TRAINING MANUAL FOR SWASTHYA SATHIS

# Health Action & Healthcare by Primary Healthcare Workers





Trainings given by **Swasthya Swaraj Org** Compiled and Designed by **Nikita Tripathi**  TRAINING MANUAL FOR SWASTHYA SATHIS

# Health Action & Healthcare by Primary Healthcare Workers



#### BY SWASTHYA SWARAJ SOCIETY

Curated by **Swasthya Swaraj Org** Compiled and Designed by **Nikita Tripathi** 

# Introduction

Community health education is appropriate to the extent that it helps the poor and powerless gain greater control over their health and their lives. People-centered learning helps those who are weakest become stronger and more self-reliant.

To become effective primary healthcare providers and effective community health educators, Swasthya Sathi needs to develop approaches very different from what most of us have experienced in school and professional colleges.

Over the past ten years, Swasthya Swaraj experimented with a new way of training illiterate women. These were the women whom the communities had selected unanimously from each village as their health workers (Swasthya Sathi). The unique thing about the training done by us is that the trainers were most of the time doctors who themselves were not experienced in training grass root level workers and also not knowing the language Odiya and Kui. This was a great challenge we faced, but we managed with help from many sources. We acknowledge with gratitude the assistance we received from Madhu sister from Bissamcuttack and Ranjitha sister from JSS in training the Swasthya sathis in the initial stages. Today we have senior nurse trainers who are from the organization.

This book is the summary of the trainings we imparted to the Swasthya Sathis. The content and methodology are need-based and contextual. 92% of the 80 women trained had never been to school. But their eagerness to learn, their enthusiasm, and their learning abilities were something remarkable. Many of them came carrying their newborn babies, in the pouring rain, travelling long distances on foot every month without fail. This kept us involving ourselves more and more in this program and improving it again and again.

It is expected that the curriculum can be completed in three years for a Swasthya sathi. But the training continues every month. This ongoing training and evaluation are given great importance. Periodic evaluation (at least once a year) of her knowledge and skills are done systematically. However they need continuous hand-holding support in the field and lot of encouragement and appreciation. This we provide through the Field animators and community nurses. The Swasthya sathis regularly collect the data on vital events and disease surveillance during their regular home visits. These women do this voluntary job in their villages and hamlets in addition to their regular work in the 'donger' and many other responsibilities in addition to putting up with the many hardships at home. The curriculum focuses on the following points for each topic covered:

- Clinical Skills This focuses on how to diagnose common infectious diseases like Malaria, TB, diarrhoeal illnesses, Acute respiratory infections, Scabies etc. from the patient's history and physical examination, and how to detect the danger signs in each of them.
- Management Skills This will educate the Swasthya sathi on how to render primary-level management to the patient
- **Communication Skills** This aims at training how to communicate health knowledge and awareness to other women in her village.
- Leadership Skills This will teach how to implement preventive and promotive measures in the families and the villages and ultimately mobilize the community for change in health seeking behaviour.

I wish that many more community level health workers in tribal areas benefit from this manual to serve their people in the best way possible. I thank all the women who travelled with us in the past 10 years and continue doing wonderful voluntary service to their people for no monetary benefits. They are the unsung women heroes in tribal villages and hamlets.

I acknowledge and thank Azim Premji Foundation for their funding support in bringing out this manual and implementing this training programme. I thank Ms Nikita Tripathi who edited these lessons and brought the various trainings repeatedly given over a period into a book form so that others can use this manual.

#### - Dr Aquinas Edassery (Jemma Joseph) MD (Med.)

"Health systems that invest in a robust community health worker program are stronger and promote health equity. Community Health Workers are uniquely able to provide translation, counseling and services because they share the language, ethnicity, and life experiences with the people they serve. They act as a bridge between the community and formal health systems, connecting people to the health care and resources they need".

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#### • In each class:

- Knowledge
- Skills
- Health communication skills

SWASTHYA SATHI TRANING ORIENTATION

# Swasthya Sathi Orientation



### Swasthya Sathi song

Come on sathis, a real sathi of our people in their joys and sorrows.

Come let us be the swasthya sathi of the village and be the sathi, sango, mother and sister and guide and teacher of our people.

Swasthya sathi does not control people, does not keep the knowledge gained only to herself.

She passes on the knowledge to others like the lighted diya.

Swasthya sathi is not an electric light which is expensive.

Swasthya sathi is a lighted diya, inexpensive, easily accessible to all, passing on the light of knowledge to as many of our sisters and brothers and children.

Our children are dying of malnutrition, suffers from malaria again and again, our pregnant women and new born die in big numbers,

Malaria, TB, diarrhea and pneumonia taking away our lives

Come, we are women and mothers; we can make a difference.

Let us build a new world, a world where illness and ignorance give way to health , knowledge and courage.

We are women who give birth to humanity, we are mothers who nurture humanity and we are women who can make a difference and work for justice.

Let us be the light of the village, voice of our people, the new life of our VILLAGE.

SWASTHYA SATHI TRANING ORIENTATION

# Who is Swasthya Sathi?

# In this lesson..

	Introduction Duties and responsibilities	12
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3.	Reminder cards	

# Introduction

Symbol and Tagline:



I am a true health friend for my people.

# Swasthya Sathi helps people to deal with illness or prevent it and Delivers health care at the village



SS checking the temperature with color-coded thermometer and sand clock



SS palpating abdomen for spleen



SS giving cold sponging to children with high fever



- SS looking for anemia in pregnant woman (pallor in eyes)
- Examining the pregnant womanchecking Fetal Heart rate with beaded chain and sand clock



She gives advice to pregnant women



Advice to mother about new born care



SS making ORS



SS chlorinating the water tank





SS taking initiative to clean the village and stagnant water areas

Activism- taking the women to demand their due rights.

## Who is Swasthya Sathi? (translate into Odiya and Kui)

- She is a light bearer in the darkness, a guide showing the way, a Sathi/ Sango
- She is a teacher/educator on health teaching other mothers on health issues.
- She is a healer/ healthcare provider/ a nurse
- She is a caregiver/ companion or accompaniment when others are in need.
- $\cdot$  She is a counsellor, giving advice to those who need it.
- A communicator/Link between Swasthya Swaraj and the village
- She is a community mobilizer organizing women to demand their legitimate rights.

## Class

- 1. Ice breaker games for the new comers:
- 2. Group the trainees based on animal sounds.
- 3. Self introduction in the groups: speak few words about your village, family and yourself
- 4. Come in a round altogether. Groups of 3, based on numbers.

**Groups:** what are your expectations- spell out your expectations in groups of 3.

• Blind fold game -

Blindfold all the newcomers and ask them to walk the area they were shown earlier. They will invariably stumble. Then unfold the ban of half the number. Those who are unfolded are able to see and ask them to guide the blind ones. Repeat the exercise with the other half.

• Reflection on the game –

Being a lighted Diya lamp vs electric light in your villagereflection with both items kept.

Discussion about your villages (darkness in the villages)health problems, lack of health facilities, inaccessibility to healthcare, real-life happenings from the villages, their own life experiences, main killer diseases, how many women died during childbirth or soon after? How many babies died?

Silence for 5 mins.

Short break

Session continues:

- What are the roles and responsibilities of swasthya sathi? Discussion, drawing conclusions
- Acceptance of the roles and responsibilities.
- Each one carries lighted diya and places it around in the middle and promises to be the lighted diyas
- and pass on the light to others in the village.

# **Reminder Cards**

#### Duties and Responsibilities of Swasthya Sathi



SS checking the temperature with color-coded thermometer and sand clock



SS giving cold sponging to children with high fever



SS palpating abdomen for spleen



- SS looking for anemia in pregnant woman (pallor in eyes)
- Examining the pregnant womanchecking Fetal Heart rate with beaded chain and sand clock



She gives advice to pregnant women



Advice to mother about new born care



SS making ORS



SS visits the house of a sick person



SS giving medicines



SS councels women to given them support



SS refers sick person to hospital



SS teaches women about their bodies



SS chlorinating the water tank



SS taking initiative to clean the village and stagnant water areas



SS taking initiative to clean the village and stagnant water areas



Activism- taking the women to demand their due rights.

RECORD- KEEPING BY SWASTHYA SATHI

# Data documentation



# In this lesson..

1.	Introduction	
2.	Preparation	
3.	Records	23
4.	Reminder Cards	25

# Introduction

#### Learning objectives of this class :

- Understand the benefits of record keeping
- Learn how to keep the various records
- Know how to share each one's records with the Community Nurses/ Field Animator and Village health Committee.

#### Preparation:

Recall how many fever cases each one saw in the last one month in their village :

- how many took treatment,
- how many had malaria,
- how many T B patients are there in your village,
- how many pregnant women,
- how many births in the last one month, how many died in the last one month....

What happened in each case? How do the SS know that her work is going on well?

#### Materials needed

- Documentation formats
- Records SS has to maintain
- Examples of ways of counting

Though illiterate, every SS is expected to keep the following records:

- 1. Vital events- a)birth, b)death, c)pregnancy
- 2. Disease surveillance
- 3. Pregnancy record for individual pregnant mother

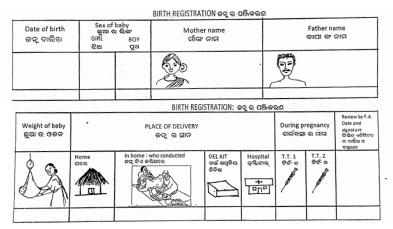
Records maintained by SS are accurate as they are in the village always and know about everyone more than any other outsider staff.

These records are compiled by field animator and the organization compiles all the data and send to district health dept, then state dept in Bhubaneswar and then to Delhi and from there to Geneva.

- We cannot run an effective health programme without records.
- $\cdot\,$  To assess the effectiveness of our work
- $\cdot\,$  To know the progress and impact of our work
- $\cdot$  To know the health needs of the community
- $\cdot$  To plan our health programmes

#### Records

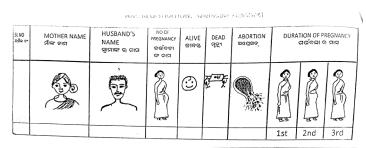
- Every birth to be recorded, mother name, father name, sex of baby -YES
- 2. Every death name, age, sex of the dead -YES
- 3. Pregnancies name, husband's name, which month pregnancy detected -YES



#### Birth Registration

DATE OF DEATH ମୃତ୍ୟୁ ର ତାରିଖ	NAME ନାମ	C/O ପରିବାର ଭ		AGE ବୟସ	. କି		CAUSE OF DEATH ମୃତ୍ୟୁ ର ଳାରଣ	
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#### Death Registration



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Pregnancy Registration

4. Disease surveillanceeach of the pictorial documentation when she sees, she documents. Any of the problem case she keeps aside for the nurse or FA to come and to be seen. -YES



Disease Surveillance

- Once in 2 weeks, SS's health records should be checked by community nurses/ FA.
- Go with them to the houses of patients or pregnant woman they have seen or newborn. Support her to document and do the right thing and health education to the patient and family.
- Show the SS how we can use the information they write down help us to plan our health programme and to see how the health prog is changing the health situation in the village.
- Eg a hike in diarrhea, conjunctivitis, Malaria, snake bites, scabies etc. to be acted upon by the organization.

#### Village Health Record :

- 1. Record health facts about each village.
- 2. Eg. On map of the village add symbols to show which health-related activities are going on in this village.
- 3. The field staff teaches the school-going children to make bar charts to show how many people become ill with different diseases each month.
- 4. Show how many of our children have been immunized, how many children are on the road to health each month.
- 5. SS has to bring in each training session her khathas (records) and have discussions with her about her work.

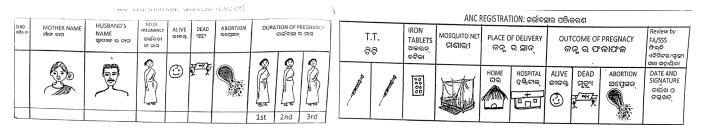
### Reminder cards :

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Birth Registration

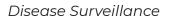
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·67	AT HOME	AT HOSPITAL ହକ୍ତିଙ୍କ କ୍ରିଙ୍କ	YES	NO ดำ	DATE AND SIGNATURE ଦାରିଖି ଓ ଦୟଖତ					S.	夏	





Pregnancy Registration

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DIAGNOSIS & MANAGEMENT OF COMMON DISEASES :

# Malaria



# In this lesson..

1.	Introduction	
2.	For Swasthya Sathis'	
	understanding and action	
3.	Input sessions:	
4.	Mosquito Lifecycle	
5.	How do we solve these	
	problems?	
6.	Danger signs	
7.	Patients needing	
	special attention by	
	swasthya sathi	
8.	Evaluation	
9.	Recap	
10.	Reminder cards	

# Introduction

### Discussions

- What are the country- beliefs on Malaria? What is your understanding on malaria ? what is malaria, how do you get malaria etc.
- What do you do when you get a fever?
- How many people died offever in your village?
- When a child gets fever, what do you normally do? Take to guruguniya/ Kabiraj/hospital?
- Do you think, if one is trained in the village, many people can be helped?

### Learning objectives of this class :

- Know the facts about malaria
- Diagnosis of malaria
- Treatment of malaria
- Preventive measures, personal protection measures
- Health education on malaria
- Participation in malaria control program
- Let's watch firsta film on malaria. This film was shot at one of your villages in Silet GP.
- Malaria sachetan film (produced by Swasthya Swaraj)

### Materials needed

- Projector, laptop/ pendrive
- Thread roll
- Malaria life cycle drawing
- Woolen shawl
- · Pic cut outs of female anopheles mosquito,
- Life cycle of mosquito
- Plasmodium in the RBCs
- · Child the cut outs should have velvet behind.
- Malaria Sanchet film

# For Swasthya Sathis' understanding and action

### Swasthya Sathi should know the following facts:

- 1. Malaria is spread by mosquitoes . mosquitoes breed in clean water (stagnant) and they bite at night. They spread the parasites from one with malaria to another healthy person.
- 2. Should know how to prevent malaria by stopping mosquitoesbreeding and biting; importance of the daily use of bed nets.
- 3. Should understand that malaria can be treated by antimalarial tablets available from health worker and that full course of tablets must be taken.
- 4. Should know how to care for a child with fever.
- 5. Should understand that the children with fever need plenty of drinks to replace the water and salt they have lost through sweating.
- 6. Should know how to help a child recover by giving plenty of liquids and extra food for at least a week afterwards.
- 7. Malaria has highest incidence around monsoon time ( June-August) and around December-Jan in Kalahandi.
- 8. The danger signs in Malaria

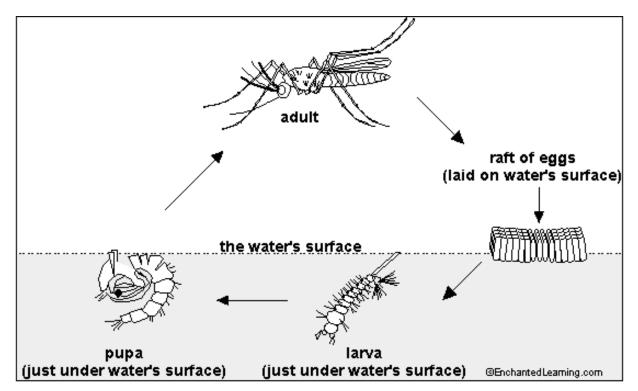
### Skills to be picked up by Swasthya Sathi:

- 1. Eliciting history, doingPhysical Examination of the patient with fever and arriving at diagnosis of malaria
- 2. Confirmation by Blood test for malaria- RDT and correct interpretation of the test results.
- 3. Treatment of malaria- antimalarial drugs, dosage, why no injections
- 4. Nursing care of the child or adult with malaria
- 5. Danger signs of malaria and referrals on time
- 6. Health education to mothers and families on malaria using visuals, stories
- 7. Collective measures for malaria control by mobilising the village community.

# Input sessions:

- 1. Use flannel graphs on: Female Anopheles mosquito (FAM), Plasmodium in the blood, human being (PICs)
- 2. These 3 are needed for malaria to thrive in our villages.
  - » Who is the victim?
  - » Who is the villain?
  - » Who is the middleman?
- Q. To save man from malaria, who has to be eliminated?
- A. Both mosquito and Plasmodium. How do we do that?
- Medicines to kill plasmodium in the blood when a person gets malaria
- Killing or eliminating mosquito not easy at all Mosquitois the middleman/truckdriver who carries plasmodium from one person with malaria to another person without malaria and keep spreading the disease.

### Mosquito Lifecycle

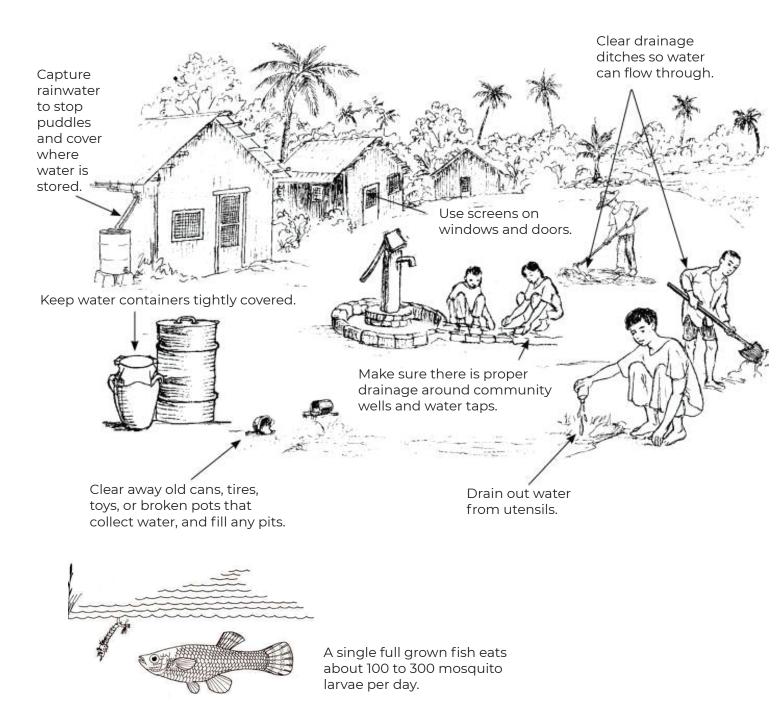


Repeat by each SS the various steps in the life cycle.

Thread game: take a roll of wool. Start with one (female anopheles mosquito - FAM), the one who gets the other end say the next step of the mosquito cycle, the other the next step in life cycle, complete the cycle.

- Q. Where all we can interrupt the mosquito and stop them attacking human beings?
- A. Remember FAM are small, may not be seen easily, comes only at nights to bite futile effort by trying to kill them.

Larva stage: let out stagnant water in all utensils, around bore well etc. so that mosquito mother cannot lay eggs.



٦.

Mosquito stage : Indoor residual spraying - IRS. (destroys adult FAM resting in the house corners) do it once in 6 months.

**Precautionswhile doing IRS:** (remove all food items/ keep well covered), the importance ofall houses to be sprayed especially all corners, walls, ceiling, outside and inside.

#### 2.

One effective way to avoid mosquito bites is by using a mosquito net. These nets are designed to create a physical barrier between you and the mosquitoes, preventing them from reaching you while you sleep. Make sure the net is properly tucked in and not touching your skin to ensure maximum protection.

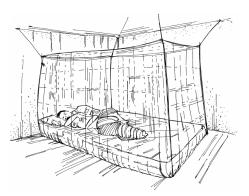
#### 3.

Another method is to burn neem oil in a lamp. The smoke released contains neem properties that repel mosquitoes. This can be particularly useful in outdoor settings or in areas where there is no access to screens or nets. Exercise caution while handling open flames and ensure proper ventilation in the area.

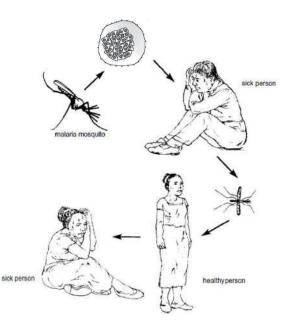
#### 3.

Human being: the factors which lead to malaria are- ignorance on how malaria is caused, lack of awareness onpersonal protection measures, nonavailability of bed nets, not willing to use the bednets at night, lack of awareness on the treatability of malaria, not completing medications, no time to come to the hospital, no time to attend to children's medications









# How do we solve these problems?

Health Education on malaria to all mothers and people in understandable language.

#### How to help a patient with fever?

#### WHEN YOU SEE A PATIENT WITH FEVER WHAT ALL TO BE DONE?

#### ASK:

- fever since how many days?
- Intermittent or continuous fever?
- fever with chills?
- high fever/ low grade fever?
- associated with headache or not?
- is there vomiting and not able to take anything orally?
- is there diarrhea/cough?
- · Did the patient have convulsions?

#### LOOK:

- check temperature by comparison of temp on the foreheads, checking by mercury thermometer.
- look for anemia,
- · look for jaundice,
- look for Spleen by abdominal examination

#### **TEST FOR CONFIRMATION:**

• RDT for malaria to see whether malaria is there or not, and to know what type of malaria.

#### TREATMENT:

- 1. Tab/syr Paracetamol as perage (picture format)
- 2. Cold sponge if fever is very high.
- 3. Get RDT done by Field Animator/ASHA/ Community Nurse
- 4. ACT as per dose for weight/age. (colour coded as per age).
- 5. Advice to drink plenty of water, eat more frequently,
- 6. Health education to the family esp to the mother about completion of therapy, about bed nets, neem oil while going out for work at night.
- 7. DOT (Directly Observed Treatment) on malaria treatment- first dose mixed with jaggery syrup. Swasthya Sathi to verify on subsequent days if mother administered medicines.

#### How do I decide which cases can be managed by me and which cases to refer to hospital?

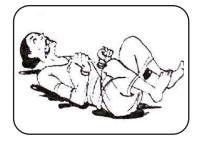
#### DANGER SIGNS IN MALARIA:

- Fever with severe prostration (not able to sit or stand up)
- · Fever with Convulsions, altered sensorium (irrelevant talk, confused), lethargic
- Fever with continuous vomiting, not able to take orally
- · Fever with severe anemia (in children)
- Fever with jaundice,
- Fever with continuous diarrhea
- Baby not sucking
- Breathing difficulty, grunting breathing
- Black urine / no urine
- Pulse very weak/ not recordable.
- Pregnancy with malaria

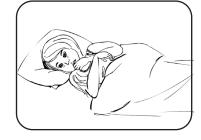
#### If you detect any of these signs REFER THIS CASE **IMMEDIATELY TO HEALTH** CENTRE.

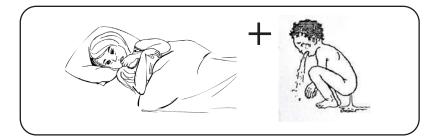
These are signs of SEVERE MALARIA. IT IS LIFE-THREATENING. THEY NEED HOSPITALISATION.

