World Health Organization

Essential Newborn Care Modular Course

Second edition, interim version

Prepare for discharge

Facilitator Notes

Draft version for field testing

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

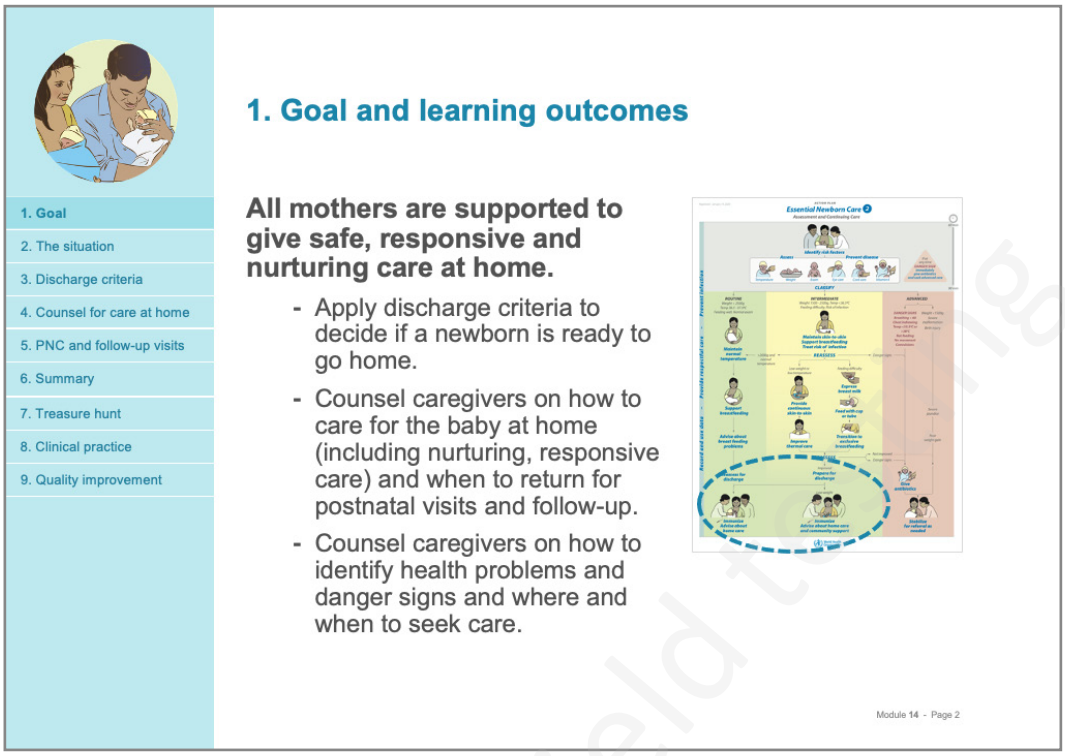
- **One set for facilitator and one set per group**
  - Access to functional hand hygiene
  - Newborn mannequins
  - Warm, soft cloths/wraps or blanket, hat
  - Model breasts, shawl.

Session length

The times shown are only indictive. 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



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:

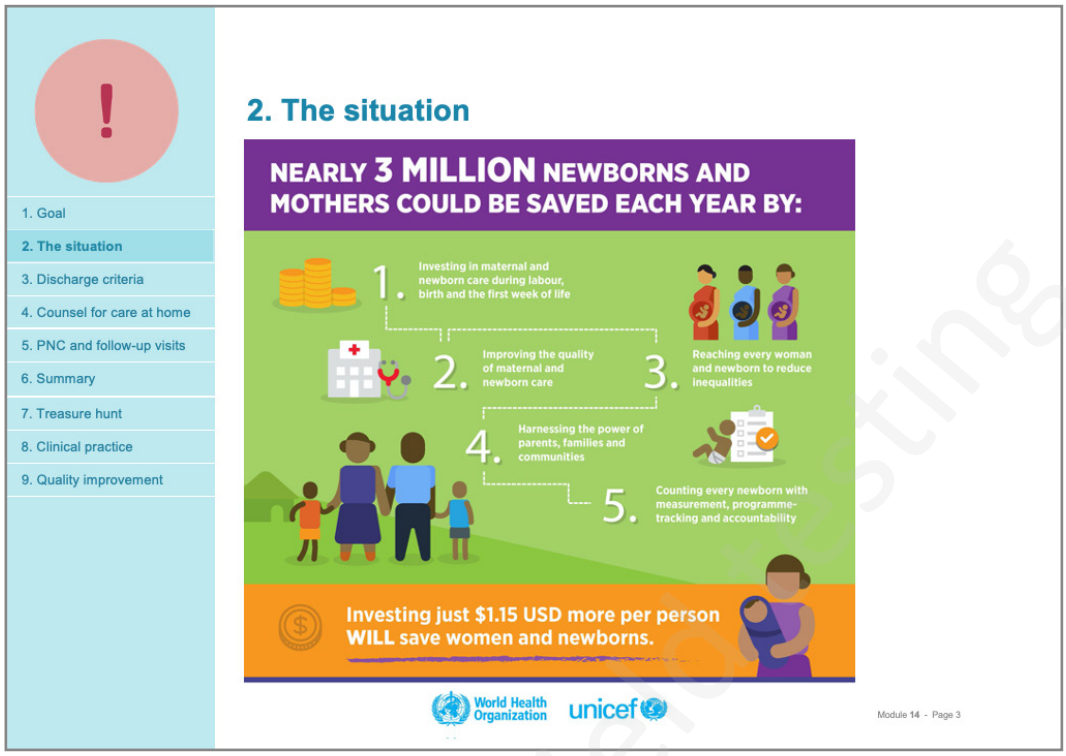
- *WHO 2016 Standards for improving quality of maternal and newborn care in health facilities.*
  - **Standard 1:** *Every woman and newborn receive routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.*
  - *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 ex*change 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



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:

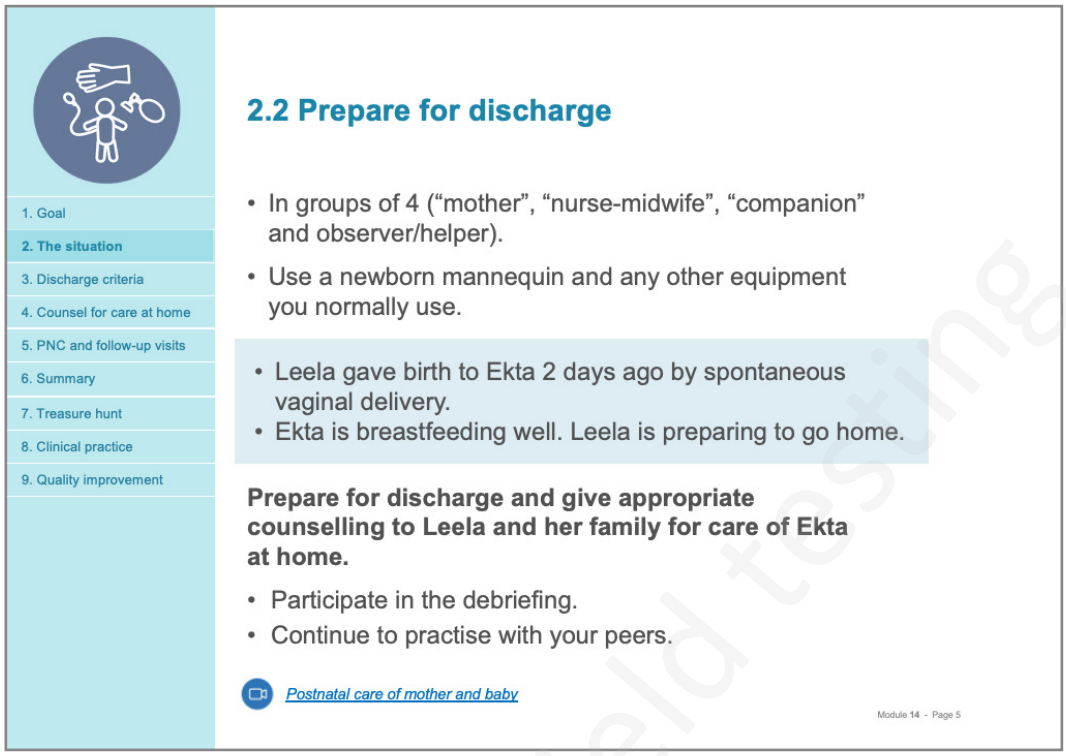
- *Newborns: improving survival and well-being. WHO, 2020.*
- *7,000 newborns die every day, despite steady decrease in under-five mortality, new report says. UNICEF, 2017.*
- *World report on disability. WHO, 2011.*
- *Mitra, M et al. Maternal characteristics, pregnancy complications, and adverse birth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

