



World Health
Organization

Essential newborn care course

CLINICAL PRACTICE WORKBOOK

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How to use the Clinical Practice Workbook

Read Section 3.9 of the Trainer's Guide for full information about Clinical Practice sessions:

This Clinical Practice Workbook is for trainers and clinical facilitators. It is divided into 6 sections.

The first section contains:

1. 'Clinical Practice: general information for trainers and clinical facilitators', which applies to the organisation and running of ALL the clinical sessions and should be read before the course begins.

2. Four documents:

- Role Play

- Breastfeeding Observation Form 1

These are for Clinical Practice 1 and Observe a birth (Session 3)

- Breastfeeding Observation Form 2

- Examination recording Form

These are for Clinical practice 2, 3 and 4

The Breastfeeding Observation Forms 1 and 2 and the Examination Recording form should be photocopies as required (see individual session front pages for more details)

The Module Sections

Each of the next 5 section are arranged in the same order.

Each section contains instructions, task sheets and checklists which can be used according to how the course is organised.

The first part of each modular section contains:

- Instruction Sheet

- Task sheet

- Checklist

These three documents cover the clinical practice requirements for each topic in a complete module. They should be used for courses of 4 or 5 consecutive or individual days which follow ALL of the sessions in each of the first four modules.

The Instruction and Task sheets give the trainer and clinical facilitator specific guidance on how to organise the practice session and what tasks have to be completed for that module.

The checklist can be used to monitor the progress of participants during a module CP session and practical demonstrations.

Participant's Task sheets are part of the Participant's Workbook. They should be photocopied BEFORE the course begins. It is recommended that specific module clinical practice task sheets are given out during the appropriate clinical practice preparation period.

The remaining documents are:

- Task sheet for facilitator or trainer

- Task sheet for participant

- Checklist

These task sheets and checklists are for each individual session. They should be used for sessions taught individually or where a course is taught on half a day a week for several weeks.

The task sheet for participants should be photocopied as required and given to the participant during the clinical practice preparation period.

This information applies to ALL Clinical Practices

1. Group organization

The class will be divided into groups for Clinical Practice:

- One TRAINER/CLINICAL FACILITATOR with 4 participants
- Plan the groups as soon as the participants' list becomes available **BEFORE** the course begins. Print a list of all the groups and trainer/clinical facilitator responsible and display it clearly for participants to see on arrival.

2. General preparation before each clinical practice session

Each morning ONE TRAINER/CLINICAL FACILITATOR must liaise with the clinical area and carry out the following tasks:

- Ensure mothers and babies available (in the different required categories for each Clinical Practice).
- Write down
 - the location of the mothers and babies.
 - current numbers of women in labour room and number of women in early labour (until all groups have observed a delivery and immediate newborn care).
- Prepare appropriate mothers and obtain their permission **BEFORE** the participants visit them for clinical session.
- Plan the rotation of each group and the location where each group will begin.
- Confirm the availability of a small room/area where participants can gather between tasks and for discussion.
- Check if facilities are available for washing and drying hands easily in the clinical areas. If they are not, arrange for a handrub to be available for all participants.
- Inform health workers in the clinical areas about the visit.
- Ask permission for supervised groups to access the mothers' or babies' notes.

During the week before the course begins, facilitators and trainers should:

- Meet and visit the clinical area and briefly discuss how the clinical practice is organized.
- Decide who will liaise with the clinical areas each day.
- Decide in advance where participant groups will work.
- Decide how to organize the first clinical practice so that each group visits the labour ward in rotation when a delivery is about to take place.

3. General information for participants

Give this general information to the whole class before the groups go to the clinical area for the first clinical practice.

- a. During each clinical practice participants have **two main tasks** which are:
 - To observe the care of newborn babies in relation to the topics covered in the classroom before the clinical practice session and to practice, where possible, some of the skills learnt.
 - To use what they learn on the course to reflect on the clinical practices in their own workplace.
- b. Participants will work in groups of 4 with 1 trainer or clinical facilitator.
- c. The clinical facilitator will arrange where to meet and prepare each group BEFORE the clinical practice.
- d. At this meeting each group will be told:
 - Where they will begin the clinical work,
 - What they will see
 - What they will do
 - What order they should carry out tasks
 - How they should work.
- e. Each participant will be given:
 - A sheet with instructions for the session
 - Relevant forms appropriate to the clinical practice

In addition participants should take with them:

- Pen/pencil and notebook
 - PCPNC Guide (one between two participants)
- f. After each task is completed participants will have a short discussion with the trainer or clinical facilitator about what they have seen or done. This should be in a quiet, private part of the clinical area, away from the mothers. Corridors should not be blocked. Chairs in a public waiting area should not be used, unless they are available.
 - g. During some tasks the trainer or clinical facilitator will assess the participants. If the task is not completed satisfactorily it may have to be repeated.
 - h. Participants will only pass the course if they attend all sessions and pass the assessed tasks.
 - i. Participants can also make notes of what they see, of anything of interest or questions related to the topic, which they would like to discuss later with their trainers, facilitators and colleagues in the Practice Review session.

EMPHASIZE the following points:

- The aims of the clinical practice are to **develop and improve participants' own skills and working practices.**
- In the clinical setting they may see practices that are not best practices.
- They should NOT criticize what they see. Instead, they should think about how changes can be made.
- They should ensure their own care of the newborn baby and mother is of a high standard.
- They MUST NOT discuss individual cases they visit in the clinical area.
- They MUST speak quietly.
- They must wear their name badges and appropriate clothing in the clinical area.
- If they have any problems or questions during the clinical practice they must FIRST of all consult their clinical facilitator.

ASK if there are any questions.

Clinical facilitators and trainers can now prepare their groups.

- Remember that before Clinical Practice 1 begins, there is a short role play that all the class must see prior to going to the clinical area.

Further details about the organization of the clinical practice sessions can be found in the Trainers Guidelines.

4. The role of the trainers and clinical facilitators

In the clinical area the role of the trainer and clinical facilitator is to:

- a.
 - Arrange with participants in the group where to meet for preparation of the Clinical practice session.
 - Instruct participants where to begin.
- b.
 - Ensure the clinical experience meets the practical objectives of the taught sessions.
 - Demonstrate set skills and oversee participants practicing these set skills.
 - Ensure participants have relevant instructions. Read the instructions with the group so they are clear about the purpose of the session and what they are doing.
 - Instruct participants in what order they will carry out their tasks.
- c.
 - Demonstrate set skills to their group at the beginning of each session.
 - Assign group members to particular mothers and babies.
- d.
 - Discuss participants' findings in a quiet part of the clinical area away from the mothers and babies when each task is completed.
 - Ensure all participants carry out tasks.

- Fill in the Clinical Assessment Checklist record for each participant.
- e. ■ If participants have not completed the tasks successfully (and there is adequate time), repeat the task.
- f. ■ Note any weak participants who may need extra help.
■ Identify any participants unable to demonstrate the skills learned who would need additional support or to attend an additional session.
- g. ■ Note any parts of the session which have not taken place or have not worked well, which should be included and discussed in the Practice Review Session or Daily Review.



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Care of the baby at the time of birth **MODULE 1**

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Instructions

Care of the newborn baby at the time of delivery

Before Clinical practice 1, perform a short role play demonstrating the immediate management of newborn care at the time of delivery – see accompanying Role play sheet.

OBJECTIVE: For Participants to observe the care of a mother and her baby in the immediate period after birth.

1. Before clinical practice 1

Meet trainers/Clinical facilitators. Decide:

- Where group will begin working
- Order of Clinical Practice tasks
- Order of groups to visit labour room to observe a delivery
- How to contact each group for visit to labour room

Collect details about:

- Mother and baby pairs available to visit,
- Names and location of mothers and babies.

Minimum requirements

- ONE normal cephalic delivery per group of 4 participants
- ONE breastfeeding mother and baby pair for 1 participant (4 per group)

2. Group preparation before going to the clinical area

Go through Participants Clinical Practice 1 instructions. Ensure group understands what they are expected to do and in what order. Write order on task sheet.

Remind group the focus of this Clinical Practice is:

- Care of the baby at the time of birth
- Cord and eye care
- Keeping the baby warm
- Observation of a breastfeed (and possibly see the first breastfeed)

Each participant should have:

- Breastfeed Observation Forms 1 (2 copies)
- Pen/pencil and notebook
- PCPNC Guidelines (ONE between two participants)

The PRACTICE REVIEW topic for discussion will be:

Identify one aspect of care at the time of birth which could be done differently.

- What COULD YOU realistically do to bring about any changes?
- What would be the main barriers to change?

3. Direct group to their first task.

- Tasks can be done in any order according to the situation in the ward area. However the priority is to see a delivery and the care of a baby immediately afterwards.
- After each task discuss with the group or individuals from the group what they have seen/done.
- Choose an area away from the mothers e.g. outside the ward, in a corridor or in a designated room

Information about YOUR ROLE in each set task is contained in the following CLINICAL PRACTICE TASK SHEET.

4. After Clinical practice 1

- Check Clinical Assessment Form for Clinical Practice 1.
- See any participant who needs to repeat any task or who is weak in a particular area.
- Note any parts of the session which did not work well or was not completed by all participants. Keep a record of what may still need to be covered in the Practice review session.

