

Caring for Mothers and Children  
**Community Health Team  
Orientation**



SMACHS-EV Project Ver1. April 2011



**Session 1:**

**Welcome & Introduction**

CHT-1

**Why do newborn babies need extra care?**

- 3 out of 10 newborns die in the first month of life, and most of these die in the first week of life
- 10 out of 100 children die before the age of 5 years;
- Many newborns fall sick in the first day of life due to complications of childbirth
- Babies need to adapt to new life after birth, need extra help to do so.

CHT-2

**Case Story**

- Let's compare two stories,
  - ◆ Armina's Story
  - ◆ Esther's Story



Then, discuss the following

1. Differences in what the family did in each Story
2. What did CHT do in the Second Story

CHT-3

**Armina's Story (1)**

Armina was pregnant with her first child. She was very happy. Armina's family was poor, so she did not go to get any health care during pregnancy.

When labor started Armina's husband called the TBA, and the baby was born small and weak. Armina did not breast feed the baby.

CHT-4

**Armina's Story (2)**

Her mother-in-law fed the baby sugar water with a dropper because she thought that breast milk should not be given because the baby was too small.

By the end of the 2<sup>nd</sup> day, the baby stopped accepting sugar water, became cold and died the next morning. Armina was very sad, she blamed herself for not being able to take care of the baby.



CHT-5

### Esther's Story (1)

In another barangay, Esther was also pregnant with her first child. Her family was also poor like others. A CHT member visited her and



encouraged her to go to the clinic for prenatal care, so she went to the clinic 4 times during pregnancy. The CHT member also discussed where Esther wanted to deliver the baby, and explained the benefits of delivery at health center.

CHT-6

### Esther's Story (2)

So, Esther's family agreed to have the birth in the health center. The CHT also discussed how to plan for delivery and take care of the baby after the delivery.

When the labor pains started, Esther's husband called his neighbor who had agreed to take them to the health center, and they reached the health center in time. The baby was born small but crying loudly. The midwife immediately dried her and placed her on skin-to-skin contact on Esther's abdomen, and helped her breast feed the baby.



CHT-7

### Esther's Story (3)

The next day, Esther and the baby went home. On the same day, the CHT visited Esther and checked her and her baby for signs of illness. The CHT encouraged her to feed the baby only with her breast milk every 2 hours including at night as the baby was very small. The CHT also showed her how to keep the baby warm through skin-to-skin contact.

The CHT visited Esther three more times, and the baby did not have any problems, and was breastfeeding well and was always warm. Esther was happy because she knows she was taking good care of the baby. The baby is one year old now.



CHT-8

## Session 2

### Objectives of the Orientation

CHT-9

### Objectives of the Orientation

- Understand the roles and responsibilities of the CHT member
- Understand the use of essential forms for CHTs
- Use the Mother and Child Book, the CHT Guide book with effective communication skills to promote key healthy behavior among women and their families
- Gain basic knowledge on Maternal and Child Health Care.
- Official acknowledgement of CHT members!

CHT-10

## Session 3

### Community Health Team

CHT-11

### What is a Community Health Team?

- Formerly known as “Women’s Health Team”
- A group of persons organized in every barangay to monitor the health status of women and children in the community.
- An essential component of the “Women’s Health and Safe Motherhood Intervention Model”

CHT-12

### Why are we organizing... a “Community Health Team (CHT)”?

- Effective community level support system
- To ensure that all pregnant/postpartum women and newborns are adequately served
- To lead the effort in convincing mothers to shift from home birth to facility based delivery

CHT-13

### Members of CHT



**CHT Leader:** Rural Health Midwife



**CHT Members: with focal person**  
 Barangay Health Workers  
 Barangay Nutrition Scholars  
 Traditional Birth Attendants  
 Others



**Supervisor:**  
 Rural Health Physician (MHO/MO)  
 Public Health Nurses

CHT-14

### - DO's -

#### Overview of CHT's Tasks

1. Identifying and tracking of pregnant & postpartum women and newborns in the community
2. Making home visits & providing counseling  
 - to all pregnant women in community  
 - to all mothers and babies after birth
3. Referring pregnant women, mothers and babies to a health facility, and conducting follow-up visits



CHT-15

### - DO's -

#### Overview of CHT's Tasks cont.

4. Supporting the midwife in conducting outreach activities
5. Reporting to the midwife
6. Attending meetings at BHS, RHU, and others



CHT-16

### -DON'Ts-

#### What CHT members should NOT do

1. Giving any medical interventions
2. Giving false assurance regarding health condition
3. Telling other people about private information of mother's and newborn's health condition
4. Being inconsiderate and rude to the client



CHT-17



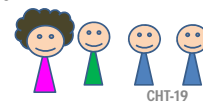
### Roles of CHT Leader (midwife)

