



# Counselor Fact Sheet

## Child Health

### Recommended Feeding Practices for Infants and Young Children

Age	Feeding Recommendation
0-6 months	<ul style="list-style-type: none"> <li>• Begin breastfeeding within the first hour after birth.</li> <li>• Breastfeed exclusively at least 8 times within 24 hours.</li> <li>• Do not give water, traditional medicines, glucose, gripe water, other milks, porridge or any other liquids or foods unless medically indicated.</li> <li>• If the child is not gaining weight and is being breastfed properly, go to the clinic immediately.</li> </ul>
6-9 months	<ul style="list-style-type: none"> <li>• Breast milk continues to be very important for your baby. Breastfeed your baby whenever he or she wants, day and night.</li> <li>• Start to give soft food porridge, mashed banana or mashed potato, family foods 2 to 3 times a day.</li> <li>• Start with 2-3 tablespoonfuls of food per feed.</li> <li>• Add breast milk or other animal milk to prepared food.</li> <li>• Food should be thick enough so that it does not run off the spoon.</li> <li>• Be patient and actively encourage your baby to eat.</li> <li>• Do not use feeding bottles to feed your baby. Feeding bottles are very difficult to clean and can make your baby sick with diarrhea.</li> </ul>
9-12 months	<ul style="list-style-type: none"> <li>• Continue to breastfeed.</li> <li>• From 9 months onwards, feed your child 4 times a day (3 meals and 1 snack).</li> <li>• Give your young child <math>\frac{3}{4}</math> of a 250 ml (187.5 ml) cup/bowl at each feed.</li> <li>• By 9 months the baby should be able to begin eating finger foods such as pieces of ripe mango and pawpaw, banana and vegetables.</li> <li>• Include a food from each food group in at least one meal per day or as often as possible.</li> <li>• Add small amounts of oil or margarine to your baby's food. Animal milks (goat, cow, etc) are healthy for your baby.</li> <li>• Give your baby his or her own plate to make sure she or he eats all the food given.</li> </ul>
12-24 months (1-2 years) (continue on next page)	<ul style="list-style-type: none"> <li>• Continue to breastfeed until your child is 2 years old .</li> <li>• From 12 months (1 year) onwards, feed your child 5 times a day (3 meals and 2 snacks).</li> <li>• Give your child one 250 ml cup/bowl at each feed.</li> <li>• Cut the food into small pieces so the child can easily chew and swallow.</li> </ul>





# Counselor Fact Sheet

<p>12-24 months (1-2 years) (continued)</p>	<ul style="list-style-type: none"> <li>• By 12 months (1 year) other solid foods and family meals can be given as many times as possible each day.</li> <li>• Try to include a food from each food group in at least one meal per day or as often as possible</li> <li>• Add small amounts of oil or margarine to your baby's food. Animal milks (goat, cow, etc) are also useful sources of nutrients</li> <li>• Children eat more slowly than adults, so put the child's portion of meal in his or her own bowl.</li> </ul>
<p>24 months or more (2 years and above)</p>	<ul style="list-style-type: none"> <li>• Milk remains important in the child's diet.</li> <li>• Feed the child from family meals at least three times a day.</li> <li>• Two times a day between family meals give fruit (such as banana, orange, mango, pawpaw and guava), samp, sweet potato, bread, rice with sugar or oil, eggs or beans.</li> <li>• Portion size should be increased with age of the child.</li> </ul>

## Benefits of Breastfeeding

- Helps mother-child bonding and development.
- Helps delay a new pregnancy.
- Protects mothers' health.
- Breast milk costs less than artificial feeding and provides perfect nutrients to the baby.
- Breast milk is easily digested by the baby.
- Breast milk protects baby against infection.
- Breastfeeding helps the uterus to return to its previous size and reduces the risk of ovarian and breast cancer in the mother.

## Zambia Recommended Schedule for Childhood Immunization

Vaccine	Minimum Age at First Dose	Number of Doses	Minimum Interval between Doses
BCG	Birth	1	none
Polio (OPV-0)	Birth-13 days	1	none
Polio (OPV-1,2,3)	6 weeks	3	4 weeks
DPT-HepB-Hib (DPT-HepB-Hib-1,2,3)	6 weeks	3	4 weeks
Rotavirus vaccine	6 weeks	2	4 weeks
Measles = OPV-4 if OPV-0 was missed	9 months	1	none
Vitamin A (if not breastfeeding)	0-5 months	1	none





