



**World Health
Organization**

Essential Newborn Care Modular Course

Second edition, interim version

Prepare for discharge



Facilitator Notes

Draft version for field testing

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Symbols



Pre-service



In-service



Self-paced learning



Critical reflection



Videos



Role play



Questions



Case study



Simulation



Clinical practice



Treasure Hunt



The situation



Summary



Quality improvement

Review slides for this module and decide which slides you will use based on the learners' needs. The decision depends on assessments or a pre-test and whether learners are pre-service or in-service.

Hide slides that will not be used. Decide which sections will be carried out as self-paced learning and give clear instructions. The choice should be made in advance as it will influence the time needed for each section. Time for each section will also depend on learners' level (basic or intermediate).

If learners carry out exercises as self-paced learning, remember to quickly show answers and to answer any questions learners may have. To save time, consider using a parking lot or online forum.



Pre-service

Activities placed in a blue box are for pre-service learners only.



In-service

Activities placed in a red box are for in-service learners only.



Self-paced learning

Sections marked with the self-paced learning symbol can be carried out by learners in various ways:

- as preparation in advance for the module
- facilitated during face-to-face sessions
- for reinforcement after facilitated face to face session
- online (WHO Academy) as part of blended learning
- using linked applications (apps).

Session preparation

[See equipment and materials checklist.](#)

Key materials for demonstrations and simulations

- One set for facilitator and one set per group
 - Access to functional hand hygiene
 - Newborn mannequins
 - Warm, soft cloths/wraps or blanket, hat
 - Model breasts, shawl.

Session length

The times shown are only indicative. Adjust according to learners needs BEFORE running module. [See time tables.](#)

14. Prepare for discharge		
	Pre-service	In-service
Section	Duration (hr mins)	Duration (hr mins)
Goal and Situation	0:05	0:05
Simulation	0:00	0:15
Discharge criteria	0:15	0:15
Counsel for care at home	0:30	0:15
PNC and follow up visits	0:30	0:45
Treasure hunt	0:00	0:10
Clinical practice	1:30	1:00
Quality improvement	0:10	0:30
	3:00	3:15

1.Goal

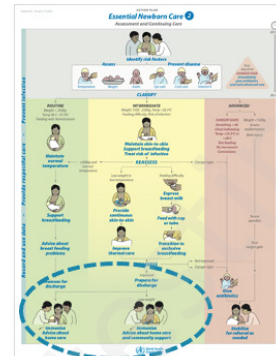


1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

1. Goal and learning outcomes

All mothers are supported to give safe, responsive and nurturing care at home.

- Apply discharge criteria to decide if a newborn is ready to go home.
- Counsel caregivers on how to care for the baby at home (including nurturing, responsive care) and when to return for postnatal visits and follow-up.
- Counsel caregivers on how to identify health problems and danger signs and where and when to seek care.



Module 14 - Page 2

Go through slide

Ask for and answer questions

Explain

- This module is based on WHO recommendations and standards of care for newborns.



The relevant standards are:

- **WHO 2016 Standards for improving quality of maternal and newborn care in health facilities.**
 - **Standard 1:** Every woman and newborn receive routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.
 - **1.1c:** Mothers and newborns receive routine postnatal care.
 - **4.1:** All women and their families receive information about the care and have effective interactions with staff.
 - **4.2:** All women and their families experience coordinated care, with clear, accurate information exchange between relevant health and social care professionals.
- **WHO 2020 Standards for improving quality of care for small and sick newborns in health facilities.**
 - **1.42** Small and sick newborns are discharged from hospital when home care is considered safe and carers have received a comprehensive discharge management plan and are competent in the care of their newborn

Explain

- Mothers and all caregivers should be supported to give safe and responsive care at home.

2. The situation



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

2. The situation

NEARLY 3 MILLION NEWBORNS AND MOTHERS COULD BE SAVED EACH YEAR BY:



Investing just \$1.15 USD more per person WILL save women and newborns.




Module 14 - Page 3

Go through the slide

Emphasize those areas most relevant to your context

Explain

- Every year an estimated 15 million babies are born preterm – before 37 weeks of pregnancy. That is more than 1 in 10 live births. Approximately 1 million children die each year worldwide due to complications from their early birth. Those that survive may face a lifetime of ill-health including disability, learning difficulties, and visual and hearing problems. These children need appropriate follow-up and their families need support.
- Preterm and low birthweight babies need longer care in hospital and need careful discharge planning, which should start very early, soon after birth.
- Mothers with disabilities have a higher prevalence of preterm and low birthweight infants (1.5–2 times higher). They will face many challenges for attending routine or developmental follow-up for their babies. These challenges include access, affordability and quality (Universal Health Coverage, target 3.8). They are more likely to find health care provider's skills and facilities inadequate to meet their needs. Take these factors into account when supporting and counselling mothers with disabilities and their caregivers.

References:

- [Newborns: improving survival and well-being. WHO, 2020.](#)
- [7,000 newborns die every day, despite steady decrease in under-five mortality, new report says. UNICEF, 2017.](#)
- [World report on disability. WHO, 2011.](#)
- [Mitra, M et al. Maternal characteristics, pregnancy complications, and adverse birth outcome among women with disabilities. Med Care. 2015 Dec;53\(12\):1027-32.](#)
- [The missing billion report, 2019.](#)



2.1 The situation

Five components of nurturing care for newborns

GOOD HEALTH



... involves preventing and managing illness, including provision of evidence-based high-quality care for sick or small newborns.

ADEQUATE NUTRITION



...means optimizing exclusive breastfeeding or breast-milk feeding, including for very small and sick babies.

SAFETY AND SECURITY



...means warmth, practicing good hygiene, minimizing stress, and enabling the primary caregiver, most commonly the mother, to be with the infant in a quiet environment.

OPPORTUNITIES FOR EARLY LEARNING



...involves stimulating the baby's brain gently, through touch, voice or simply close contact.

RESPONSIVE CAREGIVING



...means being aware of the newborn's signals, which can indicate readiness for a feed, pain or stress, and responding to them appropriately.

When cared for in a nurturing environment, babies not only survive, they are also helped to thrive. However, too many infants are deprived of their right to receive nurturing care, including when they require inpatient hospital care.



Show slide

Reflect on nurturing care for newborns.

Ask

- Have you seen this in practice where you work?
- Can health workers support families and caregivers to provide responsive, nurturing care to all newborns including those who are preterm or sick, those who have congenital abnormalities or those who are likely to have a very short life?



2.2 Prepare for discharge

1. Goal

2. The situation

3. Discharge criteria

4. Counsel for care at home

5. PNC and follow-up visits

6. Summary

7. Treasure hunt

8. Clinical practice

9. Quality improvement

- In groups of 4 (“mother”, “nurse-midwife”, “companion” and observer/helper).

- Use a newborn mannequin and any other equipment you normally use.

- Leela gave birth to Ekta 2 days ago by spontaneous vaginal delivery.
- Ekta is breastfeeding well. Leela is preparing to go home.

Prepare for discharge and give appropriate counselling to Leela and her family for care of Ekta at home.

- Participate in the debriefing.
- Continue to practise with your peers.

 [Postnatal care of mother and baby](#)

Module 14 - Page 5



Brief, and debrief following [Methodologies for facilitation](#).

