ASHA Module 6

Skills that Save Lives

Focus on Maternal and Newborn Health

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

Contents

PART A

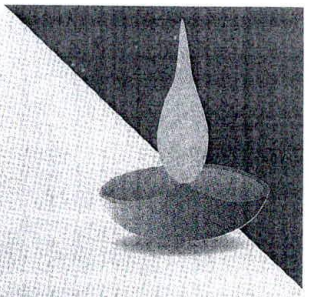
Being an ASHA

Being an ASHA

Objectives of this Session

By the end of this session, the ASHA will learn about:

- The role of an ASHA and the activities expected of her.
- The health outcomes that her work should result in.
- The sets of skills that she needs to be effective in.
- The records that she has to maintain.
- The arrangements for her support and supervision.



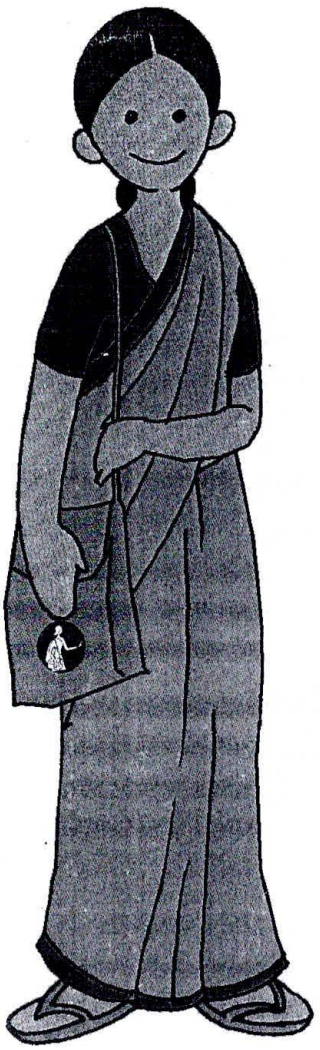
1. Role of ASHA

ASHA is considered to be a healthcare facilitator and provider of a limited range of healthcare services. Health rights would be integral to her work and would be focused in the areas of community mobilisation to improve health status, access to services, and promote people's participation in health programmes.

2. Activities of an ASHA's

ASHA's work consists mainly of five activities:

1. **Home Visits:** For two to three hours every day, for at least four or five days a week, the ASHA should visit the families living in her allotted area. *Home visits should take place at least once in a month if not more. Home visits are mainly for health promotion and preventive care. Over time, families will come to her when there is a problem and she would not have to go so often to their houses. Meeting them anywhere in the community/ village is enough. However, where there is a child below two years of age or any malnourished child or a pregnant woman, she should visit the families at home for counselling them. Also, if there is a newborn in the house, a series of five visits or more becomes essential.*



2. **Attending the Village Health and Nutrition Day (VHND):** On one day every month, when the Auxiliary Nurse Midwife (ANM) comes to provide immunisation and other services in the village, ASHA will promote attendance by those who need the Anganwadi or ANM services and helps with service delivery.

3. **Visits to the health facility:** This is usually accompanying a pregnant woman or some other neighbour who requests her services for escort. The visit could also be to attend a training programme or review meeting. In some months, there would be only one visit, in others, there would be more.

4. **Holding village level meeting** of women's groups, and the Village Health and Sanitation Committee (VHSC), for increasing health awareness and to plan health work.

5. **Maintain records** which would make her more organised and make her work easier, and help her to plan better for the health of the people.

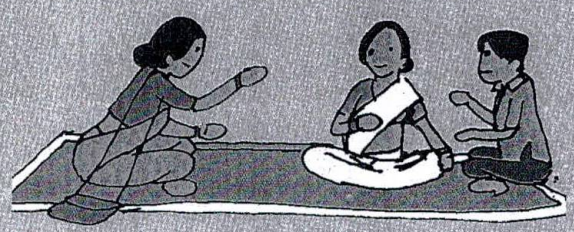
The first three relate to facilitation or provision of healthcare and the last two are supportive and mobilisational activities.

4. Essential Skills for an ASHA

The essential skills that an ASHA requires can be classified into six sets. These are simple skills requiring only a few hours to learn, but they can save thousands of lives. These six sets of skills are given below:

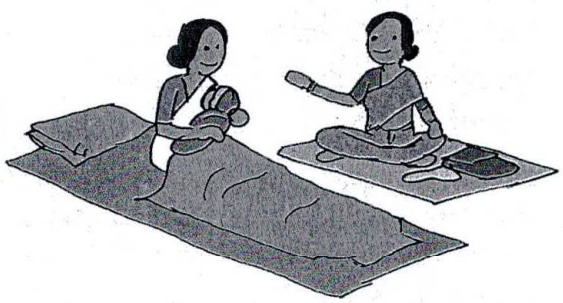
1. Maternal Care

a. Counselling of pregnant women
b. Ensuring complete antenatal care through home visits and enabling care at VHND
c. Making the birth plan and support for safe delivery
d. Undertaking post-partum visits, Counselling for family planning.



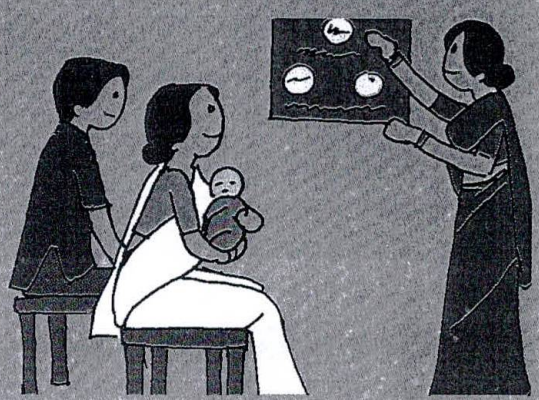
2. Newborn Care when visiting the newborn at home:

a. Counselling and problem solving on breastfeeding
b. Keeping the baby warm
c. Identification and basic management of LBW (Low Birth Weight) and pre-term baby
d. Examinations needed for identification/first contract care for sepsis and asphyxia



3. Child Care

a. Providing home care for diarrhoea, Acute Respiratory Infections (ARI), fever and appropriate referral, when required
b. Counselling for feeding during illness
c. Temperature management
d. De-worming and treatment of iron deficiency anaemia, with referral where required
e. Counselling to prevent recurrent illness especially diarrhoea.



5. Qualities that Make an ASHA Effective

For an ASHA to be effective in improving people's access to health services and their health status, an ASHA should:

- Have the knowledge and skills to explain the basic maternal and child health services, educate on preventive and promotive aspects of maternal and child health, and provide some measure of immediate relief and advice if there is any illness.
- Have the knowledge and skills on other general health issues, especially related to common infections, and be able to provide information on access to services and preventive and promotive aspects of healthcare.
- Be friendly and polite with people and known among community, and establish rapport with the family during household visits.
- Be a special friend to the needy, the marginalised, and the less powerful.
- Possess the art of listening.
- Have the skill of coordination with Panchayati Raj Institution (PRI), AWW and ANM.
- Be competent in conducting meetings in the community.
- Be motivated and feel happy and rewarded to help community/serve people.
- Have a positive attitude and be keen to learn new skills.

suggestion is applicable and acceptable, and whether she would be able to implement it. If necessary, ask the woman to repeat what has been suggested. Discuss further and come to an understanding of what can be done

Then the third step, you should discuss and try to correct any misconceptions or rumours.

Finally, you should also arrange for follow-up visit or referral.

Do NOT "prescribe" health advice: You need to "counsel." See the examples below:

Gratuitous Ineffective Messages	Useful Health Communication Message
To prevent diarrhoea, pay attention to cleanliness.	To prevent diarrhoea, please ensure that you wash your hands with soap and water before preparing food or feeding the child and after cleaning up after defecation.
Take good care of the child.	Are you able to find enough time to feed the child? To play with the child? Who looks after the child when you are at work?
Your child is now one year old. You must give it nutritious food.	Would it be possible for you to give your child an egg daily (or milk, green vegetables etc)? How would you manage it? Can you afford it? Would other children in the family also demand it, and would that create a problem?

Difficult Situations

If the woman is shy

- Speak of general things to 'warm her up'.
- Encourage the woman to speak.
- Praise the woman more to make her confident.
- Repeat the questions.

If the woman is non-cooperative or argumentative

- Praise the women to make her feel secure.
- Sympathise with her and be friendly; do not get angry.
- Spend more time in listening to her.
- Do not push if the woman is still not immediately receptive but just say that you would like to come again.

If the woman is curious and asks many questions

- Answer her questions in simple language.
- Explain that you will be coming every month so they can talk again.

- Women who need to come for ANC for first time or for repeat visit.
- Infants who need their next dose of immunisation.
- Malnourished children.
- TB patients who are on anti-TB drugs.
- Those with fever who have not been able to see a doctor.
- Eligible couples who need contraceptive services or counselling.
- Any others who want to meet the ANM.