Return to the classroom

Instructions

DURATION 90 minutes

Care of the newborn baby at the time of delivery

Participants must wash their hands before and after touching a mother or baby

Care of the newborn baby immediately after birth

Task for 4 participants (maximum)

In the delivery room:

- Observe a normal vaginal delivery.
- ONLY 4 participants to be in delivery room. Supervise group throughout.
- Group to observe only. Participants MUST NOT help in the delivery. DO NOT OBSTRUCT STAFF.
- NO discussion in delivery room.
- Point out important details group should see- speak quietly.
- Participants to watch the birth and observe care of baby in first 10 minutes after delivery. If enough time stay until breastfeed starts.

Preparation of the delivery room

Make notes of obvious preparations in delivery room for the birth of the baby i.e. resuscitation equipment, warm cloth etc. The notes should be used in group discussion following the delivery.

Observing a delivery and the immediate care of the newborn baby

Is the following sequence followed? If NOT make notes of what happens.

- Call out time of birth.
- Deliver baby onto abdomen.
- Thoroughly dry baby immediately and assess breathing.
- Wipe eyes. Discard wet cloth.
- Cover/wrap baby with dry cloth.
- Cut and clamp/tie cord.
- Leave baby on mother's chest in skin to skin contact.
- Place identification labels on baby.
- Cover mother and baby with blanket.
- Cover baby's head with a hat.
- Encourage breastfeeding.

Hand washing

Task for 2 pairs

- UNIVERSAL PRECAUTIONS must be observed in ALL clinical areas. Participants to bring a small hand towel for their own use in clinical practices.
- Pairs to find sinks in each area they visit, and note the following:
 - How many sinks are there?
 - Is there clean running hot and cold water? Soap ?

- How do staff and mothers dry their hands?
- Are sinks easy to get to, when staff are busy?
- Can mothers easily use them?
- Are they in a convenient place?
- ANY OTHER OBSERVATIONS

Keeping the baby warm

Task for 2 pairs

- Supervise participants making general observations in the POSTNATAL WARD and the LABOUR AND DELIVERY AREA, note the following:
- Ask participants what they have seen so far. Point out your own observations.
 - How babies are kept warm
 - Factors which may contribute to babies getting cold

Breastfeeding

TASK for 1 mother/baby pair for 1 or 2 participants

- Introduce participants to a mother who is going to breastfeed.
- A complete breastfeed should be observed using 'Breastfeed Observation Form 1'.
- If a mother is having breastfeeding difficulties a staff member should be informed.
- If the baby's first feed is observed, the baby instinctive behaviour should be noted.

Eye care

Task for 4 participants

Arrange to see eye care being given soon after delivery (if possible)

If all tasks and discussion have been completed but you have not yet been called to delivery room:

- Participants can expect to be called to a delivery later.
 - Check how many women are likely to deliver in the next few hours.
 - If it is not possible to see a delivery in the first CP it should be a priority in the second practice.
 - If group is called during a taught session after the CP they should go to the delivery.
- Participants to find a mother who delivered in the last 2-6 hours. Ask about her delivery and the immediate care her baby received including:
 - When she was first given her baby,
 - Did she have skin-to-skin contact?
 - When she first breast fed, Did she have help?
 - When was she first parted from her baby?

Make notes for discussion in the Practice review session.

Task sheet

Care of the baby at the time of birth

Task for 4 participants

In the delivery room:

- Observe a normal vaginal delivery.
- NO MORE than 4 participants to be in delivery room.
- You are to observe only. You MUST NOT become involved in the delivery. DO NOT OBSTRUCT STAFF.
- Be very quiet and stand in a position where you can see the delivery of the baby clearly.
- If you need to speak to the facilitator speak quietly.
- Watch the birth and observe care of baby in first 10 minutes after delivery. If there is enough time, stay until the first breastfeed begins.

Preparation of the delivery room

- Make notes of any preparations you see in delivery room for the birth of the baby i.e. resuscitation equipment, warm cloth etc. These notes should be used for group discussion

Observing a delivery and the immediate care of the newborn baby

- Is the following sequence followed? If NOT make notes of what happens.
 - Call out time of birth.
 - Deliver baby onto abdomen.
 - Thoroughly dry baby immediately and assess breathing.
 - Wipe eyes. Discard wet cloth.
 - Cover/wrap baby with dry cloth.
 - Clamp/tie and cut the cord.
 - Leave baby on mother's chest in skin to skin contact.
 - Place identification labels on baby.
 - Cover mother and baby with blanket.
 - Cover baby's head with a hat.
 - Wait for the baby to 'crawl' to the breast
 - The baby initiated breastfeeding.

Eye care

TASK for 4 participants

- Arrange with your trainer to see eye care being given soon after delivery (if possible)

Care of the baby at the time of birth

Checklist for assessing clinical knowledge and skills (Facilitator)

Date	Participant number	1	2	3	4
	Participant's initials				
Observed ONE cephalic delivery and immediate newborn care					
THE DELIVERY ROOM					
In group discussion after observing a delivery:					
<input type="checkbox"/> Observed evidence of preparations for the birth in delivery room					
<input type="checkbox"/> Correctly comments on whether observed delivery followed prescribed sequence					
<input type="checkbox"/> Recognizes good and poor practices					
<input type="checkbox"/> Makes suggestions for changing practices					
HAND WASHING FACILITIES					
Observed to wash hands before and after touching mothers or babies in the clinical area					
KEEPING THE BABY WARM					
In group discussion: Recognizes if clinical practice area effective in preventing babies from getting cold					
OBSERVING A BREASTFEED					
Observed at least 1 complete breastfeed					
Completed Breastfeed Observation Form 1					
OBSERVING EYE CARE					
Observed eye care in clinical area after delivery					
OBSERVED ROUTINE POST DELIVERY EYE CARE GIVEN TO ONE BABY					
<input type="checkbox"/> Can demonstrate and describe routine eye care observed AFTER delivery					
<input type="checkbox"/> Knows how to treat a local eye infection and on which page in PCPNC Guide to find instructions for treatment K13					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

INSTRUCTIONS FOR FACILITATORS**Hand washing facilities****DURATION** 20 minutes**LOCATION** All clinical areas**FOR FACILITATOR**

Task for 2 participants

- a. STANDARD PRECAUTIONS must be observed in ALL clinical areas. Participants should **bring a small hand towel or handrub** for their own use in clinical practices.
- b. Pairs to find sinks in each area they visit and note the following:
 - How many sinks are there?
 - Is there clean running hot and cold water? Soap?
 - How do staff and mothers dry their hands?
 - Is there a waste bin nearby?
 - Are sinks easy to get to when staff are busy?
 - Can mothers easily use them?
 - Are they in a convenient place?
 - Any other observations.

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS**Hand washing facilities**

Task for 2 participants

In the clinical areas you visit find the sinks and consider the following points – make notes to remind you of what you see:

- How many sinks are there?
- Is there clean running hot and cold water? Soap?
- How do staff and mothers dry their hands?
- Is there a waste bin nearby?
- Are sinks easy to get to when staff are busy?
- Can mothers easily use them?
- Are they in a convenient place?
- Any other observations.

FOR PARTICIPANT

DURATION 90 minutes

LOCATION Delivery room

Task sheet

Observing a birth

Task for 4 participants (maximum)

In the delivery room:

- Observe a normal vaginal delivery.
- **ONLY 4** participants to be in delivery room. Supervise group throughout.
- Group to observe only. Participants **MUST NOT** help in the delivery. **DO NOT OBSTRUCT STAFF.**
- **NO** discussion in delivery room.
- Point out important details group should see – **speak quietly.**
- Participants to watch the birth and observe care of baby in first 10 minutes after delivery. If enough time, stay until breastfeed starts.

Observation the preparation of the delivery room

- Make notes of obvious preparations in delivery room for the birth of the baby i.e. resuscitation equipment, warm cloths, etc.
- The notes should be used in the group discussion following the delivery.
- Wash hands.

Observing a delivery and the immediate care of the newborn baby

Is the following sequence followed?

If NOT make notes of what happens.

- Call out time of birth.
- Deliver baby onto abdomen.
- Thoroughly dry baby immediately and assess breathing.
- Wipe eyes. Discard wet cloth.
- Cover/wrap baby with dry cloth.
- Clamp/tie and cut cord.
- Leave baby on mother's chest in skin-to-skin contact.
- Place identification labels on baby.
- Cover mother and baby with blanket.
- Cover baby's head with a hat.
- Encourage breastfeeding.

