

Part 1 Module 1: Maternal & Newborn Care Practices - Pathway for Newborn and Maternal Survival

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Module 1: Maternal & Newborn care practices - Pathway for Newborn and Maternal Survival
General objectives

To orient participants to maternal & newborn care practices for newborn survival

Session 1: Learning about Maternal & Newborn Care
 **Time :**

Competency	By the end of this session participants will be able to; 1. Understand the medical and local terminology regarding maternal and newborn care 2. Name immediate causes of maternal and newborn mortality and morbidity in Pakistan
 Material	Flip charts, markers, appendices for module 1, Save SNL presentation slides or flip charts, colored activity cards, stuffed doll
Method	Brainstorming Q & A, demonstration with stuffed doll, group work
Process	<p>1. Introduce information on the status of newborn in the world, in Pakistan and in the district with presentation (See Appendix 1: facts and figures-)</p> <p>2. Explore and explain key terms used for maternal & newborn health (definition and explanation of the 3 concepts of antenatal care, delivery and post-natal care). (See Appendix 2 for details).</p> <p>3. Explore and explain all the different phases that lead to birth -pathway to newborn survival, pregnancy, labor and delivery, immediate post delivery and postpartum.</p>
Helpful Hints	<p>Use stuffed doll to describe the different phases leading to birth. Pay special attention to definition of terms such as abortion, miscarriage, stillbirth, live birth, premature and term newborn.</p> <p>5. Explore with participants local terminology for maternal health, newborn (proverbs, expressions) -group work. Discuss the importance of using local terminology when interacting with the community. Group 1: pregnancy, delivery, immediate newborn & maternal care Group 2: postpartum care, religious and cultural practices related to birth and deaths of newborns. (See Appendix 3 for examples of local terms regarding maternal & newborn care)</p>
Helpful Hints	Help participants identify local terms for both maternal and newborn danger signs, explore the significance of proverbs (fatalism, danger, vulnerability)

Session 2: Exploring common maternal and newborn household practices and their underlying factors and desirable M & N practices

🕒 Time –

Objectives	<p>By the end of this session participants will be able to:</p> <ol style="list-style-type: none"> 1. Name desirable household maternal & care practices for the newborn survival 2. Describe some of the current common maternal & newborn practices in rural Pakistan and some underlying factors of common behaviors 3. Identify decision makers inside and outside the home who influence the birth and survival of newborn. (optional)
📄 Materials	Flip chart , handout A Appendix 4
Methods	Group work, presentation to plenary & discussion
Process	<ol style="list-style-type: none"> 1. Ask participants “What are the immediate causes of newborn and maternal deaths?” 2. Asks participants to list current common practices in the 3 periods: antenatal care, labor and delivery, immediate newborn care , maternal and newborn postpartum care and their determinants on 2 different colored activity cards. (See Appendix 4 for examples of common practices and their determinants from Haripur district). 3. Ask participants to regroup as before and ask them to list key practices which contribute to a healthy outcome in the newborn and its mother. Then ask participants to share their findings 4. Present the standard information on flip chart A and give participants handout A. (See Appendix 5)
Helpful hints	<p>In the discussion/feedback session, facilitator must:</p> <ol style="list-style-type: none"> 1. Compare the ideas shared by the participants with a pre-prepared flip chart having the desirable practices regarding the ANC, delivery and postnatal and postpartum care of the newborn <p>Explain the points which were not included in the participants list, and present the final list to the participants.</p> <p>Elaborate on the influence of culture, traditions and beliefs on the way people behave. Explain that in each region of Pakistan common positive and harmful practices may differ, hence the need to learn about the local context.</p>