# Counselor Fact Sheet

## Child Health - Newborn Information

### How to care for a newborn:

- Keep the baby warm.
- Dry the baby with a clean dry cloth immediately after birth and ensure it is warm.
- Do not bathe the baby for 24 hours after birth.
- Keep the baby in skin to skin contact with the mother so that the body heat will warm it.
- Everyone who cares for the baby must wash their hands often, especially before handling the baby, and after cleaning the soiled baby.
- The umbilical cord should only be cut with a new, unused razor and tied with a clean tie.
- Clean the umbilical cord with a clean cloth and clean, boiled, cooled water.
- Do not put anything on the umbilical cord.
- If the umbilical cord shows signs of infection (red, hot to touch, or oozing pus), take the baby immediately to the clinic.

### Danger signs in a baby after delivery:

- Breathing difficulties, or not breathing
- Fever, chills, fits, rash
- Yellowness of the skin or eyes
- Poor sucking or feeding problems
- Vomiting
- Not active
- Diarrhea or constipation
- Red, swollen eyes
- Redness, pus or blood from the umbilical stump





# Counselor Fact Sheet

## Family Planning

### Benefits of Family Planning (FP)

- FP gives a mother's body time to recover between births, allowing her to be stronger, and healthier.
- Babies can breastfeed longer, which helps them to be stronger and healthier.
- FP removes the fear of having an unplanned pregnancy.
- FP means you can better plan how many children you and your partner can provide for.
- Smaller families mean more and better quality food, clothes and education for everyone.
- With a small family, children will be more likely to go to school longer, improving their chances of getting a well paying jobs.
- Husbands and wives can have more time for each other.
- Girls under 18 years old are at greater risk of having complicated pregnancies and/or deliveries because their bodies are not yet fully developed. Family planning can reduce these risks.
- Women who are over 35 years old are at greater risk of having babies with severe problems. Family planning can reduce this risk.
- Condoms and abstinence not only prevent unwanted pregnancy, but also prevent HIV and other sexually transmitted infections.
- All methods of birth control can have possible side effects and it is important to try different kinds until you find the method best suited for you and your partner's needs.
- Hormone-based birth control often comes with side effects. Some of the common side effects reported by women on birth control include:
  - Headache
  - Dizziness
  - Breast tenderness
  - Nausea
  - Breakthrough bleeding or spotting
  - Decreased libido
  - Mood swings
- 990 Talkline callers who report experiences of any of the side effects listed above while on birth control should be advised to talk to a health care provider about it





# Counselor Fact Sheet

## Gender Based Violence

### Your human rights as a man or woman include:

- The right to sex free from coercion or violence.
- The right to life.
- The right to dignity.
- The right to move and associate freely.
- The right to decide where, when and under what conditions to have sex.
- The right to decide on the number and spacing of children.

### Healing from the Pain

When counseling a caller dealing with abuse, help them go through the following steps:

- Telling their story.
- Believing it happened.
- Believing the abuse was NOT their fault.
- Dealing with and processing their anger.
- Understanding how the abuse affected their lives.
- Grieving their losses.
- Correcting dysfunctional behaviors stemming from the abuse.

Responses during any of the above conversation can include:

- “I am glad that you told me”
- “I am sorry that this happened to you”
- “It is not your fault”
- “I believe you”
- “We will get you help”

### Important Note

Gender-Based Violence is against the law, and anyone who witnesses violence has an obligation to report the matter to the relevant authorities such as the police, Victim Support Unit, Young Women’s Christian Association, Civic and traditional leadership such village headmen, Councillors, Ward chairpersons, and church leaders.





# Counselor Fact Sheet

## Handling a Difficult Call

Situation	Suggested Response for Counselor
The caller asks the counsellor for personal information.	Do not give out any personal information about yourself.
Caller has just tested HIV-positive, he/she may want to know whether or not the counsellor is also HIV-positive.	I understand why you might be curious about my HIV status, but that knowledge really won't help your own situation. Let's talk about how you are feeling right now...
A caller is uncomfortable with the counsellor because of gender, age, ethnicity or other unchangeable characteristics.	Acknowledge the caller's discomfort and say that even though they are of a different gender/ethnic group, you are still able to listen to what the caller has to say and try and help him/her in an objective way. If the caller is still uncomfortable, offer to transfer him/her to another counsellor (if there is another one available).
A counsellor is not able to establish trust with the caller, and it is unclear why.	Acknowledge the caller's discomfort and try to discover the reason behind it. If possible, use the caller's response to improve the rapport/trust. If this is not possible, offer to transfer the caller to someone else or invite the caller to call back at another time.
A counsellor and caller know each other.	It is not appropriate for you to counsel someone that you know from your personal life. Sometimes you may recognize a caller but the caller may not recognize you; or a caller may think they recognize you and ask for your full name in order to verify this fact. In either case, do not reveal your full name. Explain to the caller that it would be best for him/her to speak with another counsellor who would be better equipped to handle his/her situation and proceed to transfer the call. If no other counsellor is available, take the call but be sure to respect the caller's confidentiality.
A caller talks continuously or inappropriately.	If the caller talks non-stop without giving you a chance to speak, or the caller does not seem to be making sense, try to redirect the conversation. For example, interrupting the caller in a polite way, such as stopping him/her to summarize what he/she said and make sure you understand the situation (e.g.. "Let me just stop you for a minute to make sure that I have understood what you have told me....").