Observing eye care

Task for 4 participants

- Arrange to see eye care being given soon after delivery (if possible).
-

Observing a birth

Checklist for assessing clinical knowledge and skills (Facilitator)

Date	Participant number	1	2	3	4
	Participant's initials				
Observed ONE cephalic delivery and immediate newborn care					
PREPARATION AND IN THE DELIVERY ROOM					
1. Can describe preparation of the delivery room: MUST include:					
<input type="checkbox"/> Resuscitation equipment near delivery bed					
<input type="checkbox"/> Resuscitation equipment checked and ready to use					
<input type="checkbox"/> Warm delivery room (25° C) with no draught					
<input type="checkbox"/> Warm towel/cloth available to dry baby					
<input type="checkbox"/> Other					
2. List the newborn baby's four key needs To breathe, to be warm, to be fed, to be protected		4 3 2 1	4 3 2 1	4 3 2 1	4 3 2 1
3. Can describe immediate care of newborn baby after delivery					
<input type="checkbox"/> Note time of delivery/deliver onto abdomen					
<input type="checkbox"/> Dry the baby, wipe eyes, change cloth/assess breathing					
<input type="checkbox"/> Clamp and cut cord					
<input type="checkbox"/> Start skin-to-skin contact					
<input type="checkbox"/> Cover with cloth, hat on head					
<input type="checkbox"/> Encourage breastfeeding					
4. Ability to reflect on how to improve practices					
<input type="checkbox"/> In observed practice					
<input type="checkbox"/> In own health facility (if working in maternity care)					
5. Has observed skin-to-skin contact immediately after delivery					
6. First breastfeed observed					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

DURATION 10 minutes

LOCATION Ward

Task Sheet

INSTRUCTIONS FOR FACILITATORS

Keeping the baby warm

Trainers/Clinical facilitator:

TWO pairs

- Supervise participants making general observations in the POSTNATAL WARD and the LABOUR AND DELIVERY AREA – note the following:
- Ask participants what they have seen so far. Point out your own observations.
 - How babies are kept warm
 - Factors which may contribute to babies getting cold

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS

Keeping the baby warm

Pairs

In the POSTNATAL WARD and LABOUR AND DELIVERY AREA look to see:

- How babies are kept warm
- Factors which may contribute to babies getting cold

Task Sheet

INSTRUCTIONS FOR FACILITATORS

Taking a baby's temperature

DURATION 10 minutes

LOCATION Ward

FOUR participants

DEMONSTRATE to group: Assessing and taking a baby's temperature
Follow directions in Section 5 of the session "Taking a baby's temperature"

Supervise each participant:

- Assessing and taking a baby's temperature using a thermometer in the armpit (axilla)
- Taking at least ONE temperature

FOR FACILITATOR

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS

Taking a baby's temperature

Group

Facilitator demonstration to group of assessing and taking a baby's temperature

In pairs, take turns and observe your colleague

- Practice assessing and taking a baby's temperature using a thermometer in the armpit (axilla)
- Take at least ONE temperature

FOR PARTICIPANT





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Examination of the newborn baby **MODULE 2**

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Examination of the newborn	
Task sheet	37
Checklist for assessing clinical knowledge and skills (Facilitator)	38



Breastfeeding observation form 2

Participant's Name		Date	
Mother's name			
Baby's name		Age of baby	

¹ From: Breastfeeding: A Counselling Course Revision, 2008.

SIGNS THAT BREASTFEEDING IS GOING WELL	SIGNS OF POSSIBLE DIFFICULTY
GENERAL OBSERVATION	
Mother	
<input type="checkbox"/> Mother looks healthy	<input type="checkbox"/> Mother looks ill or depressed
<input type="checkbox"/> Mother relaxed and comfortable	<input type="checkbox"/> Mother looks tense and uncomfortable
<input type="checkbox"/> Signs of bonding between mother and baby	<input type="checkbox"/> No mother/baby eye contact
Baby	
<input type="checkbox"/> Baby looks healthy	<input type="checkbox"/> Baby looks sleepy or ill
<input type="checkbox"/> Baby calm and relaxed	<input type="checkbox"/> Baby is restless or crying
<input type="checkbox"/> Baby reaches or roots for breast if hungry	<input type="checkbox"/> Baby does not reach or root
Breasts	
<input type="checkbox"/> Breasts look healthy	<input type="checkbox"/> Breasts look red, swollen or sore
<input type="checkbox"/> Nipples stand out, protractile	<input type="checkbox"/> Nipples inverted, large or long
<input type="checkbox"/> No pain or discomfort	<input type="checkbox"/> Breast or nipple painful
<input type="checkbox"/> Breast well supported, with fingers away from nipple	<input type="checkbox"/> Breast held with fingers on areola
BABY'S POSITION	
<input type="checkbox"/> Baby's head and body in line	<input type="checkbox"/> Baby's neck and head twisted to feed
<input type="checkbox"/> Baby held close to mother's body	<input type="checkbox"/> Baby not held close
<input type="checkbox"/> ¹ Baby's whole body supported	<input type="checkbox"/> Baby supported by head and neck only
<input type="checkbox"/> Baby facing breast, nose to nipple	<input type="checkbox"/> Baby approaches breast, lower lip/chin to nipple
ATTACHMENT	
<input type="checkbox"/> More areola seen above baby's top lip	<input type="checkbox"/> More areola seen below bottom lip
<input type="checkbox"/> Baby's mouth open wide	<input type="checkbox"/> Baby's mouth not open wide
<input type="checkbox"/> Lower lip turned outwards	<input type="checkbox"/> Lips pointing forward or turned in
<input type="checkbox"/> Baby's chin touches breast	<input type="checkbox"/> Baby's chin not touching breast
SUCKLING	
<input type="checkbox"/> Slow, deep sucks with pauses	<input type="checkbox"/> Rapid shallow sucks
<input type="checkbox"/> Cheeks round when suckling	<input type="checkbox"/> Cheeks pulled in when suckling
<input type="checkbox"/> Baby releases breast when finished	<input type="checkbox"/> Mother takes baby off the breast
<input type="checkbox"/> ² Mother notices signs of oxytocin reflex	<input type="checkbox"/> No signs of oxytocin reflex noticed

Observation Form

FOR PARTICIPANT

¹ A young baby will need head, shoulders and bottom supported. An older baby may just need back support.
² Not all mothers will notice signs of the oxytocin reflex.

Notes
If you observed any signs showing possible difficulty with breastfeeding, write down how you would help this mother:

Instructions for facilitators

Examination of the newborn baby

OBJECTIVE: For participants to examine a newborn baby within 12 hours of birth.

1. Before Clinical Practice 2

Meet trainers/clinical facilitators. Decide

- Where group will begin working
- Order of Clinical practice tasks.

Collect details about:

- Babies who can be examined
- Mother and baby pairs available to visit for breastfeeding observation
- babies with a birth injury or malformation.

Minimum requirements:

- ONE mother and baby for each participant
- ONE baby with a birth injury or malformation for 4 participants
- Mother and baby records for baby examination.

2. Group preparation before going to the clinical area

Go through Participants Clinical Practice 2 Task Sheet.

- Ensure group understands what they are expected to do and in what order.
- Participants to write order on task sheet.

Remind the group that the focus of this Clinical Practice is:

- Examining a newborn baby
- Communication skills
- Breastfeeding

Each participant should have:

- Examination Recording forms (3 Copies)
- Breastfeeding observation form 2 (3 Copies)
- Pen/pencil and notebook
- Name badge
- PCPNC Guide (**ONE** between two participants)

Wash hands before and after touching a mother or baby.

Tell the group what the Practice Review topic for discussion will be:

- To describe an example of good or poor communication you observed in the clinical practice. If it was poor how could it have been improved?
- To describe any interesting cases you examined or observed in the clinical area.

Direct group to their first task.

REMEMBER

- Tasks can be done in ANY order according to the situation in the clinical area.
- After each task discuss with the group what they have seen.
- Choose an area away from the mothers, e.g. outside the ward, in a corridor.

3. After Clinical Practice 2

- Complete Clinical Assessment Form for Clinical Practice 2.
- See any participants who need to repeat any task or who are weak in a particular area.
- Note any parts of the session that did not work well or was not completed by all participants. Keep a record of any issues that need to be discussed in the Practice Review session.

Return to the classroom.

Task sheet

Examination of the newborn baby

Communication skills

Task for each participant

To be used and practised in ALL tasks and interactions with mothers and staff.

- When supervising participants listen to the way they ask questions, note particularly use of:
 - “Open” and “closed” questions
 - Listening skills
 - Praise
 - Using simple language to give information and advice.
- Observe “non-verbal” skills participants use.
- Comment on what you have observed with participants after each task is completed. Praise what they have done well.
- Discuss participants’ reactions to their own, or their colleagues’, communication skills.
- Complete the Clinical Assessment Checklist at the end of the Clinical Practice.

Examination

Task for 4 participants

- Wash hands.
- **DEMONSTRATE** to a group of 4 participants how to conduct an examination of the newborn baby. Follow instructions on **J2-J8**.

Remind participants to wash hands before touching the baby

Task for 2 participants

- Divide group into PAIRS, introduce them to a mother and baby.
- Observe each participant examining a baby using **J2-J8**. Findings to be recorded on Examination Recording Form.
- Discuss findings and “Treatment and advise” that are appropriate for the baby and mother.
- Fill in a Clinical Assessment Checklist. Identify weak participants who may need additional support.
- If there is time examine a second baby. Give additional support to weak participants.

Babies with malformations and difficulties

Task for 2 or 4 participants

- Take group to see any babies with malformations or with noticeable birth injuries.
- If there are enough babies in this category divide the group into PAIRS to conduct examinations.
- Carry out an examination as far as possible without having to touch the baby (if touching the baby is not possible). Participants should use **J2** and **J8** to:
 - Identify the signs
 - Classify the baby
 - Treat, advise and follow-up care.