Brief

Read scenario

Skills and performance

Learners demonstrate:

1. *Counsel for care at home including responsive care and building the mother's confidence and capabilities. Support the mother for routine daily care, recognizing and acting on danger signs and when to return for follow-up.*
2. *Assess if the newborn is ready for discharge.*

Debrief

Address any issues relating to norms, behaviours or concerns about practices now, in this safe environment. Concerns may be:

- *Poor attention to infection prevention (no handwashing before examining the newborn)*
- *Incomplete or no newborn examination before discharge*
- *No or incomplete counselling for the mother and family before discharge (danger signs, sleep, thermal care, etc.)*
- *No specific information for routine postnatal visits (when, why and where)*
- *No information or booking for additional follow-up visits for at-risk newborns*
- *Poor communication.*

Demonstrate

If learners cannot demonstrate correctly, use a mannequin and ask somebody to act as the mother.

Demonstrate every step correctly.



3. Discharge criteria

- [Postnatal care of mother and baby](#)

Ask learners to reflect on these practices

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

3. Discharge criteria

Assess using discharge criteria

- ✓ Woman's and baby's physical, emotional and psychological well-being
- ✓ Skills and confidence of the woman to care for herself and her baby
- ✓ Home environment and other factors that may influence the ability to provide care or care seeking

- Discharge when ready: no earlier than 24 hours after birth
- Carry out a complete examination
- Do not discharge if danger signs, signs of jaundice, untreated local infection or breastfeeding not yet established
- Newborn screening following national guidelines (hearing, vision, metabolic)
- Immunization

[Warning signs in newborns for mothers and caregivers](#)
[Postnatal care of mother and baby](#)



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©WHO / Main Brink

Explain

- Prior to discharging healthy women and newborns from the facility to the home, health workers should assess the following criteria to improve maternal and newborn outcomes:
 - The woman's and baby's physical well-being and the woman's emotional well-being.
 - The skills and confidence of the woman to care for herself and the skills and confidence of parents and caregivers to care for the newborn.
 - The home environment and other factors that may influence the ability to provide care for the woman and the newborn in the home and in care seeking.
- Discharging when the mother, her parents/family or the newborn are not ready places the woman at risk of not being able to meet her own needs and of unhealthy behaviours such as poor diet, smoking and lack of physical activity. It also places care of the newborn at risk.
- Ensure that key family members who will influence care at home (grandmothers, mother-in-law, etc.) receive the same information and, when possible, actively participate in counselling and dialogue.

- **Use discharge checklist.** DO NOT discharge if newborn has any danger signs:
 - Stopped feeding well
 - Convulsions
 - Fast breathing (breathing rate ≥ 60 per minute)
 - Severe chest in-drawing
 - No spontaneous movement
 - Fever/high body temperature ($>37.5^{\circ}\text{C}$)
 - Low body temperature ($<35.5^{\circ}\text{C}$)
 - Any jaundice in the first 24 hours of life
 - Yellow palms and soles at any age.



WHO standards

- **1.42:** Newborns are discharged from hospital when home care is considered safe and carers have received a comprehensive discharge management plan and are competent in the care of their newborn.
- **2.1:** Every small newborn has a complete, accurate, standardized, up-to-date medical record, which is accessible throughout their care, on discharge and on follow-up.

Explain

- Availability of screening varies around the world. You will learn more about this in *WHO Essential Care for Small or Sick Newborns* course. The following are recommended:
 - Universal screening for neonatal hyperbilirubinemia by transcutaneous bilirubinometer (TcB) is recommended at hospital discharge.
 - Universal newborn screening for abnormalities of the eye is recommended and should be accompanied by diagnostic and management services for children identified with an abnormality.
 - Universal newborn hearing screening (UNHS) with oto-acoustic emissions (OAE) or automated auditory brain stem response (AABR) is recommended for early identification of permanent bilateral hearing loss (PBHL). UNHS should be accompanied by diagnostic and management services for children identified with hearing loss.



- [Warning signs in newborns for mothers and caregivers](#)
- [Postnatal care of mother and baby](#)

3.1 Counsel the mother and caregivers

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

Do not rush. Try not to give too much information at once.

Use videos and parent cards

- How to recognize danger signs and to seek care immediately for themselves or their newborn.
- When and where to seek support for breastfeeding.
- For postnatal care visits and vaccinations, ensure that caregivers know when, where and why.
- To ensure that all newborns have their **births registered** and have an identity.



 [UNICEF Every day is father's day](#)

Module 14 - Page 7

Explain

- Information provision, educational interventions and counselling are recommended to prepare women, parents and caregivers for discharge from the health facility after birth to improve maternal and newborn health outcomes and to facilitate the transition home.
- Encourage involvement of fathers, grandmothers and other family members.
- Use culturally and language appropriate educational materials, videos, written/ digital education booklets or pictorial materials.

- [UNICEF Every day is father's day](#)



	3.2 Prepare for care at home  Build confidence, support caregiving at home and improved home environment. Ensure additional support if: • Newborn was small or premature • First-time parents • Newborn or mother has a health condition or disability Maternal health, well-being and her mental health will influence the nurturing care she can give her newborn. Module 14 - Page 8
1. Goal	
2. The situation	
3. Discharge criteria	
4. Counsel for care at home	
5. PNC and follow-up visits	
6. Summary	
7. Treasure hunt	
8. Clinical practice	
9. Quality improvement	

Explain

- Assess readiness for discharge.
- Link parents with appropriate support groups including individualized parenting groups especially for adolescent parents or mothers without close support.
- Discuss problem-solving, behavioural cues, appropriate interaction and offer support.
- Ensure that key family members who will influence care at home (grandmothers, mother-in-law, etc.) receive the same information and are included in counselling and dialogue.

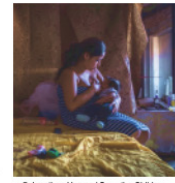
4. Care at home



1. Goal
2. The situation
3. Discharge criteria
4. **Counsel for care at home**
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

4. Care at home

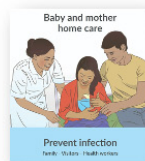
Ensure that the baby is feeding, sleeping well, warm, clean and nurtured.



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Nurturing care

- Stimulate brain development by encouraging newborns to explore the environment using sight, touch, sound and smell, and interacting with mother and family.



[Caring for your baby at night for health professionals. UNICEF.](#)
[Caring for your baby at night. A guide for parents. UNICEF.](#)

Sources: Engle PL, et al. Lancet. 2011;378(9799):1359-63.
 Aboud FE, Youssouf AK. Reproductive, Maternal, Newborn, and Child Health. 2016;241.

Module 14 - Page 9

Explain

- Assess breastfeeding in EVERY baby before planning for discharge.
- DO NOT discharge the baby if breastfeeding is not yet established.

Ask

- Why do we recommend that the baby sleep on his/her back?**

Explain

- Putting the baby to sleep in the supine position during the first year after birth is recommended to prevent sudden infant death syndrome (SIDS) and sudden unexpected death in infants (SUDI).
- Newborns sleeping on their front/facedown was associated with increased sudden infant death syndrome. A smoky environment and overheating also contributed.



- Research on bed sharing, infant sleep and SIDS: infographic. UNICEF. [Co-sleeping-and-SIDS](#)
- Co-sleeping and SIDS: a guide for health professionals. UNICEF. [Infant-health-research-bed-sharing](#)
- An important reference for health workers so that they understand the discussions that will form the basis for counselling parents is UNICEF. [Caring for your Baby at Night for Health Professionals.](#)**

Ask

- What does nurturing care mean?**

Explain

- Nurturing care – the conditions that promote health, nutrition, security, safety, responsive caregiving and opportunities for early learning. Nurturing care is about children, their families and other caregivers, and the places where they interact. See slide 4.4.

