

Do not pull on the umbilical cord to remove the placenta and afterbirth. If the cord rips, it may cause infection or severe bleeding.

7. Wash your hands after taking care of the patient. Use soap and water to wash your hands. If no soap is available, you can use ash to wash your hands. Alcohol-based sanitizers can also be used, if available.



8. Encourage the mother to breastfeed the newborn. Although there is no breast milk at that moment, the baby's sucking will stimulate the production of milk.

Immediate breast-feeding also helps the placenta to come out and prevents bleeding of the mother after delivery.

9. Encourage the mother to move around as soon as she feels able and ready to do so.
10. Do not leave the mother unattended during the first 24 hours after giving birth.
11. The mother should go to a healthcare facility for further check-up and management.

L.7.2.6 WHAT DO I DO WHEN THE BABY IS NOT BREATHING OR NOT BREATHING NORMALLY?

1. Tell the mother that the baby is having problems breathing and that you will help.
2. Move the baby on to a clean, dry and warm surface.
3. Keep the baby wrapped and warm.
4. Start CPR for the baby.
5. Stop resuscitating after 20 minutes if the baby is not breathing or gasping for air and explain to the mother what has happened and offer her support.

L.7.2.7 WHAT DO I DO WHEN THE MOTHER IS BLEEDING HEAVILY AFTER GIVING BIRTH?

1. Call for help and arrange urgent transport to the nearest healthcare facility or hospital.
2. Massage the mother's belly firmly below the navel. This might slow down the bleeding.
3. Ask the mother to urinate if possible. This might slow down the bleeding.

L.7.2.8 WHAT DO I DO AFTER ASSISTING THE EMERGENCY BIRTH?



After birth, mother and baby should always be transported to a healthcare facility for further checkup and follow up.

M. PSYCHOLOGICAL FIRST AID

In this chapter you will learn about:

- What is psychological first aid?
- Traumatic crisis.
- How do I provide (psychological) first aid?

M.1 DEFINITION OF PSYCHOLOGICAL FIRST AID

It is a process of facilitating resilience within an individual to enable to bounce back from the impact of crisis and help him to deal with the event/crisis by respecting the independence, dignity and coping mechanism.

In the past first aid was mainly focussed on giving physical first aid to an injured or suddenly sick person by someone who happens to be present when the accident happened or the illness occurred.

Traumatic events and sickness may stress people. They might feel overwhelmed, worried, confused or feel uncertainty. Some people might show little or no signs, others might present with a more severe reaction.

The SPHERE (2011) and IASC (2007) define psychological first aid (PFA) as a humane, supportive response to a fellow human being who is suffering and who may need support. It includes:

- providing practical care and support, which does not intrude;
- assessing needs and concerns;
- helping people to address basic needs (for example, food and water, information);
- listening to people, but not pressuring them to talk;
- comforting people and helping them to feel calm;
- helping people connect to information, services and social supports, and
- protecting people from further harm.

Physical and psychological first aid go hand in hand and should be delivered simultaneously.

M.2 TRAUMATIC CRISIS



A traumatic crisis is caused by a sudden, unexpected and intense incident.

The event, as in following examples

- traffic accident, a fire, ...;
- natural disasters (earthquakes, floods, ...);
- serious illness;
- death of a close one;
- violence, robbery, attack, rape ...;
- financial difficulties;
- relational difficulties;
- suicide (attempt);
- etc,

produces a significant emotional shock that temporarily overwhelms the individual.

The traumatic crisis will almost always follow a certain pattern. One may say that the traumatic crisis can be divided into four phases:

1. (Psychological) Shock phase.
2. Reaction phase.
3. Processing phase.
4. Reorientation phase.

M.2.1 (PSYCHOLOGICAL) SHOCK PHASE

The shock phase follows immediately after the event which triggered the crisis. During the shock phase, the person is not yet able to comprehend the event that caused the crisis and may even deny it. While some people in shock become completely paralysed, others behave in a mechanical and cold way. Some people in shock may become strongly agitated; they may scream or cry furiously. People may also alternate between paralysis and restlessness states. The reactions of people in shock, such as apparent lack of feelings, may confuse the people close to them and even cause embarrassment or resentment.

The shock phase may include:

- denial,

- emotional shutdown,
- feeling surreal and like an outsider, and
- shouting, crying and panic.

Reactions during the (psychological) shock phase may seem scary and strange.

M.2.2 REACTION PHASE

The immediate danger is over. The person will slowly face the tragic incident and try to understand what has happened. At the beginning of the reaction phase, people might experience strange and unexpected sensations; for example, they may feel that the person they have lost is still around or they may hear their voice somewhere.

