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# TRAINING CURRICULUM OF ANTENATAL AND POSTNATAL CARE

## FOR PRIMARY HEALTH CARE WORKERS IN IRAQ

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### DISCLAIMER

This guideline has made possible through support provided by the U.S. Agency for International Development (USAID) under Primary Health Care Project in Iraq (PHCPI) implemented by University Research Co., LLC. This guideline has been developed in Iraq in close collaboration with the Ministry of Health (MoH) in November, 2013

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<b>List of Abbreviations</b>	
ANC	Antenatal care
MMR	Maternal mortality rate
IMM	Iraq Maternal mortality surveillance
MD	Maternal death
MDG	Millennium developmental goals
MOH	Ministry of health
RAM	Rapid assessment and management
VDRL	Venereal disease research laboratory test
TBA	Traditional birth attendants
GDM	Gestational diabetes mellitus
TB	Tuberculosis
STI	Sexual transmitted infection
PHC	Primary health care
LAM	Locational amenorrhea method
IUD	Intra uterine device

## Introduction

Antenatal care is a preventive obstetric health care program aimed at optimizing maternal-fetal outcome through regular monitoring of pregnancy. Antenatal and postnatal care indicators, still it has been a challenge, that health providers need to maintain for this reproductive age group which has been especially vulnerable due to a number of negative factors operating over many decades(wars & sanction).These factors have affected the health status of many Iraqis with serious results and impacts.

Iraq has significantly improved the national health quality of services. Efforts are being made to strengthen various aspects of antenatal care which most likely will have an effect on the outcome of pregnancy. It is important for the pregnant woman to receive high quality antenatal and post natal care from a skilled health care providers who provide all elements of this service which include the following:

- 1) Assessment of pregnancy and purperum
- 2) Check for diseases.
- 3) Respond to problems
- 4) Give preventive measures
- 5) Education and counseling about
  - Routine and follow up visits
  - Self-care and nutrition.
  - Alarming symptoms and signs.
  - Birth and emergency plan.
  - Breast-feeding.
  - Family planning and birth spacing.

## **Part One: Trainer's Guide**

This training curriculum is a guide to assist trainers in improving health care by training health professionals on antenatal care in primary health care centers

Materials in this document are designed for training service providers who work at a variety of health facilities in Iraq. The modules can be used to train health professionals, physicians and other health workers in group training or, with adaptation, as a basis of individualized or self-directed learning.

Trainers implementing this course should be thoroughly familiar with the guideline. The trainers need to have a positive attitude about the participants and their training work.

Training may be implemented either off-site or on-site. In off-site training, a group of participants come together from several health facilities and then return to apply what has been learned. Off-site training may be the most appropriate way to reach individuals from many small sites. On-site training refers to training held in a health facility team where the participants work. Both types of training can be very effective. When training is conducted off-site, it may be more difficult to observe actual clinical settings. On the other hand, when training takes place on-site, there may be interruptions due to participants being called away for other responsibilities.

### **How to Use the Manual**

This manual is designed as a working instrument for trainers and facilitators. The module schedule contains a condensed summary of the contents organized in units and is meant as a check list for the facilitator/s before and during the course. The time indicated for each unit is an average time span based on experience, and can vary according to the composition and dynamics of each respective group.

The manual is divided into two parts. The first part is an introduction to the training course giving an overview over the rationale, objectives, and target groups for the course. It includes the present section on recommendations on how to use the manual, introducing the structure, training methods and course schedule. It also contains information on how to organize a workshop / training course and concludes with some recommendations on the limitations of the document and how to deal with them.

The second part presents the actual training contents, methods, didactic materials and additional literature recommended for each content area, organized/compiled in the different modules of the program. Every training course starts with the introduction of participants and team presenting the course objectives, contents, methods and program and allowing participants to express their expectations and fears. The course content is presented according to three broad content areas (modules), subdivided into different sessions:

**Overall learning objectives:** states the objectives to be achieved at the end of the module in terms of knowledge, skills and competence.

**Schedule:** gives an overview over the time span, methods, materials and recommended content for each session / topic and states the specific objectives of each session.

**Sessions:** are subdivisions/sessions of the module that follow a logical flow to develop the content of the module.

**Specific objectives** of the sessions: relate to the content and the expected level of competence to be achieved and can also be used as basis for the development of exam questions.

**Background information for the facilitator:** includes background information important for the facilitator to develop the content of the module, necessary and recommended definitions, concepts, theory and its applications.

**Exercises:** describe practical applications of the theory and are meant to facilitate the learning process through experiential approaches: role plays, games, etc. (see list of exercises).

**Handouts:** are the essential documentation for the participants about the content of the session / module stating the objectives, listing the key words, developing the concept / theory of the content, and giving recommendations for further reading.

**References:** additionally recommended literature, articles and books, which are related to the content of the module.

## **Structure of the Training Course**

The training course has been planned as a three days course. However, it is also possible to shorten the course due to limited time and / or to select modules according to learning objectives and needs. As well the time can be expanded in order to deal more in depth with the content and allow for more exercises, practical, field work.

The time frame of the training course consists of six working hours per day. These hours are divided into two morning and two afternoon sessions. Each session normally has duration of 2 hours. The number of course trainers/ facilitators can range from one to two per course according to the requirements. Also, for special topics, external resource persons should be asked to lecture and work with the group in their respective areas of expertise. The trainee - facilitator ratio should be 15 to one, a ratio of 20 or 25 to one still being acceptable. The total number of participants should not exceed 25.

The course structure and training methods not only allow for the development of knowledge, skills, competence and change of attitudes of the participants. The course concept is also designed to be put into practice by participants after the training during their work or by organizing their own training courses.

## **Approaches to Training and Learning**

The training course outlined in this document is based on adult learning principles, competency-based training and performance improvement. Selected elements of the strategies that guided the development of this material and should guide its implementation and use are listed below.

### **How people learn best**

People learn best when the following conditions are met:

- Participants are motivated and not anxious, know what is expected of them and treated with respect
- Information and skills are interesting, exciting, meaningful, and build on what participants already know, encourage problem-solving and reasoning
- Experiences are organized, logical, practical, include a variety of methods, and protocols and procedures are available
- New learning experiences are relevant to work and training needs of participants, and are applied immediately
- Training involves every participant in active practice and participants share responsibility for learning
- Training is a team activity, including trainers and co-trainers, providing participants with a variety of experiences and limiting trainer's biases
- The trainer acts as a facilitator of the learning process rather than a teacher who "spoon feeds" the learner
- The role and responsibilities of the trainers/facilitators and those of the participants/learners are clearly defined with:
  - The facilitators responsible for providing the learners with the necessary opportunities to acquire the knowledge and skills necessary to perform the tasks for which they are being trained
  - The facilitators responsible for providing the learners with the necessary opportunities to be exposed to the attitudes necessary to implement the acquired skills in a systematic manner and initiate the process of internalizing these attitudes
  - The learner remains responsible for her/his learning

The transactional relationships between the learners and the facilitators are at the level of adult to adult characterized by mutual respect and support

- Trainers are knowledgeable and competent in the subject matter and skills, use a variety of training methods, pay attention to individual participants' concerns, and provide motivation through feedback and reinforcement
- Participants must be selected according to specific criteria, such as the relevance of the training content to the job expectations/tasks
- Participants must have the necessary prerequisite level to enable them to benefit from the learning experience
- Feedback is immediate and focused on behavior that the participants can control
- Assessment of learning and skills is based on objectives that the participants understand

### **Knowledge, skills and attitudes**

This course aims to improve health care by changing health workers' knowledge, skills and attitudes.

- Knowledge includes the facts that the participants need to know to perform their jobs.

#### Tips on increasing **knowledge** through training

- Start with what the participants already know or have experienced
- Use a variety of educational resources, including participatory activities that require participants to use their knowledge
- Use learning aids
- Review and summarize often
- Assess knowledge to verify learning
- Skills include the specific tasks that participants need to be able to perform.

#### Tips on increasing **skills** through training

- *Describe the skill*
- *Provide protocols and procedures*
- *Demonstrate the skill*
- *Have participants demonstrate the skill*
- *Verify that each skill is practiced correctly*
- *Assess skill by observation using a checklist*
- Attitudes affect behaviors, such as whether learned skills are applied and interactions with clients.

### Tips on changing *attitudes and behavior* through training

- *Provide information and examples*
- *Include direct experience*
- *Invite discussion of values, concerns and experience*
- *Use role plays and brainstorming*
- *Model positive attitudes*
- *Assess changes in attitude by observing behavior*

### **Methods**

The training will use a participatory and “hands on” approach where the role of the trainers is to facilitate learning by the participants. The responsibility for learning remains with the participants.

Participants learn more and stay engaged in learning activities when they play an active role in their learning and a variety of training methods are used. The following methods are recommended in the curriculum/modules.

### Selected Training Methods

Brainstorming	Individual assignments	Return demonstration
Case study	Individual exercises	Role play
Clinical session	Interview	Self-directed activities
Demonstration	Lecture-Discussion	Small group discussion
Discussion	Mini-lecture	Simulation
Field visits	Observations	Small group exercises
Plenary group exercises	Pairs exercises	Summary
Group assignments	Presentation	Survey
	Questions and answers	Team building exercises
	Research	

### **In each module or session**

This document contains an outline of a training plan for each of the key areas of content.

Each module contains the following sections:

- Front page with a module number, module objectives, module content by session and an estimated duration for the module.
- Session plans covering the various content areas.

Each session contains the following sections:

- **Trainer Preparation:** This section lists the specific preparations that trainers should make for the session. Preparations for every session include:
  - Making sure the room is properly arranged
  - Ensuring that markers and flip chart or a writing board with chalk or markers are available
  - Reviewing the training plan
  - Reviewing steps for the methods used in the training session
  - Ensuring that the resources needed to facilitate the learning process are available including copying materials that participants need
  
- **Methods and Activities:** This section lists the methods and activities that are used in the module. General instructions for methods that are frequently used are included in this introductory material. Instructions for participatory activities are included in the training plan.
  
- **Resources:** The relevant reference materials/handouts and other resources needed are listed here.
  
- **Evaluation/assessment:** Evaluation methods for the knowledge or skills included are listed. Questionnaires and skills checklists are included where needed.
  
- **Estimated Time:** The time that each session/module will require depends upon the particular group of participants, the amount of time available and other constraints. The module gives a general time range to allow for flexible scheduling.
  
- **Training Plan:** This section gives the specific learning objectives or purpose of a session, the key **”must know”** content, and the appropriate training methods and activities for each objective. All modules include one or more activities that give participants structured, participatory practice with the content of the module.
  
- **Handouts:** When specific activities require handouts, these are included after the training plan and should be copied before the session in which they will be used
- **Skills Checklists:** Each session that includes skills objectives includes a skills assessment checklist. The checklist is used by the trainer to evaluate the participant’s skill based on observation of the specific steps included in the skill. The skills checklists are also used by each participant to assess their performance and take charge of their own learning. They can also be used by other participants for peer assessment. It is recommended that these checklists not only be used during training to assess the acquisition of skills, but also for post training evaluation and supervision.

**Note:** There are various possible formats for modules and sessions. Provided the necessary information is included for the trainer to use, the selection of format will depend on how comfortable the trainers are in using it.

## **Methods:-**

Instructions for methods used frequently in this training course are included here. Activities for specific methods are included with the sessions where they are used.

### **Mini-lecture**

Trainer makes a short (5 to 15minutes) presentation using the materials available. Mini-lectures are used to provide information and knowledge. They insure that all participants have an adequate level of information and insure standardization and uniformity of this information. Mini-lectures should be kept short and should be followed by questions and answers for clarification to enable participants to better understand the content of the session/module and clarify issues, and questions and answers for evaluation to ensure comprehension.

### **Questions and Answers (Q&A)**

Questions and answers sessions are used to recall information or elicit participants' knowledge (in introductory sessions in order to assess training needs), for clarification (to ensure that participants understand information/content), presentation of information (to elicit information that participants may already know) and evaluation (to assess acquisition of knowledge and fill gaps in participants' knowledge).

#### Steps for Questions and Answers for clarification

1. Trainer asks participants if they have questions
2. If a participant has a question, trainer asks another participant to answer
3. If the participant's answer is correct and complete, trainer reinforces
4. If the participant's answer is incorrect and/or incomplete, trainer may ask questions that lead the participant to a more correct answer or ask another participant to answer
5. If the answer is still incorrect and/or incomplete after two or three trials, trainer corrects and/or completes and informs the participants where to find the information
6. If there are no questions, trainer asks questions to verify knowledge and follows the same steps (3, 4, 5)

#### Steps for Questions and Answers to elicit information from participant (s)

1. Trainer asks participants questions
2. If a participant's answer is correct and complete, trainer reinforces
3. If the participant's answer is incorrect and/or incomplete, trainer may ask questions that lead the participant to a more correct answer or ask another participant to answer
4. If the answer is still incorrect and/or incomplete after two or three trials, trainer corrects and/or completes and informs the participants where to find the information

## **Brainstorming**

Brainstorming is an excellent way to find out what participants already know and gaps in their knowledge. Brainstorming brings participants experience into the classroom and lets the participants know that their experience is valuable.

Brainstorming is also a very effective way for problem solving.

A brainstorming session should always end with a summary.

### Steps for brainstorming

1. Trainer asks an open-ended question
2. Participants shout out their answers or ideas:
  - Until no more ideas are generated, or at least every participant has a chance to
  - contribute or time allocated has run out
  - No ideas are discarded criticized or analyzed, but clarifying questions can be
  - asked
3. Trainer records ideas on newsprint or in another format where all can see them
4. Trainer leads a discussion of each of the ideas generated
5. Trainer clearly marks ideas that are agreed upon
6. Trainer summarizes or asks participants to summarize points of agreement
7. Trainer moves to the next question only after finishing discussion of previous question
8. Ideas generated in brainstorming can be used for summarizing, as input to group exercises, and to relate content to participant experience

## **Case study**

A case study is method of training whereas data/information about a case, preferably a real one or based on one, is presented to the participants for review and analysis. It includes specific questions to be answered. Case studies are a very effective way to allow participants to practice using information to solve problem, the highest level of knowledge objective. They are also effective in providing participants opportunities to explore their attitudes and confront/compare them with other participants and trainers' attitudes. Moreover case studies allow for the identification of gaps in knowledge.

Participants, individually or in small groups are asked to study the case and prepare responses to the questions. The responses are then processed. During the processing the trainer must encourage and ensure that all participants get a chance to provide inputs. Processing can be done using questions and answers and/or discussion.

The questions must be answered in an orderly manner in the sense that each question must be answered fully and the inputs summarized before moving to the next

question. Answer key must be given to the participants after the processing of the case study.

Case studies can be presented in different format. They can be based on the presentation of a real patient, the files of a patient, a written description of a case, an illustration such as a photograph or slides of a case, or a video.

This method is not used in this curriculum but trainers can develop case studies based on local conditions/data as additional exercises if time permits.

## **Discussion**

Discussion is indicated when the outcome is not predetermined in advance and is “still negotiable”. Therefore using discussion to provide “scientific” knowledge/information or a decision that has already been made and not to be changed can lead to frustration.

Discussion in plenary or in small groups is recommended to explore attitudes, values and opinions. It is also indicated to confront/compare different options of “doing things” ensuring that the “why” is covered.

During the discussion the trainer’s role is to facilitate the process, and ensure that the discussion remains “on track” and that every participant gets a chance to contribute.

When small groups do not have the same assignment/topic to discuss, each group presents their output(s) and discussion follows immediately after the presentation before moving to the next group. Time management is essential to ensure that no group gets “short changed” and has ample time for the presentation and discussion.

If all the groups have the same assignment, all groups present before discussion takes place. Only clarification questions are allowed during the presentation. Processing the output(s) must focus on the points of agreement before moving to the differences.

If time does not allow for all groups to present, one group can present and the other groups complete from their own group’s output before discussion starts.

Every discussion must be followed by a summary.

## **Demonstration**

Demonstration is a very effective way to facilitate learning of a skill or initiation of the development of an attitude. The facilitator should use this method to show the skill(s) and/or the attitude(s) addressing more than one sense at a time. Often a demonstration can effectively replace a presentation provided the facilitator explains as s/he is doing.

A demonstration should always be followed by a Q/A for clarification session before the learners are required to do a return demonstration.

### Steps for a demonstration

1. Trainer assembles resources needed for the demonstration
2. Trainer ensures that participants are ready, can hear and see
3. Trainer explains what s/he is going to do
4. Trainer instructs participants on what is expected of them (e.g. to observe closely, to take notes if appropriate, to use the skills checklist when appropriate etc.)
  - To prepare for the Q/A, and
  - Because they are required to do return demonstration(s) for practice
5. Trainer demonstrates while explaining the skill(s)/attitude necessary for each step of the procedure being demonstrated
6. Trainer conducts a Q/A for clarification at the end of the demonstration

### **Return demonstration**

Return demonstrations provide the learners with the opportunity to practice the skills necessary to perform the procedures they are being trained on. The trainer must ensure that each learner/participant has the opportunity to practice **enough times to reach a preset minimum acceptable level of performance.**

### Steps for a return demonstration

1. Trainer reminds participants of what is expected of them:
  - To practice the procedure/skills
  - To observe when others are practicing to be able to ask for clarification
  - To observe when others are practicing to be able to provide feedback and peer evaluation
2. Trainer divides participants into small groups, if more than one workstation. (**Note:** each workstation requires at least one facilitator/trainer).
3. Participants take turns practicing the procedure/skills
4. Trainer ensures that all participants can hear and see
5. While each participant is practicing trainer can provide guidance as necessary provided it does not interfere with the process and confuse the participant
6. After each participant, trainer solicits feedback from other participants
7. After feedback from other participants, trainer reinforces what is correct and corrects and/or completes feedback
8. Each participant needs to practice more than once or until control of the skill, as time permits
9. If participant(s) need more than time permits, trainer arranges for additional practice opportunities

## **Simulation/simulated practice**

A simulated practice is a very effective method to allow participants to practice procedures/skills in an environment that recreates as closely as possible the “real world” without the stress involved in practicing procedures/skills that they do not control yet in the field. It is recommended to have participants practice on models before they do perform the procedure/ use the skill in the work place. During a simulation the participant practices tasks that are part of her/his actual role in the workplace or that s/he will perform in the job s/he is being trained for.

Use the same steps as for a demonstration/return demonstration practice.

## **Role play**

Role plays are a very effective method to practice procedures/skills in the training room. They are especially effective to practice procedures/skills that deal with human interactions such as health education and counseling sessions. They are also very effective when the learning objective deal with attitudes.

In a role play participants “play roles” that are not necessarily their roles in the “real world”. Often they are asked to play the role of someone they would be dealing with. In this case it is called “role reversal” or “reverse role play”. This allows the participants to explore and discover how other perceive/live the interaction.

A role play must always be processed to analyze the lessons learned.

## **Summary**

Every time a training method allows for inputs through exchanges between the trainer(s) and the participants and between the participants themselves, it must be followed by a summary session to “tie up the loose ends” and provide the participants with clear answers. If this does not happen there is the likelihood that the participants will forget the “correct” answers.

A summary can be done by the trainer to ensure that there are “no loose ends”. If time permits, it is recommended to use the summary for evaluation. In this case the trainer can use the Q/A method.

### Steps for a summary for evaluation

1. Trainer asks a participant to summarize
2. Trainers reinforces if the summary is correct/complete
3. Trainer asks another participant to correct/complete if the summary is incorrect/incomplete
4. Trainer repeats steps 2 and 3
5. Trainer corrects/completes if after 2 or 3 trials the summary is still Incorrect/incomplete.

## **Discussion Lecture**

Discussion Lecture: It is introducing of scientific material to the listeners and involving them in the discussion and exchanging viewpoints, raising questions and answering them and this leads to enriching the training process and increasing the chances of its success. The main difference between it and the short lecture is that the trainees are given the chance for questioning and discussion during the lecturing

Discussion lecture uses the principles of the lecture and discussion together in applying this method.

