Family-Led Care Guide: Counseling for Families of Small Babies

This guide is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Every Preemie—SCALE and do not necessarily reflect the views of USAID or the United States Government.
Acknowledgements

The *Family-Led Care Guide: Counseling for Families of Small Babies* was developed to provide a standardized guide for health workers to use in counseling and educating the families of babies receiving Kangaroo Mother Care (KMC). Family-Led Care is a model of care that empowers families to assume basic care for their preterm and low birthweight newborns both in the facility during Kangaroo Mother Care and at home after discharge.

This document is a revision of the *Basic Care of Preterm and Low Birth Weight Babies Flipbook* developed for use in Balaka district, Malawi by Every Preemie—SCALE in conjunction with Balaka District health staff and the Reproductive Health Directorate at the national Ministry of Health. Changes are based on lessons learned during implementation, and modifications are made to benefit a wider audience in Sub-Saharan Africa.

Every Preemie—SCALE, a United States Agency for International Development -funded project implemented by Project Concern International (PCI), the Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), and the American College of Nurse-Midwives (ACNM), would like to sincerely thank the USAID, Bureau for Global Health for funding the original flipbook and this revision; the Ministry of Health Reproductive Health Directorate; the Balaka District Health Management Team; and, all KMC providers in Balaka District, Malawi for their hard work and diligence in implementing the Family-Led Care model, and the following individuals for their contributions to this updated *Family-Led Care Guide*:

**Content development and revision:**
Patrice M. White ACNM  
Kate McHugh ACNM

**Review:**
Judith Robb-McCord PCI  
James A. Litch GAPPS  
Beryl Brooks ACNM  
Irene Kamanga PCI

**Illustrations:**
Kimberly Battista

**Layout:**
AJ Furay

April 2019

Thank you to our colleagues at the American Academy of Pediatrics for permission to adapt content from their *Helping Babies Survive* module "Essential Care for Small Babies" related to breast milk expression and cup feeding techniques.
## Table of Contents

### Section 1: Introducing Family-Led Care

A. Your Small Baby ............................................................................................................ 1
B. Introducing Kangaroo Mother Care (KMC) ................................................................. 2
C. Putting Your Baby in Skin-to-Skin Position ............................................................... 3
D. Keeping Your Baby Warm ............................................................................................ 4
E. Assessing Your Baby’s Temperature ............................................................................ 5
F. Preventing Infections .................................................................................................... 6
G. Feeding Your Baby ........................................................................................................ 7
H. Expressing Breast Milk ............................................................................................... 8
I. Special Ways to Feed Your Baby ................................................................................ 9
J. Checking for Danger Signs .......................................................................................... 10
K. Monitoring Your Baby in the Health Care Facility ..................................................... 11

### Section 2: Preparing to Go Home

A. Continuing Care at Home ........................................................................................ 12
B. Preventing Infections at Home ................................................................................ 13
C. Feeding Your Baby at Home .................................................................................... 14
D. Watching for Danger Signs at Home ........................................................................ 15
E. Family and Community Support .............................................................................. 16
F. Preparing for Follow-up Visit ................................................................................... 17
Congratulations!

You have given birth! Your baby is small, which you may not have expected. You may be feeling sad or scared. This is normal. Small babies can live long and healthy lives with proper and consistent care. Most importantly, small babies need to stay warm, be protected from infections, and get enough breast milk so they can grow and stay healthy.

We will teach you all you need to know about how to keep your baby warm, protect your baby from getting infections, and feed your baby. As soon as your baby is growing well and you are confident in your ability to safely care for your baby, we will discharge you home to continue providing this special care for your baby. You and your family are the best people to care for your small baby, and we will work together to help you learn.
B. Introducing Kangaroo Mother Care (KMC)

Ask:
What do you see in this picture? What do you think is happening? What is this picture telling you?

Explain:
Thank you. As you noticed, in this picture we see a health care provider teaching parents how to care for their small baby.