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?**



In-service

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

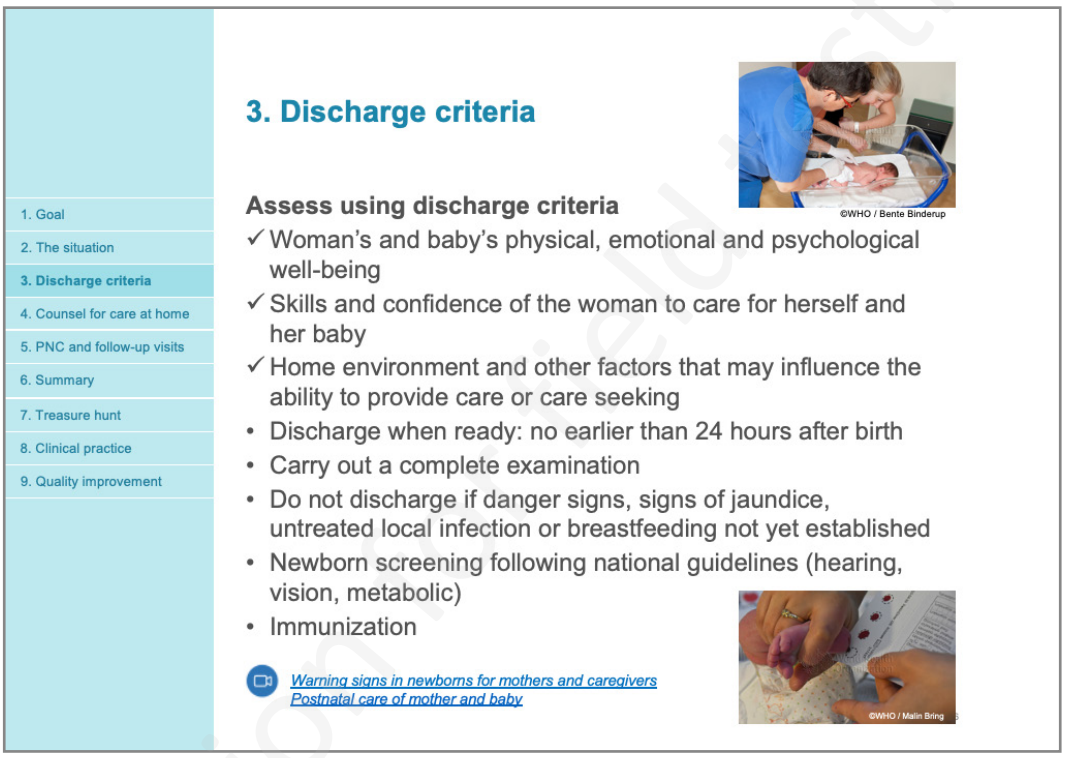
If learners cannot demonstrate correctly, use a mannequin and ask somebody to act as the mother.

Demonstrate every step correctly.

- ***Postnatal care of mother and baby***

Ask learners to reflect on these practices

3. Discharge criteria



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 °C)
  - Low body temperature (<35.5 °C)
  - Any jaundice in the first 24 hours of life
  - Yellow palms and soles at any age.

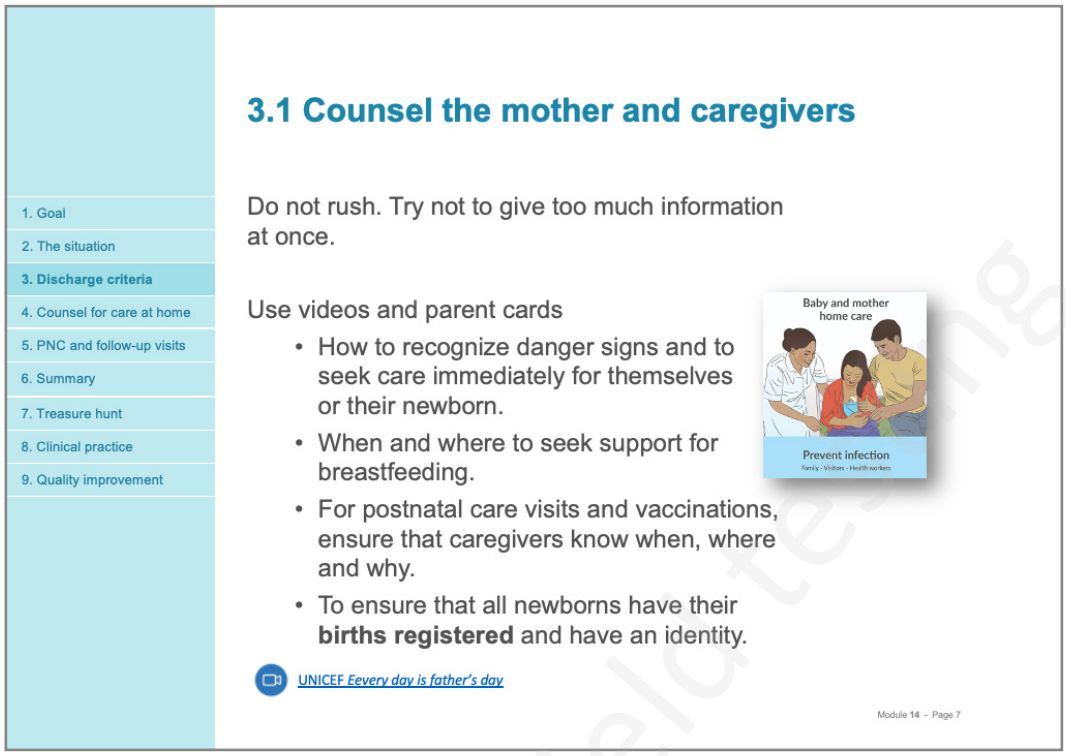
WHO standards

- ***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.

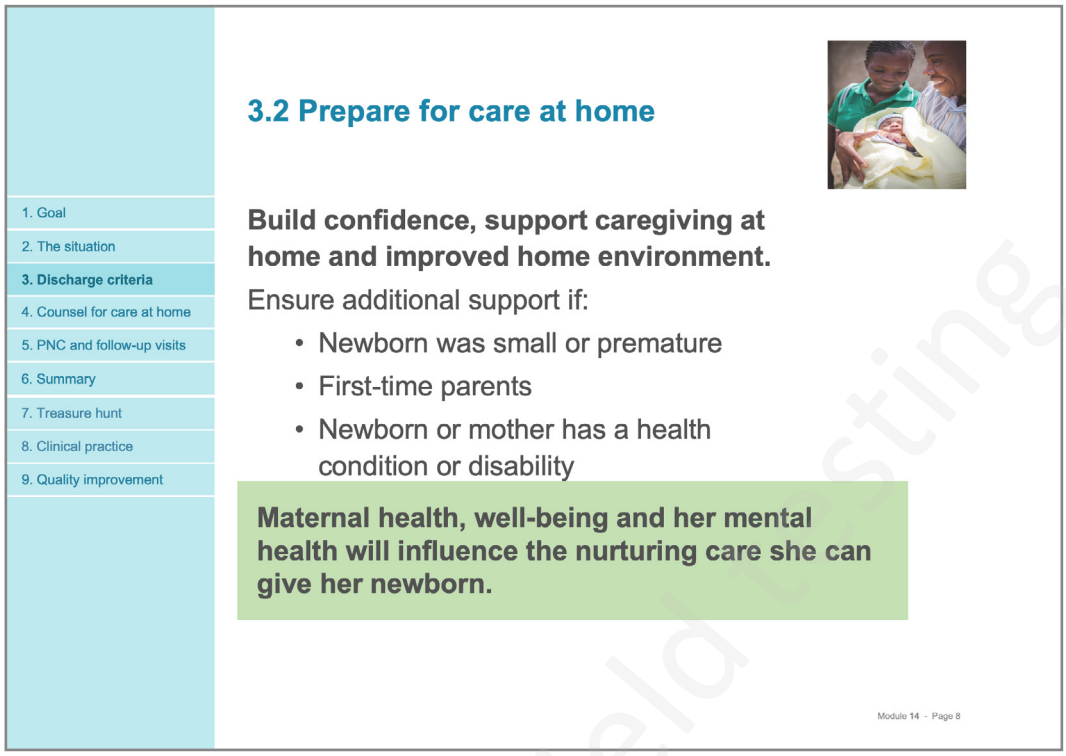
- ***Warning signs in newborns for mothers and caregivers***
- ***Postnatal care of mother and baby***