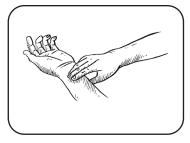


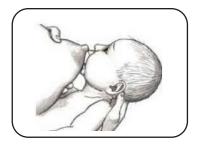
















### Patients needing special attention by swasthya sathi

#### 1. MALARIA IN PREGNANCY:

- Malaria in pregnancy: one of the serious dangers in pregnancy.
- In pregnancy immunity is low. So more prone to get malaria.
- Malaria leads to abortion, preterm delivery, stillbirth, low birth weight baby who have less chance for survival.
- In mother, it leads to anemia, weakness, and even death of the mother. This anemia does not respond to iron tablets.
- Pregnant women to sleep every day under the bednets.
- In antenatal (ANC) check up, test for malaria and take full treatment as advised by doctor.

#### 2. MALARIA IN CHILDREN:

- Leads to anemia, aggravation of malnutrition
- Repeated episodes lead to severe acute malnutrition (SAM).
- Severe anemia in children often manifests assevere anemia, baby not sucking, diarrhea, chest infection.
- Repeated episodes of malarialeads toless intellectual capacity of children.
- 85% of deaths due to malaria occur in children under 5 years.

NB: Economic aspects of malaria: leads to less productivity and more poverty.

#### How to prevent Malaria?

- Control of mosquitoes: destroy the breeding sites, gambusia fish, dry days
- Human being: personal protection measuresneem oil, neem leaves burning, bednets
- Prevention: at the community level and individual level

## Evaluation:

- 1. What did I learn about malaria?
- 2. The key messages on malaria
- 3. Recall the skills I learned in the classes on Malaria
- 4. How do I communicate this knowledge to others?

#### Social Projects: in groups

- 1. How many fever cases I saw in my village during the month?
- 2. What were their main associated symptoms?
- 3. How many children with fever had spleen?
- 4. How many mothers completed the course of malaria medicines to theirchildren?
- 5. How many pregnant women and postnatal women in my village are sleeping under mosquito nets?
- 6. How many children had repeated episodes of malaria?
- 7. How many health education sessions I gave during the month- to families, to mothers' groups, to adolescent girls, to youth.

#### Recap:

#### Key messages:

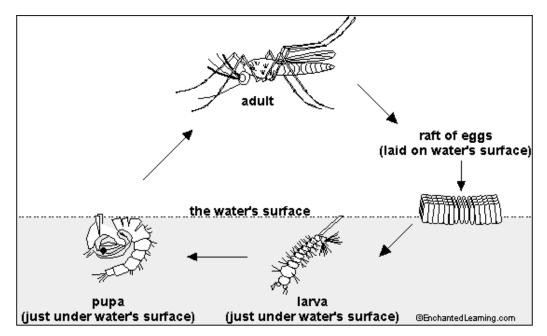
- Malaria is caused by a microbe that lives inside our blood. Its name is plasmodium. These germs cannot be seen by the naked eye. You can see them only in the microscope.
- 2 kinds of malaria: Bodo malaria & San malaria. Bodo malaria can kill many people. In tribal areas it is bodo malaria which is the commonest.
- Malaria spreads from the blood of one person to another thru mosquito bites.
- Plasmodiumis sucked in by mosquito (female anopheles mosquito) when it bites one with malaria and the plasmodium babies multiplyin the stomach of the mosquito.
- When this mosquito bites another person these baby plasmodiumsare injected intothat person's blood and that person gets malaria.
- Mosquitoes: only female anopheles mosquito spreads malaria from one to another. Male mosquito is vegetarian and female is bloodsucker.
- Female anopheles bites onlyin nights
- Malaria mosquito (FA) lays eggs and multiplies in stagnant clean water and in slow-flowing streams.
- FA mosquitoes are Small mosquitoes, that rests at an angle, bitesmay not cause much itching unlike thenuisance mosquitoes in the evenings. THEY BITE ONLY AT NIGHT.
- You do not get malaria by drinking water in malaria areas or by bathing in water wheremosquito lays eggs and larvae. You get malaria only through mosquito bites.

#### To control malaria 3 things essential –

- 1. Destroy mosquitoes and its breeding places,
- 2. Personal protection measures to protect yourself from mosquito bites,
- 3. Early detection & complete treatment of malaria.

# **Reminder Cards**

## Mosquito Lifecycle



## Symptoms of Malaria



Sweating & high fever



Fatigue & Body ache

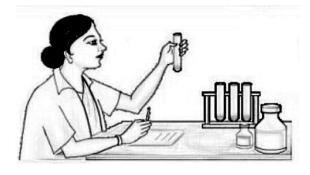


Nausea & Vomiting



Shivering Chills

#### **Diagnosis and Treatment**





in Pf, Pv and Pan, respectively

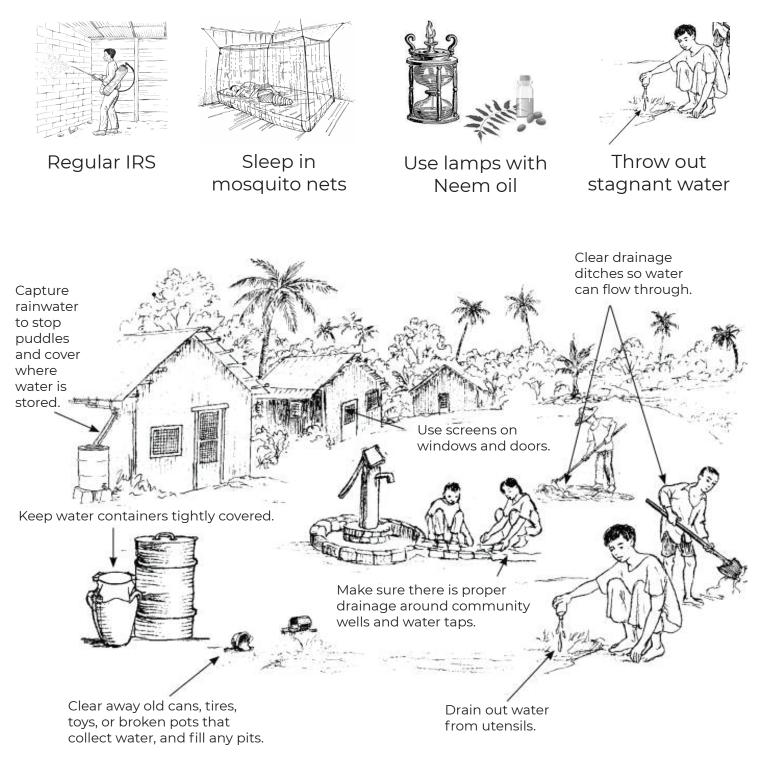
Blood test & RDT

38 | Malaria



Medications and ACT kit

#### **Preventative Measures**



DIAGNOSIS & MANAGEMENT OF COMMON DISEASES :

# Diarrheal Diseases



# In this lesson..

1.	Introduction	
2.	Input session	
3.	Danger signs	
4.	Ask these questions	
	- Look for	
	- Treatment	
	- When to refer?	
5.	ORS preparation	45
6.	Assessment	46
7.	Reminder Cards	47

# Introduction

## Discussions

- What sicknesses do your children have most often?
- $\cdot$  When (which season) do they get sick most?
- Why?
- What do you do for them?

### Learning objectives of this class :

- Diarrhea is caused by dirt/germs getting into the stomach-through drinkingunclean water, eating with unwashed hands.
- Diarrhea causes loss of water from the body. It is this loss of water that kills. Prevent dehydration.
- We can prevent many deaths from diarrhea by giving fluids
- Identification of signs of dehydration.
- Preparation of ORS

## Materials :

- 1. Pictures
- 2. Plastic bag
- 3. Gourds
- 4. Water
- 5. Two potted plants
- 6. a jar of water
- 7. Salt
- 8. Sugar
- 9. Teaspoon
- 10. Volume measures
- 11. a sachet of ORS
- 12.Thin ragi porridge
- 13.Cooked thin rice gruel
- 14. Other cooked cereals

#### Skills to be picked up:

- $\cdot$  Making ORS drinks
- Teaching other mothers on diarrhea

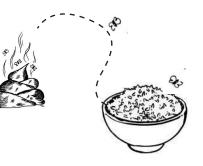
#### Input session:

#### Discussion in groups

• Q: How do we get diarrhea?







Dirty nails

Drinking Polluted water

Flies on food

• **Q**: Why do your people especially children die from diarrhea?

A : because they lose too much water from the bodies

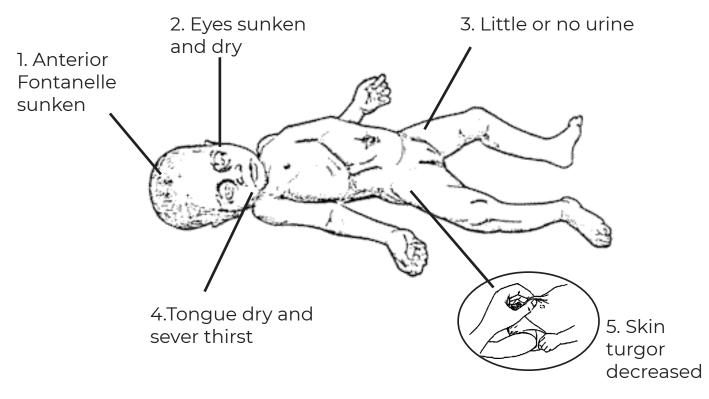
#### Demonstration together:

- Leaky pot/tin/balloon-keep pouring water, then stop.
- Vicious cycle: Diarrhea  $\rightarrow$  malnutrition  $\rightarrow$  diarrhea



# Danger signs in diarrhea

#### Signs of severe dehydration



# In every case of Diarrhea ask the following:

- 1. Loose stools since how many days?
- 2. Watery stools/blood-stained stools?
- 3. Large quantity/ small quantity?
- 4. How many times you had diarrhea today?
- 5. Associated symptoms: vomiting? How severe is the vomiting?(not able to retain anything taken orally).
- 6. Is there Pain abdomen?
- 7. Isthere Fever along with diarrhea?
- 8. Did the baby pass urine? When?

## Look for :

- 1. Pulse, BP, Temperature
- 2. Signs of dehydration
- 3. Abdomen exam: soft/ rigid, spleen
- 4. Lab investigations
- 5. See the nature of stools – rice water type? Indicates Cholera
- 6. In children do RDT to rule out malaria presenting as diarrhea

See and Spleen



Check pulse



Check for fever

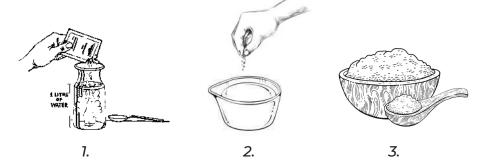
Check spleen and abdomen

Check stool

check BP

#### Treatment :

- 1. ORS 250 ml after each stool
- 2. Rice water/ dhal water with salt
- 3. Feed fermented ragi porridge



### When to refer?

- · Child not able to drink fluids to make up for the losses.
- Repeated vomiting > 2-3 times
- Child not better after 2 days
- Has bloody stools
- $\cdot\,$  Baby with diarrhea and high fever
- Malnourished baby with diarrhea
- Child getting weaker and showing signs of dehydration

#### Practice in groups of twos:

- 1. Asking necessary questions to a patient presenting with diarrhea
- 2. Looking for danger signs

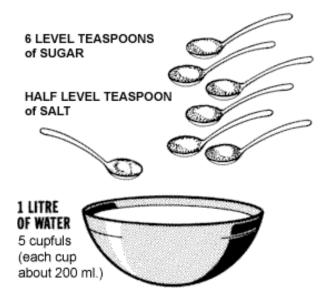
#### Treatment:

- 1. Recall some experiences of deaths due to diarrhea in your village.
- 2. How can we prevent a child with diarrhea from becoming dehydrated/ dry? (by giving plenty of fluids)
- 3. Many deaths happened simply because the fluids they lose in diarrhea stools are not replaced.
- 4. Along with water, salt is also lost in the stools.

#### Preparation of ORS solution

#### Treatment:

- 1. Give the patient a drink made with 6 level teaspoons of sugar and 1/2 level teaspoon of salt dissolved in 1 litre of clean water.
- 2. Be very careful to mix the correct amounts. Too much sugar can make the diarrhoea worse. Too much salt can be extremely harmful to the child.
- 3. Making the mixture a little too diluted (with more than 1 litre of clean water) is not harmful.



#### Assessment of progress:

#### Q: How can we tell if we are giving enough fluids?

(by how many times baby is passing urine).

- $\cdot$  A baby who is getting enough fluids will pass 4-5 times urine in a day.
- His tongue will become moist.
- $\cdot\,$  His eyes bright and shining and
- his skin firm.

#### GIVING ORS IS THE MOST IMPORTANT TREATMENT OF DIARRHEA.

- A child with diarrhea also needs food.
- Continue breast feeding
- Other foods- batho (rice pokal), mandya page (ragi porridge), palu, dal water.
- Keep giving ORS and feeds and take the patient to health centre.

# Skit to show the importance of practicing what the SS learned in the village:

In one village there was an outbreak of diarrhea. People called the citytrained Nurse. She came and she gave a class on hand washing. She also gave a session on how diarrhea is caused and how to take care of it by drinking ORS. People asked her to teach them how to prepare ORS. She in her nervousnesscould not remember whether it is salt one pinch or sugar one pinch and did the incorrect thing. Then one Swasthya Sathi who was illiterate got up and corrected her. What she had been taught in Swasthya Swaraj.

#### Q. Why did the nurse make a mistake?

A. Because she only learned theory, did not practice it with people. The more you do, the more you learn.

#### Q. So what will you practice in the village?

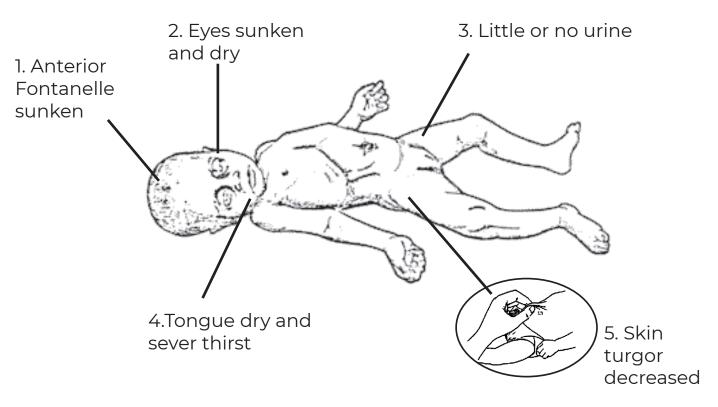
- Examining the patient with diarrhea
- $\cdot$  Teaching/ making ORS for people with diarrhea.
- Teaching about how to prevent diarrhoea.

Watch the odiya documentary on Cholera.

# **Reminder Cards**

### Danger signs in diarrhea

#### Signs of severe dehydration



Checkup



Check pulse



Check for fever



Check spleen and abdomen

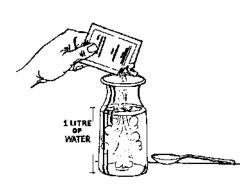


Check stool



Check BP

#### Treatment







ORS – 250 ml after each stool

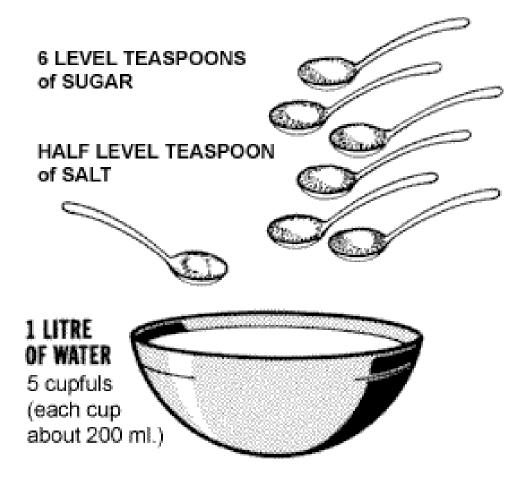
Rice water/ dhal water with salt

Feed fermented ragi porridge

## Preparation of ORS at home

#### Steps :

- 1. Give the patient a drink made with 6 level teaspoons of sugar and 1/2 level teaspoon of salt dissolved in 1 litre of clean water.
- 2. Be very careful to mix the correct amounts. Too much sugar can make the diarrhoea worse. Too much salt can be extremely harmful to the child.
- 3. Making the mixture a little too diluted (with more than 1 litre of clean water) is not harmful.



Preparation of ORS

ACUTE RESPIRATORY INFECTIONS:

# Cough, Cold, Pneumonia



# In this lesson..

1.	Learning objective	
	Common Cold	
3.	Lower respiratoy track	53
	infection (LRTI)	
4.	URI Symptoms	54
5.	Danger signs	55

# Introduction

### Learning objectives of this class :

- Management of common cold
- Detection of danger signs in child with cough, cold and fever.

### Discussions

- How many of you had cough, cold in the last 3 months? How many times?
- What are the symptoms?
- How many people in the family/neighbourhood had the attack before and after you had the cold?
- What do you think about the way in which the disease spread from one to another?
- **Q.** What are the local remedies you use in treatment of children with cold, cough and fever?

A - garlic chain around baby's neck, sucking the nose of baby in nose block.

#### Materials needed

- Anatomy of the respiratory system using a mannequin, charts
- Danger signs in newborn, in children : Global health media videos
- Group discussion, role play

#### Methodology

- Group discussions
- Video show
- Picture formats for reminder cards

# Common cold

## Symptoms







## Treatment : Symptomatic

- Gud/honey + lemon juice mixture (1 tsp gud/ honey + half lemon in 1/3 glass hot water)
- Vyagri
- Steam inhalation

#### If there is sore throat and/or fever present:

- Examine the throat : redness of the tonsils, whitish follicles on one or both sides
- Treatment: warm saline gargles in big babies and adults Cap Amoxycillin 500mg tid x 3-5 days /

Amoxkid tabs weight adjusted for children.

Cough & cold will last 7-10 days to become alright. Chidrenabove 6 monthscan be given Syr Phenergan (promethazin) weight adjusted dose.

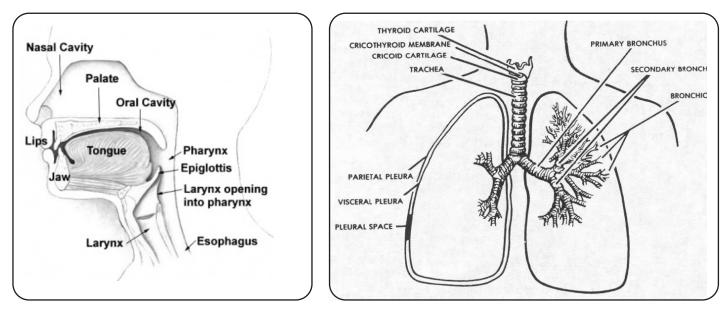
# Lower respiratory tract infection (LRTI)

#### Who are more prone to get LRTI?

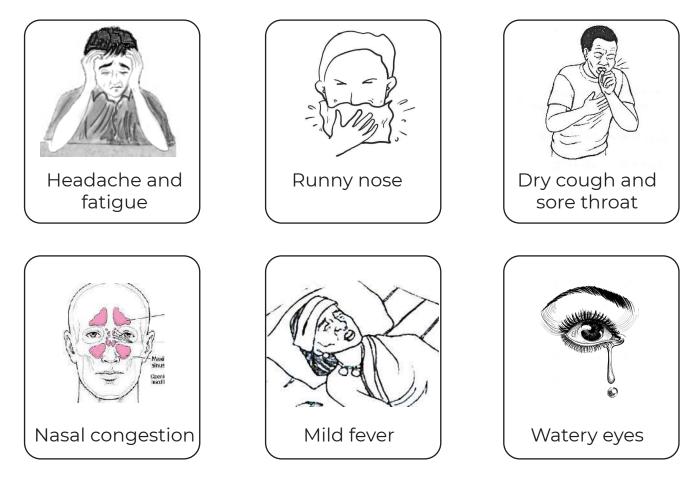
- 1. LBW babies
- 2. babies who did not get enough breast milk
- 3. undernourished children
- 4. Measles infection
- 5. No Vit A supplements received
- 6. Smoke inside the house
- 7. Crowded house

### Input session

- Anatomy of upper resp tract
- Anatomy of lower respiratory tract



# URI – common, symptoms



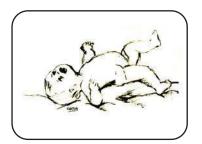
• URI may progress into LRTI.

## Swasthya Sathi should pickup the following skills:

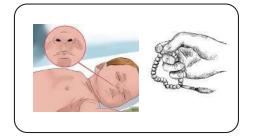
- 1. Counting RespirationRate (RR) using colouredmala
- 2. Picking up danger signs in ARI
- 3. Checking temperature with thermometer
- 4. Communicating the health knowledge with villagers

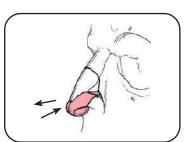
#### DANGER SIGNS IN ARI / RED FLAGS:

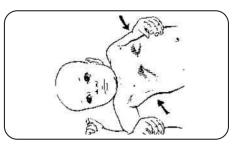
- Prostration/ lethargy, child not active
- Not sucking breast
- Convulsions
- Fast breathing-Respiration rate > 60/ min (newborn), >50/ min ( infants), >40/ min ( 1-5 yrs)
- Alae nasi moving with respiration
- Intercostals indrawing
- Grunting respiration
- Blue discolouration of lips.



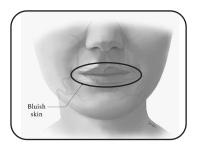








If any of these noticed, rush the baby to hospital. These are signs that ARI is progressed into pneumonia.



