the baby was born it didn't breathe for a few minutes, & there was no one on hand to offer immediate assistance. After a long time, the baby took a weak breath. This baby lived, but grew up mentally retarded and suffered from fits. It was not able to live on its own and had to be taken care of by the family for the rest of its life. Everyone in the family was ultimately affected.

Invite an ASHA to describe how would the family be affected.

Conclude that because the baby didn't get treatment within the first few minutes of being born, there was permanent damage to its brain, and its life was not normal. Those initial few minutes change the lives of people.

- ***Ask : Is there anybody available in their village who can manage such emergencies during delivery and newborn period.***

Arrive to a conclusion that women and babies are very vulnerable around the time of delivery and the first month after it, and there is usually little help available.

- ***Ask : What can be done?***

What actions could be taken for the baby in the first story that would have saved his life?

The mother could have received health education during pregnancy so that she would eat better and take iron and folic tablets (antenatal care). She could have been helped to breastfeed the baby right after delivery and could have been shown how to keep the baby warm. The baby could have received medicine in time.

(Continued...)

¹ Jaggery is a dark sugar made from cane

What actions could have been taken for the baby in the 2nd story to prevent its brain damage?

Somebody could have cleared baby's secretions from throat, to help him breathe sooner. If necessary immediate assisted breathing could have been given.

➤ ***All these things could be done by ASHA. Let me tell you about women in Gadchiroli.***

SEARCH, a voluntary organisation in Gadchiroli district carried out a project in 39 villages. Community Health Workers (CHWs), like ASHAs, were trained to care for newborn babies in cooperation with the local TBA. The CHWs provided health education to mothers during pregnancy, and gave immediate care to newborns at the time of delivery, and for a month after birth. After a few years, the project counted how many newborn babies died in the first month of life, and compared this number with the number of newborns who had died in villages where there were no CHWs. They found that in an area where earlier, 60 newborns used to die every year, only 25 had died due to the availability of trained CHWs. The babies grew up better. Mothers in the villages now give credit and respect to the CHWs.

➤ ***Ask : Can we do a similar thing in our villages?***

In 7 different parts of Maharashtra, local NGOs and communities ran a project called 'Ankur' where this type of Home Based Newborn Care was provided. Government of India's Indian Council of Medical Research introduced such care in similar project in 5 states of India. Thus, in nearly 740 villages in 13 different parts of India, workers similar to ASHAs have successfully provided Home Based Newborn Care.

➤ ***Tell ASHAs the main objectives of Home Based Newborn and Child Care :***

- To prevent the newborns from becoming sick or dying in the first month of life.
- To improve the health of mothers during pregnancy, and after delivery.
- To save the children up to 5 years of age from dying as a result of illnesses such as pneumonia, diarrhoea, fever and malnutrition by providing timely advice and treatment.

3. For each of the following - ASHAs, TBAs, trainers, supervisors, ANMs, project manager, and community leaders - give a brief summary of what tasks each of them perform in the project, and how they function as a team (See Content Boxes for Roles and Responsibilities of ASHA and Others).

Content Box :

Roles and Responsibilities of ASHA

(For providing Home Based Newborn and Child Care)

➤ **Working in the Community:**

1. Visits every house in the village to make a list of all women who are eligible to become pregnant and children under the age of 5 years.
2. Visits every house in the village every two months, & updates the list of all women who are eligible to become pregnant and already pregnant women.
3. Keeps records, registers and stock of supplies, equipment and medicines.
4. Keeps community leaders and women's groups informed and involved by visiting them at least once in 6 months

(Continued...)

- **Pregnancy:**
 5. Visits each pregnant woman in village 3 times and provides her health education.
 6. Helps the supervisor organize group talks for pregnant women every 4 to 6 months.
- **Delivery:**
 7. Attends home deliveries and observes each mother during labour and delivery.
 8. Refers to the hospital, mothers who have danger signs.
 9. Observes newborns immediately after birth and provides routine care at birth.
 10. Manages the baby if it is not breathing immediately after birth.
 11. Examines baby after the first hour and records the findings.
- **Newborn Period:**
 12. Visits mother and baby regularly in the first month after birth.
 13. Educates and helps mothers in taking care of the newborns.
 14. Recognizes early signs of newborn's sickness and manages this at home.
 15. If necessary, refers sick mothers or newborns to the hospital.
 16. Ensures that the baby receives the necessary immunization on time.
- **Child Care:**
 17. Provides health education to mother during home visit on 42nd day, for continued care of baby
 18. Manages children who are sick with cough, fever, diarrhoea or malnutrition.
- **Other Providers:**
 19. Actively collaborates with traditional birth attendant, ANM and supervisor.

Content Box :

Roles and Responsibilities of Others

- **Traditional Birth Attendant (TBA)**
 1. Cooperates with ASHA and informs her when woman goes into labour.
 2. Attends to mothers during labour and delivers babies.
 3. Practices clean and safe delivery methods.
 4. Reinforces health education messages given by the ASHA.
 - **Supervisor**
 1. Helps the trainer in the training of ASHAs.
 2. Assists ASHAs in getting cooperation from the community.
 3. Visits villages to provide supportive supervision to ASHAs and solve their problems.
 4. Reviews ASHAs registers and records and visits homes to check the information.
 5. Provides ASHAs with supplies whenever needed.
 6. Holds group sessions on health education for pregnant women in every village every 4 to 6 months.
 - **Auxiliary Nurse Midwife (ANM)**
 1. Guides and supports the ASHA
 2. Provides antenatal care, tetanus toxoid (TT) injections and iron folic tablets
- (Continued...)

3. Conducts deliveries at the sub centre.
4. When required, refers women for deliveries in the hospital.
5. Immunizes children.

➤ **Trainer**

1. Trains the ASHAs, ANMs and Supervisors

➤ **Project Manager**

1. Guides the trainer and supervisors.
2. Arranges for the supply of medicines and money.
3. Maintains dialogue with community leaders.
4. Solves the difficulties of the team.
5. Conducts regular reviews and meetings.
6. Coordinates with PHC, block medical officer and district health officer.

4. Briefly mention that the schedule for training is spread over approximately 10 months.

Content Box :

Training Schedule

- The training for HBNC is made up of seven training workshops, each lasting 2 ½ -5 days. Before the next training workshop begins, it is necessary that each training workshop be followed by at least one month of field practice. ASHAs will learn something new during each training workshop, and then will have to practice this in their communities before attending the next training workshop.
- The ASHAs will learn basic things in the initial workshops, and after they have mastered these, they will pick up advanced skills in the subsequent workshops.
- After the first workshop itself, they will visit the mothers and newborns of their community and start practicing the newly learnt skills. The supervisor will help them to master these skills.
- ASHAs should have attended a minimum of 5 home deliveries, observed 5 newborns at birth, and visited the homes of at least 10 newborns before they start to learn how to manage a normal newborn in the third workshop.
- If the ASHA encounters any difficulties; these can be discussed and solved when the supervisor visits her in the village, or during the next training workshop.
- ASHAs will be evaluated at the end of each training workshop, and also finally at the end of the training, in order to make sure that they have mastered all the necessary knowledge and skills.
- Only ASHAs who perform well in the final evaluation will be certified

5. At the end of the presentation, check if there are any questions, and encourage discussion.

Role and Responsibility Game for the Trainees (20 minutes)

Instructions to Trainers :

1. The purpose of this game is to acquaint the ASHAs with the roles of various players involved in HBNC.
2. Ensure that the steps described above under “Preparation” have been completed & the slips and bowls are ready.

3. Divide the trainees into four groups.
4. Each group will independently prepare a list of objectives of Home Based Newborn and Child Care.
5. Give one set of slips to each group; the slips should be shuffled to ensure that they are not in their original order.
6. Give each group four boxes or bowls, one for each worker: ASHA, TBA, Supervisor, and Project Manager.
7. Have the group read each chit, discuss who will perform that task, and place it in the correct bowl (or box).
8. Move around the room to observe the level of understanding and participation.

Summary (20 minutes)

- Ask a volunteer to explain why HBNC is important.
- Ask a volunteer from each Group to read out the list of objectives of HBNC.
- Ask a volunteer from Group 1 to read the slips in the ASHA bowl.
- Ask a volunteer from Group 2 to read the slips in the Supervisor bowl.
- Ask a volunteer from Group 3 to read the slips in the Project Manager bowl.
- Ask a volunteer from Group 4 to read the slips in the TBA bowl.
- During the summary exercise, verify that each group has placed the correct chit in the correct bowl. If not, discuss and clarify the point.
- Reinforce the correct answers.

Evaluation of the session (5 minutes)

Objectives	Assessment Method	Output
Explain why proper delivery and a baby's first month of life are important for the health of mothers and their babies.	Questions and answers	--
Explain the main objectives of newborn care.	The lists of objectives prepared by the groups	Score the lists by giving one point to each objective and keep record of the score sheet
Describe, in general terms, the role of the ASHA, the trainer, the supervisor, the TBA, the project manager, and the ANM.	Role "Game" and "Summary."	Count the correct slips in each box of each group and keep record

Visualisation Exercise (40 minutes)

Purpose :

This exercise is based on the principle, "you believe what you see". The trainer takes ASHAs on an imaginary journey in the future. By going through this deep experience ASHAs will internalise the vision of Home Based Newborn and Child Care, and create a dream to be fulfilled by their own efforts.

To be done in the evening session. See Training Aid 1.

Role and Responsibility Game

Note to trainer

- The tasks identified below (without 'ASHA' or 'TBA' written on it) should be written on a piece of paper, which should then be cut into slips, one for each task, and these slips shuffled up.
- One set of slips should be given to each of the four groups.
- Ask each group to place the right task in the bowl which represents the specific person responsible for doing that task.
- Allow 15 minutes for this activity.
- Allow 5 minutes for the summary

ASHA

Visits every house in the community to make a list of all women who are eligible to become pregnant and children under the age of 5 years.

Visits the village every two months, and updates the list of all women who are eligible to become pregnant and already pregnant women.

Keeps records, registers and stock of supplies, equipment and medicines.

Keeps community leaders and women's groups informed and involved by visiting them at least once in 6 months

Visits each pregnant woman in village 3 times and provides her health education.

Helps the supervisor organize group talks for pregnant women every 4 to 6 months.

Attends home deliveries and observes each mother during labour and delivery.

Refers to the hospital, mothers who have danger signs.

Observes newborns immediately after birth and provides routine care at birth.

Manages the baby if it is not breathing immediately after birth.

Examines baby after the first hour and records the findings.

Visits mother and baby regularly in the first month after birth.

Educates and helps mothers in taking care of the newborns.

Recognizes early signs of newborn's sickness and manages this at home.

If necessary, refers sick mothers or newborns to the hospital.

Ensures that the baby receives the necessary immunization on time.

Provides health education to mother during home visit on 42nd day, for continued care of baby

Manages children who are sick with cough, fever, diarrhoea or malnutrition.

Actively collaborates with traditional birth attendant, ANM and supervisor.

TBA

Cooperates with ASHA and informs her when woman goes into labour.

Attends to mothers during labour and delivers babies.

Practices clean and safe delivery methods.

Reinforces health education messages given by the ASHA.

ANM

Guides and supports the ASHA

Provides antenatal care, tetanus toxoid (TT) injections and iron folic tablets

Conducts deliveries at the sub centre.

When required, refers women for deliveries in the hospital.

Immunizes children.

Supervisor

Helps the trainer in the training of ASHAs.

Assists ASHAs in getting cooperation from the community.

Visits villages to provide supportive supervision to ASHAs and solve their problems.

Reviews ASHAs registers and records and visits homes to check the information.

Provides ASHAs with supplies whenever needed.

Holds group sessions on health education for pregnant women in every village every 4 to 6 months.

Project Manager

Guides the trainer and supervisors.

Arranges for the supply of medicines and money.

Maintains dialogue with community leaders.

Solves the difficulties of the team.

Conducts regular reviews and meetings.

Coordinates with PHC, block medical officer and district health officer.

Visualisation Exercise

“Lie down in your place....., keep sufficient distance between each other..... spread your hands and legs without touching each other.....close your eyes.....you will not open your eyes or speak during this session..... be relaxed and comfortable. Nothing should be bothering you..... Remove your spectacles.... If the mat is not comfortable adjust yourself..... Spread your legs..... Hands are on your sides.....palms facing the ceiling.....hereafter, you will not move any part of your body.....relax your whole body..... take a deep breath.... exhale..... as you exhale your body relaxes.... again take a deep breath..... exhale..... Each exhalation releases the tension..... there is no burden on you.... Your mind is now calm and quiet.

Now focus your attention on various parts of your body..... visit the part of the body that will be mentioned.... see that part of body with your mind..... begin your journey with your right side of body.....pay attention to your right hand.....its thumb....index finger next to it.....third finger.....fourth finger.....little finger.....whole right hand.....right elbow.....arm.....relax all.....pay attention to your right shoulder.....right side of chest.....right side of abdomen..... waist.....right hip joint.....right thigh.....knee.....calf.....ankle.....foot.....big toe.....second toe.....third toe.....small toe.... complete right side of your body.... relax..... Now turn your attention to the left side of your body.... left hand.... thumb.... index finger.... third finger.... fourth finger.... little finger.... whole left palm.... elbow.... arm.... and relax.... pay attention to your left shoulder.... left side of chest.... left side of abdomen.... waist.... left hip joint.... left thigh.... knee.... calf.... ankle.... foot.... great toe.... second toe, third toe.... fourth toe.... small toe.... complete left side of your body.... relax....

Pay attention to the top of your head.... scalp.... forehead.... both eyebrows.... eye lids..... there should be no tension in the eye balls....your eye lids.... relax them.... pay attention to your nose.... cheek.... lower jaw.... relax.... let your mouth open.... upper lip.... lower lip.... relax the tongue.... relax your muscles of neck.... Pay attention to your back.... visit each vertebra.... begin with your neck.... back.... vertebrae at your waist.... relax.... Now the whole body is relaxed. There is no tension..... only the breathing goes on.... concentrate on your respiration.... inhalation..... exhalation.....inhalation..... exhalation.....inhalation..... exhalation.....

Mind is calm and quiet.... no thought exists in mind.... Now we are going to travel in the future by our mind....you shall dream.... try to bring vividly before your eyes the picture of whatever is said....experience the scenario fully....as if it is really happening....Now go back to your village....3 years from now.... you are a completely trained ASHAyou have provided the Home-Based Newborn and Child Care in your village....people know about it.... mothers and children have been benefited by it.... You start in the morning for home visiting....it is eight in the morning..... filled with early sunshine..... birds are chirping....cows are going for grazing....your saree is green....a bag on your shoulder....bag carries the thermometer....weighing scale...and medicines.

People in the community know you and invite you...., “Come and see our baby.”....You turn towards the call....on the right side of the road is a house with tiled roof....it is painted white....a woman is sitting near door....you had earlier treated her baby and saved it....the baby is now happily lying on a cot....baby is three months old....a healthy and happy baby....the mother offers you tea....treats you with love and respect.... says “Thanks”....you feel good....you are happy....you go to the next house....woman in the house receives and welcomes you....she mentions – “you have saved my baby.”.... people have gratitude for ASHAs . They believe that Home-Based Newborn Care can save babies.

You meet the village chief....the village chief admires you....he gives you a chair to sit....a meeting of the entire village is called....everybody has assembled your family members are also sitting in the audience....you are seated on the dais....leaders in your village praise you in presence of all villagers....they

felicitate you with a garland....villagers tell each other about the benefits of your work....you feel very happy....you are touched....you think.... 'I have been able to help the community so much'.

You return home....you are tired after the whole day's work... but you are satisfied....you lie down in bed....you thank God and sleep....next day you are again in the village....and next day....still again....children are being saved....program is successful....you are successful....people are satisfied....you are honored in the district....your dream is coming true..... your dream is becoming a reality..... now no newborn will die.....no child will die....no mother will die....

Now come back to the present time....exhale deeply....draw the right leg closer to your body....draw the left leg....slowly get up and sit....let the eyes remain closed....put both the hands on your eyes....rub your eyes gently....slowly open your eyes....open your eyes completely....now you can gradually get up....quietly you can move. The session is over.

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 1 : Working in the community

Day : 1

Time Required : 1 hour and 15 minutes

Purpose

To discuss who the ASHA will be working for (i.e., the beneficiary group) as well as identifying key persons in the community, and the importance of good communication in reaching out to these groups.

Objectives

At the end of the session the ASHA will be able to :

1. Explain who is the beneficiary group of HBNCC.
2. State at least three communication tips (use simple language, speak politely, be patient, listen, ask questions, etc.) which are useful to create a caring environment while visiting mothers in their homes.

Materials

- Worksheet 1: Model Role Play Script
- Reading Material 1: Communication Guide

Preparation

- Ensure availability of adequate copies of Reading Material, depending on the number of trainees.
- Trainers should use the Worksheet 1 while they perform the scripted role play.

Training Methods

Presentation (10 minutes)

Instructions to Trainers :

Explain simply what ASHA will be doing in the communities now, in addition to what she had been doing earlier. She will also provide care to mothers and the newborn.

Group Discussion (15 minutes)

Instructions to Trainers :

1. Gather ASHAs in a large circle.
2. Ask ASHAs who they will be working for (i.e., the beneficiary group).
3. Ask ASHAs how they can establish rapport with village women. What is the best way to explain to them her new role and get their co-operation? What communication skills should they use?
4. Encourage ASHAs to speak up and be supportive towards them.
5. Listen to their answers and then build upon them (see Content Box below).
6. Summarise the main points.

Content Box :

Basic Communication Skills

- ✓ Start with a greeting. Be friendly.
- ✓ Speak clearly, using the local language.
- ✓ Explain your new role and why you are visiting on a particular day.
- ✓ Be patient.
- ✓ Check if there are any questions.
- ✓ Listen intently to the women.

Model Role Play by Trainers (35 minutes)

Instructions to Trainers :

1. Ask the ASHAs to refer to Reading Material 1: Communication Guide.
2. Before starting the role play, ask ASHAs to review the Communication Guide. They should read each point out aloud. Discuss and clarify doubts, if any.
3. During the role play, ask them to refer to the first part of the guide.
4. After the role play, ask ASHAs for feedback. Was anything left out? What could have been better? What were the good points?

Summary (5 minutes)

- Ask ASHAs who they will be working for (i.e., the beneficiary group).
- Ask one of them to explain how ASHAs should talk to the women in the community during home visits.
- Make corrections if any are required, and add missed information.
- Praise the ASHAs for their good work.

Evaluation of the session (10 minutes)

Objectives	Assessment Method	Output
Explain who is the beneficiary group of HBNCC	Group discussion. Question and answers	--
State at least three communication tips useful while visiting mothers in their homes.	Ask each ASHA to write the list of communication skills on a piece of paper and collect the papers for evaluation	The score of each ASHA on the list of communication skills. Give 2 points for each skill. Total points 12. Collect the lists for record

Model Role Play Script

Total time: 10 minutes

Introduce the characters and scene to ASHAs : A village woman, Sheelabai (SH), and an ASHA (Sangeetabai) meet and try to understand each other.

ASHA : *(Appropriate local greeting).* What are you doing Sheelabai?

SH : Who is that? Sangeetabai?

ASHA : Are you now resting because your work is over?

SH : Yes. But how come you are here this time?

ASHA : I have some work with you.

SH : Oh! I hear that you are working as an ASHA. Is it true? What is this?

ASHA : Yes, I have been selected as an ASHA to work in the field of health.

SH : Does this mean you will take care of all our health?

ASHA : No, No.

SH : Then what are you going to do?

ASHA : Have you heard that about 2 months back, Meena's baby died immediately after delivery?

SH : Yes, I know.

ASHA : Has that happened to anyone else in our village?

SH : Not to me, but to my sister-in-law about a year ago, and to my cousin's wife just last month.

ASHA : You see, this is not unusual. Women and babies are more vulnerable before and after delivery and something needs to be done to make sure they have a better chance to survive.

SH : Yes, you're right. What can we do?

ASHA : Well, that's why I'm here. I am being trained to take care of babies at the time of delivery and until the baby is two months old. I am going from house to house to make a list of all women who will have children in near future, like you. Every two months I will visit all of you. If anyone becomes pregnant, I will visit her during the period of pregnancy. The TBA will call me at the time of delivery, and while she cares for the mother, I will care for the baby. Because I am in training now, I am learning a little at a time. After some months, I will have enough training and experience to care for newborn babies during and after delivery.

SH : When are you going to start your work?

ASHA : From today itself.

SH : Then what exactly is your work with me today?

ASHA : I need to know how many women living in this house may have children, and if anyone is pregnant. Then I have to prepare a list of pregnant women so that I can visit them during their pregnancy. I have come to you for this.

SH : Then write my name. My mother-in-law is now old, so I am the only woman in this family who are eligible to become pregnant.

ASHA : Yes. I will write your name. *(Writes Sheelabai's name.)* Now I will visit you every two months.

SH : That will be very helpful.

ASHA : We shall meet again.

Communication Guide

Instructions :

- During the session, use this guide while watching role plays.
- As you watch, check if the ASHA has covered all the points relevant to the particular visit (basic communication skills, difficult situations etc.)
- After the role play give comments and suggestions.
- Use as a reference during home visits.

All Visits

(Basic communication skills to create friendly environment)

- ✓ Greeting
- ✓ Explains why she is visiting today
- ✓ Acts with confidence
- ✓ Speaks in a gentle tone
- ✓ Uses simple words in local language
- ✓ Is respectful
- ✓ Checks if the woman has any questions
- ✓ Answers in simple language
- ✓ Thanks her for this visit and informs the family when she will return

Difficult Situations

If the woman is shy

- ✓ Speak of general things to 'warm her up'
- ✓ Encourage the woman to speak
- ✓ Praise the woman to give her confidence
- ✓ Repeat your questions

If the woman is argumentative

- ✓ Praise the woman to make her feel secure
- ✓ Sympathise with her
- ✓ Do not push if the woman is still not immediately receptive

If the woman is inquisitive

- ✓ Answer her questions in simple language
- ✓ Explain that she will be coming every two months so they can talk again

If the woman is non co-operative

- ✓ Listen to the woman
- ✓ Be friendly
- ✓ Try and praise her
- ✓ Explain that she has come only to help
- ✓ Should not push if the woman is hostile, but just say she would like to come again.

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 2 : Talking with women in the community (practice)

Day : 1

Time Required : 1 hour

Purpose

To provide an opportunity for ASHAs to practice basic communication skills needed to build a cooperative relationship with women in the community and to experience various situations they may have to face while visiting homes.

Objectives

At the end of the session, ASHAs will be able to :

1. Demonstrate basic communication skills when talking to mothers.
2. Demonstrate how to handle women who are shy, argumentative, inquisitive, or non co-operative.

Materials

- Communication Guide: Reading Material 1 from previous session

Preparation

- Prepare four role-play scenarios, one each for four types of women - shy, argumentative, inquisitive, and non cooperative. Make one copy of each role play scenario to be distributed to the small groups. Alternatively, ask the trainees to make up their own role plays.
- Instruct the trainees to refer to their copies of the Communication Guide which is provided in the Reading Material

Training Methods

Role Play in Small Groups (1 hour)

Instructions to Trainers :

1. Divide the trainees into groups of four each.
2. Give each group a role play scenario (shy, argumentative, inquisitive and non-cooperative).
3. Allow each group ten minutes to think how to present the role play, and to practice.
4. Allow each group another five minutes to present their role play while the trainers and other trainees observe with the help of role play checklist.
5. Follow up each role play with discussion and suggestions (5 minutes).
6. Praise ASHAs for their correct practice and suggestions, and summarize basic communication points (see Content Box below).

Content Box :

Communication Points

ASHA

- ✓ Greets the woman, and is friendly
- ✓ Is sympathetic
- ✓ Exhibits confidence
- ✓ Speaks in a gentle tone
- ✓ Uses simple words in local language
- ✓ Explains her new role
- ✓ Explains why she is visiting today
- ✓ Checks if there are any questions
- ✓ Answers them simply

If the woman is shy, ASHA should

- ✓ Speak of general things to 'warm her up'
- ✓ Encourage the woman to speak
- ✓ Praise the woman to give her confidence
- ✓ Repeat the question

If the woman is argumentative, ASHA should

- ✓ Praise the woman
- ✓ Sympathise with her
- ✓ If the woman is still not receptive, to not push Try next time.

If the woman is inquisitive, ASHA should

- ✓ Answer her questions in simple language
- ✓ Explain that she will be coming again in two months, hence they can continue talking at that time

If the woman is non co-operative, ASHA should

- ✓ Listen to the woman
- ✓ Be friendly
- ✓ Praise her
- ✓ Explain that she is there only to help
- ✓ If the woman is still not receptive, do not push but say that she would like to visit again

Evaluation of the session (while observing the role plays during session)

Objectives	Assessment Method	Output
Demonstrate basic communication skills when talking to mothers.	Observation of role play; use checklist during observation and correct if necessary	Score sheet
Demonstrate how to handle women who are shy, argumentative, inquisitive, or non co-operative	Observation of role play; use checklist during observation or and correct if necessary	Score sheet

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 3 : Preparing the 'List of women who are eligible to become pregnant'

Day : 1

Time Required : 1 hour

Purpose

To instruct ASHAs how to correctly prepare a complete list of all women in the village who are eligible to become pregnant

Objective

At the end of the session the ASHA will be able to:

1. Correctly complete the 'List of all women in the village who are eligible to become pregnant' in the record sheet.

Materials

- Worksheet 1 : List of all women in the village who are eligible to become pregnant.
- Worksheet 2 : List of women who are not included in the list

Preparation

- Ensure availability of adequate copies of Worksheet 1 and 2, depending on the number of trainees.

Training Methods

Presentation and Demonstration (15 minutes)

Instructions to Trainers :

1. Define 'women who are eligible to become pregnant':
 - Married women between the time they start their menses until they stop due to age (menopause) are 'eligible to become pregnant'.
 - If any woman or her husband has been operated upon (sterilized), she should not be included in the list since she cannot now become pregnant.
 - Women who are widowed, separated, or unmarried are not to be included in the list.
 - If an unmarried woman is obviously pregnant, her name will not be included in the 'List of women who are eligible to become pregnant'¹ but instead, if she is willing, will be included in the 'List of pregnant women'.
2. Explain that ASHAs should not include in this list the name of any woman who is only visiting the village from outside, even if she satisfies the above criteria.

¹ An unmarried pregnant woman will not be included in the 'List of all women who are eligible to become pregnant' due to cultural considerations in rural India. She should however be included in the 'List of pregnant women' and if she is willing, she should also receive HBNCC services.

3. Go through each question in the record sheet and explain how to fill it. Trainees will follow along by reviewing the practice sheet. During the first visit, the column 'subsequent changes' is to be left blank. Information in this column (e.g. woman underwent tubectomy) is to be recorded during the subsequent two monthly visits.
4. Check if there are any questions and clarify doubts.

Practice (40 minutes)

Instructions to Trainers :

1. Distribute the Worksheet 1 and Worksheet 2 to all the trainees
2. Have each trainee interview at least 6 other trainees. Ask the 7 questions given on the Worksheet 1 to all the 6 trainees.
3. ASHAs should record on the practice sheet, the names and ages of the women eligible to become pregnant and the date of recording the name.
4. On the Worksheet 2 write the names of those women who were interviewed but not included in the list. Choose the reason of non inclusion, from the list of reasons given on the Worksheet 2. If any other reason is provided mention it.
5. Trainers should circulate in the room and assist as needed.
6. At the end of the practice, check if there are any questions or comments.
7. Read out the correct answers for the Worksheet 2. Explain the reasons. Ask each ASHA to mark her answers either correct or wrong - without changing the original answers.

Summary (5 minutes)

- Ask a trainee to define a 'woman who is eligible to become pregnant'.
- Ask trainees to list information they will collect from women for the record: 'List of the women in the village who are eligible to become pregnant'
- Make corrections, if any, and add missed information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session)

Objective	Assessment Method	Output
Complete the 'List of all women in the village who are eligible to become pregnant'	Lists prepared by the ASHAs in Worksheet 1. Lists prepared by the ASHAs in worksheet 2 and the reasons given.	The scored Worksheets 1 and 2

Ask the following questions to all women in family:

1. Age?
2. Are you married?
3. Do you get your monthly periods?
4. If periods have stopped, it is due to pregnancy or old age (menopause)?
5. Do you stay with your husband?
6. Have you been operated upon for family planning?
7. Has your husband been operated upon for family planning?

List of all women in the village who are eligible to become pregnant

Sr. No	Name	Age	Subsequent Changes	Date of recording the name

Note : Visit each home every two months and record changes, if any, with date.

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

Reasons for not including

1. Age
2. Unmarried
3. Woman operated upon for family planning
4. Husband operated upon for family planning
5. Monthly periods stopped
6. Does not stay with husband
7. Widow
8. Does not belong to the village/ guest in the village

List of women not included in the list

Sr. No	Name	Age	Reason for not including	Assessment

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 4 : Preparing the register to record the 'List of women who are eligible to become pregnant'

Day : 2

Time Required : 40 minutes

Purpose

To prepare the pages in the register for the 'List of all women who are eligible to become pregnant' and to reinforce the information to be collected when interviewing women.

Objective

At the end of the session the ASHA will be able to:

1. Prepare the format in her register for 'List of all women who are eligible to become pregnant'.

Materials

- One blank register (ruled) for each trainee
- A filled in model register
- Rulers, pens
- 'List of all women in the village who are eligible to become pregnant' practice sheets, to be used as a model (Worksheet 1 from the previous session.)

Preparation

- Prepare a model register .
- Instruct the trainees in advance to bring the "list of women who are eligible to become pregnant" practice sheets which they completed in the previous session
- Have enough blank registers (ruled) to be able to give one to each ASHA.

Training Methods

Practice (35 minutes)

Instructions to Trainers :

1. A separate register should be used for every village. However, if an ASHA is working in a village and a hamlet, she should prepare 2 registers, one for the village and one for the hamlet. (If ASHAs already have such registers, they may continue to use them.)
2. Distribute the blank registers (ruled) and point out to the ASHAs the pages they will use to draw the columns and rows needed. Ask them to draw rows and columns as in the model register.
3. Show the model register where the 'List of all women who are eligible to become pregnant' pages have been drawn correctly.
4. Ask the trainees to write the following points on the first page of the register book, which will then be always available for her reference.

Ask the following questions to all women in family:

- Age?
- Are you married?
- Do you get your monthly periods?
- If periods have stopped, it is due to pregnancy or old age (menopause)?
- Do you stay with your husband?
- Have you been operated upon for family planning?
- Has your husband been operated upon for family planning?

Evaluation of the session (5 minutes)

Objective	Assessment Method	Output
Prepare the format in her register for 'List of all women who are eligible to become pregnant'.	Review the format in the register for 'List of all women in the village who are eligible to become pregnant'	The registers prepared by the ASHAs. At the end of the training workshop ASHA will start preparing the 'list of all women in the village who are eligible to become pregnant'

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 5 : Determining the date of last menstrual period (LMP)

Day : 2

Time Required : 1 hour 15 minutes

Purpose

To train the ASHAs to determine the date (first day) of a woman's last menstrual period (LMP) during the home visit by a discussion with women 'who are eligible to become pregnant'.

Objective

At the end of the session the ASHA will be able to:

1. Determine the LMP of women 'who are eligible to become pregnant'.

Materials

- Training Aid 1 : Model role play script : Determining LMP
- A festival dates sheet prepared by the trainer giving dates of various festivals and culturally significant days in the region (e.g. the dates of full moon nights, Diwali, Dashera, etc.)
- Communication Guide: provided in the Reading Material
- Reading Material 1: 'The Circle Aid for determining LMP' (to paste in the register to be used for 'List of all women in the village who are eligible to become pregnant')

Preparation

- Ensure availability of adequate copies of Reading Material, depending on the number of trainees.
- Prepare the festival dates sheet mentioned (under Materials) above and enough copies equal to the be able to distribute one to each trainee.
- Prepare for the role play.
- Prepare four scenarios portraying an ASHA visiting different women - who are is 3, 5, 7 or 8 months pregnant,
- Instruct the trainees to refer to their Communication Guide provided in the Reading Material.

Training Methods

Model Role Play (15 minutes)

Instructions to Trainers :

1. Review and discuss the Communication Guide with the trainees.
2. Explain that you (and another trainer or a volunteer) will be performing a role play to demonstrate a return visit to a woman from the 'List of those who are eligible to become pregnant'. Using Training Aid 1: Model role play script, perform the scripted role play.
3. Discuss the role play after this and ask the trainees what they observed (if necessary, refer to communication guide). How the questions were asked? Did the woman feel comfortable? etc.

-
4. Make sure that the trainees mention how the woman was questioned to get the LMP (first day of last menstrual period).

Role Plays in Small Groups (55 minutes)

Instructions to Trainers :

1. Divide trainees into four groups.
2. Each group has a different scenario; one portrays a ASHA visiting a woman 3 months pregnant, the others 5 months, 7 months, and 8 months pregnant.
3. Have the groups work out their subject's LMP and perform a role play showing how the ASHA determined the date.
4. During the presentations, use the Communication Guide
5. Lead a discussion after each presentation. Were good communication skills used? Was the LMP determined correctly?
6. Make sure that the LMP is determined correctly during each presentation. Give supportive feedback on communication skills used.

Summary (5 minutes)

- Ask a trainee to describe a few good communication skills.
- Ask trainees how to determine a woman's LMP.
- Make corrections if any and add missed information.
- Praise the ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
Determine the LMP of women 'who are eligible to become pregnant'.	Observe role plays & use the communication guide to check if trainees can correctly determine LMPs of women 'who are eligible to become pregnant'	Score the role plays with the help of communication guide. Give one point for each communication point observed. Record of how many ASHAs could correctly determine LMP and could communicate according to skill checklist

Model Role Play Script : Determining LMP

Total time: 15 minutes

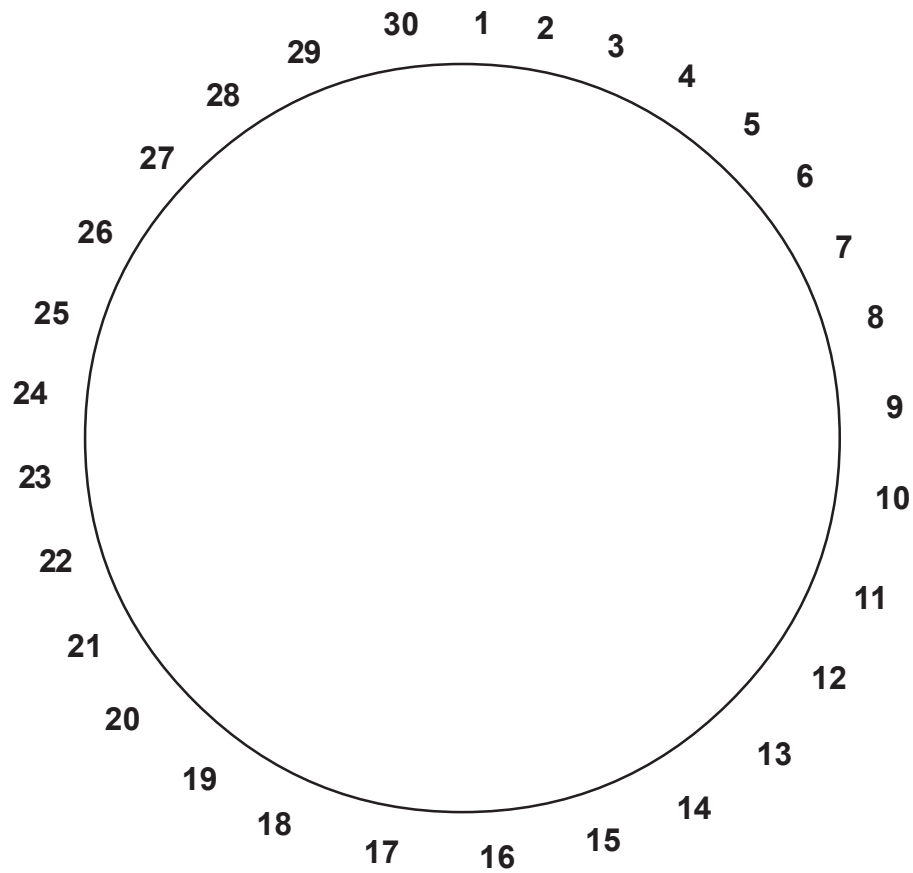
Introduce the characters and scene to the trainees: The name of the ASHA is Vimal; the name of the woman is Shanta. The ASHA is making a home visit to Shanta and assisting her to determine her LMP.

- Vimal** : *(Knocks on the door and calls out)* Is anybody home? Shanta, are you home?
- Shanta** : *(Opens the door)* Oh! Is it Vimal? What a surprise! How come you are visiting me at this hour?
- Vimal** : You know, I am visiting all homes where women are of the age to get pregnant and checking if anyone is pregnant.
- Shanta** : Oh! But what use will this be?
- Vimal** : A part of my job is to make a list of pregnant women so that in the future, I can visit and help them.
- Shanta** : Oh! I am really relieved! I was so anxious....
- Vimal** : So, there appears to be some development....
- Shanta** : I am not sure. I think I may be pregnant because I haven't had my menstrual period for many days.
- Vimal** : Let's see. Can you tell me when you had your monthly bleeding? Can you tell me the date on the first day?
- Shanta** : No, I am afraid I can't tell you the exact date.
- Vimal** : Maybe you don't remember the date, but can you tell me whether there was any important festival or some important event close to the day on which your monthly bleeding started?
- Shanta** : Let me think. Yes, it ended on the day when Dashera¹ started.
- Vimal** : Well that helps me! *(ASHA looks at the calendar and finds the date on which Dashera started.)* How long does your monthly bleeding last?
- Shanta** : My periods last about 5 days.
- Vimal** : See here *(points to the calendar)*, Dashera was on 26th Oct. Five days before that was 21st Oct. It looks like the first day of your last period was 21st Oct. Is not that so?
- Shanta** : I really can't say anything about the date. I have confidence in you and you looked up the date in the calendar, so that must be right.
- Vimal** : Today is 2nd January so it is possible that you are pregnant.
- Shanta** : Are you sure? Is my pregnancy confirmed?
- Vimal** : I can't confirm it but it appears likely. Sometimes monthly bleeding gets delayed due to some other reasons also. During my next visit - after two months, we will be able to confirm if you are pregnant.
- Shanta** : Please come definitely. Meanwhile, if there is something else, I will meet and tell you.
- Vimal** : Of course! You are always welcome to visit me. Otherwise, I will visit again in two months.

¹ Dashera is an important Indian religious festival

The Circle Aid for Determining LMP

To help health workers count days before or after a particular day while determining LMP



Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 6 : Determining the expected date of delivery (EDD)

Day : 2

Time Required : 1 hour

Purpose

To explain how the expected date of delivery (EDD) is determined and to provide trainees practice in determining EDD through exercises

Objective

At the end of the session ASHA will be able to:

1. Determine a woman's EDD based on her LMP.

Materials

- Reading Material 1 : Chart to determine EDD and preterm based on the LMP
- Reading Material 2 : The measuring strip to determine change in year
- Worksheet 1 : EDD worksheet
- Training Aid 1 : Answers to EDD worksheet

Preparation

- Ensure availability of adequate copies of Worksheet 1 and Reading Material 1 and 2, depending on the number of trainees.

Training Methods

Presentation (25 minutes)

Instructions to Trainers :

1. Explain what EDD is. It is the probable date when a pregnant woman is likely to deliver. The EDD is calculated by a formula (see Content Box).
2. Demonstrate how you determine EDD in three examples.

Content Box :

Determining EDD

EDD = LMP + 7 days + 9 months

Give examples: LMP: 10th Dec. 2005

LMP: 28th Sept. 2005

LMP: 2nd Nov. 2005

EDD: 17th Sept.2006

EDD: 5th July 2006

EDD: 9th August 2006

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

If a woman has not had her period since her previous delivery, and she is pregnant again, the ASHA will not be able to determine the LMP or EDD. This is called '*Inde*'¹ in Gadchiroli district. ASHAs may find that there are some other terms locally used for this.

¹ *Inde* : Trainers should replace this with the local term.

3. Ask the ASHAs to refer to the Reading Material 1: Chart to determine EDD and preterm based on the LMP. This chart is used to determine EDD. Explain how to use this chart.
 - The chart shows each of the 12 months. For each of the 12 months, there are 3 columns; LMP, EDD and Preterm cutoff date.
 - For each month, the top line (LMP line) shows from left to right each day of the month (i.e., January 1, 2, 3).
 - For example, if the LMP is 10 December 2005, you locate this on the chart by going to December, finding the LMP line (top one) and moving from left to right until you reach number 10. From here, to find the EDD, simply look at the column below (EDD line). (EDD = 16 September).
 - **Note:** When using the formula (EDD = LMP + 7 days + 9 months), the EDD comes to 17 September. This slight variation is because the formula is less accurate than the chart since the chart also takes into account longer and shorter months. Use the chart for accuracy, but if the chart is lost or not available, ASHAs can use the formula.
 - The chart also gives the “preterm cut off date”, which will be explained in another training session
4. Ask the ASHAs to refer to the Reading Material 2 : Measuring Strip to Determine Change in Year. Explain and demonstrate how to use this strip.
 - The numbers on the top represent months of the year. The first 12 months are in one year (2008) and the next 12 months are in the next year (2009).
 - Using the example above, if the LMP is 10 December 2008, that would be the box under ‘12’ in 2008. To find the EDD, move 9 months to the right, which brings you to September of the next year (2009). Hence while writing the EDD, you will get the date in September 2009.

Practice (25 minutes)

Instructions to Trainers :

1. Give Worksheet 1: EDD Worksheet to each trainee. In the space opposite the LMP, ask them to determine the EDD (they should practice using Reading Material 1: Chart to determine EDD and Preterm based on the LMP).
2. The trainees form pairs. Each ASHA in the pair evaluates and marks the correctness of answers on the worksheet of the other ASHA. The trainer announces correct answers using the Training Aid 1 as reference. The ASHA calculates the total score earned by her mate in the pair and records on the worksheet.
3. Praise the ASHAs who have answered correctly, and help those who did not.
4. Clarify any misconceptions.

Summary (10 minutes)

Quick quiz: Give the group three LMP dates and ask for corresponding EDD (using the chart to determine LMP-EDD).

- | | | |
|-------------------------|------|-----------------------------|
| 1. LMP 30 January 2006 | EDD? | (answer: 6 November 2006) |
| 2. LMP 15 December 2005 | EDD? | (answer: 21 September 2006) |
| 3. LMP 30 April 2005 | EDD? | (answer: 4 February 2006) |

Evaluation of the session

Objective	Assessment Method	Output
Determine EDD based on LMP	Worksheet 1 attempted by ASHA individually.	The evaluated worksheet 1 of all ASHAs. The worksheets are scored by ASHAs themselves

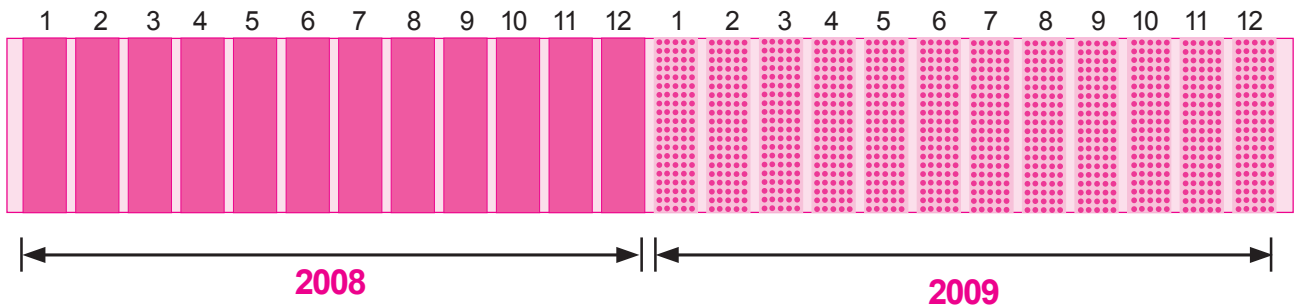
The Chart to Determine EDD and Preterm based on LMP

JAN													Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/1	2/1	3/1	4/1	5/1	6/1	7/1	8/1	9/1	10/1	11/1	12/1	13/1	14/1	15/1	16/1	17/1					
EDD	8/10	9/10	10/10	11/10	12/10	13/10	14/10	15/10	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10					
Preterm	15/9	16/9	17/9	18/9	19/9	20/9	21/9	22/9	23/9	24/9	25/9	26/9	27/9	28/9	29/9	30/9	1/10					
LMP	18/1	19/1	20/1	21/1	22/1	23/1	24/1	25/1	26/1	27/1	28/1	29/1	30/1	31/1								
EDD	25/10	26/10	27/10	28/10	29/10	30/10	31/10	1/11	2/11	3/11	4/11	5/11	6/11	7/11								
Preterm	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10	11/10	12/10	13/10	14/10	15/10								
FEB													Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/2	2/2	3/2	4/2	5/2	6/2	7/2	8/2	9/2	10/2	11/2	12/2	13/2	14/2	15/2	16/2	17/2					
EDD	8/11	9/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11					
Preterm	16/10	17/10	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	30/10	31/10	1/11					
LMP	18/2	19/2	20/2	21/2	22/2	23/2	24/2	25/2	26/2	27/2	28/2											
EDD	25/11	26/11	27/11	28/11	29/11	30/11	1/12	2/12	3/12	4/12	5/12											
Preterm	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11											
MARCH													Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/3	2/3	3/3	4/3	5/3	6/3	7/3	8/3	9/3	10/3	11/3	12/3	13/3	14/3	15/3	16/3	17/3					
EDD	6/12	7/12	8/12	9/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12					
Preterm	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11					
LMP	18/3	19/3	20/3	21/3	22/3	23/3	24/3	25/3	26/3	27/3	28/3	29/3	30/3	31/3								
EDD	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12	31/12	1/1	2/1	3/1	4/1	5/1								
Preterm	30/11	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12	12/12	13/12								
APRIL													Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/4	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4	16/4	17/4					
EDD	6/1	7/1	8/1	9/1	10/1	11/1	12/1	13/1	14/1	15/1	16/1	17/1	18/1	19/1	20/1	21/1	22/1					
Preterm	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12					
LMP	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4									
EDD	23/1	24/1	25/1	26/1	27/1	28/1	29/1	30/1	31/1	1/2	2/2	3/2	4/2									
Preterm	31/12	1/1	2/1	3/1	4/1	5/1	6/1	7/1	8/1	9/1	10/1	11/1	12/1									

MAY															
	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/5	2/5	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
EDD	5/2	6/2	7/2	8/2	9/2	10/2	11/2	12/2	13/2	14/2	15/2	16/2	17/2	18/2	19/2
Preterm	13/1	14/1	15/1	16/1	17/1	18/1	19/1	20/1	21/1	22/1	23/1	24/1	25/1	26/1	27/1
LMP	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	
EDD	22/2	23/2	24/2	25/2	26/2	27/2	28/2	1/3	2/3	3/3	4/3	5/3	6/3	7/3	
Preterm	30/1	31/1	1/2	2/2	3/2	4/2	5/2	6/2	7/2	8/2	9/2	10/2	11/2	12/2	
JUNE															
	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/6	2/6	3/6	4/6	5/6	6/6	7/6	8/6	9/6	10/6	11/6	12/6	13/6	14/6	15/6
EDD	8/3	9/3	10/3	11/3	12/3	13/3	14/3	15/3	16/3	17/3	18/3	19/3	20/3	21/3	22/3
Preterm	13/2	14/2	15/2	16/2	17/2	18/2	19/2	20/2	21/2	22/2	23/2	24/2	25/2	26/2	27/2
LMP	18/6	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6	30/6		
EDD	25/3	26/3	27/3	28/3	29/3	30/3	31/3	1/4	2/4	3/4	4/4	5/4	6/4		
Preterm	2/3	3/3	4/3	5/3	6/3	7/3	8/3	9/3	10/3	11/3	12/3	13/3	14/3		
JULY															
	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7
EDD	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4	16/4	17/4	18/4	19/4	20/4	21/4
Preterm	15/3	16/3	17/3	18/3	19/3	20/3	21/3	22/3	23/3	24/3	25/3	26/3	27/3	28/3	29/3
LMP	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	
EDD	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	5/5	6/5	7/5	
Preterm	1/4	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	
AUGUST															
	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/8	2/8	3/8	4/8	5/8	6/8	7/8	8/8	9/8	10/8	11/8	12/8	13/8	14/8	15/8
EDD	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5
Preterm	15/4	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4
LMP	18/8	19/8	20/8	21/8	22/8	23/8	24/8	25/8	26/8	27/8	28/8	29/8	30/8	31/8	
EDD	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6	5/6	6/6	7/6	
Preterm	2/5	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	

SEPT																	
	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/9	2/9	3/9	4/9	5/9	6/9	7/9	8/9	9/9	10/9	11/9	12/9	13/9	14/9	15/9	16/9	17/9
EDD	8/6	9/6	10/6	11/6	12/6	13/6	14/6	15/6	16/6	17/6	18/6	19/6	20/6	21/6	22/6	23/6	24/6
Preterm	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6
LMP	18/9	19/9	20/9	21/9	22/9	23/9	24/9	25/9	26/9	27/9	28/9	29/9	30/9				
EDD	25/6	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7				
Preterm	2/6	3/6	4/6	5/6	6/6	7/6	8/6	9/6	10/6	11/6	12/6	13/6	14/6				
OCT																	
	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10	11/10	12/10	13/10	14/10	15/10	16/10	17/10
EDD	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7	24/7
Preterm	15/6	16/6	17/6	18/6	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6	30/6	1/7
LMP	18/10	19/10	20/10	21/10	22/10	23/10	24/10	25/10	26/10	27/10	28/10	29/10	30/10	31/10			
EDD	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8	2/8	3/8	4/8	5/8	6/8	7/8			
Preterm	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7			
NOV																	
	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/11	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11
EDD	8/8	9/8	10/8	11/8	12/8	13/8	14/8	15/8	16/8	17/8	18/8	19/8	20/8	21/8	22/8	23/8	24/8
Preterm	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7	24/7	25/7	26/7	27/7	28/7	29/7	30/7	31/7	1/8
LMP	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11				
EDD	25/8	26/8	27/8	28/8	29/8	30/8	31/8	1/9	2/9	3/9	4/9	5/9	6/9				
Preterm	2/8	3/8	4/8	5/8	6/8	7/8	8/8	9/8	10/8	11/8	12/8	13/8	14/8				
DEC																	
	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month	Date/ Month
LMP	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12
EDD	7/9	8/9	9/9	10/9	11/9	12/9	13/9	14/9	15/9	16/9	17/9	18/9	19/9	20/9	21/9	22/9	23/9
Preterm	15/8	16/8	17/8	18/8	19/8	20/8	21/8	22/8	23/8	24/8	25/8	26/8	27/8	28/8	29/8	30/8	31/8
LMP	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12	31/12			
EDD	24/9	25/9	26/9	27/9	28/9	29/9	30/9	1/10	2/10	3/10	4/10	5/10	6/10	7/10			
Preterm	1/9	2/9	3/9	4/9	5/9	6/9	7/9	8/9	9/9	10/9	11/9	12/9	13/9	14/9			

The Measuring Strip to Determine Change in Year



EDD Worksheet

LMP	EDD
11 July 2003	
1 December 2003	
27 October 2004	
1 July 2004	
7 November 2004	
14 June 2004	
30 November 2004	
23 March 2004	
2 February 2004	
26 January 2004	
15 August 2003	
20 January 2004	
4 May 2003	
3 April 2004	
29 February 2004	
1 January 2005	
30 April 2005	
31 March 2004	
4 September 2004	
15 December 2005	

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Answers to EDD Worksheet

LMP	EDD
11 July 2003	17 April 2004
1 December 2003	7 September 2004
27 October 2004	3 August 2005
1 July 2004	7 April 2005
7 November 2004	14 August 2005
14 June 2004	21 March 2005
30 November 2004	6 September 2005
23 March 2004	28 December 2004
2 February 2004	9 November 2004
26 January 2004	2 November 2004
15 August 2003	22 May 2004
20 January 2004	27 October 2004
4 May 2003	8 February 2004
3 April 2004	8 January 2005
29 February 2004	7 December 2004
1 January 2005	8 October 2005
30 April 2005	4 February 2006
31 March 2004	5 January 2005
4 September 2004	11 June 2005
15 December 2005	21 September 2006

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 7 : Preparing the list of pregnant women

Day : 2

Time Required : 1 hour

Purpose

To show ASHA how to prepare the 'List of pregnant women' and to provide time for her to practice.

Objective

At the end of the session ASHAs will be able to:

1. State how to prepare the 'List of pregnant women' by visiting the women in the 'List of all women in the village who are eligible to become pregnant'.

Materials

- 'List of all women in the village who are eligible to become pregnant' worksheet.
- Worksheet 1 : 'List of pregnant women'.

Preparation

- Ensure availability of adequate copies of Worksheet 1, depending on the number of trainees.
- Instruct the trainees in advance to bring their copies of the 'List of all women in the village who are eligible to become pregnant' worksheet (i.e., when they interviewed each other).
- Prepare an example of a 'List of all women in the village who are eligible to become pregnant' and write the names of 3-4 pregnant women.

Training Methods

Demonstration (25 minutes)

Instructions to Trainers :

1. Display the full worksheet and explain each column of the worksheet.
2. Using the example of a 'List of all women in the village who are eligible to become pregnant' which they have prepared, explain to the trainees that they are supposed to visit these homes and check if any one from the 'List of all women in the village who are eligible to become pregnant' is now actually pregnant. For these women, they should find out the LMP, and write the names of those women in the list of pregnant women who have completed 4 months of pregnancy.
3. Explain the following:
 - Note that after starting her work in the community, an ASHA should register pregnant women within 4 or 5 months; exception would be the first month after training, when they are initially making the lists.
 - If a pregnant woman from outside the village comes to the village for her delivery, add her to the list of pregnant women. Do not add her name to the 'list of all women in the village who are eligible to become pregnant', since she will not be staying in the village after delivery.

- If an unmarried woman is pregnant and wants the ASHA to visit her, ask the ASHA to add her name to the “List of pregnant women”, and to then start visiting her.

Practice (30 minutes)

Instructions to Trainers :

1. Ask the trainees to take out their ‘List of all women in the village who are eligible to become pregnant’ (i.e., when they interviewed each other).
2. Instruct them to make up LMPs for three women on the list and pretend they are pregnant (Note: this is likely to cause laughs as the list is composed of ASHAs themselves!).
3. Have trainees make the ‘List of pregnant women’ using the information from the ‘List of women who are eligible to become pregnant’.
4. Review all ‘Lists of pregnant women’ and clarify doubts, if any.

Summary

- Ask a trainee to state when they should register pregnant women (the latest months).
- Ask a trainee to list the information that will be collected from a pregnant woman while writing her name on the List of pregnant women.
- Make corrections, if any, and add missed information.
- Praise the ASHAs for their good work.

Evaluation of the session (5 minutes)

Objective	Assessment Method	Output
State how to prepare the ‘List of pregnant women’ by visiting the women in ‘List of all women in the village who are eligible to become pregnant.’	Questions and answers Practice to prepare the list	Save the lists of pregnant women prepared by ASHAs during the practice.

