Providing mother & newborn care at health facilities
Handbook for Child Health Supervisors

Partners
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Introduction

Dear supervisor,

Welcome to the Yashoda/Mamta process! This process is initiated by the government as part of NRHM at selected hospitals in your state. You are chosen to supervise the care being provided to mothers and their newborns in the maternity ward. You are based in a hospital that has a large load of deliveries.

Most of you will have a team of Yahsoda/Mamta as the implementing arm to provide this care. You are the team leader of this able team of Yashoda/Mamta.

Your role as team leader and supervisor is to support the Yahsoda/Mamta by planning their daily activities, providing them technical inputs, providing them administrative and logistic support and a multitude of other tasks. These tasks are defined in the handbook on administrative issues.

In this book, we will limit ourselves to the technical inputs that you can provide to help Yashoda/Mamta improve the care provided to the mother and newborn. In case, your hospital does not have Yashoda/Mamta yet, you can use this information to supervise such activities being carried out by other staff at the hospital.
The book is in the form of question/answers. At the end of the book, there are references for further reading should you want to read more.
Chapter 1: Introduction to Yashoda/Mamta

Q. Who is Yashoda and what is the rationale behind introduction of Yashoda?
A. The birth of a baby is a glorious event in the life of the baby and the parents. However, pregnancy and birth are difficult processes for both the mother and baby. Mother & baby need special care before, during and after the event of birth.

The first 24-48 hours after delivery offer a golden opportunity for proving care, support and counseling to the mother and her family. Many of the conditions responsible for the mother and/or neonate’s death are recognizable in the first 48-72 hours after delivery. Therefore the governments of India norms require that mothers stay in the hospital with the newborn for 24-48 hours after delivery.

However, we know that generally in a hospital, staff is quite busy. ASHA may get the mother to the hospital, but she often is unable to stay in hospital with the mother leaving the mother and her relatives lost in the crowd of care seekers and confused about hospital procedures. To fill this gap, Yashodas have been provided to busy hospitals so that the new mother and baby feel safe, comfortable & get appropriate timely care.

‘Yashoda’ is a dedicated non-clinical support worker, who can help in all the care for the mother and new born. She is a
support worker who is paid a performance linked incentive, acts as a companion of the mother, supports the nursing staff and acts as a link between both.

Yashoda is not a regular employee of the health system at present. She is not a substitute for the nursing staff or paramedical staff available at the facility.

Yashoda is a local woman in the age group of 25-50 years. She is at least 8\textsuperscript{th} pass. Her main role is providing friendly support, comfort and counseling to mother and her family and giving dedicated attention to the newborn. She is required to assist the family in registering the mother as a JSY beneficiary and for registering the birth of the baby.

Yashoda does not have any technical know how to provide any medical or nursing care to the beneficiaries and is not expected to provide medical or nursing care.

Q. What are the responsibilities of Yashoda?
A. The responsibilities of Yashoda/Mamta are listed below in brief. For more detailed list, refer to the handbook on administrative processes related to Yashoda/Mamta.

Responsibilities of Yahsoda/Mamta:

- Be a friend to the mother & support to the family
- Help register the mother as a JSY beneficiary
- House keeping of the labour room and the maternity and
post natal wards

- Maintain records of the mother and newborn
- Facilitate safety, security, dignity and privacy of the mother
- Provide basic care to the newborn by teaching the mother and family how to keep the newborn warm, providing breast feeding support to mother, ensuring immunization at birth
- Identification of danger signs in mother and newborn
- Counsel the mother on early initiation of breast feeding, advantages of exclusive breast feeding, complementary feeding, mother’s diet, infection control, immunization, family planning choice etc.
- Ensure that the birth is registered
Chapter 2: Organizing training of Yashoda/Mamta

Q. What kind of training will the Yashoda/Mamta go through to carry out these responsibilities?

A. Training will be done in three phases -

\[\textbf{Phase I – Induction training}\]

The induction training will be conducted over 3 days in hospital premises. It is expected that this 3 day module will set a sound theoretical backing for the practical skills development of Yashoda. It is also expected that this module will bring in enhancement of knowledge and an attitude towards good health practices among Yashoda. It will bring in clarity and ability to focus on key issues related to child health

\[\textbf{Phase II – Hands - on training}\]

The month following the induction training will be the period of hands - on training wherein the focus will be on enhancement of skills. During this training, the Yashoda will learn though demonstration and practice while at work

\[\textbf{Phase III- Refresher trainings}\]

Series of two day refresher training sessions will be conducted every 3 months
Q. Who will be the trainers for this training & what TOT will they go through?

A. Profile of trainers: The trainers can be ANM, teacher from ANM training school, CHS, Nurse, Doctor, experienced Yashoda or any other medical, paramedical or experienced health worker.

Training of trainers: A one day workshop will be held for the trainers on the day prior to the scheduled induction training of Yashoda/Mamta. During the workshop, the trainers will be familiarized with the training course. They will be familiarized with the Yashoda training kit and how to use the flip chart and handouts. They will also go through the Facilitator’s Guide for Yashoda Training.

Q. What is your role in the Yashoda/Mamta training?

A. You as a team leader, technical expert may be part of the training team as a trainer. You will also have to arrange the entire logistic and administrative support for the training of your Yashoda/Mamta. You can do this in coordination with the Hospital Manager/Medical Superintendent of your hospital/Block Child Health Manager/District Child Health manager of your district. The training must always be organized with information to the district child health manager and the District program manager.

Q. What are the Setting and logistics to be arranged for the training?

A. The core training material is the facilitator guide for training Yashoda/Mamta.
Institutional arrangements for the Induction training:
The setting of the induction training is the district hospital. A classroom in the hospital premises that can accommodate about 20 trainees and 3 facilitators will be used. The maternity ward, post natal ward and labor room of the hospital will be utilized as training and demonstration rooms for the trainees.

Time schedule: The training will be held from 9 AM to 5 PM or till the defined agenda for the day is completed on all three days.

Checklist of supplies for each trainee
1) YASHODA TRAINING KIT - Flip chart for Yashoda, handouts for Yashoda, note pad, pencil, pen, and eraser
2) Facilitator’s guide, Checklist of supplies for the trainer
Facilitator’s guide, Flip chart for Yashoda, handouts for Yashoda, Note pad, pencil, pen, eraser, felt pens in two colors, chalk, white board, duster, wipe, Access to and LCD (preferred) or an OHP & a CD player.

Other material required for the training
As per session requirements
Chapter 3: Supervising maternity ward & labour room

Q. What to supervise in the maternity ward?

A. Take a round of the wards, labor room and toilets attached to the wards at the time of shift change to satisfy yourself about the cleanliness. The floor should be mopped by the ‘safai karmchari/Aayah’ with water that contains a disinfectant mixed in the right proportion. The disinfectant should always be available in the ward and trainees should be shown the store room from where they can access this.