1. Conducting regular monitoring and supervision of CHT members and their activities
  - disseminating information and giving regular feedback of the activity to the CHT members
2. Issuing Mother and Child book (MC Book)
  - assisting the pregnant woman/ mother in filling up necessary information and developing her birth plan
3. Consultation at health centers and during home visits
4. Consolidating reports from CHT members
5. Holding a monthly CHT meeting at BHS
6. Attending a regular meeting and a Maternal /Neonatal Death Review Meeting



### Roles of CHT Supervisor

1. Holding monthly/quarterly CHT meetings at RHU/DHC
2. Conducting a Maternal/Neonatal Death Review Meeting at municipal/city Level
3. Conducting monitoring and follow-up on CHT activities
4. Consolidating the data of the reports from each BHS, and updating the monitoring tools
5. Organizing and providing training and orientation to CHTs in their municipality/district



## Session 4

### Introduction to Home Visits

CHT-20

### Significance of Home Visit

#### Q. Why do we conduct home visit?

- To perform maternal and child health activities within their catchment area
- To provide essential health messages to the client in her houses
- To allow the CHT member to meet and support pregnant women and postpartum mothers with newborns in their environment

CHT-21

### Types of Home Visit

1. Home Visit to **Pregnant Women**
  - Following-up the status of the pregnant women
  - Providing health education to the pregnant women
2. Home Visit to **Postpartum Women & Newborns**
  - Following-up the condition of the mothers and newborns after delivery
  - Providing health education on postpartum and newborn care

*You can conduct more visits according to the necessity!!!*

CHT-22

### Home Visit to Pregnant Women

- Prenatal period is up to **9 months (up to 3 trimesters)**
- During this period, the CHT conducts at least **4 home visits** to follow up the status of the women!!
- Provide health education on **prenatal care and importance of health check-up** at health facility or by midwife.

1 <sup>st</sup> HOME VISIT	1 <sup>st</sup> Trimester (1-3 months)
2 <sup>nd</sup> HOME VISIT	2 <sup>nd</sup> Trimester (4-6 months)
3 <sup>rd</sup> HOME VISIT	3 <sup>rd</sup> Trimester (7-8 months)
4 <sup>th</sup> HOME VISIT	3 <sup>rd</sup> Trimester (9 months)

CHT-23

### Home Visit to Postpartum Women & Newborns

- Postnatal period is up to **42 days after the delivery**
- During this period, the CHT conducts at least **4 home visits** to follow up the status of the postpartum women and newborns!!
- Provide health education on **postpartum and newborn care and health checkup** at health facility or by midwife

1 <sup>st</sup> HOME VISIT	Within 24 hours
2 <sup>nd</sup> HOME VISIT	1 <sup>st</sup> Week (Preferably 2-3 days after delivery)
3 <sup>rd</sup> HOME VISIT	2 to 3 weeks
4 <sup>th</sup> HOME VISIT	4 to 6 weeks

CHT-24

### Necessary Items for a Home Visit

CHT members should take the following items when conducting home visits

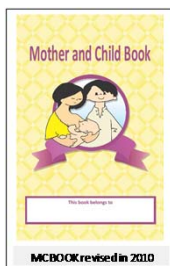
1. Tracking Forms (Pregnancy, Postpartum & Newborn)
2. Mother & Child Book
3. Pens and a notebook
4. CHT Guidebook
5. Others (e.g., IEC materials)



CHT-25

### Mother and Child Book (MC Book)

- The Mother & Child Book is to be given to the mother during her 1<sup>st</sup> prenatal visit
- It is a comprehensive tool that consists of the mother's record, child's record and key health information
- It will be used until the child becomes 6 years old



CHT-26

### MC Book cont.

The purposes of the MC book include:

- To record important health information
- To serve as a guide to help mothers gain correct health knowledge
- To teach essential child care tips for parents
- To serve as a referral tool to health facilities
- To serve as a valued childhood souvenir, memento or remembrance



CHT-27

### How can the CHT member use "MC Book"?

- CHT members are expected to utilize the book during a "Home Visit"
- CHT members can refer to the relevant pages of the MC Book to provide necessary health information
- CHT members can check the status of the pregnant woman or the postpartum mother and her newborn

CHT members should become familiar with the contents of the MC book with the support of the CHT leader!!!

CHT-28

### CHT Guidebook

- Reference guidebook for the CHT leader and her/his members
- It contains a list of duties and responsibilities for each CHT member
- It explains how to use the MC Book during each home visit
- It includes instructions for filling out the reporting forms

CHT members can refer to the CHT guidebook for clarification of their duties and the use of MC book and forms!!!

