

Revision, Practice and Evaluation of Training Workshops 1 to 4

Session 2 : Revise the contents and skills from the training workshops 3 and 4

Day : 1

Time Required : 2 hours 30 minutes

Purpose

To revise the contents and skills from Training Workshops 3 and 4 and to be aware of any difficulties that the ASHAs may have. This session provides an opportunity for ASHAs to practice skills under supervision, and to have doubts clarified.

Objectives

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

1. State the effective breastfeeding practices and solve breastfeeding problems.
2. Define hypothermia, explain what essential care given to newborns prevents hypothermia, and how to manage hypothermia if it occurs.
3. Administer vitamin K injection correctly to newborns.
4. State how to identify and manage high risk babies.
5. State how to diagnose asphyxia and demonstrate how to manage it correctly with a mucus extractor.
6. State how to diagnose sepsis and manage it correctly with cotrimoxazole.

Materials

- Blankets
- Warm bags
- Vitamin K ampoules
- Syringes
- Cotton
- Spirit
- Mucus extractors
- Cotrimoxazole syrup
- 4 dolls

Preparation

- Ask ASHAs in advance to bring the mother and newborn form, supplementary forms booklet, reading material, and flip charts to this session.
- Ensure the availability of the above material in sufficient quantity to enable ASHAs to practice their skills.
- Have enough copies of all the worksheets depending on number of ASHAs.
- Ask ASHAs to go through the reading material of Training Workshop 3 and 4 before beginning this session.

Training Methods

Large group discussion

Breastfeeding – support and problem solving (20 Min)

- Gather ASHAs in a large group
- Start a discussion on breastfeeding practices. Ask ASHAs what are some of the practices they might have observed in the villages. From the responses, make two lists, one for practices that foster successful breastfeeding and the other for practices which may be harmful, such as not feeding colostrum for 2-3 days after delivery, or giving jaggery water etc, .
- Refer to the list of harmful practices, ask ASHAs what are some of the problems that may arise as a result of these practices? *(The answers should include: delaying breastfeeding means the baby suckles less, which means less milk is made and the newborn may not be getting enough nutrition; also, less suckling means the breasts may get engorged. Giving jaggery water could result in the baby getting diarrhoea etc.)* Correct any misconceptions, and add missing information.
- Continue the discussion by asking ASHAs to explain “proper latch on”. *(Answer: the baby’s mouth is opened wide, around most of the areola and nipple; the baby’s lower lip is turned outward)*
- Ask ASHAs what problems are created if the baby suckles only on the nipple? Let ASHAs share their thoughts and experiences. Also include the management of cracked nipples in the discussion. *(Answer: cracked nipples can result. This could lead to engorgement, and if the baby suckles less often, less milk is produced. To treat: Help mother with positioning for correct latch-on. Encourage her to continue breastfeeding to relieve any engorgement and build milk supply. Put a little breast milk on the nipples after feeding (helps lubricate) and air dry. If nipples are red, dry and flaky and the condition does not improve with the above treatment, it may be an infection; apply GV paint to both nipples after each feed for 5 days. If situation does not improve , refer to the doctor.)*
- Ask ASHAs to explain the advantages of early initiation of breastfeeding. *(Answers should include – emotional bonding between mother and baby, early delivery of placenta, mother’s bleeding becomes less, breast milk gives the best nutrition to the baby who needs energy after delivery, more milk is produced as baby suckles etc)*
- Sometimes a small baby is unable to suckle. Ask, ASHAs how they can help the mother in feeding the baby. Listen to the answers. They should include the following: *(Answer: putting baby to breast each time he expresses hunger as this will increase milk flow (in the first few days about every 2 hours). If unable to suckle teach mother to express milk and feed the baby with a paladay)*
- Ask two ASHAs to present a role play, showing how an ASHA can help a mother with proper positioning and latch-on. After the role play discuss any problems that ASHAs may have.