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***



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

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

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- 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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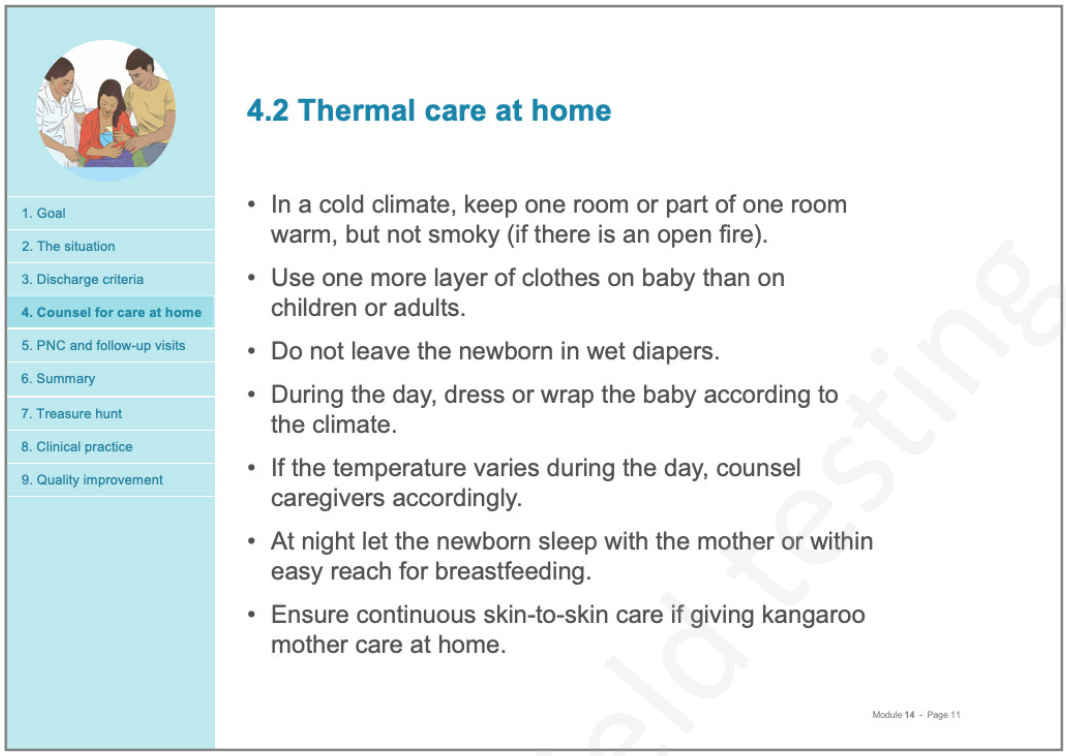
Ask

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



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
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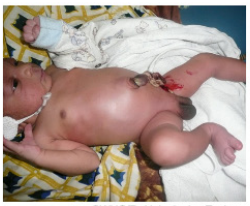
4.3 Cord care at home



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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.

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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.

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

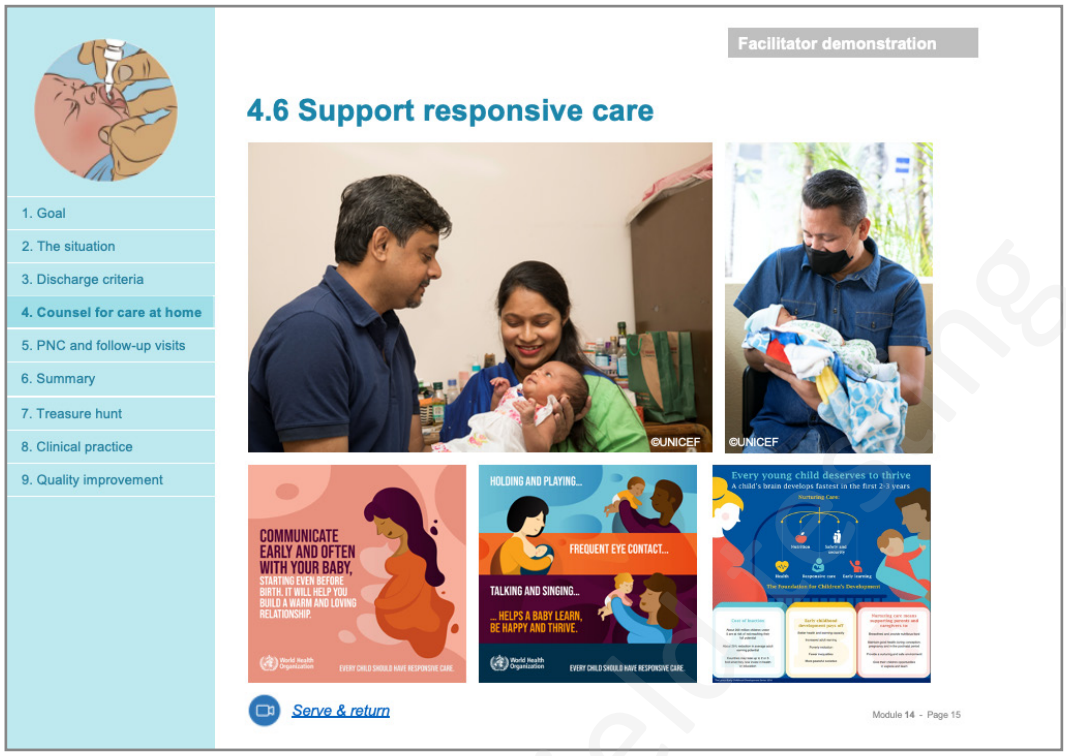
- *Responsive parenting: interventions and outcomes. Eshel N et al. Bull World Health Organ. 2006;84(12):991–8.*
- *A systematic mapping review of effective interventions for communicating with, supporting and providing information to parents of preterm infants. Brett J et al. BMJ Open. 2011;1(1):e000023.*
- *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.*

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.