# Counselor Fact Sheet

<p>A caller becomes offensive or aggressive.</p>	<p>Callers may use offensive language or speak to you in a threatening way, especially if they feel frustrated with the conversation or are upset by information that you have given them. Some callers may also place “hoax” calls just to be malicious. If this happens, one strategy is to acknowledge the feelings behind the caller’s language and state that such behaviour will prevent you from helping him/her. (e.g. “It seems like you are very angry about your problem. Many people have this reaction. However, I will not be able to help you until you calm down”). If this does not work, or if the caller is extremely verbally abusive, terminate the call in a polite way. (e.g. “I can tell that you are angry, but I am afraid that I will have to end this call if you are not able to calm down. Goodbye”).</p>
<p>A client calls back repeatedly for one particular counselor.</p>	<p>Callers may repeatedly call a particular counselor if they like him/her and feel comfortable with him/her. While this is a sign that the counselor is doing a good job, it can also encourage the caller to become overly dependent on the Talkline. It is important to remember that the Talkline cannot provide psychological counselling for serious problems, and that the main function is to provide information and counselling. If you receive repeat calls from a client, clearly state the Talkline’s limitations and refer the caller to services that can best meet their needs.</p>
<p>A caller expects a service that the Talkline cannot provide.</p>	<p>Callers may misunderstand the role of the Health Talkline and may call to demand services that cannot be provided. For example, a caller may call to report that his/her neighbour has AIDS, and demand that the Talkline inform the proper authorities. Or a caller may expect to be able to have a face-to-face meeting with you. Whatever the case, always clearly state the services that the Talkline is able to provide, then refer the caller to other services that can best meet his/her needs.</p>





# Counselor Fact Sheet

## HIV and AIDS Basic Facts

In Zambia, the HIV prevalence rate in adults is 14.3%. The country was ranked seventh amongst countries the most affected by HIV/AIDS in the world by UNAIDS in 2008.

### Modes of HIV Transmission

- Majority of new HIV infections in Zambia are caused by unprotected sex
- Mother to child transmission accounts for most infections among children
- Blood transfusions are also a source of HIV infection

### Epidemic Drivers

- Multiple and concurrent sexual partners
- Low and inconsistent condom use
- Low levels of male circumcision
- Mobility and labor migration
- Commercial sex workers
- Men who have sex with men
- Mother to child transmission

### HIV Prevention Methods

#### *How to prevent the sexual transmission of HIV:*

- Abstain from sex.
- Use condoms consistently and correctly every time you have sex.
- Stick to one sexual partner.
- Know your HIV status and the HIV status of all your sexual partners.
- Go for an HIV test and get your results.
- Seek immediate medical treatment if you have a sexually transmitted infection (STI).

#### *How to prevent HIV transmission to your baby if pregnant:*

- Know your HIV status and the status of your partner.
- Take multivitamins to keep the placenta healthy.
- Choose a healthy lifestyle to maintain the strength of your immune system.
- Recognize and treat any sexually transmitted infections (STIs).
- If HIV positive, taking prescribed medication/ARVs.





# Counselor Fact Sheet

## ***How to keep your baby HIV negative if you are HIV positive:***

- Prevention During labor and childbirth:
- Attend antenatal care (first trimester) as soon as you know you are pregnant.
- Choose a hospital/clinic that will be able to properly help you during delivery .
- Clean your vagina before delivery and avoid unnecessary vagina examinations.
- Medication?

## ***Prevention after birth and during breastfeeding :***

- Make sure the baby is given antiretroviral drugs after birth.
- Breastfeed exclusively (no other food or drink) for six months, then start to introduce new foods and drinks to your baby and continue breastfeeding for another six months until the baby is 1 year old. Stop breastfeeding when the baby is 1 year old.

