

NURSE CLINICIAN

LEARNING

TO

TEACH

VHws . . . . .

H I G H R I S K P R E G N A N C I E S  
- RECOGNITION, MANAGEMENT AND REFERRAL -

1980  
Rural Health Development Project  
Ministry of Health and Social Welfare  
Maseru, Lesotho

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Nurse Clinician training materials are Lesotho adaptations based upon the MEDEX prototype curriculum for training mid-level health workers.

The prototype MEDEX materials were developed by the Health Manpower Development Staff of the John A. Burns School of Medicine, University of Hawaii. The original prototypes were based on training experience in over a dozen third-world countries. These were revised on the basis of HMDS experience in Micronesia, Thailand, Pakistan, and Guyana before being made available to Lesotho under a U.S.A.I.D. funded contract.

Major adaptation in Lesotho began at the National Nurse Clinician Training Programme Curriculum Adaptation Workshop held at Maserod in January 1980. The nearly fifty participants represented all major health and health related activities in Lesotho, both Government and private. These participants and others working as individuals and then as review committees have adapted the Nurse Clinician training materials to meet the conditions and needs of Lesotho.

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SCHEDULE

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5

11

## NURSE CLINICIAN INSTRUCTIONAL OBJECTIVES

The nurse clinician will use role play, discussion and a village visit to teach the TBA/VHW the following:

1. The role of the prenatal clinics.
2. The use and distribution of iron and folic acid.
3. Recognition of high risk pregnancies prenatally and referral procedure.
4. Recognition of referral signs during labour and delivery.

## INTRODUCTION

Antenatal care is very important in helping to insure a safe pregnancy and delivery. Also very important is the early recognition of high risk pregnancies allowing for proper referral and management of potential problem pregnancies. The earlier these pregnancies are recognized the better for the mother and infant. In actual practice the TBA has the greatest potential of early recognition, so TBA's who are going to become VHWs should be thoroughly taught how to recognize high risk condition and how to refer these women to the health centre or hospital.

In this module, the nurse clinician will learn how to teach methods of recognizing high risk conditions of pregnancy and how and where to refer pregnant women with these conditions.

We will continue to use the precept that we teach as we have been taught; therefore, you will be taught this module content with the educational methodology you will use when you are teaching VHWs in your health centre.

There is one caution in the use of this content. TBAs are skilled experienced practitioners and the introduction of the necessity to refer should be handled delicately, building on our common concern for the health and life of the woman and newborn as well as the presence of necessary equipment (IVs and blood) at the health centre or hospital. One should never insult another health practitioner but always build on our common concerns, the people.

Before working on this module, review your nurse clinician modules on maternal care and deliveries.

### Gathering Village Information

Whenever we are working with VHWs in a village or local community, we need be aware of local traditions that are practiced by villagers in caring for their own health. Discussing this with the VHWs will help the VHW to become consciously aware of the practices used in their village. The VHWs can then use this knowledge when they are working in their villages.

This discussion will help you, as a nurse clinician, learn how disease is defined by villagers and the local treatment patterns. If the village treatment is positive or health promotive, you can help the VHWs find ways to support the local treatment. If the local treatment is harmful, then you as a nurse clinician are aware of the obstacles, or resistant factors, that must be addressed to help TBAs recognize and refer high risk pregnancies.

The best way to extract this local knowledge from the village is to talk about it with the VHWs. Draw out this information through the use of "leading questions". You, as a nurse clinician, need to find answers to the following questions:

1. What antenatal activities do TBAs traditionally perform in the area?
2. How does the TBA or village handle common high risk conditions of pregnancy? -Prenatally?  
-During the delivery?
3. Does the village have an "ambulance or transport system" - ox cart, taxi, bus, stretcher?
4. How long does it take to transport a bleeding person from the village to the health centre or hospital?

After learning local customs relating to high risk pregnancy conditions as well as existing transportation facilities in the village, you can begin to think of alternate ways to teach the process of recognizing and referring high risk pregnancies. You may also begin to anticipate some obstacles that will need special handling so that the TBA/VHW is able to serve her patients better.



