

Integrated management of Pregnancy and Childbirth

Pregnancy, Childbirth, Postpartum & Newborn Care Course

**Based on
Pakistan's Pregnancy, Childbirth, Postpartum and Newborn Care
A guide for essential Practice**

PARTICIPANTS WORKBOOK

MODULE 1 - 5

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Contents

1. Class Work Exercises.....	03
2. Answers to Class Work Exercises.....	30
3. Home Work Exercises.....	41
4. Answers to Home Class Work Exercises.....	54
5. Slide Handouts	

CLASS WORK EXERCISES

Module 1

Class Work Exercises

Module 1: Session 2- Communication Skills

Role Play

- Answer the following questions from the role play.
- Write in the space provided in front of question.

Q1: Did the Health Worker greet the women	
Q2: Did the Health Worker ensure privacy and confidentiality	
Q3: Did the Health Worker provide information about danger signs during pregnancy	
Q4: Did the Health Worker make sure that the Pregnant Woman understand the treatment	
Q5: Did the Health Worker ask about any taboo about food and drugs intake during pregnancy	

Module 2 Class Work Exercises

Module 2:

Session 1 - Quick Check and Rapid Initial Assessment & Management

Case Study 1:

“Shabnum has had a previous C-section. She is eight months pregnant and has severe abdominal pain and looks very unwell”

Q: How will you classify and treat?

According to the case study 1, please fill the below form by using B2 of the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT

Demonstration of taking BP, pulse, temperature, and respiratory rate

Please observe the following procedures being performed by the facilitator and tick the box in front of each step you observed.

Measuring the Pulse and Breathing	
Place the patient in comfortable position	
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 wrist & 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.	
Measuring the 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.	
Measuring the Blood Pressure	
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.	
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 patient	

Case Study 2:

“Nasreen is brought to the health facility in a wheel chair. She has a history of normal vaginal delivery at home one hours ago. On examination, she having constant trickling of blood from vagina and placenta is completely delivered”

Q1. How do you classify her?

Q2. How do you treat her?

Q3. On what page of PCPNC Guide you will find RAM for this women?

According the case study 2, please write in the space provided below.

A1. _____

A2. _____

A3. _____

Module 2:**Session 2 - Emergency Treatment for Woman with Vaginal Bleeding****□ Demonstration on Passing IV Cannula**

Please observe the demonstration of passing IV cannula/Line carefully and tick the steps while observing the procedure.

1. Wash hands thoroughly with soap and water and dry with a clean, dry cloth or air dry.	
2. Select a suitable site for IV CANNULA (e.g., back of hand or forearm).	
3. Place a tourniquet around the woman's upper arm.	
4. Put new examination or high – level disinfected surgical gloves on both hands.	
5. Clean skin at site selected for infusion with alcohol swab	
6. Insert 16 – or 18 –gauge needle or cannula into the vein.	
7. Slowly withdraw plunger until blood appear in it	
8. Now advance& secure needle with tape, apply stopper	
9. Dispose off plunger/cap properly	
10. Wash your hands properly	

□ Demonstration on I/M Injection

Please observe the demonstration of passing IM Injection carefully and tick the steps while observing the procedure.

Ask patient permission	
Place in comfortable position	
Clean area where injection is to be given with alcohol swab	
Recheck name/expiry date of injection vial/ampule to be given	
I/M injection in buttock/gluteus maximus muscle given in upper outer quadrant	
I/M injection on arm given in upper outer quadrant of deltoid	
Injection given slowly	
Dispose off the syringe properly	
Thank & cover the patient	

Case Study 1:

“Gulpari 37 years old has delivered her 8th baby. She is brought in the labour room in emergency. She delivered at home. Deliver was unattended by skilled birth attended. She is bleeding excessively since delivery one hour ago. Routine examination reveals that she is very pale, pulse rapid and weak. Feels cold to touch. Clothing soaked in blood and blood pressure records 90/50mm Hg. Placenta not delivered completely”.

Q: How will you treat her?

According the case study 1, please fill the below forms by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT

Emergency Signs	Measure	Treatment

Group work**Case 1**

Mrs. Rukhsana G3 P1+1 has presented at 31 months of gestation with complaint of painless bleeding P.V .O/E she is looking pale B.P is 90/60 pulse is 110/min?

Q: What is your assessment how will your manage?

A: _____

Case 2

Mrs. Tayyaba Khalid is in her first pregnancy at 34 weeks & has presented with swelling of hands and feet and is unconscious . B.P is 180 / 110.

Q: What is your assessment and how will you manage her?

A: _____

Case 3

Mrs. Asma has presented at 32 weeks of pregnancy, she c/o fever with chills and body aches since 3 days. Her temperature is 101 ° F and is lethargic.

