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## BASIC TRAINING FOR TRADITIONAL BIRTH ATTENDANTS (TBAs)

### 1. INTRODUCTION

The training is designed to suit the aptitude of volunteers selected by the communities responsible for the implementation of essential health care during and after child birth. It provides a secure way to decentralize health care services designed for the protection of the mother and her newborn.

It extends over a duration of 60 days and consists of three phases.

- The first phase is concentrated on theory and lasts for 5 days. During this phase emphasis is placed on providing the basic information on healthy delivery assistance practices during normal child birth as well as on the identification of pregnancies with risk signs and complicated child birthsthat need to be referred.
- The second phase is a practical phase that lasts for 25 days during which the TBA familiarizes herself with delivery assistance techniques during normal child birth. At the same time, she is initiated to the techniques of providing assistance to the mother and the new born child, accompanied by the use of material and techniques which guarantee the security of child birth.
- The third phase involves a hands-on training which lasts for 35 days during which the TBA participates at the maternity ward of the health post to provide health delivery services to pregnant women and their newborn babies.

### 2. JOB DESCRIPTION OF THE TBA.

**JOB PURPOSE:** Facilitate the access to reasonable health care services for women within the community particularly before, during and after child birth.

**REPORTING RESPONSIBILITIES;** Reports to the HPN on technical matters and to the VHC on non technical matters.

#### SPECIFIC TASKS:

1. Conduct home visits for pregnant women.
2. Refer pregnant women who demonstrate risk signs to the HPN.
3. Encourage pregnant women within her community to attend prenatal consultations.
4. Ensure that the health hut is maintained in a tidy and hygienic condition.

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5. Ensure the maintenance of the health delivery kit of the health hut.
6. Provide assistance to women during child birth.
7. Refer difficult child births to the health post.
8. Provide the prescribed health care services to newborn babies and their mothers.
9. Provide an activity report to the HPN at least once a month.
10. Collaborate with the health promoter in the execution of her duties.

#### PROFILE OF THE TBA CANDIDATE;

Experience during the first phase of the child survival project in Louga and Thies has shown that careful selection of health volunteers is important in reducing the volunteer drop out rate. The major causes of volunteer drop out were identified to include;

- Rural out-migration.
- Lack of motivation.
- Changes in lifestyle (marital status, employment or commitment to income generation activities).

Hence to minimize the dropout rate:

The ideal candidate for the post of TBA must possess the following profile.

1. Be female, mother, and more than 30 years old.
2. Must be selected by popular vote by the villagers.
3. Must be married, or widowed with the history of a stable family life.
4. Must have previous TBA and/or health volunteer experience.

#### 3. TRAINING GOALS:

To provide TBAs with the knowledge and the know how to enable them to respond to the primary health needs of pregnant women and their babies, before, during and after childbirth.

#### 4. TEACHING OBJECTIVES:

The training should enable the TBAs to:

- a) Identify and refer cases of pregnancy with risk signs to the health post level.
- b) Provide the prescribed delivery assistance services during normal child birth cases within her community
- c) Provide the prescribed health services to newborns and

their mothers.

- d) Refer complicated delivery cases promptly to the health post level.

#### 5. LEARNING OBJECTIVES:

At the end of the training, the TBA should be able to:

A:

1. Describe the female genital organs and specify the role of each organ in the process of human reproduction.
2. Provide a brief description of the different female menstrual cycles.
3. With the help of diagrams, describe, and explain the phenomenon of the human reproduction cycle. (Fertilization, migration, conception.)
4. Recite the different clinical signs of a normal pregnancy and describe its evolution.
5. Recite and describe the signs of an abnormal pregnancy.
6. Recite without error, the procedures that a TBA should follow when confronted with a pregnancy with risk signs.

B.