In case food, water, body fluids or any other material is thrown on the floor, it must be cleaned at once to prevent flies from swarming in the ward. Yashoda is to ensure that the Aayah promptly sweeps and mops any spills.

Other fittings in the ward like door handles, light switches, bedside counters & the bottom of all incubators, cots and cribs should be cleaned by the Aayah. If Aayah is not doing her job, Yashoda should bring this to the notice of the nurse. It is important that Yashoda ensures that the bed allotted to a new admission has a clean sheet and is made well. She must help the nurse in doing this and should be able to do this by herself. In case of soiling of the mother’s bedsheets, the sheet should be changed at once.

Yashoda should ensure that all the electrical fittings in the ward are working. The store for electrical fittings should be visited. The procedure for accessing electrical fittings like
bulbs, tube lights etc from hospital supplies should be explained.

See the water supply of the hospital. Yashoda should inform nurse in case there is shortage of water in the ward or toilet.

**Q. What activities should you supervise in the labour room?**

**A. SUPERVISOR’S VISIT TO LABOUR ROOM**

1. Establish a relationship between the space available and delivery load. If there are 5-6 deliveries per day then it is possible that two deliveries will take place at same time therefore labor room must have two labor tables.

2. We can obtain daily delivery load by looking at labor room records and a simple daily load analysis could be done.

3. We can feel that if people cannot move around in the labor room than it simply indicates that the space is less.

4. Look for toilet for the mother in the area. Along with labor, room toilets must always be clean all the time.

5. JSY administrative fund can be used for keeping staff to clean the facility all round the clock. JSY administrative fund is 4% of total funds distributed under JSY.

**STAFF OF LABOUR ROOM**

Keep a list of deployed workers in labor room.

A list of all staff of health living in the facility or around, within a distance of 1 Km should be available at each facility. This list
should also contain names and contact numbers of private practitioners and nursing home.
Skill based mapping could also be done in and around big institutions where LSCS is performed. E.g. anesthesia, pediatric, labor room, obs & Gyne etc. Retired LHV, ANM, Pharmacist Etc.
Funds available for hiring personnel in emergencies must be available to staff as CASH.

CONSUMABLES IN LABOR ROOM
Medicines required in emergency should always be made available and NO purchasing should be placed on beneficiary. Labor table and all required instruments should be matched with delivery load of the labor room. Supply Store must be visited daily to ensure adequacy of supplies and a timely indent should be placed to higher level store to provide required consumables and instruments.
RKS and maintenance grant along with JSY admin fund should be used in case the consumables are less in supply.
Delivery Place, Recovery Place and a NEWborn Corner are a must in all labor rooms. Orient the staff to arrange the same place in such a way to have all these places.
Facilitate actual establishment of all these places or corners in maternity wing.
A Detail duty roaster should be facilitated to be placed in the all the facilities. Indicating day/night timings and area of work along with staff name.
Facilitate a taking over and handing over roaster in the facility to regulate timings and confusion among workers.

ARRANGEMENT OF TRAYS IN LABOR ROOM
Delivery tray, episiotomy tray, baby tray, medicine tray for delivery and emergency drug tray must be available in all labor rooms.
Allow the labor room staff to put things in each tray as per their understanding.
Take help of medical officer to orient the staff in correct placing and adequate placing of things in each tray.
Make a list and share with CS and facility in-charge for their views and referral.

INFECTION PREVENTION in labor room:-
Discuss with staff what are the various practices of infection prevention to be observed in the labor room. (Hand washing, sterilization, using glove, gown. Cap, mask, color code waste bins).
Establish Hand Washing in each facility.
Ask the staff to prepare a list for items/ supplies for practicing infection prevention in labor room.
Share the list with facility in-charge for helping to make these things available.

Q. What are the supplies available in the hospital for housekeeping?
A. Broom, mop, disinfectant, bed sheets, makintosh etc (the trainer needs to add his/her observations from the hospital)
Chapter 3: Observing behaviour of Yashoda/Mamta with mother & family

Q. What will you observe about the behaviour of Yahsoda/Mamta during her interaction with mother and family?

The Yashoda is the arm of the health system that provides the hitherto missing support to women and children in a hospital setting. Yashoda needs to ensure the following when the mother gets admitted in the hospital for delivery.

I. Welcome the mother with folded hands
   - Orient her to the maternity ward; be cordial with her family members.

II. Gather basic information
   - Gather basic information from ASHA who has accompanied the mother about completion of ANC checkup, any problem the mother had during pregnancy and inform the nursing staff for necessary action.
   - If there is no ASHA accompanying the mother, enquire from the mother about gestational age, movement of the fetus, pain, duration of pain and its frequency, any discharge from the vagina. Record this information.
   - Ask the mother if the membrane is ruptured or not. If it is ruptured observe the colour of the fluid (the normal colour of the amniotic fluid is colour less)
III. Provide psychological support and physical comfort
   - Provide comfort, emotional support, reassurance, encouragement and praise
   - Give back massage to the mother if it gives comfort to her
   - Ensure and respect the privacy of the mother during examinations and discussions
   - Ensure cleanliness of the birthing area
   - Encourage mother to wash her genitals at the onset of labour
   - Never leave the mother alone
   - Find out from the nurse whether the mother can have light food. This will help the mother from the effect of labour such as physiological exhaustion, which can lead to distress in the baby. If mother is not at risk of requiring an operation, she can be allowed to have light, easily digested, low fat food during labour and should be given warm drinks
   - Encourage mother to walk around. This helps ease the pain and shorten the labour
   - Encourage mother to urinate frequently

IV. Be a link between the hospital staff, the mother and her family.
   - Help the mother to register as a JSY beneficiary

V. Assist the nurse
• Assist the nurse in providing comfortable bed to the mother
• Assist the nurse to avoid over crowding in the ward.
• Assist the nurse for pelvic and vaginal examination of the mother.
• Be available in the labour room if any help is required from you.
• Assist the nurse to keep the labour room clean, well ventilated, adequately lit and warm for receiving the baby.

VI. Identify signs of discomfort in the mother
Observe the mother for any of these signs. If these are present, inform the nurse immediately:
• If the colour of the liquor (amniotic fluid) is reddish/greenish/dark yellow
• If there is difficulty in breathing,
• vaginal bleeding, convulsions or unconsciousness

VII. Prepare for the delivery and the birth
• Assist the nurse to keep the delivery tray and baby tray ready.
• Keep a warm bed ready to receive the baby.

VIII. Post natal care
The post-natal period begins after delivery and includes the first six weeks after delivery. During this time, the mother is in a delicate state. She has lost a lot of blood and other nutrients during the delivery process. She is also breastfeeding her baby and needs good nourishment to produce sufficient milk. Proper attention has to be paid to the mother’s health. There are many
good opportunities during post-natal period for you to teach new mothers how to take care of themselves and their babies so that the health of both is maintained.

