

Essential Newborn Care 2

SIMULATION PRACTICE CARDS



Quick, hands-on practice of Assessment and Continuing Care

- Learning cases for two or three people
- Based on situations that providers encounter in the health facility



**World Health
Organization**

The recommended management of the cases is based on WHO guidelines

Essential Newborn Care 2
Simulation Practice Cards:
Quick, hands-on practice of
Assessment and Continuing Care

WHO/UHL/MCA/NBH/2024.6
© **WHO 2024**. Some rights reserved.
This work is available under the
CC BY-NC-SA 3.0 IGO license

<https://hmbs.org/>

ACTION PLAN
Essential Newborn Care 2
 Assessment and Continuing Care

60 min
90 min

Prevent infection

Provide respectful care

Record and use data

Identify risk factors

Assess

- Temperature
- Weight
- Exam
- Eye care
- Cord care
- Vitamin K

If at any time
DANGER SIGN
immediately give antibiotics and seek advanced care

Prevent disease

CLASSIFY

ROUTINE
 Weight ≥2500g
 Temp 36.5 – 37.5 °C
 Feeding well, Normal exam

Maintain normal temperature

Support breastfeeding

Advise about breastfeeding problems

Reassess for discharge

Immunize
Advise about home care

INTERMEDIATE
 Weight 1500 – <2500g, Temp 35.5 – 38 °C
 Feeding difficulty, Risk of infection

Maintain skin-to-skin
Support breastfeeding
Treat risk of infection

Reassess

Low weight or low temperature → Provide continuous skin-to-skin → Improve thermal care → Reassess

Feeding difficulty → Express breast milk → Feed with cup or tube → Transition to exclusive breastfeeding → Reassess

Improved → Prepare for discharge

Low weight → Immunize
Advise about home care and community support

ADVANCED
 Weight <1500g
 DANGER SIGNS:
 Breathing >60
 Chest indrawing
 Temp <35.5 °C or >38 °C
 Not feeding
 No movement
 Convulsions
 Severe malformation
 Birth injury

Danger signs

CASE 1: Es

As the mother...
 “A term baby...
 Mother had an unco...
 Show how you will a...
 the mo...”

Provider Demonstrate action and communicate

- ☐ Identify risk factors
- ☐ Assess
 - Temperature
 - Weight
 - Exam
- ☐ Prevent disease

© 2014 World Health Organization. All rights reserved.

World Health Organization

Case

As the mother (or helper), read out loud to the provider:
"A term baby cried at birth and breastfed in the first hour. Mother had an uncomplicated pregnancy, labour and vaginal delivery. Show how you will assess and classify the baby and communicate with the mother (assessment findings: normal)."

Mother (or helper) If action is not done, use the prompts to provide hint

- Document the findings of assessment, treatments, and classification.

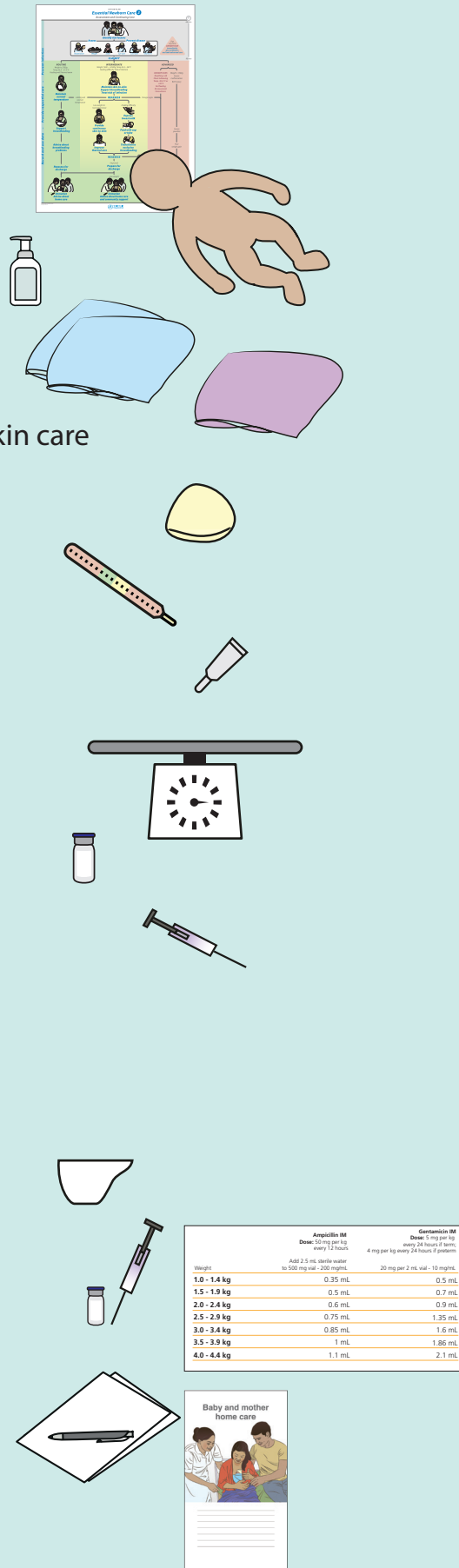
"Is my baby OK?"

