Antenatal Care

- Always begin with rapid assessment and management (RAM)
  Assess for all emergencey and priority signs, give appropriate treatment, then refer urgently. Emergency and priority signs: Very difficult breathing, cold moist skin and fast pulse, vaginal bleeding, convulsions, severe abdominal pain and dangerous fever.
- If the woman has no emergency or priority signs and has come for antenatal care, use this section C for further care.
- Next use the **Pregnancy status and birth plan chart** C2 to ask the woman about her present pregnancy status, history of previous pregnancies and check her for general danger signs. Decide on an appropriate place of birth for the woman using this chart and prepare the birth and emergency plan. The birth plan should be reviewed during every follow-up visit.
- Check all women for **pre-eclampsia** C3, **anaemia** C4 , **syphilis** C7 and **HIV status** C8 according to the charts.
- Check all women for **fetal growth** C5 and **post-maturity** C6
- In cases where an abnormal sign is identified (volunteered or observed) use the charts **Respond to observed signs or volunteered problems** C9-C13 to classify the condition and identify appropriate treatment (s).
- Give preventive measures due C14.
- Develop a birth and emergency plan C16-C17.
- Advise and counsel on nutrition C15, family planning C18, labour signs, danger signs, routine and follow-up visit C19 using information and counseling sheets.
- Record all positive findings, birth plan, treatments given and the next scheduled visit in the home-based maternal card/clinic recording form.
- If the women is HIV positive, adolescent or has special needs, see BANC Protocol.

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ASSESS THE PREGNANT WOMAN: PREGNANCY STATUS, BRITH AND EMERGENCY PLAN

Use this chart to assess the pregnant women at each of the four antenatal care visits. During first antenatal visit, prepare a birth and emergency plan using this chart and review them during following visits. Modify the birth plan if any complications arise.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVISE
FIRST VISIT (Classify for BANC or referral) Obtain information on • Personal history • Previous obstetric history • Medical history • Determine the gestational age of the pregnancy ALL FOLLOW-UP VISITS (20, 26, 32, 34, 36 38 weeks) • Check duration of pregnancy. • Where does she plan to deliver, how will she get there? • Any vaginal bleeding since last visit? • Is the baby moving? (after 4 months) • Check record for previous complications and treatments received during this pregnancy. • Do you have any concerns? o Vaginitis o Urinary tract infection o Cough o Malnutrition o HIV/AIDS	• Look for signs of anaemia • Record weight (kg) and height (cm) • Measure blood pressure • Listen heart and lungs • Measure height of uterus • Look for caesarean scar • Abnormal lie after 36 weeks Tests • Test urine for bacteriuria, proteinuria, glucose • Haemoglobin • Rapid Rh • RPR (for syphilis) • Counsel and test for HIV if status unknown	Obstetric History • Previous stillbirth or neonatal loss • Birth weight of last baby <2500g or >4500g • Last pregnancy: hospital admission for hypertension or pre-eclampsia/eclampsia • Prior delivery by caesarean, • Documented third degree tear. • Prior delivery by forceps or vacuum. • More than six previous births **Current pregnancy** • Obvious multiple pregnancy • Age <16 or >40 • Rh (-) isoimmunisation • Vaginal bleeding • Diastolic blood pressure 90mmHg or more at booking • Hypertension, pre-eclampsia • Preterm labour/rupture of membranes • Intrauterine growth restriction • Post term pregnancy **General Medical** • Insulin-dependent diabetes mellitus • Renal disease • Cardiac disease Any other severe medical disease or condition	REFERRAL (HOSPITAL DELIVERY)	• Explain why delivery needs to be at referral level C16. • Develop the birth and emergency plan. C16 • See BANC Protocol for referral process. Advise all women on: • Iron and folate supplementation • Calcium supplementation • Tetanus toxoid booster or first injection • Stop smoking and alcohol consumption • Safe sex • Warning signs • Infant feeding • Contraceptive advice
		None of the above	PRIMARY HEALTH CARE LEVEL	

NEXT: Check for pre-eclampsia

CHECK FOR PRE-ECLAMPSIA

Screen all pregnant women at every visit.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
• Blood pressure at last visit?	• Measure blood pressure in sitting position. • If diastolic blood pressure is≥90mmHg, repeat after 1 hour rest. • If diastolic blood pressure is still ≥90mmHg, ask the women if she has: o Sever headache o Blurred vision o Epigastric pain and o Check protein in urine	• Diastolic blood pressure ≥110mmHg and 3+proteinuria, or • Diastolic blood pressure ≥90mmHg on two readings and 2+ proteinuria, and any of: o Severe headache o Blurred vision o Epigastric pain	SEVERE PRE-ECLAMPSIA	• Give magnesium sulphate BANC Protocol. • Give appropriate anti-hypertensives BANC Protocol. • Revise the birth plan C16. • Refer urgently to hospital BANC Protocol
		• Diastolic blood pressure 90-110mmHg on two readings and 2+ proteinuria.	PRE-ECLAMPSIA	• Revise the birth plan C16. • Refer to hospital.
		• Diastolic blood pressure ≥90mmHg on 2 readings	HYPERTENSION	• Advise to reduce workload and to rest. • Advise on danger signs C17. • Reassess at the next antenatal visit or in 1 week if >8 months pregnant. • If hypertension persists after 1 week or at next visit, refer to hospital or discuss case with the doctor or midwife, if available.
		None of the above.	NO HYPERTENSION	No treatment required.