Privileges of the discussion lecture:

1. Drawing the trainees attention because it is a method of communication between the two sides in more than one direction
2. Increasing the interaction between the trainees and trainer and among trainees themselves
3. Allowing the exchange of viewpoints
4. Operating according to the rules and principles of seniors education
5. Allowing the provision of information and decision taking in the same session

Faults of discussion lecture:

1. Discussion may lead to the deviation from the basic subject and this neglecting the fundamental points of the subjects
2. It cannot be used in gaining the skills
3. It may lead to open the door of the discussion about information and firm decisions that cannot be changed and this leads to disappointment

## Evaluation

### Evaluation of learning and training objectives

Evaluation or assessment of learning and of training objectives allows trainers, program managers and participants to know how successful a training program has been. On-going evaluation and assessment allows trainers to identify gaps in learning and to fill those gaps. Evaluation also assists in revising learning experiences for later trainings.

Many strategies can be used to evaluate learning. Some of the most useful methods include:

- Knowledge assessments: Written or oral questions that require participants to recall, analyze, synthesize, organize or apply information to solve a problem. The knowledge component of a skill objective should be assessed prior to beginning skill practice in a training room or clinical session.
- Questionnaires: Written exercises that assist trainers and participants to identify and fill gaps in knowledge. Questionnaires can be administered as self-assessments. In some situations, it may be reasonable to have participants use course materials or to work together on questionnaires.
- Skill checklists: Observation of a participant performing a skill and assessment of the performance using a checklist. Simulated practice (using real items or models in a situation that is similar to actual practice) should ideally be assessed prior to beginning clinical practice with clients. Checklists should be used by the trainer and other participants to observe simulated (training room) performance and actual practice and provide feedback to help improve the performance. The checklists can also be used by the participant for self-assessment. During the training participants should be trained on how to use the checklists and encouraged to use them after the training to continue assessing their own performance and improving it.

Additional techniques for evaluation include: projects, reports, daily reflection, on-site observation, field performance, and discussion.

Each training module includes assessment of learning methods and tools:

- Questions and Answers should be used to frequently identify gaps in knowledge and fill them.
- Questionnaires are included with every module and can be used for self-assessment. To use them as self-assessment, participants fill out the questionnaire and then use any course materials to check their own answers. Trainers should work with participants filling out the questionnaires to make sure that all gaps in knowledge are filled before practicing and evaluating skills. When time permits, process responses in plenary to address any issues and fill the gaps in knowledge. At the end of this activity the answer key needs to be distributed to the participants.

- Skills Checklists are included for each of the skills that are included in this training curriculum. Participants can use the Skills Checklists as learning guides during practice sessions in training room or clinical sessions. To evaluate skills, trainers should generally observe participants three times with coaching as needed to ensure the skills are learned.

### **Evaluation of the participants**

The evaluation of the learning by participants will be done through questions and answers, synthesis of sessions done by selected participants, self-assessment following the micro-sessions, peer assessment through feedback provided by other participants following the micro-sessions and assessment of performance by facilitators.

Each participant will practice more than once, preferably three times” the use of the curriculum to plan, organize, conduct and evaluate the training through simulated micro-sessions. A checklist will be used both by participants for self and peer assessment, and by the facilitators.

Videotaping the micro sessions or at least significant segments of the micro sessions and reviewing the taped segments after each session will enable the participants to assess their own progress in terms of acquisition of training/facilitation skills. This approach to evaluation although time consuming is very effective in helping participants assess their own performance and stabilize feedback received from their peers and from the trainers/facilitators.

Post training evaluation of the learners must be conducted within three (3) to six (6) months after the end of the training. Further post training evaluation and follow-up can be integrated into routine supervision. It is highly recommended to use the skills checklists used during the training for post training evaluation and follow-up.

### **Evaluation of the training**

The “End of Training” evaluation can be done through a questionnaire (form 1) whereby the participants are asked to respond and express their opinions about various aspects of the workshop, such as organization, the process, the facilitation, and a general assessment.

The “End of module” evaluation can be done through a questionnaire (form 2) whereby the participants are asked to respond and express their opinions about various aspects of the module, such as the relevance of the module objective to the course ones, the relevance of the content to the objectives, the adequacy of the content, the presentation of the content, the effectiveness of the methodology, the facilitation and the sequencing of the content.

A confidence/satisfaction index can be calculated to determine how confident the learners feel that they acquired the knowledge and skills necessary to perform the tasks they have been trained for, and how committed they feel to using those skills to ensure the quality of the services they are to provide. The confidence index applies to

the training objectives and acquisition of skills and knowledge and to the degree to which the participants feel that they are able to apply what they have learned during the training. The satisfaction index applies to the organization and implementation of the training.

The items are labeled in the form of statements followed by a scale 5 (Strongly Agree), 4 (Agree), 2 (Disagree), and 1 (Strongly Disagree), where 5 represents the highest level of satisfaction/confidence (agreement with the statement) and 1 represents the lowest. The participants are asked to select the level that expressed their opinion best. A space for comments is provided after each statement.

The confidence and satisfaction indices are calculated by multiplying the number of respondents by the correspondent coefficient in the scale, then adding the total. The total is multiplied by 100. The product is divided by the total number of respondents to the statement multiplied by 5. 60% represents the minimal acceptable level and 80% a very satisfactory level of performance.

For example, if the total number of respondents is 19 and 7 of them selected 5 on the scale, 6 selected 4, 4 selected 2, and 2 selected 1, then the index will be  $(5 \times 7) + (4 \times 6) + (2 \times 4) + (1 \times 2)$  multiplied by 100, divided by  $(5 \times 19)$ . A 100% index would be if the total number of respondents selected 5. In this case it would be 95. In this example the index is 72.63%.

The training content and process are evaluated on a continuing basis through daily evaluations using methods such as “things liked the best” and “things liked the least” and/or “quick feedback” forms. The facilitators will use the results of this evaluation during their daily meeting to integrate the feedback and adapt the training to the participants needs.

“Where Are We?” sessions will be conducted with the participants to assess the progress in content coverage and process towards reaching the training goals and learning objectives.

Comments are analyzed and categorized. Only significant comments, those mentioned more than once and/or by more than one participant, are retained. The facilitators need to use the results of this evaluation during their daily meeting to integrate the feedback and adapt the training to the participants needs. Feedback and assessment of training experiences allows trainers and program managers to adapt training to better meet participants’ needs. Trainers can also assess their own performance in facilitating the learning experience of participants using a standardized “facilitation skills” checklist (form 4).

# Form 1: END OF COURSE EVALUATION QUESTIONNAIRE

**TRAINING CENTER**

**DATE**

**COURSE TITLE:**

## **INSTRUCTIONS**

This evaluation will help adapt the course to your needs and to those of future participants.

It is anonymous. Please respond freely and sincerely to each item. The items are labeled in the form of statements followed by a scale where:

- 5 = **strong** agree
- 4 = agree
- 2 = disagree
- 1 = **strongly** disagree

Please circle the number that expresses your opinion; the difference between **strongly** agree and agree, and between **strongly** disagree and disagree are a matter of intensity.

Add your comments in a specific and concise manner, in the space provided after each statement. If that is not sufficient feel free to use extra paper. If you select 2 or 1, make sure to suggest how to make the situation better, practical, and offer solutions.

**N.B:** Course goals objectives and duration will vary based on the type of training conducted. Adapt the form to each specific course by including in it the relevant course item

## COURSE GOALS

The Course Achieved Its Goals

1. To provide the participants with the opportunities to acquire/update the knowledge and skills necessary to:

<b>1.1</b> Play an effective role as a member of the PHC Center team to improve the quality of care and services	5-4-2-1
Comments:	
<b>1.2</b> Use the team approach to solve problems at the PHC center level	5-4-2-1
Comments:	
<b>2.</b> Provide the participants with opportunities to be exposed to and initiate the development of attitudes favorable to the systematic use of the knowledge and skills acquired in team building and problem solving to improve the quality of care and services	5-4-2-1
Comments:	

## **COURSE OBJECTIVES**

1. The course helped me reach the stated objectives:

1.1 Apply the team approach principles to play an effective role as a member of the Model PHC Center service delivery team	5-4-2-1
Comments:	
1.2 Use the team approach to implement the problem solving cycle to solve service delivery and management problems at the PHC Center level	5-4-2-1
Comments:	
1.3 Explain the importance of being an effective team member of the Model PHC Center to improve the quality of care and services	5-4-2-1
Comments:	
1.4 Explain the importance of using the team approach to implement the problem solving cycle to solve service delivery and management problems at the Model PHC center	5-4-2-1
Comments:	

2. The course objectives are relevant to my job description / task I perform in my job	5-4-2-1
<p>Comments:</p>	
3. There is a logical sequence to the units that facilitates learning	5-4-2-1
<p>Comments:</p>	

**ORGANIZATION AND CONDUCT OF THE COURSE**

1. Time of notification was adequate to prepare for the course	5-4-2-1
Comments:	
2. Information provided about the course before arriving was	5-4-2-1
Comments:	
3. Transportation arrangements during the course were adequate (if applicable)	5-4-2-1
Comments	
4. Training site (Training Center) was adequate	5-4-2-1
Comments:	
5. The educational materials (including reference material) used were adequate both in terms and quantity and quality in relation to the training objectives and content	5-4-2-1
Comments:	

6. The methodology and technique used to conduct the training were effective in assisting you to reach the course objectives	5-4-2-1
Comments:	
7. Clinic/ practice site, as applicable, was adequate	5-4-2-1
Comments:	
8. Relationships between participants and course managers and support staff were satisfactory	5-4-2-1
Comments:	
9. Relationships between participants and trainers were satisfactory and beneficial to learning	5-4-2-1
Comments:	
10. Relationships between participants were satisfactory	5-4-2-1
Comments:	
11. The organization of the course was adequate (Time, breaks, supplies, resource materials)	5-4-2-1
Comments:	

**Additional comments:**

**GENERAL ASSESSMENT**

1. I can replicate this training in my future work	5-4-2-1
Comments:	
2. I would recommend this training course to others	5-4-2-1
Why or Why Not?	
3. The duration of the course (10 days) was adequate to reach all objectives and cover all necessary topics	5-4-2-1
Comments:	
General comments and suggestions to improve the course (Please be specific)	

## Form 2: END OF MODULE EVALUATION QUESTIONNAIRE

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**COURSE: DATE:**

**MODULE NUMBER & TITLE:**

### **INSTRUCTIONS**

This evaluation is intended to solicit your opinions about the modules. Your feedback will help adapt the course to your needs and to those of future participants.

It is anonymous. Please respond freely and sincerely to each item. The items are labeled in the form of statements followed by a scale where:

- 5 = **strongly** agree
- 4 = agree
  
- 2 = disagree
- 1 = **strongly** disagree

Please circle the number that best expresses your opinion; the differences between **strongly** agree and agree, and between **strongly** disagree and disagree are a matter of intensity.

Add your comments in a specific and concise manner in the space provided after each statement. If that space is not sufficient feel to use extra paper. If you select 2 or 1, make sure to write specific comments on how to improve the module.

### **EVALUATION ITEMS**

1. The module objectives are relevant to the course objectives  Comments:	5- 4- 2- 1
2. The content / topics covered in the unit are relevant to the objectives  Comments:	5- 4- 2- 1

<p>3. The content / topics were adequate to help me achieve the objectives</p> <p>Comments:</p>	5- 4- 2- 1
<p>4. The content / topics were clear and well-presented</p> <p>Comments:</p>	5- 4- 2- 1
<p>5. The training methods and activities were effective in facilitating learning</p> <p>Comments:</p>	5- 4- 2- 1
<p>6. The training methods and activities were conducted adequately to facilitate learning</p> <p>Comments:</p>	5- 4- 2- 1
<p>7. These are important topics that will enable me to better perform my job</p> <p>Comments: (specify these points)</p>	5- 4- 2- 1
<p>8. There is a logical sequence to the sessions and topics that facilitates learning</p> <p>Comments:</p>	5-4- 2- 1

<p>9. There are certain topics that need further clarification</p> <p>Comments: (specify these points)</p>	<p>5- 4- 2- 1</p>
<p>10. The training materials and resources provided were adequate</p> <p>Comments:</p>	<p>5- 4- 2- 1</p>
<p>11. Training materials and resources were provided on time to facilitate learning</p> <p>Comments:</p>	<p>5- 4- 2- 1</p>
<p>12. The training materials and resources used were adequate to facilitate my learning</p> <p>Comments:</p>	<p>5-4-2-1</p>
<p>13. The training site was adequate</p> <p>Comments:</p>	<p>5- 4- 2- 1</p>
<p>14. The clinic/ practice site was adequate (if applicable)</p> <p>Comments:</p>	<p>5- 4- 2- 1</p>

**General comments** (if any not covered):

### Form 3: QUICK FEEDBACK FORM

**TRAINING COURSE: DATE:**

**LOCATION:**

**MODULE NUMBER AND TITLE:**

**SESSION NUMBER AND TITLE:**

#### INSTRUCTIONS

This evaluation is anonymous. Please respond freely and sincerely to each item. The items are labeled in the form of statements followed by a scale where:

5 = **strongly** agree

4 = agree

2 = disagree

1 = **strongly** disagree

Please circle the description that expresses your opinion best; the difference between strongly agree and agree, and between strongly disagree and disagree are a matter of intensity.

Add your comments in a specific and concise manner, if you have any, in the space provided after each statement. If that space is not sufficient feel free to use extra paper. If you selected 2 or 1 please make sure to give comments (e.g. why? Solutions?)

1. The session objectives are relevant to the tasks in the job description	5- 4- 2- 1
COMMENTS	
2. The methods/learning activities were adapted to the objectives	5- 4- 2- 1
COMMENTS	

3. The materials provided were adequate to cover all of the content	5- 4- 2- 1
COMMENTS	
4. The time allocated to the session was adequate to cover all the topics	5- 4- 2- 1
COMMENTS	
5. The facilitation (conduct of the session) helped reach the session objectives	5- 4- 2- 1
COMMENTS	
6. The content of the training was clearly presented	5- 4- 2- 1
COMMENTS	
7. The materials/resources were used in a way that helped me learn	5- 4- 2- 1
COMMENTS	
8. There are points of content that need further clarifications (Specify what specific content areas)	5- 4- 2- 1

**Other comments:**

## Form 4: TRAINING SKILLS CHECKLIST

This checklist is used with the relevant curriculum to give feedback on the trainer's performance.

The checklist contains a list of items to be observed:

- If they are observed a check mark (√) is entered in the column observed under **adequate** or **inadequate** depending on the performance.
- Comments are entered in the appropriate column to clarify/specify what is observed or not observed.
- Is not observed a check mark (√) and comments are entered in the appropriate columns.

The finding and comments are analyzed and discussed with the trainers supervised. Any immediate corrective action(s) taken and further action(s) needed must be entered in the spaces provided.

The trainers supervised must be given an opportunity to comment and the comments must be entered in the appropriate space. The form must be dated and signed by the trainer and the supervisor. It is then filed in the trainer's file for future follow-up and reference.

NO = NOT observed

NA = NOT adequate

Legend: A = Adequate

Items	Observed		NO	Comments
	A	NA		
<p><b><u>1.Planning of the session</u></b></p> <ul style="list-style-type: none"> <li>• Relevant sessions plan selected from curriculum</li> <li>• Organization conduct and evaluation of training in conformity with curriculum (based on observation during the session)</li> </ul>				
<p><b><u>2.Organizing the session</u></b></p> <ul style="list-style-type: none"> <li>• Arrive before beginning of session</li> <li>• Ensure that all training resources are in place</li> <li>• Ensure that equipment is in working condition</li> <li>• Ensure that training site is set up in accordance with the requirements of the training objective (s) and methodology</li> <li>• Prepared/rehearsed for the training (based on observation of mastery in conducting</li> </ul>				

activities and using resources during training)					
Items	Observed		NO	Comments	
	A	NA			
<b>3. Conducting the session</b> <b>3.1 Introduction</b> <ul style="list-style-type: none"> <li>• Introduce oneself <ul style="list-style-type: none"> <li>- Name</li> <li>- Job</li> <li>- Experience relevant to topic</li> </ul> </li> <li>• Introduce/let team members introduce themselves</li> <li>• Module: <ul style="list-style-type: none"> <li>- Introduce topic</li> <li>- Present objective</li> <li>- Clarify topic and objectives</li> <li>- List sessions</li> <li>- Establish linkage with job/task</li> </ul> </li> <li>• Session <ul style="list-style-type: none"> <li>- Introduce topic</li> <li>- Present objectives</li> <li>- Clarify topics and objectives</li> <li>- Establish linkage with module</li> <li>- Establish linkage with preceding session(s)</li> <li>- Explain methodology</li> </ul> </li> <li>• Present evaluation methodology</li> <li>• State estimated duration</li> </ul> <b>3.2 Facilitation skills</b> <ul style="list-style-type: none"> <li>➤ <b>Clarifying</b> <ul style="list-style-type: none"> <li>• Make sure participants are ready before starting on any content item</li> <li>• Make sure participants can hear: <ul style="list-style-type: none"> <li>- Trainer</li> <li>- Other participants</li> </ul> </li> <li>• Make sure participants can see: <ul style="list-style-type: none"> <li>- Writing</li> <li>- Illustrations/ educational aids</li> <li>- Trainer</li> <li>- Each other</li> </ul> </li> <li>• Make sure s/he look at participants</li> <li>• Make sure s/he can hear participants</li> <li>• Use appropriate educational material</li> <li>• Summarize after each content topic item before moving to next topic</li> </ul> </li> </ul>					

<ul style="list-style-type: none"> <li>• Use examples relevant to objectives, content, and participants learning.</li> </ul>					
Items	Observed		NO	Comments	
	A	NA			
<ul style="list-style-type: none"> <li>➤ <b><u>Ensuring Active Participation</u></b> <ul style="list-style-type: none"> <li>• Ask participants questions</li> <li>• Allow participants to ask questions</li> <li>• Allow participants to question/discuss/make contributions</li> <li>• Ensure that all participants contribute</li> <li>• Provide participants with opportunities to practice</li> <li>• Adapt to participants' learning capability (speed, learning activities, use of educational material)</li> <li>• Encourage participants through: <ul style="list-style-type: none"> <li>- Listening</li> <li>- Letting participants complete their interventions</li> <li>- Not being judgmental</li> <li>- Maintaining cordial relationships with participants</li> </ul> </li> </ul> </li> <li>➤ <b><u>Mastering Training</u></b> <ul style="list-style-type: none"> <li>• Conduct the learning activities as per session plan</li> <li>• Use the training resources/materials as per plan</li> <li>• Cover content adequately (relevant, clear, concise, complete, concrete, credible, consistent and correct)</li> <li>• Follow curriculum for learning/training activities</li> <li>• Use content as per curriculum</li> </ul> </li> </ul> <p><b><u>Evaluating learning/training process</u></b></p> <ul style="list-style-type: none"> <li>• Check that participants understand</li> <li>• Check that participants learn skills</li> <li>• Provide supportive feedback by: <ul style="list-style-type: none"> <li>- Reinforcing the positive learning</li> <li>- Correcting any errors</li> <li>- Correcting any incomplete learning</li> </ul> </li> </ul>					

<ul style="list-style-type: none"> <li>• Listen to participants comment about one's performance (without making it personal)</li> <li>• Adapt one's performance based on feedback from participants</li> <li>• Allow participants to answer questions asked by the group.</li> </ul>				
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**Additional comments or observations**

**Analysis of findings**

**Action (s) taken**

**Further action (s) needed**

**Trainer's comments**

**Date:**

**Supervisor's name & signature**

**Trainer's name & signature**

## **Part Two**

### **Training Modules**

## **Module One: antenatal care**

### **Module Objectives:**

**At the end of this module the participant will be able to:**

1. Explain principles of good care
2. Assess the pregnancy status and check for diseases
3. Respond to observed signs or volunteered problems

### **Modules Sessions**

- **Session 1:** Principles of good care
- **Session 2:** Assessment of pregnancy status and check for diseases
- **Session 3:** Respond to observed signs or volunteered problems