Observation of a breastfeed

One mother/baby pair for each participant.

Task for one mother/baby pair for 1 or 2 participants

- Each participant should observe and assess a breastfeed using the **Breastfeed Observation Form 2**.
- If a mother is having difficulty with attachment and positioning you should decide if the participant is skilled enough or if it is appropriate for the participant to help that mother correct her problem.

Examination of the newborn baby

Checklist for assessing clinical knowledge and skills (for facilitators)

Date	Participant number	1	2	3	4
	Participant's initials				
Conducts an examination on a baby before discharge					
1. Conducts one examination successfully, following J2-J8					
2. Classifies baby correctly					
3. Is able to describe appropriate treatment and advice, and follow-up care					
Communication skills					
3. Uses:					
<input type="checkbox"/> open questions effectively to get information					
<input type="checkbox"/> praise					
Assessing a breastfeed					
1. Assesses at least one breastfeed following J4					
2. Observes a complete breastfeed using the Observation Form 2 . Correctly classifies the baby's ability to breastfeed					
3. Lists the key points to:					
<input type="checkbox"/> good attachment					
<input type="checkbox"/> good positioning					
Examine a baby at a follow-up visit or a baby with problems in the neonatal unit					
1. Conducts an examination using J2-J8					
2. Uses open questions and listening skills to get information					
3. Correctly classifies the baby					
4. Can list the 3 occasions when a mother should return with her baby					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

INSTRUCTIONS FOR FACILITATORS**Observation of a breastfeed****DURATION** 20 minutes**LOCATION** All clinical areas

Task for 1 or 2 participants for one mother (depending upon number of mothers)

- Introduce participants to a mother who is going to breastfeed.
- A complete breastfeed should be observed using **Breastfeed Observation Form 2**.
- If a mother is having breastfeeding difficulties a staff member should be informed.
- If the baby's first **feed** is observed, the baby instinctive behaviour should be noted.

FOR FACILITATOR**INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS****Observation of a breastfeed**

Task for 1 or 2 participants

Observe at least ONE complete breastfeed using **Breastfeed Observation form 2**.

Discuss your observations with your facilitator.

- If you observe any mothers having difficulties with attachment and positioning, inform your facilitator.
- Discuss with your facilitator what help and advice you would give the mother.
- If appropriate, advise and help the mother and baby to a better position and improved attachment.
- Return to class to prepare for feedback session.

FOR PARTICIPANT

Observation of a breastfeed

Checklist for assessing clinical knowledge and skills (for facilitator)

Sessions 3 and 5

Date	Participant number	1	2	3	4	Facilitator's comments
	Participant's initials					
Observed ONE complete breastfeed (BEFORE first taught Breastfeeding session)						
1. Completed Breastfeed Observation Form 1						
2. Can list:						
■ signs of effective attachment seen on Clinical Practice						
■ signs of poor attachment seen on Clinical Practice						
3. Can list:						
■ signs of effective positioning seen on Clinical Practice						
■ signs of poor positioning seen on Clinical Practice						

Assessment of a breastfeed

Session 5

Date	Participant number	1	2	3	4	Facilitator's comments
	Participant's initials					
Assesses at least ONE breastfeed						
1. Correctly assesses a breastfeed following J4						
2. Observes a complete breastfeed using the Breastfeed Observation Form 2						
3. Is able to help a mother in the following situations:						
Exclusive breastfeeding K2-K3						
Helping to initiate breastfeeding K3						
Teaching attachment and positioning K3						
4. Lists the key points to:						
■ good attachment						
■ good positioning						
5. *With the facilitator observes a SECOND mother and describes attachment and positioning and advises on any help needed						

* Optional.

	Participant's name	Facilitator's comments
1		
2		
3		
4		

INSTRUCTIONS FOR FACILITATORS**Communication skills****DURATION** 20 minutes**LOCATION** Ward**FOR FACILITATOR**

Task for each participant

To be practised in ALL tasks and interactions with mothers and staff:

- When supervising participants listen to the way they ask questions, note particularly their use of:
 - “Open” and “closed” questions
 - Listening skills
 - Praise
 - Using simple language to give information and advice.
- Observe the “non-verbal” skills participants use.
- Comment on what you have observed with participants after each task is completed. Praise what they have done well.
- Discuss participants’ own reactions to their and their colleagues’ communication skills.
- Complete the “Clinical Assessment Checklist” at the end of the Clinical Practice.

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS**Communication skills**

Task for each participant

- During ANY conversation with mothers take the opportunity to:
 - Practise using “open” and “closed” questions
 - “Praise” what the mother is doing well
 - Give information
 - Be aware of how you show interest with your “body” language.
- If you are “observing” your colleague communicating with a mother, make a note of whether he/she uses the communication skills listed above.
- You should practise using your communication skills in all your tasks from now onwards (and at other times as well).
- After examining a newborn baby discuss with your facilitator what you noticed about your use of communication skills and the skills of your colleagues.

FOR PARTICIPANT

Communication skills

Checklist for assessing clinical knowledge and skills (Facilitators)

Date	Participant number	1	2	3	4
	Participant's initials				
Observed to use the following communication skills with a mother:					
1. Uses:					
<input type="checkbox"/> open questions and listens carefully to obtain information					
<input type="checkbox"/> closed questions					
<input type="checkbox"/> praise					
<input type="checkbox"/> non-judgemental language					
2. Gives information clearly and simply without using technical terms					
3. Shows interest in the person he/she is communicating with by verbal and non-verbal language					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

INSTRUCTIONS FOR FACILITATORS**DURATION** 20 minutes**Examination of the newborn****LOCATION** Ward

Task for 4 participants

Wash hands.

- **DEMONSTRATE** how to conduct an examination of the newborn baby. Follow instructions on **J2-J8**.

REMINDEE PARTICIPANTS TO WASH HANDS BEFORE TOUCHING THE BABY

Task for 2 participants

- Divide group into PAIRS, introduce them to a mother and baby.
- Observe each participant examining a baby using **J2-J8**. Findings to be recorded on **Examination Recording Form**.
- Discuss findings and **Treatment and advice** that are appropriate for the baby and mother.
- Fill in a **Clinical Assessment Checklist**. Identify weak participants who may need additional support.
- If there is time examine a second baby. Give additional support to weak participants.

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS**Examination of the newborn**

Session 7 Task Card

TASK for participants working in pairs

Wash your hands before examining any baby.

Examine a baby as demonstrated by your trainer/clinical facilitator.

Follow **J2-J8**, to:

- Identify the signs
- Classify the baby
- Treat, advise and give follow-up care.

Record your findings using an 'Examination Recording Form' for each baby examined.

Discuss your findings and the treatment and advice you think is appropriate for this baby and mother.

If you have time examine more babies.

Remember to use your communication skills

Examination of the newborn

Checklist for assessing clinical knowledge and skills (Facilitator)

Date	Participant number	1	2	3	4
	Participant's initials				
1. Conducts one examination successfully, following J2-J8					
2. Classifies baby correctly					
3. Is able to describe appropriate treatment and advice and follow-up care					
4. Can:					
■ List danger signs					
■ Describe referral procedure as described on K14					

Examination of the baby at a follow-up visit or in a neonatal unit

Checklist for assessing clinical knowledge and skills (Facilitator)

Date	Participant number	1	2	3	4
	Participant's initials				
1. Conducts an examination using J2-J8					
2. Uses open questions and listening skills to obtain information					
3. Correctly classifies the baby					
4. Is able describe appropriate treatment and advice and follow-up care					
5. Can list the 3 occasions when a mother should return with her baby					

	Participant's name	Facilitator's comments
1		
2		
3		
4		



World Health
Organization

Essential newborn care course

Care of the newborn baby until discharge **MODULE 3**

CLINICAL PRACTICE WORKBOOK

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Instructions for facilitators

Basic newborn resuscitation

This practical session immediately follows Session 2a.
This is a classroom-based assessment.

Participants are divided into groups of 4 with one facilitator.
They practice resuscitation on a manikin.

NOTE: In an ideal situation there will be one resuscitation manikin and set of equipment for each participant group. Where this is not possible alternative arrangements will need to be made to ensure that all participants acquire the necessary skills and can make appropriate decisions.

Objectives

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

- Demonstrate, at least twice, care of the baby at birth and basic resuscitation.
- Make decisions about resuscitation based on scenarios.
- Explain to the mother reasons for the resuscitation and the outcome – baby is well, needs further ventilation or has died.
- Demonstrate care after resuscitation.
- Clean the resuscitation equipment and prepare it for the next baby [optional].

Requirements

- Resuscitation manikin
- Self-inflating bag
- Neonatal masks size 0 and 1
- Oral suction apparatus
- Bucket and water
- 3 pieces of soft cloth 1x1 m, 1 piece 0.5 x 0.5 m, or assorted towels
- Large clock with second hand

Forms

- Labour Record **N4** (for recording the event),
- Referral form **N2**

Scenario cards

- Cut Clinical Practice Workbook page 46 into 6 scenario cards
- Mix them and use to give different scenarios to participants.

