



FAMILY CENTERED CARE FOR NEWBORN

TRAINING GUIDE



**This document has been developed through combined efforts of
Dr. R. M. L. Hospital & NIPI Newborn Project team
for Family Centered Care for Newborns.**



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FOREWORD

India's efforts to ensure survival of newborn has seen a paradigm shift in the last few years. Establishment of a large number of newborn care facilities at all levels of the health system is one of the most significant achievements. Improving the quality of care to ensure better survival rates and quality of life is a continuing process and requires us to constantly innovate and adopt new practices. The concept of Family Centred Care, where families of sick and preterm newborns are involved as partners in caregiving and decision making, is increasingly becoming a standard practice.

The principles of Family Centred Care are now being adapted in the public health system through NHM, starting at the Special Newborn Care Units. Family Centred Care will build upon the newly established KMC units by reaching out to parents-attendants of all sick new-borns (and not just the preterms and low birth weight babies) and also provide additional infant care skills. We see Family Centred Care as another paradigm shift in the newborn care continuum by moving from predominantly provider centric care to a shared model of care where parents and providers work in tandem to ensure the well-being and survival of the babies that are amongst the most vulnerable.

This training package has been developed for various stakeholders who shall be involved in the process of capacity building for Family Centred Care, at all levels. It will serve as guiding document for the Facilitators and Service Providers in Newborn Care units. I hope that practitioners of Family Centred Care will find this training package most useful in providing skills for essential care to parents who in turn will be empowered to provide continuity of essential care to their babies after discharge from health facility. This should lead to improved quality of life of sick and preterm babies treated across newborn care units.

(Dr. Ajay Khera)



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FOREWORD

The National Health Mission (NHM) provides unprecedented focus and resources under Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCH+A Strategy), based on a continuum-of-care model and on strengthening health systems, to address newborn health and quality of life beyond survival. Provision of high quality clinical care through state-of-art Special Newborn Care Units (SNCU) across the country is playing an important role in this.

However, hospitalisation of a newborn can be most frightening and overwhelming experience often leading to high stress levels and feelings of helplessness for a parent. Lack of continuity of care between facility and home, lack of parenting confidence and gaps in support for families after discharge from the health facility are some of the reasons for poor survival following discharge from facility.

Family Centered Care has been increasingly emphasized as an important and necessary element to improve bonding and attachment throughout hospitalization and during the discharge process. It can help parents emerge from the SNCU /NICU experience with increased competence and confidence in infant caregiving. Family-centered care is based on the understanding that family's perspectives and information are important in decision making and long term care of the infant.

I hope this training package, which includes audio-visual modules and training guide, shall facilitate training of parents in new-born care units and serve as a resource for interested professionals where Family Centred Care will be adopted in the new-born care units across country. In States where facility based care and follow up is well entrenched, we hope to get valuable insights into the benefits of Family Centred Care in terms of overall survival and developmental outcomes.


(Dr. P.K. Prabhakar)

PREFACE

In recent years the concept of Family Centered Care (FCC) for Newborns has increasingly been embraced by newborn care facilities across developed countries and has become a standard practice in many of them. Family Centered Care for Newborns essentially means involving the families of sick and preterm newborns as partners in care-giving and decision making in the newborn care facilities. The principles of FCC are now being adapted in the public health system in India, starting at the Special Newborn Care Units in District Hospitals. FCC builds upon the Kangaroo Mother Care(KMC) guidelines issued by MOHFW (in 2014) by making KMC an integral part of the intervention and reaching out to parents-attendants of all sick newborns and not just those of preterm and low birth weight babies as proposed under KMC guidelines.

Family Centered Care intervention in newborn care facilities will entail supervised delivery of care to haemodynamically stable, sick & preterm newborns by their parents - attendants in addition to the standard care provided by the nurse or doctor in nursery. This will be achieved by building capacities of parent-attendants through a structured package, comprising of audio visual modules and hands-on training for developing basic skills in newborn care.

This training package has been developed for the purpose of delivering a structured orientation programme by health personnel to parents-attendants of babies admitted to newborn care units. The document has two sections. The first section provides an overview of the training package and guidance on how to implement the capacity building programme. The second section provides step by step guidance on how the sessions are to be conducted using various resources including the audio visual modules, mannequins and other equipment.

This document is based on collective wisdom and experience of all those involved in the conceptualization of FCC in public health facilities (SNCU). This FCC package will be piloted in the selected district hospitals and will entail further learning for trainers, facilitators and programme managers. This working document shall be reviewed and revised as more learning and experiences are gathered through its use across various newborn care facilities. We welcome other newborn care units to adopt the FCC concept and use this training package, thus contributing towards the evolution of family centered practices in newborn facilities in India.

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What is Family Centered Care (FCC)?

Family Centered Care (FCC) is an approach that aims to develop and nurture family's role in partnership with health care team in care of a patient.

Family-centered care is based on the premise that family is the constant in child's life and that family is the child's primary source of strength and support.

Family-centered care in context of sick newborn care provides a setting in which family is empowered, encouraged and supported as the constant care-provider, in addition to available nursing staff, to complement care of their sick newborn in nursery, from admission until discharge.

Family Centered Care in a health facility setting truly is an alliance between the health care team and the family of the sick neonate. Family Centered Care creates an environment responsive to the needs of the family, is culturally sensitive and provides a setting in which family is empowered, encouraged and supported in caring for their in addition to available nursing staff, to complement the care of their sick newborn not only in the nursery, from admission through discharge but is also likely to be the cornerstone for continuum of care for the baby even at home after discharge.

Why is FCC relevant in our context?

With improvements in newborn survival rate, there is increasing attention and emphasis on improving quality of newborn care. A key strategy towards this end is improving clinical care for sick neonates in health facilities. Facility based newborn care (FBNC) under the national health programme provisions for care of sick neonates at the Special Newborn Care Units (SNCUs) at district levels.

Typically newborn care units have focused upon technology driven, provider centered care for sick newborns. Parental/family participation in caring and decision making regarding their own babies is very limited in the conventional model of facility based newborn care.

Human resource constraints continue to be an obstacle in delivery of optimal care to sick newborns at health facilities. This results in their overburdening of staff. As a result psychosocial and developmental needs of a sick baby as well as their parents remains unaddressed.

Hospitalization of a sick newborn not only separates the baby from her/his mother and but is often a frightening and overwhelming experience for the parents. They have little support for addressing their stress, anxiety and feelings of helplessness.

Family Centered Care has been introduced as a low-cost simple innovative approach that is likely to improve quality of care of hospitalized newborns and address some of the issues described above. FCC supplements manpower shortage in nursery, creates an environment that is developmentally supportive for the sick baby, culturally sensitive and responsive to family needs. The sick and small newborns, after discharge from the health facility are mainly cared for by parents /caregivers in the constraints of rural & home settings. The parents capacity to provide essential care over a long period of time in the absence of support of skilled staff is likely to make a difference to survival beyond newborn period and to long term outcomes.

Rationale for FCC

- Human resource constraint in health facility setting is closely linked to overburdening of staff, low compliance with aseptic routines resulting in compromise of quality neonatal care. While the care provider continues to be in charge, involvement of parents leads to sharing of work and better delivery of care and staff satisfaction.
- Parents of preterm and sick infants experience high stress levels and feelings of helplessness. When they are better informed and involved in the care of their babies, they are able to cope better with stress & fear and altered parenting roles.
- Continuity of care is very important for sick and small newborns, particularly at times of crisis, during transitional care (from health facility to home), and after discharge. When empowered with information and skills during their baby's stay in the health facility, the parents are able to assume full responsibility for their baby's care in the absence of health providers.
- The quality of long term care provided by parents /family can make a difference not only to survival but to the overall growth and development of the baby.

What are the benefits of FCC?

FCC is shown to enhance parent-infant attachment and bonding, improve breastfeeding rates and the wellbeing of pre-term infants while also decreasing their length of hospital stay. Besides this, at families' end it is associated with better confidence and mental health (reduced depression, anxiety or stress) among mothers. The results from a study in India conducted at RML-PGIMER shows that FCC resulted in decline in nosocomial infection

rate, decreased length of stay of babies and improved exclusive breastfeeding rates prior to discharge.

By increasing parental involvement in care giving throughout hospitalization and working with families to facilitate the discharge process, parents emerge from the NICU /SNCU experience with increased competence and confidence in infant care giving.

STAFF	NEWBORN	FAMILY
• Work sharing • Better quality of care • Increased staff satisfaction • Better job performance • Positive impact on stress levels • Better allocation of resources	• ↓ length of stay • ↑ Breast feeding • ↑ Weight gain • ↓ Nosocomial infection • Better continuum of care • Fewer re-hospitalisation • Improved long-term outcomes for both	• Better response of health, comfort level & parenting confidence • More informed parents • Better coping with the stress, fear and altered parenting roles. • Greater family satisfaction with the health care experience. • Enhanced bonding • Ease of transition from hospital to home

AIM & OBJECTIVE OF FCC TRAINING PACKAGE

Aim of FCC training package is

To provide guidance to health personnel in newborn care facilities and to train and empower parents-attendants for participating in care of their sick and small babies.

Objectives of FCC training package

- To sensitise the participants about the need for Family Centred Care
- To impart facilitation skills for further training doctors and nurses involved in care of newborns
- To enable participants to initiate FCC at workplace and conduct sessions with parents-attendants of newborns

ABOUT THE TRAINING PACKAGE

FCC training package consists of audio-visual modules and training guide

➤ Audio-visual (A-V) module:

It is an audio visual tool developed for the purpose of training parents in essential care of the baby in a simplified language. A-V module will be an important aid for the providers (nurse/doctor) to train parents on day to day basis. Providers will follow the key steps outlined in the HANDOUTS to train parents in sequential activities as per session plan. Four A-V modules have been developed and each module is to be delivered as a structured session as described in the following sections.

➤ Training Guide:

This is a written document detailing how facilitators will be able to train other FCC providers. Training Guide provides information about practical aspects of conducting session wise training for FCC using the A-V modules.

How are training resources and tools are to be used:?

For facilitators' training, the resources required are the (1) Training Guide, (2) Audiovisual modules, and the (3) Handouts.

The resources required by the service providers while transacting sessions with parents attendants are the (1) Audio visual modules and the (2) Handouts of 4 thematic sessions.

Who are the facilitators?

➤ Facilitators are

- o Nurses (e.g. nurse trainers) and Doctors (e.g. teaching faculty, Specialists, Consultants, Senior Registrars) working in newborn care units and
 - o Neonatal health practitioners who have 'hands on experience' of providing FCC and are engaged in the training of service providers.
- They will transact requisite knowledge and skills in family centered care of newborns to the providers involved in provision of care for newborns and having direct interface with the parents-attendants.

- Facilitators will refer to the contents of this training guide while conducting training of providers.

Who are the Service providers?

- Services Providers are nurses and doctors working in newborn care units, residents (Post graduate students) and trainees (such as interns, trainee nurses) who are involved in conducting structured sessions with parent-attendants on day to day basis. They will transact requisite knowledge and skills in care of newborns to parents-attendants.
- Services Providers will mainly refer to the A-V modules and the handouts (provided as pullouts at the end of the training guide) for assistance in conducting the session with parents-attendants. They will be familiarized with the key messages and demonstrated key steps for conducting the session during the training.

OVERVIEW OF THE SESSIONS

The training content is organized into 4 sessions:

Session	Theme
Session1	Sensitization to FCC and entry into nursery
Session 2	Developmentally supportive care and feeding
Session 3	Kangaroo Mother Care [KMC]
Session 4	Preparation for discharge and care of the baby at home

Session 1

Aims at sensitization of participants to the concept of Family Centered Care. The session enumerates the benefits that accrue from involvement of parents in the care of their sick and small babies. It then prepares them for entry into the newborn care unit, which being a restricted area requires that the mandated protocols are followed. The emphasis is on

hygiene, hand washing & gowning in order to maintain asepsis in the newborn care unit. The nursery environment can be overwhelming for parents-attendants who are exposed to the environment for the first time and the session aims to demystify the common machines and equipment in use.

Session 2

Introduces the concept of developmentally supportive care for neonates. Preterm infants are exposed to an environment in the NICU/SNCU which is not conducive to sensory integration especially during this critical period of brain development. Developmentally supportive care aims to replicate the environment of the womb to promote optimum neurological development and reduce inappropriate stimuli which causes stress for infants. Simple and easy to implement care practices to reduce stress are discussed in this session.

Parents-attendants are oriented to cleaning of baby soiled in stool or urine and safe disposal of the waste. Feeding is another important area of essential care where the mothers have a critical role. The session provides information on breastfeeding and discusses the alternative feeding methods (such as expression of breast milk and feeding with Katori-spoon or Paladai)

for babies that are haemodynamically stable and able to suck and swallow effectively. The alerting signs/symptoms that can be identified by mothers and reported to service providers for immediate attention, is briefly touched upon.

Session 3

Participants are oriented to the practice of Kangaroo Mother Care its benefits, and techniques. Positive experiences of parents-attendants who have practiced KMC have been recorded in order to motivate new participants.

Session 4

Aims at sharing information with parents-attendants and preparing them for discharge from the hospital and for receiving the baby at home. It deals with essential care of newborn at home including hygiene, hand washing, cleaning and clothing the baby, optimal feeding, play & communication, follow up care and common danger signs.

SESSION PLANS : AN OVERVIEW

Session	Domains covered in the session	Skills to be imparted
Session 1		
	Sensitization to FCC	
	Preparation for entry into nursery	
	Hand washing	√
	Gowning	√
	Familiarizing with environment of nursery	
Session 2		
	Developmentally supportive care	√
	Cleaning the soiled baby	√
	Breastfeeding	√
	Expressed Breast Milk	√
	Paladi feeding/ katori feeding	√
	When to alert the provider?	
Session 3		
	Kangaroo Mother Care (KMC)	√

Session 4

Preparation for discharge & care at home

Hand washing/Prevention of infection/ Hygiene

Sponging / Cleaning

Appropriate Clothing/Thermal care

Exclusive breast feeding & KMC

Care of the cord & eye

Danger signs & seeking medical help

Follow up & compliance with discharge instructions

Immunization

Training techniques

The sessions are designed to actively involve the participants in the learning process. Training techniques in this facilitators' module include discussions using audio-visual modules, organizing skills station for demonstration and practice, role plays and small group discussions.

There are 3 basic teaching steps used through the sessions	Important tips
Give information by visual depiction	Use videos for providing information; discussion at STOP points and CHECK questions
Show an example	Demonstrate the task at skill station using mannequin, equipment
Ask participants to practice	Parents-attendants practice at the skill station. Observe; provide appropriate feedback. Answer all related queries, reassure.

1. Give information and facilitate discussion through videos

Audio visual package includes 4 video films that form the mainstay of the training sessions. Each video addresses a number of related topics or steps such that at the end of each step there is a stop point. The facilitator pauses at the stop point to discuss or enumerate the key messages.

In order to run the videos, a TV enabled with USB port or projector with laptop can be used.

2. Demonstration & practice: Organize Skills Stations

Four skills stations are organized with an aim to discuss and demonstrate the range of skills required for care of newborns. Participants are divided into smaller groups (depending on number of stations) and rotated to each station (e.g. every 45 -60 minutes depending on the level of participants).

Skill station 1:	Hand washing & gowning skills
Skill station 2:	Developmentally supportive care
Skill station 3:	Feeding of newborns
Skill station 4:	Kangaroo Mother Care

Skill station requires:

- Comfortable seating arrangement and a table at each station.
- Location of each in a separate room/ space.
- Audio and video equipment (TV, laptop, speakers) at each station.
- Teaching aids such as mannequins, equipment as per the requirement.