# **Reminder cards**

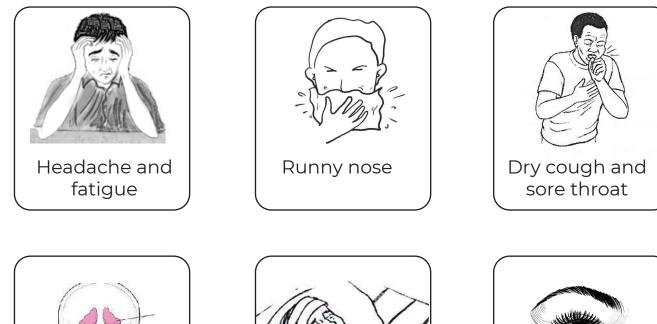
**COMMON COLD - SYMPTOMS** 

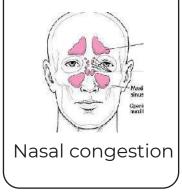






#### **URI – COMMON, SYMPTOMS**

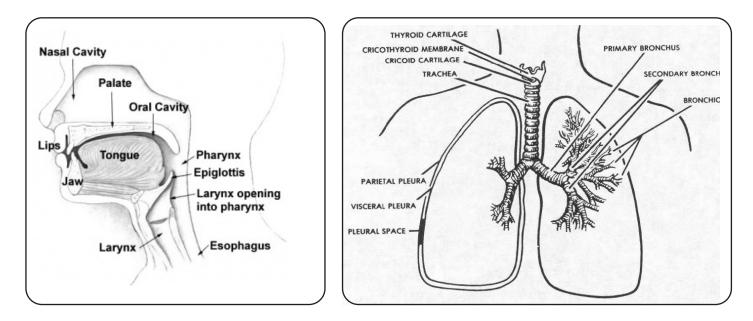




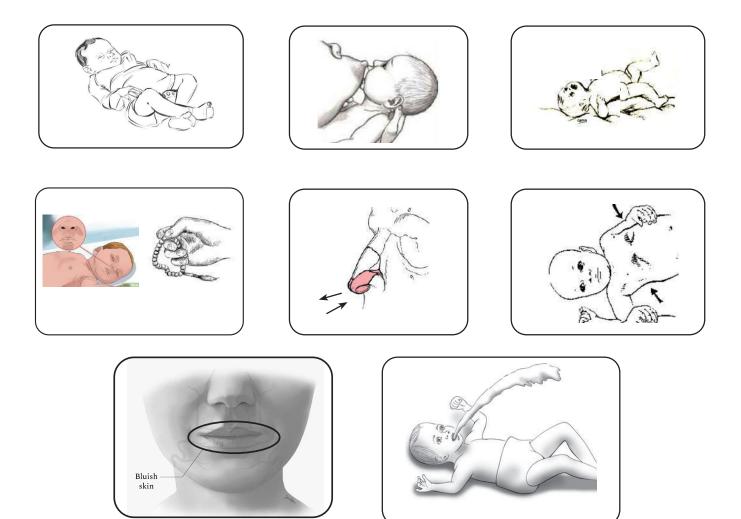




#### ANATOMY



#### DANGER SIGNS IN ARI / RED FLAGS



#### DIAGNOSIS & MANAGEMENT OF COMMON DISEASES :

# Tuberculosis



# In this lesson..

1.	Introduction	60
2.	When to suspect TB	61
3.	Diagnosis of TB	62
4.	Treatment of TB	62
5.	Health education	63
6.	Reminder cards	64

# Introduction

### Discussions

- How many TB cases you have come across in your village or family. Tell us what happened in each case.
- How many childrenare orphans or semi orphans in your village whose parent/s died of TB?
- What is your understanding of TB?

### Learning objectives of this class :

- Understand what TB does to the patient, family and society.
- How TB spreads
- Early symptoms of TB ,the importance of detecting TB early
- Importance of treatment adherence, danger of DR TB
- $\cdot$  Who are particularly at risk of getting TB

#### True story (may present as skits)

- Young man of 24 yrs goes to Surat for work. Gets work in weaving mill. 12 hour job, no holiday, sleeps in dingy rooms where manypeople huddled together, no nutritious food, saves all money to send to home (wife and 3 children and elderly mother). Starts with cough, evening fever, weight loss 1 month, 2 month, 4 months went on. .But he had no time to go to hospital.Once he went, saw the doctor, had to return without doing Xray and getting the sputum report as time was over. Took again one month to go to hospital again – saw the doctor again. It was florid TB. Treatment was started. But Patient died in one month.
- 45 yr old man in the village. Smoker and alcoholic. Starts with cough, low grade fever, weight loss, goes on> 6 months. Went to guru guniya,no effect. Then to kabiraj, spent lot of money, thensomebody says to go to Swasthya Swaraj. Sputum checking was done and he was diagnosed as TB. Put on treatment. Nurse and doctor explained the importance of taking TB drugs regularly. Took 2 weeks, felt better, then he stopped. Going on coughing, refused to take medicines. Died after 4 months.

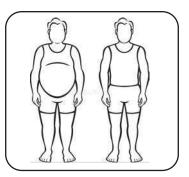
## Analysis of the story:

- $\cdot$  Both were poor people, bread winners of the family
- Long duration of symptoms( unlike malaria),
- Work capacity reduced, could not work, (could not study), becameweak day by day, family going into more poverty
- Wasted a lot of time and money on unnecessary medications.
- Patient and family equally ignorant about disease.
- $\cdot$  Nobody in the village to educate them
- Second patient was stubborn, did not know about the danger. He did not mind dying, but he made so many other sick with TB. Both patients, because they delayed the diagnosis and treatment- they infected so many people around who will develop TB after few years.
- Early death.
- Difficulty of taking many tablets and for longer duration. So the necessity of giving patient support.
- One patient spreads the disease to many people slowly.
- Importance of nutrition support to the patient.
- TB can affect every part of the body. But pulmonary TB alone spreads from one to another.

## When to suspect TB?

- Any person with cough for more than 2 weeks
- Fever or night sweats for more than 2 weeks
- 3. Weight loss
- 4. Blood in sputum (Hemoptysis)
- 5. Previous TB treatment
- 6. Close contact with TB patient - even contacts that occurred years ago.









#### 62 | Tuberculosis

## Diagnosis of TB :

- 1. Sputum checking- importance of bringing out sputum, not spittle. Sputum microscopy reveals TB bacilli.
- Another expensive test on the sputum is called TrueNat. Costs >rs 700. Done free of cost in Kaniguma. Collect the morningspecimen of sputum and bring it to health centre. This will be sent to Kaniguma for higher tests.

## Treatment of TB: points to remember:

- 1. Multiple drugs
- 2. Prolonged treatment.
- 3. Importance of nutrition
- 4. Stop alcohol
- 5. Cough hygiene strictly to be observed.
- 6. Many drugs for 2 months, then some are reduced- all tablets to be taken in the morning in empty stomach. Take your food half an hour later.
- 7. Importance of review in the hospital once a month in the hospital- weight check, motivation, side effects of drugs, nutrition supplements
- 8. All child contacts to be screened for TB in the hospital.









## Health education

- One patient with TB in the village can cause TB eventually in 20 other patients over a period of many years.
- Cough hygiene by the patient cover with towel while coughing, or by elbow (flexor aspect).
- All the children under five years in the family of the TB patient to be checked for TB / put on drug prophylaxis
- All adults in the family to be instructed about check up if they get symptoms.
- Importance of taking regular treatment- to patient and family members.
- Remind about the review dates.
- Visit the patient frequently and enquire about his symptoms.

TB CAN AFFECT ANY PART OF THE BODY- BRAIN, LYMPH NODES, BONE, SPINE, KIDNEYS, SKIN, HEART, JOINTS, STOMACH ....

IMPORTANCE OF BCG VACCINATION IN CHILDREN FOR PREVENTING SEVERE FORMS OF TB IN CHILDREN.

#### Excersize

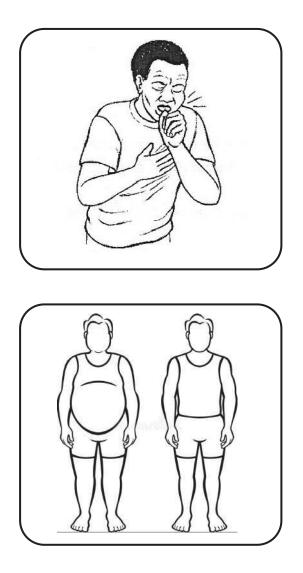
- 1. TB FLASH CARD SET study
- 2. Discuss the story in groups
- 3. What are your learnings? List them.
- 4. Look at the microscope and see the TB bacilli.
- 5. TB tablets- see the tablets, when to take, how to take, main side effects. When to report, regular review.

## Skills

- 1. Collection of sputum and transportation of it to health centre
- 2. Effective health education to make the patient take the medicines regularly without fail
- 3. Support to patient

# **Reminder Cards**

#### When to suspect TB







- 1. Any person with cough for more than 2 weeks
- 2. Fever or night sweats for more than 2 weeks
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## Treatment of Tuberculosis



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- 8. All child contacts to be screened for TB in the hospital.

CHILD HEATH AND TREATMENT

# Danger signs Under five

# In this lesson..

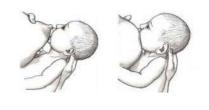
1.	General Danger Signs in Children	68
2.	Cough & difficulty in	69
	breathing	
3.	Diarrhea	70
4.	Child with fever	71
5.	Ear Pain and Discharge	72
6.	Severe Acute Malnutrition	73

# **Danger Signs Under 5 years**

## 1. General Danger signs in children:



- 1. Is the baby able to drink or suck the breasts?
- 2. Is the baby vomiting everything?
- 3. Did the baby have convulsions after the onset of the illness?







Red

Red

Red

**DANGER LEVEL:** 



1. Is the child lethargic or unconscious?



Red

**DANGER LEVEL:** 



Red



2. Is the child

- 1. Keep the baby warm,
- 2. Paracetamol & cold sponge if there is high fever
- 3. Refer immediately.



Keep Baby warm





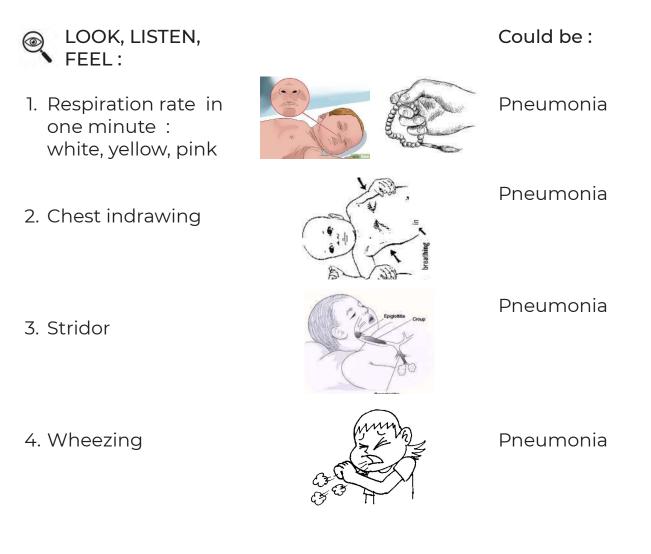
Cold sponge if high fever

Give Paracetamol if high fever

## 2. Cough & difficulty in breathing:

? ASK :

1. For how long?





- 1. Keep warm
- 2. Refer
- 3. If all danger signs absent, Treat with Tab amoxkid.
- 4. If cough perists > 14 days, refer to health centre to rule out TB.







Keep Baby warm

Give Tab amoxkid

Refer Hospital

## 3. DIARRHEA



- 1. For how long?
- 2. When did the baby pass urine?
- 3. Is there blood in the stool?



- 1. Is the baby lethargic or unconscious?
- 2. Is the baby restless or irritable?
- 3. Is the baby not sucking?
- 4. Feel Anterior fontanelle - ?sunken
- 5. Eyes sunken?
- 6. Tongue dry?
- 7. Skin turgor-on pinching goes back very slow?



- 1. Give ORS, Syr Cotrimoxazole
- 2. Moderate dehydration: Continue breastfeeding, ORS, Syr Cotrimoxazole, Refer

3. PERSISTENT DIARRHEA > 3 days : Refer.



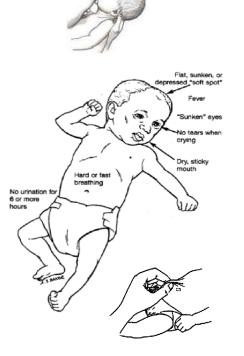
Give Syr Cotrimoxazole



Refer Hospital

Could be :

Severe dehydration



## 4. Child with FEVER



- 1. For how long?
- 2. Intermittent or continuous?
- 3. Persistent vomiting?
- 4. Not passed urine?
- 5. Convulsions?



- 1. Check temperature
- 2. Severe pallor
- 3. Jaundice





01

0

Could be :

PCM : Cold Sponge

#### Severe Malaria

5. Abdomen- spleen enlarged



**R** ACTION :

1. Refer



Refer Hospital

## 5. EAR PAIN & DISCHARGE



- 1. For how long?
- 2. Is there ear discharge ? If yes, for how long

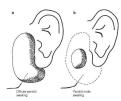


1. Pus draining from the ear





2. Painful swelling behind the ear



Mastoiditis Refer

- 3. Pus discharge < 14 days, no swelling
- 4. Pus discharge > 14 days, no swelling



PCM, Amoxkid, keep dry

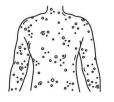


Cipro ear drops, keep dry

# 6. Severe Acute Malnutrition



- 1. Edema of feet
- 2. Skin lesions





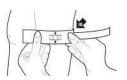
ACTION :

Refer Hospital



Refer Hospital

3. MUAC - red zone





Refer Hospital

DIAGNOSIS & MANAGEMENT OF COMMON DISEASES :

# Scabies



# In this lesson..

1.	Learning Objective	
	Role Play	
3.	Prevention of Scabies	
4.	Scabies Life cycle	
5.	Reminder Cards	79

# Learning Objective

# Day 1: Learning objectives of this class :

- $\cdot$  Scabies is spread by an insect that jumps from a person to person.
- It causes intense itching
- It is treated by applying scabies medicine all over the body and bathing the next day
- All family members in the house, including adults with no symptoms must be treated
- $\cdot$  Cloth should be washed and dried in sun
- Those with a lot of pus or infected skin sores also need another medicine (antibiotic)

## Materials :

- Permethrin 1 tube/bottle, 1% GV paint, neem leaves & raw turmeric.
- Pic of Sarcoptes scabei for flannelgraph.
- Use additional charts (see attached examples) for the story.

## Role play:

One person coming itching and scratching all over. Complaints not able to sleep for days, all at home are itching...someone else also comes with itching...

How do we get kachikundia?

### Puppetry/ role play on Kachikundia:

The King + Queen bugs (picture) are trying to find a place where they can live happily and raise a family. What are they looking for?

Scene 1: Shows a clean boy who wears clean clothes. The King insect asks `how about this boy? Can we live on his body?` The Queen says `No. Don't be silly. He bathes daily, wears clean clothes he doesn't have enough dirt on his hands. We need dirty bodies to live!

Scene 2 : Shows Somu - he is playing on sand and is very dirty. His clothes are dirty.

Queen: Yum! Yum! Just look at all the dirt on this boy. That is the kind of body you and I can live on and have lots of children. Let's go to his body!

Scene 3 : Somu is itching all over (act like someone is itching all over) Show his hands. The baby insects are digging holes into his hand and feeding on dirt. The hand is very itchy.

His sister sleeps next to him. She also starts itching. Why? The insects have spread to her body. Soon, the whole family is itching! They cannot sleep! What is causing the whole family to itch? Why can't you see them with the eye?

The King and Queen insects must be very happy. They have many babies with them.

Scene 4: But....one day -The King + Queen are scared - Why? A Swasthya Sathi is coming! The Queen says `Oh no, it's that lady who has killed all our relatives in other houses. She has brought that white medicine and is asking the whole family to use it! We are all going to die!`

**Scene 5 :** The SS tells the family that the cause of their trouble is a tiny insect that is so small that it cannot be seen by the eye. The SS says "do not worry. This white medicine will kill these insects."

The SS puts the medicine ALL OVER Somu`s body and not only on the places where the itching is. These insects will run and hide in other parts of the body if we only put the medicine on the wounds. She also tells ALL those in the house to do the same. Yes, even if the others have no itching. Only if we kill all the insects will the disease not come back.

Permethrin is in tubes and is less dangerous to small children. You only apply scabies medicine once- do not apply it every day. It can be repeated one more time a week later.

The next day only Somu has a bath .The medicine is left on the body overnight. Why? (The medicine needs one day to kill these insects. Eg. insect killing medicines sprayed on plants in the field, will not work if it rains soon after the medicine was sprayed- so do not bathe straight way after the medicine is applied).

The SS also said to wash all cloths and dry them in the sun. Put blankets and mattresses in the sun as well. Why? (The eggs and some insects may hide on the clothes. The sun will kill these.)

The family did all that the SS said! What will happen to the king and queen and all their bad babies which caused so much trouble. They all died. The itching and wounds all healed one week after the medicines were put. (This point may be important. Many people with scabies are unhappy because the itching stays for 1 week after the medicine is applied and they think the medicine has not worked. Tell them to be patient. After one week, it has to reapplied once again, and the itching will stop.) NB: If there is a lot of pus present (bacterial infection present), then another tablet will be given for 5 days (Tab Amoxkid for children and Cap Amoxycilling for big children and adults, and 1% GV paint for local application). Very good antiseptic lotion is neem leaves and turmeric put in the bathing water and boiled.

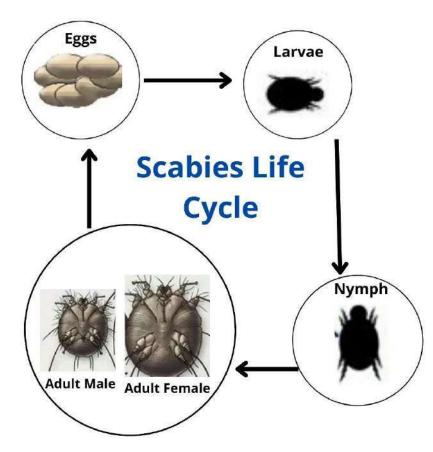
## Prevention

- 1. Apply permethrin all over the body in the evening and take bath in warm water in the morning. Wash all the clothes.
- 2. Repeat the application after one week again.
- 3. Treat all members of the family.

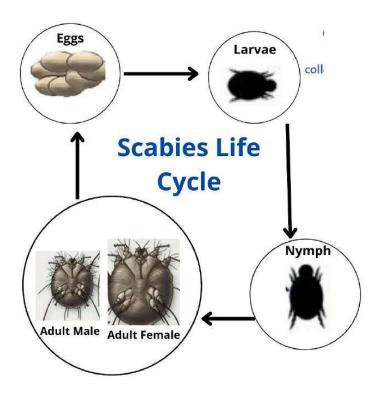




## Scabies life cycle



## **Reminder Cards**



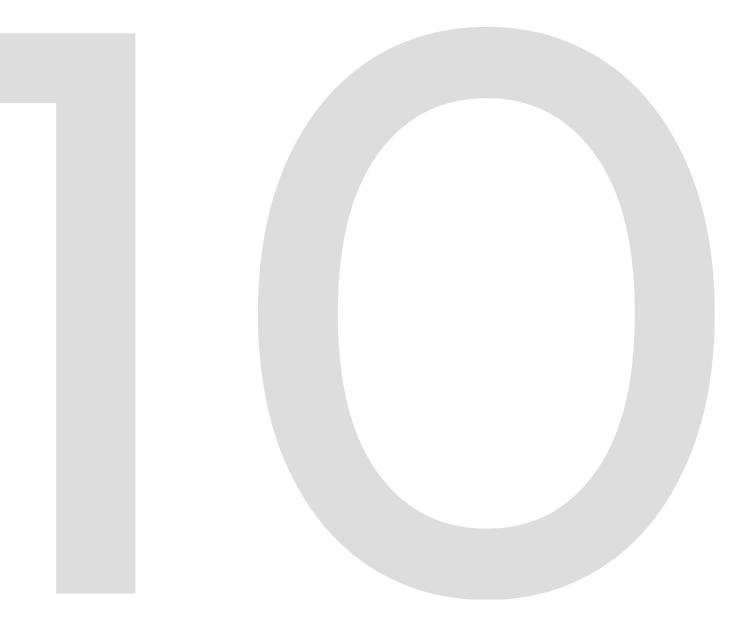
# Prevention



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Part I : IS MY CHILD GROWING?

# Nutrition – I



# In this lesson..

1.	Learning Objective	
2.	Introduction	
3.	3 types food	
4.	Special Care	84
5.	Food for Children	85
6.	Weaning Foods	86
7.	Signs of Growth failure	
8.	Day 2 : Discussions	
9.	Reminder Cards	

# Part I : IS MY CHILD GROWING?

# Day 1: Learning objectives of this class :

 Help the community to understand the importance of the Growth Monitoring

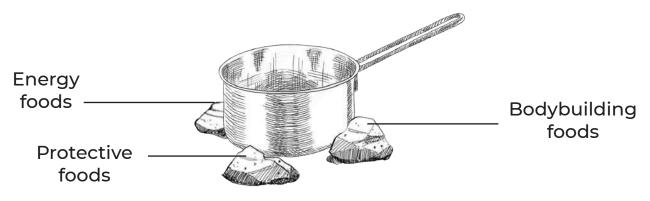
# Knowledge to be gained by the swasthya sathi:

- Importance of nutrition in growth and development of children,
- $\cdot$  Three main categories of food, functions of each category,
- Dangers of undernutrition, detection of undernutrition
- Change of attitudes: change of feeding practices of children and family
- Skills : a) Detect signs of UN, Growth monitoring (height, weight, MUAC), interpreting the child health record
  - b) Health communication skills.

# Introduction

- Recall the daily works of the women in tribal villages.
- The long list of difficult worksfrom 3.00 am in the morning till going to bed. Many a time going to bed starving.
- Let them share about- When do they eat? What do they eat? How much do they eat? How many time they eat?
- The amount of work the women do, but comparatively less amount they eat.
- For the workloadthey do, about 2800 calories (from food) are needed, butthey are taking only 1500 calories or less.
- Special needs inpregnancy, lactation, sick children, underfive children
- Mother has no time to think about their own health orappearance/ beauty.
- Today we are going to look at our food habits and how we can improve our health through food.

## Recall past 3 days food of the family- variety, quantity



Cooking needs the stove and the stove needs 3 stones

These 3 stones represent the **3 categories of food**. All the three should be there; then only the foodgets cooked, becomeshealthy and sufficient.

			BONUS
Energy foods	Bodybuilding foods	Protective foods	High energy foods
Shakti khardyo	Pushti khardyo	Surakhya khardyo	Adhik Shakti khardyo
Energy for work – bulk food	Growth & development of body, of brain, growth of muscles, repair of tissues	Prevent illnesses and diseases, beauty, eyes, hair, skin, teeth, bones, blood	Extra/High energy
carbohydrates	proteins	vitamins & minerals	oils, fats, honey, sugar

# Discussion

- Discuss the locally available items in each group.
- Group the women into three groups and each group discusses the functions and locally available items of one group.
- Games to understand the three different groups of food and their functions
  - a) Labelling game,
  - b) Passing the ball game,
  - c) Matching the item with function game.

# Special care and attention

Who are the people who need special care and attention?

- Under-five Children
- Pregnant women
- Lactating women
- Adolescent girls

## Why these groups need special nutrition care and attention?

- Underfive children is the time of maximum growth- physical and brain growth.
- Pregnant women need food for two people.
- Postnatal mother produces almost 700 ml milk per day which has to come from food.
- Adolescence is the time of second growth spurt.

