**Standardization Training & CertificationOn Care of Low Birth Weight Infants and KMC Intervention for Nurse Mentors and District Program Specialists**

**At Biorepository - II FloorConference Hall/NICU**

**August 2016 Schedule**

By the end of the training the participant nurse mentors and DPS should acquire below mentioned knowledge and skills and should be able to implement the intervention in the 1st quarter:

Epidemiology

* Major causes of neonatal mortality in India
* Reduction in deaths due to LBW and neonatal sepsis by practicing KMC
* Neonatal mortality in Koppal and expected impact of KMC on neonatal mortality
* Explain the need for implementation of KMC at facility and community and its relevance to neonatal mortality

KMC situation (the barriers)

* Describe the barriers and facilitators to KMC
* Describe their role in addressing barriers and facilitators to KMC in the facility and community

Intervention model

* Proposed goal and objectives
* Be aware of the proposed facility intervention model, activities and indicators for KMC implementation
* Co-ordination between formative research and community intervention teams

Role of nurse mentor

Mentoring to address clinical skills

* Triage and care of sick newborn
* Weigh a newborn accurately (using beam or digital or spring balance)
* Estimate gestational age (prematurity vs term)
* Check temperature of a newborn
* Assist a mother/care giver to position a LBW infant for KMC
* Counsel a mother/care giver for providing KMC – simulation, initiation and maintenance.
* Check GRBS
* Identify danger signs – jaundice, respiratory distress, sepsis, lethargy, convulsions
* Practice infection control measures in a unit
* Feed a LBW by pallada
* Assist a mother to express breast milk
* Insert a orogastric tube for a LBW
* Feed a LBW by orogastric tube
* Calculate the feed requirement for a newborn
* Identify and train KMC Champion
* Initiate KMC chain
* Creation of a support group – AKKA
* At the time of discharge from the facility, support the process of handing-over and taking-over of LBW babies between facility staff and frontline workers

Mentoring to ensure facility readiness

* Evaluate facility preparedness for implementing KMC
* Facilitate discussions along with specialist or quality improvement committee on facility preparedness for implementing KMC.
* KMC ward guidelines
* Establish KMC ward as per guidelines in SNCU

Mentoring to address client aspects

* Training KMC based on “sensorial saturation” method
* Counsel a mother / care giver on exclusive breast feeding
* Counsel a mother / care giver for discharge and follow up
* Counsel a mother / care giver on ways to prevent infection in a LBW (hygiene, cord care, exclusive breast feeding)

**Day 1:**

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| **Timings** |  | **Facilitator** |
| 10:00 – 10:30 a.m. | Registration and Pre-test (OSCE)  |  |
| 10:30 – 11:30 a.m. | Epidemiology of LBW, problem statement and project goals, objectives | Prem |
| 11:30 – 11:45 a.m. | TEA |  |
| 11:45 – 1:30 p.m. | Facility scenario, barriers and proposed initial test intervention model | Krish |
| 1:30 – 2:30 p.m. | LUNCH |  |
| 2:30 – 4:00 p.m. | Introduction to Preterm and LBW babiesImmediate care of a newborn reviewKMC overview – discussion* Requirements, Position, Eligibility
* Benefits
* Barriers to KMC
* How to overcome barriers in facility – sensorial saturation, simulation, counseling, AKKA

Practice on Mannequins – for position | Suman |

**Day 2:**

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| **Timings** |  | **Facilitator** |
| 7:30 – 9:30 a.m.WARD | Practice in the ward (tag along with a staff nurse from NICU – 1:1 to observe / assist / carry out with supervision) in the following* KMC
* Feeding a LBW
* Massage of a LBW
* Checking Temperature / Respiration
* Swaddling a LBW
* Checking GRBS
 | Virgin  |
| 9:30 – 10:30 a.m.  | Continuation of the KMC overviewCounseling (Ask, Listen, Praise, Advise, Check understanding- ALPAC) a mother and family member for KMC (class room session with clinical scenarios)* Demonstration
* How to address the various barriers to improve duration of KMC

Practice of counseling with feedback | Suman |
| 10:30 – 11:30 a.m.  | Role of nurse mentor in addressing barriers / facilitators to implementation of KMC in the facility including managing difficult people – role play / case scenarios  | Suman |
| 11:30 – 11:45 a.m. | TEA |  |
| 11:45 – 12:45 p.m.WARD | Practice in NICU (tag along with a staff nurse from NICU – 1:1 to observe / assist / carry out with supervision) in the following * KMC – assisting a mother / care giver with positioning
* Feeding a LBW
* Checking Temperature / Respiration
* Checking GRBS
 | Virgin / Jyothi |
| 12:45 – 1:45 p.m. | Class room discussion: Feeding techniques for a LBW* Amount of Feeds
* Type of feeds
* Monitoring if baby is getting enough feeds

Challenges mothers face with feeding LBW infants | Suman / Swaroop |
| 1:45 – 2:30 p.m. | LUNCH |  |
| 2:30 – 4:00 p.m. | Class room: Danger signs and common problems of LBW (videos); role of a nurse mentors in facilitating QI of LBW in facilities / home | Virgin / Jyothi / Mercy |

