

Community Based Kangaroo Mother Care Training Manual  
July 12, 2007

**DRAFT – IN PROCESS OF VETTING**

**Community Based Kangaroo Mother Care (CKMC)  
Training Manual  
For CKMC Trainers, Supervisors and Community Workers**

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<b>KMC</b>	<b>:</b>	<b>Kangaroo Mother Care</b>
<b>CKMC</b>	<b>:</b>	<b>Community Based Kangaroo Mother Care</b>
<b>CW</b>	<b>:</b>	<b>Community Worker</b>
<b>ToT</b>	<b>:</b>	<b>Training of Trainers</b>
<b>TOCW</b>	<b>:</b>	<b>Training of CWs</b>

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**CRITICAL NOTES:**

1. The manual is currently being modified to overcome implementation weakness that can render CKMC ineffective.
  - a. Information received June 9<sup>th</sup> and 16<sup>th</sup> 2007 is being analyzed and reviewed to overcome implementation weaknesses that can render CKMC ineffective. For example, women's responses from the in depth nested sample survey indicate that many women were never taught CKMC, that some women were taught to breastfeed on demand while others were taught to breastfeed on schedule, some were taught to give CKMC to all babies while others were taught that CKMC is only for small babies, women misunderstood why CKMC should be continual, some women were told to give STS for limited hours/day or for a limited number of days, women did not understand that it is important to give CKMC to babies who are ill (at birth or afterwards). Women's responses will be integrated into the manual (some have, and many have not yet been, given the recent data receipt). Many of the responses are insightful. The information is expected to greatly improve the training guidelines.
2. Universal enthusiasm exists regarding CKMC and STS, yet CKMC continues to be a good idea with uncertain effect and potential harm.
  - a. To date, the evidence regarding the effectiveness of STS/CKMC to prevent newborn or infant mortality is equivocal and uncertain. For example, the Bangladesh study found 65% lower NMR in CKMC babies  $\leq 2$  k at birth, but many babies (especially those dying on the first day of birth) had no birthweight data. CKMC babies with missing birthweight had a 33% higher NMR than comparison group babies. Many of the small babies who did not die during the neonatal period died later in infancy. There was no effect on overall NMR or IMR, reported morbidity, growth or feeding patterns other than breastfeeding within the first hour of birth. The lack of positive effect may be due to implementation problems and/or to ineffectiveness of the intervention. In addition, CKMC babies had twice the NMR of control group babies in those who were delivered in a health care institution. This is marginally statistically significant. Women in the CKMC group sought institutional care from different types of health care facilities than those in the control group and they did not seek care for an additional 60 hours on average after control group mothers sought care. Instructions designed to avoid any false sense of confidence that CKMC will save the newborn that might make mothers feel comfortable in delaying care seeking are now included in the manual, however they require sufficient pilot testing to ensure that women do not delay care seeking. Demonstration that these new instructions to CKMC mothers result in similar time to seeking care for perceived maternal or newborn problems should be required before implementing CKMC.
  - b. Investigators from the Shivgarh (India) study note a 50% lower NMR in intervention group babies however they also note a 33% lower stillbirth rate in

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that group, which may indicate a 17% lower NMR in the intervention group when controlled for stillbirth (or other factors leading to the different stillbirth rates). As is true with most community based trials, both studies were complex and encountered difficulties.

- c. Until sufficient information exists, taking the intervention to scale requires sequenced, careful implementation and continued methodologically sound evaluation.
- d. The Data Safety and Monitoring Board of the Bangladesh CKMC randomized controlled cluster trial has concluded:

“In light of the extensive missing birthweight information, the DSMB concluded that: the existing evidence of benefit based on the observed reduction in NMR among babies  $\leq 2000$  grams at birth is insufficient to justify taking CKMC to scale at this point in time.

This conclusion regarding the need for caution in taking CKMC to scale takes into account the results of two small African studies of early (birth) KMC in hospitals conducted by Lincetto et al and by Worzu and Kassie, and what is known from presentations of the Shivgarh study, as described by Dr. Sloan. The DSMB recommended that the feasibility of attaining the missing birthweight information be evaluated as soon as possible. This evaluation took place within the 2 weeks of the DSMB meeting and has found that very little (~1%-2.5%) can be obtained from NNP, health care facility or other existing records. While modeling of newborn weight and other factors at newborn assessment may provide some enlightenment to clarify the Bangladesh study results, additional randomized controlled evaluations are needed before conducting CKMC training on a larger scale.

3. Prior to publication or any public dissemination, all photos (except that from Ecuador) appearing in this manual must be **REPLACED** with photos from (other, new, non-study participant) women providing signed consent for the use of their pictures for the purpose of training workers to teach CKMC to women and their families. Permission needs to be obtained from Nils Bergman for use of his incubator photo.

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NEEDS REVIEW & MODIFICATION**

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**weeks**

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### **Preface: Training Techniques**

Training techniques vary from place to place and person to person. In some places training techniques are informal while in other places they are very formal. We know that kangaroo mother care has been successfully taught both ways, formally and informally. In some places, doctors, nurses and midwives in charge of training activities have learned kangaroo mother care and without any formal manual have trained nurses and others at their health care facilities to teach kangaroo mother care to mothers and their families. Some only teach one mother or family at a time while others supplement this individual teaching with periodic group meetings of mothers where they can help each other. Some have developed formal manuals. Some of these manuals are divided into individual lessons and others are not. Some specify each lesson's objectives, duration, materials and process while others do not. While some people contend that one method is superior to another, each of these methods, formal and informal, highly specified and unspecified, has produced both successful and unsuccessful kangaroo mother care programs. It is important that the training mechanism be appropriate for the place where the training will take place. And it is critical that those conducting the training are comfortable with the training mechanism. This manual is divided into lessons and provides an optional formal specification page for each lesson. The most important aspect of kangaroo mother care training is to fully comprehend the method, and the best way to achieve this is by hands-on practice, or what is known as competency-based training. Regardless of the formal or informal nature of the teaching mechanisms, testing or not testing whether the trainee has committed the information to memory, it is critical to understand that the following.

#### **RECOMMENDED SIZE OF GROUP TO BE TRAINED**

It is recommended that CKMC training be conducted for groups of 10 to no more than 20 trainers or community workers per training session. Groups of this size have the opportunity to interact with an intensity that permits each trainee to become fully competent. Larger groups reduce interaction and will affect attained CKMC competence.

#### **RECOMMENDED TRAINER TO TRAINEE RATIO**

It is recommended that there be 1 qualified (as per the specifications below) CKMC trainer for each 5 trainees. Smaller trainer-to-trainee ratios reduce interaction and will affect attained CKMC competence.

#### **AVOID TRAINING BY ROTE**

Many trainers and educators develop small lists of key points that they hope a trainee will retain after each lesson. Many others believe that methods such as boxes which specify and bring attention to key points to remember actually advocates learning by rote rather than repetition, practice and finally understanding. Rote learning does not instill the full comprehension and skills necessary to successfully teach and help others to safely and effectively practice KMC. Mothers taught KMC in Bangladesh consistently asked for a more comprehensive explanation of the potential benefits of the components of CKMC, including skin-to-skin care, immediate and exclusive breastfeeding, delayed bathing and care seeking behavior. If small lists (or attention boxes) are locally developed and they should be used with caution, emphasizing that while key points are important a comprehensive understanding of CKMC is the training goal.

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### **HANDS ON PRACTICE IS ESSENTIAL**

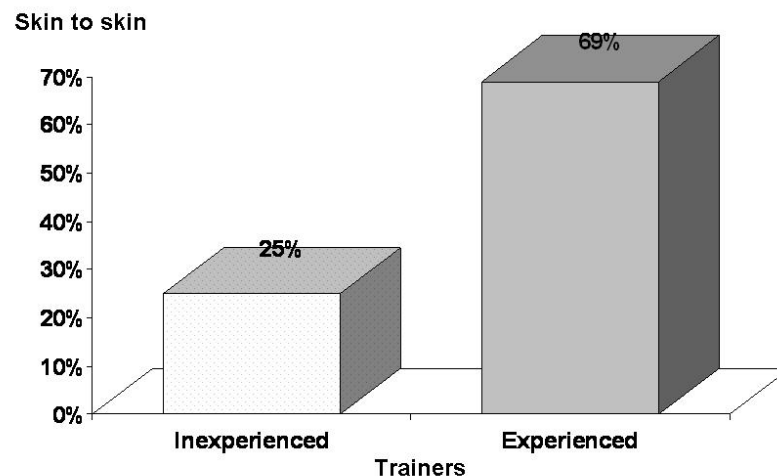
Training that includes hands on practice has been the only mechanism that produces successful kangaroo mother care programs. Videos or professional meetings can supplement hands on training, but is not a successful substitute.

In our work to produce this manual, we found that using formally qualified trainers with years of training experience more than doubled adequate implementation of kangaroo mother care. The health benefits of kangaroo mother care depend on how well it is implemented, and how well it is implemented depends upon how well it is taught. Kangaroo mother is popular once women and families learn it. And mothers who have given kangaroo mother care to their babies sometimes teach other mothers. So, the better they learn and implement it is critical to their helping other mothers and babies.

### **NEVER USE UNQUALIFIED OR INEXPERIENCED TRAINERS!**

Anyone can train a bright, perceptive trainee, but only a qualified experienced trainer who completely understands the method can adequately convey kangaroo mother care to less perceptive trainees. Individuals who are not formally qualified and experienced trainers or who are not doctors, nurses or midwives with many years of teaching mothers about how to care for their babies should never be engaged to train others in kangaroo mother care and results in weak implementation and little benefit. Not using is experienced trainers is like not the proper medication or the proper dose of medication; it is not only ineffective but can be harmful! CKMC training requires adequate commitment and investment.

Daily Hours Skin to Skin in the First 2 days of Life  
by Trainer's Experience



**ALWAYS USE QUALIFIED EXPERIENCED TRAINERS!**



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The most important element of successful training is a first-rate teacher. That is why it is absolutely essential that kangaroo mother care training be conducted by doctors, nurses or midwives who have spent many years training mothers in kangaroo mother care or by formally educated, experienced trainers who have been taught by such experts and who correctly and completely understand the method. If it is taught by high quality trainers the implementation and benefit will be large.

### **MANDATORY TRAINER QUALIFICATIONS**

1. Doctors, nurses or midwives who have spent many years training mothers in kangaroo mother care
2. Formally educated, experienced trainers who have been taught kangaroo mother care by doctors, nurses or midwives who have spent many years training mothers in kangaroo mother care

### **CUTTING CORNERS TO SAVE ON TRAINING COSTS UNDERMINES EFFECTIVENESS**

If CKMC is to be conducted as part of Essential Newborn Care Training (ENC), CKMC (and other ENC component) training should be conducted sequentially to avoid message overload and inability for the trainees to demonstrate competence in each component by (and after) the end of the training session. Replacing experienced trainers with individuals who do not meet the specified qualifications, smaller trainer-to-trainee ratios (i.e., 1 qualified trainer for more than 5 trainees), training groups larger than 20, telling women the intervention is only necessary for a few days instead of when the baby indicates s/he no longer requires CKMC, telling women STS is only needed for a few hours a day, replacing hands-on practice at a sufficiently high volume hospital, reducing or eliminating the 2 day intensive community-based co-instruction with supervisors or the 4-week weekly community-based co-instruction with the experienced trainers, etc., will result in less competence in teaching CKMC to mothers and families and will undermine the potential of CKMC to improve health or save lives. Cutting corners to save on costs is like giving a cheaper but wrong medication or the right medication but in insufficient dose to be helpful. Indeed, CKMC may give mothers a false sense of confidence that might allow them to feel comfortable delaying needed care seeking if the method is partially taught and thus weakly implemented. The best way to explain the potential harm of cutting corners is by example. If a person requires surgery, will it do more harm or good if the surgeon can only complete half the surgery? The answer to this is easy, it will do more harm. Our cardinal rule must always be “Do no harm.” As do all things, CKMC requires sufficient commitment and investment to the training process if it is to avoid harm and provide benefit.

**COMPLETE THE SKILLS AND TRAINING IMPLEMENTATION AND  
OBSERVATION CHECKLISTS EVERY TIME YOU CONDUCT CKMC TRAINING**  
Appendices XX-YY provide checklists that will help describe the quality of the CKMC training. This information is critical to understanding the effectiveness of the training on women’s and families’ provision of CKMC.

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### **Lesson 1: Introduction to Kangaroo Mother Care (KMC)**

**Objectives:** This lesson will enable those trained to:  
1. define KMC and its key elements and describe the KMC position

**Duration:** 40 minutes

**Materials :** Poster board

#### **Training Process for Lesson 1 Objective 1**

**Objective 1:** The trainer will give an introduction to KMC and describe its purpose and key elements. S/he will write the key points on the board. S/he will test the participants through the question and answer method to determine whether the participants have understood the lesson.

**Time:** 40 minutes

**Materials:** Poster board

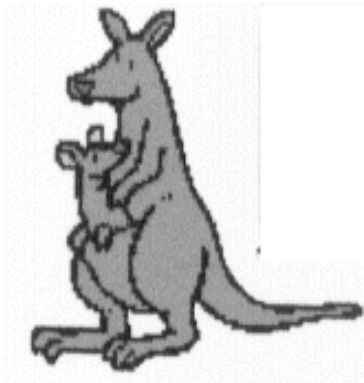
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### **An introduction to the Kangaroo Mother Care (KMC) method**



#### **Background**

In 1979, two pediatricians,<sup>1</sup> Drs. Rey and Martinez, at the Maternal and Child Health Institute in Bogotá, Colombia, South America, developed a simple method to care for low birth weight and premature babies. The method is named *Kangaroo Mother Care (KMC)*. The method was named after the Kangaroo, an Australian animal. Kangaroos are born more prematurely than human babies. Babies born prematurely, whether they are kangaroos or human, are at special risk of becoming cold and dying. The mother kangaroo has a skin pouch under her belly where she puts her baby kangaroo right after birth. In the pouch, the body of the baby kangaroo remains in direct skin to skin contact with the body of its mother. The mother kangaroo's body has a pouch that works like an incubator<sup>2</sup> for the baby kangaroo keeping the baby kangaroo warm. This skin to skin contact keeps the baby from losing heat and becoming ill. The baby kangaroo remains in the pouch until the baby kangaroo is mature and healthy enough to survive on its own.



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<sup>1</sup> Doctors who are newborn health specialists

<sup>2</sup> A machine used in hospitals to keep premature babies warm.

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### **Why the Kangaroo Mother Care method was developed**

Low birth weight and premature babies are prone to heat loss that leaves them particularly vulnerable to body heat loss, infection and death. In hospitals, low birth weight and premature babies are usually kept in incubators or heated cribs to keep their body temperature is normal. Newborn babies who lose their body temperature can become ill and die.

### **Premature Baby in Incubator**



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As incubators and heated cribs are expensive, require skilled staff and reliable electric power, many hospitals do not have them or do not have enough of them. Therefore babies born in hospitals who need incubators or heated cribs to keep them warm often have to share them. Sharing incubators is risky because if one baby becomes ill he can easily pass the infection to the other baby.

### **3 Babies Sharing a Heated Crib, Isidro Ayora Maternity Hospital, Ecuador**



The KMC method was developed as a way to maintain the normal body temperature of low birth weight and premature babies born in hospitals that do not have enough incubators. Many hospitals heard about the program in Colombia and started KMC programs. KMC has been particularly popular in hospitals that have some incubators but not enough to avoid putting two

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or more babies in an incubator. But because these hospitals have some incubators, they use their incubators and other medical care to stabilize the babies before giving the babies KMC. In these hospitals, babies are only given KMC after their temperature and weight are stable and they can properly suck their mother's breasts. Once the baby is medically stabilized the mother starts giving her baby kangaroo mother care.

### **Kangaroo Mother Care Method has Five Key Elements.**

The key elements of KMC are:

- 1) Skin-to-skin contact to keep the baby's temperature normal.
- 2) Breastfeeding the baby on demand.
- 3) Delay bathing the baby by immersion in water until the baby is active and healthy.
- 4) Strengthening the emotional bond between the mother and the baby.
- 5) Taking the baby to a health center quickly if he/she shows any danger sign.

### **The Kangaroo (Skin to Skin) Position**



In Kangaroo Mother Care, the baby is naked or may be dressed with a diaper (nappy), booties and a cap and then placed with the baby's skin in contact with the skin of the mother's chest in a slightly diagonally upright position. Caps are only allowed if they do not cover the baby's cheeks and if they do not reduced skin to skin contact. Any clothing other than a nappy, booties and cap are not allowed as they obstruct skin to skin contact. The mother keeps the baby against her naked chest inside her shirt, sweater, brassiere or other garment, so her garment wraps around the baby's back like the kangaroo's pouch wraps around the kangaroo baby. This way the baby can suckle his/her mother's breast milk when he/she wants it. The baby's face is placed to rest against the mother's chest to allow him/her to easily move his/her head and to easily breathe. The mother is encouraged to keep the baby in this skin to skin (STS) position 24 hours a day, all day and all night. To continue KMC at night and when the baby sleeps, the mother is encouraged to sleep skin to skin with the baby in a slightly diagonally upright position (in an almost half-lying position) on her chest. The STS position regulates babies' temperature,

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promotes breastfeeding on demand and enhances the emotional bond between the mother and baby. As the baby kangaroo stays in the pouch of its mother until it becomes large and healthy enough, human babies should be given KMC until they are healthy and strong. When a baby is healthy and strong, he/she will wiggle, fidget and push away from the mother's chest to indicate that he/she wants to get out of the pouch.

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### **Lesson 2: Community Based Kangaroo Mother Care Method: What is CKMC? How is it different from KMC?**

**Objectives:** This lesson will enable those trained to:

1. describe CKMC and how it is different from KMC
2. describe the relation between CKMC and newborn survival.

**Duration:** 40 minutes

**Materials :** Poster board

#### **Training Process for Lesson 1 Objectives 1 and 2**

**Objective 1:** The trainer will describe CKMC and how it is different from KMC. S/he will write the key points on the board. S/he will test through question-answer method whether the participants have grasped the lesson and then conclude the lesson.

**Time:** 30 minutes

**Materials:** Poster board

**Objective 2:** The trainer will describe the relation between CKMC and newborn survival. S/he will write the key points on the board. S/he will test through question-answer method whether the participants have grasped the lesson and then conclude the lesson.

**Time:** 10 minutes

**Materials:** Poster board

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### **Community Based KMC (CKMC): How is CKMC Different from Traditional Hospital KMC?**

The key elements of Kangaroo Mother Care are the same for both hospital and community based KMC. Similarly, KMC and CKMC delay bathing the newborn (avoid immersion in water for bathing) to prevent lowering babies temperature. But there are many differences between teaching KMC to the mothers who deliver their babies at hospitals where incubators are available and teaching CKMC to mothers who deliver their babies at home. These differences include:

**1. CKMC is taught before birth:** Mothers who deliver at hospitals are taught the KMC method after their delivery because hospitals that have doctors and nurses trained in this method can teach and help the mothers to give KMC. But, in countries like Bangladesh, where many women deliver at home, no single person attends all or the majority of home deliveries. Some women deliver with the midwife, some with another birth attendant, some with a relative or someone else, or even alone. There is no assurance that there will be someone who knows KMC to teach the method to the mother and help her give KMC to her baby right after birth. In this case it is more practical to teach CKMC to women and their families before they deliver. That way, no matter who assists the delivery, they will be prepared and have the confidence to give CKMC when the baby is born. Therefore, the pregnant mother who plans to deliver at home and her family need to be taught KMC and to practice it during her pregnancy. Frequent, repeated instruction and demonstration in the last few months of pregnancy best ensures successful CKMC implementation.

**2. CKMC is started immediately after delivery:** Most infant deaths occur in the first 2 to 7 days of life: To be life-saving, KMC must be given right after birth. In hospitals with incubators KMC is usually only given to physically stable babies. Babies are often not considered stable until they are one or two weeks old. The babies who were given KMC care in hospitals had less illness, particularly less severe respiratory infection that can cause pneumonia and death. Kangaroo mother care for stabilized babies may have limited effect on preventing newborn death because most newborn deaths occur in the first day or two of life die before their condition is stabilized. CKMC is initiated right away, after birth, so it can prevent illness and death even in the first few days of life.

**3. CKMC is given to all babies, regardless of their size or condition:** KMC in hospitals is generally only given to low birth weight babies. However, many babies are not weighed on their day of birth where women give birth at home. And, women and families do not reliably know whether their babies are low birth weight. The skin to skin position helps the baby to breastfeed soon after birth, which also improves the baby's chance of survival. Skin to skin strengthens the emotional bond between mother and child. And the proximity of mothers and babies when held skin to skin helps mothers promptly identify if the baby is experiencing any problem and needs to be taken to the nearest health care facility. So CKMC right after birth is promoted for all babies, regardless of whether they are big or small, frail or healthy. As with KMC, CKMC is provided until the baby no longer accepts it. So healthy babies will wiggle and push themselves away from the mother sooner than small or frail babies. The beauty of providing CKMC to all babies, regardless of size or condition, is that the skin to skin position



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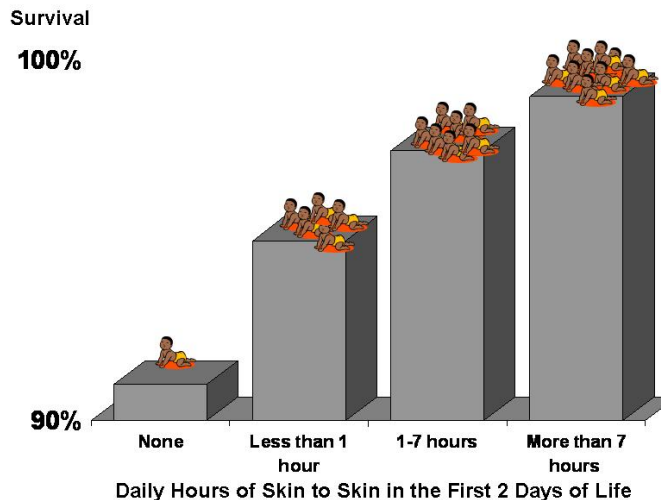
improves early breastfeeding practices, the emotional bond between mother and child and timely utilization of health care services, all of which help the infant to survive.

Kangaroo mother care can also be given to babies immediately after birth in hospitals without incubators by teaching the hospital staff to teach and support mothers to give KMC, whether they have previously learned about CKMC or not.