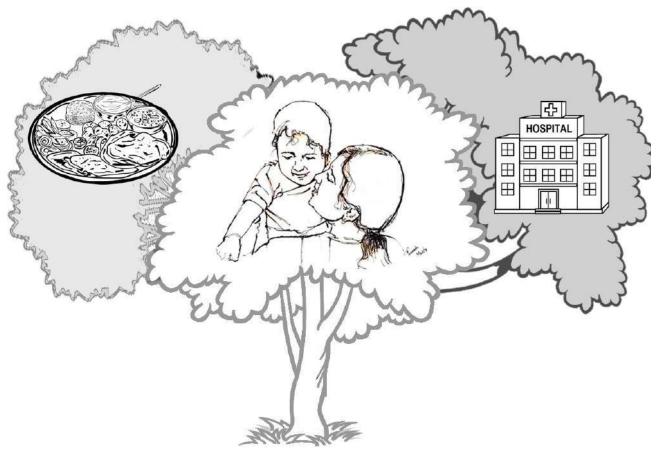
### How do you identify that a child is well nourished or undernourished?

- Undernourished child gets easily infections and sick.
- Healthy child is well-nourished, happy and growing well.
- Under-nourished child is unhealthy, unhappy, dull and not growing well.



Healthy vs unhealthy child

How can we make our children grow healthy and well-nourished?



Food, Love, Healthcare, play facilities, education

## Food for Children

#### Till 6 months-

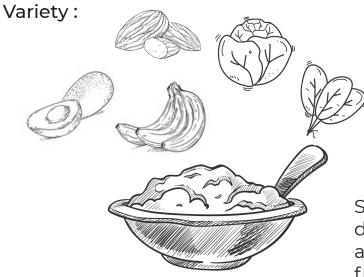
- Only breast milk
- No water, nothing.
- BM contains CHO, proteins, vitamins and minerals and water.
- What BM is missing is only Iron.

#### At 6th month-

- Baby begins to sit up
- Teeth starts showing
- Baby experiments with tastes, tries to put everything in mouth.
- That's the time to start weaning.

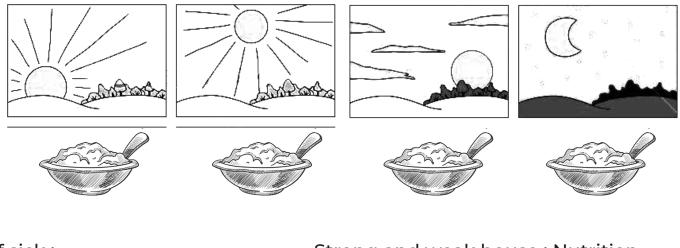
# Weaning Foods

Child's food should contain, energy foods, proteins, and protective foods-



Start with mandyapej 2 tsp twice daily, slowly increase the quantity and add variety. Small and frequent feed is important.

#### Frequency:



If sick :







## Strong and weak house : Nutrition

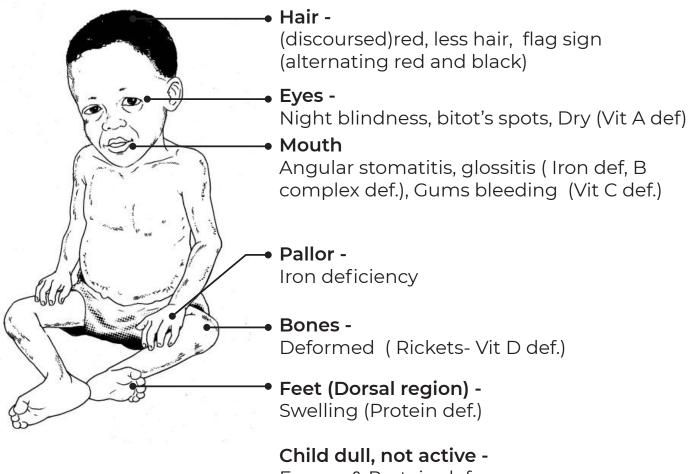


Poor Nutrition



# Signs of Growth Failure

How do I know that the child is growing healthy? Examination of Child for signs of undernutrition and deficiencies:



Energy & Protein def.

### RULES OF NUTRITION: make into a song

- 1. Exclusive BF(breast feeding) for 6 months. Continue BF till 2 yers.
- 2. Start mandya porridge at 6 months, mandya- rice porridge, suji porridge.
- 3. Add energy food, bodybuilding food, and protective foods to baby's food- there should be variety in the food plate of the baby with all the 3 types of food.
- 4. At least 4 -5 times feed the baby ---eg of chicken pecking all the time
- 5. Importance of adding oil in the food
- 6. Sick baby should be fed small quantities frequently, after sickness one extra meal daily.
- 7. Baby to sleep under a mosquito net.
- 8. Immunize your baby to prevent deadly diseases.
- 9. Last but not least, check your baby's weight and height every month to know the child's growth, know your child's ChildHealth Record.

# Day 2

#### Morning Recap:

- Divide intogroups.
- Each group few food items

### Questions:

- Which category each item belongs to?
- $\cdot$  Recall the functions of the three main categories of food
- What are the manifestations of the deficiency of each group?
- What advice you will give to the motherof undernourished child?

## Action plan:

- Discuss the plans for the GM program in our village. The FA along with swasthyasathi tofix the day once in 2 months. On thatday all U5 children are to bemonitored.
- At the birth of each child issuethe GM card and document the date of birth and weight & length.
- When you visit the houses, take the cardout and explain to the mother how her child performs.
- If the mother hasno breastmilk, or nothing to feed the baby, report at the centre about it.

# **Reminder Cards**

# Types of food



# Good vs Poor Nutrition





# Special care and attention



# Signs of Undernutrition



Marasmus



Kwashiorkor



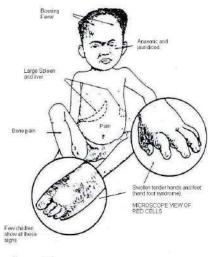
Sparse hair



Bitot's spot



Rickets

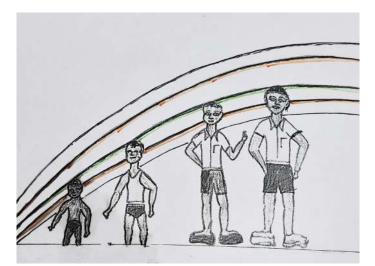


Anemia



Night Blindness

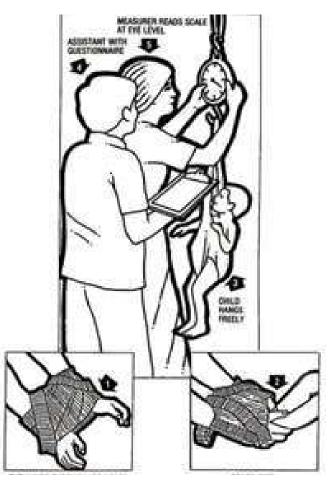
# Growth monitoring



height graph



Infantometer



Salter scale



MUAC tape

Part II : IS MY CHILD GROWING?

# Nutrition – II



# In this lesson..

1	Decen	94
	Recap	94
2.	Discussion points	
	Practicals	94
4.	Approach to the malnour-	
	ished child during the	
	home visit	96

# Recap

- Each participant is given paper and a sketch pen.
- Recall the Energy food that you know and draw them.
- Recall the bodybuilding food items- draw.
- · Recall the protective food items- draw.

## Discussion points :

Divide the group into 3 groups :

- What does the energy food do/ functions of energy food? what are the high energy food items?
- The functions of bodybuilding food?
- Functions of protective food?
- What are the food items in each category that are available in your village?
- What are the rules to follow in feeding small children? (only BM till 6 months, start weaning at 6months, children to be fed more frequentlyminimum 4-5 times/day, add some oil to energy food, all 3 categories of food to bemixed and given to children).
- Add or delete food itemsand update your first list.

## Practical

- Divide the group into 6 groups
- Select 6 children- each group to have one U5 child.
- Nutrition recall of each child for the past 3 days. Document.
- General examination of each child- from head to feet for deficiency manifestations.

Take a short break here.

## After the break - discussion in panel :

- 1. What was missingin the food of each child- weaning, quantity of food, frequency, food categories.
- 2. How do you know in your village if the child is growing well or not? Chudi, waist chain,
- 3. Specific ways to monitor growth- measure weight, height, and MUAC
- 4. Children are like chickens- pecking always, feed more frequently.
- 5. Children have small stomachs and so more frequency and small quantities
- 6. Should have all 3 categories of food.
- 7. Egg, meat, and fish are expensive give the available protein food.

For the child to grow well- like a tree requirement: Food, Care, Healthcare. The soil in which the tree stands can also be faulty (societal problems, family problems).



Problems identified by the group are:

- Alcoholism of menfolk
- Early marriage
- Poverty
- Illiteracy
- Ignorance and superstition- bound culture

### What the Swasthya Sathi has to do towards changing the situation?

- Create awareness among mothers about the importance of child nutrition
- Importance first 1000 days in a child's life.
- Motivate mothers to bring undernourished children for treatment in hospital
- Coordination with FA.

Specific duties of Swasthya Sathi as identified by the Swasthya sathis themselves:

- Know the number of SAM & MAM children in her village
- Bring all the children for Growth monitoring
- Know whichfamily has SAM child
- Inform Swasthya Swarajif anyfamily with SAM has nothing/less food to eat.
- Maintain child health records and knowhow to interpret the graph and teach mothers

## Approach the Malnourished Child by Swasthya Sathi during home visit

After the initial chitchat go to the subject:

### What to ask:

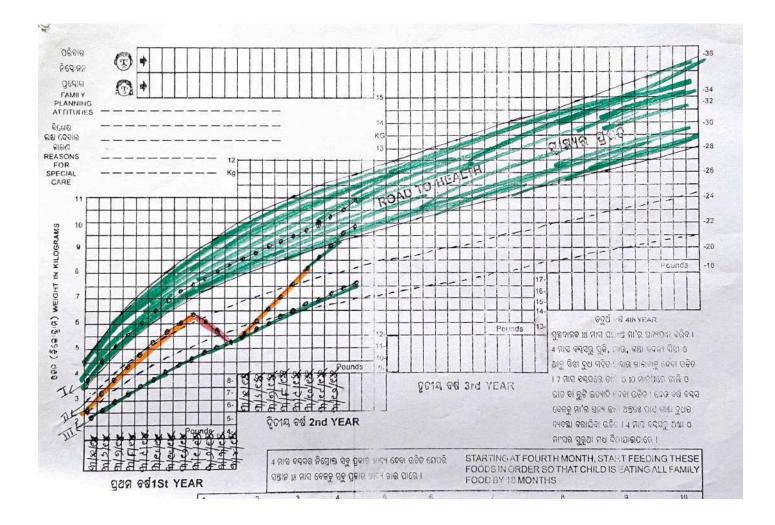
- 1. Baby's age -yrs and months
- 2. Duration- Since how long the mother has noticed the baby is not doing well
- 3. History: Fever/ diarrhea/cough Any recent episode of measles/ prolonged diarrhea Anybody in the family had TB or in the neighbourhood
- 4. Nutrition: What do the mother feed the baby with?
   When did she start weaning?
   What food does she give? Quantity? How many times?
   Yesterday what did she give? How many times fed the baby?
- 5. Milestones of baby
- 6. Immunization history

## What to look for?

- 1. Baby's hair discoloured/ sparse/flag sign/ normal
- 2. Frontal bossing
- 3. Pallor
- 4. Angular stomatitis, glossitis
- 5. Potbelly
- 6. Pedal edema
- 7. Skin lesions
- 8. Spleen palpable
- 9. Is the baby active and cheerful/inactive, irritable, not happy
- 10. Look for BCG scar

#### Skills to be picked up by Swasthya Sathi

- 1. MUAC: Green/Yellow/Red
- 2. Growth Card-look at the plotting and curve



### Action to be taken:

- 1. Malnourished baby has to be taken to Kaniguma/Kerpai/Silet/ NehelaGSPG
- 2. Find the economic/ distress condition of the family/ food nonavailability and report
- 3. Assist the mother in preparation of high calorie foods, in feeding the baby.

DISEASE CONTROL AND MANAGEMENT

# Anemia



# In this lesson..

1.	Learning Objective	
2.	What is Anemia?	
3.	How do we know a patient	
	is anemic?	
4.	Special attention groups	
5.	Prevention	102
6.	Reminder Cards	

# Learning Objective

## Day 1: Learning objectives of this class :

- $\cdot$  To understand what anemia does to the body
- Special age groups who need iron supplements
- To know how to prevent anemia and correct anemia

## Materials :

- 3 D picture of anemia girl, Videos on anemia, Pictures on anemia, Iron tablets and syrup
- Methodology: story telling, videos
- Tell the story using the 3 D pic.

## What is Anemia?

- Anemia is a disease where there is less blood in the body. When blood is less, less oxygen reaches our brain, heart, ourmuscles and all organs.Patient gets palpitation, breathlessness, gen weakness, not able to do work, giddiness, shortness of breath, swelling of feet, finally heart fails and patient may die.
- Women more prone for anemia- because of menstruation.
- Pregnant women fetus takes mother's blood thru the placenta. So mother's blood becomes less if she does not take enough iron and food.
- Some people have anemia due to congenital problems- problems in production of blood or more blood gets destroyed in the body.
   Eg Sickle cell anemia, Malaria. In Sickle cell anemia the RBCs are deformed. In Malaria the RBCs are destroyed by the malaria parasites which live and multiply in the red cells.
- So it is very important to correct anemia and to prevent anemia.



# How do we know a patient is anemic?

- Examine the eyes, tongue, palms.
- Blood test for Hemoglobin.





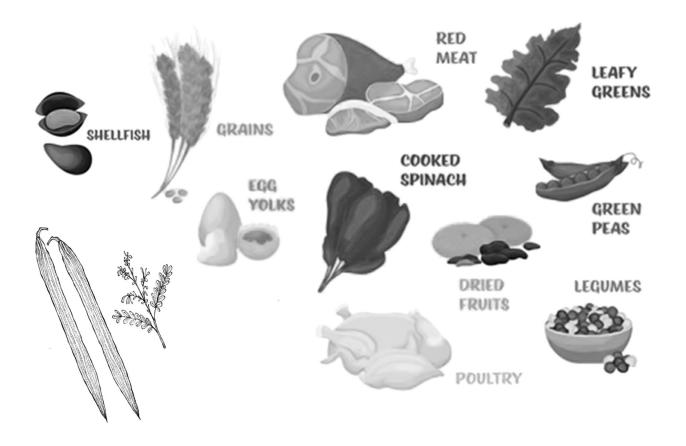


Examine

Blood test

Treatment

- Treatment : Iron Supplements
- Food Supplements : Iron rich food supplements



# Special attention group :



1.

2.

#### Pregnant Women

- Anemia in pregnant women lead to preterm babies, low birth wt babies.
- Anemic pregnant mother if she bleeds during delivery, mother is in danger of dying.



Adolescent Girls

## Prevention

- Antenatal check up 4 times during pregnancy
- Take the Iron tablets daily during pregnancy.
- Take iron rich food- green leafy vegetables, meat.
- Iron tablets once a week by adolescent girls.

## Group discussion

- Discuss the symptoms of anemia,
- Physical examination for anemia in groups of two.

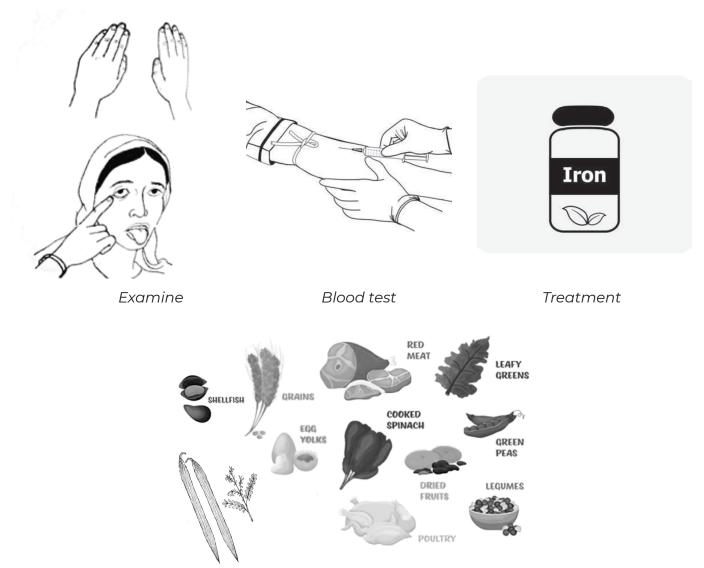
#### **Role Play**

- How do you advise pregnant mother to take iron supplements without fail?
- How do you encourage the Kishori girls to attend the AGFC/TULSI clinics.

### Video:

• Watch the anemia videos and have a discussion on the videos.

# **Reminder Cards**



Iron rich food supplement

# Special attention group :



Pregnant Women



Adolescent Girls

CHILD CARE AND DEVELOPMENT

# Growth Monitoring



# In this lesson..

1.	Introduction	
2.	Input Sessions	
3.	Familiarise with equipment	
4.	Growth Chart	
5.	Reminder Cards	

# Introduction

# Learning objectives of this class :

- SS understands well the importance of GM and is able to explain it to other mothers.
- $\cdot$  Explain the benefits and necessity of GM
- All children under five years in her village come forward for the regular GM meetings
- $\cdot$  SS teaches to all mothers the 9 rules to be followed in children's growth

# Skills to be picked up :

- Weighing the infants under one month using Spring balance
- MUAC for children 6 months to 5 yrs.
- Salter scale for weighing children from one month to 5 yrs
- Infantometer- for measuring length of baby from birth to 2 yrs
- Stadiometer for measuring height from 2 yrs.

## Introductory discussions :

- How do you know whether your child is growing and developing well or not? share ideas
- When the baby does not grow well, what do they normally do?
- What are the problems (as they understand) for the child not growing well?
- How does a mother know that she is feeding her child well?

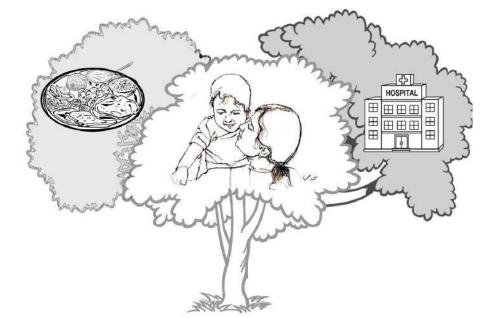
## Materials :

- Child health records of children
- Spring balance
- Salter scale
- MUAC belt
- Infantometer
- Stadiometer

# Input Sessions

 Start with the picture- the tree with 3 branches- FOOD, CARE, HEALTHCARE (needed for the baby's growth and development)

The soil on which the tree grows: ( problems in



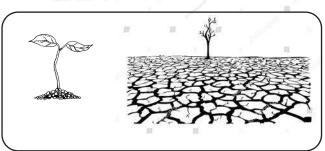
your society): Ask them to comment on this and express their feelings (problems like poverty, illiteracy of mother, early marriage of adolescent girls, lack of access to healthcare. List all what they mention)

2. Farmer sowing the seeds (Explain through Flannel Graph pictures) : the plant growing from the seed.

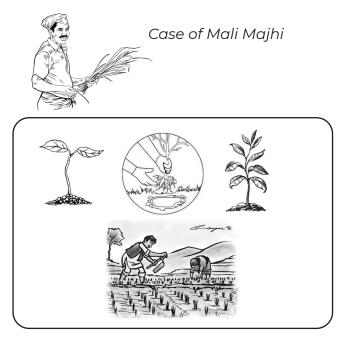
One farmer (Balu Majhi) saw the growth is good, then he relaxed. Another one (Mali Majhi) saw and reviewed it every month. When he saw the growth is not picking up, he manured, plucked the weeds, sprayed insecticide and the growth picked up. The first one did not get anything at harvest time. The second one (Mali Majhi) got plenty.



Case of Balu Majhi



- 3. Your interpretation with regard to the life of your baby.
- 4. Babies need food, care, healthcare just like the plants need it. (Pic of mother and tree) The soil has to be healthy for the growth and development of children- poverty, illiteracy and early marriage to be eradicated, immunization to protect the baby from deadly diseases.



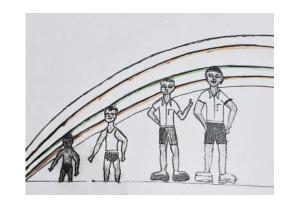
How does the mother know that the baby is growing well?

- Healthy baby gets heavier every month.
- Local methods of monitoring baby's growth
- Assessment of growth in community /hospital: height, weight, muscle thickness
- Measurement of height /length-
- Measurement of Weight -
- Measurement of Muscle -
- Road to health chart explain.

A healthy childkeeps climbing. If the line remains flat- danger, if he falls down-very dangerous.

 Weight and height measurementonce in 2 months. Weigh once a month in the first year and undernourished children.





# Familiarise with the Equipment used for measuring height and weight and MUAC

If the truck / bus is well maintained, it will run well in the road. Otherwise, it will stop, break down, accidents.

Eg of farmer –who neglected to care and look for regular growth.



Infantometer





Salter scale

MUAC tape

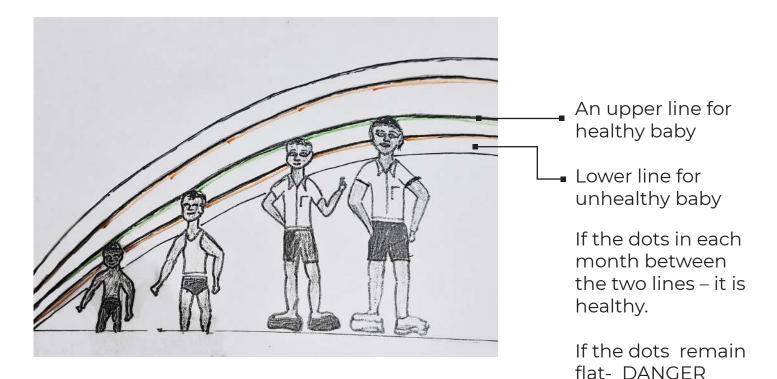
Q: Why mothers do not bring the baby for GM in your village when the FA comes?

- Record the reasons they say( is the FA/ nurse rude to you? Do you not understand the advice given? Do you want only food and drugs? Not bothered/ mother thinsk that only donger work is important, nothing else matters, these are all not important at all..
- Discuss the obstacles/ problems in regular weighing.

# Q. How will the SS make the mothers understand the importance of GM and motivate them?

- Stories of few children
- Recall and sing the song of the 9 rules of Nutrition.

#### Growth chart :



Make the groups of two – one SS and the other SS acts as mother.

- $\cdot$  Each one explains the importance of Growth monitoring to the other.
- Importance of wasting and stunting. We assess this by checking weight and height.
- MUAC may not pick up small changes. It takes some time for the muscles to waste and MUAC to decrease.

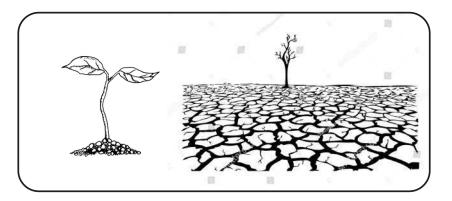
#### **Review questions:**

- 1. Roleplay explaining the growth chart to the mother
- 2. Each SS to say one situation where the Growth chart will help.
- 3. The SS to explain to a group of mothers the 9 rules of good care for the child.
- 4. Who are the SAM children in your village? What advice you will give to their mothers?
- 5. Which rule of nutrition each SAM child broke- investigate
- 6. Collect samples of energy food, bodybuilding food, protective food available in your village. Bring them at next class.