Reference:

[A framework for helping children survive and thrive to transform health and human potential. UNICEF, 2018.](#)



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

4.1 Hygiene at home

- DO NOT put anything in the baby's eyes or ears or on the cord.
- DO NOT bathe a baby before 24 hours of age.
- Bathe when necessary
 - Wash the face, neck, underarms DAILY.
 - Wash the buttocks when soiled.
 - Wash or bathe the baby in a WARM, draught-free room.
 - Use warm water.
 - Thoroughly dry the baby, dress and cover after the bath.
- Use a cloth on baby's bottom to collect stool and urine. Dispose of safely to prevent infection and contamination of water sources.
- WASH HANDS



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Module 14 - Page 10

Ask

- **When should a caregiver practise hand hygiene?**
 - Refer back to module "Infection prevention for newborns".
 - After using toilet, after changing diaper, before breast feeding.



4.2 Thermal care at home

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

- In a cold climate, keep one room or part of one room warm, but not smoky (if there is an open fire).
- Use one more layer of clothes on baby than on children or adults.
- Do not leave the newborn in wet diapers.
- During the day, dress or wrap the baby according to the climate.
- If the temperature varies during the day, counsel caregivers accordingly.
- At night let the newborn sleep with the mother or within easy reach for breastfeeding.
- Ensure continuous skin-to-skin care if giving kangaroo mother care at home.

Module 14 - Page 11

Explain

- The newborn will lose heat by convection, evaporation, conduction and radiation. Counsel on thermal care at home.

Ask

- **What should caregivers do to keep the newborn warm at home?**

Explain

- In a cold climate, keep one room or part of one room warm, but not smoky (if there is an open fire).
- Use one more layer of clothes on baby than on children or adults.
- Change wet diapers.
- During the day, dress or wrap the baby according to the climate.
- At night let the newborn sleep with the mother or within easy reach for breastfeeding.
- If the temperature varies during the day, counsel caregivers accordingly.
- Ensure skin-to-skin contact if newborn is to receive kangaroo mother care at home.
- Delay bathing for 24 hours after birth (bathing includes various methods such as tub bathing, sponge bathing, swaddled bathing and bathing under running water).
- Counsel the mother and caregivers on the importance of thermal care at home and support them to carry out all steps to maintain normal temperature before discharge.

Further reading

- Research on bed sharing, infant sleep and SIDS. UNICEF. <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/co-sleeping-and-sids/>
- Co-sleeping and SIDS: a guide for health professionals. UNICEF. <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-bed-sharing-infant-sleep-and-sids/>





1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

4.3 Cord care at home



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- Wash hands before and after cord care.
- Put nothing on the stump.*
- Fold the diaper below stump.
- Keep the stump loosely covered with clean clothes.
- If the stump is wet, wash with clean water and soap and dry with a clean cloth.
- If the umbilicus is red or draining pus or blood, seek care from a health worker.

*Daily chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine) application to the umbilical cord stump in the first week after birth is recommended **only in settings where harmful traditional substances** (such as cow dung) are commonly used on the umbilical cord.

Module 14 - Page 12

Ask

- What do caregivers do before cord care?

Explain

- Wash hands before and after cord care.
- WHO recommends dry cord care.
- WHO recommends daily chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine) application to the umbilical cord stump to the umbilical cord stump in first week after birth is recommended **only in settings where harmful traditional substances** (such as cow dung) are commonly used on the umbilical cord.

Demonstrate or explain

- Keep the cord stump loosely covered with clean clothes.
- Fold the diaper below the stump.
- Put nothing on the stump.
- Wash the stump with clean water and soap only if it is soiled. Dry it thoroughly with a clean cloth.
- Seek care if the umbilicus is red or draining pus.



4.4 Nurturing, responsive care for every newborn at home

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

THEMATIC BRIEF

Nurturing care for every newborn



When cared for in a nurturing environment, babies not only survive, they are also helped to thrive. However, too many infants are deprived of their right to receive nurturing care, including when they require inpatient hospital care.

Every year an estimated 140 million babies are born, and among these about 20 million need inpatient hospital care with 8–10 million requiring neonatal intensive care (2). Since 1990, global neonatal mortality has more than halved, but in 2019 an estimated 2.6 million newborns still died in the first month after birth (2). Babies who are born prematurely have low birth weight or experience birth complications are at the greatest risk, not only of death but also of lifelong disability. Progress in reducing newborn mortality will be compromised unless investments are also made in nurturing care.

Birth is the critical transition for every newborn from being nurtured in the womb to being cared for in the outside world. Essential newborn care – with immediate skin-to-skin contact, warmth, hygiene, early initiation of exclusive breastfeeding and zero separation of caregiver and newborn – is designed to make this transition as smooth as possible and provide the infant with a nurturing environment in the first minutes and hours after birth, needed for the brain and body to grow and develop (3).



What is nurturing care?

What happens during early childhood (pregnancy to age 5) sets the foundation for a lifetime. We have made great strides in improving child survival, but we also need to create the conditions to help children thrive as they grow and develop. This requires ensuring children with nurturing care, especially in the earliest years (pregnancy to age 5).

Nurturing care comprises five interconnected and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. Nurturing care protects children from the worst effects of adversity and promotes lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we maximize every interaction with a child. Every moment, small or large, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe and learning about themselves, others and their world. What we do matters, but how we do it matters more.



NURTURING CARE
FOR EVERY NEWBORN



©WHO / Sergey Volkov

Module 14 - Page 13

Explain

- Nurturing care is important for every newborn including newborns with health problems and disabilities.

Ask

- What was new for you when you read the brief?

Ask

- Why do newborns need nurturing care?

Explain

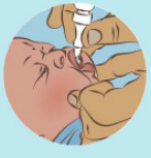
- The early years are a critical period. The first 1000 days (from conception to 24 months) are important for all newborns for brain development and they are critical in the context of preterm birth and neonatal illness.
- Every newborn's and young child's ability to thrive is the direct result of nurturing care and positive interaction with their environment.
- An individual who thrives is able to develop his or her full potential, from conception through early childhood into adulthood.
- Benefits of nurturing care:
 - Benefits child development and academic outcomes, decreases hospitalizations.
 - Reduces parental stress levels.
 - Supports more positive maternal behaviour.
 - Improves maternal–infant interactions.
 - In lower- and middle-income countries benefits are consistent for disadvantaged children, particularly those at risk of malnutrition.
 - There is emerging evidence that some disabilities may be prevented/mitigated with good-quality, developmentally supportive care for small or sick newborns.

Explain

- You will learn more in WHO Essential care for sick and small newborns modules.
- All newborns, especially those who have had major complications at birth and during the neonatal period, require regular developmental follow-up and nurturing care to optimize development. Those newborns at greatest risk of developmental delays, physical disabilities and poor neurodevelopmental functioning:
 - are small for gestational age
 - are premature or low birthweight
 - have neonatal infections
 - have intrapartum-related complications
 - have neonatal jaundice.
- Investments in early childhood development benefit individuals, communities and countries.