[illegible]

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 8 : Home visiting and use of the Pregnancy Form - Part 1

Day : 2

Time Required : 2 hours and 5 minutes

Purpose

To introduce the ASHA to new terms and their meanings so that she will be able to complete Part 1 of the Pregnancy Form.

Objectives

At the end of the session the ASHA will be able to :

1. Determine the number of past pregnancies a woman has had and their outcomes.
2. Define abortion, stillbirth, neonatal death, and *Inde*¹.
3. Complete Part I of Pregnancy Form.

Materials

- Worksheet 1 : Pregnancy Form – Part 1
- Worksheet 2 : Exercises to determine ‘abortion’, ‘stillbirth’, or ‘neonatal death’
- Training Aid 1 : Answers to exercises to determine ‘abortion’, ‘stillbirth’, or ‘neonatal death’
- Worksheet 3 : Worksheet to determine number of pregnancies and births
- Blackboard or white paper/flip chart paper
- Markers

Preparation

- Ensure availability of adequate copies of Worksheets 1, 2 and 3, depending on the number of trainees.

Training Methods

Presentation (30 minutes)

Instructions to Trainers :

1. Distribute Worksheet 1 the Pregnancy Form – Part 1. Go through each question in Part 1 (questions 1 - 6), explaining unfamiliar terms (see Content Box).
2. Explain how to use the form to determine total number of pregnancies and delivery outcomes (question 4).
3. Check if there are any questions and clarify doubts, if any.
4. Explain the following:
 - Part 1 of the Pregnancy Form should be completed after the pregnancy is confirmed (during the home visit every two months), or after the woman has completed her fourth month of pregnancy (in the 5th month).
 - In total, four visits should be made during pregnancy: in the 5th month (registration), and at the beginning of 7th, 8th and 9th months, when the ASHA will begin giving health education (ASHAs will

learn this in a subsequent session). The Pregnancy Form is to be filled in 5th, and the beginning of 8th and 9th months. During the visits, the form will be filled in and appropriate health education will be imparted

- In India, up to 50% of pregnant women in rural areas return to their parents' village for their delivery. It is important that these women and their newborns also receive care.
- If a pregnant woman comes to the village in the 8th month of pregnancy, visit her, register her, provide her health education, and screen her for problems. Fill the Pregnancy Form (Part I and the 8th month screening in Part 2). Visit the woman again in the 9th month to complete the screening (Part 2) and provide health education on preparing for delivery. (Health education should only be started after the ASHA learns how to give health education.)

Content Box :

- **Gestation** : Duration of pregnancy
- **Live Birth** : Baby (born after more than 6 months and 15 days of gestation) shows any one of the signs of life¹ at birth (even if briefly): breathing, crying, or movement of limbs.
- **Abortion** : If the foetus dies before 6 months and 15 days of gestation. An abortion can occur naturally (miscarriage) or it can be performed by a medical person (Medical Termination of Pregnancy MTP). Sometimes unqualified people also perform abortions, which is dangerous.
- **Stillbirth** : Baby (more than 6 months and 15 days gestation) is born without any sign of life¹ i.e., breathing, crying or movement of limbs; and hence, is dead at birth.
 1. **Fresh Stillbirth** : Baby looks normal but is not alive. A fresh stillbirth means the baby died inside the mother's womb only recently.
 2. **Macerated Stillbirth** : Baby does not look normal; skin is falling off and is decaying. In a macerated stillbirth, the baby was dead inside the mother's womb for some time.
- **Neonatal Death** : If a baby (with a gestation more than 6 months and 15 days) who was born alive dies between birth and 28 days of life. Even if the baby only breathes once and then dies, it is still considered a neonatal death.
- **Pregnancy occurs without resuming monthly bleeding (*Inde*)** : A woman becomes pregnant before she resumes her monthly bleeding after her last delivery.

- If a woman comes to the village only in the 9th month, register her, provide her health education, and check her for any problems. If possible, visit her two times in the 9th month in order to reinforce the health education messages.
- If a woman delivers outside the village and returns to the village within 28 days after delivery, visit her, ask her about her pregnancy and delivery, and complete the Pregnancy Form. (Health education can be given only after you have learnt it yourself).

Practice: Determining abortion, stillbirth, live birth or neonatal death (30 minutes)

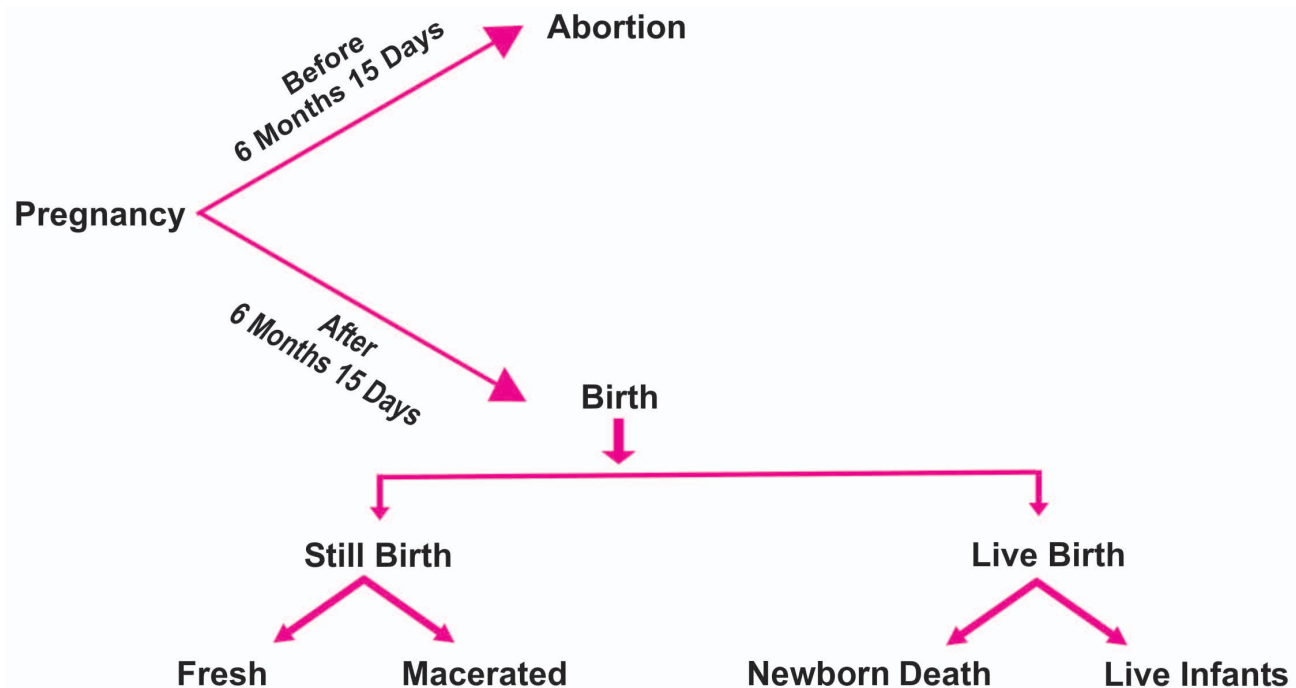
Instructions to Trainers :

1. Draw a 'time line' (as in the exercises) on the blackboard or flip chart paper and explain where on the

¹ Other signs of life include heart beating and umbilical pulsation. These have not been included in the definition here because ASHAs may find these signs difficult to recognise.

timeline, abortion, stillbirth, live birth or newborn death take place. If there is any confusion, draw a decision tree as follows:

2. Distribute Worksheet 2: Exercise Sheet, one to each trainee.
3. Have the trainees work individually (or in a small group of no more than three) to determine if the baby who died was due to an abortion, or it was a stillbirth or neonatal death.
4. After each scenario, have them mark an 'x' on the timeline where the death occurred, and write whether it was an abortion, stillbirth or neonatal death.



5. After the exercise, have trainee volunteers present each scenario; on the blackboard, draw the timeline, mark an 'x' where the death occurred, and say whether it was an abortion, stillbirth or neonatal death.
6. Check for questions and clarify using Training Aid 1 for reference.

Demonstration/Practice : Determining total number of pregnancies and births (30 minutes)

Instructions to Trainers :

1. Have trainees look at question 4 of the Pregnancy Form. Discuss how to use the form for determining total number of pregnancies and birth outcomes.
2. Distribute Worksheet 3 : Worksheet to determine number of pregnancies and births. Explain that the worksheet contains five copies of question 4; use one copy for each interview.
3. Working in pairs, have each trainee interview another trainee to find out how many pregnancies and births she has had. Complete the first box of questions.
4. Have trainees change partners and interview four other trainees (total of five) to determine how many pregnancies and births they have had.
5. Observe and assist as needed.

Practice: Filling in the Pregnancy Form Part 1 (30 minutes)

Instructions to Trainers :

1. Make sure each trainee has five copies of Part 1 of the Pregnancy Form.
2. Working in pairs, have each trainee interview her partner and complete Part 1 of the Form. Allow 5 to 10 minutes for each interview.
3. Have trainees change partners to complete at least five interviews.
4. Observe and help when needed.

Summary (5 minutes)

- Ask a trainee to define abortion, another trainee to define fresh stillbirth, still another, macerated stillbirth, etc. till all new terms are defined.
- Make corrections if any are required and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session)

Objective	Assessment Method	Output
Determine the number of past pregnancies a woman has had and their outcomes.	Practice exercise worksheet 3	Score the worksheet. Give 1 point for each correct entry. Save the sheets filled by ASHAs
Define abortion, stillbirth, neonatal death, and “ <i>Inde</i> ”.	Timeline exercise Worksheet 2 Observe the interview process	Score the worksheet. Give 2 points for each correct entry. Save the sheets filled by ASHAs.
Complete Part 1 of Pregnancy Form.	Observe the interview process Review Pregnancy Form Part 1	Pregnancy forms filled in by ASHAs

Pregnancy Form

Part 1 :

First visit : To be made when registering pregnancy (ideally on completion of 4 months or, if the woman comes from outside, soon after her arrival)

1) Date of filling the form _____ 2) Age of mother (years) _____

3) Pregnant woman's name _____ Husband's name _____ Last name _____

4) Ask the pregnant woman about the outcome of each previous pregnancy
(Circle the correct information)

	Pregnancy								
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th
Live birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Abortion	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Still birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Neonatal death	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

5) Record and calculate the following:

LMP _____ EDD _____ Cut-off date for preterm _____ INDE _____

Number of completed months of pregnancy at the time of filling the form _____

6) Actions by ASHA :

- | | |
|---|--------------------------|
| - Give 1 st health education to the pregnant woman (use flip chart) | Given / Not given |
| - Give 30 iron folic tablets (along with the instructions) for use over one month. | Given / Not given |
| - If history of abortion/ still birth / neonatal death is present, advise mother to go to PHC / Hospital for checkup. | Advice given / Not given |
| - Advise and encourage the pregnant woman to attend the ANC clinic by the ANM /PHC. | Advice given / Not given |

To be filled by the supervisor
PHC code no.
Form Sr No.

To be filled by the data entry operator
Form Sr No:

(For supervisor : check that the record is complete, and right action has been taken)#

Information
Correct / incorrect

Correct / incorrect

Correct / incorrect

Yes / No

Yes / No

Yes / No

Yes / No

: Mark 'Yes' if necessary and possible action has been taken without any mistake

Exercises to Determine Abortion, Stillbirth, and Neonatal Death

After each story, put an 'X' on the timeline showing when the baby died and write whether it was an abortion, stillbirth, or neonatal death.

Case:

1. After 9 months of pregnancy, Meera delivered a baby girl who died after two weeks.

Pregnancy starts	6 months 15 days	Birth	28 days
*	*	*	X *

Neonatal death

2. Jeena got pregnant in June and lost the pregnancy in August.

Pregnancy starts	6 months 15 days	Birth	28 days
*	*	*	*

3. Geeta was pregnant for 7 months when she started labour pains. The baby was born but didn't breathe, cry or move its limbs.

Pregnancy starts	6 months 15 days	Birth	28 days
*	*	*	*

4. Neeta got pregnant but started bleeding at 6 months and lost the baby.

Pregnancy starts	6 months 15 days	Birth	28 days
*	*	*	*

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

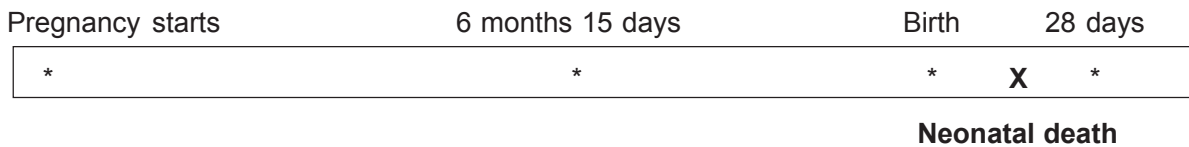
Block : _____

Answers to Exercises to Determine Abortion, Stillbirth, and Neonatal Death

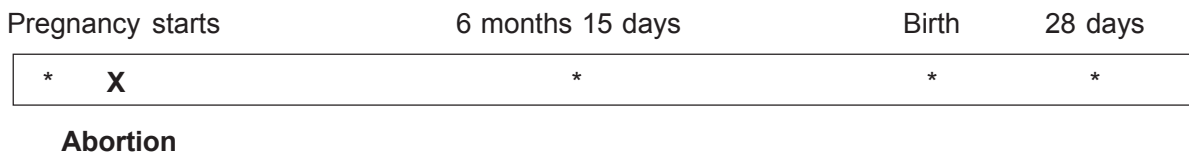
After each story, put an 'X' on the timeline showing when the baby died and write whether it was an abortion, stillbirth, or neonatal death.

Case:

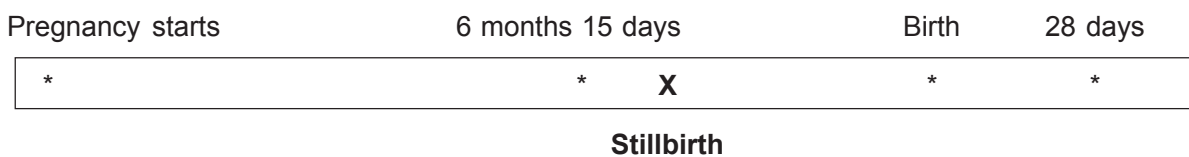
1. After 9 months of pregnancy, Meera delivered a baby girl who died after two weeks.



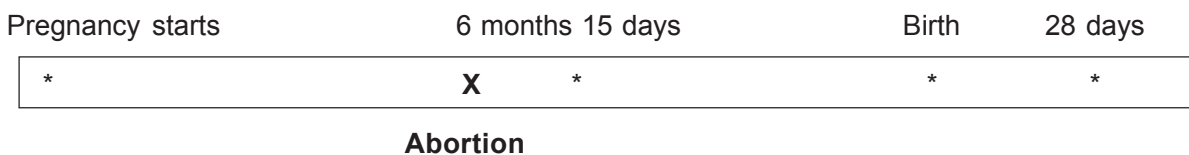
2. Jeena got pregnant in June and lost the pregnancy in August.



3. Geeta was pregnant for 7 months when she started labour pains. The baby was born but didn't breathe, cry or move its limbs.



4. Neeta got pregnant but started bleeding at 6 months and lost the baby.



Worksheet to Determine the Number of Pregnancies and Births

Interview 1:

	Pregnancy								
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th
Live birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Abortion	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Still birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Neonatal death	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Interview 2:

	Pregnancy								
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th
Live birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Abortion	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Still birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Neonatal death	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Interview 3:

	Pregnancy								
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th
Live birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Abortion	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Still birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Neonatal death	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

Interview 4:

	Pregnancy								
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th
Live birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Abortion	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Still birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Neonatal death	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Interview 5:

	Pregnancy								
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th
Live birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Abortion	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Still birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Neonatal death	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 9 : Home visiting and use of the Pregnancy Form - Part 2

Day : 2 and 3

Time Required : 2 hours and 25 minutes

Purpose

To enable the ASHA to make home visits during pregnancy, to check the pregnant woman for specific health problems, and to record the details in and complete Part 2 of the Pregnancy Form.

Objectives

At the end of the session the ASHA will be able to:

1. Explain the timing of her visits to women during pregnancy.
2. Give the correct definitions for the terms listed in the Content Box.
3. Correctly complete Part 2 of the Pregnancy Form (beginning of 8th and 9th month).

Materials

- Worksheet 1 : Pregnancy Form – Part 2
- Reading Material 1 : Swollen face and hands with indentations
- Worksheet 2 : Case Presentation
- Model Role Play - Visiting a mother at the beginning of 8 and 9 months (to be made up on the spot by the trainers)

Preparation

- Ensure availability of adequate copies of Worksheets 1 and 2 and Reading Material 1, depending on the number of trainees.

Training Methods

Presentation and Discussion (1 hour)

Instructions to Trainers :

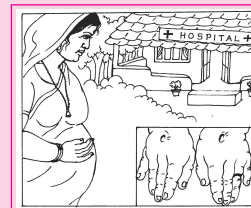
1. Distribute Worksheet 1 : Part 2 of the Pregnancy Form.
2. Explain how the columns have been designed to record information from the visits at the beginning of 8 and 9 months.
3. Explain the following:
 - At the beginning of both 8 and 9 months, the same questions will need to be asked.
 - If a pregnant woman comes in the village in the 8th or 9th month of pregnancy, visit her and fill the Pregnancy Form completely.
 - If she comes in the 8th month, she should be visited in the 8th month itself. Part 2 should be completed at the time of the first visit, and again in the 9th month.
 - If a woman comes in the 9th month, Part 2 should be filled for the 8th month and the 9th month.

- If a woman delivers outside the village and returns to the village within 28 days of her delivery, visit her and fill the Pregnancy Form. For Part 2 of the form, check with her if she had any of the conditions mentioned in it, and complete the columns of 8th and 9th months.
4. Explain the unfamiliar terms (see the Content Box below):

Content Box :

Definitions

- **Swollen face and hands** : Face very puffed up, larger than usual; swollen hands; when a finger is pressed on the back of the hand, an indentation stays for some time.
- **Headache and blurred vision** : Has a severe headache, which continues for quite some time, and her vision is blurred i.e. she is unable to see clearly.
- **Convulsion / Fits** : Has convulsions or fits.
- **Bleeding or spotting** : Has bleeding from the vagina (or even spotting) when pregnant.
- **Foetal movements** : Feels the baby moving in the womb (as is normal) or not.



5. Discuss the different terms; check if ASHAs know about or have experience with them.
6. Ask ASHAs to refer to the Reading Material 1 and ask the trainees to observe the photograph of a woman with swollen face and hands.
7. All these conditions discussed are considered danger signs during pregnancy. ASHAs should be able to identify these conditions. If any of the above is present in a pregnant mother, she needs immediate medical attention. If neglected, this may prove fatal. ASHA will learn to give health education in this training workshop and she will start counseling pregnant women about these danger signs. If any of the above signs is present, ask the woman to go to PHC or hospital and record in the form whether this action was taken.
8. Check for questions and clarify as needed.
9. During pregnancy, the woman may have many other problems which are not life threatening, and are only considered as irritants; however, these may cause problem if neglected. Some of those are mentioned in content box below

Content Box :

- **White discharge**: from vagina (could be itchy, smelly, cheesy).
- **Burning sensation while passing urine**: pain or burning sensation.
- **Night blindness**: difficulty seeing at dusk / night.
- **Fever**: during pregnancy.
- **Scabies and itching**: bumpy eruptions, often between the fingers, or on the front of the wrist, with intense itching, especially at night.
- **Sores, boils, or an abscess with pus**: any of these on the skin.

If any of the above conditions is present, it requires treatment. The ASHA will learn the treatment for some of these problems in a subsequent session. For other conditions, she should refer the woman

to hospital. All these details will be discussed in another training session. If any such problem is present, she should record the problem in the space provided, and then write what action was taken.

10. Discuss how to calculate the date 2 months before EDD and 1 month before EDD. If EDD is 7th December then 1 month before EDD is 7th November and 2 months before EDD is 7th October. Give some practice examples to understand this calculation. Ensure that each ASHA can do this.

Demonstration : Filling in the Pregnancy Form - Part 2 (30 minutes)

Instructions to Trainers :

1. Using Worksheet 2: Case Presentations, read each sentence and fill in the form.
2. Ask trainees to follow you on their own practice forms.
3. Check for questions and clarify doubts

Practice : Filling in the Pregnancy Form-Part 2 through role plays (50 minutes)

Instructions to Trainers :

1. Divide the ASHAs into two groups. Each group has one trainer.
2. Divide the group into pairs. Have each pair perform a role play in front of the rest of the group. One ASHA should play the part of a pregnant woman at 8 months, and the other, to play the role of an ASHA coming for a home visit at 8 months, and then filling in the Pregnancy Form Part 2.
3. All other trainees and the trainer should observe the role play. The trainees should complete Pregnancy Form – Part 2 along with the ASHA. After the role play, the form is reviewed; the trainee playing the ASHA reads each entry while other ASHAs and the trainer follow along and correct mistakes, if any.
4. Continue this until all trainees have got a chance to fill the Pregnancy Form.
5. Review the forms to see if trainees have filled them in correctly.

Summary (5 minutes)

- Ask trainees to define each of the new terms.
- Ask a trainee to explain the different questions on the Pregnancy Form.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session)

Objective	Assessment Method	Output
Explain the timing of the ASHA visits to the women during pregnancy.	Questions and answers.	--
Define terms listed in the Content Box	Trainees give correct definitions of terms	--
Complete Part 2 of Pregnancy Form correctly.	Review the completed Pregnancy Form- Part 2.	Pregnancy Form Part 2 filled by all ASHAs

Part 2 : Progress and actions in the present pregnancy

7) Screen for the danger signs :

Danger sign	2 nd visit (at the beginning of 8 th month)	3 rd visit (at the beginning of 9 th month)	Advice
	Date (2 months before EDD)	Date (1 month before EDD)	
Swelling on face and/or hands	Yes / No	Yes / No	Go to PHC/ Hospital
Headache and blurred vision	Yes / No	Yes / No	Go to PHC/ Hospital
Convulsion / fits	Yes / No	Yes / No	Go to PHC/ Hospital
Bleeding / spotting	Yes / No	Yes / No	Go to PHC/ Hospital
Foetal movements	Yes / No	Yes / No	Go to PHC/ Hospital
Record if mother has any other illness or problems *	Action taken?	Action taken?	Write the action taken
1. _____	Yes / No	Yes / No	_____
2. _____	Yes / No	Yes / No	_____
3. _____	Yes / No	Yes / No	_____

* : You can refer to your Reading Material on how to manage other illnesses during pregnancy

8) Record the subsequent health education visits during pregnancy by the ASHA

	2 nd visit	3 rd visit
Health Education	Yes / No	Yes / No
Iron-folic tablets given	Yes / No If yes, Number _____	Yes / No If yes, Number _____

9) Ask the mother in which months of pregnancy did she have antenatal check-ups? (circle) 4 5 6 7 8 9

10) Circle the TT injections she received during this pregnancy
None First Second Third

11) Any other special information _____

For supervisor #

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

: Mark Yes if correct action has been taken

For Supervisor : Name _____

First visit to pregnant woman

Date : _____

Any different information :

Is the form complete ? Yes / No

Is the information correct ? Yes / No

Signature :

Second visit to pregnant woman

Date : _____

Any different information :

Is the form complete ? Yes / No

Is the information correct ? Yes / No

Signature :

Swollen face and hands with indentations



Case Presentation

Use the following cases to fill in the Pregnancy Form - Part 2

I.

- 1) Shakuntalabai of village Murza has completed 7 months of pregnancy.
- 2) Her EDD is 12th January.
- 3) You are visiting her 2 months before EDD.
- 4) She has swelling on both hands.
ASHA advised her to go to the hospital.
- 5) She has no headache or blurred vision.
- 6) She has no convulsions / fits.
- 7) She has no bleeding / spotting.
- 8) Foetal movements are normal.
- 9) She has problem of night blindness.
- 10) She has got an ANC checkup in 6th and 7th months.
- 11) She has received one TT injection.

II.

- 1) Meenakshi is 9 months pregnant.
- 2) You are visiting her in the beginning of 9th month.
- 3) She has no swelling on her hands or face.
- 4) She has no bleeding/spotting.
- 5) She has no headache or blurred vision.
- 6) She has no convulsions / fits.
- 7) Foetal movements are good.
- 8) She has fever.
- 9) She has got an ANC checkup done in 8th month.

Trainer to make up two other cases, changing the mother's name, month of pregnancy and different symptoms.

TRAINEES PRACTISE BY FILLING THE PART 2

Remember : If any case presentation does not specifically mention that a woman has a problem (for example a fever or swollen hands), then assume she has no problems.

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 10 : Health problems during pregnancy and referral

Day : 3

Time Required : 1 hour and 15 minutes

Purpose :

To enable the ASHA to understand and recognize the main danger signs and emergencies during pregnancy so as to give appropriate advice to pregnant women, and to encourage them to seek early care should danger signs or emergencies arise. To orient ASHAs for non-emergency referrals.

Objectives :

At the end of the session the ASHA will be able to:

1. Identify the danger signs in pregnant women that need emergency referral.
2. To state the problems which need referral but are not an emergency.
3. To explain the treatment of white discharge with G.V. paint.

Material

- Health education Flip Charts
- Reading Material 1 : Health problems during pregnancy and referral
- Flip charts / Blackboard / white paper
- Markers
- 14 card board Flash cards (size about 1/3 of an A4 sheet); one card prepared for each health problem requiring emergency or non-emergency referral.

Preparation

- Keep enough Flip Charts ready to be able to give one to each ASHA.
- Prepare flash cards in advance and have them ready. Prepare one card for each health problem. Prepare one card for itching/ scabies/ boil with pus on skin.

Training Methods

Discussion : (40 minutes) Health problems during pregnancy

Instructions to trainer:

1. Ask the participants about their experiences of emergencies / danger signs / problems that can arise during pregnancy. Listen to their answers and encourage participation.
2. List the points on the flip chart, and divide the answers into two lists; emergency referral and non-emergency referral.
3. Ask trainees what they think is meant by “emergency referral” and “non-emergency referral”? Listen to the answers, and correct misperceptions. *(Emergency referral means there is immediate danger to the life of the mother and / or baby. The woman has to visit the PHC or hospital that day itself (or, as*

soon as possible).

Non-emergency referral, means the woman needs to visit the PHC / hospital, but it could be the same day or even later. The woman is not at risk of dying, but she should get medical care to reduce her discomfort and / or the chances of her, or her baby being sick in the future)

4. Ask ASHAs to refer to Reading Material 1. Compare this list to the list developed with the help of the trainees. During pregnancy, which health problems are the same as the ones mentioned by the group? Which are the danger signs / problems not mentioned?
5. Trainer goes through each sign on content box below, discussing 'how to recognize' and 'action to be taken' with participants
6. Check if there are any questions and clarify any doubts.
7. Emphasize that pregnant women may show danger signs and can sometimes get very sick and even die if care is not provided immediately.
8. ASHAs should prepare the woman (and her family) to be able to identify danger signs. In addition, ASHAs should identify, with the help of supervisors, the health facility best able to take care of obstetric emergencies. ASHAs should also help the family decide to save a little extra money just in case an emergency arises during pregnancy, delivery or after delivery.

Content Box :

(A) Emergency referral during pregnancy		
Danger signs in women	How to recognize	Action to be taken
Bleeding from vagina	Bleeding - any amount, (bright red bleeding, or clots or tissue)	Refer to FRU/ Distt./ Tertiary Hospital
Loss of foetal movement	Absence of movement, kicking	Refer to FRU/ Distt./ Tertiary Hospital
Headache/dizziness/blurred vision	Severe headache and blurred vision or severe headache and spots before the eyes	Refer to FRU/ Distt./ Tertiary Hospital
Swollen face /hands	Pitting oedema over back of palm	Refer to PHC
Convulsions/fits	Eyes roll, face and limbs twitch, body gets stiff and shakes, fists clinched	Refer to FRU/ Distt./ Tertiary Hospital

(B) Non Emergency referral during pregnancy		
Problem	How to recognize	Action to be taken
Severe anemia	Tongue very pale ,weakness, general swelling on body	Refer to PHC/ Distt./ Tertiary Hospital
Night blindness	Pregnant woman finds it difficult to see at dusk	Refer to ANM or PHC
Fever	Skin warm to touch , Temp.>100° F (37.8° C)	Give Paracetamol tab. If no relief after 48 hours, refer to PHC
Pain/burning when urinating	Frequent urination & urgency, or pain/burning when passing urine	Have mother drink water (about 2 glasses in morning, afternoon and evening. If no relief after 24 hours, refer to PHC
White discharge	Passage of white discharge per vagina, itching in private parts	Teach mother to use gentian violet; placed high in her vagina daily. If no relief after 5 days, refer to PHC
Itching /Scabies /boil with pus on skin	Skin rashes with itching – could be present in other family members as well - Scabies - Presence of pus filled boils	For boils, advise woman to apply hot formentations to the area thrice daily. If no improvement after 2 days, refer to PHC. For scabies, refer to ANM/PHC
Bad obstetric history	Past history of abortion, still birth, neonatal death	Refer to FRU/ Distt./ Tertiary Hospital
Multiple pregnancy	Suspicion / Knowledge	Refer to FRU/ Distt./ Tertiary Hospital
Malpresentation	Suspicion / Knowledge	Refer to FRU/ Distt./ Tertiary Hospital

Flash card game (30 minutes) Reinforce learning of problems during pregnancy

Instructions to trainer:

1. Put the 14 flash cards in a pile.
2. Divide the trainees into two Teams A and B. One trainer will ask questions and the other will keep the score between Team A and Team B.
3. Show one card to the first 'player' in Team A. She will have to state whether the danger sign is for immediate referral or non-immediate referral. If she gets it right, the Team gets 1 point. If she doesn't answer correctly, ask Team B (they are allowed to answer collectively). If they answer correctly they get 1 point.
4. The next player in Team A has to explain how the first danger sign is recognized. If she is correct, the Team gets a point.

-
5. The next player in Team A has to state the action to be taken for the first danger sign. If correct, Team A gets 1 point. If at any point the answer is not correct, the other Team gets the chance to answer, and if judged correct, they receive the point instead.
 6. After the 3 questions have been answered for the first danger sign, turn to Team B, and show their first player another card. Follow the same pattern. If a player does not answer correctly, ask the next Team member the same questions. Repeat this pattern so that both teams together answer 14 cards (for a total of 14 danger signs).
 7. The Team with the most points at the end 'wins'.
 8. At the end of the activity, ask the trainees: "At community level, who all should have the knowledge of the danger signs for women and babies?" Listen to the answers and fill in any gaps as below:
 - ✓ *women*
 - ✓ *family members*
 - ✓ *community members*
 - ✓ *ASHAs*
 - ✓ *TBAs*
 9. Have participants look at the Health Education flipchart cards 7 to 12. Cards 7, 8, 9 are for problems during pregnancy, for which the mother needs to be referred, but these will not be emergency referrals. Cards 10, 11, 12 are for the danger signs which need emergency referrals. These health problems are explained clearly in the flipchart. In future sessions, ASHAs will have the time to practice the use of the flipchart for counseling mothers.
 10. Discuss the treatment for white discharge
 - To treat this, instruct the woman to :
 - Take a cotton ball and soak it with gentian violet paint
 - Swab the inside of vagina with it
 - Throw away the cotton ball
 - Use twice a day: the first time after her bath in the morning, and then again before sleeping
 - Use for 5 days
 - If there is no improvement, refer her to PHC
 - **Caution :**
 - **GV paint stains hands and clothes when wet**
 - **Wait for 2 minutes after applying so that it can dry up**
 - **Keep GV paint away from children**
 - **DO NOT DRINK GV PAINT**

Summary (5 minutes)

- Encourage participants to state danger signs requiring immediate referral, and how these are recognized
- Encourage participants to state health problems for non-emergency referrals, and how these are recognized
- Ask the participants what should be done if any danger sign is observed
- Ask a participant how to treat white discharge with G.V. paint

Evaluation of the session

Objective	Assessment Method	Output
Identify the danger signs in pregnant women that need emergency referrals.	Flash card game/questions and answers	Score on the flash card game for identifying danger signs that need referral
State the problems which need referrals but are not emergencies.	Questions and answers	Score on the flash card game for identifying danger signs that need referral but are not emergencies
Learn the treatment of white discharge in pregnant women with G.V. paint	Questions and answers	--

Health problems during pregnancy and referral

(A) Emergency referral during pregnancy

Danger signs for women	How to recognize	Action to be taken
Bleeding from vagina	Bleeding - any amount, (bright red bleeding, or clots or tissue)	Refer to FRU/ Distt./ Tertiary Hospital
Loss of foetal movement	Absence of movement, kicking	Refer to FRU/ Distt./ Tertiary Hospital
Headache/dizziness/blurred vision	Severe headache and blurred vision or severe headache and spots before the eyes	Refer to FRU/ Distt./ Tertiary Hospital
Swollen face /hands	Pitting oedema over back of palm	Refer to PHC
Convulsions/fits	Eyes roll, face and limbs twitch, body gets stiff and shakes, fists clinched	Refer to FRU/ Distt./ Tertiary Hospital

(B) Non Emergency referral during pregnancy

Problem	How to recognize	Action to be taken
Severe anemia	Tongue very pale ,weakness, general swelling on body	Refer to PHC/ Distt./ Tertiary Hospital
Night blindness	Pregnant woman finds it difficult to see at dusk	Refer to ANM or PHC
Fever	Skin warm to touch , Temp.>100° F (37.8° C)	Give Paracetamol tab. If no relief after 48 hours, refer to PHC
Pain/burning when urinating	Frequent urination & urgency, or pain/burning when passing urine	Have mother drink water (about 2 glasses in morning, afternoon and evening. If no relief after 24 hours, refer to PHC
White discharge	Passage of white discharge per vagina, itching in private parts	Teach mother to use gentian violet; placed high in her vagina daily. If no relief after 5 days, refer to PHC
Itching /Scabies /boil with pus on skin	Skin rashes with itching – could be present in other family members as well - Scabies - Presence of pus filled boils	For boils, advise woman to apply hot formentations to the area thrice daily. If no improvement after 2 days, refer to PHC. For scabies, refer to ANM/PHC
Bad obstetric history	Past history of abortion, still birth, neonatal death	Refer to FRU/ Distt./ Tertiary Hospital
Multiple pregnancy	Suspicion / Knowledge	Refer to FRU/ Distt./ Tertiary Hospital
Malpresentation	Suspicion / Knowledge	Refer to FRU/ Distt./ Tertiary Hospital

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 11 : Counseling cards: Health education during antenatal visits

Day : 3

Time Required: 1 hour

Purpose

To review when the ASHA will be giving health education during the antenatal home visits, and why these messages are important.

Objectives

At the end of the session the ASHA will be able to:

1. Explain when health education is to be given to mothers.
2. Give two reasons why using visual aids with mothers can be useful.
3. Explain which counseling cards will be used at 5, 7, 8 & 9 months and why.

Materials

- Health Education Flipchart with 36 cards (cards 1-21 used during antenatal period)
- Reading Material 1 : Handout for Parents: Measures to be taken by mother before and after baby's birth

Preparation

- Bring enough copies of the Health Education Flipchart to be able to give one to each trainee.
- Ensure availability of adequate copies of Reading Material 1, depending on the number of trainees.

Training Methods

Discussion/Presentation (50 minutes)

Instructions to Trainers :

1. Explain how counseling cards are designed :
 - The Health Education Flipchart contains 36 counseling cards. Cards 1-21 are to be used during pregnancy. Cards 22 - 26 are to be used while counseling for breastfeeding on 2nd day after delivery, Cards 27-30 are to be used for counseling mothers of high risk babies, or if a baby has some problem, Card 31 will be used if the mother has a breastfeeding problem. Cards 32 to 36 are to be used for counseling mothers on 42nd day to explain continued care of baby.
 - There are illustrations on the front to help mothers remember the message and text on the back to remind the ASHA what the messages are.
 - To make it easy to decide which cards are needed when, they are colour coded. Cards in yellow colour are to be used in 5th month at the time of registration, the green ones are to be used in 7th and 9th months, those with blue colour are used on the 2nd day after delivery, the red ones are to be used as and when needed, while the pink ones are used on 42nd day after delivery.

-
2. Explain that the counseling cards have been developed to assist the ASHA in providing health education and counseling support to mothers during pregnancy, delivery, and the postpartum period.
 - Health education is given at 5 months (when registering pregnant women), at the antenatal visit during the 7th month, for specific needs during the visit in the 8th month, revised at the visit during the 9th month, on Day 2 post partum and on 42nd day after delivery .
 - If there is any problem, such as with breastfeeding, or the baby is high risk, or the baby gets cold (hypothermia), an ASHA should use the appropriate cards and counsel as well as give support to the mother. She should start the specific counseling only after she has fully learnt the content.
 3. Explain that **during pregnancy**, health education is given when pregnant women are registered, at 7 months, if needed during the 8th month visit, and are revised at the 9th month visit, whenever there is a problem or if a woman has questions.
 4. Ask the trainees at what times are they supposed to register and visit pregnant women? *Answer:*
 - Women are registered in the 5th month of pregnancy.
 - They are visited during the 7th, 8th and 9th months. Health education using the counseling cards is given during the 5th, 7th and 9th month visits. During the 8th month, the counseling will be 'need specific', depending on the needs of the particular mother (for example if she isn't eating enough, you can reinforce the importance of eating more by using cards, numbered 5 and 6, which pertain to diet).
 5. Explain that today we will discuss the health education advice which should be given when visiting pregnant women.
 6. Ask "Why should we use visual aids when counseling?" Write the answers on a flipchart:
 - help to illustrate what is being said (i.e., reinforces a verbal message)
 - increase understanding
 - hold a person's attention
 - help a person remember the message
 - help to explain sensitive issues
 7. Show the 'antenatal' cards to be used. These are Cards 1-21. Explain that some of the cards are best used in early pregnancy while some are better suited for later in pregnancy. We will review all the cards and discuss when they are best used. **Remember that you should not overload the mother with too much information at any one time.**
 8. Distribute one Health Education Flipchart to each trainee.
 9. Review each antenatal card;
 - Ask what the ASHA is seeing in each illustration.
 - Ask her if they can guess what the message is from the illustration.
 - Discuss the message and ask when the card is to be used.
 - The Content Box below shows a list of the cards used in antenatal care. In some cases, there is an additional explanation for the card.
 10. Explain that we will discuss how best to use these cards in the next session.

Content Box :

Counseling Cards

A) At Registration: 5 months:

Cards 1-9

Care During Pregnancy

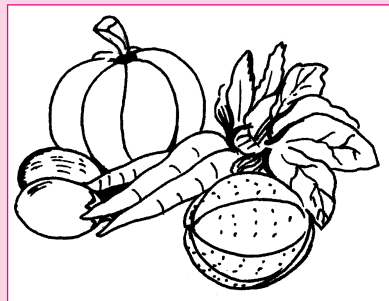
- ✓ 1. Avoid heavy work during pregnancy: Hard work can make the pregnant mother weak and undernourished, which is bad for both the mother and baby. Heavy work should be avoided as much as possible.
- ✓ 2. Tetanus toxoid: Women need at least two injections to stay protected against tetanus during the pregnancy. There has to be a gap of four weeks in between the first and second injections.

Anaemia

- ✓ 3. Anaemia: Most Indian women are anaemic. An anaemic woman feels weak; her skin, nails and tongue are pale. If a mother is anaemic, it is risky for both her and the baby. Anaemic women are particularly vulnerable during childbirth as their bodies cannot tolerate losing even moderate amounts of blood. If an anaemic woman has a problem with bleeding during or after delivery, she may even die because she does not have the 'blood' reserves of a normal healthy woman.
- ✓ 4. Take iron tablets: Pregnant women need to start taking iron pills early in pregnancy to strengthen their blood. Iron pills should not be taken with tea.

Diet During Pregnancy

- ✓ 5. Eat more than usual: Women need to eat more during pregnancy in order to make their baby healthy. Early in the pregnancy, they need to start eating more, and be regularly reminded to eat more than normal later in pregnancy.
- ✓ 6. Diet contents: Include green vegetables, yellow fruits, meat and fish. Eating more helps the mother be strong and ensures the baby is born healthy.



Complaints during Pregnancy

- ✓ 7. Night blindness: Night blindness can happen at any time during pregnancy. This message should be given to the women early and repeated.
- ✓ 8. White discharge: White vaginal discharge during pregnancy can be harmful to the mother and baby. The mother should seek treatment from ASHA or the PHC or doctor.
- ✓ 9. Fever: Fever during pregnancy can harm the baby. A pregnant woman with malaria should take tablets to treat the malaria and thereby protect the baby and herself.

B) 7th Month Visit :

Review cards 1 to 9 (*If mother remembers them, you may not need to show them again.*) Show the following cards in 7th month:

Danger Signs During Pregnancy

- ✓ 10. Swelling of hands or face: During pregnancy this can be dangerous. Go to the hospital immediately.
- ✓ 11. Fits: During pregnancy, this is dangerous for the mother and baby. Go to the hospital immediately.
- ✓ 12. Spotting and bleeding: During pregnancy spotting or bleeding is dangerous. Go to the hospital immediately.

Preparation by TBA and Mother

- ✓ 13. Preparing for birth: It is important for the mother to be prepared for the delivery and to think ahead.
- ✓ 14. Preparation by mother and TBA: TBA needs to prepare for a clean birth; mother should collect baby clothes, as well as a cloth which will be required for keeping the baby warm. Discuss with family members the possibility of referral to hospital should the need arise, and save some money.

Care at birth

- ✓ 15. Opening airway by clearing secretions: The baby has to cry and breathe immediately after delivery. If the baby doesn't cry, the ASHA will use a mucus extractor (Bilta pump) for opening airway by clearing secretions.
- ✓ 16. Giving air to baby with bag and mask: If the baby is still not breathing after clearing the secretions with the mucus extractor, the ASHA will use the bag and mask to pass air into the baby.
- ✓ 17. Vitamin K injection: All newborns, especially those with low birth weight, benefit from Injection Vitamin K soon after birth. Vitamin K helps to fortify blood and strengthen liver.
- ✓ 18. Keeping baby close to mother: Newborn babies get cold quickly which can harm them. The delivery room should be warm, & the baby dried immediately after delivery, and placed close to the mother.
- ✓ 19. Weighing the newborn: It is important to weigh newborn babies. Small babies are at greater risk of getting sick and hence need more care. CHWs will weigh babies four times in the first month. Babies who gain weight are feeding and growing well.
- ✓ 20. Avoid sweetened water: Jaggery water or sugar water given after birth can make the baby sick. If a baby is given jaggery water, it will suckle less at the breast and hence less milk will be produced.
- ✓ 21. Initiate breastfeeding early: Start breastfeeding immediately after birth; it is good for both mother and baby.

C) 9th Month Visit :

Ask if the mother has had any complaints or danger signs. Ask what she has done to prepare for delivery. Prepared baby clothes? Has she got a clean blade and soap for washing hands?

Birth Preparedness: Has she and her family talked about what they would do in case there is an emergency during the delivery? Which hospital would she go to? How would she get there? Is there money available for transport? You can explain that although all is expected to go well, it is important to plan in case there is an emergency during the delivery. If this does occur, getting to the hospital quickly can save lives.

Review cards 10-21.

11. Review any difficulties being faced by ASHAs in getting women to follow their advice. There may be resistance to some of the ideas in the cards, such as starting breastfeeding immediately after delivery. If a mother-in-law says that it is best to wait three days, what should you say? Listen to the answers. There are many ways to deal with this.
(It is not helpful to say she is wrong. You may want to ask why she thinks this way. Then ask if she knows of any babies who have started breastfeeding right after delivery. You may want to tell her about a baby you saw in Gadchiroli, who breastfed right after birth and who is growing really well. Ask if they would be willing to try breastfeeding early and that you will be there to help.)
12. Explain that if the mother remembers the cards which have been shown earlier, they may not need to show these again.
13. Clarify the messages on the cards. Make sure the ASHAs understand these messages, and when to use the cards.
14. Check if there are any questions.
15. Ask ASHAs to refer to Reading Material 1: Handout for Parents. Explain that this sheet should be given to mothers during the 7th month visit. Read the handout to mothers, and also to other family members, if they have time. Make sure they understand all the points because a well-informed mother and family can themselves do a lot to ensure the health and happiness of the newborn.

Summary (10 minutes)

- Ask the ASHAs to explain when health education is given.
- Ask the ASHAs to explain how visual aids are helpful when giving advice and counseling.
- Explain to the ASHAs when the different antenatal cards are to be used.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
Explain when health education is to be given to mothers.	Questions and answers	--
Give two reasons why using visual aids with mothers can be useful.	Questions and answers.	--
Explain which counseling cards will be used at 5, 7, 8 and 9 months and why.	Questions and answers.	--

Measures to be Taken by Mother Before and After Baby's Birth

(Handout for Parents)

You are going to deliver shortly, and this will add a new member to your family. This new baby is more precious to you than any amount of silver or gold. As newborns are very delicate, they get sick rather quickly, sometimes without even crying or making any fuss. Many such babies die during delivery or within one month after delivery.

How to save newborns by making them free from sickness:

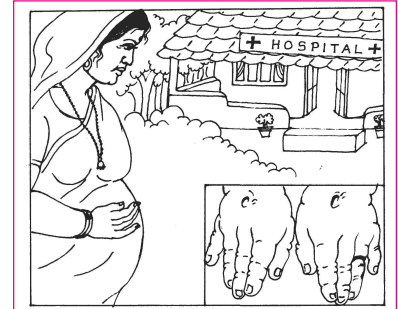
1. During pregnancy, take iron and calcium tablets from the nurse, and swallow them as per her instructions. Taking these tablets fortifies the blood in your body, which gives you the necessary strength.



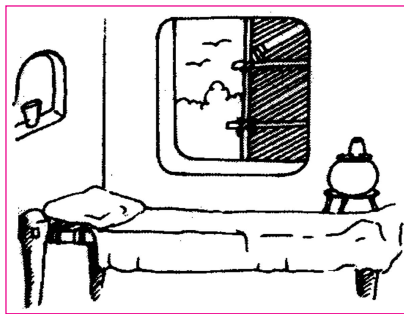
2. During pregnancy, try to eat full, balanced meals. A small life is growing in your womb, so please don't starve it, as this will be a sin.



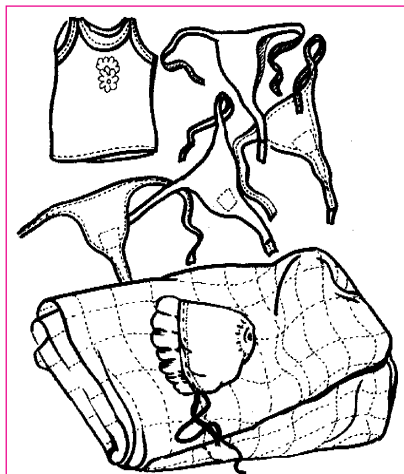
3. If a pregnant mother develops the problem of white discharge, or swelling on hands and face, or suffers from night blindness, go to hospital.



4. The delivery room should be cleaned before the delivery.



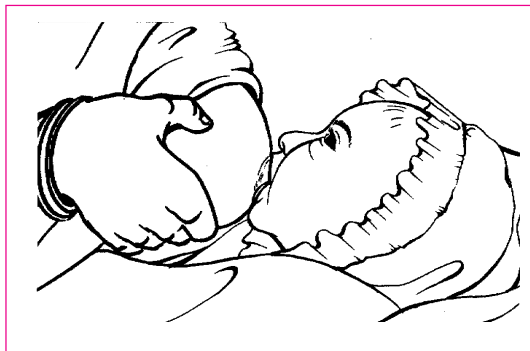
5. Immediately after birth, if the baby remains naked it may become cold. Hence, baby clothes should be kept ready before delivery.



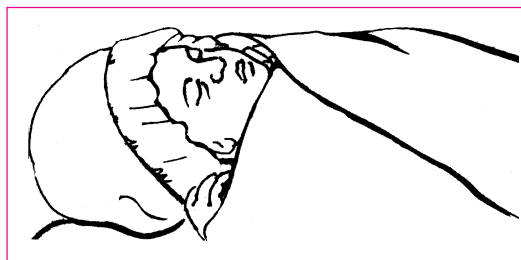
6. Many babies die immediately after birth due to asphyxia. So, do call the ASHA when mild labour pains start. She can manage asphyxiated babies by removing mucus and can give respiration with the help of the instruments she has.



7. Start breastfeeding immediately after the delivery, as this will help in quick delivery of placenta and minimizes bleeding. Starting to breastfeed immediately after birth makes the baby stronger.



8. Chances of baby's death and getting sick are more among the preterm and low birth weight babies. The ASHA in your village will provide a warm bag, a blanket and head cover for such newborns.



**The ASHA in your village can manage many newborn sicknesses.
Call her immediately if baby becomes sick.**

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 12 : Using visual aids in antenatal care

Day : 3

Time Required : 2 hours and 30 minutes

Purpose

To introduce the ASHAs to skills needed to effectively use visual aids.

Objectives

At the end of the session the ASHA will be able to:

1. Explain three ways to use visual aids effectively.
2. Demonstrate effective use of specific 'counseling cards' during antenatal visits.

Materials

- Health Education Flipchart (Cards 1-21)
- Worksheet 1 : Model Role Play Script: Using Counseling Cards
- Worksheet 2 : Assessment Checklist

Preparation

- Instruct the trainees in advance to bring their copies of the Health Education Flipchart.
- Ensure availability of adequate copies of Worksheet 1, depending on the number of trainees and for the use of trainers when they perform the scripted role play. Have enough copies of Worksheet 2 for recording assessment of ASHAs.

Training Methods

Presentation : Using visual aids (15 minutes)

Instructions to Trainers :

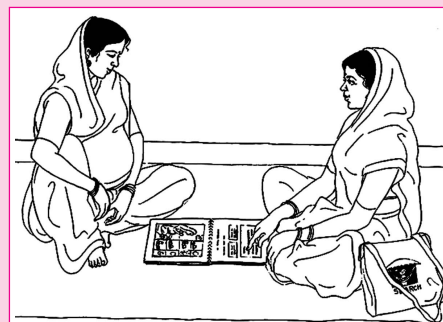
1. Explain how to use the cards: (see Content Box)
 - Use only relevant cards. Explain that health education and the visual aids that go along with it are most effective when they are relevant or specific to the person's needs. For example, if a woman is in early pregnancy, it is less helpful to show her a card on infant care, but more relevant to discuss care during pregnancy (such as taking iron and folic acid tablets, & eating more than normal) and planning for delivery.
 - Do not use too many visual aids at one time as people can't remember too many facts in a short time.
 - Hold cards so mothers can easily see them. Demonstrate how to do this.
 - Involve the mother. Make sure the mother understands what she sees and what you discuss with her; have her explain it back to you. If ASHA does all the talking, the mother may feel inhibited and not comfortable clarifying her doubts.
 - Remember the goal is not to see how much you can tell her, but how much she understands and will do.

- In order to help the mother remember the messages, it is important for the ASHA to keep summarising the messages from time to time. A reminder to summarise can be found on the cards at the end of the main topics, such as on Card 4 (Take iron tablets) - the last card on Antenatal Care, or on Card 6 (Diet Contents) - the last card on Diet During Pregnancy, etc.

Content Box :

Tips For Using Counseling Cards

- Only relevant counseling cards should be used at each visit, specific to the mother's needs.
- Do not use too many visual aids at one time.
- Hold cards (or any other visual aid) so that the mother can see the illustrations clearly.
- Ask the mother what she is seeing. Listen to her answers. It is important to get her involved in the discussion. The goal is for the person to learn new information and to adopt healthy practices, and not about how much the ASHA knows or can recite. There should be a dialogue between the ASHA and the mother. The ASHA should not do all the talking herself, but instead, practice the art of listening.
- On the back of the card is a reminder of the main points; try not to read it but to discuss them with the mother.
- Point to the illustration if you are explaining it or clarifying a question.
- Ask her to tell you what she understands, and will try out.



Model Role Play (15 minutes)

Instructions to Trainers :

1. Perform the Model Role Play Worksheet 1 using the appropriate counseling cards.
2. Discuss. Ask for comments. Clarify any confusion.
3. Distribute the scripted role play so that ASHAs can keep it as a model.

Role Play Practice (40 minutes)

Instructions to Trainers :

1. Divide into groups of three.
2. Have each group perform three role plays: one ANC visit at 5 months (registration), one at 7 months and the third at 9 months. Remind trainees to give the 'mother' complete, relevant information.
3. Have each ASHA play the roles of an ASHA and of the mother, and also to practice as an observer, utilising the checklist. Use the cards indicated for each visit.
4. Have participants discuss each role play; what was good, what could be improved, how the ASHA felt, how the mother felt ? etc.
5. Circulate and observe. Give feedback and praise the ASHAs for their good work.

Assessment (1 hour 15 minutes)

Instructions to Trainers :

1. Have each group perform three role plays in front of the whole group; one at 5 months, one at 7 months and the third at 9 months. Have the trainees take turns playing the ASHA.
2. Assess the individual performance using Worksheet 2 : Assessment checklist.

Summary (5 minutes)

- Ask trainees to explain at least three ways to effectively use the counseling cards.
- Ask trainees to explain why it is important to have a dialogue with the mother and to listen closely to her comments— she should not simply read out the cards.
- Give general feedback on role plays; indicate where trainees require more practice.
- Praise the ASHAs for their good work.

Evaluation of the session (during role plays)

Objective	Assessment Method	Output
Explain three ways to use visual aids effectively.	Questions and answers	--
Demonstrate effective use of specific 'Counseling Cards' during antenatal visits.	Observation of role plays with the help of assessment checklist	Score of each ASHA on the assessment checklist

Model Role Play Script : Using Counseling Cards

Scene: ASHA visits mother at her 7 month visit; her first baby.

- ASHA** : Hello Meera. How are you feeling these days?
- Meera** : I'm ok. I'm getting bigger and it's now difficult to work hard; I get tired easily.
- ASHA** : I'm sorry you're feeling so tired. I'm here to talk to you and make sure you are alright. Do you remember I told you that I would come when you were 7 months pregnant?
- Meera** : Yes, I remember. Time has gone by very quickly. Have a seat.
- ASHA** : Now I would like to talk to you about a few things. Last time we met, when I registered you as pregnant, I showed you some cards. Do you remember them?
- Meera** : Well...I remember the tetanus card; I went to the ANM and got a shot. She also gave me some tablets for my blood. And I have been trying to eat more too.
- ASHA** : Very good. We also discussed your diet. Do you remember what we said?
- Meera** : Yes, that I should try to eat more food, and to eat....ummm
- ASHA** : Here is the card about what to eat. What do you see in the picture?
- Meera** : I see fruits and vegetables, eggs, milk and fish.
- ASHA** : Good. Have you been able to eat more food....and some of these foods?
- Meera** : I am trying. I have an extra helping of vegetables every day.
- ASHA** : Very good! Have you been taking the tablets you received from the ANM?
- Meera** : Not all the time; sometimes I get an upset stomach due to them.
- ASHA** : I'm sorry to hear that. When do you take the tablets?
- Meera** : I usually take them in the morning, before breakfast.
- ASHA** : Meera, I have a suggestion. If you take the tablet with your meal, your stomach may feel better. And if you take the tablets regularly, you will not feel so tired. Will you try that?
- Meera** : Yes, I will.
- ASHA** : *(Reviews the other cards discussed in the 5th month: Complaints during pregnancy, Cards 7, 8 and 9. Then turns to Danger signs during pregnancy, Card 10. Holds it so Meera can see clearly.)* Meera, can you tell me what you see in this card?
- Meera** : Let me see; it looks like her hands and face are swollen...
- ASHA** : That's right. And what do you see here *(turns to Card 11)?*
- Meera** : This one shows a woman having a fit *(points to the illustration)*.
- ASHA** : Very good. What do you see here *(turns to Card 12 - spotting and bleeding)?*
- Meera** : This woman is bleeding.

