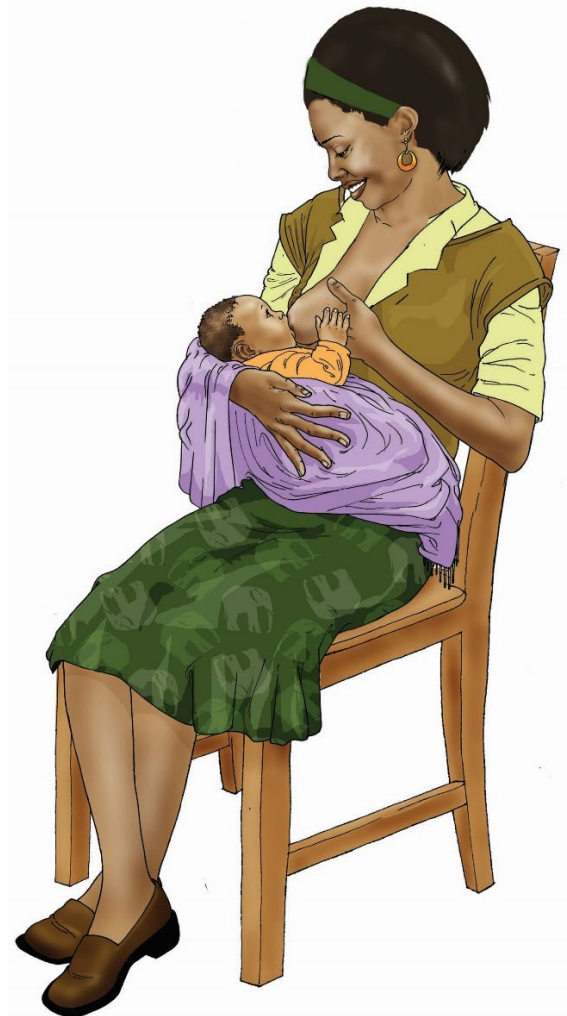




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CARE GROUP MODULE 3

Maternal and Newborn Health

Promoter Manual

ACKNOWLEDGEMENTS

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Lessons, stories, and activities in the *Maternal and Newborn Health Promoter Manual and Lesson Plan* complement the information provided in *Maternal and Newborn Health Flipchart*.

Citations

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UNDERSTANDING THE LESSON PLAN FORMAT

Lessons, stories, and activities in the *Module 3 Lesson Plan* complement the information provided in *Module 3 Care Group Volunteer Flipchart*. The *Module 3 Lesson Plan* is intended for use by Care Group Promoters when they meet with Care Group Volunteers (CGVs).



Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. There are four types of objectives. Each is described below.

Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. There are four types of objectives. Each is described below.

Behavior objectives: Most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers (i.e., neighbor women) to follow based on the key messages in the flipchart.

Belief objectives: We know that beliefs and attitudes affect our practices. Many times, it is a person's inaccurate belief or worldview that hinders them from making healthy behavior change.

Behavioral determinant objectives: Behavioral determinants are reasons why people practice (or don't practice) a particular behavior. There are twelve possible behavioral determinants identified in the Barrier Analysis¹. By reinforcing the determinants that have helped the doers (caregivers in the community already practicing the new behavior) we are able to encourage the non-doers (caregivers who have not yet tried or been able to maintain the new practices). We also help non-doers (caregivers who are not practicing new behaviors) to overcome obstacles that have prevented them from trying or maintaining the practice in the past.

Under the objectives, all of the **materials** needed for the lesson are listed. Materials with an asterisk (*) should be brought by the Activity Leader selected at the end of Module 2. See below for more information.

Each exercise (section of the lesson plan) is identified by a **small picture**. Pictures are used to remind non-literate Care Group Volunteers of the order of the activities. For example, when it's time to lead the game, the lesson plan shows a picture of people laughing as if they are enjoying a game (see below). The pictures in the lesson plan cue Care Group Volunteers of the next activity. Review the descriptions below for more information.

¹ See the practical guide on conducting a barrier analysis (fsnnetwork.org) for more information. Country specific barrier analysis were not conducted in the SCOPE countries. Behavioral determinants were added based on our understanding of the situation in SCOPE countries using qualitative and quantitative evidence from SCOPE and extensive programmatic experience.



Game

The first activity in each lesson is a **game or song**. Games and songs help the participants to laugh, relax and prepare for the lesson. Some games review key messages that the participants have already learned.



Attendance and Troubleshooting

Following the game, all Activity Leaders will take **attendance**. Following attendance, the promoter follows up with any difficulties that the Care Group Volunteers had teaching the previous lessons.² When Care Group Volunteers are teaching neighbor groups, this is a good time to review key messages from the previous lesson and hear the success and challenges the neighbor mothers had when trying out new practices from the previous lesson.

Next the Activity Leader reads the **story** printed on the flipchart, using the images to share the story. The story in each lesson is followed by discussion questions.



Ask about Current Practices

Discussion questions are used to discuss the problems faced by the characters in the story. Use the story and discussion questions to find out the current practices of the women in the group.



Share the Meaning of Each Picture in the Picture Box

After turning to a new flipchart page ask, “What do you think these pictures mean?” After the participants respond, explain the captions and key messages written on the back of the flipchart.

The lesson plan also contains **additional information** for the trainer. The additional information does not need to be discussed during the lesson unless it relates to questions asked by the participants.

² Paid staff are called promoters. The role of the promoters is to train Care Group Volunteers to facilitate lessons with their neighbors. A few exercises (such as the Troubleshooting exercise and the Practice and Coaching exercise) **are only for promoters training Care Group Volunteers**. This exercise does not need to be used by the Care Group Volunteers when sharing with their neighbors.



Activity

Next is an **activity**. Activities are “hands-on” exercises to help the participants understand and apply what they have learned. Most of these activities require specific materials and preparations.

An Activity Leader is a CGV selected by the Promoter who is responsible to organize materials for each lesson’s Activity. The **Activity Leader** meets with the Promoter ten minutes before **each lesson** to discuss the needed materials for the next lesson’s activity. The Activity Leader is responsible to talk with the others (Care Group Volunteers or neighbor women) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking them to volunteer to bring the items. The Activity Leader will lead the activity, but the Activity Leader will support her by organizing the volunteers and aiding the Activity Leader as needed during the activity.



Discuss Barriers

The Activity Leader asks if there are any obstacles that prevent the caregivers from trying the new practices. Together with the other mothers in the group, the Activity Leader helps to solve problems and obstacles mentioned. The group may offer information, skills or tips to help mothers overcome obstacles.



Practice and Coaching

Next is **Practice and Coaching**. We want to make sure that each Care Group Volunteer understands the material and can present it to her neighbors. The promoter observes and coaches Care Group Volunteers as they practice teaching in pairs using the flipcharts.

When Care Group Volunteers teach their neighbors, they will repeat this activity asking each woman to share the key messages (and practices) that she has learned with the woman next to her or with another household member or neighbor if the lesson is being shared in a home visit. The Care Group Volunteer will go around and listen to each pair, making sure they understood the key messages correctly.



Request Commitments

Finally, the Activity Leader requests a commitment from each of the women in the group. It is up to each woman to make a choice. Do not force anyone to make a commitment if they are not ready.


Italics are used in the learning sessions to indicate tips and instructions to the facilitator. And a question mark (?) is used to indicate questions for discussion.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Lessons should not exceed two hours in length although some lessons may take longer than others. A suggested time for each section is listed below. The exact timing per lesson may vary based on the content and number of flipchart images.

SECTION NAME	TIME NEEDED FOR THIS SECTION
Game or Song	5 - 10 minutes
Attendance and Troubleshooting	5 - 15 minutes
Story with Picture 1	5 minutes
Ask about Current Practices	5 - 10 minutes
Share the Meaning of Picture 2	10 minutes
Share the Meaning of Picture 3	10 minutes
Share the Meaning of Picture 4	10 minutes
Activity	15-30 minutes
Discuss Barriers	10 minutes
Practice and Coaching	20 minutes
Request Commitments	10 minutes
Total	2 – 2 ½ hours

PART I: MATERNAL HEALTH

LESSON 1: ANTENATAL CARE (ANC) AND BIRTH COMPANION



Objectives

By the end of this lesson:

- Women will be supported by a birth companion of choice throughout pregnancy, labor and childbirth.
- Pregnant women and their families will view having a birth companion of choice as a right for all women.
- Pregnant women and their families will perceive the advantages of having a birth partner.
- Pregnant women will be supported in the process of choosing a birth partner.
- Pregnant women and their birth partners will understand the expectations of a birth partner.
- Women and their birth companions will understand the importance of antenatal care (ANC) and will perceive positive consequences including:
 - Early detection and treatment of existing conditions and complications
 - Prevention of complications and diseases
 - Birth preparedness and complication readiness
 - Health promotion
- Women and their birth partners will know and adhere to the recommended schedule of ANC visits and will demonstrate perceived self-efficacy to reach these targets. They will have established cues for action to remember when to seek antenatal care contacts. Birth companions will advocate for women to have their needs met.

Materials

- Attendance Registers
- CGV Flipchart

Lesson Summary

- Game: People to People
- Attendance and Troubleshooting
- Share the story (Visiting a Health Center) and ask about current practices
- Show pictures and share key message on flipchart sections 5-8. Birth Companion, Importance of ANC, Components of ANC, Number and Frequency of Visits
- Activity: ANC Visits
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments

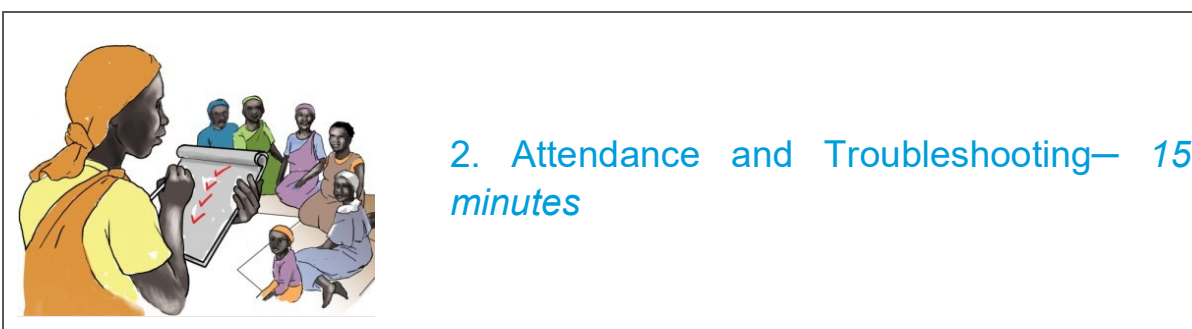


1. Game: People to People — 10 minutes

Note that if close contact is not warranted due to health precautions or cultural preference, the activity can be adapted to pointing to body parts rather than touching.

1. Ask each woman to find another woman and stand next to her.
2. Explain that the leader will call out actions and each pair must touch these two body parts together. For example, if the leader says, “Back-to-Back” each pair must stand with their backs touching. If the leader says, “Hip to Hip,” each pair must stand with their hips touching. If the leader says, “Knees to Knees,” each pair must stand with their knees touching. However, if the leader says, “People to People,” everyone must find a new woman to stand with.
3. Give many commands using different body parts.
4. Continue giving new commands using different body parts until the women are laughing and having fun.

Now that we are energized, let’s begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching Care Group Volunteers (CGVs)

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding

contact with those that are sick unless they have Personal Protective Equipment (PPE).

- *Promoter helps to solve the problems mentioned.*
- *Promoter asks the CGVs to review the key practices from the last lesson.*
- *Promoter asks the CGVs about their commitments from the last meeting and follows up with those who had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader³ to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Visiting the Health Center (Picture 1.1)—5 minutes

- Read the story in section 3 of the flipchart.

Maria Ngomo sees Amina Nlwere and her sister walking along the path. "Where are you going?" Maria Ngomo asks. "I am going to the health center. The health worker will examine me at many points throughout my pregnancy to make sure I am staying healthy and that the child is growing well. My sister has agreed to be my birth companion so she is supporting me during my antenatal visits." Amina Nlwere says. Maria Ngomo says, "Growing well? I thought that only sick people went to the health center."

³ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? Where is Amina Nlwere going? Why?
- ? Why would she go to the health center if she is not sick?
- ? Why would she have her sister go with her?
- ? How often did you visit the health center during your last pregnancy?

Ask the first question to review the story.

- Amina Nlwere is pregnant and is going to the health center. She is not sick, but is going to see health worker who can monitor her health and the health of the growing child in her belly.

Ask the second question to discuss the beliefs and practices of the women regarding visiting the health center.

- Often people in the community go to the health center when they are ill. However, pregnant women and small children should go regularly to the health clinic for vaccinations, vitamins, deworming, and supplements to help them stay healthy and to monitor for any danger signs of complications.

Ask the third question to discuss the value of having a supportive birth companion with women during pregnancy and birth.

- A birth companion could be a sister, a spouse, a mother, a close friend, or anyone else who is a trusted individual who can support the women throughout her pregnancy and birth.

Ask the last question to find out how often women visited the clinic during their last pregnancy.

- At the moment that a woman knows (or believes) she is pregnant, she should visit the health center for her first antenatal visit. The health provider will estimate the stage of the pregnancy, take the woman's vital signs such as blood pressure, and will review important habits in pregnancy. Pregnant women should visit the health center for antenatal care (ANC) at least eight times during her pregnancy. Eight visits are recommended to make sure mother and baby are healthy and well at all critical points of the pregnancy and the baby's development. The timing is important. Pregnancy is often divided into three 13-week parts, or trimesters. It is recommended to schedule the first contact (visit) in the first trimester, two contacts in the second trimester and five contacts in the third trimester.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Birth Companion (Picture 1.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

A “companion of choice” or “birth companion” can support you throughout labor and childbirth.

- A birth companion may be a spouse, mother, sister, friend, or other trusted individual.
- Choose a birth companion who is compassionate, trustworthy, caring, respectful.

Birth companions play an important role. Women and their birth companions should discuss the expectations of this role.

- Birth companions are not expected to do any clinical tasks or make decisions for the mother and child.
- Birth companions join the woman in neighbor group meetings to gain a basic understanding of antenatal care, labor and delivery, and postpartum care.
- Birth companions advocate for services that support the woman's and newborn's health and survival, basic human rights, and comfort.

? Who would make an ideal birth companion in your life?



6. Share the Meaning of Each Picture: Importance of ANC During Pregnancy (Picture 1.3) — 10 minutes

- Ask the caregivers to describe what they see in picture 1.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

ANC is essential for maternal and newborn health and survival.

- All expecting women need care and attention during pregnancy by a health care provider. This care is usually called antenatal care (ANC). ANC visits include health promotion, screening and diagnosis, and disease prevention.
- ANC contact helps pregnant women to be healthier during pregnancy and reduce problems in labor or giving birth.

ANC can save lives.

- ANC can save lives—reducing maternal deaths, newborn deaths and stillbirths.

? Do you think spending your time visiting the health center is a wise use of your time? Why or why not?

Additional Information for the Trainer

During pregnancy, women's bodies go through changes. To some women, these changes can be uncomfortable. Antenatal contacts can address these changes and also can save lives by finding and treating health problems early. Regular contact with a skilled health provider are important to learn pregnant women's health history, monitor pregnancy progress for mother and baby, counsel women on nutrition and hygiene to help the mother and child grow well, assess mental health and psychological risks, develop a birth plan establishing how to reach care and what to do in case of any emergency, and to refer women to additional services if complications arise. Even if a woman has had uncomplicated pregnancies before, every pregnancy is at risk of life-threatening conditions. ANC visits include closely monitoring for danger signs and are also important for listening to the woman's preferences and concerns to ensure she receives quality, respectful care. At baseline for the SCOPE project (2020), only 39%, 62%, 61%, and 45% of women received at least four antenatal care visits in Haiti, Kenya, Malawi, and South Sudan, respectively.



7. Share the Meaning of Each Picture: Components of Antenatal Care (Picture 1.4) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

The goal of ANC is to help women maintain normal, healthy pregnancies through personal assessment and care.

Components of ANC include:

- Early detection and treatment of existing conditions and complications
- Prevention of complications and diseases that can lead to death
- Birth preparedness and complication readiness
- Health and nutrition promotion

Additional Information for the Trainer

Early detection and treatment of existing conditions and complications may include monitoring signs and symptoms of chronic or infectious diseases, medical conditions, and endemic diseases that may harm the health of the pregnant woman or the newborn. (e.g., hypertension, STIs, poor nutrition, depression, too much work, diarrhea, vomiting, anemia, HIV/AIDS, malaria, tuberculosis, fetal distress, and other illness), as well as signs or symptoms of conditions that may cause or be indicative of a life-threatening complication (e.g., airway and breathing difficulty, convulsions and loss of consciousness, vaginal bleeding, severe abdominal pain, pre-eclampsia/eclampsia, fever, foul-smelling discharge/fluid from the vagina, anemia, abnormal fetal position after 36 weeks, abnormal fetal growth or movement, “water breaking”/fluid leak but no sign of labor). Providers will ask women about prior pregnancies, conduct physical check-ups on the women, monitor the growth and heartbeat of the baby in the womb, and address concerns and emotional needs the mother or birth companion may have.


Screening for and response to violence or abuse should include taking culturally and legally appropriate action to: validate the woman’s experience, encourage her to take steps to protect herself and her children, assist her to develop a safety action plan, and facilitate linkage to appropriate local resources such as faith-based organizations or local NGOs. Early detection and management can mean the difference between life and death.

Prevention of complications and diseases occurs through:

- Iron and folate supplementation to prevent anemia
- Tetanus toxoid immunization to prevent maternal and neonatal tetanus
- Malaria prevention (in areas of endemic malaria), including intermittent preventive treatment (IPT) after 16 weeks pregnant and consistently sleeping under insecticide-treated nets (ITN) (more details in Module 2)
- Hookworm prevention and treatment (in areas of endemic hookworm/prevalence >20%)
- Vitamin A supplementation (in areas of vitamin A deficiency) (more details in Module 2)
- Iodine supplementation (in areas of iodine deficiency) (more details in Module 2)
- Prevention of mother-to-child transmission of HIV/AIDS

Birth preparedness and complication readiness is essential to ensure that the woman will get the support she will need from the skilled attendant, the family, and the community. It is also important to have a list of supplies needed for birth and a plan for

Health promotion includes learning about important issues and behaviors that affect the woman's health, her pregnancy, and her plans, including transport for childbirth and the newborn period.



8. Share the Meaning of Each Picture: Number and Frequency of Visits (Picture 1.5) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.5.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 8.

? What do you think these pictures mean?

Women should receive antenatal care contacts at least eight times during pregnancy.

