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FROM THE AMERICAN PEOPLE



Maternal and Child Health
Integrated Program



PPH PACKAGE FOR COMMUNITY HEALTH WORKERS

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Note: Sources of information for the content in this presentation are: The National Guidelines for Quality Obstetrics and Perinatal Care , Focused Antenatal Care Package



1. HOW TO PREPARE FOR PREGNANCY [PRECONCEPTION CARE]

Objectives

- Define pre-conception care
- Identify reproductive health risks
- Identify where to get pre-conception services

What did you do when you wanted to get pregnant



.....

.....

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What would affect a woman's health and pregnancy



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Fact: Preconception Care

- Care provided to identify and modify risks to a woman's health and future pregnancies
- Includes both prevention and management
- Preconception care should also target men



Fact: Reproductive health risks

- Age of the couple
 - 16 years and below
 - 35 years and above
- Number of children
 - Not spacing children (less than 2years)
- Nutrition
 - Overweight
 - Underweight
 - Malnutrition

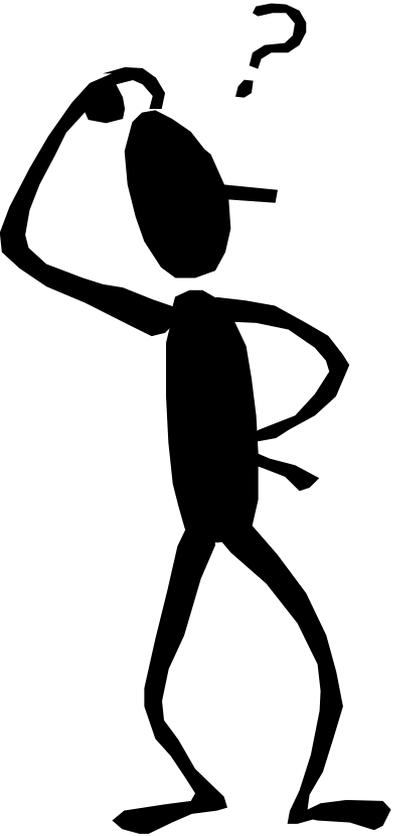
Fact: Reproductive health risks

- Income
- Previous pregnancies
- Disease/illness
- Use of drugs and alcohol
- Gender based violence
- Some cultural practices

Where to get: Preconception Care Services

- Family planning
- Antenatal care
- Child welfare clinic
- Postpartum care
- Outpatient
- Youth friendly sites
- Comprehensive care clinics
- Specialised clinics

The 3 delays that make things worse



1. Delay in knowing something is really wrong
2. Delay in getting to skilled help
3. Delay at the clinic

What can you do!



Relationship between Preconception Care and PPH

During preconception period you:

Encourage mother to take prescribed Iron-folate supplements to reduce the chances of getting anaemia due to iron deficiency

PPH



2. MATERNAL NUTRITION

Objectives

- Describe importance of nutrition
- Describe the link between nutrition and:
 - Pre-conception
 - Pregnancy
 - Breastfeeding
- List common nutritional concerns and management
- Describe the relationship between nutrition and PPH

Introduction

- Maternal nutrition lays foundation for successful outcome of pregnancy
- Interventions should start before pregnancy
- Poor nutrition is associated with IUGR and LBW and premature delivery
- Vitamin A deficiency has been associated with risk of stillbirth and LBW
- Maternal nutrition is critical in lactation

Nutrition in Preconception Period

- Pre-pregnancy nutrition:
 - Influences woman ability to conceive
 - Determines fetal growth and development
- Underweight and overweight women experience more complications during pregnancy than normal women

Nutrition in Pregnancy

- Dietary counselling and supporting interventions through FANC are essential
- Poor nutrition associated with IUGR, LBW, birth defects, stillbirths, premature delivery
- Dietary practices that increase nutritional risk:
 - Change of diet to highly refined foods
 - Adherence to vegetarian diet
 - Rigid dieting
 - Eating disorders

Nutrition in Pregnancy cont..

- Pregnancy demands additional nutrients due to physiological changes that occur
- Maternal weight should be routinely monitored throughout pregnancy
- Weight loss may occur in first trimester due to nausea and vomiting
- Weight gain should not be used as the basis of estimating nutritional risk. Should be combined with other indicators like dietary intake, medical history,

Indicators of Good Nutritional Status

- During Pregnancy:
 - Weight gain (between 11.5-16kg for whole duration of pregnancy)
 - Hemoglobin level more/equal 11g/dl
 - Absence of clinical signs of micronutrient deficiencies

Nutrition During Labor and Delivery

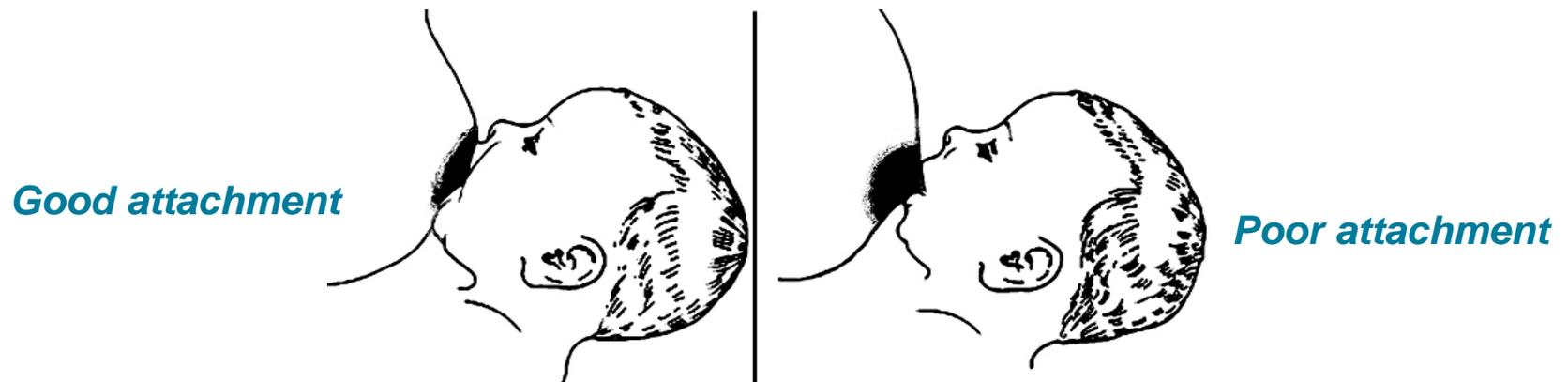
- This is a period of high energy expenditure
- Light foods and drinks high in energy should be provided (e.g. yoghurt, milk, fruits, soup, fruit juice)
- Higher intake of fluids helps prevent dehydration and is associated with:
 - Shorter duration of labor
 - Reduced need for augmentation of labor