- ASHA** : Yes. These are some of the complications that can happen during pregnancy. If you have any of these, including some spotting, please call for help or go to the hospital or see a doctor. It's important to go quickly, as these problems can be serious for the baby and yourself. *(ASHA continues showing Cards 13 and 14 - Preparing for Delivery.)* What do you see here?
- Meera** : Let's see...here is a woman, the *dai* (TBA) I think, talking to a mother; there are clothes and cloths ready for the delivery.
- ASHA** : Very good Meera, you're very smart. These are all the things that should be done to prepare for the delivery. You should contact a trained *dai* (TBA), and you should also have soap and a clean blade available to make sure it's a clean birth. That will protect both you and the baby. A clean room and clean clothes for the baby are also important. It is also important to discuss what to do if there is an emergency.
- Sometimes a complication comes up and in order to save the baby and yourself; you have to get to the hospital quickly. If you think in advance about who will take you there and how you will get there, it will save precious time. Will you discuss this with your husband and mother-in-law?
- Meera** : Yes, I will. There is a lot to think about.
- ASHA** : *(To make the role play shorter, stop here. Otherwise continue showing Cards 15 – 21.)* Can you tell me what we talked about and what you will try to do? You can look at the cards to help remind yourself.
- Meera** : Yes, we talked about me taking the iron tablets with my meal....also if I have any problems, like night blindness, white discharge, or burning sensation in urine I should see a doctor....and if I start bleeding or have swelling of hands or face or have a fit, I should go to the hospital immediately.
- ASHA** : Very good. Anything else...what about getting prepared for the delivery?
- Meera** : Yes, I will contact the *dai* (TBA)...and make sure we have soap, a clean blade, clean clothes and a clean room. When will you come again?
- ASHA** : I will come in next month. But if you have a problem or a question, please call for me. Take care. Good-bye.

Assessment Checklist

Using visual aids for health education during antenatal visits

(adapted from Interpersonal Communication Skills Checklist)

Each item gets up to 6 points (15 X 6 = 90) Give up to 10 points for the overall encounter.

(For example: 8 points were given for the overall encounter and the ASHA scored 80 on the 15 questions. 80 + 8 = 88, final score.)

Actions	Name of ASHA =>	Points							
1. Greets the mother appropriately									
2. Explains the purpose of her visit									
3. Asks how she is feeling									
4. Listens (nods her head, keeps eye contact, says "hmmm")									
5. Shows empathy & reflects feelings									
6. Encourages dialogue (asks open ended and probing questions)									
7. Uses appropriate visual aids									
8. Holds them correctly									
9. Asks mother what she is seeing; encourages dialogue									
10. Does not herself speak the whole time nor does she simply read out from the back of the cards									
11. Uses simple and understandable language									
12. Checks for any questions or doubts									
13. Asks the mother to repeat what she has learnt and will now try to do									
14. Summarizes key points									
15. Arranges follow-up									
Out of 10 points for overall performance									
Total points :									

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 13 : Field practice and use of the Pregnancy Form

Day : 4

Time Required : 3 hours and 45 minutes field work; 1 hour and 15 minutes review in session

Purpose

To provide hands-on experience to ASHAs in carrying out surveys to prepare list of women who are eligible to become pregnant, list of pregnant women, and registering and screening during the period of pregnancy.

Objectives

At the end of the session the ASHA will be able to:

1. Demonstrate basic communication skills while talking to community women in their homes.
2. Prepare the 'List of all women in the village who are eligible to become pregnant'.
3. Prepare the 'List of pregnant women'.
4. Demonstrate the basic use of the Pregnancy Form when registering pregnant women and during visits at the beginning of 8th and 9th months.

Materials

Complete set of following records for all trainees:

- Worksheet 1 : 'List of all women in the village who are eligible to become pregnant'
- Worksheet 2 : 'List of pregnant women'
- Worksheet 3 : Pregnancy Form (Parts 1 and 2)
- Communication Guide (Provided in Reading Material) to be used when observing the communication skills of the ASHA during her work in the community)

Preparation

- Trainer informs about the timing of the visit to the community in advance and solicits their cooperation.
- Trainer chooses appropriate homes (at least one home with a pregnant woman) for visits, so that the trainees get practice in using all the forms.
- Trainer organises that no one group again visits a home which has already been visited earlier.

Training Methods

Field Practice (3 hours 45 minutes)

Instructions to Trainers :

1. Divide trainees into groups (of 4-5 per group). Each group to visit five homes.
2. Clearly explain what the trainees are expected to do in the field (training objectives for this session):
 - Interview women using good communication skills.
 - Start working on 'List of all women in the village who are eligible to become pregnant'.
 - Start working on 'List of pregnant women'.
 - Practice working with the Pregnancy Form – registering pregnant women and screening in the beginning of 8th and 9th months.

3. Explain that this field work will be different than that in their home communities because back home they will probably already know all the women.
4. Be sure to be present in the village during the field work to support trainees, if needed, and solve problems which may arise.
5. Ask one trainee to take the lead in interviewing one household (all trainees will get a chance to do so). Other trainees fill in their records based on the woman's responses.

Small Group Discussion : The field work experience (20 minutes)

Instructions to Trainers :

1. Have each group meet separately to discuss their field experience around the following issues:
 - How they felt talking to village women and explaining their role
 - Feedback from trainees in group on how well the interviewer communicated
 - Ability to fill in forms
 - Difficulties faced
2. Choose a person who will report to the larger group.

Large Group Discussion : The field work experience (50 minutes)

Instructions to Trainers :

1. Facilitate a discussion of the whole group.
2. Have each group report the summary of their experience.
3. Lead a discussion focusing on how to solve problems.

Summary (5 minutes)

- Ask the trainees to summarise their field experiences.
- Add to the summary and connect the experiences to the learning objectives.
- Based on experiences in the field, highlight areas that need more attention.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session

Objectives	Assessment Method	Output
Demonstrate basic communication skills while talking to community women in their homes.	Field practice. Observation (using Communication Guide as reference) by fellow trainees during home visits.	--
Prepare the 'List of all women who are eligible to become pregnant'.	Field practice / review of list	Lists of eligible pregnant women prepared by all ASHAs
Prepare the 'List of pregnant women'	Field practice / review of list	Lists of pregnant women prepared by all ASHAs
Demonstrate the basic use of the Pregnancy Form when registering pregnant women and during visits at the beginning of 8 th and 9 th months.	Field practice / review of list	The pregnancy forms filled by all ASHAs

Ask the following questions to all women in family:

1. Age?
2. Are you married?
3. Do you get your monthly periods?
4. If periods have stopped, it is due to pregnancy or old age (menopause)?
5. Do you stay with your husband?
6. Have you been operated upon for family planning?
7. Has your husband been operated upon for family planning?

List of all women in the village who are eligible to become pregnant

Sr. No	Name	Age	Subsequent Changes	Date of recording the name

Note : Visit each home every two months and record changes, if any, with date.

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

[illegible]

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

Pregnancy Form

Part 1 :

First visit : To be made when registering pregnancy (ideally on completion of 4 months or, if the woman comes from outside, soon after her arrival)

1) Date of filling the form _____ 2) Age of mother (years) _____

3) Pregnant woman's name _____ Husband's name _____ Last name _____

4) Ask the pregnant woman about the outcome of each previous pregnancy
(Circle the correct information)

	Pregnancy								
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th
Live birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Abortion	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Still birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Neonatal death	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

5) Record and calculate the following:

LMP _____ EDD _____ Cut-off date for preterm _____ INDE _____

Number of completed months of pregnancy at the time of filling the form _____

6) Actions by ASHA :

- Give 1st health education to the pregnant woman (use flip chart) Given / Not given
- Give 30 iron folic tablets (along with the instructions) for use over one month. Given / Not given
- If history of abortion/ still birth / neonatal death is present, advise mother to go to PHC / Hospital for checkup. Advice given / Not given
- Advise and encourage the pregnant woman to attend the ANC clinic by the ANM /PHC. Advice given / Not given

To be filled by the supervisor	To be filled by the data entry operator
PHC code no.	Form Sr No:
Form Sr No.	

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

(For supervisor : check that the record is complete, and right action has been taken)#

Information
Correct / incorrect

Correct / incorrect

Correct / incorrect

Yes / No

Yes / No

Yes / No

Yes / No

: Mark 'Yes' if necessary and possible action has been taken without any mistake

Part 2 : Progress and actions in the present pregnancy

7) Screen for the danger signs :

Danger sign	2 nd visit (at the beginning of 8 th month)	3 rd visit (at the beginning of 9 th month)	Advice
	Date (2 months before EDD)	Date (1 month before EDD)	
Swelling on face and/ or hands	Yes / No	Yes / No	Go to PHC/ Hospital
Headache and blurred vision	Yes / No	Yes / No	Go to PHC/ Hospital
Convulsion / fits	Yes / No	Yes / No	Go to PHC/ Hospital
Bleeding / spotting	Yes / No	Yes / No	Go to PHC/ Hospital
Foetal movements	Yes / No	Yes / No	Go to PHC/ Hospital
Record if mother has any other illness or problems *	Action taken? Yes / No	Action taken? Yes / No	Write the action taken
1. _____	Yes / No	Yes / No	_____
2. _____	Yes / No	Yes / No	_____
3. _____	Yes / No	Yes / No	_____

* : You can refer to your Reading Material on how to manage other illnesses during pregnancy

8) Record the subsequent health education visits during pregnancy by the ASHA

	2 nd visit	3 rd visit
Health Education	Yes / No	Yes / No
Iron-folic tablets given	Yes / No If yes, Number _____	Yes / No If yes, Number _____

9) Ask the mother in which months of pregnancy did she have antenatal check-ups? (circle) 4 5 6 7 8 9

10) Circle the TT injections she received during this pregnancy
None First Second Third

11) Any other special information _____

For supervisor
#

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

: Mark Yes if
correct action has
been taken

For Supervisor : Name _____

First visit to pregnant woman

Date : _____

Any different information :

Is the form complete ? Yes / No

Is the information correct ? Yes / No

Signature :

Second visit to pregnant woman

Date : _____

Any different information :

Is the form complete ? Yes / No

Is the information correct ? Yes / No

Signature :

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 14 : How the ASHA relates to the Traditional Birth Attendant (TBA)

Day : 4

Time Required : 1 hour and 15 minutes

Purpose

To ensure that ASHAs understand the importance of cooperating with the TBA, to discuss situations that may occur and to practice handling such situations.

Objectives

At the end of the session the ASHA will be able to:

1. Explain the role of the TBA in HBNC (covered earlier but reviewed in this session).
2. Explain how she will talk with the TBA and develop a good working relationship.

Materials

- Training Aid 1: Model Role Play Script: TBA - ASHA Relationship

Preparation

- Ensure availability of adequate copies of Training Aid 1, for the use of trainers when they perform the scripted role play.

Training Methods

Small Group Discussion (15 minutes)

Instructions to Trainers :

1. Divide the trainees into four groups.
2. Have each group conduct a short discussion on:
 - role of the TBA
 - importance of the TBA for HBNC
 - how to develop a good working relationship with the TBA
 - possible problem situations
 - how to handle these problem situations

Large Group Discussion (15 minutes)

Instructions to Trainers :

1. Bring the four groups together.
2. Have one person from each group summarise what was discussed. Use the same five questions to guide the discussion:
 - role of the TBA
 - importance of the TBA to HBNC
 - how to develop a good working relationship with the TBA

- possible problem situations
 - how to handle problem situations
3. Focus on what an ASHA would do if the TBA was not cooperating with her. For example, try talking with the TBA assuring her that ASHA is only there to help with the baby, & they are not in competition, etc. If problems continue, discuss the problem with the supervisor.
 4. Summarise.

Model Role Play by the Trainers and Role Plays by Trainees (40 minutes)

Instructions to Trainers :

1. Perform a role play using Training Aid 1 : Model Role Play Script.
2. Discuss the issues raised afterwards: Did the ASHA handle the problem correctly? What else could have been done? There are several feelings being expressed by the TBA.
3. After the initial performance, read a few sentences of dialogue at a time, pause, and ask what the TBA is feeling? How else can the ASHA respond?
4. Ask trainees to perform role plays to establish relationship with TBA. Provide them the following role play situations:
 - TBA feels that the ASHA is better educated and will take away her job.
 - TBA does not believe in what the ASHA says about her job description.
 - TBA feels that someone who can assist her is essential at the time of delivery.
 - TBA seeks clarifications about the payment to ASHAs.
5. Trainer observes each role play carefully and prepares a record of who participated in the role play as ASHA and who participated as TBA. How the role play was performed? Any specific observations about the TBA and ASHA relationship brought out during the role play.

Summary (5 minutes)

- Ask a trainee to explain the role of the TBA in HBNC.
- Ask a few trainees how they will talk with the TBA and develop a good working relationship.
- Make necessary corrections if any and add missing information.
- Praise the ASHAs for their good work during this session.

Evaluation of the session (during session)

Objectives	Assessment Method	Output
Explain the role of the TBA in HBNC	Questions and answers.	--
Explain how she will talk with the TBA and develop a good working relationship	Role plays by the trainees.	Trainers record and observations

Model Role Play Script : TBA-ASHA Relationship

Total time: 15 minutes (5 minutes acting, 10 minutes discussion)

Introduce the characters and scene to the ASHAs: *The TBA calls the ASHA to the delivery hours after the birth. ASHA visits TBA at her house.*

ASHA : Hello! How are you?

TBA : Why, I had sent a message for you to reach Shanta's house. She delivered the baby today.

ASHA : I know. I rushed to Shanta's house as soon as I got the message – one hour after mid-day, but was told that she had already delivered the baby very early this morning. Don't you think that message was given to me very late?

TBA : What was the use of troubling you at that early hour? After all, I was there and was present right from 2 am, in the dead of night, and left only after the baby was born, after Shanta had settled down.

ASHA : But don't you remember we had agreed that I should be called as soon as the labour starts? I wonder why even Shanta's family didn't call me...

TBA : I myself told them not to collect a crowd unnecessarily. I have been attending deliveries for so many years and haven't required any help from women like you. I hear you are supposed to take care of the baby. So now go ahead and do your job. Why should you interfere with my work?

ASHA : I think that perhaps you misunderstood what I told you. I will not interfere in your work. Presently I am learning my job which is to take care of newborns, and hence, it is important for me to observe the baby right from birth.

TBA : So you actually want an entry under this pretext. Under the garb of helping me, you will slowly start interfering and also claim a share from the money which only I am entitled to get from the family.

ASHA : Please! Please! Rest assured that I will not claim any money from the family. If you want, you are welcome to come with me the next time I visit a pregnant woman. In your presence, I will tell her clearly that no share of the 'TBA' money should come to me.

TBA : Okay, but maybe you will learn the job of delivering children, and village people will thereafter start calling you for deliveries instead of calling me.

ASHA : No, rest assured! I vouch that neither will I interfere in your work nor replace you! The whole point is that we are to work together! You are to manage the delivery and take care of the mother and I am to care of the baby. In Gadchiroli district, when a CHW worked along with the TBA, they were able to really make a difference to how the baby and mother fared.

TBA : Yes, that's true. All right... hmmm... Anyway it'll be good having some help. Meerabai is going to deliver any day now.... I'll call you in time.

ASHA : I'm happy that we can work together to help the women and their newborns in the village.

Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 15 : Qualities of an ideal ASHA

Day : 4

Time Required : 1 hour

Purpose

To increase the ASHA's understanding about having a positive attitude and behavior, as well as thorough knowledge of the role and skills necessary to perform well. The ASHA's attitude toward serving people in the community, her motivation to help, and to learn, are amongst the several qualities that need to be inculcated.

Objectives

At the end of the session the ASHA will be able to:

1. List the qualities an ASHA must possess in order to excel in carrying out her role.
2. Explain why these qualities are important for implementing HBNCC.
3. Demonstrate some of these qualities.

Materials

- Blackboard or white chart paper
- Flip board for display of flipcharts.
- Coloured markers or chalk
- Training Aid 1 : Story to Inspire ASHAs

Preparation

- The trainer should read through the Story to Inspire ASHAs (Training Aid 1) and practice narrating the story with emotion until he or she can do it without having to read it. If the program manager will be telling the story, he must prepare in the same manner.

Training Methods

Story Telling (10 minutes)

Instructions to Trainers :

1. Tell the story given in the Training Aid 1. Make sure not to read the story but to narrate it with emotion.
2. After this, ask the ASHAs what qualities were exhibited by the ASHA in the story. Write these on the blackboard or white paper.

Large Group Discussion (10 minutes)

Instructions to Trainers :

1. Lead a discussion asking: "Imagine that you are a mother in your community. What qualities would you want the ASHA, who is caring for you and your baby, to have?"
2. List on the blackboard all the qualities mentioned that were not already covered in the story telling exercise. Review each quality, delete some, add others, and group some together, until you have a list which is acceptable to everyone.

3. Ask the ASHAs to copy the list in their notebooks. As the training progresses, they will be expected to revisit this list to check how they are maturing as ASHAs. (This list will be referred to in subsequent sessions).
4. Write the qualities on one side of the blackboard, and against each one, the opposite quality (e.g., kind, cruel).

Role Play (30 minutes)

Instructions to Trainers :

1. Ask for two volunteers. Have them perform two role plays; one showing a positive quality, and the other a negative quality.
2. Discuss the role play; make sure the performers also mention how they felt while receiving and giving such attitude / behavior.
3. Time permitting, continue for 2-3 more role plays.
4. Tell ASHAs that these attitudes manifest themselves in our daily behaviour as well. They should learn to be aware of and observe their own behaviour.

Summary (5 minutes)

- Have a trainee name qualities needed for an ASHA to perform her job well.
- Have another trainee explain why these qualities are important to the success of HBNC.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (5 minutes)

Objectives	Assessment Method	Output
List the qualities an ASHA must possess in order to excel in carrying out her role	Observe role plays	Each ASHA has the list of qualities she should possess to carry out her role
Explain why these qualities are important for implementing HBNC; demonstrate some of the qualities.	Role play and Summary discussion.	Trainers prepare a record of observations of the role plays. Specifically mention the qualities which ASHAs had problem in demonstrating through role play

Story to Inspire ASHAs

Meenakshi was a Community Health Worker in her village. She came from a poor family so even though she was good in studies, she couldn't continue her education beyond 9th standard. She had always been a shy girl, but was polite and thoughtful.

When a local NGO began a Home-based Newborn Care Project, they interviewed many girls in her village looking for a CHW. They picked Meenakshi. Meenakshi herself couldn't believe it. At the beginning she didn't have the self-confidence, and wondered if she would really be able to do the job.

Right from the beginning when Meenakshi started visiting women in their homes, something happened to her. She became very interested in the women. She enjoyed talking to them and hearing their stories and discussing their concerns. They liked her too. They appreciated her politeness, and realized that her show of concern came from her heart. What at first was just a chore – visiting every house – became something she looked forward to every 2 months.

After some time, Meenakshi attended a delivery in the middle of the night where the baby had difficulty breathing. Meenakshi cleared the secretions just as she was taught, and the baby gave out a big cry.

In another house she helped a woman who had a very small preterm baby. With Meenakshi's help and patience, the mother learnt how to take care of and feed the little one.

As the months rolled by, Meenakshi felt stronger. The villagers came to respect her. Her self-confidence grew. She knew she still had a lot to learn but she felt she was making a contribution to the health and happiness of families in her community.

Training Workshop 1 : Summary and Planning for work in the community

Day : 4

Time Required : 45 minutes

Purpose

To summarise what was learnt in Training Workshop 1; to explain to ASHAs what they will be required to do in the community after this training, and how their work will be supported and evaluated.

Objective

At the end of the session the ASHA will be able to explain what work she will be doing in the community after this training period.

Materials

- Communication guide (provided in Reading Material)
- 'List of all women in the village who are eligible to become pregnant' record sheet
- 'List of pregnant women' record sheet
- Pregnancy Form
- Flip chart for giving health education

Preparation

- Instruct the trainees in advance to bring to this session their copies of the Communication Guide and the other material listed above.

Training Methods

Instructions to Trainers :

1. Have the ASHAs review the activities an ASHA will be doing in the community during the next month. (making list of women who are eligible to become pregnant, and women who are pregnant, fill the pregnancy form in 5th month of pregnancy, health screening in 8th and 9th months, health education in antenatal period). Health education is given in 5th, 7th and 9th month. If the ASHA observes any problems during pregnancy which she cannot manage, she will refer the woman to hospital / PHC. ASHAs will receive a workbook with 5 copies of pregnancy form which they will fill while working in the village (the workbook has other forms also which she will start filling after the next training workshop).
2. Ask the ASHAs to review what they have learned during this training.
3. Quickly revise with the ASHAs what records they will start maintaining after going back to the village. Answers should include: list of all women who are eligible to become pregnant, list of pregnant women and pregnancy forms. Also ask them what they will carry with them on field visit. Answer should include LMP, EDD, preterm chart, etc.
4. Trainers should ensure that ASHAs carry all the mentioned material when they return to their village. (which includes, register to prepare list of all women in the village who are eligible to become pregnant and list of pregnant women. If any ASHA is working in more than one village, she should have one set of registers for each village, Workbook 1, Reading Material, a bag to carry things on village visits, etc.)

-
5. Ask the ASHAs what material have they received (health education flip chart, LMP-EDD-Preterm chart, a bag to carry material on field visit) during this training workshop. Record the names and quantity of all the material in the space provided in the booklet of reading material and let ASHAs sign these entries.
 6. Add anything that may have been missed out.
 7. Explain that the supervisors will be visiting the ASHA, observing her work, and helping her when needed. A schedule for the supervisor's visits should be arranged with all ASHAs.

Evaluation of the session

Objective	Assessment Method	Output
Explain what work she will be doing in the community after this training period.	Questions and answers.	All the ASHAs have all the registers and forms mentioned in the session, for starting her work in the community

How to Train ASHAs in Home-Based Newborn and Child Care

Training Workshop 2

- Module 3 : Observing Labour and the Newborn at Birth
- Module 4 : First Examination of the Newborn
- Module 5 : Making Home Visits to Newborns and Mothers
- Module 6 : Interpersonal Communication

TIME TABLE
TRAINING WORKSHOP 2 OF ASHA TRAINING
Modules 3, 4 , 5 and 6

Time	Day 1	Day 2	Day 3	Day 4	Day 5
Morning session 0830-1230	Welcome, song (15 min) Module 3: Observing Labour and the Newborn at Birth <u>Session 1:</u> Review of field experience after the Training Workshop 1 (Modules 1 and 2) (1 Hr 45 Min) Tea (15 Min) Module 4: First Examination of the Newborn <u>Session 2:</u> Time recording by using digital wrist watch (1 Hr) <u>Session 3:</u> What happens during labour and birth (1 Hr 10 Min) Lunch (1 Hr) <u>Session 4:</u> Maternal care: Introduction to obstetric emergencies (1 Hr 30 Min) <u>Session 5:</u> Maternal care : Readiness for emergencies (45 Min) Tea (15 Min) <u>Session 6:</u> Labour and birth: Completing the Delivery Form (Items 1 to 8) (1 Hr)	Song and review of previous day (15 Min) <u>Session 7:</u> Observing the baby at 30 seconds and 5 minutes and completing the Delivery Form: (Items 9a to 13) (1 Hr 45 Min) Tea (15 Min) Module 4: First Examination of the Newborn <u>Session 1:</u> Cleanliness and handwashing by the ASHA (1 Hr) <u>Session 2:</u> How to measure the newborn temperature (1 Hr 25 Min) Lunch (1 Hr 30 Min) <u>Session 3:</u> Evaluation of newborn breathing (30 Min) Tea (15 Min) <u>Session 4:</u> How to weigh the newborns (1 Hr 25 Min)	Song and review of previous day (15 Min) <u>Session 4:</u> (continued) How to weigh the newborns (evaluation 1 Hr) <u>Session 5:</u> First Examination of the Newborn : Form Part I (55 Min) Tea (15 Min) <u>Session 6:</u> First Examination of the Newborn :Form Part II (1 Hr 30 Min) Lunch (1 Hr 30 Min) <u>Session 6:</u> (continued) First Examination of the Newborn :Form Part II (case presentation) (1 Hr 35 Min) Module 5 : Making Home Visits to Newborns and Mothers <u>Session 1:</u> Home visits and the Home Visit Form (40 Min) Tea (15 Min) <u>Session 1:</u> (continued) Home visits and the Home Visit Form (1 Hr 10 Min)	Song and review of previous day (15 Min) <u>Session 2:</u> Field visit and fill in the Forms : First examination of the newborn and Home Visit (3 Hr in the field and Review of field visit 45 Min) Lunch (1 Hr 5 Min) <u>Session 3:</u> Case presentation : Evaluating the ability to fill in the Home Visit Form (1 Hr) <u>Session 4:</u> Eye, umbilical cord and skin care (55 Min) Tea (15 Min) Module 6: Interpersonal Communication <u>Session 1:</u> Introduction and components (1 Hr)	Song and review of previous day (15 Min) <u>Session 2:</u> Asking questions (1 Hr 30 Min) <u>Session 3:</u> Listening (1 Hr 25 Min) Tea (15 Min) <u>Session 4 :</u> Sharing health information and advising on care (1 Hr 30 Min) Lunch (1 Hr 15 Min) <u>Session 5:</u> Interpersonal communication: Assessments (1 Hr 30 Min) Tea (15 Min) Training Workshop 2 : Summary and Planning for work in the community (45 Min)
Afternoon session 1330-1730					
Evening	Recapitulation of the Day (15 Min) Games	Recapitulation of the Day (10 Min) Games	Recapitulation of the Day (15 Min) Games	Recapitulation of the Day (15 Min) Games	
Recreation	Screen health education film : Nanhisi Jaan	Discussion on film : Nanhisi Jaan and	Show the film Nanhinisi Jaan again	Discussion: relation with ANM	

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Module 3 : Observing Labour and the Newborn at Birth

Session 1 : Review of field experience after the Training

Workshop 1 (Modules 1 and 2)

Day : 1

Time Required : 1 hour and 45 minutes

Purpose

To provide an opportunity for trainees to discuss their experiences in the field after the first training, and to reflect on the development of their own behaviour while interacting with the community.

To list topics/skills where trainees may have faced difficulty or needed more explanation / practice.

To boost the confidence and morale of ASHAs and prepare them for further learning.

Objectives

At the end of the session the ASHA will be able to:

1. Relate key positive and/or negative experiences during the field work and reflect on their own behaviour.
2. Identify topics or skills where more explanation or practice is needed.
3. Reveal their feelings about learning the new role and skills.
4. Discuss relevant events, experiences during field work : registering pregnant women, interacting with community, mother and TBA.

Materials

- List of the 'Ideal ASHA' which the group compiled during previous training workshop
- Communication Guide (provided in Reading Material - Training Workshop 1).
- List of all women who are eligible to become pregnant.
- List of pregnant women.
- Workbook 1
- ASHA's progress record of work and training in the community filled by supervisor for all the ASHAs, in the field after Training Workshop 1.

Preparation

- Organise a preparatory session with field supervisors and review the ASHA's progress record of work and training in the community of each ASHA. Share and discuss the performance and problems of each ASHA. Thus, the trainer and field supervisors will be thoroughly prepared about the needs of their trainee ASHAs before the training workshop begins.
- Instruct the trainees in advance to bring their copies of the materials given in the previous training workshop, listed above. Ask ASHAs about the problems faced in filling out the 5 pregnancy forms. Were all of them able to fill the forms? If some ASHAs were not able to do so, ask them what the problems were, and try to solve these along with the group. Ask the ASHAs about giving health education during antenatal period and referring pregnant women with danger signs, to hospital. Plan the role plays to be enacted between the trainers and the ASHAs. These role plays should illustrate important field experiences which ASHAs have brought to your notice during the previous month.
- Prepare a role play where one trainer is the ASHA who visits a woman (another trainer) and fills in both parts of the Pregnancy Form.

Training Methods

Role Play/Trainee Presentation/Discussion (1 Hour)

Instructions to Trainers :

1. Have trainees sit in a large circle.
2. Begin with group songs by ASHAs.
3. Enact a role play with an ASHA to illustrate an important field experience which she has brought to your notice during the previous month. There will be two such role plays, each enacted by an ASHA and a trainer. (The role play between the trainers and the ASHAs should be decided in advance. It could be, say, about an experience of working with a TBA, or how an ASHA felt while using the newly learnt communication skills, referring pregnant women to hospital, giving health education to pregnant women. The situation should be selected based on the field experiences of ASHAs).
4. Ask the other ASHAs what were the messages they got with the help of these role plays, & explain when necessary.
5. Encourage each trainee to give a brief 1-3 minute summary of her field experience. This should include:
 - An experience she learned from.
 - How it felt to interact with the community, women, TBAs, ANMs, Anganwadi workers (part time workers appointed by the state government to work in the villages for the nutrition, health and education of pregnant women and children under five years), etc.
 - Positive experiences; difficult or negative experiences.
 - Any topics or skills she wishes to review from Modules 1 and 2.
6. When ASHAs are making presentations, ensure the following:
 - Keep track of time.
 - Clarify doubts, if any.
 - Summarise and point out common feelings/findings.
 - Refer to the post-training evaluation sheets to give more specific information as well as an overview on how the ASHAs performed in the field. If someone needs more support, discuss this with them separately outside the class, and arrange for a time to help them.
 - Discuss with the group those areas which require additional explanations or more practice.

Group Discussion (20 minutes)

Instructions to Trainers :

1. Refer to the Communication Guide (provided in Reading Material - Training Workshop 1) and show that some of the problems experienced can be solved by using these skills.
2. Lead a group discussion on how the trainees felt during the field practice. Were they able to demonstrate ideal communication skills? What problems did they have? How can they do better?
3. Facilitate the discussion; emphasize that learning and using good communication skills is possible through experience and practice. Behavioral change is a process and as the ASHAs become more confident and gain more experience, they will advance towards the 'ideal'.

Assessment (20 minutes)

Instructions to Trainers :

1. Enact a role play where one trainer is the ASHA who visits a woman – enacted by another trainer and fills in the Pregnancy Form for a woman who arrived in the village a week before delivery.

2. Ask trainees to fill in a blank Pregnancy Form as they watch the role play.
3. Collect the forms and review. ASHAs not filling the form correctly should receive extra help during this training.
4. Those ASHAs who had faced difficulty during the month of practice, as noted by the trainer/supervisor during the evaluation visit, should be given additional help.

Summary (5 minutes)

- Review the main tasks learned during the first training workshop (Modules 1 and 2) and the month-long field practice:
 - ✓ Communication skills
 - ✓ Preparing the list of all women in the community who are eligible to become pregnant
 - ✓ Determining LMP and EDD
 - ✓ Preparing the list of pregnant women
 - ✓ Making home visits during pregnancy and completing the Pregnancy Form
 - ✓ Referring pregnant women with danger signs, to hospital.
 - ✓ Giving health education to pregnant women.
- List the topics which require more explanations and/or practice; and decide when this will take place.
- Boost the confidence and morale of trainees. This will help further learning.
- Praise ASHAs for their good work in the field.

Evaluation of the session

Objective	Assessment Method	Output
ASHAs relate key experiences during the field work and reflect on their own behaviour.	Role play, individual presentation and group discussion.	Observations of the trainer and the list of concerns of ASHA
Identify topics or skills where more explanation or practice is needed.	Trainee presentation/ group discussion	The list of topics and skills which ASHAs found difficult to practice in the field, prepared by the trainer
Reveal their feelings about learning the new role and skills	Trainee presentation/ group discussion.	Report about the feelings of ASHA in learning new skills
Discuss relevant events experienced during the field work	Presentation	Record of specific field experiences from which other ASHAs and their trainers can learn

Module 3 : Observing Labour and the Newborn at Birth

Session 2 : Time recording by using digital wrist watch

Day : 1

Time Required : 1 hour

Purpose

To make sure ASHA's know how to read the wrist watch so they can record the time of key events during labour and birth and be able to use this knowledge when managing problems of the newborn.

Objective

At the end of the session the ASHA will be able to use a digital wrist watch to record the time of birth accurately in hours, minutes and seconds.

Materials

- Digital wrist watch for each ASHA
- Worksheet 1 : Practice sheet with clock dials and different times
- Worksheet 2 : Answer sheet for 'simulation' exercise: Determining the Time of Birth

Preparation

- Ensure availability of adequate copies of Worksheet 1 and 2, depending on the number of trainees.

Training Methods

Presentation: Recording Time (10 minutes)

Instructions to Trainers :

1. Use an illustration showing time in hours, minutes and seconds.
2. Ask a trainee what the numbers mean. Explain that the numbers seen on the dial are separated by two dots (:). If you see on the dial 10:15:25. That mean 10 hours, 15 minutes & 25 seconds.
3. Clarify any doubts.
4. Make sure each trainee can read English numerals. (If ASHAs can not read English numerals, teach them these.)
5. For practice examples, put a time on the clock and ask trainees to read the time.

Content Box :

Recording the Time

10 : 15 : 20

In the window you will observe the numbers separated by (:) such dots. The first two numbers indicate hours, next two numbers are minutes and the last two numbers indicate seconds. The time indicates 10 hours, 15 minutes and 20 seconds. The seconds change faster than the minutes and hours. Hence while recording time, first record seconds, then minutes and then record hours.

Examples:

- Suppose the time in the wrist watch is 12 : 00 : 00.
When are 30 seconds up? (Answer: when the clock reads 12 : 00 : 30)
When is a minute up? (Answer: when the clock reads 12 : 01 : 00)
When is a 5 minute up? (Answer: when the watch reads 12 : 05 : 00)

How to record the time of birth: When the complete body of the baby is out of its mother, read the time in seconds, minutes and hours and write it down. (The placenta may come out later on)

Practice and Assessment: Recording Time (15 minutes)**Instructions to Trainers :**

1. Give each trainee a copy of Worksheet 1: the practice sheet, with diagrams of dials showing different times with space provided for writing the time shown below each diagram. There are 10 examples.
2. Ask the trainees to solve each example and write down the answer in the space provided.
3. Ask one trainee to give her answer for the first example.
4. Write this answer as well as the correct answer on the board. Clarify the doubts of those who could not write the correct answers.
5. Move to the next example. Every time ask a different ASHA to give the answer.

Simulation Exercise (15 minutes)**Instructions to Trainers :**

1. In this exercise, the trainers will simulate the birth of a baby, and the trainees will have to write down the time of birth. Give each trainee Worksheet 2. This is an answer sheet numbered from 1-10, with space after each number for writing the answer.
2. Synchronise the watches of the ASHAs with your watch.
3. Make believe a baby was just born and announce 'the baby has been born now'.
4. Have the ASHAs consider the time at which the word 'now' is announced as time of birth. Ask the ASHAs to use their wrist watches and write on the answer sheet the time of birth.
5. Record the answer from your own watch on the answer sheet with you, and this will act as master answer sheet. Tell them to write seconds first, then minutes and then the hour.
6. Discuss each answer before proceeding to the next example; answer questions.
7. Repeat the exercise 10 times.
8. Collect the sheets for evaluation.
9. Clarify any doubts or confusion.

Game: Correctly determining 30 seconds and 5 minutes after birth (15 minutes)**Instructions to Trainers :**

1. State that a baby is born at 10 hrs 20 min 5 Sec. Ask what will be the time after 30 seconds. Ask them to write on a blank sheet. After they have written ask what will be the time 5 minutes after 10 hrs 20 min 5 sec.
2. Similarly give more examples and let them practice determining time 30 sec and 5 min after the birth time.

Summary (5 minutes)

- Ask trainees to describe how to record the time of birth correctly.
- Praise the ASHAs for their good work

Evaluation of the session (during class)

Objective	Assessment Method	Output
Use a digital wrist watch to record the accurate time of birth in hours, minutes and seconds.	Each trainee performs the simulation exercise correctly.	Simulation exercise answer sheets of all ASHAs

Practice Sheet with Clock Dials and Different Times

1.

10 : 10 : 55

Write time :

Hrs ____ Min ____ Sec ____

2.

05 : 40 : 05

Write time :

Hrs ____ Min ____ Sec ____

3.

07 : 20 : 42

Write time :

Hrs ____ Min ____ Sec ____

4.

12 : 10 : 07

Write time :

Hrs ____ Min ____ Sec ____

5.

09 : 18 : 54

Write time :

Hrs ____ Min ____ Sec ____

6.

02 : 44 : 24

Write time :

Hrs ____ Min ____ Sec ____

7.

03 : 55 : 53

Write time :

Hrs ____ Min ____ Sec ____

8.

03 : 14 : 21

Write time :

Hrs ____ Min ____ Sec ____

9.

04 : 25 : 10

Write time :

Hrs ____ Min ____ Sec ____

10.

02 : 28 : 37

Write time :

Hrs ____ Min ____ Sec ____

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Answer Sheet for Simulation Exercise : Determining the Time of Birth

Sr.No.

1.	Hr	Min	Sec
2.	Hr	Min	Sec
3.	Hr	Min	Sec
4.	Hr	Min	Sec
5.	Hr	Min	Sec
6.	Hr	Min	Sec
7.	Hr	Min	Sec
8.	Hr	Min	Sec
9.	Hr	Min	Sec
10.	Hr	Min	Sec

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Module 3 : Observing Labour and the Newborn at Birth

Session 3 : What happens during labour and birth

Day : 1

Time Required : 1 hour and 10 minutes

Purpose

To explain and discuss the process of normal labour. This will help the ASHA in identifying key events during labour and birth, and in completing the 1st part of the Delivery Form accurately. It will lay a foundation for skills to be learned later during training, when it will be important for the ASHA to understand that, what happens during labour affects the baby.

Objectives

At the end of the session the ASHA will be able to:

1. Explain how they will know when labour starts.
2. Explain in general terms what happens during labour and birth.

Material

- Reading Material 1 : Illustrations of pregnancy and the birth process
- Health education film CD : Nanhisi Jaan
- CD player and TV set

Preparation

- Ensure availability of adequate number of copies of Reading Material 1, depending on the number of trainees.

Training Methods

Presentation and Discussion (45 minutes)

Instructions to Trainers :

1. Ask trainees to refer to the Reading Material 1.
2. Explain that the first illustration shows a side view of a woman who is pregnant – full term (likely to deliver soon). The second illustration shows the uterus and the baby inside it. Ask the ASHAs to identify the uterus, the position of the baby, the mouth of the uterus (cervix), membrane of the bag of water, the placenta, and the cord. Clarify any doubts.
3. Explain that most babies are in this position at birth: head first. Sometimes, the baby's bottom or a leg or an arm come first. If this happens, it can be a more difficult (or even impossible) delivery for the mother and the baby. The baby is more at risk if its position is not 'head first'.
4. Ask the ASHAs if they know the signs that real labour is starting. Listen to the answers. Praise correct answers, which should include:
 - Pains are irregular at the beginning but become more regular.
 - Pains start from the back and move to the front.
 - Pains start coming closer together, lasting longer and are stronger (when pains are about five minutes apart, from beginning of one to the beginning of the other, early labour has started).
 - 'Show' appears. This is a sticky jelly mixed with blood which flows out of the vagina.

5. Ask the ASHAs if they can tell you what the pains (or contractions) do? Listen to their answers. Explain that the pains are caused by the muscles in the womb tightening and pulling open the mouth of the womb.
6. Have trainees look at the third illustration, containing (a) a drawing of the side view of a pregnant woman, and seven closer views (b to h) of the baby in the process of delivery. Looking at the (b), point out that the mouth of the womb is almost closed, and is thick. In (c), the mouth is thinner and is opening a 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 bag of waters 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.
7. Have trainees look at the 3rd set of illustrations a to d & the e, f, g and h close-ups. 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. Look at the 4th set of illustrations. These show what you 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 the rest of the body are delivered (f). Once out, the baby will cry. The cord will be connected to the placenta which is still inside the womb (illustration 5(a)). The placenta usually comes out after 15-20 minutes (usually no longer than 30 minutes) (illustration 5(b)).
8. Explain the three stages of labour (see Content Box).

Content Box :

Three Stages of Labour

1st Stage of labour: Starts from the beginning of pains ((a) of the 3rd illustration) until the mouth of the womb is fully open ((d) of the 3rd illustration). This happens inside and cannot be seen. The bag of water also breaks. 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.*

2nd Stage of labour: Contractions push the baby out of the womb: the delivery of the baby (e,f,g,h of the 3rd illustration). *This second stage of labour usually lasts about 1 hour.*

3rd Stage of labour: The contractions cause the placenta to peel off: delivery of the placenta (illustration 5 (a & b)). *This third stage of labour usually lasts about 20 to 30 minutes.*

9. Show the Health Education film CD Nanhisi Jaan for head presentation and delivery of baby (time : 7.34 to 8.24) and delivery of placenta (time : 22.45 to 23.20) to ASHAs.
10. Check for any questions and clarify any confusion, or misconceptions.

Summary (5 minutes)

- Ask a trainee to describe how they will know that labour is starting.
- Ask a trainee to explain what happens in the womb during labour.
- Have a trainee explain the three parts or stages of labour.
- Make corrections if any are required, and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (5 minutes)

Objective	Assessment Method	Output
Explain how they will know when labour starts	Discussion/questions and answers	--
Explain in general terms what happens during labour and birth.	Discussion/questions and answers	--

Illustrations of Pregnancy and the Birth Process

(From *The Childbirth Picture Book* by Fran Hosken and Marca Williams, Women's International Network News)

Pregnant woman full term



Illustration 1

Baby in uterus

(in 9th month of pregnancy)

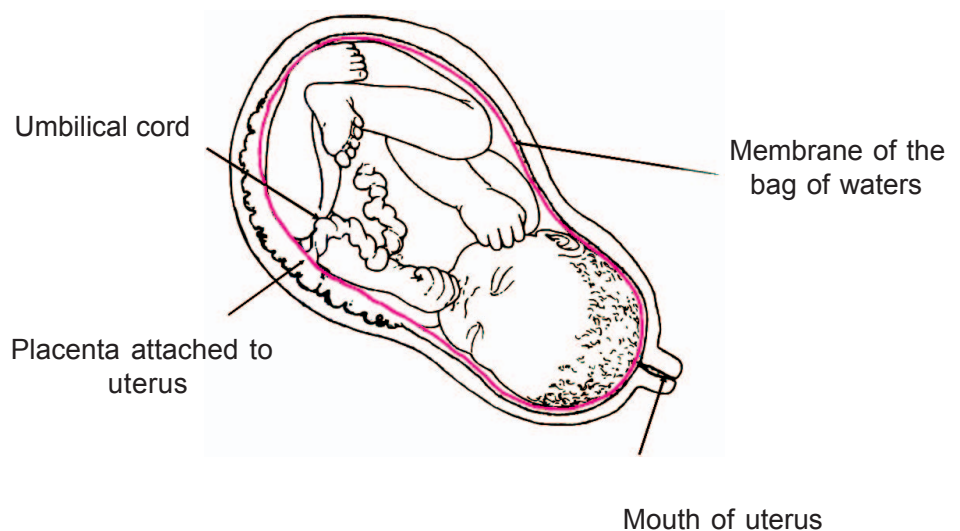


Illustration 2

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

- The third set of illustrations, contains (a) a drawing of the side view of a pregnant woman, and seven closer views (b to h) of the baby in the process of delivery. In illustration (b), the mouth of the womb is almost closed, and is thick. In (c), the mouth is thinner and is opening a 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 bag of waters 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.
- The 3rd set of illustrations shows the second stage of labour. 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.
- The 4th set of illustrations shows what you 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 the rest of the body are delivered (f). Once out, the baby will cry.

Three Stages of Labour

1st Stage of labour: Starts from the beginning of pains ((a) of the 3rd illustration) until the mouth of the womb is fully open ((d) of the 3rd illustration). This happens inside and cannot be seen. The bag of water also breaks. 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.*

2nd Stage of labour: Contractions push the baby out of the womb: the delivery of the baby (e,f,g,h of the 3rd illustration). *This second stage of labour usually lasts about 1 hour.*

3rd Stage of labour: The contractions cause the placenta to peel off: delivery of the placenta (illustration 5 (a & b)). *This third stage of labour usually lasts about 20 to 30 minutes.*

The process of delivery as it occurs inside

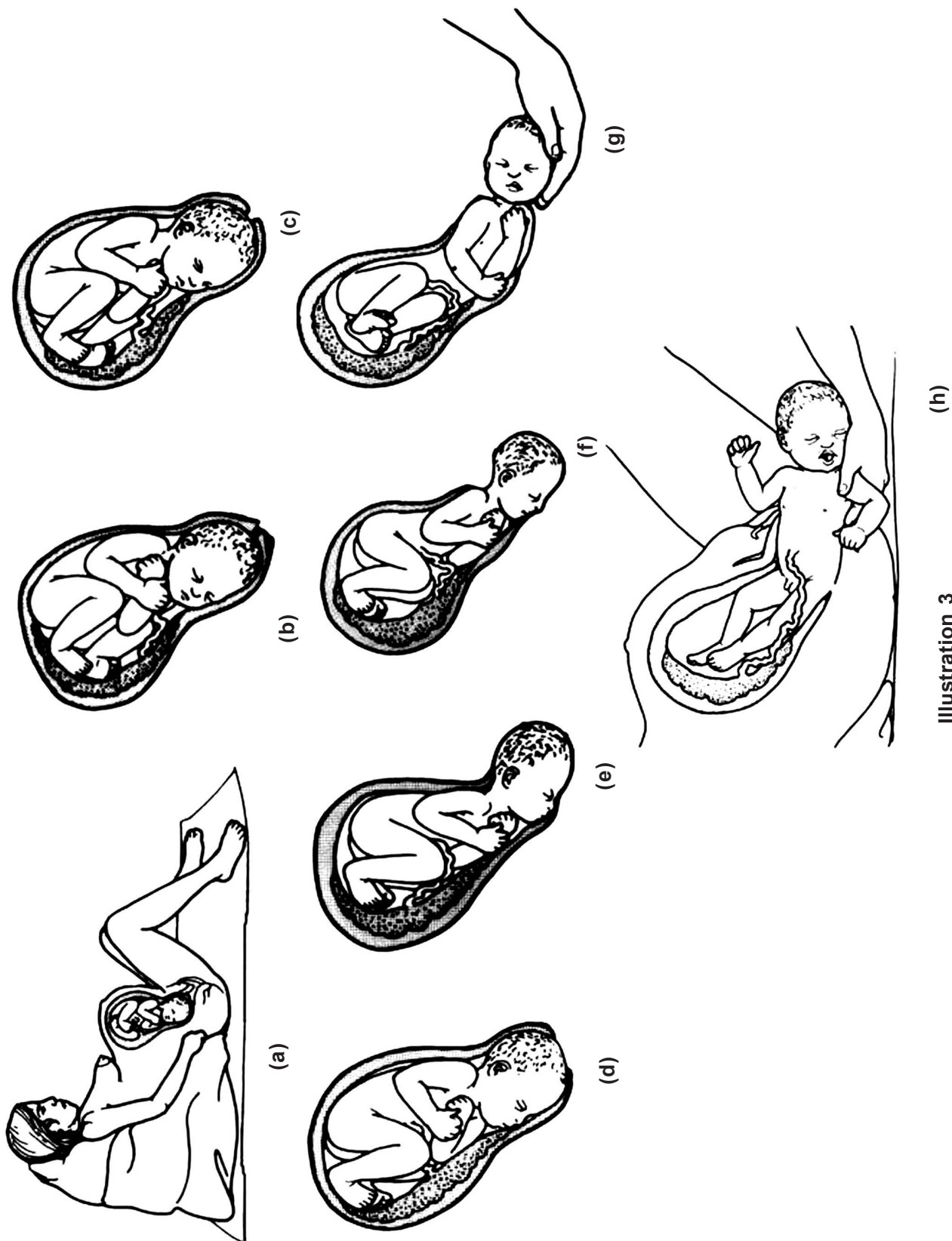


Illustration 3

The process of delivery as you will see from outside

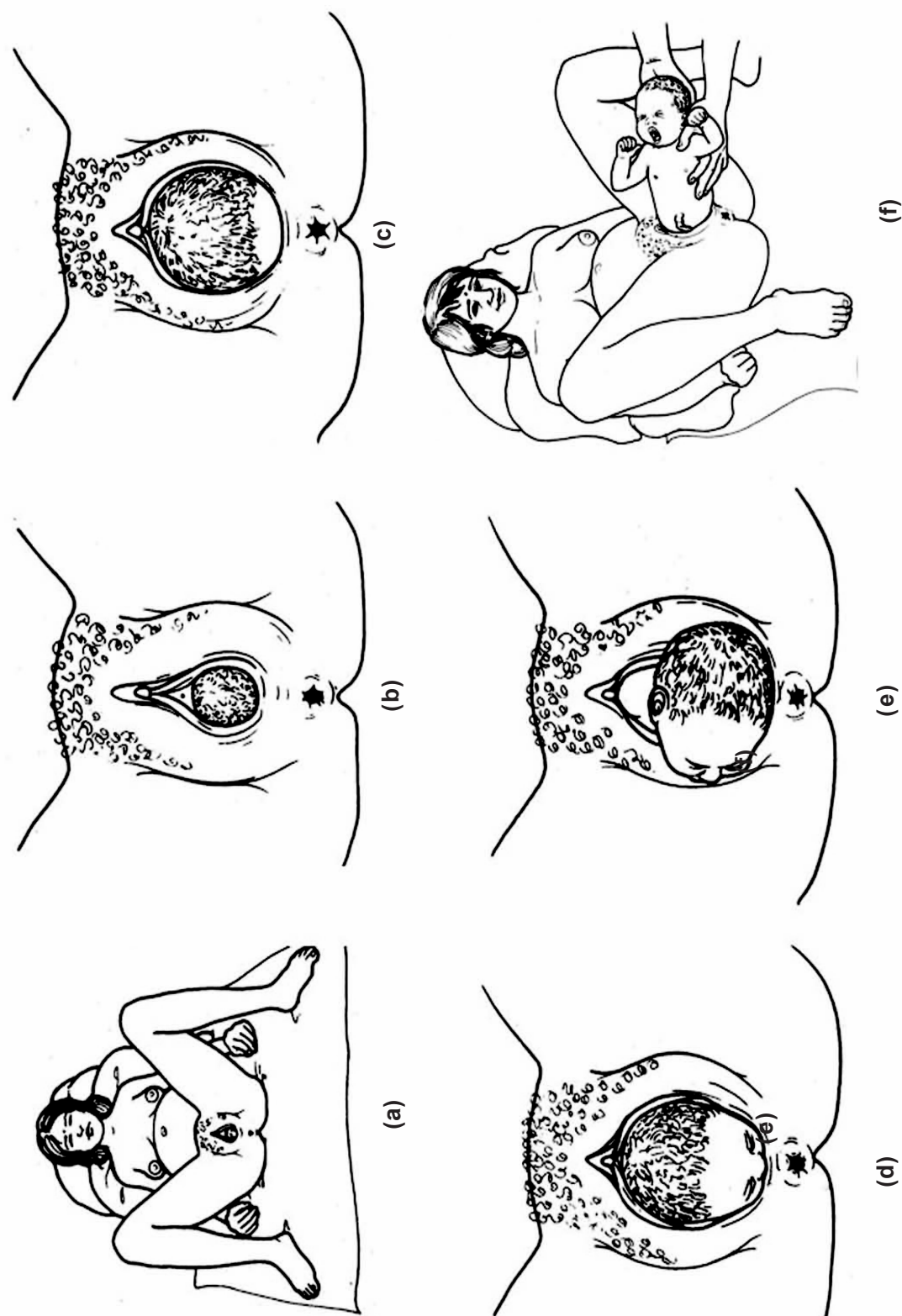
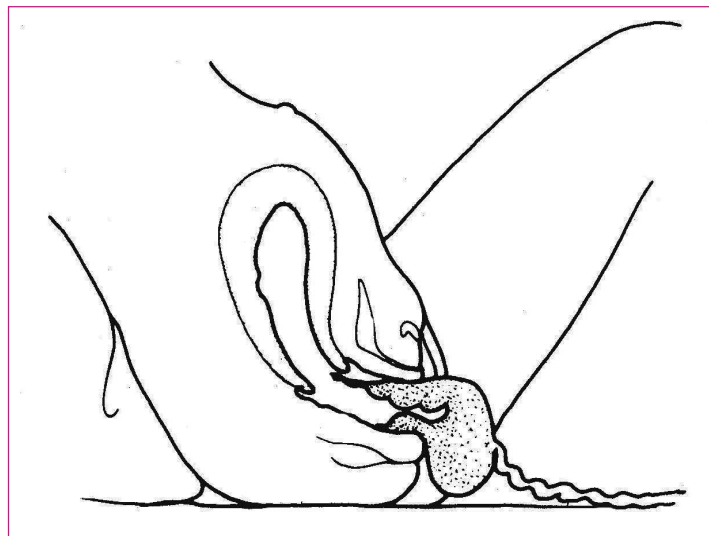


Illustration 4

Delivery of placenta



(a)



(b)

Illustration 5

The cord will be connected to the placenta which is still inside the womb (illustration 5(a)) . The placenta usually comes out after 15-20 minutes (usually no longer than 30 minutes) (illustration 5(b)).

Module 3 : Observing Labour and the Newborn at Birth

Session 4 : Maternal care: Introduction to obstetric emergencies

Day : 1

Time required : 1 hour and 30 minutes

Purpose

To ensure that ASHAs can recognize danger signs and emergencies that could occur during labour & delivery, and immediately after delivery, which may lead to sickness and death of women and / or their newborns. This is vital because ASHA can play an important role in identifying problems and guiding the family to seek proper care in time.

Objectives

At the end of the session the ASHA will be able to:

1. Explain the main danger signs women may develop during labour, delivery, and immediately after delivery that would require referral
2. Explain two underlying (social and / or economic) causes of maternal death
3. Explain what ASHA should do in case an obstetric emergency arises

Materials

- Flip chart paper / Blackboard
- Marker pens, chalk
- Worksheet 1 : Stories of Neeta and Geeta

Preparation

- Trainers need to prepare before telling the story of Neeta and Geeta. Read the story to yourself a few times so it can be told as a story and not read.
- Ensure availability of adequate copies of Worksheet 1, depending on number of trainees.