## ***Tips for healthcare workers and others taking care of an HIV-positive person:***

- Wear gloves whenever coming into contact with blood or body fluids.
- Wear a mask, goggles and protective gowns when providing care.
- Wash hands with soap immediately after coming into contact with blood or body fluids.
- Do not recap used needles. Dispose needles in special containers that cannot be punctured.
- Take special precautions when cleaning up blood spills and disposing of special cleaning materials. Decontaminate items with 0.5% chlorine solution





# Counselor Fact Sheet

## HIV Testing

### Why get tested for HIV?

- Peace of mind.
- Access to treatment.
- It's quick, easy, and free.
- Protecting your partner or unborn baby from HIV infection.

### The Steps of an HIV Test

#### *1. Talk and plan*

Talk to your partner about going for HIV testing. This should be part of your regular health plan, just like checking your blood pressure and testing your eye sight.

#### *2. Go to the testing site*

When you or you and your partner arrive at the health centre, a professional counselor will take you to a private room for a private discussion called counseling. Your discussion will not be shared with or listened to by anybody else.

#### *3. Get pre-counseling*

The counselor will begin with a pre-testing counseling session. During this session, the counselor will explain the testing process to you and answer any questions, worries or doubts that you and your partner may have. You are free to share any information and ask any questions to the counselor, he or she is there to help you.

#### *4. Get the test*

To test you for HIV, the counselor will prick your finger with a small needle to collect a very small blood sample. The blood sample will then be placed on a piece of testing paper. The chemicals on the paper will react with your blood and determine whether you are HIV positive or negative. The results will be ready within 2 minutes of the test.

#### *5. Get your results*

The counselor will discuss with you and your partner the meaning of positive and negative test results. The counselor will then give both of you your results. If you test positive, the counselor will advise you on how to access treatment. If you test negative, the counselor will advise you on how to maintain your status. Again at this point, you are free to ask the counselor any questions you or your partner may have.





# Counselor Fact Sheet

## *Both of you are negative*

- Plan how you and your partner will maintain your HIV negative status.
- Go back for another test after 3 months to confirm your status. You may test HIV negative when you are still in the window period.
- The window period is a time ranging from 3-12 weeks after a person has been exposed to HIV. During this time the HIV test cannot yet detect if you are HIV positive.

## *Both of you are positive*

- It is still possible to lead a healthy life when you are HIV positive. You can do this by using condoms whenever you have sex with your partner to prevent possible reinfection and mixing of different HIV types.
- If you choose to have sex with anybody else besides your partner, you must also use a condom to prevent them from getting infected with HIV.

## *One of you is positive, the other negative*

- This is known as discordance. Discordant couples can still have healthy and happy lives together. Ask the counsellor for specific tips on how you and your partner can remain healthy.
- Using condoms during sex will play an important role to prevent the person who is negative from becoming HIV positive. Remember that if your partner is found positive, this does not automatically mean they have been unfaithful.

## **HIV Testing Centers**

- You can get a free HIV test done at most government clinics and private clinics.

## **What an HIV Test CANNOT Tell**

- How the person became infected with HIV.
- How long the person has been living with HIV.
- Who infected the person with HIV.
- How long it will take for an individual to fall sick with and opportunistic infection.

\* For more information refer to the 990 Counsellor's Reference Guide





# Counselor Fact Sheet

## Malaria

### Signs and Symptoms

#### *Facts about Malaria:*

- Malaria is a life-threatening disease caused by parasites that are passed on to people through the bites of infected mosquitoes.
- Pregnant women, children under 5, and the chronically ill are most vulnerable to malaria.
- Malaria is preventable and curable.
- Early treatment is critical and should be prescribed by a qualified health worker at a health facility.
- If not treated in good time, malaria can quickly progress into a severe illness and can lead to death.

#### *Common Signs and Symptoms*

- Feeling cold or shivering
- High body temperatures
- Sweating
- Headaches
- Joint and body pains

#### *Symptoms of Advanced Malaria*

- Continuous vomiting
- Feeling weak and tired
- Convulsions or fits
- Difficulty breathing
- Unconsciousness
- For babies, inability to breastfeed

#### *How can I tell if I have malaria?*

The only sure way to know if you have malaria is to get tested through a malaria blood slide test or a rapid diagnostic test (RDT).