Task sheet

Basic newborn resuscitation

Trainer demonstrates

First, the trainer repeats the procedure as demonstrated in the lecture “in real time”:

1. Time of birth is called out
2. Newly born baby is received in a cloth, dried, cloth changed, wrapped in a dry cloth, breathing assessed, cord cut.
3. Head positioned
4. Mouth and nose suctioned
5. Seal, ventilation, chest observation
6. Stopping and assessment
7. Summarizing the time needed for each step
8. Skin-to-skin contact and breastfeeding the baby
9. Talking to the mother
10. Recording the event.

The trainer next explains each step slowly:

Open the airway

- Position the head so that it is slightly extended (emphasize not to over-extend).
- Suction first the mouth and then the nose.
- Introduce a suction tube 5 cm into the baby’s mouth from the lips and suck while withdrawing.
- Introduce suction tube 3 cm into each nostril and suck while withdrawing until no mucus. Take no more than 20 seconds for suctioning.

If still no breathing, ventilate

- Place mask to cover chin, mouth and nose
- Form seal
- Squeeze bag attached to the mask with 2 fingers 2 or 3 times
- Observe rise of the chest. If chest not rising:
 - reposition head
 - check mask seal
- If chest still not rising, squeeze bag harder with whole hand
- Once good seal and chest rising, ventilate at 40 squeezes per minute until baby starts crying or breathing.

Participants now take turns

A. Wet manikin and ensure real-life situation. Ensure time called out and that all participants take part. Participants repeat the individual steps until they can do it well. Then, the participant practises steps 1–10 together (in real time) until two good resuscitations. Fill out participant check list.

B. The trainer gives 4-5 different decision making scenarios to the group. Each participant performs at least 1 scenario in real time. Note weak participants who will need extra teaching.

C. Communicating with the mother:

- Reasons for resuscitation
- Good outcome
- Bad outcome (death)

D. Recording: **N4**, **N6**, **N7**.

E. RESUSCITATION: Scenarios for practising and demonstrating on manikins

Scenario 1

- This baby has just been born.
- After drying, the baby is not breathing at all.

What would you do?

Resuscitate the baby:

- keep the baby warm
- open the airway
 - position
 - suction
- ventilate at 40 breaths per minute

After 2 minutes of ventilation, the baby begins to breathe.

Decide what to do next

- Count number of breaths in 1 minute
- Look for chest in-drawing

Baby is breathing 36 breaths per minute.

There is no chest in-drawing.

Decide what to do next.

- Do not ventilate anymore
- Put the baby in skin-to-skin contact and encourage breastfeeding
- Monitor every 15 minutes for breathing and warmth
- Tell the mother that baby will probably be well
- DO NOT leave the baby alone.

Scenario 2

The baby has just been born and is gasping 1 minute after birth.

What do you do?

Resuscitate the baby:

- Dry the baby and keep the baby warm
- Open the airway
 - position
 - suction
- Ventilate at 40 breaths per minute

After 1 minute of ventilation, the baby starts crying.

When you stop ventilating, the baby continues to cry.

What should you do next?

When baby is calm,

- Count number of breaths in 1 minute
- Look for chest in-drawing

Baby is breathing 50 breaths per minute; there is no chest in-drawing.

Decide what to do next.

- Do not ventilate anymore
- Put the baby in skin-to-skin contact and encourage breastfeeding
- Monitor every 15 minutes for breathing and warmth
- Tell the mother that baby will probably be well
- DO NOT leave the baby alone
- Record in the baby's notes.

Scenario 3

This baby has just been born. He took a few gasps and then stopped breathing.

What do you do?

Resuscitate the baby:

- Dry the baby and keep the baby warm
- Open the airway
 - position
 - suction
- Ventilate

After 2 minutes of ventilation, the baby starts crying.

What should you do next?

- Count number of breaths in 1 minute
- Look for chest in-drawing

Baby is breathing 42 breaths per minute; there is no chest in-drawing.

Decide what to do next.

- Do not ventilate anymore
- Put the baby in skin-to-skin contact and encourage breastfeeding
- Monitor every 15 minutes for breathing and warmth
- Tell the mother that baby will probably be well
- DO NOT leave the baby alone
- Record in the baby's notes

Scenario 4

This baby has just been born. After drying, the baby is not breathing at all.

What do you do?

Resuscitate the baby:

- Keep the baby warm
- Open the airway
 - position
 - suction
- Ventilate

The baby is not breathing spontaneously at all after 20 minutes of ventilation.

What should you do next?

- Assess breathing - if no breathing or gasping, stop ventilating - the baby is dead.
- Explain to the mother what happened. Ask her if she wants to hold the baby.
- Fill out the death certificate.
- Record in the medical record and the logbook.

Scenario 5

This baby has just been born. The baby is not breathing at all 1 minute after birth.

What do you do?

Resuscitate the baby:

- Keep the baby warm
- Open the airway
 - position
 - suction
- Ventilate

After 4 minutes of ventilation, the baby starts breathing spontaneously.

What should you do next?

- Count number of breaths in 1 minute
- Look for chest in-drawing

Baby is breathing 56 breaths per minute and has severe chest in-drawing.

What should you do?

- Continue ventilating
- Arrange for immediate referral
- Explain to the parents what has happened, what you are doing and why
- Ventilate during referral
- Keep the baby warm during referral
- Prevent hypoglycaemia
- Fill out the referral form
- Record the events in the baby's notes

Scenario 6

- This baby has just been born. Amniotic fluid was meconium stained.
- Baby starts crying after drying.

What should you do?

- Count number of breaths in 1 minute
- Look for chest in-drawing

Frequency of breathing is 46 breaths per minute. There is no chest in-drawing.

What do you do?

- Do not ventilate anymore
- Put the baby in skin-to-skin contact and encourage breastfeeding
- Monitor every 15 minutes for breathing and warmth
- Tell the mother that baby will probably be well
- DO NOT leave the baby alone
- Record in the baby's notes

Explain to the participants that they will be examined individually on their skills in basic resuscitation. To pass the course they must be able to competently demonstrate basic resuscitation.

Scenario 1

- This baby has just been born.
- After drying, the baby is not breathing at all.

What would you do?

After 2 minutes of ventilation, the baby begins to breathe.

Decide what to do next

Baby is breathing 36 breaths per minute. There is no chest in-drawing.

Decide what to do next.

Scenario 2

The baby has just been born, He is gasping 1 minute after birth.

What do you do?

After 1 minute of ventilation, the baby starts crying.

When you stop ventilating, the baby continues to cry.

What should you do next?

Baby is breathing 50 breaths per minute; there is no chest in-drawing.

Decide what to do next.

Scenario 3

This baby has just been born. He took a few gasps and then stopped breathing.

What do you do?

After 2 minutes of ventilation, the baby starts crying.

What should you do next?

Baby is breathing 42 breaths per minute. There is no chest in-drawing.

Decide what to do next.

Scenario 4

This baby has just been born. After drying, the baby is not breathing at all.

What do you do?

The baby is not breathing spontaneously at all after 20 minutes of ventilation.

What should you do next?

Scenario 5

- This baby has just been born.
- The baby is not breathing at all 1 minute after birth.

What do you do?

After 4 minutes of ventilation, the baby starts breathing spontaneously.

What should you do next?

Baby is breathing 56 breaths per minute and has severe chest in-drawing.

What should you do?

Scenario 6

- This baby has just been born.
- Amniotic fluid was meconium stained.
- Baby starts crying after drying.

What should you do?

Frequency of breathing is 46/minute. There is no chest in-drawing.

What do you do?

Basic newborn resuscitation

Checklist for assessing clinical knowledge and skills
(Facilitators)

Date	Participant number	1	2	3	4
	Participant's initials				
Demonstrates correct procedure for resuscitation on TWO occasions					
PREPARATION FOR RESUSCITATION					
1. Calls out time of birth					
2. Maintains warmth					
Newly born baby is received in a cloth:					
■ Dries baby					
■ Breathing assessed while drying					
■ Wet cloth discarded					
■ Baby wrapped in a dry cloth					
IF BABY NOT BREATHING OR ONLY GASPING					
■ Ties and cuts cord quickly					
■ Transfers to a dry clean and warm surface					
OPEN THE AIRWAY					
3. Positions baby's head so that it is slightly extended					
4. Uses suction:					
■ First to the mouth					
■ Introduces tube into mouth, 5 cm from lips					
■ Suctions on withdrawal					
5. Uses suction:					
■ To the nose					
■ Introduces tube 3 cm into each nostril					
■ Suctions on withdrawal					
6. Repeats suction if necessary:					
■ No more than twice					
■ No longer than 20 seconds					
VENTILATION		1	2	3	4
7. Chooses correct size mask					
8. Places mask to cover chin, mouth and nose					
9. Good seal formed					
10. Bag squeezed 2 or 3 times, according to size with:					
■ 2 fingers					

Date	Participant number	1	2	3	4
	Participant's initials				
■ whole hand					
11. Observes rise of chest					
12. If chest not rising:					
■ Head repositioned					
■ Mask seal checked					
13. Bag squeezed slightly harder with whole hand					
14. Once a good seal and chest rising: Ventilates 40 squeezes per minute until newborn crying or spontaneous breathing					
STOPPING VENTILATION					
15. Stops and assesses baby:					
■ Looks at chest for in-drawing					
■ Counts breaths per minute					
■ Stops ventilation if breathing more than 30 breaths per minute and no chest in-drawing					
16. Puts the baby in skin-to-skin contact					
17. Monitors every 15 minutes for breathing and warmth					
18. Explains situation to the mother					
19. Records the event					
CONTINUING VENTILATION					
20. If less than 30 breaths per minute or severe chest in-drawing					
21. Arranges for immediate referral					
22. Explains situation to the mother					
23. Ventilation continues during referral					
24. Record on:					
■ Referral form					
■ Labour record					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

Instructions

DURATION 90 minutes

Routine care of the newborn baby (1)

LOCATION Ward

OBJECTIVE: For participants to carry out routine daily care of the newborn baby and to teach mothers to care for their new babies.

