How to Train Community Health Workers in Home-Based Newborn Care

Training Manual

By
The SEARCH Team

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Volume 3 :
Module 7 : Making Home Visits to Newborns and the Care of Eyes, Skin and Cord
### TIME TABLE
**TRAINING WORKSHOP 3 OF THE CHW TRAINING**
Module 7

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830-1030</td>
<td>Welcome Song (15 min.)</td>
<td>Song Review of previous day (15 min)</td>
</tr>
<tr>
<td></td>
<td><strong>Module 7: Making Home Visits to Newborns and the Care of Eyes, Skin and Cord</strong></td>
<td>Session 3: Field visit: Fill in the Home Visit Form (3 hrs 30 min)</td>
</tr>
<tr>
<td></td>
<td><strong>Session 1:</strong> Review of field experience after Training Workshop 2 (Modules 3, 4, 5, and 6) (1 hr 45 min)</td>
<td></td>
</tr>
<tr>
<td>1030-1045</td>
<td>TEA</td>
<td></td>
</tr>
<tr>
<td>1045-1230</td>
<td>Song Session 1 (continued): Review of field experience (1 hr 45 min)</td>
<td>Session 3 (continued): Review of field practice (1 hr)</td>
</tr>
<tr>
<td>1230-1400</td>
<td>LUNCH</td>
<td>LUNCH</td>
</tr>
<tr>
<td>1400-1530</td>
<td>Session 2: Home visits and the Home Visit Form (1 hr 30 min)</td>
<td>Session 4: Case Presentation: Evaluating the ability to fill in the Home Visit Form (1 hr 10 min)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Session 5: Eye, umbilical cord and skin Care (1 hr 20 min)</td>
</tr>
<tr>
<td>1530-1545</td>
<td>TEA (During session)</td>
<td></td>
</tr>
<tr>
<td>1545-1700</td>
<td><strong>Session 2</strong> (continued): Home visits and the Home Visit Form (1 hr 15 min)</td>
<td>Summary and Planning for work in the community (30 min)</td>
</tr>
<tr>
<td>1700-1730</td>
<td>Evaluation</td>
<td>Closing (20 min)</td>
</tr>
<tr>
<td>Evening</td>
<td>Game/ entertainment</td>
<td></td>
</tr>
</tbody>
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Module 7: Making Home Visits to Newborns and the Care of Eyes, Skin and Cord

Session 1: Review of field experience after Training Workshop 2 (Modules 3, 4, 5, and 6)

Day: 1  
Time Required: 3 hours and 30 minutes

Purpose

To provide an opportunity for trainees to discuss their experiences in the field after the second training workshop, to review how they worked with the TBA, and to share their experiences observing deliveries and performing the first examination of the newborn. Trainers will note topics/skills where trainees may have had difficulty and need more explanation or practice.

Objectives

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

1. Discuss relevant events experienced during the field work: observing delivery, observing baby at 30 seconds and 5 minutes, performing the first examination, interacting with the TBA and mothers, treating community members for wound care and with aspirin and paracetamol, personal feeling about her own behavior, maintaining stock, etc.

Materials

- List of qualities of ideal CHW (the list developed in Training Workshop 1 Module 2 Session 12)
- List of all women in the village who may get pregnant (Training Workshop 1 Module 2 Session 3 HO-1)
- List of pregnant women (Training Workshop 1 Module 2 Session 7 HO-1)
- Pregnancy Form (Training Workshop1 Module 2 Session 11 HO-1)
- Delivery Form (Training Workshop 2 Module 4 Session 5 HO-3)
- First Examination of Newborn Form (Training Workshop 2 Module 5 Session 4, HO-1)
- Stock and Treatment Forms (Training Workshop 2 Module 6 Session 1 HO-1 and HO-2)

Preparation

- Instruct the trainees in advance to bring their copies of the materials from previous sessions listed above.

Training Methods

Presentation/Discussion (1 hour 45 minutes)

Instructions to Trainers:

1. Have trainees sit in a large circle.
2. Ask each trainee to give a 3-5 minute summary of her field practice to include (write the following on the board so the CHWs can remember what to discuss):
   o Number of deliveries observed if any
   o Experience working with TBA
   o An experience she learned from; and what she learned
   o How she felt about her own practice
   o How she felt observing the newborn and doing the first exam
   o Any difficult or negative experiences
   o Any progress in becoming the ‘Ideal CHW’
   o Any topics or skills she needs to review from Modules 3, 4, 5 and 6

3. As CHWs talk:
   o Keep track of time.
   o Clarify any confusing points.
   o If relevant, discuss any points brought up in the large group.
   o Summaries and point out common feelings/findings.
   o Note areas where trainees may need more practice or information.

**Drama Games (1 hour 30 minutes)**

**Instructions to Trainers:**
1. From the previous presentation, ask trainees to repeat some of the difficult situations that came up in the discussion, and some of the positive experiences, such as: unfriendly mother, TBA not happy with CHW presence at the delivery, CHW insecure doing the first examination, CHW working well with the TBA and becoming more confident, CHW not yet able to ‘help’ the community and family saying she’s not useful, CHW helping a young child with a wound and the family is very appreciative, etc.
2. Write the ‘difficulties’ or the positive experiences on the board. (15 minutes)
3. Divide trainees into groups of three.
4. Have each group pick a topic and develop a role play showing, through good communication skills and sharing of feelings, how the difficulty can be dealt with, or how the positive experience can help CHW and others. Have CHWs think about the qualities of the ‘ideal CHW’ when they are preparing the role play. (15 minutes)
5. Have each group present their skit (5 minutes) followed by a short discussion (5 minutes, for a total of approximately 1 hour).