References

- [*Responsive parenting: interventions and outcomes. Eshel N et al. Bull World Health Organ. 2006;84\(12\):991–8.*](#)
- [*A systematic mapping review of effective interventions for communicating with, supporting and providing information to parents of preterm infants. Brett J et al. BMJ Open. 2011;1\(1\):e000023.*](#)
- [*Twenty-year Follow-up of Kangaroo Mother Care Versus Traditional Care. Charpak N et al. Pediatrics. 2017;139\(1\): pii: e20162063.*](#)
- [*Global Health and Development in Early Childhood. Aboud FE, Yousafzai AK. Annu Rev Psychol. 2015;66\(1\):433–57.*](#)
- [*Nurturing care: promoting early childhood development. Britto PR et al. Lancet. 2017;389\(10064\):91–102.*](#)



4.5 Nurturing care: the health worker's role

- 1 RESPONSIVE CAREGIVING**
 All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care.
Strength of recommendation: Strong
Quality of evidence: Moderate (for responsive care)
- 2 PROMOTE EARLY LEARNING**
 All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children.
Strength of recommendation: Strong
- 3 INTEGRATE CAREGIVING AND NUTRITION INTERVENTIONS**
 Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children.
Strength of recommendation: Strong
Quality of evidence: Moderate
- 4 SUPPORT MATERNAL MENTAL HEALTH**
 Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.
Strength of recommendation: Strong
Quality of evidence: Moderate









Module 14 - Page 14

Ask

- What is the role of the health worker to ensure that every newborn receives nurturing care?

Explain

- Their role is to:
 - Encourage and support responsiveness (care that is prompt, consistent, contingent and appropriate to the child's cues, signals, behaviours and needs).
 - Enhance parents' and caregivers' knowledge, attitudes, practices or skills, supporting early learning and development during the postnatal period.
 - Support interventions that improve parents' and caregivers' abilities to incorporate the child's signals and perspective such as play and communication and feeding. For the newborn they include, but are not limited to, facilitating the caregiver to be aware and receptive and appropriately respond to the baby's needs and wants, such as exclusive breastfeeding on demand.
 - Give direct support to caregivers to provide early learning opportunities for their children; or b) information, guidance and support to build caregiver capacities for healthy newborn/child development.
 - Support parents and family members as important partners in delivering well-timed, consistent and appropriate care with vigilant follow-up of at-risk newborns.
 - Support parents to take care of their own physical and mental well-being so that they can better provide nurturing care for their children.
 - Ensure appropriate follow-up.



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

Facilitator demonstration

4.6 Support responsive care









Serve & return

Module 14 - Page 15

Explain

- WHO's 2020 recommendation: All infants and children should receive responsive care between 0–3 years of age; parents and other caregivers should be supported to provide responsive care.

Demonstrate

Demonstrate responsive care using a mannequin or a real baby and their caregiver.

Demonstrate early stimulation of the newborn (eye contact, stroking, singing, massage, etc.).

If you are experienced in early childhood development, **demonstrate** “serve and return”, which is copying the baby’s sounds and gestures or support a caregiver to do so.

Or show video [Serve & return](#)

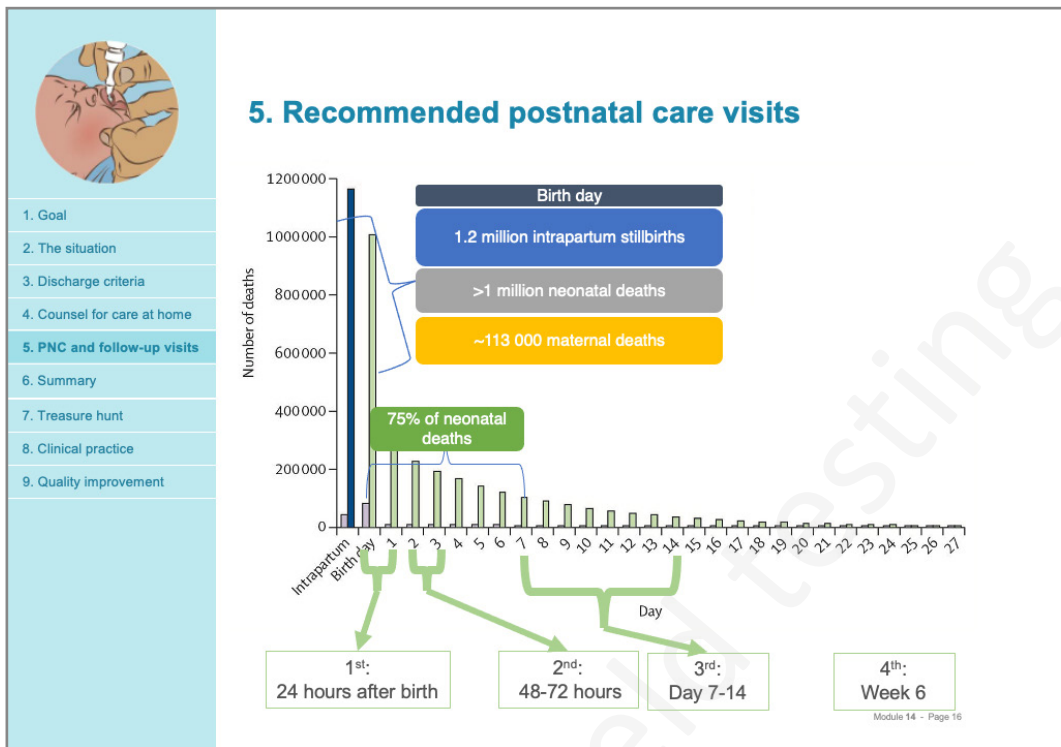
Explain

- Gentle whole-body massage may have possible benefits on growth and development.
- Babies’ reactions to whole-body massage must be respected in line with the principles of responsive caregiving and respectful care.
- Massage should be used as an important opportunity to promote parental–infant interaction and stimulation for early child development.
- Usually, massage lasts 10–20 minutes per day.

Ask

- What behaviours and cues have you seen babies give in clinical practices or at home?
- Did mothers and health-workers understand these behaviours and cues?

5. Recommended postnatal care visits



Explain

- The arrows show recommended timing of postnatal visits.

Ask

- Look at the graph of when deaths occur. Do you understand the relationship between deaths and when postnatal care visits are recommended?

Explain

- It is based on the timing of neonatal deaths. Neonatal deaths during the first week account for three-fourths of all neonatal deaths. During the second week, 13.82% of neonatal deaths occurred. During the third week, 8.13%, and 5.07% occurred during the fourth week up to 28 days (16 studies, over 5 628 926 live births, 22 840 neonatal deaths).



Ask

- What is the coverage of postnatal care for newborns where you work?
- Is there a difference in different parts of the country? Or between different groups?
 - [See Countdown 2030 Country profiles](#)
- Is the content of a postnatal check for newborns standardized?



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

5.1 Recommended postnatal care visits

- **All** mothers and newborns should have postnatal care visits.
- WHO recommends all newborns have **4 PNC visits** :
 - Within 24 hours, at 48–72 hours, between days 7–14 and at 6 weeks.
 - Small newborns need additional postnatal visits.
- Newborns born at home should have the first PNC visit as soon as possible after birth.
- Home visits during the first week after birth by a skilled health personnel or a trained community health worker are recommended for postnatal care of healthy women and newborns.
- Where home visits are not feasible or not preferred, outpatient postnatal care contacts are recommended.

 [Home visit for the newborn](#)

Module 14 - Page 17

Explain

- A minimum of four postnatal care contacts is recommended:
 - If the birth is in a health facility, healthy women and newborns should receive postnatal care in the facility for at least 24 hours after birth. If birth is at home, the first postnatal contact should be as early as possible, within 24 hours of birth. At least three additional postnatal contacts are recommended for healthy women and newborns, between 48 and 72 hours, between days 7 and 14, and during week 6 after birth.
 - Routine postnatal care contacts may be complemented by phone follow-up or use of digital targeted client communication.