## **Reminder Cards :**

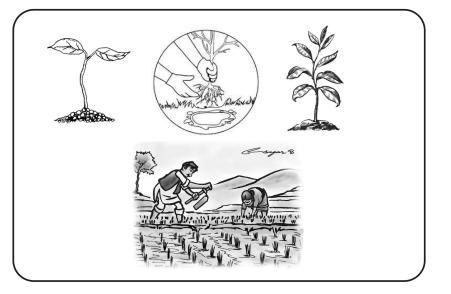


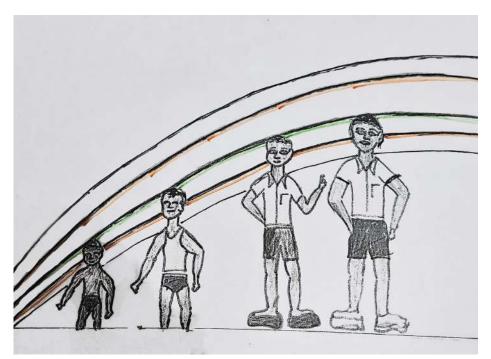
Case of Balu Majhi



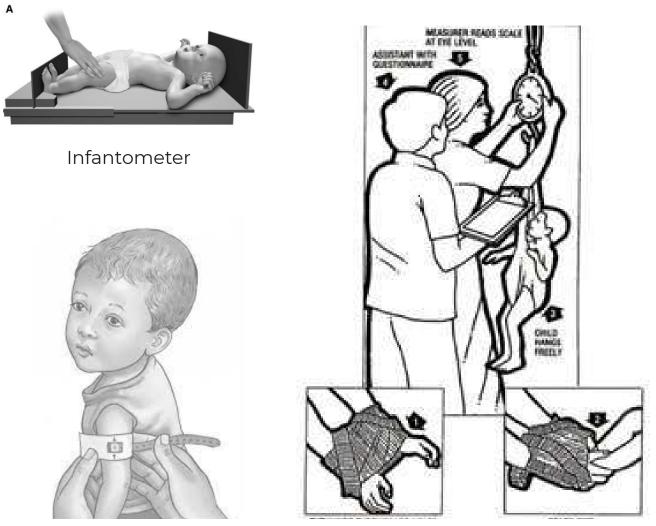


Case of Mali Majhi





Height Chart



MUAC Scale

Salter scale

# Immunization



## In this lesson..

1.	Learning objectives	
2.	Inputs	
3.	Story of medicine tree	
4.	How immunization works	
5.	Action in village	
6.	Reminder Cards	

# Part I : IS MY CHILD GROWING?

#### Learning objectives

#### SS should understand:

- What is immunization and what are its benefits
- Know the diseases which are prevented by immunization, how those diseases are caused and their consequences
- Observe how the immunization is done, its side effects
- Immunization schedule

#### Preparation

- Ask the Swasthya sathis how many cases of measles, mumps, whooping cough, polio they had in the past one year in their village
- Materials : Child Health Record with Vaccination programme schedule on it.

#### Inputs

- Have you heard of small pox and how it was eradicated? So many used to die of it. Now one.
- See the multicoloured umbrella. Why do we use umbrella?
- To protect from rain.
- Immunsiation is to protect our children from various killer diseases.



Multicolour umbrella story

#### Story of medicine tree:

Once upon a time in a village many children used to die of many diseases. People were praying and doing poojas. But children continued to die.

One days one child who had died appeared in a dream to a mother and told that in order to prevent these deaths he has a remedy. There is a tree in a place. You have to cross the river and some hills . then they will find the tree full of fruits. They have to fetch this fruit 5 times a year and give to the child. The disease will not attack your child. But you have to go and pluck 5 times a year.

People did it and the children did not die.

This is immunisation.

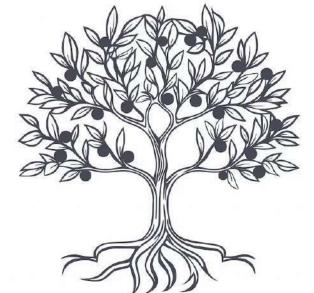
When Jeevanu from outside attacks our children, there are soldiers in our body. They attack and kills the jeevanu. Immunisation strengthens these soldiers in our body to attack and destroy the jeevanus attacking our children.

Good nutrition does the same. Vit A does it.

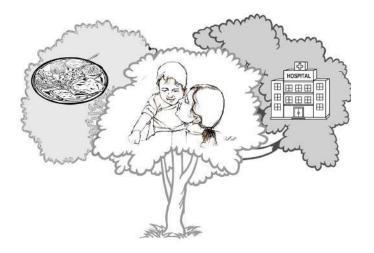
#### The of medicine tree :

Remember the pic of the tree with 3 branches? What were they?

The tree needs food, care and healthcare- 3 essential things which a baby needs for growth and development. The soil in which the tree grows is very important- poverty, illiteracy of the mother, lack of healthcare, lack of immunization. These have to be corrected for the baby to grow well.



Medicine tree with fruits



Immunization protects your children from many serious diseases. How many of your children had immunization? How many times? How was it given?

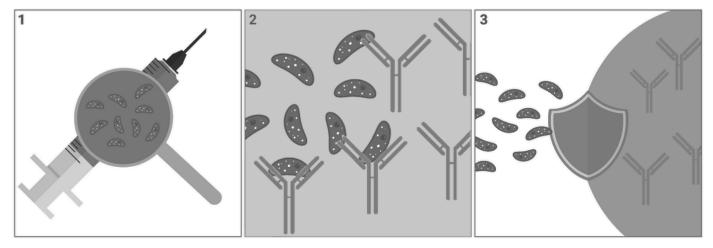
#### Diseases prevented by immunizatio are:

- TB
- · Polio
- Diphtheria
- Whooping cough
- Tetanus
- Measles
- Hepatitis

Č.	Child's Name: DOB:			
Age	Vaccine	Date	Administered By	Next App
At birth	HepB: 1st Dose		nazzyPrinta	bles
2 Months	Hep B: 2nd Dose			
	RV: 1st Dose			
	DTaP: 1st Dose			
	Hib: 1st Dose			
	PCV13: 1st Dose			
Snazzv	IPV: 1st Dose		nazzvPrint	bles
4 Months	RV: 2nd Dose			
	DTaP: 2nd Dose			
	Hib: 2nd Dose			
	PCV13: 2nd Dose			
	IPV: 2nd Dose			
6 Months	Hep B: 3rd Dose	5	azzvPrint:	hles
o months	DTaP: 3rd Dose			
	Hib: 3rd Dose			
	PCV13: 3rd Dose			
	IPV: 3rd Dose			
	Flu: Yearly *			
12 Months	Hib: Booster		DogwoDrint	blac
12 months	PCV13: 4th Dose		and a garage	10100
	MMR: 1st Dose			
	Varicella: 1st Dose			
	HepA: 2 Dose Series			
15 Months	DTaP: 4th Dose			
4-6 Years	DTaP: Booster		Design Design	blac
4-0 rears	IPV: Booster		mazzyrnnu	tores
	MMR: 2nd Dose			
	Varicella: 2nd Dose			

Immunization Card

#### How immunization works :



Vaccine is administered Vaccine primes the by introducing antigen into the body, which imitates an infection.

immune system to respond.

Immune systems fights nect time if actual infection invades

- The body makes a new type of soldier to deal with each new type of germ. So only anti-measles soldiers can fight measles germs. If the baby is weak by poor feeding, his body cannot make many soldiers so the germs are more likely to win and the baby dies.
- When a baby is immunized very weak germs of that particular disease is injected into the body. These are not strong enough to make the child get sick, but they do make the body produce antibody soldiers against measles/ other disease germs.

#### Diseases prevented by immunization & schedule

^Repeat many times in many rounds

#### Action in the village :

- SS to encourage all mothers for immunisation of their children to protect them from TB, polio, measles, tetanus, whooping cough.
- Skit to bring home clearly the idea of immunization : Umbrella story - pics

NB: many mothers bring their children for the first tikka and then stop. Sometimes after the immunization: baby may cry a lot/ has a fever/ gets a sore/ has a convulsion. For fever give cold sponge and PCM syr. Allow BCG sore to dry up and heal by itself. Do not apply over it anything.

 If the baby develops ulcer or convulsions- go the the health centre and see the doctor.

#### **Review:**

- Which diseases can be prevented by immunization
- How will you motivate the mothers to take their children to immunization
- The mother whose child was immunized complains of fever- what will you advice?





Healthy vs unhealthy child : A well-fed child makes many strong soldiers quickly when attacked by germs.





Rash / Ulcers or Convulsions in baby after immunization : Go see doctor immediately

#### **Reminder Cards**





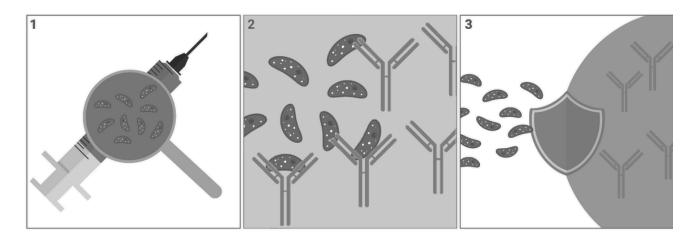
Multicolour umbrella story

Healthy vs unhealthy child : A wellfed child makes many strong soldiers auicklv when attacked by germs.

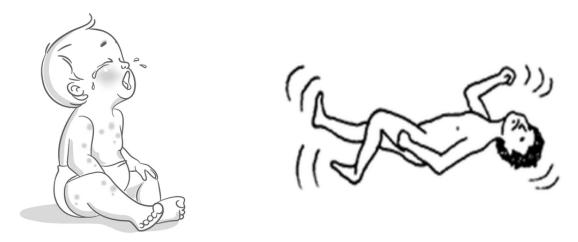


Medicine tree with fruits

How immunization works :



#### Refer to Hospital:



Ilcers or Convulsions in baby after immunization : Go see doctor immediately

#### Immunization Card:

	Child's Name:				
Ste 1	DOB:				
Age	Vaccine	Date	Administered By	Next App	
At birth	HepB: 1st Dose		nazzy Print	bles	
- and an endering y	Hep B: 2nd Dose				
2 Months	RV: 1st Dose				
	DTaP: 1st Dose				
	Hib: 1st Dose				
	PCV13: 1st Dose				
	IPV: 1st Dose	-	SnazzyPrint	hlae	
	RV: 2nd Dose		and any come	1.010.0	
4 Months	DTaP: 2nd Dose				
	Hib: 2nd Dose				
	PCV13: 2nd Dose				
	IPV: 2nd Dose				
6 Months	Hep B: 3rd Dose		RazzyPrint	blas	
owonens	DTaP: 3rd Dose				
	Hib: 3rd Dose				
	PCV13: 3rd Dose				
	IPV: 3rd Dose				
	Flu: Yearly *				
12 Months	Hib: Booster		DogwDrint	hlas	
12 Monens	PCV13: 4th Dose		211add yr Litte	10100	
	MMR: 1st Dose				
	Varicella: 1st Dose				
	HepA: 2 Dose Series				
15 Months	DTaP: 4th Dose				
4-6 Years	DTaP: Booster		Duint	hlan	
4-0 Tears	IPV: Booster		ondee yr tint	a Dies	
	MMR: 2nd Dose				
	Varicella: 2nd Dose				
				-	

PREGNANCY CARE AND TREATMENT

# Muni Manjhi Story



## In this lesson..

1.	The story	
2.	Preventive measures	126

Puppet tells the audio recorded story in odiya/kui. As the storytelling goes on, the participants show their cards.



3. She was married soon after she attained menarche (still a child).





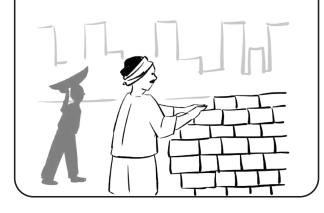


5. Since then it was a continuous process and she had many children.







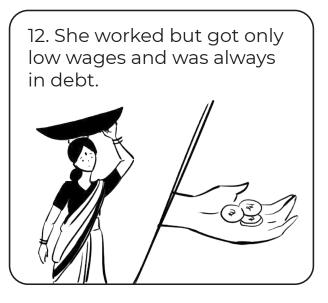










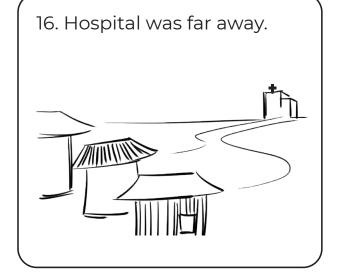






15. The health worker(ASHA or swasthya sathi) did not visit the house and hamlet households, anganwadi did not function





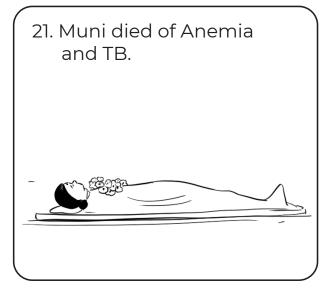
17. Nobody gave her advice of medicines.



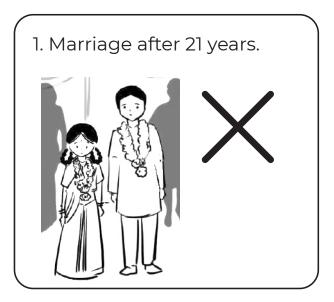


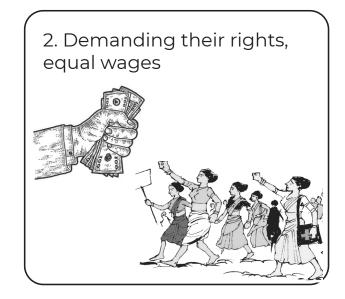




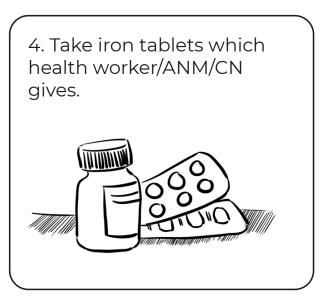


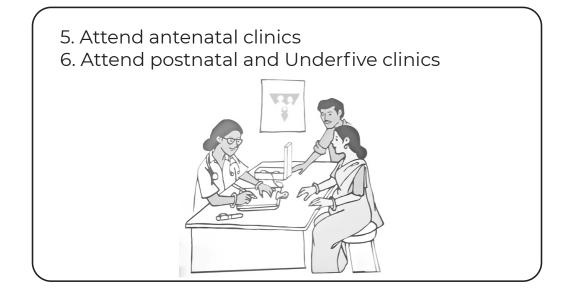
#### **Preventive Measures**

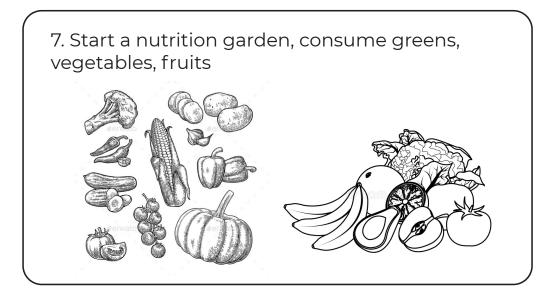


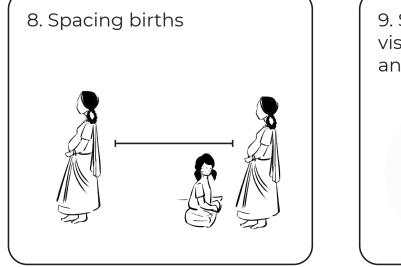




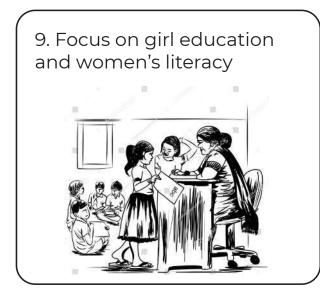




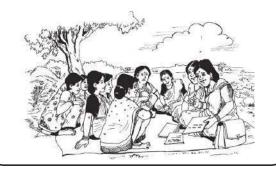








10. Health education should be given by participatory method. Community should take interest in it.

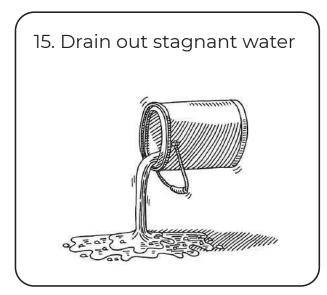




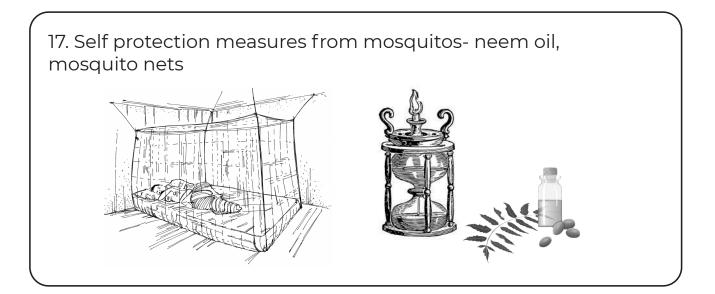












PREGNANCY CARE AND TREATMENT

# Pregnancy training orientation



## In this lesson..

1.	Learning Objective	
	Introduction	
3.	Starting Skit and	
	discussions	
4.	Inputs	
5.	Recap	
	•	

# **Pregnancy training orientation**

#### Learning objectives of this class :

- $\cdot\,$  Know about the Growth of Fetus
- Early pregnancy and delivery
- Eclampsia and danger signs in pregnancy
- Minor problem during pregnancy
- $\cdot\,$  Month-wise changes in body and foetus
- $\cdot$  Change in the body of pregnant women
- Antenatal check-up

#### Introduction

**Q:** What are the existing beliefs and superstitions regarding pregnancy in the villages?

For example -

- If delivery does not take place on the 9th month they go to guru And, sacrifice hen and do pooja.
- From 7th month no nonveg food is given.
- Swelling on feet due to unfulfilled desire for special food and it is given.
- If women has morning sickness no food is given.
- Whatever food pregnant women likes it will be provided.

**Q:** As a Swasthya Sathi what advice will you give to pregnant women from the learnings you had so far?

For example -

- Advice on diet to eat everything
- Avoid hard work, need for rest
- Look for anemia, swelling, dietary advice, take Iron tablets, & T.T Injections
- $\cdot$  Enquire about well being and advice about the need for antenatal care.
- $\cdot$  Tell the mother about the dangers of anemia.

#### Start with a Skit by the Swasthya sathis

5 women doing the skit: Roopa a young girl gets married off soon after her menarche even though she had dreams to study and get job etc. marriage at an age when she did not know anything, about menstruation, pregnancy, motherhood etc. Soon after her marriage, she became pregnant and after 3 months when the mother in law detected that she is not eating well, has vomiting.

Roopa then realized that this is the signs of pregnancy.

The swasthyasathi during her routine visits, visited the house of Roopa and found that she is pregnant and anemic. Swasthya sathi gave her health education on pregnancy, gave her iron folic acid tablets and advised her to take TT injn from ANM. After the SS left, the mother in law came to the scene. Roopa told everything to her mother-in-law and showed her the tablets. Mother-in-law made fun of it and said to her that she has given birth to 10 children and never had ANC and tablets and all were alive except two. She told Roopa not to follow all these modern fashionable things and stick to tradition. Roopa followed the advice.

After months of pregnancy, She started bleeding, and some pain abdomen. She was taken to hospital with much difficulty and 2 bottles of blood had to be given. In the end, the premature baby died. Mother survived. Almost 20000 rs was spent altogether.

#### **Discussion In groups:**

- Comments on this story.
- Importance of ANC- its need.
- Does taking iron tabs and eating good food make the baby big and delivery difficult?
- Share your experiences from life- on the difficulties you went thru in labour and delivery-
- Woes of women- lack of money, knowledge & education, power, power of traditions, lack of health facilities,drunkard husband, strong mother in law.....

#### Inputs

#### **Components of ANC:**

#### 1. Goal of ANC:

- Healthy baby
- Health and safety of mother, safe delivery
- Detect danger signals in advance and appropriate action
- Health education to mother and family.

#### 2. <u>Schedule of ANC:</u>

3 or 4 checkups is must. At detection (3 months or before), 6 th month, after 8 months. Ideally in the third trimester (7-9 months) there should be two checkups.

#### 3. <u>Steps in ANC:</u>

I. What to ask? Age of mother, LMP, previous pregnancies and what happened in each and its outcome, any gen health problems
II. What to check for? Height, weight, BP, Anemia, edema, breasts & nipples, Abdomen exam- gestational age, growth, fetal heart, position of head.

III. What tests to be done? Hb, PS for MP, RBS, VDRL & HIV, TT 2 injns. IV. What medicines to be given: Iron folic acid, calcium, malaria prophylaxis,

V. Health education to mother, to family.

# 4. <u>What are the danger signs in pregnancy, how to do the risk</u> <u>assessment of the pregnancy?</u>

Make them repeat again till thorough.

5. <u>Growth of fetus in pregnancy</u> – through visuals

#### Recap

- What are the new learnings you had in this class?
- What is the key message of this session?
- What are the skills you picked up in this class?

• What helps you need to effectively communicate the knowledge to pregnant women and families?

• What are the difficulties you face in motivating the women to come for ANC? How can we overcome these?

#### Action plan by each Swasthya Sathi on-

**Q:** How will you communicate the new knowledge to all pregnant women?

**A:** Make sure that 80% of the pregnant women in your village will complete at least 3 ANC check ups.

- Pregnant woman did not take Iron tablets

- No TT Injection, No ANC
- Benefit of Iron tablet Increased Blood level of mother and Baby,
- Benefit of TT Inj- Prevention of Tetanus

- Benefit of ANC – growth of baby & mother, anaemia detection, knowing the position of baby, fetal movement, baby alive or dead...

- Anxiety and worry the family underwent, the baby died, financial expenses, blood transfusion needed- all because she did not have ANC, did not know about pregnancy problems etc.

- This is day to day happenings in rural areas.

**Q:** What are some of the problems you have faced during your pregnancy?

A: - Eclampsia

**A:** 

- Prolonged labour 5 days' labour pains
- Severe anaemia
- Retained placenta
- Premature Rupture of membrane.

**Q:** What are the physical Changes during pregnancy?

- Abdominal enlargement
- Breast engorgement
- Low backache
- Difficulty in breathing
- Stria gravidarum
- Increased micturation.

**Q:** Do you think ANC of the pregnant mother is important ? why? **A:** Yes, Because,

- It is needed to know the position of the baby, placenta
- Growth of baby
- Anaemia of the mother
- B.P & detection of PET.
- Detection of danger signs.
- Detection & treatment for Malaria
- Health Education of mother
- The possibilities of normal delivery.