### Treatment

#### *Important tips for malaria treatment:*

- If you have taken any medicine, inform the health worker about it.
- Once you begin malaria treatment, you will feel better after the first day of treatment. However, always complete your malaria medicine or you will not get completely cured.
- Do not share the medicine with anyone, or keep it for future use.
- Malaria medicines should be taken with lots of food and water.
- If you vomit within an hour of taking your medicine, take another dose.

#### *Malaria medicines in Zambia*

- Artemisinin-based Combination Therapies (ACTs): Recommended medicines for the treatment of simple or uncomplicated malaria.





# Counselor Fact Sheet

- Quinine: Recommended to treat severe or complicated malaria.
- Fansidar: Only recommended for prevention of malaria during pregnancy and treatment of children weighing under 5 kg.

## Prevention

The government has recommended the following methods to prevent malaria:

Insecticide treated nets (ITNs) - an ITN is a mosquito net treated with a chemical designed to repel and kill mosquitoes upon contact.

Indoor residual Spraying (IRS) - IRS is the spraying of homes with insecticides to kill mosquitoes. After feeding on your blood, the mosquito likes to rest indoors. By applying a chemical on the walls, the mosquito picks up the chemical where it is resting and eventually dies.

Preventive medicine for pregnant women - When a pregnant woman gets malaria, it can often lead to serious health complications for the mother and her unborn baby. It is important for pregnant women to take preventive malaria medicine during their pregnancy. If pregnant and you suspect having malaria, get tested immediately.

### *Other useful ways to prevent malaria:*

- Use mosquito repellent creams.
- Wear clothes that cover the majority of your body at night.
- Put screens on windows to prevent mosquitoes from entering your house.

## How to Manage your Environment:

Managing the environment to reduce mosquito breeding sites is another malaria prevention method. You should:

- Cover ditches that may collect water and become potential breeding grounds for mosquitoes.
- Minimize and/or cover stagnant water around homes.
- Get rid of unwanted/unnecessary containers around your home that can collect water.
- Ensure drainage pipes are not blocked so water does not build up.

## What You Can Do

- Sleep under an Insecticide Treated Net (ITN) every night throughout the year.
- If pregnant, go to antenatal clinics 3 times during pregnancy to receive malaria medicines.
- If indoor residual spraying (IRS) is offered in your area, have your house sprayed every year.
- If you are showing signs and symptoms of malaria, go to your health facility immediately for testing. If you have malaria, take all the malaria medicine even if you feel better.





# Counselor Fact Sheet

## Nutrition for PLHA

### Nutrition Tips

- Eat a balanced diet consisting of carbohydrates or starchy foods (e.g. potato, cassava, maize, cereals etc.), protein foods (beans, nuts, milk, eggs, cheese) and fruits and vegetables.
- Eat foods rich in iron: red meat, liver, eggs, peanuts, lentils, dark green leafy vegetables and Kapenta.
- Eat foods rich in calcium: milk, Kapenta, dark green leafy vegetables, nuts legumes and groundnuts.
- Eat foods rich in magnesium: cereal, dark green leafy vegetables, nuts, legumes and groundnuts.
- Eat foods rich in vitamin C: oranges or other citrus fruits, tomatoes and Irish potato.
- Eat smaller, more frequent meals if unable to consume normal amounts.
- Maintain high levels of sanitation, food hygiene and water safety at all times.
- People living in hookworm-endemic areas should be de-wormed twice per year.
- Practice positive living behaviours e.g. avoid alcohol, cigarettes and other tobacco.
- Limit consumption of junk foods and manage depression and stress.
- Do physical activity regularly to strengthen or build muscles and increase appetite and improve health. Physical activity may include normal household work, walking and gardening.
- Drink plenty of clean safe water (at least 8 glasses a day). Use only filtered, boiled or chlorinated water to swallow medicines and to prepare juices.
- Seek prompt treatment for all opportunistic infections and other diseases especially those that interfere with food intake, absorption, and utilisation.
- Be aware that some drugs may interact with differently with different foods. Try to avoid foods that do not combine well with drugs. You will learn this over time.
- Give 50, 000 I.U of vitamin A to children less than 6 months old born to HIV positive mothers and to those, whose mothers or care givers have opted for exclusive replacement feeding.