- ANC visits should be conducted by a certified, trained health professional such as a doctor, nurse, or midwife. Visits can occur at a health centre or in the community if the appropriate services and supplies are available.
- Birth companions should accompany her as often as possible.

- Schedule the first contact in the first trimester (initial 12 weeks of pregnancy), two contacts in the second trimester (weeks 13-26), and five contacts in the third trimester (weeks 27-40). More visits may be needed in women with higher risks or exhibiting warning signs.

The content of each ANC contact changes based on the progression of pregnancy and the growth and development of the baby.

- Early visits estimate the due date of the baby and provide critical health behavior messages.
- Later visits include careful monitoring of mother and baby for risks.
- Frequent contact between women and her health provider ensure she is physically and emotionally healthy, build a relationship of trust, and provide space to speak up about preferences and concerns.

Additional Information for the Trainer

The timing of ANC contacts is important. It is recommended to schedule the first contact in the first trimester (up to 12 weeks of gestation), two contacts in the second trimester (at 20 and 26 weeks of gestation), and five contacts in the third trimester (at 30, 34, 36, 38, and 40 weeks).

The content of each ANC contact varies based on the gestational period, with each visit having important components for the health of women and children. In the first 24 weeks, providers should estimate gestational age and due date based on monthly bleeding history and/or conduct an ultrasound if available. They will conduct a physical check-up for the mother and counsel her on key behaviors such as having a healthy diet and avoiding harmful practices. At the third-trimester contacts, since this represents a period of potentially great antenatal risk for mother and baby, ANC providers should aim to reduce preventable morbidity and mortality through systematic monitoring of maternal and fetal well-being, particularly in relation to hypertensive disorders and other complications that may be asymptomatic but detectable during this critical period.



9. Activity: Role Play: Antenatal Care Visits – 30 minutes

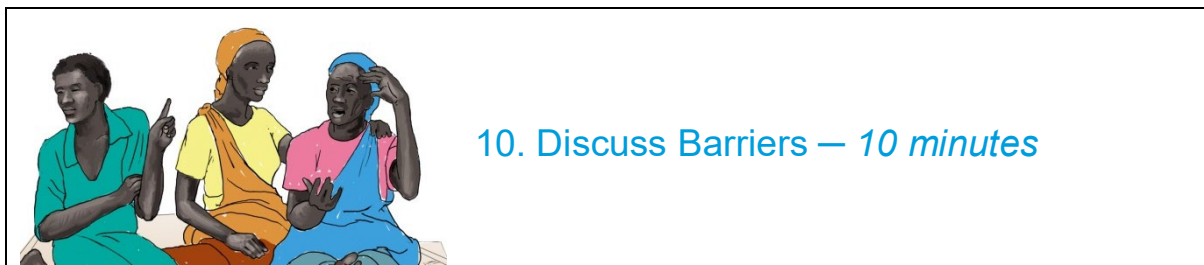
1. Draw two vertical lines on a large paper or on the ground to divide the space into three equal parts.
2. Explain that each section represents one of the three trimesters (~13 week periods) of pregnancy.
3. Give the mothers eight small stones or sticks. Tell mothers that these each represents an ANC visit.

4. Ask the mothers to place the number of stones or sticks (i.e., ANC visits) that should occur in the first, second, and third trimesters represented by the 3 sections.
5. Compare the number of stones or sticks in each trimester.

? How many ANC visits occur in each trimester?

? Why do you think more ANC visits are recommended later in pregnancy?

6. Reinforce that eight ANC visits is recommended for important health promotion, screening and diagnosis, and disease prevention at different stages of pregnancy. ANC visits should include at least one in the first trimester, two in the second trimester, and five in the final trimester. ANC is critical for the health of both mothers and babies. ANC can save lives. The final trimester of pregnancy is a period of higher risk for mothers and babies, and therefore, more frequent ANC visits for close monitoring of danger signs is needed.
7. Discuss their concerns and remind them of the advantages of ANC. Encourage women to identify a birth companion and to discuss what steps are needed to ensure she can attend eight ANC visits.



? Is there anything that might prevent you from trying these new practices?

? What might prevent a woman from having a birth companion?

? What might prevent a woman from seeking frequent antenatal care?

? How could these barriers be overcome?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



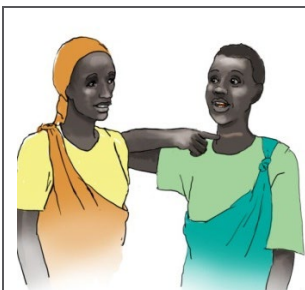
11. Practice and Coaching — 20 minutes

For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
- Each CGV will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other CGV will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



12. Request Commitments — 10 minutes


? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I commit to choosing a birth companion to support me during pregnancy and birth.
- I commit to making at least eight antenatal care visits during pregnancy.

LESSON 2: DANGER SIGNS DURING PREGNANCY



Objectives

By the end of this lesson:

- Women and their birth companions will be aware of and perceive the severity of the underlying complications of maternal mortality and will understand that most of these complications are preventable when identified early enough to provide appropriate treatment when danger signs are known and promptly addressed.
- Women and their birth companions will know the life-threatening danger signs that require immediate attention:
 - Airway and breathing difficulty
 - Convulsions or loss of consciousness
 - Vaginal bleeding
 - Severe abdominal pain
 - Fever (temperature of 38 degrees C or more)
 - Foul-smelling discharge/fluid from the vagina
 - Decreased or absent fetal movement
- Women and their birth companions will have the knowledge, skills, abilities and confidence to immediately refer women for additional support when any of the danger signs are present.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

- Game: Musical Mats
- Attendance and troubleshooting
- Share the story (Waiting Too Long) and ask about current practices
- Share the meaning of each picture on flipchart sections 5-6: Complications in Pregnancy, Danger is Near
- Activity: Danger Sign Memory
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Musical Mats — 10 minutes

1. Ask the women to stand in a circle with something to sit on (a chair or a mat behind them). The facilitator stands to the side.
2. Now remove one of the mats so that one person does not have a place to sit.
3. Tell the women that you are going to sing a song. The women will walk around the circle, clapping and dancing as you sing. When you stop singing, they must find the closest mat and sit down. The woman who doesn't find a seat must leave the circle.
4. The facilitator should turn his back (so she can't see the women) and begin singing. Stop suddenly in the middle of the song. The woman without a mat leaves the game.
5. Remove one more mat. Then begin the song again with the remaining women.
6. Continue until there is only one mat and one woman left.

Now that we are energized, let's begin our lesson.



2. Attendance and Troubleshooting — 15 minutes

When Teaching CGVs

- *Promoter fills out attendance sheets for each CGV.*
- *Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).*
- *Promoter asks if any of the CGVs had problems meeting with their neighbors.*
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- *The Promoter helps to solve the problems mentioned.*
- *The Promoter asks the CGVs to review the key practices from the last lesson.*

- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.
- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.


When CGVs Teach Their Neighbors

- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Waiting too Long (Picture 2.1)—5 minutes

- Read the story in section 3 of the flipchart.

Annette is in her final month of pregnancy and has not been feeling well all day. "You look pale and feverish," shares her husband. Annette is short of breath when she responds. "I am fine. I think I just worked too hard this morning." That afternoon she feels a sharp pain in her abdomen and she continues to have difficulty breathing. She does not want to go to a health centre but her husband is worried and encourages her to go. He does not want it to be too late, fearing what happened to his sister.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ?** What signs or symptoms was Annette experiencing that may mean she is in danger?

? Why would Annette not want to go to a health facility?

? What might have happened to the husband's sister, which makes him worry about delaying seeking help?

Ask the first question to see what danger signs women can recognize.

- Participants may list that Annette was pale, had a fever, experienced a sharp abdomen pain, and had difficulty breathing.

Ask the second question to understand what common barriers may exist to recognizing and attending to danger signs.

- Women may share that there is a lack of knowledge about danger signs or a belief that they are not very severe. There may be challenges to getting support from a health professional such as financial, transportation, or logistic barriers.

Ask the last question to explore the seriousness of complications during pregnancy.

- Participants may share that the husband's sister could have died in pregnancy from delaying seeking attention for a complication. The husband does not want to see this happen to his wife.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Complications in Pregnancy (Picture 2.2) — 10 minutes

- Ask the caregivers to describe what they see in picture 2.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

While many pregnancies and births occur without difficulty, every woman and her baby are at risk of complication.

- Most maternal deaths happen because of a few causes:
 - Hemorrhage (bleeding before or after childbirth)

- Blood pressure disorders (pre-eclampsia and eclampsia)
- Infections (sepsis)
- Unsafe abortions
- Most of these complications are preventable and can be identified early enough to provide appropriate treatment when dangers signs are known.

Additional Information for the Trainer

The major complications that account for nearly 75% of all maternal deaths are:

- Hemorrhage (bleeding before or after childbirth)
- Hypertensive disorders (pre-eclampsia and eclampsia)
- Sepsis/infections
- Unsafe abortions
- Other direct causes (including ectopic pregnancy, embolism, and anemia-related complications)
- Indirect causes (including preexisting causes such as infection, diabetes, cardiac conditions, and mental illness)

According to the SCOPE baseline survey, the percent of births that occur in health facilities are 29% (Haiti), 84% (Kenya), 88% (Malawi), and 67% (South Sudan). The proportion of women who wanted and had a companion supporting them during labor ranged from 88-99%.

Other local unsafe practices that must be avoided may include: use of herbs, plants, malaria drugs, bleach, ashes, kerosene, or hard objects such as sticks or plastic into the womb or vagina.



6. Share the Meaning of Each Picture: Danger is Near (Picture 2.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 2.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Danger signs mean a woman's or baby's life is at risk.

The danger signs for a pregnant woman that require immediate attention are:

- Difficulty breathing
- Severe headache and sudden swelling of face and hands
- Convulsions (shaking) or loss of consciousness (passing out)
- Vaginal bleeding (heavy bleeding)
- Severe abdominal (belly) pain
- Fever (temperature of 38 degrees C or more)
- Foul-smelling discharge/fluid from vagina
- Decreased or lack of fetal movement

Some women are at higher risk of these danger signs, such as women under age 18, and should be monitored with additional care.

A pregnant woman with one of these danger signs must receive help from a Community Health Worker or health facility provider right away. Do not delay! Waiting could mean death.



7. Activity: Danger Sign Memory – 30 minutes

? How can we help one another remember the danger signs in pregnancy that require immediate attention?

Invite women to sit in a circle. The Promoter should have a list of the danger signs in hand.

Let's try to remember the danger signs together. We will go around the circle one by one, with the goal of listing out loud a new danger sign each time, until we remember all eight. Try to not repeat a danger sign that has already been shared. If you cannot remember one, you can pass to the next person in the circle.

Continue around the circle until women have listed all danger signs and feel comfortable remembering them. Go around the circle more than once to build up the memory of everyone. Encourage every correct response and provide clues or support as needed.



8. Discuss Barriers – 10 minutes

- ? What do you think are the main barriers to seeking immediate attention for these danger signs?
- ? Why might someone delay?
- ? What could help them know when to act and to act quickly?
- ? Is there anything that might prevent you from trying these new practices?

Ask participants to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

Possible concerns and solutions

- **Lack of transportation:** identify a list of friends or neighbors with available transportation who could be called for immediate help when a danger sign is identified
- **Fear of financial cost:** set aside a small amount of money each month to save for potential emergencies
- **Uncertainty if a danger sign is severe enough:** review the list of danger signs regularly with your partner; if you are unsure, do not delay, and seek help right away!



9. Practice and Coaching – 20 minutes


For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.

- *Each CGV will teach the person next to her in the same way that the promoter taught her.*
- *After ten minutes, ask the women to switch roles. The other CGV will share the teachings from the third and fourth pages of the lesson.*
- *The Promoter watches, corrects, and helps CGVs who are having trouble.*
- *When everyone is finished, answer any questions that the CGVs have about today's lesson.*

For Neighbor Groups

- *Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.*



10. Request Commitments — 10 minutes


? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will memorize the danger signs that require immediate attention. I will make sure my birth companion and family know them too.
- I will make a plan with my birth companion and family on what to do if they recognize one of the danger signs.

LESSON 3: NUTRITION AND SELF-CARE IN PREGNANCY



Objectives

By the end of this lesson:

- Women and their birth companions will understand the additional demands of pregnancy on a woman's body, which increase her nutritional needs. Women will understand the potential negative consequences of poor nutrition in pregnancy including risk of having a low-birth-weight baby and congenital anomalies leading to long-term disability.
- Women and their birth companions will know the nutritional recommendations for pregnancy, including:
 - At least one extra serving of staple food per day—ideally eating an extra meal including a diverse diet with protein-rich foods
 - Eating a balanced diet that contains beans, nuts, starchy foods, animal products, fruits, and vegetables
 - Eating a variety of foods rich in vitamins and minerals
- Women and their birth companions will have the knowledge, skills, abilities and confidence to maintain a balanced diet and the micronutrients needed for pregnancy.
- Pregnant women and their birth companions will understand the importance of supplementation with select vitamins and minerals to improve the health and survival of mothers and their newborns, namely multiple micronutrient supplements that include iron and folic acid, vitamin A, iodine, and calcium.
- Pregnant women and their birth companions will understand the benefit of deworming for pregnant women in endemic areas with a high prevalence of hookworm and/or whipworm.
- Pregnant women and their birth companions will know and adhere to appropriate self-care during pregnancy, including avoiding potentially harmful substances and adhering to infection prevention and hygiene best practices.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Bottle of locally-available antenatal multiple micronutrient supplements

Lesson Summary

- Game: Rainstorm
- Attendance and Troubleshooting
- Share the story (Maria Ngomo Faints) and ask about current practices
- Share the meaning of each picture on flipchart sections 5-7: Balanced Diet, Micronutrient Supplements, Self-Care
- Activity: Micronutrient Supplementation Demonstration

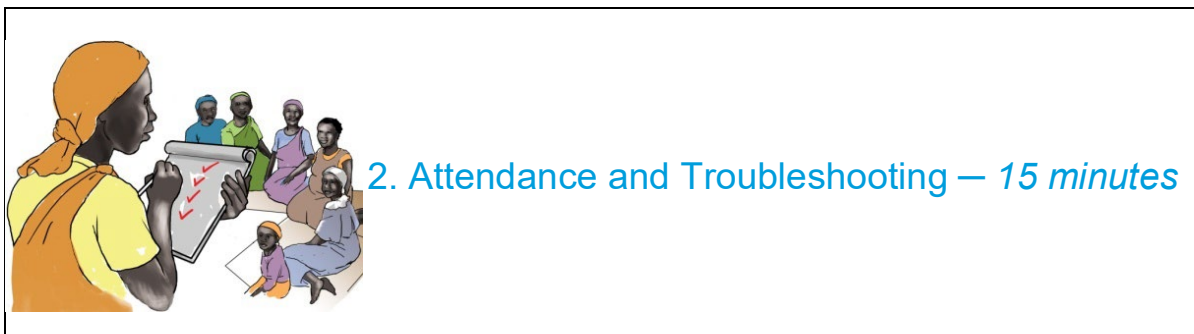
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Rainstorm — 10 minutes

1. Ask the women to stand quietly in a circle with their eyes closed.
2. Their job is to listen to the sounds that are made by the woman sitting on their right. They should repeat the sound that they hear from the woman sitting on their right.
3. The facilitator begins by rubbing her palms together to create the sound of rain.
4. The woman to her right makes this sound, and then the next woman until everyone in the circle is rubbing their palms together.
5. Once everyone is rubbing palms, the facilitator makes the rain sound louder by snapping her fingers.
6. The woman on her right repeats this sounds until one by one everyone is snapping their fingers.
7. Then the facilitator claps both hands together and the group joins in one by one.
8. Then the facilitator slaps her thighs and the group joins in one by one.
9. Then the facilitator stomps her feet, the rain becomes a downpour!
10. To indicate the storm is stopping, the facilitator reverses the order, thigh slapping, then clapping, finger snapping, palm rubbing, and ending in silence.

Now that we are energized, let's begin our lesson!



When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- Promoter helps to solve the problems mentioned.
- Promoter asks the CGVs to review the key practices from the last lesson.
- Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.
- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.

When CGVs Teach Their Neighbors

- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.
- CGV will ask the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Maria Ngomo Faints (Picture 3.1)—5 minutes

- Read the story in section 3 of the flipchart.

Maria Ngomo is in her final weeks of pregnancy and continues to work tirelessly in the field. In the morning, she sweeps her compound and goes to the market. In the afternoon, she begins preparing food and serves her husband the largest dish and gives him the only portion of meat. She begins feeling weak and light-headed and faints.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? Why did Maria Ngomo faint?
- ? How long should a woman rest after delivery?
- ? What is important for a pregnant woman to eat?

Ask the first questions to review the story.

- Maria Ngomo fainted because she is not eating enough and is working too hard during her pregnancy.

Ask the second question to find out the beliefs of how long women should rest (or is able to rest) while pregnant.

- It is good for a pregnant woman to be active, but she should prioritize rest and refrain from heavy physical work.

Ask the last question to find out what nutrition needs a woman has during pregnancy.

- Pregnancy places great demands on a woman's body, increasing her nutritional needs. She needs to eat extra servings and eat a balanced diet of protein, energy and a variety of nutrient-rich foods.
- Pregnant women need to eat an additional meal than the everyone else in the family every day, especially variety of food that are rich in iron, including meat, fish chicken, eggs, beans, rice, (cassava) and milk, leafy green vegetables and fruits.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This part is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: A Healthy Plate (Picture 3.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 3.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

Pregnancy places great demands on a woman's body, increasing her nutritional needs.

In pregnancy, women should eat more and balanced meals:

- Eat at least one extra serving of staple food per day.
- Eat a balanced diet that contains beans, nuts, animal products, starchy foods, fruits and vegetables.
- Eating a variety of foods with many different colors helps women get the vitamins and minerals they need.

Three groups of food are important for our bodies—body building, energy, and protecting.

- Body building foods make strong bones and muscles.
 - Eat meats and fish.
 - Eat milk foods like milk, and yoghurt.
 - Eat eggs.
 - Eat beans, peanuts, and seeds.
- Energy foods give energy and power for our daily work.
 - Eat oils like palm oil, animal fat, and butter.
 - Eat roots like manioc, taro, and potatoes.
 - Eat cereals like maize and rice.
 - Eat sugars like honey and sugar cane.
- Protecting foods keep away illness.
 - Eat vegetables like cabbage, green eggplant, and leaves.

- Eat fruits like plantains, avocado, guava, papaya, and mangoes.

**Countries may contextualize based on locally available foods.*

Additional Information for the Trainer

Pregnant women need energy and nutrient-rich foods, which decreases the risk of having a low birth weight baby. She should ideally eat an extra meal, including a diverse diet with protein-rich foods and a variety of foods that are rich in vitamins and minerals.



