

# HOME BASED LIFE SAVING SKILLS



**WOMAN INFORMATION**



## Home Based Life Saving Skills Curriculum

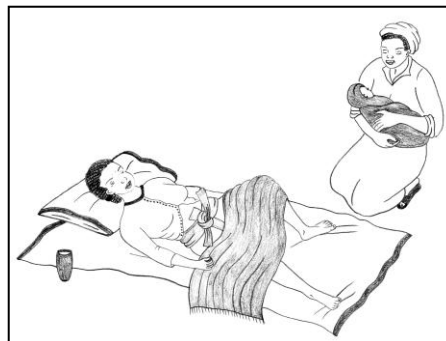
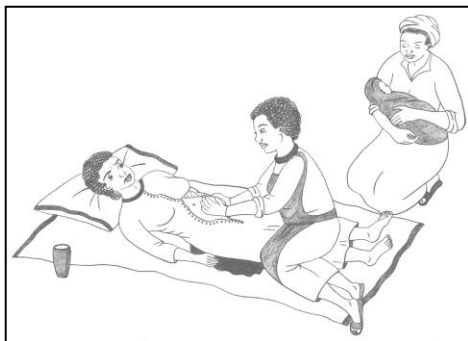
This curriculum consists of the Home Based Life Saving Skills (HBLSS) Manual, Large Picture Cards, and a Take Action Care booklet. In addition, the planning and implementation book, *Guidelines for Decision Makers and Trainers*, can be used to support program activities.

### HBLSS Manual

The HBLSS manual contains three books: Basic Information, Woman Information, and Baby Information. Each book outlines the process to use when conducting a community meeting to teach HBLSS. Always use the Basic Information book first, and then use the meetings in the Woman Information and Baby Information books in the order that best suits the needs of the community.

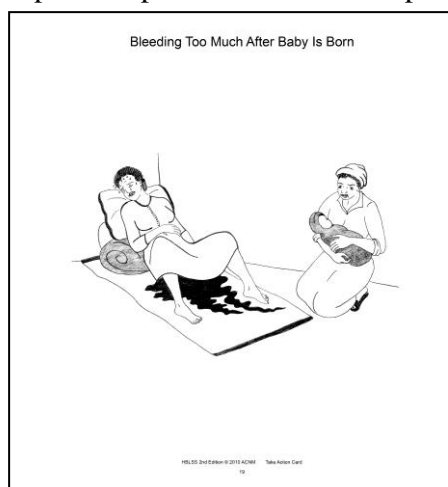
### Large Picture Cards

Picture cards are used in each community meeting and are an important resource to help people learn when they do not read or do not read very well. The picture cards (8-inch by 10-inch drawings) show the problems and actions that are discussed during the meeting. The cards are usually laminated or printed on card stock or other sturdy paper, or they can be copied and placed in a plastic sleeve. The same drawings are used on the picture cards and the Take Action Cards. Below are samples of two drawings from the community meeting Too Much Bleeding.

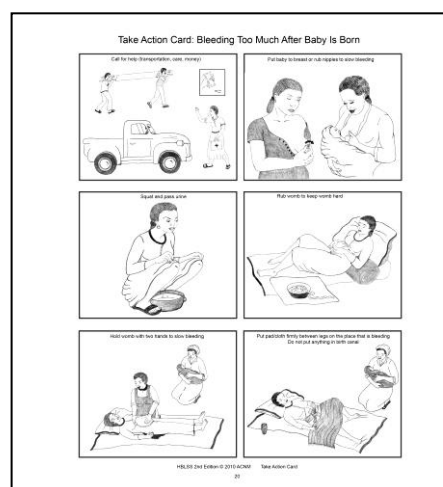


### Take Action Card Booklet

The Take Action Card booklet is a reference for use at home and in the community. The front of the Take Action Card shows a drawing of a problem, and the back of the card has six boxes showing the actions to respond to the problem. The drawings can be used to remind people what they learned to do to help with a problem. See the sample below showing both sides of one Take Action Card.



problem side (front)



action side (back)

# Home Based Life Saving Skills

2nd Edition



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# Home Based Life Saving Skills

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## USING THE HBLSS CURRICULUM

### INTRODUCTION

The Home Based Life Saving Skills (HBLSS) curriculum is based on how adults learn:

1. Everyone is learning. Both the participants and the facilitators give and receive knowledge from each others' experiences, which supports everyone's learning.
2. People learn in different ways, so different methods of teaching and learning are important to help everyone "hear, see, do, and discover" as they learn. Each person can take in the information in a way that works best for them.

This curriculum consists of 12 community meetings that use the same methodology, except for meetings 1 and 2, which provide the foundation for the other meetings. Using the same methodology each time allows participants to become familiar with the process. The participants can think about the issues and compare them to their own experiences, thus learning and remembering the information. This is particularly important for learners who do not read, or who do not read well. The methodology, which focuses on asking (rather than telling), listening, and building agreement ("participatory facilitation"), helps participants to see successes or the need for improvement and develops the group's ability to move toward solutions.

The facilitator can provide a safe, secure, and welcoming learning environment by:

- Not being separated from participants by a desk, podium, or table.
- Encouraging group participation by asking participants to sit in a circle, and by sitting on the floor if the participants are seated on the floor (this puts the facilitator and participants at the same level and creates an environment of respect and equal learning).
- Speaking clearly and directly, and using simple language that is understood by all participants. Use the local language if possible and avoid using technical words, which suggests superiority.
- Using body language to create an open and welcoming environment (e.g., smiling, greeting people, asking about local events, nodding one's head, looking into the other's eyes, being aware of the participants' comfort or discomfort). Humor often helps to make a more relaxed setting, and one-on-one contact makes each person feel welcome. Some forms of body language may vary from culture to culture.
- Remembering in all discussions to: avoid telling people that they are doing something wrong; look for what is beneficial, and help weigh the risks against the benefits; respect participants' beliefs and be sensitive when talking about local customs; and work toward agreement.

### METHODOLOGY

Except for the first two meetings, each HBLSS meeting uses the methodology described below.

**Step 1. Review the Previous Meeting.** This step asks participants to share what they learned in the previous meeting and discuss what effect it had on them and their families.

**Step 2. Ask What the Participant Knows.** This step begins to build a connection between the participants' experiences, knowledge, and solutions. Participants are asked to share their experiences, practices, and beliefs, and the facilitator demonstrates her/his respect and ability to listen. The facilitator's role is not as the teacher or expert, but as a member of the group addressing a common issue.

The facilitator shares a discussion starter story, and participants are asked if they have ever seen or heard of such a story. Using both "seen" and "heard" gives participants options to discuss what is often a painful experience. Give all participants an opportunity to share their experiences if they choose (this may make the meeting much longer but it is very important). Remember:

- Personal experiences with sickness or death can be thought to be someone's "fault" or "cause of the outcome."
- Using "heard" removes the fear or shame that can accompany a painful or traumatic event.
- Allow a participant to tell their entire story before beginning the series of questions below. Only interrupt if the other participants become restless (e.g., suggest you would like to hear the rest of the story at break/lunch time).

Four questions are asked during this step:

- What did you see? (signs)
- What did you do? (action)
- What happened? (outcome)
- What can cause the problem? (cause)

Always ask these questions in the same order, which helps participants begin to understand the relationship between actions, outcomes, and causes in their stories. The facilitator writes down the participants' responses to the "actions" taken; this information will be used in Step 4 to build a connection (bridge) of shared beliefs and actions between the community and the trained health worker (THW). When the facilitator stays focused on the questions and the order in which they are asked, the discussion remains focused and directed.

**Step 3. Share What the THW Knows.** In this step, the facilitator reviews the signs of the problem that participants agreed upon in Community Meeting 2, Woman and Baby Problems, and shares the THW's actions by using a demonstration. This allows participants to **see the actions** done for a problem, which may be things that they do not know from their own experiences, and allows participants to **learn more about THWs** and what they do.

The "What/Why Box" allows the facilitator and participants to think about the reasons why key actions were performed in the demonstration. The facilitator reminds the participants about an action by reading the "what" part of the box, and participants are asked to explain "why" the action was done (based on their experiences). This shows that the facilitator is interested in their ideas. The participants and facilitator then discuss why each action is helpful for the problem.

**Step 4. Come to Agree on What to Do.** In this step, participants and the facilitator decide together on safe and acceptable actions to help a woman or baby who has a problem. The

facilitator discusses **actions that are the same** and **actions that are different** that participants (in Step 2) and the THW (in Step 3) do to help a problem. The facilitator and participants then negotiate and come to agree on which actions to use for the problem.

Participants also learn to “read” the large picture cards (in a separate book) that represent the problem and actions. For each problem, there is a picture to remind participants of the problem and pictures to remind them of the actions. Sample picture cards are shown on the inside front cover of this book. Once the facilitator and participants agree on what to do for a problem, they review the picture card. The facilitator shows the picture for the problem and the pictures for the actions, or passes them around to the group. Participants need time to carefully look at each picture. While showing the picture, the facilitator asks:

- Does the picture remind us of (the problem)?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of (the problem)?

After all participants have seen the picture, the facilitator places the picture on a table or on the ground so that everyone can still see it. This helps reinforce the environment of a learning group, rather than teacher and student. Remember, no drawing can ever perfectly show an action in all countries and cultures. The picture is just a way to “remind” us of the action.

**Step 5. Practice the Actions.** This step has two parts: 1) Participants learn to use the action cards in the Take Action Card booklet. A sample Take Action Card is shown on the inside front cover of this book. The facilitator shows each large picture card from Step 4 and asks participants to say what the picture is and to find the same picture in their Take Action Card booklet, or to place a pebble or other object on the large picture card to demonstrate being able to “read” the picture. 2) Participants practice the actions agreed upon in Step 4. It is important that all participants have the opportunity to practice the demonstration and repeat the actions until they feel comfortable and are able to perform the actions. A group feeling of trust and coaching is very important. Ask participants to help each other using the Take Action Card as a reminder.

**Step 6. How Will You Know the Actions Are Helpful?** This step strengthens participants’ knowledge by asking them to evaluate themselves and if what they are doing is helpful. It also focuses the community’s ability to evaluate their own actions. Allow participants plenty of time to explore these questions so they can learn to continue this exploration on their own.

**Step 7. What Can We Do to Prevent [the Problem]?** The prevention aspect of this step is found only in the meetings that focus on problems. The facilitator and participants discuss what was done to help the problem, what can be done about the problem, and what can cause the problem. Once the cause is identified, the discussion turns to ideas for preventing the problem.

**Review.** At the end of each meeting, the facilitator uses a summary box to remind participants about important messages. Next, the facilitator leads a discussion and asks participants to suggest ways to improve the day’s meeting. This shows respect for the participants’ contributions and helps to improve the participants’ capacity to think through the process and its results. Note the participants’ suggestions and use them in later meetings.



# Home Based Life Saving Skills

## Community Meeting 5 Bleeding Too Much



## Community Meeting 5: Bleeding Too Much

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## COMMUNITY MEETING 5

### Bleeding Too Much

#### INFORMATION FOR THE FACILITATOR\*

Many women throughout the world die because they have too much bleeding during pregnancy or childbirth. A woman may bleed too much if she has a miscarriage or abortion, if the womb does not stay hard after birth, or if the placenta does not come out of the womb. She may also die if she bleeds too much from a bad tear in the birth canal.

Sometimes it is hard to tell when the woman is bleeding too much. The bleeding may be too much when it is any amount of continuous bleeding or when there are large clots the size of a fist. Too much bleeding, if not stopped, causes fainting and even death. A woman who bleeds too much can bleed to death in two to three hours.

In this meeting, participants will share their experiences with bleeding. They will learn how to tell when a woman is bleeding too much and what they can do to help save her life. They will also discuss how to prevent contact with blood and the safe care of things with blood on them.<sup>1</sup>

This meeting has much important information. It is divided into three sections: 1) Bleeding During Pregnancy, 2) Bleeding Too Much After Baby Is Born, and 3) Prevent Bleeding Too Much After Baby Is Born. Take plenty of time with each section. Remember to give breaks and give the participants time to talk and think about the information.

#### OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell when a woman is bleeding too much.
- Tell and show how to help a woman who is bleeding too much.
- Tell how to help a woman who is weak and faints from too much bleeding.
- Tell and show how to prevent too much bleeding after the baby is born.
- Tell and show how to prevent blood from touching the baby and helpers.

---

\* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

## PLAN

PREPARATION	
<b>How the facilitator prepares:</b> <ul style="list-style-type: none"> <li>Review meeting plan</li> <li>Get needed resources</li> <li>Practice demonstrations</li> <li>Review Take Action Card booklet and picture cards: Bleeding During Pregnancy, Bleeding Too Much After Baby Is Born, Prevent Bleeding Too Much After Baby Is Born</li> </ul>	<b>How the participants prepare:</b> <ul style="list-style-type: none"> <li>Bring experiences with and stories about women bleeding too much</li> <li>Bring ideas about what to do when a woman is bleeding too much</li> <li>Bring stories about how they helped a woman who bled too much</li> </ul>
<b>Location:</b> <ul style="list-style-type: none"> <li>The community</li> </ul>	<b>Time:</b> <ul style="list-style-type: none"> <li>Six hours: three meetings, each meeting is two hours long</li> <li>Be flexible and go at the pace of the participants</li> </ul>
RESOURCES	
<b>Demonstration <i>Bleeding During Pregnancy:</i></b> <ul style="list-style-type: none"> <li>things for a clean place: locally available sleeping mat or bed, pillow, pail for urine</li> <li>things for clean helpers: apron, gloves or other hand coverings</li> <li>things for washing: soap, water, basin, pitcher (something to pour water), pail, household bleach, towel</li> <li>cloth with red stain to look like blood</li> <li>clean cloth to cover the woman</li> <li>cup with liquids to drink</li> <li>paracetamol</li> <li>clean pads (or rags/cloths) for bleeding</li> <li>waterproof container</li> <li>transportation and pretend money</li> </ul>	<b>Demonstration <i>Bleeding Too Much After Baby Is Born:</i></b> <ul style="list-style-type: none"> <li>things for a clean place: locally available sleeping mat or bed, pillow, pail for urine</li> <li>things for clean helpers: apron, gloves or other hand coverings</li> <li>things for washing: soap, water, basin, pitcher, pail, household bleach, towel</li> <li>cloth with red stain to look like blood</li> <li>clean cloth to cover the woman</li> <li>clean pads (or rags/cloths) for bleeding</li> <li>cup with liquids to drink</li> <li>models: baby, uterus, breast, placenta</li> <li>waterproof container</li> <li>transportation and pretend money</li> </ul>
<b>Demonstration <i>Prevent Bleeding Too Much After Baby Is Born:</i></b> <ul style="list-style-type: none"> <li>things for a clean place: locally available sleeping mat or bed, pillow, pail for urine</li> <li>things for clean helpers: apron, gloves or other hand coverings</li> <li>things for washing: soap, water, basin, pitcher, pail, household bleach, towel</li> <li>cloth with red stain to look like blood</li> <li>food and drink: plate of food and cup with locally available liquids for woman to drink</li> <li>models: baby, uterus, placenta</li> <li>waterproof container</li> <li>condoms</li> </ul>	<b>Other resources:</b> <ul style="list-style-type: none"> <li>A list of referral services</li> <li>Take Action Card booklet and picture cards: Bleeding During Pregnancy, Bleeding Too Much After Baby Is Born, Prevent Bleeding Too Much After Baby Is Born</li> </ul>

## 1. BLEEDING DURING PREGNANCY

### Activities

#### **Step 1. Review the Previous Meeting**

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

#### **Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a woman with bleeding during pregnancy.

**First**, tell the discussion starter story. *Say:*

*Lelisse is about three months pregnant. One morning she feels blood running down her legs. She calls her sister and they go to the trained health worker.*

*Ask:*

- Have you ever *heard* about a pregnant woman with a problem like Lelisse's?
- Have you ever *seen* a pregnant woman with a problem like Lelisse's?

*Say:* In Meeting 2, we talked about woman problems. *Ask:*

- What did we agree about bleeding during pregnancy?<sup>2</sup>

**Second**, *ask:*

Has anyone ever seen a woman who was bleeding during pregnancy? If yes, *ask:*

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can cause a woman to bleed during pregnancy? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

### Step 3. Share What the Trained Health Worker Knows

**First, say:** The trained health worker (THW) learns that a pregnant woman is bleeding too much if she has:

- Any bleeding during pregnancy.
- Weakness and fainting. The woman cannot stand up alone or she falls.

**Second,** ask volunteers to help you do the demonstration **Bleeding During Pregnancy**.

**Third,** do the demonstration.

Demonstration: Bleeding During Pregnancy	
<b>Actors:</b>	Ask for volunteers to play Sara and her husband (both trained in HBLSS) and a friend. The Facilitator plays the mother-in-law, who is also trained in HBLSS.
<b>Props:</b> <sup>3</sup>	Things for a clean place, things for clean helpers, things for washing, cloth with red stain, clean cloth, cup with liquids, paracetamol, clean pads, waterproof container, transportation, pretend money
<b>Situation:</b>	Explain who the volunteers are pretending to be, and tell the situation to those watching. <b>Say:</b> Sara and her family have been going to HBLSS meetings. Sara is about three months pregnant. She wakes up with belly pain and sees blood on her clothing.
<b>Demonstration:</b>	
1. <b>Sara calls for help:</b> Oh, please someone come and help me! My belly hurts.	
2. The <b>mother-in-law</b> , <b>husband</b> , and <b>friend</b> come running to Sara.	
3. The <b>husband says:</b> I will get the transportation.	
4. The <b>mother-in-law says:</b> Sara, you are going to be OK. Let us help you. Our friend will get some things to help you feel better.	
5. The <b>mother-in-law</b> helps <b>Sara</b> :	
<ul style="list-style-type: none"><li>• Squat to pass urine.</li><li>• Lie down.</li><li>• Cover up.</li><li>• Drink fluids.</li><li>• Take two paracetamol.</li></ul>	
6. The <b>friend</b> returns with soap and water, hand covers, some clean pads to catch the blood, and a waterproof container containing household bleach and water to put the things soiled with blood.	
7. The <b>mother-in-law</b> sits beside <b>Sara</b> and helps her stay calm. The <b>friend</b> puts on hand covers, cleans Sara, and places a clean pad to catch the blood. The <b>friend</b> is very careful not to put anything in the birth canal.	

Demonstration: Bleeding During Pregnancy
<p>8. The <b>husband</b> returns and <b>says</b>: The driver is coming with the transportation.</p> <p>9. The <b>mother-in-law</b> and <b>husband</b> continue to help Sara. They help her lie down, keep her covered, and give her fluids to drink. The <b>husband</b> has money for transportation and medicine. The <b>husband</b> and <b>mother-in-law</b> plan to give blood if needed.</p> <p>10. The <b>friend</b> washes Sara's things soiled with blood. When she is finished, she puts the things out to dry in the sun. She washes her hands with soap and water.</p>

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth**, read each step in the box below and ask why it was taken.

Demonstration: Bleeding During Pregnancy <sup>4,5</sup>	
What?	Why?
1. Call for help.	Call others to help with referral, transportation, care, and money.
2. Help the woman squat and pass urine.	The action of squatting and passing urine may help clots to come out. Clots may prevent the womb from getting hard.
3. Prevent shock (fainting). Help the woman:	Shock can cause death. <sup>6</sup>
• Lie down.	Rest prevents weakness.
• Cover with a cloth or blanket.	Cover to keep the woman warm.
• Drink one cup liquids every hour.	Fluids prevent weakness and dryness.
• Take two paracetamol 500 mg every six hours.	To stop womb pain. Pain relief helps prevent shock.
4. Do not put anything in the birth canal.	Putting something in the birth canal may cause more serious bleeding.
5. REFER.	THW help is needed urgently.
6. Wear hand covers to: <ul style="list-style-type: none"> <li>• clean the woman</li> <li>• wash blood-stained clothes with household bleach and water</li> <li>• safely dispose of bloody items.</li> </ul> Wash hands with soap and water.	Protect hands and wash things to prevent touching anything that is bloody. <sup>7</sup> This prevents infection.

**Fifth, ask:**

- What new ideas have you seen here?
- Do you have any other ideas about helping a woman who is bleeding during pregnancy and/or has womb pain during pregnancy?

#### **Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2. **Say**: You said earlier today that you do the following in the home when a woman is bleeding during pregnancy: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, **say**: This is really wonderful that we do some things the same way when helping a woman who is bleeding during pregnancy.

**Third**, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask**:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a woman who is bleeding during pregnancy?

**Fourth**, reach agreement on the picture card. Show the picture card for bleeding during pregnancy and **ask**:

- Does the picture remind us of a woman who is bleeding during pregnancy?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman who is bleeding during pregnancy?

**Fifth**, reach agreement on the action cards. Show the cards one at a time and **ask**:

- Does the picture remind us of helping a woman who is bleeding during pregnancy?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

### **Step 5. Practice the Actions**

**First**, if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say**: This booklet is for you to use. Use the section of the booklet on Bleeding During Pregnancy to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.<sup>8</sup>

- Open the booklet to Bleeding During Pregnancy.
- Look on Side One at the picture of the woman bleeding during pregnancy. Look on Side Two for the actions.
- Show the picture card of the woman bleeding during pregnancy. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

**Second**, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Bleeding During Pregnancy**.

**Third**, after the practice, *ask*:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

**Fourth**, *ask*:

- How did you feel about helping with bleeding during pregnancy?
- If you or your family member has bleeding during pregnancy, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

### **Step 6. How Will You Know the Actions Are Helpful?**

*Ask*:

- How will you decide if these actions are helpful when a woman is bleeding during pregnancy?
- How will you know if you need more practice helping a woman who is bleeding during pregnancy?
- What can you do for more practice?



### **Step 7. What Can We Do to Prevent Bleeding During Pregnancy?**

**First**, remember the story of Lelisse at the beginning of the meeting.

**Ask:**

- What happened to Lelisse? What was the problem?

**Answer:** Lelisse was three months pregnant. She felt blood running down her legs.

- What was done?

**Answer:** Lelisse called her sister and they went to the trained health worker.

- What did we agree today could have been done to help Lelisse?

**Answer:** Call for help. Help the woman squat and pass urine. Help the woman lie down and cover her with a cloth. Give her one cup liquids every hour and give her paracetamol every six hours. Do not put anything in the birth canal. Wear hand covers to clean the woman and wash the blood-stained clothes.

- What caused the problem?

**Answer:** Maybe she was sick, maybe she did not have good nutrition, maybe we don't know.

#### **Remind the participants:**

- TAKE ACTION RIGHT AWAY when a woman is bleeding during pregnancy.
- Any bleeding during pregnancy can cause a woman and her baby to get very sick and sometimes die.
- Sometimes we do everything we know how to do, and still a woman may bleed during pregnancy.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

### **Talk about Today's Meeting**

**Ask:**

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of the meeting to write the suggestions.

## **Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

*Say:* Good bye and safe journey.

## 2. BLEEDING TOO MUCH AFTER BABY IS BORN

### Activities

#### **Step 1. Review the Previous Meeting**

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

#### **Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a woman bleeding too much after the baby is born.

**First**, tell the discussion starter story. *Say:*

*Sara is breastfeeding her new baby, who was born five hours ago. When Sara stands up, blood and clots run down her legs onto the ground. Her clothes are very soaked with blood. Sara calls her mother-in-law and they go with the baby to the THW.*

*Ask:*

- Have you ever *heard* about a woman with a problem like Sara's?
- Have you ever *seen* a woman with a problem like Sara's?

*Say:* In Meeting 2, we talked about woman problems. *Ask:*

- What did we agree about bleeding too much after the baby is born?<sup>9</sup>

**Second**, *ask:*

Has anyone ever seen a woman who was bleeding too much after the baby was born? If yes, *ask:*

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can cause a woman to bleed too much after the baby is born? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

### Step 3. Share What the Trained Health Worker Knows

**First, say:** The trained health worker (THW) learns that a woman is bleeding too much after the baby is born if she has:

- Any amount of continuous bleeding.
- Large, fist-sized clots, the size of my fist [show your fist].
- Weakness and fainting. The woman cannot stand up alone or she falls.

**Second,** ask volunteers to help you do the demonstration **Bleeding Too Much After Baby Is Born.**

**Third,** do the demonstration.

Demonstration: Bleeding Too Much After Baby Is Born	
<b>Actors:</b>	Ask for volunteers to play Arely and her husband (both trained in HBLSS), and a friend. The Facilitator plays the mother-in-law, who is also trained in HBLSS.
<b>Props:</b> <sup>10</sup>	Things for a clean place, things for clean helpers, things for washing, cloth with red stain, clean cloth, clean pads, cup with liquids, models, waterproof container, transportation, pretend money
<b>Situation:</b>	Explain who the volunteers are pretending to be, and tell the situation to those watching. <b>Say:</b> The family has completed the HBLSS meetings. Arely has just given birth with the help of the mother-in-law and is cleaned up. Arely took misoprostol according to country practice. <sup>11</sup> The placenta is in a waterproof container. Arely returns from passing urine looking very weak. She says there were two very big blood clots and now the bleeding is continuous.
<b>Demonstration:</b>	
1. The <b>mother-in-law</b> immediately <b><i>calls for help</i></b> : Help, someone help us please!	
2. Right away the <b>mother-in-law</b> helps Arely lie down and rubs Arely's womb.	
3. The <b>husband</b> and a <b>friend</b> come in. The <b>mother-in-law</b> <b>says</b> to the husband: Arely is bleeding too much and needs to go to the THW. Quick! Get transportation and money!	
4. The <b>friend</b> helps Arely put the baby to her breast. <sup>12</sup> The <b>friend</b> <b>asks</b> the <b>mother-in-law</b> : Can you put something inside Arely's birth canal to stop the bleeding?	
5. The <b>mother-in-law</b> <b>says</b> : I learned at the HBLSS meetings not to put anything in the birth canal because this can make Arely more sick.	
6. The <b>mother-in-law</b> puts on gloves <sup>13</sup> and continues to rub Arely's womb. She helps Arely squat and pass urine and then puts a pad firmly between Arely's legs.	
7. The <b>mother-in-law</b> begins to do a two-hand hold of the womb.	

### Demonstration: Bleeding Too Much After Baby Is Born

8. The **friend** gives Arely some fluids to drink. The **friend** puts on gloves and removes the blood-soiled things and puts them in a waterproof container containing household bleach and water. She puts a clean cloth on Arely.
9. Arely's **husband** comes rushing with the transportation and money. They go to the THW.
10. On the way to the THW, the **mother-in-law** continues the two-hand hold of the womb. The **husband** helps Arely with referral by helping her to lie down, covering her, and giving her fluids to drink.
11. The **friend** washes Arely's things soiled with blood. When she is finished, she puts the things out to dry in the sun. She washes her hands with soap and water.