PREGNANCY CARE AND TREATMENT

# Antenatal Care – I



### In this lesson..

1.	Introduction: Care durig	
	pregnancy	
2.	Recap from previous class	
3.	Inputs	140
4.	Problems in pregnancy	140
5.	Preparations for birth	141
6.	Reminder Cards	

# Care during pregnancy

#### Learning objectives of this class :

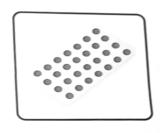
- Swasthya sathis Should be able to explain why they should care for pregnant women in their community
- Demonstrate how to take basic history, simple examination of a pregnant woman in the house
- Detection of Danger signs
- Demonstrate how to refer high risk women to health centre
- Demonstrate giving advice to pregnant women on a antenatal check up nutrition, hygiene and rest
- $\cdot$  Demonstrate giving routine drugs to pregnant women

#### Materials:



Poster, Charts





Completed ANC card

IFA, Calcium tablets



Local food from all 3 groups

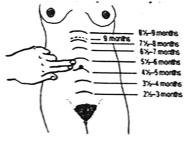
#### Recap from previous class:

- Why do pregnant woman need special care?
- Why do pregnant woman have to attend ANC clinic ?
- $\cdot$  What problems discourage them from attending the ANC cinics?
- Taking basic history

• General exam.



 Abdomen exam- growth of baby, position, alive or not



• Breast exam



• Tetanus toxoid - importance



• Checking BP



 Good food during pregnancy- mix all three components



• Personal hygiene



• Rest



Medicines



#### Inputs

- Practice history taking. (refer ANC card)
- Practice general examination
- Practice abdomen exam.
- Practice exam of breasts and nipples

Role play: a high risk case refuses to go to hospital. How will you convince her?

Activity: Give a list of high risk conditions to each small group. Let them convince them.

FOOD: encourage them to eat good food and more food (for two lives) **PERSONAL CLEANLINESS: MEDICINES:** 

#### Problems in Pregnancy:

#### **Minor problems:**

- 1. Burning pain in the chest or
- 2. Stomach constipation





- 1. Severe nausea and vomiting
- 2. Weakness and tiredness: look for anemia.
- 3. Persistent headache
- 4. Fever
- 5. Painful urination
- 6. Vaginal discharge
- 7. Varicose veins













#### Very serious problems:

- 1. Bleeding from vagina
- 2. Fever
- 3. Persistent headache, blurring of vision, convulsions, swelling of feet
- 4. Severe gen weakness and tiredness
- 5. No foetal movements



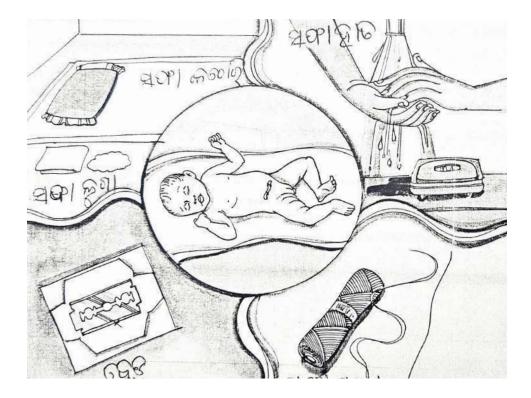
#### PREPARATIONS FOR BIRTH

#### **Objectives:**

List and demonstrate the use of he different items in Safe Delivery Kit Advise the mother on how to prepare for delivery

#### 06.02. Items :

01. Plastic Sheet
02. Blade
03. Thread
04. Cotton peices
05. Sanitary napkin
06. Towel
07. Sponge
08. Soap



# **Reminder Cards**

ବେଶୀ ରକ୍ତସ୍ରାବ୍	୩ ଥର ରୁ ବେଶୀ  ଗର୍ଭ ଖସିଗଲା	୯ ମାସ ପୁର୍ବରୁ ଜନ୍ମ
	<b>3</b>	
ମଲା ପିଲା ଜନ୍ଲ / ଜନ୍ଲ ପରେ ମଲା	ହାପୁଡ ଜୁନ୍ମାନ୍ତି ଦିଲ୍ଲ	ପୁର୍ବରୁ ଅପରେସନ୍ କରି କି ଜନ୍ମ ହେବା

#### Danger signs in pregnancy

୧୮ ରୁ କମ୍ ବୟସ ର ମାଁ	୫ ରୁ ଅଧିକ ଗର୍ଭବତୀ	ହାପୁତ
ରକ୍ତ ହୀନତ।	ଗୋଡ ଫୁଲିବା	କଷିସ୍ - ହଳଦୀଆ
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ବି.ପି. ବଢିଯିବା	ବେଶୀ ମୁଷ୍ଟ ବ୍ୟଥା	ନିଶ୍ୱାସ ନେବା ରେ କଷ୍ଟ ହେବା
		A CAR
ବେଶୀ ରକ୍ତସ୍ରାବ	ମ୍ୟାଲେରିଆ କ୍ସର	ମୁଷ ତଳେ ନାହିଁ / ଯାଆଁଳା

#### Examination



General Checkup





All 3 type food intake





Abdomen examination

2%-3m

Rest



Titanus injection

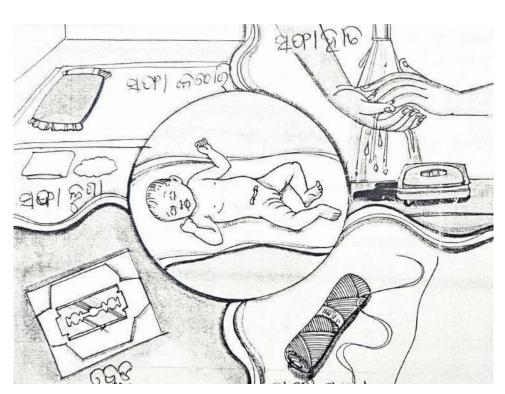


IFC, Calcium, Iron tablets



BP Check

#### Safe Delivery Kit



PREGNANCY CARE AND TREATMENT

# Antenatal Care – II



# In this lesson..

1.	Introduction	146
2.	Skit followed by evaluation	146
3.	Importance of ANC	147
4.	Input session	147
5.	How to do risk assessment	149
6.	How to prevent dangers	149
7.	Skills to be picked up	
8.	Recap	
9.	Reminder Cards	

# Care during pregnancy in general

## Introduction

- Q: What do you want to learn/know about pregnancy?
- Q: What are the existing beliefs and superstitions regarding pregnancy?
  A: -If delivery doesnot take place on 9th month they go to guru, sacrifice hen and do pooja.
  - From 7th month no nonveg food is given.
  - Swelling on feet due to unfulfilled desire for special food and it is given.

- If a woman has morning sickness no food is given.

- Whatever food pregnant women like it will be provided.

• **Q:** As a Swasthya Sathi what advice willyou give to pregnant women from the learnings you heard in the previous class?

# Skit followed by evaluation

#### 5 women doing the skit:

Roopa a young girl gets married off soon after her menarche even though she had dreams to study and get job etc. She never went to school. She did not know much about menstruation, child-bearing etc. Soon after menarche she was married off. Soon after her marriage she became pregnant and after 3 months. She was not able to eat well, and started vomiting often.

The swasthya sathi during her routine visits, visited the house of Roopa and found that she is pregnant and anemic. Swasthya sathi gave her health education on pregnancy and advised her about taking iron tablets and about attending the ANC clinic which was to happen next week in her village. After the SS left, the mother-in-law came to scene. Roopa told everything to mother in law. Mother-in-law made fun of it and told her that she has given birth to 8 children and never had ANC and tablets; all are alive except two. She told Roopa not to follow all these modern fashionable things and stick to tradition. Roopa followed the advice. After 7 months of pregnancy, she started bleeding, and pain abdomen. She was taken to hospital with much difficulty and 2 bottles of blood had to be given. In the end the premature baby died. Mother survived. Almost 20000 rs was spent altogether.

#### In groups:

- 1. Comments on this story.
- 2. How could Roopa prevent this situation?
- 3. How can Swasthya Sathi educate pregnant mothers and their inlawsabout importance of ANC check ups?

### Importance of ANC

- 1. Does taking iron tabs and eating good food make the baby big and delivery difficult? What is your opinion?
- 2. What is the advantage of taking the Iron Folic acid tab?
- 3. Share your experiences from your own life- difficulties you went thru in labour and delivery.
- 4. Woes of women- lack of money, lack of knowledge & education, lack of power, the power of traditions, lack of health facilities, difficulties in reaching the health facilities, drunkard husband, insensitive mother in law.

## Input Session

#### Components of ANC:

Goal of ANC:

- Healthy baby
- Health and safety of mother, safe delivery
- Detect danger signals in advance and counselling to mother and family
- Health education to mother and family.
- Schedule of ANC: 4 visits. At detection (3 months or before) once.
- 4th- 6th month- once
- 7th-9th month 2 visits

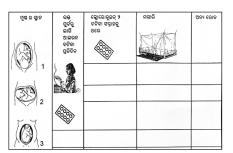
#### Steps in ANC

1. Q. What to ask?

A. Age of mother, LMP, previous pregnancies and what happened in each and its outcome, any general health problems( eg sickle cell disease, heart disease etc).

- Q. What to check for?
   A. Height, weight, BP, Anemia, edema, breasts & nipples, Abdomen exam- growth of fetus, position of head of fetus, fetal heart rate.
- 3. Assess the size of uterus (gestational age),
- 4. Position of baby (position of head)
- 5. Whether baby alive or not (fetal heart sounds)
- 6. What tests to be done? Hb, test for malaria, RBS, sickling test,
- 7. What medicines to be given: 2 injections of TT.
- 8. Iron folic acid, calcium tablets
- 9. Health education to mother, to family.

#### 



#### Danger Signs in Pregnancy

- Anemia
- Swelling of feet
- Headache
- Blurring of vision
- Convulsions
- High BP
- Bleeding PV
- Abdominal pain
- Baby not moving
- Malaria in pregnancy

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# How to do the risk assessment of the pregnancy?

- Visit the pregnant mother at least once in 2 weeks
- ANC check up 4 times minimum during pregnancy by the medical team.
- Look for anemia, pedal edema, BP, urine Alb, blood for Hb & MP,
- Symptoms of headache, blurring of vision, convulsions, breathing difficulty.



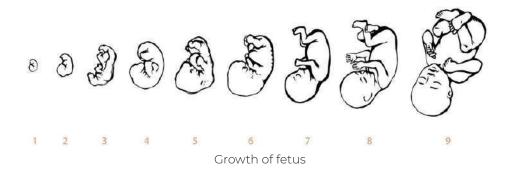


## How to prevent dangers?

- Regular ANC check up
- $\cdot$  See that the mother takes tablets regularly
- Get the blood check up Hb, Malaria.
- Get BP check up, urine checking, height, weight of the mother.
- Weight of the mother at every visit and see how much she gains.
- Look for Lack of food, lack of rest.
- See that the preg woman uses bednets every day and takes CLQ prophylaxis.

## Preparations for delivery

Make them repeat again till they are sure with no doubt at all.



# Skills to be picked up by Swasthya Sathi

- 1. Pictorial ANC card filling,
- 2. Calculating EDD
- 3. Risk assessment of pregnancy by evaluating past obstetric history and present pregnancy
- 4. Examination of pregnant mother
- 5. BP checking
- 6. Anemia, pedal edema, fetal growth, fetal heart sounds, fetal position

### Recap

- What are the new learnings you had in this class?
- What is the key message of this session?
- What are th skills you picked up in this class?
- What helps you need to effectively communicate the knowledge to preg women and families?
- What are the difficulties you face in motivating the women to come for ANC? How can we overcome these?

## Action plan by each swasthya sathi on

- Q: How will you communicate the new knowledge to all pregnant women?
- A: Make sure that 90% of the pregnant women in your village will complete at least 3 ANC check ups.
- Q: How will you motivate a Pregnant woman who refuse to take Iron tablets and avoid ANC check up?
- A: How will you communicate the Benefit of Iron tablet -Increased Blood level of mother and Baby, danger to the mother in case of excessive bleeding during delivery in an anemic mother.
  - How will you communicate Benefit of TT Inj-Prevention of Tetanus
  - Benefit of ANC –

Growth of baby & mother, anaemia detection, knowing the position of baby, fetal movement, baby alive or dead.

- Recall the anxiety and worry the family of Roopa underwent, the baby died, financial expenses, blood transfusion needed- all because she did not have ANC, did not know about pregnancy problems etc. This is day to day happenings in rural areas.
- Q: What are some of the problems you have faced during your own pregnancy?
- A: · Eclampsia- seizures
  - Prolonged labour 5 days' labour pains
  - Severe anaemia
  - Retained placenta>24 hrs
  - Premature Rupture of membrane.
  - Loss of vision for one month.
  - Preterm delivery and baby died
  - Still birth

#### Q: What are the physical changes during pregnancy?

- A: Abdominal enlargemnt
  - Breast enlargement
  - Lower backache
  - Difficulty in breathing
  - Stria gravidarum
  - Increases micturition.

#### Q: Do you think ANC of the pregnant mother is important ? why?

#### A: Yes, Because,

- $\cdot$  It is needed to know the growth of the baby, the position of the baby
- To prevent and detect early the pregnancy-related complications-PIH, Malaria, UTI
- Anaemia of the mother
- B.P & detection of PET.
- Detection of danger signs.
- Detection & treatment of Malaria
- Health education of mother
- The possibilities of normal delivery.
- Preparations for delivery
- Safety and health of mother and baby

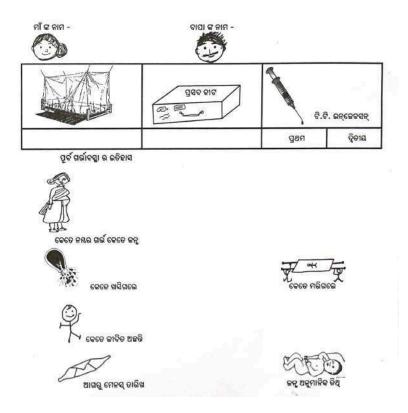
# **Reminder Cards**

### Risk assesment:





# Assessment of Pregnant woman:



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ANC Card

PREGNANCY CARE AND TREATMENT

# 1st Stage of Labour



# In this lesson..

1.	Learning Objectives	
	Introduction	
3.	What to examine	
	Preparation for birth	
	Danger signs in Labour	

# **1st stage of labour**

## Learning objectives of this class :

- Recognize the signs of labour
- Recognize women at High Risk early in labour
- How to care for a woman in labour
- Danger signs in labour
- When to refer

# Introduction

- Recall the difficult case you have seen.
- Make a list of signs of labour starting.
- At what stage in labour TBA is called in and what help you give them?
- List which women the TBA worry about and refer.
- · Examination of a woman for risk assessment.
- How do you advise a woman who is high risk for hospital delivery?

### Inputs: Notes to trainer

#### What are the signs of labour?

- When the woman has regular pains in lower abdomen and back.
- irregular, weak contractions
- Show
- +/- rupture of membrane
- As the labour progresses, contractions become strong, closer and more regular.

#### When to Refer?

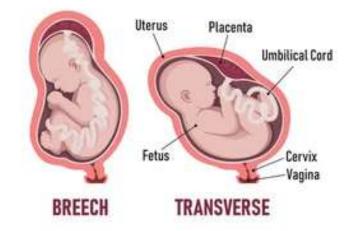
- If the membranes rupture without pain for more than few hours danger of infection.
- If the water is clear and contractions have not started.
- If the water is brown coloured- the baby is in danger.

# What examination you do in 1st stage of labour?

# 1. Identify baby's position by palpating abdomen.

Practice abdomen palpation.

- Transverse lie/ breech presentation – refer.
- Primi in labour- head not engaged- refer.



# 2. Check the mother's general condition:

- If the woman has: swelling of legs, headache, dizziness or double vision, scanty urine- REFER
- If the woman has: very pale eyes, breathing difficulties, fever – REFER.

## Preparing for birth:

- Bucket of water, soap. Gloves,
- Skills: Hand washing. Wearing gloves
- Clean the room, clean cloths, saree. Safe delivery kit ready.
- Encourage the woman to walk around, lie on her side, kneel or do whatever makes her comfortable.
- Eat light meals, drink plenty of water, urinate often, open bowels



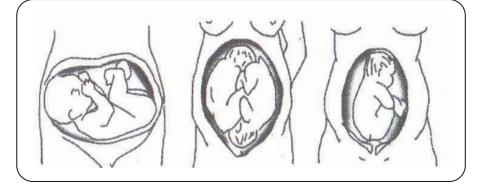
# What is the normal duration of labour?

- Primi has longer duration. But >24 hrs is abnormal. In prolonged labour mother gets exhausted and not able to push, and baby may die. Uterus may rupture causing death of mother.
- Prolonged labour may happen due to weak, irregular contractions or mother's inability to push or in grandmulti.
- If contractions are good and mother pushing well, but baby not coming our----CPD.- REFER.
- If mother bleeds a lot early in labour- it is placenta previa (placenta coming first), or uterus may be torn by pushing before the cx was fully open. DO NOT DO PV in this case. REFER.

# Danger Signs in Labour

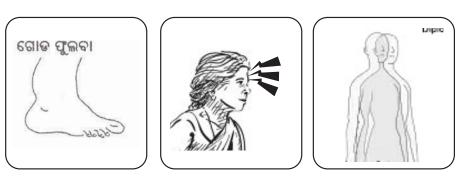
 Abnormal position of baby : Transverse lie, breech

Transverse lie, breech



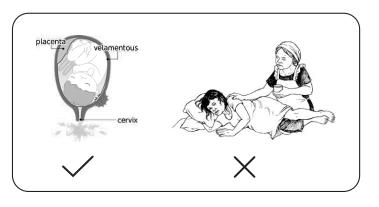
#### Mother has:

- Swollen feet
- Headache, dizziness
- Double vision
- Scanty urine
- Fits





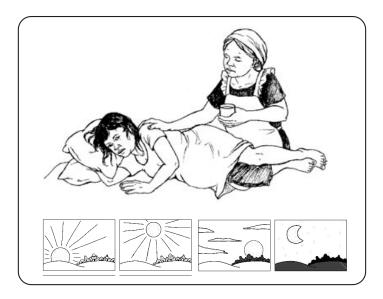
 Waters break and contractions do not start in a few hours.



 The woman bleeds heavily early in labour.



• Labour goes on for one day or one night.



PREGNANCY CARE AND TREATMENT

# 2nd Stage of Labour



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# In this lesson..

1.	Learning objectives	
2.	Inputs	
3.	Breech	
4.	Hand or Foot prolapse	
5.	Cord appearing at opening	
6.	Baby care	
7.	Before delivery	
8.	How to cut and tie cord	
9.	Summary	

# 2nd stage of labour

# Learning objectives of this class :

- Birth Asst able to manage a normal delivery safely.
- Identify cases needing referral
- Demonstrate first aid for women in danger
- Demonstrate care of more and baby immediately after delivery.

#### Sharing:

• Review personal experiences, of problems they have encountered in other women.

### Materials

- Video (global health media- SECOND STAGE )
- Doll & pelvis
- ・TBA kit
- Safe delivery kit

## Inputs: Notes to trainer

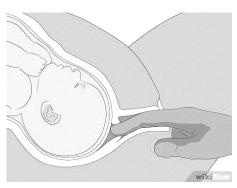
- List the women at high risk who the SS/TBA should refer before 2nd stage.
- Emergency referral in 2nd stage is very dangerous, difficult and distressing to mother.
- Allow the women to deliver whichever position they feel comfortable.
- TBA/SS should be able to see what is happening and support the woman's genitals and the baby.

# When delivery is nearing, cut your nails, wash your hands, glove, wash the woman's genitals too.

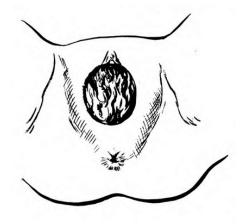
- The pain become very frequently, baby moves down, and the head makes genital area to bulge.
- Mother feels strong urge to push or open her bowels.
- Look between the legs during the pains.
- If the head appears at the vagina and hairline is seen, tell the woman to push each time she feels the contractions.
- If the bag of water appears, break it with your fingertip.

# How do you prevent the birthcanal from tearing?

- Tell the mother to stop pushing when pain stops.
- Put your left hand on baby's head to stop it coming out abruptly and with your right hand support the perineum where the baby's face is going to appear. This allows the skin around birthcanal stretch rather than tear.
- <u>The mother should push the baby out. TBA</u> <u>should never pull the baby our or give fundal</u> <u>pressure.</u>
- When the head is out, see that the cord is not round the neck of the baby. If the cord is around the neck, slip it out.
- The shoulders now come out easily. If they do not, ease them out by very gently lowering the head towards earth and then raising it towards sky as the mother pushes.
- <u>DO NOT PULL ON THE HEAD. It can seriously</u> <u>harm the baby.</u>

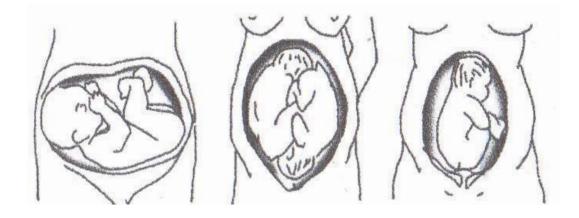


Breaking the water bag with finger



Head appearing at the vagina

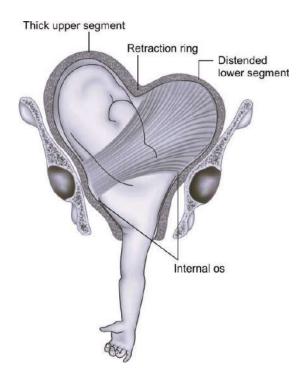
Breech presentation: If recognized earlier- Refer.



- Ask the mother to be patient because birth will be longer and more painful.
- NEVER PULL ON A BREECH BABY. Head is the widest part of the baby and my get stuck when it comes out last. Always encourage the mother to push.

#### Hand prolapse or foot prolapse:

- Mother and baby are in great danger.
- REFER on a stretcher.
- Do not make her to walk.
- Do not allow her to push.



#### Cord appearing at birth opening:

 This happens if the baby's head is not down, or if the waters break before the head is in the pelvis. Push the cord back into birth canal to keep it warm and moist. Send the woman to the hospital at once, if possible on her abdomen with knees folded on her chest.



### Care of the baby after it has come out:

See that the baby is crying or breathing soon.

**Exercise:** Try to hold the breath for one minute. What do you feel? Baby's brain cannot withstand shortage of oxygen supply more than one minute.

- Clear the nose and mouth so that the baby can breathe.
- Make sure that baby is breathing well before you tie and cut the cord.
- Hold the baby's head down to drain the mucus
- Wipe out the mouth with a piece of clean cloth wrapped around your finger.

#### If the baby has not yet cried, and baby does not breathe:

- Splash him with cold water
- Rub his back
- Hold him upside down
- Tickle his feet

If the baby still does not breathe:

• Mouth to mouth breathing.- 30 times per minute.

