

FACILITATOR'S MANUAL

FOR TRADITIONAL BIRTH ATTENDANTS
IN OBSTETRICAL AND NEWBORN EMERGENCIES IN INACCESSIBLE COMMUNITIES



FIRST AID FOR COMMUNITIES WITH HIGH MATERNAL AND PERINATAL
MORTALITY RATES

CATHOLIC RELIEF SERVICES

2004



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I. INTRODUCTION

Nature has created conditions conducive to reproduction to ensure the perpetuation of the human species. Even so, 15% of pregnant women experience a life threatening complication. Many women die of such complications in poor countries where access to maternal health services is limited; in fact, every year, 585,000 women die of preventable complications related to pregnancy.

An estimated 75% to 85% of all maternal deaths can be attributed to five main medical causes: postpartum hemorrhage, miscarriage/abortion, sepsis, obstructed delivery, and pregnancy-induced hypertension. Recent studies have shown that most maternal deaths (60%) occur within one week of delivery; 45% of these deaths occur within 24 hours of delivery and an additional 23% occur from two to seven days following delivery. In other words, most women die during childbirth or within the following seven days. This is significant because it indicates that the most important period during which women should receive obstetrical care is during delivery and for seven days postpartum.

Around the world, more than 50% of births take place at home and, in the vast majority of cases, they are assisted by a traditional birth attendant (TBA). In Honduras specifically, the 1996 National Epidemiological Survey of Family Health (ENESF-96) found that nearly 60% of women give birth at home. A study conducted by Catholic Relief Services (CRS) in 2000 found that 86% of women living in rural areas of Intibucá Department give birth at home, most of them with the assistance of a traditional birth attendant.

According to ENESF-96, Health Region 2 has one of the highest maternal mortality rates in the Republic of Honduras. This is mainly due to the geographic inaccessibility of maternal health services in the region, together with the tendency to give birth at home. These factors point to the urgent need to adequately train traditional birth attendants so they can help women during pregnancy, delivery, and postpartum and identify and resolve any complications that may arise during any of these stages. In the past, most training programs for traditional birth attendants have used a risk-based approach; in other words, they train traditional birth attendants to recognize danger signs during pregnancy, yet fail to address the need to improve their first aid skills should an obstetrical emergency occur.

This manual is a tool intended to provide such skills to the traditional birth attendant so that she can effectively manage any problems that a pregnant woman might face and to serve as a complement to the Health Ministry's risk-based training program for traditional birth attendants in Honduras.

The purpose of the manual for trained traditional birth attendants is to address the main causes of maternal mortality in Honduras at the community level by improving the TBA's ability to recognize, prevent, and respond to obstetrical emergencies in the community and to decide in a timely manner when to make a referral and organize transfer to the next level of care, in this case a hospital or a clinic.

This document is a facilitators' aid that includes: objectives, training program contents with a detailed description of each topic, its content, the methodology to be used, audiovisual aids, activities and their respective procedures, and a summary.

Based on the first-hand experience of CRS and COCEPRADII technical staff, the Health Ministry, and the community in southern Intibucá, this manual can contribute to reducing maternal and perinatal deaths in Honduras.

II. BACKGROUND

The Child Survival Project was launched in late 1999 and implemented by technical staff from CRS, COCEPRADII, and the MINISTRY OF HEALTH in six municipalities in southern Intibucá Department (Camasca, Santa Lucía, Colomoncagua, Magdalena, Concepción, and San Antonio).

The overarching objective of the project's Maternal Health component was to contribute to reducing maternal mortality through the following specific objectives: to improve the ability of women and families to recognize, prevent, and respond to complications in the case of obstetrical and newborn emergencies; to improve the ability of traditional birth attendants to recognize, prevent, and respond to an obstetrical emergency; and to strengthen the referral system to medical facilities when complications arise.

Based on these objectives, a multi-tiered training program was developed during the course of project implementation. Its core content was drawn from the "Life-saving Skills" approach developed by the American College of Nurse-Midwives. Experts from the American College of Nurse-Midwives trained a team of facilitators made up of professional doctors and nurses from the project's sphere of influence. The objective of the facilitator-training program was to teach life-saving skills based on Honduran national standards, which were revised in September 1999.

The team, in turn, transmitted the information to other project staff, physicians, and nurses from the health centers and health posts in order to improve the ability of medical personnel to supervise and monitor traditional birth attendants.

A local expert in participatory adult education methodologies and community organization also provided assistance to the facilitator team. Subsequently, the facilitators, with technical support from CRS and other specialists from the Health Ministry, designed a training program and revised the country's standards and protocols in order to produce a tool for developing first aid skills for obstetrical emergencies in the community.

The facilitator team (four doctors assigned by the Health Ministry working in the geographical areas covered by the project) conducted a five-day training for traditional birth attendants in a location adjacent to a health clinic providing complete obstetrical care. The training program used a locally adapted version of the Life-saving Skills methodology (LSS Methodology) developed by the American College of Nurse-Midwives (ACNM)

Besides training traditional birth attendants and nursing aides from the six municipalities of Intibucá Department in first aid skills for obstetrical emergencies in the community, workshops were held to support the organization of **Obstetrical Emergency Transport Committees** in each of the Child Survival Project's 95 designated communities.

These Committees have been trained and equipped with basic plans to support the traditional birth attendant, the family, and the community in case of an emergency.

Training Methodology: The training process began with the formation of the Facilitator Team made up of professional doctors and nurses working in health clinics in the project's area of influence, and CRS and COCEPRADII technical staff. Each participant had to fulfill two requirements in order to join the Facilitators Team:

1. Up-to-date theoretical knowledge (the Health Ministry's Standards of Comprehensive Healthcare for Women and the Training Manual for Trained Traditional Birth Attendants in the country).
2. Permanent position in the Ministry of Public Health's service provision network.

III. OBJECTIVES OF THE MANUAL

To contribute to the reduction of maternal and perinatal mortality by training traditional birth attendants so that they will be able to:

- Identify the most common danger signs before, during, and after delivery and refer women in a timely manner.
- Provide first aid to women with obstetrical risks in their communities.
- Assist with a clean delivery and provide immediate, timely care to the normal newborn.
- Participate in community-building, organizational efforts, and public involvement in the emergency committees for patient transport in case of an obstetrical complication.



IV. GENERAL CONSIDERATIONS

The workshop on obstetrical emergencies should take into account the following elements contained in the Facilitators Manual for Training Traditional Birth Attendants in First Aid for Obstetrical and Newborn Emergencies in Inaccessible Communities with High Maternal and Perinatal Mortality Rates:

1. Facilitators should hold a planning meeting prior to the workshop (objectives, methodology, logistics, daily evaluations)
2. There should be a maximum of 20 participants.
3. The TBAs selected should already have taken the training on reproductive risk, motivation, and leadership to enhance understanding of the content and practices that will be reinforced in this module.
4. The institutional staff participating in the workshop should be the health unit nursing aide, the educator, the area or sector supervisor, and a future facilitator who has yet to be trained in the methodology.
5. Discussion sessions should be held as close as possible to the traditional birth attendant's residence; schools, community centers; as a last resort, a room in the health clinic may be used.
6. The first training module should include visits to maternal-infant hospitals and clinics (when they are accessible to the training site) in order to observe the facilities and, if possible, institutional care during delivery.
7. Throughout the process, efforts should be made to break down the barriers between "facilitators" and "participants" by eliminating the use of formal titles and encouraging people to address each other by their first names.
8. Participatory methods should be used to keep the participants motivated.
9. In sessions to share personal experiences, let the traditional birth attendants describe how they provide care so as to identify both beneficial and harmful practices.
10. Keep in mind that institutional staff ARE NOT MERELY OBSERVERS, but can take on a facilitating role at any time.

11. Participatory methodologies should be used at all times.
12. Avoid attitudes that convey a hierarchical relationship, such as gestures and comments that approve or disapprove of the experiences described by the traditional birth attendants.
13. The workshop will last for five days.
14. Participants should distribute themselves freely throughout the room during the workshop; seating arrangements with head tables or instructor' tables should be avoided.
15. It is important to ensure that the vocabulary used is accessible to the participants and to avoid using technical institutional language.

V. GENERAL RECOMMENDATIONS

Currently there are two annexes at the end of the manual. Your country can add other annexes. The community worker can use them as references. The two annexes provide guidance on:

Annex A: Organization: note to the facilitators team.

Annex B: Literature / concepts.

As you go through each chapter, you should adapt it to your country, or to Ministry of Health (MH) recommendations and policies. In addition to country-specific changes, you will find that you need to adapt the manual to your particular region or community. If you, as a facilitator or traditional birth attendant, feel that a certain local term is better understood, feel free to use it.

When training traditional birth attendants, it may become apparent that some signs of illness are too hard for them to learn and apply in the field. It may be necessary to eliminate certain signs or symptoms if they are too complicated for the community worker. Be sure to discuss this with other colleagues in the reproductive health field in order to decide which signs, if any, should be eliminated.

VI. STRUCTURE OF THE MANUAL

The facilitator's manual for training traditional birth attendants in obstetrical emergencies and newborn care has eight main sections and an annexes section:

The first section, or introduction, briefly describes the justification and need for the manual and its intended audience.

The second, or background section, offers a brief description of the manual's origins and development. Here the facilitator will find a brief summary of how the manual originated in a community-based program experience.

The third section includes general considerations or guidelines for implementing training workshops for community human resources. In this section, the reader can find operational guidelines that ensure appropriate implementation of training workshops for community workers.

The fifth section sets forth the specific objectives of training traditional birth attendants in skills that enhance their ability to resolve obstetrical problems at the community level.

Section six provides a training program for traditional birth attendants that can be used as a guide in implementing the training workshops. This guide includes the daily sequence of topics, the specific objective of each topic, the content, the methodology to be used, and the material and technical resources needed. This training program is only a guide. It can, and should, be modified and adapted to the situation in each region and country.

Section seven develops the topics covered by the training program for traditional birth attendants. The topics are organized into three main groups: the most common danger signs during pregnancy, danger signs during delivery, and the most common danger signs during the postpartum period. The manual also presents the most common danger signs in the newborn from birth to seven days. The first topic in section seven describes the Manual for Training Traditional Birth Attendants in First Aid for Obstetrical and Newborn Emergencies in Inaccessible Communities with High Maternal and Perinatal Mortality Rates. Here the participant will recognize the manual as a useful aid to reinforce their knowledge and provide guidance to mothers, their families, and communities. The second topic in this section describes the maternal health situation in the Republic of Honduras with an emphasis on the main causes of maternal deaths in the country. In this topic, the participant will analyze the maternal health situation in his or her own community as well as nationally. Through collective reflection, the participants will enhance their understanding of the important role the community plays in improving maternal health. The third topic in section seven discusses first aid principles and how they apply to maternal health. The goal here is to equip the traditional birth attendant with tools to identify and apply first aid principles in managing an obstetrical emergency. Through this topic, the traditional birth attendant will improve her individual and collective ability to handle an obstetrical emergency and increase her understanding of the importance of giving first aid and how it relates to the formal health system. The fourth topic, danger signs during pregnancy, contributes to the detection of danger signs during this stage of the reproductive cycle and the use of first aid in managing them. A practical tool is introduced as a supplement to this topic (danger signs evaluation sheet or flow chart) for prompt detection and decision-making in a

community emergency. A similar format is used for topics five through eight: danger signs during delivery; clean delivery, newborn care and postpartum care; danger signs following delivery; and, danger signs in the newborn.

Section seven describes the elements necessary to evaluate the acquisition of knowledge, new skills and responsibilities in the community.

Finally, section eight includes an extensive bibliography for those wishing to deepen their knowledge of the topics covered in the manual.

The annexes section provides some articles and reports to be used as references for the facilitator in implementing and transmitting know-how.

Description of the manual's format:

1. OBJECTIVE

Each section of the manual begins with a clear, concise explanation of the learning expectations for the traditional birth attendant. After examining this first step, the facilitator will identify the basic concepts that should be transmitted to the TBA in the context of the topic.

2. CONTENTS

The second step in the training method is the contents section. A simple description of the illness or preventive step is found in this section. Its purpose is to offer the facilitator and the community resource some information on the topic. It serves as a simple guide for the facilitator to keep the discussion focused on the most relevant factors within each topic.

3. METHODS

This section provides the facilitator with a guide to teaching methods that may be used in developing the topic.

4. MATERIALS

This section supports the learning process by listing the material resources needed to develop the topic. Using adult education methodologies, community health workers (CHW) are asked to reflect or draw on their own experiences guided by the discussion questions developed for each topic.

The purpose is to give participants the opportunity to describe their own knowledge/experience in the subject area and then to build on this knowledge throughout the learning process. Each chapter includes a series of questions related to the topic and participants are encouraged to reflect on them individually. After a period of individual reflection, participants can share their responses with the group.

5. ACTIVITIES

This section offers a guide to activities that the facilitator should follow in developing the topic.

6. EXPLAIN – ASK – REINFORCE

This section reinforces the learning process by imparting new knowledge that complements each participant's individual experience. This section defines specific questions to stimulate reflection and learning based on individual and collective experience. It concludes by reinforcing the most important aspects of the topic.

7. WHAT TO DO

This is the last section in each chapter and includes a step-by-step description of the process that the traditional birth attendant should follow in helping to resolve an obstetrical or newborn emergency.

8. EVALUATION

Each topic includes an evaluation guide to verify the level of knowledge acquired by each participant at different stages of the workshop and during follow-up in the field.

VII. TRAINING PROGRAM FOR TRADITIONAL BIRTH ATTENDANTS IN OBSTETRICAL EMERGENCIES AT THE COMMUNITY LEVEL

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
Day 1, One hour	Create an atmosphere of trust among workshop participants	Greeting, welcome, and introduction Objectives and methodology of the workshop	<ul style="list-style-type: none"> ✓ Introduction activity ✓ Internal organization of the group 	<ul style="list-style-type: none"> ✓ Expository/presentation ✓ Brainstorming 	<ul style="list-style-type: none"> ✓ Flipcharts, ✓ Markers ✓ Notebooks ✓ Participants list ✓ Forms/planillas ✓ Masking tape ✓ Program ✓ Pencils ✓ Name tags
One hour	Hand out the traditional birth attendants manual as a tool to reinforce the topics covered during the workshop	Topic 1: How to Use the Manual for Traditional Birth Attendants	<ul style="list-style-type: none"> ✓ Objective of the manual ✓ Content ✓ Instructions for using the manual 	Demonstrative	<ul style="list-style-type: none"> ✓ Manual for Traditional Birth Attendants Trained in the Management of Obstetrical Emergencies in the Community
15 Minutes	B R E A K				
One hour	Identify the most common causes of maternal mortality and obstetrical emergencies in your community, department, and the country, so that traditional birth attendants can prevent them and provide first aid and timely referral in obstetrical emergencies.	Topic 2: Causes of Maternal deaths in the country	<ul style="list-style-type: none"> ✓ Causes of maternal deaths in the country. ✓ Most common types of emergencies 	<ul style="list-style-type: none"> ✓ Discussion questions ✓ Case studies 	<p>Question cards</p> <ol style="list-style-type: none"> 1. Why do women die in the community and what else can happen during childbirth? 2. What types of emergencies occur during pregnancy, delivery, and postpartum?
One hour			<ul style="list-style-type: none"> ✓ Preparing the TBA for emergencies ✓ What to do in case of emergency 	<ul style="list-style-type: none"> ✓ Group work, role play, songs, poetry ✓ Plenary 	<p>Question cards</p> <ol style="list-style-type: none"> 3. What should be done in case of an obstetrical emergency? 4. As a traditional birth attendant, how can I be prepared for an emergency?
One hour	L U N C H				