## ACTIVITY 2

## DISTRIBUTION OF IRON AND FOLIC ACID TABLETS

Special Instructions For Teaching Text	Text for Teaching
<p>*DISCUSSION Allow frank and open discussion. (Problem cases and referrals will be handled during the next session.)</p>	<p>"Last session we discussed and observed a presentation in the ANC clinic."</p> <p>*"Have you ever attended a prenatal exam before?"</p> <p>"Have any of your patients been seen in a ANC clinic? any of your family members?"</p> <p>"Do you have any questions about what happens in the clinic?"</p> <p>"What foods are traditionally eaten during pregnancy? lactation?"</p>
<p>NURSE CLINICIAN NOTE: There may be many foods that are being neglected. If entire food groups are being neglected it is best to find appropriate alternatives rather than hitting "harmful" avoidances head-on.</p>	<p>"You noticed that iron and folic acid tablets are given to each woman. Women who have a fetus growing in their uterus require more iron and folic acid than non-pregnant women. The iron and folic acid are important for blood production. If not enough iron and folic acid is eaten in food, the blood gets thin and the woman gets weak. Iron and folic acid taken every day through pregnancy and lactation will improve her strength and allow her to go through the delivery in the best of condition. Her baby will also be healthier."</p> <p>"Good balanced food intake, especially legumes and vegetables will give her the other extra ingredients she needs. Pregnant women need more food than non-pregnant women and more food than men for her baby and for the growing body of the new baby inside her."</p> <p>"During your visits to prenatal women you should check on their food intake: -plenty of dark green leafy vegetables, -plenty of legumes and milk, eggs, and meat if available, -usual amounts of grains."</p>

Activity 2 (cont'd)  
Distribution of Iron and Folic Acid Tablets

Special Instructions For Teaching Text	Text for Teaching
<p>NURSE CLINICIAN NOTE: Show how many tablets for one month. TBAs will have their own method for counting; nowever, it will be necessary to review this section.</p> <p>ROLE PLAY Home visit with nutrition advice and distribution of iron and folic acid tablets.</p>	<p>"You also may distribute iron tablets and folic acid to all pregnant and lactating women. Iron tablets are given two times a day and folic acid once a day."</p> <p>"Each time you visit a prenatal woman, give 60 tablets of iron and 30 tablets of folic acid. That will last the woman one month."</p> <p>"You should visit her home once a month and give her more tablets. The month she attends the ANC clinic she will get her tablets from the clinic."</p> <p>"You must always remember how many pregnant women you are attending so that this can be reported to the nurse clinician for replenishing your stock."</p>

## ACTIVITY 3

## IDENTIFICATION OF HIGH RISK PREGNANCIES

Special Instructions For Teaching Text	Text for Teaching
<p>*DISCUSSION These problems may be sensitive areas but gradually they will be shared because of our common concerns - the woman and the baby.</p> <p>*DISCUSSION Allow time for each woman to discuss her experiences. Lead the discussion to the understanding that early referral insures better results. Allow expression of professional insults that may have occurred during their previous experiences and build toward improving relationships and mutual respect between levels of VHW-nurse clinician-Doctor.</p>	<p>"Last session we discussed foods that are good for pregnant women and the importance of iron and folic acid. Today, we are going to discuss important questions to ask and signs to look for in order to prevent trouble during the delivery."</p> <p>*"What are some problems that can occur during deliver?"</p> <p>"Why do infants die sometimes? Why do mothers die sometimes?"</p> <p>"What do you do about these problems?"</p> <p>"We are going to learn ways of preventing some of these problems. The most important thing to remember is that now that you are a TBA/VHW, you are not alone. You are part of a system that connects you and the women to other centres. If problems are discovered they can be referred before they occur and even while they occur. The health centre and nurse clinician is there for first referral and behind the health centre is the hospital. What cannot be handled in the village can go to the health centre. The health centre has nurse clinician and nurses, IV/s and blood pressure machines. What cannot be handled by the health centre can go to the hospital - the hospital has doctors, IV's, blood and even surgery."</p> <p>*"Have you ever sent a patient to the health centre? to the hospital?"</p> <p>"Why?"</p> <p>"What was the fesult? Did you go with the family?"</p> <p>"Have you ever visited a hospital?"</p>