Nutritional requirements after delivery

- Following normal delivery a woman may be hungry and should have access to food
- Maternity units should ensure some food is available for women who deliver at night
- On discharge, Mothers should be counselled on taking an extra meal and snacks rich in energy protein and micronutrients
- Families should be encouraged to use locally available and affordable foods and explained to about the need of extra food portions

Early Initiation of Breastfeeding

- Initiate breastfeeding within 1 hour
- Support mother to attach and position baby:



- Ensure there is rooming in
- Give **NO** other feeds before 6 months such as water and glucose

Energy and protein requirements during lactation

	Energy requirements	Protein requirements
First 6mths then decrease gradually	+500kcal/day	+17.5g/day for the first 6mths of lactation +13g/day for next six months and 11g/day thereafter
Underweight women	+650kcal/day	+21g/day

Micronutrient Requirements For Pregnant And Lactating Mothers

- The pregnant and lactating mothers needs extra folate and vitamin B₁₂ due to the great increase in blood volume and the rapid growth of the foetus.
- Minerals involved in building the skeleton- calcium, magnesium and phosphorus are in great demand.
- Sources of calcium are mainly milk and milk products. Others are whole enriched cereal grains and green leafy vegetables
- The richest sources of folic acid are spinach, kidney beans, groundnuts, kidney and liver.

Nutritional needs during lactation

The mother should do the following:

- Eat at least 2 additional servings of staple foods per day to supply the extra 300 – 600 calories needed
- Eat at least 3 additional servings of calcium rich foods (milk and milk products, fish, salmons and sardines(Omena) to supply the extra 1200 mg of calcium needed
- Include a variety of fluids such as milk, water and fruit juices
- Eat smaller frequent meals if unable to consume larger amounts in fewer meals
- Avoid alcohol and tobacco, which decrease milk production

To increase breast milk

There are no specific foods to eat that will stimulate production of breast milk,

More important than what you eat is how your baby eats. The longer a baby nurses at your breast the more milk will be produced.

The best prescription for maximum milk production is effective and frequent breastfeeding or milk expression, plenty of fluids, adequate calories and rest

Dietary and nutritional advise for breast feeding mothers

- Drink more liquids
- Do not go on restricted diets in an attempt to lose weight while nursing this will lead to reduced milk production
- Do not drink beer or smoke (babies do not like the taste)
- Avoid stress and rest more
- Minimise caffeine intake in tea or coffee
- Avoid supplements in babies < 6 months (including solid food, water, juice, and formula).
- Snack often on foods high in protein and calcium

Foods that may increase breast milk

Popular herbal supplements have been used for many years to increase milk production, include Fenugreek, Blessed Thistle, and Red Raspberry.

Brewers Yeast (containing B vitamins) is another commonly recommended treatment for low milk supply.

Drugs e.g. Domperidone and metochlopramide also tend to increase breast milk production

To relieve the discomfort of constipation advise women to:

- Increase fibre intake by eating more whole grain breads and cereals; vegetables; and fruit and legumes such as beans, split peas and lentils.
- Drink between 8 and 12 cups of fluid every day in the form of water, milk and juice. Warm or hot fluids may be particularly helpful.
- Maintain an active lifestyle, for example, by walking or swimming regularly.
- Avoid all laxatives unless one is recommended by a physician.

In case of loss of appetite, advice the mother to:

- Eat small frequent meals spaced throughout the day (5-6 meals per day)
- Schedule regular eating time
- Eat protein from animal or plant source with snacks and meals whenever possible
- Drink plenty of liquids, preferable between meals
- Take walks before meals to stimulate appetite
- Choose and prepare food that look and smell good for them
- Use spices such as onions, garlic, cinnamon, and ginger to stimulate appetite, improve flavour and digestion
- Eat with others as this makes food more enjoyable

Iron deficiency anaemia

- Anaemic women are more likely to suffer from
 - PPH
 - Puerperal sepsis
- Iron requirements also increase after delivery
- Anaemic women or those who have suffered excessive blood loss during delivery need iron and folate supplementation post partum.
- They should consume a daily dose of 120 mg iron plus at least 400 µg folic acid for 3 months along with orange, pineapple, or citrus juice.
- They also need to restrict consumption of tea, coffee, and cocoa.

Nutritional advice for anaemic mothers

- Encourage consumption of foods rich in iron, folate, proteins and other nutrients needed for blood production.
 - Animal sources – Red meat, Liver, Kidneys, fish, poultry, eggs
 - Plant source – legumes(cow peas, kidney beans, Soya beans) fortified cereals, dark green leafy vegetables such as black night shade(managu), amaranth(Terere), spinach, stinging nettle(Thabai) and kales
- Provide foods rich in Vitamin B₁₂, Folic acid, Vitamin E and C
- Reduce intake of beverages that contain phenolic compounds and tannin such as tea leaves, wheat bran

Factors affecting bioavailability of iron

- **Cooking methods:** Soaking before cooking of cereals and legumes reduces the phytic effect. Cooking eggs softly avails more iron for use.
- **Enhancers:** Mixing of foods with Vitamin C rich foods (oranges, lemon, tangerines, Guavas, pineapples, Berries). Enhances absorption of iron.
- **Fermentation, sprouting/germinating, malting of cereals** enhances availability of iron and should be encouraged.
- **Inhibitors:** The practice of taking tea, coffee, chocolates with or immediately after food should be discouraged. They have polyphenols such as tannins that bind iron
- **Iron from plant sources** is not readily bioavailable as they contain phytates, oxalates and malic acid which inhibit iron absorption. These should therefore be taken together with enhancers.

