Orientation Handbook
For
Increasing Community Awareness and Referrals
Of
Obstetric and Neonatal Emergencies
(For Facilitators)

June 2003

State Innovations in Family Planning Services Agency, Lucknow
Department of Health and Family Welfare Government of Uttar Pradesh
FOREWORD

The Maternal Mortality Ratio (MMR) in Uttar Pradesh is very high at 707 maternal deaths per 100,000 live births. This number is particularly disturbing since it is almost twice India’s nationwide MMR of 407. The national goal is to bring MMR down to less than 100 by 2010. According to estimates, for each woman who dies, as many as 30 other women develop chronic, debilitating conditions, which seriously affect their quality of life. In Uttar Pradesh, the lack of access to good quality emergency obstetric services is a crucial factor affecting the high maternal mortality rate.

New born health, to a considerable extent, depends on the health of the mother. The infant mortality rate in UP is 84/1000 live births while that of India is 63/1000 live births. The share of neonatal mortality in infant mortality is almost 50%, i.e. about 50% of infant deaths occur within 28 days of birth. Further, about 50% of all neonatal deaths occur during peri-natal period.

Improving emergency obstetric and neonatal care is at the core of saving women’s and newborn’s lives. But one must also keep in mind that making motherhood safer requires multi-faceted interventions that involve all levels of the health system from the community to the block and district. Studies and experience have shown the importance of community programs to influence increased utilization of facilities capable of providing emergency obstetric and neonatal care. Community level interventions attempt to focus on reducing the top 2 delays of the conventional 3 delays model (1. Delay in deciding to seek care. 2. Delay in reaching a first referral level facility and 3. Delay in actually receiving care after arriving at the first referral level facility).

In support of the need for emergency obstetric and neonatal care (EmO&NC) in the existing public health care system and increased use of referral services for EmOC and newborn care through community level interventions, the Innovations in Family Planning Services (IFPS) Project, funded by the United States Agency for International Development (USAID) will support a strategy for strengthening EmOC and newborn care service delivery. One of the strategies of this program will be orientation of primary providers such as Auxiliary Nurse Midwives (ANMs) Anganwadi workers (AWWs) and Traditional Birth Attendants (TBAs) for increasing community awareness regarding identification of danger signs during pregnancy, childbirth and immediately after birth both for the mother and newborn and timely referral. ANMs residing at sub-center villages will also be oriented to provide basic life-saving first aid in maternal and neonatal emergencies that can be applied at the community level.

PRIME is providing technical assistance to SIFPSA for the orientation of primary providers. This handbook, comprising of 4 sessions, follows a behavior change approach that allows primary providers to negotiate with community members on how to identify danger signs and make timely decisions and what planning
families need to do in order to deal with emergencies. The handbook will also serve as a reference for residential ANMs for helping women and newborn infants in emergencies so that they reach referral facilities alive.
ACKNOWLEDGEMENTS

The orientation handbook for increasing community awareness and referral for obstetric and neonatal emergencies has been developed by PRIME/Intrah with USAID funding.

The handbook and curriculum was conceptualized by Ms. Wilda Campbell, Country Director, and developed by Dr. Saswati Sinha, PRIME Country Clinical Manager, under her guidance.

An initial draft was reviewed for appropriateness of the learning methodology by Ms. Cathy Murphy, Training and Learning Acting Director, Chapel Hill. The draft was further reviewed by PRIME, India Country Office staff: Ms. Wilda Campbell; Dr. Rashmi Asif, Country Clinical Manager; Ms. Ragini Pasricha, Technical Materials Coordinator and Communications Specialist and Dr. Anjana Das, Clinical Specialist. This draft was then reviewed by a Technical Advisory Group, whose members are listed on the following page. Supporting flash cards for the training have been developed by Jayashree Nair, Training Specialist, and Dr. Mary Verghese, Program Manager and Dr. Anjana Das.

Finally, the curriculum was translated from English to Hindi by a team comprising of Ms. Charu Chopra, Program Manager, Ms. Ragini Pasricha and Dr. Saswati Sinha.

Throughout the process the team has been guided and assisted by Dr. Anjana Singh, USAID/ND, Dr. Sulabha Swaroop, Senior Project Coordinator and Program Manager of EmOC and Newborn Care at SIFPSA and Dr. Brijendra Singh, General Manager (Public Sector), SIFPSA.

We acknowledge with gratitude the generous contribution of everyone who took time to review this document and provide guidance during its development.

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MEMBERS OF TECHNICAL ADVISORY GROUP

**SIFPSA**
1. Mr. Kapil Dev, ED.
2. Mr. Amod Kumar, AED.
3. Dr. Brijendra Singh, GM (PS).
4. Dr. Sulabha Swaroop, Sr. Project Coordinator
5. Dr. Yogesh Chandra, Sr. Project Coordinator.
6. Dr. Santosh Singh, PC (CS).
7. Ms. Seema, IEC Division.
8. Mr. Harbhajan Singh, IEC Division.
9. Mr. A. B. Patel, IEC Division.

**USAID**
1. Dr. Anjana Singh, Program Management Specialist

**KGMC, Lucknow**
1. Dr. Chandrawati, Retd. Professor and Head of Gynaecology and Obstetrics.
2. Dr. Vinita Das, Prof. and HOD of Gynae & Obs.
3. Dr. Hem Prabhla Gupta, Prof. Dept of Gynae and Obs.
4. Dr. Yashodhara Pradeep, Assoc. Prof. Dept of Gynae and Obs.
5. Dr. Manju Shukla, Assoc. Prof. Dept of Gynae and Obs.
6. Dr. V. K. Srivastava, Prof. and HOD, Dept of Social & Preventive Medicine.
7. Dr. V. P. Singh, Senior Paediatrician.
8. Dr. G. K. Malik, Prof. Neonatology, Dept. of Paediatrics.
9. Dr. Mala Kumar, Assoc. Prof. Dept. of Paediatrics.

**Dufferin Hospital, Lucknow**
1. Dr. Sharda Chand, Superintendent in Chief.
2. Dr. Asha Rai, Retd. Senior Gynaecologist.
3. Dr. Sultana Aziz, Medical Officer.
4. Dr. Savita Bhatt, Medical Officer.
5. Ms. Veena Pathak, Staff Nurse.

**Engender Health**
1. Dr. Jyoti Vajpayee, Senior Medical Associate.
2. Dr. Neeta Bhatnagar, Clinical Training Associate.
3. Dr. Asha Kochhar, Clinical Training Associate.
4. Dr. B. P. Singh, Clinical Training Associate.
5. Dr. Nayyara Shakeel, Clinical Training Associate.
6. Dr. Shikha Srivastava, Clinical Training Associate.

**PRIME/Intrah**
1. Ms. Wilda Campbell, Country Director.
2. Dr. Saswati Sinha, Country Clinical Manager.
3. Dr. Mary Verghes, Program Manager.
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<table>
<thead>
<tr>
<th>Type of orientation</th>
<th>Facilitators</th>
<th>Participants</th>
<th>Duration</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation of Medical Officers</td>
<td>PRIME staff</td>
<td>Medical Officers</td>
<td>4 hours</td>
<td>Block PHC/CHC</td>
</tr>
<tr>
<td>Orientation of ANMs</td>
<td>Medical Officers</td>
<td>ANMs</td>
<td>4 hours</td>
<td>Block PHC/CHC</td>
</tr>
<tr>
<td>Extra orientation of residential ANMs (ANMs who reside in sub-center villages)</td>
<td>Medical Officers</td>
<td>Residential ANMs</td>
<td>8 hours Day1: 4 hours Day 2: 4 hours</td>
<td>Block PHC/CHC</td>
</tr>
<tr>
<td>Orientation of AWWs and TBAs</td>
<td>ANMs</td>
<td>AWWs and TBAs</td>
<td>4 hours</td>
<td>Sub-center/anganwadi center/any other appropriate place at the community level</td>
</tr>
<tr>
<td>Community meetings</td>
<td>ANMs and AWWs</td>
<td>Pregnant women, their family members, community leaders and TBAs.</td>
<td>3 hours</td>
<td>Anganwadi center</td>
</tr>
</tbody>
</table>

### Schedule for orientation

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Participant Group(s)</th>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (pages 3-7)</td>
<td>For all participants in their respective orientation.</td>
<td>• Introduction to obstetric and neonatal emergencies.</td>
<td>MOs: 15 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ANMs: 60 minutes</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>AWWs &amp; TBAs: 60 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community meeting: 60 minutes</td>
</tr>
<tr>
<td>2 (pages 8-12)</td>
<td>For all participants in their respective orientation.</td>
<td>• Major danger signs during pregnancy, childbirth and immediately after birth in women and in newborns.</td>
<td>MOs: 30 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ANMs: 90 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AWWs &amp; TBAs: 90 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community meeting: 60 minutes</td>
</tr>
<tr>
<td>Page</td>
<td>Section</td>
<td>Description</td>
<td>Time Required</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>3</td>
<td>(pages 13-18)</td>
<td>For all participants in their respective orientation.</td>
<td>- Readiness for emergencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MOs: 15 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ANMs: 90 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AWWs and TBAs: 90 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community meeting: 60 minutes</td>
</tr>
<tr>
<td>4</td>
<td>(pages 19-53)</td>
<td>MOs, Residential ANMs</td>
<td>- Actions for helping women/newborns with danger signs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MOs: 3 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Residential ANMs: 8 hours</td>
</tr>
</tbody>
</table>
Session 1: Introduction to obstetric and neonatal emergencies

**Guide Information – Introduction:**
- In this meeting we will learn about each other.
- We will share experiences of sickness and death of women and babies during pregnancy, birth and immediately after birth.
- By sharing our experiences, we can decide what causes sickness and death.
- By agreeing on the causes, we can discuss and come to a common understanding of what we can do to stop women and babies from getting sick and dying.

**Objectives:**
By the end of this session, participants will:

1. Get to know each other.
2. Share the purpose of this meeting.
3. Agree on how we will work together in this meeting.
4. Identify timely actions that can save mothers’ and children’s lives.

**Preparation by facilitators:**
- Review orientation agenda, schedule and content prior to orientation.
- Practice the exercise on Rita and Geeta’s stories.

**Activities:**

**Step 1: Welcome and Introduction**

First, welcome and thank all the participants for coming.

- Ask everyone to sit comfortably in a semi-circle.
- Before we begin today’s meeting, we would like to tell you that so far, the work we did with you for maternal and newborn health pertained to distribution of iron tablets, TT injections and antenatal counseling. However, in spite of these preventive measures complications or emergencies may occur for which it may be necessary to go to hospital to save the lives of women and newborns. In this meeting, we will discuss what you can do at your level so that the woman and child reach hospital safe and sound in time.
- We will learn from each other’s experiences.
- Then we will jointly find a solution to problems.