Ask

- What is the coverage of postnatal care visits for newborns where you work?
- When you look at coverage by province, where is the highest coverage of postnatal care for newborns?
 - [See Countdown 2030 Country profiles](#)
- Where is the lowest?
- How do you explain this?



5.2 Tailor postnatal visits to needs

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

- Tailor the number, timing and content to each woman's and newborn's health outcomes and needs, guided by the newborn's physical well-being and the woman's emotional well-being:
 - the skills and confidence of the women to care for herself and the skills and confidence of parents/carers/family to care for the newborn
 - the home environment and other factors that may influence the ability to provide care in the home and care seeking
 - the place of birth and the time of discharge from the health facility for a facility-based birth.
- [Country profiles Countdown 2030](#).
- Some newborns have NO postnatal visits.
- Coverage maybe lower for newborns than their mothers.
- Content and quality of postnatal care visits may also vary.

Module 14 - Page 18

Go through slide

Explain

- Interventions to promote the involvement of men during pregnancy, childbirth and after birth are recommended to facilitate and support improved self-care of women, improved home care practices for women and newborns, improved use of skilled care during pregnancy, childbirth and the postnatal period for women and newborns, and increase the timely use of facility care for obstetric and newborn complications.
- These interventions should be implemented in a way that respects, promotes and facilitates women's choices and their autonomy in decision-making and supports women in taking care of themselves and their newborns.



Ask

- **What percentage of newborns have NO postnatal care visit in your context?**
 - *Reflect why this is and how this could be improved.*



5.3 When should additional follow-up visits be made for these newborns?

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

- Newborn has feeding difficulty?
- Newborn has red umbilicus?
- Newborn has skin infection?
- Newborn has eye infection?
- Newborn has thrush/ candidiasis?
- Low birthweight newborn in the first week of life?
- Whose mother has breast engorgement or mastitis?
- Low birthweight newborn who gains weight adequately?
- Newborn with possible syphilis?
- Mother HIV-positive and none of above?

Module 14 - Page 19

Ask

- When should additional follow-up visits be made for these newborns on slide?

Explain

These newborns need extra contacts/ visits.

- Return in 2 days:
 - Feeding difficulty
 - Red umbilicus
 - Skin infection
 - Eye infection
 - Thrush
 - Mother has either breast engorgement or mastitis
 - Low birthweight and either first week of life or not adequately gaining weight.
- Return in 7 days:
 - Low birthweight and either older than 1 week or gaining weight adequately.
- Return in 14 days:
 - Orphan baby
 - INH prophylaxis (isoniazid prophylaxis for tuberculosis)
 - Treated for possible congenital syphilis
 - Mother HIV-infected.

5.3 When should additional follow-up visits be made for these newborns?

Follow-up visits

If the problem was:	Return in
Feeding difficulty	2 days
Red umbilicus	2 days
Skin infection	2 days
Eye infection	2 days
Thrush	2 days
Mother has either:	
→ breast engorgement or	2 days
→ mastitis.	2 days
Low birth weight, and either	
→ first week of life or	2 days
→ not adequately gaining weight	2 days
Low birth weight, and either	
→ older than 1 week or	7 days
→ gaining weight adequately	7 days
Orphan baby	14 days
INH prophylaxis	14 days
Treated for possible congenital syphilis	14 days
Mother HIV-infected	14 days

slide 14 - Pg



5.4 Always assess for danger signs

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

- Refer if any of the following signs are present:
 - Stopped feeding well
 - History of convulsions
 - Fast breathing (breathing rate >60 per minute)
 - Severe chest in-drawing
 - No spontaneous movement
 - Fever (temperature >37.5 °C)
 - Low body temperature (temperature <35.5 °C)
 - Any jaundice in first 24 hours after birth or yellow palms and soles at any age.
- Parents and family should be encouraged to seek health care early if they identify any of the above at any time.

Module 14 - Page 20

Go through slide

Ask for and answer questions



5.5 What do you do at a postnatal check?

1. Goal

2. The situation

3. Discharge criteria

4. Counsel for care at home

5. PNC and follow-up visits

6. Summary

7. Treasure hunt

8. Clinical practice

9. Quality improvement

Check 1: within 24 hours

- Check breathing.
- Check for abnormalities.
- Check for danger signs including jaundice.
- Weigh baby and record weight.
- Check temperature.
- Screening for neonatal hyperbilirubinemia.
- Observe a breastfeed (correct positioning and attachment).
- Immunize (Polio, BCG, Hep B).
- Give vitamin K.
- Ensure birth of baby is registered or explain how to do so.
- Check mother's history and treat if premature rupture of membranes, TB, syphilis, gonorrhea, HIV.
- Eye care.
- Give ARVs if mother is HIV-positive.

Module 14 - Page 21

Ask

- What do you do at the first postnatal check (within 24 hours)?
 - Check answers.
 - Show correct answers on slide.
 - Discuss.
 - Ask for and answer questions.



5.6 What do you do at a postnatal check?

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

Check 2 (48–72 hours) and Check 3 (day 7–14):

- Check ALL from Day 1.
- Check the cord.
- Check birth registered.
- Weigh, measure head circumference, record and review growth.
- Check feeding (observe).

Check 4: week 6

- Check all above.
- Counsel on family planning.
- Immunize (follow national guidelines).

**Remember: check birth registered.
Mother also needs postnatal check.**

Module 14 - Page 22

Ask

- What do you do at the next 3 postnatal checks (48–72 hours, between days 7–14 and week 6)?
 - Check answers.
 - Show correct answers on slide.
 - Discuss.
 - Ask for and answer questions.

Explain

- Postnatal visits can take place in the health facility, through outreach visits, through home visits or a combination.
- The person providing postnatal care checks needs to be trained to do so. Otherwise, the quality of services provided will be compromised and important signs and symptoms may be missed.



5.7 Postnatal check for Sophie

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

- In groups of 4 (“mother”, “nurse-midwife”, “companion” and observer/helper).
- Use a newborn mannequin and any other equipment you normally use.

- Sophie was born at home this morning at dawn. Her mother Ayesha, after resting for a few hours, has come to the hospital for a postnatal check.
- Sophie has breastfed twice.

Carry out a newborn postnatal check and counsel Ayesha for care at home.

- Participate in the debriefing.
- Continue to practise with your peers.

Module 14 - Page 23

Organize, brief, debrief, demonstrate and explain following [Methodologies for facilitation](#).

Skills and performance

Learners demonstrate:

1. First postnatal check, including counselling and planning for PNC contacts and/or follow-up visit.

Ensure that learners use job aids.

Brief

Read scenario

Debrief with facilitator

- For babies born at home in high mortality settings and with limited access to health facilities, schedule at least two home visits:
 - first visit within 24 hours of birth
 - second visit on day 3 (48 to 72 hours)
 - third visit between days 7 and 14
 - last postnatal contact at 6 weeks.
- These postnatal contacts can be done by midwives, other skilled providers or well-trained and supervised community health workers.



1. Goal
2. The situation
3. Discharge criteria
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6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

5.8 Screening and monitoring

- Screening following national guidelines:

- Advise on newborn screening tests.
- Bilirubin by transcutaneous bilirubinometer.
- Hearing (universal newborn hearing screening).
- Abnormalities of the eyes.
- Early childhood development (ECD).

Refer for specialized follow-up according to condition.

- Screen and monitor for ECD starting in infancy:

- Early infant diagnosis and early interventions are important for healthy growth and development for newborns to reach their full potential.
- Connect newborns and their families to quality early intervention programmes.
- Link families with support groups.



