Postpartum and Newborn Care

a self-study manual

for trainers of traditional birth attendants and other community-level maternal and child health workers

Martha Carlough, MD, MPH

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Illustrations were borrowed from the following copyright-free sources:

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Cabral M et al.: *Training of Traditional Birth Attendants (TBAs): An Illustrated Guide for TBAs*. Geneva, Programme of Maternal and Child Health and Family Planning, Division of Family Health, World Health Organization, 1992.

This self-study manual was originally written in 1994 as part of a field training project at the Program for International Training in Health (INTRAH) in Chapel Hill, North Carolina. It was later decided that the manual would be useful as a prototype self-study manual for trainers of traditional birth assistants and other community-level maternal and child health workers. Revisions were made in 1996 and 1998. Technical review, pretesting and support were provided by: Marcia Angle, Lucy Asaba, Gabrielle Beasley, Cynthia Hale, Jo Ella Holman, Lynn Knauff, Jonathan Kotch, Barbara Kwast, Phyllis Long, Grace Ojirot, Charlotte Quimby, Judith Winkler and Patricia Zook. Catherine Murphy and Liisa Ogburn provided instructional design and project management for developing and producing the manual. The cover illustration was adapted with permission from WHO's publication, *Training of Traditional Birth Attendants: An Illustrated Guide for TBAs* (see citation above). The cover was designed by Lynn Knauff, Catherine Murphy, Ralph Wileman and Susan Ishii.

INTRODUCTION

The purpose of this self-study manual is to provide accurate and accessible information on postpartum and newborn care to trainers of Traditional Birth Attendants (TBAs) and other community-level Maternal and Child Health (MCH) Workers.* The information can be integrated into existing training curricula and materials or it can be adapted into additional units for an ongoing program of instruction for TBAs. If TBAs and other MCH workers in communities can incorporate this information into their practices, women and newborns will receive the best support, advice and health care possible during the postpartum period.

Figure 1: Supporting and training TBAs and other community-level MCH workers.

Illustration source: Werner D, Bower B, p. 13-3.

Why should we support and train TBAs?

1. TBAs are already practicing and will continue to practice in communities.
2. Some of the traditional practices of TBAs can be harmful, but many are not. We need to work with TBAs to encourage helpful practices and to discourage harmful practices.
3. With training, the practices of TBAs can be developed into life-saving skills.
4. The trained TBA can bridge the gap between community and health care services.
5. TBAs are accessible and acceptable to communities.

* This manual is designed for the trainers of TBAs. TBA trainers are usually nurses, midwives or community medical assistants. The title "TBA" is used throughout the text to represent not only TBAs but also other nonformally trained health workers, including lay midwives, village maternal and child health workers and nurse aides. All of these community-level health workers will have had little formal education but much responsibility in caring for new mothers and newborns.

Background information: the important role of TBAs in postpartum and newborn care

The first weeks to months after delivery are an important time for new mothers and their babies. Traditionally, the postpartum period is defined as the first four to eight weeks after delivery. This is the period that will be discussed in this manual. The postpartum period is a time of vulnerability for new mothers and their newborns. It is also a crucial time for the initiation of positive health habits for the future. Maternal morbidity and mortality from bleeding, infection and anemia is common during the postpartum period. The complications of induced and spontaneous abortions also result in high morbidity and mortality. Important information on postabortion care is included in this manual.

In order to effectively reach most women, postpartum care needs to be based on home visiting. In the home environment, women and their newborns can be supported, encouraged and instructed. When TBAs visit women and babies in their own homes it is easy to see what resources are available (e.g., food, clean water, other people who can help/support the woman). Women are usually more relaxed in their own environment and it is easier to observe how they care for themselves and their babies. Also, some women who have health or emotional problems after abortion or delivery will not be able to come to the clinic or hospital.

Figure 2: Traditional birth attendant visiting a mother and newborn in their home.

Illustration source: Arkutu A, p. 130.

Traditional Birth Attendants (TBAs) can provide an important link in maternal and child health care in many communities. TBAs are present at more than 50% of births worldwide, and are usually integrated members of the family and/or community. Most TBAs have ongoing contact with new mothers and newborns after delivery. TBAs should be encouraged to continue caring for new mothers and newborns by visiting their homes, providing information and support, and listening to and answering questions.

Although there are many good TBA training curricula, few address the postpartum and postabortion period in any depth. This self-study manual is designed specifically for this purpose. By using this manual, TBA trainers can update their knowledge about postpartum and newborn care and provide accurate information to TBAs.

How to use this manual

This manual was developed:

- To update and expand information on caring for women postpartum and postabortion;
- To update and expand information on caring for the newborn;
- To provide resources and suggestions for training materials on postpartum and postabortion care, and care of the newborn.

This is a self-study manual. Using this manual, you can update yourself on postpartum and newborn care at your own pace and in your own environment. The pretests and posttests will help you check your progress. You can also use the manual as a guide or reference when planning training sessions for TBAs.