Session 3: Understanding the newborn pathway for survival

Objectives	At the end of session, participants will be able to:
	- Explain the 3 delays, maternal and newborn danger signs
	- Explain the pathway for newborn survival
Method	- Name the special care practices for newborn
Materials	Group work (3 or 4 groups), feedback to plenary and discussion
	Flip chart paper, Flip chart & handouts B and C, Appendices 6 to 9)
Process	1. Trainer asks participants to share experiences with maternal, birth or neonatal deaths, and “near-missed” cases.
	Trainer asks participants the following questions
	“What happened?”
	“ What should be in place to prevent these cases in the future?”
	2. <u>Exploring maternal & newborn danger signs.</u> Trainer explores the danger signs for mother and newborns with participants. Presents the flip charts and discuss missing points. (Appendix 6 for details)
	3. <u>Sharing special care of the Low Birth Weight or premature newborn.</u> Trainer explores with participants the critical practices for these newborn survival using the stuffed dolls. (See Appendix 7 for details).
	4. Ask participants to develop the steps for a successful outcome in the three following scenarios (group work):
	<ul style="list-style-type: none"> ▪ A pregnant woman who has swollen hands, face & feet ▪ A newborn with a cord infection ▪ A newborn with asphyxia.
	Participants share their work in the plenary.
	(Optional) Present the pathway for newborn survival (Appendix 9).
	Trainer handout the diagram.
Helpful Hints	In the discussion/feedback session:
	1. Explain the points which were not included in the participants scenarios.
	2. Discuss the need for the home based decision-makers to be informed, to recognize danger signs and to practice specific behaviors. Explore the 3 delays which can endanger the mother and foetus.
	5. Ask participants to explore who are the stakeholders involved in maternal and newborn care. (PLA activity: Venn diagram, see Appendix 8 for details).

Session 4: Goals of the PD Maternal & Newborn Care Project

🕒 Time

Objectives	At the end of this lesson, participants will -Understand and agree to the goal of a maternal & newborn care project
Method:	Brainstorming with small cards
Process	<ol style="list-style-type: none"> 1. Trainer distributes two small cards for each participant and ask them to write one goal they think should be part of a project to improve maternal & newborn care. (5mns) 2. Participants come to board and stick their cards 3. Trainer put the different answers in different columns. 4. Trainer presents flip chart with overall goals: <div data-bbox="479 913 1315 1333" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>The overall goals on the program are:</p> <ol style="list-style-type: none"> 1. To reduce maternal and newborn morbidity and mortality 2. To promote routine and special maternal and newborn care behaviors during pregnancy, labor and delivery, immediately after birth, and in the postpartum period, at the household level 3. To mobilize communities for better maternal and newborn health care </div>
Helpful Hints	5. Conclude this session by asking individual participants to name some desirable practices in antenatal, intrapartum/immediate newborn care, and post-partum care. (Use a tennis ball thrown from one participant to another to elicit answers).

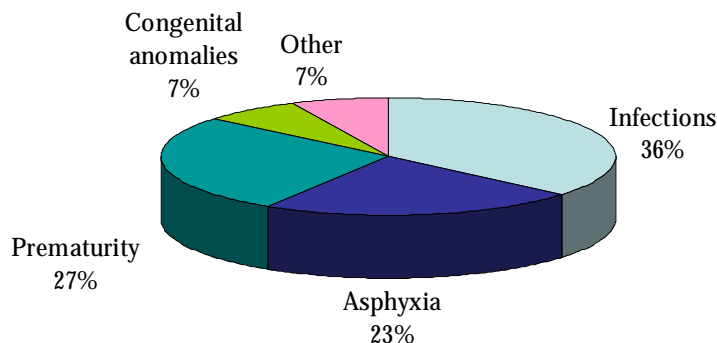
Appendix 1: Newborn Health, Facts and Figures

This document has been adapted from a presentation made by Dr. Stephen Wall, Senior Research Manager at Saving Newborn Lives office of Save the Children, US

Problem of neonatal (newborn) mortality – World and Pakistan

- World:
 - 4 million neonatal deaths annually
 - 99% in low- and middle-income countries
- Pakistan:
 - 298,000 neonatal deaths
 - 7% of global neonatal deaths
 - The Neonatal Mortality rate (NMR) is 57 per 1000 live births i.e. for every 1000 children born, 57 die in the neonatal period (1st month after birth)

Causes of Newborn Death



Source: Lancet, March 2005

Infections are the most common cause of newborn death

When Do Newborn Deaths Occur?

Most neonatal deaths are early (within first 7 days)

- 30% of neonatal deaths occurred on first day of life
- 60% of neonatal deaths occurred within first 4 days
- 75% of neonatal deaths occurred within first 7 days

When Should We Intervene?