NEXT: Check for anaemia

CHECK FOR ANAEMIA

Screen all pregnant women at every visit.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
• Do you tire easily? • Are you breathless (short of breath) during routine household work?	On first visit: • Measure haemoglobin • On subsequent visits: ▪ Look for conjunctival pallor. ▪ Look for palmar pallor. If pallor: o Is it severe pallor? o Some Pallor? o Count number of breaths in 1 minute.	• Haemoglobin <7g/dl. • AND/ OR • Severe palmar and conjunctival pallor or • Any pallor with any of: o >30 breaths per minute o Tires easily o Breathlessness at rest	SEVERE ANAEMIA	• Revise birth plan so as to deliver in a facility with blood transfusion services C2. • BANC Protocol. • Counsel on compliance with treatment. • Give appropriate oral antimalarial BANC Protocol. • Follow up in 2 weeks to check clinical progress, test results, and compliance with treatment. • Refer urgently to hospital BANC Protocol.
		• Haemoglobin 7-11g/dl. • OR • Palmar or conjunctival pallor	MODERATE ANAEMIA	• Ferrous sulphate 200mg orally 3 times daily with food and folic acid 5mg daily. • Counsel on compliance with treatment. • Give appropriate oral antimalarial if not given in the past month • Reassess at next antenatal visit (4-6 weeks). If anaemia persists, refer to hospital.
		• Haemoglobin >11g/dl. • No pallor.	NO CLINICAL ANAEMIA	• Ferrous sulphate 200mg orally daily with food and folic acid 5mg daily. • Council on compliance with treatment.

NEXT: Check for fetal growth

CHECK FOR FETAL GROWTH

Screen all pregnant women at every visit.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
• Check previous fetal growth on SF chart • Was it between the 10th and 90th centile?	• Measure symphysis fundus height. • Plot measurement on the SF Chart. • Check new measurement on SF Chart, is the growth: o Is the SF measurement below the 10th centile? o Is the growth flat (3 measurements the same)? o Is there sudden fall off in growth? o Is the measurement above the 90th centile?	• SF Measurement two or more times below the 10th centile. • No uterine growth for 6 weeks	POSSIBLE IUGR	• Refer to hospital for assessment of fetal growth. • Give appropriate advice on monitoring fetal movements. • Give appropriate nutritional advice. • Give advice on smoking and alcohol abuse. • Advise to reduce workload and to rest.
		• SF Measurement above the 90th centile.	POSSIBLE MULTIPLE PREGNANCY MACROSOMIC BABY	• Refer to hospital. • Revise birth plan.
		• None of the above.	GOOD FETAL GROWTH	• No treatment required.

NEXT: Check for post-maturity

CHECK FOR POST-MATURITY

Screen all pregnant women at every visit.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
• How far pregnant are you? • Check the EDD and see if woman is 1 week or more beyond her EDD.	On first visit: • Estimate EDD On subsequent visits: • Check EDD	• EDD certain, 1 week after EDD	POST TERM PREGNANCY	• Refer for induction of labour BANC Protocol.
		• EDD uncertain, but 1 week after estimated EDD.	POSSIBLY POST-MATURE	• Advise woman to keep fetal movement chart. • Refer to hospital for amniotic fluid index.
		• EDD certain, date not yet reached. • EDD uncertain, estimated date not yet reached.	NORMAL	• If 38 weeks or more give fetal movement chart. • Arrange appointment at hospital for 1 week past EDD.

NEXT: Check for syphilis

CHECK FOR SYPHILIS

Test all pregnant women at first visit. Check status at every visit.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	TEST RESULT	CLASSIFY	TREAT AND ADVISE
• Have you been tested for syphilis during this pregnancy? o If not, perform the rapid plasma reagin (RPR) test. • If test was positive, have you and your partner been treated for syphilis? o If not, and test is positive, ask "Are you allergic to penicillin?"		• RPR test positive.	POSSIBLE SYPHILIS	• Give benzathine benzylpenicillin IM. If allergic, give erythromycin BANC Protocol. • Plan to treat the newborn. • Encourage woman to bring her sexual partner for treatment. • Advise on correct and consistent use of condoms to prevent new infection.
		• RPR test negative.	NO SYPHILIS	• Advise on correct and consistent use of condoms to prevent infection.

NEXT: Check for HIV status

CHECK FOR HIV STATUS

Counsel all pregnant women for HIV at first visit. Check status during each visit.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
• Have you ever been tested for HIV? • If yes, do you know the result? (Explain to the woman that she has the right not to disclose the result.) • Has the partner been tested?		Known HIV-positive.	HIV POSITIVE	• Ensure that she visited adequate staff and received necessary information about MTCT prevention BANC Protocol. • Enquire about the ARV prophylactic treatment prescribed and ensure that the woman knows when to start ARV prophylaxis BANC Protocol. • Enquire how she will be supplied with the drugs. • Enquire about the infant feeding option chosen. • Advise on additional care during pregnancy, delivery and postpartum. • Advise on correct and consistent use of condoms. • Counsel on benefits of involving and testing the partner.
		No HIV test results or not willing to disclose result.	UNKNOWN HIV STATUS	• Provide key information on HIV BANC Protocol. • Inform her about VCT to determine HIV status. • Advise on correct and consistent use of condoms. • Counsel on benefits of involving and testing the partner.
		Known HIV-negative	HIV-NEGATIVE	• Provide key information on HIV. • Counsel on benefits of involving and testing her partner. • Counsel on the importance of staying negative by correct and consistent use of condoms.

