

PN-APP-703/62

CONSULTANT REPORT AND MODULES ON
CARE OF WOMEN DURING PREGNANCY AND CARE
OF WOMEN AND NEW BORN'S DURING LABOR AND
IMMEDIATELY AFTER DELIVERY

ISN-34151

A Report Prepared By:
MICHAEL O'BYRNE

During The Period
AUGUST 3 - 19, 1983

Supported By The:
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
AID/DSPE-C-0053

1318
1984

AUTHORIZATION:
Ltr. DS/POP: 2-17-84
Assgn. No. 582210

INTRODUCTION

This fifteen working day contract with APHA was arranged by USAID/Washington, as the first portion of a four and one half month consultancy. The remainder of the consultancy has been handled as a "Personal Services Contract" directly with the USAID/India Mission.

Scope of Work

The work scope for the entire four and one half month as prepared by the USAID Mission's HPN staff reads as follows:

Scope of work: (1) to assist in developing a monitoring and assessment plan for the IRHP project in-service training programs based on the TNA for the various categories of workers; (2) to act as the training consultant for the planned mid-project evaluation (during the month of October); (3) to assist in planning and developing a TNA for medical officers which would include -(A) developing a knowledge and skills check-list; (B) working with medical schools to plan the data gathering and analysis, and (C) to assist in planning training activities to meet the needs identified; (4) to assist in planning and writing the institutional development of medical education and AM basic training; (5) to assist in final drafting of the Mission's health sector analysis.

During initial discussion with HPN (now HN) staff it was agreed that the highest priority would be given to the completion of a series of eight training modules for Health Guides and trained Dais. These modules are an outgrowth of the "Training Needs Assessment" component of the Integrated Rural Health and Population Project. As a consequence of this decision, the entire fifteen days were devoted to reviewing and editing these materials. This work was done in close collaboration with Dr. Saramma Thomas-Mathai and Mr. John Rogosch of the USAID (HN) staff.

Outcome

The outcome of this activity during the fifteen APHA days (and beyond) is:

- A) Eight edited training modules

- B) A plan for translating the modules into four different local languages
- C) A schedule for utilizing the modules in the five Project States as follows:
 - 1) Orientation Training of Primary Health Centre, Medical Officers
 - 2) Training of Health Assistants and Health Workers to serve as "in-service trainers"
 - 3) Training of Community Health Guides and Dais

"Faired Copies" of two of the modules are attached.

KEY PROBLEMS: LOW BIRTH WEIGHT
NEONATAL TETANUS
BIRTH INJURY/ASPHYXIAL
NEONATAL SEPTICEMIA

KEY TASK/
SERVICE: MIDWIFERY

MODULE: CARE OF WOMEN AND NEWBORNS DURING LABOUR
AND IMMEDIATELY AFTER DELIVERY

AUDIENCE: TRAINED DAIS

UNIT I: ROUTINE CARE DURING LABOUR

UNIT II: CARE OF MOTHER AND CHILD AFTER DELIVERY

UNIT GUIDE

UNIT I

ROUTINE CARE DURING LABOUR

Lessons in the Unit:

1. Overview of labour and Importance of Cleanliness During Labour
2. Activities to be carried out during the First and Second stages of Labour.
3. Activities to be carried out during third stage of labour.

Lesson I: Overview of Labour and Importance of Cleanliness

Objectives: At the end of this session the trainees will be able to:

1. Describe the 3 stages of labor.
2. Explain the importance of cleanliness during labor.
3. Review the contents of Dai Kit and materials required for delivery at home.

Preparation for the

Session: Chalk and chalk board.

Method Discussion, Demonstration, Role Play.

Things to do

Step I

Discussion

Begin the discussions by saying the birth of a baby is divided into different stages. As a Dai, you have conducted a number of deliveries. What are the stages of labour that you have seen during the births? How do you recognize each of these stages?

During these discussions see that the following things come out and write them on the board:

Every labour is divided into 3 stages. Each stage has certain signs that go with it.

1. First stage of labour
 - a. Short painful contractions at 10-15 minute intervals.
 - b. Baby's head goes down into the pelvis.
 - c. Top of uterus becomes hard when felt during contractions.
 - d. There is a thick, bloodstained mucous discharge from the vagina.

- e. Sack around baby (membranes) ruptures and there is a drainage of fluid.
- f. This stage lasts up to 24 hours in first pregnancies and up to 12 hours in women who have had more than one pregnancy.

2. Second stage of labour

- a. Long strong and frequent contractions every 1-2 minutes.
- b. Baby's head is seen at Vulva.
- c. Gaping of Anus.
- d. Baby is delivered.
- e. This stage lasts about 1 hour in first pregnancies and 1/2 hour in women who have had more than one pregnancy.

2. Third stage of labour

- a. The uterus is hard and contracts every 2-3 minutes.
- b. The placenta separates 15 minutes after delivery and there is fresh bleeding and the cord outside vagina lengthens.
- c. The placenta is delivered.
- d. This stage lasts for 10 to 20 minutes in all women.

Step II

Discussions

Now that you know the stages of labour, let's talk about the most important thing that you must always do during every stage. Ask for any ideas about what this may be.

Then tell them that the most important thing that they must do during labour and delivery is to keep their hands, and all the things they use, as clean as possible.

Now ask why this is necessary. Write the answers on the board making sure the following are included:

1. If your hands are dirty when you put your fingers in the vagina, the mother may get an infection.
2. If you use a dirty cloth to give support under the vagina to avoid a tear, this also could cause an infection to the mother.

3. If your hands are dirty or you use dirty thread or a dirty instrument when you cut the cord of the baby, the baby may get tetanus and die.
4. If the walls or floor of delivery room are plastered with cow dung or if cow dung is used anywhere nearby, it also may give tetanus to the baby or the mother.

Instructors Please

Remember

If all 3 stages of labour occur in a clean environment and the Dai keeps her hands very clean and uses clean materials, (keep in mind materials included under 'Steps to be taken during the first stage of labour') the risk of infant and maternal mortality is greatly reduced.