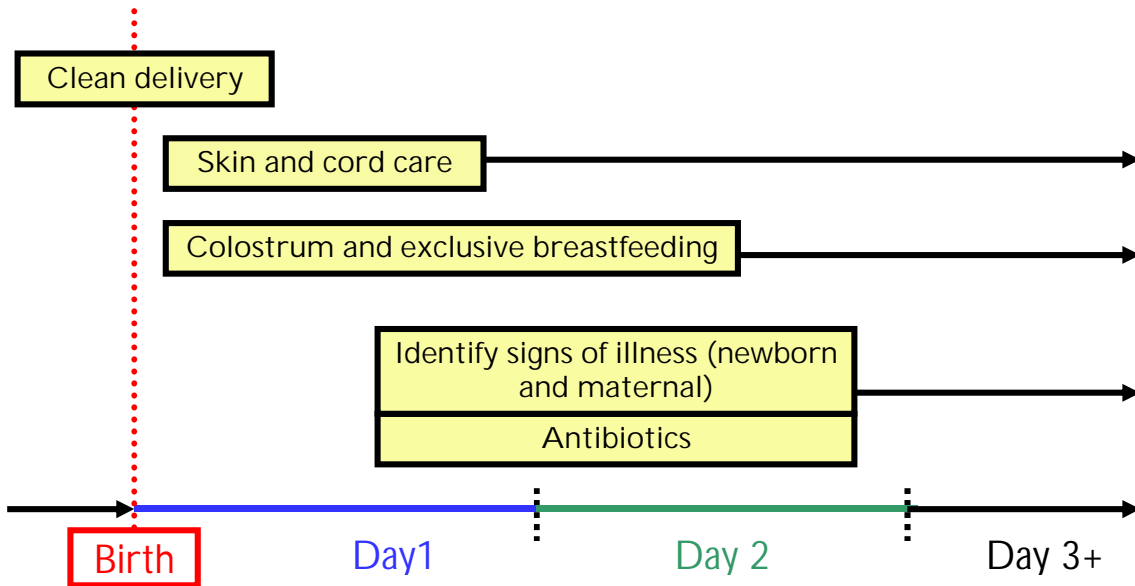
Most of the interventions can be classified into Prevention and preparation, Precautions during Labor and delivery, and post natal and post-partum care.

Prevention and preparation: includes Ante-natal care, maternal screening, birth preparedness, knowledge of danger signs of infection, asphyxia,

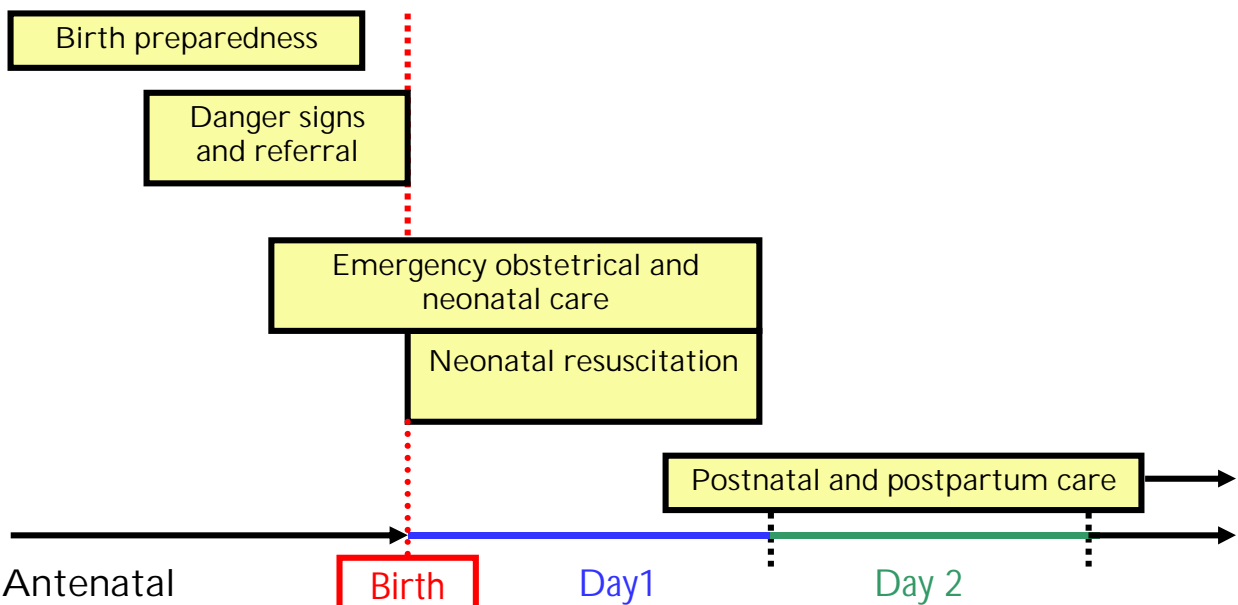
Precautions during Labor and delivery: These include medical and personal hygiene of both the mother and the baby