NEXT: Respond to observed signs or volunteered problems.
If no problem, go to page C14.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF NO FETAL MOVEMENT				
• When did the baby last move? • If no movement felt, ask woman to move around for some time, reassess fetal movement.	• Feel for fetal movements. • Listen for fetal heart after 6 months of pregnancy. • If no heart beat, repeat after 1 hour.	• No fetal movement. • No fetal heart beat.	PROBABLY DEAD BABY	• Inform the woman and partner about the possibility of dead baby. • Refer to hospital.
		• No fetal movement but fetal heart beat present.	POSSIBLY DISTRESSED BABY	• Inform the woman that baby is possibly ill. • Perform CTG.
		• Fetal movement and fetal heart beat present.	WELL BABY	• Inform the woman that baby is fine and likely to be well but to return if problem persists.
IF RUPTURED MEMBRANES AND NO LABOUR				
• When did the membranes rupture? • When is your baby due?	• Look at pad or underwear for evidence of: o Amniotic fluid o Foul-smelling vaginal discharge • If no evidence, ask her to wear a pad. Check again in 1 hour. Measure temperature.	• Fever 38°C. • Foul-smelling vaginal discharge.	UTERINE AND FETAL INFECTION	• Give appropriate IM/IV antibiotics BANC Protocol. • Refer urgently to hospital BANC Protocol
		• Rupture of membranes at <8 months of pregnancy.	RISK OF UTERINE AND FETAL INFECTION	• Give appropriate IM/IV antibiotic. • Refer urgently to hospital.
		• Rupture of membranes at >8 months of pregnancy.	RUPTURE OF MEMBRANES	• Manage as Woman in childbirth.

NEXT: If fever or burning on urination

Respond to observed signs or volunteered problems (2)

IF FEVER OR BURNING ON URINATION

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
• Have you had fever? • Do you have burning on urination?	• If history of fever or feels hot: o Measure axillary temperature. o Look or feel for stiff neck. o Look for lethargy. • Percuss flanks for tenderness.	• Fever >38°C and any of: o Very fast breathing or o Stiff neck o Lethargy o Very weak/not able to stand	VERY SEVERE FEBRILE DISEASE	• Insert IV line and give fluids slowly BANC Protocol. • Give appropriate IM/IV antibiotics. • Give artemether/quinine IM (malaria prevalent area). • Give glucose. • Refer urgently to hospital.
		• Fever >38°C and any of: o Flank pain o Burning on urination.	UPPER URINARY TRACT INFECTION	• Give appropriate IM/IV antibiotics. • Give appropriate oral antimalarial (malaria prevalent area). • Refer urgently to hospital.
Classify for 'Malaria risk' that is if patient lives in malaria endemic area or has visited malaria endemic area in the past month.		• Fever >38°C or history of fever (in last 48 hours).	MALARIA	• Give appropriate oral antibiotics. • If no improvement in 2 days or condition is worse, refer to hospital.
		• Burning on urination.	LOWER URINARY TRACT INFECTION	• Give appropriate oral antibiotics. • Encourage her to drink more fluids. • If no improvement in 2 days or condition is worse, refer to hospital.

NEXT: If vaginal discharge

ASK, CHECK RECORD IF VAGINAL DISCHARGE	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
• Have you noticed changes in your vaginal discharge? • Do you have itching at the vulva? • Has your partner had a urinary problem? If partner is present in the clinic, ask the woman if she feels comfortable if you ask him similar questions. If yes, ask him if he has: o Urethral discharge or pus. o Burning on passing urine. If partner could not be approached, explain importance of partner assessment and treatment to avoid reinfection. Schedule follow-up appointment for woman and partner (if possible).	• Separate the labia and look for abnormal vaginal discharge: o Amount o Colour o Odour (smell) • If no discharge is seen, examine with a gloved finger and look at the discharge on the glove.	• Abnormal vaginal discharge. • Partner has urethral discharge or burning on passing urine.	POSSIBLE GONORRHOEA OR CHLAMYDIA INFECTION	• Give appropriate oral antibiotics to woman. (Syndromic approach: Protocol 2 – Option 2) • Treat partner with appropriate oral antibiotics. • Advise on correct and consistent use of condoms.
		• Curd like vaginal discharge. • Intense vulvar itching.	POSSIBLE CANDIDA INFECTION	• Give clotrimazole. (Syndromic approach: Protocol 2 – Option 3) • Advise on correct and consistent use of condoms.
		• Abnormal vaginal discharge.	POSSIBLE BACTERIAL OR TRICHOMONAS INFECTION	• Give metronidazole to woman. • Advise on correct and consistent use of condoms.