# Counselor Fact Sheet

## Nutrition

### A Balanced/Varied Diet

<p><i>Staples</i> nshima, rice, potatoes, cassava, sorghum, millet, other cereals</p>	<p><i>Seeds, Pulses and Legumes</i> Beans, cowpeas, pumpkins seeds, groundnuts</p>
<p><i>Vegetables</i> rape, spinach, carrots, pumpkin leaves, sweet potato leaves, bondwe, cassava leaves</p>	<p><i>Foods from Animal Sources</i> Meat, fish, chicken, inswa, caterpillar</p>
<p><i>Fruits</i> mango, banana, orange, pawpaw, pumpkin, guava, tomato, mulberry</p>	<p><i>Fats and Oils</i> Margarine, butter, cooking oil, fat from meat, palm</p> <p><i>Sugars</i> Use Vitamin A fortified sugar, honey</p>

### Feeding a Sick Child

- Feed the child small frequent meals.
- Feed slowly and patiently, encouraging but not forcing child to eat.
- Try different food combinations, tastes, textures and methods of encouragement if the child refuse foods.
- Reduce distractions during meals if child loses interest easily.
- If breastfeeding exclusively, breastfeed more frequently.
- Be patient and feed slowly.
- Give the child foods he/she likes.
- Give a variety of foods and extra fluids.
- Pay attention and make feeding a happy time.

### Nutrition during Pregnancy and Breastfeeding

Pregnant women, HIV positive or not, need extra nutrients because of the changes in their bodies and needs of the baby. Pregnant and breastfeeding women should:

- Eat a variety of foods.
- Eat small frequent meals.
- Eat more animal foods for good sources of iron.
- Eat foods rich in vitamin C e.g. guava, oranges, lemons, mabuyu.
- Eat plenty of vegetables, fruits and whole grain cereals such as roller meal etc.
- Take iron, folic acid, vitamin A and other recommended supplements.
- Eat an extra meal or snack a day.
- Try to get a little physical activity and fresh air every day.





# Counselor Fact Sheet

## Sexual Reproductive Health Rights

- Everyone has the right to have a satisfying, safe and pleasurable sex life.
- Everyone has the right and freedom to control their own sexual and reproductive lives.
- Everyone has the right to life, and this should not be put at risk by pregnancy and child birth.
- No one should be discriminated against because of their race, ethnicity, poverty, sex or sexual orientation, whether they are married or not, or because of religious or political opinions. Everyone has the right to access SRH services as and when they need them without fear of discrimination.
- Everyone has the right to privately and confidentially make their own decisions about their sexual and reproductive life, and to have these decisions respected.
- Everyone has the right to information and education on SRHR and this includes the right to know about the benefits and availability of sexual and reproductive health services.
- Everyone has the right to choose when and whether they want to marry or not.
- Each one has the right to decide on the number, timing and spacing of their children, if they choose to have children. This includes the right to choose contraception and whether or not to breastfeed.
- Everyone has the right to the best possible sexual health. This includes avoiding unwanted pregnancies, STIs, including HIV, and sexual violence.
- Everyone has the right to use new technologies that have the potential to improve their health.
- Any individual or organization has the right to advocate for SRHR issues.
- Everyone has the right to be treated with respect and consideration when accessing SRH services.





# Counselor Fact Sheet

## Safe Motherhood

### Six Steps to Safe Motherhood

1. Use a modern family planning method.
2. Access antenatal care as soon as you know you are pregnant.
3. Go for antenatal care at least 4 times during pregnancy.
4. Create a birth plan.
5. Deliver at a health facility.
6. Attend post delivery care.

### Post Natal Care should include:

- **Rest:** The woman should take rest and limit her activities until fully recovered at around six weeks. It is important for the woman not to lift heavy loads until she has fully recovered.
- **Nutrition:** The woman should continue eating variety of foods regularly, to help with recovery and producing breast milk.
- **Fluids:** Taking plenty of fluids also helps in producing milk for the baby.
- **Sexual Activity:** Sexual activities should be delayed until a woman feels fully recovered and comfortable. Even when sexual activities resume, the couple should take measures to prevent conception by using a family planning method of their choice after receiving counselling by a health care provider.
- **Cleanliness:** Cleanliness is very important for preventing infections.
- **Breast Care:** The mother should wash breasts before each feed and feed the child on both breasts. Any feeling of hardness of the breast, a lump in the breast, redness, tenderness or hotness or cracked or bleeding nipples should be reported to the health provider.

### More important safe motherhood tips:

- Eating enough and good nutritious food.
- Ensuring good personal hygiene.
- Taking care to avoid malaria infection by sleeping under an Insecticide Treated Mosquito net (ITN) and attending antenatal care early take malaria prevention medicine. Both of these actions will help protect you and your unborn baby from malaria.
- Seeking testing and treatment for Sexually transmitted infections including HIV.

### Creating a Birth Plan

Answer the following questions with the support of your partner and family to prepare for the safe delivery of your baby:

- When will the baby be born?
- Where are you planning to have your baby?
- How will you get there?