Post natal and post-partum care: Care of the mother and the baby after delivery

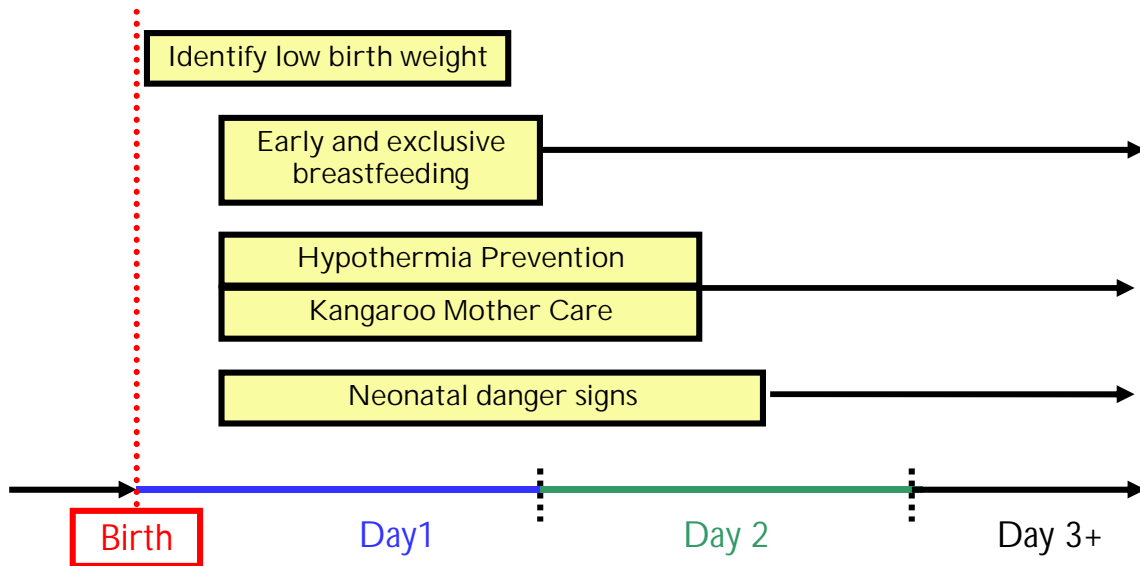
*Averting neonatal deaths due to **infection**: timing of interventions*



*Averting neonatal deaths due to **birth asphyxia**: timing of interventions*



*Averting neonatal deaths due to **low birth weight complications**: timing of interventions*



What Needs To Be Done?

Community Interventions to Prevent Newborn Deaths from Infection

- Improve home-based practices: birth preparedness, clean delivery, clean cord care, colostrum and exclusive breastfeeding
- Mobilize families to seek care: knowledge and recognition of danger signs of newborn illness, care-seeking and emergency preparedness for newborn illness
- Improve access to care: community outreach services (neonatal IMCI, community case management) for sick newborns
- Improve quality of care at facilities

Community Interventions to Prevent Newborn Deaths from Asphyxia

- Improve home-based practices: birth preparedness, community death audit
- Mobilize families to seek care: care-seeking for maternal danger signs (eg, prolonged labor), care-seeking for newborn danger signs (eg, breathing and feeding problems), household and community emergency preparedness.
- Improve access to care: referral systems, basic resuscitation by community health workers, community-based follow-up care
- Improve quality of care at facilities: newborn resuscitation, perinatal death audit

Community Interventions to Prevent Newborn Deaths from Prematurity

- Improve home-based practices: hypothermia prevention (eg, delayed bathing, drying and wrapping), colostrum and exclusive breastfeeding, KMC
- Mobilize families to seek care: recognition of danger signs of prematurity, referral systems, household and community emergency preparedness.
- Improve access to care: community outreach services (simple weighing devices or algorithms), referral systems, Kangaroo Mother Care (KMC) during transport
- Improve quality of care at facilities: KMC in-patient and ambulatory units

Why Focus On The Community?