Activity 3 (Cont'd)  
Identification of High Risk Pregnancies

Special Instructions For Teaching Text	Text for Teaching
	<p data-bbox="615 415 1208 529">"The earlier we can identify women that may get into trouble the better. Signs of trouble are called 'high risk' signs."</p> <p data-bbox="615 557 1175 614">"Some of these signs can be found in the prenatal period."</p> <p data-bbox="615 639 935 668"><u>Previous Pregnancies</u></p> <p data-bbox="615 696 1251 967">"An important sign is found when you ask the questions about previous pregnancies. The woman who has had 1 or 2 earlier pregnancies ending with a bad outcome (fetal death, newborn death, difficult delivery, etc.) should be seen by the nurse clinician and probably delivered in a hospital. Women having their first pregnancy should deliver in the hospital or health centre."</p> <p data-bbox="615 995 738 1024"><u>Bleeding</u></p> <p data-bbox="615 1052 1247 1157">"Bleeding from the vagina during pregnancy is another bad sign. All women with bleeding should be sent to the health centre."</p> <p data-bbox="615 1186 1058 1214"><u>Very Short or Deformed Women</u></p> <p data-bbox="615 1243 1231 1376">"Women who are very short or crippled and pregnant for the first time should be sent to the health centre. Their pelvis may be too tight for a normal delivery."</p> <p data-bbox="615 1405 879 1433"><u>Baby Stops Moving</u></p> <p data-bbox="615 1462 1214 1624">"If the baby stops moving during the pregnancy the woman should be sent to the health centre. There, the nurse clinician will check for the sound of the baby's heart and determine whether the baby is alive."</p>

Activity 3 (cont'd)  
Identification of High Risk Pregnancies

Special Instructions For Teaching Text	Text for Teaching
	<p><u>Boggy Abdomen</u></p> <p>"A woman with a large boggy abdomen and fetal parts that are hard to feel has too much water in her uterus. This is a sign of something wrong in the pregnancy. She should be sent to the health centre."</p> <p><u>Swelling</u></p> <p>"Signs of swelling of hands or feet; headaches or problems with vision are always serious signs and should be referred to the health centre so a blood pressure can be taken. These diseases - swelling, headaches, visual problems may go on to convulsions and that is always a serious emergency because the woman and baby may die."</p> <p>"Let's review. Always ask a new pregnant woman:</p> <ol style="list-style-type: none"> <li>1. How many pregnancies have you had; how many children living; if any dead, how and when did they die?</li> <li>2. Any bleeding?</li> <li>3. Baby still moving (first moved about the 5th month)?</li> <li>4. Headaches, trouble with vision?</li> <li>5. Check for swelling?</li> <li>6. Boggy abdomen?</li> <li>7. Have you had any baby by operation?</li> </ol> <p>*"Now let's practice with a role-play."</p>

Activity 3 (cont'd)  
Identification of High Risk Pregnancies

Special Instructions For Teaching Text	Text for Teaching
<p><u>Situation 1</u></p> <p>Woman is 4 months pregnant; 3 earlier pregnancies; no living children; all died during childbirth. Fetus is active, no bleeding, no swelling but boggy abdomen.</p> <p><u>Situation 2</u></p> <p>Second pregnancy; living child; no bleeding; 8 months pregnant; swelling of feet; headaches and blackouts.</p> <p><u>Situation 3</u></p> <p>First pregnancy - 3 months; spotting blood, no other problems.</p> <p><u>Situation 4</u></p> <p>Second pregnancy - 8 months; no problems; past pregnancy without problems; has been seen in prenatal clinic two times. Given iron and folic acid tablets.</p>	

ACTIVITY 4  
HOME VISIT

Special Instructions For Teaching Text	Text for Teaching
<p>*HOME VISIT Make three home visits. Following the visits, meet in the village and discuss the home visits together.</p>	<p>"Today we are going to make home visits. Let's review the questions and things we look for during a prenatal home visit."</p> <ol style="list-style-type: none"> <li>1. Number of previous pregnancies and outcomes.</li> <li>2. Any bleeding?</li> <li>3. Baby still moving?</li> <li>4. Headaches, or visual difficulty?</li> <li>5. Swelling?</li> <li>6. Boggy abdomen?</li> <li>7. Previous surgeries to deliver baby?</li> <li>8. Referral for regular prenatal exam.</li> <li>9. Make preparations for delivery.</li> <li>10. Iron and fo'lic acid.</li> <li>11. Social problems in the home which may affect a pregnant mother. Involvement of all the family members - i.e. husband, mother-in-law, any other close relations.</li> <li>12. Health education.</li> </ol> <p>* Home visits</p>