Details of sessions

- ▶ Each session should be conducted as per detailed session plan included in this training guide.
- ▶ **Session duration:** the approximate time required to conduct the session.
- ▶ **Objectives** of each session is mentioned at the beginning to tell what the participant should be able to do at the end of the session in terms of skills and information that they should have acquired.
- ▶ **Resources required:** laptop, A-V module, mannequin for demonstration and 'hands on practice' during the session.
- ▶ **Stop points:** A-V resources are structured into sequential clips punctuated by stop points, in order to create opportunity for facilitators to pause the audio visual and hold discussion with parents-attendants and convey the key messages.
- ▶ **Shaded boxes** give the important key messages for discussion at the end of each step. Facilitator should try to elicit responses from parents-attendants Instead instead of reading the key messages and encourage them to participate actively.
- ▶ **Checkpoints:** At the end of each session there are listed few checkpoints which helps the facilitator to assess if the parents- attendants have grasped the key messages and/or skills and that the objectives of the session have been achieved. If not s/he should reinforce training session with parents-attendants.
- ▶ **Handout** is provided at the end of each

session. It is a condensed guide for facilitators to be used when conducting the session with parents-attendants. This handout is meant to be a ready reference to ensure that all the steps of a session plan are covered and key messages delivered, without the need to refer to the training guide repeatedly.

Practical tips on how to conduct a session?

- ▶ Sessions are pre-planned and parents-attendants informed about the time and venue for the session. The training site is prepared with placing of adequate number of chairs and keeping the training resources (such as audio video equipment, mannequin etc.) at hand.
- ▶ Each session starts with an introduction and rapport building with parents followed by screening of the audio video relevant to that session. The screening is interrupted at the given stop point, which are marked as red indicators and serially numbered, to conduct discussions and convey key messages.
- ▶ The facilitators pause at such stop points to discuss the key messages in shaded boxes which are listed both in Hindi/English. At this point facilitators should encourage participative interaction from parent's attendants in discussion of key messages. Facilitators then resume the audio-video and continue in similar manner until completion of the session.
- ▶ At the end facilitator uses the check points to ensure objectives and training session are met.

Training will include

- ▶ Sensitization to FCC
- ▶ Conduct of Model Sessions by Master Trainers using the training guide.
- ▶ Skill stations where participants have the opportunity to practicing the skills included in the training package using actual equipment and mannequins.
- ▶ Simulated sessions where participants have the opportunity to conduct practice sessions with co-participants, and where feasible with parents-attendants. Debriefing conducted at the end of each session to bring together participant's experiences and feedback.
- ▶ Additional sessions on communication skills and operational aspects of FCC.

TRAINING STRUCTURE

- ▶ The Facilitators' training is planned over a two-day period using above methodology comprehensively. The sample program is provided in annexure 1. The training should preferably be organized in a newborn care unit where FCC has been put into practice. This will help the participants to visualize and understand how various components have been organized in the day to day practice.
- ▶ The training of providers should be organized over two days (or 12-14 hours of training time). It should preferably be organized in the newborn care unit where the facilitators are positioned so that the practical aspects linked to provision of FCC can also be discussed by the facilitators.

A close-up photograph of a woman with dark hair and a gold nose ring, wearing a teal hospital gown. She is holding her newborn baby, who is wearing a green patterned diaper and has a clear nasal cannula. The woman is looking down at the baby with a gentle expression. The background is slightly blurred, showing hospital equipment.

DETAILED SESSION PLANS

3

1. Sensitization to FCC and entry into nursery
2. Developmentally supportive care and Feeding
3. Kangaroo Mother Care [KMC]
4. Preparation for discharge and care of the baby at home

SESSION

1

SENSITIZATION TO FAMILY CENTERED CARE & ENTRY INTO THE NURSERY

Session duration: Approximately 60 minutes



OBJECTIVES:

By the end of the session, participants shall be able to

1. Understand the concept of FCC and the benefits of participating in the care of their baby;
2. Put into practice the essential steps for entry into the nursery;
3. Demonstrate the key steps of handwashing.

RESOURCES REQUIRED

1. Audio-Video on entry into the nursery and TV
2. Scrub station/washbasin
3. Soap, wipes
4. Gown (Disposable or Cotton gown)
5. Name tag
6. Mannequin
7. Nail Cutter

Introduction & rapport building

- ❖ Start by introducing yourself.
- ❖ Welcome parents/attendants to the session.
- ❖ Since parents are attending the sessions for the first time they should be made comfortable and seated on chairs.

STEP 1: Sensitization to FCC

- ❖ The video should be kept ready on 'play' mode at the start of the session. Run the video till stop point 1.
- ❖ At the end, convey the key messages:



Meaning and importance of FCC

1. There are many benefits of parents working in partnership with health team.
 2. There is reduced stress and anxiety in the family,
 3. Parents bond better with the baby .
 4. There is increase in breast milk secretion.
 5. In family centered care, parents are taught essential care of the baby.
 6. This prepares parents to take better care of the baby at home.
1. नवजात शिशु की देखभाल में परिवारजनों की भागीदारी के अनेक फायदे हैं।
 2. इससे परिवारजनों का तनाव कम होता है।
 3. शिशु के प्रति लगाव बढ़ता है।
 4. माँ के दूध में भी वृद्धि होती है।
 5. एफ. सी. सी द्वारा माता एवं पिता को शिशु की सरल देख भाल सिखाई जाती है।
 6. इससे अभिभावक घर जाने पर शिशु की बेहतर देखभाल कर सकेंगे।

STEP 2: Preparation for entry into the nursery

- ❖ Inform the participants that they will watch a video on the preparation for entry into the nursery till stop point 2.
- ❖ Emphasize following key messages.



Preparation for entry into the nursery

1. Do not enter the nursery if you are unwell.
 2. Before entry take care of hygiene & cleanliness.
 - i. Bathe regularly and wear clean clothes.
 - ii. Cut nails and remove nail polish.
 - iii. Ensure you don't have any disease.
 3. Remove bangles, watch, rings, etc. hair should be tied into a bun.
 4. Fold your long sleeves above the elbow
 5. Remove your footwear; put on slippers kept at the entry in the nursery
1. यदि आप अस्वस्थ हैं तो नर्सरी में प्रवेश न करें।
 2. प्रवेश करने से पहले अपनी साफ सफाई का ख्याल रखें।
 - i. प्रतिदिन नहा कर साफ कपड़े पहनें।
 - ii. नाखून कटे हो व नेल पॉलिश उतरी हो।
 3. पहले चूड़ी घड़ी इत्यादि उतारें, बाल बाँध लें।
 4. कमीज की बाजू को कोहनी तक मोड़ लें।
 5. फिर जूते उतार कर नर्सरी की चप्पल पहने।

STEP 3: Hand washing, wiping and gowning

- ❖ Inform the participants that they will now watch a video on hand washing, and play the video further till stop point 3.
- ✓ Note: Demonstrate the 6 steps in hand washing.
- ❖ Summarize the session by highlighting the benefits of proper gowning & handwashing.



Figure : Hand washing Steps



STEP 4: Introduction to environment of nursery

- ❖ Inform the parents that you are now going to tell them about the various equipments kept in the nursery for the treatment and care of the newborns.
- ❖ Now play the video further till the end.



Introduction to common equipment in nursery:

1. Do not touch equipment unnecessarily
2. Babies are kept in an equipment for warming which is called warmer.
3. A wire attached on the baby's abdomen under warmer use is used to measure the baby's temperature.
4. A tube coming out from the corner of mouth is used for feeding babies.
5. Phototherapy machines are used in case of markedly jaundiced babies

नर्सरी के उपकरणों का विवरण:

1. अनावश्यक रूप से नर्सरी के उपकरण को ना छुएँ।
2. बच्चों को गर्म रखने के लिए जिस मशीन पर रखा जाता है उसे वार्मर कहते हैं।
3. बच्चे के पेट पर लगे तार से शरीर का तापमान नापा जाता है।
4. बच्चे के मुँह के एक छोर पर लगी नली जो कि पेट के अन्दर तक जाती है इससे बच्चे को दूध पिलाया जाता है।
5. अधिक पीलिया होने पर बच्चे को रोशनी प्रदान करने वाली मशीन के नीचे रखा जाता है।

STEP 5: Summarize

- ❖ Use handout to summarize the session.

	Summary of Session 1	
	Step 1	Sensitization of FCC
	Step 2	Preparation for entry into the nursery
	Step 3	Demonstration of hand-washing
	Step 4	Introduction to environment of the nursery
	Step 5	Summarize

- ❖ Use handout to summarize the session.
- ❖ Appreciate them and ask for suggestions if any.

Checkpoints



Following questions can be asked to assess participants' comprehension.

Checkpoints

1. What preparations are to be done before entering into the nursery?
2. Demonstrate the steps of Hand- washing.
1. नर्सरी में प्रवेश से पहले की जाने वाली तैयारियाँ कौन सी हैं?
2. हाथ धोने की विधि बताइए।

- ❖ Inform them about the time and date for the next sessions.
- ❖ End by thanking the parents/ attendants for their active participation.

Handout Session 1

Preparation for Entry into Nursery & Handwashing

- | | |
|---|---|
| <ul style="list-style-type: none"> ▶ Give your introduction and welcome the parents. ▶ Required Requirements: <ol style="list-style-type: none"> 1. Video on entry into nursery +TV 2. Scrub station/washbasin 3. Soap, wipes | <ol style="list-style-type: none"> 4. Gown (Disposable or Cotton gown) 5. Name tag 6. Mannequin 7. Nail Cutter <p>▶ Keep the video ready on 'play' mode</p> |
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Step 1 Sensitization to FCC *(Play video till Stop point 1)*

- | | |
|---|---|
| <p>Benefits of family participation in newborn care.</p> <ol style="list-style-type: none"> 1. Less stress. 2. Enhance bonding with the baby. 3. Increase breast-milk output. 4. Better care of baby at home. | <p>नवजात शिशु की देखभाल में परिवार जनों की भागीदारी के लाभ।</p> <ol style="list-style-type: none"> 1. कम तनाव। 2. शिशु के प्रति लगाव में वृद्धि। 3. माँ के दूध में वृद्धि 4. घर जाकर शिशु की देखभाल बेहतर कर सकना |
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Step 2 Preparation for entry into the nursery *(Play video till Stop point 2)*

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|--|--|
| <p>Before entering nursery:</p> <ol style="list-style-type: none"> 1. Remove rings etc. 2. Tie hair in a bun. 3. Fold the sleeves up to the elbow. 4. Leave out-side footwear at the door. 5. Wash hands using proper technique. 6. Put on your gown. <p>Maintain personal hygiene:</p> <ol style="list-style-type: none"> 1. Bathe regularly and wear clean clothes. 2. Cut nails and remove nail polish. 3. Ensure you don't have any disease. | <p>नर्सरी में प्रवेश पाने की क्रियाओं का क्रम:</p> <ol style="list-style-type: none"> 1. अंगूठी इत्यादि उतार दें। 2. बाल बाँध लें। 3. कमीज की बाजू को कोहनी तक मोड़ लें। 4. बाहर की जूते –चप्पल उतार दें। 5. हाथों को धोये 6. गाउन पहनें। <p>साफ सफाई का ध्यान रखें?</p> <ol style="list-style-type: none"> 1. प्रतिदिन नहा कर साफ कपड़े पहनें। 2. नाखून कटे हो व नेल पॉलिश उतरी हो। 3. कोई बीमारी न हो। |
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Step 3 Handwashing, wiping & gowning *(Play video till Stop point 3)*

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|--|---|
| <ol style="list-style-type: none"> 1. Explain why handwashing is important? 2. Explain when to do handwashing? 3. Demonstrate steps of hand-washing. 4. Demonstrate gowning. 5. Now let them practice and demonstrate hand-washing. | <ol style="list-style-type: none"> 1. हाथ धोने का महत्व समझाएँ। 2. बताये की कब-कब हाथ धोना आवश्यक है। 3. गाउन पहनना। 4. नर्सरी में प्रवेश की प्रक्रिया। 5. अब माता पिता को प्रवेश द्वार पर ले जाकर उन्हे हाथ धोने की प्रक्रिया करवा कर देखे। |
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Step 4 Introduction to the environment of nursery *(Play video till the end)*

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|--|---|
| <ol style="list-style-type: none"> 1. Do not touch equipment unnecessarily. 2. Introduce basic equipment one by one. | <ol style="list-style-type: none"> 1. अनावश्यक उपकरणों को ना छुएँ। 2. सामान्य उपकरणों से परिचय कराएँ। |
|--|---|

Step 5 Summarize the session and answer their queries and clear their doubts.

REINFORCE CHECKPOINTS WITH PARENTS

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. What are the preparations to be done before entering into the nursery? 2. Demonstrate the steps of Hand-washing. | <ol style="list-style-type: none"> 1. नर्सरी में प्रवेश करने से पहले की जाने वाली तैयारियाँ कौन सी हैं? 2. हाथ धोने की विधि बताइए। |
|--|--|

Thank parents!

DEVELOPEMENTALLY SUPPORTIVE CARE & FEEDING



Session duration: Approximately 60 minutes



OBJECTIVES:

At the end of the session participants shall learn how to

1. Create a baby-friendly environment/soothing environment in a nursery
2. Clean a soiled baby
3. Breast feed a baby
4. Feed the baby using Paladai, Katori-spoon
5. When to alert the provider.

RESOURCES REQUIRED

1. Audio-Video and TV
2. Doll/mannequin
3. 3-4 baby sheets
4. Katori & Spoon
5. Paladai



Introduction & Objectives

- ❖ Start by introducing yourself.
- ❖ Welcome parents/ attendants to the session.
- ❖ Those parents who are attending the sessions for the first time should be given special attention and made comfortable.

STEP 1: Familiarization with the concept of developmentally supportive care

- ❖ Inform the participants that they will watch a short film, about creating a baby-friendly environment in the nursery, and how to calm a disturbed baby. They should make themselves comfortable in the chairs.
- ❖ Dim the lights in the room. The video should be kept ready on 'play' mode at the start of the session. Run the video till stop point 1 and pause.



Creating soothing environment in the nursery (by Nurses)

1. Avoid the exposure to excessive light
2. Avoid loud sound and keep the mobiles mobile phone on silent mode, talk in a soft voice.
3. Alarm of all nursery equipment to be kept at minimum

शिशु प्रिय वातवरण के लिए (नर्स द्वारा):

1. बच्चे को तेज रोशनी से बचाएँ।
2. तेज आवाज न हो, मोबाईल साइलेंट मोड में हो, धीमी आवाज में बात करें।
3. मशीनों का अलार्म कम आवाज में हों।

STEP 2: Reducing stress, Nesting and Positioning

- ❖ This part of the film shows method of forming nesting around the baby.
- ❖ Play the video till stop point 2 and pause.
- ❖ Demonstrate how to form nesting using a towel or baby sheet, position pre-term baby and reduce stress.

Reducing stress, Nesting and Positioning



Techniques to calm an infant in stress:

1. Firm touch/pressure helps the baby to feel secure.
2. Nesting helps replicate his/her position in the womb there by the baby feels secure.
3. Position the babies in physiological flexed position. Positioning helps prevent deformities and contractures.