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth**, read each step in the box below and ask why it was taken.

Demonstration: Bleeding Too Much After Baby Is Born	
What?	Why?
1. Call for help.	Call others to help with referral, transportation, care, and money. Help is urgently needed.
2. Rub womb.	Makes the womb get hard to slow the bleeding.
Put baby to breast or stimulate nipples if baby cannot suck the breast. <sup>14</sup>	Makes the womb get hard to slow the bleeding.
3. Help woman squat and pass urine.	Too much urine can keep the womb from getting hard and can block clots from coming out.
4. Do a two-hand hold of the womb. <sup>15</sup>	Squeezes the womb, makes the womb hard, and slows bleeding.
5. Put a pad firmly between the legs on the place that is bleeding. Use more pressure than when using a pad or cloth for menstrual blood.	Pressure on the tear may help slow the bleeding. <sup>16</sup>
6. Do not put anything in the birth canal.	Putting something in the birth canal may cause more serious bleeding.
7. REFER.	THW help is needed urgently.
8. Wear hand covers to: <ul style="list-style-type: none"> <li>• clean the woman</li> <li>• wash blood-stained clothes with household bleach and water</li> <li>• safely dispose of bloody items.</li> </ul> Wash hands with soap and water.	Protect hands and wash things to prevent touching anything that is bloody. <sup>17</sup> This prevents infection.

**Fifth, ask:**

- What new ideas have you seen here?
- Do you have any other ideas about helping a woman bleeding too much after the baby is born?

**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2. **Say:** You said earlier today that you do the following in the home when a woman is bleeding too much after the baby is born: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, **say:** This is really wonderful that we do some things the same way when helping a woman who is bleeding too much after the baby is born.

**Third**, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask:**

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a woman who is bleeding too much after the baby is born?

**Fourth**, reach agreement on the picture card. Show the picture card for bleeding too much after the baby is born and **ask:**

- Does the picture remind us of a woman who is bleeding too much after the baby is born?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman who is bleeding too much after the baby is born?

**Fifth**, reach agreement on the action cards. Show the cards one at a time and *ask*:

- Does the picture remind us of helping a woman who is bleeding too much after the baby is born?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

### **Step 5. Practice the Actions**

**First**, if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say**: This booklet is for you to use. Use the section of the booklet on Bleeding Too Much After Baby Is Born to practice and to remind you of problems and actions at home. These are the same pictures we have used.<sup>18</sup>

- Open the booklet to Bleeding Too Much After Baby Is Born.
- Look on Side One at the picture of the woman bleeding too much after the baby is born. Look on Side Two for the actions.
- Show the picture card of the woman bleeding too much after the baby is born. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

**Second**, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Bleeding Too Much After Baby Is Born**.<sup>19</sup>

**Third**, after the practice, *ask*:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

**Fourth**, *ask*:

- How did you feel about helping with bleeding too much after the baby is born?
- If you need to help a woman who is bleeding too much after the baby is born, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

### **Step 6. How Will You Know the Actions Are Helpful?**

*Ask:*

- How will you decide if these actions are helpful when a woman is bleeding too much after the baby is born?
- How will you know if you need more practice helping a woman who is bleeding too much after the baby is born?
- What can you do for more practice?

### **Step 7. What Can We Do to Prevent Bleeding Too Much After Baby Is Born?**

**First**, remember the story of Sara from the beginning of the meeting.

**Second**, ask:

- What happened to Sara after her baby was born? What was the problem?  
**Answer:** Sara was bleeding too much a few hours after her baby was born.
- What was done?  
**Answer:** Sara called her mother-in-law and they went with the baby to the THW.
- What did we agree today could have been done to help Sara?  
**Answer:** Call for help. Rub Sara's womb, rub her nipples or put the baby to her breast, help her pass urine, help her lie down, do two-hand hold of the womb, and put a cloth or pad firmly between her legs. Refer to a THW.
- What caused the problem?  
**Answer:** Maybe too much urine, maybe poor nutrition, maybe we don't know.
- What else can cause the problem?  
**Answer:** Sara's womb is not hard enough, labor and birth took too long, infection.

#### **Remind the participants:**

- **TAKE ACTION RIGHT AWAY** when a woman is bleeding too much after the baby is born.
- Any bleeding can cause a woman and her baby to get very sick and sometimes die.
- Sometimes we do everything we know how to do, but still a woman may bleed too much.
- It is important to always be ready in case of a problem. Have a birth and referral plan.



## **Talk about Today's Meeting**

*Ask:*

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of the meeting to write the suggestions.

## **Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

*Say:* Good bye and safe journey.

### 3. PREVENT BLEEDING TOO MUCH AFTER BABY IS BORN

#### Activities

##### **Step 1. Review the Previous Meeting**

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

##### **Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent too much bleeding after the baby is born.

**First**, tell the discussion starter story. *Say:*

*Nkoyo is breastfeeding her new baby, who was born yesterday. Nkoyo's mother prepared some good food and liquids for Nkoyo to eat and drink while she is breastfeeding. Nkoyo's mother reminds Nkoyo to rub her womb and keep it hard so that she won't bleed too much.*

*Ask:*

- Have you ever *heard* about a woman receiving the kind of help and care that Nkoyo received?
- Have you ever *seen* a woman receive the kind of help and care that Nkoyo received?

*Say:* In Meeting 2, we talked about woman problems. *Ask:*

- What did we agree about bleeding after the baby is born?<sup>20</sup>

**Second**, *ask:*

Has anyone ever seen a woman who was bleeding too much after birth? If yes, *ask:*

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can cause a woman to bleed too much after birth? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a

break.

### **Step 3. Share What the Trained Health Worker Knows**

**First, say:** The trained health worker (THW) learns that a woman is bleeding too much if she has:

- Any amount of continuous bleeding.
- Large, fist-sized clots, the size of my fist [show your fist].
- Weakness and fainting. The woman cannot stand up alone or she falls.

**Second,** ask volunteers to help you do the demonstration **Prevent Bleeding Too Much After Baby Is Born.**<sup>21</sup>

**Third,** do the demonstration.

Demonstration: Prevent Bleeding Too Much After Baby Is Born	
<b>Actors:</b>	Ask for volunteers to play Isidra, her sister, and her husband (all trained in HBLSS), and a friend. The Facilitator plays the mother-in-law, who is also trained in HBLSS.
<b>Props:</b> <sup>22</sup>	Things for a clean place, things for clean helpers, things for washing, cloth with red stain, food and drink, models, waterproof container, condoms
<b>Situation:</b>	Explain who the volunteers are pretending to be, and tell the situation to those watching. <b>Say:</b> Isidra has just given birth with the help of her mother-in-law and is cleaned up. Isidra is in a semi-sitting position and her sister is sitting beside her. Isidra took misoprostol according to country practice. <sup>23</sup>
<b>Demonstration:</b>	
1. The <b>mother-in-law</b> holds the baby. She shows the baby to Isidra.	
2. <b>Isidra</b> is rubbing her womb.	
3. <b>Isidra says:</b> I need to pass urine.	
4. When <b>Isidra</b> comes back from passing urine, she washes her hands with soap and water. The <b>mother-in-law says</b> to Isidra: Make sure to rub your womb.	
5. <b>Isidra</b> takes the baby to breastfeed, and rubs her womb.	
6. The <b>mother-in-law</b> gives Isidra something to eat and drink.	
7. The <b>mother-in-law</b> hands the sister the Take Action Card and <b>says:</b> Read this with Isidra to remember what we learned at the HBLSS meetings:	
<ul style="list-style-type: none"><li>• Drink at least every time you breastfeed the baby.</li><li>• Do not work or lift anything for 12 days. Sleep with your baby.</li><li>• Eat good meals four times a day.</li><li>• Breastfeed the baby in a good sucking position at least every two hours and at least once at night.<sup>24</sup> Breastfeed often to give the baby nourishment and to prevent another pregnancy too soon.</li></ul>	

**Demonstration: Prevent Bleeding Too Much After Baby Is Born**

- Use a condom when ready for sexual relations.

8. When **Isidra** finishes eating, she falls asleep with her baby beside her.

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth**, read each step in the box below and ask why it was taken.

<b>Demonstration: Prevent Bleeding Too Much After Baby Is Born<sup>25</sup></b>	
<b>What?</b>	<b>Why?</b>
1. Rub womb all of the time.	Rub to make the womb get hard and stay hard. This slows the bleeding. <sup>26</sup>
2. Squat and pass urine.	Too much urine can prevent the womb from getting hard.
3. Put baby to mother's breast soon after birth and at least every two hours during the day and at least once at night.	Breastfeeding makes the womb hard and slows the bleeding.
4. Drink one cup of liquids at least each time the baby breastfeeds. <sup>27</sup>	Drink to make the womb hard, slow the bleeding, and help make more breast milk.
Eat at least four times a day.	Eating helps the woman make more breast milk, and helps her get strong.
5. Rest: NO work and NO lifting for 12 days.	Rest prevents bleeding.
6. Practice dual protection: <sup>28</sup> Use condoms and the lactational amenorrhea method (LAM) <sup>29</sup> or other method of family planning.	To prevent a pregnancy too soon, and to prevent infection. The woman waits at least two years after a birth before becoming pregnant again so she has time to give her new baby love and become rested and strong again. <sup>30</sup>

**Fifth, ask:**

- What new ideas have you seen?
- Do you have any other ideas about how to prevent bleeding too much after the baby is born?
- Could any of these things cause a problem? If yes, what?
- Reach agreement on what to do to prevent bleeding too much after the baby is born.

**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2. **Say**: You said earlier today that you do the following in the home to prevent bleeding too much after the baby is born: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, **say**: This is really wonderful that we do some things the same way to prevent bleeding too much after the baby is born.

**Third**, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask**:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help prevent too much bleeding after the baby is born?

**Fourth**, reach agreement on the picture card. Show the picture card for prevent bleeding too much after the baby is born and **ask**:

- Does the picture remind us of a woman who is preventing bleeding too much after the baby is born?
- What do you see in the picture (signs) that makes you think she is preventing bleeding?
- Can we come to agree that the picture reminds us of helping a woman to prevent bleeding too much after the baby is born?

**Fifth**, reach agreement on the action cards. Show the cards one at a time and **ask**:

- Does the picture remind us of helping a woman to prevent bleeding too much after the baby is born?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

### **Step 5. Practice the Actions**

**First**, if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say**: This booklet is for you to use. Use the section of the booklet Prevent Bleeding Too Much After Baby Is Born to practice the actions and to remind you of problems and actions

at home. These are the same pictures we have used.<sup>31</sup>

- Open the booklet to Prevent Bleeding Too Much After the Baby Is Born.
- Look on Side One at the picture of the woman preventing too much bleeding after the baby is born. Look on Side Two for the actions.
- Show the picture card of the woman preventing bleeding too much after the baby is born. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

**Second**, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Prevent Bleeding Too Much After Baby Is Born**.

**Third**, after the practice, *ask*:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

**Fourth**, *ask*:

- How did you feel about helping to prevent bleeding too much after the baby is born?
- If you or your family member need to prevent bleeding too much after the baby is born, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

### **Step 6. How Will You Know the Actions Are Helpful?**

*Ask*:

- How will you decide if these actions are helpful to prevent bleeding too much after the baby is born?
- How will you know if you need more practice helping to prevent bleeding too much after the baby is born?
- What can you do for more practice?

**Remind the participants:**

- You can save lives by preventing bleeding too much after the baby is born.
- Take action after a birth to help the woman by using the Take Action Cards.
- Sometimes we do everything we know how to do, and still a woman may bleed too much.
- A woman with any sign of bleeding too much must be referred to the THW.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

**Talk about Today's Meeting****Ask:**

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of the meeting to write the suggestions.

**Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

**Say:** Good bye and safe journey.

#### 4. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

**This section is for facility-based training only.** Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

*Ask:* Why does a woman bleed too much?

The THW has learned that a woman can have too much bleeding because:

- Something may be wrong with the pregnancy and the body makes the pregnancy come out.
- Too much urine can prevent the womb from getting hard after the baby is born.
- If the placenta does not come out of the womb, it can prevent the womb from getting hard.
- Tears in the birth canal can cause too much bleeding.

Find out what the group thinks about the ideas. *Ask:*

- Does this make sense to you?
- Do you have any questions about why a woman can bleed too much?

In addition to the birth team information in Meeting 5, the birth attendant can learn to perform the following actions during facility-based training. The actions are determined by the country protocols. Perform the optional demonstration for shock or weakness from too much bleeding.<sup>32</sup>

#### **Decide Problem**

ASK how many months pregnant, FEEL to see if womb is tender, LOOK to see if anything has come out of womb.



## Bleeding in Early Pregnancy

**Findings:** First three months of pregnancy, bleeding, and lower belly pain.

What?	Why?
1. Prevent shock.	Shock can cause death.
2. Ask woman to squat and pass urine.	Passing urine may help a clot come out. Too much urine can keep the womb from getting hard.
3. Monitor the amount and color of bleeding.	Know about the bleeding to make a decision about what to do.
<b>If bleeding heavier than normal menstrual period or bright red bleeding (any amount):</b>	
4. REFER.	THW help is needed urgently.
5. Before and during referral, feel for fever.	If fever, give care.
<b>If REFERRAL delayed:</b>	
6. Wash hands with soap and water.	To prevent infection.
7. Put on high-level disinfected <sup>33</sup> gloves.	Cover hands to keep blood and fluids off hands.
8. Wash dried and stored gloves with soap and water.	To prevent infection of the woman.
9. Help woman to semi-sit, and wash genitals with soap and water.	Position helps to prevent pushing germs/infection into the birth canal.
10. Ask woman to bear down, as if passing stool.	Clot may come out and slow bleeding.
11. Put two fingers in woman's birth canal.	To find the cervix, remove the clot, and slow bleeding.
Feel for the cervix, which is the opening of the womb. The cervix feels firm and smooth.	
Move fingers across opening of the womb. Feel for blood clots/soft tissue.	
Use a gentle circular motion to try to remove any clots or tissue. <sup>34</sup>	
12. Remove gloves, wash hands with soap and water, and process gloves by high-level disinfection.	To clean hands. To have gloves ready to give care to another person.
13. Give broad spectrum antibiotics for 10 days.	To prevent infection.
14. REFER. Continue care to prevent shock.	The THW is needed.

## Bleeding in Late Pregnancy

**Findings:** More than three months pregnant and lower belly (abdomen) pain with or without visible bleeding.

What?	Why?
1. Prevent shock.	Shock can cause death.
2. Give two 500 mg tablets of paracetamol to relieve pain.	Too much pain can cause shock.
3. Do NOT put anything in birth canal.	Prevent causing more or serious bleeding.
4. REFER as soon as possible.	The THW is urgently needed.

## Prevent Bleeding Too Much After Baby Is Born

**Findings:** Baby is born, womb is hard, placenta is out, no tear is seen.

What?	Why?
<b>General Care After Delivery of Placenta:</b>	
1. During first half day after birth, keep womb hard, check bleeding, and keep baby close to mother.	Too much bleeding in the first four hours after birth causes the most maternal deaths. <sup>35</sup>
Rub womb at least four times every hour.	Rub to make womb hard and slow the bleeding.
Check amount of bleeding when rubbing womb.	Monitor to SEE if there is too much bleeding and FEEL if the womb is too soft as soon as it happens.
Put baby to breast as soon as possible and at least every two hours. <sup>36</sup>	Breastfeeding makes the womb hard and slows the bleeding.
2. <b>If too much bleeding:</b> REFER.	To get help to stop the bleeding.
<b>If NOT too much bleeding, continue to:</b>	
3. Monitor womb for hardness and tenderness at least two times a day for next three days.	To see as soon as possible any sign of a problem: too much bleeding or infection (womb tenderness or discharge odor).
At least two times a day, change pad/cloth and monitor amount, color, and odor of bleeding until bleeding discharge stops.	
4. Put baby to breast at least every two hours during the day and at least once during the night.	Frequent breastfeeding establishes mother's milk, keeps womb hard, and prevents pregnancy too soon (Community Meeting 9).
5. Eat at least four times a day, especially foods rich in iron.	Food makes blood strong and gives woman energy.
6. Drink one cup of liquids every hour, at least each time baby breastfeeds.	Fluids prevent urine infection and help woman make enough breast milk.
7. Rest: NO work and NO lifting for 12 days.	Rest prevents bleeding.
8. Pass urine often.	To prevent infection.
9. Practice dual protection: use condoms and the lactational amenorrhea method (LAM) or other method of family planning.	To prevent a pregnancy too soon.

## Prevent Bleeding Too Much After Baby Is Born: Placenta Does Not Come Out

**Findings:** Baby is born, womb is hard and soft (like contractions), no tear is seen, placenta is not out, with or without visible bleeding (placenta may be stopping blood from leaving birth canal).

What?	Why?
1. Help woman squat and try to pass urine again.	A lot of urine can block the placenta.
<b>If placenta does not come out and woman is bleeding too much, remove placenta:</b>	
2. Give oxytocin <sup>37</sup>	To make womb get hard.
3. Help woman to a semi-sitting position.	To help the placenta come out.
4. Help woman put baby to breast.	Breastfeeding makes womb get hard.
5. Wash hands with soap and water.	To remove any germs on hands.
6. Put on high-level disinfected gloves.	To prevent blood and fluids getting on hands.
7. Wash gloved hands with soap and water.	To remove any germs on gloves.
8. Feel for cord.	To take hold of the cord.
9. Wrap cord around finger.	To get a strong hold.
10. Rub womb.	Rubbing makes the womb hard.
11. Support womb. <sup>38</sup> With a contraction, gently, steadily, and smoothly guide the cord and placenta down and out of the birth canal.	If the placenta is still attached to the womb, both could be pulled out if the womb is not supported. This could make the woman die. If the cord is pulled too hard it can break.
<b>If the placenta comes out:</b>	
12. Rub womb, give oxytocin, stimulate nipples or put baby to breast.	Make womb hard and slow the bleeding.
13. Remove any blood clots.	Empty womb to slow bleeding.
14. Remove gloves and process by high-level disinfection. Wash hands.	To remove blood and fluids.
<b>If ANY action causes severe pain:</b>	
15. STOP and wait for next contraction, then repeat gentle pull. If placenta does not move, STOP.	The placenta may be attached to the womb. Pulling too hard may pull the womb out of the woman's body or break the cord.
<b>If placenta does not come out:</b>	
16. Remove gloves and process by high-level disinfection. Wash hands.	To remove blood and fluids.
17. REFER.	THW help is needed urgently.
18. Prevent shock during referral.	To prevent death.
19. Do two-hand hold of womb, if bleeding too much.	To squeeze the womb and slow bleeding.

## Prevent Bleeding Too Much After Baby Is Born: Womb Not Hard

**Findings:** Baby is born, womb is not hard, placenta is out, no tear is seen, continuous bleeding (any amount of bleeding running all of the time).

What?	Why?
1. Rub womb, give oxytocin (or misoprostol if appropriate country practice), stimulate nipples or put baby to breast.	Make womb hard and slow the bleeding.
2. Expel blood and clots. Ask woman to pass urine. Then rub the womb until it is hard and press on the womb to help blood and clots come out.	To empty womb, slow bleeding.
3. Wash hands with soap and water.	To remove any germs.
4. Put on high-level disinfected gloves.	To prevent blood and fluids from getting on hands.
5. LOOK for tears in and around birth canal.	To know where the bleeding is coming from.
<b>If tears are seen, see Prevent Bleeding Too Much After Baby Is Born: Tear in Birth Canal</b>	
<b>If no tears are seen:</b>	
6. Look at the placenta and membranes.	To make sure placenta is complete.
<b>If parts of placenta or membranes are missing, see Prevent Bleeding Too Much After Baby Is Born: Placenta Does Not Come Out</b>	
<b>If the placenta and membranes are complete:</b>	
7. Remove gloves and process by high-level disinfection. Wash hands.	To remove blood and fluids.
8. REFER. Continue above actions. Prevent shock.	THW help is needed urgently.
<b>If referral is delayed and bleeding is the same or more:</b>	
9. Have someone perform two-hand hold of womb.	To squeeze the womb and slow bleeding.
10. Give 600 cc of fluids (clean water or sugar and salt water) rectally using an enema can. Repeat in two hours if woman is very weak/bleeding and cannot drink one cup sugar and salt water every 30 minutes.	To prevent dryness and weakness. The woman may be too weak to drink enough liquids.
11. REFER. Continue to prevent shock.	THW help is needed urgently.

## Prevent Bleeding Too Much After Baby Is Born: Tear in Birth Canal

**Findings:** Baby is born, womb is hard, placenta is out, and bleeding seen coming from tear in birth canal or in genital area.

What?	Why?
1. Look for exact place where bleeding is coming from in birth canal or genital area.	To know as soon as possible where the tear is located.
2. Press on the tear for 20 minutes with washed and high-level disinfected gloved fingers or a clean cloth. Do not move fingers or hands to see if bleeding has stopped. Look after 20 minutes: <ul style="list-style-type: none"> <li>• If bleeding stops, continue to monitor for bleeding. REFER.</li> <li>• If bleeding does not stop, continue to press on tear. REFER.</li> </ul>	Pressure on the tear may help slow the bleeding and give blood time to form a clot.
<b>If REFERRAL is delayed and bleeding is the same or more:</b>	
3. Press on tear by putting pad firmly between the legs. Ask someone to press on the pad.	Pressure on the tear may help slow the bleeding.
4. Give 600 cc fluids rectally. May repeat in two hours if bleeding is the same or more.	To prevent dryness and weakness. The woman may be too weak to drink enough liquids.
5. Repair the tear if skilled to do so.	Repair to slow the bleeding.
6. REFER.	THW help is needed urgently.
7. Continue routine care to PREVENT SHOCK.	Help is needed urgently. The woman will get weak and faint from too much blood loss.

## NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. Helpers should minimize the baby's contact with maternal blood and fluids. Helpers and birth attendants should protect hands with gloves and dispose of blood and waste safely. There should be a dedicated supply of antiretroviral drugs for anyone directly exposed to blood and body fluids. HIV/AIDS country protocols may vary (Israel & Kroeger, 2003).

Additional information is in HBLSS Meeting 3: Prevent Problems.

2. In Meeting 2, we agreed that **bleeding during pregnancy is a problem**.
3. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.
4. **Most women have one or more miscarriages in their lifetime.** This happens most often during the first three months of pregnancy. Many times the woman does not know that she is having a miscarriage. She may think her period was missed or delayed, and then started again with clots or heavier than normal period bleeding. A woman should learn to know when she is having a miscarriage, because it could be dangerous. A miscarriage is like a birth because the small baby and placenta must both come out. In early pregnancy, the baby and placenta may look only like a blood clot. The bleeding usually continues until everything is completely out of the womb.
5. When the **placenta comes loose** in late pregnancy, a THW calls this *abruptio placenta*. The woman feels pain and the womb stays hard. If the woman is in labor, she feels unusual pain all of the time. The woman may be bleeding, but sometimes the blood stays inside the womb and cannot be seen. The woman and the baby are in danger. When the **placenta comes before the baby and blocks the birth opening**, the THW calls this *placenta previa*. The woman may have blood clots or fresh bright red blood but has no pain. The woman can bleed to death very fast once the birth opening begins to get bigger to let the baby come out. It is not safe to wait and see if the bleeding gets worse. The woman and the baby are in danger.
6. When a woman bleeds too much, there is not enough blood to move around the body or go to her head. The woman becomes weak and may go into **shock**. Without help, the woman may faint. If the bleeding is not stopped, the woman will soon die.
7. If household bleach is not readily available, a family can prevent infection by washing the blood-soiled cloths and clothes with soap and water and drying in the sun. Anyone washing the blood-soiled clothing should wear gloves or other hand coverings. Safe disposal (by burning or burial) of gloves and bloody disposable items such as rags and perineal pads is recommended to make sure that no one touches anything that is bloody.

Put all blood-soiled nondisposable things in a container with household bleach or soap and water to soak for 10 minutes. This helps loosen the blood and kills any germs. Dry all nondisposable things in the sun.

8. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.
9. In Meeting 2, we agreed that **bleeding too much after the baby is born is a problem.**
10. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.
11. **General Information for Trainers about Misoprostol:**

**Why use misoprostol?** Remember, every woman is at risk of bleeding too much after birth. Where oxytocin injection is not available, misoprostol taken immediately after the baby is born can decrease the risk of postpartum hemorrhage (PPH) by approximately two thirds. It works by helping the uterus contract and become small and hard, which prevents too much bleeding. Misoprostol comes in 200-microgram tablets and can be taken by mouth, under the tongue, rectally, or vaginally. It is low cost and is not damaged by heat or light. It acts fast (but not as fast as injectables), is safe and effective, and can remain with the woman and be taken by herself or given by a birth attendant. A 2006 joint statement from the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) states that, “In home births without a skilled attendant, misoprostol may be the only technology available to control PPH.” The World Health Organization (WHO) recommends using misoprostol when a safe injection of oxytocin is not possible (WHO, 2007). Use of misoprostol for PPH prevention is effective in reducing postpartum blood loss after vaginal delivery. When compared with no prophylactic administration of a uterotonic drug during the third stage of labor, misoprostol lowers postpartum blood loss. Studies have shown misoprostol to be less effective than oxytocin, and as good as oral ergometrine if not better (Gynuity, 2007).

**Precautions:** The most important thing to remember is that a woman should NOT take any misoprostol before the baby is born. Taking it while the woman is pregnant may cause the baby to die or the uterus to rupture. This is because it may cause the uterus to contract too much, too early. It will not cause the uterus to rupture when taken after the baby is born and is very safe for the mother.

**Make sure there is not a second baby:** After the birth of the baby, the THW should confirm that there is no undiagnosed second twin before giving misoprostol. If there is any uncertainty, or if the birth attendant is unqualified to make the decision (including at a home birth without a trained health worker), then misoprostol is best given after delivery of the placenta (Gynuity, 2007). The counseling messages on correct timing of use of misoprostol (i.e., after the birth of the last baby) are very important, particularly given the possibility of multiple births (Sanghvi et al., 2009).

**Side Effects:** There are some side effects commonly associated with misoprostol but they are not serious, require no intervention, and will go away on their own after a short amount of time. These side effects include shivering, nausea, vomiting, diarrhea, cramping, and increased body temperature (fever). They are discussed below. Prolonged or serious side effects are rare (Venture Strategies Innovations, 2008).

- **Shivering** is the most common side effect of postpartum administration of misoprostol. It usually occurs within the first hour of taking misoprostol and will subside two to six hours after delivery.
- **Fever** is less common than shivering and does not necessarily indicate infection. Elevated body temperature is often preceded by shivering, peaks one to two hours after taking misoprostol, and gradually subsides within two to eight hours. An antipyretic drug can be used for relief of fever, if



needed. If fever or shivering persists beyond 24 hours, the woman should seek medical attention to rule out infection.

