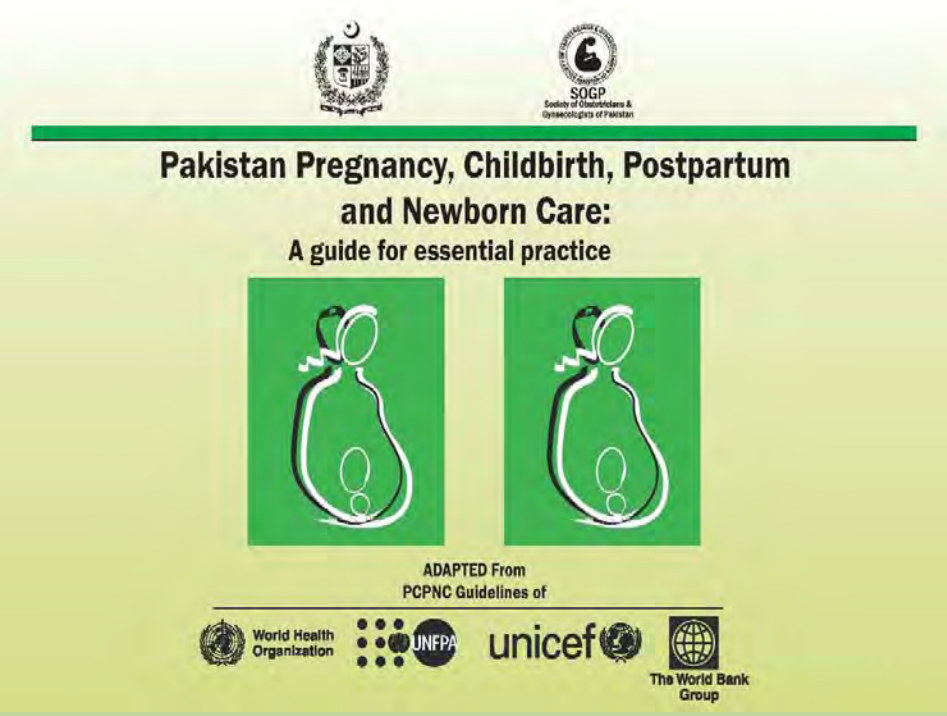
WHO
Pregnancy, Childbirth, Postpartum & Newborn Care Course

Training Manual
Module 1-5

Based on (Adapted - 2011)
Pakistan's Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential Practice



PREGNANCY, CHILDBIRTH, POSTPARTUM & NEWBORN CARE COURSE

MODULE 1

Introduction to PCPNC, Communication Skills & Standard Precautions

Contents:

Introduction to The Pregnancy, Childbirth, Postpartum and Newborn Care (PCPNC) Guide

Module 1 – Session 1

Module 1 – Session 1

Introduction to the Pregnancy, Childbirth, Postpartum and Newborn Care Guide

Objectives:

At the end of this session, participants should:

- Be familiar with and be able to use the 'Pregnancy, Childbirth, Postnatal and Newborn Care: A guide for essential practice.
- Identify and use specific references from the different sections containing information about the pregnant woman, childbirth and post-partum period pertaining to the mother and her baby, including breast-feeding, Post abortion care and family planning.

Session length: 60 minutes

Session outline:

1.	Introduce the session	02 minutes
2.	What is the PCPNC guide and what is its purpose?	06 minutes
3.	How is the PCPNC Guide organised?	12 minutes
4.	Structure and presentation of each section	35 minutes
5.	Using the PCPNC Guide during the course	05 minutes

Checklist – Session 1:

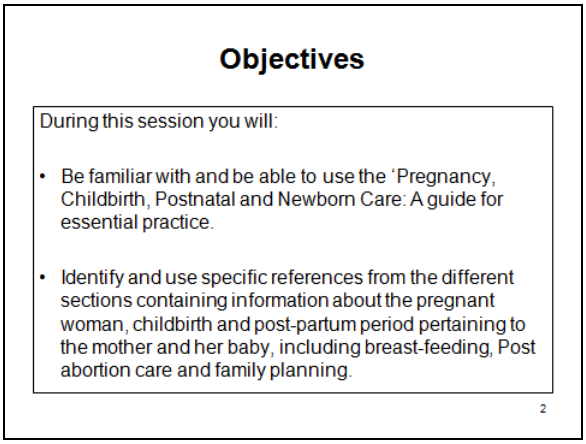
- PowerPoint slides/overheads
- Coloured sticky labels (for tabs/markers)
- PCPNC Guide

1. Introduce the session

☐ Check each participant has, or can share a copy of the PCPNC Guide.

☐ **Show PowerPoint Slide # 2 - "Objectives"**

Show participants the Guide as you tell them the objectives of the session.



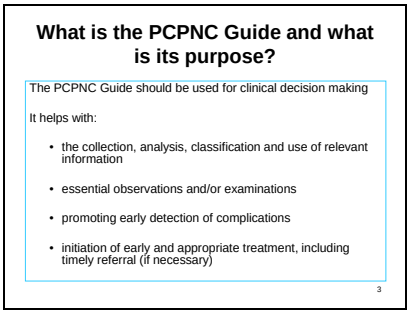
2. What is the PCPNC Guide and what is its purpose?

☐ **Make the following points**

The PCPNC Guide:

- It is a comprehensive evidence based set of guidelines.
- It aims to provide recommendations to guide health workers in the management of women during pregnancy, childbirth, and the postpartum period including post abortion care, and newborn care at birth.
- It is intended for all skilled attendants working at primary health care level either in a health facility or in the community, because it enables health workers to give high quality care to all mothers and babies
- It is important to remember that most women and newborn babies who use the services described in the PCPNC Guide do not have complications. Eighty five percent of all deliveries are normal.
- However, a small proportion of women and newborn babies do have complications and need urgent care, the PCPNC Guide provides guidance to cover all of these situations.
- The purpose of this Guide is to reduce maternal and newborn morbidity and mortality.

☐ **Show PowerPoint slide # 3 "What is the PCPNC Guide and what is its purpose?"**



3. How is the PCPNC Guide organised?

 Participants to open the Guide at the first page of the **TABLE OF CONTENTS**

➢ If participants are sharing manuals, tell them to work in pairs.

☐ As the following points are made show examples from the 'Table of contents'.

- The Guide is presented in the following way:
  - It is divided into 14 sections with an introduction and glossary.
  - The 14 sections are identified by a different colours and letters of the alphabet **A-N.**
  - Each section begins with a page illustrating and describing the contents covered e.g. **A1, B1, C1, DI....to N1**

 Find and look at **A1, B1, C1.**

Ask: Different participants to read the section headings **A** to **N**.

- The **clinical content** of the Guide is divided as into **six sections**. Which are:

B. Quick check (triage), emergency management (called Rapid Assessment and Management or RAM) and referral, followed by a chapter on emergency treatments for the woman and Post-abortion care.
C. Antenatal care.
D. Labour and delivery.
E. Postpartum care.
J. Newborn care.

In addition to the clinical care outlined above, other sections in the guide include:

F – Preventative measures and additional treatment for the woman
G – Key information on HIV, Hepatitis B, Hepatitis C, Diabetes Mellitus, Malaria and Tuberculosis
H – The woman with special needs.
I – Community Support for Maternal and Newborn health
K - Breastfeeding, care, preventative measures and treatment for the newborn
L - Equipment, Drugs, supplies and laboratory tests
M – Information and Counselling sheets
N – Records and Forms

4. Structure and presentation

 Find the page **'Structure and presentation'**

➢ This page explains how the Guide works.

☐ Use the following references to section pages to illustrate the information given under each of the headings:

- Flow Charts C2
- Use of colour C3
- Key sequential steps D8
- Treatment and Advice pages C4
- Information and counselling sheets C16

Find and look at **A1**

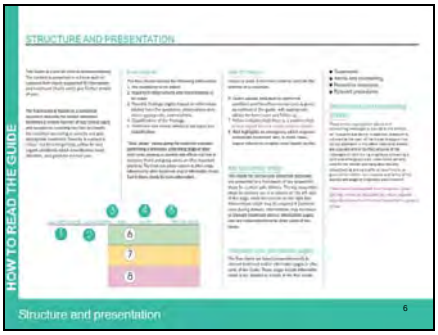
- ☐ Each section begins with a page illustrating and describing the contents covered.
  - Note illustrations of page outlines

LABEL this section

Show participants an example of the PCPNC Guide with appropriate pages and sections marked.

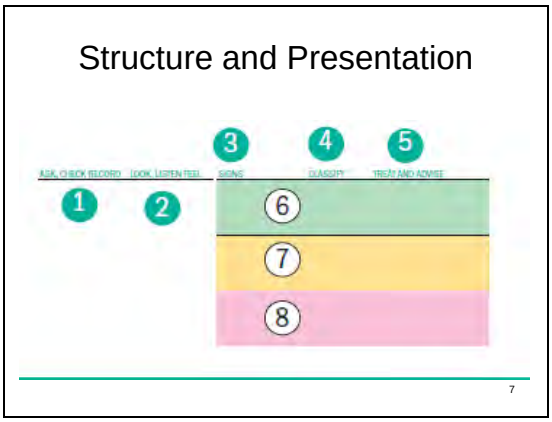
Ask: the participants to open the Guide to page titled as structure and presentation

- ☐ **Show PowerPoint slide # 4 "Structure and presentation"**



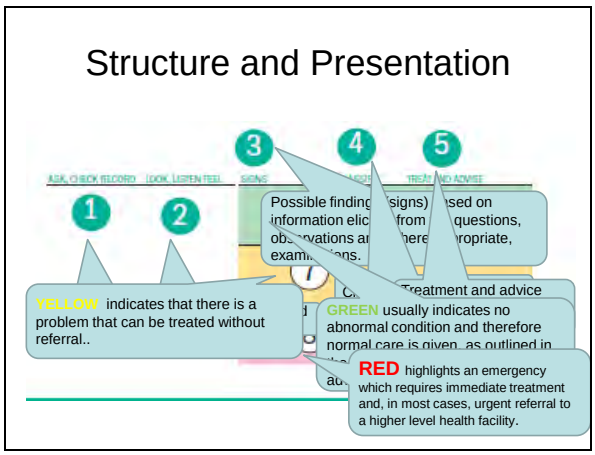
Ask: the participants to concentrate on colored box.

- ☐ Show participants PowerPoint slide # 5 "Structure and presentation"



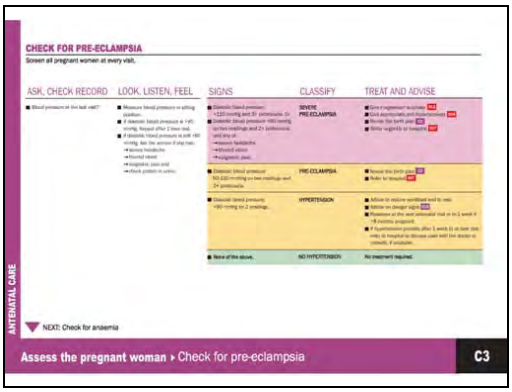
Ask: the participants to read points 1-5 under Flow charts and 6-8 under Use of colours.

- ☐ **Show participants PowerPoint slide # 6 "Structure and presentation"**



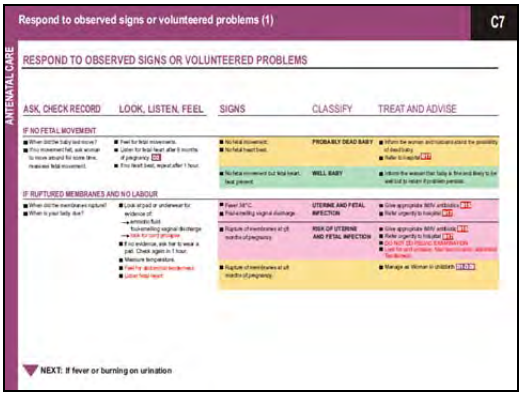
Participants to open C3 on the Guide.

- **Show participants PowerPoint slide # 8 "Check for pre eclampsia/C3" and explain Flow chart and Use of colours on this.**



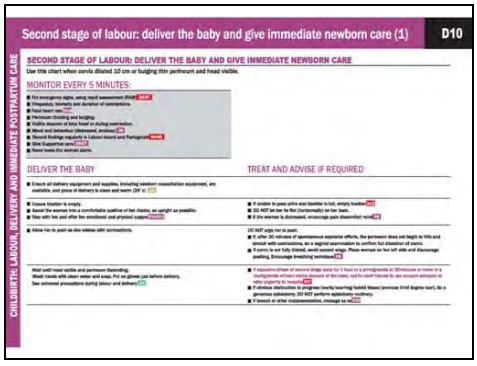
Participants to open C7 on the Guide.

- **Show participants PowerPoint slide # 8 "Respond to observed signs or volunteer problems (1) C7 and again explain Flow chart and Use of colours on this.**



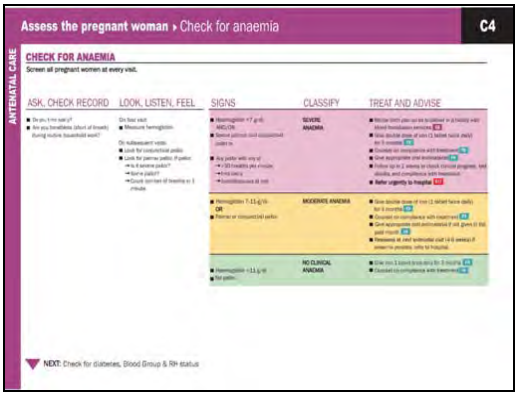
Participants to open D10 on the Guide.

- **Show participants PowerPoint slide # 9 "Assess the pregnant women/D10" and explain the Key sequential steps, which are Column on left side is about key sequential steps for deliver while columns of right side show interventions, which may require if problem arise during delivery.**



Participants to open C4 on the Guide.

- **Show participants PowerPoint slide # 10 "Assess the pregnant women/C4" and explain the treatment and information on this page and use of cross references.**



Participants to open C16 on the Guide.

- **Show participants PowerPoint slide # 11 "Assess the pregnant women/C16" and explain the information and counselling on this page. Also tell participants that in some pages you will see the preventive measures and relevant procedures where applicable.**

☐ Follow the instructions given in the following boxes:

Ask participants to:	**Information** to find/observe:

Find **B1**
 	
Turn to **B2**
 	
Read the name of sections **B3 - B7**
Read the name of sections **J1 - J11**
	➢ Read the heading for **B1** aloud **(Quick check, rapid assessment and management of women of childbearing age)**
	
	Quick check
	• Follow through each part of the flowchart.
	• Look at the colour of the sections:
	  • RED for **Emergency for mother/baby**
	  • GREEN for **Routine care**
	• Look at cross references to **B3 – B7**
	• Look at cross references to **J1 –J11**

Find **B8** Read the name of sections **B9-B17** Turn to **B11** Turn to **B13** Turn to **B16**	➢ Read the heading for **B8** aloud **(Emergency Treatments for the Woman)** ➢ Ask participants to go through sections one by one ➢ Ask one participants to read the heading of B11 aloud • Find the cross references and read them aloud e.g. **B9** is about **"passing an IV line" and B12** is about "catheterizing the patient" ➢ Identify the loading dose of Magnesium sulphate for a patient with Eclampsia and Pre-Eclampsia ➢ If convulsions recur what further treatment can you give ➢ Refer to **B14** ➢ Dangerous fever or very severe febrile disease- Malaria • Find the points on referring urgently to the hospital

	• Refer to **B17**
 Find **B18-B21**	• Look at headings and care covered in each part of this section
 Find **C1**	➢ Read the heading for **C1** aloud **(Antenatal Care)**
Read the name of sections **C2-C19** ☐ Make the participants read out each heading and refer to the relevant pages **C2-C19**	
Turn to **C2**	➢ If this is a pregnant woman's first birth which place of delivery will be appropriate? • Explain why delivery needs to be at this place • Refer to **C14**
Turn to **C3**	➢ If the Diastolic blood pressure is more than 90mmHg on 2 readings how will you classify this pregnant woman? • Advise the woman on danger signs • Refer to **C15**
Turn to **C4**	➢ Ask if woman tires easily • On first visit measure her Haemoglobin level • If level is less than 7gm/dl, what will you classify her as? • Find the part on antimalarial treatment • Refer to **F4**
Turn to **C6**	➢ What information **C6** contains
☐ Make the participants read through the headings from **C7-C11** in a sequential manner	➢ Read out loud the headings from **C7-C11** in a sequential manner
Turn to **C7**	➢ Find the part on ruptured membranes and no labour • How will you classify a women with signs of fever 38C and foul-smelling vaginal discharge • Find the advice given regarding antibiotics • Refer to **B15**
Turn to **C9**	➢ Find the sign " Abnormal vaginal discharge" • What will you classify this as? • What treatment will you give • Refer to **F5**
Turn to **C12**	➢ Read the heading on **C12** • What will you do if tetanus toxoid is due? • Refer to **F2**
Turn to **C13**	➢ Find the heading on "Advice and counsel on Nutrition

	and Self-Care" • Read headings
Turn to **C14**	➢ Read the heading on **C14** **(Develop a birth and emergency plan)** • Find the information under the heading "explain supplies needed for a home delivery"
Turn to **C16**	➢ Read the heading on **C16** **(Advise and counsel on family planning)** • Find the family planning options for breast and non-breastfeeding women
Turn to **C18**	➢ Read the heading on **C16** **(Home delivery without a skilled attendant)** • Look at instructions given to mother and family • Look at advice given to avoid harmful practices and danger signs concerning the newborn baby
 Find **D1-D29**	➢ Explain about D Section ➢ Look at headings and care covered in each part of this section.
 Find **E1-E10**	➢ Read illustration page ➢ Look at headings and care covered in each part of this section.
 Find **G1-G7**	➢ It provide key information on HIV, hepatitis B, hepatitis C, Diabetes Mellitus, Malaria and Tuberculosis • Read all headings on **G1**
 Find **I1**	➢ Read the heading on **I1** **(Community support for maternal and newborn health)**
 Find **J1 – J11**	➢ Read the heading on **J1** **(Newborn Care)** • Look at headings and care covered in each part of this section
 Find **K1-K14**	➢ Read the heading on K**1** **(Breastfeeding, care, preventative measures and treatment for the newborn)** • Find the section on immunize the newborn on **K13**
 Find **L1** Turn to **L4**	➢ Read the heading on **L1** **(Equipment, supplies, drugs and laboratory tests)** • Look at headings and care covered in each part of this section • Read at "check urine for protein" and "check haemoglobin"

 Find **M1** Look at **M2** Look at **M3** Turn to **M4 – M10**	➢ Read the heading on **M1** **(Information and counselling sheets (for mothers)** • How many visits will you advise? • What does this sheet cover? • What do these sheets cover?
 Find **N1** Turn to **N2 – N7**	➢ Read the heading on **N1** **(Records and forms)** • Read the names of each records and forms **Remind participants that a Medical Certificate of Cause of Death should always be used in case of death of a baby**.

5. Using the PCPNC Guide during the course

➢ Tell participants that by the end of the course they will be very familiar with using the guide to help them in their daily work.

☐ **Make these points:**

- Throughout the course the Guide will be used:
  - During practical demonstrations in the classroom and in the clinical area
  - For problem solving
  - To become familiar with evidence based practices
  - For reference
- If used correctly this Guide should make pregnancy and childbirth safer and help to reduce the high rates of death and ill health among pregnant women, mothers and newborn babies.

➢ Tell participants to bring the PCPNC Guide (or appropriate sections) to the class each day because it will be used in most of the sessions.

☐ Ask if there are any questions

Module 1 – Session 2

Communication Skills

Objectives:

At the end of this session, participants will became familiar with:

- The importance of the best practices to communications with woman and her companion
- Ensuring the privacy and confidentiality kept at all time.
- The best communication practices in prescribing and recommending treatment and preventive measures for woman and her baby.

Session length

60 minutes

Session outline

1.	Introduce this session	05 minutes
2.	Conducting the examination – the importance of communication skills	25 minutes
3.	The importance of asking the right questions	05 minutes
4.	Facilitated group exercise	10 minutes

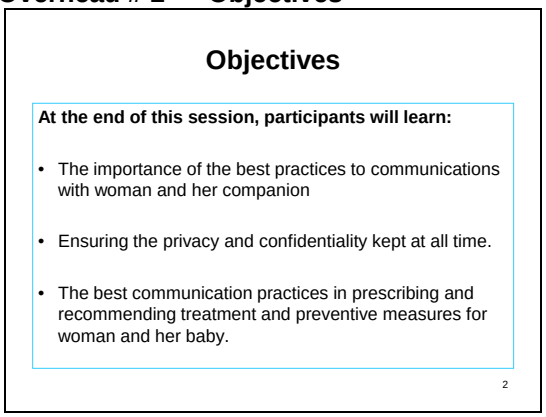
Checklist: Session 2

- Flipchart sheet with three points
- Screen
- Two copies of role play
- PowerPoint slides/Overheads

Prepare two participants to play the heath worker and a mother in the two role plays. Give them copies of the role plays beforehand.

1. Introduce the session

☐ **Show PowerPoint slide/Overhead # 2 – "Objectives"**



☐ **Make these points:**

- Communication is universal. We use it in all aspects of our every day lives; it is the basis of all the relationships we have with our families, our friends, our colleagues, those we care for and the wider world.
- The power of communication through language cannot be underestimated.

Ask: *Give me some examples of the kinds of people who very skillfully use language to communicate?*
- *Politicians, advertisers, teachers, health workers, television and radio presenters*

- Verbal communication (spoken language) can have positive and negative effects on us. It can excite us, frighten us, and influence our moods, the way we respond to people and the way we behave.

- Communication is much more than just spoken language. It is all the other ways we relate to the world around us, that is the 'non-verbal' language we use, for example our facial expressions, our movements, how we use touch. Our 'body language' can indicate, without words, if we are happy, angry, bored, considerate, interested or not interested in something.

- As Health workers it is vital we understand the 'power' of 'verbal' and 'non-verbal' communication in relation to our work. We need to learn certain 'skills' of communication to help us interact with new mothers, their family, friends and colleagues.
- We need to become effective communicators. There are a number of simple ways to achieve this.

Ask: *For example, what kind of things that people say to you can make you feel good?*
- *Accept participant's responses until someone says:*
  - *Compliments*
  - *Praise*

Ask: *What things that people say to you can make you feel bad?*
- *Accept 4 or 5 responses*

Tell participants to turn to their neighbor and 'praise' something about them.

Ask:
- ➢ *How did that make you feel?*
- ➢ *Is it easy or difficult to do?*

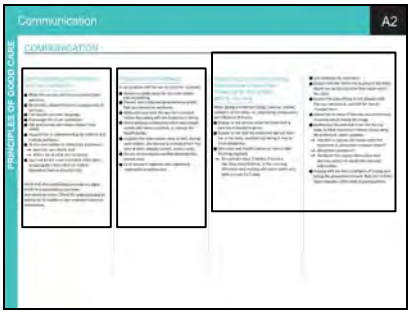
- *Discuss participant's responses.*

☐ **Make these points**

- If we make people feel 'good' they are likely to be more confident, more cooperative, accept advice and give us information. 'Praising' something about what a mother or father does for their baby can help to gain their confidence. For example, to tell a pregnant woman that "You made a good decision to come for Antenatal check-up so that we can help you in planning the delivery in a better way". Instead of saying "Why didn't you come to us before?"


Participants to turn to **A2**

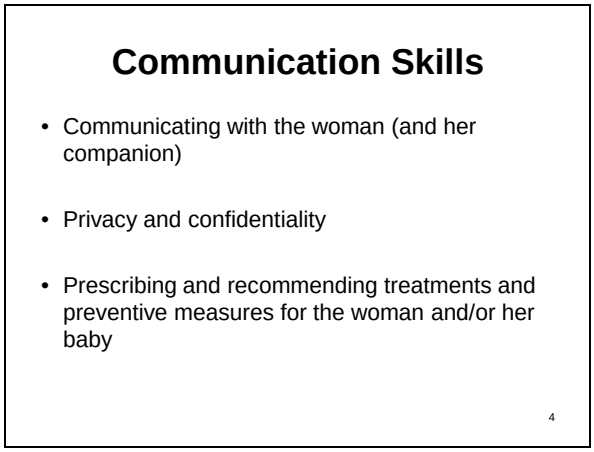
☐ Show **PowerPoint slide # 3 – "Communication/A2"**




One each click a box will appear starting from communicating with the woman.

➢ Participant to read aloud the section headings as the box appears.

☐ **Show PowerPoint slide # 4 – "Communication Skills"**

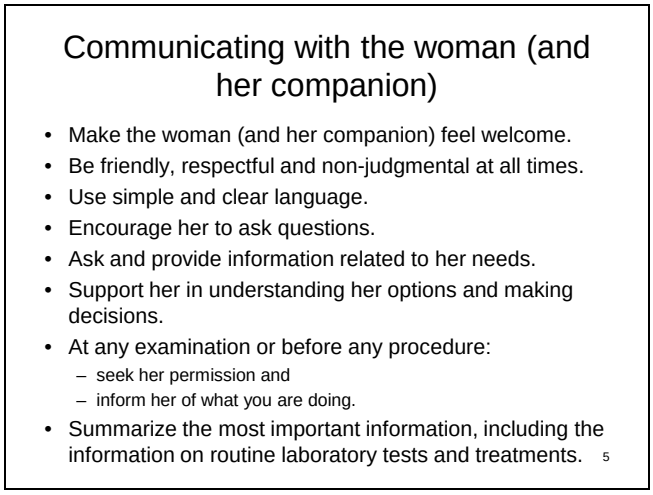


Explain to the participants that these are the three main areas of communication skills that you have just read on A2 of PCPNC Guide.

2. Communicating with the woman and her companion

☐ Show **PowerPoint slide # 5 – "Communicating with the woman (and her companion)"**

Explain each bullets as you read through



3. Privacy and Confidentiality

☐ **Make these points:**

- It is important that woman should be examined in a private place
- Ensure that when discussing sensitive matters they are not overheard
- Private information of the woman should never be discussed with other care providers

4. Prescribing and recommending treatments and preventive measures

☐ **Make these points:**

- Treatment should be explained clearly to the woman
- Explain to her that the treatment will not harm her or her baby, and that not taking it may be more dangerous.
- Give clear and helpful advice on how to take the drug regularly (e.g. take 2 tablets 3 times a day, thus every 8 hours, in the morning, afternoon and evening with some water and after a meal, for 5 days).
- Explain how the treatment is given to the baby.
- Watch her as she does the first treatment in the clinic.
- Explain the side-effects to her. Explain that they are not serious, and tell her how to manage them.
- Advise her to return if she has any problems or concerns about taking the drugs.
- Explore any barriers she or her family may have, or have heard from others, about using the treatment, where possible:
- Reinforce the correct information that she has, and try to clarify the incorrect

Tell participants they will see a role play of a health worker carrying out antenatal examination of a pregnant women that will show them how to communicate with woman.

☐ ROLE PLAY

- **Ask** the class to listen and watch carefully as they will be required to answers the questions in Module 1, session 2 in the workbook at page number # 4.
- **Ask facilitators** for playing pregnant woman and health worker.

This action takes place in A/N OPD, pregnant woman comes to health worker for first antenatal visit

INSTRUCTION: Both HW and PW should have one copy of this script.

HW: Health worker
PW: Pregnant woman

HW: Looks up at woman, smiles and tell her to sit down and asks her name
PW: I am Parveen
HW: Hello Parveen, I am Sultana, midwife at this facility and I will provide you care during pregnancy & would like to know and answer any of your concerns regarding pregnancy, childbirth. I will ensure your privacy and confidentiality of information that you give me. I would be happy if your husband accompanies you during visit.
PW: Nod her head to show her willingness and smile at HW
HW: How many months pregnant are you?
PW: I am 4 months pregnant
HW: How old are you and have you had a baby before?
PW: I am 18 years old and this is my first pregnancy
HW: That's great. Now what are your concerns
PW: How can I know that my pregnancy is going well
HW: It is good to see your concerned. You should come for at least times for 4 antenatal checkups.
PW: Thanks for giving me this information
HW: Do you have any problem now
PW: Ever since I am pregnant, I tire easily.
HW: You said you tire easily. I need to do your antenatal examination
PW: Yes, you can
HW: Before examining pregnant woman make sure that examining area is protected by curtain/screen.

HW : Should do examination behind curtain and come back in two mins
PW: Is everything going well
HW: It seems that you are anaemic, for which I will give you iron supplements.
PW: My mother in law says that taking iron supplements will make more blood that will make bleeding worse and iron will cause too large baby.
HW: Explain that iron is essential for her during pregnancy and after delivery.

PW: How often I should I take iron
HW: You should take one tablets twice a day with meals throughout pregnancy. It will make your stools black but that's normal. If you get constipated drink more water. If your symptoms improves don't stop treatment. You should use diet comprising of meat, liver, ojheri, green leafy vegetables, milk, eggs.

HW: OK, now can you tell me how many tablets of iron you have to take daily.
PW: Yes, twice a day.

HW: For how long.
PW: Throughout pregnancy

PW: When should I come again
HW: You should come after 1 month or at any time, immediately if you have vaginal bleeding, convulsion, severe headache with blurring of vision, fever, severe abdominal pain, fast and difficult breathing (DANGER SIGNS)

HW: Can you tell me when you should immediately go to nearest health facility

PW: Bleeding.

HW: Yes, but as I told earlier, if you have convulsion, severe headache with blurring of vision, fever, severe abdominal pain, fast and difficult breathing, go to nearest health facility.

PW: Where should I deliver at home or at facility
HW: Facility delivery is recommended because any complication can arise during delivery and facility has a staff, equipment, drugs available to provide best care and referral if needed.

At the end HW should thank the patient and give her iron supply, health education material if available and reminds her of next visit.

Thank the participants who took part in the role play.

Now open the module 1, session 2 of the work book at page # 4 and answer the questions in the space provided.

Ask: Did the Health Worker greet the women
- *Yes*

Ask: Did the Health Worker ensure privacy and confidentiality
- *Yes*

Ask: Did the Health Worker provide information about danger signs during pregnancy
- *Yes*

Ask: Did the Health Worker make sure that the Pregnant Woman understand the treatment
- *Yes*

AsK: Did the Health Worker ask about any taboo about food and drugs intake during pregnancy
- *No*

Note: Your commutation skills will judged throughout the course for example while asking questions, examining pregnant woman and performing any procedure

☐ **Ask if there are any questions**

Module 1 – Session 3

Standard Precautions

Objectives:

At the end of this session, participants will be:

- Familiar with the standard precautions which protect a mother and her baby and health workers from exposure to diseases spread by blood and certain bodily fluids.

Session length:
30 minutes

Session outline

1.	Introduce the session	05 minutes
2.	Universal precautions and cleanliness	15 minutes
3.	Group work	10 minutes

Checklist: Session 2

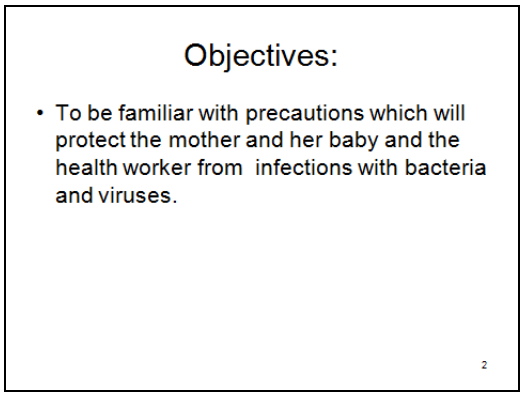
- Bowl of water
- Soap
- Disposable towels
- PowerPoint slides/Overheads

1. Introduce the session

☐ **Make this point:**

- This is a short and important session, which contains information that helps to save lives.
- As health workers we must be familiar with and use in our daily work 'Standard Precautions'. These are guidelines designed to protect workers from exposure to diseases spread by blood and certain other bodily fluids.

☐ **Show and PowerPoint slide 2 – "Objectives"**

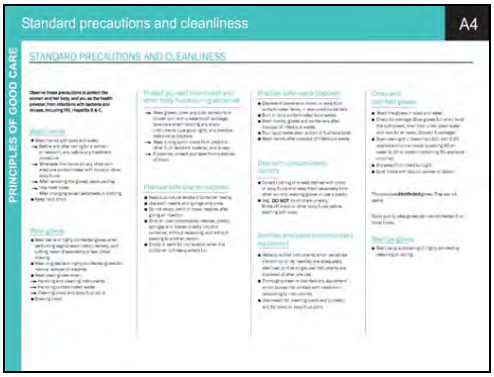


In all health care facilities and wherever care is given, we must take precautions to provide **protection** from bacteria and viruses, including Hepatitis B, Hepatitis C and HIV.

- To ensure precautions are followed correctly we must allow enough time to plan properly and think carefully how those plans will be carried out. We must do this BEFORE care is given.

2. Standard precautions and cleanliness

☐ **Show PowerPoint slide # 3 – "Standard precautions and cleanliness/A4"**

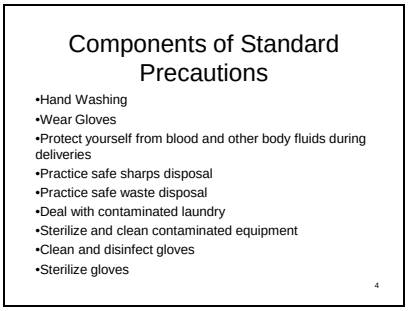


 Participants to turn to **A4**, "**Standard precautions and cleanliness"**

- Ask the participants for their input and how the patient, the health care worker and the community is at risk from infection, if standard precautions are not followed?

- Ask participants to read the headings on this page aloud, starting with 'Wash hands'.

☐ **Show PowerPoint slide # 4 – "Components of Standard Precautions"**

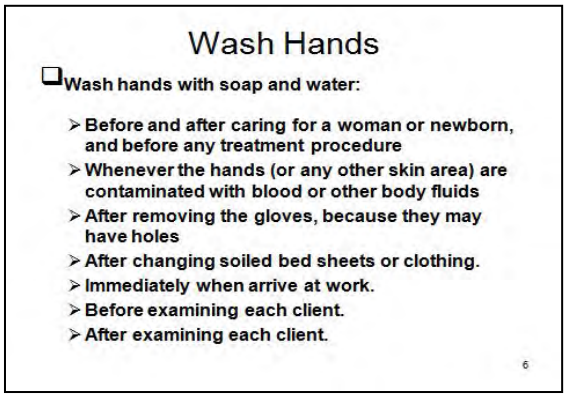


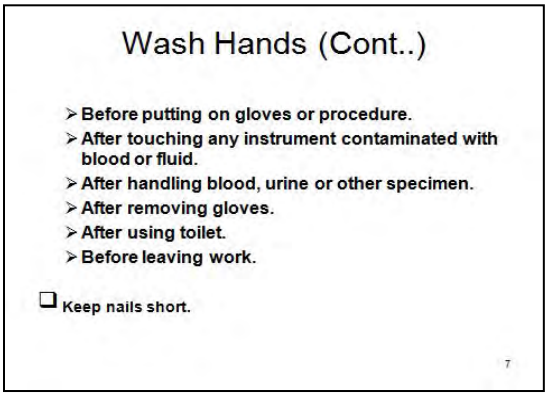
☐ **Make these points** as you show the PowerPoint slide/Overhead title

- This PowerPoint slide/Overhead goes through the steps for 'Standard Precautions and cleanliness'
- These are 'principles' of good care.
- They should become routine practice when working with mothers and babies.

☐ **Show PowerPoint slide # 5 and 6- "Wash Hands"**

➢ A participant to read the first short section aloud, starting with 'Wash hands'.
➢ Ask participants if they have any comments or questions before continuing to the next section.

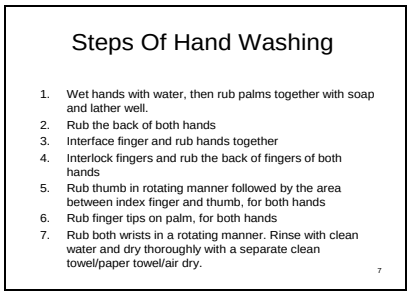




☐ **Read through the slide and make the following points**

- **Hand washing** is of particular importance for all health workers. It is essential before and after visiting and touching any mothers and babies or carrying out any new tasks.
- Hand washing is very effective if done properly.
- Remember to take off unnecessary rings, jewellery and watches.
- Keep finger nails short and remove nail polish

☐ **Show PowerPoint slide # 7 – "Steps of hand washing"**



☐ **Show PowerPoint slide 8 – "Steps of hand washing"**

DEMONSTRATE an effective way of washing hands.

Materials:
Bowl of water
Soap
Towel

*If possible use the recommended hand washing protocol used in the health facility.

If a protocol does not exist use the following method:

- Apply plain or anti-microbial soap to your hands, work into lather.
- Rub hands in a circular movement, covering the front and back of the hands, in between the thumb and fingers and the wrist.
- Wash for 15 – 30 seconds
- Rinse with a stream of running or poured water.
- Use SINGLE USE towels to dry your hands

Emphasis the risk of using shared towels in spreading disease.

➢ Tell participants they should do practice proper hand washing in their clinical practice.

☐ **Show AGAIN PowerPoint slide # 3 - "Standard precautions and cleanliness"**

➢ Tell the participants to read details under all headings after Wash Hands, one by one loudly.

3. Group work

☐ Divide the participants into three groups (six members / group).
☐ Give each group a piece of paper and ask each group to answer the following question
☐ Brainstorm together about the answer and to choose a team leader to present the consensus from their group at the end of 5 minutes.
☐ Each group leader should be given one minute to summarize their group's response.

➢ Ask the group "in your practice do you follow standard precautions? If not, then list the challenges that you face in following these precautions"

☐ **Make these points:**

- Always wash your hands before and after examination and doing any procedures.
- Always wear gloves when performing any procedure
- Ware long apron made up of plastic to protect body from splashes of blood and fluids.
- Always practice safe disposal of sharp object including needles and blades.

☐ **Ask if there are any questions**

- Tell the participants that this session is having home exercise that you should complete.

Pregnancy, Childbirth, Postpartum & Newborn Care Course

Module 2:

Quick Check, Rapid Assessment and Management (RAM)

Emergency Treatments for the Woman

&

Bleeding In Early Pregnancy & Post-Abortion Care

Contents:

Each session UNIT contains;

- Session outline and session materials e.g. role play dialogue, work sheets, case studies
- Clinical practice task sheet for participants
- Clinical practice checklist for trainers
- Participants work sheet with answers from workbook for that session
- Participants handout (PowerPoint slides for the session)

Quick Check, Rapid Assessment & Management (RAM)

Module 2: Session 1

Module 2: Session 1

Quick Check, Rapid Assessment & Management (RAM)

Objective:

At the end of the session participants will be able to:

- Identify and prioritize patients presenting in emergency with a complication through application of quick check and RAM

Session Duration

60 minutes

Session outline

1.	Introduce the session	05 minutes
2.	Quick check	10 minutes
3.	Rapid Assessment & Management	45 minutes

Checklist Session 1

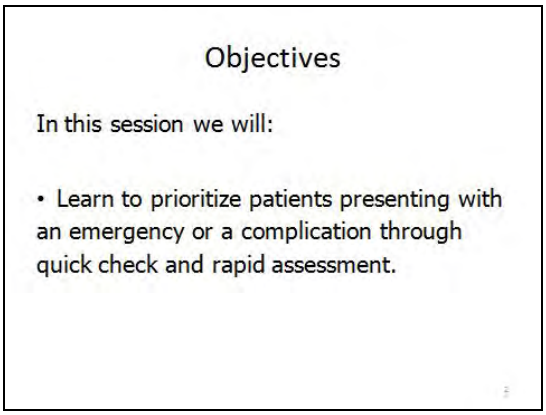
- Blood pressure apparatus
- Thermometer
- Stethoscope
- Watch
- Couch
- Adult female mannequin
- Ringer drip with set
- 16 Gauge & 18 Gauge I/V cannulla
- Foleys catheter sizes 12 &14 with bag
- Oxygen cylinder
- Swabs
- PowerPoint slides/ Overheads / Video

1. Introduce the session

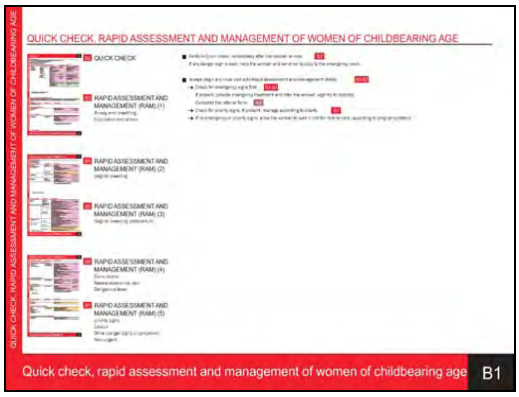
☐ Make these points

- All women who seek care in a health facility may have different problems. Some problems are urgent and need to be dealt immediately. Others can wait and be seen routinely.
- A person responsible for initial reception of women of child bearing age and newborns seeking care should:
  - Asses the general condition of the care seeker immediately on arrival
  - If a woman is very sick, talk to her companion

☐ Show **PowerPoint slide # 2 – "Objectives"**



☐ Show **PowerPoint slide # 3 – "Quick Check, Rapid Assessment and Management Of Women of Childbearing Age/B1"**



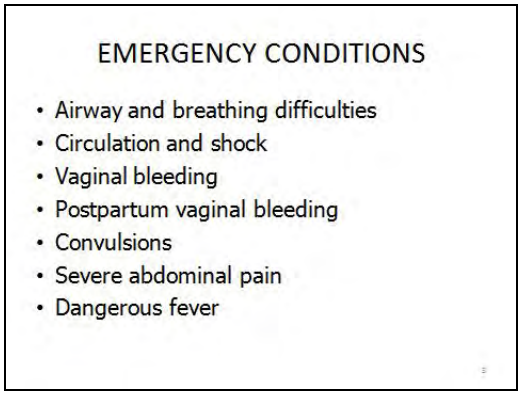
Participants to turn to B1 and ask one participant to read titles from **B1 to B7**

☐ Make these points

- These are the emergencies that are likely in a woman of child bearing age, during pregnancy ,at the time of delivery of the baby or the post partum period
- It is very important to first identify women with an emergency condition
- Provide care and Refer

- If there are priority signs see these women first and treat according to treatment flow charts for the condition
- If there is no emergency, they can provide routine care according to pregnancy status.