बच्चे को चौंक जाने की अवस्था में कैसे शान्त करना है बताएँ।

1. बच्चे को सहजता से छुने से बच्चे सुरक्षित महसूस करते हैं।
2. बच्चे के चारों ओर नेस्टिंग करने से बच्चे सुरक्षित महसूस करते हैं।
3. शिशु को प्राकृतिक वक्र अवस्था में रखें। सही अवस्था में रखने से विकार और अवकुंचन से रोकथाम होती है।

STEP 3: Cleaning the soiled baby

- ❖ Continue the video till stop point 3, then pause.
- ❖ Go over the steps in cleaning the baby if she/he is soiled.
- ❖ Emphasize following key messages regarding the cleaning of the baby.



Cleaning the soiled baby

- | | |
|--|--|
| 1. Clean the baby when ever you notice that the baby is soiled (urine or stool). | 1. बच्चे को जब भी मल या मूत्र में गीला पाएँ, उसको साफ करके उसका लंगोट बदलें। |
| 2. Clean area from front to back as shown in the video. | 2. बच्चे के मल को साफ करते हुए उसे आगे से पीछे की ओर साफ करें। |
| 3. Dispose the soiled nappy in the yellow dustbin. | 3. मल मूत्र से भीगे लंगोट को पीले डब्बे में फेंकें। |
| 4. Put on a fresh nappy. | 4. नई लंगोट पहनाए। |
| 5. Wash hands as shown earlier. | 5. जैसा कि आपने सीखा है अपने हाथ धोकर साफ कर लें। |

STEP 4: Breastfeeding

- ❖ Put on the lights in the room.
- ❖ Now explain that you shall discuss the key aspects of newborn feeding by going through short sequences of the video/film.
- ❖ Play the video again till stop point 4 and pause.
- ✓ **Note: Ask the parents if they can enumerate some of the benefits of breast milk described in the video.**
- ❖ Encourage responses from the parents/ attendants.



Benefits of Breastmilk

1. Breast milk has all the nutrients required for growth & development of the baby
2. It is easily digestible.
3. Protects against common infections.
4. Provides protection against diseases in adult hood.
5. Results in more bonding between parent & baby.
6. Breastfeeding should be initiated within one hour of birth.
7. Colostrum secreted as the yellowish, thick secretion in first 1-2 days should not be discarded. It has many antibodies, which protect the baby from infection.

माँ के दूध के लाभ

1. माँ के दूध में बच्चे के संपूर्ण विकास के लिए सभी पौष्टिक चीजें होती हैं।
2. माँ का दूध पचने में आसान होता है।
3. माँ के दूध से शिशु को बीमारी से लड़ने की शक्ति मिलती है।
4. यह व्यस्क अवस्था में होने वाली कुछ बीमारियों से बचाता है जैसे की दिल का दौरा, एलर्जी आदि।
5. इससे माँ और शिशु के बीच सौहार्द बढ़ता है।
6. शिशु को स्तनपान जन्म के 1 घंटे के अन्दर कर देना चाहिए।
7. शुरुआत के 2 दिन में माँ का दूध गाढ़ा व पीला होता है, इसे कोलस्ट्रम कहते हैं। इसे बच्चे को अवश्य ही देना चाहिए इससे बच्चे में रोगों से लड़ने की क्षमता बढ़ती है।

- ✓ **Note: Ask the parents/attendants what they have learnt about benefits of breast feeding**



Technique of Breast feeding

Position of Baby:

1. Sit comfortably (you can also lie down).
2. Support baby in such a way that head and body in a straight line.
3. Hold the baby close to you facing your breast.
4. Baby should be close to your body
5. Baby's whole body should be supported.

Signs of good attachment

1. The baby's mouth is wide open.
2. Most of the areola is inside the mouth and where the areola is visible, more is seen above the mouth than below.
3. The lower lip is turned out or everted.
4. The chin is touching or is very close to the breast.

Signs of adequate breast feeding:

To know if the baby is feeding properly:

1. Baby appears content and satisfied after most feeds.

स्तन पान कराते वक्त इन चीजों का ध्यान रखें ।

1. माँ आरामदायक अवस्था में बैठ जाए, वह लेट भी सकती है ।
2. बच्चे को इस तरह से पकड़े कि उसका सिर गर्दन व धड़ एक ही सीध में हों ।
3. बच्चे का मुँह स्तन की ओर रखें ।
4. बच्चे को अपनी छाती से चिपका कर पकड़ें ।
5. बच्चे के समूचे शरीर को सहारा दें ।

यह कैसे पता चलेगा कि बच्चा सही से दूध पी रहा है कि नहीं ।

1. स्तन पान करते समय शिशु का मुँह बड़ा व पूरा खुला हों ।
2. माँ के स्तन का उपर वाला घेरे से ज्यादा दिखता हो ।
3. शिशु के नीचे का होंठ बाहर की ओर मुड़ा हो
4. बच्चे की ठोड़ी माँ के स्तन को छूती हो ।

यदि आपका बच्चा भर पेट दूध पी रहा है तो :

1. वह हर बार दूध पिलाने से संतुष्ट दिखेगा ।

STEP 5: Expression of milk & feeding by Katori spoon / Paladai

- ❖ Share with the parents, those situations where babies have been to given expressed breast milk using katori spoon/Paladai.
- ❖ Continue the video till stop point 5 and pause.
- ❖ Using mamma breast mannequin to demonstrate expression of breast milk.

✓ **Note: Ask parents what they have learned about expression of breast milk?**



Expression and Storage of expressed breast-milk:

1. Collect expressed mother's milk in a clean sealed steel container (boiled for 20 minutes).
2. Use mother's milk kept in refrigerator within 24 hrs.
3. If kept at room temperature should be used within 6 hrs.

1. माँ अपना दूध एक साफ स्टील के ढक्कन वाले बर्तन में निकाल सकती है जो की 20 मिनट तक खौलते पानी में उबाला गया हो।
2. फ्रिज में रखे हुए दूध का 24 घंटे के भीतर ही इस्तेमाल कर लेना चाहिये।
3. यदि उसे फ्रिज से बाहर रखा गया हो तो 6 घंटे के भीतर ही उसे इस्तेमाल कर ले।

❖ Go over the method of Paladai feeding with the parents/ attendants.



Paladai feeding or Katori-Spoonfeeding

1. If breast feeding not possible then expressed breast milk is to be given with spoon/Paladai.
2. Hands should be washed before giving feed to the baby.
3. Baby should be awake and held sitting semi-upright on care giver's lap.
4. Place a wad of cloth below the chin to catch drips of milk.
5. Put a measured amount of milk in the spoon/Paladai.
6. Hold the spoon/Paladai so that the pointed tip rests lightly on the baby's lower lip.
7. Tip the spoon/Paladai to pour a small amount of milk into the baby's mouth at a time.
8. Feed the baby slowly.
9. Make sure that the baby has swallowed the milk already taken before giving anymore.
10. When the baby has had enough, s/he will close his or her mouth and will not take anymore; do not force-feed the baby.
11. Wash the spoon/Paladai with soap and water and then put in boiling water for 20 minutes- to sterilize before next feed.
12. Take the baby to the shoulder and let him burp.

पलदाई और कटोरी स्पून दूध पिलाने की विधि:

1. यदि बच्चे को स्तन पान करना सम्भव नहीं है तो माँ अपना दूध निकालकर उसे चम्मच और पैलेडी से पिला सकती है।
2. हाथ धोकर ही दूध पिलायें।
3. कटोरी चम्मच से दूध पिलाते समय बच्चा जगा होना चाहिए तथा अपनी गोद में उसका सिर, गर्दन व धड़ थोड़ा ऊँचा करके पकड़ें।
4. एक छोटा रूई का टुकड़ा बच्चे की ठोड़ी के नीचे रखें।
5. नाप के दूध को कटोरी व पलदाई में डालें।
6. चम्मच व पलदाई को ऐसे पकड़ें ताकि उसका नोक वाला हिस्सा बच्चे के निचले होंठ को छुए।
7. दूध को थोड़ा करके बच्चे के मुँह में जाने दें।
8. बच्चे को धीरे धीरे दूध पिलाये।
9. बच्चे को और दूध तभी दे जब उसने पहले वाला गटक लिया हो।
10. जब बच्चे का पेट भर जाएगा तब बच्चा और दूध नहीं पिएगा और अपना मुँह बन्द कर लेगा। उसे जबरदस्ती और दूध न पिलाएँ।
11. इस्तेमाल किए हुए कटोरी चम्मच को साबुन व पानी से धोने के बाद 20 मिनट तक खौलते पानी में उबाले ताकि दुबारा इस्तेमाल कर सकें।
12. बच्चे को कंधे से लगाकर डकार दिलायें।

STEP 6: When to alert the provider?

- ❖ Continue the video till the end.
- ❖ Emphasize the importance of teaching parents to identify those signs which require alerting the care provider immediately. Discuss them one at a time.



Identify danger signs

Inform the staff if you note:

1. Any new development /change in routine noticed.
2. Dislodging of tube /probe.

डॉक्टर या नर्स को सूचित करें यदि शिशु आपको:

1. बच्चे में कोई भी बदलाव नजर आयें।
2. कोई नली या तार अपनी जगह से हट जाये।

STEP 7: FAQs about breast feeding



Answer frequently asked questions about breast feeding

1. The more frequently the mother feeds the baby, more is the milk produced
2. Babies having weight less than 2 kg should be breast fed every two hourly
3. Term babies can be fed on demand
4. Mother's milk is sufficient for the baby; they do not require top milk, water for first 6 months
5. Exclusively breast feed the baby for 6 months

स्तन पान से जुड़े आम जुड़े सवाल के जवाब

1. माँ जितनी बार दूध पिलाएगी उतना ज्यादा दूध माँ के स्तन से बनता है।
2. 2 किलो से कम वजन वाले शिशु को हर दो घंटे बाद दूध पिलाएँ।
3. सामान्य वजन वाले बच्चे को, भूख लगने पर दूध पिलाए।
4. माँ का दूध बच्चे के लिए पर्याप्त होता है, उसे पहले 6 महीने तक उपर का दूध या पानी देने की आवश्यकता नहीं होती है।
6. बच्चे को 6 महीने तक सिर्फ माँ का दूध पिलाएँ।

✓ **Note: Ask the parents/attendants what they have learnt about benefits of breast feeding**

STEP 8: Summarize

Summary of Session 2



Step 1	Familiarization with the concept of developmentally supportive care
Step 2	Reducing the stress, nesting, positioning, lifting, placing
Step 3	Cleaning a soiled baby
Step 4	Breast feeding
Step 5	Expression of breast milk and feeding by katori spoon / Paladai
Step 6	Alerting the provider
Step 7	FAQs about breast feeding
Step 8	Summarize

- ❖ Summarize the session by discussing the common queries.
- ❖ Use handout to summarize the session.
- ❖ Answer the queries.

Checkpoints



Check if parents are able to:

- | | |
|---|---|
| 1. Demonstrate the steps in making nesting, positioning, lifting & placing. | 1. नेस्टिंग, उठाने, और रखने की प्रक्रिया करके दिखाएँ। |
| 2. Demonstrate the correct attachment to breast. | 2. स्तन से बच्चे को लगाने की विधि को बताएँ। |
| 3. Demonstrate the correct technique of expression of breast milk. | 3. स्तन से दूध निकालने की विधि करके बताएँ। |
| 4. Demonstrate the correct way of Paladai/Katori spoon feeding. | 4. कटोरी चम्मच या पलदाई से दूध पिलाने की विधि बताएँ। |
| 5. Enumerates 'alert signs' in newborn. | 5. नवजात शिशु में खतरे के लक्षण क्या होते हैं? |

- ❖ Inform them about the time and date for the following sessions.
- ❖ End by thanking the parents/ attendants for their participation.

Handout Session 2 Developmentally Supportive Care & Feeding

- | | |
|---|---|
| <p>► Give your introduction and welcome parents.</p> <p>► Requirements:</p> <ol style="list-style-type: none"> 1. Video on developmentally supportive care | <ol style="list-style-type: none"> 2. Doll/mannequin 3. 3-4 baby sheets 4. Katori & Spoon & Paladai <p>► Keep the video ready on 'play' mode</p> |
|---|---|

Step 1 Familiarization with the concept of DSC *(Play video till Stop point 1)*

- | | |
|---|---|
| <p>► Correct environment of nursery.</p> <ol style="list-style-type: none"> 1. Avoid excessive exposure to light. 2. Avoid loud noise in the nursery Like mobile phones and machine alarms. | <p>► बच्चे के लिए नर्सरी में सही वातावरण ।</p> <ol style="list-style-type: none"> 1. बच्चे को तेज रोशनी से बचाएँ । 2. तेज आवाज से बचाव करें जैसे मोबाईल फोन और मशीनों का अलार्म । |
|---|---|

Step 2 Reducing stress, nesting, positioning, lifting & placing *(Play video till Stop point 2)*

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. How to calm a baby? 2. How to lift a baby? 3. Importance and technique of nesting? 4. Importance and technique of positioning the baby? 5. Now demonstration by mother the technique of nesting & positioning | <ol style="list-style-type: none"> 1. बच्चे को कैसे शान्त करें । 2. बच्चे को उठाने का तरीका । 3. नेस्टिंग का महत्व एवं विधि दर्शाएँ । 4. सही अवस्था में सुलाने का महत्व एवं विधि दर्शाएँ । 5. अब माँ नेस्टिंग और सुलाने की विधि करके दिखाएँ । |
|--|--|

Step 3 Cleaning the soiled baby *(Play video till Stop point 3)*

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Method of cleaning 2. Disposal of soiled diaper remember to wash hands after cleaning. | <ol style="list-style-type: none"> 1. सफाई का तरीका बताएँ । 2. गंदे डाइपर या लंगोट को कहाँ फेंकें । सफाई के बाद याद से हाथ धोयें । |
|--|--|

Step 4 Breastfeeding *(Play video till Stop point 4)*

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Importance of breastfeeding. 2. Demonstrate how to hold baby while breastfeeding using doll or mannequin. 3. Explain signs of proper attachment. 4. Now demonstration by mother using doll or mannequin. | <ol style="list-style-type: none"> 1. स्तन पान का महत्व । 2. मॉनिकिन का इस्तेमाल करके स्तन पान के लिए बच्चे को ठीक तरह से पकड़ने का तरीका दिखाये । 3. सही तरीके से शिशु को स्तन लगाने की निशानीयाँ । 4. माँ मॉनिकिन लगाकर सही स्तन पान की विधि दिखाएँ । |
|--|---|

Step 5 Expression of milk & feeding by Katori-Spoon/ Paladai *(Play video till Stop point 5)*

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. When to feed with Katori-Spoon or Paladai? 2. Materials required & technique of expression of breastmilk. 3. Correct method for holding the baby. 4. Correct method of katori spoon feeding 5. Storage of extracted milk <p>Now initiate practice by mothers.</p> | <ol style="list-style-type: none"> 1. कब कटोरी चम्मच या पैलेडी से दूध पिलाने की आवश्यकता है । 2. जरूरत का समान एवं दूध निकालने का तरीका । 3. बच्चे को सही से पकड़ने का तरीका । 4. सही से दूध पिलाने का तरीका । 5. निकाले हुए दूध को फ्रिज में रखना । <p>सभी माँ दूध पिलाने की विधि करके दिखाएँ ।</p> |
|---|--|

Step 6 When to alert the provider *(Play video till the end)*

- | | |
|---|---|
| 1. Any new development /change in routine noticed | डॉक्टर या नर्स को सूचित करें यदि शिशु आपको: |
| 2. Dislodging of tube /probe. | 1. बच्चे में कोई भी बदलाव नजर आयें ।
2. कोई नली या तार अपनी जगह से हट जाये । |

Step 7 FAQs about breast feeding

Step 8 Summarize the session and answer their queries and clear their doubts.

