Home Based Life Saving Skills

Baby Information

HOME BASED LIFE SAVING SKILLS

Home Based Life Saving Skills Curriculum

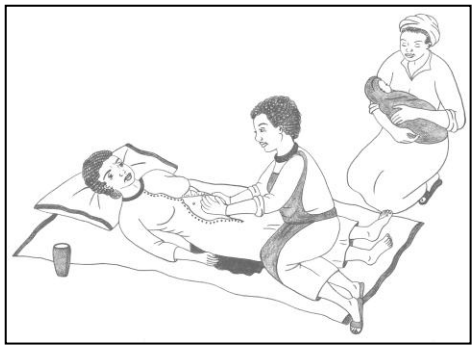
This curriculum consists of the Home Based Life Saving Skills (HBLSS) Manual, Large Picture Cards, and a Take Action Care booklet. In addition, the planning and implementation book, *Guidelines for Decision Makers and Trainers*, can be used to support program activities.

HBLSS Manual

The HBLSS manual contains three books: Basic Information, Woman Information, and Baby Information. Each book outlines the process to use when conducting a community meeting to teach HBLSS. Always use the Basic Information book first, and then use the meetings in the Woman Information and Baby Information books in the order that best suits the needs of the community.

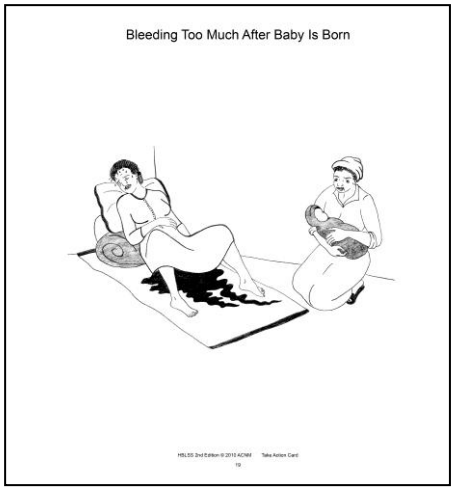
Large Picture Cards

Picture cards are used in each community meeting and are an important resource to help people learn when they do not read or do not read very well. The picture cards (8-inch by 10-inch drawings) show the problems and actions that are discussed during the meeting. The cards are usually laminated or printed on card stock or other sturdy paper, or they can be copied and placed in a plastic sleeve. The same drawings are used on the picture cards and the Take Action Cards. Below are samples of two drawings from the community meeting Too Much Bleeding.



Take Action Card Booklet

The Take Action Card booklet is a reference for use at home and in the community. The front of the Take Action Card shows a drawing of a problem, and the back of the card has six boxes showing the actions to respond to the problem. The drawings can be used to remind people what they learned to do to help with a problem. See the sample below showing both sides of one Take Action Card.



problem side (front)

action side (back)

Home Based Life Saving Skills

2nd Edition

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This manual is dedicated to the trainers who have committed their time, intelligence, and passion to spread the word far and wide about HBLSS. They are a daily inspiration.

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1. Implemented by Community Development Consultants (CDC) (Central Asian Development Agency). Language: Dari. Paula Hammond for CDC.
2. Samaritan's Purse International (SPI), Angola. Language: Portuguese. Shelley J. Duplantis for SPI.
3. International Center for Diarrheal Disease Research, Bangladesh (ICDDR-B), implementers of the Comprehensive Maternal, Neonatal, and Child Health Program, Matlab Health Research Centre. Language: Bangla. Diana Beck for ACNM.
4. WomanWise Project: Bridging Traditional Wisdom and Quality Maternal Child Health Services in Liben Woreda, Borena Zone, Oromiya Region. Implemented by Save the Children Fund US (SCF) and NGO Networks for Health (Phase 1) and Saving Newborn Lives/SCF (Phase 2). Language: Amharic. Sandra Buffington and Lynn Sibley for ACNM.
5. Southern Tier Initiative Livelihood Enhancement for Agro-Pastoralists and Pastoralists (STI-LEAP) in Afder and Liben Zones of Somali Region and the Borena Zone of Oromiya Region. Implemented by SCF. Languages: Amharic and Somali. Deborah Armbruster for ACNM.
6. The Hareg Project: Ethiopia Prevention of Mother-to-Child Transmission Presidential Initiative with the Ministry of Health. Implemented by PRIME II/IntraHealth International in Adama, Addis Ababa, Assosa, Axum, Bahir Dar, and Jijiga. Language: Amharic. Diana Beck for ACNM.
7. Midwives Outreach Ministries (MOM), Ghana. Implemented by Grace Brethren Church of Clinton. Language: Ga. Carol Dehaven for MOM.
8. Haitian Health Foundation (HHF). Language: Creole. Diana Beck for ACNM.
9. Community Partnerships for Safe Motherhood (CPSM). Implemented by Shramik Bharti, a local NGO in Kanpur Uttar Pradesh, India. Language: Hindi. Sandra Buffington and Lynn Sibley for ACNM/PRIME-Intrah.
10. Safe Passage to Motherhood (SPM) in Bware, Nyanza Province, Kenya. Language: Kiswahili and Luo. Maggie Alexander for SPM.
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14. Minnesota International Health Volunteers (MIHV) and White Ribbon Alliance (WRA). Language: Kiswahili. Sandra Buffington for ACNM.
15. One HEART (Health, Education, And Research in Tibet). Arlene Samen for One HEART.
16. WRA. Language: Vietnamese. Theresa Shaver for WRA.

Home Based Life Saving Skills

Book 3: Baby Information

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USING THE HBLSS CURRICULUM

INTRODUCTION

The Home Based Life Saving Skills (HBLSS) curriculum is based on how adults learn:

1. Everyone is learning. Both the participants and the facilitators give and receive knowledge from each others' experiences, which supports everyone's learning.
2. People learn in different ways, so different methods of teaching and learning are important to help everyone "hear, see, do, and discover" as they learn. Each person can take in the information in a way that works best for them.

This curriculum consists of 12 community meetings that use the same methodology, except for meetings 1 and 2, which provide the foundation for the other meetings. Using the same methodology each time allows participants to become familiar with the process. The participants can think about the issues and compare them to their own experiences, thus learning and remembering the information. This is particularly important for learners who do not read, or who do not read well. The methodology, which focuses on asking (rather than telling), listening, and building agreement ("participatory facilitation"), helps participants to see successes or the need for improvement and develops the group's ability to move toward solutions.

The facilitator can provide a safe, secure, and welcoming learning environment by:

- Not being separated from participants by a desk, podium, or table.
- Encouraging group participation by asking participants to sit in a circle, and by sitting on the floor if the participants are seated on the floor (this puts the facilitator and participants at the same level and creates an environment of respect and equal learning).
- Speaking clearly and directly, and using simple language that is understood by all participants. Use the local language if possible and avoid using technical words, which suggests superiority.
- Using body language to create an open and welcoming environment (e.g., smiling, greeting people, asking about local events, nodding one's head, looking into the other's eyes, being aware of the participants' comfort or discomfort). Humor often helps to make a more relaxed setting, and one-on-one contact makes each person feel welcome. Some forms of body language may vary from culture to culture.
- Remembering in all discussions to: avoid telling people that they are doing something wrong; look for what is beneficial, and help weigh the risks against the benefits; respect participants' beliefs and be sensitive when talking about local customs; and work toward agreement.

METHODOLOGY

Except for the first two meetings, each HBLSS meeting uses the methodology described below.

Step 1. Review the Previous Meeting. This step asks participants to share what they learned in the previous meeting and discuss what effect it had on them and their families.

Step 2. Ask What the Participant Knows. This step begins to build a connection between the participants' experiences, knowledge, and solutions. Participants are asked to share their experiences, practices, and beliefs, and the facilitator demonstrates her/his respect and ability to listen. The facilitator's role is not as the teacher or expert, but as a member of the group addressing a common issue.

The facilitator shares a discussion starter story, and participants are asked if they have ever seen or heard of such a story. Using both "seen" and "heard" gives participants options to discuss what is often a painful experience. Give all participants an opportunity to share their experiences if they choose (this may make the meeting much longer but it is very important). Remember:

- Personal experiences with sickness or death can be thought to be someone's "fault" or "cause of the outcome."
- Using "heard" removes the fear or shame that can accompany a painful or traumatic event.
- Allow a participant to tell their entire story before beginning the series of questions below. Only interrupt if the other participants become restless (e.g., suggest you would like to hear the rest of the story at break/lunch time).

Four questions are asked during this step:

- What did you see? (signs)
- What did you do? (action)
- What happened? (outcome)
- What can cause the problem? (cause)

Always ask these questions in the same order, which helps participants begin to understand the relationship between actions, outcomes, and causes in their stories. The facilitator writes down the participants' responses to the "actions" taken; this information will be used in Step 4 to build a connection (bridge) of shared beliefs and actions between the community and the trained health worker (THW). When the facilitator stays focused on the questions and the order in which they are asked, the discussion remains focused and directed.

Step 3. Share What the THW Knows. In this step, the facilitator reviews the signs of the problem that participants agreed upon in Community Meeting 2, Woman and Baby Problems, and shares the THW's actions by using a demonstration. This allows participants to **see the actions** done for a problem, which may be things that they do not know from their own experiences, and allows participants to **learn more about THWs** and what they do.

The "What/Why Box" allows the facilitator and participants to think about the reasons why key actions were performed in the demonstration. The facilitator reminds the participants about an action by reading the "what" part of the box, and participants are asked to explain "why" the action was done (based on their experiences). This shows that the facilitator is interested in their ideas. The participants and facilitator then discuss why each action is helpful for the problem.

Step 4. Come to Agree on What to Do. In this step, participants and the facilitator decide together on safe and acceptable actions to help a woman or baby who has a problem. The

facilitator discusses **actions that are the same** and **actions that are different** that participants (in Step 2) and the THW (in Step 3) do to help a problem. The facilitator and participants then negotiate and come to agree on which actions to use for the problem.

Participants also learn to "read" the large picture cards (in a separate book) that represent the problem and actions. For each problem, there is a picture to remind participants of the problem and pictures to remind them of the actions. Sample picture cards are shown on the inside front cover of this book. Once the facilitator and participants agree on what to do for a problem, they review the picture card. The facilitator shows the picture for the problem and the pictures for the actions, or passes them around to the group. Participants need time to carefully look at each picture. While showing the picture, the facilitator asks:

- Does the picture remind us of (the problem)?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of (the problem)?

After all participants have seen the picture, the facilitator places the picture on a table or on the ground so that everyone can still see it. This helps reinforce the environment of a learning group, rather than teacher and student. Remember, no drawing can ever perfectly show an action in all countries and cultures. The picture is just a way to "remind" us of the action.

Step 5. Practice the Actions. This step has two parts: 1) Participants learn to use the action cards in the Take Action Card booklet. A sample Take Action Card is shown on the inside front cover of this book. The facilitator shows each large picture card from Step 4 and asks participants to say what the picture is and to find the same picture in their Take Action Card booklet, or to place a pebble or other object on the large picture card to demonstrate being able to "read" the picture. 2) Participants practice the actions agreed upon in Step 4. It is important that all participants have the opportunity to practice the demonstration and repeat the actions until they feel comfortable and are able to perform the actions. A group feeling of trust and coaching is very important. Ask participants to help each other using the Take Action Card as a reminder.

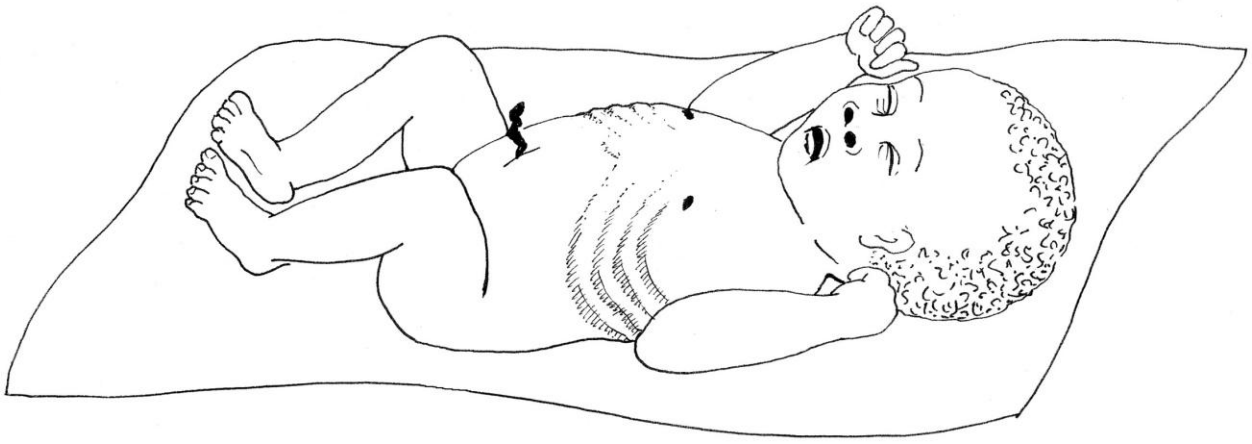
Step 6. How Will You Know the Actions Are Helpful? This step strengthens participants' knowledge by asking them to evaluate themselves and if what they are doing is helpful. It also focuses the community's ability to evaluate their own actions. Allow participants plenty of time to explore these questions so they can learn to continue this exploration on their own.

Step 7. What Can We Do to Prevent [the Problem]? The prevention aspect of this step is found only in the meetings that focus on problems. The facilitator and participants discuss what was done to help the problem, what can be done about the problem, and what can cause the problem. Once the cause is identified, the discussion turns to ideas for preventing the problem.

Review. At the end of each meeting, the facilitator uses a summary box to remind participants about important messages. Next, the facilitator leads a discussion and asks participants to suggest ways to improve the day's meeting. This shows respect for the participants' contributions and helps to improve the participants' capacity to think through the process and its results. Note the participants' suggestions and use them in later meetings.

Home Based Life Saving Skills

Community Meeting 10
Baby Has Trouble Breathing at Birth



Community Meeting 10: Baby Has Trouble Breathing at Birth

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COMMUNITY MEETING 10
Baby Has Trouble Breathing at Birth

INFORMATION FOR THE FACILITATOR*

Many babies throughout the world die because they have trouble breathing at birth. A baby may have trouble breathing if labor is too long, if the birth is difficult, or if there is some other problem during the woman's pregnancy.