Training Methods

Presentation and Discussion (40 min)

Danger signs and emergencies during labour, delivery and immediately after delivery

Instructions to trainers:

1. Ask the participants if they have any experience of mothers dying during labour, delivery or immediately after delivery due to an obstetric emergency
2. If yes, listen to the story and write down the cause of death on the blackboard or white paper.
3. Ask participants to name other obstetric emergencies, or danger signs for women during labour and delivery, and the immediate post delivery period. Add these to the list. *Answers should include:*
 - *excessive bleeding at any time*
 - *fits or convulsions*
 - *prolonged labour*
 - *retained placenta*
4. **Excessive bleeding after the baby is delivered** (post partum haemorrhage - PPH) : Ask participants how they would know if there was 'excessive bleeding'? Listen to their answers. Next to

'excessive bleeding' on the list, write the answer. *The definition of excessive bleeding is losing over 500 ml of blood (equal to two glasses of water). A woman with PPH continues to bleed, it will not stop and her womb is soft (after delivery it should be hard like a small melon.) If not treated, a woman will become cold to touch and could die in 2 hours.*

- **Any excessive bleeding, either before the baby is delivered, or more commonly after the baby is out, means the woman needs emergency care immediately.** If this is a home birth and the ASHA is present, she should guide the family in making the decision to move to the hospital and help to arrange transport (as discussed during the home visits during pregnancy).
5. **Fits or convulsions** (also called eclampsia): Ask participants what a fit or convulsion would look like? Listen to the answers. On the list next to fits and convulsions write "*like an epileptic fit, loses consciousness, shakes*". Again assist the family in getting the woman to the nearest equipped hospital.
 6. **Prolonged labour** : Ask how ASHAs will know if labour is prolonged? Ask them to remember the previous session on observing labour, and the usual time for the woman's womb to fully open and complete the first stage of labour. Listen to their answers and praise correct one. (*Labour lasting more than 24 hours, from the beginning of mild labour pains in primie and more than 12 hours for subsequent deliveries*). Write the definition on the board. Ask ASHAs how they will keep track of the length of labour? Listen to the answers. If not mentioned, suggest they ask the mother when pains started. If the mother doesn't know, ask the family or TBA, and note the time down. (This can be in general terms, early morning, morning, mid day, evening, late night etc). The woman should have delivered before that time the next day (If labour started in afternoon, mother should have delivered before next afternoon if she is primie) ; otherwise the labour may be considered as prolonged, and the ASHA should help the family decide to move the mother to the hospital.
 7. **Retained Placenta** : Ask how an ASHA will know if the placenta is retained? Listen to the answers and praise the correct answer (*A placenta is retained if it does not come out within 30 minutes of the delivery*). Suggest that the ASHA write down the exact time of the delivery (hours and minutes). If 30 minutes are added to the time of birth, this is when the placenta should be out. If not, put the baby to the mother's breast. Suckling at the breast stimulates the womb to contract which often helps the placenta to come out. If the placenta has still not come out after 10 minutes of breastfeeding, assist the family in making the decision to move the woman to the hospital for assistance.

Emergencies and danger signs for the newborn at birth

1. Ask participants to name danger signs or emergencies concerning the newborn. Listen to the answers and write them down. The list should include:
 - *Baby's hand, foot, face, shoulder or umbilical cord comes out first rather than its head*
 - *Baby does not breathe or cry at birth (or its cry is weak)*
2. Explain that if **baby's hand, foot, face, shoulder or umbilical cord comes before the head**, if the ASHA is present at delivery, she will be able to see this. She should then assist the family in moving the mother to the hospital immediately.
3. **Does not breathe or cry at delivery (or its cry is weak)** means the baby is asphyxiated. ASHAs will learn how to manage this later in the training. If the ASHA is trained and certified in resuscitation, she should immediately start the procedure.
4. Check if the participants have any questions, and try to provide answers.

Story telling and Discussion (40 min)

1. Tell the story of Neeta. Trainers must prepare before the session by reading the story many times; then tell the story to participants (try not to read it from the paper). After telling the story ask the following questions. After telling the story ask the following questions :
 - Why did Neeta die? Ask for the cause of death as well as the social and economic factors. Listen to the answers and list them on the flipchart (immediate cause: *she was bleeding excessively (PPH) ,then got cold (a sign of shock, when the body is shutting down because of loss of blood. Shock is a sign that death will come soon if emergency medical care is not received immediately)* Social and economic factors : *Neither the TBA nor Neeta recognized the risk, because there was no planning during pregnancy for emergencies, the family was not prepared and took too long to find money and transport etc). Neeta and her husband could have prevented the birth (since they wanted no more children) by using family planning, thus avoiding the risk of death due to postpartum haemorrhage.*
 - Ask if any woman in their villages had this kind of problem? Listen to the stories and analyze them as was done with the previous example.
2. Trainer now tells another story, the story of Geeta. As with the previous story, trainer should prepare beforehand by becoming familiar with the story so they can tell it as a story and not simply read it.

Ask

1. What kind of problem did Geeta have? Listen to the answer and write it on the board or flipchart (*immediate cause: she was bleeding excessively (PPH)*)
2. How was Geeta's life saved? Listen to the answers and write on the flip chart. (*she planned the birth so was happy about it, she attended ANC and learnt about danger signs, she prepared for emergency by saving money, TBA / ASHA and Geeta recognized the bleeding as a danger sign, Geeta quickly told her husband and mother-in-law she had to be transferred, they immediately arranged transport and paid for it with the saved money, the hospital treated her right away, the baby was kept with her. Geeta also is a member of the self-help group and has self-confidence, and a belief in being able to control her life.)*)
3. Display both the lists from the stories of Neeta and Geeta, and distribute Worksheet 1 the stories of Neeta and Geeta. (Save these flip charts for next session).
4. Ask the trainees what made difference? Why did Neeta die and Geeta could be saved? Encourage the participants to discuss the differences between the stories. List main points on flip chart (*Main differences: recognition of danger signs, emergency readiness including saved funds for transport, family understanding need for referral, general differences, Geeta a member of a self-help group, family planning, more self-confidence, and wanting to take control of her life, etc.)*) Trainer should save these lists for use in the next session.
5. Has any woman in your village been saved due to timely help? Listen to the answers and analyse any stories.
6. Ask them what is necessary to save the life of pregnant woman and child?

Summary : (10 min)

- Have participants explain the danger signs in mothers and newborns
- Have each ASHA prepare a list of danger signs in mother that may need referral. Allow 10 minutes time to prepare the list. Collect the lists from ASHAs.
- Congratulate the ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
Explain the main danger signs women may develop during labour, delivery, and immediately after delivery that would require referral	Discussion and questions The lists prepared by ASHAs	The lists prepared by ASHAs about the danger signs in mother that may need referral.
Explain two underlying (social and / or economic) causes of maternal death	Discussion after analysis of Neeta and Geeta stories	--
Explain what ASHA should do in case an obstetric emergency arises	Discussion after story telling	--

Story of Neeta

1. Neeta lived with her husband in a remote village.
2. Her husband was a poor farmer and they did not have much money or land.
3. Neeta had 5 living children of whom 3 were boys. She did not want more children as it was hard managing even the ones she already had. Yet, she became pregnant again. Neeta did not attend ANC. She was also very tired and pale.
4. One morning Neeta woke up and started having labour pains. She called the TBA who came and delivered a little girl. After the delivery, Neeta started bleeding
5. Neither the TBA nor Neeta realized that she was losing too much blood and this could be a life-threatening complication
6. When Neeta became cold, and continued to bleed, they realized they should go to the hospital. It took long time for her family to find money and transport to take Neeta to hospital.
7. By the time they reached the hospital, Neeta was unconscious, and soon afterwards, she died.

Story of Geeta

1. Geeta lived with her husband in a remote village
2. Geeta was pregnant.
3. She was a member of a self – help group
4. She had a little money and her husband owned a small plot of land
5. She used to meet *didi* (ANM / TBA / ASHA) and learnt about family planning from her
6. Geeta and her husband planned to have 2 children. They had learnt from the health worker that too many children could make a woman weak.
7. Geeta and her husband decided it was time to have their first baby. Soon, Geeta happily became pregnant and attended ANC.
8. During the ASHA's home visit, she learnt about danger signs that could occur during pregnancy or delivery, or after delivery (postpartum or postnatal period) and how to plan to move to the hospital quickly. ASHA made a point of including Geeta's husband and mother-in-law in the discussion on possible danger signs and the need to get to the hospital quickly, should they occur.
9. Geeta decided to save some money, to be used in case any emergency or complication arose.
10. One day Geeta woke up and started having labour pains. She called both the TBA and ASHA. A healthy baby girl was delivered. But after the delivery, Geeta started bleeding a lot.
11. The ASHA, TBA, and Geeta herself realized that she was having excessive bleeding.
12. Geeta told her husband and mother-in-law right away. They immediately arranged for transport, using the money Geeta had saved.
13. The family members took Geeta to the hospital, accompanied by ASHA.
14. Geeta arrived at the hospital 15 minutes after the bleeding started. The ASHA ran inside and alerted the staff that an emergency obstetric case had arrived. Geeta received medical attention right away. She was given medicine (oxytocin to contract her uterus or womb), fluids, and a blood transfusion. Soon the bleeding stopped and Geeta was able to breastfeed the baby
15. Geeta and her baby spent the night in the hospital under observation and the next day Geeta felt strong and her family was very happy.

Module 3 : Observing Labour and the Newborn at Birth

Session 5 : Maternal care : Readiness for emergencies

Day : 1

Time Required: 45 minutes

Purpose

To ensure that ASHA knows what is to be done in obstetric emergencies.

Objectives

At the end of the session the ASHA will be able to:

1. Explain two ways that she can help families prepare for obstetric emergencies
2. Explain the three delays and where they happen.
3. State where women from their area should go for obstetric emergencies
4. Explain what she should do immediately to help mothers showing specific danger signs.

Materials

- Blank Flip Charts / Board, Markers, Chalk.
- Flip chart lists from previous session on stories of Neeta and Geeta

Preparation

- Ask participants to have Worksheet 1 from the previous session story of Neeta and Geeta

Training Methods

Discussion (30 min) How an ASHA helps families plan for obstetric emergencies

Instruction for trainers :

1. Ask participants to look at Worksheet 1 from the previous session and to review the stories of Neeta and Geeta.
2. What were the programme inputs that made the difference in the outcomes for Neeta and Geeta? Listen to the answers and list them down. Some of the responses should include:
 - *Geeta attended ANC*
 - *Geeta received health education on danger signs and emergency readiness from the ASHA*
 - *Geeta had saved some extra money to pay for transport just in case there was an emergency*
 - *Geeta's family was included in the emergency readiness discussions*
 - *The danger sign was recognized by ASHA, the TBA, as well as Geeta and her family*
 - *The family moved quickly to arrange transport and move to the hospital*
 - *Geeta was received quickly in the hospital and received necessary medicines which stopped the haemorrhage and saved her life*
 - *Geeta was able to be with her baby and breastfeed her, which also helped to prevent problems in the newborn*
3. Trainer should ask the group when an obstetric emergency can occur? Listen to the answers and appreciate the correct ones. (*Anytime during pregnancy, delivery and post partum*)
4. Explain the **three delays** in seeking care. Delays at any one of these crucial times could mean the difference between life and death of the mother and newborn.

-
- First Delay: in making the decision in the home to seek care
 - Second Delay: in getting to the facility (transport, road conditions, distance, money)
 - Third Delay: not receiving immediate care after reaching the facility.
5. Ask what ASHA does to help the family prepare for emergencies? Listen to the answers and write them on the board or white paper. Link the answers to the 3 delays.

Possible answers include :

- *During pregnancy, the ASHA visits the pregnant mother and discusses danger signs during pregnancy and delivery, (this will help overcome the **first delay**)*
 - *The ASHA, the pregnant mother and the family plan properly and are prepared for any emergency. They should save some money, identify possible modes of transport, and know exactly where to go. This is called Emergency Readiness. It can save the mother and newborn's life. (This will help with the **first and second delays**)*
 - *If the ASHA is present at the delivery, and if mother is also oriented to look out for danger signs, they can jointly recognize the danger signs and quickly decide to seek care (**first delay** can be avoided)*
 - *The ASHA can help the family identify possible modes of transport before delivery (during the emergency readiness discussions) and assist in arranging the actual move at the time of emergency (**second delay** getting to the facility can be avoided)*
 - *The ASHA can go with the family to the hospital and inform the staff quickly that she is coming with an emergency case in order to reduce the waiting time for care at the facility (This will avoid the **third delay**).*
6. Explain that while an emergency can occur anytime during pregnancy, delivery or the post partum period, the time of highest risk is during labour, during delivery, and in the first week after delivery. It is important for the family to be aware of this and be prepared.
7. Ask the trainees to discuss which facility women should be referred to if there is an emergency? The PHC? The referral hospital? Think about your specific area and discuss the reality of the situation. Explain that precious time will be wasted if the woman is taken to a facility that cannot deal with the specific problem.
- If a women is bleeding excessively, she will need a facility that can give medicine (oxytocin and an intravenous fluid) and blood.
 - For obstructed labour, the woman needs a facility that can undertake a caesarian—section (surgery).
 - For fits and convulsions (eclampsia), a facility that has magnesium sulfate (the medicine of choice).

Work with the trainees and supervisors and list out the facilities where pregnant mother should be referred in emergency.

ASHA should :

- Know where to go
- Know how to get there
- Ensure that enough money is ready to cover the cost of transport and care
- Accompany the woman to help her on the way, if required
- In the readiness plan, keep information ready about the nearest referral facility which has emergency services.

Summary (5 min)

- Ask one trainee to state how to handle an emergency
- Ask ASHAs to write on a piece of paper the three delays and where they could happen. Allow 10 minutes time to write. Collect the papers for evaluation.
- Ask another trainee why is it necessary to reach facility in time.

Evaluation of the session

Objective	Assessment Method	Output
Explain two ways in which an ASHA helps families prepare for obstetric emergencies	Questions and answers	--
Explain the three delays and where they could happen	Questions and answers	Each ASHA has written the three delays and where they could happen
State where women from their area should go for obstetric emergencies	Questions and answers	Each ASHA has a list of the facilities where pregnant mother should be referred in emergency.
Explain what the ASHA should do immediately to help mothers with specific danger signs	Questions and answers	

Module 3 : Observing Labour and the Newborn at Birth

Session 6 : Labour and birth: Completing the Delivery Form : (items 1 to 8)

Day : 1

Time Required : 1 hour

Purpose

To enable the ASHA to complete the 1st part (items 1-8) of the Delivery Form during labour and birth.

Objective

At the end of the session the ASHA will be able to :

1. Observe labour and birth and complete the Delivery Form (items 1 to 8).

Materials

- Worksheet 1 : Delivery Form : (items 1-8).
- Training Aid 1 : Case Presentation.

Preparation

- Ensure availability of adequate copies of Worksheet 1, depending on the number of trainees.

Training Methods

Presentation: Delivery Form: (Items 1 to 8) (35 minutes)

Instructions to Trainers :

1. Distribute the Delivery Form to each trainee.
2. Go through each question one by one, up to and including Item 8 ; check if they know what each term means and clarify or explain (as per Content Box) as needed.

Content Box :

Most items of the form are discussed below. Those that simply ask for non-medical information, (such as, “when did ASHA arrive in woman’s home”) are not explained here.

- **Time when the mild labour pain starts:** This refers to the period when mild labour pains start coming at regular intervals (about 5 minutes apart). Women often ignore these pains initially or think they are abdominal cramps. It is important that women notice this onset of pain early and inform the ASHA.
- **Who conducted the delivery?** Circle the category of person who delivered the baby and write name.
- **Part of baby’s body coming out first:** The head is the most common part which emerges first when the baby is being delivered; any other part emerging first is considered **abnormal**. Choices on the form are: head / cord / other. Hand, shoulder, leg, etc., are covered under “other”.
- **Breaking of the Bag of waters (or membrane), and the colour of amniotic fluid :** A bag filled with fluid (also called membrane or *mutondi*¹) surrounds the baby. Normally, the membrane breaks during labour, or just before delivery.

The fluid released when the bag breaks can have different colours; green, red, yellow, or white

¹ mutondi¹ : This is a local term used in Gadchiroli. Trainer should replace this with the local term.

(clear). Mark the colour which appears closest to what you observe. If the fluid is clear there is no problem. If the fluid is thick and green / yellow, clean the mouth cavity of baby with a gauze piece immediately after the head comes out. If the fluid is red or white (clear), it is not written on the form.

- **Time of birth:** The time of birth is when the entire baby comes out of the mother. Write the date and time. Also circle whether it was early morning / morning / afternoon / evening / night. Record the time of birth in hours, minutes and seconds. While recording time first write seconds, then minutes, and finally, hours.
- **Action :** As soon as the baby is out dry the baby, keep it warm and start exclusive breastfeeding. Mention on form whether these actions were performed.

Presentation : Referring the mother during delivery

Instructions to Trainers :

1. Ask the ASHAs to see the items at 2 in the Delivery form. It mentions the condition which calls for an immediate referral during delivery. In such a situation, if immediate medical help is not obtained, it might prove fatal for the mother and the baby. See the content box below.

Content Box :

	Danger sign	Was mother shifted to hospital
1. Delivery does not occur within 24 hrs of the onset of mild labour pain	Yes / No	Yes / No
2. Any part of baby other than head comes out first	Yes / No	Yes / No
3. Mother is having excessive bleeding	Yes / No	Yes / No
4. Placenta is not delivered within 30 min.	Yes / No	Yes / No
5. Mother is unconscious or is getting fits.	Yes / No	Yes / No

2. Record on the form if any of the above 5 conditions were observed during delivery. Also record whether mother was shifted to hospital.

Practice : Filling the Form using Case Presentation (20 minutes)

Instructions to Trainers :

1. Read out the case presentation and have the ASHA record on the Delivery Form.
2. Have each ASHA fill in her copy of the first part (Items 1-8) of the Delivery Form.
3. After 15 minutes, begin a discussion & review to see if the forms have been filled in correctly.
4. Check for problems & clarify doubts, if any.

Summary (5 minutes)

- Have trainees explain: bag of waters, parts of baby coming out first.
- Review how to record time of birth to nearest minute.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during class)

Objective	Assessment Method	Output
Observe labour and birth and complete the Delivery Form : (Items 1 to 8).	Each trainee fills in the Delivery Form correctly based on case presentation	The delivery forms filled by ASHA based on case presentation

Delivery Form

(Fill in the form completely even in the case of a still birth)

1) When did ASHA arrive in woman's home: Date : _____
 Time: Hrs. ____ Min. ____ Early morning/Morning/Afternoon/Evening/Night

2) When did woman's mild labour pain start? Date : _____
 Time: Hrs. ____ Min. ____ Early morning/Morning/Afternoon/Evening/Night

Look for following danger signs and if present shift mother immediately to hospital

	Danger sign	Was mother shifted
1) Delivery does not occur within 24 hrs of onset of mild labour	Yes / No	Yes / No
2) Any part of baby other than head comes out first	Yes / No	Yes / No
3) Mother is having excessive bleeding	Yes / No	Yes / No
4) Placenta is not delivered within 30 min.	Yes / No	Yes / No
5) Mother is unconscious or is getting fits.	Yes / No	Yes / No

3) Who conducted the delivery?
 TBA / Neighbour or family member / Nurse / Doctor
 Name : _____

4) Where was the delivery conducted?
 Name of the village / town : _____
 Home / Sub center / PHC / CHC / District Hospital / Private Hospital

4a) Nature of delivery : Normal / Caesarian

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

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 : _____

8) **Immediate actions :** **Was action taken**
 Dry the baby : Yes / No
 Cover the baby : Yes / No

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

For supervisor #

Correct /Incorrect

Correct /Incorrect

Action taken ?

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Correct /Incorrect

Correct /Incorrect

Correct /Incorrect

Correct /Incorrect

Correct /Incorrect

Yes / No / NA

Correct /Incorrect

: Mark 'Yes' if necessary and possible action has been taken without any mistake

Case Presentation : Fill in the Delivery Form Part 1 (items 1 to 8)

- Shanti is 20 years old and is in labour with her second child.
- She first started feeling labour pains early in the morning today, just at dawn.
- Today is Friday, January 11, 2002.
- At about breakfast time, her family sent for the TBA. The TBA called you, the ASHA, to come to Shanti's house.
- You got there at 11 hours 20 Minutes. Just as you got there, the contractions grew stronger, a gush of water came out. The fluid was thick and green in colour.
- The labour pains got stronger, and by 3 o'clock, the baby's head could be seen at the opening of Shanti's vagina.
- The head came out first, then the rest of the baby. As soon as head came out you cleaned mouth cavity with gauze piece.
- The baby, a girl, was delivered at home at 21 minutes after 3 in the afternoon.
- ASHA dried the baby, kept it warm and initiated exclusive breastfeeding.

Note: Consider the items not mentioned in the case to be normal while filling the Delivery Form

Module 3 : Observing Labour and the Newborn at Birth

Session 7 : Observing the baby at 30 seconds and 5 minutes and completing the Delivery Form: (items 9a to 13)

Day : 2

Time Required : 1 hour and 45 minutes

Purpose

To prepare ASHAs to correctly record observations of the newborn at 30 seconds and 5 minutes, and to complete the Delivery Form : (items 9a to 13).

Objectives

At the end of the session the ASHA will be able to:

1. Record observations of baby's cry, breathing and limb movements, at 30 seconds and 5 minutes.
2. Determine if the newborn is born alive, or is a fresh / macerated stillbirth.
3. Complete the Delivery Form satisfactorily.

Materials

- Reading Material 1 : Stillbirth decision tree
- Digital wrist watch for each ASHA
- Worksheet 1 : Case presentation
- Worksheet 2 : Delivery form (complete)

Preparation

- Obtain and have ready a digital wrist watch for each trainee.
- Ensure availability of adequate number of copies of Reading Material 1 and Worksheet 1 and 2 depending on the number of trainees

Training Methods

Presentation : What to observe at 30 seconds and 5 minutes (25 minutes)

Instructions to Trainers :

1. Review what to observe (as in Content Box).
2. Simulate a weak cry, a forceful cry, gasping, forceful breathing, weak movements, forceful movements, etc. A baby with no cry makes no sound. A baby who is not breathing has no movement in its chest. A baby with no limb movements is limp - the arms and legs are not flexed (limbs are called flexed when knees and elbows are bent and held close to the body).
3. Give at least five case examples and show how to fill in the form: e.g., at 30 seconds, no cry, no breathing, weak limb movement; at 5 minutes weak cry, weak breathing, weak limb movement.
4. Check for questions and clarify doubts, if any.

Content Box :

Observation of Baby after Delivery: What to Observe

- | | | |
|--|-------|--------------------|
| 1) Whether the baby is crying and the description : | _____ | no cry |
| | _____ | weak cry |
| | _____ | forceful cry |
| 2) Whether the baby is breathing and the description: | _____ | not breathing |
| | _____ | gasping |
| | _____ | forceful breathing |
| 3) Whether the baby moves its limbs and the description: | _____ | no movement |
| | _____ | weak movement |
| | _____ | forceful movement |

Practice: How to determine 30 seconds and 5 minutes after delivery (30 minutes)

Instructions to Trainers :

1. Review steps to be taken for recording time of birth and determining 30 seconds and 5 minutes after birth (see Content Box).
2. Lead the group in training practice:
 - Practice first with 30 seconds after 'delivery'. Trainer says 'baby is delivered now' and asks trainees to note the seconds. Trainees will raise their hands when they think 30 seconds have passed. Practice several times.
 - Next practice with 5 minutes after delivery. If the baby was born at 2:24, when is 5 minutes after delivery? (2:29), etc. Repeat with several examples.
 - Practice with 30 seconds and 5 minutes. Trainer states 'baby is born now'. Trainees check their watches and write down the birth time. They raise their hands at 30 seconds and 5 minutes (and write down the time).

Content Box :

Determining 30 Seconds and 5 Minutes After Delivery

- 1) Be ready before the delivery of baby with a watch, pen, and Delivery Form.
- 2) Record the time when the baby is born (i.e., comes out completely) in hours, minutes and seconds. Remember that the seconds are to be recorded first.
- 3) At 30 seconds observe the baby; record the findings on the Delivery Form.
- 4) Five minutes after the recorded time of birth, observe the baby again, and record the findings on the Delivery Form.

Example:

Meera's baby is born at 5 : 31 : 05 in the morning.

- When should the ASHA perform the first observation? (Answer: 30 seconds later, when time will be 5 : 31 : 35)
- When should the ASHA perform the 2nd observation? (Answer: at 5:36:05 in the morning).

Presentation: Additional Questions on the Delivery Form (15 minutes)

Instructions to Trainers :

1. Ask trainees if they remember what a stillbirth is? (covered in previous training workshop) (Answer: if the gestation is more than 6 months and 15 days and the baby is born without breathing, crying

or movement of its limbs.)

2. Ask if any one knows what the difference is between a fresh and macerated stillbirth? (*Answer: a fresh stillbirth baby looks normal; a macerated stillbirth baby has skin peeling off and looks like it's decaying.*)
3. Ask ASHAs to refer to Reading Material 1 the Stillbirth Decision Tree. This is a guide to assist in deciding if a baby is born alive or dead (a stillbirth).
4. Review with trainees; ask for questions.
5. Give some examples and ask if the baby is a stillbirth or born alive.
 - Baby is born at 12:01; after 30 seconds, it is breathing weakly, but neither moving nor crying. At 12:06, the baby is not crying or moving or breathing. Is this a stillbirth? (*No*) Was it born alive? (*Yes*)
 - Baby is born at 8:58 in the evening. At 30 seconds it isn't crying, breathing or moving. At 9:03 it is breathing weakly. Is this a stillbirth (*No*) Is the baby alive? (*Yes*)
 - Baby is born at 11:02 in the morning. It is not crying, breathing or moving at 30 seconds or 5 minutes. It looks normal. Is it alive? (*No*) Is it a fresh or macerated stillbirth? (*Fresh*)
6. Review the new terms in the Content Box and discuss.
7. Record whether the baby (whether alive or stillborn) is male or female.

Content Box :

More Questions

- **Number of babies born :** Sometimes a woman is carrying more than one baby. If 2 babies come out mark '2'. If 3 come out mark '3'.
- **Time when the placenta is out:** When the entire placenta is out, mark down the time in hours and minutes.
- **Special features / comments:** In this space, write down anything of interest. For example, if the placenta came out and there was very heavy bleeding, you would write it here.

Case Presentation/Evaluation (30 minutes)

Instructions to Trainers :

1. Distribute Worksheet 1 and Worksheet 2. Read the Case Presentation aloud to the trainees.
2. Have trainees work individually to fill in Worksheet 2 : the Delivery Form based on the case.
3. Have trainees correct each other's papers.
4. Review the Case Presentation and how the form should be completed in class.
5. Collect the forms to use as evaluation.

Summary (5 minutes)

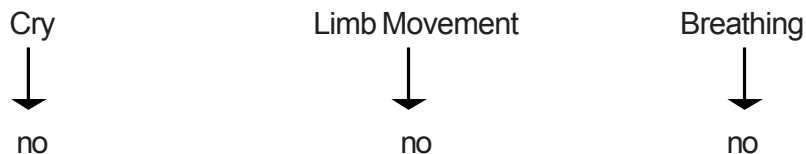
- Ask a trainee to describe what is observed at 30 seconds and 5 minutes after birth.
- Ask another trainee to explain how to determine if a baby is born alive or is a stillbirth.
- Make corrections if any and add missed information.
- Praise the ASHAs for their good work.

Evaluation (during class)

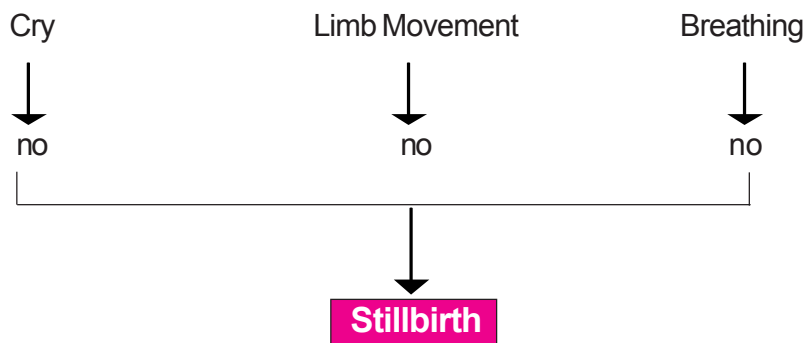
Objective	Assessment Method	Output
Record observations of baby's cry, breathing and limb movements at 30 seconds and 5 minutes.	Case examples Practice in determining correct time of observations.	--
Determine if the newborn is born alive or is a fresh / macerated stillbirth	Practice with examples (cases).	--
Complete the Delivery Form satisfactorily.	Each trainee completes the Delivery Form correctly based on case presentations.	Delivery forms filled by ASHAs

Stillbirth Decision Tree

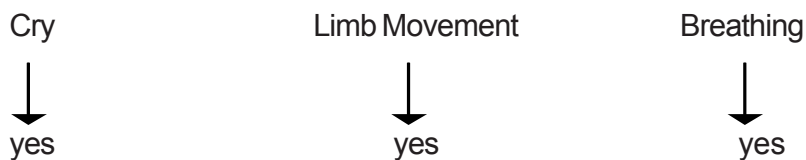
Examination at 30 seconds¹



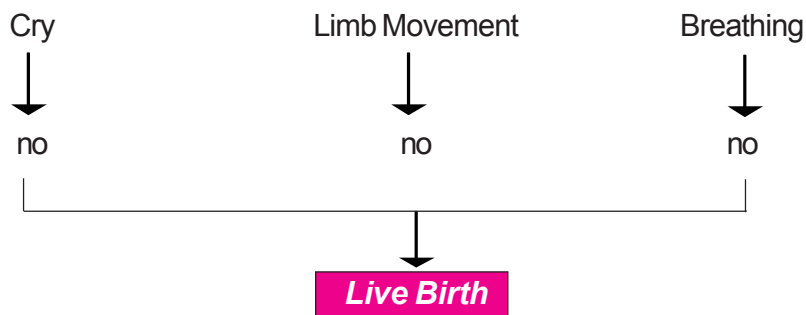
Examination at 5 minutes



Examination at 30 seconds¹



Examination at 5 minutes



¹ Only one 'Yes' at 30 seconds is needed for the baby to be considered a live birth. For example, if the baby was breathing but not crying and not moving at 30 seconds and at 5 minutes there was no breathing, no movement and no cry, the baby is considered to be live birth.

Case Presentation : Filling the Delivery Form

The TBA called you to the delivery of Geeta. It was Sunday 10th December 2003. You got there at 3:00 in the morning.

- Geeta said she had started having pains when the sun went down.
- She did not go to the hospital, but by midnight, she sent for the TBA.
- By the time you got there, she was in strong labour and the baby was almost coming out.
- All of a sudden the bag of water broke.
- The colour was clear.
- The baby's head was showing.
- The baby was born at 5 : 06 : 15.
- You observed the baby (at 30 seconds).
- It had a weak cry. It was breathing well, and its arms and legs were moving forcefully.
- You dried the baby, kept it warm and asked mother to initiate breastfeeding.
- At 5 : 11 (5 minutes after delivery) you checked the baby again. This time the cry was strong, the breathing strong, and the limbs were moving strongly. This was a normal baby.
- Geeta had heard it was good to breastfeed early so she started to breastfeed.
- The placenta came out at 5 : 20. Geeta was feeding the baby well as the TBA cleaned up.

Note: Remember if a point has not been mentioned in the case, consider it to be “normal” while filling the form.

Delivery Form

(Fill in the form completely even in the case of a still birth)

1) When did ASHA arrive in woman's home: Date : _____
 Time: Hrs. ____ Min. ____ Early morning/Morning/Afternoon/Evening/Night

2) When did woman's mild labour pain start? Date : _____
 Time: Hrs. ____ Min. ____ Early morning/Morning/Afternoon/Evening/Night

Look for following danger signs and if present shift mother immediately to hospital

	Danger sign	Was mother shifted
1) Delivery does not occur within 24 hrs of onset of mild labour	Yes / No	Yes / No
2) Any part of baby other than head comes out first	Yes / No	Yes / No
3) Mother is having excessive bleeding	Yes / No	Yes / No
4) Placenta is not delivered within 30 min.	Yes / No	Yes / No
5) Mother is unconscious or is getting fits.	Yes / No	Yes / No

3) Who conducted the delivery?
 TBA / Neighbour or family member / Nurse / Doctor
 Name : _____

4) Where was the delivery conducted?
 Name of the village / town : _____
 Home / Sub center / PHC / CHC / District Hospital / Private Hospital

4a) Nature of delivery : Normal / Caesarian

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

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 the trainer : _____	Total score : _____
Block : _____	

For supervisor #

Correct /Incorrect

Correct /Incorrect

Action taken ?

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No / NA

Correct /Incorrect

Correct /Incorrect

Correct /Incorrect

Correct /Incorrect

Correct /Incorrect

Yes / No / NA

Correct /Incorrect

: Mark 'Yes' if necessary and possible action has been taken without any mistake

8) Immediate actions :

Was action taken

Dry the baby : Yes / No

Cover the baby : Yes / No

For supervisor #

Yes / No / NA

Yes / No / NA

9 - a) Observe the baby at birth :

	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

Was AHSA present when baby came out?

Yes / No / NA

Correct / Incorrect

9 - b) Diagnosis – Normal / Still birth

Correct / Incorrect

9 - c) If still birth - Fresh / Macerated

Correct / Incorrect

10) Sex of child - Male / Female

11) Number of babies born : 1 / 2 / 3

12) Actions :

Give the mother something to drink immediately after delivery.

Yes / No

Yes / No / NA

13) Time at which placenta came out fully ? Hrs _____ Min _____

Correct / Incorrect

Immediate breast feeding reduces mother's bleeding and helps to quicken delivery of placenta

14) Actions :

Cover the baby

: Yes / No

Yes / No / NA

Keep close to mother

: Yes / No

Yes / No / NA

Early exclusive breast feeding

: Yes / No

Yes / No / NA

15) Special features/Comments/ Observations if any

Other information

: Mark 'Yes' if necessary and possible action has been taken without any mistake

For Supervisor

Form checked by : Name _____ Date _____

Ask TBA and the mother each of the questions specified in the form and if the information obtained is different then record it below.

Information obtained from TBA

Information obtained from mother

Was the ASHA present with mother when the baby came out?

Yes / No

If "No", mention the reason for not attending

Whether the form has been filled by ASHA completely and correctly?

Yes / No

Signature: _____

Module 4 : First Examination of the Newborn

Session 1 : Cleanliness and handwashing by the ASHA

Day : 2

Time Required : 1 hour

Purpose

To emphasise the importance of correct handwashing and provide an opportunity for ASHAs to practice under supervision according to set criteria (handwashing checklist).

Objectives

At the end of the session the ASHA will be able to:

1. Explain why it is important to wash hands with soap and water.
2. Prepare list of occasions when handwashing should be done.
3. Wash hands as indicated in the handwashing checklist.
4. Explain two cleanliness habits ASHAs should follow.

Materials

- Water
- Soap
- Brush (optional)
- Bucket
- Mug
- White Basin
- Reading Material 1 and Worksheet 1 : Handwashing Checklist

Preparation

- Ensure availability of adequate copies of Reading Material 1 depending on the number of trainees.
- Gather all the material listed above and keep them ready for demonstration and practice.
You will need one set of materials (soap, bucket with water, mug, and basin) for each small group for the Practice activity (3-4 sets).

Training Methods

Demonstration (15 minutes)

Instructions to Trainers :

1. Explain why correct handwashing is important (see Content Box).
2. Demonstrate that even apparently clean hands actually carry dirt. Have one trainee rinse her hands with water in the white basin. Even with apparently clean hands, some dirt and dust will be seen in the white basin. ASHAs should understand that people could get sick when their hands are dirty.

Content Box :

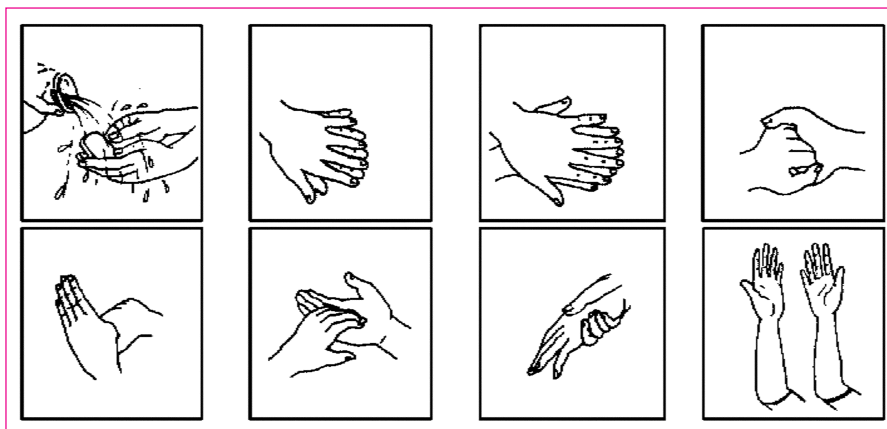
- **Importance of handwashing:** One of the most effective ways to limit the illnesses from infection is through correct and frequent handwashing.
- **When to wash hands:** Hands should be washed thoroughly after using the toilet, before preparing food, and before touching a newborn or young baby. This means that when you visit a home to check a baby, you must wash your hands before touching the baby.
- **Why dry with hands up and elbow down?** This way the germs and water drip to the elbow leaving the hands and fingers cleaner. Air drying is best since even a clean looking cloth may have germs on it.

3. Ask ASHAs to refer to the Handwashing Checklist in the Reading Material 1.
4. Show how to rinse hands with an assistant and also without one:
 - With assistant: Assistant pours water over hands with arms in 'drying position' (hands up and elbows facing the ground).
 - Without assistant: dip hands in a shallow basin and immediately lift hands into 'drying position' (hands up and elbows facing the ground).
5. Mention that in the rainy season, the ASHA can stand close to a chulha (a stove) to dry hands faster.
6. Demonstrate correct handwashing; as you perform, read out each step aloud.
7. Let hands air dry (this could take up to five minutes).
8. Use the checklist while observing and evaluating trainees during handwashing. Trainees should use the checklist when practicing or observing others.

Content Box :

Handwashing Checklist

1. Remove bangles and wristwatch before handwashing.
2. Wet hands and arms up to the elbow with clean water.
3. Apply soap and scrub forearms, hands and fingers (especially nails) thoroughly.
4. Rinse with clean water.
5. Air-dry with hands up and elbows facing the ground.
6. Do not touch the ground, floor, or dirty objects after washing your hands.



Practice/Assessment (35 minutes)

Instructions to Trainers :

1. Divide the group into 3 or 4 smaller groups, each with water and a bucket, basin, mug, and soap.
2. Have each trainee practice washing her hands as her team members read the points in the checklist.
The trainer should demonstrate washing hands without an assistant.
3. Move around the room. Observe and help wherever needed.

ASHA Cleanliness Habit

- ✓ When you are leaving your home for visiting the newborn, make yourself clean and tidy.
- ✓ Do not visit newborns if you are ill (cough, cold, fever, diarrhoea, or skin infection).
- ✓ Cover your mouth if you have to cough or sneeze. Cold germs are carried by droplets from our nose and mouth (when we sneeze or cough) and they travel in the air or are passed through our hands.
- ✓ Always wash hands after using the toilet, before preparing food, and before touching a newborn or young baby.
- ✓ Wash hands more frequently if you have a cough or cold, especially after blowing the nose.
- ✓ Do not touch the ground, floor, or dirty objects after washing your hands.

Summary (10 minutes)

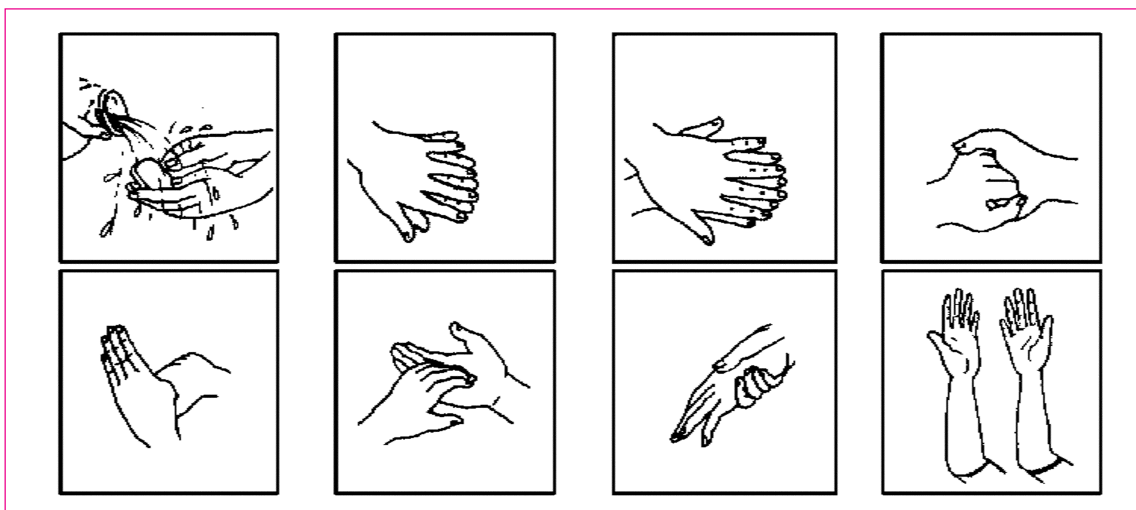
- Ask ASHAs to write on a piece of paper - 'WHEN' the ASHA should wash her hands. Collect all the papers to check understanding of ASHAs.
- Ask a trainee to explain 'WHAT' cleanliness habits the ASHA should follow.
- Ask a trainee to volunteer to demonstrate 'HOW' to wash hands according to the checklist.
- Make corrections if any and add missed information.
- Congratulate the ASHAs for their good work

Evaluation of the session (during practice session)

Objective	Assessment Method	Output
Explain why it is important to wash hands with soap and water.	Discussion.	--
Prepare list of occasions when handwashing should be done.	Trainees prepare a list of occasions when handwashing should be done.	Trainers save these lists for evaluation
Wash hands according to the handwashing checklist	Each trainee is observed while washing her hands. Trainers score each trainee using the handwashing checklist	Score of each trainee on demonstrating the skill of handwashing
Explain two cleanliness habits which ASHAs should follow	Questions and answers.	--

Handwashing Checklist

Check list	Number of Practices										
	1	2	3	4	5	6	7	8	9	10	11
1) Remove bangles and wristwatch.											
2) Wet hands and forearms up to elbow with clean water.											
3) Apply soap and scrub forearms, hands and fingers, (especially nails), thoroughly.											
4) Rinse with clean water.											
5) Air-dry with hands up and elbow facing the ground.											
6) Do not touch with your hands the ground, floor, or dirty objects after washing your hands.											



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

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

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

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

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Module 4 : First Examination of the Newborn

Session 2 : How to measure the newborn temperature

Day : 2

Time Required : 1 hour and 25 minutes

Purpose

To prepare ASHAs to use digital thermometers for measuring a newborn's temperature.

Objective

At the end of the session the ASHA will be able to:

1. Use a digital thermometer to determine a newborn's temperature correctly.

Materials

- Digital Fahrenheit/ Centigrade thermometers.
- Babies or young children, if possible
- Reading Material 1 and Worksheet 1 : Skills Checklist - Measuring Temperature

Preparation

- Try to arrange for a baby or a young child for this session.
- Have enough thermometers available to enable you to give one to each ASHA.
- Ensure availability of adequate copies of Reading Material 1 and Worksheet 1 depending on the number of trainees.

Training Methods

Presentation: Explain thermometer scale (15 minutes)

Instructions to Trainers :

1. Ask if the trainees are familiar with the two different temperature scales: Fahrenheit and Centigrade. Listen to their answers. Which one are they familiar with? Tell them that in this curriculum, we will be using the Fahrenheit scale. Discuss.
2. Explain the Fahrenheit scale: 32° F (0° C)= ice (freezing), 212° F (100° C)= boiling water, 98.6° F (37° C)= human body (newborns).
3. Draw the thermometer scale on the blackboard-from 96° F (35.6° C) - 104° F (40° C) with 9 marks between each number to denote 1/10 of a degree. (see content box)
4. Explain the range of thermometer, usually 91° F (32.8° C) - 105° F (40.6° C).
5. Ask if anyone can tell at what temperature a person has fever?

Content Box :

Fahrenheit Scale

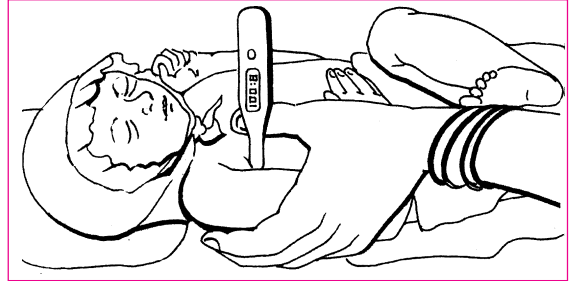
96.....97.....98.....99.....100.....101.....102.....103.....104...

- Each dot represents 1/10th of a degree.
- 97.0° F (36.1° C) to 98.6° F (37.0° C) is considered 'normal'.
- Temperature above 99.0° F (37.2° C) (newborns/children) and 100° F (37.8° C) in adults is considered 'fever' for the purpose of treatment.
- The digital thermometer will display the temperature in the window e.g., 98.2 or 101.8 etc.

Demonstration (20 minutes)

Instructions to Trainers :

1. Distribute the thermometers. This thermometer is used only in the armpit (axilla) not the mouth or rectum.
2. Point out the parts of the thermometer including the 'tip' end, which is placed in the armpit (axilla and NOT in the mouth or rectum) and also the display.
3. Ask ASHAs to refer to the Skills Checklist : Measuring Temperature, Reading Material 1.
4. Read each of the checklist steps out loud. Ensure that trainees are following along in their copy.



Content Box :

Skills Checklist : Measuring Temperature

1. Take the thermometer out of its storage case, hold at broad end and clean the shining tip of the thermometer with a cotton ball soaked in spirit.
 2. Press the pink button once to turn the thermometer on. You will see "188.8" flash in the center of the display window. For 3 seconds, the thermometer will then show the last temperature taken and then three dashes like this - - - and a flashing "F" in the upper right corner.
 3. Place the thermometer upward and place the shining tip in the center 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 measuring the temperature. It usually takes 4 minutes for the thermometer to reach the body temperature. When you hear 3 short beeps, look at the display. If "F" is flashing and numbers are changing, leave the thermometer in place. When "F" stops flashing and the numbers stop changing, remove the thermometer.
 5. Read the number in the display window.
 6. On the form, record the temperature reading.
 7. Turn the thermometer off by pushing the pink button once.
 8. Clean the shining tip of the thermometer with a cotton ball soaked in spirit (alcohol).
 9. Place thermometer back in its storage case.
5. Mention that the battery in the thermometer should last three years. If they see this in the display window on the top of the thermometer it means that the battery is dead and needs to be replaced. They should inform the supervisor. If you use another type of thermometer, show the ASHAs how to check if the battery is dead.
- 
6. Explain each step and answer questions., if any.
7. Ask for a volunteer; it is preferable if a baby or young child is used for a demonstration.
8. Take a volunteer's temperature following the checklist steps. Read the step out loud as you perform each step.
9. Have trainees follow the checklist along with you. In summers, the thermometer takes the atmospheric temperature and may show 99° + temperature in the afternoons when the pink button is pressed. To see the three lines in the display window, place the tip in cold water. In winter the thermometer may fail to record any temperature; then it may be necessary to rub the tip gently.

Practice and Evaluation (45 minutes)

Instructions to Trainers :

1. Divide the group in pairs.
2. Have trainees take each other's temperature, using the checklist as a guide.
3. Have trainees change partners and continue practicing.
4. Have trainees practice on babies or young children, if available.
5. Have each trainee record temperature at least on five individuals and let the peers record the correctness of steps in Worksheet 1.
6. Move around the room checking & assisting wherever needed. Let the practice continue till all steps are performed correctly by all the ASHAs.
7. In the end, the trainer evaluates the skill by recording all steps as they are performed by each ASHA. Performance of each ASHA is recorded on the worksheet and is scored by giving 1 point for each correct step. Trainer saves these checklists as output of the session.

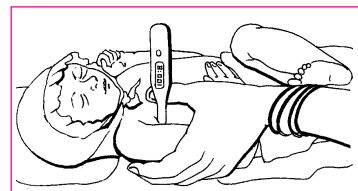
Summary (5 minutes)

- Ask a trainee to demonstrate how to take a baby's temperature.
- Make corrections, if any, and add missing information.
- Praise ASHAs for their good work.

Evaluation of the session (during class)

Objective	Assessment Method	Output
Use a digital thermometer accurately to determine a newborn's temperature correctly.	Trainees practice in class. Everybody demonstrates correctly measuring newborn's temperature.	Trainer evaluates the skill by recording on the worksheet, all steps as they are performed by each ASHA and by giving 1 point for each correct step. Trainer saves these checklists as output of the session.

Skills Checklist : Measuring Temperature



Skills Checklist	For Peer Record					For Trainer Record					
	1	2	3	4	5	6	7	8	9	10	11
1) Take thermometer out of its storage case, hold at broad end, and clean the shining tip with cottonball soaked in spirit.											
2) Press the pink button once to turn the thermometer on. You will see "188.8" flash in the center 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 center 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. If "F" is flashing, and numbers are changing, leave the thermometer in place. When "F" stops flashing and the numbers 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 case.											

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Module 4 : First Examination of the Newborn

Session 3 : Evaluation of newborn breathing

Day : 2

Time Required : 30 minutes

Purpose

To prepare ASHAs in the knowledge and skills needed to evaluate newborns' breathing.

Objective

At the end of the session the ASHA will be able to:

1. Identify if the newborn has indrawing of chest.

Materials

- Photo of indrawing of chest (provided in Reading Material) and the ARI video film produced by WHO.
- Worksheet 1 : Assessment - Identifying chest indrawing.

Preparation

- Ensure availability of the ARI video film produced by WHO and depending on number of ASHAs, ensure availability of Reading Material.
- Answers to the 5 problem cases which are to be screened during the session are provided in the video film. Trainers should review the film prior to the session and prepare a list of correct answers.

Training Methods

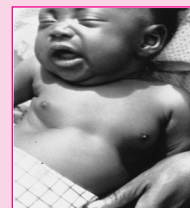
Demonstration/Discussion: How to identify chest indrawing (25 minutes)

Instructions to Trainers :

1. Explain that chest indrawing is a sign of respiratory distress.
2. Ask ASHAs to see the photo of chest indrawing provided in the Reading Material.
3. Show the WHO ARI video film and state that chest indrawing is respiratory distress and explain what is the method of identifying this. See content box below.
4. Ask for questions; clarify if necessary.

Content Box :

- **Chest indrawing:** Look at the infant's chest as it breathes in. The baby has chest indrawing if **the lower chest wall goes in when the baby breathes in. (show the drawing)** Chest indrawing occurs when the effort to breathe in is much greater than normal. Slight indrawing of skin below the ribs is not chest indrawing. The whole of lower chest should move in.



Chest indrawing

Assessment : Identifying chest indrawing

1. Distribute Worksheet 1. Ask ASHAs to write their names.
2. Run the video film for a while and show the ASHAs the first case baby. Pause the film. Give time to ASHAs to write yes/no on the Worksheet.

-
3. Run the film again to display case 2. Repeat the process and let the ASHAs see all the 5 babies and identify whether baby has chest indrawing or not.
 4. After all the cases are screened, ask ASHAs to exchange their Worksheets. Review the answers one by one. Each ASHA checks whether the identification of chest indrawing mentioned in the Worksheet is right or wrong. Give 2 points for each correct answer. Collect all the worksheets as output of the session. If there are any doubts, screen the film again and clarify them.

Summary (5 minutes)

- Have a trainee explain chest indrawing.
- Make corrections if any and add any missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during class time; additional 5 minutes if needed)

Objective	Assessment Method	Output
Identify chest indrawing.	Identify chest indrawing in 5 babies in the screened film.	Worksheets of all ASHAs checked and scored by the peers.

Assessment : Identifying chest indrawing

Sr.No.		Chest indrawing present
1	Baby 1	Yes / No
2	Baby 2	Yes / No
3	Baby 3	Yes / No
4	Baby 4	Yes / No
5	Baby 5	Yes / No

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Module 4 : First Examination of the Newborn

Session 4 : How to weigh the newborn

Day : 2 and 3

Time Required : 2 hours and 25 minutes (including 1 hour for evaluation)

Purpose

To prepare ASHAs in the use of a hand-held scale to weigh newborns, and to provide an opportunity for practice under supervision.

Objectives

At the end of the session the ASHA will be able to:

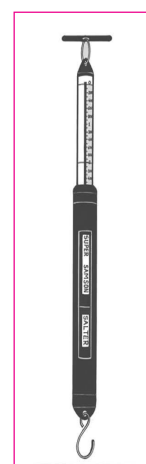
1. Explain the importance of weighing a baby for monitoring health.
2. Use a hand-held scale to weigh newborns, correct to the nearest 50 grams (or as per the scale in use).

Materials

- Weighing scales
- A doll, or small stones, to weigh
- Worksheet 1 : Exercise : Reading the Weighing Scale
- Reading Material 1 and Worksheet 2 : Skills Checklist: Weighing the Baby

Preparation

- Obtain enough weighing scales to enable you give one to each trainee.
- Obtain a doll or small stones for the weighing demonstration.
- Ensure availability of adequate number of copies of Reading Material 1 and Worksheets 1 and 2 depending on the number of trainees.



Training Methods

Presentation (15 minutes)

Instructions to Trainers :

1. Discuss the importance of birth weight and subsequent weight gain during the neonatal period. A growing baby is a healthy baby.
2. Show the weighing scale to the trainees and point out its different parts: top bar, adjustment knob, gradations, hook sling, etc.
3. Explain the range of the scale (starts at 0 grams and weighs up to 5 kgs, with 50 gm gradations). Draw the scale on the blackboard or white paper/flip chart paper.
4. The scale is also colour-coded; up to 2 kg is red (to indicate very low birth weight and high risk), 2 kg-2.5 kg is yellow (to indicate less risk, but still LBW) and above 2.5 kg is green (to indicate a good birth weight).
5. Ask if any one has any questions, and answer them accordingly.

Practice: Reading weights on the scale (15 minutes)

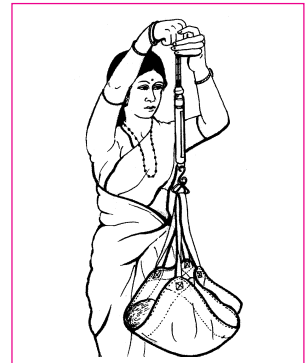
1. Distribute scales to each trainee. Trainees should work individually.

2. Distribute Worksheet 1: Exercise : Reading the Weighing Scale.
3. Have the trainees determine the weight where each of the horizontal lines transect the scale, and write it down on the sheet.
4. Ask ASHAs to exchange their worksheets. Discuss the answers in the larger group and let each ASHA check the recording of the weight in each example. ASHA should give two points for each correct answer. Score each worksheet.
5. Clarify doubts, if any.

Demonstration: Weighing a baby (15 minutes)

Instructions to Trainers :

1. Ask ASHAs to refer to the Reading Material 1 : Skills Checklist : Weighing the Baby, given to all trainees.
2. Read each step out loud while you demonstrate how to use the scale; first with a doll and then with a baby if possible.
3. Have trainees follow along using their checklist as a guide.
4. Check if there are any questions.



Content Box :

Skills Checklist: Weighing the Baby

1. Place the sling on scale hook.
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 "0" is visible.
4. Remove sling from hook and place it on a clean cloth on the ground.
5. Place baby 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.