### CKMC May or May Not Prevent Newborn Death

CKMC is a practical, affordable way to try to prevent illness and death in babies. Two large studies of CKMC, in Bangladesh and in India, show that CKMC may prevent death in some babies born at home, but the results of these studies are still unclear. It is clear that CKMC improves breastfeeding and that good breastfeeding improves the chances that a baby will survive. Mothers who were taught CKMC more often gave more CKMC to their babies. Babies who were held skin-to-skin against their mothers' breasts for many hours a day had the best chance of surviving. Babies who received no CKMC had the greatest chance of dying. Of course, babies who died very soon after birth can and did not receive CKMC.

**Hours of Skin to Skin and Newborn Survival**



It is also clear that while CKMC may prevent some babies from dying, it will not prevent all babies from dying. Babies who die so soon after birth that they cannot be held skin-to-skin will not benefit from CKMC. But because we do not know who will die and who will survive, we tell all mothers to hold their babies skin-to-skin against their chest as soon as possible after birth. When something sad happens, we often say “It is God’s will” and sometimes that is so. Sometimes, no matter what we do, we cannot prevent a bad thing from happening. But we must remember the story of the man and the boat. One day the skies opened up and there was a great flood. A man was out working in the fields alone when the flood occurred. The flood occurred so quickly that he could not find anyone to help him. The man prayed to God for help. A river boat (canoe) passed by as he prayed. The man prayed harder as the water rose. Another river boat passed by. The man prayed again. Another river boat passed by. The water had now reached the level of the man’s neck. He cried aloud and asked God “Why have you forsaken

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me”? Then, he heard a voice. The voice said “Didn’t you see the three boats I sent for you?” The meaning of this story is something we have all heard many times. God helps those who help themselves. Even if we do not have many worldly goods, we have small things that can help us. We have sight, hearing and feeling. When a mother feels her pregnancy or delivery is in trouble, she must seek help at the hospital. CKMC places babies against the mother’s breast which helps mothers quickly recognize when their babies are experiencing problems. Mothers and their families can create their own boat of salvation. Mothers have told us that the following message must be discussed with them. Planning ahead is essential in order to have the transportation and needed for emergency situations. Mothers must plan ahead in case they experience problems in pregnancy or delivery or their babies experience problems at or after birth. Women and babies who experience problems need to be immediately taken to the hospital for care. Families can save a penny a day and can talk to a neighbor who has a bicycle, a rickshaw, or can help provide some kind of transportation and support in a time of need.

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### **Lesson 3: CKMC Key Messages**

**Objectives:** This lesson will enable those trained to:

1. describe the key CKMC messages
2. describe how the key messages should be explained and demonstrated to mothers.

**Duration:** 60 minutes

**Materials :** Poster board, handout, CKMC pamphlet

#### **Training Process for Lesson 1 Objectives 1 and 2**

**Objective 1:** The trainer will review the key CKMC messages one by one, using the poster for each key message. When the discussion is complete, he/she will hang the poster papers in the training room and distribute the handout and CKMC pamphlet to all those being trainers.

**Time:** 40 minutes

**Materials:** Poster board, handout, CKMC pamphlet

**Objective 2:** The trainer will have each trainee perform a role play, as if telling a woman each of the key messages. Then the trainer and trainees will discuss and elicit corrections on the role plays messages.

**Time:** 20 minutes

**Materials:** Poster board

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### CKMC Key Messages

#### Kangaroo Mother Care Program Caring for your Newborn

Body Heat



Mother's Milk

Love

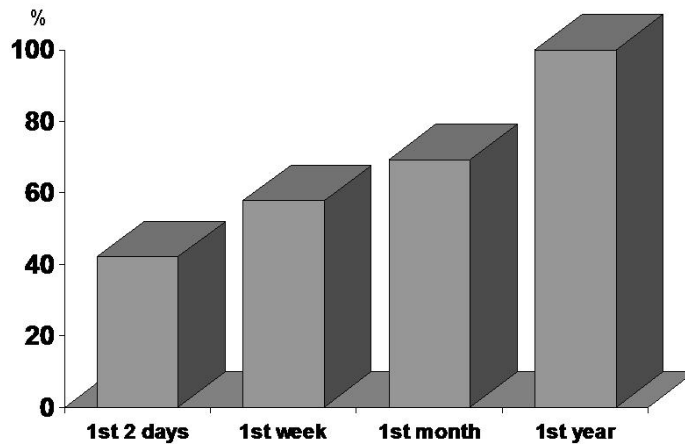
Your baby's growth and health depend on your sense of security and confidence in providing your baby with this essential newborn care.

#### Handout key message:

*Hold your baby in direct and constant skin-to-skin (STS) between your breasts*

Mother's body heat is the best way to maintain your body's temperature. Your baby will feel healthy and protected against the mother's breast. Mother's heat is the best for the baby.

When Infants Die (Age)



#### Trainer explanation:

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The heat of the mother's body is the best way to maintain the normal temperature of the baby's body. Holding the baby skin-to-skin (SHOW WITH DOLL) against the mother's breasts, the newborn baby will grow healthy and strong and will feel safe. Babies are most vulnerable immediately after birth and in the first two days, first week and first month of their life. So skin-to-skin care is very important during this time. Still, it is important to recognize that babies can get sick and die after the first month of life. This is why it is so important that the baby is given skin-to-skin care until the baby indicates s/he is no longer comfortable being held skin-to-skin, the heat of the mother's body protects the newborn baby from becoming cold. Newborns are small and can easily lose their body temperature. Babies that have lost body heat suffer cold stress and many are unable to regain normal body temperature. Stopping skin-to-skin contact before the baby is ready places the baby at risk of becoming cold and becoming ill. This is why it is so important to constantly hold the baby skin-to-skin until the baby is healthy and no longer desires it.

Holding the baby skin-to-skin between her breasts, with no cloth between the baby and the mother, also helps the baby to breastfeed immediately after birth. Immediate breastfeeding is extremely important as it provides the strongest colostrum to babies, and this colostrum has special qualities that protect the baby against infection, illness and against poor nutrition. And breastfeeding not only helps babies. Mothers also can benefit from CKMC. Many women are weak after birth. Breastfeeding immediately after birth stimulates chemicals in the mother that help the womb contract and minimize bleeding after birth. While contractions are painful, they help the woman recover after birth, thereby making the woman feel stronger. So it is very important to start giving newborn babies CKMC as soon as possible after their birth, to hold the baby STS as continuously as possible (ideally around the clock), to breastfeed immediately after birth, and to continue STS until the baby indicates s/he no longer desires it.

### **Handout key message:**

#### *Family Support*

When the needed seek help from family support your husband, mother, aunt or other person to hold the baby against their chest. But remember that you should only leave the baby with someone else for short periods of time. The mother is the most important caregiver for her children.

### **Trainer explanation:**

No mother can do everything by herself. Women may desire short rests for private or other matters. While mothers are the main caregivers for their children, others including the husband, mother, maternal or paternal aunts, sisters, and even older children and other people can help hold the baby skin-to-skin when the mother cannot. Mothers have told us that we must teach CKMC to other family members, husbands, sisters, siblings (children), mothers, mothers-in-law and even religious and community leaders. This way, everyone will know about the method and will not discourage mothers from giving CKMC. If you teach other family members they also will want to give CKMC. This also involves your family and the people who support you in life to help you with your chores and with caring for the baby. Your families' involvement is also important in case you or your baby experience any emergency. Involving your family in CKMC will also help you to involve them in preparing for emergencies that can occur. But remember, babies' ability to breastfeed when they want is very important to their survival and health. So,

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the mother should be the person with the primary responsibility to hold the baby STS. But when a mother cannot, for any reason, then others can! This way, each baby is sure to get the benefits of CKMC.

### **Handout key message:**

#### *Baby Clothes*

Nappies, cap and booties. Do not put the clothes on your baby, because this separates the baby from the skin-to-skin contact and the baby can lose needed body heat.

### **Trainer explanation:**

Do not put any clothes on the baby other than nappies, a cap or booties. Clothing, even thin cloth, blocks the warmth of the mother's body from the baby. As a result, the baby may become cold and ill. If you wish, you may put a nappy on the baby. Caps are only allowed if they do not cover the baby's cheeks. If they cover the baby's cheeks they reduce skin to skin contact and the baby can become cold. Any clothing other than a nappy, booties and cap are not allowed as they block skin to skin contact.

### **Handout key message:**

#### *Position*

Keep your baby against your breast in a way that allows him/her to easily move his/her head and to easily breathe.

### **Trainer explanation:**

Keep the baby against your naked breast inside your shirt, sweater, brassiere or other garment, so that the garment wraps around the baby's back like the kangaroo's pouch wraps around the kangaroo baby. This way the baby can suckle his/her mother's breast milk when he/she wants it. Make sure the baby's face is placed to rest against the mother's chest in a way that allows him/her to easily move his/her head and to easily breathe.

### **Handout key message:**

#### *Cleaning*

Do not bathe the baby until s/he is healthy and active. Until then, clean your baby quickly with a damp warm cloth.

### **Trainer explanation:**

Immersing the baby in water lowers the baby's body temperature and places the baby at risk of becoming ill. Do not bathe the baby until it is safe. It is safe to bathe the baby by immersion in water when the baby is healthy and active. If the baby urinates or passes stool, use a clean piece of soft cloth to clean him/her. Dip the cloth in warm water and squeeze as much water out of it as you can. Then quickly wipe the baby's body with it, still holding the baby against your skin to keep him/her warm.

### **Handout key message:**

#### *Breast Feeding*

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Give only breast milk to your baby. Mother's milk is the only food you should give the baby. Do not throw away colostrum. Never leave the baby for more than 3 hours without breastfeeding.

### **Trainer explanation:**

Breast feed the baby immediately after birth. Feed the baby only breast milk until at least six months age. Breast milk provides all the nutrition a baby needs until then, and continues to provide important nutrition afterwards. Do not throw away colostrum. Colostrum protects the baby against infection, illness and against poor nutrition. Breastfeeding immediately after birth also stimulates chemicals in the mother that help the womb contract and minimize bleeding after birth. Breast milk also is at first watery and becomes thicker (more concentrated) the longer the baby feeds. This helps the baby to quench his/her thirst, and allows the baby to continue to suckle the thicker breast milk when s/he is hungry. All human beings must quench their thirst to prevent dehydration. This is why, even if the baby is not hungry, it is important to make sure the baby is breastfed frequently. Never leave the baby without breast milk for more than three hours.

### **Handout key message:**

#### *Stimulation*

Talk to your baby. Hug/Cuddle your baby. Sing to your baby.

### **Trainer explanation:**

You should talk to the baby. Cuddle the baby and hug him/her off and on. You should also sing to him/her. This creates a strong emotional bond between the mother and baby and may help the baby's mental and emotional development (growth).

### **Handout key message:**

#### *Medical Care/Check-ups*

It is extremely important that you take the baby for a check-up as instructed by the health worker. And always put the baby skin-to-skin and take the baby immediately to the nearest the hospital when the baby:

- Has trouble breathing
- Cannot suck (suckle the breast)
- Does not want to breastfeed
- Becomes purple
- Becomes pale
- Becomes cold
- Has fever
- Is very agitated or very restless

### **Trainer explanation:**

Of course it is important to take babies for their check ups and immunizations. Regular check up can catch and treat a problem early before it becomes serious. But it is extremely important to take the baby immediately to the nearest the hospital when the baby has any of the following signs or symptoms: baby has trouble breathing, has difficulty or cannot suckle the breast, does not want to breastfeed, becomes purple or blue, pale or cold, or is very agitated. These signs are

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called danger signs because they indicate the baby is in danger of becoming or being very ill. Mothers have told us that we must teach them to make emergency arrangements while they are pregnant, to save a little money each day throughout their pregnancy, and to talk with someone in their village who has some kind of transportation, even a bicycle, rickshaw or donkey cart and to arrange for their help in case it is needed. Mothers must be told that they must seek care at the nearest hospital immediately if their baby experiences any of these signs. They must also immediately seek care at the nearest hospital if they or anyone else believes they are having a problem with their pregnancy or delivery, because that problem may affect the mother or babies health and survival.

### ***Mother's milk, Heat and Love***

**The 3 basic needs help your child's growth, development and health.**



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### **Lesson 4 : Benefits of CKMC**

**Objectives:** This lesson will enable those trained to:

1. explain the potential benefits of CKMC
2. explain the potential benefits of CKMC to pregnant and postpartum women and their families through role play.

**Duration:** 1 hour 20 minutes

**Materials:** Poster board, handout, CKMC pamphlet

#### **Training Process for Lesson 1 Objectives 1 and 2**

**Objective 1:** The trainer will conduct a detailed discussion of the key elements of CKMC one by one, using the poster for each key element. Then he/she will explain one by one how both the mother and the baby can benefit from each of the elements.

**Time:** 30 minutes

**Materials:** Poster board, handout, CKMC pamphlet

**Objective 2:** The trainers will conduct role plays with the trainees. The trainees will each tell the trainer, who will act as the pregnant woman, what the benefits of CKMC are. The trainers will discuss the role plays with the group, answer trainees questions and then conclude the session.

**Time:** 50 minutes

**Materials:** Poster board

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### **Kangaroo Mother Care Method has Five Key Elements.**

CKMC has five key elements that benefit the newborn baby, his/her mother and his/her family

The key elements of KMC are

- 1) Skin-to-skin contact to keep the baby's temperature normal.
- 2) Breastfeeding the baby on demand.
- 3) Delay bathing the baby by immersion in water until the baby is active and healthy.
- 4) Strengthening the emotional bond between the mother and the baby.
- 5) Taking the baby to a health center quickly if he/she shows any danger sign.

### **Benefits of CKMC**

#### 1. Skin-to-skin contact:

**Body heat:** The baby's body temperature is always normal and stable (just right) when s/he is held and receiving warmth from the mother's body. Constant skin-to-skin contact can keep babies from becoming cold and ill. Stopping and starting skin-to-skin care is risky as the baby can become cold and ill when not held skin-to-skin. Keeping the baby in skin-to-skin contact constantly throughout the day and night will keep babies' temperature stable.

**Regulates breathing:** Irregular breathing is dangerous. Hearing the mother's heartbeat and feeling the motion of mother's breasts helps baby breathe at the same regular pace with their mothers.

**Promotes immediate breastfeeding:** Immediate breastfeeding protects the baby against infection, illness and give the baby the nutrition s/he needs. Breastfeeding immediately after birth also helps the mother's womb contract and minimizes bleeding after birth, thereby making her recover faster from delivery.

**Breastfeed on demand:** Holding the baby skin-to-skin makes it easy for the baby to breastfeed as often as s/he needs and wishes.

**Mother's rest:** Holding the baby skin-to-skin constantly, 24 hours a day, even when sleeping, helps the mother avoid waking up to get the baby to give him the breast.

**Recognition of need to take infant for health care:** The proximity of the mother and baby in skin-to-skin contact makes it easy for mothers to immediately recognize when their babies are experiencing problems. This helps mothers take their babies to the hospital or clinic when the condition arises, before it becomes serious. Conditions that receive care before they become serious are most likely to be successfully treated. Once conditions become serious treatment can be more difficult, expensive and less effective.

#### 2. Breastfeeding on demand:

Mothers breasts have all the milk their babies need. Frequent breastfeeding helps the mother to produce more breastmilk. Giving babies only breastmilk until s/he is at least six months

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old helps prevent infection that honey water, prepared food or drink can cause. Breast milk has special infection fighting properties and will make the baby healthy and strong.

### 3. Delay bathing the baby by immersion in water until the baby is active and healthy:

Immersing the baby in water lowers the baby's body temperature and places the baby at risk of becoming cold and ill. If the baby urinates or passes stool, use a clean slightly damp piece of soft cloth to clean him/her while holding the baby against your skin to keep him/her warm. Only once the baby is healthy and active you may immerse the baby in water to bathe him/her.

### 4. Maternal-infant bonding:

Constant 24 hour a day skin-to-skin care increases maternal-infant bonding and confidence in childcare: Mothers, parent, and others who hold the baby skin-to-skin experience increased feelings of closeness and warmth to infant and increase the nurturing of the infant. Mothers and parents will enjoy a special closeness that comes from having your baby close to you at all times. You will be able to provide your baby with the love he needs and stimulate his senses improve his emotional development.

### 5. Seeking medical care for danger/alarm signs the baby might experience:

By constantly holding the baby 24 hours a day skin-to-skin against the mothers breast, mothers are better able to notice and respond to baby's needs. If the baby becomes ill, the parents can quickly seek and receive health care for the baby before the baby's condition becomes serious.

### 6. CKMC is free:

It does not cost any money to provide CKMC to your baby. And by keeping the baby from becoming ill it can save money that might have to be spent on medications or medical services.

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### **Lesson 5: Teach Community Workers Counseling Techniques**

**Objectives:** This lesson will enable those trained to:

1. describe how (the technique to) teach (provide counseling) CKMC to pregnant and postpartum women, their families and others.

**Duration:** 30 minutes

**Materials :** Poster board, handout, CKMC pamphlet

#### **Training Process for Lesson 5 Objectives 1**

**Objective 1:** The trainer will describe how (the technique to) teach (provide counseling) CKMC to pregnant and postpartum women and their families. The trainer will demonstrate the steps of counseling noting each step on the poster board.

**Time:** 30 minutes

**Materials:** Poster board, handout, CKMC pamphlet

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### **CKMC Counseling Flow-chart**

- Go to the house of a pregnant woman
- After requesting and receiving her permission, talk to the pregnant woman
- Ask her how she is
- Ask her how her children are
- Also ask her how the other members of the family are
- Talk to her family

#### **Observe**

What is the pregnant woman doing now?

- cooking
- doing household chores
- feeding a child
- giving care to a child
- cleaning the house
- eating her meal
- serving a meal to others
- sewing
- chatting with other mothers

#### **Try to understand:**

- whether the pregnant woman can give you time now
- whether it is a reasonable time to talk to the pregnant woman

**If the answer is ‘no’:** Ask her and find out when you should come again to talk to her. Tell her that you will return on the day and time she has suggested.

#### **If the answer is ‘yes’:**

- sit face to face with her
- talk to her looking into her eyes
- talk to her with respect
- explain to her why you have come

Tell her that you have come to teach her about a method of newborn care that may protect some babies health. Describe the method. Explain the method and its potential benefits to her baby, herself and her family.

- babies are small and immature (compared to older children and adults) and they are particularly vulnerable in the first two days, first week and first months of life,
- babies can easily lose body heat, but once lost it is difficult to regain its body heat
- CKMC places the baby in constant skin-to-skin contact in between the mothers breasts and gives the baby gets the heat/warmth he/she needs
- starting skin-to-skin contact right after birth helps babies to breastfeed immediately after birth, giving the baby the strongest colostrum which has all the nutrients babies need and also has special properties that help the baby fight infection
- the baby receives his/her mother’s breast milk on demand
- the baby receives love and affection and feels safe

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- a warm relationship between the mother and the baby can develop
- if the baby exhibits any danger sign, the mother can quickly recognize the problem and should immediately seek the necessary health care
- KMC may protect some babies health.

### **Also tell her about**

- the benefits of mother's body heat for the baby and how babies can become cold quickly and be unable to regain normal body temperature if they are not held skin-to-skin
- the benefits for the baby when the baby is breastfed immediately after birth and on demand and how delaying breastfeeding or feeding on schedules inhibits the establishment of good breastfeeding practices and of the ability of the woman to produce the breast milk babies need
- the benefits of breastfeeding immediately after giving birth for the woman (immediate breastfeeding produces chemicals in the mother that make the uterus contract which reduces bleeding after birth and, by losing less blood, can help make a woman feel stronger afterwards)
- the benefits when a baby receives love and affection
- the benefits when the baby is protected from illness
- the benefits of the mother quickly recognizing the signs of illness in herself and the baby and the dangers of not promptly seeking care at the nearest hospital for these problems.

**Now ask the woman short questions to ascertain whether she comprehends the points. If necessary, repeat them to her. Appreciate the woman for remembering.**

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### Lesson 6 Demonstration 1: For Pregnant Women (Guide for the Trainer)

**Objectives:** This lesson will enable those trained to:

1. learn by demonstration to know how to teach CKMC to pregnant women, their families and others.

**Duration:** 60

**Objective 1:** A team of two trainers will conduct a role play that demonstrates the teaching of CKMC to pregnant women and to other members of her family. The trainers will discuss the demonstration, answer questions and then conclude the session.

**Time:** 60 minutes

**Method:** Role play

**Materials:** Doll, one saree, 2-3 clean shawls, 2 pieces of old nappy, 1 cap (never a *kan toupee* or similar cap that covers the babies cheeks!), 1 pair of socks, 1-2 pillows or side pillows, sleeping bed, pictorial pamphlet for the mothers, pictures in demonstration, pictures of pouch wraps

**Process:** A team of two trainers will act (in the role of a CW and one as a mother). After exchanging greetings, the trainer acting as the CW will explain the purpose of home visits and will explain the need for CKMC care through a role play. The trainer will present the lesson through role plays in the following sequence:

0. describe the key elements of CKMC care and their usefulness
1. explain the benefits of CKMC care
2. demonstrate, using the doll, on how the baby should be kept in direct skin-to-skin contact with the mother
3. show how to sleep with the baby in between your breasts
4. explain and demonstrate on how to clean the baby
5. explain when and on how helpers should help the mother
6. explain what to do if the mother becomes sick with ordinary illnesses and if other members of the family become sick
7. describe the danger signs in a baby and explain what to do when the baby shows a danger sign
8. explain the points/topics in the pamphlet and test whether the trainees have understood them
9. fix the date of the next meeting

**Note:** Instructions are in brackets, upper case letters.

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### **Demonstration 1: For Pregnant Women (Guide for the Trainer)**

[STANDARD GREETING (Example: As salamu alaikum, elder sister, elder sister-in-law, how are you?)]

You are going to give birth soon. I have come to discuss with you a special method of taking care of the newborn baby after birth, which involves keeping the baby in skin-to-skin contact on between your breasts. This special method of newborn care will help give your baby a good chance to be healthy and strong. It will take 40-50 minutes to explain the method to you. Is that okay?