- How did you provide respectful care and communicate?
- prevent infection?
- record and use data?

Discuss together

EQUIPMENT

- Action Plan
- Newborn simulator
- Hand cleaner
- Cloths (dry and clean)
- Wrap or binder for skin-to-skin care
- Head covering
- Thermometer
- Eye ointment
- Infant scale
- Vitamin K vial
- Syringe
- (Breast model)
- (Breast milk container)
- Feeding cup
- Antibiotics
- Antibiotic dosage table
- Pen and paper
- Parent Guide



HOW TO USE THE SIMULATION PRACTICE CARDS

1. **Work in groups of two or three**

2. **Choose the case you want to practise**

3. **Find the necessary equipment**

4. **Choose roles and start the exercise**

Mother:

- Read the case
- Engages with the simulator, ask questions, give prompts as needed

Provider:

- Demonstrate action step without looking at checklist (look at the Action Plan)
- Communicate with the mother (and the helper)

Helper (optional):

- Give prompts as needed.

5. **Participants switch roles and repeat the exercise**

6. **When the exercise is finished, review the action steps and Discuss together:**

- Provider/s review the action steps and reflect on their performance.
- Mother/s and helper/s give comments to improve performance and show steps that were missed during the exercise.

Essential Newborn Care 2

Assessment and Continuing Care

60 min



Identify risk factors

Assess

Prevent disease



Temperature



Weight



Exam



Eye care



Cord care



Vitamin K

If at any time
DANGER SIGN
immediately
give antibiotics
and seek advanced care

CLASSIFY

90 min

ROUTINE

Weight ≥ 2500 g
Temp $36.5 - 37.5^\circ\text{C}$
Feeding well. Normal exam



**Maintain
normal
temperature**



**Support
breastfeeding**

**Advise about
breastfeeding
problems**

**Reassess for
discharge**



**Immunize
Advise about
home care**

INTERMEDIATE

Weight $1500 - <2500$ g, Temp $35.5 - 38^\circ\text{C}$
Feeding difficulty. Risk of infection



**Maintain skin-to-skin
Support breastfeeding
Treat risk of infection**

REASSESS

Low weight or
low temperature



**Provide
continuous
skin-to-skin**



**Improve
thermal care**

Feeding difficulty



**Express
breast milk**



**Feed with cup
or tube**



**Transition to
exclusive
breastfeeding**

REASSESS

Improved

**Prepare for
discharge**

Low weight



**Immunize
Advise about home care
and community support**

ADVANCED

DANGER SIGNS
Breathing >60
Chest indrawing
Temp $<35.5^\circ\text{C}$ or
 $>38^\circ\text{C}$
Not feeding
No movement
Convulsions

Weight <1500 g
Severe
malformation
Birth injury

Severe
jaundice

Poor
weight gain



**Give
antibiotics**



**Stabilize
for referral as
needed**

Prevent infection
-
Provide respectful care
-
Record and use data

CASE 1: Essential care from 60 – 90 minutes

As the mother (or helper), read out loud to the provider:

**“A term baby cried at birth and breastfed in the first hour.
Mother had an uncomplicated pregnancy, labour and vaginal delivery.
Show how you will assess and classify the baby and communicate with
the mother (assessment findings: normal).”**

Provider Demonstrate action steps
and communicate

Mother (or helper) If action is not
done, use the prompts to provide hint

☐ **Identify risk factors**

“Is my baby sick?”

☐ **Assess**

- *Temperature*
- *Weight*
- *Exam*

“Is my baby cold?”

