

**GUIDE TRAINING -  
TEACHING STATIONS FOR LOW BIRTH WEIGHT NEWBORN CARE SKILLS**

**General instructions to be given by the facilitator to all participants**

- All participants will go through a series of teaching stations
- At each station, there will be a demonstration of the correct technique of a required skill/procedure by the facilitator initially. Following this demonstration, each participant will get an opportunity to practice the skill(s) under the direct supervision of the facilitator with appropriate feedback.
- A bell will ring for the commencement of each teaching station. If you complete the teaching station before time given, sit in the chair and wait or conduct some discussion on the topic covered. When the bell rings again, participants must switch to the next station.

Station No.	Skill Station - title	Components	Duration (mins)
1	Demonstration of counselling a mother/care giver for providing KMC using ALPAC-Initiation		15
2	Demonstration of counselling a mother for maintenance and Monitoring a baby on KMC – A, B, C, T		15
3	Feeding a LBW baby: Assessing for cues, expressing breast feeds, calculating amount of feeds to be given, assess for adequacy.	Assessing for cues	2
		Expressing breast feeds	3
		Calculating amount of feeds to be given, assess for adequacy.	10
4	Alternative method of feeding pallada and tube feed, challenges a mother faces with feeding a LBW infant	Pallada	5
		Tube feed,	5
		Challenges a mother faces with feeding a LBW infant	5

### Requirements for Each Teaching Station

#### General requirements

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| <input type="checkbox"/> Cello tape<br><input type="checkbox"/> Instructions for each station<br><input type="checkbox"/> Files to place the details for each station – 10 | <input type="checkbox"/> Stopwatch<br><input type="checkbox"/> Bell |
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#### Teaching Station 1: Demonstration of counseling a mother/care giver for providing KMC using ALPAC-Initiation

#### Common Requirements

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| <input type="checkbox"/> Case sheet | <input type="checkbox"/> Checklist for observation of candidate |
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Requirements for Station	Steps to cover for Teaching Station
<p><b>Role play</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Baby Mannequin</li> <li><input type="checkbox"/> Volunteer / Observer to act as mother</li> <li><input type="checkbox"/> Case Scenario</li> </ul>	<p><b>Counselling a mother/care giver for providing KMC</b></p> <p><b>Build Rapport</b></p> <ul style="list-style-type: none"> <li>• Ask name</li> <li>• Introduce self</li> <li>• Be attentive           <ul style="list-style-type: none"> <li>• Sit facing mother</li> <li>• Open posture</li> <li>• Lean forward</li> <li>• Eye contact</li> <li>• Relaxed</li> </ul> </li> </ul> <p><b>Steps for KMC counselling (ALPAC)</b></p> <p><b>1.Ask:</b></p> <ul style="list-style-type: none"> <li>• E.g. How are you feeling today?</li> <li>• E.g. How do you think your baby is doing?</li> </ul> <p><b>2.Listen</b> - Mother says “My baby is so small, I wonder whether I can hold the baby”</p> <ul style="list-style-type: none"> <li>• Paraphrase: “You were saying that your baby is small and delicate and whether he you could hold him”</li> <li>• Clarifying: “Did you say you were scared about how small your baby was? About carrying your baby?”</li> <li>• Reflection of feeling: “It seems like you are worried about your baby, am I right’</li> </ul> <p>Listen the barriers</p> <p>Examples</p> <ul style="list-style-type: none"> <li>• Tired</li> <li>• To express breast milk</li> <li>• Does not have support at home for other work and to provide KMC</li> <li>• Unaware of KMC</li> <li>• Positioning issues, even during sleeping</li> <li>• Issues with clothing</li> <li>• Fear / anxiety of hurting the baby</li> <li>• Medical issues</li> <li>• Attitude of health care personnel</li> </ul> <p><b>3.Praise:</b> Mother says, “I carried him today and was able to feed him also with the pallada”</p>