#### **The pregnant woman/her family: Yes**

This way to care for newborns is called the kangaroo mother care method or CKMC Method in short. The method was named after the Kangaroo, an Australian animal. It is called kangaroo mother care because, like humans, kangaroo babies can become cold and die from temperature loss or its complications. The mother kangaroo has a skin pouch under her belly where she puts her baby kangaroo right after birth. Being held in direct skin-to-skin against the mothers breasts in this pouch, the baby kangaroo is kept warm by the body of its mother. This skin to skin contact keeps the baby from losing heat and becoming ill. The baby kangaroo remains in the pouch until the baby kangaroo is mature and healthy enough to survive on its own. We will ask you to keep your newborn baby with no clothes between you or your baby in constant skin-to-skin between your breasts in this kangaroo mother care way. Newborns are small and can easily lose their body temperature. Babies that have lost body heat suffer cold stress and many are unable to regain normal body temperature. Stopping skin-to-skin contact before the baby is ready places the baby at risk of becoming cold and becoming ill. This is why it is so important to constantly hold the baby skin-to-skin until the baby is healthy and no longer desires it. Healthy strong babies wiggle and fidget to let you know they no longer desire to be held skin-to-skin. Holding the baby skin-to-skin between your breasts, with no cloth between you and the baby, also helps the baby to breastfeed immediately after birth. Immediate breastfeeding is extremely important as it provides the strongest colostrum to babies, and this colostrum has special qualities that protect the baby against infection, illness and against poor nutrition. And immediate breastfeeding helps the mother too. Breastfeeding immediately after birth stimulates chemicals in the mother that help the womb contract and minimize bleeding after birth. While contractions are painful, they help the woman to recover quickly after birth, and thereby make the woman feel stronger. So it is very important to start giving newborn babies CKMC as soon as possible after their birth, to hold the baby STS as continuously, day and night, to breastfeed immediately after birth, and to continue STS until the baby indicates s/he no longer desires it. We ask you to hold your baby this way all the time, day and night, until the baby is healthy and strong and indicates that he/she no longer wishes to be held skin-to-skin. You do not need money or anything special to do this. You just need some clean shawls or old clean cloths.

CKMC care has five key elements, that can prevent the baby from getting sick and reduce his/her chance to die before his/her first birthday. The elements are:



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- 1) Skin-to-skin contact to keep the baby's temperature normal.
- 2) Breastfeeding the baby on demand.
- 3) Delay bathing the baby by immersion in water until the baby is active and healthy.
- 4) Strengthening the emotional bond between the mother and the baby.
- 5) Taking the baby to a health center quickly if he/she shows any danger sign.

Holding your baby 'pouch-style' in direct skin-to-skin contact between your breasts regulates his/her temperature and breathing and provides him/her with love, constant nourishment, stimulation and protection. Keeping the baby next to your skin will keep his body temperature just right and stable so it will neither be too hot or too cold. It also helps the baby to breathe properly, because babies can forget to breathe early in life. Holding your baby against your breasts guides the babies breathing and keeps his breathing regular, because he hears your heartbeat and feels the (up and down) motion of your breasts and breathes with them. Being held skin-to-skin, next to your breasts, also makes it easy for your baby to breastfeed as often as he she needs and wishes. I will show you how you how to sleep with the baby on the bed to keep the baby skin-to-skin at nighttime and when you and the baby want to rest. In a few days, you will become used to keeping your baby in direct skin-to-skin contact between your breasts and sleeping with the baby with your back slightly upward. I will show you how to position the baby's head in a slightly sideways position so it is easy for him to breathe and move his head. Over time, you will gain confidence in holding your baby this way and sleeping with him in the position that I will show you.

All babies can benefit from CKMC. When babies are big and strong they will wiggle and push away from the mothers breasts, letting her know they no longer desire to be held skin-to-skin. Babies who are bigger and stronger at birth will let the mother know sooner. Babies who are small, ill or weak may let the mothers know later and may want to be held skin-to-skin for two months or more. Some big healthy babies also want to be held skin-to-skin for a longer time. It does not matter if the baby is small and frail, ill or well, big or strong. CKMC has important benefits for all babies and for mothers and their families as well.

Now, I will teach you how you to hold and keep your baby in between your breasts. Now I'm going to show you how to hold your baby. I brought a doll so we can practice together today. I will also come to show you and your family again as often as possible before you give birth. If you will permit me and send someone to tell me to come, I will come to you when you think you are about to deliver the baby to help you start giving

First, , be sure that the baby wears only a nappy and, if you wish, a cap and stockings or booties but nothing else. This is very important for the maintenance of the baby's body temperature.

First [DEMONSTRATE WITH BABY/DOLL], the baby should be kept only in a nappy. If it is cold you may also put a cap or booties (a pair of socks) at most, but nothing more. If you put a cap on the baby make sure it does not cover the baby's cheeks as it is important that the baby's cheeks and body receive the warmth of your skin. Keeping as much of the baby's body in direct skin-to-skin contact with your body is very important so that your body heat can pass to the body of your baby and keep his temperature normal and stable.

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[SHOW HER THE PICTORIAL PAMPHLET AND PICTURES OF CKMC MOTHERS AND HUSBANDS]

Then, place the baby like this against your skin between your uncovered/naked breasts. When the baby is held skin-to-skin against your breasts nearly naked your body will keep the baby's temperature stable and just right at all times. Then you place him like this, with his head upright and turned a little to the side (it doesn't matter which side because you or he will turn his head to the other side every so often), between your uncovered/naked breasts. Keeping the baby's head slightly sideways makes it easy for her or him to breathe.

To keep the baby secure in this position you can use your own clean shawl/saree comfortably wrapped around both you and the baby, making sure your skin and your baby's are in direct skin-to-skin contact. There can be no cloth between your body and your baby's body.

Now, would you prefer to make a pouch that ties the baby to you or will you prefer to hold the baby [UNDER YOUR SAREE, IN YOUR SWEATER, ETC.]? [IT IS EXPECTED THAT MOST MOTHERS DO NOT WANT TO MAKE OR WEAR A POUCH; NEVER PROMOTE POUCHES THAT PLACE ANY CLOTH, NO MATTER HOW THIN, BETWEEN THE MOTHER AND THE BABY].

[IF THE MOTHER DOES NOT WANT TO USE/MAKE A POUCH, SHOW HER HOW TO PLACE THE BABY AGAINST HER BARE BREASTS, WITH THE BABIES HEAD SLIGHTLY SIDWAYS TO ALLOW EASY BREATHING AND MOVING OF HIS/HER HEAD AND EASY ACCESS TO THE BREAST. MAKE SURE YOU SHOW THAT THE BABY'S HEAD, CHEEK AND CHEST SHOULD BE SKIN-TO-SKIN AGAINST THE MOTHER'S BARE BREASTS AND NOT ON TOP OF HER SAREE CLOTH, VEST OR BLOUSE.]

[IF THE MOTHER WANTS TO USE A POUCH]

Let's now try to make a pouch for the baby with your saree and the doll I have with me.

Now, let us make a pouch for the newborn baby using this saree and this doll. As shown in this picture [SHOW HER WRAP PICTURES IN APPENDIX XXX], to keep the baby safe and secure in between your breasts. Take your shawl or saree and first cover the baby's bare back in a way that ties him against your bare breasts [DEMONSTRATE]. The two ends of the saree or shawl then go either straight or diagonal around your back. Now you will pull up the two ends of the shawl or saree in front of you and knot them the two ends of the cloth in the front underneath his buttocks so that the baby remains safely in between your breasts [SHOW HER WRAP PICTURES IN APPENDIX XXX]. Make sure the baby's head is turned to the side and that he/she has an open airway to breathe easily and that allows him/her to easily turn his/her head from side to side and to be comfortable. If you feel the pouch is not strong enough, you can use another saree/shawl over the first one, wrapping the baby to you again but tying the ends in a different place (at the baby's back or near one of your shoulders), to better hold the baby vertically/upright next to your bare breasts. This creates the protective 'pouch' to help your baby grow big, strong and healthy. If you can keep your baby in between your breasts safely in this way your arms and hands will be free to take care of your work at home or outside. Some people

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think that making this pouch makes it easier for women to hold their babies skin-to-skin all day and all night.

However, many mothers who held their babies skin-to-skin did not think it was necessary to make a pouch. Many women decide to hold their baby under their saree (in their blouse or without a blouse), or inside their sweater and shirt (without a brassier or beneath their brassiere). As long as the baby is held in skin-to-skin contact, all day and all night, the baby's temperature will be kept warm and stable and the baby can breastfeed on demand.



To keep the baby upright at night, you may prop yourself up when you sleep. We will ask you to use your pillow or bolster to help keep you in a semi-sitting up when sleeping. At first, new mothers may find it uncomfortable to care for their new baby this way, but they become accustomed to it in a day or two. And this position helps them to breathe regularly at night. This position also makes it easy for the baby to breastfeed as he or she wishes at night and will help you because you will not always have to wake up to get the baby to give him the breast. Over time, you will feel confidence in your ability to provide this special care to your baby and will enjoy that special closeness with your infant. And so will your infant appreciate being close to you at all times.

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When the baby soils the cloth you are in or the nappy or when you want to clean him, you should use a clean, soft cloth moistened with warm water and nothing else to quickly wipe off the sweat or clean him or her and put a clean nappy on. You will need to squeeze as much water out of the cloth as possible, and while holding the baby skin-to-skin against your chest, wipe the body of the baby quickly with the cloth and put the baby in another clean nappy. If the baby wets or soils his/her own cloth (your saree or sweater or blouse) or the pouch you will have to use another clean shawl, saree, sweater or blouse. Please don't bathe the baby the baby by immersion in water because babies can become cold very quickly, even in the few minutes it takes to bathe them. Sometimes, when newborns become cold they cannot regain the lost body warmth, and they can become very ill. That is why, when you need to clean the baby or yourself, you should only take a few moments to do so. Until your baby indicates that he is too big and healthy to stay in the pouch position, you should hold the baby skin-to-skin against your chest and wipe him to clean him or only allow him out of the pouch for a few moments at a time for cleaning and changing.



If you catch a cold you should keep your face (nose and mouth) covered with a small piece of cloth and keep the baby skin-to-skin as usual. However, if you are very ill you should ask others to help hold the baby skin-to-skin until you are better so the baby will not become ill. You should continue to breastfeed your baby even if you are ill as the baby needs breast milk to

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quench his thirst and hunger. If anybody else in the house becomes sick, keep the baby away from him/her.

You may also wish short breaks from holding your baby when you wish to go to the bathroom, to a little rest or to bathe yourself. In this case, we will ask you to identify one or perhaps two people in your family who will be able to help you to hold the baby skin-to-skin, just like you do. You can choose anyone you like; it might be your mother, husband, mother-in-law, older daughter or other close person, even grandparents! We have found that family members love to hold the baby this way, even if they have never thought they would do such a thing! Your husband, family or friend can help you care for your baby, making sure they use the same precautions, washing their hands and wearing clean clothes, as you do when you care for the baby. But remember, others should only provide this help for short periods of time, for you to get a short rest, bathe yourself or go to the bathroom. This also helps families to have more respect for you and bond more in your efforts to ensure your baby's health. And this will help you and your husband have closer relations with your baby. This involvement of others help makes everyone involved responsible and loving to your baby and aware of the baby's condition. Even though they, like you, may at first be hesitant or scared, their involvement will make them have closer ties to the baby and ultimately they will want to spend more time caring for the baby. But you must always be near, because the mother is the baby's primary caregiver. You are the person who is closest to the baby and recognizes when something unexpected happens or when your baby needs something. So remember, only you can give your baby his own mother's milk, body heat and love. But also know that everyone mother who has just delivered a baby needs help. You must teach CKMC to your family and friends and those people who can support you when you need their help.

All women should try to provide kangaroo care to their newborns starting as soon as possible after delivery and continuing as much as possible in the first month or two. Babies may be a bit uncomfortable for a day or two, but they soon settle into the 'pouch' position. The baby needs to stay skin-to-skin in the pouch until he or she is ready to leave it. There is no fixed length of time for kangaroo care. The beauty of the kangaroo mother care method is that babies will let their mothers know when they are ready to leave the pouch. When they are ready, they become restless and fidgety and will try to push themselves away from the mother's chest. Bigger babies will do so sooner. Very small babies will clearly let you know they want to stay close to you in the pouch, usually for anywhere from one or three months. As time passes you will figure out the best way to securely hold your baby that enables you to do your work and chores. But you must make sure the baby is never separated from your skin and is always held skin-to-skin against your breasts until the baby no longer desires to be held skin-to-skin.

Please keep it in mind that newborn babies may lose their body heat very quickly and there may be difficulty for them to regain it. This is why you should keep your baby in skin-to-skin contact for all the time during the day and night and as a result the temperature of the baby's body will remain normal and he/she will stay healthy. As the newborn baby remains at greater risk immediately after birth and in the first two days of life so it is very important to start giving care to the baby in CKMC method immediately after birth and this care should continue for as much time as possible.

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You have already learned that newborn babies may sometimes become very ill. You will have to be able to recognize the danger signs in a baby, described in the card we have given to you [SHOW THE PICTURES OF DANGER SIGNS]. Whenever you will see any danger sign in your baby you must take him/her to a hospital as quickly as possible, without any delay. If you keep your baby in skin-to-skin contact in between your breasts you will be able to quickly recognize when s/he is experiencing a danger sign, so you will be able to take him/her immediately to the hospital. If you ever feel that the baby is choking up or is having trouble breathing you, the person attending delivery, or a relative should try to clean/clear his/her nostrils and mouth with fingers or mouth, and holding his face downward gently pat/massage the baby on the back to stimulate breathing. You should continue to pat as long as spit/saliva does not come out of his/her mouth or his/her breathing does not become normal. If this helps the baby to start breathing normally, then you can put the baby skin-to-skin and begin breastfeeding. If the baby continues to have trouble breathing, keep the baby in the skin-to-skin position and go to the nearest hospital to get their help. And you must be keep the baby in the skin-to-skin position and immediately take the baby to the hospital whenever you see that:

- the baby has difficulty breathing or has rapid breathing
- the baby does not want to breastfeed or cannot suck your breasts
- the baby's body starts becoming purple or pale
- the baby's body starts getting cold or too hot
- the baby becomes very impatient, agitated or restless
- the baby starts becoming listless or very weak

Remember, you are the best person to provide your baby with the love he needs and stimulate his senses. His hearing the beats of your heart and your voice as you talk to him and sing to him, and your cuddling him and holding him against your body, so both his head and body can touch you all the time, will help him become strong, healthy and happy.

[GIVE PREGNANT WOMAN THE PICTORIAL INFORMATION SHEET YOU HAVE BEEN SHOWING HER AND ASK HER TO INTERPRET THE PICTURES FOR YOU. ENCOURAGE HER TO ASK QUESTIONS. IF YOU FIND YOURSELF UNABLE TO ANSWER THE QUESTIONS SHE ASKS, TELL HER YOU WILL FIND OUT FROM YOUR SUPERVISOR AND COME BACK TO INFORM HER.]

[FIX THE DATE AND TIME FOR YOUR NEXT MEETING WITH HER AND ASK IF SHE WOULD LIKE TO HAVE HER HUSBAND, FAMILY MEMBER OR FRIEND BE THERE TO LEARN AND PRACTICE CKMC. CONGRATULATE HER ON BEING WILLING TO TRY THIS SPECIAL METHOD THAT WILL HELP HER AND HER BABY.]

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### **Lesson 7 Demonstration 2: For Postpartum Women (Guide for the Trainer)**

**Objectives:** This lesson will enable those trained to:

1. learn by demonstration to know how to teach CKMC to postpartum women, their families and others.

**Duration:** 60

**Objective 1:** A team of two trainers will conduct a role play that demonstrates the teaching of CKMC to postpartum women and to other members of her family. The trainers will discuss the demonstration, answer questions and then conclude the session.

**Time:** 60 minutes

**Method:** Role play

**Materials:** Doll, one saree, 2-3 clean shawls, 2 pieces of old nappy, 1 cap (never a *kan toupee* or similar cap that covers the babies cheeks!), 1 pair of socks, 1-2 pillows or side pillows, sleeping bed, pictorial pamphlet for the mothers, pictures in demonstration, pictures of pouch wraps

**Process:** A team of two trainers will act (in the role of a CW and one as a mother). After exchanging greetings, the trainer acting as the CW will explain the purpose of home visits and will explain the need for CKMC care through a role play. The trainer will present the lesson through role plays in the following sequence:

1. describe the key elements of CKMC care and their usefulness
2. explain the benefits of CKMC care
3. demonstrate, using the doll, on how the baby should be kept in direct skin-to-skin contact with the mother
4. show how to sleep with the baby in between your breasts
5. explain and demonstrate on how to clean the baby
6. explain when and on how helpers should help the mother
7. explain what to do if the mother becomes sick with ordinary illnesses and if other members of the family become sick
8. describe the danger signs in a baby and explain what to do when the baby shows a danger sign
9. explain the points/topics in the pamphlet and test whether the trainees have understood them
10. fix the date of the next meeting

**Note:** Instructions are in brackets, upper case letters.

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### **Demonstration 2: For Postpartum Women (Guide for the Trainer)**

[STANDARD GREETING (Example: As salamu alaikum, elder sister, elder sister-in-law, how are you?)]

I have come to help you start/continue giving CKMC to your newborn baby as we have discussed in our previous meetings. You have learned that if the mother starts holding her newborn baby skin-to-skin and breastfeeds immediately after birth, and continues to keep her baby skin-to-skin, breastfeed whenever the baby wants, wipe the baby with a cloth for cleaning, and take the baby immediately to the hospital whenever necessary, the baby will grow healthy and strong.

I will help you now to show you how you should keep your newborn baby in direct skin-to-skin contact in between your breasts. It will take 40 to 50 minutes to help you do this. Is that okay?

[WHEN POSSIBLE BRING A MOTHER WHO HAS ALREADY GIVEN CKMC, AND GIVEN IT CORRECTLY, THAT IS WITH CONTINUOUS SKIN-TO-SKIN CARE UNTIL HER BABY NO LONGER DESIRED AND WHO IMMEDIATELY INITIATED STS AND IMMEDIATELY BREASTFED AFTER BIRTH.] This (newly delivered mother who provided CKMC) has also come with me. She can show you how a newborn baby should be taken care of in this method. Is that all right? [NEVER ALLOW SOMEONE ELSE IN THE HOUSE IF THE WOMAN DOES NOT AGREE, AND NEVER TRY TO COERCE A WOMAN TO AGREE.]

**Mother/family: Yes**

May I help you place the baby skin-to-skin beneath your blouse/sweater?

**Mother/family: Yes**

[ONCE THE BABY IS CORRECTLY PLACE SKIN-TO-SKIN BETWEEN THE MOTHERS BREASTS]

We will ask you to keep your newborn baby with no clothes between you or your baby in constant skin-to-skin between your breasts in this kangaroo mother care way. Newborns are small and can easily lose their body temperature. Babies that have lost body heat suffer cold stress and many are unable to regain normal body temperature. Stopping skin-to-skin contact before the baby is ready places the baby at risk of becoming cold and becoming ill. This is why it is so important to constantly hold the baby skin-to-skin until the baby is healthy and no longer desires it. Healthy strong babies wiggle and fidget to let you know they no longer desire to be held skin-to-skin. Holding the baby skin-to-skin between your breasts, with no cloth between you and the baby, also helps the baby to breastfeed immediately after birth. Immediate breastfeeding is extremely important as it provides the strongest colostrum to babies, and this colostrum has special qualities that protect the baby against infection, illness and against poor nutrition. And immediate breastfeeding helps the mother too. Breastfeeding immediately after birth stimulates chemicals in the mother that help the womb contract and minimize bleeding after birth. While contractions are painful, they help the woman to recover quickly after birth, and thereby make the woman feel stronger. So it is very important to start giving newborn babies



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CKMC as soon as possible after their birth, to hold the baby STS as continuously, day and night, to breastfeed immediately after birth, and to continue STS until the baby indicates s/he no longer desires it. We ask you to hold your baby this way all the time, day and night, until the baby is healthy and strong and indicates that he/she no longer wishes to be held skin-to-skin. You do not need money or anything special to do this. You just need some clean shawls or old clean cloths.

CKMC care has five key elements, that can prevent the baby from getting sick and reduce his/her chance to die before his/her first birthday. The elements are:

- 1) Skin-to-skin contact to keep the baby's temperature normal.
- 2) Breastfeeding the baby on demand.
- 3) Delay bathing the baby by immersion in water until the baby is active and healthy.
- 4) Strengthening the emotional bond between the mother and the baby.
- 5) Taking the baby to a health center quickly if he/she shows any danger sign.

When you first try CKMC, the baby may become a little restless, but he/she will gradually become comfortable in this position in the first few days. All babies can benefit from CKMC. When babies are big and strong they will wiggle and push away from the mother's breasts, letting her know they no longer desire to be held skin-to-skin. Babies who are bigger and stronger at birth will let the mother know sooner. Babies who are small, ill or weak may let the mothers know later and may want to be held skin-to-skin for two months or more. Some big healthy babies also want to be held skin-to-skin for a longer time. It does not matter if the baby is small and frail, ill or well, big or strong. CKMC has important benefits for all babies and for mothers and their families as well.

You do not need anything special to give CKMC to your baby. What you will need is just a little effort and patience.

First, the baby should be kept only in a nappy. If it is cold in your house or outside you may also put a cap or booties (a pair of socks) at most, but nothing more. If you put a cap on the baby make sure it does not cover the baby's cheeks as it is important that the baby's cheeks and body receive the warmth of your skin. Keeping as much of the baby's body in direct skin-to-skin contact with your body is very important so that your body heat can pass to the body of your baby and keep his temperature normal and stable.

[SHOW HER THE PICTORIAL PAMPHLET AND PICTURES OF CKMC MOTHERS AND HUSBANDS]

Let me show you now how you should lie with the baby at night to sleep. To keep the baby upright at night, you may prop yourself up when you sleep. We will ask you to use your pillow or bolster to help keep you in a semi-sitting up when sleeping. You want to make sure the baby remains in a slightly upright position on your chest and so that you feel comfortable enough to sleep. If you lie with your baby in this diagonally (slightly upright) position, you will have to lie with your back. You can use a pillow, side pillow, quilt, or something else to support your back. Make sure the baby's head is turned to the side and that he/she has an open airway to breathe

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easily and that allows him/her to easily turn his/her head from side to side and to be comfortable. Let us try it on this bed. [HELP THE MOTHER TO LIE ON THE BED WITH HER BACK SLIGHTLY UPWARD].