NEXT: If signs suggesting HIV infection

Respond to observed signs or volunteered problems (4)

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF SIGNS SUGGESTING HIV INFECTION				
(HIV status unknown or known HIV-positive)				
• Have you lost weight? • Do you have fever? How long (>1 month)? • Have you got diarrhea (continuous or intermittent)? How long, >1 month? • Have you had cough? How long, >1 month? Assess if in high risk group: • Occupational exposure? • Is the woman commercial sex worker? • Intravenous drug abuse? • History of blood transfusion • Illness or death from AIDS in a sexual partner?	• Look for visible wasting. • Look for ulcers and white patches in the mouth (thrush). • Look at the skin: o Is there a rash? o Are there blisters along the ribs on one side of the body?	• Two of these signs: o Weight loss o Fever >1 month o Diarrhea >1month OR • One of the above signs **and** • One or more other signs • Or from a high risk group.	STRONG LIKELIHOOD OF HIV INFECTION	• Reinforce the need to know HIV status and advise where to go for VCT. • Counsel on the benefits of testing the partner. • Advise on correct and consistent use of condoms. • Examine further and manage according to national HIV guidelines or refer to appropriate HIV services. • Refer to TB centre if cough.
IF SMOKING, ALCOHOL OR DRUG ABUSE, OR HISTORY OF VIOLENCE				
				• Counsel on stopping smoking. • For alcohol/drug abuse, refer to specialized care providers. • Refer for counseling on violence. BANC Protocol.

NEXT: If cough or breathing difficulty

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF COUGH OR BREATHING DIFFICULTY				
• How long have you been coughing? • How long have you had difficulty in breathing? • Do you have chest pain? • Do you have any blood in sputum? • Do you smoke?	• Look for breathlessness. • Listen for wheezing. • Measure temperature.	At least 2 of the following signs: • Fever >38°C. • Breathlessness. • Chest pain.	POSSIBLE PNEUMONIA	• Give first dose of appropriate IM/IV antibiotics. • Refer urgently to hospital.
		At least 1 of the following signs: • Cough or breathing difficulty for >3 weeks. • Blood in sputum. • Wheezing	POSSIBLE CHRONIC LUNG DISEASE	• Refer to hospital for assessment. • If severe wheezing, refer urgently to hospital.
		• Fever <38°C, and • Cough <3 weeks.	UPPER RESPIRATORY TRACT INFECTION	• Advise safe, soothing remedy. • If smoking, counsel to stop smoking.
IF TAKING ANTI-TUBERCULOSIS DRUGS				
• Are you taking anti-tuberculosis drugs? If yes, since when? • Does the treatment include injection (streptomycin)?		• Taking anti-tuberculosis drugs. • Receiving injectable anti-tuberculosis drugs.	TUBERCULOSIS	• If anti-tubercular treatment includes streptomycin (injection), refer the woman to district hospital for revision of treatment as streptomycin is ototoxic to the fetus. • If treatment does not include streptomycin, assure the woman that the drugs are not harmful to her baby, and urge her to continue treatment for a successful outcome of pregnancy. • If her sputum is TB positive within 2 months of delivery, plan to give INH prophylaxis to the newborn. • Reinforce advice to go for VCT • If smoking, counsel to stop smoking. • Advice to screen immediate family members and close contacts for tuberculosis.

NEXT: Give preventive measures

GIVE PREVENTIVE MEASURES

Advise and counsel all pregnant women at every antenatal visit.

ASK, CHECK RECORD	TREAT AND ADVISE
• Check tetanus toxoid (TT) immunization status.	• Give tetanus toxoid if due. • If TT1, plan to give TT2 at next visit.
• Check woman's supply of the prescribed dose of iron/folate.	• Give 3 month's supply of iron and counsel on compliance and safety.
• Check when last dose of mebendazole given.	• Give mebendazole once in second or third trimester.
'Malaria risk" • Check when last dose of an antimalarial given. • Ask if she (and children) is sleeping under insecticide treated bed nets.	• Give intermittent preventive treatment in second and third trimesters. • Encourage sleeping under insecticide treated bed nets.
	<u>First visit:</u> • Develop a birth and emergency plan C16. • Counsel on nutrition C15. • Counsel on importance of exclusive breastfeeding. • Counsel on stopping smoking and alcohol and drug abuse. • Counsel on safe sex and correct and consistent use of condoms. <u>All visits</u>: • Review and update the birth and emergency plan according to new findings C16-C17. • Advise on when to seek care: C19 o Routine visits o Follow-up visits o Danger signs <u>Third trimester</u> Counsel on family planning C18.

Record all visits and treatments given.

ADVISE AND COUNSEL ON NUTRITION AND SELF-CARE

Use the information and counseling sheet to support your interaction with the woman, her partner and family.

Counsel on nutrition

- Advise the woman to eat a greater amount and variety of healthy foods, such as meat, fish, oils, nuts, seeds, cereals, beans, vegetables, cheese, milk, to help her feel well and strong (give examples of types of food and how much to eat).
- Spend more time on nutrition counseling with very thin women and adolescents. Refer to nutrition support programme as indicated.
- Determine if there are important taboos about foods which are nutritionally important for good health. Advise the woman against these taboos.
- Talk to family members such as the partner and mother-in-law to encourage them to help ensure the woman eats enough and avoids hard physical work.

Advise on self-care during pregnancy

Advise the women to:

- Take iron tables
- Rest and avoid lifting heavy objects.
- Sleep under an insecticide impregnated bed net.
- Use condoms correctly and consistently, if at risk for STI or HIV.
- Avoid alcohol and smoking during pregnancy.
- NOT to take medication unless prescribed at the health centre/hospital.