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
One hour, 45 minutes	After covering this topic, the TBA should be able to identify and apply first aid and obstetrical emergency management principles; basically, the TBA should understand what constitutes an emergency, the objectives of giving first aid, the steps for evaluating an emergency, and how to manage a referral	Topic 3: First aid principles	<ul style="list-style-type: none"> ✓ What is an obstetrical emergency and what are the first aid procedures ✓ What are the objectives of emergency management and first aid 	<ul style="list-style-type: none"> ✓ Role play ✓ Songs ✓ Poetry 	Masking tape, flip chart paper with exploratory questions: What is first aid? What are the objectives of first aid?
15 Minutes	B R E A K				
2 Hours		Continuation of topic 3	<ul style="list-style-type: none"> ✓ Steps for evaluating an obstetrical emergency ✓ Giving first aid during an obstetrical emergency ✓ Steps for emergency referrals 	<ul style="list-style-type: none"> ✓ Reflection and analysis of the obstetrical emergency and the provision of first aid ✓ Demonstration 	Masking tape, flip chart with exploratory questions: What steps should we follow in evaluating an obstetrical emergency? Reference forms/Checklists (Quantity based on number of participants)
Day Two 15 Minutes	Reinforce the preceding day's topic with the TBAs	Reinforcement of the preceding day's topic	<ul style="list-style-type: none"> ✓ TBA Manual ✓ Maternal deaths in the country or region. ✓ First aid principles 	<ul style="list-style-type: none"> ✓ Brainstorming 	Exploratory question: What was the main thing I learned yesterday?
One hour, 45 minutes	At the end of the topic, the TBA will be able to identify danger signs and apply first aid when they occur during pregnancy	Topic 4: Danger signs during pregnancy	<ul style="list-style-type: none"> ✓ The 4 danger signs during pregnancy ✓ Causes of each danger sign during pregnancy 	<ul style="list-style-type: none"> ✓ Group work ✓ Demonstration ✓ Role play ✓ Brainstorming 	Pregnancy flow chart from the TBA Manual
15 Minutes	B R E A K				

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
One hour, 45 minutes		Continuation of topic 4	<ul style="list-style-type: none"> ✓ Symptoms observed in the pregnant woman for each danger sign ✓ The first aid to be given by the TBA upon observing any of the danger signs during pregnancy 	<ul style="list-style-type: none"> ✓ Group work ✓ Demonstration ✓ Role play ✓ Brainstorming 	Page on danger signs during pregnancy from the TBA manual (Pregnancy flowchart)
One hour	L U N C H				
One hour 45 minutes	After covering the topic, the TBA will be able to identify danger signs and apply first aid should they occur during childbirth	Topic 5: Danger signs during childbirth	<ul style="list-style-type: none"> ✓ The 4 danger signs during childbirth ✓ Causes of each danger sign during childbirth 	<ul style="list-style-type: none"> ✓ Group work ✓ Demonstration ✓ Role play ✓ Brainstorming. 	Page on danger signs during childbirth from the TBA manual (childbirth flow chart)
15 Minutes	B R E A K				
2 Hours			<ul style="list-style-type: none"> ✓ The first aid to be given by the TBA upon observing any of the danger signs during childbirth ✓ Calculating the amount of blood loss 	<ul style="list-style-type: none"> ✓ Group work ✓ Demonstration ✓ Role play ✓ Brainstorming 	Red dye, water, transparent containers, uterus made of red fabric, old rags, childbirth flow chart from the TBA manual

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
Day three <i>One hour</i>	After covering the topic, the TBA will be able to assist a clean delivery, provide immediate care to the newborn, and provide follow-up during the postpartum period	Topic 6: Clean delivery, newborn care, and postpartum care	Preventing infections during delivery <ul style="list-style-type: none"> ✓ Causes of infection during delivery ✓ Preventing infections during delivery ✓ Practicing good hygiene during delivery ✓ How the TBA can prepare for a clean delivery 	Topic evaluation Demonstrations	Questions: <ol style="list-style-type: none"> 1. How can we prevent infections in the mother during childbirth? 2. How should the TBA prepare for assisting childbirth? 3. What hygiene methods should be used during delivery? 4. Why do women get infections during delivery?
<i>45 minutes</i>			Handwashing <ul style="list-style-type: none"> ✓ Handwashing procedures: ✓ Used by the TBA ✓ <i>The procedure to follow</i> 	<ul style="list-style-type: none"> ✓ Pre and post evaluation of the procedures followed by the TBA ✓ Demonstration ✓ Group work 	Enough for four groups: Basin, pitchers, water, brush, nail clippers, nail stick, nail file, soap Question: What hygiene methods should be used during delivery? Evaluation guide for handwashing skills
<i>15 Minutes</i>	B	R	E	A	K
<i>One hour</i>			Handwashing continued <ul style="list-style-type: none"> ✓ Handwashing procedure: ✓ Used by the TBA ✓ The procedure to follow 	<ul style="list-style-type: none"> ✓ Pre and post evaluation of the procedures used by TBAs ✓ Demonstration ✓ Group work 	Enough for four groups: basin, pitchers, water, brush, nail clipper, nail stick, nail file, soap Question: ¿What hygiene methods should be used during delivery? Evaluation guide for handwashing skills

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
One hour			Introduce the topic: ✓ Decontamination of delivery equipment ✓ Steps: decontamination, cleaning	✓ Demonstration ✓ Group work ✓ Individual practice	Question: ¿What do we understand by decontamination? Materials for 4 groups: Two medium-sized basins, plastic pitcher, brush, nail clipper, nail stick, nail file, soap powder, plastic apron, chlorine, water, 2 umbilical cord clamps, clamps, scissors, gloves, gauze Evaluation guide for decontamination and cleaning skills.
15 Minutes	L U N C H				
One hour			Continuation: Decontamination of delivery equipment ✓ Steps: decontamination, cleaning.	✓ Demonstration ✓ Group work ✓ Individual practice	Question: What do we understand by decontamination? Materials for 4 groups: 2 medium-sized basins, plastic pitcher, brush, nail clipper, nail stick, nail file, soap powder, plastic apron, chlorine, water, 2 umbilical cord clamps, clamps, scissors, gloves, gauze Evaluation guide for decontamination and cleaning skills
30 minutes			Review the topic of infection	Evaluation	Repeat the questions in the plenary: 1. How can we prevent infections during childbirth? 2. What is the correct handwashing procedure?
15 Minutes	B R E A K				

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
One hour	To develop the TBAs' skills in the immediate care of the normal newborn, provision of first aid should problems occur, and timely referral of a newborn experiencing difficulties	Newborn care	a. Care of the normal newborn <ul style="list-style-type: none"> ✓ Steps in caring for the normal newborn: dry, cover, position, aspirate, stimulate Procedures for immediate care of the newborn	<ul style="list-style-type: none"> ✓ Exploration of newborn management ✓ Demonstration ✓ Group work (individual practice of the procedures and evaluation) 	<ul style="list-style-type: none"> ✓ Dolls, hat, baby clothes for the dolls, 2 newborn blankets per doll, towel, gauze package, gloves in a glove holder, uterus, pelvis ✓ Evaluation guides: care of the normal newborn
Day 4 2 hours			b. Resuscitating the newborn Four steps: Airways, respiration, heart function, prevent shock <ul style="list-style-type: none"> ✓ Resuscitation procedures ✓ Danger signs in the newborn ✓ Review all procedures 	<ul style="list-style-type: none"> ✓ Exploration and reinforcement 	<ul style="list-style-type: none"> ✓ Gloves, baby sheets, towels, doll, hat, gauze Evaluation guide for newborn resuscitation
15 minutes	B R E A K				
One hour	To train the TBAs in the provision of appropriate care during childbirth without risk of infection and in the early detection and referral of complications	Childbirth	<ul style="list-style-type: none"> ✓ Questions for the pregnant woman ✓ Cases that should be referred 	<ul style="list-style-type: none"> ✓ Explanation ✓ Exploration of key questions to ask the pregnant woman before childbirth ✓ Group work, participatory lecture and dialogue 	<ul style="list-style-type: none"> ✓ Questions: <ol style="list-style-type: none"> 1. Are you receiving prenatal care? 2. When did the contractions start? 3. How do you feel? 4. Did your water break? 5. When was your last bowel movement? 6. Have you experienced bleeding? 7. Have you had any (liquid) discharge?

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
One hour, 15 Minutes			Clean delivery Stages of childbirth First stage: <ul style="list-style-type: none"> ✓ Necessary material and equipment ✓ Questions for the patient ✓ Environment ✓ <i>Signs of imminent delivery (normal signs and danger signs)</i> 	<ul style="list-style-type: none"> ✓ Participatory lecture ✓ Activity for evaluating normal signs and danger signs 	Evaluation guide for assisting a clean birth
One hour	L U N C H				
One hour, 30 minutes			Second stage of childbirth <ul style="list-style-type: none"> ✓ The TBAs practices during this stage Preparing the essentials, Signs during this stage: <ul style="list-style-type: none"> ✓ Procedures for assisting the birth ✓ Importance and use of sterile materials and equipment 	Group work Lecture	Pelvis, placenta, equipment used earlier (Repeat steps for handwashing, decontamination, cleaning, disinfection and sterilization of equipment, assisting the delivery and newborn care) Evaluation guides for handwashing, decontamination, cleaning, disinfection and sterilization of equipment, assisting delivery, and newborn care, TBA manual.
15 minutes	B R E A K				

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
One hour 15 Minutes			Third stage of childbirth Normal signs during delivery of the placenta ✓ In the mother ✓ In the baby Danger signs ✓ In the mother ✓ In the baby What to do during the third stage of childbirth	Exploration and reinforcement	Placenta, TBA manual
DAY 5 One hour, 45 minutes	After covering the topic, the TBA will be able to detect danger signs and give first aid should a problem occur in the postpartum period	Topic 7: Danger signs following childbirth	<ul style="list-style-type: none"> ✓ 4 postpartum danger signs ✓ Causes of postpartum danger signs ✓ First aid to be given by the TBA in case any postpartum danger sign is present 	<ul style="list-style-type: none"> ✓ Group work ✓ Demonstration ✓ Role play ✓ Brainstorming 	Page on danger signs following childbirth from the TBA manual (postpartum flow chart) A mixture of red dye and water in a pitcher, three transparent containers
15 Minutes	B R E A K				
2 hours	After covering the topic, the TBA will be able to identify the danger signs and give first aid should they occur in the newborn	Topic 8: Danger signs in the newborn	<ul style="list-style-type: none"> ✓ The 4 danger signs in a newborn ✓ Causes of each danger sign in a newborn ✓ First aid to be given by the TBA in case any danger sign is observed in the newborn 	<ul style="list-style-type: none"> ✓ Group work ✓ Demonstration ✓ Role play ✓ Brainstorming 	Page on danger signs in the newborn from the TBA manual (Newborn flow chart) Dolls, baby clothes, sheets, gauze, towel or cloth
One hour	L U N C H				
One hour	Evaluate the degree to which participants have assimilated theoretical and practical knowledge	Evaluation	Direct questions and practice of the topics covered during the workshop	<ul style="list-style-type: none"> ✓ Exploration, demonstration 	<ul style="list-style-type: none"> ✓ The questions posed during each topic

DAY /TIME	OBJECTIVE	TOPIC	CONTENTS	METHODOLOGY/ TECHNIQUE	RESOURCES/ MATERIALS AND EQUIPMENT
One hour	Provide the basic, essential equipment so that each TBA can offer adequate assistance during childbirth	Distribute materials and equipment to each TBA	✓ Distribution of materials and equipment		Equipment for the TBA: 1 backpack containing 1 plastic bag, 1 apron, a medium-sized basin, plastic pitcher, brush, nail clippers, nail stick, nail file, soap, apron, chlorine, water, 2 umbilical cord clamps, clamps, scissors, gloves, gauze, one medium sized aluminum pot, one large aluminum pot
30 Minutes		Closing session	✓ Closing session program		✓ Closing program

VIII. CONTENT DEVELOPMENT

TOPIC 1: USING *THE* MANUAL FOR TRAINING TRADITIONAL BIRTH ATTENDANTS IN FIRST AID FOR OBSTETRICAL AND NEWBORN EMERGENCIES IN INACCESSIBLE COMMUNITIES WITH HIGH MATERNAL AND PERINATAL MORTALITY RATES

OBJECTIVE:

After studying the topic, the TBA will be able to:

- Identify at least two purposes of the manual
- State the main topics covered in the TBA manual
- State some important aspects concerning the use of the manual

CONTENTS:

- Purpose of the manual
- Topics
- Use of the manual

METHODS:

Demonstration and, brainstorming.

MATERIALS:

TBA manual

Activities:

Distribute the manuals (one for each TBA)

Ask: What do you observe in the manual?

Listen: To all responses.

Explain: The manual contains pictures and photographs of the main danger signs during pregnancy, childbirth, after delivery, and in the newborn. It also includes the steps for assisting a clean birth, caring for the normal newborn, and some special methods for providing first aid in emergency situations.

Ask: Why do you think this manual might be useful to the TBA?

Listen: To all responses.

Make sure: that they mention the following:

- To inform women, their families, and communities about obstetrical emergencies and first aid.
- To reinforce knowledge and skills.
- To guide new TBAs

Request: That they look over the **main chapters of the Manual**

Mention: The manual should be used when they visit women during pregnancy, childbirth, and after childbirth, and/or in providing newborn care, to aid in evaluating and providing first aid in case of an emergency.

Explain: The manual will be used for each topic covered during the workshop and they should bring it with them every day.

TOPIC 2: CAUSES OF MATERNAL MORTALITY IN THE COUNTRY

OBJECTIVE:

After covering the topic, the TBA will be able to identify the causes of maternal mortality that occur during pregnancy, childbirth, and postpartum in the country and/or region, and in their community, in order to prevent obstetrical emergencies and provide first aid and timely referral.

CONTENTS:

- Causes of maternal deaths during pregnancy, childbirth, and following childbirth in the community and in the country
- Most common emergencies during pregnancy, childbirth, and following childbirth
- What to do in an obstetrical emergency
- The TBA's preparation for emergencies

METHODS:

Role-play, songs, poetry, reflection and analysis of the situation of maternal morbidity and mortality

MATERIALS:

Masking tape, diagram of causes of maternal mortality in the country from the TBA manual

Exploratory questions:

1. What are the causes of death among women in the community and in the department?
2. What types of emergencies occur during pregnancy, childbirth, and postpartum?
3. What should be done in case of an obstetrical emergency?
4. How can I be prepared for an emergency?

Activities:

1. **Explore the group's experience:** Explore what the participants know about obstetrical emergencies and maternal morbidity and mortality from causes related to pregnancy, childbirth, and the postpartum period.
2. Present diagrams depicting maternal deaths nationally and in the department.

Ask: Have you experienced any problems or emergencies during pregnancy, childbirth, or after childbirth in your community?

Listen: To all the responses

Explain: The situation of maternal mortality in the country and in the department where the TBA's live (causes, number of deaths, using the diagram on maternal mortality from the TBA manual).

Request: That they divide into four working groups. Each group should answer the questions presented above and report back to the other participants using role-play, songs, and poetry.

In the plenary:

Ask each group to present its work.

Listen: To all the responses. Reflect and examine the potential for prevention and appropriate case management (timely referral, availability of transport, early diagnosis or detection of problems, first aid).

Emphasize preparation on the part of the TBA: Make sure the group mentions the following points.

The TBA should:

- Strengthen health committees responsible for helping in an emergency.
- Be mentally prepared for any emergency involving the mother or the baby.
- Counsel the mother and her family in case of emergency.
- Take along a change of clothes.
- Have all equipment sterilized and ready.

The mother should have an emergency plan so that she is prepared and has asked herself the following questions:

- Transport: how will she get to the hospital?
- Has gasoline or fuel been reserved?
- Has she set some money aside to cover expenses and any other needs?
- Who will take care of the children and attend to her other responsibilities while she is away?
- Who can donate blood?
- Who can help make decisions during an emergency if the father is not present at the time?

TOPIC 3: FIRST AID PRINCIPLES

OBJECTIVE:

After covering the topic, the TBA will be able to identify and apply the principles of first aid and obstetrical emergency management. Basically, the TBA should understand what constitutes an emergency, the objectives of giving first aid, and the steps for evaluating, managing, and referring an emergency.

CONTENTS:

- What is an obstetrical emergency and what is first aid
- The objectives of emergency management and first aid
- Steps in evaluating an obstetrical emergency
- Giving first aid in an obstetrical emergency
- Steps for emergency referral

METHODS

Role-play, songs, puppets, reflection and analysis of obstetrical emergencies and first aid

MATERIALS:

Cloth tape, flip chart paper with exploratory questions:

1. What is first aid?
2. What are the objectives of first aid?
3. What steps do we follow in evaluating an obstetrical emergency?
4. Can we give some examples of how to give first aid, for example, in case of a hemorrhage?
5. How is an emergency referral made?
6. How can the rest of the community support us in making an obstetrical referral?
7. What are transport committees?