Notes to Students

A. Every labour and delivery is divided into 3 stages. Each stage has certain signs that go with it.

1. First stage of labour

- a. Short, painful contractions every 10-15 minutes.
- b. Baby's head goes down into pelvis.
- c. Top of uterus gets hard during contractions.
- d. Thick, bloody mucous discharge from vagina.
- e. Membranes rupture with fluid drainage.
- f. Lasts up to 24 hours in first pregnancies, up to 12 hours in subsequent pregnancies.

2. Second stage of labour

- a. Long contractions every 1-2 minutes.
- b. Baby's head seen easily at vulva.
- c. Baby is delivered.
- d. Lasts up to 1 hour in first pregnancies, up to 1/2 hour in subsequent pregnancies.

3. Third stage of labour

- a. Uterus hard, contracts every 2-3 minutes.
- b. Placenta separates with fresh bleeding and lengthening of cord outside vagina.
- c. Lasts 10-20 minutes in all women.

B. The most important thing that you must do during all labours and deliveries is to keep everything you use, especially your hands, as clean as possible. This is necessary because:

1. Dirty hands and dirty cloths in or near vagina could give mother an infection.
2. Dirty hands, thread or instruments used while cutting cord could give baby tetanus and it will die.
3. Cow dung, if used anywhere nearby, may give tetanus to mother or baby.

Knowledge Review

1. List and tell what signs go with the 3 stages of labour.
2. What is the most important thing you must do during labour? Give some reasons why you do this.

Lesson II:

Activities to be carried out during first and second stages of labour

Objectives:

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

1. Explain what care the Dai should provide during the first and second stages of labour.

Teaching Methods:

Discussion, role-play, demonstration, practices

Things to do

Step I

Discussion

Begin the discussion by saying that as a trained Dai/CHG, you have many responsibilities before, during, and after the birth of a baby.

Note : Review Lesson on Preparation of Home Delivery, and Collection of Material, in ANC Module.

Now talk about the trainees responsibilities during the birth. These are the things that are done during the first and second stages of labour. Each stage has certain steps to be taken. Ask the trainees what they think some of those steps for the first stage of labour are. Make sure all the following are included:

Steps to be taken during the first stage of labour:

1. Ask the woman the following questions to make sure that she is in the first stage of labour.
 - a. When did the pain begin?
 - b. How often and how strong are the pains?
 - c. Did she have any bloody discharge?
 - d. Was there a gush of water from the vagina?
 - e. Has she felt the baby "drop down?"
2. Palpate the abdomen to:
 - a. find out the frequency and type of contractions.
 - b. find the position of the baby's head.
3. Look at the woman's vagina to see if the baby's head has reached there.
4. Encourage the woman to be in a comfortable position and take deep breathes through mouth.
5. Give her light meals and plenty of fluids.
6. Ask her to urinate at least every 2-3 hours since the bladder should be empty.
7. Give soap and water enema to mother.

7. Arrange to have water boiled in the containers set aside for the delivery.
8. Boil scissors and thread for 20 minutes.
9. Wash the vulva and the inner parts of her thighs with soap and water.
10. Put a plastic sheet (or clean newspapers) and clean cloth under her hips.
11. As the contractions become stronger, ask her to take deep breaths.
12. Remove rings from fingers and bangles and cover your own nose and mouth and wash your hands with soap and water, scrub your nails using a nail brush. Do not wipe your hands. Let them dry in the air.

Step II

Role-play

Ask the trainees to divide into pairs. Each should take a turn at playing Dai caring for a pregnant woman in the first stage of labour. The second trainee should make sure that she has included all the steps that must be taken during this stage in her instructions as she tells her what she is doing.

Step III

Discussion,

Demonstration

Begin the discussion by asking the trainees, what they think are some of the steps that must be taken during the second stage of labour. After they have given some suggestions, say "Now let's put this all together step by step to see all of the Dais responsibilities during this stage."

Go over each of the following steps, demonstrating those which you can, on the delivery model.

Steps to be taken during the second stage of labour:

1. Make sure you can see the baby's head at the vulva.
2. Encourage the woman to "push down" with each contraction.
3. Ask her to take deep breaths.
4. Ask her to hold her own ankles or knees from behind while she controls her breathing.
5. Wash your hands with soap and water and do not wipe them.
6. Avoid coughing and talking, sneezing when your face is close to vulva of the patient.
7. When the baby is about to be delivered keep one hand on the head to keep the baby from being forcefully expelled.

8. With the other hand support the perineum using a clean cloth to prevent tears.
9. First let the back of the head come out and the brow the last.
10. Allow the head to be delivered slowly between contractions without the mother "pushing down".
9. Let the head turn to either side before letting the upper shoulder come out.
10. As soon as the head is delivered put the fingers of your hand that is guiding the head inside the vagina to make sure the cord is not around the baby's neck.
 - a. If the cord is around the neck, hook your fingers around the cord and gently lift it over the baby's head.
 - b. If you cannot lift the cord over the head, apply two boiled artery forceps and cut the cord between them with the boiled scissors.

Step IV

Practice

Ask the trainees to give a repeat demonstration by using the Dummy/Pelvis model themselves. Give them plenty of time to practice.

- A. Steps to take during the first stage of labour.
1. Ask the following questions:
 - a. When did pain begin?
 - b. How often and how hard are the pains?
 - c. Was there a bloody discharge?
 - d. Was there a gush of water from vagina?
 - e. Has she felt the baby drop down?
 2. Palpate the abdomen to:
 - a. find frequency and kind of contraction.
 - b. find position of baby's head.
 3. Check to see if baby's head is visible at the vagina.
 4. Encourage comfort and deep breathing per mouth.
 5. Give light meals and plenty of fluids.
 6. Ask her to urinate every 2-3 hours.
 7. Boil water in special containers.
 8. Boil scissors, forceps, thread for 20 minutes.
 9. Wash vulva and inner thighs with soap and water.

10. Put clean cloth under her hips.
11. Encourage the women to take deep breaths as contractions become harder.
12. Cover your nose and mouth, wash hands with soap and water, scrub nails, let hands dry in the air.