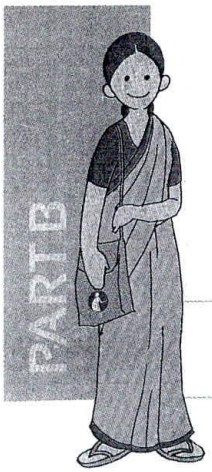
- Specially identifying families who are new migrants, living in hamlets or are vulnerable because of poverty or otherwise marginalised and ensuring their attendance.
- Coordinate with the AWW and the ANM to know in advance which day the VHND is scheduled so as to inform those who need these services and the community, especially the VHSC members.
- Undertake a part of the health communication work done at the VHND.

9. ASHA Support and Supervision

- For ASHA to be effective and for her skills to be updated, she needs both on-the-job support and refresher trainings.
- Each ASHA will be supported in the field by an ASHA facilitator.
- The ASHA facilitator will interact with ASHA at least twice if not thrice a month.
- At least one of these interactions will be in the form of a "mentoring" visit to the hamlet where she provides her services. This would focus on mentoring or on-the-job training.
- Another one or two interactions would be in a local review meeting. This could be held at Gram Panchayat (GP) level, or at the sector level or even at the block level.
- Each of the facilitators will have a clear protocol of activities to follow for the mentoring visit to the ASHAs and for the review meetings. The purpose of these interactions are:
  - a Collecting health related information as observed by ASHA and information on what work ASHA is doing.
  - b For providing support to the ASHA to manage the health problems they encounter.
  - c For providing training and refresh or update their knowledge and skills.
  - d For helping ASHAs plan their work.
  - e For building up mutual solidarity and motivation.
  - f For troubleshooting problems, especially as regards payments and addressing grievances.
  - g For refills to their drug kit
- The Medical Officer In-charge of the block PHC/CHC should attend at least one monthly meeting of all ASHAs in the Primary Health Centre (PHC) area, to review work progress.

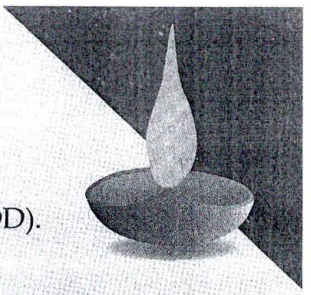
PART B

Maternal Health



Maternal Health

Objectives of this session



By the end of the session the ASHA will learn about:

- Diagnosing pregnancy using Nischay Kit.
- Determining Last Menstrual Period (LMP) and Expected Date of Delivery (EDD).
- Key components of antenatal check-up[1].
- Identification of problems and danger signs during the antenatal period and appropriate referral.
- Provide appropriate care for anaemia.
- Developing plans for birth preparedness.
- Follow-up with pregnant women.
- Knowledge of safe delivery.
- Understand obstetric emergencies and enable appropriate referral for emergencies.
- Updating Maternal Health Cards with support from the ANM.

1. Pregnancy Diagnosis

Diagnosis of pregnancy should be done as early as possible after the first missed period.

There are two ways to diagnose pregnancy early:

- Missed Periods
- Pregnancy testing: through use of the Nischay home pregnancy test card
  - The Nischay test card can be used easily by you to test if a woman is pregnant.
  - The test can be done immediately after the missed period.
  - A positive test means that the woman is pregnant.
  - The benefit of early diagnosis of pregnancy is that the woman can be registered early by the ANM and start getting antenatal care soon.
  - A negative test means that the woman is not pregnant. In case she is not pregnant and does not want to get pregnant, you should counsel her to adopt a family planning method.

Instructions for the use of the Nishcay Kit are in Annexe 2.

[1] All knowledge areas in this chapter have been covered in ASHA Module 2.

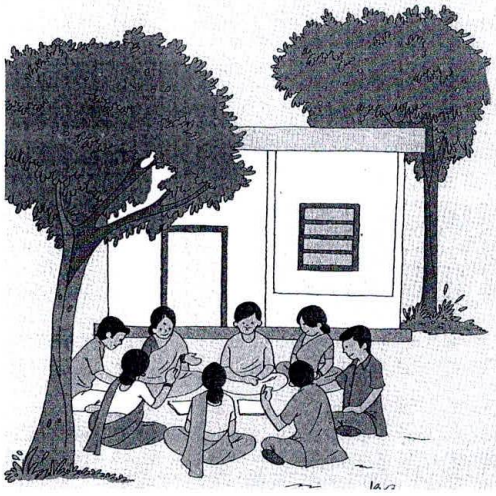
Facts about Antenatal Check-up

How many antenatal check-ups?

Four antenatal visits must be ensured, including registration within the first three month period. The suggested schedule is as below:

1st visit: Within 12 weeks preferably as soon as pregnancy is suspected for registration of pregnancy and first antenatal check-up

2nd visit: Between 14 and 26 weeks



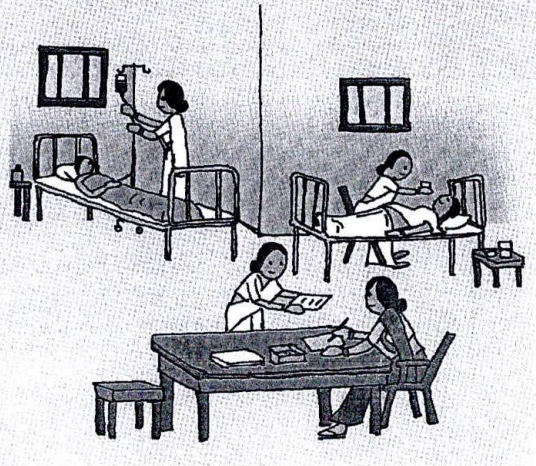
3rd visit: Between 28 and 34 weeks

4th visit: After 36 weeks

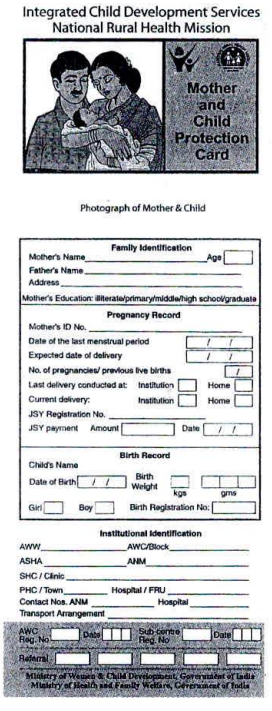
It is advisable for the pregnant woman to visit the Medical Officer (MO) at the PHC for the third antenatal visit, as well as availing of the required investigations at the PHC.

Essential components[2] of antenatal care

- Early registration
- Regular weight check
- Blood test for anaemia
- Urine test for protein and sugar
- Measure blood pressure
- One tablet of IFA every day for three months to prevent anaemia
- Treatment for anaemia
- Two doses of Tetanus Toxoid (TT) vaccine
- Nutrition counselling
- Preparing for birth.



[2] The components of ANC have already been covered in Module 2.


Integrated Child Development Services
National Rural Health Mission

Mother and Child Protection Card

Photograph of Mother & Child

Family Identification
Mother's Name _____ Age
Father's Name _____
Address _____
Mother's Education: illiterate/primary/middle/high school/graduate
Pregnancy Record
Mother's ID No. _____
Date of the last menstrual period / /
Expected date of delivery / /
No. of pregnancies/ previous live births
Last delivery conducted at: Institution Home
Current delivery: Institution Home
JSY Registration No. _____
JSY payment Amount Date / /
Birth Record
Child's Name
Date of Birth / / Birth Weight kgs gms
Girl Boy Birth Registration No:
Institutional Identification
AWW _____ AWC/Block _____
ASHA _____ ANM _____
SHC / Clinic _____
PHC / Town _____ Hospital / FRU _____
Contact Nos. ANM _____ Hospital _____
Transport Arrangement _____
AWC Reg. No Date Sub centre Reg. No Date
Referral
Ministry of Women & Child Development, Government of India
Ministry of Health and Family Welfare, Government of India

- Emphasise the importance of a balanced and nutritious diet during pregnancy. The diet of the pregnant woman should contain a mix of cereals, pulses (including beans and nuts), vegetables including greens, milk, eggs, meat and fish. If possible, the family should be encouraged to add oils, jaggery and fruits to the diet. Meat and nuts are especially good for anaemic women. You should explain to the mother and family that no foods should be forbidden during pregnancy.
- See when ANC is due for each check-up and remind them appropriately.
- Escort pregnant woman to VHND where they are hesitant or need such support.
- Ensure that all components of ANC are delivered.
- Ensure that the Maternal Card is updated.