“How much does my baby weigh?”

“Tell me what you are doing.”

☐ **Prevent disease**

- *Eye care*
- *Cord care*
- *Vitamin K*

“What are you doing? Why?”

☐ **Classify as Routine care**

“What happens with my baby now?”

☐ **Document the findings of
assessment, treatments, and
classification.**

“Is my baby OK?”

Discuss together

What went well?

Did you follow the Action Plan?

If not, why, and what will you change?

How did you

- provide respectful care and communicate?
- prevent infection?
- record and use data?

Essential Newborn Care 2

Assessment and Continuing Care

60 min



Identify risk factors

Assess

Prevent disease



Temperature



Weight



Exam



Eye care



Cord care



Vitamin K

If at any time
DANGER SIGN
immediately
give antibiotics
and seek advanced care

CLASSIFY

90 min

ROUTINE

Weight $\geq 2500\text{g}$
Temp $36.5 - 37.5^\circ\text{C}$
Feeding well. Normal exam



**Maintain
normal
temperature**



**Support
breastfeeding**

**Advise about
breastfeeding
problems**

**Reassess for
discharge**



**Immunize
Advise about
home care**

INTERMEDIATE

Weight $1500 - <2500\text{g}$, Temp $35.5 - 38^\circ\text{C}$
Feeding difficulty. Risk of infection



**Maintain skin-to-skin
Support breastfeeding
Treat risk of infection**

REASSESS

Low weight or
low temperature



**Provide
continuous
skin-to-skin**



**Improve
thermal care**

Feeding difficulty



**Express
breast milk**



**Feed with cup
or tube**



**Transition to
exclusive
breastfeeding**

REASSESS

Improved

**Prepare for
discharge**

Low weight



**Immunize
Advise about home care
and community support**

ADVANCED

DANGER SIGNS
Breathing >60
Chest indrawing
Temp $<35.5^\circ\text{C}$ or
 $>38^\circ\text{C}$
Not feeding
No movement
Convulsions

Weight $<1500\text{g}$
Severe
malformation
Birth injury

Severe
jaundice

Poor
weight gain



**Give
antibiotics**



**Stabilize
for referral as
needed**

Prevent infection
-
Provide respectful care
-
Record and use data

CASE 2: Routine care

As the mother (or helper), read out loud to the provider:

“At 2 hours of age a baby with a birth weight of 2900 grams is transferred to the postnatal ward. The baby fed well at birth, had a temperature of 36.7 °C while skin-to-skin. Show how you will provide routine care and communicate with the mother.”

Provider Demonstrate action steps and communicate

Mother (or helper) If action is not done, use the prompts to provide hint

- ☐ **Maintain normal temperature**
- ☐ **Support breastfeeding**
- ☐ **Advise about breastfeeding problems**

“My baby is getting cold.”

“My baby is opening her mouth.”

“My baby will not attach to the breast.”

“The baby is now 24 hours old and mother is ready to go home. Show what you will do and communicate.”

- ☐ **Reassess for discharge**

- Temperature
- Exam
- Adequacy of feeding

“Is my baby ready to go home?”

- ☐ **Immunize**

- According to local guidelines

“Does my baby need immunizations now?”

- ☐ **Advise about home care**

- Use Parent Guide

“I am not sure what to do at home.”

- ☐ **Complete the newborn record**

Discuss together

What went well?

Did you follow the Action Plan?

If not, why, and what will you change?

How did you

- provide respectful care and communicate?
- prevent infection?
- record and use data?

Essential Newborn Care 2

Assessment and Continuing Care

60 min

90 min

Prevent infection – Provide respectful care – Record and use data



Identify risk factors

Assess

Prevent disease



Temperature



Weight



Exam



Eye care



Cord care



Vitamin K

If at any time
DANGER SIGN
immediately
give antibiotics
and seek advanced care

CLASSIFY

ROUTINE

Weight ≥ 2500 g
Temp $36.5 - 37.5^\circ\text{C}$
Feeding well. Normal exam



**Maintain
normal
temperature**



**Support
breastfeeding**

**Advise about
breastfeeding
problems**

**Reassess for
discharge**



**Immunize
Advise about
home care**

INTERMEDIATE

Weight $1500 - <2500$ g, Temp $35.5 - 38^\circ\text{C}$
Feeding difficulty. Risk of infection