*Explain that we are going to take a little time to get to know about each other.*
Each person  
  - Will tell his/her name and where they live.  
  - Will tell if they have ever been present during a birth.

Step 2: Find out what the participants have experienced.

Tell:  
Explain to the group that we will now talk about women and babies who fall sick during pregnancy, childbirth, or immediately after birth and sometimes die.

Ask:  
1. Have you seen or heard about any woman who fell sick or even died while she was pregnant?  
   - What was done? (action)  
   - What happened? (outcome)

2. Have you seen or heard about any baby who fell sick or died soon after birth?  
   - What was done? (action)  
   - What happened? (outcome)

3. Does this happen often in your area/village?

Now we will tell you stories about two women called Rita and Geeta. In the first story, Rita dies and in the second story, Geeta survives.

Notes:  
Instructions for telling Rita’s story:  
  ➢ Tell the story to participants using language they understand.  
  ➢ Encourage discussion by asking the group:  
    - What kind of problems did Rita have?  
    - Ask “why” questions that help the group to begin to think about the problem.  
  ➢ Be sure everybody understands the idea presented through the story.  
  ➢ Repeat specific sections of the story, as per the need, so that the group understands it completely.

Story 1: Rita’s story

1. Rita lived with her husband in a remote village.  
2. Her husband was a poor farmer and they did not have much money or land.  
3. Rita had 5 living children, of whom 3 were boys. She did not want more children. She did not know what to do. She became pregnant again.  
4. One morning, Rita woke up to find her clothes stained with blood.
5. She did not know that this was a life-threatening complication. So she did not tell anyone. And she went to wash her clothes.
6. The next morning, when Rita woke up she saw even more blood.
7. It took her family 4 hours to find money and transport to take Rita to hospital. She was very sick.
8. Before reaching hospital, for a long time a lot of bleeding occurred. She was very weak.
9. A lot of blood had been lost. Rita died.

Ask:
1. Why did Rita die?
2. What kind of problems did Rita have?
3. Has any woman in your village had this kind of problem?

Note: Comments from the participants in the community meetings may include “Rita could not read or write,” or “Rita did not want another child,” or “No access to family planning,” or “She was very weak,” or “She bled but did not know bleeding in pregnancy is a problem,” or “It took a long time to reach the hospital.”

Now tell Geeta’s story.

Notes:
**Instructions for telling Geeta’s story:**
Explain that now the group will talk about another woman called Geeta. But in this story, Geeta will have healthy solutions that will save her life.

➢ Be sure everybody understands the idea presented through the story.
➢ Repeat specific sections of the story, as per the need, so that the group understands it completely.
➢ At the end of the story, encourage discussion on how Geeta was helped.
➢ Continue until all the actions told in the story that helped Geeta, are talked about.

**Story 2: Geeta’s story**

1. Geeta lived with her husband in a remote village.
2. Geeta was pregnant.
3. She was a member of the self-help group.
4. She was poor and her husband had no money or land.
5. She used to meet *Didi* (ANM/TBA), and learned from her about family planning and danger signs during pregnancy.
6. Geeta and her husband planned to have 2 children. They learned from the health worker that too many children could make a woman weak.

7. Geeta saved some money to be used in case any emergency or complication related to pregnancy and childbirth occurred.

8. One day, Geeta saw some blood when she woke up.

9. She remembered that Didi told her that any bleeding during pregnancy was a danger sign, so Geeta told her husband and mother-in-law right away. They immediately called Didi to help Geeta while waiting for transport to arrive and on the way to the hospital.

10. The family members took her to the hospital by arranging a transport with the money saved.

11. Geeta was in the hospital and received medical care right away when she was bleeding too much. A blood transfusion was given and Geeta did not get too weak.

12. Soon she had her baby. Geeta felt strong and her family was very happy.

Ask:
1. What kind of problems did Geeta have?
2. How was Geeta helped?
3. Has any woman in your village been saved due to timely help?

Step 3: Come to an agreement on the problems and solutions

Refer to the two stories and ask:
1. What problems did Rita and Geeta face?
2. What solutions saved Geeta?
3. Do we agree that these actions can be done in our village?

Summarize the session and explain to the group:
We learn from the two stories that timely actions can save a mother and baby’s life.

Remember:
- There are many women in our community, who are in a situation like Rita. Many times their babies also die.
- We learn from Geeta’s story that timely actions can save a mother and child’s lives. Many maternal and newborn lives can be saved.
- All these people can be part of the solution: family members, the community, TBAs, ANMs, healthcare providers at the BPHC/CHC and District Women’s Hospital.

Remember this slogan:
ACTION IN TIME, SAVES LIFE.
What timely actions can save mother’s and child’s lives:

- Recognition of danger signs.
- Stabilizing the condition till the mother/child reaches a referral site.
- Transferring the mother/baby immediately to the BPHC/CHC equipped to provide care for such emergencies.

Step 4: Evaluation

Ask:

1. What has been most useful in the session?
2. What has not been useful so far?
3. Would you like to discuss the information discussed in this session, with anyone?
4. If we do this session again with another group, how can it be improved?
Session 2: Danger signs in women and babies

Guide Information - Introduction:

- In this session, we will learn about the different kinds of danger signs women and babies can have. These signs tell us the woman or baby is facing an emergency. We will learn what emergencies happen most often in our family and area. We will also agree on which woman and baby emergencies we want to learn more about.

Objectives:
By the end of this session, participants will be able to:

1. Identify the most serious danger signs for women.
2. Identify the most serious danger signs for babies.

Preparation by facilitators:
- Review agenda, schedule and the contents of session 2 prior to the orientation.
- Get flash cards (1-7) on the danger signs.

Resources:
- Flash cards.

Activities:

Step 1: Find out what the participants have experienced and add what the facilitator (Medical Officer, ANM or AWW) has learned in medical training and experience

Tell:
Tell the group that now we will talk about some of the danger signs that happen to women and babies during pregnancy, childbirth and immediately after birth. These danger signs are very serious for both the woman and the baby and can cause sickness and even death.

First, find out the participants’ experience with pregnancy and baby problems.

Ask:
1. What emergencies/danger signs can a woman have during pregnancy, during childbirth and immediately after delivery, due to which she can even die?
2. What emergencies/danger signs can a baby have within one month of birth due to which s/he can even die?

Note: Hold up a flash card for each of the danger signs mentioned by the participants.
After the participants have stated all the danger signs they can think of:

1. Add any danger signs for the woman or baby that the participants do not mention.
2. Tell them the danger signs and how to recognize the respective danger signs from the table below (show relevant flash cards):

<table>
<thead>
<tr>
<th>Danger signs for women</th>
<th>How to recognize</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bleeding too much</td>
<td>• Continuous bleeding - any amount, or</td>
</tr>
<tr>
<td>(Flash card no. 1)</td>
<td>• Bright red bleeding - any amount, or</td>
</tr>
<tr>
<td></td>
<td>• Large fist-sized clots or tissue</td>
</tr>
<tr>
<td></td>
<td>• Weakness and fainting</td>
</tr>
<tr>
<td>• Convulsing (having fits) (Flash card no. 2)</td>
<td>• Eyes roll</td>
</tr>
<tr>
<td></td>
<td>• Face and limbs twitch</td>
</tr>
<tr>
<td></td>
<td>• Body gets stiff and shakes</td>
</tr>
<tr>
<td>• If the woman is/has: unconscious</td>
<td>• Does not answer</td>
</tr>
<tr>
<td></td>
<td>• Does not respond to touch, loud noise and pain</td>
</tr>
<tr>
<td>• Labor lasting more than 12 hours (Flash card no. 3)</td>
<td>• Bag of water breaks and no birth pains for 12 hours or</td>
</tr>
<tr>
<td></td>
<td>• Strong birth pains last more than 12 hours.</td>
</tr>
<tr>
<td></td>
<td>• Pushing with strong birth pains for more than 2 hours.</td>
</tr>
<tr>
<td>• Placenta not delivered in 30 minutes</td>
<td>• Placenta not delivered 30 minutes after delivery of the baby, or</td>
</tr>
<tr>
<td></td>
<td>• Heavy vaginal bleeding and placenta is not delivered, or placenta is incomplete and bleeding continues.</td>
</tr>
<tr>
<td>• Headache and visual disturbance</td>
<td>• Severe headache and blurred vision or</td>
</tr>
<tr>
<td></td>
<td>• Severe headache and spots before the eyes</td>
</tr>
<tr>
<td>• Fever (Flash card no. 4)</td>
<td>• Skin hot to touch and pain in lower belly or low back pain or painful urination</td>
</tr>
<tr>
<td></td>
<td>• The hand or foot comes out first or</td>
</tr>
<tr>
<td></td>
<td>• The cord is visible outside/in the vagina below the presenting part.</td>
</tr>
<tr>
<td>Danger signs for newborns</td>
<td>How to recognize</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>If the baby is/has:</td>
<td></td>
</tr>
<tr>
<td>- Very small</td>
<td>• Weighs less than 2.5 kg.</td>
</tr>
<tr>
<td>(Flash card no. 5)</td>
<td>• Appears much smaller than normal (if no weight is taken)</td>
</tr>
<tr>
<td>- Not crying/difficult breathing</td>
<td></td>
</tr>
<tr>
<td>(Flash card no. 6)</td>
<td>• Is gasping, or</td>
</tr>
<tr>
<td></td>
<td>• Has a breathing rate more than 60 or less than 30 breaths per minute, or</td>
</tr>
<tr>
<td>- Yellow skin (Jaundice)</td>
<td>• Blue tongue and lips or blue skin.</td>
</tr>
<tr>
<td>(Flash card no. 6)</td>
<td>• Chest in-drawing.</td>
</tr>
<tr>
<td>- Not accepting feed</td>
<td>• Yellow skin anywhere on the body on day 1, or</td>
</tr>
<tr>
<td>(Flash card no. 7)</td>
<td>• Yellow hands and feet in addition to the arms and legs on day 2.</td>
</tr>
<tr>
<td>- Cold or very warm on touch. (Flash card no. 7)</td>
<td>• Baby is not able to drink or breastfeed, or</td>
</tr>
<tr>
<td></td>
<td>• Is lethargic or unconscious.</td>
</tr>
<tr>
<td>- Convulsions</td>
<td>• The baby’s armpit temperature is less than 36.5 degree C, or</td>
</tr>
<tr>
<td></td>
<td>• If the baby feels cold to touch.</td>
</tr>
<tr>
<td></td>
<td>• The baby’s armpit temperature is more than 37.5 degree C, or</td>
</tr>
<tr>
<td></td>
<td>• If the baby feels hot to touch.</td>
</tr>
<tr>
<td>- Umbilicus draining pus or umbilical redness extending to skin (Flash card no. 7)</td>
<td>• Repetitive jerking movements of limbs and face.</td>
</tr>
<tr>
<td></td>
<td>• Repetitive blinking, staring.</td>
</tr>
<tr>
<td></td>
<td>• Tight jaw - the baby’s mouth cannot be opened.</td>
</tr>
<tr>
<td></td>
<td>• Extreme bending of the body, with the head and heels bent backward and the body arched forward.</td>
</tr>
<tr>
<td></td>
<td>• Fists often tightly clenched.</td>
</tr>
<tr>
<td>- Bleeding</td>
<td>• Umbilicus is red, swollen, draining pus, and foul smelling.</td>
</tr>
<tr>
<td></td>
<td>• Skin around umbilicus is red and hardened.</td>
</tr>
<tr>
<td></td>
<td>• Blood in the baby’s stool or urine, or</td>
</tr>
<tr>
<td></td>
<td>• Baby is vomiting and if there is blood in the vomitus.</td>
</tr>
<tr>
<td></td>
<td>• Blood oozing from umbilical stump or circumcision site.</td>
</tr>
</tbody>
</table>
To compare what the participants and facilitator think are the major danger signs, ask and show the relevant flash cards:

1. Which danger signs of women did I mention that are the same as the ones you mentioned?
2. Did I mention any different kinds of danger signs of women that you did not mention? If yes, what are these?
3. What danger signs of babies did I mention that are the same as the ones you mentioned?
4. Did I mention any different kinds of danger signs of babies that you did not mention? If yes, what are these?
5. Can we agree that the picture shows or reminds us of the danger signs, which we had talked about?