Q: What is your assessment and how will you manage her?

A: _____

Module 3 Class Work Exercises

Module-3:

Session 1 - Pregnancy Status, Birth and Emergency Plan

Group Activity

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 stiffness.

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.

Case Study 1:

“Rania has had a previous c section. She is 8 months pregnant and appears well”.

Q: How will you manage Rania?

According the case study 1, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVICE

Group Activity 1:**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.

According to the case study above, please fill the below form below for making birth plan by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVICE

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.

Q: In what color zone will her further management be?

Ans: _____

Devise a birth plan for her .

According the case study above, please fill the below form below for making the birth plan by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVICE

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.

According the case study above, please fill the below form below for revising the birth plan by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVICE

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.

According the case study above, please fill the below form below for making birth plan by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVICE

Module3: Session 2 - Screen Every Pregnant Woman

Case Study 1:

“Rabia is a primigravida with 6 months pregnancy. She has come for a routine checkup .Her BP is 110/80mm Hg”

Q1: How will you classify her?

Q2: In which zone will her treatment be for follow up?

According the case study 1, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGN	CLASSIFY	TREAT AND ADVICE

On 2nd visit her BP is 150/90mmHg, repeat BP after 1 hour is the same.

Q3: What will you do next? Q4:

How will you classify her Q5:

Where will you refer her?

According the case study 1, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGN	CLASSIFY	TREAT AND ADVICE

If Rabias BP is 170/110mmHg, urine albumin +3

Q6: How will you classify her, treat and advise?

According the case study 1, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGN	CLASSIFY	TREAT AND ADVICE

Module 3:
Session 3 - Respond To Observed Signs Or Volunteered Problems**Case Study 1:**

“Nasreen is 6 months pregnant. She reports to antenatal clinic complaining of fever or feeling hot and burning urination. On examination fever 39 C and tenderness on perusing flanks.

Q1: How will you treat her? ”

According the case study 1, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGN	CLASSIFY	TREAT AND ADVICE

Case Study 2:

“Rubina presents with vaginal discharge. On examination she has abnormal vaginal discharge. She reports that her husband also has burning urination.

Q1: How will you classify and treat her using PCPNC? ”.

According the case study 1, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGN	CLASSIFY	TREAT AND ADVICE

Case Study 3:

“Ayesha is 6 months pregnant and is complaining of fever and chest pain. On examination, her temperature is 101 °F degree and she is breathless.

Q1: What will you classify the condition?

Q2: What will you treat and advise her?

Q3: Which color her classification fall?

According the case study 1, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGN	CLASSIFY	TREAT AND ADVICE

Module 4 Class Work Exercises

Module 4:

Session 1 - Examine the Woman in Labor or with Ruptured Membranes

Case Study 1:

“Sadia has just arrived at 9 months of pregnancy .she has 4 strong contractions, per 10 minutes, each contraction lasts for 40 seconds .On pelvic examination the perineum is bulging & thin, Vagina gapping and the baby’s head is visible”.

Q1: What is the stage of labour?

Q2: How will you classify and manage her

According the case study 1, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	MANAGE

Case Study 2:

“Noren is in labour. This is her third pregnancy. On examination the cervical dilatation is 5 cm”.

Q1: How will you classify the stage of labour and manage her further.

According to the case study 2, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	MANAGE

Case Study 3:

“Haleema is 9 months advanced in her first pregnancy. She has reported with intermittent contractions that are 2 in every 10 minutes and last for 20 to 30 seconds. On examination the cervix is soft and 3 cm dilated.”

Q1: How will you classify and manage her?

According the case study 3, please fill the below form by using the PCPNC guide.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	MANAGE

Module 4:

Session 3 - Supportive Care Through Out Labour

Q1: What will you DO NOT DO in labour?

Q2: How frequently should the woman urinate during labour?

Q3: How will you relieve her discomfort?

Q4: What will you do if pain is constant and very severe?

Q5: What should the birth companion DO?

Q6: What should she NOT DO?

Module 4:
Session 4 - First Stage of Labor

Q1: How will you assess the progress of Labour

Q2: When will you refer the woman to hospital?

Q3: When will you refer the woman to hospital?

Q4: When will you discharge woman to home?

Q5: When will Active labour start and what step should you take?

Module 4:**Session 5 - Second Stage Of Labor: Deliver The Baby And Give Immediate Newborn Care****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.

Q1: What will you do next?