At first, new mothers may find it uncomfortable to care for their new baby this way, but they become accustomed to it in a day or two. And this position helps them to breathe regularly at night. This position also makes it easy for the baby to breastfeed as he or she wishes at night and will help you because you will not always have to wake up to get the baby to give him the breast. Over time, you will feel confidence in your ability to provide this special care to your baby and will enjoy that special closeness with your infant. And so will your infant appreciate being close to you at all times.

Do you have the pictorial pamphlet we gave you in our previous meeting?

**Mother:** No

[GIVE THE POST-PARTUM MOTHER ANOTHER PICTORIAL PAMPHLET]

Now using this pamphlet let us discuss the tasks that are needed to provide CKMC.

[POINT TO SKIN-TO-SKIN PAMPHLET PICTURE, TELL THE WOMAN AND HER FAMILY]

The heat of the mother's body is the best way to maintain the normal temperature of the baby's body. Holding the baby skin-to-skin (SHOW WITH DOLL) against the mother's breasts, the newborn baby will grow healthy and strong and will feel safe. Babies are most vulnerable immediately after birth and in the first two days, first week and first month of their life. So skin-to-skin care is very important during this time. Still, it is important to recognize that babies can get sick and die after the first month of life. This is why it is so important that the baby is given skin-to-skin care until the baby indicates s/he is no longer comfortable being held skin-to-skin, the heat of the mother's body protects the newborn baby from becoming cold. Newborns are small and can easily lose their body temperature. Babies that have lost body heat suffer cold

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stress and many are unable to regain normal body temperature. Stopping skin-to-skin contact before the baby is ready places the baby at risk of becoming cold and becoming ill. This is why it is so important to constantly hold the baby skin-to-skin until the baby is healthy and no longer desires it.

Holding your baby ‘pouch-style’ in direct skin-to-skin contact between your breasts regulates his/her temperature and breathing and provides him/her with love, constant nourishment, stimulation and protection. Keeping the baby next to your skin will keep his body temperature just right and stable so it will neither be too hot or too cold. It also helps the baby to breathe properly, because babies can forget to breathe early in life. Holding your baby against your breasts guides the babies breathing and keeps his breathing regular, because he hears your heartbeat and feels the (up and down) motion of your breasts and breathes with them. Being held skin-to-skin, next to your breasts, also makes it easy for your baby to breastfeed as often as he she needs and wishes. I will show you how you how to sleep with the baby on the bed to keep the baby skin-to-skin at nighttime and when you and the baby want to rest. In a few days, you will become used to keeping your baby in direct skin-to-skin contact between your breasts and sleeping with the baby with your back slightly upward. I will show you how to position the baby’s head in a slightly sideways position so it is easy for him to breathe and move his head. In a few days you will gain confidence in holding your baby this way and sleeping with him in the position that I will show you.

[POINT TO FAMILY SUPPORT PAMPHLET PICTURE, TELL THE WOMAN AND HER FAMILY]

No mother can do everything by herself. Women may desire short rests for private or other matters. While mothers are the main caregivers for their children, others including the husband, mother, maternal or paternal aunts, sisters, and even older children and other people can help hold the baby skin-to-skin when the mother cannot. Mothers have told us that we must teach CKMC to other family members, husbands, sisters, siblings (children), mothers, mothers-in-law and even religious and community leaders. This way, everyone will know about the method and will support mothers in giving CKMC. If you teach other family members they also will want to give CKMC. This also involves your family and the people who support you in life to help you with your chores and with caring for the baby. Your families’ involvement is also important in case you or your baby experience any emergency. But remember, babies’ ability to breastfeed when they want is very important to their survival and health. So, the mother should be the person with the primary responsibility to hold the baby STS. But when a mother cannot, for any reason, then others can! This way, each baby is sure to get the benefits of CKMC.

[POINT TO BABY CLOTHES PAMPHLET PICTURE, TELL THE WOMAN AND HER FAMILY]

### **Trainer explanation:**

Do not put any clothes on the baby other than nappies, a cap or booties. Clothing, even thin cloth, blocks the warmth of the mother’s body from the baby. As a result, the baby may become cold and ill. If you wish, you may put a nappy on the baby. Caps are only allowed if they do not cover the baby’s cheeks. If they cover the baby’s cheeks they reduce skin to skin contact and the baby can become cold. Any clothing other than a nappy, booties and cap are not allowed as they block skin to skin contact.

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[POINT TO SLEEP WITH BABY PAMPHLET PICTURE, TELL THE WOMAN AND HER FAMILY]

Keep the baby against your naked breast inside your shirt, sweater, brassiere or other garment, so that the garment wraps around the baby's back like the kangaroo's pouch wraps around the kangaroo baby. This way the baby can suckle his/her mother's breast milk when he/she wants it. Make sure the baby's face is placed to rest against the mother's chest in a way that allows him/her to easily move his/her head and to easily breathe. Sleep with the baby as we have shown you so the baby can continue to be protected by skin-to-skin care during the night. This also makes it easy for the mother and baby to breastfeed.

[POINT TO BATHING BABY PAMPHLET PICTURES, TELL THE WOMAN AND HER FAMILY]

Immersing the baby in water lowers the baby's body temperature and places the baby at risk of becoming ill. Do not bathe the baby until it is safe. It is safe to bathe the baby by immersion in water when the baby is healthy and active. If the baby urinates or passes stool, use a clean piece of soft cloth to clean him/her. Dip the cloth in warm water and squeeze as much water out of it as you can. Then quickly wipe the baby's body with it, still holding the baby against your skin to keep him/her warm.

[POINT TO BREASTFEEDING BABY PAMPHLET PICTURE, TELL THE WOMAN AND HER FAMILY]

Breast feed the baby immediately after birth. Feed the baby only breast milk until at least six months age. Breast milk provides all the nutrition a baby needs until then, and continues to provide important nutrition afterwards. Do not throw away colostrum. Colostrum protects the baby against infection, illness and against poor nutrition. Breastfeeding immediately after birth also stimulates chemicals in the mother that help the womb contract and minimize bleeding after birth. Breast milk also is at first watery and becomes thicker (more concentrated) the longer the baby feeds. This helps the baby to quench his/her thirst, and allows the baby to continue to suckle the thicker breast milk when s/he is hungry. All human beings must quench their thirst to prevent dehydration. This is why, even if the baby is not hungry, it is important to make sure the baby is breastfed frequently. Never leave the baby without breast milk for more than three hours.

You should talk to the baby. Cuddle the baby and hug him/her off and on. You should also sing to him/her. This creates a strong emotional bond between the mother and baby and may help the baby's mental and emotional development (growth).

### **Handout key message:**

#### *Medical Care/Check-ups*

It is extremely important that you take the baby for a check-up as instructed by the health worker. And always take the baby immediately to the nearest the hospital when the baby:

- Has trouble breathing or rapid breathing
- Cannot suck (suckle the breast)
- Does not want to breastfeed
- Becomes purple

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- Becomes pale
- Becomes cold
- Has fever
- Is very agitated or very restless

[POINT TO DANGER SIGNS PAMPHLET PICTURES, TELL THE WOMAN AND HER FAMILY]

Of course it is important to take babies for their check ups and immunizations. Regular check up can catch and treat a problem early before it becomes serious. But it is extremely important to take the baby immediately to the nearest the hospital when the baby has any of the following signs or symptoms: baby has trouble breathing or rapid breathing, baby has difficulty sucking or cannot suckle the breast, does not want to breastfeed, becomes purple or blue, pale or cold, has fever or is very agitated. These signs are called danger signs because they indicate the baby is in danger of becoming or being very ill. Mothers have told us that we must teach them to make emergency arrangements while they are pregnant, to save a little money each day throughout their pregnancy, and to talk with someone in their village who has some kind of transportation, even a bicycle, rickshaw or donkey cart and to arrange for their help in case it is needed. Mothers must be told that they must seek care at the nearest hospital immediately if their baby experiences any of these signs. They must also immediately seek care at the nearest hospital if they or anyone else believes they are having a problem with their pregnancy or delivery, because that problem may affect the mother's or baby's health and survival.

Once your baby is healthy and strong you can help other pregnant mothers and newly delivered women in your neighborhood to be able to care for newborn babies using CKMC method.

[CONGRATULATE THE MOTHER ON HER GIVING CARE TO HER NEWBORN BABY IN CKMC METHOD. ASK THE MOTHER TO IMMEDIATELY INFORM YOU IF SHE FACES ANY PROBLEM WITH CKMC. TELL HER THAT YOU WILL COME ALMOST EVERY DAY TO SEE HER AND HER BABY. EXCHANGE GREETINGS WITH THE MOTHER AND HER FAMILY MEMBERS AND SAY GOODBYE TO THEM FOR THE DAY.]

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### **Lesson 8 Round Robin: Teaching CKMC to Pregnant Women**

**Objective:** This lesson will enable those trained to:

1. learn by round robin method how to teach CKMC to pregnant women, their families and others.

**Duration:** 90 minutes

**Objective 1:** To allow trainees to learn how to teach CKMC to pregnant women and to correct one another, and to be corrected by a trainer.

**Time:** 90 minutes

**Method:** Round robin role play

**Materials:** Doll, one saree, 2-3 clean shawls, 2 pieces of old nappy, 1 cap (never a *kan toupee* or similar cap that covers the babies cheeks!), 1 pair of socks, 1-2 pillows or side pillows, sleeping bed, pictorial pamphlet for the mothers, pictures in demonstration, pictures of pouch wraps

**Process:** One trainer will act as a pregnant woman. The CWs will each take a turn teaching the following sequences to a trainer acting as a pregnant woman through a “whole group” role play. Trainers should encourage the CWs to correct each other as the role play goes on. Trainers should rectify any misperceptions or messages that are delivered incompletely or incorrectly. Trainers should always correct the misperception the CKMC is only for LBW or healthy babies. When the role play is complete the trainers will then conclude the session.

1. (CW1) greeting and describe one the key element of CKMC care and its usefulness
2. (CW2) describe next key element of CKMC care and its usefulness
3. (CW3, 4, 5 in turn) describe next key element of CKMC care and its usefulness
4. explain the benefits of skin-to-skin care
5. explain the benefits of recognizing danger signs and why it is critical not to delay taking to the hospital for care
6. demonstrate, using the doll, on how the baby should be kept in direct skin-to-skin contact with the (trainer) mother
7. show woman (trainer) how to sleep with the baby in between her breasts
8. explain and demonstrate on how to clean the baby
9. explain when and on how helpers should help the mother
10. explain what to do if the mother becomes sick with ordinary illnesses and if other members of the family become sick
11. describe the danger signs in a baby and explain what to do when the baby shows a danger sign
12. explain the points/topics in the pamphlet and test whether the trainees have understood them
13. fix the date of the next meeting

**Note:** Instructions are in brackets, upper case letters.

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### **Lesson 9: Practice Teaching Kangaroo Mother Care Method to Mothers in a High Volume Hospitals**

**Objective:** After this lesson, the participants will have gained practical experience in showing mothers how to hold their babies skin-to-skin and in teaching CKMC to mothers. This hands-on practice is critical to enabling the CW to have the necessary comfort to teach CKMC to mothers in their communities.

**Time:** 6 hours

**Materials:** Clean saree, shawl or cloth

**Process:** The trainer will divide the trainee CWs in small groups (~5 people). He/she will take the groups to a high volume hospital (that has agreed to this) where there are a sufficient number of newly postpartum women to enable each trainee to practice teaching at least 2 postpartum women. At the hospital, the trainer will give a practical demonstration to the trainees on how to give CKMC, including how to hold the baby skin-to-skin and sleep with the baby between the mother's breasts. Thereafter the trainer will demonstrate explaining the key CKMC messages to a postpartum mother. Finally, every CW and CW supervisor will practice the CKMC method with at least two (and if possible up to five) mothers.

**Note:** A high volume hospital is necessary to allow each CW to teach at least 2 postpartum women in one day. Although the hospital patients are different from women giving birth at home (they are postpartum), this hands on practice is essential to trainees becoming comfortable with teaching CKMC to women, and to holding and helping them with their babies.

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### **Lesson 10: Sharing the Experience Gained Teaching CKMC to Postpartum Women at the Hospital, the Problems Encountered and the Solutions Given to the Problems**

**Objectives:** After this lesson, the participants will be able to:

1. describe the experience they have gained in teaching postpartum women how to give CKMC at the hospital
2. identify and describe the problems they encountered doing so
3. describe how they solved the problems interactively with women and with help from the trainer and other CWs.

**Time:** 1 hour

**Materials:** Poster board.

**Process:** The trainer will ask each participant (one by one) to describe her experience in practicing and teaching KMC at the hospital. He/she will record the key points on the board. When the participants have stated their experiences, the trainer will discuss each point listed on the board.



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### **Lesson 11 Role Play: Teaching CKMC to Pregnant Women**

**Objective:** This lesson will enable those trained to:

1. solidify her skills in teach CKMC to pregnant women, their families and others through role play
2. practice teaching CKMC (to each other).

**Duration:** 90 minutes

**Objective 1:** To allow trainees to strengthen their skills teaching CKMC to pregnant women and to correct one another, and to be corrected by a trainer.

**Time:** 90 minutes

**Method:** Role play

**Materials:** Doll, one saree, 2-3 clean shawls, 2 pieces of old nappy, 1 cap (never a *kan toupee* or cap that covers the babies cheeks!), 1 pair of socks, 1-2 pillows or side pillows, sleeping bed, pictorial pamphlet for the mothers, pictures in demonstration, pictures of pouch wraps

**Process:** The trainer will divide the participants in small groups, and direct the groups to perform role plays. Each trainer will circulate, observe, listen to and correct the roles plays on a spot check basis, spend 5 minutes listening to and correcting each small group. One CW will act as a pregnant woman and the other will act as the trainer. The CWs will be asked to switch roles with a new partner (other CW) who took the opposite role. Trainers and all CWs should meet as a group to discuss and resolve problems, message corrections and misperceptions.

1. (CW1) greeting and describe one the key element of CKMC care and its usefulness
2. (CW2) describe next key element of CKMC care and its usefulness
3. (CW3, 4, 5 in turn) describe next key element of CKMC care and its usefulness
4. explain the benefits of skin-to-skin care
5. explain the benefits of recognizing danger signs and why it is critical not to delay taking to the hospital for care
6. demonstrate, using the doll, on how the baby should be kept in direct skin-to-skin contact with the (trainer) mother
7. show woman (trainer) how to sleep with the baby in between her breasts
8. explain and demonstrate on how to clean the baby
9. explain when and on how helpers should help the mother
10. explain what to do if the mother becomes sick with ordinary illnesses and if other members of the family become sick
11. describe the danger signs in a baby and explain what to do when the baby shows a danger sign
12. explain the points/topics in the pamphlet and test whether the trainees have understood them
13. fix the date of the next meeting

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### **LESSON 12: DEMONSTRATION 3: RETURN VISIT TO REITERATE CKMC TO PREGNANT WOMEN**

**Objectives:** This lesson will enable those trained to:

1. learn how to reiterate the demonstrations, messages and benefits to build pregnant women's confidence and skill to provide CKMC immediately after delivery and to continue to provide CKMC until the baby no longer desires it,
2. learn how to teach and engage the support of family members, women's expected birth attendant and others to help her initiate CKMC right after delivery and to continue to provide CKMC until the baby no longer desires it,
3. help the mother implement CKMC correctly.

**Duration:** 60 minutes

**Objectives 1 & 2:** A team of three trainers will conduct a role play that demonstrates reiteration of CKMC to pregnant women and to other members of her family and her expected birth attendant. The trainers will then discuss the demonstration, answer questions and conclude the session.

**Time:** 60 minutes

**Method:** Role play

**Materials:** Doll, one saree, 2-3 clean shawls, 2 pieces of old nappy, 1 cap (never a *kan toupee* or cap that covers the babies cheeks!), 1 pair of socks, 1-2 pillows or side pillows, sleeping bed, pictorial pamphlet for the mothers, pictures in demonstration, pictures of pouch wraps

**Process:** A team of three trainers will conduct a demonstration (in the roles of a CW, a pregnant woman, and a husband or birth attendant). After exchanging greetings, the trainer acting as the CW will explain the purpose of the repeated home visits to build the confidence of women and those supporting them after delivery to provide CKMC. She will again explain CKMC care through a role play. The trainers will present the lesson through role plays in the following sequence:

1. describe the key elements of CKMC care and their usefulness
2. explain the benefits of CKMC care
3. demonstrate, using the doll, on how the baby should be kept in direct skin-to-skin contact with the mother
4. show how to sleep with the baby in between your breasts
5. explain and demonstrate on how to clean the baby
6. explain when and on how helpers should help the mother
7. explain what to do if the mother becomes sick with ordinary illnesses and if other members of the family become sick
8. describe the danger signs in a baby and explain what to do when the baby shows a danger sign
9. explain the points/topics in the pamphlet and test whether the trainees have understood them
10. fix the date of the next meeting

**Note:** Instructions are in brackets, upper case letters.

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### **Demonstration 3 (for Pregnant Women)**

#### STANDARD GREETING

Hello (NAME OF MOTHER). How are you? How is your pregnancy coming along? Before you deliver, I'd like to review our earlier discussion(s) about kangaroo mother care, holding the baby skin-to-skin when it's born and afterwards that will give your baby the best chance to grow healthy and strong. This will take about 10 to 15 minutes. [IF A SUCCESSFUL CKMC MOTHER HAS BEEN BROUGHT TO HELP TEACH SAY:] I also brought Mrs. [NAME OF RECENTLY DELIVERED MOTHER] to help show you how to do this. Is this ok?

**Mother/Family:** *Yes.*

The special care for newborns, called the kangaroo mother care method, is holding your baby skin-to-skin, upright, in a 'pouch-style', like this picture [SHOW PICTORIAL PAMPHLET], between your breasts all the time, 24 hours a day. Kangaroo mother care has five basic elements to help babies grow strong and be healthy:

- 1) Skin-to-skin contact to keep the baby's temperature normal.
- 2) Breastfeeding the baby on demand.
- 3) Delay bathing the baby by immersion in water until the baby is active and healthy.
- 4) Strengthening the emotional bond between the mother and the baby.
- 5) Taking the baby to a health center quickly if he/she shows any danger sign.

Although babies may be fussy at first, babies love being held this way, skin to skin, next to your breasts. And babies held in this fashion can benefit from this kangaroo pouch-style care.

You do not need anything special to provide your baby with kangaroo mother care. You just need dedication and patience and some clean shawls or old clean cloths.

Let's review how to hold your baby. This will help you to give your baby this special care as soon as he is born. Do you still have the picture pamphlet I gave you last time?

Mother: No. [GIVE PREGNANT WOMAN ANOTHER COPY OF THE PICTORIAL PAMPHLET.]

First, [DEMONSTRATE WITH RECENTLY DELIVERED MOTHER], be sure that the baby wears only a nappy and, if you wish, a cap and stockings or booties but nothing else. This is very important for the maintenance of the baby's body temperature. If you wish to put a cap on your baby be sure that it does not cover his/her cheeks as this limits the amount of skin-to-skin contact and protection your body gives to the baby.

[RECENTLY DELIVERED MOTHER SHOWS HOW BABY IS CLOTHED AND HELD/TIED TO HER]

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Now, we would like to you to try this with the doll we brought. We will need some privacy to do this as I am going to ask you to place the doll against your bare breasts. Is this o.k.?

**Mother:** *O.K.* [MOTHER ASKS OTHERS EXCEPT BIRTH ATTENDANT TO LEAVE ROOM]

Here is a doll we can pretend is your baby, and here is a nappy, a cap and booties. Please put these on the baby doll. Now, please unwrap your sari so you can place the doll on your chest.

That's right, place the baby upright against your skin just like this between your uncovered/naked breasts. [HELP POSITION DOLL AS NEEDED.]

Now, do you want to make a pouch or do you just want to hold the baby [UNDER YOUR SAREE, IN YOUR SWEATER, ETC.]? [IT IS EXPECTED THAT MOST MOTHERS DO NOT WANT TO MAKE OR WEAR A POUCH; NEVER PROMOTE POUCHES THAT PLACE ANY CLOTH, NO MATTER HOW THIN, BETWEEN THE MOTHER AND THE BABY].

[IF THE MOTHER DOES NOT WANT TO USE/MAKE A POUCH, SHOW HER HOW TO PLACE THE BABY AGAINST HER BARE BREASTS, WITH THE BABIES HEAD SLIGHTLY SIDEWAYS TO ALLOW EASY BREATHING AND MOVING OF HIS/HER HEAD AND EASY ACCESS TO THE BREAST.]

[IF THE MOTHER WANTS TO USE A POUCH]

Take this cloth and, starting from the baby's bare back, cover him in a way that ties him against your bare breasts [HAVE MRS. NAME OF RECENTLY DELIVERED BABY SHOW MOTHER HOW TO WRAP THE BABY TO HER, POINTING OUT EACH STEP ON THE PICTORIAL PAMPHLET]. Holding the shawl against the babies back with one hand, and, with your other hand, wrap the shawl ends behind your back so they cross each other. Now, bring the shawl ends over your shoulders and back in front of you like this. Now, cross the ends over in a way that holds him securely and snugly against your bare breasts but let's him breathe comfortably. That's right. Now wrap the ends around your waist again and tie them at your back, on your side, or over your shoulder, whatever seems most comfortable. [TRY EACH WAY TO DETERMINE WHAT FEELS MOST COMFORTABLE TO THE EXPECTANT MOTHER]. You may find it useful to use a second shawl over the first one, wrapping the baby to you again but tying the ends in a different place (at the baby's back or near one of your shoulders), to better hold the baby vertically/upright next to your bare breasts. Then, to make the pouch more secure, you can wear regular sari and shawl on around your shoulders like this [SHOW MOTHER HOW]. The wrap must be only tight enough to hold the baby snugly and in upright position but not so tight that it will be uncomfortable. Make sure the babies head is upright and turned a little to the side (it doesn't matter which side because you or he will turn his head to the other side every so often), between your breasts. The protective pouch we have just tried out will help your baby start life and grow big and strong and healthy. Once the baby is secure in the pouch, your arms and hands will be free to take care of your work or chores.

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Holding your baby skin-to-skin regulates his/her temperature and breathing and provides him/her with constant love, nourishment, stimulation and protection. When the baby is held naked or nearly naked, skin-to-skin against your breasts naked your body will keep his temperature stable and just right at all times. Babies should be held skin-to-skin all day and all night until the baby lets you know s/he no longer wants to be held this way. Healthy, strong babies may only wish to be held this way a few hours or days while frail, ill or other babies may wish to be held this way for weeks or even months. You will need to find help to constantly hold your baby this way, so we will teach your family members how to help you hold the baby skin-to-skin and you should also teach them. But remember, only a mother can provide her own milk to feed the baby. You are your baby's primary caretaker.