Common nutrition related concerns

Nausea and Vomiting

- Practical Considerations
 - Eat small frequent meals, do not skip meals
 - Have a snack before bedtime
 - Try eating crackers or bread before getting up
 - Get out of bed slowly
 - Avoid high fat and dried foods
 - Drink fluids between meals
 - Avoid strong food smells

Heartburn

- Practical Considerations
 - Eat frequent small, low fat meals
 - Eat slowly, chew food well
 - Drink fluids between meals
 - Avoid spicy food
 - Avoid lying down for 1-2 hours or bending after eating
 - Elevate head of bed
 - Do not take antacids without consulting doctor



Constipation

- Practical Considerations
 - Increase fiber intake, vegetables, fruits, legumes
 - Drink 8-12 cups of fluid every day
 - Maintain an active lifestyle
 - Avoid laxatives unless prescribed

Pica

- Practical Considerations
 - Advice woman on potential risks of eating non-food substances
 - Monitor for iron status

Micronutrient Requirements for Pregnant And Lactating Mothers

- The pregnant and lactating mothers need extra nutrients due to the great increase in blood volume and the rapid growth of the foetus
- Minerals involved in building the skeleton- calcium, magnesium and phosphorus are in great demand

Dietary and nutritional advise for breast feeding mothers

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- Do not drink beer or smoke
- Avoid stress and rest more
- Minimise caffeine intake in tea or coffee
- Avoid supplements in babies < 6 months (including solid food, water, juice, and formula).
- Snack often on foods high in protein and calcium

Examples of foods to eat

Sources of calcium:

- Milk and milk products.
- whole enriched cereal grains
- green leafy vegetables

Sources of folic acid:

- Spinach
- kidney beans
- Groundnuts
- kidney and liver

Relationship between Nutrition and PPH

Anaemic women are more likely to suffer from
Postpartum haemorrhage

Encourage consumption of foods rich in iron, folate,
proteins and other nutrients needed for blood production

PPH



3. FOCUSED ANTENATAL CARE (FANC)

Objectives

- Define FANC
- Identify components of an individual birth plan
- Identify danger signs in pregnancy, during deliver and after delivery
- Identify health promotion messages
- Describe the relationship between FANC and PPH

Introduction

- In Kenya many women develop life-threatening complications during pregnancy, labour and after childbirth.
- This happens due to a delay in:
 - Making timely decisions when to seek health care
 - Reaching a health facility
 - Obtaining timely and appropriate care

What is Focused Antenatal Care (FANC)?

- Personalised care provided to a pregnant woman.
 - ✓ woman's overall health,
 - ✓ preparation for childbirth
 - ✓ and readiness for complications

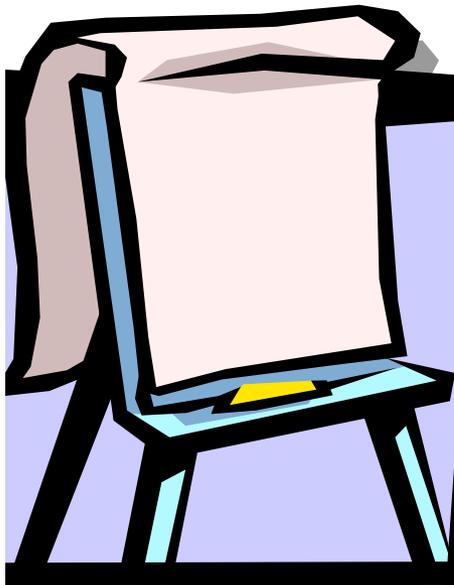
- It is a service that is timely, friendly, simple and safe

When you are pregnant remember the FOUR clinic visits:

**These are the minimum clinic visits if you have no problem*

- 1st visit: as soon as you realize you are pregnant before <16 weeks- (4 months)
- 2nd visit: 16-28 weeks (4-7 months)
- 3rd visit: 28-32 weeks (7-8 months)
- 4th visit: 32-40 weeks (9 months)





Individual Birth Plan

Individual birth plan ensures that the client:

- Knows when her baby is due
- Identifies a skilled birth attendant
- Identifies a health facility for delivery/emergency
- Tell the danger signs in pregnancy and delivery and knows what to do if they occur
- Identifies a decision-maker in case of emergency
- Knows how to get money in case of emergency
- Has a transport plan in case of emergency
- Has a birth partner/companion for the birth
- Has collected the basic supplies for the birth



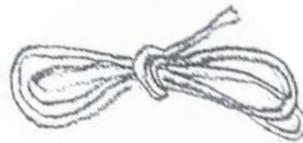
Discuss birth partners/companions with your clients

- A birth partner/companion may be the father of the baby, a sister, a mother-in-law, mother, an aunt or friend
- A birth partner/companion should be involved in making the individual birth plan (IBP)
- A birth partner/companion should provide support to the woman particularly during preconception, pregnancy, delivery and postpartum period

Make sure clients at your facility know that you welcome birth partners/ companions

Mother-Baby Package

- New unused razor
- Thread/string
- Gloves
- Cord clamp
- Clothing for the baby and mother
- Money to pay for transport, delivery fees, etc.
- Sanitary towels
- Napkins
- Lessos
- Cotton



Complication Readiness

- Knowledge of danger signs; what to do if they arise
- Identify decision maker
- Save emergency funds
- Plan for emergency transport
- Identify blood donor

Specific transport questions for the client



- Where will you **deliver**?
- Where will you go in case of an **emergency**?
- **Where** is it located?
- **How** will you get there?
- **How far** is it from your home?
- **How long** will it take to get there?
- Have you made this **journey before**?
- **How much** will it cost to arrange for transport?
- **How** will you raise the funds for this transport?