6. Share the Meaning of Each Picture: Micronutrient Supplements (Picture 3.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 3.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Some vitamins and minerals are especially important for mothers and their babies to live and be healthy—they help protect and repair the body. Food alone cannot meet these needs. A mix of healthy foods and a vitamin tablet every day give mothers and babies what they need.

A multiple micronutrient supplement that includes iron folic acid should be taken by all pregnant women throughout their pregnancy, starting when she first learns she is pregnant.

Iron keeps the mother's and infant's blood strong

- Women with low iron are weak and have difficulty giving birth and could die
- Women with low iron are at risk of heavy bleeding during or after birth
- Low iron may cause fast breathing and a fast heartbeat
- Eating foods rich in iron (beans, green leaves, liver, yam) and food high in vitamin C (like oranges, tomatoes) can prevent weak blood and problems in pregnancy
- If hookworm or whipworm is common in the community, deworming medication can help prevent iron deficiency
- Pregnant women whose iron level does not improve needs help from a Community Health Worker or at a health facility right away

Folic acid prevents birth defects in a baby's brain

- Folic acid is important in the earliest weeks of pregnancies to prevent brain and spine defects. Couples planning to get pregnant should start taking supplements with folic acid even before becoming pregnant since the baby's brain starts developing right away.

Iodine deficiency increases risk of death of babies in pregnancy, childbirth, and soon after birth.

Calcium can reduce the risk of high blood pressure in pregnancy (pre-eclampsia)

Additional Information for the Trainer

Iron

- During pregnancy, the amount of blood in your body increases by 50%.
- Iron is needed to carry oxygen in the blood to your body organs and the placenta, which feeds the infant in the belly.

Anemia (Iron Deficiency)

- Iron deficiency may be caused by a lack of iron-rich foods, but can also be a result of blood loss during menstruation, diarrhea, dysentery, parasites (hookworm) and malaria.
- Anemia in pregnant women is common. Women with severe anemia are much more likely to die during pregnancy and childbirth than women without anemia.
- Iron deficient mothers are more likely to birth premature babies, low-birth weight infants who suffer from infections, weakened immunity, learning disabilities, impaired physical development and in severe cases, death.

Iron Supplement Side Effects

- Many women experience side effects when taking iron in supplements. Side effects include stomach upset, heartburn, and constipation. To ensure women are able to continue taking iron pills, explain the importance of taking the pills with food, preferably at breakfast or lunch.
- Drinking clean and lots of water and eating foods high in fiber help prevent side effects. High fiber foods include beans, peanuts, fruits, and vegetables.
- If women are unable to take the prescribed dose of iron pills because of discomfort, have them start slowly, cutting the pills in ½ or taking them every other day until they can take the prescribed dose.



7. Share the Meaning of Each Picture: Self-care (Picture 3.4) – 10 minutes

- Ask the caregivers to describe what they see in picture 3.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

Pregnant women should avoid potentially harmful substances

- Avoid smoking, alcohol, and drugs.
- Stay away from people who are sick.
- Stay away from poisonous (pesticides) chemicals used for farming or at home to kill insects, rats or weeds.
- Discuss any medications with a skilled provider before taking them.

Good hygiene is important for infection prevention

- Wash hands before eating, drinking, and preparing food; after using toilet, helping a child use the toilet, or changing a child's nappies; and after touching soiled objects.
- Use safe drinking water and handle and store food safely.
- Practice good dental hygiene.

Pregnant women should be active, but need extra rest



8. Activity: Micronutrient Supplementation Demonstration — 20 minutes

Ask women in the group to stand in a line. Hand one woman at the end a bottle of antenatal micronutrient supplements. Invite women to examine the label and look at the pills inside and then pass it to the next woman.

Once everyone has had a chance to look at the bottle, ask women to sit down in their line. Inform women that when they are asked to stand up, they will each represent an important vitamin or mineral found in this antenatal micronutrient supplement.

Slowly read the list of micronutrients from the label. After each nutrient, point to a seated woman in the line to stand up. If all women are standing before the entire list is read, ask women to raise two hands if they are pointed to again.

Once all the nutrients are read, ask women what this exercise demonstrates.

? How many nutrients are found in this one small supplement?

- While pregnant women should work hard to eat a balanced diet from a variety of foods, sometimes available foods do not have all the necessary nutrients required to grow a healthy baby. A supplement can provide many nutrients in just the amount needed in pregnancy.



9. Discuss Barriers — 10 minutes

? What might make it difficult for pregnant women to eat nutritious foods during pregnancy?

? What barriers exist for taking vitamin supplements in pregnancy?

? What makes it challenging for pregnant women to get extra rest?

? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



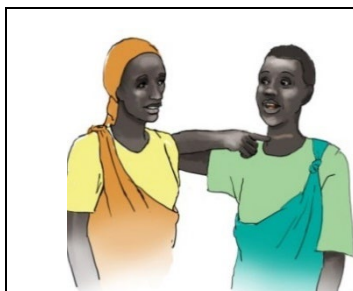
10. Practice and Coaching — 20 minutes

For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each CGV will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other CGV will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household, or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



11. Request Commitments — 10 minutes


? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will eat an extra snack or meal daily during pregnancy.
- I will eat foods of a variety of colors from each of the main food groups.
- I will avoid harmful substances during pregnancy and give myself extra rest.

LESSON 4: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV



Objectives

By the end of this lesson:

- Women and their birth companions will be able to define HIV, its transmission, and symptoms and will perceive its severity.
- Women and their birth companions will understand the harm caused by HIV stigma and discrimination and will display non-discriminatory attitudes.
- Women and their birth companions will understand the importance of and recommendations for HIV testing, prevention, and treatment.
- Women and their birth companions will understand and adhere to the recommendations for infant care and nutrition for HIV positive mothers.
- Women and their birth companions will have the knowledge, skills, abilities and confidence to adhere to HIV testing, prevention, and treatment guidelines.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

- Game: Stand Next to Someone
- Attendance and Troubleshooting
- Share the story: Barumwete has HIV
- Share the meaning of each picture on flipchart sections 5-7: HIV Defined, HIV Stigma, Prevention of Mother-to-Child Transmission of HIV
- Activity: Case Scenarios
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Stand Next to Someone — 10 minutes

1. Ask the women to stand up and slowly walk.
2. Explain that the facilitator will call out a type of clothing (or characteristic) and the women should rush to stand next to someone wearing that clothing.
3. For example, the facilitator might say, “Find someone wearing red.” The women will rush to stand by someone wearing red. A person wearing red will stand still waiting for the others to gather around her.
4. Then the facilitator tells the women to begin walking again. Then she gives another command, such as, “Find someone wearing earrings.” A person wearing earrings will stand still waiting for the others to gather around her.
5. Continue giving commands, and encouraging the women to walk in between each command.
6. Try giving commands related to previous lessons, such as, “Find someone who has visited an antenatal clinic.”
7. Give others in the group and opportunity to lead the game.

Now that we are energized, let’s begin our lesson!



2. Attendance and Troubleshooting — 15 minutes

When Teaching CGVs

- *Promoter fills out attendance sheets for each CGV.*
- *Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).*
- *Promoter asks if any of the CGVs had problems meeting with their neighbors.*
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- *The Promoter helps to solve the problems mentioned.*

- *The Promoter asks the CGVs to review the key practices from the last lesson.*
- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader⁴ to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Barumwete has HIV (Picture 4.1)—5 minutes

- Read the story in section 3 of the flipchart.

Barumwete and her husband just received the hard news that they are HIV positive. They are pregnant with their second child and Barumwete is worried about spreading HIV to the infant. Barumwete asks the Community Health Worker what she should do. "This is good news that you and your husband were tested and that you are seeking out the steps for preventing your baby from getting this sickness! You should begin treatment as soon as possible and prepare for the best way to feed your baby when he arrives."



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? Why did the Community Health Worker say “this is good news!” to Barumwete?
- ? What might have happened if Barumwete and her husband did not get tested or seek out support for HIV?

Ask the first question to review the story.

- The Community Health Worker shared that it was good news that Barumwete and her husband chose to get tested. Getting tested is the first step to know if treatment is needed and how to prevent transmission to a child.

Ask the second question to explore the negative consequences of not getting tested or treatment for HIV.

- If Barumwete and her husband had not gotten tested, they would not know they need treatment and may pass the sickness to their child through pregnancy, labor, delivery, or breastfeeding. There is a high risk of passing HIV during labor, especially after a woman’s water is broken. HIV positive mothers can take treatment and know proper feeding to prevent HIV from spreading to the child.



5. Share the Meaning of Each Picture: HIV Defined (Picture 4.2) — 10 minutes

- Ask the caregivers to describe what they see in picture 4.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- ? What do you think these pictures mean?

HIV (human immunodeficiency virus) is a small germ called a virus, that you cannot see. It causes AIDS (acquired immunodeficiency syndrome) and weakens the body’s ability to fight off infections.

The virus can spread from one HIV-infected person to another by contact with infected blood, semen, or vaginal fluids.

- The disease starts with feeling of flu-like fever, sore throat, and tiredness. Eventually the person may experience weight loss, extreme fatigue, and recurrent infections.

No cure exists for AIDS but closely following anti-retroviral therapy (ART) can significantly slow the disease progress and extend life with the illness.



6. Share the Meaning of Each Picture: HIV Stigma (Picture 4.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 4.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

HIV stigma refers to negative attitudes and thoughts about people living with HIV.

Stigma can lead to discrimination—treating people with HIV differently than those without HIV.

HIV stigma and discrimination is harmful to people living with HIV.

- It affects their mental and emotional health and can make them feel shame, fearful, isolated, or depressed. Stigma against HIV in a community can make people hesitant to get tested and treated for HIV.

Talking openly about HIV and treating those with HIV with support and kindness and reduce HIV stigma and discrimination.

Additional Information for the Trainer

Examples of stigma may include believing only people who make poor choices can get HIV.

Examples of discrimination may be a health care professional refusing to treat a person with HIV or family or friends isolating and treating poorly a person with HIV.



7. Share the Meaning of Each Picture: PMTCT (Picture 4.4) — 10 minutes

- Ask the caregivers to describe what they see in picture 4.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

HIV testing during pregnancy can determine treatment steps for mother and baby.

- Fathers and mothers should go for HIV testing to begin treatment before sickness begins.
- If you or your spouse has HIV, you can protect each other.
- Prevent the spread of HIV to your partner by staying faithful (not having other sexual partners) and by using a condom.

If a pregnant woman is HIV positive, early treatment can prevent the spread of HIV to the unborn baby.

Proper infant feeding can protect her infant. If a mother is infected with HIV:

- She should breastfeed unless replacement feeding is acceptable, feasible, affordable, safe, and sustainable (AFASS).⁵
- If the woman chooses to breastfeed: wean as early as is feasible and safe for the infant, but ideally no later than six months postpartum; teach proper latching-on techniques to prevent trauma to nipple; seek immediate attention if infections for mother and infant develop.

Additional Information for the Trainer

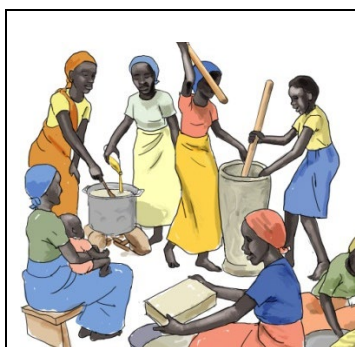
HIV is most commonly spread through sex. Condoms act as a barrier for fluids during sex so that HIV does not spread from one person to the other.

⁵ Acceptable means the replacement feeding is well tolerated by the infant and agreeable to the family. The replacement feeding option is reasonable for the family to obtain (feasible) over a long period of time (sustainable), is not cost-prohibitive (affordable), and is safe for the infant (e.g., not made with potentially contaminated water).

HIV can spread to infants through pregnancy, delivery, and breastfeeding. Even if a woman does not show signs of sickness, she should begin HIV treatment. If a woman is already on antiretrovirals (ARV) therapy, continue in consultation with an HIV specialist. If a woman is not on ARV therapy, follow local guidelines. Pregnant women who are clinically eligible for ART should be given priority in initiating therapy.

If a woman is HIV-negative or if her HIV status is unknown, exclusive breastfeeding is recommended. If AFASS criteria cannot be met, she should breastfeed exclusively until a replacement can be provided safely (meeting AFASS criteria), because EBF, rather than mixed feeding, can reduce the risk of HIV transmission to the breastfeeding infant.

ANC is especially important for HIV-positive pregnant women. Many health centers have prevention of mother-to-child transmission programs in which women can get tested, initiate treatment, and receive counseling and support within a group of other women who are HIV-positive.



8. Activity: Case Scenarios – 30 minutes

I will read two short stories. Let's spend 10 minutes for each story discussing how we could best respond to the scenario using the information we learned today.


1. A 20-year-old unmarried friend of yours has had unprotected sex with a man she later learned is HIV positive. She is worried about getting tested because of what her family would think about her and how they may treat her. What could you do as her friend?

Responses may include:

- Treating the friend with understanding and kindness
 - Talking openly with the friend about HIV
 - Reminding the friend that if she is HIV positive, early treatment is very important to prevent serious sickness in herself and others
2. Your sister Sarah and her husband were tested for HIV during her last antenatal care visit. Sarah was HIV positive but her husband is not. What steps could they take to prevent her husband from contracting HIV and her unborn child?

Responses may include:

- Using a condom during sexual intercourse and not having additional sexual partners
- Seeking early HIV treatment for the mother
- Make an infant feeding plan with a health professional to breastfeed unless replacement feeding is acceptable, feasible, affordable, safe, and sustainable




9. Discuss Barriers – 10 minutes

- ? Is there anything that might prevent you from trying these new practices?
- ? What makes it difficult to talk openly about HIV?
- ? What barriers exist for getting tested and treatment for HIV?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



10. Practice and Coaching – 20 minutes

For Care Group Volunteer Groups

- Ask each CGV to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each CGV will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other CGV will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps CGVs who are having trouble.
- When everyone is finished, answer any questions that the CGVs have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



11. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will talk openly about HIV and will refrain from speaking negatively about people with HIV.
- I will seek HIV testing with my spouse when I am pregnant and will begin treatment right away if I am HIV positive.

LESSON 5: PREPARING FOR DELIVERY AND BIRTH



Objectives

By the end of this lesson:

- Women and their birth companions will understand the progression of the first, second, and third stages of labor, including the physiological signs and appropriate birth companion support of each stage.
- Women and their birth companions will know and adhere to the hygienic care best practices to prevent maternal peripartum infection.
- Women and their birth companions will be able to define a “skilled birth attendant” and understand the importance of having a skilled attendant present at every birth and the role the attendant takes.
- Women and their birth companions will understand the importance of and how to develop a birth preparedness plan, including complication readiness. Women and their birth companions will know and include the following plan components:
 - Provision of a skilled attendant
 - Companion for birth
 - Appropriate setting for birth
 - Items needed for birth
 - Transportation and financial planning
 - Funds for birth and emergency
 - Decision making in case of emergency
 - Emergency blood donors
 - Recognition and appropriate response to danger signs
- Women and their birth companions will understand the importance of a pain management strategy and will be familiar with and equipped to enact the Breathe, Encourage, Turn, Think, Rub (BETTER) approach.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- A soft blanket/object and appropriate garment to dress as a pregnant woman

Lesson Summary

- Game: Who is the Leader
- Attendance and Troubleshooting
- Share the story (Breaking Waters) and ask about current practices
- Share the meaning of each picture on flipchart sections 5-8: Progression of Labor, Creating a Birth Plan, Pain Management Strategy
- Activity: Childbirth Role Play
- Discuss Barriers

- Practice and Coaching in Pairs
- Request Commitments



1. Game: Who is the Leader? — 10 minutes

1. Ask the women to sit in a circle. A volunteer leaves the room.
2. After the volunteer leaves, the group chooses a leader. The leader must perform a series of actions, such as clapping, tapping a foot, or snapping their fingers. Everyone in the group copies the action of the leader.
3. The volunteer returns and stands in the middle of the circle. It is the task of the volunteer to find the secret leader. The leader must change the actions without being caught. The group protects the leader by not looking at her.
4. Secretly, the leader of the group begins an action as she had done a few minutes ago. The others follow the leader doing the action with her. After a few seconds, she changes the action to something new. As soon as the others see, they should do repeat the same action that the leader is doing.
5. When the volunteer spots the leader, the volunteer joins the circle, and the person who was the leader leaves the room.
6. Repeat the game several times.

Ask the group, what can we learn about life from this game?

- Sometimes the person who is making decisions is hidden.
- Often when we meet with women in their homes, there are others in the family that lead or influence their decisions.
- We need to share messages with women, but also help them to pass these same messages to the leaders in their home.

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting — 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- The Promoter helps to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.
- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.

When CGVs Teach Their Neighbors

- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g., antenatal care), child services (e.g., illness), or for family planning.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Breaking Waters (Picture 5.1)—5 minutes

- Read the story in section 3 of the flipchart.

Maria Ngomo decided to have her birth at the health center. She makes a delivery plan and prepares her supplies. She sets aside a small amount of food and water for after delivery, and some clean clothing. She also talks with her neighbors about her plans. She is on her way to the market when a gush of water comes out of her. What is this? Is this a sign of labor?



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What happened to Maria Ngomo? What does it mean?
- ? Should she go to the health center or wait for another sign?
- ? What are the signs that you should leave for the health center for delivery?

Ask the first two questions to discover the women's beliefs about labor.

- The water is a sign that the bag which holds the child has broken. The woman must deliver within one day from this time. If she waits too long, she and her child will develop infection and risk death. She should leave immediately so she arrives at the health center on the same day.

Ask the last question to find out what signs of labor are already known by the women.

- When a woman's "water" breaks, it is often an early sign of labor beginning. Contractions often begin around this time and the baby begins to move down for delivery.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Progression of Labor (Picture 5.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 3.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

Labor and childbirth move through three phases.

The first stage of labor is when pains in the belly (contractions) are frequent, strong, and regular.

- Pains will start slowly.
- Pains will increase in number, strength, and length as time passes. These pains begin to open the bag that holds the infant.
- Clear water may come out of the vagina. The infant is inside a bag of liquid in the mother's belly. The bag may break, leaking out the clear liquid. It may break before the pains begins or any time during the pains.
- These are signs that birth is near. Go immediately to a health center or seek a skilled birth attendant.
- Birth companions can begin to support and comfort women and offer pain management options.

In the second stage of labor, pains will continue increase in number, strength, and length until the opening for the baby is full stretched. This stage ends with the birth of the baby.

- When the bag inside the vagina is open, take long, deep breaths.
- The health worker will tell you when it is time to start pushing.
- It may take from sun up to sun down for the bag to open completely.
- Pushing helps the infant's head to come out of the bag.
- Never push on the outside of the woman's body to make the infant come out.