Being held skin-to-skin, next to your breasts, also makes it easy for your baby to breastfeed as often as he she needs and wishes. You should start holding the baby skin-to-skin as soon as possible after birth. This not only provides the baby with the warmth he/she needs, but also helps him/her breastfeed right away. Mother's first colostrum is highly nutritious and has special properties to help the baby fight infection. And breastfeeding right after birth helps mothers produce a chemical that contracts their uterus and reduces bleeding after birth. This may prevent a woman from bleeding too much after birth, and while contractions are painful, women who lose less blood after birth may speed their recovery and feel stronger after delivery.

Keeping the babies head slightly sideways makes it easiest for her or him to breathe. Babies can forget to breathe sometimes, so holding your baby against your breasts reminds him to breathe regularly because he hears your heartbeat and feels the motion of your breasts and breathes with them.

Also, this constant close contact with your baby stimulates him creates a special emotional bond between you two. It also helps make you more aware of your baby's condition, and helps you quickly recognize any danger signs that require immediate medical care.

Let's now try to setting up the bed to show you how you can sleep in a position that keeps that the babies head upright and yet allows you comfort. You will need to prop yourself up when you sleep to keep the baby upright at night. You can use a pillow, bolster or clothes to help keep yourself almost sitting up when sleeping. Here, let's try. [HELP MOTHER SET UP PILLOWS, BOLSTER, BUNDLE CLOTHS AND MAINTAIN SEMI-UPRIGHT SLEEPING POSITION.]

At first, you may find this uncomfortable, but mothers generally become accustomed to this sleeping position it in a day or two. And this position is very important to keep the baby skin-to-skin and to breathe regularly at night. This position will help also make it easy for the baby to breastfeed at night and without your having to wake up. It usually takes a few days to become confident and comfortable holding your baby this way and sleeping with him in the semi-upright position. And this special care will give you a special closeness with your baby

When the baby dirties the nappy or when you want to clean him, you should use a clean, soft cloth moistened with warm water and nothing else to quickly wipe off the sweat or clean him or her and put a clean nappy on. You will also need to have a clean shawl or old cloth if the baby soils himself and your saree/sweater/blouse or the "pouch" shawl. So, let's pretend we have

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some warm water. I will dip this clean cloth that I reserve only to clean the baby in the water, use a little mild soap, and squeeze most of the water out. Now, while holding the baby [doll] against you, wipe him to quickly clean him like this [DEMONSTRATE WITH DOLL], then turn the baby to clean him/her on the other side. You may also wish to very quickly hold the baby away from you, quickly clean him, then place him right back inside your blouse/saree/sweater/pouch, like this [HELP EXPECTANT MOTHER TO REPLACE BABY IN BLOUSE/SAREE/SWEATER/POUCH].

Remember, new babies can become cold very quickly, even in the minutes it takes to bathe them. Sometimes, when newborns become cold they cannot regain the lost body warmth, and they can become very ill. That is why, when you need to clean the baby or yourself, you should only take a few moments to do so. Until your baby indicates that he is too big and healthy to stay in the pouch position, you should only allow him off of skin-to-skin care for the very few moments at a time for cleaning or changing. So, please don't bathe the baby by immersing him or her in water until he is big and strong.

**Mother:** *I would like to know how much time my baby should spend in kangaroo care and when I should stop the kangaroo method?*

As long as baby is comfortable on your chest, then it is too soon to take the baby out of the skin-to-skin position. The baby lets you know when it is time to let him/her out of the pouch. This happens when the baby is healthy and strong. Then, the baby will become constantly fidgety and trying to push out of the pouch, so he/she can have more space to move and play. Until this happens, you should continue keeping your baby skin-to-skin 24 hours a day (that is all day and all night). At night, you will arrange your bed so to sleep in a semi-sitting position as we have discussed. This will help him/her breathe better and stay warm.

**Mother:** *Do I have to use a jacket or coat to keep my baby warm? And if my baby gets/becomes cold, should I put a jacket or clothing on him?*

Do not put clothes on the baby, except a nappy, socks and a cap that does not cover the babies cheeks, because clothes block the transmission of your body heat to his and he can actually become colder. If it is cold, it is always better that you wrap yourself well making sure to keep the baby next to you, skin-to-skin, inside your clothes. The same thing goes for the clothes you sleep in, place the baby inside your nightgown or sweater and then wrap the baby next to you, skin-to-skin, inside your nightgown.

**Mother:** *What other benefits does kangaroo mother care have?*

You will be able to provide your baby with the love he needs and stimulate his senses. Cuddling and holding your baby against your body, both his head and body touching you all the time, hearing the beats of your heart and your voice as you talk to him and sing to him stimulates your baby's emotional development. It will also stimulate his breathing, because babies can forget to breathe. The motion of your breasts will help him to breath at the same time you do all the time. You will arrange the head of your bed so you can sleep in an almost sitting position to secure the baby's head in a semi-upright position; this will help him breathe easily, to breastfeed when he wants and to move his head easily. The more you breastfeed the more breast milk you will produce, and breast milk provides all the nutrition your baby needs. Unlike other liquids that

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you mix or teas, breast milk does is hygienic and does not run the risk of infecting the baby, in fact breast milk and especially colostrum protect the baby from infection. And breastfeeding right after birth improves your babies chances for survival and helps you produce chemicals that reduce postpartum bleeding.

**Mother:** *But what if I need to bathe him?*

It is better not to bathe your baby by immersion in water until he has signaled to you to stop skin-to-skin care. Before that time, he has not stabilized his body temperature and bathing can make him rapidly lose his body heat and become cold. You can give your baby a general cleaning everyday with a soft washrag or cloth that you only use for this. And every time you change his diaper or clean when he dirties, clean his genitals in the same way (with a clean slightly damp, warm cloth).

**Mother:** *What happens if my baby doesn't eat well or I have insufficient milk?*

If you feel your baby is not breastfeeding enough or doesn't get sufficient breast milk, first try to lightly burp/pat out his gases longer and afterwards insist he try to breastfeed a bit more. If he falls asleep on you or doesn't want to feed more, check if you have sufficient milk by trying to extract some and if he still doesn't want to breastfeed try breastfeeding him more often and every time he wants to, including throughout the night. Mothers have all the milk their babies need and breast milk is the very best food. Until the baby is six months old, you should only feed the baby your milk and nothing else. You should drink more water if you think you have less milk and encourage the baby to suckle more often. You should also try to eat a little more than you usually eat. Also, young infants are more prone to get infections so any prepared food or drink can cause infection and this is dangerous for the baby. Breast milk is perfectly clean and is the only food a baby needs during his/her first 6 months to grow healthy and strong.

**Mother:** *How will I know if he is ill?*

The card we gave you identifies alarm signs you should be aware of. If any of these signs become apparent, do not hesitate to seek medical care as soon as possible. You should continue to hold the baby skin-to-skin and immediately take him to the closest hospital. Prompt care will help him get better most quickly and prevent his condition from becoming worse and harder to treat. If you think he is choking or can't breathe, with milk or secretions, put his mouth face downwards and keep lightly patting his back until he spits up or burps. And try cleaning his nostrils and mouth from anything congesting them. But for emergency/urgent measures, take him straight to the doctor. You will know your baby so well that you will recognize when he is experiencing an alarm sign, that is when s/he:

- Has trouble breathing or rapid breathing
- Cannot suck (suckle the breast)
- Does not want to breastfeed
- Becomes purple
- Becomes pale
- Becomes cold
- Has fever
- Is very agitated or very restless.

**Mother:** *What happens if I get sick?*

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If you get the flu, you should protect yourself with only a small mask and you can continue to take care of your baby in the same way you normally do. But if someone else in the house is sick, try to isolate your baby away from that person. And you should teach your mother, mother-in-law, sister and husband or anyone else who can help you to hold the baby or even breastfeed for times when you temporarily cannot.

**Mother:** *Can my husband help me (care for the baby)?*

This is one of the most beautiful aspects of kangaroo mother care. That your husband, family or friend can help you care for your baby, making sure they use the same precautions, washing their hands and wearing clean clothes, as you do when you care for the baby. Support from others in helping to hold the baby skin-to-skin is crucial to holding the baby skin-to-skin all day and all night until s/he no longer desires to be held this way. But remember others should only provide this help for short periods of time, for you to get a short rest, bathe yourself or go to the bathroom. That way your family will have more respect for you and bond more in your efforts to ensure your baby's health. And this will help you and your husband have closer relations with your baby. This involvement of others help makes everyone involved responsible and loving to your baby and aware of the baby's condition down to the last detail. Even though they, like you, may at first be hesitant or scared, their involvement will make them have closer ties to the baby and ultimately they will want to spend more time caring for the baby. And this is all right as long as you are always there or near, because only the mother really recognizes when something unexpected happens or when your baby needs something. So remember, only you can give your baby the three basic requirements for his best development: Mother's milk, body heat and love.

[END OF VISIT]

So, do you remember what the five basic elements of this care are? [IF NOT, REITERATE THEM]. And remember, the closest health facility is \_\_\_\_\_.

Remember, you are the best person to provide your baby with the love he needs and stimulate his senses.



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### **Lesson 13 : Teaching CKMC Using Problem Solving Method**

**Objective :** After this lesson, the trainees will be able to:

1. help mothers to correctly and successfully implement CKMC by using the problem-solving method to teaching and providing reinforcement for CKMC.

**Time:** 90 minutes

**Method:** Group discussion

**Materials:** Poster

**Process:** The trainer will first explain the problem-solving method to the trainee CWs. The trainer will record the major principals of the problem-solving method on the poster (ASK & LISTEN; LOOK & CHECK; DISCUSS & RESOLVE PROBLEMS; REINFORCE COMPLIANCE/GOOD KMC CONDUCT). Then the trainer will initiate a discussion of the questions and problems that arose with the mothers in the Ecuador and Bangladesh studies of KMC. The trainer will have prepared a poster with the questions and problem (but not the women's suggested solutions) from these two studies. The trainer will discuss two or three of the questions and problems, how these problems were elicited (by asking the mother and families, by listening) will ask the trainees to give solutions to the questions. Thereafter the trainer will discuss the solutions to the questions one by one and conclude the lesson.

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### **Using the Problem Solving Method to Help Mothers Correctly Implement CKMC**

#### **ASK & LISTEN**

How is the woman doing with KMC? Ask her if she has identified her birth attendant, has the birth attendant and family been taught (including in-laws and parents). practiced CKMC with her expected birth attendant. Ask when she initiated skin-to-skin, how many hours a day does she hold the baby STS, if not constantly, why not, does she have family support (do others hold the baby STS and help her with chores). Ask if she plans/gave colostrum, when she initiated breastfeeding, if not immediately after birth why not, does she breastfeed on demand or on schedule, has she had problems with breastfeeding and if so what are the problems. Ask if she is prepared to/sleeps with the baby to keep the baby STS. Ask her if she has bathed the baby by immersion in water yet and if so why. Ask if the baby has been ill, what was the problem, she has taken the baby to health care for a well baby check up, for an illness. If the woman is pregnant ask her if she has been saving money in case of emergency (for herself or the baby), has she identified/arranged for emergency transportation “just in case.” Ask if she has had any concerns or problems with any of these or other aspects of CKMC? What are the problems?

#### **LOOK & CHECK**

During visits, check to see if the woman is still holding baby skin-to-skin, check pouch, baby in position to breastfeeding on demand, check bed for sleeping arrangements/ask to see bolster, ask woman to demonstrate cleaning baby show clean wash cloths, and arranging for help/transportation and taking baby to health care while continuing STS. Ask her when she should take her baby to health care. If she has stopped giving STS, ask her to place the baby STS and see if the baby adheres/still wants to be held STS.

#### **DISCUSS & RESOLVE PROBLEMS**

Discuss the concerns or problems with KMC that the woman, family and/or birth attendant has encountered, discuss possible ways to overcome problems and offer solutions to improve compliance. If the woman said she does not give STS all day and night, and the baby still adheres/wants to be held STS, explain that babies can become cold even shortly after stopping STS. Discuss getting help from others, to help her with her chores, to help her hold the baby so the baby may be held STS until s/he no longer desires it. Discuss the possible ways to solve the problems, and tell the mother to tell you, her family and birth attendant when she is having problems and work with them to figure out solutions to the problems.

Reiterate importance/benefits of CKMC in areas where mother having problems or are not successfully (described below) implementing CKMC.

You may wish to make a list of the questions and concerns that women encounter to discuss them at refresher training sessions or group meetings. This will help you to resolve any problems continuing to require resolution.

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Example of List of Questions and Concerns that Arise

Date	Name of CKMC Trainer/CW: _____	
	Questions asked by pregnant women/post-partum mothers	Solutions to the problem (After the refresher training or group meeting)

**REINFORCE COMPLIANCE/GOOD KMC CONDUCT**

Congratulate mother on areas of CKMC where she is successfully implementing CKMC and reiterate the importance benefits of CKMC in these areas. Ask her how she feels about her experience with CKMC. If she is implementing CKMC very successfully, ask her if she would be willing to help you teach and help other mothers.

NOTE: Only included are concerns expressed by women from studies that have demonstrated effective KMC. Other concerns that may arise in should be resolved through the problem solving method and should be discussed at CKMC refresher/group experience meetings so the group can decide how best to resolve the problems and help the women.

In the past, the most important and common concerns expressed by women include:

[DISCUSS THE QUESTIONS ASKED AND PROBLEMS PRESENTED BY MOTHERS IN ECUADOR AND BANGLADESH THE SOLUTIONS TO THOSE QUESTIONS AND PROBLEMS.]

**How long should a baby be given KMC care? When should this method be stopped?**

You must do your very best to start holding the baby skin-to-skin as soon as possible after birth, and to keep the baby skin-to-skin all day and all night. It is very important that skin-to-skin care be started right away as this keeps the baby warm, helps regulate his breathing, and helps him

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start to breastfeed right away which can also help you reduce the amount of postpartum blood loss and weakness. Babies are most vulnerable in their very first two days and week and month of life. But it is not sufficient to hold babies skin-to-skin for only a few hours or only a few days when the babies are still comfortable being held skin-to-skin. Babies need skin-to-skin care until they feel healthy and strong. Starting skin-to-skin care right after birth and giving it constantly or for as many hours as possible until the baby no longer desires to be held skin to skin may best improve the baby's chances for survival. You should give the baby CKMC care as long as he/she remains comfortable in between your breasts. The baby himself/herself will let you know when he/she no longer wants and should not be kept in skin-to-skin contact anymore. The baby lets you know when it is time to let him/her stop being held skin-to-skin when he/she is healthy and strong enough. When he/she becomes healthy [NOT WHEN THE BABY IS LARGE OR BIG, AS SOME BIG BABIES ARE STILL NOT HEALTHY, STRONG OR STABLE], he/she will push away from the mother's chest and be fidgety and restless because he/she will want more space to move and play. To prevent the baby from becoming cold, the baby should be kept in skin-to-skin contact all day and all night until he/she constantly pushes away from the chest. At night you should make your bed so that you can sleep with your baby with your back slightly upward and supported from behind, i.e. in a half-lying position, as we have already discussed. If you lie in this manner the baby will be able to breathe and breastfeed easily.

I would now share with you a story about a friend of mine. She has three children. She has three children, each about two and a half years older than the next child. Her oldest child, a healthy girl, loved breastfeeding and breastfed for three years. When her second child (her first son) was born, everyone told her to stop breastfeeding the oldest child, the girl who at that time was two and a half years old. Her mother did not want to, but she finally listened to this advice. She put some bitter plant juice on her breast to discourage her daughter from the breast. The girl tasted the breast, made a "bad taste" face, went away a few moments, came back with a damp, soaped washcloth, washed her mother's breast, and then happily breastfed again. The mother was happy her girl was so clever, and kept giving her the breast for another six months, when the daughter decided she did not want to breastfeed anymore. Her first brother stopped breastfeeding at nine months, as he did not want the breast anymore. The youngest son stopped breastfeeding at about a year and a half. Each child decided for himself when it was time to stop breastfeeding. Just as there is no set time to stop breastfeeding, there is no set age to stop holding your baby skin-to-skin. What is very important is to realize that babies are small vulnerable people compared to adults. Their immune systems and respiratory and other systems are not fully developed when they are born. These protective systems continue to develop after birth. So, while babies are most vulnerable in their first few days and first weeks of life, some may continue to be vulnerable for months while others may become strong and healthy within a few days of birth. This is why it is so important to start to hold your baby skin-to-skin as soon as possible after delivery and to hold your baby skin-to-skin as constantly as possible. Babies can lose body temperature quickly and then it is difficult for them to regain their normal temperature.

One woman told us:

*"Mothers have to be told it doesn't matter if it is hot or cold [outside]. The newborn needs the warmth it was used to receiving in the womb. You must give STS for as many hours and as many days as the baby wants it."*

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### **Can my husband or others help me provide care to the baby?**

This is one of the most beautiful aspects of kangaroo mother care. Your husband, family or friends can help you care for your baby, making sure they use the same precautions, washing their hands and wearing clean clothes, as you do when you care for the baby. Unless you have an infection or some problem that makes it too hard for you to provide skin-to-skin contact for your baby most of the time, others should only replace you in providing skin-to-skin care for short periods of time, for you to get a short rest, bathe yourself or go to the bathroom. All mothers need help and should seek the help you need to hold your baby skin-to-skin from your family or friends whenever you feel the need to help make sure the baby is held skin-to-skin 24 hours a day. This helps the family gain respect for you as a caregiver and also helps them bond with you and your baby in your efforts to ensure your baby's health. Holding the baby skin-to-skin helps you and your husband have closer relations with your baby. This involvement of others help makes everyone involved responsible and loving to your baby and aware of the baby's condition. Even though they, like you, may at first be hesitant or scared, their involvement will give them have closer ties to the baby and ultimately they will want to spend more time caring for the baby. It is probably best if other children do not provide this help, because children often catch colds and can easily pass them to a baby. Similarly, adults who are ill should not provide this care until they are completely well. And this is all right as long as you are always there or near, because only the mother is the baby's primary caretaker and best recognizes when something unexpected happens or when your baby needs something. So remember, you are the best person to give your baby all three basic requirements for his best development: Mother's milk, body heat and love.

### **Should we teach others CKMC?**

All mothers need help during and after delivery. Therefore it is very important that the community worker teaches CKMC to your, your family and your birth attendant. You should teach CKMC to your family and birth attendants wherever you are going to deliver. Doctors and nurses providing care in health care facilities must also be taught. This way, if you give birth at home, at another's (family or other) home, or in a health care facility, you will have people who understand CKMC and can help you to start CKMC right after birth and to give CKMC properly.

One mother told us:

*“All family members should be taught while women are pregnant about the benefits and how to keep the baby skin-to-skin. [Even] the village leaders should be taught...As a result pregnant mothers will get support and be encouraged.”*

Other women suggested that community workers also teach the local birth attendants and that other women in the village with a positive (good implementation) of CKMC be requested to teach CKMC to others. This way the mothers will be taught frequently. In our studies we saw that women who were taught more frequently held their babies for the longest time skin-to-skin, and women who were rarely taught held their babies only a few hours a day for a few days a week.

*“I was told to keep my baby in skin-to-skin contact for 24 hours a day. I think that a baby should be kept in skin-to-skin contact as long as possible. I was unable to keep my baby skin-to-*

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*skin for a long time, but my mother did it. Other family members can do this when a mother cannot.”*

### **What if I have chores to do?**

Most mothers are allowed a few days or weeks to rest after birth. Still, you and your family have an important decision to make before your baby is born. That decision is “what is most important to do when your baby is born.” You must decide that it more important for you to give the best care to your baby particularly in the first few days of life to make sure he survives and thrives. Making sure your baby survives is more important than any chore you might have to do. You need your family’s support and agreement in this decision. This way you can giving CKMC and STS around the clock. One mother told us”

*“A mother should give STS to her baby for her own sake as well as the baby’s. If the baby becomes ill, the mother is the one who suffers the most; she faces difficulties in doing her work and caring for the baby.”*

### **Do I have to use a jacket or coat to keep my baby warm? And if my baby gets/becomes cold or catches a cold, should I put a jacket or clothing on him?**

Do not cover the baby with any clothes except a nappy, cap and booties at the very most, because the cloth blocks the transmission of your body heat to the baby and he can actually become colder. If the outside or indoors temperature is cold, it is always better that you keep the baby next to you, skin-to-skin, inside your clothes and then wrap yourself well on the outside (outside your baby’s back. The same is true for the clothes you sleep in. Place the baby inside your nightgown and then hold or wrap the baby next to you, in direct skin-to-skin contact, inside your nightgown. If you put a cap on the baby, make sure it is a small cap that only covers the head but never covers the cheeks of the baby. If the baby wears a hat/cap or if the baby but is not placed STS (incorrectly has the head placed on the outside rather than the inside of a vest/blouse/sweater) it should not cover his/her cheeks as this limits STS contact and reduces the ability of STS to regulate the babies temperature and keep it normal. This way the baby has the most skin-to-skin contact as possible with the mother or other family member holding the baby. One mother told us:

*“If the temperature inside or outside is cold, the baby can be dressed in a small cap or socks. But whatever clothes the baby wears, the baby’s body, legs, cheeks and head must be kept bare against the mother’s bare chest.”* Another mother told us *“It is enough to cover the baby’s back with a large blanket.”*

Some mothers say:

*“Providing STS to the baby gives them the warmth of their mother’s breast, instead of the cold outside, so they receive the same temperature and protected environment as when they were in the womb.”*

One mother said:

*“In the past we used to keep newborns covered with a cloth or blanket, keeping them naked. Now there is no need for that as they are already receiving warmth from their mother’s breast. It is enough to then cover the baby’s back with a large cloth.”*

### **Should you give CKMC in a hot climate?**

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Sometimes it is very hot and you or the baby may feel uncomfortable STS. If so, you should try rapidly wiping the baby and herself with a very slightly (with almost all of the water squeezed out) damp cloth to maintain constant, 24 hour a day STS. When the baby is healthy he will indicate that he no longer accepts STS, just like when the baby weans himself from the breast because he no longer desires (and may not further need) breastmilk. If the baby shows he is consistently uncomfortable held STS, then it is time to stop. But during the hot months the baby should be kept STS if he accepts STS with a bit of damp cloth wiping. You can also quickly wipe yourself.

