

Taking Care of a Baby at Home After Birth: What Families Need to Do

Introduction

This flipbook contains key messages that pregnant women and their families need in order to plan care of an infant at home right after birth. It focuses on essential actions families can take both to prevent newborn death and illness and to promote healthy newborn development.

Important family actions during birth preparation and the early postnatal period

Ideally, a skilled attendant should help at every birth and mothers and infants should have access to emergency care at health services. While efforts are made to reach this goal, nearly 60 million births in developing countries still take place at home without skilled care,¹ contributing heavily to total maternal and infant deaths.

The highest proportion of deaths of mothers and newborns occurs during delivery or within 24 hours of birth. Yet, in developing countries, only about 13 percent of mothers and infants receive postnatal care within 24 hours of a home birth. In response to this situation, WHO and UNICEF recommend a postnatal visit to a health facility as soon as possible after a home birth. Where this is not possible, they promote home visits to mother and infant within 24 hours, on the third day and, if possible, before the end of the first week (seven days) after the birth.²

This material encourages use, whenever possible, of skilled birth attendants and clinical services and, where that is not realistic, provides some information on what families can do for pregnant women and care of the baby at birth. Even where mothers deliver with a skilled birth attendant in a health facility, they are often sent home within 6–12 hours of delivery. This material can also be used with women going home soon after delivery in a health facility. It highlights danger signs in the infant that require immediate attention and referral.

¹ Home and Community-Based Health Care for Mothers and Newborns. September, 2006. Washington, D.C.:USAID/Access, p. 3.

² Home Visits for the New Child: A Strategy to Improve Survival. 2009. Geneva:WHO/UNICEF Joint Statement, p. 3.

Taking care of a new baby at home

The health of the mother and infant is directly connected. Applying proven interventions to improve the mother's health can prevent about 70 percent of newborn deaths.³ Both the mother and infant need attention before, during, and immediately following birth.

Discussions with NGOs supporting mothers and newborns revealed a clear gap in the availability of simple messages and materials on essential newborn care in the household. An informal survey with a wider range of NGOs confirmed this need.

Families often do not recognize danger signs at birth and/or signs of severe illness in the first week of the infant's life. They may not know how critical it is to seek appropriate care right away—an action that is often difficult, expensive, and may appear more dangerous than trying to care for a sick baby at home.

Although **this material focuses primarily on care of the infant at home following birth**, it should be used in the context of:

- Encouragement of births supported by skilled attendants and accessible emergency medical care
- Attention to both mother and baby
- Support through pregnancy, delivery, and the first week after birth

There are reminders throughout of the importance of planning for the birth and attention to the pregnant woman and new mother.

³ DFID. 2004. Reducing Maternal Deaths: Evidence and Action. London: DFID.

Reminder about the mother

During pregnancy, the mother should:

- Visit a health worker as soon as she learns she is pregnant.
- Visit health worker at least four times during her pregnancy.
- Get plenty of rest and eat a variety of foods, including animal products (where acceptable and possible), fruits, and vegetables.
- Sleep under an insecticide-treated bed net if living in an area with mosquitoes.
- Make a plan, with her family, to deliver at a facility or with a health worker trained to help with birth.

After delivery, a breastfeeding mother should:

- Eat two extra meals each day.
- Eat a variety of foods, including animal products (where acceptable and possible), fruits, and vegetables.
- Get plenty of rest.
- Sleep with the baby under an insecticide treated bed net if living in an area with mosquitoes.

During pregnancy and after delivery, the family should help the pregnant woman and new mother with her chores so she can rest and care for the baby. Fathers and grandmothers have an important role in making sure the woman has the support she needs.





Ways to use this flipbook

This material can be used by anyone providing outreach or home visits to pregnant women and their families. It provides basic information on essential actions families can take to keep a newborn alive and healthy.

The booklet also gives ways to prepare for emergencies a baby may face at home during birth and in the following week. It will help the health worker to counsel pregnant women, new mothers, their families, and communities to danger signs and immediate actions to take.

Message for program planners on adapting and testing this material to meet local need

Programmers should review the content to be sure it matches the local situation and need. What support services are available for women who deliver at home or after they return home from delivery in a facility? Who delivers these services? Is there a postnatal home visit program in place? Are there harmful practices, such as discarding the colostrum or putting harmful substances on the cord stump, which should be addressed?

Programmers should adapt the material to:

- Use local examples and names.
- Use common language and avoid jargon and scientific words (e.g., neonate, morbidity).
- Add or change illustrations.
- Translate into local language(s).
- Suggest specific alternatives to harmful practices.