Kangaroo Mother Care (KMC)
Many small babies have often been born too soon and so need special care. KMC is a good way of caring for small babies. It includes:

- early breastfeeding
- keeping the baby warm with skin-to-skin care
- preventing infection
- discharging the baby home as soon as possible when baby and parents are ready

When your baby is placed skin-to-skin between your breasts, your baby will be kept warm by your body, very much like when your baby was still inside of you. While in skin-to-skin care, your baby can hear your heart beat, feel you breathe, and smell your skin. If your baby had not been born early s/he would still be inside being kept warm, hearing, feeling, and smelling you. When in skin-to-skin position, your baby is close to you and can be fed early and often and kept away from dirty places and dirty hands.

You will learn how to care for your small baby and monitor your baby. By the time your baby is ready to go home, you will feel confident in your abilities to care for your baby.

Let’s talk about how KMC can help your baby.

- KMC helps keep babies warm by encouraging skin-to-skin care.
- KMC encourages frequent breastfeeding to help small babies gain weight and grow faster.
- KMC prevents infections because baby is mainly kept skin-to-skin with close family members.
- Babies kept in KMC stay in the health care facility fewer days and go home earlier.

Invite Discussion:
Do you have questions or comments about what we have discussed?

Remember:
Kangaroo Mother Care (KMC) is a good way to meet small babies’ needs for warmth, immediate and frequent breastfeeding, protection from infection, appropriate stimulation, safety, and love. All small babies should receive KMC as soon as possible after birth.
C. Putting Your Baby in Skin-to-Skin Position

Ask:
What do you see in this picture? What do you think is happening?

Explain:
Thank you. As you mentioned, in this picture we see the steps for putting the baby in skin-to-skin position. This helps small babies stay warm. Your baby should be kept in skin-to-skin position throughout the day and night, even when nursing and when you are sleeping. Any responsible adult or young person (aged 12 or older), including fathers, other close family members or friends, can help provide skin-to-skin care for your baby as long as they are well (don’t have a cold or flu).

Steps for putting your baby in skin-to-skin position:
1. Wash your hands with soap and water before touching your baby.
2. Dress your baby in a hat, socks, and a dry nappy.
3. The person carrying your baby skin-to-skin should be clean, dressed from the waist down, and have upper clothing that can be opened in the front.
4. Place your baby between the breasts with head slightly above breasts of the person doing skin-to-skin and turn your baby’s head to the side with the chin pointed slightly upwards.
5. Secure your baby to the person with a wrapper with the baby’s arms and hips bent like a frog. The baby’s knees should also be bent. The wrapper should support the baby’s head and the top of the wrapper should be just under the baby’s ear. Make sure the baby’s feet are inside the wrapper.
6. Put a blanket or shawl over your baby for additional warmth.

Instruct the Family:
Your baby should be kept in continuous skin-to-skin contact for at least 20 hours each day. Skin-to-skin should only be interrupted for brief periods like during a nappy change or cup feeding. The mother needs rest periods and time to bathe. She needs the father and other close family members or friends to help her hold the baby in skin-to-skin position during these times. Fathers, especially, should hold the baby in skin-to-skin position; it allows them special time with their new baby.

The person doing skin-to-skin should:
• Wash their hands before handling the baby.
• Keep the baby upright when walking or sitting.
• Sleep in a half-sitting position to keep the baby upright.
• Keep the baby skin-to-skin for at least 1 hour after changing from one person to another (to avoid disrupting baby’s rhythms of sleep).

Invite Discussion:
Do you have any questions or comments about what we have discussed? Who amongst your family and friends can help you provide skin-to-skin care for your baby while you’re here in the health facility and when you return home?