# Counselor Fact Sheet

- Who will be there to help?
- Who will accompany you to the place of delivery and support you during childbirth?
- Who will be available to help in the case of an emergency or complication?
- What supplies/money will you need to have ready?

		YOUR PREGNANCY CARE PLANNER										AFTER DELIVERY											
		PREGNANCY MONTH 1		PREGNANCY MONTH 2		PREGNANCY MONTH 3		PREGNANCY MONTH 4		PREGNANCY MONTH 5		PREGNANCY MONTH 6		PREGNANCY MONTH 7		PREGNANCY MONTH 8		PREGNANCY MONTH 9		PREGNANCY MONTH 10		AFTER DELIVERY	
EDUCATION	<p><b>1</b> Identify due date Learn what to expect while pregnant</p> <p><b>2</b> Discuss this pregnancy plan with family</p> <p><b>3</b> Savings (for transport and supplies) Total ZMK.....</p> <p><b>4</b> Learn about danger signs (See back page) Start learning about breastfeeding</p> <p><b>5</b> Learn about signs of labour Prepare for breastfeeding</p> <p><b>6</b> Review pregnancy plan with family</p> <p><b>7</b> Gather materials &amp; supplies Keep saving Total ZMK.....</p> <p><b>8</b> Who go to clinic with? Who cares for children? Where to stay near clinic?</p> <p><b>9</b> Choose type of transport: Keep saving Total ZMK.....</p> <p><b>10</b> Treated mosquito net Good diet Iron &amp; folic acid tablets</p>	<p>Care for baby Care for mother Breastfeed at birth</p> <p>Breastfeeding support Discuss family planning options</p> <p>Transport home Transport back to clinic for review</p> <p>Treated mosquito net Good diet Take vitamin A</p> <p>Post delivery visits 6-48 hours 6 days 6 weeks</p>	<p>How did you find your visit?</p> <p>My clinic..... My healthworker.....</p>																				
SOCIAL SUPPORT	<p><b>1</b> Discuss this pregnancy plan with family</p> <p><b>2</b> Savings (for transport and supplies) Total ZMK.....</p> <p><b>3</b> Learn about danger signs (See back page) Start learning about breastfeeding</p> <p><b>4</b> Review pregnancy plan with family</p> <p><b>5</b> Gather materials &amp; supplies Keep saving Total ZMK.....</p> <p><b>6</b> Who go to clinic with? Who cares for children? Where to stay near clinic?</p> <p><b>7</b> Choose type of transport: Keep saving Total ZMK.....</p> <p><b>8</b> Treated mosquito net Good diet Iron &amp; folic acid tablets</p>	<p>Care for baby Care for mother Breastfeed at birth</p> <p>Breastfeeding support Discuss family planning options</p> <p>Transport home Transport back to clinic for review</p> <p>Treated mosquito net Good diet Take vitamin A</p> <p>Post delivery visits 6-48 hours 6 days 6 weeks</p>	<p>How did you find your visit?</p> <p>My clinic..... My healthworker.....</p>																				
LOGISTICS	<p><b>1</b> Discuss this pregnancy plan with family</p> <p><b>2</b> Savings (for transport and supplies) Total ZMK.....</p> <p><b>3</b> Learn about danger signs (See back page) Start learning about breastfeeding</p> <p><b>4</b> Review pregnancy plan with family</p> <p><b>5</b> Gather materials &amp; supplies Keep saving Total ZMK.....</p> <p><b>6</b> Who go to clinic with? Who cares for children? Where to stay near clinic?</p> <p><b>7</b> Choose type of transport: Keep saving Total ZMK.....</p> <p><b>8</b> Treated mosquito net Good diet Iron &amp; folic acid tablets</p>	<p>Care for baby Care for mother Breastfeed at birth</p> <p>Breastfeeding support Discuss family planning options</p> <p>Transport home Transport back to clinic for review</p> <p>Treated mosquito net Good diet Take vitamin A</p> <p>Post delivery visits 6-48 hours 6 days 6 weeks</p>	<p>How did you find your visit?</p> <p>My clinic..... My healthworker.....</p>																				
NUTRITION & CARE	<p><b>1</b> Discuss this pregnancy plan with family</p> <p><b>2</b> Savings (for transport and supplies) Total ZMK.....</p> <p><b>3</b> Learn about danger signs (See back page) Start learning about breastfeeding</p> <p><b>4</b> Review pregnancy plan with family</p> <p><b>5</b> Gather materials &amp; supplies Keep saving Total ZMK.....</p> <p><b>6</b> Who go to clinic with? Who cares for children? Where to stay near clinic?</p> <p><b>7</b> Choose type of transport: Keep saving Total ZMK.....</p> <p><b>8</b> Treated mosquito net Good diet Iron &amp; folic acid tablets</p>	<p>Care for baby Care for mother Breastfeed at birth</p> <p>Breastfeeding support Discuss family planning options</p> <p>Transport home Transport back to clinic for review</p> <p>Treated mosquito net Good diet Take vitamin A</p> <p>Post delivery visits 6-48 hours 6 days 6 weeks</p>	<p>How did you find your visit?</p> <p>My clinic..... My healthworker.....</p>																				
MEDICAL	<p><b>1</b> Discuss this pregnancy plan with family</p> <p><b>2</b> Savings (for transport and supplies) Total ZMK.....</p> <p><b>3</b> Learn about danger signs (See back page) Start learning about breastfeeding</p> <p><b>4</b> Review pregnancy plan with family</p> <p><b>5</b> Gather materials &amp; supplies Keep saving Total ZMK.....</p> <p><b>6</b> Who go to clinic with? Who cares for children? Where to stay near clinic?</p> <p><b>7</b> Choose type of transport: Keep saving Total ZMK.....</p> <p><b>8</b> Treated mosquito net Good diet Iron &amp; folic acid tablets</p>	<p>Care for baby Care for mother Breastfeed at birth</p> <p>Breastfeeding support Discuss family planning options</p> <p>Transport home Transport back to clinic for review</p> <p>Treated mosquito net Good diet Take vitamin A</p> <p>Post delivery visits 6-48 hours 6 days 6 weeks</p>	<p>How did you find your visit?</p> <p>My clinic..... My healthworker.....</p>																				
FEEDBACK	<p><b>1</b> Discuss this pregnancy plan with family</p> <p><b>2</b> Savings (for transport and supplies) Total ZMK.....</p> <p><b>3</b> Learn about danger signs (See back page) Start learning about breastfeeding</p> <p><b>4</b> Review pregnancy plan with family</p> <p><b>5</b> Gather materials &amp; supplies Keep saving Total ZMK.....</p> <p><b>6</b> Who go to clinic with? Who cares for children? Where to stay near clinic?</p> <p><b>7</b> Choose type of transport: Keep saving Total ZMK.....</p> <p><b>8</b> Treated mosquito net Good diet Iron &amp; folic acid tablets</p>	<p>Care for baby Care for mother Breastfeed at birth</p> <p>Breastfeeding support Discuss family planning options</p> <p>Transport home Transport back to clinic for review</p> <p>Treated mosquito net Good diet Take vitamin A</p> <p>Post delivery visits 6-48 hours 6 days 6 weeks</p>	<p>How did you find your visit?</p> <p>My clinic..... My healthworker.....</p>																				