This material is meant for outreach to pregnant women and their families with poor access to health services. These communities may also have low-literacy levels and/or poor access to health information. It is important to test the material with outreach workers and community members to be sure the messages are understood and acceptable.

General guidelines on how to pre-test materials for low-literate groups can be found in:

- www.who.int/immunization_training/resources/en/CVP-Materials-Development-Guide.pdf
- http://www.path.org/files/DC_Low_Literacy_Guide.pdf
- www.cancer.gov/cancertopics/cancerlibrary/clear-and-simple/page6/print

All illustrations in this flipbook are from the Take Action Card booklet and Large Picture Cards in the American College of Nurse-Midwives Home-Based Life Saving Skills package. These materials can be given to families and community members as reminders of key actions. They are available at www.midwife.org/ACNM-Publications.

To make local adaptation easier, Taking Care of a Baby at Home After Birth is available in both pdf and Word formats on the following Web sites:

CORE Group	www.coregroup.org
Maternal and Child Health Impact Project	www.mchip.net/resources
The Healthy Newborn Network	www.healthynewbornnetwork.org

And in pdf format at:

American College of Nurse-Midwives www.midwife.org/ACNM-Publications

Acknowledgments

This material is a collaborative effort of CORE Group; Saving Newborn Lives, Save the Children; USAID's Maternal and Child Health Integrated Program (MCHIP); and the American College of Nurse-Midwives (ACNM).

The authors are grateful to ACNM and the illustrator, Andri Burhans, for the use of illustrations from the Home-Based Life Saving Skills package. In addition to the contributions of technical and design staff from the programs above, messages are based on review of the following materials.

Agogo Training Manual: Ekwendeni CCAP Mission Hospital. 2007. Malawi: Save the Children.

Care of the Newborn: Reference Manual. 2004. Diana Beck, Frances Ganges, Susan Goldman, Phyllis Long. Washington DC: Saving Newborn Lives, Save the Children.

Child Survival and Health Grants Program (CSHGP) Technical Reference Materials, Maternal and Newborn Care. 2009. Washington, DC: USAID.

Essential Newborn Care Course: Trainers Guide. 2010. Geneva: WHO.

Every Newborn's Health: Recommendations for Care of All Newborns. Undated. Washington DC: Saving Newborn Lives, Save the Children.

Helping Babies Breathe: Training Package. 2010. Elk Grove Village, IL: American Academy of Pediatrics.

Home and Community-Based Health Care for Mothers and Newborns. 2006. Washington, DC: USAID/Access.

Home-Based Life Saving Skills. Second Edition. 2010. Silver Spring, MD: American College of Nurse-Midwives.

Minimum Activities for Mothers and Newborns (MAMAN) Framework. 2007. Washington, DC: USAID/CH/HIDN.

WHO/UNICEF Joint Statement Home Visits for the Newborn Child: strategy to improve survival. 2009. Geneva: WHO.

Neonatal care materials from a variety of Save the Children field programs.

Taking Care of a Baby at Home After Birth: What Families Need to Do

WHAT TO DO BEFORE THE BIRTH

Plan for the birth several months before the baby will come.

- Plan ahead for what you will need during pregnancy, the birth, and the week after the birth.
- If possible, deliver the baby at a clinic or have a trained person with you, in case of problems. If that is not possible, plan ahead for who will help you and the baby.

- ◆ Prepare and store in a clean covered container:
- ◆ A clean birthing kit: new razor blade, 3 cord ties/thread, rubber cloth or plastic sheet for mother to lie on, 2 clean cloths for baby
- ◆ Gloves and apron, if available
- ◆ Soap
- ◆ Blankets
- ◆ Clothes or wraps and hat for baby
- ◆ Diapers/clean cloths

At the time of the birth, you will also need to have ready:

- Clean water and a basin
- A clean and warm delivery area



Plan ahead for emergencies.

- Who can make decisions if the family decision maker is not home and there is a problem?
- Put aside some money in case you must pay for transport, medicine, or supplies.
- How will you get to a health center at the time of birth, or in case of emergency during or right after birth?
- Does your community have an emergency transport system? If so, let them know of the pregnancy.
- Who can provide first aid, right away, at home or while taking the mother and baby to emergency services? Let them know of the pregnancy.
- In case the mother or baby needs blood, are there relatives ready to give some?

Mothers with HIV need a special plan.

