Caring for the Newborn at Home: A training course for community health workers

Facilitator Guide
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The WHO Department of Maternal, Newborn, Child and Adolescent Health (MCA) and UNICEF initiated the development of the materials *Caring for the newborn at home*, to increase access to postnatal care services and essential interventions for pregnant and lactating women and their newborn infants. They are a follow-up to the WHO/UNICEF joint statement on *Home visits for the newborn child: a strategy to improve survival* (2009).

Rajiv Bahl (WHO/MCA) and Judith Standley (consultant, UNICEF) developed the materials on *Caring for the newborn at home*, with substantial contributions to the content from Pyande Mongi (WHO/AFRO), Nancy Terreri (UNICEF/HQ) and Luwey Pearson (UNICEF/ESARO). Other members of the WHO/MCA working group on community level newborn and child care, including Jose Martines, Samira Aboubaker, Bernadette Daelmans, Cathy Wolfheim and Teshome Desta provided many valuable inputs during development and field testing.

The training materials draw on experiences of training community health workers in caring for the newborn at home in several research studies, particularly the SEARCH study in India (Principal Investigator: Abhay Bang) and the NEWHINTS study in Ghana (Principal Investigators: Betty Kirkwood, Zelee Hill).

A special word of thanks is also due to Pavitra Mohan (UNICEF India) and Nita Bhandari (Society for Applied Studies) who coordinated the production of the illustrations for the Asian context, and Rolando Jose Rolando Figueroa (UNICEF/ESARO) who did so for the African context. Patricia Shirey conducted a final review of the materials.

WHO and UNICEF are grateful to all external contributors who made suggestions for the scope and content of materials for community health workers: Abhay Bang, Isabelle Cazottes, Lastone Chitembo, Luis Gutiérrez, Sharad Iyengar, Orphelia Khachatryan, Harish Kumar, Dharma Manandhar, B. Mayame, Pavitra Mohan, Vinod Paul, Mwale Rodgers, David Sanders, and Ellen Villate.
I. INTRODUCTION TO THE COURSE FOR FACILITATORS

This training course is part of the WHO-UNICEF package “Caring for Newborns and Children in the Community” which is aimed at increasing the coverage of household and community interventions that will reduce newborn and child mortality and promote the healthy growth and development of young children. The package consists of 3 courses, namely on caring for the newborn at home, promoting healthy growth and development, and caring for the sick child. These courses can be offered separately or in combination, according to a country’s needs.

### Training Courses in the Package

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caring for the Newborn at Home</strong></td>
<td></td>
</tr>
<tr>
<td>Option 1 (two units separated by a few weeks):</td>
<td>3 days</td>
</tr>
<tr>
<td>Unit 1: Home visits during pregnancy</td>
<td></td>
</tr>
<tr>
<td>Unit 2: Home visits after birth</td>
<td>4 days</td>
</tr>
<tr>
<td>Option 2 (continuous): Units 1 and 2:</td>
<td>6 days</td>
</tr>
<tr>
<td>Home visits during pregnancy and after birth</td>
<td></td>
</tr>
<tr>
<td><strong>Caring for the Child at Home</strong></td>
<td>3–5 days</td>
</tr>
<tr>
<td>Healthy child contacts (including home visits)</td>
<td></td>
</tr>
<tr>
<td><strong>Caring for the Sick Child</strong></td>
<td>3.5 days</td>
</tr>
<tr>
<td>Version 1. Identify illness, refer the child for danger signs, treat diarrhoea at home</td>
<td>3.5 days</td>
</tr>
<tr>
<td>Version 2. Identify illness, refer the child for danger signs, treat diarrhoea, fever and fast breathing at home</td>
<td>6 days</td>
</tr>
</tbody>
</table>

Of the 7.6 million deaths in children under five years of age that occurred in 2010, over 40% were during the first 28 days of life. The risk of mortality is greatest during the first week after birth, during which about 70% of neonatal deaths occur. Many of these newborn deaths can be prevented by simple interventions delivered at the community level.

Evidence from several research studies suggests that home visits by community health workers during pregnancy and in the first week after birth can make a significant difference in reducing newborn mortality. At these home visits in these studies, CHWs counselled the families on home care practices during pregnancy and after birth and encouraged families to seek appropriate care during pregnancy, childbirth and the postnatal period.
I. Introduction to the course for facilitators

This course is intended to teach community health workers to care for mothers and newborns in the community, to assess for danger signs, and to assist families in accessing clinical care when necessary. Community health workers will learn to conduct home visits to pregnant women to promote antenatal care, planning for skilled care at birth, and home care during pregnancy. They will also visit newborns and mothers in the home in the hours and days following birth, identify danger signs and refer appropriately, and advise on appropriate home care practices for newborns and mothers.

The course is based upon adult learning principles to achieve the required competencies for counselling families about pregnancy care and caring for newborns at home. It includes classroom learning, group discussions, games, role plays and most importantly, hands-on supervised field practice in a health facility and in the community.

The course will need to be adapted at country level to ensure that it is consistent with national policies, care standards and the health systems. It is clearly recognized that training is only one component of a programme for delivering effective interventions at community level. Once trained, community health workers will require supplies, regular supervision, and support from the health system to ensure they provide consistent and high-quality services.

Caring for the Newborn at Home

COURSE OBJECTIVES

• To develop community health workers' competence in communication skills and building a good relationship with the family when making a home visit

• To develop CHWs' competence in counselling the family on the importance of antenatal care, planning for birth in a health facility, home care for pregnant women and appropriate newborn care practices immediately after birth

• To develop CHWs' competence in assessing breastfeeding, danger signs and weight in a newborn, deciding to refer or provide care at home depending on the results of the assessment, and advising families on optimal care practices for the newborn

• To develop CHWs' competence in assisting families to provide extra care for the small baby
KEY COMPETENCIES FOR COMMUNITY HEALTH WORKERS
TAUGHT IN THIS COURSE

At the end of the course, CHWs should be able to:

1. Greet the family appropriately and develop a good relationship
2. Identify all pregnant women in the community
3. Counsel families effectively — ask, listen, understand the situation of the family, give appropriate information in the form of a story, check understanding of the family, discuss what the family intends to do, praise and together solve any problems the family may have.
4. Promote antenatal care
5. Promote birth in a health facility and help a family prepare for birth
6. Advise on home care of a pregnant woman
7. Advise on immediate care of the newborn
8. Support the mother to initiate and sustain exclusive breastfeeding. Observe a breastfeed and assess attachment and suckling. Help improve position and attachment if necessary.
9. Assess the baby for danger signs -- including assessing feeding, asking for convulsions, counting breaths, looking for chest indrawing, measuring temperature, looking for movement, yellow soles and signs of local infection.
10. Measure birth weight and identify very small and small babies
11. Identify when a newborn or woman needs referral and assist the family in going to a health facility
12. Advise on how to keep the newborn warm
13. Advise on hygiene to prevent infections
14. Advise on when to seek care for illness
15. Advise on home care of the mother after birth
16. Support the mother and the family to give skin-to-skin care for the small baby
17. Advise on continued care beyond the first week.
II. PREPARE TO CONDUCT THE COURSE

The key steps in preparing to conduct this training course for community health workers, “Caring for Newborns at Home,” are briefly described below.

1. **Involve policy makers:** National policy makers should be involved in adapting the course in order to ensure that the objectives and content of the course are consistent with national policies. The course would also have to be adjusted depending on the CHW strategy in the country including the tasks expected from them, mechanisms to maintain their motivation, their supervision and links to the health system.

2. **Involve supervisors:** It is important to involve the supervisors of CHWs in this training. They must fully understand the content of this course and the tasks that the CHWs will perform so that they may later provide supportive supervision. This could be done through orientation of supervisors prior to training of CHWs, and involvement of supervisors as observers and in some cases, as trainers.

3. **Decide the number of CHWs to be trained:** The recommended trainee group is 8 but in no case should it exceed 12. The recommended trainee to facilitator ratio for this course is 4:1. Therefore, 2-3 facilitators per group would be required depending on the number of trainees in the group.

<table>
<thead>
<tr>
<th>Trainees</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–4</td>
<td>1</td>
</tr>
<tr>
<td>5–8</td>
<td>2</td>
</tr>
<tr>
<td>9–12</td>
<td>3</td>
</tr>
</tbody>
</table>

   If more CHWs are to be trained, they should be divided into two groups. It is recommended not to have more than 2 groups in a training course because the logistics, particularly for practice in a health facility and the field, are likely to become difficult (e.g. not enough newborns for each trainee to practice on).

4. **Select facilitators and conduct their training:** The facilitators selected for this course should have technical knowledge of maternal and newborn health issues and should be comfortable in clinical skills (e.g. health professionals trained in Integrated Management of Childhood Illness and Essential Newborn Care courses). They should have some experience in training and interacting with community health workers. Finally, they should have attended this course previously as trainees when it was conducted by expert facilitators.
II. Prepare to conduct the course

A facilitator should have:
- Experience in newborn care, including clinical skills
- Interest and time to conduct CHW training courses
- Previously observed this course "Caring for the Newborn at Home" being taught to CHWs
- Facilitator training

Facilitator training is important. The training should not be just a review of the content of the materials. It should provide demonstration of the various teaching steps. (See III. Facilitator Role and Teaching Methods.) The facilitator trainees should take turns practicing the teaching steps (with guidance and feedback from experienced facilitators) as the group follows the agenda provided to learn both the content and process of the training course. A suggested schedule for training a group of facilitators appears in Annex A.

5. Select venue of CHW training: The CHW training should be conducted close to the community. It is recommended that the venue should be at the sub-district or district level. The choice of whether the training would be residential or not would depend upon the logistics required for each trainee to reach the training venue on a daily basis. A large classroom is needed to accommodate all trainees and facilitators (e.g. 9 + 2), some extra chairs, 2–3 flip charts, and equipment to show a DVD, as well as sufficient floor space to allow chairs to be arranged in smaller groups and to do practical exercises, such as hand washing and weighing dolls. Because field visits are an essential part of the training, the choice of the venue should consider both the classroom facilities available and the proximity to a health facility and communities where trainees will be able to assess and interact with pregnant women, mothers and newborns.

6. Finalize agenda: The recommended agenda is to conduct this course in two parts, with a gap of a few weeks in between during which the CHW would practice the skills learned. During this ‘gap’ the CHW would be visited by a supervisor who would observe progress and provide supportive supervision. If this gap is not possible, it is suggested that the training have at least a one day break between the two parts. The recommended time for the first part (Unit 1: Home visits during pregnancy) is 3 days and for the second part (Unit 2: Home visits after birth) is 4 days. This two-part agenda is shown as the recommended schedule in Annex B.
II. Prepare to conduct the course

If it is not feasible to have the training span longer than one continuous week, an alternative schedule for 6 days is also available but is very likely to be intense and heavy for both CHWs and facilitators. It shortens one session and requires working beyond the scheduled hours (starting early or finishing late) on some days. This 6-day schedule also appears in Annex B.

7. **Select CHWs:** The training materials have been developed assuming that CHWs have at least 8 years of formal school education and are competent in reading and writing. As the CHWs will be expected to discuss care during pregnancy, childbirth and newborn care, it is preferable if they are women because they are likely to be more comfortable with the issues and better accepted by families. However, this needs to be decided locally based on the social and cultural environment of the communities. Finally, there should be clear plan for CHWs to start their work soon after they successfully complete the training.

8. **Ensure availability of training materials:** The training materials are described below:

*Facilitator Guide* (one for each facilitator): The Facilitator Guide provides step-by-step guidance for facilitators to conduct classroom and field practice sessions. In order to ensure that the facilitator has to refer to only one document while conducting the sessions, the Facilitator Guide contains (in italics) all the information that also appears in the CHW Manual.

*CHW Manual* (one for each trainee): The CHW Manual provides basic information on topics related to care of the mother and newborn at home. It also contains the exercises that CHWs will do during the sessions. After the training, the CHW can use the manual as reference material during the course of their work. However, they are not expected to take the manual with them when making home visits.

*Counselling Cards* (one set for each trainee and facilitator): Counselling cards are the core of this training course. They are aimed to serve as job aids for the CHWs to use when they are making home visits. There is a specific set of counselling cards for each visit:

- **First pregnancy visit:**
  - (green band)
  - Card 1: Promote antenatal care
  - Card 2: Prepare for birth in a health facility
  - Card 3: Advise on home care for the pregnant woman
II. Prepare to conduct the course

Second pregnancy visit:  
(orange band)  
Card 1: Review actions since first pregnancy visit  
Card 2: Prepare for birth at home  
(for use if family thinks facility birth is not possible or is not sure)  
Card 3: Advise on immediate newborn care

First Postnatal Visit (day 1):  
(light blue band)  
Card 1: Assess feeding, danger signs and weight  
Card 2: Care of the normal baby  
Card 3: Care of the small baby  
Card 4: Care of the mother

Second Postnatal Visit (day 3):  
(purple band)  
Card 1: Assess the mother and baby for danger signs  
Card 2: Care of the normal baby  
Card 3: Care of the small baby  
Card 4: Care of the mother

Third Postnatal Visit (day 7):  
(dark blue-black band)  
Card 1: Assess the baby for danger signs  
Card 2: Care of the normal baby  
Card 3: Care of the small baby  
Card 4: Care of the mother

Follow-Up Visits For the Small Baby (day 2 and day 14)  
(yellow-gold band)

Follow-Up Visits For the Referred Baby (the day after making referral)  
(red band)

During each home visit the CHW will counsel the mother and family using no more than 3 cards per visit. CHWs are trained to weigh each newborn at the first home visit within 24 hours of delivery, and based on their findings, to counsel the mother and family using either Card 2 ‘Care of the normal baby’ if the baby weighs 2.5 kg or more, or Card 3 ‘Care of the small baby’ if the baby weighs less than 2.5 kg. Even though the titles and contents of some of the cards are similar, each card is adapted to be specific for the tasks to be done at that visit. Having a set of counselling cards specific to each visit means that the CHW does not have to struggle to decide which cards to use at a particular visit.
II. Prepare to conduct the course

In general, each counselling card includes the following steps:

Reminder to the CHW to **greet the family**, build a good relationship and explain the purpose of the visit (first card of each home visit).

**Ask** the questions listed and **listen** carefully.

**Understand the situation** of the family, particularly where they are in the behaviour change process (unaware, thinking, trying or maintaining -- see Session 2 for details).

Ask the family what they see in the pictures. **Tell the story** to give appropriate information to the family, linking to the pictures. This technique is used to give the information in a non-threatening, non-confrontational way.

**Check understanding** of the family and **discuss** what they intend to do.

**Praise** the family. Try to **solve any problems** the family has in adopting a good behaviour.

**Mother and Baby Card** (10 per trainee): The CHW gives this card to the family to keep. There is information about the pregnancy on one side of the card -- identification of the mother, record of CHW visits, ANC visits, contact details of CHW, and a reminder of danger signs during pregnancy. On the other side of the card, there is information about the mother and baby after the birth -- name, date and place of birth of the baby, birth weight, CHW visits, and signs of illness for which to go to the health facility immediately.

**Referral Note** (5 per trainee): This note is filled in by the CHW and given to the family if the mother or baby is referred to a health facility. The reverse side of the note has guidance on how to keep the baby fed and warm on the way to the health facility.

**CHW Register** (one for each trainee): The CHW Register used in this training is merely suggestive. It should be adapted according to the local needs and the ongoing monitoring system. There are five sections: Section 1 to record home visits made to pregnant women; Section 2 to record visits to mothers and newborns; Section 3 to record referrals of pregnant women or mothers; Section 4 for referred babies; and Section 5 is a calendar to schedule home visits.

9. **Collect needed equipment and supplies for the training course:** The table below shows the equipment and supplies, their purpose and the numbers needed for a training of 8–10 CHWs often working in 3 subgroups. If
more CHWs will be trained at one time (16–20 in two groups) double the number needed.

<table>
<thead>
<tr>
<th>EQUIPMENT / SUPPLY</th>
<th>PURPOSE</th>
<th>NUMBER NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitator Guide</td>
<td>Instructions for facilitator</td>
<td>1 per facilitator</td>
</tr>
<tr>
<td>CHW Manual</td>
<td>Learning material for CHW</td>
<td>1 per trainee</td>
</tr>
<tr>
<td>Counselling Cards</td>
<td>CHW job aid</td>
<td>1 per trainee plus 1 per facilitator</td>
</tr>
<tr>
<td>CHW Register</td>
<td>CHW record</td>
<td>1 per trainee plus 1 per facilitator</td>
</tr>
<tr>
<td>Mother and Baby Cards</td>
<td>CHW job aid</td>
<td>10 per trainee plus extra copies</td>
</tr>
<tr>
<td>Referral Notes</td>
<td>CHW job aid</td>
<td>5 per trainee plus extra copies</td>
</tr>
<tr>
<td>Training schedule</td>
<td>Schedule of the training sessions</td>
<td>1 for each trainee or facilitator plus some extra copies</td>
</tr>
<tr>
<td>Monitoring checklists</td>
<td>Monitor CHW performance during classroom and field practice sessions</td>
<td>20 copies of each</td>
</tr>
</tbody>
</table>

Facilitators' training aids

| Training DVD: Caring for the Newborn at Home | Video demonstrations and exercises | 2 copies |
| Cards for card game (Session 22)            | Reinforce learning: decision-making after assessment | 2 copies |
| A3 or larger version of Mother and Baby Card | Classroom demonstrations on how to fill the card | 2 copies |
| A3 or larger version of Referral Note       | Classroom demonstrations on how to fill the Referral Note | 2 copies |
| A3 or larger versions of 5 sections of CHW Register | Classroom demonstrations on how to fill the CHW Register | 2 copies |
| Large light plastic ball                   | Play the ball game                           | 1        |
| Dolls                                       | For role plays, and for demonstration and practice of weighing sessions | 3 (1 per 3 participants) |
## II. Prepare to conduct the course

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weights or stones</td>
<td>For making the dolls heavier -- 2 each in green, yellow and red zones on the scale</td>
<td>3 sets</td>
</tr>
<tr>
<td>Soft towels</td>
<td>For wrapping the dolls</td>
<td>3</td>
</tr>
<tr>
<td>Hats/Caps</td>
<td>For dolls</td>
<td>3</td>
</tr>
<tr>
<td>Socks</td>
<td>For dolls</td>
<td>3 pairs</td>
</tr>
<tr>
<td>Shirts</td>
<td>For dolls</td>
<td>3</td>
</tr>
<tr>
<td>Nappies</td>
<td>For dolls</td>
<td>3</td>
</tr>
<tr>
<td>Large cotton cloth (2 meters long X 75 cm wide)</td>
<td>Securing the baby in skin-to-skin position</td>
<td>3 (1 per 3 participants)</td>
</tr>
<tr>
<td>Equipment to show DVD clips</td>
<td>Video demonstrations and exercises</td>
<td>1</td>
</tr>
<tr>
<td>Flip charts and stands</td>
<td>Writing main points during sessions</td>
<td>3</td>
</tr>
<tr>
<td>Markers (different colours)</td>
<td>Writing on flip charts</td>
<td>9</td>
</tr>
<tr>
<td>Masking tape / glue tack</td>
<td>Attaching flip chart paper or cards to a wall</td>
<td>4</td>
</tr>
<tr>
<td>Large basins</td>
<td>For practicing hand washing</td>
<td>3</td>
</tr>
<tr>
<td>Pitchers/mugs</td>
<td>For practicing hand washing</td>
<td>3</td>
</tr>
<tr>
<td>Buckets for water</td>
<td>For practicing hand washing</td>
<td>3</td>
</tr>
<tr>
<td>Soap</td>
<td>For practicing hand washing</td>
<td>3</td>
</tr>
<tr>
<td>Pencils and erasers</td>
<td>For writing exercises and recording information during practice sessions</td>
<td>2 for each trainee and facilitator</td>
</tr>
</tbody>
</table>

### Equipment for CHWs

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand-held weighing scale</td>
<td>Measure weight of the newborn</td>
<td>1 of each item for each CHW and each facilitator</td>
</tr>
<tr>
<td>Digital thermometer</td>
<td>Measure temperature of the newborn</td>
<td></td>
</tr>
<tr>
<td>One-minute timer</td>
<td>Count breathing rate of the newborn</td>
<td></td>
</tr>
<tr>
<td>Bag</td>
<td>For CHWs and facilitators to keep their equipment and training materials</td>
<td></td>
</tr>
</tbody>
</table>

### 10. Ensure the availability of equipment to issue to CHWs after the training:

During the course, trainees learn to use certain items of equipment to perform their tasks, specifically a **one-minute timer**, a **digital thermometer**, and a...
II. Prepare to conduct the course

hand-held weighing scale. It is essential that this equipment is available to issue to the community health workers to use during the training and then to keep and use when they carry out their assigned responsibilities. It is not appropriate to conduct the training until the equipment is available for issue to every trained CHW.

After the training, the CHWs should also be provided the following printed materials for their work and resupplied as needed:

Counselling Cards  One set to use during home visits. Should be replaced when lost or damaged.

Mother and Baby Cards  Each CHW needs a supply, so that each pregnant woman can be given a copy.

Referral Notes  Each CHW needs a supply, so that the CHW can fill out one to send with any woman or newborn referred to a health facility.

CHW Register  One register, to record women and newborns visited, referrals, and appointments. Should be replaced periodically.

CHW Manual  One to keep for reference

11. Organize field practice: In addition to activities that are done in a classroom, this training course includes two types of field practice:

a) Home visits:  
To counsel pregnant women in their homes (Session 12)  
To assess newborn babies and counsel their mothers (Session 26)

b) Health facility visits:  
To assess breastfeeding (Session 15)  
To assess a newborn for feeding, danger signs, weight (Session 21)

Both types of visits provide critical practice assessing and interacting with pregnant women, mothers and newborns, which is not possible in the classroom sessions. Practice in the classroom is limited to role plays with other trainees, dolls, etc.

A field practice organizer should be designated to plan and organize the field practice sessions as described below. Because the planning will require
time to visit health facilities and communities to assess the possibilities for practice sessions there and to make arrangements, the field practice organizer should not be expected to also be a facilitator.

It is very important to plan for an adequate number of vehicles to carry trainees, facilitators and any CHW supervisors or others to the health facility and to the communities for field practice. The course schedule requires efficient use of time and does not allow extra hours for transportation to and from field practice visits.

a) Organize home visits

Two visits are planned to women in their homes. The first (Session 12) is to give trainees practice doing a first pregnancy visit. The second (Session 26) is to give trainees practice making a first postnatal visit to a mother with a newborn.