Module 4:

Session 7 - Respond To The Problems During Labour And Delivery

Case study 1

Robina is fully dilated her baby's heart is 100 beats per minute. What will you do if?:

Q1: If the baby is lying transversely

Q2: On vaginal examination there is cord prolapse that is pulsating

Q3: Cord is not pulsating

Module 4: Session 8

Care Of Mother and New Born After Delivery Of The Placenta

Case Study 1

Sadia has delivered about an hour ago, she has fever of 39 C and complains of chills.

Q1: What will you ask her?

Q2: What signs will you look for?

Q3: What treatment will you give?

Module 5 Class Work Exercises

Module 5:

Session 2: Elevated Blood Pressure In Postnatal Mother: Post Partum Examination Of Mother

Case study 1

“Mrs. Jamila is one week postnatal. She has history of Eclampsia during delivery. Her diastolic blood pressure is 110 mm Hg”

Q1: Which box in E3 is appropriate to her condition?

Q2: Which category of hypertension does she fall?

Q.3.What are the most appropriate treatment and advice for her?

Case Study 2:

“Mrs. Kaneez is 10 days post natal. On routine follow up examination, she looks pale”.

Q1: Name steps you will follow?

Q2: What other information will you collect and how?

Q3: What will you do in Look Listen, Feel?

Case Study 3:

“Mrs. Karima complains of heavy vaginal bleeding on 9th postnatal day”

Q1: What steps you will follow for the management of this case using the PCPNC guide

Module: 5

Session 3 - Advise And Council On Family Planning

Case studies:

1. Rehana is 38 years old. She is 8 months pregnant and has 5 children and does not want to have any more children after this one. How will you counsel her about options of contraceptives?

According the case study 1, please write below in the space provided using the PCPNC guide.

2. Samina has come for her postnatal visit. Her baby is 6 weeks old and she is breast feeding her baby. Discuss options of contraception with her. On which page of PCPNC this information is available?

According the case study 2, please write below in the space provided using the PCPNC guide.

3. Rahat is 6 weeks postpartum. She is breast feeding her baby. She does not want to use any modern method of contraception but wants to space her pregnancies. What advise will you give her? On which page of PCPNC this information is available?

According the case study 3, please write below in the space provided using the PCPNC guide.

Answers to Class Work Exercises

Module 1

Answers to Class Work Exercises

Module 1: Session 2 - Communication Skills

1. Yes
2. Yes
3. Yes
4. Yes
5. No

Module 2 Answers to Class Work Exercises

Module 2:

Session 1 - Quick Check and Rapid Initial Assessment & Management

Case study 1:

- **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 **Case study 2:**
- **CLASSIFY:** “Emergency for woman”
- **TREAT:** “Do immediate RAM”
- RAM on Page B5

Module 2:

Session 2 - Emergency Treatment for Woman with Vaginal Bleeding

Case Study 1:

- **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

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) -

Dangerous fever

- B6 in PCPNC guide

Module 3 Answers of Class Work Exercises

Module 3:

Session 1 - Pregnancy Status, Birth and Emergency Plan

Case Study 1:

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVICE
"She has had a previous caesarean section" and is on a yellow chart.		She is at risk of a complication.	She should be referred to a facility with arrangements for c-section and blood transfusion	Develop a birth and emergency plan and explain why delivery needs to be at a higher level C14

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

Module3:

Session 2 - Screen Every Pregnant Woman

Case study 1:

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 1 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

Module 3:

Session 3 - Respond To Observed Signs Or Volunteered Problems

Case study 1:

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”

Case study 2:

The case is classified as “**POSSIBLE GHONORRHOEA OR CHLAMYDIA INFECTION**” and is managed as on C9

- Give appropriate Oral Antibiotic to a woman
- Treat husband with appropriate oral antibiotic
- Counsel on Safer sex including use of condoms

Case study 3:

- Possible pneumonia
- Red zone -Give appropriate antibiotic and refer to hospital

Module 4 Answers of Class Work Exercises

Module 4:

Session 1 - Examine the Woman in Labor or with Ruptured Membranes

Case Study 1:

Q1: What is the stage of labour?

A-She is in the second stage of labor.

Q2: How will you classify and manage her

A: The case is classified as IMMEDIATE DELIVERY and is managed as 2nd stage of labour.

Case Study 2:

Q1: how will you classify the stage of labour and manage her further.

A -The case is classified as LATE ACTIVE LABOUR and is managed as first stage of labour.

Case Study 3:

Q1: How will you classify and manage her?

A- 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

Module 4:

Session 3 - Supportive Care Through Out Labour

A1: DO NOT give enema

A2: Every 2 hours

A3: Go to D 6 and see the last subheading Pain and discomfort relief

A4: Go to D4 Bullet 4 under signs

A5: D7 first three bullets under Birth companion

A6: Last bullet on D 7

Module 4:

Session 4 - First Stage of Labor

A1: Refer to D8 Under ASSESS PROGRESS OF LABOUR

A2: 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.