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

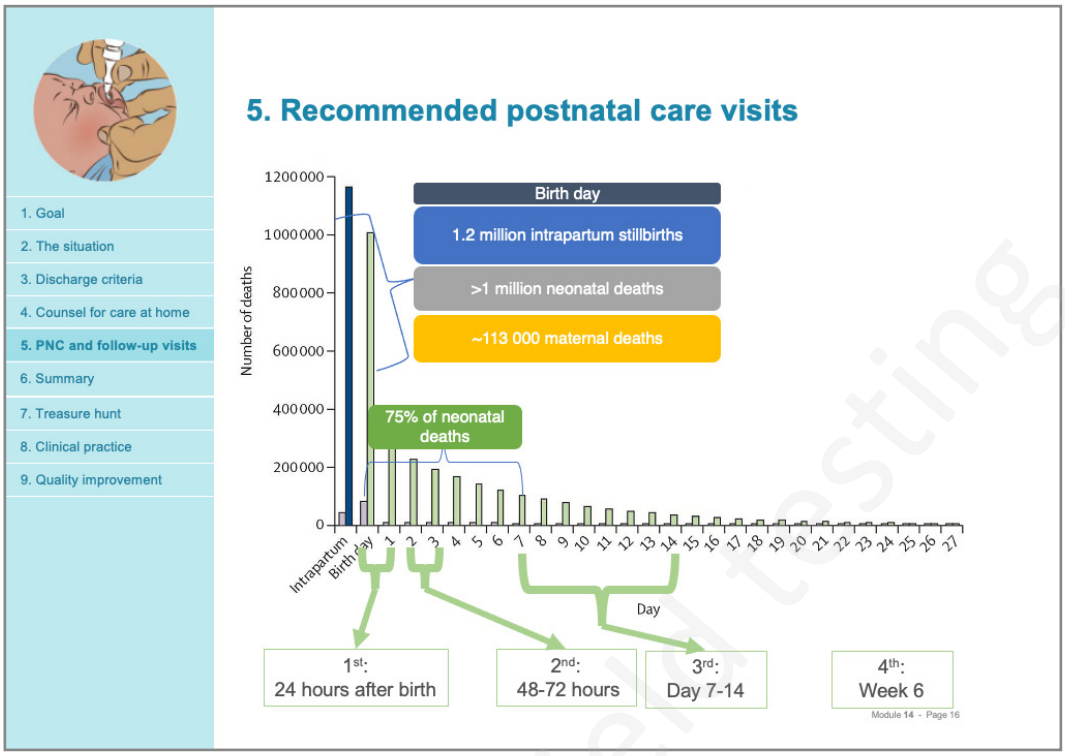
Explain

- 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?**

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?**

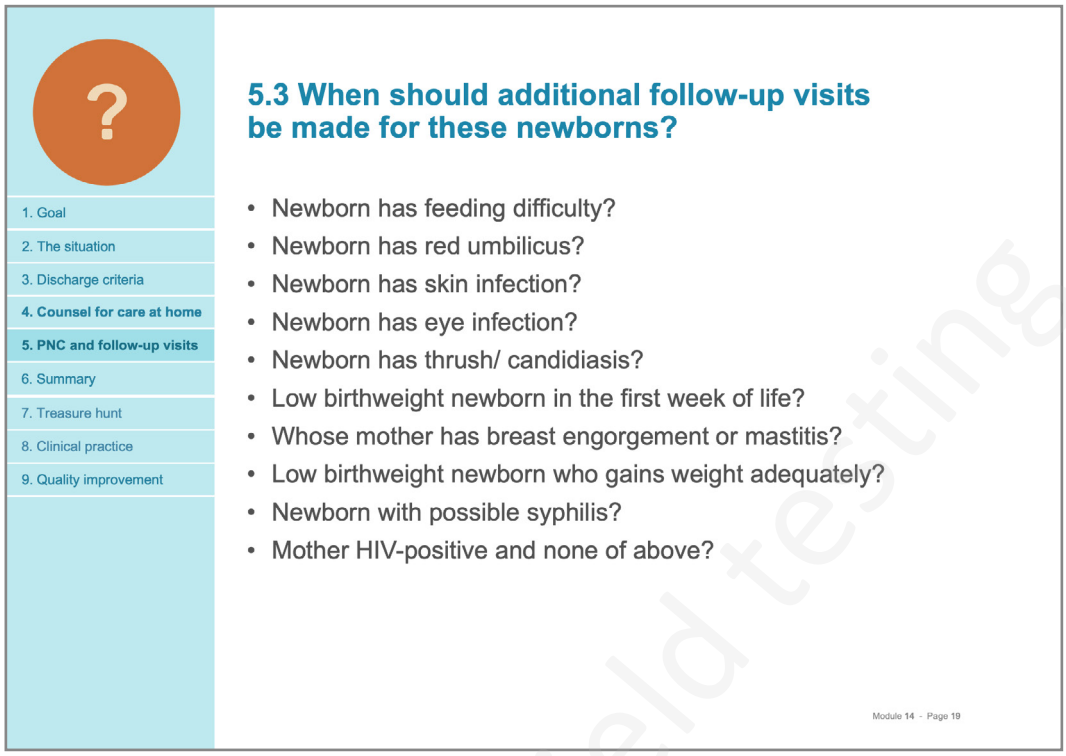
Go through slide

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.*



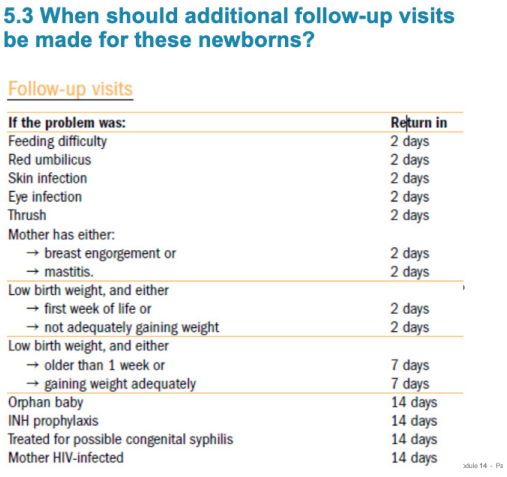
Ask

- **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.



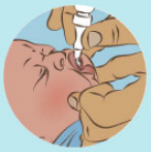
5.3 When should additional follow-up visits be made for these newborns?

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

- 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.



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5.4 Always assess for danger signs

- 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.

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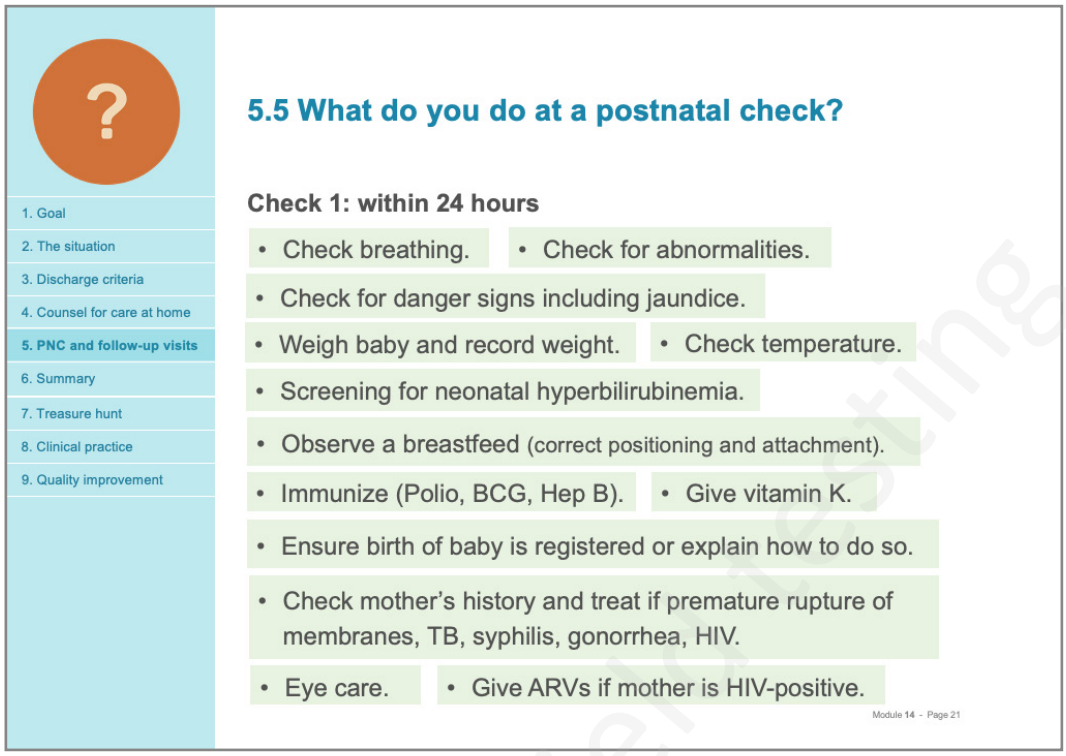
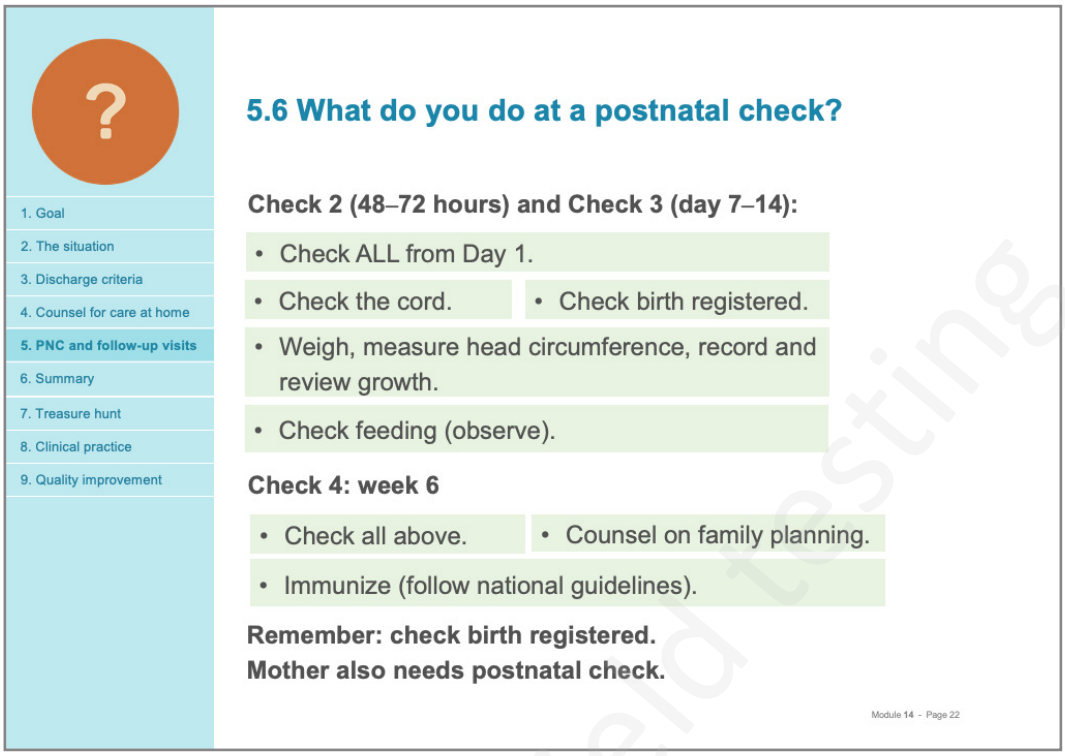
Go through slide
Ask for and answer questions