☐ Show **PowerPoint slide # 4 – "Emergency conditions"**



➢ Ask Participants to read from the slide.

☐ **Make this point**

- Every module will begin with RAM that is in the antenatal period, during labor, at the time of delivery, and in the postpartum period

2. Quick check

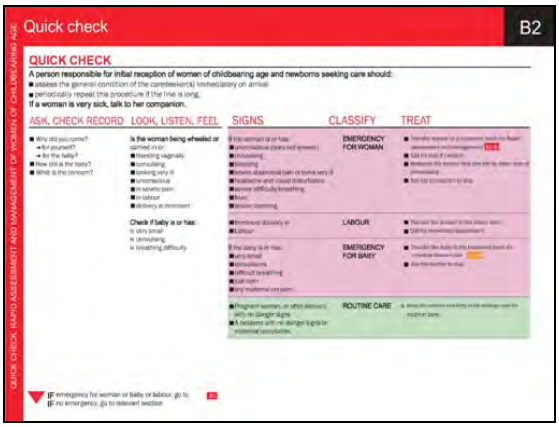
Ask: *how do you define a quick check?*

- Get a few responses

☐ **Make this point**

- A quick check of a woman's condition when she presents with a problem to rapidly determine her degree of illness.

☐ Show **PowerPoint slide # 5 – "Quick Check/B2"**

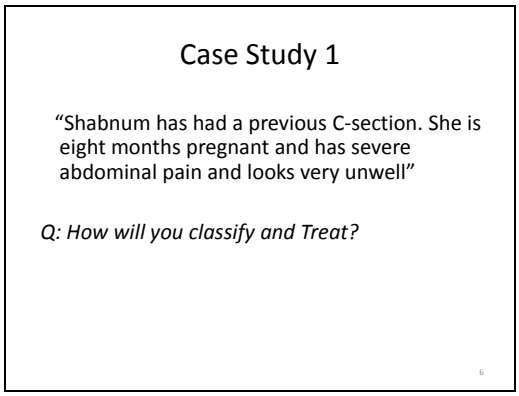


Ask participants to look at **B2 "Quick Check"** and read **ASK, CHECK RECORD** as an example.

Participants to read bullets under **LOOK, LISTEN, and FEEL.**

- *Ask Participants to explain importance of colors on this page*

☐ Show **PowerPoint slide # 6 – "Case Study 1"**



- *Ask Participants to go the module 2 session one of the work book at page 5 and write the answers in the recording form. Do not write or fill the gray shaded Box.*

☐ Give 5 mins

☐ Discuss the answers to the Case study 1 as below:

- **CLASSIFY:** "Emergency for woman"
- **TREAT:**
  - Transfer woman to a treatment room for Rapid assessment and management.
  - Call for help if needed.
  - Reassure the woman that she will be taken care of immediately.
  - Ask her companion to stay

- ***Ask****: What are the signs that need emergency care/ referral?*
  -Get few responses and then read as below.

- *unconscious (does not answer)*
- *convulsions*
- *bleeding vaginally*
- *severe abdominal pain or looks ill*
- *headache and visual disturbances*
- *sever difficulty in breathing*
- *fever*
- *sever vomiting*

3. Rapid Assessment & Management (RAM)

☐ Make these points

- We have just performed a quick check to pick up very serious patients or ones with obvious complications identifying the women who need emergency treatment and or referral.

- In this section, we will go through the assessment and treatment or referral, whichever is needed, for the woman.
- Using RAM chart we will assess emergency signs in all patients on first arrival, who may be pregnant, in labour, during delivery or in postpartum period
- After assessing for emergency & priority signs give appropriate treatments & then **Refer** women to hospital.

Participant to turn to **B3**-**B7** and quickly go through headings themselves.

Give 2 mins

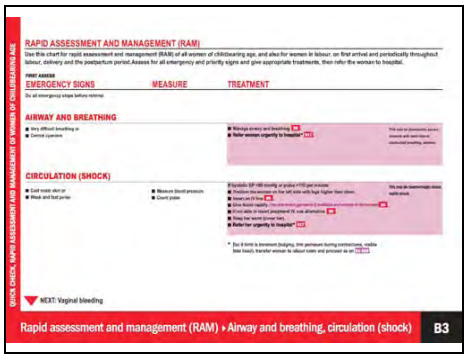
Ask: *What are the major emergency signs that have been dealt with on these pages?*
- *Wait for a few responses7.*

Using page **B3 – B7 ask** participants to read loudly the information under the headings under **EMERGENCY SIGNS** (B3-B6) and **PRIORITY SIGNS** on B7.

☐ Make these points

- We have just gone through the heading on emergency and priority signs
- Now we will go through each emergency sign one by one.

☐ Show PowerPoint slide # 7 - "RAM /B3"



Participants to turn to **B3** and one participant to read emergency signs on this page.

☐ Make these points

- B3 deals with two of the emergency signs Airway and Breathing, Circulation (Shock).
- There are cross references in the treatment section, as an example ask participants to open B9 and explain accordingly.

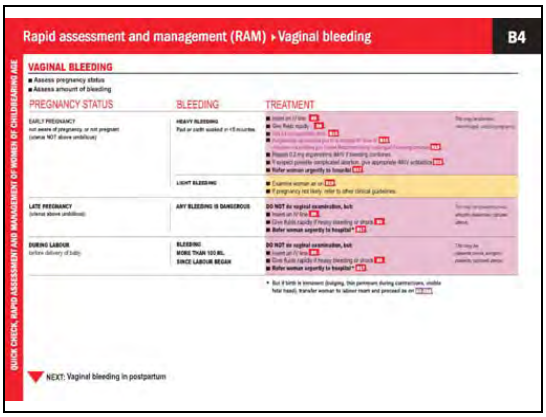
Particpants to open **B4**

☐ Make these points

- This page deals with vaginal bleeding during pregnancy and labour

- Highlight the importance of Red and Yellow color

☐ Show PowerPoint slide # 8 - "RAM /B4"



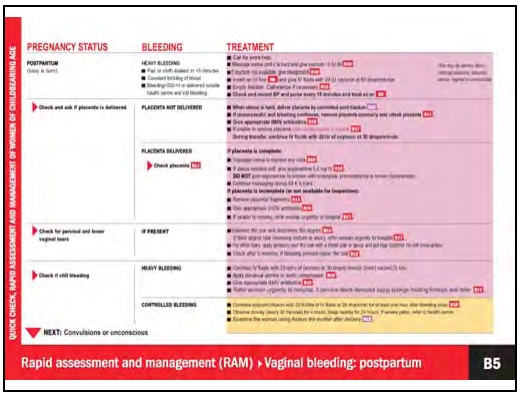
➢ Ask one participants to read heading on this page.

☐ Make these points

- Bleeding in any stage of pregnancy is dangerous that is why it is on red chart

Particpants to open **B5** and read the headings under pregnancy status and inform the facilitators when finished.

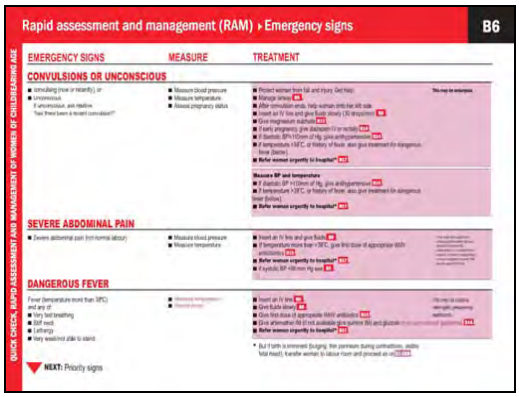
☐ Show PowerPoint slide # 9 - "RAM /B5"



☐ Make these points:

- B5 is valuable working tool.
- It deals with bleeding in postpartum period.
- After the baby is born bleeding in postpartum period is very dangerous condition and is major cause of maternal mortality is Pakistan.

☐ Show PowerPoint slide # 10 - "RAM /B6"



Turn to **B6** and one participant to read **three emergency signs on this page**

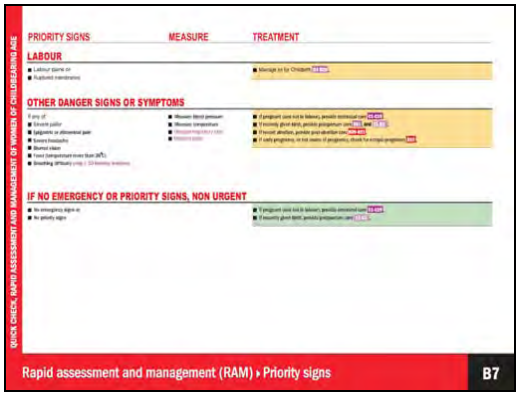
***Ask**: What measure if women present with severe abdominal pain?*
- Get few responses
- Measure blood pressure and measure temperature

.

☐ Make these points

- There are cross references in the treatment section, which gives further information accordingly.

☐ Show PowerPoint slide # 11 - "RAM /B7"



Turn to **B7** and one participant to read priority signs on this page.

***Ask**: If there is no emergency or priority sign what will you do?*
-Wait for few responses Then refer to B7 under Treatment as in green color

***Ask**: How many of you know how to check pulse?*
-Raise your hands

***Ask**: How many of you know how to take blood pressure?*
-Raise your hands

Demonstration:

Demonstration on how to take BP, pulse, temperature, and count respiratory rate
Time: 7 mins

Instructions:

Ask the participants to open the Module 2 session 1 of the workbook on page 6 and tick the checklist while procedures are being performed.

☐ Two facilitators will first demonstrate the skill. One acting as patient and other as care giver.

☐ Checklist for the demonstration:

- Thermometers
- BP apparatus
- Stethoscope
- Watch

Checking pulse and respirator rate:

- ☐ Place the patient in comfortable position
- ☐ Stand towards the right side of the patient
- ☐ Show where radial pulse is felt
- ☐ Turn the client's hand so that the palm is facing towards the body.
- ☐ Place your index and middle fingers on the thumb side of the wrist and press down until you feel the pulse.
- ☐ Count the number of beats for a full minute.
- ☐ Remove your fingers from the wrist after checking the pulse.
- ☐ Observe the upward movement of the chest and measure the breathing for one full minute.
- ☐ Record the pulse and respiration rate.

Checking a temperature:

- ☐ Wash your hands.
- ☐ Wash mercury thermometer with clean running water
- ☐ Shake the thermometer until it reads below 35 o
- ☐ Place the patient in comfortable position
- ☐ Then place the thermometer bulb in the axilla of the patient in contact with the skin
- ☐ After 2 minutes, take out thermometer and record temperature.
- ☐ Wash the thermometer in warm water and soap or disinfectant; dry and store.

Checking BP:

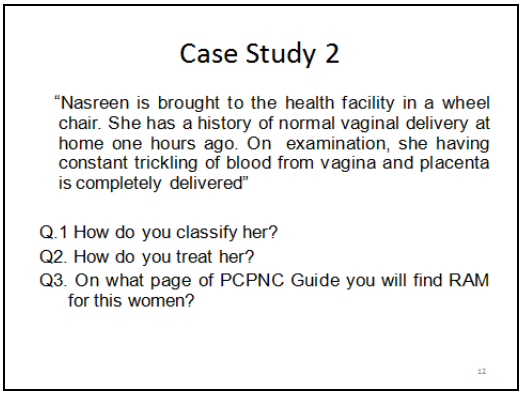
- ☐ Greet the patient & place in comfortable position
- ☐ Arm at level of heart
- ☐ Place the cuff & tubing 2.5 cm above medial side of forearm
- ☐ Inflate the cuff
- ☐ Feel for the radial pulse, till it disappears.
- ☐ Inflate further 20 mm Hg
- ☐ Slowly deflate @ 2mmHg
- ☐ Record systolic/upper value when heart sound(lub-dub) appear
- ☐ Record diastolic/lower value when heart sound completely disappear
- ☐ Remove cuff
- ☐ Thank the patient

***Ask**: What is the normal respiratory rate?*
-16 per minute

***Ask:** What normal pulse rate is?*
-72 beat per minute

***Ask:** What is normal blood pressure?*
-120/80 mm Hg

☐ Show **PowerPoint slide # 12 – "Case Study 2"**



➢ *Ask Participants to go the module 2 session one of the work book at page 7 and write the answers in the recording form*

☐ Give 5 mins
☐ Discuss the answers to the Case study 2 as below:

- **CLASSIFY:** "Emergency for woman"
- **TREAT:** "Do immediate RAM"
- RAM on Page B5

➢ Ask one of the participants to read bullets under Bleeding and Treatment in front Heavy Bleeding including cross references as on B5

➢ Ask other participant to read bullets under Treatment in front of Placenta delivered including cross references as on B5

☐ **Summarize by making these points**

- During this session, we have practiced how to receive and examine a woman in an emergency and periodically check her for signs of danger which may develop later.
- We have learned some practical skills and we will keep on repeating them during this course and also during our clinical practice
- You are not expected to master these skills just today, but practice will perfect you.
- If you have any queries or questions, please ask.

Emergency Treatment for the Woman

Module 2: Session 2

Module 2 - Session 2

Emergency Treatment for the Woman

Objectives:

At the end of this session participants will be able to discuss best practices for:

- Emergency treatment to patients identified during RAM before referral
- Basic and general management of emergency situations

Session length:

60 minutes

Session outline:

i.	Introduction	05 minutes
ii.	Airway breathing & circulation	10 minutes
iii.	Emergency Treatment for woman with Vaginal bleeding	10 minutes
iv.	Eclampsia/ Convulsion	10 minutes
v.	Infection	10minutes

Session checklist:

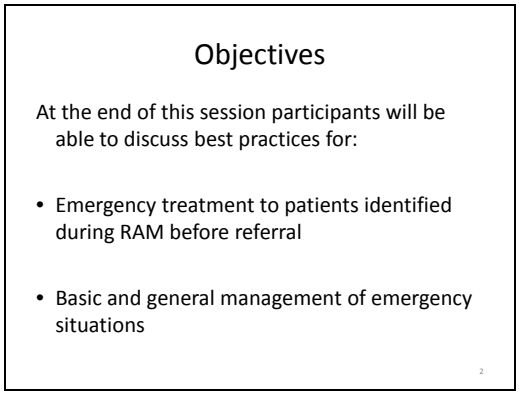
- PowerPoint slides/overheads
- Coloured sticky labels
- Pinnard
- ORS packet
- Jug & water bottle
- 16 G & 18 G cannulas
- Ringer's 1000 mls drip
- Weighing machine
- Power points slides/ Overheads / Videos
- Mannequin
- Inj. Magnesium sulphate ampoules
- Inj. Diazepam
- Inj. Hydralazine
- Syringes
- Swabs

1. Introduce the session

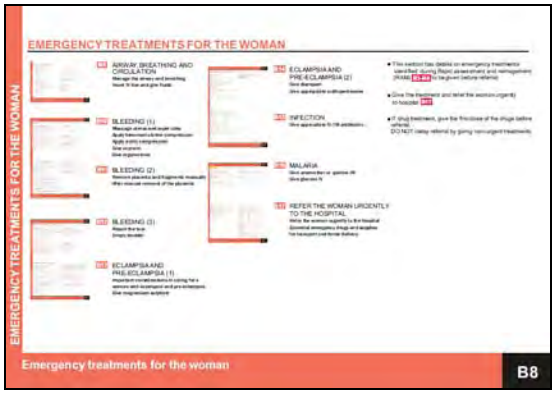
☐ Make these points

- 30,000 women die every year in Pakistan and the neonatal mortality is 54 per 1000 live births. Many of them do so because they are unable to reach emergency services or are provided substandard services in the health facilities.
- A well trained health care provider with basic minimum facilities can save lives.
- You have gone through a quick check and then went through RAM, now we will look at the same conditions and learn how to use evidence based management according to PCPNC guide.

☐ Show PowerPoint # 2 – "Objectives"



☐ Show PowerPoint # 3 – "Emergency Treatment for the woman/B8"



Participants to turn to **B8**

➢ Ask One participant to read sub headings

☐ Make these points

- B8 shows you all the emergency situations that can arise in a woman who is pregnant, during labour and in the post partum period.

2. Airway, breathing and circulation

☐ Show PowerPoint # 4 – "Airway Breathing and Circulation/B9"

Participants to turn to **B9** and read through "Manage the air way and breathing" indicate to the facilitator when you have finished.

☐ Make these points

- If you recall we referred to B9 in RAM in the first session, when an emergency sign is picked up then a flow chart will give you the treatment with references
- In this session we will go through the details of those references

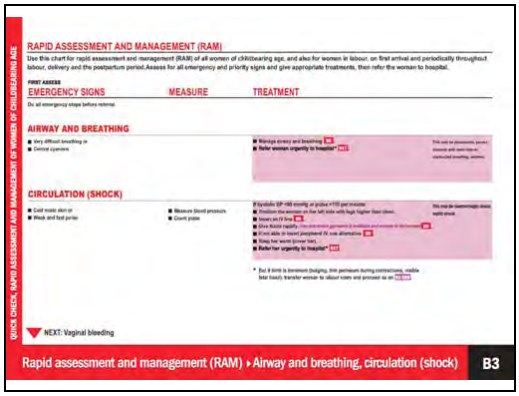
Ask: *what will be your first response when you see a patient who is not able to breathe?*

- *Do quick check and then do RAM.*
- *Check for obstruction to airway, tongue, foreign body, turn to side*

Ask: *what are the danger signs?*

- *Central cyanosis, labored, difficult breathing,*

☐ Show **PowerPoint slide # 5 – RAM/B3**



Participants to turn to B3

- Ask one participant to read circulation under emergency Signs. and read across the page under measure and treatment

Participant to turn to B9 and while you explain

There is a reference to B9 in the treatment

☐ Show PowerPoint slide # 6 – "Airway Breathing and Circulation/B9"

☐ Make these points

- Any patient with airway breathing and circulatory problems needs prompt management.
- This may require access to the blood circulation of the patient in order to give life saving drugs.
- There is therefore an immediate need to secure access to the circulation, for the administration of i/v fluids for optimum management.
- Before referral to a higher facility this may the only single most important step which saves life of a patient.

While still on B9

Ask *How will you secure an I/V line?*

- *Get some responses then*

- Ask one participant to read under **insert IV line** and Give Fluids on the top right side of B9

Ask *What will you do if I/V line is not accessible or veins are collapsed?*

- *Get some responses*

Ask One participant to read sub headings on B9 - If intravenous access not possible at the bottom of the right side of B9

☐ Make these point:

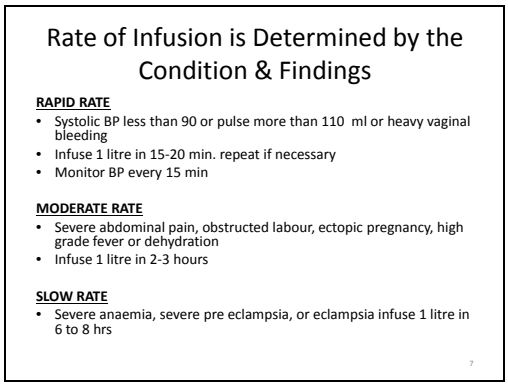
- I/V fluids may be urgently needed by certain patients and it is therefore essential to determine the rate at which they are administered.

- Rapid infusion may save life of a certain patient but may be hazardous to another patient with limited fluid need.
- Sometimes a patient may present with collapsed veins, especially in case of shock, and I/V access is not possible.

☐ **Show PowerPoint slide # 7 and click on slide to open the Video clip of how to insert I/V line**

➢ Ask participants to open their work book Module 2, session 2 at page 8 and tick the steps of passing IV cannula while observing the video

☐ **Show PowerPoint slide # 8 – Rate of Infusion**



➢ Ask the following questions while the slide is displayed

Ask: *At what rate will you give fluids to a patient in shock?*
-Rapid rate

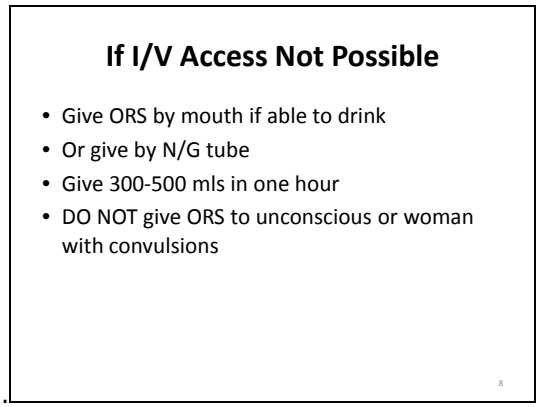
Ask: *In which conditions is fluid restricted?*
-severe anaemia, severe pre Eclampsia, Eclampsia

☐ **Make this point**

- Sometimes a patient may present with collapsed veins, especially in case of shock, and I/V access is not possible.

Ask: *In case of* collapsed veins, especially in shock, w*hat should be done?*
-Get some response from participants then show PowerPoint slide

☐ Show **PowerPoint slide # 9 – "If I/V Access not Possible**



3. Emergency treatment for woman with vaginal bleeding

☐ **Make these points:**

- We will now go through the emergency management of vaginal bleeding
- We have already gone through this topic in Quick check, B2 and then did RAM in B4 & B5
- You will now go through the references for the treatment of vaginal bleeding that we encountered on B4 and B5
- Vaginal bleeding in pregnancy or in the postnatal period can kill a woman if it is excessive. It is therefore important to recognize this early and administer treatment immediately.

Ask: *What is heavy bleeding and on which page of PCPNC guide will you find this information ?*

*-Pad or cloth soaked in less than 5 minutes and information is found on **B5***

Tell participants to turn to **B4 and B5** and using the information on these pages answer the following questions

☐ ***Ask:*** *What are causes of vaginal bleeding in late pregnancy?*
-placental abruption, placenta previa, rupture uterus

☐ ***Ask****: How will you manage heavy bleeding per vagina during labor, and on which page of PCPNC this treatment of heavy vaginal bleeding is given?*

-Get few responses from participants

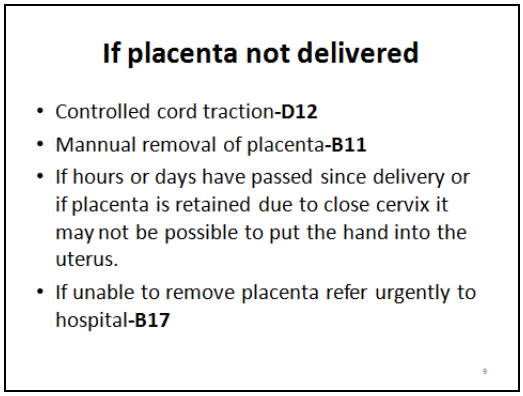
☐ **Make these points:**

- Quick check on **B2** will classify woman with Vaginal bleeding as Emergency for Woman and refer to perform RAM.
- Information about Assessment, measure and treatment while doing RAM for vaginal bleeding is available on B4 and B5

- Vaginal bleeding in excess of 500ml or 2 cups or more/ fist size clot after child birth is defined as postpartum hemorrhage (PPH). However, estimates of blood loss are not reliable. Woman with normal hemoglobin level will tolerate blood loss well while it can be fatal for an anemic woman.
- In Pakistan postpartum hemorrhage is biggest contributor to maternal mortality and so this is a very important to understand its management for anyone involved in the care of woman.
- Further information is available on the cross reference.

Participants to turn to **B5** & quickly go through heading on left side "check and ask if placenta is delivered" and read the information across the chart in front of'"PLACENTA NOT DELIVERED"

☐ **Show PowerPoint slide # 10 - "If placenta not delivered"**



Participants to turn to **D12** and one participant to read under "Deliver the placenta"

Participants to turn to **B5**

Ask: *What is retained placenta?*
-get some responses

Ask: Where in PCPNC guide the information on manual removal of retained placenta is given?
-get some responses
-tell participants that preparation and technique is given on **B11**

participants to turn to **B5** and read information across the chart in front of "placenta delivered"

☐ **Show PowerPoint slide # 11- "If placenta delivered"**

If placenta delivered

- Repeat bolus dose of oxytocics-B10
- Bimannual compression of uterus-B10
- Mannual compression of aorta-B-10
- Insert P/R misoprostol-B10
- Prevention of PPH-(600 mcg orally or sublingually)
- Treatment of PPH(800mcg rectally)

11

☐ Make these points

- When the baby and placenta are delivered and the woman continues to bleed heavily, it is an emergency situation.
- This may be due to atony of the uterus, retained placenta and tears in the genital tract, or a retained placenta.
- Normally after delivery of the baby and placenta, the uterus contracts and is felt as a hard ball like mass at the level just below the umbilicus at about 18 week size.
- Sometimes the uterus fails to become a hard mass and the patient starts to bleed heavily.
- This is called atony and is the most common cause of post partum haemorrhage.

 ask participants to turn to **B10** and explain while slide is being displayed

☐ Show **PowerPoint slide # 12- "Bleeding (1)/B10"**

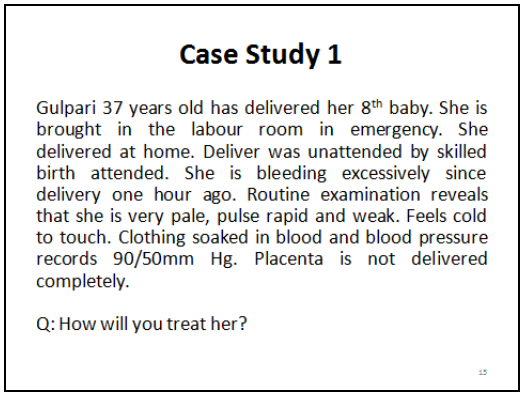
☐ Ask one participant to read the information under five headings on B10 and inform facilitators when finished.

☐ Group Activity

Instructions for Group Activity

Divide the participants in 3 groups.
Each group will be given case study 1.
Each group will choose their leader from amongst themselves.
Participants should discuss and consult the PCPNC guide to write answers which will be presented by group leaders.
Ask participants to go the module 2 session two of the work book at page 9 and write the answers in the recording form
The group which answers the management correctly should be declared winner

☐ Show **PowerPoint slide # 13 – "Case Study 1"**



☐ Ask any one group to present the case study and other two groups will note points they missed and discuss

☐ After presentation facilitator has to share and discuss the following correct responses with the participants

☐ Discuss the correct responses with participants as under

- **ASK, CHECK RECORD:** "She has normal vaginal delivery at home one hours ago, unattended by SBA"
- **LOOK/LISTEN/ FEEL:** "Bleeding vaginally"
- **SIGN:** "Vaginal Bleeding and Looking very ill"
- **CLASSIFY:** "Emergency for woman"
- **TREAT:** "Do immediate RAM"

➢ Now do RAM using B3 – B7.

- **EMERGENCY SIGNS: 1-** "CIRCULATION (SHOCK) with skin cold to touch and pulse is weak"

  2- VAGINAL BLEEDING in Postpartum (Baby is Born)

- **MEASURE:**
  - "Measure blood pressure" - BP 90/50 mm Hg,
  - Count Pulse – pulse is rapid and weak,
  - Access Amount of bleeding – Cloths soaked in blood"
  - Check for Placenta -Placenta delivered incompletely

- **TREATMENT:**
  - Position the woman on her left side with legs higher than chest.
  - Insert an IV line
  - Give fluids rapidly
  - Keep her warm (cover her)
  - Call for extra help
  - Massage uterus until it is hard and give oxytocin 10 IU IM
  - If oxytocin not available, give misoprostol and give IV fluids with 20 IU oxytocin at 60 drops/minute.
  - Empty bladder and catheterize if necessary
  - Removal of placental fragments.
  - Give appropriate IM/IV antibiotics
  - Check and record BP and pulse every 15 minutes
  - If unable to remove , refer urgently to hospital

☐ **Make these points**

- Sometimes the placenta is delivered and on examination the uterus is found to be contracted like a hard rounded ball and yet the patient continues to bleed
- Suspect a genital tract tear, these may be associated with home deliveries not attended by a care provider or injudicious use of drugs
- The information for dealing with this problem is being given on **B12 i**n PCPNC guide

☐ **Summarize this section of session by asking few random questions**

Ask*: What are the drugs that make the uterus contract?*
- *Oxytocin,Ergometrine*

Ask*: What antibiotics will you give after manual removal of placenta?*
- *Ampicilin,Gentamicin,metronidazole*

Before starting the next section take a short break for 5 minutes

4. Eclampsia / Convulsions:

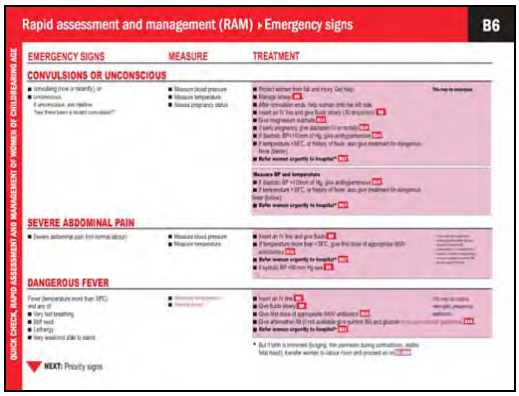
➢ *Ask participants is convulsion a Emergency Sign or Not*
- *All those who says "Yes" raise their hands.*

➢ *Ask participants how will you classy the pregnant woman with convulsions*
- *It is classified by doing Quick Check on B2 as Emergency for women*

➢ *Ask participants what will be the next step after classify*
- *RAM*

➢ *Ask participants on which page of PCPNC Guide you will find treatment of Convulsion*
- *On B6*

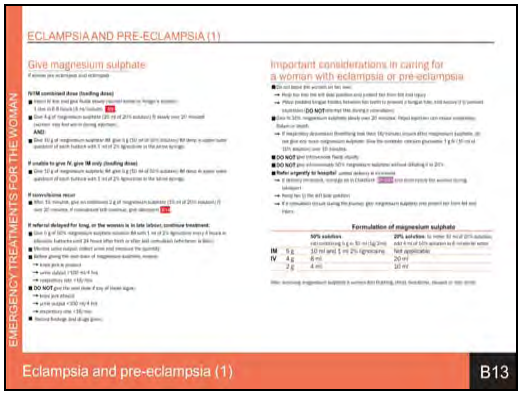
- Show **PowerPoint slide # 14 – "RAM- Emergency Sign/B6"**



☐ Make these points

- If a woman is unconscious or convulsing, shout for help. Urgently mobilize all available personnel.
- Do not leave her alone and try to prevent her from self-harm
- More information on drugs for eclampisia is given on B13 and B14

☐ Show **PowerPoint slide # 15– Eclampsia and Pre-eclampsia (1)/ B13**



- Ask participants to read under headings Give magnesium sulphate and important consideration in caring for a women with eclampisa or pre-eclampsia

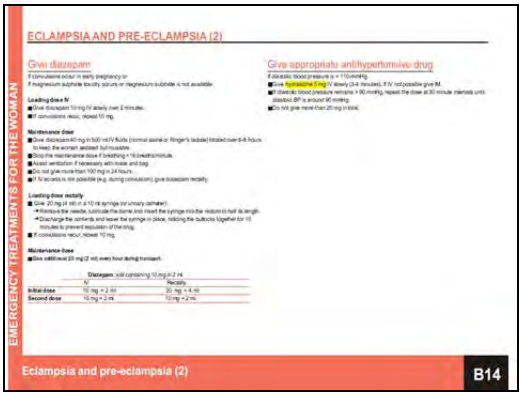
Ask: *What would you do to prevent aspiration in eclampsia?*
- *Place padded tongue blades between her teeth to prevent a tongue bite and secure it to prevent aspiration but DO NOT attempt this during a convulsion*

Ask: *Once you give mgso4, how will you monitor patient?*
- *Keep vitals record, urine output, respiratory rate record & knee jerk*

Ask: *What are the signs at which you will not give next dose of mgso4?*
- *if knee jerk absent, urine output less than 100ml/4 hrs, respiratory rate <16/min*

- Tell participants that you will be given demonstration on how to give MgSO4 and hydralazine injection in the clinical practice sessions.

☐ Show PowerPoint slide # 16 – "Eclampsia and Pre-eclampsia (1)/ B14"



- Ask one participants to read under headings give diazepam and give appropriate antihybertensive drug

Ask: *If mgso4 is not available what other drug you will give in convulsing patient?*
- *Diazepam*

Ask: *At what BP will you give antihypertensive drug I/V?*
- *If diastolic BP >110 mm Hg*

5. Infection

- *Ask participants what is the most common sign of Infection*
- *Fever*

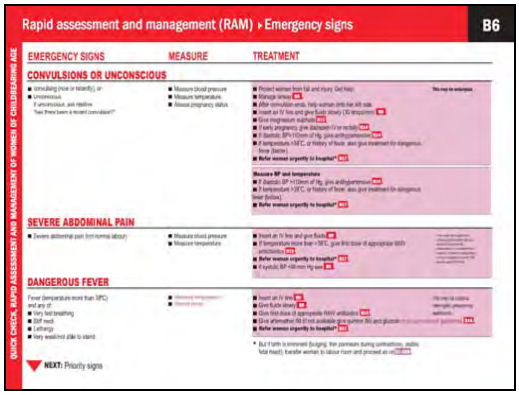
- *Ask participants is Fever an Emergency sign*
- *All those who says "Yes" raise their hands.*

- *Ask participants how will you classy the woman with fever*
- *It is classified by doing Quick Check on B2 as Emergency for women*

➢ *Ask participants what will be the next step after classify*
- *RAM*

➢ *Ask participants on which page of PCPNC Guide you will find treatment of Fever*
- *On B6*

- Show **PowerPoint slide # 17 – "RAM- Emergency Sign/B6"**



Participant to turn to B6

Ask: *What is dangerous fever?*
- *Temperature of >38°C or 100.4 F*

Ask*: In addition to fever what would you look for?*
- *We will look for very fast breathing, stiff neck, lethargy, very weak/not able to stand*

Ask*: How will you Measure Fever?*
- *Measure Temperature and Record Pulse*

Ask*: What are common cause of Dangerous Fever*
- *Malaria, Meningitis, pneumonia and septicemia*

➢ Ask one participant to read loudly Treatment of Dangerous Fever on B6

☐ **Make these points**

- We have already gone through How to insert IV line and give fluids on B9 Now we will discuss how to give appropriate antibiotic

☐ **Show PowerPoint slide# 18 – "Infection/B15"**

Participant to open B15

➢ *Ask one participant to go through headings*

Ask: *In which conditions we will give three antibiotics and name these them*

- Severe Abdominal pain, Dangerous Fever/Very Server febrile disease, complicate abortion, Uterine and fetal infection

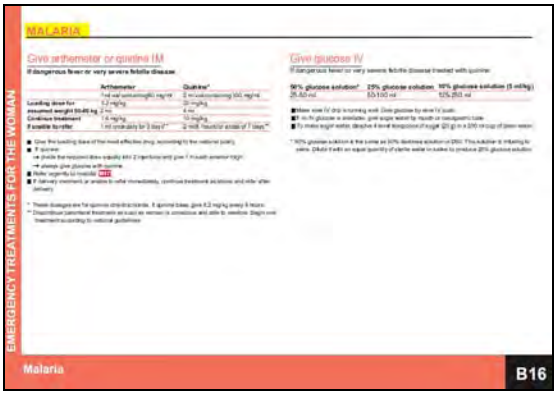
Ask: *Name the three antibiotics*

- Amplicillin, Gentamicin and Metronidazole

☐ **Make these Points:**

- Information about preparation, dosage and frequency is given in tabulated form on B15

- Show **PowerPoint slide # 19 –"Malaria /B16"**



Participant to open B16

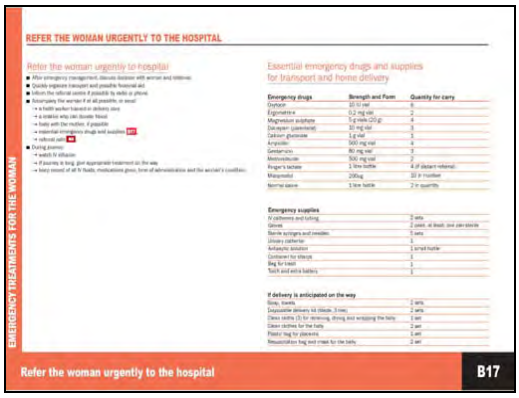
Ask: *If malaria is suspected which drug is given?*

- Artem/quinine

☐ Make this point:

- In dangerous fever give IV glucose when treated with quinine

☐ Show PowerPoint slide # 20 – "Refer the woman urgently to Hospital /B17"



Participant to open B17

➢ Ask one participant to read bullets under the heading of refer the woman urgently to hospital and explain each point accordingly

☐ Make these points:

- Accurate recognition and timely referral after RAM may be a major contributor in saving maternal and neonatal lives.
- Prior information given to the referral center may make management more swift and easy.

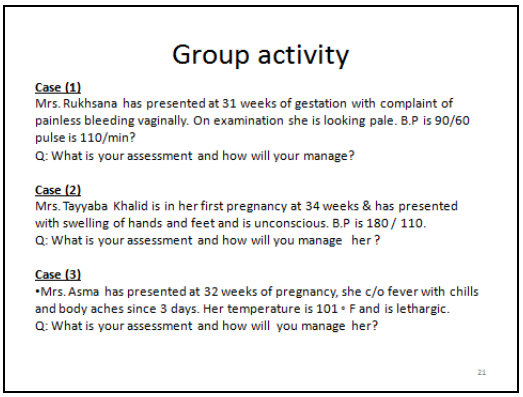
☐ Group Activity

Group Activity

Instructions

- ☐ Divide the participants into three groups
- ☐ Each group will be given a scenario as in the slide shown below
- ☐ Ask participants where in PCPNC GUIDE the relevant section and their management are given
- ☐ Write in the workbook Module 2 session 2 at page 10
- ☐ Ask one from each group to share answers with the rest of class

☐ Show **PowerPoint slide # 21- "Group Activity"**



Answers of Group Activity

Case (1)
-Bleeding in late pregnancy
-Could be placenta previa
-B 4 and B9

Case (2)
-Eclampsia
-Manage as in B6 PCPNC guide\
-Convulsions on unconscious

Case (3)
-Possible Malaria
-B6 in PCPNC guide

☐ **Home Work Exercises**

- There are some home work exercises related to this session that you should do in home.

