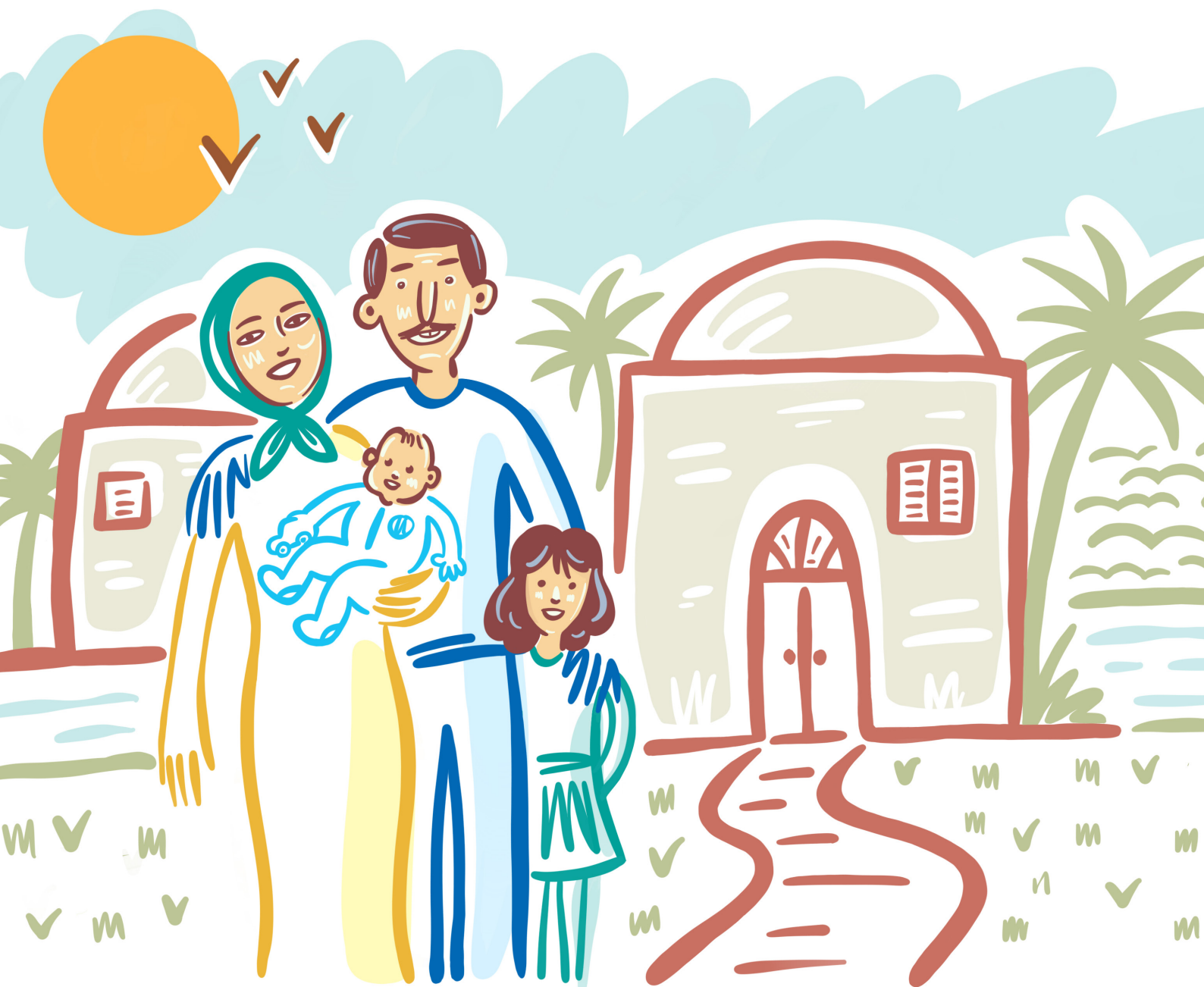


Regional training package on integrated care for health and development of newborns and children under five at home



World Health
Organization

Eastern Mediterranean Region

**PARTICIPANT
MANUAL**

**Regional training package on
integrated care for
health and development
of newborns and children
under five at home**

Participant manual



**World Health
Organization**

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Unit 1. Introduction



Group discussion: Look at the illustrations below and prepare for a group discussion led by your facilitator



Illustration 1



Illustration 2



Illustration 3

Box 1. Why do we need to care for newborns', children's and mothers' health at home?

Home care for newborns and children helps ensure they grow healthier and stronger physically, mentally and socially. It also helps prevent injuries and accidents.

When they are sick, the timely care-seeking from a well-trained health care provider can save children's lives. Seeking care late can negatively affect the child's health and may even result in the child dying.

Mothers carry the responsibility for all aspects of the child's life. If the mother is not healthy she will not be able to undertake these tasks.

Maternal health is linked closely with neonatal health.

Caring for newborns, children and mother's health at home is crucial if children are to grow and develop healthily.

Box 2. Why are you here?

You are here to be trained on how to assist families provide the best possible care to their newborns and children at home, improve care-seeking practices, and advise on elements of the mother's health.

You will provide care during home visits, based on your assessment of what is needed, and according to the age of the child:

- newborns (0-28 weeks) and young infants less than two months
- infants two months up to six months
- infants six months up to one year
- children one year up to two years
- children two years up to five years.

You will provide promotive and preventive care to support the health and development of newborns, infants and children, in addition to caring for the mothers during pregnancy and after delivery and develop healthily.

Unit 2. Community health workers

Session 2. What is a community health worker?



Box 3. What is a community health worker?

Community health workers:

- are members of the communities in which they live
- are selected by the community
- should be linked to and supported by the health system, though they are not necessarily a part of its organization
- have shorter training than health professionals
- bring services closer to the community.

In this course you will be trained on how to help families provide care to newborns and children at home, focusing on promotional and preventive aspects of their health. You will also provide care for the mother's health.

Box 4. Home visits

During your work as community health promoters you will pay:

1. Two visits to the pregnant woman:
 - the first during the first three months of pregnancy
 - the second during the last three months of pregnancy.
2. Two visits to the newborn and mother during and after delivery:
 - the first, ideally, during delivery (or immediately after delivery)
 - the second on the third day after delivery
3. One visit to young infants less than two months 6 weeks after delivery.
4. Visit other age categories every two months.

Box 5. The critical link between newborn health and mother's health

Newborn health begins with the mother's health. The survival and well-being of newborns depends on the mother's health in critical ways:

- malnutrition of the mother impairs fetal growth in the womb and leads to low birth weight babies, with a higher risk of illness and death;
- maternal sickness predisposes babies to a higher risk of illness and premature death.

Unit 3. Communication skills



Box 6. Why using good communication skills is important

The success of your work with families as you enable them to provide the best possible care for their newborns and children will depend on how well and effectively you talk with the family.

Good communication means you:

- talk to people in a way that makes it more likely they will listen and accept your advice
- gain the trust of people in the community
- ensure information given to families is relevant to their situation, easy to understand, and your advice is easy to follow.

Box 7. Four steps to communicate with families during home visits

1. Greeting and building good relations
2. Asking questions and listening, to understand the situation
3. Giving only relevant information
4. Checking caregiver understanding and helping solve any problems.

Each step requires good communication skills.

Box 8. First step: greeting and building good relations

Good relations are essential if the family is to accept you and welcome your visits, answer your questions, understand and act on your advice. You will need to use some skills:

- be friendly and respectful
- explain why you are visiting
- speak gently and clearly
- use the child's and mother's names when appropriate
- talk to all family members present at home.

Box 9. Second step: asking questions and listening; understanding the situation

You must use some skills to understand the situation:

- Ask open-ended questions, for which the answer is not a simple yes or no. Extended answers will help you well assess the situation before you give any information or advice.
- Sit next to or opposite the person you are listening to.
- Look at the person and do not be distracted.
- Do not rush, or act as if you are in a hurry.
- Use gestures such as nodding your head, smiling and saying “mmm” and “ah” to show that you follow what is being said.

The last three skills show your respect and interest in what the mother is saying.



Written exercise 1. Read the following questions and decide whether they are open-ended or close-ended. Tick the corresponding box.

Question	Open-ended	Close-ended
1. Are you breastfeeding your baby?	<input type="checkbox"/>	<input type="checkbox"/>
2. How are you breastfeeding your baby?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child breastfeeding well?	<input type="checkbox"/>	<input type="checkbox"/>
4. How many times do you breastfeed your child?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you wash your hands before preparing food?	<input type="checkbox"/>	<input type="checkbox"/>
6. How do you prepare food for your child?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you eat well?	<input type="checkbox"/>	<input type="checkbox"/>
8. How do you bathe your child?	<input type="checkbox"/>	<input type="checkbox"/>

Box 10. Third step: giving relevant information

For this step, the group of skills required are:

- Accept and don't criticize what the mother thinks or says. Do not agree or disagree but be neutral.
- Praise the mother for what she is doing correctly for her children. This will help her gain confidence.
- When the family is adopting a new behaviour, give a little relevant information at a time, based on the family's situation. Do not give too much information at once.



Written exercise 2. Read the following questions and decide whether they are open-ended or close-ended. Tick the corresponding box.

1. "My milk is weak, I have to give my child artificial milk."

- No, the breast milk is never weak.
- The weak milk is a problem.
- Mmm, you are worried about your milk?

2. "My child is sick, he caught cold. His nose is blocked and he cannot breastfeed. He cries all the time and I don't know what to do."

- Stop crying, your child is doing well, he will improve soon.
- You are right, a blocked nose makes a child cry.
- You are worried about your child, aren't you?

3. "The child has diarrhoea and breastfeeding will harm him."

- The breastfeeding will not worsen the diarrhoea.
- You only want to stop breastfeeding while the child has diarrhoea?
- Mmm.

4. "I could not breastfeed my child for two days and my breast milk became rotten."

- Breast milk never becomes rotten.
- After two days of not breastfeeding, the breast milk's taste becomes strange.
- You are worried about the taste of your breastmilk, aren't you?

Box 11. Fourth step: checking mother's understanding, and solving problems

The group of skills required are:

- to use open-ended questions to check understanding
- discuss what the family plans to do
- praise the family.

Note: praise is not limited to particular steps in the communication process. It can be given, where appropriate, throughout the counselling process.

Unit 4

Caring for the health and development of newborns and young infants less than two months at home



Box 12. Why do newborns require special attention?

Newborns are children 28 days old or less (the first four weeks of life). They are fragile and can die easily. Many childhood deaths are among newborns.

Good care keeps newborns healthy and prepares them to enter later childhood in sound physical and mental health.

Why combine newborns with babies less than two months in a single category?

They share common features, the most important of which are:

- they are fragile and share the same danger signs of serious illness

The best food for them is breast milk and the recommended form of feeding is breastfeeding.

Three visits should be paid to this age group.

- **First visit:** during or immediately after delivery
- **Second visit:** three days after delivery
- **Third visit:** at the age of six weeks.

Box 13. Components of care for the health and development of newborns and young infants less than two months at home

During your three visits you will:

1. Counsel on keeping baby warm.
2. Counsel on the early initiation of breastfeeding.
3. Counsel on care for the umbilical cord.
4. Counsel on family health care practices related to newborns,
5. Counsel on breastfeeding.
6. Counsel on hygiene.
7. Counsel on developmental milestones.
8. Counsel on care for development (play and communicate with the child).
9. Counsel on the prevention of accidents and injury.
10. Counsel on the prevention of maltreatment, neglect and violence.

Box 14. Hand washing by the community health worker before touching a newborn

Newborns can get infections more easily than adults or older children.

Infection in a newborn can be dangerous. Frequent and correct hand washing is one of the most effective ways to prevent infections.

The community health worker (CHW) should always wash her/his hands before touching the baby to avoid germs brought from outside home.

Steps of hand washing

- Remove bracelets, rings and wrist watch.



- Wet your hands and forearms up to the elbow.



- Apply soap and thoroughly scrub your hands and forearms up to the elbow.



- Pay special attention to nails and the spaces between your fingers.



- Rinse with clean water flowing from a tap or poured by someone using a mug or pitcher.



- Air-dry with your hand up and elbows facing the ground so that water drips away from your hands and fingers. Do not wipe your hands with a cloth or towel. Even a clean-looking towel may have germs on it.