Tell participants that any pregnant woman and newborn baby may have danger signs and can get very sick and sometimes die if they do not get help quickly.

Remember:
- If a danger sign is identified in time, a solution can be found to save the life.
- So, the first step in helping a woman or baby with a danger sign is

After showing all the flash cards discuss: Who should know the danger signs for women and babies?

Remember:
Who should know the danger signs for women and babies?
- Women
- Family members, especially decision-makers such as husbands and mothers-in-law.
- Other community members, especially proxy decision-makers if the husband is away (i.e., village elders, popular leaders, women’s groups).
- Caregivers in the informal sector (TBAs)
- Attendants at delivery.

Encourage participants to state danger signs.

Ask the participants: Is there some easy way to remember the danger signs?

Step 2: Evaluation

Ask:

1. What has been most helpful so far in this session?
2. What has not been helpful so far in this session?
3. If we have this session again with some one, how can we improve it?
Guide information - Introduction:
Emergencies can happen to any woman or baby during pregnancy, at birth, or after the birth. Because of this, it is always best to deliver babies in hospitals. But for many people this is not possible. For home deliveries or emergencies occurring at home before/during/after delivery, if the women or babies are not stabilized and taken to the referral facilities quickly, they may get very sick and some may die. The family members must get ready for referral before an emergency happens. They must know where to go for care and how long it will take to reach the referral site. They must have made arrangements for:

- Transport
- Money
- Someone to give care on the way and
- Someone to give blood, if needed.

To get care quickly, family members must know why delays sometimes happen and how to prevent them.

In this session, we will talk about what to do to get ready for emergencies. Remember, every minute can make the difference between life and death.

Objectives:
By the end of this session, participants will be able to:

1. Tell what is needed to get ready for an emergency in advance.
2. Tell why delays happen and how to keep delays from happening.
3. Tell where they could go for emergency care?

Preparation by facilitators:
- Review agenda, schedule and content prior to the orientation.
- Knowledge of location and distance of referral sites for emergency obstetric and neonatal care nearest to the trainees area.
- Knowledge of ways to get to referral sites.

Activities:
Step 1: Find out what the participants have experienced and add what the facilitator (MO, ANM, AWW) has learned in medical training or experience
Ask:
1. Think about an instance when a woman was taken to hospital because she had a danger sign during pregnancy, delivery or after delivery.
2. What happened? (What was the danger sign?)
3. What did she do?
4. Who decided to take the woman to hospital?
5. What was the mode of transport?
6. What was done for immediate care while waiting for the transport or on the way to the hospital?
7. Where was she taken?
8. What was the result?

Ask if the participants remember the story of Geeta, whose family took her to the hospital for care. Then ask:
1. What happened? (Danger sign)
2. What did she do?
3. Who helped Geeta decide to go to the hospital?
4. How did she manage to go?

To encourage further discussion, ask:
1. Should a pregnant woman’s family get ready before an emergency happens?
2. If yes, why? If not, why?
3. What kinds of things can the family do to get ready before an emergency happens?
4. What are the reasons why some women do not go to a hospital even if there is an emergency?
5. What are the things to be taken to the hospital?
6. What kinds of things can help a woman who is on the way to the hospital?
7. Should an ANM/TBA accompany the woman to the hospital?
8. If yes, why? If not, why?
9. Which hospitals do you know about?

Add any points that the participants omit.

<table>
<thead>
<tr>
<th>The correct responses are given below:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Questions</strong></td>
</tr>
<tr>
<td>1. Should a pregnant woman’s family get ready before an emergency happens?</td>
</tr>
<tr>
<td>2. Why should a pregnant woman’s family plan how to deal</td>
</tr>
</tbody>
</table>
3. What kinds of things can the family do to get ready before an emergency happens?

- In case an emergency arises, the family should know in advance:
  (i) Where to go (facility).
  (ii) How to go there (transport arrangement).
  (iii) Have money ready to cover cost of transport and care.
  (iv) Have someone to help care for the woman/baby on the way.
  (iv) Have someone ready to give blood.

4. What are the reasons why some women do not go or go late to a referral facility when there is an emergency?

- May not go to an appropriate hospital in time because:
  - They do not recognize the danger sign in time.
  - They go to a local practitioner, who may not be aware of danger signs, importance of timely referral and where to refer
  - They do not have faith in a government facility
  - It costs too much
  - They fear hospitals
  - The decision-maker was not home
  - The family has no money
  - There is no arrangement for transport or mode of transport is slow.
- These reasons cause delays in accessing adequate care and can prove deadly.

5. What are the things to be taken to the hospital?

- Maternal record (if any), clean pieces of cloth of different sizes, clean clothes for the pregnant woman and the baby, food and water

6. What kinds of things can help a woman who is on the way to the hospital?

- To help during the referral to make the journey safer and easier:
  1. Hold her head in your hand/on your lap
  2. Give her comfort by allowing her to be in a position of her choice
  3. Keep her warm and dry by covering her with a bed sheet
  4. Give her oral rehydration solution (ORS)/something to drink like tea, soup, water etc, if the woman is conscious.
  5. If the journey is long, an ANM or a skilled person should give appropriate life-saving support on the way.

7. Should an ANM/TBA

- Yes, especially if the journey is long.
- If the ANM is living at the sub-center village, she will
<table>
<thead>
<tr>
<th>accompany the woman to the hospital?</th>
<th>have been trained in basic life saving skills and can help stabilize the mother en route to hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Why?</td>
<td>• To give appropriate life-saving support, so that the woman reaches the facility alive.</td>
</tr>
<tr>
<td>9. Which hospital do you know about?</td>
<td>• (The facilitator should know the name and location of the nearest facility where emergencies related to pregnancy, childbirth and after birth can be managed by qualified providers emergency equipment and drugs.)</td>
</tr>
</tbody>
</table>

**Step 2: Demonstration**

Now we will demonstrate through a role-play how to help with the referral to hospital of a woman with an emergency.

**Demonstration:**

**Actors:** Pregnant woman, mother-in-law who has attended a community meeting (the facilitator should play this role), husband and doctor.

**Props:** Blanket, cup with salt and sugar solution, tumbler, spoon, water.

**Situation:** The woman is 7 months pregnant and is looking very weak and sad. Her mother-in-law comes near her and asks:

**Mother-in-law:** Kamla, what is wrong?

**Kamla:** I feel very weak, my stomach pains and I feel faint. I am also bleeding.

**Mother-in-law:** I think we need to take you to hospital right away. Don't worry, I'll make all the arrangements. The mother-in-law sends her son to call the tempo driver, who lives nearby and has already promised Kamla's mother-in-law to help in case of any emergency. The mother-in-law takes out the money that she has saved for emergency. She helps Kamla lie down on her side and covers her with a blanket. She makes Kamla take frequent sips of a drink (salt and sugar solution - put 2 teaspoons of sugar and a pinch of salt in a cup of drinking water and stir well).

**Husband:** Mother, the tempo is here. The mother-in-law supports Kamla and makes her lie down in the tempo and takes her to hospital. On the way, she gives Kamla a few sips of the salt and sugar solution to drink. On reaching the hospital, she goes straight to the doctor in the emergency ward.

**Mother-in-law:** (to the doctor) Doctor, my daughter-in-law is 7 months pregnant and has a stomach ache, bleeding and is feeling very weak. I have covered her and made her lie down sideways and given her salt-sugar solution. Please treat her immediately.
Ask:
1. What kinds of arrangements had Kamla’s mother-in-law made before the emergency?
2. What new ideas have you seen in this demonstration?

Tell:
The facilitator has learned that delays in referral happen for the following reasons:
1. The danger sign is not recognized.
2. It takes a long time to decide what to do.
3. There was no preparation before the emergency.

Recapitulate each step in the role-play and first ask the participants to discuss why it was taken and then either congratulate them for the correct explanation or explain the correct answers if they give an incorrect explanation.

<table>
<thead>
<tr>
<th>Demonstration 1: Referral - going to a referral facility with an emergency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What?</strong></td>
<td><strong>Why?</strong></td>
</tr>
<tr>
<td>1. Call for help.</td>
<td>So you can stay with the very ill woman/baby and others can help in getting transport. If the ANM is living in the sub-center village she will have been trained in basic life saving skills, so she can help stabilize woman/baby en route to hospital.</td>
</tr>
<tr>
<td>2. Give 1 cup of liquid every hour to the woman (tea/milk/sugar-salt solution)</td>
<td>To prevent dehydration and weakness</td>
</tr>
<tr>
<td>3. Help the woman lie down sideways</td>
<td>To rest and prevent choking in case she vomits</td>
</tr>
<tr>
<td>4. Cover the woman with a cloth</td>
<td>To keep woman warm to prevent more sickness</td>
</tr>
<tr>
<td>5. Go directly to the maternity ward/emergency at the referral facility</td>
<td>The woman is very sick and may die. The doctor in the maternity ward at the hospital will know how to help</td>
</tr>
<tr>
<td>6. Tell the doctor in the maternity ward what happened and what was done</td>
<td>When the doctor hears the problem, she/he can help very quickly</td>
</tr>
<tr>
<td>7. Somebody must stay with the woman</td>
<td>The doctor may need something like food, drink, medicine for the patient or people to give blood for the woman.</td>
</tr>
</tbody>
</table>

Ask:
- Which things discussed in the session can you do?
- Where is the nearest facility to you which can treat an emergency?
- How much would it cost to get there?
- How much would it cost to get care from there?
- What new ideas have you learned?
Step 3: Come to an agreement about what to do

Ask:
1. How should one plan to meet an emergency before it happens?
2. Why should you plan before an emergency happens?
3. Is planning acceptable in your home? Why/why not?
(Facilitator's note: If the group is superstitious about planning for birth in general, and by extension for an emergency, then explain that with or without planning, emergencies do occur during pregnancy, childbirth and after birth. Planning can help the family to counter problems and have a positive health outcome).

