



World Health
Organization

Essential newborn care course

CLASSROOM PRACTICE

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Role play

The care of the normal baby at birth

DURATION 5 minutes

LOCATION Classroom

Scenario

- Mother delivers a normal baby.
- Two trainers/facilitators: one plays the mother, the other the health worker.

Equipment

- Clock with second hand
- Mannequin or doll
- Bucket of water to wet mannequin/doll
- Cloths
- Towel
- Blanket
- Cord ties and blade

This demonstration of care of the newborn baby at the time of delivery should take place immediately BEFORE Clinical Practice 1 begins.

In real time carry out actions detailed below:

- Wash hands.
- Call out time of birth.
- Deliver baby onto abdomen.
- Thoroughly dry baby immediately.
- Wipe eyes. Discard wet cloth.
- Cover baby with dry cloth.

Facilitator says: Baby is crying

- Clamp and cut cord.
- Leave baby on mother's chest in skin-to-skin contact.
- Place identification labels on baby.
- Cover mother and baby with blanket.
- Cover baby's head with a hat.

DURATION 20 minutes**LOCATION** Classroom

Role play dialogue 1

Communication skills

The action takes place in a postnatal ward at the side of Shanthi's bed. There are two chairs near the bed.

Health Worker (HW): Do not look up; continue to read the baby's notes as you approach the mother's bed, then look up briefly.

The **mother**, Shanthi, stands up. The Health Worker gives instructions and asks the questions quickly, as if she is in a hurry.

HW: "Undress the baby."

HW: (Do not look at the mother.) "How old is the baby?"

Mother (M): "Almost 1 day."

HW: "Are you breastfeeding?"

M: "Yes."

HW: (Continue to not look at the mother.) "Have you fed your baby in the last hour?"

M: "No."

HW: "Tell me when you feed next time. I need to see you breastfeed/ Are you having any difficulty?"

M: "Not really."

HW: "How many times has your baby breastfed in the last 24 hours?" (Looks up at the mother and baby for the first time.)

M: "About 3 times."

HW: (Reach out and feel the baby's feet.) "You can sit down if you wish. Hmm! Your baby feels quite cold. Is your baby satisfied with the feeds?" (Look at the baby's eyes.)

M: "I think so." (Look at the baby's abdomen.)

HW: "Have you given your baby any other foods or drink?" (Turns away from the mother to write in the baby's notes. Look at the baby moving and then feel the head and body.)

M: "No."

HW: "Has your baby passed meconium yet?" (Look at the umbilicus.) A long pause.

M: (Look puzzled.) "I'm sorry. What is that?"

HW: "Black, sticky stool."

M: "Oh! Yes, just after he was born. Is that normal?"

HW: "Yes. How do your breasts feel?"

M: "A bit sore."

HW: (Open the mother's blouse and look at her breasts and feel them.) "Hmm! A bit red, but they are soft. All mothers get sore in the first few days, that's normal" (Looks at her watch, obviously rushed.) "Have you any concerns about your baby?"

M: "Not really."

HW: "Good, come back in three to seven days and again in six weeks time to get your baby immunized. Arrange a date with the nurse."

The HW's mobile telephone rings and she rushes away.

Role play dialogue 2

Communication skills

DURATION 20 minutes

LOCATION Classroom

Health Worker (HW): (Looking at Kumar's notes as she approaches Shanthi's bed.)

The mother, Shanthi, stands up.

HW: (Look up at the mother, smile at her and her baby.) "Hello, Shanthi. I'm Dr Lee. Do sit down. I've come to examine Kumar before you go home. Is this a convenient time? What a lovely baby you have."

M: (Nod your head to show this is a convenient time and smile at the HW.)

HW: (Touch the mother gently on the arm (if this is appropriate). Look at the mother as you ask): "Do you mind if I sit down?"

M: (Shakes her head.)

HW: "How is Kumar?" (Look at the way the baby moves. Gently touch his cheek.)

M: "He seems well."

HW: (Eye contact with the mother.) "Good! How old is he now?"

M: "Almost 1 day."

HW: "I see he was a good weight when he was born, 3.5 kilograms, and he was well at birth. How are you feeding him now?"

M: "I'm breastfeeding him."

HW: "Good, that will help keep you both healthy. When did you last feed Kumar?"