- Globally, 44% of newborns are delivered without a skilled birth attendant
 - In settings with NMR > 45, 59% of newborns are delivered without a skilled birth attendant, most at home.
- Most newborn deaths occur at home, without skilled care
- Postpartum (post-neonatal) care is minimal, especially in poor, rural settings where NMR is highest

Do Community Approaches Work?

- SEARCH (India)¹: 60% reduction in NMR using home based neonatal care approaches
- Makwanpur (Nepal)²: 30% reduction in NMR by participatory women's groups
- Saving Newborn Lives (SNL) program results: multiple program experiences indicate that large changes in culturally entrenched household newborn health practices *are* achievable
 - In short time span
 - Using feasible and affordable strategies

Who to target?

Anyone involved in maternal and newborn care are relevant stakeholders. Mothers, mother-in-laws, Fathers, Traditional providers (TBAs), Local practitioners, Community organizations, Community influentials Lady Health Workers, Other community outreach workers, Skilled birth attendants at peripheral health facilities, Physicians & midwives at referral facilities

Summary

- Simple and affordable community based interventions can improve newborn health and survival
- Newborn births and deaths are largely in domiciliary settings, so the interventions should address it in the same setting
- Focus on community-based practices and care-seeking is necessary
 - For immediate impact on newborn health
 - For future health systems (with skilled birth attendants) to have maximal impact on maternal and newborn health

Community approaches – such as 'positive deviance' – provide innovative solutions to change household and community practices and to improve the functioning of health systems for improve

¹ Bang et al, *The Lancet*, 1999.

² Mandanhar et al, *The Lancet*, 2004.

Appendix 2: Causes of maternal and newborn mortality

Immediate causes of newborn mortality:

Tetanus , birth asphyxia, Infections (cord, ARI), Hypothermia
Low Birth Weight, Prematurity

Immediate causes of maternal mortality

Hemorrhage, obstructed and prolonged labor
Puerperal sepsis, placenta retention, Eclampsia, ruptured uterus

Underlying causes of maternal and newborn mortality and morbidity:

- During pregnancy: No prenatal check-up and no tetanus vaccination, poor diet during pregnancy “eating down syndrome”, heavy workload, failure to recognize danger signs
- Labor and delivery: untrained dais, unclean delivery , delays in seeking care, delay in transport and delay at the health facility
- Immediate post delivery: not wrapping the newborn, bathing the newborn, applying ointment on the cord . Delay putting the newborn to the breast and throwing away the colostrum, use of prelactate (gutti)
- Maternal & newborn post-partum care: failure to recognize danger signs, poor maternal diet, early resumption of physical work , poor management of umbilical cord, no postnatal check-up, lack of support (emotional).

Key terms

Abortion: Termination of pregnancy before 28 weeks

Premature baby: Live birth before 37 complete weeks of gestation

Full term baby: live birth between 37- 42 weeks of gestation

Stillbirth: Baby born showing no signs of life who weighs over 1 kg or is over 22 weeks of gestation

Live birth: Normal baby

Perinatal period: 20 weeks of pregnancy to 7 days after delivery

Neonate period: 1 to 28 days

Newborn: 1-40 days (Pakistan)

Exclusive breastfeeding: breastmilk only (no other liquids) from birth to 6 months

Postpartum care: care of mother from 1-40 days (6 weeks) after delivery

Postnatal care: care of baby from 1-40 days (6 weeks) after delivery.