A3: 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.

A4: 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.

A5: If cervical dilatation is 4 cm or greater, begin plotting the partograph and manage the woman as in active labor.(last Bullet on D8)

Module 4:

Session 5 - Second Stage Of Labor: Deliver The Baby And Give Immediate Newborn Care

Case Study 1:

A1: Perform vaginal examination to confirm full dilatation.

Module 4:

Session 7 - Respond To The Problems During Labour And Delivery

Case study 1

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

Module 4: Session 8

Care Of Mother and New Born After Delivery Of The Placenta

Case Study 1

A1:

- time since rupture of membranes
- -abdominal pain
- chills

A2:

- chills
- foul-smelling vaginal discharge
- low abdominal tenderness
- rupture of membranes >12 hrs

A3:

- insert an I/V line and give fluids rapidly D9
- give appropriate I/V I/M antibiotics B15
- give oxytocin if bleeding more than average B10
- refer urgently to hospital B17

Module 5 Answers of Class Work Exercise

Module 5:

Session 2: Elevated Blood Pressure In Postnatal Mother: Post Partum Examination Of Mother

Case study 1

- **Mrs. Jamila is one week postnatal. She has history of Eclampsia during delivery. Her diastolic blood pressure is 110 mm Hg**

- 1.. – Red Box
2. - Severe Hypertension
3. -Give appropriate antihypertensive – **B14**
-Refer urgently to hospital **B17**

Case study 2

Mrs. Kaneez is 10 days post natal. On routine follow up examination, she looks pale

1: Name steps you will follow?

-Ask Check Record, Look Listen Feel, Signs then Classify, Treat and advise accordingly.

2: 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?

3: 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

Case study 3

“Mrs. Karima complains of heavy vaginal bleeding on 9th postnatal day”

1: What steps you will follow for the management of this case using the PCPNC guide

- 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**)

Module: 5
Session 3 - Advise And Council On Family Planning

Case study 1:

-Female sterilization or IUCD

Case study 2:

-C16

Case study 3:

-LAM D27

Home Work Exercises

Module 1 Home Work Exercises

Module 1: Session 3 - Standard Precautions

Answers the following questions

Q 1. In which section and page of the PCPNC guidelines can information on Standard Precautions and Cleanliness be found?

Q2. List the precautions which should be taken:

Module 2 Home Work Exercises

Module 2:

Session 2 - Emergency Treatment for Pregnant Women

Please answer the following questions in the space provided.

Q 1. What does the color red mean?

Q 2. What are emergency and priority signs that need emergency care/ Urgent referral?

Q 3. How will you manage shock and on which page of PCPNC this management/treatment is found?

Q 4. If intravenous access not possible how will you give fluids and on which page of PCPNC you will find this information?

Q 5. How will you position women in shock?

Q 6. If the woman is not breathing, what will you do?

Q 7. What is heavy bleeding and on which page of PCPNC you will find this information?

Q 8. Will you do p/v examination of patient with bleeding in late pregnancy and on which page of PCPNC you will find this information?

Q 9. With what suture will you stitch vaginal mucosal or cervical tear and on which page of PCPNC you will find this information?

Q 10. At what BP will you give antihypertensive drug I/V and on which page of PCPNC you will find this information?

Q 11. Once you give mgso₄, how will you monitor patient and on which page of PCPNC you will find this information?

Q 12. If Magnesium Sulphate is not available what other drug you will give in convulsing patient and on which page of PCPNC you will find this information?

Q 13. If malaria is suspected what drug is given and on which page of PCPNC you will find this information??

Case Study:

“Mrs Shameem is 20 years old & presented with vaginal bleeding, she has not had her periods for 3 months. the bleeding that was slight yesterday, has increased today. She has passed blood clot today and has abdominal pain. She feels tired and unwell.”

Q1. What will you include in your initial assessment of Mrs. shameem?

Q2. What would you particularly look for in examination that would help you in making diagnosis?

Q3. What test would you look for in the record of patient?

Q4. What would you advise if patient blood group is Rh negative

Module 2:**Session 3 - Bleeding in Early Pregnancy & Post Abortion Care**

Please answer the following questions in the space provided.

Q1: What are the likely causes of bleeding in early pregnancy?

Q2: Why its important to quickly assess and treat the women with bleeding?

Q3: What is abortion?

Q4: What are different types of abortion?

Q5: Is there any role of ventolin & hormones in preventing miscarriage?

Q6: What is general management of bleeding in early pregnancy?

Q7: What is ectopic pregnancy?