- When the top of the head appears and stays in the opening, take quick, slow breaths. This helps the head come slowly.
- If the mother pushes hard and fast, the vagina may tear.
- The head usually comes out face down.
- The health worker guides the head so the shoulder comes out next. The infant's body will come quickly after the front shoulder.
- Birth companions should encourage adoption of a birth position of the individual woman's choice, including upright positions. Women in the pushing phase should be supported to follow their own urge to push.

The third and final stage of labor is the time from the birth of the baby until the feeding bag (placenta) is delivered.

- Wait to cut the baby's cord 1-3 minutes after birth, when the cord stops beating.
- Place the naked infant onto the mother's naked chest and let him breastfeed. Cover them with a warm blanket. The mother's body heat will warm and calm the infant.
- When the placenta cord lengthens, the mother pushes out the infant's feeding bag (placenta). Never pull on the cord. It may break inside.
- Birth companions continue to support, encourage, and provide comfort to women.

Additional Information for the Trainer

Progression of Labor

- First Stage of Labor
 - The active first stage of labor is the period of regular, painful uterine contractions and when the cervix thins and expands. Labor progression in the first stage can vary widely.
 - Birth partners can initiate labor care, support and comfort.
 - Pain management options should be offered according to the woman's preferences and available resources.
 - It is important to make sure the birthing area is equipped with all necessary supplies, clean and warm.
- Second Stage of Labor
 - The second stage of labor is the period of time between full cervix dilation and birth of the baby.
- Third State of Labor
 - The third stage includes delivery of the placenta.
 - The use of uterotonics (oxytocin if available) for the prevention of postpartum hemorrhage during the third stage of labor is recommended for all births.
 - Delayed umbilical cord clamping (not earlier than 1 minute after birth) is recommended for improved infant outcomes.


- In settings where skilled birth attendants are available, controlled cord traction is recommended for vaginal births if the provider and patient regard a small reduction in blood loss and duration of the third stage of labor as important.
- Babies should be immediately dried and placed directly on the mother's chest. All mothers should be encouraged to initiate breastfeeding within one hour of birth and to exclusively breastfeed through six months of age.
- Birth attendants and companions should continue to monitor for danger signs in mothers and babies.
- Some women, particularly those who have given birth before or have a history of fast labor, may progress quickly. Birth companions should be ready to support women through a short or lengthy labor.

Hygienic Care to Prevent Maternal Peripartum Infection

- Handwashing by birth companions and healthcare workers is essential to prevent infection.

Harmful practices

- Traditional practices that could harm the mother or baby should be discouraged. These may include: early bathing of baby, separation of mother and baby after birth, putting dung on the baby's cord stump, discarding colostrum (mother's first milk) or feeding baby water or other liquid.

	<h2>6. Share the Meaning of Each Picture: Skilled Birth Attendance (Picture 5.3) — 10 minutes</h2>
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- Ask the caregivers to describe what they see in picture 5.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

It is important to identify a skilled attendant during pregnancy prior to labor and to have a skilled attendant present at every birth.

Skilled birth attendants are trained health professionals such as a midwife, doctor, or nurse.


- They must have the skills needed to support healthy labor and delivery for mother and baby—including managing some complications and safely referring women for more care if needed.

Additional Information for the Trainer⁶

“A skilled attendant is an accredited health professional—such as a midwife, doctor, or nurse—who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period, and in the identification, management, and referral of complications in women and newborns.”

Skilled birth attendants (SBA) skills include the ability to communicate in a caring, respectful manner, plus the knowledge and technical skills to give appropriate, timely care—including managing certain complications, stabilizing women, and guaranteeing transfer to a facility capable of providing emergency obstetric care—to preserve the normal progress of labor and birth in the absence of complications.

The term “skilled attendant” does not include traditional birth attendants (TBAs), even if they have had training. However, “TBAs can become an important element in a country’s safe motherhood strategy and can serve as key partners for increasing the number of births at which a skilled attendant is present.”

	<h2>7. Share the Meaning of Each Picture: Creating a Birth Plan (Picture 5.4) — 10 minutes</h2>
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- Ask the caregivers to describe what they see in picture 5.4
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

Every pregnant woman and her family needs a birth preparedness plan.

All women are at risk of complications and most complications cannot be predicted.
A plan can reduce delays in problems do occur.

A plan includes:

- Provision for a skilled attendant
- Companion for birth

⁶ WHO/ICM/FIGO Joint Statement 2004, <https://www.globalhealthlearning.org/sites/default/files/page-files/skilledattendant.pdf>; this definition has been endorsed by UNFPA and the World Bank

- Appropriate setting for birth
- Items needed for birth
- Transportation and Financial Planning
- Funds for birth and emergency
- Decision-making in case of emergency
- Emergency blood donors

Additional Information for the Trainer

Every pregnant woman and her family should have a plan in place prior to birth or any emergency because all women are at risk of complications and most complications cannot be predicted (15% of pregnant women develop a life-threatening complication and most of those complications cannot be predicted).

Appropriate setting for birth—An appropriate setting for birth may be a primary health care or referral site, or it may be in a birthing center or home, as long as a skilled attendant is present.

Items needed for birth—Whether at home or in a facility, families may need to provide their own items of care. These may include: clean surface, unused razor blade or clean cutting instrument, soap, clean cord ties, placenta receptacle, clean cloths/perineal pads, beverages for hydration, blankets/towels for drying and covering the baby).

Transportation and Financial Planning—If there is not a functional referral system, the woman and her family will need to make arrangements for transportation to an appropriate place of birth, to a CHW, or to a referral facility in case of emergency.

Funds for birth and emergency—The woman and her family need to set aside the necessary funds for a normal birth and to cover a potential complication. Families may have access to emergency funds through the community or the health care facility.

Decision-making in case of emergency—Decide how decisions will be made when labor occurs or when a complication or an emergency arises.

Emergency blood donors—In many places blood banks are not in place. Thus, the family should identify an appropriate blood donor who will be available in case of emergency. This can be done by having blood from family members tested at a health facility that is able to determine blood “type” for a potential match. Death from a postpartum hemorrhage can take less than two hours from onset of bleeding.



8. Share the Meaning of Each Picture: Pain Management Strategy (Picture 5.5) – 10 minutes

- Ask the caregivers to describe what they see in picture 5.5
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 8.

? What do you think these pictures mean?

** the following is adapted from BETTER Pain Management techniques⁷.*

Bringing a child into the world is rewarding, but also hard work and challenging. Encouragement and pain relief helps to promote a fast delivery and healthy mother and baby.

- While skilled birth attendants may be focused on ensuring a safe delivery, birth companions can focus on encouraging mothers and making her comfortable through these steps:

Breathe deeply and rhythmically

- Helps control worry so a mother can save energy and focus on her baby.
- Coach mothers to breathe in and out slowly during early stages of labor and quickly during active labor when pushing is close.

Encourage mother with words

- Use a calm, strong voice to help mothers relax and remind her she is getting closer to seeing her baby.
- Praise and reassuring words help mothers know she is doing well, reduces her anxiety and fear.

Turn, change position, or walk

- Allowing mother to change positions or move as needed and desired can relieve pain.

Think about something positive

⁷ Manual of BETTER Pain Management Techniques. http://breakthroughactionandresearch.org/wp-content/uploads/2020/10/BR_RMC_BETTER_Pain_Mgmt_Manual.pdf

- Helping mothers think about her baby, her family, or a fond memory can reduce worry and help distract her from the pain.

Rub the mother's lower back

Strong, steady pressure on the mother's lower back relieves pain of contractions.



9. Activity: Pain Management Role Play — 30 minutes

Divide into pairs, with one partner acting as a mother in labor and the other partner practicing being a supportive birth companion using the five steps of pain management.

Facilitators, read each of the five prompts and descriptions one at a time and allow partners to practice role playing the technique for 2 minutes before switching roles.

Breathe deeply and rhythmically

- Practice breathing slowly during the early stages of labor. The birth companion can say, “Breathe in slowly with me as we count to four. Let your belly go out. 1, 2, 3, 4. Then breathe out slowly, again counting to four. 1, 2, 3, 4.”
- Practice breathing in and out quickly during the next stages of labor when a mother is getting closer to pushing the baby out. The birth companion can coach the mothers saying, “Breathe in and out quickly with just one count for each breathe.”

Encourage mother with words

- During the early stages of labor, the birth companion can reassure mothers that she is safe and doing well. Praise her for her hard work and encourage her in a calm voice to remain calm and keep breathing deeply and rhythmically.

Turn, change position, or walk

- During the early stages of labor, birth companions can encourage mothers to walk, turn to the side, rest on hands and knees, or other positions. To help the body relax, mothers can tighten one part of their body (e.g. arms, legs, fists) for 3-5 seconds and then fully relax that part of the body with a big breath.

Think about something positive

- Birth companions can talk with the mother about something that brings her joy. This could be a reminder of how sweet it will be to hold her new baby, memories of her family, or stories that make her smile.

Rub the mother's lower back

- During a contraction, birth companions can use the heel of the hand to press firmly against the lower back. After the contraction, rub her back slowly from shoulder to hips.

After the role plays, ask participants what it was like to give and to receive these techniques.



10. Discuss Barriers — 10 minutes

- ? What barriers exist for using a skilled birth attendant in childbirth?
- ? What makes it difficult to implement pain management techniques as a birth companion?
- ? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the CGVs to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



11. Practice and Coaching — 20 minutes


For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.

- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



12. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will talk with my birth companion or partner about the importance of a birth plan and we will make one together.
- I will identify a skilled attendant to be present at birth.
- I will practice the steps of pain management with my birth companion or partner—breathe, encourage, turn, think, and rub.

LESSON 6: RESPECTFUL MATERNITY CARE



Objectives

By the end of this lesson:

- Women and their birth companions will be able to define respectful maternity care and will understand its pervasiveness.
- Women and their birth companions will recognize respectful maternity care as a universal right of all women and as an important component of reducing maternal morbidity and mortality.
- Women and their birth partners will be able to identify types of behaviors during childbirth that constitutes mistreatment.
- Women and their birth partners will be aware of and be equipped to advocate for the rights of women receiving respectful maternity services, including the right to:
 - Information about her health.
 - Discuss her concerns in an environment in which she feels confident.
 - Know in advance the type of procedure that is going to be performed.
 - Give informed consent before the provider performs any procedure.
 - Decline any treatment or procedure offered.
 - Have a birth companion of her choice.
 - Respected privacy for procedures.
 - Determine how her health information is used and with whom it is shared.
 - Be made to feel as comfortable as possible when receiving care.
 - Express her views about the services she receives.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

- Game: Childbirth Memory
- Attendance and Troubleshooting
- Share the story (Naomi is fearful) and ask about current practices
- Share the meaning of each picture on flipchart sections 5-7: What is Respectful Maternity Care, Types of Mistreatment, Role of Birth Partner
- Activity: Birth Partner Response
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments

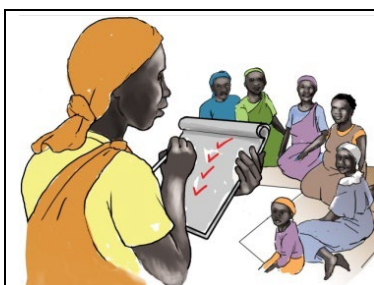


1. Game: Childbirth Memory — 10 minutes

This is a game of memory. The women in your group must remember everything that the other women in the group say and repeat it.

1. Ask the women to sit or stand in a circle with the facilitator.
2. The facilitator begins by saying, “I’m going to have a baby at the health center and I’m bringing (and adding something they will bring).”
3. There are no wrong answers in this game. The women can bring any item they want to bring. The important part is for the women to try to remember the other items listed by the other mothers. For example, “I’m going to have a baby at the health center and I’m bringing clean cloth.”
4. The woman to the facilitator’s right must repeat the phrase and add another item. For example, “I’m going to have a baby at the health center and I’m bringing clean cloth and some sugar cane.”
5. Continue with each woman in the circle adding a new item to the list.
6. If a woman forgets or says the items in the wrong order, she must leave the circle.
7. When there is only one woman in the circle the game is over.

Now that we are energized, let’s begin our lesson!



2. Attendance and Troubleshooting — 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household

members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).

- *The Promoter helps to solve the problems mentioned.*
- *The Promoter asks the CGVs to review the key practices from the last lesson.*
- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Naomi is Fearful (Picture 6.1)—5 minutes

- Read the story in section 3 of the flipchart.

Naomi is pregnant with her second child. Her mother asks if she will deliver at the health facility where she delivered. "I don't want to go back there," Naomi confided to her mother. "I went alone and was treated harshly. The nurse yelled that I was not progressing quickly enough and then left me to labor by myself for several hours. When she returned, she did not even ask me before she began using forceps during the delivery."



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What kinds of disrespect and abuse was Naomi experiencing at the health facility?
- ? Have you heard of disrespect or abuse happening during childbirth in your community?
- ? What rights should women have during childbirth?

Ask the first question to review the story.

- Naomi was left alone, was verbally abused, and was treated without her consent.

Ask the second and third questions to gauge how familiar participants are with mistreatment during childbirth and how they believe women should be treated in childbirth.

- Participants may share that women should be treated with kindness and respect, be informed about their health, give informed consent before any procedure, have privacy, and be made to feel as comfortable as possible.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: What is Respectful Maternity Care? (Picture 6.2) — 10 minutes

- Ask the caregivers to describe what they see in picture 6.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- ? What do you think these pictures mean?

All women have the right to respectful maternity care. Sadly, disrespect and abuse are very common in some places. Even if mistreatment is very common, it does not make it right.

Respectful maternity care means that the services and care given to women include:

- Treating her with dignity
- Offering her privacy
- Ensuring confidentiality
- Freedom from harm and mistreatment
- Giving her informed choice
- Providing her ongoing support during labor and childbirth

Respectful maternity care improves women's experience in labor and delivery and contributes to better outcomes for her and her baby.

Additional Information for the Trainer

Respectful maternity care (RMC) is increasingly recognized as a universal right of all women in accordance with a human rights-based approach to reducing maternal morbidity and mortality, improving women's experience of labor and childbirth, quality of care, and addressing health inequalities.

Prevalence of disrespect and abuse in some context is estimated between 15 and 98%, which affects the quality of the delivery and postnatal experience among mother.⁸



6. Share the Meaning of Each Picture: Types of Mistreatment (Picture 6.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 6.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Mistreatment in childbirth can consist of:

- Physical abuse

⁸ Here's a link to full article [Barriers to provision of respectful maternity care in Zambia: results from a qualitative study through the lens of behavioral science | BMC Pregnancy and Childbirth | Full Text \(biomedcentral.com\)](https://doi.org/10.1186/s12937-019-0050-0)

- Sexual abuse
- Verbal abuse
- Stigma and discrimination
- Lack of informed consent and confidentiality
- Neglect and abandonment
- Lack of supportive care
- Loss of autonomy
- Health system constraints
- Lack of privacy
- Lack of information on medical progress or procedures

Mistreatment, quality of clinical care, and use of services are closely interlinked—women who experience disrespect often also receive poor quality care and often choose not to return for other services.



7. Share the Meaning of Each Picture: Role of Birth Companions (Picture 6.4) — 10 minutes

- Ask the caregivers to describe what they see in picture 6.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

Birth companions can be aware of and advocate for the rights of women receiving respectful maternity services. Birth companions can stand up for women and encourage birth attendants and health care providers to make sure she has the right to:

- Information about her health.
- Discuss her concerns in an environment in which she feels confident.
- Know in advance the type of procedure that is going to be performed.
- Give informed consent before the provider performs any procedure.
- Decline any treatment or procedure offered.

- Have a birth companion of her choice.
- Respected privacy for procedures.
- Determine how her health information is used and with whom it is shared.
- Be made to feel as comfortable as possible when receiving care.
- Express her views about the services she receives.

Additional Information for the Trainer

“Safe motherhood must be expanded beyond the prevention of morbidity or mortality to encompass respect for women's basic human rights, including respect for women's autonomy, dignity, feelings, choices, and preferences.” -Safe Motherhood for All Position Statement, Respectful Maternity Care



8. Activity: Birth Partner Response – 30 minutes


I will through the list of categories of mistreatment that can occur in childbirth. When I share a category, raise your hand if you can share an example of what this might look like.

- Physical abuse: (slapping, beating, restrained during labor)
- Sexual abuse: (rape, sexual violence)
- Verbal abuse: (harsh language, threats, blaming)
- Stigma and discrimination: (based on specific patient attributes)
- Lack of informed consent and confidentiality: (conducting a procedure without permission, disclosure of HIV status without consent)
- Neglect and abandonment: (delivery without attendant)
- Lack of supportive care: (denied companionship by husband, friend, or relative)
- Loss of autonomy: (detention in health facility for failure to pay)
- Health system constraints: (lack of policies, bribery and extortion, staffing shortages, unsanitary supplies/environment)
- Lack of privacy: (labor and delivery in a shared room with no covering or curtain)

Now let's think of examples of how a birth companion could advocate for respectful care. What are examples of statements a birth companion could make to prevent or address mistreatment observed?

Examples participants could share might include:

- Ask the birth attendant to inform the mother how she is progressing in labor and what she can expect next.
- Request privacy during labor and delivery by creating a curtained area or moving to a more secluded area.
- Talk to the healthcare provider before childbirth about any concerns or preferences the mother may have and how she can best be comforted and supported.
- Ask health providers to share medical records and notes with the mother and only with those family members she selects.
- Ask mothers how they could be more comfortable and support her desires.




9. Discuss Barriers — 10 minutes

? In this community, what are the barriers to respectful maternity care?

? Is there anything that might prevent you from trying these new practices of advocating for respectful maternity care?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



10. Practice and Coaching — 20 minutes

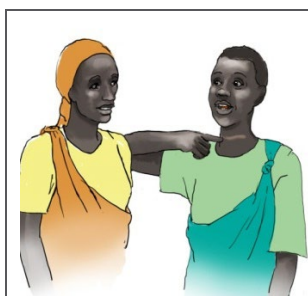
For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.

- *Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.*
- *After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.*
- *The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.*
- *When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.*

For Neighbor Groups

- *Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.*



11. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will discuss respectful maternity care with my birth companion or partner, including a list of examples of mistreatment to be alert for.
- I will talk with my birth companion about my wishes and desires for childbirth.