1. Examine a woman ready to give birth, and identify the signs of a true labor.
2. Examine correctly a woman during labor.
3. Prepare the necessary material to assist a woman during child birth.
4. Prepare a woman who is ready to give birth in order to guarantee the occurrence of child birth in the prescribed hygienic and antiseptic conditions.
5. Recognize the right moment that a woman needs to push and explain to her how to push.
6. Evacuate the newborn during expulsion in a timely and correct manner.
7. Recognize the signs of a difficult birth.
8. Recite correctly the conduct of a TBA when faced with a difficult child birth.
9. Recognize the signs of the detachment of the placenta.
10. Recover the placenta after its expulsion and examine it for signs of abnormality.
11. Examine the newborn and mother for signs of birth-related

complications.

C:

1. Cut the umbilical cord using sterilized scissors or blade.
2. If necessary de-obstruct the air passages of the new born.
3. Correctly bandage the umbilical cord until it is healed.
4. Dispense antiseptic eye drops into the eyes of the newly born to prevent eye infections.
5. Record the data concerning the mother and newborn into the register.
6. Supply the HPN at the end of each month with information pertaining to activities undertaken at the health hut level.

## TRAINING MODULES

### MODULE 1

#### THE ROLE AND PLACE OF THE TBA WITHIN THE CONTEXT OF THE CHILD SURVIVAL PROJECT.

##### 1. OBJECTIVES.

This module should enable the TBA to:

- Recite correctly the functions of the TBA within her community.
- Recite correctly the limit of the competence of the TBA during pregnancy, and before, during and after child birth.
- Recite correctly the functional relationship between the TBA, the village health committee, and the health promoters, on one hand, and the operational relationship between the TBA and the HPN on the other hand.

##### MODULE CONTENTS:

##### 1. THE ROLE OF THE TBA WITHIN HER COMMUNITY

The TBA is chosen by popular decision of the female population in the central as well as satellite villages. Her role is to provide health services required by mothers and their children during pregnancy, child birth and after child birth. Consequently the TBA plays a nondiscriminatory role before all the women in her community regardless of ethnic origin, age, or socio-cultural disposition.

She is responsible for the cleanliness and maintenance of the health hut. She is responsible for keeping the birth room and birth material tidy and clean at all times. She is under the control of the village health committee.

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In between the visits of the District Health Team the TBA must perform regular periodic visits to pregnant women to monitor the state of evolution of their pregnancies and their complaints in order to identify the pregnancies with risk signs.

The TBA must provide assistance during all births in her community regardless of time and distance.

She is responsible for supervising the evolution of the conditions of the mother and child after birth. This supervision is required as well for births not assisted by the TBA.

## 2. Tasks of TBA during pregnancy:

Women are usually exposed to several risks during pregnancy. As a result, they are strongly advised to seek regular consultation from a qualified personnel. The shortage of qualified personnel in the rural areas restricts the avenues available to pregnant women. The TBA therefore plays an essential role as the first contact and as a referral instrument for pregnant women in her community.

The TBA must ensure that all pregnant women in the community are regularly monitored by means of prenatal consultations.(PNC) As a result, she is required to assist in the implementation of PNC sessions organized by the qualified team in the central village according to the following guidelines.

a) The TBA must prepare the health hut designated for the PNC session. The preparation must include:

- Sweeping and cleaning the health hut.
- Preparing the mat or the benches.
- Selecting a secluded place to allow the waiting patients to enjoy the best discretion possible and to be at ease.

She must assist the mid-wife or the HPN during consultations by:

- Educating the women who have been consulted.
  - Disseminating information and instructions received from the mid-wife or the HPN with reference to appropriate habits, attitudes and behaviors.
- b) After each PNC session, she must work with the promoter to up-date the register to indicate those who were actually present compared with those who were expected.
- c) She is requested to make regular visits and provide prescribed services to pregnant women identified by the mid-wife or the HPN during consultation, as having specific problems.

She must provide prenatal monitoring for all pregnant women who request her assistance. She is however limited in her functions to the following activities:

- Examine the feet in search of signs of edema
- Inspect the vulva to determine if there is bleeding or other discharge
- Feel the abdomen after the 8th month of pregnancy to determine the position of the fetus.
- Examine the abdomen after the 5th month of pregnancy to listen to the heartbeat of the baby.
- Examine the inside of the eyelids for signs of anemia.