Activities:

Explore what the participants know about emergencies and first aid, and clinical evaluation and first aid in an obstetrical emergency.

Explain:

First aid is the immediate, appropriate, provisional care that the TBA provides to the mother when an emergency occurs during childbirth, while she is being transferred to the nearest health clinic or hospital.

Ask: What are the objectives of first aid?

Make sure they mention:

- a. To save the mother's life
- b. To prevent physical complications
- c. To contribute to the mother's recovery
- d. To ensure that the mother is transferred to a hospital as quickly as possible.

Emergencies during delivery can be avoided through prevention. Good prenatal care in a health clinic is necessary to prevent such emergencies.

Teach each pregnant woman and her family that they must have a delivery plan that includes the following:

- a. Transport: how will she get to the hospital?
- b. Has money been saved to pay expenses and cover additional needs?
- c. Who will take care of the children and cover her other responsibilities while she is not home?
- d. Who can donate blood?
- e. Who can help make decisions during an emergency if the father is not present at the time?

Before providing care it is important for us to know the risks involved for the pregnant woman as well as for the person assisting her. Most emergencies that occur in the community during childbirth can be prevented if the TBA gives good advice to the mother. In Chapter 1 of this manual, we studied the risks associated with home births. In addition, the TBA can prevent many complications during childbirth, such as infections, simply by following proper handwashing procedures.

Ask: What are the steps for evaluating an obstetrical emergency?

Make sure they mention

Ask

Observe

Evaluate / Advise

Refer complications

Ask: How is a referral made during an emergency?

Listen: to all the responses

Reinforce:

How to make a referral:

**MINISTRY OF PUBLIC HEALTH
Pregnant Woman
Reason for Referral:**



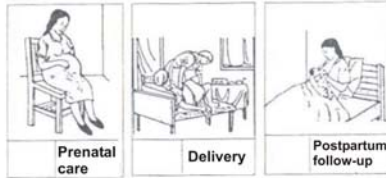
Medical facility referred to:



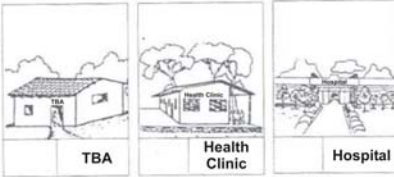
Patient's name _____

 Age _____

**MINISTRY OF PUBLIC HEALTH
Pregnant Woman
Reason for Referral:**

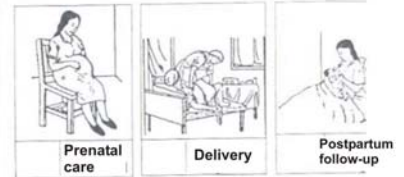


Medical facility referred to:



Patient's name _____
 Age _____ Community _____
 Please provide care to the bearer
 Name of Volunteer _____
 Date _____

**MINISTRY OF PUBLIC HEALTH
Pregnant Woman
Referral [Counter Referral]:**



**Please provide counseling
and follow-up**

To: _____

Who received care at: _____

Appt. Yes No Date _____

Signature _____

If you don't have forms from the health clinic, you can use any piece of paper. All referrals should include:

Name of the Mother _____.

Age _____ . Date _____.

Where she is coming from _____.

Reason for the referral (or the problem) _____

_____.

Name of the person making the referral _____

It is important to be in contact with the emergency transport committees in each community to coordinate patient transfer in the event of an emergency.

Ask: What are the emergency transport committees?

Listen: To all the responses.

Make sure they mention:

The transport committees: They are a group of community volunteers who carry out activities and coordinate with other people of good will, local leaders and services, and the entire community to help transport patients in an emergency, and particularly to prevent the death of a mother or newborn, or to assist in any other kind of health emergency in the community.



Ask: How can the rest of the community support us in making an obstetrical referral?

Listen: To all responses.

Make sure they mention: The entire community should organize and have a plan to monitor pregnant women, new mothers, and newborns and to support families in case of emergency.

Every community should have a maternal and newborn health-monitoring plan:

The trained TBA, in coordination with other community actors, can identify the most important measures to take to reduce the risk of death of the mother and her newborn. The community maternal and newborn health-monitoring plan should:

- Identify women who exhibit danger signs during pregnancy—bleeding, headache, swollen hands/face, fever, severe abdominal pain, badly positioned fetus, lack of fetal movement—in order to provide guidance about where they should deliver.
- Identify women who present danger signs during and following childbirth—bleeding, position of the baby other than head down, placenta retention, seizures, headache and fever, foul-smelling vaginal secretion—for immediate referral to the hospital
- Is transportation available to take the pregnant woman to the hospital in case of a complication during delivery? How much will it cost?
- What is the closest hospital to the community and who will accompany her?
- There should be a community fund or the pregnant woman should have money set aside to cover medical costs, transport, fuel, and any other necessities.

- Make sure who will be taking care of her children, home, and livestock while she is in the hospital: how much will this cost?
- What should the mother have ready to take to the hospital? For the baby: clothing, diapers, sheets, and a hat. For the mother: a sweater, personal toiletries, blankets, and sanitary napkins, among other things.



The TBA **should do** the following if she observes any complication in the mother during pregnancy, childbirth, postpartum, or in the newborn:

- Talk to the mother and her family about the dangers observed
- Make an immediate referral to the hospital or health unit
- Protect the woman and/or the newborn (make sure they are warm and covered, keep them comfortable, and give first aid as necessary during transfer)
- Activate the transport system

TOPIC 4: DANGER SIGNS DURING PREGNANCY

OBJECTIVE:

After covering the topic, the TBA will be able to identify the danger signs and provide first aid when they are present during pregnancy.

CONTENTS:

- The 4 danger signs during pregnancy
- Causes for each danger sign during pregnancy
- Symptoms in the pregnant woman for each danger sign
- The first aid to be given by the TBA when a danger sign is present during pregnancy

METHODS:

Group work, demonstration, role-play, and brainstorming.

MATERIALS:

TBA manual, page on evaluation of danger signs during pregnancy (pregnancy flow chart), discussion question: What are the danger signs during pregnancy?

Activities

Request: That they study the sheet on danger signs during pregnancy

Explain: How to use the diagram step-by-step, beginning with questions for the woman: Are you pregnant? If you are pregnant, have you had any of the following symptoms?

Ask: What signs or symptoms are pictured in the diagram?

Listen: To all responses

Make sure they mention: The four signs that appear in the diagram from the TBA manual: bleeding, fever, and headache, swelling of the face, hands, and feet. Emphasize that the diagram is reminding us that whenever any of these danger signs occur during pregnancy, the patient should be given first aid and referred immediately.

EVALUATION GUIDE DANGER SINGS DURING PREGNACY



Ask:
Are you pregnant?

Yes



Look / Ask



What should be done?

Does the pregnant woman have any of the followin symptoms?



Vaginal bleeding

YES



Severe headaches

YES



Fever

YES



Swellin of the face, hands, and feet

YES

**Give First Aid
and
Refer Immediately to the Hospital
or Health Clinic**



1. VAGINAL BLEEDING

OBJECTIVE:

The TBA will be able to detect a hemorrhage during pregnancy, give first aid when it occurs, and list the causes of bleeding during pregnancy.

CONTENTS:

- Causes of bleeding during pregnancy
- Sign of shock in a woman experiencing bleeding
- The first aid to be given by the TBA in case of bleeding

METHODS:

Reflection and analysis

MATERIALS:

Discussion questions prepared in advance

Activities:

Request: That the participants study the diagram in the TBA manual on vaginal bleeding and share their own experiences or what they have heard about cases of hemorrhage during pregnancy in their communities.

Define: Any presence of blood in the vagina during pregnancy is considered a danger sign and the woman should be referred immediately.

Ask: What causes bleeding during pregnancy?

Make sure they mention:

- When there is danger of miscarriage
- When the placenta is in the wrong position (very close to or blocking the cervix – placenta previa)
- When there is danger that the placenta will be delivered first
- When the placenta detaches prematurely

Ask: What happens to the pregnant woman who experiences bleeding during pregnancy?

Listen: To all the responses

Make sure they mention:

Blood loss causes the woman to become weak; she may be pale, faint, vomiting, nervous, cold, and breathing rapidly. A hemorrhage can cause the death of the mother and the baby.

Ask: What should the TBA do?

Listen: To all the responses

Make sure they mention: Whenever there is vaginal bleeding during pregnancy, the woman should be referred immediately to the hospital or health clinic.

Emphasize and perform a directed role-play, asking one of the TBAs to do the following before and during transfer

1. Have the woman lie down
2. Elevate the woman's legs
3. Keep her covered and warm
4. Explain the situation to the woman and her family
5. Activate the transport system

Review the topic of vaginal bleeding using the text accompanying the diagram in the TBA manual.

2. FEVER

OBJECTIVE:

After studying the topic, the TBA will be able to identify the signs and symptoms of fever and take appropriate and timely action should it occur.

CONTENTS:

- What is it?
- Signs and symptoms
- What should the TBA do in case of fever during pregnancy?

METHODS:

Reflection and analysis

MATERIALS:

TBA manual, discussion questions prepared in advance:

What is fever?

What happens to a woman with a fever?

What should be done for a woman with a fever?

What should the TBA do in case of fever during pregnancy?

Activities:

Request: That the participants study the page in the TBA manual depicting a mother with a fever.

Ask: What is fever?

Define: Fever during pregnancy is an infection in the kidneys or the uterus that can lead to the death of the mother and/or the fetus.

Ask: What happens to a pregnant woman when she has a fever?

Make sure they mention:

Fever, uterine pain, pain in the waist area, weakness, burning sensation upon urination

Ask: What should be done when a woman has a fever?

Listen: To all the responses

Make sure they mention:

Whenever there is a fever during pregnancy, the woman should be referred immediately to a hospital or health clinic.

Do the following before or during transfer (directed role play with two TBAs):

1. Give her a sponge bath if she is very hot
2. Give her one 500 mg tablet of acetaminophen
3. Give her liquids to drink
4. Explain the situation to the woman and her family
5. Activate the transport system

3. SWELLING OF THE FACE, HANDS AND FEET DURING PREGNANCY (PREECLAMPSIA)

OBJECTIVE:

After covering the topic, the TBA will be able to identify the signs and symptoms of preeclampsia and take appropriate and timely action should it occur.

CONTENTS:

- What is preeclampsia?
- What causes it?
- Signs and symptoms

- What should the TBA do in case of preeclampsia?
- Risks associated with preeclampsia.

METHODS:

Role-play, reflection, and analysis

MATERIALS:

TBA manual

Discussion questions prepared in advance

What are the signs of preeclampsia?

What are the causes of preeclampsia?

What are the risks associated with preeclampsia?

What should the TBA do if preeclampsia occurs?

Activities:

Request: That they study the picture in the TBA manual of swelling of the face, hands, and feet during pregnancy.

Ask: What is preeclampsia?

Listen: To all the responses and explore what the participants know about preeclampsia

Make sure they mention:

It is an illness that occurs in some women after the fifth month pregnancy.

Ask: What causes it?

Listen: To all the responses

Make sure they mention:

High blood pressure causes swelling of the face, hands, and feet.

Ask: What happens to the woman?

Listen: To all the responses

Make sure they mention: Her face, hands, and feet swell; she has a headache, buzzing in her ears, she sees "stars" or pinpricks of light (blurred vision), she experiences intense upper abdominal pain, and she could have a seizure at any time; her blood pressure is elevated.

Ask: What should be done?

Listen: To all the responses

Make sure they mention: If any of these signs are present during pregnancy, the woman should be referred immediately to a hospital or health clinic.

Do the following before or during transfer (directed role play with two participants).

- Have the woman lie down on her left side
- Explain the situation to the woman and her family
- Activate the transport system

Clarify:

Eclampsia is when seizures occur in a patient with preeclampsia.

Reinforce through group work:

Request: that they divide themselves into four groups, reflect on a question assigned to each group, and prepare a role-play:

Group 1. What are the signs of preeclampsia?

Group 2. What are the causes of preeclampsia?

Group 3. What are the risks associated with preeclampsia?

Group 4. What should a TBA do in a case of preeclampsia?

During the group presentations, listen to all the responses.

Make sure:

That each group mentions the following, depending on the assigned question:

- a. **Signs and symptoms of preeclampsia/eclampsia.**
 - Edema (swelling of the face, hands, and feet)
 - Headache
 - Blurred vision
 - Buzzing in the ears
 - Upper abdominal pain
 - High blood pressure (hypertension)
 - Eclampsia is when a patient with preeclampsia has seizures

b. Causes of preeclampsia / eclampsia:

We still do not know exactly what causes preeclampsia / eclampsia but it is observed most often in:

- First time mothers
- Women under 20 years of age
- Pregnant women who have had more than 5 previous pregnancies
- Pregnancy with an excessive amount of amniotic fluid

c. Risks associated with preeclampsia / eclampsia.

- Swelling and high blood pressure can cause the pregnant woman to have a cerebral hemorrhage and may lead to death.
- Eclampsia (when the woman has seizures) is one of the main causes of maternal and fetal death and also can cause brain damage.

d. What should the TBA do in a case of preclampsia?

- Have the woman lie down on her left side
- Explain the seriousness of the situation to the woman
- Request the support of the emergency committee
- Refer the mother to the highest level of medical attention available if complications arise that require intervention beyond the TBA's capacity
- Make a delivery plan with the pregnant woman: decide where the delivery should take place based on the risk level; evaluate the pregnant woman's and her family's attitude and their financial, geographical, and cultural means for transfer in case a referral is made due to a complication

After the group presentations, the facilitators **should reiterate, wrap up, and summarize the following aspects:**

- 15 out of every 100 pregnant women develop a life-threatening complication and require obstetrical care.
- The causes of maternal death are preventable through early detection and the appropriate and timely management of complications.

EVALUATION OF DANGER SIGNS DURING PREGNANCY

Group work:

- **Ask** the participants to locate the page on evaluating danger signs during pregnancy in the TBA manual.
- **Divide** the participants into three groups and have them practice in pairs what the TBA should do for each danger sign during pregnancy. Use the evaluating danger signs during pregnancy page and the diagram illustrating the proper first aid for each topic.
- **Observe** whether they apply the proper first aid for each danger sign during pregnancy.
- **In the plenary, explore** the participants' experience using this form (problems and advantages of using it).

Listen to the comments. Point out that this form will serve as a guide for the TBA in evaluating each pregnant woman and will help her remember what to do in case any of the danger signs is present.

TOPIC 5: DANGER SIGNS DURING CHILDBIRTH

OBJECTIVE:

After studying the topic, the TBA will be able to identify the danger signs and apply first aid when they occur during childbirth.

CONTENTS:

- 4 danger signs during childbirth
- Causes for each danger sign during childbirth
- The first aid to be provided by the TBA whenever a danger sign is present during childbirth
- Calculating the amount of blood loss

METHODS:

Group work, demonstration, role-play, and brainstorming.

MATERIALS: Red dye, water, transparent containers, a uterus made of red fabric, rags, evaluation of danger signs during childbirth page (flow chart) from the TBA manual.

Activities:

Ask: What are the four danger signs during childbirth?

Listen: To all the responses

Define:

The four main danger signs during childbirth are:

1. Heavy bleeding
2. Prolonged labor
3. Failure to deliver the placenta
4. Attacks or seizures

If any of these signs are observed, give first aid and immediately refer the woman to the nearest health clinic.

EVALUATION GUIDE DANGER SIGNS DURING CHILDBIRTH

Ask:
Are you in labor?



Look / Ask



What should be done?

Does the pregnant woman have any of the following symptoms?



Heavy bleeding



In labor for more than 12 hours



Placenta has not been expelled
(30 minutes)



Seizures



**Give First Aid
and
Refer Immediately to the Hospital
or Health Clinic**



1. HEAVY BLEEDING DURING CHILDBIRTH

OBJECTIVE:

The TBA will be able to detect a hemorrhage during childbirth and give first aid should it occur. They will be able to list the causes of bleeding during childbirth.