It is easy to tell if the baby is not breathing. The baby's chest does not rise and the baby does not cry. If the baby is not helped to breathe within the first five minutes of birth, the baby will either die or suffer serious damage.

In this meeting, participants will share experiences about babies who have trouble breathing at birth. They will learn how to tell if the baby has trouble breathing at birth and what can be done to help save the baby's life.

This meeting has much important information. Take plenty of time with the meeting. Remember to give breaks and give the participants time to talk and think about the information.

> **Note for facilitator:**
>
> Before using this meeting, participants must complete Community Meeting 3: Prevent Problems.

OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell when a baby is having trouble breathing at birth.
- Tell and show how to help a baby who has trouble breathing at birth.
- Tell and show how to prevent a baby from having trouble breathing at birth.

* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

PLAN

PREPARATION	
How the facilitator prepares: • Review meeting plan • Get needed resources • Practice demonstration • Review Take Action Card booklet and picture cards for: Baby Has Trouble Breathing at Birth	**How the participants prepare:** • Collect and bring items used to help a baby breathe at birth • Bring experiences with and stories about babies who had trouble breathing at birth • Bring ideas about what to do when a baby has trouble breathing at birth
Location: • The community	**Time:** • Two hours: one meeting • Be flexible and go at the pace of the participants
RESOURCES	
Demonstration *Baby Has Trouble Breathing at Birth*: • baby model (if possible, use a special model called a resuscitation doll) • clean things for baby: at least two cloths big enough to cover all of the baby (one to dry the baby and one to warm the baby) and head covering if available • clean cord care things: string, cord cutting tool • clean helper things: apron, gloves or other hand coverings • clean place: locally available sleeping mat or bed, pillow • placenta model • waterproof container • misoprostol (if approved practice) • pretend money • transportation	**Other resources:** • Take Action Card booklet and picture cards: Baby Has Trouble Breathing at Birth

1. BABY HAS TROUBLE BREATHING AT BIRTH

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do to help a baby who has trouble breathing at birth.

First, tell the discussion starter story. ***Say***:

> *Sonia had a baby girl last month. When the baby was born, she did not breathe. The mother-in-law did not know what to do.*

Ask:

- Have you ever *heard* about a baby with a problem like Sonia's baby?
- Have you ever *seen* a baby with a problem like Sonia's baby?

Second, ***ask***:

Have you ever seen a baby who had trouble breathing at birth? If yes, ***ask***:

- What did you see? (signs)
- What did you do to help the baby? (action)
- What happened to the baby? (outcome)
- What can cause a baby to have trouble breathing at birth? (cause)

Third, ask participants to show the items they brought that are used to help a baby who has trouble breathing at birth.

Thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The trained health worker (THW) learns that a baby is having trouble breathing at birth if she sees any of the following:

- The baby's chest does not rise and the baby does not cry.
- The area between the ribs is pulled in when the baby breathes in.
- The baby is weak and limp.

Second, ask for volunteers to help you do the two demonstrations for **Baby Has Trouble Breathing at Birth**.

Third, do the demonstrations.

Demonstration 1: Baby Has Trouble Breathing at Birth	
Actors:	Ask for volunteers to play Letty and her husband, both trained in HBLSS, and Letty's friend. The Facilitator plays the mother-in-law, who is also trained in HBLSS.
Props:[1]	Baby model, clean things for baby, clean cord care things, clean helper things, clean place, placenta model, waterproof container, misoprostol (if approved practice), pretend money, transportation
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: Letty is squatting. Her baby is just born and is not breathing. The mother-in-law is helping and has on an apron and gloves. The husband and Letty's friend are waiting.

Demonstration:

1. The **mother-in-law *says*** to Letty's **friend**: Help Letty rest in a semi-sitting position.
2. The **mother-in-law *says*** to Letty's **husband**: Go get transportation and money for referral.
3. At the same time, the **mother-in-law** uses one cloth to wipe the baby's mouth and nose and dry the baby from head to toes.
4. The **mother-in-law** removes the wet cloth and quickly covers the baby using another big cloth.
5. The **mother-in-law** helps **Letty** hold the covered baby in a position to keep the airway open and rub her hand up and down the baby's back.
6. **Letty** looks to see if the baby is breathing. She ***says***: Oh baby, please breathe, come on and breathe! Yes, you are breathing! Good!
7. **Letty** continues to keep the baby warm and continues to rub the baby's back.
8. The **mother-in-law** ties and cuts the cord.
9. The **mother-in-law *says*** to **Letty**: Put your baby close to your breast, skin to skin.[2] Soon your baby will want to breastfeed. Keep your baby covered. If no other baby is felt, the mother-in-law gives Letty misoprostol tablets if approved practice (see Community Meeting 3 for more information).[3]

Demonstration 1: Baby Has Trouble Breathing at Birth
10. After the placenta comes out, the **mother-in-law** rubs Letty's womb. She puts the placenta in the container. She ***says*** to **Letty**: Rub your womb to prevent too much bleeding. I hear your husband and others coming. As soon as we get ready, we will all go to the THW.

Demonstration 2: Baby Has Trouble Breathing at Birth	
Actors:	Ask for volunteers to play Abimbola and her husband, both trained in HBLSS, and Abimbola's friend. The Facilitator plays the mother-in-law, who is also trained in HBLSS.
Props:[4]	Baby model, clean things for baby, clean cord care things, clean helper things, clean place, misoprostol (if approved practice), pretend money, transportation
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: Abimbola's baby is just born and is not breathing. The mother-in-law is helping and has on an apron and gloves. The husband and Abimbola's friend are waiting.

Demonstration:

1. The **mother-in-law** calls the husband and friend. She sends the friend for transportation and money and ***says*** to the **husband**: Help Abimbola rest in a semi-sitting position.

2. At the same time, the **mother-in-law** uses one cloth to wipe the baby's mouth and nose and dry the baby from head to toes.

3. The **mother-in-law** removes the wet cloth and quickly covers the baby using another big cloth.

4. The **mother-in-law** helps **Abimbola** hold the covered baby in a position to keep the airway open and rub her hand up and down the baby's back.

5. **Abimbola** looks to see if the baby is breathing. She ***says***: Oh baby, please breathe, come on and breathe! Oh no! You are not breathing!

6. **Abimbola** wipes the baby's mouth and milks the baby's nose with a dry cloth or finger (may use bulb syringe or mother may mouth suck if traditional practice).

7. If the baby is still not breathing, **Abimbola** holds the baby to keep the airway open (in sniffing position) and blows two puffs of air and watches to see the chest move.

8. **Abimbola** continues to keep the baby warm and rub the baby's back.

9. **Abimbola** looks to see if the baby is breathing and ***says***: Oh baby, please breathe, come on and breathe! Yes, you are breathing! Good! *(If the baby does not start breathing, try to blow 40 puffs of air. If still not breathing, blow 40 puffs of air again and repeat until the baby is breathing, or stop after 20 minutes if the baby is not breathing.)*

10. The **mother-in-law** ties and cuts the cord.

11. The **mother-in-law** hands the baby to the husband and helps Abimbola. The **husband** holds the baby skin to skin and continues rubbing the baby's back. If no other baby is felt, the mother-in-law gives Abimbola misoprostol tablets if approved practice.[5]

12. The **mother-in-law** ***says***: As soon as the placenta is delivered and I get Abimbola cleaned up, we will go to the THW (if possible someone can ask the THW to come to the home).

After the demonstrations, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Demonstration: Baby Has Trouble Breathing at Birth	
What?	**Why?**
1. Call for help.	Call others to help with referral, transportation, care, and money.
2. Wipe the baby's mouth and nose with a clean, dry cloth.	To remove fluid from baby's mouth and nose that makes it harder for air to get in the baby. The baby needs air to breathe.
Dry all of the baby with a clean, dry cloth.	Removes fluid from the baby's skin. A baby gets too cold when wet. Rubbing stimulates newborn babies and helps them to breathe.
Warm the baby by wrapping and covering with a dry cloth. Give to mother to hold.	A cold baby has more trouble breathing.
3. Hold the baby in a position so the neck is straight.	Opens the baby's airway.
Rub the baby's back firmly and quickly.	Helps baby breathe. A baby can be hurt or get weaker or colder if the back is slapped or the chest is squeezed, or if the baby is put in hot or cold water or held upside down.
LOOK to see if baby is breathing.	If breathing, keep warm and rub back so baby continues breathing.
If the baby IS NOT breathing:	
4. Continue to hold baby in a position so the neck is straight.	To remove any fluid from baby's mouth and nose and make it easier for air to get in the baby.
Wipe mouth and nose again.	
Use rubber bulb syringe (if available) or mouth suck (if traditional practice).	
5. Hold baby to keep airway open and blow two small puffs of air from cheeks and watch chest. (**If chest does not move**, make sure baby is positioned to keep airway open and repeat puffs of air.)	To see the chest move and know air from mother's cheeks can get into the baby's lungs.
If baby **does not start breathing**, blow 40 puffs of air. If not breathing, repeat 40 puffs of air again. Repeat until baby is breathing, or stop in 20 minutes.	More air from mother's cheeks can get into baby's lungs and help baby start to breathe.
If the baby is breathing:	
6. REFER.	The THW gives special care and medicine.
Keep baby warm by skin-to-skin contact and continue to rub baby's back.	Continue warming and rubbing to encourage breathing.

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about helping a baby who has trouble breathing at birth?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. ***Say***: You said earlier today that you do the following for a baby who has trouble breathing at birth: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way when helping a baby who has trouble breathing at birth.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a baby who has trouble breathing at birth?

Fourth, reach agreement on the picture cards. Show each picture card for the signs of a baby who has trouble breathing at birth and ***ask***:

- Does the picture remind us of a baby who has trouble breathing at birth?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a baby who has trouble breathing at birth?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of helping a baby who has trouble breathing at birth?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?

- Can we agree that we will share what we learned from the pictures with others?

Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. ***Say***: This booklet is for you to use. Use the section of the booklet on Baby Has Trouble Breathing at Birth to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.[6]

- Open the booklet to Baby Has Trouble Breathing at Birth.
- Look on Side One at the picture for the signs of a baby who has trouble breathing at birth. Look on Side Two for the actions.
- Show the picture card of the problem. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the action. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstrations in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the two demonstrations for **Baby Has Trouble Breathing at Birth**.

Third, after the practice ***ask***:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, ***ask***:

- How did you feel about helping a baby who has trouble breathing at birth?
- If you or your family member has a baby who has trouble breathing at birth, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful when a baby has trouble breathing at birth?
- How will you know if you need more practice helping a baby breathe at birth?
- What can you do for more practice?

Step 7. What Can We Do to Prevent a Baby from Having Trouble Breathing at Birth?

First, ***say***: Remember the story of Sonia and her baby who was not breathing at birth.

Second, ***ask***:

- What did we agree today could have been done to help Sonia's baby?
  Answers can include: Call for help. Dry all of the baby, clear baby's mouth and nose, mother warms the baby skin to skin and covers with a dry cloth, and hold baby in a position to keep the airway open. Stimulate the baby by rubbing the back firmly and quickly.

- What can cause a baby to have trouble breathing at birth?
  Answers can include:
  - Baby has birth fluids in the mouth or nose and the air cannot get in the baby. The baby cannot breathe.
  - Baby is born too early or too small. The baby may not be strong enough to breathe.
  - Woman was too sick before or during her pregnancy[7] and the baby is tired from the sickness. The baby may be too tired to breathe.
  - The labor was too long and the baby may be too tired to breathe.
  - The birth was delayed and it took a very long time for the baby to be born. The baby may be hurt during the birth or too tired to breathe.

- What can be done to prevent a baby from having trouble breathing at birth?
  Answers can include:
  - Be ready to care for the baby: dry and warm the baby, clear the baby's nose and mouth, position the baby to keep the airway open, stimulate the baby, breathe for the baby by blowing puffs of air from the cheeks.
  - Give the woman food and drink during labor to keep her strong. This may prevent the baby from being too tired at birth.
  - Wipe baby's mouth and nose as soon as possible after birth to make sure there are no fluids in the mouth or nose.
  - The woman should see the THW during pregnancy if she is sick, her bag of water breaks and she has no birthing pains, she has fever or is bleeding, or if the baby is coming too soon. All of these problems may make the baby too tired or sick to breathe well at birth.

Remind the participants:

- Everyone can learn to help a baby breathe.
- Quick action can help the baby breathe.
- A baby who has trouble breathing at birth must see a THW as soon as possible.
- A sick pregnant woman must see a THW as soon as possible.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

2. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

This section is for facility-based training only. Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

When a baby does not breathe at birth or is breathing more than 60 or less than 30 breaths per minute, the THW calls this birth asphyxia. Asphyxia is estimated to cause 23% of the four million neonatal deaths that happen every year.

Tips for Midwives and Others with Midwifery Skills

- Careful monitoring of the baby during labor can help you know if the baby will need resuscitation. Sometimes there is no warning when a baby will have trouble breathing. Be prepared to do resuscitation at all births.
- The time from birth to the start of breathing resuscitation should take *no longer than 30 seconds.*

Birth Asphyxia

Medical Treatment

Resuscitation
Be Prepared for Problems
1. Ask about problems during labor and birth that may cause a baby to have trouble breathing.
2. Carefully monitor the mother and baby during labor.
3. Have all equipment ready in one place for every birth.
BABY HAS TROUBLE BREATHING
Help Baby Breathe
1. Call for help.
2. WARM the baby:
a. Quickly remove first wet cloth.
b. Cover baby including the head with another dry cloth.
c. Keep face and upper chest uncovered.
d. Delay cord clamping for two to three minutes, if possible.
3. Tell the mother and family the baby is having trouble breathing and you are trying to help the baby.
4. If you are alone, ask the mother or family to tell you right away if the mother has vaginal bleeding.
5. POSITION the baby:
a. Put baby on back with a folded cloth under shoulders.
b. Slightly extend head (sniffing position).
c. Keep baby warm.