Module 3 Home Work Exercises

Module 3:

Session 1- Pregnancy Status, Birth and Emergency Plan

Case Study 1:

“Fauzia is 9 months pregnant. She is having her 3rd baby. Her other two babies were born at home. She wants to deliver this baby at home as well, because she does not have anybody to look after her other children. One examination no indication for referring to higher facility or primary healthcare level found”.

Use the PCPNC guide to devise a birth plan for her. Write in the form below

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVICE

Q.1: What is antenatal care?

Q.2: On which page of PCPNC indication are given to decide about place of delivery

Q.3: How many times should a pregnant woman visit the health care provider?

Q.4: What will you ask or check at ALL VISITS

Q.5: What will you ask and check for on First Visit

Q.6: What explanation will you give to the woman and her family for referring her to the REFERRAL LEVEL FACILITY for delivery?

Q.7: What advise will you give the woman and her family on how to prepare for delivery at the referral level?

Q.8: What are the signs of Labour and one which page of PCPNC?

Q.9: What you will LOOK, LISTEN, FEEL while assessing a pregnant woman in third trimester?

Q.10: When and how should you make an emergency plan for a woman to go to a facility?

Module 3: Session 2- Screen Every Pregnant Woman

Q.1: Why is it important to check for anaemia in pregnant women?

Q.2: How will you know if the pregnant woman is anemic?

Q.3: What is severe anaemia and how will you manage it?

Module 3: Session 3 - Respond To Observed Signs Or Volunteered Problems

Q.1: When should you listen to the fetal heart?

Q.2: At what gestation are fetal movements felt by the mother?

Q.3: What will you do if the mother complains of no fetal movements at 7 months of pregnancy?

Q.4: If membranes are ruptured and woman is not in labour what will you ask the woman?

Q.5: 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 manage her

Module 3:
Session 4 - Give Preventive Measures

1. *What are the specific preventive measures to be taken in every pregnant woman?*

2. *What advice will you give on nutrition and self care in pregnancy?*

3. Case study

Rabia is in the third trimester of her 5th pregnancy what contraceptive advise will you give her?

4. *What advice will you give to a women having any danger sign?*

Module 4 Home Work Exercises

Module 4:

Session 1 - Examine the Woman in Labor or with Ruptured Membranes

Q1. *What is the definition of labour?*

Q2. *When would you suspect labour?*

Q4. *What is the number intensity and frequency of contractions in normal labour?*

Q5. *What will you check for on abdominal examination in a pregnant woman?*

Q6. *How will you diagnose labour?*

Q7. *What are the different stages of labour?*

Module 4:**Session 2 - Respond To Obstetrical Problems On Admission**

Q1.. *What are obstetrical complications?*

Module 4:**Session 3 - Supportive Care Through Out Labour**

Q.1. *Ask how can you support a woman in labour?*

Q.2 *Mark as TRUE Or FALSE*

During labor a woman should

1. *Not move, remain in bed* _____
2. *Be encouraged to empty her bladder frequently, remind after every 2 hours.* _____
3. *Be encouraged to eat and drink as she wishes. Nutritious liquid drinks are important, even in late labour.*

4. *Reassured if the pain becomes constant* _____

Module 4:**Session 4 - First Stage Of Labor**

Q1..*What will you monitor every hour in first stage of labour?*

Q2. *What will you monitor every 4 hrs?*

Q3. *When will you refer the woman to hospital?*

Q4. *When will you discharge her home?*

Q5.. *What is a partograph?*

Module 4:
Session 5 - Second Stage Of Labor: Deliver The Baby And Give Immediate Newborn Care

Q1.. *How will you diagnose second stage of labor?*

Q2. *What preparations should always be made prior to a delivery, which help to protect the mother & newborn baby?*

Q.3. *As soon as the baby was born in what order did we carry out our immediate care of the mother and baby?*

Q.4. : *What will you do after delivery of the placenta?*

Module 4: Session 6**CARE OF THE BABY AT THE TIME OF BIRTH
(Until around 1 hour after birth)**

Q1. *What are the immediate needs of a newborn?*

Q2. *Which drugs can be used for eye care in newborn baby?*

Module 4: Session 7**RESPOND TO THE PROBLEMS DURING LABOUR AND DELIVERY**

Q1. *What is the acceptable fetal heart rate?*

Q2.. *What is the normal presentation in majority of laboring women ?*

Q3. *How would you define stuck shoulders?*

Q.4.. *What are the risk factors for shoulder dystocia?*

Q.5. *How can you avoid risk factors for shoulder dystocia ?*

Q6. How will you diagnose shoulder dystocia?

Q7.. How will you manage stuck shoulders?