CONTENTS:

- Causes of bleeding during childbirth
- Signs of shock in a woman who experiences bleeding during childbirth
- First aid to be given by the TBA in case of bleeding during childbirth

METHODS:

Observation, reflection, and analysis

MATERIALS:

TBA manual, solution of red dye and water in a pitcher, 3 transparent containers, questions: What is a hemorrhage? What causes it? What happens to the woman? What should be done?

Activities:

Ask: What is it?

Listen: To all the responses

Make sure they mention:

It is when the woman loses more than half a liter of blood vaginally.

Ask: What causes it?

Make sure they mention:

It may be because the placenta is delivered late or fails to deliver, the uterus is torn or ruptured, or the placenta is blocking the cervix.

Ask: What happens to the woman?

Listen: To all the responses

Make sure they mention:

The woman may begin to sweat/clammy, her skin is pale and cold, and she may feel weak, dizzy, become unconscious, and ultimately die.

Ask: What should be done?

Listen: To all the responses

Make sure they mention:

Whenever a woman loses half a liter or more of blood during childbirth, she should be referred immediately to a hospital or health clinic.

URGENT STEPS TO TAKE WHEN A WOMAN IS BLEEDING

Make sure they mention the following and conduct a directed role-play:

- Calculate the amount of blood loss
- Position the woman with her legs higher than her head
- Refer and transport
- Give her lots of liquids to drink (tea, juice, ORS, water)

CALCULATING THE AMOUNT OF BLOOD LOSS

OBJECTIVE:

After studying the topic, the TBA will be able to identify a postpartum hemorrhage.

CONTENTS:

Amount of blood loss

METHODS:

Demonstration, reflection, analysis

MATERIALS:

TBA manual, a mixture of red dye and water in a pitcher, 3 transparent containers

Activities:

Prepare the following in advance:

1. Mix the red dye with water (aniline or some other red dye), measure three different amounts using a measuring cup (you may use a bottle or container indicating the measurements) to show heavy bleeding (500 cc or half a liter), a medium amount of bleeding (250 cc), and light bleeding (50cc).
2. Pour each quantity into a plastic container (one at a time)

3. Soak:

- One rag (child's t-shirt) in the 50 cc mixture, or light bleeding
- One rag (a skirt) in the 250 cc mixture, or medium bleeding
- Two rags (shirts or skirts) in the 500 cc mixture, or heavy bleeding

Demonstration:

In the room, hang up the three sets of rags stained with the dye and ask the participants to identify, which one represents normal bleeding, medium bleeding, and heavy bleeding.

Explain what to do:

Light bleeding: Normal, the uterus is contracted and not torn, the placenta is intact, and there are no signs of shock. If signs of shock accompany this bleeding, be concerned and **refer**.

Medium bleeding: The uterus is hard, there is no tearing and no signs of shock, but the woman is weak; be concerned and **refer**

Heavy bleeding: (fainting) with signs of shock, be alert. **Rush the woman to the nearest hospital or health clinic!**

Explain:

- Many women are malnourished and/or anemic and can deteriorate and die after even a little bleeding.
- Normal blood loss is between 50 and 250 CC.
- The TBA must be aware that blood loss of 500 cc, or half a liter, is very dangerous and the hemorrhaging woman can deteriorate rapidly.

Make sure:

- To reinforce with each group the importance of distinguishing between normal blood loss and an actual hemorrhage and the need for emergency referral. The importance of observing the woman should be emphasized.

2. PROLONGED LABOR (MORE THAN 12 HOURS)

OBJECTIVE:

The TBA will be able to identify a prolonged labor and apply first aid should it occur.

CONTENTS:

- Causes of prolonged labor
- First aid to be given by the TBA in case of a prolonged labor

METHODS:

Reflection and analysis

MATERIALS:

Discussion questions prepared in advance

What is prolonged labor?

What causes prolonged labor?

What happens to the woman?

What should be done?

Activities:

Request: That they study the picture of prolonged labor

Ask: What is it?

Make sure they mention:

It is when labor continues for more than 12 hours.

Ask: What causes it?

Make sure they mention:

It could be because the woman has a narrow birth canal, the baby is in the wrong position, the pregnancy involves twins, the cord is wrapped around the baby's neck, or the contractions are too weak.

Ask: What happens to the woman?

Make sure they mention:

The woman suffers more, the membranes rupture prematurely, and she may experience complications or die. The newborn does not move and may be born blue or die in the woman's uterus.

Ask: What should be done?

Make sure they mention:

Whenever labor continues for more than 12 hours the woman should be referred immediately to a hospital or health clinic.

Do the following before or during transfer and conduct a directed role-play of these actions:

1. Ask the woman to stop pushing
2. Have the woman lie down on her left side
3. Give her liquids to drink
4. Explain the situation to the woman and her family
5. Activate the transport system

3. FAILURE TO DELIVER THE PLACENTA

OBJECTIVE:

The TBA will be able to identify delayed delivery of the placenta and give first aid should this occur.

CONTENTS:

- Causes
- Signs of shock in a woman who is bleeding due to retention of the placenta
- The first aid to be given by the TBA.

METHODS:

Reflection and analysis

MATERIALS:

Discussion questions prepared in advance:

What causes retention of the placenta?

What happens to the woman when the placenta is not expelled?

Activities:

Ask them to study the diagram of retained placenta.

Ask: What is it?

Make sure they mention:

It is when the placenta has not been delivered more than a half hour after the birth of the baby.

Ask: What causes it?

Make sure they mention:

It may be that the uterus is too weak to push out the placenta. This is more common in women over 35 and those who have had many children (usually more than 5).

Ask: What happens to the woman?

Make sure they mention:

The woman may experience heavy bleeding and she may become sweaty/clammy, her skin may be pale and cold; she may become weak, dizzy, lose consciousness, and ultimately die.

Ask: What should be done?

Make sure they mention:

Whenever heavy bleeding occurs, involving half a liter or more of blood loss after delivery, the woman should be referred immediately to the closest hospital or health clinic.

Do the following before or during transfer:

1. Have the woman lie down
2. Place the newborn on her breast to nurse
3. Give her liquids to drink
4. Explain the situation to the woman and her family
5. Activate the transport system

4. ATTACKS OR SEIZURES (ECLAMPSIA)

OBJECTIVE:

The TBA will be able to identify an attack or a seizure and give appropriate first aid.

CONTENTS:

- Causes
- Signs
- First aid to be given by the TBA in case of an attack or seizure

METHODS:

Reflection and analysis

MATERIALS:

Discussion questions prepared in advance

What are attacks or seizures?

What causes attacks or seizures?

What happens to the woman?

What should be done for a pregnant woman who is having attacks or seizures?

Activities:

Request: That they study the picture of attacks or seizures.

Ask: What are attacks or seizures?

Make sure they mention:

It is when the woman's entire body begins to shake and she loses consciousness.

Ask: What causes attacks or seizures?

Make sure they mention:

This is the most serious kind of reaction that occurs in women who experience high blood pressure during their pregnancy.

Ask: What happens to a woman who is having an attack or seizure?

Make sure they mention:

The woman loses consciousness and her condition is critical; she could die if she does not receive immediate medical care in a hospital.

Ask: What should be done in case of attacks or seizures during pregnancy?

Make sure they mention:

Whenever an attack or seizure occurs during pregnancy, the woman should be referred immediately to a hospital or health clinic.

Do the following before or during transport; conduct a directed role-play of these actions:

1. Have the woman lie down on her left side
2. Make sure she does not hurt herself, but do not restrict her movements during the seizure (do not tie her down or otherwise immobilize her)
3. Supervise the patient constantly
4. Explain the situation to the woman and her family
5. Activate the transport system on an urgent basis

EVALUATION OF DANGER SIGNS DURING CHILDBIRTH

Group work:

- Assign a flow chart to each participant (See the form at the end of the topic on danger signs during childbirth)
- Divide the participants into 4 groups. Ask them to practice in pairs what the TBA should do for each danger sign during childbirth, using the flow chart as a guide.
- **In the plenary explore** the participants' experience using the form (problems and advantages) and observe whether they give the proper first aid.

Listen to the comments and point out that this form can serve as a guide for the TBA in evaluating each woman and will help her remember what to do for each danger sign that occurs during childbirth.

REINFORCE AND DEEPEN UNDERSTANDING OF THE FOLLOWING TOPICS:

TOPIC 6: CLEAN DELIVERY, NEWBORN CARE, AND POSTPARTUM CARE

OBJECTIVE:

After covering the topic, the TBA will be able to assist a clean delivery, provide immediate newborn care, and provide postpartum care.

CONTENTS:

- Handwashing
- Decontamination, cleaning, disinfection, and sterilization of delivery equipment
- Immediate care of the newborn
- Postpartum care

METHODS:

Group work, demonstration, role-play, and brainstorming. Demonstrations of handwashing and equipment decontamination, cleaning, disinfection, and sterilization.

MATERIALS:

Skills Evaluation: Using evaluation guides

Basins, pitchers, water, brushes, nail clippers, nail stick and file (if possible), soap, paper towels, towels, plastic apron, two shallow pans, chlorine, soap powder, brush to clean instruments, two Kelly clamps, a pair of scissors, two pairs of gloves, glove holder, large pot, medium-sized pot, stovetop, gauze, masking tape, measuring cup, cloth field, umbilical tape.

Activities:

CONTENTS:

- Preventing infection during labor and delivery
- Handwashing
- Decontamination of delivery equipment

METHODS:

Group work, demonstration, brainstorming, exposition, plenary, demonstration, direct questions, exploratory questions

Material and equipment:

Prepare in advance:

Poster board signs: decontamination, cleaning, disinfection, and sterilization; stovetop, medium-sized pot, large pot, paper adhesive tape, gauze packet, umbilical swabs and tape, glove holders

Discussion questions:

- What is infection?
- What other illnesses are transmitted?

Posters with questions:

- How can we prevent infections during childbirth?
- What should the TBA do to prepare for a clean delivery?
- What hygiene methods should be used during childbirth?

Skills evaluation: Using evaluation guides/checklists

Basin, pitchers, water, brush, nail clippers, nail stick and file (if possible) soap, paper towels, towels, plastic apron, two shallow pans, chlorine, soap powder, brush to clean instruments, two Kelly clamps, one pair of scissors, two pairs of gloves, glove holders, large pot, medium-sized pot, stovetop, gauze, masking tape, measuring cup, cloth field, umbilical tape.

1. CLEAN DELIVERY / PREVENTING INFECTIONS DURING CHILDBIRTH

OBJECTIVE:

The TBA will be able to apply procedures for assisting a clean delivery based on World Health Organization standards.

CONTENTS:

- Infection during childbirth
- Prevention and causes of infections during childbirth
- Hygiene procedures during childbirth
- Preparations by the TBA

METHODS:

Group work, demonstration, role-play, and brainstorming.

MATERIALS:

Handwashing evaluation guide (one for each participant).

Plastic bucket, water, soap, plastic pitcher, nail clipper, small brush.

Activities:

- Divide the group into 4 groups
- Assign one or question to each group for group-discussion.
- Following the group discussion each group will present a response to the rest of the plenary

CONTENTS

- Infection during childbirth
- Prevention and causes of infection during labor and delivery
- Hygiene procedures during labor and delivery
- Preparation by the TBA

Request:

That they divide into 4 working groups; each group should answer one of the following questions:

Group 1: How can we prevent infections in women during childbirth?

Group 2: How should the TBA prepare to assist a clean delivery (the TBA and the mother)?

Group 3: What hygiene methods should be used during childbirth?

Group 4. Why do women get infections during childbirth?

Each group presents to the plenary.

Make sure:

That they mention that infections occur after delivery for the following reasons:

- Portions of the placenta remain in the uterus and become infected.
- Tears in the vagina or cervix become infected.
- Nonsterile materials and equipment were used during delivery.
- Improper hygiene of the person assisting the birth
- Improper hygiene of the mother

Reinforce:

The following should be done to prevent infections:

- Wash hands as often as necessary while assisting the birth
- The birth should take place in a clean, well-ventilated room
- The materials and equipment used during childbirth should be sterilized and ready

Explain:

We must be prepared in order to avoid infections related to childbirth:

- The bedsheets and clothing for the mother and the baby should be thoroughly washed
- Hands should be washed without skipping any step
- Care must be taken when cutting the umbilical cord
- The materials and equipment used for delivery must be sterilized and ready

HANDWASHING**Materials and equipment:**

Evaluation guide for handwashing (one for each participant)

Plastic buckets/basins, water, soap, plastic pitcher, nail clipper, small brush

Activities**Request:**

That the participants divide into four groups. In their groups, they should demonstrate how they usually wash their hands. (A facilitator should be present in each group to evaluate each TBA's handwashing procedures).

Observe:

Individual handwashing procedures, noting on the evaluation sheet general information and how the skill is performed.

Demonstrate:

The step-by-step handwashing procedure.

- Prepare the materials: Nail cleaning equipment (nail clipper, small brush), soap, pitcher, buckets, and water
- Place the brush in soapy water or apply soap to it
- Remove all jewelry, clip and file fingernails, clean under and around nails removing any dirt from each finger.
- Wash hands and arms up to the elbow with soap and water, creating a lather
- Clean thoroughly between fingers
- Using the brush, vigorously scrub the fingernails, then the hands starting with the palms, the back of the hands, and the arms up to the elbow
- Rinse with plenty of water, letting it run from the hands to the elbows
- Dry the arms in the air, using a clean towel (avoid touching materials with wet hands).
- Ideally, hands should be washed for five minutes and rinsed with plenty of water.

Explain:

Each participant should return to her group and repeat the handwashing demonstration.

Make sure:

Each facilitator should rate handwashing techniques individually using the evaluation guide.

Conduct:

A review of the Infection topic by asking the following questions:

- What are infections?
- When do infections occur most frequently in women (pregnancy, delivery, after delivery)?
- How can infections be prevented after delivery?
- Why is handwashing important?



Evaluation Guide

Name of the TBA: _____

Facilitator's name: _____ Group: _____

Place of Residence: _____

Health Post: _____

Municipality: _____

Topic: Infections during childbirth

Skill to be acquired: Handwashing

#	Procedures	Initial Eval.	Progress	Progress	Final Evaluation	Field monitoring														
		Date:	Date:	Date:	Date:	Months														
		J	F	M	A	M	J	J	A	S	O	N	D							
1	Prepares the equipment (water, brush, nail clipper, stick)																			
2	Places brush in solution																			
3	Removes jewelry																			
4	Cleans fingernails using the stick																			
5	Cuts fingernails																			
6	Scrubs hands up to the elbows																			
7	Vigorously scrubs palms																			
8	Brushes each finger one by one, then the palms and back of the hands, all the way up to the elbow																			
9	Rinses completely																			
10	Allows hands to air dry																			
11	Touches nothing until hands are dry																			

Note: Place a check mark in the appropriate box to indicate actions and steps that the TBA performs correctly.

2. DECONTAMINATION, CLEANING, DISINFECTION, AND STERILIZATION OF DELIVERY EQUIPMENT

OBJECTIVE:

The TBA will be able to follow the procedures for decontamination, cleaning, disinfection, and sterilization of equipment used during delivery.

CONTENTS:

- Decontamination of delivery equipment
- Disinfection and sterilization of delivery equipment

METHODS:

Group work, demonstration, role-play, and brainstorming.

Materials and Equipment:

Evaluation guide for equipment decontamination and cleaning (one per participant).

Question: What does decontamination mean?

Materials for four groups:

Plastic apron, 3 buckets/pans, chlorine, soap powder, water, nail clipper, small brush, brush to wash instruments, two umbilical clamps, scissors, gloves.

Activities:

Ask: the participants what they think decontamination means.

Listen: To all the responses.

Explain:

It is necessary to decontaminate the instruments. We do this to remove blood and any other dirt from the equipment and to avoid carrying germs or microbes into the house; in addition to removing dirt, it is necessary to kill microbes. Everything must be ready in advance in order to decontaminate the equipment.

Ask: Why is it necessary to decontaminate, clean, and sterilize delivery equipment?

Demonstrate: How to decontaminate, clean, and sterilize the instruments after delivery

Procedure:

1. Prepare the equipment and make sure it is complete: three buckets/pans, chlorine, instruments to be decontaminated (scissors, umbilical cord clamps), 2 pairs of gloves, mask, apron, water, measuring cup, brush, soap.
2. Organize the equipment and label the materials for each procedure:
 - *Decontamination:* bucket filled with chlorine solution for clamps, scissors, and gloves
 - *Cleaning:* bucket of soapy water to wash instruments
 - *Desinfection/sterilization:* Pots on the cooking fire or on the stovetop for bain-marie.