6. SUCTION:
a. Wipe the mouth and then the nose with gauze or your finger.
b. If the airway is not clear, suction first the mouth, then the nose. Do not suction too deep in the throat or nose.
c. LOOK to see if baby starts breathing.
7. STIMULATE:
a. Rub up and down the baby's back with the heel of your hand. **Caution:** Never slap the baby's feet/back, never handle the baby roughly, and never use hot or cold water on baby.
b. LOOK to see if the baby starts breathing.
8. The time from birth to the start of breathing resuscitation should take no more than 30 seconds.
BABY HAS TROUBLE BREATHING, IS GASPING, OR IS NOT BREATHING
Resuscitation
1. **If mouth-to-mouth**: wash baby's face with soapy water, rinse with clean water, and cover mouth and nose with gauze.
2. Position baby.
3. Do test breath:
a. **If mouth-to-mouth**, cover baby's mouth and nose with your mouth for a good seal.
b. **If using Ambu bag**, cover baby's chin, mouth, and nose with mask and make a good seal.
c. Give oxygen, if available. Attach to Ambu bag or put tube in baby's mouth for mouth to mouth.
d. Breathe for baby one time and see if chest rises.
4. If chest does not rise, check:
a. Baby's position.
b. Airway (clear of fluid or mucus in mouth or nose).
c. Seal over baby's mouth and nose.
5. Breathe for baby about 40 times in one minute:
a. Breathe only the air in your mouth and not too hard, or according to bag and mask.
b. LOOK for baby's chest to rise.
6. Check baby after each 40 breaths:
a. LOOK: Is baby **breathing**? Continue to breathe if baby is having trouble breathing or is not breathing.
b. Stop resuscitation after 20 minutes if the baby is not able to breathe without assistance.
c. If the baby dies, counsel the mother and family (see below).

Education

Teach the woman how to:

- Watch for signs of breathing problems in her baby.
- Correctly stimulate her baby.
- Keep her baby warm.

Baby Dies

A baby may die at any time during pregnancy. The baby dies when a woman has an abortion. If the baby dies before 20–24 weeks of gestation and remains in the womb, it is a missed abortion. After 20–24 weeks, it is an intrauterine death. (Definitions are country-specific.) There are many causes for a baby to die later in pregnancy, such as pre-eclampsia, malaria, syphilis, diabetes, severe illness, post-mature, and congenital abnormality. In at least half of the deaths, you may never know why the baby died.

A mother and her family who are grieving for a dead baby (abortion to full term) may be depressed and feel sad. They may feel that their life has no purpose, and they may not want to meet other people. Grieving is normal. Women and families in all cultures need support, kindness, and to be listened to. There are many ways in which people in different cultures grieve. Think about how best to help families in your culture who have lost a child. All health workers need to help, and so does everyone who knows the family.

Medical Treatment

- Try to give the family a cause for the death. Let them see and hold the baby if they want to. Treat their dead baby with the same care that you would if the baby was alive (handle gently, keep covered).
- Talk with the mother and family about the care and treatment given to the baby, and the baby's death. Answer any questions they may have.
- Give the mother and family care that is culturally acceptable. Be sensitive to their needs. Remember to express sorrow.
- Find out what they want to do with the baby's body (give name, birth certificate, burial).

Education

- The mother will need rest, support, and a good diet at home.
- The mother should not return to a full workload too early.
- The mother's breasts become full around day 2 or 3. She may have a fever for a day or two. To shorten the time the breasts will be full, she can bind the breasts with a tight bra or cloth until there is no milk in the breasts. Do not express breast milk.
- The mother may feel very emotional and cry a lot. The normal changes in a woman's hormones after pregnancy can make her feel very sad, worried, or irritable. Because the baby died, these feelings may be worse than usual. Encourage the mother and family to speak with a health worker if they wish to talk.

- Other children in the family may have problems such as over-activity, naughtiness, bed-wetting, or problems in school. These will be less if they can show their feelings and cry or talk about the baby.

Follow Up

- Ask the mother to return for a postpartum visit **within 2 weeks**. If possible, postpartum care should be given at the mother's home.
- Many women who do not breastfeed will ovulate by 3 weeks after giving birth. The mother may not want sex. Her husband must understand this.
- Other women who have recovered from losing a baby in the past year or two may be able to help her (self-help group).
- The mother needs at least 6 months to regain her iron stores and be ready in other ways for another pregnancy.

NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

2. See Community Meeting 11: Baby Born Too Small for information about skin-to-skin care.

3. **General Information for Trainers about Misoprostol:**

   Why use misoprostol? Remember, every woman is at risk of bleeding too much after birth. Where oxytocin injection is not available, misoprostol taken immediately after the baby is born can decrease the risk of postpartum hemorrhage (PPH) by approximately two thirds. It works by helping the uterus contract and become small and hard, which prevents too much bleeding. Misoprostol comes in 200-microgram tablets and can be taken by mouth, under the tongue, rectally, or vaginally. It is low cost and is not damaged by heat or light. It acts fast (but not as fast as injectables), is safe and effective, and can remain with the woman and be taken by herself or given by a birth attendant. A 2006 joint statement from the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) states that, "In home births without a skilled attendant, misoprostol may be the only technology available to control PPH." The World Health Organization (WHO) recommends using misoprostol when a safe injection of oxytocin is not possible (WHO, 2007). Use of misoprostol for PPH prevention is effective in reducing postpartum blood loss after vaginal delivery. When compared with no prophylactic administration of a uterotonic drug during the third stage of labor, misoprostol lowers postpartum blood loss. Studies have shown misoprostol to be less effective than oxytocin, and as good as oral ergometrine if not better (Gynuity, 2007).

   Precautions: The most important thing to remember is that a woman should NOT take any misoprostol before the baby is born. Taking it while the woman is pregnant may cause the baby to die or the uterus to rupture. This is because it may cause the uterus to contract too much, too early. It will not cause the uterus to rupture when taken after the baby is born and is very safe for the mother.

   Make sure there is not a second baby: After the birth of the baby, the THW should confirm that there is no undiagnosed second twin before giving misoprostol. If there is any uncertainty, or if the birth attendant is unqualified to make the decision (including at a home birth without a trained health worker), then misoprostol is best given after delivery of the placenta (Gynuity, 2007). The counseling messages on correct timing of use of misoprostol (i.e., after the birth of the last baby) are very important, particularly given the possibility of multiple births (Sanghvi et al., 2009).

   Side Effects: There are some side effects commonly associated with misoprostol but they are not serious, require no intervention, and will go away on their own after a short amount of time. These side effects include shivering, nausea, vomiting, diarrhea, cramping, and increased body temperature (fever). They are discussed below. Prolonged or serious side effects are rare (Venture Strategies Innovations, 2008).

   - **Shivering** is the most common side effect of postpartum administration of misoprostol. It usually occurs within the first hour of taking misoprostol and will subside two to six hours after delivery.

- **Fever** is less common than shivering and does not necessarily indicate infection. Elevated body temperature is often preceded by shivering, peaks one to two hours after taking misoprostol, and gradually subsides within two to eight hours. An antipyretic drug can be used for relief of fever, if needed. If fever or shivering persists beyond 24 hours, the woman should seek medical attention to rule out infection.
- **Diarrhea** may occur after administration of misoprostol but should resolve within a day.
- **Nausea and vomiting** may occur and will resolve two to six hours after taking misoprostol. An antiemetic can be used if needed.
- **Cramping or painful uterine contractions**, as commonly occurs after childbirth, usually begins within the first few hours and may begin as early as 30 minutes after misoprostol administration. Nonsteroidal anti-inflammatory drugs or other analgesia can be used for pain relief without affecting the success of the method.

Protocols may vary by country and include different doses or routes of administration of misoprostol. Follow your country's guidelines if they differ from this suggested protocol. Give the woman the misoprostol tablets (or advise her to buy them) when she is about eight months pregnant. Make sure she stores them in a safe place that she can access; she is the only person that will definitely be at her birth! Follow the counseling outline below to explain to her what the tablets are for and when she should take them. After talking with the woman, ask her to repeat information about misoprostol to make sure she understands the information.

Prevent too much bleeding: After the birth of the baby, take three tablets (600 mcg) by mouth **after you are sure there is no second baby**. **If no one is trained to feel for a second baby, take the three tablets as soon as the placenta comes out.**

Treat too much bleeding: If the placenta does not come out or the woman has too much bleeding, **REFER. If the woman did not take the misoprostol after the baby was born, she should take three tablets by mouth when she is bleeding too much.**

4. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

5. See note 3 about misoprostol.

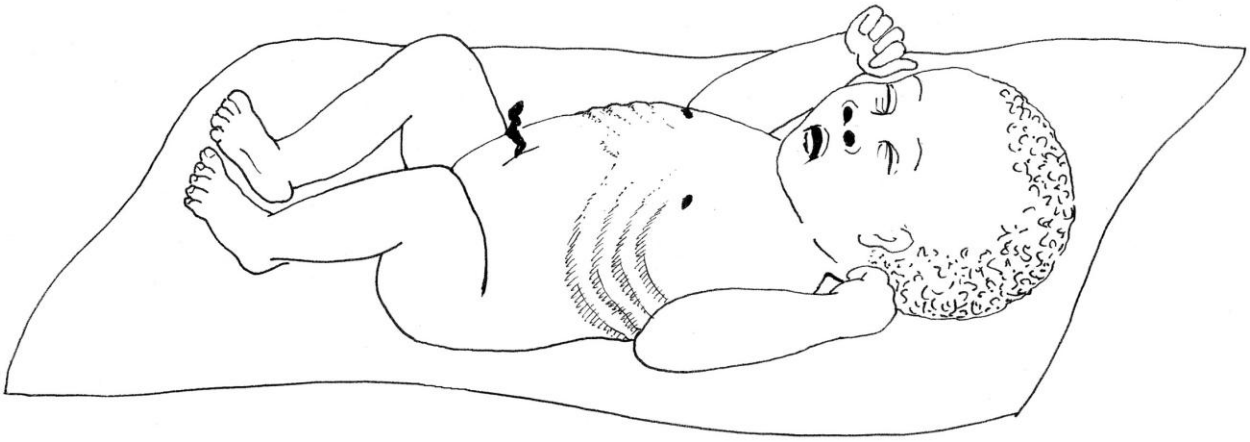
6. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

7. Signs of sickness are discussed in Meeting 2. When the pregnant woman is sick with any of these signs, the baby may be weak or sick: too much bleeding, fever and pain of womb or breast or when passing urine, headache and fits, or other sickness (bad smelling vaginal drainage or malaria). Other signs of sickness in the pregnant woman include: unexplained weight loss, chronic diarrhea, chronic thrush or yeast infection, chronic fever, and generalized dermatitis (adapt HIV/AIDS signs according to country protocols). Other sickness such as chronic cough with blood (tuberculosis), cough and fever with dark sputum (pneumonia), and hookworm (parasites) may also affect the baby (Israel & Kroeger, 2003; CARE, 1998).

notes

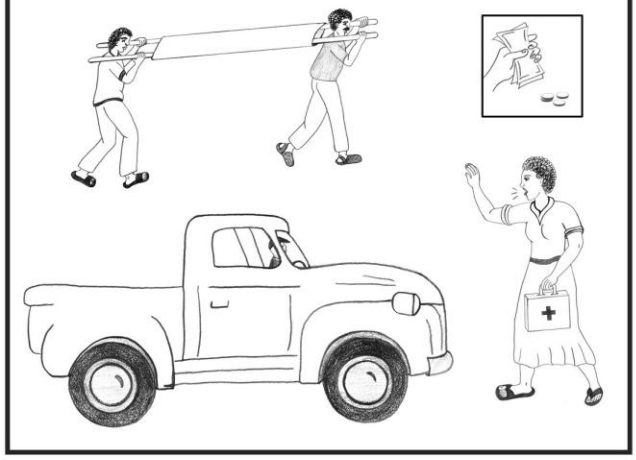
notes

PICTURE CARD AND TAKE ACTION CARD
Baby Has Trouble Breathing at Birth



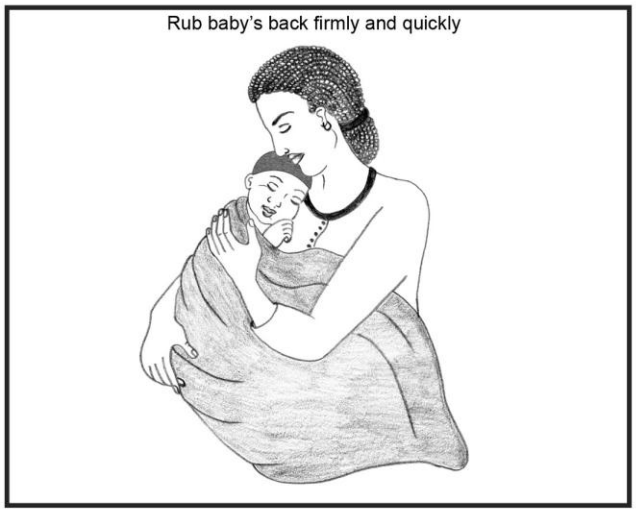
Take Action Card: Baby Has Trouble Breathing at Birth

Call for help (transportation, care, money)