The field practice organizer should pre-visit a community to arrange for the field visits. This will vary depending on the country and situation but may include a visit to the Village Leader, a community nurse (if present) and possibly a women’s organization. Once there is agreement that the community can be used for the training, pregnant women and women with babies (expected to be less than 7 days old on the day of Session 26) in the community need to be identified.

By talking with key informants or with health workers from nearby clinics or CHWs in the area, the field practice organizer can identify pregnant women and women with newborns who are willing to be visited and where their homes are located (addresses or map).

- For Session 12, one pregnant woman is needed per trainee.
- For Session 26, one woman and baby pair is needed for each pair of trainees.

Just prior to the visit, each pregnant woman and each mother and baby should be visited and fully informed about the training and the field practice. Explain the date and approximate time of the visit. Only families who agree to the visit will be visited.

Note: If the trainee CHWs are from communities that can be reached by car within 30 minutes, they could be asked to each identify at least one pregnant woman and one mother and newborn (less than 7 days of age). They should obtain consent from the families to visit for practice and inform them about the
II. Prepare to conduct the course

day and time of the visit.

The field practice organizer should carefully work out the transportation logistics ahead of time (number of cars, trainees and facilitator in each car, the route to the homes, and schedule) and provide to the driver and facilitator clear directions to the locations of the homes to be visited.

b) Organize health facility visits

Two visits to a health facility are planned. The first (in Session 15) is to give trainees practice doing breastfeeding assessment with a mother and newborn (or young infant). The second (in Session 21) is to give trainees an opportunity to practice the full assessment of a newborn for breastfeeding, danger signs and weight, and perhaps see a few babies with a danger sign or low weight.

These sessions should be organized in a nearby health facility where more than 5–10 births occur each day. This will usually be a district or sub-district hospital. Before the training, the field practice organizer should:

- Visit the facility (or facilities in the area) to assess the case load of newborns and the possibility to conduct practice sessions there. For Sessions 15 and 21, one newborn and mother pair is needed per trainee plus one more pair for an initial demonstration by the facilitator. Select an appropriate facility. NOTE: If there are not likely to be enough babies (at least 4), consider organizing these exercises in the community.

- Obtain permission from the health facility/hospital administrators for the visits.

- Visit the health facility before the course to meet with staff responsible for newborn care, explain the process of clinical practice and ask for the assistance required from them.

- Arrange for efficient transportation of the trainees, facilitators, CHW supervisors and any other observers to and from the health facility, according to the course schedule.

On the morning of that the trainees will visit, go to the health facility early to identify (with a staff member’s help) all of the mother and newborn pairs present and ask the permission of the mothers to allow their newborns to be seen by a trainee. In addition, on the morning of Session 26, identify any babies with a danger sign or low weight that the trainees could see during the visit.
12. **Plan for the final session**: The final session is a brief discussion about the CHWs’ work in the community after the course. CHW supervisors and programme managers should be asked to participate in the panel for this discussion. Prior to the session, the following issues should be clearly laid out so that CHWs will have a clear understanding of the process of supervision and the expectations for them. Prepare to explain:

   a. Who will supervise the CHWs work; what facility the CHW will be linked to
   b. Who will make a supervisory visit to the CHW and how often. What the supervisor will do and look at during each supervisory visit.
   c. Process of replenishing supplies
   d. Maintenance of the equipment, and the process for reporting and replacing faulty equipment (weighing scales, slings, timers, thermometers)
III. ROLE OF THE FACILITATOR AND TEACHING METHODS

a) Role of the facilitator

A facilitator helps trainees learn the skills presented in this course. As a facilitator, you will lead discussions, demonstrate what a CHW needs to do, help trainees practise skills and give feedback to them. You will also supervise field practice conducted at a health facility and at homes of women in the community. You will give trainees any help they need to successfully complete the course and learn the skills that will help them care for newborns and mothers at home.

For facilitators to give enough attention to trainees in the course to learn information and skills, a ratio of one facilitator to 3 to 4 trainees is recommended. Two or three facilitators work as a team with a group of trainees. Since the course only assumes basic (class VIII) education of CHWs, it places greater responsibility on the facilitator than other courses for professional health workers like Integrated Management of Childhood Illness (IMCI) and Essential Newborn Care Course (ENCC).

As a facilitator, you help the trainees learn, motivate them, and manage the training:

To help learn:
- Make sure that each CHW understands how to work through the materials and what he or she is expected to do in each exercise.
- Give information, particularly when CHWs are not very competent in reading.
- Use your personality and communication skills to maintain energy during the sessions and keep trainees engaged and interested.
- Answer questions and explain what seems confusing.
- Lead group discussions, video exercises, demonstrations, and role play practice.
- Assess each trainee’s work and contributions.
- Help each CHW identify how to apply the skills taught in the course to their work in the community.
- In the field practice sessions, explain what to do, and model good clinical and communication skills.
- Give guidance and feedback as needed during classroom and field practice sessions.

To motivate:
- Praise trainees and the group on improving their performance and developing new skills.
III. Role of the facilitator and teaching methods

- Encourage trainees to move through the initial difficulties of learning new skills by focusing on steps in their progress and the importance of what they are learning to do.

To manage:
- Plan ahead and obtain all supplies needed each day.
- Make sure that movements from the classroom to field practice (at a health facility or in homes in the community) and back are efficient.
- Monitor the progress of each trainee.
- Work with the facilitator team to identify improvements to be made each day.

b) Teaching methods

This course uses a variety of teaching methods, which are described below as they are expected to be used in a typical classroom or field practice session. Not all of the steps or methods are used in all sessions; please refer to the training steps of specific sessions for details.

Teaching steps used in classroom sessions

1. Introduce the session: At the beginning of a session, it is important to explain its purpose. Then, go through the objectives of the session one by one and clarify if necessary.

2. Determine what the CHWs already know: This is an important step as different groups of CHWs are likely to have variable knowledge and experiences. The method that is recommended for this step is a discussion in the large group. The facilitator asks the questions, listens to the answers and writes down the main points on a flip chart to get an idea of CHW knowledge and beliefs. The facilitator should expect that some of the answers mentioned by CHWs would be incorrect. It is important not to immediately disagree or correct the trainee but to come back to these after the next step where the CHWs get relevant and correct information.

3. Give relevant information: The information required is given in the CHW manual (and also in the facilitator guide in italics). The course gives three options for sharing information with the trainees, which can also be used in combination. First, a trainee could read out loud a short paragraph from the CHW Manual with the facilitator explaining the main points in an interactive way (see next step) before asking the next trainee to read out loud the next paragraph. Second, the facilitator could read out loud and then explain. Third,
III. Role of the facilitator and teaching methods

the facilitator can simply explain the information if she/he is confident that no major points will be missed.

4. Discuss and explain: After the information is read aloud or explained, the facilitator interacts with the group to make sure that the information is well understood. This would be the time to go back to the list of issues listed on the flip chart during the discussion of what CHWs already know. The facilitator should reinforce the correct points and modify or correct the others. It is a good idea for the facilitator to ask questions to check understanding of trainees before proceeding further, particularly when the existing knowledge of trainees was weak.

5. Conduct exercises to reinforce learning: The training steps in sessions suggest the use of one of the following methods to reinforce information that the trainees have learnt. The facilitator could add an exercise if she/he feels that the trainees have not learnt a particular concept.

   a. Small group discussions and feedback: Trainees work in a group of 3–4 to discuss a given issue or case and answer the questions in their CHW Manual. The small groups then present their answers and the facilitator fills any remaining gaps after all the presentations.

   b. Card game: The purpose of the game is to reinforce learning of decision-making on what to do following assessment of the newborn. In the game, the decisions are posted on a wall and each trainee is given a card with results of assessment of a baby. Trainees are asked to put their card on the wall under the correct decision. Each card is then discussed with the whole group and any corrections made. If the facilitator finds that trainees are making mistakes, the game can be played a few times with different cards until all the trainees are able to make the correct decision.

   c. Ball games: The purpose of a ball game is to review a list of things, such as the tasks of a CHW or the list of danger signs of illness in a newborn. Trainees stand in a circle and the facilitator throws the ball towards one of them. The trainee should catch the ball and say one item on the list. He or she then throws the ball towards another trainee. The game continues until the group has mentioned all the items on the list a few times.
III. Role of the facilitator and teaching methods

6. Demonstrate skills in classroom

   a. Video demonstrations: The facilitator shows the video clips such as a good interaction with a pregnant woman, or danger signs in a newborn.

   b. Role play demonstrations by facilitators as CHWs in small groups: These role plays demonstrate good counselling skills, how to use the counselling cards and the sequence of conducting a home visit. Role play scripts are provided to ensure that the important points will be demonstrated and to make efficient use of time. Facilitators will read the part of the CHW and different trainees will be asked to read the roles of the mother or another family member. The people who will read the script out loud should read it through ahead of time to become familiar with it and to prepare to read at a normal speaking pace, with good expression in their voices. It is recommended to do these role play demonstrations in small groups rather than the large group to keep the attention of trainees. The role plays get longer as the course progresses; it is important that persons reading the roles do not have to struggle with the reading (which is usually not in the local language) because this will extend the time required and make it difficult for others to follow the flow of the visit. In some groups it may be necessary to ask only the best readers to read the roles so that the demonstrations will be effective.

   c. Demonstrations of assessment skills by facilitators: Skills are demonstrated by facilitators before asking trainees to practice, e.g. measuring temperature or weight.

7. Conduct practice of skills in classroom

   a. Video exercises: These exercises allow CHWs to practice looking for danger signs which they may or may not see during field practice. The facilitator should try to make the exercises as interactive as possible.

   b. Role plays in small groups: After demonstration by the facilitator, each trainee should play the role of the CHW. The purpose of having trainees conduct role plays is to practice the tasks of a home visit and their sequence. Role plays require practice of communication, manual and decision-making skills. The facilitators as well as fellow trainees should observe the role plays and provide feedback at the end of each role play. A monitoring checklist is provided to help track the competencies demonstrated by each CHW in the role play of a full visit. (See Annex C.)
Ill. Role of the facilitator and teaching methods

c. Practice of assessment skills: Some assessment skills are practiced in classroom by trainees before they go for field practice. These include measuring their own temperatures and weighing dolls.

d. Practice filling the Mother and Baby Card and CHW Register: These exercises should make CHWs more comfortable with recording relevant information correctly. Although these may appear to be simple tasks to a health professional, they are often the most challenging tasks in the course for trainees.

8. Summarize the session: At the end of the session, the facilitator should summarize the key points. These are provided in the notes for each session.

Teaching steps used in field practice sessions

Steps listed here assume that adequate preparations have been made by the field practice organizer to procure transportation, permission to visit the health facility or home, and agreement of the woman to be visited by the trainees. (See 11. Organize field practice, in section II. Prepare to conduct the course.) If not, the facilitator should remedy the situation to the extent possible, e.g. explain to the staff member in charge the purpose of the trainees’ visit and ask permission; explain to the mother the purpose of the visit and ask the mother’s permission to talk with her and assess her baby.

Steps prior to and during a health facility visit (Sessions 15 and 21)

1. Explain the purpose of the health facility visit to the trainees
2. Explain the process to be followed and the specific tasks/skills to be practiced by trainees
3. At the health facility, demonstrate the steps to be performed with the mother and newborn before asking trainees to practice
4. Assign trainee pairs to mother-baby pairs
5. Observe trainees as they practice. Use the monitoring checklist¹ to note skills performed well and those needing improvement. Discuss the trainees’ assessments with them and guide as needed.
6. Give feedback to the group based on your observations.
7. After the session, summarize

¹ Monitoring checklists are provided in Annex A for the role play of a complete visit in Sessions 7, 11, and 25 and for the field practice in Sessions 12, 15, 21 and 26.
III. Role of the facilitator and teaching methods

Steps prior to and during a home visit (Sessions 12 and 26)

1. Explain the purpose of the home visit to the trainees
2. Explain the process to be followed and the specific tasks/skills to be practiced by trainees
3. At the home of a pregnant woman, observe the trainees’ interactions with the woman. At the home of a newborn, observe the assessment of the newborn and the trainees’ interaction with the mother. Use the appropriate monitoring checklist to note skills performed well and those needing improvement.
4. Give feedback to the group based on your observations.
5. After the visits, summarize.

How should a facilitator prepare herself or himself for the next day?

The most important preparation is to read the Facilitator Guide for the sessions to be covered the next day. The facilitator should also:

- Meet with co-facilitators to identify what the session requires and who will prepare for which activities.
- Gather and organize the supplies and other items needed for the session.
- Practise role plays, demonstrations, and other activities which are new for him or her.
- Identify possible questions trainees may ask, and practise how they can be answered.
- Review the logistics and tasks to be done when there is a field practice session (visit to a health facility or community).
IV. Facilitator Guidelines for Conducting the Course

UNIT 1: HOME VISITS DURING PREGNANCY

Sessions 1 through 12
Welcome and introductions

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WELCOME AND INTRODUCTIONS
(30 minutes)

Welcome trainees. Introduce yourself and your co-facilitator(s). Write your names on the flip chart. Indicate how you want trainees to call you by underlining the name (e.g. Mary, or Dr Kandi). Provide minimal information about yourself and on your position (e.g. nurse, doctor, CHW supervisor). More information about you and other trainees will come out during the course.

Then ask each trainee, one by one, to do the same. Ask trainees to tell the group where they are from, whether they are currently a community health worker, or what other responsibility they have in the community.

Ask facilitators and trainees to write their names on a card tent or name tag, using cards and markers.

Review administrative tasks (5 minutes)
Make administrative announcements before the course starts. For example:

- The daily schedule (when to start and finish the day, lunch breaks)
- Facilities (lunch room, toilets, telephones, computers, photocopy)
- Expected attendance (every day for the full session)
- Reimbursement for travel and other expenses

Develop norms of the workshop: (10 minutes)

- Use the flip chart and marker
- Ask trainees what workshop rules they would like to follow and write down their ideas such as:
  - Be on time
  - Participate actively
  - Listen to others
  - Express our opinions
  - Respect other people's opinions
  - Come to all sessions

Review the points mentioned and decide which ones to follow for this Workshop. Place the final list on the wall for the duration of the Workshop.

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SESSION 1:
Introduction to training, importance of home visits for newborn care and
CHW training materials
(Time required: 1 hour and 30 minutes)

Materials
- Flip chart with paper, markers
- Training course materials: Facilitator Guide, CHW Manual, Mother and Baby Card, Counselling Cards, Referral Note, CHW Register

Preparation
- Gather training materials in advance
- Review the under five and neonatal mortality rate for the country/region and use during the session if substantially different from that provided in Training Step 3

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of the session is to highlight the importance of newborn care and the role of CHWs, and to review the training materials that will be used in this course and during home visits.

Distribute the CHW Manual. Ask trainees to open it to page 1.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:
- Discuss why the mother and baby are particularly vulnerable during birth and the first days of life, and the importance of newborn care
- Describe the materials that are used in this training and will help you in your work

2. DETERMINE WHAT THE CHWs ALREADY KNOW (5 minutes)
Ask the CHWs:

*Why do newborn babies need extra care?*

Write their answers on the flip chart.

3. **GIVE RELEVANT INFORMATION (10 minutes)**

Read out loud or explain:

*The first month of life, called the newborn or neonatal period, is the most risky period in the life of an individual. Out of every 100 children born alive, about 10 die before reaching the age of 5 years. Of these 10, about 4 die in the first month of life itself, the newborn period. Most of these newborn deaths occur in the first week of life.*

Many newborns fall sick in the first days of life due to complications of childbirth. It is therefore important to have skilled care at birth so that any complications can be prevented or treated. The first day of life is particularly important. While inside their mother, babies are safe, warm and well fed. After birth, newborns have to adapt to a different way of feeding, breathing and staying warm. It is very important to help them meet their new needs. At this time babies can get sick easily and the sickness can become serious very quickly.

Refer back to the answers on the flip chart to affirm what the CHWs already know. Read out loud the story of Ameena:

<table>
<thead>
<tr>
<th>Story of a death</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A woman in a nearby village, Ameena, was pregnant with her first child. She was very happy.</td>
</tr>
<tr>
<td>- Ameena’s family was as poor as others in the village. She was short and thin. She did not go to get any health care during pregnancy.</td>
</tr>
<tr>
<td>- When labour started Ameena’s husband called the TBA. The baby was born small and weak. Ameena did not breastfeed the baby. Her mother-in-law fed the baby sugar water with a dropper because she thought that breast milk should not be given because the baby was too small.</td>
</tr>
</tbody>
</table>
- By the end of the second day, the baby stopped accepting sugar water, became cold and died the next morning.

- Ameena was very sad. She blamed herself for not being able to take care of the baby.

Explain or read out loud:

Unfortunately, this story is not uncommon. But it is not necessary that the stories of babies in your community should end like this. Most newborn deaths are preventable. It is important to make these little arrivals to our world welcome and help them stay with us.

Read the story of Esther:

---

<table>
<thead>
<tr>
<th>Story of a death prevented</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A woman in another village, Esther, was also pregnant with her first child. She was very happy.</td>
</tr>
<tr>
<td>- Esther’s family was as poor as others in the village. She was short and thin. A CHW visited her and encouraged her to go to the clinic for antenatal care. She went to the clinic four times during pregnancy.</td>
</tr>
<tr>
<td>- The CHW discussed where Esther wanted to give birth. The CHW explained the benefits of health facility delivery and Esther and her family agreed to have the birth in the health centre. The worker discussed how the family could plan for this delivery. She also explained how to care for the baby; how to dry the baby immediately after birth, to keep the baby in skin-to-skin contact and to put the baby to the breast soon after the cord was cut.</td>
</tr>
<tr>
<td>- When labour started Esther’s husband called his neighbour who was a taxi driver and had agreed to take them to the health facility. They reached the health centre in time. The baby was born small but crying loudly. The midwife dried her and placed her on Esther’s abdomen, covered with a dry cloth. After some minutes, the baby showed signs of wanting to feed, and the midwife helped Esther breastfeed the baby. The next day, Esther and the baby went home.</td>
</tr>
<tr>
<td>- That same morning, the CHW visited Esther and checked the baby for signs of illness. Since the baby was small (she weighed 2.1 kg. at the health facility) the</td>
</tr>
</tbody>
</table>
worker encouraged Esther to feed the baby only her own breast milk every 2 hours, including at night. The worker also showed her how to keep the baby warm by keeping the baby in skin-to-skin contact as much as possible.

- The CHW visited Esther three more times in the first week and once in the second week. The baby did not have any signs of illness, was breastfeeding well and was always warm. Esther was happy that she was taking good care of the baby.

- The baby is one year old now.

Explain or read out loud:

It is clear from this story that community health workers can do a lot to improve newborn health and prevent newborn deaths. However, community health workers need appropriate training to perform their tasks.

4. REINFORCE LEARNING: DISCUSSION IN SMALL GROUPS  (20 minutes)

Objective
Trainees will be able to:

- Explain the differences between the two stories and list a few actions that the CHW did to improve care of the baby.

Process
a. Divide the trainees into groups of 3–4
b. Have the CHWs refer to the stories in their manuals
c. Give each group a flip chart and markers
d. Ask each group to discuss the differences between the first and second stories and:

- List at least three differences in what the family did between the two stories.
- List five actions of the CHW in the second story.
POSSIBLE ANSWERS:
Differences include:

<table>
<thead>
<tr>
<th>First story (Ameena)</th>
<th>Second story (Esther)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No antenatal care</td>
<td>Attended antenatal clinic four times</td>
</tr>
<tr>
<td>No birth preparedness</td>
<td>Prepared for birth in health facility</td>
</tr>
<tr>
<td>Had the birth at home with a TBA</td>
<td>Had the birth in a health facility with a</td>
</tr>
<tr>
<td></td>
<td>skilled birth attendant</td>
</tr>
<tr>
<td>No breastfeeding; baby was given sugar water.</td>
<td>Early initiation of breastfeeding, baby</td>
</tr>
<tr>
<td></td>
<td>given only breast milk every 2 hours</td>
</tr>
<tr>
<td>No special effort to keep the baby warm</td>
<td>Dried immediately after birth and put skin-to-skin with the mother</td>
</tr>
</tbody>
</table>

CHW actions in the second story (Esther):

- Made home visits during pregnancy
- Promoted antenatal care
- Promoted birth in a health facility and preparation for birth
- Explained the care for the baby immediately after birth
- Made a home visit as soon as the mother and baby returned home from the health facility
- Made three more home visits during the first week of life and another one during the second week
- Checked the baby for signs of illness at the home visits
- Counselling the mother to feed the baby only her breast milk every 2 hours
- Counselling the mother on how to keep the baby warm by skin-to-skin contact

e. Bring the groups together after 10 minutes. Have each group present their answers. Add to the answers presented if they have missed any major points (see possible answers above).

5. GIVE RELEVANT INFORMATION: Overview of CHW tasks -- making home visits (10 minutes)

Ask:

*From the story of Esther, when do you think home visits should be made and why?*
Listen to the answers and then read and discuss the information in the box below:

**Box 1: Overview of CHW tasks**

1. **Identify pregnant women in the community** so that CHW can make home visits during pregnancy and in the first days after birth for the greatest impact.

2. **Make two home visits to all pregnant women** in the community:
   - **First pregnancy visit** — as early in pregnancy as possible — to encourage the pregnant woman to go for antenatal care, to promote birth in a health facility, to help prepare for birth, and to teach home care for the pregnant woman.
   - **Second pregnancy visit** — about 2 months before delivery — to review antenatal care visits, plans for birth, and home care for the pregnant woman; and to encourage the family to follow optimal newborn care practices immediately after birth.

3. **Make 3 home visits after birth** for all mothers and babies, regardless of place of birth.
   - **First postnatal visit** — on Day 1 after birth — so that the CHW can assess for signs of illness, weigh the baby, and help the mother with early and exclusive breastfeeding and keeping the baby warm. (NOTE: This visit can also be made at the health facility.)
   - **Second postnatal visit** — on Day 3 after birth — so that the CHW can assess for signs of illness, help the mother to sustain breastfeeding and prevent breastfeeding problems, and advise on optimal care for the mother and her baby. (NOTE: If the first postnatal visit is delayed until day 2 for some reason, this visit should still be made on day 3.)
   - **Postnatal visit 3** — on Day 7 after birth — so that the CHW can assess for signs of illness, and advise on optimal care beyond the first week of life. (NOTE: If the second postnatal visit is delayed for some reason, this visit should still be made on day 7.)

4. **Make two extra home visits after birth for small babies (birth weight less than 2.5 kg)** — on day 2 and day 14 — so that the CHW can provide the extra care that small babies need.

5. **Make a follow-up visit for a baby who is referred to a health facility for illness.**
6. DISCUSSION IN THE LARGE GROUP: Home visits by CHWs (10 minutes)

a. Ask:

Why is it important to include all family members who are involved in newborn care in the visits?