Individual Birth Plan (IBP) !!



***Make it safe for my
baby and me!
Assist me make my
individual birth plan
now!***

Danger signs *during pregnancy*

- Bleeding while pregnant from the vagina
- Anemia- feeling weak & tired
- Bad headache
- Swelling of the face, hands & feet
- Body hotness



Danger signs *during labour and delivery*



- Bad pain in the stomach
- Convulsions or fits during labour
- High fever with or without chills
- Smelly vaginal discharge
- Labour pains for more than 12 hours
- Water breaks without labour for more than 12 hours
- Bad headache/vision problems
- A lot of bleeding during delivery
- Cord, arm or leg of baby coming first

Danger signs *after delivery*

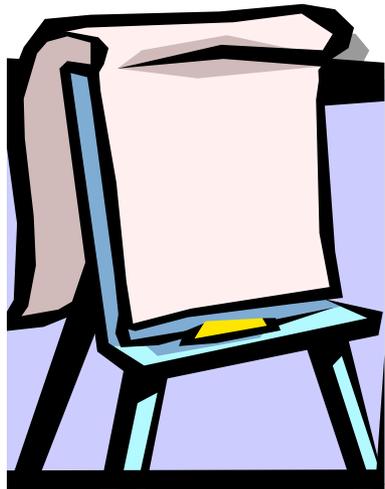


- Placenta not delivered within 30 minutes of baby's birth
- A lot of bleeding after delivery
- Bad stomach pain
- Convulsions or fits
- High fever with or without chills
- Smelly vaginal discharge due to infections
- Mood swings (depression)

Immediate Attention!

Don't lose precious time...
Seek help in time!!





Health Promotion Messages

Health promotion messages

- Adequate nutrition and hydration
- Rest and hygiene
- Safer sex
- Care for common discomforts
- Drug compliance (Avoidance of alcohol and tobacco)
- Family Planning & HTSP
- Early and EBF
- Newborn care



- Importance of attending postpartum clinic:
 - *within 48hours*
 - *2 weeks*
 - *4-6 weeks*
 - *4-6months*
- Importance of attending well baby clinic (MCH)
- Follow up for exposed babies to TB and HIV
- Postpartum family planning method
- Maternal nutrition and infant feeding options

Are we together?



Mention:

- 5 important questions to ask about an Individual Birth Plan (IBP)
- Danger signs in pregnancy
- Danger signs in labour and delivery
- Danger signs after delivery

The role of fathers/partners in antenatal care

- Many men are uncertain about how they can contribute to a woman's health during pregnancy, labor and delivery and postnatal period



The role of fathers/partners is to:

- Support and encourage women throughout pregnancy, labor and delivery and postnatal period
- Protect their spouses from acquiring STIs (or HIV) by being faithful or consistently and correctly using condoms
- Encourage mothers to attend antenatal/postpartum clinic
- Accompany their wives/partners to the health facility during childbirth

Summary

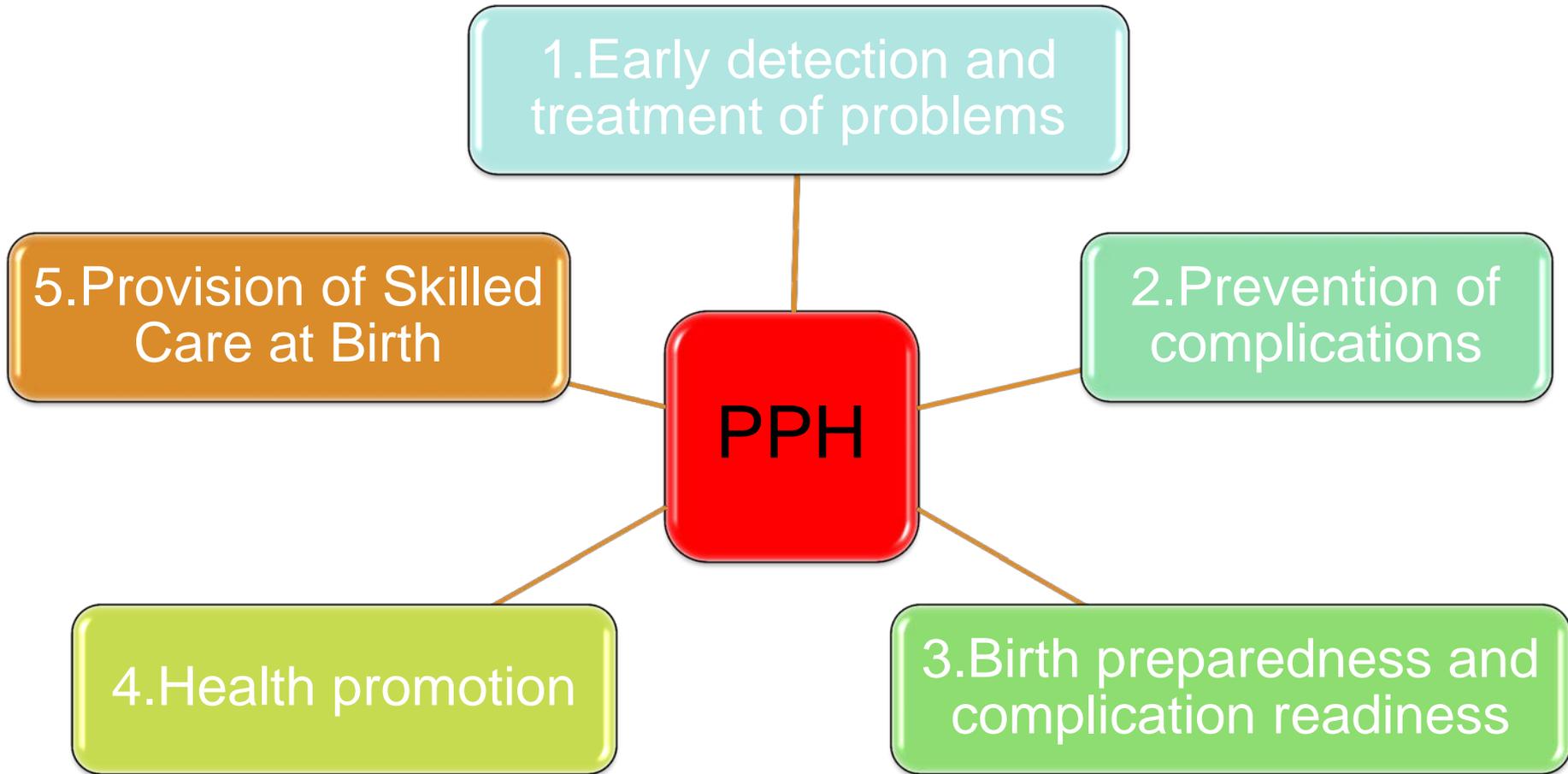
What is your Role as a CHW?