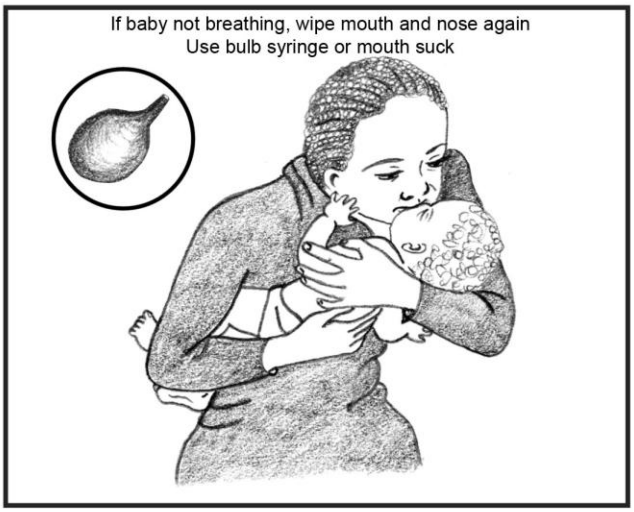


Dry baby, wipe liquid from mouth/nose, and cover baby to warm

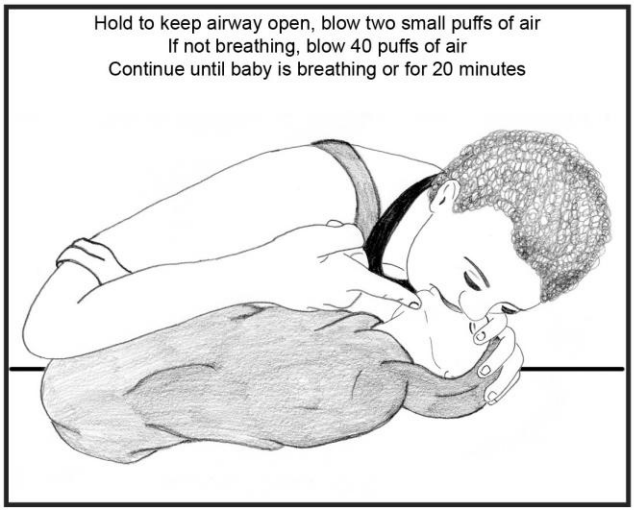
Rub baby's back firmly and quickly



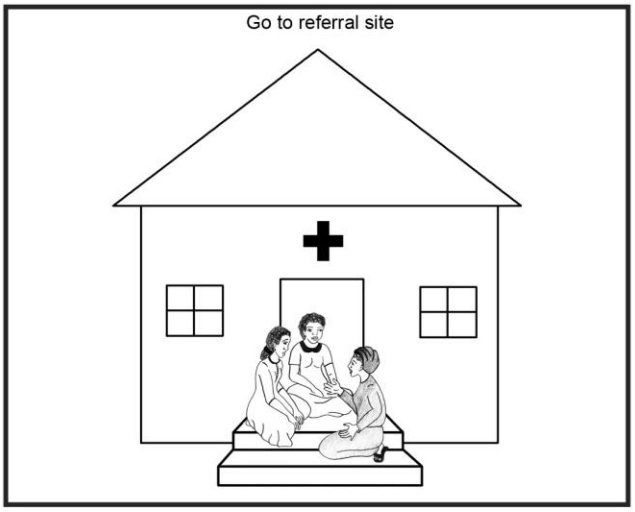
If baby not breathing, wipe mouth and nose again
Use bulb syringe or mouth suck



Hold to keep airway open, blow two small puffs of air
If not breathing, blow 40 puffs of air
Continue until baby is breathing or for 20 minutes

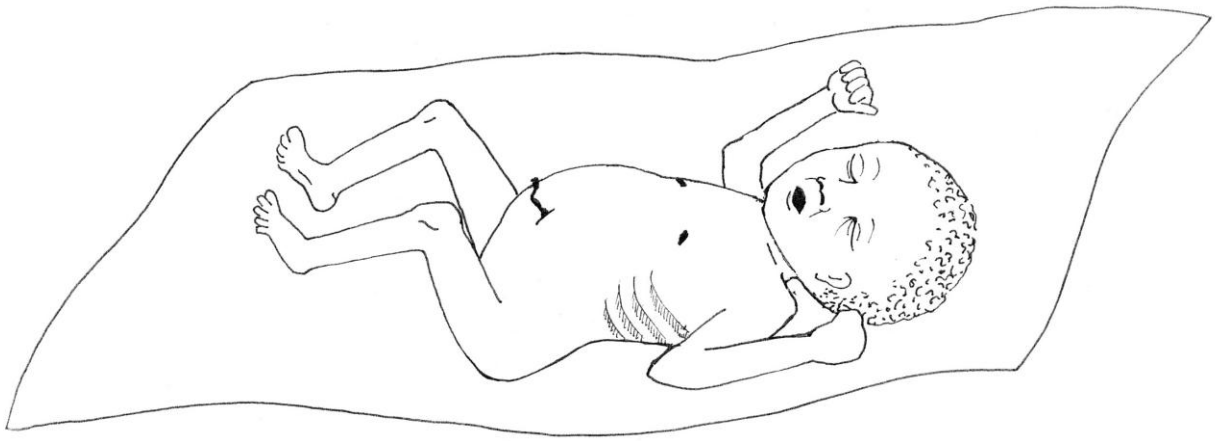


Go to referral site



Home Based Life Saving Skills

Community Meeting 11
Baby Born Too Small



Community Meeting 11: Baby Born Too Small
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COMMUNITY MEETING 11
Baby Born Too Small

INFORMATION FOR THE FACILITATOR*

Many babies die throughout the world because they are born too small. If the baby is born too early, the baby can be too small; this is called born too soon. Or a baby can be too small when the baby does not grow normally in the womb. All babies born too small need help to live outside the womb. This is a problem for the baby and the family.

Many things can cause a baby to be born too small. Some of these things are: the woman smokes during pregnancy, the woman is younger than 17 years old, the woman works too hard, or the pregnancies are too closely spaced (babies should be spaced at least three years apart). The baby may have a disease or birth defect or may be too small if there are twins or triplets. A baby can also be born too small when the woman does not eat well or does not get enough food during pregnancy. When a woman has weak blood or other sickness before or during pregnancy, the baby may be born too small.

A baby is too small if the weight is less than 2.5 kg at birth or the baby looks much smaller than normal at birth. A baby who is born too small may have a problem sucking or swallowing.[1] The baby also has a problem staying warm. If the baby is not helped with feeding and staying warm, the baby can die.

In this meeting, participants will share experiences about babies who are born too small. They will learn how to tell when a baby is too small and what can be done to help save the baby's life.

This meeting has much important information. Take plenty of time with this meeting. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell what to look for when a baby is born too small.
- Tell and show what to do to help a baby who is born too small.

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* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

PLAN

PREPARATION	
How the facilitator prepares: • Review meeting plan • Get needed resources • Practice demonstrations • Review Take Action Card booklet: Baby Born Too Small, Feed Baby with Cup • Review picture cards: Baby Born Too Small, Feed Baby with Cup, Newborn Baby Average Size, Newborn Baby Born Too Small	**How the participants prepare:** • Bring experiences with and stories about babies who were born too small • Bring ideas about what to do for a baby who is born too small
Location: • The community	**Time:** • Three hours: one meeting • Be flexible and go at the pace of the participants
RESOURCES	
Demonstration *Baby Born Too Small*: • baby model • cloths and head covering for baby • pretend money • transportation	**Demonstration *Feed Baby with Cup*:** • breast model • cup • baby model • things for washing: soap, water, basin, pitcher (something to pour water), pail, towel
Other resources: • Take Action Card booklet: Baby Born Too Small, Feed Baby with Cup • Picture cards: Baby Born Too Small, Feed Baby with Cup Newborn Baby Average Size, Newborn Baby Born Too Small	

1. BABY BORN TOO SMALL

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a baby who is born too small.

First, to start the discussion, lay down the picture cards for a full-size newborn baby and a small newborn baby. ***Ask***:

- What do you see in these two pictures?
- Do you think both babies look the same?
- What is the same?
- What is different?

Second, ***ask***:

Have you ever *heard* about a baby who was born too small?
Have you ever *seen* a baby who was born too small? If yes, ***ask***:

- What did you see? (signs)
- What did you do to help the baby? (action)
- What happened to the baby? (outcome)
- What can cause a baby to be born too small? (cause)

Thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The trained health worker (THW) learns that a baby is too small[2] if she sees any of the following:

- A baby much thinner than a full size baby, or a baby with less fat than a full size baby.
- A baby born too soon or thought to be born too soon.

Second, ask volunteers to help you do the demonstration **Baby Born Too Small**.

Third, do the demonstration.

Demonstration: Baby Born Too Small	
Actors:	Ask for volunteers to play Esther, her husband, and her mother-in-law. All have attended HBLSS meetings.
Props:	Baby model, cloths and head covering for baby, pretend money, transportation
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: Esther is rubbing her womb and looking worried. Her newborn baby was born yesterday about six weeks early and he is not able to suck her breast. Esther has a cloth over the baby. She is holding her baby looking very sad.

Demonstration:

1. **Esther *says*** to her **husband**: Call mother-in-law to help us with the baby. Get money and transportation so we can go to the THW.

2. The **mother-in-law** comes quickly and covers the baby's head. She ***says*** to Esther: Hold your baby close to you for warmth. She helps Esther put the baby skin to skin. She then wraps a cloth around both Esther and the baby.

3. The **mother-in-law** uses the end of a cloth to wipe the baby's mouth and nose. She ***says***: Remember, small babies forget to breathe. Gently rub his back from time to time.

4. **Esther *says***: My baby will not take my breast. My milk must not be good. Maybe we should bathe him to wake him up.

5. The **mother-in-law *says***: Your milk is just fine. The baby is very small and does not have strength to suck the breast. We need to go to the THW for help. Until we can get there we will remove breast milk by hand and feed it to the baby with a cup. Remember what we learned in the HBLSS meetings about small babies? I will get something to wipe his face and hands but we will not bathe him until the THW says he is gaining weight. I will also bring a cup.

6. **Esther** feels sleepy. She lies down with her baby skin to skin. She makes sure the baby's mouth and nose are not covered. Esther falls asleep with her baby. Soon the **husband** returns and they go to the THW.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Demonstration: Baby Born Too Small	
What?	**Why?**
1. Call for help.	Call others to help with referral, transportation, care, and money.
2. Warm baby by holding skin to skin with baby's front facing mother's chest. Cover baby's head and wrap a cloth or clothes around both mother and baby.[3]	To keep baby warm.[4] Babies born too small need warmth because they lose heat quickly and get sick. The mother's body keeps the baby warm.
3. Wipe baby's mouth and nose with a clean, dry cloth if liquid is in mouth or nose. If thick liquid, use rubber bulb syringe or have mother mouth suck (if traditional practice).	Small babies can choke on the liquid in their mouth and nose.
4. Gently rub the baby's back.	To help the baby breathe. Small babies sometimes forget to breathe and need help.
5. Breastfeed the baby every two hours, at least 10 times a day.[5]	Small babies need to eat often and may not be able to suck well. They may need to be fed expressed breast milk from a cup.[6]
6. The baby sleeps with the mother.	The mother's body keeps the baby warm.
Refer if baby is unable to suck breast or swallow, cannot feed at least 10 times a day, or gets sick.	The THW needs to help the woman feed and care for the baby.[7]

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about helping a baby who is born too small?

Time for a break.

Sixth, ask volunteers to help you do the demonstration **Feed Baby with Cup**.

Seventh, do the demonstration.

Demonstration: Feed Baby with Cup	
Actors:	Ask volunteers to play Esther and the mother-in-law. The Facilitator plays the THW.
Props:[8]	Breast model, cup, baby model, things for washing
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: Esther and her family have reached the THW. The THW has checked the baby and Esther. The THW says they both are fine, but the baby needs to eat. The THW finds a quiet and private place to help Esther and her family. The mother-in-law is warming the baby skin-to-skin while sitting close to Esther.[9] This helps Esther think about the baby. With the baby close, Esther can smell and hear her baby when she removes the breast milk, and her milk will come out more easily.

Demonstration: Feed Baby with Cup

Demonstration:

1. The **THW** prepares the cup by washing it in soap and water and drying it. The **THW *says***: At home you can dry this in the sun or with a clean dry cloth. Prepare it just before you need it or have a covered, clean place to store it.

2. The **THW** pours boiling water into the milk collection cup. She lets the water sit in the cup until she is ready to use the cup to collect the breast milk.

3. The **THW** washes her hands with soap and water. She ***says*** to Esther: Wash your hands with soap and water and dry your hands with a clean towel. It is good to do this every time before you remove milk.

4. The **THW** throws the water out of the milk collection cup. She helps Esther sit comfortably and hold the cooled, clean cup under her breast.

5. The **THW** uses the breast model and shows Esther how to remove breast milk by hand.[10]

6. When Esther is finished, the **THW *says***: Take care not to squeeze, press, or pull the nipple. You need to remove as much breast milk as you can every time the baby feeds, about 10 times a day. This keeps the milk supply coming.

7. The **THW** then ***says***: Let's feed your baby now. First let the baby try to breastfeed.

8. After the baby has sucked, the **THW *says***: Let's give your baby breast milk using the cup. This will make sure he gets enough to drink until he can get enough milk by sucking. I will show you what to do:[11]

    - Sit comfortably. Hold your baby like I am holding the baby model. Hold the baby sitting upright or semi-upright on your lap. Keep your baby wrapped and warm.
    - Hold the cup in one hand. Hold the cup of milk to the baby's lips.
    - Tip the cup so that the milk just reaches the baby's lips. The cup rests lightly on the baby's lower lip and the edges of the cup touch the outer part of the baby's upper lip.
    - Usually the baby wakes up and opens his mouth. A small baby will start to take the milk into his mouth with the tongue, lapping it up like a kitten. A full-term or older baby sucks the milk, spilling some of it.
    - DO NOT POUR the milk into the baby's mouth. Just hold the cup to the baby's lips and let him take it.
    - When the baby has had enough, he will close his mouth and not take any more. If the baby has not taken enough one time, he may take more the next time, or the mother may need to feed him more often.

9. When the baby has finished drinking from the cup, the **THW *says***: Esther, you are looking tired. Take a rest with your baby skin to skin with you. Mother-in-law, will you clean up and fix a nice meal for Esther? When Esther wakes she will be hungry and thirsty.

After the demonstration, thank the volunteers and give them time to join the group.

Eighth, read each step in the box below and ask participants why it was taken.

Demonstration: Feed Baby with Cup	
What?	**Why?**
1. Wash hands and cup.	To kill germs and remove any dirt on hands or cup.
2. Remove (express) breast milk.	To have breast milk ready to feed the baby.
3. Sit and hold the baby upright and support shoulders and neck.	The mother will be relaxed and comfortable and can control the movement of the baby.
4. Hold a small cup of expressed breast milk to baby's lips.	To let the baby smell the milk and want to feed.
Tip cup gently so milk reaches the baby's lips, and let the baby take it.	To feed the baby. The small baby can take the milk with the tongue (lapping like a kitten) or by sucking the edge of the cup.
Leave cup in position during the feeding.	DO NOT POUR milk into the baby's mouth because this may cause choking.
5. When the baby is finished, rub the baby's back.	To help the baby burp (bring up wind) and prevent spitting up milk when resting.
6. When finished, rest with baby close to mother's body.	Keeps baby warm. Helps mother and baby relax and bond.
Helper cleans up and prepares food and drink for mother.	Clean up to kill germs in containers. Food and drinks give the mother energy and fluids.