Note: Responses on how to get ready for an emergency and prevent delays may include: (Flash card no. 9)
- Know where to go
- Know how to get there
- Have money ready to cover the cost of transport and care
- Have the ANM (if she stays in the same village) accompany the woman to help care for her on the way
- Have someone ready to give blood
- In your readiness plan, keep information about the nearest referral facility with emergency services.

Ask:
- When you go back to your community, will you talk to family members of pregnant women about how to get ready for an emergency and plan to prevent delays?

Step 4: Evaluation

Ask:
1. What has been most helpful in this session?
2. What has not been helpful in this session?
3. What suggestions do you have to improve the session?
Session 4: Actions for helping women/newborns with danger signs while waiting for transport to arrive and on the way to the referral facility.

**Guide information - Introduction:**
Many women and babies with complications die before they reach the referral facility.

The community health care providers must know how to help a woman or baby by providing life-saving support while waiting for transport to arrive and on the way to the referral facility. In case of emergencies, while temporary life saving support can be provided by community level providers, the actual care needed can only be given at the referral facility by qualified providers with emergency equipment and drugs.

In this session, we will learn about participants’ experiences with emergencies of women and babies and what can be done to help them so that they reach the referral facility alive.

**Objective:**
By the end of this session, participants will be able to:

1. Tell and show what to do immediately to help mothers with specific danger signs.
2. Tell and show what to do immediately to help newborns with specific danger signs.

**Preparation by facilitators:**
- Review agenda, schedule and content prior to the orientation.
- Practice the skills required for providing life-saving support in case of different danger signs.

**Activities:**

Conduct the session by discussing the danger signs one by one.

**Danger sign 1: Woman who is unconscious during pregnancy, childbirth or immediately after birth**

**Step 1:** Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience.

Ask the group, if anyone has ever seen a woman faint (unconscious) during pregnancy, childbirth or immediately after birth? If yes, please tell us about it.

- What did people do immediately to help the woman? (action)
- What happened to the woman? (outcome)
- What else do you think could be done? Would anything else have helped?
• What would your grandmothers have done when they saw the woman fainting? (tradition)
• How did you feel while the woman was fainting?
• Does this happen often?

After the participants have spoken, first, tell the group that you (the facilitator) have learned that when a woman is unconscious during pregnancy, childbirth or immediately after birth, caregivers must act very fast to help the woman so that she does not die.

Step 2: Demonstration

• Explain that you are going to show how the caregiver helps a woman who is unconscious.
• Talk about each step in the demonstration and why it was taken. Use the following demonstration for discussion and practice.
• Encourage any one participant to do the role of a woman who is unconscious. The facilitator should enact the role of the ANM and follow the steps given in the first column of the table below.
• For the action, ask the other participants: why do this? (correct answers are given in the second column of the table below)

### Demonstration 2: Action for helping a woman who is unconscious during pregnancy, childbirth or immediately after birth:

<table>
<thead>
<tr>
<th>What should be done immediately</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Keep her on her back, arms at the side.</td>
<td>• To keep the airway open</td>
</tr>
<tr>
<td>2. Tilt her head backwards</td>
<td></td>
</tr>
<tr>
<td>3. Lift her chin</td>
<td></td>
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<tr>
<td>4. Inspect her mouth for foreign body; remove if found.</td>
<td></td>
</tr>
<tr>
<td>5. Clear secretions from mouth and nose by a piece of cloth.</td>
<td></td>
</tr>
<tr>
<td>6. Do not give anything by mouth</td>
<td></td>
</tr>
<tr>
<td>7. Refer the woman urgently to the nearest referral facility by turning her face to one side to prevent choking if the woman vomits.</td>
<td></td>
</tr>
</tbody>
</table>

If the woman has great difficulty in breathing or is not breathing:

1. Try to clear her mouth and nose.
2. Help the woman to find the best position for breathing or keep her propped up.
3. Ventilate with bag and mask until she starts breathing.
4. If woman still has great difficulty breathing,
keep her propped up.

| 1. Give oral rehydration solution (ORS) by mouth if able to drink and keep her warm. | • To improve the circulation |
| 1. Refer the woman urgently to a referral facility. | • To avoid worsening of the condition and avoid delay in reaching the facility. |

To find out what the group thinks about care of the woman who is unconscious, ask:
- Which actions in the demonstration do you already do/know to do?
- What new ideas have you learned?
- Do you have any other ideas about helping a woman who is unconscious during pregnancy, childbirth and immediately after birth?

**Step 3: Come to an agreement about what to do**

Refer to the tables on actions and ask:
1. Which actions have the participants already been taking?
2. Which new actions has the facilitator told them about?

Ask the following questions for each new action the participants saw:
1. Why do this?
2. Will it be acceptable in your area?

Reach agreement on what actions are best/possible/make sense for helping the woman who is unconscious during pregnancy, childbirth and immediately after birth.

**Step 4: Practice the actions**

First, ask participants to open page 20 showing the above table (Demonstration 2). Ask: Are there any question about the tables?

Second, ask for volunteer(s) to do a practice for a woman with the same danger sign through a role play. Explain that they have a few minutes to discuss among themselves and get ready to show and tell what to do while waiting for transport to arrive and on the way to a referral facility.

Third, after the return demonstrations by the participants, ask:
- How did you feel about this action when you did it? (Discuss what they feel uncomfortable doing and resolve their discomfort)
- If you see a woman with this problem, would you be ready to take this action?
- If not, what will you need to do to be prepared?
- What can you do for more practice?

**Step 5: Evaluation**
Ask:
1. What has been most helpful so far?
2. What has not been helpful so far?
3. What suggestions do you have for the next time?

Danger sign 2: Woman who is bleeding during pregnancy, childbirth or immediately after birth

Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience.

First, ask the group, has anyone ever seen a woman who was bleeding too much during pregnancy, childbirth or immediately after birth? If yes, please tell us about it.

- What did people, elders do immediately to help the woman? (action)
- What happened to the woman? (outcome)
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that you (the facilitator) have learned that when a woman is bleeding too much during pregnancy, childbirth or immediately after birth, you must take fast action so the woman will not get too sick or die.

Step 2: Demonstration

Explain that you are going to demonstrate to the participants how to help a woman who is bleeding too much.

- Talk about each step in the demonstration and why it was taken.
- Encourage any one participant to do the role of a woman with bleeding. The facilitator should enact the role of the ANM and follow the steps given in the first column of the table below.
- For the action ask the other participants: why do this? (correct answers given in the second column of the table below)

| Demonstration 3: Action for helping a woman who is bleeding too much during pregnancy |
|---------------------------------|---------------------------------|
| What should be done immediately | Why?                            |
| 1. Call for help                | • To help care for the woman, get transport and arrange for money. |
2. Lay the woman down on her left side, cover her, and give liquids to drink.
3. Monitor the vital signs (pulse, BP, respiration, temperature) to assess shock
4. Do not put anything in the birth canal and do not do internal examination for this will cause serious bleeding.

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>2. Lay the woman down on her left side, cover her, and give liquids to drink.</td>
<td>• To prevent fainting and choking if the woman vomits.</td>
</tr>
<tr>
<td>3. Monitor the vital signs (pulse, BP, respiration, temperature) to assess shock</td>
<td>• To prevent weakness and fainting (shock).</td>
</tr>
<tr>
<td>4. Do not put anything in the birth canal and do not do internal examination for this will cause serious bleeding.</td>
<td></td>
</tr>
</tbody>
</table>

5. Look at the amount of bleeding
6. If still bleeding, refer the woman urgently to the referral facility and continue to lay the woman on her left side.

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<th></th>
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</thead>
<tbody>
<tr>
<td>5. Look at the amount of bleeding</td>
<td>• To see if the bleeding has slowed or stopped.</td>
</tr>
<tr>
<td>6. If still bleeding, refer the woman urgently to the referral facility and continue to lay the woman on her left side.</td>
<td>• To avoid worsening of the condition and delay in reaching the facility.</td>
</tr>
</tbody>
</table>

Ask:
1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a woman who is bleeding too much during pregnancy?

**Demonstration 4: Action for helping a woman who is bleeding too much during childbirth or immediately after the birth:**

<table>
<thead>
<tr>
<th>What should be done immediately</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call for help</td>
<td>• To help give care for woman and get transport, arrangement for money.</td>
</tr>
<tr>
<td>2. Lay down on left side, cover her, and give liquids to drink.</td>
<td>• To prevent fainting and choking if the woman vomits.</td>
</tr>
<tr>
<td>3. Monitor the vital signs (pulse, BP, respiration, temperature) to assess shock</td>
<td>• To prevent weakness and fainting (shock).</td>
</tr>
<tr>
<td>4. Do not do internal examination or put anything in the birth canal for this will cause</td>
<td></td>
</tr>
<tr>
<td>serious bleeding.</td>
<td>To help woman deliver the baby under care of a qualified provider in a facility equipped to provide emergency services.</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5. If too much bleeding during labor, refer immediately.</td>
<td>To make womb get hard and slow the bleeding.</td>
</tr>
<tr>
<td>6. If too much bleeding after delivery, rub womb</td>
<td>Too much urine can keep the womb from getting hard.</td>
</tr>
<tr>
<td>7. Roll nipples or put baby to breast</td>
<td>To see if bleeding has slowed or stopped.</td>
</tr>
<tr>
<td>8. Ask the mother to squat and pass urine</td>
<td>To slow the bleeding by squeezing the womb.</td>
</tr>
<tr>
<td>9. Look at the amount of bleeding</td>
<td>To prevent weakness and fainting from too much bleeding.</td>
</tr>
<tr>
<td>10. (i) If <strong>placenta is out and womb soft</strong></td>
<td></td>
</tr>
<tr>
<td>If still bleeding, do two-hand hold of womb.</td>
<td></td>
</tr>
<tr>
<td>For two-hand hold:</td>
<td></td>
</tr>
<tr>
<td>• Help the mother lie on her back</td>
<td></td>
</tr>
<tr>
<td>• Rub womb</td>
<td></td>
</tr>
<tr>
<td>• Place one hand on abdomen behind womb</td>
<td></td>
</tr>
<tr>
<td>• Place other hand flat and low on abdomen</td>
<td></td>
</tr>
<tr>
<td>• Press hands together</td>
<td></td>
</tr>
<tr>
<td>• Hold the womb until the bleeding slows or stops</td>
<td></td>
</tr>
<tr>
<td>(ii) If <strong>placenta is out and womb hard</strong></td>
<td></td>
</tr>
<tr>
<td>• If still bleeding, repeat steps 6-9.</td>
<td>To make womb get hard and slow the bleeding.</td>
</tr>
<tr>
<td>• Put a pad/clean cloth firmly to press on tear or place that is bleeding.</td>
<td></td>
</tr>
<tr>
<td>(iii) If <strong>placenta stuck</strong></td>
<td>To slow the bleeding by putting pressure on the tear.</td>
</tr>
<tr>
<td>• If bleeding same or more and placenta not out within half an hour of delivery, repeat steps</td>
<td>To prevent weakness and fainting from too much bleeding.</td>
</tr>
</tbody>
</table>
11. Immediately refer her to the referral facility
   - Someone to accompany to give ORS/liquids by mouth, to keep her covered and do steps 6-9.
   - Someone needs to accompany who can give blood.