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.*

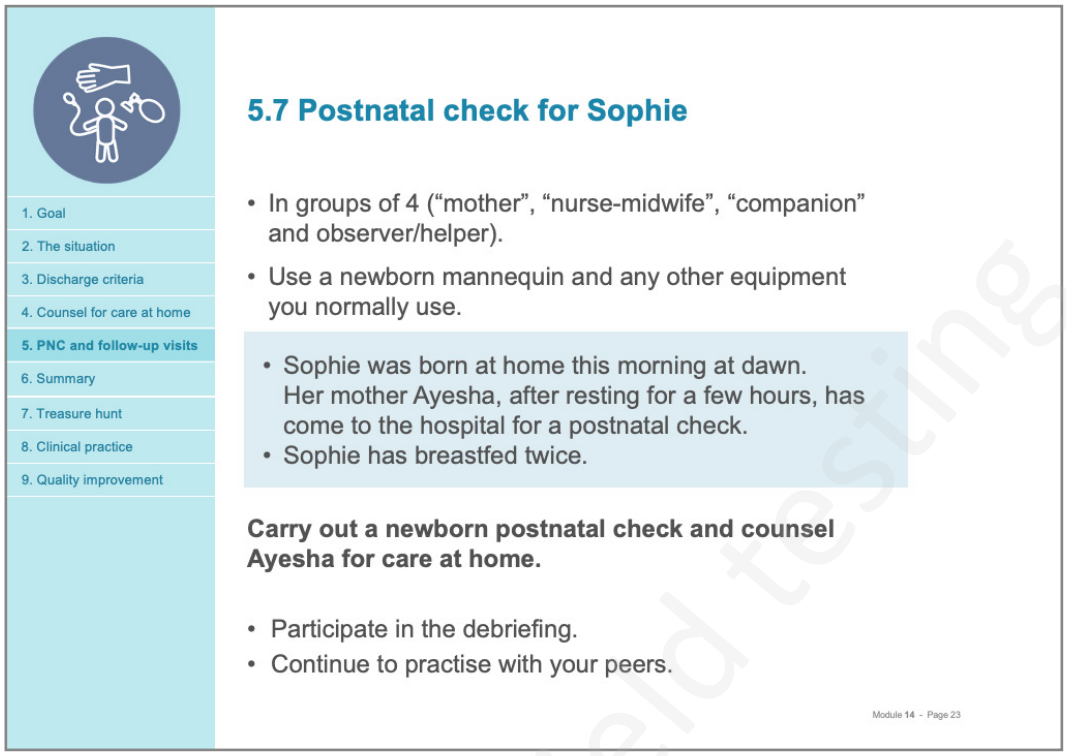


Ask

- **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.



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.

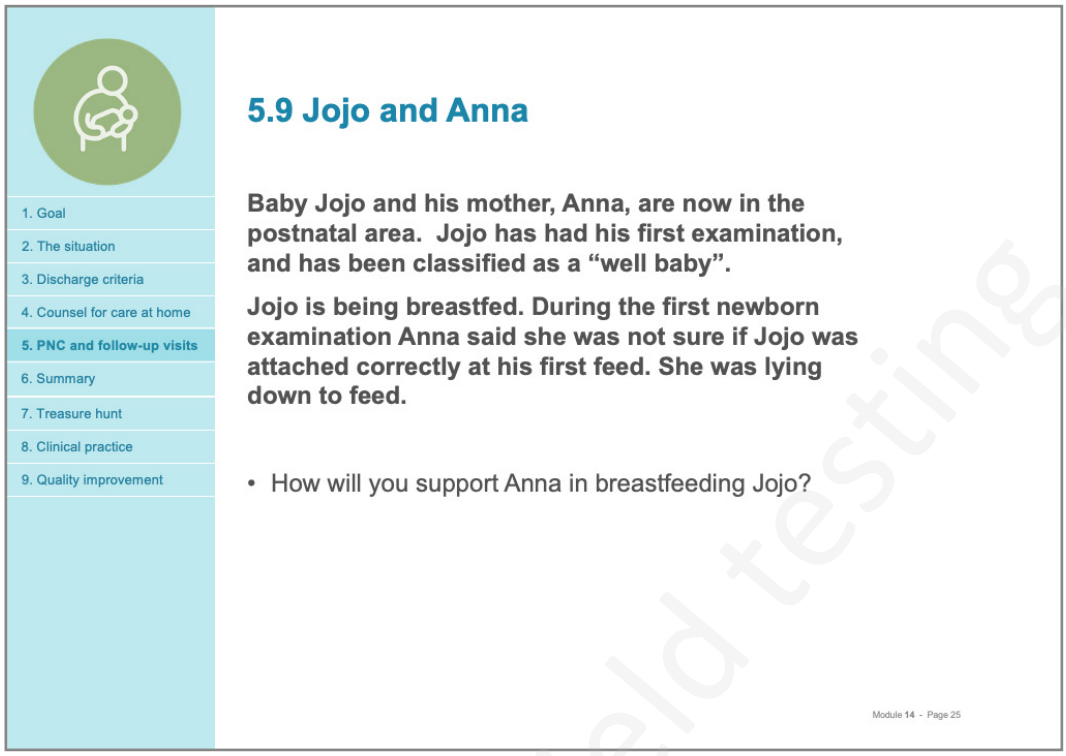
Brief
Read scenario

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.*

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.



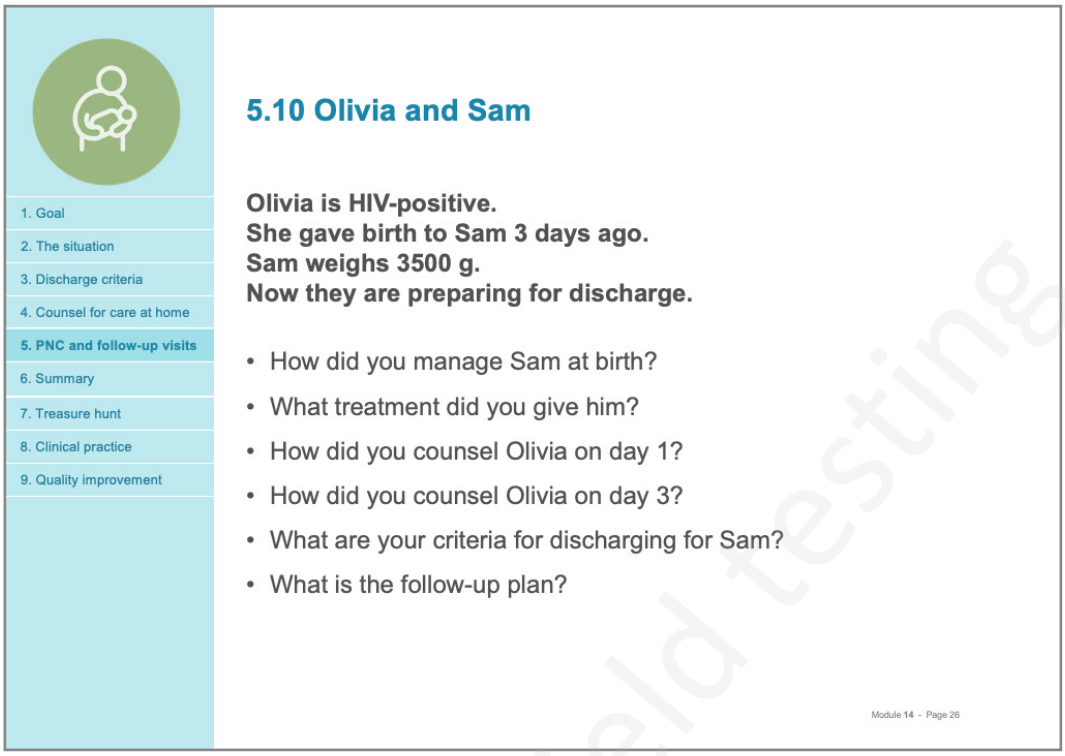
Optional
Review answers

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.