Pregnant women who demonstrate one or more risk signs during these examinations, must be referred.

### 3. TASKS OF THE TBA DURING CHILD BIRTH

During child birth, the TBA must verify to ascertain that the birth is a normal case that could be handled at the health hut level in the village. Her duties are limited to receiving the new born in optimum hygienic conditions, and the supply of the necessary health care (cutting the umbilical cord, applying eyedrops..etc) with the aid of very clean material.

She must refrain from performing any maneuvers on the woman or the newborn. Without performing any maneuvers on the placenta, she must verify it to ensure that it is whole. She must ensure that all child births with complications are referred to the health post on a timely basis. Deliveries without complete placentas must also be referred.

### 4. TASKS OF THE TBA AFTER CHILD BIRTH

The TBA must ensure the supervision of all recent child births to observe for signs of complications as well as advise the mother on the procedures to adopt in order to protect her health and that of the newly born. She must assist the mid-wife and the HPN in the conduction of postnatal check ups.

### 111/ TEACHING METHODS

A trainer with group communication experience will teach the different subjects in the Wolof language. During each lesson, emphasis will be placed on the restrictions placed on the duties of the TBA, and the importance of referring all cases of complications in order to protect the health of the mother and her newborn under their supervision. After each lesson, the TBAs are encouraged to discuss freely with the trainer.

## 1V EVALUATION PROCEDURES

### 1. SHORT TERM EVALUATION.

At the end of each lesson, a feedback session is held during which each participant is questioned on the following issues.

- The duties of the TBA within her community.
- The duties of the TBA towards a pregnant woman.
- The duties of the TBA during child birth.
- The restrictions of the TBA during child birth.
- The duties of the TBA after child birth.

Each candidate is evaluated on the number of correct responses, non responses, and wrong responses given.

To be admitted, a candidate must demonstrate a thorough understanding of the concepts and must demonstrate by her aptitude, attitude and test score that she fully understands her role and will certainly make a positive contribution to her community.'

### LONG TERM EVALUATION.

This will be performed during the supervision visit of the TBA in her village. It will be based on the following attributes.

- The maintenance and tidiness of the health hut and birth kit by the TBA.
- The number of feedback sessions organized between the TBA and the community through the intermediary of the VHC.
- The number of pregnant women who received home visits from the TBA and the frequency of visits.
- The accuracy and degree to which instructions received from the health teams have been executed by the TBA.
- The number of correctly diagnosed pregnancies with risk signs referred by the TBA.
- The ratio of newborns who received appropriate treatment to the number of newborns consulted.
- The number of correctly diagnosed complicated pregnancies referred by the TBA on a timely basis.
- The ratio of the childbirths assisted by the TBA to the number of births registered in the community.
- The ratio of births supervised within the prescribed norms to the number of births assisted.

## MODULE 2:

### PREGNANCY:

#### PURPOSE:

This module should allow the TBA to identify the conditions under which to refer women with risk signs to the health post.

#### LEARNING OBJECTIVES:

At the end of this session the TBAs should be able to:

- Describe the female genital organ with explanation on the role and function of each organ in the reproduction process.
- Describe briefly the different periods of the menstrual cycle.
- Describe and explain the phenomenon of human production (fertilization and conception).
- Recite and describe the risk signs related to pregnancy.
- Recite without fault, the conduct of a TBA when faced with risk signs related to a pregnancy.

#### 111/ MODULE CONTENTS:

##### 1. THE FEMALE GENITAL ORGANS:

Apart from the genital organs, the breast plays a very important role. It enables the breastfeeding of the newborn. The female genital organ is composed of internal and external organs.

##### EXTERNAL GENITAL ORGANS:

They are composed of the labia, the clitoris, the urethra and the birth opening. This constitutes both the barrier for and the entry point to the internal organs.