TBAs learning to disinfect and sterilize equipment

3. Put on the apron
4. Put on gloves
5. Prepare the chlorine solution using 9 parts water to 1 part chlorine in a bucket.
6. Imagine that the birth has taken place and the clamps are full of blood. Open the clamps and the scissors completely and place them in the chlorine solution; wait 10 minutes (keep track by listening for the time on the radio).
7. Transfer the instruments to the soapy water and brush them thoroughly making sure that they are completely open; then rinse them in clean water.
8. The gloves worn while washing the instruments also must be washed in the chlorine solution and with soap and water before discarding or reusing them. After removing the gloves, make sure that everything is completely clean; place the clamps and scissors on a cloth and the gloves on another cloth, and set them in the sun to dry. The materials are now clean, but they still have not been sterilized.

Reinforce: the procedures for equipment decontamination and cleaning in small working groups

Request: That they divide once again into four working groups; have each participant practice the procedures up through the cleaning process.

Make sure:

That each facilitator evaluates each participant in the group using the guide for equipment decontamination and cleaning.

Ask: All participants to name the steps for decontamination and cleaning.

Listen: To all the responses

Make sure: they mention the following steps:

Steps for decontaminating delivery equipment:

- a. Have all equipment ready
- b. Wear an apron and gloves
- c. Prepare a solution of 1 part chlorine to 9 parts water
- d. Prepare soap and water
- e. Soak open instruments in chlorine for 10 minutes

Cleaning

- f. Transfer the instruments to the soapy water
- g. Brush them thoroughly and then rinse them in clean water
- h. Change gloves
- i. Place the instruments and gloves on a clean cloth surface and dry them in the sun



Evaluation Guide

Name of the TBA: _____

Facilitator's Name: _____ Group: _____

Place of Residence: _____

Health post: _____

Municipality: _____

Topic: Infection related to childbirth

Skill to be acquired: Equipment decontamination and cleaning

#	Procedure	Initial Eval.	Progress	Progress	Final evaluation	Monitoring in the field													
		Date:	Date:	Date:	Date:	Months													
		J	F	M	A	M	J	J	A	S	O	N	D						
1	Prepares the equipment and make sure it is complete (3 buckets, 2 umbilical cord clamps, scissors, 2 pairs of gloves, mask, apron, measuring cup, brush, and water)																		
2	Puts on the apron																		
3	Puts on the gloves																		
4	Prepares the chlorine solution 9:1 (1 part chlorine to 9 parts water)																		
5	Prepares the soap and water																		
6	Completely opens the clamps and scissors and leaves them in the chlorine solution for 10 minutes																		
7	Places the instruments in soapy water and brushes them thoroughly, then rinses them in clean water																		
8	Washes the gloves in the same solution as the instruments																		

Note: Place a check mark in the appropriate box to indicate actions or steps that the TBA has performed correctly.

DISINFECTION AND STERILIZATION OF MATERIALS AND EQUIPMENT

Materials and equipment:

Large pot, medium-sized pot or container with lid for the instruments, 2 umbilical cord clamps, a pair of scissors, 1 package of gauze, swabs and umbilical tape, cloth or paper fields, gloves, glove holder, water, rice, heat source (stovetop or fire)

METHODS:

Demonstration, group work, reflection and analysis

Activities:

Demonstrate:

The procedure for disinfection and sterilization of materials and equipment following these steps:

- a) Prepare the equipment and make sure it is complete: container to hold equipment and materials (small pot or empty can with lid), large pot, heat source (stovetop or fire), water, and several grains of rice.
- b) Place the materials and equipment in the container in the following order: gloves in their glove holder, 2 or 3 washed cloths, the package of gauze, swabs and umbilical tape, the clean instruments wrapped in a piece of cloth or paper.
- c) Tightly close the container where you have placed the materials and equipment.
- d) Fill the large pot with water past the halfway point.
- e) Place the container with the materials and equipment in the large pot and boil in bain-marie for 20 minutes (use the grains of rice to time it).
- f) Let cool and store the sterilized materials in a safe place ready for use during the next delivery.

Explain:

That each participant should return to her group and practice the procedures.

Make sure:

That during the plenary, the participants repeat the steps for disinfecting and sterilizing equipment.

Meet:

With the facilitators' team and let each person give his or her opinion regarding: content, methodology, logistics, audiovisual aids, and facilitator and TBA participation.



Evaluation Guide

Name of the TBA: _____

Facilitator's Name: _____ Group: _____

Place of residence: _____

Health Post: _____

Municipality: _____

Topic: Infection related to childbirth

Skill to be acquired: Disinfection / sterilization of equipment

#	Procedures	Initial Eval.	Progress	Progress	Final evaluation	Monitoring in the field											
		Date:	Date:	Date:	Date:	Months:											
						J	F	M	A	M	J	J	A	S	O	N	D
1	Prepares the equipment and make sure it is complete (container for the equipment and materials, large pot, stovepot, water, several grains of rice)																
2	Makes sure that all materials and equipment are clean (the sterilization container should be boiled for 20 minutes and dried in the sun)																
3	Places inside the sterilization container: gloves in their holder, 2 or 3 cloths washed and ironed, package of gauze, swabs and umbilical tape, wrapped instruments (in that order).																
4	Fills the large pot more than half full of water.																
5	Places the covered container with the equipment and materials in the large pot and boils in bain-marie for 20 minutes, using the grains of rice to keep time)																
6	Lets cool and stores the sterile material in a safe place ready to be used for the next delivery.																

Note: Place a check mark in the appropriate box to indicate the actions or steps that the TBA performs correctly.

3. THE NEWBORN

OBJECTIVE:

At the end of the exercise, the TBA will be able to:

- Provide immediate care to the normal newborn
- Perform emergency resuscitation of the newborn
- Refer a newborn with problems in a timely manner



Newborn

CONTENTS:

Immediate care of the newborn

METHODS:

Explanation, brainstorming, demonstration

MATERIALS:

Chapter IV of the training Manual for Training Traditional Birth Attendants in First Aid for Obstetrical and Newborn Emergencies in Inaccessible Communities with High Maternal and Perinatal Mortality Rates.

For each group: flipchart paper, markers, masking tape, placenta with membranes and umbilical cord, doll, baby clothes, towel, sterile kit, povidone-iodine, gloves, silver nitrate, table, water, soap, bucket

IMMEDIATE CARE OF THE NEWBORN

1. Introduction:

Explain:

Many maternal and child deaths occur immediately after childbirth and therefore the mother and the newborn require careful monitoring. In this section we will learn how to care for and refer a newborn whose life is in danger.

Activities:

Ask: What actions should be taken with the baby immediately following birth?

Listen: To all the responses and note them on the flipchart paper

Make sure:

That they mention the following steps:

Dry	Stimulate	Cover	Position	Aspirate
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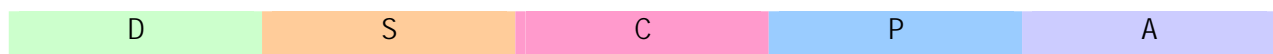
Explain:

Each of the following steps:

- *Dry and Stimulate:* Clean the mouth and nose as the head emerges because that is when the newborn starts to breathe independently. Once the baby is born, with clean hands and wearing gloves, dry the body from head to toe so that the baby does not get chilled. Rub the baby's back and legs to stimulate circulation; rub gently and do not hit or shake the baby.
- *Cover:* The newborn has just left a warm, enclosed place and therefore the mother must be aware that she should have baby clothes and a little hat ready to cover the baby's head; the important thing is to keep the baby covered and warm. (Tell them that an easy way to do this is to place the baby skin-to-skin with the mother and cover them both together, particularly if the baby clothes are cold.)
- *Position:* Ideally, the newborn's head should be lower than the body to allow the phlegm to drain. A towel, sheet, or small pillow can be used to elevate the baby's legs and hips.
- *Aspirate:* Clean out the mouth and nose.

Then give the baby to the mother to encourage early bonding. The baby can be placed skin-to-skin against the mother and both can be covered together.

Use the abbreviation DSCPA to remember the steps in caring for the newborn.



Explain:

Even after resuscitating a baby who has had difficulties, you should:

- Place the baby skin-to-skin on the mother's breast and cover them so the baby does not get cold.
- Continue to monitor the baby's respiration and color.
- Follow the steps to prevent infection to decontaminate the materials used.

Reinforce:

In order to provide proper newborn care, we will review step by step the immediate care of the newborn.

2. Demonstration:

Demonstrate:

Immediate care of the newborn:

- a) Wash hands; prepare all the equipment (doll, baby clothes, towel, sterile kit, gloves); put on gloves.
- b) Observe the newborn's condition: skin color, whether or not it is crying; dry the nose and mouth as soon as the head comes out.
- c) Once the baby is born, dry its body with a sheet, as it will be wet with blood and other substances.
- d) Cover the baby, place a hat on the head; use a small pillow or towel to raise the lower body and position the baby properly; clean out the mouth using a gauze, stimulate the baby, and make sure the airways are free and unclogged (this is done quickly). If possible, place the baby skin-to-skin with the mother.
- e) Reinforce the importance of hygiene for the life of the mother and the baby, and its importance in the community.
- f) If the baby has any problem, he or she should be referred and transferred as soon as possible to the nearest health clinic or hospital.



Using mannikins to learn the procedures for handling emergencies during childbirth

3. Small group practice

Explain:

To the participants that they will practice in small groups, where each one will take part in a hands-on demonstration.

Make sure:

That each group takes the materials and practices immediate newborn care. The facilitator should evaluate and rate each participant using the appropriate guide/checklist.

4. Summary

Remember: The steps for caring for a newborn are:

Wash your hands, put on gloves, and quickly: use same order as DCPAS

- Dry and Stimulate the baby
- Cover and keep warm
- Position the baby
- Aspirate or clean out the mouth



Evaluation Guide

Name of the TBA: _____
 Facilitator's Name: _____
 Place of residence: _____
 Health Post: _____
 Municipality: _____

Topic: Immediate newborn care
 Skill to be acquired: Immediate care of the normal newborn

#	Procedures	Initial Eval.	Progress	Progress	Final evaluation	Monitoring in the field											
		Date	Date:	Date:	Date:	Month											
						J	F	M	A	M	J	J	A	S	O	N	D
1	Washes hands																
2	Prepares the equipment and makes sure it is complete (doll, baby clothes, towel sterile kit, gloves)																
3	Puts on gloves																
4	Observes the newborn's condition: skin color, robust crying.																
5	Dries the newborn's nose and mouth																
6	Covers the newborn (hat, sheet)																
7	Positions the newborn (hips and legs higher than the head)																
8	Cleans the mouth with gauze (Aspiration)																
9	Stimulates the newborn and places the baby in a comfortable position with the mother for early bonding																

Note: Place a check mark in the appropriate box to indicate the actions or steps that the TBA has performed correctly.

CHILDBIRTH

OBJECTIVE:

Train the TBA to provide appropriate care during childbirth (without risk of infection), and to detect and refer complications in a timely manner.

CONTENTS:

- Questions for the pregnant woman
- Cases that should be referred
- Stages of childbirth
- Care during childbirth
- Handling clean, sterile equipment

METHODS:

Demonstration, participatory presentation, group work.

MATERIALS:

Doll, sterile materials and delivery equipment (instruments, sterile kit, gloves, sterile field), pelvis, placenta, apron, buckets/pans, soap, water, handwashing equipment, TBA manual.

Activities:

Explain:

To the group that they should keep in mind the previous topics and that childbirth is divided into three stages:

1. Contractions
2. Birth of the baby
3. Delivery of the placenta

1. FIRST STAGE OF CHILDBIRTH

Before the baby is born

Explain:

Now we will discuss the first stage of childbirth

Request:

That the participants find and study the diagram in the TBA manual on the first stage of childbirth.

Ask: When does the first stage of childbirth begin?

Listen: To all the responses.

Make sure they mention:

The first stage begins when the mucous plug detaches and the cervix begins to dilate and it ends when the cervix is completely dilated.

Clarify: This stage may last 12 hours for a primipara (first pregnancy) and 6 to 8 hours for a multipara. When labor is prolonged, the woman should be referred.

Ask: What preparations should be made during **the first stage of childbirth?**

Listen: To all the responses and evaluate the participants using the guide for clean delivery skills.

Explain:

During this stage, the TBA should:

1. Make sure the area where the birth will take place is clean and well lighted.
2. Make sure the instruments are sterile and ready.
3. Talk to the mother, encourage her, and ask key questions:
 - a) Have you received prenatal care? Review the record.
 - b) When did the labor pains (contractions) begin?
 - c) How do you feel? Have you experienced: headache, blurred vision, swelling of the hands, feet and face, or a fever?
 - d) Have you had any discharge from the vagina (or from down below)?
 - e) When did you last eat?
 - f) When was your last bowel movement?
 - g) Have you experienced bleeding?
 - h) Has the baby been moving?
4. Check the baby's position.

Explain:

There are normal signs and there are danger signs

If serious problems are detected, the woman should be referred immediately (preeclampsia / eclampsia, hemorrhage, prolonged labor).

Ask: What are the normal signs and symptoms during the **first stage of childbirth?**

Listen: To all the responses.

Explain: The following are normal signs during the first stage of childbirth:

- The contractions or labor pains become increasingly stronger
- The cervix dilates in up to 12 hours for the primipara and 6 to 8 hours for the multipara.
- The water breaks and the liquid is clear
- The mother's temperature is normal (37° C)
- The pulse is between 60 and 100 beats per minute

Uncomfortable but normal:

- The pain or contractions become stronger as delivery approaches
- The legs tremble
- Diarrhea in some cases
- Pressure in the uterus

Ask: What are the danger signs that indicate that the mother's or baby's life is in danger during delivery?

Listen: To all the responses avoiding any negative gestures or comments.

Emphasize:

There are certain symptoms that indicate that the life of the mother or the baby may be at risk. Immediate referral is necessary whenever any of the following **signs or symptoms** is present:

- Labor begins before the eighth month
- Liquid is discharged from the vagina (the water breaks) and labor does not begin
- The liquid discharged from the vagina is brown, green, or yellow
- The contractions go on for longer than expected, or prolonged labor
- The mother experiences attacks or seizures.
- The mother has experienced bleeding during pregnancy.
- The mother has a headache, stomach ache, blurred vision, or swelling of the face, hands, and feet
- The baby is in the wrong position
- The placenta is not delivered
- Bleeding after delivery.
- Fever after delivery
- The newborn is unable to breathe or is blue
- The newborn is thin and small.
- The newborn has a fever

Evaluate:

Make little cards with normal signs and danger signs. Hand them out and have the participants, working in pairs, decide and discuss with the group whether the sign on their card is normal or a danger sign and what they would do in each case.

Ask: The participants to discuss in more depth: What other care or guidance should they give the mother during labor?

Listen: To all the responses; avoid any negative gestures or comments.

Emphasize: that the TBA should:

- Make sure the mother drinks at least one glass of liquids every hour
- Make sure the mother urinates every two hours
- Ask the mother to rest between contractions
- Comfort the mother
- Ask the mother to walk
- Recommend a stress-reducing activity such as certain exercises
- Give her a back rub
- Calm and encourage her
- Explain how labor is progressing to the mother and her family
- Make sure everything is clean and ready for the delivery

Demonstrate:

Some exercises to recommend to the pregnant woman beginning before labor that may help alleviate stress during the first stage of childbirth. Do the following: ask a facilitator or participant to help practice some exercises that the TBA can teach the woman during pregnancy and that can be used during the hours of labor in the first stage:

- Sit with her feet crossed
- Lie on one side with her legs bent
- Dance
- Sit down and lean back against her husband
- On elbows and knees, lift her spine 10 times a day.
- Squat
- Breath in and slowly breathe out, then breath in quickly and breathe out

Ask: How do we know when the baby is about to be born?

Listen: To all the responses

Make sure:

The participants mention the following:

- The mother's legs begin to tremble
- She begins to push
- The water breaks
- The baby drops (head is entirely below the symphysis pubis)
- The mother defecates or urinates
- The vulva and the perineum bulge
- The woman says that the baby is coming
- The woman vomits

Request:

That each participant gives an example of care that should be provided during the first stage of childbirth. For example: support, a glass of water or a cup of tea every hour, breathing exercises, walking, back massage, a position to lie down, etc.