**Summary (15 minutes)**
- Summaries discussion of field work including areas needing more attention, if any.
- Give feedback on how trainees performed (in general terms) during the post-training evaluation in the field.

The trainer evaluates his/her own session

<table>
<thead>
<tr>
<th>Objective</th>
<th>Assessment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss relevant events experienced during the field work.</td>
<td>Presentations.</td>
</tr>
</tbody>
</table>
Module 7: Making Home Visits to Newborns and the Care of Eyes, Skin and Cord

Session 2: Home visits and the Home Visit Form

Day: 1  
Time Required: 2 hours 45 minutes

Purpose
To introduce the CHW to her role during home visits after delivery, and in using the Home Visit Form.

Objectives
At the end of the session the CHW will be able to:
1. Explain when she will visit each mother and newborn during the postpartum period.
2. Use the Home Visit Form as a guide when asking the mother questions about herself and the newborn and when examining the newborn.
3. Recognise and differentiate normal newborn (as per Content Box below), such as newborn with well-flexed limbs and newborn diseases like, flaccid limbs, rash, jaundice, boils, pus on umbilicus, swollen eyes with discharge, fast breathing, indrawing breathing, swollen head (caput), etc.
4. Fill in the Home Visit Form correctly.

Materials
- Handout 1 (HO-1): Home Visit Form for each CHW
- Photographs of newborn diseases in an ‘album’ for each trainee (List of Photos from Training Workshop 2 Module 5 Session 6 Training Aid 1)
- Slides of newborn diseases (and slide projector), if possible
- Communication Guide (for reference during role plays) (Training Workshop 1 Module 2 Session 1 HO-1)
- Handout 2 (HO-2): Case Presentation for filling in the Home Visit Form Video clip of chest indrawing
- Handout 3 (HO-3): Sequencing of the CHWs activities during home visit

Preparation
- Make adequate photocopies of Handouts 1, 2, and 3 depending on the number of trainees.
- If available, set up the slide projector and make sure it is working. Prepare the slide show.
- Instruct the trainees in advance to bring their copies of the Communication Guide and photograph album of normal newborn and newborn diseases as listed above.

Training Methods
Presentation (1 hour 15 minutes)

Instructions to Trainers:
1. Distribute the Home Visit Form to each trainee.
2. Review the format of the form:
   • Columns are for each day of visit; starting with the 2nd day after delivery and ending on the 28th day. Total = 5 visits for the normal newborn after the visit on the day of delivery: day 2, 3, 7, 15, 28. Additional visits can be made if requested by the parents or if you feel the need.
   • Rows are for each question; there are 4 sections of questions:
     A. Ask about mother’s health
     B. Ask mother about the baby
     C. Examination of baby
     D. Observation
3. Start with Section A: Health of mother. Go through each question. Ask a trainee to read a question and tell you what it means. Some questions are easy and do not need much explanation; other questions will be explained further in the Content Box below.
4. If the trainee explains the questions appropriately, praise her effort. If the answer is not correct or complete, ask if another trainee has anything more to add. Make sure all trainees understand each question, as well as how to mark the answer on the form.
5. Continue with each section of questions and use photographs to be kept in their album (or slides if available), to illustrate various conditions when possible.
6. Ask for any questions.
7. Have trainees answer the questions if possible; if not, give simple, clear explanations.

Content Box

A. Mother’s complaints about her health
1. Bleeding: Note if bleeding continues or has totally stopped.
2. Number of pads: Mark down actual number of pads soaked in a day.
3. Foul smelling discharge: Note if dirty, smelly discharge on pad.
4. Inability to sleep: Note if the mother has trouble sleeping even when the baby is quiet.
5. Sore breasts/feeding problem: Ask the mother if she is having any problems with feeding the baby.
6. Fever: If the mother thinks she has a fever, measure her temperature and write it down.
7. Boils/pus on skin: Ask if the mother has any boils or pus.
8. Any other complaint: Use this space to write down anything important the mother may tell you about her condition.

B. Ask the mother about the baby
1. How is the cry of the baby? Circle what the mother says.
2. Was the baby breastfed? Circle yes or no.
3. If mother has no milk what the baby was given Write what was given.
4. Did baby have less number of feeds than usual? Yes/no.
5. How is baby suckling? Answer as per the choices given.
6. What else was given besides breast milk? Write down what if anything was given.
7. Did baby stop taking his feeds? If baby has stopped feeding for more than eight (8) hours, write ‘stopped’.
8. Did baby vomit? If baby vomits (not just a ‘spit-up’ but most or all of the feed) after each feed for the past three (3) feeds, write ‘yes’.
9. Whether baby had watery loose motions. Circle ‘Yes’ ‘No’
11. Loose limbs. Whether the limbs of baby are loose? Circle ‘Yes’ ‘No’
12. Did baby have fever? Yes/No according to what mother says.
13. Did baby’s body become cold? Yes/No according to what mother says.
14. Did blood ooze? If yes write down from where.
15. Fast breathing? Yes/No according to what mother says.
16. Chest indrawing? Yes/No according to what mother says.
17. Skin with pus or boils? Yes/No according to what mother says.