Ninth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about feeding a baby who is born too small?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. ***Say***: You said earlier today that you do the following in the home when helping a baby who is born too small: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way when helping a baby who is born too small.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a baby who is born too small?

Fourth, reach agreement on the picture cards. Show each picture card for the signs of the baby born too small and ***ask***:

- Does the picture remind us of a baby who is born too small?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a baby who is born too small?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of helping a baby who is born too small?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. ***Say***: This booklet is for you to use. Use the section of the booklet on Baby Born Too Small to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.[12]

- Open the booklet to Baby Born Too Small.
- Look on Side One at the picture for the signs of the baby born too small. Look on Side Two for the actions.
- Show the picture card of the problem. Ask participants to find the same picture on the Take Action Card.
- Show each picture card of the action. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.
- Repeat the review of the Take Action Card for Feed Baby with Cup.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Cards to help the volunteers.

Practice the demonstrations **Baby Born Too Small** and **Feed Baby with Cup**.

Third, after the practice, ***ask***:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Cards?

Fourth, ***ask***:

- How did you feel about helping a baby born too small?
- If you or a friend has a baby born too small, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful when a baby is born too small?
- How will you know if you need more practice helping a baby born too small?
- What can you do for more practice?

Step 7. What Can We Do to Prevent a Baby from Being Born Too Small?

First, ***ask***:

- What happened to Esther? What was the problem?
  Answer: Esther's baby was born six weeks too early and was born too small. The baby was not able to suck Esther's breast.

- What was done to help Esther's baby?
  Answer: Esther called her mother-in-law. They covered the baby's head, and Esther held the baby close to her body. They wiped the baby's mouth and nose and gently rubbed the baby's back. They went to the THW.

- What did we agree today could have been done to help Esther's baby?
  Answer: Same things as above, plus remove breast milk by hand and feed the milk to the baby with a cup.

- What caused Esther's baby to be born too small?
  Answer: He was born too soon.

- What else can cause a baby to be born too small?
  Answers can include:

  - The woman had weak blood (anemia) during pregnancy.
  - The woman did not get enough food to eat or enough of the right kind of food during pregnancy.
  - The woman was not healthy during pregnancy (fits, bleeding during pregnancy, malaria, tuberculosis, or sexually transmitted infections including HIV).
  - The woman was too young (less than 17 years old).
  - The woman smoked during pregnancy.
  - The woman worked too hard during pregnancy.
  - The woman had twins or triplets.
  - The pregnancies were spaced too close together (babies should be spaced at least three years apart).
  - Sometimes babies are born too small for no known reason.

- What can be done to prevent a baby from being born too small?
  Answers can include:
  - The mother can eat enough of the right kinds of foods every day during pregnancy so the baby grows well and the woman is strong.
  - The woman should not smoke during pregnancy. This will prevent sickness and weakness of the baby. Smoking is also expensive. The money saved from not smoking can be used to get ready for the baby.
  - The woman should see the THW four times during pregnancy and when there is sickness, fits, or any bleeding during pregnancy.
  - Delay having a baby until the woman is at least 17 years old. Help and encourage young women to go to school and have children later.
  - Use family planning to space babies at least three years apart.[13]

Remind the participants:

- Everyone can learn to help a small baby.
- Everyone can learn to remove breast milk by hand and feed a baby with a cup.
- Take a pregnant woman to a THW when she is sick.
- Sometimes we can do everything we know how to do and still a baby is born too small.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

2. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

This section is for facility-based training only. Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

Feeding a Baby Born Too Small

The baby and mother should go to a THW as soon as possible. The woman should:

- Let the baby try to suck as soon as the baby is able. This will help make the mother's milk come in. Help the baby latch onto the nipple in a good position.
- After the baby has breastfed, express breast milk. The mother should express her milk as much as she can every time the baby feeds. This will help keep up her milk supply.

A baby who is born too small needs the following amounts of milk each day. If the mother does not have enough, add milk from a family member who is nursing a baby until you reach a THW.[14]

Day 1	Give 2 tsp (10 ml) expressed breast milk at each feeding. Do this 10 times a day (total 100 ml).
Day 2	Give 3–4 tsp (or 15–20 ml) expressed breast milk at each feeding. Do this 10 times a day (total 150–200 ml)
Day 3	Give 4 tsp (or 20 ml) expressed breast milk at each feeding. Do this 10 times a day (total 200 ml)
Days 4–7	Increase the amount of milk given a little each day.
Day 8+	Give 8 tsp (40 ml) expressed breast milk at each feeding. Do this 10 times a day (total 400 ml). Continue with this amount until the baby is feeding from the breast and gaining weight.

NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. Babies who are too small at birth usually cannot suck strongly enough to feed themselves completely at the breast. Some babies may not be able to suck at all (Daga et al., 1992).

2. A baby who is born too small usually weighs less than 2.5 kg (2,500 grams) at birth. A baby born too small is called preterm, premature, or small for gestational age by the THW. These babies are thin, the head looks big in proportion to the body, the skin is very thin and red, and there may be fine hair all over the baby's body (Marshall et al., 2008). These babies may:
   - Not be ready to make the changes needed to live outside the womb.
   - Have trouble breathing (see Meeting 10).
   - Have trouble staying warm.
   - Not be able to suck or swallow.
   - Get infections, yellow skin (jaundice), or bleeding problems.

   A small baby must be taken to a THW as soon as possible after birth. A study in India demonstrated a method to decide if a baby is too small and needs help from a THW. The study showed that a baby with a foot length measurement of 6.5 cm or less compares to approximately a birth weight of 1.5–1.6 kg. The birth attendant may be able to learn to do a foot length measurement to help decide if the baby is too small and needs help from a THW (Daga et al., 1992).

3. Caring for a small baby is sometimes called Kangaroo Mother Care. The small baby needs more help and time to get used to life outside the womb. They also need help to stay warm and get enough nourishment to grow and mature. There are three parts of the special care for small babies:

   - *Skin-to-skin contact* between the front of the baby and the mother's chest should start at birth and continue day and night. The baby wears a head covering to prevent cooling of the head, and may wear cloths to soak up stool and urine. **Wrap the baby and mother**:
     - Place the baby between the mother's breast, with the baby's feet below the mother's breasts and the baby's hands above the mother's breasts.
     - The mother and baby should be chest-to-chest with the baby's head turned to the side.
     - Wrap the mother and baby together by placing the center of a long cloth over the baby on the mother's chest, wrapping both ends of the cloth around the mother under her arms to her back, crossing the cloth ends behind the mother, and bringing both ends again to the front. Tie the ends of the cloth in a knot under the baby.
     - Support the baby's head by pulling the wrap up to just under the baby's ear. Another family member may do the skin-to-skin contact for short periods when the mother bathes or must do something else.
     - If skin-to-skin contact with the mother is culturally unacceptable to her, dry and wrap the baby. Make sure the head is covered. Place the baby next to the mother.

   - *Exclusive breast feeding* begins right after birth and continues frequently thereafter. The cloth that wraps around the mother and baby is loosened for the breastfeeding. See below for more information about how to help a mother breastfeed her small baby.

- *Support the mother and baby* by supplying everything the mother and baby need without separating them. At home the family will support the mother and baby. In a health facility the staff will provide the support.

The advantages of skin-to-skin contact are:

- Mother's warmth keeps baby warm.
- Close contact between mother and infant supports bonding.
- Position helps with early breastfeeding.
- Contact helps to prevent infections because the newborn's skin will first have contact with the mother's skin bacteria, not bacteria from others.

Adapted with permission from Saving Newborn Lives (2003).

4. "Most cooling of the newborn happens **during the first minutes after birth**. In the first 10–20 minutes, the newborn may lose enough heat for the body temperature to fall 2–4°C. The baby can lose even more heat as time passes if proper care is not given. About 25 percent of heat loss may be from an uncovered head. Dress the newborn in warm clothing, including a hat. Warm bedding and bed sharing with the mother helps to keep the baby warm (the baby needs one or two more layers of clothing and bedding than adults). Research shows that bed sharing promotes breastfeeding by encouraging the baby to feed more often and for longer times" (Saving Newborn Lives, 2003).

5. A baby born too small needs to start feeding within the first six hours of life to prevent low blood sugar. A woman's milk comes in two to three days after the birth. Before that, her breasts make a thick, yellowish liquid (colostrum) that is good for the baby. Colostrum is secreted in a small amount but it is enough for a newborn baby (King, 2003).

   It is important to give the baby ALL the colostrum. Do not throw any of it away. When the baby sucks the colostrum, the woman will have more milk sooner. The woman and her family need to know that colostrum:
   - Boosts the baby's health and immunity to disease (like a first immunization).
   - Helps the baby clear out meconium (first stools).
   - Is exactly the food the baby needs before the breast milk comes in.

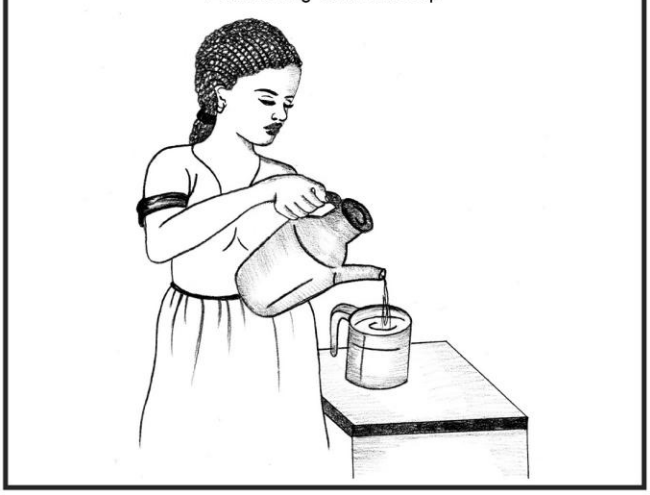
   See Meeting 3 for more breastfeeding information.

Breastfeed a Baby Born Too Small (Adapted from King, 2003)	
What?	**Why?**
Sit or lie comfortably.	To be relaxed.
Hold baby at the back of the shoulders. The baby should face your breast and the baby's body should be against you.	Holding the baby at the back of the shoulders lets the mother turn all of the baby toward the breast, not just the baby's head.
Hold your breast and touch the baby's cheek with your nipple.	The mother touches the baby's cheek or the side of the mouth with her nipple to stimulate the rooting reflex, which helps the baby find the nipple. If something touches the side of the baby's mouth and the baby is hungry, the baby opens the mouth and turns toward the touch.
When the baby's mouth opens, fix the mouth on the nipple. Ensure the baby is in a good position to suck.	Sucking as soon as possible helps the baby learn about sucking and stimulates the milk producing reflex for the mother. Attaching to the nipple can be difficult if the nipple is too big. However, a baby born too small may feed completely (without needing to be fed from a cup) sooner if the baby always sucks in a good position.

6. To express breast milk, review the Take Action Card: Remove Breast Milk By Hand on the next page:
   - Prepare a clean container.
   - Wash your hands.
   - Place clean container under your breast or ask someone to hold the container to collect the breast milk.
   - Hold your breast with your thumb on top and other fingers below the breast. It does not make any difference which hand you use. You may use both hands.
   - Lean a little forward so the milk will go into the container.
   - Place your thumb on the areola (brown part of the nipple) *above* the nipple. Place your first finger on the areola *below* the nipple.
   - Press the thumb and first finger inwards, toward your body.
   - Press thumb and fingers together (press the areola *behind* the nipple between the finger and thumb).
   - Press and release, press and release. Try using the same rhythm as the baby sucking.
   - After you have pressed a few times, milk will start to drip out. Repeat until milk slows or stops.
   - Press the areola in the same way from the *sides* to make sure that milk comes out of all parts of the breast.
   - Repeat with the second breast.
   - Be patient. Removing breast milk can take 20 minutes or longer in the beginning.
   - *Do not squeeze, press, or pull the nipple*.

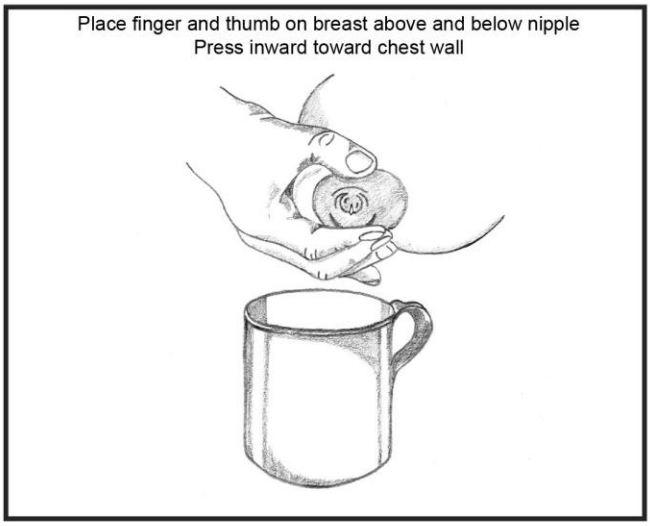
Wash containers and your hands

Pour boiling water into cup

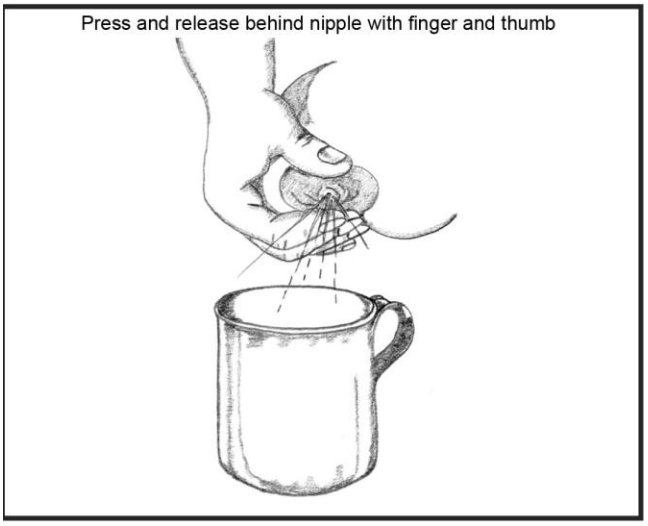


When ready to remove breast milk, throw away water in cup and put cup under breast

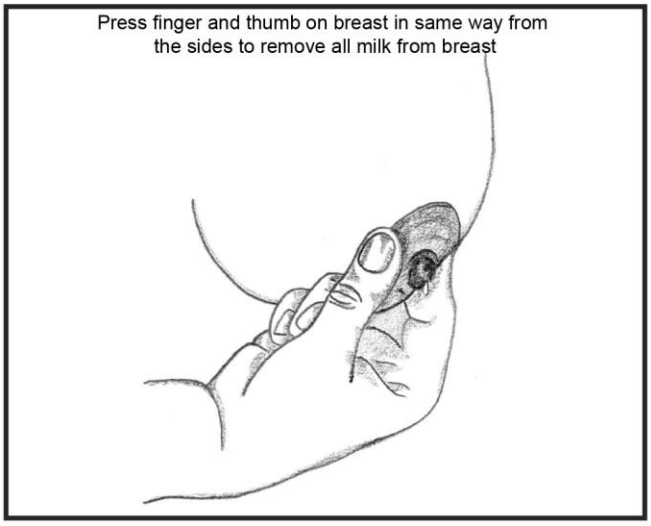
Place finger and thumb on breast above and below nipple
Press inward toward chest wall



Press and release behind nipple with finger and thumb



Press finger and thumb on breast in same way from the sides to remove all milk from breast



7. It is very important to go to the THW. A small baby needs expressed breast milk from the first day. The baby needs nourishment. Allow the baby to suck or be close to the nipple every two hours. Then help the mother remove the colostrum by hand and then the breast milk in two or three days.