The feelings of people in the reaction phase are often very similar to each other and they are often expressed in the same form: "I think I'm going crazy", "I can't take it any more", "will I ever make it through?", "life feels like a rollercoaster", or "will this pain last forever?", for example.

The reaction phase may include:

- fear and anxiety,
- self-accusations and the need to find someone to blame,
- sleeplessness and loss of appetite, and
- nausea or other physical symptoms.

During the reaction phase of a crisis, people often feel the need to be heard. They may feel the need to discuss the matter over and over again. This may feel very heavy and consuming to the people close to the individual.

M.2.3 PROCESSING PHASE

In the processing phase, the person begins to understand what has happened. The matter is no longer denied; instead, the person understands that the incident and all its changes and losses are really true. The person is ready to face all the different aspects of the incident and the new personal situation. He is aware of the changes caused by the crisis and often begins to analyse his own identity and personal convictions and beliefs. He begins to think beyond the event, but will not yet have strength to plan for the future. Nevertheless, the person is preparing to face the future. He also regains the capability to better concentrate on everyday's life.

The processing phase may include:

- problems with memory and concentration,
- irritability, and
- withdrawal from social relationships.

M.2.4 REORIENTATION PHASE

The crisis is over. The person is able to live with what has happened, and it is no longer constantly on his mind. Every once in a while, the pain will resurface but there is also joy in life; the person will be able to look to the future and regain confidence in life.

Nevertheless, the course of a crisis is not always straightforward; for example, things reminding of the incident can bring back heavy thoughts, anxiety and other symptoms.

M.3 HOW DO I PROVIDE (PSYCHOLOGICAL) FIRST AID?



Life-saving first aid is a top priority. It is important to start with limiting the physical injuries. You must first and foremost give life-saving first aid where necessary, in order to make sure that the injured persons get to the hospital alive. Doing the best you can to limit the injuries as much as possible also has a very soothing effect on the injured ones, and on all others present: 'There is someone who helps'.

M.3.1 BEHAVE CALMLY

Behaving calmly has a very soothing effect on the casualties and the psychically affected persons. Calmness can be just as contagious as uneasiness.

Behaving calmly is:

- Speaking quietly in a normal pitch.
- Focus the right amount of time on the person you are there to help, instead of running from one thing to the other.
- Showing clearly that you have time to take care of the affected person.
- Avoiding mentioning that it seems to take too long for the ambulance or other helping teams to arrive.

M.3.2 LISTEN TO THE AFFECTED PERSON

The affected person must be given the opportunity to tell what he has experienced. This is called "Venting".

You must accept what he tells you, and you must not comment on it; only ask questions which make him enlarge upon the subject.

Perhaps his account sounds quite unbelievable, but to him that is what he has experienced or thinks he has experienced. By telling about the experiences he gets a chance to recognize for himself that quite incredible things, which he thinks he has experienced and which make him frightened, are not true. This way he can get free of these fantasies.

Venting experiences also has the result that he gets them sorted out and gets them placed in the proper succession in his memory. It makes it easier to endure having experiences emerging as a tangled series of frightening pictures which he cannot control at all.

You should:

- Try to find a quiet place to talk, and minimize outside distractions.
- Respect privacy and keep the person's story confidential, if this is appropriate.

- Behave appropriately by considering the person's culture, age and gender.
- Respect the person's right to make his own decisions.
- Stay near the person but keep an appropriate distance depending on their age, gender and culture.
- Let them know you are listening; for example, nod your head or say " hmmm...."
- Be patient and stay calm.
- Be honest and trustworthy.
- Provide only factual correct information, if you have it. Be honest about what you know and don't know. Say "I don't know, but I will try to find out about that for you." if you can't answer the question.
- Give information in a way the person can understand and keep it.
- Acknowledge how he is feeling.
- If he tells you about any losses or important events, such as loss of the home or death of a loved one, reply with "I'm so sorry. I can imagine this is very sad for you."
- Acknowledge the person's strengths and how he has helped himself.
- Allow for silence.
- Make it clear to people that even if they refuse help now, they can still access help in the future.

M.3.3 GENERAL CONSIDERATION WHEN GIVING HELP

Consider following basic topics when providing help or when you ask bystanders to give help:

- Get his personal belongings gathered.
- Find out where he is going.
- Find out how he got there.
- Make sure that there is someone who can take care of the affected one when he arrives at the destination.

M.3.4 PHYSICAL CONTACT

It helps incredibly and creates an immediate sense of security, if you take the hand of the affected person or put an arm around his shoulder while you listen to him. If he cries - which in itself is very good for him - you can allow him to put his head on your shoulder.

Physical contact is so important because the affected person unconsciously will try to protect himself from the violent psychic trauma by reacting like a child. For this reason contact with a "grown-up" helper may help him to feel more secure.