This way of hand washing applies before you touch a newborn. When you wash your hands after going to the toilet or before eating you can continue to do so in your usual way.

Recording form for newborns and young infants 1–6 months

Date of the visit:.....	Name of CHW:.....	Village:.....	
Name of child:.....	Age:.....	Date of birth:	
Name of mother:.....	Weight. of newborn at birth:.....	Temperature of newborn	
Greet caregiver, introduce yourself and explain the purpose of your visit.			
Ask how the baby is doing,..... (Write down what the mother says)			
Counsel in the presence of family members			
Understand the situation		Observe practice	
1. For newborns Ask, look and see if baby is kept warm YES <input type="checkbox"/> NO <input type="checkbox"/> Counsel and assist IF yes, Correctly <input type="checkbox"/> , Praise Not correct (e.g. overwrapped) <input type="checkbox"/> , Counsel and help		Skin-to-skin <input type="checkbox"/> Dressed up correctly <input type="checkbox"/> Overwrapped <input type="checkbox"/> Dressed up lightly/undressed <input type="checkbox"/>	
2. Check for the presence of danger signs in the baby. Observe and teach the family Unable to breastfeed <input type="checkbox"/> Convulsions <input type="checkbox"/> Severe chest indrawing <input type="checkbox"/> Yellow palms and soles <input type="checkbox"/> Local infection <input type="checkbox"/> Low/high temperature <input type="checkbox"/> Fast breathing <input type="checkbox"/> Chest indrawing <input type="checkbox"/> Vomits everything <input type="checkbox"/> very low weight <input type="checkbox"/> If there is any danger sign skip all other tasks, write a referral note and assist with urgent referral		Observe danger signs	
3. Check for the presence of danger signs in the mother Heavy bleeding <input type="checkbox"/> Fits <input type="checkbox"/> Severe headache/blurred vision <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Oedema of hands/feet <input type="checkbox"/> Calf pain <input type="checkbox"/> If there are any danger signs skip all other tasks, write a referral note and assist with urgent referral			
4. Ask whom the family will seek care from if the baby is sick Doctor <input type="checkbox"/> , praise Health facility <input type="checkbox"/> , praise Trained CHW <input type="checkbox"/> , praise Others <input type="checkbox"/> , counsel Pharmacy <input type="checkbox"/> , counsel			
5. Is the mother caring for umbilical cord (during the first week after delivery) YES <input type="checkbox"/> NO <input type="checkbox"/> , Counsel and assist IF YES, Ask HOW? Correct steps <input type="checkbox"/> , Praise Incorrect <input type="checkbox"/> Counsel and help		Cord stump clean <input type="checkbox"/> Cord stump infected <input type="checkbox"/>	
6. BREASTFEEDING: Ask the mother: Are you breastfeeding your baby? YES <input type="checkbox"/> , Praise and continue questions NO <input type="checkbox"/>		Observe practice	
If YES, when did you initiate breastfeeding? Within first hour after delivery <input type="checkbox"/> Praise Later <input type="checkbox"/> , ask why..... How many times are you breastfeeding? 8 times a day <input type="checkbox"/> praise More <input type="checkbox"/> , praise Less <input type="checkbox"/> , Counsel Day and night? YES <input type="checkbox"/> praise NO <input type="checkbox"/> , Counsel Is baby given any other food or fluid? YES <input type="checkbox"/> , ask what?..... Counsel NO <input type="checkbox"/> , Praise Do you give your baby water? YES <input type="checkbox"/> ask why, and counsel Hot weather <input type="checkbox"/> Baby is thirsty <input type="checkbox"/> Breast milk is food and not drink <input type="checkbox"/> Others <input type="checkbox"/>, COUNSEL If NO <input type="checkbox"/> , Praise Do you feel pain during breastfeeding? YES <input type="checkbox"/> , Observe breastfeed and Counsel NO <input type="checkbox"/>		Poor attachment <input type="checkbox"/> Good attachment <input type="checkbox"/> Good positioning <input type="checkbox"/> Poor positioning <input type="checkbox"/>	
IF NO, Why do you not breastfeed? Not enough milk <input type="checkbox"/> Counsel Baby refuses BF <input type="checkbox"/> , Counsel Other <input type="checkbox"/>, Counsel What do you give to your child? Artificial milk <input type="checkbox"/> , Counsel Cow milk <input type="checkbox"/> , Counsel Others <input type="checkbox"/>, Counsel		Observe the bottle Clean <input type="checkbox"/> Dirty <input type="checkbox"/>	
7. HYGIENE Did you bathe your child? YES <input type="checkbox"/> NO <input type="checkbox"/>		Observe child cleanliness	
IF YES, ask when? Soon after delivery <input type="checkbox"/> 1 day after delivery <input type="checkbox"/> more than 1 day <input type="checkbox"/> How do you bathe your baby? Sponge bath <input type="checkbox"/> Bathe in a small tub <input type="checkbox"/> Others <input type="checkbox"/>		Clean face Yes <input type="checkbox"/> No <input type="checkbox"/> Clean eyes Yes <input type="checkbox"/> No <input type="checkbox"/> Clean nose Yes <input type="checkbox"/> No <input type="checkbox"/> Clean clothes Yes <input type="checkbox"/> No <input type="checkbox"/> Diaper smells Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF NO, ask why Baby is still very young <input type="checkbox"/> It is too cold <input type="checkbox"/> Others <input type="checkbox"/>, Counsel			
Do you clean baby's face, eyes, hands, ears and nose? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, ask how often? Frequently during the day <input type="checkbox"/> , Praise Once daily <input type="checkbox"/> , Counsel Not every day <input type="checkbox"/> , Counsel Describe how?.....			
IF NO, why? I don't know how <input type="checkbox"/> , Counsel I am afraid to touch baby <input type="checkbox"/> , Counsel others <input type="checkbox"/>Counsel			
How often do you change diaper? Every time it is wet <input type="checkbox"/> , praise Once a day <input type="checkbox"/> counsel and help More than once <input type="checkbox"/> Counsel and help Ask mother if she knows why she should change diapers-----, counsel			
Do you clean your child's toys? Yes <input type="checkbox"/> , praise No <input type="checkbox"/> If YSEs, ask how often Every day <input type="checkbox"/> Counsel When I found them dirty <input type="checkbox"/> , Praise Others <input type="checkbox"/>		Observe toys Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Observe house cleanliness	
IF NO, ask Why? Did not know I should <input type="checkbox"/> , Counsel It is not important <input type="checkbox"/> , Counsel Othes <input type="checkbox"/>, Counsel		Clean and neat Yes <input type="checkbox"/> NO <input type="checkbox"/>	
Do you clean child clothes every time they are dirty? YES <input type="checkbox"/> Praise, and ask why? NO <input type="checkbox"/> , ask why?----- Counsel			

8. Prevention practices a. Ask if the baby has been immunized	YES <input type="checkbox"/> , praise NO <input type="checkbox"/> , counsel and help	
b. Do you wash your hands? Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel and assist If yes, ask when? After the toilet <input type="checkbox"/> After changing diapers <input type="checkbox"/> Before preparing food <input type="checkbox"/> Before touching the baby <input type="checkbox"/> Before eating <input type="checkbox"/> Other..... <input type="checkbox"/>		Observe washing hands Correct <input type="checkbox"/> , praise Incorrect, <input type="checkbox"/> counsel & assist
c. Use of antibiotics Ask where antibiotics for the baby are sourced? Prescribe by a health facility <input type="checkbox"/> , Praise From the pharmacy <input type="checkbox"/> Counsel From neighbours <input type="checkbox"/> Counsel Give old antibiotic already at home <input type="checkbox"/> Counsel Other..... <input type="checkbox"/> Counsel accordingly		
d. For areas with malaria, , do mother and baby sleep under insecticide treated bed net? YES <input type="checkbox"/> ,Praise NO, <input type="checkbox"/> Counsel and help		
9. Child development		Observe washing hands
Newborns Baby stares at faces <input type="checkbox"/> Baby is startled by noise <input type="checkbox"/> Baby's movements are normal while awake <input type="checkbox"/> Infants 1-6 months 2 months Can hold head up and begins to push up when lying on tummy <input type="checkbox"/> Coos <input type="checkbox"/> Begins to follow objects with eyes <input type="checkbox"/> Begins to smile at faces <input type="checkbox"/> 4 months Holds head unsupported <input type="checkbox"/> Reaches for toys <input type="checkbox"/> Brings hands to mouth <input type="checkbox"/> Grabs toes and puts them in mouth <input type="checkbox"/> Babbles <input type="checkbox"/> Vision: Follows moving objects from side to side <input type="checkbox"/> Sees a toy and reaches for it <input type="checkbox"/> Smiles at faces <input type="checkbox"/> Recognizes familiar faces <input type="checkbox"/> Hearing: Turns head towards sounds <input type="checkbox"/> Responds to loud sounds <input type="checkbox"/>		Normal milestones <input type="checkbox"/> Delayed milestones <input type="checkbox"/>
10. CARE FOR DEVELOPMENT		Observe
Ask if the mother plays with the baby YES <input type="checkbox"/> , Praise NO <input type="checkbox"/> , Counsel		Mother handles baby with love <input type="checkbox"/> Mother looks at infant <input type="checkbox"/> Mother smiles at infant <input type="checkbox"/>
If YES for newborns: ask how? Skin-to-skin <input type="checkbox"/> Gentle stroking <input type="checkbox"/> Moving arms and legs <input type="checkbox"/> Other..... <input type="checkbox"/> If YES (1-6 months), ask how? Gives objects to reach for <input type="checkbox"/> Moves colourful objects in front of infant <input type="checkbox"/> Other..... <input type="checkbox"/>		
If NO for newborns, ask Why? Newborn does not play <input type="checkbox"/> Did not know she should <input type="checkbox"/> Does not have time <input type="checkbox"/> Does not know how to play <input type="checkbox"/> Other..... <input type="checkbox"/> If NO for 1 - 6 months, ask why? Did not know she should <input type="checkbox"/> Does not have time <input type="checkbox"/> Does not know how to play <input type="checkbox"/> Other..... <input type="checkbox"/>		
Does the mother communicate with her child? Yes <input type="checkbox"/> Praise No <input type="checkbox"/> , Counsel		
IF YES for newborns: ask How? Sings to baby <input type="checkbox"/> Talks to baby <input type="checkbox"/> Touches the baby <input type="checkbox"/> Other..... <input type="checkbox"/> IF YES FOR 1 - 6 months, ask How? Sings, talks and laughs <input type="checkbox"/> Keeps a conversation going by copying the infant's gesture <input type="checkbox"/> Other..... <input type="checkbox"/>		
IF NO, for newborns, ask Why? Baby does not talk <input type="checkbox"/> Did not know she should <input type="checkbox"/> Does not have time <input type="checkbox"/> Other..... <input type="checkbox"/> IF NO, for 1 - 6 months, ask Why? Does not have time <input type="checkbox"/> Did not know she should <input type="checkbox"/> It is not important <input type="checkbox"/> Does not know how <input type="checkbox"/>		
Do other members of the family play and communicate with the child? Yes <input type="checkbox"/> Praise No <input type="checkbox"/> , Counsel		
If YES, ask who? Father <input type="checkbox"/> Siblings <input type="checkbox"/> Grandmother <input type="checkbox"/> Other..... <input type="checkbox"/> If NO, ask why? Too busy <input type="checkbox"/> I am afraid they will hurt the baby <input type="checkbox"/> Other..... <input type="checkbox"/>		
11. Prevention of accidents: observe and ask		Observe the presence of any potential source of harm to the child
Baby sleeps with parents/siblings <input type="checkbox"/> Ribbon around neck <input type="checkbox"/> Pins attached to clothes <input type="checkbox"/> Smoking in the house <input type="checkbox"/> Smoke inside house <input type="checkbox"/> Bath water too hot <input type="checkbox"/> Baby left unattended during bath <input type="checkbox"/> Mother is carrying baby while cooking <input type="checkbox"/> e Mother is carrying baby while drinking hot drinks <input type="checkbox"/> long nails <input type="checkbox"/> Small/harmful objects left within reach <input type="checkbox"/> Baby left unattended on a high surface <input type="checkbox"/> Other..... <input type="checkbox"/> Counsel		
12. Prevention of maltreatment, neglect and violence: observe and ask		
Baby's clothes not clean <input type="checkbox"/> Baby cries and mother does not respond <input type="checkbox"/> Discrimination between siblings <input type="checkbox"/> Mother is not breastfeeding the child <input type="checkbox"/> Baby is not clean <input type="checkbox"/> Sources of harm at home <input type="checkbox"/> Family members do not play or communicate with the baby <input type="checkbox"/> Delayed care-seeking <input type="checkbox"/> Child not immunized <input type="checkbox"/> Child given antibiotics not prescribed by a health care provider <input type="checkbox"/> Shouts at baby when making noise <input type="checkbox"/> Counsel, if any		
13. Maternal health		
If pregnant, seeks and receives antenatal care YES <input type="checkbox"/> Praise NO <input type="checkbox"/> Counsel After delivery , seeks and receives postnatal care YES <input type="checkbox"/> Praise NO <input type="checkbox"/> Counsel		
Maternal nutrition and drinking Plenty of water and fluids <input type="checkbox"/> Good variety of healthy food <input type="checkbox"/>		
Maternal hygiene Daily bath YES <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel Good breast hygiene Yes <input type="checkbox"/> Praise No <input type="checkbox"/> , Counsel Correct care of oral hygiene YES <input type="checkbox"/> Praise NO <input type="checkbox"/> Counsel Correct toilet hygiene Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel		
Psychosocial support of mother: Family help with chores Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel Family is around mother and supportive Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel		
Family planning Uses family planning Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Ask why, and counsel		

Component 1.