### **What are other benefits of KMC give?**

You will be able to provide your baby with the love he needs and stimulate his senses. Cuddling and holding your baby against your body, both his head and body touching you all the time, hearing the beats of your heart and your voice as you talk to him and sing to him stimulates your baby's emotional development. It will also stimulate his breathing, because babies can forget to breathe. The motion of your breasts will help him to breathe at the same time you do all the time. You will arrange the head of your bed so you can sleep in an almost sitting position to allow the baby to breathe easily and to move his head easily. Holding the baby skin-to-skin immediately after birth helps the baby to start breastfeeding right away. This provides colostrum to the baby that has special properties to prevent infection and has all the nutrients the baby needs. It also helps the mother to establish good breastfeeding and produce breastmilk. Breastfeeding immediately after birth also helps the mother to produce a chemical in her body that reduces postpartum bleeding and that may help her to recover her strength sooner after delivery. One woman told us *“When a baby sucks the breast the womb squeezes and the bleeding slows. These ideas must be taught to the mothers while they are pregnant.”*

### **Will CKMC prevent the baby from illness or death?**

We do not know if CKMC prevents illness or death in babies. Even though there may be benefits from KMC, you should never rely on it to save you or your baby if you or your baby experiences a problem. Do NOT ever believe that KMC will save you or your baby if you or the baby has a problem. Always seek care at a hospital immediately for yourself and for your baby if you or your baby experiences a problem. Waiting to seek care is very dangerous because problems become worse over time if they are not properly treated. Sometimes women have problems seeking care immediately because they have not saved any money during pregnancy for such an emergency. Or sometimes women have a difficult time arranging transportation to get to the hospital. Or sometimes women think they can just go to an informal person or someone who is not a trained doctor or nurse midwife to get help. One mother told us: *“You have kept your baby in your womb for 9 months, so you can make the effort to accept a little discomfort and keep your newborn in skin-to-skin contact with you ... [until the baby no longer wants to]. You can finish your household chores later on.”*

Any mother who has gone through pregnancy should do everything possible to save herself and her baby from harm. So women and their families should plan ahead, they should save a little bit of money every day in case the mother or baby experiences a problem and needs care. The

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mother and family should make a plan while she is still pregnant in case of emergency. While she is still pregnant, the expectant woman and her family should arrange with someone in the village who has some way to transport her if she or the baby experiences a problem. Waiting to see if the problem goes away is unacceptable because once a problem occurs it can get worse, sometimes very quickly. If a mother or baby experiences a problem she should immediately seek care at a hospital to make sure the problem does not become worse and unresponsive to treatment. If a woman has saved some money and made agreements with someone to help with transportation, a woman or baby experiencing problems can get to the care they need as quickly as possible and have the best chance for successful treatment. Another mother told us:

*“All mothers must [be told] that they may experience complications in pregnancy which can put the mother and baby in peril. Anyone who encounters complications [or problems] should be taken to the hospital immediately.”* Another woman told us:

*“No mother wants her baby to die. Nobody wants the expectant mother to die. Everybody wants to see both survive... The community workers must make the mother and other family members understand that if an expectant mother or baby faces any small complication they should be [taken to the hospital and] given proper treatment without delay.”* Another mother told us:

*“Many mothers do not understand the problems of their babies. For this reason they should be taught.. If [mothers are taught] that for a small disease is actually a large one [problem] for a baby, the mother will be inspired [to take the necessary action to save the baby and herself].”*

### **Can I bathe my baby?**

It is better not to bathe your baby until he is healthy and strong and has signaled to you to stop skin-to-skin care. Before that time, he has not stabilized his body temperature and bathing can make him rapidly lose his body heat and become cold. You can give your baby a general cleaning everyday with a soft slightly damp (squeezed out) clean washrag or cloth that you only use for this. And every time you change his diaper, clean his genitals in the same way (with the same damp, warm cloth). You can hold the baby skin-to-skin facing you, then facing away from you to gently wipe him clean with the cloth. If you hold the baby away from you do so very quickly and return the baby to the skin-to-skin position very quickly.

### **What should I do if my baby has trouble breastfeeding, does not take enough breast milk or if there is not enough milk in my breasts?**

Sometimes babies born very early have trouble breastfeeding. If that happens, you can ask someone to hold the baby STS while you express your breastmilk with your hand. You can express the milk into a clean cup and feed the milk to the baby with a clean spoon. You can also ask another breastfeeding mother to breastfeed you baby so your baby receives enough milk to thrive. Still, it is very important to give your baby your first breast milk (colostrum) as this contains special nutrients and infection fighting qualities. So even if another woman can breastfeed your baby, you should always express your first milk and feed it by cup and spoon to the baby. Then, even if you are feeding the baby using a clean cup and spoon, you should put the baby STS and take the baby to the nearest health center promptly/as soon as you can so they can evaluate if they need to feed the baby through a tube.



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If you feel your baby is not breastfeeding enough or doesn't get sufficient breast milk, first try to burp/pat out his gases longer and afterwards insist he try to breastfeed a bit more. If he falls asleep on you or doesn't want to feed more, check if you have sufficient milk by trying to extract some and if he still doesn't want to breastfeed try breastfeeding him more often, that is every 2 instead of every 3 hours and every time he wants to, including throughout the night. Mothers have all the milk their babies need and breast milk is the very best food. Until the baby is six months old, you should only feed the baby your milk and nothing else. You should drink more water if you think you have less milk and encourage the baby to suckle more often. You should also try to eat a little more than you usually eat. Also, young infants are more prone to get infections so any prepared food or drink can cause infection and this is dangerous for the baby. Breast milk is perfectly clean and is the only food a baby needs during his/her first 6 months to grow healthy and strong.

### **How will I know if my baby is sick?**

The card we gave you identifies alarm signs you should be aware of. If any of these signs become apparent, do not hesitate to seek medical care as soon as possible. You should go to the closest hospital as the promptest care will help him get better most quickly. If you think he is choking or can't breathe, with milk or secretions put his mouth face downwards and keep patting his back until he spits up or burps. But for emergency/urgent measures, put the baby STS and take him straight away, without hesitation or delay, to the doctor. You will know your baby so well that you will recognize when he is experiencing an alarm sign, that is:

- has trouble breathing or irregular breathing
- has trouble sucking
- does not want to breastfeed
- his/her body becoming purple
- he/she becomes pale
- his/her body becoming cold
- he/she is agitated, very restless
- has fever.

### **What should I do if my baby has trouble breathing, or has rapid or irregular breathing?**

If a baby has trouble breathing, the person attending delivery, you or a relative can try to clean/clear the nostrils and mouth with fingers or mouth, and gently pat/massage the baby to stimulate breathing. If after that the baby continues to have trouble breathing, you must place the baby skin-to-skin and go to the nearest hospital to get their help. If this helps the baby to start breathing normally, then you can put the baby STS and begin breastfeeding. When the baby starts to suckle, he will be better able to continue to suckle. STS can then help the baby breathe normally by feeling the mother breathe and breathing with her. STS can also help to normalize their temperature and protect against respiratory problems. One mother told us:

*“My baby had difficulty breathing after delivery and the baby’s body became cold. When I held my baby skin-to-skin, my baby recovered ... by receiving the warmth of my body. If my neighbor becomes pregnant, I will [teach her] CKMC.”*

### **What should I do if the baby is ill or ill right after birth?**

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It is important to try to hold all babies STS, including babies who are ill. Babies can destabilize very quickly after birth. STS can help to normalize the baby's temperature and prevent and overcome their respiratory problems. And STS right after birth promotes breastfeeding right after birth. Breastfeeding immediately after birth helps the baby receive the first breast milk, which has special properties that protect the baby from infections. If a baby is ill, hold the baby STS and immediately seek care at a health care facility.

### **What should I do if I get sick?**

If you catch cold or fever due to cold you should cover your nose and mouth with a piece of cloth and continue to take care of your baby as before. However if you are have a very bad cold or fever, ask that others help you by providing skin-to-skin care for your baby until you are well. If others in the house become sick you should keep the baby away from them. This is one reason we do not recommend that other children provide skin-to-skin care to their younger siblings, because children become sick more often than adults and can easily pass the illness to the baby. Women told us:

*“I [thought I] could not keep my baby skin-to-skin as I was sick. I did not [think about] asking another person to hold the baby skin-to-skin. I did not know that a baby may breastfeed better if held skin-to-skin. I did not know that breastfeeding immediately after birth could help stop my bleeding [after birth]. Women need to be told these things.”*

One woman told us:

*“When a woman conceives she and her husband or head of household must understand that a problem can present itself at any time. If so, the most important thing is to take the mother to the hospital immediately.”*

### **What if I am weak?**

Many women are weak after birth. STS right after birth promotes breastfeeding right after birth. BF immediately after birth stimulates chemicals in the mother that help the womb contract and minimize bleeding, thereby making the woman feel stronger. Also when you are pregnant, you can identify someone like your mother, mother-in-law, husband or other person to help you after birth. That person can be taught to hold the baby STS (and even to breastfeed the baby if you are unable) and can help you when it is necessary.

### **What if I need to get rest?**

Holding the baby between your breasts just takes a little dedication. Also when you are pregnant, you can identify someone like your mother, mother-in-law, husband or other person to help you after birth. That person can be taught to hold the baby STS (and even to breastfeed the baby if you are unable) and can help you when it is necessary. As soon as possible, take the baby back and place him/her between your breasts in skin-to-skin contact. The baby should not be separated from the mother's breast even while she is doing chores. The mother can also rest while holding the baby skin-to-skin.

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### **Immediately after delivery, the mother has severe pain in her pelvis, should she keep the baby in CKMC method during that time?**

Yes, she should. After delivery, the earlier the mother will start giving the baby care in CKMC method the earlier the pain in her pelvis will go. STS right after birth promotes breastfeeding right after birth. BF immediately after birth stimulates chemicals in the mother that help the womb contract and minimize bleeding, thereby making the woman feel stronger. So, despite the pain in her pelvis the mother should start keeping the baby in skin-to-skin contact into her chest immediately after delivery.

### **What if I deliver at my mother or mother-in-laws home or in the hospital?**

The community workers should teach your husband and other family members CKMC so they can help and teach others if you do not deliver at home. The community worker should try to teach you first alone and then at a later visit teach you and your family members and also your birth attendant. That way you and your husband can teach his or your mother or your family about CKMC so they can support and help you give STS even if you deliver at their home. You should identify the person who will help you after you deliver so the community worker can teach them before you deliver. The program that teaches the community workers should also teach CKMC to doctors and nurses in the hospitals and clinics so they can support your provision of CKMC to the baby.

### **Should I give CKMC if I deliver twin babies?**

Yes you should. Babies who are twins especially need CKMC. You should identify one or two family members to help you provide CKMC to both babies, and try to start STS and breastfeeding for both (even alternating breastfeeding while someone else holds the baby STS) immediately after both twins are delivered so both can benefit from STS and colostrum.

### **How do I know if the baby needs CKMC?**

All mothers and babies can benefit from CKMC. STS right after birth promotes breastfeeding right after birth. Breastfeeding immediately after birth helps the baby receive the first breast milk, which has special properties (immunoglobulins) that protect the baby from infections. STS should be given to all babies until they no longer accept it. Bigger or healthier babies may reject STS in a day or two. So even if a baby is average size, big or healthy, giving STS until the baby no longer accepts it will help protect the baby's health and survival. STS makes it easy to breastfeed on demand and this can also prevent dehydration. Mothers who do not hold their babies STS have to wait until the baby cries to know the baby is thirsty or hungry.

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### **Lesson 14: How to Get Women to Successfully Implement CKMC**

**Objectives:** This lesson will enable those trained to:

1. describe how repeated instruction and demonstration (teaching women many times) gives women the confidence to provide CKMC regardless of who assists their delivery
2. describe at what point in pregnancy to teach CKMC
3. describe how often to teach each pregnant woman CKMC
4. describe why it is important to teach CKMC to other family members and birth attendants
5. describe why postpartum reinforcement of CKMC is important

**Duration:** 1 hour

**Materials:** Poster board

#### **Training Process for Lesson 2 Objectives 1 through 5**

**Objective 1:** The trainer will explain why repeated direct person to person instruction and demonstration is fundamental to successful CKMC implementation. S/he will write the key points on the board. S/he will test the participants through the question and answer method to determine whether the participants have understood the lesson.

**Time:** 15 minutes

**Materials:** Poster board

**Objectives 2-5:** The trainer will explain what successful CKMC implementation is and the steps to successful CKMC. S/he will write the key points on the board. S/he will test through question-answer method whether the participants have grasped the lesson and then conclude the lesson.

**Time:** 45 minutes

**Materials:** Poster board

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### **Teaching KMC Person to Person, by Demonstration and Repetition**

The key to successful kangaroo mother care is repeated direct person to person instruction and demonstration with the mother and her family. Teaching women and their families how to solve problems they may encounter with KMC is also critical to successful KMC. Repeated person to person instruction, demonstration and problem solving have been demonstrated time and again as the ways that lead to the best implementation of KMC in Latin America, Asia, Africa, Europe and the United States of America. Other activities such as organizing and conducting group meetings (meetings with women, birth attendants or church, temple or mosque-based meetings) may provide encouragement to women and the people who help them after delivery, but these activities are not substitutes for person to person instruction because they do not provide the confidence needed for women to give KMC. The strategy proven to be successful is repeated person to person instruction and demonstration. You will teach CKMC to all pregnant women and newly delivered mothers in the community where you work. If taught correctly CKMC will be implemented effectively and help babies survive.

Because teaching CKMC to mothers who deliver their babies at home is different from teaching the method to mothers who deliver their babies at hospitals, a group of Kangaroo Mother Care method experts decided the best way to give women the confidence they need to successfully provide kangaroo care to newborn babies is to teach CKMC to mothers many times during their pregnancy. CKMC should also be taught to their families and people who help the women deliver their babies. . Clinic and hospital staff should also be taught how to help mothers to give CKMC after birth. This way, the mothers and their helpers (their family and their birth attendants) will know about and be prepared to provide and support regardless of who helps them deliver their babies.

Mothers should also be visited as soon as possible after their delivery to help them give CKMC to their baby's right after birth. Periodic visits should continue to postpartum women to reinforce the CKMC messages and to ensure successful implementation:

### **What is Successful CKMC?**

Successful CKMC means that all pregnant and postpartum women will:

- 1) keep their newborn babies in direct skin-to-skin contact 24 hours a day, starting right after birth
- 2) keep their babies the correct skin to skin position, that is in a slightly diagonally upright position on their chests to allow the baby to move and breathe easily
- 3) breastfeed the baby on demand, starting right after birth
- 4) sleep with the baby in skin-to-skin contact in a slightly diagonally upright position on their chests
- 5) not immerse the baby in water to bathe him/her until he/she is active and healthy
- 6) immediately take the baby to the nearest health care facility for danger signs.

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You (community workers) are receiving a seven-day training to teach you how to teach mothers to successfully implement CKMC.

### **Steps to Successful CKMC**

The critical steps to teaching mothers how to successfully implement CKMC are:

- 1) Start teaching CKMC to the expectant mothers in their last months of pregnancy how to give CKMC to a baby
- 2) Teach the women's support people, that is their family and birth attendants about CKMC and how to help the woman give CKMC to a baby
- 3) Reiterate CKMC instructions and demonstrations to the pregnant women every day or every other day
- 4) Visit women as soon as possible after birth to help them to initiate CKMC right after delivery
- 5) Visit the post-partum mothers at regular intervals. .

Implementing these five steps will lead to successful CKMC implementation and to saving babies lives.

### **Step 1. Start teaching CKMC to ALL expectant mothers in their last months of pregnancy how to give CKMC to a baby**

Start teaching and demonstrating CKMC to the pregnant mothers and their “support people” as soon as you realize they are in an advanced stage of pregnancy (during her last few (from the sixth on) months of pregnancy). Mothers who have reached the final stage of their pregnancy are concerned about what will happen at and after their delivery. Women are also less occupied with work and are more available to teach as their delivery date nears. You should start explaining CKMC to the women from the sixth month of pregnancy as some women deliver their babies early. Do not forget to make the extra effort to teach women who live far or who are not your friends. Many women told us they did not know about CKMC, so they did not provide CKMC to their babies. You can get help to assure that all mothers are taught by teaching others (birth attendants and women's group members) CKMC and requesting their help in teaching mothers.

### **Step 2. Teach the women's support people, that is their family (parents and in-laws) and birth attendants about CKMC and how to help the woman give CKMC to a baby**

Teaching family members and birth attendants helps them to understand and support CKMC. Women sometimes require short breaks from holding the baby skin to skin, for example to bathe or relieve themselves. Side by side, teach the women and her family and the community members who will help the women after delivery. Family members and birth attendants who do not understand CKMC may discourage women from giving CKMC. Those who are taught and understand CKMC can help hold the baby skin to skin when women desire a few moments of privacy. It is also important to teach CKMC to birth attendants and family members as some women may not allow anyone but the birth attendant or a family member in the delivery room.

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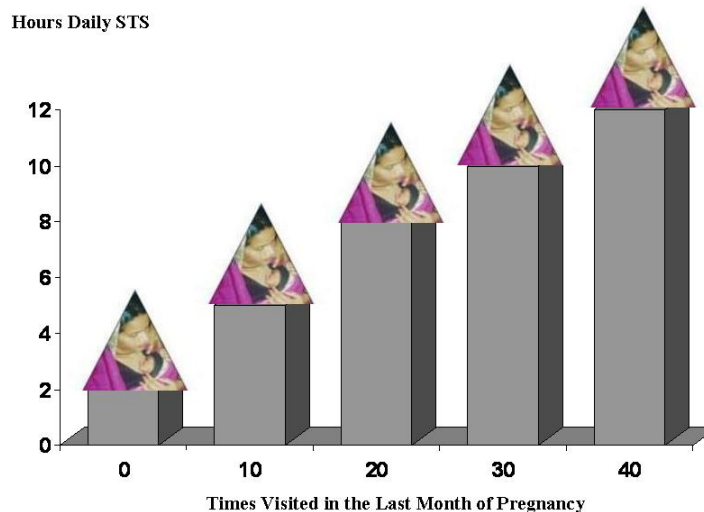
Birth attendants and family members can help build their confidence and encourage women to give CKMC right after birth.

### Step 3. Reiterate CKMC instructions and demonstrations to the pregnant women every day or every other day

Visiting women frequently improves your relationship with them and increases their trust in you. Remember, CKMC is new to most mothers. To build their confidence in CKMC, visit and teach CKMC to each woman, their families and delivery attendants by person to person instruction and demonstration **daily or every other day**. This is the goal you want to achieve. Women who are visited and taught the CKMC method daily or every other day in their last month of pregnancy are most successful at giving CKMC. Women who are visited less are less successful at giving CKMC. Babies receiving more CKMC have a better chance of survival. Teaching others in the community, including women's groups to help teach CKMC, can help women receive the daily or almost daily instruction they need to build sufficient confidence to give CKMC to their babies right away after delivery.

So many mothers told us: *“If the community workers visit us more often and explained CKMC in detail [we would give CKMC more].”* And this is exactly what we found. The more times women were visited and taught CKMC the more they provided CKMC to their babies. One way to help a woman be taught CKMC frequently in pregnancy is to teach CKMC to the birth attendant and women's groups members who can then, in addition to your visits, visit the mother to teach and reinforce CKMC.

### More Visits to Teach CKMC Results in More STS



**Step 4: Visit women as soon as possible after birth to help them to initiate CKMC right after delivery**

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If women are visited and taught CKMC a sufficient number of times in pregnancy, they will have the confidence to give CKMC to their babies. Visiting women right after delivery reinforces her confidence, and provides added confidence to those who need it. A visit right after delivery also helps mothers and families resolve any questions and overcome any hesitation they may have. A visit right after delivery is particularly important as women often do not understand that they should give CKMC to frail babies as well as healthy babies, that they should give CKMC to big newborns as well as small newborns. If a baby appears ill or has problems at birth, the mother should start CKMC immediately and while holding the baby in the STS position take the baby to the nearest health care facility. The mother's family and birth attendants should encourage her to give CKMC and help her take the baby to the health care facility.

### **Step 5: Visit the post-partum mothers at regular intervals.**

Postpartum visits should continue to help reinforce kangaroo mother care implementation. Periodic postpartum visits are important to discuss and resolve any difficulties mothers may encounter in providing kangaroo care. By visiting postpartum mothers periodically you will be able to provide the information to answer mothers' and families' concerns about kangaroo care.

In course of time when many mothers will have adopted CKMC you should arrange to teach them to teach and help other expectant and postpartum mothers to give CKMC. You should also teach them how they can help other new mothers to overcome any concerns or difficulties she may encounter with CKMC.



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### **Lesson 15: Preparations for Field Visit/Role Play in Teaching CKMC**

- Objective:** After this lesson, the trainee CWs will be able to
1. teach CKMC to mothers to successfully enable them to give CKMC.
- Time:** 1 hour
- Method:** Role Play
- Materials:** Doll, one saree or a piece of cloth, 2/3 clean shawls, 2 pieces of old cloth, 2 pieces of nappy, 1 cap (Never a *kan toupee* or cap that covers the cheeks!), 1 pair of socks, 1 or 2 pillows or side pillows, sleeping bed, pictorial pamphlet for the mother.
- Process:** The trainer will play the role of a mother and ask the trainees to act as to teach her CKMC. The lesson should be taught in the following sequence:
1. exchange greetings.
  2. explain the purpose of home visits.
  3. explain the five key elements of CKMC care and the need for them.
  4. explain the benefits of CKMC Method for newborn babies.
  5. demonstrate on how to keep a newborn baby in between your breasts.
  6. demonstrate on how the mother should sleep with the baby.
  7. explain how to clean the baby.
  8. explain when and how those helping the mothers can do so.
  9. explain what to do if the mother becomes ill and if other family members become ill.
  10. describe newborn danger signs and explain what to do if a baby exhibits any danger sign.

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### **Lesson 16: Responsibilities of the CKMC Trainers, Community Worker Supervisors and Community Workers (CWs)**

**Objectives:** This lesson will enable those trained to:

1. identify women in their last few (from the sixth on) months of pregnancy
2. ensure sufficiently frequent visits to pregnant and postpartum women
3. prepare lists of pregnant women and post-partum mothers

**Duration:** 1 hour

**Materials:** Poster board, pregnant woman and post-partum mother form

#### **Training Process for Lesson 3 Objectives 1 through 3**

**Objective 1:** The trainer will discuss how to identify women in their last few (from the sixth on) months of pregnancy through household visits. S/he will test the participants through the question and answer method to determine whether the participants have understood the lesson.