Practice (35 minutes)

Instructions to Trainers :

1. Divide the trainees into pairs.
2. Have each ASHA practice weighing dolls (or books or stones) while the partner follows along with the checklist and records on the Worksheet 2 Skills Checklist : Weighing the Baby.
3. Keep moving constantly in the room and assist wherever needed.
4. Only after the ASHAs have weighed the doll (or rocks) accurately at least five times, they should be asked to weigh a baby (if one is available).

Summary (5 minutes)

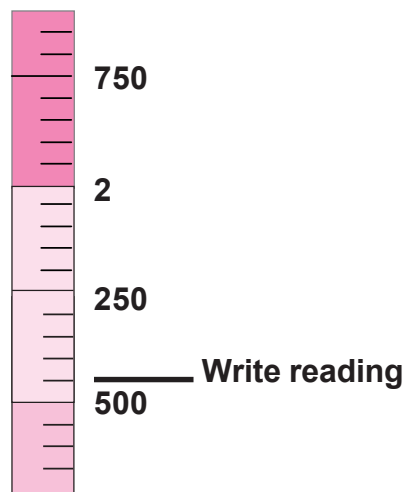
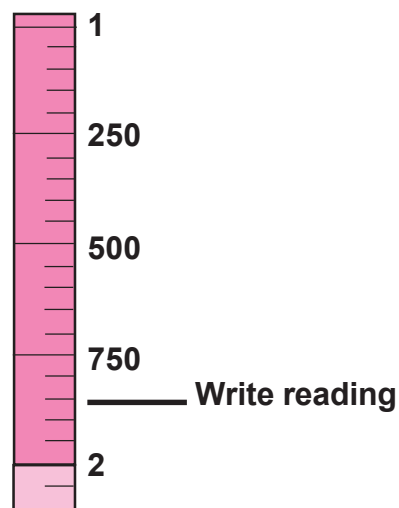
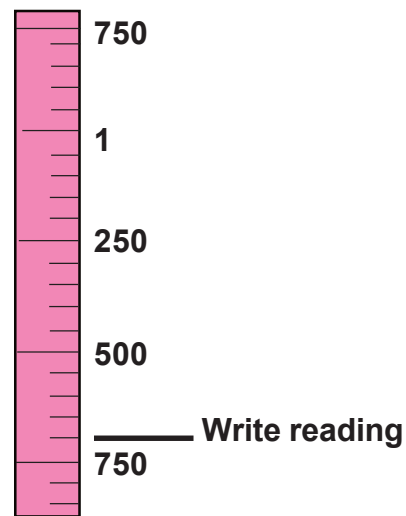
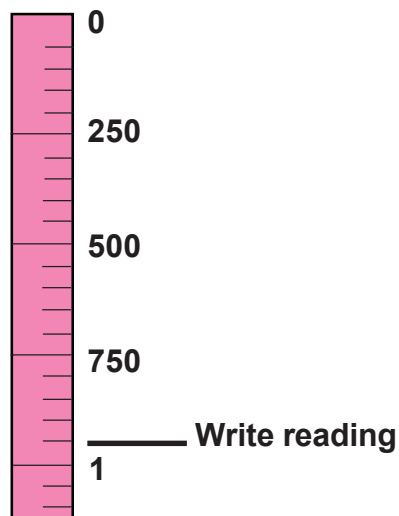
- Ask a trainee to demonstrate how to weigh a baby to nearest 50 grams with a hand-held scale.
- Give feedback on the summary demonstration and make corrections as needed.
- Praise ASHAs for their work.

Evaluation (1 hour)

1. Have trainees demonstrate weighing.
2. The trainer evaluates the skill of weighing a baby (if weighing a baby is not possible, use a doll or any other substitute, such as stones) by recording all steps in the Worksheet 2 – Skills checklist : Weighing the baby. As the steps are performed by each ASHA correct steps are marked as (✓) and wrong steps are marked as (X). The performance is scored by giving 1 point for each correct step. Trainer saves these checklists as output of the session. After the evaluation if more crosses are observed on the Worksheets provide more time for practicing the skill.

Objective	Assessment Method	Output
Explain the importance of weighing the baby for monitoring health	Question / answers	--
Can use a hand-held scale to weigh newborns to the nearest 50 grams.	Each trainee demonstrates how to weigh a baby correctly.	Record the performance of ASHAs on the Worksheet 2 and score. The sheets are saved as output of the session

Exercise : Reading the Weighing Scale



Name of the ASHA : _____

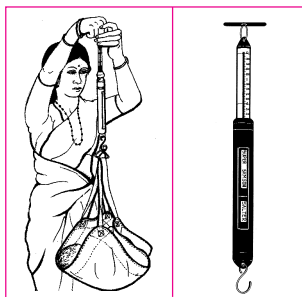
Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Skills Checklist: Weighing the Baby



Skills Check list	For Peer Record								For Trainer		
	1	2	3	4	5	6	7	8	9	10	11
1. Place the sling on scale hook.											
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 "0" is visible.											
4. Remove sling from hook and place it on a clean cloth on the ground.											
5. Place baby 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.											

Module 4 : First Examination of the Newborn

Session 5 : First Examination of the Newborn : Form Part I

Day : 3

Time Required : 55 minutes

Purpose

To prepare ASHAs to complete Part I of the First Examination of the Newborn Form which deals with determining if baby is preterm, mother's complaints and the baby's first feed.

Objectives

At the end of the session the ASHA will be able to:

1. Determine if baby is preterm.
2. Determine mother's complaints.
3. Complete Part I of the First Examination of Newborn Form (questions 1-7)

Materials

- Worksheet 1 : First Examination of Newborn - Form
- Blackboard or white paper/flip chart paper
- Markers

Preparation

- Depending on the number of trainees, ensure availability of adequate number of copies of the Worksheet 1 - First Examination of Newborn: Form.

Training Methods

Question and Answers (25 minutes)

Instructions to Trainers :

1. Ask the trainees to look at the First Examination of Newborn Form: Part I, first question. Here they need to write the date of birth of the baby.
2. Ask the trainees to look at question 2. Here they need to write preterm cut-off date. They can take this information from pregnancy form Q-5.
3. Ask them to see the date of birth and preterm cut-off date. If the date of birth is either the preterm cut-off date or before the preterm cut-off date, then the baby is preterm. Then circle 'Yes'. If baby is not preterm, circle 'No'.
4. In the next question (3) they need to write, in the spaces provided, the date of the exam, when it was conducted - early morning/morning/afternoon/evening/night, and, time of the exam in hours. The date of the first examination of baby may be different from the date of birth either if the mother delivers in hospital and returns to the village after a day or two, or when she does not deliver in the village & returns only afterwards.
5. Go through questions 4-7. (See Content Box)
6. Ask trainees what is the first feed usually given to babies in their community. If the answer is not breast milk, ask why other liquid or food is given. Discuss the answers.

7. Ask if they had breast fed their own children. Discuss their experiences.
8. Remind ASHAs that in these first months of training, they will only observe and examine the baby. Later in the training, they will be required to take a more active role in teaching & helping mothers to feed and take care of their newborns.
9. Answer questions if any.

Content Box :

Question 4 : Does the mother have any of the following problems?

Ask the mother if she has any complaints and circle the yes or the no.

a) Excessive bleeding: If the mother bleeds more than 500 cc (2 cups, or a small bowl) of blood in the first two hours after delivery, it is considered too much.

- Show a bowl with approximately 500 cc of red-coloured water to demonstrate the quantity.
- Pour the liquid onto the cloth to show how cloth absorbs blood.

b) Fits or unconsciousness: Ask if she has been unconscious or has had fits. Circle appropriately.

If mother has any of these problems refer her to hospital

Question 5 : First feed: Write down the first thing the baby has to drink/lick. This may be breast milk but some people give jaggery water, honey, cow's milk, etc.

Question 6 : Time of first breastfeed: Write down the time of the first breastfeed. This may be the same as the first feed above.

How did the baby take the breastfeed: circle the appropriate option depending on the following:

If the baby's mouth is open wide, the lower lip is turned outwards, it is taking slow deep sucks with some pauses, and you can see or hear it swallowing, the baby is feeding well (forcefully).

Observe if the baby is feeding weakly, can not breast feed & has to be fed with a spoon; or can neither breastfeed nor is able to take milk given by a spoon, encircle the appropriate option.

Question 7 : Does the mother have breast feeding problem Yes/ No

See if mother is able to breast feed the baby on first day after delivery. If mother has any problem write the nature of the problem. e.g inverted nipples, problem of attachment, problem of position etc. If any such problem is observed help the mother to overcome it. Assist mother in proper attachment and positioning. If mother has inverted nipple which did not protrude after delivery help the mother to massage and bring out nipple.

Practice/Case Presentation (20 minutes)

Instructions to Trainers :

1. Write the following on the blackboard and have the trainees fill Part I of the First Examination of Newborn : Form.

Anjana's LMP was 20 July and her baby was born on April 20th at 8:10 p.m. EDD was 26 April and preterm cut-off date was 3 April.

The ASHA performed the first examination of the baby at 9:15 p.m. Anjana had no complaints.

The baby was put to the breast right away at 8:30, and nothing else was given to the baby.

The baby suckled strongly.

2. Have the trainees exchange the filled Forms; review the answers in the group. Each ASHA checks the Form of another ASHA based on the discussion and review of answers. Each ASHA scores one point for each correct answer. Problems if any, should be clarified.

Summary (5 minutes)

- Have a trainee explain how to fill in Part I of the First Examination of Newborn Form.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (5 minutes)

Objective	Assessment Method	Output
Determine if baby is preterm	Question and Answers	Part I of the First examination of Newborn: Form filled by each ASHA and corrected and scored by peers.
Determining mother's complaints	Question and Answers	
Complete Part I of the First Examination of Newborn : Form. (questions 1 to 7)	Each trainee to fill in the First examination of the Newborn: Form – Part I correctly, based on the case presentation	

First Examination of the Newborn : Form

(Examine 1 hour after birth but in any case within 6 hours from the birth. If you are not present on the day of delivery then fill the form on the day of your first visit and write the date of your visit)

Part I :

- 1) Date of birth : _____
- 2) Preterm cut-off date : _____ Is baby preterm? : Yes / No
- 3) Date of first examination : _____
Time : Early Morning Morning Afternoon Evening Night Hrs. _____
- 4) Does mother have any of the following problems ?
 - a. Excessive bleeding Yes / No
 - b. Unconscious / fits Yes / No

Action : If Yes refer immediately to hospital Action taken : Yes / No

(In case of Still Birth do not perform further examination but complete the examination of the mother as per home visit form on day 2, 3, 7, 15, 28)

- 5) What was given as the first feed to the baby after birth ? _____
- 6) At what time was the baby first breast fed ? Hrs _____ Min _____
How did the baby take feed? (Mark ✓)
 - 1) Forcefully
 - 2) Weakly
 - 3) Could not breast feed but has to be fed with spoon
 - 4) Could neither breast feed nor takes milk given by spoon
- 7) Does the mother have breast feeding problem ? Yes / No
Write the problem _____
If breast feeding problem is present help mother to overcome it

Part II :

First examination of the baby

- 1) Temperature of the baby (Measure in axilla and record) : _____
- 2) Eyes : Normal
 Swelling or
 Oozing pus
- 3) Is umbilical cord bleeding : Yes / No

**Action : If yes, get it tied by TBA or tie again with clean thread.
Action taken : Yes / No**

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

For supervisor

Correct / incorrect

Correct / incorrect

First examination done

Days : ____ Hours : ____
after birth

Yes / No / NA

Correct / incorrect

Correct / incorrect

Correct / incorrect

Correct / incorrect

Yes / No / NA

Yes / No / NA

Correct / incorrect

Correct / incorrect

Correct / incorrect

Yes / No / NA

Mark yes if necessary and possible action has been taken without any mistake

4) Weight : Kg ____ Grams ____ Colour on scale : Red / Yellow / Green

5) Record (✓ or X)

1. All limbs limp	
2. Feeding less/stopped	
3. Cry weak/stopped	

Routine Newborn Care	Whether the task was performed
1) Dry the baby	Yes / No
2) Keep warm, don't bathe, wrap in the cloth, keep close to mother	Yes / No
3) Initiate exclusive breast feeding	Yes / No

6) Vitamin K injection

Home delivery : Give injection (after you have been trained) Yes / No

Hospital /PHC delivery : Baby received vitamin K injection in hospital Yes / No

If 'no', then give vitamin K injection (after you have been trained) Yes / No

7) Anything unusual in baby ?: Curved limbs / Cleft lip / Other _____

For supervisor

Weight matches with the colour? Yes / No

Correct / Incorrect

Action taken?

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No

Yes / No

Yes / No

Yes / No

For supervisor

Form checked by : Name _____ Date : _____

Corrections _____

Unusual or different observation _____

Whether there is any complication at the injection site Yes / No

If Yes , what action was taken ? _____

Whether the form has been completed ? Yes / No

Signature : _____

Module 4 : First Examination of the Newborn

Session 6 : First Examination of the Newborn : Form Part II

Day : 3

Time Required : 3 hours and 5 minutes

Purpose

To continue learning what to look for in the first examination of the newborn, and to practice filling in the First Examination of Newborn Form.

Objective

At the end of the session the ASHAs will be able to:

1. Explain the steps in examining a newborn and complete the First Examination of the Newborn Form accurately.

Materials

- Worksheet 1 : First Examination of Newborn : Form
- Worksheet 2 : Case Presentation: Filling First examination of Newborn : Form
- Reading Material 1 : Photographs of normal newborn and newborn diseases.

Preparation

- Ensure availability of adequate copies of Worksheet 1, Worksheet 2 and Reading Material 1 depending on the number of trainees.

Training Methods

Presentation and Discussion (1 hour 30 minutes)

Instructions to Trainers :

1. Ask trainees to look at Part II of the First Examination of Newborn : Form
2. Go through each item in this section (questions 1-7). (See Content Box)
3. Check if there are any questions.
4. Ask if any trainee has experience of having observed oozing eyes, a cleft lip, a baby with a limp arm or leg, etc.
5. Discuss what to look for and how to mark the appropriate answer. Use the photos in Reading Material to help explain normal and abnormal conditions.

Content Box :

Examination of the Baby

- 1) **Body temperature of baby** : Record the baby's temperature in the space provided.
(If necessary review the session 'How to measure the newborn temperature')
- 2) **Eyes : normal, swelling or pus oozing out**: Look at the baby's eyes. Oozing means if something is coming out of the eyes; 'water' will be clear, 'pus' will not be clear, but white or yellowish. Circle the appropriate finding.

- 3) **Is umbilical cord bleeding** : There should be no oozing of blood. Circle 'Yes' if cord is bleeding. If no, then circle 'No'. If cord is bleeding ASHA should get it tied by a TBA. If a TBA is not available, ASHA should herself tie the cord again.
- 4) **Weight** : Write down weight to nearest 50 grams, or as per the accuracy level of the weighing scale in use (If necessary review the session 'How to weigh newborns'.) Also circle the colour seen on scale, Red, Yellow or Green.
- 5) **Record** : Observe and record if the limbs of the baby are limp, feeding is less or has stopped, and whether the cry is weak or has stopped (If ASHA is conducting this examination on the 1st day, she should fill this information based on her observations. If she is conducting the first examination on any other day, she should fill this information after checking with the mother.)
Routine newborn care : Wrap the baby in a piece of clean and dry cloth, keep the baby warm, do not give bath, keep the baby close to mother and initiate breastfeeding. Write on the form whether these actions were performed.
- 6) **Vit 'K' injection** : If it is a hospital delivery, ask the mother if Vit 'K' injection was given or check in the discharge card. If the injection has not been given, you should give injection Vit 'K'. You will learn how to give injection Vit 'K' in the next training workshop.
- 7) **Anything unusual, new or different** : Here you can record anything you find unusual. If it is a cleft lip or curved limbs, circle the option. If you observe anything else, describe it in the space provided.

Practice/Case Presentation (1 hour and 30 minutes)

Instructions to Trainers :

1. Distribute Worksheet 2: Case presentation.
2. Have trainees work individually to complete the First Examination of the Newborn Form. Collect the forms filled by ASHAs. Check and score all the forms. This is the output of this session.
3. If possible have a trainee lead the class in reviewing the Case presentation or you review it.
4. Encourage questions; answer as and when needed.
5. Review any areas causing problems.
 (Note for trainers : the case presentation states 'the baby's nipples were swollen'. This should be entered in the space provided for 'anything unusual in baby'.)

Summary (5 minutes)

- Ask when the first examination of the newborn should be done.
- Ask a trainee to describe what an ASHA should look for during the physical examination of the baby.
- Praise the ASHAs for their good work.

Evaluation of the session (during class)

Objective	Assessment Method	Output
Explain the steps in examining newborn and Complete First Examination of the Newborn: Form accurately.	Questions and answers Case presentation Each trainee completes the First Examination of the Newborn: Form accurately.	First Examination of the Newborn : Forms filled by ASHAs, checked and scored by the trainer.

First Examination of the Newborn : Form

(Examine 1 hour after birth but in any case within 6 hours from the birth. If you are not present on the day of delivery then fill the form on the day of your first visit and write the date of your visit)

Part I :

- 1) Date of birth : _____
- 2) Preterm cut-off date : _____ Is baby preterm? : Yes / No
- 3) Date of first examination : _____
Time : Early Morning Morning Afternoon Evening Night Hrs. _____
- 4) Does mother have any of the following problems ?
 - a. Excessive bleeding Yes / No
 - b. Unconscious / fits Yes / No

Action : If Yes refer immediately to hospital Action taken : Yes / No

(In case of Still Birth do not perform further examination but complete the examination of the mother as per home visit form on day 2, 3, 7, 15, 28)

- 5) What was given as the first feed to the baby after birth ? _____
- 6) At what time was the baby first breast fed ? Hrs _____ Min _____
How did the baby take feed? (Mark ✓)
 - 1) Forcefully
 - 2) Weakly
 - 3) Could not breast feed but has to be fed with spoon
 - 4) Could neither breast feed nor takes milk given by spoon
- 7) Does the mother have breast feeding problem ? Yes / No
Write the problem _____
If breast feeding problem is present help mother to overcome it

Part II :

First examination of the baby

- 1) Temperature of the baby (Measure in axilla and record) : _____
- 2) Eyes : Normal
 Swelling or
 Oozing pus
- 3) Is umbilical cord bleeding : Yes / No

**Action : If yes, get it tied by TBA or tie again with clean thread.
Action taken : Yes / No**

Name of the ASHA : _____ Date : _____
Name of the trainer : _____ Total score : _____
Block : _____

For supervisor

Correct / incorrect

Correct / incorrect

First examination done

Days : ____ Hours : ____
after birth

Yes / No / NA

Correct / incorrect

Correct / incorrect

Correct / incorrect

Correct / incorrect

Yes / No / NA

Yes / No / NA

Correct / incorrect

Correct / incorrect

Correct / incorrect

Yes / No / NA

Mark yes if necessary and possible action has been taken without any mistake

4) Weight : Kg ____ Grams ____ Colour on scale : Red / Yellow / Green

5) Record (✓ or X)

1. All limbs limp	
2. Feeding less/stopped	
3. Cry weak/stopped	

Routine Newborn Care	Whether the task was performed
1) Dry the baby	Yes / No
2) Keep warm, don't bathe, wrap in the cloth, keep close to mother	Yes / No
3) Initiate exclusive breast feeding	Yes / No

6) Vitamin K injection

Home delivery : Give injection (after you have been trained) Yes / No

Hospital /PHC delivery : Baby received vitamin K injection in hospital Yes / No

If 'no', then give vitamin K injection (after you have been trained) Yes / No

7) Anything unusual in baby ?: Curved limbs / Cleft lip / Other _____

For supervisor

Weight matches with the colour? Yes / No

Correct / Incorrect

Action taken?

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No

Yes / No

Yes / No

Yes / No

For supervisor

Form checked by : Name _____ Date : _____

Corrections _____

Unusual or different observation _____

Whether there is any complication at the injection site Yes / No

If Yes , what action was taken ? _____

Whether the form has been completed ? Yes / No

Signature : _____

Case Presentation: Filling First Examination of the Newborn : Form

Shanti gave birth to a baby girl on February 1, 2002 at 1:00 p.m. in the afternoon

- Her last menstrual period could not be ascertained because she got pregnant while breastfeeding her little boy.
- You are doing the first exam on February 1 at 2 p.m.
- Shanti did not lose consciousness or have fits, and her bleeding, she says, is normal.
- The baby was put to the breast at 1:20 p.m.
- No other fluids were given.
- The baby was feeding well, without any problem.

- The baby's temperature was 98° F (36.7° C).
- Her eyes were clear.
- Her nipples were slightly swollen.
- The umbilical cord was tied correctly and is not bleeding.
- She weighs 2 kg 900 gms.
- The baby did not get injection Vit 'K'.

Note : Conditions that are not mentioned in the case should be considered to be normal while filling the form.

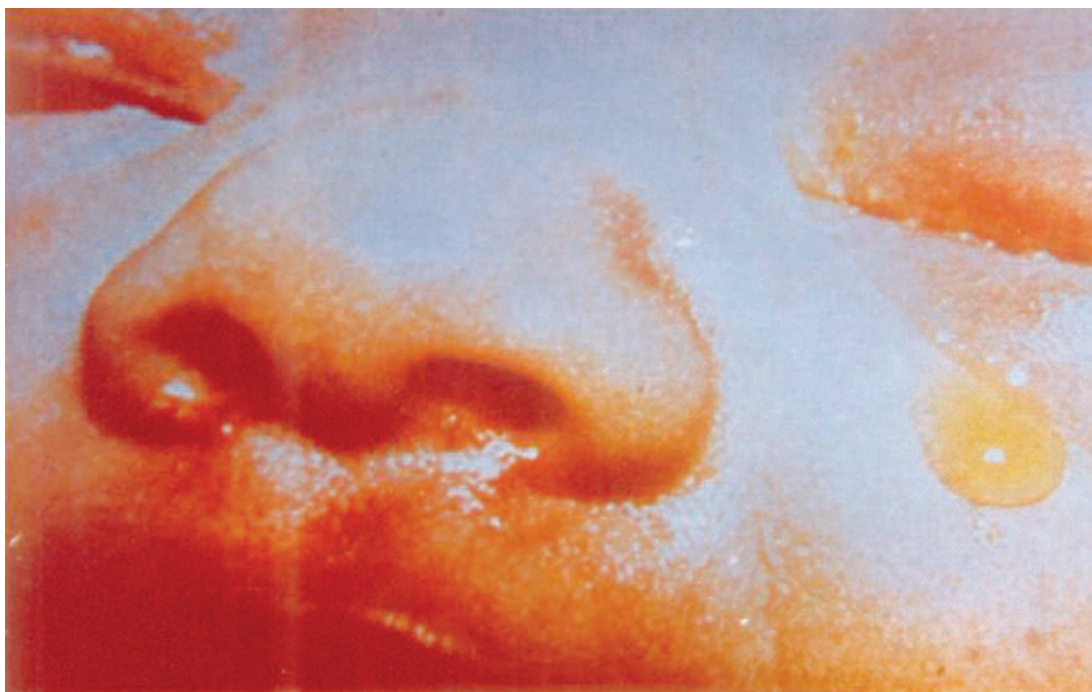
Photographs of Normal Newborn and Newborn Diseases



Normal baby, flexed limbs



Loose limbs (hypotonic baby)



Pus, purulent water in eyes



Baby with jaundice

Normal baby



Chest in-drawing, front view



Chest in-drawing, side view



Distended abdomen



Pus filled pustules on skin



Cracks or redness in skin fold



Cleft lip



Bump on head (caput)



Deformed limbs (club foot)

Module 5 : Making Home Visits to Newborns and Mothers

Session 1 : Home visits and the Home Visit Form

Day : 3

Time Required : 1 hour and 50 minutes

Purpose

To introduce ASHA to her role during home visits after delivery, and in using the Home Visit Form.

Objectives

At the end of the session the ASHA will be able to:

1. Explain when she will visit each mother and newborn during the postpartum period.
2. Use the Home Visit Form as a guide when asking the mother questions about herself and the Newborn, and when examining the newborn.
3. Recognise and differentiate normal newborn (as per Content Box below), such as newborn with well-flexed limbs from others with conditions such as all limbs limp, jaundice, pus, pustules on skin, pus on umbilicus, swollen eyes with discharge, chest indrawing, swollen head (caput), etc.
4. Fill in the Home Visit Form correctly.

Materials

- Worksheet 1 : Home Visit Form for each ASHA
- Photographs of newborn conditions provided in the Reading Material
- Communication Guide (for reference during role plays) (from Reading Material)
- Worksheet 2 : Case Presentation for filling in the Home Visit Form.
- Video clip of chest indrawing.
- Reading Material 1 : Sequencing of the ASHAs activities during home visit

Preparation

- Ensure availability of adequate copies of Worksheet 1 and 2 and Reading Material 1 depending on the number of trainees.
- Instruct the trainees in advance to bring their copies of the Reading Material with Communication Guide, and photographs of normal newborn and newborn conditions.

Training Methods

Presentation (40 minutes)

Instructions to Trainers :

1. Distribute the Home Visit Form to each trainee.
2. Review the format of the form:
 - Columns are for each day of visit. Starting with the 2nd day after delivery and ending on the 42nd day. Total = 6 visits for the normal newborn after the visit on the day of delivery : days 2, 3, 7, 15, 28, 42. Additional visits should be made if requested by the parents or if you feel there is need. Write down the date of each visit. (There is no stipulated visit after 42nd day visit for a normal baby. Use this form till the baby completes two months in case you are called for baby's illness. Treat the baby as per guidelines and record your visit in the other day column.)

- Rows are for each question; there are 4 sections of questions;
 - A. Ask mother
 - B. Examination of mother
 - C. Examination of baby
 - D. Signs of Sepsis
- 3. After the columns of six visits there is a column which indicates actions by the ASHA. These are guidelines which will help ASHA to function better and not forget any crucial action, e.g., if mother is not taking full meals or eating less than 4 times, ASHA should advise her to take full meals 4 times a day.
- 4. Start with Ask mother. Go through each question. Ask a trainee to read a question and tell you what it means. Some questions are easy and do not need much explanation; other questions will be explained further in the Content Box below.
- 5. If the trainee explains the questions appropriately, praise her effort. If the answer is not correct or incomplete, ask if any other trainee would like to add something.. Make sure all trainees understand each question, & how to mark the answer on the form.
- 6. Continue with each section of questions and use photographs from the Reading Material booklet to illustrate various conditions wherever possible.
- 7. Encourage questions.
- 8. Have trainees answer the questions if possible; otherwise, give simple, clear explanations.

Content Box :

A. Ask Mother :

Number of times mother takes full meal in 24 hrs :

Ask the mother and write down how many times she takes full meals

If the mother is taking meals less than 4 times or not taking full meals, advise her to do so.

Bleeding : How many pads are changed in a day? :

Ask the mother how many pads are soaked in 24 hours and write in the column actual number of pads. If mother says more than 5 pads are soaked, send mother to hospital. More bleeding after delivery is an emergency and ASHAs have learnt this in Maternal Care : Introduction to obstetric emergencies.

During cold season is the baby being kept warm ? (being placed near mother, clothed and wrapped properly) :

Ask the mother if this is being followed. ASHA can observe during visit where and how the baby is placed. If the baby is not kept warm, near the mother, adequately clothed and properly wrapped up, ASHA should ask the mother to do so.

Is the baby being fed frequently (whenever hungry or atleast 7- 8 times in 24 hours) :

Ask the mother how many times is baby being fed in 24 hours. Advise mother to feed baby frequently everytime baby cries for feed. Though the number of times baby feeds varies it is usually about 7 - 8 times in 24 hours. ASHA should ask the mother to do so.

Is the baby crying incessantly or passing urine less than 6 times a day :

Ask the mother about the cry of her baby. If the baby is crying incessantly or if it is passing urine less than 6 times a day, ask mother to feed the baby more frequently, once every two hours.

B. Examination of Mother :

Temperature : Measure and record :

Measure temperature of mother and write it down. ASHA has already learnt to treat fever with paracetamol. If mother has fever upto 102° F (38.9° C) treat with paracetamol. If the fever is above 102° F (38.9° C) send mother to hospital.

Foul smelling discharge and fever more than 100° F (37.8° C) :

Ask mother if she has dirty, smelly discharge on pad. This might be due to infection. If mother says 'yes' and she has fever more than 100° F (37.8° C) send her to hospital.

Is the mother speaking abnormally or having fits ? :

See if the mother is speaking abnormally. See if she has fits or if the family members report that she has fits. Circle the appropriate answer on the form and refer mother to hospital.

Mother has no milk since delivery or if mother perceives breast milk to be less :

Check whether mother has no milk since delivery or she feels that she has less milk and circle appropriate answer. In the next workshop ASHA will learn about breastfeeding and after that she can help mother in breastfeeding problems.

Cracked nipples, painful and/or engorged breasts :

See if mother has cracked nipples, painful or engorged breast. Encircle appropriate answer. In the next workshop ASHA will learn about breastfeeding and thereafter she can help mother in managing breastfeeding problems.

C. Examination of Baby :

Are the eyes swollen or with pus :

Note any swelling or discharge from eyes. Pus appears thick, 'the muco purulent' discharge is thinner (see the photograph). If 'yes' ask mother to apply tetracycline ointment into baby's eyes twice a day for 5 days. You will learn how to apply tetracycline later in this workshop.

Weight :

Weigh the baby on day 7th, 15th, 28th, and 42nd and record the weight in the space provided.

Temperature (axillary) :

Measure temperature and write it down. Remember what is normal temperature for newborn. (Session - 'How to measure the newborn temperature') In the next workshop you will learn how to manage newborn temperature and then you will start managing it.

Skin : Pus filled pustules? :

Show the photograph. If baby has pus filled pustules on the skin treat with gentian violet and observe for signs of sepsis.

Cracks or redness in skin fold :

Rash on skin on any part of the body is usually harmless. The skin cracking or redness between skin fold (thigh/ axilla/ buttocks) can be prevented by keeping baby clean & dry and using talcum powder. If it persists treat with G.V. paint.

Yellowness in eyes or skin (Jaundice) :

Show the photograph of normal baby and baby with jaundice. If the baby has jaundice the skin appears yellow. If jaundice is present on 1st day or beyond 14th day then it is abnormal jaundice. Refer baby to hospital.

D. Signs of Sepsis :

When the baby gets serious infection in its blood, chest, or brain it is called sepsis. This is a serious illness and can cause death. Hence, it is important to carefully observe every baby for any signs suggestive of sepsis. An early recognition of sepsis can save baby's life. You can learn to recognise sepsis by observing and recording following signs in every newborn. You will record these findings on the Home Visit Form - Signs of Sepsis.

If a particular sign is present on the day of visit mark a (✓) in the column and if it is not present mark a (X). (The column of day 1 should be copied from the First Examination of the Newborn : Form Part II question 5)

- 1. All limbs limp :** See how the limbs of the baby are. See the photograph for reference. If on a day of visit all the limbs are limp mark a (✓) in the column.
- 2. Feeding less / stopped :** Ask mother about the feeding of baby and observe. If it is less or has stopped mark (✓) in the column. If the baby has less number of feeds than usual then it is considered less. If baby does not take any feed for more than 8 hours then it is called 'stopped feeding'.
- 3. Cry weak / stopped :** See how is the cry. If baby is sleeping, flick the sole and observe the cry. On flicking sole baby wakes up and cries. If baby does not cry or cries weakly even on flicking the sole then mark (✓) in the column.
- 4. Distended abdomen or mother says baby vomits often :**
Abdomen : A normal abdomen (or tummy) is soft to the touch, a bloated abdomen is excessively bulging and is tight (see photograph)
Baby vomits : Normally baby's throw up some milk. If baby vomits (not just a spit- but most or all of the feed) after each feed for the last three (3) feeds then it is called vomiting. There are two options (distended abdomen or baby vomits) given in point 4 in the form. Even if one of them is present, mark (✓) in the column.
- 5. Mother says baby is cold to touch or the baby's temperature is more than 99° F (37.2° C) :**
Ask the mother if baby's body is cold to touch. If mother feels that baby's body is colder then mark (✓). Similarly, on measuring baby's temperature if it is more than 99.0° F (37.2° C) then mark (✓) in the column. Presence of any one of these two situation (mother says baby is cold to touch or baby has fever) then mark a (✓) .
- 6. Chest indrawing :** Open the shirt and observe the chest ; mark a ✓ if chest indrawing is present. Chest indrawing is when the lower part of the baby's chest is sucked in deeply when the baby breathes in. Show the photograph and the video. Sometimes when the normal baby breathes in forcefully, the skin between the ribs is sucked in : this is NOT chest indrawing.
- 7. Pus on umbilicus :** Note if any pus is formed on the umbilicus.

At this stage, observe and examine baby carefully and fill the form correctly. Practice till you learn management of sick babies, later on in the training.

Practice/ Role Plays (25 minutes)

Instructions to Trainers :

1. Divide the participants into small groups of three.
2. Have one trainee play the mother (who makes up her answers); second trainee to act like the ASHA using the Home Visit Form as a guide to interview the mother and (pretending) to examine the baby. The 3rd participant will observe and fill in Home Visit Form.
3. Remind trainees to use good communication skills given in the Communication Guide:
 - Greets the mother
 - Explains why she is visiting today
 - Acts with confidence
 - Speaks in a gentle tone of voice
 - Uses simple words in local language
 - Is respectful
 - Asks the woman if she has any questions
 - Answers simply
 - Thanks her for visit and says when she will return
4. Each participant switches roles. This way everyone has a chance to enact each part.
5. Ask members of the group to briefly discuss each role play before starting another one.
Trainers should record the observations of the role plays.

Practice : Identification of newborn diseases (15 minutes)

Instructions to Trainers :

1. In the large group, using the photographs of newborn diseases show various photographs of newborn diseases, and ask the ASHAs to identify the conditions:
 - newborn rash
 - skin : pus filled pustules.
 - distended abdomen
 - pus coming from eyes
 - jaundiced baby and normal baby
 - chest in-drawing
2. Repeat this exercise individually to assess ASHA's skill in recognition.

Practice : Case presentation (15 minutes)

Instructions to Trainers :

1. Distribute the Case Presentation. (Worksheet 2)
2. Have trainees work individually to fill in Home Visit Form based on the case presentation. (*In general, the trainees note that the mother and baby are doing well. However, the trainees should also identify situations when the baby was not well clothed, not well covered or when the baby was lying alone on the bed.*)
3. Move around the room and provide help if needed.

-
4. Review the case presentation in the session and encourage participants to ask questions.
Collect all the forms, check and score the forms.

Group Discussion : Sequencing of the ASHAs activities during home visit (10 minutes)

Instructions to Trainers :

1. Ask ASHAs to refer to Reading Material 1. This list discusses the various activities the ASHA has to do during the home visit, and gives ideas about the order in which she should do them depending on the situation in the home at the time of the visit.
2. Read the activities along with the trainees.
3. Discuss the sequencing proposed; ask if there are any questions, and clarify doubts.

Summary (5 minutes)

- Ask when do ASHAs visit mothers and newborns after delivery, and how often?
- Have a trainee explain how the Home Visit Form is used.

Evaluation of the session (during session)

Objective	Assessment Method	Output
Explain when she will visit each mother and newborn during the postpartum period.	Each trainee will state when she will visit each mother and newborn during the postpartum period. Questions and answers.	--
Use Home Visit Form as a guide when interviewing mother and examining newborn	Role plays	Observation of the role plays
Recognise and differentiate certain newborn conditions	Identification using photographs or slides.	--
Fill in Home Visit Form correctly	Role plays and case presentation. Each trainee can fill in the Home Visit form correctly.	Forms filled by ASHAs and checked and scored by trainer.

Home Visit Form

Examination of Mother and Newborn

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	_____	_____	_____	_____	_____	_____			
A. Ask mother								Action taken	
No of times mother takes full meals in 24 Hrs							If less than 4 times or if meals not full advise mother to do so	Y / N	Y / N
Bleeding : How many pads are changed in a day							If more than 5 pads send the mother to hospital	Y / N	Y / N
During cold season is the baby being kept warm (near mother, clothed and wrapped properly)	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Advise the mother to do so if not being done	Y / N	Y / N
Is the baby being fed frequently (whenever hungry or atleast 7-8 times in 24 hours)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise the mother to do so if not being done	Y / N	Y / N
Is baby crying incessantly or passing urine less than 6 times a day	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise mother to feed the baby every 2 hours	Y / N	Y / N
B. Examination of mother									
Temperature: Measure and record							Temperature up to 102° F (38.9° C) treat with paracetamol, Above 102° F (38.9° C) send to hospital	Y / N	Y / N
Foul-smelling discharge and fever more than 100° F (37.8° C)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Is the mother speaking abnormally or having fits?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Mother has no milk since delivery or if mother perceives breast milk to be less	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			
Cracked nipples/ Painful and/or engorged breasts	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

Ask/Examine	Day 2	Day 3	Day 7	Day 15	Day 28	Day 42	Action by the ASHA	Supervisory	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____		Check	
C. Examination of Baby								Action taken ?	
Are the eyes swollen or with pus	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes ask mother to, put into baby's eyes apply tetracycline ointment twice a day for 5 days	Y / N	Y / N
Weight: On day 7, 15, 28 and, 42									
Temperature Measure and record									
Skin : Pus filled pustules ?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Treat with gentian violet and observe for signs of sepsis	Y / N	Y / N
Cracks or redness in the skinfold (thigh/ axilla/ buttocks)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Keep baby clean and dry. Use talcum powder or G.V. paint	Y / N	Y / N
Yellowness in eyes or skin (Jaundice)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If it is present on the 1 st day or beyond 14 th day then it is abnormal jaundice. Refer baby to hospital	Y / N	Y / N

D. Check now for the signs of sepsis: If a sign is present mark ✓. If a sign is absent mark X.

Record the observations on day 1 from the First Examination of Newborn : Form

	Day 1								
1. All limbs limp									
2. Feeding less/ stopped									
3. Cry weak/ stopped									
4. Distended abdomen or mother says 'baby vomits often'									
5. Mother says 'baby is cold to touch' or baby's temperature > 99° F (37.2° C)									
6. Chest in-drawing									
7. Pus on umbilicus							If pus on umbilicus treat with gentian violet paint		

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Home Visit Form

Examination of Mother and Newborn

Ask/Examine	Other	Other	Other	Other	Other	Other	Action by the ASHA	Supervisory Check	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____			
A. Ask mother								Action taken	
No of times mother takes full meals in 24 Hrs							If less than 4 times or if meals not full advise mother to do so	Y / N	Y / N
Bleeding : How many pads are changed in a day							If more than 5 pads send the mother to hospital	Y / N	Y / N
During cold season is the baby being kept warm (near mother, clothed and wrapped properly)	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Advise the mother to do so if not being done	Y / N	Y / N
Is the baby being fed frequently (whenever hungry or atleast 7-8 times in 24 hours)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise the mother to do so if not being done	Y / N	Y / N
Is baby crying incessantly or passing urine less than 6 times a day	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise mother to feed the baby every 2 hours	Y / N	Y / N
B. Examination of mother									
Temperature: Measure and record							Temperature up to 102° F (38.9° C) treat with paracetamol, Above 102° F (38.9° C) send to hospital	Y / N	Y / N
Foul-smelling discharge and fever more than 100° F (37.8° C)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Is the mother speaking abnormally or having fits?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Mother has no milk since delivery or if mother perceives breast milk to be less	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			
Cracked nipples/ Painful and/or engorged breasts	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Ask/Examine	Other	Other	Other	Other	Other	Other	Action by the ASHA	Supervisory	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____		Check	
C. Examination of Baby								Action taken ?	
Are the eyes swollen or with pus	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes ask mother to, put into baby's eyes apply tetracycline ointment twice a day for 5 days	Y / N	Y / N
Weight: On day 7, 15, 28 and, 42									
Temperature Measure and record									
Skin : Pus filled pustules ?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Treat with gentian violet and observe for signs of sepsis	Y / N	Y / N
Cracks or redness in the skinfold (thigh/ axilla/ buttocks)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Keep baby clean and dry. Use talcum powder or G.V. paint	Y / N	Y / N
Yellowness in eyes or skin (Jaundice)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If it is present on the 1 st day or beyond 14 th day then it is abnormal jaundice. Refer baby to hospital	Y / N	Y / N

D. Check now for the signs of sepsis: If a sign is present mark ✓. If a sign is absent mark X.

Record the observations on day 1 from the First Examination of Newborn : Form

	Day 1								
1. All limbs limp									
2. Feeding less/ stopped									
3. Cry weak/ stopped									
4. Distended abdomen or mother says 'baby vomits often'									
5. Mother says 'baby is cold to touch' or baby's temperature > 99° F (37.2° C)									
6. Chest in-drawing									
7. Pus on umbilicus							If pus on umbilicus treat with gentian violet paint		

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Case Presentation for Filling in the Home Visit Form

Ram was born to Sunita on February 2, 2002 at 6:30 in the evening. You did an examination of Ram at 7:45 p.m. He weighed 2.7 kg, and was healthy.

Today is 4th February and you are on your first home visit.

Mother says :

- I take full meals 4 times a day.
- I use only about 4 pads a day.
- Baby is not well clothed or wrapped.
- He is feeding very well & frequently and I have no problems.
- Baby does not cry incessantly.

On examination of mother you find :

- Mother's temperature is 99° F (37.2° C).
- She does not have foul smelling discharge.
- Her talk is normal and she does not have fits.
- She is feeding very well and she has no problems.
- She has no problem with her breasts.

On examination of baby you find :

- His eyes are clear
- The weight is 2 kg 600 grams.
- His temperature on measurement was 98.4° F (36.9° C).
- His skin is normal, & there are no pus filled pustules.
- His eyes or skin is not yellow.
- All limbs are normal.
- Feeding is good.
- Cry is good
- Stomach is soft and he does not vomit.
- Mother says he is not cold to touch.
- He does not have chest in-drawing.
- His umbilicus is clean and is drying up.

Sequencing of the ASHAs Activities During Home Visit

- Greetings
- General talk, asking about well being
- Enquire & fill mother's information on Home Visit Form
- Enquire & fill newborn information on Home Visit Form
- Take out the necessary equipment from bag and keep on a clean cloth
- Wash hands
- Examination of baby – Measure temperature, weigh the baby, and perform other activities in the sequence provided in the Form.
- Provide the care of eyes, skin and cord.
- Check that all the items of the Home Visit Form have been filled in.

Module 5 : Making Home Visits to Newborns and Mothers

Session 2 : Field visit and fill in the Forms : First Examination of the Newborn and the Home Visit

Day : 4

Time Required : 3 hours in the field; 45 minutes for review

Purpose

To give the ASHAs practical experience in making home visits to the mother and newborn, and in using the First Examination of Newborn Form and Home Visit Form.

Objectives

At the end of the session the ASHA will be able to:

1. Demonstrate proper hand washing, weighing, measuring temperature in the community settings.
2. Make a home visit to a mother and newborn, interview the mother, examine the baby, and complete the First Examination of Newborn Form and Home Visit Form appropriately.

Materials

- Worksheet 1 : First Examination of the Newborn : Form
- Worksheet 2 : Home Visit Form
- Weighing scales
- Thermometers
- Skills checklists: Communication Guide, Handwashing, Weighing, Measuring Temperature

Preparation

- Ensure availability of one copy each of the First Examination of Newborn Form and the Home Visit Form for each trainee.
- Obtain and have ready the materials and checklists listed above.
- Trainers to arrange for field visit with local community prior to the ASHA's visit and seek cooperation.
- Trainers to identify sufficient number of villages and homes with newborns - less than one month old, obtain the family's consent, and inform them of the date of visit.

Training Methods

Field Practice (3 hours)

Instructions to Trainers :

1. Divide ASHAs into groups of three (about eight groups).
2. Have each group visit at least one home with infants 28 days old or less.
3. In each home one ASHA takes the lead in interviewing and carrying out the physical exam. The other two follow while filling in their forms, and observe the interview and exam of the baby (use checklists to see that all points are covered correctly). First fill the First Examination of Newborn Form. Then the Home Visit Form should be filled in at the appropriate age of the baby, e.g., if the baby is 15 days old,

fill in the information in the 15th day column. If the ASHA happens to visit on a day other than the one stipulated in the form, she should use the column for other days, specify the day visited and also write the date.

4. Have each group of ASHA visit at least one home to give her practice.
5. Trainers should be in the village at a central location in case of need.

Group Discussion: Review of field practice (40 minutes)

Instructions to Trainers :

1. Give each group 15 minutes to decide on the highlights of the field practice, to be shared with the group.
 - how they felt using the First Examination of the Newborn Form and the Home Visit Form; any doubts , difficulties?
 - how they communicated with village women, and performed skills (feedback to be taken from the other trainees in the group on how they communicated and performed skills).
 - positive experiences ; difficulties faced
2. Move around the room and review each trainee's First Examination of Newborn Form and the Home Visit Form (from the family the trainee interviewed directly).
3. Give 5 minutes to each group (either one person or as a group) to present.
4. After each presentation invite comments from the group and lead a short discussion, if necessary.
5. Trainers should note the specific steps in the skills of hand washing, weighing and measuring temperature where the trainees had difficulty in performing the skills in the village setting.

Summary (5 minutes)

- Summarise the experiences from the field work.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
Demonstrate proper hand washing, weighing, measuring temperature in the community settings.	Checklist assessment by partner ASHAs during field visit.	Observations of ASHAs and trainers.
Make a home visit to a mother and newborn; interview the mother, examine the baby, and complete the First Examination of Newborn:Form and the Home Visit Form appropriately.	Observations by peers of home visit; presentation of each group, review of First Examination of Newborn: Form and the Home Visit Form	Forms (First examination of the Newborn and the Home visit Form) filled by the ASHAs and reviewed.

First Examination of the Newborn : Form

(Examine 1 hour after birth but in any case within 6 hours from the birth. If you are not present on the day of delivery then fill the form on the day of your first visit and write the date of your visit)

Part I :

- 1) Date of birth : _____
- 2) Preterm cut-off date : _____ Is baby preterm? : Yes / No
- 3) Date of first examination : _____
Time : Early Morning Morning Afternoon Evening Night Hrs. _____
- 4) Does mother have any of the following problems ?
 - a. Excessive bleeding Yes / No
 - b. Unconscious / fits Yes / No

Action : If Yes refer immediately to hospital Action taken : Yes / No

(In case of Still Birth do not perform further examination but complete the examination of the mother as per home visit form on day 2, 3, 7, 15, 28)

- 5) What was given as the first feed to the baby after birth ? _____
- 6) At what time was the baby first breast fed ? Hrs _____ Min _____
How did the baby take feed? (Mark ✓)
 - 1) Forcefully
 - 2) Weakly
 - 3) Could not breast feed but has to be fed with spoon
 - 4) Could neither breast feed nor takes milk given by spoon
- 7) Does the mother have breast feeding problem ? Yes / No
Write the problem _____
If breast feeding problem is present help mother to overcome it

Part II :

First examination of the baby

- 1) Temperature of the baby (Measure in axilla and record) : _____
- 2) Eyes : Normal
 Swelling or
 Oozing pus
- 3) Is umbilical cord bleeding : Yes / No

**Action : If yes, get it tied by TBA or tie again with clean thread.
Action taken : Yes / No**

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

For supervisor

Correct / incorrect

Correct / incorrect

First examination done

Days : ____ Hours : ____
after birth

Yes / No / NA

Correct / incorrect

Correct / incorrect

Correct / incorrect

Correct / incorrect

Yes / No / NA

Yes / No / NA

Correct / incorrect

Correct / incorrect

Correct / incorrect

Yes / No / NA

Mark yes if necessary and possible action has been taken without any mistake

4) Weight : Kg ____ Grams ____ Colour on scale : Red / Yellow / Green

5) Record (✓ or X)

1. All limbs limp	
2. Feeding less/stopped	
3. Cry weak/stopped	

Routine Newborn Care	Whether the task was performed
1) Dry the baby	Yes / No
2) Keep warm, don't bathe, wrap in the cloth, keep close to mother	Yes / No
3) Initiate exclusive breast feeding	Yes / No

6) Vitamin K injection

Home delivery : Give injection (after you have been trained) Yes / No

Hospital /PHC delivery : Baby received vitamin K injection in hospital Yes / No

If 'no', then give vitamin K injection (after you have been trained) Yes / No

7) Anything unusual in baby ? : Curved limbs / Cleft lip / Other _____

For supervisor

Weight matches with the colour? Yes / No

Correct / Incorrect

Action taken?

Yes / No / NA

Yes / No / NA

Yes / No / NA

Yes / No

Yes / No

Yes / No

Yes / No

For supervisor

Form checked by : Name _____ Date : _____

Corrections _____

Unusual or different observation _____

Whether there is any complication at the injection site Yes / No

If Yes , what action was taken ? _____

Whether the form has been completed ? Yes / No

Signature : _____

Home Visit Form

Examination of Mother and Newborn

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	_____	_____	_____	_____	_____	_____			
A. Ask mother								Action taken	
No of times mother takes full meals in 24 Hrs							If less than 4 times or if meals not full advise mother to do so	Y / N	Y / N
Bleeding : How many pads are changed in a day							If more than 5 pads send the mother to hospital	Y / N	Y / N
During cold season is the baby being kept warm (near mother, clothed and wrapped properly)	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Advise the mother to do so if not being done	Y / N	Y / N
Is the baby being fed frequently (whenever hungry or atleast 7-8 times in 24 hours)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise the mother to do so if not being done	Y / N	Y / N
Is baby crying incessantly or passing urine less than 6 times a day	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise mother to feed the baby every 2 hours	Y / N	Y / N
B. Examination of mother									
Temperature: Measure and record							Temperature up to 102° F (38.9° C) treat with paracetamol, Above 102° F (38.9° C) send to hospital	Y / N	Y / N
Foul-smelling discharge and fever more than 100° F (37.8° C)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Is the mother speaking abnormally or having fits?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Mother has no milk since delivery or if mother perceives breast milk to be less	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			
Cracked nipples/ Painful and/or engorged breasts	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

Ask/Examine	Day 2	Day 3	Day 7	Day 15	Day 28	Day 42	Action by the ASHA	Supervisory	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____		Check	
C. Examination of Baby								Action taken ?	
Are the eyes swollen or with pus	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes ask mother to, put into baby's eyes apply tetracycline ointment twice a day for 5 days	Y / N	Y / N
Weight: On day 7, 15, 28 and, 42									
Temperature Measure and record									
Skin : Pus filled pustules ?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Treat with gentian violet and observe for signs of sepsis	Y / N	Y / N
Cracks or redness in the skinfold (thigh/ axilla/ buttocks)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Keep baby clean and dry. Use talcum powder or G.V. paint	Y / N	Y / N
Yellowness in eyes or skin (Jaundice)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If it is present on the 1 st day or beyond 14 th day then it is abnormal jaundice. Refer baby to hospital	Y / N	Y / N

D. Check now for the signs of sepsis: If a sign is present mark ✓. If a sign is absent mark X.

Record the observations on day 1 from the First Examination of Newborn : Form

	Day 1								
1. All limbs limp									
2. Feeding less/ stopped									
3. Cry weak/ stopped									
4. Distended abdomen or mother says 'baby vomits often'									
5. Mother says 'baby is cold to touch' or baby's temperature > 99° F (37.2° C)									
6. Chest in-drawing									
7. Pus on umbilicus							If pus on umbilicus treat with gentian violet paint		

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Home Visit Form

Examination of Mother and Newborn

Ask/Examine	Other	Other	Other	Other	Other	Other	Action by the ASHA	Supervisory Check	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____			
A. Ask mother								Action taken	
No of times mother takes full meals in 24 Hrs							If less than 4 times or if meals not full advise mother to do so	Y / N	Y / N
Bleeding : How many pads are changed in a day							If more than 5 pads send the mother to hospital	Y / N	Y / N
During cold season is the baby being kept warm (near mother, clothed and wrapped properly)	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Advise the mother to do so if not being done	Y / N	Y / N
Is the baby being fed frequently (whenever hungry or atleast 7-8 times in 24 hours)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise the mother to do so if not being done	Y / N	Y / N
Is baby crying incessantly or passing urine less than 6 times a day	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise mother to feed the baby every 2 hours	Y / N	Y / N
B. Examination of mother									
Temperature: Measure and record							Temperature up to 102° F (38.9° C) treat with paracetamol, Above 102° F (38.9° C) send to hospital	Y / N	Y / N
Foul-smelling discharge and fever more than 100° F (37.8° C)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Is the mother speaking abnormally or having fits?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Mother has no milk since delivery or if mother perceives breast milk to be less	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			
Cracked nipples/ Painful and/or engorged breasts	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Ask/Examine	Other	Other	Other	Other	Other	Other	Action by the ASHA	Supervisory	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____		Check	
C. Examination of Baby								Action taken ?	
Are the eyes swollen or with pus	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes ask mother to, put into baby's eyes apply tetracycline ointment twice a day for 5 days	Y / N	Y / N
Weight: On day 7, 15, 28 and, 42									
Temperature Measure and record									
Skin : Pus filled pustules ?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Treat with gentian violet and observe for signs of sepsis	Y / N	Y / N
Cracks or redness in the skinfold (thigh/ axilla/ buttocks)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Keep baby clean and dry. Use talcum powder or G.V. paint	Y / N	Y / N
Yellowness in eyes or skin (Jaundice)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If it is present on the 1 st day or beyond 14 th day then it is abnormal jaundice. Refer baby to hospital	Y / N	Y / N

D. Check now for the signs of sepsis: If a sign is present mark ✓. If a sign is absent mark X.

Record the observations on day 1 from the First Examination of Newborn : Form

	Day 1								
1. All limbs limp									
2. Feeding less/ stopped									
3. Cry weak/ stopped									
4. Distended abdomen or mother says 'baby vomits often'									
5. Mother says 'baby is cold to touch' or baby's temperature > 99° F (37.2° C)									
6. Chest in-drawing									
7. Pus on umbilicus							If pus on umbilicus treat with gentian violet paint		

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Module 5 : Making Home Visits to Newborns and Mothers

Session 3 : Case presentation : Evaluating the ability to fill in the Home Visit Form

Day : 4

Time Required : 1 hour

Purpose

To evaluate the trainees' ability to complete the Home Visit Form based on a case presentation that simulates a real situation over time.

Objective

At the end of the session the ASHA will be able to:

1. Complete the Home Visit Form correctly based on a case presentation.

Materials

- Worksheet 1 : Home Visit Form (for each ASHA)
- Worksheet 2 : Evaluation Case presentation : To fill in the Home Visit Form.

Preparation

- Ensure availability of adequate copies of the Worksheet 1 : Home Visit Form and Worksheet 2 depending on the number of trainees.

Training Methods

Practice : Case presentation (1 hour)

Instructions to Trainers :

1. Distribute copies of Home Visit Form (Worksheet 1) and the Case Presentation (Worksheet 2).
2. Have trainees work individually.
3. After 45 minutes, collect the forms filled by ASHAs. Check and score the forms.
4. Review the case presentation in large group answering questions as and when needed.

Evaluation of the session (during session)

Objective	Assessment Method	Output
Complete Home Visit Form correctly based on a case presentation.	Case Presentation/Completed Home Visit Form. Each trainee completes the Home Visit Form correctly.	Home visit Forms filled in by all the ASHAs and checked & scored by the trainer.