B. Steps to take during second stage of labour.

1. Make sure baby's head is at the vulva.
2. Encourage pushing down with each contraction.
3. Ask her to take deep breaths.
4. Ask her to hold her ankles or knees from behind while she controls her breathing.
5. Keep your hand over baby's head so that it can't be expelled forcefully.
6. With other hand using a clean cloth, support the perineum to prevent tears.
7. Let the back of head come out first, then the brow.
8. Let head come out slowly between contractions without pushing/pulling.
9. Let head turn (to either side) before letting upper shoulder come out.
10. After head is delivered, put fingers in vagina to make sure that the cord is not wrapped around the baby's neck.

Knowledge Review

1. List and explain the steps the Dai should take during the first stage of labour.
2. List and explain the steps the Dai should take during the second stage of labour.

Performance Review

During the training, you have to take the trainee to the field and ask her to carry out her activities during the first stage of labour. Observe and fill in the following schedule.

Activity carried out	Yes	No	Rating
----------------------	-----	----	--------

1. History is taken.
2. Palpation of abdomen done.
3. Preparation such as boiling water and sterilizing ligature and instrument.

Activity carried out	Yes	No	Rating
4. Encourage to take light meals and fluids.			
5. Ask woman to urinate every 2-3 hours.			
6. Washed vulva and thighs with soap and water.			
7. Covered own nose and mouth.			
8. Washed hands, scrubbed nails, air-dried hands.			

Performance Review

Take the trainee to the field. While assisting a woman during the 2nd stage of labour, ask the trainee to carry out all the activities. Observe and fill in the performance review schedule.

Activity carried out	Yes	No	Rating
1. Woman encouraged to take deep breathes and then push down.			

Activity carried out	Yes	No	Rating
3. Woman asked to empty her bladder.			
4. Woman taught to grasp her ankles or thighs behind the knees.			
5. Progress of descent of head is watched.			
6. Talking and coughing close to the patient is avoided.			
7. Perineum support given.			
8. Support to baby given to avoid forcible expulsion.			
9. First the back of the head and then the brow delivered.			
10. After the rotation of the head, upper shoulder allowed to come out.			
11. Vaginal exam to see if the cord is round the neck of the child.			

UNIT GUIDE

UNIT II:

CARE OF MOTHER AND CHILD AFTER DELIVERY

Lessons in the Unit:

1. Activities to be carried out immediately after baby is born (during the third stage of labour).
2. Activities to be carried out after the delivery of the placenta.
3. Complications which can occur during labour or immediately after.

Lesson I:

Activities to be carried out during the third stage of labour.

Objectives:

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

1. Explain what care the Dai should provide both the baby and the mother during the third stage of labour.
2. Demonstrate clean method for tying and cutting cord.

Teaching Methods:

Discussion, demonstration, practice

Preparation for the

Session:

1. Thick twisted thread
2. Scissors
3. Razor blade
4. Small clean cooking pot
5. Chula
6. Chalk board and chalk
7. Large doll
8. Delivery model/pelvic model
9. Charts showing the activities to be carried out immediately after the birth of the baby.
10. Picture showing Foetal/Maternal surface of placenta.
11. Picture of cord and cutting of cord.

Things to do

Step I

Discussion

Begin the discussion by saying that once the baby's head and body have been delivered, the third stage of labour begins. This stage lasts after the placenta is delivered. The trained Dai has important responsibilities during this stage for both the newborn baby and the mother. Now ask the trainees what they usually do during this stage, first for the baby, then for the mother. Make sure that their answers include the following:

Care of the newborn during the third stage of labour:

1. Clean the air passages.
2. Make sure the baby is breathing.
3. Clean each eyelid with separate swab soaked in boiled cooled water.
4. Tie and cut the cord.
5. Check again for normal breathing.
6. Wrap the baby keeping the face open and put it to the mother's breast.

Care of the mother during the third stage of labour:

1. Deliver the placenta.
2. Examine placenta to see if it is complete.
3. Wash the vulva and thighs with boiled water and put clean cloth under her and remove soiled clothes from under the mother.
4. Watch the mother for bleeding for 15-20 minutes.
5. Give mother hot drink, tea, milk,, coffee and keep her warm.

Step II

Demonstration

Now demonstrate on the doll each of the activities the Dai must do for the newborn.

1. Clean the air passages. Show them how to clear out any material from the mouth and throat.
2. Make sure the baby is breathing. If the baby is not breathing, show them how to stimulate it by tickling the sole of the feet. If they still cannot get it to breath, keep the head lower than body, give mouth to mouth respiration using short puffs of breath but do not breathe hard, you may damage baby's lungs.
3. Tie and cut the cord. Show them the following steps for tying and cutting the cord.

- a. Tie the cord twice with the boiled thread, once about 4 fingers, once 6 fingers from the baby's stomach.
 - b. Apply the artery forceps on mother's side.
 - c. Cut the cord between the ties using the boiled scissors.
 - d. Tie the cord stump with a second tie.
 - e. Apply mercurochrome to the stump and cover with a clean cloth.
4. Check again for normal breathing. Tell them that the following 3 things should be checked 5 minutes after birth to make sure the baby is breathing normally.
- a. Regular breathing pattern.
 - b. Pink lips and nail beds.
 - c. Loud cry.
5. Wrap the baby and put it to the mother's breast. Show them how to wrap the baby with clean soft cloths. Tell them that giving the baby to the mother is important for 2 reasons:
- a. The mother's body will help keep the baby warm.
 - b. The baby's sucking on the mother's breast will help the delivery of the placenta and control the mother's bleeding by making uterus contract.

Step III

Demonstration

Now demonstrate using the pelvis model each of the activities the Dai must do for the mother.

1. Deliver the placenta. Tell them to wait for the signs that the placenta has separated and is ready to be delivered (10-20 minutes).
 - a. Cord becomes longer.
 - b. Gush of blood about half cup .
 - c. Top of uterus rises in the abdomen and becomes hard.
2. Demonstrate the delivery of the placenta by holding the lower part of the uterus and gently pulling the cord downwards and backwards.
3. Show them how to examine the placenta to see whether it is complete.
4. Show them how to clean the perineum with boiled water. Tell them to wash off thighs and buttocks and put a clean cloth under the mother.