Mothers who have HIV can pass it to their baby. They should see a health worker before the birth and ask about:

- Medicine for mother and baby
- How to protect baby and helpers from HIV infection
- How to feed the baby

WHAT TO DO FOR EVERY NEW BABY AT BIRTH

If the mother is unable to travel to a health facility for the birth, the family should notify a health worker or trained community volunteer as soon as the mother starts to deliver. If a trained community health worker is not able to attend the birth, notify one as soon as possible afterwards. This worker should have seen the mother during pregnancy to discuss care of the baby after birth.

Those helping the mother give birth should protect themselves, the mother, and baby.

- Wash hands often with soap and water.
- If possible, use gloves when touching anything wet, like blood, which comes from the mother or baby.
- Wear an apron.
- Wash your face and eyes right away with plenty of water if anything wet from mother or baby touches you.
- To protect yourself and others from possible infection, bury or burn all waste from the birth, such as dirty cloths, razor blade used to cut the cord, and the afterbirth.



Be sure every new baby can breathe and is dry and warm.

- As soon as the baby is born, dry him gently all over with a clean, dry cloth, and discard the wet cloth.
- Wipe fluids from the nose and mouth with a clean cloth.
- Do not rub away the white film on the baby's skin. It protects the skin.
- Cover the baby with a second dry, clean cloth to keep it warm. Cover the baby's head.
- Check to see if the baby is breathing well.
- If the baby is not crying at birth, rub her back deeply to make her cry and take a breath.
- Do not bathe the baby for at least 24 hours.



Is the baby breathing well, right after birth?	
Breathing well ✓	Not breathing well ✗
Baby is crying	Baby is not crying
You can see baby breathing	You cannot see baby taking breaths
Baby's skin, lips, and tongue are pink, or same color as the mother	Skin, lips, or tongue are blue
	Baby is gasping or having a hard time taking breaths
	Skin around ribs draws in when baby breathes
If the baby is not breathing after birth, you should begin steps to help the baby to breathe within the very first minute.	

Emergency: Baby is not breathing or has trouble breathing

Emergency Actions to Take Until New Baby Breathes:

Send someone to get a health worker or arrange transport, but do not wait to begin with first step below. Check after each step to see if baby is breathing.

- Wipe baby's face with a clean cloth.
- Clear nose and mouth with clean cloth to remove any fluid.
- Rub the baby's back briskly.
- Try steps again until baby breathes or you reach a health worker.

Tie and cut the cord with a clean blade.

- Wash your hands with soap and water again.
- Use a clean thread to tie the cord tightly at least two finger-widths away from the baby's belly.
- Tie a second clean thread two finger-widths away from the first one.
- Cut the cord between the ties using a new razor blade.
- Do NOT put anything on the stump, unless a health worker tells you to.
- Check often over the next day that the cord stump is not bleeding.

Emergency: Cord stump bleeds more than a few drops after cord is cut

Emergency Action to Take:

- Tie a new, clean thread tightly at end of stump to stop bleeding.
- If bleeding does not stop, tie a third clean thread and call for a health worker or take baby to one right away.



Keep baby warm and with the mother.

Once cord is cut, place baby on top of the mother's tummy or chest, skin-to-skin. Cover with a dry, clean cloth to keep both warm. Cover the baby's head.

Help the mother breastfeed the baby.

- Put the baby to the breast as soon as possible and before one hour after the birth, even before the afterbirth comes out.
- Give the baby the first yellow breast milk to protect him from illness.
- Mother should breastfeed the baby whenever she wants to feed.
- Only feed the baby from the breast. No other feeds such as water, sugar water, or butter are necessary and may harm the baby.



Problem: Baby does not suck or sucks poorly



Action to Take:

- Mother should offer breast often.
- Help the mother to:
 - ◆ Sit or lie comfortably.
 - ◆ Hold the baby's body against hers.
 - ◆ Have the baby face the breast.
 - ◆ Hold the breast and touch the baby's cheek with the nipple, so baby turns and opens mouth.
 - ◆ Fix the baby's mouth on the nipple. Make sure baby is in a comfortable position to feed.
- If baby is too sleepy to feed, try to wake him by rubbing body, arms, or legs.
- If baby is still not feeding from the breast after one hour, squeeze the first, yellow fluid from the breast into a clean cup or spoon. Feed this to baby often and in small amounts, making sure baby can swallow it.
- If baby does not feed well within the first 24 hours after birth, see a health worker/trained community volunteer.

Make sure these things happen in the first seven days after birth.

- Mother and baby should see a health worker to:
 - Be sure both are healthy
 - Give the baby vaccines to protect her from preventable diseases
 - Learn when to come for the next shots for baby
 - If wanted, choose a method to space the next birth for at least 36 months
 - Register the birth
 - Give the mother Vitamin A to protect her and baby
- Baby feeds from breast whenever he wants. (If baby pees at least five times a day and has yellowish poop at least four times each day during the first week after birth, he is getting enough milk.)
- Baby is warm, dry, and clean.
- Mother and baby sleep together under an insecticide-treated bed net in areas with lots of mosquitoes.
- Mother eats two extra meals each day and gets plenty of sleep.