2. SECOND STAGE OF CHILDBIRTH

Birth of the baby

Request: That each participant study the diagram on the second stage of childbirth in the TBA manual.

Ask: When does the second stage of childbirth begin?

Listen: To all the responses

Explain:

This stage begins when the cervix is completely dilated and ends with the baby's birth. At this stage, everything must be ready, the hands washed and the equipment at hand to assist with the birth of the baby. The length of this stage varies among first deliveries and multiparas.

Group work

Explain:

Working in small groups, each participant individually demonstrates what she usually does during the second stage, from handwashing to the end of this stage. The facilitator evaluates the initial procedures and then the progress made after reinforcing the topic.

The facilitator should reinforce with the whole group what is observed during the second stage:

a. Externally/On the outside:

- The vulva widens, the head approaches the opening and the baby crowns. Put on gloves.

b. Internally/On the inside:

- The baby begins to crown
- The baby drops lower, the vagina bulges out
- The baby drops and the head can be seen, the head emerges turned to one side
- A shoulder comes out; the baby is turned to one side
- The other shoulder emerges; now gently help the baby out

Care during delivery

Explain and Demonstrate:

Cleaning the perineum and the birth

Cleaning the perineum:

- First clean the vulva, then the anus from front to back, and discard the gauze
- Protect the perineum to avoid tearing

The birth

- The head comes out turned to one side; clean the face, beginning with the nose and mouth, to prevent the baby from swallowing fluid
- Check for loops around the neck. If the cord is looped around the baby's neck, be careful not to pull or squeeze too much. Look for the first loop of the umbilical cord, which is the loosest one, and move it over the head; do the same with the others one by one (second, third, as many as necessary).
- When the baby has been completely delivered, clamp the cord and show him or her to the mother. Cut the cord, dry off and clean the baby, and place it skin-to-skin against the mother asking her to hold it (early bonding); then tie off and cut the umbilical cord using sterile materials. Protect the umbilical cord.

Summarize:

Avoid contamination of sterile materials. Everything must be clean and handled properly.

After delivery, wash the instruments (chlorine, soap, brush, rinse, dry in the sun), sterilize for 20 minutes, and store the materials in a safe place.

3. THIRD STAGE OF CHILDBIRTH

Delivery or birth of the placenta

Request:

That each participant finds and studies the diagram in the TBA manual on the third stage of childbirth.

Ask: The participants: What are the signs of delivery of the placenta?

Listen: To all the responses.

Make sure:

That they mention the following:

- The uterus becomes hard
- The woman feels contractions
- The placenta drops
- The woman pushes
- The cord drops and becomes elongated

Explain:

During delivery of the placenta there are normal signs and danger signs in the mother as well as the baby.

1. Normal signs:

** In the mother*

- A small amount of blood flows from the vagina
- The cord becomes elongated
- The cord may be blue and thick at first and then become white, long and thin
- The placenta is delivered intact and connected to the cord
- The uterus feels hard

** In the baby*

- The baby takes on color
- The baby begins to breathe normally
- The baby is active (moving arms and legs) and crying

2. Danger signs during delivery of the placenta:

** In the mother*

- Heavy, constant bleeding before the placenta is expelled
- Signs of shock in the mother (pale, sweating/clammy skin, agitation, unresponsive to questions, fixed gaze)

- The placenta shows no sign of detaching after 30 minutes following the delivery
- Heavy bleeding after the placenta has been expelled
- The uterus comes out with the placenta

** In the baby:*

- Not breathing at all
- No pulse or a pulse rate below 80 beats per minute
- Difficulty breathing
- Looks pale

Ask: What should be done during the third stage (during delivery or birth of the placenta)?

Listen: To all the responses.

Reinforce:

The following should be done during delivery of the placenta:

- Massage the abdomen
 - Ask the mother to stimulate her nipples as she cares for the newborn
 - With one hand, press gently on the top of the uterus (fundus); if the cord becomes elongated, the placenta will be delivered soon, but if it goes back in, there may be a problem with placenta retention. If so, monitor the mother closely.
 - Check to make sure the placenta has all its cotyledons (it should have around 20)
 - Monitor for bleeding
 - Monitor for danger signs
- Recommend bed rest for 6 to 8 hours

Group work

As a group, practice handwashing, equipment decontamination, assisting with the delivery, delivery of the placenta, and newborn care. Ask a TBA to do it and then explain what she is going to do.

Note: *Have all the equipment ready*

Remember:

Cleaning the materials, drying in the sun = Clean

Sterile: Should not be touched or opened unnecessarily after boiling.

Use of apron, importance of bathing. Ask about the condition of the materials based on each procedure, and the purpose of the chlorine (to disinfect and loosen dirt), the soap (to clean away dirt), water (to rinse off the soap), and boiling (to kill microbes and sterilize the equipment).

CLEAN DELIVERY

Review:

In the plenary

- The decontamination procedures, cleaning, disinfecting, and sterilizing materials and equipment
- Washing hands before the baby is born (outside in the sink or washing area, leave time to do this)
- Handling sterile, clean equipment (taking care not to contaminate it)



Demonstrate:

Procedures for care during the three stages

- Clean the vulva, support the perineum with gauze, clean the baby's face, deliver the baby, cover the baby skin-to-skin with the mother, cut the cord, dry the baby, cover again, position the baby, clean out the mouth, stimulate the baby, and return to the mother
- Tie off and proper handling of the cord, place drops of antiseptic solution in the baby's eyes; after delivery of the placenta, clean the woman, check the placenta, the assistant massages the abdomen (she can stimulate her breasts), give liquids to the mother
- Gather up the materials

Group work

In each group, the facilitator directs the participants to carry out the procedures for assisting a birth and evaluates the second and third stages by placing a check mark in the appropriate box if the procedure has been done correctly and leaving the box blank if the TBA fails to perform the procedure.



Child Survival Project in Intibucá Community
Obstetrical Emergencies at the Community Level



Evaluation Guide

Name of the TBA: _____

Facilitator's Name: _____

Place of residence: _____

Health Post: _____

Municipality: _____

Topic: Clean delivery

Skill to be acquired:

Preparing the TBA and the mother for childbirth

Questions for the mother

	Procedures First Stage	Initial Eval.	Progress	Progress	Final evaluation	Monitoring in the field												
		Date:	Date:	Date:	Date:	Months												
		J	F	M	A	M	J	J	A	S	O	N	D					
1	Makes sure the area where the birth will take place is clean																	
2	Has instruments sterilized and at hand																	
3	Asks the mother: Have you received prenatal care?																	
4	When did the contractions start?																	
5	Have you experienced any headaches, blurred vision, swelling of the face, hands, or feet, or fever?																	
6	Has your water broken?																	
7	When did you last eat?																	
8	When was your last bowel movement?																	
9	Have you experienced bleeding?																	
10	If a serious problem is detected: Does she refer?																	

Note: Place a check mark in the appropriate box to indicate actions or steps that the TBA has performed correctly.



Child Survival Project in Intibucá Community
Obstetrical Emergencies at the Community Level
Evaluation Guide



Name of the TBA: _____

Facilitator's Name: _____ Group: _____

Place of residence: _____

Health Post: _____

Municipality: _____

Topic: Clean delivery

Skill to be acquired: *Care and guidance for the mother during childbirth*

#	Procedures <i>First Stage</i>	Initial Eval.	Progress	Progress	Final evaluation	Monitoring in the field											
		Date:	Date:	Date:	Date:	Months											
						J	F	M	A	M	J	J	A	S	O	N	D
1	Makes sure the mother drinks at least one cup of liquid each hour																
2	Makes sure the mother urinates every 2 hours																
3	Asks the mother to rest between contractions																
4	Comforts the mother, calms, helps, and encourages her																
5	Asks the mother to change position every hour																
6	Recommends some activities																
7	Massages her back																
8	Explains the progress of childbirth to the family																

Note: Place a checkmark in the appropriate box to indicate actions or steps that the TBA performs correctly.



Child Survival Project in Intibucá Community
Obstetrical Emergencies at the Community Level



Evaluation Guide

Name of the TBA: _____
 Facilitator's Name: _____ Group: _____
 Place of residence: _____ Health Post: _____
 Municipality: _____
 Topic: Clean delivery
 Skill to be acquired: *Assisting the birth /cutting the umbilical cord*

#	Procedures <i>Second Stage</i>	Initial Eval.	Progress	Progress	Final Evaluation	Monitoring in the field											
		Date:	Date:	Date:	Date:	Months											
						J	F	M	A	M	J	J	A	S	O	N	D
1	Wears an apron																
2	Keeps the mother hydrated																
3	Prepares the equipment in the area where the birth will take place																
4	Requests an assistant																
5	Washes her hands																
6	Tells the mother to urinate																
7	Calms the mother																
8	Puts on sterile gloves																
9	Helps the mother find a more comfortable position																
10	Helps the mother push properly																
11	Cleans the genital area																
12	Determines how soon the baby will be born																
13	Tells the mother when to stop pushing																
14	Supports the perineum when the baby is about to crown																
15	Receives the head slowly																
16	Asks the mother not to push																
17	Checks to see if the cord is looped around the baby's neck																
18	Cleans the baby's mouth and nose as soon as the head appears																
19	Supports the delivery of the top and bottom shoulder																
20	Receives the newborn and performs DCAPS																

Continued.....

.....Continued

#	<i>Procedures</i> <i>Second Stage: Cutting the cord</i>	Initial Eval.	Progress	Progress	Final evaluation	Monitoring in the field											
		Date	Date	Date	Date	Months											
						J	F	M	A	M	J	J	A	S	O	N	D
1	Waits until the cord turns white and stops beating																
2	Uses the 2 clamps before cutting the umbilical cord (or 2 ties using umbilical tape, if clamps are not available)																
3	Cuts the umbilical cord in between the two clamps																
4	Places the newborn on the mother's breast and assists the mother																
	Third stage:																
1	Monitors the mother for heavy bleeding																
2	Observes the mother for signs of seizure																
3	Observes signs that the placenta is detaching (vaginal bleeding, cord becomes elongated, contractions resume)																
4	Checks the placenta after it has been delivered to make sure it is intact (membranes, internal and external surface)																
5	Checks for two small holes and one big hole in the umbilical cord																
6	Makes the mother comfortable																

Note: Place a check mark in the appropriate box to indicate actions or steps that the TBA has performed correctly.

TOPIC 7: DANGER SIGNS FOLLOWING DELIVERY

OBJECTIVE:

After covering the topic, the TBA will be able to identify the danger signs and apply first aid should problems arise following childbirth.

CONTENTS:

- The 4 danger signs after delivery
- Causes of each danger sign after delivery
- The first aid to be given by the TBA if any of these danger signs are present after delivery

METHODS:

Group work, demonstration, role-play, and brainstorming.

MATERIALS:

Discussion questions prepared in advance, a mixture of red dye and water in a pitcher, 3 transparent containers, cloth rags, TBA manual.

What are the danger signs after delivery?

What should the TBA and the family do if any of these danger signs is present in the mother after childbirth?

Activities:

Request: That the participants find and study the diagram in the TBA manual on evaluating danger signs after delivery.

Ask: What are the danger signs postpartum or after delivery?

Listen: To all the responses

Define and make sure they mention:

The danger signs after delivery are:

1. Heavy vaginal bleeding
2. Attacks or seizures
3. Fever
4. Foul discharge/blood clots (loquia)

Ask: What should the TBA and the family do when a danger sign is present in the mother following childbirth?

Listen: To all the responses

Make sure they mention: Whenever any of these danger signs occurs following delivery, the woman should be referred immediately to the closest hospital or health clinic.

Do the following before or during transfer:

- Discuss the risks found with the woman and her family
- Protect the mother and the newborn (transport them covered and warm, make sure they are comfortable, and give first aid to the mother as necessary).
- Activate the transport system (Request assistance from the emergency transport committee)

EVALUATION GUIDE DANGER SIGNS AFTER CHILDBIRTH



Ask:

Does the recently delivered mother have any of the following symptoms?



Look / Ask



What should be done?

Symptoms:



Heavy vaginal bleeding

YES



Seizures

YES



Fever or foul-smelling
Clots (lochia)

YES

**Give First Aid
and
Refer Immediately to the Hospital
or Health Clinic**



1. HEAVY VAGINAL BLEEDING

OBJECTIVE:

After covering the topic, the TBA will be able to detect a postpartum hemorrhage and apply first aid in case of hemorrhage.

CONTENTS:

- Causes of hemorrhage following delivery
- Signs of shock in a mother who is bleeding after childbirth
- First aid to be given by the TBA in case of bleeding following delivery

METHODS:

Demonstration, reflection, analysis, and role-play.

MATERIALS:

TBA manual, discussion questions prepared in advance, a mixture of red dye and water in a pitcher, 3 transparent containers

Activities:

Request: That the participants find and study the page in the TBA manual on heavy vaginal bleeding following delivery.

Ask: What is heavy vaginal bleeding after delivery?

Make sure they mention:

It is when vaginal bleeding increases after delivery. The woman loses a half-liter or more of blood, soaking two medium-sized cloths such as t-shirts or skirts.

Ask: What causes heavy vaginal bleeding after delivery?

Listen: To all the responses.

Make sure they mention:

It could be because the placenta is delivered late or fails to deliver, the placenta is not intact, or there is a tear in the vagina.

Ask: What happens to the woman when she experiences heavy vaginal bleeding after delivery?

Listen: To all the responses.

Make sure they mention:

Her skin may be sweaty/clammy pale and cold; she may become weak, dizzy, lose consciousness, and ultimately die.

Ask: What should be done when a woman experiences heavy vaginal bleeding after delivery?

Listen: To all the responses.

Make sure they mention:

- Refer her immediately to the closest hospital or health clinic
- Calculate the amount of blood loss
- Position the women with her legs higher than her head
- Check the placenta again to see if it is intact
- Check the vaginal area for tears in the tissue
- Ask the woman how she feels
- Observe whether she is pale
- Perform an external bimanual compression
- Stimulate the nipples
- Place the newborn on the breast to nurse
- Give the mother liquids to drink
- Explain the situation to the woman and her family
- Activate the transport system (request assistance from the emergency committee)

Calculating the Amount of Blood Loss

OBJECTIVE:

After covering the topic, the TBA will be able to identify the presence of a postpartum hemorrhage.

CONTENTS:

Amount of blood loss

METHODS:

Demonstration, reflection, analysis

MATERIALS:

TBA manual, mixture of red dye and water in a pitcher, 3 transparent containers

Activities:

Prepare the following in advance:

1. Mix the red dye with water (aniline or other red dye), measure three parts in a measuring cup (you can use a jar or container with measurements marked on it) to indicate heavy bleeding (500 cc –half a liter or more), medium bleeding (250 cc) and light bleeding (50 cc).
2. Pour each amount into a plastic container (one at a time)
3. Wet:
 - One rag (child's t-shirt) with the 50 cc mixture, or light bleeding
 - One rag (a skirt) with the 250 cc mixture, or medium bleeding
 - Two medium-sized cloth rags (shirts or skirts) with the 500 cc mixture, or heavy bleeding

Demonstration:

Place: The three sets of rags soaked in dye on the floor and ask the participants to identify which one indicates normal, medium, and heavy bleeding.

Explain what to do:

Light bleeding: **Normal**, with the uterus contracted, no tearing, the placenta intact, and no signs of shock. If this blood loss is accompanied by signs of shock, be concerned and **refer**.

Medium bleeding: The uterus is hard, no tearing, no signs of shock, but if she is weak and dizzy, be concerned and **refer**.

Heavy bleeding: (She has fainted) with signs of shock; be very careful, perform the bimanual compression, and **rush the woman to the nearest hospital or health clinic!**

Explain:

- Many women are malnourished and/or anemic and can experience complications and die from even light blood loss.
- Normal blood loss ranges between 50 cc or one rag (child's shirt), and 250 cc. or one rag (such as a skirt).
- The TBA should be aware that the loss of 500 cc, or two rags (cloth shirts) soaked with blood, is extremely dangerous and the woman can experience complications due to hemorrhage in a very short time.