Planning for Save Delivery

You should

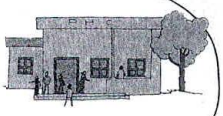
- Know how to calculate the EDD and communicate this to the pregnant woman.
- Know which institutions in the area provide different levels of care and establish linkages with providers there.
- At least once before delivery, take the pregnant woman to this centre and introduce her to the providers.
- Know what transport is available – whether funded by the state or other private means – that is easily accessible and affordable and how to call on it when the need arises.
- Assist all pregnant women and families to prepare plans for birth: including identifying funding sources should money be required at short notice. Sometimes Self-Help Groups (SHGs) may advance money in emergency even if the woman is not a member. This is most important for women in remote hamlets, or in communities which are currently not availing of institutional delivery or those at high risk for complications.
- Know what records (BPL card) need to be carried to the institution.
- Share birth plans with ANM and PHC MO at the VHND or monthly meeting.
- Identify mothers with complications, or a high likelihood of developing complications with support from the ANM. Inform them of the institutions that it is most advisable for them to go to and motivate the mother and the family to go there and escort them if required.

Decisions People Make

Woman's choice

Where should I go for a safe delivery?

If I go to the PHC which is open 24 hours, I will be cared for and can rest for two days. Also, if there is any surgery needed, they can rush me to the big hospital quickly.

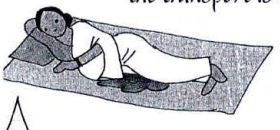


If danger signs or complications develop before the delivery, I will need to go to the big hospital straight away, but I hope that does not happen.

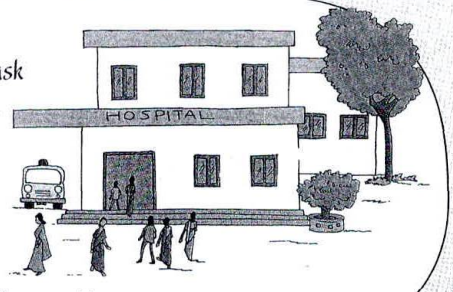
I will also need to ensure that I have an escort, maybe the ASHA, to accompany me, and that someone is taking care of the children and things at home.

Birth Micro Plan of ASHA/ANM/AWW

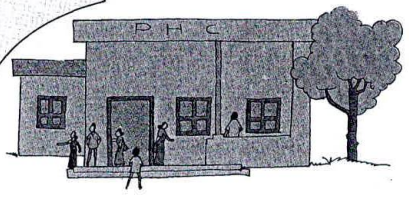
I help every family with a pregnant woman to make a birth plan.



If she has any danger signs or complications, I will ask her to go to the CHC or DH when her delivery is due. I must also make arrangements to ensure that the transport is ready and available at that time.

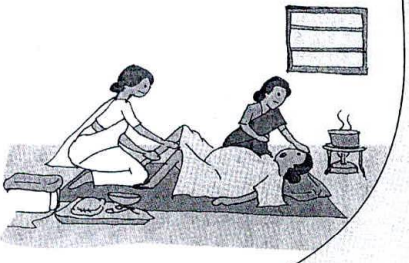


If she has no complications, I will counsel her to go to the 24X7 PHC, and for this too, I must ensure that transport arrangements are made in time.

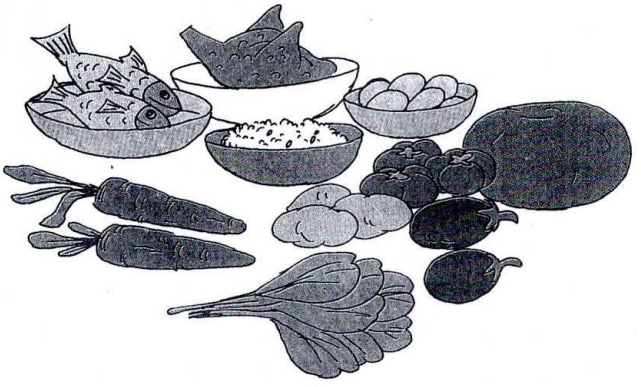


But if she and her family do not want to go that far and the 24X7 PHC is crowded, I will advise her to go to the nearby sub-centre where two ANMs are trained to conduct deliveries and one of them is always there.

For some women, family circumstances and beliefs make even going to the sub-centre difficult. I will then get the ANM to come to her house, and will assist in the preparations needed, after counselling that a safe delivery in this situation may not always be possible.



- The dosage regimen of two IFA tablets per day should be repeated for three months post-partum also.

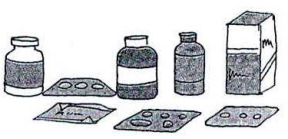


Counselling pregnant women on anaemia:

- Encourage women to take iron-rich foods such as green leafy vegetables, whole pulses, ragi, jaggery, meat and liver. This advice should be discussed with family and finalised based on the family situation.
- Encourage the woman, where possible, to take plenty of fruits and vegetables containing vitamin C (such as mango, guava, orange and sweet lime) as these enhance the absorption of iron.

- Counsel the women on the necessity of taking IFA, the dangers associated with anaemia, and inform the women that these side-effects are common and not serious, and will reduce over time.
- IFA tablets must be taken regularly, preferably early in the morning on an empty stomach. If the woman has nausea and pain in abdomen, she may take the tablets after meals or at night. This will avoid nausea.
- Dispel the myths and misconceptions related to IFA and convince the woman about the importance of taking it. An example of a common myth is that the consumption of IFA may affect baby's complexion.
- Many women do not take IFA tablets regularly due to some common side-effects such as nausea, constipation and black stools. Tell women not to worry about passing black stool while consuming IFA. It is normal.

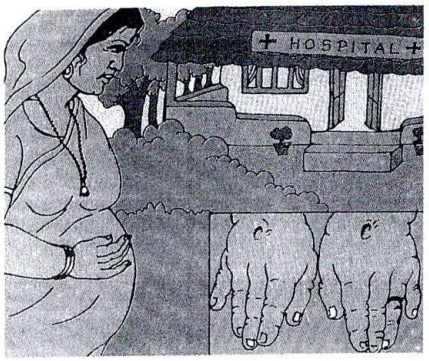
- In case of constipation, the woman should drink more water and add roughage (plenty of green leafy vegetables) to her diet.
- IFA tablets should not be consumed with tea, coffee, milk or calcium tablet as it reduces the absorption of iron.
- IFA tablets may make the woman feel less tired than before. However, despite feeling better, she should not stop taking the tablets and must complete the course as advised by the healthcare provider.
- Ask the woman to return to you if she has problem taking IFA tablets.



How do you get the IFA?

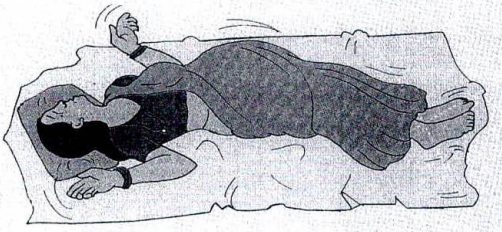
The IFA tablets are part of your drug kit. Try to ensure that you always have enough stock. Either your facilitator or a person appointed by the MO of the PHC is given the responsibility of refills for the drug kit. IFA tablets are also made available at VHND or in any health facility.

Swollen face/hands



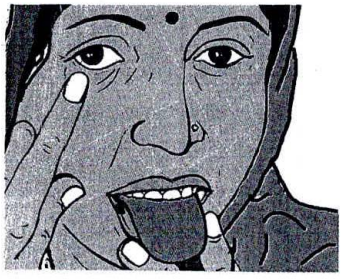
Pitting oedema over back palm

Convulsions/fits



Eyes roll, face and limbs twitch, body gets stiff and shakes, fists clinched

Non-Emergency referral during pregnancy

Probiem	How to recognise	Action to be taken
Severe anaemia 	Tongue very pale, weakness, general swelling in body	Refer to PHC/ Dist./Tertiary Hospital
Night Blindness 	Pregnant women find it difficult to see at dusk	Refer to ANM or PHC

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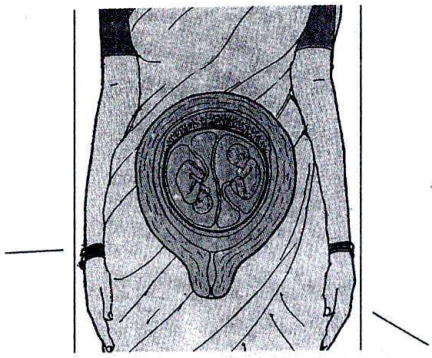
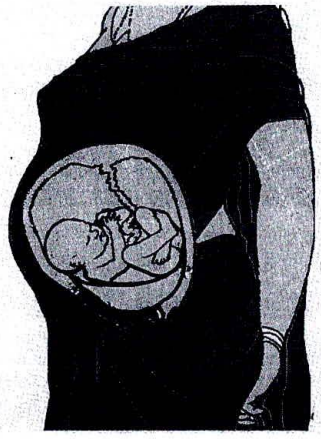
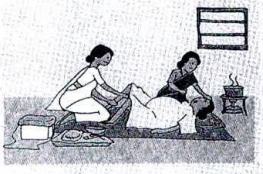
Multiple pregnancies 	Suspicion/Knowledge: usually suspected by ANM or by doctor after abdominal examination.	Refer to CHC/DH. Ultrasound examination would confirm this.
Malpresentation 	Suspicion/Knowledge: Diagnosed by ANM or doctor after abdominal examination.	Refer to CHC/DH. Ultrasound examination would confirm this.