Step IV

Practice

Allow the trainees time to practice on the "doll and Dummy/Pelvis model" themselves.

Instructors Please

Remember

Much of this lesson is completely skill oriented. Therefore, you will have to teach largely by demonstration followed by practice.

Notes to Students

- A. Care of the newborn during the third stage of labour.
1. Clean the air passages.
 2. Make sure baby is breathing. If not:
 - a. Tickle the soles of feet.
 - b. If still not breathing, keep the head lower than body, give mouth to mouth respiration using short puffs of breath but do not breathe hard, you may damage baby's lungs.
 3. Tie and cut cord.
 - a. Use boiled thread, forceps and scissors.
 4. Check again (after 5 minutes) for normal breathing. Check for:
 - a. Regular breathing pattern.
 - b. Pink lips and nail beds.
 - c. Loud cry when stimulated.
 5. Wrap baby and put to mother's breast.
 - a. Mother's body will keep baby warm.
 - b. Baby's sucking will help delivery of placenta and control mother's bleeding by making uterus contract.

B. Care of mother during third stage of labour.

1. Deliver the placenta.
 - a. Wait for signs that placenta is ready to be delivered.
 - 1) Cord lengthens.
 - 2) Gush of blood.
 - 3) Uterus rises and becomes hard.
2. Examine placenta to see if complete.
3. Clean and wash mother.

Knowledge Review

1. List and describe the activities that the Dai must do for the newborn during the third stage of labour.
2. List and describe the activities that the Dai must do for the mother during the third stage of labour.
3. Why is it important for both baby and mother to begin breast feeding immediately?

Performance Review

Activity carried out	Yes	No	Rating
----------------------	-----	----	--------

For baby:

1. Air passages cleaned.
2. Check for breathing.
3. Cord cut and tied correctly.
4. Baby wrapped and put to breast.

For mother:

1. Placenta delivered correctly.
2. Placenta examined.
3. Perineum cleaned correctly.
4. Clean cloths under mother.

Lesson II:

Activities to be carried out after the delivery of the placenta.

Objective:

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

1. Describe and demonstrate the routine activities to be carried out by the Dai after the delivery of the placenta.
2. Explain.
3. Explain why it is important to begin breast feeding immediately.

Teaching Methods:

Discussion, demonstration

Things to do

Step I

Discussion

Begin the discussion by saying that the job of the trained Dai does not end with the delivery of the baby and the placenta. What other responsibilities do you have before you leave? Make sure that the following things are included in the discussion.

Routine Activities to be carried out after delivery of the placenta.

A. For the mother:

1. For 2 hours, check the firmness of the uterus. Make sure that it feels as hard as a stone before you leave.
2. Check to make sure bleeding has decreased.
3. Check the perineum for any tears.
4. Bury the placenta deep so that any animals cannot get it.
5. Wrap soiled cloths and waste materials in newspaper and burn them.

B. For the baby: .

1. For 2 hours, watch the breathing of the baby to make sure it is normal.
2. Apply oil over the body and bathe the baby.
3. Watch the baby carefully. Make sure :
 - a. There is no pulling in of chest and grunting while breathing. If present, refer baby to HW(F).
 - b. There are no physical defects such as no opening at the anus or birth injuries. If present, refer baby to HW(F).
 - c. The baby is not rigid, convulsing nor has Rigid body, convulsions, constant or rolling of eyes. If present, refer baby to HW(F).
 - d. The cord is well tied and not bleeding. Re-tie if needed. Put only clean cloth on it.
 - e. Baby is able to suck well at the mother's breast.

C. For recording the birth:

Once you are sure that the mother and baby are doing well and that the room and your instruments are clean, there is one very important thing left to do. Ask for any ideas what this might be. Then say, "It is very important that the birth is registered. You must: (a.) instruct the family to register the birth and (b) tell the HW(F) about the birth."

Step II

Discussion

Now demonstrate those activities that you can.

First, demonstrate the care the Dai/CHG gives to the mother after the baby is born. The most important thing that the trainees must learn to do for the mother is how to massage the uterus to keep it firm. Tell them this will help to control the bleeding.

Next, demonstrate on a doll, if available, how to examine the newborn baby. Show them how to:

1. Make sure breathing is normal.
 - a. No pulling in of chest.
 - b. No grunting while breathing.
2. See if any physical defects are present.
3. See if baby is rigid or convulsing.
4. Check the cord to make sure it is well-tied with no oozing. Remember: the only thing to put on the cord is a clean cloth.
Anything else - ash, cow dung - may give the baby tetanus and it will die.
5. See that baby is sucking well at the breast.

Tell the trainees that it is very important for both mother and baby that breast feeding should begin as soon after delivery as possible and should continue as often as possible.

Instructors Please

Remember

One of the most important things for the trainee to learn during this lesson is NOT to apply anything - ash, cow dung, powder - to the baby's cord and to make sure the mother understands not to do this. This could greatly reduce the risk of infant mortality. Also, the importance of registering the birth must be stressed.

Notes to Students

Activities to be carried out after the delivery:

A. For the mother:

1. Check firmness of uterus for 2 hours.
2. Make sure bleeding is decreased after 2 hours.
3. Check perineum for large tears.
4. Bury the placenta.
5. Burn soiled materials in newspapers.

B. For the baby:

1. Make sure breathing is normal after 2 hours.
2. Bathe baby.
3. Examine for physical defects or injuries.
4. Check cord for oozing. Put only clean cloth on it.
5. Make sure baby sucks well at the breast.

C. For recording the birth:

1. Instruct family to register the birth.
2. Tell HW(F) about the birth.

Knowledge Review

1. List 5 activities to be carried out after delivery that concern the mother.
2. List 3 activities to be carried out after birth for the baby.
3. What things should you look for when you examine the baby?
4. After you have cared for the mother, the baby and have cleaned up, what important thing must you do?