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

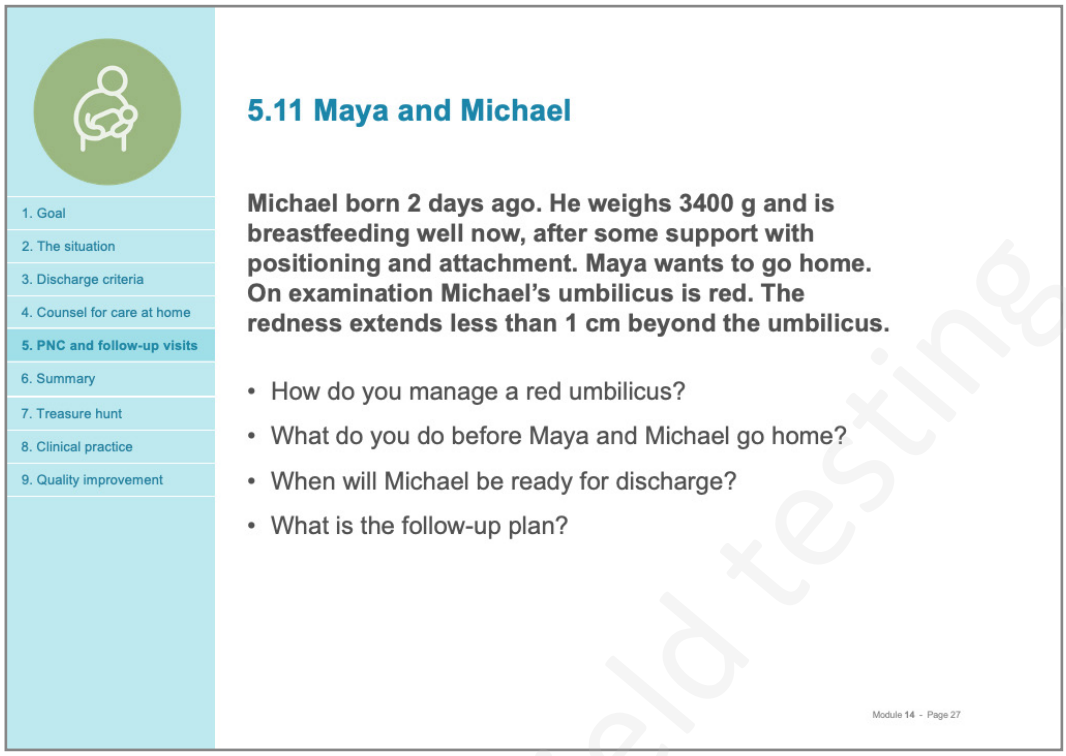
- Ensure that Sam has his birth registered and has an identity (explain where and how to register the birth).

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.



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

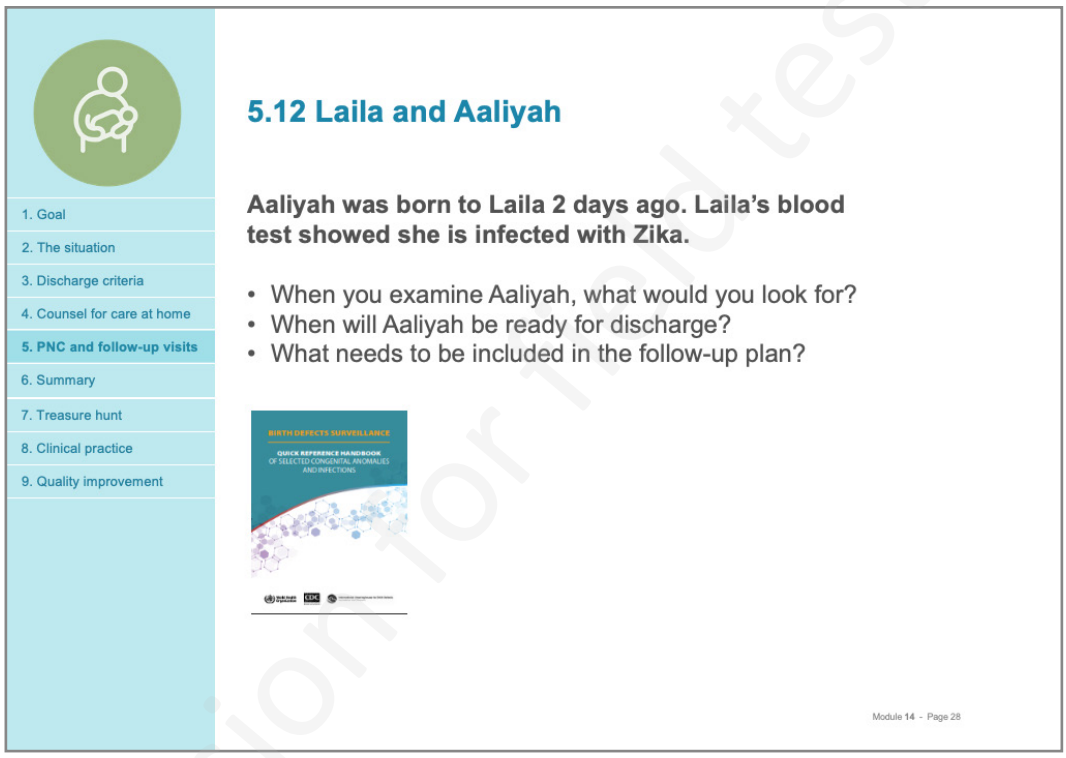
- Apply recommendations.

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.



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.*

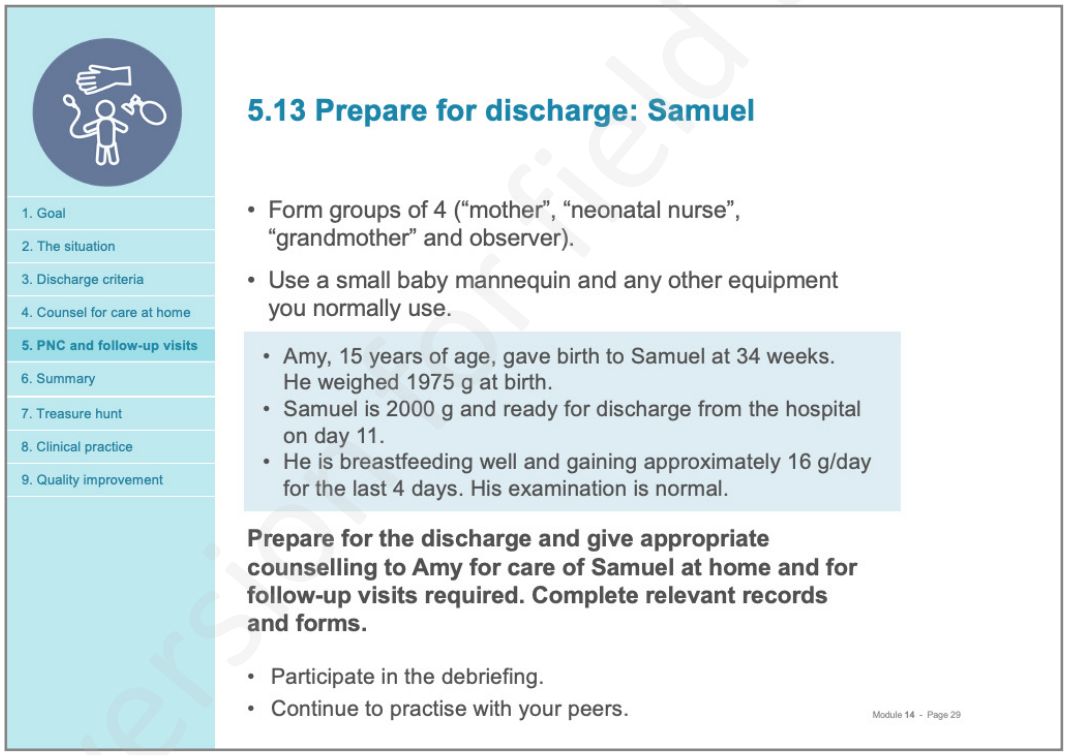
Ask
- **How will you manage Aaliyah?**

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)