Help the mother during her post natal period in the hospital -

- Help the mother to change sanitary pad frequently (Every two hours). Ensure that the mother has enough sanitary napkins
- Clean the mother and the area beneath her
- Help the mother to eat and drink
- Help her to clean the breast and feed then baby
- Help the mother to keep the baby very close to her all the time
- Encourage the mother to pass urine
Chapter 4: Making preparations for the birth of the baby

Q. Why is it important to make preparations for the birth of a baby?
A. The baby is very fragile immediately after birth. The baby is vulnerable to cold and both mother and baby are vulnerable to infections. Some articles are required to save them from cold and infections. Preparations also have to be made for emergencies.

Q. What are the articles required for the newborn?
A. Clothes including socks and cap during winter, old sari or dhoti that has been washed and dried & money.

Q. Why is it important to keep clothes ready for the newborn?
A. The newborn is very susceptible to cold (hypothermia). It is important that the newborn is immediately covered well in accordance with the weather. In cold weather, socks and cap are required since the baby loses maximum heat from the feet and head. Old sari/dhoti can be washed, and kept dry to keep the baby warm and use as nappies.

Q. Why should honey, Kajal not be applied?
A. The newborn is very susceptible to infections. Giving honey or applying kajal can cause infections in the newborn.

Q. Why is money required?
A. Money is required for any emergency need of the newborn or the mother.
Chapter 5: Supporting breast feeding

Q. When should breast feeding be initiated and why?
- Breastfeeding should be initiated within an hour after birth.
- Benefits of colostrum to the baby
- Most newborns have a strong suck reflex and are awake the first hour after birth.
- The newborn’s sucking helps the mother make breast milk.
- Early breast feeding helps in expulsion of the placenta and reduces bleeding of the mother.
- Helps the milk to flow and makes more milk
- Helps in mother and baby bonding
- Immediate skin-to-skin contact helps the baby stay at the best temperature.

Q. What are the benefits of feeding colostrum to the newborn?
A. Colostrum is very rich in all nutrients required by the baby. It is easily digestible by the newborn & contains large number of antibodies that help the newborn in fighting off infections.

Q. What are the harmful effects of giving prelacteal feeds?
A. In many families, there is a practice of giving honey, water and other such prelacteal feeds. These external food stuffs transmit infections to the newborn. Secondly, if the newborn doesn’t suckle enough, the quantity of mother’s milk reduces and the baby will be malnourished.
Q. Which positions can be adopted while breast feeding the baby?

A. Different positions of breast feeding –

Any position which is comfortable for the mother and the baby is the best position. The mothers can breastfeed the baby in sitting or lying down position.

For the mother:

**Sitting position**
- A low sitting position is good with back well supported.
- Mother should be able to see the baby properly.
- Mother may use a pillow below the baby to support.
- One hand to hold the baby and the other hand to support and guide the breast.

**Lying down position**
- Mother lying on one side with a pillow to support the head.
- Mother should be able to see the baby properly.
- One hand to hold the baby and the other hand to support and guide the breast.

If the mother is not comfortable and relaxed, she cannot feed the baby effectively and easily.

For the baby:

The baby should be held properly.
1. The baby’s head and body should be in a straight line.
2. Baby should be supported both at the head and bottom.
3. Baby’s face should face the breast, with the nose opposite the nipple.
4. Mother should hold the baby close to her body.

A baby cannot suck or swallow if his/her head is twisted or bent. The baby can not suck effectively if the nose is pressed over the breast.
Guiding the nipple and breast into baby’s mouth

Most babies if kept near the nipple, can find the nipple on their own and start licking or suckling. But for proper attachment and sucking some support from the mother is needed in initial days.

Features of good attachment
- The baby’s chin is touching the breast.
- The baby’s mouth is wide open.
- The lower lip is turned outward.
- You can see more of the areola above the mouth than below it.

Features of good sucking
- There are slow deep sucks with some pauses.
- Mother feels the suck.

Outcomes of poor position, poor attachment and poor sucking

Less milk flow into the baby’s mouth → baby sucks or bites and hurts the nipple (cause soreness or cracks) → pain and reduced breastfeeding

Q. What is meant by exclusive breast feeding?
A. Exclusive breast feeding means giving the baby only the mother’s milk. No other food/drink is required by the baby while it is being exclusively breast fed. Baby does not even require water during this time.

Q. What are the advantages of exclusive breast feeding?
A. There are several advantages -
- Mother’s milk provides all the nutrients required by the baby.
- It is safe. There is no outside source of infection.
- It contains antibodies that help the baby fight off infections.
- It is also easily digestible by the baby.
- It is easily available.
- It is of no cost to the family.
- Breast feeding provides warmth to the baby and prevents baby getting cold.
- Bodily contact between the mother and baby promotes better emotional bonding between mother and baby.

Q. For how long should exclusive breast feeding be continued?
A. Exclusive breast feeding should be continued for 6 months.

Q. Why should other fluids like baby formula, water, rice water etc not be used?
A. Substances other than the mother’s milk do not contain all the nutrients required by the baby. If other fluids are given, they will decrease the appetitive of the baby for mother’s milk even though they are not providing the essential nutrients. Additionally outside food stuffs are potential carriers of diarrhea. Most often, if baby is being given other liquids, these are given through a bottle. Bottle is very risky for the baby since a large number of germs may develop in bottles that are not cleaned
adequately. Cleaning a bottle properly is a cumbersome and tedious task that most mothers are not able to perform.

Q. What can be done if the mother complains of having ‘not enough milk’?
A. Many-a-times, mothers start bottle or top feeds assuming that they do not have enough milk for feeding their baby exclusively. But, the fact is that almost all mothers have enough milk to feed their babies. Mothers of twins produce enough milk even to feed the twins.

Here are some common causes of mothers feeling that they do not have enough milk for their baby

<table>
<thead>
<tr>
<th>Mother</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of confidence and support</td>
<td>• Illness of the baby and baby not sucking well</td>
</tr>
<tr>
<td>• Worried and/ or Stressed</td>
<td>Breast Feeding related</td>
</tr>
<tr>
<td>• Tiredness</td>
<td>• Delayed initiation of breastfeeding</td>
</tr>
<tr>
<td>• Unwilling to breastfeeding</td>
<td>• Fixed time feeding</td>
</tr>
<tr>
<td>• Illness/ Pain/ Nipple or breast problem</td>
<td>• Infrequent feeding</td>
</tr>
<tr>
<td>• Smoking</td>
<td>• No night feeds</td>
</tr>
<tr>
<td></td>
<td>• Shorter duration of feeds</td>
</tr>
<tr>
<td></td>
<td>• Poor positioning and/ or poor attachment</td>
</tr>
<tr>
<td></td>
<td>• Offering other liquids (water, tea)</td>
</tr>
<tr>
<td></td>
<td>• Use of bottles, pacifiers</td>
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</tbody>
</table>
These features indicate that the baby is getting enough milk

- Adequate weight gain by the baby - crossed birth weight by 10 days of age.
- Gained at least 500 grams at the end of the month.
- Asks for feed every 2-3 hours and feeds well. Leaves the breast on his/her own.
- Calm or sleeps after taking feeds.
- Passes urine 6-8 times a day.