### **Evaluation/ Assessment**

Questions and answers, participants' summaries, trainer's evaluation

### **Estimated Training Time**

8.30 hours

## **Module 1**

### **Session 1: principles of good care**

#### **Objectives**

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

1. Understand communication
2. Explain work place and administrative procedures
3. Organize a visit
4. Apply quick check

#### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

#### **Methods and activities**

Role play, Mini-lecture, Discussion, questions and answers

#### **Evaluation/assessment**

Questions and answers, trainer's observation

#### **Estimated Time**

90 minutes

## Session plan

Objectives	Content	Methodology
1.1.1. Understand communication	<ul style="list-style-type: none"> <li>• Communicating with the women (and her companion)</li> <li>• Privacy and confidentiality</li> <li>• Prescribing and commending treatments and preventive measures for the women</li> </ul>	Role play 30 minutes
1.1.2. Explain work place and administrative procedures	<ul style="list-style-type: none"> <li>• Workplace</li> <li>• Daily and occasional administrative activities</li> <li>• Record keeping</li> <li>• International conventions</li> </ul>	Discussion-lecture 20 minutes
1.1.3. Organize a visit	<ul style="list-style-type: none"> <li>• Receive and respond immediately</li> <li>• Begin of the emergency care visit</li> <li>• Begin routine visit (for the women)</li> <li>• During the visit</li> <li>• Summarize</li> <li>• Encourage to return</li> </ul>	Mini lecture  Questions and Answers for Clarification  Questions and Answers for Evaluation  20 minutes
1.1.4. Apply quick check	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat</li> </ul>	Question and and answers  20 minutes

## **General principles of good care**

## Principles of good care

### 1-Communication:

Communicating with the woman (and her companion)	Privacy and Confidentiality	Prescribing and commending treatments and preventive measures for the woman
<ul style="list-style-type: none"> <li>• Make the woman (and her companion) feel welcome.</li> <li>• Be friendly, respectful and non-judgmental at all times.</li> <li>• Use simple and clear language.</li> <li>• Encourage her to ask questions.</li> <li>• Ask and provide information related to her needs.</li> <li>• Support her in understanding her options and making decisions.</li> <li>• At any examination or before any procedure:               <ul style="list-style-type: none"> <li>→ Seek her permission and</li> <li>→ Inform her of what you are doing.</li> </ul> </li> <li>• Summarize the most important information, including the information on routine laboratory tests and treatments.</li> </ul> <p>Verify that she understands</p>	<ul style="list-style-type: none"> <li>• In all contacts with the woman and her husband:               <ul style="list-style-type: none"> <li>• Ensure a private place for the examination and counseling.</li> <li>• Ensure, when discussing, sensitive subjects that you cannot be overheard.</li> <li>• Make sure you have the woman's consent before discussing with her husband or family.</li> <li>• Never discuss confidential information about clients with other providers, or outside the health facility.</li> <li>• Organize the examination area so that, during examination, the woman is protected from the view of other people (curtain, screen, or wall).</li> <li>• Ensure all records are confidential and kept locked away.</li> <li>• Limit access to logbooks and registers to responsible</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• When giving a treatment (drug, vaccine, condom) at the clinic, or prescribing measures to be followed at home:               <ul style="list-style-type: none"> <li>• Explain to the woman what the treatment is and why it should be given.</li> <li>• Explain to her that the treatment will not harm her or her baby, and that not taking it may be more dangerous.</li> <li>• Give clear and helpful advice on how to take the drug regularly:                   <ul style="list-style-type: none"> <li>→ For example: take 2 tablets 3 times a day, thus every 8 hours, in the morning, afternoon, and evening with some water and after a meal, for 5 days.</li> </ul> </li> <li>• Demonstrate the procedure.</li> </ul> </li> <li>• Advise her to return if she has any problems or concerns about taking the drugs.</li> <li>• Explore any barriers she or her family may have, or have heard from others, about using the treatment, where possible:               <ul style="list-style-type: none"> <li>→ Has she or any one she knows used the Treatment or preventive measure before?</li> <li>→ Were there problems?</li> <li>→ Reinforce the correct information that she has, and try to clarify the incorrect information.</li> </ul> </li> <li>• Discuss with her the</li> </ul>

emergency signs, treatment instructions ,and when And where to return .Check for understanding by asking her to explain or demonstrate treatment instructions	providers only.	<ul style="list-style-type: none"> <li>Explain the side-effects to her. Explain that they are not serious, and tell her how to manage them.</li> </ul>	importance of taking the prescribed amount.
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## 2-Work Place and Administrative Procedures

Workplace	Daily and occasional administrative activities	Record keeping	International conventions
<ul style="list-style-type: none"> <li>Service hours should be clearly posted.</li> <li>Be on time with appointments or inform the woman/women if she/they need to wait.</li> <li>Before beginning the services, check that equipment is clean and functioning and that supplies and drugs are in place.</li> <li>Keep the facility clean by regular cleaning.</li> <li>At the end of the service:               <ul style="list-style-type: none"> <li>→ Discard litter and sharps safely</li> <li>→ Prepare for disinfection; clean and disinfect equipment and supplies</li> <li>→ Replace linen, prepare for washing</li> <li>→ Replenish supplies and drugs</li> <li>→ Ensure outline cleaning of all areas.</li> </ul> </li> <li>Handover essential information to the colleague who follows on duty</li> </ul>	<ul style="list-style-type: none"> <li>Keep records of equipment, supplies, drugs and vaccines.</li> <li>Check availability and functioning of essential equipment (orders stocks of supplies, drugs, vaccines, and contraceptives before they run out).</li> <li>Establish staffing lists and schedules.</li> <li>Complete periodic reports on births, deaths and the indicators as required, according to instructions.</li> </ul>	<ul style="list-style-type: none"> <li>Always record findings on clinical record(maternal card).Record treatments, reasons for referral, and follow-up recommendations at the time the observation is made.</li> <li>Do not record confidential information on the maternal card if the woman is unwilling.</li> <li>Maintain and file appropriately:               <ul style="list-style-type: none"> <li>→ All clinical records</li> <li>→ All other documentation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The health facility should not allow distribution of free or low-cost supplies or products within the scope of the International Code of Marketing of Breast Milk Substitutes. It should also be tobacco free and support a tobacco-free environment.</li> </ul>

### 3- Organizing a Visit

<p><b>Receive and respond immediately</b>          Receive every woman seeking care immediately after arrival (or organize reception by another provider).          Perform Quick Check on all new incoming women and those in the waiting room, especially if no-one is receiving them.          . At the first emergency sign on Quick Check, begin emergency assessment and management (RAM) ,          If she is in labor, refer to hospital          If she has priority signs (bleeding, fever .....ect.), examine her immediately .          If no emergency or priority sign on RAM or not in labor, invite her to wait in the waiting room.</p> <p><b>Begin each emergency care visit</b>          Introduce yourself.          Ask the name of the woman.          Encourage the companion to stay with the woman.          Explain all procedures, ask permission, and keep the woman informed as much as you can about what you are doing. If she is unconscious, talk to the companion.          Ensure and respect privacy during examination and discussion.</p>	<p><b>Begin each routine visit (for the woman)</b>          Greet the woman and offer her a seat.          Introduce yourself          Ask her name.....          Ask her:          * Why did you come?          * For a scheduled (routine) visit?          * For specific complaints?          * First or follow-up visit?          * Do you want to include your companion or other family member in the examination and discussion?          If antenatal care, always revise the birth plan at the end of the visit after completing the chart.          U Unless the condition of the woman require urgent referral to hospital, give preventive measures          If follow-up visit is within a week, and if no other complaints:          * Assess the woman for the specific condition requiring follow-up only          * Compare with earlier assessment and re-classify.          If a follow-up visit is more than a week after the initial examination (but not the next scheduled visit)</p>	<p>*Repeat the whole assessment as required for an antenatal, postpartum visit according to the schedule          * If antenatal visit, revise the birth plan.  <b>During the visit</b>          Explain all procedures,          Ask permission before undertaking an examination or test.          Keep the woman informed throughout. Discuss findings with her (and her husband).          Ensure privacy during the examination and discussion</p> <p><b>At the end of the visit:</b>          Ask the woman if she has any questions.          Summarize the most important messages with her.          Encourage her to return for a routine visit (tell her when) and if she has any concerns.          Fill the card.          Ask her if there are any points which need to be discussed and would she like support for this</p>
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#### 4-Quick Check

- Assess the general condition of the care seeker(s) immediately on arrival
- Periodically repeat this procedure if the waiting time is long.

If a woman is very sick, talk to her companion

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	classify	TREAT
<ul style="list-style-type: none"> <li>• Why did you come?</li> <li>• What is the concern?</li> </ul>	<ul style="list-style-type: none"> <li>• Is the woman being wheeled or carried in or:</li> <li>• bleeding vaginally</li> <li>• convulsing</li> <li>• looking very ill</li> <li>• unconscious</li> <li>• in severe pain</li> <li>• in labor</li> <li>• delivery is imminent</li> </ul>	<p>If the woman is or has:</p> <ul style="list-style-type: none"> <li>• unconscious (does not answer)</li> <li>• convulsing</li> <li>• bleeding</li> <li>• severe abdominal pain or looks very ill</li> <li>• headache and visual disturbance</li> <li>• severe difficulty breathing</li> <li>• fever</li> <li>• severe vomiting.</li> </ul>	Emergency	<ul style="list-style-type: none"> <li>• Reassure the woman that she will be taken care of immediately.</li> <li>• Ask her companion to stay.</li> <li>• Transfer the woman to hospital</li> </ul>
		<ul style="list-style-type: none"> <li>• Imminent delivery or</li> <li>• Labor</li> </ul>	Labor	<ul style="list-style-type: none"> <li>• Transfer the woman to the hospital</li> </ul>
		<ul style="list-style-type: none"> <li>• Pregnant woman, or after delivery,</li> <li>• with no danger signs</li> </ul>	Routine care	<ul style="list-style-type: none"> <li>• Keep the woman in the waiting room</li> </ul>

## **Module 1**

### **Session 2: assessment of pregnancy status and check for diseases**

#### **Objectives**

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

1. Assess the pregnant women at each antenatal care visits
2. Check for anemia
3. Check for hypertensive disorder
- 4-check for thromboembolism
- 5-check for small for gestational age
6. Check for diabetes mellitus
7. Check for hepatitis
8. Check for syphilis
9. Check for HIV
10. Check for toxoplasmosis

#### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

#### **Methods and activities**

Mini-lecture, discussion-lecture, questions and answers ,

#### **Evaluation/assessment**

Questions and answers, trainer's observation

#### **Estimated Time**

215 minutes

## Session plan

Objectives	Content	Methodology
1.2.1. Assess the pregnant women at each antenatal care visits	<ul style="list-style-type: none"> <li>• By using chart include               <ul style="list-style-type: none"> <li>- Ask, check, record</li> <li>- Look, listen, feel</li> <li>-Indications</li> <li>-Place of delivery</li> <li>-Advise</li> </ul> </li> </ul>	Mini- lecture Questions and Answers for Clarification Questions and Answers for Evaluation 30 minutes
1.2.2. Check for anemia	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	Questions and Answers 20 minutes
1.2.3. Check for hypertensive disorder	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	Questions and answers 20 minutes
1.2.4. Check for thromboembolism	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	Questions and answers 20 minutes

<p>1.2.5. Check for small-for-gestational-age (SGA)</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Mini-lecture  Questions and Answers for Clarification    Questions and Answers for Evaluation    25 minutes</p>
<p>1.2.6. Check for diabetes mellitus</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Test result</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Questions and Answers    20 minutes</p>
<p>1.2.7. Check for hepatitis</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Test result</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Discussion-lecture    20 minutes</p>
<p>1.2.8. Check for syphilis</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Test result</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Questions and Answers    20 minutes</p>
<p>1.2.9. Check for HIV</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, fee</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Mini- lecture    Questions and Answers for Clarification    Questions and Answers for Evaluation  20 minutes</p>

<p>1.2.10. Check for Toxoplasmosis</p>	<ul style="list-style-type: none"><li>• Ask , check, record</li><li>• Look, listen, fee</li><li>• Signs</li><li>• Classify</li><li>• Treat and advise</li></ul>	<p>Mini-lecture</p> <p>Questions and Answers for Clarification</p> <p>Questions and Answers for Evaluation 20 minutes</p>
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## **Assess the pregnancy status and check for disease**

1- Use this chart to assess the pregnant woman at each antenatal care visits. During first antenatal visit, prepare a birth and emergency plan using this chart and review them during following visits. Modify the birth plan if any complications arise.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVISE
<p>All visits</p> <ul style="list-style-type: none"> <li>-Check duration of pregnancy.</li> <li>-Where do you plan to deliver?</li> <li>-Any vaginal bleeding since last visit?</li> <li>-Is the baby moving? (after 4 months)</li> <li>-Check record for previous complications and treatments received during this pregnancy.</li> <li>-Do you have any concerns?</li> </ul> <p>continue</p>	<p>Feel for trimester of pregnancy</p>	<ul style="list-style-type: none"> <li>-Age less than 18 years.</li> <li>-First birth</li> <li>-Prior delivery by caesarean.</li> <li>-Obvious multiple pregnancy.</li> <li>-Transverse lie or other obvious malpresentation within one month of expected delivery.</li> <li>-Tubal ligation indicated immediately after delivery</li> <li>-Documented third degree tear.</li> <li>-Last baby born dead or died in first day.</li> <li>-More than 4 previous births.</li> <li>-Prior delivery with heavy bleeding.</li> <li>-Prior delivery with convulsions.</li> <li>-Prior delivery by forceps or vacuum.</li> <li>-HIV and hepatitis positive woman</li> <li>-History of or current vaginal bleeding or other complication during this pregnancy.</li> </ul>	<p>Referral level</p>	<ul style="list-style-type: none"> <li>-Explain why delivery needs to be at referral level.</li> <li>-Develop the birth and emergency plan.</li> </ul>

<p>First visit:</p> <ul style="list-style-type: none"> <li>• How many months pregnant are you?</li> <li>• When was your last period?</li> <li>• When do you expect to deliver?</li> <li>• How old are you?</li> <li>• Have you had a baby before? If yes:</li> <li>• Check record for prior pregnancies or if there is no record ask about: <ul style="list-style-type: none"> <li>-Number of prior pregnancies/deliveries</li> <li>-Prior caesarean section, forceps, or vacuum</li> <li>-Prior third degree tear</li> <li>-Heavy bleeding during or after delivery</li> <li>- Convulsions</li> <li>-Stillbirth or death in first day.</li> <li>-Do you smoke or use any drugs?</li> <li>-HIV risk group</li> <li>-contact with infectious diseases(T.B Hepatitis, Rubella....ect)</li> </ul> </li> </ul>	<p>Look for caesarean scar</p>	<p>More than 18 years old without risk problem para 2 up to para 4</p>	<p>Primary health care</p>	<p>-Explain why delivery needs to be at primary health care level. -Develop the birth and emergency plan.</p>
<p>Third trimester Has she been counseled on family planning?</p>	<p>Feel for obvious multiple pregnancy. Feel for transverse lie. Listen to fetal heart.</p>	<p>None of the above.</p>	<p>according to woman's preferences</p>	<p>-Explain why delivery needs to be with a skilled birth attendant, preferably at a facility. -Develop the birth and emergency plan.</p>

2-Check for anemia (do hemoglobin to all pregnant women in each trimester)

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<p>-Do you tire easily? -Are you breathless (short of breath) during routine household work?</p>	<p>-In each trimester: Measure hemoglobin -On subsequent visits: Look for - conjunctival pallor. -palmer pallor. If pallor: →Is it -severe pallor? →Some pallor? →Count number of breaths in 1 minute.</p>	<ul style="list-style-type: none"> <li>• Hemoglobin &lt; 7-g/dl. And/or</li> <li>• Severe palmer and conjunctival pallor or</li> <li>• Any pallor with any of               <ul style="list-style-type: none"> <li>→ &gt; 30 breaths per minute</li> <li>→ tires easily</li> <li>→ breathlessness at rest</li> </ul> </li> </ul>	<p>severe Anemia</p>	<ul style="list-style-type: none"> <li>• DO film for malaria</li> <li>• Refer urgently to hospital after: -Revise birth plan so as to deliver in facility with blood transfusion services.</li> <li>-Give double dose of iron(1 tablet twice daily) for 3 months</li> <li>-Counsel on compliance with treatment</li> <li>• Follow up in 2 weeks to check clinical progress, test results, and compliance with treatment.</li> </ul>
		<ul style="list-style-type: none"> <li>• Haemoglobin 7-11-g/dl. or Palmer or conjunctival pallor.</li> </ul>	<p>Moderate Anemia</p>	<ul style="list-style-type: none"> <li>• DO film for malaria</li> <li>• Give double dose of iron(1 tablet twice daily) for 3 months</li> <li>• Counsel on compliance with treatment</li> <li>• Reassess at next antenatal visit(4-6 weeks). If anemia persists, refer to hospital.</li> </ul>
		<ul style="list-style-type: none"> <li>• Hemoglobin equal to or &gt; 11-g/dl.</li> <li>• No pallor.</li> </ul>	<p>No clinical anemia</p>	<ul style="list-style-type: none"> <li>• Give iron 1 tablet once daily for 3 months</li> <li>• Counsel on compliance with Treatment</li> </ul>

3-Check for hypertensive disorder in all pregnant women at every visit

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<p>-Blood pressure at the last visit?</p>	<p>-Measure blood pressure in sitting position.                      -If diastolic blood pressure is <math>\geq 90</math> mmHg, repeat after 1 hour rest.                      -If diastolic blood pressure is still <math>\geq 90</math> mmHg, ask the woman if she has:                      severe headache                      blurred vision                      → epigastric pain and                      → check protein in urine.</p>	<p>Diastolic blood pressure <math>\geq 110</math> mmHg and 3+ proteinuria, or                      Diastolic blood pressure <math>\geq 90</math>-mmHg on two readings and 2+ proteinuria, and any of:                      → severe headache                      → blurred vision                      → epigastric pain.</p> <p>Diastolic blood pressure 90-110-mmHg on two readings and 2+ proteinuria.</p> <p>Diastolic blood pressure <math>\geq 90</math> mmHg on 2 readings.</p> <p>None of the above.</p>	<p>Severe pre-eclampsia</p> <p>Preeclampsia</p> <p>Hypertension</p> <p>No Hypertension</p>	<p>Give adalat capsule 10mg orally. give oxygen and insert I. V line                      Revise the birth plan.                      Refer urgently to hospital</p> <p>Revise the birth plan                      Refer to hospital.</p> <p>Advise to reduce workload and to rest                      Advise on danger signs                      Reassess at the next antenatal visit or in 1 week if <math>&gt; 8</math> months pregnant.                      If hypertension persists after 1 week or at next visit, refer to hospital                      No treatment required.</p>

4-check for thromboembolism (to be assessed at booking and repeated if admitted)

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<p>if there is one of the following</p> <ul style="list-style-type: none"> <li>-Single previous venous thromboembolism(VTE+)</li> <li>-Thrombophilia or family history</li> <li>-Unprovoked/estrogen-related</li> <li>Previous recurrent VTE</li> </ul>			High risk	Refer to hospital
<p>if there is one of the following</p> <ul style="list-style-type: none"> <li>-Single previous VTE with no family history or thrombophilia</li> <li>-Thrombophilia + no VTE</li> <li>-MEDICAL COMORBIDITIES, e.g. heart or lung disease, SLE, cancer, inflammatory conditions, nephrotic syndrome, sickle cell disease,</li> <li>-intravenous drug user</li> <li>-Surgical procedure, e.g. appendicectomy</li> </ul>			Intermediate risk	Refer to hospital
<ul style="list-style-type: none"> <li>-Age &gt; 35 years</li> <li>-Parity <math>\geq 3</math></li> <li>Smoker-</li> <li>-long-distance travel <math>\geq 4</math>hr</li> <li>-Immobility <math>\geq 3</math> days,, e.g. paraplegia,</li> </ul>	<ul style="list-style-type: none"> <li>-Gross varicose veins symptomatic, above the knee or associated with phlebitis/oedema/skin changes</li> <li>-Current systemic infection</li> <li>-symphysis pubis dysfunction with reduced mobility (SPD),-Multiple pregnancy</li> <li>-Pre-eclampsia</li> </ul>	<ul style="list-style-type: none"> <li>-Obesity (BMI &gt; 30kg/m<sup>2</sup>)</li> <li>Dehydration/hypertension</li> </ul>	<ul style="list-style-type: none"> <li>&lt;3 Low risk. (three or more risk or 2 and admission intermediate risk)</li> </ul>	<ul style="list-style-type: none"> <li>Mobilization and avoidance of dehydration in low risk</li> </ul>