## ACTIVITY 5

### IDENTIFICATION OF HIGH RISK PREGNANCIES DURING LABOUR

Special Instructions For Teaching Text	Text for Teaching
<p><b>*DISCUSSION</b> What is now being done for: breech, arm, shoulder presentation; bleeding; convulsions; retained placenta, prolonged labour.</p>	<p>"During the last sessions we have been learning about signs of possible trouble during pregnancy. The earlier we find these signs the better for the woman and the baby."</p> <p>"However, sometimes we don't find these signs until we are called for the delivery. There are some things that can go wrong during the delivery that must be handled speedily or the woman or newborn will die. Now that you are linked to the system, it will be easier for you to refer the woman to the right place if something happens."</p> <p>*"What are some of the problems or delivery difficulties that you have?"</p> <p><u>Unusual Position</u></p> <p>"Usually a baby comes head first but sometimes the baby presents feet first, buttock first, hand first or even shoulder first. Each one of these presentations should be referred to the hospital. You may have managed these in the past but you also know that much can go wrong with these and it is best that a doctor be present and all the supportive equipment necessary in the hospital.</p> <p><u>Bleeding Just Before Delivery</u></p> <p>"This is always a serious condition. Send this patient to the nearest facility, health centre or hospital so an IV can be started. Never examine this person vaginally, for more bleeding will start."</p>

## Activity 5 (cont'd)

## Identification of High Risk Pregnancies during Labour

Special Instructions: For Teaching Text	Text for Teaching
	<p data-bbox="611 390 786 418"><u>Convulsions</u></p> <p data-bbox="611 447 1256 580">"This is always a serious condition. This patient should be sent to the nearest facility, health centre, or hospital. She should be transported lying on her side so she doesn't choke."</p> <p data-bbox="611 609 739 637"><u>Bleeding</u></p> <p data-bbox="611 666 1283 942">"Bleeding after the delivery is another emergency, but you can do one very important thing to stop this bleeding. This bleeding is due to a soft uterus. A firm rotating motion over the uterus on the lower abdomen will cause the uterus to clamp down to stop bleeding. Then transport the patient to the nearest facility, but stay with her and if she bleeds again, rub the uterus again."</p> <p data-bbox="611 971 893 999"><u>Retained Placenta</u></p> <p data-bbox="611 1028 1223 1151">"Don't worry about it for four hours unless there is bleeding. If there is bleeding send to the health centre; if it stays in longer than four hours, send the woman to the health centre."</p> <p data-bbox="611 1190 860 1218"><u>Prolonged Labour</u></p> <p data-bbox="604 1247 1270 1494">"Difficult labour and poor results can cause prolonged labour. The woman's pelvis may be too small for the baby, or the uterus too old to contract well. After 12 hours of labour, the woman should be sent to a health centre or hospital. There IV's can be given, rest and special check up to see what the problem is."</p> <p data-bbox="604 1523 1263 1704">"No perineal massage, oiling or abdominal pressure should be applied during this prolonged labour. It may make it more difficult for the nurse clinician at the health centre or health worker at the hospital to help the pregnant woman through her delivery."</p>

Activity 5 (cont'd)  
Identification of High Risk Pregnancies During Labour

Special Instructions For Teaching Text	Text for Teaching
<p>NURSE CLINICIAN NOTE: You will learn about transportation problems and may be able to help the TBA/VHW find acceptable means of transporting a referral to the health centre.</p> <p><b>*ROLE PLAY</b></p> <p><u>Situation 1</u></p> <p>You, as a nurse clinician, take the role of a TBA/VHW called to the home for a delivery. All preparations are ready and the delivery has begun with an arm presentation. Have a TBA/VHW take the role of a mother-in-law. Have a TBA/VHW take the role of the husband.</p>	<p>"A most important part of referral is transportation of a health centre or hospital."</p> <p>*"Where is the nearest health centre or hospital?"</p> <p>"How can you get there?"</p> <p>"How do you go to a health centre or hospital?"</p> <p>"Who usually goes with the pregnant woman you send?"</p> <p>"Who makes arrangements to go?"</p> <p>"As you know, going to a health centre or hospital for a delivery or an emergency is sometimes difficult, but, if it can help the woman in labour to have a healthy living child, we need to be certain that these difficult cases can get to the health centre."</p> <p>"Usually, referral to a health centre or hospital needs to be done quickly. Help the family to find the fastest and safest way to go. Someone from the family should go with the pregnant woman."</p> <p>"Sometimes it will be necessary to work very hard to convince the family to take the woman to the hospital. In some cases, you, as a TBA/VHW may be the only one to help the woman get there."</p> <p>*"Now let's review situations when it is necessary to refer patients."</p>