How the manual is organized

The manual is divided into 8 units:

1. Community assessment
2. Postpartum assessment and care
3. Nutrition and breastfeeding
4. Postpartum blues and postpartum depression
5. Postpartum family planning
6. Postabortion care
7. Newborn assessment and care
8. Management of common newborn problems

Each unit includes:

- a purpose;
- learning objectives;
- a pretest to assess what the reader already knows;
- self-study content;
- a posttest to check what the reader has learned; and
- a vocabulary list.

Some units include case stories and exercises for practice in applying the new information. Because this manual is intended for trainers of TBAs and community-level MCH workers, it does not include health conditions which require clinic-based care.

The appendices of this manual include:

- a checklist to use to follow progress through the manual;
- answers to the pre- and posttests;
- information on training TBAs and community-level MCH workers, including: preparing for training, planning, conducting and evaluating the training, as well as a sample training course timetable;

- a complete list of the vocabulary for each unit;
- a resource list of organizations, useful books and training materials on related topics;
- a reference list for each unit; and
- a questionnaire to get feedback on the manual to assess and revise the manual for future users.

Using this manual for self-instruction

- Read the table of contents, the appendices and the index list. These will tell you what information is included and where it is. They will enable you to prioritize what you need to learn.
- Begin each unit by answering the pretest questions to assess what you already know.
- Read and study the content of each unit.
- When you have completed the unit, answer the posttest questions. Check your answers with those in Appendix B to assess how much you have learned. Return to the content you had problems with. Keep track of your progress by using the checklist in Appendix A.
- It is helpful to share new information with others. This often helps us remember it better, understand why it is important, and start using our new knowledge. Even though this is a self-study manual, you may find it helpful to share what you are learning in each unit with another health worker or your supervisor.
- After completing the manual, fill out the feedback questionnaire in Appendix H and mail it to the PRIME Project at INTRAH. This will help INTRAH evaluate and revise the manual for future users.
- For more information on postpartum, postabortion and newborn care, refer to the resources and references listed in Appendices F and G.

Using this manual for training TBAs and other community-level MCH workers

Training can take place in a number of formats. Sometimes, supervisors can organize group training for all the community-level service providers in an area. Often, however, because of the numerous responsibilities of both supervisors and community-level workers, training occurs during regular one-on-one meetings between supervisors and the TBAs or other community-level workers they supervise.

- Use results from the community assessment in Unit 1 to identify and prioritize topics to discuss when training community-level health workers in your area(s).
- Pretests, posttests and case stories are included throughout the manual. Use or adapt them for those you supervise so that they can practice applying new information.
- Use the case stories, exercises and charts included in the units as handouts when you are training TBAs or other community-level MCH workers. You can adapt these to fit your needs.

- If developing a group training, refer to Appendices C and D for information on preparing for, scheduling, planning, conducting and evaluating training.
- For more information and/or training materials, refer to Appendices F and G.
- As pictured below, use your own judgment to decide what is useful, not useful or needs to be adapted to best meet the needs of the service providers you train or supervise.

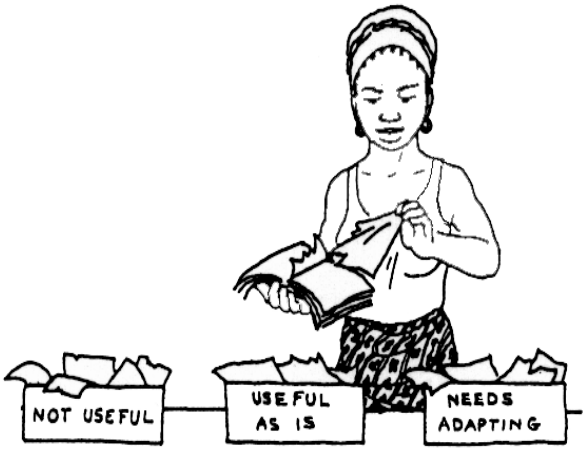


Figure 3: A trainer deciding what is useful, not useful, or needs adapting.
Illustration source: Werner D, Bower B, p. 1-7.

Using this manual in different communities and cultures

Beliefs and customs vary throughout the world. Training needs will differ, too.

Some of the stories included in the manual may not fit the culture where you work. Use only those that are appropriate and will be understood by the health workers you train. Consider making up new stories which include names, situations, and customs that are typical to your area.

The illustrations in this manual are of African, Latin American and Asian women and children in rural areas. You may live and work in a culture where people wear different clothes and have different hairstyles. You can insert other illustrations or draw new pictures that look more like women and children in your culture.

An important step to take before training TBAs or other community-level health workers is to spend some time learning what the trainees believe and how they perform their jobs. You will learn some of this information when you do your community assessment. Knowing what your trainees believe and how they perform their jobs will help you to connect new information to their particular situations.

The ultimate purpose of this manual is to improve the health of new mothers and their newborns. The information in this manual may be adapted to meet local needs, provided that acknowledgments are made, and that the information is distributed free of cost.

Unit One

COMMUNITY ASSESSMENT: POSTPARTUM AND NEWBORN CARE PRACTICES

Purpose

The purpose of this unit is to identify postpartum care patterns and needs in the community where a TBA provides services.