**Day 3:**

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| **Timings** |  | **Facilitator** |
| 7:30 – 9:30 a.m.WARD | Practice in the NICU (tag along with a staff nurse from NICU – 1:1 to observe / assist / carry out with supervision) in the following* Checking weight
* Feeding a LBW – EBF (palada and tube)
* Calculation of fluid requirement
* Expression of breast feeds
 | Virgin / Jyothi |
| 9:30 – 10:30 a.m.  | Class room – Skill stations practice* Checking GRBS
* Checking temperature
* Identification of danger signs (video)
* KMC position: why, what and when/how often
* Counseling for KMC (motivation)/ Counseling for KMC (addressing barriers)
* Feeding LBW infants (palada)
* Expressing Breast Milk
 | Maryann / Jyothi |
| 10:30 – 10:45 a.m. | TEA |  |
| 10:45 – 11:45 a.m.WARD | Practice in NICU (assist a nurse in caring for a newborn with below mentioned problems)* Baby with jaundice
* Baby with sepsis
* Baby with respiratory distress
* Baby with hypoglycemia
* Baby with seizures
* Baby with lethargy
* Baby with hypothermia
 | Virgin / Mercy |
| 11:45 – 1:00 p.m. | Practice in classroom: Counseling of mother and family members on * identification of danger signs of LBW infants and when to approach a health facility;
* addressing challenges of Feeding LBW and its connection with KMC
* feeding a LBW infant including Expressing BM
 | Virgin / Mercy / Jyothi |
| 1:00 – 2:00 p.m. | LUNCH |  |
| 2:00 – 4:00 p.m. | Discharge counseling of a LBW (Class room using ALPAC)* Warmth
* Danger signs
* KMC
* Breast feeding
* Prevention of infection – addressing traditional practices

Follow upCounseling a mother and family member for Discharge* Demonstration
* Do’s and don’ts at home
* Practice of counseling with feedback
 | Virgin / Mercy / Jyothi |

**Day 4:**

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| **Timings** |  | **Facilitator** |
| 7:30 – 9:30 a.m. | Practice in NICU (Observation/Assist/perform with Supervision)* Admitting a mother and LBW in the facility
* Checking weight
* Counseling on Feeding
* Counseling on providing KMC
* Discharge of LBW (checklist)
* Prevention of infection – radiant warmer and other equipment/feeding articles/hand hygiene/
 | Virgin / Jyothi |
| 9:30 – 10:30 a.m.  | Review of facility intervention contextmentoring and facilitation skills required for mentoring health care personnel (HCP) in the facility | Krish/Swaroop |
| 10:30 – 10:45 a.m. | TEA |  |
| 10:45 – 1:00 p.m. | Addressing health system barriers by NMs and DPS – case scenario based discussion, role plays and demonstration | Swaroop / Troy |
| 1:00 – 2:00 p.m. | LUNCH |  |
| 2:00 – 4:00 p.m. | Address barriers in facility and client behavior by NMs and DPS – case scenario based discussion, role plays and demonstration | Swaroop / Troy |

**Day 5:**

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| **Timings** |  | **Facilitator** |
| 7:30 – 9:30 a.m. | Practice in NICU (Observation/Assist/perform with Supervision) | Virgin / Jyothi |
| 9:30 – 10:30 a.m.  | Tools and forums to address health system barriers by NMs and DPS | Swaroop/Krish/Troy |
| 10:30 – 10:45 a.m. | TEA |  |
| 10:45 – 1:00 p.m. | Tools and forums to address barriers in the facility and client behavior by NMs and DPS | Swaroop/Krish/Troy |
| 1:00 – 2:00 p.m. | LUNCH |  |
| 2:00 – 4:00 p.m. | Revisit mentoring skills – case scenario based discussion | Swaroop/Krish/Troy |

**Day 6**

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| **Timings** |  | **Facilitator** |
| 7:30 – 9:30 a.m. | Practice in NICU (Observation/Assist/perform with Supervision) | Virgin / Jyothi |
| 9:30 – 10:30 a.m.  | Structure of mentoring visit in SNCU/NICU | Swaroop/Suman |
| 10:30 – 10:45 a.m. | TEA |  |
| 10:45 – 11:45 p.m. | Structure of mentoring visit in CHC | Swaroop |
| 12:45 – 1:00 p.m. | Posttest (OSCE) and Debrief | Virgin/Maryann |
| 1:00 – 2:00 p.m. | LUNCH |  |
| 2:00 – 4:00 p.m. | Structure of mentoring visit in PHCs | Swaroop |

Modular teaching – once a week (2 hours) through video conference

Log book to be developed for assuring work is done by nurse mentors during posting in NICU

Follow-up two week posting in NICU (in pairs) to build on competencies

* motivation, simulation, initiation, maintenance, discharge counseling and telephonic/home-visit follow-up from St John’s NICU