Listen to the trainees’ answers. Encourage participation. Answers may include:

- Family members such as the husband and mother-in-law have influence on decisions in the family. In addition to the mother, they also need information to make the best decisions.

- Family members can support the mother better if they have the appropriate information on care during pregnancy, birth and in the postnatal period.

- Family members may have incorrect beliefs and practices and it may be better to give them the correct information together.

b. Ask:

Why is it important to visit families in their homes?

Listen to their answers. Encourage participation. Answers may include:

- It is important to counsel the family in their own environment.

- You can counsel family members as well as the mother.

- It is the tradition in many communities to stay at home after birth -- sometimes for as long as a month -- and the mother and baby may not get any care if there is no home visit.

7. REINFORCE LEARNING -- BALL GAME: To review when to make home visits (10 minutes)

Purpose

Trainees will be able to:

- State the number and time of visits during pregnancy and after birth, for a normal and a small baby
Prepare
A large light ball for easy throwing and catching

Process
- Gather trainees in a large circle.
- The trainer takes the ball and states when the first home visit during pregnancy should be made. The trainer then throws the ball to a trainee.
- Ask the trainee with the ball to state the name and time of another home visit before throwing the ball on to someone else.
- This continues until all the home visits have been mentioned a few times.

WHEN TO MAKE HOME VISITS?

**During pregnancy:** Two home visits
- First pregnancy visit: as early in pregnancy as possible
- Second pregnancy visit: about two months before delivery

**After birth:** If birth weight is normal, three home visits
- First postnatal visit: day 1 (within 24 hours of birth)
- Second postnatal visit: day 3
- Third postnatal visit: day 7

If low birth weight (small baby – less than 2.5 kg), five home visits
- First postnatal visit: day 1 (within 24 hours of birth)
- First follow-up visit for small baby: day 2
- Second postnatal visit: day 3
- Third postnatal visit: day 7
- Second follow-up visit for small baby: day 14

8. **GIVE RELEVANT INFORMATION: INTRODUCE CHW MATERIALS (10 minutes)**
   a. Distribute a copy of each of the following to each trainee (CHW Manual has already been distributed).
   b. Explain each item and answer any questions the trainees may have:
9. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- This course will teach CHWs to help families care for pregnant women, newborns and their mothers at home, and to assist families to get care for the mother or newborn at a health facility when necessary.
- The course will last 6 days. We will begin each day at [time] and end at [time].
- Newborns and mothers are very vulnerable in the first few days and weeks after birth. CHWs can play a very important role in protecting the health of newborns and their mothers in their communities.
- They do this by identifying pregnant women and visiting their homes at least 2 times during pregnancy and 3 times after birth.
- Postnatal visits should be made on day 1, 3 and 7 for all mothers and newborns.
- Small babies should have two extra visits, that is, a total of 5 visits -- on days 1, 2, 3, 7 and 14.
SESSION 2:
Interacting with families
(Time required: 2 hours and 45 minutes)

Materials
- Flip chart paper, markers
- Tape
- Counselling cards
- Training DVD: Caring for the Newborn at Home: Clip 1: Interpersonal communication: Using counselling cards during pregnancy: Communication techniques
- Equipment to show the DVD

Preparation
- Practice with the equipment and DVD so that you are prepared to locate and show Clip 1.
- Prepare 4 pages of flip chart paper as described in step 7 below.

TRAINING STEPS

1. Introduction (5 minutes)

Explain that the purpose of this session is to provide CHWs with knowledge and skills for successful communication and counselling that can be used for making home visits.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:
- Explain the stages of behaviour change
- Explain the counselling steps in a home visit: ask questions and listen, understand the situation, give relevant information, check understanding and problem solve as needed
- Explain why it is important to use effective communication skills
2. **DETERMINE WHAT THE CHWs ALREADY KNOW (5 minutes)**

Ask the CHWs the two questions below. Listen to their answers and write them on the flip chart.

*How do you, as community health workers, talk to families when visiting them in their homes?*

*How do you decide what advice will be most effective for a particular family?*

When relevant, refer back to the responses during the rest of the session.

3. **GIVE RELEVANT INFORMATION: Counselling Steps and Communication Skills in a Home Visit (10 minutes)**

Read out loud or explain:

*One of the most important tasks you will do as a Community Health Worker (CHW) is to visit families in their homes. To do this well, you need to develop good relations with the family, listen to them, understand the situation, provide relevant information, and encourage them to make their own decisions. These are counselling steps. Counselling is a way of working with people in which you try to understand how they feel and help them to decide what to do. In order to counsel effectively, CHWs need to be able to use various communication skills.*

Ask:

*Why are good communication skills important?*

Listen to their answers and write them on the flip chart.

Read out loud or explain:

*If you are talking to someone, and that person tells you what to do and does not ask you what you think or listen to what you are saying, you usually do not feel like talking to that person. That's because they are not showing respect or showing interest in your opinion. In other words they are not using good communication skills.*

Explain:
We all have had experiences when people (health workers or others) have not used good communication skills. Ask the trainees to give a few examples. Discuss.

Continue to explain or read out loud:

Good communication skills are important in order to gain the trust of people in the community. They also help ensure that information given to families is provided in a way that is easy to understand, and the advice is easy to follow. They help you talk to people in a way that will make it more likely they will listen to and accept your advice. By using good communication skills, the CHW can talk with families effectively and help them provide the best care possible for their newborn babies.

**Steps to be followed at a home visit**

In this training, you will learn to carry out a home visit using the following counselling steps:

1. **Greet and build good relations**
2. **Ask questions and listen; understand the situation**
3. **Give relevant information**
4. **Check understanding**
5. **Discuss what the woman and family will do**
6. **Together, try to solve any problems**
7. **Thank the family**

Ask the CHWs to take out the Counselling Cards.

Explain or read out loud:

As a CHW, you will use counselling cards during each home visit. The cards are labelled for each visit (i.e. First Pregnancy Visit, Second Pregnancy Visit, First Postnatal Visit, etc.). There are two to four cards per visit. The text on all of the cards follows the steps above. Counselling cards are a useful tool to guide CHWs through each home visit.

Ask the CHWs to look at First Pregnancy Visit Card 1: Promote Antenatal Care.
Point out the words in **bold** type: **greet, ask and listen, understand the situation, give relevant information, check understanding, discuss what the family will do, solve any problems.**

**Explain** that during the first visit during pregnancy you will use 3 cards. Point out that at the end of the third card, it says **Thank the family**, thereby completing all the steps for the home visit.

**Explain** that the trainees will have lots of practice using the counselling cards and following the home visiting steps in the next few days.

4. **GIVE RELEVANT INFORMATION:** Understanding the process of behaviour change (10 minutes)

Explain or read out loud:

**Process of Behaviour Change**

*It is important to understand the process of behaviour change before you start visiting and counselling the family.*

*In order for counselling to be successful, you need to:*

- **understand how people change** the way they do something and adopt a new behaviour,
- **ask questions and listen to determine where the family is** in terms of adopting the behaviour, and
- **then counsel the family based on their situation.**

**Stages of Behaviour Change**

*The steps below show the stages people usually go through when they are adopting a new behaviour. When you understand the stage that the family is in at the time of your visit, you will know how to modify your counselling to be most effective.*
Stages of Behaviour Change

Unaware
Never heard of the behaviour or doesn’t know about its benefits

Thinking about it
Has heard about it but is not doing it

Trying
Is trying out the behaviour

Maintaining
Is continuing to do the behaviour

Read the examples of the stages below:

**Unaware:** Sara has heard about washing hands with soap before eating but does not know that it could prevent illness.

**Thinking about it:** Rita is aware that washing hands with soap before eating prevents illness. She is thinking about adopting this behaviour but does not wash hands every time before eating now.

**Trying:** Janet has just started washing her hands with soap every time before eating, but sometimes it is too inconvenient or there is no soap.

**Maintaining:** Pamela has been washing her hands with soap every time before eating for the last year.

Discuss each of the above, ask for questions and clarify any confusion.
5. **REINFORCE LEARNING: DISCUSSION IN SMALL GROUPS: Stage of behaviour change** (10 minutes)

**Purpose**
Trainees will be able to:
- Determine at what stage a person is in the process of adopting a behaviour

**Process**
- Divide the trainees into groups of 4. Give each group a flip chart and markers.
- Ask each group to read each case description.
- Ask each group to decide for each case the stage of behaviour change that the woman is in.

<table>
<thead>
<tr>
<th>Case descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case 1:</strong> A woman has heard that delivering at a health facility is safer than delivering at home, and her husband and mother-in-law also are talking about it. She is thinking about saving money for a health facility birth because she thinks it will be best for her and her child.</td>
</tr>
<tr>
<td><strong>Case 2:</strong> A woman started to breastfeed her last two babies immediately after the cord was cut and says this helped make the babies strong and healthy. She is pregnant and plans to do the same for this baby.</td>
</tr>
<tr>
<td><strong>Case 3:</strong> A woman has delivered a small baby. She was told by the CHW that feeding small babies every 2 hours is important to make them strong and healthy and she is trying to do this. She is worried that waking the baby up to feed her is making the baby irritable and making the baby take a long time to fall asleep.</td>
</tr>
</tbody>
</table>

**ANSWERS:**
- Case 1 – Thinking about it
- Case 2 – Maintaining
- Case 3 – Trying

- Bring the groups together after 7 minutes and discuss the cases.
- Ask if trainees have personal examples of how they adopted new behaviours.
6. **GIVE RELEVANT INFORMATION:** The information you should provide depends on where the family is in adopting a new behaviour (10 minutes)

Explain or read out loud:

*The table below shows the kind of information a person or a family needs depending on the stage of adopting a new behaviour they are in:*

<table>
<thead>
<tr>
<th>If the person or family is in this stage of behaviour change:</th>
<th>Then, to provide effective counselling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Give information about the behaviour. Explain the benefits of the behaviour.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encourage the family to try the behaviour. Identify the problems the family may have in trying the behaviour and help solve these problems.</td>
</tr>
<tr>
<td>Trying</td>
<td>Encourage continuation of the behaviour through praising. Identify and solve any problems the family is having in adopting the behaviour.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praise the family and encourage them to continue the behaviour.</td>
</tr>
</tbody>
</table>

Explain that the group will discuss what the CHW could do to help families adopt healthy behaviours, for example, hand washing with soap.

Ask:

**What if the family has not heard that hand washing can prevent illness?**

Listen to the answers. Explain that once you know the family’s stage of behaviour change, you know what sort of information to provide.

If the family has not heard about this behaviour, first give information on how hand washing with soap prevents people from getting sick.
Ask:

**What if the family knows about this behaviour but have concerns about it?**

Explain that:
If the family has heard that hand washing can prevent illness, but have problems doing it, help them to solve these problems. For example, if they are concerned that they don’t know when to wash hands, then you can provide this information. But if the concern is that soap is seldom available, you will need to discuss a different type of solution.

Ask:

**What if the family says that they already wash hands with soap after going to the toilet or cleaning children’s stools and before touching a baby. What would you as a CHW do?**

**ANSWER:** Praise the family and encourage them to maintain this behaviour.

Continue reading:

*A key activity for CHWs is to share important health information with your neighbours, especially pregnant women and caregivers of newborns and young children. Counselling is an effective way to sharing relevant information.*

*Counselling does not mean simply giving information or messages. It should be a two-way communication between you and the families. Good counselling includes first finding out more about the family’s situation and then providing advice that is most relevant for them. Good counselling makes it more likely that the family will listen to your advice. When they are willing to try a new behaviour, it includes helping them plan how they can adopt the behaviour.*
7. **GIVE RELEVANT INFORMATION: Communication skills for home visiting**
(5 minutes)

Facilitator: Before this step, prepare 4 pages of flip chart paper.
Write one of the following headings on each:
- I. Skills for greeting and building good relations
- II. Skills for asking and listening
- III. Skills for giving relevant information
- IV. Skills for checking understanding and solving problems

Prepare to tape these pages to the wall where they can remain for the rest of the training.

Explain or read out loud:

You have learned that effective counselling first determines where the family is in terms of the behaviour, and then provides advice relevant to that. This thinking underlies an effective home visit. However, many communication skills are also needed to build trust, encourage dialogue, and give information in a way that is likely to be accepted and acted on.

Read out loud:

**In order to carry out an effective home visit, many skills are needed:**

- I. Skills for greeting and building good relations
- II. Skills for asking and listening
- III. Skills for giving relevant information
- IV. Skills for checking understanding and solving problems

**Explain** that for the rest of this session, the CHWs will learn more about communication skills helpful for each step of a home visit. Then post on the wall the 4 sheets of paper that you have prepared.
8. **GIVE RELEVANT INFORMATION: ROLE PLAY DEMONSTRATION: Skills for greeting and building good relations (15 minutes)**

Read out loud:

**I. SKILLS FOR GREETING AND BUILDING GOOD RELATIONS**
- Be friendly and respectful
- Speak in a gentle voice
- Talk to the whole family
- Explain why you are visiting

Review what each skill listed above means. Ask a trainee to comment briefly on why each would be important.

Then demonstrate the skills for greeting and building good relations by reading the role play script below.

**Prepare**
- Place two chairs in the front of the room.
- The facilitator will read the role of the CHW and the co-facilitator (or a trainee) will play the role of the mother. Before the role play, read through the script below to become familiar with it.

**Process**
- a. Ask the trainees to observe and be prepared to discuss what they see.
- b. With the co-facilitator, read the script out loud, as the demonstration of a good interaction. Act out the motions of entering the house, the initial greetings, etc. Be sure to read at a normal pace and with good expression in your voices.

* * *

**ROLE PLAY SCRIPT:**

**Greet the family and build good relations**

**GREET THE FAMILY**

**CHW:** Hello, Is anyone home?

**Pregnant woman:** Hello.

**CHW:** Hello. I am Monica, a community health worker for this community. I am married to Ishmael and live near the river.
(Speaking in a gentle voice) How are you and the family? (Smiles and looks at her)

**Pregnant woman:** We are fine. Yes, we know your family. Welcome. Please have a seat.

**EXPLAIN THE VISIT**

**CHW:** Thank you. I am glad to hear you are well.

**Pregnant woman:** As you can see, I am pregnant with my first baby.

**CHW:** Yes, I see! You are looking very well. **(Praise)** Part of my responsibility is to visit pregnant women and discuss what you can do to make sure you and the baby stay healthy **(Explains the visit)**. Is this a good time for me to visit or should I come back another time?

**Pregnant woman:** *(Nods)* This is a good time.

**CHW:** Excellent. Can your husband or mother-in-law join us? *(Include other family members if possible)*

**Pregnant woman:** Let me call my mother-in-law.....

**END OF ROLE PLAY**

* * *

c. After the role play, ask trainees whether the CHW used the skills for greeting and building good relations (Was she friendly and respectful? Did she speak gently? etc.) Listen to the answers.

**Summarize**

Tell the trainees that you will now write on the flip chart page the skills that they have learned. Walk to the flip chart page titled: I. **Skills for greeting and building good relations.**

Ask trainees to tell you (one at a time) the skills that they have learned. Write the answers on the flip chart page.

*(ANSWERS: Be friendly and respectful. Speak in a gentle voice. Talk to the whole family. Explain why you are visiting.)*

Tell trainees that the paper will be left in view to remind them of the skills they have learned all week.
9. **GIVE RELEVANT INFORMATION: Skills for asking and listening (15 minutes)**

Explain or read out loud:

**II. SKILLS FOR ASKING AND LISTENING**

a. **Ask open-ended questions to find out about the family’s situation and where they are in adopting the behaviour**

Asking questions is important to learn about the family’s situation. *This is because you should build your advice on what the family already knows and is doing or thinking about doing.*

Explain that it is important to ask questions in a way that the CHW will learn the most from the answer and without influencing the answer.

*Read the following two questions:*

- Are you giving only breast milk to your baby?
- Please tell me how you are feeding your baby?

Ask the trainees:

*What is the difference between the two questions?*

Discuss their answers.

Continue to read or explain:

*The first question is answered with a yes or no. Such questions are called ‘closed-ended questions’.*

*The second question is answered with a longer description. Questions like this are usually asked when you want to understand a situation or learn more about something. They are called ‘open-ended questions’. These questions usually start with "How do you....", "Please tell me about.....", "Please describe......", "What are the....", and "Why do you......".*

*Closed-ended questions are good for getting specific information, such as whether the mother has had any children previously.*
Open-ended questions are better to explore the family’s situation or what they already know and are doing. The CHW can then build on this information while counselling them instead of talking at them as if they didn’t know anything. Open-ended questions are more likely to identify harmful beliefs than closed-ended questions.

Quick exercise: Facilitator goes around the room asking each person to state an open-ended question. If there is any doubt if the question is ‘open-ended’ or ‘closed-ended’ discuss in the group to reinforce learning.

Explain: Asking open-ended questions is a good skill for asking. Next we will talk about some skills for listening.

Read out loud:

b. Use ‘body language’ to show that you are listening to the family

You can show that you are listening even without saying anything by using ‘body language’.

Ask a trainee who is sitting near you to read each skill out loud, one at a time. Demonstrat(e act out) how to show that you are listening to the trainee who is reading using ‘body language’ as each skill is read:

- Sit opposite the person you are listening to.

- Lean slightly towards the person to demonstrate interest in what they are saying.

- Maintain eye contact as appropriate.

- Look relaxed and open, show you are at ease with them -- arms should not be crossed.

- Do not rush or act as if you are in a hurry.

- Use gestures, such as nodding and smiling, or saying ‘mmm’ or ‘ah’.

- Touch, as appropriate.
10. **REINFORCE LEARNING: Skills for asking and listening (5 minutes)**

Explain: We have discussed two groups of skills for asking and listening so far. Walk to the flip chart page titled: **II. Skills for asking and listening**.

Ask:

**What was the first skill?**
(ANSWER: Ask open-ended questions to find out about the family’s situation and where they are in adopting the behaviour). Write the answer on the flip chart page.

**What is the second skill?**
(ANSWER: Use body language to show you are listening.)

Then ask the trainees to list some ways you use body language (e.g. sit opposite, lean toward the person, eye contact, look relaxed, do not hurry, use gestures, touch.) Write the answers on the flip chart page, under 'Use body language.'

11. **GIVE RELEVANT INFORMATION: More skills for listening (10 minutes)**

Continue reading:

**c. Show that you are listening by reflecting back what the woman or family member said**

*Responding to the woman by reflecting back will encourage the woman to continue to talk to you. When a person states how they are feeling (afraid, worried, happy, etc.) let them know that you hear them by repeating it. This is called reflecting feelings and is a tool to show you are listening. An example would be 'so you say you are worried'.*

For example, if a mother says: "My baby was crying too much last night."

You could say: "He was crying a lot?"

Ask trainees to reflect back the statement,

"I am very tired during this pregnancy and have no energy."

(POSSIBLE ANSWERS: You are very tired? or You say you are
tired and have no energy?)

Explain: A second way to respond and show that you are listening is by empathizing. Read out loud:

d. **Empathize with how the person is feeling**

Show that you understand what the person feels by putting yourself in their place and thinking of how they feel in that situation. Empathizing builds trust. If a mother says “I am tired all the time now,” a response showing empathy would be: “You are feeling tired, that must be difficult for you.”

CHW: How is breastfeeding going for you and the baby?
Mother: He is suckling well and I am happy.
CHW: You seem pleased that it is going so well.

Ask trainees to empathize with this statement from a mother:
“Since the baby has been born, I cannot get enough sleep”

(POSSIBLE ANSWER: Not sleeping enough must be difficult for you.)

Explain or read out loud:

e. **Avoid words that sound judging**

‘Judging words’ are words like: right, wrong, well, badly, good, enough, properly. If you use judging words when you talk to a mother about breastfeeding, especially when you ask questions, you may make her feel that she is wrong, or that there is something wrong with the baby.

For example:
Do not say: “Does the baby sleep enough?”

Ask the trainees:

**Why would you not say that?**

Listen to the answers. Explain that saying it this way may make the mother worry whether the baby is sleeping enough or whether she is doing something wrong.

Instead say: "How is the baby sleeping?" (open-ended question with
no judging words)

Ask trainees:
What is a better way to ask this question?
    Did you breastfeed your last baby properly?

(POSSIBLE ANSWERS: How did you breastfeed your last baby? Or, Tell me about how you breastfed your last baby.)

12. REINFORCE LEARNING: Review skills for listening (5 minutes)

Explain: We have now discussed three more skills for listening. Then walk to the flip chart page titled: II. Skills for asking and listening. Ask the questions below and record trainees’ answers on the flip chart page:

What are some more skills for listening that we discussed?
(ANSWERS:
    Show that you are listening by reflecting back what the woman says.
    Show that you are listening by empathizing with how she feels in the situation.)

What is the last skill we discussed?
(ANSWER: Avoid words that sound judging, like right, wrong, good, enough, properly)

13. GIVE RELEVANT INFORMATION: Skills for giving relevant information (15 minutes)

Explain or read out loud:

III. SKILLS FOR GIVING RELEVANT INFORMATION

a. Accept or acknowledge what the woman thinks or feels.

    Sometimes a woman says something that you do not agree with because of your knowledge about good practices. Or, a mother may feel very upset about something that you know is not a serious problem.

    Ask:
    How will she feel if you disagree with her, or criticize, or tell her that it is nothing to be upset or to worry about?
(Wait for 2-3 responses, and then continue.)

Explain that you may make her feel that she is wrong. This reduces her confidence. She may not want to say any more to you.

Continue reading:

*It is important not to disagree with a woman or family member. On the other hand, it is also important not to agree with a mistaken idea. Instead, accept what the woman thinks or feels. Accepting means responding in a neutral way, and not agreeing or disagreeing.*

**Demonstration of accepting what a woman feels or thinks:**

Ask the co-facilitator to play the part of the mother in the following dialogue. Read out loud the 3 possible responses from the CHW with appropriate gestures. For example, you can put your hand on her shoulder to comfort her.

Ask trainees to say which response accepts what the mother feels. (The accepting response is marked ✓).

*The `mother' (in tears) reads:*

"It is terrible! Obama has trouble breastfeeding -- he just cries and I don't know what to do!"

**Read these responses (with an appropriate gesture):**

(Response 1:) "Don't worry -- your baby is doing very well"
✓ (Response 2:) "You are upset about Obama, aren't you?"
(Response 3:) "Yes, this could be dangerous -- why did you not come to me earlier?"

Discuss:

The first response disagrees with the mother. It may not be the truth and is not an appropriate answer.

The second response accepts what the mother feels and is the best answer.
The third response agrees with the mother and would make the mother more upset. The second part of the response would reduce her confidence and make her feel that she has made a mistake.