1. Before clinical practice 3

Meet trainers/Clinical facilitators. Decide:

- Where group will be working
- What order to carry out CP tasks
- Which clinic/location

Collect details about:

Mother and baby pairs available (including babies with problems needing extra care)

- Mother and baby pairs to be discharged
- Babies due to be seen in follow-up clinic
- Names and location of mothers and babies

Minimum requirements:

- TWO mother and baby pairs for each participant
- ONE baby being discharged or at a follow-up clinic for 2 participants
- Records of the mother/baby pairs your group will be working with.

2. Group preparation before going to the clinical area

Go through Participants Clinical Practice 3 instructions with the group. Ensure the group understands what they are expected to do and in what order.

Remind group the focus of this Clinical Practice is:

- Routine care of the baby until discharge
- Examination of a baby before discharge or having a follow-up visit
- Giving an injection (optional)

Each participant should have:

- Examination Recording Forms (from Trainer's Guide Part 3)
- Breastfeeding Observation Form 2 (2 copies)
- Pen/pencil and notebook
- PCPNC Guide

- Tell group the topic to be discussed in the PRACTICE REVIEW Session will be:

Select an example of good practice in the routine care of the newborn baby you have seen a mother or health worker use. Why did it impress you?

- Direct each group to their first task
- Tasks can be done in any order according to the situation in the ward area.
- After each task discuss with the group or individuals from the group what they have seen/done.
- Choose an area away from the mothers, e.g. outside the ward, in a corridor or in a designated room.
- Emphasize hand washing
- Information about your role in each set task is contained in the following Clinical Practice Task Sheet (see below).

3. After Clinical Practice 3

- Check Clinical Assessment Forms for Clinical Practice 3.
 - See any participant who needs to repeat any task or who is weak in a particular area.
 - Note any parts of the session that did not work well or was not completed by all participants. Keep a record of what may still need to be covered in the Practice Review Session.
-
- Return to the classroom.

Task sheet

DURATION 90 minutes**Routine care of the newborn baby****LOCATION** Ward**Wash hands**

Participants must wash hands before and after touching a mother or baby.

Care and monitoring a baby

TASK for 4 participants

Demonstrate examining a new baby using **J2-J8**, then carry out care in the following situations **J10**, Section **K**

- Assess breathing
 - Watching the way baby breathes
 - Counting number of breaths per minute
- Assess warmth
 - Feel feet
 - Taking axillary temperature
- Check cord
 - Is it clean and dry and left open to air?
- Assess breastfeeding
 - Use **J4**, **K2-K4**
 - Use Breastfeeding Observation Form 2

Supervise participants, in pairs, assess a baby and carry out required care, and teaching mother **J2-J8** **J10** Section **K**:

- Assessing breathing
- Assessing warmth
- Check the cord
- Assessing breastfeeding

Task for 2 participants

- If participants assess a baby with additional care needs after they complete their assessment discuss with them what they have decided they need to do for the baby.
- Participants should assess a minimum of two babies, more if available.
- Fill in the Clinical Assessment checklist. Give additional assistance to weak participants.

Hygiene: the baby

Task for 4 participants

- WASH HANDS and Demonstrate washing or bathing a baby to the group following directions in K10B.
- Ask participants to write down the “KEY” points that should be taught to the mother.
- Make sure participants wash hands before touching the baby
- Divide the group into pairs and introduce each pair to a mother and baby,

- One participant should prepare the equipment and the other should wash or bath the baby. Each should teach the mother about what they are doing.
- Supervise participants during this task.
- Fill in a clinical assessment form for each participant. Identify weak participants who may need additional support.

Taking a baby's temperature

Task for 4 participants

- Demonstrate to group: Assessing and taking a baby's temperature
- Follow directions in Section 5 of the session "Taking a baby's temperature"

Supervise each participant:

- Assessing and taking a baby's temperature, using a thermometer in the armpit (axilla)
- Taking at least ONE temperature

Other baby care: Sleeping

Task when giving other advice to mothers

- When talking to mothers participants should find out what positions they place their babies in to sleep.
- Following the information in the PCPNC Guideline K10 participants should advise mothers on sleeping positions and other related issues.

Examination before discharge or for a follow-up visit

Task for 1 or 2 participants

Take group to the outpatient's clinic or postnatal ward.

- Each participant should carry out a full examination using **J2-J8** PCPNC Guide and a Clinical Recording Form for a baby who is:
 - To be discharged
 - Attending a follow-up clinic
- Supervise participants examining babies
- Fill in a clinical assessment form for each participant. Identify weak participants who may need additional support.

Giving an injection (optional)

Task for 4 participants

Observe preparation and administration of an IM injection.

Routine care of the newborn baby

Checklist for assessing clinical knowledge and skills (Facilitators)

Date	Participant number	1	2	3	4
	Participant's initials				
Washing/bathing a baby/doll					
1. Demonstrates washing/bathing a baby/doll					
2. Teaches a mother/participant how to bathe/wash a baby/doll Includes the following information:					
■ Importance of washing hands before handling baby					
■ Adequate preparation of room and equipment					
■ Using water which is warm enough					
■ Washing baby's face, neck and underarms (daily)					
■ Bathing as necessary					
■ Ensuring the baby is warm, dried well, dressed and covered					
Keeping the baby warm					
1. Teaches a mother/participant how to put a baby/doll in skin-to-skin contact to keep warm					
2. Can describe how to keep the baby warm AFTER the first few hours of delivery following information in K9					
Taking a baby's temperature					
Demonstrates correct technique for taking an axilla temperature					
Cord care					
1. Correctly demonstrates routine cord care on a baby/doll K10					
2. Teaches a mother/participant how to carry out routine cord care and what to do if the umbilicus is red or draining pus/blood					
Monitoring the baby: Assess breathing					
1. Assesses a baby breathing correctly					
■ Listens for grunting					
■ Counts breaths					
■ Looks for chest in-drawing					
2. Knows immediate action if the baby has fast (>60 breaths per minute) or slow breathing (<30 breaths per minute) J7					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

DURATION 90 minutes**LOCATION** Ward

Task sheet

Routine care of the newborn baby (2)

Participants must wash their hands before and after touching a mother or baby.

Task 1

Care and monitoring a baby

Task for 4 participants

Demonstrate examining a new baby using **J2-J8**, then carry out care in the following situations **J10**, Section **K**

- Assess breathing
 - Watching the way the baby breathes.
 - Counting number of breaths per minute.
- Assess warmth
 - Feel feet.
 - Taking axillary temperature.
- Check cord
 - Is it clean and dry and left open to air?
- Assess breastfeeding
 - Use **J4**, **K2-K4**
 - Use Breastfeeding Observation Form 2

Task for 2 participants

Supervise participants in pairs in assessing a baby and carrying out required care, and teaching mother **J2-J8**, **J10**, Section **K**:

- Assessing breathing
- Assessing warmth
- Check the cord
- Assessing breastfeeding.
- If participants assess a baby with additional care needs after they complete their assessment, discuss with them what they have decided they need to do for the baby.
- Participants should assess a minimum of two babies, more if available.
- Fill in the Clinical Assessment Checklist. Give additional assistance to weak participants.

Task 2

Hygiene: the baby

Task for 4 participants

- WASH HANDS and demonstrate washing or bathing a baby to the group following directions in **K10**
- Ask participants to write down the “KEY” points that should be taught to the mother.
- Make sure participants wash hands before touching the baby.
- Divide the group into pairs and introduce each pair to a mother and baby.
- One participant should prepare the equipment and the other should wash or bathe the baby. Each should teach the mother about what they are doing.
- Supervise participants during this task.
- Fill in a Clinical Assessment Form for each participant. Identify weak participants who may need additional support.

Task 3

Other baby care: Sleeping

Task for 4 participants

- When giving other advice to mothers
- When talking to mothers, participants should find out what positions they place their babies in to sleep.
- Following the information in the PCPNC Guide **K10**, participants should advise mothers on sleeping positions and other related issues.

