SECTION 3
Basic Clinical Interventions for Maternal and Newborn Complications

Session 7: Information and Advice for MCH
Health education

- Increases awareness and favorably influences the attitudes, knowledge and practices of individuals, groups and communities towards positive behavior change resulting to the improvement of their health, wellness and lifestyle.
Characteristics of an effective communication:

- Both the client and the provider are actively sharing and exchanging ideas on MCH.
- Each person accurately understands the MCH information.
- Should touch the understanding, feeling, norms, values, and experiences of the clients on MCH.
- Information should be doable and realistic.
Communication skills can be improved by:

• Establishing rapport with the client.
• Maintaining eye to eye contact with the speaker
• Showing a genuine interest in the topic and the client
• Being attentive to the speaker (i.e. not doing other tasks at the same time and not interrupting)
• Asking questions
• Showing empathy
• Reflecting (i.e. using own words to confirm understanding)
• Interpreting the feelings and emotions behind what is being said
• Integrating what has been further said into further discussion
Information and advice on nutrition for pregnant, postpartum and breastfeeding women

- Eat a variety of food everyday.
- Eat more food during meals and have an extra meal everyday.
- Food restriction particularly during postpartum is harmful.
- Always use iodized salt as table salt and seasoning.
- Cook vegetables with oil, fat, nuts or coconut milk.
Preventing anemia

• Iron deficiency is common among pregnant, postpartum and breastfeeding women.

• Iron and folate deficiency leads to anemia. Folate deficiency during pregnancy also causes neural tube defects in the baby.

• Take iron/folate tablet regularly to prevent anemia.

• Also increase your intake of green leafy vegetables, fruits, fish and meat to prevent anemia.
Preventing tetanus

• Tetanus is a serious infection.

• Be immunized against tetanus.

• Tetanus immunization is safe.

• Apart from immunization, there are other ways of protecting yourself and your baby from having tetanus and other infections.
Discomforts of pregnancy

• Some women may experience discomforts during pregnancy.

• This may manifest as morning sickness/nausea, vomiting, constipation, hemorrhoids, heartburn or leg cramps.

• These are usually caused by changes in the woman’s body.

• These are usually temporary and should not be a cause for worry.
Self care during pregnancy

- Do not smoke and avoid second hand smoke.
- Do not drink alcoholic beverages.
- Do not take drugs that are not prescribed by a health professional.
- Do not expose yourself to harmful chemicals like pesticides and fertilizers.
- Avoid strenuous activities and take a nap in the middle of the day.
- The couple may have sexual relations during pregnancy unless there is a history of preterm labor and if sexual intercourse causes pain.
When and where to seek for care

**During pregnancy**

- For routine antenatal visit, go to the preferred health facility on the suggested schedule

<table>
<thead>
<tr>
<th>Recommended schedule of antenatal care visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(^{st}) visit</td>
</tr>
<tr>
<td>2(^{nd}) visit</td>
</tr>
<tr>
<td>3(^{rd}) visit</td>
</tr>
<tr>
<td>4th visit</td>
</tr>
</tbody>
</table>
When and where to seek for care

For emergency signs, go to the hospital immediately, day or night, DO NOT WAIT.

<table>
<thead>
<tr>
<th>Emergency signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious/Convulsing</td>
</tr>
<tr>
<td>Vaginal bleeding</td>
</tr>
<tr>
<td>Severe abdominal pain</td>
</tr>
<tr>
<td>Looks very ill</td>
</tr>
<tr>
<td>Severe headache with visual</td>
</tr>
<tr>
<td>disturbance</td>
</tr>
<tr>
<td>Severe breathing difficulty</td>
</tr>
<tr>
<td>Fever</td>
</tr>
<tr>
<td>Severe vomiting</td>
</tr>
</tbody>
</table>

For other problems, go to the health center/hospital as soon as possible.

<table>
<thead>
<tr>
<th>Other possible problems during pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
</tr>
<tr>
<td>Feels ill</td>
</tr>
<tr>
<td>Swelling of face and fingers</td>
</tr>
<tr>
<td>Pain in urination</td>
</tr>
<tr>
<td>Foul smelling vaginal discharge</td>
</tr>
</tbody>
</table>
When and where to seek for care

During labor
For signs of labor, go to the facility (or if the woman prefers home delivery, a health professional should be called) at the first signs of labor.