CHT-29

## Session 5

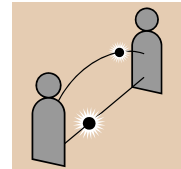
### Conducting Effective Home Visits

CHT-30

### Necessary Skills for Home Visit:

#### Communication Skills

- Counseling is a **two-way communication** between CHT members and the family.
- Not simply giving information, but exchange information to each other.
- Good communication skills help you **gain the trust of people** in the community
- With good communication skills, the CHT can talk with families and help them provide the best care possible for the mother and her newborn



CHT-31

### Standard Steps to be followed at Home Visits

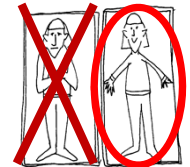
1. Greet and build good relations!
2. Ask and listen!
3. Give relevant information!
4. Check understanding and discuss what the woman and family will do; try to solve any problem!
5. Thank the family!

*Each step needs special skill!!*

CHT-32

### 1. Greet and Build Good Relations!

- Be friendly and respectful
- Speak in a gentle voice
- Explain why you are visiting
- Talk to the whole family
- Nonverbal message: Your body can also talk!  
Ex.) Smiling, Facial expression, Gestures, Eye to Eye contact



CHT-33

### 2. Asking and Listening!

- Ask open-ended questions  
Instead of “Are you...?”, use “**How & What...?**”
- Use “**body language**” to show that you are listening to the family
- Reflect back what the mother or family says
- Empathize  
Show that you understand what she/he feels
- Avoid words that sound judging  
Ex.) “**How is the baby sleeping?**” rather than “Does the baby sleep well?”

CHT-34

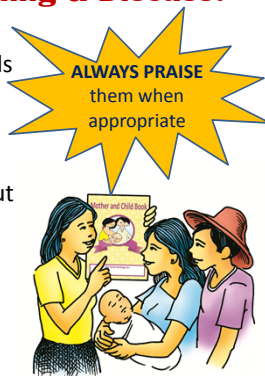
### 3. Giving Relevant Information

- Try not to make it sound like instructions, make it like a story
- Give advise based on the family situation (customize it for each family)
- Make suggestions
- Give information in short sentences
- Use simple language, not technical words  
Ex.) “**weak blood**” for anemia

CHT-35

#### 4. Check Understanding & Discuss!

- Have the mother or family members repeat what needs to be done in her or their own words.
- Encourage the family to tell you what they plan to do about what you talked about
- Encourage them to tell you what will be their concerns or problems
- Discuss possible ways to solve any problems



CHT-36

#### 5. Thank the Family!

- Decide with the family when you will visit them again
- Inform the mother and her family to contact you for any health concerns, especially pre-natal/postnatal care.
- Thank the family for accepting you!



CHT-37

### Session 6

#### Identifying & Tracking the client

CHT-38

#### Q. How can CHT member find pregnant women in the community?

*Let's think how a CHT member can find pregnant women in the community*



CHT-39

#### How can CHT member identify pregnant women in the community?

- Visiting all the households every 2-4 weeks and asking if anyone is pregnant
- Attending or holding women's meetings and asking families to inform the CHT member when anyone is pregnant
- Working closely with the midwife or nurse at a health facility to identify all pregnant women
- Asking or visiting other people in the community, such as the teachers and the barangay officials to let her know if someone is pregnant



CHT-40

#### Pregnancy, Postpartum & Newborn Tracking

*CHT members conduct:*

- **Pregnancy Tracking** to identify the expectant mothers in the community, so that the CHT can follow-up them on proper prenatal care for safe delivery.
- **Postpartum & Newborn Tracking** to follow-up the status of the mother and the baby, and collect essential information on their maternal & newborn care after delivery

CHT-41

### Process of Pregnancy & Postpartum Tracking and Master listing

1. CHT team leader assigns each member specific cluster or puroks within the catchment area
2. Each member is given a copy of the PREGNANCY and POSTPARTUM & NEWBORN TRACKING FORMS for recording
3. CHT members identify and list ALL pregnant and postpartum women and newborns from each member's area of assignment
4. Each member records the necessary information on the respective forms

CHT-42

### FORM 1: Pregnancy Tracking Form

- List of the pregnant women in the catchment area
- Necessary information of the pregnant woman which includes:
  - basic information relative to their prenatal care
  - pregnant woman's condition and outcome of her pregnancy
  - the record of CHT member's home visits to the pregnant women
  - the record of prenatal care provided by the midwife
  - the record of the availability of MC Book and a birth plan

CHT-43

### FORM 2: Postpartum & Newborn Tracking Form

- List of the postpartum women (up to 42 days after the delivery) and newborns in the catchment area
- Necessary information of the postpartum women which includes:
  - the frequency of home visits by the CHT
  - the postpartum and newborn care services received
  - the FP method used
  - the status of practicing exclusive breastfeeding
  - the status of immunization