Danger signs in labour and delivery

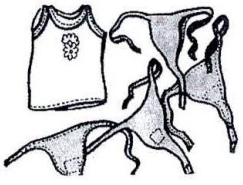
These danger signs can occur at any time:

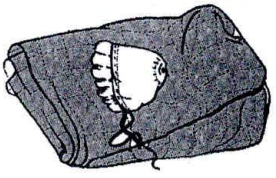
- Bleeding (fresh blood)
- Swollen face and hands
- Baby lying sideways
- Water breaks but labour does not start within 24 hours or less
- Colour of water - green or brown
- Prolonged labour - woman pushing for more than 12 hours (eight hours in the case of women who have already had children) with the baby not coming out
- Fever
- Fits
- Retained placenta

Before Delivery



The delivery room should be cleaned before the delivery. If the delivery is happening at home, you should facilitate a clean delivery space.





Immediately after birth, if the baby remains naked, it may become cold. Hence, baby clothes should be kept ready before delivery.

Safe Delivery

Three Stages of Labour

1st Stage of labour

Starts from the beginning of pain until the mouth of the womb is fully open. This happens inside and cannot be seen. The bag of water also breaks at the end of this stage. The fluid is usually clear but may be yellow or green or red.

This first stage of labour usually lasts about 8 to 12 hours in the first pregnancy. May take much less time in subsequent pregnancies.

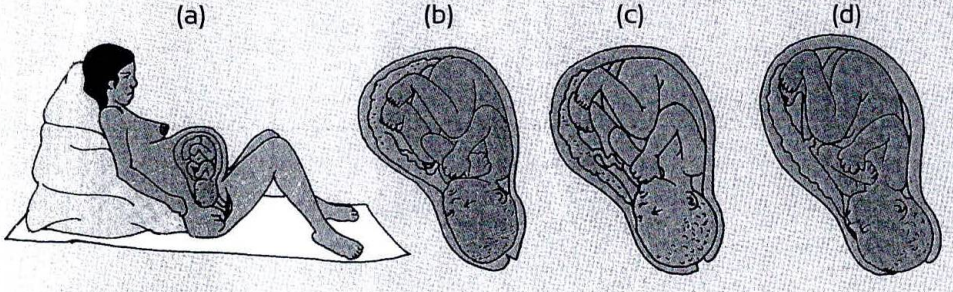


Illustration (a) - drawing of side view of a pregnant woman.

In illustration (b) - the mouth of the womb is almost closed, and thick.

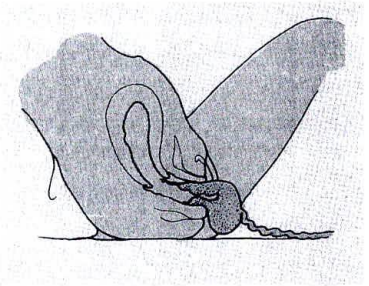
In illustration (c) - the mouth is thinner and is opening little.

In (d) - the mouth of the womb is fully open. When the womb is completely open, it is the end of the first stage of labour. At this time, the water bag usually breaks. This first stage of labour usually lasts about 8 to 12 hours. It takes longer if the woman is having her first baby.

The very top of the head comes first, then the eyes, nose and mouth (d). While in most babies, the eyes are facing the floor; sometimes they are born looking towards the ceiling. When the baby's head is out, it turns to one side (e) and the shoulders and rest of the body are delivered (f). Once out, the baby will cry.

Delivery of Placenta

The cord will be connected to the placenta which is still inside the womb.

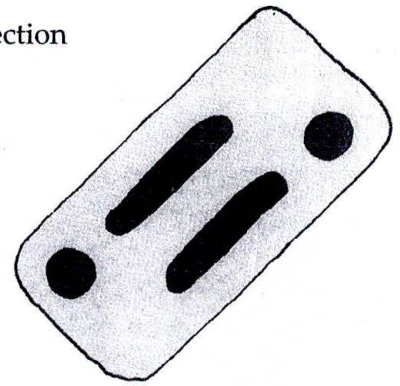


The placenta usually comes out after 15-20 minutes.

Points for you to pay attention to if you are also present at the time of delivery in the institution:

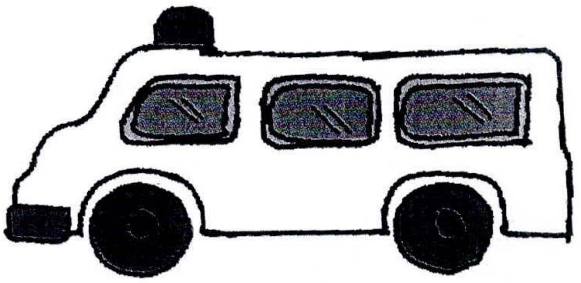
- It is not necessary to shave the area, or give an enema to the mother at the time of delivery.
- All deliveries do not require an episiotomy (cut at the perineal site).
- Fundal pressure (pushing on the abdomen) should not be applied.
- You should be alert if injections are being given to hasten the delivery process. Such injections can cause a baby who is still born, birth of a baby who is unable to breathe, or even cause the death of the newborn. However, the same injections are advisable after the baby has been born in order to control bleeding after delivery. Only the ANM or doctor should give the injection.
- When the mother and baby stay in the hospital and if you are staying with them as a birth companion, she should ensure that the mother and baby are seen by the MO and nurse at least twice a day and whenever required if there are problems.

- Encourage and support for exclusive breastfeeding (Please see section on Breastfeeding-Part C, Section 3)
- Discuss with the mother the need for contraceptive services. Caution her on the risk of unprotected sex and the high chances of conceiving again. You should counsel her on the importance of spacing the next child birth for her own health and that of the baby. You should help her in making the choice of the method of family planning, whether spacing or limiting.



Complications during the post-partum period

Some women can develop complications after the childbirth. The symptoms of these major complications are:

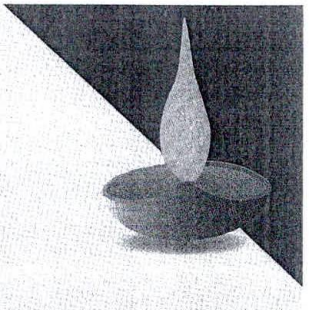


1. **Excessive bleeding:** Ask the mother if the bleeding is heavy. Often this is quite obvious, but sometimes it may be difficult to judge. If the woman is using more than five pads a day or more than one thick cloth in a day, she is having heavy bleeding. You should immediately refer her to an institution which manages complications. You should also ask the mother to begin breastfeeding immediately, that should help reduce the bleeding. Referral is most urgent. Even the delay of a few minutes can make a difference.
2. **Puerperal Sepsis (Infections):** Ask if the discharge is foul smelling. If the answer is yes, then suspect infection. Fever, chills and pain in abdomen along with the foul smell make infections even more likely. You should measure temperature to confirm fever. Referral is required since the mother needs antibiotics. Referral on the same day is advisable.
3. **Convulsions with or without swelling of face and hands, severe headache, and blurred vision:** Such patients need immediate referral. If ANM is available within 15 minutes, she can stabilise the patient before referral.
4. **Anaemia:** You should check if the mother is pale and enable the mother to get her blood Hb status checked (for management of anaemia in the post-partum period, please see Section 3).
5. **Breast engorgement and Infection:** (Part C: Newborn Health)

PART C

Newborn Health

Newborn Health



Objectives of the session

By the end of this session, the ASHA will learn about:

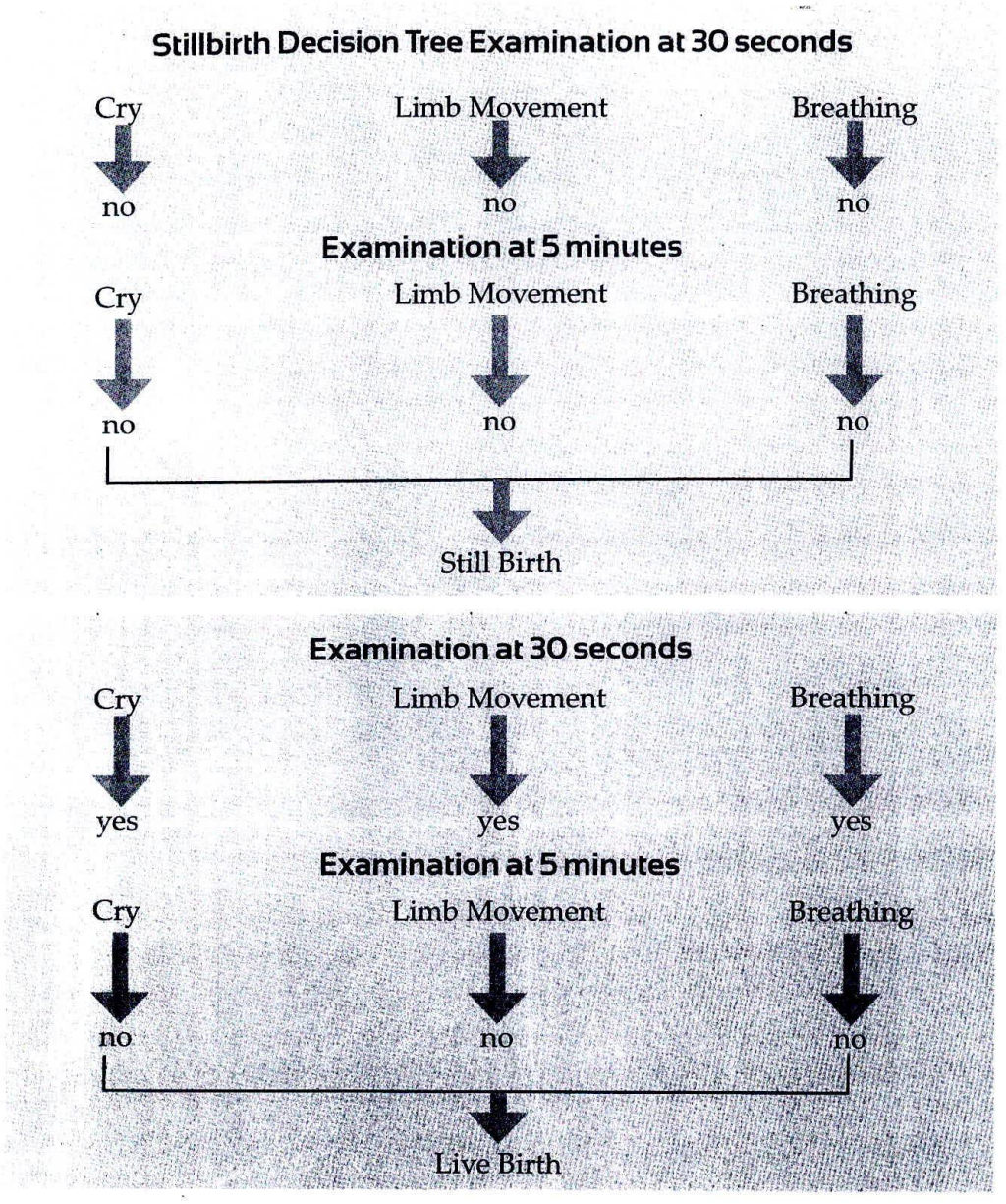
- Observe and assist during the immediate newborn period in case she is present at the time of delivery.
- Observe the baby during the first hour, during the first two days and during the first month to take care of the newborn, support and help the mother to breastfeed, and to keep the baby warm.
- Know what her specific role is during the home visits, and learn how to care for the newborn.

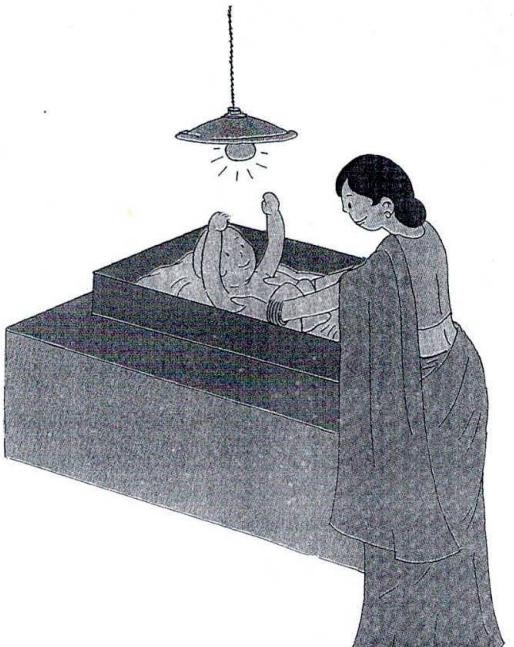
1. Care of the Baby at the time of Delivery

Many babies die immediately after birth due to asphyxia. In case of home delivery, when mild labour pains start, you can manage asphyxiated babies by removing mucus and can initiate respiration with the help of the instruments you have.

You should encourage the mother to start breastfeeding immediately after the delivery, as this will help in quick delivery of placenta and minimises bleeding. Starting to breastfeed immediately after the birth makes the baby stronger.

Chances of the baby's death and getting sick are higher among the babies born before time (pre-term) and in LBW babies, (Weight less than 2500 gm increases the risk and below 1800 gm, the risk is considered very high.)


Stillbirth Decision Tree Examination at 30 seconds
Cry
Limb Movement
Breathing
no
no
no
Examination at 5 minutes
Cry
Limb Movement
Breathing
no
no
no
Still Birth
Examination at 30 seconds
Cry
Limb Movement
Breathing
yes
yes
yes
Examination at 5 minutes
Cry
Limb Movement
Breathing
no
no
no
Live Birth



- How the baby is suckling at the breast.
- Whether the baby has loose limbs.
- Listen to the cry of the baby.
- Provide care of eyes. If there is pus/purulent discharge from eyes and no doctor or nurse available, apply tetracycline ointment. Even for normal eyes, tetracycline is used as a preventive, so even in doubt as to whether it is pus, it could be given.
- Keep umbilical cord dry and clean.

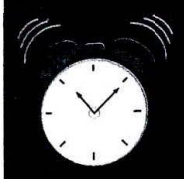
b. General precautions the family must take

The newborn is delicate and can easily fall sick if the family and mother are not careful. You should explain some general precautions that the family should take.

- Bathing the baby: Although it is recommended that the baby should not be bathed until the first seven days, many families would like to bathe the baby on the first or second day. You should explain that bathing the baby and leaving it wet or exposed may cause it to get cold and fall sick. Thus, it is better to wipe the baby with a warm wet cloth and dry the baby immediately, at least for the first five to seven days.
- Keep the baby away from people who are sick.
- People who are sick with cold, cough, fever, skin infection, diarrhoea, etc. should not hold the baby or come in close contact with the baby.
- The newborn baby should not be taken to places where there are other sick children.
- The newborn baby should also not be taken to places where there are large gatherings of people.

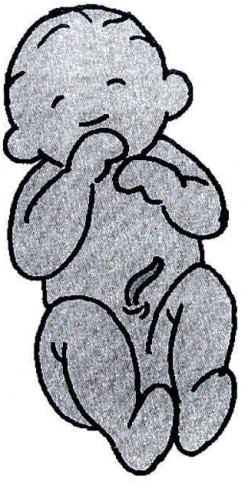
c. What are you expected to do during the newborn visits?

- Enquire and fill the mother's information on home visit form. **(Annexe 6)**
- Enquire and fill newborn information on home visit form. These forms help you to think about all the steps you need to take. **(Annexe 7)**
- Take out the necessary equipment from the bag and keep on a clean cloth.
- Wash your hands well as taught.
- Then examine the baby – a. measure temperature, b. weigh the baby, and c. perform other activities in the sequence provided in the newborn home visit form. **(Annexe 8 & 9)**
- Provide the care of eyes, skin and cord.
- Check that the home visit form is filled in completely.



Remember:

The usual bathroom scales cannot reliably record small differences in weights. That is why bathroom scales cannot accurately record newborn weight and it is not advisable to use these for weighing newborns.



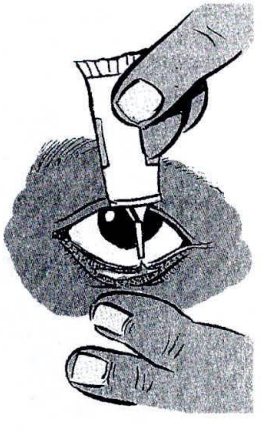
All babies below 1.8 kg must be taken to a 24x7 facility or other facility known to provide referral care for sick newborn and examined by a doctor or nurse.

h. Umbilical cord care

- Cord should be kept clamped for at least 24 hrs after the birth. The clamp can be removed when the cord is dried and occluded
- No application of any medicine is required if there is no bleeding or discharge.
- The umbilical cord should be kept clean and dry at all times.

i. Eye care

Skill checklist for applying eye ointment



If a newborn has pus discharging from its eyes you can put antibiotic ointment in the baby's eyes or a capsule which is available in the market.

How to put antibiotic ointment:

- Gently pull the baby's lower eyelid down.
- Squeeze a thin line of ointment moving from the inside corner to the outside of the eye.
- Do not touch the baby's eye with the tip of the tube. If the tube touches the babies eyes, it shouldn't be used again.
- If the eyes are swollen with pus, then put the ointment two times a day for 5 days.