Learning objectives

Select one community where your trainees work. For that community,

1. Determine an estimate of how many babies are born each year.
2. Identify who helps most women deliver their babies and where they deliver them.
3. Describe what most women do to care for themselves and their babies after delivery.
4. Find out if TBAs or community MCH workers usually visit new mothers: When do they visit? How often do they visit? What do they do during a home visit?
5. Name the three most common problems new mothers have during the weeks after delivery in this community, how the problems are treated and the reason(s) they are treated this way.
6. Name the three most common problems newborns have during the weeks after birth in this community, how the problems are treated and the reason(s) they are treated this way.

Pretest

The purpose of this pretest is to check what you know right now about postpartum care in the community (or communities) in which your trainees provide services. These questions do not have right or wrong answers. The answers may be very different for different communities. Select the answer that describes what you think happens most often in the selected communities. You may select more than one answer for each question.

1. Most women deliver their babies. . .
   A) in their own home or a relative's home
   B) at someone else's home (in the home of the TBA, midwife, community MCH worker or a friend)
   C) at the health post, dispensary or health center
   D) at the hospital
   E) other (Please state where.) _____

2. During delivery, most women are cared for by. . .
   A) the TBA, community MCH worker or midwife
   B) their husband or partner
   C) other women (Please specify relationship.)_____
   D) they care for themselves

3. After delivery, most women are cared for by. . .
   A) the TBA, community MCH worker or midwife
   B) their husband or partner
   C) other women (Please specify relationship.)_____
   D) they care for themselves

4. After delivery, if the TBA or community MCH worker visits new mothers in the community, what topics does she generally talk about with them? (Select all that apply.)
   A) nutrition for the new mother and the newborn
   B) how to care for the baby
   C) breastfeeding
   D) family planning
   E) other (Please describe.) _____

5. Traditional postpartum care for new mothers sometimes includes: (Select all that apply.)
   A) eating special foods, such as (Please specify.) _____
   B) resting for a few weeks
   C) staying out of public or away from people
   D) special baths, massages or herbal treatments
   E) other (Please describe.) _____

6. Traditional postpartum care for newborns sometimes includes: (Select all that apply.)
   A) feeding the baby special foods (Please specify.) _____
   B) special baths, massages or herbal treatments
   C) other (Please describe.) _____

7. The most common problems women in this community have after delivery are. . .

8. The most common problems newborns in this community have after birth are. . .

Self-study content

What is a community assessment?

A community assessment is collecting information about a community so that trainees and supervisors will know as much as possible about the practices, needs and skills of people in a community. An important step to take *before* training community-level health workers is to spend some time learning what problems they commonly see and how they manage them. This will help you identify what trainees know and what they need to learn. It will also help TBAs to understand what other resources are in the community that they can work with. A community assessment will help determine what skills and knowledge to emphasize during training and how to relate new information to what TBAs already know and practice.

How many deliveries at home are there each year in your community?

One part of the assessment is finding out about how many women have babies each year in the area(s) where you work. You can compare this information to what you know about how many hospital births there are every year. This is not an exact measurement, but will give you an idea of the number of women who do not deliver in a hospital or health post. You may want to share this information with health workers from the hospitals in your area to help them plan for health education and outreach.

As much as possible, all women who deliver at home should be assisted by a trained provider and should be supported during the postpartum period. Knowing how many women deliver at home will help people and programs plan for supporting these women.

About one out of every five women of childbearing age (15 years old to 45 years old) delivers a baby each year. To figure out approximately how many births there should be in your area (or the areas where your trainees work), find out the population of women in your area. This information is usually available from the Ministry of Health or a local government office. Divide this number by 5. This is the estimated number of births.

Calculate approximately how many home births there are each year in your area:

1. What is the population of women of your area?

2. Approximately how many women deliver babies each year? (Population divided by five equals the number of deliveries.)

3. On average, how many women deliver at hospitals or health posts in one year? (You will need to ask nurses or midwives at each place to check their records.)

4. Approximately how many women deliver at home in one year? (Number of deliveries per year minus the number of hospital/health post deliveries equals the number of women who deliver at home.)

> For example:
>
> One hospital's area has 2,500 women between 15 and 45 years of age: **2,500 women ÷ 5 = 500 births per year**. However, there are less than 200 deliveries every year at the hospital. There is also a health post in the area but only one or two women a month deliver there (total of less than twenty women each year). That means that more than 250 women are delivering their babies at home. These mothers need good care during pregnancy, delivery and postpartum. Their newborns also need care.

Interviewing women in the community

A good way to gather information about the community is to visit and talk with people living and working there. To complete an assessment, you will need to visit with and interview several people from the community where you train. If your trainees are from more than one community, select only one community and interview people from that community. Interview the following:

1. one TBA, community MCH worker or lay midwife (this can be one of your trainees);
2. a nurse or midwife from the local hospital, health center or health post which serves the community; and
3. a woman from the community who has delivered a baby within the last two months.

Guidelines for the interviews

1. Introduce yourself. Ask if it is a convenient time to talk for a few minutes. If not, arrange another time.
2. Explain why you are conducting the interview. Offer to show them this training manual and explain how you will use the information you learn when training TBAs in the community. Assure them their answers are confidential.
3. Spend a few minutes getting to know the person (people).
4. Ask the questions provided and write down the answers. Do not suggest answers or be critical of anything they say. This is a time for getting to know people and collecting information.
5. Be flexible. One question may lead to other important questions which are not listed.
6. Thank each person for their time.