Performance Review

During the training you may get an opportunity to observe the trainee after a delivery.

Whenever the opportunity arises, observe the following:

Activity carried out	Yes	No	Rating
----------------------	-----	----	--------

For mother:

1. Uterus checked after 2 hours.
2. Bleeding amount checked.
3. Perineum tears checked.
4. Placenta buried.
5. Soiled materials burned.

Activity carried out	Yes	No	Rating
----------------------	-----	----	--------

For baby:

1. Breathing checked for 2₁ hours.
2. Baby bathed.
3. Baby examined for:
 - a. pulling respirations
 - b. physical defects/birth injuries
 - c. rigidity, convulsions
 - d. oozing cord
 - e. Ability to suck well at breast checked.

For recording the birth:

1. Instruction given to family.
2. HW(F) informed.

Lesson I:

Complications which can occur during labour or immediately after.

Objectives:

At the end of this session the trainees will be able to describe the following six common complications of labour:

1. - prolonged labour
2. - placental bleeding
3. - malpresentation of the baby
4. - eclampsia
5. - infection
6. - exhaustion of mother

Teaching Methods:

Discussions, demonstration

Things to do

Step I

Discussion

Initiate the discussion by saying that as a trained Dai it is your job to provide care during normal labour and delivery. But sometimes you will see cases where things are not normal. These cases must be referred to a Health Worker Female immediately because if they are not treated in time they may result in the death of the mother or the child. Therefore, you must be able to recognize when things are not going normally.

Ask the trainees if they have seen any cases where things were not normal. Ask them to describe what happened. Write the name of the complication they have described on the board. Make sure that all of the five common complications as follows are listed and described:

1. Prolonged labour
 - a. First stage more than 24 hours in first pregnancies and more than 12 hours in second or more pregnancies.
 - b. Second stage more than 1 hour in first pregnancies and 1/2 hour in second or more pregnancies.

2. Placental bleeding

- a. Bleeding which occurs after 28 weeks of pregnancy.
- b. May or may not be painful.
- c. Uterus may be hard and tender.

3. Malpresentation of the baby.

- a. The head is not in the normal position - either the face or the brow is coming first.
- b. Buttocks or leg first.
- c. Shoulder or hand coming first.
- d. Prolapsed cord where the cord is seen in the vagina or coming first.

4. Eclampsia

- a. Generalized swelling
- b. Headache
- c. Convulsions in the mother

5. Infection

- a. Mother runs fever.
- b. There is a foul smelling discharge from the vagina.

6. Exhaustion of mother

- a. Mother is extremely tired.
- b. Usually associated with prolonged labour.

Step II

Demonstration

Now tell the trainees that it is their responsibility to check every woman in labour and delivery to see if any of these complications is present so that she can be referred as early as possible.

Demonstrate each of the following skills required to identify each complication.

<u>Complication</u>	<u>Skills</u>
1. Eclampsia	Ability to recognize swelling, headache, convulsions.
2. Prolonged labour	Ability to take history, time taken for each stage of labour
3. Placental bleeding	Ability to watch for bleeding, unusual pain in uterus.
4. Malpresentation of baby	Ability to palpate abdomen and identify presenting part.
5. Infection	Ability to recognize foul smelling discharge.
6. Exhaustion of mother	Ability to recognize extreme fatigue.

Lesson II

Practice

Ask the trainees to divide into pairs. Each pair will practice on one another the skills necessary to recognize the six common complications.

Instructors Please

Remember

It is the Dai's responsibility to attend only normal labour. She must refer complicated cases to the Health Worker (F) or nearest hospital as quickly as possible.

Notes to Students

- A. Five common complications of labour and delivery and their symptoms are:
1. Prolonged labour
 - a. First stage - more than 24 hours in first pregnancy; more than 12 hours in subsequent pregnancies.
 - b. Second stage - more than 1 hour in first pregnancy; more than 1/2 hour in subsequent pregnancies.
 2. Placental bleeding
 - a. Bleeding after 28 weeks.
 - b. May or may not be painful.
 - c. Uterus may be hard and tender.
 3. Malpresentation of the baby
 - a. Head not in normal position with either back of head or brow first.
 - b. Buttocks or legs coming first.
 - c. Shoulder coming first.
 - d. Prolapsed cord where cord is seen at the vagina.
 4. Eclampsia
 - a. Generalized swelling.
 - b. Headache.
 - c. Convulsions.
 5. Infection
 - a. Mother runs fever.
 - b. Foul smelling discharge from vagina.
 6. Exhaustion of mother.
 - a. Mother is extremely tired.
 - b. Usually associated with prolonged labour.

B. Any time you see one of the complications here, you must refer the woman immediately to the HW(F) or nearest hospital.

Knowledge Review

1. List and describe the six complications of labour given in this lesson.
2. What should you do when you identify one of these complications?

Performance Review

During the practice session (Lesson II) observe that the trainee is able to perform the following skills necessary to identify the complications.

Complications	Skills	Yes	No	Rating
1. Eclampsia	Ability to recognize swelling, headache, convulsions.			
2. Prolonged labour	Ability to take history, time taken for each stage of labour			
3. Placental bleeding	Ability to watch for bleeding, unusual pain in uterus.			
4. Malpresentation of baby	Ability to palpate abdomen and identify presenting part.			
5. Infection	Ability to recognize foul smelling discharge.			
6. Exhaustion of mother	Ability to recognize extreme fatigue.			