Remember:
Follow each step in order. Make sure the baby’s arms and legs are in frog position and the wrapper is positioned right below the baby’s ear. Keep baby in skin-to-skin position throughout the day, and continue to keep the baby in a semi-upright position when sleeping. Make sure the father and other family members help provide skin-to-skin care.
D. Keeping Your Baby Warm

Ask:
What do you see in this picture? What is happening in this picture? What do you think this picture is trying to tell you?

Explain:
Thank you. As you noticed, this picture is about how to keep babies warm.

Small babies can’t stay warm the way larger babies can. They lose heat easily and aren’t able to make their own heat and so need their parents to keep them warm. They don’t gain weight or grow well if they are cold. Babies can become sick and even die from being cold.

You can help your baby stay warm by doing the following:
• Do not bathe your baby; wipe the face and nappy area daily with warm water and immediately dry.
• Keep your baby in skin-to-skin position as much as possible; the goal is skin-to-skin care for at least 20 hours each day.
• Dress your baby with a hat, socks, and dry nappy throughout the day and night.
• Change nappy and any wraps or clothing once soiled or wet. Wet clothing and cloths will take the warmth from your baby.

Invite Discussion:
Do you have questions or comments about what we have discussed?

Remember:
Keep your baby warm. Small babies can become sick and possibly die if they become cold.
E. Assessing Your Baby’s Temperature

Ask:
What is happening? What do you think this picture trying to tell you?

Explain:
Thank you. As you noticed, the mother is touching her baby’s neck with the back of her hand and comparing it to her own neck.

Small babies cannot stay warm the way larger babies can. It is dangerous if they become too hot or too cold. When they were living inside you, they were always the same temperature as you.

To ensure your baby is the right temperature, you should:
• Check your baby’s temperature twice a day.
• Place the back of your hand on your baby’s neck and compare it to your own neck. It should feel the same.

If you are feeling very hot OR your baby feels hotter than you:
• Remove one layer of clothing/wrapping.

To stay warm, a baby only needs 1-2 more layers of clothing/wrapping than you do.

If your baby feels colder than you:
• Keep in continuous skin-to skin-contact.
• Remove wet nappy or wrapper.
• Put a hat and socks on baby (if they aren’t already on).
• Cover caretaker and baby with more layers of jumpers, wrapper, or blankets.
• Close windows and doors to keep the room warm.

Make a tick or mark on the Family Monitoring Form after you have checked your baby’s temperature. If your baby remains too hot or too cold one hour after you have taken actions, take your baby to the nearest health care facility immediately.

Invite Discussion:
Do you have any questions or comments about what we have discussed?
F. Preventing Infections

Ask:
What do you see in this picture? What do you think is happening? What do you think this picture is trying to tell you?

Explain:
Thank you. As you mentioned, the mother is washing her hands. Handwashing is important because small babies are not as strong as larger babies and so can more easily become sick with an infection.

1. Everyone touching your baby can help to prevent infections by following these steps:
   - Wash hands with soap and water.
   - Before touching the baby
   - Before and after feeding the baby
   - Before and after changing nappies
   - After using the toilet
   - For those providing skin-to-skin care, clean the chest and wear clean cloth wraps and shirts.

2. Daily clean your baby's face, neck, and nappy area.
   - Be certain there are no drafts from fans, open windows, or doors before uncovering your baby for cleaning.
   - Only uncover the part you are cleaning. Clean and dry and then cover with a clean cloth before uncovering the next part for cleaning. Example: wash your baby’s face, dry, and place a clean, dry hat on head. Then uncover another area; clean, dry, and cover it.
   - Clean any soiling immediately to prevent rashes such as spit on the face, neck, or chest or stool in the nappy area.

3. Keep the nappy below the umbilicus until the cord falls off and the area is healed.
   - Keep the cord area clean, dry, and uncovered.
   - Do not put anything on the cord.

4. Clean all feeding cups with clean water after each use and store them with a cover.

5. Limit visitors to close friends and family members until baby no longer needs KMC.

6. Keep your baby away from anyone who is sick, for example adults or children who are coughing, sneezing, vomiting or have diarrhea or fever. You are your baby’s protector.