DEVELOP A BIRTH AND EMERGENCY PLAN

Use the information and counseling sheet to support your interaction with the woman, her partner and family.

Facility delivery

Explain why birth in a facility is recommended.

- Any complication can develop during delivery – they are not always predictable.
- A facility has staff, equipment, supplies and drugs available to provide best care if needed, and a referral system.

Advise how to prepare.

- Review the arrangements for delivery:
- How will she get there? Will she have to pay for transport?
- How much will it cost to deliver at the facility? How will she pay?
- Can she start saving straight away?
- Who will go with her for support during labour and delivery?
- Who will help while she is away to care for her home and other children?

Advise when to go.

- If the woman lives near the facility, she should go at the first signs of labour.
- If living far from the facility, she should go 2-3 weeks before baby due date and stay either at the maternity waiting home or with family or friends near the facility.
- Advise to ask for help from the community, if needed.

Advise what to bring.

- Antenatal card and ID book.
- Clean cloths for washing, drying and wrapping the baby.
- Additional clean cloths to use as sanitary pads after birth.
- Clothes for mother and baby.
- Food and water for woman and support person.

Home delivery with a skilled attendant

Advise how to prepare.

- Review the following with her:
- Who will be the companion during labour and delivery?
- Who will be close by for at least 24 hours after delivery?
- Who will help to care for her home and other children?
- Advise to call the skilled attendant at the first signs of labour?
- Advise to have her home-based maternal record ready?
- Advise to ask for help from community, if needed.

Explain supplies needed for home delivery

- Warm spot for the birth with a clean surface or a clean cloth.
- Clean cloths of different sizes: for bed, for drying and wrapping the baby, for cleaning the baby's eyes, for the birth attendant to wash and dry her hands, for use as sanitary pads.
- Blankets.
- Buckets of clean water and some way to heat this water.
- Soap.
- Bowls: 2 for washing and 1 for the placenta.
- Plastic for wrapping the placenta.

Advise on labour signs

Advise to go to the facility or contact the skilled birth attendant if any of the following signs:

- A bloody sticky discharge.
- Painful contractions every 20 minutes or less.
- Waters have broken.

Advise on danger signs

Advise to go to the hospital/health centre immediately, day or night, WITHOUT waiting if any of the following signs:

- Vaginal bleeding.
- Convulsions.
- Severe headaches with blurred vision.
- Fever and too weak to get out of bed.
- Severe abdominal pain.
- Fast or difficult breathing.

She should go to the health centre as soon as possible if any of the following signs:

- Fever.
- Abdominal pain.
- Feels ill.
- Swelling of fingers, face, legs.

Discuss how to prepare for emergency in pregnancy

- Discuss emergency issues with the woman and her partner/family:
  - Where will she go?
  - How will they get there?
  - How much it will cost for services and transport?
  - Can she start saving straight away?
  - Who will go with her for support during labour and delivery?
  - Who will care for her home and other children?
- Advise the woman to ask for help from the community, if needed.
- Advise her to bring her home-based maternal record or antenatal card to the health centre, even for an emergency visit.

ADVISE AND COUNSEL ON FAMILY PLANNING

Counsel on the importance of family planning

- If appropriate, ask the woman if she would like her partner or another family member to be included in the counseling session.
- Explain that after birth; if she has sex and is not exclusively breastfeeding, she can become pregnant as early as four weeks after delivery. Therefore it is important to start thinking early on about what family planning method will be used after delivery.
  - Ask about plans for having more children. If she (and her partner) wants more children, advise that waiting at least 2-3 years between pregnancies is healthier for the mother and child.
  - Information on when to start a method after delivery will vary depending whether a woman is breastfeeding or not.
  - Make arrangements for the woman to see a family planning counselor, or counsel her directly
- Advise on correct and consistent use of condoms for dual protection from sexually transmitted infections (STI) or HIV and pregnancy. Promote especially if at risk for STI or HIV.
- For HIV-positive women, see ARV guidelines for family planning considerations.
- Her partner can decide to have a vasectomy (male sterilization) at any time.

Methods/ options for the non-breastfeeding woman:

Can be used immediately postpartum:	Condoms Progestogen-only oral contraceptives Progestogen-only injectables Implant Spermicide Female sterilization (within 7 days or delay 6 weeks) IUD (within 48 hours or delay 4 weeks)
Delay 3 weeks:	Combined oral contraceptives Combined injectables Diaphragm Fertility awareness methods

Special considerations for family planning counseling during pregnancy

Counseling should be given during the third trimester of pregnancy.

- If the woman chooses female sterilization:
  - Can be performed immediately postpartum if no sign of infection, ideally within 7 days, or delay for 6 weeks.
  - Plan for delivery in hospital or health centre where they are trained to carry out the procedure.
  - Ensure counseling and informed consent prior to labour and delivery.
- If the woman chooses an intrauterine device (IUD):
  - Can be inserted immediately postpartum if no sign of infection (up to 48 hours, or delay 4 weeks).
  - Plan for delivery in hospital or health centre where they are trained to insert the IUD.