<table>
<thead>
<tr>
<th>First signs of labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloody sticky discharge (show)</td>
</tr>
<tr>
<td>Painful contractions every 20 minutes or less</td>
</tr>
<tr>
<td>Bag of water breaks</td>
</tr>
</tbody>
</table>

During postpartum, for the mother
For routine postpartum visit, go to the preferred health facility on the suggested schedule below.

<table>
<thead>
<tr>
<th>Recommended Schedule of Postpartum Care Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; visit</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; visit</td>
</tr>
</tbody>
</table>
When and where to seek for care

For emergency signs, go to the hospital immediately, day or night, DO NOT WAIT.

- Severe headache with visual disturbance
- Severe vomiting
- Unconscious/Convulsing
- Vaginal bleeding
- Severe abdominal pain
- Looks very ill
- High Fever
- Severe vomiting

For other problems, go to the health center/hospital as soon as possible.

<table>
<thead>
<tr>
<th>Emergency signs</th>
<th>Other possible problems postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious/Convulsing</td>
<td>Fever</td>
</tr>
<tr>
<td>Vaginal bleeding</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>Severe abdominal pain</td>
<td>Feels ill</td>
</tr>
<tr>
<td>Looks very ill</td>
<td>Breasts swollen, red or tender breasts or sore nipple</td>
</tr>
<tr>
<td></td>
<td>High Fever</td>
</tr>
<tr>
<td></td>
<td>Urine dribbling or pain in urination</td>
</tr>
<tr>
<td></td>
<td>Severe breathing difficulty</td>
</tr>
<tr>
<td></td>
<td>Pain in the perineum or draining pus</td>
</tr>
<tr>
<td></td>
<td>Foul-smelling vaginal discharge</td>
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</tbody>
</table>

- Urine dribbling or pain in urination
- Pain in the perineum or draining pus
- Foul-smelling vaginal discharge
When and where to seek for care

During postpartum, for the newborn

For danger signs, go to the hospital/health center immediately day or night, DO NOT wait

<table>
<thead>
<tr>
<th>Danger signs in the newborn</th>
<th>Other problems in the newborn</th>
</tr>
</thead>
</table>
| • Fast breathing (more than 60 breaths per minute                | Difficulty feeding
| • Slow breathing (less than 30 breaths per minute)              | Feeds less than 5 times in 24 hours                                 |
| • Severe chest indrawing                                        | Pus from eyes, cord or skin pustules                                 |
| • Grunting                                                      | Yellow skin and eyes                                                |
| • Convulsions                                                   | Swollen limb or joint                                               |
| • Floppy or stiff                                               | Congenital malformations                                             |
| • Fever >38°C                                                   |                                                                     |
| • Temperature <35°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 mucus membranes.                         |                                                                     |
| • Apnea, not breathing                                         |                                                                     |
Advantages of a health facility delivery

• You will get good care if you deliver in the health facility.

• Pregnancy puts the lives of the woman and her baby at risk.

• It is safer for the baby to be born in the facility.
Preparation for obstetrical events

For obstetric emergency

• transport to reach the hospital that can be availed of anytime of the day

• food and money for medicines and supplies

• a companion who can help take care of the woman and her baby

• relatives who are able to donate blood when needed

• Mother and Child Book that was issued during antenatal care
For health facility delivery

- transport to reach the health facility
- food and money for medicines, supplies and newborn screening
- a companion who can help take care of the woman and her baby
- mother and baby book that was issued during antenatal care
- clean pieces of cloth for washing, drying and wrapping the baby
- Sanitary pads or additional clean strips of cloths to use after birth
- clothes for mother and baby
Clean and safe home delivery by a skilled health professional

Prepare for:

- money for medicines, supplies and newborn screening
- Mother and Baby Book on hand
- blankets
- person who will inform the health professional that that woman is in labor and assist during labor, delivery and postpartum
  - person who will help take care of the woman, her home and family
  - Keep the delivery environment clean.
  - Call the health professional at the first signs of labor.
Kangaroo Carry

- Place the newborn dressed on a shirt open at the front baby into the mother’s uncovered chest.