CHT-44

### Process cont...

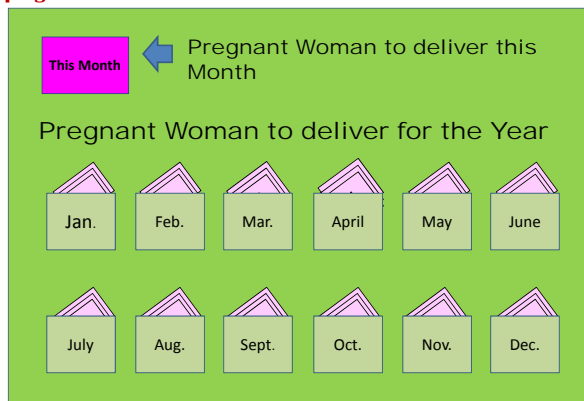
5. The forms, Pregnancy Tracking and Postpartum & Newborn Tracking Form, are submitted to the CHT team leader for updating.
  - it enables each member to validate and confer with their teammates, and also to avoid any double reporting.
6. CHT leader keeps consolidated reports in every barangay within her catchment for her monitoring.

#### One suggestion for monitoring method !!

Midwife can make a list of pregnant women with expected date of delivery, and post it on the wall for monitoring

CHT-45

### An idea for monitoring the expected date of delivery of the pregnant women at BHS



### MATERNAL RECORD

Name \_\_\_\_\_ PHIC \_\_\_\_\_  
 Age \_\_\_\_\_  
 LMP \_\_\_\_\_ G \_\_\_ P \_\_\_ A \_\_\_  
 EDC \_\_\_\_\_  
 REMARKS: \_\_\_\_\_  
 Date of Delivery \_\_\_\_\_ Time \_\_\_\_\_  
 Sex \_\_\_\_\_ Weight: \_\_\_\_\_  
 Place of Delivery: \_\_\_\_\_  
 REMARKS \_\_\_\_\_



## Session 7

### Promoting the Health of Pregnant Women

CHT-47

### Counseling to be given to the Pregnant Women

1. Importance of Prenatal Check-up at Health Center
2. Importance of Facility Based Delivery
3. Birth and Emergency Planning
4. Warning Signs during Pregnancy
5. Helpful Tips for Health during Pregnancy
6. Immunization and Iron folate intake
7. Baby Care Routine

CHT-48

### 1. Importance of Prenatal Care Visits

#### Q. What kind of Care will be given at Health Facility?

- Examination of the pregnant woman
- Provision of iron with folic acid tablets to prevent anemia and strengthen her blood
- Immunizations to prevent tetanus
- Advice on home care for the pregnant woman and ensuring healthy growth of the baby



CHT-49

### Importance of Prenatal Care Visits cont..

- Preparation for birth at a health facility
- Information on the danger signs, the importance of seeking early care, family planning and feeding an infant and a young child
- Testing for infections such as HIV, STIs, and providing treatment and care if needed



CHT-50

### Importance of Prenatal Care Visits cont..

#### Q. How many prenatal visits to a health facility or midwife are needed?



- The minimum recommended number of visits is **4 times**
- 1<sup>st</sup>: as early as possible (1 to 3 months /1<sup>st</sup> trimester)
- 2<sup>nd</sup>: 4-6 months (2<sup>nd</sup> trimester)
- 3<sup>rd</sup>: 7-8 months (3<sup>rd</sup> trimester)
- 4<sup>th</sup>: 9 months (3<sup>rd</sup> trimester)

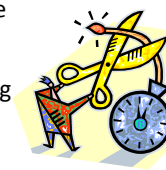
\* Please refer to the MC Book Reference

CHT-51

### 2. Importance of Facility based delivery

#### Q. Why should a mother deliver her baby at a health facility?

- All women are at risk of complications at childbirth
- We cannot predict who among the pregnant women will develop complications
- Most maternal deaths occur during labor, delivery, and the immediate postpartum period



*It is safer for the mother to deliver and for the baby to be born at a health facility*

CHT-52

### 3. Birth and Emergency Planning

★Refer to MC Book: [Page 14](#)

Educate the pregnant women and families about the importance of the birth and emergency plan

- It details mother's plan of action for her pregnancy and childbirth;
- It helps families think ahead to what needs to be prepared for a safe delivery of a baby;
- It helps families decide how to overcome any difficulties they may face;
- It should involve woman's husband, partner and family members !!!



CHT-53

### Birth and Emergency Planning cont.. Important Aspects of the Plan



1. Identification of a CHT member assigned in woman's community that she could consult for advice.
2. Identification of the BEmONC facility where the woman will give birth.
3. Identification of 2 possible blood donors.  
 -The name and contact details of the possible donors are submitted to the Rural Health Unit for blood typing and easy tracking.