Home Visit Form

Examination of Mother and Newborn

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	_____	_____	_____	_____	_____	_____			
A. Ask mother								Action taken	
No of times mother takes full meals in 24 Hrs							If less than 4 times or if meals not full advise mother to do so	Y / N	Y / N
Bleeding : How many pads are changed in a day							If more than 5 pads send the mother to hospital	Y / N	Y / N
During cold season is the baby being kept warm (near mother, clothed and wrapped properly)	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Advise the mother to do so if not being done	Y / N	Y / N
Is the baby being fed frequently (whenever hungry or atleast 7-8 times in 24 hours)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise the mother to do so if not being done	Y / N	Y / N
Is baby crying incessantly or passing urine less than 6 times a day	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise mother to feed the baby every 2 hours	Y / N	Y / N
B. Examination of mother									
Temperature: Measure and record							Temperature up to 102° F (38.9° C) treat with paracetamol, Above 102° F (38.9° C) send to hospital	Y / N	Y / N
Foul-smelling discharge and fever more than 100° F (37.8° C)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Is the mother speaking abnormally or having fits?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Mother has no milk since delivery or if mother perceives breast milk to be less	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			
Cracked nipples/ Painful and/or engorged breasts	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

Ask/Examine	Day 2	Day 3	Day 7	Day 15	Day 28	Day 42	Action by the ASHA	Supervisory	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____		Check	
C. Examination of Baby								Action taken ?	
Are the eyes swollen or with pus	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes ask mother to, put into baby's eyes apply tetracycline ointment twice a day for 5 days	Y / N	Y / N
Weight: On day 7, 15, 28 and, 42									
Temperature Measure and record									
Skin : Pus filled pustules ?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Treat with gentian violet and observe for signs of sepsis	Y / N	Y / N
Cracks or redness in the skinfold (thigh/ axilla/ buttocks)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Keep baby clean and dry. Use talcum powder or G.V. paint	Y / N	Y / N
Yellowness in eyes or skin (Jaundice)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If it is present on the 1 st day or beyond 14 th day then it is abnormal jaundice. Refer baby to hospital	Y / N	Y / N

D. Check now for the signs of sepsis: If a sign is present mark ✓. If a sign is absent mark X.

Record the observations on day 1 from the First Examination of Newborn : Form

	Day 1								
1. All limbs limp									
2. Feeding less/ stopped									
3. Cry weak/ stopped									
4. Distended abdomen or mother says 'baby vomits often'									
5. Mother says 'baby is cold to touch' or baby's temperature > 99° F (37.2° C)									
6. Chest in-drawing									
7. Pus on umbilicus							If pus on umbilicus treat with gentian violet paint		

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Home Visit Form

Examination of Mother and Newborn

Ask/Examine	Other	Other	Other	Other	Other	Other	Action by the ASHA	Supervisory Check	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____			
A. Ask mother								Action taken	
No of times mother takes full meals in 24 Hrs							If less than 4 times or if meals not full advise mother to do so	Y / N	Y / N
Bleeding : How many pads are changed in a day							If more than 5 pads send the mother to hospital	Y / N	Y / N
During cold season is the baby being kept warm (near mother, clothed and wrapped properly)	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Yes/No /NA	Advise the mother to do so if not being done	Y / N	Y / N
Is the baby being fed frequently (whenever hungry or atleast 7-8 times in 24 hours)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise the mother to do so if not being done	Y / N	Y / N
Is baby crying incessantly or passing urine less than 6 times a day	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Advise mother to feed the baby every 2 hours	Y / N	Y / N
B. Examination of mother									
Temperature: Measure and record							Temperature up to 102° F (38.9° C) treat with paracetamol, Above 102° F (38.9° C) send to hospital	Y / N	Y / N
Foul-smelling discharge and fever more than 100° F (37.8° C)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Is the mother speaking abnormally or having fits?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes, send the mother to hospital	Y / N	Y / N
Mother has no milk since delivery or if mother perceives breast milk to be less	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			
Cracked nipples/ Painful and/or engorged breasts	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No			

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Ask/Examine	Other	Other	Other	Other	Other	Other	Action by the ASHA	Supervisory	
Date of ASHA's visit	_____	_____	_____	_____	_____	_____		Check	
C. Examination of Baby								Action taken ?	
Are the eyes swollen or with pus	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If yes ask mother to, put into baby's eyes apply tetracycline ointment twice a day for 5 days	Y / N	Y / N
Weight: On day 7, 15, 28 and, 42									
Temperature Measure and record									
Skin : Pus filled pustules ?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Treat with gentian violet and observe for signs of sepsis	Y / N	Y / N
Cracks or redness in the skinfold (thigh/ axilla/ buttocks)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Keep baby clean and dry. Use talcum powder or G.V. paint	Y / N	Y / N
Yellowness in eyes or skin (Jaundice)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	If it is present on the 1 st day or beyond 14 th day then it is abnormal jaundice. Refer baby to hospital	Y / N	Y / N

D. Check now for the signs of sepsis: If a sign is present mark ✓. If a sign is absent mark X.

Record the observations on day 1 from the First Examination of Newborn : Form

	Day 1								
1. All limbs limp									
2. Feeding less/ stopped									
3. Cry weak/ stopped									
4. Distended abdomen or mother says 'baby vomits often'									
5. Mother says 'baby is cold to touch' or baby's temperature > 99° F (37.2° C)									
6. Chest in-drawing									
7. Pus on umbilicus							If pus on umbilicus treat with gentian violet paint		

Supervisor's notes : Incomplete work? Incorrect work ? Incorrect record ?

Evaluation by Case Presentation : To fill in the Home Visit Form

Parvati was born to Ashok and Meena on March 14th 2002 at 5:30 in the morning. You observed the birth. The TBA tied and cut the cord and did not apply anything. You examined Parvati at 7:00 in the morning. She weighed 2.4 kg and appeared healthy. You visit Meena on March 16, 20 and 28. Fill in the Home Visit Form accordingly.

	March 16 Day ____	March 20 Day ____	March 28 day ____
No. of times mother takes full meals in 24 hours	4 times	4 times	3 times
Meena's bleeding	Less, 5 pads	Less, 3 pads	Less, 2 pads
Baby kept warm and wrapped	No	No	No
Baby fed frequently	Yes	Yes	Yes
Incessant crying or passing uring less than 6 times a day	No	No	No
Fever	No	Yes 100° F (37.8° C)	No 98° F (36.7° C)
Foul smelling discharge	No	Yes	No
Abnormal speaking	No	No	No
Mother has no milk since delivery	No	No	No
Cracked nipple/ painful and / or engorged breast	Cracked nipple	No problem	No problem
Are the eyes swollen or with pus	Discharge - thin	Clear	Clear
Weight	-	-	2.5 kg
Temperature	98.2° F (36.8° C)	95.7° F (35.4° C)	97.8° F (36.6° C)
Skin : pus filled pustules	No	No	No
Yellowness in eyes or skin	No	No	No
All limbs limp	No	No	No
Feeding less/ stopped	No	No	No
Cry weak/ stopped	No	No	No
Abdomen	Soft/normal	Distended	Soft
Mother says baby is cold to touch	No	No	No
Chest indrawing	No	Yes	No
Umbilicus	Clean/dry	Dry	Dry

Parvati is well clothed. She is given a bath every other day. Leave the space blank for questions where information is not available.

Module 5 : Making Home Visits to Newborns and Mothers

Session 4 : Care of the eyes, umbilical cord and skin

Day : 4

Time Required : 55 minutes

Purpose

To orient ASHAs to provide care measures to newborns at the time of birth and in the first days after delivery to prevent infection.

Objectives

At the end of the session the ASHA will be able to:

1. Demonstrate through simulation, how to put tetracycline ointment into the eyes of newborns.
2. Apply gentian violet (G.V. paint) to the stump of the newborn's umbilical cord if there is pus on umbilicus.
3. Explain how to prevent and care for cracks or redness in the skinfold (thigh/ axilla/ buttock).

Materials

- Tetracycline eye ointment (3-4 tubes for practice). Each ASHA should have one for field use.
- Gentian violet paint (1% strength)
- Cotton
- Doll or baby
- Reading Material 1 : Skills Checklist of Applying Eye Ointment

Preparation

- Obtain and keep ready the materials listed above.
- Ensure availability of adequate copies of Reading Material 1 depending on the number of trainees.

Training Methods

Presentation and Demonstration : Eye care (10 minutes)

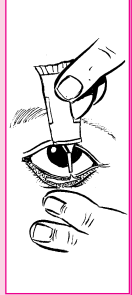
Instructions to Trainers :

1. Explain that to prevent infection in the baby's eyes (which could occur if during pregnancy the mother had some vaginal infection, even without symptoms). ASHAs will be treating newborns with Tetracycline eye ointment at the first examination after birth (1 hour). Usually once is enough. If the baby's eyes are swollen or oozing with pus, tetracycline needs to be applied two times a day for 5 days. Give the tube to the mother and ask her to apply tetracycline in both the eyes of the baby.
2. Ask ASHAs to refer to Reading Material 1 : Eye Care - Skills Checklist Applying Eye Ointment. Review the steps with the ASHAs.

Eye Care : Skills Checklist

How to Put Antibiotic Ointment in Baby's eyes

1. Gently pull the baby's lower eyelid down
2. Squeeze a thin line of ointment moving from the inside corner to the outside of the eye.
3. Do not touch the baby's eye with the tip of the tube. (The tube will be used for other babies and it shouldn't get contaminated.)



Put the eye ointment in both eyes at the time of the first examination of baby. (1 hour). Usually once is enough.

If the eyes are swollen or with pus then put the ointment two times a day for 5 days.

3. Inform ASHAs that when tetracycline is applied in the eyes of the baby, they must document this on the First Examination of the Newborn Form as well as on the Home Visit Form.
4. Demonstrate how to apply tetracycline on a doll using the checklist.
5. Check if there are any questions and clarify doubts.

Discussion and Demonstration : Umbilical cord care (10 minutes)

Instructions to Trainers :

1. Ask trainees to review how the umbilical cord should be cut to prevent infection. Listen to the answers. (Answer: *TBA should wash hands, use 2 clean ties to tie the cord, and use a clean blade to cut the cord.*)
2. Ask the trainees if the TBAs are applying anything on the umbilical cord at the time of delivery. Listen to their answers. If the answers indicate the use of dung or ash, explain that these things are very dangerous and should never be used.
3. Ask how to care for the cord. Listen to their answers. (The cord should be kept clean and dry. It is not necessary to cover the cord)
4. Explain that if there appears pus on the umbilicus, it is necessary to use gentian violet (G.V. paint) on the cord in the morning and evening for 5 days. Clean the cord stump with a clean swab. A small amount of G.V. paint can be put on the cord with a clean gauze or swab soaked in gentian violet. Allow it to dry, because if wet, it will stain clothes. It is best not to cover the cord; let just the baby's loose shirt cover it.
5. Remember, the most important thing is to keep the cord stump clean and dry. **Nothing else should be put on the cord stump.** If pus occurs on cord treat it with G.V. paint.

Discussion : Skin care (cracks or redness in skinfold) (10 minutes)

Instructions to Trainers :

1. Ask the trainees if they have ever seen a baby with a skin rash in the groin or thighs, generally called skin rash.
Ask them to explain what it looks like. (Responses should include: *redness or cracking of the skin in the creases of the thighs, buttocks, armpits.*)
2. Ask the trainees if they know how this can be prevented. Listen to the answers and note them on the board. (Answers may include : *Keep the baby clean and dry; if the baby urinates, clean with water and*

dry with a clean cloth.)

3. Ask the trainees if they know how a rash should be treated. Listen to the answers; praise correct answers, and make sure all trainees know the treatment. (*Keep the skin clean and dry; if the weather is not too cold, expose rash to the air for some minutes during the day, talcum powder can be used to maintain dryness. If it does not improve, use G.V. paint [gentian violet]; apply twice daily until there is improvement.*)

Practice : Applying antibiotic ointment (20 minutes)

Instructions to Trainers :

1. Divide trainees into groups of two.
2. Distribute the tetracycline ointment tube to each group.
3. Have one trainee practice the steps, while the other reads out each step.
4. Circulate in the room and assist. Clarify any doubts
5. Trainers should observe the skill of ASHAs in applying eye ointment with the help of checklist and record correctness of the steps.

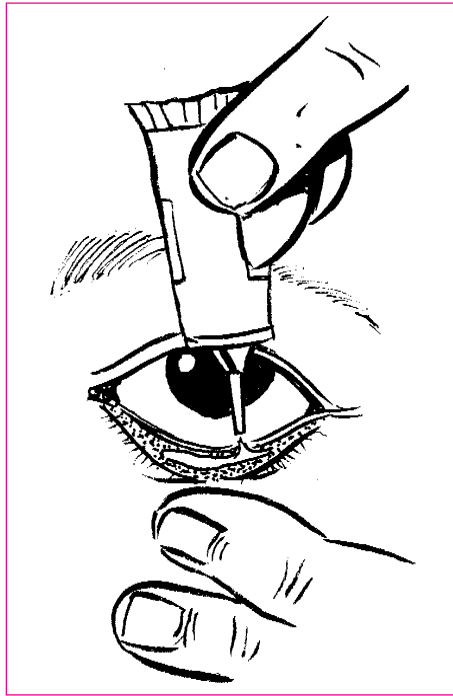
Summary (5 minutes)

- Ask trainees to explain why giving preventive eye care and cord care is important.
- Ask a trainee to explain umbilical cord care. Why is it important?
- Ask a trainee how to prevent and treat nappy rash.
- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session and summary)

Objective	Assessment Method	Output
Demonstrate through simulation how to put tetracycline ointment in a newborn's eyes.	Simulation with doll. Each trainee correctly demonstrates how to put tetracycline ointment in the newborn's eyes.	Observation of the trainers with the help of checklist while ASHAs performed the skill
Explain how to put gentian violet paint on the umbilical cord, if there is pus on umbilicus	Questions and answers.	--
Explain how to prevent and care for cracks or redness in the skinfold (thigh/axilla/buttock)	Questions and answers.	

Skills Checklist of Applying Eye Ointment



How to put antibiotic ointment in the baby's eyes:

1. Gently pull the baby's lower eyelid down
2. Squeeze a thin line of ointment moving from the inside corner to the outside of the eye.
3. Do not touch the baby's eye with the tip of the tube. (The tube will be used for other babies and it shouldn't get contaminated.)

Put the eye ointment in both eyes at the time of the first examination of baby. (1 hour).

Usually once is enough.

If the eyes are swollen or with pus then put the ointment two times a day for 5 days.

Module 6 : Interpersonal Communication

Session 1 : Introduction and components

Day : 4

Time Required : 1 hour

Purpose

To orient the ASHA to the importance of effective communication skills when working with people in the community.

Objectives

At the end of the session the ASHA will be able to:

1. Give two examples of how a health worker's communication skills can affect a person's health.
2. Name the three main components of the interpersonal communication process that should be used when working with people in the community.
3. Review the contents of the first component: rapport building (covered earlier in Module 2) and creating a caring environment.

Material

- Reading material 1 : Interpersonal Communication Skills Checklist

Preparation

- Ensure availability of adequate copies of Reading Material 1 depending on the number of trainees.

Training Methods

Story Telling and Discussion (20 minutes)

Instructions to Trainers :

1. Start the session by telling the following story. Read the story first to your self and become familiar with it. Try not to read the story to the trainees, but narrate it in a way as if this was a story about someone you know.
Ashok was 2 months old. He had a cold and cough. His mother, Neeta, took him to the doctor. The doctor was in a hurry; he didn't say hello or greet Neeta. He asked her what the problem was and immediately began examining Ashok. He did not ask any other questions about Ashok and his illness. The doctor examined the baby very quickly and said he wasn't ill and didn't need medicine. Then the doctor rushed out. Two days later, Ashok had chest indrawing. He had stopped breastfeeding. Neeta was worried but she didn't want to go back to that doctor. By the next morning Ashok was much worse and then stopped breathing. He had died.
2. Start a discussion by asking the class what happened. How could the death of Ashok have been prevented? How did the doctor's attitude and his communication affect Neeta's actions?
3. Listen to their answers. Prompt them with the following questions:
 - How did the doctor act? *(He was in a hurry; He did not greet Neeta. He did not make her feel welcome or show that he was interested.)*
 - What did the doctor do? What didn't he do? *(He examined Ashok but didn't ask any questions*

about Ashok's symptoms [remember the 'ASK' questions when managing ARI]. He didn't explain how Neeta should care for Ashok at home, what danger signs to look for and what to do if he got worse.)

- Why do you think Neeta didn't go back to the doctor when Ashok was even more sick? (*She probably didn't like the way the doctor treated her. Maybe she thought he would be angry at her for bothering him again. She didn't know that chest indrawing and not eating were danger signs and that she should go to the doctor immediately.*)
4. Summarise by making the following points:
- The doctor had an unpleasant attitude and poor communication skills, therefore, Neeta did not feel comfortable going back to him. (This is one main reason why people sometimes do not use health services.)
 - The doctor did not inform her, so she also was unaware—that Ashok's *new symptoms were very dangerous which required care immediately.* (No information on home care and danger signs was given.)
 - Along with medical knowledge and skills, a health worker needs to have a positive attitude and effective communication skills to help people in the community take care of themselves and their children. It is essential that people in the community feel comfortable using health services and approach health authorities when it is necessary to do so.

Presentation : Main components of the interpersonal communication process (30 minutes)

Instructions to Trainers :

1. Explain that the following are the three main components of interpersonal communication (IPComm) process that should be used when working with people in the community. Write them on the board:
 - 1) Building rapport and creating a caring environment.
 - 2) Gathering information for a care plan: questioning and listening.
 - 3) Counseling and sharing information: What parents need to do to care for the child.
2. Explain that these three parts are related to each other. Skills used in all three parts are very similar, and each part builds on the previous one.
3. Discuss Part I of the IPComm process: **'Building rapport and creating a caring environment'**.
4. Remind trainees that on the first day of training they have learned some skills needed for building rapport with mothers and creating a caring environment ('Communication Guide', Module 2 Session 1: Reading Material 1).
5. Ask the trainees to explain what they have learned, both during the session and by working with mothers.
6. Listen to their answers. Make a list which should include:
 - Start with a greeting, be friendly
 - Speak clearly, use local language, avoid medical words
 - Explain why you are visiting or ask why the person came to see you
 - Be patient
 - Check if they have any questions
 - Listen to the women

-
7. In addition, explain that 'body language', that is, how someone uses his/her body, can also 'communicate' a message. If you are talking to someone and he/she continues to read a magazine and not look at you, how would you feel? What would his/her actions communicate to you?
 8. Refer to the discussion on Ashok's story. Ask the trainees to explain how the doctor's actions could have made Neeta feel in terms of building rapport and creating a comfortable environment:
 - *Doctor was rushed.* (By 'rushing' the doctor was giving a message to Neeta: he was using his body in a way which could have made Neeta feel that he was more interested in whatever else he had to do than with caring for Ashok.)
 - *No greeting.* (Explain that by not greeting Neeta, the doctor did not make her feel comfortable; therefore she did not want to return when Ashok got even more sick.)
 - *No questions.* (By not asking questions, the doctor led Neeta to believe that he didn't care and that he didn't want to care for them.)
 9. Explain that 'showing empathy' is another skill that can be used when 'building rapport'. Showing empathy is the ability to put yourself in someone else's place and feel how they feel in a situation. It fosters trust. An example of showing empathy would be: 'I'm sorry this has happened to you'. Or 'I'm sorry you're not feeling well'.
 10. Refer to Part II of the IPComm Process: **Gathering information for a care plan: questioning and listening.** By listening and asking questions, information is gathered which, along with physical examination of the patient, helps the care provider decide what the problem is. *For example, the pregnancy form and the home visit form.*
 11. Tell the trainees that the next two sessions will focus on questioning and listening skills.
 12. Refer to Part III of the IPComm process: **Counseling and sharing information: What parents need to do to care for the child.** Making sure parents know how to care for the child at home is a very important part of providing good health care. Tell the trainees that later in this module they will learn skills to help explain home care clearly.
 13. Ask ASHAs to refer to Reading Material 1 : Interpersonal Communication Checklist. The first part of this checklist is similar to the one used in Training Workshop 1, although it doesn't list all the points. This doesn't mean they are not important but that it is not possible to write everything on the checklist. The checklist will be used in the following sessions as we learn more about Questioning and Listening, and Sharing Care Information.
 14. Explain that in this training, many of the examples and role plays will concern pregnancy and delivery. ASHAs have learned these topics earlier. As the ASHAs continue with their training, they can apply these communication skills to other situations: helping mothers to breastfeed, helping mothers stay healthy and eat well during pregnancy, caring for low weight babies and babies with sepsis, etc.

Summary (10 minutes)

- Ask a trainee to give an example of how a health care worker's communication skill (or lack of skill) can affect someone's health.
- Ask a trainee to state the three components of the interpersonal communication process.
- Get two trainees to briefly demonstrate through role play, how to "build rapport and create a caring

environment' when first meeting a mother who is 7 months pregnant and has swelling over face and hands.

- Make corrections if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
Give two examples of how a health worker's communication skill can affect a person's health.	Experience sharing/summary.	--
Name the three main components of the interpersonal communication process.	Questions / answers / summary.	--
Review the contents of the first components: rapport building and creating a caring environment.	Questions / answers / summary.	--

Interpersonal Communication Skills Checklist

Creating a Caring Environment			
Skill: Building Rapport	Yes	No	Comment
Greeting			
Make woman relaxed by smiling, good eye contact, and body language			
Soft tone, explain the purpose of the visit, ask how mother and baby are, show empathy			
Gathering Information for Care Plan			
Skills: Questioning and Listening			
Use appropriate questions and listen actively			
● Encourage dialogue: <i>open-ended questions</i>			
● Show that you are listening (head nodding, eye contact, acknowledging sounds, yes...hmm)			
● Do not interrupt			
● Seek more information: <i>ask probing questions</i>			
● Avoid rushing with premature diagnosis			
● Express your feelings			
● Paraphrase what mother says			
Counseling Effectively			
Skills: Counseling and Sharing Information			
● Ask for mother's understanding of illness or situation			
● Discuss and try to correct any misconception or rumor			
● Use simple and understandable language			
● Ask for any questions or concerns			
● Present the care plan (what the mother needs to do) in short sentences and in clear blocks of information			
● Use visual aids when appropriate			
● Ask the mother to repeat what she needs to do			
● Ask if she agrees and will try to do what is being discussed			
● Summarize and repeat key information			
● Arrange follow-up if indicated			

Module 6 : Interpersonal Communication

Session 2 : Asking questions

Day : 5

Time Required : 1 hour and 30 minutes

Purpose

To help the ASHA develop 'questioning' skills and to know how and when to use them appropriately.

Objective

At the end of the session the ASHA will be able to:

1. Define a closed, open-ended, and leading-and-probing question and give examples of each.

Materials

- Question Grid on white paper or blackboard.
- Worksheet 1 : Model Role Play Script: Questions exercise
- Training Aid 1: Model Role Play Script: Questions exercise -Answers for Trainers

Preparation

- Copy the Question Grid from the Content Box below onto white flipchart paper or a blackboard.
- Ensure availability of adequate copies of Worksheet 1 depending on the number of trainees.

Training Methods

Presentation (30 minutes)

Instructions to Trainers :

1. Ask the trainees to listen to the following two questions:
 - How much does your son weigh?
 - Can you tell me what and how much your son eats in a day?What can the trainees say about the differences between the questions?
2. Listen to their answers. Praise and encourage correct answers or observations. Fill in any gaps with the following:
 - The first question (How much does your son weigh?) is answered with the actual weight (for example 12 kg) or 'I don't know'. This is called a **closed question**. The question does not require a long answer and may result in a 'yes' or 'no' answer. Many questions on the newborn form are closed questions because we are looking for specific information or facts (like what is your age, are you married, is the baby feeding normally, etc.).
 - The answer to the second question is much longer (for example: he breastfed three times and had a chapatti and a small portion of dal in the morning, and vegetable and rice in the late afternoon....) This type of question is called an **open-ended question**. The question requires a longer answer based on the woman's actual experience, and provides more information.
3. Display the Question grid (Content Box) on the board or white paper.

Question Grid

Closed Questions	Open-ended Questions	Probing Questions	Leading Questions
When to use: When specific response is required Some questions in history-taking or in emergency situations	When detailed information is needed about symptoms, feelings etc. Greeting, history-taking and during counseling	When more information is needed History-taking and counseling	Avoid using. Little is learned from them
Requires: Brief and exact response. Often “yes” and “no” answer.	Longer reply; allows for expression of feelings and concerns	Explanation of an earlier response or statement	Respondent is influenced by the question
Examples: How many children do you have? Are you bleeding?	Can you describe the pain to me? How do you feel about that?	Can you tell me more about the pain? Why do you believe that colostrum is harmful?	Don't you think you should deliver in the hospital?
Fill in sample sentences: 1. 2.	1. 2.	1. 2.	1. 2.

Source: Adapted from PATH's (Program for Appropriate Technology in Health) Interpersonal Communication and Counseling Four-Day Curriculum.

- Go through each column; explain each type of question. Remember that ‘probing’ questions are open-ended questions that are focused on getting more information (i.e., Can you tell me more about what he eats?). ‘Leading questions’ should never be used because they influence the answer. Example : You do think breastfeeding is better than bottle feeding, don't you?
- Ask the trainees to give examples from their own work of each type of question. Fill in the examples at the bottom of the grid.

Scripted Role Play (25 minutes)

Instructions to Trainers :

1. Perform the scripted role-play.
2. After the role play, discuss what the trainees observed.
3. Ask the trainees why it is important to use different kinds of questions? (Closed questions often give facts or yes/no answers. To get more information on someone's condition, how they feel, or what they do, an open-ended question is needed. To get even more information, a probing question can be used.)
4. Make sure to mention that in some situations, if open-ended questions are not used, key information may not be learned. In the role play, if Preeti had not asked **an open-ended question about the feeding** she wouldn't have known about this problem; the baby would have lost weight, been very weak, and been less able to fight the infection.

Practice : Differentiating various kinds of questions (30 minutes)

Instructions to Trainers :

1. Distribute scripted role play to trainees. Have them read one question after the other and write in the space provided if the question is closed, open-ended, probing, or leading. (20 minutes)
2. Collect the papers for assessment.
3. Review the answers in session. Discuss and clarify. (10 minutes)

Summary (5 minutes)

- Have a trainee explain the difference between a closed and open-ended question.
- Ask another trainee to explain what a probing question is, and when to use it.
- Ask another trainee to give an example of an open-ended question.
- Make corrections, if any and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
Define a closed, open-ended, leading and probing question, and give an example of each.	Model role play script : question exercise.	Questions exercise attempted by all ASHAs, checked and scored by trainer

Model Role Play Script : Questions Exercise

Preeti is a CHW in Gadchiroli district. A mother brought her little boy of 3 months to see Preeti because he had a cough.

	Type of question
Preeti : Hello. How are you both today?	_____
Mother : Hello Preeti. I am fine but my baby has a cough.	_____
Preeti : I'm glad you came to see me. How old is the baby?	_____
Mother : He's three months old.	_____
Preeti : I'm going to ask you some questions about his illness. How long has he had the cough?	_____
Mother : He's had the cough for two days.	_____
Preeti : Does he have fast breathing?	_____
Mother : I think he has fast breathing.	_____
Preeti : Does he have a fever?	_____
Mother : He doesn't have a fever.	_____
Preeti : Has he had fits?	_____
Mother : He doesn't have fits	_____
Preeti : Has he been unconscious?	_____
Mother : He hasn't been unconscious.	_____
Preeti : Does he have diarrhoea?	_____
Mother : He doesn't have diarrhoea	_____
Preeti : Is he suckling normally?	_____
Mother : He hasn't been feeding.	_____
Preeti : Can you tell me about his feeding?	_____
Mother : I breastfeed him but I stopped yesterday when he got sick.	_____
Preeti : Why did you stop?	_____
Mother : I stopped because my mother-in-law said sick children shouldn't eat.	_____
Preeti : Can you tell me more about why she thinks that?	_____
Mother : She said that he may vomit from the coughing.	_____
Preeti : Okay, let me examine the baby. Then we can discuss what you need to do to help him get better.	_____

After the examination, Preeti said the boy had pneumonia. She prescribed cotrimoxazole and gave the mother home care advice.

Preeti particularly mentioned **that it is important to continue breastfeeding the baby** because the baby needs the nutrition and fluid to fight the infection. Even if the baby spits up a little due to the coughing, it is still necessary to give him the breast milk because this gives him energy. Preeti offered to go to the home and explain this to the mother-in-law.

If Preeti had not asked **an open-ended question about the feeding** she would not have known about this problem; the baby would have lost weight, been very weak, and been less able to fight the infection.

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Model Role Play Script: Questions Exercise: ANSWERS FOR TRAINERS

Preeti is a CHW in Gadchiroli district. A mother brought her little boy of 3 months to see Preeti because he had a cough.

	Type of question
Preeti : Hello. How are you both today?	closed
Mother : Hello Preeti. I am fine but my baby has a cough.	
Preeti : I'm glad you came to see me. How old is the baby?	closed
Mother : He's three months old.	
Preeti : I'm going to ask you some questions about his illness. How long has he had the cough?	closed
Mother : He's had the cough for two days.	
Preeti : Does he have fast breathing?	closed
Mother : I think he has fast breathing.	
Preeti : Does he have a fever?	closed
Mother : He doesn't have a fever.	
Preeti : Has he had fits?	closed
Mother : He doesn't have fits	
Preeti : Has he been unconscious?	closed
Mother : He hasn't been unconscious.	
Preeti : Does he have diarrhoea?	closed
Mother : He doesn't have diarrhoea	
Preeti : Is he suckling normally?	closed
Mother : He hasn't been feeding.	
Preeti : Can you tell me more about his feeding?	probing
Mother : I breastfeed him but I stopped yesterday when he got sick.	
Preeti : Why did you stop?	open
Mother : I stopped because my mother-in-law said sick children shouldn't eat.	
Preeti : Can you tell me more about why she thinks that?	probing
Mother : She said that he may vomit from the coughing.	
Preeti : Okay, let me examine the baby. Then we can discuss what you need to do to help him get better.	

Read the following to the group:

After the examination, Preeti said the boy had pneumonia. She prescribed cotrimoxazole and gave the mother home care advice.

Preeti particularly mentioned **that it is important to continue breastfeeding the baby** because the baby needs the nutrition and fluid to fight the infection. Even if the baby spits up a little from the coughing, it is still necessary to give him the breast milk because it gives him energy. Preeti offered to go to the home and explain this to the mother-in-law.

If Preeti had not asked **an open-ended question about the feeding** she would not have known about this problem; the baby would have lost weight, been very weak, and been less able to fight the infection.

Module 6 : Interpersonal Communication

Session 3 : Listening

Day : 5

Time Required: 1 hour and 25 minutes

Purpose

To introduce ASHAs to listening skills (along with asking the right questions) when working in the community.

Objectives

At the end of the session the ASHA will be able to:

1. Explain why listening is important in effective interpersonal communication.
2. Demonstrate effective listening skills.

Materials

- Training Aid 1: Model role play script : Listening
- Interpersonal communication skills checklist (Module of Interpersonal Communication Session 1 Reading Material 1)

Preparation

- Instruct the trainees in advance to bring their copies of Reading Materials where the Interpersonal Communication Skills Checklist is provided.

Training Methods

Presentation (25 minutes)

Instructions to Trainers :

1. Explain that 'listening' is an important communication tool that goes hand-in-hand with asking appropriate questions. Listening is important for all three components of Interpersonal communication (IPComm):
 - It helps in 'Creating a caring environment' as it makes the person feel the ASHA is interested in what he/she has to say.
 - It helps in 'Gathering information' because by listening, the ASHA encourages the mother or father to express feelings and beliefs, describe symptoms, etc. This information (along with physical information, weight, temperature, etc.) enables the ASHA to decide if there is a problem, and if so what it is, and what needs to be done to provide care.
 - It helps in 'Sharing information about care' (will be covered in the next session), as the ASHA needs to listen to the parent to make sure they understand how to care for the child.
2. Explain active listening. See Content Box.
3. Ask the trainees to think about their interactions with people. Ask them to describe common signs of a poor listener. Write these on the board. (See Content Box)
4. Ask the trainees to describe what a good listener does. A good listener uses 'body language'. List the answers; fill in the gaps from the list below.
5. Explain the following listening skills: giving praise, reflecting feelings, legitimizing feelings and

paraphrasing. All these are important in making the person feel comfortable and help to talk.

Paraphrasing is also helpful to make sure you understand what the person believes, or to check that the person understands how much medicine to take, etc. Ask for other examples.

Content Box :

Listening

Active listening is paying attention to the speaker (person), showing interest, and hearing what is being said.

What are some common signs of a poor listener?

- Not making eye contact
- Interrupting
- Jumping to conclusions
- Not asking for more information
- Tapping feet, shuffling papers, looking outside
- Finishing sentences for the speaker

How to be a good listener:

- Be attentive, concentrate on the person (eye contact, lean toward them, nod your head).
- Don't interrupt.
- Use silence (gives an opening for the person to express feelings).
- Don't jump to conclusions or diagnosis without hearing what the person has to say.

Specific listening skills:

- **Giving praise:** If a mother has done something good (provided good care, came as soon as any danger sign appeared, etc.), praise her. This helps to raise her self confidence.
- **Reflect feelings:** When the person states how she is feeling (afraid, worried, happy, etc.), let her know that you hear her by repeating what she says, for example 'I hear you say that you are worried'.
- **Acknowledging feelings :** Letting the person know that it's normal to feel a certain way. For example: 'I would be worried too; it's understandable.'
- **Paraphrase:** Every now and then, repeat what you have heard to make sure you understand and to assure the person that you are listening.

Scripted Role Play (15 minutes)

Instructions to Trainers :

1. Have trainees review the IPComm checklist (Part II: Gathering Information - questioning and listening). Discuss each point and clarify if needed.
2. Perform the scripted role play.
3. Afterwards, ask the trainees to describe what they saw and heard; how did the trainers show active listening with their bodies? With their voices (use of questions, use of reflecting feelings, acknowledging, paraphrasing)?

Role Play : Practice (40 minutes)

Instructions to Trainers :

1. Divide trainees into groups of 3-4.
2. Each group performs two role plays: one showing effective listening and questioning skills, the other poor listening and questioning skills.
3. Discuss each role play after it has been performed; have observers point out the active listening and effective questioning skills used. Praise and give feedback as required.

Trainer should write observations about the role plays – names of participants, difficulties of the ASHAs in presenting role plays, was it possible for ASHAs to use open ended, close ended and probing questions, how could they use the communication skills and areas that need improvement, etc.

Summary (5 minutes)

- Ask 2-3 trainees to review good listening skills.
- Make corrections if any and add missing information.
- Congratulate the ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
Explain why listening is important in effective interpersonal communication.	Discussion	--
Demonstrate effective listening skills.	Role plays.	Observations of the trainer recorded for each ASHA.

Model Role Play Script: Listening

Total time: 15 minutes

Introduce the characters and scene to the trainees. *The characters are the ASHA and mother, Veena. Veena has brought her sick daughter for care to the ASHA. The ASHA practices active listening.*

ASHA : Hello Veenabai.

Veena : Hello. I've come with Moni, my two month-old-baby. She feels very warm and is crying all the time.

ASHA : (*Makes eye contact, nods her head.*) I'm glad that you've come. How long has she been warm? Does she have fast breathing? Has she had fits (*eye contact, nodding*)?

Veena : She's been sick since early this morning. She doesn't seem to be breathing fast but she may have had a fit.

ASHA : Can you describe why you think she may have had a fit?

Veena : After a couple of hours, she got very stiff for a few minutes and then she relaxed and started crying. I got scared.

ASHA : Hmmm (*showing she has been listening*). It's understandable to be scared when your little one isn't well, I would be too (*reflecting and acknowledging her feelings*) but don't worry. It's good you've come so early to see me (*praise*). From what you said, the baby had a fever for a couple of hours and then got stiff one time for a few minutes (*paraphrasing*).

Veena : (*nods*)

ASHA : Let me ask a few more questions, then I'll take her temperature and examine her....

Module 6 : Interpersonal Communication

Session 4 : Sharing health information and advising on care

Day : 5

Time Required: 1 hour and 30 minutes

Purpose

To prepare ASHAs to share health information and advise parents about providing care.

Objective

At the end of the session the ASHA will be able to:

1. Demonstrate ability to use various communication skills (as per checklist) in sharing health and care information with parents.

Materials

- Training Aid 1: Model role play script: Counseling and sharing care information
- Worksheet 1 : IPComm Skills Checklist
- Worksheet 2 : Case ideas for role plays

Preparation

- Instruct the trainees in advance to bring their copies of the Reading Material where IPComm Skills Checklist is provided.
- Ensure availability of adequate copies of Worksheet 1 and 2 depending on the number of trainees.

Training Methods

Presentation and Discussion (45 minutes)

Instructions to Trainers :

1. Explain that Part III of the Interpersonal communication process is counseling and sharing (or giving) health and care information.
2. Explain that giving or sharing health care information (also referred to as counseling) is a two-way process (between health workers and parents) to help parents understand what is going on, and what treatment or care is needed so that they can make a decision about what to do in order to stay healthy or get better.
3. Explain that the 'care plan' is what the mother (or father) has to do to care for the child at home (or for themselves if the adult is ill, or pregnant, etc.). This may include giving medicine but it doesn't always have to. It involves advice about feeding, danger signs, and when to come back to the ASHA or seek the care of a doctor, etc.
4. Go through each step in the process (see Content Box); explain why that step is important and discuss.

Content Box :

Sharing Health Information and Advising about Care Practices

Explore parents' understanding of illness or situation to see what they already know:

- This is important so that you can build on what they already know instead of talking to them as if they didn't know anything.
- It can also identify any beliefs that may be harmful.

Correct, misconception of facts:

- Sometimes people believe things that can be harmful. An example: some people believe that children should not be fed when they are sick; this is not true and can be harmful to the child. Another example is when people think illness is caused by an evil eye.
- Be sensitive when you correct misconceptions; do not make the person feel stupid. Just correct those misconceptions that may have a harmful effect.

Explain the situation clearly; use simple, non-medical language:

- Always use simple, everyday words.

Present the care plan—what the mother (or father) needs to do—in short sentences and clear blocks of information:

- Present the information clearly (think before you speak).
- An example of a 'block' of information would be: "Take 1 pill in the morning and 1 in the evening." "Take the pills for 5 days" or "Eat more when you are pregnant". "Try eating an extra chappati and more vegetables every day".

Ask the mother to repeat what she needs to do in her own words:

- This is very important to ensure that she understands what needs to be done including medicine if needed, feeding advice, danger signs to look for, and when to seek help.

Discuss the care plan (treatment) to encourage compliance:

- Ask if there are any questions.

Summarize and repeat key information:

- Repeat the main points

Follow up if indicated:

- Mention when you will visit them or when they should come to see you again.
- Review danger signs and when immediate care is needed.

Modeling Behaviour : Scripted Role Play (15 minutes)

Instructions to Trainers :

1. Distribute Worksheet 1. Have trainees review Part III of the IPComm skills checklist - 'Sharing care information'.
2. Perform the scripted role play. Explain that this role play covers all three parts of the IPComm process. ASHA's should observe the role play using IPcomm checklist and record observations and comments on the checklist - Worksheet 1.
3. Lead a discussion about what was observed compared to the items on the checklist. Start with

reviewing Part I ‘Building rapport...’ and then Part II, Part III. After the discussion collect all the filled in checklists from ASHAs as output of the session.

4. Ask if there are any questions; clarify doubts, if any.

Practice : Role Plays (25 minutes)

Instructions to Trainers :

1. Divide participants into groups of 3-4.
2. Distribute case examples (Worksheet 2).
3. Have each group work on a role play focusing on ‘Sharing care information’ (10 minutes). Have them decide and write the ‘care information’ down so that they won’t forget. Have each group perform in front of the large group (5 minutes).
4. Discuss each role play after it has been performed.
5. Praise and give feedback wherever needed.
6. Trainer should observe the role plays with the help of checklist, write observations of the role plays and record the areas that need improvement.

Summary (5 minutes)

- Ask a trainee to list the main points in ‘Sharing care information’.
- Add any points missed out and discuss.
- Make corrections if any
- Praise the ASHAs for their work.

Evaluation of the session

Objective	Assessment Method	Output
Demonstrate ability to use various communication skills (as per checklist) in sharing health and care information with parents.	Observation of role plays with the help of checklist. Each trainee demonstrates the ability to use various communication skills (as per checklist) in sharing health and care information with parents.	Trainer’s observations of each ASHA during role play. The checklists filled in by ASHAs.

Model Role Play Script: Counseling and Sharing Care Information

Part I – Building rapport and creating a caring environment

- Meera** : Hello.
- ASHA** : Hello Meera. (*Smiles and makes eye contact*) I'm glad to see you. How are you and the family?
- Meera** : I'm not so well. I have a headache and can't work.
- ASHA** : I'm sorry you're not feeling well. (*empathy*) It's good you came to see me (*praise*) Please sit down.

Part II – Gathering information – questioning and listening

- ASHA** : Can you tell me more about your headache? (*probing question*)
- Meera** : I had it when I woke up, it hurts above my eyes. I'm afraid I won't be able to get my chores done and make food for the family.
- ASHA** : (*Nodding, saying hmmm*) You're worried the food won't be ready in time. (*reflecting feelings*) Don't worry, we'll try to make you feel better so you can get the work done. Can you tell me more about this headache? (*probing question*) Does anything you do make it better or worse? (*probing*)
- Meera** : It gets a little better if I lie down. It is much worse when I'm working.
- ASHA** : So you've had this headache since you woke up and it hurts above your eyes. It's better if you lie down and worse when working? (*paraphrasing*)
- Meera** : Yes that's correct.
- ASHA** : Meera, when was your last period, could you be pregnant?
- Meera** : I'm having my period now.
- ASHA** : Oh, no wonder you feel badly; many women have headaches at the time of their period. (*acknowledging*)

Part III – Sharing Information about care plan

- ASHA** : I can give you paracetamol for the headache. Please take 1 tablet 3 times a day when you have headache. I will give you enough for 3 days (*hands her the medicine*), but stop taking the medicine when the headache is gone.
- If the headache continues for more than 3 days, please go see a doctor.
- Please keep the paracetamol out of reach of the children.
- I'd suggest you lie down for the next hour or two.
- Is this treatment ok with you? Can you repeat the instructions? (*asking for information back*)
- Meera** : Yes, I will try it. I should lie down for the next hour or two.
- I should take 1 tablet 3 times a day. If the headache continues for more than 3 days, I should go to a doctor, and I should keep the paracetamol away from the children.
- ASHA** : Excellent. Do you have any questions? (*giving more chance to listen to Meera*)
- Meera** : No. I better get home. See you later.
- ASHA** : Call me if you need anything. I am sure you will feel better now.

Interpersonal Communication Skills Checklist

Creating a Caring Environment			
Skill: Building Rapport	Yes	No	Comment
Greeting			
Make woman relaxed by smiling, good eye contact, and body language			
Soft tone, explain the purpose of the visit, ask how mother and baby are, show empathy			
Gathering Information for Care Plan			
Skills: Questioning and Listening			
Use appropriate questions and listen actively			
● Encourage dialogue: <i>open-ended questions</i>			
● Show that you are listening (head nodding, eye contact, acknowledging sounds, yes...hmm)			
● Do not interrupt			
● Seek more information: <i>ask probing questions</i>			
● Avoid rushing with premature diagnosis			
● Express your feelings			
● Paraphrase what mother says			
Counseling Effectively			
Skills: Counseling and Sharing Information			
● Ask for mother's understanding of illness or situation			
● Discuss and try to correct any misconception or rumor			
● Use simple and understandable language			
● Ask for any questions or concerns			
● Present the care plan (what the mother needs to do) in short sentences and in clear blocks of information			
● Use visual aids when appropriate			
● Ask the mother to repeat what she needs to do			
● Ask if she agrees and will try to do what is being discussed			
● Summarize and repeat key information			
● Arrange follow-up if indicated			

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Case Ideas for Role Plays

1. A woman has completed 7 months of pregnancy and has problem of spotting.
2. A woman 5 months pregnant does not take full meals. She feels that if she eats full meal head of baby will be bigger.
3. A woman 8 months pregnant feels that baby is not moving in the womb.
4. A woman is 7 months pregnant. You are visiting her and realise that she has not prepared baby clothes and neither collected money for emergency.
5. A woman 7 months pregnant has burning in urine.
6. A woman who is pregnant 4th time had abortion and still birth in prior pregnancies.
7. A woman 8 months pregnant has not take any TT injection
8. A woman 5 months pregnant has problem of white discharge and fever 101° F (38.3° C)
9. A woman 8 months pregnant has problem of night blindness
10. A woman 8 months pregnant has swelling over both hands and face.

Module 6 : Interpersonal Communication

Session 5 : Interpersonal communication: Assessment

Day : 5

Time Required : 1 hour and 30 minutes

Purpose

To give ASHAs the opportunity to practice interpersonal communication skills through role plays.

Objective

At the end of the session the ASHA will be able to:

1. Demonstrate effective use of interpersonal communication skills while talking to parents.

Materials

- IPComm skills checklist (Interpersonal communication Module: Reading Material)
- Worksheet 1 : Case ideas for role plays

Preparation

- Instruct the trainees in advance to bring their copies of the Reading Material where IPComm Skills Checklist are provided.
- Ensure availability of adequate copies of Worksheet 1 depending on the number of trainees.

Training Methods

Role Plays: IPComm skill assessment (1 hour 30 minutes)

Instructions to Trainers :

1. Divide the group into pairs.
2. Distribute a number of “case ideas” (Worksheet 1) to choose from. Have each group prepare two role plays, where a trainee gets to play an ASHA in one play and a mother in the other.
3. Have trainees practice the role plays to demonstrate effective skills in the three steps: building rapport, questioning and listening, and giving information. (20 minutes)
4. Circulate in the room observing and helping as and when needed.
5. Have each pair present two role plays to the whole group (8-10 minutes for each group).
6. Use IPComm skills checklist to assess the performance of each ASHA in using communication skill during the role play. Keep record of the assessment.
7. Give immediate feedback and praise when indicated.

Summary

- Review the three main components of the interpersonal communication process.
- Make corrections if any and add any missing information.

Evaluation of the session

Objective	Assessment Method	Output
Demonstrate effective use of interpersonal communication skills while talking to parents	Role plays using IPComm skills checklist.	Assessment of ASHAs by the trainer

Case Ideas for Role Plays

1. A woman has completed 5 months of pregnancy and has problem of spotting.
2. A woman 6 months pregnant does not take full meals. She feels that if she eats full meal head of baby will be bigger.
3. A woman 7 months pregnant feels that baby is not moving in the womb.
4. A woman is 7 months pregnant. You are visiting her and plan for where to go and how to go if there is emergency.
5. A woman 7 months pregnant has fever 102° F.
6. A woman who is pregnant 2nd time had still birth in first delivery. She has not visited hospital even once during this pregnancy.
7. A woman 5 months pregnant does not consume iron folic tablets.
8. A woman 5 months pregnant has problem of white discharge and fever 101° F (38.3° C)
9. A woman 6 months pregnant has problem of night blindness.
10. A woman 7 months pregnant has swelling over both hands and face.

Training Workshop 2 : Summary and Planning for work in the community

Day : 5

Time Required : 45 minutes

Purpose

To review what the ASHA has learned during this training workshop and to discuss what she will be doing in the community in the following month.

Objective

At the end of the session the ASHA will be able to:

1. Explain what work she will be doing in the community after this training workshop and list the material needed to do the work.

Materials

- Workbook given to ASHAs in previous training workshop, containing 5 copies each of – Pregnancy Form, Delivery Form, First Examination of Newborn Form and Home Visit Form
- ASHA equipments and supplies store boxes, bag to carry the equipments and cloth to spread the equipments during home visit, thermometers, digital wrist watches, weighing scales, soap, to be able to give one set of the material to each ASHA. (Workbook was given to the ASHA in previous training workshop. Give to those ASHAs who do not have it)
- Flip Chart paper

Preparation

- Ensure availability of enough materials.

Training Methods

Question and Answers/Group Discussion (35 minutes)

Instructions to Trainers :

1. Ask the ASHAs to review the work they are already doing in the community (visiting homes, registering all women who are eligible to become pregnant, making list of pregnant women, visiting pregnant women and giving health education, referring pregnant women with danger signs during pregnancy to hospital).
2. Ask the ASHAs to describe what they have learnt during this training.
3. Add anything that may have been left out.
4. Emphasise that in addition to the work she did last month (No. 1 above), ASHAs will start attending deliveries along with the TBAs, and observe babies (30 seconds and 5 minutes after birth) and fill the Delivery Forms. Besides they will perform the First Examination of the Newborn and complete that form, start visiting mothers and newborns after delivery and using Home Visit Form. They will also use the newly acquired communication skills in every interaction with mothers. Ask them how they intend to go about it.

5. Ask ASHAs what are the new tasks they will be doing in the community and the material necessary for performing the new tasks. Listen to their answers and list out the answers on flip chart paper. Save this list as output of this session. The answers should include the tasks listed in the point 4 above and the material listed.
6. ASHAs should also have with them all the photographs of newborn conditions which will help them in identifying various newborn conditions and to show these to mothers so that mothers also can identify the conditions and call ASHA when necessary.
7. Each ASHA must have a list of referral facilities for maternal care in case of any emergency during pregnancy and delivery.
8. Each ASHA has a copy of the Workbook from the previous training workshop, which contains 5 copies each of the Pregnancy form, Delivery Form, First examination of Newborn Form and Home Visit Form. ASHAs should fill these forms while working in the community and bring the filled in forms to the next training workshop.
9. Explain that ASHAs will be visited by the supervisor during this period. The supervisor will assist, support and assess the ASHAs work.
10. Trainer should prepare the list of material given to each ASHA at the end of the training workshop. For this pages are provided in the Reading Material of each ASHA.

Summary (10 minutes)

- Ask the trainees to explain what they will do in the community after this training in the coming month.

The trainer evaluates his/her own session

Objective	Assessment Method	Output
Explain what work she will be doing in the community after this training period and list the material needed to do the work.	Questions and answers and the list prepared with the help of ASHAs	The list of new task and the material necessary for the ASHA to do the new tasks, prepared with the help of ASHAs The list of material actually given to each ASHA at the end of the training workshop, recorded in Reading Material of each ASHA

How to Train ASHAs in Home-Based Newborn and Child Care

Training Workshop 3

Module 7 : Breastfeeding
Module 8 : Thermal Control

TIME TABLE
TRAINING WORKSHOP 3 OF ASHA TRAINING
Modules 7, 8 and 9a (Sick child)

Time	Day 1	Day 2	Day 3	Day 4	Day 5
Morning session 0830-1230	Welcome, song (15 Min) Module 7 : Breastfeeding <u>Session 1</u> : Review of field experience after Training Workshop 2 (Modules 3, 4, 5, and 6) (2 Hrs) Tea (15 Min) <u>Session 2</u> : Local breastfeeding customs and beliefs (1 Hr) Lunch (1 Hr) <u>Session 3</u> : How breast milk is made (1 Hr) Tea (15 Min) <u>Session 4</u> : Effective breastfeeding practices (1 Hr 45 Min) <u>Session 5</u> : How to breastfeed : Latch-on and positioning (1 Hr 30 Min)	Song and review of the previous day (15 Min) <u>Session 6</u> : Managing breastfeeding problems (1 Hr 20 Min) <u>Session 7</u> : Helping with breastfeeding and expressing milk (45 Min) Tea (15 Min) <u>Session 8</u> : Providing breastfeeding support (1 Hr 30 Min) Lunch (1 Hr 30 Min) <u>Session 9</u> : Counseling for breastfeeding (1 Hr 40 Min) Tea (15 Min) Module 8 : Thermal control <u>Session 1</u> : Why keep the newborn warm? (1 Hr 45 Min)	Song and review of the previous day (15 Min) <u>Session 2</u> : How to keep the newborn warm (1 Hr 35 Min) Tea (15 Min) <u>Session 3</u> : How to re-warm a cold baby (1 Hr 40 Min) Lunch (1 Hr 30 Min) <u>Session 4</u> : Control of newborn temperature in hot weather and management of fever (1 Hr 40 Min) Module 9 : Management of Sick Child and Counseling for Immunization & Nutrition (IMCI) 9A : Assess and Classify <u>Session 1</u> : Common childhood problems and the case management process in a sick child (1 Hr) Tea (15 Min) <u>Session 2</u> : Assessment and classification of the sick child: Assess and classify danger signs(1 Hr)	Song and review of the previous day (15 Min) <u>Session 3</u> : Assessment and classification of the sick child: Assess and classify cough or difficult breathing (2 Hrs 30 Min) Tea (15 Min) <u>Session 4</u> : Assessment and classification of the sick child: Assess and classify diarrhoea (1Hr) Lunch (1 Hr) <u>Session 4</u> : (continued) Assessment and classification of the sick child: Assess and classify diarrhoea (1 Hr 30 Min) <u>Session-5</u> : Assessment and classification of the sick child: Assess and classify fever (1 Hr) Tea (15 Min) <u>Session 6</u> : Assessment and classification of the sick child: Check for malnutrition (1 Hr 30 Min) Recapitulation of the Day (15 Min) Games Group games	Song and review of the previous day (15 Min) <u>Session 7</u> : Assessment and classification of the sick child: Anaemia, and checking immunization, vitamin A and iron status (1 Hr 30 Min) Tea (15 Min) <u>Session 8</u> : Assessment for classification (30 Min) Training Workshop 3 : Summary and Planning for work in the community (1 Hr 15 Min) Lunch (1 Hr)
Afternoon session 1330-1730					
Evening	Recapitulation of the Day (15 Min) Games Group Discussion : Alcohol	Recapitulation of the Day (10 Min) Games Role plays	Recapitulation of the Day (15 Min) Games Group discussion : Relation with SHG groups		
Recreation					

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Module 7 : Breastfeeding

Session 1 : Review of field experience after Training Workshop 2 (Modules 3, 4, 5 and 6)

Day : 1

Time Required : 2 hours

Purpose

To give ASHAs the opportunity to discuss their experiences in the field after the last training. They should focus on any births and their experiences using the communication skills learned in previous Training Workshop.

Objective

At the end of the session the ASHA will be able to:

1. Discuss relevant events experienced during the field work: attending a delivery and providing routine newborn care, using the newly learned communication skills, personal feelings about her own behaviour, or any experience that she may want to share and discuss.

Materials

- ASHA's progress record of work and training in the community (from Training Workshop 2, and earlier training workshops, unless already discussed).

Preparation

- Organise a preparatory session with field supervisors and review the ASHA's progress record of work and training in the community of each ASHA. Share and discuss the performance and problems of each ASHA. Thus, the trainer and field supervisors will be thoroughly prepared about the needs of their trainee ASHAs before the training workshop begins.
- Trainers should bring the progress record of work and training in the community of each ASHA (from Training Workshop 2 and earlier training workshops, unless already discussed) to use in the trainee presentation /discussion exercise.