Make sure:

To reinforce with each group the importance of calculating when blood loss is normal and when it constitutes a hemorrhage, and the need for urgent referral. Emphasize the importance of monitoring the mother after delivery.

Reinforce:

- If there was heavy bleeding after delivery, the uterus is contracted, and the bleeding improves, refer the woman anyway.
- If she continues to bleed after applying a bimanual compression, keep her covered and warm, give her tea to drink, transfer her with her legs elevated higher than her head, and always refer.
- If the TBA is called in after delivery, she should wash her hands before examining the mother and the baby.

External Bimanual Compression Method

- Explain the woman's condition to her and tell her that you are going to give her a massage that is painful, but necessary.
- Have her lie down
- Check to see if she has urinated; if she has not, have her urinate
- Palpate the uterus
- Compress the uterus between your two hands by pressing down and in from the top with one hand, and up and in from the bottom with the other hand; sustain this position for 20 minutes. After 20 minutes have passed, evaluate the bleeding and if necessary, repeat the compression until the woman reaches the closest hospital or health clinic.

Group work

Explain: That we are going to perform a bimanual compression, following the instructions given earlier about what to do in case of bleeding, starting with the causes of hemorrhage and ending with the transfer of the mother.

Request: That they do a role-play on the topic.

Evaluate: Using the Evaluation Guide for Bimanual Compression.

Practice: Bimanual compression in pairs.



Child Survival Project in Intibucá Community
Obstetrical Emergencies at the Community Level
Evaluation Guide



Name of the TBA: _____

Facilitator's Name: _____ Group: _____

Place of residence: _____

Health Post: _____

Municipality: _____

Topic: Hemorrhage

Skill to be acquired: *Bimanual compression of the uterus*

#	Procedures	Initial Eval.	Progress	Progress	Final Evaluation	Monitoring in the field											
		Date:	Date:	Date:	Date:	Months											
						J	F	M	A	M	J	J	A	S	O	N	D
1	In case of postpartum bleeding: <ul style="list-style-type: none"> • Checks the perineum and vagina • Observes the placenta (intact, not intact) • Checks the uterus (soft?) 																
2	Observes the patient's general condition (pale, clammy skin, level of consciousness, shallow, rapid breathing)																
3	Prepares for an emergency: Atonic Uterus (notifies the family and the emergency transport committee)																
4	Explains to the mother that she is losing a lot of blood and that she (the TBA) must massage the uterus to try to stop the bleeding																
5	Asks the woman to lie down on her back																
6	Massages the uterus to help it contract																
7	Checks whether the bladder is full (asks the woman to urinate if necessary)																
8	Performs a bimanual compression (see description in page 132 of manual)																
9	Maintains pressure on the uterus for 20 minutes																
10	Places the newborn on the mother's breast																

..... Continued

Continued.....

Bimanual Compression of the Uterus

#	Procedures	Initial Eval.	Progress	Progress	Final evaluation	Monitoring in the field											
		Date:	Date:	Date:	Date:	Date:											
						J	F	M	A	M	J	J	A	S	O	N	D
11	Observes whether the bleeding has slowed or stopped																
12	Estimates and records the amount of blood loss if the bleeding has not slowed down																
13	Refers to the closest hospital																
14	Keeps the woman hydrated and covered during transfer																
15	Elevates the woman's legs higher than the rest of her body																
16	If the bleeding has stopped, refers the mother to a health clinic anyway for follow-up																

Note: Place a check mark in the appropriate box to indicate actions or steps that the TBA has performed correctly.

2. ATTACKS OR SEIZURES FOLLOWING DELIVERY

OBJECTIVE:

The TBA will be able to identify and apply first aid in case of attacks or seizures following delivery.

CONTENTS:

- Cause of attacks or seizures after delivery.
- Signs
- First aid to be given by the TBA in case of attacks or seizures

METHODS:

Reflection and analysis

MATERIALS:

Discussion questions prepared in advance, TBA manual.

Activities:

Request: That the participants find and study the diagram in the TBA manual on seizures after delivery.

Ask: What are attacks or seizures after delivery?

Listen: To all the responses

Make sure they mention:

It is when the woman's whole body shakes and she loses consciousness.

Ask: What causes attacks or seizures after delivery?

Listen: To all the responses

Make sure they mention:

This is the most serious reaction that occurs in women who experience high blood pressure during pregnancy, delivery, or in the postpartum period.

Ask: What happens to the woman who has attacks or seizures after delivery?

Listen: To all the responses

Make sure they mention:

The woman is unconscious and her condition is critical; if she does not receive immediate medical attention in a hospital, she could die.

Ask: What should be done for a woman experiencing attacks or seizures after delivery?

Listen: To all the responses

Make sure they mention:

Whenever a woman experiences an attack or seizure after childbirth she should be referred immediately to the hospital or health clinic.

Do the following before or during transfer:

1. Have the woman lie down on her left side
2. Keep the woman from hurting herself but do not restrict her movements (do not tie her down or otherwise immobilize her) during the attack
3. Supervise the patient at all times
4. Explain the situation to the woman and her family
5. Activate the transport system on an emergency basis

3. FEVER AND FOUL-SMELLING CLOTS (LOQUIA)

OBJECTIVE:

After covering the topic, the TBA will be able to identify the signs and symptoms of fever and foul-smelling clots and can take appropriate and timely action when they occur.

CONTENTS:

- What are fever and foul-smelling clots?
- Signs and symptoms
- What should the TBA do if the recently delivered mother has a fever and foul-smelling clots?

METHODS:

Reflection and analysis

MATERIALS:

Discussion questions prepared in advance, TBA manual.

Activities:

Request: That the participants find and study the diagram in the TBA manual on fever and foul smelling clots after delivery.

Ask: What are fever and foul-smelling clots?

Make sure they mention:

Fever after delivery is an infection in the woman's uterus caused by lack of hygiene during childbirth, and it can lead to the death of the mother.

Ask: What causes fever and foul-smelling clots?

Listen: To all the responses

Make sure they mention:

It may be caused by lack of hygiene on the part of the mother or the person assisting the birth, dirty or contaminated delivery equipment (scissors, sheet, water), portions of the placenta that have remained inside the uterus, or other infections the woman may have.

Ask: What happens to the woman when she has a fever and foul-smelling clots?

Listen: To all the responses

Make sure they mention:

Fever, pain in the uterus area, weakness, foul vaginal discharge, loss of appetite, and ultimately death

Ask: What should be done for a woman with a fever and foul clots?

Listen: To all the responses

Make sure they mention:

Whenever a woman has a fever or foul-smelling clots following delivery, she should be referred immediately to a hospital or health clinic.

Do the following before or during transfer:

1. Give her a sponge bath if she is very hot
2. Give her a 500 mg. acetaminophen tablet
3. Give her liquids to drink
4. Explain the situation to the woman and her family
5. Activate the transport system (Request assistance from the emergency committee)

EVALUATION OF DANGER SIGNS AFTER DELIVERY

Group work:

- Assign the page in the TBA manual on evaluation of danger signs after delivery.
- Divide the participants into 4 groups. Ask them to work in pairs and practice what the TBA should do in case of each danger sign during childbirth, using the page in the TBA manual on evaluating danger signs after delivery.
- **In the plenary explore** the participants' experience using this form (difficulties and advantages of using it)

Listen to their comments and point out that this form is available in the TBA manual as a guide that the TBA can use to evaluate each women and it will help her remember what she should do in case of each danger sign that may occur after childbirth.

TOPIC 8: DANGER SIGNS IN THE NEWBORN

OBJECTIVE:

After covering the topic, the TBA will be able to identify the danger signs and apply first aid when they are present in the newborn.

CONTENTS:

- The main danger signs in the newborn
 - ✓ Does not breathe or cry at birth
 - ✓ Difficulty breathing or gasping
 - ✓ Born with blue skin (blue tongue and lips)
 - ✓ Has a fever
- Causes of each danger sign in the newborn
- First aid to be given by the TBA in case of any danger sign in the newborn

METHODS:

Group work, demonstration, role-play, and brainstorming

MATERIALS:

Dolls, baby clothes, sheets, gauzes, towel or cloth, TBA manual.

Activities:

Request: That the participants find and study the diagram in the TBA manual on evaluating danger signs in the newborn

Ask: What are the danger signs in the newborn?

Listen: To all the responses

Define:

The main danger signs in the newborn are:

1. Does not breathe or cry at birth
2. Difficulty breathing or gasping
3. Born with blue skin (blue tongue and lips)
4. Has a fever

EVALUATION GUIDE DANGER SIGNS IN THE NEWBORN

Ask:
Is the baby under seven days old?

Yes



Look / Ask



What should be done?

Does the baby have any of the following symptoms?



Does not breathe or cry at birth

YES



Difficulty breathing

YES



Looks blue

YES



Has a fever

YES

**Give First Aid
and
Refer Immediately to the Hospital
or Health Clinic**



1. THE NEWBORN DOES NOT BREATHE OR CRY AT BIRTH

OBJECTIVE:

The TBA should be able to identify the danger signs and give first aid when a newborn is not breathing or crying.

CONTENTS:

- What is it?
- What causes it?
- Signs and symptoms
- What should be done?

METHODS:

Group work, demonstration, role-play, and brainstorming

MATERIALS:

Dolls, baby clothes, sheets, gauze, towel or cloth, TBA manual

Activities

Request: That the participants find and study the diagram in the TBA manual on a newborn that does not breathe or cry at birth.

Ask: What is it?

Listen: To all the responses

Make sure they mention:

The birth took too long and that is why the newborn cannot breathe or cry.

Ask: What causes it?

Make sure they mention:

In most cases, delivery was delayed because: the cord was wrapped around the baby's neck, the mother has a narrow birth canal, or the baby was in the wrong position.

Ask: How can you tell the baby has asphyxia?

Listen: To all the responses

Make sure they mention: The baby is not breathing, is unconscious, looks blue, and is not crying.

Ask: What should be done?

Listen: To all the responses

Make sure they mention:

Whenever a baby is born with asphyxia or blue, he or she should be referred immediately to the hospital or health clinic.

Do the following before or during transfer:

1. Clean the baby's mouth and nose with a gauze
2. Touch or rub the baby's body vigorously (massage)
3. Dress or wrap the baby
4. If the baby fails to respond, tilt the head back and place a rolled up cloth or towel under the neck
5. Place a clean gauze over the baby's nose and mouth
6. Give mouth-to-mouth resuscitation covering the baby's nose and mouth (quick, gentle puffs); give 5 consecutive breaths
7. Observe whether the baby's chest and abdomen rise
8. Observe whether the baby begins to breathe after the 5 breaths
9. If the baby is breathing independently, keep him or her covered.
10. If the baby is not breathing, repeat 3 to 5 more times; stop when you observe that the baby is able to breathe on his or her own.
11. Activate the transport system (Request assistance from the emergency committee)

Evaluation

In the plenary, ask questions to summarize the steps for resuscitating a newborn and the danger signs in the newborn.

Practice:

In groups, practice resuscitating a newborn. Use the evaluation guide for each TBA.



Evaluation Guide

Name of the TBA: _____

Facilitator's Name: _____

Place of residence: _____ Health Post: _____

Municipality: _____

Topic: Immediate Newborn Care

Skill to be acquired: Infant resuscitation

#	Procedures	Initial Eval.	Progress	Progress	Final Evaluation	Monitoring in the field											
		Date:	Date:	Date:	Date:	Months											
						J	F	M	A	M	J	J	A	S	O	N	D
1	Washes hands																
2	Prepares equipment and makes sure its complete (doll, baby clothes, towel, sterile kit, gloves)																
3	Puts on gloves																
4	Observes the newborn's condition: skin color, crying, respiration																
5	Quickly Dries the newborn's nose and mouth, Covers the newborn (hat, sheet), Positions the newborn (hips and legs higher than the head), Cleans the mouth and nose with a gauze (Aspiration), Stimulates the newborn																
6	Keeps the airways clean and free of phlegm by cleaning the nose and mouth area																
7	Places a rolled towel under the neck, gently tilting the head back																
8	Places a piece of gauze over the baby's nose and mouth and gives 5 quick, gentle puffs.																
9	If the baby is not breathing repeats the procedures three to five more times																
10	Refers the newborn for follow-up after resuscitation																

Note: Place a check mark in the appropriate box to indicate actions or steps that the TBA has performed correctly.

2. NEWBORN WITH DIFFICULTY BREATHING OR BLUE SKIN

OBJECTIVE:

The TBA will be able to identify a newborn with difficulty breathing and apply first aid should this occur.

CONTENTS:

- What is it?
- What causes it?
- Signs and symptoms
- What should be done?

METHODS:

Group work, demonstration, role-play, and brainstorming

MATERIALS:

Dolls, baby clothes, sheets, gauze, towel or cloth, TBA manual.

Activities:

Request: That the participants find and study the diagram in the TBA manual on the newborn with difficulty breathing or blue.

Ask: What is it?

Listen: To all the responses

Make sure they mention:

It is a newborn with a respiratory rate of less than 30 or more than 60 breaths per minute and/or whose skin appears blue in color, including lips and tongue.

Ask: What causes it?

Listen: To all the responses

Make sure they mention:

In most cases, it occurs when delivery is delayed because: the cord is wrapped around the baby's neck, the mother has a narrow birth canal, or the baby is in the wrong position.

Ask: How can you tell that a newborn is having difficulty breathing?

Listen: To all the responses

Make sure they mention: Count the number of breaths per minute; if the baby's respiration is less than 30 or more than 60 times per minute, or if the skin appears bluish in color, then we classify the baby as having difficulty breathing.

Ask: What should be done?

Listen: To all the responses

Make sure they mention:

Whenever a baby is having difficulty breathing, he or she should be referred immediately to the hospital or health clinic.

Do the following before or during transfer:

1. Clean the baby's mouth and nose with a gauze
2. Touch or rub the baby's body vigorously (massage)
3. Cover the baby
4. Inform the mother and family of the baby's situation
5. Activate the transport system (Request assistance from the emergency committee)

3. A NEWBORN WITH A FEVER

OBJECTIVE:

The TBA will be able to identify a newborn with a fever and apply first aid should this occur.

CONTENTS:

- What is it?
- What causes it?
- Signs and symptoms
- What should be done?

METHODS:

Group work, demonstration, role-play, and brainstorming

MATERIALS:

Dolls, baby clothes, sheets, TBA manual

Activities:

Request: That the participants find and study the page in the TBA manual on the newborn who has a fever.

Ask: What is it?

Listen: To all the responses

Make sure they mention:

It is a newborn with a fever at birth or during the first 7 days of life. It is a sign of infection that could be life-threatening.

Ask: What causes it?

Listen: To all the responses

Make sure they mention:

It occurs when bacteria or microbes are passed to the baby during pregnancy or childbirth.

Ask: How can you tell when the newborn has a fever? The baby is crying, fussy, cannot be calmed, will not nurse, or is listless or unconscious.

Ask: What should be done?

Listen: To all the responses

Make sure they mention:

Whenever a newborn has a fever, he or she should be referred immediately to the hospital or health clinic. The presence of a fever in a newborn is a sign of serious illness.

Do the following before or during transfer:

1. Encourage the baby to nurse
2. Place the baby skin-to-skin against the mother and cover them
3. Activate the transport system (Request assistance from the emergency committee)

EVALUATION OF DANGER SIGNS IN THE NEWBORN

Group work:

- Assign a flow chart to each participant (see the form at the end of the topic, "Danger Signs in the Newborn.")
- Divide the participants into 4 groups and ask them to work in pairs and practice what the TBA should do in case of each danger sign during childbirth, using the flow chart on the newborn.
- **In the plenary explore** the participants' experience using this form (difficulties and advantages)

Listen to the comments and point out that this form is available as a guide that the TBA can use to evaluate each newborn and remember what to do should any danger sign be present in the newborn.

IX. EVALUATION AND CLOSING SESSION

Evaluate:

At the end of the day, evaluate the session and the workshop with the participants; be creative.