C. Examination of the baby

1. Skin: Note colour and any rash, pus or boils. Yellow skin may be caused by jaundice. Show relevant photographs.
2. Respiratory rate: Count for one (1) full minute. If 60 or over, repeat the count once more. Fast breathing, grunts or indrawing breathing may be signs of pneumonia.
3. Grunt: Listen; write yes/no. A grunt is a short groaning sound made from the throat when breathing out.
4. Chest indrawing: Open the shirt and observe chest; write yes/no. Chest indrawing is when the lower part of the baby’s chest is sucked in deeply when the baby breathes in. See the photograph and the video. Sometimes when the child breathes in, the skin between the ribs is sucked in: this is NOT chest indrawing.
5. Temperature (axillary): Measure temperature and write it down. What is a ‘normal’ temperature?
6. Eyes: Note any swelling, or discharge. Pus appears thick, ‘mucopurulent’ discharge is thinner (see photograph). Gently pull down lower eyelid; is colour red or has the white part of the eye become yellow?
7. Colour of the eyes Write appropriate answer
8. Pus on umbilicus: Note if any pus is formed on the umbilicus.
9. Abdomen: A normal abdomen (or tummy) is soft to the touch; a bloated abdomen is excessively bulging and is tight (see photograph).
11. Limbs/Neck limp Write ‘Yes’ ‘No’
12. Cry: Fill in appropriate response.
13. Weight: Weigh the baby on days 7, 15, and 28. Mark the weight in the space.
14. Any treatment: Ask the mother if the baby was given any form of treatment and fill in details.
15. Write anything different

D. Observations

1. Was the baby clothed including a head cover? Yes/No.
2. Was the baby covered well (wrapped in a blanket or cloth)? Yes/No.
3. Was the baby given bath (on day of visit)? Yes/No
4. Was baby held close to mother? Yes/No
5. Was anything applied to umbilicus: Yes/No. If yes, write what in space provided.
6. Was anything put in baby’s eyes? Yes/No. If yes, write what in space provided.
Practice /Role Plays (30 minutes)

Instructions to Trainers:

1. Divide the group into small groups of three.
2. Have one trainee play the mother (who makes up her answers); another is the CHW using the Home Visit Form as a guide to interview the mother and (pretending) to examine the baby. The 3rd participant is observing and filling in Home Visit Form.
3. Remind trainees to use good communication skills as per Communication Guide:
   - Greets the mother
   - Explains why she is visiting today
   - Acts with confidence
   - Speaks in a gentle tone of voice
   - Uses simple words in local language
   - Is respectful
   - Asks the woman if she has any questions
   - Answers simply
   - Thanks her for visit and says when she will return
4. Each group switches roles so everyone has a chance in each part.
5. Ask members of the group to briefly discuss each role play before starting another one.

Practice: Identification of newborn diseases (15 minutes)

Instructions to Trainers:

1. In the large group, using the CHW photo album (from Module 5) show various photographs and/or slides of newborn diseases, and ask the CHWs to identify the conditions:
   - newborn rash
   - distended stomach
   - pus coming from eyes
   - jaundiced baby and normal baby
   - chest indrawing
2. Repeat this exercise individually to assess CHW skill in recognition.

Practice: Case presentation (20 minutes)

Instructions to Trainers:

1. Distribute the Case Presentation.
2. Have trainees work in pairs or individually to fill in Home Visit Form based on the case presentation. (In general, the trainees should note that the mother and baby are doing well. However, the trainees should identify that the baby was not well clothed. The baby was also not well covered and was lying alone on the bed.)
3. Move around the room helping if needed.
4. Review the case presentation in session and ask for any questions.
**Group Discussion: Sequencing of the CHWs activities during home visit** (15 minutes)

**Instructions to Trainers:**

1. Distribute HO-3. This list discusses the various activities the CHW has to do during the home visit, and gives ideas about the order in which she should do them depending on the situation in the home at the time of the visit.
2. Read through the handout with the trainees.
3. Discuss the sequencing proposed; ask for any questions, and clarify confusion.

**Summary** (10 minutes)

- Ask how often and when CHWs visit mothers and newborns after delivery.
- Have a trainee explain how the Home Visit Form is used.
- Conduct a photo recognition game/assessment:
  - Place photos of newborn diseases around the room and cover and number each one.
  - Have the trainees go from place to place uncovering the photo, writing the number and the condition.
  - Collect all papers. Discuss answers in session. Clarify any confusion.

**The trainer evaluates his/her own session** (during session)

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Assessment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain when she will visit each mother and newborn during the postpartum period.</td>
<td>Each trainee will state when she will visit each mother and newborn during the postpartum period. Questions and answers.</td>
</tr>
<tr>
<td>Use Home Visit Form as a guide when interviewing mother and examining newborn.</td>
<td>Role plays.</td>
</tr>
<tr>
<td>Recognise and differentiate certain newborn diseases.</td>
<td>Identification using photographs or slides.</td>
</tr>
<tr>
<td>Fill in Home Visit Form correctly.</td>
<td>Role plays and case presentation. Each trainee can fill in the Home Visit form correctly.</td>
</tr>
</tbody>
</table>
# Home Visit Form: Examination of Mother and Baby