LESSON 7: MATERNAL POSTPARTUM CARE



Objectives

By the end of this lesson:

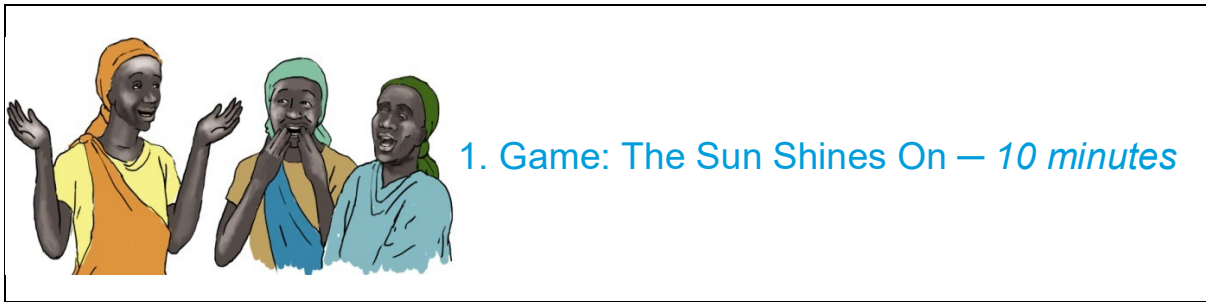
- Women and their birth companions will understand the importance of postpartum care (PPC). They will understand the common complications in the postpartum period and the severity of these complications. They will perceive positive consequences of postpartum care for mothers and their babies.
- Women and their birth companions will know the recommended number and frequency of postpartum care visits and will demonstrate perceived self-efficacy to reach these targets. They will have established cues for action to remember when to seek postpartum care contacts.
- Women and their birth companions will recognize the psychosocial vulnerability of women postpartum and the importance of assessing women for postpartum depression.
- Women and their birth companions will know the risks, signs, and symptoms of domestic abuse and who to contact for advice and management.
- Women and their birth companions will value psychosocial support for the mother-baby-family-relationships and will believe they have the knowledge, skills, abilities and confidence to support touching, handling, talking to, signing and bonding with baby and to support the mother in identifying and coping with social and emotional challenges.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

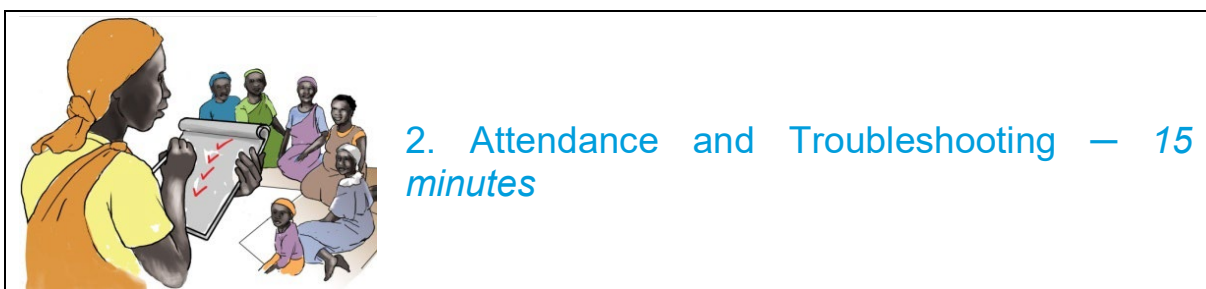
Lesson Summary

- Game: The Sun Shines On
- Attendance and Troubleshooting
- Share the story (Maria Ngomo Needs Help) and discuss current practices
- Share the meaning of each picture on flipchart sections 5-7: Importance of PPC, PPC Contacts, Psychosocial Support
- Activity:
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Ask the women to stand in a circle. The facilitator stands in the middle of the circle.
2. The facilitator shouts, “The sun shines on...” and names a color or piece of clothing that some of the women are wearing. For example, “The sun shines on everyone wearing red.”
3. All the women wearing red must change places with one another. The facilitator tries to take the place of someone who is moving. The facilitator cannot squeeze into the circle in a new position; he must replace the spot of a woman who has moved.
4. The person without a place to stand becomes the new facilitator and stands in the middle of the circle.
5. The new facilitator shouts “The sun shines on...” and names a different color or piece of clothing or characteristic.
6. Repeat the game so that many of the mothers have a chance to be in the middle of the circle.

Now that we are energized, let’s begin our lesson!



When Teaching CGVs

- *Promoter fills out attendance sheets for each CGV.*
- *Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).*
- *Promoter asks if any of the CGVs had problems meeting with their neighbors.*
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).

- *The Promoter helps to solve the problems mentioned.*
- *The Promoter asks the CGVs to review the key practices from the last lesson.*
- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Maria Ngomo Needs Help (Picture 7.1)—5 minutes

- Read the story in section 3 of the flipchart.

Maria Ngomo had a healthy, smooth childbirth experience delivering a daughter, 2 weeks ago. She and her husband are overjoyed with having their first child and are navigating the new schedule of sleep and feedings. One morning, Maria Ngomo notices she is having heavy vaginal bleeding. Everything went so well during childbirth. "What could be wrong now," she asked her husband, "and what should we do?"



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? Why did Maria Ngomo feel surprised to be bleeding 2 weeks after birth? Is it common to have complications postpartum (in the days and weeks after childbirth)?
- ? What could the bleeding mean? What should she do next?

Ask the first two questions to review the story and to explore how common participants perceive postpartum complications to be.


- Postpartum complications cannot be easily predicted. All women are at risk of complications. It is important to know the danger signs of when immediate attention is needed.

Ask the next two questions to assess understanding about danger signs.

- We hope participants will say that heavy bleeding is a sign of danger in the postpartum period and Maria Ngomo and her husband should immediately seek attention from a trained healthcare provider.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, "Let compare your ideas with the messages on the following pages."



5. Share the Meaning of Each Picture: Importance of Postpartum Care (PPC) (Picture 7.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 7.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- ? What do you think these pictures mean?

The postpartum period begins immediately after delivery and lasts six weeks.

The postpartum period is the most vulnerable, high-risk time in the life of mother and child. Globally most maternal and infant deaths occur during this time.

High-quality healthcare and a nurturing home environment are the most important steps to preventing the complications that make up the majority maternal deaths:

- Hemorrhage (bleeding before or after childbirth)
- High blood pressure disorders
- Infections
- Unsafe abortion



6. Share the Meaning of Each Picture: Timing and Frequency of PPC (Picture 7.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 7.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Postpartum (after childbirth) care is important for mothers within the first 24 hours of birth—whether after a home birth or a health facility birth.

At least three additional postpartum contacts are essential:

- On day 3 (48-72 hours after birth);
- Between days 7-14 after birth; and
- Six weeks after birth

Visits should be conducted by midwives, nurses, doctors, or other skilled providers or well-trained and supervised community health workers.

After childbirth, mothers need time to rest and health, nutritious food, good hygiene and postpartum care to recover from pregnancy and childbirth.

Additional Information for the Trainer

Postpartum care for the mother should include assessment of the abdomen, monitoring of vaginal bleeding, uterine contraction, fundal height, temperature, blood pressure, and heart rate. Screening should be completed for fistula and signs of infection. Postpartum visits are also an important time to discuss family planning and to assess for postpartum depression.



7. Share the Meaning of Each Picture: Psychosocial Support (Picture 7.4) — 10 minutes

- Ask the caregivers to describe what they see in picture 7.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

Deep sadness and feeling physically, mentally and emotionally “low”—postpartum depression—is very common in women after childbirth.

- Many factors contribute, including the natural changes that occur in a woman’s body and mind after birth as well as the high demands of this period, frequently without strong social support.

In the second week after birth, women’s mental wellbeing should be assessed by a trained provider who can make referrals as needed.

Providing mental and social support for mother-baby-family relationships is essential. Birth companions and families can support by:

- Encouraging touching, holding, talking to, and bonding with baby
- Support the mother in naming and coping with physical, emotional, and social challenges
- Observe women for any signs or risks of domestic abuse

Additional Information for the Trainer

At 10-14 days after birth, all women’s psychological well-being should be assessed for postpartum depression, and if symptoms persist, she should receive formal evaluation and treatment by trained personnel and provided with resources or referrals as needed. As many as 20% of mothers experience clinical depression after childbirth, often undetected.

Women should be observed for any risks, signs, and symptoms of domestic abuse and told whom to contact for advice and management.

Psychosocial support for mother-baby-family relationships is also critical during the postnatal period. Family can provide support in a number of manners:

- Encourage touching, handling, talking to, singing and bonding with baby.

- Support the mother in identifying and coping with social and emotional challenges (e.g., the increased workload a woman experiences when care of a new baby is added to her ongoing responsibilities, pressures from other family members, inability to rest, changes in mood, and challenges of caring for a low birth weight or preterm baby or one with other special considerations).
- Observe women for any risks, signs, and symptoms of domestic abuse and referred for additional support, advice, and management as needed.



8. Activity: Care after Delivery – 30 minutes

Explain: In many countries, including this one, many women die during pregnancy or just after delivery. Actions that we take to stay healthy can save lives. It can save your life.

? What time is the most dangerous for mothers? Is it during pregnancy? During delivery? Or after delivery?

- The majority of mothers die in the first seven days after delivery. This is the most important time for mothers to rest and recover and to be closely monitored by a trained health professional.
- It is important to be ready to identify danger signs and to have a plan ready to seek immediate attention.

? Which of these symptoms are signs of a life-threatening complication that requires immediate attention? Answers include:

- Sudden and heavy blood loss or increasingly greater blood loss
- Faintness or dizziness
- Fast racing heart
- Headaches along with vomiting, stomach pain/nausea, feeling faint, convulsions
- Fever or shivering
- Offensive vaginal discharge
- Leg pain on one side
- Redness or swelling of lower legs
- Shortness of breath
- Chest pain

Every one of these is a danger sign that requires immediate attention. These are signs that a woman may be experiencing one of the complications that quickly leads to death. Rapid response is essential.

? What are things that families can do to help women prepare for postpartum complications?

○ Some possible responses:

- Husbands can save a small amount of money (including transportation and money for medication) in case the mother shows danger signs.
- The community can organize a vehicle for emergency trips to the hospital or clinic.
- Husbands and older children can help with household work so the mother can rest and breastfeed the newborn.
- Those who help women after delivery must know the danger signs. They can watch mothers and help to get them to the health center if there are problems.
- Old women in the community can volunteer to do field work for women who have recently given birth.

Ask each mother:

? How can women help husbands and others in the community understand the importance of caring for the mother after delivery?

? How can you help other mothers who have just delivered?

Encourage the women to think of one thing they can do to raise awareness or help other women in the community after delivery.



? What makes it challenging for women to get the recommended postpartum care they need?

? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



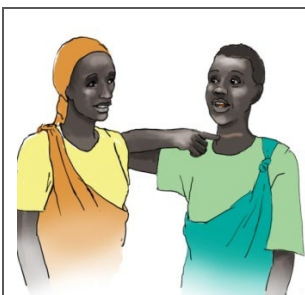
10. Practice and Coaching — 20 minutes

For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



11. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will make a plan with my partner on how to receive postpartum care by a trained professional immediately after birth, on day 3 after birth, during the second week, and six week after birth.
- I will discuss the postpartum danger signs with my family so that they can be aware of when risk is near and make fast action if needed.

LESSON 8: POSTPARTUM FAMILY PLANNING



Objectives

By the end of this lesson:

- Women and their birth companions understand that delaying and spacing pregnancies according to the Healthy Timing and Spacing of Pregnancy (HTSP) guidelines achieves the healthiest outcomes for women and children. They will be familiar with the benefits of HTSP, including:
 - Improved maternal health (reduced risk of anemia, premature rupture of membranes, pre-eclampsia, hemorrhage, abortion, miscarriage, and maternal death)
 - Improved newborn health (reduced risk that a subsequent pregnancy will result in premature birth or low birth weight, lowers the risk of perinatal or neonatal death, and enhances the likelihood of longer duration of breastfeeding)
 - Improved nutritional status (increased likelihood of healthy growth due to spacing of births approximately three years apart)
 - Reduces unintended pregnancy and abortion
- Women and their birth companions will be knowledgeable of the HTSP recommendations, including:
 - After a live birth, wait at least 24 months before attempting the next pregnancy
 - After a miscarriage or induced abortion, wait at least 6 months before attempting the next pregnancy
 - Women should try to delay their first pregnancy until at least age 18
- Women and their birth companions will be familiar with postpartum contraception options, including those appropriate immediately postpartum and after six weeks. They will have the knowledge, skills, abilities and confidence to utilize an appropriate contraceptive method according to HTSP recommendations and their fertility intentions and desired family size.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart
- Poster of contraception options by effectiveness and qualifications for use
- A variety of family planning methods to look at as a group (e.g. male/female condom, Depo-Provera shot, implant, progestin pills, IUD, etc.)

Lesson Summary

- Game: I Have Never
- Attendance and Troubleshooting
- Share the story (Mubaya is Tired) and ask about current practices

- Share the meaning of each picture on flipchart section 5-7: HTSP Overview, Healthy Timing and Spacing, Postpartum Contraception Options
- Activity: Exploring Family Planning Options
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Place enough mats for each woman to sit in a circle with no spaces between them.
2. Choose one volunteer. The volunteer stands in the middle. Her mat is removed from the circle.
3. The volunteer names one thing that she has never experienced. She should think of something that others in the group have experienced. For example: “I do not have a male child,” or “I have never been to the capital city.”
4. All of the women who HAVE a male child (or have been to the capital) must stand up and move to a new mat. At the same time, the volunteer tries to sit on one of the open spaces on the mats. One person will be left without a mat to sit on. That person now stands in the middle and names one thing that she has never experienced.
5. The objective of the game is to stay in your seat. If you must move, move quickly into an open seat so that you will not have to stand in the middle.
6. Continue to play until everyone has a chance to stand in the middle.

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting — 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- The Promoter helps to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.
- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.

When CGVs Teach Their Neighbors

- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Mubaya is Tired (Picture 8.1)—5 minutes

- Read the story in section 3 of the flipchart.

Mama Mubaya visits a young woman who just delivered her sixth child. When she arrives the woman is crying. “I am so tired. My body hurts and I don’t have any strength to care for my children. I cannot continue to have new babies every year. How can extend the time before my next pregnancy? The children come too soon!”



4. Ask about Current Practices – 10 minutes

- Read the questions in section 4 of the flipchart.

- ? Why is Mubaya crying? How would spacing her children benefit Mubaya?
- ? What would be a more ideal timing between children?
- ? What are family planning methods you are already familiar with?

Ask the first question to explore how having too many children or children too close together can be hard on mothers and families.

- When couples space their pregnancies, they have improved maternal health, improved newborn health, improved nutritional status, and reduced unintended pregnancy or abortion.

Ask the second question to hear about current perceptions of the optimal timing and spacing of pregnancies.

- Ideally, participants would share that it is best to wait at least 2 years after the birth of one child before attempting another pregnancy; to wait at least 6 months after a miscarriage or induced abortion before attempting another pregnancy; and to delay their first pregnancy until after age 18.

Discuss the final question to learn about what family planning methods are most commonly known or used in this community.

- Share with participants that while a trained health provider will best be able to provide the details of each family planning option, an overview of choices will be discussed today.

Encourage discussion. Don’t correct “wrong answers.” Let everyone give an opinion. This page is for discussion, not for teaching.

After the participants answer the last question, move to the next flipchart page by saying, “Let compare your ideas with the messages on the following pages.”



5. Share the Meaning of Each Picture: : HTSP Overview (Picture 8.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 8.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

Women can resume sexual intercourse when they feel comfortable, generally 4-6 weeks after giving birth.

The return of fertility—the ability to become pregnant again—is not always predictable and couples can become pregnant before a woman’s monthly bleeding begins.

Following the recommendations for Healthy Timing and Spacing of Pregnancy (HTSP) helps families delay and space their pregnancies to support a healthy mother, baby, and family.

Additional Information for the Trainer

HTSP is a set of recommendations to help women and families delay and space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, with the context of free and informed choice, taking into account fertility intentions and desired family size.

Multiple studies have shown that adverse maternal and perinatal outcomes are related to closely spaced pregnancies. Couples who space their children three to five years apart increase chances of survival for babies—lowering risk of fetal death, preterm birth, small-for-gestational-age baby, newborn death, stunted or low birth weight baby—and reduce risk of maternal death.



6. Share the Meaning of Each Picture: Healthy Timing and Spacing (Picture 8.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 8.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Healthy timing and spacing means:

- After a live birth, wait at least 24 months before attempting the next pregnancy.
- After a miscarriage or induced abortion, wait at least 6 months before attempting the next pregnancy.
- Women should try to delay their first pregnancy until at least age 18.

Families who practice healthy timing and spacing of pregnancies have direct benefits including:

- Improved health of the mother
- Improved health of the newborn
- Improved nutritional status
- Reduced unintended pregnancy and abortion

Families that do not time and space their pregnancies are at risk of more harm:

- Mothers and infants suffer from weak blood.
- Mothers are sick more often during pregnancy.
- Children have less to eat and do not grow well.
- Mothers and infants are more likely to die.

Additional Information for the Trainer

When couples practice HTSP, families experience direct health benefits:

- Improved maternal health (reduced risk of anemia, premature rupture of membranes, pre-eclampsia, hemorrhage, abortion, miscarriage, and maternal death).

- Improved newborn health (reduced risk that a subsequent pregnancy will result in premature birth or low birth weight, lowers the risk of perinatal or neonatal death, and enhances the likelihood of longer duration of breastfeeding).
- Improved nutritional status (increased likelihood of healthy growth due to spacing of births approximately three years apart).
- Reduces unintended pregnancy and abortion.



7. Share the Meaning of Each Picture: Postpartum Contraception Options (Picture 8.4) – 10 minutes

- Ask the caregivers to describe what they see in picture 8.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

Many safe contraceptive methods are available for the breastfeeding mother.

Immediately after birth, couples can use:

- Lactational Amenorrhea Method (LAM)*
- Condom
- Intrauterine Device
- Male vasectomy
- Female tubal ligation

**Note: Lactational Amenorrhea Method (LAM) requires that a woman be fully breastfeeding with no supplementation and amenorrheic and less than six months postpartum.*

After six weeks postpartum, mothers can use:

- Hormone injections (e.g., Depo-Provera)
- Hormone implants
- Progestin-only pills

Additional Information for the Trainer

Offer to make referrals for any women and her partner who may be interested in learning more about the best contraception option for their current status, desired family size, and preferences. A trained healthcare provider can offer guidance and administer commodities.



8. Activity: Exploring Family Planning Options – 30 minutes

Take time to circle around the poster of family planning options and pass around the physical examples of commodities you brought. Discuss them one by one and invite participants to discuss together the following questions:

- ?** Who is this method of contraception useful for?
- ?** What are some advantages of this method?
- ?** What are any limitations?

Then ask the following questions to the group:

- ?** Which of the methods are the most effective at preventing new pregnancy?
 - Implants and IUDs are the most effective reversible methods. Ninety nine out of 100 women are able to delay new pregnancy using these methods.
 - Surgery is very effective to prevent all future pregnancies.
 - LAM is very effective but only up to first six months and if all the criteria are met.
 - Birth control pills are also effective if taken every day.
- ?** Which methods require the least amount of time and attention?
 - Permanent methods require surgery and time afterwards to heal. After healing, pregnancy will not be possible.
 - Implants and IUDs do not require women to do anything after they are put in.
 - Injections require health facility visits every three months.
 - All other methods require daily attention, or attention before each sex act.
- ?** Which method do prefer and why?