Invite Discussion:
Do you have any questions or comments about what we have discussed?

Remember:
*Small babies are more prone to infections. It is important to take actions to prevent infections as we discussed so that you and your baby avoid infections.*
G. Feeding Your Baby

Ask:
What do you see in this picture? What do you think is happening?

Explain:
Thank you. This picture shows a mother breastfeeding her small baby.

You need to know the following about feeding small babies:
• Breast milk is the best and only recommended food for small babies.
• Your baby should be fed breast milk at least 8-12 times each day or every 2-3 hours even during the night, depending on how small your baby is.
• Babies who are strong enough will feed directly from your breast.
• Babies who are not able to suckle well should be fed expressed breast milk by cup or by tube until they get older, bigger, and stronger.
• If babies do not get enough milk, they do not grow; they can become sick; and they can die.
• Your care provider will explain which method of feeding is best for your baby, based on your baby’s size and condition. This can change each day.
• After each time your baby feeds by tube or cup, your baby should be put to your breast to help the baby learn to suckle.
• We will help you learn how to record each feeding on the Family Monitoring Form.

One way that we know that a baby is feeding well is that the baby will grow and gain weight every day. Another way is for you to remember how many wet and soiled nappies your baby has every day.

After two days, your baby should have:
• at least 6-8 wet nappies every day
• soft and yellow stools

Let the health care worker know if your baby is not having 6-8 wet nappies a day or if there is no stool, or if the stool is hard, has blood, or is another color.

Invite Discussion:
Do you have any questions or comments about what we have discussed?

Remember:
Breast milk is the best and only recommended food for small babies. Not all small babies can suckle right after birth and may need to be fed by cup or tube until they are older, bigger, and stronger. Small babies need to be fed very often (every 2-3 hours) in order to grow well.
H. Expressing Breast Milk

Ask:
What do you see in this picture? What is this picture telling you?

Explain:
Thank you. This picture is showing how to remove milk from the mother’s breast.
- Many small babies aren’t able to suckle right after birth, and suckling can make them very tired.
- Some small babies do not yet know how to suckle or swallow.

You can express breast milk by following these steps:
- Wash your hands.
- Sit in a comfortable position.
- Hold a clean container under your nipple.
- Holding your breast between your thumb and first two fingers about 6 cms apart, press gently towards the chest wall.
- Rotate the position of your thumb and first two finger after each time you press.
- Express milk at times when your baby would feed (every 2-3 hours).

Expressed milk should be:
- Stored in a clean, covered container.
- Kept in the coolest place possible for up to 6 hours.
- Discarded after 6 hours unless refrigerated (if refrigerated can be kept up to 24 hours).

Invite Discussion:
Do you have any questions or comments about what we have discussed? Can you show me now how you would express breast milk?
I. Special Ways to Feed Your Baby

Ask:
What do you see in this picture? What is this picture telling you?

Explain:
Thank you. As you can see, these babies are being fed breast milk by a tube and by a cup.

Many small babies cannot suckle milk from their mother’s breast immediately after birth. They must be fed in other ways, by either tube or cup, until they grow big and strong enough to suckle from your breast. If babies do not get enough milk, they do not grow; they can become sick; and they can die.

We will help you learn how to feed your baby until s/he is able to breastfeed/suckle milk directly from your breast. Your baby should be held in an upright/sitting position for both cup and tube feedings.

Your baby should be fed by a tube if:
• S/he is small and cannot swallow from a cup without choking or turning blue, or
• S/he cannot take enough by cup to gain weight or stay hydrated (have 6-8 wet nappies a day).

The health care provider will insert the tube through your baby’s nose or mouth into the stomach so you can feed him/her your expressed milk through the tube. This is a safe way of giving your baby breast milk and helps your baby grow strong.