Bleeding in Early Pregnancy & Post Abortion Care

Module 2: Session 3

Module 2- Session 3

Bleeding In Early Pregnancy & Post Abortion Care

Objectives:

On completion of this session, participants will be able to:

- Describe the steps involved in the assessment of a woman who presents with early pregnancy bleeding
- Understand what care and advise should be provided to a woman with bleeding in early pregnancy and abortion

Session length:

90 min

Session outline:

1.	Introduction to session	10 minutes
2.	Examination of women with bleeding in early pregnancy	15 minutes
3.	Preventive measures	05 minutes
4.	Advice & counsel on post abortion care	25 minutes
5.	MVA	50 minutes (optional)

Checklist – Session 3

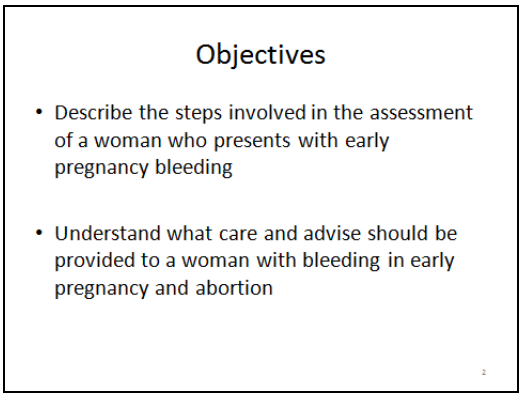
- PowerPoint slides/overheads
- Colored sticky labels (for tabs/markers)
- PCPNC Guide

1. Introduce the Session

☐ Make these points

- It is estimated that worldwide, one in eight maternal deaths, an estimated 13% or 67,000 deaths, are due to unsafe abortion.
- This session begins with classification and treatment of different types of abortion, the prevention of unwanted pregnancy and the role of skilled birth attendants in abortion care with particular emphasis on emergency abortion care

☐ Show **PowerPoint slides # 2 – "Objectives"**



☐ Make these points

- Although high priority must be given to prevent unwanted and unintended pregnancies, in Pakistan contraception is unavailable or inaccessible to many women.
- Almost 95% of unsafe abortions take place in the developing world, and it is estimated that worldwide almost 80,000 women die each year from complications following abortion.
- Women may induce Abortion themselves or seek the help of a non-medically trained person or a health worker who lacks the required skills.
- Unsafe abortion is a public health concern for women of all ages, especially those with poor access to family planning information and services
- Deaths from complications of unsafe abortions are a major cause of maternal death.
- In addition many women suffer from long term health problems as a result of abortion complications.

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2. Examination Of A Woman With Bleeding In Early Pregnancy

📖 Show **PowerPoint slides # 3 – "Bleeding in early pregnancy and post abortion care/B18"**

Participants to go to (**B18**),

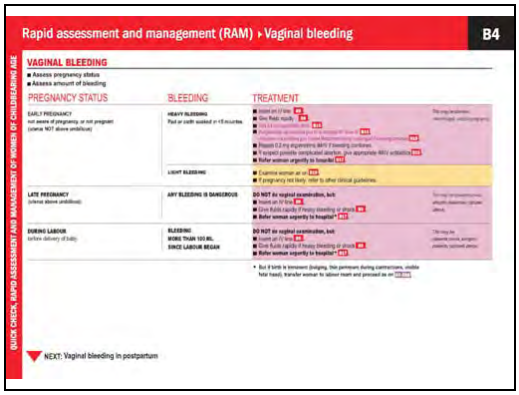
- Ask one participant to read the three headings on the left side in (**B18)** and another participant to go through the Bullets on the right side of (**B18)**

***Ask*:** What will you do if a woman presents with vaginal bleeding in early pregnancy
-wait for responses

☐ Make these points

- Always start with quick check on B2 followed by RAM.
- In RAM treatment of vaginal bleeding is given on B4

☐ Show PowerPoint slides # 4 – "Rapid Assessment and Management – vaginal bleeding/B4"



Participants to open B4

- Ask participants what treatment is given on B4 for vaginal bleeding in early pregnancy

- For heavy bleeding falls in Red area and needs immediate treatment as on B9

- For light bleeding falls in yellow area and assess patients as on B19

☐ Make these points

- Vaginal bleeding can prove to be very Dangerous for the woman in early pregnancy
- It may result when products of conception are not completely expelled.
- It is important to identify through history &examination different types of abortions and their subsequent management
- Delayed, unrecognized, inappropriate treatment can all result in the death of a woman from bleeding, infection, instrumentation.

☐ Show PowerPoint slides # 5 – "Examination of a woman with bleeding in early pregnancy and post abortion care/B19"

Participants to go to **B19**

- Ask participants to go through headings

☐ Make these point

- B19 is a valuable tool.
- It is a flow chart that should always be used whenever a women presents with bleeding in early pregnancy

➢ Ask one participant to read bullets under ASK CHECK RECORD

➢ Ask another participant to read bullets under LOOK LISTEN FEEL

☐ Make these points

- After going through ASK, Check Record and Look Listen FEEL you will be able to classify the illness on the basis of observed signs.
- Now, we will go through signs, classify and Treatment one by one, given on B19 and I (Facilitator) will explain how to classify different types of abortions according to observed signs.
- The general management of abortion and post abortion care is the same regardless of the type of abortion.
- You will notice that if you at B19 there are Red and Yellow colors. Those cases classified in Red section should referred immediately

- In any abortion and ectopic pregnancy, after giving emergency treatment plan urgent referral to hospital
- In case of complete abortion advise follow-up within two days

☐ Role Play

Role play:

☐ Two facilitators possibly you and another facilitator will rehearse and present the role play
☐ Ask participants to observe carefully as they will be asked question from this role play.

Salma comes to the health facility. She has difficulty walking and is held by another relative.

Salma: Asalaam O Alaikum

Health worker: Waalaikum salaam. Ji aap ko kya takleef hai?
Salma: Meray pait mein sakht dard hai, Aur thora thora khoon bhi aaraha hai. Lekin dard bohat hai.

Health worker: Aap ko aakhri martaba mahwari kab aai thi?

Salma: Ji taqreeban 50 din pehle, abhi doo mah pooray nahi huay.

Health worker: Aap ne urine ka test karwaya tha?

Salma: Ji ek hafta pehle Wo positive thaa.

Health worker: Aapko koi aur takleef hui hai iss k saath

Salma : Bas ji ulti waigaraa huithi aur main kal behosh bhi ho gai thi

Ask: *How will you classify this woman*

- Emergency for woman

Ask: *What will be your next step?*

- RAM (B4)

Ask: *On which page of PCPNC guide will you find further information for the management of bleeding in early pregnancy.*

- B19 (Light Bleeding in Early pregnancy)

Ask: *Based on ASK CHECK RECORD and LOOK LISTEN FEEL on B19 which signs are observed in this woman*

- Abdominal pain, History of fainting, very weak, light vaginal bleeding

Ask*: On the basis of observed Signs how will you classify this condition*

- *Ectopic Pregnancy*

Ask: *How will you treat and advise woman with ectopic pregnancy*

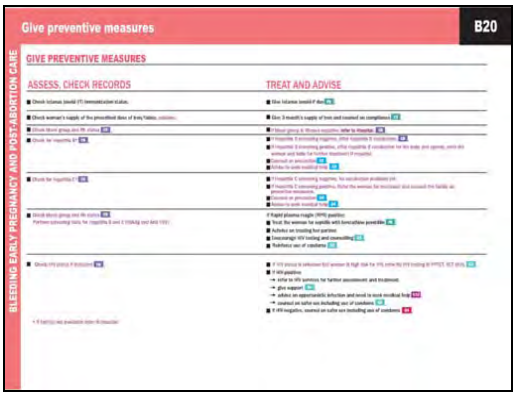
- *Insert IV Line and give fluids, refer to Hospital*

3. Give Preventive Measures

☐ Make these points:

- It may not be possible to prevent all complications of pregnancy and delivery but the preventive measures can save the life of a mother and baby
- Immunization and prevention of infection & iron deficiency anemia may prevent morbidity and mortality of the woman.

☐ Show PowerPoint slide # 6 – "Give Preventive Measures"



Participants to turn to B20

➢ Ask one participant to read one bullet under heading "Assess, Check Records" and read across the page under "Treat and Advise"

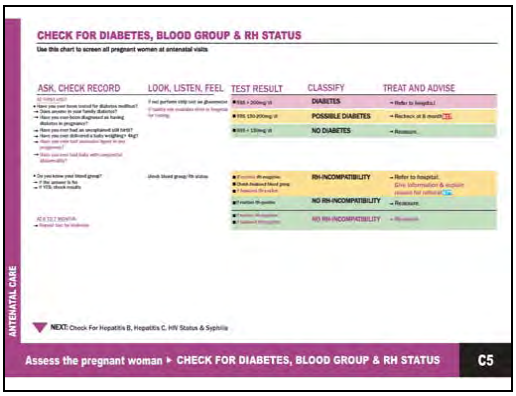
Ask: *Where is the TT schedule given in the PCPNC guide?*

- F2

Ask: *What would you advise if woman's blood group is Rh negative and where in the PCPNC Guide will you find more information?*
-Refer to hospital / C5

Participants to turn to C5

☐ Show PowerPoint slide # 7 – "Check for Diabetes, Blood Group & RH Status/ C5"



☐ Make these points:

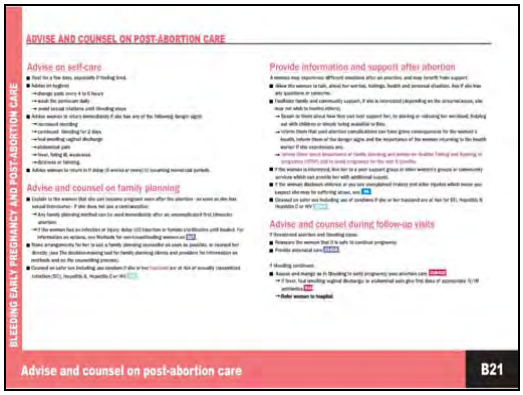
- This is how you will follow the cross reference for further information and management.
- Explain to participants about information available on C5 for Rh – negative mother and Rh-positive husband.

4. Advice and Counsel on Post Abortion Care

☐ Make these points:

- Many women have a first encounter with a health provider because of having abortion
- This abortion may be the result of an unplanned pregnancy, it is therefore extremely important to spend some time on advise and counseling of these women to prevent further unwanted pregnancies and complications of abortions
- You will find information on Post Abortion Care on B21 in PCPNC guide.

☐ Show PowerPoint slide # 8 – "Advise and counsel on Post- Abortion Care/ B21"



Participants to turn to B21

➢ Ask one participant to read four bullets under heading of "Advise on self-care"

☐ Make these points:

- Abortion for a woman is an emotionally traumatic experience and she may benefit from support and counseling.
- Information regarding the future pregnancy prospects and the need of early antenatal booking should be emphasized.
- A follow up visit should be part of the post abortion care.

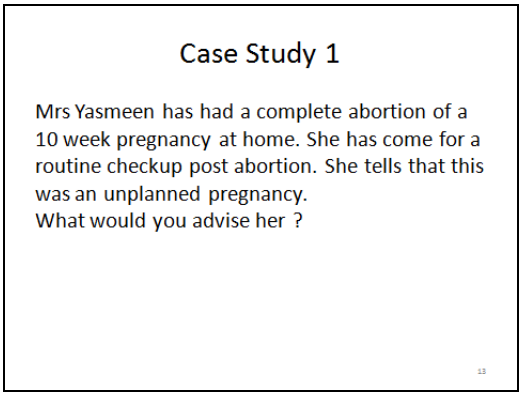
➢ Ask one participant to read bullets under heading of “Provide information and support after abortion”

☐ Make these points:

- A woman in the reproductive age group is capable of becoming pregnant at any time during the reproductive cycle or immediately after an abortion.
- It is therefore very important to familiarize her with the family planning options available to her

➢ Ask one participant to read bullets under heading of “Advise and counsel on family planning ”
➢ Ask another participant to read bullets under heading of “Advise and counsel during follow-up visits ”

☐ Show **PowerPoint slide # 9 - “Case Study 1”**



➢ Wait for some responses and then

 Tell participnats to open **B21** and read advise on self care and family planning.

Ask: If there are any questions.

☐ **Home Work Exercises**

- There are some home work exercises related to this session that you should do in home.

Pregnancy, Childbirth, Postpartum & Newborn Care Course

Module 3:

Antenatal Care

Contents

Each session unit contains

- Session outline and materials e.g. role play dialogue, work sheets, case studies
- Clinical practice task sheet
- Clinical practice checklist
- Participants work sheet with answers from workbook for that session
- Participants handout (power point slides for the session)

ANTENATAL CARE: Assess The Pregnant Woman: Pregnancy Status, Birth and Emergency Plan

Module 3: Session 1

Module 3: Session 1

Assess the Pregnant Woman: Pregnancy Status, Birth & Emergency Plan

Objectives:

At the end of this session the participants will be able to:

- Use the flow chart to assess the pregnant woman at each of the four antenatal care visits by using PCPNC Guide.
- Prepare a birth and emergency plan using the charts in PCPNC Guide and review them during follow-up visits.
- Modify the birth plan if any complications arise.

Session length: 60 minutes

Session Outline:

1.	Introduce the session	05 minutes
2.	First Do RAM	15 minutes
3.	Assess pregnant woman	15 minutes
4.	Develop a birth and emergency plan	35 minutes
5.	Summarize	05 minutes

Checklist:

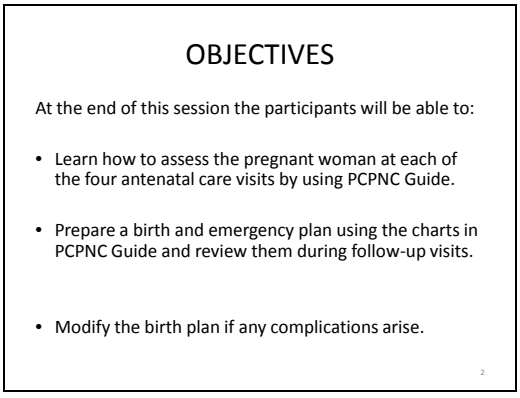
- Measuring tape
- Obstetrical wheels
- Stethoscope
- Pinnard
- Weighing machine
- Mannequin
- Power points slides/ Overheads / Videos/basic component assessment forms, demonstration abdominal exam

1. Introduce the session

☐ Make these points:

- Maternal mortality of Pakistan is 276 per 100,000 live births this means about 30,000 women die in child birth every year.
- Neonatal mortality is 54 per thousand live births, these deaths usually occur in the first week of life.
- Many women die during pregnancy, that is the antenatal period
- These deaths can be prevented if the mother is looked after in pregnancy

☐ Show **PowerPoint slide # 2 - "Objectives"**



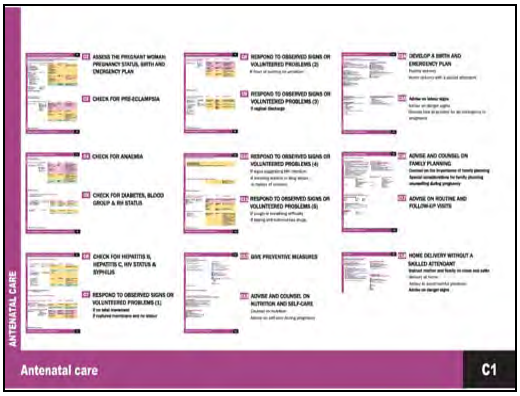
☐ As the slide is displayed, read objectives of the session loudly

☐ Make these points:

- Always begin with RAM (B3-B7)
- In routine Antenatal care use section C of PCPNC Guide

***Ask**: What is antenatal care?*
-Antenatal care is care for the woman and fetus during pregnancy

☐ Show **PowerPoint slide # 3- "Antenatal Care/C1"**




Ask Participants to turn to C1 and read the subtitles of the illustrations. From C2 to C18. Ask them to indicate to the facilitator when the task is completed.

- ☐ As the slide is displayed

- ☐ **Make these points**:

- Explain that the section "C" in the guide from C1 - C18 covers all the essential components of care of the mother and her baby through pregnancy
- C2 flow chart will be used to asses the pregnant woman
- All pregnant women must be checked for preeclampsia, anaemia, RH incompatibility, Diabetes ,HBV and HCV and if needed HIV. Flow charts from C3-6 cover these areas.
- If an abnormal sign is detected during this assessment and checking then we will go through C7-11 to respond to these observed signs.
- Antenatal care also includes preventive measures C12,13
- Developing birth plans: Educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with them is also an integral part of antenatal care this is covered in C14-C15
- Family planning should be discussed with the pregnant woman in the 3rd trimester this is covered in C16.
- C17 deals with routine follow-up visits and C18 contains advice on home delivery without a skilled birth attendant.

- ☐ **Make these points:**

- We know that antenatal care that is looking after the mother during pregnancy can save her life as well as her baby's life. Antenatal care includes the following
- Providing therapeutic interventions known to be beneficial; and
- Educating pregnant women about planning for safe birth, emergencies during pregnancy and how to deal with them.

2. First Do Ram

All clinical sessions must begin with RAM


Ask participants to find B3-B7 in the PCPNC guide and quickly read the headings.

Group Activity

Group Activity

Instructions

- ☐ Inform participants that we will have a group activity now to find relevant appropriate sections of the PCPNC guide to illustrate its use for RAM during the antenatal period.
- ☐ Divide the participants into so that the group will be given the three scenarios
- ☐ First find the relevant sections in the PCPNC under RAM for each of the case scenarios
- ☐ And then find the relevant cross references and write the page numbers and headings
- ☐ Give each group 05 minutes
- ☐ Make one focal person from the group to paste the answer on the board
- ☐ Show the slide on case scenario
- ☐ Give 5 minutes for discussion
- ☐ Then show slide on KEY for self checking

☐ Show **PowerPoint slide # 4 – "Case Scenario"**

Case Scenario

- 1: Sakina is 7 months pregnant she has vaginal bleeding for the last 3 hours and has soaked through her clothes. Her blood pressure is 90/60. She has no other problem .
- 2: Aria is 8 months pregnant. This is her second baby. She has been running a fever of 103 for the last 24 hrs. and has neck stifness
- 3. Bilques is brought to the clinic .she is having convulsions, on examination she has a BP of 180/110, on inquiry she is 9 months pregnant.

4

☐ **Show power point slide # 5 – "KEY for self checking"**

KEY for self checking

1.Sakina: Bleeding In Late Pregnancy:B4
References : B9 (Insert an iv line)
B3 (shock, bleeding heavily)
B17 (refer woman urgently to hospital)

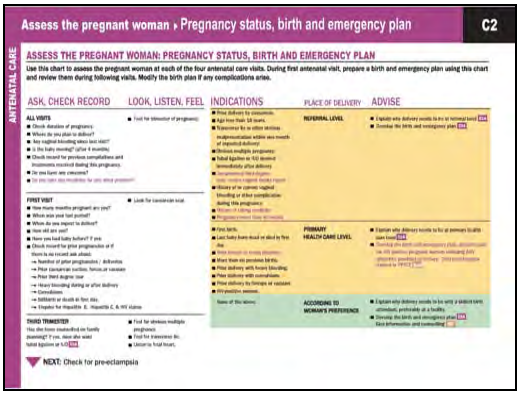
2. Aria: Dangerous Fever B6
References: B9 ,B15,B16,B17

3.Bilques: Convulsions B6;
References: B9,B13,B14, B17

5

3. Assess Pregnancy Status

☐ Show **PowerPoint slide # 6 – "Antenatal care/C2"**



Ask participants to open **C2**

- One participant to read all headings aloud on C2

☐ Make these points:

- Antenatal care is a straight forward process ***if*** the following four ***key words*** are followed
  - Assess
  - Indications
  - Place of delivery
  - Advise
- Assessing the woman throughout the pregnancy allows us to monitor her and her baby and promptly treat and give appropriate care as early as possible
- It is an important part of the overall care contributing to the mother and her baby's wellbeing
- This will help you to identify and prioritize the women who have come in to seek care.
- The 'Advise' column has cross references that contain information on making birth and emergency plan

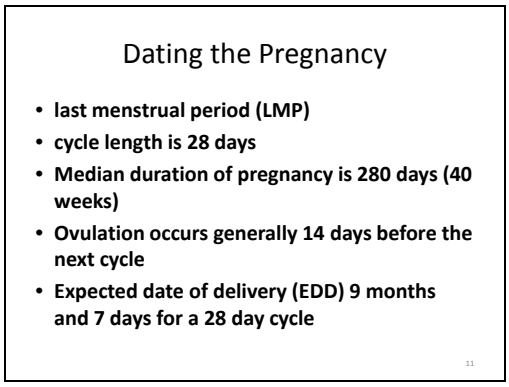
☐ Make these points

- You have just seen the health worker go through all the sections in C2 flow chart.
- This is necessary to ensure that we do not miss any component.
- C2 is a valuable working aid.
- It is made up of flow charts which ensure we carry out a thorough assessment;
- ASK, CHECK RECORDS (take a history) LOOK, LISTEN, FEEL (perform an examination)
- INDICATIONS: for referral (list of danger signs)
- PLACE OF DELIVERY: decide on a birth plan
- ADVISE COUNCIL on preventive measures, give treatment and or refer according to the mother's needs.

☐ Make this point

- Diagnosis of pregnancy & calculation of period of gestation is very important because preterm and postdates deliveries can be dangerous for the baby.

☐ Show **PowerPoint slide # 7 – "Dating the pregnancy"**



☐ Make these points

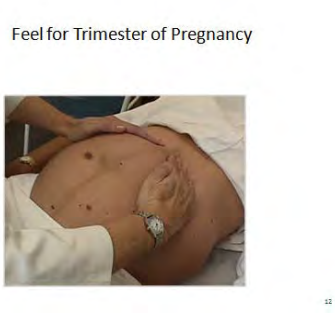
- Duration of a pregnancy is calculated from the date of the last menstrual period (**LMP)**

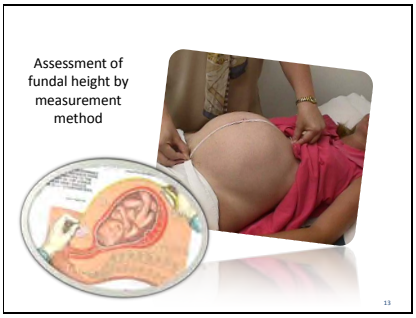
- If the woman knows the date of the first day of her last menstrual period, the number of weeks of pregnancy and the expected date of delivery (EDD) can be calculated.
- Inform participant that they will practice this their clinical sessions

Ask participants to open **C2**

Ask: *participants to read down the column LOOK, LISTEN, FEEL and read the five bullets*
What are the steps of examining the abdomen of a pregnant woman at 36 weeks / 9 months?
-Get some response from participants

☐ **Show PowerPoint slides # 8 - 9 "Feel for Trimester of Pregnancy" and "Assessment of fundal height by measurement method "**

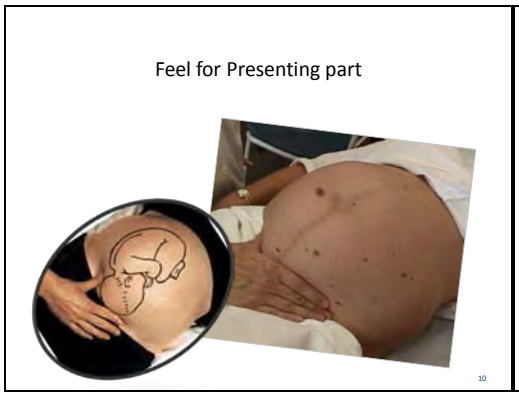


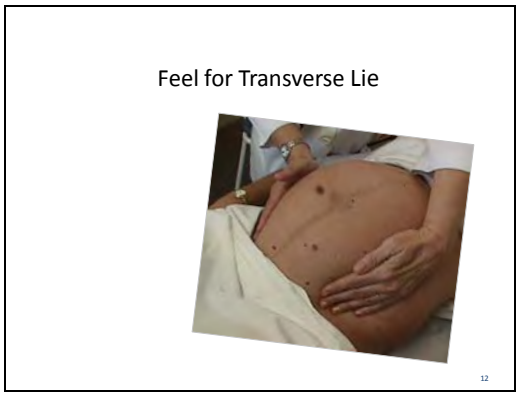


☐ **Make this point**

- Feel for trimester of pregnancy. It is better to measure the SFH with a measuring tape in cm. The SFH in centimeters is roughly equivalent to the POG in weeks

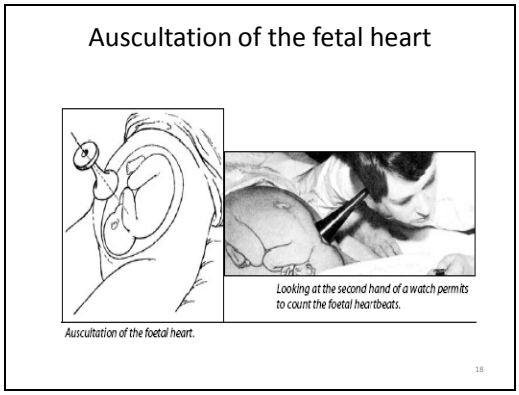
☐ Show **PowerPoint slide # 10-12 – "Feel for Presenting part", "Feel for Obvious Multiple Pregnancies" and "Feel for Transverse Lie"**





- As you show these slides, explain

- Show **PowerPoint slide # 13 – "Auscultation of fetal heart"**



- **Make these point**

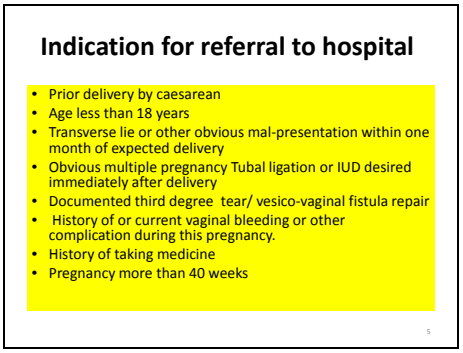
- It is very important to listen to the fetal heart sounds
- You will practice examining the abdomen of a pregnant woman and listening to the fetal heart in your clinical sessions
- C2 is a chart that helps you assess a pregnant woman by taking a history ASK, check record and examination LOOK, listen, feel. It is also important to do some essential tests as part of assessing a pregnant woman

- Ask participants to go to C3- C6 to find the tests under look, listen and feel.

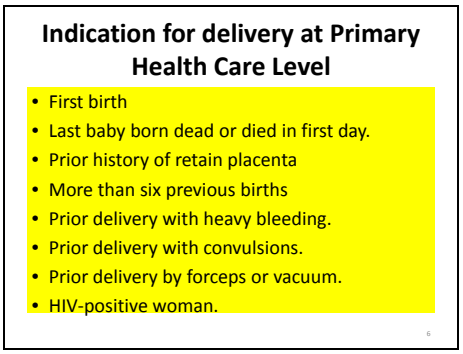
Ask: *What essential tests will you need in a pregnant woman?*
-Check Protein in Urine
-Measure Hemoglobin
-Random blood sugar on glucometer
-Blood group / Rh status
-Hepatitis B/C profile.

Ask *When will you refer the pregnant woman to a higher facility for delivery?*
-Get a few responses, praise if correct
-Refer them as you show the Power point slide as below

☐ Show **PowerPoint slides # 14 - "Indication for referral to hospital"**



☐ Show **PowerPoint slides # 15 - "Indication for delivery at Primary Health Care Level"**



☐ As you display the slide, you read the bulltes aloud and explain if necessary

As an example, participants to look at C2 **FIRST VISIT** 6th bullet "**CHECK RECORD OF PRIOR PREGNANCIES"** and read through list of questions.

☐ **Make these points**

- You have seen various indications that will help in deciding about place of delivery.
- You need to explain why delivery needs to be at primary healthcare level or higher

Ask: *How many times should a pregnant woman visit the health care provider?*
-According to WHO women with uncomplicated pregnancies should be seen 4 times during the pregnancy that will be about 75 % of the women. At every visit a woman must be assessed and if a risk factor is encountered she is seen more frequently as required

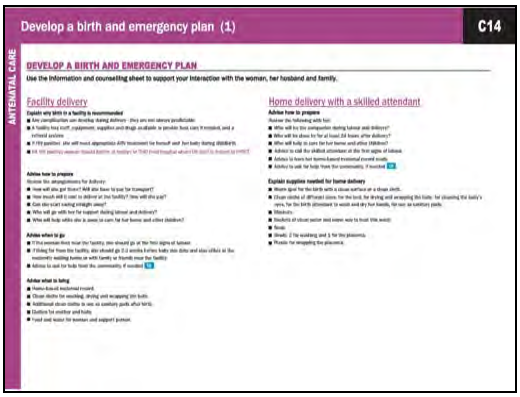
Ask participants to open C17 and read. And give them three minutes

4. Develop a birth plan and emergency plan

Ask: *Where in the PCPNC guide will you find Birth and Emergency Plan*

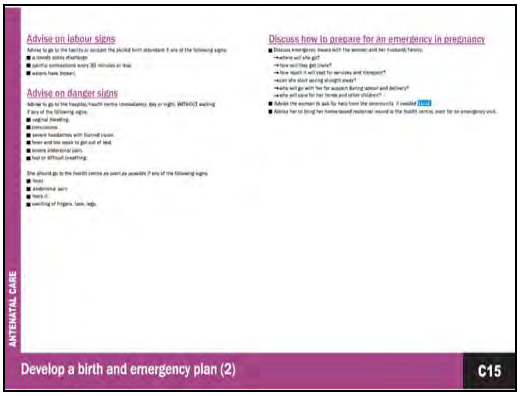
-C14

☐ Show **PowerPoint slide # 16 – "Develop a birth and emergency plan (1)/C14"**



Open to C14 and read under heading "Facility Delivery"

☐ Show **PowerPoint slide # 17 – "Develop a birth and emergency plan (2)/C15"**

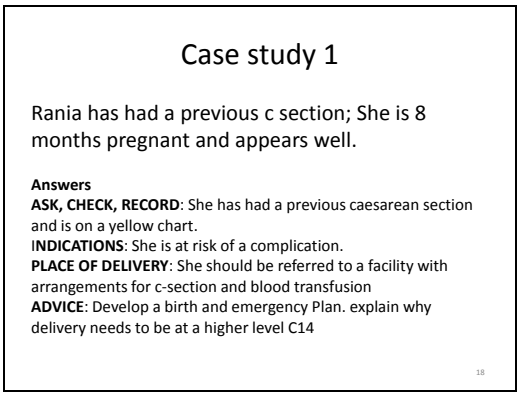


Open to C15 and read under Advise on Labor Signs, Advise on Danger Signs and Discuss how to prepared for an emergency in pregnancy

☐ **Make this point**

- All pregnant women must have a birth and emergency plan

☐ Show **PowerPoint slide # 18 – "Case Study 1"**



- Ask participants to open module 3, session 1 on workbook page 11, and using C2 fill out the chart for Rania's care /management.

- Start with the first column (**ASK, CHECK RECORD**), and work across the chart.
- If you have any problem ask the facilitators for assistance

☐ Give 5 minutes and then

On the same slide when you click the Key answers to this case study will appear. Discuss these answers with participants

Participants to go back to C2

- The colored flow charts on C2 begin with a yellow chart.

Ask: *What do the colors yellow & red tell you?*
-Yellow indicates that there is a problem which can be dealt with without urgent referral but will probably require delivery at a higher facility

-Red indicates an emergency which requires immediate treatment and in most cases urgent -Referral to a higher level health facility.

Ask: *What does the color green tell you about the information in the chart?*
-Green indicates that normal care can be given with appropriate advice for home care and follow up. In this case delivery can be in a place of the mother's preference but she should be advised why a delivery needs to be with a skilled birth attendant, preferably at a facility.

☐ Make these points

- All pregnant women must have a birth and emergency Plan C14-C15
- All pregnant women who continue in your care must have an Information and counseling sheet M2
- We will do exercises to develop birth & emergency plans later in the session

Ask participants to find M2 read it and mark it

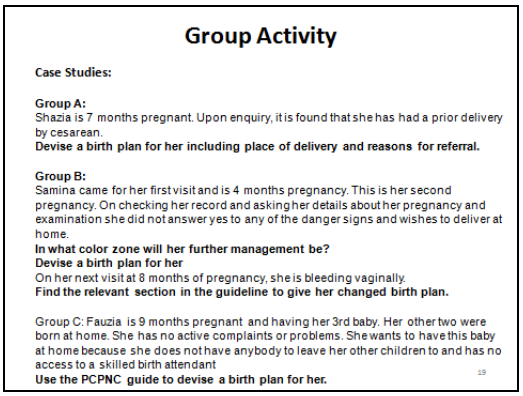
☐ Group Activity

Group Activity

☐ **Instructions**

- Divide the participants into three groups.
- Give each group one scenarios.
- Ask participants to open their work books module 3 session 1 and write below their respective case study under group activity
- Give them 10 minutes to devise a birth plan using PCPNC Guide
- Then ask each group leader one at a time to present in 5 minutes

☐ Show **PowerPoint slide # 19 – "Group Activity"**



Group Activity

Case Studies:

Group A:
Shazia is 7 months pregnant. Upon enquiry, it is found that she has had a prior delivery by cesarean.
Devise a birth plan for her including place of delivery and reasons for referral.

Group B:
Samina came for her first visit and is 4 months pregnancy. This is her second pregnancy. On checking her record and asking her details about her pregnancy and examination she did not answer yes to any of the danger signs and wishes to deliver at home.
In what color zone will her further management be?
Devise a birth plan for her
On her next visit at 8 months of pregnancy, she is bleeding vaginally.
Find the relevant section in the guideline to give her changed birth plan.

Group C: Fauzia is 9 months pregnant and having her 3rd baby. Her other two were born at home. She has no active complaints or problems. She wants to have this baby at home because she does not have anybody to leave her other children to and has no access to a skilled birth attendant
Use the PCPNC guide to devise a birth plan for her.
19

Answers of Group activity

Group A: Shazia:

- C14 Facility delivery
- Explain why birth in a facility is recommended
- Advise on how to prepare her
- Advise on when to go
- Advise on what to bring
- Advise on labour signs
- Advise on danger signs
- Discuss how to prepare for an emergency in pregnancy

Group B: 2.Saima

- Green zone

- Explain that she is still in early pregnancy and this plan may have to be changed.
- she has no complications now but some may develop as the pregnancy progresses so it is always safer to deliver in a health facility.
- C14 Home delivery with skilled birth attendant
- Advise how to prepare
- Explain supplies needed for home delivery
- Saima change of birth plan: She now has bleeding vaginally at 8 months pregnancy

- Go to B4 bleeding in late pregnancy
- What can her condition be? (This may be placenta preavia, abruption, uterine rupture)
- What will you do?
- Insert an iv line B9
- Give IV fluids B3
- Refer urgently to hospital B17

Group C: Fauzia

- Reinforce the importance of delivery with a skilled birth attendant
- HOME DELIVERY WITHOUT SKILLED BIRTH ATTENDANT
- Instruct mother and family on clean and safer delivery at home
- Advise to avoid harmful practices
- Advise on danger signs
- Give M8 , M9 to the mother in an understandable format or go through it with her on every visit

☐ Make these points

- Developing a birth plan is a very important part of Antenatal care.C14 and C15 are important information and counseling sheets to support your interaction with the woman her husband and her family so the best and safest decision can be taken on place of delivery. mark this section.
- Where ever there are multiple indications, look for indications referring to higher level and proceed accordingly

6. Summarize

- C2 is a chart that is used to :
- Ask the woman about her present pregnancy status
- Check her for general danger signs
- Decide on an appropriate place of birth for the woman
- Prepare a birth plan
- Prepare an emergency plan
- Birth plan should be reviewed during every follow-up visit.

Ask: *Why is antenatal care important?*
Get responses from participants till the following answer is obtained
To save the mother and baby, Because complications can occur at any time during pregnancy

Ask: *How many Antenatal care visits are essential during pregnancy?*
Get some response from participants
- At least Four visits

Ask: *On which page of PCPNC Guide you will find advice for woman on danger signs during pregnancy?*
- On Page C15

➢ Ask one of the participants to read all danger signs.

Practically in a clinical scenario always begin with a quick check and RAM to prioritize and identify women who need urgent care.

ATENATAL CARE:

Screen All Pregnant Women

MODULE 3: Session 2

Module 3: Session 2

Screen All Pregnant Women

Objective:

During this session, we will:

- Discuss best practices for screening all pregnant women for important maternal conditions that can complicate a pregnancy: including hypertension in pregnancy, pre-eclampsia and eclampsia, anaemia, diabetes, Rh- incompatibility and hepatitis B & C.

Session length: 45 minutes

Session Outline:

1.	Introduce the session	05 minutes
2.	Check for Pre-eclampsia in pregnancy	10 minutes
3.	Check for anemia in pregnancy	10 minutes
4.	Check for diabetes mellitus	5 minutes
5.	Check for Blood Group and Rh Status	5 minutes
6.	Check for hepatitis B, hepatitis C, and HIV status	05 minutes
7.	Summarize	05 minutes

Checklist:

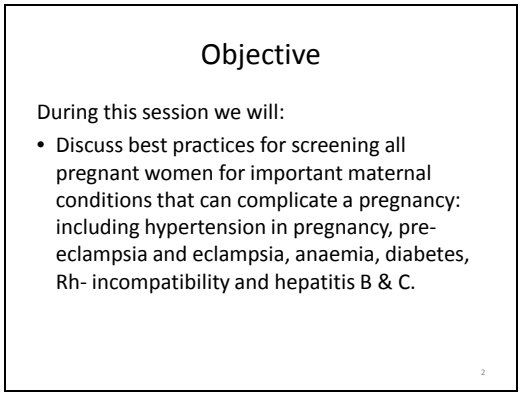
- BP apparatus
- Stethoscope
- Mannequin
- Magnesium sulphate ampules
- Inj. Diazepam
- Inj. Hydrallazine
- Syringes
- Swabs
- Haemoglobinometer
- Glucometer
- Dip sticks
- PowerPoint slides / Overhead transparencies

1. Introduce the session

☐ Make these points:

- Pregnancy can be complicated by hypertension, anemia, diabetes, Rh- incompatibility and hepatitis B & C
- If we are vigilant we can detect these conditions early during pregnancy so the pregnant woman can be counseled / treated and sent to the appropriate facility for delivery
- Throughout this course we will be dealing with the three important causes of maternal death in Pakistan; hypertension and its complications, bleeding and its complications and infections
- You have already dealt with these complications when they present in an emergency
- Women with any of these complications should be referred to higher level of care
- Screening can be done by history taking, examination and relevant investigations
- RH incompatibility can be a danger to future children if not recognized during pregnancy

☐ Show **PowerPoint slide # 2 – "Objective"**




Ask participants to find C3 – C6 in the PCPNC guide and read the headings

☐ Make this point

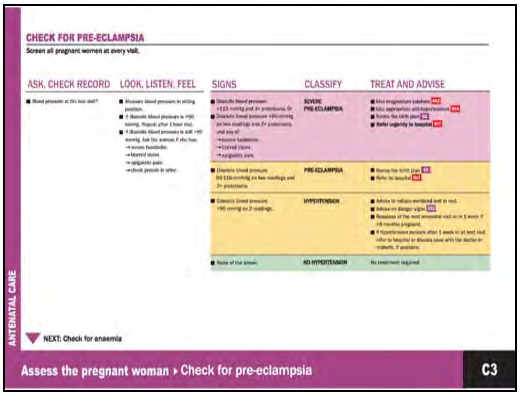
- These are the important condition for which you need to screen all pregnant woman

2. Check for Pre-eclampsia

☐ Make these points:

- Hypertension is the commonest medical problem encountered in pregnancy, complicating 10 to 15 % of all pregnancy.
- Hypertension accounts for 12 to 25 % of all antenatal admissions.
- BP check is essential for all pregnant women at every visit because there is usually no sign of hypertensive disorders in early disease.
- If we do not detect hypertension in pregnancy & treat it ,it might lead to a more dangerous life threatening condition eclampsia which can result in the death of the mother and or her baby.