Explain that now you will continue with some other skills for giving information. Read out loud:

**b. Give a little, relevant information at a time, based on a family’s situation and where they are in adopting a new behaviour.**

Explain: You have already learned about the stages of behaviour change.

Ask the trainees (for review):

**What are the 4 stages of adopting a behaviour?**

(ANSWERS: Unaware, thinking about it, trying, maintaining)

**What type of information is relevant for each stage?**

(ANSWERS:

**Unaware:** Information about the behaviour, benefits of it

**Thinking about it:** Encourage to try it; identify problems the family has with it and try to solve them.

**Trying:** Encourage continuation of it; identify and solve any problems

**Maintaining:** Praise and encourage them to continue)

Praise the trainees for what they remember.

Continue reading:

**c. Tell a story** to give information without seeming like you are giving instructions. Many of the counselling cards that you will use will ask you to tell a story. By telling a story of how a family was successful in caring for a pregnant mother and a healthy baby, you can describe the behaviours that you want the families to adopt and the benefits.

**d. Make suggestions instead of commands:** Have you considered….? Would it be possible…? What about trying….?

For example: A command was phrased, “You better save money to pay for a facility delivery.” A suggestion could be phrased,
“Would it be possible to put aside a little money each week during your pregnancy, so that you could pay the expenses of a facility delivery?”

Ask trainees to rephrase this command as a suggestion:

“During your pregnancy you must avoid heavy work and rest more.”

(POSSIBLE ANSWERS: Do you think it would be possible for you to rest more? Is there someone that can help you with any heavy work?)

Read out loud:

e. **Give information in short sentences and use simple language.**
   Use short sentences because they are usually easier to follow and understand. Do not use technical words if not commonly used, but use local words such as ‘weak blood’ for anaemia, or ‘lockjaw’ for tetanus.

   An example using suggestions, short sentences and simple language would be: “You may find that eating more when you are pregnant gives you more energy. It will also help the baby grow. Perhaps you could try eating an extra helping of rice and more vegetables every day”.

14. **REINFORCE LEARNING: Skills for giving relevant information (5 minutes)**

   Explain: We have discussed several skills for giving relevant information. Walk to the flip chart page titled: **III. Skills for giving relevant information**.

   Ask:

   **Can someone tell me one of them?**

   Listen to the answer and write it on the flip chart page. Continue asking for skills for giving information until you have noted all of the skills below:

   a. Accept or acknowledge what the woman thinks or feels.
   b. Give a little, relevant information at a time, based on a family’s situation and where they are in adopting a new behaviour.
   c. Tell a story to give information without seeming like you are giving instructions.
d. Make suggestions instead of commands

e. Give information in short sentences and use simple language:

15. **GIVE RELEVANT INFORMATION: Skills for checking understanding and solving problems (10 minutes)**

Explain or read out loud:

**IV. SKILLS FOR CHECKING UNDERSTANDING AND SOLVING PROBLEMS**

a. **Use open-ended questions to check understanding**

Have the mother or family members repeat what needs to be done in her/their own words. This gives you feedback – what they understand you have said and what they remember. This is very important to ensure that they have understood what needs to be done. If necessary, repeat your advice in a different way.

b. **Discuss what the family plans to do**

This is perhaps the most important part of the counselling process. Encourage the family to tell you what they plan to do about the behaviours you have talked about. (Do not assume they will do what you have said.) Encourage them to tell you if they have any concerns or problems. Praise the family for doing so.

For example: after describing the importance of exclusive breastfeeding to a woman who is pregnant for the first time, the CHW said: “So. You will breastfeed exclusively, right?”

Ask:

**What is wrong with that question?**

(POSSIBLE ANSWER: It would be hard for the woman to say no, even if that is what she thinks.)

Ask:

**What could you ask instead to learn what the woman is planning to do regarding breastfeeding?**
(POSSIBLE ANSWERS: How do you feel about exclusive breastfeeding? Or, Do you have any concerns or see any problems with exclusive breastfeeding?)

Continue reading:

c. **Together, try to solve any problems** the family has in adopting a behaviour. Only if they tell you their concerns or problems and discuss what they feel can be done, can you arrive at a solution that will be relevant for them.

d. **Praise when appropriate**

Praise the mother and family if they are doing something well or if they have understood correctly. Praising the family for this will strengthen their confidence to maintain the beneficial behaviour and to adopt other beneficial behaviours. However, be sure that praise is genuine. You can always find something to praise.

*Praise can be given throughout the counselling process when appropriate.*

Example:

Mother: I sent my husband to find you because the baby doesn’t seem well.

CHW: It was very good that you called me so quickly because you were concerned about the baby.

16. **REINFORCE LEARNING: Skills for checking understanding and solving problems (5 minutes)**

Explain:
We have discussed several skills for checking understanding and solving problems. Walk to the flip chart page titled: IV. **Check understanding and solve problems.**

Ask:
**Can someone tell me one of them?**

Listen to the answer and write it on the flip chart page. Continue asking for skills for checking understanding and solving problems until you have noted all of the skills below:
a. Use open-ended questions to check understanding
b. Discuss what the family plans to do
c. Together, try to solve any problems
d. Praise

Ask the trainees to look at the 4 flip chart pages of communication skills. Explain that these pages contain a lot of skills, which are a lot to remember. Ask trainees to refer to the pages at any time during the training to remind themselves of these skills. They can practice them during role plays and become more comfortable using them.

Explain that many of these skills such as praising, using body language, showing empathy, using simple language, etc. are used repeatedly during home visits.

17. **REINFORCE LEARNING: DVD Demonstration: Communication skills**
   
   **(15–20 minutes)**

   **Purpose**
   - To demonstrate good communication skills in a home visit

   **Prepare**
   - Before the session, set up the equipment for showing the DVD, turn it on and test it. Check that all the trainees will be able to see the screen.
   - Before the session, become familiar with how the DVD and the equipment work so that you can start the desired clip without delay.

   Locate Clip 1: Interpersonal communication: Using counselling cards during pregnancy. View a few minutes of it. Practice pausing the DVD and then resuming. Practice starting the clip from the beginning again. Make sure that the equipment for showing the DVD is ready and turned on.

   **Process**
   1. Gather trainees around the TV monitor or the computer to show Clip 1.
   2. Introduce the video: The video will show a CHW visiting a pregnant woman at home. She will use a counselling card and discuss antenatal care. The CHW will use communication skills that will be highlighted.
   3. Show the video role play (duration: 5:16).
**ROLE PLAY SCRIPT:**

*Using Counselling Cards during pregnancy: Communication skills*

This role play takes place during the first visit during pregnancy

**GREET AND BUILD GOOD RELATIONS**

**CHW:** Hello Mara. How are you? I can see you are growing *(Greets, smiles and makes eye contact)*

**Mara:** I'm fine.

**CHW:** I've come to visit you since you are pregnant and that is now part of the work I do. *(Explaining reason for visit)*

**Mara:** You are welcome.

**ASK QUESTIONS AND LISTEN TO UNDERSTAND THE SITUATION**

**CHW:** Mara, have you been to the clinic yet?

**Mara:** No, I think it's too early.

**CHW:** Oh, but it is very important to start early. I have something to show you *(Brings out First Pregnancy Visit Card 1: Promote Antenatal Care)*.

What do you see in this picture? *(Uses visual aids appropriately)*

**Mara:** Let's see… a pregnant woman is walking towards a clinic. Here she is getting an injection *(CHW says hmm shows she is listening)*… and here she is getting some pills.

**CHW:** Yes, that's right. Good.

**Mara:** But I don't understand why she is getting an injection?

**CHW:** The injection is to protect the mother and child from tetanus, which can kill. It is very important that a pregnant mother gets at least 2 shots during pregnancy. That is why it is important to go early. And these pills are iron and folic acid to strengthen the blood *(Uses simple language)*.

**Mara:** Really? Okay. I remember my sister took those pills but she was very nauseous.

**CHW:** That is a very normal reaction *(Acknowledges feelings)*. It is best to take the pills with meals and with citrus or lemonade. If there are any problems with the tablets you can always call me and we can discuss it further.

**GIVE ADVICE AND CHECK UNDERSTANDING**

**CHW:** When you start these check-ups early, the doctor or nurse can check for any other problems. It is advised that the pregnant mother
should have at least 4 check-ups during her pregnancy. In case there is high blood pressure and other problems, the doctor or the nurse can take care of them, because they are dangerous to both the mother and the baby.

Mara: Okay

CHW: Yes, it is very important. Mara, do women in your family go for check-ups during pregnancy? (Asks to find out where the family is in adopting the behaviour of going for ANC)

Mara: Most of them go. I went one or two times with my last pregnancy. But now I know it is important.

CHW: Very, very important. So now that you are pregnant again what will you do? (Asks open-ended question to check what she understands and will do now)

Mara: I will definitely go for antenatal care….I will start this week.

CHW: That is really good. (Praises)

CHW: Mara, let me ask you a question….have you had an HIV test? (Deals with a sensitive and personal issue carefully)

Mara: No, not yet.

CHW: Why not? (Asks about concerns or problems)

Mara: I’m afraid that if I am positive the other women will not talk to me.

CHW: I understand how you are feeling, (empathizing) there are many women in the same situation as you. But don’t be afraid. Our government is asking everyone to come out openly and talk about this disease. (Body language shows caring) But if you go for this test the doctor will be able to take care of both you and the baby. Do you know that the virus can be passed from you to the baby during pregnancy and delivery?

Mara: Really?

CHW: Yes. So when you go for the test and if you are positive, they can give you drugs to protect the baby and treat you and also give you advice. So you see it is very important. So Mara, what will you do? (Asks open-ended question)

Mara: I will ask my husband to go for the test this week

CHW: That is excellent Mara! (Encourages) I will be visiting you in the next two months to see how you are doing (Advises about next visit)

Mara: You can come as many times as you want. Go well.

END OF ROLE PLAY
4. Show it a second time pausing to point out and discuss particular ‘communication skills’ demonstrated in the role play. Refer to the items in bold type in the role play script below.

5. After showing the clip for the second time, ask for comments on the role play. Listen to the responses and discuss.

6. Read the following interaction out loud:

   CHW: Mara, have you been to the clinic yet?

   Mara: Not yet, I think it’s still too early

   CHW: Oh, but it is very important to start early. I have something to show you.

Ask:

   Any comments on the CHW’s response?

Ask:

   Does the response “Oh, but it is very important to start early” accept or acknowledge the mother’s feelings?

   How could this have been said in more accepting way?

Example: CHW: Oh, I see. Let me show you this card....... Or

   CHW: I know some people feel that way. Many pregnant women find that going early means they can take best advantage of all the services offered.

   By using these two responses, the CHW would show she is listening but would not contradict the mother directly. These responses may be more accepting ways of answering.

18. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

   - It is very important to greet the family and build good relations with them during the home visit. Also thank them at the end.
   - You should talk to and counsel a family based on where they are in the behaviour change process: unaware, thinking about it, trying it or maintaining.
Unit 1: Home visits during pregnancy  
Session 2: Interacting with families

- The process of counselling includes: asking questions and listening to understand the situation of the family, giving relevant information based on the situation, checking understanding of the family, discussing what they plan to do and trying to solve any problems they have in adopting the behaviour, and praising.

- Using good communication skills helps you to talk with families in a way that will make it more likely that they will listen and will follow your advice.
SESSION 3:
Identifying pregnant women in the community
(Time required: 55 minutes)

Materials
- CHW Register
- Large printout of CHW Register Section 1: List of Pregnant Women and Home Visit Record

Preparation
- Stick a large size printout of the CHW Register Section 1 on the blackboard, flip chart or on the wall

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of this session is to explain why it is important for CHWs to identify pregnant women early in their pregnancies and to discuss how to do this.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:
- Explain why it is important to identify pregnant women early in pregnancy
- Describe two ways in which you will identify pregnant women in your community
- Compile a list of the names of pregnant women in the community and record this information in your register

2. DETERMINE WHAT THE CHWs ALREADY KNOW (15 minutes)

Ask the trainees:
Why is it important for the CHW to identify all pregnant women in the community?

Listen to their answers and make sure the points below are mentioned:

- It is important to identify all pregnant women in the community because all mothers and newborns are vulnerable and need care.
- Often, the ones who are missed are the most vulnerable and most at risk of illness and death.

Ask the trainees:

Why is it important to identify women early in their pregnancies?

Listen to their answers and make sure the points below are mentioned:

- It is important to identify women early in pregnancy because the sooner a woman goes for antenatal care (ANC), the sooner she can be examined and given important medicine and advice.
- Families need time to prepare for birth: to save money for transport and any costs, and to gather supplies (cloths for drying, etc.) and clothes for the baby.
- The CHW needs to visit the pregnant woman 2 times during pregnancy; the first visit as soon as she knows the woman is pregnant, and the second visit about 8 weeks before delivery.

Ask the CHWs:

How can you find out when a woman in your community is pregnant?

Write their answers on the flip chart. Use this information in the next training step.

3. GIVE RELEVANT INFORMATION: THE STORY OF SARAMA (10 minutes)

Read out loud:

Sarama is a CHW in a village. One of her tasks is to identify all the pregnant women in the village and visit them during pregnancy.

In order to do her work Sarama had to think how she could identify all the pregnant women in her area.
To help her decide how to get this information, she called together a few of her friends; one was Kulsoom, the head of the women’s organization in the village, the other was the school teacher Mr Roshi, the third was Priya, the TBA, and the fourth was Razia the midwife from the health centre. She explained what she needed.

The school teacher suggested that Sarama could visit every household every few months and ask if anyone was pregnant. He also said that when he sees a pregnant woman at the school, he will ask if the CHW has already visited, and if not he will inform Sarama.

Kulsoom, the head of the women’s organization, suggested that at the next women’s meeting, Sarama should explain her work, and ask all families to inform her as soon as anyone in their household is pregnant.

Razia the midwife said that every month when Sarama comes to the health centre for the monthly meeting, or when Razia herself comes to the community for outreach activities, they can discuss who is newly pregnant in the village.

Priya, the TBA, said that she could inform Sarama when she knows someone is pregnant.

**Sarama’s plan to find pregnant women:**
- CHW visits all the households every few months and asks if anyone is pregnant.
- CHW attends the women’s meeting and asks families to inform her when anyone is pregnant.
- CHW works with the midwife or nurse at the health centre to identify all pregnant women in the community early in their pregnancies
- CHW asks other people in the community, such as the teacher, the village chief, the TBA, to let her know if someone is pregnant

Ask the trainees:

**What do you think of Sarama’s plan to identify pregnant women?**

Listen to the answers and clarify any confusion.

Explain or read out loud:
A CHW may find out someone is pregnant by visiting them or from someone else in the village like the head of the women’s organization, the midwife, or the TBA. Once the CHW knows someone is pregnant she needs to visit the house of the woman in order to either make the first pregnancy visit or schedule a time to do so. She should also fill in Section 1 of the CHW Register.

EXAMPLE:
Yesterday the CHW learned that Jhema Kak is pregnant, so today the CHW visited her. Today’s date 10 October 2011. Look at the entries written on Section 1 on the next page to see how the CHW listed Jhema and recorded her information at the first home visit.

4. REINFORCE LEARNING: Exercise to list pregnant women in the CHW Register Section 1 (first 6 columns) (20 minutes)

Prepare

- Large printout of Section 1 of the CHW Register (or draw on white paper). On it, write the entries for Jhema Kak on row 1 as shown in the example below.

Process

a. Explain that the CHW Register will be the place where the CHW will record information on her work. It will list the pregnant women, where they live and the date the baby is due. It will be used to note when visits were made and other important information. Now we will learn how to fill in Section 1 when you find out a woman is pregnant. We will learn how to fill in more of the register in later sessions.

---

2 In these materials, a CHW is usually referred to as “she” because most often a CHW who visits pregnant women and new mothers at home is female. This does not imply that a male CHW may not do these tasks in a community where this is customary.
## LIST OF PREGNANT WOMEN AND HOME VISIT RECORD

<table>
<thead>
<tr>
<th>No</th>
<th>Name of pregnant woman</th>
<th>Age</th>
<th>Address</th>
<th>Expected date of birth (If not known, no. of months pregnant at first visit)</th>
<th>Date of home visits during pregnancy</th>
<th>Pregnancy outcome (1= miscarriage, 2= stillbirth, 3= live birth)</th>
<th>Date of pregnancy outcome</th>
<th>Place of birth (1= home, 2= health facility, 3= other)</th>
<th>Birth attendant (1= doctor, nurse or midwife, 2= TBA, 3= other)</th>
<th>Status of mother after birth (1 = alive, 2= dead, 3= not known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jhema Kak</td>
<td>22</td>
<td>Row 13, H. no. 8, Soni Village</td>
<td>20 Jan 2012</td>
<td>1st visit 10 Oct 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>2</td>
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</tbody>
</table>
b. Ask trainees to get out their CHW Registers and write their names on the front cover. Ask them to locate Section 1 and copy on to it the information for Jhema Kak.

c. Read out loud:
   On 12 October, the CHW visited Mary Luo who is pregnant. Enter her information in section 1 (6 columns).

d. Explain:
   For this exercise, now enter information on the next woman, Mary Luo, on the next line in Section 1 List of Pregnant Women under Jhema Kak. Notice that the first column is the serial number.

e. Read out loud (one line at a time, allowing time for trainees to record the information):
   Pregnant woman 2 is named Mary Luo
   Age -- 21
   House location: Row 2, House number 12, Soni Village
   Not been to antenatal clinic so expected date of birth is not yet known
   When CHW asked, Mary said she was 5 months pregnant.

f. Walk around to look at trainees working. Make sure that trainees are able to do the task.

g. Ask a trainee to fill in the information about Mary on the large printout. Discuss as needed with the other trainees until the register is filled out correctly.

h. Continue reading out loud:
   After the CHW visit, Mary agreed to go to the ANC clinic the next day. The CHW made a brief visit to Mary after she attended the ANC clinic and noted that the expected date of birth was 24 February 2012.

i. Then, ask the trainees to update the information on Mary Luo to add the expected date of birth. Ask one trainee to update the information about Mary on the large printout. Check if all trainees have completed the register correctly.
j. Continue reading out loud:

On 19 October, the CHW learned that Grace Matuba was pregnant and went to visit her at her home.

Enter her information in Section 1 (6 columns)

Pregnant woman 3 is named Grace Matuba
Age -- 24
House location: Row 7, House number 3, Soni Village
Has been to the ANC clinic once
Expected date of birth: 4 March 2012

k. When the trainees have entered the information for Grace, ask another trainee to add her information to the large printout. Then discuss as needed. Answers are shown below.

ANSWERS

SECTION 1
LIST OF PREGNANT WOMEN AND HOME VISIT RECORD

<table>
<thead>
<tr>
<th>No</th>
<th>Name of pregnant woman</th>
<th>Age</th>
<th>Address</th>
<th>Expected date of birth (If not known, no. of months pregnant at first visit)</th>
<th>Date of home visits during pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st visit</td>
</tr>
<tr>
<td>1</td>
<td>Jhema Kak</td>
<td>22</td>
<td>Row 13, H.no. 8, Soni Village</td>
<td>20 Jan 2012</td>
<td>10 Oct 2011</td>
</tr>
<tr>
<td>2</td>
<td>Mary Luo</td>
<td>21</td>
<td>Row 2 H.no. 12, Soni Village</td>
<td>5 months 24 Feb 2012</td>
<td>12 Oct 2011</td>
</tr>
<tr>
<td>3</td>
<td>Grace Matuba</td>
<td>24</td>
<td>Row 7, House number 3, Soni Village</td>
<td>4 March 2012</td>
<td>19 Oct 2011</td>
</tr>
</tbody>
</table>

Facilitator: Save the flip chart sheet (shown above) made in this exercise. It will be used for an exercise in Session 7.
5. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- It is important to identify all pregnant women in your community and to do so as early in pregnancy as possible. Pregnant women need to attend antenatal care (ANC) at a health facility. The sooner a woman goes for ANC, the sooner she will receive important services and information and the healthier she and her baby will be.

- The CHW should visit a pregnant woman at least 2 times during pregnancy; to ensure ANC attendance, to help the family plan for a facility birth, and to provide important information on care during pregnancy and danger signs.

- We can identify pregnant women in several ways, such as visiting homes, asking at health facilities, and talking with neighbours and community leaders. CHWs must try to find pregnant women, rather than waiting for pregnant women to come to them.

- The CHW Register is an important tool to help you make a list of all pregnant women and to record information about the home visits during pregnancy and after birth.
SESSION 4:
Promote antenatal care
(Time required: 55 minutes)

Materials
- First Pregnancy Visit Card 1: Promote Antenatal Care

Preparation
- Demonstration role play (2 chairs)

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of this session is to help the CHW understand the importance and timing of antenatal care (ANC) and why they should encourage women to attend the antenatal clinic.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:
- Explain why pregnant women should attend antenatal care and the care they are expected to receive
- Explain when to start going for antenatal care and how many visits are recommended
- Help solve problems in attending antenatal care

2. DETERMINE WHAT THE CHWs ALREADY KNOW: Discussion in the large group (5 minutes)

Ask:

Has any of you or anyone in your family received antenatal care during their pregnancies?
Ask a few women who said ‘yes’ if they can explain what care is given and why antenatal care is important for pregnant mothers.

Listen to their answers and write the correct answers on the board or flip chart paper. Use this list during the next training step (compare it with the overview of ANC below)

3. **GIVE RELEVANT INFORMATION: Importance of antenatal care (10 minutes)**

Explain or read out loud:

> Although the CHW will be visiting each pregnant woman in her area 2 times during pregnancy, the CHW does not provide antenatal care. This is done at the health centre or through outreach by a trained health worker. The CHW will encourage the pregnant woman to go for antenatal care.

**Overview of care given during antenatal visits**

- Examination of the pregnant woman (checking blood pressure, weight, etc.)
- Iron and folic tablets to prevent anaemia and strengthen blood
- At least 2 tetanus toxoid immunizations to prevent tetanus
- Insecticide-treated bednets and intermittent preventive treatment (IPT) to prevent malaria in areas where malaria is very common
- Advice on home care for the pregnant woman to ensure the baby grows well
- Preparing for birth including preparing for birth in a health facility and informing the family about danger signs and the importance of early care seeking for them.
- Testing for infections such as HIV, STIs, and treatment and care if needed

Ask:

**Does anyone know how many times a woman should go for antenatal care?**

Listen to the answers and then continue to explain or read out loud:
The minimum number of antenatal care visits recommended is 4; the first visit early in pregnancy as soon as the woman thinks she is pregnant, then if there are no problems, around 28 weeks, 32 weeks and 36 weeks.

Facilitator: The recommendation of four antenatal care visits is the minimum. This recommendation should be adapted based on the national policy in your country.