Document 1286D

October 24, 1983

MODULE #2: CARE OF WOMEN DURING PREGNANCY

AUDIENCE: TRAINED DAIS/HEALTH GUIDES (FEMALE)

Previous Page Blank

KEY PROBLEMS

LOW BIRTH WEIGHT

NEONATAL TETANUS

BIRTH INJURY/ASPHYXIA

NEONATAL SEPTICEMIA

KEY TASK/SERVICE

PRENATAL CARE

MODULE

CARE OF WOMEN DURING PREGNANCY

AUDIENCE

TRAINED DAIS/CHGs

UNIT I

IDENTIFYING WOMEN WHO NEED
SPECIAL CARE

Previous Page Blank

UNIT GUIDE

UNIT I

Identifying women who need special care

Lessons in the Unit:

1. Serious problems which can occur during pregnancy
2. Warning signs which can lead to serious problems during pregnancy
3. Identifying women who need immediate emergency care
4. Identifying women who need to be referred (but not as an emergency)

Importance of the Unit:

Evaluate the Teaching Program:

Lesson I:

Serious problems which can occur during pregnancy

Objective:

At the end of this training session the trainee should be able to:

1. List and explain the meaning of the 7 serious problems in pregnancy given in this lesson;
2. Explain what is meant by the term "warning sign during pregnancy"

Teaching Methods:

Discussion

(Use of AV aids e.g. flip book, charts etc.)

Preparation for the session:

1. Chalk board and chalk
2. Slides, flash cards, flip charts showing warning signs during pregnancy

things to do

Step I

Discussion

Lead a discussion on how serious problems of pregnancy can be recognized. Stress the idea that in most cases there are "warning signs" that show up before the problem occurs. These warning signs are sometimes called "high risk factors". Ask the group if they know any of these warning signs. Bring out that

- (1) women have head-ache, swelling, Oedema, blurring of vision, before developing fits
- (2) light bleeding is usually seen before heavy bleeding
- (3) Abdominal pain is often a warning that occurs before abortion (or tubal pregnancy) etc. etc.

Step II

Now see if the trainees can give a warning sign for each of these serious problems:

<u>Problem</u>	<u>Warning sign</u>
1. Fits (Toxemia of Pregnancy)	Headache, oedema
2. Heavy bleeding	spotting, light bleeding
3. Infection	fever, discharge per vagina

<u>Problem</u>	<u>Warning sign</u>
4. Abortion	Pain lower abdomen, bleeding
5. Difficult/prolonged labor	Short height of women, small pelvis
6. Unhealthy baby	
7. Still birth/child dies in uterus	

! Please Remember: !

! In most cases there are "warning signs." !

! which are present before the serious !

! problems of pregnancy occur. Some !

! "warning signs" require immediate !

! attention and some require referral to a !

! Health Worker (F) !

! !

Notes for students:

A. Seven serious problems which can occur during pregnancy are:

1. Fits (toxemia of pregnancy)
2. Heavy bleeding
3. Infection
4. Abortion or early delivery
5. Difficult and/or prolonged labor
6. Unhealthy baby
7. Stillbirth

B. A "warning sign" usually is present in a woman before one of the seven serious problems of pregnancy occurs.

For example, abdominal pain is often a warning before abortion.

Knowledge Review:

1. List seven serious problems which can occur during pregnancy. (A above)
2. Explain the term "warning sign" of pregnancy. (B above)

Lesson II:

Warning signs requiring immediate attention

Objective:

At the end of this lesson the trainees will be able to:

1. List and describe four Warning Signs that may occur during pregnancy which require /immediate/ attention by the Health worker
2. Discuss the importance of each of these warning signs by describing the problems associated with each warning sign.
3. Examine women for oedema

Teaching Methods:

Discussion, demonstration, clinical practice

Preparation for the session:

1. Chalk board and chalk
2. The instructor should attempt to arrange this session to occur on a day when antenatal patients are available for examination.

Things to do

Step I

Discussion

- (a) Lead a discussion by asking the trainees to describe the "warning signs" during pregnancy which they feel /need immediate attention/. Make sure the discussion includes the following:
1. Bleeding from the vagina
 2. Swelling (oedema) especially if it involves the hands or face
 3. Lower abdominal pain
 4. Severe headache, blurred vision
- (b) Explain that these warning signs are /serious/ and require /immediate/ attention by the Health Worker because they tell that serious problems as described below may occur.

Discuss each of these conditions as follows:

Bleeding:

Bleeding or even spotting during pregnancy may lead to abortion. Severe bleeding may even result in the death of the mother. In such cases your job is to:

- (1) ask the pregnant women to take complete bed rest.
- (2) Notify Health Worker (Female) and request her to visit the patient as soon as possible.
- (3) If bleeding is heavy refer immediately to hospital.

Lower abdominal pain:

This may result in abortion, which may be complete or partial. This pain may also be due to abnormal pregnancy.

(1) When a pregnant woman complains of lower abdominal pain do not massage it or foment it.

(2) Refer her immediately to Health Worker (Female).

Swelling:

During pregnancy some women develop swelling of face, hand or feet. If not treated in time this may result in the women developing fits, or other complications. 1. When you observe a pregnant woman having swelling on her face, hands or feet refer her immediately to Health Worker (Female).

Severe headache, blurred vision:

These two symptoms also indicate that the woman may develop fits or other complications. When a woman complains of headache or blurred vision during pregnancy refer her immediately to Health Worker(Female).

Step II

Demonstration,

Clinical practice

Locate an antenatal clinic patient who has at least some degree of oedema and who is willing to have the trainees examine her. If more than one such patient is available bring several. Demonstrate to the trainees how to examine for oedema by

- (1) gently and slowly depressing the area of swelling; and
- (2) observing that the depressed spot or "pit" remains for sometime after the examiners fingers are removed. Have each trainee practice several times until she understands what "pitting" oedema looks like.

! Please remember: !

! It is the Dai/CHG's responsibility to !

! refer immediately to a Health Worker (F) !

! any woman who has one of the following !

! "warning signs" of pregnancy: !

! 1. bleeding from the vagina !

! 2. lower abdominal pain !

! 3. swelling of face, hands and feet !

! 4. headache, blurred vision !

! !

Notes for students:

A. The 4 warning signs of pregnancy which require immediate attention and the serious problems which they may lead to are:

1. Bleeding - may lead to
 - a. abortion
 - b. death of mother
2. Lower abdominal pain - may be due to
 - a. abortion
 - b. abnormal pregnancy
3. Swelling especially of hands or face - may lead to:
 - a. fits
4. Headache, blurred vision:
 - a. fits

B. Each of these warning signs require immediate attention by a Health Worker (F). Your job when you identify them is as follows:

1. Bleeding:
 - a. put woman on complete bedrest
 - b. notify HW(F) to visit the woman as soon as possible
 - c. if bleeding is heavy refer women to hospital immediately

2. Lower abdominal pain
refer woman to Health Worker (F)
immediately
3. Swelling - especially on
face & hands
refer woman to Health Worker (F)
immediately
4. Headache, blurred vision
refer woman to Health Worker (F)
immediately.