M: "About half an hour ago."

HW: "Are you or Kumar having any difficulty with feeding?"

M: "Not really." (Then hesitantly): "I'm a bit sore."

HW: "When Kumar feeds next time I would like to watch, if you do not mind, and then maybe we can find out why you are sore."

M: "Thank you. Kumar is my first baby, so I've never breastfed before."

HW: "It takes a few days, sometimes a few weeks, to establish breastfeeding. You seem to be managing very well up to now. How many times has Kumar fed since he was born?"

M: "Three times."

HW: "How does he behave after you have feed him?"

M: "He just goes to sleep."

HW: "Has Kumar had any special foods or drinks since he was born?"

M: "No, not really. He had some honey ... but all babies have that, don't they?"

HW: "It is true that a lot of babies are given honey. It is better for Kumar if he only has your milk from now on and nothing else. You should feed him for six months without giving him any other foods. Your milk is all the food he needs right now."

M: "Kumar had quite a long time between his second feed and this last feed. Is that alright?"

HW: “Kumar is only 15-hours-old and is doing very well. Some babies on the day they are born only feed five or six times. After the first day, babies often feed about eight times in 24 hours.”

M: “So three times up to now is alright?”

HW: “Yes, that is good. You said your breasts felt a bit sore? May I look at them please?” (Examining the mother’s breasts): “Yes, your nipples are red, they must be very sore. We must look at how Kumar feeds, I’m sure we can help him to breastfeed so that you will not get so sore.”

M: “Thank you, I will be very happy if you can help me.”

HW: (Mobile telephone rings. Look at it and put it away.) “I am sorry about that. May I just examine your breasts?”

M: (Nods.)

HW: (Gently feel both breasts.) “They are soft, which is good. Over the next two days you will probably notice that your breasts may feel fuller and harder. Just keep feeding Kumar as often and for as long as he wants, both in the day and at night, and you won’t have any problems. You may also notice that your milk looks thinner and there is more of it, this is normal. Your milk is always just right for your baby.”

“Do you have any other concerns about feeding or anything else?”

M: “Not really, except when he stools. (Local terminology, e.g. poos?) It’s black. Is that normal?”

HW: “Yes. In the next two days you will notice the colour changes to brown and then to yellow, when it will be very soft as well. I would like you to bring Kumar back to see me in seven days when you come for your postnatal examination. Can you also make an appointment with the nurse to bring him back in six weeks so that we can give him his second immunization? But bring him back to me at any time if you are worried about him.”

(Looking in her desk drawer.) “Shanthi, have you been given these two information sheets?” (HW gives Shanthi the “Breastfeeding” and the “Care for the baby after birth” information sheets.)

M: “No, I’ve not seen them before.”

HW: “The form on breastfeeding will help you. The other sheet, on care of your baby, gives you information on everyday care and a list of the ‘danger signs’. If Kumar has any of these signs, if he feels cold or too hot or has difficulty breathing, bring him straight to the hospital. I suggest you read the sheets before you go home.”

Breastfeed observation form 1

| | | | |
|--------------------|--|------|--|
| Participant's Name | | Date | |
|--------------------|--|------|--|

NB: This form should be used BEFORE the first TAUGHT breastfeeding session.

This breastfeeding observation form is to help you understand what happens during a breastfeed. You should observe a complete breastfeed from the beginning and until the time the baby ends the feed by himself.

*** Please bring the form to the breastfeeding session on Day 2**

Beginning of the feed – Before attachment

1. Look at the nipples and areolas before the feed begins.
 - What is the shape of the nipple?
 - Describe the size of the areola.
 - Do the nipple and areola appear healthy?
 - If 'NO', please describe what you can see.
2. Describe how the mother holds her baby to encourage him/her to feed?
3. How does the mother encourage her baby to turn towards the breast to feed? Does she turn her baby's head towards her? Or does she turn her baby's body towards her?
4. Describe what the baby does when approaching the breast to feed. What do you notice about:
 - The baby's arms and hands?
 - The angle of its head?
 - The baby's mouth?
 - The baby's tongue?
 - The baby's mood?