Appendix 3 : Example of Terms by Language from the Exploratory PD Process, Haripur
January 2001

Concept	Urdu	Pashto	Hindko	Dari
Newborn	<i>nawzaida batcha ne batcha</i>	<i>nawai mashoom</i>	<i>kaka, kaki nikka, nikki</i>	<i>nawzad</i>
First 7 days		<i>awal sulwaikti</i>		<i>chila-i-khurd</i>
First 40 days	<i>chila</i>	<i>lowia sulwaikti</i>	<i>chhila</i>	<i>chila-i-kalan</i>
Other terms	<i>chalees nan (dead) kach batchu (weak, small, special baby)</i>	<i>moshoom (full term) bemody (premature) nokhsan (abortion) zeean (miscarriage)</i>	<i>kach batchu (weak, small baby, special baby) narowa (healthy)</i>	<i>Tafal (child) Batcha (child)</i>
Delivery terms	<i>naaf (cord)</i>	<i>zacha (cord) Nag</i>	<i>naroo (cord) buss (septic)</i>	<i>Waladut Zaidan :delivery</i>
Newborn Diseases Symptoms	<i>hasba (blue disease) yerkab (jaundice) pershawan jakta</i>	<i>bagho (tetanus) goli (skin eruption) guli khiro (breathing problems)</i>	<i>sirishna (same as hasba) yerkab (jaundice) pershawan jakta, anomia</i>	
Newborn Food	<i>gutti (green tea), desi-gee (buffalo milk, sugar)*</i>	<i>gutti sperki khil, bartang</i>	<i>gutti</i>	<i>gutti, jawani, zoof, folos</i>
Mother's special food after delivery	<i>halva (almonds, sesame seeds, ghee)</i>	<i>sheera, jagil 1(eggs)</i>	<i>panjiri, daru (same as halva) kalgiri (herbal tea)</i>	<i>sheera, iakhni Tokhom (egg) Halva</i>
Home remedies**	<i>Totkai taweez (amulet)</i>	<i>taweez</i>	<i>totkai taweez</i>	

* One or a combination of these foods

** see details on Haripur home remedies appendix.

Appendix 4: Example of Current Practices and their Determinants –Haripur 2003.**Antenatal Care:**

Current practices	Determinants
No ANC as this process is considered normal.	Normal and natural.
First pregnancy is considered important.	May be a son who will keep our name alive.
Avoid traveling and fatigue in last trimester	To avoid complications.
In rural areas tetanus shots are avoided	These injections are considered as family planning injections, which will cause infertility.
In rural areas pregnant women continue routine errands i.e. grass cutting, water fetching etc.	It is believed that hard work during last trimester will result in easy delivery. Men do not share workload during pregnancy.
Diet of the mothers is usually increased in the last month, which includes: ghee, milk.	For energy, strength and to have a beautiful child.
During last month the pregnant women both rural and urban eat soft clay (gachi)	There is a natural desire to eat gachi during pregnancy.
Avoid stairs.	It may cause bleeding or complication.
Women are not permitted to go outside. (especially to attend funeral)	Superstitions (perchawan)

Delivery:

Current practices	Determinants
Collection of money.	To cope with any emergency.
Contact with Dais	Dais are cheap (nominal charges), easy accessible and more trustable.
Preparation for newborn diapers, clothes.	Requirement.
Delivery is preferred to be at home.	Due to fear of operation.
Male's involvement is very low.	They consider it as a normal process and female's domain.
Consultation with doctor or other health care provider only in case of emergency.	Due to lack of knowledge/resources.
During delivery very little attention is paid to cleanliness.	That is considered less important. Lack of knowledge of hygiene.

Postnatal Newborn Care

Current practices	Determinants
Ghutti is given. Azan.	Old tradition. Islamic
Relatives visit to see the child.	Tradition.
Name is suggested.	Requirement.
Medical check up.	Requirement.
Bathing of child and Hair cutting	Religious.
Massage with oil.	Traditional.
wooden piece for positioning of head.	Tradition.
Breast feeding	Requirement.
Wrap the child in tight clothes.	Tradition
Knife is kept under the pillow to avoid supernatural from the child.	Superstitions.
To lay the child in the sun.	Tradition.
Circumcision	Religious.

Post Partum Maternal Care:

Local practices	Determinants
Massage for forty days.	Tradition.
Rest for at least 20 days.	Compel to do work.
Celebrations for forty days on the birth of boy.	Social preference of male baby.
No PNC check up.	Lack of economic resources, accessibility.
In case of fever during post partum period, <i>halwa</i> or any other sweet dish from her mother's home is considered remedy.	Superstition.
Excessively use milk, ghee, and butter for the mother after the delivery.	To increase breast milk
Bleeding is considered normal after delivery.	Lack of knowledge.
Mother remains inside of the house for forty days.	Tradition.