- **Diarrhea** may occur after administration of misoprostol but should resolve within a day.
- **Nausea and vomiting** may occur and will resolve two to six hours after taking misoprostol. An antiemetic can be used if needed.
- **Cramping or painful uterine contractions**, as commonly occurs after childbirth, usually begins within the first few hours and may begin as early as 30 minutes after misoprostol administration. Nonsteroidal anti-inflammatory drugs or other analgesia can be used for pain relief without affecting the success of the method.

Protocols may vary by country and include different doses or routes of administration of misoprostol. Follow your country's guidelines if they differ from this suggested protocol. Give the woman the misoprostol tablets (or advise her to buy them) when she is about eight months pregnant. Make sure she stores them in a safe place that she can access; she is the only person that will definitely be at her birth! Follow the counseling outline below to explain to her what the tablets are for and when she should take them. After talking with the woman, ask her to repeat information about misoprostol to make sure she understands the information.

**Prevent too much bleeding:** After the birth of the baby, take three tablets (600 mcg) by mouth **after you are sure there is no second baby. If no one is trained to feel for a second baby, take the three tablets as soon as the placenta comes out.**

**Treat too much bleeding:** If the placenta does not come out or the woman has too much bleeding, **REFER. If the woman did not take the misoprostol after the baby was born, she should take three tablets by mouth when she is bleeding too much.**

12. Sometimes the baby is not able to suck the breast. Nipple stimulation, which helps make the womb get hard, may be done by the woman or a member of the family when the baby is not able to suck the breast. You may use a breast model to demonstrate and practice how to do this.
13. It is very important for the helpers at home to use gloves or other hand coverings to prevent getting blood and body fluids on their hands. Helpers should wash their hands with soap and water once they remove the gloves.
14. "In many places women will NOT know their HIV status, in which case exclusive breastfeeding should be promoted and supported... The conclusion by world AIDS organizations is that the UNAIDS recommendation—for all women to exclusively breastfeed, unless HIV status is known to be positive and there is a safe, reliable means of replacement feeding—should guide infant feeding counseling in the facility and the community" (Israel and Kroeger, 2003).
15. The two-hand hold is called *external bimanual compression* by the THW. To perform this procedure: 1) help the woman lie on her back, 2) rub the womb, 3) place one hand on the abdomen behind the womb, 4) place the other hand flat and low on the abdomen, 5) press the hands together, 6) hold the womb for at least 20 minutes (the time it takes water to boil). If the womb is hard and the bleeding stops, you can stop holding the womb. If the womb is not hard and there is bleeding, continue the two-hand hold until reaching the THW **or** until the bleeding stops and the womb is hard **or** until no one has strength to continue.
16. After the birth, if the **placenta is out and the womb is hard**, a **tear** in the birth canal **may be the**

**cause of bleeding.** If the bleeding is not stopped, the woman can bleed to death in two to three hours. The tear can be caused from a first baby, a big baby, a woman pushing before it is time for the baby to be born, or a woman pushing the baby out too fast.

17. If chlorine bleach is not readily available, a family can prevent infection by washing the blood-soiled cloths and clothes with soap and water and drying in the sun. Anyone washing the blood-soiled clothing should wear gloves or other hand coverings. Safe disposal (by burning or burial) of gloves and bloody disposable items such as rags and perineal pads is recommended to make sure that no one touches anything that is bloody.

Put all blood-soiled nondisposable things in a container with chlorine bleach or soap/water to soak for 10 minutes. This helps loosen the blood and kills any germs. Dry all nondisposable things in the sun.

18. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.
19. There are additional skills for the birth attendant. Refer to the section **More Information for Training Conducted at a Clinical Site** for:
  - bleeding after the baby is born: placenta does not come out
  - bleeding after the baby is born: womb not hard
  - bleeding after the baby is born: tear in birth canal.
20. In Meeting 2, we agreed that **too much bleeding after the baby is born is a problem.**
21. **Prevention:** Some problems can be prevented if the participant understands what actions to take. Sometimes it is not easy to tell when a problem is going to happen. The THW has learned that many times problems can be prevented by the special care given to a woman and baby during pregnancy, labor and birth, and after the birth. Discuss how to prevent the problem by asking questions about the problem in the discussion starter. Agree on what can be done to prevent the problem. During the demonstration, explain each step that the THW does. Explain why the THW does each step. Allow time for participants to practice.
22. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.
23. See misoprostol information in note 11, above.
24. An ideal pattern is feeding on demand (that is, whenever the baby wants to be fed) and at least 10 to 12 times a day in the first few weeks after the baby is born and thereafter 8 to 10 times a day, including at least once at night in the first months. For LAM to be successful (see Community Meeting 9) daytime feedings should be no more than three hours apart, and night time feedings no more than six hours apart. Some babies may not want to breastfeed 8 to 10 times a day and may want to sleep through the night. These babies may need gentle encouragement to breastfeed more often so that LAM is successful preventing another pregnancy (WHO & JHU/CCP, 2007).
25. There are additional skills for the birth attendant. Refer to the section **More Information for Training Conducted at a Clinical Site.**

26. **After the placenta comes out, it is normal** for the womb to get hard and smaller. As the womb gets

smaller, it squeezes out any remaining blood. Usually about one cup of dark red blood comes out soon after the placenta comes out. This bloody discharge changes color over the next few days. In about one week, the discharge will be lighter pink or brownish in color and a smaller amount. **It is not normal** if more than one cup of blood and discharge come out. **It is not normal** if the womb is soft; bleeding is continuous; large, fist-sized clots come out; or the woman feels weak and faint. The THW calls a soft womb *uterine atony*. **The woman can bleed to death in two to three hours when the womb is soft.** The womb does not get hard because 1) the woman has too much urine, 2) the womb is too tired from a long labor or too many pregnancies, or 3) there is infection of the womb.

Keep the womb hard. Rub the womb as much as possible (almost all of the time) for the first half day. It is **normal** to see blood after the birth when the womb is hard. Rubbing the womb and suckling the baby helps keep the womb hard to prevent too much bleeding.

27. “In many places women will NOT know their HIV status, in which case exclusive breastfeeding should be promoted and supported. If the woman knows she is HIV-positive, counseling is essential to assist in infant feeding decisions (counseling begins during pregnancy, if possible)” (Israel & Kroeger, 2003).

The baby feeds frequently, about 8–10 times in 24 hours. Help the woman with the first breastfeeding. Watch to make sure the baby is well attached and has plenty of the woman’s nipple in the mouth. The woman’s arms need to be well supported. See Meeting 3 for more information on breastfeeding.

28. Protocols vary according to country, but dual protection is generally recommended during breastfeeding. “Due to the high viral load characteristic of early HIV infection, counseling for mothers about preventing mother-to-child HIV transmission and condom use during breastfeeding is essential” (Israel & Kroeger, 2003).

29. LAM is a short-term family planning method. LAM works because suckling at the breast creates a substance called prolactin, which causes the breast to expel milk. As prolactin increases, it stops ovulation. LAM is 98% effective when the woman meets all of the criteria and follows all instructions (Labbok et al., 1994).

**HBLSS criteria for LAM:** LAM is a successful short-term family planning method when the following criteria are *always* followed: 1) the woman’s menstrual periods have not returned, 2) the baby is less than six months old, and 3) the baby breastfeeds at least eight times each 24 hours and is not fed with a bottle. “The baby feeds frequently with no more than four-hour intervals between any two daytime feeds and no more than six hours between any two night-time feeds, and the baby is not receiving regular supplements” (Farrell, 1996). If the baby does not demand to feed by crying or sucking on the fist, the mother should gently wake the baby and offer her breast to the baby.

During the first six months, the baby only breastfeeds. That means that the baby does not regularly receive *any* water, other liquids, or foods. Whenever the baby shows signs or cues of wanting to be fed—by sucking on hand, moving or opening mouth, or moving head about—whether it is day or night, the mother breastfeeds her baby. All of a baby’s thirst, hunger, nutritional, and sucking needs are met at the breast. No other liquid or solid is given to the baby. The baby is nursed frequently for as long as s/he wants to remain on the breast. A minimum feeding is eight feeds during a 24-hour period and at least one feeding during the night without any interval more than six hours.

30. Advise the woman about her return to fertility and the chance of an unintended pregnancy. Explain

that after the baby is born, the mother ovulates and can become pregnant before her first monthly bleeding. Encourage healthy timing and spacing of pregnancies: The World Health Organization recommends that there should be at least 24 months from the last birth to the next pregnancy. This lowers the risk of woman or baby sickness or death and supports the recommendation of breast feeding for at least two years. To reduce the risk of sickness or death of the mother or newborn, the woman should wait at least six months after a miscarriage or abortion before trying to become pregnant again (Marshall et al., 2008).

31. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

32. **Demonstration for shock or weakness from too much bleeding:**

**First**, fill a 1-liter container to the top with a liquid that looks like blood. Show the container to the group.

**Second**, ask the group to think of a woman's body as being like a container. Her head is the top of the container and her feet are the bottom of the container.

**Third, say:** When a woman is healthy and is not bleeding, her body and head both are full of blood. When she loses blood it is like having a hole in the container.

Open the container and remove about 60 cc of liquid. Show the container again. **Say:** If the woman bleeds only a little bit, her body and head may still have enough blood.

**Fourth**, open the container and remove some more liquid, about 120 cc. **Say:** If the woman bleeds too much, there will not be enough blood to go to her head. This makes the woman feel weak. She may feel so weak that she faints. If too much blood comes out of her body she could die.

**Fifth**, lay the container on its side. Show how the liquid goes to the top. Explain that if you help the woman lie down, the blood will go to the top—to her head. **Say:** This will make the woman feel stronger and will help her not faint. This is why THWs help a person lie down when there is too much bleeding.

33. High-level disinfection (HLD) kills germs and prevents transmission of infection. HLD kills viruses, bacteria, parasites, fungi, and some endospores. To high-level disinfect an item, follow all of these steps: 1) decontaminate in liquid bleach 0.5% solution for 10 minutes, 2) wash with soap and water, 3) cover with water and boil for 20 minutes, and 4) cool before using. If gloves are dried and stored after HLD, put on gloves and wash your gloved hands with soap and water before touching the woman.
34. THWs call this action *digital evacuation*. Digital evacuation is a life-saving skill to help a woman who is bleeding too much from a piece of stuck placenta or blood clots that may be in the cervix and vagina (Marshall et al., 2008).
35. Li et al. (1996).
36. An ideal pattern is feeding on demand (that is, whenever the baby wants to be fed) and at least 10–12 times a day in the first few weeks after the baby is born and 8–10 times a day thereafter, including at least once at night in the first months. For LAM to be successful (see Community Meeting 9) daytime

feedings should be no more than four hours apart, and night time feedings no more than six hours apart. Some babies may not want to breastfeed 8 to 10 times a day and may want to sleep through the night. These babies may need gentle encouragement to breastfeed more often so that LAM is successful preventing another pregnancy (WHO & JHU/CCP, 2007).

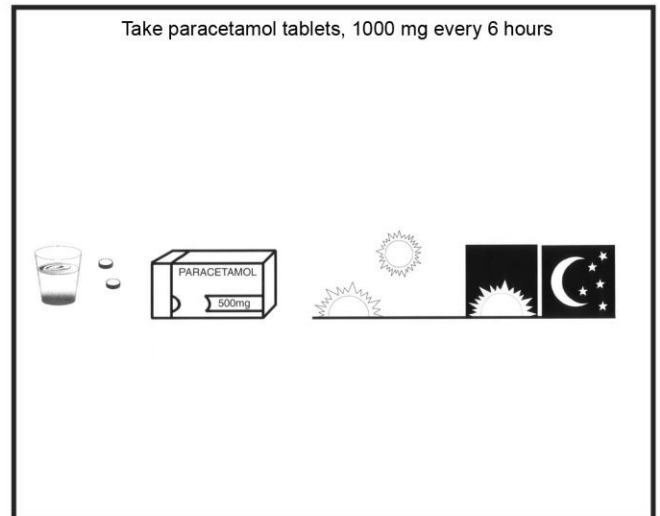
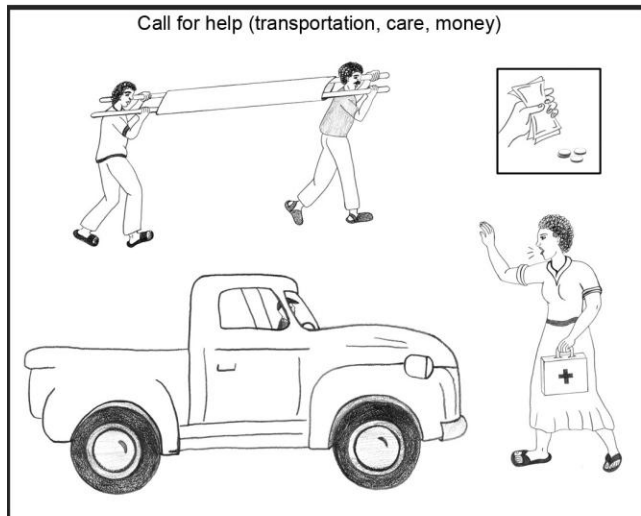
37. Oxytocin (known by the brand names of Pitocin or Syntocinon) 10 IU given intramuscularly acts within two to three minutes and lasts about 15–30 minutes. **DO NOT USE ERGOMETRINE.**
38. To support the womb, use one hand to apply gentle pressure on the lower abdomen to “hold the womb up.” Do not push down on the womb. Do not use hard pressure on the womb.

**notes**

**PICTURE CARDS AND TAKE ACTION CARDS**  
**Bleeding During Pregnancy**



## Take Action Card: Bleeding During Pregnancy

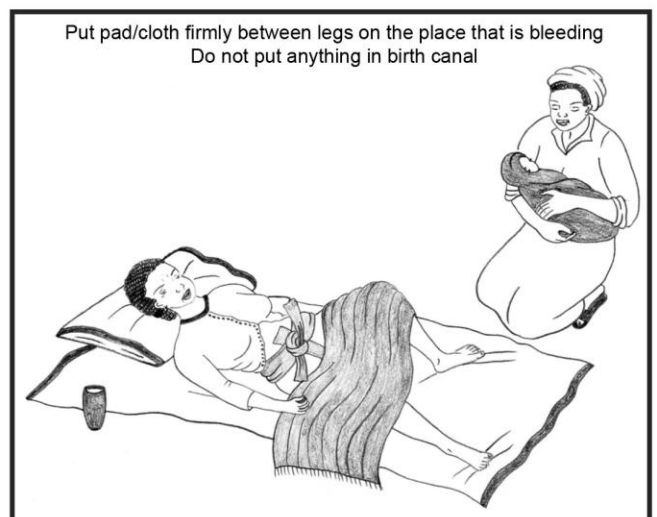
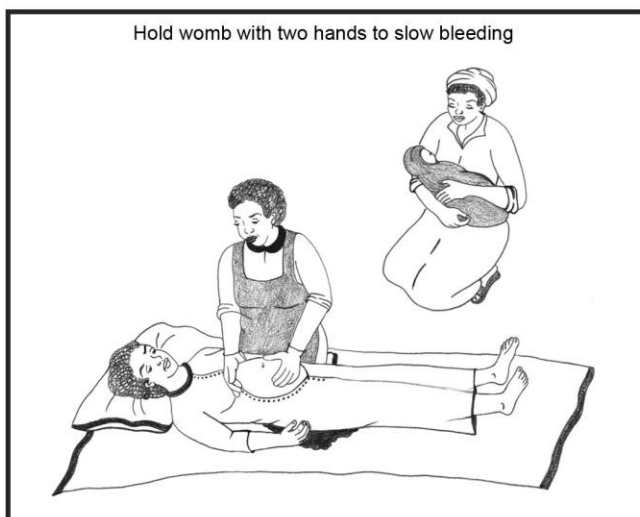
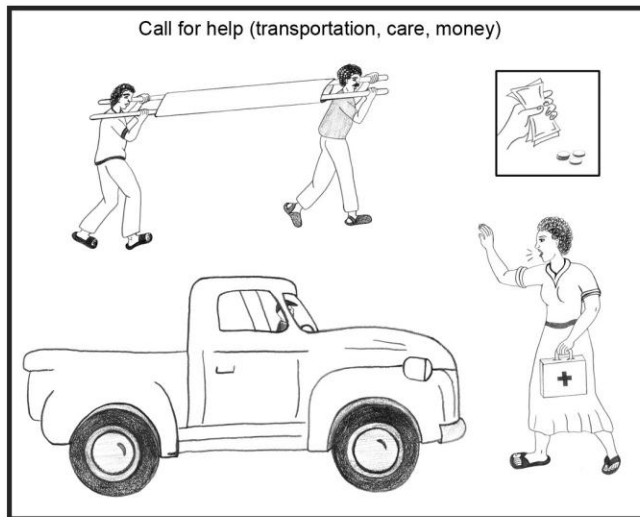




## Bleeding Too Much After Baby Is Born



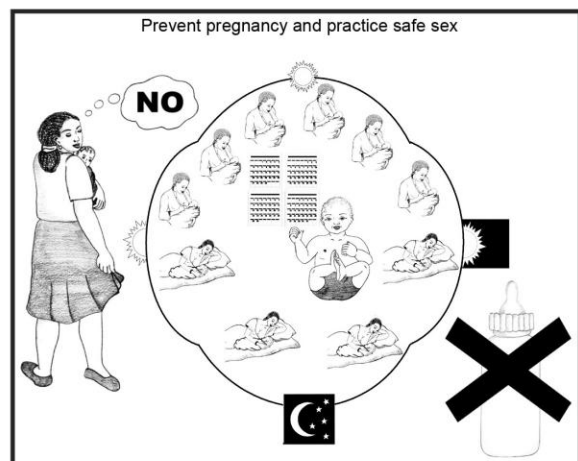
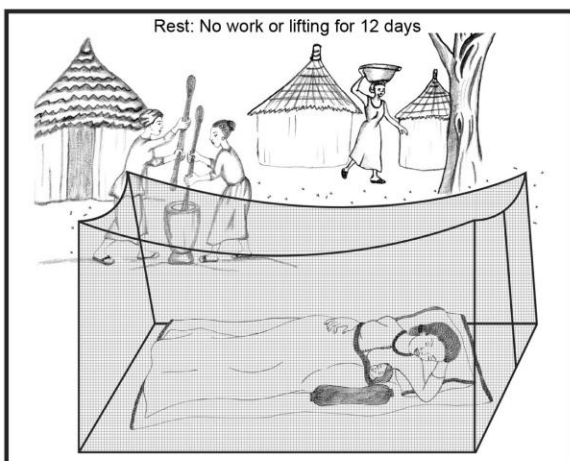
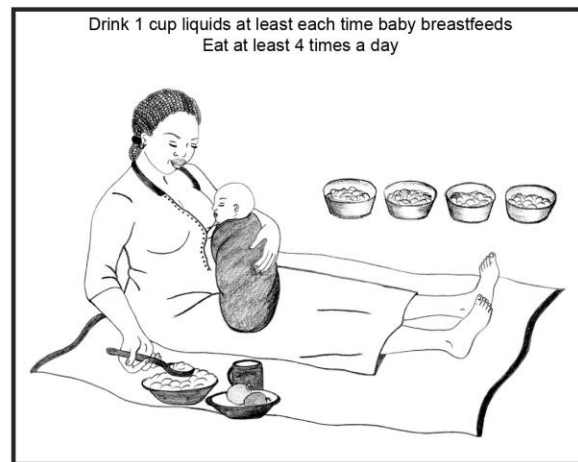
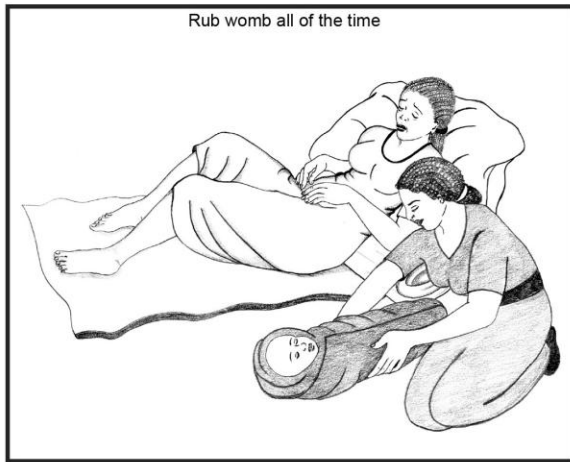
## Take Action Card: Bleeding Too Much After Baby Is Born



## Prevent Bleeding Too Much After Baby Is Born



## Take Action Card: Prevent Bleeding Too Much After Baby Is Born



# Home Based Life Saving Skills

## Community Meeting 6 Sickness with Pain and Fever



## Community Meeting 6: Sickness with Pain and Fever

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## COMMUNITY MEETING 6

### Sickness with Pain and Fever

#### INFORMATION FOR THE FACILITATOR\*

Many women throughout the world die because they have sickness with pain and fever during pregnancy, during childbirth, or after childbirth. Sometimes a woman has pain and fever in the womb or breast or when passing urine. The trained health worker uses the word “infection” when talking about sickness with pain and fever. Infection can be very dangerous. Action must be taken as soon as possible or the woman will die.

A woman may also have a sexually transmitted infection before she gets pregnant. It is important that the woman and her husband learn to prevent and identify sexually transmitted infections.

In this meeting, participants will learn how to tell when a woman has infection in her womb, breast, or urine, and how to help a woman who has pain and fever. They will also learn how to prevent infection. Remember, every minute can make the difference between life and death.

This meeting has much important information. It is divided into two sections: 1) Sickness with Pain and Fever and 2) Prevent Infection. Take plenty of time with each section. Remember to give breaks and give the participants time to talk and think about the information.

#### Note for facilitator:

Before using this meeting, participants must complete Community Meeting 3: Prevent Problems.

#### OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell when a woman has fever.
- Tell and show how to help a woman who has pain and fever.
- Tell and show what actions to take when a woman has infection in the womb, breast, or urine.
- Tell and show how to prevent infection.

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\* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

## PLAN

PREPARATION	
<b>How the facilitator prepares:</b> <ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstrations</li> <li>• Review Take Action Card booklet and picture cards: Sickness with Pain and Fever, Prevent Problems Before Baby Is Born, Prevent Problems After Baby Is Born</li> </ul>	<b>How the participants prepare:</b> <ul style="list-style-type: none"> <li>• Bring experiences with and stories about women, family members, or friends with pain and fever</li> <li>• Bring ideas about what to do when pain and fever happens</li> <li>• Bring stories about how they helped a woman with pain and fever</li> </ul>
<b>Location:</b> <ul style="list-style-type: none"> <li>• The community</li> </ul>	<b>Time:</b> <ul style="list-style-type: none"> <li>• Four hours: two meetings, each meeting is two hours long</li> <li>• Be flexible and go at the pace of the participants</li> </ul>
RESOURCES	
<b>Demonstration <i>Sickness with Pain and Fever</i>:</b> <ul style="list-style-type: none"> <li>• baby model</li> <li>• cup with liquids to drink</li> <li>• paracetamol</li> <li>• malaria medicine specific for the area</li> <li>• things for a clean place: locally available sleeping mat or bed, pillow, light blanket, pail for urine</li> <li>• things for washing: soap, water, basin, pitcher (something to pour water), pail, household bleach, towel</li> <li>• pretend money</li> <li>• transportation</li> </ul>	<b>Other resources:</b> <ul style="list-style-type: none"> <li>• Take Action Card booklet and picture cards: Sickness with Pain and Fever, Prevent Problems Before Baby Is Born, Prevent Problems After Baby Is Born</li> </ul>



## 1. SICKNESS WITH PAIN AND FEVER

### Activities

#### **Step 1. Review the Previous Meeting**

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

#### **Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a woman with sickness with pain and fever.

**First**, tell the discussion starter story. *Say:*

*Hala gave birth in the only private place she had at her home, the bathing area. The place was not very clean. A few days later, she was very sick and she had a fever. The fever became very strong, and the pain in her belly was too much. Hala could not get out of bed. She did not feel like eating. Hala's sister-in-law called a local healer who advised Hala to go to the hospital. Hala said she had no money. When Hala's husband returned home the next day, he found Hala had fainted. He could not wake her.*

*Ask:*

- Have you ever *heard* about a woman with a problem like Hala's?
- Have you ever *seen* a woman with a problem like Hala's?

*Say:* In Meeting 2, we talked about woman problems. *Ask:*

- What did we agree about sickness with pain and fever?<sup>1</sup>

**Second**, *ask:*

Has anyone ever seen a woman sick with pain and fever? If yes, *ask:*

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can cause a woman to be sick with pain and fever? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

### **Step 3. Share What the Trained Health Worker Knows**

**First, say:** The trained health worker (THW) calls sickness with pain and fever infection. The THW learns that a woman is too sick or may die from infection if she sees any of the following:<sup>2</sup>

- Pain and fever in her lower belly with bad smelling bleeding from the birth canal after birth or after losing a pregnancy<sup>3</sup>
- Pain and fever when passing urine<sup>4</sup>
- Pain and fever in the breast<sup>5</sup>
- Fever and sickness from malaria<sup>6</sup>
- Drainage from the birth canal with changes in color and odor<sup>7</sup>

The THW learns to help a woman who is too sick with pain and fever.

**Second,** ask volunteers to help you do the demonstration **Sickness with Pain and Fever**.

**Third,** do the demonstration.

<b>Demonstration: Sickness with Pain and Fever</b>	
<b>Actors:</b>	Ask for volunteers to play Rosa, Rosa's husband, Rosa's sister-in-law, and the THW. The Facilitator plays the mother-in-law, who has attended HBLSS meetings.
<b>Props:</b> <sup>8</sup>	Baby model, cup with liquids, paracetamol, malaria medicine, things for a clean place, things for washing, pretend money, transportation
<b>Situation:</b>	Explain who the volunteers are pretending to be, and tell the situation to those watching. <b>Say:</b> I am the mother-in-law who attended HBLSS meetings. When Rosa's sister-in-law comes to visit, she finds Rosa holding her baby and looking very sick.
<b>Demonstration:</b>	
<ol style="list-style-type: none"> <li>1. The <b>sister-in-law says:</b> Rosa, you look very tired.</li> <li>2. <b>Rosa says:</b> I started working on the farm last week, five days after my baby was born. There is much work to do. Yesterday I felt tired and started bleeding more. Today my belly is very painful.</li> <li>3. The <b>sister-in-law</b> feels Rosa for fever. She <b>says:</b> Your body is too hot! You must take a cool bath.</li> <li>4. <b>Rosa asks</b> the <b>sister-in-law</b> for help. She <b>says:</b> Hold my baby and call my mother-in-law. <b>Rosa</b> goes to take a bath.</li> <li>5. The <b>mother-in-law arrives</b> and: <ul style="list-style-type: none"> <li>• Calls Rosa's husband to find transportation to take Rosa to the THW.</li> <li>• Helps Rosa rest in a semi-sitting position with her baby and covers Rosa with a light blanket.</li> </ul> </li> </ol>	

Demonstration: Sickness with Pain and Fever	
<ul style="list-style-type: none"> <li>Tells Rosa that she should sleep and rest under a bed net.</li> </ul>	
6. Rosa holds her lower belly and <b>says</b> : Oh, it hurts too much!	
7. The mother-in-law:	
<ul style="list-style-type: none"> <li>Gives Rosa a cup of liquids to drink.</li> <li>Feels Rosa's forehead and <b>says</b>: You have too much fever.</li> <li>Wipes Rosa's face and arms with a wet cloth.</li> <li>Gives Rosa two tablets of paracetamol 500 mg and malaria medicine (country specific) with a cup of liquid.</li> <li><b>Says</b> to Rosa: Try to pass urine and then let the baby suckle your breast.</li> </ul>	
8. Rosa's <b>husband</b> comes with money and transportation. They go to the THW for antibiotics and care. On the way, the <b>mother-in-law</b> helps Rosa.	