   - To avoid delay in reaching the referral facility.
   - To avoid worsening of condition.
   - To replace blood the mother has lost.

To revise the actions for too much bleeding after childbirth, explain the following flow chart:

If too much bleeding after childbirth
   - Rub womb
   - Stimulate nipples
   - Ask the mother to squat and pass urine.

If placenta out

Womb soft
   - Do two hand hold of womb
   - Immediately refer to hospital.

Womb hard
   - Rub womb, stimulate nipple and ask mother to squat and pass urine.
   - Apply pressure with a clean cloth/pad on tear
   - Immediately refer to hospital.

If placenta stuck
   - If placenta not out within half an hour of childbirth, repeat rubbing womb, stimulating nipple and ask mother to squat and pass urine.
   - Immediately refer to hospital

Ask:
1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you learned?
3. Do you have any other ideas about helping a woman who is bleeding too much during childbirth or after the baby is born?

Step 3: Come to an agreement about what to do

Determine with the help of the tables on action:
1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?

Ask the following questions for each new action the participants saw:
1. Why do it?
2. Will it be acceptable in your area?

Show the flash card showing a woman who is bleeding and ask:
1. Suppose this woman is bleeding too much during pregnancy, what are the immediate actions you will take?
2. Suppose this woman is bleeding too much during labor or after baby is born, what are the immediate actions you will take?
3. Show the tables on actions and ask if the tables state the action mentioned?

Step 4: Practice the actions

First, ask the participants to see pages 22 to 25 showing the above tables (Demonstrations 3 and 4). Then ask: Are there any question about the tables?

Practice:
Tell the participants to practice actions to take for the problems given below and give them some time to discuss the tables on action with each other before they demonstrate what actions they will take.

Note:
It is very important that the participants practice until they feel comfortable and are able to perform the agreed action steps easily. An atmosphere of trust and coaching are essential. It is good to ask the participants to present to each other and the facilitator should move from one group to another.

Sometimes it may be necessary to repeat some of the discussion until everyone has a common understanding and can take action to help?

Problem:
- Bleeding in pregnancy.
- Bleeding during labor before the baby is born.
- Bleeding after the baby is born (womb soft and placenta out)
- Bleeding after the baby is born (placenta not out)
- Bleeding after the baby is born (placenta is out and the womb is hard)

For each problem given above, ask the participants:
- How did you feel about this action when you did it?
- If you saw a woman with this problem, would you be ready to take this action?
- Do you think these actions will be helpful?
- Do you need more practice in order to be able to perform these actions?

Remember:
- Take action right away to give immediate care when a woman is bleeding too much.
- Any bleeding problem (without help) can cause a woman and her baby to get very sick and sometimes die.
- Too much bleeding causes almost 30 deaths out of 100 maternal deaths in India.

Step 5: Evaluation

Ask:
1. What has been most helpful so far related to the action for helping a woman with bleeding?
2. What has not been helpful so far related to the action for helping a woman with bleeding?
3. What suggestion do you have for the next time?

Danger sign 3: Woman who has fits during pregnancy, labor

Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience

First, ask the group, has anyone ever seen a woman who had fits during pregnancy or labor?
- What did people, elders do immediately to help the woman? (action)
- What happened to the woman? (outcome)
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that you (the facilitator) have learned that if you see a pregnant woman having fits, he/she must take action quickly so the woman does not get too sick or die. The facilitator has also learned to help the woman with fits.

Step 2: Demonstration
Explain that you are going to demonstrate to the participants how to help a woman who has fits during pregnancy.
- Talk about each step in the demonstration and why it is taken.
- Encourage any one participant to do the role of a woman with fits. The facilitator should enact the role of the ANM and follow the steps given in the first column of the table below.
- For the action, ask the other participants: why do this? (correct answers are given in the second column of the table below)

<table>
<thead>
<tr>
<th>Demonstration 5: Action for helping a woman who has fits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What should be done immediately</strong></td>
<td><strong>Why?</strong></td>
</tr>
<tr>
<td>1. Help her to lie down on her left side.</td>
<td>• To keep the woman from choking if she vomits.</td>
</tr>
<tr>
<td>2. Do not put anything in her mouth.</td>
<td></td>
</tr>
<tr>
<td>3. Put pillow under her head, cover with a blanket and remove things to prevent injury.</td>
<td>• To prevent the woman from harming herself and to keep her warm.</td>
</tr>
<tr>
<td>4. Call for help.</td>
<td>• To get money, transportation, blood donors and help give care.</td>
</tr>
<tr>
<td>5. Watch for signs of labor and birth, be ready to take action for a weak baby.</td>
<td>• A baby born to a mother who has fits is often weak and low birth weight - needs extra care.</td>
</tr>
<tr>
<td>6. If birth is near, get ready to take action (given in page 23-25) for too much bleeding.</td>
<td>• A mother who has fits usually bleeds too much after birth.</td>
</tr>
<tr>
<td>7. Refer as soon as possible to the referral facility.</td>
<td>• Special care and medicines are available at the referral facility.</td>
</tr>
</tbody>
</table>

Ask:
1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a woman who has fits during pregnancy?

Step 3: Come to an agreement about what to do

Refer to the table on action and ask:
1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?
Ask the following questions for each new action the participants saw:
1. Why do it?
2. Will it be acceptable in your area?

Show the flash card showing a woman who is having fits and ask:
1. What are the immediate actions to do if this problem happens?
2. What concerns do you have about these actions? Can you see any possible problem with doing it?

**Step 4: Practice the actions**

First, ask participants to open page 28 showing the above table (Demonstration 5). Then ask: Are there any questions about the table?

**Practice:**
Tell the participants to practice helping a woman who has fits during pregnancy, labor and give them some time to discuss the table on action with each other before they demonstrate what actions they will take. Encourage the participants to practice under your supervision until they perform to standards.

After the practice and demonstration by participants, ask:
- How did you feel about this action when you did it?
- If you saw a woman with this problem, would you be ready to take this action?
- Do you think these actions will be helpful?
- Do you need more practice in order to be able to perform these actions?

**Step 5: Evaluation**

Ask:
1. What has been most helpful so far related to the action for helping a woman with fits during pregnancy and labor?
2. What has not been helpful so far related to the action for helping a woman with fits during pregnancy and labor?
3. What suggestion do you have for the next time?

**Danger sign 4: Woman who has birth delay**

**Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience.**

Tell a story.

*Sample story: Shakeela had given birth to 2 live children at home without any problems. This time, she has been having strong birth pains, pushing for over 2 hours and is very tired. She is getting exhausted lying down and not eating or drinking. The ANM helps Shakeela walk around a little, gives her something to drink and then rubs her back. While Shakeela is walking, the bag of water breaks. Soon she has strong pushing birth pains and her baby is born.*
Ask the group:
- Have you ever seen/heard this happen with a woman or has anyone ever seen a mother experience birth delay? If yes, please tell us about it.
- What did people do to help the woman? (action)
- What happened to the woman? (outcome)
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that you (the facilitator) have learned that when a woman has birth delay, you must take action quickly so the woman does not get too sick or die. The facilitator has also learned to help the woman who has birth delay.

**Step 2: Demonstration**

Explain that you are going to demonstrate to the participants how to help a woman with birth delay.

Ask the participants to volunteer to help you do the demonstration. Do the demonstration, explaining why you are doing each action as you do it.

<table>
<thead>
<tr>
<th>Demonstration 6: Helping a woman who has birth delay</th>
<th>What should be done immediately</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide comfort measures:</td>
<td>Massage her back.</td>
<td>To help mother feel cool, relaxed and loved.</td>
</tr>
<tr>
<td>- Massage her back.</td>
<td>Fan her.</td>
<td></td>
</tr>
<tr>
<td>- Speak words of encouragement and emotional support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Give a cup of liquid (water/soup/fruit juice/tea)</td>
<td>with sugar every hour.</td>
<td>Fluids prevent dryness, keep the body strong</td>
</tr>
<tr>
<td>3. Ask her to pass urine at least every 30-60 minutes.</td>
<td></td>
<td>and give energy for birthing.</td>
</tr>
<tr>
<td>4. Feel for the baby’s head.</td>
<td></td>
<td>An empty bladder is less painful as the baby</td>
</tr>
<tr>
<td></td>
<td></td>
<td>moves down and pushes on the bladder. There</td>
</tr>
<tr>
<td></td>
<td></td>
<td>is more room for the baby to come out.</td>
</tr>
<tr>
<td>5. Ask her to change position often (walk/squat/</td>
<td></td>
<td>The baby’s head must come first. When the</td>
</tr>
<tr>
<td>change her knee and arm position/lie on one side).</td>
<td></td>
<td>baby’s head is not coming first, the baby may</td>
</tr>
<tr>
<td></td>
<td></td>
<td>need care at the referral facility.</td>
</tr>
<tr>
<td>6. Look for bleeding, fever and</td>
<td></td>
<td>To help the baby move down the birth canal,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>also feels more comfortable for the mother.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>These are very serious and need action.</td>
</tr>
</tbody>
</table>

30
| 7. Do not press on the mother's belly to hurry the birth. | • Pushing on the belly can cause the womb to break. The mother and baby will die. |
| 8. Do not give injections (like oxytocin) to make the birth pains begin/increase. | • An injection to make the womb hard before the baby is born can cause the womb to break. The mother and baby will die. |
| 9. Do not put anything in the birth opening. | • Keep germs from getting into the womb and the mother and baby falling sick. |
| 10. Encourage warm bath or shower, if available. | • For pain and discomfort relief. |
| **11. If bag of water breaks and no birth pains:**<br>• Nipples can be rolled.<br>• Ask the mother to drink tea<br>• If no birth pains start in 6 hours, refer. | • Makes womb begin to get hard to help start the birth pains<br>• When birth pains do not begin for half a day or more, the mother and baby can fall sick. |
| **12. If strong birth pains lasting longer than 12 hours:**<br>• Lay down on left side<br>• Encourage the woman to breathe out more slowly than usual.<br>• Do not ask her to push until "pushing" birth pains are felt.<br>• If pushing birth pains begin, continue with steps 1-9.<br>• If birth pains are getting further apart and the mother is getting very tired and weak, or has fever, refer immediately. | • Rest for labor and birth<br>• Pushing too soon can make the birth opening swell and keep the baby from coming out.<br>• The baby may be ready to be born<br>• The mother is very tired and weak. She may start to bleed or get sicker. The baby may be stuck. Both need special help. |
| **13. If strong pushing birth pains more than 2 hours:**<br>• Ask her to stop pushing and try to rest.<br>• Encourage to breathe out more slowly than usual.<br>• Ask her not to push before strong pushing birth pains begin.<br>• After rest in between the pains and when strong pushing birth pains begin, ask the mother to get in a | • To keep the mother and baby from getting too tired.<br>• Pushing too soon can make the birth opening swell and block the baby from coming out.<br>• Position change helps the baby to move and come out of the birth canal. |
comfortable position of her choice.