## Activity 5 (cont'd)

## Identification of High Risk Pregnancies During Labour

Special Instructions For Teaching Text	Text for Teaching
<p><u>Situation 2</u></p> <p>You, as a nurse clinician, take the role of the TBA/VHW called to the home of the delivery. All preparations are ready. The delivery is completed but bleeding begins after the delivery. Have a TBA/VHW take the role of a sister-in-law. Have another TBA/VHW take the role of the husband.</p>	<p>"Let us review all the pregnancies that may need referral to a health centre or hospital."</p> <p><u>During the pregnancy:</u></p> <ol style="list-style-type: none"> <li>1. Woman having her first baby.</li> <li>2. Woman had difficulty with earlier pregnancies.</li> <li>3. Woman has vaginal bleeding during pregnancy.</li> <li>4. Woman pregnant for the first time who is very short or crippled.</li> <li>5. Baby stops moving during pregnancy.</li> <li>6. Woman with boggy abdomen.</li> <li>7. Woman has swelling in hands and feet.</li> <li>8. Unusual position.</li> <li>9. Convulsions or any neurologic problems.</li> <li>10. Any chronic illness.</li> </ol>

Activity 5 (cont'd)

Identification of High Risk Pregnancies During Labour

Special Instructions For Teaching Text	Text for Teaching
	<p data-bbox="602 373 922 401"><u>During the delivery:</u></p> <ol data-bbox="602 415 1247 782" style="list-style-type: none"><li data-bbox="602 415 918 443">1. Unusual position.</li><li data-bbox="602 453 1129 481">2. Bleeding just before delivery.</li><li data-bbox="602 491 839 519">3. Convulsions.</li><li data-bbox="602 529 1096 557">4. Bleeding after the delivery.</li><li data-bbox="602 567 951 595">5. Retained placenta.</li><li data-bbox="602 605 918 634">6. Prolonged labour.</li><li data-bbox="602 643 1142 672">7. Woman who was delivered by C/S.</li><li data-bbox="602 681 1247 782">8. Woman who has serious medical conditions; e.g. diabetes, P.T.B., heart disease.</li></ol> <p data-bbox="602 811 1260 1052">"You, as a TBA/VIHW, must remember to help the pregnant woman to eat nutritional foods to help her baby grown. Give out the iron and folic acid tablets and remember the signs of difficult pregnancies so that you will know how to best help your patients. Our goal is to have living mothers and healthy living children."</p>

VHW LEARNING SCHEDULE

HIGH RISK PREGNANCIES

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
<p><u>Activity 1</u> Pretest - Prenatal examination</p>	<p><u>Activity 2</u> Nutrition education Iron and Folic Acid distribution</p>	<p><u>Activity 3</u> Referral signs during pregnancy</p>	<p><u>Activity 4</u> Home visit</p>	<p><u>Activity 5</u> Referral during the delivery Posttest</p>

PRETEST/POSTTEST

(Complete the pretest and posttest for the TBA/VIHW during the course of the teaching activity.)

	Pretest	Posttest
1. What do you do for the mother during the antenatal period?		
2. What medications must be given during the antenatal period?		
3. Referral signs - -During pregnancy:  -During delivery:		

Comments:

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NURSE CLINICIAN EVALUATION  
OF THE TBA/VHW IN THE FIELD

HIGH RISK PREGNANCIES

Key: +1 adequate  
-1 insufficient/  
missing

	Month	1 Month	2 Month	3 Month	4 Month	5 Month
1. TBA/VHWS identify pregnant women in village.						
2. TBA/VHWS refer pregnant women for prenatal exam.						
3. TBA/VHWS identify and refer at risk pregnant women.						
4. TBA/VHWS identify and refer women with delivery complications						