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth**, read each step in the box below and ask why it was taken.

Demonstration: Sickness with Pain and Fever	
What?	Why?
1. Call for help.	Call others to help with referral, transportation, care, and money.
2. Rest in semi-sitting position at least two hours in the morning and in the evening.	Rest for strength and energy. Sit up to help bleeding or discharge leave the womb.
Drink at least one cup of liquids every hour until the sickness is finished.	Liquids cool the body, help fever come down, and wash sickness out of the body.
3. Bathe or put wet cloths on the head and body and under the arms.	Cool the body to lower the fever. <sup>9</sup>
4. Pass urine often.	Washes infection out of body.
5. Breastfeed at least every two hours during the day and at least once at night. <sup>10</sup>	Breastfeeding gives the baby nourishment and helps the womb to stay hard and prevent more infection.
6. Take two 500 mg paracetamol tablets every six hours for pain or fever.	To lower the fever and stop the pain.
Take malaria medicine (country specific), and rest and sleep under a bed net.	Fever may be a sign of malaria.
Refer for broad spectrum antibiotics for 10 days. <sup>11</sup>	Antibiotics will kill germs that cause sickness with pain and fever.

**Fifth, ask:**

- What new ideas have you seen here?
- Do you have any other ideas about helping a woman who has pain and fever?

**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2. **Say**: You said earlier today that you do the following in the home for a woman with pain and fever: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, **say**: This is really wonderful that we do some things the same way when helping a woman with pain and fever.

**Third**, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask**:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a woman with pain and fever?

**Fourth**, reach agreement on the picture cards. Show each picture card for sickness with pain and fever<sup>12</sup> and **ask**:

- Does the picture remind us of a woman with pain and fever?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman with pain and fever?

**Fifth**, reach agreement on the action cards. Show the cards one at a time and **ask**:

- Does the picture remind us of helping a woman with pain and fever?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

### **Step 5. Practice the Actions**

**First**, if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say**: This booklet is for you to use. Use the section on Sickness with Pain and Fever to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.<sup>13</sup>

- Open the booklet to Sickness with Pain and Fever.
- Look on Side One at the picture of the woman with pain and fever. Look on Side Two for the actions.
- Show each picture card of the woman with pain and fever. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

**Second**, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Sickness with Pain and Fever**.

**Third**, after the practice, **ask**:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

**Fourth**, **ask**:

- How did you feel about helping a woman with pain and fever?
- If you or a family member has sickness with pain and fever during pregnancy, will you be ready to take the actions we agreed on?
- If you or a family member has sickness with pain and fever after the baby is born, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

### **Step 6. How Will You Know the Actions Are Helpful?**

**Ask**:

- How will you decide if these actions are helpful when a woman has sickness with pain and fever?
- How will you know if you need more practice helping a woman with pain and fever?
- What can you do for more practice?

**Remind the participants:**

- TAKE ACTION RIGHT AWAY to care for a fever.
- Any infection during pregnancy can cause a woman and her baby to get very sick and die.
- Any infection after birth can cause a woman to get very sick and she may die. The baby may get very sick and die if there is no mother to give breast milk, love, and care.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

**Talk about Today's Meeting***Ask:*

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

**Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

*Say:* Good bye and safe journey.

## 2. PREVENT INFECTION

### Activities

#### ***Step 1. Review the Previous Meeting***

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

#### ***Step 2. Ask What the Participants Know***

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent sickness with pain and fever.

**First**, remember the story of Hala from the beginning of the meeting.

**Second, ask:**

- What happened to Hala when she gave birth? What was the problem?  
**Answer:** The place was not clean for the birth. After the birth, Hala had to work too soon. Hala became very sick with fever, pain, and bleeding.
- What was done?  
**Answer:** Hala's sister-in-law called the local healer, who told her to go to the THW. Hala didn't go to see the THW because she didn't have any money.
- What did we agree in the meeting on Sickness with Pain and Fever could have been done?  
**Answer:** Call for help. Rest in semi-sitting position, cover with a light blanket, drink one cup liquids every hour, take a bath, take paracetamol every six hours, and take malaria medicine for fever. Rest and sleep under a bed net. Take broad spectrum antibiotics for 10 days, pass urine often, and breastfeed at least every two hours and once at night.
- What caused the problem?  
**Answer:** Hala didn't know she had a problem. Unclean things touched the birth canal because Hala gave birth in an unclean place.<sup>14</sup>
- What else can cause infection?  
**Answer:** Not being ready with money and transportation, which causes delay in going to the THW for care. Unclean practices when breastfeeding or when using the toilet.

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

### **Step 3. Share What the Trained Health Worker Knows**

**First, say:** The THW learns to prevent infection. We will see what the THW learns about preventing infection.

#### **Note for facilitator:**

If participants have not completed Community Meeting 3: Prevent Problems, you must cover **Prevent Problems Before Baby Is Born** and **Prevent Problems After Baby Is Born** before continuing.

**Second,** ask participants to find the Take Action Cards for Prevent Problems Before Baby Is Born and Prevent Problems After Baby Is Born from Community Meeting 3.

Ask volunteers to practice the demonstrations from Community Meeting 3: **Prevent Problems Before Baby Is Born**<sup>15</sup> and **Prevent Problems After Baby Is Born**.<sup>16</sup>

**Third,** after the practice *ask*:

- What did you see?
- What did the volunteers do?
- Did they follow the agreed-on actions on the Take Action Card?

**Fourth,** reach agreement on what to do to prevent infection before the baby is born. *Ask*:

- How did you feel about helping to prevent infection before the baby is born?
- If you or your family member is pregnant, will you be ready to take the actions we agreed on?
- If you are not ready to take these actions, what do you need to do to be prepared?

**Fifth,** reach agreement on what to do to prevent infection after the baby is born. *Ask*:

- How did you feel about helping to prevent infection after the baby is born?
- If you or your family member is in labor and delivers a baby, will you be ready to take the actions we agreed on?
- If you are not ready to take these actions, what do you need to do to be prepared?



**Remind the participants:**

- TAKE ACTION RIGHT AWAY to prevent sickness with pain and fever.
- We can help prevent infection during pregnancy by getting ready: clean place, clean things, clean woman.
- We can help prevent infection after birth by washing our hands, using hand covers, and helping the woman so she can rest with her baby.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

**Talk about Today's Meeting****Ask:**

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

**Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

**Say:** Good bye and safe journey.

### 3. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

**This section is for facility-based training only.** Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

For facility-based training for the birth attendant, share how the participant and THW can find these signs in a person who has the infection:

- **Womb infection:** *Early Pregnancy:* The woman has a fever and womb pain. Bad smelling blood may be noticed. *After the Baby Is Born:* The woman has a fever and womb pain. Bleeding is seen, and bad smelling blood is noticed.
- **Breast infection:** Usually only one breast feels painful. The affected breast may look swollen, and the woman has a fever.
- **Urine infection:** The woman has a fever with low back pain and pain when passing urine. The woman may also feel the urge to pass urine very often.

#### Sickness with Pain and Fever (Infection)

Give broad spectrum antibiotics for 10 days, continue birth team actions, and provide care during REFERRAL for any of the following infections:

What?	Why?
<b>Womb Infection</b>	
<ul style="list-style-type: none"><li>• Oxytocin injection and nipple stimulation (breastfeeding or rub nipples by hand).</li></ul>	To make womb hard and slow bleeding.
<b>Urine Infection</b>	
<ul style="list-style-type: none"><li>• Pass urine every hour.</li></ul>	Wash infection out of the body.
<b>Breast Infection</b>	
<ul style="list-style-type: none"><li>• Apply warm and wet soaks to painful breast for 20 minutes before every breastfeeding.</li></ul>	To lessen pain so milk can be removed from breast either with breastfeeding or by hand. <sup>17</sup>

## NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. In Meeting 2, we agreed that **sickness with pain and fever is a problem**.
2. The THW may use other words when describing these problems:
  - Infection of the uterus: pain and fever in the woman's lower belly with bad smelling bleeding from the birth canal after birth or after losing a pregnancy.
  - Urine infection: pain and fever when passing urine.
  - Breast infection: pain and fever in the breast.
  - Sexually transmitted infection: drainage from the birth canal with changes in color and odor.
3. Infection of the uterus is very dangerous. The infection must be treated or the woman can become infertile or die. The woman may have fever and chills, pain and tenderness in the belly, and/or bad smelling drainage from the birth canal. Infection in the womb is a risk factor for mother-to-child transmission of HIV (Israel & Kroeger, 2003).
4. There are two kinds of urine infections: 1) *bladder infection*—the woman needs to pass urine very often, feels pain or burning while passing urine, and feels pain in the lower belly when passing urine; 2) *kidney infection*—the woman feels very sick and weak and may have any of the feelings of a bladder infection plus fever and chills, lower back pain, nausea, and vomiting. Both infections are very dangerous for a pregnant woman or for a woman who has a small baby.
5. After the baby is born and the woman is breastfeeding, she may get a hot, red sore area, usually on one breast. There may be severe pain or a crack in the skin of the breast. The infection must be treated as soon as possible so it does not become an abscess filled with pus. Breast infection makes a woman very sick and also may reduce the amount of breast milk for the baby if the woman does not receive treatment as soon as possible.
6. Malaria is a major cause of maternal and infant death and is linked to increased mother-to-child transmission of HIV via placental infection. The protective barrier of the placenta can be broken down by malaria and some sexually transmitted infections (Israel & Kroeger, 2003).
7. Sexually transmitted infections may or may not have signs in men and women. Men may see a drainage from the penis or have itching of the penis. In women, an abnormal change in the color and odor of vaginal drainage or discharge may be a sign of a sexually transmitted infection. Sexually transmitted infections are markers for HIV risk because they are contracted the same way as HIV. The majority of women living with HIV/AIDS are asymptomatic. Encourage consistent use of condoms to avoid new infection, re-infection, and/or further transmission of HIV (Israel & Kroeger, 2003).
8. See the beginning of the meeting for a complete list of resources for this demonstration.
9. The THW learns that a woman has a fever when the skin is hotter to touch than the THW's own skin. The THW FEELS to tell if a woman has a fever by putting the back of one hand on the forehead of the person. The THW puts the back of her other hand on her own forehead. The THW

compares whether the person FEELS the same or different. At the referral place, the THW uses a *thermometer* to measure a woman's body temperature. If the temperature is above 39°C, the THW calls this a *fever*. To take a woman's temperature using a thermometer: 1) wash hands with soap and cold water, 2) shake the thermometer until it reads less than 36°C, 3) put the thermometer under the woman's tongue or under her arm, 4) wait three to four minutes, 5) read the temperature on the thermometer, and 6) wash the thermometer and store it in a safe place.

10. An ideal pattern is feeding on demand (that is, whenever the baby wants to be fed) and at least 10–12 times a day in the first few weeks after the baby is born and 8–10 times a day thereafter, including at least once at night in the first months. For LAM to be successful (see Community Meeting 9) daytime feedings should be no more than three hours apart, and night time feedings no more than six hours apart. Some babies may not want to breastfeed 8–10 times a day and may want to sleep through the night. These babies may need gentle encouragement to breastfeed more often so that LAM is successful preventing another pregnancy (WHO & JHU/CCP, 2007).
11. See **Community Meeting 4: Referral** for information on steps to take during referral of a woman with problems.
12. Show the picture cards of a woman with 1) pain and fever, 2) pain and fever in womb with bad-smelling bleeding, 3) fever and breast pain, and 4) pain and fever passing urine. Put each card on the table or ground so all can see. Talk about any differences.
13. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.
14. The birth canal and womb are open to the outside all of the time. During pregnancy, miscarriage, birth, and after the baby is born, it is very easy for germs to go inside the birth canal and into the womb and cause infection. This can happen when unclean things such as hands, clothing, water, feces, medicine, and instruments touch the birth canal.

To help the participants understand how unclean things like germs can get in the birth canal, you may want to use models. Models help the participant see and practice how helpers can protect the woman and themselves from touching blood and body fluids.

15. See Meeting 3: **Prevent Problems Before Baby Is Born:**

<b>Demonstration: Prevent Problems Before Baby Is Born</b>	
<b>What?</b>	<b>Why?</b>
1. Get ready for the baby: <ul style="list-style-type: none"> <li>• Sweep, remove animals, and wash toilet area with soap and water.</li> <li>• Wash things with soap and water, and hang them in the sunshine to dry.</li> <li>• Keep washed things in a covered place so dirt and dust cannot get on them.</li> <li>• Warm the place where the baby will be.</li> <li>• Agree on a plan for helpers, money, and transportation.</li> </ul>	A clean place for the birth and a clean toilet help prevent infection. A warm place helps keep the baby warm (prevents heat loss).
2. Eat light foods. Drink liquids (at least one cup) such as water, fruit juice, tea, soup, honey, or sugar water every hour.	Food and drinks help the woman and baby stay strong during labor and help the woman make breast milk for the baby.
3. Clean birth things: new or clean cord strings and clean cord cutting tool.	To prevent unclean things from getting in cord, and prevent bleeding from cord.
For woman and baby: Clean clothes and clean cloths, mats, pads, and rags.	To keep the woman/baby warm, clean, and dry, and to soak up fluids and blood.
Waterproof container for placenta.	To help keep blood off clothes and people, and help prevent infection including hepatitis and HIV.
4. Clean woman. Bathe when labor begins and wear clean clothes.	To prevent unclean things from touching the woman or baby.
5. Clean helpers: <ul style="list-style-type: none"> <li>• Wash hands with soap and water.</li> <li>• Use gloves or other hand coverings.</li> <li>• Use apron.</li> <li>• Wash things with household bleach and dry in the sun.</li> </ul>	Wash to remove dirt/germs from hands. Use gloves and apron to keep blood/fluids off hands and clothing to prevent infection including hepatitis and HIV. Clean up to remove blood and fluid from birth things and clothes. Protect hands and wash things to prevent touching anything that is bloody. If household bleach is not available, wash the blood-stained clothes with soap and water. This prevents infection.
6. Watch for problems. FEEL baby's head.	If baby's head is not down or you see signs of another problem, <b>REFER</b> . You need THW help <b>urgently</b> .

16. See Community Meeting 3: **Prevent Problems After Baby Is Born**

Prevent Problems After Baby Is Born	
What?	Why?
<b>FIRST ACTIONS</b>	
1. As soon as the baby is born: <ul style="list-style-type: none"> <li>• Hold the baby and wipe the baby's face.</li> <li>• Dry all of the baby. Rub baby's back.</li> <li>• Cover all of the baby (not face).</li> </ul>	Wipe to remove any liquid from the mouth and nose so air can enter. Drying/rubbing and covering helps the baby breathe and stay warm.
Give misoprostol tablets if appropriate practice.	Misoprostol prevents too much bleeding.
2. Tie and cut cord.	Cut the cord to separate the baby from the placenta.
3. Have woman squat and pass urine.	Passing urine helps the placenta come out and prevents too much bleeding.
4. Help woman sit in semi-sitting position. Help baby attach to breast. Wait for placenta.	Breastfeeding helps the woman and baby to bond, and helps the placenta come out.
5. Rub womb.	Makes womb hard and prevents too much bleeding.
6. Put placenta in a waterproof container.	This prevents the person disposing of the placenta from touching the blood and fluids of the placenta. Sometimes these blood and fluids can cause sickness. Protect hands and wash things to prevent touching anything that is bloody.
<b>OTHER ACTIONS</b>	
7. Woman and baby bathe every day. Let baby's cord stump dry in the air.	Bathing prevents infection. Air dry the cord stump (do not rub to dry it) to prevent too much bleeding from cord stump.
8. Pass urine often. Wash genitals front to back after passing urine.	Passing urine and washing help prevent infection.
9. Drink one cup liquid at least every time of breastfeeding. Eat at least four times a day.	Liquids and food give strength, energy, and enough breast milk.
10. Breastfeed in good sucking position at least every two hours during the day and at least once during the night.	Breastfeeding gives the baby nourishment and helps to make enough breast milk.
11. Do not work or lift anything for 12 days. Baby sleeps with mother. Practice safe sex.	The woman needs rest for strength and to prevent too much bleeding. Baby sleeps with mother to keep warm and prevent infection. Practice safe sex to prevent infection, too much bleeding, or another pregnancy too soon.
12. Watch for problems and sickness. See the THW after the baby is born.	Watch for signs of problems to know if a referral is needed. The THW can help prevent problems. The THW can discuss family planning options with the woman. The woman waits at least two years after a birth before becoming pregnant again.

17. See Community Meeting 11 for information on feeding the baby with a cup.

**notes**

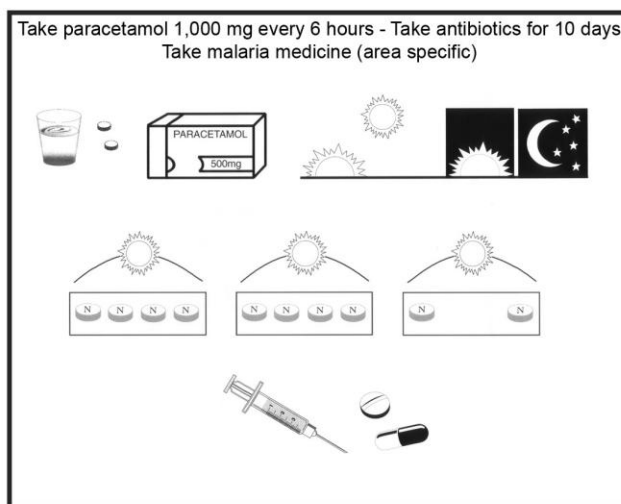
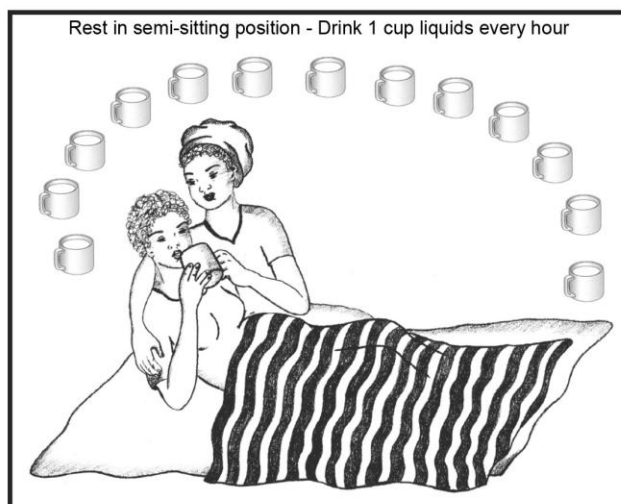
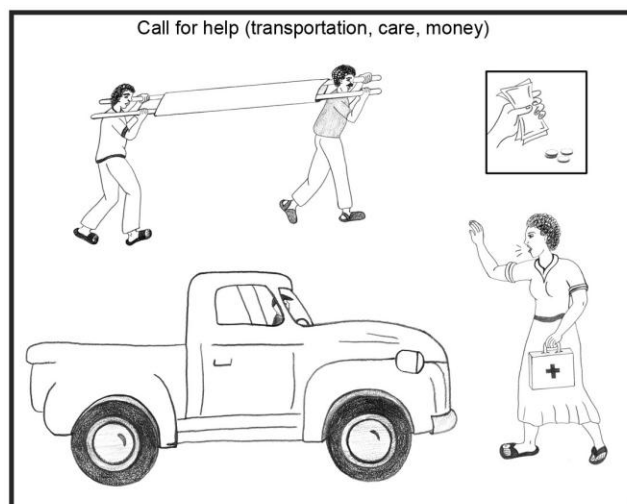




**PICTURE CARD AND TAKE ACTION CARD**  
**Woman: Sickness with Pain and Fever**



## Take Action Card: Woman: Sickness with Pain and Fever



# Home Based Life Saving Skills

## Community Meeting 7 Birth Delay



## Community Meeting 7: Birth Delay

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## COMMUNITY MEETING 7

### Birth Delay

#### INFORMATION FOR THE FACILITATOR\*

Many women throughout the world die because of birth delay. The trained health worker may call birth delay “obstructed labor” or “prolonged labor.” Sometimes the baby is not in a good position for birth, the birth canal is not big enough for the baby to come out, or the baby may not be coming in a head-down position. All of these causes of birth delay are dangerous for the woman and baby. Action must be taken as soon as possible or the woman and baby will die.

Participants must know when the baby is not in a head-down position or when there is something causing the birth delay. They must know when is the best time for the woman to push or not to push, and when the birth is delayed too long after the bag of water breaks. They must learn to prevent problems during birth and to prevent mother-to-child transmission of HIV. They must be able to take action when birth is delayed.

In this meeting, participants will learn how to tell if a woman has birth delay. They will learn how to help the woman and baby with birth delay. Remember, every minute can make the difference between life and death.

This meeting has much important information. It is divided into two sections: 1) Birth Delay and 2) Prevent Birth Delay. Take plenty of time with each section. Remember to give breaks and give the participants time to talk and think about the information.

#### OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell when a woman is having birth delay.
- Tell and show what actions to take when a woman has birth delay.
- Tell and show what actions to take to prevent birth delay.

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\* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

## PLAN

PREPARATION	
<b>How the facilitator prepares:</b> <ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstrations</li> <li>• Review Take Action Card booklet and picture cards: Birth Delay, Prevent Birth Delay</li> </ul>	<b>How the participants prepare:</b> <ul style="list-style-type: none"> <li>• Bring experiences with and stories about birth delay</li> <li>• Bring ideas about what to do when birth delay happens</li> <li>• Bring stories about how they helped a woman with birth delay</li> </ul>
<b>Location:</b> <ul style="list-style-type: none"> <li>• The community</li> </ul>	<b>Time:</b> <ul style="list-style-type: none"> <li>• Four hours: two meetings, each meeting is two hours long</li> <li>• Be flexible and go at the pace of the participants</li> </ul>
RESOURCES	
<b>Demonstration <i>Birth Delay</i>:</b> <ul style="list-style-type: none"> <li>• things for a clean place: locally available sleeping mat or bed, pillow, pail for urine</li> <li>• things for a clean birth: clothing, cloths, baby head covering</li> <li>• things for clean cord care: string, cord cutting tool</li> <li>• things for washing: soap, water, basin, pitcher (something to pour water), pail, household bleach, towel</li> <li>• things for clean helpers: apron, gloves or other hand coverings</li> <li>• waterproof container</li> <li>• cup of liquids with sugar to drink</li> <li>• baby model</li> <li>• transportation</li> <li>• pretend money</li> </ul>	<b>Demonstration <i>Prevent Birth Delay</i>:</b> <ul style="list-style-type: none"> <li>• things for a clean place: locally available sleeping mat or bed, pillow, pail for urine</li> <li>• things for a clean birth: clothing, cloths, baby head covering</li> <li>• things for clean cord care: string, cord cutting tool</li> <li>• things for washing: soap, water, basin, pitcher, pail, household bleach, towel</li> <li>• things for clean helpers: apron, gloves or other hand coverings</li> <li>• waterproof container</li> <li>• cup of liquids with sugar to drink</li> <li>• baby model</li> </ul>
<b>Other resources:</b> <ul style="list-style-type: none"> <li>• Take Action Card booklet and picture cards: Birth Delay, Prevent Birth Delay</li> </ul>	

## 1. BIRTH DELAY

### Activities

#### **Step 1. Review the Previous Meeting**

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

#### **Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a woman with birth delay.

**First**, tell the discussion starter story. *Say:*

*Hammi has had birth pains all night. This is her first baby. Her bag of water broke in the morning and she has pushed for more than one hour and the baby is not coming out. Hammi is very tired. She is tired of lying down and not eating or drinking.*

*Ask:*

- Have you ever *heard* about a pregnant woman with a problem like Hammi's?
- Have you ever *seen* a pregnant woman with a problem like Hammi's?

*Say:* In Meeting 2, we talked about woman problems. *Ask:*

- What did we agree about birth delay?<sup>1</sup>

**Second**, *ask:*

Have you ever seen a woman who took a long time to have her baby? Have you ever seen a woman whose baby could not come out? If yes, *ask:*

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can make the baby take too long to come out, or prevent the baby from coming out? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

### **Step 3. Share What the Trained Health Worker Knows**

**First, say:** The trained health worker (THW) learns that a woman has birth delay if she sees any of the following:<sup>2</sup>

- The bag of water breaks and the woman has no birth pains<sup>3</sup>
- Strong birth pains<sup>4</sup> last more than a day and a night and the baby is not born
- Pushing with strong pushing birth pains<sup>5</sup> for more than one hour and the baby is not born

**Second,** ask volunteers to help you do the demonstration **Birth Delay**.

**Third,** do the demonstration.

Demonstration: Birth Delay	
<b>Actors:</b>	Ask for volunteers to play Hammi, the helper, and the husband. Hammi has attended HBLSS meetings. The Facilitator plays the mother-in-law, who is also trained in HBLSS.
<b>Props:</b> <sup>6</sup>	Things for a clean place, things for a clean birth, things for clean cord care, things for washing, things for clean helpers, waterproof container, cup of liquids, baby model, transportation, pretend money
<b>Situation:</b>	Explain who the volunteers are pretending to be, and tell the situation to those watching. <b>Say:</b> Hammi has been in labor since lunch yesterday. It is now mid-morning the next day. Hammi is lying down and has been pushing with strong pushing birth pains since her bag of water broke more than one hour ago. The baby's hair can be seen in the birth opening. This is Hammi's first baby. The helper <sup>7</sup> sent for Hammi's mother-in-law, who is trained in HBLSS, to help. I am the mother-in-law.
<b>Demonstration:</b>	
1. Right away, the <b>mother-in-law calls for help</b> . She knows the labor is too long. The <b>husband</b> goes for transportation and money.	
2. The <b>mother-in-law</b> helps Hammi sit up, hands Hammi a wet cloth to wipe her face and hands, and gives Hammi a cup of liquids with sugar. She <b>says</b> : First babies are special and often take a long time to push out.	
3. The <b>mother-in-law</b> asks Hammi to try to pass urine. She <b>says</b> : When you are finished, wash yourself, <sup>8</sup> wash your hands, and feel for the head of the baby.	
4. <b>Hammi</b> passes urine, washes her hands, and feels for the baby. She <b>says</b> : I can feel the baby's hair—help me! Help me push the baby out or give me a shot to make the baby come NOW. I am so tired!	
5. The <b>mother-in-law</b> comforts Hammi. She <b>says</b> : Remember what we learned at the HBLSS meetings. Pushing on your belly can hurt the baby and shots may cause your womb to break.	
6. The <b>mother-in-law</b> asks Hammi to change position. She <b>says</b> : Move onto your knees and rest	



### Demonstration: Birth Delay

on your hands. This is called the knees and hands position. Try not to push for two birth pains. The **helper** helps Hammi change positions.

