



World Health
Organization

Essential newborn care course

TRAINER'S GUIDE

Trainer's Guide

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PART 1

Organization and administration of the ENCC

1. Introduction

1.1 Why is this course needed?

An unacceptable number of babies around the world die in the first week of life with the highest number dying within the first 24 hours of birth.¹ Many of these deaths occur to babies born too early and too small, or with infections, or to babies asphyxiated around the time of delivery. Studies have shown that many newborn lives can be saved by the use of simple low technological interventions. Interventions such as:

- supporting breastfeeding,
- providing adequate warmth,
- ensuring good hygiene and cord care,
- recognizing early signs of danger and providing prompt treatment and referral,
- giving extra care to small babies, and
- having skilled health workers attend mothers and babies at delivery and in the immediate postpartum period can all increase a newborn baby's chances of survival.

The Essential Newborn Care Course (ENCC) aims to ensure health workers have the skills and knowledge to provide appropriate care at the most vulnerable period in a baby's life. Health workers are taught to use WHO's Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice (the PCPNC Guide) – and particularly the sections concerned with newborn care – that provides up-to-date evidence-based information and management of babies with a range of needs in the initial newborn period.

1.2 Who is the course for?

The course is intended for 12 to 24 (maximum) health workers already working or intending to work in a primary-level health facility with mothers and babies between birth and at least the first seven days of life.

Apart from the doctors, other health workers are assumed to:

- have completed a secondary level of education and
- have some level of health-care training.

1.3 Duration of the course

The ENCC takes four or five days to complete (a minimum of four days to cover the core topics) and is designed to be flexible; it can be scheduled to suit the needs of either the course organizers or the participants. The following examples of the different course timetables show the variety of options that can be used:

- Four to five consecutive study days;
- One or two study days a week spread over four or five weeks;

1 Neonatal Survival 1. 4 Million neonatal deaths: When? Where? Why? *Lancet*, March 2005.

- *Eight to 10 half days over a period of days or weeks; or
- *Individual sessions that can be taught over a number of days or weeks.

*It is recommended that the clinical practices be included as part of the study days or weeks in the third option and that the Clinical Practice–Task Sheets are used as soon as possible after the individual sessions under in the last option.

Examples of the various timetables can be found in Part 3 section 10 of this guide.

1.4 Where to hold the course

The course should take place close to one or more health facilities with:

- A minimum of 20 to 30 deliveries a day
- Easy access to postnatal wards
- A special care baby unit
- A paediatric outpatients clinic and/or health centre with a baby clinic
- Baby Friendly Hospital Initiative (BFHI) status.

The course should be taught in a fully equipped training facility (See section 2.4).

1.5 Funding the course

Before a course can take place it is necessary to ensure that funds are available to cover all the following expenses:

- Participants travel and other expenses (as appropriate)
- Trainers travel, other expenses and free or special compensation (if required)
- Payment for clerical support staff
- Travel to and from the health facility (as needed)
- Stationery, equipment and items for demonstration
- Refreshments
- Accommodation and meals (if not covered by daily allowances).

Printing costs should also be considered for course materials such as the Trainer's File, Participant's Workbooks, copies of the PCPNC Guidelines, and any supporting references and recording forms. If a number of courses are expected to be held it is more cost effective to print larger numbers of the course materials than needed for a single course.

If translation of materials is necessary funds need to be identified to cover this work. To ensure the translation is correct, extracts from the translated materials should be translated back into English and compared to the original text.

2. Planning and administration

2.1 Adapting the training materials

This is a generic training course. The course materials should be adapted before using them so that they are consistent with national treatment guidelines and policies.

If the PCPNC Guide is already being used in health facilities, the ENCC materials should be adapted in line with changes made to the Guide. If changes are necessary they should be completed before the translation of any parts of the course.

2.2 Selecting participants

The success of the course depends upon inviting participants who will benefit from the course and be able to use their updated skills and knowledge in their everyday work with mothers and babies. Some staff may also be required to pass on what they learn from the course to their colleagues; it is therefore recommended that:

- participants attend in pairs or in teams and
- at least two health workers are invited from the facility where the clinical practice (CP) sessions are held.

It is important to keep the numbers of participants between 12 and 24 to ensure that group work and CP sessions can be properly facilitated.