##### THE INTERNAL GENITAL ORGANS.

These are composed of:

- The ovaries which produce the ovules (eggs) and keep it in reserve.
- The fallopian tube or oviduct, the canal in which the egg is fertilized by the spermatozoid.
- The uterus, which has the shape of an inverted jar, constitutes the nest for the fertilized egg which remains attached to its wall to develop.
- The birth opening links the uterus with the outside and allows for the evacuation of the menstrual bleeding.

It also serves as the entry point for sexual intercourse and the exit point during child birth.

## 2. The female menstrual cycle.

Each month, if the woman is not pregnant, she should normally experience bleeding through the vagina. This is referred to as menstruation. The interval between the appearance of the eggs of one month and the other is referred to as the female menstrual cycle.

The cycle could be regular or irregular.

Each cycle has two phases.

- During the first phase, the uterus (nest) prepares to accept the fertilized egg. Its lining is filled with blood (mattress).
- During the second phase the egg is produced and remains active (alive) during two days. If the egg is not fertilized during this period the nest which has already been prepared becomes useless and destroys itself gradually to constitute the menstrual fluid which flows at the end of the cycle.

## 3. CONCEPTION:

The life of a child begins when the egg meets the spermatozoid (seed) following sexual intercourse. The sperm deposited into the vagina travel up the fallopian tube in search of the egg. Once the sperm meets the egg under favorable conditions, fertilization occurs. The fertilized egg which transforms itself repeatedly, travels down the fallopian tube to the uterus (nest) which is ready to receive it on the (mattress) which has already been prepared. From then on, conception occurs and the baby develops over a period of nine months which constitutes the normal pregnancy period.

## 4. PREGNANCY.

### a) Evolution.

Once fertilization has taken place the fertilized egg will develop during a period of 10 lunar months in its nest surrounded by a protective liquid, the amniotic fluid.

The menstrual flow stops to signify the beginning of pregnancy, which usually is accompanied by a modification of the breast which becomes firmer with a much more sensitive nipple exhibiting a darker color.

The woman could complain of nausea and vomiting which are usually frequent during the morning when the woman wakes up. She usually becomes more nervous and irritable.

Two months after the menstrual period ceases, one begins to notice slight increases in the size of the abdominal area

(uterus) and the breast.

Beginning the fourth month, one could hear the heart beat of the child through the mothers abdominal cavity. The baby begins to move.

In the sixth month, the child is completely formed and all that is left is for it to gain weight. The child could survive a premature birth at seven months. Up to the sixth month, the head of the child is turned right side up. From the seventh month, the head is turned up side down. The pregnant woman gains weight during pregnancy. She also has the tendency to be anemic. Getting towards the end of the pregnancy, bits of fluid may drip occasionally from the nipples.

#### b) THE NEEDS OF THE PREGNANT WOMAN.

To successfully carry through her pregnancy, a woman needs good nutrition, good personal hygiene, protection against malaria, tetanus, and anemia, and a suitable lifestyle.

##### Good Nutrition.

This topic is treated in great detail during the training of health promoters who are responsible for teaching this topic. The role of the TBA in this respect is to reinforce, remind and motivate mothers to initiate good nutrition practices early in order to protect themselves and their babies.

For the pregnant woman the emphasis is placed on eating a sufficient quantity of a balanced diet (vegetables, leafy greens, fruits) for protection; (meat, dry or fresh fish, cowpeas, milk, and eggs) to build her body; (rice, sugar, honey, corn, millet, and peanuts), to provide energy.

For the new born, the emphasis is on demonstrating the importance of colostrum and exclusive breastfeeding during the early part of a child's life.

The mother should begin breastfeeding within 1 hour after birth and continue exclusive breastfeeding for at least the first 120 days of the baby's life.

Colostrum and the mothers milk constitute the best food and medication that is freely available to the new born.

The TBAs also participates in popular education to fight against nutritionally unhealthy cultural taboos and practices within their communities.