Routine care of the newborn baby

Checklist for assessing clinical knowledge and skills (Facilitators)

Date	Participant number	1	2	3	4
	Participant's initials				
Washing/bathing a baby/doll					
1. Demonstrates washing/bathing a baby/doll					
2. Teaches a mother/participant how to bathe/wash a baby/doll Includes the following information:					
■ Importance of washing hands before handling baby					
■ Adequate preparation of room and equipment					
■ Using water which is warm enough					
■ Washing baby's face, neck and underarms (daily)					
■ Bathing as necessary					
■ Ensuring the baby is warm, dried well, dressed and covered					
Keeping the baby warm					
1. Teaches a mother/participant how to put a baby/doll in skin-to-skin contact to keep warm					
2. Can describe how to keep the baby warm AFTER the first few hours of delivery following information in K9					
3. Can explain how to keep a baby warm when the baby is at home					
4. Can assess a baby's warmth as described in K9					
Cord care					
1. Correctly demonstrates routine cord care on a baby/doll K10					
2. Teaches a mother/participant how to carry out routine cord care and what to do if the umbilicus is red or draining pus/blood					
3. Identifies DANGER SIGNS					
4. Demonstrates how to treat an umbilical infection K13					
Monitoring the baby: Assess breathing					
1. Assesses a baby breathing correctly					
■ Listens for grunting					
■ Counts breaths					
■ Looks for chest in-drawing					
2. Knows immediate action if the baby has fast (>60 breaths per minute) or slow breathing (<30 breaths per minute) J7					

	Participant's name	Facilitator's comments
1		
2		
3		
4		



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Special situations **MODULE 4**

CLINICAL PRACTICE WORKBOOK

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Sessions 10, 11, 12 and 14

Instructions

Special situations

DURATION 30 minutes

LOCATION Ward

OBJECTIVE: For Participants to carry out routine daily care and examination of the small baby.

1. Before Clinical Practice 4

Meet trainers/clinical facilitators. Decide:

- Where group will begin working
- What order to carry out CP tasks
- Where in hospital/community group working

Collect details about:

- “Small” baby and mother pairs to visit
- Babies cup-feeding or using other methods of feeding
- Names and location of mothers and babies.

Minimum requirements:

- TWO small babies, one preterm and one term “small” for group of 4 participants
- ONE small baby and mother pair for 2 participants
- ONE baby cup-feeding per group of 4 participants
- Records are available for the mother/baby pairs for your group.

Group preparation before going to the clinical area

Go through Participants Clinical Practice 4 instructions with the group. Ensure the group understands what they are expected to do and in what order.

Remind group the focus of this Clinical Practice is:

- The small baby
- Alternative methods of feeding
- Giving help and advice to mothers with breast conditions
- Kangaroo Mother Care (Optional)

Each participant should have:

- Examination recording forms (2 copies)
- Breastfeeding Observation Forms 1 (2 copies)
- Pen/pencil and notebook
- PCPNC Guide (ONE between two participants)
- Name badge

Tell group the topic to be discussed in the Practice Review Session will be:

- If you could change just one of the practices in your workplace after this course, what would it be and why?

Direct each group to their first task

- Tasks can be done in any order according to the situation in the ward area.
- After each task discuss with the group or individuals from the group what they have seen/done.
- Choose an area away from the mothers, e.g. outside the ward, in a corridor or in a designated room.

Information about your role in each set task is contained in the following Clinical Practice Task Sheet.

3. After clinical practice 4

- Check Clinical Assessment Forms for Clinical Practice 4.
- See any participant who needs to repeat any task or who is weak in a particular area.
- Note any parts of the session that did not work well or was not completed by all participants. Keep a record of what may still need to be covered in the Practice Review Session.
- Return to the classroom.

Sessions 10, 11 and 14

Task sheet

Special situations

DURATION 30 minutes

LOCATION Ward

Wash hands Examine the small baby

Task for 4 participants

Take group to see at least TWO small babies:

- One preterm baby
- One “small” term baby (low birth weight).

- 1) Ask if any differences can be seen between the babies?
- 2) Discuss how they are similar and how they are different, referring to Session 4a “The Small Baby”.

Task for 2 participants

- WASH HANDS and demonstrate to group how to examine a small baby following **J2-J8**.
- Divide the group into pairs and introduce each pair to a mother and baby.

Make sure participants wash hands before touching the baby.

Ensure small babies are kept warm during the examination.

- Supervise each participant examining a small baby using the PCPNC Guideline **J2-J8**, Examination Recording Form. Note additional risk factors and danger signs.
- Discuss participants’ findings and the advice, treatment and follow-up care suggested.
- Fill in a Clinical Assessment Form for each participant. Identify weak participants who may need additional support.

Giving help and advice to mothers with breast conditions

Task for 2 or 4 participants

- Introduce participants to mothers who have a breast condition.
- With the mother’s permission let participants look at and examine her breast and ask about her symptoms using **J9**.
- Discuss the participant’s diagnosis, advice and treatment, then, if appropriate, discuss with the mother. Follow **J9**.
- Fill in Clinical Assessment Checklist for each participant. Identify weak participants who may need additional support.

Alternative methods of feeding a baby

Task for 4 participants

- Show the group examples of alternative methods of feeding used in the health facility and in the special care unit.
- Discuss the methods with participants. Are the methods appropriate?

Cup-feeding

Task for each participant

- Demonstrate cup-feeding to the group following directions on K6.
- Take group to observe a mother or health worker cup-feeding a baby (if possible).
- Observe at least one other alternative method of feeding (if possible).
- Supervise EACH participant practising cup-feeding (if possible).
- Fill in a Clinical Assessment Checklist for each participant. Identify weak participants who may need additional support.
- Show group of participants a baby with a cleft lip and palate/other difficulty being fed with an alternative feeding method of breastfeeding (if possible).

Hand expression of breast milk

Task for 2 participants

- Divide group into PAIRS to observe a mother hand-expressing her breast milk.
- Supervise each participant teaching a mother about back and breast massage.
- Supervise EACH participant teaching a mother to hand-express breast milk following instructions on K5.
- Fill in a Clinical Assessment Checklist for each participant. Identify weak participants who may need additional support.

Kangaroo mother care (optional)

Task for 2 groups

- Take group to meet a mother who is practising KMC. Show participants the position of the baby and how it is secured. If possible, the group should observe mothers feeding their babies.
- Divide the group into pairs. Introduce each pair to a mother and baby practising KMC (if possible).

Find out:

- How the mother feels about KMC.
- What information she was given about KMC before she started it.
- What it involves for the mother and the rest of her family.
- How long it will last.
- How her baby is feeding.
- Observe position of the baby and method for securing the infant.
- How many hours per day she practises KMC.
- What she does with the baby when she needs to bathe or attend to other personal functions.
- Observe the infants' growth and feeding charts. Note anything of interest.

Special situations

Checklist for assessing clinical knowledge and skills (Facilitators)

Date	Participant number	1	2	3	4
	Participant's initials				
Examine small/preterm baby					
1. Correctly assesses and classifies a small/preterm baby J2-J8					
2. Can quickly find information on counselling for breastfeeding for the small baby K4					
3. Can list:					
The 3 clinical indications for discharge					
The 2 maternal requirements					
Hand expression of breast milk					
1. Observed a mother expressing breast milk by hand					
2. Correctly teaches a mother how to express breast milk by hand					
3. Can list at least 3 reasons why a mother should learn to hand-express					
Alternative methods of feeding					
1. Observed alternative methods of feeding being used:					
■ Nasal or oral gastric tube feed					
■ Spoon					
■ Syringe/dropper					
■ Other					
2. Demonstrates safe technique for cup-feeding (with baby/doll)					
3. Can list the advantages and disadvantages of cup-feeding:					
■ Advantages (baby-led, mother can do it, good eye contact, encourages tongue movement, use of lingual lipases, baby can take what it needs in time and quantity, safe if good technique used, easy to do)					
■ Disadvantages (dribbles, can become addicted)					
Managing breast problem (if seen)					
1. Gives correct diagnosis for breast condition seen					
2. Gives correct advice and help for the condition seen, using J9					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

DURATION 20 minutes**LOCATION** Ward**INSTRUCTIONS FOR FACILITATORS****Managing breast problems**

Giving help and advice to mothers with breast conditions

Task for 2 or 4 participants

Introduce participants to mothers who have a breast condition.

- With the mother's permission let participants look at and examine her breast and ask about her symptoms using **J9**
- Discuss the participant's diagnosis, advice and treatment then if appropriate discuss with the mother. Follow **J9**
- Fill in clinical assessment checklist for each participant. Identify weak participants who may need additional support.

Giving help and advice to mothers with breast conditions

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS**Managing breast problems**

Giving help and advice to mothers with breast conditions

Task for 1 or 2 participants

- You will be introduced to a mother with a breast condition.
- With the mother's permission look at and examine the her breast/s and ask her about her symptoms using **J9**
- Discuss the diagnosis, advice and treatment if appropriate with the mother or with your clinical facilitator and colleagues in another part of the clinical area. Follow **J9**

Managing breast problems

Checklist for assessing clinical knowledge and skills (facilitator)

Date	Participant number	1	2	3	4
	Participant's initials				
Gave help and advice to ONE mother with a breast condition					
1. Gives correct diagnosis for the breast condition seen					
2. Gives correct advice and help for the condition seen, using J9					
3. Can list possible causes of diagnosed condition					
4. Can correctly advise a mother with sore and fissured nipples J9					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

DURATION 20 minutes**LOCATION** Ward**INSTRUCTIONS FOR FACILITATORS**

Hand expression of breastmilk

Session 11 Clinical Practice Task card for Facilitator

TASK for participants working in pairs

Find a mother who is going to hand express her breastmilk, ask her permission to bring 2 participants to observe what she does. Introduce 2 participants to a mother who is interested in being taught about hand expression. One participant should teach the mother, the other participant should observe and follow the instructions on **K5**.