During the feed

Note time feed began:

1. Describe the mother's body position. Does she appear tense in any way? If so, describe how.
2. Which parts of the baby's body are touching the mother's body?
 Chest? Hips/tummy? Thighs/Knees? Other?
3. Are the baby's knees pointing in the same direction as its mouth? If not, where is the baby's body twisted?
 At the neck? At the waist? Somewhere else?
4. Which parts of the baby's face are touching the mother's breast during the feed?
 Nose? Lips? Chin?
5. Describe the appearance of the baby's:
 - Top lip
 - Lower lip
 - Cheeks
6. Is any of the mother's areola visible? If so, where do you see more of it?
 More by the baby's top lip More by the bottom lip None is visible
7. When the baby is feeding does he let go and pull away during the feed? Yes No
8. Is there any movement of the mother's breast during the feed? If so please describe where the movement is.
9. How does the mother communicate with her baby during the feed (e.g. eye contact, talking, stroking)
10. Does the baby breastfeed:
 All the time? With pauses between feeding?

Are any pauses between feeding:
 Short (i.e. a few seconds)? Long (15 seconds or more)?
11. Does this pattern change during the feed? Yes No

If yes, how?
12. How would you describe the baby's breastfeeding behaviour?
 Rapid/short? Slow/long?

End of a feed

1. Note time feed ended:
2. Who ends the feed?
 The mother? The baby?

If someone different, who and why?
3. Describe the appearance of the nipples and areolas immediately after the feed. Note particularly any changes in colour or shape.
4. How does the mother feel about the feed?
 Does she report any discomfort?

 Does she think her baby had a good feed?
5. How long did the feed last?
6. Did the baby feed from both breasts?

Additional notes:

Please answer the following question

- Do you think the baby you observed was:
 - Well attached?
 - Poorly attached?
 - Well positioned?
 - Poorly positioned?
- If poorly attached or positioned, describe what you observed to explain your answer.

Breastfeeding exercise form 2**USE** with slides 5/10 to 5/13**Slide No 5/10****GENERAL OBSERVATION****Mother**

- Mother looks healthy
 Mother relaxed and comfortable
 Signs of bonding between mother and baby

- Mother looks ill or depressed
 Mother looks tense and uncomfortable
 No mother/baby eye contact

Baby

- Baby looks healthy
 Baby calm and relaxed

- Baby looks sleepy or ill
 Baby is restless or crying

Breasts

- Breasts look healthy
 Breast well supported, with fingers away from nipple

- Breasts look red, swollen or sore
 Breast held with fingers on areola

BABY'S POSITION

- Baby's head and body in line
 Baby held close to mother's body
 Baby's whole body supported
 Baby approaches breast, nose to nipple

- Baby's neck and head twisted to feed
 Baby not held close
 Baby supported by head and neck only
 Baby approaches breast, lower lip/chin to nipple

ATTACHMENT

- More areola seen above baby's top lip
 Baby's mouth open wide
 Lower lip turned outwards
 Baby's chin touches breast

- More areola seen below bottom lip
 Baby's mouth not open wide
 Lips pointing forward or turned in
 Baby's chin not touching breast

Slide No 5/11**GENERAL OBSERVATION****Mother**

- Mother looks healthy
 Mother relaxed and comfortable
 Signs of bonding between mother and baby

- Mother looks ill or depressed
 Mother looks tense and uncomfortable
 No mother/baby eye contact

Baby

- Baby looks healthy
 Baby calm and relaxed

- Baby looks sleepy or ill
 Baby is restless or crying

Breasts

- Breasts look healthy
 Breast well supported, with fingers away from nipple

- Breasts look red, swollen or sore
 Breast held with fingers on areola

BABY'S POSITION

- Baby's head and body in line
 Baby held close to mother's body
 Baby's whole body supported
 Baby approaches breast, nose to nipple

- Baby's neck and head twisted to feed
 Baby not held close
 Baby supported by head and neck only
 Baby approaches breast, lower lip/chin to nipple

ATTACHMENT

- More areola seen above baby's top lip
 Baby's mouth open wide
 Lower lip turned outwards
 Baby's chin touches breast

- More areola seen below bottom lip
 Baby's mouth not open wide
 Lips pointing forward or turned in
 Baby's chin not touching breast