Interview questions for the

TRADITIONAL BIRTH ASSISTANT, LAY MIDWIFE OR COMMUNITY MCH WORKER

1. Approximately how many babies do you deliver every year?

Where do you deliver babies?

2. Do you visit new mothers and their babies after delivery?

If so, how many times? How many days or weeks after the delivery?

3. What do you examine when you visit?

4. What topics do you discuss when you visit?

5. What advice do you give about each topic you discuss?

6. What kinds of problems have you seen among new mothers in the days and weeks after delivery? How is each problem treated? Why?

7. What kinds of problems have you seen among newborns in the days and weeks after delivery? How is each problem treated? Why?

8. What do you do if you see a serious problem and need help caring for a mother or baby?

9. What, if anything during the first days and weeks after delivery, do you wish you knew more about?

Date interviewed:_____

Name of TBA or lay midwife: _____

Name of community: _____

Interview questions for the

NURSE OR NURSE MIDWIFE AT THE HOSPITAL OR HEALTH CENTER

1. Do most of the pregnant women you care for in the hospital go to the health post for antenatal care?

2. Approximately how many deliveries are there at the hospital every year? Where do you think most women have their babies (at home or in a health facility)?

How soon after a normal delivery do most women go home if they don't have complications? How soon do women go home after a cesarean section or complicated delivery?

3. How soon after delivery are women and their babies expected to return to the hospital or health post for a check-up?

4. What topics do you discuss with women after delivery?

5. What advice do you give about each topic you discuss?

6. What are the most common problems women have in the first days and weeks after delivery which can be cared for at home? Which must be treated in a clinic or hospital?

7. What are the most common problems newborns have in the first days and weeks after delivery which can be cared for at home? Which must be treated in a clinic or hospital?

8. What, if anything, during the postpartum period, do you wish you knew more about?

Date interviewed:_____

Name of nurse or nurse midwife: _____

Name of community: _____

Interview questions for the

NEW MOTHER

1. How are you feeling? How is your baby?

2. How was your labor and delivery? Where did you deliver and who helped you deliver? Who is helping you now?

3. Did you have any problems in the first days and weeks after delivery? Are there any health problems you are worried about now? If so, what?

4. Did a health worker (TBA or community MCH worker) visit you during the first days or weeks after delivery?

   If so, who, when and how many times?

5. What did they do during the visit? What kind of questions did they ask? Did they examine you and/or your baby?

6. Are there special things (e.g., bathing, eating, resting) that women in your community do to protect their health and the health of their baby after delivery? Please describe them. Do you do these things?

7. Do you have any questions about caring for yourself? Do you have any questions about caring for your baby? (Answer questions or refer them for help, if necessary.)

8. What, if anything during the first days and weeks after delivery, do you wish you knew more about?

Date interviewed:_____

Name of new mother:_____

Name of community: _____

Looking at the results

Once you have finished the interviews, you can look at and assess the information. One way is to make a chart on a blackboard or large piece of paper and write down the answers to each question. You can then count up how many people answered in the same way.

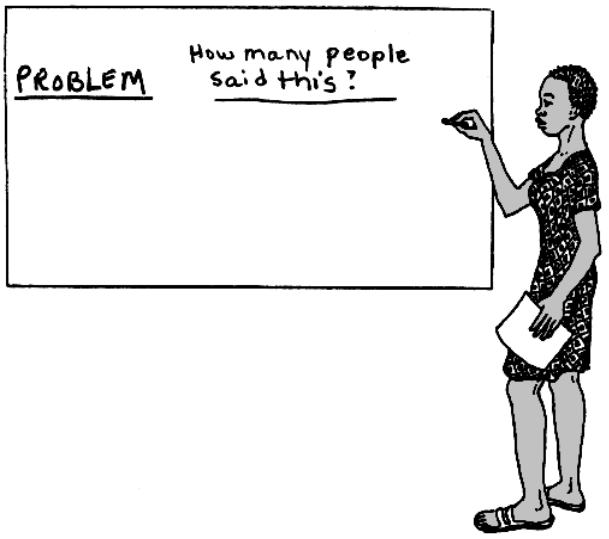


Figure 4: Looking at the results of the interviews.
Illustration source: Werner D, Bower B, p. 3-4.

You can use this information to identify health needs and concerns of postpartum women and newborns and how well the TBAs are responding to these needs and concerns. Life-threatening problems are the most critical to address first in the training you plan. Also, look at the other resources available in the community. Remind TBAs to use these resources as they care for women and newborns.

Summary

This unit has helped you learn about how most postpartum women and newborns are cared for in your trainees' community. It will be helpful to remember what you have learned in this community assessment as you work with trainees.

Share what you learned with all of the TBAs and community MCH workers you train or supervise. If you have not already, ask them these questions and see if they have different answers or can add to your information.

Posttest

Select the answer or answers that describe what happens most often in the community you assessed. Compare your answers from the pretest and think about what you have learned about the community.