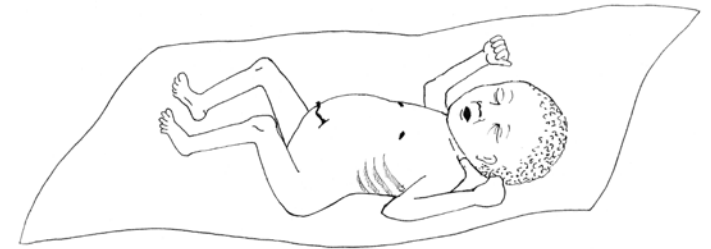
BABIES THAT NEED SPECIAL CARE

Baby is small.

Actions to Take:

All small babies should see a health worker or trained community volunteer as soon as possible after birth. Small babies need help even more quickly than other babies. While preparing to see the health worker:

- Watch for ***all the danger signs*** and take action right away.
- Pay extra attention to ***actions to keep a new baby healthy***.
- Have mother hold baby with skin of his body against skin her chest. Cover baby's body and head.
- Make sure baby is dry and warm. Small babies get cold easily.
- Give baby small feeds at least every two hours. If baby can't suck, squeeze breast milk into a clean cup or spoon and give small feeds, if baby can swallow.



Baby's mother has or thinks she could have HIV.

The baby can become infected with HIV during birth. It is important for a mother with HIV to see a health worker before the birth to protect the baby from infection. Families should pay special attention to the messages on p. 2 about protecting caregiver, mother, and baby at birth.

Action to Take:

The mother should see a health worker before the birth to:

- Get tested
- Get medicine for both mother and baby
- Get advice on feeding baby

IMPORTANT ACTIONS TO KEEP A NEW BABY HEALTHY

Make sure anyone who touches the baby washes hands with soap and water first.

Help the baby feed often.

- Baby should breastfeed within one hour of birth.
- Mother should feed the baby from the breast whenever he wants.
- Mother should offer breast often, at least every three hours during both day and the night.

Keep the baby's skin, cord stump, and eyelids clean and dry.

- Do not put anything, like medicine or a bandage, on the stump, unless a health worker tells you to.
- If they are dirty, wipe each of the baby's eyelids separately with a clean cloth dipped in cooled, boiled water.
- Wait at least the first 24 hours before bathing the baby.
- Only clean the baby with a damp cloth (not a full bath) until the cord stump falls off.
- After cleaning the baby, dry him and wrap its body and head in a clean dry cloth right away.

Keep sick people away from the baby.



Make sure baby is dry and not too cool or warm.

If baby feels cool,

- Make sure baby is dry.
- Keep the baby's body skin against the mother's body skin and cover the baby.
- Keep the baby's body and head covered.
- Breastfeed often.

If baby feels warm,

- Keep baby in the coolest part of the house.
- Take off some, but not all, of baby's clothes and loosen wraps.
- Bathe baby in lukewarm water, not cool or cold water. Dry baby well.
- Breastfeed often.

Look at the baby carefully at least once a day, without her clothes on.

If for any reason the baby does not look well or something seems wrong, consult a health worker. When new babies get sick, they can get worse very fast.



WHAT TO DO IF BABY SHOWS DANGER SIGNS AFTER BIRTH

As soon as possible after delivery, every mother and baby—whether they have problems or not—should visit a health worker.

If the baby shows any of these danger signs, you should first help the baby. Then **take her to see a health worker right away**. This is why making an emergency plan before the birth is so important.

Danger! If the baby shows any of these signs, see a health worker or trained community volunteer right away

- Trouble feeding
- Less energy
- Too hot or cold
- Trouble breathing
- Fits
- Infected belly button, eyes, or skin

Baby has trouble feeding.

- Can't suck
- Sucks weakly
- Stops feeding sooner than usual

Baby has less energy.

- Is less active
- Is not feeding
- Moves only when touched
- Feels limp

Baby is too cold or too hot.