5- check for Small-for-Gestational-Age (SGA) Fetus

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
at Booking -Maternal age $\geq 35$ year -Nulliparous -Smoker 1-10/day -Low fruit intake -Pregnancy interval < 6 month -Pregnancy interval $\geq 30$ months -Paternal SGA	-BMI < 20 -BMI 25-29.9 -Preeclampsia		Minor risk factors for (SGA)	3 Minor risk factors Refer to hospital for Doppler at 20-24w of gestation if normal repeated at 3 <sup>rd</sup> trimester
-Maternal age > 40 year -Smoker $\geq 11$ /day -daily vigorous exercise -previous small gestational age baby -previous still birth -Chronic hypertension -maternal SGA	-Unexplained APH -Preeclampsia -Diabetes and vascular disease -Severe pregnancy induced hypertension -Low maternal weight		Major risk factors for (SGA)	one major risk factors Refer to hospital for serial Doppler at 26-28 w of gestation repeated at 3 <sup>rd</sup> trimester -consider aspirin before 16w gestation if risk factor for preeclampsia
	After 12 w's gestation examine SFH (symphysis fundal height) if less than expected gestation fibroid and BMI 35 or polyhydramnios		Probable SGA	Refer to hospital for US examination for AC & /OR EFW (abdominal circumference or estimated fetal weight)
			not suitable for monitoring	Refer to hospital for serial Doppler at 26-28 w of gestation repeated at 3 <sup>rd</sup> trimester

6- Check for diabetes mellitus (Screen all pregnant women between 24th-28th weeks of gestation and the high risk groups at booking)

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	TEST RESULT	CLASSIFY	TREAT AND ADVISE
<p>High risk groups:                      Older than 25 years of age.                      Family history of DM                      Obesity                      Special minority groups.                      History of birth of macrosomic baby                      congenital anomaly,                      IUD and preterm birth.</p>	<p>Screening protocol of GDM                      50 grams 1-hour oral glucose challenge                      (no need for fasting-at any time of the day)</p>	<p>Plasma glucose                      &lt;140 mg/dl                      &lt;7.8 mmol/L                      Plasma glucose</p>	<p>No GDM</p>	
		<p>≥140 mg/dl                      ≥7.8 mmol/dl give                      100 gram 3-hours oral GTT                      (After 8-12h overnight fast)                      If ≥2 are abnormal (according to 4th international workshop for diagnosis of GDM)                      FPG ≥95 mg/dl (5.3 mmol/L)                      1 hours -plasma glucose ≥180 (10 mmol/L)                      2 hours -plasma glucose ≥155 (8.6 mmol/L)                      3 hours - plasma glucose ≥140 (7.8 mmol/L)</p>	<p>GDM</p>	<p>Refer to hospital always for Diet, monitor glucose and fetus</p>

Diabetes affect 1-12% of pregnancies. 15% may progress to permanent DM. (Glycemic targets)  
 Fasting plasma glucose <100mg/dl 1- hour postprandial plasma glucose <140mg/dl 2-hours postprandial plasma glucose <120mg/dl

7- Check for Hepatitis. Test and counsel all pregnant women for HbsAg and AntiHCV at the first antenatal visit.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	TEST RESULT	CLASSIFY	TREAT AND ADVISE
<p>-Provide key information on HbsAg and Anti HCV</p> <p>-What is HbsAg?</p> <p>and Anti HCV and how are HbsAg and AntiHCV transmitted?</p> <p>?</p> <p>-Advantage of knowing the HbsAg and Anti HCV status in pregnancy.</p> <p>-explain about HbsAg and AntiHCV test counseling including confidentiality of the result</p> <p>-Ask the woman :</p> <p>Have you been tested for HbsAg and Anti HCV?</p> <p>→If not tell her that she will be tested for those viruses</p> <p>→If yes :Check result. (Explain the Result</p> <p>Has the husband been tested and what was the result.</p>	<p>Perform HbsAg and Anti HCV tests if not performed in this pregnancy.</p>	<p>-pregnant woman negative for both HbsAg and Anti HCV</p> <p>-The pregnant woman is positive for HbsAg or HCV or both of them.</p> <p>Perform the test for Her/ husband- HbsAg positive. HbsAg negative. AntiHCV positive. AntiHCV negative</p>	<p>-pregnant woman negative for both HbsAg and Anti HCV</p> <p>-Only pregnant women is positive for HbsAg</p> <p>- both of them are positive for HbsAg</p> <p>-only the pregnant women is Positive for AntiHCV test</p> <p>-both of them are positive for AntiHCV test</p>	<p>Provide support to the HbsAg and AntiHCV negative woman. counsel on the importance of staying negative for HbsAg and or AntiHCV practicing safer sex including use of condoms Regarding HbsAg:</p> <p>If the woman is positive to HbsAg refer Her to the GIT And Liver Clinic for further assessment</p> <p>Perform HbsAg tests for her husband .</p> <p>Tell the pregnant women that her delivery must take Place in a hospital were vaccination services is available to her ne w born baby (Hepatitis B immunoglobulin (HBIG)and the first dose of Hepatitis B vaccine must be Given immediately to the newborn afterbirth)</p> <p>If the pregnant women is HbsAg positive and her Husband is negative ,tell her that her husband must take the first dose of HB vaccine + HB immediately and all the family members must be vaccinated.</p> <p>Ask her to return in 2 months later to be rechecked with All her previous documents.</p> <p>If the husband is Positive for HbsAg tell her to take vaccine after delivery.</p> <p>Regarding Anti HCV:</p> <p>if the pregnant woman Anti HCV positive refer her To the GIT and liver clinic for further assessment</p> <p>tell the pregnant women that her delivery must take place in a hospital were strictly given must be applied</p> <p>all family members must be checked or AntiHCV and health education to avoid getting the disease.</p> <p>For all the women (HbsAG and or Anti HCV positive woman)</p> <p>Counsel on family planning</p> <p>Counsel on safer sex including use o f condoms</p> <p>Counsel on benefits of involving and testing the husband.</p> <p>Tell the Husband and all the family members complete theirs schedule of Hepatitis B vaccination</p>

8-check for syphilis (test all pregnant women at first visit)

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	TEST RESULT	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> <li>Have you been tested for syphilis during this pregnancy → If not, perform the (VDRL test)</li> <li>If test was positive, have you and your husband been treated for syphilis? → If not, and test is positive, ask “Are you allergic to penicillin?”</li> </ul>		<ul style="list-style-type: none"> <li>VDRL test positive.</li> </ul>	Possible syphilis	<ul style="list-style-type: none"> <li>Give benzathine benzyl penicillin) If allergy, give erythromycin, tetracycline or Doxycycline</li> <li>Plan to treat the newborn.</li> <li>Encourage woman to bring her husband for treatment.</li> <li>Counsel on safer sex including use Of Condoms To Prevent new infection</li> </ul>
		<ul style="list-style-type: none"> <li>VDRL test negative.</li> </ul>	no syphilis	<ul style="list-style-type: none"> <li>Counsel on safer sex including use of condoms to prevent infection</li> </ul>

Indication	Antibiotic	Dose	Frequency	Duration	Comments
Syphilis VDRL test positive	Benzathine	2.4million units	once only	Once only	Give as two IM injections
	Penicillin (2.4millionunits in5ml)	IM injection			Plan to treat new born .
If woman has allergy to penicillin	Erythromycin (1tablet=250mg)	500mg (2tablets)	every 6 hours	15days	
	Tetracycline (1tablet=250mg) OR Doxyclyne (1tablet=100mg)	500mg (2tablets)  100mg	every 6 hours	15days	Not safe for pregnant or lactating woman.
If husband has allergy to penicillin			every 12hours	15days	

9-Check for HIV Use this chart testing and counseling during pregnancy for all risk group woman

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<p>-Provide key information on HIV                      What is HIV and how is HIV transmitted?                      -Advantage of knowing the HIV status in pregnancy                      -Explain about HIV testing and counseling including confidentiality of the result                      -Ask the risky woman: Have you been tested for HIV?                      -If not: tell her that she will be tested for HIV, unless she refuses.                      -If yes: . (Explain to her that she has a right not to disclose the result.)                      -Has the husband been tested?</p>	<p><input type="checkbox"/> Perform HIV test if not performed in this pregnancy</p>	<p><input type="checkbox"/> Positive HIV test.</p> <p><input type="checkbox"/> Negative HIV test.</p> <p><input type="checkbox"/> She refuses the test or is not willing to disclose the result of previous test or no test results available</p>	<p>HIV POSITIVE</p> <p>HIV NEGATIVE</p> <p>UNKNOWN HIV STATUS</p>	<p>HIV positive women will get care at facilities assigned for them.</p> <p><input type="checkbox"/> Counsel on implications of a negative test.  <input type="checkbox"/> Counsel on the importance of staying negative by practicing safer sex, including use of condoms.  <input type="checkbox"/> Counsel on benefits of involving and testing the husband.</p> <p><input type="checkbox"/> Counsel on safer sex including use of condoms.  <input type="checkbox"/> Counsel on benefits of involving and testing the husband.</p>

### What Is HIV (Human Immune Deficiency Virus)?

HIV is a virus that destroys parts of the body's immune system. A person infected with HIV may not feel sick at first, but slowly the body's immune system is destroyed. The person becomes ill and unable to fight infection. Once a person is infected with HIV, she or he can give the virus to others.

HIV can be transmitted through:

- Exchange of HIV-infected body fluids such as semen, vaginal fluid or blood during unprotected sexual intercourse.
- HIV-infected blood transfusions or contaminated needles.
- From an infected mother to her child (MTCT) during (pregnancy, labor and delivery and postpartum through breastfeeding
- Almost four out of 20 babies born to HIV positive women may be infected without any intervention.
- HIV cannot be transmitted through hugging or mosquito bites.
- A blood test is done to find out if the person is infected with HIV.
- All pregnant risky women are offered this test. They can refuse the test.

Counsel on safer sex including use of condoms

Safer sex is any sexual practice that reduces the risk of transmitting HIV and sexually transmitted infections (STIs) from one person to another the best protection is obtained by:

Correct and consistent use of condoms during every sexual act.

Choosing sexual activities that do not allow semen, fluid from the vagina, or blood to enter the mouth, anus or vagina of the husband.

If the woman is HIV-negative explain to her that she is at risk of HIV infection and that it is important to remain negative during pregnancy and breastfeeding. The risk of infecting the baby is higher if the mother is newly infected.

Make sure the husband knows how to use condoms and where to get them.

## **HIV testing and counseling services**

Explain about HIV testing:

- HIV test is used to determine if the woman is infected with HIV.
- It includes blood testing and counseling.
- Result is available on the same day
- inform the woman about:
  - Where to go.
  - How the test is performed.
  - How confidentiality is maintained
  - When and how results are given.
  - When she should come back to the clinic with the test result
- Provide the address of HIV testing in your area's nearest site :
- Ask her if she has any questions or concerns.

### 10-Check for Toxoplasmosis

Test for toxoplasmosis women with history of abortion (but not habitual abortion), congenital anomaly or stillbirth

Ask, Check Record	Look, Listen and feel	Signs	Classify	Treat and Advise
<p>Have you had a:</p> <ul style="list-style-type: none"> <li>• fever</li> <li>• fatigue</li> <li>• malaise</li> <li>• generalized weakness</li> <li>• abdominal pain</li> <li>• contact with cats</li> <li>• occupation (Farmer)</li> <li>• immunosuppressive drugs or HIV +</li> </ul>	<p>Exam for:</p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Lymphadenopathy</li> <li>• Hepatosplenomegaly</li> </ul>	<p>-Asymptomatic</p> <p>- fever and lymphadenopathy (flu like illness) fever, fatigue, weakness, malaise&gt;</p> <p>The lymphadenitis may wax and wane for months and finally resolve spontaneously</p> <p>Rarely: Fulminating disease with an erythematous rash, fever, malaise, myositis, dyspnea, acute myocarditis and encephalitis. Outcome can be fatal.</p>	<p>Inapparent (90%)</p> <p>Apparent (10%)</p>	<ul style="list-style-type: none"> <li>• Ensure that meat is cooked thoroughly 66c or freeze to -20 for 24 hr.</li> <li>• Thoroughly wash fruits and vegetables before eating.</li> <li>• Wash cutting boards, dishes, counters, utensils and hands with hot, soapy water after they have come in contact with raw foods.</li> <li>• Wear gloves when gardening and during any contact with soil or sand because it might contain cat feces.</li> <li>• Wash hands thoroughly after coming in contact with soil or sand.</li> <li>• Do not handle stray cats.</li> <li>• Do not feed your cat raw or undercooked meats.</li> <li>• Refer pregnant women (those with both IGM and IGG - converted to + or both of them are +) to DOH/PHCD/communicable disease section for treatment.</li> </ul>

## In Toxoplasmosis

- The risk of the baby's infection depend partly upon the timing of the mother's infection, when mothers are infected in the first trimester, 15 percent of fetuses become infected, as compared to 30 percent in the second trimester and 65 percent in the third trimester.
- Primary infection during early pregnancy may lead to fetal infection with death of the fetus or anomalies while in late pregnancy lead to mild or subclinical fetal disease
- With rare exception, woman who has been infected at least 6-9 months before conception develop immunity to toxoplasmosis and do not pass it on to their fetus in the pregnancy.
- Test serum for the presence of TOXOPLASMA specific IgG Antibody if negative mean no infection if positive mean infected woman AND to determine a proximate time of infection test serum for presence of TOXOPLASMA specific IgM Antibody if positive mean recent infection and has to be confirmed in the central health lab through either ALYZA or IFAT test

## **Module 1**

### **Session 3: Respond to observed signs or volunteered problems**

#### **Objectives**

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

1. Respond to women with history of primary hypertension
2. Respond to pregnant women with no fetal movement
3. Respond to women in case of threatened premature birth if no rupture membrane and in case of ruptured membranes without labor
4. Respond to obesity in pregnant women.
5. Respond to fever or burning on urination
6. Respond to vaginal discharge
7. Respond to pregnant women with signs suggesting HIV infection
8. Respond to pregnant women with cough or breathing difficulty, chest pain and arrhythmia
9. Respond to pregnant women if taking Anti-Tuberculosis

#### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

#### **Methods and activities**

Mini-lecture, brainstorming, discussion-lecture, questions and answers

#### **Evaluation/assessment**

Questions and answers, trainer's observation

#### **Estimated Time**

205 minutes

## Session plan

Objectives	Content	Methodology
1.3.1. Respond to women with history of primary hypertension	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	Brain storming 15 minutes
1.3.2. Respond to pregnant women with no fetal movement	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	Questions and answers 20 minutes
1.3.3. Respond to women in case of no rupture membrane and in case of ruptured membranes without labor	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	Discussion- lecture 25 minutes
1.3.4. Respond to obesity in pregnant women	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	Mini- lecture Questions and Answers for Clarification Questions and Answers for Evaluation 25 minutes

<p>1.3.5. Respond to fever or burning on urination</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Questions and answers 25 minutes</p>
<p>1.3.6. Respond to vaginal discharge</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Discussion-lecture 30 minutes</p>
<p>1.3.7. Respond to pregnant women with signs suggesting HIV infection</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Questions and answers 20 minutes</p>
<p>1.3.8. Respond to pregnant women with cough or breathing difficulty, chest pain and arrhythmia</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Mini- lecture Questions and Answers for Clarification Questions and Answers for Evaluation 25 minutes</p>
<p>1.3.9. Respond to pregnant women if taking Anti-Tuberculosis</p>	<ul style="list-style-type: none"> <li>• Ask , check, record</li> <li>• Look, listen, feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Brain storming 20 minutes</p>

## **Respond to observed signs or volunteered problem**

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<b>1-If woman had history of primary hypertension</b>				
Check blood pressure	Kidney function, electrolyte full bl count, transaminase and bilirubin	160/110 or higher	Severe	Refer to hospital
Check blood pressure twice per week	Kidney function, electrolyte full bl count, transaminase and bilirubin	150/100-159/109	Moderate	Aldomet tablet 250mg *3 increase to 2g/d
Check blood pressure twice per week	Routine ANC test	140/90 to 149/99mmHg	Mild	no
<b>2-If No Fetal Movement</b>				
<ul style="list-style-type: none"> <li>When did the baby last move?</li> <li>If no movement felt, ask woman to move around for some time, reassess fetal movement</li> </ul>	<ul style="list-style-type: none"> <li>Feel for fetal movements.</li> <li>Listen for fetal heart after 6 months of pregnancy by fetoscope or sonic aid (if &lt; 100lm or &gt; 180lm turn woman on her left side and count again .</li> <li>If no heart beat, repeat after 1 hour</li> </ul>	<ul style="list-style-type: none"> <li>No fetal movement.</li> <li>No fetal heart beat</li> <li>No fetal movement but fetal heart beat present.</li> </ul>	probably dead baby  well baby	<ul style="list-style-type: none"> <li>-Inform the woman and husband about the possibility of dead baby.</li> <li>-Refer to hospital .</li> </ul> Inform the woman that baby is fine and likely to be well but to return if problem persists.( If she do not feel more than 10 movements in 2 hours, contact maternity unit).

**3-threatened premature birth means the presence of uterine activity (contractions) from 24 - 37 weeks gestation**

**a-No rupture membrane**

<p>- No history of premature labor</p> <p>-History of premature labor</p>				<p>-Bed rest counseling</p> <p>-Treat cause</p> <p>-Follow up after 10 days if persist refer to hospital</p> <p>Refer to hospital</p>
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**b-If Ruptured Membranes And No Labor**

<ul style="list-style-type: none"> <li>• When did the membranes rupture?</li> <li>• When is your baby due?</li> </ul>	<p>-Measure temperature</p> <p>-Look at pad or under wear for evidence of:</p> <ul style="list-style-type: none"> <li>• amniotic fluid</li> <li>• foul-smelling vaginal discharge</li> <li>• If no evidence, examine her with a sterile speculum</li> </ul>	<ul style="list-style-type: none"> <li>• Fever 38°C.</li> <li>• Foul-smelling vaginal discharge.</li> <li>• Rupture of membranes at &lt;=8months of pregnancy.</li> <li>• Rupture of membranes at &gt;8 months of pregnancy</li> </ul>	<p>uterine and fetal infection</p> <p>risk of uterine and fetal infection</p> <p>rupture of membranes</p>	<ul style="list-style-type: none"> <li>• Give ampicilline 2 gm iv or im +metranidazol100 ml infusion and gentamycine 80gm iv or im.</li> <li>• Refer <u>ergently</u> to hospital.</li> <li>• give ampicilline 2 gm iv or im</li> <li>• Refer <u>ergently</u> to hospital.</li> <li>• Refer urgently to hospital to Manage as Woman in childbirth</li> </ul>
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<b>4- pregnant woman with obesity:</b>			
	<b>Booking visit</b>	<b>through out pregnancy</b>	<b>third trimester</b>
<b>Care for women with body mass index <math>\geq 30</math></b>	<ul style="list-style-type: none"> <li>-Measure weight and height to calculate BMI</li> <li>-Use appropriate size BL.Pr cuff</li> <li>-Continue 5mg folic acid daily up to 12W gestation</li> <li>-Consider 75 mg aspirin if there is additional moderate risk for preeclampsia (first pregnancy, maternal age &gt;40 years, family history of pre-eclampsia, multiple pregnancy).</li> <li>-Assess for thromboembolism risk</li> <li>-Glucose tolerance test</li> <li>-Give information about risk of obesity and pregnancy and how to minimize it</li> <li>Refer to consultant to discuss birth plan-</li> </ul>	<ul style="list-style-type: none"> <li>-Assess for thromboembolism risk</li> <li>-Use appropriate size BL.Pr cuff</li> </ul>	<ul style="list-style-type: none"> <li>-Glucose tolerance test at 24-28w</li> <li>Give advice on benefit of breast feeding initiation and maintenance</li> </ul>
<b>Care for women with body mass index <math>\geq 35</math></b>	<ul style="list-style-type: none"> <li>As above plus</li> <li>Refer if one or more additional risk factors for preclampsia (first pregnancy, previous pre-eclampsia, 10 years since last baby, 40 years, family history of pre-eclampsia, booking diastolic BP <math>\geq 80</math>mmHg, booking proteinuria <math>\geq 1+</math> on more than one occasion, multiple pregnancy, and certain underlying medical conditions such as pre-existing hypertension, renal disease or diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>As above plus</li> <li>Monitor for preclampsia 3/w between 24-32w and 2/w between 32 and delivery</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>
<b>Care for women with body mass index <math>\geq 40</math></b>	<ul style="list-style-type: none"> <li>As above plus</li> <li>Refer</li> </ul>	<ul style="list-style-type: none"> <li>As above plus</li> <li>Monitor for preclampsia 3/w between 24-32w and 2/w between 32 and delivery</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	EAT AND ADVISE
<b>5-IF FEVER OR BURNING ON URINATION</b>				
<ul style="list-style-type: none"> <li>• Have you had fever?</li> <li>• Do you have burning on urination?</li> </ul>	<ul style="list-style-type: none"> <li>• If history of fever or feels hot:</li> <li>• Measure axillary temperature.</li> <li>• Look or feel for stiff neck.</li> <li>• Look for lethargy.</li> <li>• Percuss flanks for tenderness</li> </ul>	<ul style="list-style-type: none"> <li>• Fever &gt;38°C and any of:</li> <li>• very fast breathing or stiff neck</li> <li>• lethargy</li> <li>• very weak/not able to stand</li> </ul>	<p>very severe febrile disease</p>	<ul style="list-style-type: none"> <li>• Insert IV line</li> <li>• Give ampicilline 2 gm iv or im +metranidazol 100 ml infusion and gentamycine 80gm iv or im.</li> <li>• Do blood film for malaria</li> <li>• Refer urgently to hospital</li> </ul>
		<ul style="list-style-type: none"> <li>• Fever &gt;38°C and any of:</li> <li>• Flank pain</li> <li>• Burning on urination.</li> </ul>	<p>upper urinary tract infection</p>	<ul style="list-style-type: none"> <li>• Give ampicilline 2 gm iv or im and gentamycine 80gm iv or im.</li> <li>• Do blood film for malaria</li> <li>• Refer urgently to hospital</li> </ul>
		<ul style="list-style-type: none"> <li>• Burning on urination.</li> </ul>	<p>lower urinary tract infection</p>	<ul style="list-style-type: none"> <li>• Give amoxycilline capsule 500 mg 1 8hr for three days after send to GUE(General urine examination).</li> <li>• Encourage her to drink more water</li> <li>• Refer to hospital if no response in 2days or she get worse.</li> </ul>