CHT-54

### Birth and Emergency Planning cont.. Important Aspects of the Plan

4. Identification of a means of transportation for the woman to be brought to the health center (e.g., LGU or individual)
5. Information on financing childbirth
6. Identification of a contact person and a referral hospital in case of emergency
7. CHT members should always check pregnant woman's birth plan



CHT-55

### Birth and Emergency Planning cont.. Assisting in the preparation of needed things for giving birth

★Refer to MC Book: [Page 15](#)



- As a part of birth & emergency plan, discuss necessary preparation for mother and baby based on the checklist
- CHT member must monitor the progress of such preparation during home visits

CHT-56

### 4. Warning Signs During Pregnancy

Q. What are the common warning signs during the pregnancy?



CHT-57

### Warning Signs During Pregnancy

Which symptoms are the warning signs??



Severe Headache



Dizziness, Blurring of Vision




Swelling of the legs, hands or face


58

### Warning Signs During Pregnancy


Which symptoms are the warning signs??



Fever & Chills




Vaginal Bleeding/Spotting




Vomiting & Severe abdominal pain

### Warning Signs During Pregnancy


Which symptoms are the warning signs??



Watery vaginal discharge



Convulsion/ Loss of consciousness




Absence/ Reduced fetal movement

### Summary: Warning Signs During Pregnancy

★Refer to MC Book: **Page 4**

CHT member should educate the pregnant women on warning signs during pregnancy, and also refer the women if such signs are identified.

1. Swelling of the legs, hands and/or face
2. Severe headache, dizziness, blurring of vision
3. Vaginal bleeding or vaginal spotting
4. Pallor or anemia
5. Fever and chills
6. Vomiting




CHT-61

### Summary cont...

★Refer to MC Book: **Page 4**

7. Fast or difficult breathing
8. Severe abdominal pain
9. Vaginal discharge and/or genital sores
10. Painful urination
11. Watery vaginal discharge
12. Convulsions or loss of consciousness
13. Absence of/ reduced fetal movements  
(less than 10 kicks in 12 hours in the second half of pregnancy)




CHT-62

### 5. Helpful tips for health during pregnancy

★Refer to MC Book: **Page 9**

- CHT member also gives a reminder for the woman and her family to be better prepared for her delivery.




CHT-63

### 6. TT immunization and Iron folate intake

★Refer to MC Book: **Page 5 & Page 7**

- To prevent neonatal tetanus, the pregnant woman should be given TT immunization
  - CHT members should check the immunization record to see if she has received TT immunization.
- Iron folate makes the blood stronger so that a woman carry and feed the baby.
  - CHT members should check the intake of iron with folic acid tablets



CHT-64

## 7. Baby Care Routine

★Refer to MC Book: [Page 13](#)

CHT members should advise the pregnant woman on routine baby care:

1. Keep the baby warm (through Kangaroo care)
2. Hand Washing
3. Delay in bathing after birth
4. Cord care
5. Newborn care
6. Breastfeeding a baby



CHT-65

## Keep the baby warm through Kangaroo Care



- Babies (especially small babies) need to be kept warm at all times through skin to skin contact with the mother
- The baby is near the breast, which makes breastfeeding on demand easier (breastfeeding every 2 hours)
- The breathing movements of the mother stimulate the breathing of the preterm infant

CHT-66

## Session 8

### Promoting the Health of Postpartum Women and Newborns(0-28 days)

CHT-67

### Counseling to be given to the postpartum women and newborns

1. Importance of postpartum and newborn check-up at a health facility or by a midwife
2. Danger signs of postpartum women
3. Danger signs of newborns
4. Care during the first few weeks after birth
5. Feeding recommendation & exclusive breastfeeding
6. Immunization
7. Family Planning

CHT-68

### 1. Importance of Postnatal Care Visits at Health Facility

**Q. Why should the mother attend postnatal care at a health facility or by a midwife?**

- Health professionals would examine the mother & the baby to rule out any problem
- The mother would receive iron with folic acid tablets and advised on family planning
- The baby can receive the necessary vaccinations to protect him/her from illness

CHT-69

### Importance of Postnatal Visits cont.

**Q. How many postpartum & newborn visits at health facility/ midwife are needed?**

- The minimum recommended number is **4 times**
  - 1<sup>st</sup> : within 24 hours after delivery
  - 2<sup>nd</sup> : within the 1<sup>st</sup> week, preferably 2-3 days
  - 3<sup>rd</sup> : around 2-3 weeks
  - 4<sup>th</sup> : around 4-6 weeks

\* Please refer to the MC Book Reference

CHT-70

## 2. Danger Signs of the Postpartum Mother

If mothers has one or more danger signs, **REFER** her urgently to the health facility:

1. Heavy vaginal bleeding : more than 1 pad soaked in 5 minutes
2. Fever
3. Severe headache or convulsions
4. Fast or difficult breathing
5. Severe abdominal pain

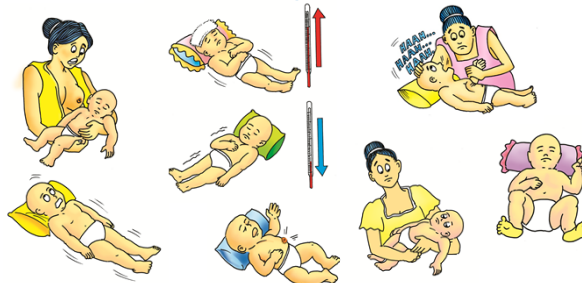


★See also MC Book: [Page 18](#)

CHT-71

## 3. Danger Signs of newborns

★Refer to MC Book: [Page 13 and 21](#)



If the baby has one or more danger signs, **REFER** the baby urgently to the health facility

CHT-72

### Danger Signs of Newborn (1)

#### Feeding less or not feeding at all



- Not able to suck at the breast when the mother tries to put the baby to the breast several times over a few hours: *possibility of severe illness*
- The baby was feeding well after birth but has stopped feeding well now: *possibility of infection*

CHT member needs to observe it!!

CHT-73

### Danger Signs of Newborn (2)

#### Convulsions

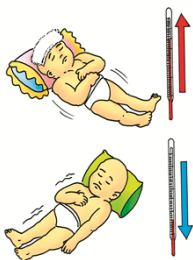
- Convulsion indicates severe illness in the baby
- The baby's arms and legs may become stiff
- The baby may stop breathing and become blue
- Recurring movement of a part of the body like twitching of the mouth or blinking of the eyes



CHT-74

### Danger Signs of Newborn (3)

#### High or very low temperature



- When a baby has a serious infection, the body can become very cold or very hot. The temperature should always stay in between 35.5°C to 37.4°C
- The baby with higher or lower temperature of this range must be referred to the hospital urgently

CHT-75

### Danger Signs of Newborn (4)

#### Local infection

Most common infection occurs in:

1. Umbilicus:
  - Pus coming out of the umbilical stump
  - The skin where the stump is attached to is red
2. Skin: Skin boils filled with pus
3. Eyes: Pus coming out from the eyes



**Any local infection needs treatment, therefore, CHT members need to refer the baby to the health facility**

CHT-76

### Danger Signs of Newborn (5)

#### Yellow skin

Look at the skin of the baby....,

- If the baby shows yellow skin on face within 24 hours after delivery
- If the baby develops yellow palms and soles (more than 24 hours old)

⇒ This means that jaundice is suspected and can be dangerous!

[Urgently refer to the health facility!!](#)



CHT-77

### Danger Signs of Newborn (6)

#### No movement or less movement

- Normal baby can move his/her arms or legs or turn the head several times in a minute
- If the baby is awake but doesn't move on his/her own, gently stimulate the baby by tapping or flicking the soles
- If the baby only moves when stimulated, or doesn't move at all with stimulation, this could be a danger sign, needs to be referred to the nearest health facility



CHT-78

### Danger Signs of Newborn (7)

#### Fast or difficulty in breathing



- “Fast breathing”: if the breathing rate is 60 per minute or more
- “Chest indrawing”: the lower chest wall goes in when the child breathes in, and the upper chest and abdomen move out.

CHT-79

### 4. Care during the first few weeks after birth

★ Refer to MC Book: [Page 23-24](#)

#### Newborn Screening

- A very simple procedural test to see if the baby has harmful or potentially fatal disorders.
- It is a simple blood test done to the baby from 48 to 72 hours after birth.



CHT-80

### Newborn Screening cont...

- The disorder can be managed and the child can grow up healthy if diagnosed early!
- If case was not detected, it could cause mental retardation or death of the child.

CHT-81

### 5. Feeding Recommendations and Exclusive Breastfeeding

★ Refer to MC Book: [Page 26-28](#)

- A baby should be given only breastmilk for the first 6 months of life.
- Breastmilk is the best food for the baby and provides all the food and fluids that the baby needs.



Exclusive Breastfeeding

CHT-82

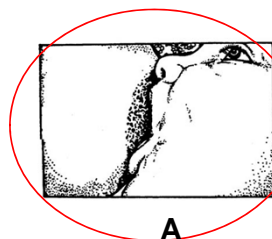
### Exclusive Breastfeeding cont...

- Breastmilk has antibodies that protect the baby from illnesses.
- During the exclusive breastfeeding period, giving other food or fluids, even water, can be harmful for the baby.
- The mother should breastfeed on demand, day and night. This will promote milk production so the baby will be healthy and grow well.