<table>
<thead>
<tr>
<th>Date</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 7</th>
<th>Day 15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A) If mother is having any problem</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Whether bleeding continues</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2) How many pads are changed in a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Whether she is having a foul-smelling discharge</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4) Does she get sleep (When the baby is quiet)</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5) Any difficulty breastfeeding</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>6) Engorged breast/ cracked nipple</td>
<td>Engorged breast/ cracked nipple</td>
<td>Engorged breast/ cracked nipple</td>
<td>Engorged breast/ cracked nipple</td>
<td>Engorged breast/ cracked nipple</td>
</tr>
<tr>
<td>7) Fever</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>8) Measure mother’s fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Whether mother has abscess pus on skin</td>
<td>Abscess/ Pus/ No</td>
<td>Abscess/ Pus/ No</td>
<td>Abscess/ Pus/ No</td>
<td>Abscess/ Pus/ No</td>
</tr>
<tr>
<td>10) Abnormal talk or behaviour</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>11) Any other problem (Write)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **B) Ask mother about the baby** |       |       |       |        |
| 1) How is baby’s cry | OK/ Different/ Weak/ Stopped | OK/ Different/ Weak/ Stopped | OK/ Different/ Weak/ Stopped | OK/ Different/ Weak/ Stopped |
| 2) Was the baby breastfed | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| 3) If mother has no milk what was given to baby |       |       |       |        |
| 4) Whether baby fed less than usual | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| 5) How is baby suckling | No suckling/ Weak/ Forceful | No suckling/ Weak/ Forceful | No suckling/ Weak/ Forceful | No suckling/ Weak/ Forceful |
| 6) What else was given besides mother’s milk |       |       |       |        |
| 7) Has baby stopped sucking/ taking water | Stopped/ Takes | Stopped/ Takes | Stopped/ Takes | Stopped/ Takes |
| 8) Whether baby vomits (throws up milk consecutively after three feeds) | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| 9) Whether baby has watery, loose motions (stools) | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
**How to Train Community Health Workers in Home-Based Newborn Care**

<table>
<thead>
<tr>
<th>Date</th>
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<th>Day 3</th>
<th>Day 7</th>
<th>Day 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>10) Baby’s consciousness</td>
<td>Good/Alert</td>
<td>Good/Drowsy</td>
<td>Good/Drowsy</td>
<td>Good/Drowsy</td>
</tr>
<tr>
<td></td>
<td>Drowsy/Unconscious</td>
<td>Drowsy/Unconscious</td>
<td>Drowsy/Unconscious</td>
<td>Drowsy/Unconscious</td>
</tr>
<tr>
<td>11) Whether baby’s limbs and neck are more limp than normal</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>12) Has fever</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>13) Baby’s hands and feet cold to touch</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>14) Bleeding from any part of body (nose, mouth, anus, urine, skin) If yes from where?</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>15) Fast breathing</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>16) Chest indrawing</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>17) Pus/abscess/eruptions on skin</td>
<td>Abscess/Erupions/Pus/No</td>
<td>Abscess/Erupions/Pus/No</td>
<td>Abscess/Erupions/Pus/No</td>
<td>Abscess/Erupions/Pus/No</td>
</tr>
</tbody>
</table>

**C) Examination of baby**

1) How is the skin of baby (normal/yellow/pale/bleeding/red eruptions/abscess)

2) Rate of respiration (Count for one minute. If more than 60 count again.)

3) Grunt | Yes/No | Yes/No | Yes/No | Yes/No |

4) Chest indrawing | Yes/No | Yes/No | Yes/No | Yes/No |

5) Temperature (measure in axilla)

6) Eyes (normal/swollen/pus) | Normal/Swollen/Pus | Normal/Swollen/Pus | Normal/Swollen/Pus | Normal/Swollen/Pus |

7) Colour of eyes-red/yellow/white | Red/Yellow/White | Red/Yellow/White | Red/Yellow/White | Red/Yellow/White |

8) Umbilicus (pus/bleeding) | Pus/Bleeding/No | Pus/Bleeding/No | Pus/Bleeding/No | Pus/Bleeding/No |

9) Abdomen | Normal/Distended | Normal/Distended | Normal/Distended | Normal/Distended |


11) Limbs/Neck limp | Yes/No | Yes/No | Yes/No | Yes/No |
<table>
<thead>
<tr>
<th>Date</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 7</th>
<th>Day 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>12) Cry</td>
<td>Good/ Forceful/ Weak/ Stopped</td>
<td>Good/ Forceful/ Weak/ Stopped</td>
<td>Good/ Forceful/ Weak/ Stopped</td>
<td>Good/ Forceful/ Weak/ Stopped</td>
</tr>
<tr>
<td>13) Weight (Record on 7, 15, 28th day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14) Any treatment done</td>
<td>If yes who did it?</td>
<td>What was the treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15) Any thing different</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D) Observation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wearing clothes</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Properly covered</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Was the baby given bath</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Baby kept near mother</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Was G.V. paint applied to umbilicus</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Is mother’s milk put in eyes</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Whether ointment put in eyes</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>Any other thing (write)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### A) If mother is having any problem

<table>
<thead>
<tr>
<th>Date</th>
<th>Day 28</th>
<th>Day</th>
<th>Day</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Whether bleeding continues</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>2) How many pads are changed in a day</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>3) Whether she is having a foul-smelling discharge</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>4) Does she get sleep (When the baby is quiet)</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>5) Any difficulty breastfeeding</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>6) Engorged breast/ cracked nipple</td>
<td>Engorged breast/ Cracked nipple</td>
<td>Engorged breast/ Cracked nipple</td>
<td>Engorged breast/ Cracked nipple</td>
<td>Engorged breast/ Cracked nipple</td>
</tr>
<tr>
<td>7) Fever</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>8) Measure mother’s fever</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>9) Whether mother has abscess pus on skin</td>
<td>Abscess/ Pus/ No</td>
<td>Abscess/ Pus/ No</td>
<td>Abscess/ Pus/ No</td>
<td>Abscess/ Pus/ No</td>
</tr>
<tr>
<td>10) Abnormal talk or behaviour</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>11) Any other problem (Write)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B) Ask mother about the baby