Ask the trainees:

Why do some women not go for antenatal care?

Listen to the answers which may include:
- don't see the need to go for antenatal care
- distance to clinic
- hidden costs
- poor attitude of the health workers
- medicines, equipment or tests not available at the health facility
- too much work to do at home
- no one to look after the home

Continue to read:

For each possible reason in your community, try to understand the problem and how the CHW could help overcome the problem. Some examples are listed below:

- discuss the importance of attending antenatal care with husband and other family members; perhaps they could agree to spare money for transport and any hidden costs
- have other family members do some of the work on clinic days
- discuss 'poor attitude of clinic staff' with supervisor who may be able to talk with them

4. GIVE RELEVANT INFORMATION: Using Counselling Cards (10 minutes)

Have trainees look at the First Pregnancy Visit Card 1: Promote Antenatal Care (page 5 of Counselling Cards)
You will see that on one side there are illustrations (or photographs). This side is meant for the woman or family to see.

Ask the trainees:

What do you see in the illustrations?

POSSIBLE ANSWERS:
- a health facility
- a woman being examined (blood pressure)
- a woman receiving an injection (tetanus toxoid injection)
- iron and folic acid tablets
- a pregnant woman receiving an insecticide-treated bednet (ITN)
- blood being taken from a pregnant woman for testing

Ask a trainee to read out loud the text of Card 1: Promote Antenatal Care.

5. REINFORCE LEARNING: ROLE PLAY DEMONSTRATION: How to use First Pregnancy Visit Card 1: Promote Antenatal Care (15 minutes)

Purpose
To demonstrate how a community health worker encourages a pregnant woman to go to ANC using the appropriate counselling card.

Prepare
- Two chairs—one for the CHW and one for the pregnant woman.
- Role play script (next page)—You will play the CHW. Read through the script a few times and prepare to read it out loud at a normal pace and with expression.
- Pregnant woman—Select someone to play the role of the pregnant woman (for example, your co-facilitator could play the role). Ask him or her to read through the script to prepare for reading it out loud with expression.
- Counselling Cards

Process
- Introduce the role play by reading these instructions:
MONICA, THE COMMUNITY HEALTH WORKER (CHW), found out Taja was pregnant a few days earlier. She had been visiting all the houses in the village trying to identify pregnant women, and when she got to Taja’s house, she learned she was pregnant. At that time, it was agreed that Monica could return today to visit Taja and carry out the first home visit during pregnancy.

Observe the interaction. This role play will not show a complete visit, but only the greeting and using Card 1.

Be prepared to discuss what you have seen:
• How did the community health worker greet Taja?
• How do you know that she is listening?
• How does the CHW use the card?
• How does the CHW use her knowledge of how behaviour changes?

b. Read the role play script with your co-facilitator at a normal pace and with expression in your voices.

***

ROLE PLAY SCRIPT:
First Pregnancy Visit Card 1: Promote Antenatal Care

GREET THE FAMILY

CHW: Hello, Taja, are you home?
Taja: Hello Monica. Welcome.
CHW: Thank you. How are you and the family? Feeling alright? (Smiles and looks at her)
Taja: Oh yes. I get tired more easily than before I was pregnant but otherwise I feel fine.
CHW: Yes, getting tired more easily can happen when carrying a baby (Reflecting feelings), that’s normal, and I am glad you feel fine otherwise.

EXPLAIN THE VISIT
As I said the other day, part of my responsibility is to visit pregnant women and discuss what you can do to make sure you and the baby are healthy.

**Taja:** (Nods) I was looking forward to your visit.

**CHW:** (Opens counselling cards to First Pregnancy Visit Card 1 and has the illustrations facing Taja)

**ASK AND LISTEN TO UNDERSTAND THE SITUATION**

**CHW:** Taja, do you have other children?

**Taja:** Yes I have two other children.

**CHW:** Did you attend the clinic with your other pregnancies?

**Taja:** Yes, I went once with my last baby, but not with the first one.

**CHW:** Have you been to antenatal care for this pregnancy?

**Taja:** No with this baby. I plan to go when I am further along.

**CHW:** I am glad to hear you are planning to go. I suggest you go there early in pregnancy so you can receive the necessary care. I am going to tell you a story about a woman named Abena, who had a very healthy baby. But first, what do you see in these pictures?

**Taja:** I see a clinic and the health worker is examining a pregnant woman. Here she is getting an injection, here there are some tablets, and here she is getting something….I think it may be a bednet. In this picture it looks like the health worker is taking some blood from her arm.

**TELL THE STORY OF ABENA AND ADAPT ADVICE ACCORDINGLY**

**CHW:** Yes, that’s right. Abena went to the clinic so she could get checked by the nurse because she knew that check-ups were important to make sure she and the baby were healthy throughout the pregnancy. The first time she went, which was early in her pregnancy, they gave Abena an injection against lockjaw and they checked her for any problems. They gave her iron and folic acid tablets to strengthen her blood.

**Taja:** hmmm

**CHW:** Abena lives in an area where there is a lot of malaria, so she received an insecticide-treated bednet (Points to photograph of bednet).

- Abena also was given medicines which she takes to prevent her from getting malaria.
Lastly, Abena agreed to get a test for HIV. It is important to get tested for HIV because if a woman has it, she can receive medicines to prevent it passing to the baby.

Taja: I didn’t know that. How many times did you say she went to the clinic?

CHW: Abena went 4 times for antenatal care. It is important to go back because in the 2nd and 3rd visits they check to make sure your blood is getting stronger, check for any problems that may have come up, and help you prepare a birth plan. The 4th visit is usually a few weeks before delivery and includes checking to make sure the baby is in a good position for the delivery.

Taja: I have learned a lot from you.

CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS

CHW: Good. Can you tell me what you understood from our discussion?

Taja: Yes, I should go early for antenatal care because I will get examined and receive medicines and information. I should go at least 4 times like Abena.

CHW: That is excellent. Now that you know these things, what are your plans about antenatal care?

Taja: I will talk to my husband when he gets back from the fields. I will go to the clinic in the next day or so, because now I know how important it is.

CHW: Very good. Now let’s talk about the baby’s birth.

END OF ROLE PLAY

* * *

c. After the role play demonstration:

Ask each of the questions in the CHW Manual (listed again below). Lead a discussion using the information that the trainees give you.

- How did the community health worker greet Taja?
- How do you know that she is listening?
- How does the CHW use the card?
- How does the CHW use her knowledge of how behaviour changes?
Emphasize the quality of the conversation:

- How the CHW approaches Taja
- How the CHW sits in relation to Taja (body language)
- How the CHW looks at Taja
- How gently and encouragingly the CHW speaks (open-ended questions? Non-judging words?)
- How the CHW listens (reflecting? empathizing?).

6. REINFORCE LEARNING: DISCUSSION (5 minutes)

Lead a discussion of how the CHW’s conversation would change in a different situation, depending on where the family is in adopting the new behaviour, that is, going for ANC. When you ask the questions listed below, listen to the trainees’ answers to the questions; acknowledge correct answers; ask more questions as needed to guide them to correct or reasonable answers.

Read out loud:

When a CHW makes a home visit, what she says will change depending on the pregnant woman’s situation. In this role play, Taja knew about ANC and went once with a previous pregnancy but not with this one.

Think about what you learned about the stages of behaviour change in Session 2. Let’s discuss two more cases:

Case 1: A woman is pregnant with her first baby and has not gone to ANC.
At what stage of behaviour change is this woman or family? (ANSWER: Unaware or thinking about it.)

Ask:

What should the CHW’s conversation with this mother include? (ANSWER: First, ask questions to find out if the family is unaware or if they are thinking about it. Then,
− If unaware, give information about ANC. Explain the benefits of ANC.
− If thinking about it, encourage the family to try ANC. Identify the problems the family may have in trying ANC and help solve these problems.

Case 2: A pregnant woman made 4 ANC visits during her previous pregnancy and has already attended once during this pregnancy.

Ask:

At what stage of behaviour change is this woman or family?
(ANSWER: Maintaining the behaviour.)

Ask:

What should the conversation with her include?
(ANSWER: Praise the family and encourage them to continue going for ANC.)

7. SUMMARIZE THE MAIN POINTS OF THE SESSION

• Antenatal care can help prevent illness in a mother and her baby, identify and treat illness should it occur, and help the family prepare for a safe birth.

• Pregnant women should make at least 4 antenatal visits, which means they should start early during their pregnancy.

• The Counselling Cards will help guide you on how to promote antenatal care as you visit a mother during pregnancy.
SESSION 5:
Promote birth in a health facility
and help prepare for birth
(Time required: 1 hour 20 minutes)

Materials
- First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility
- Flip chart or blackboard

Preparation
- Make sure CHWs have a Mother and Baby Card

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of this session is to learn how to help families plan for the birth in a health facility.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:
- Explain to a family why it is best for a woman to give birth in a health facility
- Help the family prepare for birth in a health facility
- Identify problems that families may have in preparing for birth and work with them to find potential solutions

2. GIVE RELEVANT INFORMATION: Birth planning and the importance of including family members (5 minutes)

Explain or read out loud:

During the first visit to a pregnant woman, besides talking about antenatal care, the CHW will also help the family prepare for the birth. Helping the family prepare their own ‘Birth Plan’ involves an ongoing
discussion with the woman and her family to help them decide where to give birth, organize the things they need for the delivery and decide what they will do in an emergency. Having a birth plan can reduce confusion at the time of birth and increase the chance that the woman and her baby will receive appropriate, timely care.

Ask:

**Do you think it is important to include husbands and other family members in discussions about place of delivery? Why?**

Listen to the answers and summarize by reading out loud:

*It is important to include the husband and family members for a number of reasons, some of which you already mentioned:*

- Giving birth in a facility may involve money, so this decision should be made along with the husband and any others involved.
- If everyone agrees beforehand, when labour starts there will be no problem in making the decision to go to the health facility.
- In some societies the husband has to give permission for the woman to leave the house, so if he agrees beforehand that will allow her to go even if he isn’t at home at the time.
- Leaving home means that there needs to be money for transport and someone to look after the house and other children; this may involve other family members.

3 **GIVE RELEVANT INFORMATION:** Why should women give birth in a health facility? (10 minutes)

Explain or read out loud:

*It is safest for all women to deliver with a skilled birth attendant and in a health facility because health workers have the skills and equipment needed to help ensure a safe delivery and a healthy baby.*

Sometimes problems arise during labour and delivery, like bleeding or fits, which require skilled health workers, medications and equipment to treat. Without that treatment, the mother and baby could die. Therefore it is safest to deliver in a facility that can manage these and
other problems. However, many women in this area do not deliver in a health facility.

Ask:

What are the reasons why some women in your community do not deliver in a health facility?

Write the responses on the flip chart.

Then, continue to read (add any reasons mentioned by CHWs, which are not in the box below):

<table>
<thead>
<tr>
<th>Reasons for not delivering in a health facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cost of delivery items, transport and the health facility fee</td>
</tr>
<tr>
<td>b. Perception that home birth is safe</td>
</tr>
<tr>
<td>c. Feeling more comfortable delivering with TBA at home</td>
</tr>
<tr>
<td>d. Lack of knowledge on importance of facility delivery</td>
</tr>
<tr>
<td>e. Lack of transport</td>
</tr>
<tr>
<td>f. Fear of the procedures at a health facility or of health facility staff</td>
</tr>
<tr>
<td>g. Birth occurs suddenly at home or on the way to the facility</td>
</tr>
</tbody>
</table>

4. **REINFORCE LEARNING: DISCUSSION IN SMALL GROUPS:** Barriers to delivering in a health facility (20 minutes total)

**Objective**

At the end of the discussion, trainees will be able to:

- Discuss practical solutions to barriers families have to delivering in a health facility

**Process**

a. Divide trainees into 3 or 4 groups and assign to each group one or two of the reasons mentioned for not delivering in the health facility
b. Each small group discusses possible ways of overcoming these reasons in your community. You may use the table below for your discussions.

c. Facilitators circulate in the room and observe the discussion, clarifying points if needed.

d. After 10 minutes bring the groups back together into a large group. Have each group present the solutions they discussed. (5 minutes each)

e. Then, explain or read out loud the table below:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Potential advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of delivery</td>
<td>- Let families know how much a health facility delivery costs; include ‘hidden costs’ even if the delivery itself is free.</td>
</tr>
<tr>
<td></td>
<td>- Help them see how saving a very small amount of money each week adds up to a significant amount over the pregnancy, especially if the entire family is involved.</td>
</tr>
<tr>
<td></td>
<td>- Stress that delivering in a health facility helps ensure a safer delivery and a healthy baby. If complications occur during home birth, it will cost much more to get emergency treatment than the cost of a facility birth.</td>
</tr>
<tr>
<td>Perception that home birth is safe</td>
<td>- Explain to the family that the health facility is the best place to prevent and treat delivery complications.</td>
</tr>
<tr>
<td></td>
<td>- Explain that complications such as prolonged labour, delayed placenta and bleeding after delivery can happen to any woman, even those who usually have safe deliveries.</td>
</tr>
<tr>
<td>Feeling comfortable delivering with TBA at home</td>
<td>- Acknowledge that it is comforting having a TBA who you feel comfortable with at the birth but if complications occur the mother or the baby could pay with their lives.</td>
</tr>
<tr>
<td></td>
<td>- Suggest that possibly the TBA could go with you to the health facility and be a support (or birth companion) during labour and childbirth.</td>
</tr>
<tr>
<td>Lack of transport</td>
<td>- Help families identify a means of getting to the facility for either a day or night delivery and in bad weather.</td>
</tr>
<tr>
<td></td>
<td>- Encourage families to make arrangements in advance with a vehicle owner, including taking his or her phone number.</td>
</tr>
</tbody>
</table>
### Caring for the Newborn at Home: A Training Course For Community Health Workers

#### Facilitator Guide

**Unit 1: Home visits during pregnancy**

**Session 5: Promote birth in a health facility and help prepare for birth**

<table>
<thead>
<tr>
<th><strong>Fear of health facility procedures and health facility staff</strong></th>
<th><strong>Birth sometimes occurs very quickly</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Community planning to provide transport for birth and emergencies.</td>
<td></td>
</tr>
<tr>
<td>- Towards the end of pregnancy, encourage the woman to try to find a place to stay (with a relative or friend) close to the facility.</td>
<td></td>
</tr>
<tr>
<td>- Explain to the family that the health facility procedures are always done to save lives. If these procedures are not conducted when they are required, it is likely that the woman or her baby will die.</td>
<td></td>
</tr>
<tr>
<td>- Explain that the CHW or a mature person could accompany the pregnant woman to the health facility to support her and help communicate with health facility staff.</td>
<td></td>
</tr>
<tr>
<td>- Explain that it is important to go to the health facility for delivery as soon as labour starts. That is why it is important to plan for the delivery during pregnancy.</td>
<td></td>
</tr>
<tr>
<td>- Help families ensure they have everything they need for a safe home delivery in case the labour is very quick.</td>
<td></td>
</tr>
<tr>
<td>- Towards the end of pregnancy, encourage the woman to try to find a place to stay (with a relative or friend) close to the facility.</td>
<td></td>
</tr>
</tbody>
</table>

5. **GIVE RELEVANT INFORMATION: Preparing for birth in a health facility (5 minutes)**

Explain or read out loud:

**Helping Families Prepare for Facility Birth**

A key aim of your visit during pregnancy is to help families prepare for birth. The birth planning process helps families think ahead to what is needed for a safe birth and helps them decide how to overcome any difficulty they have.

While it is always best to give birth in a facility, sometimes this decision does not happen immediately. If the family is undecided, go through the elements of preparing for birth in a health facility using the First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility.
Then let them think it over. Talk to them again about facility birth at the next visit.

It may not be possible for all women to give birth in a health facility. If a family decides not to deliver in a health facility even after discussions, it is important that you help them make the home birth as safe as possible. Do not judge or scold them for their choice.

6. **GIVE RELEVANT INFORMATION: First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility (10 minutes)**

Ask the trainees to look at the First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility (Page 6 of Counselling Cards).

Discuss the contents of the card as below:

a. **Prepare for birth in a health facility**
   It is safest to deliver in a health facility. Many problems can be prevented and any that do arise can be treated promptly with the required skill and medications.

b. **Identify transport to get to the health facility**
   It is important to identify how the pregnant woman will get to the health facility during pregnancy because labour can start at any time during the day or night, and it may be difficult to find transport at the last moment.

c. **Save money for transport and other expenses at the health facility**
   It is important to save small amounts of money throughout pregnancy in order to have enough money to cover the costs of transport and other expenses for birth at the health facility.

d. **Gather the supplies needed for health facility delivery**
   To give birth in most health facilities women need to bring: soap, a plastic sheet, sanitary napkins and clean clothes for the mother and the baby. (Note: Adapt this list to the situation in your country). As these supplies can be expensive, families may need to collect them bit by bit. It is important the family keep the items clean and together so that they are ready and can be easily found when needed.

e. **Decide to go to the health facility early in labour and have**
someone accompany the pregnant woman to the facility
It is important to go to the facility early in labour so that there is enough time to arrive there before the baby comes. Early in the pregnancy, identify the person who is going to accompany the woman to the health facility. This person should know the transportation plan and the importance of going to the facility early in labour. Try to include this person in your discussions during the home visits.

f. Plan who will care for the household while the pregnant woman and other family members are in the facility
It is important that arrangements are made beforehand for someone to take care of the household, including caring for older children, other family members, animals, etc.

7. REINFORCE LEARNING: Role Plays: Talking to families about delivering in a health facility (20 minutes)

Objective
At the end of this role play practice, the trainees will be able to demonstrate how to talk with families about problems that they face when choosing to deliver in a health facility, and how to propose possible solutions.

Process
a. Divide the trainees into groups of 3 or 4. Explain that this exercise will be a role play in which trainees will practice using the First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility.

b. Read out loud the following case descriptions which the trainees can refer to in the CHW Manual:

Case 1: Neena and her husband want to have the birth in the health facility but they are afraid they don’t have enough money.

Case 2: Mary says she wants to deliver at home because it is easier; she doesn’t have to leave her other children and she will be more comfortable.

Case 3: Rona lives in a remote rural area; the health facility is two hours away by car and transport is not available at all times.

c. Explain that in each small group, one trainee will play the CHW and another will play the role of the pregnant woman in Case 1.
The third trainee can play the husband (and the fourth an observer). The CHW should focus on solving the problem the family has, using the process of counselling learnt earlier in session 2. (Remind trainees to look at the communication skills lists posted on the wall.) At the end of the role play, the trainees should briefly discuss what was done well and what could be improved. Then the trainees will switch roles and do Case 2, and then Case 3.

d. Ask the groups to the role plays. Have each group do a short role play for each of the above cases; each trainee takes a turn playing the role of CHW.

e. Facilitators observe each group and provide support and encouragement as needed.

8. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- It is safest for a mother and her baby to have the birth in a health facility. Even if the mother is healthy, she may have problems during delivery that require medicines, equipment, and skilled health professionals to save her and her baby.

- The CHW can play a very important role in helping the family to overcome difficulties in having the birth in a facility, and to help them prepare for the birth.
SESSION 6:
Home care for the pregnant woman
(Time required: 40 minutes)

Materials
- First Pregnancy Visit Card 3: Home Care for the Pregnant Woman
- Mother and Baby Card

Preparation
- Gather counselling cards and Mother and Baby Card for role play demonstration

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

   Explain that the purpose of this session is to provide CHWs with the knowledge needed to advise pregnant women on how to care for themselves and on the danger signs during pregnancy.

   Explain or read out loud:

   **OBJECTIVES OF THIS SESSION**

   At the end of this session, you should be able to:
   - Counsel women on how to care for themselves during pregnancy
   - Explain danger signs during pregnancy (using the Mother and Baby Card)

2. DETERMINE WHAT THE CHWs ALREADY KNOW (5 minutes)

   Ask the CHWs:

   *From your experience of pregnancy -- either your own pregnancy or a family member’s -- what care do you think pregnant women need?*

   Write the answers on the flip chart.
3. **GIVE RELEVANT INFORMATION: Home Care for the Pregnant Woman (5 minutes)**

Explain or read out loud:

**Why should pregnant women eat more?**
*A pregnant woman needs more energy so the baby she is carrying can grow. Babies born small are at greater risk of getting sick and dying. A pregnant woman should eat more each day, and try to eat good food. This means an extra portion of rice, lentils or bread, and if possible, eggs, fish, meat, fruit and vegetables. The CHW can suggest the woman try to eat more of the good foods available locally.*

**Why should pregnant women avoid heavy work and get more rest?**
*If a pregnant woman works hard, there is less energy available for the baby to grow. If a woman rests and eats well, the baby will grow bigger and stronger.*

**Why should pregnant women sleep under an insecticide-treated bednet?**
*Malaria is a serious disease, especially during pregnancy, and can be very dangerous to both the mother and baby. To prevent getting sick, everyone, especially pregnant women and mothers and babies, should sleep under an insecticide-treated bednet.*

**Why should pregnant women take iron and folic acid tablets?**
*During pregnancy, delivery and after delivery a woman needs strong blood to carry and then feed the baby, and to avoid problems. Iron and folic acid tablets make the blood stronger.*

4. **GIVE RELEVANT INFORMATION: First Pregnancy Card 3: Home Care for the Pregnant Woman (10 minutes)**

Ask the trainees to open their counselling cards to the First Pregnancy Visit Card 3: Home Care for the Pregnant Woman (Pages 8–9)

Ask what they see in the pictures on page 8. Discuss.

Ask a trainee to read the first three lines on the card.

Continue with another trainee reading the points in the box and then the
'Check understanding' sentences. Discuss and answer any questions.

Have another trainee read the rest of the card.

5. DEMONSTRATION: Introduce the Mother and Baby Card (5 minutes)
   
   a. Distribute the Mother and Baby Card and have the trainees look at the card for a couple of minutes.

   b. Explain that CHWs should give each family a Mother and Baby Card during the first visit during pregnancy. The Mother and Baby Card is kept by the family, but the CHW uses it during each of the home visits to record information and remind the family of the danger signs.

   c. Point out that the card has two sides: one side is used during pregnancy and is labelled ‘Pregnancy’ and the other side is used after the baby is born and is labelled ‘After Birth’.