Counselling on keeping the newborn warm



Written exercise 3. You are the CHW of Salam village on a home visit. Hasnaa has just delivered a baby boy, Ahmad. When you ask her how she and her baby are doing, she says she is ok. You see that the baby is dressed up lightly and not put in skin-to skin contact. Fill in the recording form accordingly.

Recording form for newborns and young infants 1–6 months		
Date of the visit:.....	Name of CHW:.....	Village:.....
Name of child:.....	Age:.....	Date of birth:
Name of mother:.....	Weight of newborn at birth:.....	Temperature of newborn
Greet caregiver, introduce yourself and explain the purpose of your visit. Ask how the baby is doing..... (Write down what the mother says) Counsel in the presence of family members		
Understand the situation		Observe practice
3. FOR NEWBORNS: Ask and Look to see if baby is kept warm: YES <input type="checkbox"/> NO <input type="checkbox"/> Counsel and assist IF yes, Correctly <input type="checkbox"/> , Praise Not correct (e.g. overwrapped) <input type="checkbox"/> , Counsel and help		Skin-to-skin <input type="checkbox"/> Dressed up correctly <input type="checkbox"/> Overwrapped <input type="checkbox"/> Dressed up lightly/undressed <input type="checkbox"/>

Box 15. Skin-to-skin care

On your first home visit, counsel the mother on the importance of skin-to-skin care during the first day of life, and assist her to apply it.

Skin-to-skin care has many benefits. It:

- provides an easy transition for the baby from the womb
- helps newborns to bond and know their mother
- maintains a stable skin temperature
- encourages babies to cry less when they feel the protection and security provided by the mother
- promotes breastfeeding when the baby is placed on the mother's abdomen after birth. The newborn has the ability to find the mother's breast on her/his own and to decide when to take the first breastfeed. Alert babies' natural instincts help them locate, latch on, and breastfeed providing they are in close contact with the mother.

Component 2.

Counselling on early initiation of breastfeeding

Box 16. Important information about breastfeeding:

- Breast milk is the best food for newborns; it contains all the nutrients and water the baby needs.
- Mothers should breastfeed their babies day and night, on demand, at least eight times a day.
- Mothers should not give anything else, including water, even in hot weather (exclusive breastfeeding).
- Breast milk at the beginning of the breastfeed (fore-milk) is transparent, and includes large amount of water and some nutrients. Breast milk at the end of the breastfeed (hind-milk) is thick and white as it includes fats which give energy and make the baby feel full (not hungry).
- Babies should be left at the breast until they leave it themselves. That way the baby can take both fore-and hind-milk, receive all necessary nutrients and not feel hungry.
- Effective suckling brings milk to the breast. If the baby does not suckle effectively and breasts are not emptied the production of milk will be reduced.



Photo exercise 1: Positioning and attachment: tick (✓) the correct box



Photo 1

Good attachment Poor attachment
 Good positioning Poor positioning



Photo 2

Good attachment Poor attachment
 Good positioning Poor positioning



Photo 3

Good attachment Poor attachment
 Good positioning Poor positioning



Photo 4

Good attachment Poor attachment
 Good positioning Poor positioning



Photo 5

Good attachment Poor attachment
 Good positioning Poor positioning



Photo 6

Good attachment Poor attachment
 Good positioning Poor positioning



Photo 7

Good attachment Poor attachment
 Good positioning Poor positioning

Component 3.

Counselling on family health care practices

Box 17. Family health care practices

1. Classified into two categories:

You must counsel on:

- when to seek care: check for presence of danger signs
- from whom to seek care.

2. Prevention practices

You must counsel on:

- vaccination
- hand washing
- sleeping under insecticide-treated bednets (in malaria-endemic areas)
- the rational use of antibiotics
- boiling water, and cleaning cups and spoons if mother is not breastfeeding.

Box 18. Care-seeking practices. When to seek care (checking for the presence of danger sign 1)

Check for the presence of danger signs that requires urgent referral to a health facility:

- Unable to breastfeed
- Convulsions
- Less movements, or movements only when stimulated and when awake, or no movement at all
- Jaundice in the palms and soles
- Fast breathing
- Severe chest indrawing
- High and low body temperature
- Signs of local infection
- Very small babies

If any danger signs are present, urgently refer to a health facility.

Box 19. Care-seeking practices. When to seek care (checking for the presence of danger sign 2)

Fast breathing

- Breathing is taking air in and out of the body through the mouth or nose.
- Fast breathing is a high breathing count over one full minute (breathing rate).
- Breaths can be counted by looking at the breathing movements. The chest and abdomen move out when we breathe in, and move in when we breathe out. One outward and one inward movement of the chest and abdomen together makes one breath.
- Babies usually breathe faster than older infants and young children.

Fast breathing in newborns is when the breathing count is 60 breaths per minute or more.

If you count 60 breaths/minute or more, repeat the count. This is important because the breathing rate of babies is often irregular. The baby will occasionally stop breathing for a few seconds, followed by a period of faster breathing.

Do not judge that the baby has fast breathing unless the second count is 60 breaths per minute or more. This is a sign of a serious condition.

Severe chest indrawing

- It is the groove formed between the chest and abdomen because of the lower chest wall going in when the child breathes in, while the upper chest wall and abdomen move out, this is the opposite to normal breathing).
- The newborns and young infants up to two months normally have mild chest indrawing, because the chest wall is soft. But when this groove is deep and severe, this is severe chest indrawing, which indicates a serious lung condition. This is a danger sign.



Photo exercise 2: severe chest indrawing: tick (✓) the correct box



Severe chest indrawing
Not severe chest indrawing



Severe chest indrawing
Not severe chest indrawing



Severe chest indrawing
Not severe chest indrawing

Box 20. Care-seeking practices. When to seek care (checking for the presence of danger sign 3)

Seventh sign: High and low body temperature

Measuring temperature with a digital thermometer:

- Take the thermometer out of the box and hold the broad end.
- Wash the area from the tip of the thermometer extending 4 cm (the length of half a finger) with warm (not hot) soapy water. Air dry thoroughly before using.
- Press the on button once to turn the thermometer on.
- Hold the thermometer upwards and place the shining tip to the centre of the armpit. Press the baby's arm against its side. Do not change the position.
- When you hear three short beeps and the numbers stop changing (this will take three minutes), remove the thermometer and read the number in the display window. Record the temperature reading.
- Turn the thermometer off, clean the shining tip with warm soapy water, air dry and place in its storage case.

Measuring temperature with the mercury thermometer:

- Take thermometer out of the box, hold the end that is opposite the shining bulb.
- Wash the thermometer from the tip, extending 4 cm, with warm soapy water. Air dry thoroughly before using.
- Shake the thermometer until there is no shining line outside the bulb.
- Place the bulb in the centre of the armpit.
- Press the baby's arm against its side. Do not change the position.
- After three minutes remove the thermometer and read the number at the end of the shining line.

Box 21. Component 3. I. Care-seeking practices. Counselling on danger signs and referral of a baby having danger sign

Look for the presence of danger signs in every newborn and young infant up to less than two months during your visit.

- If there are no danger signs, use your Flip Book to teach the family how to identify the signs.
- The presence of any danger sign necessitates urgent referral to a health facility.

If there is any danger sign, don't weigh the baby, skip all other tasks, write a referral note and assist with urgent referral to a health facility

Sometimes families refuse to go to a health facility with their baby. Use your good communication skills to convince them and assist with transportation.

Advise the mother to keep her baby warm (skin-to-skin contact for newborns) and to breastfeed the baby frequently on the way to the health facility.



Written exercise 4: Listen to your facilitator and fill in the referral note accordingly

Referral note	
Name of CHW :-----	Village:-----
Name of mother/baby:-----	
Age of baby when referred :-----	Date of referral:-----
Birth weight of newborn: -----	
Reason(s) for referral	
The baby has/is (tick the box)	
<input type="checkbox"/> Unable to breastfeed/ Unable to drink	
<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Less movement, moves only on stimulation while awake, or no movement even after stimulation	
<input type="checkbox"/> Vomits everything	
<input type="checkbox"/> Yellow palms and soles	
<input type="checkbox"/> Fast breathing	
<input type="checkbox"/> Severe chest indrawing	
<input type="checkbox"/> Chest indrawing	
<input type="checkbox"/> Temperature is 37.5 °C or more	
<input type="checkbox"/> Axillary temperature is 37.5 °C or less	
<input type="checkbox"/> Signs of local infection	
<input type="checkbox"/> Small baby	
Mother has (tick the box)	
<input type="checkbox"/> Severe vaginal bleeding	
<input type="checkbox"/> Headache, fits, blurred vision	
<input type="checkbox"/> Difficulty breathing	
<input type="checkbox"/> Fever	
<input type="checkbox"/> Calf pain	
To be filled in by the health facility staff Comments:	

Seen at health facility by: -----	

If the baby/infant is able to breastfeed, feed every two hours. Give only breast milk. For older children who are not breastfed, advise to give sugar water on the way.



Keep the baby/infant warm, using the skin-to-skin method.



If skin-to-skin is not possible, wrap the baby well and keep her/him close to the mother.



Written exercise 5: Fill in a recording form

You are the CHW of Ennasr village, on a home visit to a family where the mother, Farida, has just delivered Hassan, a baby boy. When you ask how she and her baby are doing, the mother says the baby does not want to breastfeed. You find the baby placed in skin-to-skin contact with the mother, and when you ask if you can have a look at Hassan, the family welcome this.

You wash your hands and ask the mother to breastfeed the baby. The baby is too weak to breastfeed. Hassan does not have convulsions, and when you ask the mother, she says he has never had convulsions. Hassan does not have fast breathing or severe chest indrawing. He does not have jaundice. His temperature is 34 °C. You do not weigh him because of the danger signs (unable to breastfeed and low temperature). Fill in the recording form for Hassan.