<b>7- If signs suggesting HIV Infection</b>			
<input type="checkbox"/> Have you lost weight? <input type="checkbox"/> Do you have fever? How long (>1 month) <input type="checkbox"/> Have you got diarrhoea (continuous or intermittent)? How long >1 month? <input type="checkbox"/> Have you had cough? How long >1 month? Assess if in high risk group: <input type="checkbox"/> Occupational exposure? <input type="checkbox"/> Multiple sexual partner? <input type="checkbox"/> Intravenous drug use? <input type="checkbox"/> History of blood transfusion? <input type="checkbox"/> Illness or died husband from AIDS? <input type="checkbox"/> History of forced sex?	<input type="checkbox"/> Look for visible wasting <input type="checkbox"/> Look for ulcers and white patches in the mouth (thrush) <input type="checkbox"/> Look at the skin: -Is there a rash? -Are there blisters along the ribs on one side of the body?	<input type="checkbox"/> Two of these signs -- weight loss -- fever >1 month -- diarrhoea >1 month <b>OR</b> <input type="checkbox"/> One of the above signs and -- one or more other signs or -- from a risk group.	<input type="checkbox"/> Reinforce the need to know HIV status and advise on HIV testing and counseling. <input type="checkbox"/> Counsel on the benefits of testing the husband <input type="checkbox"/> Counsel on safer sex including use of condoms <input type="checkbox"/> Refer to voluntary counseling and testing center <input type="checkbox"/> Refer to TB centre if cough.
<b>8-IF SMOKING OR DRUG ABUSE, OR HISTORY OF VIOLENCE</b>			
			<input type="checkbox"/> Counsel on stopping smoking <input type="checkbox"/> For drug abuse, refer to specialized care providers. <input type="checkbox"/> Counsel on violence if found.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<b>9- if cough or breathing difficulty, chest pain and arrhythmia</b>				
<input type="checkbox"/> How long have you been coughing? <input type="checkbox"/> How long have you had difficulty in breathing? <input type="checkbox"/> Do you have chest pain? <input type="checkbox"/> Do you have any blood in sputum? <input type="checkbox"/> Do you smoke?	<input type="checkbox"/> Look for breathlessness. <input type="checkbox"/> Listen for wheezing. <input type="checkbox"/> Measure temperature. <input type="checkbox"/> Measure pulse rate and regularity	At least 2 of the following signs: <input type="checkbox"/> Fever >38°C. <input type="checkbox"/> Breathlessness. <input type="checkbox"/> Chest pain.	POSSIBLE PNEUMONIA	<input type="checkbox"/> Give ampicilline 2 gm iv or im and gentamycine 80gm iv or im.. <input type="checkbox"/> Refer urgently to hospital
<input type="checkbox"/> Do you have any blood in sputum? <input type="checkbox"/> Do you smoke?		At least 1 of the following signs: <input type="checkbox"/> Cough or breathing difficulty for >3 weeks <input type="checkbox"/> Blood in sputum <input type="checkbox"/> Wheezing <input type="checkbox"/> Fever <38°C, and <input type="checkbox"/> Cough <3 weeks.	POSSIBLE CHRONIC LUNG DISEASE	<input type="checkbox"/> Refer to hospital for assessment. <input type="checkbox"/> If severe wheezing, refer urgently to hospital.
			UPPER RESPIRATORY TRACT INFECTION	<input type="checkbox"/> Advise safe, soothing remedy. <input type="checkbox"/> If smoking counsel to stop smoking
		If any of the following signs - Breathlessness. - Chest pain. - arrhythmia - cyanosis	POSSIBLE HEART DISEASE	Refer to hospital for further assessment

ASK, CHECK RECORD	SIGNS	CLASSIFY
<p>10-If Taking Anti-Tuberculosis Drugs</p> <ul style="list-style-type: none"> <li>• Are you taking anti-tuberculosis drugs? If yes, since when?</li> <li>• Does the treatment include injection(streptomycin)?</li> </ul>	<ul style="list-style-type: none"> <li>• Taking anti-tuberculosis drugs.</li> <li>• Receiving injectable anti tuberculosis drugs</li> </ul>	<p>Tuberculosis</p> <ul style="list-style-type: none"> <li>• If anti-tubercular treatment includes streptomycin(injection), refer the woman to district TB focal point for revision of treatment as streptomycin is ototoxic to the fetus.</li> <li>• If treatment does not include streptomycin, assure the woman that the drugs are not harmful to her baby, and urge her to continue treatment for a successful outcome of pregnancy.</li> <li>• If her sputum is TB positive within 2 months of delivery, plan to give INH prophylaxis to the newborn</li> <li>• Reinforce advice on HIV testing and counseling</li> <li>• If smoking, counsel to stop smoking.</li> <li>• Advise to screen immediate family members and close contacts for tuberculosis.</li> </ul>

- If the mother is diagnosed as having tuberculosis and started treatment less than 2 months before delivery:
  - Tell mother that INH prophylaxis for newborn is needed for 6 months
  - Delay BCG vaccination until INH treatment completed, or repeat BCG.
  - Reassure the mother that it is safe to breastfeed the baby.
  - Follow up the baby every 2 weeks, or according to national guidelines, to assess weight gain.

## **Module two: postnatal care (assessment of the mother status, check for diseases, and respond to observed signs or volunteered problems during purperum)**

### **Module Objectives:**

**At the end of this module the participant will be able to:**

1. Assess mother after delivery (within 6 weeks after delivery)
2. Respond to observed signs or volunteered problems during purperum

### **Modules Sessions**

- **Session 1:** Assessment of mother status
- **Session 2:** Respond to observed signs or volunteered problems during purperum

### **Evaluation/ Assessment**

Questions and answers, participants' summaries, trainer's evaluation

### **Estimated Training Time**

3 hours

## **Module 2**

### **Session 1: Assessment of mother status and check for diseases**

#### **Objectives**

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

1. Assess the mother after delivery
2. List diseases must be checked post nataly
3. Check for thromboembolism in purperum

#### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

#### **Methods and activities**

Discussion-lecture, Brain storming, Questions and Answers

#### **Evaluation/assessment**

Questions and answers, trainer's observation

#### **Estimated Time**

65 minutes

## Session plan

Objectives	Content	Methodology
2.1.1. Assess the mother after delivery	<ul style="list-style-type: none"> <li>• Use chart for examining the mother after delivery</li> </ul>	Discussion-lecture 30 minutes
2.1.2. List diseases must be checked postnatally	<ul style="list-style-type: none"> <li>• Anemia</li> <li>• Hypertensive disorder</li> <li>• D.M.</li> <li>• Hepatitis B</li> <li>• HIV status</li> </ul>	Brain storming 15 minutes
2.1.3. Check for thromboembolism in purperum	<ul style="list-style-type: none"> <li>• Ask, check, and record</li> <li>• Look, listen, and feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	Questions and answers 20 minutes

## **Postnatal Care**

**Assessment of the mother status and check  
for diseases**

### 1-Assessment of mother within 6 weeks after delivery

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> <li>When and where did you deliver?</li> <li>How are you feeling?</li> <li>Have you had <b>any pain or fever</b> or</li> <li>Bleeding since delivery?</li> <li>Do you have any problem with <b>Passing urine?</b></li> <li>Have you decided on any <b>Contraception?</b></li> <li>How do your <b>breasts feel?</b></li> <li>Do you have any other <b>concerns?</b></li> <li>Check records: <ul style="list-style-type: none"> <li>-Any complications during Delivery?</li> <li>-Receiving any treatments?</li> <li>-HIV status if she is in the risk group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Measure blood pressure and temperature.</li> <li>Feel uterus. Is it hard and round?</li> <li>Look at vulva and perineum for: <ul style="list-style-type: none"> <li>tear</li> <li>swelling</li> <li>Pus.</li> </ul> </li> <li>Look at pad for bleeding and lochia.</li> <li>Does it smell?</li> <li>Is it profuse?</li> <li>Look for pallor.</li> </ul>	<ul style="list-style-type: none"> <li>Mother feeling well.</li> <li>Did not bleed &gt;250 ml.</li> <li>Uterus well contracted and hard.</li> <li>No perineal swelling.</li> <li>Blood pressure, pulse and temperature normal.</li> <li>No pallor.</li> <li>No breast problem, is breastfeeding well.</li> <li>No fever or pain or concern.</li> <li>No problem with urination</li> </ul>	<p>NORMAL PURPERUM</p>	<ul style="list-style-type: none"> <li>Make sure woman and family know what to watch for and when to seek care</li> <li>Advise on Postpartum care and hygiene, and counsel on nutrition</li> <li>Counsel on the importance of birth spacing and family planning</li> <li>Refer for PHCS with family planning if not available in your center</li> <li>Dispense 3 months iron supply and counsel on compliance.</li> <li>Give any treatment or prophylaxis due:</li> <li>Tetanus immunization if she has not had full course.</li> <li>Promote use of impregnated Bed net for the mother and baby in endemic area.</li> <li>Record on the mother's card .</li> <li>Advise to return to health center within 4-6 weeks if she came earlier</li> <li>Vitamin A Capsule 200000 IU</li> </ul>

2-Check as in ANC for the following diseases:

- Anemia and send for HB test on need.
- Hypertensive disorder.
- Diabetes mellitus if she had gestational diabetes
- hepatitis B if she is from risk group ( unknown or test result negative during pregnancy ).
- HIV Status Use the same chart for HIV testing and counseling during pregnancy (if the woman is not previously tested)

**-check for thromboembolism in purperum**

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<p>-Any previous VTE+</p> <p>-Anyone requiring antenatal LMWH</p>			High risk	Refer to hospital
<p>Caesarean section in labour</p> <p>Asymptomatic thrombophilia (inherited or acquired)</p> <p>BMI &gt; 40 kg/m<sup>2</sup></p> <p>Prolonged hospital admission</p> <p>MEDICAL COMORBIDITIES, e.g. heart or lung disease, SLE, cancer, inflammatory conditions, nephrotic syndrome, sickle cell disease, intravenous drug user</p>			Intermediate risk	Refer to hospital
<p>Age &gt; 35 years</p> <p>Obesity (BMI &gt; 30kg/m<sup>2</sup>)</p> <p>Parity ≥ 3</p> <p>Smoker</p> <p>Elective caesarian section</p> <p>Any surgical procedure in the puerperium</p> <p>Gross varicose veins</p> <p>Current systemic infection</p> <p>Immobility, e.g. paraplegia, SPD, long distance travel</p> <p>Pre-eclampsia</p> <p>Mid-cavity rotational operative delivery</p> <p>Prolonged labour (&gt; 24 hours)</p> <p>PPH &gt; 1 litre or blood transfusion</p>	-		<p>low risk if &lt;2 risk factors</p> <p>Intermediate risk if 2 or more risk factors</p>	Mobilization and avoidance of dehydration in low risk

## **Module 2**

### **Session 2: Respond to observed signs or volunteered problems during purperum**

#### **Objectives**

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

1. Respond to heavy vaginal bleeding
2. Respond to fever or foul-smelling lochia
3. Respond to dribbling urine and pus or perineal pain
4. Respond to feeling unhappy or crying easily
5. Respond to nipple complaining or breast pain
6. Respond to obesity of women

#### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

#### **Methods and activities**

Question and answers, brainstorming, mini-lecture

#### **Evaluation/assessment**

Questions and answers, trainer's observation

#### **Estimated Time**

115 minutes

## Session plan

Objectives	Content	Methodology
2.2.1. Respond to heavy vaginal bleeding	<ul style="list-style-type: none"> <li>• Ask, check, and record</li> <li>• Look, listen, and feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Questions and Answers</p> <p>10 minutes</p>
2.2.2. Respond to fever or foul-smelling lochia	<ul style="list-style-type: none"> <li>• Ask, check, and record</li> <li>• Look, listen, and feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Mini-lecture</p> <p>Questions and answers for clarification</p> <p>Questions and answers for evaluation</p> <p>20 minutes</p>
2.2.3. Respond to dribbling urine and pus or perineal pain	<ul style="list-style-type: none"> <li>• Ask, check, and record</li> <li>• Look, listen, and feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Brainstorming</p> <p>20 minutes</p>
2.2.4. Respond to feeling unhappy or crying easily	<ul style="list-style-type: none"> <li>• Ask, check, and record</li> <li>• Look, listen, and feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Questions and answers</p> <p>20 minutes</p>

<p>2.2.5. Respond to nipple complaining or breast pain</p>	<ul style="list-style-type: none"> <li>• Ask, check, and record</li> <li>• Look, listen, and feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Mini-lecture  Questions and answers for clarification  Questions and answers for evaluation</p> <p>30 minutes</p>
<p>2.2.6. Respond to obesity of women</p>	<ul style="list-style-type: none"> <li>• Ask, check, and record</li> <li>• Look, listen, and feel</li> <li>• Signs</li> <li>• Classify</li> <li>• Treat and advise</li> </ul>	<p>Brain storming</p> <p>15 minutes</p>

## Respond to observed signs or volunteered problems during purperum

1-IF HEAVY VAGINAL BLEEDING	SIGNS	CLASSIFY	TREAT AND ADVISE
	More than 1 pad soaked in 5 minutes	postpartum bleeding	-Insert an IV line -Refer urgently to hospital -Drugs given according to PPH protocol
<p>2-if pallor, respond to anemia- follow the same chart of ANC</p> <p>3-if elevated diastolic blood pressure -follow the same chart of ANC</p> <p>4-if vaginal discharge or signs suggesting HIV infection follow the same chart of ANC</p> <p>5-if cough or breathing difficulty follow the same chart of ANC</p> <p>6-if taking anti-tuberculosis drugs</p> <p>7-if signs suggesting HIV infection follow the same chart of ANC</p>			

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<b>7-IF FEVER OR FOUL-SMELLING LOCHIA</b>				
Have you had:	<ul style="list-style-type: none"> <li>• Feel lower abdomen and flanks for tenderness.</li> <li>• Look for abnormal lochia.</li> <li>• Measure temperature.</li> <li>• Look or feel for stiff neck.</li> <li>• Look for lethargy.</li> </ul>	Temperature >38°C and any of: <ul style="list-style-type: none"> <li>• very weak</li> <li>• abdominal tenderness</li> <li>• foul-smelling lochia</li> <li>• profuse lochia</li> <li>• uterus not well contracted</li> <li>• lower abdominal pain</li> <li>• history of heavy vaginal bleeding</li> </ul>	uterine infection	<ul style="list-style-type: none"> <li>• Insert an IV line</li> <li>• Give ampicillin 2g Gentamycin 80 mg IM or IV, Metronidazole 500mg IV</li> <li>• Refer urgently to hospital</li> </ul>
		Fever >38°C and any of: <ul style="list-style-type: none"> <li>• burning on urination</li> <li>• flank pain.</li> </ul> Burning on urination	Upper Urinary Tract Infection	<ul style="list-style-type: none"> <li>• Give ampicillin vial 2 gram and Gentamycin 80 mg IM/IV</li> <li>• Refer urgently to hospital.</li> </ul>
			Lower urinary tract infection	<ul style="list-style-type: none"> <li>• Give amoxicillin one tab 500 mg /8 hr for three days</li> <li>• Encourage her to drink more fluids.</li> <li>• Follow up in 2 days.</li> <li>• If no improvement, refer to hospital</li> </ul>
	Temperature >38°C and any of: <ul style="list-style-type: none"> <li>• stiff neck</li> <li>• Lethargy.</li> </ul>		VERY SEVERE FEBRILE DISEASE	Insert an IV line . <ul style="list-style-type: none"> <li>• Give ampicillin 2gm iv or im, gentamicin 80mg and metronidazole 500mg iv</li> <li>• Refer urgently to hospital</li> </ul>

8-If Dribbling Urine	Dribbling or leaking urine Urine incontinence	Give :Amoxicillin 500 mg every 8 hourly If conditions persist more than one week refer the women to hospital.
	Fever >37.2°C Suspected malaria	Do blood film for malaria
9-If pus or perineal pain	Excessive swelling of vulva or perineum Pus in perineum Pain in perineum	Perineal trauma Refer the woman to hospital  Perineal infection (episiotomy wound) or pain Remove suture if present Clean the wound. Counsel on care and hygiene Give paracetamol for pain One to two tab every four to six hours Follow up in two days if no improvement refer to hospital
10-If feeling unhappy or crying easily		

<p><b>How have you been feeling recently?</b></p> <ul style="list-style-type: none"> <li>• Have you been in low spirits?</li> <li>• Have you been able to enjoy the things you usually enjoy?</li> <li>• Have you had your usual level of energy, or have you been feeling tired?</li> <li>• How has your sleep been?</li> <li>• Have you been able to concentrate (for example on newspaper articles or your favorite radio programs)?</li> </ul>	<p>Two or more of the following symptoms during the same 2 week period representing a change from normal:</p> <ul style="list-style-type: none"> <li>• Inappropriate guilt or negative feeling towards self.</li> <li>• Cries easily.</li> <li>• Decreased interest or pleasure.</li> <li>• Feels tired, agitated all the time.</li> <li>• Disturbed sleep (sleeping too much or too little, waking early).</li> <li>• Diminished ability to think or concentrate.</li> <li>• Marked loss of appetite.</li> </ul>	<p>postpartum depression (usually after first week)</p>	<p>Provide emotional support. Refer urgently the woman to hospital</p>
<p>Any of the above, for less than 2 weeks</p>	<p>postpartum blues (usually in first week)</p> <ul style="list-style-type: none"> <li>• Diminished ability to think or concentrate.</li> <li>• Marked loss of appetite.</li> </ul>	<p>Assure the woman that this is very common.</p> <ul style="list-style-type: none"> <li>• Listen to her concerns. Give emotional Encouragement and support.</li> <li>• Counsel husband and family to provide assistance to the woman.</li> <li>• Follow up in 2 weeks, and refer if no improvement.</li> </ul>	<p>Assure the woman that this is very common.</p> <ul style="list-style-type: none"> <li>• Listen to her concerns. Give emotional Encouragement and support.</li> <li>• Counsel husband and family to provide assistance to the woman.</li> <li>• Follow up in 2 weeks, and refer if no improvement.</li> </ul>