<table>
<thead>
<tr>
<th>Date</th>
<th>Day 28</th>
<th>Day</th>
<th>Day</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) How is baby’s cry</td>
<td>OK/ Different/ Weak/ Stopped</td>
<td>OK/ Different/ Weak/ Stopped</td>
<td>OK/ Different/ Weak/ Stopped</td>
<td>OK/ Different/ Weak/ Stopped</td>
</tr>
<tr>
<td>2) Was the baby breastfed</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>3) If mother has no milk what was given to baby</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>4) Whether baby fed less than usual</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>5) How is baby suckling</td>
<td>No suckling/ Weak/ Forceful</td>
<td>No suckling/ Weak/ Forceful</td>
<td>No suckling/ Weak/ Forceful</td>
<td>No suckling/ Weak/ Forceful</td>
</tr>
<tr>
<td>6) What else was given besides mother’s milk</td>
<td>Stopped/ Takes</td>
<td>Stopped/ Takes</td>
<td>Stopped/ Takes</td>
<td>Stopped/ Takes</td>
</tr>
<tr>
<td>7) Has baby stopped suckling/ taking water</td>
<td>Stopped/ Takes</td>
<td>Stopped/ Takes</td>
<td>Stopped/ Takes</td>
<td>Stopped/ Takes</td>
</tr>
<tr>
<td>8) Whether baby vomits (throws up milk consecutively after three feeds)</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
</tbody>
</table>
### Date

<table>
<thead>
<tr>
<th></th>
<th>Day 28</th>
<th>Day</th>
<th>Day</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>9) Whether baby has watery, loose motions (stools)</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td></td>
<td>Good- Alert</td>
<td>Drowsy- Very dull when awake</td>
<td>Unconscious- Does not wake up even once in 6 hours</td>
<td></td>
</tr>
<tr>
<td>11) Whether baby's limbs and neck are more limp than normal</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>12) Has fever</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>13) Baby's hands and feet cold to touch</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>14) Bleeding from any part of body (nose, mouth, anus, urine, skin) If yes from where?</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>15) Fast breathing</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>16) Chest indrawing</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>17) Pus/ abscess/ eruptions on skin</td>
<td>Abscess/ Eruptions/ Pus/ No</td>
<td>Abscess/ Eruptions/ Pus/ No</td>
<td>Abscess/ Eruptions/ Pus/ No</td>
<td>Abscess/ Eruptions/ Pus/ No</td>
</tr>
</tbody>
</table>

### C) Examination of baby

1) How is the skin of baby (normal/ yellow/ pale/ bleeding/ red eruptions/ abscess)

2) Rate of respiration (Count for one minute. If more than 60 count again.)

3) Grunt | Yes/ No | Yes/ No | Yes/ No | Yes/ No |

4) Chest indrawing | Yes/ No | Yes/ No | Yes/ No | Yes/ No |

5) Temperature (measure in axilla)

6) Eyes (normal/ swollen/ pus) | Normal/ Swollen/ Pus | Normal/ Swollen/ Pus | Normal/ Swollen/ Pus | Normal/ Swollen/ Pus |

7) Colour of eyes- red/ yellow/ white | Red/ Yellow/ White | Red/ Yellow/ White | Red/ Yellow/ White | Red/ Yellow/ White |

8) Umbilicus (pus/ bleeding) | Pus/ Bleeding/ No | Pus/ Bleeding/ No | Pus/ Bleeding/ No | Pus/ Bleeding/ No |

9) Abdomen | Normal/ Distended | Normal/ Distended | Normal/ Distended | Normal/ Distended |

### How to Train Community Health Workers in Home-Based Newborn Care

#### Training Workshop 3

**Module 7 Session 2**

**HO-1**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day 28</th>
<th>Day</th>
<th>Day</th>
<th>Day</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>11) Limbs/ Neck limp</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>12) Cry</td>
<td>Good/ Forceful/ Weak/ Stopped</td>
<td>Good/ Forceful/ Weak/ Stopped</td>
<td>Good/ Forceful/ Weak/ Stopped</td>
<td>Good/ Forceful/ Weak/ Stopped</td>
<td></td>
</tr>
<tr>
<td>13) Weight (Record on 7, 15, 28th day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14) Any treatment done</td>
<td>If yes who did it?</td>
<td>What was the treatment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15) Any thing different</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### D) Observation

| Wearing clothes | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Properly covered | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Was the baby given bath | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Baby kept near mother | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Was G.V. paint applied to umbilicus | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Is mother’s milk put in eyes | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Whether ointment put in eyes | Yes/ No | Yes/ No | Yes/ No | Yes/ No |
| Any other thing (write) | |

#### For Supervisor

<table>
<thead>
<tr>
<th>First visit</th>
<th>Date: __________</th>
<th>Second visit</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________________</td>
<td>Name: ___________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrections</td>
<td>Corrections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any new observation</td>
<td>Any new observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form is complete: Yes / No
Whether any advice for treatment given to parents: Yes / No
If yes what was that?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

---

*How to Train Community Health Workers in Home-Based Newborn Care* 225
Case Presentation for Filling in the Home Visit Form

Ram was born to Sunita on February 2, 2002 at 6:30 in the evening. You did an examination of Ram at 7:45 p.m. He weighed 2.7 kg, and was healthy.

- Today is 4 February and you are on your first home visit.
- She says her bleeding is normal and she only uses about 4 pads a day.
- She says the blood is reddish in colour and there is no odor.
- She sleeps alright but Ram gets up often to breastfeed.
- He is feeding very well and she has no problems.
- You take her temperature and she has 99°F.
- She has no complaints about her skin or anything else except her mother-in law, who wanted to give the baby some water. Sunita told her none was necessary as she is breastfeeding as much as the baby wants.
- Sunita says Ram has a strong cry.
- Ram feeds often from the breast, whenever he wants to feed, and he is getting nothing else besides breast milk. The longest time between feeds is about 4 hours, but usually he feeds more often than that.
- Ram has not vomited after a feed.
- He is alert when not sleeping.
- Sunita says Ram doesn’t feel hot or cold.
- He isn’t oozing blood from his umbilicus or anywhere else.
- His breathing seems normal to Sunita; no grunts or chest indrawing.
- His skin is good, no spots or boils.
- He was bathed yesterday.