# **Before Delivery**

# Learning objectives of this class :

- $\cdot$  List and demonstrate the use of the different items in Safe Delivery Kit
- $\cdot$  Demonstrate the proper way to keep the kit
- Teaching mothers on how to prepare for delivery.

# Materials

#### Safe delivery kit

- Soap to wash the hands thoroughly
- Sterile cord packs- (cut thread, cotton wool, gauze)
- Clean linen dressings for mother
- Brand new razor blade
- Bottle of gentian violet
- Small bowl for cord care and cleaning the eye
- Tab mesoprost 3tabs.
- Plastic sheet
- Clean towelsto dry the baby and one to wrap the baby
- Soft sponge
- Sanitary pads
- Baby blanket

# Tell the mother to keep ready the following:

- A cleanbucket, clean place
- Cake of soap
- Clean clothes
- A clean towel
- Sanitary pads



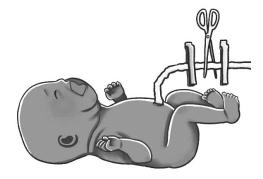
# How do you tie and cut the cord?

- Care of the cord is very important to prevent infections specially Tetanus
- Tie the cord in one place at a distance of your middle finger from the baby's stomach. Tie the second thread at a distance of 2 fingers from the first tie. Tie very firmly. Cut the cord between the ties with a brand new blade.
- If the TBA does not cut the cord until the placenta is delivered, they should wrap the baby and keep him warm.
- Good practice to wait till the pulsations stop to cut the cord.
- Wrap the baby in cloth. Babies become cold soon.
- Baby who is breathing well become pink and moves its limbs when touched.
- Important to putthe baby to breasts at the earliest, because sucking helps the placenta to separate from the womb and helps to stop bleeding.

## Summary

#### 6 essential steps at the time of birth:

- 1. The TBA, the mother and room must be clean.
- 2. Wait until the woman feels like pushing and head appears before asking her to push.
- 3. Support the perineum and help the baby to come out slowly
- 4. Help the baby to breathe
- 5. Tie and cut the cord in a clean way
- 6. Make the baby warm and dry and then put it to the breast.



PREGNANCY CARE AND TREATMENT

# 3rd Stage of Labour

# In this lesson..

1.	Learning objective	
2.	When to refer	
3.	Baby care	171

# 3rd stage of labour

## Learning objectives of this class :

- Manage the third stage of labour
- Examine the placenta and check the mother for blood loss and tears
- · Give first aid and refer mothers with danger signs

#### Sharing:

• Share your experiences in 3rd stage and how you dealt with them. Normally placenta should come out within 10-30 mins.

# Materials

- Safe delivery kit
- ・TBA Kit
- Sanitary towel
- Local stretcher

BE PATIENT. NEVER PULL ON THE CORD. THE MOTHER MIGHT BLEED TO DEATH.

Placenta should come out within 15-30 mins after the delivery of the baby is born.

To help the placenta to come out soon and reduce the blood loss, put the baby to breast soon after delivery.

Keep the baby sucking.

Massage the uterus to make it small and hard, and reduce bleeding. Massage the uterus again and again if she bleeds.

Give a tablet of ergometrine (Methergine)/ Mesoprost if you have it. Examine the placenta after it detaches with gloved hands to see that it is complete.

Examine the perineum for tears.

#### When to refer?

- If the placenta does not detach in one hour
- If the blood loss is more than 500ml
- If some piece of placenta is not come out
- If the perineal tear is large.

# What do you do to the baby once the mother is comfortable?

- Wipe the vernix from the baby's body.
- Wrap the baby in cloth and give to mother.
- DO NOT PUT ANYTHING ON THE CORD.

PREGNANCY CARE AND TREATMENT

# Care of mother and newborn



# In this lesson..

1.	Learning Objectives	
2.	Care soon after birth	
3.	HBNC	
4.	Danger signs in newborn	
5.	Danger signs in	
	postpartum mother	
6.	Skills to be picked up by	
	Swasthya Sathi	

# Care of mother and Newborn

# Learning objectives

- Know how to give daily care to the newborn baby
- Detect danger signs in the newborn.
- Recognize the danger signs in the mother

# Preparation

 Existing customs & traditional practices concerning mother and baby after delivery

# Materials

- Doll, clean cloths, bowl of water, soap,
- safe delivery kit.
- Spring balance
- Thermometer

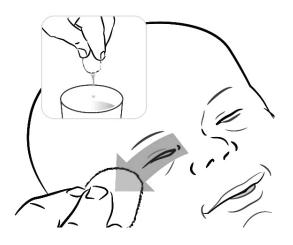
## Inputs

- Postnatal visits are as important as ANC visits to the houses, especially to primis.
- As well as the care, the mothers will benefit from the advice and encouragement that the TBAs can offer.
- The baby has lived in a clean environment inside his mother until the birth. Now he is exposed to many germs in the vaginal tract of the mother, outside and these can make him sick. Moreover he has a raw area on the umbilical cord thru which germs can easily enter. Germs can also enter thru other openings.
- The mother too has raw areas/ wound from the birth thru which germs can enter.
- 1. Cleanliness of mother and baby are very important in order to keep away the germs and protect them from sickness.
- 2. Baby needs to learn to live outside the uterus. He needs food, warmth, and love from mother.

# Care of the newborn soon after birth:

Always wash your hands before examining the baby

 Eyes : Wipe each eye gently with a clean rag or cotton wool



#### • Mouth :

If lot of mucus and secretions, wrap a clean piece of cloth on your little finger and dip in cooled, boiled water and clean the mouth once.

- Bathing the baby: existing customs. Baby's skin should be kept clean and dry. Baby should not get cold. Wipe the baby and cover the baby well



• Cord: Keep the cord clean and dry. Danger of tetanus.



# Homebased newborn care

#### Day 1

- Put the baby to breasts as early as possible after the birth
- Is the baby sucking well?



 Weigh the baby using Spring balance.



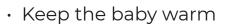
Did the baby pass urine and faeces?



- Is the baby breathing well?
- Any abnormalities



Convulsions?





#### Day 3

- Sustain breastfeeding
   Keep the baby warm
- Inspect eyes







Inspect skin



Inspect cord



• Note DOB in Khata book

Day 7, 14 and 28 : Repeat the same

# Danger signs in newborn

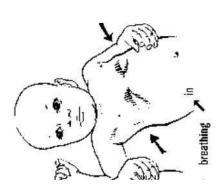
- Not sucking breast since birth/ stopped sucking
- Convulsions
- Fast breathing (RR >60/min)



A Real Provide A Real



Chest indrawing



Temp > 37.5 C
Temp < 35.4 C</li>



 Moves only when simulated / no movement on simulation



- Signs of local infection: umbilical site red/ pus discharge, skin boils, eyes discharging pus.
- Bleeding from any part



# Skills that SS has to pick up in HBNC

- 1. Weighing the baby correctly using spring balance and recording the weight by colour
- 2. Detecting danger signs and referral
- 3. Detecting hypothermia by reading thermometer colour range.

### Care of Postnatal mother

#### What problems the mother can have after delivery?

- 1. Blood loss
- 2. Breastfeeding
- 3. The genitals
- 4. The uterus
- 5. General health and nutrition

### In first 24 hours after birth:

- 1. Assess vaginal bleeding
- 2. Uterine contractions
- 3. Temperature and pulse rate of mother
- 4. Blood pressure soon after delivery, if normal, check within 6 hours again.
- 5. Urine passed or not in 6 hours
- 6. Placenta not detached

## After 24 hours of birth

Ask about general well being.

#### Enquire about:

- Bleeding: blood loss is usually more than during a menstrual period. It should stop in about 2 weeks.
- Danger: if bleeding continues > 2 weeks
- Sudden and heavy bleeding
- Headache/ blurring of vision/ convulsions
- Breast care: wash the breasts daily, no need to wash the nipples before feeds- nipples produce a protective substance which may be removed by washing.
- Look for breast engorgement and pain, milk flow, cracked nipples
- Burning micturition/ urinary incontinence

- Bowel function
- Healing of perineal wound, pain
- Uterine tenderness
- Lochia
- Emotional well being- any change in mood/ behavioral changes

#### Continue the following medications:

- Iron Folic acid x 3 m.
- Calcium D3
- Cap Multivit x 6 m.

# Danger signs in postpartum mother

- 1. PPH signs & symptoms of PPH- sudden and profuse blood loss or persistent increased blood loss; faintness, dizziness, palpitations, tachycardia
- 2. PRE-ECLAMPSIA/ ECLAMPSIA- headache accompanied by one or more of the symptoms of visual disturbances, nausea, vomiting, epigastric or hypochondrial pain, feeling faint, convulsions ( in the first few days after birth)
- 3. INFECTION fever, shivering, abdominal pain, offensive vaginal discharge
- 4. THROMBOEMBOLISM- unilateral calf pain, redness or swelling of calves, shortness of breath, chest pain
- 5. POSTPARTUM DEPRESSION mood changes.

## Counsel the mother regarding the following:

- 1. Use of mosquito net
- 2. Nutrition
- 3. Hygiene
- 4. Birth spacing & family planning
- 5. Early mobilization
- 6. Additional emotional support to the mother who lost the baby.

#### HBNC Card

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3. Caring for mother for minor problems.

Measuring BP of mother
 Detecting danger signs

PREGNANCY CARE AND TREATMENT

# Newborn immediate care

### In this lesson..

1.	Mucus Suction	
2.	Help with Breathing	
3.	Cord Care	
4.	Infant Care	
5.	Other things	
6.	Extra care for LBW babies	
7.	Reminder Cards	

# Care at Birth

#### 01. Mucus Suction

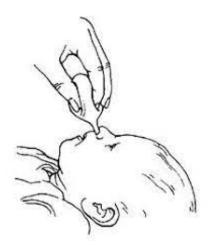
Which newborn babies need to have their noses and mouth sucked out after birth to help them breath?

- Only babies who don't cry at birth or breath properly need suction.
- DO NOT SUCK UNNECESSARILY. SUCKING TOO DEEP IN TO THE THROAT MAY MAKE THE HEALTHY BABY STOP. So, don't suck babies that cry at birth. (For doctors: Meconium presence is no longer a reason to suck vigorously if the baby actively cries at birth -APLS guidelines UK).

#### 02. Help with Breathing

#### If a baby cries at birth, leave it alone!

- If a baby does not cry at birth suck out mouth and nose but do not suck too deep in the throat.
- If within 30 seconds of birth, baby fails to breathe, start mouth to mouth breathing or use an ambu bag. You must act fast to prevent brain damage:
  - 1. Lift the chin up. Put your mouth over the baby's mouth and nose and blow gently only just enough to expand the baby's chest.
  - 2. If you know how to use an ambu bag to help the baby breath, lift the baby's chin up with the middle finger of your left hand and press down the mask over the baby's nose and mouth with you thumb and index finger of the left hand. Pump enough air to only just expand the baby's lungs with your right hand. Hold the chin up! - (to stop the tongue blocking the airway)





Step 1 Look for breathing.



Step 2 Open the child's airway using the head tilt-chin lift method.



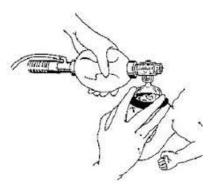
Step 3 Pinch the child's nose. Place your mouth over the child's mouth and give 2 breaths.

- 3. Don't blow too much you will burst the lungs
- 4. Breath 30 x per minute. Connect oxygen to the ambubag.
- 5. If the heart rate is slow (<60bpm) even 30 seconds after breathing is helped with an ambubag is started give cardiac compression. See the diagram about how to do this and compress 2 times each second (120 per minute).
- Most babies will respond and cry. Sadly some may not respond after 10 minutes. For those babies who do not start crying with this help also, there is little more you can do. However, with the method described, you can save the lives of 8/10 babies, which might have died. • Babies who needed help to breath must be given oxygen if possible and watched for at least 1 hour. If they are active and feeding well take the oxygen off. If they remain well without oxygen after I hour give them back to the mother. If they look weak or continue to have difficulty breathing continue the oxygen. Then start IM antibiotics gentamicin and ampicillin and check blood glucose. If you cannot check blood glucose or if the blood glucose is <50mg% give 25% dextrose 1ml/kg IV. If you cannot give IV, put an NG tube and give 5ml 5% dextrose by NG tube. Then refer this baby to a doctor.

#### 03. Cord Care

# Poor cord care is a most important cause of infection and death.

 If a home delivery is likely always give to mothers who are close to the date of the baby being born a small sealed bag containing a sterile or boiled blade to cut the cord; sterile strong thread to tie the cord; a cotton wool soaked in betadine. Ask whoever helps in the delivery to use these things for the baby.



Step 4 Use ambu bag

#### If you are attending the delivery,

- Keep the baby at the same level or a little below the mother, before the tying the cord so that as much blood as possible goes to the baby.
- Tie the cord 2-3 cm away from the skin. Don't tie too close to the skin.
- Cut the cord with a sterile blade
- Apply benzoin or betadine to the cut end of the cord.
- If the home is not clean, give a little betadine to the mother. Ask her to apply it twice daily to the base of the cord.
- Ask them to keep the cord dry.

#### 04. Keep the baby warm

# Even a slight lowering of body temperature is dangerous!

- Cold stops the baby's white blood cells from fighting germs. It stops the baby feeding well, and causes difficulty in making the baby's lung work (reduced surfactant). Cold is especially bad for small babies.
- WRAP THE BABY UP IN A DRY CLOTH AFTER WIPING IT. No need to bath it immediately after birth. The white oily cream that covers the new baby when it is born protects it from germs.
- Bath after 1 or 2 days in warm water only.

#### 05. Weigh the baby

• Weigh the baby using spring balance on Day 1.



Cut Cord with sterlised blade as advised



Keep the baby warm



Bathing and frequency



#### 06. Give Colostrum (the first yellow milk) immediately

- Colostrum is rich in Antibodies -(chemicals made by the mother's white cells to protect against germs). If in your area, people don't give colostrum, give them health education.
- Pouring oil is not good; if it enters the lungs, it can cause pneumonia. Gripe water is not needed.
- BREAST MILK IS ALL THE BABY NEEDS. Encourage new mother's if they don't know to breast feed how or lack confidence.

#### 07. Clean Hands

- Encourage all those who carry the baby to wash hands with soap and water first.
- Explain why.

#### 08. Other things

#### The baby and mother have settled. Check for abnormalities for baby:

- Passed bowel motion by 24 hours? No refer or inform doctor
- Passed urine by 24 hours? No refer or inform doctor
- Any abnormality of feet or mouth (palate)? Yes refer
- If the birth was in the health center, Vitamin K 1mg IM protects against bleeding diseases.







#### 09. Extra care for LBW babies

 Babies of 2kg or less should be admitted for at least 24 hours in hospital to establish breast feeding and feeding by the clock and not just on demand. Most families will accept this advise if given it with respect and concern.

Warmth and cleanliness are very important. These babies have 15 times the risk of death. The main reason is poor feeding. Big babies cry when they are hungry. So you can feed them on when they cry. Small babies sleep all the time even when hungry, and don't have the strength to suck what they need. So, for small babies:

- Feed them every 2 hrs. even if they are sleeping. This is called 'Clockwork feeding' or feeding by the clock rather than only when the baby cries. Make sure the mother and relatives understand why they need to do this. "Wake the baby up and feed it every 2 hrs even if it is sleeping".
- Burp the baby after each feed.
   (Bring the air up)
- After each feed, give a little extra breast milk via a paaladai, which is a traditional small bowl with a lip for feeding babies (NOT BOTTLE). Teach them how to do this cleanly.
- Small babies need not die. A little extra care can save them. Its good to admit all small babies less than 2 kg for at least one day to help mothers and relatives learn how to give this special care to small babies.
- All babies should also be started on iron because they are very likely to become anemic in poor communities.







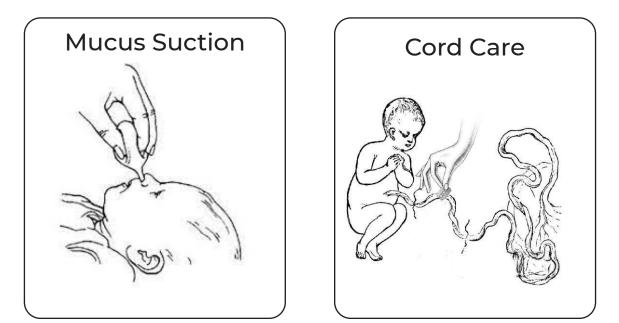


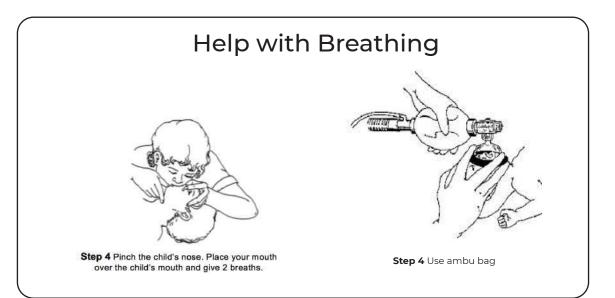


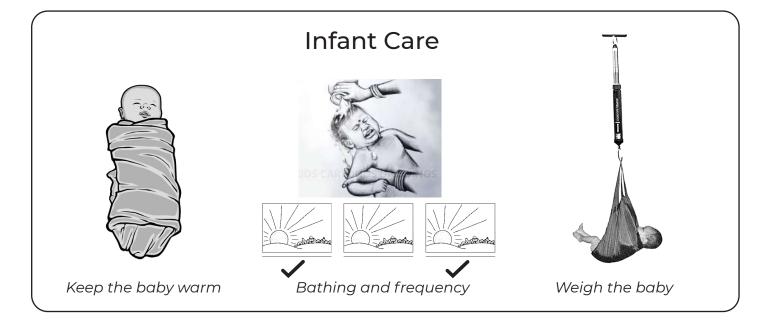




# **Reminder Cards**





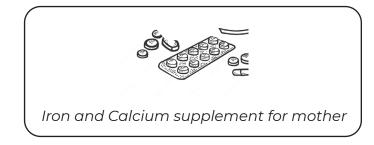






#### Note these :

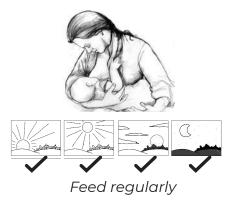




#### Extra Care for LBW babies

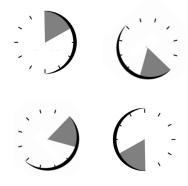


#### Hospital admission for babies under 2kg



#### **General Care**











Feed every 2 hours

Burp babies

PREGNANCY CARE AND TREATMENT

# Newborn care after 1 hour



## In this lesson..

1.	Baby remains unwell after birth	
2.	Which baby needs	
	antibiotics	
3.	Baby has juandice	
4.	Low birth weight babies	
5.	Baby has fits or convulsions	
6.	Vomitting	

# Newborn babies that need extra care or remain unwell after birth

#### The antibiotics we use for sick babies in SSS:

- Gentamicin IM or IV 5mg/kg once daily
- Ampicillin 125mg IM or IV (OR benzyl penicillin 150mg) twice daily every 12 hours.

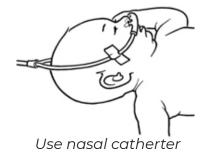
#### 01. What to do if babies remain unwell after birth?

#### Babies are unwell if

- 1. They remain breathless after birth or become breathless
- 2. They remain or become lethargic and do not feed well
- Hypothermia- temperature remains low below
   35 0 after proper warming

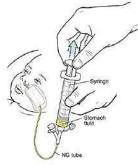
#### What to do?

- Give oxygen if they are breathless or remain blue. Use a nasal catheter inserted up to angle of jaw. Run it at 1-2 Lit per minute or just enough to keep the baby pink or the oxygen saturation above 92%.
- 2. Protect from hypothermia! Keep the baby warm with blankets and hot water bottles.
- 3. Check blood glucose with glucometer. If BGL below 50mg/dl, it has to be corrected.
- 4. Start IV fluids5% dextrose at 60ml/kg/day if tachypnea is severe or give 40-60ml/kg/24hrs by NG tube if NG feeding does not cause increased breathing difficulty.
- 5. Refer this child to hospital





Keep the baby warm



Use NG tube

#### 02. Which babies need antibiotics?

# Give Inj Gentamicin and Inj Ampicillin to all those with:

- 1. The mother had foul smelling liquor (birth fluid)
- 2. The mother had high fever before birth
- 3. The baby needed intubation and prolonged ventilation for more than 5 minutes.
- 4. If membranes ruptured >24 hrs before delivery or and repeated PV's were done outside hospital.

Inj. Metronidazole can be added if liquor foul smelling 7.5mg/kg per dose Q12h.

#### 03. What to do if the baby has jaundice?

#### 1. Onset of Jaundice 1st 24 hrs.

- If this baby is active and otherwise looks healthy there may be a problem with the baby's blood group. These babies need to be sent to a hospital. If you cannot send early start phototherapy in a warm heated room using 4 tube lights placed 1m above the naked baby. If the baby gets too cold then stop phototherapy and wrap the baby up. Send to hospital as soon as you can.
- Consider infection if baby has other signs of sepsis, e.g. lethargy, tachypnea etc. Treat this baby as above in A like all other sick bables.

#### 2. Onset of jaundice 2nd - 7th day:

- If baby Active/healthy: Physiological jaundice: No treatment needed. Refer only if the baby has jaundice that is severe and even the foot is jaundiced.. Preterm babies need phototherapy at lesser levels of jaundice.
- Baby showing signs of sepsis: not maintaining temperature, poor feeding and lethargic, tachypnea present: - consider infection and treat as already described for sick babies.





- 1. Onset of Jaundice after 7 days
- Baby active healthy: If the baby looks otherwise well you must think of hypothyroidism. A blood TSH test is needed.
- If TSH measurement is difficult to get, do X-ray of lower femoral epiphysis and then TSH if indicated (in hypothyroidism, the lower femoral epiphysis will be absent at birth due to delayed ossification. It is a sensitive test for hypothyroidism, but absence does not mean definite hypothyroidism is present (i.e. not specific). Do not stop Breast-feeding, but allow exposure to early morning or evening sunshine.
- Baby sick: Causes can be biliary atresia, neonatal hepatitis, rare enzyme disorders: refer if possible.

#### 04. Low birth weight babies

Less than 2Kg weight, all babies should be admitted to establish clockwork feeding and to ensure that temperature is maintained. Get the Infant warmer /incubator warmed up before deliveries if you expect low birth weight babies. Another very important objective is to help mothers (and fathers) understand their responsibilities in terms of feeding by the clock rather than demand feeding (clockwork feeding), keeping the newborn warm and clean (attention to personal hygiene such as hand washing before handling the child).

#### If the baby is active and healthy:

- Start breast-feeding as soon as possible, supplemented by Paaladai feeds as needed.
- If the baby is not feeding well, give 60ml/kg/ day of breast milk by NG tube. Increase daily (i.e.90ml/kg 2nd day, 120ml/kg 3rd day, 150ml/ kg 5th day) (Some babies may need 200ml/kg/ day after 2 week).