6. GIVE RELEVANT INFORMATION: Using the Mother and Baby Card (10 minutes)

   Explain or read out loud:

   **Mother and Baby Card: Pregnancy**

   *The left side of the ‘Pregnancy’ page is filled in by the CHW during the first visit during pregnancy. The right side of the ‘Pregnancy’ page illustrates ‘Danger signs during pregnancy’. The danger signs are discussed during the first visit during pregnancy and reviewed if necessary during the second visit. More information (on attending ANC, date of delivery, etc.) is added during the second visit during pregnancy according to each woman’s situation.*

   **Danger signs during pregnancy**

   *The danger signs during pregnancy are:*
   - any vaginal bleeding
   - fits
   - severe abdominal pain
   - severe headache
   - difficult breathing
- fever

*If any of these danger signs appear, the family should seek care at the health facility as soon as possible.*

Ask trainees if they have any questions about the danger signs. Do they know what ‘fits’ are? Explain that fits involve stiffening of the body, with rhythmic movements of arms, legs or face. Usually a person loses consciousness during a fit.

Ask if anyone can explain ‘severe abdominal pains.’ Explain that severe abdominal pain is very bad pain in the abdomen. It is different from labour pains in that it does not come and go at regular intervals but is usually constant.

Remind the trainees that after discussing care during pregnancy, the CHW should review the Danger Signs during pregnancy with the woman and family. Make sure they know that if any of these problems arise, they must go to the health facility immediately.

Ask:

**How could you determine if the family knows what to do if a danger sign occurs?**

If trainees do not say that you could ask an OPEN-ENDED QUESTION to check understanding, remind them of this. Then ask them to suggest a few examples of open-ended questions that the CHW could ask. (E.g., If your wife has severe abdominal pain, what would you do?)

7. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- You should encourage women to care for themselves during pregnancy: eat more, take iron and folic acid tablets, avoid heavy work and get more rest, sleep under an insecticide-treated bednet, and go for at least 4 antenatal visits.

- Give the family a Mother and Baby Card during the first pregnancy visit. The card has important information including when you will be visiting again and danger signs to be aware of.
SESSION 7:
Classroom practice: First home visit during pregnancy
(Time required: 2 hours)

Materials
- First Pregnancy Visit Card 1: Promote Antenatal Care
- First Pregnancy Visit Card 2: Prepare for Birth in a Health Facility
- First Pregnancy Visit Card 3: Home care for the Pregnant Woman
- CHW Register
- Mother and Baby Card (copy of pregnancy side; one per participant) plus copy on large or flip chart paper
- Monitoring checklist for Session 7 for each facilitator (See Annex C.)

Preparation
- CHWs have Counselling Cards, CHW Register and Mother and Baby Cards

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of this session is to help CHWs master the process of carrying out the first home visit to a pregnant woman.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:

- Demonstrate how to conduct a first visit to a pregnant woman
- Demonstrate how to use the counselling cards for this visit appropriately (First Pregnancy Visit Cards 1, 2, and 3)
- Demonstrate how to use the Mother and Baby Card to discuss danger signs during pregnancy
- Demonstrate how to fill in the Mother and Baby Card and record the appointment for the second pregnancy visit in the CHW’s Calendar
2. **GIVE RELEVANT INFORMATION:** First Home Visit during Pregnancy (5 minutes)

Read out loud:

**Sequence for First Pregnancy Visit**

1. Greet the family and develop good relations
2. Enter information about the woman in the CHW Register, Section 1.
6. Discuss the danger signs during pregnancy shown on the Mother and Baby Card.
7. Ask the pregnant woman and family to tell you what they have understood about the care needed by women during pregnancy, and about danger signs in pregnancy. They can use the Mother and Baby Card to help remember.
8. Fill in the Mother and Baby Card. Decide with the family when you will visit again and write the appointment for next visit on the Mother and Baby Card.
9. Write the appointment for the second pregnancy visit on the calendar in Section 5 of the CHW Register.
10. Give the family the Mother and Baby Card to keep.
11. Thank the family.

3. **DEMONSTRATION AND PRACTICE:** Completing the Mother and Baby Card and the CHW Register at the first pregnancy visit (20 minutes)

**Purpose**

To show CHWs how to fill in the Mother and Baby Card and the CHW Register at the first pregnancy visit and how to schedule the second pregnancy visit.
Prepare

- Display the CHW Register Section 1: List of Pregnant Women and Home Visit Record (completed for exercise in Session 3) and the Mother and Baby Card (on large white paper) on the blackboard or wall.
- Draw the time line on a flip chart or blackboard (shown in step i below) showing just the line and the designations of 6, 7, 8, and 9 months.
- Have CHWs use their CHW Register and blank Mother and Baby Cards (or photocopies of the pregnancy side) for practice.

Process

a. Ask the trainees to look at the information for the 3 pregnant women recorded in the CHW Register Section 1 from the exercise that they completed in Session 3 (as shown below).

b. Explain that this basic information is completed either when the CHW first finds out the woman is pregnant or during the first home visit during pregnancy.

### SECTION 1

**LIST OF PREGNANT WOMEN AND HOME VISIT RECORD**

<table>
<thead>
<tr>
<th>No</th>
<th>Name of pregnant woman</th>
<th>Age</th>
<th>Address</th>
<th>Expected date of birth (If not known, no. of months pregnant at first visit)</th>
<th>Date of home visits during pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jhema Kak</td>
<td>22</td>
<td>Row 13, H.no. 8, Soni Village</td>
<td>20 Jan 2012</td>
<td>1st visit: 10 Oct 2011</td>
</tr>
<tr>
<td>2</td>
<td>Mary Luo</td>
<td>21</td>
<td>Row 2 H.no. 12, Soni Village</td>
<td>5 months 24 Feb 2012</td>
<td>1st visit: 12 Oct 2011</td>
</tr>
<tr>
<td>3</td>
<td>Grace Matuba</td>
<td>24</td>
<td>Row 7, House number 3, Soni Village</td>
<td>4 March 2012</td>
<td>1st visit: 19 Oct 2011</td>
</tr>
</tbody>
</table>

### FILLING IN THE MOTHER AND BABY CARD

- Hold up the Mother and Baby Card showing the Pregnancy side. Have trainees look at their Mother and Baby Cards.
d. Read out loud:

When you discussed antenatal care, Jhema said she had gone to the ANC clinic two times. You praised her for this and encouraged her to go two more times later in the pregnancy. Also during this first visit, you explained to Jhema and her family that it is safer to have the birth in a health centre with a skilled birth attendant. You explained that families need to plan for the birth and you will help her and the family do that. After discussing the issues of transport, money, and preparing clothes, Jhema and the family decide she will give birth in the health facility.

e. Ask trainees to fill in the Pregnancy side of the Mother and Baby Card (copy provided) for Jhema. They should refer to the CHW Register, Section 1 (above) as needed for information on Jhema. Ask trainees to write their own name as the CHW. However, they should NOT fill in the date for the second pregnancy visit. The group will discuss how to set the date next.

f. Give time for trainees to record the information. Walk around to look at trainees working. Make sure that trainees are able to do the task.

g. While the last trainees are finishing, write (or ask a trainee to write) the information on the displayed Mother and Baby Card for all to see. Discuss this as needed. (See the answer sheet below.)

SCHEDULING THE SECOND PREGNANCY VISIT

h. Explain that before departing at the end of the first home visit, the CHW needs to schedule the second home visit during pregnancy.

Ask:

When should the second home visit during pregnancy take place?

Listen to the answers and then read out loud:

The second visit should take place about 2 months before delivery (or if EDB is not known, when the woman has completed 7 months of pregnancy). Jhema Kak’s expected
The date of delivery is 20 January 2012. Two months before that will be around 20 November 2011.

i. Explain how to determine when to make the second pregnancy visit. Show the timeline (below) which you have drawn on the flip chart (or blackboard). Explain that pregnancy lasts a little over 9 months. Write Jhema’s baby’s expected date of birth (20 Jan 2012) under the point for 9 months. Then count back 2 months from the expected date of birth (9 months) to see when the second home visit during pregnancy should occur -- in this case, on about 20 November 2011. Answer questions and discuss the timeline until trainees understand how to determine the date for the second pregnancy visit.

```
5 months         6 months        7 months             8 months      9 months+
               Second pregnancy visit
               20 Jan 2012
               Expected date of birth
```

j. Continue reading:

Step 8 in the Sequence for First Pregnancy Visit is:
- Decide with the family when you will visit again and write the appointment for the next visit on the Mother and Baby Card.

Therefore, you would not just TELL the family that you will return on 20 November. Instead, you would ASK the family if it will be convenient for them if you return on that date. If not, ask them to choose a date within a few days of that time, and agree on that date for the appointment.

k. Continue reading:

So you asked the family if it would be OK to visit again on 20 November. They agreed that it would be fine and you wrote that date on the Mother and Baby Card. Then you gave them the card to keep.
You also opened your CHW Register Calendar to November and wrote Jhema’s name on the box for the 20th.

I. Ask the trainees to write the planned date of the second pregnancy visit on Jhema’s Mother and Baby Card.

4. **PRACTICE: Scheduling the second pregnancy visit and writing it on the Mother and Baby Card and CHW Register (10 minutes)**

   a. Ask the trainees to determine when the second pregnancy visits to Mary Luo and to Grace Matuba should be scheduled.

   b. Ask a trainee to explain to the group how they arrived at their answers. (Different trainees may suggest different ways to count back, such as to find the expected deliver date on the CHW Calendar, and then turn back two months to find the date for the second visit.)

      (ANSWERS: Mary Luo – about 24 December 2011
                  Grace Matuba – about 4 January 2012)

   c. Ask the trainees to take out their CHW’s Registers and turn to the Calendar (section 5). Ask them to write Jhema’s name on 20 November (CHW register Section 5). Then ask them to write the dates for the second pregnancy visits to Mary Luo and Grace Matuba on the CHW Calendar.

   d. Ask for any questions in filling in the Mother and Baby Card, deciding on the date of the second visit during pregnancy, and filling in the Calendar (CHW Register Section 5).
ANSWERS:

**MOTHER AND BABY CARD**  
**Pregnancy**

<table>
<thead>
<tr>
<th>Woman's name:</th>
<th>Jhema Kak</th>
</tr>
</thead>
<tbody>
<tr>
<td>House identification:</td>
<td>Row 13 House number 8</td>
</tr>
<tr>
<td>Village/community:</td>
<td>Soni</td>
</tr>
</tbody>
</table>

**Date of CHW visits:**  
Pregnancy visit 1: **October 10 2011**  
Pregnancy visit 2: **planned for 20 November 2011**

**ANC visits at health centre done (tick):**

<table>
<thead>
<tr>
<th>ANC 1</th>
<th>ANC 2</th>
<th>ANC 3</th>
<th>ANC 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BIRTH PREPAREDNESS**

- Counselling on importance of health facility birth?
- Counselling on preparations for birth?

**CONTACT YOUR CHW AS SOON AS THE BABY IS BORN**

<table>
<thead>
<tr>
<th>CHW's name:</th>
<th>Neema Lathi</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHW contact details:</td>
<td>Row 20 House 22, Soni village</td>
</tr>
</tbody>
</table>

5. **DEMONSTRATION: Role play in small groups: How to conduct the first pregnancy visit (25 minutes)**

**Purpose**

To demonstrate how a community health worker conducts the entire first pregnancy visit.

**Prepare**

- Divide the trainees into two groups, with one facilitator per group.

For each group:
• **Three chairs**—one for the CHW, one for the pregnant woman, and one for the mother-in-law (M-I-L)

• **Role play script**—select two trainees to play the roles of the pregnant woman and another to play the mother-in-law (for example, a co-facilitator and a trainee). The facilitator will play the CHW. Each person should read the script ahead of time to be familiar with it and prepared to read it out loud at a normal pace and with good expression.

• **Counselling Cards: First Pregnancy Visit Cards 1,2,3, CHW Register (Section 1 and Calendar) and Mother and Baby Card**

**Process**

a. The two facilitators conduct the process described below simultaneously in the two groups.

Introduce the role play by reading these instructions:

*Monica, the community health worker (CHW), found out Taja was pregnant a few days earlier. Monica is visiting Taja today to carry out the first home visit during pregnancy.*

*This role play will show a complete first pregnancy visit. Watch the interaction and look for:*

• *Which cards are used and how are they used*
• *Does the CHW greet, ask and listen, understand the situation, give advice based on that, check understanding, praise and solve any problems?*
• *The sequence of the visit*
• *Use of the Mother and Baby Card and the CHW Register*

b. The three people sit in front of the others and read the role play script below, speaking clearly with expression.
**ROLE PLAY SCRIPT:**

**First Pregnancy Visit**

**GREET THE FAMILY**

CHW: Hello, Taja, are you home?

Taja: Hello Monica. Welcome.

CHW: Thank you. How are you and the family? Feeling alright?

(Smiles and looks at her)

Taja: Oh yes. I get tired more easily than before I was pregnant but otherwise I feel fine.

CHW: Yes, getting tired more easily can happen when carrying a baby (Reflecting feelings), that’s normal, and I am glad you feel fine otherwise. At the same time the Mother-in-law (M-I-L) comes in (greetings are exchanged and she is asked to join them).

**EXPLAIN THE VISIT**

As I said the other day, part of my responsibility is to visit pregnant women and discuss what you can do to make sure you and the baby are healthy.

Taja: (Nods) I was looking forward to your visit.

CHW: (Opens counselling cards to First Pregnancy Visit Card 1 and has the illustrations facing Taja)

**ASK AND LISTEN TO UNDERSTAND THE SITUATION**

CHW: Taja, do you have other children?

Taja: Yes I have two children.

CHW: Did you attend the clinic with your other pregnancies?

Taja: Yes, I went once with my last baby, but not with the first one.

CHW: Have you been to antenatal care for this pregnancy?

Taja: Not with this baby. I plan to go when I am further along.

CHW: I am glad to hear you are planning to go (Understands her stage of adopting the behaviour). It is important to go there early in pregnancy so you can receive the necessary care. I am going to tell you a story about a woman named Abena, who had a very healthy baby. But first, what do you see in these pictures?

M-I-L: I see a woman at the clinic and the health worker is examining her.

CHW: Yes that’s correct. What else?
Taja: Here she is getting an injection, and here she is holding some tablets, and here she is getting something….I think it may be a bednet. Here it looks as if they are taking some blood.

TELL THE STORY OF ABENA AND ADAPT ADVICE ACCORDINGLY

CHW: Yes, that’s right. Abena went to the clinic so she could get checked by the nurse because she knew that check-ups were important to make sure she and the baby were healthy throughout the pregnancy. The first time she went, they gave Abena an injection against lockjaw and they checked her for any problems. They gave her iron and folic acid tablets to strengthen her blood.

Taja: hmmm

CHW: Abena lives in an area where there is a lot of malaria, so she received an insecticide-treated bednet (Points to photograph of bednet).

- Abena also was given medicines which she takes to prevent her from getting malaria.
- Lastly, Abena agreed to get a test for HIV. It is important to get tested for HIV because if a woman has it she can receive medicines to prevent it passing to the baby.

Taja: I didn’t know that. How many times did you say she went to the clinic?

CHW: Abena went 4 times for antenatal care. It is important to go back because in the 2nd and 3rd visits they check to make sure your blood is getting stronger, check for any problems that may have come up, and help you prepare a birth plan. The 4th visit is usually a few weeks before delivery and includes checking to make sure the baby is in a good position for delivery.

Taja: I have learned a lot.

CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS

CHW: Good. Can you tell me what you understood from our discussion? (Checking question)

Taja: Yes, I should go early for antenatal care because I will get examined and receive medicines and information. I should go at least 4 times like Abena.

CHW: That is excellent. Now that you know these things, what are your plans about antenatal care? (Asking what family will do)

M-I-L: I think it is good for Taja to go. We will talk to my son when he gets back from the fields.
**Taja:** If possible I will go to the clinic in the next day or so, because now I know how important it is.

**CHW:** Very good. Now let's talk about the baby's birth.

*(Turns over counselling card so that First Pregnancy Visit Card 2 is open with the illustrations facing Taja)*

**ASK AND LISTEN TO UNDERSTAND THE SITUATION**

**CHW:** Taja, where did you have your previous babies?

**Taja:** Both of them were born at home. My aunt who lives nearby delivered them but she is now too old. My sister-in-law recently had her baby in the health facility.

**CHW:** I see. What do you think of giving birth in the facility?

**M-I-L:** It costs some money.

**Taja:** Yes, it may be okay but I am afraid it may cost a lot of money. It is also far from the house. *(CHW now knows her stage of adopting behaviour = thinking about it)*

**CHW:** Yes, it is some ways and there may be extra costs, but we can discuss how you can plan for these ahead of time.

**TELL THE STORY OF ABENA AND ADAPT ADVICE ACCORDINGLY**

Let me tell you what Abena did. What do you see in these pictures?

**Taja:** This is a picture of the health facility.

**CHW:** Good, that is exactly right. Abena chose to deliver in the health facility because she knew that problems during birth like heavy bleeding can happen to any woman, and it is safer to deliver where these problems can be taken care of.

**Taja:** Can this happen even if I have had no problems the previous two times?

**CHW:** Yes, unfortunately problems can happen any time so it is safer to deliver in the facility where they can perform a clean and safe delivery and manage any problems that may come up.

What do you see here?

**Taja:** I see a taxi, a bus, a bullock cart, different means of transportation.

**CHW:** Yes, very good. And here?

**Taja:** I see a woman and man putting money in a box.

**CHW:** Yes, that's correct. Abena and her husband saved a small amount of money every week (points to the illustration of saving money) to cover any costs and to pay for transportation to the facility. What do you see here?
Taja: It looks like a car taking Abena somewhere....

CHW: Yes, Abena’s husband arranged with a taxi driver to take them to the health facility as soon as labour started. He made sure he knew where he could find the driver, even at night, and he is accompanying her (pointing to illustration). And here, Abena prepared clothes for the baby and things for herself that she would need in the health facility.

CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS

CHW: Do you think you can prepare in the same way? (Checking question)

Taja: Thank you for letting me know all this.

M-I-L: It seems possible.

Taja: I will discuss delivering in the health facility with my husband when he comes from work this evening. We should be able to save a little money each week, and I can definitely prepare clothes for the baby and gather supplies that I will need like cloths.

CHW: Good. We will discuss it further during my next visit. I would now like to talk about how to care for yourself during pregnancy.

(Opens counselling cards to First Pregnancy Visit Card 3 and has the illustrations facing Taja)

ASK AND LISTEN TO UNDERSTAND THE SITUATION

CHW: What kind of care do you think pregnant women need?

Taja: I don’t really know for sure, but I remember that when I went for antenatal care with my last pregnancy, I was told to eat more food and I took iron and folic acid tablets for stronger blood. The nurse also advised me to avoid heavy work and get more rest.

CHW: That’s right Taja. Very good. What do you see in these pictures?

Taja: Oh, I’m right, here a woman is eating…it looks like good food. And here she is taking tablets, and sleeping under a bednet.

M-I-L: Yes, she is eating a lot of good food.

CHW: (Nodding) Uh huh (Shows she is listening). Excellent. What do you think about doing these things? (Checking question)

Taja: Since I feel tired with this pregnancy I think maybe I need more rest, so I think that is good advice. But do I really have to eat more? I really don’t feel like eating these days?

TELL THE STORY OF ABENA AND ADAPT ADVICE ACCORDINGLY

CHW: It is good that you will avoid heavy work and try to rest more.
(Praise) About eating more, let me tell you the story of Abena (Points to the picture of a woman eating more nutritious food). Abena eats more than usual during pregnancy to help the baby grow. This is important because if you do not eat well the baby will not grow enough and it will be born weak. You should try to eat (facilitator to pick local and acceptable foods) an extra portion of rice, bread, or lentils, and if possible add an egg, fish or meat, and fruit and vegetables. Do you think that is possible?

Taja: I don’t know. I really don’t feel like eating these days.

CHW: I understand what you are saying; you don’t have a good appetite (Reflecting feelings). Do you think you could try eating a little more at each meal, like an extra bowl of lentils and an orange or vegetable? You could also try eating a snack between meals. (Making suggestions)

Taja: Yes. I will try. I want the baby to be strong.

CHW: Good. Now as you said, here Abena is sleeping under the bednet so she will not get malaria. Do you think this will be possible for you to do?

Taja: Well, I don’t have a bednet..... Where can I get one?

CHW: You can get one when you go to the antenatal clinic (THIS ADVICE MAY CHANGE DEPENDING ON THE PROGRAMME), so please remember to ask for one when you go.

Taja: Yes, I will.

CHW: Excellent. Now let’s look at the Mother and Baby Card. This card is for you to keep at home. I have written your name here, (shows Taja and M-I-L), where your house is located, the date of this visit, and before leaving I will put the approximate date of when I will return. I have written that you are thinking about preparing for a health facility birth, and we can discuss it more on my next visit after you speak to your husband and mother-in-law.

CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS

CHW: Can you tell me what you remember about the care you need during pregnancy, and what you will try to do? (Checking question)

Taja: Yes, I need to eat more, avoid heavy work and get more rest, take iron tablets and sleep under a bednet.

As I said I will go to the clinic for antenatal care, and I will ask for a bednet. With my mother-in-law’s help, I will try and rest more and I will also try to eat more because I know it is good for the baby.

CHW: I am happy to hear that. Before I go, I want to ask you both to look at this (Points to the danger signs on the right side of the Mother and Baby Card). What do you see here?
M-I-L: These are pictures of sick women.
CHW: Yes that is correct. These pictures show the problems or danger signs that can happen in pregnant women: vaginal bleeding, fits, severe headache, severe abdominal pain, and fever. If any of these happen to you Taja, you must go to the health facility immediately. We need to think how you would get there, and it is best for you to save some extra money.
Taja: There is a taxi in the next village and one of the men in this village has a mobile phone. We can call for a taxi.
CHW: Very good. Do you have any questions about these danger signs and what they mean, or anything else we discussed today?
Taja: No. If I forget the danger signs I can always see them on this card.
CHW: Very good. (Looks at the calendar) I will come back in 4 weeks, the third week of next month just after the harvest holiday. Is that alright?
Taja: That’s good, I look forward to seeing you.
CHW: (CHW writes proposed date of second visit during pregnancy on the Mother and Baby Card. Then she opens the CHW Register to Section 5: Calendar and writes the proposed date of the next visit on the calendar). When I come back, we can talk about how you are and if you are able to do these things for yourself. And here is my name and where my house is located. (Points to the bottom of the Mother and Baby Card) Please call me if you need my help.
Taja: Thank you, I will.
CHW: Bye, remember to go to the clinic and congratulations for doing the best for yourself and the baby.

END OF ROLE PLAY

* * *

c. After the role play is finished, lead a discussion of the following questions and any other observations.