During the examination of Ram you find:

- Skin: normal.
- Respirations 40; no grunts, no chest indrawing.
- Temperature: 98.4°F.
- Eyes: clear, inner lower eyelid - red.
- Umbilicus: clean and drying.
- Abdomen: soft.
- Ram is alert with a strong cry.
- Weight 2 kg 600 grams.
- He received no treatment from anyone.

You observed:

- Baby was not well clothed.
- He was not well covered and was lying alone on the bed.
- He was bathed the day before.

Note: Please note that whatever is not mentioned in the case about baby or mother is to be considered normal.
Sequencing of the CHWs Activities During Home Visit

- Greetings
- General talk, asking about well being
- Mother’s information (Home Visit Form)
- Newborn information (Home Visit Form)
- Take out the necessary equipment from bag and keep on a clean cloth
- Wash hands
- Examination of baby – Count respiratory rate, measure temperature, weigh the baby, and perform other activities in the sequence provided by the Form.
- Provide the care of eyes, skin and cord.
- Complete the Home Visit Form
Module 7: Making Home Visits to Newborns and the Care of Eyes, Skin and Cord

Session 3: Field visit: Fill in the Home Visit Form

Day: 2
Time Required: 3 hours and 30 minutes in the field; 1 hour for review

Purpose
To give the CHWs practical experience in making home visits to the mother and newborn, and in using the Home Visit Form.

Objective
At the end of the session the CHW will be able to:

1. Make a home visit to a mother and newborn, interview the mother, examine the baby, and complete the Home Visit Form appropriately.

Materials
- Home Visit Forms
- Wrist Watches
- Weighing scales
- Thermometers

Preparation
- Make three copies of the Home Visit Form for each trainee.
- Obtain and have ready the materials and checklists listed above.
- Trainers/supervisors arrange for field visit with local community prior to the visit and seek cooperation.
- Trainers/supervisors identify sufficient number of villages and homes with newborns less than one month old, obtain the family’s consent, and inform them of date of visit.

Training Methods
Field Practice (3 hours 30 minutes)

Instructions to Trainers:
1. Divide CHWs into groups of three (about six groups).
2. Have each group visit at least three homes with infants 28 days old or younger.
3. At each home one CHW takes the lead in carrying out the interview and the physical exam while the other two follow along filling in their forms, and observing the interview and exam (use checklists to see that all points are covered correctly). Home Visit Form should be filled in at the
appropriate age of the baby, e.g., if the baby is 15 days old, fill in the information in the 15th day column. If the CHW happens to visit on a day other than stipulated in the form, she is supposed to use the column with no specified days, specifying the day visited and also writing the date.

4. Have each CHW visit at least three homes to give her practice.
5. Trainers should be in the village at a central location in case of need.

**Group Discussion: Review of field practice (50 minutes)**

**Instructions to Trainers:**

1. Ask each group to take 15 minutes to decide on the highlights of the field practice
   - how they felt using Home Visit Form; any confusion, difficulties
   - how they communicated with village women, and performed skills (feedback from the other trainees in group on how they communicated and performed skills important feedback)
   - positive experiences; difficulties faced

2. Move around room and review each trainee’s Home Visit Form (from the family the trainee interviewed directly).
3. Have each group (either one person or as a group) present (5 minutes).
4. After each presentation ask for comments from the group and lead a short discussion if indicated.

**Summary (10 minutes)**

- Summarise the experiences from the field work.
- Make corrections if any and add missed information.
- Congratulate the CHWs for their good work.

**The trainer evaluates his/her own session**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Assessment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make a home visit to a mother and newborn; interview the mother, examine the baby, and complete the Home Visit Form appropriately.</td>
<td>Observations by peers of home visit; presentation of each group, review of the Home Visit Form</td>
</tr>
</tbody>
</table>
Module 7: Making Home Visits to Newborns and the Care of Eyes, Skin and Cord

Session 4: Case presentation: Evaluating the ability to fill in the Home Visit Form

Day: 2
Time Required: 1 hour 15 minutes

Purpose
To evaluate the trainees' ability to complete the Home Visit Form based on a case presentation that simulates a real situation over time.

Objectives
At the end of the session the CHW will be able to:

1. Complete the Home Visit Form correctly based on a case presentation.

Materials
- Home Visit Forms for each CHW (Training Workshop 3 Module 7 Session 2 HO-1)
- Handout 1 (HO-1): Evaluation Case presentation: To fill in the Home Visit Form.

Preparation
- Make adequate photocopies of the Home Visit Forms and Handout 1 depending on the number of trainees.

Training Methods

Practice: Case presentation (1 hour 15 minutes)

Instructions to Trainers:

1. Distribute copies of Home Visit Form and the Case Presentation for this session (HO-1).
2. Have trainees work individually.
3. Collect papers after 45 minutes.
4. Review the case presentation answering questions as needed.

The trainer evaluates his/her own session (during session)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Assessment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Home Visit Form correctly based on a case presentation.</td>
<td>Case Presentation/ Completed Home Visit Form. Each trainee completes the Home Visit Form correctly.</td>
</tr>
</tbody>
</table>
Evaluation Case Presentation: To fill in the Home Visit Form

Parvati was born to Ashok and Meena on March 14th, 2002 at 5:30 in the morning. You observed the birth. The TBA tied and cut the cord and did not apply anything. You examined Parvati at 7:00 in the morning. She weighed 2.4 kg and appeared healthy. You visit Meena on March 16, 20 and 28. Fill in the Home Visit Form accordingly.