Slide No 5/12**GENERAL OBSERVATION****Mother**

- | | |
|---|---|
| <input type="checkbox"/> Mother looks healthy | <input type="checkbox"/> Mother looks ill or depressed |
| <input type="checkbox"/> Mother relaxed and comfortable | <input type="checkbox"/> Mother looks tense and uncomfortable |
| <input type="checkbox"/> Signs of bonding between mother and baby | <input type="checkbox"/> No mother/baby eye contact |

Baby

- | | |
|--|---|
| <input type="checkbox"/> Baby looks healthy | <input type="checkbox"/> Baby looks sleepy or ill |
| <input type="checkbox"/> Baby calm and relaxed | <input type="checkbox"/> Baby is restless or crying |

Breasts

- | | |
|---|---|
| <input type="checkbox"/> Breasts look healthy | <input type="checkbox"/> Breasts look red, swollen or sore |
| <input type="checkbox"/> Breast well supported, with fingers away from nipple | <input type="checkbox"/> Breast held with fingers on areola |

BABY'S POSITION

- | | |
|---|---|
| <input type="checkbox"/> Baby's head and body in line | <input type="checkbox"/> Baby's neck and head twisted to feed |
| <input type="checkbox"/> Baby held close to mother's body | <input type="checkbox"/> Baby not held close |
| <input type="checkbox"/> Baby's whole body supported | <input type="checkbox"/> Baby supported by head and neck only |
| <input type="checkbox"/> Baby approaches breast, nose to nipple | <input type="checkbox"/> Baby approaches breast, lower lip/chin to nipple |

ATTACHMENT

- | | |
|--|---|
| <input type="checkbox"/> More areola seen above baby's top lip | <input type="checkbox"/> More areola seen below bottom lip |
| <input type="checkbox"/> Baby's mouth open wide | <input type="checkbox"/> Baby's mouth not open wide |
| <input type="checkbox"/> Lower lip turned outwards | <input type="checkbox"/> Lips pointing forward or turned in |
| <input type="checkbox"/> Baby's chin touches breast | <input type="checkbox"/> Baby's chin not touching breast |

Slide No 5/13**GENERAL OBSERVATION****Mother**

- | | |
|---|---|
| <input type="checkbox"/> Mother looks healthy | <input type="checkbox"/> Mother looks ill or depressed |
| <input type="checkbox"/> Mother relaxed and comfortable | <input type="checkbox"/> Mother looks tense and uncomfortable |
| <input type="checkbox"/> Signs of bonding between mother and baby | <input type="checkbox"/> No mother/baby eye contact |

Baby

- | | |
|--|---|
| <input type="checkbox"/> Baby looks healthy | <input type="checkbox"/> Baby looks sleepy or ill |
| <input type="checkbox"/> Baby calm and relaxed | <input type="checkbox"/> Baby is restless or crying |

Breasts

- | | |
|---|---|
| <input type="checkbox"/> Breasts look healthy | <input type="checkbox"/> Breasts look red, swollen or sore |
| <input type="checkbox"/> Breast well supported, with fingers away from nipple | <input type="checkbox"/> Breast held with fingers on areola |

BABY'S POSITION

- | | |
|---|---|
| <input type="checkbox"/> Baby's head and body in line | <input type="checkbox"/> Baby's neck and head twisted to feed |
| <input type="checkbox"/> Baby held close to mother's body | <input type="checkbox"/> Baby not held close |
| <input type="checkbox"/> Baby's whole body supported | <input type="checkbox"/> Baby supported by head and neck only |
| <input type="checkbox"/> Baby approaches breast, nose to nipple | <input type="checkbox"/> Baby approaches breast, lower lip/chin to nipple |

ATTACHMENT

- | | |
|--|---|
| <input type="checkbox"/> More areola seen above baby's top lip | <input type="checkbox"/> More areola seen below bottom lip |
| <input type="checkbox"/> Baby's mouth open wide | <input type="checkbox"/> Baby's mouth not open wide |
| <input type="checkbox"/> Lower lip turned outwards | <input type="checkbox"/> Lips pointing forward or turned in |
| <input type="checkbox"/> Baby's chin touches breast | <input type="checkbox"/> Baby's chin not touching breast |

