



SECTION 3

Basic Clinical Interventions for Maternal and Newborn Complications

Session 3: Referral

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:

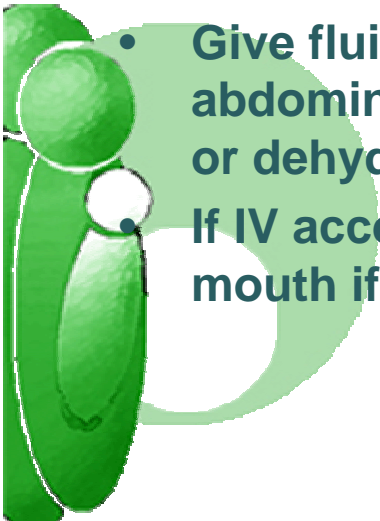
- Keep her on her back, arms at the side.
- Tilt her head backwards (unless trauma is suspected).
- Lift her chin to open airway.
- Inspect her mouth for foreign body; remove if found.
- Clear secretions from throat.



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

| Signs | Classify | Treat and Advise |
|---|--------------------------|--|
| <ul style="list-style-type: none"> • Birth weight <1500 g • Very preterm ,32 weeks or >2 months early | Very Small Baby | <ul style="list-style-type: none"> • Refer baby urgently to the hospital • Ensure extra warmth during referral |
| <ul style="list-style-type: none"> • Not suckling (after 6 hours of age) • Stopped feeding | Not Able to Feed | <ul style="list-style-type: none"> • Refer baby urgently to the hospital |
| <ul style="list-style-type: none"> • Yellow skin on face and only <24 hours old • Yellow palms and soles and \geq24 hours old | Jaundice | <ul style="list-style-type: none"> • Refer baby urgently to hospital • Encourage breastfeeding on the way • If feeding difficulty, give expressed breast milk by cup |
| <p>Any of the following signs:</p> <ul style="list-style-type: none"> • Fast breathing (more than 60 breaths per minute) • Slow breathing (less than 30 breaths per minute) • Severe chest in-drawing • Grunting • Convulsions • Floppy or stiff • Fever (temperature $>38^{\circ}\text{C}$) • Temperature $<35^{\circ}\text{C}$ or not rising after rewarming • Umbilicus draining pus or umbilical redness extending to skin • More than 10 skin pustules or bullae, or swelling, redness or hardness of skin • Bleeding from stump or cut • Pallor • Cyanosis of lips and mucous membranes • Apnea (not breathing) | Possible Serious Illness | <p>Refer baby urgently to hospital. In addition:</p> <ul style="list-style-type: none"> • Re-warm and keep warm during referral. • Treat local umbilical infection before referral • Stop the bleeding. • Give oxygen if available. • Start newborn resuscitation, if trained |



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.**