**Time:** 15 minutes

**Materials:** Poster board

**Objective 2:** The trainer will describe how often and when to visit pregnant and postpartum women and ways to achieve the desired frequency for CKMC instruction.

**Time:** 30 minutes

**Materials:** Poster board

**Objective 3:** The trainer will supply all the trainees with a form for listing pregnant women and post-partum mothers and give a practical demonstration on how to complete the form.

**Time:** 15 minutes

**Materials:** Poster board, pregnant woman and post-partum mother form

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### **CKMC Trainers and Supervisors Responsibilities**

CKMC Trainers must be formally educated, experienced trainers who have been taught kangaroo mother care by doctors, nurses or midwives who have spent many years training mothers in kangaroo mother care or doctors, nurses or midwives who have spent many years training mothers in kangaroo mother care. As CKMC Trainers, your responsibility is to convey all the information contained in this manual to the Community Workers and their Supervisors to ensure that they:

- are able to demonstrate and successfully impart the CKMC instructions to expectant mothers and others in the community and help them practice CKMC
- are able to develop with the expectant and postpartum women one or more ways that they can keep their babies skin to skin 24 hours a day, day and night, and provide CKMC without fear
- are able to address the mothers' questions, problems and concerns
- can motivate mothers and families to maintain the skin to skin position and promptly take the baby to a health center if the baby experiences any danger sign.

The CKMC Trainers should, together with the Community Workers and their Supervisors, co-instruct women, their families and birth attendants in CKMC for at least 4 full days with each CW over a month's time. This co-instruction will help CWs to start teaching CKMC to women and those who will help them provide CKMC. The co-instruction also allows the Trainer to observe and correct or amplify the CWs training as necessary. By the fourth co-instruction day, each CW should independently, without the trainer's assistance or correction, be completely able to correctly train women and those who will help them in all aspects of CKMC, including problem resolution.

The role of the CW Supervisors is to help the Community Workers successfully accomplish their tasks. CW Supervisors should coordinate with the CWs every week or every month in order to identify women who are in their final stage of pregnancy and to identify women who gave birth in the previous week.

### **Community Workers Responsibilities**

The role of the Community Workers and their helpers is to

- Start teaching expectant mothers and newly postpartum mothers and their support people
  - Reiterate kangaroo care instruction during woman's pregnancy
  - Visit woman as soon as possible after birth to help her with/initiate kangaroo care
  - Visit woman at recommended intervals to reinforce kangaroo care, resolve any difficulties mother may have in providing kangaroo care, provide information regarding mother's concerns about kangaroo care
1. *Identify women 6+ months pregnant and those who have delivered a live born baby in the past week and month.*

To implement the five steps to successful CKMC, it is recommended that you make a list of all

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women in late pregnancy and newly postpartum women in your community/where you work. Keep updating the list every week. Do not waste time and effort calculating a woman’s estimated date of delivery. If the woman is obviously pregnant (“looks pregnant”) then she is near enough to delivery to start teaching her CKMC. You are to visit and teach CKMC to all women in their last few (from the sixth on) months of pregnancy frequently, every day or every other day, and as soon as possible right after they deliver. Keeping an updated list of women 6+ months pregnant and who delivered in the last week will allow you to visit the women you need to (and not all women, pregnant women less than 6 months pregnant or women who have given birth over a month ago). This will make your workload in teaching CKMC reasonable.

**List of Pregnant and Postpartum Women**

MONTH/YEAR _____ / _____	
NAME OF CW	_____
NAME OF DISTRICT	_____
NAME OF SUBDISTRICT	_____
NAME OF VILLAGE	_____
LIST ALL PREGNANT AND POSTPARTUM WOMEN IN YOUR COMMUNITY AND PROVIDE THE FOLLOWING INFORMATION	

PREGNANT WOMAN’S NAME	HOUSEHOLD NUMBER	ESTIMATED GESTATION IN MONTHS	EXPECTED DATE OF DELIVERY
POSTPARTUM WOMAN’S NAME	HOUSEHOLD NUMBER	DATE	DATE OF DELIVERY

We know that you and pregnant women themselves may not know how many months pregnant they are exactly. Still you should ask obviously pregnant women how months pregnant they are and use it to determine when you should start teaching CKMC to these women and their families and helpers. There are many reasons why you should **NOT** attempt to teach CKMC too early in pregnancy. Women in their first few months of pregnancy are less concerned and therefore less attentive about what they should do at delivery than women who are closer to their date of

## **DRAFT – IN PROCESS OF VETTING**

delivery. Visiting women earlier in pregnancy means you need to visit more women at the same time. It also means you will have less time to visit those really needing to learn the CKMC method, that is women whose delivery date is near (in the next month or two). Visiting women frequently in the last few months (from 6+ months gestation) and in the last days before they give birth to teach and review CKMC with them is critical to provide them with the emotional support and confidence. Women need this confidence to successfully convince them to give CKMC, starting as soon as possible after delivery, particularly in the first two days of life when the baby is most vulnerable, and for as many hours a day as possible.

Note: To reach all women before they deliver, you should begin to teach CKMC to mothers who are seven or more pregnant in villages where seasonal flooding or other problems that make it difficult to reach women's homes starting the month before the seasonal problem. This instruction is applicable only for the time of seasonal difficulty in getting around, not for the whole year.

### *2. Visit each pregnant woman as often as possible (daily or every other day).*

You will be responsible for visiting and teaching CKMC to each woman 6+ months pregnant every day or every other day to give/reiterate the CKMC key messages and benefits, and provide CKMC instruction/demonstration to her and the support person/s chosen by her. Also visit her family and those who will help her at and after delivery. Women should receive both individual as well as group/family instructions. Women who most successfully gave CKMC were taught CKMC almost daily, about 25 times in their last month of pregnancy. Some were taught as many as 50 times! Teaching CKMC to people who help you in your community work, including women's groups and birth attendants, will help you achieve this goal. If women are taught CKMC every day, you will be able to answer the women's and families questions and concerns, and help them feel comfortable and confident enough to give CKMC.

Make every effort to teach CKMC to ALL women. Women who have the poorest health and nutrition are often the poorest women who live in houses that are farther away and sometimes hard to reach. Because of their condition, babies born to these women have the greatest risk of dying. It is critical that you, as a community worker, make every effort to teach CKMC to all women, including those you like and those you don't, including those who are easy to reach and those who are hard to reach.

The first visit with each woman is expected to take the longest time to carefully introduce the woman to CKMC. The first visit will introduce and demonstrate CKMC. After that, visits should review the method, its' potential benefits, and actively engage in role playing with the demonstration doll. Frequent repeated instruction and demonstration will make the expectant mother feel positive and confident to give CKMC as soon as possible after birth (at least within the first half hour or hour after birth) and to give skin-to-skin care for as many hours as day as possible. The mothers' support people also need to be taught with her to encourage and help her to provide CKMC.

We need to remember that CKMC is completely new to these expectant mothers and their families. Therefore, it is normal for them to have a natural hesitation about giving CKMC very soon after delivery and constantly throughout the day and night. Mothers can easily feel doing something new and different, especially right after delivery, may harm the baby. And you will

## **DRAFT – IN PROCESS OF VETTING**

need to tell women that even if CKMC works and saves newborn lives, we also know that it will not save every newborn's life. We must tell the expectant mothers that:

- holding the baby skin-to-skin best regulates and stabilizes the baby
- that babies are most unstable (vulnerable) right after birth for the first few weeks of life and especially in the first two days of life. Keeping the baby STS during this time gives them protection to help them survive.

Therefore, even though this is new to them, to improve their baby's chances for survival it is most important for women to start giving CKMC soon after delivery and for as many hours as possible especially on the day of birth and the day after. Constant skin-to-skin (or as many hours as possible) and delayed bathing (immersion in water) will best keep the baby's temperature normal and stable. Therefore CKMC must be taught and demonstrated in a way that convinces the mothers and their families and makes them feel sufficiently comfortable to give CKMC care right after delivery and for as many hours a day (day and night) as possible.

3. Daily or almost daily visits achieve this goal. Careful explanation, continual review, frequent demonstration (holding the doll in skin-to-skin contact), answering the mothers and families questions and concerns and problem solving with them to overcome any hesitation resulted in mothers and their families successfully giving CKMC almost always. Frequent visits, explanation and demonstration cumulatively build the rapport, trust and necessary confidence.
4. Visit newly postpartum women at/after delivery, 2-3 times in her first week after delivery and at least once every week after that for at least a month. You are responsible to visit each newly postpartum woman (and her family, although women should be allowed to receive individual as well as group/family instructions) as soon as possible (right away) after birth to help her overcome any problems she had starting CKMC or to initiate kangaroo care if she has not started CKMC. During this visit, reinforce your earlier communications (key messages and benefits) and problem solve with mother to help her gain confidence to successfully provide kangaroo care to her baby, including helping her position baby correctly, secure baby in pouch, arrange the bed for sleeping upright, etc. . Visiting mothers soon after delivery is critical to help those who have not started CKMC right away to start as soon as possible so that they initiate CKMC when their babies are most vulnerable. Revisit each new mother at least 2-3 times during the first 7 days postpartum and at least once weekly thereafter to encourage her, reinforce key components and help her continue CKMC as long as baby wants. Ask about and help her resolve any problems she may encounter. Work with her support people to help them help her provide CKMC, build her confidence and resolve any problems.
5. Get help from others: Organize and conduct group meetings with women, families and community members who can support women to conduct CKMC.

Ask postpartum women who initiated CKMC and still conduct CKMC at two to four weeks postpartum to meet with and help teach other expectant women to provide CKMC to their babies. Teach birth attendants to do the same and help mother right after birth to successfully initiate CKMC.

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### **Responsibilities of the CKMC Trainer:**

The responsibilities of the CKMC Trainer and CNO are : to see whether the CWs can teach CKMC method to the mothers and their helpers; to identify whether the CWs are having any problem(s) in teaching the method and , if so, help them in overcoming the problem(s); to talk to community people and inspire them so that the social obstacles to the implementation of CKMC go, if any; to discuss and review the training programs on CKMC method for the purpose of bringing about improvement in the training and thus help the study.

## **DRAFT – IN PROCESS OF VETTING**

### **NEEDS REVIEW & MODIFICATION**

## **Lesson 17: Teaching CKMC Directly to Mothers through Planned Field Visits Under the Supervision of the Trainer**

**Objective:** After this lesson, the trainee CWs, and will be able to implement the CKMC method at the field level.

**Time:** 2 Days + 1 Month

**Method:** Practice

**Materials:** Doll, saree, clean shawl, nappy to put the baby on, cap (Never a *kan toupee* or cap that covers the cheeks), pillow or side pillow, sleeping bed, pictorial pamphlet for the mother.

**Process :** Before the field visit, the trainees will prepare and bring a list of all the obviously pregnant women and of all women delivering in the last week in their coverage areas. They should also arrange (before the visit) when, where and with whom to hold group discussions. Before the field visit, the trainees will discuss or prepare a work plan with her supervisor. The trainers will watch and as necessary correct/co-instruct women in CKMC.

### **2 Day Intensive Supervised Community-based Co-Instruction**

The CWs and their trainers will engage in all of the following activities over two days:

1. visit every pregnant woman with pregnancy of eight months or more and teach them CKMC method
2. visit the newly delivered mothers and teach them CKMC method
3. arrange and hold group meetings with women groups, husbands and other family members, birth attendants, and if possible village leaders.

### **Weekly Intensive Supervised Community-based Co-Instruction Over a One Month Period**

Once a week the CWs with a whole day supervision by their trainers will engage in all of the following activities over one month:

1. visit every pregnant woman with pregnancy of eight months or more and teach them CKMC method
2. visit the newly delivered mothers and teach them CKMC method

### **At Least One Visit to Each Household by a Qualified Physician or Nurse Midwife**

Whenever possible, a qualified physician or nurse midwife who has been taught and has expertise in CKMC/KMC should accompany the CW and trainer to visit each household with a pregnant woman at least once. In many countries, women in rural areas rarely get the chance to see a qualified midwife or doctor. Many mothers told us even a single visit from a qualified midwife or doctor would have great influence on how they care for their newborn.



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### **Lesson 18: Review (Questions and Answers)**

**Objective:** After this lesson, the trainees themselves will be able to determine how clearly they have understood CKMC method.

**Time:** 1 hour

**Method:** Discussion through competition

**Materials:** Written questions

**Process:** The trainer will divide the trainees into two groups. One group will ask questions and the other group will give answers to the questions. In this way, they will review all the lessons they were taught in the past days. If any point(s) was omitted, the trainer will ask both the groups and review them.

**DRAFT – IN PROCESS OF VETTING**  
**NEEDS REVIEW & MODIFICATION, OPTIONAL?**  
**Lesson 19: Refresher Training and Group Experience Sharing**

**Time :** One day per month

The CWs will spend one day with the master trainer to discuss with him/her the experiences they have gained while teaching CKMC, the problems they have encountered, the solutions given to those problems and their views. They will also discuss the experiences they have gained while communicating to the women and their helpers on CKMC and while extending to them courage for taking decision to adopt CKMC. All refreshers training sessions will have to be recorded. [See Appendix XXX]

**The weekly meeting of the CKMC Trainers will include :**

1. discussion on the problems, who are not keeping their newborn babies in skin-to-skin contact, questions asked by mothers, how to solve their problems (solving the group problems)
2. preparing trainer-specific visit plans for the coming week (for counseling to pregnant women, post-partum mothers, CWs, helpers, ) and reviewing them with the Chief Trainer.
3. the Chief Trainer and the CKMC Trainers will collectively review the previous week's trainer-specific visit plans and will prepare special plans to go to visit again those who were not available during the previous visit.
4. the weekly work plans of the CKMC Trainers will have to be submitted to the Chief Trainer/the Field Manager for presenting them to the BRAC Study Coordinator. Work plans will be prepared only for the CKMC villages and will include the number of the pregnant women and post-partum mothers visited, the number of visits made to each of them, the number of those who were taught CKMC during each visit, the number of those who were targeted to be taught but were not available, the types of problems encountered, the questions asked or the aspects about which the questions were asked by women or their families and the solutions provided to those questions/problems.
5. the Chief Trainer should spend at least a half day every alternate week with the CKMC Trainers in order to expedite the CKMC training and spot checks.
6. the CKMC Trainers and CWs should evaluate their own capacity in the initial intensive training program and after every one month, every three months, every six months and every 12 months, (see the checklist given in Appendix 2, which is applicable for the CKMC Trainers and CWs).

Community Based Kangaroo Mother Care Training Manual  
July 12, 2007

**DRAFT – IN PROCESS OF VETTING**  
**NEEDS MODIFICATION**  
**INSERTION OF SKILLS CHECKLIST, TRAINING EVALUATION**  
**APPENDICES**

**DRAFT – IN PROCESS OF VETTING**  
**CKMC Key Messages Handout:**

Kangaroo Mother Care Program  
Caring for your Newborn

Body Heat



Mother's Milk      Love

Your baby's growth and health depend on your sense of security and confidence in providing your baby with this essential newborn care.

*Hold your baby in direct and constant skin-to-skin (STS) between your breasts*

Mother's body heat is the best way to maintain your body's temperature. Your baby will feel healthy and protected against the mother's breast. Mother's heat is the best for the baby.

*Family Support*

When the needed seek help from family support your husband, mother, aunt or other person to hold the baby against their chest. But remember that you should only leave the baby with someone else for short periods of time. The mother is the most important caregiver for her children.

*Baby Clothes*

Nappies, cap and booties. Do not put the clothes on your baby, because this separates the baby from the skin-to-skin contact and the baby can lose needed body heat.

*Position*

Keep your baby against your breast in a way that allows him/her to easily move his/her head and to easily breathe.

*Cleaning*

Do not bathe the baby until s/he is healthy and active. Until then, clean your baby quickly with a damp warm cloth.

*Breast Feeding*

Give only breast milk to your baby. Mother's milk is the only food you should give the baby. Do not throw away colostrum. Never leave the baby for more than 3 hours without breastfeeding.

## **DRAFT – IN PROCESS OF VETTING**

### *Stimulation*

Talk to your baby. Hug/Cuddle your baby. Sing to your baby.

### *Medical Care/Check-ups*

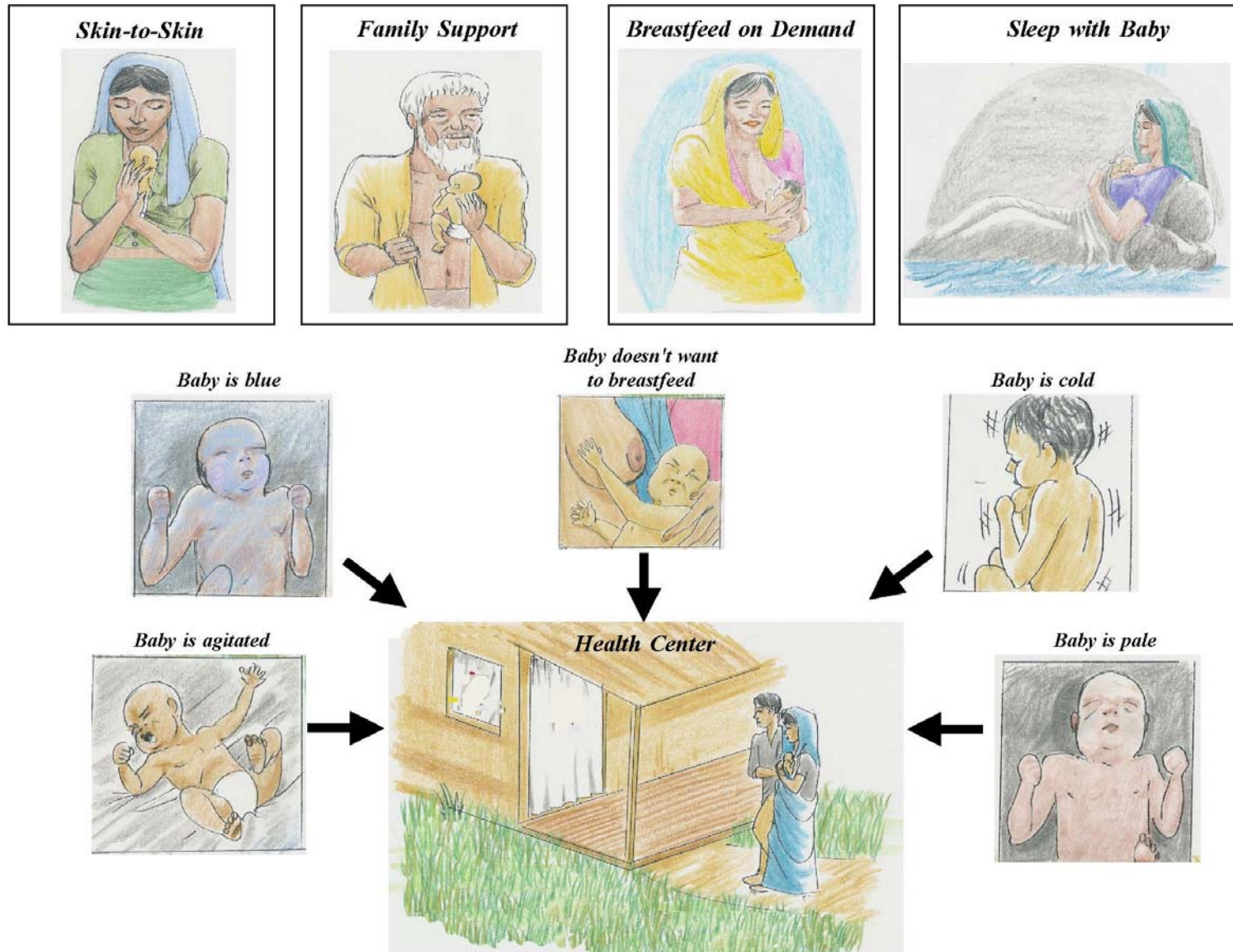
It is extremely important that you take the baby for a check-up as instructed by the health worker. And always take the baby immediately to the nearest the hospital when the baby:

- Has trouble breathing or rapid breathing
- Cannot suck (suckle the breast)
- Does not want to breastfeed
- Becomes purple
- Becomes pale
- Becomes cold
- Has fever
- Is very agitated or very restless

### *Mother's milk, Heat and Love*

**The 3 basic needs help your child's growth, development and health.**

# DRAFT – IN PROCESS OF VETTING



## DRAFT – IN PROCESS OF VETTING



**Cleaning Baby**



***Keeping your baby between your breasts, directly in skin-to-skin contact all the time, everyday (round-the clock)***

Mother's body heat is the best way to keep the baby's proper body temperature. Your baby will feel healthy and protected against the mother's chest. Mother's heat is the best for the baby.

***Position***

Keep your baby upright on your chest with his/her head nearly upright. This helps to prevent vomiting and choking.

***Family Support***

When the needed seek help from family support your husband, mother, aunt or other person to hold the baby against their chest. But remember that you should only leave the baby with someone else for a few moments. The mother is the most important caregiver for her children.

***Baby Clothes***

Nappies, hat and booties. Do not put the clothes on your baby, because this separates the baby from the skin-to-skin contact and the baby can lose needed body heat.

***Cleaning***

Do not bathe the baby. Clean your baby quickly with a damp warm cloth.

***Feeding***

Give only breast milk to your baby. Mother's milk is the only food you should give the baby. Do not leave the baby for more than 3 hours without breastfeeding.

***Stimulation***

Talk to your baby. Hug/Cuddle your baby. Sing to your baby.