After tube feeding, you should always burp your baby and hold your baby near your breast so that s/he can lick or try to suckle your nipple. This will eventually help your baby learn to breastfeed and help increase your milk supply.

Cup feeding should be used for babies who:
• are able to swallow (without choking), or
• not able to suckle enough from the breast to gain weight or stay hydrated (have 6-8 wet nappies a day).

To cup feed your baby you should:
• Take the amount of milk your health care provider tells you into a container.
• Place a small amount of milk in the cup or spoon.
• Position your baby semi-upright.
• Rest the cup or spoon lightly on your baby’s lower lip touching the outer, upper lip.
• Allow your baby to lick the milk. To avoid choking, do not pour milk into the mouth.
• Allow your baby to take small amounts frequently.
• Continue feeding for up to 30 minutes. Your baby is finished when the mouth closes, and the baby no longer appears interested.
• Burp your baby after feeding.

After cup feeding you should hold your baby near your breast so that s/he can lick or try to suckle your nipple. This will eventually help your baby learn to breastfeed and increase your milk supply.

Invite Discussion:
Do you have any questions or comments about what we have discussed?
TROUBLE FEEDING

TOO HOT OR TOO COLD

CHANGE IN COLOR OR SIGNS OF INFECTION

TROUBLE BREATHING

LESS MOVEMENT

CONVULSIONS/FITS
J. Check for Danger Signs

Ask:
What do you see in this picture? What is this picture telling you?

Explain:
Thank you. As you noticed, in the picture are babies with danger signs, serious problems for small babies.

You and your family should observe your baby twice a day for the following danger signs and make a mark on the Family Monitoring Form when you do this. Tell a staff member immediately if your baby has any of the following danger signs so that your baby can quickly get the care s/he needs:

**TROUBLE FEEDING:** Baby fails to feed, does not feed normally, is vomiting, or is choking.

**TOO HOT OR TOO COLD:** Baby feels too hot or cold.

**CHANGE IN COLOR OR SIGNS OF INFECTION:** If your baby is yellow or pale/white, this is not normal. Your baby should be pink, especially the lips and mouth. The eyes should not be red, swollen, or have pus. The cord and surrounding area should be dry without pus, blood, or bad smell.

**TROUBLE BREATHING:** Breathing is too fast; the baby grunts, or the baby’s chest draws inward between the ribs when breathing in, or the baby stops breathing, even for a short time.

**LESS MOVEMENT:** Baby is not active or doesn’t move or is limp.

**CONVULSIONS/FITS:** Baby has repeated back and forth movements of the arms and legs that cannot be stopped by holding the arm or leg.

Invite Discussion:
Do you have any questions on comments about what we have discussed? Can you tell me the six danger signs? Can you show me how you would mark that you have checked your baby for danger signs on the form.

Remember:
Tell a staff member immediately if your baby has a danger sign. Do not wait for someone to check on you.
K. Monitoring Your Baby in the Health Care Facility

Ask:
What do you see in this picture? What do you think is happening?

Explain:
Thank you. In this picture we see the health care provider checking the baby. While you are here at the health care facility the provider will:

• Measure and record your baby’s weight at about the same time every day.
• Discuss with you the best method for feeding your baby (whether by tube, cup, breast or a combination).
• Discuss with you how often your baby should be fed.
• Discuss with you how much milk your baby needs at each feeding.
• Check and record your baby’s condition at least twice a day.
• Teach you how to monitor your baby’s condition.

You have an important role in monitoring your baby’s condition. You must record five items by marking the Family Monitoring Form.

Show the mother the form section by section while explaining.

You need to tick or make a mark on the form:

• Every time you feed your baby.
  • Tell a staff member if your baby has any problems feeding.