**Maintain skin-to-skin
Support breastfeeding
Treat risk of infection**

REASSESS

Low weight or
low temperature



**Provide
continuous
skin-to-skin**



**Improve
thermal care**

Feeding difficulty



**Express
breast milk**



**Feed with cup
or tube**



**Transition to
exclusive
breastfeeding**

REASSESS

Improved
**Prepare for
discharge**

Low weight



**Immunize
Advise about home care
and community support**

ADVANCED

DANGER SIGNS
Breathing >60
Chest indrawing
Temp $<35.5^\circ\text{C}$ or
 $>38^\circ\text{C}$
Not feeding
No movement
Convulsions

Weight <1500 g
Severe
malformation
Birth injury

Severe
jaundice

Poor
weight gain

**Give
antibiotics**



**Stabilize
for referral as
needed**



World Health
Organization

CASE 3: Intermediate care

As the mother (or helper), read out loud to the provider:

“At 90 minutes of age, a baby with a birth weight of 1900 grams has a temperature of 36.9 °C . The baby can swallow but cannot attach to the breast. Show how you will provide intermediate care and communicate.”

Provider Demonstrate action steps and communicate

Mother (or helper) If action is not done, use the prompts to provide hint

- ☐ *Classify INTERMEDIATE CARE*
Weight 1500 – <2500g, Temp 35.5–38 °C
Feeding difficulty. Risk of infection
- ☐ **Maintain skin-to-skin**
- ☐ **Support breastfeeding**
- ☐ **Treat risk of infection**
- ☐ **Reassess**
- ☐ **Express breast milk**
- ☐ **Feed with cup**

“Is my baby cold?”

“My baby will not attach to the breast.”

“Does my baby need any special treatment?”

“How can my baby get milk?”

During the night, the baby feels cold to touch. The temperature is 35.7 °C . Show how you will provide care and communicate.”

- ☐ *Recognize low temperature*
- ☐ **Improve thermal care**
 - Cover baby’s head
 - Make sure baby is skin-to-skin
 - Cover mother and baby with extra blanket
 - Make sure room is warm
 - Prolong skin-to-skin care
- ☐ **Reassess temperature**

“My baby feels cold.”

“How can I keep my baby warm?”

Discuss together

What went well?

Did you follow the Action Plan?

If not, why, and what will you change?

How did you

- provide respectful care and communicate?
- prevent infection?
- record and use data?

Essential Newborn Care 2

Assessment and Continuing Care

60 min



Identify risk factors

Assess

Prevent disease



Temperature



Weight



Exam



Eye care



Cord care



Vitamin K

If at any time
DANGER SIGN
immediately
give antibiotics
and seek advanced care

CLASSIFY

90 min

ROUTINE

Weight ≥ 2500 g
Temp $36.5 - 37.5^\circ\text{C}$
Feeding well. Normal exam



**Maintain
normal
temperature**



**Support
breastfeeding**

**Advise about
breastfeeding
problems**

**Reassess for
discharge**



**Immunize
Advise about
home care**

INTERMEDIATE

Weight $1500 - <2500$ g, Temp $35.5 - 38^\circ\text{C}$
Feeding difficulty. Risk of infection



**Maintain skin-to-skin
Support breastfeeding
Treat risk of infection**

REASSESS

Low weight or
low temperature



**Provide
continuous
skin-to-skin**



**Improve
thermal care**

Feeding difficulty



**Express
breast milk**



**Feed with cup
or tube**



**Transition to
exclusive
breastfeeding**

REASSESS

Improved

**Prepare for
discharge**

Low weight



**Immunize
Advise about home care
and community support**

ADVANCED

DANGER SIGNS
Breathing >60
Chest indrawing
Temp $<35.5^\circ\text{C}$ or
 $>38^\circ\text{C}$
Not feeding
No movement
Convulsions

Weight <1500 g
Severe
malformation
Birth injury

Severe
jaundice

Poor
weight gain



**Give
antibiotics**



**Stabilize
for referral as
needed**

Prevent infection
-
Provide respectful care
-
Record and use data

CASE 4: Transition to home after intermediate care

As the mother (or helper), read out loud to the provider:

"A baby born at 1600 grams is now 3 weeks old.

He received nasogastric feeds and required continuous skin-to-skin care.

He now weighs 1850 grams and is breastfeeding well.