Thermal control – prevention and management of hypothermia (20 Min)

- Start the discussion with the reasons why babies get cold, how to know whether the baby is cold, how to prevent babies from getting cold, how to re-warm a cold baby, and how to keep baby warm. ASHAs have studied this earlier in the program and have also been practicing this in the field. Encourage all ASHAs to speak —one by one. Trainer should take care that all the issues are covered. If any incorrect ideas are expressed, they should be rectified. Ask if there are any questions or difficulties and clarify these.

- Ask ASHAs to demonstrate wrapping the baby and placing the baby in a warm bag. Mention that the baby should not be tightly wrapped. While pulling the chain of the warm bag, make sure that your hand is below the chain so that the skin of the baby does not get pulled in the chain. Place the baby in the warm bag, close to the mother. An alternative to the warm bag (used to keep small babies warm), is to place the newborn in an upright position between the mothers breasts and skin to skin with mother.

Vitamin K injection to newborns (30 Min)

- Begin a discussion by asking why vitamin K is given to the babies? Then ask, when is it given, how much is given, how many times is it to be given, can it be given to some one else, where is the injection site, and how is the waste disposed. *(Answer: Vitamin K is given to prevent bleeding. 1 mg is injected one time only into the antero lateral side of the baby's thigh. It should be given soon after delivery at the first exam of the baby 1 hour after delivery. Only newborns should get a vitamin K injection).*
- ASHAs have already been giving vitamin K injections to babies in the field under the supervision of the supervisor. If ASHAs have experienced any specific difficulties these should be discussed. Reiterate the importance of safe injection practices.
- Ask one ASHA to demonstrate giving a vitamin K injection. Give one copy of checklist (Worksheet 1) to each ASHA and ask them to observe and fill the checklist. At the end ASHAs should share their observations & comments and finally the trainer should add her comments and suggestions.
- Divide ASHAs into four groups. Each ASHA by rotation demonstrates giving injection on doll and other ASHAs in the group evaluate and give feedback to the ASHA. The trainer circulates in the group and makes sure that every ASHA is doing all the steps correctly.

Identify and manage high risk babies (20 Min)

- Start the discussion by asking how ASHAs would identify high risk babies? *(answers: baby unable to suckle at birth, birth weight less than 2000 grams, gestation period 8 months 14 days or less)*
- Ask ASHAs if any one of them has taken care of a high risk baby in the village. Let her share her experience with the group. Did she face any difficulty in keeping the baby either in the warm bag, or in advising the skin to skin contact method? Did the parents accept it (often parents oppose keeping the baby in warm bag or in skin to skin contact method). Could the baby feed on its own or was the baby fed expressed milk? Could the mother express milk? Did the baby have any other problem (high risk babies are prone to infections).
- Let two ASHAs present a role play in which the ASHA is explaining care of the high risk baby to the mother on the second day after delivery. (Remember, the ASHA should give the High Risk Baby Information Sheet to the parents on the second day). After the role play, discuss the issues covered. If any points were left out, or any information was incorrect, provide the correct answers.
- Ask ASHAs how many times they need to visit a high risk baby in the first month.

Diagnose birth asphyxia and manage it with mucus extractor (30 Min)

- Ask ASHAs to define asphyxia, and explain how it is diagnosed? Ask ASHAs to recall the information on asphyxia they were provided with in the previous training workshop.