- Which cards were used and how were they used
- Did the CHW greet, ask and listen, understand the situation, give advice based on that, check understanding, praise and solve any problems?
- The sequence of the visit
6. **PRACTICE: Role Play Practice in pairs: First pregnancy visit (50 minutes)**

**Objective:**
At the end of this role play practice, the trainees will be able to:
- Demonstrate how to carry out the entire first home visit during pregnancy

**Process**
- Put trainees in pairs. Each CHW should choose one of the cases in the CHW Manual.

**CASE 1: Diara**
*First pregnancy visit: You are visiting Diara. She is 4 months pregnant with her second baby. She has never been to ANC. She has no danger signs.*

**CASE 2: Jani**
*First pregnancy visit: You are visiting Jani. It is her first baby. She is now 5 months pregnant. She has already had one ANC check-up.*

**CASE 3: Baina**
*First pregnancy visit: Baina has missed 4 periods and feels movements of the baby. She has 5 children at home. She went to ANC once or twice with her other children.*

- In each pair, the trainees perform a role play (roles: CHW, mother). Each role play should include using the appropriate counselling cards, filling in a Mother and Baby Card, and entering the woman in the CHW Register.

- After each role play, the ‘mother’ may give feedback and/or the ‘CHW’ may comment on what was done well and what needs improvement.

- Then the trainees switch roles. Each CHW should have experience doing a first pregnancy visit and using all 3 counselling cards, CHW Register (Section 1 List of Pregnant Women and Home Visit Record, and Section 5 Calendar) and Mother and Baby Card. At the end of the exercise there...
should be two Mother and Baby Cards completed by each pair, and each trainee should have added one woman to the CHW Register.

e. Facilitators circulate in the room, observing and assisting as needed. Use the monitoring checklist for Session 7 to note competencies demonstrated.

f. Bring the trainees together after an hour. Ask them how it went. Clarify any questions and encourage them: becoming competent in using all the materials and communicating well takes practice.

6. SUMMARIZE THE MAIN POINTS OF THE SESSION

• The counselling steps for the first pregnancy visit include:
  − Greet and build good relations
  − Ask questions and listen (reflect, empathize, etc); understand the situation
  − Give relevant information based on what the family knows
  − Check understanding (open-ended questions)
  − Discuss what the woman and family will do
  − Together, try to solve any problems
  − Thank the family

• You should use the First Pregnancy Visit Cards 1, 2, and 3 which provide the relevant information. You will encourage a woman to get antenatal care, prepare in advance for birth, take care of herself at home during pregnancy, and get care at a health facility if she has any danger signs.

• During the first pregnancy visit, you will fill out the Mother and Baby Card and your CHW Register Section 1: List of Pregnant Women and Home Visit Record, including noting on the calendar (Section 5) when you will return.

• Remember that how you interact with a pregnant woman and her family will affect how relaxed and confident she feels and whether she decides to follow your advice.
SESSION 8:
Review actions since the first pregnancy visit
(Time required: 1 hour)

Materials
- Counselling Cards: Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit and Card 2: Prepare for Birth at Home
- Ball (light large ball for easy throwing)

Preparation
- CHWs to have counselling cards, CHW Register and Mother and Baby Card

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of this session is to prepare CHWs to carry out the first part of the second visit during pregnancy.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:
- Use Second Pregnancy Visit Card 1 to review the family’s progress in caring for the pregnant woman and preparing for birth
- Decide whether a family requires information to plan for a safe birth at home in case they will not make it to the facility or if a facility birth does not seem likely (Second Pregnancy Visit Card 2: Prepare for Birth at Home)

2. REINFORCE LEARNING: BALL GAME: Review home care for a pregnant woman and preparation for birth in a facility (10 minutes)

Purpose
Trainees will:
• Recall what needs to be done to plan for a facility birth (save money, identify transport, identify who will accompany mother to the facility, identify who will stay with the other children at home, prepare cloths and baby clothes, and things the mother may need)

• Recall the care a pregnant woman needs (4 ANC visits, eating more, taking iron and folic tablets, avoiding heavy work and resting more, sleeping under an insecticide-treated bednet)

Prepare
Ball

Process
a. Gather trainees in a large circle.
b. The trainer takes the ball and states one way to care for a pregnant woman at home (i.e. eating more during pregnancy). The trainer then throws the ball to a trainee.
c. Ask the trainee with the ball to state another need of pregnant women during pregnancy before throwing the ball on to someone else.
d. This continues until the main points for caring for a pregnant woman at home are mentioned (taking iron and folic acid tablets, attending 4 ANC clinics, sleeping under an insecticide-treated bednet, etc.)
e. The trainer then takes the ball again and states one action needed in the birth planning process (i.e. decide to deliver in a health facility). The trainer then throws the ball to a trainee.
f. That trainee has to state another step in the birth planning process before throwing the ball on to someone else.
g. This continues until all the steps have been mentioned.

3. GIVE RELEVANT INFORMATION: Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit (10 minutes)

Ask trainees to look at the first card for the second visit during pregnancy. Ask:

What do you see in the illustrations? (ANSWER: The illustrations are from counselling cards used during the First Pregnancy Visit Cards 1, 2 and 3.

• Midwife examining pregnant woman
• Pregnant woman eating more
• Pregnant woman resting more
• Pregnant woman taking iron and folic acid
- A health facility where births occur
- Pregnant woman's husband arranging transport
- Pregnant woman and her husband saving money
- Pregnant woman collecting supplies for birth

Ask a trainee to read the text of the card out loud to the group.

Ask:

How will you decide if you should counsel the family with Card 2: Prepare for Birth at Home?

ANSWER: If the family has decided to have birth in a health facility, go to Card 3 (skip Card 2). If the family thinks facility birth is not possible, or they are unsure where the birth will occur, use Card 2 and Card 3.

4. REINFORCE LEARNING: Quick Quiz: Selecting Card 2 or 3 (5 minutes)

Read each case below out loud. Listen to the answers from trainees and discuss:

a. Lily and her family have decided to deliver in the health facility and have already saved enough money. Lily's husband will accompany her and Lily's mother-in-law will stay with the children. They have identified transport.

Ask:

Which card would you use?

ANSWER: Skip Card 2: Prepare for Birth at Home and go to Card 3: Advise on Immediate Newborn Care

b. Grace and her family live 5 km from the main road and are very poor. No one in the family has ever delivered in the health facility. On the second CHW home visit, they say that they are not sure they will be able to go to the health facility for birth. They have not saved any extra money or identified how Grace would get there once in labour.

Ask:

Which card would you use?

ANSWER: Use Card 2: Prepare for Birth at Home
c. Esther and her family have decided to give birth in a health facility. Because they live a long distance from the facility and Esther has had fast births in the past, they have arranged to move to their relative’s house in town some days before the birth is due. They have saved some money for birth in a health facility.

Ask:

Which card would you use?
ANSWER: The CHW could skip Card 2 because Esther is likely to have birth in the facility. If some trainees decide to use Card 2 because they feel that Esther could have the birth at home, you can consider that answer to also be correct.

5. GIVE RELEVANT INFORMATION: Second Pregnancy Visit Card 2: Prepare for Birth at Home (15 minutes)

Have trainees look at the Second Pregnancy Visit Card 2: Prepare for Birth at Home. Ask a trainee to read the card out loud.

Then read out loud:

Note: Explain that the story in this card is about Sarah, not Abena, because Sarah had chosen to have her birth at home, and Abena had her baby in the health facility.

Read and/or discuss each bullet point (in box) briefly.

Then ask:

Why is this step necessary?

Continue this process until you have reviewed all the steps.

Read out loud:

Help to prepare for birth at home

a. Identify the birth attendant
All women need a skilled birth attendant to assist during delivery. It is important that this person is experienced and preferably a nurse or midwife. Explain to the family that they need to know how to contact the birth attendant when labour starts.
b. **Identify a person who will assist the birth attendant** in drying the baby immediately after birth, keeping the baby in skin-to-skin contact with the mother, and putting the baby to the breast soon after the cord is cut and the baby is ready.

The baby can easily get cold after birth -- especially if the baby stays wet with birth fluids. The birth attendant often concentrates on the mother. It is important that there is someone available to help the birth attendant in drying the baby immediately after birth.

Drying should be done with a clean cloth and the baby should then be put in skin-to-skin contact with the mother and covered with another clean dry cloth (removing the wet one). In addition to help the baby stay warm, vigorous drying is an effective way to stimulate the baby to breathe and cry.

Putting the baby to the breast soon after the cord is cut is very important. This person can assist in doing this while the birth attendant is busy with the delivery of the placenta.

c. **Explain danger signs during labour and birth**

Explain to the family that if labour lasts longer than 12 hours, there is heavy bleeding, or placenta is not delivered, the mother should be taken to the health facility immediately to save her life.

d. **Save money for use in case of an emergency and identify transport**

Explain to the family that there could be a complication or emergency during labour, birth or immediately afterwards which could put the life of the mother and the baby in danger. The mother and baby would have to be taken to a health facility urgently in that case.

It is important to have money for transport and treatment at health facility, in case the need arises. Help the family to see how saving a very small amount of money each week adds up to a significant amount over the pregnancy, especially if the entire family is involved.
e. **Collect the supplies needed for home delivery**  
Tell the families to make sure *soap and water are available* for the birth attendant. Dirty hands can harm the baby. Therefore, it is important that the family make preparations to ensure that the birth attendant washes her hands before delivery. The family does not have to buy special soap because any soap in the house will clean the hands. Besides making sure soap and water are available at delivery, the family also needs to make sure the birth attendant knows where these are kept.

Other supplies that are needed include washed rags which should be kept in an accessible place. Explain that the baby should be welcomed onto something clean and soft and not onto the bare floor where he or she can get cold easily. There should also be a clean blade and three cord ties.

f. **Prepare a room for delivery**  
Explain to the family that the delivery room needs to be clean and warm. As soon as labour starts, they should clean the room and make sure that cold air is not entering the room. The room should have enough light, during day and night, for the birth attendant to observe the mother and baby well.

g. **Prepare for washing hands with soap and water**  
The birth attendant must wash her hands before the delivery. Any other person should also wash their hands with soap and water before holding a newborn.


**Purpose**
To demonstrate how a community health worker uses the first two cards for the second visit during pregnancy

**Prepare**
- Three chairs—one for the CHW, one for the pregnant woman, and one for the mother-in-law.
• Pregnant woman—select someone (or your co-facilitator) to play the role of the pregnant woman, and another person for the role of the mother-in-law. You will play the CHW. Read the script through to be prepared to read it out loud; ask the others in the role play to do the same.

• Second Pregnancy Visit Cards 1 and 2

Process
a. Introduce the role play by reading these instructions:

Monica, the community health worker (CHW), is visiting Mary for the second time during pregnancy. On the first visit, Mary said she was attending antenatal clinic but was not sure where she would give birth.

Observe the interaction. This role play will not show a complete visit, but only the greeting and using Cards 1 and 2. Be prepared to discuss what you have seen:

• How does the CHW use the cards?
• How does the CHW use her knowledge of how behaviour changes?
• Why did the CHW decide to use Card 2: Prepare for Birth at Home?

b. Read the role play, speaking clearly and with expression.

***

ROLE PLAY SCRIPT:
Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit and Card 2: Prepare for Birth at Home

GREET THE FAMILY

CHW: Hello, Mary, are you there?
Mary: Hello Monica. Welcome.
Mother-in-law (M-I-L): Hello, please sit down.
CHW: Thank you. How are you and the family? Feeling alright? (smiles and looks at Mary and M-I-L)
Mary: Oh yes. I am getting bigger and the baby is moving a lot.

CHW: That’s good news.

EXPLAIN THE VISIT

CHW: (Opens counselling cards to Second Pregnancy Visit Card 1 and has the illustrations facing Mary)

As I told you last time, I am here to make another visit during your pregnancy. I would like to discuss how your preparations for birth are going and the care the baby needs immediately after birth.

Mary: (Nods) I was looking forward to your visit.

ASK AND LISTEN TO UNDERSTAND THE SITUATION

CHW: Mary, have you gone back to antenatal clinic?

Mary: Yes I went back two more times.

CHW: That is excellent. When will you go again?

Mary: They told me to return in 2 weeks – it is written on my ANC card.

CHW: Very good. And how have you been taking care of yourself? Able to eat more and rest? Are you taking the iron and folic acid tablets and sleeping under an insecticide-treated bednet?

Mary: I am trying to eat more and sleep under the net. I am also taking the tablets every day but there is so much to do it is hard to rest.

CHW: You are doing really well. Is there any way you can avoid heavy work and get a little more rest?

M-I-L: I would help her more but I am old and cannot do the heavy work. Maybe I could ask my niece if she can carry water for us until the baby comes…..

CHW: That would be a good solution. You are really trying to make sure Mary and the baby are healthy. Last time we discussed why delivering in a health facility is safer for both the mother and baby. What have you done to prepare for the birth?

Mary: My husband and I talked about it but we haven’t decided yet. We are not sure if I can have the birth in a health facility. I have started to gather towels and make some clothes for the baby but we haven’t been able to save any money as prices are rising and we are very poor.

CHW: It is good that you’ve started preparing the baby’s clothes, and I know that times are hard in terms of money. If you can manage, it is best to deliver in the facility so do try to talk it over
with your husband again. Discuss whether you can save even a little money each week. I am going to tell you a story about a woman named Sarah, who had a clean and safe delivery at home. (Turns to Card 2: Prepare for Birth at Home). What do you see in these pictures?

TELL THE STORY OF SARAH AND ADAPT ADVICE ACCORDINGLY

Mary: I see a woman helping a mother during birth, and here I see a cart and horse, here people are saving money and collecting supplies. In this picture a woman is cleaning a room, and here a pregnant woman is on a bed in that room and people are washing hands.

CHW: Very good. Let me tell you the story of Sarah, who planned for her birth which took place at home.

- Sarah asked a midwife in the village to assist at birth. They decided that the mother-in-law would help her take care of the baby immediately after birth.
- The family knew that if labour lasts longer than 12 hours, there is heavy bleeding or the placenta is not delivered, the mother should be taken to the health facility immediately to save her life.
- To be prepared, the family saved money for use in case of emergency for the mother or baby and the husband identified transport to get to the health facility.
- As you mentioned, Sarah had collected clean cloths to dry and wrap the baby and a hat, socks and clothes to keep the baby warm.
- The family cleaned the delivery room and had soap and clean water available for the birth attendant and the mother-in-law to wash her hands.

CHW: Mary, what do you think of Sarah’s preparations?

Mary: I think she was well prepared and I have learned a lot.

CHECK UNDERSTANDING AND SOLVE ANY PROBLEMS

CHW: Good. Can you tell me what you understood from our discussion?

Mary: Yes, It is best to deliver in the health facility, but if we cannot, then I should make preparations in case the delivery is at home.

CHW: Yes, what do you remember that Sarah did?

Mary: Sarah found a midwife to help with the delivery and her mother-in-law was prepared to help with the baby. She had
towels to dry the baby. She had soap and water for washing hands.

CHW: Very good. What else did they do? Look at the illustrations on the card.

Mary: Oh, they cleaned the room and also saved money and identified transport in case of an emergency.

CHW: Excellent! You remember well. Do you think you can do these things?

M-I-L: Yes, we can certainly get the supplies together and I will talk to my son about saving money in case of emergency and identifying transport.

CHW: Very good. Now let’s talk about the care the newborn baby needs immediately after birth [CHW would normally go to Card 3 but stop the role play here]

END OF ROLE PLAY

* * *

c. After the role play demonstration:
   Ask each of the questions in the CHW Manual (also listed directly above). Lead a discussion using the information that the trainees give you.

Ask the trainees the following questions:

- How does the CHW use the cards?
- How does the CHW use her knowledge of how behaviour changes?
- Why did the CHW decide to use Card 2: Prepare for Birth at Home?

Lead a discussion using the information that the trainees give you. Mention that when a CHW makes a home visit, what she says will change depending on the pregnant woman’s situation. In this role play, Mary and her husband were still ‘thinking about’ delivering in the facility but were not sure and hadn’t done anything to plan for it. Based on Monica’s understanding of the situation she used Card 2: Prepare for Birth at Home to ensure they were prepared for a clean birth in case it happened at home.
7. **SUMMARIZE THE MAIN POINTS OF THIS SESSION**

- At the second home visit during pregnancy, you should review preparedness for birth with the family as well as the care the pregnant woman is receiving.

- Praise the family if they have decided to have the birth in a health facility. If they cannot have the birth in a health facility or are not sure, help them to prepare for the birth at home.
SESSION 9:
Keeping the baby warm immediately after birth
(Time required: 40 minutes)

Materials
- Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care (for reference)
- White paper and markers for two groups
- 4 towels for drying
- 2 dolls with baby hats and socks

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of this session is to learn how to advise pregnant women and their families on how to keep the baby warm immediately after birth.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:
- Explain to families how to keep a newborn baby warm immediately after birth
- Explain why keeping a newborn warm is important

2. DETERMINE WHAT THE CHWs ALREADY KNOW (5 minutes)

Ask the CHWs:
What happens to a baby right after they are born in your communities? When are they dried? What else is done?

Listen to the responses and write them on the flip chart. Some answers may include, 'the cord is cut', the 'baby is wrapped in a cloth', etc.

Ask:
What happens if you stand wet without clothes after bathing in cold weather? The response will be that you get cold.

Explain:
The same thing happens to a newborn baby who is left wet with birth fluids after birth, but newborns become cold much quicker than adults. When babies get cold they can become sick.

3. GIVE RELEVANT INFORMATION: Immediate newborn care (10 minutes)

Explain or read out loud:

DRYING THE BABY IMMEDIATELY AFTER BIRTH AND KEEPING IN SKIN-TO-SKIN CONTACT

Why it is important to dry the baby immediately after birth

Newborns need to be kept warm -- especially for the first few weeks of life. If the baby gets cold it cannot suckle the breast well, it gets sick easily and is more likely to die.

Babies get cold easily immediately after birth when they are exposed to colder temperature than inside the womb because they cannot adjust their temperature like adults.

These behaviours can help keep a baby warm after birth:

• Warm the room where the birth takes place and the baby will stay.

• Dry the baby as soon as the baby is born (comes out of birth canal). Remove the wet cloth or towel and replace with a dry cloth.

• Keep the baby in skin-to-skin contact with the mother (on mother's abdomen) and cover them with a dry sheet or blanket.

• Put a hat/cap and socks on the baby.

• Put the baby to the breast as soon as the mother and baby are ready to breastfeed, usually within 30 minutes of birth.
• Avoid bathing the baby on the day of birth. If a bath is unavoidable, the baby should be bathed with warm water and dried and wrapped immediately.

Refer back to the list the trainees made on immediate care of the newborn in their communities. Identify any practices that do not protect the baby from getting cold, and discuss how they can be improved.

Facilitators can show the recommended behaviours in a very short ‘role play’ of care immediately after delivery: drying the baby with a cloth or towel, removing the wet cloth, placing the baby skin-to-skin with mother and covering with a dry cloth.

4. REINFORCE LEARNING: DISCUSSION IN SMALL GROUPS (15 minutes)

Objective
Trainees will be able to:
• Identify behaviours that keep the baby warm and should be promoted and those that can be harmful to the baby and should be avoided

Process
a. Divide the trainees into groups of 3-4
b. Give each group a flip chart and markers
c. Read out loud the case study below. Have the CHWs refer to the stories in their manuals.

d. Ask each group to decide which behaviours were good for keeping the baby warm and what could have been done better.

**Case study**

Matoonda gave birth at night. The baby was dried immediately after birth and given to Matoonda to keep warm through skin-to-skin contact and to breastfeed. After 20 minutes the TBA took the baby from Matoonda to bathe her. As the birth was at night there was no fire to heat the water, so the TBA bathed the baby with cold water, dried the baby and gave the baby back to Matoonda to feed.
e. Have the groups prepare a chart listing:
   - 2 good behaviours: reason why each is good
   - 2 poor behaviours: reason why each may be harmful

   f. After 10 minutes bring the groups together and summarize. You may refer to the possible answers below. (This chart is not in the CHW Manual.)

### POSSIBLE ANSWERS:

<table>
<thead>
<tr>
<th>Good behaviours</th>
<th>Reason why the behaviour is good</th>
</tr>
</thead>
<tbody>
<tr>
<td>The baby was dried immediately after birth.</td>
<td>A wet baby can easily get cold. If the baby gets cold he/she can get very sick. It is important that babies are dried immediately after birth to ensure they stay warm and healthy.</td>
</tr>
<tr>
<td>The baby was put in skin-to-skin contact with the mother.</td>
<td>Giving the baby to the mother to keep skin-to-skin immediately after birth is good because the mother’s heat keeps the baby warm.</td>
</tr>
<tr>
<td>The baby was put to the breast soon after birth.</td>
<td>Early breastfeeding helps to keep the baby warm.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poor behaviours</th>
<th>Reason why the behaviour could be harmful</th>
</tr>
</thead>
<tbody>
<tr>
<td>The baby was bathed a few minutes after birth, and at night when the weather is colder.</td>
<td>In the first few days of birth, babies cannot maintain their temperature and can get cold easily. They should not be bathed on the day of birth. Bathing babies in cold weather can make them cold and sick.</td>
</tr>
<tr>
<td>The baby was bathed with cold water.</td>
<td>Bathing babies with cold water can make them cold and sick and should never be done.</td>
</tr>
</tbody>
</table>
5. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- Newborns must be kept warm after delivery because if they get cold, they can become ill.

- Four important ways we can keep newborn babies warm are:
  - ✓ drying them as soon as they are born and removing the wet cloth
  - ✓ putting them in skin-to-skin contact with the mother and covering the baby and mother with a dry cloth
  - ✓ helping them breastfeed very soon after birth (usually within 30 minutes)
  - ✓ not bathing them on the first day after birth
SESSION 10:
Promote early initiation of breastfeeding
(Time required: 55 minutes)

Materials
- Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care
- Training DVD: Clip 2: Early initiation of breastfeeding
- Equipment for showing the DVD
- Blackboard or large sheets of paper to tape on wall

Preparation
- Locate Clip 2. Make sure that the equipment for showing the DVD is ready and that you can start the clip without delay.

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of this session is to learn how to advise a pregnant woman and her family on the importance of early initiation of breastfeeding.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

At the end of this session, you should be able to:

- Explain to families why early initiation of breastfeeding is important
- Explain when to use the Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care, and state the main messages

2. DETERMINE WHAT THE CHWs ALREADY KNOW: Beliefs and practices (10 minutes)

   a. Write each of the questions on the blackboard or on a sheet of white paper and tape it to the wall.
• How long after delivery is breastfeeding started in your community? Why? Who decides?
• What are the most common beliefs about colostrum (the first milk) in your community?
• What is usually given to the babies in this community after birth?

b. Ask the CHWs each of the questions. For each question, listen to the responses and write them underneath the particular question. Do not make any judgments on what is said.

c. Summarize local practices based on what is said, identifying both good practices and those that could be improved (i.e. delayed initiation, giving other fluids in the first days, etc.)

d. If there is delayed initiation of breastfeeding in these communities, ask:

   Why do some women not initiate breastfeeding right after delivery (within 1 hour)?

e. Write down the answers. Some possible reasons are listed below:

   - They believe that the first milk is dirty and should be squeezed out or that the woman should wait for the white milk to come in.
   - They believe that they do not have enough milk and need to wait for sufficient milk to start feeding.
   - They believe that the baby is not hungry if he or she does not cry for food.
   - They are busy performing other activities after birth, such as bathing themselves or the baby, resting or eating.