REINFORCE CHECKPOINTS WITH PARENTS

- | | |
|---|--|
| 1. Demonstrate the steps in making nesting, positioning, lifting & placing. | 1. नेस्टिंग पोजिशनिंग उठाने और रखने की प्रक्रिया करके दिखाएँ । |
| 2. Demonstrate the correct attachment to breast. | 2. स्तन से बच्चे को लगाने की विधि करके बताएँ । |
| 3. Demonstrate the correct technique of expression of breast milk. | 3. स्तन से दूध निकालने की विधि करके बताएँ |
| 4. Demonstrate the correct way of Paladai / Katori-spoon | 4. कटोरी – चम्मच या पलदाई से दूध पिलाने की विधि बताएँ । |
| 5. Enumerate signs newborn | 5. शिशु में खतरे के लक्षण बताएँ । |

Thank parents!

KANGAROO MOTHER CARE



Session duration: Approximately 60 minutes



OBJECTIVES:

- By the end of the session the participants will be able to:
1. Enumerate the benefits of Kangaroo Mother Care (KMC).
 2. Demonstrate the skills of providing KMC for newborns.

RESOURCES REQUIRED

1. Video on KMC +TV
2. KMC Chair
3. Gown (Disposable or Cotton gown)
4. Baby socks, cloth/ disposable diaper and head cap
5. A baby sized doll
6. Cloth for wrapping the baby

Introduction & Objectives

- ❖ Start by introducing yourself.
- ❖ Welcome parents/attendants to the session.
- ❖ Those parents who are attending the sessions for the first time should be given special attention and made comfortable.

STEP 1: Familiarization with the concept, benefits of KMC

- ❖ Inform the participants that they will now watch a short film on Kangaroo Mother Care. They can make themselves comfortable in the chairs.
- ❖ Dim the lights in the room. The video should be kept ready on 'play' mode at the start of the session.
- ❖ Now explain that you shall discuss the key aspects of Kangaroo Mother Care by going through short sequences of the video/film.
- ❖ Play the video till '*stop*' point 1 and pause.

✓ **Note:** Ask the parents if they can enumerate some of the benefits of KMC described in the video.

- ❖ Encourage responses from the parents/attendants.

What is Kangaroo Mother Care?



Key messages:

1. KMC is a method of providing warmth by keeping baby in contact with the skin of mother.
2. KMC can be given to all newborn babies.
3. Babies who are born premature or who have birth weight less than 2 kg benefit most from KMC.

मुख्य बिन्दु:

1. के एम सी एक ऐसी विधि है जिसमें शिशु को माँ की त्वचा से स्पर्श कराके गर्म रखा जाता है।
2. के एम सी सभी नवजात शिशुओं को देनी चाहिए।
3. वह शिशु जो समय से पहले जन्में हों या जिनका वजन 2 किलों से कम हो उन सभी शिशुओं को के. एम. सी की अधिक जरूरत होती है।

- ❖ Now explain why KMC is beneficial for both baby and mother.

Benefits of KMC



Key messages:

1. Keeps the baby warm
2. Prevents infections
3. Increases milk secretion
4. Faster growth
6. Better development
6. More bonding between parent & baby

मुख्य बिन्दु:

1. बच्चा ठंडा पड़ने से बचता है।
2. बच्चा संक्रमण से भी बचता है
3. माँ के दूध में वृद्धि होती है।
4. बच्चे का वजन तेजी से बढ़ता है।
5. बेहतरीन शारीरिक विकास होता है।
6. यह भी देखा गया है कि माँ एवम बच्चे के बीच का लगाव बढ़ता है।

STEP 2: Method of doing KMC

❖ Continue the Video, play till 'stop' point 2 and pause.

✓ **Note: Ask the parents-attendants which babies are most likely to benefit from KMC and when can it be started?**

Which babies require KMC?



1. Preterm babies & babies with low birth weight are unable to maintain body temperature on their own and benefit the most when provided KMC.
 2. KMC can be started on advice of doctor/nurse and under supervision when done for the first time.
1. समय से पहले जन्में बच्चे या कम वजन वाले बच्चे जो कि अपना तापमान बनाए रखने में असमर्थ होते हैं, उनके लिए के एम सी सबसे ज्यादा लाभदायक है।
 2. के एम सी को पहली बार डॉक्टर व नर्स के परामर्श के बाद उनकी निगरानी में करना चाहिए।

✓ **Note: Ask parents what the film says about who can provide KMC?**

Who are eligible for giving Kangaroo Care?



1. KMC can be provided by either of the parents and relatives such as the grandmother.
 2. In order to be effective, it should be provided every day, and for at least one hour at a time.
1. बच्चे का कोई भी रिश्तेदार के एम सी कर सकता है जैसे की पिता, दादी, नानी।
 2. के एम सी को प्रतिदिन तथा ज्यादा से ज्यादा समय के लिए करना चाहिए एक बार में 1 घंटे के लिए अवश्य ही करना चाहिए।

✓ **Note: Ask the parents to list the material/things required to provide KMC?**

Method of doing KMC



1. Parent/attendant must maintain their personal hygiene.
 2. Parent/attendant should be wearing a clean front open gown.
 3. For covering the baby, a pair of socks, head cap and diaper is required.
 4. A suitable cloth for wrapping the baby to the mother is also needed.
1. अभिभावक अपनी साफ सफाई का ध्यान रखें।
 2. माँ को के एम सी कराने के लिए आगे से खुल सकने वाला गाउन पहनना चाहिए।
 3. बच्चे को केवल जुराब, टोपी व लंगोट ही पहनाएँ।
 4. बच्चे को माँ के शरीर से लगाने के लिए सहारे के रूप में उचित आकार के कपड़े का इस्तेमाल करें।

STEP 3: Demonstration

- ❖ Continue the video till the end.
- ❖ Now bring out the mannequin/doll & the wrap and ask one of the parents to volunteer so that you can demonstrate the method of KMC.
- ❖ Follow all the steps of KMC as shown in the video using various materials listed at the beginning of the session.
- ❖ Demonstrate the use of special wrapper or other cloth (eg; Dupatta) for wrapping the baby to the mother.

✓ **Note:** Ask the participants to list the important signs that they have to watch for while providing KMC.

Method & Signs to remember while providing KMC



METHOD:

- The mother should sit comfortably.
- The baby should be put in between mother's breast in a frog like position.
- The baby's face should be on one side so that mother can observe the baby.
- Now wrap the baby with gown/dupatta.

Signs to remember while providing KMC.

1. Baby is breathing evenly
2. Baby's feet, palms and tummy are equally warm
3. Baby's heart beat can be felt.
4. Baby's color is pink/normal.
5. Baby is taking feeds

तरीका:

- माँ आराम दायक अवस्था में बैठे।
- बच्चे को माँ के दोनों स्तन के बीच में मेढ़क की अवस्था में रखें।
- बच्चे का सिर एक ओर हो जिससे की माँ उसका चेहरा देख सके।
- अब बच्चे को गाउन/दुपट्टा से लपेट दे।

के एम सी करते समय इन बातों का विशेष ध्यान दें।

1. देखते रहें कि बच्चा सांस सही से ले रहा है।
2. बच्चे के हाथ पैर और पेट बराबर गर्म हो रहे हैं।
3. बच्चे की दिल की धड़कन लगातार महसूस होती रहे।
4. बच्चे का रंग गुलाबी व सामान्य नजर आयें
5. बच्चा ठीक से दूध पी रहा है।

STEP 4: Practice session

- ❖ Other parents/attendants can now practice the method. Reassure them that you and the nursery staff will be available at hand to help them provide KMC to their babies.
- ❖ Mothers who are already practicing KMC can share their experiences.

STEP 5: Promote KMC with certain facts



KMC Facts

1. It is a low cost method inspired by nature
 2. It can be easily practiced at home
 3. Family members can also contribute
 4. It allows the mother freedom to undertake her routine tasks
1. के एम सी एक कम खर्च की प्राकृतिक तकनीक है।
 2. यह घर पर भी आसानी से किया जा सकता है।
 3. परिवार के अन्य सदस्य भी सहयोग कर सकते हैं।
 4. के एम सी करते वक्त माँ अपने दिनचर्या के काम भी कर सकती है।

- ❖ Answer if there are queries from the parents.

STEP 6: Summarize

Summary of Session 3



Step 1	Familiarization with concept of KMC
Step 2	Method of doing KMC
Step 3	Demonstration
Step 4	Practice session
Step 5	Promote KMC with certain facts
Step 6	Summarize

- ❖ Use handout to summarize the session.
- ❖ Appreciate participants and ask for suggestions if any.

Checkpoints

Following questions can be asked to assess their comprehension.



Checkpoints

- | | |
|---|---|
| 1. Enumerate the benefits of KMC. | 1. के एम सी के क्या लाभ है। |
| 2. Enumerate the materials required for KMC. | 2. के एम सी के लिए जरूरी चीजे क्या है। |
| 3. What is the correct position of mother and baby for KMC? | 3. के एम सी की सही विधि क्या है। |
| 4. What is the duration for which KMC is to be done daily? | 4. के एम सी कितने वक्त के लिए करनी चाहिए। |
| 5. What are the things to be monitored while doing KMC? | 5. के एम सी के दौरान किन लक्षणों पर नजर रखें। |

- ❖ Inform them about the time and date for the next sessions.
- ❖ End by thanking the parents/ attendants for their participation.

Handout Session 3 Kangaroo Mother Care

- Give your introduction and welcome the parents.
- Keep the video ready on 'play' mode
- Requirements
 1. Video on KMC +TV
 2. KMC Chair
 3. Gown
 4. Baby socks, cloth/disposable diaper and head cap
 5. Premie Natalie including Care Plus Wrap (optional) or a doll
 6. Cloth for wrapping the baby

Step 1 Familiarization with the concept, benefits of KMC *(Play video till Stop point 1)*

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Maintains temperature of the baby. 2. Protects the baby from infections 3. Helps in faster growth. 4. Enhances bonding between parents and child. | <ol style="list-style-type: none"> 1. बच्चे का सही तापमान बना रहता है। 2. संक्रमण से बचता है। 3. बच्चा जल्दी बढ़ता है। 4. माता पिता और बच्चे में लगाव बढ़ता है। |
|---|---|

Step 2 Requirements of doing KMC *(Play video till Stop point 2)*

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Which babies require KMC? 2. Who can give KMC? 3. Things required for KMC | <ol style="list-style-type: none"> 1. किन बच्चों को के एम सी की आवश्यकता है? 2. के एम सी कौन प्रदान कर सकता है ? 3. के एम सी के लिए जरूरी सामान क्या है? |
|--|---|

Step 3 Method of giving KMC *(Play video till the end)*

Demonstrate method:

- The mother should sit comfortably.
- The baby should be put in between mother's breast in a frog like position.
- The baby's face should be on one side so that mother can observe the baby.
- Now wrap the baby with gown/dupatta.

Signs to remember while providing KMC.

1. Baby is breathing evenly
2. Baby's feet, palms and tummy are equally warm
3. Baby's heart beat can be felt.
4. Baby's color is pink/normal.
5. Baby is taking feeds

तरीका दिखायें:

- माँ आराम दायक अवस्था में बैठे।
- बच्चे को माँ के दोनों स्तन के बीच में मेढ़क की अवस्था में रखें।
- बच्चे का सिर एक ओर हो जिससे की माँ उसका चेहरा देख सके।
- अब बच्चे को गाउन/दुपट्टा से लपेट दे।

के एम सी करते समय इन बातों का विशेष ध्यान दें।

1. देखते रहें कि बच्चा सांस सही से ले रहा है।
2. बच्चे के हाथ पैर और पेट बराबर गर्म हो रहे हैं।
3. बच्चे की दिल की धड़कन लगातार महसूस होती रहे।
4. बच्चे का रंग गुलाबी व सामान्य नजर आये
5. बच्चा ठीक से दूध पी रहा है।

Step 4 Practice session

Now ask the mothers to start the practice. Already practicing mothers/attendants can share their experiences.

Step 5 Promote KMC with certain facts

- | | |
|--|--|
| 1. It is a low cost method inspired by nature | 1. के एम सी एक कम खर्च की प्रकृति से प्रेरित तकनीक है। |
| 2. It can be easily practiced at home | 2. यह घर पर भी आसानी से की जा सकती है। |
| 3. Family members can also contribute | 3. इस तकनीक को अभिभावक व अन्य रिश्तेदार भी कर सकते हैं। |
| 4. It allows the mother freedom to undertake her routine tasks | 4. के एम सी करते वक्त माँ अपने दिनचर्या के काम भी कर सकती हैं। |

Step 6 Summarize the session and answer their queries and clear their doubts.

REINFORCE CHECKPOINTS WITH PARENTS

- | | |
|---|---|
| 1. Enumerate benefits of KMC. | 1. के एम सी के क्या लाभ हैं। |
| 2. Enumerate materials required for KMC. | 2. के एम सी के लिए जरूरी चीजे क्या हैं। |
| 3. What is the correct position of mother and baby for KMC? | 3. के एम सी की सही विधि क्या है। |
| 4. What is the duration for which KMC is to be done daily? | 4. के एम सी प्रतिदिन कतने वक्त के लिए करनी चाहिए। |
| 5. What are the signs to be watched for while doing KMC? | 5. के एम सी के दौरान किन लक्षणों पर नजर रखें। |

Thank parents!

PREPARATION FOR DISCHARGE AND CARE OF THE BABY AT HOME



Session duration: Approximately 65 minutes



OBJECTIVES:

By the end of the session the participants should be able to:

1. Describe how to take care of the baby in the home environment.
2. Recognize an unwell baby through common signs and symptoms.
3. Explain the common danger signs and when to seek emergency health services.

RESOURCES REQUIRED

1. Audio-video film + TV
2. Mannequin/baby sized doll

Introduction & rapport building

- ❖ Start by introducing your self.
- ❖ Welcome parents/ attendants to the session.

STEP 1: Familiarization with the concept of the session

- ❖ Inform the participants that they will watch a short film on taking care of the baby before and after discharge (preventing infection, breast feeding, recognizing the danger signs and immunization).

✓ Note: Ask them to be seated comfortably in the chairs.

- ❖ Keep the video ready on 'play' mode at the start of the session.
- ❖ Run the video till stop point 1 and pause.

STEP 2: General care of baby at home

- ❖ Explain that you will be discussing the general hygiene measures to be followed by the mother to prevent infection through short sequences of the video/ film.
- ❖ Play the video; till stop point 2 and pause.

✓ Note: Ask the parents to recall some of the messages they have learnt earlier regarding hygiene and washing hands.

- ❖ Encourage responses from the parents/ attendants.

General hygiene measures

Key messages:

1. Hygiene & hand wash
2. Bath daily
3. Wear clean clothes
4. Clip nails, do not use nail polish
5. Remove items such as jewellery, amulets, watch etc.
6. Wash hands:
 - after cleaning/ changing diaper of the soiled baby; and
 - after going to toilet
7. Wipe/ dry hands with clean towel or wipes.