Additional Information for the Trainer

The Lactation Amenorrhea Method new pregnancy for six months only if the following things are true:

- The woman's monthly bleeding has not returned
- The child is younger than six months
- The mother never gives water, beer porridge or other foods or liquids.
- The mother breastfeeds day and night whenever the child shows signs of hunger.

Birth Control Pills

- Special pills can be taken each day to prevent new pregnancy.
 - Microgyno30 is the name of one type of pill.
 - Take one pill each day.
 - When you skip a day or miss a pill, new pregnancy is possible.
 - To delay new pregnancy, use one package of pills each month.

Hormonal Injections

- A special injection prevents pregnancy for two months (8 weeks).
 - This injection is called Noristerat or NET-EN.
 - For two months, new pregnancy is not possible.
 - To delay new pregnancy, return every 8 weeks for a new injection.
 - Small tubes inserted under the skin prevent new pregnancy for five years.
 - The name of these tubes is Norplant.
 - When the tubes are removed, new pregnancy is possible.
 - To delay new pregnancy, return every five years for a new implant.

Intrauterine Device (IUD)

- This small device is put deep inside the body to prevent pregnancy for five to ten years.
 - The IUD can be removed by a health worker to allow new pregnancy at any time.
 - The IUD must be removed or replaced every five years.



9. Discuss Barriers —10 minutes

- ? What are the barriers to using a form of contraceptive after childbirth?
- ? What would make it easier?
- ? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



10. Practice and Coaching — 20 minutes


For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the

household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.

	<h2>11. Request Commitments — 10 minutes</h2>
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? Based on today's teachings, what commitment will you make?


Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will wait 24 months to attempt a pregnancy after the birth of a child.
- I will discuss family planning options with my partner to decide which method is the best for our needs and desires.

PART II: ESSENTIAL NEWBORN CARE

LESSON 1: POSTNATAL CARE FOR BABY



Objectives

By the end of this lesson:

- Women and their birth companions will understand the importance of postnatal care (PNC) for babies. They will understand the common neonatal complications in the postpartum period and the severity of these complications. They will perceive positive consequences of PNC for newborn survival.
- Women and their birth companions will know the recommended number and frequency of PNC visits and will demonstrate perceived self-efficacy to reach these targets. They will have established cues for action to remember when to seek PNC contacts.
- Women and their birth companions will perceive that PNC should be conducted by Qualified Maternal and Newborn Health Care Professionals, and will be ready to identify complications or concerns that require further support or referral.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

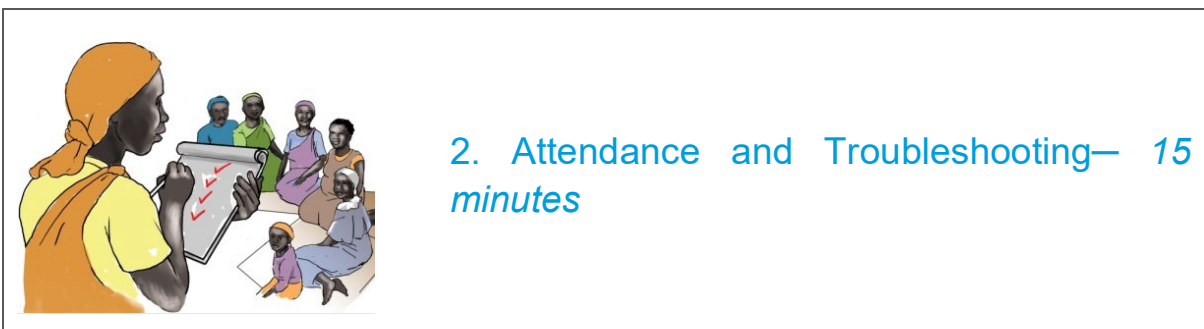
- Game: Taxi Ride
- Attendance and Troubleshooting
- Share the story (Watching Ancha) and ask about current practices
- Share the meaning of each picture on flipchart sections 5-7. Importance of PNC, Number and Timing of PNC, Male/Family Involvement
- Activity: Preventing Newborn Death
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Taxi Ride — 10 minutes

1. Divide the women into small groups with an equal number of women in each group. There should be at least three groups.
2. Each group should choose one taxi driver who "sits up front." The others pretend to climb in the back behind the driver. The "driver" moves around as if driving and the others in the car follow her.
3. The facilitator calls out a new number. The women must quickly make new taxis with that number of people inside the car. Some women may have to find a new car. Once a car is full with the number given by the facilitator, the driver must quickly drive away. Women who are not in a car with the correct number must leave the game.
4. The facilitator continues to call out new numbers. The women must quickly make new taxis with that number. Those who are not able to enter a taxi (or if a taxi does not have the correct number) must leave the game.
5. Continue until only one taxi is left.
6. Repeat the game as needed.

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting— 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding

contact with those that are sick unless they have Personal Protective Equipment (PPE).

- *The Promoter helps to solve the problems mentioned.*
- *The Promoter asks the CGVs to review the key practices from the last lesson.*
- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Watching Ancha (Picture 1.1)—5 minutes

- Read the story in section 3 of the flipchart.

Amina Nlwere gave birth to a girl a few days ago. She was named Ancha. The baby quickly latched on to her mother's breast and had several successful feedings, but now she seems uninterested and turns her head away when near her mother's chest. She sleeps most of the day and her face feels cool to Amina's touch. She is alone in her home and wishes she had someone to ask if Ancha is alright.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What signs in her baby Ancha caused worry for Amina?
- ? Do these signs mean something is wrong with Ancha?

Ask the first question to review the story.

- Amina was worried when her daughter wouldn't eat and when her body temperature felt cool.

As the second question to see if participants are aware of some of the newborn danger signs, including not feeding well and changes in body temperature.

- Both of these symptoms are signals that the baby could be at risk of serious complications and immediate help from a trained professional is needed.



5. Share the Meaning of Each Picture: Importance Postnatal Care (Picture 1.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- ? What do you think these pictures mean?

The postnatal period (from delivery through six weeks) is a critically important time for essential care of newborns.

The first month of life is when a newborn is at the highest risk of death.

- Tragically, 3 out of every 4 newborn deaths occur in the first week of life. Most all of these deaths are preventable.

Early newborn care in a newborn's first hour of life protects them when they are most at risk of life-threatening conditions.

- Five components of care for every baby in the first 90 minutes can save lives, whether birth is at home or in a health facility. We will discuss these five parts of early care in the next lesson:
 - Help baby breathe
 - Keep baby warm and dry

- Help baby feed
- Keep baby clean and protected
- Monitor and assess



6. Share the Meaning of Each Picture: Timing of Postnatal Care (Picture 1.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 1.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Babies should receive four postnatal care visits:

- within 24 hours
- at 48-72 hours
- between 7 and 14 days
- at 6 weeks

Care in the first day includes:

- full body assessment of the newborn
- preventive care, including eye and cord care, vitamin K, and vaccination
- birth registration with the proper authority

Care in the next visits includes:

- assessment for danger signs and referral as needed
- promotion of hygiene and health behaviors to protect mother and baby

Additional Information for the Trainer

Postnatal care should be conducted by Qualified Maternal and Newborn Health Care Professionals, which may include doctors, nurses, trained midwives, other skilled providers, or well-trained and supervised community health workers, according to their ability to provide quality care.


First day (24 hours):

- Within 90 minutes of birth, newborns should receive a full clinical examination and provide preventive care (including weight, danger signs assessment, eye and cord care, vitamin K prophylaxis, hepatitis B vaccination). This can often be provided while the baby is skin-to-skin with the mother.
- For uncomplicated vaginal births in a health facility, healthy mothers and newborns should receive care and monitoring in the facility for at least 24 hours after birth, and longer for C-section or complicated deliveries.
- Discharge after 24 hours is warranted after another maternal and neonatal examination if a mother's bleeding is controlled, no signs of infection are present, and baby is breathing and breastfeeding well. Mothers and birth companions should be educated on proper newborn care and danger signs to ensure a smooth transition home.
- For home births, the first postnatal contact should be as early as possible within 24 hours of birth and contact extended throughout 24-48 hours if possible. For newborns born at home in areas with high neonatal mortality, chlorhexidine application daily to the umbilical cord stump during the first week of life is recommended. Mother should take the baby to a health facility for birth registration, first immunizations (bCG, polio, and hepatitis B), and vitamin K administration during the first few days.

Day 3, Week 2, and Week 6:

- Additional postnatal follow-up visits should occur at day 3 (48-72 hours after birth), week 2 (7-14 days after birth), and at 6 weeks.
- At each visit, mothers and newborns should be assessed for key clinical signs of severe illness and referred as needed.
- Continued health education should be offered, including promotion of hygienic care of the newborn at home, exclusive breastfeeding support and counseling, thermal care, screening for maternal depression, family planning, and recognizing and responding to danger signs.

Additional postnatal contacts or referrals may be needed to address complications or concerns or to provide further support in home-based newborn care.

	<h2>7. Share the Meaning of Each Picture: Male and Family Involvement (Picture 1.4) – 10 minutes</h2>
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- Ask the caregivers to describe what they see in picture 1.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

Male partners and other family members play an important role in postnatal care.

One important part of postnatal care that fathers can contribute to is the nurturing care of newborns.

- Being a responsive caregiver and supporting early bonding, attachment, and learning have life-long impacts on a child's ability to learn, earn, and thrive.

Male partners and families can support nurturing care to newborns in the postnatal period including:

- Immediate support to initiate and establish breastfeeding, with early and uninterrupted skin-to-skin contact for bonding, breastfeeding, and to keep baby warm.
- Responsive newborn care, helping mothers recognize their baby cues for feeding, promote closeness and comfort and respond accordingly to these cues with a variety of options.
- Early learning through smiling, touching, talking, singing, storytelling, communication, stimulation, love and affection.
- Prevention of child maltreatment or abusive parenting.
- Care and protection of the mother's own physical and mental well-being, such as encouraging mother to get extra rest and have sufficient, nutrient-rich foods and supporting her personal and household hygiene including handwashing.

Additional Information for the Trainer

The most formative early childhood experience of newborns comes through nurturing care. Domains of nurturing care—what an infant's brain expects and depends on for development—consist of good health, adequate nutrition, responsive caregiving (e.g., early bonding, secure attachment, trust, and emotionally supportive communication), security and safety, and opportunities for early learning.

Nurturing care has a life-long impact on an individual's ability to learn, earn, and thrive. The "first 1,000" days is the especially critical period of brain development from conception to the end of the second year of life—and the postnatal period is an ideal window of supporting families in establishing behaviors and an environment that foster optimal brain development early in a child's life.



8. Activity: Role Play: Preventing Newborn Death – 30 minutes

- The first 28 days of an infant's life is the time when he is most vulnerable to germs, sickness, and death. Most of these newborn deaths happen on the first day of life. Let's look at the reasons that newborns die.

Ask 10 women to stand up. These 10 women represent 10 newborns that die in the first month of life.

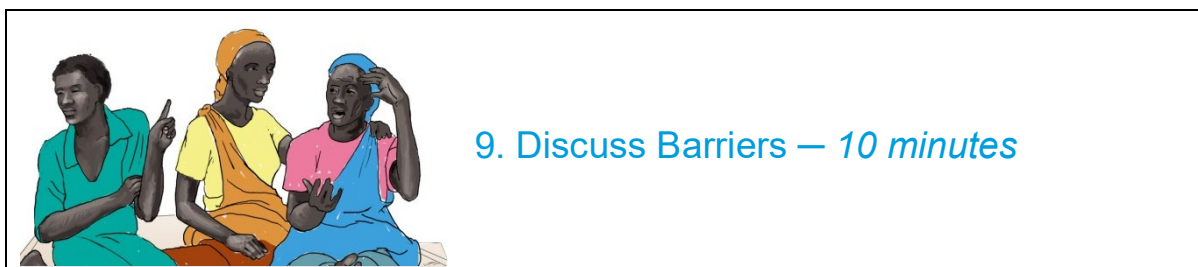
- Ask three of the 10 women to stand together. These three women represent newborns that die because they were born too small or too early.
- Ask two of the remaining 7 women to stand together. These two women represent newborns that die because the delivery was very hard and the infants were not able to breathe well during or after delivery.
- Ask two of the remaining 5 women to stand together. These women present newborns that die because of infections (germs that have gotten inside their bodies).
- The last three women represent newborns that die from many other causes.

? Are you surprised by the reasons that infants die? Why or why not?

Spend the next five minutes encouraging the women to discuss practices to prevent the three main causes of newborn death.

- Add any of the following practices that were not mentioned.
 - To prevent infants born too small or too early.
 - Eat well during pregnancy
 - Visit the antenatal clinic to monitor the size of the infant.
 - Take iron pills every day during pregnancy.
 - Sleep under a mosquito net (to prevent weak blood).
 - Add a sprinkle of iodized salt to family foods.
 - Eat a variety of foods – one from each food group.
 - To prevent infants not being able to breathe.
 - Visit the health center eight times before birth so they can monitor the growth and position of the infant. If the infant is turned, labor may be too long causing him to suffer.

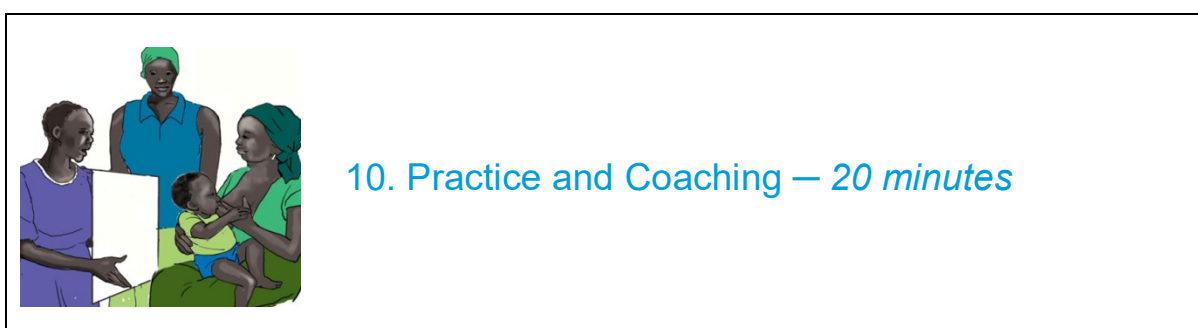
- Deliver at a health center so health workers can use medicine and equipment to hurry the delivery.
- To prevent newborn infections.
 - Wash your hands before handling a newborn and after cleaning up feces.
 - Keep the umbilical cord clean and dry.
 - Deliver at the health center where health workers can treat infections.



- ? What makes it difficult for families to get the postnatal care needed for their newborn?
- ? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.




For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.

- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.

	<h2>11. Request Commitments – 10 minutes</h2>
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? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I commit to seeking postnatal care for my newborn immediately after childbirth, between day 2-3 after childbirth, between day 7-14, and at six weeks.
- I will discuss with my family the additional mental and emotional burden women have after pregnancy and childbirth and request additional support as needed.
- As a birth companion I will take an active role in being a responsive, nurturing caregiver to help our baby grow and develop well.

LESSON 2: ESSENTIAL NEWBORN CARE PRACTICES



Objectives

By the end of this lesson:

- Women and their birth companions will recognize the importance of essential newborn care and will be familiar with its five key elements:
 - Help baby breathe
 - Keep baby warm and dry
 - Help baby feed
 - Keep baby clean and protected
 - Monitor and assess
- Women and their birth companions will understand the critical role of men and the family in essential newborn care, including:
 - Supporting nurturing care of newborns (good health, adequate nutrition, responsive caregiving, security and safety, and early learning)
 - Promoting early and exclusive breastfeeding, skin-to-skin contact and bonding
 - Early learning through smiling, touching, talking, singing, storytelling, communication, stimulation, love and affection
 - Prevention of child maltreatment or abusive parenting
 - Care and protection of the mother's own physical and mental well-being, such as encouraging mother to get extra rest and have sufficient, nutrient-rich foods and supporting her personal and household hygiene including handwashing

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

- Game: Move to the Spot
- Attendance and Troubleshooting
- Share the story (Halima Gives Birth to Kioni) and ask about current practices
- Share the meaning of each picture on flipchart sections 5-8: Help Baby Breathe, Keep Baby Warm and Dry, Help Baby Feed, Keep Baby Clean and Protected
- Activity: Local Customs
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Move to the Spot — 10 minutes

1. Ask everyone to choose a particular spot in the room. They will start the game by standing on their 'spot'.
2. Remind participants that they should leave plenty of space and be careful not to touch as they are playing the game.
3. Instruct people to walk around the room and carry one particular action, for example, hopping, or saying hello to everyone wearing blue, or walking backwards, etc.
4. When the Promoter says "Stop", everyone must run to his or her original spot. The person who reaches their place first is the next leader and can instruct the group to do what they wish.

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting — 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- The Promoter helps to solve the problems mentioned.
- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.

- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.

When CGVs Teach Their Neighbors

- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Halima Gives Birth to Kioni (Picture 2.1)—5 minutes

- Read the story in section 3 of the flipchart.

Halima has just given birth at a health facility to her daughter Kioni. Her midwife takes quick action to dry the baby at birth, wrap the baby well and place her on Halima's chest, and encourage Halima to start breastfeeding right away. She washes her hands before touching Kioni and waits to clamp the umbilical cord for 3 minutes. Halima is so grateful for a birth attendant who is providing the essential newborn care her daughter needs.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What were some of the newborn care steps the midwife immediately took?
- ? Why are these steps important for the wellbeing of the newborn?

Ask the first question to review the story.

- The midwife acted to dry the baby, keep the baby warm, help the baby feed, and keep the baby safe from infection.

Ask the second question to gauge understanding about the importance and impact of essential newborn care.

- Participants may share that these steps keep a newborn safe from life-threatening complications including not breathing well, hypothermia (too cold of body temperature), malnutrition, anemia, and infection.



5. Share the Meaning of Each Picture: Help Baby Breathe (Picture 2.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 2.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

At birth, all babies need thorough drying. Drying is often enough to stimulate a healthy baby to breathe.

Crying means a baby is breathing well and other newborn care actions can begin.

A baby who does not cry or is not breathing well need immediate help to breathe the first minute after birth.

- This is sometimes called the “Golden Minute.” Steps may include skin-to-skin care with the mother, clearing the airway, and bag and mask resuscitation.

Additional Information for the Trainer

Within the first seconds of birth, attendants should start drying baby by wiping eyes, face, head, trunk, back, arms, and legs—and checking breathing while drying.