3. GIVE RELEVANT INFORMATION: Early initiation of breastfeeding (15 minutes)

   Read out loud:

   Why is early initiation of breastfeeding important?
Breastfeeding should be started as soon as the baby is ready -- usually within the first 30 minutes after birth. The baby is alert around this time. The family can see that the baby is ready for breastfeeding when she/he opens his/her mouth, turns the head as if searching for the nipple or sucks on his/her fingers or hand. Starting to breastfeed early is one of the best actions a mother can do to help her baby be healthy, and has many advantages for both the newborn and the mother. Some of these advantages are:

- The baby gets all the benefits of the first milk (colostrum or yellow milk), which is like the baby’s first vaccination and protects the baby from illness.
- Early suckling helps make more milk.
- Breastfeeding helps keep the baby warm.
- Promotes bonding between mother and baby.
- Helps expel the placenta.
- Reduces bleeding of the mother.
- Can prevent breast engorgement.

Discuss these advantages and ask for any questions. Continue to read out loud:

**Should initiation of breastfeeding be delayed for some reasons?**
The only reason feeding should be delayed is if the mother requires medical assistance (such as for excessive bleeding) or if the baby is unwell (for example, has difficulty breathing). You can counsel families about other perceived reasons such as:

- **Family feels that first milk is dirty:** Some families think that the first milk is dirty or bad for the baby so wait or squeeze this milk out before they start feeding. Actually the first milk is very beneficial for the baby as it acts like the first immunization and helps the first black stool come out. All babies should be fed the first milk.

- **Mother feels that the milk has not "come-in" yet:** Some mothers do not start breastfeeding until they feel they breasts are full, which can occur as late as three days after birth. Breastfeeding as soon as the baby is ready after the birth actually helps to increase the milk supply and should be done by all women. Babies do not need a lot of milk in the first 1-2 days of life to be satisfied. Usually, even when a mother thinks that she does not have enough breast milk, she does have
enough to give her baby all he or she needs. Explain that this small amount of milk is all that most babies need before the mature milk comes in.

- **Baby doesn’t cry for milk**: Not all babies show they are hungry by crying. The baby should be put to the breast even if it does not cry for milk. The signs that a baby is ready to breastfeed are that she/he opens his/her mouth, turns the head as if searching for the nipple or sucks on his/her fingers or hand – usually within 30 minutes of birth. Breastfeeding as soon as the baby is ready is beneficial for mother and baby.

- **Performing other activities after birth**: Sometimes families think that the mother or the baby needs to be bathed before they start breastfeeding. Other families do not know the importance of starting to breastfeed as soon as the baby is ready and therefore spend time resting or eating before they start breastfeeding. It is really important that the baby is put to the breast as soon as he/she is ready to feed. Other activities should be delayed until after the baby has been fed.

Discuss any other reasons for delayed breastfeeding listed by the trainees that have not been discussed above.

**4. REINFORCE LEARNING: DVD demonstration: Immediate newborn care (drying, keeping warm and early initiation of breastfeeding) (10 minutes)**

**Objective**
To demonstrate how a newborn is cared for immediately after birth; immediate drying, keeping warm, and early initiation of breastfeeding

**Prepare**
Before the session:
- Turn on the equipment for showing the DVD
- Locate Clip 2: Early initiation of breastfeeding

**Process**
- Gather trainees so that all of them can see the video
- After the video, review the important steps in immediate newborn care: immediate drying and changing to a dry cloth, placing the
newborn in skin-to-skin contact with the mother and covering to keep warm, breastfeeding as soon as the newborn is ready.

d. Ask for any questions

5. **GIVE RELEVANT INFORMATION: Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care (10 minutes)**

a. Explain that this is the last counselling card to be used during the second visit during pregnancy. As with the other cards, it is a guide to help CHWs go through a counselling process with a family. This card describes the care a newborn baby needs immediately after birth: to be dried and kept warm and to be fed.

Ask trainees to look at the illustrations/photos and describe what they see.
- A baby is just born and is being dried
- A baby is in skin-to-skin contact with the mother with the cord attached and covered with a cloth
- Baby is placed skin-to-skin between mother’s breasts with a hat on and mother and baby are covered with a cloth
- Mother is reclining soon after delivery and baby is breastfeeding with a hat on and covered with a blanket

b. Read the card out loud. Explain that towards the end of the card, the Mother and Baby Card and the CHW Register are mentioned. Trainees will practice with those as well as this counselling card in the next practice session.

6. **SUMMARIZE THE MAIN POINTS OF THE SESSION**

- Breastfeeding immediately after birth has many advantages for both the baby and the mother. The first breast milk given to the baby just after birth is like a vaccine because it protects him or her from disease.
- The mother should breastfeed immediately after birth even if she does not feel that her breasts are full. Breastfeeding frequently will help her to produce more milk.
- You should counsel a family about early breastfeeding during the second pregnancy visit, using Card 3: Advise on Immediate Newborn Care to guide you.
SESSION 11:
Classroom practice: Second home visit during pregnancy
(Time required: 1 hour 35 minutes)

Materials
- Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit
- Second Pregnancy Visit Card 2: Prepare for Birth at Home
- Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care
- CHW Register
- Mother and Baby Card
- Monitoring checklist for Session 11 for each facilitator (See Annex C.)

Preparation
- CHWs have Counselling Cards, Mother and Baby Card and CHW Register

TRAINING STEPS

1. **INTRODUCE THE SESSION** (5 minutes)

   Explain that the purpose of this session is to help the CHW master the process of carrying out the second visit to a pregnant woman.

   Explain or read out loud:

   **OBJECTIVES OF THIS SESSION**

   At the end of this session, you should be able to:
   - Demonstrate how to conduct a second visit to a pregnant woman
   - Demonstrate how to use the counselling cards for this visit appropriately -- Second Pregnancy Visit Card 1, Card 2 (only if needed) and Card 3
   - Demonstrate how to fill in the CHW Register and Mother and Baby Card, and use it to discuss danger signs during pregnancy

2. **GIVE RELEVANT INFORMATION:** What cards to use during the second pregnancy visit (10 minutes)
You will use two or three counselling cards in the second visit during pregnancy:
- Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit (use for all second pregnancy visits)
- Second Pregnancy Visit Card 2: Prepare for Birth at Home (use only if the family does not agree for a health facility birth or is not sure)
- Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care (use for all second pregnancy visits)

You will also fill in the CHW Register and use the Mother and Baby Card.

The content of the Second Pregnancy Visit Card 1: Review Actions since First Pregnancy Visit -- goes over the advice the pregnant woman received during the first home visit during pregnancy (First Pregnancy Visit Cards 1, 2 and 3). If the woman is following advice given, then this card does not have to be fully used. However, if the woman has not been following the advice, it may be necessary to go over the main points of how Abena cared for herself. This will be decided based on the woman’s actual situation.

The content of the Second Pregnancy Visit Card 2: Prepare for Birth at Home has been reviewed in Session 8. This card has to be used only if the family is not sure that the birth will be in a health facility or if you, as the CHW, feel there may be a chance that the birth could be at home.

The content of Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care – was read and discussed in Sessions 9 and 10.

Continue reading out loud and discuss the sequence for the Second Pregnancy Visit:

**Sequence for Second Pregnancy Visit:**

1. **Greet the family**
2. **Use Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit**
   a. Attending ANC?
   b. Caring for herself?
   c. Preparing for a facility birth?
Praise if doing well, solve any problems.

3. If the family does not agree to a health facility birth or is not sure, use Second Pregnancy Visit Card 2: Prepare for Birth at Home.

4. Use Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care

5. Update the CHW Register and the Mother and Baby Card

6. Use the Mother and Baby Card to review and check that the family remembers the danger signs in pregnancy

7. Remind the family to contact you (CHW) as soon as birth takes place

8. Thank the family

3. REINFORCE LEARNING: Role Play Demonstration of Second Pregnancy Visit in small groups (15 minutes)

Purpose
To demonstrate how a community health worker conducts the second home visit during pregnancy.

Prepare
a. Facilitators review the role play script to become familiar with it.
   b. Divide the trainees into groups of 3–4 people.
   c. One facilitator joins each group and will play the CHW. Ask one of the trainees to play the role of the mother and another to play the mother-in-law. Ask them to read through the script before the role play so that they are ready to read it at a normal pace and with good expression.
   d. Ask any other trainees to observe, and note down key points related to the questions below.
   e. Trainees and facilitators should have their Second Pregnancy Visit Cards 1, 2, 3, CHW Register, and Mother and Baby Card.

Process
a. Introduce the role play by reading these instructions:

   Monica, the community health worker (CHW), is visiting Taja to conduct a second visit during pregnancy.
b. Ask the trainees to be prepared to discuss what they will see in the role play:

- How does the community health worker (CHW) start the second visit?
- Explain how the CHW builds on what she discussed with Taja during the first visit.
- How does the CHW use the counselling cards?
- How does the CHW use her knowledge of how behaviour changes?

c. Read the role play script below, speaking clearly and varying your tone of voice so that it does not become boring.

* * *

ROLE PLAY SCRIPT:
Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit and Card 3: Advise on Immediate Newborn Care

CHW: Hello Taja. Is this a good time to visit?

Taja: Oh Monica, hello. Yes, last time you were here we agreed you would come this morning. Let me call my mother-in-law, she enjoyed your last visit and has helped me a lot since then.

Taja calls her mother-in-law who joins the discussion. There are greetings and then CHW continues with visit.

CHW: (Opens Second Pregnancy Visit Card 1) How are you feeling Taja?

Taja: I am feeling well.

CHW: That’s very good. I am here today to see how you are and how preparations for the birth are coming along. I also want to talk about what care the baby needs immediately after birth. Have you been to the antenatal clinic?

Taja: Yes, I went just after your last visit. My husband accompanied me there and my mother-in-law stayed with the kids. They said the baby would be coming at the end of February, around the 21st.

CHW: Very good. Taja. How have you been taking care of yourself?

Taja: Well, I am taking the iron and folic acid tablets every day and trying to eat more, and my mother-in-law is helping with my chores so I am resting more.

CHW: That’s very good. Did you get an insecticide-treated bednet?
**Taja:** No, they didn’t have any more but told me that a new shipment would be arriving this week, so I can go for my second visit and pick up the bednet at the same time.

**CHW:** That’s fine. Last visit we talked about planning for the birth. Have you thought more about it?  
**M-I-L:** Yes. We discussed it with my son and we are agreed that Taja should go to the health facility for the delivery. I am putting aside a little money each week.

**Taja:** And I am preparing some towels and baby clothes. We have talked to our neighbour who drives a taxi and he says he can take me to the health facility when labour starts.

**CHW:** I am very pleased with all you have done! *(Takes out Second Pregnancy Visit Card 3: Advise on Immediate Newborn Care)* Now we are going to talk about the care a baby needs immediately after birth. What kind of care do you think a newborn baby needs?

**Taja:** The baby comes out wet and needs to be dried.

**CHW:** Very good. What else?

**M-I-L:** The baby needs to be fed.

**CHW:** That’s right. How did you feed your other children?

**Taja:** I breastfed my other children and I will breastfeed this one too.

**CHW:** Excellent. Breast milk is the best food a baby can have. Let me tell you about the care Abena’s baby received. What do you see in the pictures?

**Taja:** In this picture a baby is being put in this cloth. And here the baby is lying on the mother’s chest. Here the baby is lying on the mother’s chest with a hat on, and here the baby is breastfeeding.

**CHW:** Good. The birth attendant dried Abena’s baby immediately after birth. She then placed the baby directly on Abena’s tummy – the baby’s skin touching Abena’s skin – and covered them with a blanket. After cutting the cord, the birth attendant placed the baby skin-to-skin between Abena’s breasts. Abena’s mother-in-law put a hat on the baby’s head and socks on his feet and covered Abena and the baby with the blanket. This all helps keep the baby warm. After a few minutes, the baby was alert and moving his mouth, and Abena’s mother-in-law helped her to put the baby to the breast. Early breastfeeding helped the milk to come in and reduced Abena’s bleeding. The mother-in-law knew that breast milk is like the baby’s first vaccination as it protects the baby from disease and provides the best possible food. To make sure the baby stayed warm, the family decided to wait until the next day to bathe the baby. What do you think about the care given to Abena’s baby immediately after birth?

**M-I-L:** We are planning to deliver in the health facility. Will they allow her to breastfeed immediately?
CHW: Yes. They are doing all that I described in the clinic because they know it is the best for the baby.
Taja: I never knew it was so important to keep the baby warm.
CHW: Yes it is. If a baby gets cold, he or she can get sick.
M-I-L: Well we will certainly do all this for the baby. But what if people want to see the baby right after birth?
CHW: Well, since it is so important to keep the baby warm, to keep the mother and baby skin-to-skin, and to start breastfeeding soon after delivery, I am sure the family will understand if they have to wait to see the baby for an hour or so until the baby is fed and warm.
Taja: Yes, I think we can explain it to the family beforehand.
CHW: That’s fine. Can I please see your Mother and Baby Card? I want to write down your antenatal clinic visits and the expected date of delivery on it.
(Taja hands it to her and the CHW writes in the antenatal clinic visits and the expected date of delivery on the pregnancy page. She also puts the same information in the CHW Register). Do you have any questions?
Taja: No, not that I can think of…
CHW: Before I go I want to review the danger signs that could occur during pregnancy. Do you remember them? They are on the Mother and Baby Card?
Taja: Yes, they are bleeding, severe abdominal pain…..what else?
CHW: Look at the card….
Taja: Oh, fits, bad headache, difficult breathing and fever.
CHW: Very good. Remember that if you have any one of these you must go to the health facility immediately. Well I must be going now. You are doing the best for yourself and the baby. Keep it up. And don’t forget to let me know as soon as the birth takes place so I can visit you as soon as possible and meet the new family member! Bye-bye.

END OF ROLE PLAY

*d* *d*

After the role play demonstration, ask each of the questions below. Lead a discussion using the information that the trainees give you.

- How does the community health worker (CHW) start the second visit?
- Explain how the CHW builds on what she discussed with Taja during the first visit
- How does the CHW use the counselling cards?
Unit 1: Home visits during pregnancy
Session 11: Classroom practice: Second home visit during pregnancy

- How does the CHW use her knowledge of how behaviour changes?

4. REINFORCE LEARNING: ROLE PLAY PRACTICE of second pregnancy visit (60 minutes)

Objective
At the end of this role play practice, the trainees will be able to:
- Demonstrate how to carry out the second home visit during pregnancy

Process
a. Divide the trainees into groups of three. Ask CHWs to refer to the case descriptions in the CHW Manual. They should use the information for the second pregnancy visit for each case.

b. In each group, have two or three CHWs perform a role play (roles: CHW, mother and either mother-in-law or husband) while any extra people watch and observe the interaction. The role play should include using the appropriate counselling cards, Mother and Baby Card, and CHW Register. The idea is to follow the text of the Counselling Cards and to ‘understand the situation’ of the mother and family and provide advice based on the actual situation.

c. Trainers circulate in the room, observing and assisting as needed. Use the monitoring checklist for Session 11 to note competencies demonstrated by each CHW.

d. After each role play, the group discusses what was done well and what needs improvement.

e. Have the trainees take turns playing the CHW so that all 3 cases are completed and each CHW has experience doing a second pregnancy visit using the necessary counselling cards, the CHW Register (Section 1 List of Pregnant Women and Home Visit Record) and the Mother and Baby Card. At the end of the exercise each CHW should have completed or updated a Mother and Baby Card and completed a CHW Register entry for the woman.

f. Bring the trainees together after 50 minutes. Ask them how it went. Clarify any questions and encourage them: it takes practice to become competent in using all the materials and communicate well.
Case descriptions for role play of Second Pregnancy Visit
(2 months before the expected date of birth):

**CASE 1: Diara**
- **What happened at the first visit:** Diara was 4 months pregnant with her second baby. She had never been to ANC. She thought she would have the birth at home.
- **You are making the second visit today:** Diara still has not been to ANC. She still thinks that she will have the birth at home.

**CASE 2: Jani**
- **What happened at the first visit:** Jani was 5 months pregnant with her first baby. She had been to the ANC clinic once.
- **You are making the second visit today:** Jani has been to another ANC visit. She is taking iron and folic acid tablets and has made preparations for a health facility birth.

**CASE 3: Baina**
- **What happened at the first visit:** Baina had missed 4 periods. She had 5 children at home. She went to ANC once or twice with her other children.
- **You are making the second visit today:** Baina has been to the ANC clinic. She had a test for HIV, a tetanus shot and was given iron and folic acid tablets. She has received a bednet but is not sleeping under it. She plans to have the birth at home.

5. **SUMMARIZE THE MAIN POINTS OF THE SESSION**
- Visit a pregnant woman for a second time 2 months before she is due to deliver.
- Use the Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit to review what you discussed in the first visit and to see how the family are progressing in caring for the pregnant woman and preparing for birth in a health facility.
- If the family is not sure that a facility delivery is possible or if you are not sure, use Second Pregnancy Visit Card 2: Prepare for Birth at Home.
- Use Card 3: Advise on Immediate Newborn Care with all families to discuss the importance of immediate care for the baby; immediate
drying, placing skin-to-skin with mother and covering with a dry cloth, and early initiation of exclusive breastfeeding.

- At the end of the visit, fill out your CHW Register and the Mother and Baby Card. Do not forget to remind the mother to contact you as soon as the baby is born.
SESSION 12:  
Field practice: Home visits during pregnancy  
(Time required: 4 hours)

Materials
- Counselling Cards for Pregnancy visits:
  -- First Pregnancy Visit Cards 1, 2, and 3  
  -- Second Pregnancy Visit Cards 1, 2 and 3
- CHW Register  
- Mother and Baby Card  
- Monitoring checklist for Session 12: Field practice – First pregnancy visit, for each facilitator (See Annex C.)

Preparation
- Arrangements should have been completed by the Course Director or the field practice organizer for CHWs to make a field visit to pregnant women in their homes (see 11. Organize Field Practice, in section II. Prepare to conduct the course).  
- This preparation should have included:  
  - Identification of pregnant women in nearby communities who are willing to be visited and where their homes are located (addresses or map). (one per trainee)  
  - Arrangement of transport for CHWs, facilitators and any trainer/supervisors who will accompany the CHWs when they visit the pregnant women.

TRAINING STEPS

1. INTRODUCE THE SESSION (5 minutes)

Explain that the purpose of this session is to provide CHWs with supervised practice in the community, in order to master the skills for making home visits to pregnant women.

Explain or read out loud:

OBJECTIVES OF THIS SESSION

Caring for the Newborn at Home: A Training Course For Community Health Workers  
Facilitator Guide  
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At the end of this session, you should be able to:

- Demonstrate how to conduct home visits to pregnant women

During this field practice, the trainees will practice the first and second home visits during pregnancy.

2. GIVE RELEVANT INFORMATION: How field practice will work (25 minutes)

Before leaving for the field, explain how the field practice will work including the logistics and what each trainee will be expected to do.

a. Divide trainees into groups of 4. One facilitator should accompany each group. Make pairs within each group. Each group should be assigned at least 4 pregnant women to visit and given the location of their homes.

b. Explain what the groups will do as below:

Each group will consist of 2 pairs of trainees and a facilitator, and may also include an additional trainer or supervisor of CHWs. Each group will be given the names and addresses of 4 pregnant women.

At the home of the first pregnant woman, one trainee will conduct the First Pregnancy Visit. Then the group will travel to the second home and the second trainee will conduct the visit using the Second Pregnancy Visit Cards. During each visit, the facilitator and other members of the small group observe and may write down any suggestion or idea to discuss after the visit. Any discussion on how the visit was done should take place outside of the home and not in front of the mother.

Then the group will visit the homes of 2 more pregnant women and the second pair will conduct the visits in the same way.

c. Review with the CHWs the sequence of steps for making the pregnancy home visits:

- Sequence for First Pregnancy Visit (in Session 7)
(However, tell trainees to omit the step of making an appointment for a second pregnancy visit, because the trainees will not be returning to visit this woman.)

- Sequence for Second Pregnancy Visit (in Session 11)

**NOTE:** When practicing the second pregnancy visit, the CHW will have difficulty in using **Second Pregnancy Visit Card 1: Review Actions Since First Pregnancy Visit** because the pregnant woman would not have received the first visit. Explain that the CHW should still use this card to discuss the actions the family has taken so far during the pregnancy related to attending ANC, home care for the mother, decision on place of birth and preparations (if any) for birth.

Also remind the CHWs of communication skills to use during visit:

- Greet and build good relations
- Ask and listen (reflect, empathize, etc.)
- Give relevant information based on what family knows (use counselling cards)
- Check understanding (open-ended questions)
- Discuss what family will do and help to solve problems
- Thank the family

3. **FIELD PRACTICE: Conduct the home visits to pregnant women**

**Purpose**
To provide trainees the opportunity to practice what they have learned about making home visits to a pregnant woman with supervision and support from a facilitator.

**Process**

a. Each group visits 4 homes of pregnant women.

b. When one CHW is talking to the mother, the other CHWs and facilitator observe and if necessary write down any suggestion or idea to discuss after the visit. Any discussion on how the visit was done takes place outside of the home and not in front of the mother.
c. Facilitators observe and use the monitoring checklist for Session 12 to note competencies demonstrated.

d. Facilitators in the groups make sure that the group completes the 4 visits and returns to the vehicle at the scheduled time and place.

4. FEEDBACK (30 minutes)

When you are back from the home visits, ask the trainees about their experiences. Give feedback on what they did well and what needs improvement.

Read out loud the tasks of a CHW learnt so far:

<table>
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<tr>
<th>Box 2: CHW tasks -- Home visits during pregnancy</th>
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1. **Identify pregnant women in the community** so that the CHW can make home visits during pregnancy and in the first days after birth for the greatest impact.

2. **Make two home visits to all pregnant women** in the community:

   - **First Pregnancy Visit** — as early in pregnancy as possible — to encourage the pregnant woman to go for antenatal care, to promote birth in a health facility, to help her prepare for birth in a health facility, and to teach home care for the pregnant woman.

   - **Second Pregnancy Visit** — about 2 months before delivery — to review antenatal care visits, planning for birth, and home care for the pregnant woman; and to encourage the family to follow optimal newborn care practices immediately after birth.