Methods /options for the breastfeeding woman:

Can be used immediately postpartum:	Lactational amenorrhoea method (LAM) Condoms Spermicide Female sterilization (within 7 days or delay 6 weeks) IUD (within 48 hours or delay 4 weeks)
Delay 6 weeks:	Progestogen-only oral contraceptives Progestogen-only injectables Implants Diaphragm
Delay 6 months:	Combined oral contraceptives Combined injectables Fertility awareness methods

ADVISE ON ROUTINE AND FOLLOW-UP VISITS

Encourage the woman to bring her partner or family member to at least 1 visit.

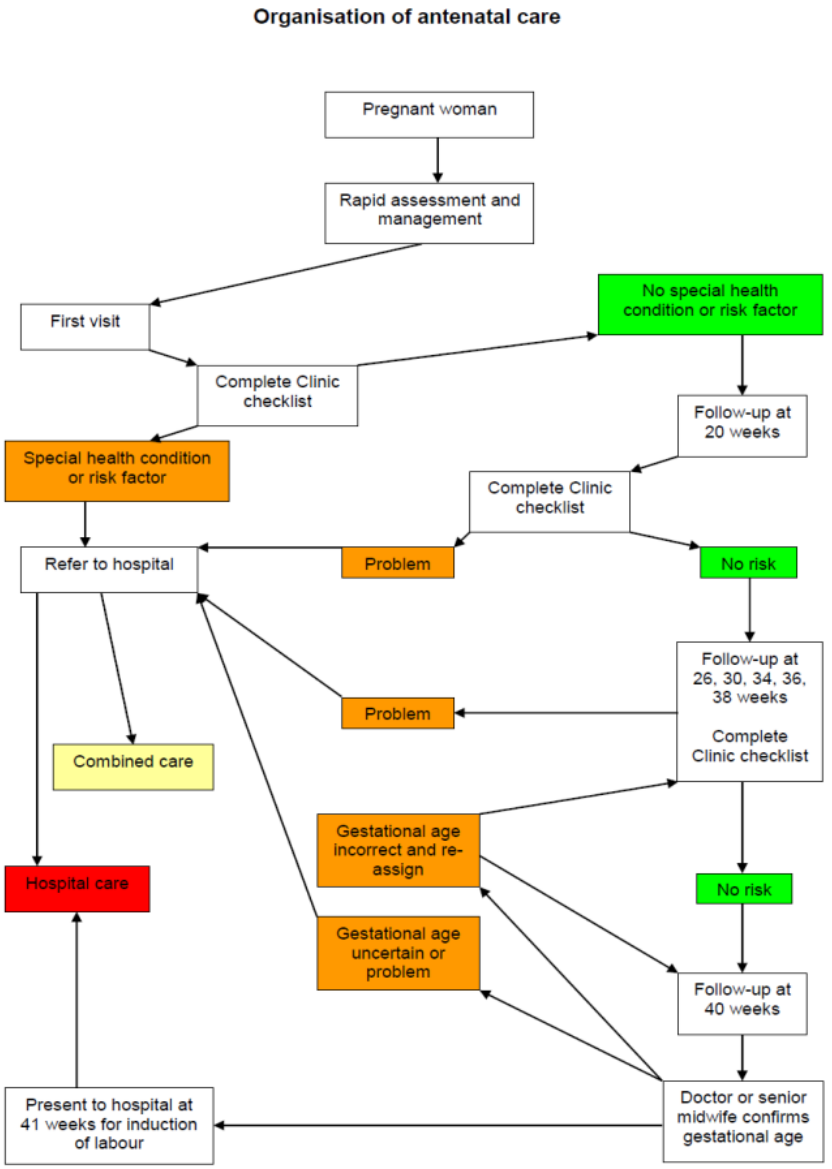
Routine antenatal care visits

1st visit	As soon as she knows she is pregnant
2nd - 8th visit	20, 26, 32, 34, 36, 38, 40 weeks
9th visit	High risk referral for induction of labour

- All pregnant women should have 4 routine antenatal visits.
- First antenatal contact should be as early in pregnancy as possible. (preferably at confirmation of pregnancy)
- During the last visit, inform the woman to return if she does not deliver within 1 week after the expected date of delivery.
- More frequent visits or different schedules may be required according to national malaria or HIV policies.

Follow-up visits

If the problem was:	Return in:
Hypertension	1 week if
Severe anaemia	2 weeks



Advise on routine and follow-up visits

HOME DELIVERY WITHOUT SKILLED ATTENDANT

Reinforce the importance of delivery with a skilled birth attendant

Instruct mother and family on clean and safer Delivery at home

If the woman has chosen to deliver at home without a skilled attendant, review these simple instructions with the woman and family members.

- Give them a disposable delivery kit and explain how to use it.

Tell her/them:

- To ensure a clean delivery surface for the birth.
- To ensure that the attendant should wash her hands with clean water and soap before/after touching mother/baby. She should also keep her nails clean.
- To, after delivery, place the baby on the mother's chest with skin-to-skin contact and wipe the baby's eyes using a clean cloth for each eye.
- To cover the mother and the baby.
- To use the ties and razor blade form the disposable delivery kit to tie and cut the cord. The cord is cut when it stops pulsating.
- To dry the baby after cutting the cord. To wipe clean but not bathe the baby until after 6 hours.
- To wait for the placenta to deliver on its own.
- To start breastfeeding when the baby shows signs of readiness, within the first hour after birth.
- To NOT leave the mother alone for the first 24 hours.
- To keep the mother and baby warm. To dress or wrap the baby, including baby's head.
- To dispose of the placenta in a correct, safe and culturally appropriate manner (burn or bury).