Recording form for newborns and young infants 1–6 months			
Date of the visit:.....	Name of CHW:.....	Village:.....	
Name of child:.....	Age:.....	Date of birth:	
Name of mother:.....	Wt. of newborn at birth:.....	Temp. of newborn	
Greet caregiver, introduce yourself and explain the purpose of your visit.			
Ask how the baby is doing..... (Write down what the mother says)			
Counsel in the presence of family members			
Understand the situation		Observe practice	
1. For newborns Ask, look and see if baby is kept warm YES <input type="checkbox"/> NO <input type="checkbox"/> Counsel and assist IF yes, Correctly <input type="checkbox"/> , Praise Not correct (e.g. overwrapped) <input type="checkbox"/> , Counsel and help		Skin-to-skin <input type="checkbox"/> Dressed up correctly <input type="checkbox"/> Overwrapped <input type="checkbox"/> Dressed up lightly/undressed <input type="checkbox"/>	
2. Check for the presence of danger signs in the baby. Unable to breastfeed <input type="checkbox"/> Convulsions <input type="checkbox"/> Severe chest indrawing <input type="checkbox"/> Yellow palms and soles <input type="checkbox"/> Local infection <input type="checkbox"/> Low/high temperature <input type="checkbox"/> Fast breathing <input type="checkbox"/> Chest indrawing <input type="checkbox"/> Vomits everything <input type="checkbox"/> very low weight <input type="checkbox"/> If there is any danger sign skip all other tasks, write a referral note and assist with urgent referral		Observe danger signs	
3. Check for the presence of danger signs in the mother Heavy bleeding <input type="checkbox"/> Fits <input type="checkbox"/> Severe headache/blurred vision <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Oedema of hands/feet <input type="checkbox"/> Calf pain <input type="checkbox"/> If there are any danger signs skip all other tasks, write a referral note and assist with urgent referral			
4. Ask whom the family will seek care from if the baby is sick Doctor <input type="checkbox"/> , praise Health facility <input type="checkbox"/> , praise Trained CHW <input type="checkbox"/> , praise Others <input type="checkbox"/> , counsel Pharmacy <input type="checkbox"/> , counsel			

Box 22. Family health care practices. 2. Prevention practices

1. Vaccinate the baby

2. Hand washing

It is important to wash hands to prevent illness and the spread of infections. It helps prevent major childhood illnesses like pneumonia and diarrhoea, the most common killers of children under five.

A quick rinse of the hands is not enough. You need to wash with soap and water for at least 20 seconds to remove germs from hands.

All family members should wash their hands.

3. Sleep under an insecticide-treated bednet

4. Rational use of antibiotics

Component 4.

Counselling on care of the umbilical cord stump

Box 23. Caring for the umbilical cord stump

The umbilical cord is an entry point for dangerous infection. We need to care for it by applying chlorhexidine. Chlorhexidine should be used only on the umbilical cord stump. Never apply it to the eyes, it may cause blindness. It should be applied every day for seven days.

Observe if the cord is cared for. Assess according to the recording form:

- If clean, praise the mother.
- If not, counsel the mother on the importance of cleaning the umbilical cord stump. Teach her how to care for it using the Flip Book.



Written exercise 6: Fill in a recording form

You are the CHW of Salam Village. You are visiting Samia who gave birth to a baby girl, Samah, five days ago. When you ask about her and her daughter, she says they are doing well. You wash your hands and ask permission to look at the baby. When you look at the girl you find she is wearing only one layer of dresses. You look for danger signs and do not find any. Samia's weight at birth was 2.95 kg. You measure her temperature and it is 36.5°C. When you ask where the family seeks care when they are ill, the mother says they go to the pharmacy to get medicine. When you ask the mother if she is caring for the umbilical cord, she says yes. You ask the mother to show you how she cleans the umbilical stump. You find that she is following the correct steps. You look at the umbilicus and find it clean. Fill in the recording form accordingly.

Recording form for newborns and young infants 1–6 months			
Date of the visit:.....	Name of CHW:.....	Village:.....	
Name of child:.....	Age:.....	Date of birth:	
Name of mother:.....	Wt. of newborn at birth:.....	Temp. of newborn	
Greet caregiver, introduce yourself and explain the purpose of your visit.			
Ask how the baby is doing..... (Write down what the mother says)			
Counsel in the presence of family members			
Understand the situation			Observe practice
1. For newborns			
Ask, look and see if baby is kept warm YES <input type="checkbox"/> NO <input type="checkbox"/> Counsel and assist			Skin-to-skin <input type="checkbox"/>
IF yes, Correctly <input type="checkbox"/> Praise Not correct (e.g. overwrapped) <input type="checkbox"/> Counsel and help			Dressed up correctly <input type="checkbox"/>
			Overwrapped <input type="checkbox"/>
			Dressed up lightly/undressed <input type="checkbox"/>
2. Check for the presence of danger signs in the baby.			Observe danger signs
Unable to breastfeed <input type="checkbox"/> Convulsions <input type="checkbox"/> Severe chest indrawing <input type="checkbox"/> Yellow palms and soles <input type="checkbox"/>			
Local infection <input type="checkbox"/> Low/high temperature <input type="checkbox"/> Fast breathing <input type="checkbox"/> Chest indrawing <input type="checkbox"/>			
Vomits everything <input type="checkbox"/> very low weight <input type="checkbox"/>			
If there is any danger sign skip all other tasks, write a referral note and assist with urgent referral			
3. Check for the presence of danger signs in the mother			
Heavy bleeding <input type="checkbox"/> Fits <input type="checkbox"/> Severe headache/blurred vision <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Oedema of hands/feet <input type="checkbox"/> Calf pain <input type="checkbox"/>			
If there are any danger signs skip all other tasks, write a referral note and assist with urgent referral			
4. Ask whom the family will seek care from if the baby is sick			
Doctor <input type="checkbox"/> , praise Health facility <input type="checkbox"/> , praise Trained CHW <input type="checkbox"/> , praise Others <input type="checkbox"/> , counsel Pharmacy <input type="checkbox"/> , counsel			
5. Is the mother caring for umbilical cord (during the first week after delivery)			
YES <input type="checkbox"/> NO <input type="checkbox"/> , Counsel and assist			Cord stump clean <input type="checkbox"/>
If YES, Ask HOW? Correct steps <input type="checkbox"/> , Praise Incorrect <input type="checkbox"/> Counsel and help			Cord stump infected <input type="checkbox"/>

Component 5.

Counselling on caring for hygiene

Box 24. Caring for hygiene

Caring for hygiene is important to prevent infection and to keep babies happy.

Element 1. Bathing the baby

Element 2. keeping face, neck, hands and diaper areas always clean every day

Element 3. Trimming baby's finger nails

Element 4. Keeping baby's nose unclogged

Element 5. Cleaning baby's eyes

Element 6. Cleaning baby's ears

Element 7. Keeping baby's clothes and toys clean

Element 8. Sanitizing the home

Box 25. How to counsel mothers on caring for hygiene

To counsel the mother, observe and assess.

First, observe:

- if the baby's face, eyes, nose and ears are clean;
- whether the diaper smells;
- whether baby's clothes are clean;
- whether the house is clean and tidy;
- if any family member is smoking inside house.

If everything looks fine, praise the mother and ask her when and how:

- the baby bathes
- the baby's face, eyes, nose and ears are cleaned
- diapers are changed
- the baby's clothes and toys are cleaned
- the house is cleaned.

Praise the mother for everything she is doing well and counsel only on the things she is not doing, not doing well, or does not know how to do.

Counselling should not involve reciting what is in the Flip Book. Counsel the mother according to the situation.

If the mother is not taking care of her baby's hygiene counsel her on the importance of the eight elements of hygiene and teach her how to do them.

Component 6.

Counselling on breastfeeding

Box 26. How to counsel mothers on breastfeeding

Counsel the mother on breastfeeding

- Greet the mother and introduce yourself, explain the purpose of your visit – that you would like to discuss how she is feeding her baby – and if possible involve other members of the family.
- Always remember to wash your hands before touching the baby.

Use the questions in the recording form to understand the situation

- If you have not seen the mother while breastfeeding, ask her if she has started breastfeeding and, if the mother has not breastfed during the last hour, ask if you can observe as she breastfeeds.
- If you have seen the mother breastfeeding, or she answered yes, praise her.

Remember, always accept what the mother says or feels, and praise her when she does things well.

Use your Flip Book to give relevant information, provide practical assistance, and improve practice.

Provide practical support if needed. If the baby is not well attached ask the mother if you can help her improve the baby's position for breastfeeding and attachment and provide practical support.

Only give information related to the breastfeeding problem you have identified. Do not give information on problems irrelevant to the situation.

Check mother's understanding and solve problems.

Thank the mother for her cooperation and encourage her to continue to take good care of her baby.

Component 7.

Counselling on developmental milestones

Box 27. Effect of physical activity, good quality sleep, and reduction of sedentary hours on newborn and young infant's healthy growth and development

Making physical activity a part of the child's daily routine, ensuring sufficient sleep, and reducing to maximum restraining time (in prams/strollers, high-chairs, strapped on the caregiver's back) and sedentary screen time to a minimum, contribute to healthy growth and support development and learning.

Physical activity through play is essential for baby's physical, emotional and cognitive development. Safe, active play should be spread throughout the day.

Sleep plays an essential role in a baby's growth and development. If a baby receives good quality sleep, s/he will have the energy to be active. An active child is a well rested child.

Babies' sleep habits benefit from regularity. A calming bedtime routine helps children transition to sleep. Screen time should be avoided before sleep, and parents/carers should keep screens out of baby's bedrooms.

Reduce sedentary hours. Babies should not be restrained in prams/strollers, or strapped to a parent's back, for more than one hour at a time. When restrained for a long time, communication with other family members suffers. This can lead to language delays and reduced attention span. Parents should reduce to maximum sedentary hours by talking, singing and touching their child.

Box 28. How to counsel on developmental milestones

You need to observe and assess to counsel on milestones

- observe the baby's movements
- observe the position of the baby
- make a loud sudden noise to see if the baby is startled
- if the baby is awake, observe if s/he stares at the face of her/his mother
- see if the baby cries for a long period and nothing consoles her/him
- observe if the baby is restrained for long periods

Assess the situation, give relevant information, and provide practical support when needed, such as show the mother how to relieve colic, and teach her how to burp a baby.

Component 8.

Counselling on care for development (play and communicate with the child)

Box 29. How to counsel on care for development

Assess the situation by using the recording form.

Ask the mother whether she plays and communicates with her baby and how.

If she does not, ask why.

Tick in front of the response of the mother.

Observe

- how the mother carries the baby and looks at her/him.
- how other family members deal with the baby.

Identify good practices and praise the mother.

Identify problems, give relevant information and provide practical support.

Always remember to check the mother's understanding of the importance of care for development and how to play and communicate with her baby.



Demonstration role play, and written exercise 7

You will watch a role play run by your facilitator. Listen carefully and use the information in the role play to fill in the in the section of care for development in the recording form.

Role play 1

4. CARE FOR DEVELOPMENT			
Ask if the mother plays with the child?	YES <input type="checkbox"/> , Praise	NO <input type="checkbox"/> , Counsel	
If YES for newborns: How?	Skin-to-skin <input type="checkbox"/>	Gentle stroking <input type="checkbox"/>	Moving arms and legs <input type="checkbox"/> Other..... <input type="checkbox"/>
If YES (1-6 months), How?	Gives objects to reach for <input type="checkbox"/>	Moves colourful objects in front of infant <input type="checkbox"/>	Other..... <input type="checkbox"/>
If NO for newborns, Why?	Newborn does not play <input type="checkbox"/>	Did not know she should <input type="checkbox"/>	Does not have time <input type="checkbox"/>
	Does not know how to play <input type="checkbox"/>	Other..... <input type="checkbox"/>	
If NO for 1 - 6 months, ask why?	Did not know she should <input type="checkbox"/>	Does not have time <input type="checkbox"/>	Does not know how to play <input type="checkbox"/> Other..... <input type="checkbox"/>
Does the mother communicate with her child?	Yes <input type="checkbox"/> Praise	No <input type="checkbox"/> , Counsel	
IF YES for newborns: ask How?	Sings to baby <input type="checkbox"/>	Talks to baby <input type="checkbox"/>	Touches the baby <input type="checkbox"/> Other..... <input type="checkbox"/>
IF YES FOR 1 - 6 months, ask How?	Sings, talks and laughs <input type="checkbox"/>	Keeps a conversation going by copying the infant's gesture <input type="checkbox"/>	Other..... <input type="checkbox"/>
IF NO, for newborns, ask Why?	Baby does not talk <input type="checkbox"/>	Did not know she should <input type="checkbox"/>	Does not have time <input type="checkbox"/>
	Other..... <input type="checkbox"/>		
IF NO, for 1 - 6 months, ask Why?	Does not have time <input type="checkbox"/>	Did not know she should <input type="checkbox"/>	It is not important <input type="checkbox"/> Does not know how <input type="checkbox"/>
Do other members of the family play and communicate with the child?	Yes <input type="checkbox"/> Praise	No <input type="checkbox"/> , Counsel	
If YES, ask who?	Father <input type="checkbox"/>	Siblings <input type="checkbox"/>	Grandmother <input type="checkbox"/> Other..... <input type="checkbox"/>
If NO, ask why?	Too busy <input type="checkbox"/>	I am afraid they will hurt the baby <input type="checkbox"/>	Other..... <input type="checkbox"/>

Role play 2

Listen carefully to role play 2, and use the information in the role play to fill in the section on care for development in the recording form.