<table>
<thead>
<tr>
<th>When strong pushing birth pain begins, allow the mother to push as she wishes (like passing stool) with pains. Do not urge her to push.</th>
<th>• Helps the baby to come out of the birth canal.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the baby does not come out, ask the woman to stop pushing and refer.</td>
<td>• The mother may be very tired, weak and may soon faint. She may bleed too much or get fever. The baby may be stuck.</td>
</tr>
<tr>
<td>Get ready for too much bleeding (actions given in page 23-25).</td>
<td>• Birth delay can cause too much bleeding.</td>
</tr>
<tr>
<td>Get ready for a baby who has trouble breathing or is not breathing (actions given in page 42).</td>
<td>• Birth delay can cause the baby to have trouble breathing.</td>
</tr>
</tbody>
</table>

To revise the actions for helping a woman who has birth delay, explain the following flow chart:

**Birth delay**

1. Provide comfort
2. Give something to drink
3. Ask to pass urine
4. Feel for the baby’s head
5. Ask the woman to change position often
6. Look for bleeding/fever/swelling
7. Don’t press on mother’s belly
8. Do not give any injection to start or increase birth pains.
9. Do not put anything in the birth opening
10. Encourage warm bath or sponging.

- If bag of water breaks and no birth pains
  - Nipples can be rolled.
  - Ask the mother to drink tea.
  - If no birth pains start in 6 hours, refer.

- If strong birth pains lasting longer than 12 hours
  - Lay down on left side and encourage her to breathe out slowly.
  - Do not ask her to push until pushing birth pains are felt.
  - If pushing birth pains begin
    - Continue the above steps 1-9.
  - If birth pains are getting further apart or the mother is getting very tired and weak, or has fever
    - Refer immediately.

- If strong pushing birth pains more than 2 hours
  - Ask her to stop pushing and try to rest.
  - Encourage to breathe out slowly.
  - Ask her not to push before strong pushing birth pains begin.
  - After rest, when strong pushing birth pains come, ask the mother to get in a comfortable position or her choice.
  - Do not urge the mother to push, allow the mother to push as she wishes with pains.
  - If the baby does not come out, ask the mother to stop pushing and refer.
  - Get ready for too much bleeding.
  - Get ready for a baby who has trouble breathing or is not breathing.
Ask:
1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (\(\checkmark\)) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a woman who has birth delay?

Step 3: Come to an agreement about what to do

Refer to the table on action and ask:
1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?

Ask the following questions for each new action the participants saw:
1. Why do?
2. Will it be acceptable in your area?

Reach an agreement on what actions are needed for helping the woman with birth delay:
(a) bag of water breaks and no birth pains for 6 hours or more,
(b) strong birth pains last more than 12 hours,
(c) pushing with strong pushing birth pains for more than 2 hours.

Ask:
What concerns do you have about these actions? Can you see any possible problem with doing them?

Note:
An action that the participants would normally do may not be on the table on action. Negotiate practices that may harm or cause delay. Share how and why participants and facilitator practice the actions.

Step 4: Practice the actions

First, ask participants to open page 30 showing the above table (Demonstration 6). Then ask: Are there any questions about the table?

Practice:
Tell the participants to practice helping a woman with birth delay.
Explain that they have a few minutes to discuss among themselves and get ready to show the action and tell what to do if:
- Bag of water breaks and no birth pains for 6 hours or more.
- Strong birth pains last more than 12 hours.
- Pushing with strong pushing birth pains for more than 2 hours.

After the practice and demonstration by the participants, ask:
- How did you feel about this action when you did it?
- If you saw a woman with birth delay, would you be ready to take this action?
- Do you think these actions will be helpful?
- Do you need more practice in order to be able to perform these actions?

**Step 5: Evaluation**

Ask:
1. What has been most helpful so far related to the action for helping a woman with birth delay?
2. What has not been helpful so far related to the action for helping a woman with birth delay?
3. What suggestion do you have for the next time?

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**Danger sign 5: Woman who has severe headache and visual disturbance during pregnancy**

**Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience.**

Ask:
- Has anyone ever seen a woman who had severe headache, spots before the eyes during pregnancy? If yes, please tell us about it.
- What did people do to help the woman? (action)
- What happened to the woman? (outcome)
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that you (the facilitator) have learned that if you see a pregnant woman with severe headache and visual disturbances, you must take action quickly so that the woman does not get too sick or die.

**Step 2: Demonstration**

Explain that you are going to demonstrate to the participants how to help a pregnant woman with severe headache and visual disturbances.

### Demonstration 7: Helping a woman who has severe headache and visual disturbance during pregnancy

<table>
<thead>
<tr>
<th>What should be done immediately</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Ask the mother to lie on her left side.</td>
<td>To help keep fits from happening.</td>
</tr>
<tr>
<td>- Ask her to drink liquids often.</td>
<td></td>
</tr>
<tr>
<td>- Help her stay calm and quiet.</td>
<td></td>
</tr>
<tr>
<td>- Measure her blood pressure.</td>
<td></td>
</tr>
<tr>
<td>- Refer her as soon as possible to hospital.</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>- Tablet paracetamol (Crocin) 500 mg can be given</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>- To lessen her headache.</td>
<td></td>
</tr>
<tr>
<td>- Stay with her on the way to the hospital.</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>- To help her in case the baby is born or she has a convulsion.</td>
<td></td>
</tr>
</tbody>
</table>

Tell that the woman might have fits if during pregnancy there is:
- Severe headache with spots before the eyes or blurred vision.
- Swelling of the face and hands.
- Sudden steady pain high in the stomach like bad digestion.

**Ask:**

1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a woman who has severe headache and visual disturbances during pregnancy?

**Step 3: Come to an agreement about what to do**

Refer to the table on action and **ask**:

1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?

**Ask** the following questions for each new action the participants saw:

1. Why do it?
2. Will it be acceptable in your area?

Reach agreement on what actions are needed for helping the woman with severe headache and visual disturbances.

**Ask**:

What concerns do you have about these actions? Can you see any possible problem with doing it?

**Note:**

An action that the participants would normally do may not be on the table on action. Negotiate practices that may harm.
Step 4: Practice the actions

First, ask participants to open page 34 showing the above table (Demonstration 7). Then ask: Are there any questions about the table?

Practice:
Tell the participants to do a return demonstration through a role-play for helping a woman with severe headache and visual disturbances.

After the practice and demonstration by the participants, ask:
- How did you feel about this action when you did it?
- If you saw a woman with severe headache and visual disturbances during pregnancy, would you be ready to take this action?
- Do you think these actions will be helpful?

Step 5: Evaluation

Ask:

1. What has been most helpful so far related to the action for helping a woman with severe headache and visual disturbances?
2. What has not been helpful so far related to the action for helping a woman with severe headache and visual disturbances?
3. What suggestion do you have for the next time?

Danger sign 6: Woman who has fever during pregnancy, childbirth and after birth

Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience.

Tell a story to begin.

Sample story: Ramwati gave birth in the only private place she had at her home, the place beneath the staircase. She put an old unwashed cloth on the floor to lie down and sit on. A few days later, her womb was very painful and she had fever. Soon, the fever became very high and she could not get out of bed. She did not feel like eating. Her sister-in-law brought her some light soup to drink. Ramwati became weak and seriously sick. Her neighbor advised Ramwati’s sister-in-law to take her to hospital. But the sister-in-law said that since Ramwati’s husband was not at home, she could not take the decision to take her to the hospital. When Ramwati’s husband came the next day, he found that she had fainted. He could not revive her.
Ask the group:

Have you ever seen/heard this happen with a woman or has anyone ever seen a woman with infection? If yes, please tell us about it.
- What did people do to help the woman? (action)
- What happened to the woman? (outcome)
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that the facilitator has learned that when a woman has fever (skin hot to touch), the health care provider must take action quickly so that the woman does not get too sick or die.
The facilitator has also learned to help the woman who has fever.

**Step 2: Demonstration**

Explain that you are going to demonstrate to the participants how to help a woman with fever during pregnancy, childbirth and after birth.
Ask the participants to volunteer to help you do the demonstration. While doing the demonstration, explain why you are doing each action as you do it.

| Demonstration 8: Helping a woman who has fever during pregnancy, childbirth and after birth |
|-----------------------------------|---------------------------------|
| **What should be done immediately** | **Why?** |
| Make her lie down | Rest |
| Cover | To prevent chilling and keep dry. |
| Give liquids (water, fruit juices, tea, soup) by mouth | To cool the body, bring the fever down. |
| Cold water sponging (put wet cloths on the head and the body) | |
| Give Paracetamol (Crocin/Calpol) 2 tablets every 4 hours when the body is too hot. | To cool the body, bring the fever down, stop pain. |
| Refer in 2 days to the hospital, if not getting better. | To diagnose the cause of fever and start appropriate treatment. To prevent sickness from getting worse. |

If pain in the lower belly (womb) and bad smelling bleeding from the birth canal:
- Nipple stimulation by hand or breast feeding the baby. | Make womb get hard to prevent bleeding. As the woman needs special care and treatment. |
<table>
<thead>
<tr>
<th>If pain in swollen breast and breast hot to touch:</th>
<th>To lessen pain so milk can be removed from breast either by baby or by hand.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Warm and wet soaks to painful breast for 20 minutes before every breast feeding</td>
<td></td>
</tr>
<tr>
<td>If painful urination or need to pass urine very often:</td>
<td>To remove urine with infection</td>
</tr>
<tr>
<td>- Ask the woman to drink plenty of water and pass urine often.</td>
<td>For special care and treatment.</td>
</tr>
<tr>
<td>- Refer to hospital.</td>
<td></td>
</tr>
</tbody>
</table>

**Ask:**

1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a woman who has fever during pregnancy, childbirth or after birth?