##### Personal Hygiene and a suitable lifestyle.

The pregnant woman must bathe twice daily; in the morning and evening. She must wear clean and loose clothing. She must avoid long and tiring voyages such as the trip to the pilgrimage for example. She must avoid tedious work and must have sufficient sleep.

Protection against malaria and tetanus.

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The pregnant woman should receive vaccination against tetanus for her own protection and that of her child. This vaccination is available during prenatal checkups.

Depending on the threat of malaria during the pregnancy, the woman should protect herself against malaria by taking 300 mg of chloroquine per week, 1 tablet of iron per day, during the entire period of her pregnancy.

#### c. PRENATAL CHECKUP.

The prenatal checkup allows for the effective monitoring of the pregnancy up to the end. It makes it possible to identify problems early in the pregnancy, detect signs of edema and anemia, verify if the child moves, and if the child's position is normal during the different phases of the pregnancy (head turned up side down at the later stages of the pregnancy). Above all, it provides a good opportunity to advise, and educate the woman.

#### d. PREGNANCIES WITH RISK SIGNS.

Sometimes the pregnancy may evolve abnormally, with undesired consequences on the health of the mother or the child. These abnormal pregnancies are identified by the following symptoms.

- Intense and persistent abdominal pains.
- Bleeding
- Woman does not feel the movement of the child for an entire day.
- Convulsions.
- Swollen feet and legs.

The TBA should search for the existence of each of the above symptoms with the pregnant woman. She must refer any woman showing a risk sign to a qualified agent (mid-wife, HPN).

#### 1V TEACHING METHODS.

The module is taught in two phases.

\* A theoretical phase during which the instructor uses posters, charts and diagrams to explain and to initiate lively discussions on the female genital organs, the menstrual cycle, fertilization, as well as the conception and the evolution of pregnancies.

\* A demonstration phase which is done during a prenatal consultation session. The instructor describes the techniques of how to detect pregnancy-related risk signs. with detailed descriptions of the risk signs that have been identified. This phase contributes to consolidate the knowledge acquired during the theoretical session. The day chosen for this session coincides with the day chosen by the

staff for prenatal consultations.

#### EVALUATION PROCEDURES.

##### 1. Immediate evaluation.

At the end of the lessons and practical sessions, each TBA is tested on the following.

- Name the different female genital organs and explain the role of each organ in the process of human reproduction.
- Explain the different menstrual cycles and the phenomenon of human reproduction.
- Describe the symptoms of a normal pregnancy and its evolution.
- Describe the symptoms of an abnormal pregnancy and explain what a TBA should do when confronted with a pregnancy with risk signs during a routine prenatal consultation.

The test of each candidate is done in the presence of the other candidates. This serves to reinforce the concepts through repetition and familiarization with the strengths and weaknesses of each other.

At the end of the demonstration session, samples of the candidates are assigned in turns to pregnant women and asked to identify risk signs.

##### Delayed EVALUATION.

This is done during the supervision sessions of the TBAs during their hands-on training at the health post level. The following criteria will be used during the evaluation.

- The conformity of the risk signs identified with those taught during the course.
- The number of risk pregnancies referred by the TBA compared with the actual number of risk pregnancies identified within the community of the TBA.

## MODULE 3

### BIRTH ATTENDANCE.

#### 1. GENERAL OBJECTIVES;

This module should enable the TBA to:

- Attend to all non complicated births within her community.
- Provide the necessary care to the new born and its mother.
- Refer complicated cases on a timely basis.