Knowledge Review:

1. What are the 4 "warning signs" of pregnancy which require immediate attention by the Health Worker (F)?
2. What are the serious problems of pregnancy that these 4 "warning signs" may lead to?

Performance Review:

Observe the trainee while she is performing an examination of a pregnant woman for oedema. If the trainee performs the following tasks, tick the proper column:

Yes No Rating

- Checks all areas where swelling may occur

 hands --

 feet --

 face --

- Gently and slowly depresses any areas of swelling

- Observes to see how long depressed spot remains after fingers are removed

- Recognizes "pitting" oedema

Lesson III:

Warning signs which can lead to serious problems during pregnancy (Not immediately but sometime later)

Objective:

At the end of this training:

1. List and describe the 7 warning signs for which patients should be referred to the Health Worker on a routine basis as given in this lesson.
2. Discuss the importance of each of these warning signs by describing the problem associated with each warning sign.

Teaching Methods:

Discussion

Preparation for the session:

- (i) Chalk-board and chalk.
- (ii) Charts showing foetus during different stages of labor.
- (iii) Dai Training Module (illustrated).

Things to do

Step I

Discussion

Begin discussion by reviewing the 4 emergency warning signs, as given earlier. Then ask the trainees to think of other warning signs which do not indicate an emergency but do mean that the woman is more likely to have a serious problem later usually at or near the time of delivery.

These "non-emergency warning signs" should include the following:

<u>Warning Sign</u>	<u>Type of Problem which may occur</u>
1. First pregnancy and woman is less than 15 yrs or more than 35 yrs old	Several problems including, early delivery, small babies, bleeding and fits.
2. First pregnancy for woman who is very short (bare foot standing height less than 140 cm.) or has a problem with her hip	Difficult or prolonged labor due to small birth canal
3. Four or more previous deliveries	Bleeding, fits, abortions and stillbirths
4. History of major problem during previous pregnancy including stillbirth, severe bleeding, c-section, or fits	Any of these problems may occur again

- | | | |
|----|--|---|
| 5. | Current illness including chronic cough, weight loss, difficult breathing and continuous fever | The illness is likely to become worse during the pregnancy unless treated |
| 6. | Severe pallor (indicating lack of proper food and/or blood loss) | Baby dying in uterus, unhealthy baby, infection, abortion, early delivery, stillbirth or P.P.H. |
| 7. | Baby's head is not down by 34th week | Difficult and/or prolonged delivery, unhealthy baby or stillbirth |
| 8. | Breach, transverse lie
Twins | -do- |
| 9. | Size of uterus not equal to period of lactation | -do- |

Now tell the trainees that even though a pregnant women with these warning signs does not indicate an emergency, she should still be referred to a Health Worker (F) as soon as she can. This will help to prevent or lessen the serious problems later on.

! Please remember: !
! Some warning signs of pregnancy do not !
! indicate an emergency but do mean that !
! a serious problem is more likely to !
! happen later on. So it is the Dais/CHGs !
! responsibility to refer pregnant women !
! with these warning signs to a Health !
! Worker (F) as soon as she can. !
! _____ !

Notes to Students:

- A. Seven warning signs of pregnancy which should be referred (but are non-emergency) and the serious problems which they may lead to are:
1. First pregnancy - woman is less than 15 yrs. old or more than 35 yrs:
 - a. early delivery
 - b. small babies
 - c. bleeding
 - d. fits
 2. First pregnancy for woman who is very short or has problem with her hip
Difficult or prolonged labor due to small birth canal
 3. Four or more previous deliveries
 - a. bleeding
 - b. fits
 - c. abortions
 - d. stillbirths
 4. History of major problem during previous pregnancy including stillbirth, severe bleeding, C-section, or fits
 - a. any of these same problems may occur again

5. Current illness including chronic cough, weight loss, difficult breathing
 - a. illness likely to become worse during pregnancy unless treated

6. Severe pallor (shows lack of proper food and/or blood loss)
 - a. Unhealthy baby
 - b. infection
 - c. abortion
 - d. early delivery
 - e. stillbirth
 - f. P.P.H.
 - g. Baby's death in uterus

7. Baby's head is not down by 34th week
 - a. difficult and/or prolonged delivery
 - b. unhealthy baby
 - c. stillbirth

Knowledge Review:

1. What are the "warning signs" of pregnancy which do not indicate an emergency but can mean serious problems later on?

2. What are the serious problems of pregnancy that these warning signs can lead to?

Lesson IV

Identifying women who need to be referred but not as an emergency

Objective:

At the end of this training session the trainees will be able to:

1. Interview women in order to find out if any of warning signs of pregnancy are present.
2. Examine for and recognize the warning sign of pallor.
3. Accurately describe the lie and presentation of the foetal head by manually examining the abdomen during the third trimester.

Teaching Methods:

Discussions, demonstration, role play, clinical practice

Preparation for the session:

Arrange when and where ANC patients will be available for the trainees to examine

Things to Do

Step I

Discussion

Begin discussion by briefly reviewing the seven warning signs which do not indicate an emergency but which can lead to serious problems later on. After going over these warning signs, it should be explained that the Dais/CHGs can and should question and examine the pregnant women in their villages for these warning signs.

Now tell the trainees that there are 3 things they need to do to find these warning signs in pregnant women.

1. Interview to (a) learn age of woman, (b) if she is small or has hip problems, (c) how many previous deliveries, (d) any major problems with previous deliveries, (e) or if she is sick now with cough, weight loss or difficult breathing and fever
2. Examine for pallor
3. Palpate abdomen to find foetal head

Now practice each of the 3 points in the following ways:

Step II
Role Play

To practice the interview, ask the trainees to divide into pairs. Each of the two will have at least one chance to play (1) a mother and (2) a Dai/CHG who is questioning and examining her. Each "mother" should make up some stories about difficulties with past pregnancies, coughs, be young or old and etc. In this way their partners will get some experience in questioning "patients who have warning signs during pregnancy".