7. After two birth pains with no pushing, the **mother-in-law says**: Hammi, let us help you squat. When the next strong pushing birth pain starts, take a deep breath and push throughout each pain like passing a hard stool. Push with the next five birth pains. Push only when you are feeling the strong pushing birth pain.
8. After pushing two times, **Hammi says**: I can feel the baby's head coming out!
9. The **mother-in-law** looks and sees the baby's head. She encourages Hammi and **says**: Yes, I can see the baby's head. Good! Push with each birth pain.
10. The **helper** has gloves on and is ready to help the baby. The baby is born with the next birth pain. The **husband** arrives with the transportation and money for referral.

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth**, read each step in the box below and ask why it was taken.

Demonstration: Birth Delay	
What?	Why?
1. Call for help.	Call others to help with referral, transportation, care, and money. <sup>9</sup> Long labor can cause serious problems for the woman and baby. <sup>10</sup>
2. Woman squats and passes urine.	Pass urine to make more room for baby to come out.
3. FEEL or LOOK for baby's head. <sup>11</sup>	To know baby is coming and check progress.
4. Have the woman change positions <sup>12</sup> until strong, pushing birth pains start.	To help the baby move down the birth canal.
When strong, pushing birth pains start, use pushing position of knee/hand or squat. <sup>13</sup>	These are the best pushing positions for birth delay.
5. Have woman push with five strong pushing birth pains. Push as if passing stool. <sup>14</sup>	To push the baby out of the birth opening.
<b>REFER</b> as soon as possible if the baby is not born. Notify or go to the THW as soon as possible if the baby is born.	The baby and woman need THW help. A long labor can cause serious problems for the woman and baby.
6. <b>DO NOT:</b>	
DO NOT push on belly.	Can cause pain, harm to the baby, and tearing of the womb, and the woman and baby may die.
DO NOT give any medicine (tablets or injection) to make birth pains begin or get stronger.	The medicine makes the birth pains too hard <i>before baby is born</i> . The womb may tear, and the woman and baby may die.
DO NOT put anything in the birth opening.	May cause serious bleeding and infection and the woman and baby may die.

**Fifth, ask:**

- What new ideas have you seen here?
- Do you have any other ideas about helping a woman with birth delay?

**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2. **Say:** You said earlier today that you do the following in the home to help a woman with birth delay: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, **say:** This is really wonderful that we do some things the same way during birth delay.

**Third**, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask:**

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a woman with birth delay?

**Fourth**, reach agreement on the picture card. Show the picture card for birth delay and **ask:**

- Does the picture remind us of a woman with birth delay?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman with birth delay?

**Fifth**, reach agreement on the action cards. Show the cards one at a time and **ask:**

- Does the picture remind us of helping a woman with birth delay?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

### **Step 5. Practice the Actions**

**First**, if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say**: This booklet is for you to use. Use the section of the booklet on Birth Delay to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.<sup>15</sup>

- Open the booklet to Birth Delay.
- Look on Side One at the picture of the woman with birth delay. Look on Side Two for the actions.
- Show the picture card of the woman with birth delay. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the action. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

**Second**, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Birth Delay**.

**Third**, after the practice, **ask**:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

**Fourth**, **ask**:

- How did you feel about helping a woman with birth delay?
- If you or your family member has birth delay, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

## **Step 6. How Will You Know the Actions Are Helpful?**

*Ask:*

- How will you decide if these actions are helpful when a woman has birth delay?
- How will you know if you need more practice helping a woman with birth delay?
- What can you do for more practice?

### **Remind the participants:**

- Birth delay can cause many problems in the woman. The womb can tear, the woman can bleed too much, or the woman can get an infection. The woman may even die.
- Birth delay can cause many problems in the baby. The baby can get an infection and may even die.
- Everyone can learn to help a woman with birth delay.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

## **Talk about Today's Meeting**

*Ask:*

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

## **Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank the participants for their time and hard work today. Agree on the day and time of the next meeting.

*Say:* Good bye and safe journey.

## 2. PREVENT BIRTH DELAY

### Activities

#### **Step 1. Review the Previous Meeting**

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

#### **Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent birth delay.

**First**, tell the discussion starter story. *Say:*

*It is time for Luisa to have her baby. Luisa is having birth pains at home and her family members are with her. They are rubbing her back, giving her tea with sugar to drink, and encouraging her to move around. Luisa has prepared everything for the baby and clean clothes for herself.*

**Second, ask:**

Has anyone ever seen or helped a pregnant woman or her family do special things to prevent birth delay? If yes:

- What did you see to know the pregnant woman was in labor? (signs)
- What did you do to help the pregnant woman prevent birth delay? (action)
- What happened to the woman? (outcome)
- What can happen if the woman does not have special care to prevent birth delay? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

### Step 3. Share What the Trained Health Worker Knows

**First, say:** The trained health worker (THW) learns to prevent birth delay.

**Second,** ask volunteers to help you do the demonstration **Prevent Birth Delay**.<sup>16</sup>

**Third,** do the demonstration.

Demonstration: Prevent Birth Delay	
<b>Actors:</b>	Ask for volunteers to play Ydnas, a family member, and Ydnas's husband. The Facilitator plays the birth attendant trained in HBLSS.
<b>Props:</b> <sup>17</sup>	Things for a clean place, things for a clean birth, things for clean cord care, things for washing, things for clean helpers, waterproof container, cup of liquids with sugar, baby model
<b>Situation:</b>	Explain who the volunteers are pretending to be, and tell the situation to those watching. <b>Say:</b> Ydnas is in labor at her home for 8 hours. The baby is coming head first and the bag of water has broken. Someone has called the birth attendant. The birth things are ready. <sup>18</sup>
<b>Demonstration:</b>	
<ol style="list-style-type: none"><li>1. <b>Ydnas</b> walks around rubbing her back. The <b>family member</b> is with her and encourages her.</li><li>2. <b>Ydnas</b> returns from passing urine. She washes her hands.</li><li>3. <b>Ydnas</b> rests on her side. The <b>mother-in-law</b> brings Ydnas tea with sugar.</li><li>4. The <b>birth attendant</b> arrives and greets everyone. She looks at the prepared birth things and <b>says:</b> You all have done so much work. Everything is ready for the baby.</li><li>5. Soon <b>Ydnas</b> is rolling side to side. She <b>says:</b> I feel like I need to pass stool. I feel strong pushing pains—I feel like pushing! Ydnas squats on the mat and wants to push.</li><li>6. The <b>birth attendant says:</b> Remember what we agreed to do at the HBLSS meetings? First feel or let me look for the baby's head. We want to be sure the baby is ready to come out before you start to push. Let me just get ready.</li><li>7. The <b>birth attendant</b> washes her hands with soap and water. She arranges the delivery things, puts on an apron and gloves, and washes her gloved hands.</li><li>8. The <b>birth attendant</b> waits for a birth pain and encourages Ydnas. The <b>birth attendant</b> looks and <b>says:</b> Yes, I can see the baby's hair and head now. The baby is about ready to come out.</li><li>9. The <b>birth attendant</b> receives the baby the next time Ydnas pushes in the squatting position. She dries and warms the baby. She <b>says</b> to the <b>family member:</b> Help <b>Ydnas</b> semi-sit.</li><li>10. The <b>birth attendant</b> hands the baby to Ydnas and helps her hold the baby close to her.<sup>19</sup></li></ol>	

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth,** read each step in the box below and ask why it was taken.

Demonstration: Prevent Birth Delay	
What?	Why?
1. Get things and people ready and prepare for referral before the baby is born. The helper washes hands and gloves, wears apron, and uses clean birth and cord care things. <sup>20</sup>	To be ready to help the woman and baby quickly or if there is a problem. Wash and wear coverings to prevent blood and fluids from touching helper or passing infection to the woman.
2. Woman changes positions often: walk, sit, or lie down on either side. Rest.	Moving helps the baby move around to be born. Rest comforts the woman and gives her energy.
3. Give woman at least one cup of liquids with sugar to drink every hour.	Gives woman strength and energy.
4. FEEL or LOOK for baby's head.	The baby's head must come first for the baby to be born at home. When the bulging of the head is seen, it is time to push. <sup>21</sup>
5. Woman squats and passes urine, and washes her hands.	An empty bladder is less painful and makes room for the baby to come out. Wash hands to prevent sickness.
6. Use safe birth practices including good birthing position: squat, semi-sit, or whatever position the woman likes. <sup>22</sup>	Helps woman push, helps the baby come out, and comforts the woman.
<b>DO NOT:</b>	
DO NOT give medicine (tablets or injection).	The medicine makes the birth pains too hard and the womb squeezes too much <i>before the baby is born</i> . The womb may tear, and the woman and baby may die.
DO NOT push on the woman's belly.	Pushing on the belly causes pain, harm to the baby, and tearing of the womb, and the woman and baby may die.
DO NOT put anything in the birth canal.	Putting something in the birth canal may cause serious bleeding and infection, and the woman and baby may die.

**Fifth, ask:**

- What new ideas have you seen here?
- Do you have any other ideas about how to prevent birth delay?
- Could any of these things cause a problem? If yes, what?
- Reach agreement on what to do to prevent birth delay.

#### **Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2. **Say**: You said earlier today that you do the following in the home to prevent birth delay: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, **say**: This is really wonderful that we do some things the same way to prevent birth delay.

**Third**, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask**:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help prevent birth delay?

**Fourth**, reach agreement on the picture card. Show the picture card for prevent delay and **ask**:

- Does the picture remind us of helping a woman to prevent birth delay?
- What do you see in the picture (signs) that makes you think action is being done?
- Can we come to agree that the picture reminds us of helping a woman to prevent birth delay?

**Fifth**, reach agreement on the action cards. Show the cards one at a time and **ask**:

- Does the picture remind us of helping a woman to prevent birth delay?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

### **Step 5. Practice the Actions**

**First**, if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say**: This booklet is for you to use. Use the section of the booklet on Prevent Birth Delay to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.<sup>23</sup>

- Open the booklet to Prevent Birth Delay.
- Look on Side One at the picture of the woman in labor. Look on Side Two for the actions to



prevent birth delay.

- Show the picture card of the woman in labor. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

**Second**, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Prevent Birth Delay**.

**Third**, after the practice, *ask*:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

**Fourth**, *ask*:

- How did you feel about helping a woman to prevent birth delay?
- If you or a family member is giving birth, will you be ready to take the actions we agreed on to prevent birth delay?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

### ***Step 6. How Will You Know the Actions Are Helpful?***

*Ask*:

- How will you decide if these actions are helpful to prevent birth delay?
- How will you know if you need more practice helping a woman to prevent birth delay?
- What can you do for more practice?

#### **Remind the participants:**

- Birth delay can cause many problems in the woman. The womb can tear, the woman can bleed too much, or the woman can get an infection. The woman may even die.
- Birth delay can cause many problems in the baby. The baby can get an infection and may even die.
- Everyone can learn to help a woman give birth safely and prevent birth delay.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

## **Talk about Today's Meeting**

*Ask:*

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

## **Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

*Say:* Good bye and safe journey.

### 3. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

**This section is for facility-based training only.** Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

Discuss and demonstrate what the THW learns about causes of birth delay. Compare with any causes discussed in Step 2. Remind participants of these causes of birth delay: 1) the baby is not positioned head down, 2) the baby is too big to fit through the woman's pelvis, 3) something blocks or stops the baby from coming out, 4) the mother is weak and tired and has no strength to push, 5) the womb is weak and tired, or 6) the birth pains are not strong.

Use the pelvis and baby models to show and explain how a baby moves down through the woman's birth canal when the baby's head is coming first and in other positions (sideways or feet first). Show how the baby has trouble moving down when a) the baby is too big to fit through the pelvis, b) the woman's bladder is full, and c) when the woman is on her back.

These situations need to be discussed to make sure participants understand and agree. The important message is only push when the baby's head is seen or felt AND there are strong pushing birth pains.

#### Prevent Problems During Birth

What?	Why?
1. Give help measures: back massage, fan, encourage woman, help woman rest between birth pains.	To help woman feel relaxed and loved. To give woman energy for pushing.
2. Help woman use good birthing position: squat or semi-sit. Ask woman to pass urine.	A good position helps the baby come out and comforts the woman. An empty bladder is less painful and makes room for baby to come out.
3. Helper washes hands and uses gloves, apron, and delivery kit.	Prevents blood and fluids from touching helper. Protects woman from unclean things. <sup>24</sup>
4. Look or feel for baby's head.	When baby's head is seen or felt AND strong pushing birth pains are felt, it is time for the woman to push with each pain.
5. Tell woman to blow, blow, blow when the baby's head is about to come out, and to push a little between birth pains.	Blow to allow the baby's head to come out slowly, and to prevent tears in birth opening. <sup>25</sup> Push between pains to prevent birth delay.
<b>DO NOT:</b>	
DO NOT give oxytocin injection.	The injection makes the birth pains too hard and the womb squeezes too much <i>before the baby is born</i> . The womb may tear, and the woman and baby may die.
DO NOT push on the woman's belly.	Pushing on the belly causes pain, harm to the baby, and tearing of the womb, and the woman and baby may die.

What?	Why?
DO NOT put anything in the birth canal.	Putting something in the birth canal may cause serious bleeding and infection, and the woman and baby may die.
6. Be prepared for problems before labor starts. Be ready for too much bleeding in the woman and trouble breathing in the baby.	To have things ready in case of emergency.

### Bag of Water Breaks, Term Pregnancy, No Birth Pains

What?	Why?
1. Roll nipples, one at a time. <sup>26</sup>	To encourage the womb to get hard. This may help start the birth pains.
2. Give two ounces castor oil in eight ounces of juice or other liquid <sup>27</sup> or cook two eggs scrambled in two ounces castor oil. Give the woman warm tea to drink.	
3. REFER if attending a woman at home.	When membranes are ruptured and birth pains do not begin in four hours, unclean things can get in the birth canal <sup>28</sup> and the woman and baby can get sick.
4. If referral is delayed, continue the prevent delay actions (squat and pass urine, change positions, etc.) and roll nipples. Give broad spectrum antibiotics for 10 days.	Roll nipples to make the womb get hard and help start the birth pains. Broad spectrum antibiotics kill germs that cause pain and sickness (see Community Meeting 6).
<b>DO NOT:</b>	
DO NOT give oxytocin injection.	The injection makes the birth pains too hard and the womb squeezes too much <i>before the baby is born</i> . The womb may tear, and the woman and baby may die.
DO NOT push on the woman's belly.	Pushing on the belly causes pain, harm to the baby, and tearing of the womb, and the woman and baby may die.
DO NOT put anything in the birth canal.	Putting something in the birth canal may cause serious bleeding and infection, and the woman and baby may die.

## Strong Birth Pains Lasting Longer Than 24 Hours

What?	Why?
1. Help woman lie down on left side and rest. Offer the woman a light meal and liquids with sugar to drink.	To rest and gain strength.
2. DO NOT begin to push until “pushing” birth pains are felt.	Pushing too soon makes the birth opening swell and the baby cannot come out. The woman gets too tired.
3. If pushing birth pains begin, continue:	The baby may be ready to be born.
Help woman into pushing position: squatting or semi-sitting.	These positions make pushing more effective to help the baby move down the birth canal. The woman will be comfortable.
Get birth things ready.	The baby may be very weak and tired. The baby needs to be dry and warm right away after birth. <sup>29</sup>
4. If baby not born, the cervix must be felt. Go with woman to facility for examination. If you are unable to transport and are skilled in cervical examination, put woman in semi-sitting position. Wash woman’s genitals with soap and water. Use high-level disinfected gloves and feel for cervix with two fingers. <sup>30</sup>	Find out if cervix is open to decide next steps of care.
<b>DO NOT:</b>	
DO NOT give oxytocin injection.	The injection makes the birth pains too hard and the womb squeezes too much <i>before the baby is born</i> . The womb may tear, and the woman and baby may die.
DO NOT push on the woman’s belly.	Pushing on the belly causes pain, harm to the baby, and tearing of the womb, and the woman and baby may die.
DO NOT put anything in the birth canal other than high-level disinfected gloved fingers to feel the cervix.	Putting something in the birth canal may cause serious bleeding and infection, and the woman and baby may die.
5. IF CERVIX NOT FULLY OPEN OR BIRTH NOT CLOSE and at home, REFER.	THW help at facility is urgently needed.
6. IF CERVIX OPEN, help woman change position often, drink, stimulate nipples, feel for cervix in four hours.	These actions make contractions stronger and help the baby come out.
7. IF BIRTH NOT CLOSE and at home, REFER.	THW help at facility is urgently needed.
8. If birth pains get further apart, woman is very tired and weak, or woman has fever, and at home, REFER.	THW help at facility is needed for the woman and baby. The woman is very tired and weak. She may start to bleed or get more sick. The baby may be stuck.

## Pushing with Strong Pushing Birth Pains More Than One Hour

What?	Why?
1. Ask woman to stop pushing and try to rest or sleep.	Keeps woman and baby from getting too tired.
2. DO NOT push before strong pushing birth pains begin.	Pushing too soon can make the birth opening swell and block the baby from coming out.
3. Feel for cervix: help woman in semi-sitting position, and wash her genitals with soap and water. Use high-level disinfected gloves and feel for cervix with two fingers.	To find out if cervix is open so baby can be delivered.
4. If term pregnancy, the baby's head is coming first, and the cervix is open all of the way: help woman to knees and hands or squatting position. Tell woman not to push for two birth pains.	If any cervix is felt or if a part of the baby other than the head is felt, REFER.
	If the cervix is open (cannot be felt), the position change helps the baby move and helps the woman push the baby out of birth canal.
5. When strong pushing birth pains begin, tell woman to take a deep breath and push like passing stool for as long as she can with the birthing pain. Repeat through five birth pains.	Helps push baby out.
If baby does not come out during the five times as stated above, stop pushing. REFER if possible.	The woman may be very tired and weak and may soon faint, bleed too much, or get fever. The baby may be stuck. The woman and baby need THW help.
If referral is delayed, use knee and hand position as much as possible.	Helps the mother and baby rest, and takes pressure off baby's head.
<b>DO NOT:</b>	
DO NOT give oxytocin injection.	The injection makes the birth pains too hard and the womb squeezes too much <i>before the baby is born</i> . The womb may tear, and the woman and baby may die.
DO NOT push on the woman's belly.	Pushing on the belly causes pain, harm to the baby, and tearing of the womb, and the woman and baby may die.
DO NOT put anything in the birth canal other than high-level disinfected gloved fingers to feel the cervix.	Putting something in the birth canal may cause serious bleeding and infection, and the woman and baby may die.
6. Prepare for too much bleeding.	Birth delay can cause too much bleeding.
7. Prepare for a baby who does not breathe.	Birth delay can cause the baby to have trouble breathing.

## NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. In Meeting 2, we agreed that **birth delay is a problem**.
2. The THW learned that *birth pains* are a feeling of tightening of the womb. Birth pains may start a few days before birth. At first, a long time usually passes between birth pains. The THW learned that the woman has no problem and the baby is born in less than 24 hours when: a) birth pains are regular and frequent and end with *strong pushing birth pains*, and b) the bag of waters breaks when the woman has birth pains.

If the bag of water breaks and the woman has no birth pains, the THW calls this *early rupture of membranes*. If the woman has strong birth pains that last more than a day and a night and the baby is not born, the THW calls this *prolonged labor*. If the woman is pushing with strong pushing birth pains for more than one hour and the baby is not born, the THW calls this *obstructed labor*.

3. If *membranes rupture at term*, labor usually starts in 24 hours so there is little danger of infection; 90% of women will be in labor by 48 hours. If *membranes rupture before term*, labor may not start for many days and there is more risk of infection (King, 2004). Use appropriate country protocols.

If a woman is *HIV positive* and the bag of water ruptures spontaneously, or has been ruptured, delivery should occur in less than 4 hours. Mother-to-child transmission of HIV increases about 2% for every 24 hours of the bag of water being ruptured (Israel & Kroeger, 2003).

4. Signs of birth pains: The *birth pains* and tightening of the womb usually start a few days before birth. At first, a long time usually passes between birth pains. When the birth pains become stronger, regular, and closer together, it is getting closer to the time of the birth.
5. Strong pushing birth pains—a little of the baby's head can be felt or seen and the woman feels like passing stool, has a strong urge to push, and sometimes makes a low grunting sound. *If a little of the baby's head is NOT felt or seen, the woman must try not to push.*
6. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.
7. The helper has on an apron and has everything ready for the birth. The helper puts on gloves when Hammi says she feels the baby is coming. Protecting helpers from the risk of transmission of HIV/hepatitis through exposure to blood and body fluids is an important precaution" (Israel & Kroeger, 2003).
8. It is routine in many places to pour water over the genitals after going to the toilet. Use words appropriate for washing the genital area. Prevent infection by keeping the genital area clean. If using tissue after going to the toilet, wipe from the front to the back of the genital area. See Meeting 3.

9. See Community Meeting 3 for preparation before baby is born. For care during referral:

Demonstration: Prevent Problems Before Baby Is Born	
What?	Why?
1. Get ready for the baby: <ul style="list-style-type: none"> <li>Sweep, remove animals, and wash toilet area with soap and water.</li> <li>Wash things with soap and water, and hang them in the sunshine to dry.</li> <li>Keep washed things in a covered place so dirt and dust cannot get on them.</li> <li>Warm the place where the baby will be.</li> <li>Agree on a plan for helpers, money and transportation.</li> </ul>	A clean place for the birth and a clean toilet help prevent infection. A warm place helps keep the baby warm (prevents heat loss). <sup>9</sup>
2. Eat light foods. Drink liquids (at least one cup) such as water, fruit juice, tea, soup, honey, or sugar water every hour.	Food and drinks help the woman and baby stay strong during labor and help the woman make breast milk soon for the baby.
3. Clean birth things: new or clean cord strings and clean cord cutting tool.	To prevent unclean things getting in cord, and prevent bleeding from cord.
For woman and baby: Clean clothes and clean cloths, mats, pads, and rags.	To keep the woman/baby warm, clean, and dry, and to soak up fluids and blood.
Waterproof container for placenta.	To help keep blood off clothes and people, and help prevent infection including hepatitis and HIV.
4. Clean woman. Bathe when labor begins and wear clean clothes.	To prevent unclean things from touching the woman or baby.
5. Clean helpers: <ul style="list-style-type: none"> <li>Wash hands with soap and water.</li> <li>Use gloves or other hand coverings.</li> <li>Use apron.</li> <li>Wash things with household bleach and water and dry in the sun.</li> </ul>	Wash to remove dirt/germs from hands. Use gloves and apron to keep blood/fluids off hands and clothing to prevent infection including hepatitis and HIV. Clean up to remove blood and fluid from birth things and clothes. Protect hands and wash things to prevent touching anything that is bloody. If household bleach is not available, wash the blood-stained clothes with soap and water. This prevents infection.
6. Watch for problems. FEEL baby's head.	If baby's head is not down or you see signs of another problem, <b>REFER</b> . You need THW help <b>urgently</b> .



Demonstration: Referral of a Woman	
What?	Why?
1. Call for help.	Call others to help with referral, transportation, care, and money.
2. Have the woman lie down on her side.	The woman needs rest.
3. Cover the woman with a blanket.	Keeps the woman warm to prevent more sickness.
4. Give the woman one cup of liquid with sugar and salt to drink every hour.	Liquids with sugar and salt prevent dryness and weakness.
5. Go straight to the THW at the referral place. Do not wait in line.	The woman is very sick and may die. The referral THW will know how to help.
6. Tell the THW what happened and what was done. Listen to the THW's instructions.	When the THW hears the problem she can help very quickly. The THW may need the family to get supplies, food, drinks, or people to give blood.

10. Labor is too long when strong contractions last more than 12 hours for women who have had a baby before, or 24 hours for women giving birth for the first time.
11. The helper may LOOK to see the baby's head coming from the birth opening, or the woman can FEEL for the baby's head in the birth opening. When the baby's head is not felt or seen, DO NOT PUSH. GO TO THE THW right away. When referral is delayed, the woman can take fluids with sugar, change positions, or pass urine. Someone can rub her back, help her try to sleep, and reassure/comfort her.
12. See Prevent Birth Delay in this meeting for information about changing positions and other care.
13. If squatting is not acceptable, use side lying or knees and hands position. These are the three best pushing positions for birth delay.
14. Repeat the strong pushing with only five birth pains. If the baby's head is not out or almost out after pushing through five birth pains, a THW is needed right away.
15. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.
16. **Prevention:** Some problems can be prevented if the participant understands what actions to take. Sometimes it is hard to know when a problem is going to happen. The THW has learned that many times problems can be prevented by giving special care to a woman and baby during pregnancy, labor and birth, and after the birth. Discuss how to prevent the problem by asking questions about the problem in the discussion starter story. Agree on what can be done to prevent the problem. During the demonstration, explain each step that the THW does. Explain why the THW does each step. Allow time to practice the agreed-on actions.
17. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.
18. Prevent problems before baby is born: See note 9. For more information, see Community Meeting 3: Prevent Problems Before Baby Is Born.