	<ul style="list-style-type: none"> <li>• E.g. “Good, so you are also learning to feed him!”</li> </ul> <p><b>4.Advice</b> E.g. About KMC- what, why, how, when, where E.g. Expressed Breast Feeding E.g. Breast Feeding</p> <p><b>5.Confirm whether she has understood</b> Summarise: E.g. “Can you tell me what all we discussed today</p> <p><b>Case scenario - Demonstration of Role Play</b> Rani gives birth to a 34 week 1500gms baby. This is her first baby. Baby is stable. Motivate and counsel the mother for KMC.</p> <p>All participants will record the feedback in the ALPAC format</p> <ul style="list-style-type: none"> <li>• Ask</li> <li>• Listen</li> <li>• Praise</li> <li>• Advice</li> <li>• Confirm understanding</li> </ul> <p>Role play steps</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Introduces self and calls her by name</li> <li><input type="checkbox"/> Explains to mother the advantages of KMC (warmth/breast feeding/growth/less infection/ any other)</li> <li><input type="checkbox"/> Tells the mother what she requires to give KMC :       <ul style="list-style-type: none"> <li>• For herself: Front open dress, KMC Bag or binder or Shawl, KMC Chair if available.</li> <li>• For the baby: Cap, Socks, Napkin/Disposal diaper.</li> </ul> </li> <li><input type="checkbox"/> Puts cap, socks, and diaper / napkin for the baby and shows mother how to place the baby in the KMC bag if available.</li> <li><input type="checkbox"/> Positions the baby for KMC:-       <ul style="list-style-type: none"> <li>• Places the baby between mother’s breast in an upright position.</li> <li>• Positions the baby with arms and legs flexed and head turned - slightly extended</li> <li>• Supports the infant from the bottom with a sling/binder and palm</li> <li>• Secures snugly with a cloth pulled up to the ear, covers with a garment</li> </ul> </li> <li><input type="checkbox"/> Asks the mother what would help her to give KMC and reinforces importance of giving KMC for as long as possible. Tells her she could get help from a foster provider.</li> <li><input type="checkbox"/> Has a good rapport, maintains good eye contact, answers questions of mother, summarises</li> </ul>
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## Teaching Station 2: Demonstration of counselling a mother for maintenance and

### Monitoring a baby on KMC – A, B, C, T


Requirements for Station	Steps to cover for Teaching Station
<p><b>Role play</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Baby Mannequin</li> <li><input type="checkbox"/> Volunteer / Observer to act as mother</li> <li><input type="checkbox"/> Case Scenario</li> </ul>	<p><b>Case scenario - Demonstration of Role Play</b></p> <p>A 34 weeks 1650 grams male baby is born in your facility by normal delivery. The mother is confident in giving KMC and the baby is stable</p> <p>Counsel the mother on KMC maintenance and monitoring A,B,C,T</p> <p>All participants will record the feedback in the ALPAC format</p> <ul style="list-style-type: none"> <li>• Ask</li> <li>• Listen</li> <li>• Praise</li> <li>• Advice</li> <li>• Confirm understanding</li> </ul> <p><b>Role play steps</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Introduces self and greets parents. Praises her for how she has been taking care of the baby</li> <li><input type="checkbox"/> Reinforce on the need to continue KMC for as long as possible</li> <li><input type="checkbox"/> Checks with the mother how she can prolong KMC duration and difficulties which she encounters during KMC.</li> <li><input type="checkbox"/> Reinforces any correct information</li> <li><input type="checkbox"/> Informs mother how can you increase the hours of KMC?</li> <li>• KMC should be given for as long as possible</li> <li>• Giving more than 10-12 hours / day – the baby will benefit more</li> <li>• Increase the duration daily so that it goes up to 24 hrs per day Each time increase the duration of KMC hours from the previous sessions duration</li> <li>• When the mother is not able to provide KMC, another family member can do it</li> <li>• Plan your days work, remember you can give KMC even when doing housework Mothers can sleep during KMC</li> <li>• Use binder during KMC</li> <li>• Talk to nurses / doctors / counselors to help you</li> </ul>