What actions can be taken to encourage mother to breastfeed exclusively?

- Reassure the mother that she can make lots of milk and counsel and help the mother with position and baby attachment. Praise her for the right thing she is doing. Encourage her to continue it.
- Involve the husband and family to help in reducing the stress.
- Clarify the misbeliefs and support her to learn the good practices.
- Ask the mother to take adequate rest, drink more fluids.
- Feed the baby on demand, at least every 2-3 hours, more often if the baby wants to suck. Let the baby feed for as long as possible on each breast.
- Feed only at the breast, don’t give any other feed.
- Keep the baby close to her so the baby can feed often during the time she is trying to increase her milk supply.
Q. Should the mother feed the baby when the baby is sick?

A. Yes, the mother should feed the baby when the baby is sick. It has two major advantages:
- During sickness the baby needs more fluids which are provided through breast milk
- Breast milk has antibodies that help the baby fight off infections

Q. What are the common problems with breast feeding?

1. Inverted or flat nipples
2. Fullness and pain in breast
3. Cracks and pain in nipples

Reasons and actions required:
1. Inverted or flat nipple can be improved with continued suckling of the breast by the baby.
2. Fullness of breast occurs when the baby is not breast fed early or regularly. Baby is unable to suckle on engorged breast. Hot fomentation, light massage and expression of some milk by hand before putting the baby to breast will help.
3. Cracked nipples occur due to improper attachment leading to vigorous sucking by the baby. This can be remedied by application of some expressed breast milk on the nipple after each feed and correcting the attachment by proper positioning. Slight pain in the breast can be relieved with medicine. If the problems persist, a doctor or nurse should be consulted. Do not use soap to clean the breast/nipple
since it can cause cracked nipples; wash with plain water during the time of bathing.

Most breast related problems are easy to manage with simple actions.

Expressing Breast milk in case of need

Expressing breast milk is helpful for the mother and baby in several conditions: small baby, sick baby, breast engorgement, breast infection, and nipple problem. Many mothers are able to express breast milk using different techniques. If they are successful and comfortable with that, let them continue in that way. But if a mother is having difficulty in expressing enough milk, assist her to do it in a more effective manner.

A mother can express if she follows the steps as given below.

1. Preparation:

a. Prepare the container to collect milk:
Use a wide mouth container with tight lid for collecting and storing the breast milk. Wash the container with soap and water before each use. Boil the container and lid for 10 minutes or pour boiling water in to the container. Pour the water out of the pot without touching inside the container. Cool the container before using it for storing milk.

b. Prepare the mother:
Let the mother sit comfortably. Ensure privacy and keep the baby near the mother so that mother can see and think about her
baby. Ask the mother to call one of the family member (with whom she is comfortable) to assist and learn how to support. Massage the back from neck to the middle of back on both sides of the spine. Ask the mother to wash her hands with soap and water. Wash your hands also.

Hot fermentation and massage of breast: Put clean, warm, wet cloths on the breasts for 5 minutes, if needed. Massage the breasts from the outside towards the nipple to help bring milk down.

2. Expressing milk:

- Hold the breast in a “C-hold” (thumb on top and other fingers below the breast), with fingers and thumb away from the nipple. Lean slightly forward so that the milk will go into the container.

- Press thumb and other fingers in toward the body. Squeeze thumb and other fingers together. Press and release. Try using the same rhythm as the baby sucking.

- Be patient, even if no milk comes at the beginning. It may take some time before milk comes out. Move her hands around the breast so milk is expressed from all areas of the breast.

- Express the milk from one breast for at least 3-5 minutes until the flow slows, then express from the other breast, and then repeat for both breasts. Tell her that expressing milk can take 20-30 minutes or longer in the beginning.

Q. What is complementary feeding?
A. Feeding the baby food other than breast milk at the age of 6 months is called complementary feeding. Babies should be fed soft, light, well cooked food. You can give home made soft food prepared with locally available food. (dal, dahlia, rice). Start with liquid consistency and gradually increase the thickness. Start with 2 times a day and gradually increase it to 4 times. Breast feeding can continue along with other feeds for at least 2 years. To monitor growth, check the weight of the baby regularly.
Chapter 5: Preventing Hypothermia

Hypothermia is the condition where a baby can become very cold and can even die due to cold.

How to assess Hypothermia

a. If abdomen is warm & feet are warm & pink, body temperature is normal
b. If abdomen is warm & feet are cold, it is cold stress. Cover the baby with extra clothing.
c. If both abdomen and feet are cold, it is Hypothermia & the baby requires urgent attention

Q. Is it necessary to keep the baby warm and why?
A. Newborn babies do not have the ability to maintain their body temperature. Therefore they need to be kept much warmer than adults.

Q. What are the measures to keep the newborn warm?

Extra care in the delivery room

- Keep the delivery room even warmer than usual,
- dry baby immediately, cover/ wrap with pre-warmed clothes

2. Promote good practices

- Keep the baby’s room warm
- Co-bedding (keeping the baby) with the mother
- Use appropriate clothes for the baby

3. Avoid harmful practices

- Don’t bathe the baby until the baby’s cord falls off
Q. When should the newborn be bathed?
A. Newborn babies with normal weight (2.5 KGs) require bath only after the first day of birth. Small and low birth weight newborns can bathe after the cord falls off or preferably till baby gains weight to 2000 gms. Till then, daily cleaning with wet cloth soaked in lukewarm water is adequate.

Q. What are the precautions to take while bathing the newborn?
A. Bathe gently and do not rub the baby vigorously. If you do so you may remove the white film/ vernix caseosa on the body of the newborn which gives protection to the baby. Support the head of the baby at all times. Keep the room warm and use luke warm water. Assess the temperature by touching the water to the exterior aspect of your elbow. Do not use any soap or powder. Bathe quickly and dry the baby quickly. Do not apply any thing on the cord stump and allow that to dry naturally. Cover the baby well and keep her/him close to the mother for breast feeding. Do not apply any powder or perfume on the baby.
Chapter 6: Care of low birth weight babies

Smaller babies (lower weight at birth) are more likely to die than babies with normal birth weight (2500 grams or more). Smaller babies who survive are likely to have more medical and developmental problems than normal term babies. All smaller babies have a better chance to live and be healthy if they get proper care.

A normal weight baby weighs between 2500 grams to 3500 grams. Any baby weighing less than 2500 grams is called a low birth weight baby or a small baby.

Why is it important to know about low birth weight babies?
Low Birth Weight babies contribute to all newborn deaths up to 60-80%. These babies are at higher risk of developing illness and dying easily.