1. Most women deliver their babies. . .
   A) in their own home or a relative's home
   B) at someone else's home (in the home of the TBA, midwife, community MCH worker or a friend)
   C) at the health post, dispensary or health center
   D) at the hospital
   E) other (Please state where.) _____

2. During delivery, most women are cared for by. . .
   A) the TBA, community MCH worker or midwife
   B) their husband or partner
   C) other women (Please specify relationship.)_____
   D) they care for themselves

3. After delivery, most women are cared for by. . .
   A) the TBA, community MCH worker or midwife
   B) their husband or partner
   C) other women (Please specify relationship.)_____
   D) they care for themselves

4. After delivery, if the TBA or community MCH worker visits new mothers in the community, what topics does she generally talk about with them? (Select all that apply.)
   A) nutrition for the new mother and the newborn
   B) how to care for the baby
   C) breastfeeding
   D) family planning
   E) other (Please describe.) _____

5. Traditional postpartum care for new mothers sometimes includes: (Select all that apply.)
   A) eating special foods, such as (Please specify.) _____
   B) resting for a few weeks
   C) staying out of public or away from people
   D) special baths, massages or herbal treatments
   E) other (Please describe.) _____

6. Traditional postpartum care for newborns sometimes includes: (Select all that apply.)
   A) feeding the baby special foods (Please specify.) _____
   B) special baths, massages or herbal treatments
   C) other (Please describe.) _____

7. The most common problems women in this community have after delivery are. . .

8. The most common problems newborns in this community have after birth are. . .

Vocabulary List

Assessment– the process of making observations and measurements in order to make judgments based on the results of these measures

Cesarean section– an operation to remove the baby through an incision in the abdominal wall and uterus of a woman

Perinatal period– time period from the 28th week of pregnancy until seven days after delivery.

Postpartum– time period after the delivery of the placenta until four to eight weeks after birth (42 days, or six weeks, is often used). The "perinatal period" is the time period from the 28th week of pregnancy until seven days after delivery. The perinatal period is a time of maternal morbidity and mortality; however, the focus of this manual is the postpartum period.

Unit Two

POSTPARTUM ASSESSMENT AND CARE

Purpose

This unit has three purposes -- to review:

1. general recommendations for a new mother to care for herself during the first weeks after delivery;
2. how to assess the health of a new mother during a home visit; and
3. warning signs of postpartum health problems women sometimes have that require medical care by a nurse, midwife or doctor.

Learning objectives

After studying this unit, you will be able to:

1. Describe three normal changes that occur in a woman's body after delivery.
2. Identify problems common to first-time mothers and their babies.
3. List general recommendations about work, exercise, sexual relations and personal hygiene after delivery.
4. Describe the primary steps to assess the health of a new mother during a home visit in the first days and weeks after delivery.
5. List warning signs of serious postpartum problems that must be referred to a clinic or hospital.
6. Apply knowledge by stating possible causes and how you would diagnose and treat women with postpartum problems presented in a series of case stories.

Pretest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. What normal changes occur in a woman's body after delivery?
   A) gains weight
   B) the uterus gets smaller and firmer
   C) hormones present during pregnancy decrease and it is possible to become pregnant again
   D) extra fat and water stored in the body are used to make breastmilk
   E) vaginal discharge changes color

2. During the home visit in the first weeks after delivery, the TBA should:
   A) check the new mother's temperature and pulse
   B) ask about her vaginal discharge (the amount and color)
   C) ask about how much and what the new mother is drinking and eating
   D) ask whether the new mother has any questions or concerns
   E) ask whether she is having any problems breastfeeding or caring for her newborn

3. The following physical problems are more common among first-time mothers during the postpartum period than mothers who have already had at least one baby:
   A) pelvic infections
   B) fistulas (an opening between the vagina and bladder or rectum)
   C) uterine prolapse
   D) vaginal bleeding
   E) difficulty coping with the stress of being a mother

4. Two weeks after delivery, women can return to:
   A) heavy labor
   B) light labor
   C) sexual relations
   D) moderate exercise
   E) whatever other activities she is comfortable doing

5. Which of the following postpartum warning signs should a TBA refer to a nurse, midwife or doctor?
   A) vaginal bleeding which lasts longer than two weeks
   B) fever of more than 38° C
   C) urine or stool leaking through the vagina
   D) a swollen, tender breast
   E) severe sadness

Self–study content

Normal changes that occur in a woman's body after delivery

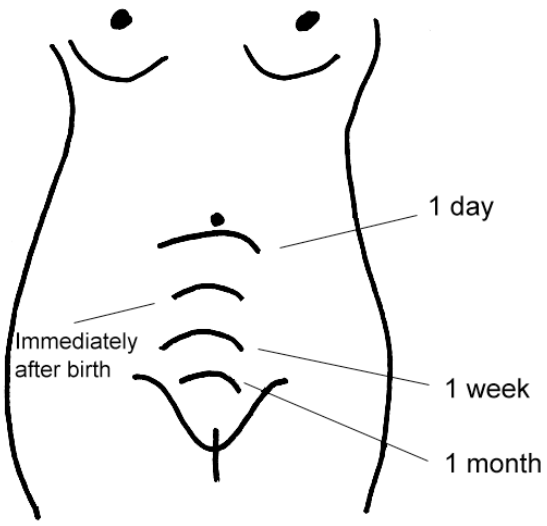


Figure 5: The uterus gradually gets smaller.
Illustration adapted from: Klein S, p. 227.