	<ul style="list-style-type: none"><li>• Babies gain weight when given KMC for long duration</li><li>• Mother can breast feed during KMC</li><li>• Mother can express milk in KMC position</li><li>• KMC helps in stimulating all senses of the baby</li><li>• The baby can be massaged during KMC</li> <li><input type="checkbox"/> Reinforce and check with mother what she needs to observe when the baby is on KMC</li> <li><input type="checkbox"/> A-Activity</li> <li><input type="checkbox"/> B-Breathing</li> <li><input type="checkbox"/> C-Colour</li> <li><input type="checkbox"/> T- Temperature</li> <li><input type="checkbox"/> Reinforce on need for exclusive breast feeding</li> <li><input type="checkbox"/> Informs mother when she must return for follow up:<ul style="list-style-type: none"><li>- A week after discharge</li> <li>- If any problem occurs. Tell her if there is any abnormality in ABCT, to report to ASHA worker or come to hospital</li> <li>- Maintains good body posture/ eye to eye contact/asks for any doubts / listens and clarifies</li></ul></li></ul>
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**Teaching Station 3: Feeding a LBW baby: Assessing for cues, expressing breast feeds, calculating amount of feeds to be given, assess for adequacy.**

**Common Requirements**

- Case sheet  Checklist for observation of candidate



Requirements for Station	Steps to cover for Teaching Station
	<p><b>Assessing for cues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Awakening or stirring before feeding</li> <li><input type="checkbox"/> Rooting, opening mouth, licking at feeding time</li> <li><input type="checkbox"/> Crying or demanding at feeding time</li> <li><input type="checkbox"/> Feeding without choking, turning blue or pale.</li> </ul>
<p><b>Expression of milk</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Breast milk model</li> <li><input type="checkbox"/> Container to store breast milk</li> <li><input type="checkbox"/> Alcohol hand scrub</li> <li><input type="checkbox"/> Table-1</li> <li><input type="checkbox"/> Chair-1</li> </ul> 	<p><b>Expression of milk</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wash hands/use alcohol scrub</li> <li><input type="checkbox"/> Place a clean container under the breast model to collect milk.</li> <li><input type="checkbox"/> Massage breast gently towards the nipple</li> <li><input type="checkbox"/> Place thumb and index finger opposite each other just outside the dark circle around the nipple</li> <li><input type="checkbox"/> Press inwards for milk to flow</li> <li><input type="checkbox"/> Reposition the fingers in clock position and repeat to cover the circumference of breast</li> <li><input type="checkbox"/> Collect and measure the milk for alternative method of feeding</li> </ul>

<p><b>Calculating amount of feeds and</b></p> <p><b>Assessing adequacy of feed</b></p>	<p><b>Calculating amount of feeds and</b></p> <p><b>Assessing adequacy of feed</b></p> <p>Inform how to ensure adequacy of direct breast feeding</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 10-12 feeds a day</li> <li><input type="checkbox"/> Satisfied</li> <li><input type="checkbox"/> Sleeps in between or is active</li> <li><input type="checkbox"/> 6-8 times urine</li> <li><input type="checkbox"/> Passes stool</li> <li><input type="checkbox"/> Mother has no problem and is comfortable</li> </ul> <p>For babies on expressed breast milk</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If each feed volume is less than that indicated</li> <li><input type="checkbox"/> Feeding the baby less frequently than recommended</li> <li><input type="checkbox"/> If there is excessive spilling during feeds</li> <li><input type="checkbox"/> Takes too long to finish the required amount</li> </ul> <p><b><u>Case Scenario</u></b></p> <p>A stable LBW baby born at 36 weeks weighing 1950 grams</p> <p>On day 1, 2, 3, 4:            1950    1930    1920    1910 grams</p> <p>On day 8, 9, 10, 11:        1950    1990    2040    2080 grams</p> <p>On day 14, 15, 16, 17    2160    2180    2200    2220 grams</p> <ol style="list-style-type: none"> <li>i.        <b>Is the baby weight acceptable</b></li> <li>ii.       <b>Calculate for each day (1, 2, 3, 4, 8) amount of feed to be given each time.</b></li> <li>iii.      <b>How else would you assess adequacy of feeding? What will you ask the mother? What will you observe in the baby?</b></li> </ol>
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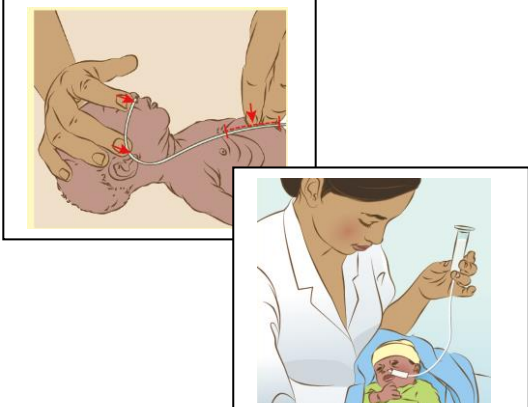
**Teaching Station 4: Alternative method of feeding – paladai and tube feed, challenges a mother faces with feeding a LBW infant**

