Referral

- a process where a woman, her newborn or a patient is advised or brought from her home or from a health facility, to seek care in a health facility providing a wider range or higher level of services where the condition of the patient can be best managed.

- Includes:
  - arranging for transport and care during transport
  - preparing referral form
  - communicating with referral institution with emergency care facilities
Steps to follow:

1) Give emergency treatment.

2) Discuss decision with woman, partner/spouse and relatives.

3) Quickly organize transport and possible financial aid.

4) Inform the referral center by mobile phone, landline or radio.

5) Ensure support.
6) During journey:

For the woman:

- If journey is long, give appropriate treatment on the way.

- If the woman is bleeding, continue to monitor blood loss and continue measures to decrease bleeding, according to cause.

- Manage shock.

- If the woman has an IV line, watch the infusion.

- Keep records of all IV fluids, medications given, time of administration and the woman’s condition.
6) During journey:

For the baby:

- Keep the baby warm by skin-to-skin contact with mother or someone else.
- Cover the baby with a blanket and with a cap on the head.
- Protect the baby from direct sunlight.
- Encourage breastfeeding during the journey.
- If the baby does not breastfeed and the journey is more than 3 hours, consider giving expressed milk by cup.
First Aid for the woman with danger signs

If severe difficulty of breathing and obstruction is suspected:

- Try to clear the airway and dislodge obstruction.
- Help the woman to find the best position for breathing.
- Urgently refer the woman to the hospital with EMOC capabilities.
First Aid for the woman with danger signs

Unconscious:

• Keep her on her back, arms at the side.

• Tilt her head backwards (unless trauma is suspected).

• Lift her chin to open airway.

• Inspect her mouth for foreign body; remove if found.

• Clear secretions from throat.
First Aid for the woman with danger signs

Inserting intravenous (IV) line and giving fluids to prevent or correct shock:

• Wash hands with soap and water.
• Clean woman’s skin with alcohol at site for IV line using a 16-18 gauge needle.
• Attach Ringer’s lactate or normal saline, ensure infusion is running well.
• Give fluids at rapid rate if in shock, systolic BP is less than 90 mm Hg, pulse rate is more than 110/minute or heavy vaginal bleeding.
• Give fluids at moderate rate (1 liter in 2-3 hours) if with severe abdominal pain, obstructed labor, ectopic pregnancy, dangerous fever or dehydration.
• If IV access is not possible, give oral rehydration solution (ORS) by mouth if able to drink or by nasogastric tube at 300-500 ml in one hour.
First Aid for the woman with danger signs

Postpartum bleeding

• When a woman is bleeding, massage uterus and expel clots.
• If postpartum bleeding persists after placenta is delivered, or uterus is not well contracted:
  • Place cupped palm on uterine fundus and feel for state of contraction
  • Massage fundus in a circular motion with cupped palm until uterus is well contracted
  • When well contracted, place fingers behind fundus and push down in one swift action to expel clots
  • Collect blood in a container placed closed to vulva. Measure or estimate blood loss, and record
  • Give ergometrine 0.2 mg IM and another dose after 15 minutes.
• If postpartum bleeding persists despite removal of placenta, uterine massage, and ergometrine treatment, apply bimanual uterine compression.
### Danger Signs in the Newborn for Immediate Referral

<table>
<thead>
<tr>
<th>Signs</th>
<th>Classify</th>
<th>Treat and Advise</th>
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<tbody>
<tr>
<td>• Birth weight &lt;1500 g</td>
<td>Very Small Baby</td>
<td>• Refer baby urgently to the hospital</td>
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<tr>
<td>• Very preterm, 32 weeks or &gt;2 months early</td>
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<td>• Ensure extra warmth during referral</td>
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<tr>
<td>• Not suckling (after 6 hours of age)</td>
<td>Not Able to Feed</td>
<td>• Refer baby urgently to the hospital</td>
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<td>• Stopped feeding</td>
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<tr>
<td>• Yellow skin on face and only &lt;24 hours old</td>
<td>Jaundice</td>
<td>• Refer baby urgently to hospital</td>
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<tr>
<td>• Yellow palms and soles and &gt;24 hours old</td>
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<td>• Encourage breastfeeding on the way</td>
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<td></td>
<td></td>
<td>• If feeding difficulty, give expressed breast milk by cup</td>
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<tr>
<td>Any of the following signs:</td>
<td>Possible Serious Illness</td>
<td>Refer baby urgently to hospital. In addition:</td>
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<tr>
<td>• Fast breathing (more than 60 breaths per minute)</td>
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<td>• Re-warm and keep warm during referral.</td>
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<tr>
<td>• Slow breathing (less than 30 breaths per minute)</td>
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<td>• Treat local umbilical infection before referral</td>
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<tr>
<td>• Severe chest in-drawing</td>
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<td>• Stop the bleeding.</td>
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<td>• Grunting</td>
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<td>• Give oxygen if available.</td>
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<td>• Convulsions</td>
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<td>• Start newborn resuscitation, if trained</td>
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<td>• Floppy or stiff</td>
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<td>• Fever (temperature &gt;38 °C)</td>
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<td>• Temperature &lt;35 °C or not rising after rewarming</td>
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<td>• Umbilicus draining pus or umbilical redness extending to skin</td>
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<td>• More than 10 skin pustules or bullae, or swelling, redness or hardness of skin</td>
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<td>• Bleeding from stump or cut</td>
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<tr>
<td>• Pallor</td>
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<td></td>
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<td>• Cyanosis of lips and mucous membranes</td>
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<tr>
<td>• Apnea (not breathing)</td>
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</tbody>
</table>
DOH Referral Levels

- Primary or Rural Health Unit
- Secondary Level or District Hospital
- Tertiary Level or Provincial Hospital
- Regional hospital and specialty centers
BEmOC (Basic Emergency Obstetric Care) facility is an RHU or hospital able to:

- administer parenteral antibiotics;
- administer parenteral oxytocin;
- administer parenteral anticonvulsants for pre-eclampsia/eclampsia;
- perform manual removal of placenta;
- perform removal of retained placental products; and
- perform assisted vaginal delivery (breech, vacuum extraction and forceps)
CEmOC (Comprehensive Obstetric Care) facility is a hospital able to:• perform the six functions of a BEmOC facility, plus
• perform caesarean section and hysterectomy; and
• give safe blood transfusion.\n\n\n