1. **The uterus**, or womb, gradually gets smaller and firmer. Immediately after the delivery, **the lochia** (vaginal discharge) is bright red because it contains mostly blood. Over the next two weeks, the discharge changes color, gets lighter and then stops.

   The cervix (or opening of the uterus) closes. **The perineal tissues** that were stretched, torn or cut to allow for delivery return to their normal size.

   All of these changes happen naturally by 3 to 4 weeks after delivery. Breastfeeding causes these changes to occur more quickly. Sometimes if a woman has had many babies, or very difficult labors, her uterus will not contract well and weakened pelvic floor muscles allow the uterus to prolapse or come partially outside the vulva. If this is severe, the woman may need to use a pessary or have surgery.

2. **The extra fat and water stored in the body during pregnancy are used to produce breastmilk.** Breastfeeding women, therefore, lose more weight easily during the first month or two after delivery than women who do not breastfeed. It is important for women to eat good food and drink plenty of water while they are breastfeeding to keep up with their bodies' needs. (See Unit 3.)

3. **The hormone that is present during pregnancy gradually decreases. After delivery, the normal hormones return. The ovary will again release an egg and menses will start again. At this time, it is possible for a woman to become pregnant again.** However, if a woman is breastfeeding regularly every few hours and not supplementing the baby's diet with any other food or liquid, the hormones return more slowly. In this case, the woman's chance of getting pregnant again before six months after delivery is very small.

   If a woman is **not** breastfeeding her baby regularly, or **not** breastfeeding at all, the hormones return much faster. This change in hormone levels happens anytime from a few weeks to a few months after delivery. In this case, a woman may get pregnant as soon as she starts to have sexual intercourse again, **even before her menses return**. It is important for women to start thinking about family planning early. (See Unit 6.)

First-time mothers and their babies

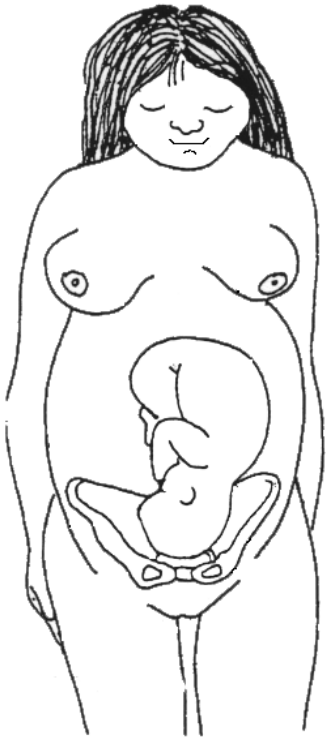


Figure 6: Sometimes the pelvic opening of a young mother is not large enough for her baby.
Illustration source: Klein S, p. 238.

Why first-time mothers are physically at risk

Many first-time mothers are young. Their bodies may still be growing. They need to eat enough food for both the needs of their own body to continue to grow and the needs of a growing baby or breastfeeding baby. Young, pregnant women need to eat plenty of good food and take iron/folate tablets while they are pregnant and for at least three months after they have had a baby.

First-time mothers often have long and difficult labors. Long labors are common when the pelvic opening is not large enough for the baby. Pelvic bones in young mothers may still be growing. Problems that result from long labors include: pelvic infections, very heavy vaginal bleeding and fistulas. Fistulas are caused when the baby's head presses against the pelvic tissues inside the mother during long, hard labors, and an opening between the bladder and vagina is formed. Many women die or have long-term health difficulties as a result of these problems. Sometimes pelvic infections and fistulas do not develop until days or weeks after delivery. It is essential to check first-time mothers for these problems frequently during the postpartum period and to refer them to a nurse, midwife or doctor, if necessary.

Why first-time mothers are emotionally at risk

Many first-time mothers do not have experience in caring for babies. They may have cared for their younger siblings, but full responsibility for a newborn is more difficult. It is easy to get frustrated with babies who cry often or who do not breastfeed well. It is also very difficult to adjust to the new baby's sleeping and feeding schedule. Having a first baby can put stress on the relationship between the new mother and her partner. It is important to reassure a first-time mother, to tell her that these feelings are normal and to educate her about what to expect and ways to take care of herself and her baby. (See page 23 and Unit 7.)

Being a first-time mother is especially challenging for young women who do not have a supportive partner. When women have babies that are not planned or wanted, it is difficult for everyone. The mothers are often shunned and the babies are neglected. Every mother and every baby are important.

Why babies of first-time mothers are at risk

If first-time mothers are young and/or do not eat enough good food while they are pregnant, they often have very small babies. Small babies sometimes have difficulty breathing on their own, staying warm and breastfeeding well. Newborn babies also get infections easily in the first three months. Newborns need lots of care. First-time mothers often do not know how to take care of their babies. Young first-time mothers

may have many responsibilities, including work, school and the care of other siblings as well. As a result, they may give their newborns to others to care for, or leave them alone. These newborns are at risk for neglect, illness and injuries.