मुख्य बिन्दु:

1. साफ सफाई रखें तथा हाथ धुले होने चाहिए ।
2. प्रतिदिन नहाएँ ।
3. साफ कपड़े पहने ।
4. नाखून कटे हुयें हों, नेल पालिश का प्रयोग ना करें ।
5. चूड़ी घड़ी, इत्यादि उतार दें ।
6. अपने हाथ अवश्य धोएँ
 - बच्चे का मल मूत्र साफ करने के बाद ।
 - शौच जाने के बाद ।
7. हाथ धोने के पश्चात कपड़े से सुखा लें ।

- ❖ Continue the film and play till stop point 3 and pause.

✓ Note: Ask the parents/ attendants if they can describe how the baby is to be sponged/ cleaned and dressed?

Bathing / Cleaning / Dressing up the baby and environment



Bathing the baby:

1. Do not give bath to the baby with low birth weight. Sponge the baby daily with lukewarm water.
2. Clean the diaper area in the end.
3. Dry the baby using a towel or a clean cloth.
4. Do not apply any thing on the cord; keep it dry.
5. Do not apply Kajal.

Dressing up the baby:

1. Dress the baby in clothes appropriate for the weather.
2. Dress baby in clothes made of cotton.
3. In winters, cover the baby with a layer of cotton clothes under the woolen.
4. Put on cap and socks for low birth weight babies.

Environment:

1. Room should have adequate natural light and fresh air.
2. Do not place the baby directly under the fan or near a window.

मुख्य बिन्दु:

बच्चे को कब व कैसे नहलाएँ

1. कम वजन वाले बच्चे को न नहलाएँ उन्हें गुनगुने पानी में डूबी रुई या कपड़े से साफ कर सकते हैं।
2. लंगोट खोलकर अंतरांगों को आखिर में साफ करें।
3. अंत में शिशु को साफ कपड़े या तौलियें में पोछे।
4. बच्चे की नाल को सूखा रखे उस पे कुछ ना लगाएँ
5. बच्चे की आँखों में काजल सुरमा ना लगाएँ।

बच्चे को किस प्रकार के कपड़े पहनाएँ।

1. बच्चे को मौसम के अनुसार कपड़े पहनाएँ।
2. बच्चे को सूती कपड़े पहनाएँ।
3. सर्दियों में उनी कपड़े के नीचे सूती कपड़ों की एक परत अवश्य पहनाएँ।
4. कम वजन वाले बच्चों को टोपी जुराब अवश्य पहनाएँ।

बच्चे के आस पास का वातावरण।

1. कमरे में पर्याप्त रोशनी एवं ताजा ताजी हवा होनी चाहिए।
2. शिशु को कभी भी सीधा पंखे के नीचे या खिड़की के पास ना लिटाएँ।

❖ Play the video till stop point 4 and pause.

❖ Ask the parents to recall the information provided in the video regarding feeding.



Feeding the baby

Key messages:

1. Exclusively breastfeed the baby for the first 6 months means, no top feed, Ghutti, water, chai or honey.
2. Sit in a comfortable position and hold the baby close to your body.
3. Burp the baby after feeding.
4. Preterm / small babies can be given expressed breast milk with the help of Paladai /katori & spoon after being breastfed.
5. If the baby is fed well, she/he goes to sleep after feeding.
6. After breast feeding, look into the eyes and talk to the baby.
7. Provide KMC for as long as possible.
8. Play as much as possible when the child is awake to improve the development of the baby.

मुख्य बिन्दु:

1. शिशु को पहले 6 महीने में केवल माँ का ही दूध पिलाएँ। ऊपर से शहद, पानी, घुट्टी, चाय आदि न दें।
2. आरामदायक स्थिति में बैठें एवं शिशु को नजदीक से पकड़ें।
3. दूध पिलाने के उपरान्त शिशु को डकार दिलवाएँ।
4. कम वजन वाले शिशु या कम समय पर जन्मे बच्चों को स्तन पान करवाने के बाद माँ दूध निकालकर कटोरी / चम्मच या पैलेडी से भी पिला सकती है।
5. यदि बच्चा भर पेट दूध पी रहा है तो वह अच्छी नींद लेगा।
6. दूध पिलाने के बाद शिशु की आँखों में देखें एवं उससे बात करें।
7. जितना सम्भव हो सके उतना बच्चे को के एम सी करवाएँ।
8. जब शिशु जगा हो तो उसके साथ ज्यादा से ज्यादा खेलें इससे शिशु का अच्छा मानसिक विकास होता है।

STEP 3: Early Signs Of Sickness

- ❖ Continue the video till stop point 5 then pause.
- ❖ This is a lengthy section with many important messages; therefore break it into smaller segments while enumerating the key points.
 - o How will you know if the baby is unwell?
 - o What are the signs that indicate the baby is likely unwell?



Signs of a well-baby and early signs of sickness

Signs of a well-baby:

1. Healthy full term baby moves limbs actively.
2. Sleeps 18-20 hours.
3. Cries when hungry or soiled.
4. When put to breast, sucks actively and feeds well.
5. Preterm babies have lower level of activity compared to full term baby and has weak sucking.

Early signs of sickness:

1. Baby is not feeding well, lethargic.
2. Baby is either too hot or too cold to touch.
3. Abnormal movements like stares, repetitive movement of hands and feet.
4. Palms and soles turn yellow.
5. Breathing becomes fast or baby has difficulty in breathing.

Seek help promptly from a doctor, nurse or a closest health facility if any of these symptoms or signs are noticed.

Other signs which require attention:

1. Eruptions on the body (like pustules).
2. Discharge from the eyes.
3. Discharge from the cord.
4. Distension of abdomen + vomiting or not passings stool

मुख्य बिन्दु: स्वस्थ नवजात शिशु

1. स्वस्थ नवजात जो पूरे 9 महीने पर पैदा होते हैं वे चुस्त होते हैं।
2. शुरुआत के कुछ दिनों में 17–20 घंटे सोते हैं।
3. भूख लगने पर व मल मूत्र में भीग जाने पर रोते हैं।
4. जब बच्चे को माँ स्तन से लगाती है तो चुस्ती से दूध चुस्ते हैं।
5. कम समय पे जन्मे शिशु उतने चुस्त नहीं होते हैं। उनकी हरकत कम होती है तथा वे स्तन पान करने में भी कम चुस्त होते हैं।

शिशु में बीमारी के लक्षण

यदि ऐसा कोई भी खतरे का लक्षण आप अपने शिशु में देखते हैं तो नजदीकी स्वास्थ्य केन्द्र पर यथाशीघ्र डॉक्टर या नर्स को दिखाएँ।

1. यदि बच्चा सुस्त लगे, दूध न पिए या फिर भूख लगने पर, मल मूत्र में भीग जाने पर भी ना रोए।
2. यदि शिशु छूने में ठंडा या ज्यादा गर्म लगे।
3. शिशु को एक तरफ टकटकी लगाकर देखना अथवा हाथ पैर या शरीर में अकड़न या कंपन होना।
4. हथेलियों या तलवों का हल्दी की तरह पीला पड़ना।
5. पसली चलना या शिशु का तेज सांस लेना या नुथने फूलना। (ऐसा सामान्यता: दूध पीते वक्त या रोते वक्त भी हो सकता है।)

बीमारी के अन्य लक्षण

1. शरीर पर पस वाले फोड़े फुन्सी निकलना।
2. आँखों में से मवाद आना।
3. नाल में से मवाद आना।
4. पेट फूलना तथा शिशु का उल्टी करना या मल ना करना।

STEP 4: Advice on discharge and immunization

- ❖ Now play the video from stop point 5 till the end and tell the parents that this segment of video pertains to the advice on discharge and immunization.
- ❖ While the baby is being discharged, the queries of the parents should be clarified as clearly as possible.
- ❖ If you are not sure about the answer, you can always consult an other doctor or a nurse in-charge and come back with relevant information.

Discharge & immunization

1. Follow the discharge instructions that will be provided to you on the discharge card
 2. Follow up at the facility (SNCU) as per the advice on the discharge card
 3. Explain importance and schedule of immunization.
1. छुट्टी की पर्ची पर लिखे निर्देशों का पालन करे।
 2. छुट्टी की पर्ची पर लिखे निर्देशानुसार शिशु को अस्पताल दुबारा जाँच के लिए लेकर आये।
 3. टीकाकरण का महत्व एवं समय सारणी बतायें।

✓ Note: Discuss about the importance and timings of immunization

STEP 5: Summarize

Summary of session 4



Step 1	Familiarization with concept
Step 2	General care of baby
Step 3	Danger signs
Step 4	Advise on discharge and immunization
Step 5	Summarize

- ❖ Use hand out to summarize the session. Ask for queries and clear their doubts.

Checkpoints

Following questions can be asked to assess their comprehension.



1. What steps are to be taken in order to prevent infection?
 2. When are you going to bathe your baby the first time, what are the precautions to be taken while bathing the baby?
 3. What are the appropriate clothes require for the baby?
 4. Discuss the importance of breast feeding and the signs that show that the baby is fed adequately.
 5. Enumerate the danger signs.
 6. Enumerate the importance of immunization. When are they required to visit the hospital again?
1. शिशु में संक्रमण को रोकने के उपाय क्या हैं?
 2. बच्चे को पहली बार कब नहलाएँ एवं नहलाते समय क्या सावधानियाँ रखें।
 3. शिशु को सही प्रकार के कपड़े पहनाने के बारे में पूछें।
 4. स्तनपान का महत्व और कैसे जाने की शिशु ने पर्याप्त दूध पिया है, इस पर चर्चा करें।
 5. शिशु खतरे के लक्षण बतायें।
 6. टीकाकरण का क्या महत्व है वापिस अस्पताल में शिशु को दिखाने कब आना है?

- ❖ End by thanking the parents/ attendants for their participation.

Handout Session 4

Preparation for discharge & care of the baby at home

- Give your introduction and welcome parents.
- Keep the video ready on 'play' mode
- Required:
 - 1) Video film +TV
 - 2) Mannequin/doll

Step 1 Familiarization with the concept *(Play video till Stop point 1)*

Step 2 General care of baby at home

General hygiene measures *(Play video till Stop point 2)*

1. Mother should bathe daily, wear tidy clothes.
2. Wash hands after changing diapers and cleaning of soiled baby.
3. Dry hands using clean cloth.
1. माँ प्रतिदिन नहाएँ, साफ कपड़े पहने।
2. हमेशा बच्चे को डाइपर बदलने और मल साफ करने के बाद हाथ धोएँ।
3. साफ कपड़े से हाथ सुखाएँ।

Bathing/Cleaning/dressing up the baby and environment *(Play video till Stop point 3)*

1. How to clean a soiled baby?
2. When to start bathing a baby?
3. How to change diaper?
4. Which type of clothes are suitable for the baby?
5. How to maintain the temperature of the room where baby is placed
1. बच्चे को साफ करने का तरीका क्या है।
2. बच्चे को नहलाना कब शुरू करें?
3. बच्चे का डाइपर बदलने का तरीका क्या है?
4. बच्चे के लिए कैसे वस्त्रों का उपयोग करना।
5. जिस कमरे में बच्चा हो उसका तापमान समान्य कैसे बनाये रखें?

Feeding the baby *(Play video till Stop point 4)*

1. Benefits of breast feeding.
2. Technique of breast feeding.
3. What to feed and not to feed?
4. Burping
5. Technique of Katori-Spoon/Paladai feeding.
6. When to play and talk to the baby?
1. स्तन पान के फायदे।
2. स्तनपान कराने के सही तरीके।
3. बच्चे को क्या खिलाएँ क्या न खिलाएँ।
4. बच्चे को डकार दिलाना।
5. कटोरी चम्मच, पैलेडी से कैसे दूध पिलाएँ।
6. बच्चे से कैसे और कब बात करें?

Step 3 Early Signs Of Sickness *(Play video till Stop point 5)*

1. Signs of a well-baby.
2. Early signs of sickness and when to seek medical help.
1. स्वस्थ बच्चे की निशानियाँ।
2. बच्चों में खतरे के लक्षण और कब स्वास्थ्य सेवाओं की मदद लें।

Step 4 Advice on discharge and immunization *(Play video from Stop point 5 to till the end)*

1. Encourage compliance with follow-up advice on discharge.
2. Explain importance and schedule of immunization.
1. छुट्टी के पर्चे पे लिखे निर्देश के पालन का महत्व बताएँ।
2. टीकाकरण का महत्व एवं समय सारणी बतायें।

Step 5

Summarize the session and answer their queries and clear their doubts.

REINFORCE CHECKPOINTS WITH PARENTS

- | | |
|---|---|
| 1. What steps will you take to prevent infection in your baby? | 1. शिशु में संक्रमण को रोकने के उपाय क्या हैं। |
| 2. When are you going to bath your baby first, what are the precautions to be taken? | 2. बच्चे को पहली बार कब नहलाए एवं नहलाते समय क्या सावधानियाँ बरते। |
| 3. Appropriate clothing for the baby. | 3. शिशु को कपड़ा पहनाने का सही तरीका पूछें। |
| 4. Tell importance of breastfeeding and what are the signs that baby is getting adequate feeds? | 4. स्तनपान का महत्व पूछें। कैसे जाने की शिशु ने पर्याप्त दूध पिया है। |
| 5. Enumerates the danger signs. | 5. खतरे के लक्षण बतायें। |
| 6. Enumerates importance of immunization and when are they required to visit hospital again. | 6. टीकाकरण का क्या महत्व है। वापिस अस्पताल में दिखाने कब आयें। |

Thank parents!



ANNEXURE

4

ANNEXURE I: Facilitators' training

ANNEXURE II: Requisites for initiating FCC in
newborn care unit

ANNEXURE III: Developmentally Supportive Care

ANNEXURE IV: Learning good communication skills

ANNEXURE V: Posters

ANNEXURE I

Facilitators' Training

Training of Facilitators means that individuals who are to teach, mentor or train others, attend the training themselves. Train-the-trainer sessions typically prepare instructors (facilitators) to present information effectively, respond to participant questions and lead activities that reinforce learning. They also direct participants to supplementary resources and reference materials. In the train-the-trainer model, a new instructor (facilitators) typically gets to watch an experienced instructor (facilitators) teach, complete the exercises him/herself and then practice teaching segments to other participants. This makes new instructors (facilitators) have more confidence in their abilities and are motivated to disseminate the new information to others.

In context of FCC, selected health personnel from health facilities will attend the Training of Trainers at the apex training cum resource Centres. These trainers will further conduct training for all the personnel positioned at their newborn care unit (SNCU / NICU).

Sample agenda that can be followed is provided.

Workshop on Family Centered Care (FCC) for Newborn

DATE:.....; Venue:.....