Advise to avoid harmful practices

For example:
NOT to use local medications to hasten labour.
NOT to wait for waters to stop before going to health facility.
NOT to insert any substances into the vagina during labour or after delivery.
NOT to push on the abdomen during labour or delivery.
NOT to pull on the cord to deliver the placenta.
NOT to put ashes, cow dung or any other substance on umbilical cord/stump.

Encourage helpful traditional practices:

Advise on danger signs

If the mother or baby has any of these signs, she/they must go to the health centre immediately, day or night, WITHOUT waiting:

Mother:

- Waters break and not in labour after 6 hours
- Labour pains/contractions continue for more than 12 hours
- Heavy bleeding after delivery (pad/cloth soaked in less than 5 minutes).
- Bleeding increases.
- Placenta not expelled 1 hour after birth of baby.

Baby:

- Very small
- Difficulty in breathing
- Fits
- Fever
- Feels cold
- Bleeding
- Not able to feed

TABLE OF CONTENTS:

A1 Advise on routine and follow-up visits
A2 Communication
A3 Workplace and administrative procedures
A4 Universal precautions and cleanliness
A5 Organizing a visit

These principles of good care apply to all contacts between the skilled attendant and all their babies; they are not repeated in each section. Care-givers should therefore familiarize themselves with the following principles before using the Guide. The principles concern:

- Communication A2
- Workplace and administrative procedures A3.
- Universal precautions and cleanliness A4.
- Organizing a visit A5.

COMMUNICATION

Communication with the woman (and her companion)

- Make the woman (and her companion) feel welcome.
- Be friendly, respectful and non-judgmental at all times.
- Use simple and clear language.
- Encourage her to ask questions.
- Ask and provide information related to
- her needs.
- At any examination or before any procedure
  - seek her permission and
  - inform her of what you are doing
- Summarize the most important information, including the information on routine laboratory test and treatments.

Verify that she understands emergency signs, treatment instructions, and when and where to return. Check for understanding by asking her to explain or demonstrate treatment instructions.

Privacy and confidentiality

In all contacts with the woman and her partner:

- Ensure a private place for the examination and counseling.
- Ensure, when discussing sensitive subjects, that you cannot be overheard.
- Make sure you have the woman's consent before discussing with her partner or family.
- Never discuss confidential information about clients with other providers, or outside the health facility.

Organize the examination area so that,

- during examination, the woman is protected form the view of other people (curtain, screen, wall).
- Ensure all records are confidential and kept locked away.
- Limit access to logbooks and registers to responsible providers only.

Prescribing and recommending treatments and preventive measures for the woman and/or her baby

When giving a treatment (drug, vaccine, bed net, condom) at the clinic, or prescribing measures to be followed at home:

- Explain to the woman what the treatment is and why it should be given. Explain to her that the treatment will not
- harm her or her baby, and that not taking it may be more dangerous. Give clear and helpful advice on how to
- take the drug regularly:
  - for example: take 2 tables 3 times a day, thus every 8 hours, in the morning, afternoon and evening with some water and after a meal, for 5 days.
- Demonstrate the procedure.
- Explain how the treatment is given to the baby. Watch her as she does the first treatment in the clinic.
- Explain the side-effects to her. Explain that they are not serious, and tell her how to manage them.
- Advise her to return if she has any problems or concerns about taking the drugs.
- Explore any barriers she or her family may have, or have heard from others, about using the treatment, where possible:
  - Has she or anyone she knows used the treatment or preventive measure before?
  - Were there problems?
  - Reinforce the correct information that she has, and try to clarify the incorrect information.

WORKPLACE AND ADMINISTRATIVE PROCEDURES

Workplace

- Service hours should be clearly posted.
- Be on time with appointments or inform the woman/women if she/they need to wait.
- Before beginning the services, check that equipment is clean and functioning and that supplies and drugs are in place.
- Keep the facility clean by regular cleaning.
- At the end of the service:
  - discard litter and sharps safely
  - prepare for disinfection; clean and disinfect equipment and supplies
  - replace linen, prepare for washing
  - replenish supplies and drugs
  - ensure routine cleaning of all areas
- Hand over essential information to the colleague who follows on duty.

Daily and occasional administrative activities

- Keep record of equipment, supplies, drugs and vaccines.
- Check availability and functioning of essential equipment (order stocks of supplies, drugs, vaccines and contraceptives before they run out).
- Establish staffing lists and schedules.
- Complete periodic reports on births, deaths and other indicators as required, according to instructions.

Record keeping

- Always record findings on a clinical record and home-based record. Record treatments, reasons for referral, and follow-up recommendations at the time the observation is made.
- Do not record confidential information on the home-based record if the woman is unwilling.
- Maintain and file appropriately:
  - All clinical records
  - All other documentation

International conventions

The health facility should not allow distribution of free or low-cost supplies or products within the scope of the International Code of Marketing of Breast Milk Substitutes. It should also be tobacco free and support a tobacco-free environment.

UNIVERSAL PRECAUTIONS AND CLEANLINESS

Observe these precautions to protect the woman and her baby, and you as the health provider, from infections with bacteria and viruses, including HIV.