Show how you will assess the baby and mother to determine if baby is ready for discharge and advise about home care."

Provider Demonstrate action steps and communicate

Mother (or helper) If action is not done, use the prompts to provide hint

☐ **Reassess**

☐ Recognize readiness for discharge

- Baby is breathing normally (no chest indrawing, respiratory rate < 60/min, no apnea)
- Temperature is stable (36.5 – 37.5 °C) wrapped in two blankets
- Weight gain is adequate over the last week
- Mother has established successful breastfeeding
- Mother has demonstrated confidence in caring for the baby

"How is my baby?"

"Is his temperature OK?"

"Is my baby growing?"

"How do I know he is getting enough milk?"

Baby is ready for discharge. Advise about home care.

☐ **Prepare for discharge**

☐ **Immunize**

☐ **Advise about home care**

- Encourage handwashing and keeping surroundings clean
- Discuss how to keep a baby warm
- Encourage exclusive breastfeeding
- Review how to assess the baby for changes, recognize and respond to Danger Signs
- Schedule and document appropriate follow-up (postnatal) visits

"What do I do at home?"

☐ **Advise about community support**

- Communicate with care providers in the community

Discuss together

What went well?

Did you follow the Action Plan?

If not, why, and what will you change?

How did you

- provide respectful care and communicate?
- prevent infection?
- record and use data?

Essential Newborn Care 2

Assessment and Continuing Care

60 min



Identify risk factors

Assess

Prevent disease



Temperature



Weight



Exam



Eye care



Cord care



Vitamin K

If at any time
DANGER SIGN
immediately
give antibiotics
and seek advanced care

CLASSIFY

90 min

ROUTINE

Weight $\geq 2500\text{g}$
Temp $36.5 - 37.5^\circ\text{C}$
Feeding well. Normal exam



**Maintain
normal
temperature**



**Support
breastfeeding**

**Advise about
breastfeeding
problems**

**Reassess for
discharge**



**Immunize
Advise about
home care**

INTERMEDIATE

Weight $1500 - <2500\text{g}$, Temp $35.5 - 38^\circ\text{C}$
Feeding difficulty. Risk of infection



**Maintain skin-to-skin
Support breastfeeding
Treat risk of infection**

REASSESS

Low weight or
low temperature



**Provide
continuous
skin-to-skin**



**Improve
thermal care**

Feeding difficulty



**Express
breast milk**



**Feed with cup
or tube**



**Transition to
exclusive
breastfeeding**

REASSESS

Improved

**Prepare for
discharge**

Low weight



**Immunize
Advise about home care
and community support**

ADVANCED

DANGER SIGNS
Breathing >60
Chest indrawing
Temp $<35.5^\circ\text{C}$ or
 $>38^\circ\text{C}$
Not feeding
No movement
Convulsions

Weight $<1500\text{g}$
Severe
malformation
Birth injury

Severe
jaundice

Poor
weight gain



**Give
antibiotics**



**Stabilize
for referral as
needed**

Prevent infection
-
Provide respectful care
-
Record and use data

CASE 5: Advanced care

As the mother (or helper), read out loud to the provider:

"A baby born at 1900 grams has fast breathing in the first hours after birth. The baby develops chest indrawing and at 4 hours is breathing 100 breaths/minute, grunting, and has not latched or breast fed."

Provider Demonstrate action steps and communicate

Mother (or helper) If action is not done, use the prompts to provide hint

- ☐ *Recognize Danger Signs (fast breathing, chest indrawing, grunting, difficulty feeding)*
- ☐ **Gives antibiotics**
- *Correct type, dosage and route*
- ☐ **Stabilize for referral as needed**
- ☐ **Complete the newborn record and referral note**

"What is wrong with my baby?"

"What can you do to help my baby?"

A baby born at 35 weeks gestation breathes well at birth and latches at breast in the first hour. The baby remains with mother skin-to-skin. At 18 hours of age, the baby is jaundiced to her palms and soles.

- ☐ *Recognize severe jaundice*
- ☐ **Stabilize for referral as needed**
- ☐ **Complete the newborn record and referral note**

"What is wrong with my baby?"

"What can you do to help my baby?"

Discuss together

What went well?

Did you follow the Action Plan?

If not, why, and what will you change?

How did you

- provide respectful care and communicate?
- prevent infection?
- record and use data?