Appendix 5: List of Key Desirable Maternal & Newborn care Household Practices Flip Chart and Handout A

Antenatal care practices

- Tetanus toxiod vaccination, 2 shots (R)
- Recognition of maternal danger signs (R)
- Care-seeking for danger signs (S)
- Delivery preparedness: Clean Birth Kit, money and transport (R)
- Maternal antenatal diet (R)
- **Reduction of workload**

Labor and delivery care/ Intra-partum care practices

- 3 cleans (surface, hands and instrument) (R)
- Recognition of danger signs
- Care-seeking for danger signs: emergency transportation

Key immediate post-partum newborn and maternal care practices

- Warming & drying the newborn (R)
- Colostrums or immediate initiation of breastfeeding (R)
- Identification of maternal & newborn danger signs (R)
- Response to newborn danger signs of infection
- Recognition of birth asphyxia (S)
- Response to birth asphyxia (S)
- Recognition of Low Birth Weight (S)
- Response to Low Birth Weight (LBW) baby (S).

Postpartum care practices

- Exclusive breastfeeding (R)
- Increased dietary intake for the lactating mother (R)
- Identification of newborn danger signs (R)
- Care-seeking for newborn danger signs (S)
- Reduced maternal workload (R)
- Clean cord care
- Management of minor illnesses
- Maintenance of warm environment for the newborn (clothing & room temperature, delayed bathing for a few days)
- Mother and newborn bonding
- Active and supportive involvement of husband and mother-in-law

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Appendix 6 : List of Maternal and Newborn Danger Signs/Handout B

Period	Maternal danger signs
Antenatal	Bleeding Swelling of hands and face Convulsion Headache Difficulty breathing Fever
Labor & delivery	Labor for > 24 hours first delivery Labor for > 12 hours for all other deliveries Excessive blood loss Convulsions Fever, chills Mal-presentations (anything other than head first) Retained placenta Foul-smelling discharge
Post-partum	Bleeding Fever, (puerperal sepsis) Chills Foul-smelling discharge Convulsions
Period	Newborn danger signs
Immediate postpartum Postpartum period	<ol style="list-style-type: none"> 1) Not breathing right after birth (i.e., birth asphyxia) 2) Too small at birth (i.e., low birth weight due to prematurity) 3) Signs of possible infection: <ul style="list-style-type: none"> Hypothermia Inability to suck Convulsions Difficult or fast breathing Cyanosis or blueness of lips or skin Fever No crying Purulent discharge from eye Purulent discharge from umbilical cord Vomiting

* Investigate and use local terminology for all danger signs, especially newborn danger signs

** As defined by the community/birth attendants & women such as “small as a mouse”.

APPENDIX 7: DETAILS ON SPECIAL CARE OF THE NEWBORN
HANDOUT C

Low Birth Weight:

- ❑ Extra care for warmth: extra clothing; double wrap, including head; close body contact with mother or other caregiver (modified Kangaroo); delay first bath for at least one full day
- ❑ Extra care in feeding: breastfeeding every 2 hours until baby gets bigger; consider modified spoon-feeding of expressed breast milk for those with weak suck.
- ❑ Extra care against infection: everyone wash hands before handling the LBW; those, including, family, who are ill (ARI, diarrhea, skin infection, etc.) should avoid contact with the baby.
- ❑ Extra care to detect and evaluate danger signs

Birth Asphyxia:

- ❑ Immediate Action: No delay in looking for help from someone else.
- ❑ Dry baby and turn him on his side and briskly rub his back to help him start breathing
- ❑ If necessary, provide a few breaths (from resuscitator's mouth and cheeks only!) as mouth-to-mouth or mouth-to-nose resuscitation

Appendix 8 : Directions for Venn Diagram PLA Activity

Purpose of Activity: Venn diagrams are used to : 1. explore human and organizational resources available to individuals or groups, 2. **their perceived** importance and 3.) frequency of use or accessibility **by the individual or group.**

It provides an avenue for sharing of experiences and practices, as well as a platform for discussing issues of availability of resources and networks (formal & informal networks)accessibility, frequency of usage

Materials prepare ahead of time a flip chart with a small circle in the middle with the illustration of mother and newborn. Draw 5 circles around the first circle. Also prepare 18 paper colored circles of 3 different sizes (small, medium and large -6 in each size), magic markers, scissors, flip chart and glue/scotch tape.