Module 14 - Page 24

Explain

- Availability of screening varies around the world.
- With a simple blood test (heel prick) rare genetic, hormone-related and metabolic conditions that can cause serious health problems can be screened.
- Universal screening for neonatal hyperbilirubinemia by transcutaneous bilirubinometer (TcB) is recommended at hospital discharge. Severe jaundice, if not diagnosed and treated in time, can lead to acute bilirubin encephalopathy or bilirubin-induced neurological dysfunction (BIND) or, in the most severe cases, kernicterus and/or jaundice-related death.
- Universal newborn screening for abnormalities of the eye is recommended and should be accompanied by diagnostic and management services for children identified with an abnormality.
- Universal newborn hearing screening (UNHS) with oto-acoustic emissions (OAE) or automated auditory brain stem response (AABR) is recommended for early identification of permanent bilateral hearing loss (PBHL). UNHS should be accompanied by diagnostic and management services for children identified with hearing loss.
- Screening and monitoring for early childhood development are important starting in infancy, especially for at-risk newborns (low birthweight, preterm, congenital malformation, etc.).
- After early identification of developmental delays or disability, connecting newborns and their families to quality early intervention programmes is critical to assure the healthiest possible child and family outcomes so that every newborn reaches their full potential.
- Families need support. Link them with support groups or with other families who have experienced the same diagnosis.
- Ensure appropriate follow-up.



5.9 Jojo and Anna

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

Baby Jojo and his mother, Anna, are now in the postnatal area. Jojo has had his first examination, and has been classified as a “well baby”.

Jojo is being breastfed. During the first newborn examination Anna said she was not sure if Jojo was attached correctly at his first feed. She was lying down to feed.

- How will you support Anna in breastfeeding Jojo?



Module 14 - Page 25

Optional Review answers

Ask

- **How will you support Anna in breastfeeding Jojo?**
 - Support Anna to exclusively breastfeed on demand day and night.
 - Ask Anna to get help if there is a breastfeeding difficulty.

Explain

- Assess breastfeeding in EVERY baby before planning for discharge. If the mother reports a breastfeeding difficulty, assess breastfeeding and help her with attachment and positioning
- DO NOT discharge the baby if breastfeeding is not yet established.



5.10 Olivia and Sam

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

Olivia is HIV-positive.
She gave birth to Sam 3 days ago.
Sam weighs 3500 g.
Now they are preparing for discharge.

- How did you manage Sam at birth?
- What treatment did you give him?
- How did you counsel Olivia on day 1?
- How did you counsel Olivia on day 3?
- What are your criteria for discharging for Sam?
- What is the follow-up plan?

Module 14 - Page 26



Review answers

Ask

- How did you manage Sam at birth?

Explain

- Checked Olivia's notes.
- Checked Olivia's laboratory results, including tests for syphilis and HIV viral load and treatments.
- As Olivia is positive for HIV, started antiretroviral therapy (ART).
- Antiretroviral therapy for HIV-exposed newborn.
- HIV testing for Sam.
- Counsel on breastfeeding.

Ask

- What treatment did you give Sam?

Explain

- Antiretroviral therapy for HIV-exposed newborns.

Ask

- How did you counsel Olivia on day 1 (feeding, treatment, testing)? What do your national guidelines recommend?

Explain

- HIV testing (why, when and how).
- Breastfeeding. Mothers living with HIV should breastfeed for at least 12 months and may continue breastfeeding for up to 24 months or longer (similar to the general population) while being fully supported for ART adherence (see the WHO Consolidated guidelines on antiretroviral (ARV) drugs for interventions to optimize adherence).

Ask • **How did you counsel Olivia on day 3 (feeding, giving ARVs safely, testing)?**

Explain

- Explain carefully how to give the treatment. Label and package each drug separately. Check Olivia's understanding before she leaves the clinic.
- Demonstrate how to measure a dose. Watch Olivia practise measuring a dose by herself. Watch her give the first dose to the baby.
- Explain and show how the treatment is given. Watch her as she carries out the first treatment.
- Counsel on breastfeeding.

Ask • **What are your criteria for discharging for Sam?**

Explain

- Ensure that Olivia is confident and capable of caring for Sam.
- Support unrestricted, on demand breastfeeding, day and night. Do not discharge if breastfeeding not yet established. Advise Olivia when and where to seek support for breastfeeding problems.
- Do a complete examination prior to discharge including observation of a breastfeed. Be sure that there are no danger signs, signs of jaundice or untreated local infection.
- Counsel Olivia and caregivers how to recognize danger signs and to seek care immediately. Counsel for timely vaccinations, ensure caregivers know when and where the newborn should be vaccinated. Counsel and ensure Olivia knows how to give Sam his treatment.
- Inform Olivia when and where PNC visits will take place for both her and Sam. Advise newborn screening following national guidelines.

Make this point

- Ensure that Sam has his birth registered and has an identity (explain where and how to register the birth).

Ask • **What is the follow-up plan?**

Explain

- First visit (at home) at 3 days.
- Second visit at 7–14 days.
- PLUS a visit at 14 days.
- Visit at age 6 weeks.
- Advise Olivia when to seek care or when to return.



5.11 Maya and Michael

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

Michael born 2 days ago. He weighs 3400 g and is breastfeeding well now, after some support with positioning and attachment. Maya wants to go home. On examination Michael's umbilicus is red. The redness extends less than 1 cm beyond the umbilicus.

- How do you manage a red umbilicus?
- What do you do before Maya and Michael go home?
- When will Michael be ready for discharge?
- What is the follow-up plan?

Module 14 - Page 27



Ask

- What do you do for a red umbilicus?

Explain

- Check job aid/guidelines.

Ask

- What do you do before Maya and Michael go home?

Explain

- Counsel Maya (breastfeeding, sleep, hygiene, keeping warm, nurturing care, cord care).
- Teach Maya to treat local infection:
 - Explain and show how the treatment is given.
 - Watch her as she carries out the first treatment.
 - Ask her to let you know and return to the clinic if the local infection gets worse.
 - Treat for 5 days.
- Do the following 3 times daily:
 - Wash hands with clean water and soap.
 - Gently wash off pus and crusts with boiled and cooled water and soap.
 - Dry the area with a clean cloth.
 - Paint with gentian violet.
 - Wash hands.
- Examine Michael top to toe and front and back.

Ask

- When will Michael be ready for discharge?

Explain

- Apply recommendations.

Ask

- **What is the follow-up plan?**

Explain

- Visit at 3 days of age
- Visit at 7–14 days
- PLUS additional visit in 14 days
- Visit at age 6 weeks
- Advise the mother when to seek care or when to return if the baby has any danger signs.



5.12 Laila and Aaliyah

Aaliyah was born to Laila 2 days ago. Laila's blood test showed she is infected with Zika.

- When you examine Aaliyah, what would you look for?
- When will Aaliyah be ready for discharge?
- What needs to be included in the follow-up plan?



Module 14 - Page 28



Review answers

Ask

- **When you examine Aaliyah, what would you look for?**

Explain

- Abnormalities and small head circumference (microcephaly).



Explain

- Severe microcephaly with:
 1. partially collapsed skull and redundant scalp with extra skin folds;
 2. thin cerebral cortices with subcortical calcifications;
 3. macular scarring and focal pigmentary retinal mottling;
 4. congenital contractures of major joints; and
 5. marked early hypertonia or spasticity and symptoms of extrapyramidal involvement*

* Noted in infants with structural brain anomalies only.