- Cover the newborn on the mother’s chest with her clothes or a blanket. The blanket may be tied on the mother’s back or shoulder to fix position of baby.
Care of the cord

- Wash hands with bubbling soap and water before and after cord care.
- Do NOT apply dust, powder, herbs, medicine or anything to the stump.
- Keep stump loosely covered with clean clothes. Do not bandage stump or abdomen.
- Fold cloth/diaper below stump.
- If stump is soiled, wash it with clean water and soap and pat dry with a clean cloth.
- The cord stump will come off by itself. Do NOT pull. It can cause bleeding and will invite infection.
- Avoid touching the stump unnecessarily.
- See a health professional immediately if stump is red or draining pus or blood.
Hygiene for the baby

• Keep the baby clean.

• Do NOT bathe the baby until at least 6 hours after birth.

• After birth, do NOT remove vernix. If baby is contaminated with meconium, bathe with soap and water.
Breastmilk and breastfeeding

- Breastmilk is the best food for your baby from birth up to 6 months.
- Give colostrum to your baby.
- Do NOT give plain water, sugared water, chewed sticky rice, herbal preparations or starve your baby while waiting for the milk to come in.
- Give only breast milk and no other food or drink to your baby from birth up to 6 months.
- Breastfeed as often as your baby wants, day and night.
- Use both breasts alternately at each feeding.

Role of the partner/spouse/family in the care of the woman and her newborn

- A woman who is undergoing any obstetrical event is in a stressful situation.
- Her partner and family is a source of emotional support during obstetrical events.

During obstetrical events the woman’s partner/family can help her with/by:
- preparation of things for obstetrical events such as pregnancy, delivery or postpartum;
- saving money for the purchase of medicine and for other expenses that will be incurred during those events;
- doing chores in the house or taking care of the children
Role of the partner/spouse/family in the care of the woman and her newborn

During obstetrical events the woman’s partner/spouse/family can help her with/by:

• communicating with her regarding her fears, anxieties and her wants and needs;
• keeping her company whenever she visits the health facility or calling a health professional when the need arises;
• helping her come up with appropriate health care decisions such as where to deliver her baby or what family planning method to use; and
• enlisting relative and neighbors as voluntary blood donors should the need arise.
Immunization

- Immunization protects the child from diseases.
- A child should be fully immunized in the first year of life.
- Different types of vaccines are used for immunization.
- The child may develop reactions to the immunization.
Family Planning

- Exclusive breastfeeding (Lactational Amenorrhea Method or LAM) is guaranteed to prevent pregnancy for six months from birth if menses has not returned yet.
- You can become pregnant again soon after birth.
- Space births by at least 2-3 years apart.
- The risk of complications for you and your baby increases after the second birth.
- If you have medical problems, it is best for you NOT to become pregnant again.
- A pregnancy before 18 years and after 35 years of age may be dangerous.
Family Planning

- From among the different contraceptive methods available, you may choose which is most appropriate for you to help you time your future pregnancies.

### Method options for breastfeeding women

| Can be used immediately postpartum | Lactational amenorrhea method  
Condom  
Female sterilization  
IUD |
| --- | --- |
| Delay 6 weeks postpartum | Progestin-only oral contraceptives  
DMPA Injectable |
| Delay 6 months | Combined oral contraceptives |

### Method options for non-breastfeeding women

| Can be used immediately postpartum | Condom  
Progestin-only oral contraceptives  
DMPA Injectable  
Female sterilization  
IUD |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay 3 weeks postpartum</td>
<td>Combined oral contraceptives</td>
</tr>
</tbody>
</table>
Family Planning

Special considerations for family planning counseling

- Family planning counseling is particularly important before delivery because tubal ligation and insertion of intrauterine device can be done immediately postpartum. A supportive husband is always helpful.
If the woman chooses tubal ligation:

- Can be done immediately postpartum (ideally within 48 hours, mini-laparotomy up to 7 days, or delay for 6 weeks)
- Plan for delivery in the hospital
- Delay if infection is present
- Counseling and informed consent ideally done prior to labor and delivery
Family Planning

*If the woman chooses intrauterine device:*

- Can be done immediately postpartum, if no evidence of infection (up to 48 hours or delay 4-6 weeks)
- Plan for delivery in hospital or health center
- Delay if infection is present
- If her husband is supportive, a non-scalpel vasectomy for him would be ideal