Time	Session Topic & details	Training methodology
Day 1		
9.00-9.15	Welcome & Introduction of the participants; Objectives of the workshop	
9.15-9.45	Introduction to FCC	Power point presentation; group discussion
9.45-10.15	Experience sharing from facilities practicing FCC	
10.15 -11.00	Communication with parents	Role play, group discussion
11.00-11.30	Tea Break	
	Session 1	
11.30-12.30	Model session 1	Audio video film with discussion at stop points, demonstration of skills, practice
	Session 2	
12.30 -13.00	Developmentally supportive care: introducing the concept	Power Point presentation & discussion
13.00-14.00	LUNCH	
14.00-15.30	Model session 2	Audio video film with discussion at stop points, demonstration of skills, practice
15.30-16.00	Tea Break	
	Session 3	
16.00-17.00	Model session 3	Audio video film with discussion at stop points, demonstration of skills, practise
Day 2		
	Session 4	
9.00-10.00	Model session 4	Audio video film with discussion at stop points, demonstration of skills, practice
10.00-11.00	Skill stations A – Entry into Nursery & Handwashing participants; feedback B – Developmentally supportive care Workshop station C –Feeding of newborns Workshop station D – KMC Work station	Demonstration by facilitator; Practice of specified skills by all Workshop station
11.00-11.15	Tea Break	
11.15-12.15	Skill station (by rotation) continued	Practice of specified skills by all participants; feedback
12.15-13.15	Lunch break	
13.15-14.15	Skill station (by rotation) continued	Practice of specified skills by all participants; feedback
14.15-15.15	Skill station (by rotation) continued	Practice of specified skills by all participants; feedback
15.15-15.30	Tea break	
15.30-17.00	Operationalizing of FCC in the work place: Implementation , Monitoring, Data recording etc.	Power Point presentation & discussion

ANNEXURE II

Requisites for initiating FCC in newborn care unit

The requisites for initiating FCC

A number of elements, including design, infrastructure, attitude and practices, are critical for creating and maintaining family centered environment in newborn care units. Capacity building of parent-attendant is one of these important aspects and is dealt in further detail in this document.

1. Facility & infrastructure

- In each SNCU/newborn care facility practicing FCC, should ideally have a separate room for conducting sessions with parents-attendants. Adequate and appropriate facilities for supporting the training include the following:
- Sufficient space for all parents-attendants to sit comfortably during the session;
- Sufficient room set-up for parents-attendants to interact with one another;
- Space and facilities for hands-on training using equipment (such as mannequin or scrub station) as part of activity-based learning; and
- Sufficient equipment, technical support, and resources to support training via technology, such as for screening of videos using Television or laptop.

2. Attitude of service providers

- Staff has respect for families, their culture, and socio economic background;
- Staff demonstrates empathetic & supportive attitude (reflected in voice tone, eye contact and attitude);
- Staff answers questions honestly and provides explanations that are understandable to parents- attendants;
- Staff invests additional face to face & coordination time in engaging with families; and
- Staff is available to support and supervise parents/ primary caregivers participating in the basic nursing care of their newborns.

3. Practices in newborn care facility

- Staff shares complete, honest, and unbiased information with parents- attendants at the time of admission, on an ongoing basis and at the time of discharge
- Health care providers are accessible to parents-attendants for communication (more face to face interaction).
- Education and training in family-centered care is provided to all staff members and trainees.
- Structured protocol for learning is put in place for parents-attendants/structured capacity building programme is put in place; health information is made available in the range of cultural and linguistic diversity in the community, taking into account health literacy of the parents-attendants.

- Primary caregivers can visit their babies after they have learnt the protocols for entry in to nursery.
- Parents-attendants are enabled to participate in limited nursing care for sick babies according to their ability to commit time; at the same time there is flexibility of participation (eg; those unwilling or unable to devote time).
- Father is actively encouraged to participate in the care of the baby.

Organizing the sessions for parents attendants in nursery setting

For conducting the capacity building programme for the parents-attendants, following preparations need to be made:

- Each month a micro-plan for conducting the sessions is to be developed. This micro-plan should clearly communicate the nurse/doctor who will be conducting session/s on a particular day; a backup plan should be made in case the designated person is unavailable on a particular day.
- Decide the time when sessions will be conducted each day; while there is flexibility for each unit to decide at what time to conduct the sessions, the timing once decided, should be adhered to on a day to day basis.
- Develop a checklist of items (equipment or other training tools) required for conducting the each of the sessions.
- Maintain suitable log books to record the participation of parents- attendants in the capacity building programme.

The further details regarding implementation of the FCC program at SNCU are mentioned in the of operational guidelines.

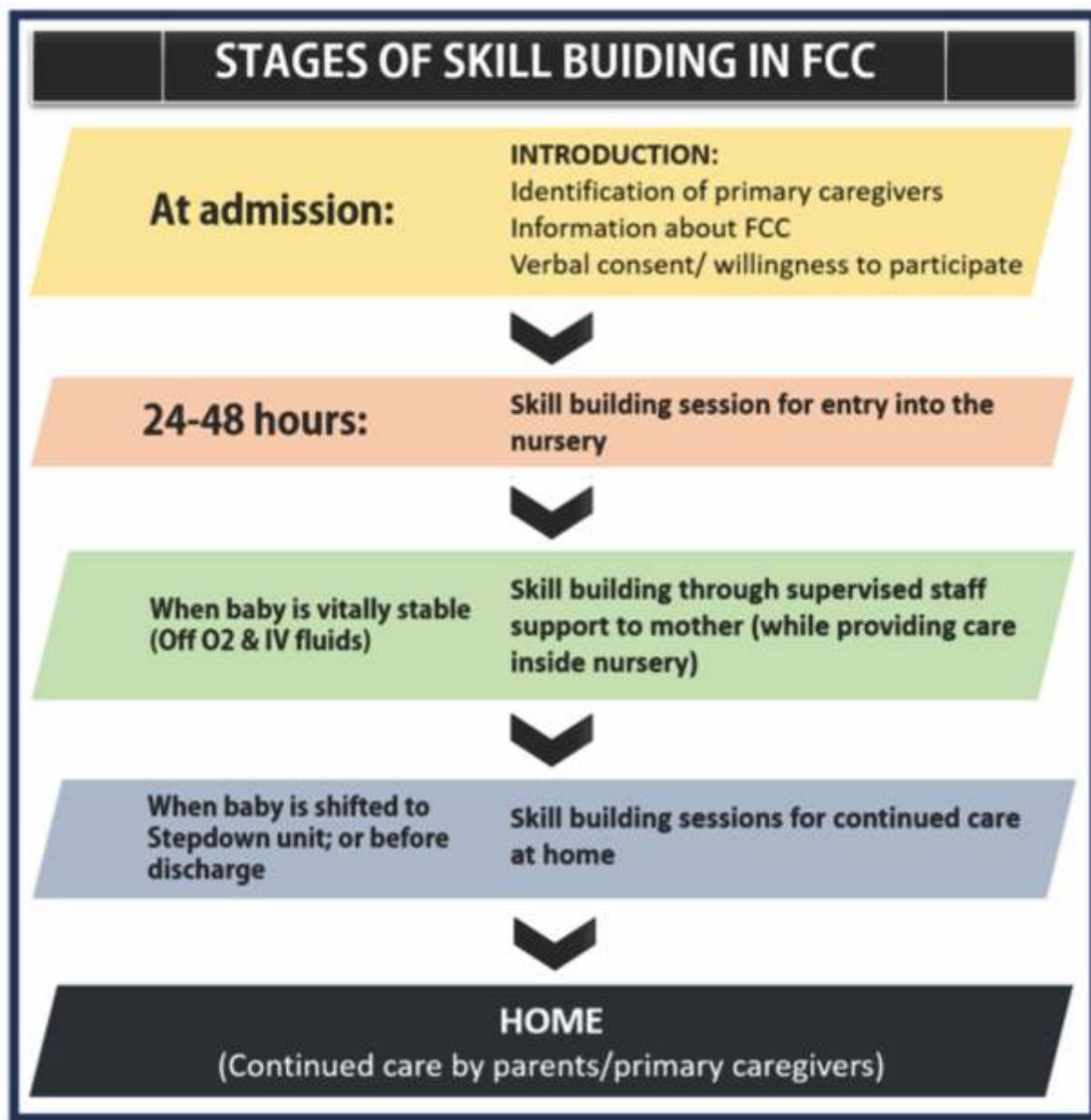


Figure: Stages of skill building

Supervising parents-attendants participating in newborn care

Besides the structured training sessions, it is equally important that parents-attendants are supervised and supported at the baby's bedside. This requires that the staff:

- ✓ Is well informed
- ✓ Is supportive & builds their confidence
- ✓ Identifies what needs to be done differently
- ✓ Provides feedback & demonstrates the correct practices
- ✓ Is available when needed
- ✓ Praises the caregiver for the skills practiced correctly

ANNEXURE III

Developmentally Supportive Care

Improved medical care for infants has led to better rates of survival-especially for premature and low birth weight babies. While mortality rates in preterm neonates have decreased, morbidity rates remain significantly high. The focus has been on technology driven, provider centric care for sick baby where parental/ family participation in care and decision making for their own baby has been limited. This way psychosocial needs of baby and family remain inadequately addressed and sick babies' development does not get immediate priority.

In addition to cerebral palsy, hearing loss, visual impairments and developmental delay, long term follow up studies have identified other important neurosensory impairments that may not become evident until preschool or school age such as cognitive and behavioural problems.

Preterm infants are born prior to or during critical periods of brain development. The third trimester of fetal development is a period of rapid brain growth and environmental influences eg noise or handling may impact on the developing brain.

Modifications to the nursery environment and care practices that may reduce morbidity can easily be implemented.

Developmental care is an approach to individualize care of infants to maximize neurological development and reduce long term cognitive and behavioural problems.

Goals of developmental care

The goals of developmental care for the newborn are to:

- reduce stress
- conserve energy and enhance recovery
- promote growth and well being
- support emerging behaviours at each stage of neurodevelopmental maturation

Cue based care

This is a system of care giving in response to the infant's behavioural cues, including the appropriate provision and modification of sensory stimulation.

The usually observed baby's communication/behaviour/cues tells that the baby is stressed or overstimulated. Following are some of the usually observed behaviour/ cues:

COMMON BEHAVIOR /CUES	
Behavior/ Cues	Description
1. Arm Salute	Infant keeps his hand over his face to avoid light. 
2. Sitting on air	The infant's hips are flexed and knees and legs are extended of the bed. This can be observed in supine and side lying. 

3. Fingers play	Infant's hands open and fingers are extended and separated from each other	
4. Gaping	Mouth open	
5. Yawning	Mouth wide-open	
6. Squirms	Tiny wriggling movements in the trunk with movements in the extremities.	
7. Tongue extension	Infants tongue protrudes beyond the lips; may keep repeating or maintain this position.	

8. Arching	Infant extends head or trunk pushing neck backward. 
9. Gaze averting	Infant looks away from face. 
10. Grimaces	

If any of the above signs are observed, modulate the environment, stop any sensory stimuli being given and calm the infant.

Core principles

The core principles of developmentally supportive care during care of sick newborns in a nursery are:

1. Creating a soothing “baby friendly” environment for premature and sick babies in nursery.
2. Managing pain and reducing stress
3. Providing longer periods of uninterrupted or protected sleep.
4. Collaborating with family as partners in caring for their infant, educating and empowering the parents to take informed decision regarding their baby.

Reducing stress & uninterrupted sleep

Environment modification

Light

Constant bright light in the nursery can interfere with natural diurnal rhythms and overstimulate the infant. Interventions to maintain an appropriate individualized light environment include:

- Use adjustable light levels within each warmer plus procedure light for observation and procedures.
- Shield infants from bright light with cot covers, eye covers and dimmed lights.
- Reduce light levels generally in the nursery, maintaining a safe level for accurate clinical observation as necessary.
- Avoid overhead lights when infant is not being examined or is sleeping.
- Encourage dimming light at night for good sleep cycle.
- Monitor ambient light levels.

Sound

- Have designated quiet times during the day.
- Close side panels of radiant warmers and incubator portholes quietly.
- Encourage staff and visitors to talk quietly, and avoid talking over the infant in an open cot.
- Avoid banging bin lids.
- Set monitor alarm limits and to neat appropriate levels and try to silence alarms as soon as possible.
- Mobiles and other phones to be kept on silent.
- Monitor noise levels periodically to identify times and causes of high levels. The sound should not exceed 45 dB.

Smell

- Staff and parents to avoid perfumes and strong smelling oils while handling the baby.

- Bottles containing toxic smell should be opened away from the baby.

Nursery practices

Cue based care and clustering of cares

This involves caring for the infant while recognizing the behavioural cues or stress responses and providing an appropriate strategy such as timeout or modification of care as appropriate.

Clustering of care encourages a minimum handling approach and protects periods of deep sleep by minimizing the number of times an infant needs to be woken up or disturbed.

If an infant is unable to cope with a particular cluster of care (observation of stress cues) then cluster fewer care procedures next time if possible.

Stressful or painful procedures

Minimize painful procedures and provide appropriate pain relief measures.

During these procedures the use of some comforting techniques can reduce stress responses.

Comforting techniques include:

- Non-nutritive sucking (dummy, cotton bud with breast milk or sucrose)
- Containment (comfort baby through touch): (swaddle or gently holding hands together on chest and/or hold legs tucked up)
- Grasping a finger



Figure 1: Containment

Feeding support

Breast feeding during any invasive procedures or sampling reduces the stress. Provide support for breast feeding or alternatives as required with the emphasis again on individualized family centered care.

Follow the infant's cues and pace the feeds, according to the infant's capacity to organize sucking, swallowing and breathing.

Staffing practices

Provide continuity of caregivers whenever possible. Develop caregiver groups for longer stay with infants.

Handling

Handling techniques include:

- Handle infants in ways that minimize stress and uncontrolled responses.
- Contain the infant using hands to keep them in a flexed and contained position.

Noxious stimuli

Minimize the infant's exposure to noxious stimuli such as strong fragrances, open alcohol swabs outside the incubator, clinical procedures and adhere to lighting and noise guidelines.



Figure 2:Positioning

Kangaroo care

Provide opportunities for kangaroo care when possible. Kangaroo care is early, prolonged and continuous skin to skin contact between a parent and a low birth weight infant.

Positioning

Promote physiological flexion – limbs in the mid-line for hand-to-mouth orientation

Positioning: place the baby in side lying position with head slightly flexed forward, back curved, hands near the mouth and both the knees bent towards the stomach.

Nesting/boundary

Simulate a womb like environment by rolling 2-3 baby sheets together tightly in a coil. Place this coil around the infant, like a nest ensuring a fetal like flexed position.



Figure 3:Nesting

SELF-REGULATORY/CALMING TECHNIQUES OF INFANTS

Hand mouthing



Blanket clasp



Finger Clasp



Leg Clasp



Key messages:

- Preterm infants are born prior to or during critical periods of brain development.
- Developmental care aims to reduce stress on infants and promote neurological development.
- Simple, easy to implement modifications to the nursery environment and care practices may help reduce morbidity.
- Attention to noise, light and position of neonates can all help to reduce stress and maximize outcomes.

ANNEXURE IV

Using good communication skills

Good communication skills are important in order to gain the trust of people. They also help ensure that information given to families is provided in a way that is easy to understand, and the advice is easy to follow. By using good communication skills, service providers can talk with families and help them provide the best care possible for their new bornbabies.

Good Communication helps in:

- Understanding the problems of mothers /family members and barriers to adopting optimal practices.
- Addressing doubts and queries of members regarding various childcare practices.
- Clarifying existing myths and misconceptions about specific practice/behaviour
- Helping the mothers /family members in adoption of new practice
- Establishing trust and credibility with the family and the community at large.
- Identifying gaps in the knowledge of mothers /family members and filling them.

LEARNING GOOD COMMUNICATION SKILLS

Prerequisites of good communication skills

For effective communication, service providers need to possess several communication skills which may be summarized as “ALPAC”. practice.

- Ask and listen to find out what the baby's problems are and what the mother is already doing for the newborn/infant
 - Praise the mother for what she has done well
 - Advise her how to care for her newborn at home
 - Check the mother's understanding, for example about home treatment.
- (Remember acronym: ALPAC)

Greeting the beneficiary.