CHT-83

### Proper Attachment: observing a breastfeed

Q. Which is the proper attachment of the baby?



#### Good Attachment:

1. More areola is seen above than below the baby's mouth
2. The baby's mouth is wide open
3. The baby's lower lip is turned outwards
4. The baby's chin is touching the breast

CHT-84

### Proper Positioning: observing a breastfeed

Q. Which is the proper position of the mother?



#### Good Positioning:

1. The baby's head and body are in line (the baby's neck is not twisted)
2. The baby is held close to the mother's body; and
3. The baby's whole body is supported

CHT-85

## 6. Immunization

★Refer to MC Book: [Page 5 & 25](#)

Immunization protects the baby against several infectious diseases. Check the Immunization record to see if the mother and her baby has received necessary immunizations.



CHT-86

## 7. Family Planning

★Refer to MC Book: [Page 17](#)

- Check the record to see if the mother is practicing *Family Planning*. If not, encourage her to seek consultation at Health Center
- Family planning is important for her health and that of her future baby

CHT-87

## Session 9

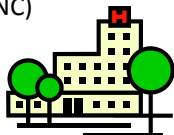
### Referrals

**- Knowing your Health Facilities-**

CHT-88

### Referring the Pregnant Woman

- Barangay Health Station (BHS)
- Rural Health Unit (RHU)
- Basic Emergency Obstetric and Newborn Care Facility (BEmONC)
- Comprehensive Emergency Obstetric and Newborn Care Facility (CEmONC)
- Private birthing facility



CHT-89

### Basic Emergency Obstetric and Newborn Care Facilities(BEmONC)

Services provided by a BEmONC facility includes:

- Giving injectable antibiotics, anticonvulsants and oxytocic drugs
- Manual removal of placenta
- Removal of retained products of conception
- Performance of imminent breech delivery
- Giving of corticosteroids during preterm labor
- Performance of essential newborn care
- Newborn resuscitation
- Treatment of neonatal infection
- Oxygen support

CHT-90

### Comprehensive Emergency Obstetric Newborn Care Facilities (CEmONC)

Services provided by CEmONC facility includes:

- BEmONC services
- Caesarian section
- Blood transfusion
- Management of preterms, low birth weight babies and sick babies.



CHT-91

### Identifying your health facilities

List the name of health facilities in your catchment area!

<b>BEmONC Facility</b>	
<b>CEmONC Facility</b>	
<b>RHU</b>	
<b>BHS</b>	

CHT-92

## Session 10

### Supporting Outreach and Other Activities

CHT-93

### Supporting the Midwife in conducting outreach activities

CHT members should support the midwife in the following outreach activities:

1. Blood Collection (Bloodletting Day)
2. VSS and IUD insertion by the Itinerant Team
3. Adolescent and Youth Camp

CHT members should also assist the midwife to identify women of reproductive age with unmet needs for FP and STI services

CHT-94



## Session 11

### Reporting

CHT-95

### What are the necessary reports CHT members have to submit?

1. Pregnancy Tracking Report (*at least monthly*)
2. Postpartum & Newborn Tracking Report (*at least monthly*)
3. Maternal and Neonatal Death Report
4. CHT Monthly Report

CHT-96

### Reporting of Maternal and Neonatal Death

#### Q. What is Maternal Death?

- Maternal death is the death of a woman while pregnant or within 42 days from the end of pregnancy
- *Not* from accidental or incidental causes

#### Q. What is Neonatal Death?

- Death of the baby from 0 to 28 days

CHT-97

### Reporting of Maternal and Neonatal Death cont.



- CHT members must provide an immediate verbal report to the CHT leader whenever a case of maternal and neonatal death is identified in the community.
- CHT members can further assist the CHT leader in collecting and filling out necessary information on Maternal and Newborn Mortality Reporting forms.

CHT-98

### CHT Monthly Report

- A consolidated record of a CHT member's activities to show the accomplishment of the CHT for the month
- The report should be made and posted on the wall at BHS to be shared with the members. This should be done every month.
- A record of the previous months should be properly filed as BHS's master record.
- The CHT leader & focal person of CHT must validate the data by comparing it with the tracking reports while formulating the report.
- Problems, concerns or any issues related to the activities should be discussed with the members during CHT monthly meeting.