**Common Requirements**

- Case sheet  Checklist for observation of candidate

Requirements for Station	Steps to cover for Teaching Station
<p><b>Paladai/cup / spoon feed</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clean cup with expressed breast milk</li> <li><input type="checkbox"/> Clean paladai / cup / spoon</li> <li><input type="checkbox"/> Syringe for measuring amount of milk required</li> <li><input type="checkbox"/> Clean cloth to place over baby so that milk does not soil the clothes</li> <li><input type="checkbox"/> Mannequin</li> </ul>  	<p><b>Feeding by Paladai / Cup / spoon (5 minutes)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wash hands just before feeding the baby</li> <li><input type="checkbox"/> See that the baby is awake and wrapped well, held in sitting semi upright position on the lap or bed</li> <li><input type="checkbox"/> Put a measured amount of expressed breast milk in the paladai / cup/ spoon</li> <li><input type="checkbox"/> Hold the paladai /cup / spoon so that the end rests on the infants lower lip</li> <li><input type="checkbox"/> Tip the paladai /cup /spoon to pour out a small amount of milk into the baby's mouth</li> <li><input type="checkbox"/> Feed the baby slowly or allow baby to suck as it wants</li> <li><input type="checkbox"/> Make sure the infant has swallowed the milk already taken before giving any more</li> <li><input type="checkbox"/> Check if the baby refuses any more feed, this indicates that he/she is satisfied.</li> <li><input type="checkbox"/> Record the amount of feed given (amount left subtracted from original amount)</li> <li><input type="checkbox"/> Wash the paladai / cup / spoon with soap and water, then boiled water and air dry it before and after use or boil and store in covered clean container till next use.</li> </ul>
<p><b>Orogastric tube feed</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant feeding tube 6 or 8</li> <li><input type="checkbox"/> Clean bowl with water</li> <li><input type="checkbox"/> Stethoscope</li> <li><input type="checkbox"/> Syringe</li> <li><input type="checkbox"/> Expressed breast milk in a clean cup</li> <li><input type="checkbox"/> Water for drinking in a clean cup</li> <li><input type="checkbox"/> Adhesive/micropore to fix the tube</li> <li><input type="checkbox"/> Gloves</li> <li><input type="checkbox"/> Mackintosh to place under the face of the baby</li> </ul>	<p><b>Feeding by orogastric tube</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Measure the infant feeding tube from the tip of the nose to ear lobe and then to midway between the xiphoid sternum and umbilicus, mark the measurement.</li> <li><input type="checkbox"/> Lubricates tube with expressed milk.</li> <li><input type="checkbox"/> Insert the feeding tube through mouth into the stomach.</li> <li><input type="checkbox"/> Aspirate contents with a syringe and discard the content in kidney tray, record the amount in case sheet or by pushing 1ml air through the tube and listening with a stethoscope over the upper abdomen.</li> <li><input type="checkbox"/> Fix the tube on the cheek with micropore</li> <li><input type="checkbox"/> Take measured amount in cup. Insert the syringe</li> </ul>