☐ Show **PowerPoint slide # 3 - "Check for Pre-eclampsia/C3"**



Participants to find C3

➢ Ask participants to read bullets across the page stating from ASK, CHECK RECORD. Give 3 mins

☐ **Make this point**

- C3 shows the management of hypertension in pregnancy and explain by giving the following case study.

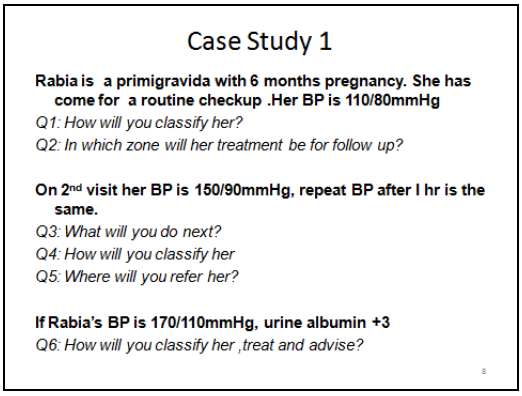
☐ **Case Study**

Case Study

Instructions

- ☐ The case study has three parts
- ☐ First part will be show as you display the slide
- ☐ Give 2 mins and click key to show change in scenarios in the slide
- ☐ Again give two minutes and click to show next change in the scenario in the slide

☐ Show **PowerPoint slide # 8 – "Case Study**



- *Ask Participants to go the module 3 session 2 of the work book at page 14 and write the answers in the recording form*

Answers of Case Study

Q1: How will you classify her?
- no hypertension

Q2: *In which zone will her treatment be for follow up?*
- Green zone.

Give following information: on 2nd visit her BP is 150/90mmHg, repeat BP after I hr is the same
Q3: What will you do next?
-check protein in urine ,
- ask the woman if she has:
    - headache,
    - blurred vision,
    - epigastric pain

Q4: How will you classify her?
- Hypertension

Q5: Where will you refer her?
-Refer to hospital
-Revise birth plan (from green to yellow)

If Rabias BP is 170/110mmHg, urine albumin +3,
Q6: How will you classify her, treat and advise
-severe pre-eclampsia
-give magnesium Sulphate B13
give appropriate anti hypertensive B14
Revise the birth Plan C2
Refer urgently to Hospital B17

☐ Make this point

- The color flow chart, C3 begin with a red chart

Ask: *What does the color red tell you?*
-Give emergency care, revise birth plan and refer urgently to higher level of care

☐ Make this point

- There are cross referencing to other pages

3. Check for anemia in pregnancy

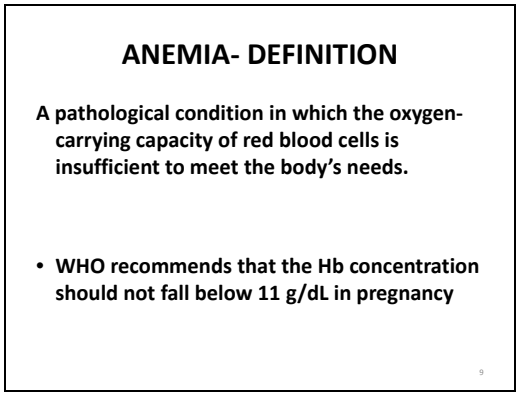
☐ Make these points

- Anaemia is common during pregnancy among Pakistani women
- It increases the possibility of infections
- If the woman bleeds for any reason during pregnancy, delivery or postnatal she will be less likely to survive if she is already anemic

- It usually occurs due to iron deficiency
- Iron deficiency is the most widespread nutritional disorder in the world
- Nearly half the pregnant women in the world are anemic

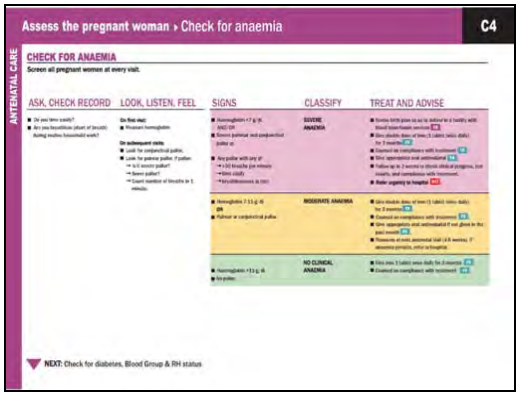
Ask: *How would you define anaemia?*
-Get a few responses and then

☐ Show **PowerPoint slide # 9 – "Definition of Anemia"**



Ask: *How do you check for anemia?*
-Get some responses from participants

☐ Show **PowerPoint slide # 10 – "Check for anemia/ C4"**



Participants to open **C4**

- Ask participants to read under the headings ASK, CHECK RECORD and another to read LOOK, LISTEN, FEEL.

Ask: *How do you check for anemia?*
-Get some responses from participants

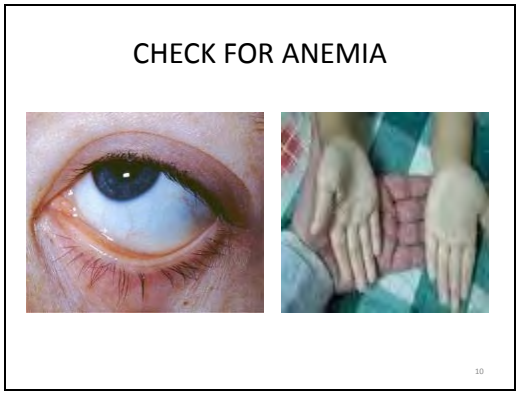
☐ **Make these points**

- Anemia increases maternal mortality
- Prenatal and perinatal infant loss and prematurity

- 40% of all perinatal maternal deaths are linked to anemia
- Favorable pregnancy outcomes occur 30-40% less often in anemic mothers
- Their infants have less than one half of normal iron reserves

Ask: *How will you know if the pregnant woman is anemic?*
-Ask the woman as to whether she tires easily or she is breathless during routine house hold work. Count number of breaths in one minute more than 16 is not normal. On the first antenatal visit hemoglobin should be measured and on subsequent visits look for conjunctival and palmar pallor and asses the severity of pallor

☐ Show PowerPoint slide # 11 – "Check for anemia"



☐ Make this point

- Number of breaths increases with severity of anemia

Participants to find PCPNC guide to C4

- Look at the information under "SIGNS", "CLASSIFY" and "TREAT AND ADVISE"
- The red section shows signs of severe anemia
- The yellow section shows moderate anemia
- And the green shows no clinical anemia

Ask: *What is severe anemia and how will you manage?*
-Get a few responses answers should include:
-If hemoglobin is less than 7 g/dl AND /OR severe palmar and conjunctival pallor or any pallor with any one of breath rate more than 30 breaths per minute, or tires easily or breathlessness at rest, the case is classified as "SEVERE ANEMIA" and is managed as follows:

- Revise birth plan so as to deliver at facility with blood transfusion services.C2
- If she cant go to hospital for the time being. Give iron and folic acid F3
- give appropriate oral antimalarial F4
- Refer urgently to hospital B17

☐ Make these points

- Anemia can be prevented if, all pregnant, postpartum and post abortion women are routinely given Iron and Folate supplementation for at least 3 months
- Give mebendazole 500 mg to every woman once in 6 months (not in first trimester)

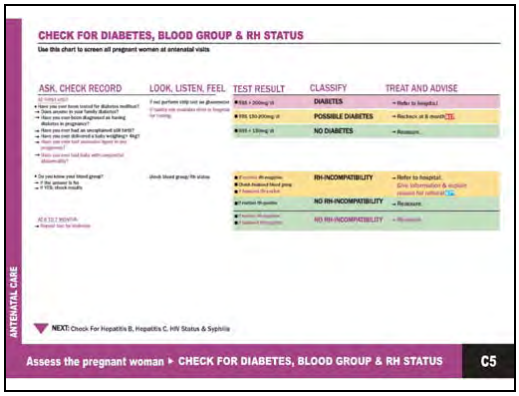
- Give appropriate oral anti malarial only if Rapid Diagnostic Test for malaria or slide test is positive.
- If anaemia is unexplained or does not respond to treatment, refer to Hospital, It could be due to thalasemsia

4. Check for diabetes mellitus

☐ Make these points:

- Diabetes is a common condition in our country and it can affect the outcome of pregnancy if it is not detected
- It is dangerous both for the mother and her baby
- It can run in families
- Sometimes it appears in pregnancy for the first time
- If the blood sugars are controlled the pregnancy outcome is good
- We classify Diabetes if Random Blood Sugar is more than 200mg/dl and this falls into Red color and requires referral to hospital
- Possible Diabetes is classify if Random Blood Sugar is 150 - 200mg/dl, this also requires referral to hospital for further workup

☐ Show PowerPoint slide # 12 – "Check for Diabetes, Blood Group and Rh Status/ C5"



Participants to find C5 on PCPNC guide and read main heading

☐ Make this point

- This page is used to screen all pregnant women at Antenatal visits.

➢ Ask one participant to read under the first bullets under AT FIRST VISIT and then read across the page up to TREAT AND ADVISE.

☐ Make this point

- This section of C5 will help you to classify pregnant women with diabetes, possible diabetes pr no diabetes.

5. Check for Blood Group and Rh Status

☐ Make these points

- It is important to screen the mother for Rh-incompatibility. If the mother's blood group is positive reassure her if it is negative then you will need to test her husband's blood group and Rh factor. If he is also negative they do not need to worry
- If the mother is Rh negative and the father is Rh Positive. It may cause problems in this or subsequent pregnancies. Refer to higher level of care

Ask one participant to read the second bullet under ASK CHECK RECORD on C5 and read across the chart up to TREAT and ADVISE

Ask: What will you do if women is Rh- negative
Wait for response
- Check for Husband's blood group

Ask: What will you do if husband is also Rh- negative
Wait for response
- Reassure no Rh- Incompatibility

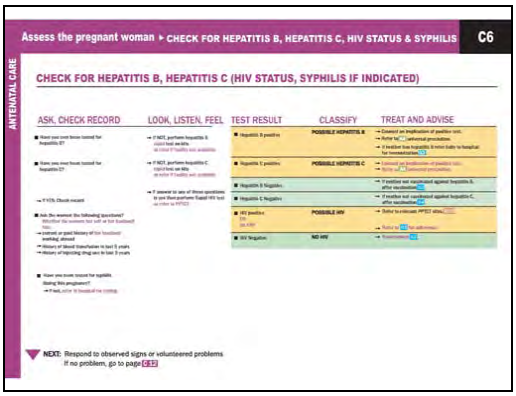
Ask: What will you do if women is Rh- negative and husband is Rh-positive
Wait for response
- Rh- incompatibility
- Refer to hospital

☐ Make this point

- Rh-incompatibility if untreated can lead to jaundice in the baby

6. Check for hepatitis B, hepatitis C and HIV Status

☐ Show **PowerPoint slide # 13 – "Hepatitis B, hepatitis C and HIV Status/ C6"**



Participants to find C6 on PCPNC Guide

➢ Ask one participant to read the headings aloud

- Ask one participants to read bullets under ASK, CHECK RECORD and other to read under LOOK LISTEN FEEL

☐ Make these points

- We classify Hepatitis B, Hepatitis C and HIV on the basis of tests result
- Incas of any positive results counseling and universal precautions are the major part of treatment and advise
- In case of Positive Hepatitis B, newborn should be immunized against Hepatitis B
- In case of Negative Hepatitis B, offer Hepatitis B vaccination
- Hepatitis C has no vaccine but we need to know about it because it is common and can be transferred to the baby
- Delivery can take place with skilled birth attendant at the basic facility if there are no other obstetric problems and provided that universal precautions are observed.
- Pregnant woman with HIV positive test should be referral to relevant PPTCT sites

- Ask participants to go to A4 an quickly read the 9 subheadings on A4.
- Ask participants to go to G3 and G4 and quickly read the subheading and ask them to inform when finish.

☐ Make this point

- Standard precaution need to be taken for all pregnant women at the time of delivery but safe disposal is especially important in women who are infected with Hep B. C or HIV.

7. Summarize

- We have discussed conditions that can be role out on the basis of screening during ANC visits and addressing theses condition may results in reducing mortality and morbidity.

- Ask if there are any questions

ANTENATAL CARE:

Response to Observed Signs or Volunteered Problems

Module 3: Session 3

Module 3: Session 3

Response to Observed Signs or Volunteered Problems

Objective:

By the end of this session, the participants will be able to:

- Respond to observed signs and volunteered problems in a pregnant woman

Session length:
60 minutes

Session outline:

1.	Introduction	05minute
2.	No Fetal movement	10minute
3.	Ruptured membranes and no labor	10minute
4.	Fever or Burning on urination	05minute
5.	Vaginal discharge	05minute
6.	History Suggesting of HIV Infection	05 minutes
7.	Smoking, Alcohol or Drugs Abuse or history of violence	10minute
8.	Cough or breathing difficulty	05minute
9.	Taking anti Tuberculosis drugs	10minute

Checklist:

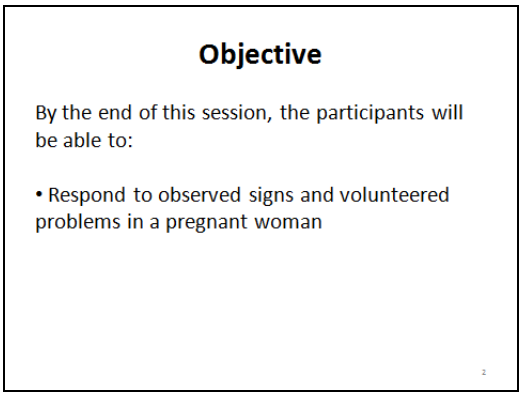
- Pinnard
- Sanitary Pads
- Thermometer
- Gloves
- Power point slides / videos

1. Introduction

☐ Make these points

- Pregnant women may present with various complaints/problems which if ignored and not dealt with properly may result in serious consequences for both, mother and the baby.
- In this session we will use the charts C7-C11 to respond to observed or volunteered problems t o classify the condition and identify appropriate treatments

☐ Show PowerPoint slide # 2 – "Objective"

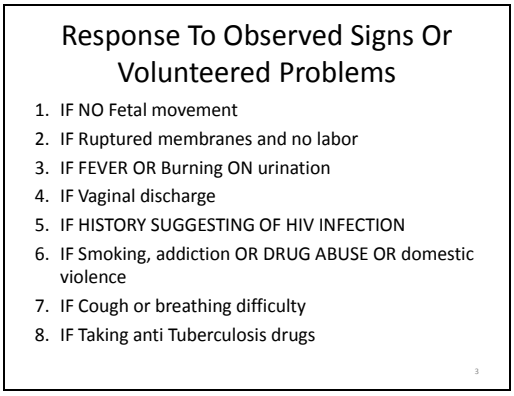


 Participants to open guide to **C7** to **C11** and read headings

➢ ***Ask**: What are the various problem/complaints pregnant women can experience through the pregnancy?*

-Get some response from participants then show power point slide 3

☐ Show **PowerPoint slide # 3 – "Response To Observed Signs Or Volunteered Problems"**



☐ Make these points

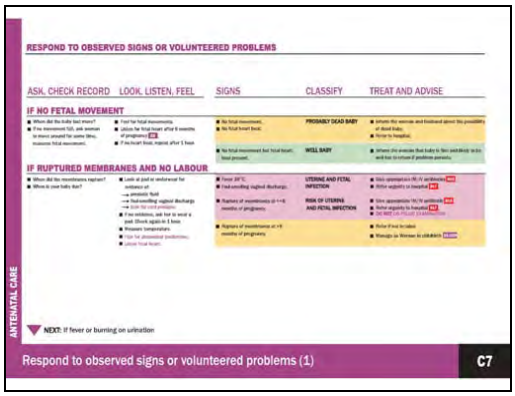
- In this session we will deal with problems shown in this slide
- Please read these problems one by one

2. No Fetal Movement

☐ Make these points

- Note that fetal movement is important after 6 months of gestation.
- C7 has flow charts for two problems using the flow chart answer the following questions

☐ Show **PowerPoint slide # 4 "No Fetal Movement/C7"**



Particpnats to Open C7

➢ *Ask one participant to read bullets under ASK, CHECK and LOOK LISTEN FEEL under heading of no fetal movement on C7*

☐ Make these points

- If there is no fetal movement and no fetal heart beat, classy as Probable dead baby.
- Fetal movements are felt by the mother after 4 months of pregnancy

➢ Ask one participants to read TREAT AND ADVISE in front of Probably dead baby

Ask: *At what gestation are fetal movements felt by the mother?*
-After 4 months of gestation

Ask: *When should the fetal heart is listened?*
-During routine antenatal checkup after 6 months of pregnancy.

Ask: *What will you do if patient feels no fetal movements?*
-feel for fetal movements
-listen to fetal heart

Ask: *What will you do when there is no fetal movement and no fetal heart beat after one hour?*
-The case is classified as "PROBABLY DEAD BABY". Inform the woman husband or relatives about possibility of dead baby and refer the case to hospital B17

3. If Ruptured Membranes and No Labor

Again look at C7

- Ask one participant to read bullets under ASK, CHECK RECORD and LOOK LISTEN FEEL under heading of If Rupture membranes and no labour

☐ Make these points

- It is important to know time since rupture of membranes. The longer the duration the greater the chances of infection.
- Less the period of gestation more chances of complications.
- Fever associated with ruptured membrane is dangerous sign which needs urgent referral.
- EMPHASIZE if there are no pains **DO NOT** do pelvic examination

- ***Ask:*** *What will you ask the mother, if membranes are ruptured and woman is not in labor?*

-Get few responses then ask


Participants to find C7 and read under **ASK CHECK RECORD** and **LOOK LISTEN FEEL** and read across the chart and inform the facilitator when finished.

- ***Ask:*** *IF temperature is 38 degree centigrade or more and there is a foul smelling vaginal discharge, how will you classify and manage the case?*

-Get some response

-The case is classified as “UTERINE AND FETAL INFECTION” and is managed by giving appropriate IM/IV antibiotics.

☐ Make this point

- There are cross references to other parts of the guide e.g. B15

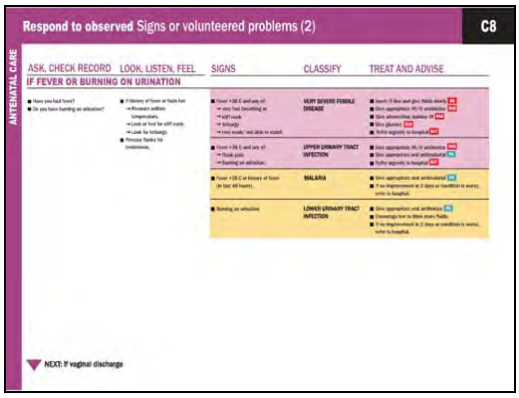

Participants to find B15 and read names and doses of antibiotics

Ask: *If the membranes are ruptured at >8 months of pregnancy how will you classify and manage the case?*

-The case is classified as “RUPTURE OF MEMBRANES” and should be referred to hospital if not in labor B17 or managed as woman in childbirth if in labor.D2

4. If Fever Or Burning On Urination

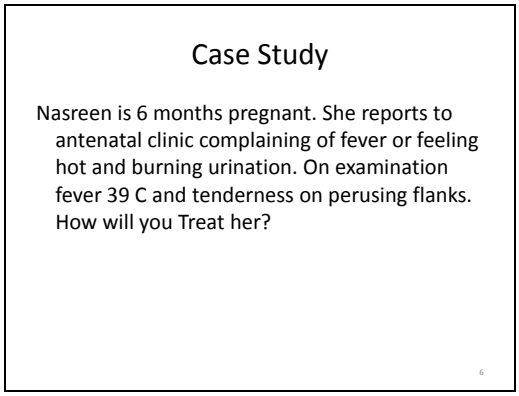
☐ Show **PowerPoint slide # 5 – "If Fever Or Burning On Urination/C8"**



Particpnats to find C8

- Ask one participant to read bullets under ASK, CHECK and LOOK LISTEN FEEL under heading of If Fever Or Burning On Urination
- Ask one participant to read across SIGNS CLASSIFY and TREAT AND ADVISE

☐ Show **PowerPoint Slide # 6 – "Case study 1"**



- *Ask Participants to go the module 3 session 3 of the work book at page 15 and write the answers in the recording form*

- Start with the first column (**ASK, CHECK, RECORD**), and work across the chart.
  - **ASK, CHECK, RECORD:** "6 months pregnancy, felling hot, burning urination"
  - **LOOK/LISTEN/ FEEL:** "Fever is 39 C, tenderness in flanks on percussion"
  - **SIGN:** "Fever 39 C, Flank pain, Burning on urination"

- **CLASSIFY:** "Upper urinary Tract infection"
- **TREAT AND ADVISE:** "Give Appropriate Antibiotics, Refer urgently to hospital"

☐ Ask If fever is more than 38 degree centigrade and any of stiff neck, lethargy, or very weak/ not able to stand, the case is classified as **"VERY SEVERE FEBRILE DISEASE",**
How will you TREAT and ADVISE her
-As on C8

☐ If the fever is 38 degree centigrade or more or there is history of fever (in last 48 hours), the case is classified as **"PROBABLE MALARIA"** and is managed as follows,
-Advise RDT and give appropriate oral antimalarial if required and if no improvement in 2 days or condition worsens refer to hospital.

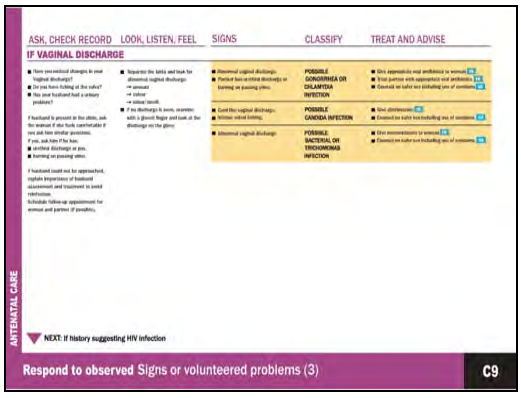
☐ If there is burning on urination, the case is classified as **"LOWER URINARY TRACT INFECTION"** and
-managed by giving appropriate oral antibiotics, encourage to drink more fluids and if no improvement in 2 days or condition worsens refer to hospital.

Ask what are the possible common cause of fever in a pregnant women.
Get some response till all causes give on C7 and C8 are enumerated
-Rupture membranes and no labour
-UTI
-Malaria

5. If Vaginal Discharge

➢ ***Ask****: Do you know about different types of discharge?*
-Get some response from participants

☐ Show **PowerPoint slide # 7– "If Vaginal Discharge/C9"**

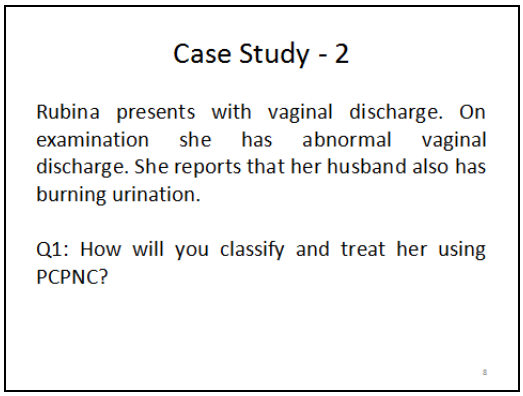


Particpnats to open C9 and read bullets under ASK, CHECK and LOOK LISTEN FEEL

➢ Ask one participant to read across SIGNS CLASSIFY and TREAT AND ADVISE

***Ask**: What will you look for on examination of the woman?*
-Separate the labia and look for abnormal vaginal discharge; its amount, color and odour/smell.
-If no discharge is seen, examine with gloved finger (This Information is on C9)

- Show **PowerPoint Slide # 8 – "Case Study 2"**



- Ask participants to open workbook module 3 session 3 at page 16 and write in the form

Give some time and

- Explain while the slide is being displayed that this case is classified as **"POSSIBLE GHONORRHOEA OR CHLAMYDIA INFECTION**" and is Treat as on C9
  -Give appropriate Oral Antibiotic to a woman
  -Treat husband with appropriate oral antibiotic
  -Counsel on Safer sex including use of condoms

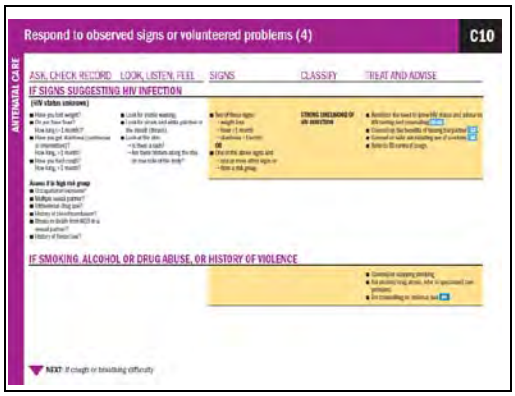
***Ask:** If the discharge is curdy and associated with intense vaginal itching what is your diagnosis and how will you manage it?*
-The case is classified as **"POSSIBLE CANDIDA INFCTION"** and is managed as mentioned on C9 with cross reference to **F5**
-Give clotrimazole
--Counsel on Safer sex including use of condoms

***Ask:** If there is only abnormal vaginal discharge what is the likely diagnosis and appropriate treatment?*
-Possible Bacterial or Trichomonas infection and is managed as mentioned C9
-Give metronidazole
-In addition counsel on safer sex and use of condoms

***Ask**: where in PCPNC guide they can find drugs used for treatment of vaginal discharge?*
-F5

6. History Suggesting of HIV Infection

- Show **PowerPoint slide # 9 – "History Suggesting of HIV Infection/C10"**



Particpnats to find C10 and one participant to read bullets under ASK, CHECK RECORD and LOOK LISTEN FEEL under heading of If SIGNS SUGGESTING HIV INFECTION

- Ask another participant to read under SIGNS CLASSIFY and TREAT AND ADVISE

Ask: *Can you enumerate the High Risk Group for getting HIV Infection?*
-Occupational exposure
-Multiple sex partners
-IV drug abuse
-History of blood transfusion
-Illness of death from AID of Husband
-History of forced sex
-History of Husband traveling abroad

7. Smoking, Alcohol, Drug Abuse or History of Violence

Participants to find **C10 and ask** *one participants to read under Treat and Advise*

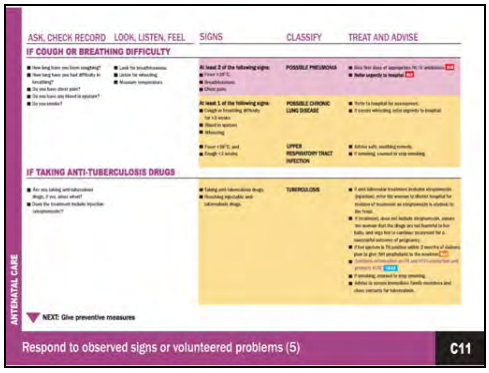
☐ Make this point

- More information on counseling on violence is provide on H4

8. Cough Or Breathing Difficulty

Ask*: what are possible causes of cough or breathing difficulty in pregnant women*
-Get some response from participants then show PowerPoint slide

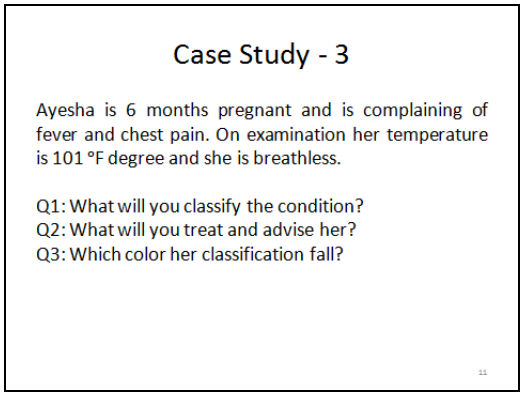
- Show **PowerPoint slide # 10 – "If Cough Or Breathing Difficulty/C11"**



Particpnats to find C11 and ask one participant to read 5 bullets under ASK, CHECK RECORD and another to read 3 LOOK LISTEN FEEL under subheading of If cough or difficulty breathing

Ask another participant to read across SIGNS CLASSIFY and TREAT AND ADVISE

- Show **PowerPoint slide # 11- "Case Study 3"**



- *Ask participants to open module 3, session of workbook at page 16 and write in the space provided.*
- *Ask one participant to present the answers to all class.*

***Ask**: What will you classify the condition and in which color this classification fall. What will you treat and advise her?*
-Possible pneumonia
-Red zone
-Give appropriate antibiotic and refer to hospital

Ask *What will you classify possible pneumonia?*
-At least any of the following signs:
- a: Fever >38 C, b: Breathlessness, c: Chest pain

Ask *What will you Treat and Advise possible pneumonia?*
-Give first dose of appropriate IM/IV antibiotics

-Refer urgently to hospital

9. Taking Anti –Tuberculosis Drugs


Again look at **C11** and ask one participant to read bullets under ASK, CHECK RECORD and LOOK LISTEN FEEL under heading of If Taking anti tuberculosis
Ask another participant to read across SIGNS CLASSIFY and TREAT AND ADVISE

☐ Make these points

- See what drugs she is taking, since when is she taking. Check whether the treatment includes injection streptomycin
- If her treatment includes Inj Steptomycin, refer her to treating physician to review -treatment as streptomycin is ototoxic to fetus
- If streptomycin is not included in treatment assure her that drugs are not harmful to baby and to continue treatment for successful outcome of pregnancy.
- Reinforce advice on HIV testing and counsel to stop smoking if smoking.

ANTENATAL CARE:

Give Preventive Measures

Module 3: Session 4

Module 3:
Session 4 - Give Preventive Measures

Objective:

By the end of this session, the participants will:

- Be able to use the PCPNC guide (F3-4,C12-13) to know about the preventive measures and advice & council.

Session length:

45 minutes

Session outline:

10. Introduction	05minute
11. Preventive Measures	05minute
12. Advise and Counsel on Nutrition and self-care	10minute
13. Advise and Counsel on Family Planning	10minute
14. Advise on Routine and Follow-up Visit	05minute
15. Home Delivery without a skilled attendant	05minute
16. Summarize	05minute

Checklist:

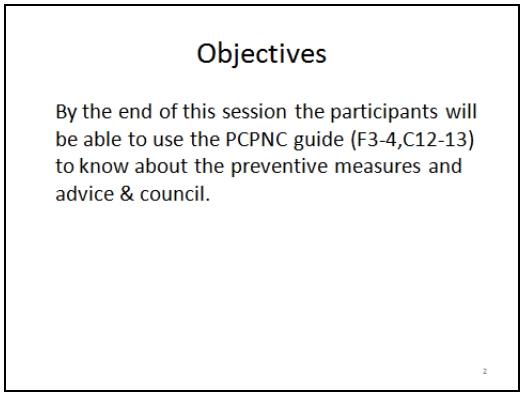
- Sanitary Pads
- Thermometer
- Gloves
- Power point slides / videos

1. Introduce this session

☐ **Make these points**:

- Apart from Antenatal check up of a pregnant woman, it is very important to give advice on prevention and counselling on certain important issues in pregnancy.
- Contraception and Breastfeeding are so important that you will have a separate module on that

☐ Show **PowerPoint slide # 2 – "Objectives"**

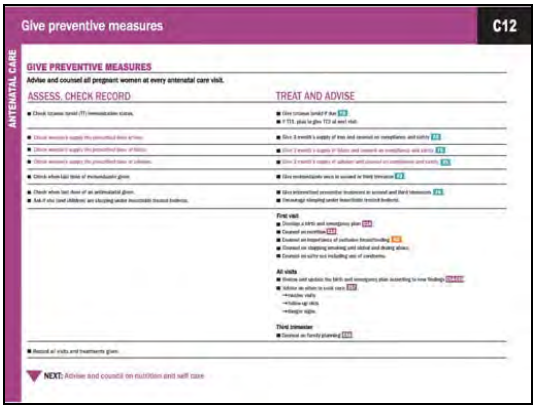


***Ask**: What do you think are the preventive measures?*

-Get some responses .these should include:
- Preventive measures include: - Folic acid, calcium , TT immunization, Hepatitis immunization in Hepatitis B negative women, Advise & council on diet, Advise & council on self-care, Advise & council on contraception, Advise & council on breast feeding, Advise on danger signs and signs of Labor, Advise on antenatal care schedule, Advise on Birth and emergency plan.

2. Preventive measure

☐ Show **PowerPoint slide # 3 – "Preventive Measures/C12"**



Participants to find C12 and ask one participant to read bullets under ASSESS, CHECK RECORD, and TREAT and ADVISE

Ask: *What advise they will give to a pregnant woman came for first ANC checkups?*
-Wait for few responses
Then read under heading FIRST VISIT on C12

- Ask one participant to enumerate the preventive measures he/she knows and write them on a flip chart.

Thank her and ask participants to find the relevant section of the guide and complete the list.
these should include:

- Preventive measures In order to take preventive measures you have to first
- Supplements FE, Folic acid, calcium
- TT immunization
- Hepatitis immunization in Hepatitis B negative women
- Check when last dose of mebendazole taken
- Check when last dose of anti malarial taken
- Advise & council on diet
- Advise & council on self-care
- Advise & council on contraception
- Advise & council on breast feeding
- Advise on danger signs and signs of Labor
- Advise on antenatal care schedule
- Advise on birth and emergency plan

☐ Show PowerPoint slide # 4 – "TT Schedule "

Tetanus toxoid schedule	
At first contact with woman of childbearing age or at first antenatal care visit, as early as possible.	TT1
At least 4 weeks after TT1 (at next antenatal care visit).	TT2
At least 6 months after TT2.	TT3
At least 1 year after TT3.	TT4
At least 1 year after TT4.	TT5

☐ Make these points

- One injection of TT gives no protection against tetanus
- 2 injections give only 3 years protection
- It is important that every woman of child bearing age receives 5 doses of TT over three years to protect her and her babies from tetanus

3. Advise and Counsel on Nutrition and self care

☐ Show **PowerPoint slide # 5 – "Advise and Counsel on Nutrition and self care/C13"**

Participants to find C13 and while they are one this chart

☐ Make this point

- Because of different cultural setups and taboos about food and nutrition in pregnancy, a comprehensive advise to every pregnant woman who is coming for ANC check up is important.

➢ Ask participants to read heading on C13.
➢ Instruct participants to observe role play and make points how healthcare provider is dealing with nutritional taboos by using PCPNC.

☐ Role play

Role play

Instructions

Three participants: One plays the mother in law and the other the daughter in law (pregnant woman) called Nagina and the third the health care provider

Scenario: A mother in-law encouraging pregnant woman not to have supplements or fruit and milk because according to her it will make the baby too big and she will have a difficult delivery.

Nagina voices her concerns to the health care provider who replies by opening to C13 and reading the section on nutrition.

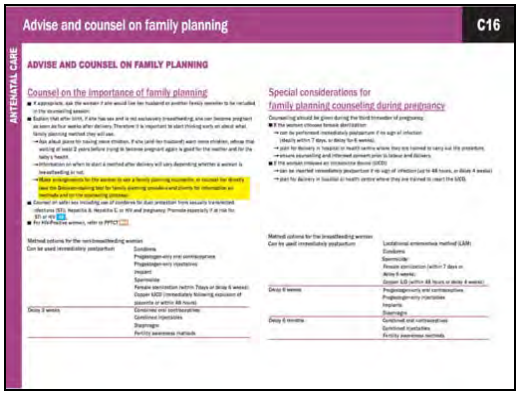
You have just gone through the C13 . Do you know of any taboos in food that are harmful to the pregnant woman?

➢ Ask one participant, what advise you will give to a pregnant woman on self care?

-Wait for few responses
Then direct to read under Advise on self care during pregnancy on C13.

4. Advice and Counsel on Family Planning

☐ **Show PowerPoint slide # 6 – "Advise and Counsel on Family planning/C16"**



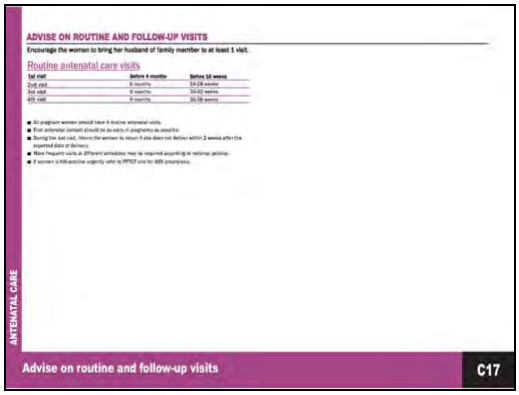
Participants to find C16 and while they are on this chart

☐ **Make these points**

- Antenatal visits are an appropriate time for counseling on family planning.
- After childbirth, if the couple has intercourse and the mother is not exclusively breast feeding (only breast feeding with no other substitutes given to the baby day and night), she can become pregnant as soon as 4 weeks after delivery
- Therefore it is important to start thinking early on what family planning method she will use after childbirth. The plans of having more children may be asked and advise to wait for 2 years before becoming pregnant if she intends to have another child.
- Information on when to start a method after delivery will depend on whether she is breast feeding or not.
- Make arrangements for woman to see family planning councilor or counsel her directly.
- Family planning is so important that you will have a separate module on it later.

5. Advice on Routine and Follow-up Visits:

☐ Show **PowerPoint slide # 7 – "Advise on routine and follow-up visits/C17"**



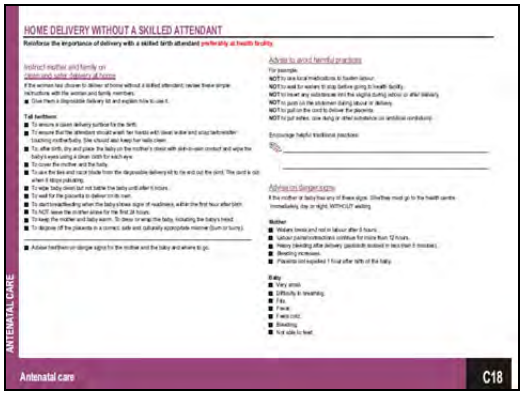
Participants to find C17

☐ **Make these points**

- All pregnant women should do routine antenatal care visits.
- First antenatal care visit should be as early in pregnancy as possible.
- During the last visit woman should be informed to return if she does not deliver within one week after expected date of delivery.

6. Home delivery without a skilled attendant

☐ Show **PowerPoint slide # 8 – "Home delivery without a skilled attendant/C18"**



Participants to find C18 and ask one participant to read all headings on C18

- Ask one participant what you will instruct a mother and family on clean and safer delivery at home.
- Ask other participant what advise you will give to avoid harmful practices.
- Ask other participant what advise you will give on danger signs

☐ **Make these points**

- If a pregnant woman tends to deliver at home without a skilled birth attendant, reinforce the importance of delivery with a skilled birth attendant.
- If she is still not convinced then give her a clean delivery kit with explanation as to how to use it.
- She should be advised to ensure clean delivery surface on birth, the attendant should ensure washing hand with clean water and soap before or after touching mother or baby
- To put baby skin to skin with mother

7. Summarize

To end the module ask a few random questions

***Ask**: What advise will you give to women who wish to deliver at home without a skilled birth attendant?*
-Acceptable answer should include:

- If a pregnant woman tends to deliver at home without a skilled birth attendant, reinforce the importance of delivery with a skilled birth attendant.
- If she is still not convinced then give her a clean delivery kit with explanation as to how to use it.
- She should be advised to ensure clean delivery surface on birth, the attendant should ensure washing hand with clean water and soap before or after touching mother or baby
- To put baby skin to skin with mother
- To cover the mother or baby
- To use clamps and razor from clean delivery kit
- Wiping baby clean but not bathing,
- Wait for placenta to deliver on itself
- Start breastfeeding within first hour
- To keep mother and baby warm
- And to dispose placenta off in correct, safe and culturally acceptable manner.

***Ask**: What ADVISE will you give on danger signs to the pregnant woman?*
-If the pregnant woman has any of these signs, she must go to Health Facility immediately without delay.