8. See the list of resources at the beginning of the meeting for a complete list of resources for the demonstration.

9. A baby born too small has little body fat to keep him warm. Keeping the baby warm with skin to skin contact as much as possible does many things: helps keep the heart rate strong, keeps the temperature closer to normal, encourages baby to breastfeed for a longer time. A baby born too small should always be with the mother to stay warm. Adapted from Kroeger (2004).

10. See note 6 for directions on how to express breast milk.

11. Cup technique adapted from Wright (undated) and WHO (2003).

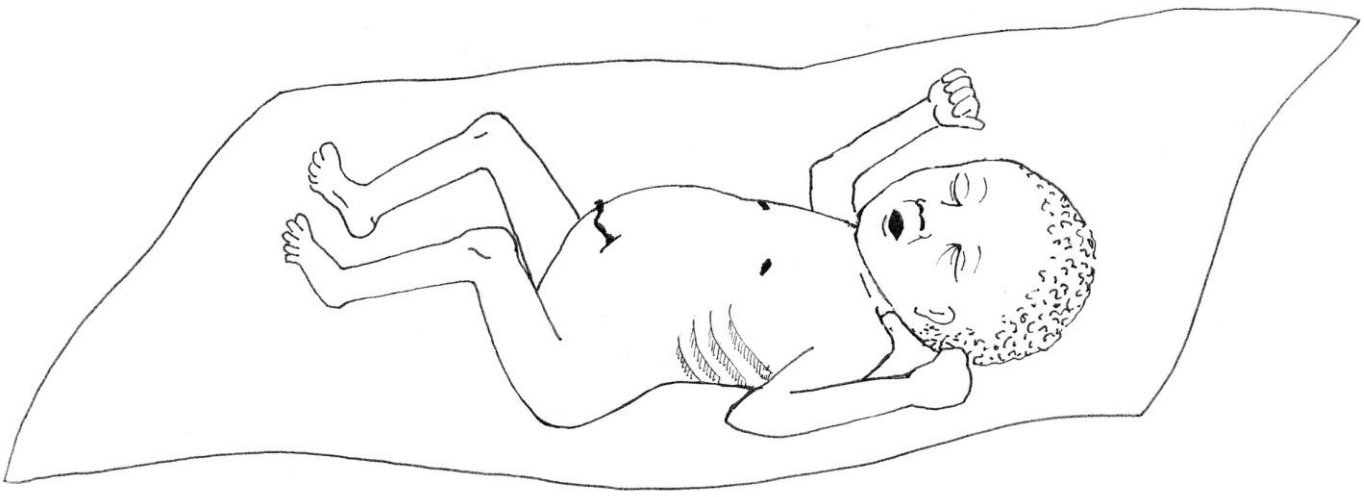
12. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

13. Encourage healthy timing and spacing of pregnancy. When the time between the birth of a baby and the next pregnancy is less than 24 months, there is a higher risk the baby will have problems. The World Health Organization recommends at least 24 months from the last birth to the next conception. Every couple must decide for themselves how they want to plan their family. They need accurate information about family planning methods. No one can decide for them (Marshall et al., 2008). See Community Meeting 9 for more information on family planning.

14. See Meeting 3 about food and drink for the breastfeeding woman.

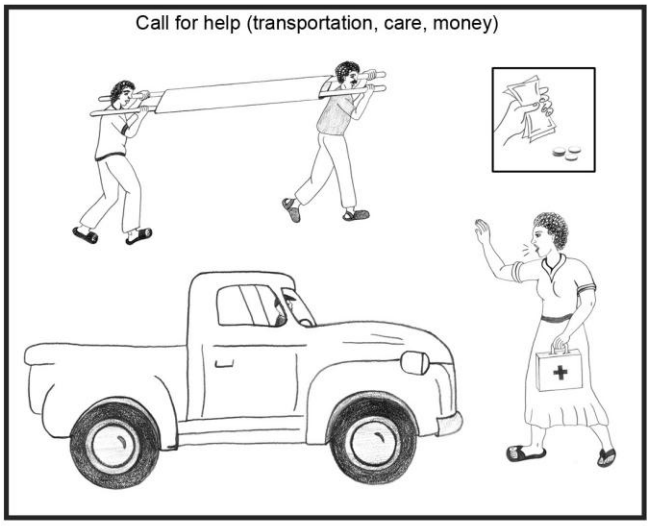
notes

PICTURE CARDS AND TAKE ACTION CARDS
Baby Born Too Small



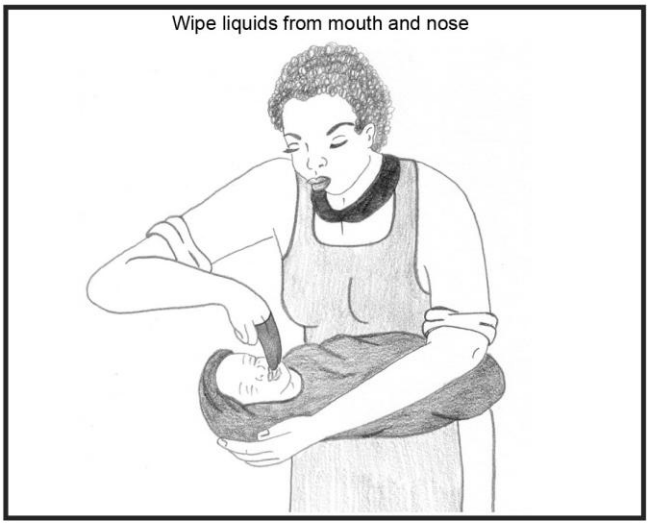
Take Action Card: Baby Born Too Small

Call for help (transportation, care, money)



Warm baby by holding skin to skin on chest, and cover

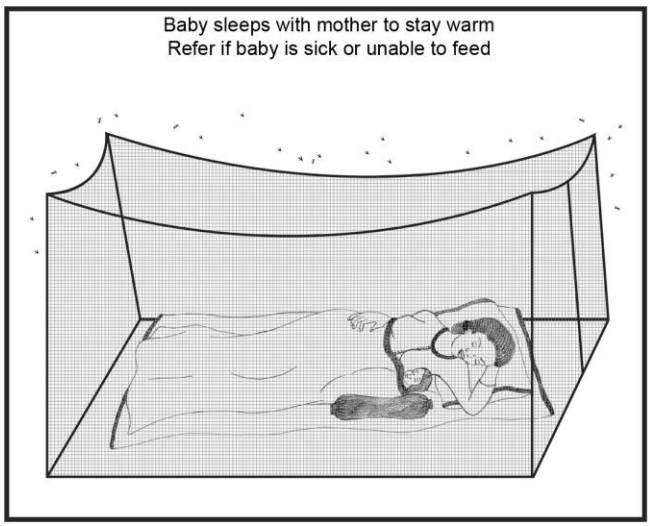
Wipe liquids from mouth and nose



Gently rub baby's back

Feed baby every two hours
If needed, use cup to give breast milk removed by hand

Baby sleeps with mother to stay warm
Refer if baby is sick or unable to feed



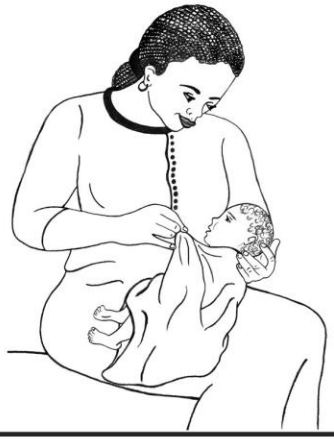
Feed Baby with Cup

Take Action Card: Feed Baby with Cup

Wash hands and cup

Remove (express) breast milk into cup

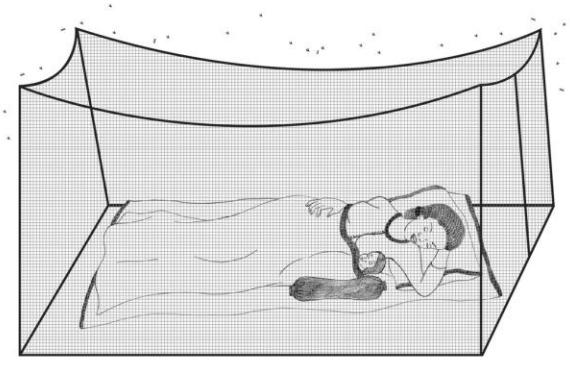
Sit and hold baby upright, and support baby's shoulders and neck



Hold cup of breast milk to baby's lips, and let baby take the milk

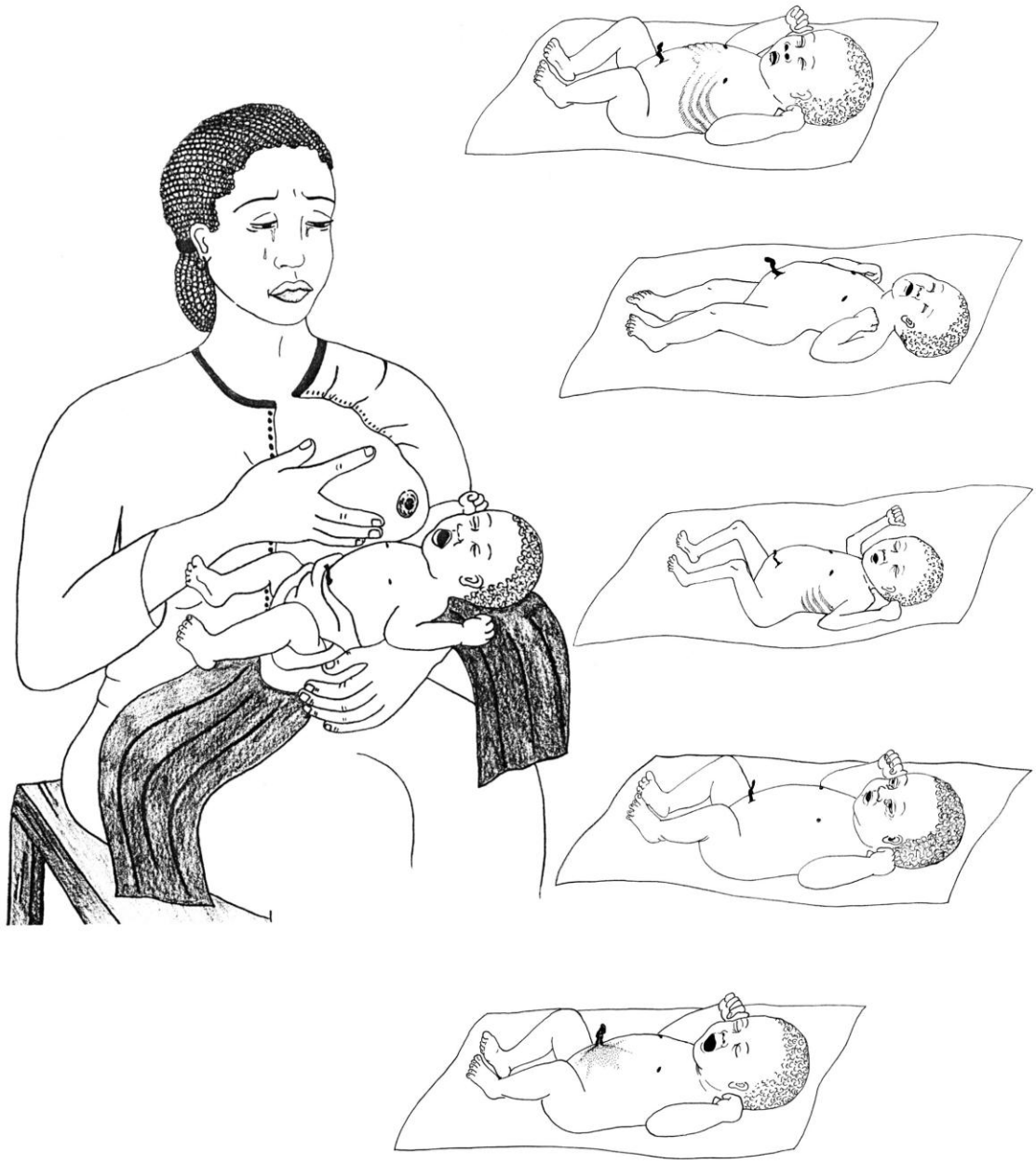
When finished, rub baby's back

Rest with baby close to mother



Home Based Life Saving Skills

Community Meeting 12
Baby Is Sick



Community Meeting 12: Baby Is Sick
Table of Contents

Community Meeting 12
Baby Is Sick

INFORMATION FOR THE FACILITATOR*

Many babies throughout the world die because of sickness caused by germs and unclean things. The baby can get sick if the woman's bag of water breaks too long before the birth. Or the baby may get sick when a pregnant woman has a sickness such as malaria or a sexually transmitted infection including HIV/AIDS.[1] During birth, unclean things may get in the baby's mouth and nose and cause sickness. After the baby is born, unclean things may be put in the baby's mouth or eyes or may be used to cut and care for the cord, or the baby may breathe in germs from the air.