4. CARE FOR DEVELOPMENT			
Ask if the mother plays with the child?		YES <input type="checkbox"/> , Praise	NO <input type="checkbox"/> , Counsel
<hr/>			
If YES for newborns: How? Skin-to-skin <input type="checkbox"/> Gentle stroking <input type="checkbox"/> Moving arms and legs <input type="checkbox"/> Other..... <input type="checkbox"/>			
If YES (1-6 months), How? Gives objects to reach for <input type="checkbox"/> Moves colourful objects in front of infant <input type="checkbox"/> Other..... <input type="checkbox"/>			
<hr/>			
If NO for newborns, Why? Newborn does not play <input type="checkbox"/> Did not know she should <input type="checkbox"/> Does not have time <input type="checkbox"/>			
Does not know how to play <input type="checkbox"/> Other..... <input type="checkbox"/>			
If NO for 1 - 6 months, ask why? Did not know she should <input type="checkbox"/> Does not have time <input type="checkbox"/> Does not know how to play <input type="checkbox"/> Other..... <input type="checkbox"/>			
Does the mother communicate with her child?		Yes <input type="checkbox"/> Praise	No <input type="checkbox"/> , Counsel
<hr/>			
IF YES for newborns: ask How? Sings to baby <input type="checkbox"/> Talks to baby <input type="checkbox"/> Touches the baby <input type="checkbox"/> Other..... <input type="checkbox"/>			
IF YES FOR 1 - 6 months, ask How? Sings, talks and laughs <input type="checkbox"/> Keeps a conversation going by copying the infant's gesture <input type="checkbox"/>			
Other..... <input type="checkbox"/>			
<hr/>			
IF NO, for newborns, ask Why? Baby does not talk <input type="checkbox"/> Did not know she should <input type="checkbox"/> Does not have time <input type="checkbox"/>			
Other..... <input type="checkbox"/>			
IF NO, for 1 - 6 months, ask Why? Does not have time <input type="checkbox"/> Did not know she should <input type="checkbox"/> It is not important <input type="checkbox"/> Does not know how <input type="checkbox"/>			
Do other members of the family play and communicate with the child?		Yes <input type="checkbox"/> Praise	No <input type="checkbox"/> , Counsel
<hr/>			
If YES, ask who? Father <input type="checkbox"/> Siblings <input type="checkbox"/> Grandmother <input type="checkbox"/> Other..... <input type="checkbox"/>			
<hr/>			
If NO, ask why? Too busy <input type="checkbox"/> I am afraid they will hurt the baby <input type="checkbox"/> Other..... <input type="checkbox"/>			

Component 9.

Counselling on prevention of accidents and injuries

Box 30. How to counsel the mother on prevention of accidents and injuries

- Use good communication skills.
- Use the recording form to understand the situation. Ask and observe.
- Provide relevant information, and practical help if needed, using the Flip Book.

Counselling on the prevention of accidents requires sharp observation of the home environment. You must look for any risks, such as stuffed animal toys in the baby's bed, pacifier or bib ribbons around the baby's neck (do not forget to advise not to use pacifiers), pins attached to baby's clothes, people smoking at home, long fingernails, mother carrying hot drinks while carrying the baby, etc.

Component 10.

Counselling on prevention of maltreatment, neglect and violence

Box 31. Prevention of maltreatment, neglect and violence

Maltreatment and neglect have negative effects on brain development during infancy and early childhood, affecting the child's physical, cognitive, emotional and social growth.

The brain adapts to its environment, and will adapt to a negative environment just as it will to a positive one.

Neglect has nothing to do with whether a family is rich or poor. It involves the failure of parents to provide care for the development and well-being of their baby in the following areas:

- emotional development
- health
- nurturing
- nutrition
- shelter and safe living conditions.

Box 32. Home visits to newborns and young infants less than two months

Plan three visits for this age category:

- The first, during delivery. Do your best to be present during delivery. Explain the importance of your presence to the family, get their approval and take their phone number to follow up on the mother's health and expected time of delivery. Make an agreement with the birth attendant to attend the delivery. Explain the purpose of your presence.
- The second, on the third day after delivery. Follow up on advice already given during the previous visit. Check for the presence of danger signs and counsel on other areas as needed.
- The third at the age of six weeks:
 - Take your kit (as decided by each country) and tools (recording forms and Flip Book).
 - Use good communication skills.
 - Follow the steps indicated in the recording form. The steps are designed to enable CHWs to check for danger signs that require urgent referral. If present, skip all other tasks and counsel on referral.
 - Provide relevant information, using the Flip Book and your understanding of the situation
 - Counsel only on problems you have identified.
 - Keep a record of the visit by filling in the recording form and keeping it.

Unit 5

Caring for the health and development of infants aged two months up to less than six months at home



Component 1.

Counselling on family health care practices

Box 33. Family health care practices

This age category includes infants who completed two months of age, but did not complete six months.

1. Care seeking practices

a. When to seek care? First check for the presence of danger signs.

Sign 1. Unable to breastfeed

Sign 2. Vomits everything: child cannot keep anything in the stomach

Sign 3. Convulsions

Sign 4. Fast breathing

Sign 5. Chest indrawing

b. From whom to seek care. Care should always be sought from a trained health care provider.

2. Prevention practices

- Vaccination
- Hand washing
- Sleeping under insecticide-treated bednet.
- Rational use of antibiotics
- Boiling water, and cleaning cups and spoons if the mother is not breastfeeding.

Component 2.

Counselling on nutrition (breastfeeding)

Box 34. How to counsel the mother on nutrition (breastfeeding)

Greet the mother and introduce yourself, explain the purpose of your visit – that you would like to discuss how she is feeding her baby – and involve other members of the family, whenever they are present.

Always remember to wash your hands before touching the baby.

If you have seen the mother breastfeeding, or she answered yes, praise her, and get her permission to observe the breastfeed.

Use the questions in the recording form to understand the situation.

If you have not seen the mother while breastfeeding, ask her if she has started breastfeeding and, if the mother has not breastfed during the last hour, ask if you can observe as she breastfeeds.

Remember, always accept what the mother says or feels, and praise her when she does things well.

Use your Flip Book to give relevant information, provide practical assistance, and improve practice. Provide practical support if needed. If the baby is not well attached ask the mother if you can help her improve the baby's position for breastfeeding and attachment.

Only give information related to the breastfeeding problem you have identified. Do not give information on problems irrelevant to the situation.

Check mother's understanding. Thank the mother for her cooperation and encourage her to continue to take good care of her baby.

Component 3.

Counselling on caring for hygiene

Box 35. Elements of caring for hygiene

Hygiene is a crucial component of overall care. Practising good hygiene is extremely important in keeping your infant happy and healthy. It protects the infant from skin infection and other illnesses and should be practised gently, and with care.

There are nine elements for infant hygiene:

Element 1. Bathe the baby

Element 2. Always keep face, neck and hands clean

Element 3. Change diapers regularly

Element 4. Trim baby's fingernails

Element 5. Keep baby's nose unclogged

Element 6. Clean baby's eyes

Element 7. Clean baby's ears

Element 8. Keep baby's clothes clean

Element 9. Sanitize the home

Box 36. How to counsel the mother on caring for hygiene

To counsel the mother, observe and assess:

- if the baby's face, eyes, nose and ears are clean
- whether the diaper smells
- whether fingernails are trimmed and clean
- whether baby's clothes are clean
- whether baby's toys are clean
- whether the house is clean and tidy
- if any family member is smoking inside house.

If everything looks fine, praise the mother and ask her when and how:

- the baby bathes
- the baby's face, eyes, nose and ears are cleaned
- diapers are changed
- nails are trimmed and clean
- the baby's clothes are cleaned
- the baby's toys are cleaned
- the house is cleaned.

Praise the mother for everything she is doing well and counsel only on the things she is not doing, not doing well, or does not know how to do.

Counselling should not involve reciting what is in the Flip Book. Counsel the mother according to her situation.

If the mother is not taking care of her baby's hygiene counsel her on the importance of all the elements of hygiene and teach her how to do it.

Component 4.

Counselling on developmental milestones

Box 37. How to counsel on developmental milestones

It is crucial that parents understand the importance of following up on their infants' development by monitoring developmental milestones according to age. This allows any delays in development to be identified in a timely manner. Parents also play an important role in stimulating infants' psychosocial development.

- Get permission to examine for milestones. For example, you can place the infant on her/his tummy, put a toy in reach of the infant and see if s/he is tries to reach for it.
- Use the recording form to help understand the situation and record information and use the Flip Book to counsel accordingly.
- Using the Flip Book to:
 - teach parents the milestones they should check for according to age.
 - Provide practical support to relieve colic, if it is a problem.
 - Counsel on and provide practical support to burp an infant.

Component 5.

Counselling on care for development (play and communicate with the child)

Box 38. How to counsel on care for development (play and communicate with the child)

Use the four steps of good communication.

It is important to observe how the mother interacts with her child:

- how does she look at her infant;
- how does she comfort her infant;
- does she smile at her infant.

Assess care for development using the recording form.

Identify good practices and praise the mother for taking good care of the baby.

Identify problems and give relevant information using the Flip Book. Provide practical support to show the mother how to play and communicate with her baby.

Check the mother's understanding, and if necessary practical support and assist in solving problems.

Component 6.

Counselling on prevention of accidents and injuries

Box 39. How to counsel on prevention of accidents and injuries:

- Use good communication skills.
- Use the recording form to understand the situation. Ask and observe.
- Then, provide relevant information, and practical help if needed, using the Flip Book.
- To counsel on the prevention of accidents requires sharp observation of the home environment. You must look for any risks, such as stuffed animal toys in the baby's bed, pacifier or bib ribbons around the baby's neck (do not forget to advise not to use pacifiers), pins attached to the baby's clothes, small and harmful objects left in the reach of the baby, people smoking at home, long fingernails, mother carrying hot drinks while carrying the baby, etc.
- Counsel and assist wherever necessary.

Component 7.

Counselling on prevention of maltreatment, neglect and violence

Box 40. How to counsel on prevention of maltreatment, neglect and violence.

Follow the four steps of good communication.

Use the recording form to observe and ask questions in order to understand the situation.

Provide relevant information – and practical help if needed – using the Flip Book.

To counsel on prevention of maltreatment and neglect, you need to observe:

- the cleanliness of the infant
- whether the baby is left alone when crying
- how the mother looks at her baby
- the cleanliness and safety of the house, etc.
- how parents are responding to their baby (loving, shouting)
- any discrimination between siblings
- The way father is treating the mother

Box 41. Home visits to infants aged two up to six months

For infants aged two months up to less than six months visit every two months to check on the child's health, growth and development.

- Plan your visits ahead. You should know from your database if there are other children living in the same house. If there are, you can help provide care to more than one child in the same visit, in addition to care for the mother.
- Take your kit (as decided for each country) and tools (recording forms and Flip Book).
- Use good communication skills.
- Follow the steps indicated in the recording forms. They are designed to enable you to identify danger signs requiring urgent referral. Always check first for the presence of danger signs in the young infant and mother. If present, skip all other tasks and counsel on referral.
- Provide relevant information using the Flip Book. You should not recite information, you should provide information, practical support, if needed, and solve problems according to your understanding of the situation.
- It is important to keep a record of the children in each house in your catchment area.
- Keep a record of the all the visits you make using the recording form.