TRAINING TIP

Remind the TBAs you train about the problems first-time mothers and their babies can have. Encourage them to spend extra time with first-time mothers.

Recommendations for returning to everyday life

Pregnancy and childbirth are normal processes. Most new mothers are able to recover from having a baby without significant problems. The following recommendations will help new mothers return more quickly to everyday life.

1. **Eat good food and get plenty of rest.**
   New mothers need to rest, but do not need to stay in bed most of the time. In fact, new mothers should be encouraged to walk to prevent clots from forming in the veins of their legs and help the uterus return to its normal size. All women, and particularly new mothers, should eat foods high in iron and folate (like green vegetables) to prevent anemia. Anemia is common in many women and is made worse because of the blood lost during delivery.

2. **Exercise moderately.**
   Exercise helps the stretched abdominal and pelvic muscles go back to normal. A few minutes of exercise every day is very helpful. Walking short distances and doing light housework is fine after delivery. Moderate exercise can help new mothers feel better more quickly.

3. **Return to work gradually.**
   After two weeks, new mothers can gradually return to work. At first, women should only work a few hours a day and should rest frequently. If a woman returns quickly to hard work or walks long distances, her uterus will not get small and firm as quickly. Prolonged bleeding and pelvic infections could result. It is important that other family members or friends do any heavy work for the new mother during this time.

Figure 7: Family members can help the new mother by doing heavy work around the house.
Illustration source: Arkutu A, p. 120.

4. **Wait at least two weeks to one month before having sexual intercourse.**

Women should be advised not to have sexual intercourse at all for at least two weeks to one month after delivery. It is important for women not to have intercourse because the cervix is still open during this time, and it is easy for bacteria to get inside the uterus and cause infections. The perineal tissues also need time to heal. The lochia, or bleeding, should stop.

Women and their partners should discuss when to start having sexual intercourse again. Also, to avoid an unplanned pregnancy, women and their partners should decide what method of family planning they will use when they start to have sexual intercourse again. (See Unit 5.)

Figure 8: New mother washing her breasts.

Illustration source: Gordon G, p. 110.

5. Stay clean.

New mothers should wash their breasts well everyday with clean water and soap, but should not use soap on their nipples. The nipples produce a protective substance that prevents drying and cracking. Soap removes this protective substance.

New mothers should also wash their genitals with clean water and soap. Make sure they understand to wash from front to back. They should avoid sitting in a bathtub for the first week after delivery. This will help prevent infection. Women should use clean cloths to catch the blood from the vagina and should wash these cloths everyday. After urination, clean water can be poured over the genitals to keep clean.

Women who have undergone female genital mutilation (female circumcision) usually have tearing or a large episiotomy (cut at the outside entrance of the vagina) to allow for delivery. They will need to keep this area very clean to prevent infection. Women who had a cesarean section will also need to carefully clean the areas around the incisions made during delivery. They will need to watch for signs of infection including redness, swelling and discharge.

TRAINING TIP

Traditional postpartum practices

There are many traditional practices about bathing, resting, sexual relations, and diet after delivery. Traditions vary from place to place. Ask the TBAs what traditions are common in their communities. Discuss with the TBAs which traditions are helpful, which are harmful, and which are harmless. Are there ways to incorporate the above recommendations for bathing, eating well, and rest into traditional practices? Discuss this with the TBAs you train.

A typical postpartum home visit

This section discusses steps that can be followed by TBAs in home visits to assess new mothers in the first few weeks after delivery. It is recommended that TBAs make at least two home visits to new mothers during the first 14 days postpartum. These two visits are important regardless of whether the mother's delivery was normal or complicated. Because care of the mother immediately after delivery is described in other books (see the reference list), we will not discuss it here. If the TBA has already performed all of the steps during the first home visit, she may not need to repeat some of them in follow-up visits.

1. Visit with, observe and ask questions about how the new mother is doing.
Before checking a new mother and her newborn, the TBA should spend the first few minutes visiting. If the mother is breastfeeding, the TBA can visit with her until she finishes.

The TBA can use the time to:

- ask whether the new mother has any problems or questions about breastfeeding or caring for her newborn;
- ask whether there are other people in the house or close by to help her with work;
- observe what kind of home and resources the family has: is there clean water and food, a place to wash, warm clothes for the baby and clean clothes for the mother?
- observe the general mood of the new mother and how the mother interacts with the baby.

Before the examination, the TBA can ask the new mother:

- How she is feeling? Whether she is depressed? (See Unit 4.);
- Whether she is having any difficulties with her health? (tender breasts? tender abdomen? painful urinating? difficulty passing stool?);
- (If the TBA did not attend the birth) How was her labor and delivery? Did she have any complications?
- Is her lochia decreasing in amount and lighter in color? Is there any bad smell?
- Does she have any of the nine warning signs of serious postpartum problems? (See page 27.);
- What is she eating and drinking? How much? (For recommendations, see Unit 3.);
- Does she have problems with or concerns about breastfeeding? (See Unit 3.);
- Does she need information about family planning? (See Unit 5.);
- Does the new mother have any other questions?