#### SPECIFIC OBJECTIVES:

At the end of this module, the TBA should be able to:

- Examine a pregnant woman who is due for delivery, and recognize the difference between a false labor and a true labor.
- Examine the abdomen of a woman at birth time to determine the viability of the fetus and the possibility of a safe delivery.
- Prepare the material necessary to assist a woman at delivery time at the health hut level or at home.
- Prepare the woman at birth time to ensure that the birth takes place under prescribed clean and hygienic conditions.
- Recognize the moment when the woman is expected to push during the birth process and explain how to push.
- Withdraw the newborn at the right moment of expulsion correctly and on a timely basis.
- Establish skin-to-skin contact between the newborn and the mother.
- Recognize the signs of a difficult birth and explain correctly the procedures that must be followed by the TBA under such a condition.
- Recognize the signs of the detachment of the placenta and ensure its expulsion without tear.
- Examine the expelled placenta for signs of abnormalities.
- Examine the mother for signs of birth-related complications.
- Cut the umbilical cord of the new born using properly sterilized, scissors and blades.
- De-obstruct the upper airways of the new born at birth.
- Apply dressing to the umbilical cord until it is healed.

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- Apply antiseptic eye drops to the new born to prevent eye diseases.

- Ensure that the newborn breastfeeds as early as possible.

### 111. COURSE CONTENT.

#### 1. The supervision of a woman during labor.

A woman who requests the assistance of a TBA may be exhibiting signs of false labor characterized by irregular contractions that are neither very frequent nor painful and that disappear as one walks.

True labor signs are characterized by the following:

- Descent of the child to the lower abdomen of the mother.
- Feeling the need for bowel movement.
- Pains in the back and the lower abdomen.
- Rupture of the water bag.

These signs should be accompanied by the following:

- The duration, intensity and frequency of contractions are more pronounced.
- The abdominal and back pains become severe.
- The amniotic fluid will flow.

It is important to examine the abdomen of the woman to determine the child position and movement. A woman in labor should be advised to drink a hot light porridge or sugary water.

During the supervision of the woman in labor, she must be assisted to change position and to take a walk to activate the labor.

If the head of the baby is high the woman should stay seated and not lying. One could stroke the woman's back to calm her down.

#### 2. Preparation of the delivery.

The TBA should prepare herself and the woman before proceeding to provide delivery assistance.

##### \* Preparation of the TBA.

The TBA should verify if the health hut is clean. She should prepare the bed by covering it with a smooth plastic sheet.

Ensure that the cord, clamp, blade or scissors are boiled and left covered in the boiled water.

Ensure that the material is properly arranged in the first aid box, the baby blanket and bedding is properly prepared.

Wash hands thoroughly with soap and air-dry.

\*Preparing the woman.

The TBA must ensure that:

- The woman bathes herself or else assists her to do so if necessary.
- The bladder of the woman is empty. A full bladder may prevent the child's head from descending.
- The vulva of the woman is cleaned with warm water and soap.

### 3. The Expulsion.

This is the decisive phase during the birth. During this period, one has to closely observe the birth opening which could tear if care is not taken to regulate the push of the woman. The woman should start pushing only when the head of the child is at the birth opening. The expulsion should not last for a long time and the birth opening should be kept from tearing. Ask the woman to take a deep breath to slow down the exit of the head of the baby. Once the head is out, check carefully with the hand to see if the umbilical cord is wrapped around the neck.

Support the body of the child. Hold it upside down and wipe off all the mucous material.

Place the child on the stomach of the mother.

### 4. Immediate health care for the newborn.

Once the child is out, it must be stimulated by means of a tap on the feet to observe if the child moves, cries, or has a good color. Only then can the child be wrapped in a blanket to warm it up.

To section off the umbilical cord, first wash hands and clamp the umbilical cord both on the side of the mother and the child.

Tie it in the middle with a sterilized cord before cutting it off on the mother's side with a sterilized blade or scissors.

Observe the umbilical cord for bleeding, apply iodine (mercurochrome) on the cord, cover it with a sterile pad and dress with bandage.

Open the eyes of the newborn and apply a few drops of antiseptic eye drops.

### 5. The Delivery:

This begins with the detachment of the placenta which is signified by the following signs:

- There is a gradual flow of blood.
- When one places the hand on the pubic area and apply pressure to the uterus, the umbilical cord does not move backwards.

The placenta must be withdrawn without pulling on the umbilical cord. To achieve this, apply a slight pressure to the uterus, hold the umbilical cord without pulling and allow it to come out

by itself without exerting any effort.