Step III
Demonstration,
Practice

To practice how to examine for pallor, first demonstrate on a willing trainee.

Examine the color of the inner surface of the lower eye-lid, the inside of the lower lip and the finger nail beds. When pallor is present these areas will be less pink.

Have trainees pair up and practice these procedures on one another, as you observe.

Step IV
Clinical practice

To practice how to properly examine for the foetal head, go to the ANC clinic with the trainees and demonstrate on a willing patient who is at least 28 weeks pregnant using the following procedures:

1. Explain to the pregnant woman that (a) you are going to examine the abdomen, (2) the examination is helpful to know whether everything is progressing satisfactorily, and (3) that the examination is not going to hurt her.
2. Ask her to empty bladder by passing urine.

3. Ask her to lie comfortably on the examination table or cot on her back. Let both the hands lie comfortably on each side of her body.
4. Expose only abdomen from lower end of breast bone to pubis, covering the rest of body by a sheet of cloth.
5. Get your palms and fingers warm by rubbing. Demonstrate this and also explain that the examiners palms and fingers should be warm before palpating abdomen otherwise the abdominal muscles contract unknowingly and hinder in examination.
6. Ask her to take deep breath through her mouth. This helps in keeping the abdomen relaxed. This is necessary for proper palpation.
7. Stand on the right side of pregnant woman facing her and start palpating systematically like this:
 - a. Start palpating first by palpating upper part of uterus, i.e. fundus. Cup your palms and fingers of both hands and place on either side of the upper edge of uterus and by gently pressing find out what you feel. Never use tips of fingers during palpation always use only palm and flat of fingers.

A firm mass should be felt within the uterus. The mass will be uneven and not well defined. The mass cannot be moved freely. This is buttock. Normally the buttock is at the upper end of uterus as the foetus lies in a head down position.

- d. Now place your palms and fingers on each side of uterus. On right side hold the uterus and do not allow it to move. Feel what is on the left side of uterus by your right palm and finger. You will normally feel a hard surface which is continuous from above downwards. This is back of the foetus. Usually the back of the foetus lies on left side of uterus. Similarly by fixing uterus on left side and palpating right side of uterus you will feel smaller firm masses. These are limbs of foetus. Normally limbs lie on right side of uterus.
- c. Now examine lower end of uterus. Ask the women to bend her knees and take deep breath orally. Face the feet of pregnant women. Palpate with both palms and fingers on both sides of lower end of uterus. You should find hard mass which can be moved from side to side. This is head at the lower end of uterus.

When the head has dropped further during last weeks of the pregnancy, especially with first pregnancy, you may not be able to feel head. You may feel firm shoulder which is fixed.

Have the trainees examine the abdomen of pregnant women systematically. Observe whether the trainee carries out the examination step by step as above. Correct wherever necessary.

!Please remember: !
!1.It is the Dais/CHG's responsibility to !
!question and examine pregnant women in !
!their villages for all "warning signs" of !
!pregnancy so that serious problems !
!can be prevented or treated appropriately !
!to reduce infant and maternal morbidity !
!and mortality !
!
!
!2.Traditional dais are required to conduct!
!normal delivery. It is essential for them!
!to know normal lie and presentation, of !
!foetus during pregnancy by palpating of !
!abdomen. This will help in early detection!
!of abnormality in position and refer such !
!cases in time. This in turn will help in !
!reducing maternal and foetus morbidity and!
!mortality. !

Notes to Students

There are 3 things you must do to find the warning signs which do not mean an emergency but which can lead to serious problems during pregnancy and labour in pregnant women. They are:

1. Interview to learn age of woman, if she is small or has hip problems, how many previous deliveries, any major problems with previous deliveries, or if she is sick now with fever, cough, weight loss or difficult breathing.
2. Examine for pallor
 - a. When pallor is present, inner surface of lower eye-lid, inside of lower eye and finger nail beds will be less pink.
3. Palpate abdomen after the 28th week to find foetal head. Steps for this are:
 - a. explain what you are going to do
 - b. tell woman to empty her bladder before the examination
 - c. ask her to lie down comfortably on cot
 - d. expose one abdomen covering other parts
 - e. warm your palms and fingers by rubbing
 - f. ask woman to breath through her mouth and relax

- g. palpate only with palm and flat of fingers, never with finger tips
- h. palpate first the upper end of the uterus, then the right side, then the left side, then the lower end
- i. palpate with both palms and fingers on both sides of lower end of uterus. You should find hard mass (the head). which can be moved from side to side.

Knowledge review:

1. What are the 3 things you need to do to pregnant women to find the seven warning signs which are not emergencies but which can lead to serious problems?
2. How can you tell if pallor is present in a pregnant woman?
3. Describe why it is necessary to examine a pregnant woman by palpating her abdomen.
4. From which week onwards can you find out the position of foetus, in pregnant women by palpating the abdomen?
5. What will you do before actually palpating the abdomen of pregnant women?
6. Describe step by step systematic examination of pregnant women by palpation. What will you find normally?

7. What will you do if you come across a case of abnormal lie?

Performance Review:

Observe the following points while the trainee is performing palpation of abdomen in pregnant women to find out the position of foetus.

If the trainee performs the following tasks tick the proper column	Yes	No	Rating
--	-----	----	--------

- Selects pregnant mothers of 28 weeks and more
 - Tells in brief what she is going to do
 - Tells pregnant woman to pass urine before taking her for examination
 - Asks pregnant woman to lie down comfortably on cot
 - Exposes pregnant woman's abdomen covering other part
 - Warms her own palms
 - Asks her to breath through mouth and relax
 - Palpates with palm and flats of fingertips
 - Palpates systematically upper end, side, lower end of uterus
 - Is able to locate position of the foetal head
-