Training Methods

Presentation/Discussion (1 hour 15 minutes)

Instructions to Trainers :

1. Have trainees sit in a large circle.
2. Ask each trainee to give a 3-5 minute summary of her field practice. Write the following on the board so the ASHAs can remember what to discuss:
 - Number of deliveries observed.
 - Experience of working with TBAs.
 - Experiences of using the newly learned communication skills?
 - What were her successes?
 - Did she have any difficult or negative experiences?
 - Learning from these experiences.
 - Progress towards becoming an 'Ideal ASHA'.
 - Topics or skills from previous workshops which she wishes to review.

3. As ASHAs speak:
 - Keep track of time.
 - Clarify doubts / confusions.
 - Discuss any relevant points brought up in the larger group.
 - Note those areas where trainees will need further practice or more information.
4. Refer to the record of progress of work and training in the community of each ASHA to give more specific information & an overall view on how the ASHAs performed in the field. If any of them need more support, discuss this with them separately, and fix a time for this.
5. Summarise by writing the 'positive experiences' and the 'difficulties' on the board. They could include such situations such as:

Positive Experiences:

- Are the ASHAs finding that their communication skills gain the respect of TBAs and mothers?
- Are families happy that ASHAs visit and examine newborns regularly?

Difficult situations:

- Families still do not call the ASHAs at the time of delivery.
- Mothers are unhappy that their babies are being weighed regularly.

Role Plays (40 minutes)

Instructions to Trainers :

1. Divide the trainees into 4-5 groups.
2. Ask each group to pick a topic. If any group doesn't respond, you can use the above mentioned suggestions. Each group should discuss how the difficulty should be dealt with, or how positive experience can help an ASHA with her work in the community. The trainees can demonstrate their findings in a role play through a story, or by elaborating their thoughts. (10 minutes)
3. Each group should present a skit which should be followed by a short discussion. (5-10 minutes). Trainer should take notes on the role plays presented by ASHAs, on the feelings of ASHAs about the field work and about the difficulties faced by ASHAs.

Summary (5 minutes)

- Summarise the experiences of ASHAs during field work; discuss those areas which need more attention.
- Give general feedback on how the trainees have performed in their evaluation of work and training in the community by the supervisor in the field.
- Praise the ASHAs for their good work.

Evaluation of the session

Objective	Assessment Method	Output
Discuss relevant events experienced during her field work: attending a delivery using the newly learnt communication skills, personal feelings about her own behaviour, or any other experience that she may want to share and discuss with others	Discussion, role plays, or stories.	Record sheets of the trainer on the role plays presented by ASHAs, on the feelings of ASHAs about the field work and about the difficulties faced by ASHAs.

Module 7 : Breastfeeding

Session 2 : Local breastfeeding customs and beliefs

Day : 1

Time Required : 1 hour

Purpose

To explore customs and beliefs about breastfeeding in their communities using local terminology, so that the ASHA will understand how best to advise families in adopting good breastfeeding practices.

Objectives

At the end of the session the ASHA will be able to:

1. State local customs and beliefs about breastfeeding including when & why breastfeeding should start, whether other fluids are given and, if yes, why, etc.
2. List local breastfeeding terms (colostrum, nipple, engorgement, etc.).

Materials

- Breastfeeding Custom and Practice Analysis Grid
- White chart paper/flipchart paper
- Markers

Preparation

- Prepare the Breastfeeding Custom and Practice Analysis Grid on white paper, using the Content Box below.

Training Methods

Story Telling and Group Discussion (45 minutes)

Instructions to Trainers :

1. Gather the trainees in a large group.
2. Tell the group that each ASHA will tell a true story about how a child she knows was fed right from birth. It should be a typical story from her community. If an ASHA has her own children, it can be a story about one of her children. If not, it can be a story about a sister's child, or someone else she knows very well. This should be a *true story about what actually happened, why it happened, and who influenced decisions*.
3. Ask each ASHA to start off with "I am going to tell the story of Sunil (or any other baby's name)".
4. Write the following questions on the board or white paper.
 - How long after delivery was breastfeeding started? Why? Who suggested this? Any beliefs about colostrum?
 - What other foods or fluids were given to the baby? Why? When?
 - How often during the day and night did the baby breastfeed in the first weeks?
 - For how many months/years was the baby breastfed? Why? Who advised the mother when to stop?
 - At what age were other foods or fluids added to the breast milk? Why?
5. As each ASHA talks, fill in the grid (see Content Box).
6. After all the stories have been narrated to the group, look at the grid and analyze it. How many

breastfed? How many gave other fluids? How often, on an average, did they breastfeed in a day or night? How many mothers only gave breast milk for six months? Who were the main persons to influence this decision?

7. Discuss the observations. What is the general belief about breast milk? Identify the positive beliefs (breastfeeding is good for the baby, most women breastfeed, many breastfeed for a long time). As we learn more in the following sessions, we can look at other practices that may not be healthy, like giving other fluids, or delaying the initiation of breastfeeding. Try to find the reasons why a practice is followed or not followed. Save the analysis grid for discussion at the end of this module.
8. Place another piece of chart paper with the heading “Local Breastfeeding Words” on the wall. Ask the trainees to use the local names for anything relating to breast milk and breastfeeding, such as colostrum, engorged breasts (full breasts), nipples, etc. Write them down on the chart paper. These words are better to use in the community than ‘scientific’ words. Why is this so? (*Women will understand you better.*)
9. Try to involve all the trainees.

Content Box :

Breastfeeding Customs and Practice Analysis Grid					
(place a tick under the answer indicated)					
1.	Breastfeeding started	within 1 hour	1-6 hours	6-12 hours	>12 hours
2.	Whether other fluids were given?	never	once or twice daily		
3.	How often breastfed in day and night?	3-5 times	6-8 times	8-12 times / when hungry	
4.	Exclusive breastfeed for 6 months	yes	no		
5.	Breastfeeding duration	6 months	12 months	18 months	>2 years
6.	Who influenced the decisions?	mother-in-law	mother	sister/(in-law)	TBA/other

Summary (10 minutes)

- Have a trainee summarise the breastfeeding practices described; the local beliefs about breastfeeding, when breastfeeding is started, beliefs about colostrum, etc.
- Ask another trainee to review the local terms used to describe breastfeeding.
- Discuss who influences breastfeeding decisions in the household.
- Make corrections, if any, and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (5 minutes)

Objectives	Assessment Method	Output
State local customs and beliefs about breastfeeding including when & why breastfeeding should start, whether other fluids are given and, if yes, why, etc.	Stories/breastfeeding practices grid.	Breastfeeding practices grid filled with the help of ASHAs
List local breastfeeding terms.	Discussion/list of terms.	List of local breastfeeding terms, prepared with the help of ASHAs

Module 7 : Breastfeeding

Session 3 : How breast milk is made

Day : 1

Time Required : 1 hour

Purpose

To enable the ASHAs to identify the different parts of the breast, and to know how milk is made, so that she will be better able to help mothers to breastfeed successfully.

Objectives

At the end of the session the ASHA will be able to:

1. Identify the major parts of the breast.
2. Explain in simple terms how the baby suckling at the breast affects milk production.
3. Explain the most likely problem if a woman says she doesn't have enough milk.

Materials

- Reading Material 1 : Inside of breast
- Worksheet 1 : Inside of breast
- Reading Material 2 : Mother feeding the baby with full involvement

Preparation

- Ensure availability of adequate copies of Reading Material 1 and 2 and Worksheet 1 depending on the number of trainees.

Training Methods

Presentation (40 minutes)

Instructions to Trainers :

1. Distribute Worksheet 1: Illustration of the breast. The worksheet is not labeled. Explain the parts of the breast (see Content Box).
2. Have the trainees label the nipple, areola, milk reservoir (also called sinus), milk duct, gland tissue, and supporting tissue. Collect the worksheets and score the performance of ASHAs. Give 2 points for each correct labeling.
3. Ask ASHAs to refer to Reading Material 2. Explain how the baby suckling at the breast stimulates production of milk and squeezing the milk into the baby's mouth (Content Box).

Content Box :

Inside of breast

(Refer to Reading material 1)

The breast is made up of supporting tissue, gland tissue and fat.

Gland tissue (also called alveoli) makes the milk.

Milk ducts carry the milk to the sinuses for storage.

Milk reservoirs (or lactiferous sinuses) are wider than milk ducts and collect the milk.

Milk leaves the sinuses and enters the **nipple** through 10-20 fine ducts.

Nipple is the tip of the breast where the milk comes out.

Areola is the darkened skin area around the nipple. The milk reservoirs are under the areola (in a circle around the nipple).

Supporting tissue or breast tissue 'supports' the gland tissue, the ducts and the sinuses.

How milk is produced

(Refer to Reading material 2)

Toward the end of pregnancy, the body is getting ready to feed the newborn. The breasts get bigger so that milk can be produced. Milk is produced when the gland tissue in the breast is stimulated. Before delivery, a signal is sent from the mother's brain to 'make milk'. This is why the first milk, called **colostrum**, is present at the time of birth.

When the baby suckles at the breast, mother's brain gives a stimulus to breasts to produce milk. It also makes the uterus contract. (which is why some women feel a tightening in abdomen when they breastfeed) This helps limit blood loss from uterus after delivery.

How a mother feels while feeding her baby, can affect milk flow. If the mother is not interested in feeding the baby or is tense, less milk is available for baby. When the milk is in the reservoirs, the baby compresses the areola with its upper mouth (palate) and tongue, squeezing the milk reservoirs and causing the milk to flow out the nipple into the baby's mouth.

When the baby suckles, a message is sent to make more milk for the next feed.

Very Important Points:

1. The baby's suckling is what controls the amount of milk produced, so if the baby suckles more, more milk is made.
2. The baby gets the milk out by compressing the areola; not by sucking on the nipple alone which will only make the nipples sore.
3. The baby's suckling makes the uterus contract (less blood loss) and temporarily stops ovulation thereby another pregnancy is delayed.
4. Ask ASHAs what could be the explanation if a mother says she doesn't have enough milk. Listen to the answers. (*Correct answer: The baby is probably not suckling enough at the breast. The more the baby suckles the more milk is produced. Possibly, the mother is not interested in feeding the baby. Another possibility is that the baby may not be compressing the areola to get the milk out, but may be only sucking the nipple which will not be effective in getting milk out.*)
5. Praise ASHAs if they have the right answers. If they do not know, provide the possible answers based on the information learned in the session.

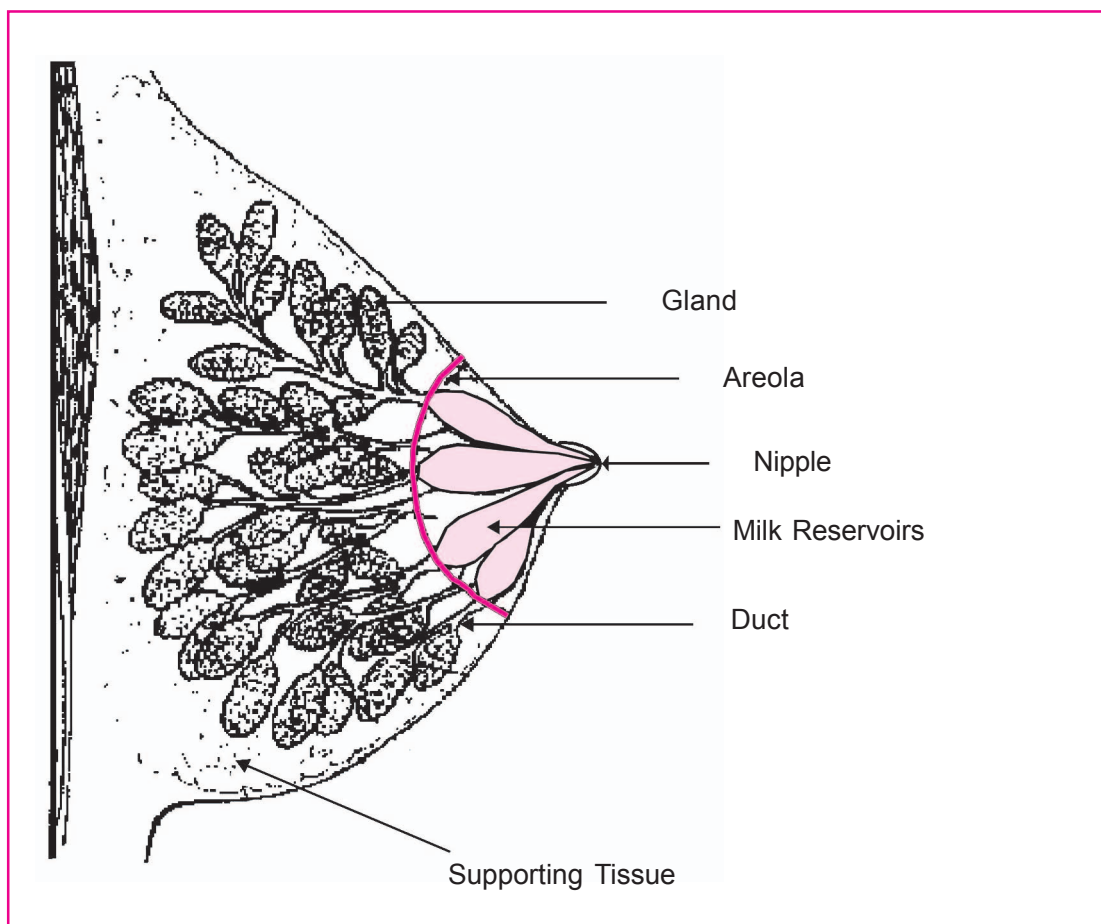
Summary (10 minutes)

- Ask an ASHA to point out on the illustration the different parts of the breast.
- Have another ASHA explain how milk is made and how it gets into the baby's mouth.
- Ask another ASHA to mention the two positive effects (other than milk being produced) of the baby's suckling (*contracts uterus lessening blood flow, and delayed ovulation which protects against another pregnancy*).

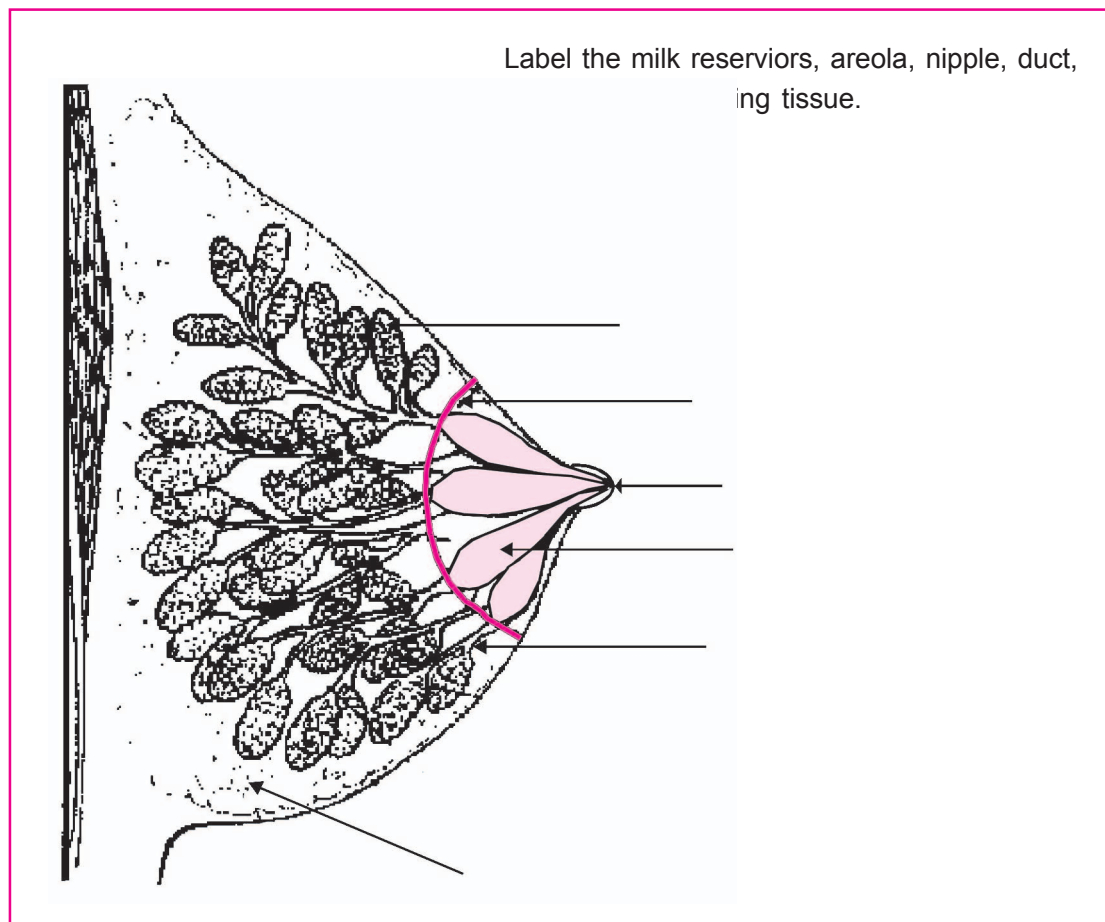
Evaluation of the session (10 minutes)

Objectives	Assessment Method	Output
Identify the major parts of the breast.	Labeling illustration.	Illustration of breast labeled by each ASHA and scored by trainer
Explain in simple terms how the suckling by baby affects milk production	Discussion /questions and answers.	—
Explain what the most likely problem is if a woman says she doesn't have enough milk.	Discussion /questions and answers.	—

Inside of breast



Inside of breast



Adapted from: UNICEF and United Kingdom Baby-friendly Hospital Initiative website.

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Mother feeding the baby with full involvement



Module 7 : Breastfeeding

Session 4 : Effective breastfeeding practices

Day : 1

Time Required : 1 hour and 45 minutes

Purpose

To introduce the ASHA to recommended breastfeeding practices, and to explain why these practices should be promoted.

Objectives

At the end of the session the ASHA will be able to:

1. Mention five advantages of breastfeeding.
2. Explain when breastfeeding should start, including two reasons why.
3. State at least two advantages of colostrum.
4. Explain exclusive breastfeeding and its advantages.
5. Define on-demand feeding.
6. Explain why a breastfed newborn does not need water or other liquids, and the disadvantages if these are given.
7. State the five basic breastfeeding recommendations.

Materials

- Blackboard or white chart paper / flipchart paper
- Markers

Training Methods

Presentation and Discussion (1 hour 30 minutes)

Instructions to Trainers :

1. From the discussion on local practices, it is clear that many women breastfeed and think breastfeeding is good. Ask the trainees to state some of the advantages of breastfeeding. List the answers on the board or chart paper (see Content Box). Add and explain missing items.
2. Ask the trainees if they can tell you when a woman should start breastfeeding. If they say “immediately after birth”, ask them why (see Content Box).
3. Ask a participant to tell the group about some of the local beliefs about colostrum. For example, some people think it is ‘dirty’ or not a good food because of its color, or because it may not look like cow’s milk, or because not much colostrum is made. Ask if anyone has any other ideas about colostrum. Make sure the main points are covered (see Content Box).
4. Make a list of the benefits of colostrum.

Content Box :

Advantages of Breastfeeding

Breast milk	Breastfeeding
Perfect nutrients for the baby	Helps bonding between mother and baby
Easily digested and used	Helps infant develop properly
Protects against infection	Delays a new pregnancy
Prevents irritation of the baby's gut	Protects mother's health (less blood loss)
	Costs less than artificial feeding

Best time to start breastfeeding: The best time to start is within the first few minutes after delivery if possible (but no later than the first hour).

Reasons:

- 1) The baby suckling at the breast helps contract the mother's uterus, and helps prevent too much bleeding.
- 2) Colostrum, the first milk, is the perfect food for the newborn, with just the right amount of nutrients the baby needs after the energy spent during birth.
- 3) Having the baby close to the mother (as when breastfeeding) helps foster a strong feeling (bonding) between the mother and baby.
- 4) Early breastfeeding also helps to keep the baby warm.

Benefits of colostrum:

- 1) Has an antibody (like a vaccination) that protects against infection and allergy.
- 2) Helps the baby pass the first stool and to prevent jaundice.
- 3) Has growth factors that help intestine mature and prevent problems.
- 4) Has a lot of Vitamin A, which prevents eye diseases and protects against infection.

Benefits of early breastfeeding for the mother:

- 1) Helps in delivery of the placenta.
- 2) Contracts the uterus so there is less bleeding (less blood loss).
- 3) Can protect against another pregnancy for at least six months after delivery if exclusive breastfeeding is practiced during that time.

5. Ask: If colostrum and early breastfeeding is so good for the baby and the mother, how come mothers do not breastfeed their babies for the first few days and instead, throw out the colostrum? *(Here you can put in an example from Session 2 – Local customs...)* Listen to the answers. *(It may be because this is how their mothers or mothers-in-law have done it. This could be based on a misconception, that colostrum is not as good as the whiter and richer cow or buffalo milk. Explain that the buffalo's milk is for the baby buffalo. The baby buffalo needs rich milk as it grows very fast and big. In the same way, mother's milk, especially colostrum, is just right for the newborn baby and should be given to the baby as soon after delivery as possible.)*
6. Ask: How should an ASHA discuss these issues with a mother and her mother-in law? *(Remember to be respectful of their beliefs and ideas. Talk in a kind voice, listen, & praise them: "I know you are a good mother: look how happy your child is, etc." Then explain clearly, & try to seek agreement.)*
7. Ask if anyone can define the term 'exclusive breastfeeding'? Listen to the answers. If someone has a correct or partially correct answer, praise them and write it on the board. If incorrect, explain why and write the correct definition on the board.

Content Box :

Exclusive Breastfeeding: WHO Definition

Breastfeeding the baby and giving no other food or drink (including water) in addition to breastfeeding (except medicines and vitamin drops).

Advantages:

1. Breast milk is completely clean; breastfed babies have much lesser instance of diarrhoea than babies who are not breastfed, or those given other fluids or foods along with breastfeeding.
2. Breast milk provides antibodies to fight infections. Babies exclusively breastfed have fewer infections and even if they do get one, they can fight them better.
3. With exclusive breastfeeding, the baby regulates the amount of milk it needs, and so the amount produced by the mother equals what is needed by the baby. This happens because when the baby suckles, a message is sent to the mother's brain, to 'make milk'. If the baby takes jaggery water or other fluids, the baby is not suckling and the message to 'make milk' is not sent. This leads to less milk being produced by the mother.

8. Ask if anyone knows how often a baby should be fed. Listen to the answers.

Answer: It is recommended that mothers feed their babies **on-demand**. **Definition of 'on-demand':** there is no schedule; when the baby starts making a gentle suckling with his mouth, or moves his head toward the breast, or cries, the baby should be fed. In the first weeks however, the baby needs to feed often; usually every 2-3 hours during both the day and night. If the baby is sleeping, and has not fed in 4 hours, the mother should wake the baby and feed it.

The reason to feed the baby when it wants food is to make sure the baby has the energy it needs to grow. The baby does not grow on a schedule, but when the baby is ready. As the baby suckles, a message is sent to the mother's brain to 'make more milk' (suckling stimulates milk production). **By letting the baby suckle 'on demand', the amount of milk produced will equal its need.** **The reason to wake the baby if it is sleeping too long** is to prevent the mother's milk production from decreasing. If the baby sleeps too long, it doesn't suckle and the message doesn't go to the mother's brain to 'make more milk'. This will lead to the mother not having enough milk.

9. Ask if a newborn requires anything to drink or eat besides breast milk. Listen to the answers.

Answer: If the mother is feeding on-demand, the baby gets all it needs from breast milk. No other fluids or foods are needed. Even in very warm weather, scientists in India have shown that an exclusively breastfed baby takes in enough liquid from its mother's milk and doesn't require anything else. Giving additional fluids or food has two very adverse effects:

- Water, other fluids, or other (cow / buffalo) milk are not as clean as breast milk and could cause diarrhoea.
- When the baby takes in other fluids or food, its stomach fills up and it suckles less at the breast; less suckling leads to less milk being produced.

10. Ask the trainees how long breastfeeding should continue. Listen to their answers. Build on them to include the following:

Answer: WHO recommends **exclusive breastfeeding** for six months.

At six months the baby's energy requirements increase. Hence complementary food (along with breastfeeding) should be started then. Breastfeeding should continue for two years.

11. Make a list of the five basic breastfeeding recommendations:

- 1) Start breastfeeding as soon after delivery as possible, preferably within one hour of birth.
- 2) Breastfeed on demand, i.e., whenever the baby wants, it must get its mother's milk.
- 3) Exclusively breastfeed for six months.
- 4) Continue to breastfeed after six months, but start adding other foods.
- 5) Continue breastfeeding for at least two years.

Summary (10 minutes)

- Ask two ASHAs to perform a role play. One ASHA plays the role of the pregnant mother; the other is the ASHA. In the role play, the ASHA explains why mothers should start breastfeeding as soon as possible after delivery.
- After the role play, discuss if the ASHA was persuasive enough and if any improvement can be made.
- Make necessary corrections and add any missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (5 minutes)

Objectives	Assessment Method	Output
Mention five advantages of breastfeeding.	Questions and answers.	--
Explain when breastfeeding should start , including two reasons why.	Questions and answers / role play.	--
State at least two advantages of colostrum.	Questions and answers.	--
Explain exclusive breastfeeding and its advantages.	Questions and answers.	--
Define on-demand feeding.	Questions and answers.	--
Explain why a breastfed newborn does not need water or any other liquids, and the disadvantages if these are given.	Questions and answers.	--
State the five basic recommendations for breastfeeding.	Questions and answers.	--

Module 7 : Breastfeeding

Session 5 : How to breastfeed: Latch-on and positioning

Day : 1 and 2

Time Required : 1 hour and 30 minutes

Purpose

To ensure that ASHAs have the skill required to help mothers begin and maintain effective breastfeeding.

Objectives

At the end of the session the ASHA will be able to:

1. Describe the position of the newborn's mouth when correctly attached to the breast.
2. Explain how correct latch-on and body position prevent breastfeeding problems.
3. Demonstrate three positions for breastfeeding a baby.

Materials

- Dolls
- A few pillows or folded pieces of cloth for support
- Reading Material 1 : Illustrations of latch-on
- Reading Material 2 : Breastfeeding Positions

Preparation

- Obtain and have ready the materials listed above; have enough quantities for the trainees to practice with, in the small groups exercise.
- Ensure availability of adequate copies of Reading Material 1 and 2, depending on the number of trainees.

Training Methods

Presentation and Demonstration (45 minutes)

Instructions to Trainers :

1. Ask if one of the ASHAs can explain how the baby gets the milk out of the breast (this was discussed in Session 3 on the anatomy of the breast). If the first person does not answer correctly, ask the ASHAs to think of the breast's anatomy, & where the milk is stored in the breast. Help them to come up with the answer.
(Answer: the baby's mouth surrounds the areola and nipple. Underneath the areola are the milk reservoirs, which store the milk. The baby compresses the areola between the upper mouth [soft palate] and the tongue; the milk reservoirs are compressed and milk is pushed into the baby's mouth and the baby swallows the milk.)
2. Explain that this mechanism, compressing the areola (and therefore the milk reservoirs underneath), is key to understanding how the baby should be placed (or attached) at the breast. Proper attachment or 'latching-on' can prevent many breastfeeding problems, such as sore nipples and baby not suckling well, which lead to less milk being produced.

3. Ask ASHAs to refer to Reading Material 1: Illustration of attachment. Ask what they see in the illustration of 'correct' attachment (*baby's mouth covering areola and nipple*) and poor attachment (*baby's mouth surrounds only the nipple*).
4. Ask what is the difference in the two attachments ?
(Correct attachment: *baby's mouth opened wide around areola and nipple, lower lip turned outward*.
Poor attachment: *baby's mouth only around nipple, mouth not wide open; lips in small circle around the nipple, as if it is sucking from a bottle*.)
5. Ask what are some of the reasons of poor attachment. Listen to the answers and write them on the board or chart paper. (Answer: *an inexperienced mother, a small or weak baby, nipple not protruding enough, breasts too full [as the mother started to breastfeed many days after delivery], or lack of support for breastfeeding*.) Fill in points which have been missed and explain.
6. Explain how a mother can place the baby so that there is correct attachment on the breast:
 - Touch the baby's lips with her nipple (make the baby open his mouth).
 - Wait until the baby's mouth is open wide and move the baby quickly onto her breast, aiming the nipple and areola toward the roof of the baby's mouth.

Remember:

- Let the mother do as much as she can herself. You are there to help her, not to take over.
 - If it is not well attached, reposition the baby.
7. Ask "What are the results of poor attachment"? (see Content Box) Discuss.

Content Box :

Results of Poor Attachment

- | | |
|---------------------------------------|--|
| • Pain and damage to nipples | → Sore nipples and fissures (breaks in skin) |
| • Breast milk not removed effectively | → Engorgement (breasts too full) |
| ↓ | |
| • Apparent poor milk supply | → Baby unsatisfied, wants to feed a lot |
| ↓ | Baby frustrated, refuses to suckle |
| • Breasts make less milk | → Baby fails to gain weight |

(Source: WHO-UNICEF, Breastfeeding Counseling: A Training Course)

Demonstration (20 minutes)

Instructions to Trainers :

1. Explain that in addition to correct attachment, the position of the baby's body relative to the mother is important for successful breastfeeding.
2. Ask if the trainees can identify different positions for breastfeeding a baby. They will probably say "sitting down" or "lying down"; both are correct (see Content Box below). Emphasise that the important thing is for both the mother and child to be comfortable.
3. Demonstrate each position with the doll, and explain how to hold the baby and the benefits of different positions.

Content Box :

Latch-on and Positioning: Important Points

1. Baby's head and body are straight.
2. Baby's face is facing the breast and nose opposite nipple.
3. Baby's body is close to mother's body.
4. Baby's head and bottom (if newborn) are supported.
5. Most of the areola is in baby's mouth.

Breastfeeding Positions

Cradle Position: the mother cradles the baby in her arm with the forearm supporting the baby's head. It may be more comfortable to place a pillow under the cradling arm or have the mother raise up her thigh to give more support.

Good position for all babies.

Side-lying Position: the mother is lying on her side, and the baby lies on its side facing the mother. The mother supports the baby's head and neck with her arm and a pillow.

Good position for all babies. Useful when mother is tired or when feeding during the night.

Underarm Position: the mother is sitting or leaning back. For the right side, the back of baby's head is in mother's right hand and his body is along the right arm; baby's feet face backward, baby is offered the right breast. A pillow may be used under the arm. For the left breast, use the left arm to support the baby.

Useful for twins, or if there is difficulty with attachment.

Alternate Underarm Position: the mother is sitting, holding baby's head in one arm and baby's body supported by forearm (as underarm position); however, if holding with right arm, offer the baby the left breast (and vice versa).

Useful for very small or sick babies.

Practice (20 minutes)

Instructions to Trainers :

1. Divide into small groups.
2. Write the five important points on the board or white paper (e.g., baby's head and body are straight, etc.).
3. Have trainees practice the different positions by using dolls and pillows; other group members check that the mother is comfortable (pillows if needed) and baby in the proper position.
4. Have trainees role play on how they would help a mother to position the baby correctly - both while lying down and when sitting up.

Summary (5 minutes)

- Ask an ASHA to explain the position of proper attachment to the breast (latch-on).
- Have another ASHA explain why proper attachment is important. What may result from a poor attachment?
- Have a trainee demonstrate each of the breastfeeding positions.

Evaluation of the session (during session)

Objectives	Assessment Method	Output
Describe the position of the newborn's mouth when correctly attached to the breast.	Questions and answers.	--
Explain how good latch-on and body position prevent breastfeeding problems.	Questions and answers	--
Demonstrate three positions for breastfeeding a baby.	Each trainee correctly demonstrates each of the different breastfeeding positions with a doll.	--

Illustrations of Latch-on

Poor Attachment



✗

Proper Attachment

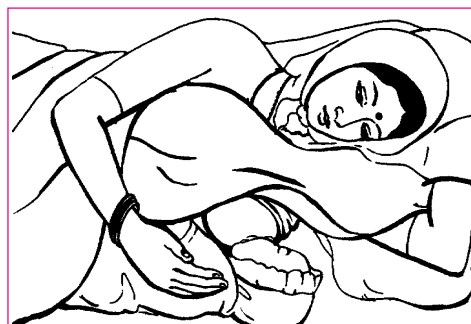


✓

Breastfeeding Positions



Cradle Position



Side-lying Position



Underarm Position



Alternate Underarm Position

Module 7 : Breastfeeding

Session 6 : Managing breastfeeding problems

Day : 2

Time Required : 1 hour and 20 minutes

Purpose

To prepare the ASHA to identify and manage common breastfeeding problems.

Objectives

At the end of the session the ASHA will be able to :

1. Explain what symptoms may suggest presence of breast feeding problem.
2. Describe how to observe a breastfeed to detect the source of any problem.
3. Explain how to help a mother with sore or cracked nipples, insufficient milk production, or engorged and painful breasts.
4. Fill in the Breastfeeding Problem Management Form.

Materials

- Reading Material 1 : Breastfeeding Observation Tips
- Reading Material 2 : Managing Common Breastfeeding Problems
- Worksheet 1 : Breastfeeding Problem Management Form (Supplementary Form 1)
- A breastfeeding mother with her baby, if possible.
- Blackboard or white chart paper/flipchart paper
- Markers

Preparation

- Ensure availability of adequate copies of Reading Material 1 , 2 and Worksheet 1, depending on the number of trainees.
- Try to arrange for a breastfeeding mother and her baby to come for the demonstration exercise.
- Write the case study about Ram (see #9 under Demonstration/Practice) on a piece of white paper.

Training Methods

Presentation and Demonstration: Observing a breastfeed (20 minutes)

Instructions to Trainers :

1. Following symptoms suggest presence of breast feeding problems
 - a. Mother says that she has not enough milk
 - b. Mother says that breasts are very full causing discomfort or breast feeding is painful
 - c. Baby cries even after breast feeding
 - d. Baby does not gain weight
2. Explain that most breastfeeding problems can be prevented by giving mothers information, and by supporting them if they need assistance.
3. In a brief review of the last session, ask the trainees what problems can result from poor attachment and positioning? (*Answer: mother having sore nipples & not able to effectively get the milk out, which*

leads to less milk being produced, and ultimately, weight loss of the baby.)

4. Ask trainees what they think could happen if the baby does not suckle for the first few days after birth. Listen to the answers as ASHAs may have some past knowledge from their own experiences. (Answer: *delayed initiation of breastfeeding often leads to breast engorgement; the breasts being very full. When the breasts are too full, the baby has a hard time attaching properly because the areola area is not soft but hard. Engorgement can lead to painful breasts or a blocked duct, and even infection and abscess. This can be prevented by starting breastfeeding early and by feeding on-demand.*)
5. In order to make sure a mother is breastfeeding well, or to find out what is causing the problem, the ASHA needs to observe the mother breastfeeding. Ask ASHAs to refer to Reading Material 1 : Breastfeeding Observation Tips. Read the tips out aloud and discuss.
6. Demonstrate how you would observe a breastfeed, using the tips as a guide. If a breastfeeding mother and baby are available, arrange a live demonstration. If not, simulate the situation with a doll using an ASHA as a mother. During the demonstration, say loudly what the ASHAs need to observe (although it should be made clear that the ASHA will not be saying this aloud when she will be observing a breastfeed in the field). Make sure you model behaviour:
 - Explain to the mother that you would like to observe her breastfeeding. Assure her that if there is a problem, you will try and identify the cause; if there is no problem, you will just make sure that all is going well).
 - Remember to use both verbal as well as nonverbal communication skills to make the mother feel at ease: smile, use eye contact, praise and encourage her.
 - Observe the mother and baby: Is the mother comfortable? Is the baby's body close? Is the baby facing a breast? Is the mother secure and confident, or is she nervous & not even looking at her baby?
 - How is the baby attached: Is there correct attachment? (*mouth open wide around areola, lower lip outward, baby suckles slowly and deeply, then quickly with pauses [can hear or see swallowing], cheeks round, or poor attachment (mouth not wide, most of areola outside of mouth, rapid sucks, cheeks tense or pulled in.)*)
 - How do the breasts feel after the feed, soft (normal) or hard (engorged, not normal?) Are the nipples protruding or inverted? Are the nipples red and sore?
7. Discuss and answer any questions.

Content Box :

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 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

Breastfeeding Observation Tips

Signs of breastfeeding going well	Signs of possible difficulty
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 not flowing)
After feed, breasts soft, nipples protruding	After feed, breasts full or engorged, nipples may be red, cracked, flat or inverted.

Adapted from WHO-UNICEF, *Breastfeeding Counseling: A Training Course*

Presentation and Group Discussion: Managing common problems (40 minutes)

Instructions to Trainers :

1. Write 'sore nipples', 'not enough milk' and 'engorged breasts' across the board, or on three pieces of white paper (a different piece for each condition).
2. Starting with sore nipples, ask the trainees to give you the causes (*improper latch-on or positioning at the breast.*) Write down the responses. Ask what should be done about it?
3. Listen to the answers. Praise correct answers. Fill in any gaps (see Content Box below).
4. Continue with 'not enough milk', and 'engorged and painful breasts'. Ask for the causes and what ASHAs think can be done to improve the condition. Fill in any gaps.
5. Ask ASHAs to refer to Reading Material 2 : Managing Common Breastfeeding Problems, and review the information in the group.
6. Ask for any questions. Clarify any misconceptions.

Content Box :

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 breasts 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 doesn't 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.

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 6 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 about 150-200 grams per week)?
 - Is the baby satisfied after feeds?
- ✓ Reassure mother.
- ✓ If there is not enough milk, have the baby feed more often.
- ✓ Check breastfeeding to observe mother's attachment and positioning of the mother and baby.
- ✓ Encourage rest. Emphasise on the mother to drink and eat more.
- ✓ Praise her and return for follow-up visit.

Engorged and painful breasts (very full breasts)

Causes: delayed initiation of breastfeeding, infrequent feeding, 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 baby is not able to attach, apply warm compresses to breast, gently massage from the 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 this 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 toward 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.

Demonstration/Practice :

Filling in the Breastfeeding Problem: Management Form (10 minutes)

Instructions to Trainers :

1. Distribute the Breastfeeding Problem: Management Form (Worksheet 1).
2. Read through the form. Explain that the form is to be used if a breastfeeding problem is diagnosed. If even any one of 5 'signs' is observed, then the diagnosis is 'difficulty in breastfeeding'.
3. If any one of the 5 signs is present, determine the cause of the problem. Observe the mother

breastfeeding and ask her how often she has fed the baby during the last day and night. Perhaps the baby's attachment to the breast (latch-on) is not correct, or the mother is not feeding the baby frequently enough (letting the baby sleep for 5-6 hours at a time without feeding), or she is giving the baby some other fluids to drink.

4. Once you identify the cause of the problem, decide on the management; what are you doing to help her. For example, 'helped her to achieve better attachment', 'advised her to feed more often, during the day and night', 'encouraged her and will follow up with visit tomorrow', etc.
5. Weigh the baby on the day when a breastfeeding problem is diagnosed. Weigh the baby again after 7 days. Record both the weights on the form in the space provided. The difference in these two weights is the change in weight during these 7 days. See whether weight has increased or decreased. Record the weight gain in the space provided on form.
6. If after 7 days the breast feeding problem persists, or baby's weight gain is less than 100 grams, refer to hospital.
7. Write down how the baby was on the 7th day, and/or when situation was cured (in case it was earlier than the 7th day).
8. If a breastfeeding problem exists, visit the mother and newborn every morning and evening till the problem is solved. Fill the form on each visit.
9. Write the following on the board or on a transparency and project on a wall. Have the trainees fill in the form.

Ram is 3 days old. When you are visiting the house, his mother tells you that he is not feeding well and hasn't done so since birth. During the night, he slept for 7 hours without feeding, and during the day, he is crying a lot and not suckling well. The mother's breasts are full and painful.

Fill in the breastfeeding management form. What is the treatment? What is the diagnosis?

Answer: Mark number 1 (baby not suckling properly from first day) and number 5 (painful breasts).

Diagnosis: probable poor attachment, not emptying breasts, infrequent feeds.

Treatment: Will observe breastfeed, assist with attachment and positioning if needed, advise the mother to feed Ram frequently after every four hours even if she has to wake him up, apply warm compresses to breasts to soften them before feed.

10. Review how the form was filled in. Explain that the baby is weighed on 1st and 7th day of treatment and if weight gain is less than 100 grams, refer the baby to hospital. Check if there are any questions. Clarify confusions.
11. Breastfeeding Problem Management form is a supplementary form and is to be used only when necessary.

Summary (5 minutes)

- Ask an ASHA to explain how to observe a breastfeed & what should she look for.
- Have one ASHA explain the cause of and how to treat sore nipples; another ASHA should explain why there is 'insufficient milk'; a third, why does a mother have 'engorged breasts' and why are they painful.
- Make corrections and add missing information.
- Praise ASHAs for their good work.

Evaluation of the session (5 minutes)

Objectives	Assessment Method	Output
Explain what symptoms may suggest presence of breast feeding problem.	Questions and answers.	--
Describe how to observe a breastfeed to detect the source of problems, if any.	Questions and answers.	--
Explain how to help a mother with sore or cracked nipples, insufficient milk production, or engorged and painful breasts.	Questions and answers	--
Fill in Breastfeeding Problem: Management Form	Review filled-in forms after case presentation.	Breastfeeding problem: Management Forms filled by all ASHAs

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 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 not flowing)
After feed, breasts soft, nipples protruding	After feed, breasts full or engorged, nipples may be red, cracked, flat or inverted.

Remember when counseling a mother :

- ✓ You are there to help the mother, not to take over.
- ✓ Use verbal and nonverbal skills to make her feel at ease.
- ✓ Encourage and praise her; every mother has the ability to breastfeed.
- ✓ 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 said (for example, 'I hear you saying that you think you don't have enough milk'.... Ask her why she thinks that. Listen to what she is saying and why.). After you assess the breastfeed, check the baby's weight gain; you will have a better idea of what is going on.
- ✓ 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.
- ✓ Encourage her. Many women do not breastfeed successfully because they do not get good advice, support and encouragement.

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 breasts 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 doesn't 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.

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 6 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 about 150-200 grams per week)?
 - Is the baby satisfied after feeds?
- ✓ Reassure mother.
- ✓ If there is not enough milk, have the baby feed more often.
- ✓ Check breastfeed to observe mothers attachment and positioning of the mother and baby. Encourage rest. Emphasise on the mother to drink and eat more.
- ✓ Praise her and return for follow-up visit.

Engorged and painful breasts (very full breasts)

Causes: delayed initiation of breastfeeding, infrequent feeding, 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 baby is not able to attach, apply warm compresses to breast, gently massage from the 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 this 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 toward 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.

Breastfeeding Problem : Management Form

Supplementary Form 1
Use if necessary

Name of mother : _____ Village : _____ Date of delivery : _____

Day since birth of the baby on which diagnosis of breast feeding problem was done : _____

Once you diagnose breast feeding problem, visit every morning and evening for 7 days. Manage as you are trained (see Reading material)
(Tick mark if symptom is present: ✓)

Symptoms on the day of diagnosis and on subsequent days of management	1 st day		2 nd day		3 rd day		4 th day		5 th day		6 th day		7 th day	
	M	E	M	E	M	E	M	E	M	E	M	E	M	E
1) Baby not suckling well since first day														
2) Mother has no milk since delivery														
3) Baby continuously crying or passing urine less than 6 times in 24 hours														
4) Baby's suckling is weak or has stopped														
5) Cracked nipples, engorged and painful breasts														
Weight of the baby	No weight recording is necessary on these days													
Weight gain from 1 st to 7 th day of treatment	Write weight gain in the next column grams													

Weigh the baby on first day of treatment and 7th day of treatment.
If after completion of 7 days, the breast feeding problem persists, or if the baby's weight gain is less than 100 grams in 7 days then refer to hospital

Treatment Given	Supervisory Check
Outcome : Problem solved/ Referred to hospital	Action correct/ wrong
Signature of ASHA	Signature of supervisor

Name of the ASHA : _____ Date : _____

Name of the trainer : _____ Total score : _____ Block : _____

Module 7 : Breastfeeding

Session 7 : Helping with breastfeeding and expressing milk

Day : 2

Time Required : 45 minutes

Purpose

To enable ASHAs to assist mothers to breastfeed and teach them how to express milk by hand.

Objectives

At the end of the session the ASHA will be able to:

1. Explain how to manage a mother with inverted nipples.
2. Assist mothers who have difficulty in the first feed to feed their babies.
3. Demonstrate the technique for expressing milk and feeding the baby with a *paladay* or spoon.

Materials

- Reading material 1 : Expressing milk by hand
- *Paladay* or spoon



Preparation

- Ensure availability of adequate copies of Reading Material 1 depending on the number of trainees.
- Obtain and have a *paladay* or spoon ready.

Training Methods

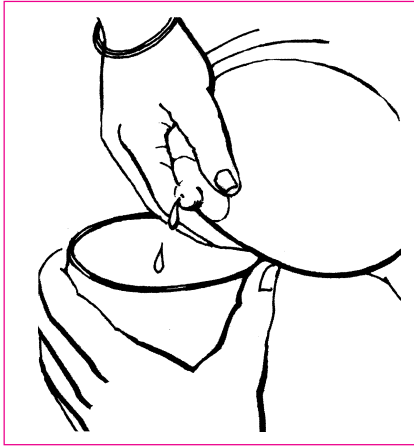
Presentation (25 minutes)

Instructions to Trainers :

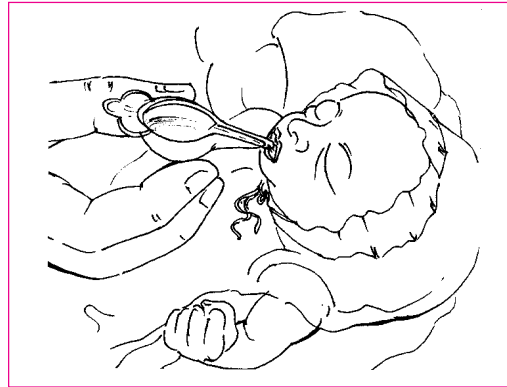
1. Explain that most women can breastfeed without problems. A few women may have nipples that are flat or that go in, instead of protruding out. Most flat or inverted nipples improve by themselves around the time of delivery. There is no need to start any treatment before delivery. At the time of delivery, if the mother has flat or inverted nipples, the ASHA may need to spend extra time helping her in the first few days.
2. Explain how to help with the first feed:
 - Explain that the baby suckles from the breast, not the nipple. As the baby feeds, the breast and nipple /areola will stretch.
 - Place the baby against the mother's skin; let the baby explore around the breast (this may stimulate the milk flow). Some babies attach well by themselves.
 - If needed, help mother to position the baby; have her touch her nipple to baby's lip; when mouth is open wide, place over the nipple and areola.
 - Make sure the mother is in comfortable position; change position if baby is not well attached; try the underarm position.
 - Build the mother's confidence; explain that it may be difficult at the beginning but if she has patience, she will succeed.

Paladay : Paladay is a special spoon used in South India for feeding the baby who can not suckle at breast.

- If the nipple still remains inverted, you may have to help the mother get the nipple to stand out more. She should try rubbing or massaging the nipples.
- You may need to teach the mother to express her milk and feed it to the baby with a paladay until it can suckle at her breast. Ask the ASHAs to refer to Reading Material 1.



Expressing milk by hand



Feeding baby with paladay

Content Box :

How the Mother Can Express 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 thumb 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 cup to collect the milk. Milk may drip at the beginning and then spray out after it starts flowing.
8. Rotate the thumb and fingers around the areola so that the milk is removed from all the reservoirs.
9. Repeat with the other breast.

Adapted from *Breastfeeding Management and Promotion in a Baby-Friendly Hospital*, UNICEF and WHO 1993.

3. Explain how to feed expressed milk to the baby:

- Use a clean cup to collect the milk and a clean spoon or paladay to feed the baby.
- The mother should hold the baby in her lap, with the head and upper back supported with her hand. She should touch the baby's lips with the tip of the paladay.
- When the baby opens its mouth gently, rest the paladay so that the milk touches the baby's lips; the baby will start taking the milk with its tongue.
- Encourage the mother to look at the baby and talk to the baby.
- When the baby has taken in enough milk, it will shut its mouth.

- Continue to try and breastfeed; if the baby has difficulty feeding at the breast, feed expressed milk (up to 8-10 times a day) until breastfeeding is established.
- Expressed breast milk should immediately be fed to the baby. After that the remaining milk should be discarded.
- To keep out flies and dust, keep the clean cup containing expressed breast milk covered.

Role Play Practice (15 minutes)

Instructions to Trainers :

1. Divide the group into smaller groups of three each.
2. Have each group perform a role play in which the mother has flat or inverted nipples and the ASHA is helping her with the first feed.
3. Have the role playing ASHAs interchange; in one role play, the mother is feeding her baby well as the ASHA is encouraging her; in another role play, the mother is being assisted with her first feed because she is having difficulty in breastfeeding due to flat nipples, and in the third, the ASHA teaches the mother to express milk and feed the baby with a paladay until the baby is able to breastfeed.
4. Circulate in the room and assist wherever needed. Trainer should prepare report of his/her observations during role plays. Also note additional difficulties if any or positive experience.

Summary (5 minutes)

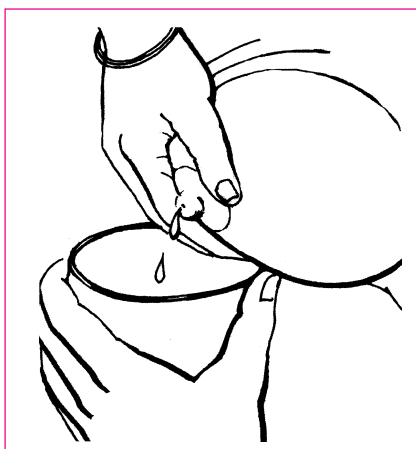
- Have ASHAs review how they will help the mother who has flat or inverted nipples; what should they do before and after delivery.
- Have an ASHA demonstrate how to express milk.
- Have an ASHA demonstrate how to feed a baby mother's milk with a paladay or spoon.
- Make corrections if any are required, and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session

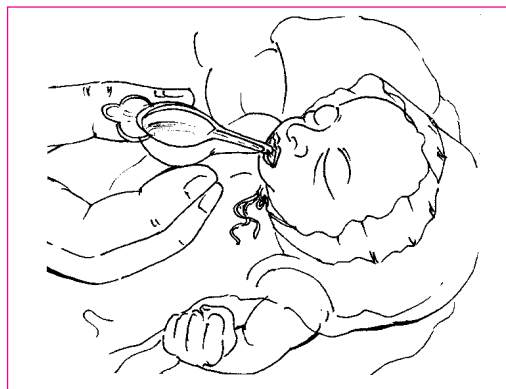
Objectives	Assessment Method	Output
Explain how to manage a mother with inverted nipples	Questions and answers.	--
Assist mothers who have difficulty in the first feed to feed their babies.	Role play practice.	Trainer's report of his/her observations during role plays. Also note additional difficulties if any or positive experience
Demonstrate the technique for expressing milk and feeding the baby with a paladay or spoon.	Role play practice.	Trainer's report of his/her observations during role plays. Also note additional difficulties if any or positive experience

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 thumb 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 cup to collect the milk. Milk may drip at the beginning and then spray out after it starts flowing.
8. Rotate the thumb and fingers around the areola so that the milk is removed from all the reservoirs.
9. Repeat with the other breast.



Expressing milk by hand



Feeding baby with paladay

Adapted from *Breastfeeding Management and Promotion in a Baby-Friendly Hospital*, UNICEF and WHO 1993.

Module 7 : Breastfeeding

Session 8 : Providing breastfeeding support

Day : 2

Time Required: 1 hour and 30 minutes

Purpose

To give the ASHAs practice in providing breastfeeding advice and support to mothers.

Objectives

At the end of the session the ASHA will be able to:

1. Demonstrate how they should discuss early initiation of breastfeeding with a mother and her mother-in-law.
2. Demonstrate how they should help a mother breastfeed for the first time.
3. Demonstrate how they should manage common breastfeeding problems such as sore nipples, inverted nipples at the time of delivery, engorged and painful breasts or the mother thinking she is not producing enough milk.

Materials

- Interpersonal communication skills checklist (Interpersonal communication Module Reading Material From previous Training Workshop)
- Managing common breastfeeding problems (Breastfeeding Module Reading Material)
- Worksheet 1 : Model role play script

Preparation

- Instruct the trainees in advance to bring their copies of the material listed above from the earlier sessions.
- Ensure the availability of adequate copies of Worksheet 1, depending on the number of trainees.

Training Methods

Model role play (15 minutes)

Instructions to Trainers :

1. Perform the 'model' role play using the script (Worksheet 1). After the role play, distribute the script to trainees.
2. Discuss the role play; focus on communication skills and appropriateness of breastfeeding advice.
3. Remind the trainees of the importance of helping the mother gain confidence in her ability to feed her baby. Praise, encourage, help and support her.
4. Explain that when talking to mothers, it is better not to be judgmental, but to instead ask 'open' questions, and to then reflect their feelings. That way, they leave the door open for them to tell you more. Some examples :

Judgemental Question	Open/Non-judgemental Question
Does he suckle well?	How is he suckling?
Is his urination normal?	How often is he urinating?
Do you have any problems breastfeeding?	How is breastfeeding for you?
Does he cry too much at night?	How does he behave at night?

Mother's words	ASHA answer (reflecting or empathising)
My baby was crying a lot last night	Your baby kept you up last night?
<i>(The ASHA's answer lets the mother know she is listening to her and cares for her. Sometimes health workers ask a lot of questions instead of emphasizing...such as 'How many times did he wake up?' This question is not that helpful and the mother may begin talking lesser and lesser.)</i>	
My baby feeds a lot, my sister thinks he needs a bottle.	What do you feel about this?
<i>(This leaves the way for the mother to say how she feels. You can praise her and say how well she is doing, she should be proud about how the baby loves her milk. You should not force a mother to do something, but only give her the best possible advice and support.)</i>	
I think the baby needs extra water.	Why do you think that?
<i>(Listen to the mother; base your response on what she says. If she says it is very warm, explain that her breastmilk has enough liquids required by the baby. Assure her that if she is feeding the baby often, and the baby urinates at least six times, is also growing well, he is getting enough fluids even in the warm season.)</i>	

Role Play Practice (45 minutes)

Instructions to Trainers :

1. Divide the group into small groups of three ASHAs in each.
2. Review the communication checklist.
3. Each group practices at least three of the role play topics below, taking turns playing an ASHA, a mother, a mother-in law or a TBA:
 - Antenatal visit: explaining early initiation to the mother and the mother-in-law
 - At delivery: early initiation; focus on positioning
 - At delivery: early initiation, discussion with the mother-in-law who wants to give jaggery water to the baby
 - At delivery: mother with inverted nipples, but who does not need extra help
 - At delivery: mother with inverted nipples, and who needs extra help
 - At delivery: LBW infant able to breastfeed
 - Day 2 : mother having sore nipples
 - Day 2 : mother letting baby sleep all day
 - Day 3 : mother with engorged breasts
 - Day 3 : mother giving extra water to the baby
4. Circulate in the room; observe how the ASHAs behave with the “mothers” and the kind of advice they give. If needed, clarify any doubts.

Role Play Presentations (30 minutes)

Instructions to Trainers :

1. Have each small group pick one role play to perform in front of the whole group (3-5 minutes each). Make sure a sampling of scenes from antenatal, delivery day and postpartum are presented.
2. Discuss the role plays. Was the correct advice given? Were good communication skills used? How did the mother feel?