To ensure that pregnant mothers;

- Attend 4 (four) focused ANC visits
- Make Individual Birth Plans (IBP)
- Can recall and explain the danger signs during pregnancy, delivery and after delivery
- Take iron and folate tablets as advised
- Eat well
- Deliver with a skilled birth attendant



Link between FANC and PPH





4. POSTPARTUM HAEMORRHAGE PPH

Objectives

- Identify the major cause of maternal deaths in the community
- List the three delays
- Identify the first aid to give
- Community dialogue

Have you heard a woman has died in your community?



1.
2.

Why did they die

1.
2.
3.
4.
5.

Have you heard of a women die while giving birth?



1.
2.

What would make a woman die while giving birth?

1.
2.
3.
4.
5.

The 3 delays that make it worse

- Delay in knowing something is really wrong
- Delay in getting to skilled help
- Delay at the clinic

How do we STOP this!

- Being prepared
- Preventing complications



When you are pregnant remember the FOUR clinic visits:

**These are the minimum clinic visits if you have no problem*

- 1st visit: as soon as you realize you are pregnant before 4 months
- 2nd visit: 16-28 weeks 4-7 months
- 3rd visit: 28-32 weeks 7-8 months
- 4th visit: 32-40 weeks 9 months



What is a birth plan?

Plan for:

- Place of birth
- Having a skilled attendant
- Transport plan
- Money saved
- Birth companion if you want one
- Items for clean and safe birth and for newborn (pair of sterile gloves, soap, cotton wool, unused razor blades, Thread or string (must be sterile), Clothing for the baby and mother, sanitary towels)



Complication Readiness

- Knowledge of danger signs; what to do if they happen
- Choose a decision maker
- Have emergency money
- Plan emergency transport
- Plan blood donor



Danger signs *during pregnancy*

- Bleeding while pregnant from the vagina
- Anemia- feeling weak & tired
- Bad headache
- Swelling of the face, hands & feet
- Body hotness



Danger signs *during labour and delivery*



- Bad pain in the stomach
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Danger signs *after delivery*



- Placenta not delivered within 30 minutes of baby's birth
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- High fever with or without chills
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- Mood swings (depression)

Immediate Attention!

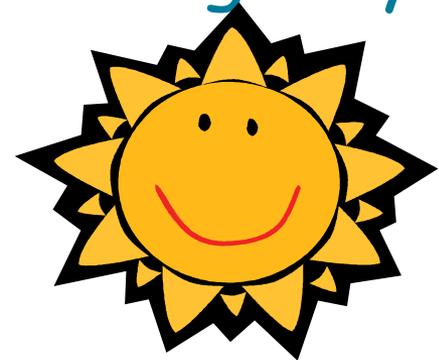
Don't lose precious time...
Seek help in time!!

REFER



PPH Interventions at the community

- Start breast feeding immediately after delivery and practice breastfeeding only
- Uterine Massage
- Emptying of the bladder
- Refer



Demonstration Exercise:

What is a lot of bleeding?

Items required:

- Normal sanitary pad/cloth
- Water (500mls) and Jam
- Lesso

What can you do!



- Find a buddy in your vicinity
- Find another young woman/friend/sister and share your knowledge with



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Community Dialogue

Methodology I

- How can we communicate with the community effectively?
- One way is using the community dialogue approach
- How does it work?
 - By presenting a familiar problem to the community
 - By using songs, dance, poems, case studies, etc.
 - By using these to create a debate on the issue.

Methodology II *contd..*

- After presenting the problem situation to the community – Ask the following questions to guide your discussions:
 - S-** What did you **See**
 - H-** what did you **Hear**
 - O-** does it happen in **Our** community
 - W-** **Why** does it happen?
 - E-** **Explore Solutions** with them
 - D-** what can we **Do**?



