

## Purpose

The purpose of this role play is to help you practice counseling and teaching skills and to review the information families need to know about newborn care.

## Role Playing and Observation

Everyone will participate either by playing a role or by observing. During the role play, observers should think about what they see and prepare to participate in the discussion

## Discussion of the Role Play

After the role play, the group will discuss what happened, review the performance using the communication clinical observation tool and answer the discussion questions.

***Ask one participant to read the roles and the situation aloud. Then ask three others to act out the situation while the rest of the group observes them. Allow about ten minutes for the role play. Afterwards, thank the actors, and then lead a discussion using the Discussion Questions as a guide. Suggested answers are given below, but the participants will probably have other good answers and observations.***

## Participant Roles

**Health worker:** The health worker is experienced in newborn care and has good communication skills.

**Mother:** Thembi is from an urban area and is planning to return to work as a teacher when her maternity leave ends. She is 33 and has 2 other children at home.

Thembi's mother Nomusa, is with her. They live together.

## Situation:

Thembi gave birth to a healthy full-term baby via vaginal delivery. She has recently been admitted with her baby to the post natal unit. You have finished checking her condition. The baby is lying next to her in the bed. Proceed to assess the baby's condition and support mother to place the baby in skin to skin position (explaining the benefits) and advise her on how to continue assessing her baby (using the Family monitoring booklet if available).

## Questions for discussion and possible answers:

1. How did the health worker show respect and kindness to Thembi and Nomusa?
  - Spoke in a calm reassuring manner, using language that Thembi and Nomusa understood.
  - Listened to what they said and answered their questions in the same reassuring manner.
  - Showed supportive nonverbal behaviors, such as nodding and smiling, to let Thembi and Nomusa know that they were being listened to and understood.
  - Encouraged Thembi and Nomusa to ask questions and express their concerns.
2. How did the healthcare worker assess the baby?
  - Checked the baby's tone and activity
  - Checked the baby's axillary temperature.
  - Observed breathing for any signs of distress.
  - Checked colour for pallor, cyanosis or jaundice
  - Counted the heart rate.
  - Examined the umbilicus for bleeding or signs of infection
  - Checked whether the baby had passed urine or stool
3. How did the healthcare worker ensure that skin to skin was safely initiated?
  - That the baby only had a nappy and cap on.
  - That mum had removed her bra and had the gown open at the front.
  - Ensured that the baby was positioned with arms and legs flexed underneath him and the neck in a neutral (slightly extended position)
  - That the wrap was securely tied over the baby's ears, securing the airway in neutral position.
  - That the wrap was tied in the front so mother could lie comfortably on her back.
4. What key health messages did the health worker discuss with Thembi and Nomusa?
  - Wash your hands before and after handling him.

- Keep assessing your baby's colour, breathing and activity. Call for help if the baby looks pale, blue or yellow, is not feeding well, is vomiting, feels hot or cold, is very sleepy/ floppy or has a fit. Let us know if the baby passes urine or stool.
- Handle the baby gently and lovingly. If he cries, it means he needs something- to be close to you/to be breast fed/ to be winded/ to have his nappy changed.
- Breastfeed the baby exclusively, on demand. Ask for help/support if needed. The family needs to support you to continue exclusive breast feeding at home for at least 6 months. When you return to work you should express your milk and feed the baby with a cup.
- Keep the cord dry and exposed to air outside the nappy.
- Keeping the baby skin to skin helps keep the baby warm, helps with bonding, protects the baby from infection, improves breast feeding and milk protection and helps the baby grow amongst other things. You should keep your baby skin to skin even travelling home and when at home. You can move around with the baby skin to skin as long as the baby is tied securely to you. Your baby will let you know when he no longer wants to remain skin to skin. The rest of the family needs to support you in continuing with skin to skin at home.