There are differences in how we can tell a woman and a baby are sick. When a woman is sick, she often has fever and pain in the area where the sickness is. She is able to say if she has a fever and pain, or the trained health worker can feel if the woman has a fever and ask where she feels pain. A sick baby may not have a fever and cannot talk about pain. The mother may think the baby is sick simply because the baby is acting differently. Antibiotics[2] are necessary to care for a baby who is seriously sick. If a baby is not helped quickly when signs of sickness appear, the baby can die.

In this meeting, participants will share their experiences with seriously sick babies. They will learn how to tell when a baby is sick and how to help save the baby's life.

This meeting has much important information. Take plenty of time with this meeting. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell what to look for when a baby is sick.
- Tell and show what to do to help a baby who has a serious sickness.
- Tell and show how to prevent sickness before and after the baby is born.

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* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

PLAN

PREPARATION	
How the facilitator prepares: • Review meeting plan • Get needed resources • Practice demonstration • Review Take Action Card booklet and picture cards: Baby Problems, Baby Is Sick	**How the participants prepare:** • Bring stories about and experiences with babies who got sick after birth • Bring ideas about what to do when a baby is sick
Location: • The community	**Time:** • Two hours: one meeting • Be flexible and go at the pace of the participants
RESOURCES	
Demonstration *Baby Is Sick*: • baby model • clean baby things: cloths, head covering, light clothing • transportation • pretend money	**Other resources:** • Take Action Card booklet and picture cards: Baby Problems, Baby Is Sick (use Baby Not Sucking, Baby with Eyes Draining Pus, Baby with Cord Draining Pus, Baby with Fits, and Baby Not Breathing Normally)

1. BABY IS SICK

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a baby who is sick.

First, to start the discussion, lay down the picture cards for baby problems:

- Baby not sucking
- Baby not breathing normally
- Baby with fits
- Baby with eyes draining pus
- Baby with cord draining pus

Ask:

- How do you think the five babies look alike?
  Answers can include: They look sick. They do not look normal. They are all babies.

- How do the five babies look different?
  Answers can include: One baby has a swollen belly, one baby is not sucking, one baby is having pain, one baby is crying, and one baby is too skinny. There need not be responses for every picture. Most answers will confirm that participants think the babies all look different.

Second, ***ask***:

Have you ever *heard* about a baby who was very sick soon after birth or during the first month of life?
Have you ever *seen* a baby who was very sick soon after birth or during the first month of life? If yes, ***ask***:

- What did you see? (signs)
- What did you do to help the baby? (action)
- What happened to the baby? (outcome)
- What can cause a baby to be sick so soon after birth? (cause)

Thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The trained health worker (THW) learns a baby is seriously sick if the baby has:[3]

- Poor or no sucking[4]
- Trouble breathing[5]
- Fits[6]
- Pus draining from one or both eyes[7]
- Pus draining from the cord[8]

Second, ask volunteers to help you do the demonstration **Baby Is Sick**.

Third, do the demonstration.

Demonstration: Baby Is Sick	
Actors:	Ask for volunteers to play Maria (the mother of the sick baby) and Linus (the baby's father). The facilitator plays the friend who is trained in HBLSS.
Props:	Baby model, clean baby things (cloths, head covering, light clothing), transportation, pretend money
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: Maria and Linus had a baby two weeks ago. Today the baby stopped sucking the breast. Maria and Linus are very worried. They called their friend to come help.

Demonstration:

1. As soon as the **friend** arrives, she picks up the baby and calls for help.
2. The **friend *says***: Maria, your baby is very sick. Hold the baby and cover him with this cloth.
3. The **friend** gently rubs the baby's back. She wipes the baby's mouth and nose with the corner of the cloth that covers the baby.

Demonstration: Baby Is Sick
4. The **friend** helps Maria put the baby to the breast.
5. **Maria** is happy and ***says***: The baby is trying to suck a little.
6. The **friend *says*** to **Linus**: The baby is too sick. Get transportation and money, so we can go to the THW for antibiotics. The THW knows how to care for sick babies. The friend continues to rub the baby's back and helps Maria try to breastfeed. The baby should feed at least every hour.
7. The **friend *says*** to **Maria**: I hear the transportation coming. We can go now. If we had to wait longer, we would remove some of your breast milk and feed the baby with a cup.
8. They leave together with the baby to go to the THW.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Demonstration: Baby Is Sick	
What?	**Why?**
1. Call for help.	Call others to help with referral, transportation, care, and money.
2. Keep baby warm by holding baby close to your body[9] and covering with a cloth.	Sick babies need warmth. They lose heat and get cold very easily.
Gently stimulate the baby by rubbing the baby's back.	Sick babies sometimes forget to breathe.
DO NOT stimulate a baby who has fits.	Rubbing the back can make a baby with fits sicker.
3. Wipe baby's mouth and nose with a clean dry cloth.	Removes liquid. Liquid in the baby's mouth and nose makes it hard for the baby to breathe.
If liquid is thick, use a bulb syringe or the mother may suck the baby's mouth and nose if traditional practice.	Sucking the baby's mouth and nose removes thick liquid to open the airway and help the baby breathe.[10]
4. Breastfeed every hour.	Sick babies need to eat often for energy.
If the baby cannot suck, remove breast milk by hand and feed breast milk with a cup every hour.[11]	
DO NOT feed a baby with fits or tetanus.	A baby with fits or tetanus may choke when taking a feed.
5. The parents must take the baby to the THW to get antibiotics and care.	Antibiotics kill germs[12] that cause sickness.
REFER as soon as possible.	A THW's help is needed.

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about helping a baby who is very sick?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration. Use the five picture cards for baby problems that you showed the participants in Step 2.

First, review from Step 2. ***Say***: You said earlier today that you do the following in the home for a baby who is sick: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way when helping a baby who is sick.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a baby who is sick?

Fourth, reach agreement on the picture cards. Show each picture card for the signs of a baby who is sick one at a time and ***ask***:

- Does the picture remind us of a baby who is sick with:
  - poor or no sucking?
  - trouble breathing?
  - fits?
  - pus draining from the eyes?
  - pus draining from the cord?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a baby who is sick?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of helping a baby who is sick?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. ***Say***: This booklet is for you to use. Use the section on Baby Is Sick to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.[13]

- Open the booklet to Baby Is Sick.
- Look on Side One at the picture for signs of the baby who is sick. Look on Side Two for the actions.
- Show each picture card of the baby who is sick from Community Meeting 2. Ask the participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask the participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Baby Is Sick**.

Third, after the practice, ***ask***:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, ***ask***:

- How did you feel about helping a baby who is sick?
- If your baby or a friend's baby is sick, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful when a baby is sick?
- How will you know if you need more practice helping a baby who is sick?
- What can you do for more practice?

Step 7. What Can We Do to Prevent a Baby from Getting Sick?

First, ***ask***:

- What happened to Maria's baby? What was the problem?
  Answer: The baby stopped taking the breast.

- What was done?
  Answer: Maria called for help. They covered the baby, rubbed his back, and wiped his mouth and nose. They took the baby to the THW for antibiotics.

- What did we agree today could have been done to help Maria's baby?
  Answer: Same things mentioned above and give the baby milk, put the baby skin to skin, and remove thick fluids in baby's mouth or nose.

- What caused the problem with Maria's baby?
  Answer: The baby was too sick and did not want to suck. We do not know why he got sick.

- What can cause a baby to get sick?
  Answer: The first month of life is the most dangerous. A baby may be sick because unclean things get into the baby's body. This can happen before the baby is born or during or after birth:

  - Before the baby is born:
    - The woman's bag of water breaks before she feels birth pains or for too long before the baby is born.
    - The woman has a sickness such as malaria or a sexually transmitted infection including HIV/AIDS.
    - Germs in the birth canal get into the baby's eyes, mouth, or nose during birth.
  - During the birth:
    - The baby breathes in germs.
    - Unclean wipes or cotton are used to wipe the baby's face.
    - The baby may touch germs in the birth canal.
  - After the baby is born:
    - Unclean things are used to cut or care for the cord.
    - People with serious sickness breathe on the baby after birth.
    - Unclean water or things such as a spoon are put in the baby's mouth.
    - The baby is given liquids other than colostrum and breast milk.

Remind the participants:

- The baby is seriously sick if the baby has signs of poor or no sucking, trouble breathing, fits, pus draining from the eyes, or pus draining from the cord.
- Prevent serious sickness by using clean practices and breastfeeding.[14]
- Tetanus shots during pregnancy can prevent tetanus, which is one kind of fit.[15]
- Go to the THW for life-saving antibiotics.
- A baby who is seriously sick soon after birth or during the first month of life must have antibiotics.
- It is important to always be ready in case of a problem. Have a referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

2. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

This section is for facility-based training only. Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

Helping When a Baby Is Sick

The baby and mother should go to a THW as soon as possible if the baby has any of the following signs:	
What?	**Why?**
1. **Sucking poorly, not sucking, or cannot attach to breast**: • Give expressed breast milk every hour when mother is awake until baby is able to suckle.[16] • REFER.	Giving expressed breast milk with a cup lets the sick baby rest and continue to receive energy and fluids. Removing the breast milk keeps the woman's milk coming in so she has enough when her baby is stronger.
2. **Fits**: • Give antibiotics. • REFER. • **DO NOT STIMULATE the baby.**	Antibiotics kill germs that cause the baby's sickness. A baby with tetanus gets sicker when stimulated. A pregnant woman can prevent tetanus by getting tetanus immunizations.
3. **Swollen soft spot on head (fontanelle), very sleepy, or pus draining from ear**:[17] • Give antibiotics. • REFER. • **DO NOT STIMULATE the baby.**	Antibiotics kill germs that cause the baby's sickness. A baby with a swollen soft spot on head or who is very sleepy or who has pus draining from ear gets sicker when stimulated.
4. **Trouble breathing**: • Suck thick liquid out of baby's mouth and nose (use bulb syringe or mother may suck baby's mouth and nose if traditional practice). • Keep baby in a side-lying position when not skin-to-skin. • Give antibiotics. • REFER.	Thick liquid in the mouth and nose must be removed so the baby can breathe better. The baby is very sick with pneumonia and needs referral.
5. **Pus draining from cord**: • Clean the cord and area around cord every day with soap and water. • Paint the cord with gentian violet. • Leave cord uncovered as much as possible. • If cord drains pus or has redness extending to skin, give antibiotics. • REFER.	Washing cleans the area. Exposing the cord to air and painting with gentian violet help the cord dry. A dry cord does not give germs a place to grow and helps to prevent infection and pus.

The baby and mother should go to a THW as soon as possible if the baby has any of the following signs:	
What?	**Why?**
6. **Pus draining from swollen eye(s)**: • Wash eyes with cooled boiled water every hour. • Put small amount of antibiotic eye ointment in the inner corner of each eye every hour until the pus and swelling are gone. • Do not wipe or rinse ointment out of eye. • If pus and swelling not reduced in two days, give antibiotics. • REFER.	Washing eyes removes pus from eyes so that antibiotic ointment can stay in the eye. Antibiotic eye ointment kills the germs that make the pus. Antibiotics kill germs that cause the baby's sickness. A baby with pus and swelling in the eyes for two days needs more antibiotics to help the antibiotic eye ointment.
7. **Pus draining from many skin sores**: • Clean sores each day with soap and water. • Paint sores with gentian violet. • Leave sores uncovered as much as possible. • Give antibiotics. • REFER.	Washing cleans the skin. Exposing the skin to the air and painting with gentian violet help the sores dry and heal.

NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. **Information for use with country protocols**: When a baby is born to an HIV-positive woman, there is a 70–80% chance the baby does NOT have HIV. However, all of these babies carry the maternal HIV antibody until age 12–18 months. There are tests to find HIV antibody in a baby, but the tests are not available everywhere. The HIV-positive baby will get sick faster than an adult because the baby's immune system for fighting infection is not as strong as when the baby is older. Many babies will start to become ill during their first year (Yeargin, 2002).

   Malaria is a major case of high maternal and infant mortality and is linked to increased mother-to-child HIV transmission via placental infection. The placental (protective) barrier can be broken down by infections such as malaria and certain sexually transmitted infections (Israel & Kroeger, 2003).

2. Antibiotics are essential for the successful care of all newborn infections. In most countries, injectable antibiotics are available at referral facilities. Sometimes it takes too long to reach these facilities. *It is extremely important to make injectable single-dose antibiotics available closer to the people throughout the community to save the lives of children*. Refer to local protocols for antibiotics available and recommended in your area.

3. Talk about how to identify signs that a baby is sick:
   - **LOOK to see how the baby breastfeeds**: a baby who sucks poorly, does not suck, or cannot attach to the breast is seriously sick.
   - **LOOK for fits**.
   - **FEEL the soft spot on the top of the head**: if the soft spot is swollen or depressed (sunken), the baby is seriously sick.
   - **LOOK to see if the baby wakes and moves**: if the mother says the baby sleeps all the time or is difficult to wake or is unconscious, the baby is seriously sick.
   - **LOOK at the baby breathing**: if the breathing is as fast as your pulse, or the chest sucks in when the baby breathes, or the baby's nostrils open wide with breathing, or the baby grunts with each breath, the baby is seriously sick.
   - **FEEL the baby's skin** or use a thermometer to take the baby's temperature: if the baby feels too hot or too cold, or the thermometer reads not normal, the baby is seriously sick.
   - **LOOK for pus** at the cord, ears, eyes, and skin. If there is any pus, the baby is seriously sick.