Once out, the placenta must be observed to ensure that it is whole.

#### 6. Observation of the mother after birth.

##### a) Immediate Observation.

After the baby is out, observe the mother to see if she bleeds. To stop the bleeding gently massage the uterus and ensure that the woman lies down with the head in a lowered position.

Observe the birth opening for signs of tear and wash the woman with warm water.

##### b) Observation after birth.

After birth, the woman should be closely supervised for the first week after child birth.

The TBA should verify that the uterus of the woman re-establishes its form gradually and that the woman urinates well and is not constipated.

The discharges must be verified to ensure that there is no foul smell.

During this phase of observation the woman should be advised to:

- Eat well
- Keep her breast covered.
- In case the breast is swollen, cover it with warm towels and empty the breast during each breast feeding.
- In case of a premature birth, keep the child warm with blankets and send him to the health post.

##### c) Complicated Births.

Sometimes the birth may be complicated thus endangering the lives of both the mother and the child.

In such a case it is important to react rapidly to keep the birth under control. This is why the TBA has to recognize the risk signs early to enable her to evacuate the patient to the health post.

The TBA should look for the following symptoms.

- A prolonged labor that lasts for more than a day (sun up to sun down).
- Bleeding before the expulsion of the child.
- A uterus that does not contract.
- A child that shows up bottom or shoulders first.
- When the umbilical cord, or one hand or one leg precedes the child. (breech births)
- Profuse bleeding after birth.
- When the inside of the eyelid is very pale.
- A woman with an over sized abdomen.

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## V TEACHING METHODS:

This module will be taught in two phases:

During the first phase, which is based on theory, the instructor will expose the subject matter with free discussions with the TBA to discover their past experiences in child birth.

During this phase the accent will be placed on the skills and knowledge required to identify the signs of labor, child delivery and risk signs.

The second phase involves a practical session which will take place at the maternity of the health center. The TBAs will be organized into small groups to receive hands-on training. Each TBA will assist in a real child birth exercise under the supervision of the HPN or the mid wife. In the first place she will assist as an observer, and later on she will be required to attend to a birth under the close supervision of a qualified personnel. During this phase the TBAs are initiated to the use of health instruments during their spare time.

### EVALUATION PROCEDURES.

#### a) Immediate Evaluation.

This consists of measuring the theoretical proficiency of the TBAs on the following concepts:

- Signs of false labor and real labor.
- Methods of conducting the expulsion of the child and the placenta.
- The identification of risk signs that require referral to the health post. A candidate is judged on the number of correct responses obtained vis a vis the importance of the question.

#### b) Deferred Evaluation.

This will be done during the supervision session. This will enable the measurement of the know how of the TBA during the process of child birth attendance. The TBA is observed:

- During birth attendance.
- During the dressing of a newborn.
- During the examination of a mother and baby after birth.
- During the referral of complicated pregnancies.

## MODULE 4.

### FAMILY PLANNING

#### **The Dangers of Multiple and Closely Spaced Pregnancies.**

Pregnancies and births are very exhausting on a woman's childbearing system. The physical resistance of the woman's system diminishes with the frequency of pregnancies, thus increasing the risks of death during pregnancy.

Similarly the efforts required for the upkeep of a newborn overburdens the mother to the extent that less time is available for the proper upkeep of the older siblings. The household budget, under such a condition, is greatly affected by the family size. This is translated by difficulties in providing adequate food, clothing, and education for the children in the family.

#### **Family Planning and Modern Methods of Contraception.**

The local population has always relied upon traditional methods of birth control.

Presently, there exist a number of more practical and efficient methods which are easily within the reach of both men and women, as a means of controlling births.

These methods include:

- The IUD which is installed inside the womb to prevent pregnancy and removed when the woman desires to become pregnant again.
- The condom which is used by the man to prevent pregnancy.
- The pill which are taken daily by the woman to prevent pregnancy and which can be stopped once pregnancy is desired again.