VHW REMINDERS  
FOR  
HIGH RISK PREGNANCIES

Special Instructions	Visuals for VHW
<p><u>Nutrition Needs of Pregnant Women</u></p> <ol style="list-style-type: none"> <li>1. Plenty of green leafy vegetables.</li> <li>2. Plenty of legumes, milk, eggs and meat, if available.</li> <li>3. Usual amounts of grains.</li> <li>4. Two iron tablets daily.</li> <li>5. One folic acid tablet daily.</li> </ol>	<p>For visual aids, have examples of:</p> <ul style="list-style-type: none"> <li>-all the food groups, e.g. dry grains of millet, beans, peas, etc.</li> <li>-iron tablets</li> <li>-folic acid tablets</li> </ul>
<p><u>Signs for Referral During Pregnancy</u></p> <ol style="list-style-type: none"> <li>1. Pregnant for the first time.</li> <li>2. Difficulty with earlier pregnancy.</li> <li>3. Bleeding during pregnancy.</li> <li>4. Pregnant for the first time and physically handicapped.</li> <li>5. Swelling in hands and feet.</li> <li>6. Baby stops moving.</li> <li>7. Previous surgery to deliver baby.</li> <li>8. General condition: <ul style="list-style-type: none"> <li>- T.B.</li> <li>- epilepsy</li> <li>- diabetes</li> <li>- heart disease</li> </ul> </li> </ol>	<p>Give each village health worker a card with the following information:</p> <p><u>Lipontso tsa bo khachane tse hlokanang hore motho a be sepetlele kapa clinic.</u></p> <ol style="list-style-type: none"> <li>1. Makhachane khetlo la pele.</li> <li>2. Bothata ba 'mpa kapa limpa tse bileng teng pele.</li> <li>3. Ho bona matsatsi motho e le makhachane.</li> <li>4. Motho ea holofetseng 'meleng ha e le makhachane khetlo la pele.</li> <li>5. Ho roroha matsolong le maotong.</li> <li>6. Ngoana o khantsa ho bapala.</li> <li>7. O kile a sebetsoa ka thipa hore ngoana a be teng.</li> <li>8. Boemo ba makhachane: <ul style="list-style-type: none"> <li>-Lefuba-T.B.</li> <li>-Sethoathoa</li> <li>-Lefu latsoekere</li> <li>-Lefu la pelo</li> </ul> </li> </ol>

VHW REMINDERS FOR  
HIGH RISK PREGNANCIES (cont'd)

Special Instructions	Visuals for VHW
<p><u>Signs for Referral During Delivery</u></p> <ol style="list-style-type: none"> <li>1. Unusual position of the baby.</li> <li>2. Bleeding just before delivery.</li> <li>3. Convulsions.</li> <li>4. Bleeding after delivery.</li> <li>5. Retained placenta.</li> <li>6. Prolonged labour.</li> </ol>	<p>Give each village health worker a card with the following information:</p> <p><u>Lipontso tse bontsang hore o lokela ho jona sepetlele kapa clinic ka nako eo a pepang.</u></p> <ol style="list-style-type: none"> <li>1. Ho lula ka tsela e sa tloaelehang ho lesea.</li> <li>2. Ho bona bofubelu pele ho ho pepa.</li> <li>3. Ho akheha/sethoathoa.</li> <li>4. Ho bona bofubelu ka morao ho ho pepa bo bongata.</li> <li>5. Thari e hana ho tsoa Kapa e lieha ho tsoa.</li> <li>6. Mahlaba a nkang nako e telele.</li> </ol>

Lipontso tsa bo khachane tse hlokanang hore motho a be sepetlele kapa clinic.

1. Mokhachane khetlo la pele.
2. Bothata ba 'mpa kapa limpa tse bileng teng pele.
3. Ho bona matsatsi motho e le mokhachane.
4. Motho ea holofetseng 'meleng ha e le mokhachane khetlo la pele.
5. Ho roroha matsohong le maotong.
6. Ngoana o khantsa ho bapala.
7. O kile a sebetsoa ka thipa hore ngoana a be teng.
8. Boemo ba mokhachane:
  - Lefuba-T.B.
  - Sethoathoa
  - Lefu latsoekere
  - Lefu la pelo

SUPPLIES NEEDED FOR  
TEACHING VHM

HIGH RISK PREGNANCIES

1. EXAMPLES OF ALL OF THE FOOD GROUPS
2. FOLIC ACID TABLETS
3. IRON TABLETS
4. CARDS WITH INFORMATION SO THAT VHM'S KNOW WHEN TO REFER PROBLEMS DURING PREGNANCY OR AFTER DELIVERY.