Danger signs in mother are:

1. Waters break and not in labour after 6 hours.
2. Labour pains/contractions continue for more than 12 hours.
3. Heavy bleeding after delivery (pad/cloth soaked in less than 5 minutes).
4. Bleeding increases.
5. Placenta not expelled 1 hour after birth of the baby

➢ Ask the participants if they have any questions

Pregnancy, Childbirth, Postpartum & Newborn Care Course

Module 4:

Childbirth: Labor, Deliver and Immediate Postpartum Care of Mother and Baby

Contents:

Each session unit contains;

- Session outline and session materials e.g. role play dialogue, work sheets, case studies
- Clinical practice task sheet for participants
- Clinical practice checklist for trainers
- Participants work sheet with answers from workbook for that session
- Participants handout (power point slides for the session)

Examine the Woman in Labor or with Ruptured Membranes

Module 4: Session 1

Module 4: Session 1

Examine the Woman in Labor or with Ruptured Membranes

Objectives

At the end of this session, participants will be able to describe best practices to:

- Assess a woman in labor
- Diagnose labor
- Decide stage of labor

Session length:

60 minutes

Session outline:

1.	Introduce the session	05 minutes
2.	Objectives	05 minutes
3.	Assess a woman in labor	15 minutes
4.	Demonstration/video of vaginal examination	15 minutes
5.	Diagnosing labor, deciding the stage of labor	15 minutes
6.	Conclusion	05 minutes

Checklist

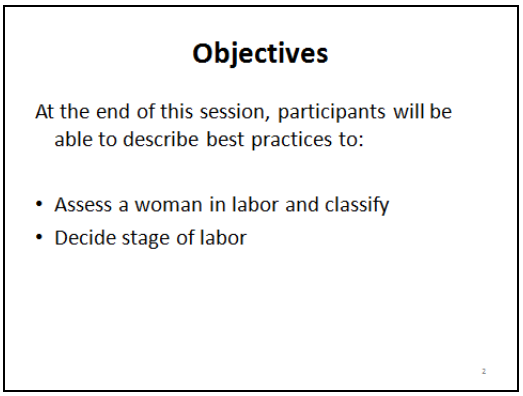
- Pregnant abdomen model
- Model for vaginal examination
- Measuring tape
- Pinnard / Fetoscope
- BP apparatus
- Obstetrical wheels
- Stethoscope
- Gloves
- Swabs
- Module 4, session 1 simplified CP Instructions, Checklists and Task sheet
- Power Point slides/overheads,/pictures /video clips: Module 4 (CD ROM)

1. Introduce this session

☐ Make these points

- Labor is a stressful time for the pregnant woman and her family
- Thorough examination of the woman in labor is important:
    - To assess her condition and the condition of her baby
    - To diagnose labor
    - To determine the stage of labour
    - To promptly treat or refer if a problem is detected

☐ Show **PowerPoint slide # 4 – "Objectives"**




Participants to turn to Section **D** 'Childbirth: labour, delivery and immediate postpartum care'.

➢ Ask Participants to:
-Read the titles of the illustrations headings on **D and D1 (D2 to D29)**, which provides a summary of the contents of this module.

☐ Make these points

- These headings cover all the situations which are likely to arise in a woman who presents in labor.
- D is a valuable working aid. It is made up of flow charts and charts showing the Key sequential steps, columns on the left side of the page are the key sequential steps for delivery while columns on the right side show interventions, which may be required if problems arise during delivery and ensure we carry out a thorough assessment, classify our findings and give treatment and advice according to the woman's needs.

2. RAM in a woman in Labour

☐ Make these points

- It is important to first do a Rapid Assessment and Management to exclude any problem.
- Make a rapid evaluation of the general condition of the woman through quick check on B2

Quickly go through B 3- B7:

- Assess all emergency or priority signs and give appropriate treatment and refer where necessary
- First Assess Airway and breathing - Measure respiratory rate, look for cyanosis
- Assess Circulation – Measure blood pressure and count pulse

Turn to B4 on the last section "during labour" and read across the page under bleeding and Treatment

Turn to B6 and read the emergency signs, Measure and Treatment

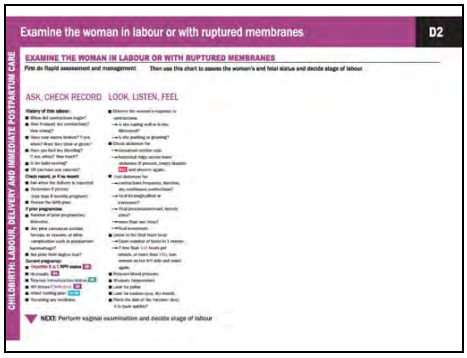
Turn to B7 and read under priority signs under Labour

☐ Make these points

- Labour is not danger sign, it is a priority
- If no problem is detected through your rapid assessment, treat and manage the women from D1- D 28

3. Examine the women in Labour or Ruptured membrane

☐ Show **PowerPoint slide # 3 – "Examine the woman in Labour or with ruptured membranes/ D2"**



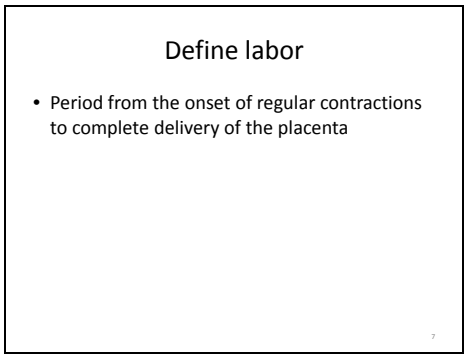
Participants to look at **D2** "ASK, CHECK RECORD, LOOK, LISTEN, FEEL"

☐ Make this point

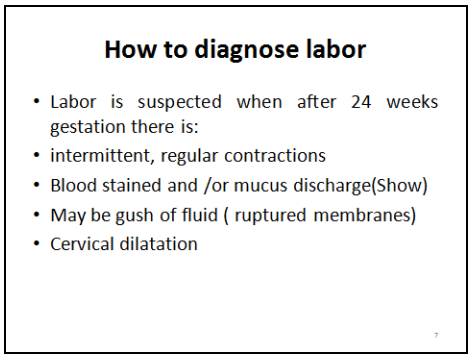
- It is crucial that we follow the guidance, this module provides in our care of women at the time of labour and delivery and in our care of the mother and baby in the initial postpartum period.

➢ ***Ask:*** *What is the definition of labor?*
-Get a few answers **then show power point slide 7 on definition of labor**

☐ Show **PowerPoint slide # 4 – "Definition of labor"**



☐ Show **PowerPoint slide # 5 – "How to diagnose labor"**



☐ Role play

Role play

Two trainers/ participants: one plays the mother and one plays the health worker.

Place: A health facility

Situation: A mother who is 39 $^{+4}$comes to health facility complaining of labor pains.

HW: goes through the ASK CHECK RECORD section on D2

Ask*: What is the number intensity and frequency of contractions in normal labour?*

-There should be 3 to 4 strong contractions lasting for up to 45 seconds in ten minutes, during established, active phase of labor

☐ Make these points

- If the membranes have ruptured, note the color of the draining amniotic fluid. Presence of meconium indicates the need for close monitoring and possible intervention for management of fetal distress if not fully dilated review birth plan and refer urgently
- Listen to the fetal heart rate after a contraction
- Count the fetal heart rate for a full minute at least once every 30 minutes during the active phase and every 5 minutes during the second stage
- If there are fetal heart rate abnormalities (less than 110 or more than 150 beats per minute), suspect fetal distress. And REFER

➢ While still on D2 Ask one participant to read aloud the second bullet under **Check record or if no record**

- Determine if preterm (less than 8 months pregnant)

☐ Make this point

- If woman is less than 8 months pregnant and not in advanced labour, review birth plan refer to predetermined referral center.

Ask: *What relevant history will you ask about her previous pregnancies*?

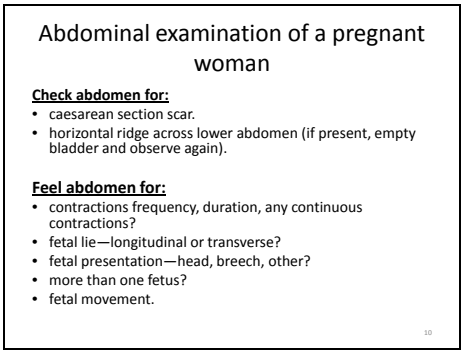
-Write answers given by participants on a board till all three bullets under **if prior pregnancies** are covered on D2

Ask: *What will you check for on abdominal examination in a woman in labour .where will you find this section in the PCPNC guide?*

-on D2

-Wait for a few responses then discuss as you show power point slides

☐ Show **PowerPoint slide # 6 – "Abdominal Examination"**

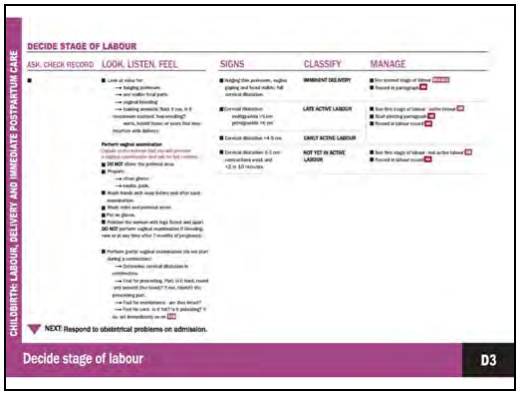


➢ Ask participants to go D2 and to bullet 2 under Look, Listen, Feel and tell that there is a cross reference to B12.

4. Diagnosis of Stage and Phase of Labour

Ask: *What are the different stages of labour?*
-Get a few answers then

☐ Show **PowerPoint slide # 7 - "Decide Stage of Labour/D3"**



Participants to open **D3**

➢ Ask one participants to read under SIGNS and other under Classify.

Ask: *What will you classify a woman with cervical dilatation of > 4 cm?*
- *Wait for responses. Appreciate if correct answers*
- *Early Active Labour*

Ask: *Where on PCPNC information is given about management of Imminent Delivery?*
- *What for response. Appreciate if correct answers*

On D10-D11

5. Vaginal Examination

☐ **Demonstration** on vaginal examination as one trainer goes through the checklist & other performs vaginal examination on mannequin

Demonstration of vaginal examination

Observe that following points are observed while performing vaginal examination

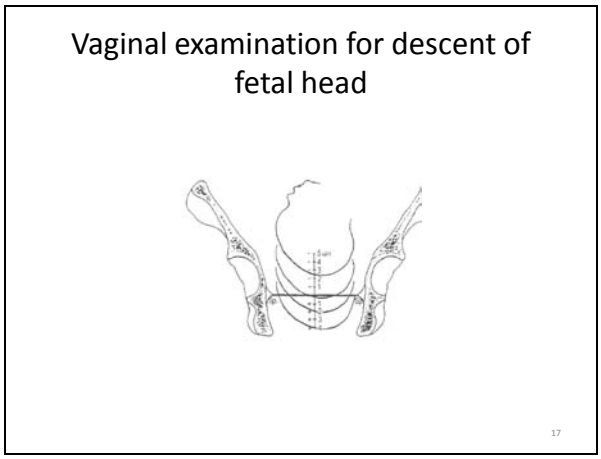
- First of all explain to the woman that you will do vaginal examination and ask for her consent.
- Look at vulva for bulging perineum, any visible fetal parts, vaginal bleeding, leaking amniotic fluid, if yes is it meconium stained or foul smelling, warts, keloid tissue or scars that may interfere with delivery.
- Then proceed with vaginal examination. Do not shave the area, use clean gloves, swabs, and pads
- Wash hands with soap before and after every examination. Wash vulva and perineal areas, with diluted pyodine, put on gloves, and position the woman with legs flexed and apart.

Participant to go to **D3** & read section under heading **PERFORM VAGINAL EXAMINATION**
Ask what are **DO NOT** under this heading (**PERFORM VAGINAL EXAMINATION)**

☐ **Make these points**

- **DO NOT** perform vaginal examination if membranes ruptured and no labor pains
- **DO NOT** perform vaginal examination if vaginal bleeding now or any time in pregnancy after 7 months gestation
- Perform gentle vaginal examination (do not start during contractions), determine cervical dilatation in centimeters, feel for presenting part, is it hard, round, smooth (head) If not identify the presenting part. Then feel for membranes-are them intact? Feel for cord-is it felt? Is it pulsating?

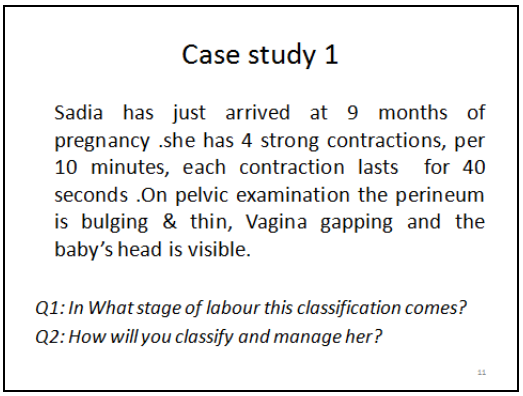
☐ Show **PowerPoint slide # 8 - "Vaginal Examination"**



☐ **Make these points:**

- If necessary, a vaginal examination may be used to assess descent by relating the level of the fetal presenting part to the ischial spines of the maternal pelvis.
- When there is a significant degree of caput or moulding, assessment by vaginal examination

☐ Show **PowerPoint slide 9 – "Case study 1"**



- *Ask participants to go the module 4 session one of the work book at page 17 and write the answers in the recording form*

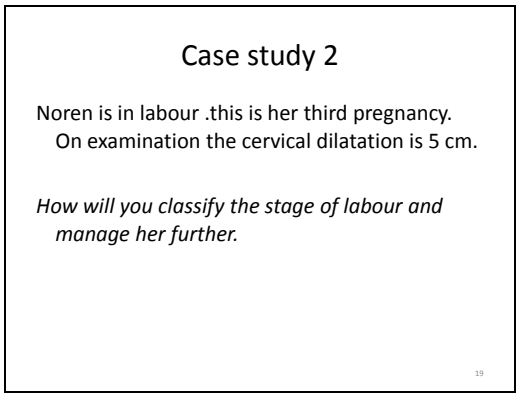
Q1: What is the stage of labour?

-She is in the second stage of labor.

Q2: How will you classify and manage her?

The case is classified as IMMINENT DELIVERY and is managed as 2nd stage of labour.

☐ Show **PowerPoint slide 10 – "Case study 2"**

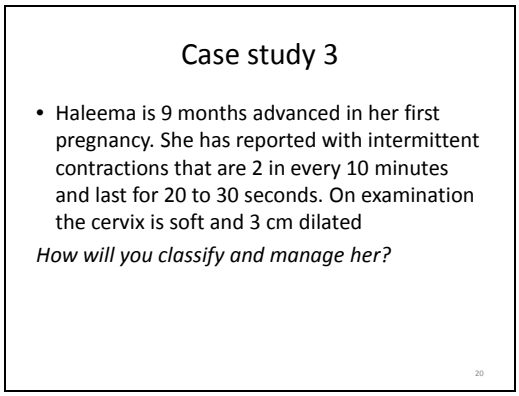


- *Ask Participants to go the module 4 session two of the work book at page 18 and write the answers in the recording form*

- ***Ask:** how will you classify the stage of labour and manage her further.*

  -The case is classified as LATE ACTIVE LABOUR and is managed as first stage of labour.
  Start plotting on partograph (make partograph available) and make entries in labour record

☐ Show **PowerPoint slide 11 – "Case study 3"**



- *Ask Participants to go the module 4 session three of the work book at page 18 and write the answers in the recording form*

Ask: *How will you classify and manage her?*
- The case is classified as NOT YET IN ACTIVE LABOUR and is managed as first stage of labour- not in active labor.

Make entries in Labour records

Respond to Obstetrical Problems on Admission

Module 4: Session 2

Module 4: Session 2

Respond To Obstetrical Problems On Admission

Objectives

In this session we will review obstetrical problems at the time of admission in a woman in labor; and know how to deal with them by finding the relevant section of the PCPNC guide

Session length:

30 minutes

Session outline:

1.	Introduction to obstetrical problems in labor	05minutes
2.	Obstructed labor	10minutes
3.	Infection in labor	05minutes
4.	Eclampsia/severe anemia in labor	05minutes
5.	Obstetrical complications	05minutes

Checklist:

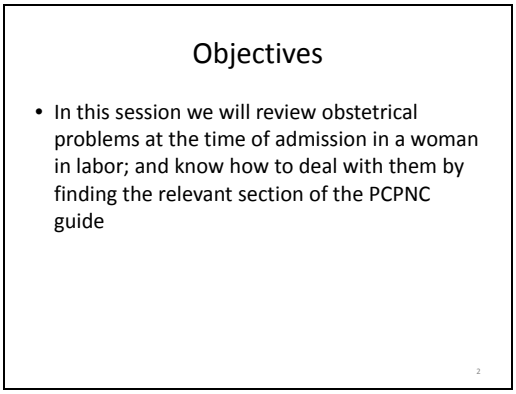
- PowerPoint slides/overhead

1. Introduce this session

☐ **Make these points**:

- Majority of women and babies survive delivery but many don't. Having a baby is the most natural process in the world. Sometimes, however, things can go wrong suddenly at the time of labor.
- About 15% of pregnancies get complicated. It is not always possible to prevent or predict these complications but if detected early most can be treated
- It is therefore important to identify these problems as early as possible to refer the woman to a higher level for care. She may need a C- Section and /or blood transfusion

☐ Show **PowerPoint slide # 2 – "Objectives"**

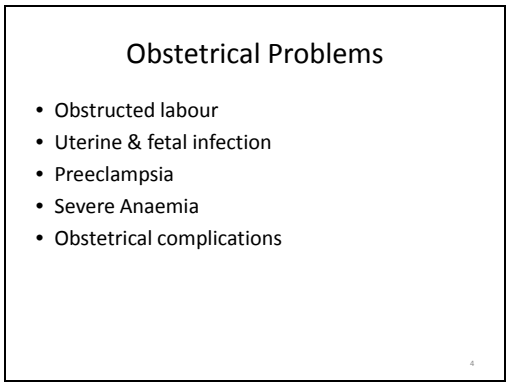


***Ask**: What are some of the problems that can occur in a woman in Labour?*
-Get some responses and write on a white board till some of the problems under classify ,on **D4** and D5 are mentioned by participants.

☐ Show **PowerPoint slide # 3 – "Respond To Obstetrical Problems On Admission/D4"**

Participants to find **D4.** Use this chart if there are abnormal findings on assessing a woman in Labor and fetal status.
Ask: one participant to read under the heading SIGNS, and another participant to read under CLASSIFY.

☐ Show **PowerPoint slide # 4 – "Obstetrical Problems"**



As an example

➢ Ask one participant to read aloud signs of obstructed labor from D4, ask another participant to go through the cross references B9, B15, B17 in the PCPNC guide.

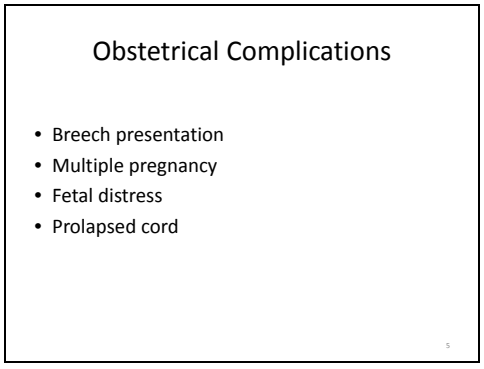
☐ **Make this point**

- If a complication is detected in early labor urgently refer the woman to a predetermined referral center. **DO NOT** waste time.

***Ask**: What are obstetrical complications?*

- Get a few answers. Then show

☐ Show **PowerPoint slide # 5 – "Obstetrical Complications"**



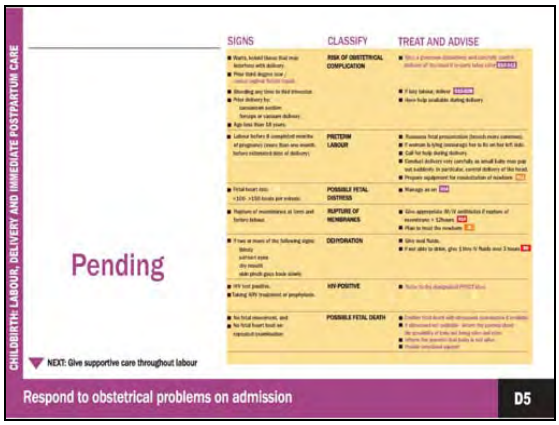
☐ **Make these points:**

- If breech or multiple pregnancy is suspected it must be confirmed by ultrasound if available OR referred to higher level for delivery
- These problems are very important and will be discussed later in greater detail in another session.
- If a complication is detected in early labor urgently refer the woman to a predetermined referral center. **DO NOT** waste time.

There are cross references on this page where more information is given.

For all situations in Red refer urgently to hospital if in early labour. Manage only if in late labour

- Show **PowerPoint slide # 6 – "Respond To Obstetrical Problems On Admission/D5"**



Participants to find **D5.**

- Ask one participant to read under the heading CLASSIFY.

Ask: *When will you classify possible fetal Death?*

- No Fetal movement and No fetal Heart on repeated examination

Summarize:

D4 & D5 are the charts that should be used manage problems detected in a woman in Labour during your assessment on D2 and D3

Supportive Care During Labour

Module 4: Session 3

Module 4: Session 3
Supportive Care Through Out Labour

Objective

By the end of the session participants will be able to:

- Locate the section in PCPNC guide regarding the supportive care throughout labour

Session length:
30minute

Session outline

1. Objectives: 05 minute
2. Introduction: 10 minute
3. Role play: 15 minute

Checklist

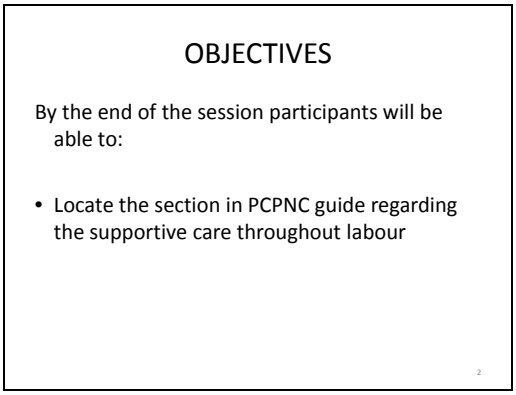
- Role Play

1. Introduce the session

☐ Make these points

- Women in labor need to be supported.
- In Pakistan many women do not like to deliver in a facility due to lack of respect from the care givers.
- Women need an encouraging atmosphere during labor and delivery.
- Every woman must have a support person of her choice throughout labor and delivery.

☐ Show **PowerPoint slide # 2 – "Objectives"**



Ask *how can you support a woman in labor?*
-Get a few answers from participants

☐ Show **PowerPoint slide # 3 – "Give Supportive Care Throughout Labour/D6"**

Participants to find **D6 and** read the 7 headings

☐ **Make these points:**

- D6 is a chart that should be used to provide a supportive,encouraging atmosphere for birth,respectful of the womans wishes.


Ask participants to read the six bullets under Cleanliness and indicate to the facilitator when the task is completed.

- *Ask: D*o you follow all the steps you have just read ? if the answer to anyone is NO lead a discussion on the reasons
- Ask participants to answer the questions 1-4 in your workbook Module 4, session 3 on Page ___

Ask: Q1: *What will you DO NOT DO in labour?*
-DO NOT give enema

Ask: Q2: *How frequently should the woman urinate during labour?*
-every 2 hours

Ask: Q3: *How will you relieve her discomfort?*
-go to D 6 and see the last subheading Pain and discomfort relief

Ask: Q4: *What will you do if pain is constant and very severe?*
-go to D4 Bullet 4 under signs

☐ Role Play

Communication between care giver and the laboring woman
Two trainers/participants: one plays the health worker and one plays the woman in Labor.
Place: delivery room in a hospital
Situation : A woman in labor is very distressed and keeps asking for information from the care giver who is sitting behind a desk taking notes and ignoring the woman

Scenario 1
Rabia is in labor room and in active labor. Previously she delivered by lower segment cesarean section due to primi breech. She is now 40 weeks with adequate pelvis and good bishop score. She is very anxious and looks distressed as this is the first time she is delivering vaginally.

Rabia*: Doctor pleases what is happening?*
Doctor: Not bothered to listen continues in record keeping

Rabia: *doctor I am having severe pain please come*
Doctor: Does not pay any attention

Rabia: *Doctor why are you not listening to me is something wrong?*
Doctor: Without getting up: *Stop disturbing me, can't you see I am busy. This is normal*.

Ask what is wrong with this scene?
Get a few answers now get two volunteers to react the scene the correct way

Scenario II

Rabia is in labor room in active labor. Previously she delivered by lower segment cesarean section due to primi breech. She is now 40 weeks with adequate pelvis and good bishop score. She is very anxious and looks distressed as this is the first time she is delivering vaginally.

Rabia: Doctor please comes to me.
Doctor: Stop writing and comes to Rabia and ask very humbly replied yes Rabia what is the problem.

Rabia: *I am having severe pain please tell me about the progress whether I would be able to deliver vaginally or not?*

Doctor: Puts down her pen and walks towards the woman's bed side, Holds her hand sympathetically and says: *Rabia don't worry you are doing very well. Inshallah you will deliver vaginally.*

Rabia: *Doctor the pain is very severe.*
Doctor: reassures her and asks the nurse to give her analgesics.

Rabia: visibly relaxed says: *Thank you doctor*.

- ***Ask:*** *What lesson have you learnt from this role play?*

- Get few answers
-The power of effective communication between a care giver and a woman in labour and its positive impact.

 Ask participants to quickly go through the bullets on D6 under communication.

☐ Make this point

- It is very important to communicate to the woman about all the procedures, seeking her permission and discussing findings with her. Keep her informed about progress of labour. Praise her, encourage and reassure her that things are going well. Ensure and respect privacy during examination and discussions.

 Ask participants to go to D7 and read .indicate to the facilitator when the task is completed

☐ Make this point

- The presence of a supportive birth companion, who knows what to do is very important.

- Ask participants to go to their workbook to module 4, session 3 on page ___and answer the following questions using the relevant section of the guide

Ask*: Q5: What should the birth companion DO?*
-Answer is on D 7 first three bullets under Birth companion

Ask*: Q6: What should she NOT DO?*
-Last Bullet on D 7

- Tell the participants the answers are at the end of this session of the work book

Ask: participants if they have any queries and discuss

- ☐ End the session by asking if the participants would like to share some experience with the class on the subject of supporting a woman in labor

First Stage of Labour

Module 4: Session 4

Module 4: Session 4
First Stage of Labor

Objectives

- To introduce First stage of labour, when the woman is not in active labour, in active labour using PCPNC guide.
- Practice partograph using PCPNC guide and learn how partograph can save lives

Session length:
90 minutes

Session outline

1. Introduce the session-	05 minute
2. Not in active labor (Latent phase)	05 minute
3. Active labor	10 minute
4. Partograph	60 minute

Check list:

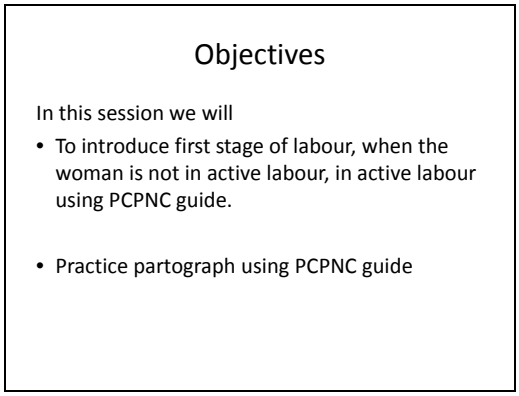
- Partograph
- Exercises: Case study of partograph

1. Introduce the session

☐ Make this point

- Monitoring a woman in labor can save her life and that of her newborn baby.

☐ Show **PowerPoint slide # 2 – "Objectives"**



2. First stage of Labour: Not in active labor

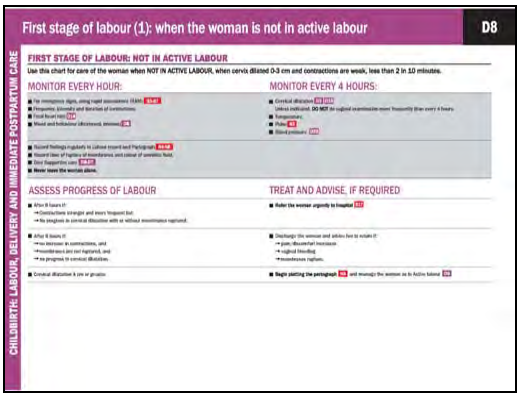
 Participants to find D8 in the PCPNC guide

☐ Make these Points

- This is the stage when the pregnant woman is not in active labour i.e. when the cervix is 0-3 cm dilated and contractions are weak, less than 2 in 10 minutes and intensity less than 30 sec.
- This stage may rapidly progress to the active phase or may last several days.
- The first stage of labour –not in active phase the woman is in labour but not in active labour
- D8 is a chart that you must use when dealing with such a situation
- It comprises monitoring every hour, monitoring every 4 hours
- Assessing the progress of labour
- Treat and advise

- ➢ D8 is a useful chart it helps you care for the woman when not in active labor
- ➢ Close the guide

- **Show PowerPoint slide # 3: FIRST STAGE Labour (1): Not in Active Labour/D8**



***Ask** what will you monitor every hour in first stage of labour?*
-Get some response from participants

- Show **PowerPoint slide # 4 – "Monitor Every Hour"**

Monitor every hour

- For emergency signs, using rapid assessment (RAM)
- Frequency, intensity and duration of contractions,
- Fetal heart rate
- Color of liquor if membranes are ruptured
- Mood and behavior

***Ask** what will you monitor every 4 hrs?*

- *Get some responses and than*

- Show **PowerPoint slide # 5 – "Monitor every 4 Hours"**

Monitor every 4 hours

- Cervical dilatation: pelvic examination
- Temperature
- Pulse
- Blood pressure.

☐ Make these points

- DO NOT do vaginal examination more frequently than every 4 hours.
- Record keeping of the finding in labour are very important

Partipcipants to open N4 and look at the labour records

- Ask participants to find the heading “Not in active labour of this N4.
- Ask participants to read down the column

- Ask participants to open their workbooks Module 4, session 4 to page …. and using the PCPNC guide answer the following questions

***Ask**: Q1: how will you assess the progress of Labour*
-Refer to D8 Under ASSESS PROGRESS OF LABOUR

***Ask**: Q2: When will you refer the woman to hospital?*
- After 8 hours if contractions are stronger and more frequent but no progress in cervical dilatation with or without membranes ruptured, **refer the woman to hospital urgently.**

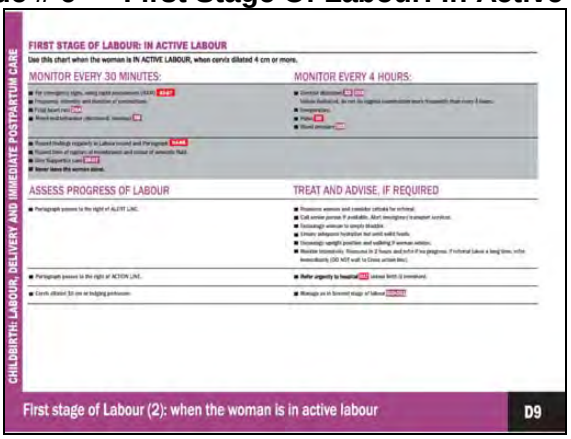
***Ask**: Q3: When will you refer the woman to hospital?*
- After 8 hours if contractions are stronger and more frequent but no progress in cervical dilatation with or without membranes ruptured, **refer the woman to hospital urgently.**

***Ask**: Q4: When will you discharge woman to home?*
-If no increase in the contractions and membranes are not ruptured there is no progress in the cervical dilatation, discharge the woman and advise her to return if pains/discomfort increases, there is vaginal bleeding or membranes rupture.

***Ask: Q5:** When will Active labour start and what step should you take?*
-If cervical dilatation is 4 cm or greater, begin plotting the partograph and manage the woman as in active labor.(last Bullet on D8)

3. First stage of labor: in active Labor

☐ Show **PowerPoint slide # 6 – “First Stage Of Labour: In Active Labour/D9”**



Ask participants to find D9 and read the four headings

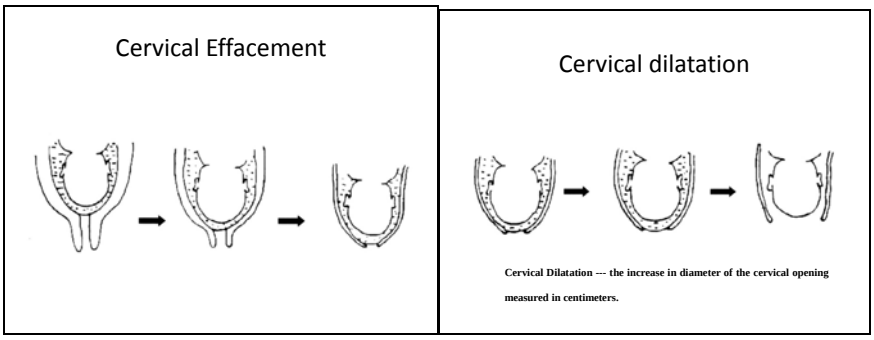
☐ Make these points

- D9 is a chart that you must use when the woman is in active labour, when the cervix is dilated 4 cm or more.
- When the women is in Labour, Every 30 minutes the following should be done.
- Check for emergency signs using Ram
- Frequency, intensity and duration of contractions
- Fetal Heart rate D14
- Mood and behavior of the mother D6
- Records all these finding regularly in the Labour records and partograph N4-N6
- Records time of rupture of membrane and color of amniotic fluid
- Give supportive care D 6-D 7
- **NEVER LEAVE THE WOMEN ALONE**

Ask: *What will you monitor every 4 hours?*

- Cervical dilatation
- Unless indicated DO NOT do vaginal examination more frequently than every 4 hours
- Measure temperature, pulse and blood pressure

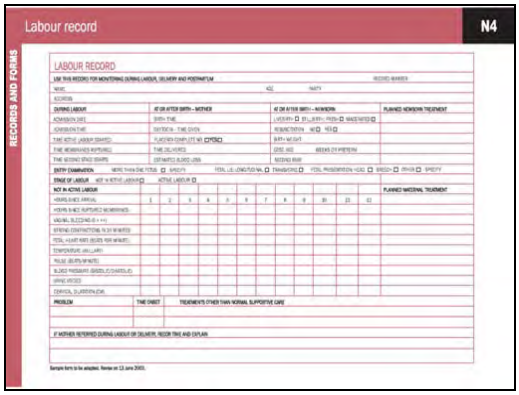
☐ Show **PowerPoint slide # 7 and 8 on "Cervical dilatation & Effacement"**



☐ Make these points

- Cervical effacement is shortening of the cervix and begins in the end of the third stage of labour
- Cervical dilatation is the opening of the cervical os and is measured in centimeters.

☐ Show PowerPoint slide # 9 - "Labour records/ N4"



Participants to find N 4 and briefly read the heading.

☐ Make these points

- This labour record has to be filled for every woman in Labour
- As an example, show participants the three entries under **During Labour.**

➢ ***Ask*** *what is a partograph?*

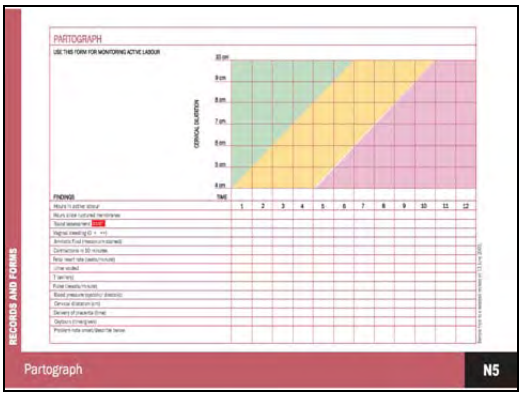
- *Get some response from participant**s***

☐ Show PowerPoint slide # 10 – "What is partograph"

What is a partograph

- It is graphical record of the course of labor
- Helps in assessing progress of labor

☐ Show PowerPoint slide # 10 – "Partograph/N5"



➢ Ask participants to find N5

☐ Make this point

- This is the simplest form of the partograph used to mark the progress of the first stage of labour
- You will be given exercises on partograph in your clinical sessions.

☐ Summarize:

- The first stage of labour begins from the active phase of labour that is when the cervix is 4 cm dilated, the contractions are 3-4 in 10 minutes, till full dilation of the cervix i.e. 10 cm
- It is very important to assess the women and her baby in the first stage of labor regularly and to make a record.
- Ask the participants if they assess the progress of first stage of labour in this way.
- End by asking if there are any questions

Second and Third Stage of Labor: Deliver the Baby and Give Immediate Newborn Care & Deliver the Placenta

Module 4: Session 5

Module 4: Session 5

Second Stage Of Labor: Deliver The Baby And Give Immediate Newborn Care

Objectives

At the end of this session participants will know evidence based practices of

- Conducting vaginal delivery
- Immediate newborn care

Session length:

60 minute

Sessions outline:

1.	Introduces the session:	02minute
2.	Objectives:	02minute
3.	Monitor the mother and baby during second stage:	05minute
4.	Deliver the baby	20minute
5.	Deliver the placenta	10minute
6.	Give immediate newborn care	15minute

CHECKLIST:

- Model of female pelvis with baby and placenta
- Videos of normal birth, AMTSL
- Paper
- Pencil Erasers
- Pencil sharpeners
- Masking tape
- Cello tape
- Pair of gloves, Bulb sucker
- Flip charts and stand

Equipment and supplies for the demonstration:

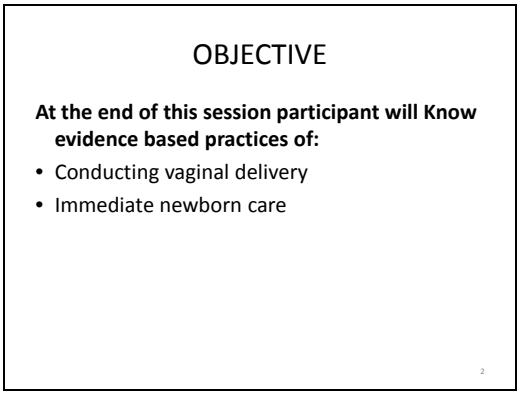
- 2 drapes for the woman
- 2 blankets/cloths - 1 to dry baby and 1 to warm baby
- Baby cap
- Cord clamp or ties
- Scissors to cut cord
- 2 artery forceps
- Basin for placenta
- Gauze
- Perineal pad
- Syringe and needle and, 10 IU syntocinon (oxytocin)
- Antiseptic solution
- Decontamination solution in bucket
- Sharps container
- Bucket for contaminated waste

1. Introduce the session

☐ Make these points:

- What happens to a mother and her baby during labour, delivery and in the first hours after birth has a major influence on their survival, future health and wellbeing.
- Health workers have an important role at this time. The care they give is critical in helping to prevent complications and maintaining normality.
- By following the practices laid out in the PCPNC Guidelines health workers are giving care which is based on many years of research and evidence, and which is known to save the lives of mothers and their newborn babies.
- We must be vigilant and monitoring of both mother and baby must continue throughout the childbirth process and till the safe delivery of the placenta

☐ Show PowerPoint slide # 2 – "Objective"



***Ask**: What is the second stage of labour?*
-wait for few responses

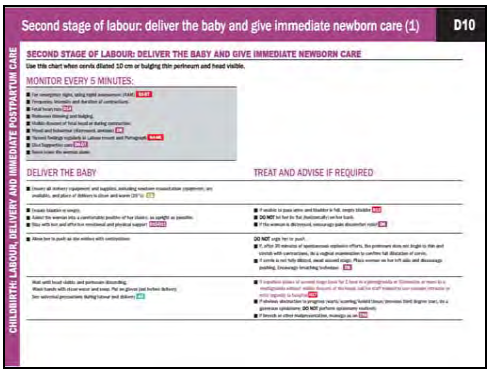
-From cervical dilation of 10 cm to delivery o the baby

***Ask**: What is the third stage of labour?*
- wait for few responses

-Delivery of placenta

2. The second stage of labour (Delivery of the baby)

☐ Show **PowerPoint slide # 3 – "Second Stage Of Labour: Deliver The Baby And Give Immediate Newborn Care/D10"**



Participants to find **D10**, then ask the following questions.

- ***Ask:*** *How will you monitor the mother & baby during the second stage of labour*
  Ask participants to read each bullet from top left grey box on **D10 "Monitor every 5 minutes"**
  Note there are cross references to other sections of this guide.

- Ask participants to find B3 to B7 and quickly read the headings. This is a RAM in a woman in second stage of labor.