Q.8. What are fetal complications?

Q.9. What are maternal complications?

Answers to Home Work Exercises

Module 1

Answers to Home Work Exercises

Module 1:

Session 3 - Standard Precautions

1. A4
2. Wash hands.
 - Wear gloves.
 - Protect yourself from blood and other body fluids during deliveries.
 - Practice safe sharps disposal.
 - Practice safe waste disposal.
 - Deal with contaminated laundry.
 - Sterilize and clean contaminated equipment.
 - Clean and disinfect gloves.
 - Sterilize gloves

Module 2 Answers to Home Work Exercises

Module 2:

Session 2 - Emergency Treatment for Pregnant Women

1. Emergency care needed
2. Air way & breathing
Circulation
Vaginal bleeding(in early/late pregnancy/after delivery)
Convulsion/unconscious
Severe abdominal pain
Fever/very pale/severe headache In
labour with pain/ruptured membranes
3. Position the woman on her left side with legs higher than chest.
Insert an IV line
Give fluids rapidly, Use anti-shock garments if available and woman is delivered
If not able to insert peripheral IV, use alternative Keep her warm (cover her).
Refer her urgently to hospital

This is given on B3
- 4- On B9
- 5-Position the woman on her left side with foot end raised.
- 6-Ventilate with bag & mask until women starts breathing spontaneously
- 7-Pad or cloth soaked in less than 5 minutes Page of PCPNC B4-
- 8-**DO NOT DO** Pelive examination in Late pregnancy. This is given on B4
- 9-Catgut1/5 PCPNC----
- 10-If diastolic BP >110. This is given on B6 of PCPNC guide
- 11-Keep vitals record, urine output, respiratory rate record & knee jerk
- 12-Diazepam. This is given on B14
13. -Artem/quinine. This is given on B6 of PCPNC guide.

Module 2:**Session 3 - Bleeding In Early Pregnancy & Post Abortion Care**

1-Abortions, ectopic pregnancy, molar pregnancy

2-Death of women can result from bleeding, infection

3- Abortion is define as expulsion or extraction of fetus from mother before 22 weeks of gestation 4-

A. Threatened abortion

B. Inevitable abortion

C. . Incomplete abortion

D. Missed abortion E. Complete abortion

5-No these drugs do not prevent miscarriage.

6 -Evaluate woman condition,including vital signs,PV examination

-If shock suspected immediately begin treatment

-If women are in shock consider ectopic pregnancy---refer

-Pass IV cannula & infuse fluids

7- -Its pregnancy implanted in fallopian tubes instead of uterine cavity and suspected when in addition to bleeding in early pregnancy there are

• Two or more of the following signs:

• →abdominal pain

• →fainting

• →pale

→very weak

Case Study:

Mrs Shameem is 20 years old & presented with vaginal bleeding, she has not had her periods for 3 months. the bleeding that was slight yesterday, has increased today. She has passed blood clot today and has abdominal pain. She feels tired and unwell

8. Record BP, pulse, temperature, assess amount of bleeding

9 .Abdominal examination to check for tenderness & to determine size,consistency of uterus

-Pelvic examination for size of uterus, amount of bleeding, whether the cervix is closed or there is any tissue protruding from cervix

10 .blood &rhesus group, tetanus immunization, hepatitis B & C status,Hb

11.Anti-D immunoprophylaxis

Module 3 Answers of Home Exercises

Module 3:

Session 1- Pregnancy Status, Birth and Emergency Plan

Case study 1:

ASK, CHECK, RECORD: “9 months pregnancy, 3rd baby

LOOK, LISTEN FEEL: 3rd trimester of pregnancy, no caesarean scar, no obvious multiple pregnancy, Fetal heart sound normal

INDICATIONS: none

PLACE OF DELIVERY: Home

ADVICE: Explain why delivery needs to be with a skilled birth attendant, preferably at a facility. Develop a birth and emergency Plan and give information and counselling.

A.1: Antenatal care is a combination of services provided during pregnancy. It aims at prevention, early detection and management of pregnancy related problems. It comprises of health promotion, assessment, management and or referral.

A.2: C2

A.3: At least four times

A.4: duration of pregnancy, plan of delivery, any vaginal bleeding since last visit, movement of baby after 4 months, record of previous complications and treatment received, any concern, and take any medicines.