<table>
<thead>
<tr>
<th>Date</th>
<th>March 16 Day</th>
<th>March 20 Day</th>
<th>March 28 Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meena’s bleeding</td>
<td>Less, 5 pads</td>
<td>Less, 3 pads</td>
<td>Less, 2 pads</td>
</tr>
<tr>
<td>Discharge</td>
<td>No</td>
<td>Yes</td>
<td>No, better</td>
</tr>
<tr>
<td>Sleep</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Breasts</td>
<td>Sore</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Fever</td>
<td>No</td>
<td>Yes 100°F</td>
<td>No 98°F</td>
</tr>
<tr>
<td>Skin/boils</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Other complaints</td>
<td>Backache</td>
<td>Frequency urinating</td>
<td>No</td>
</tr>
<tr>
<td>Baby’s cry</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Breastfed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Less feeds</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Suckling</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Other feeds</td>
<td>Water and Sugar</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Stopped feeds for more than 8 hours</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Baby vomits</td>
<td>No</td>
<td>2 times in last 24 hours</td>
<td>No</td>
</tr>
<tr>
<td>Baby consciousness</td>
<td>Alert</td>
<td>Alert</td>
<td>Alert</td>
</tr>
<tr>
<td>Fever</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Baby cold</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Blood oozing</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Fast breathing</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Grunt</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chest indrawing</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Skin/boils/pus</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Exam of baby**

<table>
<thead>
<tr>
<th>Date</th>
<th>March 16</th>
<th>March 20</th>
<th>March 28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>-</td>
<td>-</td>
<td>2.5 kg</td>
</tr>
<tr>
<td>Temperature</td>
<td>98.2°F</td>
<td>95.7°F</td>
<td>97.8°F</td>
</tr>
<tr>
<td>Breathing/minute</td>
<td>36</td>
<td>68</td>
<td>48</td>
</tr>
<tr>
<td>Grunts</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Indrawing breathing</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Skin</td>
<td>Slightly yellow</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Eyes</td>
<td>Discharge - thin</td>
<td>Clear</td>
<td>Clear</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Soft/normal</td>
<td>Distended</td>
<td>Soft</td>
</tr>
<tr>
<td>Umbilicus</td>
<td>Clean/dry</td>
<td>Dry</td>
<td>Dry</td>
</tr>
<tr>
<td>Consciousness</td>
<td>Alert</td>
<td>Alert</td>
<td>Alert</td>
</tr>
<tr>
<td>Cry</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Any other treatment</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Parvati is well clothed. She is given a bath every other day. For whatever questions information is not provided leave the questions blank.
Module 7: Making Home Visits to Newborns and the Care of Eyes, Skin and Cord

Session 5: Eye, umbilical cord and skin care

Day: 2
Time Required: 1 hour and 10 minutes

Purpose
To orient CHWs to providing care measures to newborns at the time of birth and in the first days after delivery to prevent infection.

Objectives
At the end of the session the CHW will be able to:
1. Demonstrate through simulation, how to put tetracycline ointment into the eyes of newborns.
2. Apply gentian violet (G.V. paint) to the stump of the newborn’s umbilical cord.
3. Explain how to prevent and care for skin (nappy) rash.

Materials
- Tetracycline eye ointment (3-4 tubes for practice). Each CHW should have one for field use.
- Gentian violet
- Cotton
- Doll or baby
- Handout 1 (HO-1): Skills Checklist Applying Eye Ointment

Preparation
1. Obtain and have ready the materials listed above.
2. Make adequate photocopies of Handout 1 depending on the number of trainees.

Training Methods
Presentation and Demonstration: Eye care (30 minutes)

Instructions to Trainers:
1. Explain that to prevent infection in the baby’s eyes (that could occur if the mother had a vaginal infection, even without symptoms, during pregnancy) CHWs will be treating newborns with Tetracycline eye ointment at the first examination after birth (1 hour) and on day 2 and 3.
2. Distribute HO-1: Eye Care: Skills Checklist Applying Eye Ointment. Review the steps with the CHWs.
Eye Care: Skills Checklist

**How to Put Antibiotic Ointment in Baby’s eyes**

1. Gently pull down on the baby’s lower eyelid.
2. Squeeze a thin line of ointment moving from the inside corner to the outside of the eye.
3. Do not touch the baby’s eye with the tip of the tube. (The tube is to be used for other babies and it shouldn’t be contaminated.)
4. Use the medicine in both eyes at the time of examination.
5. Inform CHWs that when tetracycline is given, they must document this on the First Examination of the Newborn Form (This will be discussed in Module 17 Session 1) as well as on the Home Visit Form.
6. Demonstrate how to apply tetracycline to a doll using the checklist.
7. Ask for any questions and clarify confusion.