Participants to read under heading Treat and advice on D10 and go though bullets. Explain if needed

☐ Show **PowerPoint Slide # 4 – "Case Study 1"**

Case Study 1

Hamida is in the second stage of labor . she became fully dilated half an hour ago and has the urge to push with contractions .her perineum does not stretch or thin with contractions.

What will you do next?

4

- Ask participants to open module 4, session 5 on workbook page 21, and answers the question in the space provided.

☐ Give 5 minutes and then

Ask*: What will you do next?*

-perform vaginal examination to confirm full dilatation.

Ask: *If she is not fully dilated what will you do?*
-Place woman on her left side and discourage pushing. Encourage breathing techniques

Ask: *When should you refer woman to hospital in labor?*
- If second stage lasts longer than 2 hours without visible descent with contractions. REFER URGENTLY TO HOSPITAL.

Ask: *What preparations should* ***always*** *be made prior to a delivery, which help to protect the mother & newborn baby. Look at the first point under 'Deliver the baby'?*
- All delivery equipment and supplies, including newborn resuscitation equipment should be readily available.
- The delivery area should be clean and warm at 25C


Participants to find **L3** and quickly look at the lists of equipment and supplies for childbirth care.

☐ Make these points

- Do not let her lie flat
- DO NOT urge her to push
- DO NOT perform episiotomy routinely


Participants to find D11 one participant to read the top three sections of DELIVER THE BABY from "**ensure controlled delivery of head"** to "**Note time of birth." i.e. first 8 bullets.**

☐ Make these points

- You have just gone through the normal delivery of the baby.
- If placing newborn on abdomen is not acceptable, or the mother cannot hold the baby, place the baby in a clean, warm, safe place close to the mother

☐ Show **PowerPoint slide # 5 – "video of vaginal Delivery"**

Video of normal vaginal delivery

3. Immediate newborn care

☐ Make this point

- Most babies are healthy at birth and will show no abnormality
- All babies must be dried thoroughly at birth because they are prone to hypethermia
- Now we will see the role play regarding the immediate care of the newborn baby

☐ Role play

ROLE PLAY: Care of the normal newborn at birth

Ask participant to follow the steps by reading the bullets , starting with the 9th Bullets on D 11 thoroughly dry the baby immediately

Scenario:

Mother delivers a normal baby.
Two trainers/facilitators: one plays the mother and one plays the health worker.

Equipment

- Clock with second hand
- Mannequin/doll,
- bucket of water to wet mannequin/doll,
- cloths,
- towel,
- blanket
- cord ties and blade

In real time carry out actions detailed below and in **D11**

- Call out time of birth.
- Deliver baby onto abdomen (make sure the mother is not laid flat on her back)
- Thoroughly dry baby immediately.
- Wipe eyes. Discard wet cloth.
- Cover with dry cloth
  BABY IS CRYING
- Clamp and cut cord
- Leave baby on mother's chest in skin to skin contact.
- Place identification labels on baby
- Cover mother and baby with blanket.
- Cover baby's head with a cap.

4. Third stage of labour: deliver the placenta

☐ Make these points:

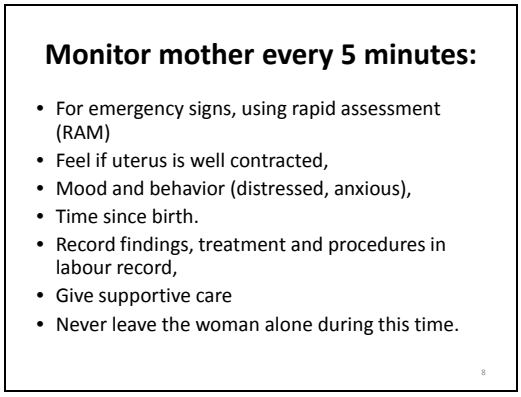
- Following delivery of the baby the placenta still has to be delivered. Check that IM Oxytocin has been given to the mother.
- Make sure the naked baby is in a position between the mother's breasts where it is easy for breastfeeding to start as soon as the baby is ready. Stimulation of the breast by the baby causes the hormone oxytocin to be released by the brain; this helps breast milk to flow and causes the uterus to contract.
- Wait until the mother feels strong uterine contractions and deliver the placenta by controlled cord traction. You DO NOT need to separate the mother and baby during delivery of the placenta, skin-to-skin contact can and should continue unless there are complications.

- This is what you should see at a delivery unless there is a medical reason why the mother and baby should be separated at birth.

☐ Show **PowerPoint slide 7- "Third stage of labour: deliver the placenta/D12"**

Ask participants to read heading on D12

☐ Show **PowerPoint slide # 8- "Monitor Mother Every 5 Minutes"**



☐ **Make these points**

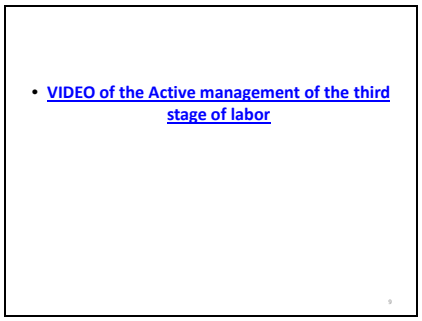
- The birth of the baby does not complete the delivery process
- The placenta also needs to be delivered in order to complete this process
- Monitoring of the mother and the new born baby must continue while you await the delivery of placenta

Participants to find D12 and read left side of page under DELIVER THE PLACENTA and read across to TREATMENT AND ADVISE IF REQUIRED

- DO NOT exert excessive traction on the cord
- DO NOT squeeze or push the uterus to deliver the placenta

.

☐ Show **PowerPoint slide # 9 - "Video of the Active management of the third stage of labor: double click to open video**

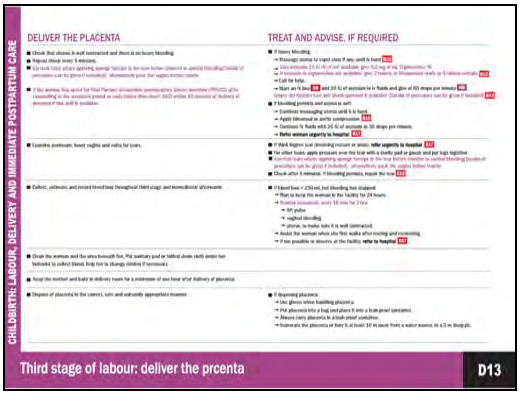


Ask: *Do you conduct a delivery like this in your facility?*
-Get some responses

Ask: *Why are you unable to conduct deliveries in this way?*
-Get responses and ask participants to include in the final action plan

Ask: *What will you do after delivery of the placenta?*
-Get a few responses

☐ Show **PowerPoint slide # 10- "Third Stage of Labour: deliver the placenta/D13"**



Participants to find **D13**

☐ **Make these points:**

- D 13 is a very useful tool to help you to continue looking after the women who has just delivered the baby and placenta

- Ask participant to go through the point under Deliver the placenta on D 13 and work across to treat and advise if required

 Participants to find D 19 quickly go through the headings

☐ Make this point

- That mother and her baby can have problems immediately after birth, with in the First hour after birth and even after wards
- Use this chart to assess the women and newborn within the first hour of delivery of placenta

Ask: *How frequently must you examine the mother and her baby within the First hour?*
-Every 15 minutes for the first hour. **D19**

Ask: *What will you monitor in the baby*
-Get a few responses
-Breathing and warmth

 Ask particpnat to find D20 and quickly go through the headings

☐ Make this point

- Use this chart for continuous care of the mother until discharge.
- See J10 for the care of Baby

Ask: *H*ow will you monitor the mother after one hour
Get some responses
-Then every hour at 2, 3, 4 hrs then 4 hourly.

Ask: *What you will not do?*
-Get some response
- Never leave the woman and newborn alone
-DO NOT discharge before 12 Hours

 Ask paricipants to find D21

☐ Make these points

- This is a flow chart (D 21) for the complete assessment of the mother after delivery
- Examine the mother after one hour or later and before discharge
- For examining the new born use chart J 2 to J 8

☐ Summarize

- ***Ask*** *what are the different stages of labor?*

-stage one: from 4cm dilatation to full dilatation
-stage two: from full dilatation to delivery of the baby
-stage three: from delivery of the baby to delivery of the placenta and membranes.

Ask*: DO you conduct the delivery like this in your centers ?*
- *Get some responses and discuss reasons for inability to adhere to these charts*

Care of the Baby at the Time of Birth

(Until around 1 hour after birth)

Module 4: Session 6

Module 4: Session 6

Care Of The Baby At The Time Of Birth

(Until around 1 hour after birth)

Objectives:

At the end of this session participants will be able to:

- Discuss and observe evidence based care of the newborn baby at the time of birth

Session length:
60minutes

Session outline

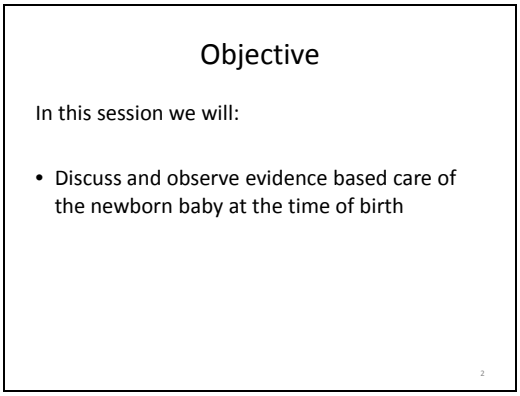
1.	Introduce the session	02minutes
2.	The basic needs of a baby at birth	08minutes
3.	Specific care of the baby in the immediate period after delivery	35minutes
4.	Special situations	05 minutes
5.	Routine care of the newborn baby at delivery	05minutes
6.	To summarize: Preparing to meet the baby's needs	05minutes

Checklist:

- 1 Life size baby doll/mannequin (which can be made wet)
- Bucket/bowl of water
- 2 pairs of gloves
- 1Towel
- 1 small clean cloth
- 1 Blanket soft cloth for wrapping baby
- Container eye ointment or drops
- Cord clamp, ties and cutting instrument/ blade
- Clock with second hand

1. Introduce the session

☐ Show **PowerPoint slide # 2 – "Objective"**



2. The basic needs of a baby at birth

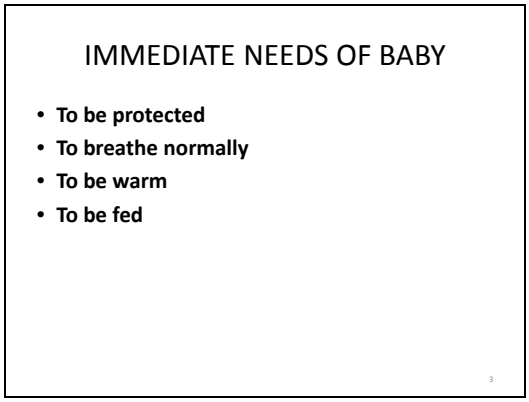
☐ Lay an undressed wet baby doll on the table in front of the class
☐ Give the following information:

> This is Nadeem. He has just been born .

***Ask**: To keep Nadeem alive and healthy, What are his immediate needs?*

-Write each point on the board as mentioned (in the following order). Accept each answer given until these four points are covered, then continue.

☐ Show **PowerPoint slide # 3 – "Immediate needs of baby"**



☐ **Make these points**

- These are the four basic needs of ALL babies at the time of birth and for the first few weeks of life.
- Remember these basic needs; they will be discussed later in the session.
- A baby's survival is totally dependent upon its mother and other caregivers.
- We want the mother to be alert to her baby's needs immediately after birth. Therefore it is important to provide the type of care during labour and delivery which reduces the risk of complications and keeps the birthing process as normal as possible. For her own health and for that of her babies

3. Specific care of the baby in the immediate period after delivery:

☐ Show **PowerPoint slide # 4 – "Specific care of baby"**

☐ Make these points

- We will now consider in more detail the specific care of the baby at the time of delivery. This will cover:
  - The baby's need to breathe normally
  - Keeping the baby warm
  - Immediate cord and eye care
  - Monitoring the baby
  - Skin-to-skin contact and breastfeeding

☐ Make these points

- To 'breathe normally' was identified as one of the baby's immediate and basic 'needs'. A baby can die or become brain damaged very quickly if breathing does not start soon after birth.
- Oxygen is needed to keep the baby's brain and other vital organs healthy. When the umbilical cord is cut the baby no longer receives oxygen via the placenta.
- Once a baby is born, and while it is being dried, the baby's breathing should be assessed. If a baby is breathing normally both sides of its chest will rise and fall equally at around 30 to 60 times a minute.
- If **APGAR**[1] scores are used this is the time the baby should be assessed.

[1] The '**Apgar'** score was devised to examine 5 physiological signs: heart rate, respiration, reflexes, muscle tone and colour. Each sign is given a score between 0 and 2 adding up to a maximum of 10. The higher the score the better the baby's condition is considered to be. The baby is usually assessed at 1 and 5 minutes after birth. If a baby's condition continues to cause concern, further assessments may be made.

☐ Show **PowerPoint slide # 5 – "A newborn baby seconds after delivery"**

☐ **Make this point**

- This PowerPoint slide/Overhead shows a baby's breathing being assessed as it is being dried.

➢ ***Ask:*** *Does this baby need any help with its breathing?*
- This baby does NOT need help. It is breathing normally and crying at birth.

☐ **Make these points**

- The majority of babies do not have problems with their breathing after birth. Therefore, it is vital to recognize those babies who do need immediate help.
- The theory and practice of Resuscitation will be covered separately in another OPTIONAL session.-
- Nevertheless there are important issues to remember at the time of delivery:
  - Resuscitation equipment should always be close to where the baby is being born
  - It should be **READY** for use
  - Health workers **MUST** know how to use it quickly and correctly.
  - Equipment **MUST** be checked daily and well before a delivery takes place so that if it is broken it can be replaced or mended.

☐ Show **PowerPoint slide # 6 – "Broken equipment"**

☐ Make these points

- This bag and mask were in the drawer of a resuscitative in a delivery room of a small district hospital. It was the only bag and mask for babies in the hospital. The contents of the drawer had not been checked for many days.
- Broken equipment like this is dangerous. A baby needing help to breathe could easily die or suffer brain damage if a bag and mask is not working properly. Please make sure all equipment is checked daily, well BEFORE you need to use it.

Participants to turn to **D11** and find the fourth SECTION from the top, Read the point beginning 'If the baby is not crying…..'

- When participants have found the point ask them to look across in the right hand column and read what it says about a baby who is having problems with breathing.
- A participant to read aloud the next points, beginning with **'Do Not** give……..'

Ask Participants to find **K11.**

- One participant to read **aloud** the first two instructions in **Bold** type under the heading 'Newborn Resuscitation', beginning with '**Start resuscitation….'**
- Remind participants about **A4** and the importance of 'Universal Precautions to prevent infection'.

4. Keeping the baby warm

☐ Show **PowerPoint slide # 7** – "**Skin-to-skin contact: keeping the baby warm"**

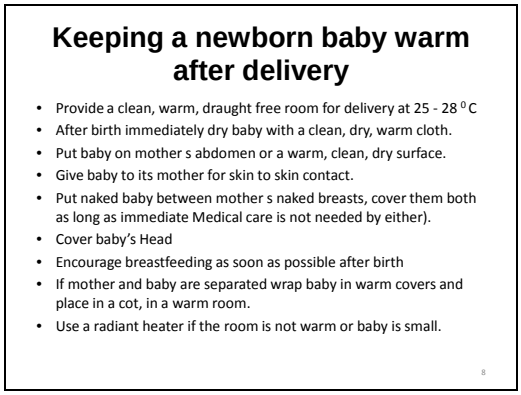
☐ Make these points:

- A baby's skin temperature falls within seconds of being born.
- If the temperature continues to fall the baby will become ill (hypoglycaemic) and may die.
- This is why a baby **MUST** be dried immediately after birth and delivered onto a warm

towel or piece of cloth, and loosely wrapped before being placed (naked) between the mother's breasts.

- It also explains why the mother and baby should be covered with a warm and dry cover if the room temperature is lower than 25^0C.
- The position of the baby between the mother's breasts ensures the baby's temperature is kept at the correct level for as long as the skin contact continues.
- This first skin-to-skin contact should last uninterrupted for at least one hour after birth or until after the first breastfeed.
- Skin-to-skin contact can re-start at any time if the mother and baby have to be parted for any treatment or care procedures.

☐ Show **PowerPoint slide # 8** – "**Keeping a new-born baby warm at delivery"**



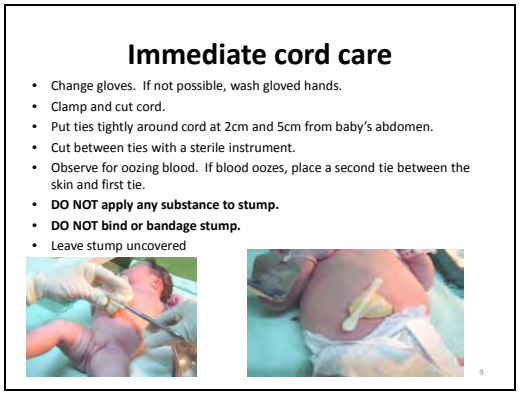
☐ **Make this point**

- This PowerPoint slide/Overhead summarizes the important points to remember to prevent the newborn baby from getting cold after delivery.

➢ Uncover each line separately. Ask different participants around the class to read one point each aloud.

5. Immediate cord and eye care

☐ Show **PowerPoint slide # 9** – "**Immediate cord care"**



☐ Make these points

- The umbilical cord can be cut and clamped/tied while the baby is:
- on the mother's abdomen
- On a warm, clean and dry surface.


Participants to turn to **D11** and **K10.**Ask them to find the information about immediate cord care which is on the PowerPoint slide8.

6. Eye Care

☐ Make these points

- Eye care is given to protect a baby's eyes from infection.
- Eye drops or ointment should be given within one hour of delivery of the placenta. This can be done after the baby has been dried or when he is being held by his mother.
- Eye care is needed soon after delivery because infections such as gonorrhoea can be passed onto the baby during the birthing process which can result in blindness.


Participants to turn to **D19** and look at the section with the heading '**Newborn'**

Ask: *what information does this page give you about eye care?*

- A baby's eyes should be wiped as soon as possible after birth, and an anti-microbial eye medicine should be applied within one hour of birth.
- The anti-microbial should not be washed away.

Ask: *which drugs can be used for eye care?*

Drugs which can be used to prevent infection at the time of birth include;

- 1% silver nitrate eye drops
- 2.5% povidine-iodine eye drops
- 1% tetracycline ointment

DEMONSTRATE eye care with a doll and pieces of cloth

- Each eye should be wiped with a separate piece of dry clean cloth or two different clean corners of the towel used to dry the baby. Emphasize that the cloth must be clean and dry
- One drop of the solution or a small amount of ointment should be put on the inside of the baby's lower eye lid

7. Monitoring the baby

☐ Make these points:

- During the first hour after complete delivery of the placenta the baby (and the mother) should be monitored every 15 minutes.
- The mother and baby should remain in the delivery room for the first hour

 Participants to turn to **D12** and **D19**

Ask: *What information on monitoring is given on these pages?*

- The baby's breathing and warmth should be monitored by a health professional every 15 minutes for the first hours after birth and delivery of the placenta.
- Breathing: listen for grunting, look for chest in-drawing and fast breathing.
- Warmth: check to see if feet are cold to touch.
- DO NOT leave the mother and baby alone during the first hour after delivery

8. Skin-to-skin contact and breastfeeding

☐ Make these points

- The baby should be kept in skin-to-skin contact after delivery until breastfeeding takes place
- The placenta can be delivered without separating the mother and baby.
- The mother can be gently washed to make her more comfortable without disturbing her and her baby.

 Participants to turn to **D19**

➢ Read under the '**newborn'** section what it says about initiating breastfeeding within the first hour after delivery of the placenta.

- Encourage the mother to initiate breastfeeding when baby shows signs of readiness.
- Offer her help.
- Do NOT give artificial teats or pre-lacteal feeds to the newborn; no water, sugar water or local foods.

 Participants to turn to **K2**

➢ Participant to read aloud the information under the first 4 bulleted points in the section **'Help the mother to initiate breastfeeding within 1 hour, when the baby is ready'.**

- After birth, let the baby rest comfortably on the mother's chest in skin-to-skin contact.
- Tell the mother to help the baby to her breast when the baby sees to be ready, usually within the first hour. Signs of readiness to breastfeed are:
  - Baby looking around/moving
  - Mouth open
  - Searching
- Check position and attachment are correct at the first feed. Offer to help the mother at any time.

- Let the baby release the breast by her/him, then offer the second breast.

☐ **Make these points*:***

- Tell the mother, when her baby begins to show signs of wanting to feed, to help it into a position where it can easily reach her breast.
- This can take up to 1 hour after delivery.
- The baby will open its mouth and start to move its head from side to side, it may also begin to dribble.

☐ Show **PowerPoint slide # 10** – "**A newborn baby attaching to the breast without help"**

☐ **Make these points:**

- Put the baby next to the breast with its mouth opposite the nipple and areola.
- Let the baby attach to the breast by itself when it is ready.
- **DO NOT** let a health worker attach the baby.
- However, when the baby is attached check that the attachment and positioning are correct, and help the mother to correct anything which is not quite right and to help support her baby if needed.

☐ Show **PowerPoint slide # 11**– "**A newborn baby's first breastfeed"**

☐ **Make these points**

- A baby's first breastfeed of colostrum is very important because it helps protect him from many common diseases and contains many important growth factors which helps to develop the gut, the brain and nerves and the eyes .

- This baby is breastfeeding 50 minutes after delivery.
- He can feed from his mother whether she is lying down or sitting up, her position does not matter as long as she and her baby are comfortable.

Ask: *Do mothers or grand-mothers give any other foods at the time of birth apart from breast milk?*

- Discuss participants comments

☐ **Make these points:**

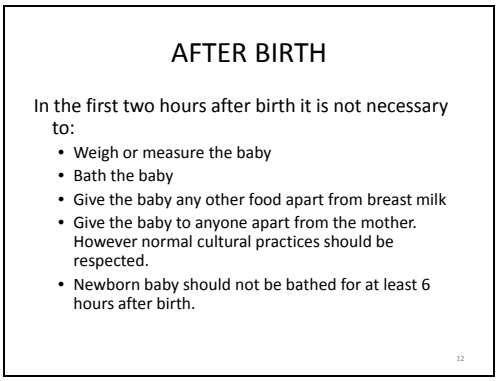
- The baby should have no other foods or drinks apart from colostrum, as these reduce the amounts of protective and growth factors the baby receives from this vital first milk.
- Colostrum is produced in small amounts.
- It contains protective factors in a concentrated form which the newborn baby needs to keep him healthy.
- It is a natural form of immunization.
- Let the baby feed for as long as it wants, with no interruption. When it finishes feeding on one breast let it feed from the other breast.
- Keep the mother and baby together for as long as it is possible after delivery.
- Unless there is a good medical reason delay the initial routine birth procedures, such as weighing until after the first feed.
- This first time together is very important in helping the mother and baby to get to know each other and to form a close loving relationship.
- Maternal procedures can be done with a baby in skin-to-skin contact unless she needs treatment requiring sedation.

 Participants to find **K2, 'Help the mother to initiate breastfeeding within 1 hour, when baby is ready'**,

9. Routine care of the newborn baby at delivery

- ***Ask****: What is the normal care of a newborn baby and mother at delivery where you work. Is it the same as described in this session**?***
- If it is not ask participants to describe how it differs.
- ***Ask:*** *what practices interrupt the time the mother and baby may spend together immediately after birth?*
- Discuss participant's responses.
- ***Ask****: which practices are absolutely necessary immediately after birth and which can be postponed until later.*
- Get some response from participants

☐ Show **PowerPoint slide # 12 – "After birth"**



➢ ***Ask**: When should these tasks be done*

- Discuss responses

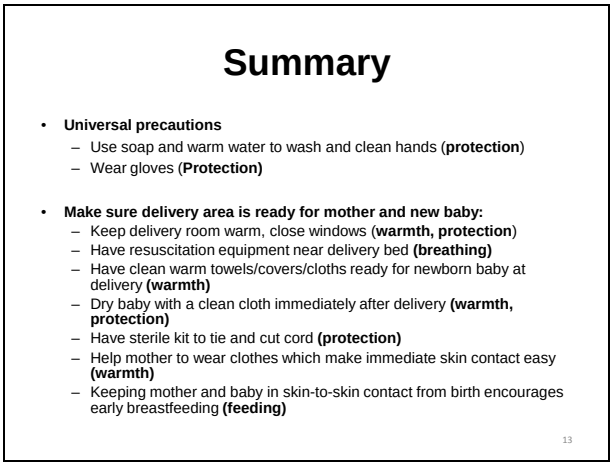
9. To summarise: Preparing to meet the baby's needs

Preparation is essential for good newborn baby care.

***Ask:** List the general preparations a health worker needs to make in the delivery area to meet the baby's needs at birth?*

- Emphasise which of the baby's needs these points cover (in bold)

☐ Show **PowerPoint slide # 13 – "Summary"**



☐ **Ask if there are any questions.**

Respond To Problems During Labour & Delivery

Module 4: Session 7

Module 4: Session 7

Respond To The Problems During Labour And Delivery

Objective

In this session we will discuss some of the problems that can arise during the delivery of the baby and immediate post partum period using the information in the PCPNC guide

Session length:
90 minutes

Session outline

1.	Introduce the session	10minute
2.	Fetal heart rate	15minute
3.	Breech presentation	20minute
4.	Stuck shoulders	20minute
5.	Multiple births	25minute

Checklist

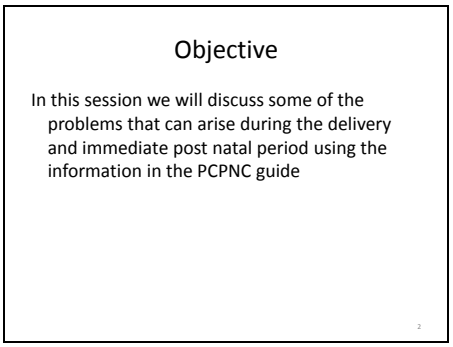
- 01 mannequins,
- 2 baby dolls ,
- 4 cord clamps,
- Pinnard fetoscope

1. Introduce the session

You have just gone through a normal vaginal delivery of a singleton baby born head first

- ☐ This occurs in around 80% of deliveries
- ☐ During this time ,however ,problems can arise

☐ Show **PowerPoint slide # 2 – "Objective"**



☐ **Make this point:**

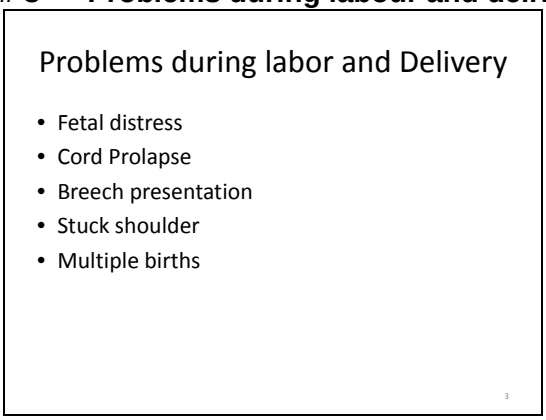
- Something can suddenly go wrong at the time of delivery or you may pick up an abnormality

➢ ***Ask;*** *what can go wrong in labor /delivery?*

-Get some answers for 2 minutes & write on white board


Participants to turn to D14-18 and read major headings

☐ Show **PowerPoint slide # 3 – "Problems during labour and delivery"**



Fetal heart Rate

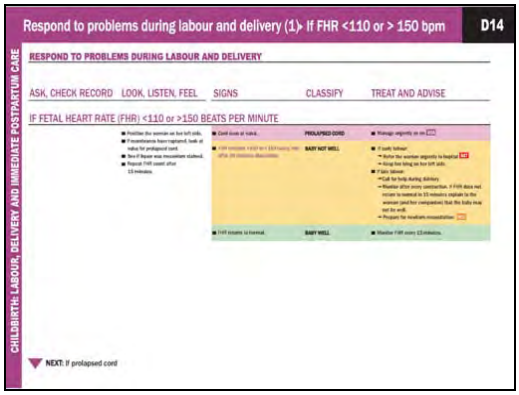
☐ Make this point

- Fetal heart Rate is an important way of monitoring the babies well being while in the uterus

➢ ***Ask:*** *what is the acceptable fetal heart rate?*

- Between 110 and 150 beats per minute

- Show **PowerPoint slide # 4 – Respond to problems during labour and delivery (1) If FHR <110 or >150 bpm/D14"**



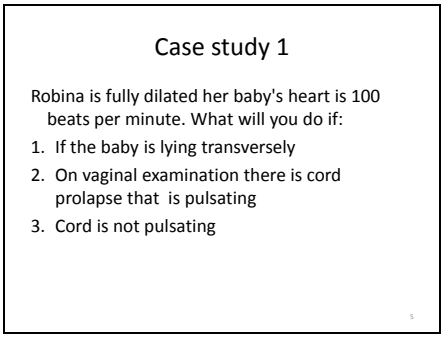
Participants to find D14.Ask one participant to read the four bullets under **Look, Listen ,Feel** and read across the page to Treat and advise

Ask: What will you LOOK, LISTEN FEEL if FHR < 120 or > 160 beats per minute
-Refer to D14

- **Make this point**

- There are cross reference to D15

- Show **PowerPoint slide # 5 – "Case Study 1"**



- Ask participants to open workbook on page 22 and answer the questions using the relevant section of PCPNC guide.

- Give 5 minutes

Answers:

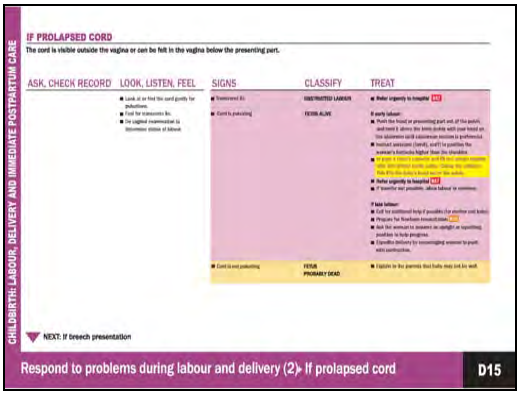
1. Obstructed labor, refer to hospital
2. Pulsating cord, fetus alive treat as in **D15**
3. If no pulsations, baby probably dead, inform parents that baby may not be well and allow delivery to continue

☐ Make these points

- The fetal heart can be too slow <110 beats per minute or too fast >160 beats per minute both can be indicative of a problem
- There are many types of mal-presentation which if diagnosed at an early stage should be referred

2. Prolapsed Cord

☐ Show **PowerPoint slide # 6 – If prolapsed Cord/D15"**



Participants to open D15

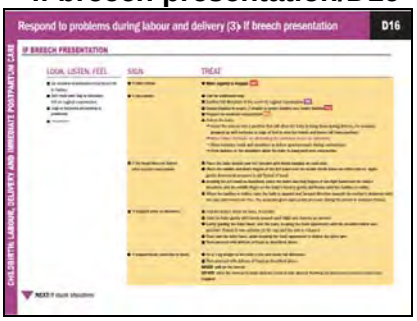
➢ ***As**k one participant to read bullets under LOOK LISTEN FEEL*

3. Breech presentation

☐ Make these Points:

- Breech presentation occurs when the buttocks and/or the feet are the presenting parts.
- On abdominal examination, the head is felt in the upper abdomen and the breech in the pelvic brim.
- Auscultation locates the fetal heart higher than expected with a vertex presentation.
- On vaginal examination during labor, the buttocks and/or feet are felt; thick, dark meconium is normal.
- Incidence of breech presentation is high in preterm labour
- ideally every breech delivery should take place in hospital with surgical capability (refer from home or BHU to higher center)

☐ Show **PowerPoint slide # 7 – If breech presentation/D16"**



Participants to find D16

➢ *Ask one participant to read bullets under LOOK LISTEN FEEL and other under Signs*

***Ask** what will you do if the head of the baby is trapped and baby is dead ?*
-Get a few answers then refer to last bullet under signs and read across to treat on D16

***Ask**: what is the normal presentation in majority of laboring women?*
-Cephalic or head first

☐ **Make these points**

- Breech presentation if diagnosed in the third trimester after 37 weeks must be referred to a hospital where facilities for ECV are available
- ECV should not be attempted in a facility where c- sections cannot be performed

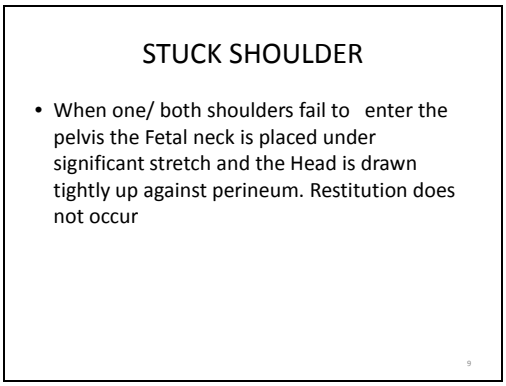
☐ Show **PowerPoint slide # 8 – "Video of breech delivery"**

☐ **Make this point**

- You will observe breech delivery in the Labour room and will practice the steps in the skills lab on mannequins.

4. Stuck shoulders

☐ Show **PowerPoint slide # 9 – "Stuck Shoulder"**

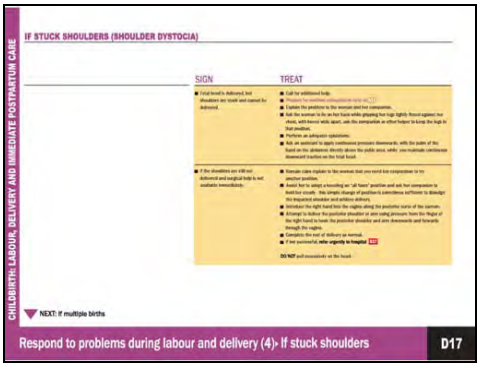


***Ask:** how would you define stuck shoulders?*
-The difficulty encountered in the delivery of the shoulders
-Universally accepted strict definition has not been described.

☐ Make these point

- About 0.1 to 2 %, that is I: 300 deliveries may end up with stuck shoulders
- -When one/ both shoulders fail to enter the pelvis the fetal neck is placed under significant stretch and the Head is drawn tightly up against perineum. Restitution does not occur

☐ Show **PowerPoint slide # 10 – :If stuck Shoulder (Shoulder Dystocia)/D17"**



Participants to find D17

➢ *Ask one participant to read first bullet under* ***Sign*** and read across the page to 6 bullets under Treat

☐ Make these points

- This is the first line treatment of stuck shoulders
- Most babies will deliver through this
- Some however may need further manouvers

➢ Ask one Participant to read second bullet under sign and read across the page under Trea

Ask: *How can you avoid risk factors for shoulder dystocia?*
-Anticipate antenatally: fetal weight estimation (SFH)

Ask: *how will you diagnose shoulder dystocia?*
-Fetal head is delivered but remains tightly applied to the vulva
-Chin retracts and depresses the perineum
-Traction on the head fails to deliver the shoulder, which is caught behind the pubic symphysis

Ask: *How will you manage stuck shoulders?*

What will you do

- ➢ Initial response
- ➢ Call for help
- ➢ Remain calm

What will you not do?

- Do Not:

- Pull on the head
- Apply fundal pressure
- Delay

-Do:

- Use McRoberts' maneuver (effective 90%)
- Perform or enlarge episiotomy
- Apply suprapubic pressure

-

Delivery:

- Delivery is affected by guiding the head and trunk out after the shoulders have been freed by other maneuvers. Strong traction on the head should not be used.

Ask: *what are fetal complications**?***

- Asphyxia (Long term potential for Cerebral palsy, and death
- Nerve Damage
- Humerus, clavicular fracture

Ask: *what are maternal complications?*

- Wait for few responses then

☐ Demonstration

Demonstration

☐ Ask a participant to come and demonstrate on a mannequin how to deliver a baby with stuck shoulders

☐ If she performs well thank and praise her now talk another participant through the procedure while you read from D17

☐ Show **PowerPoint slide # 11 – "Video of stuck shoulders"**

Video on Stuck shoulders

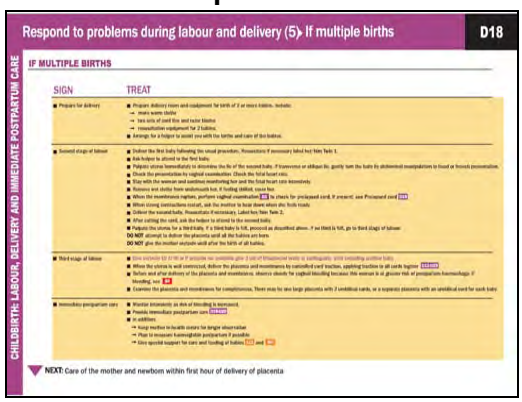
11

5. Multiple births

☐ Make these points

- With increased use of fertility drugs incidence of multiple pregnancy is on the rise. Multiple pregnancy is high risk from point of increased complications like prelabor rupture of membranes, malpresentation, fetal death and postpartum hemorrhage.
- Availability of ultrasound has made it possible to diagnose twin pregnancy at an early stage and thus help to modify birth plan
- Delivery of twins by evidence based steps given in PCPNC guide can ensure healthy mother and babies
- Twin babies need extra care as they can be preterm, low birth weight and more likely to suffer from hypoglycemia & hypothermia.

☐ Show **PowerPoint slide # 12 – "If multiple Births"/D18"**



Participants to find the section in PCPNC guide D18. Ask them to read four bullets under

- Ask one participant to read **second stage of labor**

☐ Make these points:

- Do not attempt to deliver the placenta until all babies are born
- Do not give oxytocin to the mother until after the birth of all babies.
- End the session by asking if there are any questions

☐ At the end of this session it should be emphasized that although health worker should be equipped with knowledge of dealing with problems during labor but referral should be made if diagnosed early.

Care of Mother & New Born After Delivery of the Placenta

Module 4: Session 8

Module 4: Session 8

Care Of Mother and New Born After Delivery Of The Placenta

Objective:

At the end of this session, participants will be able to:

- Discuss and observe evidence based routine care of a woman after delivery of the baby according to the PCPNC guide

Session length:
30 minutes

Session outline:

1. Introduce the session: 05minutes
2. Care of the mother I hr. after delivery and till time of discharge: 15minutes
3. Care of Baby 10minutes

Checklist

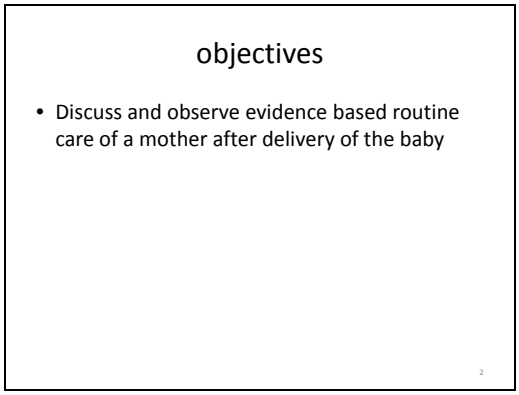
- PCPNC guide

1. Introduce the session

☐ Make these points

- You now have two people to look after; the mother and the baby.
- This is a vulnerable time for both.
- They have to be examined frequently so you do not miss a complication and can refer and or provide treatment as required

☐ Show **PowerPoint slide # 2 – "Objective"**



.


Ask participants to open PCPNC guide and read the headings from D19 to D 29 and indicate to the facilitator when they have completed the task

☐ Make these points

- Use the charts from D19 to D21 to care for the mother and her baby immediately after delivery, one hour after delivery and then at the time of discharge.