2.3 Selecting trainers and clinical facilitators

Trainers

The Essential Newborn Care Course is designed to be taught and facilitated by at least two trainers who:

- have completed the full TOT for the Essential Newborn Care Course,
- are already knowledgeable and skilled in the theory and practice of newborn care, and breastfeeding
- are familiar with and/or use the PCPNC Guidelines.

Clinical facilitators

The CP and group sessions should be facilitated by health workers who:

- are from the health facility where clinical sessions are held;
- are familiar with the PCPNC Guidelines;
- are experienced in the practical care of newborn babies and their mothers;
- can choose appropriate mothers and babies for participants to visit and organize visits to different departments within the health facility (see the CP special instructions for trainers and clinical facilitators in Session 9);
- supervise groups of four participants during the CP sessions and during class group work – clinical facilitators may be asked to supervise individual or small groups of participants at other times if CP sessions are organized between study days (see Timetable 4, section 10, in Part 3 of this guide);
- will discuss participant's experience from CP sessions; and
- have attended a half-day preparation session on group activities and clinical sessions (see checklist 3 – “Checklist for preparing clinical facilitators” – in Part 3 of this guide).

Clinical facilitators **MUST** be available for the full duration of a course.

2.4 Course facilities

Classroom requirements

This course requires:

- one main classroom to accommodate the entire class, trainers, facilitators and visitors, and
- a second smaller classroom for group work.

Each room should be large enough for two or three groups of four participants with their trainer/clinical facilitator to work without disturbing the other groups.

Classroom furniture

The classroom should have:

- at least one table for each group of four participants,
- an additional two tables, one for reference and course materials, the second for the trainer's use, and
- chairs should be easy to move so that they can be rearranged for group work.

The classrooms should be close to the clinical area.

Visual aid equipment required in each classroom includes:

- *PowerPoint projector
- A video or DVD player
- A flip chart and stand
- Wall space for posting flip chart sheets.

*Where it is not possible to have a PowerPoint projector in all classrooms for group work, it will be necessary that participants use their handouts.

Clinical practice facilities

If the health facility is not near the classroom, transport will be required for participants, trainers and clinical facilitators.

A room in the clinical area will be required near the area where the CP takes place. This room can be used for participants, trainers and facilitators to meet before the practice begins and for follow-up discussions during and after clinical visits.

Accommodation and meals

Participant accommodation with breakfast and evening meals should be close to the classroom and health facility.

During the teaching day, refreshments such as coffee, tea, soft drinks and water should be made available at break times, to be taken in or near the classroom. Drinking water should also be available at all times in the classroom.

2.5 Arranging the clinical practice sessions

This course covers a wide range of clinical situations. Its success depends upon the adequate CP opportunities within the health facility and the cooperation of the staff, mothers and babies. If the course takes place in an unfamiliar area, advice must be taken from local contacts. The following steps should be taken to ensure that the health facility is suitable:

A. Visit the health facility before the course

This is essential in order to:

- Gain the support and cooperation of the director and staff of the health facility
- Verify that the health facility has appropriate amenities to support the training course

- Confirm that the health facility practices are consistent with the PCPNC Guide and the BFHI.

(See Checklist 2 – “Preliminary visit to a health facility before a course” – in Part 3 of this guide.)

B. Prepare the facility staff

Inform staff about the course and why it is being held in their health facility and what, if any, their role is to be.

(See Checklist 2 – “Preliminary visit to a health facility before a course” – in Part 3 of this guide.)

C. Involve facility staff in the course

Involve clinical staff from the host health facility as clinical facilitators (see section 2.3 above). The local knowledge and expertise of local clinical staff is a valuable resource.

Invite at least one or two staff to attend the full course (see section 2.2 above). Invite other clinical staff to attend some of the presentations if they have time. Leave a draft timetable at the health facility during the preliminary visit.

Clerical support

Clerical assistance will be required during the course for administrative tasks, photocopying, etc. If possible, involve clinical staff from the host health facility or training establishment (if different).

An outline of clerical tasks should be provided setting out:

- the nature of the tasks to be completed,
- how much time will be required each day, and
- who will provide the necessary paper and other materials.

2.6 Planning the timetable

The timetable has to be flexible enough to meet local, regional or national needs. It can be organized in a number of ways as described in section 1.3 and the model timetables in Part 3 section 10 of this guide. Times for the beginning and ending of each study day may differ from those in the model timetables. Clinical practice sessions in some health facilities will take place in the afternoons and in others will take place in the mornings.

- In Part 3 section 10 of this guide there are six examples of the ways the timetable can be organized. The first timetable is for a period of

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