### 11- IF COMPLAINING OF NIPPLE OR BREAST PAIN

<p>How do your breasts feel?</p> <p>Look at the nipple for fissure</p> <ul style="list-style-type: none"> <li>• Look at the breasts for: <ul style="list-style-type: none"> <li>• swelling</li> <li>• shininess</li> <li>• redness.</li> <li>• Feel gently for painful part of the breast.</li> <li>• Measure temperature.</li> <li>• Observe a breastfeed if not yet done .</li> </ul> </li> </ul>	<p>No swelling, redness or tenderness.</p> <ul style="list-style-type: none"> <li>• Normal body temperature.</li> <li>• Nipple not sore and no fissure</li> <li>• visible.</li> <li>• Baby well attached.</li> </ul>	<p>breasts healthy</p> <p>Reassure the mother.</p>
<p>Nipple sore or fissured.</p> <ul style="list-style-type: none"> <li>• Baby not well attached</li> </ul>	<p>nipple soreness or fissure</p>	<p>Encourage the mother to continue breastfeeding.</p> <ul style="list-style-type: none"> <li>• Teach correct positioning and attachment.</li> <li>• Reassess after 2 feeds (or 1 day). If not better, teach the mother how to express breast milk from the affected breast and feed baby by cup, and Continue breastfeeding on the healthy side.</li> </ul>
<p>Both breasts are swollen, shiny and patchy red.</p> <ul style="list-style-type: none"> <li>• Temperature <math>&lt;38^{\circ}\text{C}</math>.</li> <li>• Baby not well attached.</li> <li>• Not yet breastfeeding.</li> </ul>	<p>breast engorgement</p>	<p>Encourage the mother to continue breastfeeding.</p> <ul style="list-style-type: none"> <li>• Teach correct positioning and attachment .</li> <li>• Advise to feed more frequently.</li> <li>• Reassess after 2 feeds (1 day). If not better, teach mother how to express enough breast milk before the feed to relieve discomfort .</li> </ul>
<p>Part of breast is painful, swollen and red.</p> <ul style="list-style-type: none"> <li>• Temperature <math>&gt;38^{\circ}\text{C}</math></li> <li>• Feels ill.</li> </ul>	<p>mastitis</p>	<p>Encourage mother to continue breastfeeding-</p> <ul style="list-style-type: none"> <li>• Teach correct positioning and attachment</li> <li>• Give cloxacillin for 10 days.</li> <li>• Reassess in 2 days. If no improvement or worse, refer to hospital.</li> <li>• If mother is HIV+ let her breastfeed on the healthy breast. Express milk from the affected breast and discard until no fever.</li> <li>• If severe pain, give paracetamol</li> </ul>

<b>11-Mothe with obesity</b>	
<b>body mass index</b>	<b>Treatment and advice</b>
<p><b>≥30</b></p> <p><b>OR</b></p> <p><b>≥35</b></p>	<ul style="list-style-type: none"> <li>- Encourage mobilize as early as possible</li> <li>-Provide compression stocking if 2 or more risk factors for thromboembolism</li> <li>-Give advice on benefit of breast feeding initiation and maintenance</li> <li>-Glucose tolerance test at 6 w after delivery</li> <li>-refer to dietician</li> </ul>
<b>≥40</b>	As above and refer for thromboprophylaxis

## **Module three: Preventive measures, advice and counsel, indications of referral of pregnant women from PHC to consultation in hospitals, and registration and analysis**

### **Module Objectives:**

**At the end of this module the participant will be able to:**

1. Explain preventive measures
2. Provide advice and counsel
3. List indications of referral of pregnant women from PHC to consultation in hospitals
4. Apply registration and analysis

### **Modules Sessions**

- **Session 1: Preventive measures**
- **Session 2: Advice and counsel**
- **Session 3: Indications of referral of pregnant women from PHC to consultation in hospitals**
- **Session 4: Registration and analysis**

### **Evaluation/ Assessment**

Questions and answers, participants' summaries, trainer's evaluation

### **Estimated Training Time**

6.30 hours

## **Module three**

### **Session 1: Preventive measures**

#### **Objectives**

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

1. Explain tetanus toxoid and vitamin A after delivery
2. Explain the role of iron and folic acid in pregnancy

#### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

#### **Methods and activities**

Mini-lecture, questions and answers,

#### **Evaluation/assessment**

Questions and answers, trainer's observation

#### **Estimated Time**

60 minutes

## Session plan

Objectives	Content	Methodology
3.1.1. Explain tetanus toxoid and vit.A after delivery	<ul style="list-style-type: none"> <li>• Assess, check, record</li> <li>• Treat and advise</li> </ul>	<p>Questions and answers</p> <p>30 minutes</p>
3.1.2. Explain the role of iron and folic acid in pregnancy	<ul style="list-style-type: none"> <li>• Dose of iron and folic acid</li> <li>• Motivate on compliance with iron treatment</li> </ul>	<p>Mini- lecture</p> <p>Questions and Answers for Clarification</p> <p>Questions and Answers for Evaluation</p> <p>30 minutes</p>

# Preventive Measures

### 1-Tetanus toxoid

Assess, Check Record	Treat And Advise
<ul style="list-style-type: none"> <li>• Check tetanus toxoid (TT) immunization status.</li> </ul>	Give tetanus toxoid if due <input type="checkbox"/> If TT1, plan to give TT2 at next visit. According to the schedule
<ul style="list-style-type: none"> <li>• When was TT last given?</li> </ul>	Tetanus schedule
<ul style="list-style-type: none"> <li>• Which dose of TT was this?</li> </ul>	at first antenatal care visit, as early as possible. TT1
<ul style="list-style-type: none"> <li>• If immunization status unknown, give TT1. And Plan to give TT2 in 4 w.</li> </ul>	At least 4 weeks after TT1 (at next antenatal care visit). TT2
<b>2- Give vitamin A after delivery</b>	At least 6 months after TT2. TT3
<ul style="list-style-type: none"> <li>• Give 200-000-IU vitamin A capsules after delivery or within 6 weeks of delivery:</li> </ul>	At least 1 year after TT3. TT4
<ul style="list-style-type: none"> <li>• Explain to the woman that the capsule with vitamin A will help her to recover better, and that the baby will receive the vitamin through her breast milk.</li> </ul>	At least 1 year after TT4. TT5
<ul style="list-style-type: none"> <li>• Ask her to swallow the capsule in your presence.</li> </ul>	Explain to the woman that the vaccine is safe to be given in pregnancy; it will not harm the baby.
<ul style="list-style-type: none"> <li>• Explain to her that if she feels nauseated or has a headache, it should pass in a couple of days.</li> </ul>	The injection site may become a little swollen, red and painful, but this will go away in a few days.
<ul style="list-style-type: none"> <li>• DO NOT give capsules with high dose of vitamin A during pregnancy. Vitamin A1 capsule 200-000 IU 1 capsule after delivery or within 6 weeks of delivery</li> </ul>	If she has heard that the injection has contraceptive effects, assure her it does not, that it only protect her from disease <input type="checkbox"/> Give 0.5 ml TT IM, upper arm.
	Advise woman when next dose is due. <input type="checkbox"/> Record on mother's card.

**3- Ferrofoliac tablet :** Check woman's supply of iron and folic acid at each visit and dispense 1 month's supply.

- Advise to store iron safely Where children cannot get it In a dry place.
- Iron and folate (1 tablet = 60-mg iron, folic acid = 400-µg)
- Give iron and folic acid to all pregnant, postpartum and post-abortion women as follow:

All women 1 tablet	Women with anemia 2 tablets
In pregnancy Throughout the pregnancy	3 months
Postpartum and post-abortion	3 months

-Motivate on compliance with iron treatment:

- Explore local perceptions about iron treatment (examples of incorrect perceptions: making more blood will make bleeding worse, iron will cause too large a baby).
- Explain to mother and her family. Iron is essential for her health during pregnancy and after delivery. The danger of anemia and need for supplementation.
- Discuss any incorrect perceptions.
- Explore the mother's concerns about the medication: Has she used the tablets before? Were there problems? Any other concerns? Advise on how to take the tablets
- With meals or, if once daily, at night Iron tablets may help the patient feel less tired. Do not stop treatment if this occurs Do not worry about black stool. This is normal.
- Give advice on how to manage side-effects: If constipated, drink more water

- Take tablets after food or at night to avoid nausea
- Explain that these side effects are not serious
- Advise her to return if she has problems taking the iron tablets.
- If necessary, discuss with family member, TBA, other community-based health workers or other women, how to help in promoting the use of iron and folate tablets.
- Counsel on eating iron-rich foods
- Counsel on nutrition :Advise the woman to eat a greater amount and variety of healthy foods, such as meat, fish, oils, nuts, seeds, cereals, beans, vegetables, cheese, milk, to help her feel well and strong (give examples of types of food and how much to eat).
- Reassure the mother that she can eat any normal foods – these will not harm the breastfeeding baby.
- Spend more time on nutrition counseling with very thin women and adolescents.
- Determine if there are important taboos about foods which are nutritionally healthy. Advise the woman against these taboos.
- Talk to family members such as husband and mother-in-law, to encourage them to help ensure the woman eats enough and avoids hard physical work.

## **Session 2: Advice and counsel**

### **Objectives**

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

1. Provide advice and counsel on nutrition and self-care
2. Provide advice and counsel on routine and follow-up visits
3. Develop a birth and emergency plan
4. Explain instructions to mother and family if choose delivery at home
4. Advise on labor signs and on danger signs
5. Provide counsel on importance of exclusive breastfeeding
6. Provide counsel on the importance of family planning

### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

### **Methods and activities**

Roll play, Questions and answers

### **Evaluation/assessment**

Questions and answers, trainer's observation

### **Estimated Time**

180 minutes

## Session plan

Objectives	Content	Methodology
3.2.1. Provide advice and counsel on nutrition and self-care	<ul style="list-style-type: none"> <li>• Counsel on nutrition</li> <li>• Counsel on self-care</li> </ul>	Roll play 20 minutes
3.2.2. Provide advice and counsel on routine and follow-up visits	<ul style="list-style-type: none"> <li>• ANC visits :               <ul style="list-style-type: none"> <li>- Routine</li> <li>- Follow-up visits for problems</li> </ul> </li> <li>• PNC visits :               <ul style="list-style-type: none"> <li>- Routine</li> <li>- Follow-up visits for problems</li> </ul> </li> </ul>	Questions and answers 30 minutes
3.2.3. Develop a birth and emergency plan	<ul style="list-style-type: none"> <li>• Develop a birth plan               <ul style="list-style-type: none"> <li>- Facility delivery</li> <li>- Advise how to prepare</li> <li>- Advise when to go</li> <li>- Advise what to bring</li> </ul> </li> <li>• Discuss how to prepare for an emergency in pregnancy and post partum</li> </ul>	Roll play 30 minutes

<p>3.2.4. Advise on labor signs and on danger signs</p>	<ul style="list-style-type: none"> <li>• Labor signs : <ul style="list-style-type: none"> <li>- A bloody sticky discharge.</li> <li>- Painful contractions every 20 minutes or less.</li> <li>- Waters have broken.</li> </ul> </li> <li>• Danger signs : <ul style="list-style-type: none"> <li>- During pregnancy</li> <li>- During labor</li> <li>- After delivery</li> </ul> </li> </ul>	<p>Roll play</p> <p>30 minutes</p>
<p>3.2.5. Explain instructions to mother and family if choose delivery at home</p>	<ul style="list-style-type: none"> <li>• Choose a skilled trained birth attendant</li> <li>• Advise to avoid harmful practices during labor</li> <li>• Explain supplies needed for home delivery</li> </ul>	<p>Roll play</p> <p>20 minutes</p>
<p>3.2.6. Provide counsel on importance of exclusive breastfeeding</p>	<ul style="list-style-type: none"> <li>• Breast milk contains exactly the nutrients a baby needs is easily digested and efficiently used by the baby's body, protects a baby against infection.</li> <li>• Babies should start breastfeeding within 1 hour of birth. They should not have any other food or drink before they start to breastfeed.</li> <li>• Babies should be exclusively breastfed for the first 6 months of life</li> </ul>	<p>Roll play</p> <p>30 minutes</p>

<p>3.2.7. Provide counsel on the importance of family planning</p>	<ul style="list-style-type: none"> <li>• Breastfeeding advantages for baby and mother</li>   <li>• Explain that after birth, if she has sex is not exclusively breastfeeding, she can become pregnant as soon as four weeks after delivery</li> <li>• Ask about plans for having more children</li> <li>• Counsel her directly</li> <li>• Counsel on safer sex</li> </ul>	<p>Roll play</p> <p>20 minutes</p>
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# **Advice and Counsel**

### **Advice and counsel on:**

- self care and nutrition
- Routine and follow up visits
- Develop a birth and emergency plan
- Danger signs during pregnancy labor and purperum
- Labor sign
- importance of exclusive breastfeeding
- family planning

### **1-Advice and counsel on nutrition and self-care:**

#### **a-Counsel on nutrition**

- Advise the woman to eat a greater amount and variety of healthy foods, such as meat, fish, oils, nuts, seeds, cereals, beans, vegetables, cheese, milk, to help her feel well and strong (give examples of types of food and how much to eat).
- Spend more time on nutrition counseling with very thin, adolescent and HIV-positive woman.
- Determine if there are important taboos about foods which are nutritionally important for good health. Advise the woman against these taboos.
- Talk to family members such as the husband and mother-in-law, to encourage them to help ensure the woman eats enough and avoids hard physical work.

#### **b- Counsel on self-care**

- Eat more and healthier foods, including more meat, fish, oils, coconut, nuts, cereals, beans, Vegetables, fruits, cheese and milk
- Drink plenty of clean, safe water.
- Take iron and folic tablets
- Rest.
- Sleep under an insecticide impregnated bed net in northern area.
- Counsel on safer sex including use of condoms, if at risk for STI or HIV
- Avoid smoking.
- NOT to take medication unless prescribed by doctors.
- After delivery wash all over daily, particularly the perineum. And Change pad every 4 to 6 hours. Wash pad or dispose it safely

## 2-Advice and counsel on routine and follow up visits:

### - ANC visits :

#### a-Routine

are monthly during the first 6<sup>th</sup> month of pregnancy , twice weekly in the 7<sup>th</sup> and 8<sup>th</sup> months of and weekly in the 9<sup>th</sup> month of pregnancy the lowest number of visits are 4 throughout pregnancy as follow:

1st visit before 4 months before 16 weeks

2nd visit 6 months 24-28 weeks

3rd visit 8 months 30-32 weeks

4th visit 9 months 36-38 weeks

- First antenatal contact should be as early in pregnancy as possible.
- during the last visit, inform the woman to return if she does not deliver within 2 weeks after the expected date of delivery.
- if women is HIV-positive ensure a visit between 26-28 weeks.

#### b- Follow-up visits for problems

-Hypertension      Return in:    1 week if >8 months pregnant

-Severe anemia      Return in:    2 weeks

**- postnatal care visits:**

**a-Routine:**

FIRST VISIT            Within the first week, as early as possible

SECOND VISIT        4-6 weeks preferably on 4<sup>th</sup> week

**b - Follow-up visits for problems**

Fever	2 days
Lower urinary tract infection	2 days
Perineal infection or pain	2 days
Hypertension	1 week
Urinary incontinence	1 week
Severe anemia	2 weeks
Postpartum blues	2 weeks
Moderate anemia	4 weeks

If treated in hospital for any complication According to doctors instructions or according to national guidelines, but no later than in 2 weeks

### **3-Develop a birth and emergency plan**

#### **a-Develop a birth plan**

##### **Facility delivery**

Explain why birth in a facility is recommended

- Any complication can develop during delivery - they are not always predictable.
- A facility has staff, equipment, supplies and drugs available to provide best care if needed, and a referral system.

##### **Advice how to prepare**

Review the arrangements for delivery:

- How will she get there? Will she have to pay for transport?
- How much will it cost to deliver at the facility? How will she pay?
- Can she start saving straight away?
- Who will go with her for support during labour and delivery?
- Who will help while she is away to care for her home and other children?

##### **Advise when to go**

- If the woman lives near the facility, she should go at the first signs of labour.
- If living far from the facility, she should go 2-3 weeks before baby due date and stay with family or friends near the facility.
- Advise to ask for help from the community, if needed

##### **Advise what to bring**

- Maternal card.
- Clean clothes for washing, drying and wrapping the baby.
- Additional clean clothes to use as sanitary pads after birth.
- Clothes for mother and baby.

## **b- Discuss how to prepare for an emergency in pregnancy**

- Discuss emergency issues with the woman and her husband/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 card to the health center, even for an emergency visit.

## **4-Advise on labor signs**

Advise to go to the facility or contact the skilled birth attendant if any of the following signs:

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

## **5-Advise on danger signs:**

### **-during pregnancy**

Advise to go to the hospital/health center immediately, day or night, **WITHOUT** waiting if any of the following signs:

- Vaginal bleeding.
- Fit.
- Severe headaches with blurred vision.
- Fever and too weak to get out of bed.
- Severe abdominal pain.
- Fast or difficult breathing.

She should go to the health center as soon as possible if any of the following signs:

- Fever.
- Abdominal pain.
- Feels ill.
- Swelling of fingers, face, legs.

**-During labor:**

If the mother or baby has any of these signs, she/they must go to the health center immediately, day or night, **WITHOUT** waiting

-Mother

- Waters break and not in labor after 6 hours.
- Labor pain/contractions continue for more than 12 hours.
- Heavy bleeding after delivery (pad/cloth soaked in less than 5 minutes).
- Bleeding increases.
- Placenta not expelled 1 hour after birth of the baby.

**-after delivery:**

Advise the mother to go to a health facility immediately, day or night, **WITHOUT** WAITING, if any of the following signs:

- Vaginal bleeding more than 2 or 3 pads soaked in 20-30 minutes after delivery OR
- bleeding increases rather than decreases after delivery.
- Fits.
- Fast or difficult breathing.
- Fever and too weak to get out of bed.
- Severe abdominal pain.

Go to health center as soon as possible after delivery if any of the following signs:

- Fever
- Abdominal pain
- Feels ill
- Breasts swollen, red or tender breasts, or sore nipple
- Urine dribbling or pain on micturition
- Pain in the perineum or draining pus

☐ foul-smelling lochia

☐ Baby

- Very small.
- Difficulty in breathing.
- Fits.
- Fever.
- Feels cold.
- Bleeding.
- Not able to feed.

#### **6-Instructions to mother and family for if choose delivery at home:**

- **Choose a skilled trained birth attendant**
- Make sure there is a clean delivery surface for the birth of the baby.
- Ask the attendant to wash her hands before touching you or the baby. The nails of the attendant should be short and clean.
- When the baby is born, place her/him on your abdomen/chest where it is warm and clean. Dry the baby thoroughly and wipe the face with a clean cloth. Then cover with a clean dry cloth.
- Wait for the placenta to deliver on its own.
- Make sure you and your baby are warm. Have the baby near you, dressed or wrapped and with head covered with a cap.
- Start breastfeeding when the baby shows signs of readiness, within the first hour of birth.
- Dispose of placenta (describe correct, safe culturally accepted way to dispose of placenta)
- DO NOT be alone for the 24 hours after delivery. DO NOT bath the baby on the first day.

#### **-Advise to avoid harmful practices during labor**

For example:

NOT to use local medications to hasten labour.

NOT to wait for water to stop before going to health facility.

NOT to insert any substances into the vagina during labour or after delivery.

NOT to push on the abdomen during labor or delivery.

NOT to pull on the cord to deliver the placenta.

NOT to put ashes, cow dung or other substance on umbilical cord/stump.

### **-Explain supplies needed for home delivery**

- Warm spot for the birth with a clean surface or a clean cloth.
- Clean cloths of different sizes: for the bed, for drying and wrapping the baby, for cleaning the baby's eyes, for the birth attendant to wash and dry her hands, for use as sanitary pads.
- Blankets.
- Buckets of clean water and some way to heat this water.
- Soap.
- Bowls: 2 for washing and 1 for the placenta. Plastic for wrapping the placenta.

### **7-Counsel on importance of exclusive breastfeeding**

**INCLUDE husband OR OTHER FAMILY MEMBERS IF POSSIBLE Explain to the mother that:**

- Breast milk contains exactly the nutrients a baby needs is easily digested and efficiently used by the baby's body, protects a baby against infection.
- Babies should start breastfeeding within 1 hour of birth. They should not have any other food or drink before they start to breastfeed.
- Babies should be exclusively breastfed for the first 6 months of life.