Name (of mother) _____ Date _____

How old is the baby? _____ hours/days

Does the mother have any concerns about the baby? _____

How is the baby feeding? _____

| ASK, CHECK RECORD | LOOK, LISTEN, FEEL | SIGNS (CIRCLE IF PRESENT) |
|---|---|--|
| Is the baby preterm (<37 weeks or >1 month early)? | | Preterm |
| Breech birth? | | |
| Difficult birth? | | |
| Resuscitated at birth? | | |
| Is the baby one of twins? | | Twin |
| Has the baby had convulsions? | | Danger sign |
| Is the mother very ill or transferred? | | Mother not able to care for the baby |
| | Assess breathing (baby must be calm) Grunting. Breathing: More than 60 breaths per minute Less than 30 breaths per minute Chest in-drawing | Danger sign Danger sign Danger sign Danger sign |
| | Look at the movements: Are they normal and symmetrical? Look at the presenting part: Is there swelling and bruises? | Swelling, bruises or malformation |
| | Look at the abdomen for pallor | Danger sign |
| | Look for malformations | Swelling, bruises or malformation |
| | Feel the tone: Is the baby floppy or stiff? | Danger sign |
| | Feel for warmth. If cold, or very warm, measure temperature. Is the temperature: >38°C or <35°C? | Danger sign |
| | 35-36.4°C? | Body temperature 35-36.4 °C |
| | Look for bleeding from stump or cut | Danger sign |
| | Weigh the baby. Is the weight <2500 g? | Birth weight <2500 g |
| Has the mother had within 2 days of delivery: Fever >38 °C? Infection treated with antibiotics | | Special treatment needs Special treatment needs |
| Membranes ruptured >18 hours before delivery? | | Special treatment needs |
| Mother tested RPR-positive? | | Special treatment needs |
| Mother tested HIV-positive? Has she received infant feeding counselling? | | Special treatment needs |
| Is the mother receiving TB treatment that began <2 months ago? | | Special treatment needs |
| | Look at the skin. Is it yellow? | Jaundice |
| | If baby is <24 hours old, look at skin on the face If baby is >24 hours old, look at palms and soles | Danger sign Danger sign |
| | Look at the eyes. Are they swollen or draining pus? | Local infection |
| | Look at the skin, particularly around the neck, armpits, inguinal area: Are there <10 pustules? | Local infection |
| | Are there >10 pustules, or bullae, swelling, redness or hardness of the skin? | Danger sign |
| | Look at the umbilicus: Is it red? Draining pus? Does the redness extend to the skin? | Local infection Danger sign Danger sign |
| Assess breastfeeding (as described on page J4) and classify feeding: Is the baby not able to feed? | | Danger sign |
| Does the baby have feeding difficulty? | | Not feeding well |

If you have not circled any of the signs, classify the baby as a WELL BABY and provide care (as described on page J2).

If you have circled any of the signs, go to the appropriate page to assess, classify, and treat and advise:

- Preterm, birth weight <2500 g or twin – Page J3
- Not feeding well – Page J4
- Special treatment needs – Page J5
- Jaundice or local infection – Page J6
- Danger sign – Page J7
- Swelling, bruises or malformation – Page J8

If mother complained of breast or nipple pain during breastfeeding assessment, assess the mother's breasts – Page J9

PARTICIPANT'S NAME _____

Clinical TASK name and number _____

Additional notes:


Keeping the baby warm

M1

S4

7

Scenario 1

- You work in a busy delivery room. Medical staff report that in the past two months there has been an increase in the number of babies at their first newborn examination who are *hypothermic* and need treatment.
 - You and a colleague are asked by senior staff to check if there is a problem in the delivery room. You discover several reasons why the delivery room may be too cold for babies and their mothers.
- 
- What did you find?
 - What can be done to change the situation to keep the delivery room warm?

Task Card A.


Keeping the baby warm

M1

S4

11

Scenario 3

- What advice will you give to a father who will be taking his wife and baby to a cooler mountainous area?
- 
- How can he and his wife keep their baby warm at home?

Task Card C


Keeping the baby warm

M1

S4

8

Scenario 2

- You are newly in-charge of the postnatal ward in a district hospital. You have noticed that mothers are wearing jackets and think the ward is cold.
 - You spend an afternoon assessing the postnatal ward.
- 
- List what you have found that makes your ward cold.
 - What changes do you intend to make to keep babies warm in the ward?

Task Card B


Keeping the baby warm

M1

S4

11

Scenario 4

- The climate is very hot where you live.
- 
- What advice can you give to mothers and their families when they take their new baby home to prevent their baby from becoming overheated?