Closing Session

Give each TBA the following:

1 Backpack containing:

- a. 1 plastic bag
- b. 1 apron
- c. 2 umbilical cord clamps
- d. 1 pair of scissors
- e. Gloves
- f. Handwashing kit (pitcher, washing kit, and nail clippers)
- g. 1 bottle of chlorine
- h. 1 bag of soap powder
- i. 1 bottle of talcum powder
- j. Sterile gauze (10 packets)
- k. 1 glove holder
- l. Bottle of povidone-iodine
- m. Bottle of silver nitrate
- n. 1 bottle of umbilical tape
- o. Large pot
- p. Medium pot
- q. Masking tape
- r. Wrapping paper

X. ANNEXES

Annex 1

ORGANIZATION: NOTE TO THE FACILITATOR TEAM

Welcome to the Workshop on First Aid for Obstetrical Emergencies at the Community Level. We appreciate being able to count on your help in making this workshop a success.

Confident in your creativity and good will, we have made the following assignments:

Facilitators

Group 1:

Group 2:

Group 3:

Group 4:

Tasks:

Assign and distribute:

Make nametags, attendance sheet, distribution of materials and equipment, breaks, etc.

- 1 Day of clean up and logistics (Please distribute the tasks among the group).
- 1 day as Note-taker (make a note of: the topic, methodology, group contributions, group data); this preferably should be done by a facilitator.
- 1 day of evaluation of the session (do this creatively with the participants and lead the facilitators' meeting)
- Stay with the groups
 - a) Observing and rating each participant in pre and post technique practice sessions (confidentiality of information and observations)
 - b) Reinforcing contents

Meet each day after the workshop to evaluate the day's sessions in the following areas:

- Logistics /break/snack
- Content
- Methodology
- Audiovisual aids
- Participation of: TBAs and the facilitator team
- Areas for improvement

Stay active and be a facilitator throughout the workshop.

LITERATURE / CONCEPTS

The following references and concepts have been provided to support the facilitators' study of the topics.

CAUSES OF MATERNAL DEATHS IN HONDURAS:

Maternal mortality in Honduras takes place predominantly at home. Of 280 deaths during pregnancy, childbirth, or puerperium, 49% (137) occurred in a hospital while 51% (143) occurred in the community or outside of a hospital setting.

Classified by stage of the reproductive process, most maternal deaths occurred during the postpartum (40.6), followed by delivery (34.9 %), pregnancy (14.6%) and finally, miscarriage/abortion (9.9%). It should be noted that delivery actually constitutes the greatest risk as deaths occurring within one day of childbirth are intimately linked to care during delivery; these two percentages combined account for 50% of all maternal deaths. This means that there are still problems with the quality and timeliness of care during delivery, particularly in terms of detecting, identifying, and referring pregnant women with reproductive risk factors to a higher level of care. National efforts should be intensified in this regard at the institutional as well as the community levels.

Causes of maternal death in Honduras: Hemorrhage or heavy bleeding (47.1%), Hypertension or high blood pressure (19.4%) Infections (15.2%).

MATERNAL DEATH:

These are deaths that occur during pregnancy or within 42 days after the end of the pregnancy, regardless of how long the pregnancy lasts, of any cause associated with or aggravated by the pregnancy and its management, not counting accidental deaths.

BASIC CONCEPTS

PREGNANCY: The physiological state in a woman produced by the conception and development of a new being.

PRENATAL CARE: The systematic, periodic care provided to the pregnant woman with a risk-based approach.

REPRODUCTIVE RISK APPROACH: The strategy underlying a comprehensive approach to the causes of illness and death related to the human reproductive process.

NON-OBSTETRICAL REPRODUCTIVE RISK APPROACH: The strategy used to identify reproductive risk factors in women who are not pregnant but whom present reproductive risk factors and to bring them into the system in order to prevent high-risk pregnancies through the use of birth control.

OBSTETRICAL REPRODUCTIVE RISK APPROACH: The strategy underlying the use of operating capacity to provide care during pregnancy, delivery, and postpartum at a level of complexity that corresponds to the risk level.

REPRODUCTIVE RISK FACTORS: The biological, social, educational and cultural conditions that, if present in the woman, increase the probability that she or her potential offspring might become ill or die.

The following are considered reproductive risk factors:

A. SOCIAL AND EDUCATIONAL

- Poor rural or urban housing
- Low income (unemployment)
- Little or no schooling
- Others: smoking and alcoholism
- Intra- and extra- family violence
- Little or no sexual education

B. BIOLOGICAL

- Age extremes (under 18 or over 35 años.)
- More than 4 children
- Less than two years between pregnancies
- History or presence of chronic disease (diabetes, hypertension, heart disease, and kidney disease)
- History of obstetrical pathology (miscarriage/abortion, postpartum hemorrhage, Caesarean section, newborn with low birth weight, toxemia).
- STDs/HIV-AIDS

HIGH RISK PREGNANCY:

This is a pregnancy in a woman who has reproductive risk factors during which certain pathologies develop.

Signs and symptoms that could indicate the presence of significant pathologies during pregnancy:

- High blood pressure
- Severe headaches

- Weight loss, weight stabilization, or excessive weight gain
- Decrease or absence of fetal movement
- Changes in uterine growth
- Edema, particularly if it is not in the morning and generalized
- Hemoglobin under 10g/dl or mucocutaneous paleness
- HIV-AIDS
- Domestic violence
- Premature rupture of the membranes
- Painful and frequent uterine contractions before the 37th week (threat of miscarriage).
- Fever and lumbar pain

LOW RISK PREGNANCY:

A pregnancy in a woman with no reproductive risk factors that progresses causing only the usual changes related to that condition and therefore does not compromise the health of the mother or the baby.

CHILDBIRTH: A series of processes through which the mother expels the product of conception at term, pre-term, or post-term, through the birth canal.

EARLY BONDING: The interaction between the mother and the newborn. While breastfeeding may or may not occur in the first half hour postpartum, the most important thing is skin-to-skin physical contact.

EXCLUSIVE BREASTFEEDING: When the mother breastfeeds the baby during the first six months of life, during which time no other substances, besides breast milk, should be given to the baby.

HIGH RISK DELIVERY:

A high-risk pregnancy during any stage of which something occurs that threatens the health of the mother and the child.

Signs and symptoms that may be cause for alarm during childbirth

- Premature rupture of the ovular membranes
- Premature birth/preterm labor (before the 37th week of gestation).
- Fever
- Heavy bleeding with our without contractions

- Prior diagnosis or presence of related illnesses (preeclampsia, eclampsia, chronic hypertension, diabetes, and so forth).
- Abnormal fetal presentation
- Changes in the fetal heartbeat
- Umbilical cord prolapse
- Meconium
- Increase or decrease in uterine contractions (normally 3 in 10 minutes)
- Cervical dilation that exceeds the alert limit on the partograph, lasting over 12 hours.
- More than 30 minutes between the birth of the baby and the expulsion of the placenta

PUERPERIUM:

The period that begins when the placenta is delivered and lasts until the woman's organism has recovered its pre-pregnancy anatomical and functional conditions. It lasts approximately six months.

PUERPERAL CARE:

The comprehensive evaluation of all postpartum women. Care should be a priority during the first 10 days following childbirth to detect any complications, since that is the period when most maternal deaths occur.

NOTE: **Puerperal care** is not the institutional care provided in the maternity ward before discharging the woman.

HIGH RISK PUERPERIUM:

This occurs when incidents related to childbirth compromise the mother's health.

Signs and symptoms that indicate puerperal complications:

- Heavy uterine bleeding that exceeds normal levels. It may be secondary to uterine hypotonicity, total or partial retention of the placenta or membranes, cervical or vaginal tearing, or other conditions.
- Fever with or without foul-smelling vaginal discharge/loquia. Is a sign of puerperal infection, usually secondary to unhygienic delivery; can be prevented by a clean delivery
- Abdominal or lumbar pain with or without foul-smelling loquia

Actions that the TBA should take with the pregnant woman

- Ask her questions regarding whether or not reproductive risk factors are present, particularly in women under the age of 18 and over 35.
- Spacing between pregnancies under 2 years
- Obstetrical and medical history

- Ask about the overall condition of the pregnant woman
- Ask about the presence or absence of fetal movement
- Ask about possible hemorrhages
- Ask about possible symptoms of anemia (paleness).
- Ask about the presence or absence of such as edema, headaches/migraines, and dizziness
- Examine the breasts and nipples

Cases which the TBA should refer to the health clinic

- Women under 18 or over 35 years of age
- Women who have had more than 4 children
- Women who have or have had hypertension
- Women with HIV-AIDS
- Women who have had a previous Caesarean section
- Women with preeclampsia or eclampsia.
- Hemorrhaging during pregnancy, childbirth and postpartum
- Fetal death
- First-time pregnancy
- Malnutrition
- Twins
- Premature rupture of the membranes

PREVENTION: Preparation and arrangements made in advance to avoid risk or perform a particular action.

TOXEMIA: Occurs during pregnancy and is characterized by seizures, coma, and fetal death, and possibly brain damage or the death of the mother.

It is one of the main causes of maternal and fetal death.

PREECLAMPSIA – ECLAMPSIA: This is a pregnancy-related illness characterized by the development of hypertension and presence of protein in the urine after 20 weeks of pregnancy. Other symptoms are present, like: swelling of the face, hands, and feet, along with blurred vision, headache, buzzing in the ears, and severe upper abdominal pain; it can cause serious harm to the mother and the baby, particularly when seizures occur.

HEMORRHAGE: The loss of 500 cc or more of blood, which is very common in the first minutes and hours following childbirth, but can occur even 40 days after delivery. Normal blood loss is between 50cc and 250 cc.

HEMORRHAGE DURING PREGNANCY:

- Ectopic pregnancy in the first or second month/signs of shock
- Miscarriage/abortion: up until the fourth or fifth month of pregnancy / Blood flowing out of the vagina and strong pain
- Threatened abortion: vaginal bleeding before 22 weeks of pregnancy that has stopped

Causes of hemorrhage in early pregnancy: ectopic pregnancy, miscarriage/abortion, threatened abortion.

Causes of hemorrhage in the second half of pregnancy: placenta previa, premature detachment of the placenta.

What to do in case of hemorrhage during pregnancy:

- Elevate the woman's legs above her head
- Send her to the hospital or health clinic immediately

HEMORRHAGE PRIOR TO DELIVERY:

- Placenta previa should be referred: continuous, bright red blood from the vagina, without pain, contractions, or tenderness
- Premature detachment of the placenta: abdominal pain and tenderness, bright red or dark red vaginal bleeding. Action = refer.

HEMORRHAGE DURING CHILDBIRTH:

- Rupture of the uterus: Intense pain, contractions stop, signs of shock. Causes: multiparas, very young women, or if the mother is told to push too early, or the uterus has ruptured due to excessive massaging or rubbing. First time mothers who have been in labor for two days should be referred.
- Placenta previa
- Detachment and/or retention of portions of the placenta
- Multiparas: the womb does not contract
- Vaginal tearing

HEMORRHAGE AFTER CHILDBIRTH:

- Bleeding because the uterus fails to contract or uterine atony (uterus soft, placenta intact, genitals normal)
- Retained placental tissue (uterus may be soft, and then firm, placenta incomplete, genitals normal). Action: check the placenta and take the woman to the health clinic.
- Lacerations or tearing (uterus hard, placenta complete, check for bleeding).

INFECTION:

Infections occur due to microbes that can be transmitted by dust, dirty hands, dirty instruments or clothing, and lack of hygiene on the part of the mother or the TBA. Microbes can enter by way of people or the things we use (mount poster of scissors). Infections occur in the first seven days after childbirth.

The mother has a fever, constant uterine pain, foul-smelling vaginal discharge (loquia), the uterus is soft to the touch.

Reinforce that the woman might go into what is known as "septic shock." The symptoms are: fever, rapid pulse, confusion and/or anxiety, drop in blood pressure. This is a very serious condition and the patient could die. At the onset of symptoms, explain the situation to the family and refer the patient.

- Puerperal infection is one of most frequent causes of maternal death in developing countries. Assisting with a clean delivery can prevent it.
- The puerpera should receive care particularly during the first ten days after childbirth in order to detect any complications, as this is the period when most maternal deaths occur.
- Infections are caused by people or by the things we use to assist with delivery. To avoid them, we must prepare ourselves and *prepare*:
- The mother: urinate, avoid contact with animal excrement
- Clothing and sheets: bed sheets, and the mother's and baby's clothing should be thoroughly washed
- The instruments and materials to be used should be sterilized and ready
- Cleanliness is important: bathe, wash hands as often as necessary
- Be careful when cutting the umbilical cord

CARE OF THE NEWBORN: Dry: with clean hands and gloves, clean the mouth and nose as the head emerges, because that is when the newborn begins to breathe independently; after delivery, dry the baby from head to toe so that it does not get cold.

Cover: The newborn has just come from a warm, enclosed place. Prior to delivery, the pregnant woman should be aware that she must have baby clothes ready and a little hat. Wrap the baby up, it is important to keep the baby covered.

Posicion: Ideally the newborn's head should be lower than its body to allow phlegm to drain. A towel, sheet, or small pillow can be used to elevate the legs and hips.

Aspirate: Clean the mouth and nose.

Stimulate: Rub the baby's back and legs to stimulate circulation. Rub gently and do not hit or shake the baby. Then, place the baby with the mother to encourage early bonding. The baby can be placed skin to skin with the mother and both covered.

IMMEDIATE CARE OF THE NEWBORN:

Procedures:

Wash hands, prepare all equipment (doll, baby clothes, towel, sterile kit, gloves), put on gloves.

DANGER SIGNS IN THE NEWBORN:

Explore with the participants the signs that indicate to them that the newborn is in danger and some of the experiences they have had. Make sure they mention:

- Skin color: blue, yellow and pale, or skin tinted dark green
- Difficulty breathing or not breathing
- Limp (floppy)
- Too small
- Little movement
- Has a deformation
- Continuous crying or not crying
- There is pus and a bad smell coming from the navel
- The baby is cold or hot
- The baby does not have a bowel movement in the first 24 hours. Explain that the baby must be taken to the hospital and may need an operation.
- The baby has signs of infection (stops nursing, crying, weak reflexes, weak, has a fever, has seizures); seek help at once.
- The baby has signs of tetanus.

NEONATAL ASPHYXIA: When a newborn fails to breathe immediately or does not start breathing at all, because he or she did not receive enough oxygen during labor. Without intervention, this respiratory depression will lead to death or brain damage. Rapid resuscitation, however, can result in complete recovery.

CAUSES OF ASPHYXIA: In the mother's womb, the fetus receives nourishment and oxygen through the placenta and the umbilical cord. However, during labor this support system can be jeopardized.

For example, the umbilical cord could become compressed due to a prolapse around the neck or there may be difficulties delivering the head if the fetus is positioned feet first.

CHILDBIRTH PLAN

The trained Traditional Birth Attendant, in conjunction with the other leaders and services in the community, can identify the most important measures to take to reduce risks related to childbirth in the community. The following should be identified in the Childbirth Plan:

- Identify women who present danger signs during pregnancy: bleeding, headache, swelling of the hands, feet and face, fever, severe abdominal pain, fetus in the wrong position, in order to orient them regarding where the birth will take place.
- Identify danger signs in the newborn: hard to rouse, will not nurse, restless, rapid or labored breathing, the baby is very cold or hot, infected navel, inactive, small or thin, and refer the baby immediately to the hospital.
- Identify women who present danger signs during and after childbirth: Bleeding, baby not positioned head first, retention of the placenta, seizures, headache and fever, foul-smelling vaginal discharge, for their immediate referral to the hospital.
- Identify a means of transport to transfer the pregnant woman to the hospital should a complication occur during childbirth.
- Identify the closest hospital to the community and decide who will accompany the woman
- There should be a community fund or the pregnant woman should set money aside to cover medical expenses, fare, fuel, and other necessities.
- Plan who will care for the woman's children, home, and animals while she is in the hospital.
- Things the mother should take to the hospital for the baby: clothing, diapers, baby blankets, hat. For the mother: sweater, personal toiletries, blankets, and sanitary napkins, among other things.

PROHIBITIONS FOR THE TBA:

DO NOT administer oxytocics to a laboring woman as they can cause severe harm to the mother and the baby.

DO NOT tell the woman to push until the baby's head is in the birth canal.

DO NOT perform vaginal exams.

DO NOT give alcoholic beverages to a laboring woman.

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Team of Facilitators in Obstetric Emergencies Qualified by Nurses of the American School of Nurses to Leave The Hope, Intibucá, Honduras C. A. Year 2000



Technical team of the Community-Based Child Survival Project of Intibucá

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