**Step 3: Come to an agreement about what to do**

Referring to the table on action, ask:

1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?

Ask the following questions for each new action the participants saw:

1. Why do?
2. Will it be acceptable in your area?

Reach agreement on what actions are needed for helping the woman with fever during pregnancy, childbirth or after birth.

**Ask:**

What concerns do you have about these actions? Can you see any possible problem with doing it?

**Step 4: Practice the actions**

First, ask participants to open page 37 showing the above table (Demonstration 8). Then ask: Are there any questions about the table?
Practice:
Tell the participants to break into small groups and practice helping a woman with fever during pregnancy, childbirth or after birth through role-play under supervision of the facilitator until they perform to standards.

After the practice and demonstration by the participants, ask:
- How did you feel about this action when you did it?
- If you saw a woman with fever during pregnancy, childbirth or after birth, would you be ready to take this action?
- Do you think these actions will be helpful?

Step 5: Evaluation

Ask:
1. What has been most helpful so far related to the action for helping a woman with fever during pregnancy, childbirth or after birth?
2. What has not been helpful so far related to the action for helping a woman with fever during pregnancy, childbirth or after birth?
3. What suggestion do you have for the next time?

Danger sign 7: Woman who has hand/foot presentation or cord prolapse during childbirth

Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience.

Ask the group:
Have you ever seen/heard about a woman in labor when the cord comes out in front of the baby or a hand/foot comes out first? If yes, please tell us about it.
- What did people do to help the woman? (action)
- What happened to the woman? (outcome)
- What happened to the baby?
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that you (the facilitator) have learned that when a woman has hand/foot presentation or cord prolapse, the health care provider must take action quickly to help the woman so that she does not get too sick or die.

Step 2: Demonstration

Explain that you are going to demonstrate to the participants how to help a woman with hand/foot presentation or cord prolapse. Ask any one participant to volunteer to help you to do the demonstration. While doing the demonstration, explain why you are doing each action as you do it.
Demonstration 9: Action for helping a woman who has hand/foot presentation or cord prolapse.

<table>
<thead>
<tr>
<th>What should be done immediately</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Give liquids (water, fruit juices, tea, soup) by mouth</td>
<td>- To prevent dehydration or exhaustion.</td>
</tr>
<tr>
<td>- Send her urgently to the hospital.</td>
<td>- The baby may be in an abnormal position and may not fit through the mother’s pelvic bones. - To save the lives of the mother and baby.</td>
</tr>
<tr>
<td>- During travel, cover the woman in a clean cloth and put the mother in a knee-chest position with her hips high in the air and her forehead to the floor or place one or two pillows under her hips and legs if the woman is in lying position.</td>
<td>- To take some of the pressure off the cord/presenting part.</td>
</tr>
<tr>
<td>- Do not try to turn the baby.</td>
<td>- It may prove dangerous to the life of mother and baby.</td>
</tr>
</tbody>
</table>

Ask:
1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a woman who has hand/foot presentation or cord prolapse during childbirth?

Step 3: Come to an agreement about what to do

Refer to the table on action and ask:
1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?

Ask the following questions for each new action the participants saw:
1. Why do?
2. Will it be acceptable in your area?

Reach agreement on what actions are needed for helping the woman with hand/foot presentation or cord prolapse.
Ask:
What concerns do you have about these actions? Can you see any possible problem with doing it?

Step 4: Practice the actions

First, ask participants to open page 40 showing the above table (Demonstration 9). Then ask: Are there any question about the table?

Practice:
Tell the participants to practice helping a woman with hand/foot presentation or cord prolapse during childbirth through role-play and demonstration under supervision of the facilitator until they perform to standard.

After the practice and demonstration by the participants, ask:
- How did you feel about this action when you did it?
- If you saw a woman with fever during pregnancy, childbirth or after birth, would you be ready to take this action?
- Do you think these actions will be helpful?

Step 5: Evaluation

Ask:
1. What has been most helpful so far related to the action for helping a woman with hand/foot presentation or cord prolapse during childbirth?
2. What has not been helpful so far related to the action for helping a woman with hand/foot presentation or cord prolapse during childbirth?
3. What suggestions do you have for the next time?

---

Danger sign 8: Woman who has not delivered placenta in 30 minutes.
Included in danger sign 2 (Woman who is bleeding during pregnancy, childbirth or immediately after birth). Please refer to steps 10 (iii) and 11 of Demonstration 4 under danger sign 2 (pages 24-25).

Danger sign 9: Baby is having trouble breathing or the baby is not breathing/crying very soon after birth

**Guide Information - Introduction:**
Many babies in India die because they have trouble breathing at birth. A baby may have trouble breathing if the labor is too long or birth is difficult or if there is some other health problem during the mother’s pregnancy.

Now we will learn about the participants’ experiences with babies who have trouble breathing and what can be done to help save his/her life.
Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience

Ask the group, if anyone has ever seen a baby who did not cry/had trouble breathing soon after birth? If yes, please tell us about it.
- What did people do immediately to help the baby? (action)
- What happened to the baby? (outcome)
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that you (the facilitator) have learned that if you see a baby is having trouble breathing or the baby is not breathing very soon after birth, you must take action quickly to help the baby to start breathing.

Step 2: Demonstration

Explain that you are going to demonstrate to the participants how to help a baby who is having trouble breathing.
- Talk about each step in the demonstration and why it was taken.
- For the action ask the other participants: why do this? (correct answers given in the second column of the table below)

<table>
<thead>
<tr>
<th>Demonstration 10: Action to help the baby breathe</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What should be done immediately</strong></td>
<td><strong>Why?</strong></td>
</tr>
<tr>
<td>- Dry the baby and cover with a clean cloth.</td>
<td>- A baby loses heat very fast when s/he is wet and gets cold. Cold babies have more trouble breathing.</td>
</tr>
<tr>
<td>- Clear the mouth and nose by sucking with a mucus extractor, first the mouth and then the nose.</td>
<td>- Liquid in the nose and mouth makes it harder to get air for the baby to breathe.</td>
</tr>
<tr>
<td>- Stimulate the baby to breathe by rubbing the baby’s back for 10 seconds.</td>
<td>- To encourage the baby to breathe.</td>
</tr>
<tr>
<td>- Place the baby correctly, with a small roll of cloth under the neck to extend it slightly.</td>
<td>- To open the breathing tube.</td>
</tr>
<tr>
<td>- Place the mask attached to the ambu-bag firmly over the baby’s mouth and nose and form a seal.</td>
<td>- To help the baby start breathing.</td>
</tr>
<tr>
<td>- Squeeze the bag to inflate the lungs at a rate of 40 respirations per minute.</td>
<td></td>
</tr>
</tbody>
</table>
- If a bag and mask are not available, wipe the baby’s face with a clean, dry cloth and then place a piece of clean and dry cloth or gauze between the baby’s mouth and yours to reduce the risk of infection.

- Cover the baby’s mouth and nose with your mouth and blow air at a rate of 40 breaths per minute - use only the breath that is in your mouth.

- Watch the baby’s chest carefully to see that the chest is rising and falling as you squeeze the bag or give mouth to mouth breathing.

- If the baby starts crying, stop ventilating and observe the baby’s respiratory rate for five minutes after crying stops:
  - If the respiratory rate is normal (30 to 60 breaths per minute), stop ventilating.
  - If the baby has a blue tongue and lips, chest in-drawing or the respiratory rate is 20 to 30 or more than 60 per minute, refer the child immediately to hospital and continue ventilation on the way.
  - If the baby is gasping, not breathing, or the respiratory rate is less than 20 breaths per minute, continue ventilating.

- If the baby is not breathing regularly after 20 minutes of ventilation, refer immediately to the hospital and continue ventilation on the way.

- If the baby starts breathing regularly, stop using the ambu-bag.

- If there is no breathing or gasping at all, stop resuscitation after 20 minutes.
<table>
<thead>
<tr>
<th>- If there was gasping but no spontaneous breathing, stop resuscitation after 30 minutes.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Universal precautions should be observed, including hand washing, disinfecting all equipment and use of gloves, if available.</td>
<td></td>
</tr>
</tbody>
</table>

**Actions after the baby is stable and breathing**

| - Keep the baby warm | To ensure that the baby keeps breathing. |
| - Keep watch until the baby has been stable for at least 6 hours. | |

**Ask:**

1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a baby who has trouble breathing?

**Step 3: Come to an agreement about what to do**

Refer to the tables on action and ask:

1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?

**Ask** the following questions for each new action the participants saw:

1. Why do?
2. Will it be acceptable in your area?

**Ask** the group that if a baby has trouble breathing at birth:

1. What immediate actions will you take?
2. Will you be able to do these actions in your setting?
3. Why will you do each action?
4. Could any of these actions cause a problem? If yes, what?
5. Would any of these actions not be possible in your area? If yes, which ones?
6. Do the table of action/show the actions we need to take immediately?

**Step 4: Practice the actions**

First, ask the participants to open page 42 showing the above table (Demonstration 10). Then ask: Are there any question about the tables?

**Practice:**

Tell the participants to practice helping the baby breathe at birth. Give participants some time to discuss the tables on action with each other before they demonstrate what actions
they will take. Encourage the participants to practice under your supervision until they perform to standard.

Ask the participants after they practice and demonstrate the actions:

- How did you feel about this action when you did it?
- If you saw a baby tomorrow who had this problem, would you be ready to take this action?
- If not, what will you need to do to be prepared?
- Do you need more practice in order to be able to perform these actions?

Remember:

- Quick action can help save the life of a baby.
- Taking a woman to a hospital if she is sick or having a danger sign or if the baby is coming too soon before the expected date of delivery, can also help the baby to breathe when it is born.

Step 5: Evaluation

Ask:
1. What has been most helpful so far related to the action for helping a baby to breathe?
2. What has not been helpful so far related to the action for helping a baby to breathe?
3. What suggestions do you have for the next time?

Danger sign 10: Baby who is born too small

Guide Information - Introduction:
Many babies in India die because they are born too small. A baby can be too small if s/he is born too soon, the mother does not eat well or does not get enough food, if the mother smokes, has less blood or any sickness.

A baby who is born too small may have a problem sucking, swallowing or feeding. He has a problem keeping warm. If a baby is not helped when he has trouble feeding and keeping warm, the baby can die.

Now we will learn about the participants’ experiences with babies who are born too small and what can be done to help save their lives.
Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience.

Show a flash card with two drawings, one of a full-size newborn baby and the other, of a small-sized newborn baby. Ask:
1. What do you see in these two drawings?
2. Do you think that both these babies look the same size?
3. Do you think both the babies look the same weight?

Then, ask the group, has anyone ever seen a baby who is born too small? If yes, please tell us about it.
- What did people do immediately to help the baby? (action)
- What happened to the baby? (outcome)
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that you (the facilitator) have learned that if you see a baby is too small at birth, you must take action quickly to help the baby so s/he does not get too sick or die.