	<p>without piston into the tip of feeding tube</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pour required amount with tube pinched and allow it to flow by gravity.</li> <li><input type="checkbox"/> Discard the tube in the appropriate bin.</li> <li><input type="checkbox"/> Record the amount of aspirate</li> </ul>
	<p><b>Challenges a mother faces with feeding a LBW infant</b></p> <p><b>Issues with breast feeding</b></p> <p><b>Nipple problems</b></p> <ul style="list-style-type: none"> <li>• Inverted/ flat nipple</li> <li>• Sore nipple</li> </ul> <p><b>Breast problems</b></p> <ul style="list-style-type: none"> <li>• Breast engorgement</li> <li>• Breast abscess</li> </ul> <p><b>Inadequate milk</b></p> <p><b>Support the special needs of a small baby who is attempting breastfeeding with</b></p> <ul style="list-style-type: none"> <li>• Nipple stimulation and massage prior to feeding</li> <li>• Added attention to positioning and supporting head</li> <li>• Early licking and practice at breast.</li> <li>• Manual expression of drops of breast milk onto the nipple</li> <li>• Awakening baby when changing to opposite breast</li> </ul> <p><b>Evaluate the baby's effectiveness at breastfeeding</b></p> <ul style="list-style-type: none"> <li>• Wakes and shows feeding readiness cues.</li> <li>• Latches, sucks steadily with pauses, and Swallows audibly.</li> <li>• Feeds without choking, turning blue or pale.</li> <li>• Mother reports breast softening.</li> </ul> <p><b>If a baby cannot breastfeed effectively, support mother's breast milk production and use an alternative feeding method as needed.</b></p> <ul style="list-style-type: none"> <li>• Teach mother to express breast milk every 3 hours.</li> <li>• Encourage time at breast during skin-to-skin</li> </ul>

	<p>care and reassess readiness to breastfeed daily.</p> <ul style="list-style-type: none"> <li>• Ensure mother has adequate nutrition, increased fluid intake and care for medical problems.</li> </ul>
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### **Discharge of LBW baby**

#### **Criteria for discharge from a health facility**

- Feeding well (suckling effectively) at least 8 times in 24 hours or feeding well by palladai
- No danger signs
- Mother is confident to take care of baby
- Understands the need for follow up and danger signs when to report early
- Weight of 1400gms
- Maintains temperature without assistance
- Weight gain for 3 consecutive days

**Discharge advice:** involve all family members during discharge advice in the counseling room

#### **Feeding advice**

- Exclusive breast feeding for complete 6 months
- No water, gripe water, honey, sugar, bonnisan
- Complimentary feeding after completion of 6 months
- Continue breast feeding till 2 years
- Demand feeding for normal term babies
- At least 2 hourly feeding for preterm babies
- Expression of breast milk- care of feeding articles
- Continue feeding even if mother has minor illness.

#### **Medication if any**

- Quantity
- Frequency
- To be given with expressed breast milk

#### **Care of newborn**

##### **Bath**

- No bath till baby is 2.5 kg
- A moisturizing soap

##### **Hygiene**

- Hand washing before and after feeding
- Daily bath to mother
- Clean clothes

##### **Normal feedings**

- Sneezing, hiccoughs, transitional diarrhea, pseudomenses, mild skin rashes, some regurgitation of feeds are normal
- Most babies would sleep for 18-22 hours at the onset

**Danger signs**

- Not feeding well/ difficulty in feeding
- Convulsions
- No movement/ lethargy (movement only when stimulated)
- Fast breathing (more than 60 breaths per minute)
- Moderate or severe chest in-drawing
- Jaundice on day 1 or palms or sole stained yellow any age
- Abnormal movements
- Fever (temperature >37.5°C)
- Temperature <35.5°C or not rising after re-warming