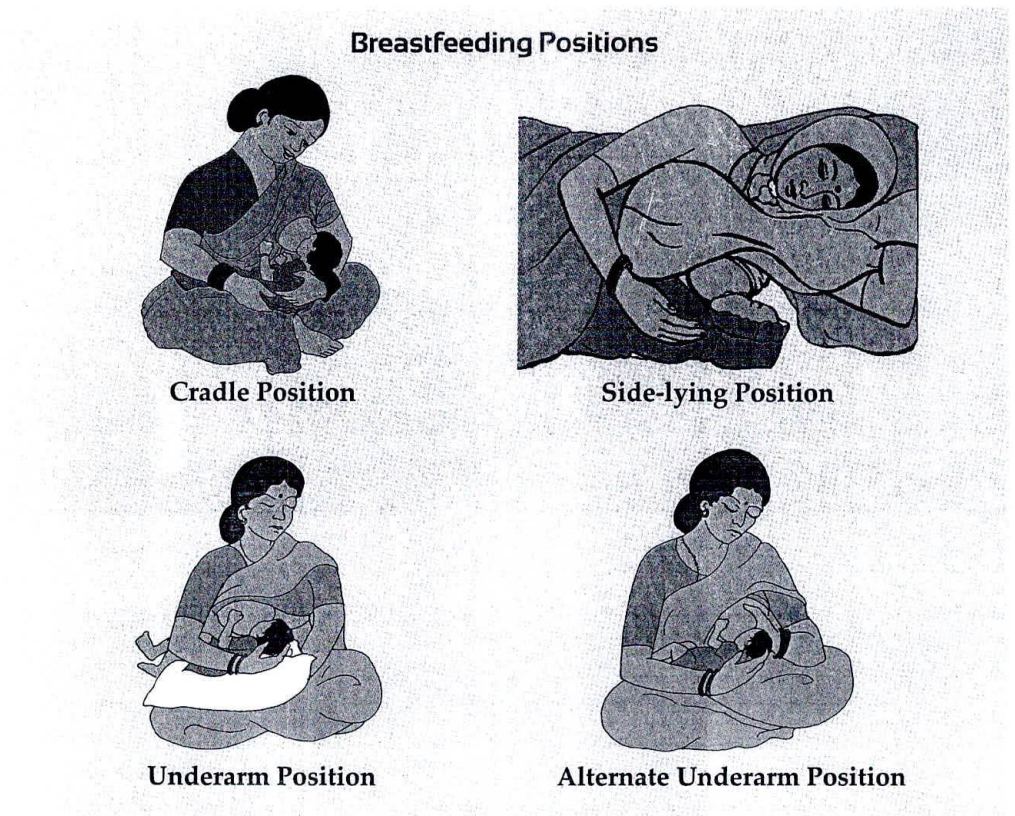
d. Breastfeeding observation tips

Signs of breastfeeding going well	Signs of possible difficulty
Mother's body relaxed, comfortable, confident, eye contact with baby, touching	Mother tense, leans over baby. Not much eye contact or touching
Baby's mouth well attached, covering most of the areola, opened wide, lower lip turned outwards	Mouth not opened wide, not covering areola Lips around nipple
Suckling well, deep sucks, bursts with pauses Cheeks round, swallowing heard or seen	Rapid sucks, cheeks tense or sucked in Smacking or clicking sounds
Baby calm and alert at breast, stays attached, Mother may feel uterus cramping, some milk may be leaking (showing that milk is flowing)	Baby restless or crying, slips off breast; Mother not feeling cramping, no milk is leaking (showing that milk is not flowing)
After feed, breast soft, nipples protruding	After feed, breast full or enlarged, nipples may be red, cracked, flat or inverted

e. Correct position for breastfeeding

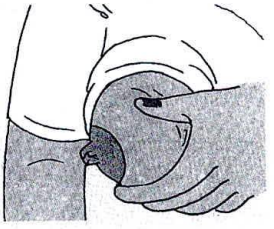
To obtain maximum benefit of breastfeeding, the baby should be held in the correct position and be put correctly to the breast. The baby is in the correct position when:

- While holding the baby, the mother also supports the baby's bottom, and not just the head or shoulders.
- Mother holds the baby close to her body.
- The baby's face is facing the breast, with nose opposite the nipple



Managing Common Breastfeeding Problems

Sore nipples



Causes: poor latch-on or positioning at breast

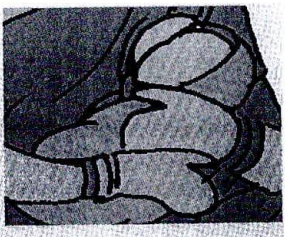
Management

- Improve attachment and/or position.
- Continue breastfeeding (reduce engorgement if present).
- Build mother's confidence.
- Advise her to wash breast once a day; not to use soap for this.
- Put a little breast milk on nipples after feeding is finished (to lubricate the nipple) and air-dry.
- Wear loose clothing.
- If nipples are very red, shiny, flaky, itchy, and their condition does not get better with above treatment, it may be fungus infection. Apply gentian violet paint to nipples after each breastfeed for five days. If the condition does not improve, refer to a doctor.

Inverted nipples

Sometimes the nipple will retract in to the breast, and can be checked even during pregnancy.
The best treatment is to encourage the mother to gently pull out the nipple and roll it, several times in a day.

Not enough milk

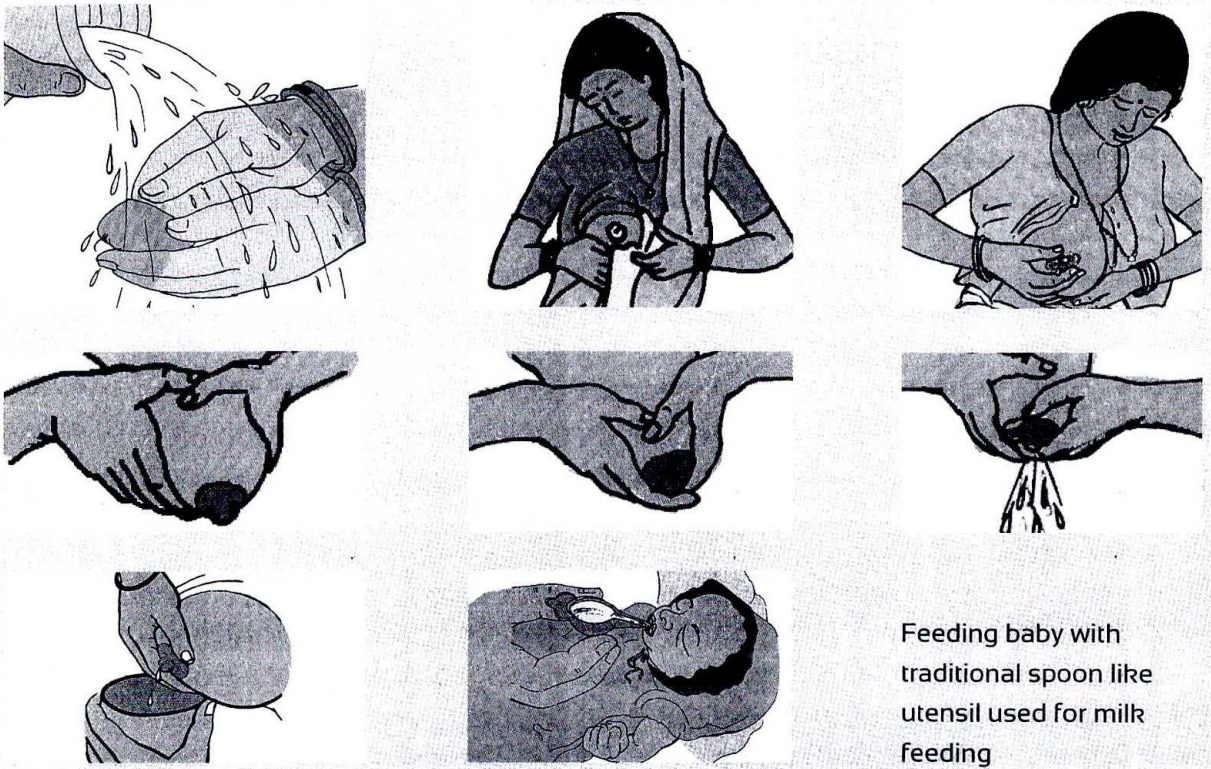


Causes: Delayed initiation of breastfeeding; infrequent feeding; giving fluids other than breast milk; mother's anxiety, exhaustion, insecurity; inadequate family support.

Management

- Decide whether there is enough milk or not:
  - Does the baby pass urine six times or more each day?
  - Has the baby gained sufficient weight? (During the 1st week there is usually a small weight loss, after that a newborn should gain 150-200 gm per week.)
  - Is the baby satisfied after feeds?
- Re-assure mother.
- If there is not enough milk, have the baby feed more often.
- Check breastfeed to observe mother attachment and positioning of the mother and baby.
- Encourage rest. Emphasise the mother to drink and eat more.
- Praise her and return for follow-up.