**Discussion and Demonstration: Umbilical cord care (30 minutes)**

**Instructions to Trainers:**
1. Ask trainees to review how to cut the umbilical cord to prevent infection. Listen to the answers. (Answer: TBA should wash hands, use 2 clean ties to tie off the cord, and use a clean blade to cut the cord.)
2. Ask the trainees if the TBAs are putting anything on the umbilical cord at the time of delivery. Listen to their answers. If any of the answers are dung or ash, explain that these things are very dangerous and should never be used.
3. Ask what if anything should be put on the cord? Write down the answers. (Answer: gentian violet)
4. If anyone mentioned gentian violet, underline it on the board; if not write it on the board. A small amount of G.V. paint can be put on the cord with a clean gauze or swab, or gently dripped on, so that no material touches the cut end of the cord. Let it dry, because when wet it will stain cloth. It is best not to cover the cord; the baby’s loose shirt can go over it.
5. Remember, the most important thing is to keep the cord stump clean. **Nothing else should be put on the cord stump except G.V. Paint.**
6. Explain that gentian violet should be applied to the stump of the umbilical cord by either the trained TBA or the CHW. Gentian violet should be applied on the day of delivery and during the subsequent home visits. Record the application of gentian violet on the newborn form.

**Discussion:** Skin care (nappy rash) (10 minutes)

**Instructions to Trainers:**
1. Ask the trainees if they have ever seen a baby with a skin rash between the legs, called nappy rash. Ask them to explain what it looks like. (Responses should include: redness or breaking of the skin in the creases of the thighs.)
2. Ask the trainees how they think this can be prevented. Listen to the answers and note them on the board. (Keep the baby clean and dry; if the baby urinates, clean with water, and dry with a clean cloth.)

3. Ask the trainees how they think a rash should be treated. Listen to the answers; praise correct answers, and make sure all trainees know the treatment. (Keep baby clean and dry; if not too cold, expose rash to the air for some minutes during the day, powder can be used to maintain dryness. If not improved, use G.V. paint [gentian violet]; put on twice daily until improved.)

**Practice:** Applying antibiotic ointment (25 minutes)

**Instructions to Trainers:**

1. Divide trainees into groups of two.
2. Distribute the tetracycline ointment to each group.
3. Have one trainee practice while the other reads out each step.
4. Circulate in room and assist and clarify as needed.

**Summary (5 minutes)**

- Ask trainee to explain why giving preventive eye care and cord care is important.
- Ask a trainee to explain umbilical cord care. Why is it important?
- Ask a trainee how to prevent and treat nappy rash.
- Make corrections if any and add missed information.
- Congratulate the CHWs for their good work.

**The trainer evaluates his/her own session** (during session and summary)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Assessment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate through simulation how to put tetracycline ointment in a newborn’s eyes.</td>
<td>Simulation with doll. Each trainee correctly demonstrates how to put tetracycline ointment in the newborn’s eyes.</td>
</tr>
<tr>
<td>Explain why and how to put gentian violet on the umbilical cord.</td>
<td>Questions and answers.</td>
</tr>
<tr>
<td>Explain how to prevent and care for skin (nappy) rash.</td>
<td>Questions and answers.</td>
</tr>
</tbody>
</table>

Module 7 is Completed
Skills Checklist: Applying Eye Ointment

How to put antibiotic ointment in the baby's eyes:

1. Gently pull down on the baby's lower eyelid.

2. Squeeze a thin line of ointment moving from the inside corner to the outside of the eye.

3. Do not touch the baby's eye with the tip of the tube. (The tube is to be used for other babies and it shouldn't be contaminated.)

4. Use the medicine in both eyes at the time of examination.
Training Workshop 3: Summary
Planning for work in the community

Day: 2
Time Required: 30 minutes

Purpose
To review what was learned in this training period (Training Workshop 3 Module 7) and to plan what to do in the community in the coming month.

Objective
At the end of the session the CHW will be able to:
1. Explain what work she will be doing in the community after this training period.

Materials
- Home Visit Form (Training Workshop 3 Module 7 Session 2 HO-1)
- Examination paper on aspirin and paracetamol

Preparation
- Instruct the trainees in advance to bring their copies of the Home Visit Form.
- Make photocopies of the examination paper on aspirin and paracetamol for those CHWs prepared to retake the test.

Training Methods
Question and Answers/Discussion (25 minutes)

Instructions to Trainers:
1. Ask the CHWs to review the work they are already doing in the community (visiting homes and registering all women able to have children, making list of pregnant women, visiting pregnant women, treating wounds, observing delivery, observation of newborn at 30 seconds and 5 minutes, first examination of baby, treating with aspirin and paracetamol, maintaining stock, and recording treatment).
2. Ask the CHWs to describe what they have learned during this training (home visits, Home Visit Form, providing care of eyes, skin and cord).
3. Add anything that may have been missed.
4. Explain that now, in addition to the work already being done, the CHWs will start visiting mothers and newborns after delivery and using the Home Visit Form. Ask how they will go about this. Discuss.

5. In addition, those CHWs who have not passed the examination on using aspirin and paracetamol given during Training Workshop 2 training, should take the test again. If they pass, provide the tablets. These trainees should start dispensing those medications in the community as needed. (Give examination and provide medicine stock before the end of Training Workshop 3.)

6. CHWs will be visited by the trainer/supervisor during this period. The trainer/supervisor will assist, support, and assess the CHWs work.

Summary (10 minutes)

- Ask various trainees to explain how they will organize their work in the community to include all the tasks they are expected to do.
- Make corrections if any and add missed information.
- Congratulate the CHWs for their good work.

The trainer evaluates his/her own session

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<td>Questions and answers.</td>
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## Post-Training Evaluation of CHWs at the Work Site

### After Training Workshop 3 : Module 7

**Name of CHW _______________________________        Date:_______________**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Checklist</th>
<th>✓/ X</th>
<th>Write mistakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Home visits and complete Home Visit Form</td>
<td>Questions on Home Visit Form completed correctly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother’s information</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baby’s information asked to mother</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Baby’s examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Observe application of ointment to baby’s eyes</td>
<td>Gently pull down on the baby’s lower eyelid.</td>
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</tr>
<tr>
<td></td>
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