Who are these smaller babies? Are they all of same type?
There are two types of small babies:
A preterm baby is one who is delivered before 37 weeks of pregnancy. Many of the preterm babies are low birth weight.
A full term baby who is babies delivered after 9 months of pregnancy can also be low birth weight.
The baby who is born before 9 months did not get enough time to develop and mature. The baby who is born after 9 months did not get adequate nutrition supply inside the uterus. So both of
these type of small babies need adequate care after delivery to recover.

**What leads to low birth weight baby?**
Although the causes of LBW are not well understood, we do know that if a woman is healthy, eats well and receives good ANC, she has less chance of having a LBW baby.

**What are the problems in these small babies?**
All newborn babies are at higher risk for illness and being cold. These LBW babies are at risk for breathing problems, being cold, feeding problems, infection, jaundice and bleeding. With appropriate care most of these problems can be prevented and you can assist the mother in caring the small babies.

**Where can these babies be cared?**
These small babies need special care to keep them warm and feed properly.

**What can be done if a low birth weight baby is unable to suckle?**
- Express breast milk every 2-3 hours and feed baby with ‘palada’ or cup & spoon
- Put the baby to the breast to let him lick the nipple and perhaps suckle a little
- Once the baby can suckle, he should be put on the breast frequently to stimulate milk production

**Q. How to keep a low birth weight baby warm?**

**Practice Kangaroo Mother Care (KMC)**
Kangaroo is an animal found in Australia, who keeps its baby in a pouch close to the body for quite some time after birth to ensure growth of the baby. The KMC is inspired from that observation. Recall that; low birth weight babies contribute a significant proportion of illness and death in newborns. Low birth weight babies need more time to adjust to life outside the uterus. They need help to stay warm and to get enough breast milk to grow. Apart from keeping these babies well covered, skin-to-skin contact or kangaroo mother care (KMC) is a very good way to keep these low birth weight babies warm and assist to grow faster.

**Three main components of KMC.**

1. **Skin to skin contact:** early, continuous and prolonged direct skin-to-skin contact of the newborn with the mother, which should be started early and continued for as long as needed/ possible.

2. **Exclusive breastfeeding:** Most of the babies below 2000 grams would gain weight adequately on exclusive breast milk feeding.
3. **Physical, emotional and educational support:** provided by the health worker to the mother and the family.

**Benefits of KMC.** KMC has been shown to have benefits on:

1. **Breastfeeding:** increased breastfeeding rate as well as increased duration of exclusive breastfeeding.

2. **Maintaining temperature:** skin-to-skin contact between the mother and her LBW baby provides good temperature control and reduced risk of baby being cold/ hypothermia.

3. **Growth:** better daily weight gain.

4. **Better bonding between mother and baby:** Mothers practicing KMC are significantly less stressed during KMC and increased confidence, selfesteem, and feeling of fulfillment.

**Which baby needs KMC:**

- All babies can be given KMC. KMC is most beneficial for the low birth weight babies.

- **KMC is equally effective as the costly machines used for LBW baby**
care and, safe and reduces death.

• **KMC satisfies all five senses of the baby. The baby feels warmth of**
  mother through skin-to-skin contact (touch), she listens to mother’s
  voice & heart beat (hearing), sucks on breast (taste) has eye
  contact
  with mother (vision) and smells mother’s odor (smell).
• **KMC improves breastfeeding and thereby good growth of these**
  babies.
• **KMC does not require additional equipment cost and can be**
  done at
  home.
• **KMC is easily acceptable to the mothers and the family**
  members.

**How to start with Kangaroo Mother Care (KMC)**
There are some steps to be followed for stating KMC and maintaining.

**Counseling of the mother and family members**
The mother and family members must be convinced and motivated to do this. So, spend some time with the mother that is convenient for her during the first visit to home. The first session is important and requires time and focused attention. Establish good cordial relationship with the mother, her husband and the
elder woman in the family. Explain the mother and family member about:
• Why KMC is useful for their baby?
• How to start KMC? - Demonstrating and assisting to position the baby properly, covering and securing the baby.
• How long to continue?
• What all things to be kept in mind during KMC?

Preparation for KMC
There are some preparations for starting the KMC.
• Willing Mother. All mothers can provide KMC, irrespective of age, parity, education, culture and religion.
• Health of the mother- No serious health problem of the mother
• Warm and comfortable place for the mother to sit or lie down (ensuring privacy).
• Light, loose clothing for the mother: Mother should wear any frontopen, light dress as per the local culture, whatever she finds comfortable and warm in the surrounding room temperature. The dress must be loose enough with adequate opening in front to accommodate the baby comfortably to and keep in contact with her skin. Special garments are not
needed unless traditional ones are too tight. KMC works well with blouse and sari, gown or shawl.

- **Baby** is dressed with cap, socks, nappy, and front-open sleeveless shirt.

Clothes on the baby will prevent direct skin-to-skin contact with the mother.

- **Supportive husband and family members** to give her emotional support and relieve her from the household works. The other family members e.g. father or mother-in-law can also do the KMC.

- **Hand washing** before handling the baby and starting KMC is necessary.

**Keeping the baby in kangaroo position**

The baby should be placed between the mother’s breasts in an upright position. The baby’s head should be turned to one side and hands and legs folded like a “frog’ position. This should allow eye-to-eye contact between the mother and the baby.

Cover the mother and baby well with warm or suitable clothes as per the climate and room temperature.
Breastfeeding during KMC

The mother should be explained that she can breastfeed in the kangaroo position and that KMC actually makes breastfeeding easier. Furthermore, holding the baby near the breast stimulates milk production.

Continuing KMC (duration and interruption)

Babies can receive most of the necessary care, including feeding, while in kangaroo position. They need to be moved away from KMC only for changing diapers, cleaning the baby, and examination, when needed. There is no limit for duration of KMC. But sessions less than one hour are seen to be not much beneficial for the baby. Mother should be encouraged to increase duration of KMC over time as long as possible.

Positions of mother for KMC

Mother can continue KMC during sleep and resting. The mother can sleep with the baby in kangaroo position in a reclined or semi-recumbent position (in an easy chair or with pillows under head).

If mother can not do KMC, can other family members do KMC

When mother can not do KMC, any other interested family member (father,
grandmother or grandfather) can also practice KMC in the same manner.
So involve the family members while counseling to motivate them also.

**How long KMC can be given?**

*KMC should be continued till the baby weighs more than 2500 grams.*

There is no restriction for the duration and length. Till the baby and mother or family member want it can be continued.
Chapter 7: Diet of the mother during pregnancy

Q. Is it necessary for the mother to eat more after delivery?
A. Yes. It is important for a new mother to eat well. This enables her to replenish the nutrients she has lost during delivery. If mother is breast feeding the baby, it is even more important for her to eat well. The requirement of the mother increases when she is producing milk for the baby. This is for her to produce better quality and quantity of milk.