5. INFECTION PREVENTION

Objectives

- Define infection prevention
- Describe how to perform hand washing



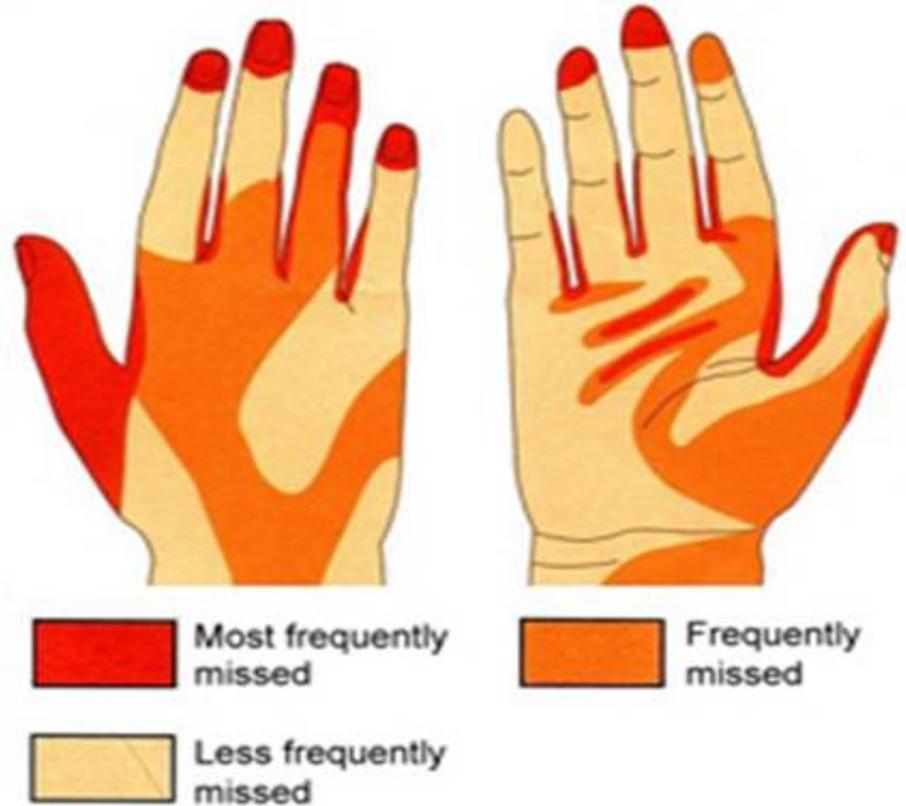
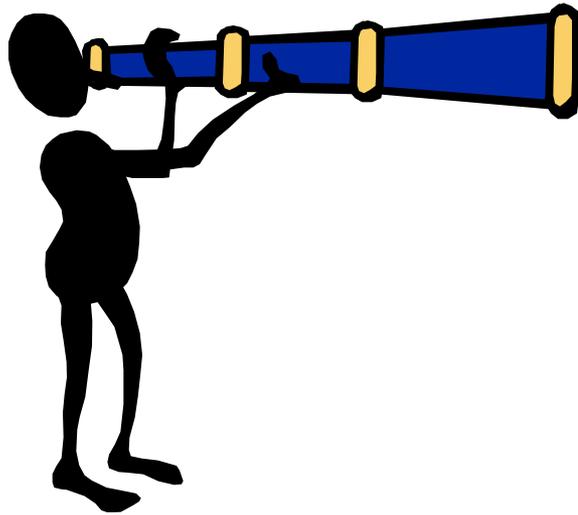
Hand Hygiene

Hand Washing exercise

Requirements:

- Clean gloves
- Betadine/ colored water
 - Used Flip charts

Commonly Missed Areas Of The Hands



When to Perform Hand Washing

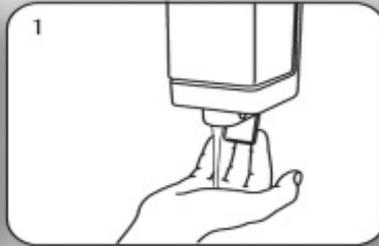


- Immediately you arrive from work
- Before preparing, handling, serving, or eating food
- Before feeding a baby
- Before leaving work
- After touching any objects that might be contaminated
- After handling blood, urine or stool (changing diapers)
- After using the toilet or latrine

Steps In Hand Washing



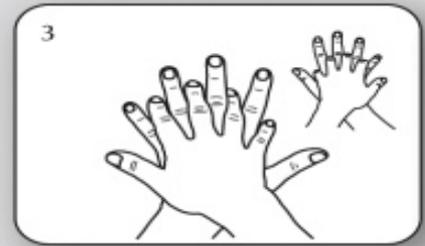
Wet hands



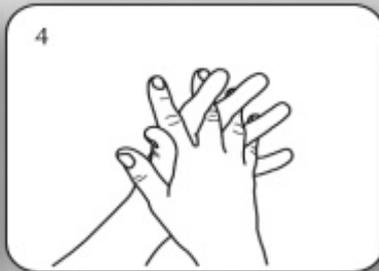
Apply soap



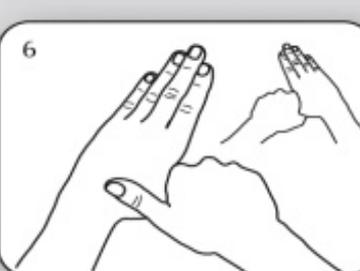
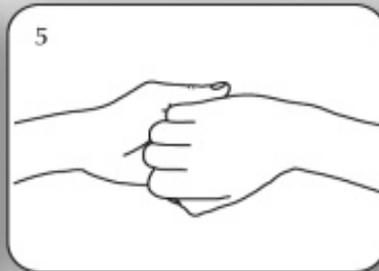
Rub palm to palm



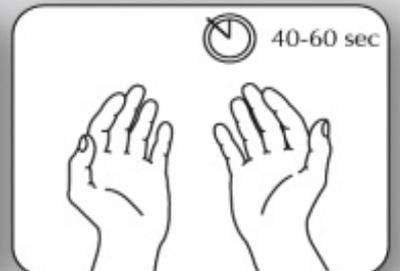
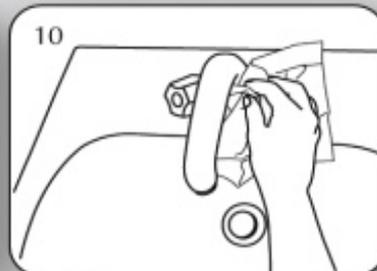
Back of hands



Between fingers



Base of thumb



Alternative Sources Of Running Water

- A bucket with a tap can be used- water is turned *on* to wet hands, *off* to lather hands and turned *on* again for rinsing.
- A pitcher or tea kettle can provide a running stream of water. A **helper** can pour water from over the hands being washed.
- A “Tippy Tap” can be fashioned from a jerry can and piece of wood to provide a steady stream of water.