Twice a day you should mark the form after you:

• Check your baby’s temperature by feeling their neck with the back of your hand.
  • Tell a staff member if it is not as warm as your neck. If it feels warmer, unwrap one layer and recheck after one hour. If your baby still feels warm, tell a staff member.
• Watch your baby’s breathing.
  • Tell a staff member if it is too fast or slow.
• Look at your baby’s cord, eyes, and skin.
  • Tell a staff member if your baby’s mouth and lips aren’t pink, if eyes or face are yellow or hands or feet are pale/white or blue.

• Tell a staff member if you see pus or bleeding from the cord or redness, swelling, or pus from the eyes.
• Look at how your baby moves.
  • Tell a staff member if your baby is not moving or limp.
• Check to make sure your baby has no convulsions.
  • Tell a staff member if your baby has fits (fits are repeated back and forth movements of the arms and legs that cannot be stopped by holding the arm or leg).

Immediately tell a staff member if you EVER see a danger sign or think something is wrong with your baby.

Invite Discussion:
Do you have questions or comments about what we have discussed?

With form in hand, have mother explain back to you each part of the form and have her explain what she will do with it.

Remember:
While you are staying at the health care facility, the health care providers will check your baby’s condition twice a day. You will check your baby’s condition using a Family Monitoring Form. You will continue to check your baby’s condition after you go home using the same form and bring the Family Monitoring Form back to the facility when you return for follow-up care.
Section 2: Preparing to Go Home

A. Continuing Care at Home

Ask:
What do you see in this picture? What do you think is happening? What is this picture trying to tell you?

Explain:
Thank you. As you mentioned, in this picture a care provider is talking with a family. He is discussing discharge and care the baby will need at home.

Your baby will be ready to go home when s/he is breathing well, feeding well, staying warm, and keeps gaining weight. When your baby goes home, s/he will still need special care and support to grow and stay healthy. While you have been here at the health care facility, you have learned how to keep your baby in skin-to-skin for warmth and protection, feed your baby, monitor your baby, and record all this on the Family Monitoring Form. It is important to continue this after you go home.

At home you should:
• Wash hands with soap and water each time before handling the baby.
• Keep your baby in skin-to-skin position for at least 20 hours each day.
• Have a discussion with your baby’s father and anyone else living with you about who can help carry your baby in skin-to-skin position and when each day they do this.
• Also ask close relatives or friends who live near you to help you around the house and to carry your baby in skin-to-skin for at least an hour at a time.
• Check your baby’s temperature at least twice a day and do the following:
  • If your baby feels cold:
    • Keep in continuous skin-to-skin-contact (if you haven’t been).
    • Remove wet nappie or wrapper.
    • Put a hat and socks on baby (if they aren’t already on).
    • Cover caretaker and baby with more layers of jumpers, wrapper, or blankets.
    • Close windows and doors to keep the room warm.
    • Recheck your baby’s temperature an hour after making the needed changes and if it doesn’t improve immediately, bring your baby to the health care facility.
  • If your baby feels hot:
    • Remove one layer of clothes/wrapping.
    • Recheck your baby’s temperature an hour after making the needed changes and if it doesn’t improve immediately, bring your baby to the health care facility.

Invite Discussion:
Do you have any questions or comments about what we have discussed?

Remember:
A small baby needs special care and support and to be kept clean after s/he returns home. Your baby needs to be kept warm by remaining in skin-to-skin position. You need to continue monitoring your baby’s temperature and making ticks or marks on the Family Monitoring Form.
B. Preventing Infections at Home

Ask:
What do you see in this picture? What do you think is happening? What is this picture telling you?

Explain:
Thank you. As you noticed, the mother is washing her hands. Handwashing is important because small babies are more likely than others to become sick.

Mothers and families can help prevent infections and illness by doing the following:

1. Everyone touching your baby should:
   • Wash hands with soap and water
   • Before touching the baby
   • Before and after feeding the baby
   • Before and after changing nappies
   • After using the toilet
   • For those providing skin-to-skin care, clean the chest, and wear clean cloth wraps and shirts

2. Daily clean baby’s face, neck, and nappy area.
   • Clean any soiling immediately to prevent rashes such as spit on the face, neck, or chest or stool in the nappy area.