GUIDELINE FOR EVALUATING THE APTITUDE OF THE TBA DURING TRAINING.

NAME OF THE TBA \_\_\_\_\_

CENTRAL VILLAGE \_\_\_\_\_

HEALTH POST \_\_\_\_\_

PROFESSIONAL QUALIFICATION OF HPN \_\_\_\_\_

1. Evaluation of the aptitude of the TBA in terms of pregnancy monitoring:

(Observe the TBA during a real prenatal consultation session: to be arranged by the evaluator).

- The TBA questions the woman to determine the last time she had a menstrual cycle : Yes( ) No( )
- The TBA looks for signs of edema on the lower limbs. Yes( ) No( )
- The TBA recognizes the presence of edema: Yes( ) No( )
- The TBA searches for anemia by examining the inside of the eye lids. Yes( ) No( )
- The TBA recognizes the presence of anemia by color of the inside of the eye lids. Yes( ) No( )
- The TBA determines the position of the child by palpating the abdomen in the case of a pregnancy in its 5th month. Yes( ) No( )
- The TBA listens to and detects the sound of the heart beat of the fetus by means of a Pinard stethoscope. Yes( ) No( )

Deficiencies observed.

Corrections made.

Evaluation of the aptitude of the TBA in terms of cleanliness and hygienic execution of health care services.

(Observations made on the TBA during her stay at the maternity ward of the health post.)

- The TBA sweeps the consultation room each day. Yes( ) No( )
- The TBA cleans the health instruments after each use. Yes( ) No( )
- The TBA uses clamps (hemostats) in the execution of her duties. Yes( ) No( )
- The TBA washes her hands with soap after each consultation Yes( ) No( )

a) Deficiencies observed.

b) Corrections made.

EVALUATION OF THE TBA IN TERMS OF BIRTH ATTENDANCE AND THE CARE OF THE NEWBORN.

(Observe the TBA during a real birth session: to be arranged by the evaluator at the health post level.)

- The TBA recognizes the moment of true labor. Yes( ) No( )
- The TBA prepares the bed by covering the mattress with smooth plastic sheets. Yes( ) No( )
- The TBA examines the abdomen of the woman to determine if the baby is alive. Yes( ) No( )
- The TBA examines the abdomen of the woman to determine the position of the child. Yes( ) No( )
- The TBA asks the woman to take a walk in order to activate labor. Yes( ) No( )
- The TBA boils the cord, the scissors and the clamps in water. Yes( ) No( )
- The TBA asks the woman to empty her bladder. Yes( ) No( )
- The TBA washes the vulva of the woman with soap and warm water. Yes( ) No( )
- The TBA washes her hands with soap. Yes( ) No( )
- The TBA asks the woman to push at the right time when the head of the baby is at the birth opening. Yes( ) No( )
- The TBA handles the birth opening to prevent tear. Yes( ) No( )
- The TBA asks the woman to take a deep breath to slow down the expulsion of the baby. Yes( ) No( )
- The TBA verifies the umbilical cord around the head of the baby. Yes( ) No( )
- The TBA wipes clean the baby after expulsion before placing the baby on the mother's stomach. Yes( ) No( )
- The TBA stimulates the baby by slapping it on the feet before covering it to warm it up. Yes( ) No( )
- The TBA washes her hands before cutting the umbilical cord. Yes( ) No( )

- The TBA clamps the umbilical cord on both ends before cutting it. Yes( ) No( )
- The TBA has properly ligated the umbilical cord. Yes( ) No( )
- The TBA has properly dressed the umbilical cord. Yes( ) No( )
- The TBA has applied the prescribed eye drops to the newborn. Yes( ) No( )
- The TBA assists in the expulsion of the placenta without pulling on the umbilical cord. Yes( ) No( )
- The TBA cleans the new mother with warm water. Yes( ) No( )
- The TBA asks the woman to breastfeed the baby as early as possible and verifies it is well done. Yes( ) No( )

a) Deficiencies observed:

b) Corrections made:



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