CHT Monthly Report										
Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Remarks
Conducts BHS	1	2	3	4	5	6	7	8	9	10
Conducts CHT	1	2	3	4	5	6	7	8	9	10
Conducts BHS	1	2	3	4	5	6	7	8	9	10



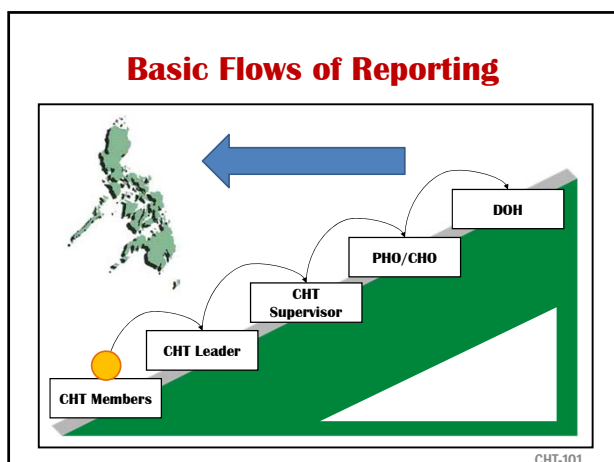
CHT-99

### Importance of CHT Reports

- CHT members provide the primary source of health data from the community
- The information submitted to the CHT leader/midwife will be consolidated, and further sent to the higher health facilities, then becomes important national-level data/statistics
- Information helps the DOH and LGUs to plan and strategize their health related activities



CHT-100



## Session 12

### CHT Meeting

CHT-102

### Attendance to Meetings

**1. CHT Monthly Meeting at BHS**

- Conducted by the CHT leader
- Reporting and updating members' activities based on the reports submitted by each member and the CHT monthly report developed by the team
- CHT members can validate information and discuss with their teammates regarding their issues and concerns related to CHT activities

CHT-103

### Attendance to Meetings...

**2. CHT Monthly Meeting at RHU/DHC**

- Conducted by the CHT supervisors
- Share the information between CHT members from different BHSs
- Discuss issues and concerns that need appropriate actions for each BHS from RHU/DHC

**3. Barangay Sessions**

- Although it may not be frequent, CHT members are expected to attend, and generate support from the barangay leaders

CHT-104

### My Schedule of CHT Meetings

Let's find out and/or decide your schedule of the regular meeting!

<b>Meeting at BHS (Monthly)</b>	
<b>Meeting at RHU</b>	
<b>Others (ex. barangay sessions)</b>	

CHT-105

## Exercise Sessions

CHT-106

### Exercise 1: Pregnancy Tracking Form

Let's have an exercise on how to fill out pregnancy tracking form:

#### Case 1: Melissa Mallino (30 years old)

- Address: Row 7 #8, Barangay Kalayaan
- LMP: April 15, 2011
- She was given an MC book by the midwife
- She has a birth plan
- She delivered at Dulag RHU to a live baby boy, and it was normal spontaneous vaginal delivery
- Determine the EDD and the deadline for each of the 4 home visits

CHT-107

### Exercise 1: Pregnancy Tracking Form Cont...

#### Case 2: Irene Cruz (20 years old)

- Address: Row 13 #8, Barangay Kalayaan
- LMP: May 5, 2011
- She went to a private clinic for prenatal check-up and was not given a MC book.
- She has no birth plan
- At 4<sup>th</sup> month of pregnancy, she again sought consultation at the private clinic because of bleeding. The pregnancy resulted in miscarriage.
- Determine the EDD and the deadline for each of the 4 home visits

CHT-108

### Exercise 2: Postpartum & Newborn Tracking Form

Let's have an exercise on how to fill out Postpartum & Newborn tracking form:

#### Case 1 Melissa Mallino (30 years old)

- Date of delivery: January 25, 2012
- Baby Name: Alex
- Gender: Male
- Birth Weight: 3,200g
- Newborn Screening: Yes
- Exclusive breastfeeding: Yes
- Immunization: by the end of 6 weeks: BCG, DPT/Hep B-Hib, HBV1

CHT-109

### Exercise 3: CHT Monthly Report

- Let's try to fill out the CHT monthly report based on your pregnancy and Postpartum & Newborn tracking report (Exercise 1)
- Look at the result, and discuss possible reasons for such accomplishment
- Discuss how CHT members could improve the performance

CHT-110

### Exercise 4: Group Exercise Birth and Emergency Planning

★ Refer to MC Book: [Page 14](#)

- In a group of 4, assign CHT member, Pregnant woman, husband and her mother per member.
- Each plays own role, discusses a Birth and Emergency plan with other members, then complete your birth plan

CHT-111

### Summary: CHT Tasks one more time!

1. Identifying and tracking pregnant & postpartum women and newborns in the Community
2. Making Home Visits & providing counseling
  - to all pregnant women in community
  - to all mothers and babies after birth
3. Referring the pregnant woman, mothers and the baby to a health facility, and conduct follow-up visits
4. Assisting the midwife in conducting outreach activities
5. Reporting to the midwife
6. Attending to the meetings at BHS, RHU, and others

CHT-112

