

Module 4: Safe Delivery and Birth Preparedness

This module equips Community Healthcare Workers (CHWs) with the knowledge and skills necessary to assist families in preparing for a safe delivery, recognize signs of labor, and respond appropriately during childbirth emergencies.

Learning Objectives

By the end of this module, participants will:

- 1. Understand the stages of labor and delivery.
- 2. Educate families about the importance of birth preparedness and skilled birth attendance.
- 3. Recognize and respond to normal and abnormal labor signs.
- 4. Facilitate safe delivery practices and emergency response.
- 5. Support postpartum care immediately after delivery.

4.1 Understanding Birth Preparedness

What is Birth Preparedness?

Birth preparedness involves planning and taking proactive steps to ensure a safe and smooth delivery, minimizing delays in care during emergencies.

Key Components of Birth Preparedness:

1. Selecting a Skilled Birth Attendant:

o A skilled birth attendant (SBA) is a trained healthcare provider, such as a midwife, nurse, or doctor, who can handle normal and complicated deliveries.

2. Choosing a Delivery Location:

o Encourage facility-based deliveries to reduce risks.

3. Arranging Transportation:

o Identify reliable transportation in advance for emergencies.

4. Financial Planning:

Save funds for potential costs, including hospital fees, medications, and transport.

5. Emergency Preparedness:

o Identify danger signs that require urgent medical attention.

6. **Delivery Kit Preparation:**

o Items to include: Clean sheets, sterile gloves, soap, scissors, baby clothing, blankets, and personal items for the mother.

Activity: Create a birth preparedness checklist in small groups.

4.2 Stages of Labor and Delivery

Stages of Labor:

- 1. First Stage: Early and Active Labor
 - o **Early Labor:** Cervix dilates to 4 cm.
 - Signs: Mild contractions, backache, or clear vaginal discharge.
 - o **Active Labor:** Cervix dilates from 4 cm to 10 cm.
 - Signs: Stronger, more regular contractions, and potential rupture of membranes (water breaking).
- 2. Second Stage: Delivery of the Baby
 - o Begins when the cervix is fully dilated.
 - o The mother pushes during contractions to deliver the baby.
- 3. Third Stage: Delivery of the Placenta
 - o Placenta is expelled after the baby is born.
- 4. Fourth Stage: Immediate Postpartum Period
 - o The first hour after delivery, crucial for monitoring the mother and baby.

Activity: Label a timeline showing the stages of labor and key events.

4.3 Recognizing Signs of Labor and Complications

Normal Signs of Labor:

- Regular contractions increasing in frequency and intensity.
- Rupture of membranes (amniotic fluid leak).
- Bloody show (pinkish mucus discharge).

Danger Signs During Labor:

- Heavy bleeding before or during labor.
- Prolonged labor (lasting more than 12–24 hours for first-time mothers).
- Severe abdominal pain or unrelieved back pain.
- Baby's movements decrease or stop.

Emergency Actions:

- Transport the mother to the nearest healthcare facility.
- Keep the mother calm and provide supportive care during transit.

Activity: Analyze case scenarios to identify labor danger signs and appropriate actions.

4.4 Facilitating Safe Delivery Practices

Role of CHWs During Labor:

- **Provide Emotional Support:** Reassure and comfort the mother.
- Maintain Hygiene: Ensure the birthing environment is clean and use sterile equipment.
- **Encourage Mobility:** Help the mother find comfortable labor positions.
- **Monitor Progress:** Observe the frequency and duration of contractions.

Key Practices for a Safe Delivery:

1. Positioning the Mother:

o Support comfortable positions for labor and pushing (e.g., squatting, side-lying).

2. Assisting the Birth:

o Ensure the baby is delivered gently and the airway is clear.

3. Caring for the Newborn:

- o Clean and dry the baby immediately.
- Place the baby skin-to-skin on the mother's chest to promote bonding and warmth.
- Encourage breastfeeding within the first hour.

4. Managing the Placenta:

o Allow natural delivery of the placenta and check for completeness.

Activity: Practice safe delivery techniques using models or role-playing.

4.5 Emergency Response During Delivery

Common Obstetric Emergencies:

1. Postpartum Hemorrhage (PPH):

- o Signs: Heavy vaginal bleeding after delivery.
- o Action: Massage the uterus and refer urgently.

2. Obstructed Labor:

- o Signs: Labor not progressing, extreme pain, and exhaustion.
- o Action: Arrange immediate transport to a facility.

3. Prolapsed Umbilical Cord:

- o Signs: Umbilical cord visible before the baby.
- o Action: Place the mother in a knee-chest position and refer urgently.

4. Eclampsia (Seizures):

- o Signs: Convulsions in a pregnant or postpartum woman.
- o Action: Keep the woman safe and refer urgently.

Activity: Role-play emergency scenarios and practice response protocols.

4.6 Postpartum Care for the Mother and Newborn

Immediate Postpartum Care for the Mother:

- Monitor for excessive bleeding and uterine contractions.
- Check vital signs (blood pressure, pulse, temperature).
- Provide guidance on hygiene and rest.

Immediate Postpartum Care for the Baby:

- Ensure proper latching for breastfeeding.
- Monitor for normal breathing and body temperature.
- Administer vitamin K and vaccinations if required.

Activity: Create a postpartum care plan for a hypothetical mother and baby.

Conclusion and Reflection

- **Summary:** Safe delivery and birth preparedness ensure healthy outcomes for both mother and baby. Early identification of labor signs and complications is critical for timely intervention.
- **Reflection:** Participants discuss how they can improve access to skilled birth attendance in their communities.

Assessment

- 1. **Practical Skills Test:** Simulate safe delivery practices and emergency responses.
- 2. **Group Project:** Design a community workshop to educate families about birth preparedness and safe delivery.

This module empowers CHWs to guide families through birth preparedness and ensure safe delivery practices, reducing risks and improving maternal and neonatal outcomes.