4. If more than four hours pass and the baby **does not suck or cannot attach to the breast**, this is a danger sign. If a baby sucks well for a few days and then does not suck or cannot attach to the breast, this is a danger sign. If the baby has a sunken soft spot on the top of the head, the baby may not be getting enough breast milk.

5. If the baby has trouble breathing at birth, the THW calls this asphyxia. If the *baby has trouble breathing at birth*, see Meeting 10 for more information.

   If the baby breathes easily after birth but in two to three days has trouble breathing, the THW calls this pneumonia. In this meeting, *the baby breathes easily at birth* but starts to have trouble breathing after the second day. The baby may breathe fast (more than 60 breaths per minute), or have severe sucking in of the skin between the ribs with each breath (called chest indrawing by the THW), or nasal flaring or grunting when breathing. The mother *feels and knows* the breathing is not good. The

baby is very sick and probably has pneumonia or respiratory distress syndrome. This baby must have *antibiotics*.

6. **Fits:** A baby who has fits or convulsions is very sick. This baby must have *antibiotics*.

   If a baby with **a swollen soft spot** on the head is also very **sleepy** or difficult to wake, or is unconscious, the baby may have meningitis. This baby may have fits. This baby must have *antibiotics*.

   If the baby with fits **cannot open the mouth** to suck, the baby probably has tetanus. This baby is very sick and must have *antibiotics*. Make sure the woman gets injections for tetanus so her next baby will not get tetanus.

7. If the baby has **pus draining from eyes**, the THW calls this infection of the eyes. A baby with pus draining from the eyes has a serious sickness. Without *antibiotics* the pus can cause the baby to be blind. The pus can make anyone sick who gets it in their own eyes or in an opening in their skin.

8. A baby with **pus draining from the cord with redness extending to the skin, or many skin sores, or pus draining from the ears** has a serious infection. The baby must be treated right away with *antibiotics*. The pus can make anyone sick who gets it in their own eyes or in an opening in their skin.

9. If a baby is too cold, cover the baby with light clothing and a head covering such as a cap. Place the baby upright inside the woman's clothing, between her breasts skin to skin. See Community Meeting 11 for more information on skin-to-skin care.

10. If the baby is having trouble breathing, the breathing may be too fast, or the chest sucks in so you can see the bones (indrawing), or the nose opens wide (nasal flaring), or the baby grunts with every breath. Trouble breathing may be caused by thick fluid in the mouth and nose that makes it difficult for air to go in or come out. If you suck out the thick fluid, the baby may be able to breathe a little better. The mother can use her mouth to suck the liquids out of the mouth and nose if the baby is having trouble breathing. Other people helping the family may choose to use a rubber bulb syringe or a mouth sucker (called a DeLee mucus trap). If these are not available the family should try to mouth suck to save the baby's life. When a baby is having trouble breathing or is not breathing at all, time cannot be wasted finding something to use to suck the baby's mouth and nose. Use what is available; this is usually to mouth suck. DEMONSTRATE how to mouth suck by sucking on the back of your hand, making a *sucking noise* when you do it. Ask each participant to practice doing this. **Mouth sucking can save a baby's life**. See Meeting 10 for more information on a baby who has trouble breathing at birth.

11. See the demonstration Feed Baby with Cup in Community Meeting 11: Baby Born Too Small.

12. Germs may cause sickness and infection before the baby is born when the mother's bag of water breaks, during labor, or after the baby is born when unclean things are used to cut or care for the cord or to wipe the baby or are put in the baby's eyes or mouth. Unclean things may touch the woman in her birth canal, causing pus in the birth canal. This pus may touch the baby during the birth, causing the baby to get sick.

13. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

14. **Before the baby is born**, prevent sickness in a pregnant woman and baby:
    - Give tetanus toxoid during pregnancy
    - Clean place for birth
    - Clean birth things
    - Clean people

    After the baby is born, prevent sickness in a mother and baby:
    - Wash hands before touching the mother and baby
    - Breastfeed the baby at least every two hours
    - Start breastfeeding soon after birth, give colostrum, and breastfeed exclusively
    - Use only clean things to touch the mother and baby
    - Keep sick people away from the mother and baby

15. See Community Meeting 3: Prevent Problems During Pregnancy for information on tetanus prevention.

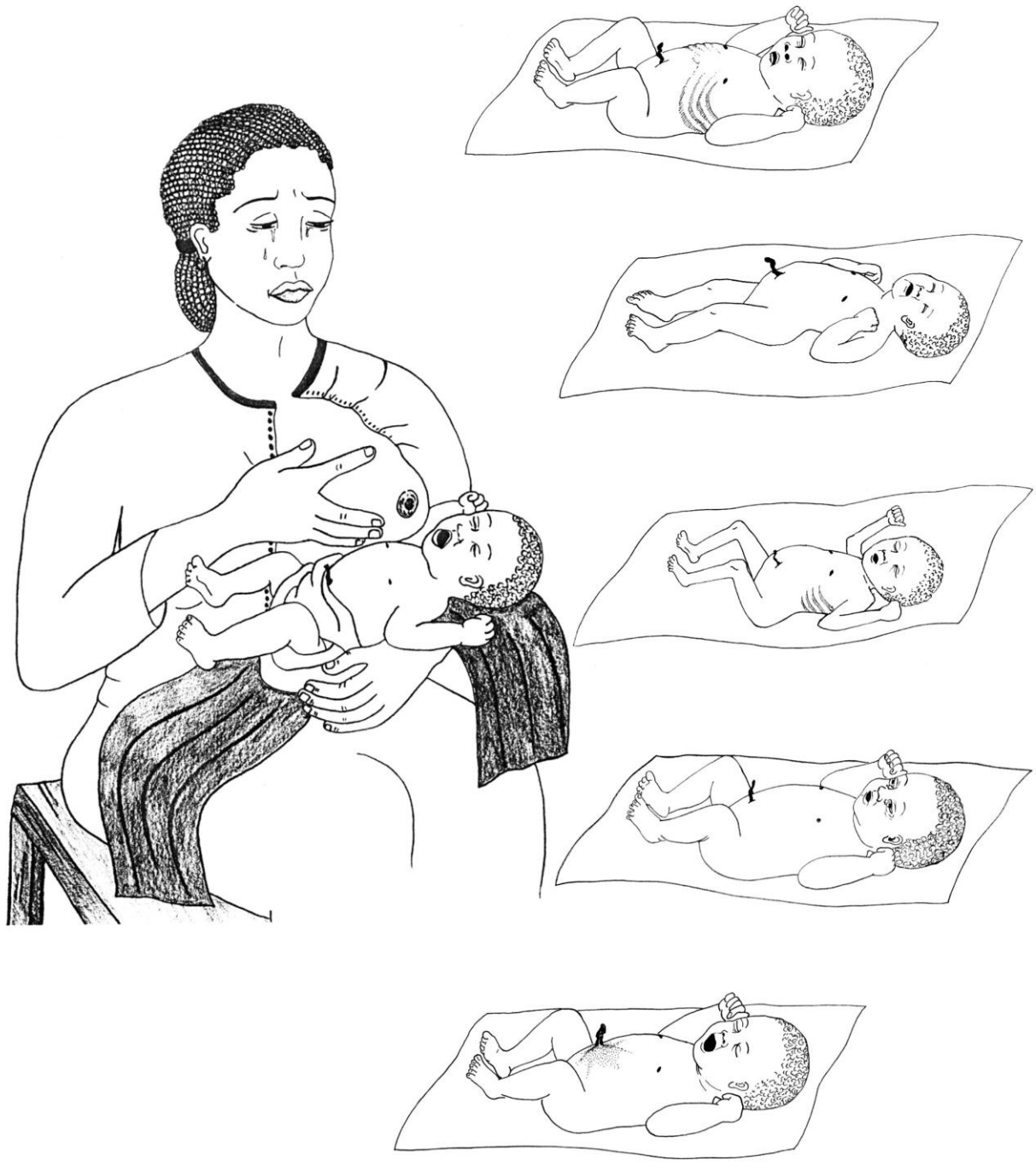
16. See Community Meeting 11 for instructions on expressing breast milk and feeding the baby with a cup.

17. A swollen soft spot on the head (fontanelle) or a very sleepy baby or pus draining from the baby's ear may be signs of meningitis. This sickness is **very serious** and every effort must be made to get the woman and baby to a THW for antibiotics as soon as possible.

notes

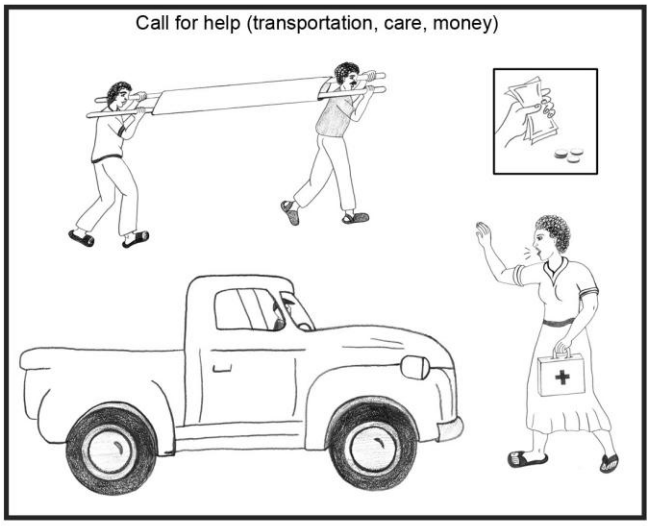
notes

TAKE ACTION CARDS
Baby Is Sick

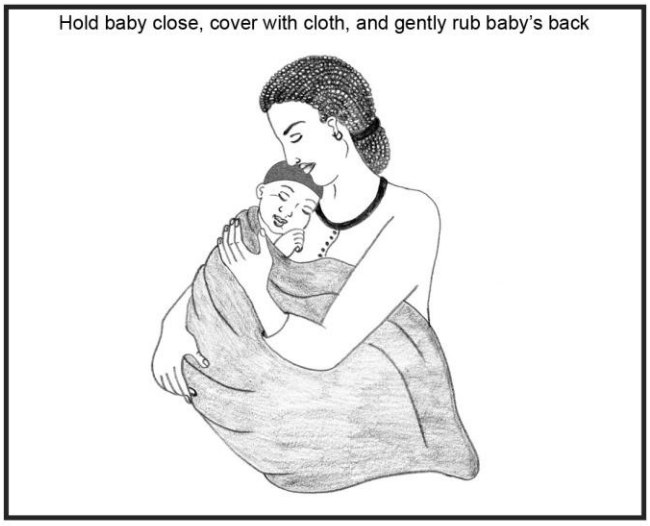


Take Action Card: Baby Is Sick

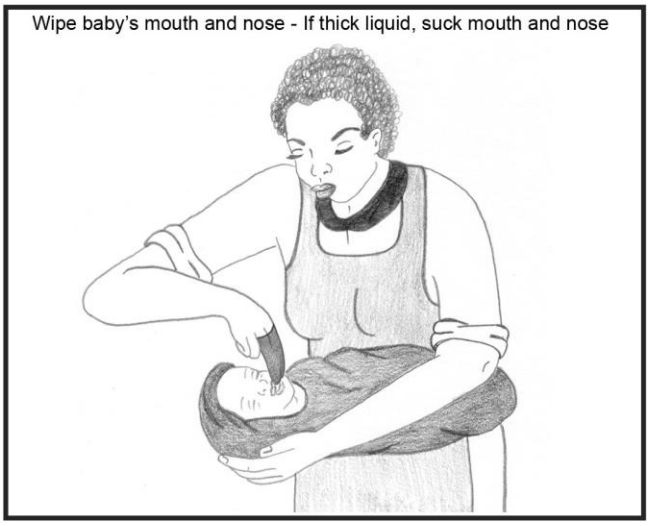
Call for help (transportation, care, money)



Hold baby close, cover with cloth, and gently rub baby's back

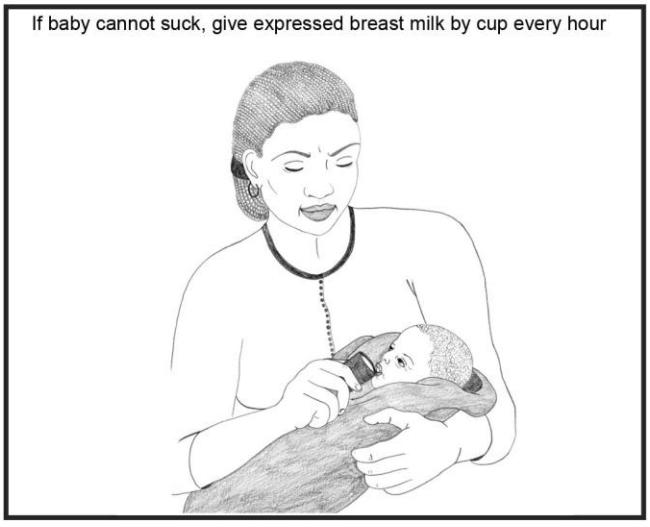


Wipe baby's mouth and nose - If thick liquid, suck mouth and nose

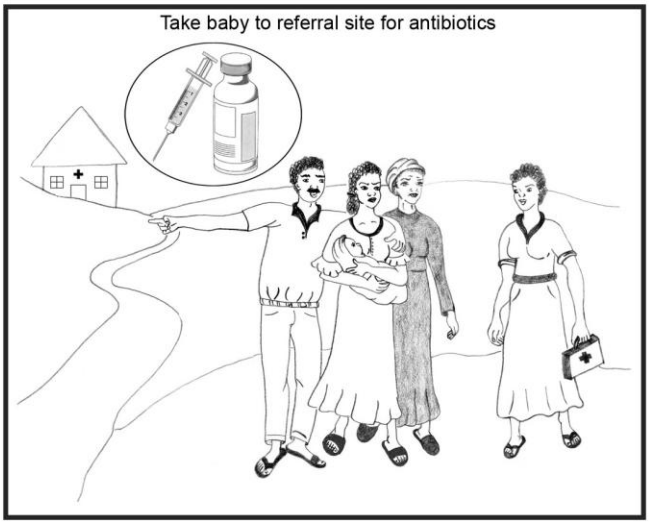


Feed baby every hour

If baby cannot suck, give expressed breast milk by cup every hour



Take baby to referral site for antibiotics



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