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

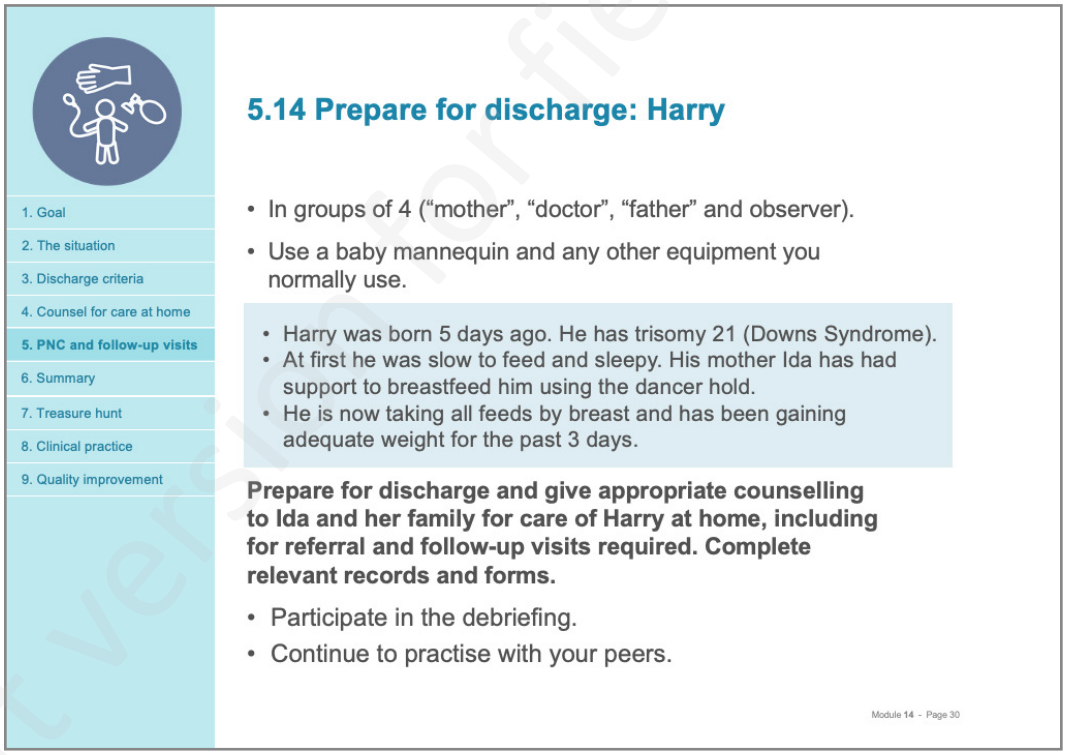
Discuss and address any issues relating to norms, behaviours or concerns about practices now, in this safe environment. Concerns may be:

- *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.



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:

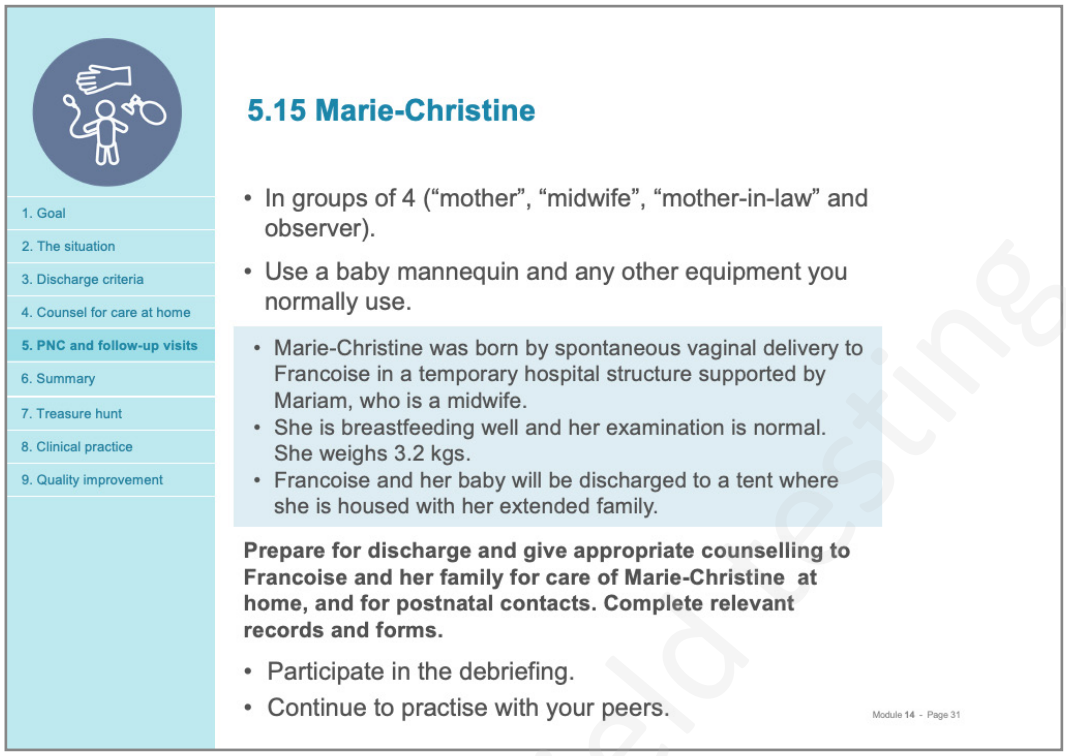
- *Not giving Harry and his mother care with respect and dignity*
- *Incomplete or no newborn examination before discharge*
- *No or incomplete counselling of the mother and family before discharge (danger signs, sleep, thermal care, etc.)*
- *No specific information for routine postnatal visits (when, 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.



In-service

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.

In-service

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.

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.

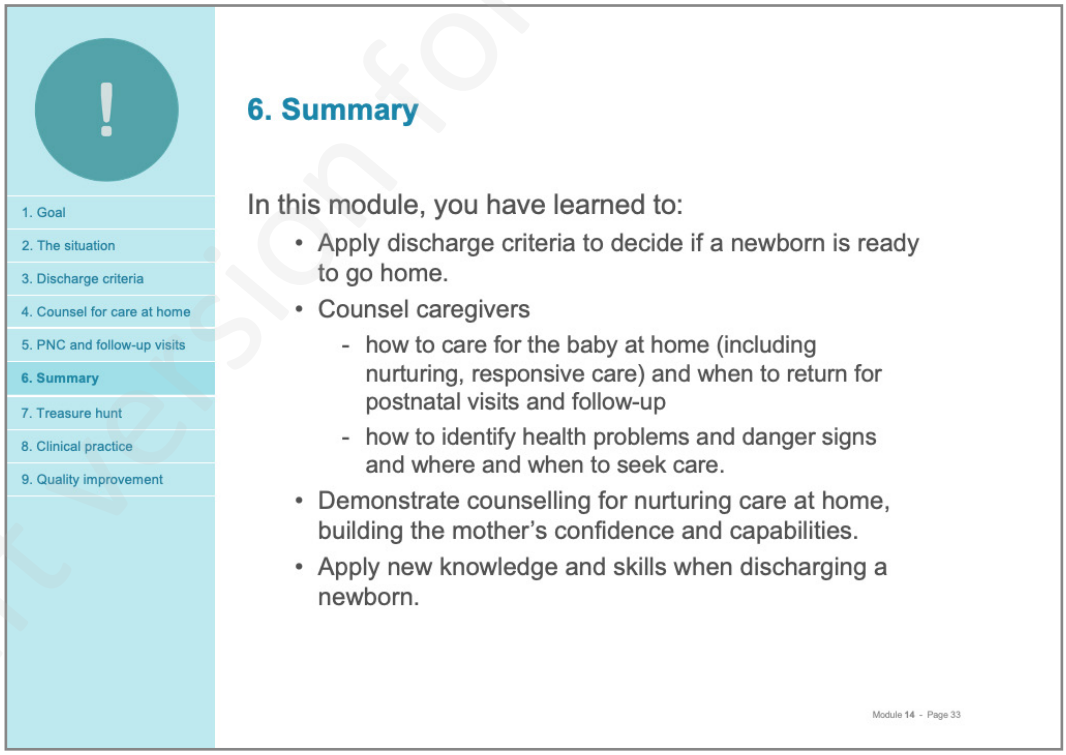
- ***1.1c: Mothers and newborns receive routine postnatal care.***
- ***1.6b: Preterm and small babies receive appropriate care, according to WHO guidelines.***
- ***1.7b: Newborns with suspected infections or risk factors for infection are promptly given antibiotic treatment, according to WHO guidelines.***