Ask • How will you manage Aaliyah?

Explain • Measure head circumference, plot on chart. Ensure full neurological examination, refer to neurologist, refer for developmental follow-up, link family to support groups and refer for psychosocial support.

Ask • When will Aaliyah be ready for discharge?

Explain • When the family is confident in providing care and when Aaliyah is feeding well.

Explain follow up plan (check national guidelines)



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

5.13 Prepare for discharge: Samuel

- Form groups of 4 (“mother”, “neonatal nurse”, “grandmother” and observer).
- Use a small baby mannequin and any other equipment you normally use.
- Amy, 15 years of age, gave birth to Samuel at 34 weeks. He weighed 1975 g at birth.
- Samuel is 2000 g and ready for discharge from the hospital on day 11.
- He is breastfeeding well and gaining approximately 16 g/day for the last 4 days. His examination is normal.

Prepare for the discharge and give appropriate counselling to Amy for care of Samuel at home and for follow-up visits required. Complete relevant records and forms.

- Participate in the debriefing.
- Continue to practise with your peers.

Module 14 - Page 29

Organize, brief, run, debrief, demonstrate and explain following [Methodologies for facilitation](#).

Skills and performance

Learners demonstrate:

1. Counsel for care at home including responsive care to build the mother’s confidence and capabilities. Support the mother for routine daily care.
2. Assess if the newborn is ready for discharge.

Brief

Read scenario

Run simulation

Debrief

Discuss and address any issues relating to norms, behaviours or concerns about practices now, in this safe environment. Concerns may be:

- Poor attention to infection prevention (no handwashing before examining newborn)
- Rough handling, poor thermal protection
- Incomplete or no newborn examination before discharge
- No or incomplete counselling of the mother and family before discharge (danger signs, sleep, thermal care, etc.)
- No specific information for routine postnatal visits (when, why and where)
- No information or booking for additional follow-up visits for at-risk newborn
- Poor communication.

Demonstrate

If learners cannot demonstrate correctly, use a mannequin and ask somebody to play a mother.

Demonstrate every step correctly.

**5.14 Prepare for discharge: Harry**

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

- In groups of 4 ("mother", "doctor", "father" and observer).
- Use a baby mannequin and any other equipment you normally use.

- Harry was born 5 days ago. He has trisomy 21 (Downs Syndrome).
- At first he was slow to feed and sleepy. His mother Ida has had support to breastfeed him using the dancer hold.
- He is now taking all feeds by breast and has been gaining adequate weight for the past 3 days.

Prepare for discharge and give appropriate counselling to Ida and her family for care of Harry at home, including for referral and follow-up visits required. Complete relevant records and forms.

- Participate in the debriefing.
- Continue to practise with your peers.

Module 14 - Page 30



Organize, brief, organize, debrief, demonstrate and explain following [Methodologies for facilitation](#).

Skills and performance

Learners demonstrate:

- 1. Counsel for care at home including responsive care for newborns who have developmental difficulties to build the mother's confidence and capabilities. Support the mother for routine daily care. Explain plan for follow-up.
- 2. Assess if the newborn is ready for discharge.

Brief

Read scenario

Run simulation

Debrief

Discuss norms, behaviours, harmful practices, omissions if any. Address any issues relating to norms, behaviours or concerns about practices now, in this safe environment. Concerns may be:

- Not giving Harry and his mother care with respect and dignity
- Incomplete or no newborn examination before discharge
- No or incomplete counselling of the mother and family before discharge (danger signs, sleep, thermal care, etc.)
- No specific information for routine postnatal visits (when, why and where)
- No information or scheduling of additional follow-up visits for Harry, who may have other health concerns and who needs developmental follow-up to ensure he reaches his full potential
- No observation of a breastfeed. Harry is hypotonic (floppy) and will need support for good attachment (dancer position)
- No linkage with parent support groups
- No psychosocial support.

Demonstrate

If learners cannot demonstrate correctly, use a mannequin and ask somebody to play a mother.

Demonstrate correctly.

Ask for and answer questions.



5.15 Marie-Christine

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

- In groups of 4 (“mother”, “midwife”, “mother-in-law” and observer).

- Use a baby mannequin and any other equipment you normally use.

- Marie-Christine was born by spontaneous vaginal delivery to Francoise in a temporary hospital structure supported by Mariam, who is a midwife.
- She is breastfeeding well and her examination is normal. She weighs 3.2 kgs.
- Francoise and her baby will be discharged to a tent where she is housed with her extended family.

Prepare for discharge and give appropriate counselling to Francoise and her family for care of Marie-Christine at home, and for postnatal contacts. Complete relevant records and forms.

- Participate in the debriefing.
- Continue to practise with your peers.

Module 14 - Page 31



Organize, brief, run, debrief, demonstrate and explain following [Methodologies for facilitation](#).

Skills and performance

Learners demonstrate:

1. *Counsel for care at home (a temporary, tented structure) including responsive care for the newborn to build the mother's confidence and capabilities. Support the mother for routine daily care. Adapt counselling to her real-life situation.*
2. *Assess if the newborn is ready for discharge.*
3. *Organize recommended postnatal contact visits adapted to the context.*

Brief

Read scenario

Run simulation

Debrief

Ask

- When counselling, did you take into consideration access to water sanitation and hygiene facilities/cooking and smoke generated by cooking or heating/smoking by extended family members in the tent?
- How are postnatal contacts organized? Home visits? Outpatient visits?
- Did you consider Francoise's health and psychological condition?
- Did you link Francoise with parent support groups/mother and baby groups in child-friendly spaces?

Explain

- Newborns like Marie-Christine have the right to the recommended quality postnatal contacts. Francoise may need psychosocial support. Know how and where to refer her. Address any concerns or harmful practices:
 - Poor attention to infection prevention
 - No or incomplete counselling of the mother and family before discharge (danger signs, sleep, thermal care, etc.);
 - No specific information for routine postnatal visits (when, why and where);
 - Issues relating to respect and dignity.



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

5.16 Actions to promote quality evidence-based postnatal care and follow-up

Ensure all health workers know the content and timing of quality PNC visits

Support nurturing care to promote developmental potential of all newborns

Support quality improvement activities, document and monitor progress

Support and empower caregivers to be effectively engaged in caregiving in the hospital and at home

Ensure all health workers know how and where to register births and deaths

Build the capacity of staff to provide quality routine care (through coaching, mentoring, learning by doing)

Build the capacity of staff to provide empathetic counselling for nurturing, responsive care at home, building on their communication skills

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Module 14 - Page 32

Ask

- What actions can promote quality postnatal contacts and follow-up for all newborns?

Explain

- The slide shows some possible examples.
 - Policies and accountability for providing quality are key.
 - Follow guidelines to ensure standardized quality postnatal contacts for every newborn and tailored follow-up for newborns according to their needs and condition.

Adapt to the context.

37

Explain

Relevant standards for information: WHO Standards 2016.

Standard 1: Every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.

- **1.1c: Mothers and newborns receive routine postnatal care.**
- **1.6b: Preterm and small babies receive appropriate care, according to WHO guidelines.**
- **1.7b: Newborns with suspected infections or risk factors for infection are promptly given antibiotic treatment, according to WHO guidelines.**

Standard 4: Communication with women and their families is effective and responds to their needs and preferences.

- **4.1: All women and their families receive information about the care and have effective interactions with staff.**
- **4.2: All women and their families experience coordinated care, with clear, accurate information exchange between relevant health and social care professionals.**

Standard 7: For every woman and newborn, competent, motivated staff are consistently available to provide routine care and manage complications.