Too hot:

- ◆ Body feels too hot
- ◆ Mouth feels hot during breastfeeding

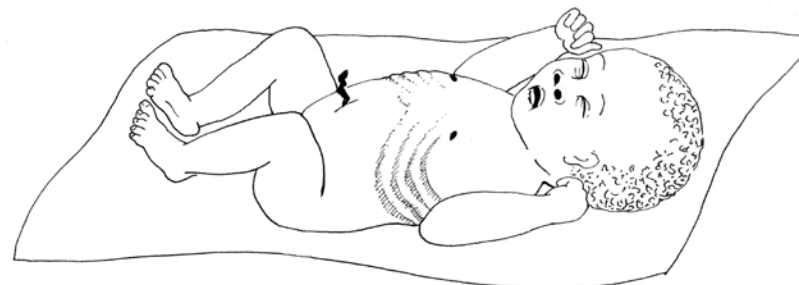
Too cold:

- ◆ Both hands and feet feel cold
- ◆ If severe, tummy also feels cold



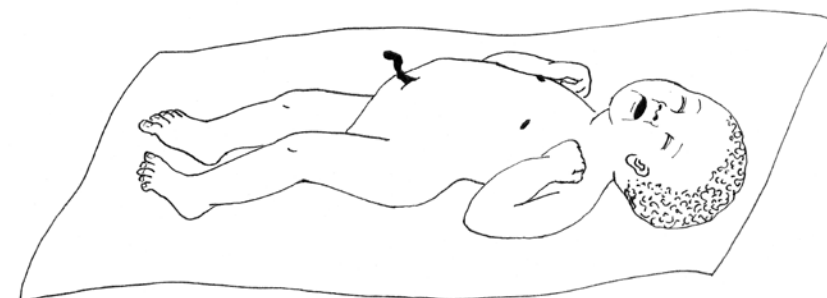
Baby has trouble breathing any time after birth.

- Baby breathes very slowly
- Nostrils widen
- Baby is breathing very fast
- Skin around ribs draws in a lot when baby breathes



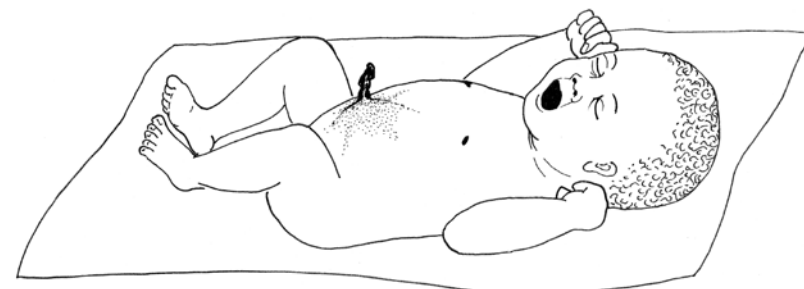
Baby has fits.

If the baby has stiff or jerky motions of the arms or legs, take it to see a trained health worker.



Baby's belly button, eyes or skin is very infected.

- Eyelids are puffy or red.
- Pus (yellowish liquid) oozes from the eyes or belly button.
- Belly button smells bad.
- Skin has a rash with pus.
- Skin or eyes become yellowish.



Reminder about danger signs to watch for in the mother

**During pregnancy and for the first month after the baby is born,
watch closely for signs that the mother is in danger.**

Take her to the clinic right away if she is:

- | | |
|---|---|
| <ul style="list-style-type: none">• Bleeding heavily• In severe pain• Fainting• Very weak• Having fits• Feverish | <ul style="list-style-type: none">• Smelling very bad near birth canal• Having severe headache• Having trouble seeing clearly or breathing• Feeling hot, red, or painful lump in her breast and feverish• Swollen in the face and hands |
|---|---|

If the mother is bleeding heavily, she is in real danger and needs to get help from a health worker right away. If this happens around the time of birth, while getting her to a clinic, help the mother to:

- Squat and pass urine
- Lie down
- Massage her stomach over the womb
- Drink fluids often, if she is able
- Breastfeed her baby or rub mother's nipples, if baby cannot feed (This can help stop the bleeding.)
- Have someone hold her womb with two hands, through her tummy
- Press a clean pad between her legs, but DO NOT put anything inside the mother

HOW TO TAKE A NEW BABY TO GET HELP

If you need to take a sick baby to see a health worker,

- Plan ahead how you will get the baby to a health worker and pay for emergency expenses.
- Make sure baby is warm, dry, and covered.
- Continue to feed baby with breast milk (even on the way to the health facility).
- Check that baby is warm, dry, can breathe, and feeds often. (See action steps.)
- Have mother carry the baby against her chest with baby's skin against her skin. Cover the baby's body and head.
- Make sure the mother has enough food for the trip and something to drink.
- If mother cannot go, find someone to put the baby skin to skin with baby's head covered.
- Send a companion along to help. If at all possible this person should be able to make decisions about the baby's care.