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



Go through slide
Ask for and answer questions

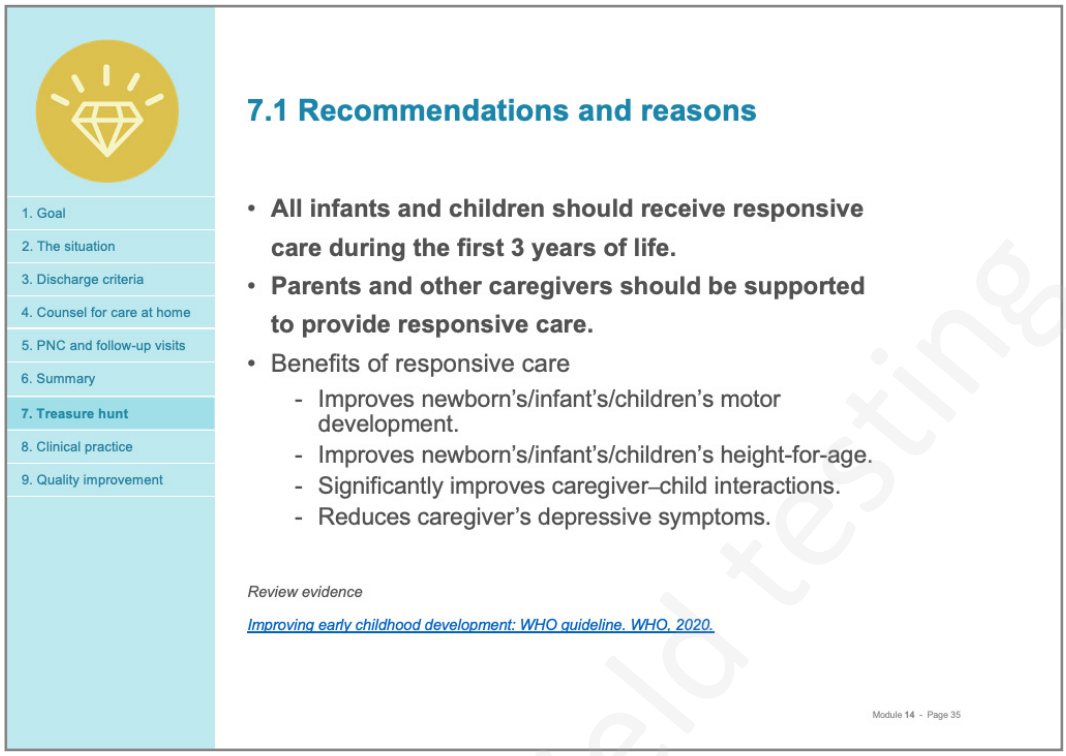
7 . Treasure hunt

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?**



Ask finder to show and explain the recommendation and evidence.
Learners should apply the recommendations whenever caring for newborns.

Explain

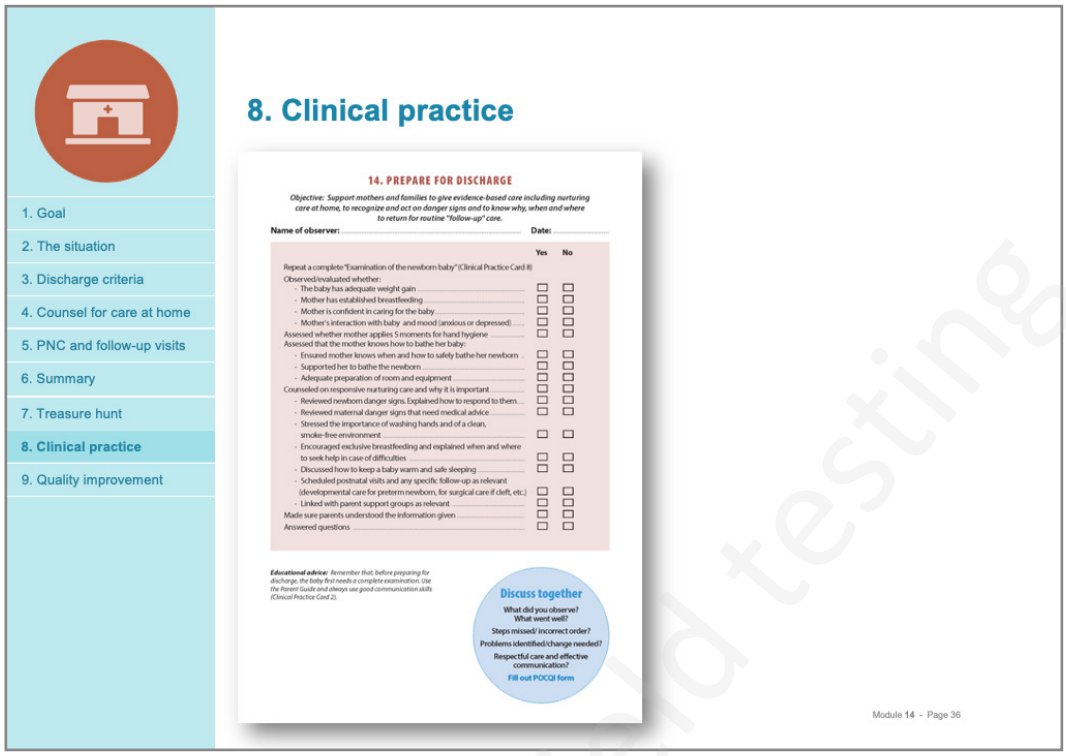
- The first 1000 days are critical for a newborn's development. Responsive care is needed throughout childhood for all children.
- Implementing responsive caregiving interventions will be likely to reduce the inequalities that exist in countries with regards to access to resources and programmes that 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



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.

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

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:

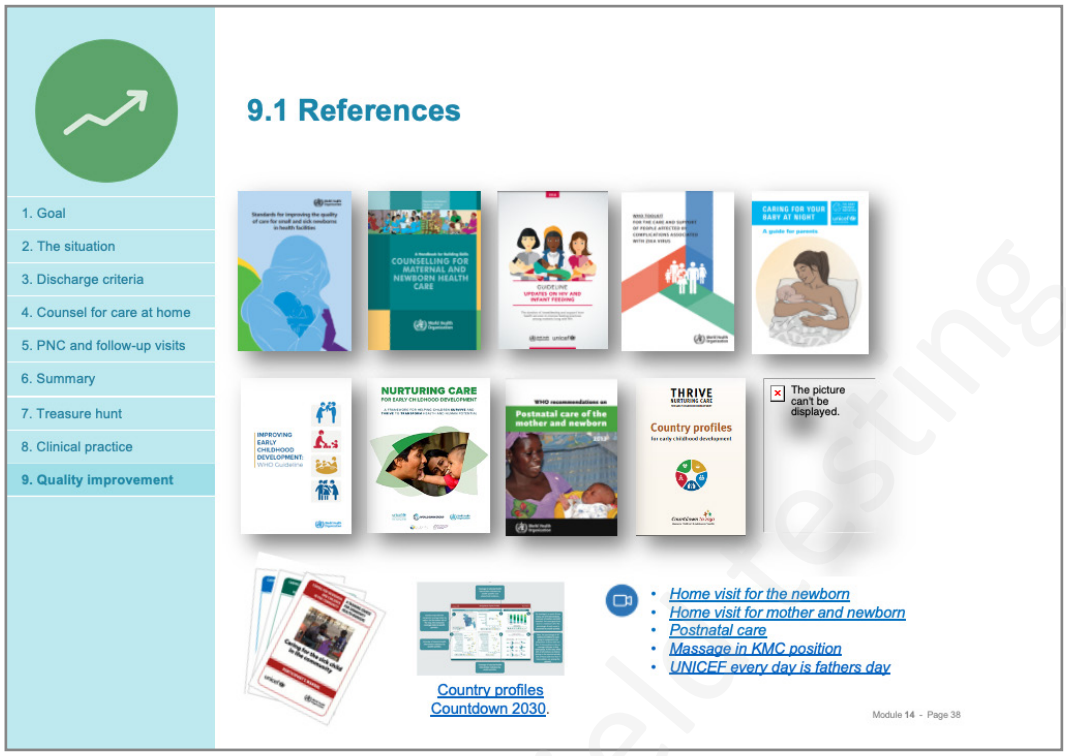
- If trained in POCQI, link to the full Plan-Do-Study-Act (PDSA) cycle.
- If not trained, document gaps priorities and discuss as above.

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.



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.*