- Once temperature maintained and baby is sucking well, encourage the mother to understand about Q2H "Clockwork" feeding. Mother must understand that the LBW child needs 12 feeds daily and that she must wake the child up and give feeds. Demand feeding (feeding only when it cries,) is inadequate. She must also know how much supplementary breast milk to give by paaladai, and know the importance of keeping baby warm and personal hygiene. Each paaladai hold different quantities - tell her to buy one, assess its volume and then show how many paaladai feeds to give as supplement.
- Start supplementary iron just before discharge.
- Ensure follow up in 2 weeks. You are aiming for a weight gain of 15g/kg/day.

# If the baby is tachypneic >70pm or unable to tolerate nasogastric feeds:

- Start IV fluids 10% Dextrose at 60% of daily requirements and keep nil orally.
- Other treatment 02, antibiotics as above and transfer to a hospital.
- Small babies have only about 4 days calorie reserves, and you must start enteral feeds as soon as possible! The prognosis of babies, which cannot tolerate any feeds even after 72 hrs, is invariably bad. Referral is ideal, but may be difficult. Decide after discussing prognosis with the parents.





#### 05. Baby has fits or convulsions

Convulsions in new born babies are usually very serious problems. You must stop the fits to prevent increasing brain damage. If the baby continues to fit then think about stopping treatment and talk to the family. Babies that continue to fit despite treatment usually have severe brain damage. In babies that were born with difficulty and needed a lot of help to breath, consider starting prophylactic anticonvulsant. Stopping fits in such babies after they occur can be difficult.

#### MANAGEMENT :

# Is it really a seizure? Seizures can be difficult to detect in babies.

#### If it is, then

- Give oxygen
- Check blood glucose immediately and give 25% Dextrose 2ml/kg/stat IV if you can if BGL <40mg % or 5% dextrose by NG tube 5ml</li>
- Calcium Gluconate 10% 2ml/kg IV stat
- Start antibiotics

#### If the seizures stop and do not recur and the baby is healthy continue Q2h feeds and calcium 200mg/kg/24 hrs orally.

#### If seizures do not stop or it stop but baby remains breathless or lethargic and not feeding well

- Give oxygen
- Start IV line and give IV Dextrose 10%. Keep nil orally
- Phenytoin 15mg/kg IV stat over 15 minutes. If seizures continue give 5mg/kg IV of phenytoin again.
- If the seizures still continue give diazepam 0.25mg/kg. And magnesium sulfate injection 0.1ml/kg of 50% solution stat.
- Refer the child but remember that babies that continue to convulse despite all this have a bad prognosis and a decision should be made carefully if to continue treatment or not.

#### 06. Vomitting

About 20% of normal babies vomit. They may only need a stomach wash and adequate burping after feeds.

#### Vomiting is significant only if it is:

- Accompanied by other signs of illness e.g. lethargy, seizures.
- Abdominal distension
- Failure to pass meconium
- Bilious.

#### MANAGEMENT

- START IV FLUIDS if you can with 10% Dextrose (best) or 5% dextrose if you have nothing else.
- Start Antibiotics
- Refer



Green vomit



Seizures

Lethargy

PREGNANCY CARE AND TREATMENT

# Home based newborn care

## In this lesson..

1.	Day 1 to Day 28	
2.	Danger signs in newborn	

#### Day1-



Assess well being of baby & signs of danger



Weigh the baby



Early BF and exclusive BFcounsel mother



Keep the baby warm

#### Day 3 -



Assess signs of illness



Sustain BF



Keep the baby warm

Day 7 | 14 | 28 -



Assess signs of illness

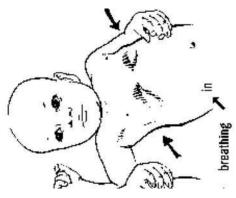
#### Skills :

- Weighing the baby correctly
- Looking for and identifying signs of danger
- Reading thermometer

#### Danger signs in newborn



Not sucking breast since birth/stopeed sucking



Chest indrawing



Not sucking breast since birth/stopeed sucking



Moves only when simulated/ no movement on simulation





Temp > 37.5 C Temp < 35.4 C



Fast breathing

PREGNANCY CARE AND TREATMENT

# Care of the postnatal mother



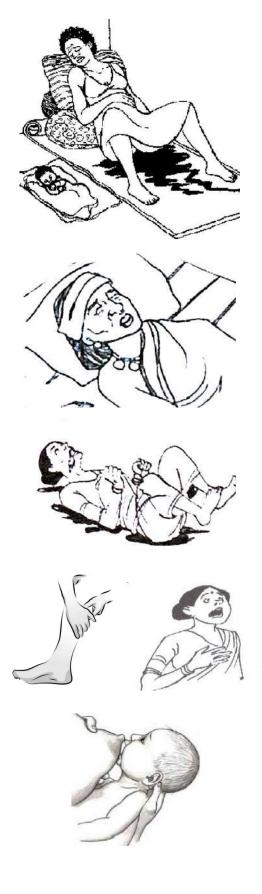
## In this lesson..

1.	Dangers to be looked for in	
	a postpartum mother	
2.	First 24 hours after birth	
3.	Beyond 24 hours after birth	
4.	Counselling to the mother	
	on the following	
5.	Reminder Cards	

# **Postnatal Care**

#### Dangers to be looked for in a postpartum mother:

- Signs and symptoms of PPH: Sudden and profuse blood loss or persistent increased blood loss; faintness; dizziness; palpitations/ tachycardia, uterus not contracted
- Signs and symptoms of preeclampsia/eclampsia: Headaches accompanied by one or more of the symptoms of visual disturbances, nausea, vomiting, epigastric or hypochondrial pain, feeling faint, convulsions (in the first few days after birth)
- 3. Signs and symptoms of infection: Fever; shivering; abdominal pain and/or offensive vaginal loss
- Signs and symptoms of thromboembolism: Unilateral calf pain; redness or swelling of calves; shortness of breath or chest pain.
- 5. Symptoms of Depression- mood changes.
- 6. Problems of breast feeding- breast engorgement, inverted nipple, no milk production



#### First 24 hours after birth

All postpartum women should have regular assessment of:

- Vaginal bleeding,
- Uterine contraction,
- Fundal height,
- Temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth.
- Blood Pressure should be measured shortly after birth. If normal, the second blood pressure measurement should be taken within six hours.
- Urine void should be documented within six hours.

#### Beyond 24 hours after birth

At each subsequent postnatal contact, inquiries should continue to be made about general well-being and assessments made regarding the following:

- Micturition : burning sensation/ urinary incontinence,
- bowel function,
- · healing of any perineal wound,
- headache,
- fatigue,
- back pain,
- perineal pain and
- perineal hygiene,
- breast pain and
- uterine tenderness and
- lochia
- Breastfeeding progress should be assessed at each postnatal contact.













Burning sensation



Headache and Fatigue



Perineal hygiene



Bowel movement



Back Pain



Tender breast & breastfeeding progression

- At each postnatal contact, women should be asked about their emotional well-being, what family and social support they have, and their usual coping strategies for dealing with day-to-day matters.
- All women and their families/partners should be encouraged to tell their health care professional about any changes in mood, emotional state or behaviour that are outside of the woman's normal pattern. At 10–14 days after birth, all women should be asked about resolution of mild, transitory postpartum depression ("maternal blues"). If symptoms have not resolved, the woman's psychological well-being should continue to be assessed for postnatal depression, and if symptoms persist, evaluated.

#### Counselling to the mother on the following:

- Use of Mosquito net : mothers and babies should sleep under insecticide-impregnated bed nets.
- 2. Nutrition: Women should be counselled on nutrition.
- 3. Hygiene: especially handwashing.
- 4. Birth Spacing and Family planning. Contraceptive options should be discussed, and contraceptive methods should be provided if requested.
- 5. Early mobilization: They should be encouraged to take gentle exercise and time to rest during the postnatal period.



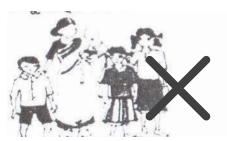
Sleep in mosquito nets



Nutritious food of all 3 kinds (Nutrition manual)



Hygiene practice



Birth Spacing

# **Reminder Cards**

Dangers to be looked for in a postpartum mother:







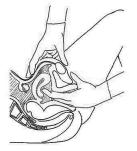






#### First 24 hours after birth











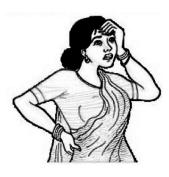
#### Beyond 24 hours after birth



Burning sensation



Bowel movement



Headache and Fatigue



Back Pain



Perineal hygiene



Tender breast & breastfeeding progression

#### Counselling to the mother on the following:



Sleep in mosquito nets



Hygiene practice



Nutritious food of all 3 kinds (Nutrition manual)



Birth Spacing

ADMINISTERING HELP

# First Aid



## In this lesson..

214
214

# First Aid

#### 01. Clean wound from cuts, injury

# A clean wound will heal without any medicine.

- Keep the wound clean to prevent infection
- $\cdot$  Refer to hospital for TT injection.

#### 02. Infected wound

- This is serious and need immediate medical attention
- Leave the wound open and avoid covering the wound with bandage. Fresh air helps the wound heal faster.





#### 03. Burns

- Pour plenty of clean cold water on the affected part.
- Apply gentian violet locally, and Tab Paracetamol for pain relief.
- Drink plenty of fluids

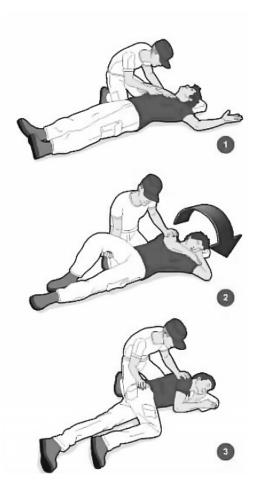


DO NOT: put grease, fat, hides, coffee or herbs on a burn.

Patient with serious burns can go into shock due to pain, fear and loss of body fluid due to oozing from the burns.

#### 04. Convulsions

- Stay calm
- Look around -is the patient in a dangerous place? If not, do not move him/her.
- Stay with the patient.
- Put the patient in left lateral position to avoid aspiration.
- DO NOT hold the patient down.
- DO NOT put anything in the patient's mouth.
- If the seizure does not stop within 5 minutes, call for an ambulance.
- When the seizure has stopped, gently check the mouth to see that nothing is blocking the airway such as food or false teeth.
- If the breathing sounds difficult- it is a danger sign, call for an ambulance.



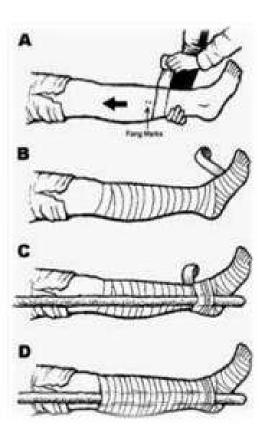
#### 05. Drowning

- Check for any obstruction in the mouth
- Start mouth-to-mouth respiration



#### 06. Snake Bite

- Effective and quick first aid can save many patients.
- No role for pooja, magic and chirumuli.
- Make the patient lie down and relax.
- Do not make the patient walk.
- · Look for bite marks.
- If it is poisonous snake bit, refer to hospital.
- Keep the bitten area still, do not allow to move.
- Put on a splint to allow movements.
- Carry the patient on a stretcher or a bed to the hospital.



## **Reminder Cards**

01. Clean wound from cuts, injury

02. Infected Wound





#### 03. Burns



Put wound under cold water



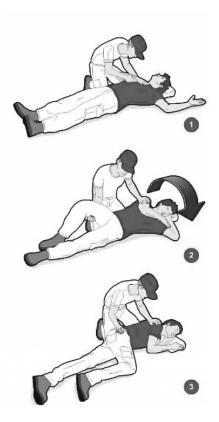
Apply Gentian violet

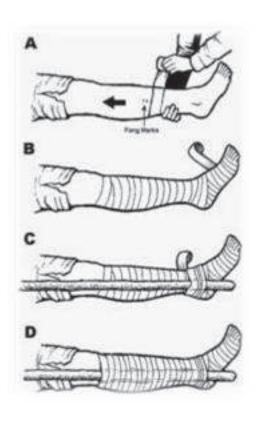


Drink Water

#### 04. Convulsions

05. Snake Bite





#### 06. Drowning



# ADOLESCENT GIRLS' HEALTH & NUTRITION

# TULSI programme

## In this lesson..

1.	Learning objectives	
2.	Introduction	
3.	Inputs	
4.	Physical & mental changes	
	in adolescence	
5.	Importance of nutrition	
	during adolescence.	
	- Nutrition	
	- Dangers of early marriage	
	<ul> <li>Importance of educating</li> </ul>	
	gilrl children	

## Health and Nutrition of the Adolescent Girls

#### Learning objectives of this class :

- That the Swasthya sathi understands the importance of nutrition in the growth and development of girls during adolescence.
- That the adolescent girls change their food habits and start eating more nutritious food available in their locality.
- The Swasthya Sathi understands the TULSI programme and encourages all the adolescent girls to attend the TULSI prog activities

#### Learning Materials

- Adolescent girl 3D photo
- Flip charts of CHETNA
- Nutrition items of all 3 categories

#### Introductory discussions, testing their knowledge:

#### Discussion:

- What do you know about the TULSI programme in your villages?
- In your opinion, what is the role of Swasthya Sathi in TULSI programme?
- What are the differences you see in well nourished girls and poorly nourished girls?
- Why women suffer more from nutritional deficiencies than men?
- Women lose blood during menstruation, pregnancy, lactation, repeated childbirths – all these lead to anemia in the girls and they need additional food which they do not get
- Poverty and lack of education lead to their low social status
- Sociocultural traditions and the workload of women also predispose them to undernutrition.
- What are the difference you see in educated girls vs illiterate girls?

# What are the difference you see in educated girls vs illiterate girls?

- Well-nourished girls are able to work hard and provide for themselves, their children and their families.
- Well nourished and educated mothers are more likely to have healthy babies with normal birth weights and such children are less likely to ever suffer from malnutrition and childhood illnesses.
- Well nourished and educated women educate their children, support their education, contributes to the income of the family, understands the Govt benefits and schemes and avail them.
- They make better leaders of the society
- Women who eat adequate iron-rich food and other micronutrients (protective food) are not anemic and they are less likely to suffer fatal infections and they survive better than other women from bleeding during and after childbirth.
- Well nourished adolescent mothers are less likely to have obstructed labour than their undernourished friends.

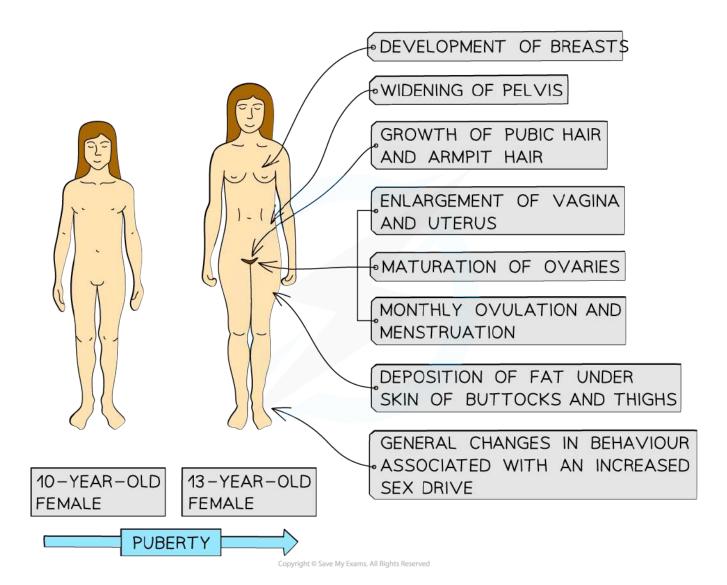
#### Inputs

- In the tribal areas, many of our adolescent girls are anaemic, underweight and stunted.
- In our life- there are 3 crucial periods of growth:
- 1. In the uterus from a single cell to a human being,
- 2. In the first 3 years of life,
- 3. In the adolescence.

At the onset of adolescence, secondary sexual characters develop, finally ending in starting menstruation.

It is a time of fast growth in the girl and boy, and so they need more food- more energy (Shakti kardyo), more proteins (Pushti kardyo) and vitamins & amp; minerals (surakhya kardyo). Age 10-19 is the period of adolescence.

Once she completes adolescence, she becomes adult, her growth is complete, and no more grpwth happens.



#### Importance of Nutrition during adolescence:

If the pregnant mother is undernourished and weak, the baby will not grow well inside the uterus--> low birth weight baby is born-- > child remains weak and undernourished with low immunity leading to repeated infections and growth failure



Weak and **anemic adolescent** girl will have poor pregnancy outcome.

Weak and undernutritioned mother, anemic mother

Undernutrition of the girl child in her childhood and adolescence --> stunting ( short stature)--> **complications during delivery**- such as obstructed labor, injury or death for mothers and their newborns. It also is associated with reduced work capacity. Adolescent girls are particularly vulnerable to malnutrition because they are growing faster than at any time after their first year of life. They need protein, iron, and other micronutrients to support the adolescent growth spurt and meet the body's increased demand for iron during menstruation.



Balanced diet for adolescent girls

Adolescents who become pregnant are at greater risk of **various complications** since they may not yet have finished growing. The body of the growing adolescent mother and her baby may compete

> The body of adolescent girls are still growing during pregnancy

For nutrients, increasing the infant's risk of **low birth weight** (defined as a birth weight of less than 2,500 grams) and early death.

Low birth weight baby



#### Discussions

- So what shall we do to prevent all these complications of our girl children and our
- newborn children?
- How can we have a healthy society?
- How can we prevent early marriage?

#### Discussions in small groups

- Why should we educate our girl children and consider it very important? Role Play
- Discrimination between boy and girl child by parents. Do not discriminate between our girl and boy children in serving food and sending them to school.
- Give our girl children knowledge about sexual reproductive health, childbearing, gender equality, importance of education etc.

For this we have one solution------ Encourage all our adolescent girls in the village, married bahus and others to attend the TULSI Clubs and TULSI meetings. There they get knowledge, information, education, skills, overall development

#### Ask two or three Tulsi sathis to come and talk to Swasthya Sathis about their experiences.

Final Decision: we will educate our girl children , we will improve their health and nutrition.

AWARENESS LESSONS

# Maternity benefits from the govt.



## In this lesson..

	Maternity Benefits from Government:	
	- JSY	
	- Mamata Scheme	
	- JSSK	
	- Anganwadi centre	
	- PMMVY	
2.	ICDS programs for children	
3.	Shishu Ghar	
4.	Schemes for adolescent	
	girls and boys	

#### MATERNITY BENEFITS FROM GOVT

All Swasthya Sathis to know the Govt schemes and benefits for pregnant women and communicate these to all women in the village again and again during home visits and in any platform available and help the women avail of these benefits.

Institutional delivery a must?

- 1. JSY of NHM : Rs 6000 to the pregnant women through ASHA for 2 children. This is available only for institution delivery. For two children only.
- 2. Mamata scheme: Rs 5,000 into the mother's bank a/c . MAMATA cardcovers 2 children – increased to Rs 10,000 from August 2023. Money will be issued in 2 instalments.
- **3. JSSK :** under this the pregnant women will get free or zero expense for hospital delivery including C-section. Free drugs and consumables. Free diagnostics including USG. Free food for upto 3 days in normal delivery and 7 days in C section.
- **4. Supplementary nutrition from Anganwadi** during pregnancy and lactation
- **5. PMMVY** : Rs 5000 after the birth into the bank or post office a/c- only for one child.
- Q. How do I claim maternity benefit from the government? What documents are required?
- A. Duly filled Application Form 1A Aadhar card Bank passbook copy Post office savings a/c Contact Anganwadi worker for mamata card Have hospital delivery.

- Invite ANM to speak to Swasthya Sathis about the schemes.
- Invite Postman to speak to the women on post office savings a/c and its benefits
- Invite bank manager to come and speak to the women of both clusters together
- Invite CDPO to come and speak to the swasthya sathis of both clusters together

#### ICDS programmes for children

- 1. Take home ration for children 1-3 years (eggs, ...
- 2. Hot cooked meal in Anganwadi (items
- 3. Preschool education in Anganwadi
- 4. RBSK

#### Shishu Ghar

**Shishu Ghar :** For the nutrition and intellectual growth of babies, they should be put in the Shishu Ghar from 7months to 3 years of age.

#### Schemes for adolescent girls and boys:

- 1. Kishori Shakti yojana- training on ARSH
- 2. ADVIKA: to connect girls with various welfare programmes
- Copy of MCP card.
- Copy of Identity Proof.
- Copy of Bank/Post Office Account Passbook.
- An undertaking/consent duly signed by the applicant and her husband,

# Annexure

- 1. Who is Swasthya sathi PPt
- 2. Swasthya sathi in action Video
- 3. Malaria sachetan film
- 4. Cholera video in Odiya
- 5. Anemia videos
- 6. Nutrition care ppt
- 7. Danger signs of newborn video
- 8. Newborn care video
- 9. Contents in Swasthya Sathi Kit:

Diagnosis box: Colour coded thermometer, Spring balance with sling to weigh newborn baby's weight, BP apparatus, one minute sand clock, Colour beaded chain ( short mala) to count respiration rate, fetoscope, Colour coded long mala to count Fetal heart rate, spring balance, RDT kits +/-

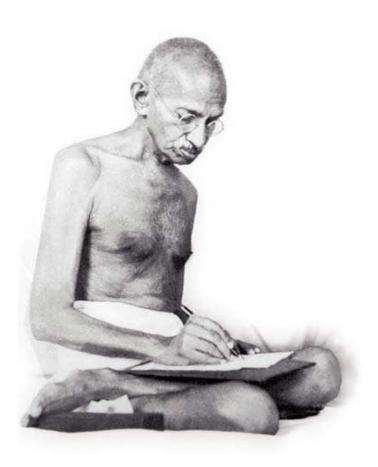
- 10. <u>Medicine box:</u>
  - Tab Paracetamol
  - Tab Amoxkid
  - ORS packets
- 1% GV paint
- Sterile cotton swabs
- Bandaid
- 11. Education materials: Reminder cards, medicine dosage charts, Khatas, Antenatal card (white), Postnatal cared, HBNC monitoring card,
- 12. Vital events khatas, ANC card, HBNC card with monitoring card.
- 13.<u>Sanitation:</u> Soap, towel, nail cutter Headlight, scale, pencil, eraser, pencil sharpener,

# Gandhi's Talisman

"I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him . Will he gain anything by it? Will it restore him to a control over his [her] own life and destiny? In other words, will it lead to swaraj for the hungry and spiritually starving millions?

Then you will find your doubts and your self melt away."

- One of the last notes left behind by Gandhi in 1948, expressing his deepest social thought.



**A Swasthya Swaraj initiative** A People's Movement for Swaraj in Health