Q. What should the mother eat?
A. Mother can stay healthy by eating whatever food available locally. She requires two balanced big meals and two small meals in a day to meet her nutritional requirement. During breast feeding mother has to take more fluids.

Q. What food should the mother avoid?
A. Mother should avoid spicy, oily food. No specific food items need to be avoided by the mother. There is no specific ‘hot food/cold food that mother should or should not eat.

Q. What are the food customs that may harm the mother?
A. In some households, various food materials are restricted for the mother in the false belief that the food material is ‘hot’ or ‘cold’. This limits the variety of food the mother can partake. This may lead to nutritional deficiencies in the long run.

Q. Which are the foods that mother needs to consume?
• Mother should have a variety of food rich in calories, proteins, vitamins and roughage e.g. Cereals in the form of like Rice, Chapati, Pulses, Green leafy vegetable and fruits & dry fruits (if available).
Chapter 8: Danger signs among newborns

Q. What are the characteristics of a normal newborn?
A. The normal newborn has a pink face & feet. He/she is usually in the state of quiet alertness (eyes open, looking around). The limb movements are smooth and spontaneous and not unusually jerky. He/she has a vigorous, lusty cry. The normal Respiratory Rate is 40-60 breaths / minute. The respiratory rate should be counted by observing the rise and fall of the newborn’s chest/stomach for a full minute.

What are the danger signs among newborns?
These are the following:

- Lethargy, not feeding or feeding less
- Cold to touch
- Rapid breathing (>60 per minute), grunt, gasping, apnea
- Abnormal movements, vacant stare
- Abdominal distension, vomiting
- Bleeding
- Jaundice

In the hospital, if Yashoda identifies any of the above signs, she should inform the nurse immediately. If the mother observes such signs in her newborn at home, she should immediately inform the ASHA/ANM or AWW for confirmation of sickness and guidance. During this time, ensure that the baby is well wrapped, kept warm during transport and continue feeding.
What are the normal physiological changes in a woman after delivery?

Normally after delivery the uterus (womb) undergoes contraction and becomes smaller and smaller in size. Sometimes, there may be some after pain (discomfort pain in the abdomen during breast feeding). The normal uterine discharge (bleeding) for 3-4 weeks for normal delivery is called Lochia. Usually all women continue to bleed/discharge at least for six weeks after delivery. The colour of Lochia changes over the weeks from red – yellow-white. Some women may experience mood changes during the first week.

What are the common problems a woman might face after delivery and how to treat these?

- Retention of Urine: Hot/Cold water application on the supra public region, sound of running water may help to initiate urination. Ask the patient to pass urine in squatting position. If no relief inform to the staff
- Pain: at the site of the cut which may be due to stitches in the skin. Inform to the staff
- Swelling of breasts: Hot water fomentation and light massage from periphery towards nipple help in removing engorgement with free flow milk,

What are the serious signs and symptoms during post natal period?

<table>
<thead>
<tr>
<th>General condition</th>
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</thead>
<tbody>
<tr>
<td>Mother feels dizzy</td>
</tr>
<tr>
<td>Looks pale</td>
</tr>
</tbody>
</table>
- Increase in body temperature
- Fast or difficult breathing
- Fits
- Visual disturbances

**Pains**
- Severe pain and tenderness in the abdomen
- Severe pain in the private part or genital area
- Severe headache
- Swollen, red or tender breasts or sore nipple
- Severe leg pain and tenderness over calf of muscles (pain in the calf muscles)

**Mental state**
- Keeping quite or not talking to anyone
- Not taking care of the baby or refuse to feed the baby,

**Bleeding and Discharge from vagina**
- Excessive bleeding from the vagina
- Passage of fist size clots
- Foul smelling discharge from vagina
**Chapter 9: Infection Prevention**

**Q. Why should we make an effort to prevention infection?**
**A.** Small babies are very vulnerable to infections since they are new in this world and have not yet learnt to fight against the disease causing germs. Neonatal infection is one of the major causes of neonatal death in our country. It is possible to prevent infection in the newborn by following some simple procedures.

**Q. What measures can be taken by Yashoda in the ward for infection control?**

- Avoid over crowding in the ward.
- Keep the bed and ward clean calm and free from dust.
- The floor of the ward should be cleaned with water and disinfectant when required (at least once in each shift)
- Ensure that the files, X ray films etc. are not kept on the baby cot.
- Ensure that mother washes hands after washing bottom of the baby & after she herself goes to toilet

**Q. What personal hygiene measures can Yashoda take to prevent spread of infection?**

- Wash hands before handling the baby.
- Have a bath daily
- Always keep trimmed nails and clean and combed hair
What infection control measures should a mother take at home and in the ward for herself and for the baby?

- Persons with infections should not be allowed to come into direct contact with baby.
- Number of persons handling the baby should be limited.
- Six hours after birth (or) after the baby’s temperature is stable, clean the baby’s skin with cotton clothes soaked in warm water to remove blood or other body fluids and then dry the baby. Delay bathing until at least the second day of life.
- The buttocks and perineal area of the baby should be cleaned each time the baby’s napkin is changed or as often as required, using cotton soaked in warm, soapy water and then the area to be dried.
- Ensure that the mother knows correct positioning and attachment for breast feeding to prevent mastitis and nipple damage.
- Use only clean clothes for baby. Do not use unwashed new clothes.
- Keep the umbilical cord of baby clean and dry.
- Instruct family not to apply anything on the cord stump.
- Tell family not to apply anything to the eyes and skin of the baby.
- Advice mother and others who handle baby have short trimmed nails.
• Advise mother to clean her hands and breasts before and after breast feeding the baby.

• Advise mother and others who handle baby to wash their hands with soap and water after defecation.

• Advice mother to wash her hands thoroughly before cooking for family and for the baby

• Counsel mother to exclusively breast feed baby.

• Advise mother and family members to keep the home and surrounding area clean and free from insects such as mosquito.

• Instruct her to take the baby at 6 weeks to the nearest health centre for immunization.

• Tell her not to use pacifier.

**SIX Steps for handwashing**

1. The palms and fingers
2. The back of hands
3. Wash fingers & knuckles
4. The thumbs
5. The finger tips
6. The wrists & arms up to elbows
**Chapter 10: Immunization**

**Which vaccines are given to children below 1 year of age?**
DPT, BCG, Hep B, Measles, OPV

**Which diseases do these vaccines protect against?**

<table>
<thead>
<tr>
<th>Name of Vaccine</th>
<th>Disease prevented</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td>Diphtheria, Pertussis, Tetanus</td>
</tr>
<tr>
<td>BCG</td>
<td>severe forms of childhood TB</td>
</tr>
<tr>
<td>Measles</td>
<td>Measles</td>
</tr>
<tr>
<td>OPV</td>
<td>Polio</td>
</tr>
<tr>
<td>Hep B</td>
<td>Hepatitis (Jaundice)</td>
</tr>
</tbody>
</table>

**Which vaccines should be given at birth?**
Following vaccines are to be given at birth – OPV, Hep B and BCG. Yashoda should ensure that the newborn gets these before discharge.