Expressing milk



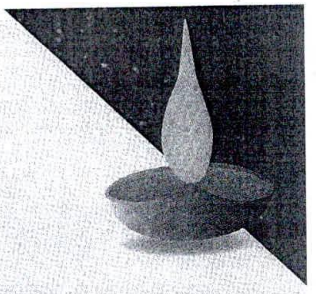
Feeding baby with traditional spoon like utensil used for milk feeding

9. Repeat with the other breast.

Signs that the baby is not getting enough milk

- Poor weight gain
  - Weight gain of less than 500 gm in a month
  - Less than birth weight after two weeks
- Passing small amounts of concentrated urine
  - Less than six times a day
  - Yellow and strong smelling
- Other signs are:
  - Baby not satisfied after breastfeed and often cries
  - Very frequent breastfeeds
  - Very long breastfeeds
  - Baby refuses to breastfeed
  - Baby has hard, dry or green stools
  - No milk comes when mother tries to express
  - Breast did not enlarge
  - Milk did not come in.

5. Keeping the Newborn Warm



Objectives of the session

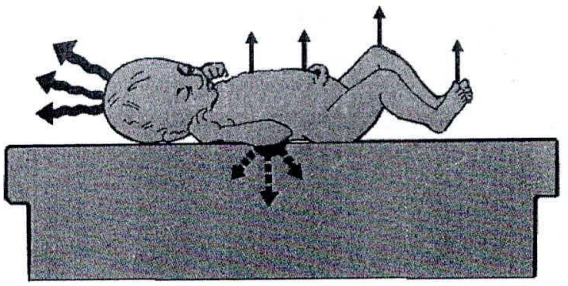
By the end of this session, the ASHA will learn about:

- Identify the newborn whose body temperature is less than normal and whose body temperature is more than normal.
- Teach mothers how to keep the newborns warm.
- Teach mothers how to re-warm cold babies.
- Teach mothers how to control newborn temperature in hot weather.
- Learn to take the temperature.

Keeping newborn warm and the problem of hypothermia

Why is it important to keep baby warm after delivery?

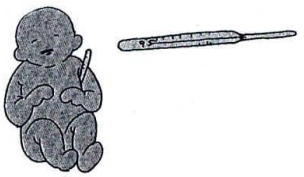
Babies have difficulty maintaining their temperature at birth and in the first day of life.They come out wet, and lose heat quickly. If they get cold, they use up energy, and can become sick. LBW and pre-term babies are at greater risk of getting cold.



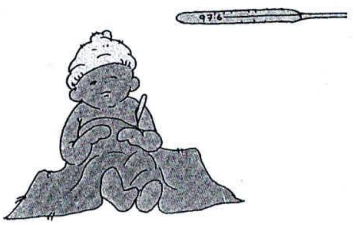
When and why do most newborns get cold?

Most newborns lose heat in first minute after delivery.

They are born wet. If they are left wet and naked, they lose a lot of heat to the air. A newborn baby's skin is very thin and its head is big in size compared to its body. It loses heat very quickly from its head. Babies do not have the capacity to keep themselves warm. If the newborn baby is not properly dried, wrapped, and its head is not kept covered, it can lose 2 to 4 degree Celsius within 10-20 minutes.



Example: If the baby's temperature was 97.7 degree Fahrenheit (36.5 degree Celsius) (normal temperature) at the time of birth and if there was a loss of 2.7 degree Fahrenheit because the baby was not properly dried and covered, the body temperature will become 95 degree Fahrenheit (35.0 degree Celsius), which is below normal.



What is the term for a situation when a baby's temperature falls below normal?

When a baby has a temperature below normal, it suffers from **hypothermia.**

What happens to a baby with hypothermia?

A baby who is cold, and has a low temperature (hypothermia) suffers from:

- Decreased ability to suckle at the breast, leading to poor feeding and weakness.

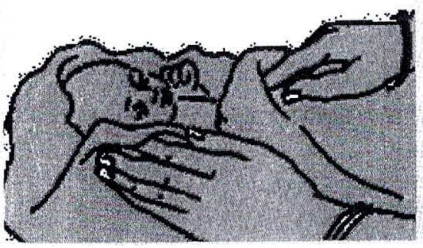
How to re-warm a baby getting cold?

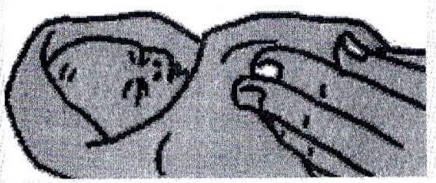
<97 degree Fahrenheit (36.1 degree Celsius) or too cold <95 degree Fahrenheit (35.0 degree Celsius)

- Increase the room temperature.
- Remove any wet or cold blankets and clothes.
- Hold the baby with its skin next to its mother's skin (skin-to-skin contact) and place a warmed cloth (not too hot to avoid burns) on its back or chest. As this cloth cools down, replace it with another warmed one, and repeat until the baby is warmer. Continue until the baby's temperature reaches the normal range.
- Put on its clothes and its cap, put it in warm bag, and make it lie close to its mother.
- Continue to breastfeed the baby to provide calories and fluids to prevent a drop in the blood glucose level.
  - A common problem in hypothermic babies.

If a baby is too cold <95 degree Fahrenheit (35.0 degree Celsius), follow the above advice, and

- Place skin-to-skin, and once the baby is a little warmer, then clothe baby and place in a bed pre-warmed with warm clothes, or a hot stone or hot water bottle. (Remove these articles before putting baby on the bed.)
- In an institutional delivery, there should be a newborn corner available with a radiant warmer, or some other suitable heating arrangement where the newborn baby can be kept.





Annexes

Annexe 1: ASHA Drug Kit Stock Card

Month & Date of Refill			(1)		(2)		(3)		(N)	
S.No.	Name of Drug	Symbol*	Balance	Refill given	Balance	Refill given	Balance	Refill given	Balance	Refill given
1										
2										
3										
4										
5										
'n'										

Balance: This is what was left in kit at the time of refill – after recovering explained drugs/supplies.

Refill: This is what was put into the kit.

*Symbol is a pictorial symbol that could be used to denote a drug, since often, the drugs comes labelled only in English.

Card is to be updated by person providing the refill.

Annexe 3: Format for Individual Plans (Birth Preparedness)

Name: Age:

Husband's name:

HH income

LMP

EDD

Past pregnancy history (Include abortion, if any):

Order of pregnancy	Date of delivery (Month and Year)	Place of delivery: Home, SC, PHC, CHC, DH, Private Nursing Home	Type of delivery: Natural, Forceps, C-Section	Birth Outcome: Live Birth, Stillborn,	Age and Status of child currently	**Any other complications: Fever, Bleeding**
First						
Second						
Third						

- Any risk factors:
- Nearest SBA: Phone:
- Nearest 24X7 PHC: Distance: Time: Cost
- Nearest Sub-Centre with a Skilled Birth Attendant
- Nearest CHC with facilities to manage complications: Distance: Time: Cost
- Distance to District Hospital:
- How much is transport going to cost?
- Is the vehicle fixed: Owner:
- Will we need extra money for the treatment ? How to organise it?
- Who will take care of the children when mother goes to the facility?
- Who will accompany her to the facility?
- Where will they stay?
- How will they finance their stay?
- Have they organised clothes and blankets for the baby?

Dry the baby : Yes/No		For Supervisors#
Cover the baby : Yes/No		Yes/No/NA
9a) Observe the baby at birth:		Yes/No/NA
	At 30 seconds	At 5 minutes
a) Cry	No/Weak/Forceful	No/Weak/Forceful
b) Breathing	No/Gasping/Forceful	No/Gasping/Forceful
c) Movement of limbs	No/Weak/Forceful	No/Weak/Forceful
9b) Diagnosis - Normal/Stillbirth		Was ASHA present when the baby came out? Yes/No/NA
9c) If still birth - Fresh/Macerated		Correct/Incorrect
10) Sex of the child: Male/Female		Correct/Incorrect
11) Number of baby/babies born: 1/2/3		Correct/Incorrect
12) **Actions:**		Yes/No/NA
Give the mother something to drink immediately after the delivery: Yes/No		Correct/Incorrect
13) Time at which placenta came out fully? Hrs_____Min_____		Yes/No/NA
Immediate breastfeeding reduces mother's bleeding and helps to quicken delivery of placenta		Yes/No/NA
14) Actions:		Yes/No/NA
Cover the baby: Yes/No Keep close to mother: Yes/No Early and exclusive breastfeeding: Yes/No		Other Information #: Mark 'Yes' if necessary and possible action has been taken without any mistake
15) Special features/Comments/Observations, if any		
_____		
_____		