Why do we not Wash our hands?

Some of the reasons people do not wash their hands:

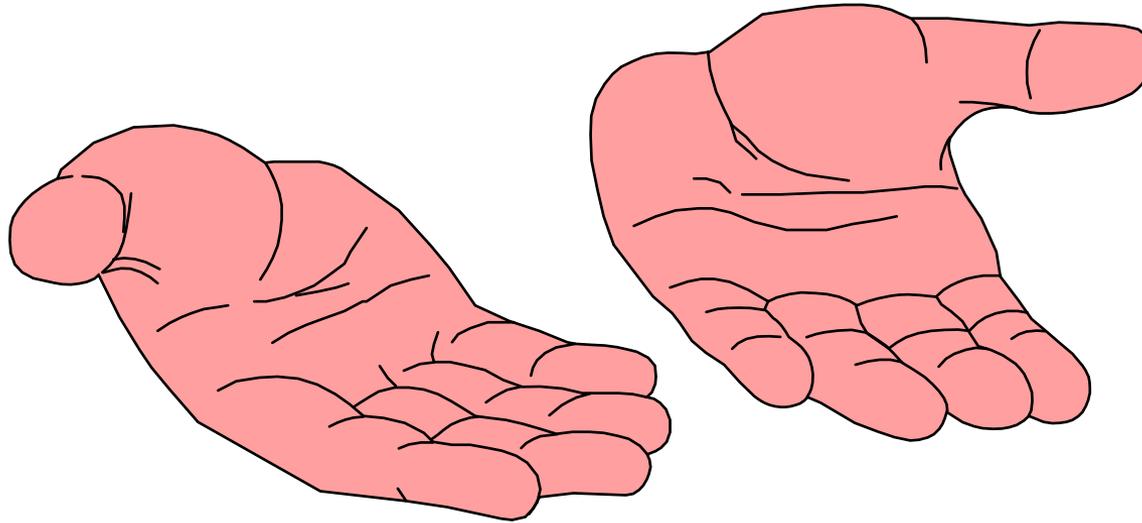
- No water
- Lack of soap
- Too busy / No time
- skin irritation or dryness
- Lack of knowledge about the value of hand hygiene

Resolution



I am going to
protect myself and
my community
from unnecessary
infections!

The power to prevent & control infections is on MY HANDS



Clean Hands Saves Lives---Start now

THANK YOU





6. POSTNATAL NATAL CARE

Objective

- Describe importance of postnatal care
- List four focused postnatal care visits
- Identify messages given during postnatal care
- Describe the relationship between PNC and PPH

What is Postnatal Family Planning

- **Post partum family planning** - is the initiation and use of family planning methods during the first year after delivery.

Why focus on PNC?



Risk of dying in postnatal period – by day and cause

Mother	Day 1	Day 2-4	Day 5-7	Day 8 - 14	Day 15 - 42
PPH					
PIH					
Sepsis					
Newborn	Day 1	Day 2-4	Day 5-7	Day 8 - 14	Day 15 - 42
Asphyxia					
Trauma					
LBW/small					
Sepsis					
Tetanus					

Justification for PNC

- Providing continuity of care from ANC, delivery, PNC and beyond
- It comprises four focused personalised visits or assessments after the birth to at least 6 months postnatal
- It should be given to every mother and her newborn baby

Elements of targeted postnatal care

- Assists the mother and family to develop a personalised postnatal care plan
- Provision of care to mother and baby by skilled attendant
- Emergency preparedness and Complication readiness for the mother and baby
- Early detection and treatment of problems such as TB, Eclampsia, haemorrhage etc; and referral as necessary
- Counselling for HIV and testing; Family planning, Breast feeding, personal hygiene, nutrition; etc
- Health promotion

Four (4) Targeted PNC Assessments

- The following are the recommended timings for PNC for mother & baby
 - Within 48 hours after birth
 - Within 1-2 weeks
 - Within 4-6 weeks
 - Within 4- 6 months





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All women who deliver at home should visit the health facility and be reviewed by a trained health provider as soon as possible after delivery- within 48 hours

Factors contributing to maternal and newborn death:



The three delays

1st delay : Women and families are not aware of the danger signs in pregnancy, childbirth and postnatal period ; There is delay in making decisions at home

2nd delay : No plans for transport have been made and how to pay for any emergency referral within the home, community or facility

3rd delay : There is delay in receiving care in the health facility

Services provided during the visits include

Mother

- Breast examination
- Assess blood loss
- Vitamin A
- Treatment services
- Appropriate FP method

Baby

- Growth monitoring
- Immunization status
- Treatment if needed

Services provided during the visits include

Mother Counseled on:

- Danger signs mother and baby
- Exclusive breastfeeding
- Cord care
- Nutrition
- Hand Washing
- Personal hygiene
- Harmful practices
- Immunizations

**Family Planning is the Responsibility
of both Men and Women**

Use a modern method to delay
pregnancy or space births.



7. POSTNATAL FAMILY PLANNING

Objectives

- Overview of family planning methods
- Benefits of family planning
- Describe the relationship between Postnatal FP and PPH



- What FP methods do you know
- What are the good & bad things about each

Healthy timing and spacing of pregnancy

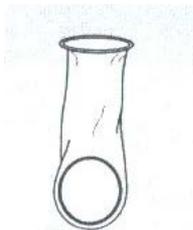
- What are the benefits of FP after delivery
- Why cant the woman wait until later?