**What is the importance of the prescribed vaccination schedule?**
Timely vaccination of the child can build their immunity and prevent diseases.

Vaccines are given at specific intervals and age of life. The baby needs to be given all the prescribed vaccinations in the first year of life. The vaccines should be given at the time prescribed in the schedule. However, if a child has missed a dose, the ANM/nurse/doctor can decide how the schedule can be modified to benefit the child.
What is the vaccination schedule?

<table>
<thead>
<tr>
<th></th>
<th>BCG</th>
<th>Polio</th>
<th>DPT</th>
<th>Measles</th>
<th>Vitamin A</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td>At birth</td>
<td>——</td>
<td>——</td>
<td>——</td>
<td>——</td>
</tr>
<tr>
<td>6 weeks</td>
<td>6 weeks</td>
<td>9 months</td>
<td></td>
<td>9 months</td>
<td></td>
</tr>
<tr>
<td>10 weeks</td>
<td>10 weeks</td>
<td>15 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 weeks</td>
<td>14 weeks</td>
<td>Every 6 months till the child turns 5 years of age</td>
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</tr>
</tbody>
</table>

What is the route of administration of the vaccines?

Most vaccines are injections. Only polio vaccine is oral drops.

Where are vaccines available in the village?

Vaccination days are held at the village where an ANM visits and immunizes all the children of the village. Ask ASHA/ANM/AWW for information on immunization days.

What information should the Yashoda give to the mother and family about immunization?

- Counsel the mother to immunize her baby with polio drops, BCG Vaccine, Hepatitis B, DPT and measles vaccines.
- Communicate clearly that these vaccines must be given at the right age and right dose. The full course must be completed for giving protection to the child against diseases.
- Advise her to take the baby to the nearest health centre for routine immunization. Ask her to keep the immunization card safely.
- Explain the immunization schedule to the mother and advise her when and how many doses of each vaccine is to be given to the child.
- Make it clear to her that the full course of vaccination must be completed at the right age to protect the child from diseases.
Chapter 11: Family Planning

Q. What is the harm in having frequent pregnancies?
A. Harm to the mother – anaemia, general weakness due to rapid loss of nutrients

Harm to baby – Mother is unable to give adequate attention, family is unable to provide well due to demands on family resources

Q. Which are the family planning methods available for new mothers?
- CuT (Copper T)
- Oral Contraceptive pills
- Condom
- Female Tubectomy
- Male vasectomy

Q. What are the advantages of each and under which circumstances can these be used?
A. CuT is the most suitable method for spacing birth especially in women who are breast feeding. It is an easily insertable device that can be removed if more children are desired. It can be done on an OPD basis and can be done over 10 minutes. E.g – A woman who has one child and is breast feeding the child.

Oral contraceptive pills are pills that need to be consumed every day. These are very suitable for birth spacing among newly married women who do not desire to have children soon. These
can also be taken by new mothers who are not breast feeding. But, these are not to be consumed if the child is being breast fed. E.g. A newly married woman who wants to delay first child birth.

**Condom** is a temporary method of contraception. It is a device that is used during coitus. It can be easily put and removed by the man using it. It has the additional advantage of protecting a couple from HIV and STD/RTI. However, it has a high rate of failure.

**Tubectomy and Vasectomy** are permanent methods of sterilization. They are irreversible. So, these methods are useful for couples who have completed their family. E.g. a couple who has had two children already

**Q. Why can’t abortion not be used as an alternative to birth control?**

**A.** Repeated abortions are harmful to the health of women. They cause weakness, blood loss & Anemia.
Chapter 12: Help from the community

Q. Who are the people available in the community to help mother and family?

Community: The ASHA in the community in some districts of your state have been equipped with skills to take care of the newborn and mother at their home. ASHAs have been trained to perform the following tasks.
I) **ASHAs** will be able to convey comfortably key messages to Mothers and Family Members on
- Early initiation of Breast feeding
- Positive effects of feeding colostrum
- Exclusive breast feeding (NOTHING per mouth except Mother’s milk) and its positive effects
- Keeping the baby warm
- Postpone bathing

II) Be able to facilitate Immunization of the baby

III) be aware of danger signs in the Neonate and refer them to the nearest facility

IV) Record the events properly in the PNC card.

V) Record the home deliveries and facilitate birth registration.

The **ANM/HW (Female)** is available on the specified days when she is scheduled to visit her area. Ask the **AWW** of your area for the schedule of the **ANM**. During these visits, the **ANM** does the following:
- Examine pregnant and nursing mothers
- Conduct home deliveries.
- Immunize mothers and children below one year
• Distribute iron and folic acid tablets to pregnant and nursing women
• Distribute Vitamin A to children 1 to 5 years of age
• Treat mothers and children for minor ailments and refer them to PHC is necessary
• Give health teaching about the care of mother and child

At the Sub Centre: Daily clinic is attended by a ANM/Health Worker (F). The Services provided for mothers and children are as follows:
  • Prenatal and postnatal care
  • Child health care
  • Immunization
  • Distribution of iron and folic acid and vitamin A
  • Treatment of minor ailments
  • Health teaching
The weekly MCH Clinic is attended by the Medical Officer, PHC and/or LHV.

At the PHC: The following services are available at PHC:
  • Daily general clinic attended by the one of the Medical Officer.
  • Weekly out patient MCH clinics attended by one of the Medical Officers.
  • In patient care
  • Referral to the District Hospital
Q. Is it important to get birth registered?
A. Registration of birth is very important for every child. It is the child’s right.

Q. Is birth registration useful?
A. The birth of a baby should be registered within 21 days of the birth. But it can be registered later also if there is a delay due to any reason. A birth certificate can only be acquired if the birth is registered. The birth certificate is required for: Admission in school, getting a ration card, insurance, and pension. It is essential for getting a marriage or a driver’s license. It may be required to open a bank account, to apply for and secure formal employment and to inherit property. A birth certificate may also be needed obtain family allowances. A birth certificate proves identity and age. You can vote if you have your birth certificate.

Q. How is a birth registered in a hospital?
A. In case of a hospital birth, the medical officer is in-charge of informing higher authorities. The birth certificate can be obtained from the hospital in a few days after birth.

Q. How is a birth registered in the community?
A. In case of a home birth, the head of household, ASHA, AWW or ANM (whoever knows about the birth informs the village Panchayat secretary. He in turn informs the Tahsildar of the Taluka. The Tahsildar issues the birth certificate free of cost to the family.
Record keeping by Yashoda

Trainer's Notes

How to fill this register:

Name of the district – Mention the name of your district here

Name of the hospital – Mention the name of your hospital here

Sl. No. – The number assigned to the entry as the mothers arrive

Name & Address – Full name and address of the mother (in case there is no house number, mention the nearby landmark so that a field worker can easily find the house)
**Age** – Age of the mother in completed years. This is important to assess if the mother is old enough to have a safe pregnancy (above 18 years). Aged mothers are also at some risk (>35 years of age).