4) Weight: Kg_____ Gm_____ Colour on scale: Red/Yellow/Green	For Supervisor
5) Record ☑ ☒	Weighing matches with the colour? Yes/No
1. All limbs limp	Correct/Incorrect
2. Feeding less/stop	
3. Cry weak/stopped	
Routine Newborn Care	Action taken?
Whether the task was performed	
1) Dry the baby Yes/No	Yes/No/NA
2) Keep warm, don't bathe, wrap in the cloth, keep Yes/No closer to mother	Yes/No/NA
3) Initiate exclusive breastfeeding Yes/No	Yes/No/NA
	Yes/No
	Yes/No
6) Anything unusual in baby? Curved limbs/Cleft lip/Other_____	Yes/No

For Supervisor

Form checked by: Name_____Date_____

Corrections:_____

_____

Unusual or different observation: _____

_____

Whether the form has been completed? Yes/No

Signature _____

Ask/Examine Date of ASHA's visit	Day 2 _____	Day 3 _____	Day 7 _____	Day 15 _____	Day 28 _____	Day 42 _____	Action by the ASHA	Supervisory Check	
C. Examination of Baby								Action Take	
Are the eyes swollen or with pus								Y/N	Y/N
Weight (on day 7, 15, 28 and 42)									
Temperature: Measure and Record									
Skin: Pus filled pustules									
Cracks or redness on the skin fold (thigh/Axilla/Buttock)									
Yellowness in eyes or skin: Jaundice									

D. Check now for the following signs of sepsis: If sign is present mention - Yes, if it is absent, mention - No

Record the observations on Day 1 from the first examination of newborn form

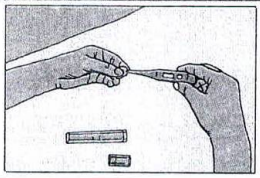
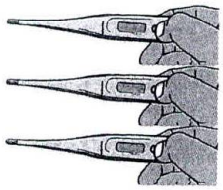
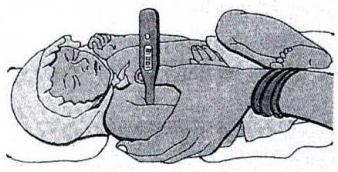
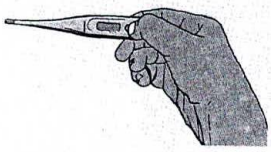
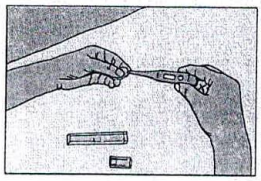
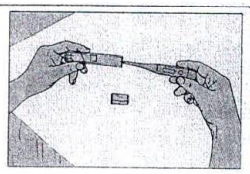
Ask/Examine	Day 1	Day 2 _____	Day 3 _____	Day 7 _____	Day 15 _____	Day 28 _____	Day 42 _____	Action by the ASHA	Action Taken	
									Y/N	Y/N
All limbs limp										
Feeding less/Stopped										
Cry weak/Stopped										
Distended abdomen or mother says 'baby vomits often'										
Mother says 'baby is cold to touch' or baby's temperature >99 degree F (37.2 degree C)										
Chest indrawing										
Pus on umbilicus										

Supervisor's note: Incomplete work/incorrect work/incorrect record/incorrect record

Name of ASHA:_____ Date:_____

Name of Trainer/Facilitator:_____

Annexe 8: Skills Checklist: Measuring Temperature

Picture/Illustration	Skills Checklist	For Peer Record				
		1	2	3	4	5
	1) Take thermometer out of its storage case, hold at broad end, and clean the shinning tip with cotton ball soaked in spirit.					
	2) Press the pink button once to turn the thermometer on. You will see "188.8" flash in the centre of the display window, then a dash (-), then the last temperature taken and then three dashes (- - -) and a flashing "F" in the upper right corner.					
	3) Hold the thermometer upward and place the shinning tip in the centre of the armpit. Place arm against it. Do not change the position.					
	4) You will hear a beep sound every 4 seconds while the thermometer is recording the temperature. When you hear 3 short beeps, look at the display. When "F" stops flashing and the number stop changing, remove the thermometer.					
	5) Read the number in the display window.					
	6) Record the temperature reading on the form.					
	7) Turn the thermometer off by pushing the pink button one time.					
	8) Clean the shinning tip of the thermometer with a cotton ball soaked in spirit.					
	9) Place thermometer back in its storage.					

Acronyms

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
ARI	Acute Respiratory Infection
ANC	Antenatal Care
AIDS	Acquired Immuno-deficiency Syndrome
ART	Anti-Retroviral Therapy
BEmoC	Basic Emergency Obstetric Care
BCG	Bacillus Calmette-Guerin
BPNI	Breastfeeding Promotion Network of India
CEmoC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
DPT	Diphtheria, Tetanus and Pertussis
EDD	Expected Date of Delivery
FRU	First Referral Unit
GP	Gram Panchayat
GV paint	Gentian Violet paint
HBNC	Home-Based Newborn Care
IFA	Iron Folic Acid
IMNCI	Integrated Management of Neonatal Childhood Illnesses
LBW	Low Birth Weight
LMP	Last Menstrual Period
MO	Medical Officer
ORS	Oral Rehydration Solution
PHC	Primary Health Centre
PRI	Panchayati Raj Institution
SBA	Skilled Birth Attendant
TB	Tuberculosis
TT	Tetanus Toxoid
UNICEF	United Nations Children's Fund
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee

APPENDIX 3: *Participant Consent Form*

Title:

"A Study on the Barriers affecting the functioning of ASHA Workers in Mariyamanahalli and Nagenahalli village of Hospet taluk"

ನಾನು ಈ *Consent Form* ಅನ್ನು ಓದಿ ಅಥವಾ ಓದಿಸಿಕೂಂಡು ಅರ್ಥ ಮಾಡಿಕೂಂಡಿರುತ್ತೇನೆ. ಈ ಅಧ್ಯಯನದಿಂದ ನನಗೆ ಯಾವುದೇ ರೀತಿಯ ಪ್ರಯೋಜನವಿರುವುದಿಲ್ಲ ಎಂದು ತಿಳಿದಿರುತ್ತೇನೆ ಮತ್ತು ನಾನು ಕೂಡುವ ಮಾಹಿತಿಯು ಅತೀ ಉಪಯುಕ್ತಕರವಾಗಿದ್ದು ಈ ಮಾಹಿತಿಯನ್ನು ಯಾವುದೇ ಕಾರಣದಿಂದ ಎಲ್ಲಿಯೂ ಬಹಿರಂಗಪಡಿಸಲಾಗುವುದಿಲ್ಲ ಜೊತೆಗೆ ಈ ಮಾಹಿತಿಯನ್ನು ಕೇವಲ ವರದಿ ಮಾಡಲು ಮತ್ತು ಈ ವರದಿಯನ್ನು ಸಂಶೋಧನಾ ಗುಂಪಿನಲ್ಲಿ ಚರ್ಚಿಸಲು ಬಳಸಲಾಗುತ್ತದೆ. ಈ ವರದಿಯಲ್ಲಿ ಎಲ್ಲಿಯೂ ನನ್ನ ಹೆಸರನ್ನು ಗುರುತಿಸಲಾಗುವುದಿಲ್ಲ ಎಂದು ತಿಳಿಸಲಾಗಿರುತ್ತದೆ. ಈ ಸಂದರ್ಶನದಲ್ಲಿ ಸಂಶೋದನಾಕಾರರು ಕೇಳುವ ಪ್ರಶ್ನೆಗೆ ನನಗೆ ತಿಳಿದಿರುವಷ್ಟು ಉತ್ತರವನ್ನು ಹೇಳಬಯಸುತ್ತೇನೆ. ನನಗೆ ಸಾಧ್ಯವಾದಷ್ಟು ಸಮಯದವರೆಗೆ ಈ ಸಂದರ್ಶನದಲ್ಲಿ ಸ್ವಯಂ ಇಚ್ಚೆಯಿಂದ ಭಾಗವಹಿಸುತ್ತಿದ್ದೇನೆ. ಈ ಸಂಶೋಧನಾ ಅಧ್ಯಯನದ ಮಾಹಿತಿಯನ್ನು ನನಗೆ ವಿವರವಾಗಿ ತಿಳಿಸಲಾಗಿರುತ್ತದೆ.

- Participation in the in-depth interview: Yes ☑ No ☐
- Audio-recording of the in-depth interview: Yes ☑ No ☐
- Publishing of words/sentences spoken in interview verbatim: Yes ☐ No ☐

.....	.....
Name of the Research Participant	Name of the Researcher
.....	.....
Signature of the Research Participant	Signature of the Researcher
14/10/14	
Date	Date

REVOCATION OF CONSENT

I hereby wish to **WITHDRAW** my consent to participate in the study described above and understand that such withdrawal **WILL NOT** jeopardise my relationship with the Institute of Public Health.

Signature of participant	**Name**	**Date**