LAM



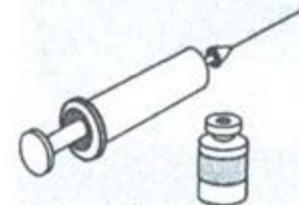
Male condoms



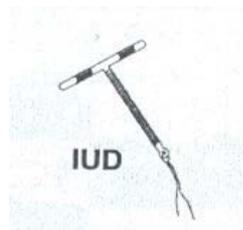
Female condoms



Implants



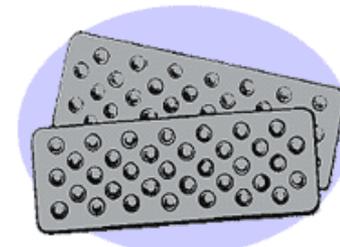
Injectables



IUD



Cycle Beads



Pills

What methods of FP can a breastfeeding woman use

- 1.

Definitions

- **Post partum family planning** - is the start and use of family planning methods during the first year after delivery. The timing may be as follows:
 - within 10 minutes after placenta delivery
 - After giving birth to 1 week
 - 1 week up to 6 weeks
 - 6 weeks to one year after giving birth

Factors affecting timing and choice of FP

- Timing and choice of family planning method depends on;
 - Breastfeeding status
 - Method of choice
 - Reproductive health goal/fertility desires
 - Medical Eligibility Criteria (MEC)

Breastfeeding women



- Non hormonal methods like IUCD (coil) and condom are best for breastfeeding women during the first 6 weeks
- Women who are exclusively breast feeding are using LAM-
 - *baby less than 6 months*
 - *Periods have not returned*
 - *Baby only taking breast milk*

Postpartum Family Planning Timeline



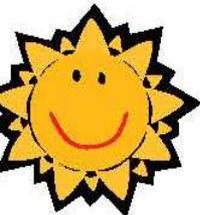
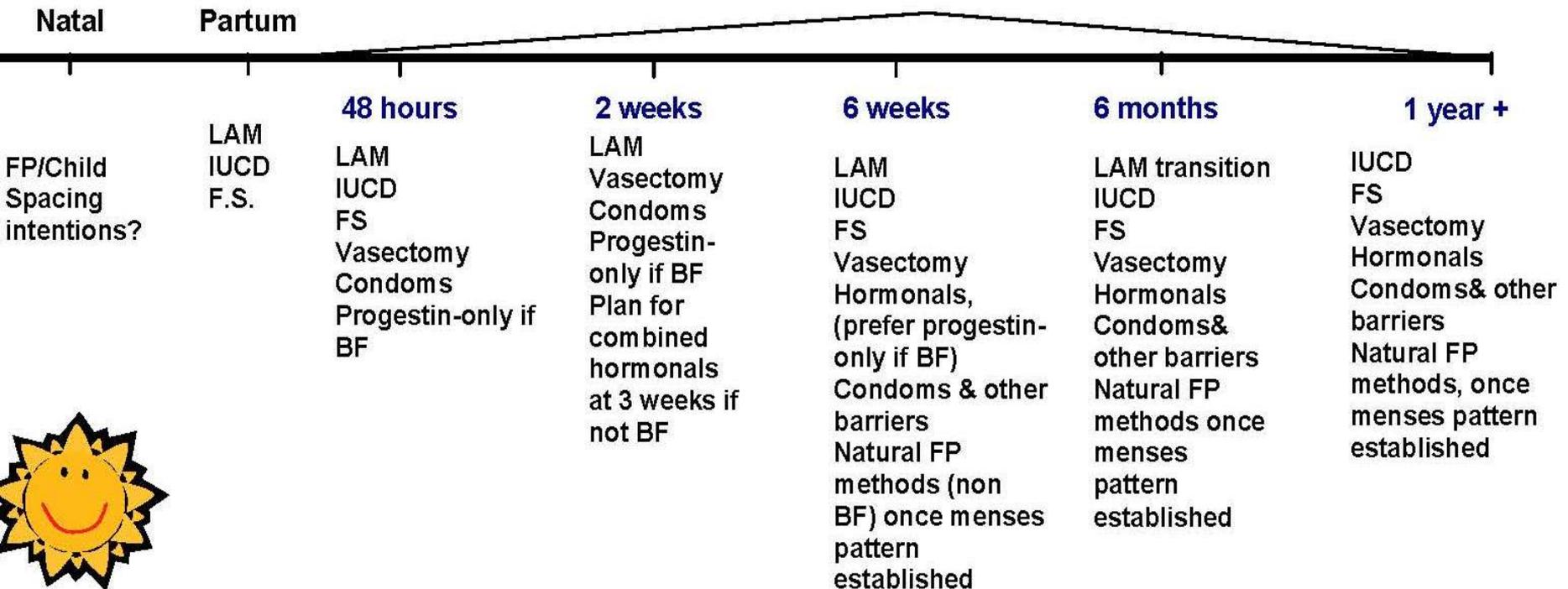
Ante
Natal



Intra
Partum



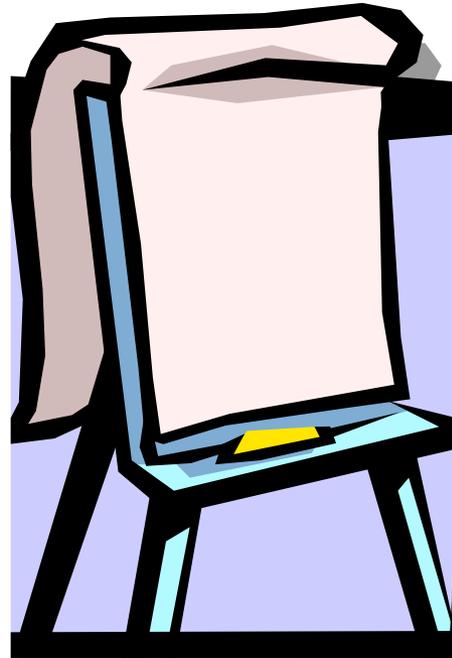
Postpartum



Relationship between FP and PPH

Birth spacing helps improve the mother's nutritional status thus reducing iron deficiency





ACTION PLAN