Unit 6

Caring for the health and development of infants aged six months up to less than one year at home



Recording form for children 6 months–5 years		
Date of the visit:.....	Name of CHW:.....	Village:.....
Name of child:.....	Age:.....	Date of birth:
Name of mother:.....	Wt. of newborn at birth:.....	Temp. of newborn
Greet caregiver, introduce yourself and explain the purpose of your visit. Ask how the baby is doing..... (Write down what the mother says) <i>Counsel in the presence of family members</i>		
Understand the situation	Observe practice	
1. Check for the presence of danger signs in the baby: Observe and teach family: Unable to drink or breastfeed <input type="checkbox"/> Convulsions <input type="checkbox"/> Chest indrawing <input type="checkbox"/> Vomits everything <input type="checkbox"/> Fast breathing <input type="checkbox"/> <i>If any danger sign is present skip all other tasks and refer urgently. Write a referral note and assist referral</i>		
2. Ask from whom to seek care when the baby is sick Doctor <input type="checkbox"/> , Praise Health facility <input type="checkbox"/> , Praise Trained CHW <input type="checkbox"/> Praise Other..... <input type="checkbox"/> Counsel		
3. Nutrition: If less than 2 years ask if the child is being breastfed Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Ask why..... and counsel		
Ask when other food was introduced Completed 6 months <input type="checkbox"/> Praise Other time <input type="checkbox"/> Ask Why?..... Counsel		
Ask what food the child is given Vegetables <input type="checkbox"/> Fruit <input type="checkbox"/> Meat <input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Beans <input type="checkbox"/> Bread <input type="checkbox"/> Rice <input type="checkbox"/> Eggs <input type="checkbox"/> Dairy products <input type="checkbox"/> family food <input type="checkbox"/> others..... <input type="checkbox"/> Good variety of food <input type="checkbox"/> , Praise food not variable <input type="checkbox"/> Counsel.		
How many times do you feed your child each day? Once <input type="checkbox"/> Counsel Twice <input type="checkbox"/> Counsel Three times <input type="checkbox"/> Praise		
Ask what amount is given every meal? 1-2 teaspoons <input type="checkbox"/> 1/2 cup <input type="checkbox"/> 2/3 cup <input type="checkbox"/> full cup <input type="checkbox"/> Other <input type="checkbox"/>, counsel according to age		
Ask if the child is given snacks Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Ask why and counsel		
Ask what snacks are given Fruit <input type="checkbox"/> Fruit juice <input type="checkbox"/> Yoghurt <input type="checkbox"/> Pudding <input type="checkbox"/> Other.....		
Ask who feeds the child? Mother <input type="checkbox"/> Praise Father <input type="checkbox"/> Praise Grandmother <input type="checkbox"/> Praise Older sister <input type="checkbox"/> Praise		
Feeds her/himself under supervision <input type="checkbox"/> Feeds alone <input type="checkbox"/> Counsel		
Ask if the child is given her/his own serving Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel		
Ask how and when the food is prepared Every day <input type="checkbox"/> Praise Stored in the fridge for few days <input type="checkbox"/> Counsel		
4. Hygiene: Ask mother if she bathes her child Yes <input type="checkbox"/> Praise No <input type="checkbox"/>		
If YES, how often? Every day <input type="checkbox"/> Once a week <input type="checkbox"/> Counsel Twice a week <input type="checkbox"/> Three times a week <input type="checkbox"/> How do you bathe your child? In a small tub <input type="checkbox"/> In adult tub <input type="checkbox"/> Other <input type="checkbox"/>		
<i>If no, ask why, and counsel</i> It is too cold <input type="checkbox"/> Others <input type="checkbox"/> Counsel		
Ask mother if she cleans her baby's face, eyes, ears and nose? Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Ask why, and counsel		
If yes, how often? Frequently during the day <input type="checkbox"/> Praise Once daily <input type="checkbox"/> Counsel Not every day <input type="checkbox"/> Counsel Ask the mother how she washes her baby and counsel accordingly.		
Ask how often the baby's diaper is changed? Every time it is wet <input type="checkbox"/> Praise Once a day <input type="checkbox"/> Counsel and help More than once <input type="checkbox"/> Counsel and help		
Ask if the mother trims her baby's fingernails Yes <input type="checkbox"/> , Praise No <input type="checkbox"/> Ask why, and counsel If yes, when?----- and how?-----		
Ask if the child's toys are cleaned Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel If yes, how often Every day <input type="checkbox"/> Counsel When I find them dirty <input type="checkbox"/> Praise Others.....		
IF NO, Why? Did not know I should <input type="checkbox"/> It is not important <input type="checkbox"/> Others <input type="checkbox"/>		
Are the child's clothes washed whenever they are dirty? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, Why..... Praise If NO, Why?-----, Counsel		
Ask if the mother cleans her child's mouth and teeth Yes <input type="checkbox"/> Praise No <input type="checkbox"/> , why..... How many times a day? Once <input type="checkbox"/> Counsel Twice <input type="checkbox"/> Praise Other..... How does the mother clean her child's teeth? Clean cloth/gauze <input type="checkbox"/> Praise Toothbrush <input type="checkbox"/> Counsel Other.....		
Observe danger signs Present <input type="checkbox"/> Absent <input type="checkbox"/>		
Observe cooking utensils Clean <input type="checkbox"/> Dirty <input type="checkbox"/>		
Observe child cleanliness Clean and neat <input type="checkbox"/> Not clean <input type="checkbox"/>		
Diaper smells Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nails: Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Long <input type="checkbox"/> Short <input type="checkbox"/>		
Observe toys Clean <input type="checkbox"/> Dirty <input type="checkbox"/>		
Observe house cleanliness Clean and neat <input type="checkbox"/> Dirty <input type="checkbox"/>		

Recording form for children 6 months–5 years

Understand the situation	Observe practice
<p>5. Developmental milestone: Observe</p> <p>7 months Sits unsupported <input type="checkbox"/></p> <p>9 months Crawls <input type="checkbox"/> Stands holding on <input type="checkbox"/> Uses fingers to point at things <input type="checkbox"/></p> <p>Likes to play peek-a-boo <input type="checkbox"/></p> <p>12 months Climbs stairs crawling <input type="checkbox"/> Stands and walks holding on furniture <input type="checkbox"/> Puts things in container <input type="checkbox"/> Plays peek-a-boo <input type="checkbox"/> Pokes with finger <input type="checkbox"/> Plays simple pretend games <input type="checkbox"/></p> <p>15 months Stands alone <input type="checkbox"/></p> <p>18 months Walks alone <input type="checkbox"/> Eats with a spoon <input type="checkbox"/></p> <p>2 years Points to things in a book <input type="checkbox"/> Points to things when they are named <input type="checkbox"/> Copies circles and lines <input type="checkbox"/> Kicks a ball <input type="checkbox"/> Climbs stairs holding on <input type="checkbox"/> Climbs furniture <input type="checkbox"/></p> <p>3 years Goes up and downstairs <input type="checkbox"/> Rides a tricycle <input type="checkbox"/> Dresses and undresses self <input type="checkbox"/></p> <p><input type="checkbox"/> Runs <input type="checkbox"/> Can complete puzzles with 3 or 4 pieces <input type="checkbox"/> Can build a tower with 6 or more blocks <input type="checkbox"/></p> <p>Screws and unscrews jar lid <input type="checkbox"/></p> <p>4 years Hops <input type="checkbox"/> Catches a bouncing ball <input type="checkbox"/> Stands on one leg for seconds <input type="checkbox"/> Sings a song <input type="checkbox"/></p> <p>Names numbers <input type="checkbox"/> Names colours <input type="checkbox"/></p> <p>Demonstrate milestones. Counsel on importance of following them. If there is a delay in the developmental milestones, advise to see a doctor, and counsel why.</p>	
<p>6. Counselling on care for development Ask if the mother plays with the baby</p> <p>Ask if the mother plays with her child Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel</p> <p>If YES, ask how? According to recommendations for age <input type="checkbox"/> Praise Not conforming with age recommendations <input type="checkbox"/> Counsel</p> <p>If NO, ask Why?..... Counsel</p>	<p>Observe practice</p> <p>See if the mother and other family members are playing with the child. Observe how</p>
<p>Ask whether the mother communicate with her child Yes <input type="checkbox"/> Praise No <input type="checkbox"/> Counsel</p> <p>If YES, ask how? According to recommendation for age <input type="checkbox"/> Praise Not conforming with age recommendations <input type="checkbox"/> Counsel</p> <p>If NO, ask Why? Don't know how <input type="checkbox"/> Counsel Don't have time <input type="checkbox"/> Counsel Don't know I should <input type="checkbox"/> Counsel</p>	<p>Observe practice</p> <p>See if the mother and family members are communicating with the child. Observe how.</p>
<p>Do other members of the family play and communicate with the child? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>IF YES, who? Father <input type="checkbox"/> Siblings <input type="checkbox"/> Grandmother <input type="checkbox"/> Other.....</p> <p>IF NO, why? Too busy <input type="checkbox"/> Afraid they will hurt the child <input type="checkbox"/> Other.....</p>	
<p>7. Prevention of accidents: observe and ask</p> <p>Child sleeps with parents/siblings <input type="checkbox"/> Pins attached to clothes <input type="checkbox"/> Smokers inside the home <input type="checkbox"/> Long nails <input type="checkbox"/> Baby left unattended during bath <input type="checkbox"/> Baby is carried while mother is cooking or drinking hot liquid <input type="checkbox"/> A source of fire is in the reach of the child <input type="checkbox"/> Windows accessible by the child <input type="checkbox"/> Toxic materials in the reach of the child <input type="checkbox"/> Small/harmful objects in the reach of the child <input type="checkbox"/> Child left unattended on a high surface <input type="checkbox"/> Counsel, if any</p>	<p>Watch for the presence of any source of harm</p>
<p>8. Prevention of maltreatment, neglect and violence, observe and ask</p> <p>Child's clothes not clean <input type="checkbox"/> Mother does not respond when her child cries <input type="checkbox"/> Discrimination between with siblings <input type="checkbox"/> Child is not clean <input type="checkbox"/> Mother is not breastfeeding <input type="checkbox"/> Mother is not offering healthy food to the child <input type="checkbox"/> Source of harm at home <input type="checkbox"/> Late in seeking care <input type="checkbox"/> Child not immunized <input type="checkbox"/> Child given antibiotics not prescribed by a health care provider <input type="checkbox"/> Family members do not play or communicate with the child <input type="checkbox"/> Family members shouting at the baby <input type="checkbox"/> Belittling /beating the child <input type="checkbox"/></p> <p>Counsel, if any</p>	

Component 1.

Counselling on family health care practices

Box 42. Family health care practices

a. When to seek care? First check for the presence of danger signs.

Sign 1. Unable to drink – at this age, children start consuming things other than breast milk – or breastfeed

Sign 2. Vomits everything: child cannot keep anything in the stomach

Sign 3. Convulsions

Sign 4. Fast breathing: the danger point for this age category is 50 breaths/minute or more

Sign 5. Chest indrawing

If there is any danger sign, skip all other tasks and counsel on referral.

Care should be sought from a trained health care provider.

2. Prevention practices

- Vaccination
- Hand washing
- Sleeping under mosquito nets
- Rational use of antibiotics
- Food hygiene: boiling water and feeding bottles, cups, spoons and other utensils

Box 43. How to counsel on danger signs and referral of the baby

- Wash your hands before you touch the infant.
- Look for the presence of danger signs on every visit to the child.
- If there are no danger signs, use your Flip Book to teach the family how to identify the signs.
- The presence of any danger sign necessitates urgent referral to a health facility.

If there is any danger sign skip all other tasks, write a referral note and assist with immediate referral to a health facility.

Sometimes families refuse to go to a health facility with their baby. Try to understand any difficulty they face and help them to solve it.

Use your good communication skills to convince them, and assist with transportation.

Advise the mother to breastfeed the baby frequently on the way to the health facility, or provide glucose water or fruit juice if the child is unable to breastfeed.

Component 2.

Counselling on nutrition

Box 44. Complementary food

Why to introduce complementary food to the child when s/he completes 6 months of age: Sign

- From six to 12 months breast milk provides half of the infant's nutritional needs. The child needs additional food to complement the second half.
- This is the age when the nerves and muscles in the mouth develop sufficiently to let the baby munch, bite, and chew. Below this age babies push food out of her/his mouth because they cannot fully control the movement of the tongue.
- This is the age when the child's digestive system becomes mature enough to digest a range of foods.

Dangers of early introduction of complementary food (before completion of six months):

- Baby does not need food as breast milk offers all the nutrients needed, in the best combination, easily digestible and absorbable. Offering food means the child will take less breast milk and the mother will produce less, making it difficult to meet the child's nutritional needs.
- The child will, receive less of the protective factors in breast milk, so the risk of illness increases. The risk of diarrhoea also increases because complementary foods may not be as clean as breast milk.

The foods given instead of breast milk are often thin, watery porridges or soups because they are easy for babies to eat. They fill the stomach but provide fewer nutrients than breast milk and the child's needs are not met.