### **Breastfeeding:**

- Helps baby's development and mother/baby attachment
- Can help delay a new pregnancy

### **Breastfeeding advantages**

#### **FOR THE BABY**

- During the first 6 months of life, the baby needs nothing more than breast milk — not water, not other milk, not cereals, not teas, not juices. □ Breast milk contains exactly the water and nutrients that a baby's body needs. It is easily digested and efficiently used by the baby's body. It helps protect against infections and allergies and helps the baby's growth and development.

#### **FOR THE MOTHER**

- Postpartum bleeding can be reduced due to uterine contractions caused by the baby's sucking. □ Breastfeeding can help delay a new pregnancy.

#### **FOR THE FIRST 6 MONTHS OF LIFE, GIVE ONLY BREAST MILK TO YOUR BABY, DAY AND NIGHT AS OFTEN AND AS LONG AS SHE/HE WANTS.**

#### **Suggestions for successful breastfeeding**

- Immediately after birth, keep your baby in the bed with you, or within easy reach. □ Start breastfeeding within 1 hour of birth. □ The baby's suck stimulates your milk production. The more the baby feeds, the more milk you will produce.
- At each feeding, let the baby feed and release your breast, and then offer your second breast. At the next feeding, alternate and begin with the second breast. □ Give your baby the first milk (colostrum). It is nutritious and has antibodies to help keep your baby healthy.

- At night, let your baby sleep with you, within easy reach.
- While breastfeeding, you should drink plenty of clean, safe water.

#### **You should eat more and healthier**

foods and rest when you can. The health worker can support you in starting breastfeeding. □ The health worker can help you to correctly position the baby and ensure she/he attaches to the breast. This will reduce breast problems for the mother.

- The health worker can show you how to express milk from your breast with your hands. If you should need to leave the baby with another caretaker for short periods, you can leave your milk and it can be given to the baby in a cup.

- The health worker can put you in contact with a breastfeeding support group. If you have any difficulties with breastfeeding, see the health worker immediately.

**Breastfeeding and family planning** □ During the first 6 months after birth, if you breastfeed exclusively, day and night, and your menstruation has not returned, you are protected against another pregnancy. □ If you do not meet these requirements, or if you wish to use another family planning method while breastfeeding, discuss the different options available with the health worker.

## **8- Counsel on the importance of family planning**

- If appropriate, ask the woman if she would like her husband or another family member to be included in the counseling session.
- Explain that after birth, if she has sex and is not exclusively breastfeeding, she can become pregnant as soon as four weeks after delivery. Therefore it is important to start thinking early on about what family planning method they will use.
- Ask about plans for having more children. If she (and her husband) want more children, advise that waiting at least 2 years before trying to become pregnant again is good for the mother and for the baby's health.
- Information on when to start a method after delivery will vary depending whether a woman is breastfeeding or not.
- Counsel her directly(see the Decision-making tool for family planning providers and clients for information on methods and on the counseling process).
- Counsel on safer sex including use of condoms for dual protection from sexually transmitted infections (STI) or HIV and pregnancy. Promote especially if at risk for STI or HIV

Special considerations for family planning counseling during pregnancy Counseling should be given during the third trimester of pregnancy.

- If there is indication for woman sterilization:
- Can be performed immediately postpartum if no sign of infection (ideally within 7 days, or delay for 6 weeks).
- Plan for delivery in hospital where they are trained to carry out the procedure.
- Ensure counseling and informed consent prior to labor and delivery.
- If the woman chooses an intrauterine device (IUD) if no sign of infection inform her about health facilities can provide this service if not available in your PHCC.

## **Module 3**

### **Session 3: Indications of Referral of pregnant Women from PHC to Consultation in hospitals**

#### **Objectives**

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

1. List instructions before urgent referral of pregnant women to hospital
2. List indications of Referral of pregnant Women from PHC to Consultation in hospitals

#### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

#### **Methods and activities**

Brain storming, Questions and Answers

#### **Evaluation/assessment**

Questions and answers, trainer's observation

#### **Estimated Time**

60 minutes

## Session plan

Objectives	Content	Methodology
<p>3.3.1. list instructions before urgent referral of pregnant women to hospital</p>	<ul style="list-style-type: none"> <li>• After emergency management, discuss decision with woman and relatives</li> <li>• Quickly organize transport and possible financial aid</li> <li>• Accompany the woman if at all possible</li> <li>• Others</li> </ul>	<p>Brain storming 15 minutes</p>
<p>3.3.2. List indications of Referral of pregnant Women from PHC to Consultation in hospitals</p>	<ul style="list-style-type: none"> <li>• Indications for referral at labor</li> <li>• Indications for referral always</li> <li>• Indications for referral when US not present</li> <li>• Indications for referral immediately</li> <li>• Other indications</li> </ul>	<p>Questions and answers 45 minutes</p>

# **Indications of Referral of Pregnant Women from PHC to Consultant clinic in hospital**

### **Refer the woman urgently to hospital**

- After emergency management, discuss decision with woman and relatives.
- Quickly organize transport and possible financial aid.

Inform the referral center if possible by radio or phone.

- Accompany the woman if at all possible, or send:

- a health worker trained in delivery care
- a relative who can donate blood
- Baby with the mother, if possible
- Essential emergency drugs and supplies.
- Referral note.

During journey:

- Watch IV infusion
- if journey is long, give appropriate treatment on the way
  
- keep record of all IV fluids, medications given, time of administration and the woman's condition

### **Personal History of the pregnant woman:-**

1-Age less than 16 years→ Refer at Labor

#### Obstetric History:

- 1- Primipara → Refer at Labor
- 2- Para 5 and more→ Refer at Labor
- 3- Previous fetus with congenital Anomalies, Previous child with weight Equal to 2.5 Kg or less OR 4 Kg and more→ Always Refer  
Repeated abortion or Previous premature Labor.
- 4- Previous stillbirth or early neonatal death → Refer at Labor  
(during the first week after delivery).
- 5- Previous obstructed labor  
(Previous C/S OR Forceps delivery) → Refer at 37 weeks to decide method of delivery
- 6- Previous labor in less than 4 hours→ Refer one week prior to delivery date or during labor.
- 7- Previous labor with sever vaginal bleeding or convulsion→ Refer at Labor.
- 8- Rh -ve mother and Rh+ve husband→ Presence of sensitization of the pregnant mother blood(Refer immediately)and with no sensitization send monthly to assess antibodies level.

#### Past medical and surgical history

- 1- Fibroid or congenital malformation of the uterus→ Refer for consultation.
- 2- Previous cervical circlage → Refer for consultation during the first trimester of pregnancy.
- 3-Third degree perineal tear documented in previous delivery report → Refer at Labor.
- 4-History of chronic diseases (DM ,Epilepsy ,Heart disease, Renal disease ....etc → Always Refer
- 5- Patient on anti TB medication If the treatment given contain streptomycin injection Refer to change treatment.

- 6- Hepatitis B infection → Refer at Labor  
Family History of disease  
1-Congenital anomalies → Refer when U/S is not available
- 3- Delivery of twin or more for the mother or her sister → Refer when U/S is not available.
- Current mother condition:-
- 1- Woman height 150 cm or less → Refer to assure cephalopelvic proportion at 36 weeks of gestation.  
2-Unknown EDD and U/S is not available → Refer for U/S and determine the date of delivery.  
3-Sever hyper emesis gravid arum effected the pregnant woman general status → Refer immediately.
- 4- Possibility of fetal death (movement or fetal heart absent) → Refer immediately.  
5-History of vaginal bleeding or any complications during the current pregnancy → Refer at Labor
- 6-Twin pregnancy→ Refer at Labor  
7-Twin and first baby breech *presentation*→ Refer at 36 weeks of gestation.  
8-Premature uterine contractions , if the contractions are regular with less than 15 mint interval or painful contractions or rupture membrane → Refer immediately.
- 9-Cephalopelvic disproportion or unstable fetal position at 36 weeks of gestation in primipara. → Refer for consultation.
- 10-Uterine size and fundal height smaller or larger than fetal age → Refer when U/S is not available
- 11-Poly or oligohydraminous. → Always Refer
- 12-Abnormal fetal presentation(breech or transverse) or unclear cephalic presentation → Refer at 36 weeks of gestation.  
13-Prolong pregnancy(gestational age 41 week or more) → Refer immediately.  
14-Genital organ infection with herpes→ Always Refer  
15-Big fetal size→ Refer at 37 weeks of gestation to determine whether delivery by NVD or C/S  
16- German measles infection in first trimester of pregnancy. → Refer for consultation  
17-Anemia:  
-Sever (Hb% 7ml or less) → Refer immediately.  
-Moderate(Hb% 7-11 ml ) → Refer if not improved after one month from given ferofolic tab(one tab twice daily)
- 18-Hypertension:  
-Sever preeclampsia(diastolic BP higher or equal 110mmHg,with 3+protein urea or diastolic BP higher or equal 90mmHg in two readings, with 2 +protein urea ,with any of :sever headache- blurring vision-epigastric pain) → Refer immediately.  
- preeclampsia(diastolic BP between90-11090mmHg in two readings, with 2 +protein urea) → Refer immediately.  
- Hypertension(diastolic BP higher or equal90mmHg in two readings,and continue for more than one week or till the next visit) → Refer immediately.

19-Rupture membrane without labor

-Uterine and fetal infection(Temp 38c and offensive vaginal discharge) → Refer immediately.

-POSSIBLE Uterine and fetal infection(Rupture membrane before 8<sup>th</sup> of pregnancy) → Refer immediately.

-labor(Rupture membrane after 8<sup>th</sup> of pregnancy) → Refer immediately.

20-Fever or burning micturation

a-Sever febrile illness( fever more than 38c with any of the following signs:\* rapid fast breathing \* neck stiffness \*sleepiness \* sever weakness with inability to stand) → Refer immediately.

b-Upper UTI( fever more than 38c with any of the following signs:\*Loin pain\* burning micturation) → Refer immediately.

c-Lower UTI(burning micturation) → Refer if not improved within two days of treatment with Amoxicillin Cap 500 mg 1\*3 or Tmp tab 2\*2 or worsen condition.

21-Abdominal pain:a-In the first trimester of pregnancy with a mass in uterine appendix(ectopic pregnancy) → Refer immediately.b-During the late stage of pregnancy→ Always Refer

21-Bleeding during pregnancy:

a- Early stage(uterus not above the level of umbilicus) → Refer immediately

\*Complications of abortion (vaginal bleeding accompanied with any of:\*offensive vaginal discharge\*abdominal pain\*Temp more than 38c) → Refer immediately

\*Signs of abortion(slight vaginal bleeding for 4-6hrs) → Refer immediately\*Ectopic pregnancy(in case of presence of two or more of the following signs: abdominal pain,fainting,pallor,sever weakness) → Refer immediately

b- Late stage(uterus above the umbilicus level) →bleeding in this stage is dangerous PV exam is contraindicated Refer immediately

## **Module 3**

### **Session 4: Registration and analysis**

#### **Objectives**

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

1. Apply daily antenatal and post natal care registration
2. Apply permanent antenatal care registration
3. Apply antenatal and postnatal care data analysis form at PHCCs

#### **Trainers Preparation:**

- Review the reading material and the session plan.
- Prepare the presentation as appropriate and as recommended in the method column of the session plan, or write the information on a flipchart or board where all participants can see it.
- Prepare copies of the reference materials/handouts and exercises.
- Arrange the training room.

#### **Methods and activities**

Exercise, mini-lecture

#### **Evaluation/assessment**

Questions and answers, trainer's observation

#### **Estimated Time**

80 minutes

## Session plan

Objectives	Content	Methodology
3.4.1. Apply daily antenatal and post natal care registration	<ul style="list-style-type: none"> <li>• Daily Antenatal and post natal Care registers</li> <li>• Fill the columns</li> </ul>	Exercise 1 20 minutes
3.4.2. Apply permanent antenatal care registration	<ul style="list-style-type: none"> <li>• permanent register of Antenatal Care data</li> <li>• Fill the columns</li> <li>• Choose the defaulted pregnant woman</li> </ul>	Exercise 2 30 minutes
3.4.3. Apply antenatal and postnatal care data analysis form at PHCCs	<ul style="list-style-type: none"> <li>• Percentage of the first visit</li> <li>• Percentage of the 4<sup>th</sup> visit</li> <li>• Percentage of pregnant woman receiving ferro folic tablets</li> <li>• Percentage of postnatal care</li> <li>• Percentage of women during postnatal care receiving Vitamine. A</li> </ul>	Min-lecture Questions and answers for clarification Questions and answers for evaluation 30 minutes

### **Exercise 1:**

on 3/12/2013 Huda Mohammad 20 years old para 2 pregnant woman was the third pregnant woman examined today in PHCS/MCH unit, family no was given (2017) and permanent no.(10) she had negative surgical medical and family history after examine her the Bl.pr 110/70,wt 60kg, height 160 cm and she was finished the third month of her pregnancy ,her Hb was 11gm/dl and all other routine ANC investigation were normal .the paramedic send her to the dentist and told her to come back for a routine visit at 3/1/2013 .fill the columns of the daily and the permanent register.

### **Exercise 2:**

Today is 20/1/2014 Huda Mohammad had no visit yet, shall you select her as defaulter? Why?

**ANC &PNC data**  
**Registration and analysis**



## الفة التوثيق فى سجل الحوامل الؤومى :

- (١) يتم ترحيل كافة المعلومات من استمارة الحامل اثناء الزيارة الدورية لذلك اليوم حيث تنقل كافة البيانات المدونة فى استمارة فحص الحامل ( الفحص الدوري , عوامل الخطورة الفحوصات المختبرية , ..... ) الى السجل الؤومى قبل نهاية الدوام الرسمي لذلك اليوم و اعادة الاستمارات الى وحدة الملفات يوميا .
- (٢) يثبت التسلسل الؤومى للحامل فى حقل التسلسل(ت) .
- (٣) يثبت رقم الاسرة فى الحقل المخصص له.
- (٤) يكتب فى حقل اسم الحامل او الام , الاسم الثلاثى لها .
- (٥) يؤشر فى حقل العمر اذا كان اقل من ١٥ سنة او (١٥-٤٩) سنة بعلامة ( √ ) حسب العمر .
- (٦) تؤشر الزيارة فى حقل الزيارات و فى الحقل المحدد لكل زيارة بعلامة ( √ ) حسب التسلسل الزيارة
- (٧) تثبت مدة الحمل بالاشهر لكل زيارة .
- (٨) يثبت عدد حبوب الحديد و الفوليك اسد المصروفة خلال الزيارة مثلا ( ٣٠ ) حبة .
- (٩) يؤشر فى الحقل الخاص بفحص الاسنان بعلامة ( √ ) عن فحص الاسنان للحامل او الام وحسب السياقات المعمول بها.
- (١٠) يؤشر فى حقل عوامل الخطورة (√) او (x) ولكل حقل فى الجدول فى حالة وجود عامل خطورة جديد .
- (١١) يحوط بعلامة ( O ) تسلسل الحامل المعرضة للخطورة لاول مرة باللون الاحمر والمعرضة للخطورة سابقا باللون الاخضر
- (١٢) يثبت اى مرض اخر بالتحديد عند الاصابة به اثناء الحمل فى حقل امراض اخرى تذكر .
- (١٣) يؤشر فى حقل نسبة الهيموكلوبين ( √ ) اذا كانت النسبة اكثر من (١١)
- (١٤) فى حقل عوامل خطورة اخرى وحسب فترة الزيارة بعد الولادة
- (١٥) تؤشر زيارة الام بعد الولادة بعلامة ( √ ) وحسب وقت الزيارة لاول مرة.
- (١٦) يؤشر فى حقل صرف كبسولة فيتامين A بعلامة ( √ ) عند الصرف او (x) عند عدم توفرها
- (١٧) تثبت عدد كبسولات الحديد و الفوليك اسد فى الحقل المخصص ( ٣٠ ) او ( ٦٠ )
- (١٨) يثبت اسم المستشفى مع سبب الاحالة عند احالة الحامل لاي سبب وبصورة واضحة .
- (١٩) تؤشر التغذية الاسترجاعية بعد وصول كتاب من المستشفى التى احيلت اليه الحامل بعلامة ( √ ) .
- (٢٠) يتم ترحيل المعلومات يوميا الى السجل الدائم وحسب حقوله .

## 2- permanent register of Antenatal Care data:

AIM : A register had been designed to follow up defaulted pregnant women from routine and follow up visits .

Instruction of use :every day the responsible person for registration of ANC data will fill the columns in the register accordingly and each thursday counts the defaulters and give their names and addresses to the paramedics in PHCS who are responsible for doing home visits.

The instructions of filling this register are in the following page:

تاريخ الزيارة الخامسة فأكثر	تاريخ الزيارة الرابعة /		تاريخ الزيارة الثالثة /		تاريخ الزيارة الثانية /		تاريخ الزيارة الأولى /		اسم الحامل	رقم العائلة
	مؤعد الزيارة	مدة الحمل بالاشهر	مؤعد الزيارة	مدة الحمل بالاشهر	مؤعد الزيارة	مدة الحمل بالاشهر	مؤعد الزيارة	مدة الحمل بالاشهر		
مؤعد الزيارة القادمة	مؤعد الزيارة القادمة	مؤعد الزيارة القادمة	مؤعد الزيارة القادمة	مؤعد الزيارة القادمة	مؤعد الزيارة القادمة	مؤعد الزيارة القادمة	مؤعد الزيارة القادمة	مؤعد الزيارة القادمة		
نعم /	نعم /	نعم /	نعم /	نعم /	نعم /	نعم /	نعم /	نعم /		
معرضة للخطورة	معرضة للخطورة	معرضة للخطورة	معرضة للخطورة	معرضة للخطورة	معرضة للخطورة	معرضة للخطورة	معرضة للخطورة	معرضة للخطورة		
نعم /	نعم /	نعم /	نعم /	نعم /	نعم /	نعم /	نعم /	نعم /		

## الآفة الأوءفاء فف سآل رعاآة الءوامل الءائمي :

- (١) ففم أرففل البفاناء اسبوعفا من سآل الءوامل الفومف .
- (٢) ففأبأ ألسلسل الءامل الءائمي
- (٣) ففأبأ رقم الاسرة
- (٤) ففأبأ أارفآ الزفارة : الفوم /الشهر / السنة و لكل زفارة
- (٥) أأفبفأ مءة الءمل بالأسهر
- (٦) ففؤشر بعلامة ( √ ) اذا كانت الءامل معرؤة للءطورة أأأ كلمة نعم و أأأ كلمة كلا اذا كانت عفر معرؤة للءطورة .
- (٧) ففأبأ موعء الزفارة القاءمة فقط اذا كانت الءامل معرؤة للءطورة بالفوم و الشهر و السنة .
- (٨) ففم اعأبار الءامل عفر المعرؤة للءطورة , مأسربة اذا كانت مءة الءمل المسآلة اكبر من مءة الءمل المأوقة لأارفآ الفرز بآفأ لأأقق الآءول الأالف للزفارات :

مءة الءمل بالأسهر	عءء الزفارات
قبل الشهر الرابع من الءمل	زفارة واحءه
آلال اف من الأسهر ( الرابع , الءامس , السادس ) من الءمل	زفارة واحءه
آلال اف من الأسهر ( السابع , الأامن ) من الءمل	زفارة واحءه
آلال الشهر ( الأاسع ) من الءمل قبل الولاءة	زفارة واحءه

- (٩) ففم اعأبار الءامل المعرؤة للءطورة , مأسربة عءء مضي فقرة أسبوع على موعء الزفارة المءءة لها من قبل الأطفبفة ولم أقم الءامل بزفارة المركز الصآف
- (١٠) ففوء بعلامة بالآمر ( O ) الألسلسل الءائمي للءوامل المأسربات من الزفارات سواء أكانأ زفارات مأابعة او زفارات ءورفة.
- (١١) أأم عملفة الفرز لكافة الءوامل المسآلات فف السآل الءائمي اسبوعفا عءا الءوامل اللواءف أم فرزهن كمأسربات سابقا.
- (١٢) ففم أزوفا القائم بالزفارات المنزلفة بالءنوان الكامل للمأسربات لعرؤ أأءفم آءء من الآءمة و آسب سفاقات العمل و عءءما ففم ألك ففؤشر فف السآل الءائمي وبعلامة ( √ ) بالآمر امام الألسلسل الءائمي وبعلامة ( O ) باللون الآضر اذا ألقأ الءامل باقي الآءمة ءاآل المركز الصآف