6 . Summary



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

6. Summary

In this module, you have learned to:

- Apply discharge criteria to decide if a newborn is ready to go home.
- Counsel caregivers
 - how to care for the baby at home (including nurturing, responsive care) and when to return for postnatal visits and follow-up
 - how to identify health problems and danger signs and where and when to seek care.
- Demonstrate counselling for nurturing care at home, building the mother's confidence and capabilities.
- Apply new knowledge and skills when discharging a newborn.

Module 14 - Page 33

Go through slide

Ask for and answer questions

7. Treasure hunt



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

7. Why is responsive care recommended for ALL newborns?

Find the recommendations on pages 14–15.



Module 14 - Page 34

Learning objective: Learners find the evidence and apply the recommendations.

Explain and organize following [Methodologies for facilitation](#).

Ask

- Why is responsive care recommended for ALL newborns?



7.1 Recommendations and reasons

1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

- **All infants and children should receive responsive care during the first 3 years of life.**
- **Parents and other caregivers should be supported to provide responsive care.**
- **Benefits of responsive care**
 - Improves newborn's/infant's/children's motor development.
 - Improves newborn's/infant's/children's height-for-age.
 - Significantly improves caregiver-child interactions.
 - Reduces caregiver's depressive symptoms.

Review evidence

[Improving early childhood development: WHO guideline. WHO, 2020.](#)

Module 14 - Page 35

Ask finder to show and explain the recommendation and evidence.

Learners should apply the recommendations whenever caring for newborns.

Explain

- The first 1000 days are critical for a newborn's development. Responsive care is needed throughout childhood for all children.
- Implementing responsive caregiving interventions will be likely to reduce the inequalities that exist in countries with regards to access to resources and programmes that promote early childhood development. Interventions delivered to high-risk populations, that is, children at risk of violence or abuse, tend to increase equity.

Ask

- **Do you have any concerns about implementing this recommendation? Discuss.**
- **Does this recommendation highlight a quality gap in your setting? If yes, update the POCQI form.**

Review evidence

[Improving early childhood development: WHO guideline. WHO, 2020.](#)

8. Clinical practice



1. Goal
2. The situation
3. Discharge criteria
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8. Clinical practice
9. Quality improvement

8. Clinical practice

14. PREPARE FOR DISCHARGE

Objective: Support mothers and families to give evidence-based care including nurturing care at home, to recognize and act on danger signs and to know why, when and where to return for routine "follow-up" care.

Name of observer: _____ Date: _____

	Yes	No
Repeat a complete "Examination of the newborn baby" (Clinical Practice Card 8)		
Observed/evaluated whether:		
- The baby has adequate weight gain	☐	☐
- Mother has established breastfeeding	☐	☐
- Mother is confident in caring for the baby	☐	☐
- Mother's interaction with baby and mood (anxious or depressed)	☐	☐
Assessed whether mother applies 5 moments for hand hygiene		
- Assessed that the mother knows how to bathe her baby	☐	☐
- Ensured mother knows when and how to safely bathe her newborn	☐	☐
- Supported her to bathe the newborn	☐	☐
- Adequate preparation of room and equipment	☐	☐
Counselled on responsive nurturing care and why it is important		
- Reviewed newborn danger signs, explained how to respond to them	☐	☐
- Reviewed maternal danger signs that need medical advice	☐	☐
- Stressed the importance of washing hands and of a clean, smoke-free environment	☐	☐
- Encouraged exclusive breastfeeding and explained when and where to seek help in case of difficulties	☐	☐
- Discussed how to keep a baby warm and safe sleeping	☐	☐
- Scheduled postnatal visits and any specific follow-up as relevant (developmental care for preterm newborn, for surgical care if cleft, etc.)	☐	☐
- Linked with parent support groups as relevant	☐	☐
Made sure parents understood the information given	☐	☐
Answered questions	☐	☐

Educational advice: Remember that, before preparing for discharge, the baby first needs a complete examination. Use the Revised Guide and always use good communication skills (Clinical Practice Card 2).

Discuss together
 What did you observe?
 What went well?
 Steps missed/incorrect order?
 Problems identified/change needed?
 Respectful care and effective communication?
 Fill out POCQ form

Module 14 - Page 36

Organize, brief, run, debrief, demonstrate and explain following [Methodologies for facilitation](#).

Skills and performance

Learners demonstrate:

- Support mothers and families. Give evidence-based care including nurturing care at home, to recognize and act on danger signs.
- Know why, when and where to return for routine follow-up care.

Brief

Clinical practice

Debrief

Discuss and address any concerns, attitudes or behaviours.

41

9. Improving the quality of care for mothers and newborns in health facilities



9. Improving the quality of care for mothers and newborns in health facilities

(POCQI) QUALITY IMPROVEMENT TEMPLATE

Modules/Sessions:

1. Goal	Step 1: Identifying a set of specific problems, prioritize which problem to tackle first, form a team, and write an "aim" statement.
2. The situation	
3. Discharge criteria	Problem Identified
4. Counsel for care at home	
5. PNC and follow-up visits	Team Aim Statement
6. Summary	
7. Treasure hunt	Who Needs to be Involved
8. Clinical practice	
9. Quality improvement	Step 2: Analyzing the problem, measuring and documenting quality of care.
	Analyses/Measures
	Step 3: Developing and testing changes that can improve the quality of care.
	Possible Changes
	Actions – when who
	Step 4: Sustain Improvement.

Quality improvement: prepare for discharge and care at home

After clinical practice always facilitate a discussion on the observations made, possible reasons for practices and changes needed to improve the quality of essential newborn care. Focus on small, doable steps.



For pre-service learners:

- Document gaps or practices observed that need to change.
- Reflect on practical solutions.
- Discuss and prioritize one simple, achievable step.



For in-service learners:

- If trained in POCQI, link to the full Plan-Do-Study-Act (PDSA) cycle.
- If not trained, document gaps priorities and discuss as above.

Ask

- What quality gaps have you noted for preparing for discharge and postnatal care?
- What are your concerns?
- What are possible solutions and challenges?
- Choose one achievable action and prioritize it to start POCQI and PDSA.
- In your group of 4, review relevant standards/recommendations for discharge and postnatal care, prioritize a problem to tackle first, make sure it is achievable, and then fill out the POCQI tool.

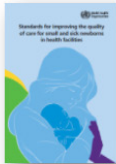
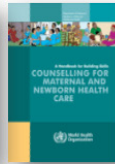
Reference

[The full POCQI quality improvement template.](#)



1. Goal
2. The situation
3. Discharge criteria
4. Counsel for care at home
5. PNC and follow-up visits
6. Summary
7. Treasure hunt
8. Clinical practice
9. Quality improvement

9.1 References








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- Home visit for the newborn
- Home visit for mother and newborn
- Postnatal care
- Massage in KMC position
- UNICEF every day is fathers day

Module 14 - Page 38

Further reading

- [WHO recommendations on newborn health. WHO, 2017.](#)
- [Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice, 3rd edition. WHO, 2015.](#)
- [SURVIVE and THRIVE - Transforming care for every small and sick newborn. WHO, 2019.](#)
- [Early essential newborn care. Clinical practice pocket guide. WHO, 2014.](#)
- [Countdown to 2030.](#)
- [Warren S et al. Effects of delayed newborn bathing on breastfeeding, hypothermia, and hypoglycemia. JOGNN. 2020;49:181–189.](#)