A.5:

- How many months pregnant are you?
- When was your last period?
- When do you expect to deliver?
- How old are you?
- Have you had a baby before? If yes:
- Check record for prior pregnancies or if there is no record ask about:
 - Number of prior pregnancies/deliveries ○
Prior caesarean section, forceps, or vacuum ○
 - Prior third degree tear
 - Heavy bleeding during or after delivery ○
Convulsions ○ Stillbirth or death in first day. ○
 - Do you smoke, drink alcohol or use any drugs? ○ Enquire about Hep B, Hep C and HIV status

A.6: less complications can arise, which are not predictable, The health facility has staff, equipment, supplies available to provide best care and if needed, if she is diabetic (high blood sugar) , Hepatitis B or C positive she will need appropriate treatment.

A.7: They will need to arrange for the facility referral and arrange for transport, cost of services, who will accompany her to the facility, arrangements for looking after family in her absence.

A.8: On C 15

A bloody sticky discharge
Painful contractions every 20 minutes or less
Waters have broken.

A.9:

Feel for obvious multiple pregnancy.
Feel for transverse lie.
Listen to fetal heart.

A.10: During ANC Visit

- Discuss emergency issues with the woman and her partner/family:
 - where will she go? ○ how will they get there? ○
 - how much it will cost for services and transport? ○
 - can she start saving straight away? ○ who will go with her for support during labour and delivery?
 - who will care for her home and other children?
- Advise the woman to ask for help from the community, if needed .
- Advise her to bring her home-based maternal record to the health centre, even for an emergency visit.

Module 3:

Session 2 - Screen All Pregnant Women

A.1: Anaemia is common in pregnant women in Pakistan and more so in rural and the urban poor. It increases the possibility of infections. If the woman bleeds for any reason during pregnancy ,delivery or postnatally she will be less likely to survive if she is anemic.

A.2: 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 haemoglobin should be measured and on subsequent visits look for conjunctival and palmar pallor and asses the severity of pallor.

A.3: If haemoglobin 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.
- If she can't go to hospital for the time being .Give Iron and Folic Acid:
- Refer urgently to hospital:

Module 3:

Session 3 - Respond to Observed Signs or Volunteered Problems

A.1: During routine antenatal checkup after 6 months gestation, during labor, when mother complains of decreased or absent fetal movements

A.2: At 4 months of gestation

A.3: Listen for fetal heart beat

A.4: When did the membranes rupture? And when was the baby due?.

A.5:

- Insert IV line and give fluids slowly
- Give appropriate antibiotics
- Give Glucose
- If RDT positive give antimalarial
- Urgent referral to hospital

Module 3:

Session 4 - Give Preventive Measures:

A.1. Advice and counsel every pregnant woman at every antenatal care visit,

1. Check tetanus toxoid immunization status and give the dose if due,
2. Check iron and folate, calcium intake and advise to ensure compliance of instructions
3. check when last dose of Mebendazole was given and ensure giving Mebendazole once in second or third trimester,
4. Check when last dose of antimalarial was given ensure giving intermittent preventive treatment in second and third trimester and check if she was using insect treated bed net and encourage sleeping under insecticide treated bednets(for endemic areas)

A.2. On each visit advise each woman to

1. Eat a greater amount and variety of healthy foods, such as meat, ojhery, liver, fish oils, nuts, seeds, cereals, beans, vegetables, cheese, milk, eggs to help her feel well and strong.
2. Spend more time on nutrition counseling with thin, adolescent, and HIV , Hepatitis b, C positive woman, women with TB.
3. Determine and address if there are important taboos about foods which are nutritionally important for good health. Counsel husband and relatives to ensure that she has good diet and avoids hard physical work.
4. Rest and lifting heavy weights, counsel on safe sex and use of condoms, and avoiding drugs and medication unless prescribed by doctor.

A.3. Case study

Rabia is in the third trimester of her 5th pregnancy what contraceptive advise will you give her?

Rabia will be offered different methods of contraception for her and her husband to choose from

- If she chooses tubal ligation, it can be performed immediately postpartum if no signs of infection are present (ideally within 7 days) or delay for 6 weeks. She can plan delivery in a hospital where the staff is trained to carry out procedure, subject to the condition that informed consent have been obtained before delivery.

- If she chooses Intrauterine device (IUD), it can be inserted immediately postpartum if no sign of infection is present or delay 4 weeks.
- Condoms, can be used but are not as effective in preventing pregnancy as other methods but they have an added benefit of protecting against infections • Progestogen –only oral contraceptives,
- Progestogen only injections, implants, spermicides,
- Method option for non breast feeding woman and after 3 weeks combined oral contraceptives, combined injections and diaphragms can be used. Woman doing breastfeeding can use options immediately postpartum are Lactational amenorrhoea, condoms, spermicides, tubal ligation, IUDs. The method of choice after 6 weeks are progestogen only oral contraceptives, progestogen only injections, diaphragms while after 6 months combined oral contraceptives, combined injections can be used.