19. Refer to **Prevent Problems After the Baby Is Born: FIRST ACTIONS** in Community Meeting 3 as needed.
20. **Prevent Problems Before Baby Is Born:** This protects all people helping with the birth from germs like yellow jaundice (hepatitis), HIV/AIDS, lockjaw (tetanus), and other sicknesses with fever. Sick people or animals should **not** be close to woman or her baby at birth. See Community Meeting 3 for more information on preventing infection before the baby is born.
21. As the baby begins to move in position to be born, the woman's genitals may bulge. The woman feels a strong urge to push. *This is the time to push.* When a birth pain starts, the woman takes a deep breath and lets it out, then takes another deep breath and *pushes*. Soon the baby's head can be touched or seen just a little. During this time the woman's skin is beginning to stretch. The woman should try to push (in good birthing position) with each birthing pain to give her skin more time to stretch. This makes it less likely for the skin to tear. When the baby's head is crowning, the woman stops pushing. "Crowning is when the baby's head stretches the birth opening to about the size of the palm of your hand and the baby's head stays at the birth opening, even between contractions" (Klein, 1995).
22. **SAFE BIRTH PRACTICES:**

**Good position:** Use any position the woman likes. A good birthing position is squatting, semi-sitting, or hands and knees. This helps make the birth opening as big as possible.

**Push at the best time: TIME TO PUSH:** The woman should push only when she feels *strong pushing birth pains*. She feels like passing stool, has a strong urge to push, makes a low grunting sound, **and** the baby's head can be seen or felt. **TIME TO SLOW THE PUSHING:** When the baby is coming very fast or the woman has a circumcision scar, slow the birth of the head by asking the woman to blow, blow, blow with each birth pain (contraction) and push after the birth pain to prevent the birth opening from tearing.

**Semi-sit for placenta** to come out: Wait for the placenta. With the birth pain, support the womb: use one hand to apply gentle pressure on the lower abdomen to "hold the womb up." Do not push down and do not use hard pressure. Rub the womb after the placenta comes out. Tie and cut the cord. Put the placenta in a waterproof container.

**Massage womb and breastfeed** to make womb hard and stop bleeding. See Community Meeting 3 for information on preventing mother-to-child transmission of HIV.

**Remember signs of problems for woman:** Too much bleeding, fever, birth delay, fits.

**Remember signs of problems for baby:** Trouble breathing at birth, too small at birth, fever, fits.
23. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.
24. See Community Meeting 3 for prevention of HIV/AIDS and mother-to-child transmission of HIV.
25. "There is evidence that the exposure to mother's blood from episiotomy [or laceration] may increase mother-to-child HIV transmission" (WHO, 1999). To "minimize lacerations, mother should be off her

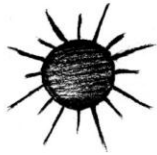
back and helped into a birthing position to minimize tearing—on her side, on her hands and knees, or semi-sitting... Providers [helpers] can coach the mother to push the baby out slowly to avoid rapid expulsion and more tearing” (Israel & Kroeger, 2003).

“A woman will often depend on the [birth attendant’s] guidance to moderate her pushing effort, to allow an unhurried, gentle delivery of the head. This can be achieved by... short pushing [or grunting] efforts with periods of panting [or blowing], thus giving the tissues time to relax and stretch under pressure. Using this approach, several contractions or birth pains may occur before the head crowns and is delivered” (Abstracted from Enkin et al., 2000).

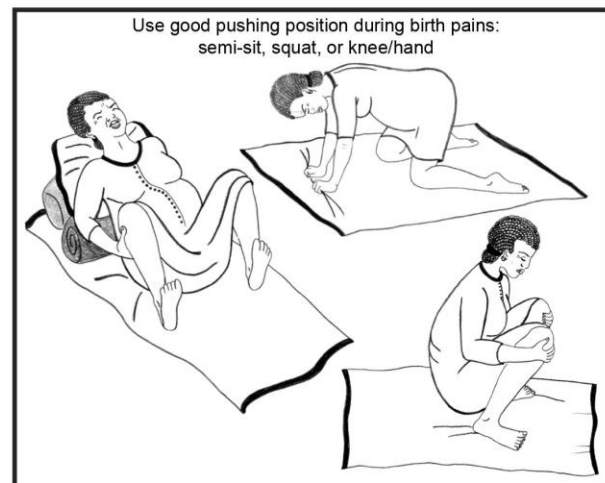
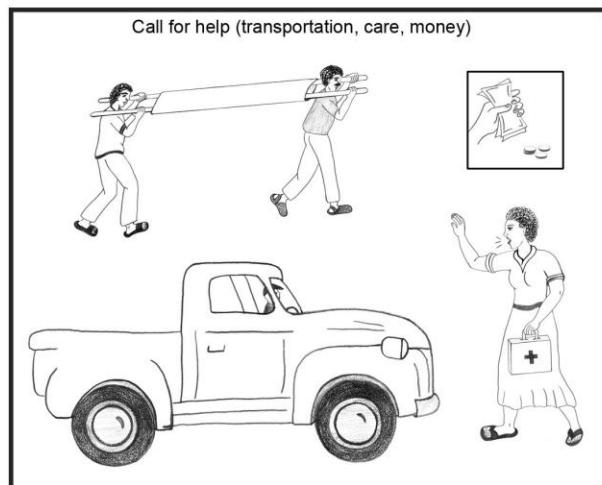
26. To explore natural methods for ripening the cervix, two groups of investigators evaluated the effects of breast stimulation. Both reported that women given breast stimulation were more likely to go into labor during the intervention period than those in the control group, but there was no suggestion as to whether this resulted in easier labor or delivery (Enkin et al., 2000).
27. “Traditional practices, such as the use of castor oil, have not been formally evaluated.” When referral is delayed and the bag of waters has been broken without contractions for four hours, there is danger for the woman and her unborn baby, and you may try to start labor. Make every effort to arrange transportation for referral. Give castor oil, two ounces in eight ounces of fruit juice, or scramble two eggs with the castor oil. The woman should take all of the drink or eggs. Then give the woman a cup of warm tea or other warm liquid. According to the experience of some practicing midwives, labor should start within four hours after the woman takes the castor oil. **Do not give more than two ounces of castor oil and do not repeat it.** Continue referral as soon as there is transportation (Enkin et al., 2000).
28. When done too early, artificial rupture of the bag of waters can increase chances of infection, increase the difficulty of the labor for mother and baby, and increase risk of mother-to-child HIV transmission. Transmission rates increase about 2% for every 24 hours of the bag being ruptured and delivery should happen with the bag intact whenever possible. “If the bag of waters ruptures spontaneously, or has been ruptured, delivery should occur in less than 4 hours [HIV positive women]. This does not mean automatic aggressive induction. Providers should first try ambulation, nipple stimulation, giving fluids, position changes, and providing emotional support, to help labor progress normally” (Israel & Kroeger, 2003).
29. See Community Meetings 3 and 10 for more information on caring for the baby after birth.
30. Vaginal examinations should be minimized in all labors. Vaginal examinations increase the risk of mother-to-child transmission of HIV and other infections. Perform vaginal examination with clean hands and clean gloves to confirm full cervical dilatation when the intensity and frequency of the contractions are prolonged and the mother has the desire to push. Only one vaginal examination should be done under these circumstances, with referral being arranged. Vaginal examinations should be done by a THW with referral transportation available to a facility that can perform a Cesarean section if labor is obstructed.

## notes

**PICTURE CARDS AND TAKE ACTION CARDS**  
**Birth Delay**



## Take Action Card: Birth Delay



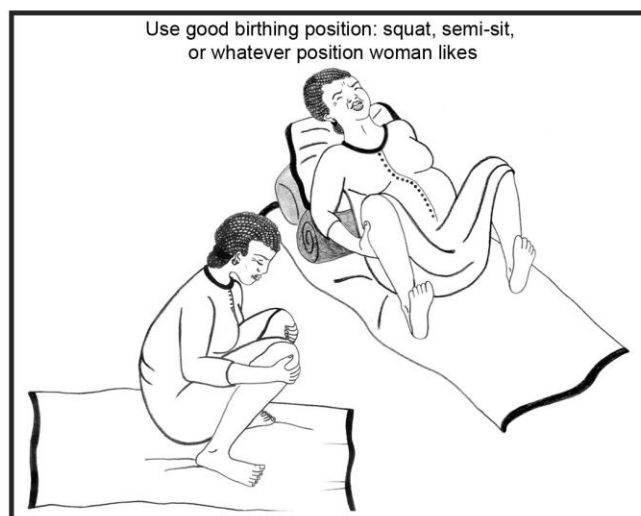
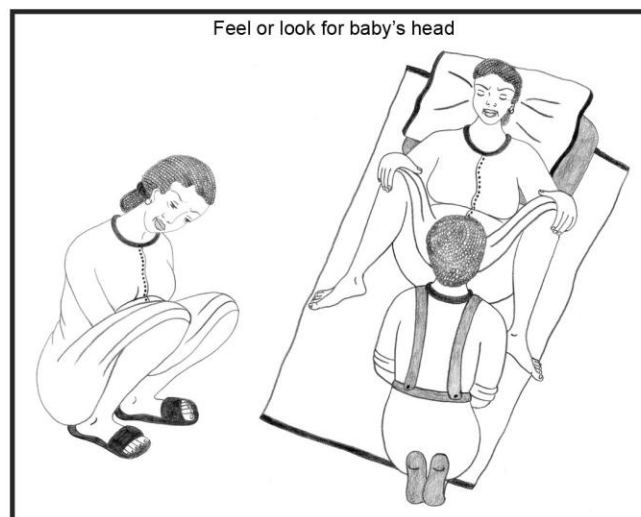
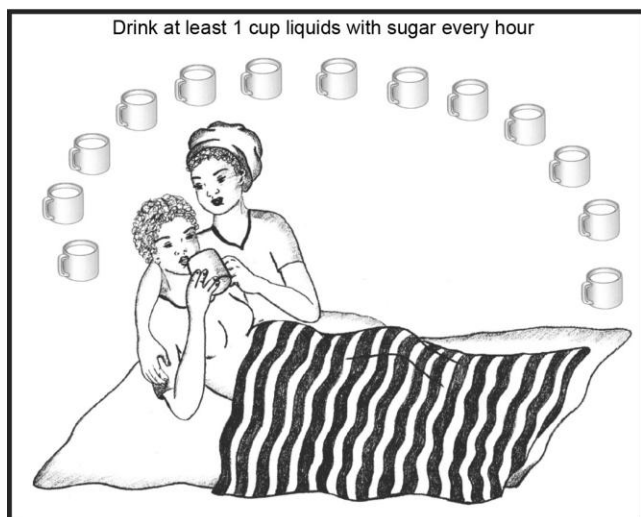
If baby is not born, stop pushing and urgently refer



## Prevent Birth Delay



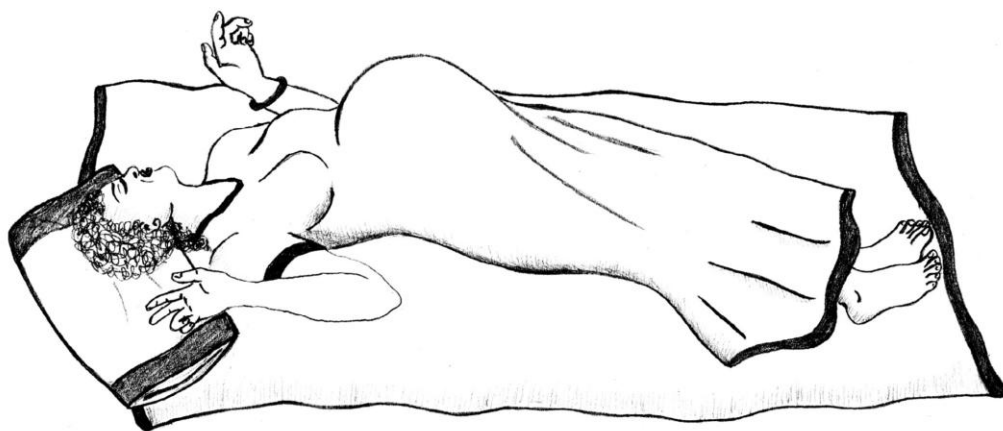
## Take Action Card: Prevent Birth Delay





# Home Based Life Saving Skills

## Community Meeting 8 Headache and Fits



## Community Meeting 8: Headache and Fits

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## COMMUNITY MEETING 8

### Headache and Fits

#### INFORMATION FOR THE FACILITATOR\*

Many women die throughout the world because of fits during pregnancy and childbirth. Nobody knows what causes pregnancy fits, but there are things that can help save a woman who has pregnancy fits.

A pregnant woman may have signs that tell that she might have a fit. She may have a very bad headache, problems with her vision, or a sudden and steady pain in the top of the belly that feels like very bad heartburn. Her blood pressure will almost always be high, but this sign cannot be seen. The blood pressure must be checked by a trained health worker (THW) using special equipment. This is one of the most important reasons why the THW encourages a pregnant woman to get regular check-ups. If a woman is not helped when these signs happen, or if she is not helped when a fit happens, both she and her baby may die.

In this meeting, participants will share what they know about women who have a headache or fits during pregnancy or childbirth, learn how to tell when a woman may have a fit, and come to agree about what can be done to help save her life.

This meeting has much important information. Take plenty of time with this meeting. Remember to give breaks and give the participants time to talk and think about the information.

#### OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell when a woman might have a fit.
- Tell and show how to help a woman with a very bad headache.
- Tell and show how to help a woman with a fit.

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\* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

## PLAN

PREPARATION	
<b>How the facilitator prepares:</b> <ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstration</li> <li>• Review Take Action Card booklet and picture cards: Headache and Fits</li> </ul>	<b>How the participants prepare:</b> <ul style="list-style-type: none"> <li>• Bring experiences with and stories about women who had a bad headache or fits during pregnancy or childbirth</li> <li>• Bring ideas about what to do when a woman has a fit during pregnancy or childbirth</li> </ul>
<b>Location:</b> <ul style="list-style-type: none"> <li>• The community</li> </ul>	<b>Time:</b> <ul style="list-style-type: none"> <li>• Two hours</li> <li>• Be flexible and go at the pace of the participants</li> </ul>
RESOURCES	
<b>Demonstration <i>Headache and Fits</i>:</b> <ul style="list-style-type: none"> <li>• things for a clean place: locally available sleeping mat or bed, pillow</li> <li>• clean things for woman and baby: clothing, cloths, liquids to drink, jewelry</li> <li>• things for washing: soap, water, basin, pitcher (something to pour water), pail, household bleach, towel</li> <li>• clean cord care things: string, cord cutting tool</li> <li>• things for clean helpers: apron, gloves or other hand covering</li> <li>• waterproof container for placenta</li> <li>• cup of fluids to drink</li> <li>• transportation</li> <li>• pretend money</li> </ul>	<b>Other resources:</b> <ul style="list-style-type: none"> <li>• Take Action Card booklet and picture cards: Headache and Fits</li> </ul>

## 1. HEADACHE AND FITS

### Activities

#### **Step 1. Review the Previous Meeting**

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

#### **Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a woman with headache and fits.

**First**, tell the discussion starter story. *Say:*

*My neighbor, Kara, is about eight months pregnant. When I visited her today I was surprised to hear that she has a very bad headache. She has not seen the THW because she is afraid the THW will want her to stay at the hospital. Kara says she needs to stay home to take care of her husband and the shop. I tried to help Kara decide to go to the THW. Kara said she would think about it.*

*Ask:*

- Have you ever *heard* about a pregnant woman with a problem like Kara's?
- Have you ever *seen* a pregnant woman with a problem like Kara's?

*Say:* In Meeting 2, we talked about woman problems. *Ask:*

- What did we agree about headache and fits?<sup>1</sup>

**Second**, *ask:*

Have you ever seen a pregnant woman with a very bad headache or fits? If yes, *ask:*

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can cause a very bad headache or fits during pregnancy? (cause)

Have you ever seen a woman with a fit after her baby was born? If yes, **ask**:

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can cause a fit after the baby is born? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

### **Step 3. Share What the Trained Health Worker Knows**

**First, say:** The trained health worker (THW) learns a woman may have a fit if she has:<sup>2</sup>

- high blood pressure
- very bad headache
- vision problems (blurred vision or seeing spots)
- very sudden, steady pain high in the stomach, like very bad heartburn

The THW learns that a woman is having a fit if:

- the woman's eyes roll
- the woman's body gets stiff and shakes
- the woman faints after the fit<sup>3</sup>

**Second,** ask volunteers to help you do the demonstration **Headache and Fits**.

**Third,** do the demonstration.

<b>Demonstration: Headache and Fits</b>	
<b>Actors:</b>	Volunteers play Alemnesh's husband, Alemnesh's mother-in-law, Alemnesh's sister-in-law, and the birth attendant. The Facilitator plays Alemnesh, a pregnant woman in labor. Everyone is trained in HBLSS.
<b>Props:</b> <sup>4</sup>	Things for a clean place, clean things for woman and baby, things for washing, clean cord care things, things for clean helpers, waterproof container, cup of liquids, transportation, pretend money
<b>Situation:</b>	Explain who the volunteers are pretending to be, and tell the situation to those watching. <b>Say:</b> Alemnesh is 8 months pregnant and has had a very bad headache for two weeks.
<b>Demonstration:</b>	
1. <b>Alemnesh</b> is sitting and holding her head. She tells her mother-in-law that her head hurts.	
2. The <b>mother-in-law</b> helps Alemnesh to lie down on her left side. She prepares and gives Alemnesh some tea with sugar. She <b>says</b> to Alemnesh: You should eat small meals about five times a day that include beans, meat, or eggs, and go to see the THW as soon as possible.	

### Demonstration: Headache and Fits

#### Situation:

Transportation was difficult to find. Alemnesh's headache got a little better, so she did not go to the THW. She did not remember from the HBLSS meetings to make plans to be with the THW when she was in labor.

It is now one month later and Alemnesh is in labor. The sister-in-law has everything ready for the birth. The mother-in-law is sitting by Alemnesh. They are encouraging her, saying that soon the baby will be born. Alemnesh is sitting and holding her belly. She takes a drink of tea.

**Alemnesh says:** Oh, a pain is coming. Oh! I want to vomit. Oh! I have a headache. Alemnesh begins to have a fit.

3. The **mother-in-law calls** for help. The **husband** comes quickly and the **mother-in-law says:** Get the birth attendant, transportation, and money so we can go to the hospital.
4. The **mother-in-law** and **sister-in-law:**
  - Help Alemnesh lie down on her left side.
  - Remove the drinking glass and Alemnesh's jewelry and anything around her that could injure her. They do not put anything in her mouth or hold her down.
5. The **birth attendant** arrives<sup>5</sup> and looks to see if the baby's head can be seen. She **says:** It is not time for the baby to be born. Soon the fit will stop. Then we will go to the THW. Where are the things you prepared for the birth so that we are ready if the baby comes quickly and if she bleeds too much after the baby is born?
6. The **husband** comes with money and transportation. The fit stops, and the family and birth attendant keep Alemnesh on her left side while she sleeps on the way to the THW.

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth,** read each step in the box below and ask why it was taken.

Demonstration: Headache and Fits	
What?	Why?
<b>For a very bad headache in pregnancy:</b>	
1. Rest as often as possible, lying down on the side.	Blood moves around the body easier. The headache may become less severe.
2. Drink liquids often and eat five small meals a day if possible. Include beans, meat, or eggs in each meal.	Liquids prevent dryness and give strength. Frequent, small meals help the woman eat a little more food for strength. The beans, meat, and eggs help the baby grow.
3. See THW as soon as possible if there is a very bad headache during pregnancy.	The THW gives special care to prevent a fit and helps woman plan to deliver at a health facility.
<b>For pregnancy fit or coma (these happen most often before birth):<sup>6</sup></b>	
4. Call for help.	Call others to help with referral, transportation, care, and money.
5. Help woman lie on her left side. Remove things that could injure the woman. Do NOT put anything in the woman's mouth or hold down the woman. Do not give anything by mouth (no food or drink).	Keeps woman from choking if she vomits. Prevents injury.
Look for signs of labor and for baby to be born. Prepare for a fast birth and for bleeding too much after the baby is born.	Be ready to help a woman who has a fit. The baby may be born very fast, the baby may be very sick, or the woman may bleed too much after the baby is born.
6. REFER to the THW as soon as possible. Prepare for safe and clean birth care.	The THW can give special care and medicine. The helpers can give care during referral.

**Fifth, ask:**

- What new ideas have you seen here?
- Do you have any other ideas about helping a woman who has a headache and fits during pregnancy?

**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2. **Say:** You said earlier today that you do the following in the home for a woman with a very bad headache and fits: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.



After saying the similar actions, **say**: This is really wonderful that we do some things the same way when helping a woman with a very bad headache and fits.

**Third**, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask**:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a woman with a headache and fits?

**Fourth**, reach agreement on the problem cards. Show the picture card for headache and **ask**:

- Does the picture remind us of a woman with a headache?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman with a headache?

Show the picture card for fits and **ask**:

- Does the picture remind us of a woman with fits?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman with fits?

**Fifth**, reach agreement on the action cards. Show the cards for headache one at a time and **ask**:

- Does the picture remind us of helping a woman with a headache?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

Show the cards for fits one at a time and **ask**:

- Does the picture remind us of helping a woman with fits?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

### **Step 5. Practice the Actions**

**First**, if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say**: This booklet is for you to use. Use the section on Headache and Fits to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.<sup>7</sup>

- Open the booklet to Headache and Fits.
- Look on Side One at the pictures of a woman with headache and fits. Look on Side Two for the actions.
- Show the picture card of a woman with headache and fits. Ask participants to find the same picture on the Take Action Card.
- Show each picture card of the action. Ask participants to say what the action is, and to find the same picture on the Take Action Card.

**Second**, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Cards to help the volunteers.

Practice the demonstration **Headache and Fits**.

**Third**, after the practice, *ask*:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

**Fourth**, *ask*:

- How did you feel about helping a woman with headache and fits?
- If you or a friend has a headache or fits during pregnancy, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

### **Step 6. How Will You Know the Actions Are Helpful?**

*Ask*:

- How will you decide if these actions are helpful when a pregnant woman has a very bad headache, pain high in the stomach, trouble seeing, or high blood pressure?
- How will you decide if these actions are helpful when a pregnant woman has a fit?
- How will you know if you need more practice helping a woman with a headache or fits during pregnancy?
- What can you do for more practice?

### **Step 7. What Can We Do to Prevent Headache and Fits?**

**First**, remember the story of Kara from the beginning of the meeting.

**Second, ask:**

- What happened to Kara? What was the problem?

**Answer:** Kara had a bad headache.

- What was done to help Kara?

**Answer:** Kara's neighbor advised her to go to the THW.

- What can cause Kara's problems?

**Answer:** We do not know.

- What can be done to prevent a headache and fits during pregnancy?

**Answer:** Rest lying down on the side, drink liquids often, and eat five small meals a day with beans, meat, or eggs in each meal if possible. It is important to see a THW for pregnancy examinations including blood pressure. It is important that the woman and her family have a birth and referral plan and make arrangements to have the baby at a health facility with a THW if the woman has high blood pressure, a very bad headache, vision problems, or a very sudden and steady pain high in the belly like very bad heartburn. See Community Meeting 4 for information on referral.

#### **Remind the participants:**

- TAKE ACTION RIGHT AWAY when a woman has a very bad headache or fits in pregnancy or labor.
- A very bad headache and fits in pregnancy can cause a woman and her baby to get very sick and sometimes die.
- Sometimes we do everything we know how to do, and still a woman may have a fit.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

### **Talk about Today's Meeting**

**Ask:**

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

## **Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank the participants for their time and hard work today. Agree on the day and time of the next meeting.

*Say:* Good bye and safe journey.

## 2. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

**This section is for facility-based training only.** Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

### Headache and Fits

Blood pressure problems (signs are very bad headache, vision problems, pain high in the belly like very bad heartburn) during pregnancy can lead to convulsions and even death. Blood pressure problems are the cause of about 10% of all maternal deaths. Deaths from blood pressure problems during pregnancy, labor, and the first few days after a woman has her baby can be prevented and managed. A blood pressure taken before 20 weeks' gestation is considered to be the woman's normal or baseline blood pressure. The blood pressure usually stays between 80/60 mmHg and 140/90 mmHg. The blood pressure does not go up during pregnancy unless there is a problem.

What?	Why?
<b>If the woman has a very bad headache, vision problems, or very sudden, steady pain high in the belly (like very bad heartburn):</b>	
1. Give magnesium sulfate. <sup>8</sup> If unable to give magnesium sulfate, give diazepam. <sup>9</sup>	To lower the blood pressure to prevent fits and too much bleeding.
2. If the woman is not in labor or is in early labor, REFER.	To care for woman and baby. To prevent the woman from bleeding too much after the baby is born.
3. If the woman is close to giving birth, call the THW.	
<b>If the woman has a fit during REFERRAL or if referral is delayed and baby is not born:</b>	
4. Turn woman on side.	Protects woman from choking.
5. Watch for signs of labor.	To be prepared for a fast birth.
6. Be prepared for a baby with problems.	A fast birth during a fit may cause the baby to be too weak.
7. Go with the woman and family to the referral site.	To care for woman and baby.

**Magnesium sulfate is the first choice of treatment** to prevent or control pregnancy fits, diastolic blood pressure at or above 110 mmHg, severe headache, blurred vision, or brisk/quick reflex.

**If magnesium sulfate is not available, diazepam (valium) is the second choice of treatment** to prevent or control pregnancy fits. Diazepam is a tranquilizer used in an emergency to lower blood pressure and help the woman relax. Sometimes diazepam even puts the woman to sleep. **Diazepam is a dangerous medicine when not used for its purpose.**

## NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. In Meeting 2, we agreed that **headache and fits are problems**.
2. According to Varney et al. (2004), edema is no longer considered to be a part of the diagnosis of pre-eclampsia, and **a diastolic blood pressure more than 90 mmHg after 20 weeks of pregnancy is a sign of pre-eclampsia**.

**Signs and symptoms of severe pre-eclampsia** include: persistent headaches unresponsive to usual remedies, vision problems (dizzy, spots before eyes, blurring of vision), persistent pain high in the stomach (epigastric pain), reduced urine output (oliguria), diastolic blood pressure 110 mmHg or above, and increased protein in the urine (proteinuria).

**Classification of Signs**

Findings	Diastolic Blood Pressure at or Above	Protein in Urine	Headache, Vision Problems, Epigastric Pain	Reflexes
Chronic high blood pressure	90 mmHg	No	No	Normal
High blood pressure in pregnancy (starts after 20 weeks)	90 mmHg	No	No	Normal
Mild pre-eclampsia	90 mmHg	+	No	Normal
Severe pre-eclampsia	110 mmHg	++, +++	Yes	Brisk
Eclampsia	90 mmHg	+++	Yes and fits	Brisk

Source: National Institutes of Health 2000.

According to Marshall et al. (2008), **if the diastolic blood pressure is more than 90 mmHg or it does not decrease after rest and the woman is more than 20 weeks pregnant, she may have pre-eclampsia**. If her diastolic blood pressure is above 90 mmHg in the first 20 weeks of pregnancy, she probably has chronic hypertension. REFER this woman to a doctor for evaluation and management of this problem.