Always greet senior family members and build rapport with them. The greeting should be specific to the age of the person you are talking to. It could be done verbally or through non-verbal communication such as a smile. This helps in building rapport with the community members. Enquiring about general well-being and initiating discussion with the mother/caregiver of a child to understand the situation or a problem. In short,

1. Be friendly and respectful
2. Speak in a gentle voice
3. Talk to the whole family

Asking and Listening.

Listen carefully to find out what the baby's problems are and what the parent/mother is already doing for her baby. Then you will know what she is doing well, and what practices need to be adopted/changed.

Remember to:

1. Ask open-ended questions
2. Use "body language" to show that you are listening to the family
3. Reflect back what the mother or care giver says

4. Empathize – show that you understand what she/he feels
5. Avoid words that sound judging

Asking Questions:

- ❖ Asking questions is important to learn about the family's situation. This is because you should build your advice on what the family already knows and is doing.
- ❖ Read the following two questions:
 - Did you see and touch your baby?
 - How do you feel about your baby?
- o The first question is answered with a yes or no. Such questions are called ‘closed ended questions’.
- o The second question is answered with a longer description. Questions like this are usually asked when you want to understand a situation or learn more about something. They are called ‘open-ended questions’. These questions usually start with "How do you....", "Please tell me about....", "Please describe....", "What are the and “why do you.....”

"Open ended" questions are better to explore the family's situation of what they already know and are doing. Doctor/Nurse can then build on this information while counselling them instead of talking at them as if they didn't know anything.

the....", and "Why do you....".

"Close ended" questions are good for getting specific information, such as if the mother has had any children previously.

Open-ended questions are more likely to identify harmful beliefs than closed-ended questions.

For example:

- Do not say: "Does the baby sleep well?"
- Instead say: "How is the baby sleeping?" (Open question)

Listening:

- ❖ Use body language to show that you are listening
 - o Sit opposite the person you are listening to at same head level and appropriate distance.
 - o Lean slightly towards the person to demonstrate interest in what they are saying.
 - o Maintain eye contact as appropriate.
 - o Look relaxed and open, show you are at ease with them --arms should not be crossed
 - o Do not rush or act as if you are in a hurry
 - o Gestures, such as nodding and smiling, or saying 'mmm' or 'ah'
 - o Touch, as appropriate

Reflect Back:

- ❖ When a person states how they are feeling (afraid, worried, happy etc) let them know that you hear them by repeating it. This is called reflecting feelings and is a tool to show you are listening. An example would be 'so you say you are worried'.

For example:

If a mother says: "My baby is not warm since morning."

You could say: "He is not warm since morning?"

EMPATHY:

Showing empathy is putting yourself in someone else's place and understanding how they feel in a situation. It fosters trust. If a mother says "I am tired all the time now", a response showing empathy would be: "you are feeling tired that must be difficult for you".

For example:

Nurse: How is cup feeding going for you and the baby?

Mother: He is taking whole of the amount as told by staff nurse and I am happy.

Nurse: You must feel pleased that it is going so well.

Avoid Words That Sound Judgmental

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

Praise when appropriate.

- ❖ Praise the mother and family if they are doing something well or if they have understood correctly. Praising the family for this will strengthen their confidence to maintain the beneficial behaviour and to adopt other beneficial behaviours. However, be sure that praise is genuine, and only praise actions that are indeed helpful to the baby. You can always find something to praise.
- ❖ Praise can be given throughout the counselling process when appropriate.

Example:

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

Nurse: It was very good that you called me so quickly because it will prevent delay in starting treatment.

Give advice.

- Limit your advice to what is relevant to the parents/mother at this time. Give advice based on the family's situation (what they have told you and where they are in adopting new behaviours).
- Make suggestions in stead of giving commands. It would be appropriate to say: Have you considered? Would it be possible? What about trying?
- Give information in short sentences: An example would be:

"You may find that eating more when you are feeding your baby gives you more energy. It will also help the baby grow. Perhaps you could try eating an extra helping of rice and more vegetables everyday".

- Use simple language: that the parents/mother will understand. Do not use technical words if not commonly used, but local words.
- Use pictures (mother cards or similar) or real objects to explain. For example, show amounts of milk to be given in a cup or paladai.
- Advise against any harmful practices that the parent/ mother may have used. When correcting a harmful practice, be clear, but also be careful not to make the parent/mother feel guilty or incompetent. Explain why the practice is harmful.
- Some advice is simple. For example, you may only need to tell the mother to return with the baby for a follow-up visit in five days. Other advice requires that you teach the mother how to do a task; eg; feeding with cup and spoon.

When you teach a mother, use three basic teaching steps:

1. Give information. Explain to the mother how to do the task.

Example: explain to the mother how to provide KMC

2. Show an example. Show the mother how to do the task.

Example: Show the mother how to position the baby and use a wrap or dupatta for KMC.

3. Let her practise. Ask the mother to do the task while you watch her.

Example: Observe the mother while she provides KMC.

Letting a mother *practise* is the most important part of teaching her a task. If a mother does a task while you observe, you will know what she understands and what is difficult for her. You can then help her do it better. The mother is

more likely to remember something that she has practised than something that she has heard. The main points you need to remember when teaching mothers new skills are summarized below.

Important points in advising/teaching mothers

When advising or teaching a mother about new skills you should:

- Use words that s/he understands
- Use teaching aids that are familiar to him/her
- Give feedback when s/he practises. Praise what was done well and make corrections if necessary
- Allow more practice, if needed
- Encourage the parent/mother to ask questions and answer all his/her questions.

Check understanding.

Asking checking questions

Checking questions find out what a mother has learned. A checking question must be phrased so that the mother answers more than 'yes' or 'no'. Good checking questions require that she describes why, how or when she will give a treatment.

Knowing how to ask a good checking question is an important communication skill. Good checking questions begin with question words, such as why, what, how, when, how many, and how much. Poor questions, answered with a 'yes' or 'no', do not tell you how much a mother knows. Some examples of good checking questions are given below:

- What milk will you give your child?
- How often will you give milk?

After you ask a question, pause. Give the mother a chance to think and then answer. Do not answer the question for her. Do not quickly ask a different question. Wait for her to answer. Give her encouragement.

If you get an unclear response, ask another

checking question. Praise the mother for understanding correctly, or clarify your advice as necessary.

If the mother answers incorrectly or says she does not remember, be careful not to make her feel uncomfortable. Give more information, examples or practice to make sure she understands. For example, you could teach her again how to give a treatment, then ask her some more good checking questions to be confident that she understands what to do. Box 14.2 summarises the key points you need to remember when checking whether a mother understands information you've given her or how to carry out a particular treatment.

Have the mother or family members repeat what needs to be done in her/ their own words. This is getting feedback—what they understand you have said.

This is very important to ensure that they have understood what needs to be done. If necessary, repeat your advice in a different way.

Important points in checking understanding

When checking the mother's understanding:

- Ask questions that require the mother to explain what, how, how much, how many, when, or why. Do not ask questions that can be answered with just a 'yes' or 'no'.
- Give the mother time to think and then answer.
- Praise the mother for correct answers.
- If she needs it, give more information, examples or practice.



नर्सरी में प्रवेश व हाथ धोने की प्रक्रिया

नर्सरी में प्रवेश से पहले निम्न बातों का ध्यान रखें:-

- रोज नहाना व अपनी सफाई का ध्यान रखना।
- घड़ी, चूड़ी, शॉल, अंगूठी इत्यादि उतार दें।
- शर्ट की बाजुओं को कोहनी तक मोड़ लें।
- बीमार अवस्था में नर्सरी में न जाएं।
- अपनी चप्पल उतार के नर्सरी की चप्पल पहने।
- अपने हाथों को नीचे चित्रों में दिखाई गई प्रक्रिया के अनुसार धोएं।

हाथ धोने की प्रक्रिया



1. ऊँगलियों के बीच में



2. हाथों के पीछे



3. मुट्ठी बनाकर हाथों को मलें



4. अंगूठे



5. नाखूनों की सफाई



6. कलाई से लेकर कोहनी तक

नर्सरी में रहने के दौरान कब-कब हाथ धोएं?

- नर्सरी में प्रवेश से पहले
- शिशु को स्पर्श से पहले तथा उसके पश्चात्
- बच्चे का मल-मूत्र साफ करने के बाद

गाउन पहनकर नर्सरी में प्रवेश





परिवार केंद्रित नवजात शिशु की देखभाल



नवजात शिशु में स्तनपान की विधि

प्रमुख बातें:

- माँ का दूध नवजात शिशु के लिए सम्पूर्ण आहार होता है।
- स्तनपान जन्म के बाद जल्द से जल्द व एक घंटे के अंदर शुरू करना जरूरी है।
- माँ का पहला दूध (नवदुग्ध) जिसे कोलोस्ट्रम कहते हैं, बच्चे के लिए सेहतमंद व पौष्टिक होता है। बच्चे को कोलोस्ट्रम जरूर पिलाएं।
- भर-पेट दूध पीने पर बच्चा दिन में 6 से 8 बार पेशाब करेगा।
- पूरे समय पर हुए बच्चे व सामान्य वजन के बच्चों को पूरे दिन में कम से कम 6 से 8 बार दूध पिलायें।
- कम वजन वाले बच्चे को हर दो घण्टे पर दूध पिलाएं।
- समय से पहले जन्मे व कम वजन के बच्चे अपनी माँ की छाती से दूध पूरी तरह नहीं पी पाते। उन्हें दूध निकालकर कटोरी-चम्मच से दूध पिलाया जाता है।
- बच्चे को माँ के दूध के अलावा 6 महीने तक कुछ और ना दें।

स्तनपान के फायदे:

- माँ के दूध में बच्चे के लिए सभी पोषक तत्व होते हैं।
- इससे माँ बच्चे का सम्बन्ध मजबूत होता है।
- माँ का दूध आसानी से पच जाता है।
- नवजात शिशु की संक्रमण से रक्षा करता है।

स्तनपान कराने का सही तरीका



माँ की स्थिति

- बच्चे को सीधा पकड़ें
- बच्चों को अपने पास पकड़ें जिससे उसका पेट आपके पेट से सटा हो।



बच्चे की स्थिति

- बच्चे का मुँह निप्पल के स्तर पर हो
- निप्पल का पूरा काला हिस्सा बच्चे के मुँह में डालें।



स्तनपान की स्थिति

- स्तन का ऊपरी काला हिस्सा नीचे वाले हिस्से से ज्यादा दिखना चाहिए।
- बच्चे का मुँह पूरी तरह से खुला होना चाहिए।





परिवार केंद्रित नवजात शिशु की देखभाल



कंगारू मातृ देखभाल (के०एम०सी०)

कंगारू मातृ देखभाल क्या है?

कंगारू मातृ देखभाल, नवजात शिशु विशेष रूप से समय-पूर्व जन्मे शिशुओं के देखरेख की ऐसी तकनीक है, जिसमें नवजात शिशु की देखभाल उसके माता-पिता अथवा अभिभावक त्वचा से त्वचा के स्पर्श द्वारा करते हैं।



विधि:

- माँ के कपड़े आगे से खुलें हो।
- बच्चा टोपी, मोजे, लंगोट पहना हो।
- बच्चे को माँ के दोनों वक्ष के बीच में लिटायें।
- बच्चे का सिर इस तरह से रखा हो कि माँ बच्चे को लगातार देख सकें।
- बच्चा माँ की छाती पर पैर-फैली अवस्था में रहे और माँ के गाऊन या किसी अन्य कपड़े से बच्चे को ढक लें।



कंगारू मातृ सुरक्षा की जरूरत क्यों है ?

समय से पूर्व जन्में बच्चों में ठण्डा पड़ने की प्रवृत्ति होती है, जिससे उनके वजन में कमी एवं खतरा होता है। ऐसे में उनका तापमान बनाये रखना अति आवश्यक है।

फायदे:

- तापमान सामान्य रहता है।
- वजन तेजी से बढ़ता है।
- संक्रमण से बचाव होता है।
- निशुल्क और सहज तरीका है।

कब शुरू करना चाहिए ?

- डॉक्टर एवं नर्स के सलाहनुसार ।
- शुरुआत में डॉक्टर एवं नर्स की निगरानी में करनी चाहिए ।

विशेष ध्यान देने योग्य बातें:

- बच्चा सांस सही ले रहा हो।
- बच्चे की दिल की धड़कन लगातार महसूस हो।
- तापमान सामान्य रहे।
- बच्चे के पिता, दादी या परिवार के अन्य सदस्य भी यह प्रक्रिया कर सकते हैं।



समय:

- प्रतिदिन कम से कम एक घण्टे के लिये दिन में कई बार करायें।





परिवार केंद्रित नवजात शिशु की देखभाल



नवजात शिशु की मूल भूत देखभाल संबंधी जरूरी बातें

छुट्टी होने पर इन बातों का ध्यान रखें

संक्रमण से बचाव की जरूरी बातें

- व्यक्तिगत साफ सफाई
- हाथ धोने का नियमित पालन
- बच्चे की नाल में कुछ न लगाएं
- आँखों में काजल न लगाएं
- बीमार लोगों से शिशु का बचाव (खाँसी, दस्त, जुकाम इत्यादि)
- नियमित रूप से 6 महीने तक केवल स्तनपान का पालन
- समय से पूर्व व कम वजन के जन्में सभी ठीक बच्चों के लिए कंगारू मातृ देखभाल (के०एम०सी०) का नियमित रूप से पालन करें



बच्चे से साथ समय बिताना

- माँ बाप घर जाकर बच्चे के साथ समय व्यतीत करें, उसके साथ खेलें, उसे स्पर्श करें, इससे बच्चे का मनोविकास पूरा होता है



अनुवृत्ति कार्यक्रम

- छुट्टी होने के समय बताए गए निर्देशों का पालन करना
- इस कार्यक्रम में बच्चे की देखने, सुनने, विकासात्मक, भाषा, तंत्रिका संबंधी समस्या की समय से जाँच होती है
- इस कार्यक्रम में छुट्टी होने के उपरान्त बच्चे को कम से कम 2 वर्ष तक अपने डाक्टर को दिखाते रहें

टीकाकरण

- जन्म से शुरू होकर 5 वर्ष तक बच्चे को नियमित टीकाकरण कराएं
- इससे कई बीमारियों से पूर्व बचाव होगा

शिशु में खतरे के लक्षण की पहचान

इन लक्षण पर शिशु को तुरंत अस्पताल लेकर जाएं:

- सुस्त पड़ना दूध न पीना
- तलवे व हथेलियों तक पीलापन
- शरीर ठंडा पड़ना/बुखार आना
- पसली चलना
- दौरे पड़ना



Handout Session 1

Preparation for Entry into Nursery & Handwashing

- | | |
|---|---|
| <p>► Give your introduction and welcome the parents.</p> <p>► Required Requirements:</p> <ol style="list-style-type: none"> 1. Video on entry into nursery +TV 2. Scrub station/washbasin 3. Soap, wipes | <ol style="list-style-type: none"> 4. Gown (Disposable or Cotton gown) 5. Name tag 6. Mannequin 7. Nail Cutter <p>► Keep the video ready on 'play' mode</p> |
|---|---|

Step 1 Sensitization to FCC *(Play video till Stop point 1)*

- | | |
|---|---|
| <p>Benefits of family participation in newborn care.</p> <ol style="list-style-type: none"> 1. Less stress. 2. Enhance bonding with the baby. 3. Increase breast-milk output. 4. Better care of baby at home. | <p>नवजात शिशु की देखभाल में परिवार जनों की भागीदारी के लाभ।</p> <ol style="list-style-type: none"> 1. कम तनाव। 2. शिशु के प्रति लगाव में वृद्धि। 3. माँ के दूध में वृद्धि 4. घर जाकर शिशु की देखभाल बेहतर कर सकना |
|---|---|