A.4. 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 continue for more than 12 hours
3. Heavy bleeding after delivery (pad / cloth soaks in less than 5 minutes).
4. Placenta not expelled
5. Severe headache ,blurring of vision and or vomiting before or during labour
6. High grade fever
7. Bleeding during pregnancy
8. Severe abdominal pain
9. Unable to Breathe properly.

Module 4 Answers of Home Exercises

Module 4:

Session 1 - Examine the Woman in Labor or with Ruptured Membranes

1. labor is the process by which uterine contractions lead to progressive dilatation of the cervix and descent of the presenting part resulting in eventual delivery of the baby, placenta and membranes.

2- Labour is suspected when after 24 weeks gestation there is:

- intermittent ,regular contractions
- Blood stained and /or mucus discharge(Show)
- May be gush of fluid (ruptured membranes)
- Cervical dilatation

3-It can result in anxiety for the mother, prematurity for the baby, infections if the membranes are ruptured.

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

5-Check abdomen for any caesarean section scars, any horizontal ridge across lower abdomen (if present empty bladder and observe again). Feel abdomen for frequency of contractions and duration, any continuous contractions, fetal lie transverse or longitudinal), fetal presentation, more than one fetuses and fetal movements.

6- Intermittent, regular contractions

Blood stained mucus discharge p/v/leaking membranes Cervical dilatation

7. There are three stages of labor : 1st stage from start of labor till 10 cm dilatation. 2nd. Stage of labor. from full dilatation till delivery of the baby and third stage of labor the delivery of the placenta.

Module 4:

Session 2 - Respond To Obstetrical Problems On Admission

1. Obstetrical complications

- Breech
- Multiple pregnancy
- Fetal distress
- Prolapsed cord

Module 4: Session 3

Supportive Care Through Out Labour

A.1

- Communication
- Cleanliness
- Mobility
- Urination
- Eating and drinking
- Teach the woman and her support person about breathing techniques to use during labor and delivery. • Pain and discomfort relief.

A.2. 1. F ,

2. T,
3. T,
4. F

Module 4:

Session 4 - First Stage Of Labor

1-Monitor every hour:

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

2- Monitor every 4 hours for:

1. Cervical dilatation
2. Temperature, Pulse & Respiration (TPR)
3. Blood pressure.

3- 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**

4. 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.

5.-Partograph is pictorial/ graphical description of events in labour

Module 4: Session 5

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

1. When the cervix is fully dilated, that is 10 centimetres
2. The mother and baby should be monitored every 5 minutes during the second stage of labor by checking the fetal heart ,mothers uterine contractions ,descent of the fetal head
- 3.

Second Stage of Labour: Immediate newborn care

- Call out time of birth
 - Deliver baby onto mothers abdomen or into her arms
 - Dry baby with a warm, clean towel or piece of cloth.
 - Wipe eyes.
 - –Assess the baby *Make sure there is not a second baby*Change gloves ' s breathing while drying.
 -
 - Clamp and cut the umbilical cord
 - Put the baby between mother 's breasts for skin - to - skin care
 - Place an identity label on baby
 - Cover mother and baby with warm cloth.
 - Put a hat on the baby ' s head.
 - Encourage breastfeeding
4. -Check the uterus is well contracted
 - Check there is no bleeding
 - Check blood pressure and pulse
 - Examine perineum, lower vagina and vulva for tears
 - Collect and estimate blood
 - Clean the mother; keep a clean pad beneath her buttocks
 - Keep the mother and baby in the labour room and check both every 5 minutes

Module 4:

Session 6 - Care Of The Baby At The Time Of Birth (Until around 1 hour after birth)

- 1-
 - To be protected
 - To breathe normally
 - To be warm
 - To be fed
- 2
 - . 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

Module 4:

Session 7 - Respond To The Problems During Labour And Delivery

- 1 -Between 120 and 160 beats per minute
 - 2- Cephalic or head first
 - 3- The difficulty encountered in the delivery of the shoulders
 - 4.- Fetal macrosomia wt >4500g
 - Diabetes with poor control
 - Postdate pregnancy
 - Obesity
 - Multiparity
 - Short stature
 - Advanced maternal age
 - Previous H/O Shoulder Dystocia
 - Abnormal 1st stage
 - Prolonged 2nd stage
 - Arrest or Failure of descent
 - Vacuum Del/Forceps Extraction
 - 5.-Anticipate antenatally: fetal weight estimation (SFH)
 - 6.- 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
 7. 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.
 - 8- Fetal complications
 - Asphyxia (Long term potential for C.P)
 - Nerve Damage
 9. Maternal complications
 - PPH
 - 3rd degree perineal tears
 - Psychological trauma
-