Most babies do not need nasal suctioning.



6. Share the Meaning of Each Picture: Keep Baby Warm and Dry (Picture 2.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 2.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Keeping babies warm is a crucial part of essential newborn care and is necessary for newborn survival.

Newborns are at risk of harm from low body temperature and cannot keep themselves warm, especially in the “Golden Hour” after birth.

These actions can keep newborns warm and dry:

- Dry baby immediately after birth
- Keep baby skin-to-skin on the mother’s chest
- Cover baby with a blanket and hat
- Delay bathing baby until after 24 hours

Additional Information for the Trainer

The risk of hypothermia is high for newborns due to their limited ability to generate and conserve heat and from the change into a cooler environment with wet skin, making them vulnerable to evaporative heat loss. Thermal stress is especially important during the first “golden hour” of birth. Very small babies and those who are born preterm have an added risk.

In order to maintain a thermal “warm chain” for newborns, the following actions should be taken:

- At birth: Immediate drying, promptly placing the baby skin-to-skin on the mother’s chest, covering with a dry blanket and a hat, and putting the baby to the breast. This also facilitates immediate breastfeeding. Any time it is necessary that the baby be exposed, it should be under a radiant heat lamp.
- Within 90 minutes after birth: Weigh and take the temperature of newborns to identify those at increased risk (temperature outside 36.5°C-38°C or weighing <2500g) who may need additional thermal care. Newborns without complications should extend time spent skin-to-skin with their mothers to continue to prevent hypothermia and promote breastfeeding. Bathing should be delayed until 24 hours after birth. Mother and baby should not be separated. After bathing, appropriate clothing is recommended

(generally one to two layers more than adults), including a baby hat. Twenty five percent of an infant's heat loss comes from the head. Cover the infant's head with a hat or cloth to keep them warm for the first three weeks of life. This prevents the risk of death from the infant's body becoming too cold (hypothermia).



7. Share the Meaning of Each Picture: Help Baby Feed (Picture 2.4) – 10 minutes

- Ask the caregivers to describe what they see in picture 2.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

Newborns should be placed skin-to-skin with their mother and start breastfeeding right away (within one hour of birth). This step can save many newborns lives.

The golden “first milk”—colostrum should be given to baby, not thrown away. It is rich in nutrients and can protect babies against sickness.

Mother should wash their hands before breastfeeding or caring for baby.

Baby should be breastfed for as long and as often as they want.

- During the first days, baby can be fed every hour or several time in one hours, especially during the evening and night time.

Be alert for baby's hunger signs:

- She is awake and seeks breast, her head is back slightly, opens mouth widely, tongue is down and forward, and she may lick or “root” for nipple.

Exclusive breastfeeding (no food or other liquids) is best through six months of age, followed by continued breastfeeding with complementary food through two years.

Additional Information for the Trainer

Exclusive breastfeeding protects children against common deadly illnesses, supports brain development, reduces post-childbirth bleeding for mothers, promotes mother-baby bonding, is cost-effective, and provides contraceptive protection.

Breastfeeding often is not easy, especially for the first time mother. She should receive practical support to initiate and establish breastfeeding. It will help her to manage common breastfeeding difficulties after delivery.

The breastfeeding priority for ENC is early initiation. Immediate breastfeeding means placing newborns skin-to-skin with their mothers immediately after birth, and supporting mothers to initiate breastfeeding within the baby's first hour of life. Breastfeed on demand night and day.

Baby should be breastfed without interruption. Babies usually get themselves to the mother's breast and begin nursing without any assistance.

Immediate breastfeeding benefits:

- A 20% reduction in risk of neonatal mortality can be achieved when breastfeeding is initiated within one hour of birth.
- Immediate breastfeeding protects vulnerable newborns through the extra-rich nutrients and antibodies delivered through the first milk, colostrum. It also enhances mother-child bonding and success of long-term breastfeeding.
- Immediate breastfeeding also decreases maternal postpartum bleeding, reducing the risk of hemorrhage.

The introduction of food or other liquids can permanently alter healthful bacteria in the baby's intestinal lining and can lead to life-threatening pathogens by exposing vulnerable newborns to contaminated substances. Babies should breastfeed on demand—that is, as often as the child wants, day or night—without the use of bottles or pacifiers.

Exclusive breastfeeding benefits are vast:

- Breast milk promotes sensory and cognitive development, and acts as a potent immunity protection against infectious and chronic diseases, including the most common and deadly childhood illnesses of diarrhea and pneumonia.
- Breastmilk is easily digested, is efficiently used by baby's body, protects babies against several infections and allergies. Breast milk provides the good bacteria in a baby's gut with food and starves dangerous bacteria and prevents them from growing, helping establish a healthy microbiome for life.
- Breastfeeding has beneficial functions for maternal outcomes at birth by reducing postpartum bleeding and promoting delivery of the placenta, and can help spare children in the future and reduce the risk of ovarian and breast cancers.
- Breastfeeding is cost-effective, promotes mother-baby bonding, and provides contraceptive protection until menses returns or until six months if full breastfeeding (no other liquid or solid given to infant)

Birth attendants and birth companions can support early initiation and exclusive breastfeeding. While breastfeeding is natural, it is also learned and can be challenging. Birth attendants, birth companions, and family members can provide mothers adequate support to initiate and sustain breastfeeding amidst challenges and seek outside help when needed.



8. Share the Meaning of Each Picture: Keep Baby Clean and Protected (Picture 2.5) – 10 minutes

- Ask the caregivers to describe what they see in picture 2.5.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 8.

? What do you think these pictures mean?

Practicing good hygiene during and after birth protects newborns against infections that can quickly lead to death.

These steps keep baby clean and protected:

- Wash hands well before touching the newborn
- Attendant put on sterile gloves before cord care
- Ensure disinfected and sterilized childbirth equipment
- Delay clamping of umbilical cord 1-3 minutes after birth
- Provide babies with preventive eye care, Vitamin K dose, and routine immunizations per local country guidelines

Additional Information for the Trainer

Hygienic care during and after birth protect against sepsis and infections that lead to neonatal death. Protective actions prevent against life-threatening conditions.

Delayed cord clamping prevents life-threatening anemia. Delay clamping of umbilical cord 1-3 minutes after birth while simultaneously initiating ENC. This allows continued passage of blood from placenta to infant, thereby increasing neonatal iron stores and preventing neonatal anemia and sepsis. Cut the umbilical cord with a clean blade. Maintain a clean and dry cord area, and do not put anything on the cord stump (except chlorhexidine antiseptic depending on the context-specific guidelines).



9. Activity: Local Customs – 30 minutes

Many communities have traditions that are passed down from generation to generation. This includes childbirth and postpartum practices that young people learn from watching their elders. Some traditional practices may go against the recommendations that protect mothers and newborns from life-threatening complications.

Examples of harmful traditional practices include:

- Applying oil, ash, or cow dung to a newborn's umbilical stump
- Discarding a mother's "first milk" (colostrum)
- Separating a baby from the mother after childbirth
- Conducting a ritual bathing of the newborn after childbirth

Let's take some time together to discuss traditional practices in this area that may be contrary to the essential newborn actions we discussed today. How could we maintain important customs while replacing the harmful ones with best practices that protect a mother's and baby's life?



10. Discuss Barriers – 15 minutes

- ? What are some of the barriers that might exist for adopting these essential newborn actions?
- ? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



11. Practice and Coaching — 20 minutes

For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



12. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will keep my newborn baby dry and warm by maintaining skin-to-skin contact when possible and covering her with a blanket and hat.

- I will discuss local birthing and newborn customs with my partner to decide what practices we should replace with essential newborn actions that can save lives.
- I will breastfeed my baby within an hour of birth and will exclusively breastfeed without other food or liquid until six months of age.

LESSON 3: NEWBORN DANGER SIGNS



Objectives

By the end of this lesson:

- Women and their birth companions will have the knowledge and efficacy to recognize newborn danger signs:
 - Difficulty feeding or sucking
 - Convulsions
 - Fast breathing (breathing rate of ≥ 60 per minute) or gasping
 - Severe chest in-drawing
 - No spontaneous movement
 - Fever (temperature $\geq 38^{\circ}\text{C}$)
 - Low body temperature (temperature $< 35.5^{\circ}\text{C}$)
 - Jaundice in the first 24 hours of life
 - Yellow palms or soles of feet at any age
- Women and their birth companions will understand the severity of newborn danger signs and will possess the skills and self-efficacy to be alert for these danger signs and make appropriate referrals to a community health worker or health facility.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

- Game: The Birth Companion Says
- Attendance and Troubleshooting
- Share the story (Mvuyekure has Trouble Breathing) and ask about current practices
- Share the meaning of each picture on flipchart sections 5-6: Danger Signs, More Danger Signs
- Activity: Danger Signs Song
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. The Birth Partner Says — 10 minutes

1. The object of this game is to do what “the Birth Companion” says. The women should only do the activity if the facilitator begins the sentence with “The Birth Companion says...” For example, “the Birth Companion says stand on one foot.” The Birth Companion says, “touch your head.” The Birth Companion says, “turn around in a circle.” Everyone else should follow their instructions.
2. If the facilitator asks you to do something without starting with “The Birth Companion says...” such as “Now jump up once” or “Clap three times” and you follow that command, you must step out of the game.
3. Begin the game, with the facilitator giving a mix of commands—some that begin with “the birth companion says...” and some that do not.
4. Continue giving new commands until only one person remains.
5. Repeat the game several times.

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting — 15 minutes

When Teaching CGVs

- *Promoter fills out attendance sheets for each CGV.*
- *Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).*
- *Promoter asks if any of the CGVs had problems meeting with their neighbors.*
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding contact with those that are sick unless they have Personal Protective Equipment (PPE).
- *The Promoter helps to solve the problems mentioned.*

- The Promoter asks the CGVs to review the key practices from the last lesson.
- The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.
- Promoter thanks all of the CGVs for their hard work and encourages them to continue.
- Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.


When CGVs Teach Their Neighbors

- CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.
- CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.
- The CGV asks the neighbor mothers to review the key practices from the last lesson.
- CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.

3. Story: Mvuyekure has Trouble Breathing (Picture 3.1)—5 minutes

- Read the story in section 3 of the flipchart.

Mvuyekure is six weeks old. Today his mother notices he is having trouble breathing. His chest moves up and down but he doesn't seem to be getting enough air. His mother decides to wait until the afternoon before deciding if he should go to a health center. Maybe he will get better.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? What signs does Mvuyekure show?
- ? Why does his mother decide to wait to take him to a clinic?

? What could this mean for Mvuyekure?

Ask the first question to review the story.

- Mvuyekure is having difficulty breathing and getting enough air.

Ask the second question to explore why caregivers may delay seeking medical attention.

- Participants may share that the mother does not think Mvuyekure's trouble breathing is serious enough to warrant medical attention. She may have barriers to seeking care such as transportation, finances, or lack of a plan in place.



5. Share the Meaning of Each Picture: Danger Signs (Picture 3.2) – 5 minutes

- Ask the caregivers to describe what they see in picture 3.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

? What do you think these pictures mean?

If you see a child with any of these signs, take the child to the clinic or to a trained health professional immediately.

- Difficulty feeding or sucking
- Convulsions (tremors or shaking)
- Fast breathing or gasping
- Severe chest in-drawing (when the child breathes in, the lower chest moves deeply inward)
- No spontaneous movement

Do not delay! If you wait, it may be too late. Many newborns die quickly from these complications.

Additional Information for the Trainer

Fast breathing may be hard to determine without training. A breathing rate of ≥ 60 per minute is too fast for newborns. If a caregiver has a way to measure time, he or she can count the number of times the chest rises in one minute. If this is not possible, a mother's instinct can

often recognize her baby breathing faster than normal, which is enough to alert her that the child needs help.



6. Share the Meaning of Each Picture: More Danger Signs (Picture 3.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 3.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Go immediately to the health facility if the newborn has any of these danger signs.

- Too hot (fever)
- Too cold
- Yellow colored skin or eyes in the first 24 hours of life
- Yellow palms or soles of feet at any age

Additional Information for the Trainer

Fever (temperature $\geq 38^{\circ}\text{C}$)

Low body temperature (temperature $< 35.5^{\circ}\text{C}$)

Yellow colored skin or eyes is caused by the buildup of bilirubin in the blood, which may occur if the liver cannot efficiently process red blood cells as they break down. In healthy newborns, it generally resolves on its own. Some newborns may require light therapy. In some children, it may signal infection or liver disease.



7. Activity: Danger Signs Song — 30 minutes

Review the list of newborn danger signs:

- Difficulty feeding
- Tremors or shaking
- Fast or difficult breathing
- Severe chest in-drawing
- No spontaneous movement
- Too hot or too cold
- Yellow colored skin or eyes

Invite the group to make up a song to help them remember the newborn signs. They may wish to take a familiar song and change the words to include the danger signs. Hand motions may help them remember the words they develop.

Ask the group to recite the song together once they have developed it. Celebrate and praise the group and encourage them to review this song in future meetings so that the danger signs can come quickly to mind.



8. Discuss Barriers — 10 minutes

- ? Is there anything that might prevent you from trying these new practices?
- ? What makes it challenging to know and address newborn danger signs?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



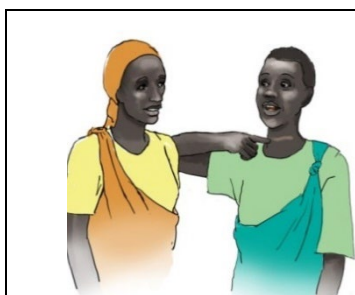
9. Practice and Coaching — 20 minutes

For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.



10. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?


Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will teach the danger signs to my family members.
- I will go immediately to the health facility if I see a danger sign in my newborn.
- I commit to talking with my husband (or wife) about saving money with me for an emergency fund.

For Neighbor Groups

- *Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them to share with another person what new things they will do in their home or neighborhood based on this new teaching.*

	<h2>12. Request Commitments — 10 minutes</h2>
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? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will keep my newborn baby dry and warm by maintaining skin-to-skin contact when possible and covering her with a blanket and hat.
- I will discuss local birthing and newborn customs with my partner to decide what practices we should replace with essential newborn actions that can save lives.
- I will breastfeed my baby within an hour of birth and will exclusively breastfeed without other food or liquid until six months of age.

LESSON 4: CARE FOR THE SMALL AND SICK NEWBORN



Objectives

By the end of this lesson:

- Women and their birth companions will understand the classification of newborns who are born too soon (< 37 weeks' gestation) or too small (weighing less than 2500g at birth) or sick newborns (with any medical or surgical condition who needs to be assessed for suspected infection, danger signs or injuries and receive care at the health facility) that require extra attention with optimal care and development to survive.
- Women and their birth companions will have understand the essential care of low birth weight and sick babies, such as additional postnatal care visits, nutritional support including assisted feeding, family centered care, and skin-to-skin care.
- Women and their birth companions will understand the danger signs and additional needs of small and sick newborns and will have the knowledge, skills, and confidence to seek appropriate support if these conditions arise.

Materials

- Attendance Registers
- Care Group Volunteer Flipchart

Lesson Summary

- Game: Memory
- Attendance and Troubleshooting
- Share the story (Ngozi's Baby is Small) and ask about current practices
- Share the meaning of each picture on flipchart sections 5-7. Recognizing the Small or Sick Newborn, Essential Care for Small and Sick Newborns, Danger Signs and Additional Needs
- Activity: Seeking Local Care
- Discuss Barriers
- Practice and Coaching in Pairs
- Request Commitments



1. Game: Memory – 10 minutes

1. Ask the women to stand in a circle.
2. The facilitator begins by giving an action and naming a body part. Such as “Push your nose” while pushing the tip of her nose.
3. The next woman in the circle, repeats the action and words said by the facilitator and adds another action. For example, “Push on your nose, pull on your ear.”
4. Each woman in the circle repeats the action and description done by the women before her, and then adds a new action.
5. Continue until one of the women forgets the actions.
6. (Optional) Now repeat the game, this time, the statement that is said should not match the action.
7. For example, the facilitator says, “Push on your nose,” while pulling on her ear, “stand on one foot” while squatting. Continue going around the circle with each woman saying and doing the actions and words said by the women before her, and then adding a new one.
8. If someone forgets or does the wrong thing, they should sit down.
9. The last woman standing is the winner.

Now that we are energized, let's begin our lesson!



2. Attendance and Troubleshooting – 15 minutes

When Teaching CGVs

- Promoter fills out attendance sheets for each CGV.
- Promoter fills out vital events mentioned by each CGV (new births, new pregnancies).
- Promoter asks if any of the CGVs had problems meeting with their neighbors.
 - Reinforce that CGVs need to protect themselves from the disease when making home visits by keeping 1 or 2 meters between them and household members, washing their hands with soap after each household and avoiding

contact with those that are sick unless they have Personal Protective Equipment (PPE).

- *The Promoter helps to solve the problems mentioned.*
- *The Promoter asks the CGVs to review the key practices from the last lesson.*
- *The Promoter asks the CGVs about their commitments from the last meeting and follows up with those that had difficulty promoting the new practices.*
- *Promoter thanks all of the CGVs for their hard work and encourages them to continue.*
- *Promoter asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When CGVs Teach Their Neighbors

- *CGVs will fill out attendance sheets for neighbor women during their neighbor group meeting and will mark any neighbor they visit on their register.*
- *CGVs will ask about new births and new pregnancies. CGVs will make referral to the local health facility as needed for maternal services (e.g. antenatal care), child services (e.g. illness), or for family planning.*
- *The CGV asks the neighbor mothers to review the key practices from the last lesson.*
- *CGVs will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*

3. Story: Ngozi's Baby is Small (Picture 4.1)—5 minutes

- Read the story in section 3 of the flipchart.

Ngozi had a home birth three days ago, delivering a son. During her antenatal care at the clinic, the midwife told her the baby was not full-term and due to arrive for another 6 weeks. Her son came early and is very small. He appears so much more weak than her previous babies. She has heard that babies born too soon or too small or who are born sick require extra care to survive. She asks her husband to call the Community Health Worker for advice.



4. Ask about Current Practices — 10 minutes

- Read the questions in section 4 of the flipchart.

- ? Why does Ngozi feel worried about her newborn?
- ? Why would a small baby need extra care and support?

Ask the first question to review the story.

- Ngozi is worried about her son because he arrived early, is small in size, and appears weak.

Ask the second question to explore why newborns born too early or too small may be at risk of disability and proper development.

- Small and sick newborns need additional assessment for danger signs and may need extra attention from a qualified health professional to ensure they survive and thrive.



5. Share the Meaning of Each Picture: Recognizing the Small or Sick Newborn (Picture 4.2) – 10 minutes

- Ask the caregivers to describe what they see in picture 4.2.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 5.