Summary

- Have a trainee demonstrate how she would help a mother breastfeed for the first time.
- Have trainees demonstrate how to manage a few of the common breastfeeding problem, e.g., sore nipples, not enough milk, engorged and painful breasts.

Evaluation of the session

Objectives	Assessment Method	Output
Demonstrate how an ASHA should discuss early initiation of breastfeeding with a mother and her mother-in-law.	Observation of role play/ discussion	Trainer's report of his/her observations during role plays. Also note additional difficulties if any or positive experience
Demonstrate how an ASHA should help a mother breastfeed for the first time.	Observation of role play / discussion	Trainer's report of his/her observations during role plays. Also note additional difficulties if any or positive experience
Demonstrate how they should manage common breastfeeding problems such as sore nipples, inverted nipples at the time of delivery, engorged and painful breasts or the mother thinking she is not producing enough milk.	Observation of role play/ discussion	Trainer's report of his/her observations during role plays. Also note additional difficulties if any or positive experience

Model Role Play Script

Introduce the characters and scene to the trainees. The ASHA helps a mother, Parveen, to breastfeed her baby girl minutes after delivery.

ASHA : Parveen, what a good job you have done. I am drying the baby and will place her against your skin, in your arms. (*Places the baby near the breast.*)

Parveen : She looks just like her father. Look at her eyes. Oh, her tongue is moving toward my nipple.

ASHA : That is a sign that the baby wants to feed; she is hungry after her hard work.

Parveen : Are you sure it is all right to feed so soon?

ASHA : Yes. Remember our talks while you were pregnant? The first milk is very important for the baby. She needs the energy which the first milk has, and the substances it contains that will fight infection. It is God given *amrit*! And look how much she wants to eat! Let me help you on your side so you can be comfortable. (*ASHA helps turn mother on side, places baby near breast.*)

Parveen, touch the baby's lip with your nipple. See how she opens her mouth? That shows she really wants some milk. When she does it next time, aim the nipple and areola toward her bottom lip. Make sure she gets a lot of the areola in her mouth.

Parveen : Like this?

ASHA : Yes, that's perfect. I can see she is suckling well. Very good; you are doing so well! Can you feel anything?

Parveen : Yes, I feel a cramp in my womb.

ASHA : Yes, that is another benefit of starting to breastfeed early because the hormone that makes the milk flow contracts the womb and helps to prevent too much bleeding. Do you remember what I explained about how often to feed?

Parveen : Yes, you asked me to feed whenever the baby wants to.

ASHA : Yes, that usually means every 2-3 hours in the first weeks. Remember to switch breasts when one breast is empty. If the baby is sleeping for more than 4 hours, wake her up for a feed. That way your milk supply will stay full.

Look at the baby; she is sleeping blissfully now!

Module 7 : Breastfeeding

Session 9 : Counseling for breastfeeding

Day : 2

Time Required : 1 hour and 40 minutes

Purpose

To review the breastfeeding counseling cards, especially those used for counseling mothers on the second day after delivery. To give ASHAs an opportunity to practice using the breastfeeding cards while counseling mothers.

Objectives

At the end of the session the ASHA will be able to:

1. Describe the breastfeeding counseling cards, state when they should be used, and be familiar with the messages.
2. Demonstrate how to effectively counsel mothers for breastfeeding problems, using effective communication skills and appropriate visual aids.

Materials

- Health Education Flipchart containing complete set of counseling cards
- Training Aid 1 : Model role play script: Using counseling cards to address a breastfeeding problem

Preparation

- Instruct the trainees in advance to bring their copies of the Health Education Flipchart.

Training Methods

Presentation and Discussion (25 minutes)

Instructions to Trainers :

1. Remind trainees about the cards : There are 36 counseling cards; 21 to be used during pregnancy; 5 cards about breastfeeding to be used on the second day after delivery, 1 card to be used if mother has breastfeeding problem (engorged breasts), 4 cards to be used for mothers of babies with danger signs and 5 cards to be used for counseling mothers for continued care of baby.
2. We have already reviewed and practiced with the first 21 cards used for antenatal care. The rest of the cards are to be used after delivery. See Content Box below.

Content Box :

Counseling Cards after Delivery

Effective Breastfeeding Practices : (Use these cards on 2nd day after delivery)

- ✓ 22. Avoid other fluids: Feed the baby nothing but breast milk; baby may get sick if given other liquids. Breast milk is the best food for infants.
- ✓ 23. Good latch-on: Baby's mouth needs to be around the areola. If the baby just suckles on the nipple it won't get the milk, and will cause the mother's nipples to crack.
- ✓ 24. Wash hands before breastfeeding: Mothers should wash hands before breastfeeding to protect the baby from illness.
- ✓ 25. Take more fluids: Mothers should drink more fluids while breastfeeding. The baby does not need additional fluids but the mother does.
- ✓ 26. Eat more and feed frequently: When breastfeeding a baby, mothers need to eat more; this will help them feel strong. If you feed the baby frequently, you will have more milk.

Breastfeeding Problems (Use the card if needed)

- ✓ 27. Engorgement: This card is used to emphasize the importance of frequent feeding so that the breasts do not get too full and hence painful. How to feed the baby and manage the problem if the breasts are engorged and painful, is illustrated in the card. This should be used if mother has such a problem.

3. Ask ASHAs to refer to their health education flip charts. Review each card one by one.
4. Check if there are any questions; clarify doubts.

Training Method

Model Role Play (20 minutes)

Instructions to Trainers :

1. By performing the scripted role play, demonstrate how to use good communication skills and visual aids (counseling cards) when counseling for breastfeeding problems.
2. Make sure to stress that the cards help to assist and make things clear, and not to dominate the interaction. Cards should be used only if they are relevant to the problem.
3. Later, discuss what happened; and how the cards were used.
4. Encourage comments and suggestions. Clarify any doubts.

Practice : Role Plays (40 minutes)

Instructions to Trainers :

1. Divide trainees into groups of 3-4
2. Give each group 1-2 'problem cases' for performing role play:
 - Delivery Day: early initiation
 - Day 2: mother with sore nipples
 - Day 3: mother giving extra water/feeds
 - Day 3: mother with sore breasts (engorgement)
 - Day 7: mother says she doesn't have enough milk.

- Day 14: mother says baby sleeps for 6-7 hours without feeding
 - Day 21: baby not gaining weight
3. Have the groups present one role play each.
 4. Have the group discuss each role play. What was good? What could have been improved? Did the ASHA ask open questions and listen to what the mother had to say? Was the advice appropriate and clearly given? Were appropriate cards used? Were the cards used in a way as to involve the mother or the ASHA alone did the talking? Trainers should take notes on the role plays and prepare a report covering all the points mentioned above.
 5. Observe and give proper guidance.

Summary (10 minutes)

- Have a trainee show the cards that would be used for a postpartum visit on day 2 to a family with no problems. (*Avoid other fluids [22], Good breastfeeding latch-on [23], Cleanliness when breastfeeding [24] Mother's diet [25,26].*)
- Ask an ASHA to explain which card (*Engorgement [27]*) can be used when counseling a mother with breastfeeding difficulty and how it is to be used?
- Make necessary corrections, and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (5 min)

Objectives	Assessment Method	Output
Describe the breastfeeding counseling cards; state when they should be used, and be familiar with the messages	Questions and answers.	--
Demonstrate how to effectively counsel mothers for breastfeeding problems using good communication skills and appropriate visual aids	Observation of role plays.	Trainer's observation report on the role plays

Model Role Play Script : Using Counseling Cards to Address a Breastfeeding Problem

Introduce the ASHAs to the scene and characters : **ASHA visits a mother (Sunita) on postpartum Day 4.**

- ASHA** : Hello Sunita. How are you feeling today?
- Sunita** : I'm a little tired and my breasts are full. The baby has been up a lot in the night; it is very hot, and I didn't get enough sleep.
- ASHA** : I'm sorry to hear you didn't get much sleep. How is little Pradeep doing?
- Sunita** : He is fine although he was very fussy. I gave him some water also.
- ASHA** : I see...why did you think he needed something besides breast milk to drink?
- Sunita** : It is very hot and he was being fussy. Maybe he does not like my milk?
- ASHA** : Well, it looks like you have enough milk; your breasts are full. And look at him playing with your breasts....I think he wants some milk now. Why don't you put Pradeep to the breast and let me watch you feed; let's see if he is in a good position. (*Watches for a few minutes. Sunita puts him on the breast although he has a hard time getting attached.*) Sunita, it may help to make the areola area softer so that Pradeep can get a better latch-on. Try massaging your breasts a little bit and expressing some milk. (*ASHA watches her do this.*) That's good, now try to breastfeed. Oh yes, that's better. A large part of the areola is in his mouth and he is suckling deeply. How does it feel?
- Sunita** : Good. He wasn't feeding like this before. (*While Sunita is breastfeeding, ASHA opens 2 cards: card 22: Breast milk only- Avoid other fluids, and card 27: Breastfeeding problems: Engorgement.*)
- ASHA** : (*Holds up the Breast milk only card.*) Do you remember this card?
- Sunita** : A little. It says breast milk is good for the baby.
- ASHA** : Yes, that is correct. Breast milk is the best food for the baby and if you are feeding on- demand, it has enough nutrients and water for all the baby's needs. You may find that if you feed whenever Pradeep wants, he will be satisfied. (*Note this is a suggestion by the ASHA, not a command.*) *Picks up card 27 engorgement.* What do you see in this picture?
- Sunita** : Her breasts are very full!
- ASHA** : Yes, by feeding more often, your breasts will become less full; your body will respond to the baby's hunger and make the amount of milk he needs. If you give extra water then Pradeep will get full and will not suckle from the breast. This can cause your breasts to get full...but eventually if he doesn't suckle often you will make less milk. Do you think you can try and feed him more often?
- Sunita** : Yes, I can try. What about giving the water?
- ASHA** : What do you think?
- Sunita** : From what you said he shouldn't need it.
- ASHA** : Yes, I think that is right. Try feeding him more. You will find him satisfied and he will be getting all the fluid he needs. Do you have any more questions or concerns?
- Sunita** : No, I am very relieved. My breasts are less full already!
- ASHA** : Good-bye. I will be back in 3 days.

Module 8 : Thermal Control

Session 1 : Why keep the newborn warm ?

Day : 3

Time Required : 1 hour and 45 minutes

Purpose

ASHAs will learn the importance of keeping the newborn warm after delivery, the problems that can occur if the baby is not kept warm enough, and how to identify if the baby is not warm enough.

Objectives

At the end of the session the ASHA will be able to:

1. Explain why it is important to keep babies warm, especially after delivery and in the first few days thereafter.
2. Explain the risks to the baby if it becomes too cold.
3. Explain how to check if the baby is too cold.

Materials

- Worksheet 1 : Case situations: Keeping the newborn warm after delivery
- Training Aid 1: Answers to case situations
- Black board or white chart paper/flipcharts
- Markers or chalk
- Reading Material 1 : Keeping newborns warm and the problem of hypothermia

Preparation

- Ensure availability of enough copies of Worksheet 1.

Training Methods

Presentation and Discussion (1 hour)

Instructions to Trainers :

1. Ask ASHAs to describe their observations on how babies are cared for immediately after birth. What happens to them immediately after they are born? Does the TBA leave them aside while she waits for the placenta? Is the baby left wet? Dried? Covered? List their answers on a white sheet of paper and keep the list for discussion in next Session.
2. Ask the ASHAs whether they think babies should be kept warm after delivery or whether they think it doesn't really matter. Listen to their answers. Praise correct answers; complete any partial answers. For reference, see Content Box Question 1.
3. Ask the ASHAs to narrate what would happen if they themselves were to bathe during winter and stay wet in the cold air without clothes. Listen to their answers. They will probably say that they will become cold quickly. This is correct. The same thing happens to a newborn baby. In fact, newborns get colder even more quickly than grown ups. Why are the first moments after delivery very important for ensuring the baby is kept warm? See Content Box Question 2.
4. Present the example provided in Content Box Question 2. Make sure the participants understand the important fact that if the baby is not cared for properly in the first few minutes after birth, it can lose enough heat to come into the danger zone. Ask the participants if they know the key word which is used to describe the situation when the baby gets too cold? See Content Box Question 3.

Content Box :

Keeping newborns warm and the problem of hypothermia

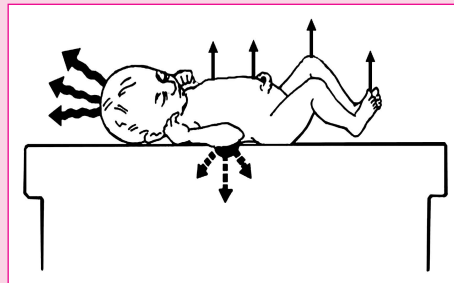
1. Why is it important to keep babies warm after delivery?

Babies have difficulty maintaining their temperature at birth and in the first days of life, unlike adults. Since they come out wet, newborns lose heat quickly. **If they get cold, they use up energy, and can become sick.** Low birth weight and preterm babies are at greater risk of getting cold.

2. When do most newborns get cold? Why ?

Most newborns lose heat in the first minutes 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 not kept covered, it can lose 2 to 4 degrees within 10-20 minutes.

Example : If the baby was born at 97.7⁰ F (36.5⁰ C) (normal temperature) and loses 2.7 degrees because it was not properly dried and covered, body temperature will be 95° F (35.0⁰ C), which is below normal.



3. 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**.

4. 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 low birth weight and preterm babies



5. 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

5. Explain what happens to a baby with hypothermia. See Content Box Question 4. (Answer: When a baby is cold [hypothermic], the baby feeds less and the amount of glucose or sugar in its blood decreases. This affects the baby's brain and further increases the risk of infection.)
6. Ask participants to look at the list (made at the beginning of the session) of the care practices of newborns at the time of delivery. Based on these practices, ask the trainees to explain how a baby can get cold. These may include not drying immediately, not dressing the baby properly, not covering its head, not putting the baby close to the mother, & not starting breastfeeding soon after delivery. Closeness to mother's body helps to maintain the baby's body heat; & nutrients from breastfeeding raise baby's blood sugar, keeping it warmer.
7. Ask about the causes of hypothermia: why do people let babies get cold? Listen to the answers.

Help them in case there are any gaps. *The usual causes are **lack of knowledge**, or **poor care practices**. The baby must be dried quickly, wrapped in a dry cloth and its head kept covered. Reasons may have less to do with lack of equipment.*

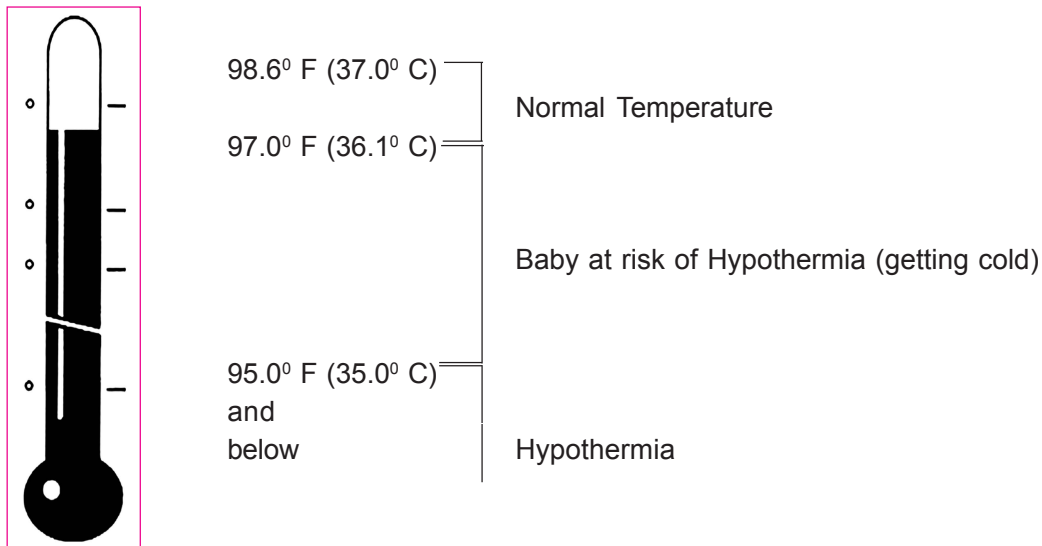
8. Ask trainees how will they know or judge if a baby is too cold. Listen to their answers. Praise correct answers and explain if any point is left out. (See Content Box Question 5)
9. Ask what the normal temperature is for a newborn baby (see chart below)

Normal newborn (axillary) temperature: 97.0° – 98.6° F (36.1° - 37.0° C)

Newborn getting cold : 95.0° – 97.0° F (35.0° - 36.1° C)

Newborn too cold (Hypothermia) : less than 95° F* (35.0° C)*

What is Hypothermia?



Range of normal Temperature : Temperature is measured in baby's armpit (axilla).

10. Based on their own experience of measuring temperatures during the examination of newborns one hour after delivery, ask the trainees what was the average temperature of the newborns? Were these babies too cold? Were they warm enough?

Case Situations (40 minutes)

Instructions to Trainers :

1. Divide the class into groups of three or four trainees each.
2. Distribute Worksheet 1: The case situation sheet.
3. Let each group discuss the three case situations and answer the questions.
4. Return to the larger group after 20 minutes.
5. Go through each case and discuss the answers.
6. Encourage questions & clarify any confusion.

* In the study conducted in 39 villages in Gadchiroli the case fatality in newborns steeply increased below the temperature 95° F (35.0° C)

Summary (5 minutes)

- Have an ASHA explain why maintaining the newborn's temperature after delivery and in the first few days is important.
- Ask another ASHA to explain how to judge if a newborn is too cold.
- Make corrections (if any) and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session)

Objectives	Assessment Method	Output
Explain why it is important to keep babies warm especially after delivery and in the first few days thereafter.	Questions and answers.	–
Explain the risks to the baby if it becomes too cold.	Case situation sheet.	The case situation sheets collected from the groups and reviewed by the trainer
Explain how to check if the baby is too cold.	Case situation sheet.	The case situation sheets collected from the groups and reviewed by the trainer

Case Situations: Keeping the Newborn Warm after Delivery

Case 1 :

Shakila gave birth to a baby boy. He was left wet until the placenta came out. He didn't breastfeed until about 4 hours after delivery. At that time, his temperature was 94.4° F (34.7° C).

1. What is a newborn's normal temperature?

2. Was the baby's temperature normal or hypothermic?

3. What could be the causes (try to identify 3 causes) :

a. _____

b. _____

c. _____

Case 2 :

Murali was born in January. He weighed 1.8 kg. He was handed over to his mother soon after delivery. She put him next to her skin, covered him and started breastfeeding. His temperature was 98.2° F (36.8° C).

1. What can you say about Murali's temperature?

2. Would you say Murali was more at risk of becoming hypothermic? Yes or no? Why?

3. What did the mother do that helps prevent hypothermia?

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

Case 3 :

Basanti gave birth to a girl in a room at the back of her house. The room was cold and it was winter. The baby was dried and wrapped and put on a small mattress. Basanti fell asleep. Later the mother-in-law brought the baby to breastfeed. The baby felt cold. Her temperature was 94.1° F (34.5° C).

1. How can you tell if a baby is hypothermic?

2. What signs did this baby have?

3. What can you say about the baby's temperature?

4. What could be the causes? (name at least three)

Answers to Case Situations (Worksheet 1)

Case Situations: Keeping the Newborn Warm after Delivery

Case 1 :

Shakila gave birth to a baby boy. He was left wet until the placenta came out.. He didn't breastfeed until about 4 hours after delivery. At that time, his temperature was 94.4° F (34.7° C).

1. What is a newborn's normal temperature? *97.0° F - 98.6° F (36.1° C - 37.0° C)*
2. Was the baby's temperature normal or hypothermic? *Hypothermic*
3. What could be the causes (try to identify three causes):
 - a. *left wet until placenta came out...perhaps 20 minutes*
 - b. *left uncovered until placenta came out*
 - c. *delayed breastfeeding*

Case 2 :

Murali was born in January. He weighed 1.8 kg. He was handed over to his mother soon after delivery. She put him next to her skin, covered him and started breastfeeding. His temperature was 98.2° F(36.8° C).

1. What can you say about Murali's temperature? *Within normal range*
2. Would you say Murali was more at risk of becoming hypothermic?
Yes or no? *Yes*
Why? *Because he has low birth weight.*
3. What did the mother do that helped prevent hypothermia?
 - 1) *mother took him soon after delivery*
 - 2) *placed him next to her body*
 - 3) *started breastfeeding early*

Case 3:

Basanti gave birth to a girl in a room at the back of herhouse. The room was cold and it was winter. The baby was dried and wrapped and put on a small mattress. Basanti fell asleep. Later the mother-in-law brought the baby to breastfeed. The baby felt cold. Her temperature was 94.1° F (34.5° C).

1. How can you tell if a baby is hypothermic?
By taking the baby's temperature, & feeling her feet and body
2. What signs did this baby have?
Low temperature at 94.1° F (34.5° C), baby was cold.
3. What can you say about the baby's temperature?
Temp. of 94.1° F (34.5° C) means that the baby was hypothermic.
4. What could be the causes? (name at least three)
Cold room, winter season, did not breastfeed early , not kept close to mother.

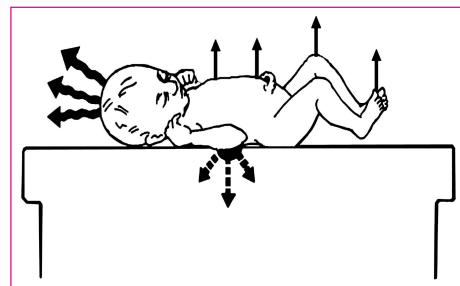
Keeping newborns warm and the problem of hypothermia

1. Why is it important to keep babies warm after delivery?

Babies have difficulty maintaining their temperature at birth and in the first days of life, unlike adults. Since they come out wet, newborns lose heat quickly. **If they get cold, they use up energy, and can become sick.** Low birth weight and preterm babies are at greater risk of getting cold.

2. When do most newborns get cold? Why ?

Most newborns lose heat in the first minutes 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 not kept covered, it can lose 2 to 4 degrees within 10-20 minutes.



Example : If the baby was born at 97.7⁰ F (36.5⁰ C) (normal temperature) and loses 2.7 degrees because it was not properly dried and covered, body temperature will be 95° F (35.0⁰ C), which is below normal.

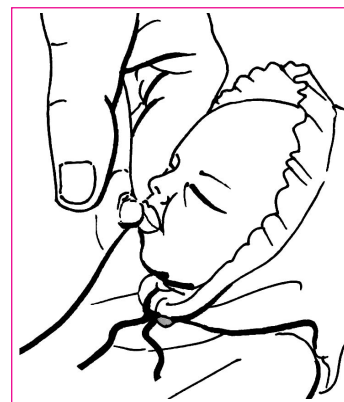
3. What is the term for a situation when a baby's temperature falls below normal?

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

4. 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 low birth weight and preterm babies



5. 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

Module 8 : Thermal Control

Session 2 : How to keep the newborn warm

Day : 3

Time Required : 1 hour and 35 minutes

Purpose

To provide ASHAs with the knowledge and skill required to help mothers protect the newborn's from getting cold immediately after delivery and in the first days after delivery.

Objective

At the end of the session the ASHA will be able to:

1. Explain and demonstrate how to keep a baby warm immediately after delivery and in the first days after birth.

Materials

- Keeping Baby Warm: Counseling Cards 18, 28, 29, 30
- Doll
- Dry towels
- List of “observations” of the care practices during delivery (List prepared during previous session.)
- Blackboard or white chart paper/flipcharts and markers
- Reading Material 1 : How to keep newborns warm

Preparation

- Obtain and keep ready the materials listed above.
- Prepare for a role play where one trainer is the TBA and the other is the ASHA (see #1 under Role Play Demonstration below).

Training Methods

Presentation and Discussion (1 hour)

Instructions to Trainers :

1. Have a brainstorming session with the ASHAs on how they would keep babies warm. Have them quickly come up with ideas and write all of these on the board or white chart paper.
2. Review the list while discussing the suggestions. After discussing, make a new list (similar to that in Content Box); add anything that has been left out and eliminate incorrect ideas after explaining why they aren't appropriate.
3. Explain that the baby **should be dried immediately** after it is born, even while the cord is still attached. The baby should be dried all over, including its head with a large dry towel. After drying, discard the wet towel and wrap the baby in a dry one. Then only should the cord be cut.
4. Explain that if placing the baby's **skin close to the skin of the mother** is possible, this should be done, and the baby **covered with a dry towel** or cloth. Putting the baby's skin in contact with the



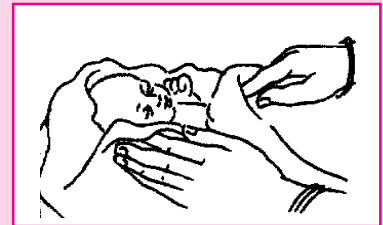
mother's skin is an effective way to warm the baby, and to stimulate the baby's interest in feeding, as well as in developing a bond between mother and baby. The baby should be kept covered as much as possible.

5. Explain that if placing the baby skin to skin with the mother is not acceptable then, the baby should be wrapped after being dried and placed on the mother's arms. The baby can be clothed at this time or after the first breastfeed.
6. Explain the following ways of keeping the baby warm:
 - **Initiating breastfeeding as soon as possible** ensures a good milk supply and helps the baby maintain its temperature. The nutrients in colostrum provide energy the baby requires to generate body heat.
 - **Putting a hat** on the baby, especially in winter months and rainy season, can save a lot of heat leaving from the baby's head.
 - **Delay bathing** the baby in winter months until the 2nd or even 3rd day; the whitish covering on the baby's skin can be wiped off and is harmless.
 - Before weighing the baby make sure that the room is warm, and especially in winters, the baby is wrapped up immediately after weighing.
 - Before delivery, make sure there is at least one soft cloth to wipe the baby, some clothes, and a cloth or quilt, to loosely wrap the baby in.
 - LBW and preterm babies are more fragile and need more care; this will be discussed in the next module. Babies who suffer from asphyxia or are sick are also at risk of hypothermia. This will also be further discussed in other modules.

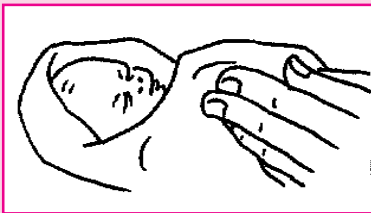
Content Box :

How to keep newborns warm

- ✓ Before delivery, warm up the room (warm enough for adults).
- ✓ Immediately after delivery, dry the baby.
- ✓ Put a hat on baby since a lot of heat could be lost through its head.



Drying the baby



Covering the baby



Baby properly clothed and wrapped in winters

- ✓ Place in skin to skin contact with the mother and cover or put clothes on the baby, wrap it up with a clean cloth, and place it close to its mother.
- ✓ Initiate early breastfeeding.



Keeping baby in skin to skin with mother

- ✓ Bathing for normal newborns:
 - It is best to wait until the 2nd day to bathe the baby.
 - If the family insists on bathing the first day, please ask them to delay for at least 6 hours to give the baby time to adjust to its new environment.
 - **For small and preterm babies, do not give a bath until the baby gains weight** (this could be few weeks) and weight of baby becomes 2,000 grams.
 - To keep a small baby clean, you can give an oil massage but making sure that the room is warm and the baby is not left uncovered for more than 10 minutes.
- ✓ Keep mother and baby together as much as possible in the first days after delivery.
- ✓ 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.

Review Actual Practice : Discussion (15 minutes)

Instructions to Trainers :

1. Take out the list of “observations during delivery” from previous session.
2. Discuss if the babies in the deliveries observed by the ASHAs were kept adequately warm. What could have been improved? Write down the responses of ASHAs on a white chart paper.
3. Ask what the ASHAs will do differently now that they can actively start taking care of the baby. *(Answer: Earlier the ASHA was only observing and examining; now she can also start making sure that the baby is warm, & assist the mother with breastfeeding, etc. She may talk to the mother about ways to keep baby warm during the antenatal visit using the appropriate counseling card: dry baby immediately after birth; put on a hat; wrap and give to mother to hold close to herself; help the mother with early initiation of breastfeeding; clothe the baby and loosely wrap it; advise on delaying bathing the baby.)*
4. Show the Keeping the Baby Warm Counseling Card (Number 18). This card is used during the antenatal visits, to explain to mothers and mothers-in-law the reason why it is important to keep babies warm, and the need to prepare for the delivery (enough towels, clothes, warm room, etc.). Also show the Cards 28, 29, 30 : how to keep babies warm, especially those babies who have low birth weight or are preterm.
5. Discuss any problems the ASHA may encounter and help work out solutions. These may perhaps include some tension between the TBA or mother-in-law and herself.

Role Play Demonstration (15 minutes)

Instructions to Trainers :

1. Perform a role play where one trainer is the TBA and the other is the ASHA. The role play starts once the baby is born. The trainers show the ASHA working with the TBA to quickly dry the baby with a towel, wrap the baby in a dry cloth, cut the cord, and place the baby close to mother for breastfeeding.
2. Discuss. Clarify any doubts.
3. Let each ASHA demonstrate the method of keeping the baby warm. Trainer should take notes on the

demonstration (what is good, what needs improvement, what are the feelings of ASHA).

Summary (5 minutes)

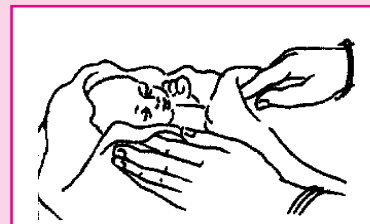
- Ask the ASHAs to tell you what they will do to maintain a newborn's temperature.
- Make necessary corrections and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session)

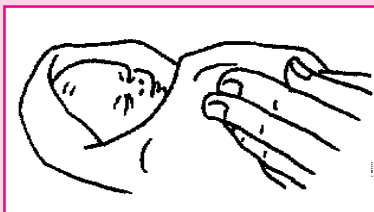
Objective	Assessment Method	Output
Explain and demonstrate how to keep a baby warm immediately after delivery and in the first days after birth.	Questions and answers. Responses to role play simulation. Each trainee demonstrates how to quickly dry the baby, wrap it in a dry cloth and put it close to the mother.	What could be done to keep the babies warm – responses of ASHAs listed by trainer on a white chart paper. Notes of trainer when the ASHAs demonstrate keeping the baby warm (what is good, what needs improvement, what are the feelings of ASHA).

How to keep newborns warm

- ✓ Before delivery, warm up the room (warm enough for adults).
- ✓ Immediately after delivery, dry the baby.
- ✓ Put a hat on baby since a lot of heat could be lost through its head.



Drying the baby



Covering the baby



Baby properly clothed and wrapped in winters

- ✓ Place in skin to skin contact with the mother and cover or put clothes on the baby, wrap it up with a clean cloth, and place it close to its mother.
- ✓ Initiate early breastfeeding.
- ✓ Bathing for normal newborns:
 - It is best to wait until the 2nd day to bathe the baby.
 - If the family insists on bathing the first day, please ask them to delay for at least 6 hours to give the baby time to adjust to its new environment.
 - **For small and preterm babies, do not give a bath until the baby gains weight** (this could be few weeks) and weight of baby becomes 2,000 grams.
 - To keep a small baby clean, you can give an oil massage but making sure that the room is warm and the baby is not left uncovered for more than 10 minutes.
- ✓ Keep mother and baby together as much as possible in the first days after delivery.
- ✓ 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.



Keeping baby in skin to skin with mother

Module 8 : Thermal Control

Session 3 : How to re-warm a cold baby

Day : 3

Time Required : 1 hour and 40 minutes

Purpose

Newborn babies lose body heat quickly. This increases risk of infection and disease. ASHAs need to know how to help mothers re-warm their babies in case they get too cold.

Objectives

At the end of the session the ASHA will be able to:

1. Determine if the baby's temperature is normal or too cold.
2. Explain how to re-warm the baby if needed.
3. Complete the Hypothermia Management Form.

Materials

- Warm bag¹
- Baby blanket
- Warm clothes
- Doll
- Worksheet 1 : Hypothermia Management Form (Supplementary Form 2)
- Worksheet 2 : Case study assessment : Prevention and Management of Hypothermia
- Training Aid 1 : Answers to case study assessment (Worksheet 2)
- Reading Material 1 : How to re-warm a baby getting cold
- Small plastic sheet
- Small cloth

Preparation

- Obtain and have ready the materials listed above.
- Ensure availability of adequate copies of Worksheet 1, 2 and Reading Material 1 depending on the number of trainees.

Training Methods

Discussion and Demonstration (20 minutes)

Instructions to Trainers :

1. Ask how one can tell if a baby is too cold. (*The best way is to measure the body temperature; also, by feeling with the back of your hand, or feeling the baby's feet and body, but these last two methods are not accurate.*)
2. Explain that if the baby is less than 97.0° F (36.1° C), or if the mother or you feel that the baby's

¹ If skin to skin contact method is feasible, try it first. When not feasible (baby large, mother not willing etc.), use a warm bag.

hands and feet have become cold, the baby needs to be quickly re-warmed. Explain and demonstrate with the doll (use a volunteer ASHA to play the mother). See Content Box.

Content Box :

How to re-warm a baby getting cold (<97° F (36.1° C)) or too cold (<95° F (35.0° C))

- ✓ 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 his 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 & its hat, put it in warm bag, and make it lie close to its mother.
- ✓ Monitor the baby's temperature twice on that day, and the next two days so as to ensure the baby is kept warm.
- ✓ 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° F (<35.0° C), 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 prewarmed with either a hot stone or hot water bottle (remove these articles before putting baby on the bed).

3. **Very Important :** Remind trainees: Hypothermia can also be a sign of infection; it is hence important to also check for signs of infection. The baby should be rewarmed. If hypothermia persists and if the baby has loose limbs, the baby may have an infection (management of infections will be taught in further Training Workshop).

Demonstration : Placing baby in warm bag (10 minutes)

Instructions to Trainers :

1. Explain and demonstrate how to place baby in a warm bag with the help of doll.
 - Open the zip of warm bag.
 - Spread a small plastic in the bag
 - Cover the plastic with a cloth
 - Place well clothed doll in the warm bag
 - Cover dolls head with the cap of warm bag
 - By keeping your fingers below the chain pull the chain. Your fingers below the chain will save baby's skin from getting entangled in the chain.
 - Loosely tie the threads of warm bag
2. Ask one or two ASHAs to demonstrate placing baby/doll in warm bag with the help of doll.

Presentation/Discussion : Filling in the Hypothermia Management Form (25 minutes)

Instructions to Trainers :

Distribute Worksheet 1: Hypothermia Management Form. This is a Supplementary Form 2 and should be used in field when necessary.

1. Ask trainees to refer to Worksheet 1 : Hypothermia Management Form.

2. Have the trainees read through the form.
3. Explain that this form must be completed for every newborn found with hypothermia (axillary temperature less than 95° F (35° C)). Explain that the hypothermic baby is to be visited twice a day for three days. The baby's temperature is measured to make sure it is warm enough, and to make sure that the mother is following necessary steps, questions are asked; such as keeping the baby close to her or using skin to skin contact method, or is wrapped in a blanket or warm bag, that the baby is wearing a hat and socks, is breastfeeding often, and that the room is kept warm.
4. Check if there are any questions and clarify any doubts.
5. Write the following case on the board, and ask the trainees to fill in the hypothermia management form:

Anil is 5 days old on August 5, 2004. The ASHA visited the house that morning and Anil's temperature was 94° F (34.4° C). The ASHA helped the mother re-warm the baby. In the evening she visited the house again. His temperature was 97° F (36.1° C). He wore a hat and socks and was wrapped in a warm bag. The room was warm and his mother was feeding him every 2 hours.

On August 6 morning: Temp 98° F (36.7° C). Baby was wearing hat and socks, was wrapped in a blanket, room was warm and mother was breastfeeding every 2 hours.

6. Review the forms, and make sure they are filled in correctly, based on the case presentation.

Case Study/Assessment (40 minutes)

Instructions to Trainers :

1. Distribute Worksheet 2 : Case Study Assessment.
2. Have trainees work individually to answer the case study questions. (20 minutes)
3. Collect papers and review answers in a large group. (20 minutes)

Summary (5 minutes)

- Ask an ASHA to explain how to re-warm an infant with a body temperature of 96.0° F (35.6° C).
- Ask another ASHA to explain what else could be done, especially if the newborn is too cold (less than 95° F (35.0° C)).
- Make necessary corrections and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session

Objectives	Assessment Method	Output
Determine if the baby's temperature is normal or too cold.	Questions and answers.	--
Explain how to rewarm the baby if needed.	Questions and answers. Case study assessment	Case study assessment attempted by all ASHAs
Complete the Hypothermia Management Form.	Case presentation in session. Each trainee completes the Hypothermia Management Form correctly.	Hypothermia Management Forms filled by all ASHAs

Hypothermia Management Form

Supplementary form 2

Use if necessary

1) Whether baby's temperature is less than 95° F (35.0° C) ?	Yes	No	
If yes on which day (write date) _____			
OR			
2) Baby's mother says that baby is cold to touch	Yes	No	
If yes on which day (write date) _____			
If any one of the above is yes → Diagnosis: Hypothermia			

Perform following tasks for next three days (in the morning and evening)

Date						
	Morning	Evening	Morning	Evening	Morning	Evening
Measure temperature and write here						
Was the baby given a bath?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Did the baby wear a hat?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Did the baby wear socks?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Was the baby kept in a blanket?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Was the baby kept in warm bag?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Was the baby breastfed every 2 hours?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Was the baby kept near mother by skin to skin contact method?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
For how many hours? (Write here)						
Was the room kept warm?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

If the baby is hypothermic for more than 24 hours, refer to hospital. If it is not possible to do so, continue hypothermia management

Signature of Supervisor

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	

Case Study Assessment : Prevention and Management of Hypothermia

Total 100 points

Daramba gave birth to a baby girl in December. The TBA delivered the baby and put her to the side while she waited for the placenta to come out.

After 20 minutes, the placenta came out. The TBA wiped the baby and wrapped it in a cloth. The mother-in-law took the baby to show to the relatives.

When she came back an hour later, the baby was put on the bed and she fell asleep. When the baby woke up, she was pale and her feet and body were cold. Her temperature was 94° F (34.4° C). The mother offered the baby her breast but she didn't suckle well. The next day the baby was very weak and they had to call the doctor. The baby had pneumonia.

1. Would you say the baby is cold? Yes No

Why? What signs does she have?

a. _____

b. _____

c. _____

2. Name four things that could be a cause of the baby's low temperature:

a. _____

b. _____

c. _____

d. _____

Name of the ASHA : _____

Date : _____

Name of the trainer : _____

Total score : _____

Block : _____

3. What could have been done to prevent the problem? (Give at least six answers.)

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

4. What is a normal temperature range for newborns?

5. What can happen to a baby that gets too cold? (Give at least two answers.)

a. _____

b. _____

6. Write down at least four steps in re-warming the baby:

a. _____

b. _____

c. _____

d. _____

Answers to Case Study Assessment (Worksheet 2)

Total 100 points

Daramba gave birth to a baby girl in December. The TBA delivered the baby and put her to the side while she waited for the placenta to come out.

After 20 minutes, the placenta came out. The TBA wiped the baby and wrapped it in a cloth. The mother-in-law took the baby to show to the relatives.

When she came back an hour later, the baby was put on the bed and she fell asleep. When the baby woke up, she was pale and her feet and body were cold. Her temperature was 94° F (34.4° C). The mother offered the baby her breast but she didn't suckle well. The next day the baby was very weak and they had to call the doctor. The baby had pneumonia.

1. Would you say the baby is cold? Yes/No 3 points
 Why? What signs does she have? (4 points each = 12 points) } total 15 points
 - a. *cold feet*
 - b. *cold body*
 - c. *temp 94° F (34.4° C)*
2. Name four things that could be a cause of the baby's low temperature: 5 points each: 20 points
 - a. *born in winter - hence the room was colder*
 - b. *not dried immediately*
 - c. *not wrapped for some minutes*
 - d. *not breastfed early*
 - e. *not put close to mother*
3. What could have been done to prevent the problem? *Give at least six answers.* 5 points each: 30 points
 - a. *warm room*
 - b. *immediate drying*
 - c. *skin-to-skin contact with mother and kept covered; or wrapped with dry cloth and placed close to mother*
 - d. *hat on head*
 - e. *early initiation of breastfeeding*
 - f. *quickly re-warmed when mother felt its feet were cold*
 - g. *frequent feeding*
4. What is a normal temperature range for newborns? 5 points
 97.0 - 98.6° F (36.1 - 37.0° C)
5. What can happen to a baby that gets too cold? 2 answers; 5 points each: 10 points
 - a. *not able to suckle well*
 - b. *greater risk of infection*
 - c. *greater risk of death*
6. Write down at least four steps in re-warming the baby: 5 points each: 20 points
 - a. *increase room temperature*
 - b. *remove any wet or cold blankets and clothes*
 - c. *hold the baby with its skin next to its mother's skin (skin-to-skin contact) and place a warmed cloth (ensure it is not too warm, so as to avoid burns) on its back or chest. As this cloth cools, replace it with another one until the baby is warmer.*
 - d. *put clothes on, put in warm bag, puts its hat on, and make it lie in skin-to-skin contact with its mother*

How to re-warm a baby getting cold <97° F (36.1° C) or too cold <95° F (35.0° C)

- ✓ 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 his 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 & its hat, put it in warm bag, and make it lie close to its mother.
- ✓ Monitor the baby's temperature twice on that day, and the next two days so as to ensure the baby is kept warm.
- ✓ 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° F (<35.0° C)), 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 prewarmed with either a hot stone or hot water bottle (remove these articles before putting baby on the bed).

Module 8 : Thermal Control

Session 4 : Control of newborn temperature in hot weather and management of fever

Day : 3

Time Required: 1 hour and 40 minutes

Purpose

To prepare the ASHA with the knowledge and skills needed to determine if a newborn is overheated, or if the newborn has fever, and to manage such a situation.

Objectives

At the end of the session the ASHA will be able to:

1. Determine if a newborn is overheated, and if so, to manage care
2. Manage fever in the newborn and be able to prepare the dose of paracetamol correctly
3. State the importance of looking for the signs of sepsis in the newborns diagnosed with fever

Materials

- Paracetamol tablets
- Glass or stone to crush tablets
- Knife to separate doses
- Paper to wrap doses
- Reading Material 1 : Doses Chart

Preparation

- Have 4 sets of all materials ready for practice (in 4 small groups) the method to divide paracetamol tablets into smaller doses

Training Methods

Story telling/ Discussion (20 minutes)

Instructions to Trainers:

1. Start the session by telling the following story:

Ramshila gave birth to a baby at the end of April, when the weather had turned very warm. When the ASHA came to visit during her pregnancy, she had showed Ramshila some pictures to explain how important it is to wrap a newborn baby and keep him warm, because otherwise he can get cold quickly, and this could lead to other illnesses. Ramshila loved her baby and wanted to be a good mother. She didn't want her baby to get sick, so she kept him wrapped in blankets, and put on a hat, even though it was very warm in the house. Ramshila herself felt warm and tired, but she was only trying to follow the ASHA's instructions. The baby slept a lot and hardly woke up even to take his feed.

Two days later, when the ASHA came to visit Ramshila, she entered the house and found it very warm inside. She touched the baby and thought he felt warm. She took his temperature; it was 100°F (37.8°C). Then she thought to herself: 'Why did Ramshila keep him wrapped up & with a hat on his head in such warm weather? Was he so warm simply because he was over-dressed, or did he have fever?'

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2. At this point, ask the participants what they could do in this situation? Listen to the answers, and praise correct responses (based on the following) :

In the case of high body temperature of a baby during summers, if this is due to the baby being overdressed or does it really have fever verify in the following manner:

- *unwrap the baby and take off its hat*
- *ventilate the room 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.

Appreciate Ramshila for following your instructions, but explain that in very warm weather, the baby should be covered only with a loose, light cotton cloth. She can understand that if she herself feels too warm and uncomfortable, the baby must surely be hot and uncomfortable too!

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

3. Ask the participants why Ramshila kept her baby so wrapped up in such warm weather? Listen to their answers and encourage discussion. (Answer: *Ramshila was following the ASHA's instructions - which is good. But ASHAs must explain to mothers that in very warm weather, when they themselves feel warm, they should keep their babies covered with only light cotton clothing. This will prevent them from overheating.*)

Presentation : (10 minutes) How to identify and treat fever in the newborn

Instructions to Trainers:

1. Ask participants to recollect the session on measuring a newborn's temperature. At what temperature is a newborn considered to be suffering from "fever"? (Answer: *99°F or 37.2°C & above*)
2. Explain that if a newborn has high temperature, the ASHA needs to determine if the baby is overdressed (and hence too warm) or really has fever. If the baby still has a temperature higher than 99°F (37.2°C) even after taking the steps mentioned above (mothers to unwrap & breastfeed the baby, and ventilate the room), the baby needs to be treated for fever.
3. Explain that fever sometimes occurs due to sepsis. Hence, ASHA must check for the signs of sepsis. if any baby has fever. The baby may only have fever in the beginning, and signs of sepsis may appear any day after that. Hence, if a baby has fever she should make daily home visits and check for signs of sepsis.
4. In newborns and young infants, paracetamol is used to treat fever. From their birth to 6 months, the prescribed doses is 1/8 of a tablet for babies.
5. Explain the points to remember in the Content Box below:

Content Box :

Doses Chart

Paracetamol

Age	Dose
Birth to < 6 months	1/8 tablet 3 times a day

Remember :

- ✓ Medication can be given for temperature over 99°F (37.2°C).
- ✓ The correct dose of Paracetamol is to be given 3 times a day.
- ✓ Encourage frequent breastfeeding (every 2 hours). Remember to tell the mother that no other fluids are to be given.
- ✓ The newborn who has fever must be checked for sepsis by the ASHA (how to do this will be learnt in a later module). If there is no sepsis, treat the fever only with paracetamol (leave enough doses for 2 days with the mother) and advise frequent breastfeeding.
- ✓ Visit the newborn the next day. Check for sepsis. If sepsis is present, it needs to be treated.
If sepsis is not present, and the baby still has a fever, give the mother paracetamol for her baby for yet another day.
- ✓ If the fever persists after 3 days, refer to the PHC or hospital.

Demonstration (20 minutes)

Instructions to Trainers:

1. Gather the trainees into a circle, making sure all can watch the proceedings. If possible, divide into two groups, with one trainer demonstrating to each group.
2. Review the doses chart (see Content Box above).
3. Explain that for newborns and infants, paracetamol tablets have to be sub-divided into the correct doses.- This is because they need less than one tablet.
4. Doses Drill: Explain that you are preparing the dose for a 1-month-old baby who has a fever of 101.5°F (38.6°C). Ask what the dose should be? (*Answer: 1/8 tablet of paracetamol*)

Ask the trainees for the doses for the following babies:

- 3 week old baby with temp of 99.9°F (37.7° C) (*Answer: 1/8 tablet of paracetamol*)
- 6 week old baby with temp of 102°F (38.9° C) (*Answer: 1/8 tablet of paracetamol*)
- 2 week old baby with temp of 98.8°F (37.1° C) (*Answer: no medicine needed – normal temperature*)

5. **Perform the demonstration** according to the following steps:
 - a) Decide on the doses.
 - b) Wash hands.
 - c) Take one (1) tablet and crush it on a clean surface with a clean stone or the bottom of a glass tumbler.
 - d) Use a knife's blade to divide the tablet. When divided into two (2), each dose is ½ tablet.
When divided into 4 equal parts; each part is ¼ tablet.

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- e) For 1/8 dose, divide the 1/4 dose into 2; each one is 1/8 tablet.
 - f) Place the desired dose (in this case 1/8) in a small paper and fold this properly so as to hold the powder in it. Label each dose of paracetamol correctly.
 - g) Through a role play, give instructions to the mother (pretend one of the ASHAs is a mother):
 - This medicine is for your baby's fever.
 - Pour the contents of one packet in a spoonful of breast milk. Stir to mix the powder and then feed this to your child.
 - If the fever continues, you should give this medicine three times a day for 3 days. I will come back tomorrow and check the baby.
 - If the problem still continues or gets worse, call me, or go to the PHC or hospital.
 - Can you tell me how you will give this medicine to your child? How many times a day? (*Praise the mother if she repeats the instructions correctly; if not repeat them again. Make sure she understands before you leave.*)
 - Do you have any questions?
 6. Next, demonstrate how to divide the tablet into 1/8 tablet; 1/4 tablet etc., following the same steps as above.

Trainee Practice (30 minutes)

Instructions to Trainers :

1. Divide the group into four small groups (4-5 per group).
2. Give each group the necessary materials: tablets, glass/stone, papers, knife.
3. Each trainee should get a chance to practice dividing a tablet into 1/2, 1/4, and 1/8. The other trainees should observe and give feedback to the trainer as to whether the portions are equal.
4. In the group, each trainee participates in the role play to demonstrate how an ASHA would explain to a mother as to how to use the medicine. Other trainees observe and give feedback on whether the explanation was clear, all necessary information was given, & whether the ASHA asked the mother to repeat instructions, etc.
5. Move around the room, observe and help as required. The trainer writes observations about the difficulties faced by ASHAs in practicing. Also note down the areas that need more attention.

Summary (20 minutes)

- Ask participants what they should do if they find a baby over-wrapped and warm during warm season? (*answer: unwrap the baby, ventilate the room, ask the mother to breastfeed, & then, measure the temperature of the baby after 30 minutes. If it is found to be normal, advise the mother to not over-wrap in such weather.*)
- Ask trainees what medicine and what dose is used to treat fever in newborns (*answer: paracetamol, 1/8 tablet, 3 times a day*).
- Ask two trainees to enact a role play of a mother coming to the ASHA with a 6 week old baby having fever at 100° F (37.8° C).
- Discuss the role play; summarize the type of medicine, how it is prepared, how much & how often is it to be given.
- Make corrections, if any, to the summary and add missing information.
- Praise the ASHAs for their good work.

Evaluation (during class)

Objectives	Assessment Method	Output
Determine if a newborn is overheated, and if so, to manage care	Questions and answers	--
Manage fever in the newborn and be able to prepare the dose of paracetamol correctly	Questions and answers Observation of demonstration: dividing doses correctly	The trainer's observations about the difficulties faced by ASHAs in practicing and the areas that need more attention.
State the importance of looking for the signs of sepsis in the newborns diagnosed with fever.	Questions and answers	--

If a bay has fever

A baby has fever if its temperature is above 99° F (37.2°C)

In the case of high body temperature of a baby during summer, verify in the following manner whether this is due to the baby being over dressed or does it really have fever :

- unwrap the baby and take off its hat
- ventilate the room 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, treat the baby for fever.

Doses Chart

Paracetamol

Age	Dose
Birth to < 6 months	1/8 tablet 3 times a day

Remember :

- ✓ Medication can be given for temperature over 99°F (37.2°C).
- ✓ The correct dose of Paracetamol is to be given 3 times a day.
- ✓ Encourage frequent breastfeeding (every 2 hours). Remember to tell the mother that no other fluids are to be given.
- ✓ The newborn who has fever must be checked for sepsis by the ASHA (how to do this will be learnt in a later module). If there is no sepsis, treat the fever only with paracetamol (leave enough doses for 2 days with the mother) and advise frequent breastfeeding.
- ✓ Visit the newborn the next day. Check for sepsis. If sepsis is present, it needs to be treated.
If sepsis is not present, and the baby still has a fever, give the mother paracetamol for her baby for yet another day.
- ✓ If the fever persists after 3 days, refer to the PHC or hospital.

Steps for preparing the correct doses

1. Decide on the dose (1/8 tablet for babies under 1 year).
2. Wash hands.
3. Take one (1) tablet and crush it on a clean surface with a clean stone or the bottom of a glass tumbler.
4. Use a knife's blade to divide the tablet. When divided into two (2), each dose is ½ tablet. When divided into 4 equal parts; each part is ¼ tablet.
5. For 1/8 dose, divide the ¼ dose into 2; each one is 1/8 tablet.
6. Place the desired dose (in this case 1/8) in a small paper and fold this properly so as to hold the powder in it. Label each dose of paracetamol correctly.

Training Workshop 3 : Summary and Planning for work in the community

Day : 5

Time Required : 1 hour 15 minutes

Purpose

To review what was learned in this training period (Training Workshop 3, Modules 7, 8, and 9) and to plan what to do in the community during the coming month.

Objective

At the end of the session the ASHA will be able to:

1. Explain what work she will be doing in the community after this training.

Materials

- Breastfeeding Problem Management Form
- Hypothermia Management Form
- Recording Forms for Management of Sick Child - Workbook 1

Preparation

- Ensure availability of adequate copies of the Supplementary forms booklet to be able to give one to each ASHA.

Training Methods

Question and Answers/ Discussion (1 hour)

Instructions to Trainers :

1. Ask the ASHAs to review the work they are already doing in the community (*Visiting homes, registering all women who are eligible to become pregnant, visiting pregnant women, making list of pregnant women, observing deliveries, filling in delivery forms, observing newborns at 30 seconds and 5 minutes, first examination of baby, filling in the First Examination Of The Newborn Form, making post partum home visits, filling Home Visit Form, using interpersonal communication skills while counseling mothers during the antenatal visits*)
2. Ask the ASHAs to describe what they have learnt during this training (*Breastfeeding, thermal control – prevention and management of hypothermia, protecting the baby from overheating assessing signs of illness of children 2 months to 5 years of age. Assessing for cough and difficult breathing, diarrhoea, dysentery, dehydration, fever, malnutrition, anaemia etc. Also assess the need for immediate immunization.)*
3. Add any missing items.
4. Explain that in addition to the work already being done by them, ASHAs will also treat breastfeeding problems, and support & counsel mothers for effective breastfeeding. ASHAs will also provide immediate care to newborns at birth and help in keeping the newborns warm. They will educate mothers in taking care of the babies in the warm season and prevent overheating of the babies.

Discuss. ASHAs are presently taking care of newborns. Now they will start providing care to all children 2 months to 5 years of age. In this workshop they have learnt assessment and classification of signs of illness and they will start working for that component. If a mother brings a sick child to ASHAs home or if ASHA is called in a home where a child is sick she should see the child, fill the Recording Form and classify the signs of the child. As the ASHAs are yet to study treatment of childhood illnesses, she should advice the mother on taking the child to the PHC or hospital.

5. Explain that each ASHA will carry with her a booklet of supplementary forms. This booklet has 5 blank Breastfeeding Problem Management forms and 5 blank Hypothermia Management forms. While working in the field, whenever she observes any breastfeeding problem or hypothermia, she will manage the problem and fill the relevant form. (The booklet contains more forms. How to use and when to use these forms will be learnt in the next training workshop.) Each ASHA will carry with her Workbook 1 which has Recording Forms. These will be filled for the sick children she observes.
6. Give each ASHA warm bags and blankets which she will use for those babies who may require them.
7. Explain that ASHAs will be visited by the Trainer/Supervisor during this period, who will assist ASHAs in case of difficulty, solve their problems, and provide support.

Summary (10 minutes)

- Ask various trainees to explain how they will organize their work in the community to include all the tasks they are expected to do.
- Make necessary corrections and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (5 minutes)

Objective	Assessment Method	Output
Explain the work which she will be doing in the community after this training	Questions and answers	--