**Discharge counseling – By facility health staff (Staff nurse / Doctor)**

**To be done in the presence of mother, her husband and her family members who will stay with mother**

Tell them, since your baby is born preterm / low birth weight, your baby needs special care. You have been shown how to breast feed and how to do KMC and you have also practiced. As you are now going home, you have to continue doing what you have learnt here at home. Preterm and low birth weight babies are at increased risk of hypothermia, infections & breathing problems and some of their organs are immature. Therefore, they may be unable to adapt to life outside the uterus as early as other babies do.

Explain that breast milk produced by the mothers of preterm babies is even more nutritious than the milk produced by mothers, whose babies were born at full term. Therefore, a preterm mother’s milk is the best milk for the preterm or low birth weight baby. No other milk can replace its benefits.

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| **Breastfeeding instructions (Mark Yes / No in the box as applicable)** | **Y / N** | |
| **Tell the mother** | | |
| 1. To feed ONLY breast milk for the first 6 months. | |  |
| 1. To not give anything else, NOT even water. | |  |
| 1. To feed the baby only with her breast milk. | |  |
| 1. That breast milk provides all the food and water that a baby needs during the first 6 months of life. | |  |
| 1. That breastfeeding protects the baby from diarrhoea and respiratory infections. | |  |
| 1. To let their baby empty one breast at a time. Once the baby finishes one breast, the baby will come off the breast on his or her own. | |  |
| 1. To offer the other breast after finishing the first. This will ensure that your baby stimulates your milk production in both breasts, and also gets the most nutritious and satisfying milk. | |  |
| 1. To breastfeed the baby on demand, both day and night. | |  |
| 1. To encourage her family to support her. | |  |
| 1. TO NOT use bottles, spouted cups for feeding. | |  |
| **Benefits for the mother** | |  |
| 1. Helps womb to contract and the placenta is expelled easily. | |  |
| 1. Reduces the risk of excessive bleeding after delivery. | |  |

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| **Ask about home** | |
| 1. How she will do KMC at home |  |
| 1. Where she will stay |  |
| 1. Whether she has a separate room |  |
| 1. Whether she will lie on the floor or is there a bed |  |
| 1. Whether she has any family member to support her to do household work |  |
| 1. Whether she will be allowed to rest for few days or will she start to work immediately |  |

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| **Based on responses guide mother, her husband & her family members** |
| 1. Explain the benefits of KMC to Family Members. 2. Talk to family members and work out ways to guarantee privacy in the existing situation. Arrange for the same in consensus with the family. 3. Tell the mother / husband / family members to put a curtain (using an old saree or bedsheet) to cover the mother’s bed if family stays in a single room. 4. If mother will stay in a separate room with no door, tell her to put a curtain on the entrance of the room. 5. A khaat (string cot) may be placed vertically to cover the mother’s cot to provide her some privacy, only if no other privacy option is available. 6. Tell them to move the mother’s cot to a place from where she is not visible to the men of the family. 7. Do not wear any chains or necklaces because the baby is very delicate and it can be injured. 8. Always cover the baby snuggly with a blanket. 9. Use the bathroom/washroom before starting kangaroo care because KMC should be given continuously for a longer period, as long as possible. Therefore, before starting KMC, KMC providers should complete all these activities, like eating, drinking, bathing etc., so that baby can receive KMC care effectively. 10. No loud voices / conversations should take place during KMC as it can disturb the baby and the baby might feel uncomfortable. 11. For the safety of baby, do not sleep while holding your baby. 12. Switch off the fan/cooler while changing clothes. 13. Cover the baby immediately with cloth / blanket when baby is removed from SSC position. 14. Use nappy / diaper during KMC, as it will keep the baby dry if baby passes urine. 15. Keep a cloth and wipe baby as soon as the baby passes stool, baby’s stool can be cleaned from back while the baby is in the KM position. Do not remove the baby from KMC position to clean the baby. 16. Teach mother and Family Members how to slide down the baby a little or make the baby horizontal from vertical position, while staying in KMC and breast feeding in SSC position. 17. Keep the baby’s neck in a slightly extended position to keep the baby’s airway clear, so the baby can breathe comfortably. 18. Tell the mother to monitor the baby’s nose and ensure it is not pressed and interfering with its breathing. 19. The other family members can help the mother by putting the baby in SSC position, while the mother takes a bath, eats food or takes a rest. 20. The SSC transfers heat. If the baby has fever, SSC may help release heat from the baby’s body to the mother. The baby’s temperature will decrease but the mother will not develop fever, as she is able to maintain her body temperature. |

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| **General Care of Baby** | **Y / N** | |
| **Bathing** | | |
| Do not bathe the baby till 7 days after birth. Ideally baby should not bathe till baby weight is 2500 grams. Wipe the baby with a clean cloth to keep baby clean. |  | |
| **Cord Care** | | |
| Keep the cord dry, do not cover it and do not apply anything on the cord. |  | |
| **Vaccination** | | |
| 1. Tell about baby`s vaccination schedule. |  | |
| 1. Ask about which vaccines are already given to baby. |  | |
| 1. Ask about which vaccines are to be given and when to be given. |  | |
| 1. Ask, where the baby will be vaccinated. |  | |
| **Danger signs in LBW babies**  **Guide and explain about danger signs and tell when to bring your child to the health facility.** | | |
| 1. Baby refuses to be fed. | |  |
| 1. Body temperature is very high or low. | |  |
| 1. Vomiting (cannot keep anything down) | |  |
| 1. Convulsions (rapid and repeated contractions of the body, shaking) | |  |
| 1. Sneezes or has hiccups | |  |
| 1. Diarrhoea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes) | |  |
| 1. Does not pass stools for 2-3 days. | |  |
| 1. Fast breathing (60 breaths per min) | |  |
| 1. Lethargy (weak, not alert) | |  |
| 1. Cyanosis | |  |
| 1. Jaundice | |  |
| 1. Redness and/or swelling, foul smelling, discharge from the cord and/or skin | |  |
| 1. Redness, swelling and discharge from the eyes | |  |
| 1. Chest infection (cough, fast and difficult breathing) | |  |
| 1. Loss of weight or swelling of the body | |  |
| ***In case of danger signs call 108 (Toll Free Number), which is available free of cost for Newborn babies.***  ***Contact your ASHA/ANM worker immediately.*** | | |

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| * **Linkage of beneficiary with the community health staff** |  |

**COUNSELLING GIVEN BY**

**Facility Staff Name……………………………...**

**Signature…………………………**