Dangers of late introduction of complementary food:

- Breast milk provides only half the nutrients the child needs at this age. The child will not get the extra food needed to fill her/his energy and nutrient gaps.
- S/he will not grow adequately, and the risk of malnutrition and anaemia increases.

Box 45. Tips on introducing complementary food

- Introducing complementary foods to an infant who has been exclusively breastfed may be difficult at first.
- All babies are different. They will start eating foods in a different order, and at a rate that is right for them.
- Caregivers are responsible for choosing nutritious foods to offer their child. Food choices in early childhood help lay the foundations for later eating habits.
- Eating habits and nutritional status are linked to academic performance, behaviour and self-esteem. Later in life, poor eating habits and malnutrition during early childhood are linked to a variety of chronic diseases including heart disease, cancer, and diabetes.
- Advise the mother to start food introduction when the infant is not sick. She should choose a time when her baby is happy and she is calm and has time to focus on her baby.
- Mother should accept the mess created by feeding a baby. It is to be expected that babies make a mess as they experiment and touch different foods.
- Advise mothers to offer complementary food before breastfeeding: the infant will be hungry and may better accept new food. When the infant gets used to the new food, offer it after breastfeeding.
- Mothers should always supervise babies when they are eating.
- It is normal for babies to refuse new foods. Sometimes it can take multiple attempts to offer food before a baby will accept it.
- Advise mothers to use a spoon to feed and avoid using a bottle.

Box 46. How to counsel on infant's nutrition

- Use good communication skills
- Use the recording form for children aged six months up to less than five years
- Follow the instructions in the feeding section on the recording form
- Tick the box corresponding to the answers of the mother
- Identify if there is a feeding problem
- If there is a feeding problem use your Flip Book to advise the mother on the problem, and do not talk about problems irrelevant to the child
- If the child does not have a feeding problem, praise the mother and provide her with one or two additional pieces of information if needed
- Remember always to check the mother's understanding.

Component 3.

Counselling on caring for hygiene

Box 47. Component 3. Elements of caring for hygiene 1

Element 1. Bathing

- In order to stay clean and healthy babies must be bathed regularly.
- Two or three baths a week are enough to keep the infant clean. More may cause dry skin. If the mother is quick and thorough with diaper changes and burp cloths she is already cleaning the parts that need most attention – the face, hands, neck and diaper area.
- Bath time can be fun, a special time between infant and caregiver that can add to the child's physical, mental, and emotional growth. Parents can sing and talk to their infants to increase bonding and trust.
- As the infant grows older s/he may need a bigger tub, but is not yet ready for an adult bath.
- Avoid bathing infants when they are hungry or right after feeding. to avoid spitting in the tub

Scalding and drowning are the two main risks of bath time.

- Test water temperature before putting the baby in the tub. Mother or another family member should dip their elbow to make sure the water is warm (between 37 °C and 38 °C) but not hot.
- Never leave the infant alone in any depth of water. Infants can fall over and drown in a few inches of water.
- Make sure that everything needed is prepared in advance and at hand, and avoid any distraction during bath time. The infant should never be left unattended in the tub.
- Parents must make sure that soap and shampoos are beyond the reach of the infant.
- Never use an adult tub as infants may slip and drown.
- S/he will not grow adequately, and the risk of malnutrition and anaemia increases.

Box 48. Component 3. Elements of caring for hygiene 2

Mother should always remember to wash her hands before doing anything to the baby, and after changing diapers.

Element 2. Always keep face, neck, and hands clean

Element 3. Change diapers regularly

Element 4. Trim your infant's fingernails

Element 5. Keep your infant's nose unclogged

Element 6. Clean your infant's eyes

Element 7. Clean your infant's ears

Element 8. Keep toys clean

Element 9. Keep your infant's clothes clean

Element 10. Sanitize the home

Element 11. Care for mouth and tooth hygiene

- Most infants will get their first tooth between the ages of six and eight months. Some will get their first tooth later and others will get it earlier.
- It is important to care for infants' teeth right from the start. This healthy habit can prevent tooth decay in infants and children.
- Start cleaning and caring for your baby's gums well before the first tooth appears.
- Wash your hands and then clean your infant's mouth and teeth with a clean cloth or gauze.
- The process should be repeated twice a day: after the first meal and before going to bed.

Box 49. How to counsel on caring for hygiene

Observe to see if:

- the young infant's face, eyes, nose and ears are clean
- the diaper smells
- clothes are clean
- toys look clean
- the house is clean and tidy.

If everything looks fine, praise the mother and ask her about:

- bathing the child
- cleaning face, eyes, nose and ears
- changing diapers
- cleaning toys
- cleaning clothes
- cleaning the house
- Mouth and tooth hygiene

Always ask why, when and how.

Praise everything the mother does well and counsel only on the things she is not doing or she does not know how to do.

Do not simply repeat what is in the Flip Book but counsel the mother according to her situation.

If the mother is not taking care for baby's hygiene counsel the mother on the importance of hygiene and the 11 elements.

Component 4.

Counselling on developmental milestones

Box 50. How to counsel on developmental milestones

It is crucial that parents understand the importance of following up on their child's development by monitoring developmental milestones according to age:

- This allows any delayed development to be identified in a timely manner.
- Parents also play an important role in stimulating young infants.

Get permission to examine for milestones. For example, place the infant in the lying position to see if s/he moves to the sitting position, if s/he is standing while holding, placing the infant in the sitting position.

You should counsel families on:

- why development is important;
- the meaning of developmental milestones;
- why following them is important;
- what the relevant developmental milestones are (if there is a delay advise them to consult a doctor);
- the importance of physical activity;
- the importance of sleep;
- the importance of reducing sedentary time.

Use the recording form to record the information, and counsel accordingly. Using the Flip Book teach families how to test for the milestones according to age.

Component 5.

Counselling on care for development (play and communicate with the child)

Box 51. Care for development (play and communicate with the child)

All members of the family should contribute to stimulating the child's development by playing and communicating with her/him since birth.

While breastfeeding, feeding, bathing, dressing and during other daily tasks the mother and other members of the family can talk, sing and play with the infant.

Infants tend to explore and to learn from what family members say and do.

Infants aged 6 months–9 months enjoy making noises, dropping things to see where they fall and what sounds they make, and like being picked up. This can be frustrating for busy parents.

Caregivers will be more patient when you help them understand that their child is learning through play.

Infants also like other people to respond to the sounds they are making and to show an interest in the things they notice.

Infants aged 9 months–12 months

Infants explore to learn about themselves, the people around them, and the world.

They cannot speak yet but often understand what family members say. They hear the names of things and delight in knowing what they are. They begin to connect the word bird to the bird in the tree, the word nose to their nose. All members of the family can play simple hand games together, like “bye-bye”, with the infant and clap to the beat of music.

Box 52. How to counsel on care for development

Use the good communication skills to counsel the mother/ parents.

It is important to observe how the mother interacts with her child:

- how she looks at her infant;
- how she comforts her infant;
- does she smile at her infant?

Assess care for development using the recording form.

Identify good practices and praise the mother for taking good care of the baby.

Identify problems and give relevant information using the Flip Book. Provide practical support and show the mother how to play and communicate with the baby.

Check the mother's understanding, and if necessary assist in solving problems.

Component 6.

Counselling on prevention of accidents and injuries

Box 53. How to counsel on prevention of accidents and injuries

- Use good communication skills.
- Use the recording form to understand the situation. Ask and observe.
- Provide relevant information, and practical help if needed, using the Flip Book.

To counsel on the prevention of accidents requires close observation of the home environment. You must look for any risks, such as sources of fire, harmful objects on the floor, bib ribbons around the baby's neck, pins attached to the baby's clothes, people smoking at home, smokes of charcoal used of cooking, detergents, medicines, insecticides left in the reach of the infant, mother carrying hot drinks while carrying the baby etc.

Counsel and assist wherever necessary.



Photo exercise 3: Prevention of accidents and injuries



Illustration 1



Illustration 2



Illustration 3

1. What do you see in the pictures?
2. What do you think of the pictures? Do they show good or poor practice, and why?
3. Would you praise the mother/father? Why?
4. Would you counsel the mother/father? How?

Component 7.

Counselling on prevention of maltreatment, neglect and violence

Box 54. How to counsel on prevention of maltreatment, neglect and violence

Follow the four steps of good communication.

Use the recording form to observe, and ask questions in order to understand the situation.

Provide relevant information – and practical help if needed – using the Flip Book.

To counsel on prevention of maltreatment and neglect, you need to check:

- the cleanliness of the infant
- how the family is responding to a crying infant
- whether the mother looks with love and affection to her child while carrying her/him
- safety and cleanliness of toys
- if the parents shout at the infant when s/he makes noise while playing
- the way the father deals with mother and any other children
- if there is a boy and girl at home, assess if there any discrimination between them in terms of better clothes, toys and food
- the cleanliness and safety of the house, etc..

Box 55. Home visits to infants aged six months up to one year

Visit every two months to check on the child's health, growth and development.

- Plan your visits ahead. You should know from your database if there are other children living in the same house. If there are, you can help provide care to more than one child in the same visit, in addition to care for the mother.
- Take your kit (as decided for each country) and tools (recording form and Flip Book).
- Use good communication skills.
- Follow the steps indicated in the recording form. They are designed to enable you to identify danger signs requiring urgent referral. Always check first for the presence of danger signs in the infant and mother. If present, skip all other tasks and counsel on referral.
- Provide relevant information using the Flip Book. You should not recite information, you should provide information, practical support if needed, and solve problems according to your understanding of the situation.
- It is important to keep a record of the children in each house in your catchment area.
- Keep a record of all the visits you make using the recording form.

Unit 7

Caring for the health and development of children aged one up to two years at home



Component 1.

Counselling on family health care practices

Box 56. Family health care practices

Care-seeking practices

When to seek care? First check for the presence of danger signs.

Sign 1. Unable to drink or breastfeed

Sign 2. Vomits everything: child cannot keep anything in the stomach

Sign 3. Convulsions

Sign 4. Fast breathing: the danger point for this age category is 40 breaths/minute or more

Sign 5. Chest indrawing.

Look for the presence of danger signs on every visit to the child. If there is any danger sign, skip all other tasks and counsel on referral.

If there are no danger signs, use the Flip Book to teach the family how to identify danger signs.

A family may refuse to go to a health facility with their child: use your good communication skills to convince them, and assist with transportation.

Write a referral note and advise the mother to avoid low blood glucose levels by breastfeeding the child (if still breastfed) or giving glucose water or fruit juice if the child is able to drink.

Care should always be sought from a trained health care provider.

Prevention practices

- Vaccination
- Hand washing
- Sleeping under mosquito nets
- Rational use of antibiotics
- Food hygiene: boiling water and feeding bottles, cups, spoons and other utensils

Component 2.

Counselling on nutrition

Box 57. Feeding children aged one up to two years

Mothers should continue to breastfeed until the child is two years old, and provide complementary food in addition.

Breastfeeding provides:

- all the nutrient needs of newborns and young infants less than two months.
- half the nutrient needs of infants aged six months up to one year
- one third of nutritional needs of the child aged 1–2 years. Breast milk continues to protect the child from illness, and helps the child grow. Mothers should continue to breastfeed as often as the child wants.

Complementary food

To meet the nutritional requirements of the child the mother should offer complementary that is:

- nutrient rich
- energy rich
- safe and hygienically prepared
- locally available and acceptable.

Box 58. How to counsel on child nutrition

- Use good communication skills.
- Use the recording form for children aged six months up to five years.
- Follow the instructions in the feeding row on the recording form.
- Tick the boxes that correspond to the answers of the mother.
- Identify if there is a feeding problem.
- If there is a feeding problem, use your Flip Book and advise the mother on the problem. Do not talk about problems that are not relevant to the child.
- If the child does not have a feeding problem, praise the mother and provide her with additional information if needed.
- Remember always to check the mother's understanding.

Component 3.

Counselling on caring for hygiene

Box 59. How to counsel on caring for hygiene

Observe to see if:

- the infant's face, eyes, nose and ears are clean
- the nails are trimmed/dirty
- the diaper smells
- clothes are clean
- toys look clean
- the house is clean and tidy.

If everything looks fine, praise the mother and ask her about:

- bathing the child
- cleaning face, eyes, nose and ears
- trimming of the nails
- changing diapers
- cleaning toys
- cleaning clothes
- cleaning the house
- mouth and tooth hygiene.