- Supervise EACH participant teaching a different mother about breast and back massage
- Supervise Each participant teaching a mother how to hand express her breastmilk following instructions on **K5**.
- Fill in a clinical assessment checklist for each participant. Identify weak participants who may need additional support.

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS

Hand expression of breastmilk

TASK for 2 participants

One of you should teach the mother and one of you should be an observer and follow the instructions given about hand expression on **K5**.

You should each teach at least one mother

Your task is to:

- Observe a mother hand expressing her breastmilk.
- Teach a mother about breast and back massage
- Teach a mother how to hand express following the instructions given on **K5**.
- Give the mother information about how to store her milk

Hand expression of breast milk

Checklist for assessing clinical knowledge and skills (facilitator)

Date	Participant number	1	2	3	4
	Participant's initials				
Taught ONE mother to hand-express her breast milk					
1. Observed a mother expressing breast milk by hand					
2. Teaches a mother how to express breast milk by hand					
3. Follows the directions on hand expression on K5					
■ Knows how to help a mother if the milk does not flow well					
■ Can teach a mother's companion back massage					
■ Can teach a mother breast massage					
■ Gives the mother accurate advice on how often to express K5					
■ Gives the mother information on how to store her breast milk					
4. Can list at least 3 reasons why a mother should learn to hand-express					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

DURATION 15 minutes**LOCATION** Ward**INSTRUCTIONS FOR FACILITATORS****Alternative methods of feeding a baby**

Task for 4 participants

- Show Group examples of alternative methods of feeding used in the health facility and in the special care unit.
- Discuss the methods with participants. Are the methods appropriate?

DURATION 15 minutes**LOCATION** Ward**INSTRUCTIONS FOR FACILITATORS****Cup-feeding**

Task for 1 participant

- Demonstrate cup-feeding to the GROUP following directions on **K6**.
- Take group to observe a mother or health worker cup-feeding a baby (if possible).
- Observe at least one other alternative method of feeding (if possible).
- Supervise EACH participant practising cup-feeding (if possible).
- Complete a Clinical Assessment Checklist for each participant. Identify weak participants who may need additional support.
- Show GROUP of participants a baby with a cleft lip and palate/ other difficulty being fed with an alternative feeding method or breastfeeding (if possible).

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS**Alternative methods of feeding a baby**

Task for a group

- Your clinical facilitator will show you examples of alternative methods of feeding used in the health facility and the special care unit, and tell you when they are used.
- Discuss the methods with your colleagues and clinical facilitator. Consider whether the methods are appropriate for the baby's need.

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS**Cup-feeding**

Task for a group and one participant

- Your clinical facilitator will demonstrate cup-feeding, following directions on **K6**.
- If possible, observe a baby being cup-fed by a mother or another health worker.
- If possible, observe at least one other alternative method of feeding.
- If possible, demonstrate cup-feeding a baby to your clinical facilitator.
- If possible, observe a baby with a cleft lip and palate/other difficulty being fed with an alternative feeding method or breastfeeding.

Alternative methods of feeding a baby

Checklist for assessing clinical knowledge and skills (facilitator)

Date	Participant number	1	2	3	4
	Participant's initials				
Alternative methods of feeding					
1. Observed alternative methods of feeding being used:					
■ Nasal or oral gastric tube feed					
■ Spoon					
■ Syringe/dropper					
■ Other					
2. Demonstrates cup-feeding with a baby					
3. Teaches a mother how to cup-feed, following instruction on K6					
4. Can list the advantages and disadvantages of cup-feeding:					
■ Advantages (baby-led, mother can do it, good eye contact, encourages tongue movement, use of lingual lipases, baby can take what it needs in time and quantity, safe if good technique used, easy to do)					
■ Disadvantages (dribbles, can become addicted)					
5. Observed a baby with cleft lip/palate or other difficulty given breast milk by alternative method of feeding					

	Participant's name	Facilitator's comments
1		
2		
3		
4		

DURATION 30 minutes**LOCATION** Ward**INSTRUCTIONS FOR FACILITATORS****Examine the small baby**

Task for 4 participants

Take group to see at least TWO small babies:

- One preterm baby
- One “small” term baby (low birth weight).
- Ask if any differences can be seen between the babies?
- Discuss how they are similar and how they are different, referring to session 4a “The Small Baby”.

Task for 2 participants

- WASH HANDS and demonstrate to group how to examine a small baby following **J2-J8**.
- Divide the group into pairs and introduce each pair to a mother and baby.
- Make sure participants wash hands before touching the baby
- Supervise each participant examining a small baby using the PCPNC Guide **J2-J8**, “Examination Recording Form”. Note additional risk factors and danger signs.
- Ensure small babies are kept warm during the examination
- Discuss participants’ findings and the advice, treatment and follow-up care suggested.
- Complete a Clinical Assessment Form for each participant. Identify weak participants who may need additional support.

INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS**Examine the small baby**

With your group you will observe at least TWO small babies:

- One preterm baby
- One “small” term baby (both low birth weight).
- Look carefully at both babies; can you see any differences between them?
- Discuss with your clinical facilitator and group colleagues how these babies are similar and how they are different.

TASK__ Group and pairs

- Watch your clinical facilitator demonstrate how to examine a small baby: following **J2-J8**.
- You will be introduced to a “small” baby and his mother.
- In pairs, examine a small baby using **J2-J8**. Use the Examination Record Form for each baby examined. Note additional risk factors and danger signs.

Ensure small babies are kept warm during the examination

Discuss with the clinical facilitator and your colleague the advice and treatment you think should be given to the mother and baby.

Examine the small baby

Checklist for Trainers and clinical Facilitators

Date	Participant number	1	2	3	4
	Participant's initials				
Observe at least TWO babies:					
■ ONE preterm baby					
■ ONE "small" term baby					
Assess small/preterm baby					
1. Can quickly find the relevant page in PCPNC for additional care of a small baby					
2. Correctly assesses small/preterm baby for:					
■ Breathing					
■ Warmth					
■ Breastfeeding					
■ Any danger signs					
3. If alternative feeding method used, can calculate the total daily amount of milk to be given for that day according the baby's weight K6					
7. Can advise the mother what to do if the baby does not take the calculated amount K6					
8. Can quickly find information on counselling for breastfeeding for the small baby K4					
9. Can list:					
The 3 clinical indications for discharge					
The 2 maternal requirements					
10. Can advise a mother:					
On an adequate daily weight gain for a small baby, after the first week K7					

	Participant's name	Facilitator's comments
1		
2		
3		
4		





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Optional modules **MODULE 5**

CLINICAL PRACTICE WORKBOOK

MODULE 5	Optional modules	Clinical practice Kangaroo mother care (KMC)	
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INSTRUCTIONS FOR TRAINERS AND FACILITATORS**Kangaroo mother care****DURATION** 30 minutes**LOCATION** Ward

Task for 4 participants

- Take group to meet a mother who is practising KMC. Show participants the position of the baby and how it is secured. If possible, the group should observe mothers feeding their babies.
- Divide the group into pairs. Introduce each pair to a mother and baby practising KMC.
- Find out:
 - How the mother feels about KMC.
 - What information she was given about KMC before she started it.
 - What it involves for the mother and the rest of her family.
 - How long it will last.
 - How is her baby feeding?
 - Observe position of the baby and method for securing the infant.
 - How many hours per day does she practice KMC?
 - What does she do with the baby when she needs to bathe or attend to other personal functions?
 - Observe the infant's growth and feeding charts. Note anything of interest.

FOR FACILITATOR**INSTRUCTIONS TO BE GIVEN TO PARTICIPANTS****Kangaroo mother care**

Task for 2 participants

- With your group you will observe a mother who is practising KMC. Look at the position of the baby and how it is secured. If possible, observe how mothers feed and care for their babies.
- In pairs you will be introduced to a mother and baby practising KMC.
- Find out:
 - How she feels about KMC.
 - What information she was given about KMC before she started it.
 - What it involves for the mother and the rest of her family.
 - How long will it last?
 - How is her baby feeding?
 - Observe position of the baby and method for securing the infant.
 - How many hours per day does she practise KMC?
 - What does she do with the baby when she needs to bathe or attend to other personal functions?
 - Observe the infant's growth and feeding charts. Note anything of interest.

FOR PARTICIPANT

Kangaroo mother care

Checklist for Trainers and clinical Facilitators

Date	Participant number	1	2	3	4
	Participant's initials				
Meets at least ONE MOTHER practising KMC					
1. Asks open questions to learn about a mother/family's experiences of KMC					
2. Describes correct positioning of baby for KMC					
3. Describes everyday care of KMC baby. To include:					
■ Feeding					
■ Sleeping					
■ Mother's activities					
4. Lists the advantages of KMC					

	Participant's name	Facilitator's comments
1		
2		
3		
4		



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CLINICAL PRACTICE WORKBOOK

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