### 3- Antenatal and postnatal care data analysis form at PHCCs

- Percentage of the first visit for pregnant women is  
$$\frac{\text{Total No. of first visit for pregnant women during a month}}{\text{Total no. of target pregnant women / month}} * 100$$
- Percentage of the fourth visits for pregnant women is  
$$\frac{\text{Total No. of fourth visit for pregnant women during a month}}{\text{Total no. of target pregnant women /month}} * 100$$
- Percentage of pregnant women receiving ferrofolic tablets  
= No. of pregnant women after 3<sup>rd</sup> month of pregnancy receiving ferrofolic tablets during a month \* 100  
$$\frac{\text{Total no. of pregnant women attended ANC care after the third month of pregnancy during the same month.}}{\text{Total no. of target pregnant women /month}} * 100$$
- Percentage of postnatal visit is  
(no. of women attended PHCCs during first postnatal week) + (no. of women attended PHCCs after the first postnatal week till 6w during a month) \* 100  
$$\frac{\text{Total no. of target pregnant women /month}}{\text{Total no. of target pregnant women /month}} * 100$$
- Percentage of women during postnatal care receiving Vit. A  
= No. of women receiving Vit. A during postnatal care during a month \* 100  
$$\frac{\text{Total no. of postnatal women attended PHCS the same month}}{\text{Total no. of target pregnant women /month}} * 100$$

# Annexes

## ANNEX 1

### COMMUNITY SUPPORT FOR MATERNAL HEALTH

<p><b>Coordinate with other health care providers and community groups</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Meet with others in the community to discuss and agree messages related to pregnancy, delivery, postpartum and post-abortion care of women .<ul style="list-style-type: none"><li><input type="checkbox"/> Work together with leaders and community groups to discuss the most common health problems and find solutions. Groups to contact and establish relations which include:<ul style="list-style-type: none"><li><input type="checkbox"/> other health care providers</li><li><input type="checkbox"/> traditional birth attendants and healers</li><li><input type="checkbox"/> adolescent health services</li><li><input type="checkbox"/> schools</li><li><input type="checkbox"/> non governmental organizations</li><li><input type="checkbox"/> breast feeding support groups</li><li><input type="checkbox"/> district health committees</li><li><input type="checkbox"/> women’s groups</li><li><input type="checkbox"/> agricultural associations</li><li><input type="checkbox"/> youth groups</li></ul></li><li><input type="checkbox"/> Establish links with referral sites for women with special needs, including adolescents and women living with violence. Have available the names and contact information for these groups and referral sites, and encourage the woman to seek their support.</li></ul></li></ul>	<p>Establish links with traditional birth attendants and traditional healers</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Contact traditional birth attendants and healers who are working in the health facility’s catchment area. Discuss how you can support each other.<ul style="list-style-type: none"><li><input type="checkbox"/> Respect their knowledge, experience and influence in the community.</li><li><input type="checkbox"/> Share with them the information you have and listen to their opinions on this. Provide copies of health education materials that you distribute to community members and discuss the content with them. Have them explain knowledge that they share with the community. Together you can create new knowledge which is more locally appropriate.</li><li><input type="checkbox"/> Review how together you can provide support to women, families and groups for maternal health.</li><li><input type="checkbox"/> Involve TBAs and healers in counseling sessions in which advice is given to families and other community members. Include TBAs in meetings with community leaders and groups.</li><li><input type="checkbox"/> Discuss the recommendation that all deliveries should be performed by a skilled birth attendant. When not possible or not preferred by the woman and her family, discuss the requirements for safer delivery at home, postpartum care, and when to seek emergency care.</li><li><input type="checkbox"/> Invite TBAs to act as labour companions for women they have followed during pregnancy, if this is the woman’s wish.</li><li><input type="checkbox"/> Make sure TBAs are included in the referral system. <input type="checkbox"/> Clarify how and when to refer, and provide TBAs with feedback on women they have referred.</li></ul></li></ul>
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## **INVOLVE THE COMMUNITY IN QUALITY OF SERVICES**

All in the community should be informed and involved in the process of improving the health of their members. Ask the different groups to provide feedback and suggestions on how to improve the services the health facility provides.

- Find out what people know about maternal and newborn mortality and morbidity in their locality .Share data you may have and reflect together on why these deaths and illnesses may occur. Discuss with them what families and communities can do to prevent these deaths and illnesses. Together prepare an action plan, defining responsibilities.
- Discuss the different health messages that you provide. Have the community members talk about their knowledge in relation to these messages. Together determine what families and communities can do to support maternal health.
- Discuss some practical ways in which families and others in the community can support women during pregnancy, post-abortion, delivery and postpartum periods:
  - Recognition of and rapid response to emergency/danger signs during pregnancy, delivery and postpartum periods
  - Accompanying the woman after delivery
  - Motivation of husbands to help with the workload, accompany the woman to the clinic, allow her to rest and ensure she eats properly. Motivate communication between women and their husbands, including discussing postpartum family planning needs.
- Support the community in preparing an action plan to respond to emergencies. Discuss the following with them:
  - Emergency/danger signs - knowing when to seek care
  - Importance of rapid response to emergencies to reduce mother and newborn, disability and illness
  - Transport options available, giving examples of how transport can be organized
  - Reasons for delays in seeking care and possible difficulties.
  - What services are available and where
  - What options are available
  - Costs and options for payment
- A plan of action for responding in emergencies, including roles and responsibilities.

## Annex 2

### Special Considerations in Managing The Pregnant Adolescent

Special training is required to work with adolescent girls and this guide does not substitute for special training one.

However, when working with an adolescent, it is particularly important to remember the following.

#### When interacting with the adolescent

- Do not be judgmental.
- Encourage the girl to ask questions and tell her that all topics can be discussed.
- Use simple and clear language.
- Repeat guarantee of confidentiality .
- Understand adolescent difficulties in communicating about topics related to sexuality Support her when discussing her situation and ask if she has any particular concerns:
- Does she live with her parents, can she confide in them? Has she been subject to violence ?

#### Help the girl consider her options and to make decisions which best suit her needs.

- Birth planning: delivery in a hospital is highly recommended. She needs to understand why this is important, she needs to decide if she will do it and how she will arrange it.
- Prevention of STI or HIV/AIDS is important for her and her baby. If she or her husband are at risk of STI or HIV/AIDS, they should use a condom in all sexual relations. She may need advice on how to discuss condom use with her husband.
- Spacing of the next pregnancy — for both the woman and baby’s health, it is recommended that any next pregnancy be spaced by at least 2 or 3 years. The girl, with her husband if applicable, needs to decide if and when a second pregnancy is desired, based on their plans. Healthy adolescents can safely use any contraceptive method. The girl needs support in knowing her options and in deciding which is best for her. Be active in providing family planning counseling and advice.

## Special Considerations for Supporting The Woman Living With Violence

Violence against women affects women's physical and mental health, including their reproductive health. While you may not have been trained to deal with this problem, women may disclose violence to you or you may see unexplained bruises and other injuries which make you suspect she may be suffering abuse. The following are some recommendations on how to respond and support her.

### **Support the woman living with violence**

- Provide a space where the woman can speak to you in privacy where her husband or others cannot hear. Do all you can to guarantee confidentiality, and reassure her of this.
- Gently encourage her to tell you what is happening to her. You may ask indirect questions to help her tell her story.
- Listen to her in a sympathetic manner. Listening can often be of great support. Do not blame her or make a joke of the situation. Reassure her that she does not deserve to be abused in any way.
- Help her to assess her present situation. If she thinks she or her children are in danger, explore together the options to ensure her immediate safety (Does she have, or could she borrow, money?)
- Explore her options with her. Help her identify local sources of support, either within her family, friends, and local community or through NGOs, or social services, if available. Remind her that she has legal recourse, if relevant.
- Offer her an opportunity to see you again. Violence by husband is complex, and she may be unable to resolve her situation quickly.
- Document any forms of abuse identified or concerns you may have in the file.

### **Support the health service response to needs of women living with violence**

- Help raise awareness among health care staff about violence against women .
- Find out what if training is available to improve the support that health care staff can provide to those women who may need it.
- Display posters, leaflets and other information that condemn violence, and information on groups that can provide support.
- Make contact with organizations working to address violence in your area.. If specific services are not available, contact other groups such as, women's groups, or other local groups and discuss with them support they can provide or other what roles they can play, like resolving disputes. Ensure you have a list of these resources available

## Annex 1

<p><u>Warm and clean room</u></p> <ul style="list-style-type: none"> <li>■ Examination table or bed with clean linen</li> <li>■ Light source</li> <li>■ Heat source and cold source</li> </ul> <p><u>Hand washing</u></p> <ul style="list-style-type: none"> <li>■ Clean water supply and sink</li> <li>■ Liquid soap if not available soild soap</li> <li>■ Clean tissues</li> </ul> <p><u>Waste</u></p> <ul style="list-style-type: none"> <li>■ Bucket for soiled pads</li> <li>■ Receptacle for soiled linens</li> <li>■ Container for sharps disposal</li> </ul> <p><u>Sterilization</u></p> <ul style="list-style-type: none"> <li>■ Instrument sterilizer</li> <li>■ Jar for forceps</li> </ul> <p><u>Miscellaneous</u></p> <ul style="list-style-type: none"> <li>■ Wall clock</li> </ul>	<p><u>Equipment</u></p> <ul style="list-style-type: none"> <li>-ultrasound</li> <li>■ Blood pressure machine and stethoscope</li> <li>■ Body thermometer</li> <li>■ Fetal stethoscope</li> <li>■ Baby scale</li> <li>■ mother scale</li> <li>■ soncaid&amp;Gel</li> <li>■ speculum</li> </ul> <p><u>Supplies</u></p> <ul style="list-style-type: none"> <li>■ Gloves:               <ul style="list-style-type: none"> <li>→utility</li> <li>→sterile or highly disinfected</li> </ul> </li> <li>■ Urinary catheter</li> <li>■ Syringes and needles</li> <li>-Suture material</li> <li>■ Antiseptic solution (iodophors or chlorhexidine)</li> <li>■ Spirit (70% alcohol)</li> <li>■ Swabs</li> <li>■ Bleach (chlorine base compound)</li> <li>■ Impregnated bednet in endemic area</li> <li>■ Condoms</li> </ul>	<p><u>Drugs</u></p> <ul style="list-style-type: none"> <li>■ Oxytocine</li> <li>■ Ergometrine</li> <li>■ Calcium gluconate</li> <li>■ Diazepam</li> <li>■ Adalat capsule</li> <li>■ Ampicillin</li> <li>■ Gentamicin</li> <li>■ Metronidazole</li> <li>■ Benzathine penicillin</li> <li>■ Cloxacillin</li> <li>■ Amoxycillin</li> <li>■ Ceftriaxone</li> <li>■ Trimethoprim + sulfamethoxazole</li> <li>■ Clotrimazole</li> <li>vaginal pessary</li> <li>■ Erythromycin</li> <li>■ Ciprofloxacin</li> <li>■ Tetracycline or doxycycline</li> <li>■ Lignocaine</li> <li>■ Adrenaline</li> </ul>	<p><u>Check urine for protein</u></p> <ul style="list-style-type: none"> <li>■ Label a clean container. ■ Give woman the clean container and explain where she can urinate.</li> <li>■ Teach woman how to collect a clean-catch urine sample. Ask her to:           <ul style="list-style-type: none"> <li>→Clean vulva with water</li> <li>→Spread labia with fingers</li> <li>→Urinate freely (urine should not dribble over vulva; this will ruin sample)</li> <li>→Catch the middle part of the stream of urine in the cup. Remove container before urine stops.</li> </ul> </li> <li>■ Analyse urine for protein using either dipstick or boiling method.</li> <li><u>DIP stick method.</u></li> <li>■ Dip coated end of paper dipstick in urine sample.</li> <li>■ Shake off excess by tapping against side of container.</li> <li>■ Wait specified time (see dipstick instructions).</li> <li>■ Compare with colour chart on label. Colours range from yellow (negative) through yellow-green and green-blue for positive.</li> </ul> <p><u>Boiling method</u></p> <ul style="list-style-type: none"> <li>■ Put urine in test tube and boil top half. Boiled part may become cloudy. After boiling allow the testtube to stand. A thick precipitate at the bottom of the tube</li> </ul>
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<ul style="list-style-type: none"> <li>■ Torch with extra batteries and bulb</li> <li>■ work context</li> <li>■ Records and cards -guideline</li> <li>■ Refrigerator</li> </ul>	<p><u>Tests</u></p> <ul style="list-style-type: none"> <li>■ VDRL testing kit</li> <li>■ Proteinuria sticks</li> <li>■ general urine exam</li> <li>■ Haemoglobin testing kit</li> </ul> <p>Blood Group test Blood sugar HBSAg PT -GSE</p>	<ul style="list-style-type: none"> <li>■ Water for injection</li> <li>■ Paracetamol</li> <li>■ Gention violet powder</li> <li>■ Iron /folic acid tablet</li> <li>■ Mebendazole</li> <li>■ Aldomet</li> <li>■ -Hydrocortison</li> </ul>	<p>indicates protein.</p> <ul style="list-style-type: none"> <li>■ Add 2-3 drops of 2-3% acetic acid after boiling the urine (even if urine is not → If the urine remains cloudy, protein is present in the urine.</li> <li>→ If cloudy urine becomes clear, protein is not present. cloudy)</li> <li>→ If boiled urine was not cloudy to begin with, but becomes cloudy when acetic acid is added, protein is present.</li> </ul>
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**ANNEX 4:**

<b>Mastitis</b>	Cloxacillin 1 capsule (500mg) every 6 hours	10days	
<b>lower urinary infection</b>	One tablet amoxicilline 500mg every 8 hours	3 days	
<b>Gonorrhoea /woman</b>	Ceftriaxone 250mg IM injection	Once only	
<b>Gonorrhoea /husband</b>	Ciprofloxacin 500mg	once only	not safe for pregnant or lactating women
<b>Chlamydia/woman</b>	Erythromycin 500mg every 6hours	for 7 days	
<b>Chlamydia/husband</b>	-Tetracycline 500mg every 6 hours for or -Doxycycline100 mg every 12 hours	7 days 7 days	not safe for pregnant or lactating women
<b>Trichomonas or bacterial vaginal infection</b>	Mitranidazole 2gm Or 500 mg	once only  7 days	Not use in the first trimester of pregnancy
<b>Vaginal candida infection</b>	Clotrimazole 1 pessary 200mg Or 500mg	3days  once only	

## Annex 5 :Referral form

جمهورية العراق  
وزارة الصحة  
استمارة الاحالة

N:- 0000108

العدد/  
التاريخ

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رقم:      العمر      الجنس:      مركز الرعاية الصحية الاولى/  
اسم المريض:  
العائلة:  
القسم      الجبهة المحال اليها:  
ملخص الحالة

**Referring Summary**

سبب الاحالة  
Second opinion-----وجهة نظر طبية-----      Diagnosis-----التشخيص-----      Management-----العلاج-----

**-Chief complaint-----**

**-Relevant examination findings:** BP: -----Pulse: -----Temp: -----RR: -----

**-General examination-----**

**-Local Examination-----**

**-investigations:**  
Lab. Results:  
Rad. Results:

**-Initial diagnosis:**      التشخيص الاولي

**-Intervention:**

**-Name and sign of referring physician.**

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**Referral report**      تقرير الاحالة

**-Date:**      التاريخ:

**-Clinical findings:-----**

**-Investigations:**  
Lab. Results:  
Rad. Results:  
Others:

**-Final diagnosis:**      التشخيص النهائي

**-Interventions:** Medication (type/dose):      المعالجة

Admission (Ward):  
Surgical intervention (type):  
Others (type):

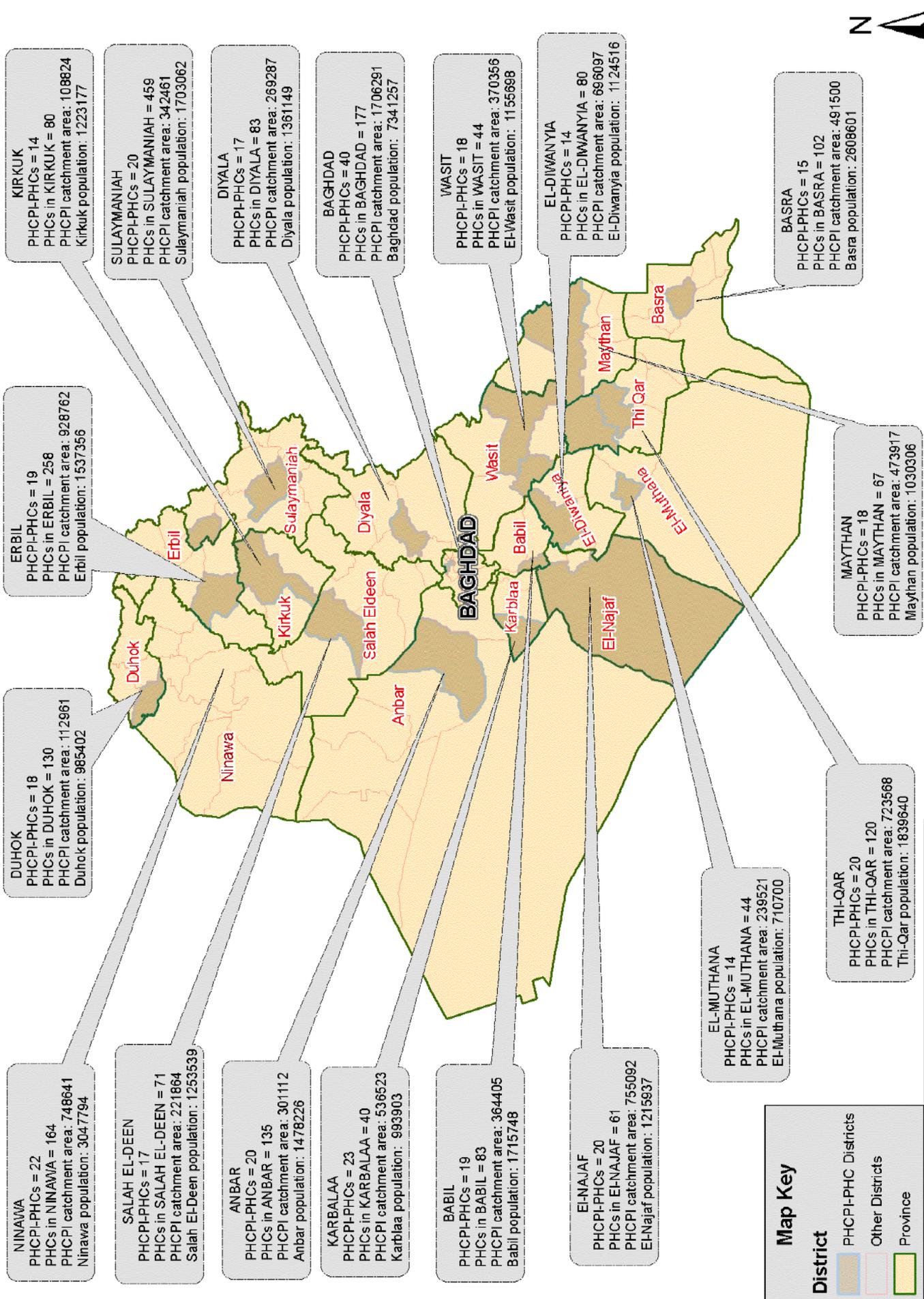
**Recommendations:**  
Refer to:  
Revisit Date:  
Others:

**Name and sign. of specialist:**

## References

- Integrated Management of pregnancy and child birth- WHO-Geneva-2006
- Report on the Maternal Mortality Surveillance in Iraq, 2009.
- Reproductive Health /Family planning –Clinical Guidelines the Hashemite Kingdom of Jordan-2011.
- WHO Iraq Reproductive Health Profile, 2008.
- Control of communicable Diseases manual, USA, 2004
- Multiple indicators cluster survey, 2011.
- Iraqi ministry of health annual report, 2011
- Green top guideline royal collage

# PHCPI-PHCs population mapped to IRAQ population



### Map Key

**District**

- PHCPI-PHC Districts
- Other Districts
- Province

**U.S. Agency for International Development**  
Primary Health Care Project In Iraq  
<http://phciraq.org/>  
[www.usaid.gov](http://www.usaid.gov)