Step 2: Demonstration

Explain that you are going to demonstrate to the participants how to help a baby who is born too small.
- Talk about each step in the demonstration and why it was taken.
- For the action ask the other participants: why do this? (correct answers given in the second column of the table below)

<table>
<thead>
<tr>
<th>Demonstration 11: Action for baby who is born too small</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What should be done immediately</strong></td>
</tr>
<tr>
<td>Warm baby by putting the baby skin-to-skin on the mother’s chest and cover them both to prevent heat loss, or</td>
</tr>
<tr>
<td>Warm the room and dress the baby warmly, wrap the baby, taking special care to cover the head, for thermal control. Aim to ensure warm feet.</td>
</tr>
<tr>
<td>Refer baby urgently to hospital</td>
</tr>
<tr>
<td>Ensure extra warmth during referral.</td>
</tr>
<tr>
<td>Encourage breastfeeding during the journey.</td>
</tr>
<tr>
<td>If the baby does not breastfeed and the journey is more than 3 hours, consider giving expressed breast milk by cup.</td>
</tr>
<tr>
<td>Initiate breastfeeding within 1 hour of birth.</td>
</tr>
<tr>
<td>Feed the baby every 2-3 hours. Wake the baby for feeding, even if s/he does not wake at all, 2 hours after the last feed.</td>
</tr>
</tbody>
</table>
| - Always start the feed with breastfeeding before offering a cup.  
  - Keep the baby longer at the breast. Allow long pauses or long, slow feed. Do not interrupt feed if the baby is still trying.  
  - If the baby is not yet suckling well and long enough, let the mother express breast milk and feed the baby by cup.  
  - Keep the cord dry. Do not put anything on the cord.  
  - Do not bathe the baby. | - To prevent infection  
- To keep the baby warm. |

**Ask:**
1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a baby who is born too small?

**Step 3: Come to an agreement about what to do**

Tell with the help of the tables on action:
1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?

**Ask** the following questions for each new action the participants saw:
1. Why do?
2. Will it be acceptable in your area?

**Ask** the group that if a baby is born too small:
1. What are the immediate actions you will take?
2. Will you be able to do these actions in your setting?
3. Why will you do each action?
4. Could any of these actions cause a problem? If yes, what?
5. Would any of these actions not be possible in your area? If yes, which ones?
6. Do the table of action/show the actions, which we need to take immediately?

**Step 4: Practice the actions**

First, ask participants to open page 46 showing the above table (Demonstration 11). Then ask: Are there any question about the tables?

**Practice:**
Tell the participants to practice helping the baby who is too small at birth. Give participants some time to discuss the table on action with each other before they
demonstrate what actions they will take. Encourage the participants to practice under your supervision until they perform to standard.

Ask participants after they practice and demonstrate the actions:
- How did you feel about this action when you did it?
- If you saw a baby tomorrow who is born too small, would you be ready to take this action?
- If not, what will you need to do to be prepared?

Remember:
- Quick action can help save the life of a baby.
- Taking a woman to a hospital if she is sick or having a danger sign or the baby is coming too soon before the expected date of delivery, can also help the baby when born too small.

Step 5: Evaluation

Ask:
1. What has been most helpful so far related to the action for helping a baby who is too small at birth?
2. What has not been helpful so far related to the action for helping a baby who is too small at birth?
3. What suggestion do you have for the next time?

Danger sign 11: Baby who falls sick

Guide Information - Introduction:
Many babies in India die because of sickness after birth.

A baby is too sick when he has more than one of these signs: sucks poorly, too sleepy, vomiting, watery stools, breathing not normal, mother says baby not well, or cry does not sound normal. Sometimes, the baby has draining pus from the place where unclean things touched him/her.

If a baby is not helped quickly when any of these signs happen, the baby can get very sick or die.

Now we will learn about the participants’ experiences with seriously sick babies and what can be done to help save his/her life.
Step 1: Find out what the participants have experienced and add what the facilitator (MO) has learned in medical training and experience.

Show flash cards showing drawings of a healthy baby and sick babies. Ask:
1. What do you see in these drawings?
2. How do the sick babies look different from the normal baby?

Then, ask the group, has anyone ever seen a baby who was seriously sick soon after birth or during the first month of life? If yes, please tell us about it.
- What did people do immediately to help the baby? (action)
- What happened to the baby? (outcome)
- What else do you think could be done? Would anything else have helped?
- Does this happen often?

Tell the group that you (the facilitator) have learned that if you see a sick baby, you must take action quickly to help the baby so that he/she does not get sicker or die.

Step 2: Demonstration

Explain that you are going to demonstrate to the participants how to help a baby who is seriously sick.
- Talk about each step in the demonstration and why it was taken.
- For the action ask the other participants: why do this? (correct answers given in the second column of the table below).

<table>
<thead>
<tr>
<th>Demonstration 12: Action for helping the baby who falls sick</th>
<th>What should be done immediately</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sick babies must be taken to the hospital or qualified provider.</td>
<td>Sick babies need special care that can be provided by a qualified provider and at a facility that is equipped to provide special care.</td>
</tr>
</tbody>
</table>

While waiting for the transport to arrive or on the way to the hospital, do the following:

<table>
<thead>
<tr>
<th></th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep the baby warm by putting the baby skin-to-skin on the mother's chest and cover them both to prevent heat loss, or Keeping the baby in a warm room and dressing the baby warmly, wrapping the baby, especially with the head covered, may be adequate for thermal control. Aim to ensure warm feet.</td>
<td>Sick babies need warmth because they lose heat very easily and get cold.</td>
</tr>
<tr>
<td>Wipe the baby's mouth and nose with a clean dry cloth if there is too much liquid.</td>
<td>To prevent choking.</td>
</tr>
</tbody>
</table>
- Clean thick liquid (if present) out of baby’s mouth and nose by sucking with a mucus extractor and keep the baby lying on its side.
- Breastfeed every hour.

<table>
<thead>
<tr>
<th>In case of fits:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Do not feed the baby.</td>
</tr>
<tr>
<td>- Do not stimulate the baby.</td>
</tr>
<tr>
<td>- Take immediately to hospital.</td>
</tr>
</tbody>
</table>

| Sick babies need to feed often for energy. |

<table>
<thead>
<tr>
<th>In case baby cold on touch (hypothermia):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Warm the baby immediately.</td>
</tr>
<tr>
<td>- Remove cold or wet clothing, if present. Dress the baby in warm clothes and a cap, and cover with a warm blanket.</td>
</tr>
<tr>
<td>- If the baby’s respiratory rate is more than 60 breaths per minute or the baby has chest in-drawing or grunting, treat for breathing difficulty.</td>
</tr>
<tr>
<td>- Breastfeed the baby. If the baby cannot be breastfed, give expressed breast milk.</td>
</tr>
<tr>
<td>- Transfer the baby to the hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To prevent choking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- To reduce the intensity and frequency of the fits.</td>
</tr>
<tr>
<td>To warm the baby.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In case very warm to touch (hyperthermia):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- If the baby’s respiratory rate is more than 60 breaths per minute or the baby has chest in-drawing or grunting, treat for breathing difficulty (as given in page 43).</td>
</tr>
<tr>
<td>- Undress the baby partially or fully.</td>
</tr>
<tr>
<td>- Sponge the baby or give the baby a bath for 10 to 15 minutes in tepid water.</td>
</tr>
<tr>
<td>- Breastfeed the baby. If the baby cannot be breastfed, give expressed breast milk.</td>
</tr>
<tr>
<td>- Transfer the baby to the hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In case not accepting feed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The baby needs special care.</td>
</tr>
<tr>
<td>- If the baby is small, see demonstration 11 (Page 46). - If the baby has retained feeds without coughing, choking, or regurgitating since the first feeding after birth, suspect infection (sepsis) - Transfer the baby to the hospital.</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>- <strong>In case of yellow skin (jaundice):</strong>  - If yellow skin is seen anywhere on the body on day 1 or if yellow skin is seen on the hands and feet in addition to the arms and legs on day 2, the baby’s jaundice is very serious. So transfer the baby to the hospital.</td>
</tr>
<tr>
<td>- <strong>In case of skin infection or pus draining from the umbilicus:</strong>  - Wash hands with clean water and soap.  - Gently wash off pus and crusts with boiled and cooled water and soap.  - Dry the area with a clean cloth.  - Paint with gentian violet.  - Wash hands.</td>
</tr>
<tr>
<td>- <strong>In case of bleeding:</strong>  - Re-clamp or retie the umbilical cord, if the bleeding is from umbilicus.  - If the bleeding is from a cut or circumcision site, press on the bleeding site with a sterile cloth.</td>
</tr>
<tr>
<td>- Refer right away to the hospital.  - Encourage breastfeeding during the journey (except in fits).  - Keep the baby warm during the journey</td>
</tr>
</tbody>
</table>

Ask:
1. Which thing(s) in the demonstration do you already do/know to do? Put a tick (✓) on the above table.
2. What new ideas have you seen?
3. Do you have any other ideas about helping a baby who is seriously sick?
Step 3: Come to an agreement about what to do

Refer to the tables on action and ask:
1. Which actions have the participants already known/been taking?
2. Which new actions has the facilitator told them about?

Ask the following questions for each new action the participants saw:
1. Why do it?
2. Will it be acceptable in your area?

Ask the group that if a baby is seriously sick:
1. What are the immediate actions you will take?
2. Will you be able to do these actions in your setting?
3. Why will you do each action?
4. Could any of these actions cause a problem? If yes, what?
5. Would any of these actions not be possible in your area? If yes, which ones?
6. Do the table of action/show the actions, which we need to take immediately?

Step 4: Practice the actions

First, ask participants to open page 49 showing the above table (Demonstration 12). Then ask: Are there any question about the table?

Practice:
Tell the participants to do a practice for helping the baby who is seriously sick. Give participants some time to discuss the table on action with each other before they demonstrate what actions they will take. Encourage the participants to practice under your supervision until they perform to standard.

Ask the participants after they practice and demonstrate the actions:
- How did you feel about this action when you did it?
- If you saw a baby tomorrow who is seriously sick, would you be ready to take this action?
- If not, what will you need to do to be prepared?

Remember:
- A sick child should be taken to a qualified provider for life-saving treatment.
- Successful care provided by the qualified provider at the referral facility is necessary for the sick baby.
Step 5: Evaluation

Ask:

1. What has been most helpful so far related to the action for helping a baby who is seriously sick?
2. What has not been helpful so far related to the action for helping a baby who is seriously sick?
3. What suggestion do you have for the next time?

References:

➢ This hand book has been adapted from: Home-Based Life Saving Skills, developed by the American College of Nurse-Midwives (ACNM), April 2000.