Wash hands

- Wash hands with soap and water:
  - Before and after caring for a woman or newborn, and before any treatment procedure
  - Whenever the hands (or any other skin area) are contaminated with blood or other body fluids
  - After removing the gloves, because they may have holes.
  - After changing soiled bed sheets or clothing.
- Keep nails short.

Wear gloves

- Wear sterile or highly disinfected gloves when performing vaginal examination, delivery, cord cutting, repair of episiotomy or tear, blood drawing.
- Wear long sterile or highly disinfected gloves for manual removal of placenta.
- Wear clean gloves when:
  - Handling and cleaning instruments.
  - Handling contaminated waste
  - Cleaning blood and body fluid spills.

Protect yourself from blood and other body fluids during deliveries

- Wear gloves, cover any cuts, abrasions or broken skin with a waterproof bandage; take care when handling any sharp instruments (use good light); and practice safe sharps disposal.
- Wear a long apron made from plastic or other fluid resistant material, and shoes.
- If possible, protect your eyes from splashes of blood. Normal spectacles are adequate eye protection.

Practice safe sharps disposal

- Keep a puncture resistant container nearby.
- Use each needle and syringe only once.
- Do not recap, bend or break needles after giving an injection.
- Drop all used (disposable) needles, plastic syringes and blades directly into this container, without recapping, or without passing to another person.
- Empty or send for incineration when the container is thee-quarters full.

Practice safe waste disposal

- Dispose of placenta or blood, or body fluid contaminated items, in leak-proof containers.
- Burn or bury contaminated solid waste. Wash hands, gloves and containers after
- disposal of infectious waste. Pour liquid waste down a drain or
- flushable toilet. Wash hands after disposal of infectious
- waste.

Deal with contaminated laundry

- Collect clothing or sheets stained with blood or body fluids and keep them separately from other laundry, wearing gloves or use a plastic bag. DO NOT touch them directly.
- Rinse off blood or other body fluids before washing with soap.

Sterilize and clean contaminated equipment

- Make sure that instruments which penetrate the skin (such as needles) are adequately sterilized, or that single-use instruments are disposed of after one use.
- Thoroughly clean or disinfect any equipment which comes into contact with intact skin (according to instructions).
- Use bleach for cleaning bowls and buckets, and for blood or body fluid spills.

Clean and disinfect gloves

- Wash the gloves in soap and water.
- Check for damage: Blow gloves full of air, twist the cuff closed, the hold under clean water and look for air leaks. Discard if damaged.
  Soak overnight in bleach solution with 0.5% available chlorine (made by adding 90ml water to 10ml bleach containing 5% available chlorine).
- Dry away from direct sunlight.
- Dust inside with talcum powder or starch.

This produces disinfected gloves. They are not sterile.

Good quality latex gloves can be disinfected 5 or more times.

Sterilize gloves

- Sterilize by autoclaving or highly disinfect by steaming or boiling.

ORGANIZING A VISIT

Receive and respond immediately

Receive every woman and newborn baby seeking care immediately after arrival (or organize reception by another provider).

- Perform Quick Check on all new incoming women and babies and those in the waiting room, especially if no-one is receiving them.
- At the first emergency sign on Quick Check, begin emergency assessment and management (RAM) for the woman, or examine the newborn.
- If she is in labour, accompany her to an appropriate place and follow the steps as in Childbirth: labour, delivery and immediate postpartum care
- If she has priority signs, examine her immediately using Antenatal care, Postpartum or Post-abortion care charts.

Begin each emergency care visit

- Introduce yourself.
- Ask the name of the woman.
- Encourage the companion to stay with the woman.
- Explain all procedures, ask permission, and keep the women
- informed as much as you can about what you are doing. If she is unconscious, talk to the companion
- Ensure and respect privacy during examination and discussion.
  If she came with a baby and the baby is well, ask the companion to take care of the baby during maternal examination and treatment.

Care of woman or baby referred for special care to secondary level facility

- When a woman or baby is referred to a secondary level care facility because of a specific problem or complications, the underlying assumption of the Guide is that, at referral level, the woman/baby will be assessed, treated, counseled and advised on follow-up for that particular condition/complication.
- Follow-up for that specific condition will be either:
  - Organized by the referral facility or
  - Written instructions will be given to the woman/baby for the skilled attendant at the primary level who referred the woman/baby.
  - The woman/baby will be advised to go for a follow-up visit within 2 weeks according to severity of the condition.
- Routine care continues at the primary care level where it was initiated.

Begin each routine visit (for the woman and/or the baby)

- Greet the woman and offer her a seat.
- Introduce yourself.
- Ask her name (and the name of the baby).
- Ask her:
  - Why did you come? For yourself or for your baby?
    - For a scheduled (routine) visit?
    - For specific complaints about your or your baby.
    - First or follow-up visit?
  - Do you want to include your companion or other family member (parent if adolescent) in the examination and discussion?
- If the woman is recently delivered, assess the baby or ask to see the baby if not with the mother.
- If antenatal care, always revise the birth plan at the end of the visit after completing the chart.
- For a postpartum visit, if she came with the baby, also examine the baby:
  - Follow the appropriate charts according to pregnancy status/age of the baby and purpose of visit.
  - Follow all steps on the chart and in relevant boxes.
- Unless the condition of the woman or the baby requires urgent referral to hospital, give preventive measures if due even if the woman has a condition “in yellow” that requires special treatment.