- ? What do you think these pictures mean?

Babies who are born too soon, too small or with a sickness or health condition need extra attention from a trained health professional in order to survive.

These babies are at risk of long-term disability, poor development, or death. Most babies can survive and develop successfully with the proper care at a health facility.

Most small and sick newborns require care that can only be provided at a health facility because of needed equipment and supplies. The care can often occur at a local, community clinic.

If a low birth weight, premature, or sick newborn is identified at home, the family should be helped in locating a Community Health Worker or closest health post for immediate inpatient care for the baby.

Additional Information for the Trainer

Newborns who are born too soon (< 37 weeks' gestation) or too small (weighing less than 2500g at birth) or sick newborns (with any medical or surgical condition who needs to be assessed for suspected infection, danger signs or injuries and receive care at the health facility) require extra attention with optimal care and development to survive. Infants born small or sick are at risk of disability and poor development and require optimal care.

Most small and sick newborns require inpatient care at a health facility. Intensive care in a high-level facility is only required by a third of sick newborns.



6. Share the Meaning of Each Picture: Essential Care for Small and Sick Newborns (Picture 4.3) – 10 minutes

- Ask the caregivers to describe what they see in picture 4.3.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 6.

? What do you think these pictures mean?

Small and sick babies need additional postnatal care visits to closely monitor their wellbeing and to assess for possible infection or danger signs that require referral to a health facility.

Small and preterm babies need additional warmth.

- Skin-to-skin contact with the mother throughout the day and exclusive breastfeeding can keep babies warm and well fed. Baby stays warm best on the mother's belly. Skin-to-skin contact with the mother can save small babies lives. Baby should not be bathed for at least one day after the delivery.

Extra care should be given to feeding small and sick newborns, including assisted feeding with mother's milk when possible.

- This may include safely feeding the baby with cup or a feeding tube and then transition to breastfeeding. Mothers can be supported to express her own milk if her baby cannot breastfeed.

Babies who are born too soon, too small or with a sickness or health condition may have more difficulties sleeping.

The entire family is needed to support the newborn—mother, father and other caregivers in the home can be involved in newborn care by taking turns with skin-to-skin contact, comforting the baby during restless nights, and bonding with baby.

Additional Information for the Trainer

A mother's own milk is the first choice for all babies, including small and sick babies. However preterm and low birth weight babies may have medical or physical conditions that make breastfeeding challenging. They may also need special unit care in a health facility that separates them from their mother. Delayed initiation of and interrupted breastmilk feeding can affect a mother's milk supply. If a baby cannot breastfeed, the mother can express her milk manually, starting with the colostrum within an hour of birth to allow her milk to come in. These mothers can continue to express every 2-3 hours for eight or more sessions throughout the day and night to keep her milk supply. It is important to ensure hygienic milk collection and storage to prevent infection.



7. Share the Meaning of Each Picture: Danger Signs and Additional Needs (Picture 4.4) — 10 minutes

- Ask the caregivers to describe what they see in picture 4.4.
- Read the captions on the flipchart out loud.
- Share the meaning of each picture using flipchart section 7.

? What do you think these pictures mean?

If a small or sick newborn has any of the following danger signs, refer her/him as soon as possible to health post for immediate health care.

- Feeding problems
- Tremors or shaking
- Reduced activity
- Difficult breathing
- Too hot (fever)
- Too cold

Immediately after baby is born, the most common danger signs are low temperature and rapid breathing.

- Drying the baby immediately after birth and removing wet towel or clothing will prevent heat loss.

Babies born with special needs—such as a chronic respiratory condition, developmental condition, or being a twin—can require additional support and may need referral to more

specialized health personnel. Mothers, birth companions, and families can advocate for referral for services as needed.



8. Activity: Ngozi Gets Help – 30 minutes

Let's continue with our story of Ngozi and her son who was born too small. Pretend you are the Community Health Worker who Ngozi calls. What information and recommendations would you share for each of these areas:

- **Seeking care at a health facility**
 - Ngozi's baby was born early and needs to be assessed at a health facility.
 - Most small and sick newborns require care than can only be provided by a trained health professional at a health facility.
- **Postnatal Care visits**
 - After referral to the health facility, Ngozi's baby should have frequent postnatal care visits to continue to monitor him closely for danger signs. The health professional will indicate how often he needs to be seen.
- **Keeping her son warm**
 - Skin-to-skin contact with the mother or other caregiver is important for keeping Ngozi's son warm.
- **Feeding her son**
 - If her son is able to breastfeed, Ngozi should feed her son on demand day and night to help him grow and develop
 - If he cannot breastfeed, she can express milk and seek support from a trained health professional on how to provided assisted feeding such as using a cup.
- **Sleep for her son**
 - Ngozi should be informed that her son may not sleep as well as other babies. She can call on support from her partner and family to meet her needs and the needs of her baby in order to support one another.




9. Discuss Barriers – 10 minutes

- ? Is there anything that might prevent you from trying these new practices?
- ? What are barriers to the care needed for small and sick newborns?

Ask mothers to talk to a woman sitting next to them. They should share any personal concerns that they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the Care Group Volunteers to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.



10. Practice and Coaching – 20 minutes

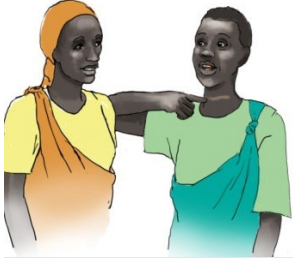
For Care Group Volunteer Groups

- Ask each Care Group Volunteer to share the teachings she has learned with the person sitting next to her. She will use the next two flipchart pages of today's lesson.
- Each Care Group Volunteer will teach the person next to her in the same way that the promoter taught her.
- After ten minutes, ask the women to switch roles. The other Care Group Volunteer will share the teachings from the third and fourth pages of the lesson.
- The Promoter watches, corrects, and helps Care Group Volunteers who are having trouble.
- When everyone is finished, answer any questions that the Care Group Volunteers have about today's lesson.

For Neighbor Groups

- Ask each participant to review the key messages they have learned from today's teaching with the person sitting closest to them (this may be another member of the household or it could be the volunteer if they are visiting alone). Then ask each of them

to share with another person what new things they will do in their home or neighborhood based on this new teaching.



11. Request Commitments — 10 minutes

? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I will discuss with my birth companion and family the extra needs of newborns who are born too early, too small, or with a sickness.
- I will seek immediate attention from a health facility if I identify any danger sign in my small or sick newborn.
- I will provide skin-to-skin contact to my newborn, especially if she is small or born early.

APPENDIX I: PRE/POST TEST

Before and after teaching the materials to staff and trainers (SCOPE supervisors, Promoters), give the posttest to evaluate their comprehension. For those who score less than 75% (23 questions correct), give them more training to help them grasp the key content.

Questions from Maternal Health Lesson 1

1. Name two benefits of having a companion throughout labor and delivery.

2. Circle the statements that are *true* about antenatal care.
 - a. Antenatal care reduces problems in labor and childbirth
 - b. Antenatal care includes treating current health problems and detecting new health problems
 - c. Antenatal care should be conducted by a certified trained health professional such as a doctor, nurse, or midwife
3. Women should make at least _____ antenatal care visits during pregnancy.
 - a. 1
 - b. 2
 - c. 4
 - d. 8

Questions from Maternal Health Lesson 2

4. True or False: Every woman and her baby is at risk of complications in childbirth.
5. Name four danger signs for a pregnant woman that require immediate attention.

Questions from Maternal Health Lesson 3

6. True or False: In pregnancy, women should eat more and balanced meals
7. Match the three food groups with the description of how they are important for our bodies.

a. Body building foods like meat, fish, milk, eggs, beans, seeds	i. Give energy and power for our daily work
b. Energy foods like oils, fats, roots/tubers, cereals, and sugars	ii. Keep away illness
	iii. Make strong bones and muscles

- c. Protecting foods like fruits and vegetables
8. True or False: a multiple micronutrient supplement that includes iron folic acid should be taken by all pregnant women throughout their pregnancy.

Questions from Maternal Health Lesson 4

9. Circle the ways HIV can spread from one infected individual to another.
- a. Shaking hands
 - b. Sexual intercourse
 - c. Coughing
 - d. Sharing blood
 - e. Hugging
10. True or False: Women should not be tested for HIV during pregnancy.
11. True or False: If a pregnant woman is HIV positive, early treatment can prevent spread of HIV to the unborn baby.

Questions from Maternal Health Lesson 5

12. Describe what happens in each of the three stages of labor and childbirth.
- First stage: _____
- Second stage: _____
- Third stage: _____
13. Why is it important to have a skilled birth attendant at every birth?
- _____
- _____
14. Name at least four parts of a birth plan:
- _____
- _____
- _____
- _____
15. Which of the following are positive pain management techniques for childbirth?
- a. Breathe deeply and rhythmically
 - b. Encourage the mother with words
 - c. Turn, change position or walk
 - d. Leave the mother alone
 - e. Think about something positive

- f. Rub the mother's lower back

Questions from Maternal Health Lesson 6

16. Describe what respectful maternity care should include:

Questions from Maternal Health Lesson 7-8

17. Postpartum care should occur during which of the following times?

- a. Within 24 hours of birth
- b. One day 3 (48-72 hours after birth)
- c. Between days 7-14 after birth
- d. Six weeks after birth

18. List at least four examples of postpartum danger signs of life-threatening complications:

19. Fill in the recommended numbers for healthy timing and spacing of pregnancy:

- a. After a live birth, wait at least _____ months before attempting the next pregnancy.
- b. After a miscarriage or induced abortion, wait at least _____ months before attempting the next pregnancy.
- c. Women should try to delay their first pregnancy until at least age ____.

20. True or False: Immediately after birth, couples can use condoms, the lactational amenorrhea method, or an intrauterine device to delay the next pregnancy.

Questions from Essential Newborn Care Lesson 1

21. Which of the following statements is true about the postnatal period:

- a. The first month of life is when a newborn is at the highest risk of death.
- b. Nearly all deaths in the postnatal period are preventable with proper care.
- c. Newborns should be bathed immediately after birth.
- d. The first postnatal care visit should happen two weeks after birth.

22. Name at least two ways male partners and other family members can contribute to the nurturing care of newborns:

Questions from Essential Newborn Care Lesson 2

23. Which of the following are essential newborn care practices:

- a. Help baby breathe
- b. Keep baby quiet
- c. Keep babe warm and dry
- d. Help baby feed
- e. Keep baby entertained
- f. Keep baby clean and protected

24. List at least two steps that can keep newborns warm and dry:

25. True or False: The “first milk” after childbirth (colostrum), should be discarded before breastfeeding the baby.

26. List at least two steps that can keep newborns clean and protected against infection:

Questions from Essential Newborn Care Lesson 3

27. Which of the following are danger signs for newborns that require help from a trained health professional immediately?

- a. Difficulty feeding or sucking
- b. Waking more than once in the night
- c. Tremors or shaking
- d. Fast breathing or gasping for breath
- e. No spontaneous movement

Questions from Essential Newborn Care Lesson 4

28. Which of the following steps may be needed for small and sick newborns?

- a. Additional warmth
- b. Assisted feeding with mother’s milk
- c. Additional postnatal care visits
- d. Monitoring and care at a health facility

29. True or False. Immediately after a baby is born, the most common danger signs are low temperature and rapid breathing.

APPENDIX II: PRE/POST TEST ANSWERS

Questions from Maternal Health Lesson 1

1. Name two benefits of having a companion throughout labor and delivery.
 - Provide logistical and emotional support during antenatal care, childbirth, and postpartum
 - Advocate for services that support the woman's and newborn's health and survival, basic human rights, and comfort
2. Circle the statements that are *true* about antenatal care.

All three are correct

- a. Antenatal care reduces problems in labor and childbirth
 - b. Antenatal care includes treating current health problems and detecting new health problems
 - c. Antenatal care should be conducted by a certified trained health professional such as a doctor, nurse, or midwife
3. Women should make at least 8 antenatal care visits during pregnancy.

Questions from Maternal Health Lesson 2

4. *True*: Every woman and her baby is at risk of complications in childbirth.
5. Name four danger signs for a pregnant woman that require immediate attention.
 - Difficulty breathing
 - Severe headache and sudden swelling of face and hands
 - Convulsions (shaking) or loss of consciousness (passing out)
 - Vaginal bleeding (heavy bleeding)
 - Severe abdominal (belly) pain
 - Fever (temperature of 38 degrees C or more)
 - Foul-smelling discharge/fluid from vagina
 - Decreased or lack of fetal movement

Questions from Maternal Health Lesson 3

6. True or False: In pregnancy, women should eat more and balanced meals.
7. Match the three food groups with the description of how they are important for our bodies.
 - a. Body building foods like meat, fish, milk, eggs, beans, seeds
 - III. Make strong bones and muscles
 - b. Energy foods like oils, fats, roots/tubers, cereals, and sugars
 - I. Give energy and power for our daily work

c. Protecting foods like fruits and vegetables

II. Keep away illness

8. *True:* A multiple micronutrient supplement that includes iron folic acid should be taken by all pregnant women throughout their pregnancy.

Questions from Maternal Health Lesson 4

9. Circle the ways HIV can spread from one infected individual to another.

~~a. Shaking hands~~

b. Sexual intercourse

~~c. Coughing~~

d. Sharing blood

~~e. Hugging~~

10. *False:* Women should not be tested for HIV during pregnancy.

11. *True:* If a pregnant woman is HIV positive, early treatment can prevent spread of HIV to the unborn baby.

Questions from Maternal Health Lesson 5

12. Describe what happens in each of the three stages of labor and childbirth.

- First stage: when pains in the belly (contractions) are frequent, strong, and regular.
- Second stage: pains will continue increase in number, strength, and length until the opening for the baby is full stretched. This stage ends with the birth of the baby.
- Third stage: is the time from the birth of the baby until the feeding bag (placenta) is delivered.

13. Why is it important to have a skilled birth attendant at every birth?

- Skilled birth attendants have the skills needed to support healthy labor and delivery for mother and baby—including managing some complications and safely referring women for more care if needed.

14. Name at least four parts of a birth plan:

- Provision for a skilled attendant
- Companion for birth
- Appropriate setting for birth
- Items needed for birth
- Transportation and Financial Planning
- Funds for birth and emergency
- Decision-making in case of emergency
- Emergency blood donors

15. Which of the following are positive pain management techniques for childbirth?

- a. **Breathe deeply and rhythmically**
- b. **Encourage the mother with words**
- c. **Turn, change position or walk**
- d. ~~Leave the mother alone~~
- e. **Think about something positive**
- f. **Rub the mother's lower back**

Questions from Maternal Health Lesson 6

16. Describe what respectful maternity care should include:

- Treating her with dignity
- Offering her privacy
- Ensuring confidentiality
- Freedom from harm and mistreatment
- Giving her informed choice
- Providing her ongoing support during labor and childbirth

Questions from Maternal Health Lessons 7-8

17. Postpartum care should occur during which of the following times?

All four answers are correct

- a. **Within 24 hours of birth**
- b. **One day 3 (48-72 hours after birth)**
- c. **Between days 7-14 after birth**
- d. **Six weeks after birth**

18. List at least four examples of postpartum danger signs of life-threatening complications:

- Sudden and heavy blood loss or increasingly greater blood loss
- Faintness or dizziness
- Fast racing heart
- Headaches along with vomiting, stomach pain/nausea, feeling faint, convulsions
- Fever or shivering
- Offensive vaginal discharge
- Leg pain on one side
- Redness or swelling of lower legs
- Shortness of breath

- Chest pain
19. Fill in the recommended numbers for healthy timing and spacing of pregnancy:
- a. After a live birth, wait at least **24** months before attempting the next pregnancy.
 - b. After a miscarriage or induced abortion, wait at least **6** months before attempting the next pregnancy.
 - c. Women should try to delay their first pregnancy until at least age **18**.
20. *True*: Immediately after birth, couples can use condoms, the lactational amenorrhea method, or an intrauterine device to delay the next pregnancy.

Questions from Essential Newborn Care Lesson 1

21. Which of the following statements is true about the postnatal period:
- a. **The first month of life is when a newborn is at the highest risk of death.**
 - b. **Nearly all deaths in the postnatal period are preventable with proper care.**
 - c. ~~Newborns should be bathed immediately after birth.~~
 - d. ~~The first postnatal care visit should happen two weeks after birth.~~
22. Name at least two ways male partners and other family members can contribute to the nurturing care of newborns:
- Immediate support to initiate and establish breastfeeding, with early and uninterrupted skin-to-skin contact for bonding, breastfeeding, and to keep baby warm.
 - Responsive newborn care, helping mothers recognize their baby cues for feeding, promote closeness and comfort and respond accordingly to these cues with a variety of options.
 - Early learning through smiling, touching, talking, singing, storytelling, communication, stimulation, love and affection.
 - Prevention of child maltreatment or abusive parenting.
 - Care and protection of the mother's own physical and mental well-being, such as encouraging mother to get extra rest and have sufficient, nutrient-rich foods and supporting her personal and household hygiene including handwashing.

Questions from Essential Newborn Care Lesson 2

23. Which of the following are essential newborn care practices:
- a. **Help baby breathe**
 - b. ~~Keep baby quiet~~
 - c. **Keep babe warm and dry**
 - d. **Help baby feed**
 - e. ~~Keep baby entertained~~
 - f. **Keep baby clean and protected**
24. List at least two steps that can keep newborns warm and dry:

- Dry baby immediately after birth
 - Keep baby skin-to-skin on the mother's chest
 - Cover baby with a blanket and hat
 - Delay bathing baby until after 24 hours
25. *False*: The "first milk" after childbirth (colostrum), should be thrown out/discarded before breastfeeding the baby.
26. List at least two steps that can keep newborns clean and protected against infection:
- Wash hands well before touching the newborn
 - Attendant put on sterile gloves before cord care
 - Ensure disinfected and sterilized childbirth equipment
 - Delay clamping of umbilical cord 1-3 minutes after birth
 - Provide babies with preventive eye care, Vitamin K dose, and routine immunizations per local country guidelines

Questions from Essential Newborn Care Lesson 3

27. Which of the following are danger signs for newborns that require help from a trained health professional immediately?
- a. **Difficulty feeding or sucking**
 - b. ~~Waking more than once in the night~~
 - c. **Tremors or shaking**
 - d. **Fast breathing or gasping for breath**
 - e. **No spontaneous movement**

Questions from Essential Newborn Care Lesson 4

28. Which of the following steps may be needed for small and sick newborns?
- All four responses are correct.*
- a. **Additional warmth**
 - b. **Assisted feeding with mother's milk**
 - c. **Additional postnatal care visits**
 - d. **Monitoring and care at a health facility**
29. *True*. Immediately after a baby is born, the most common danger signs are low temperature and rapid breathing.