2. Care of the mother and new born within first hour of delivery of the Placenta

- This is a very critical time for both mother and her baby

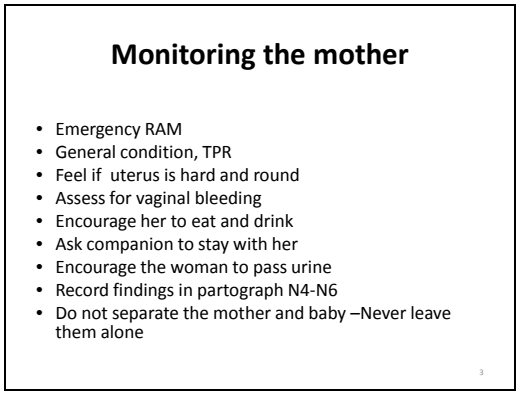

Ask participants to find D19 and read tThe grey box on the top left side of D19 **monitor mother every 15 minutes**

☐ Make this point

- Both mother and baby must be monitored every 15 minutes In the first hour after birth

➢ Using the guide answer the following questions
➢ ***Ask*** *what will you monitor in the mother?*
  - Await a responses. Then

☐ **Show PowerPoint slide # 3 – "Monitoring the Mother"**



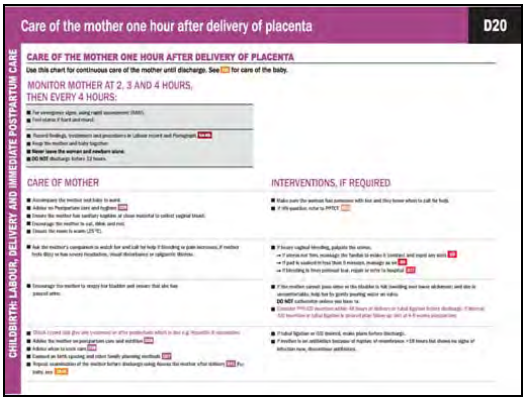
☐ **Make this point**

- The mother and baby is one unit. Every time you monitor the mother you must also see the baby

Ask: *What will you monitor in the baby every 15 minutes?*
-breathing
-Warmth

3. Care of the mother one hour after delivery of the placenta

☐ **Show PowerPoint slide # 4 – "Care of the mother one hour after delivery of the placenta/D20"**



Ask participants to open to D20 and read

☐ **Make these points**

- Use this chart for continuous care of the mother until discharge
- The care of the baby is given in J10
- Monitor mother every 15 minutes in the first hour
- Every hour at 2, 3 and 4 hours
- Then every 4 hours

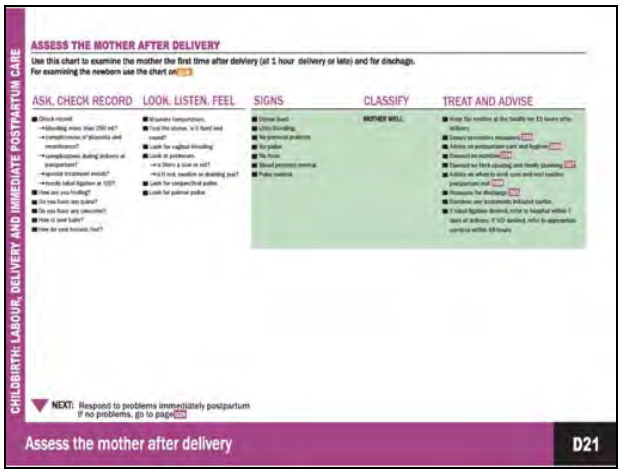
As an example ask participants to read second bullet under care of mother on the left side of D20 advise on postpartum care. this has a cross reference to D26

➢ Ask participants to find D26 and read the left side of D26

using the guide ask one participant to find the bullet ,**The importance of washing to prevent infection of the mother and her baby and read the sub bullets**

4. Assess the mother after delivery

☐ Show PowerPoint slide # 5 – "Asses the mother after delivery/D21"



Ask the participants to turn to D21 and read begin with ASK, CHECK RECORD and read across to TREAT AND ADVISE

☐ Make these points

- D21 is a chart that can be used to asses a mother after delivery and at the time of her discharge.
- If this chart is followed through for every mother most postpartum complications can be prevented.
- Ask participant to read D21 on assess the mother after delivery Start with ASK, CHECK record and read across to treatment and advise.
- The treatment section has cross references

➢ Ask participants to turn to D25 ensure preventive measures and read.as you explain any points

D26: council on nutrition
D27 council on birth spacing and family planning .explain that there will be a session on family planning
D28 advise on when to seek care and next routine postpartum visit.

➢ Ask participants to find section on Advise on danger signs and read down the column
D28 right side of the page

***Ask**: What is the importance of washing to prevent infection of the mother and her baby?*
-get a few responses

5. Respond to problems immediately postpartum

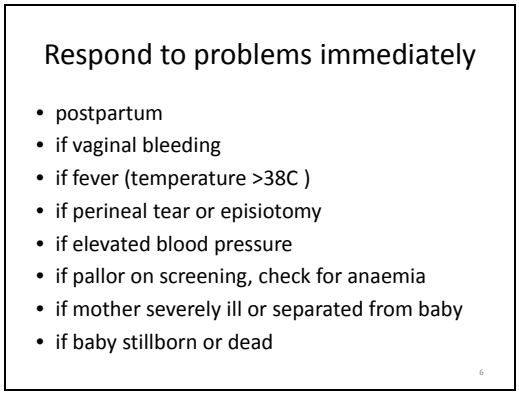
- Ask participants to find this section in the guide
- Assist them if they have a problem
  - D22-24


Ask participants to turn to D22-24 and read the headings

☐ **Make these points**

- We have gone through D21, which was the chart to follow for postpartum care if there is no problem detected.
- after a RAM you may pick up a problem

☐ **Show power point slide # 6 – "Respond to problems immediately postpartum"**



Look at D22, it is a chart that deals with problems in the immediate postpartum

☐ As an example give a case study 1

☐ **Show power point # 7 – "Case study 1"**

Case Study 1

Sadia has delivered about an hour ago, she has fever of 39C and complains of chills.

- *What will you ask her*
- *What signs will you look for*
- *What treatment will you give*

7

➢ Ask participants to open their workbooks to page 23 and answer the questions using the PCPNC guide.

Q1: What will you ask her
- time since rupture of membranes
- -abdominal pain
- chills

Q2: What signs will you look for
- chills
- foul-smelling vaginal discharge
- low abdominal tenderness
- rupture of membranes >12 hrs

Q3: What treatment will you give
- insert an I/V line and give fluids rapidly D9
- give appropriate I/V I/M antibioticsB15
- give oxytocin if bleeding more than average B10
- refer urgently to hospital B17

6. If elevated diastolic blood pressure

 Ask participants to go to D23 and read

☐ Make this point

- D23 is a flow chart that should be used f a woman who has just delivered has a raised diastolic blood pressure
- There are cross references to other parts of the guide for treatment and advise
- You have already been through these references
- Using the guide answer the following questions

Ask: *When will you classify as severe pre-eclampsia?*

Ask: *How will you treat and advise her?*

***Ask**: What are the danger signs for severe pre-eclampsia?*

7. If pallor on screening, check for anaemia

- Ask participants to read D24

***Ask**: How will you classify a woman with hemoglobin <7g/dl a*nd/or severe palmer and conjunctival pallor or anny pallor with more than 30 breaths per minute?

- severe anaemia

☐ Make this point

- Anaemia is a very common condition in Pakistan and contributes to the maternal mortality

- Ask if there is any explanation required

Pregnancy, Childbirth, Postpartum & Newborn Care Course

Module 5:

Postpartum Care Up to Six Weeks

Contents

i. Sessions

ii. Power Point slides/overheads/pictures /video clips: Module 5 (CD ROM)

Each session UNIT contains;

- Session outline and session materials e.g. role play dialogue, work sheets, case studies
- Clinical practice task sheet for participants
- Clinical practice checklist for trainers
- Participants work sheet with answers from workbook for that session
- Participants handout (power point slides for the session)

Post Partum Examination Of Mother (up to 6 weeks)

Module-5: Session-1

Module 5: Session 1

Postpartum Examination Of The Mother

Objectives:

At the end of the session, participants will be able to:

- Assess, classify and treat a mother using the “Examine the post partum mother" chart E2 Identify any condition which needs specific care, treatment or follow up.
- Assess, classify and treat a postnatal mother using PCPNC guideline

Session length:

45minutes

Session outline:

1.	Introduce the session	05minutes
2.	Assessment of a post partum mother	10minutes
3.	Management of a normal postpartum mother	15minutes
4.	Conclusion	05minutes

Checklist:

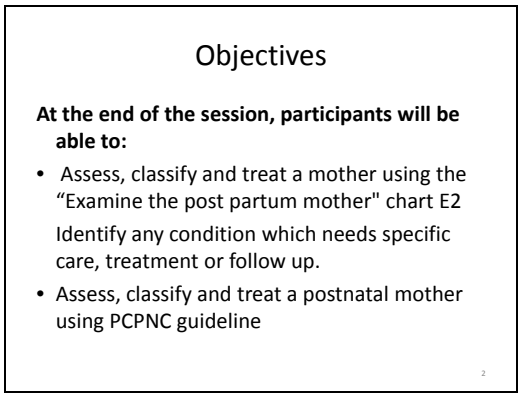
- A mannequin
- One draw sheet
- A pair of gloves
- Hand wash/ sanitizer
- Sanitary pad
- BP apparatus
- Stethoscope
- PowerPoint slides/ overhead projector
- 20 minutes video on postpartum examination of the mother
- Flip charts
- Two flip chart markers

1. Introduce the session

☐ Make these points:

- The Puerperium has been referred to as the fourth trimester of pregnancy encompassing the period between delivery and complete physiological involution and psychological adjustment.
- Both in developed and developing countries 60% of maternal deaths occur in puerperium.
- The First two weeks are the most important and critical as >80% of puerperal deaths occur in these two weeks. The role of health care providers is to diagnose and timely manage conditions which can prove fatal.
- Examination of the mother allows us to assess and monitor the postnatal mother's condition and promptly treat and give appropriate care as early as possible.
- It is an important part of the overall care and is essential for the maternal wellbeing and survival.

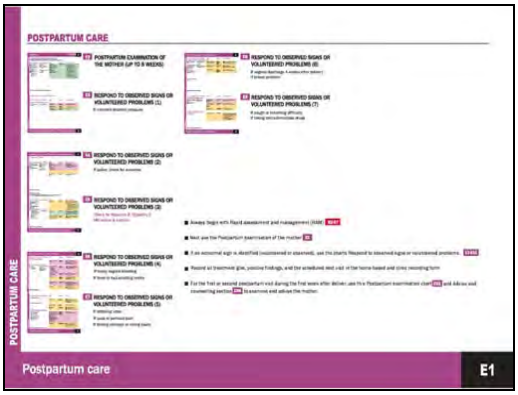
☐ Show **PowerPoint slide # 2 – "Objectives"**



☐ Make these points:

- This session will focus on demonstration of the post partum examination from one week to six weeks post partum.
- Examination up to one week is covered under the heading of Immediate post partum care described on page D21

☐ Show **PowerPoint slide # 3 – "postpartum Care/E1"**

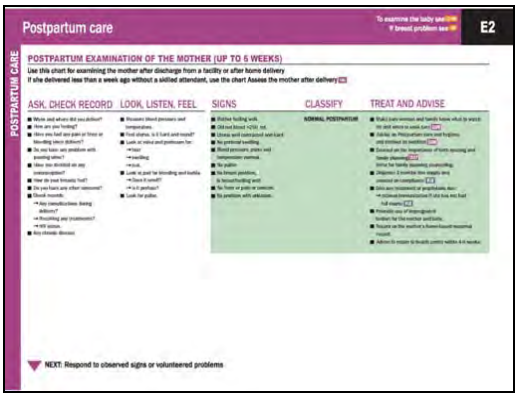


Particpnat to find E1 and ask participants to read the headings of the illustrations from E2-E10

☐ Make these points

- To ensure that no condition is left unnoticed, the assessment must include E2 – E10.
- These headings cover all the situations which are likely to arise in a mother within six weeks post partum.
- **E2**, **E10** is a valuable working aid
- It is made up of flow charts which ensure we carry out a thorough assessment, classify our findings and give the treatment and advice according to the mother's needs.
- Most mothers assessed will be completely normal.

☐ Show **PowerPoint slide # 5 – "postpartum Care/E2"**



Particpnat to find E2 and you explain the steps in assessing a woman in postpartum period

2. Conclude the session by asking a few questions at random

***Ask**: What is the first step in the mother's post partum examination?*
-Begin with Ask, check, record.
- Look at first column in **E2**.

***Ask**: What information will you find in the mother's record?*
-Write responses on a flip chart.
After 5 -6 responses give the following general points if they have not already been suggested

- Any preexisting condition and treatment
- The cause of pregnancy
- Details of delivery e.g. normal, instrumental delivery, or caesarean section.
- Did she encounter any complication before, during or after delivery?

***Ask**: If this is a second or subsequent examination what information will you gather?*
-Findings from previous examination
-Any previous treatment
-Any referrals

➢ Ask if there are any questions

Respond To Observed Signs Or Volunteered Problems

Module 5: Session 2

Module 5: Session 2

Respond To Observed Signs Or Volunteered Problems

Objectives:

At the end of the session, participants will be able

To use pages in PCPNC guide E3-E9 for responding to observed signs or volunteered problems during postpartum examination of mother

Session length:
60 minutes

Session outline:

1. Introduce the session
2. If elevated diastolic blood pressure
3. If pallor, Check for anemia
4. If heavy vaginal bleeding
5. If fever or foul smelling lochia
6. If dribbling urine
7. If pus or perineal pain
8. If feeling unhappy or crying easily
9. If vaginal discharge 4 weeks after delivery
10. If coughing or breathing difficulty
11. If taking any antituberculous drugs or any other medication

Checklist

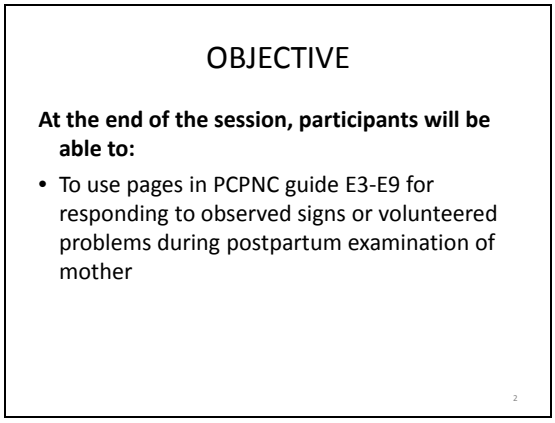
- A mannequin
- Diazepam 40 mg
- Mg So4 2 ampoules
- I/V cannula
- Hydralazine
- Ringer Lactate 500 ml
- Flip Charts, Flip chart markers

1. Introduce the session

☐ Make these points:

- Both in developed and developing countries 60% of maternal deaths occur in puerperium.
- The first two weeks are the most important and critical as >80% of puerperal deaths occur in these two weeks. The role of health care providers is to diagnose and timely manage conditions which can prove fatal.
- Examination of the mother allows us to assess and monitor the postnatal mother's condition and promptly treat and give appropriate care as early as possible.

☐ Show **PowerPoint slide # 2 – "Objective"**




Participants to go through heading on E3- E9 .When they have completed ask them to inform the facilitator.

☐ Make these points:

- E3-E9 deal with flow charts on the assessment and management of different danger signs in a postpartum mother
- Danger signs must be recognized and treated immediately /referred urgently to hospital without delay.
- Danger signs are threat to mother's life.
- Look at the heading on each page. If elevated diastolic blood pressure, pallor, , heavy vaginal bleeding, dribbling of urine, pus or perineal pain, feeling unhappy or crying easily , if cough or breathing difficulty, if taking anti tuberculosis drugs.

☐ Show **PowerPoint slide # 3 – "Problems in postpartum period"**

Problems in postpartum period

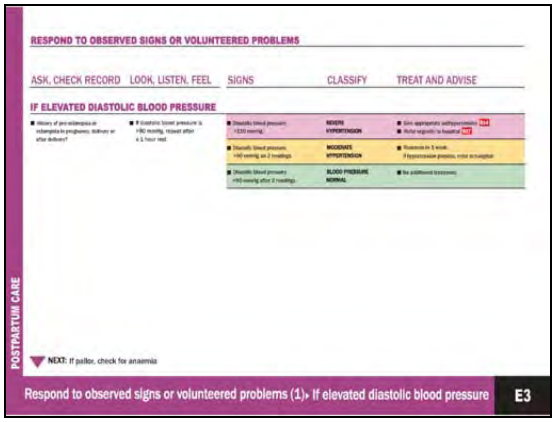
- If elevated diastolic blood pressure
- If pallor check for anaemia
- Check for hepB,C,RH incompatability,Diabetes, HIV
- If heavy vaginal bleeding
- If fever or foul smelling lochia
- If dribbling urine
- If pus or perineal pain
- If feeling unhappy
- If vaginal discharge 4 weeks after delivery
- If breast problem
- If cough or breathing difficulty
- If taking any medication including antituberculous drugs

2. If elevated diastolic blood pressure

☐ Make these points

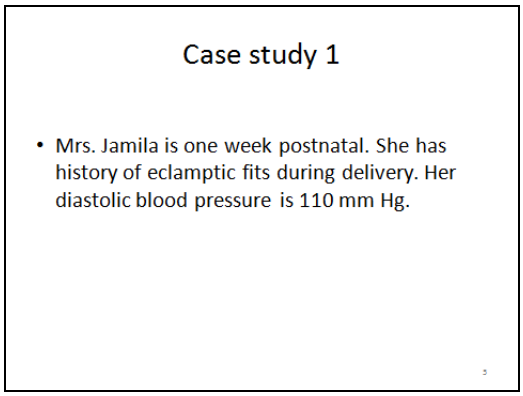
- A hypertensive mother needs additional care and monitoring.
- Risks associated with hypertension include Eclampsia, cardiac failure, and cerebral hemorrhage. So timely detection, treatment and referral if needed, can save the mother.

☐ Show **PowerPoint slide # 4 – "Respond to Observed Signs and Volunteered Problems/E3"**



Ask participants to find **E3** and read across the chart and inform facilitator when finished

☐ Show **PowerPoint slide # 5 – "Case study 1"**



☐ Ask participants to open work book at page ___ and using E3 in PCPNC guide answer question in the space provided in the workbook.

Ask: *Which box in **E3** is appropriate to her condition?*
-Red box

Ask: *In which category of hypertension does she fall?*
-Severe Hypertension

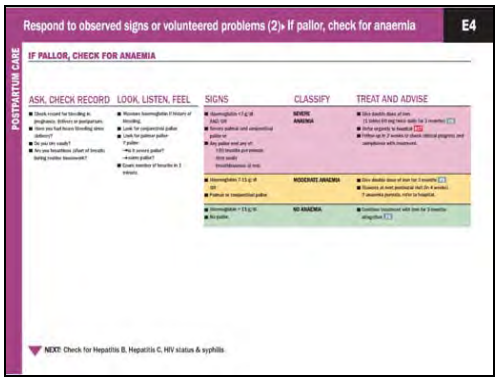
Ask: *What are the most appropriate treatment and advice for her?*
-Give appropriate antihypertensive – **B14**
-Refer urgently to hospital **B17**

3. If pallor, Check for anemia

☐ Make these points

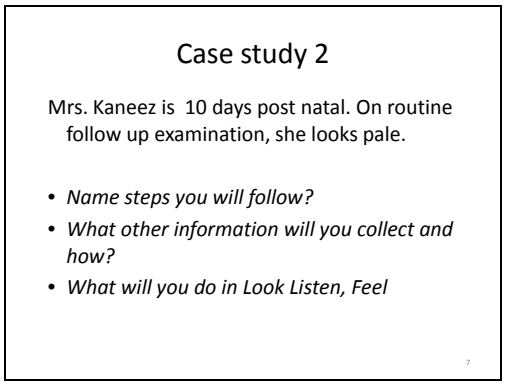
- Anemia is a common occurrence in pregnancy and postnatal period and is defined as Hemoglobin less than 11 G/dl. The common causes for postnatal anemia include uncorrected anemia in antenatal period or heavy blood loss during or after delivery. If uncorrected, leads to difficulties in carrying out her routines and in severe cases can lead to cardiac failure. So timely detection and treatment is important to prevent the mother from developing such complications.

☐ Show **PowerPoint slide # 6 – "Respond to Observed Signs and Volunteered Problems (2) If pallor, check for anaemia/E4"**



- Ask participants to find E4 and read and inform faciltator when they are finished.

- Show **PowerPoint slide # 7 – "Case study 2"**



- Ask participants to workbook on page ____and using **E4** in PCPNC guide answer the questions given at the end of case study

Ask: *Name steps you will follow?*

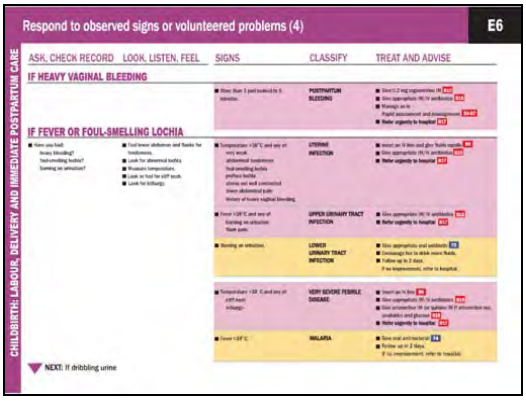
-Ask Check Record, Look Listen Feel, Signs then Classify, Treat and advise accordingly.

Ask: *What other information will you collect and how?*
-Check record for bleeding in pregnancy, delivery or postpartum
-History of heavy bleeding since delivery
-Do you tire easily?
-Are you breathless during household work?

Ask: *What will you do in Look Listen, Feel?*
-Look for conjunctiva
-Look for palmer pallor
-If pallor, is it severe pallor or some pallor
-Count number of breaths in 1 minute

4. If heavy vaginal bleeding

- Show **PowerPoint slide # 8 "If Heavy Vaginal Bleeding/E6"**

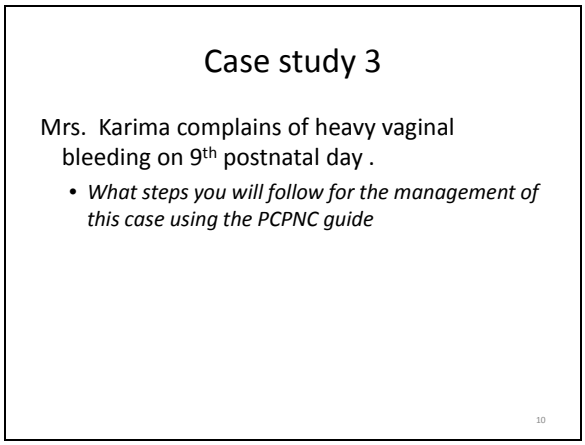


 Participants to find E6 and read under subtitile if heavy vaginal bleeding and ask another participant to read under Treat and ADVISE in front of Postpartum bleeding.

☐ Make these points

- Hemorrhage is one of the 5 major causes of maternal death.
- A hemorrhage which occurs within 24 hours of birth is called as Primary postpartum hemorrhage while hemorrhage if it occurs after 24 hour of birth, up to 42 days of delivery , it is called as secondary hemorrhage.

☐ Show **PowerPoint slide # 9 "Case study 3"**



➢ Ask participants to open workbook Module 5 session 2 at page ____and in the space provided.

Key to case study 3:
-Answer should include the following points
-Quick Check **(B2)**
-First Do RAM **(B3-B7)**
-Give Oxytocin/erogometrin as on **(B10)**
-Give Appropriate IM/IV Anitbiotocs **(B15)**
-Refer urgently to Hospital **(B17)**

5. If fever or foul smelling lochia

☐ Make these points

- Fever after child birth is a very common complaint and has multiple causes which if not properly diagnosed and treated can lead to severe maternal morbidity .Sepsis is one of the 5 major killers/causes of maternal death.

 Participants to find E6 and read under "If fever or foul-smelling lochia"and read across columns with cross reference to other section in the PCPNC guide in treat and advise column.

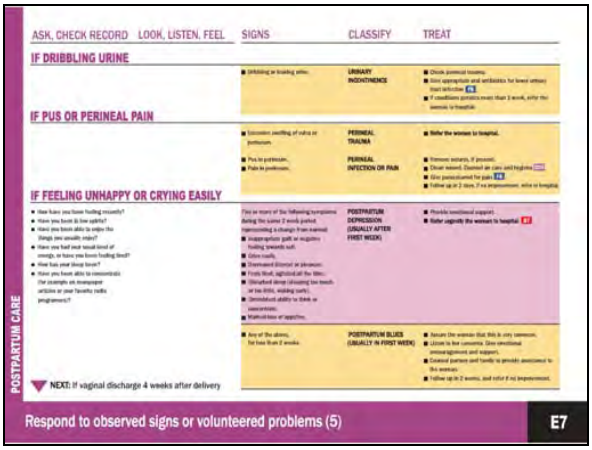
***Ask**: If a postpartum woman presents with fever or foul smelling lochia what would be the possible causes?*
-Get some responses and then tell
- Uterine infection
-Upper UTI
-Lower UTI
-Very severe Febrile diseases
-Malaria

***Ask**: What cross references are used in Treat and Advise if woman is classified as having Lower urinary Tract Infections?*
- Get some responses and then tell
-F5

Ask: Where in PCPNC guide oral antimalarial treatment given?
-- Get some responses and then tell
-F4

6. If dribbling urine

- Show **PowerPoint slide # 10 "If Dribbling of Urine/E7"**



Participants to find **E7** and read under heading "IF dribbling urine"

Ask: where in PCPNC guide will you find oral antibiotic for lower urinary tract infection
-**F5**

7. If pus or perineal pain

- Ask participants to read the information on **E7** under heading "if pus or perineal pain"

***Ask**: Where in PCPNC guide will you find information on postpartum care and hygiene ?*
-**D26**

8. If feeling unhappy or crying easily

☐ Make these points

- Even when the overall outcome of pregnancy has been good a healthy mother may experience psychological problems:
- Post partum period represents a time of increased vulnerability to depression for some mothers.
- Severity of depression varies from postpartum blues to full blown depression.
- Most of the time the condition is not diagnosed early leading to long term consequences.
- More information on emotion support for such woman is provided on H2

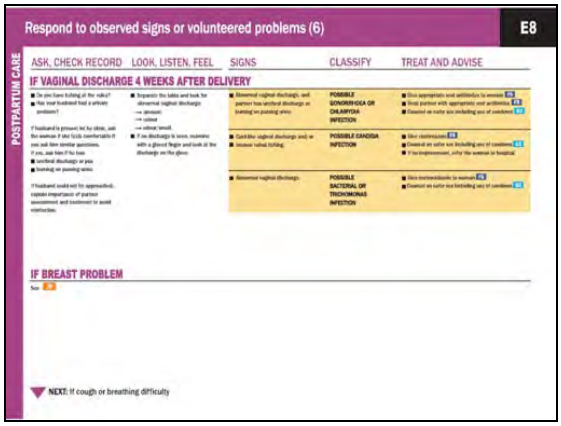
➢ Ask participants to read **E7** in PCPNC GUIDE under heading" if feeling unhappy or crying easily.

9. If vaginal discharge 4 weeks after delivery

☐ Make these points

- Vaginal discharge is a very common complaint during pregnancy.
- Such complaints are self-remitting after delivery. However if it persists it indicate an infection.
- The most common causes of infection are Candida Trichomonas, Bacterial vaginosis.
- Gonococal infection though rare has long term sequel in terms of infertility.

☐ Show **PowerPoint Slides # 11 – "If Vaginal Discharge 4 weeks After Delivery/E8"**

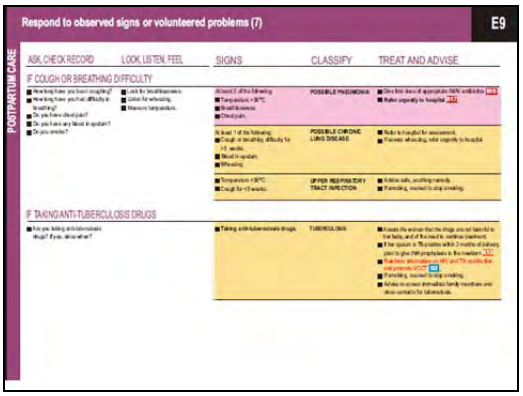


Participants to find **E8** and read under heading if vaginal discharge 4 weeks after delivery

***Ask**: How will you treat a woman with possible candida infection?*
-Wait for some responses and tell
-Give Clotriamazole
-Counsel on safer sex including use of condoms

10. If cough or breathing difficulty

☐ Show **PowerPoint slide # 12 – "If cough or breathing difficulty/E9"**



Ask participants to find PCPNC guideline page **E9** and read information under heading if cough or breathing difficulty.

***Ask**: When will you suspect pneumonia?*
Enumerate the signs
-At least 2 of the following:
temperature>38C
Breathlessness
Chest pain

***Ask**: What are the two actions you will take?*
-give first dose of IV antibioticsB15

Refer urgently to hospital
Ask participants to find B17 and read

☐ **Make these points**

- Postnatal mother may present with cough & breathing difficulties because of some underlying disorder which may require referral

11. If taking antituberculous or any other drugs

Ask participants to find **E9 and** and quickly go through it in pairs in 10 minutes time

***Ask**: What are the SIGNS on which you classify a woman as possible pneumonia and how will you manage her?*
-Give first dose of appropriate IM/IV antibiotics-B15
-Refer urgently to hospital

☐ Briefly discuss the management of each of the 4 possible causes i.e. Pneumonia, chronic lung disease, upper respiratory tract infection and tuberculosis.

➢ Ask if there is any question.

Advise and Counsel on Family Planning

Module 5: Session 3

Module 5:
Session 3 - Counsel on birth spacing and Family Planning

Objectives:

At the end of this session participants will become familiar with the section dealing with FP in the PCPNC guide

- Counsel on importance of Family planning **C16**
- Method options in breastfeeding & non breastfeeding women
- Lactational amenorrhea method (LAM) **D27**

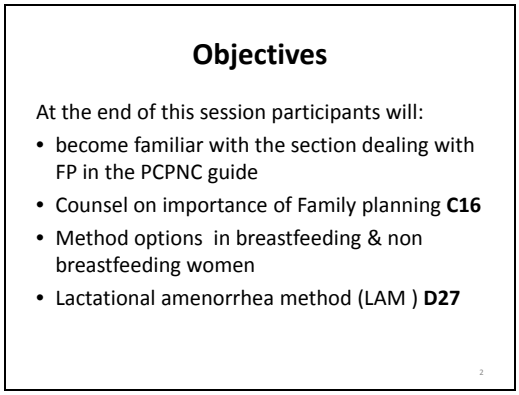
Session length:
60 minutes

Session outline:

1.	Introduction	05minute
2.	Counsel on importance of family planning	25minute
3.	Method options in breastfeeding & non breastfeeding women	05 minute
4.	Lactational amenorrhea method (LAM)	05minute
5.	case studies	05minute

1. Introduction:

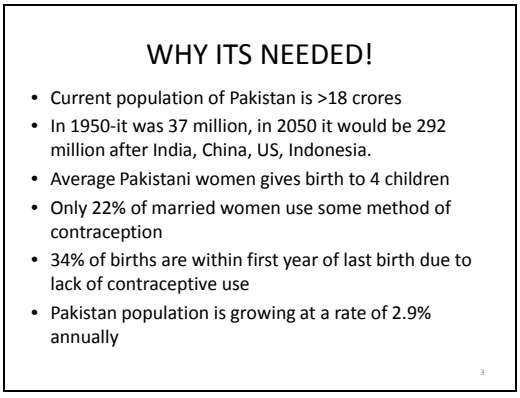
☐ Show **PowerPoint slides # 2 – "Objectives"**



☐ **Make these points**

- Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods . **I**t is estimated that over 200 million couples do not use contraceptives, despite wanting to space or limit their childbearing.
- Ensuring limited family size, increasing prevalence of contraceptive use can not only improve mother health but can have an impact on wellbeing of entire family, and socioeconomic prosperity of country at large.
- If our current population is being left to increase at its current pace it would be impossible to provide basic facilities for all.
- There are different methods of family planning each having its indications & side effects.
- Whatever the method chosen it should be Affordable, Accessible, reversible, Acceptable
- Postnatal period is the time when a woman is most receptive to advice on family planning: this opportunity should be availed.

☐ Show **PowerPoint slides # 3 – "Why it is needed"**



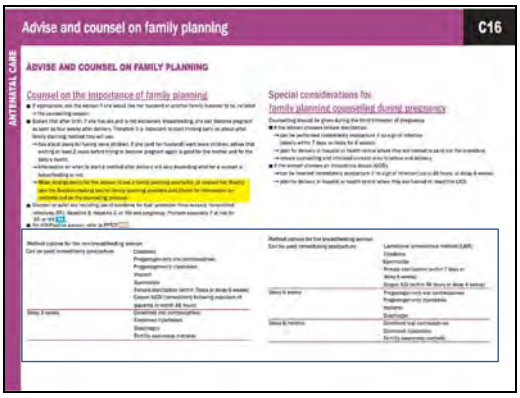
Ask: *What percentage of women use contraceptive method in Pakistan?*
-22%

Ask: *What are the reasons for low contraception use in Pakistan?*
-Get some response from participants then tell them the following
-lack of education, poverty, lack of access to family planning facilities, social & religious constraints.

2. Counsel on importance of Family planning

Ask participants to find **C16** and read the three bullets on the top left side of the page

☐ Show **PowerPoint slides # 4 – "Advise and counsel on family planning/C16"**



☐ **Make these points**

- Post natal period is the time when a woman is most receptive to advice on family planning: this opportunity should be availed!
- Explain that after birth; if she has sex and is not exclusively breastfeeding she can become pregnant as soon as 4 weeks after delivery. Therefore it's important to start thinking early about what family planning method they will use
- Ask couple about plans for having more children advise that waiting at least 2 years before trying to become pregnant again is good for the health of the mother and her baby.

Ask participants to find C16 and read the top right side of the page, Special considerations for family Planning during pregnancy. Tell them to indicate to the facilitator when they are finished with reading

☐ **Make this point**

- If the woman wishes to have sterilization or to insert an IUCD immediately after delivery she should be referred to a hospital for booking and delivery

3. Method options

☐ **Make these points**

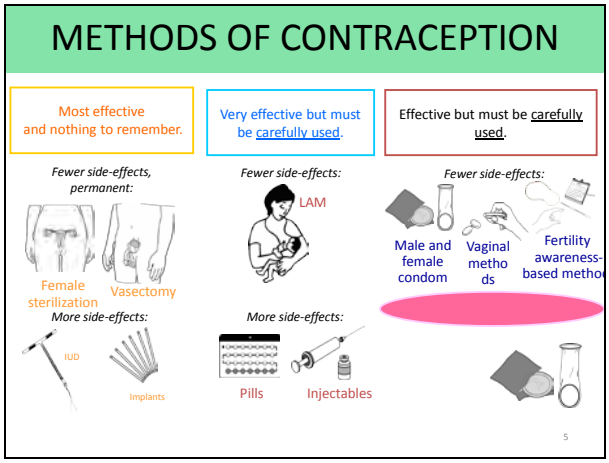
- There are different types of family planning methods, some are temporary others are permanent.
- Whatever method is used it should be tailored to suit the needs of a women and her health.

- Before use of any method its the duty of the health care provider to take a detailed history regarding number of children, any gynecological problem, presence of hypertension, diabetes ,liver disease, stroke, heart disease.
- Health care provider must have knowledge regarding different formulations, dosage, duration & side effects of different methods
- If you are not familiar with this information the woman must be referred well in time to a provider who can council and provide family planning service

***Ask**: Name different methods of contraception that they know of.*

- Get some responses from participants

☐ Show **PowerPoint slide # 5 - Methods of contraception"**



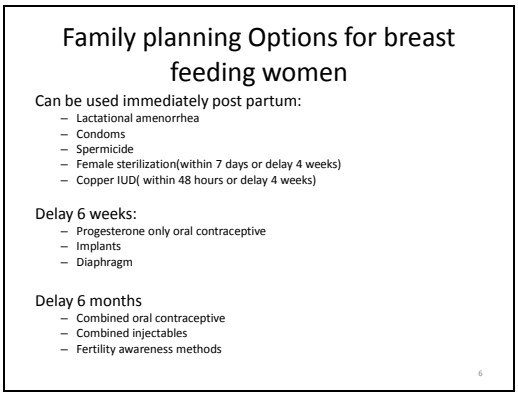
Method option for Breast-feeding woman

☐ **Make this point**

- Some contraceptives have a negative effect on breast feeding that is why they should not be advised in breastfeeding women.

Ask participants to find C16 and read bottom right side and indicate to the facilitator when the task is completed

☐ Show **PowerPoint slide # 6 – "Family planning options for breast-feeding women"**



- Ask participants to open their workbooks to page….and using the PCPNC guide answer the questions

Ask: *Which methods should be delayed for 6 months?*

- Inform them that the correct answers are given at the end of the session in the workbook

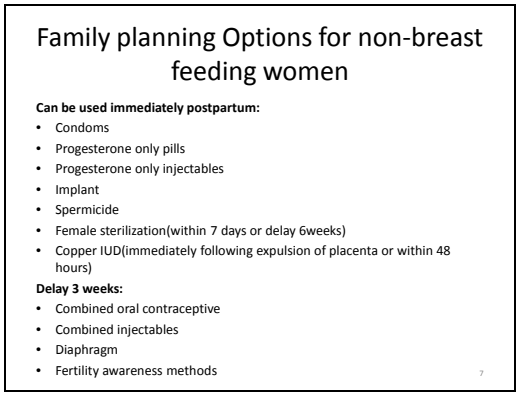
Method Options for the non-breast feeding woman


Ask participants to find C16 at the bottom left side of the page and indicate to the facilitator when the task is completed.

Ask : *What four methods should be delayed for 3 weeks?*

- combined oral contraceptives
- combined injectables
- Diaphragm
- Fertility awareness

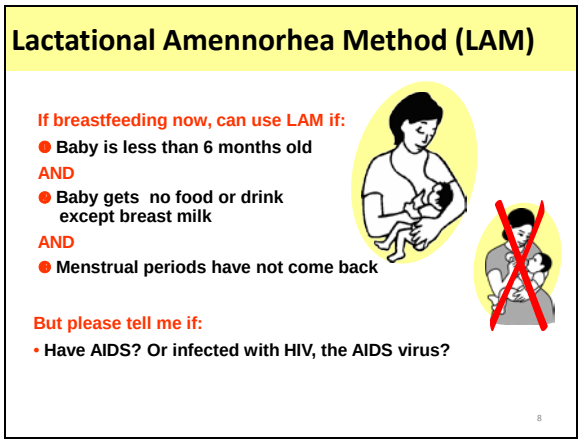
- Show **PowerPoint slide # 7 – "Family planning options for non breast-feeding women"**



4. Lactational Amenorrhea (LAM)

Ask: *What is lactational amennorhea method (LAM)?*
-Get some response from participants

☐ Show **PowerPoint slide # 8 – "Lactational Ammennorhea"**



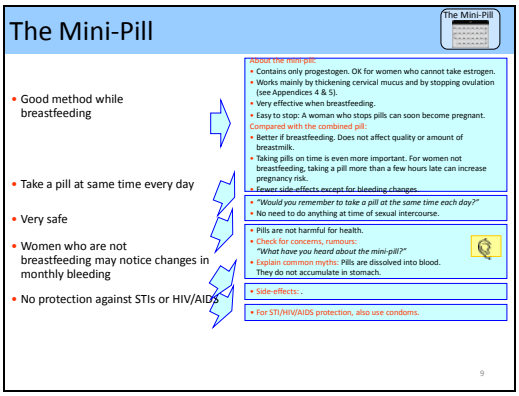
Ask participants to find D27 in the PCPNC guide and read the information under the heading, lactaional amenorrhea method and indicate to the facilitator when the task is completed.

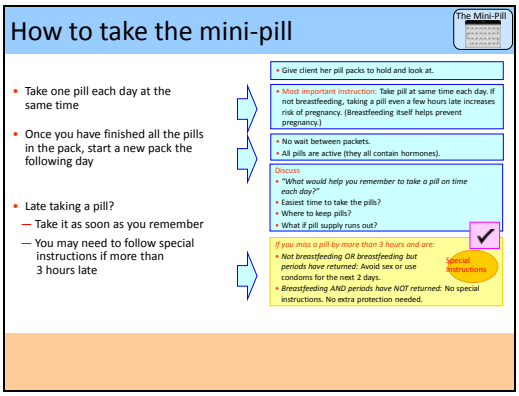
Ask*: Which women can use lactational amenorrhea method (LAM)?*
-Women who are exclusively breast-feeding & whose cycles have not returned.