# Counselor Fact Sheet

## Telephone Counselling Rules

- All calls to be answered within three (3) rings.
- Always use your counsellor name. Do not disclose the location of the 990 call centre.
- Do not give out personal information. This includes your full name, your telephone number, where you work, where you live, etc.
- Never take a call from somebody you recognize.
- Remember your limitations. You are a counsellor and not a therapist, psychologist or medical doctor. Callers with severe problems should be referred to other services.
- It is okay to tell a caller that you do not have the information they are seeking right there, but you can try and find it for them or you can refer them to someone who knows.
- Never meet a caller. Meeting a caller is strictly forbidden, both for safety reasons and also because it compromises the anonymity of the Talkline.
- Never force callers to give details they are not comfortable with.
- Keep it confidential. All conversations with callers must be kept strictly confidential.
- Handover a call to a different counsellor, if you feel uncomfortable with the call.
- If your identity is compromised by a caller DENY your true identity.
- Do not judge or moralise. Accept callers as they are. Clients have a right to their own value systems. He/she does not want to be told what is right and what is wrong from the counsellor's perspective.
- Do not prescribe treatment for any ailment. It is not the counsellor's role to give medical advice.
- Do not reassure. Never say, 'Everything will come right' to a caller. You cannot see the future, and this may not be true. False assurances will not help a caller to deal with his/her situation in a realistic manner.
- Do not block strong emotions. One of the main purposes of counselling is to help a client express their emotions.
- Stay centred on the client. Remember that the counselling session is about the client, not about the counsellor. This includes their feelings, attitudes, beliefs and opinions.