3. Keep the nappy below the umbilicus until the cord falls off and the area is healed.
   • Keep the cord area clean, dry, and uncovered.
   • Do not put anything on the cord.

4. Clean all feeding cups with clean water after each use and store them with a cover.

5. Limit visitors to close friends and family members until baby no longer needs KMC.

6. Keep your baby away from anyone who is sick, for example adults or children who are coughing, sneezing, vomiting or have diarrhea or fever. You are your baby’s protector.

7. If directed by your health care provider in areas with malaria, sleep with your baby skin-to-skin under a treated mosquito net every night all year round. When your baby is not skin-to-skin, make sure your baby is still sleeping under a treated mosquito net.

8. Ensure your baby receives immunizations according to schedule advised by health care provider.

Invite Discussion:
Do you have any questions or comments about what we have discussed?

Remember:
Small babies are more likely than larger babies to become sick. It is important to follow all these steps to prevent your baby from getting an infection.
C. Feeding Your Baby at Home

Ask:
What do you see in this picture? What do you think is happening?

Explain:
Thank you. As you noticed, the father or male relative is cup-feeding the small baby and the mother or female relative is making ticks or marks on the Family Monitoring Form.

- Small babies need to receive small amounts of breast milk frequently in order to grow. This is extra work for you, but it is necessary for your baby to survive and grow. As your baby grows and becomes stronger, s/he will be easier to care for.
- You will go home with the form that you have used in the facility. Make a tick or mark on the Family Monitoring Form each time you feed your baby so we can know how often your baby is feeding each day.

Show the form to the woman/family and remind how to fill out.
- Breast milk is the best and only recommended food for small babies.
- Small babies do NOT need water, tea, or any other liquid or food.
- Your baby should be fed breast milk at least 8-12 times each day or every 2-3 hours, depending on how small your baby is.
- If babies do not get enough milk, they do not grow; they can become sick; and they can die.
- Usually babies have 6-8 wet nappies a day.
- If your baby is passing less urine or stool, it could be an indication that your baby is not getting enough milk, and you should feed your baby more.
- Before you go home, your provider will discuss the amount, frequency and type of feedings your baby should get at home until your first follow-up visit.

Invite Discussion:
Do you have any questions or comments about what we have discussed?

Remember:
Breast milk is the best and only recommended food for small babies. Small babies should NOT receive any other liquid or food. Feed your baby breast milk day and night and put a tick or mark on the Family Monitoring Form when you feed your baby. If your baby is not passing urine or stool, it could be an indication that your baby is not getting enough milk and that you should bring your baby back to the health care facility.
TROUBLE FEEDING

TOO HOT OR TOO COLD

CHANGE IN COLOR OR SIGNS OF INFECTION

TROUBLE BREATHING

LESS MOVEMENT

CONVULSIONS/FITS
D. Watching for Danger Signs at Home

Ask:
What do you see in this picture? Have you ever seen a baby with any of these conditions?

Explain:
Thank you. As you noticed, in the picture are babies with danger signs, serious problems for a small baby.

Small babies can become very ill very quickly. If your baby shows any of these signs, bring your baby to the nearest health care facility as soon as possible. It is important you do not wait to see if things get better. Take your baby to the facility immediately.

TROUBLE FEEDING: Baby fails to feed, does not feed normally, is vomiting, or is choking.

TOO HOT OR TOO COLD: Baby feels too hot or cold.

CHANGE IN COLOR OR SIGNS OF INFECTION: If your baby is yellow or pale/white, this is not normal. Your baby should be pink, especially the lips and mouth. The eyes should not be red, swollen, or have pus. The cord and surrounding area should be dry without pus, blood, or bad smell.