Task Card D

Keeping the baby warm

M1 S4 13

- CHOOSE A CLINICAL AREA YOU **DO NOT** NORMALLY WORK IN FROM THE FOLLOWING LIST:
 - Postnatal ward
 - Labour and Delivery area
 - Special Care Baby Unit
 - Outpatients department (where babies are seen)
 - Any other area mothers and babies regularly use
- Sit in a position where you can get a good view of the clinical AREA.
- Spend 10 minutes looking carefully at your surroundings.
- Imagine you have a newborn or sick baby with you.
- Write down all the ways you see that may cause your “baby” to get cold.

You are the **BABY’S MOTHER**

What can **YOU** do to keep your baby warm in this area?

Task card E

Essential Newborn Care Course 

Keeping the baby warm

M1 S4 15

- CHOOSE A CLINICAL AREA YOU **DO NOT** NORMALLY WORK IN FROM THE FOLLOWING LIST:
 - Postnatal ward
 - Labour and Delivery area
 - Special Care Baby Unit
 - Outpatients department (where babies are seen)
 - Any other area mothers and babies regularly use
- Sit in a position where you can get a good view of the clinical AREA.
- Spend 10 minutes looking carefully at your surroundings.
- Write down all the ways you see that may cause your “baby” to get cold.

You are **The MANAGER OF THIS CLINICAL AREA.**

What can you do to stop babies getting cold?

Task card G

Essential Newborn Care Course 

Keeping the baby warm

M1 S4 14

- CHOOSE A CLINICAL AREA YOU **DO NOT** NORMALLY WORK IN FROM THE FOLLOWING LIST:
 - Postnatal ward
 - Labour and Delivery area
 - Special Care Baby Unit
 - Outpatients department (where babies are seen)
 - Any other area mothers and babies regularly use
- Sit in a position where you can get a good view of the clinical AREA.
- Spend 10 minutes looking carefully at your surroundings.
- Write down all the ways you see that may cause your “baby” to get cold.

You are the **DESIGNER OF A NEW CLINICAL AREA.**

How would **YOU** change the existing clinical area to keep babies warm?

Task card F

Essential Newborn Care Course 

Keeping the baby warm

M1 S4 16

- CHOOSE A CLINICAL AREA YOU **DO NOT** NORMALLY WORK IN FROM THE FOLLOWING LIST:
 - Postnatal ward
 - Labour and Delivery area
 - Special Care Baby Unit
 - Outpatients department (where babies are seen)
 - Any other area mothers and babies regularly use
- Sit in a position where you can get a good view of the clinical AREA.
- Spend 10 minutes looking carefully at your surroundings.
- Describe what you see **NOW** that help to keep a “baby” warm.

You are **A HEALTH WORKER IN THIS CLINICAL AREA.**

How could you improve what you see to keep babies warm?

Task card H

Essential Newborn Care Course 

DURATION 10 minutes**LOCATION** Classroom**Instructions 1****Keeping the baby warm**

- Put a poster on “Warmth” on the wall with the following information on it:

Keep the baby warm**Warm room**

The first day and later:

- Dress the baby
- Wrap in soft dry clean cloth
- Cover head with hat

or

- Wrap in soft dry clean cloth and cover with a blanket

- At home – A baby needs one more layer of clothing than an adult.
- At night – Sleep with the baby or cover with a blanket.

Facilitator/trainer to demonstrate a health worker teaching the mother and carrying out routine care:

Explain to the mother:

- That keeping her baby warm is important for her staying healthy.
- To keep her baby with her in the same room and to keep the room warm.

When discharged or at home:

- Babies need one more layer of clothes than other children and adults.
- Keep the room or part of the room warm, especially if in a cold climate.
- Wrap the baby during the day.
- At night, let the baby sleep with her, or within easy reach, to help with breastfeeding.
- NOT to put the baby on a wet or cold surface.
- NOT to swaddle/wrap the baby too tightly. Swaddling makes the baby cold.
- NOT to leave the baby in direct sun.
- NOT to bath the baby within 6 hours of birth.

Show the mother:

- How to dress or wrap her baby in a soft dry clean cloth. Use a hat for the first days.
- Cover the baby with a blanket when not in skin-to-skin contact or if separated from the mother.