***Medical Care/Check-ups***

It is important that you take the baby for a check-up as instructed by the CNP or her helper. And always take the baby to the nearest the health facility at any time when the baby:

- Does not want to breastfeed
- Becomes purple
- Becomes pale
- Becomes cold
- Is very agitated

### Kangaroo Mother Care Method Caring For Your Newborn

#### Body Heat



**Mother's  
Milk**

**Love and  
Affection**

**Your baby's growth and health  
depend on your devotion  
and your confidence in  
providing your baby with  
this essential newborn care.**

**Mother's milk, Heat and Love  
The 3 basic needs help your child's growth,  
development and health.**

## DRAFT – IN PROCESS OF VETTING

PICTURES OF USING SHAWL AND BLOUSE TO CREATE POUCH AND HOLDING BABY INSIDE A SWEATER





## DRAFT – IN PROCESS OF VETTING

### Skills Checklist Post-KMC Training Interview

INTERVIEW OF CWs		
DATE	Date of interview	_ _ / _ _ / _ _  Day /Month /Year
CW	Name of CW Interviewed	_____
UNION	Precoded Number for Union	_ _
VILLAGE	Precoded Number for Village	_ _ _
YEARSEXP	How many years have you worked as a CW?	_ _
CWED	What is the highest class of school you have completed?	_ _  00=LESS THAN 1 YEAR COMPLETED 98 DON'T KNOW
CW1	What have you been taught in CKMC training about newborn care? [UNPROMPTED ANSWERS – DO NOT READ LIST] [CHECK ALL MENTIONED]	
CW1a	GIVE COLOSTRUM	<input type="checkbox"/>
CW1b	BREAST FEED ON DEMAND	<input type="checkbox"/>
CW1c	BREAST FEED ON SCHEDULE	<input type="checkbox"/>
CW1d	CORD CUTTING	<input type="checkbox"/>
CW1e	CORD CLEANING	<input type="checkbox"/>
CW1f	BATHING NEWBORN	<input type="checkbox"/>
CW1g1	NOT BATHING NEWBORN	<input type="checkbox"/>
CW1g2	NOT BATHING LOW BIRTH WEIGHT NEWBORN	
CW1h1	FEEDING NEWBORN	
CW1h2	FEEDING LOW BIRTH WEIGHT NEWBORN	<input type="checkbox"/>
CW1i1	HOLDING NEWBORN SKIN-TO-SKIN	<input type="checkbox"/>
CW1i2	HOLDING LOW BIRTH WEIGHT NEWBORN SKIN-TO-SKIN	
CW1j	CLOTHING/DRESSING NEWBORN	<input type="checkbox"/>
CW1k	SLEEPING WITH NEWBORN	<input type="checkbox"/>
CW1l	CARESSING BABY	<input type="checkbox"/>
CW1m	SING TO BABY	<input type="checkbox"/>
CW1n	TAKING NEWBORN FOR MEDICAL CARE/EXAM	<input type="checkbox"/>
CW1o	TAKING NEWBORN FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
CW1p	TAKING MOTHER FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
CW1q	TAKING NEWBORN FOR VACCINATION	<input type="checkbox"/>
CW1r	OTHER (SPECIFY)_____	<input type="checkbox"/>
CW2	What have you been taught about newborn care elsewhere? [UNPROMPTED ANSWERS – DO NOT READ LIST] [CHECK ALL MENTIONED]	

## DRAFT – IN PROCESS OF VETTING

CW2a	GIVE COLOSTRUM	<input type="checkbox"/>
CW2b	BREAST FEED ON DEMAND	<input type="checkbox"/>
CW2c	BREAST FEED ON SCHEDULE	<input type="checkbox"/>
CW2d	CORD CUTTING	<input type="checkbox"/>
CW2e	CORD CLEANING	<input type="checkbox"/>
CW2f	BATHING NEWBORN	<input type="checkbox"/>
CW2g1	NOT BATHING NEWBORN	
CW2g2	NOT BATHING LOW BIRTH WEIGHT NEWBORN	<input type="checkbox"/>
CW2h1	FEEDING NEWBORN	
CW2h2	FEEDING LOW BIRTH WEIGHT NEWBORN	<input type="checkbox"/>
CW2i1	HOLDING NEWBORN (UPRIGHT) SKIN-TO-SKIN	
CW2i2	HOLDING LOW BIRTH WEIGHT NEWBORN (UPRIGHT) SKIN-TO-SKIN	<input type="checkbox"/>
CW2j	CLOTHING/DRESSING NEWBORN	<input type="checkbox"/>
CW2k	SLEEPING WITH NEWBORN	<input type="checkbox"/>
CW2l	CARESSING BABY	<input type="checkbox"/>
CW2m	SING TO BABY	<input type="checkbox"/>
CW2n	TAKING NEWBORN FOR MEDICAL CARE/EXAM	<input type="checkbox"/>
CW2o	TAKING NEWBORN FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
CW2p	TAKING MOTHER FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
CW2q	TAKING NEWBORN FOR VACCINATION	<input type="checkbox"/>
CW2r	OTHER (SPECIFY) _____	<input type="checkbox"/>
CW3	What do you tell a mother to do if her baby: [UNPROMPTED ANSWERS – DO NOT READ LIST] [CHECK ALL MENTIONED]	
CW3a	Is choking?	Go to clinic/hospital Pat baby on back Clear babies mouth, nostrils Other No answer
CW3b	Won't breastfeed?	Go to clinic/hospital Try more frequently Extract milk and give using finger/spoon/clean cup Other No answer
CW3c	Becomes cold?	Go to clinic/hospital Hold skin-to-skin Wrap in more clothes Other No answer
CW3d	Becomes agitated?	Go to clinic/hospital Caress baby/sing Other No answer

## DRAFT – IN PROCESS OF VETTING

CW3e	Turns blue or purple?	Go to clinic/hospital Hold skin-to-skin Wrap in more clothes Other No answer
CW4	What instructions and advice do you give women about caring for her newborn baby? [UNPROMPTED ANSWERS – DO NOT READ LIST] [CHECK ALL MENTIONED]	
CW4a	GIVE COLOSTRUM	<input type="checkbox"/>
CW4b	BREAST FEED ON DEMAND	<input type="checkbox"/>
CW4c	BREAST FEED ON SCHEDULE	<input type="checkbox"/>
CW4d	CORD CLEANING	<input type="checkbox"/>
CW4e	BATHING NEWBORN	<input type="checkbox"/>
CW4f1	NOT BATHING NEWBORN	
CW4f2	NOT BATHING LOW BIRTH WEIGHT NEWBORN	<input type="checkbox"/>
CW4g1	CLEAN NEWBORN WITH WARM, DAMP (CLEAN) CLOTH	
CW4g2	CLEAN LOW BIRTH WEIGHT NEWBORN WITH WARM, DAMP (CLEAN) CLOTH	<input type="checkbox"/>
CW4h1	FEEDING NEWBORN	
CW4h2	FEEDING LOW BIRTH WEIGHT NEWBORN	<input type="checkbox"/>
CW4i1	HOLD NEWBORN SKIN-TO-SKIN	
CW4i2	HOLD LOW BIRTH WEIGHT NEWBORN SKIN-TO-SKIN	<input type="checkbox"/>
CW4j	Why do you advise women to hold their babies skin-to-skin?	Maintain heat <input type="checkbox"/> Stabilizes breathing <input type="checkbox"/> Prevent infection <input type="checkbox"/> Breastfeed on demand <input type="checkbox"/> Makes baby healthy <input type="checkbox"/> Prevents death <input type="checkbox"/> No answer <input type="checkbox"/>
CW4k	CLOTHING/DRESSING NEWBORN	<input type="checkbox"/>
CW4l	SLEEP WITH NEWBORN	<input type="checkbox"/>
CW4m	TAKE NEWBORN FOR PREVENTIVE MEDICAL CARE/EXAM/Weighing	<input type="checkbox"/>
CW4n	TAKE NEWBORN TO CLINIC/HOSPITAL FOR ALARM SIGNS	<input type="checkbox"/>
CW4o	TAKE NEWBORN FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
CW4p	SEEK FOOD SUPPLEMENTATION FOR MOTHER	<input type="checkbox"/>
CW4q	TAKING NEWBORN FOR VACCINATION	<input type="checkbox"/>
CW4r	GET SUFFICIENT REST	<input type="checkbox"/>
CW4s	AVOID HEAVY WORK	<input type="checkbox"/>
CW5	What about for low birth weight or premature	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO CW6)

## DRAFT – IN PROCESS OF VETTING

	<p>babies? Are there any special instructions or advice you give to mothers about caring for those babies?</p> <p>[UNPROMPTED ANSWERS – DO NOT READ LIST] [CHECK ALL MENTIONED]</p>	
CW5a	GIVE COLOSTRUM	<input type="checkbox"/>
CW5b	BREAST FEED ON DEMAND	<input type="checkbox"/>
CW5c	BREAST FEED ON SCHEDULE	<input type="checkbox"/>
CW5d	CORD CLEANING	<input type="checkbox"/>
CW5e	BATHING NEWBORN	<input type="checkbox"/>
CW5f1	NOT BATHING NEWBORN	<input type="checkbox"/>
CW5f2	NOT BATHING LOW BIRTH WEIGHT NEWBORN	
CW5g1	CLEAN NEWBORN WITH WARM, DAMP (CLEAN) CLOTH	<input type="checkbox"/>
CW5g2	CLEAN LOW BIRTH WEIGHT NEWBORN WITH WARM, DAMP (CLEAN) CLOTH	
CW5h1	FEEDING NEWBORN	<input type="checkbox"/>
CW5h2	FEEDING LOW BIRTH WEIGHT NEWBORN	
CW5i1	HOLD NEWBORN SKIN-TO-SKIN	<input type="checkbox"/>
CW5i2	HOLD LOW BIRTH WEIGHT NEWBORN SKIN-TO-SKIN	
CW5j	<p>Why do you advise women to hold their babies skin-to-skin?</p>	<p>Maintain heat <input type="checkbox"/></p> <p>Stabilizes breathing <input type="checkbox"/></p> <p>Prevent infection <input type="checkbox"/></p> <p>Breastfeed on demand <input type="checkbox"/></p> <p>Makes baby healthy <input type="checkbox"/></p> <p>Prevents death <input type="checkbox"/></p> <p>No answer <input type="checkbox"/></p>
CW5k	CLOTHING/DRESSING NEWBORN	<input type="checkbox"/>
CW5l	SLEEP WITH NEWBORN	<input type="checkbox"/>
CW5m	TAKE NEWBORN FOR PREVENTIVE MEDICAL CARE/EXAM/Weighing	<input type="checkbox"/>
CW5n	TAKE NEWBORN TO CLINIC/HOSPITAL FOR ALARM SIGNS	<input type="checkbox"/>
CW5o	TAKE NEWBORN FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
CW5p	SEEK FOOD SUPPLEMENTATION FOR MOTHER	<input type="checkbox"/>
CW5q	TAKING NEWBORN FOR VACCINATION	<input type="checkbox"/>
CW5r	GET SUFFICIENT REST	<input type="checkbox"/>
CW5s	AVOID HEAVY WORK	<input type="checkbox"/>

## DRAFT – IN PROCESS OF VETTING

### Training Observation Checklist/Survey

<b>OBSERVATION OF CW KANGAROO MOTHER CARE TRAINING</b>		
DATE	Date of observation	_ _ / _ _ / _ _  Day /Month /Year
OBS	Name of Observer	_____
LOCATION	Location of Training	_____
CWNUM	Number of CWs trained during session	_ _
OBS1	What was taught about newborn care? [CHECK ALL OBSERVED]	
OBS1a	GIVE COLOSTRUM	<input type="checkbox"/>
OBS1b	BREAST FEED ON DEMAND	<input type="checkbox"/>
OBS1c	BREAST FEED ON SCHEDULE	<input type="checkbox"/>
OBS1d	CORD CUTTING	<input type="checkbox"/>
OBS1e	CORD CLEANING	<input type="checkbox"/>
OBS1f	BATHING NEWBORN	<input type="checkbox"/>
OBS1g	NOT BATHING NEWBORN	<input type="checkbox"/>
OBS1h	FEEDING NEWBORN	<input type="checkbox"/>
OBS1i	HOLDING NEWBORN (UPRIGHT) SKIN-TO-SKIN	<input type="checkbox"/>
OBS1j	CLOTHING/DRESSING NEWBORN	<input type="checkbox"/>
OBS1k	SLEEPING WITH NEWBORN	<input type="checkbox"/>
OBS1l	CARESSING BABY	<input type="checkbox"/>
OBS1m	SING TO BABY	<input type="checkbox"/>
OBS1n	TAKING NEWBORN FOR PREVENTIVE MEDICAL CARE/EXAM/WEIGHING	<input type="checkbox"/>
OBS1o	TAKING NEWBORN FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
OBS1p	TAKING MOTHER FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
OBS1q	TAKING NEWBORN FOR VACCINATION	<input type="checkbox"/>
OBS1r	OTHER (SPECIFY)_____	<input type="checkbox"/>
OBS2	Did training include special instructions to give mothers for low birth weight or premature babies? [CHECK ALL OBSERVED]	YES NO  1 2 ↓ (SKIP TO OBS3)
	<b>On what topics?</b>	
OBS2a	GIVE COLOSTRUM	<input type="checkbox"/>
OBS2b	BREAST FEED ON DEMAND	<input type="checkbox"/>
OBS2c	BREAST FEED ON SCHEDULE	<input type="checkbox"/>
OBS2d	CORD CUTTING	<input type="checkbox"/>

## DRAFT – IN PROCESS OF VETTING

OBS2e	CORD CLEANING	<input type="checkbox"/>
OBS2f1	BATHING NEWBORN	<input type="checkbox"/>
OBS2f2	BATHING LOW BIRTH WEIGHT NEWBORN	
OBS2g1	NOT BATHING NEWBORN	<input type="checkbox"/>
OBS2g2	NOT BATHING LOW BIRTH WEIGHT NEWBORN	
OBS2h1	CLEAN NEWBORN WITH WARM, DAMP (CLEAN) CLOTH	<input type="checkbox"/>
OBS2h2	CLEAN LOW BIRTH WEIGHT NEWBORN WITH WARM, DAMP (CLEAN) CLOTH	
OBS2i1	FEEDING NEWBORN	<input type="checkbox"/>
OBS2i2	FEEDING LOW BIRTH WEIGHT NEWBORN	
OBS2j1	HOLD NEWBORN SKIN-TO-SKIN	
OBS2j2	HOLD LOW BIRTH WEIGHT NEWBORN SKIN-TO-SKIN	<input type="checkbox"/>
OBS2k	If yes, was group told why women should hold their babies skin-to-skin? [CHECK ALL OBSERVED]	Maintain heat <input type="checkbox"/> Stabilizes breathing <input type="checkbox"/> Prevent infection <input type="checkbox"/> Breastfeed on demand <input type="checkbox"/> Makes baby healthy <input type="checkbox"/> Prevents death <input type="checkbox"/> No answer <input type="checkbox"/>
OBS2l1	CLOTHING NEWBORN ONLY IN NAPPIES, HAT AND BOOTIES	<input type="checkbox"/>
OBS2l2	CLOTHING LBW NEWBORN ONLY IN NAPPIES, HAT AND BOOTIES	
OBS2m	SLEEP WITH BABY	
OBS2m	SLEEP WITH LBW	<input type="checkbox"/>
OBS1n	CARESSING BABY	<input type="checkbox"/>
OBS1o	SING TO BABY	<input type="checkbox"/>
OBS2p	TAKE LBW FOR PREVENTIVE MEDICAL CARE/EXAM/WEIGHING	<input type="checkbox"/>
OBS2q	TAKE LBW TO CLINIC/HOSPITAL FOR ALARM SIGNS	<input type="checkbox"/>
OBS2r	TAKE LBW FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
OBS2s	SEEK FOOD SUPPLEMENTATION FOR MOTHER OF LBW	<input type="checkbox"/>
OBS3	Were trainees instructed to advise mothers to take her baby to the clinic or hospital if the baby: [CHECK ALL OBSERVED]	
OBS3a	Is choking?	<input type="checkbox"/>
OBS3b	Won't breastfeed?	<input type="checkbox"/>
OBS3c	Becomes cold?	<input type="checkbox"/>
OBS3d	Becomes agitated?	<input type="checkbox"/>

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OBS3e	Turns blue or purple?	<input type="checkbox"/>
OBS4	Was kangaroo mother care method taught by: [CHECK ALL OBSERVED]	Lecture Doll demonstration Doll practice/role playing for group Doll practice/role playing for each CW Other (specify) _____
OBS5	Did training actively involve each/all CW/s in practicing KMC?	<input type="checkbox"/>
OBS6	Did training encourage and elicit questions from various CWs?	YES, FROM A FEW (1-3) 1 YES, FROM SOME (>3) 2 YES, FROM MOST OR ALL 3 NO 4
OBS7	In your opinion, was the training in kangaroo mother care:	Absent/completely insufficient Poorly conducted Somewhat insufficient (specify deficiencies) _____ Adequately conducted Well conducted Extremely well conducted

## DRAFT – IN PROCESS OF VETTING

### Observational Spot Checks

SPOT CHECK OF CWs		
DATE	Date of spot check	_ _ / _ _ / _ _  Day /Month /Year
CW	Name of Community Nutrition Promoter Interviewed	_____
UNION	Precoded Number for Union	_ _
VILLAGE	Precoded Number for Village	_ _ _
SAWWOMAN	Did CW visit a pregnant woman today?	
SC1	If yes, did CW give advise to woman on: [UNPROMPTED ANSWERS – DO NOT READ LIST] [CHECK ALL OBSERVED]	
SP1a	GIVE COLOSTRUM	<input type="checkbox"/>
SP1b	BREAST FEED ON DEMAND	<input type="checkbox"/>
SP1c	BREAST FEED ON SCHEDULE	<input type="checkbox"/>
SP1d	CORD CUTTING	<input type="checkbox"/>
SP1e	CORD CLEANING	<input type="checkbox"/>
SP1f	BATHING NEWBORN	<input type="checkbox"/>
SP1g	NOT BATHING NEWBORN	<input type="checkbox"/>
SP1h	FEEDING NEWBORN	<input type="checkbox"/>
SP1i	HOLDING NEWBORN (UPRIGHT) SKIN-TO-SKIN	<input type="checkbox"/>
CW4i1	Did she explain why to hold the baby skin-to-skin?	NA, did not advise skin-to-skin <input type="checkbox"/> Maintain heat <input type="checkbox"/> Stabilizes breathing <input type="checkbox"/> Prevent infection <input type="checkbox"/> Breastfeed on demand <input type="checkbox"/> Makes baby healthy <input type="checkbox"/> Prevents death <input type="checkbox"/> Nothing/no advice <input type="checkbox"/>
SP1j	CLOTHING/DRESSING NEWBORN	<input type="checkbox"/>
SP1k	SLEEPING WITH NEWBORN	<input type="checkbox"/>
SP1l	CARESSING BABY	<input type="checkbox"/>
SP1m	SING TO BABY	<input type="checkbox"/>
SP1n	TAKING NEWBORN FOR MEDICAL CARE/EXAM	<input type="checkbox"/>
SP1o	TAKING NEWBORN FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
SP1p	TAKING MOTHER FOR FOOD SUPPLEMENTATION	<input type="checkbox"/>
SP1q	TAKING NEWBORN FOR VACCINATION	<input type="checkbox"/>
SP1r	Did CW see a postpartum mother today?	<input type="checkbox"/>
CW3	If yes, what did she tell the mother to do if her	



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	baby: [CHECK ALL OBSERVED]	
CW3a	Is choking?	Go to clinic/hospital <input type="checkbox"/> Pat baby on back <input type="checkbox"/> Other <input type="checkbox"/> Nothing/no advice <input type="checkbox"/>
CW3b	Won't breastfeed?	Go to clinic/hospital <input type="checkbox"/> Try more frequently <input type="checkbox"/> Extract milk and give using finger/spoon <input type="checkbox"/> Other <input type="checkbox"/> Nothing/no advice <input type="checkbox"/>
CW3c	Becomes cold?	Go to clinic/hospital <input type="checkbox"/> Hold skin-to-skin <input type="checkbox"/> Wrap in more clothes <input type="checkbox"/> Other <input type="checkbox"/> Nothing/no advice <input type="checkbox"/>
CW3d	Becomes agitated?	Go to clinic/hospital <input type="checkbox"/> Caress baby/sing <input type="checkbox"/> Other <input type="checkbox"/> Nothing/no advice <input type="checkbox"/>
CW3e	Turns blue or purple?	Go to clinic/hospital <input type="checkbox"/> Hold skin-to-skin <input type="checkbox"/> Wrap in more clothes <input type="checkbox"/> Other <input type="checkbox"/> Nothing/no advice <input type="checkbox"/>

## DRAFT – IN PROCESS OF VETTING

### TRAINING IMPLEMENTATION CHECKLIST COMPLETE FOR EACH CKMC GROUP TRAINING

TI1	COUNTRY OF TRAINING	_____
TI2	INSTITUTION RESPONSIBLE FOR CONDUCTING TRAINING	_____
TI3	DATE TRAINING INITIATED	
TI4	Used formal (objectives) or informal (without objectives where possible) method of training?	1=Formal 2=Informal
TI5	NUMBER OF TRAINERS MEETING QUALIFICATIONS AS SPECIFIED IN THE CKMC MANUAL	
TI6	NUMBER OR TRAINERS MEETING OTHER QUALIFICATIONS	IF 0, SKIP TO TI7
TI6A	LIST QUALIFICATIONS OF EACH TRAINER	
TI7	NUMBER OF TRAINEE CW SUPERVISORS	
TI8	NUMBER OF TRAINEE CWS	
TI8A	SPECIFY NUMBER OF TRAINEE CWS BY TYPE OF CW (FP WORKER, NUTRITION WORKER, SBA, ETC.)	
TI9	WAS HANDS ON PRACTICE AT A HOSPITAL CONDUCTED?	
TI9A	HOW MANY WOMEN DID THE CWS GET TO TEACH CKMC TO AT THE HOSPITAL IN TOTAL?	
TI10	WAS THE TRAINING OBSERVATION CHECKLIST COMPLETED?	
T11	WAS THE TWO DAY INTENSIVE CO-INSTRUCTION CONDUCTED FOR ALL CWS	
T11A	[IF NOT], WHAT WAS THE NUMBER OF CWS THAT RECEIVED INTENSIVE 2 DAY CO-INSTRUCTION	
T11B	WAS THE WEEKLY INTENSIVE TRAINER/TRAINEE CO-INSTRUCTION CONDUCTED FOR 4 WEEKS	
TI1C	[IF NOT], WHAT WAS THE NUMBER OF WEEKLY INTENSIVE CO-INSTRUCTION CONDUCTED	0=NONE
T12	DID THE TRAINING INCLUDE A QUALIFIED DOCTOR OR NURSE VISITING THE HOUSE OF ALL PREGNANT WOMEN AT LEAST ONCE DURING THE 4 WEEK INTENSIVE CO-INSTRUCTION?	