Always ask why, when and how. Praise everything the mother does well and counsel only on the things she is not doing or she does not know how to do.

Do not simply repeat what is in the Flip Book but counsel the mother according to her situation, and stress the crucial importance of maintaining hygiene.

Component 4.

Counselling on developmental milestones

Box 60. How to counsel on developmental milestones

Parents should understand the importance of following up on their child's development by monitoring developmental milestones according to age. They should be able to:

- play a role in stimulating child's development
- be able to identify any delays.

Get permission to examine for milestones. For example, observe the child sitting, standing, walking etc.

Assess the factors that affect the child's development: physical activity, sleeping hours and the amount of sedentary time.

Use the recording form to record the information, and counsel as needed on:

- why development is important
- the meaning of developmental milestones
- why following them is important
- what the developmental milestones are (use the Flip Book).

Ask:

- how much, and what, physical activity does the child do
- how many hours does the child sleep
- how much sedentary time does the child have.

Teach parents how to assess the milestones themselves, and advise the family to consult a doctor should any milestone be delayed.

If the child is 18 months or older, ask about toilet training. If the child has not started toilet training, advise the mother on how to start.

Component 5.

Counselling on care for development (play and communicate with the child)

Box 61. How to counsel families on care for development

It is very important to observe how the mother and the family interact with the child:

- how does she look at her infant?
- how does she comfort her infant?
- does she smile at her infant?

Using the recording form:

Identify good practices, and praise the mother for taking good care of the baby whenever it is appropriate.

Identify any problems and counsel the mother, using good communication skills, on the importance of care for development.

Using the Flip Book, and your own understanding of the situation, give relevant information on how to play and communicate with the child. Provide practical support by showing the mother how to play and communicate with her child.

At the end the CHW should check mother's understanding.

Component 6.

Counselling on prevention of accidents and injuries

Box 62. How to counsel on prevention of accidents and injuries

- Use the recording form to understand the situation. Ask and observe.
- Use good communication skills.
- Provide relevant information, and practical help if needed, using the Flip Book.

To counsel on the prevention of accidents requires sharp observation of the home environment. You must look for any risks, such as sources of fire and electricity, harmful objects on the floor, bib ribbons around the child's neck, people smoking at home, using charcoal for cooking detergents, medicines, insecticides left in the reach of the infant, mother carrying hot drinks while carrying the child, open accessible window, bath tub filled with water with an open door of the bathroom, etc.

Counsel and assist wherever necessary. Remember that counselling does not involve reciting information. Use only information relevant to the identified problem.

Component 7.

Counselling on prevention of maltreatment, neglect and violence

Box 63. How to counsel parents on prevention of maltreatment, neglect and violence

- Follow the four steps of good communication.
- Use the recording form to observe and ask questions in order to understand the situation.
- Provide relevant information – and practical help if needed – using the Flip Book.

To counsel on prevention of maltreatment and neglect, you need to observe:

- the cleanliness of the infant (sign of caring)
- whether the child is left alone when crying or the family shouts at her/him (sign of neglect)
- whether the mother looks at her child with warmth or indifference
- whether the child has toys, including safe household objects, to play with (sign of caring)
- whether the parents discriminate between their children
- whether there is tension at home between the mother and father.

After assessing the situation, provide relevant information, and practical help if needed, using the Flip Book.

Box 64. Home visits to children aged one up to two years

For children aged one up to two years, visit every two months to check on the child's health, growth and development.

- Plan your visits ahead. You should know from your database if there are other children living in the same house. If there are, you can help provide care to more than one child in the same visit, in addition to care for the mother.
- Take your kit (as decided for each country) and tools (recording form and Flip Book).
- Use good communication skills.
- Follow the steps indicated in the recording form. They are designed to enable you to identify danger signs requiring urgent referral. Always check first for presence of danger signs in the young infant and mother. If present, skip all other tasks and counsel on referral.
- Provide relevant information using the Flip Book. You should not recite information, you should provide information, practical support if needed, and solve problems according to your assessment of the situation.
- It is important to keep a record of the children in each house in your catchment area.
- Keep a record of all the visits you make using the recording form.

Unit 8

Caring for the health and development of children aged two up to five years at home



Component 1.

Counselling on family health care practices

Box 65. Family health care practices

Care-seeking practices

When to seek care? First check for the presence of danger signs.

Sign 1. Unable to drink

Sign 2. Vomits everything: child cannot keep anything in the stomach

Sign 3. Convulsions

Sign 4. Fast breathing. The danger point for this age category is 40 breaths/minute or more

Sign 5. Chest indrawing

Look for the presence of danger signs on every visit to the child. If there is any danger sign, skip all other tasks and counsel on referral.

Prevention practices

- Sleeping under mosquito nets
- Hand washing
- Rational use of antibiotics
- Food hygiene: boiling water and feeding bottles, cups, spoons and other utensils

A family may refuse to go to a health facility with their child: use your good communication skills to convince them, and assist with transportation.

Write a referral note and advise the mother to avoid low blood glucose levels by giving glucose water or fruit juice to the child if s/he is able to drink.

If there is no danger sign, use the Flip Book to teach parents the danger signs.

Care should always be sought from a trained health care provider.



Video exercise

Part 1. You will watch two children. Write the age of the child and the number of breaths in the first two columns, then tick (✓) the column that conforms with your estimation of whether there is fast breathing or not.

	Child's age	Breathing count	Fast breathing	Not fast breathing
1				
2				

Part 2. You will watch seven children. Identify whether they have chest indrawing or not. If there is chest indrawing put a tick (✓) in the chest indrawing column. If there is no chest indrawing put a tick (✓) in the no chest indrawing column.

	Chest indrawing	No chest indrawing
1		
2		
3		
4		
5		
6		
7		

Component 2.

Counselling on nutrition

Box 66. How to counsel on child's nutrition

- use good communication skills
- use the recording form for children aged six months up to five years
- follow the instructions in the feeding row on the recording form
- tick the boxes corresponding to the answers of the mother
- identify if there is a feeding problem
- if there is a feeding problem use your Flip Book and advise the mother on the problem: do not talk about problems that are not relevant to the child
- if the child does not have a feeding problem praise the mother and provide her with additional information as needed
- remember always to check the mother understands.

Component 3.

Counselling on caring for hygiene

Box 67. How to counsel on caring for child hygiene

Observe to see if:

- the infant's face, eyes, nose and ears are clean
- the nails are clean
- the diaper smells
- clothes are clean
- toys look clean
- the child is wearing socks and shoes or is barefooted
- the child's feet smell
- the house is clean and tidy.

If everything looks fine, praise the mother and ask why, when and how she is:

- bathing the child
- cleaning face, eyes, nose and ears
- trimming nails
- changing diapers
- cleaning toys
- cleaning clothes
- cleaning the house
- foot hygiene
- oral hygiene

Praise everything the mother does well and counsel only on the things she is not doing or she does not know how to do.

Do not simply repeat what is in the Flip Book but counsel the mother according to her situation, and stress the crucial importance of maintaining hygiene.

Component 4.

Counselling on developmental milestones

Box 68. How to counsel families on developmental milestones

Parents should understand the importance of following up on their child's development by monitoring developmental milestones according to age. They should be able to:

- play a role in stimulating development
- early identify any delays.

Get permission to examine for milestones. For example, observe the child climbing furniture, catching a bouncing ball, drawing circles and lines (you can give the child a pencil to draw), and asking about colours or familiar things at home. Also ask the child about physical exercise, sleeping hours and how s/he spends sedentary time.

Use the recording form to record the information, and counsel as needed on:

- why development is important
- the meaning of developmental milestones
- why following them is important
- what the developmental milestones are (use the Flip Book).

Component 5.

Counselling on care for development (play and communicate with the child)

Box 69. How to counsel families on care for development (play and communicate with the child)

Observe how the mother and family interact with the child. How does the mother:

- look at her child
- comfort her child
- smile at her child
- correct her child
- respond to her child's requests
- respond to her child's answers.

Assess using the recording form, identifying good practices and praising the mother for taking good care of the child, when appropriate.

Identify any problems and counsel the mother and family, using good communication skills, on the importance of caring for development.

Using the Flip Book, and based on your assessment of the situation, give relevant information on how to play and communicate with the child and if needed provide practical support by showing the mother how to play and communicate with her child.

At the end the CHW should check the mother's understanding.

Component 6.

Counselling on prevention of accidents and injuries

Box 70. How to counsel families on prevention of accidents and injuries

- Use the recording form to understand the situation. Ask and observe.
- Use good communication skills.
- Provide relevant information, and practical help if needed, using the Flip Book.

To counsel on the prevention of accidents requires close observation of the home environment. You need to identify things such as: sources of fire and electricity; harmful objects on the floor; the presence of smokers inside the house, or old, smoke producing stoves; detergents, medicines, insecticides left in the reach of the child; bathtubs filled with water or open water containers; windows and doors the child can access, and uncovered electrical outlets within the child's reach.

Component 7.

Counselling on prevention of maltreatment, neglect and violence

Box 71. How to counsel parents on prevention of maltreatment, neglect and violence

- Follow the four steps of good communication.
- Use the recording form, and ask questions to understand the situation.
- Provide relevant information – and practical help if needed – using the Flip Book.

To counsel on prevention of maltreatment and neglect, you need to check:

- the cleanliness of the infant (sign of caring)
- whether child is left alone when crying or the family shouts at her/him (sign of neglect)
- whether the mother looks at her child with warmth or indifference
- whether the child has toys, including safe household objects, to play with (sign of caring)
- whether the parents discriminate between their children
- whether the child is hit.

If there is tension at home between the mother and father, provide relevant information and practical help using the Flip Book.

Box 72. Home visits to children aged two up to five years

For children aged between two and five years visit every two months to check on the child's health, growth and development.

- Plan your visits ahead. You should know from your database if there are other children living in the same house. If there are, you can help provide care to more than one child in the same visit, in addition to care for the mother.
- Take your kit (as decided for each country) and tools (recording forms and Flip Book).
- Use good communication skills.
- Follow the steps indicated in the recording form. They are designed to enable you to identify danger signs requiring urgent referral. Always check first for the presence of danger signs in the young infant and mother. If present, skip all other tasks and counsel on referral.
- Provide relevant information using the Flip Book. You should not recite information but provide information and practical support, if needed, and solve problems, according to your assessment of the situation.
- It is important to keep a record of the children in each house in your catchment area.
- Keep a record of all the visits you make using the recording form.

Unit 9

Caring for mother's
health at home



Component 1.

Caring for pregnant women

Box 73. Components of caring for pregnant women

- check for the presence of danger signs
- counselling on antenatal care
- counselling on prevention practices
- counselling on eating and drinking
- counselling on hygiene
- counselling on emotional and psychological support
- counselling on caring for newborn:
 - keeping baby warm
 - early initiation of breastfeeding.

How to counsel pregnant women:

- use good communication skills
- use the recording form to understand the situation
- if you find a danger sign skip all other tasks, advise on, and assist with, referral
- counsel the mother on the identified problem using the Flip Book
- praise the mother's good practices when appropriate.

Check mother's understanding, and whenever possible provide counselling in the presence of other family members. Pregnant women need assistance and support.

Component 2.

Caring for mothers' health after delivery

Box 74. The components of caring for mothers' health after delivery

A mother is vulnerable in the days immediately following delivery.

To stay healthy, she should go to the postnatal clinic, get family planning counselling, eat well and drink plenty of fluids to regain her strength and support her in producing breast milk. She should sleep under an insecticide-treated bednet in areas where malaria is a risk.

Care for maternal health after delivery includes:

- checking for the presence of danger signs and assisting referral
- counselling on the importance of postnatal visits
- counselling on eating and drinking
- support with breastfeeding
- counselling on family planning
- counselling on maternal hygiene
- counselling on psychological support
- sleeping under an insecticide-treated net (in areas where malaria is a problem).

How to counsel after delivery:

- use good communication skills
- use the recording form to understand the situation
- if you find a danger sign skip all other tasks, write a referral note, counsel and assist with referral
- counsel only on the identified problem(s), using the Flip Book
- praise the mother for any good practices
- remember always to check that the mother has understood.

Provide counselling in the presence of other family members: mothers of newborns need assistance and support.