### Definitions used for HBLSS discussions are:

- Signs of pre-eclampsia: A woman may have a fit when she has a very bad headache *or* she has vision problems *or* she has epigastric pain *or* she has oliguria. The THW may say her blood pressure is too high (hypertension), she has an abnormal reflex response (brisk reflex), or she has proteinuria.
- Signs of eclampsia (fits): A woman is having a fit when her eyes roll, her face and hands twitch, and her body gets stiff and shakes.

**Swelling (edema)** of the ankles, hands, or feet is very common and is usually no problem during pregnancy. According to Enkin et al. (2000), moderate edema occurs in 50–80% of healthy normal pregnant women. This edema of pregnancy is often confined to the lower limbs, but it may also occur in other sites, such as the fingers or face, or as generalized edema. Edema in women with pre-eclampsia may appear rather suddenly; however, it *cannot be differentiated clinically* from edema in normal pregnancy.

3. Fainting after a fit is called a coma by the THW. After a fit, a person goes into a deep sleep from which it is not possible to wake the person for some time. A person may go into a coma without having a fit.
4. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.
5. This is an emergency! Sometimes when a woman is having labor pains and a fit, the baby is born very soon. The birth attendant FIRST looks to see whether the baby is about to be born. When the birth attendant sees the baby, she washes her hands, puts on coverings such as an apron and gloves, and gets things ready for the birth of the baby. If the baby is born very soon, the birth attendant helps the baby: dries and warms the baby, covers the baby, rubs the baby's back, AND helps the woman to make sure the womb is hard.
6. During a fit, the jerking movements of the muscles last from a few seconds to many minutes. There is often loss of consciousness. Convulsions come from an irritation to the brain caused by pregnancy (eclampsia), poisoning, infection (meningitis), high fever, severe dehydration, low blood sugar (hypoglycemia), and other problems. Many pregnant women who have eclampsia will die or lose their babies.
  - Treat the cause of the fit, if known.
  - Stay calm and reassure the family.
  - Keep the airway clear by helping the woman lie on her side on the floor or a flat surface so that anything in her mouth can run out.
  - Keep the woman from hurting herself by moving away hard or sharp objects. Do not try to stop the jerking movements or hold the woman still because you may break her bones. The fit will stop in a few minutes. Do not put or pour anything into the woman's mouth because she is not able to swallow and may choke. Do not leave her alone.
  - After the fit, the woman may be confused and sleepy.
  - Go with her to the doctor or hospital as soon as possible after the fit. Move her gently. On the way, keep her warm and protect her from injury.
  - Explain to the woman and her family what you are doing. Tell the family that fits are an emergency (Buffington et al., 2008).
7. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.
8. Dosage information for magnesium sulfate (Buffington et al., 2008):

**Control or prevent fits:** First dose: give IV slowly over 10 minutes – 4 grams of 20% solution (or dilute 8 ml of 50% with 12 ml injection water and give the 20 ml, which is 4 grams). If fits recur after 15 minutes, give 2 grams 50% solution IV over 5 minutes. **Give IM when IV not possible:** First dose: give 7.5 grams of 50% solution in each buttock. If convulsion recurs after 15 minutes, give 5 grams IM in each buttock.

**During referral:** Give IM in alternate buttocks every 4 hours – 5 grams 50% solution.

Closely monitor woman's breathing, urine output, and reflexes. If breathing is less than 16 breaths per

minute, urine output less than 30 cc per hour, or deep tendon reflex is absent, do not repeat dose. If the woman stops breathing, give calcium gluconate 1 gram (10 ml of 10%) IV slowly.

9. Dosage information for diazepam (Buffington et al., 2008):

**Prevent fits:** If the woman is awake, give her 20 mg diazepam tablets. May repeat three times a day if woman continues to have signs of fit: severe headache, visual disturbance, or epigastric pain. It is very important to find a way to go to the THW as soon as possible.

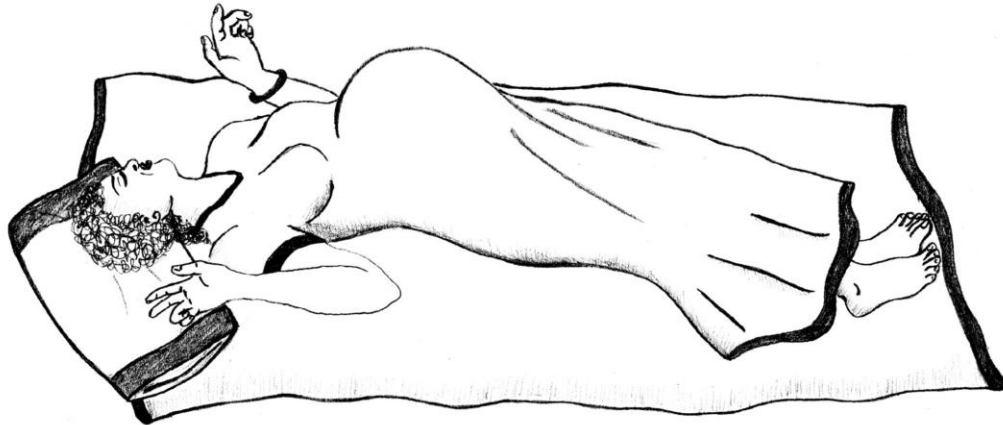
**Treat fits:** When the woman is having a fit, give her 10 mg diazepam IV slowly over 2 minutes or 20 mg IM. If unable to give injection, give diazepam in the rectum. Crush 20 mg diazepam tablets and dissolve in a little water, use a syringe attached to a catheter or a bulb syringe to push the medicine into the rectum. May repeat in 10 minutes if eclamptic fit is not controlled, but do not exceed 100 mg in 24 hours. It is very important to find a way to go to the referral site as soon as the fit is finished. Keep the woman lying on her side, watch for fast delivery if she has not given birth, and watch for too much bleeding.



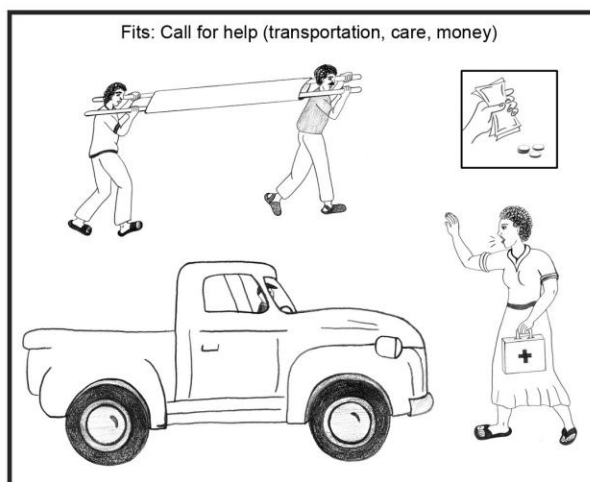
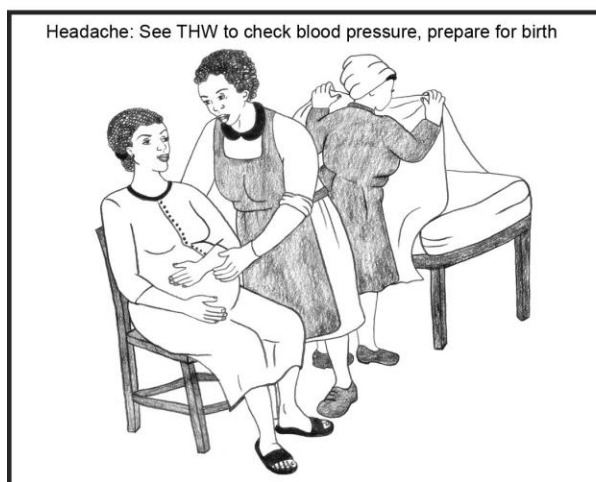
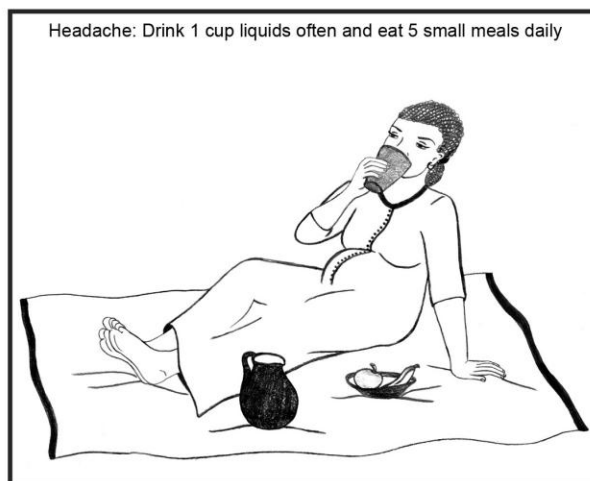
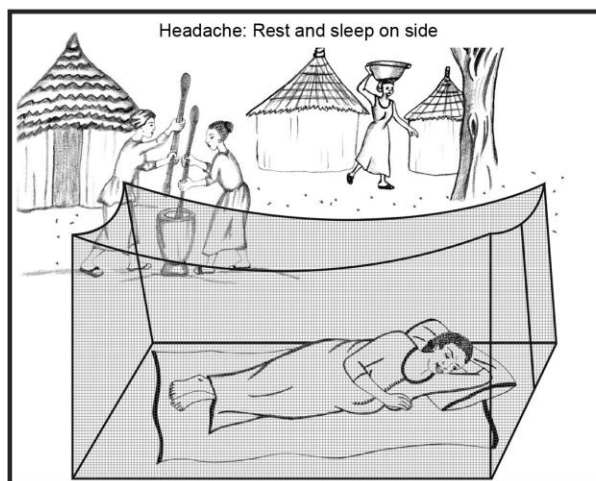
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**notes**

**PICTURE CARD AND TAKE ACTION CARD**  
**Headache and Fits**



## Take Action Card: Headache and Fits



# Home Based Life Saving Skills

## Community Meeting 9 Many Children or Many Pregnancies



## Community Meeting 9: Many Children or Many Pregnancies

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## COMMUNITY MEETING 9

### Many Children or Many Pregnancies

#### INFORMATION FOR THE FACILITATOR\*

Problems can happen to a woman and baby during pregnancy, at birth, or after the birth. Some parents want many children. Parents may believe that they need more children to help with the work and to care for them later on. But some parents have learned that a large family may cause serious problems. It is harder to feed many children. The woman becomes weak when her babies are born too close together. If there are fewer than three years between children, the chances of the family losing a pregnancy are greatly increased. The woman may have more problems before, during, and after many pregnancies.

There are many ways to prevent a pregnancy when it is not the right time. This is called family planning. Family planning can prevent sickness and death for women and babies by helping women and couples space pregnancies. Family planning can help a young couple delay pregnancy until they are ready for a baby. Family planning can help a woman or a couple have the number of children they want and prevent additional pregnancies. Family planning can help parents space their children so babies are born at least three years apart (but not more than five years apart). Family planning can also help take away fear of an unwanted pregnancy and make a couple's sex life more enjoyable. Some methods of family planning can also help couples identify the fertile phase in the woman's menstrual cycle to help them get pregnant when they want another baby.

In this meeting, participants will learn about experiences with family planning. They will learn methods of family planning and about the health benefits of some methods like dual protection and condoms.<sup>1</sup>

This meeting has much important information. Take plenty of time with this meeting. Remember to give breaks and give the participants time to talk and think about the information.

#### OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell when a woman and man may need a family planning method.
- Show how to use family planning methods, including Lactational Amenorrhea Method (LAM), condoms, and other methods that are locally available.
- Tell when a woman and man need to use dual protection.<sup>2</sup>

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\* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

## PLAN

PREPARATION	
<b>How the facilitator prepares:</b> <ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstration</li> <li>• Review Take Action Card booklet and picture cards: LAM—The Breastfeeding Method, Many Children or Many Pregnancies</li> </ul>	<b>How the participants prepare:</b> <ul style="list-style-type: none"> <li>• Bring experiences with and stories about women who use a family planning method. Be ready to tell about the method, the woman's happiness or unhappiness with the method, and whether the method worked</li> <li>• Bring experiences with and stories about women who want to use a family planning method. Be ready to talk about why the women don't use family planning, what they would like to hear, and anything else they want to tell or ask</li> <li>• Bring ideas about the role of men in supporting pregnancy spacing and the use of family planning</li> <li>• Bring information on where and what family planning methods can be purchased</li> </ul>
<b>Location:</b> <ul style="list-style-type: none"> <li>• The community</li> </ul>	<b>Time:</b> <ul style="list-style-type: none"> <li>• Two hours</li> <li>• Be flexible and go at the pace of the participants</li> </ul>
RESOURCES	
<b>Demonstration <i>LAM—The Breastfeeding Method</i>:</b> <ul style="list-style-type: none"> <li>• two baby models</li> <li>• clean cloths and head coverings for babies</li> </ul>	<b>Other resources:</b> <ul style="list-style-type: none"> <li>• Take Action Card booklet and picture cards: Many Children or Many Pregnancies</li> <li>• Samples of locally available family planning methods</li> </ul>



## 1. MANY CHILDREN OR MANY PREGNANCIES

### Activities

#### **Step 1. Review the Previous Meeting**

*Ask:*

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

#### **Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do for family planning.

**First**, tell the discussion starter story. *Say:*

*Andri had a beautiful baby girl. Andri gave her baby girl the breast and sometimes a bottle. Andri did not use any family planning method. When her baby girl was about four months old, Andri found out she was pregnant. Andri was afraid. She did not know how she would care for her new baby and be pregnant at the same time.*

*Ask:*

- Have you ever *heard* about someone like Andri?
- Have you ever *seen* someone like Andri?

*Say:* In Meeting 2, we talked about woman problems. *Ask:*

- What did we agree about many children or many pregnancies?<sup>3</sup>

**Second**, *ask:* Has anyone ever seen:

- a pregnant woman with many children?<sup>4</sup>
- a woman who is pregnant every year?
- a pregnant woman who is too young and struggling to care for a baby?<sup>5</sup>
- a pregnant woman who is too old, and who does not have enough strength and energy to care for another baby?<sup>6</sup>

If yes, *ask*:

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can make a woman get pregnant when she does not plan to get pregnant? (cause)

**Third**, *ask*: Has anyone ever heard of a woman using a family planning method? If yes, *ask*:

- Why did she use a family planning method?
- What family planning method did she use?
- Was her husband/partner supportive of using family planning?

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

### **Step 3. Share What the Trained Health Worker Knows**

**First**, *say*: The trained health worker (THW) learns that a woman is in danger if she is pregnant and:

- she is too young (younger than 17) or too old (older than 40)<sup>7</sup>
- her pregnancies are too close together or too far apart (less than three years apart, more than five years after a birth, or six months or less after a miscarriage)<sup>8</sup>
- she has too many children (more than four)<sup>9</sup>

Very young women (younger than 17) are more likely to develop serious complications during pregnancy than women in their 20s.

The THW learns to help a woman space, achieve, and prevent pregnancy. This is called family planning. One method of family planning is called LAM—The Breastfeeding Method.<sup>10</sup>

**Second**, ask volunteers to help you do the demonstration: **LAM—The Breastfeeding Method**.

**Third**, do the demonstration.

### Demonstration: LAM—The Breastfeeding Method

**Actors:** Ask for volunteers to play Anna and Clara.

**Props:** Baby models, clean cloths and head coverings for babies

**Situation:** Explain who the volunteers are pretending to be, and tell the situation to those watching.  
**Say:** Clara and Anna are visiting. They each have babies about nine months old. Anna is pregnant again, and she is tired. Clara is not pregnant, and she is full of energy.

#### Demonstration:

1. **Anna says to Clara:** I am very tired. I wish I were not pregnant again. My baby is only nine months old. Our children are about the same age. Why are you not pregnant again? Did you send your husband away?
2. **Clara laughs and says:** No, my husband is with me. A friend told us about a breastfeeding way to prevent pregnancy.
3. **Anna says:** I breastfeed my baby, too.
4. **Clara says:** There is a special way to breastfeed to prevent getting pregnant. My friend learned from a THW to prevent pregnancy after the baby is born using breastfeeding. There are certain rules to follow:
  - I breastfed my baby often during the day<sup>11</sup> and no more than six hours apart during the night to prevent another pregnancy too soon. If my baby did not wake in four hours during the day, I woke her to breastfeed. During the night my husband helped me make sure I waited no longer than six hours to feed my baby. The baby got used to this and was ready to eat.
  - I could only use this breastfeeding method while my baby was less than six months old.
  - I could not use any bottles or other feeds during this time.
  - I could not use this method once my monthly bleeding began again.
5. **Clara says:** My friend told me if I could not follow all four of these rules AND I did not want to get pregnant yet, I must use another kind of family planning. I followed the rules and when I started my monthly bleeding my baby was five and a half months old. I talked with my husband. He agreed I could go to the THW for another family planning method. Now I am using the [state method]<sup>12</sup> and I am very pleased with it.
6. Very quietly **Clara says:** We are even enjoying each other more because I am not so afraid about becoming pregnant. We hope to have another baby in about three years.
7. **Anna says:** I have really learned something today. When this new baby is born, I am going to use this breastfeeding way to prevent pregnancy. Will you ask your husband to talk with my husband and tell him about your experience with family planning?
8. The two friends hug and laugh. They gather up their babies and walk home.

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth,** read each step in the box below and ask why it was taken.

Demonstration: LAM—The Breastfeeding Method	
What?	Why?
1. Start to breastfeed as soon as possible after the baby is born.	To start breastfeeding and prevent woman from bleeding too much. <sup>13</sup>
2. The <b>woman does not see her monthly bleeding</b> (menses).	There is less chance of getting pregnant before the menses begins again. <sup>14</sup>
3. <b>Breastfeed frequently</b> : at least every two to four hours during the day and at least every six hours during the night. <sup>15</sup>	Frequent breastfeeding means less chance of getting pregnant.
4. <b>Baby is less than six months old.</b>	Baby needs only breast milk until six months old. <sup>16</sup>
5. Baby is not given bottles or any other feed.	Keeps breast milk supply adequate and protects against pregnancy.
6. See THW for other family planning method if any one of the LAM criteria changes. See THW for condoms for dual protection.	If any one criteria changes, LAM will not protect from pregnancy. To protect against sexually transmitted infections and HIV, use a condom. To protect against pregnancy, see a THW. <sup>17</sup>

**Fifth, ask:**

- What new ideas have you seen here?
- Do you have any other ideas about LAM, the breastfeeding method?

**Sixth**, show a sample of a condom and share what the THW learns. **Say:**

The condom stops the sperm so it cannot get into the woman. The condom can also stop sicknesses like sexually transmitted infections and HIV/AIDS so they cannot be passed between partners. The condom may be used to prevent pregnancy and protect against disease when:

- the woman is using LAM or the pill (dual method use or as a back-up method)
- the woman has had a miscarriage<sup>18</sup>
- the baby is any age
- the woman or man does not want a chance of a pregnancy
- the woman or man does not want a chance of sexually transmitted infections including HIV/AIDS.

**Seventh**, talk about the steps in using condoms and why each step is taken.

Using the Condom Method	
What?	Why?
1. Use a new condom every time you have sex.	A used condom may be dirty or damaged.
Store new condoms in a place that is dark and not too hot.	Heat and light will make the condom weak and it may break.
Take the condom out of the wrapper; be careful not to tear the condom.	A damaged condom will not prevent pregnancy or disease.
2. Put the condom on when penis is hard, making sure the condom rim is on the outside, away from penis.	The condom is easier to put on.
3. Unroll condom until it covers all the penis.	To prevent breaking the condom.
Leave a space in condom at end of penis.	To make room for the sperm and liquid semen.
The penis should not touch the vagina until the penis has a condom on.	Some sperm can come out early and can make the woman pregnant. Touching without condom may spread disease.
Do not use oil or petroleum-based creams or lotions for lubrication (wetness).	Oil or petroleum-based creams and lotions will make the condom weak and it may break.
4. After sex the man should hold the condom on his penis (hold at the rim of the condom), and pull his penis out of the woman's vagina before the penis gets soft.	Hold condom on penis to make sure condom does not come off while penis is inside woman. Hold condom at the condom's rim to make sure the man is holding the whole condom.
5. Look at condom before throwing it away.	To be sure condom did not break. If broken or torn, the woman should see THW for emergency family planning if she does not want to become pregnant.
6. Throw used condom away in a safe place such as the toilet, or bury or burn it.	So children or animals cannot touch the condom, and to prevent the spread of infection.

**Ask:**

- What new ideas and information have you heard and seen?
- Where can you get condoms?

Time for a break.

**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2. **Say:** You said earlier today that you do the following for family planning: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, **say**: This is really wonderful that we do some things the same way for family planning.

**Third**, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask**:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] as a method of family planning?

**Fourth**, show the card for prevent pregnancy using LAM—the breastfeeding method and **ask**:

- Does the picture remind us of a woman breastfeeding her baby?
- What do you see in the picture (signs)?
- Can we come to agree that the picture reminds us of a woman using LAM—the breastfeeding method?

**Fifth**, reach agreement on the action cards. Show the cards for LAM one at a time and **ask**:

- Does the picture remind us of a woman using LAM?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the pictures remind us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

**Sixth**, reach agreement on the picture card for the signs of when family planning is needed. Show the picture and **ask**:

- Does the picture remind us of when family planning is needed for a woman with children?<sup>19</sup>
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of when family planning is needed?

**Seventh**, reach agreement on the action card. Show the card for other family planning methods and **ask**:

- Does the picture remind us of other family planning methods?
- What do you see in the picture that makes you think of other family planning methods?

- What other family planning methods does the picture remind you of?<sup>20</sup>
- Can we come to agree that the picture reminds us of other methods for family planning to delay or space births?
- Can we agree that we will share what we learned from the pictures with others?

Time for a break.

### **Step 5. Practice the Actions**

**First**, if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say**: This booklet is for you to use. Use the section of the booklet on Many Children or Many Pregnancies to practice the actions and to remind you of how to use family planning at home. These are the same pictures we have used.<sup>21</sup>

- Open the booklet to Prevent Pregnancy Using LAM.
- Look on Side One at the picture of a mother breastfeeding her baby. Look on Side Two for how to use the breastfeeding method to prevent pregnancy.
- Show the picture card of the mother breastfeeding. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of how to use the breastfeeding method. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

**Second**, ask participants to practice the following family planning situations. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice:

- Share with a friend about using the condom to protect against disease.
- Share with a friend who is about to have a baby about **LAM—The Breastfeeding Method**.<sup>22</sup>

**Third**, after the practice, **ask**:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the actions on the Take Action Card?

**Fourth**, **ask**:

- How did you feel about the family planning method(s) practice?
- If you or your family member need a family planning method, will you be ready to take the actions we agreed on to use family planning?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

### **Step 6. How Will You Know the Actions Are Helpful?**

*Ask:*

- How will you decide if the family planning method prevents a pregnancy?
- How will you decide if the condom prevents sexually transmitted infection and HIV/AIDS?
- How will you know if you need more practice giving information and using the family planning methods?
- What can you do for more practice?

### **Step 7. What Can We Do to Plan Our Family?**

**First, ask:**

- What happened to Anna? What was the problem?  
**Answer:** Anna got pregnant soon after her baby was born. She did not want to be pregnant so soon.
- What was done to help Anna?  
**Answer:** Her friend Clara talked with her. Clara shared her own experiences and told Anna how to plan a pregnancy using LAM.
- What did we agree today could have been done to help Anna?  
**Answer:** Anna could have learned the correct information about LAM or another family planning method. Anna could have discussed with her husband his attitude toward family planning and both of their desires for spacing her pregnancies.
- What can be done to prevent pregnancy until a woman wants to be pregnant?  
**Answer:** Use a family planning method correctly.
- Where are family planning services available?  
**Answers may include:** Names of providers, THWs, shops, clinics, and hospitals in the area.
- Where can you learn about family planning methods?  
**Answers may include:** Friends, names of providers, THWs, shops, clinics, and hospitals in the area.
- What other family methods are available?  
**Answer:** Responses will vary as appropriate to the area.



**Remind the participants:**

- LAM, the breastfeeding method, saves lives.
- **MAKE YOUR OWN DECISIONS** about family planning methods.
- Condoms give the best protection against sexually transmitted infections and HIV/AIDS.
- Use condoms with other family planning methods to prevent both pregnancy and sexually transmitted infections. This is called dual-method use or dual protection.

**Talk about Today's Meeting**

*Ask:*

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of the meeting to write the suggestions.

**Prepare for Next Meeting**

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

*Say:* Good bye and safe journey.

## 2. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

**This section is for facility-based training only.** Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

**First**, find out what the participants know about family planning. *Ask*:

- How many children do people usually have?
- What problems can happen when there are many more children than the woman/couple plans or wants?
  - What problems happen to the woman?
  - What problems happen to the children?
- What problems can happen if a family has fewer children than the woman/couple desires?
- What spacing between children is best? Why?
- What problems can happen if children are born too close together? Too far apart?
- What is the best time for a couple to begin having children? Why?
- What can happen if a couple begins to have children too soon? Too late?

*Ask*: Does anyone know about a woman who used family planning? If yes, please tell us about it:

- What method did the woman use?
- Why did the woman want to use the method?
- Was the woman happy or not happy with the method? Why?
- Was her husband happy or not happy with the method? Why?
- Did the method protect the woman from pregnancy? For how long did it protect her?
- Where did the woman and her husband get the family planning method?

**Second**, explain that you want to share what the THW knows about family planning. *Say*: A THW can share information with a woman or a couple about family planning. This information can help the couple decide if they want to use family planning and what method is best for them. There are seven topics that a THW thinks are important. You can then share the information with people interested in family planning. These seven topics about family planning are:

1. Benefits of family planning
2. Safety of family planning
3. Family planning methods and how well they work
4. Choosing the best family planning method for you
5. Injections
6. The pill (two medicines)
7. Emergency family planning

In addition to the family planning methods we'll discuss here, other methods may be available at facilities, including:

- Standard Days Method (CycleBeads®)

- Intrauterine device (IUD)
- Implants
- Male sterilization (vasectomy)
- Female sterilization (tubal ligation)

**Third, say:** Let us talk about the topics that the THW thinks are important.

## Topic 1: Benefits of Family Planning

**First, say:** The THW has learned to help a woman or a couple who want family planning.

**Second,** ask participants to help discuss the **Benefits of Family Planning**.

Benefits of Family Planning	
What?	Why?
<b>Benefits to Children</b>	
1. Gives each baby time to nurse and grow before another baby is born.	Mother can pay attention to her baby before another baby is born.
2. The family has money for food, clothing, and education for each child.	A family needs money and resources to raise each child; with fewer children there is more for each child.
<b>Benefits to Women</b>	
3. Gives the woman time to get strong after a pregnancy. She has more energy to take care of herself and her family.	The woman has more time to begin to sleep better and to make her blood stronger.
4. Reduces chances of bleeding problems with the next pregnancy.	Bleeding problems often happen when a woman is not strong and is tired during her pregnancy.
<b>Benefits to Couples</b>	
5. The parents have more time to spend with each child.	When there are many children, the parents do not have so much time for each child.
6. The couple has more time for each other.	When there are many children, the parents do not have so much time for each other.
7. The couple enjoys sex more.	The couple is not afraid of getting pregnant.
8. The parents have more choices in life.	The parents may wait until their education is done and they are ready to have children.