☐ **Make these points:**

- You have gone through the two pages in the guide on Family planning
- You should use these pages when advising on contraception.
- Many women in Pakistan know about contraception but they still do not use any method! this is because they fear the complications
- As a health care provider you should be familiar with the common complications and when not to advise a certain contraceptive so you can give proper advise to the woman

☐ Show **PowerPoint slide # 9-10 on progestogen only pill (minipill)**

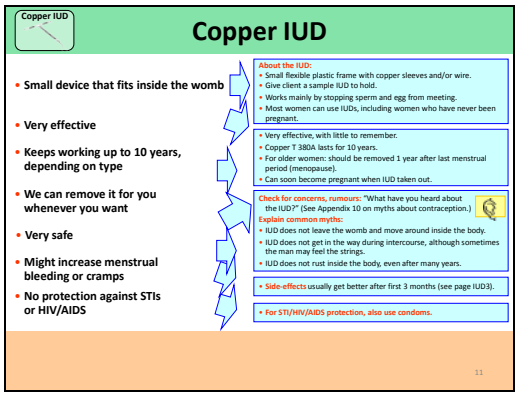


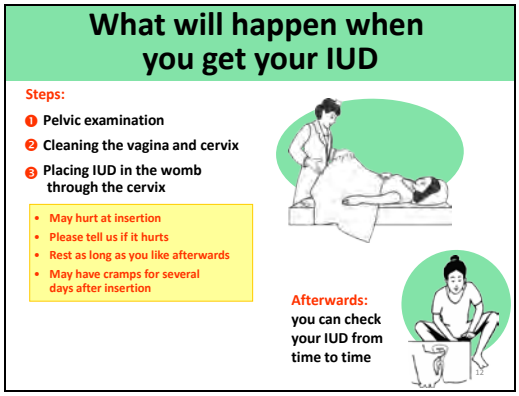


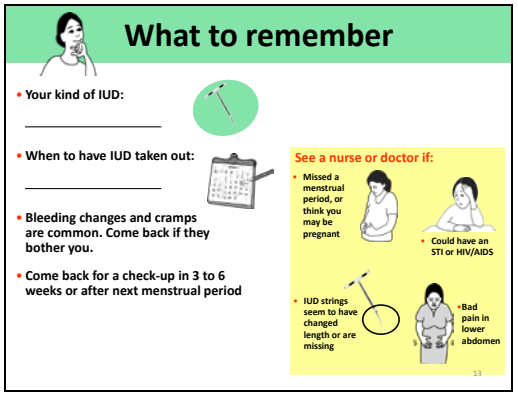
***Ask**: what is the name of pill that can be used in breast feeding women?*
-Progesterone only pills/minipill

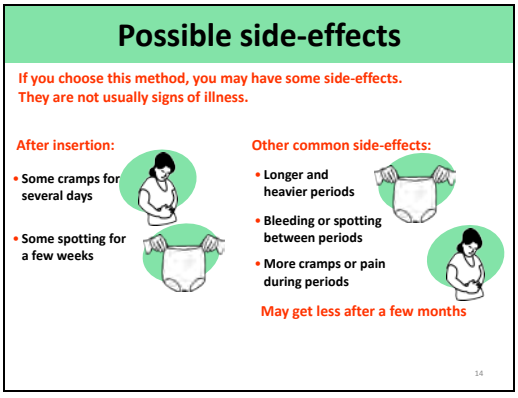
***Ask**: Can these pills be used in immediate postpartum period?*
-NO, in breast feeding women minipills can be given after 6 weeks & combined *oral contraceptive pill can be used after 6 months.*

- Show **PowerPoint slides # 11-14- Copper IUD…."**







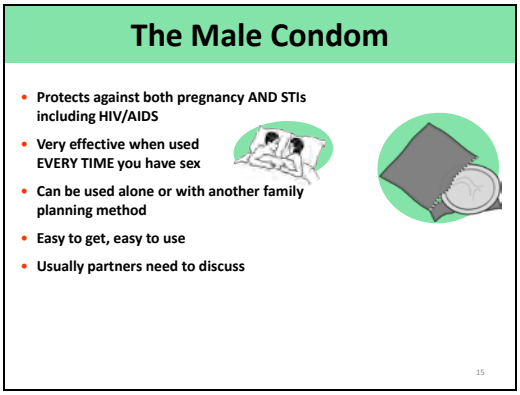


***Ask:** What are common side-effects of copper IUD?*
-Irregular cycles, crampy abdominal pains

***Ask**: Can copper IUD be inserted in immediate postpartum period?*

-Copper IUD can be inserted immediately after delivery of the placenta ,within 48 hours of delivery or can be delayed until 4 weeks

☐ Show **PowerPoint slide # 15 – "Male Condoms"**



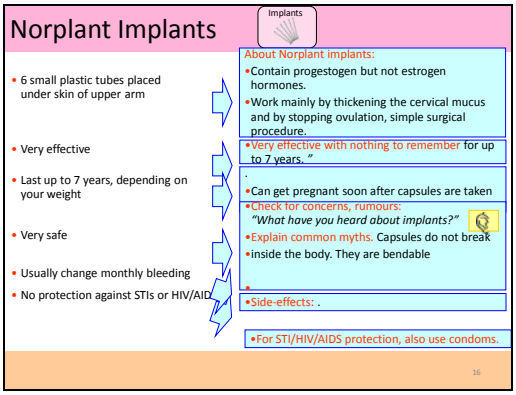
***Ask**: What are benefits of condoms?*

-Get some response from participants
-Protects against both pregnancy & sexually transmitted diseases

***Ask**: Have you ever heard about implants?*

-Get some response from participant

☐ Show **PowerPoint slide # 16 – "Norplants implants"**



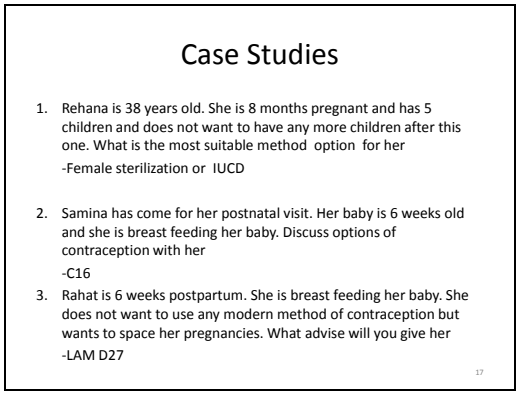
***Ask**: What are permanent methods of contraception?*

-Get some response from participants

☐ **Make these points**

- It's important to counsel women & also her husband on benefits of contraception not only during immediate postpartum period but also during third trimester of pregnancy
- She should be offered different options as discussed earlier; from which she can use the option that is acceptable, accessible & affordable for her.

- Show **PowerPoint slide # 17 – "Case studies"**



- Ask participants to open their workbook and answer the questions on the case studies 1, 2 and 3 using the relevant section of the PCPNC guide.

Tell participants that answers of the case studies are provided at the end of workbook in answers of module 5, session 3.

Click the button to show the answers on the power point as well.

-Female sterilization. or IUCD
-C16
-LAM D27

Breast Feeding and the Newborn Baby: Ensuring a Good Start

Module 5: Session 4

Module 5:
Session 4 - Breastfeeding And The Newborn Baby: Ensuring A Good Start

Objectives:

- Describe how breast feeding works
- Teach a mother the key points to good attachment and positioning
- Offer help to a mother with a poorly attached and positioned baby

Session length
60minutes

Session outline

1.	Introduce the session	05 minutes
2.	How breastfeeding works	20 minutes
3.	The 'Breastfeed observation form'	10 minutes
4.	The key points to good attachment and positioning	20 minutes
5.	Q & A Session	05 minutes

Checklist:

- Completed Breastfeeding Form 1
- Breastfeed Observation Form 2
- 2 Dolls (More if possible)
- 2 Model breasts
- Blanket and pillow
- PowerPoint slides/Videos

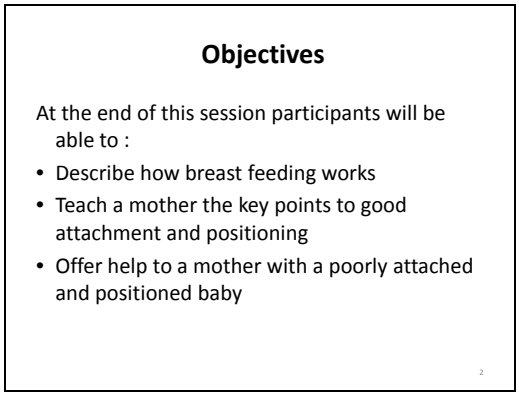
1. Introduce the session

☐ Make these points

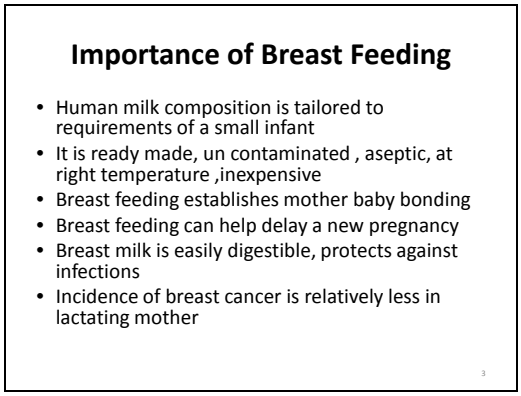
- Mother, husband & other family members should be counseled on importance of breast feeding
- Explain to mother that breast milk contains exactly the nutrients a baby needs
- Babies should start breastfeeding with in 1 hour of birth
- Getting breastfeeding right before a mother leaves hospital will help her succeed in maintaining exclusive breastfeeding for the first 6 months. Health professionals have a very important role in helping mothers establish good breastfeeding practices from the time of birth.

➢ *Ask participants to enumerate the beneficial effects of breast feeding*
-Get some response from participants

☐ Show **PowerPoint slide # 2 –"Objectives"**



☐ Show **PowerPoint slide # 3 –"Importance of Breast Feeding"**

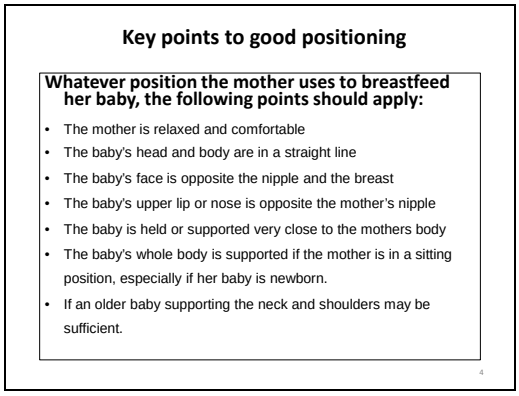


2. How breastfeeding works

☐ Make these points:

- Understanding 'how' breastfeeding works helps to explain:
  - Why correct attachment and positioning are important to effective breastfeeding.
  - The causes of many common breastfeeding difficulties.
  - How to keep the breasts healthy and how to manage common breast problems.

☐ Show **PowerPoint slide # 4 –"Key points to good positioning"**



☐ Make these points

We will begin with **positioning.**

- A mother must be comfortable when she holds her baby this will help maintain attachment to the breast for the duration of the breastfeed.
- Attachment to the breast has to be correct for successful breastfeeding to take place. However, there is **NO** one 'correct' position for breastfeeding.
- There are many different positions which a mother can use in different situations.
- We must not be rigid about positioning. If a baby is gaining weight, growing well and is healthy, the mother and baby should continue to feed in a way which is comfortable for the both of them and which maintains good attachment.
- When observing a breastfeed in any position the following 5 key points are usually seen.
  - Baby's head and body in straight line.
  - Baby's face opposite the nipple and breast.
  - Baby's nose opposite the mother's nipple.
  - Baby held close to the mother.
  - Baby's whole body supported – not only the head and shoulders.

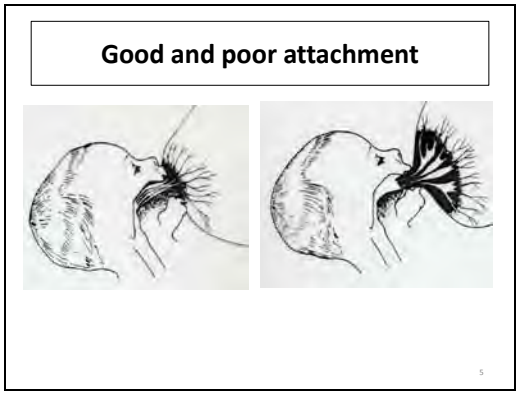
☐ Make these points

- A mother can breastfeed her baby in many different positions. For example, she can lay down on her back or on her side, she can sit in a chair, she can sit cross legged, she can lean over, she can stand up!
- She should feed in a position that is comfortable for her and according to her needs, for example, she may lie down at night or sit on the floor or in a chair during the day.
- Babies should start breast feeding within 1 hour of birth
- Exclusive breast feeding for six months
- Introduce weaning diet at six months along with breast feeding until two years

Ask: *Why may a mother use different breastfeeding positions?*

- The mother may:
  - -Be recovering from a **Caesarean Section**, have a painful perineum; be ill,
  - -Tired; travelling, relaxing, sleeping, working,
  - -Suffering from engorged breasts, mastitis, flat or inverted nipples.
- Her baby may be:
  - -Small, preterm,
  - -Large, heavy,
  - -ill,
  - -Have a physical problem or an oral problem, for example, a cleft lip and/or palate.

☐ Show **PowerPoint slide # 5 – "Good and poor attachment"**



☐ Make these points

- First show the left side showing good attachment
- This picture shows the milk ducts[1] is are all inside the baby's mouth.
- Now show the right side showing poor attachment
- This picture shows the milk ducts are not inside the baby's mouth.

Ask: *Which of these babies will get milk?*
- The baby in the first diagram.

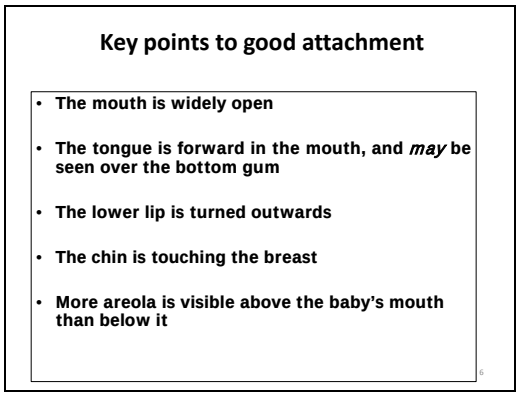
Ask: *Now look closer to these two pictures. What are the differences between the ways the babies in these diagrams are feeding?*
- If participants have any difficulty in seeing the differences, tell them the following KEY POINTS:
  - How widely the mouth is open
  - The position of the tongue
  - The position of the lower lip
  - Where the chin is touching the breast
  - How much of, and where the areola/nipple area is visible outside of the mouth.

Participants to open clinical practice task # ____ and look at 'Breastfeeding Observation Form 1'.

- In the clinical practice you had to fill-in a breastfeeding observation form.
- The questions on this form made you look very closely at how the baby was positioned and attached to the breast, and at the feeding behaviour of the baby.

☐ Show **PowerPoint slide # 6 "Key points to good attachment"**

[1] The milk ducts are also called 'lactiferous sinuses', 'milk sinuses'. Recent findings indicate the ducts dilate making more milk available at the time when the hormone oxytocin is stimulated either by the baby suckling at the breast or by breast massages or hand expression.



☐ Make this point

- This PowerPoint slide lists the signs which can be seen in any baby who is well attached to its mother's breast

Ask: *What signs did you see when a baby is poorly attached?*
- The mouth is not widely opened
- The tongue is far back inside the mouth and definitely would not be seen.
- The lower lip is not turned outwards.
- The chin is not close to the breast
- As much areola is visible above the baby's mouth as below it.
- The lips may be pointing forwards (pursed)
- You will often see a mother hold her breast during a feed; usually she uses her thumb and first finger.

☐ Show **PowerPoint slide # 7 – "Counsel on breast feeding/K3"**

Participants to find **K3,** look at the section **'Teach correct positioning and attachment for breastfeeding'**

☐ Make this point

- This section summarizes what has been covered so far. Read the information under the first three bulleted points.

CLASS ACTIVITY

Practicing different positions for breastfeeding a baby

- ☐ Class to sit in a circle or arrange their chairs so they can see other participants clearly.

- ➢ **ASK PARTICIPANTS** who have brought a doll with them to position it as if they are breastfeeding. Ask them to use a different position to their neighbour.
- ➢ Go around the class and discuss each position demonstrated.

OR

- ➢ If there are only two dolls in the classroom give them to participants at either end of the room. Tell them to position their doll as if they are breastfeeding.
- ➢ Discuss each position as it is demonstrated
- ➢ Ask participants to pass the doll to the person sitting next to them. Ask each participant to use a different position.
- ➢ As the positions are demonstrated tell participants when each may be useful.
- ☐ **Demonstrate** any positions participants are not familiar with.

☐ Make these points

- The mother or the health worker should look for the signs of good attachment, and to watch the way the baby suckles. Effective suckling can be seen and heard as slow, deep sucks, with pauses in-between, the swallowing can be heard. You will see this clearly on the following video clip.
- No two babies feed for the same length of time. Some babies take only a few minutes before they are full and come off the breast, whilst others may take much longer. After a short rest the majority of babies start breastfeeding again on the other breast.
- A mother should feed for as long as her baby wants. **NEVER** interrupt a baby feeding before it has finished, unless there is a very good reason.
- If a mother feels pain when her baby is attached she should remove the baby immediately and start again.
- If the mother shapes her breast with her fingers when she is attaching her baby she should remove her hand once the baby is well attached.

DEMONSTRATE using a doll, how to detach a baby from the breast.

- ➢ Give the following information as you demonstrate detachment.

- The mother or carer should slip their little finger into the corner of the baby's mouth to break the suction between the breast and mouth.
- Then gently take the baby away from the breast.

Ask: *Why should a mother take her baby off the breast if breastfeeding is uncomfortable?*

- Because the mother will get sore nipples if the discomfort continues

- ➢ Ask if anyone has any other comments from observing mothers during the clinical practice.

3. The 'Breastfeed observation form 2'

- ➢ Give class 1 copy each of 'Breastfeed Observation Form '
- ➢ Participants to look at the 'Breastfeed Observation Form '.

☐ Make these points

- This form summarizes the key points for assessing a breastfeed.
- It will be used to practise observing breastfeeds with mothers and babies during the Clinical Practice Session.
- It will be used **NOW** to observe signs seen in the following slides.
- Only two sections, 'Body position' and 'Suckling' will be used in this session. The other sections of the form can be used to listen to the baby and observe the movements in breastfeeding, which cannot be seen on a PowerPoint slide/Overhead.
- On the form the signs are grouped into six sections.

➢ Tell participants the names of the sections.

- The signs on the left all show that breastfeeding is going well. The signs on the right indicate a possible difficulty.
- Beside each sign is a box☐.
- As the breastfeed is observed mark a tick in the box for each sign observed. If **NO** sign is observed leave the box empty.
- If all the ticks are on the left hand side of the form, breastfeeding is probably going well.
- If there are some ticks on the right hand side, then breastfeeding may not be going well. This mother may have a difficulty, and may need help.

4. The key points to good attachment and positioning

☐ Show **PowerPoint slide # 8– "Good Attachment and positioning"**

Ask: *What signs are clearly visible in this slide?*

- The baby's head and body are in line
- The baby's face is opposite the breast
- The baby's head is slightly extended
- The baby is held close to the mother
- The head, shoulders and bottom are supported
- The mother is comfortable and relaxed
- The mother is sitting cross legged
- The baby is well supported on the mother's leg

Ask: *What will you say to this mother?*

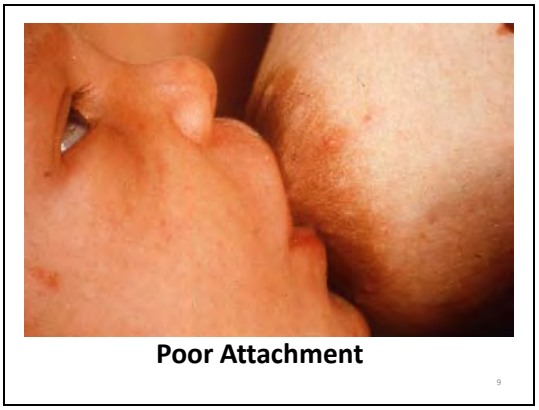
- Congratulate her because her baby is well attached and well positioned.

- Show **PowerPoint slide # 9 – "Good Attachment"**

***Ask**: What signs are clearly visible in this slide?*

- The mouth is widely opened
- The lower lip is turned outwards
- The chin is touching the breast
- More areola is visible above the baby's mouth, than below it

- Show **PowerPoint slide # 10 "Poor attachment"**



***Ask:** What signs are clearly visible in this slide?*

- The baby's mouth is not widely opened
- The lower lip is not turned outwards.
- The chin is not touching the breast
- As much areola is visible above the baby's mouth as below it.
- The lips are pointing forwards (pursed)

***Ask:** What advice would you give to this mother?*

- Touch her baby's lips with her nipple.
- Wait until her baby's mouth is opened wide.
- Move her baby quickly onto her breast, aiming the baby's lower lip well below the nipple.

Ask participants to find **K3** and tell you the three points on attachment the mother should be given.

☐ Show **PowerPoint slide # 11 – "Poor attachment and positioning"**

Ask: *What signs are clearly visible in this slide?*
- The baby's head and body are not in line
- The baby is not well supported
- The mother's hand may pull the breast out of the baby's mouth
- The mother is not well supported

Ask: *How could you help this mother?*
- Remove the baby and begin again
- Turn the baby towards the mother's body so that the head and body are in line.
- Support the baby with both arms.
- Take the fingers away from the breast

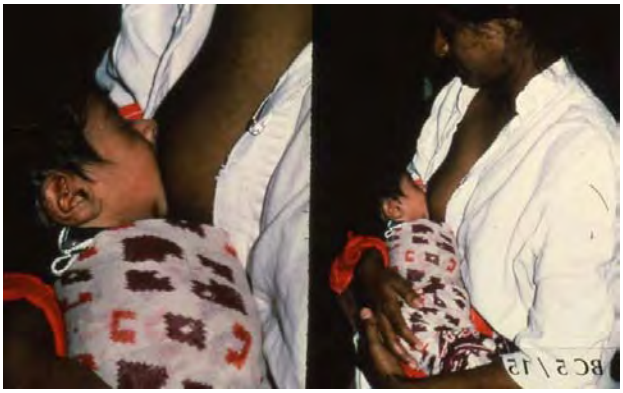
☐ Show **PowerPoint slide # 12 – "Poor attachment and positioning"**

Ask*: what signs are clearly visible in this slide?*
-The mouth is not widely open.
- The lower lip is not turned outwards.
- The chin is not touching the breast.
- As much areola is visible above the baby's mouth as below it.
- The lips are pointing forward (pursed).
- The baby is far from the mother's body

- The baby is not held close
- The baby's head and body are not in line.

***Ask**: What advice would you give to this mother?*
- Remove the baby from the breast and begin again.
- Hold the baby close to the mother so that the baby's head and body are in a straight line.
- Hole the baby so the face is opposite the breast.
- Make sure the baby's lip or nose is opposite the mother's nipple.
- Support the baby with both arms.

☐ Show **PowerPoint slide # 13- "Good attachment and positioning"**



***Ask**: What signs are clearly visible in this slide?*
The baby's head and body are turned to face the mother's breast.
- The baby is well supported.
- The baby's chin is touching the breast.
- The mother looks relaxed and comfortable.
- The baby appears to be well attached and positioned
- The baby's head and body are in a straight line.

***Ask**: What information will you give to this mother, and why?*
- Congratulate this mother. Her baby is well attached and positioned.

But
- The baby is so well wrapped; the baby cannot touch the breast or nipple with its hand and therefore cannot stimulate the release of the hormones prolactin and oxytocin.
- Suggest she unwraps her baby so that its hands can move freely.

➢ **Ask if there are any questions**

Breast Feeding and the Newborn Baby: Overcoming Difficulties

MODULE 5 – Session 5

Module 5:
Session 5 - Breastfeeding And The Newborn Baby: Overcoming Difficulties

Objectives

At the end of this session, participants will be able to use PCPNC Guide:

- Describe how to help a mother to prevent common breast difficulties

Session length:
50 minute

Session outline

1.	Introduce the session	05 minute
2.	The importance of correct attachment and positioning	05 minute
3.	How to examine a mother's breasts	05 minute
4.	Managing breastfeeding problems	25 minute
5.	Case studies	10 minute

Checklist: Session 2

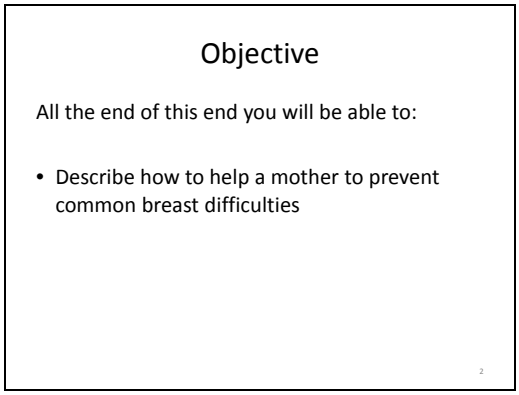
- 1 dressed doll
- 1 Model Breast
- PowerPoint slides

1. Introduce the session

☐ **Make these points**:

- Breast feeding helps to reduce the risk of a baby becoming ill in the first weeks and months of life.
- It is therefore important for a mother to know how to care for her breasts and prevent problems which may stop her breastfeeding and prevent her baby from having her milk.
- To keep her breasts healthy a mother needs to know the following:
- How to correctly attach and position her baby at the breast,
- How to express her milk
- How to prevent or treat common problems
- Why only breast milk should be given to her baby for the first 6 months of its life
- When to come for help

☐ Show **PowerPoint slide # 2 – "Objective"**

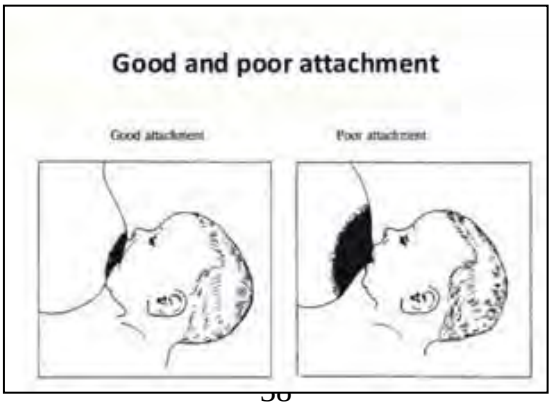


2. The importance of correct attachment and positioning

☐ **Make these points**

- Proper attachment and appropriate positioning at the breast means a baby can get milk without difficulty and the mother's milk supply can be adequately maintained.
- Attachment at the breast, if correct should not be painful. Some mothers in the first few days after birth however, may describe the sensation of breastfeeding as 'uncomfortable', but this usually passes.

☐ Show **PowerPoint slide # 3 – "Good and poor attachment"**



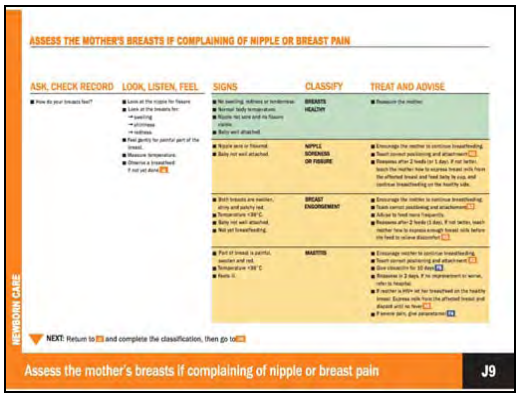
☐ Make these points

- This is a similar picture to the one you saw in the first session on breastfeeding. Only this PowerPoint slide/Overhead shows what you may actually see when you watch a baby breastfeed.
- It is clear from these two pictures that if a baby only takes the nipple into its mouth it cannot reach the tubes (ducts) where the milk is stored. The mother must wait until her baby has its mouth widely opened before she attaches her baby quickly onto the breast.
- When a baby is not well attached to the breast the baby and the mother may develop a number of problems.

☐ Show **PowerPoint slide # 4 – "Video on Good and Poor attachment"**

Ask: *What sort of problems may this baby develop as a result of poor attachment?*
-The baby may:
- Cry a lot because it is still hungry.
- Be irritable
- Be slow to gain weight,
- It may lose weight if it cannot get enough milk for its needs.

☐ Show **PowerPoint Slide # 5 – "Asses the mother's breast if complaining of nipple or breast pain/J9"**



Participants to find **J9**

Ask: *What sort of conditions may the mother have as a result of poor attachment?*
-The mother may:
- Develop sore and fissured nipples (**J9**).
- Develop engorgement (**J9**).

-If these conditions are not resolved through regularly removing milk from the breast the mother may develop:
- Blocked ducts or mastitis (**J9**).
- A breast abscess.
- She may produce less milk.

3. How to examine a mother's breasts

☐ Make these points

- It is not necessary to examine a mother's breasts as a part of routine care.
- However if a mother complains of nipple or breast pain an examination of her breasts should be carried out.
- A postnatal breast examination can be carried out before, during or after a feed depending upon the nature of the problem.

Participants to look at **J9**

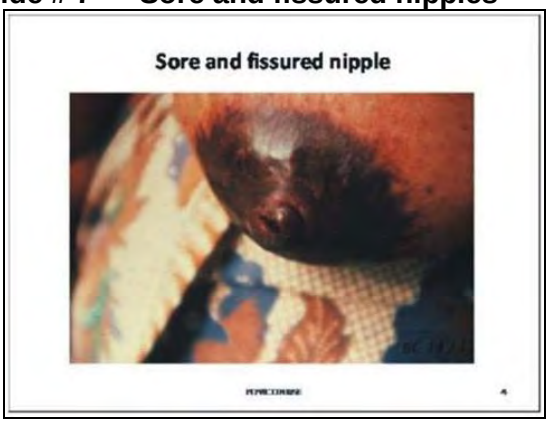
Ask: *Using page **J9** describe how you will examine a mothers breasts?*
1. Ask the mother 'How do your breasts feel?
2. Look at the breasts, look for:
   - Sore or fissured nipples.
   - Swelling, shininess, redness of the breast.
   - Any scars, rashes or dry skin.
3. Feel gently for the painful part of the breast.
4. Measure the mother's temperature.
5. Observe a breastfeed if not yet done – following J4

☐ Show **PowerPoint Slide # 6 – "Asses breast feeding"/J4"**

Participants to look briefly at the section on 'Observe a breastfeed' **J4**

4. Managing breastfeeding problems

☐ Show **PowerPoint slide # 7 – "Sore and fissured nipples"**



☐ Make this Point

- A mother may get sore and fissured nipples if her baby is not attached to the breast correctly.

Ask: *This mother has come to you complaining of painful nipples when she breastfeeds. How will you help her?*

-Discuss participants responses

➢ Write responses on flip chart paper (if assess/observe a breastfeed is suggested ask participants to turn to and read **J4**

Participants to find **J9** and ask how they will assess this mother's breasts using the chart on **J9**

Wait for some responses and then tell:

- Start at 'Ask, check, record',
- go to Look, listen, feel
- look at the signs (Nipple sore or fissured)
- classify (nipple soreness or fissure)
- treat and advise

➢ Ask a participant to read the points under the Treat and advise column.

☐ Make this point

- There are cross reference on this page. .e. g. K3 will give further information on correct positing and attachment

☐ Show **PowerPoint slide # 8 – "Management of sore nipples"**

Treatment of Sore Nipples

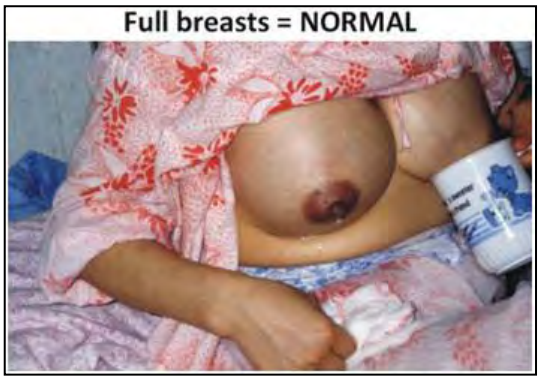
- Encourage the mother to continue breastfeeding.
- Teach correct positioning and attachment
- Reassess after 2 feeds (or 1 day). If not better,
- teach the mother how to express breast milk from
- the affected breast and feed baby by cup, and
- continue breastfeeding on the healthy side.

8

☐ Make these Points

- This PowerPoint slide shows the Treatment of sore nipples.
- Poor attachment and positioning is usually the cause of sore nipples but there are other causes, for example candida.

☐ Show **PowerPoint slide # 9 – "Full breasts = NORMAL"**

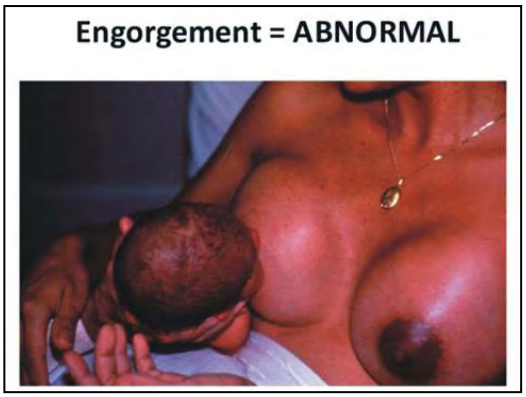


- A mother may have **full** breasts in the first two or three days after delivery, when her milk supply is increasing.
- This is **NORMAL** and her milk will continue to flow without difficulty and a baby can breastfeed without difficulty.
- Both breasts are affected.

Ask: *What other information and advice could you give this mother?*

- She should feed whenever her baby wants to be fed (on demand).
- She should not restrict the length of time the baby spends at the breast.
- If she becomes uncomfortably full she should offer to feed her baby more often.
- The mother needs to be reassured that this 'condition' is **NORMAL** and lasts for around 36 to 72 hours.

☐ Show PowerPoint slide # 10 – "Engorged breasts = ABNORMAL"



Ask: *What do you think is wrong with this mother's breasts?*

Look at **J9** and assess this mother's breasts using the information on the chart.

- She has **'engorgement'**
- This mother has engorged breasts which can make feeding more difficult – as you can see in the PowerPoint slide/Overhead.
- The mother's breasts may become very full and feel hard.
- Engorged breasts may feel hot and look red. Milk will not flow easily and may stop flowing.
- The milk is not being removed often enough.
- Usually engorgement affects both breasts at the same time, though it can affect only one.
- Engorgement can happen at any time if milk is not regularly removed from the breasts. It is more common in the first few weeks after birth, until the mother's breasts know how much milk to make for the baby's needs.

Ask: *What advice will you give to this mother?*

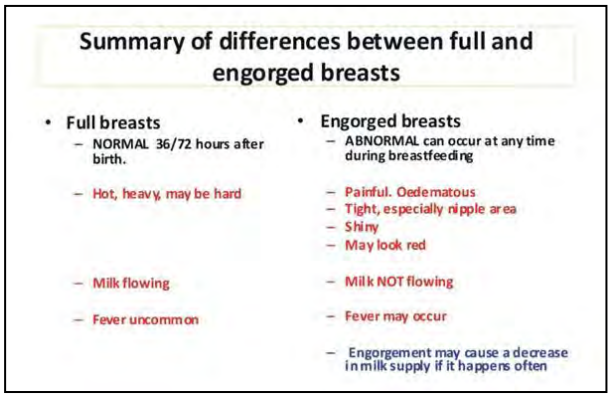
➢ Accept 4 or 5 responses

Participants to turn to **J9 and** Look at the Treat and advise column

☐ Make these points

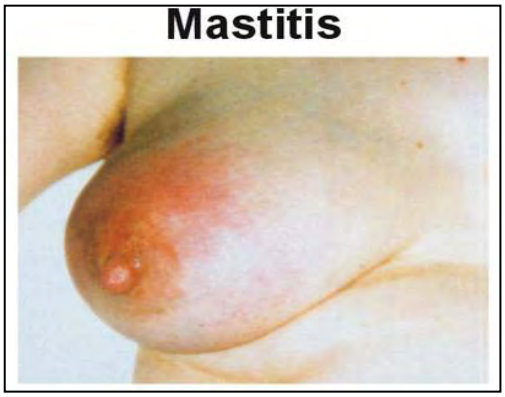
- If the mother has very full or engorged breasts, and her baby has difficulty attaching, advise her to express a little milk to soften the nipple area. This makes it easier for the baby to attach correctly. The expression of milk is discussed in another session.
- It is important that this mother continues to feed on demand and does not restrict the time the baby breastfeeds.
- Breastfeeding more frequently may help the mother, making sure the baby is correctly attached and positioned
- Look for a cause:
- Has the mother has been going for long periods between feeds?
- Is she restricting the length of the feeds?
- Is her baby well attached?

☐ **Show PowerPoint slide # 11 – "Summary of differences between full and engorged breasts"**



☐ This PowerPoint slide summarizes the differences between full breasts and engorged breasts.

☐ Show **PowerPoint slide # 12 – "Mastitis"**



Participants to find **J9** and using the chart on **J9** decides what is wrong with this mother's breast and how you will treat her?

Mastitis

- Encourage mother to continue breastfeeding.
- Teach correct positioning and attachment
- Give cloxacillin for 10 days
- Reassess in 2 days. If no improvement or worse, refer to hospital.
- If mother is HIV+ let her breastfeed on the healthy breast. Express milk from the affected breast and discard until no fever
- If severe pain, give paracetamol

☐ **Make these points**

- Mastitis like engorgement can happen at any time.

- Mastitis is different to engorgement because it affects only one part of the breast. It appears as a well-defined, red, sore and swollen area on ONE of the mother's breasts - as can be seen in the PowerPoint slide/Overhead. It is not common for it to be in both breasts at the same time.
- The mother may feel as if she has 'flu'. She will have a high fever and feel ill.
- Mastitis happens if there is a blocked tube (duct) and the milk does not flow from that part of the breast. It can be caused by fissured nipples, not feeding often enough, tight clothes or holding the breast during a feed – as we discussed in the last session on breastfeeding.
- It can also be caused by the baby being poorly attached and not removing the milk properly from all parts (lobes) of the breast.
- If no treatment is given and the milk is not removed by feeding or expression the mother may develop an abscess.

Ask: *What other advice will you give to this mother?*
- After 3 -4 responses continue

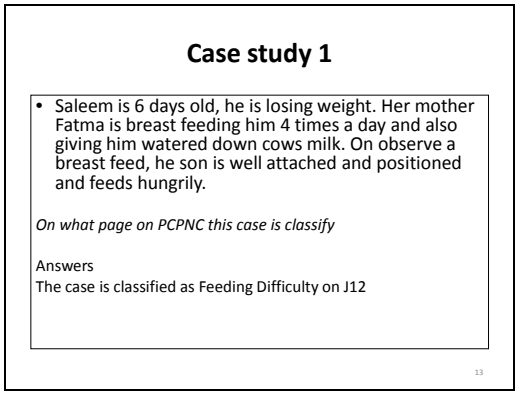
- The mother **MUST** get the milk flowing again.
- She should breastfeed frequently, at least every 3 hours. Using a different feeding position may help to clear the blockage.
- If the mother cannot breastfeed from the sore breast she should express her milk every 3 hours until there is an improvement or her baby can continue to breastfeed from that breast.
- If the mother lives far from the health facility she should begin antibiotics immediately. Otherwise she should follow the advice in the previous two points. Then if there is no improvement within 24 hours the mother should begin a course of antibiotics (refer to **J9+F5** for information about the drug treatment)**.**
- If mastitis is not treated quickly an abscess can form which will require surgical drainage.

Ask: *What advice will you give to a mother who is HIV positive and who has mastitis in her right breast?*


Participants to look at the information given on **J9**
- Let her baby continue to breastfeed on the healthy breast
- Express milk from the affected breast and throw this milk away until the mother has no fever

Case Study 1

☐ Show **PowerPoint slide # 13 - Case study 1**



Get some response and then displayed the correct answer by clicking the key on the same slide
- The case is classified as Feeding Difficulty on J12

Explain why this case is classified as "Feeding Difficulty" on the basis of SIGNS

➢ **Ask if there are any questions**