**Counseling to mother and family**

- Build confidence of the family in taking care of baby at home
- Ensure that the family understands importance of administering prescribed medicines for the whole duration
- Educate mother when to report for follow up after discharge
- Educate mother when to report early if there is worsening of condition at any time after discharge
- Educate mother for signs of well-baby: feeds on breast, active behaviour, pink (colour good), extremities and trunk & extremities are warm to touch
- Ensure baby is gaining weight on follow up
- Advise for timely immunization

**Counseling a mother / family member on prevention of infection at home**

- Breast milk is the best and is the only food baby needs for first six months
- Mother needs to breastfeed day and night, at least eight times in 24 hours
- Mothers need to take nutritious meals and should drink lots of clean water
- For a small baby who finds difficult to suckle, express breast milk and collect in a clean cup to feed the baby with a palada, cup or spoon
- Wash your hands with clean water and soap before every feed and after visiting toilet and handling baby's faeces / urine.
- Keep the surroundings clean
- Keep the cord stump clean, do not apply anything on it
- Daily bath to mother
- Clean clothes
- Keep the baby well wrapped in a clean dry cloth or blanket (in cold season)
- Cover baby's head with part of cloth / blanket or put a cap on the head
- Keep the room warm avoid direct draught of air
- Keep next to mother for warmth; it promotes lactation and mother-baby bonding
- Encourage KMC for Low birth weight babies

**Cord care**

- Wash hands before and after cord care.
- Put NOTHING on the stump.
- Fold nappy (diaper) below the level of the stump.
- Keep cord stump loosely covered with clean clothes.
- If stump is soiled, wash it with clean water and soap.
- Dry it thoroughly with clean cloth.
- Look for signs of infection (daily)
  - Pus discharge from the cord stump
  - Redness around the cord especially if there is swelling

<ul style="list-style-type: none"> <li>- High temperature (more than 37.5°C) or other signs of infection</li> <li>• Explain to the mother that she should seek care if the umbilicus is red or draining pus or blood.</li> </ul>
<p><b>Eye care</b></p> <ul style="list-style-type: none"> <li>• Clean eyes immediately after birth with swabs soaked in warm sterile water</li> <li>• Using separate swabs for each eye. Clean from medial to lateral side</li> <li>• Give prophylactic eye drops within 1 hour of birth as per hospital policy</li> <li>• Do not apply anything else (e.g. Kajal) in the eyes</li> </ul>
<p><b>Admitting a LBW baby and mother to the facility</b></p> <p>Any newborn with the following criteria should be immediately admitted to the SNCU</p> <ul style="list-style-type: none"> <li>• Birth weight &lt; 1800gms or &lt;34 weeks</li> <li>• Large baby ( &gt; 4 Kg)</li> <li>• Perinatal asphyxia</li> <li>• Apnea or gasping</li> <li>• Refusal to feed</li> <li>• Respiratory distress ( &gt; 60/min or grunt/retractions )</li> <li>• Severe jaundice ( appears &lt;24hrs/stain palms &amp; soles/lasts &gt; 2weeks )</li> <li>• Hypothermia &lt;35.4 °C or hyperthermia &gt; 37.5 °C</li> <li>• Central cyanosis</li> <li>• Shock ( cold periphery with CFT ? 3 seconds and weak &amp; fast pulse)</li> <li>• Coma, convulsions or encephalopathy</li> <li>• Abdominal distension</li> <li>• Diarrhea/ dysentery</li> <li>• Bleeding</li> <li>• Major malformations</li> </ul> <p><b>Indications of admission to newborn stabilization unit ( NBSU ) :</b></p> <p>Newborn presenting with any of the following signs to a facility with neonatal stabilization and transfer to SNCU</p> <ul style="list-style-type: none"> <li>• Apnea or gasping</li> <li>• Respiratory distress ( rate &gt; 70/minute with severe retractions/grunt)</li> <li>• Hypothermia &lt; 35.4 °C</li> <li>• Hyperthermia &gt; 37.5 °C</li> <li>• Central cyanosis</li> <li>• Shock ( cold periphery with CFT ? 3 seconds and weak &amp; fast pulse)</li> <li>• Significant bleeding that requires blood or components transfusion</li> </ul>