**Third,** thank the participants. Talk with the group about the benefits of family planning. **Ask:**

- What new ideas have you seen here?
- Do you have any other ideas about the benefits of family planning?

## Topic 2: Safety of Family Planning

**First, say:** The THW learns about the safety of family planning. The THW shares this information with women and couples interested in family planning.

**Second,** ask for volunteers to help do the exercise on **Safety of Family Planning**.

Exercise: Safety of Family Planning	
<b>Supplies:</b>	Something to draw with, stones (optional).
<b>Instructions:</b>	Draw two big boxes on the floor with chalk, or with a stick in the sand, or on a big piece of paper with a pen. One box is for family planning and the other box is for pregnancy. Ask the volunteers to do these things:
	<ul style="list-style-type: none"> <li>In the family planning box, draw a circle or put a stone for each woman in your community who has died because of using family planning.</li> <li>In the pregnancy box, draw a circle or put a stone for each woman in your community who has died because of pregnancy.</li> <li>Count the circles or stones in each box. <b>Say:</b> In your community, ___ women died from family planning and ___ women died from pregnancy.</li> <li>Ask a volunteer to remove the circles/stones from the boxes.</li> <li>Ask a volunteer to put one small circle/stone in the family planning box and put 500 circles/stones in the pregnancy box. The boxes will look something like this:</li> </ul>
Family Planning	Pregnancy
○	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	○○○○○○○○○○
	400 more...
	<ul style="list-style-type: none"> <li><b>Say:</b> Look at the 500 circles in the pregnancy box and the one circle in the family planning box. In most parts of the world, 500 women out of 15,000 who are pregnant will die. For family planning one woman out of 15,000 will die. Family planning is safe.</li> </ul>

After the exercise, thank the volunteers and give them time to join the group.

**Third,** read the box below and talk about the exercise and why it is important.

Exercise: Safety of Family Planning	
What?	Why?
Out of 15,000 women who are pregnant, 500 will die from problems of pregnancy or birth.	Many problems can happen to a pregnant woman. Some of these problems can be dangerous or even cause the woman to die. This is especially true if the woman is too young, or is older, or has too many babies, or the babies are born too close.
Out of 15,000 women who use family planning, only one will die from using a family planning method.	Family planning is not dangerous. Family planning can even save a woman's life by helping the woman get pregnant when she is healthy and ready.

*Ask:*

- What new ideas have you seen here?
- Do you have any other ideas about the safety of family planning?

### Topic 3: Family Planning Methods and How Well They Work

**First, say:** The THW learns about the different family planning methods. She also learns how well each method prevents pregnancy and sexually transmitted infections including HIV/AIDS.

**Second,** ask everyone to work together on the exercise **Family Planning Methods and How Well They Work**.

Exercise: Family Planning Methods and How Well They Work	
<b>Supplies:</b>	Family planning methods available locally and in the country, something to draw with, three pictures of faces or masks (very unhappy face, face not happy, happy face, according to group agreement)
<ol style="list-style-type: none"> <li>1. The <b>Facilitator</b> places a container with family planning methods that are available locally and in the country for the group to see. The <b>Facilitator says:</b> We are going to talk about family planning methods for men and for women. Later we will come to agree on how well they work.</li> <li>2. The <b>Facilitator</b> asks a volunteer to draw two circles on the ground or table, making one look like a man and the other like a woman. The <b>Facilitator asks:</b> What methods can be used by a man?<sup>23</sup></li> <li>3. For each method named, find the method in the container and place it in the man circle on the ground or table.</li> <li>4. The <b>Facilitator asks:</b> What methods can be used by a woman?</li> <li>5. For each method named, find the method in the container and place it in the woman circle on the ground or table.</li> </ol>	

### Exercise: Family Planning Methods and How Well They Work

6. The **Facilitator says**: You already know and named many methods, as we can see by looking at the methods in the circles. Do you want to add any more?
7. When the volunteers are finished, put three pictures or drawings of faces or masks for the group to see and **say**: We are now going to decide how well we think these methods work.  
  
 Face 1: Very unhappy face: 😞      Method does not work  
 Face 2: Face not happy: 😐      Method works sometimes  
 Face 3: Happy face: 😊      Method works well  
  
**Say**: Decide which family planning methods fit with each face. Put the methods by the face. For example, Face 1 has a very unhappy face. The group should choose the family planning methods they think do not work, and put that method(s) by the unhappy face.
8. **Ask**: Does everyone agree on which method belongs with each face? If not, why or why not?

**Third, say**: The THW has learned how well different methods work. Let's compare the THW's ideas with our ideas.

The Facilitator shares the information in following chart for **The Success of Family Planning Methods**. Ask volunteers to move any methods from face to face as needed.

The Success of Family Planning Methods						
Method	M a n	W o m a n	Why Best to Choose?	For every 100 women who use this method for one year, this many will get pregnant:		
				Works Well	Works Some-times	Does Not Work
Condom*	x		Protects from pregnancy and sexually transmitted infections.	2–15		
LAM		x	Protects from pregnancy in first six months postpartum, if no menses.	2		
Pills		x	Protects from pregnancy postpartum and after miscarriage; can become pregnant shortly after stopping.	3–8		
Emergency family planning		x	Protects woman with unprotected sex in last 3–5 days who does not want to get pregnant.	1 (progestin-only); 2 (estrogen and progestin)		
Injections		x	Protects from pregnancy postpartum and after a miscarriage. For women who do not want more children in the near future.	less than 1		
IUD		x	Protects from pregnancy postpartum and after a miscarriage. For women who do not want more children for a long time.	1		

The Success of Family Planning Methods						
Method	M a n	W o m a n	Why Best to Choose?	For every 100 women who use this method for one year, this many will get pregnant:		
				Works Well	Works Some-times	Does Not Work
Vasectomy or tubal ligation	x	x	Protects from pregnancy for women and men who do not want to have any more children ever.	less than 1		
Pulling out	x		Offers some protection from pregnancy. Always available, can be used when nothing else is available.		4–27	
Trying not to have sex	x	x			Abstinence may be very difficult.	
Urinate or wash vagina after sex		x				85
Standard Days Method	x	x	Helps women/couples learn about how the reproductive system works and how to identify the fertile phase of the woman's menstrual cycle. This information is used to prevent pregnancy by avoiding sex during the fertile phase or to achieve a desired pregnancy by having sex during the fertile phase.	5		
Implants		x	Protects from pregnancy for long periods of time.	Less than 1		

\*Consistent use of condoms during pregnancy to avoid new infection, re-infection, and /or further transmission, and as dual protection throughout the postpartum and breastfeeding periods to prevent sexually transmitted infections and HIV is recommended (Israel & Kroeger, 2003).

## Topic 4: Choosing the Best Family Planning Method for You

**First, say:** The THW has learned that it is important to talk with a woman or couple about which family planning method is best to use.<sup>24</sup> The THW has learned to give people information to help them choose the family planning method that is best for them.

Choosing the Best Family Planning Method for You	
What?	Why?
What methods can you easily get in your area?	It is best to use a method you can easily get or buy.
What cost for the method is acceptable for you and your family?	If a method is too expensive for you, you will probably not use it.
Have you used a method before that you were happy with?	Think about trying that method again.
Do you want to rest between pregnancy or do you want to stop having children?	Short-acting and long-acting methods are good for spacing pregnancies; an operation (sterilization) is good for stopping (never have any more babies).
What method do you like?	If you choose the method based on your personal preference, you will probably use it.

**Second, say:** Use the section of the Take Action Card booklet on Many Children or Many Pregnancies to remind you of family planning methods. These are the same pictures of the methods we have discussed.

- Open the booklet to Many Children or Many Pregnancies.
- Look on Side One at the picture of a family with many children. Look on Side Two for pictures of the methods.
- Show the picture card with the methods. Ask participants to say a method and find the sample of the method in the container.
- Ask participants to tell the method, the method's safety and success, and to find the same picture on the Take Action Card.

**Third,** ask for volunteers to practice one of the following family planning situations. Ask other participants to use the Take Action Card to help the volunteers.

Practice:

- Talking with a colleague about family planning methods.
- Talking with a friend about the benefits of family planning.
- Talking with your partner to decide on a safe and effective method to use.

**Fourth,** after the practice, *ask:*

- What did the volunteers do? Did the volunteers follow the agreed-on information on the Take



Action Card? How did you feel about the practice when you did it?

- If you or your family member need a family planning method, will you be ready?
- If you are not ready, what do you need to do to be prepared?

Thank the participants and continue.

## Topic 5: Injections

**First**, show a sample of the syringe, needle, and medicine, and share what the THW learns. **Say**: The injection can stop the woman's body from making and releasing the egg. The injection medicine closes the opening to the womb with a thick mucus. When this happens the sperm cannot reach the egg and the woman does not get pregnant. The injection may be used to prevent pregnancy when:

- A woman cannot meet all LAM criteria or does not wish to use LAM.
- A woman is using LAM and wants more protection.
- The baby is any age after six weeks.
- A woman has had a miscarriage.
- A couple is using condoms.

**Second**, talk about each step in using the injection method and why it is taken.

Using the Injection Method <sup>25</sup>	
What?	Why?
<p>1. The timing of the first injection is given based on the woman's circumstance:</p> <ul style="list-style-type: none"> <li>• After delivery if not breastfeeding: give first injection as soon as possible (no need to wait).</li> <li>• After delivery if breastfeeding: delay first injection until at least six weeks.</li> <li>• If menstruating: give first injection within seven days of the start of the menstrual cycle (no backup is needed).</li> <li>• After miscarriage: can be given immediately; if given within seven days of miscarriage, no backup is needed.</li> </ul> <p><b>Note:</b>  <b>Monthly injections</b> can begin right away after baby is born for mothers breastfeeding or not breastfeeding.  <b>If using injections given every 3 months</b>, delay first injection until 6 weeks after baby is born.</p>	<p>Starting the injection during the first seven days of the menstrual cycle makes the medicine work better (less chance of getting pregnant).<sup>26</sup></p>
<p>2. Use condoms.</p>	<p>Use condoms as a backup method for the first seven days after first injection. Use condoms to prevent sexually transmitted infections and HIV/AIDS.</p>

Using the Injection Method <sup>25</sup>	
3. Some women may have side effects: <sup>27</sup> <ul style="list-style-type: none"> <li>Bleeding may be mild, heavy, or absent.</li> <li>Other side effects can include weight gain, acne, headaches, and depression.</li> </ul>	Counsel woman about side effects to prevent discontinuation of a method and unplanned pregnancy. To get care as needed.
4. Get another injection in two to three months, depending on routine of each type of injection. Time injections regularly every two to three months. If necessary, the injection can be given two weeks early or up to four weeks late.	To protect against pregnancy. <sup>28</sup>

**Ask:**

- What new ideas or information have you seen or heard?
- Where can you get the injection method?

## Topic 6: The Pill (Two Medicines)

**First**, show a sample of a packet of pills and share what the THW learns. **Say:** The pill can stop the woman's body from releasing the eggs. When this happens the sperm cannot reach the egg and the woman does not get pregnant. The pill may be used to prevent pregnancy when:

- A woman cannot meet all LAM criteria or does not wish to use LAM.
- A woman is using LAM (use only progestin-only pills if breastfeeding; see below for information on progestin-only pills).
- The baby is any age after six weeks if not breastfeeding or after six months if breastfeeding.
- A woman has had a miscarriage immediately or within seven days.
- A couple has unprotected sex (use as emergency contraceptive pills).
- A couple is using condoms (dual method use).

**Second**, talk about each step in using the pill method and why it is taken.

Using the Pill Method	
What?	Why?
1. Start the pill on the day you start your menses or in the first five days after starting your menses.	Starting the pill at this time makes the pill work better so there is less chance of getting pregnant. <sup>29</sup>
2. For a 21-pill pack: <ul style="list-style-type: none"> <li>Take one pill every day until the pack is finished.</li> <li>For seven days, take no pill. During this time your menses will happen.</li> <li>Start another pack of pills at the end of the seven days of taking no pills. Take one pill every day until the pack is finished.</li> </ul>	Follow directions carefully to prevent unwanted pregnancy.

Using the Pill Method	
3. For a 28-pill pack: <ul style="list-style-type: none"> <li>Take one pill every day until the pack is finished. The last seven pills are a different color. During this time your menses will happen.</li> <li>Start another pack the day after you finish the old pack. You will always take one pill each day.</li> </ul>	Follow directions carefully to prevent unwanted pregnancy.
4. If you miss one or two pills (21- or 28-pill pack), take a pill as soon as you remember it. Continue taking one pill each day. Do not have sex for seven days, or use condoms for seven days.	To protect against pregnancy. A woman can get pregnant as soon as she does not take one pill.

**Ask:**

- What new ideas or information have you seen or heard?
- Where can you get the pill method?

Continue to talk about other available family planning methods.

**Other Family Planning Methods**

Method	Description
Progestin-only pills	Take a pill at the same time every day without stopping; can be used by breastfeeding women six weeks after delivery; can be used for emergency family planning.
IUD	Small, plastic device is placed in the uterus that can stay up to 12 years. There is nothing to do after it is in place except to check for the strings every month. Changes in bleeding can occur during the first three to six months.
Implants	Small, soft rod(s) is/are placed under the skin of the upper arm and can stay in from three to seven years depending on the type. There is nothing to do after the rods are put in until they expire or you want to have a baby, and then they are removed. Changes in bleeding may occur during the first year.
Vasectomy	Permanent surgical procedure that is effective three months after the procedure. It does not affect sexual performance.
Tubal Ligation	Permanent surgical procedure that is effective immediately.
Standard Days Method	Can be used by women with menstrual cycles between 26 and 32 days long. A circle of beads of different colors helps to identify the fertile and non-fertile days of the menstrual cycle.

**Topic 7: Emergency Family Planning**

**First**, share what the THW learns about emergency family planning. Show a sample of pills used for emergency family planning. **Say:** Emergency family planning can help a woman prevent pregnancy after she has sex without protection or when a condom breaks. The THW can help a woman with emergency family planning:

- The THW will give these pills to help a woman not get pregnant after unprotected sex.<sup>30</sup>
- The woman must see the THW no later than 120 hours (five days) after having unprotected sex if the woman does not want to get pregnant. The sooner the woman starts taking emergency family planning, the more effective it is.
- To prevent pregnancy, use a condom or continue taking pills daily immediately after completing the emergency family planning treatment.
- This method is for an emergency. It should not be used as a routine family planning method.

*Ask:*

- What new ideas and information have you heard?
- Where can you get the emergency family planning method?
- Do you have any other ideas about family planning methods?

**Closing thoughts to share with participants:**

- Family planning is a life-saving tool for both women and infants.
- Spacing desired pregnancies with three-year intervals allows the woman's body to recover and for the infant to benefit from optimal breastfeeding and maternal attention before the woman becomes pregnant again. This spacing also helps to reduce the number of children a woman will have.
- Family planning protects very young women from early childbearing that puts them at risk of serious complications during pregnancy and childbirth.
- Family planning helps men participate and helps them support family planning use, including the consistent and correct use of condoms.
- Family planning protects women, men, and their future children from sexually transmitted infections.

Thank the participants.

## NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. Family planning methods discussed in this meeting should reflect those methods available and outlined in the protocols of the implementing country. The information covered may be more than what is provided in the meeting. LAM (the breastfeeding method) is recommended as the beginning choice for women choosing to breastfeed their babies. Other methods may include: (a) non-hormonal methods including condoms for men or women, spermicide, diaphragm, IUD, surgical sterilization of man or woman; (b) progestin-only methods including pills, injections, and implants; (c) combined (estrogen and progestin) pills; (d) emergency family planning used immediately after sexual intercourse, as described in this meeting, or mifepristone. Both emergency methods are pills or tablets taken by mouth no later than three to five days after method failure. These methods *must not* be used instead of other family planning methods. *They should only be used occasionally—in an emergency as a backup method when the family planning method used fails; for example, when a condom breaks or a woman missed taking her pill, etc.* This is why they are called emergency family planning methods.
2. In many places women will NOT know their HIV status. The consistent use of condoms during pregnancy is recommended to avoid new infection, re-infection, and/or further transmission of HIV/sexually transmitted infections and to promote dual protection throughout the postpartum and breastfeeding periods (Israel and Kroeger, 2003).
3. In Meeting 2, we agreed that **many children or many pregnancies is a problem**.
4. The term “many children” may be defined differently in different areas (it may, for example, be defined as more than four children). If possible, use the number defined by the country’s Ministry of Health to specify how many children are considered to be “too many.”
5. The term “too young” may be defined differently in different areas (it may, for example, be defined as less than 17 years old). If possible, use the age defined by the country’s Ministry of Health to specify what age is considered to be “too young.”
6. The term “too old” may be defined differently in different areas (it may, for example, be defined as more than 40 years old). If possible, use the age defined by the country’s Ministry of Health to specify what age is considered to be “too old.”
7. Too young: Adolescent girls under the age of 17 are more likely to die in childbirth because their bodies are not fully grown. They are more likely to develop pre-eclampsia, premature labor, birth delay, and low birth weight infants (Arkutu, 1995).  
  
Too old: Older women face more danger in pregnancy and childbirth, especially if they have other health problems or have had many children. They may suffer from high blood pressure, retained placenta, and problems with the baby (Arkutu, 1995).
8. Babies born too close together: Studies show that longer intervals between children are even better for infant survival and health, and for maternal survival and health as well. Children born three to five years after a previous birth are about 2.5 times more likely to survive than children born less than two

years after a previous birth (Population Reports, 2002).

Pregnancy, delivery, and breastfeeding put a considerable strain on a woman's body. Pregnancies less than two years apart increase this strain. Severe anemia is common in women with frequent pregnancies. A woman's body needs at least three years to recover between pregnancies (Arkutu, 1995).

Fertility returns as early as 11 days after a miscarriage or an abortion, if the pregnancy was less than 12 weeks. The woman can get pregnant almost immediately. The woman needs information about options so she and her partner can make a decision about another pregnancy (Marshall et al., 2008).

9. Many children: Women with more than four children are more likely to have problems, including high blood pressure, anemia, too much bleeding after the baby is born, long labor, rupture of the womb, and abnormal presentation of the baby (Arkutu, 1995).
10. LAM is a short-term family planning method that can be started at the moment of birth or early in the postpartum period. LAM is used for up to six months if the mother has no menstrual flow and feeds her baby nothing but her own breast milk.

LAM works because suckling at the breast causes a substance called *prolactin* to be made in the woman's body, and prolactin causes the breast to release milk. As prolactin increases, it stops ovulation. LAM is 98% effective when the woman meets all of the criteria for LAM and follows all the instructions (Labbok et al., 1994).

11. An ideal pattern is feeding on demand (that is, whenever the baby wants to be fed) and at least 10–12 times a day in the first few weeks after the baby is born, and 8–10 times a day thereafter, including at least once at night in the first months. For LAM to be successful, daytime feedings should be no more than four hours apart, and night time feedings no more than six hours apart. Some babies may not want to breastfeed 8–10 times a day and may want to sleep through the night. These babies may need gentle encouragement to breastfeed more often so that LAM is successful preventing another pregnancy (WHO & JHU/CCP, 2007).
12. The facilitator will determine the method to be used in the demonstration based on locally available methods.
13. Colostrum, the mother's first milk, contains many immunity factors that protect the baby against respiratory diseases and allergies. Early breastfeeding decreases the chances of postpartum hemorrhage in the mother by causing the release of oxytocin, which helps the uterus contract. Breastfeeding also enhances the bond between the mother and child; this love increases the child's survival (Farrell et al., 1996; Linkages 2000).
14. There often may be continued spotting during the first six to eight weeks postpartum. This is NOT considered to be menstrual flow if the woman is fully breastfeeding.
15. **HBLSS Criteria for LAM:** LAM is a successful short-term family planning method when the following criteria are always followed:
  1. The woman's menstrual periods have not returned.
  2. The baby is less than six months old.
  3. The baby breastfeeds at least every two to four hours during the day and at least once during the night (8–10 times a day).

4. The baby gets only breast milk and the woman gives the baby no bottles.

If the baby does not demand to feed by crying or sucking on the fist, the mother should offer her breast to the baby. If the baby is asleep and has not nursed in six hours, the mother should gently wake the baby and offer her breast to the baby. The baby should feed frequently—with no more than four hours between any two daytime feeds and no more than six hours between any two night time feeds—and the baby should not receive regular supplements (Family Planning: A Global Handbook for Providers, 2007).

During the first six months, the baby only breastfeeds. That means the baby does not regularly receive any water, other liquids, or foods. Whenever the baby shows signs or cues of wanting to be fed—by sucking on the hand, moving or opening the mouth, or moving the head around— day or night, the mother breastfeeds her baby. All of a baby's thirst, hunger, nutritional, and sucking needs are met at the breast. No other liquid or solid is given to the baby. The baby is nursed frequently for as long as the baby wants to remain on the breast. The minimum is eight feedings during a 24-hour period and at least one feeding during the night without any interval more than four to six hours (LAM Training Module for Health and Family Planning Service Providers, LINKAGES, 2000).

16. Up to six months of age, breast milk offers complete nutrition and adapts to the child's needs as the baby grows. Breast milk decreases the incidence of anemia. Breast milk helps the child's chances of survival because it is easily digestible, never sours or spoils, is clean and warm, is always available, and is easy to provide during night and travel.
17. **Dual Protection:** Offering condoms to prevent the spread of sexually transmitted infections and HIV/AIDS should be routine in family planning and sexually transmitted infection clinics. The idea of using only condoms, or using condoms in addition to another family planning method (dual method use), may be new to clients. Counseling on the importance of dual protection, and on **how** to use dual protection effectively, is a necessary part of HIV/AIDS prevention (Israel and Kroeger, 2003).

The woman may stop using LAM at any time and/or use another family planning method. The introduction of another family planning method is an essential part of LAM use. This should be part of the LAM counseling. Another method will provide the woman with contraceptive protection without negative effects on milk production or the child's health.

18. After a miscarriage, a woman may become very sick from infection and other sickness. She may also become pregnant after the miscarriage as soon as she has sex if she does not use a family planning method. It is very good for a woman to ask her partner to use a condom after a miscarriage to protect her against infection and pregnancy.
19. Family planning may also be needed for a woman after a miscarriage, for a man, for emergency family planning, or for protection from disease by a woman or man.
20. Use locally available methods: condom, pill, injectable, foam/jelly, diaphragm.
21. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.
22. The following situations are for additional practice for facility-based training for birth attendants.

Explain what to do if: (a) a woman misses two days of pills, (b) a husband and wife ask how to prevent having a baby until the wife completes two years of school, and (c) a friend just had a miscarriage and is fine. Add other situations depending on the methods in the country protocol.

23. Responses may include:

MEN: pulling out before orgasm, condom, operation to stop having children, and other traditional methods.

WOMEN: pills, IUD, LAM, injections, operation to stop having children, urinating after sex, and other traditional methods.

24. Some women are uncomfortable talking about family planning. The woman may believe that if she talks to someone about this, that person may judge her or tell other people what she said. Participants need to understand how important it is to develop trust and respect between themselves and any woman they work with. To develop trust and respect, all participants and the Facilitator must take time, listen carefully, not judge, and keep what is said private.

THWs have learned that not all family planning methods are best for all people at all times. A method may be good to use now, but when a person's situation changes another method may be better. To help a person choose the best method for their situation, THWs ask questions of the person or couple. These questions help make it clear which method may be best to use.

25. Two common injection methods are: (1) injection needed every three months with DMPA (depot medroxyprogesterone acetate [also known as Depo-Provera or Depo]) and (2) injection needed every two months with Noristerat (King, 2004).

26. King (2004).

27. If *mild bleeding*, reassure her this is normal and usually happens for a few months. If *heavy frequent bleeding*, reassure her and help her see the THW. Heavy bleeding usually happens in about 10% of women during the first year and 2–3% the following years. If *no periods*, try to reassure her that this will cause no problem to her body. If she has taken the injections regularly, she is not pregnant. If she is still worried, she should see the THW. If the woman has other problems like headache, weight gain, depression, or acne, see the THW (King, 2004; Beck et al., 1998).

28. It may take a woman 9–12 months to get pregnant after stopping the injection method.

29. If you start the pill any other time you must use a backup method such as a condom for the first seven days to prevent an unwanted pregnancy. You should always use a condom with the pill to prevent sexually transmitted infections and HIV/AIDS.

30. **Emergency family planning pills** prevent pregnancy (but provide no protection for sexually transmitted infections including HIV/AIDS) in different ways:

- may stop the body from releasing the egg (or delay the release of an egg)
- may prevent the egg from attaching in the womb
- may change the speed that a fertilized egg passes through the fallopian tubes so that the egg reaches the womb at the wrong time.

Many studies have shown that although emergency family planning pills are safe and cause no serious health problems, they should **not** be used as a routine family planning method (Hatcher et al., 1995).



**notes**

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**PICTURE CARDS AND TAKE ACTION CARDS**  
**Many Children or Many Pregnancies**



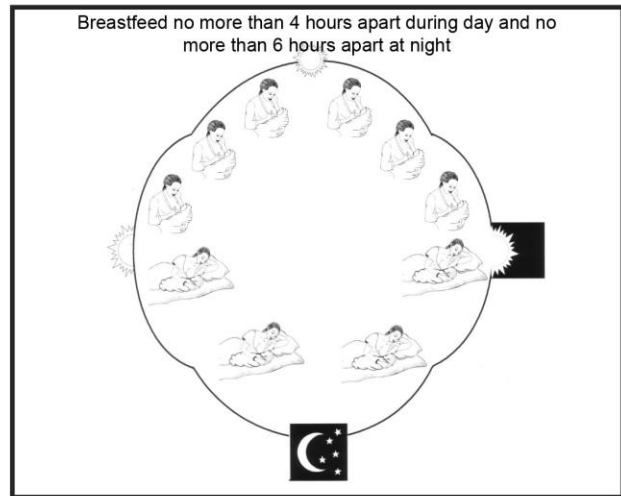
## Take Action Card: Family Planning Methods



## Prevent Pregnancy Using LAM—The Breastfeeding Method



## Take Action Card: Prevent Pregnancy Using LAM—The Breastfeeding Method



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