- Ask what are some of the signs during labour which may indicate asphyxia at birth? (*Answer: prolonged labour, prolonged rupture of membranes, breech presentation, thick and green or yellow amniotic fluid, preterm labour*)
- Ask the group to state the short and long term effects of asphyxia (*Answer: at birth – still birth, drowsy, unable to suckle and baby may die within first few weeks, long term – mental retardation, epilepsy, spasticity*).
- Ask what necessary preparations need to be made by the ASHA at the time of birth to enable her take care of the baby if it is asphyxiated? (*Answer: keep ready dry clean cloths or towels, mucus extractor and watch*).
- If the baby is born with no cry or weak cry, gasping, weak breathing, no breathing what steps should be taken by the ASHA? (*Answer: note exact time of delivery, dry baby and cover with dry towel, at 30 seconds if no cry, use mucus extractor to clear secretions (mouth, throat, nose)*)
- Ask when a baby should be declared a still birth? (*Answer: if the baby does not cry or breathe at all after delivery or within 10 minutes even after thoroughly using the mucus extractor, then it is a still birth*).
- Ask ASHAs to demonstrate what they will do if the baby is asphyxiated (including using mucus extractor). Distribute copies of skill checklist using mucus extractor (Worksheet 2). Divide ASHAs into four groups. Each ASHA by rotation demonstrates management of asphyxia on a doll and other ASHAs in the group evaluate and give feedback to the ASHA. The trainer circulates in the group and makes sure that every ASHA is doing all the steps correctly.

Diagnose sepsis and manage it with cotrimoxazole (30 Min)

- Ask ASHAs if any one of them has diagnosed and treated sepsis with cotrimoxazole? If yes ask about her/their experience; which signs of sepsis were present? Was she able to treat the baby with confidence? How did the parents react? What was the outcome of the treatment? Discuss the cases in detail to facilitate other ASHAs learn from these experiences.
- **Simulated case :**
 - A baby was born when mother had completed 9 months of gestation.
 - Birth weight of baby was 2 kg. 700 grams.
 - On 5th day baby had pus on umbilicus
 - ASHA treated it with G.V. paint
 - On 6th day baby had stopped feeding

Does the baby have sepsis. **Yes / No**

On which day baby developed sepsis ? (On 6th day)

What is the treatment for the baby? (Cotrimoxazole 1/4 tsp twice a day for 7 days)
- Ask ASHAs if they have any problem in interpreting any of the seven signs that indicate possible sepsis? (*all limbs limp, less or stopped feeding, weak or no cry, mother says baby has become cold to the touch or temperature is above 99° F (37.2° C), abdomen distended or repeated vomiting, chest in-drawing, pus on umbilicus*). How many criteria need to be present on a single day to diagnose sepsis? (*Answer: 2*)

- What is the treatment for sepsis? (*Antibiotic: cotrimoxazole*) What is the dose for preterm and fullterm baby? (*Answer: preterm: ¼ tsp cotra twice a day for 10 days full term: ¼ tsp cotra twice a day for 7 days*)
- Can sepsis be prevented and how? (*Answer: yes. Prevention: good hygiene, frequent hand washing, use of clean blade to cut cord, keeping baby warm, breastfeeding often, keeping umbilical cord clean*)
- What care advice does the ASHA give to the mother whose baby has sepsis? (*Answer: continue feeding and keeping baby warm, review danger signs and seek help if baby worsens or danger signs appear*)
- When does ASHA fill the sepsis diagnosis form? (*Answer: At every home visit*)
- When does ASHA start filling the Sepsis treatment form? (*Answer: when sepsis is diagnosed*)
- When is it necessary to get the informed consent form signed? (*Answer: before treatment*)
- Discuss all the points in detail and clarify any doubts.

Evaluation of the session

Objective	Assessment Method	Output
State the effective breastfeeding practices and solve breastfeeding problems.	Question and answers	--
Define hypothermia, explain what essential care given to newborns prevents hypothermia, and how to manage hypothermia if it occurs.	Question and answers Demonstration	--
Administer vitamin K injection correctly to newborns.	Demonstration	Trainer's observation of the demonstration by ASHAs with the help of skills checklist
State how to identify and manage high risk babies.	Question and answers	--
State how to diagnose asphyxia and demonstrate how to manage it correctly with a mucus extractor.	Question and answers Demonstration	Trainer's observation of the demonstration by ASHAs with the help of skills checklist
State how to diagnose sepsis and manage it correctly with cotrimoxazole.	Question and answers	--