Step 2 Preparation for entry into the nursery *(Play video till Stop point 2)*

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| <p>Before entering nursery:</p> <ol style="list-style-type: none"> 1. Remove rings etc. 2. Tie hair in a bun. 3. Fold the sleeves up to the elbow. 4. Leave out-side footwear at the door. 5. Wash hands using proper technique. 6. Put on your gown. <p>Maintain personal hygiene:</p> <ol style="list-style-type: none"> 1. Bathe regularly and wear clean clothes. 2. Cut nails and remove nail polish. 3. Ensure you don't have any disease. | <p>नर्सरी में प्रवेश पाने की क्रियाओं का क्रम:</p> <ol style="list-style-type: none"> 1. अंगूठी इत्यादि उतार दें। 2. बाल बाँध लें। 3. कमीज की बाजू को कोहनी तक मोड़ लें। 4. बाहर की जूते –चप्पल उतार दें। 5. हाथों को धोये 6. गाउन पहनें। <p>साफ सफाई का ध्यान रखें?</p> <ol style="list-style-type: none"> 1. प्रतिदिन नहा कर साफ कपड़े पहनें। 2. नाखून कटे हो व नेल पॉलिश उतरी हो। 3. कोई बीमारी न हो। |
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Step 3 Handwashing, wiping & gowning *(Play video till Stop point 3)*

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| <ol style="list-style-type: none"> 1. Explain why handwashing is important? 2. Explain when to do handwashing? 3. Demonstrate steps of hand-washing. 4. Demonstrate gowning. 5. Now let them practice and demonstrate hand-washing. | <ol style="list-style-type: none"> 1. हाथ धोने का महत्व समझाएँ। 2. बताये की कब-कब हाथ धोना आवश्यक है। 3. गाउन पहनना। 4. नर्सरी में प्रवेश की प्रक्रिया। 5. अब माता पिता को प्रवेश द्वार पर ले जाकर उन्हें हाथ धोने की प्रक्रिया करवा कर देखे। |
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Step 4 Introduction to the environment of nursery *(Play video till the end)*

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|--|---|
| <ol style="list-style-type: none"> 1. Do not touch equipment unnecessarily. 2. Introduce basic equipment one by one. | <ol style="list-style-type: none"> 1. अनावश्यक उपकरणों को ना छुएँ। 2. सामान्य उपकरणों से परिचय कराएँ। |
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Step 5 Summarize the session and answer their queries and clear their doubts.

REINFORCE CHECKPOINTS WITH PARENTS

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| <ol style="list-style-type: none"> 1. What are the preparations to be done before entering into the nursery? 2. Demonstrate the steps of Hand-washing. | <ol style="list-style-type: none"> 1. नर्सरी में प्रवेश करने से पहले की जाने वाली तैयारियाँ कौन सी हैं? 2. हाथ धोने की विधि बताइए। |
|--|--|

Thank parents!

Handout Session 2

Developmentally Supportive Care & Feeding

- ▶ Give your introduction and welcome parents.
- ▶ Requirements:
 1. Video on developmentally supportive care
 2. Doll/mannequin
 3. 3-4 baby sheets
 4. Katori & Spoon & Paladai
- ▶ Keep the video ready on 'play' mode

Step 1 Familiarization with the concept of DSC (Play video till Stop point 1)

- ▶ Correct environment of nursery.
 1. Avoid excessive exposure to light.
 2. Avoid loud noise in the nursery Like mobile phones and machine alarms.
- ▶ बच्चे के लिए नर्सरी में सही वातावरण।
 1. बच्चे को तेज रोशनी से बचाएँ।
 2. तेज आवाज से बचाव करें जैसे मोबाईल फोन और मशीनों का अलार्म।

Step 2 Reducing stress, nesting, positioning, lifting & placing (Play video till Stop point 2)

1. How to calm a baby?
 2. How to lift a baby?
 3. Importance and technique of nesting?
 4. Importance and technique of positioning the baby?
 5. Now demonstration by mother the technique of nesting & positioning
1. बच्चे को कैसे शान्त करें।
 2. बच्चे को उठाने का तरीका।
 3. नेस्टिंग का महत्व एवं विधि दर्शाएँ।
 4. सही अवस्था में सुलाने का महत्व एवं विधि दर्शाएँ।
 5. अब माँ नेस्टिंग और सुलाने की विधि करके दिखाएँ।

Step 3 Cleaning the soiled baby (Play video till Stop point 3)

1. Method of cleaning
 2. Disposal of soiled diaper remember to wash hands after cleaning.
1. सफाई का तरीका बताएँ।
 2. गंदे डाइपर या लंगोट को कहाँ फेंकें। सफाई के बाद याद से हाथ धोयें।

Step 4 Breastfeeding (Play video till Stop point 4)

1. Importance of breastfeeding.
 2. Demonstrate how to hold baby while breastfeeding using doll or mannequin.
 3. Explain signs of proper attachment.
 4. Now demonstration by mother using doll or mannequin.
1. स्तन पान का महत्व।
 2. मॉनिकिन का इस्तेमाल करके स्तन पान के लिए बच्चे को ठीक तरह से पकड़ने का तरीका दिखाये।
 3. सही तरीके से शिशु को स्तन लगाने की निशानीयाँ।
 4. माँ मॉनिकिन लगाकर सही स्तन पान की विधि दिखाएँ।

Step 5 Expression of milk & feeding by Katori-Spoon/ Paladai (Play video till Stop point 5)

1. When to feed with Katori-Spoon or Paladai?
 2. Materials required & technique of expression of breastmilk.
 3. Correct method for holding the baby.
 4. Correct method of katori spoon feeding
 5. Storage of extracted milk
1. कब कटोरी चम्मच या पैलेडी से दूध पिलाने की आवश्यकता है।
 2. जरूरत का समान एवं दूध निकालने का तरीका।
 3. बच्चे को सही से पकड़ने का तरीका।
 4. सही से दूध पिलाने का तरीका।
 5. निकाले हुए दूध को फ्रिज में रखना।
- Now initiate practice by mothers.** सभी माँ दूध पिलाने की विधि करके दिखाएँ।

Step 6 When to alert the provider *(Play video till the end)*

- | | |
|---|--|
| 1. Any new development /change in routine noticed | डॉक्टर या नर्स को सूचित करें यदि शिशु आपको: |
| 2. Dislodging of tube /probe. | 1. बच्चे में कोई भी बदलाव नजर आयें,
2. कोई नली या तार अपनी जगह से हट जाये । |

Step 7 FAQs about breast feeding

Step 8 Summarize the session and answer their queries and clear their doubts.

REINFORCE CHECKPOINTS WITH PARENTS

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|---|--|
| 1. Demonstrate the steps in making nesting, positioning, lifting & placing. | 1. नेस्टिंग पोजिशनिंग उठाने और रखने की प्रक्रिया करके दिखाएँ । |
| 2. Demonstrate the correct attachment to breast. | 2. स्तन से बच्चे को लगाने की विधि करके बताएँ । |
| 3. Demonstrate the correct technique of expression of breast milk. | 3. स्तन से दूध निकालने की विधि करके बताएँ |
| 4. Demonstrate the correct way of Paladai / Katori-spoon | 4. कटोरी – चम्मच या पलदाई से दूध पिलाने की विधि बताएँ । |
| 5. Enumerate signs newborn | 5. शिशु में खतरे के लक्षण बताएँ । |

Thank parents!

Handout Session 3 Kangaroo Mother Care

- Give your introduction and welcome the parents.
- Keep the video ready on 'play' mode
- Requirements
 1. Video on KMC +TV
 2. KMC Chair
 3. Gown
 4. Baby socks, cloth/disposable diaper and head cap
 5. Premie Natalie including Care Plus Wrap (optional) or a doll
 6. Cloth for wrapping the baby

Step 1 Familiarization with the concept, benefits of KMC *(Play video till Stop point 1)*

- | | |
|--|--|
| <ol style="list-style-type: none">1. Maintains temperature of the baby.2. Protects the baby from infections3. Helps in faster growth.4. Enhances bonding between parents and child. | <ol style="list-style-type: none">1. बच्चे का सही तापमान बना रहता है।2. संक्रमण से बचता है।3. बच्चा जल्दी बढ़ता है।4. माता पिता और बच्चे में लगाव बढ़ता है। |
|--|--|

Step 2 Requirements of doing KMC *(Play video till Stop point 2)*

- | | |
|--|---|
| <ol style="list-style-type: none">1. Which babies require KMC?2. Who can give KMC?3. Things required for KMC | <ol style="list-style-type: none">1. किन बच्चों को के एम सी की आवश्यकता है?2. के एम सी कौन प्रदान कर सकता है ?3. के एम सी के लिए जरूरी सामान क्या है? |
|--|---|

Step 3 Method of giving KMC *(Play video till the end)*

Demonstrate method:

- The mother should sit comfortably.
- The baby should be put in between mother's breast in a frog like position.
- The baby's face should be on one side so that mother can observe the baby.
- Now wrap the baby with gown/dupatta.

Signs to remember while providing KMC.

1. Baby is breathing evenly
2. Baby's feet, palms and tummy are equally warm
3. Baby's heart beat can be felt.
4. Baby's color is pink/normal.
5. Baby is taking feeds

तरीका दिखायें:

- माँ आराम दायक अवस्था में बैठे।
- बच्चे को माँ के दोनों स्तन के बीच में मेढ़क की अवस्था में रखें।
- बच्चे का सिर एक ओर हो जिससे की माँ उसका चेहरा देख सके।
- अब बच्चे को गाउन/दुपट्टा से लपेट दे।

के एम सी करते समय इन बातों का विशेष ध्यान दें।

1. देखते रहें कि बच्चा सांस सही से ले रहा है।
2. बच्चे के हाथ पैर और पेट बराबर गर्म हो रहे हैं।
3. बच्चे की दिल की धड़कन लगातार महसूस होती रहे।
4. बच्चे का रंग गुलाबी व सामान्य नजर आये
5. बच्चा ठीक से दूध पी रहा है।

Step 4 Practice session

Now ask the mothers to start the practice. Already practicing mothers/attendants can share their experiences.

Step 5 Promote KMC with certain facts

- | | |
|--|---|
| 1. It is a low cost method inspired by nature | 1. के एम सी एक कम खर्च की प्रकृति से प्रेरित तकनीक है। |
| 2. It can be easily practiced at home | 2. यह घर पर भी आसानी से की जा सकती है। |
| 3. Family members can also contribute | 3. इस तकनीक को अभिभावक व अन्य रिश्तेदार भी कर सकते हैं। |
| 4. It allows the mother freedom to undertake her routine tasks | 4. के एम सी करते वक्त माँ अपने दिनचर्या के काम भी कर सकती है। |

Step 6 Summarize the session and answer their queries and clear their doubts.

REINFORCE CHECKPOINTS WITH PARENTS

- | | |
|---|---|
| 1. Enumerate benefits of KMC. | 1. के एम सी के क्या लाभ हैं। |
| 2. Enumerate materials required for KMC. | 2. के एम सी के लिए जरूरी चीजे क्या हैं। |
| 3. What is the correct position of mother and baby for KMC? | 3. के एम सी की सही विधि क्या है। |
| 4. What is the duration for which KMC is to be done daily? | 4. के एम सी प्रतिदिन कतने वक्त के लिए करनी चाहिए। |
| 5. What are the signs to be watched for while doing KMC? | 5. के एम सी के दौरान किन लक्षणों पर नजर रखें। |

Thank parents!

Handout Session 4

Preparation for discharge & care of the baby at home

- Give your introduction and welcome parents.
- Keep the video ready on 'play' mode
- Required:
 - 1) Video film +TV
 - 2) Mannequin/doll

Step 1 Familiarization with the concept *(Play video till Stop point 1)*

Step 2 General care of baby at home

General hygiene measures *(Play video till Stop point 2)*

1. Mother should bathe daily, wear tidy clothes.
2. Wash hands after changing diapers and cleaning of soiled baby.
3. Dry hands using clean cloth.
1. माँ प्रतिदिन नहाएँ, साफ कपड़े पहनें।
2. हमेशा बच्चे को डाइपर बदलने और मल साफ करने के बाद हाथ धोएँ।
3. साफ कपड़े से हाथ सुखाएँ।

Bathing/Cleaning/dressing up the baby and environment *(Play video till Stop point 3)*

1. How to clean a soiled baby?
2. When to start bathing a baby?
3. How to change diaper?
4. Which type of clothes are suitable for the baby?
5. How to maintain the temperature of the room where baby is placed
1. बच्चे को साफ करने का तरीका क्या है।
2. बच्चे को नहलाना कब शुरू करें?
3. बच्चे का डाइपर बदलने का तरीका क्या है?
4. बच्चे के लिए कैसे वस्त्रों का उपयोग करना।
5. जिस कमरे में बच्चा हो उसका तापमान समान्य कैसे बनाये रखें?

Feeding the baby *(Play video till Stop point 4)*

1. Benefits of breast feeding.
2. Technique of breast feeding.
3. What to feed and not to feed?
4. Burping
5. Technique of Katori-Spoon/Paladai feeding.
6. When to play and talk to the baby?
1. स्तन पान के फायदे।
2. स्तनपान कराने के सही तरीके।
3. बच्चे को क्या खिलाएँ क्या न खिलाएँ।
4. बच्चे को डकार दिलाना।
5. कटोरी चम्मच, पैलेडी से कैसे दूध पिलाएँ।
6. बच्चे से कैसे और कब बात करें?

Step 3 Early Signs Of Sickness *(Play video till Stop point 5)*

1. Signs of a well-baby.
2. Early signs of sickness and when to seek medical help.
1. स्वस्थ बच्चे की निशानियाँ।
2. बच्चों में खतरे के लक्षण और कब स्वास्थ्य सेवाओं की मदद लें।

Step 4 Advice on discharge and immunization *(Play video from Stop point 5 to till the end)*

1. Encourage compliance with follow-up advice on discharge.
2. Explain importance and schedule of immunization.
1. छुट्टी के पर्चे पे लिखे निर्देश के पालन का महत्व बताएँ।
2. टीकाकरण का महत्व एवं समय सारणी बतायें।

Step 5

Summarize the session and answer their queries and clear their doubts.

REINFORCE CHECKPOINTS WITH PARENTS

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|---|---|
| 1. What steps will you take to prevent infection in your baby? | 1. शिशु में संक्रमण को रोकने के उपाय क्या हैं। |
| 2. When are you going to bath your baby first, what are the precautions to be taken? | 2. बच्चे को पहली बार कब नहलाए एवं नहलाते समय क्या सावधानियाँ बरते। |
| 3. Appropriate clothing for the baby. | 3. शिशु को कपड़ा पहनाने का सही तरीका पूछें। |
| 4. Tell importance of breastfeeding and what are the signs that baby is getting adequate feeds? | 4. स्तनपान का महत्व पूछें। कैसे जाने की शिशु ने पर्याप्त दूध पिया है। |
| 5. Enumerates the danger signs. | 5. खतरे के लक्षण बतायें। |
| 6. Enumerates importance of immunization and when are they required to visit hospital again. | 6. टीकाकरण का क्या महत्व है। वापिस अस्पताल में दिखाने कब आयें। |

Thank parents!



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