Teach the mother to:

- Feel the baby’s feet.
- If they are cold, to put the baby skin-to-skin.

In a health facility, health workers should:

- Assess warmth every 4 hours by touching the baby’s feet.
- Start skin-to-skin contact if the feet are cold; reassess the baby in 1 hour.
- If feet still cold after of 1 hour of skin-to-skin contact, the baby’s temperature should be taken and “re-warming” started. **K9**

Participants to practice teaching a mother.

Instructions 2

Cord care

DURATION 10 minutes

LOCATION Classroom

Put a poster on “Cord Care” on the wall with the following steps on it:

Wash hands

with clean water and soap before and after cord care

- Put nothing on the cord stump; keep it dry and leave it exposed to the air.
- Fold the nappy (diaper) below the level of the cord stump.
- Keep cord stump loosely covered with clean clothes.
- If the stump is soiled, wash it with clean water and soap.
- Dry it thoroughly with a clean cloth.

- Point out that there is a good evidence base for these recommended practices.
- Discuss any harmful practices that are commonly practised in the community.

Facilitator/trainer to demonstrate a health worker teaching the mother and carrying out routine care:

- Show a mother how to carry out cord care. Use the instructions on the poster **K10**.
- Tell the mother:
 - To wash her hands before and after cord care.
 - Not to bandage the cord stump or abdomen.
 - Not to apply any substances or medicine to the cord stump:
- For example, do not clean the stump with alcohol, this may delay healing and is best avoided.
 - Avoid touching the cord stump unnecessarily.
- Tell the mother:
 - The cord stump should dry and fall off in the first week.
 - The cord area should be checked for the first few days after the stump has fallen off to make sure it does not bleed.
- Give the following advice to the mother BEFORE she and her baby go home.
 - If the umbilicus becomes red or drains blood or pus when the mother and baby are at home she MUST take her baby to a clinic or hospital.
- To be carried out by the health worker:
 - If you or the mother or her companion finds there is bleeding from the cord, check if the tie is loose and, if so, retie the cord.
- Participants to practice teaching a mother. Use instructions given on **K10**.

DURATION 10 minutes**LOCATION** Classroom

Instructions 3

Hygiene

Put a poster on “Hygiene” on the wall with the following steps on it:

Wash or bathe a baby in a warm, draught-free room

- Wash the face, neck, underarms DAILY.
- Wash the buttocks when soiled. Dry thoroughly.
- Bath when necessary:
 - Use warm water
 - Thoroughly dry the baby, dress and cover after the bath.

- Point out that there is a good evidence base for these recommended practices.
- Discuss any harmful practices that are commonly practised in the community.
- Facilitator/trainer to demonstrate a health worker teaching the mother:
- Show a mother how to keep her baby clean. Use the instructions on the poster **K10** under “Hygiene”.
- Tell the mother to:
 - Use a cloth on baby’s bottom to collect stools.
 - Dispose of the stools as she would for a women’s pad/sanitary towel.

Always WASH HANDS after cleaning the baby’s bottom

- Tell the mother:
 - NOT to bathe the baby before 6 hours of birth or if the baby is cold.
 - NOT to put anything in the baby’s eyes (except an antimicrobial at the time of birth and if the mother is instructed to do so because her baby has an eye infection).
- Participants to practise teaching a mother. Use instructions given on **K10** Hygiene.

Exercise Sheet (Give to participants)

DURATION 20 minutes

The small baby

LOCATION Classroom

Case Study 2: Kumar and Laxmi

Read the following case study and answer the questions:

1. You are asked to do Kumar's first examination. What have you learnt from his notes and what his mother has told you?
2. Name the 3 parts of the newborn examination.
3. You have now finished assessing Kumar and in addition to information from his notes and given by his mother, you have found:
 - His feet and body are cold to the touch.
 - His temperature is 35.7 °C.

Classify Kumar using section **J**

4. What colour are the sections of the chart where these signs were found? What does the colour indicate?
5. Your next step is to follow the "Treat and Advise" column. What will be the first treatment and advice you will give to Kumar and his mother? Why?
6. What other treatment and advice will you give to Kumar and his mother?
7. You have to reassess Kumar daily **J11**. What will you assess?



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CLASSROOM PRACTICE

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