Group size : 6 to 15 individuals

Time: 45 minutes to 1 hour

- Step 1: Facilitator introduces the exercise by showing the flip chart with the mother and newborn in the center.
- Step 2: Facilitator asks the group to make a list of individuals (family, local TBAs, etc) and agencies (public health facilities-BHU, RHC and private) involved in the survival and well-being of mothers and newborn. This list may include traditional healers, drivers, religious leaders, etc..)
- Step 3: Show the colored paper circles and explain the 3 different sizes (the biggest circles: the **most important** one, the smallest ones: the **least important**).
- Step 4: Ask the group to choose a circle size (big, medium, small size) for each of the individuals or institutions written on the list according to their importance or usefulness and have them write the name on it.
- Step 5: Show the flip chart with the mother and newborn in the middle and ask participants to place each of the circle on the paper according to **accessibility** and frequency of interaction and relationship. The ones that they access frequently and are closely related to, are placed **closer to the center**. The ones they access less frequently are placed further away.
- Step 6: When all circles are in place, for each circle ask participants to discuss : 1. What kind of help they seek from this person or institution ? and Why ? .
- Step 7: Review with participants the problems and existing resources and develop a FGD on problems they cannot solve by themselves, what is their ideas of how they could be solved ? (at household level, at community level)

APPENDIX 9: FIGURES OF ROUTINE AND SPECIAL MATERNAL & NEWBORN CARE

FIGURE 1: Routine Maternal & Newborn Care

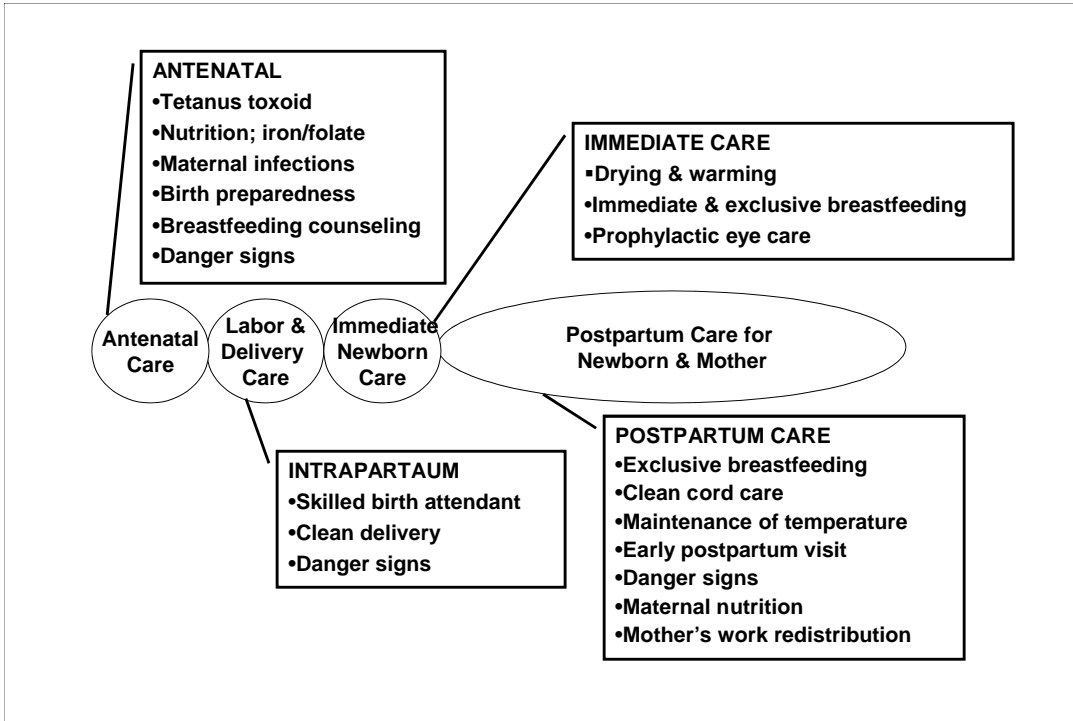


FIGURE 2: Special Maternal & Newborn Care