TROUBLE BREATHING: Breathing is too fast; the baby grunts, or the baby’s chest draws inward between the ribs when breathing in, or the baby stops breathing, even for a short time.

LESS MOVEMENT: Baby is not active or doesn’t move or is limp.

CONVULSIONS/FITS: Baby has repeated back and forth movements of the arms and legs that cannot be stopped by holding the arm or leg.

Show and remind the family how to use the Family Monitoring Form to check for danger signs.
- The form reminds you to check for danger signs two times a day.
- When you check for each danger sign, place a tick or mark in the box.
- Bring the Family Monitoring Form when your return for your follow-up appointment.

Invite Discussion:
Do you have any questions on comments about what we have discussed? Can you tell me the six danger signs? What would you do if you saw one? Tell me about how you would arrange to get your baby to the facility if you saw a danger sign.

Remember:
If you see your baby with any of these danger signs, take your baby to the nearest health care facility immediately. Use the Family Monitoring Form to help you remember to check for danger signs.
E. Family and Community Support

Ask:
What do you see in this picture? What do you think is happening?

Explain:
Thank you. As you noticed, the mother is cooking while the father or another male family member is holding the baby in skin-to-skin position.

Today you will go home. Now that you are going home you should remember to:
• Come back to this facility or go to the facility you have been referred to for a follow-up visit.
• Inform your community health worker (if you have one) that you have returned home so that s/he can come to visit you and check on you and your baby. You can ask a friend or family member to inform them for you.
• Ask the baby’s father, close family members, and friends to assist you with carrying your baby in skin-to-skin position and with important chores around your home.
• Avoid doing chores that require bending from the waist or chores near an open flame or smoke when you have your baby in skin-to-skin position.
• Prevent infections by following the steps we have discussed.
• If directed by your health care provider in areas with malaria, sleep with your baby skin-to-skin under a treated mosquito net every night all year round. When your baby is not skin-to-skin, make sure your baby is still sleeping under a treated mosquito net.
• Eat extra food and drink enough water to avoid thirst since you need extra food and water to make enough breast milk for your baby to grow well.

You will get a Family Monitoring Form from your health care provider the day you go home to remind you about these messages and give you information about feeding your baby.

Invite Discussion:
Do you have any questions on comments about what we have discussed?

Remember:
You can do household chores with your baby in skin-to-skin position but not those near an open flame or smoke or those that require bending from the waist. You should ask close family members and friends for help with chores and holding the baby skin-to-skin. You need to bring your baby for follow-up care so that we can know s/he is healthy.
F. Preparing for Follow-Up Visit

Ask:
What do you see in this picture? What do you think is happening?

Explain:
Thank you. In this picture a mother is traveling back to the health care facility for a follow-up visit with her baby in skin-to-skin position.

It is important that all babies who received KMC return to the facility for follow-up visits so that we can make sure they remain healthy and grow well. When you come to the health care facility, you will need to bring your Family Monitoring Form and the baby’s health passport (with record of birth and discharge weight and immunizations).

We will give you a specific day to return for this visit, but you should return with your baby immediately if your baby has any danger signs before your scheduled visit.

During this visit, the health care provider will:
• Ask if you have any questions or concerns about caring for your baby.
• Hear your story about what has happened since you went home.
• Review the Family Monitoring Form that you brought to the visit.
• Weigh and examine your baby.
• Determine if your baby is healthy and progressing well.
• Explain the best way to feed and continue care for your baby.
• Answer any questions. We encourage you to write down any questions on the back of the Family Monitoring Form so that you don’t forget to ask them.

Invite Discussion:
Do you have any questions on comments about what we have discussed?

Remember:
Your baby needs to come back for all follow-up care visits. Bring your Family Monitoring Form and the baby’s health passport to all follow-up visits. If your baby has danger signs before the follow-up visit, you should return with your baby to the nearest health care facility immediately.