**Parity** – Number of living children the mother has. This is important to give sound and practical family planning advice to the mother.

**BPL** – Write ‘Yes’ or ‘No’. ‘Yes’ indicates that the mother and her family are below the poverty line. ‘No’ indicates that they are above the poverty line.

**Date and Time of admission** – mention the date of admission in day/month/year format. Also enter the time as – ‘morning’, ‘afternoon’ or ‘evening’. If the mother is admitted at 12.05 midnight, the date must be mentioned as the morning of the next day. For example: 14/10/08, 12.05, morning.

**Date and time of delivery** – This is the time at which delivery takes place. It must be entered in the same format – day/month/year. Also enter the time as – ‘morning’, ‘afternoon’ or ‘evening’. If the mother is admitted at 12.05 midnight, the date must be mentioned as the morning of the next day. For example: 14/10/08, 12.05, morning.

**Sex of the baby** – Entered as ‘boy’ or ‘girl’. If there is any genital anomaly and the doctor says that the sex cannot be determined, this must be mentioned.

**Weight of the baby** – The weight of the baby at birth as taken by the nurse or by yourself must be mentioned here in kgs with two decimal points. E.g 3.25 Kgs

**Any problem at birth** – Mention if the delivery was vaginal or caesarian. If it was vaginal, was it normal or there was use of forceps or any other procedure to deliver the baby. e.g. – Vaginal, normal or vaginal, forceps. This information should be gathered from the nurse.

**Initiation of breastfeeding** – If breast feeding was initiated, write ‘Yes’. If not, write ‘no’. If your entry is a ‘yes’ mention the time after birth when breast feeding was initiated. E.g. Yes, 1 hour after birth.

**Vaccination** – Tick the box if the doses of BCG and OPV are given. If not, put a cross in the appropriate box.
| **Date and time of discharge**  - This is the time at which the mother and baby are discharged from the hospital. It must be entered in the same format – day/month/year. Also enter the time as – ‘morning’, ‘afternoon’ or ‘evening’. If the mother is admitted at 12.05 midnight, the date must be mentioned as the morning of the next day. For example: 14/10/08, 12.05, morning.

**Duration of stay**  – Mention how long the mother stays in the hospital in hours. E.g if mother is admitted on 13/10/08 at 1, afternoon and leaves on 15/10/08 at 10, morning, her duration of stay is – 43 hours.

**Any problem with baby**  - Mention if the newborn has any problem at birth E.g low birth weight baby, jaundice at birth, discharge from eyes or any such danger signs you have learnt above or congenital anomaly mentioned by the doctor/nurse. This information is to be gathered from the nurse.

**Any problem with mother**  – Mention if there is any problem with the mother. E.g mother is suffering from TB, heart disease, bled too much etc.

**Remarks by Yashoda**  – This column can be used by you to mention anything special that you notice.

**Signature of Yashoda**  – There are three columns in this section. Column 1 is to be signed by the Yashoda who is present at the time of admission. Column 2 is to be signed by Yashoda present at the time of delivery. Column 3 is to be signed by Yashoda present at the time of discharge.

**Signature of supervisor**  – The child health supervisor of your hospital will sign this after checking your entries.

After filling the relevant columns in this register, Yashoda must remember to hand it to the next Yashoda on duty so that there is a continuum of care.
<table>
<thead>
<tr>
<th>Sl no</th>
<th>Name &amp; Address</th>
<th>Age</th>
<th>Parity</th>
<th>BPL</th>
<th>Date &amp; Time of Admission</th>
<th>Date &amp; Time of Delivery</th>
<th>Sex of Baby</th>
<th>Weight of Baby</th>
<th>Any problem at birth</th>
<th>Initiation of BF</th>
<th>BCG</th>
<th>OPV</th>
<th>Date &amp; Time of Discharge</th>
<th>Duration of Stay</th>
<th>Any problem with Baby</th>
<th>Any problem with Mother</th>
<th>Remarks by Yashoda</th>
<th>Signature Yashoda</th>
<th>Signature Supervisor</th>
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<tbody>
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</table>
Chapter: Building a rapport and Counselling family & mother

Q. How can we build a rapport with the mother and her family?
A. Build a rapport by greeting, introducing yourself and explaining why you are in the hospital.

Gather information to understand the problem, understand the family’s circumstances and to develop a care plan.

- This can be done by questioning and listening.
- Speak clearly, use local language, avoid medical words
- Be patient
- Listen to the mother and family
- Ask questions but be careful not to hurt the sentiments of the mother and family
- Have positive body language and don’t make any gestures which may not be liked by them
- Do not be judgmental

Q. What is Empathy?
A. Showing empathy is the ability to put yourself in someone else’s place and feel how they feel in a situation.

*Listening is important.*

Most of us are very fond of our own voice and we love to talk. Especially, if we feel that are more knowledgeable than the other, it is easy to get carried away while advising. However, we must always remember that all of us have our own beliefs and circumstance and may not like to be
advised. Often there may be situations where our receiver may listen but may not be able to follow the given advice since it is impractical in their circumstances. So, it is very important to understand the receiver’s circumstances so that we may be able to give sound, practical advice.

Q. But, how can we be better listeners?

- Pay attention to the person, showing interest, and hearing what is being said.
- Be attentive
- Concentrate on the client (eye contact, lean toward them, nod your head).
- Don’t interrupt.
- Express your feelings and queries once she/he stops
- Don’t jump to conclusions or diagnosis without hearing what the person has to say.
- Avoid - not making eye contact, interrupting, jumping to conclusions, not asking for more information, tapping feet, shuffling papers, looking outside or making bad gestures, finishing sentences for the speaker
- Praise the mother if she has done something good (given good care, came immediately if danger sign appeared, etc.). This helps raise her self confidence.
- Confirm what you have understood from their expressions
• You may repeat what they have said and felt.
• Acknowledge feelings

Q. How can we Counsel better?

• Try to explore parent’s understanding of illness or situation to see what they already know
• You can supplement what they already know instead of talking to them as if they didn’t know anything.
• It can also identify any beliefs/practices that may be harmful.
• Correct, misconception of facts:
  • Try to convince to avoid or modify the incorrect belief/practices
  • Be careful and sensitive when you correct misconceptions- do not make the person feel stupid.
• Explain the situation clearly in simple language
• Explain the care plan (as understood from the doctor/nurse)
• What the mother (or father) needs to do?
• Ask the mother to repeat what she has understood in her own words.
• Encourage to follow the care plan (treatment)
• Summarize and repeat key information
• Follow up as indicated (as informed by the doctor/nurse)