2. Examine the new mother.

- Wash hands with soap and water.
- Check her temperature and pulse.
- Look at her nipples and breasts. Are her nipples red or cracked? Are there any tender lumps or redness on her breasts?
- Feel her abdomen. Is the uterus returning to its normal size as it should? (See the diagram on page 21.)
- Look at her perineal area. Is it clean and free of swelling and odor? If she has a tear, is it healing? If she had a cesarean section, check the scar for signs of infection.
- After examining her, wash your hands again.

Figure 9: TBA washing her hands.

Illustration source: Projet Santé Familiale et Population (PSFP), p. 9.

Figure 10: TBA examining new mother.

Illustration source: National Health Training Center, Nepal Ministry of Health, p. 13.

3. Advise and support the new mother.

- Decide what counseling and support to give the new mother based on what you learned from the visit.
- Explain the changes in her body now and over the next few weeks.
- Discuss how she can best care for her new baby. (See Unit 8.)
- Discuss breastfeeding. (See Unit 3.)
- Review recommendations about returning to everyday life. (See page 23.).

WARNING SIGNS
of serious postpartum problems

If a woman has <u>ANY</u> of the following nine warning signs, she should be referred to a nurse, midwife or doctor for medical care as soon as possible:

1. A fast, weak pulse, sweating, pale or cool skin and confusion may be signs of shock. Shock is caused by severe bleeding or infection. **Women with signs of shock need to be taken on a stretcher to a nurse, midwife or doctor immediately.**
2. Prolonged (longer than two weeks) and/or heavy vaginal bleeding may be a sign that the uterus is not getting smaller because there may still be placental tissue inside the uterus.
3. Extreme fatigue, pale conjunctiva, pale lips and pale fingernails may be signs of anemia.
4. Swelling and tenderness in one leg may be a sign of a blood clot in a vein. Swelling in both legs without tenderness may be a sign of heart failure or kidney failure. If a new mother develops these symptoms, she should be carried and not allowed to walk to a nurse, midwife or doctor.
5. High fever, severe abdominal pain and foul smelling vaginal discharge may be signs of a pelvic infection.
6. Pain or bleeding with urination and severe back pain may be signs of a bladder infection. Blood in the urine may be difficult to see in pit latrines, but most women will notice this when they clean their genitals.
7. Inability to control the flow of urine or leaking urine or stool through the vagina may be signs of a fistula.
8. High fever, swelling, tenderness and/or red streaks in one or both breasts may be signs of an abscess or infection in the breast.
9. Difficulty eating and sleeping, severe sadness, and difficulty caring for the baby may be signs of postpartum depression. (See Unit 4.)

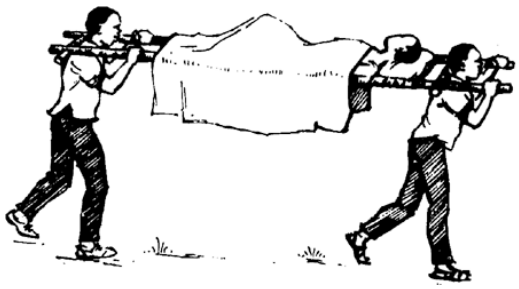


Figure 11: Transporting a new mother with serious postpartum problems to a health center.

Illustration source: Werner D, title page.

Case stories

Stories are a very useful learning tool for applying new knowledge. Read the following five case stories. Answer the questions after each story and then compare your answers with those given below the questions.

TRAINING TIP

Case stories are also a very useful training tool. You may choose to use or adapt these when you train TBAs. Ways to use these include:

- Read them aloud to your trainee(s), ask them the questions that follow and then discuss the answers together; or
- Develop stories about postpartum problems which are more common in your community. After each story, ask the following questions:
    1. What is the problem?
    2. What may have caused the problem?
    3. How could this problem be prevented?
    4. If you encountered this problem, what would you do?
- Ask your trainees to share case stories of women with postpartum problems they have cared for or heard about.

Quinta's story

Quinta delivered her first baby two weeks ago and had no problems at delivery. Her mother-in-law told her to stay in bed until the vaginal bleeding stopped. Quinta stayed in bed, and her husband brought her food and water. Now Quinta is worried because one of her legs is swollen, hot and tender.

Questions

1. What do you think is Quinta's problem?
2. What may have caused this problem?
3. How could this problem have been prevented?
4. If you were caring for Quinta, what would you do?

Answers

1. A swollen leg and tenderness are warning signs that Quinta may have a blood clot in her leg.
2. The traditional practice in this community, staying in bed until vaginal bleeding stops, may have caused this problem.
3. To prevent this, new mothers should be encouraged to get out of bed and walk around as soon as possible.
4. Explain that these are warning signs of a serious postpartum problem. A warm, wet cloth should be wrapped around the leg. It should be elevated above the hips and she should be transported to a clinic or hospital for further care as soon as possible. She may need to know where to find the closest clinic and the best way to get there. Quinta should be carried and not walk.

Maya's story

Maya delivered her first baby two weeks ago. Her mother helped her deliver the baby. It took a long time for the placenta to be delivered, and her mother pulled on the cord to make it come out. Maya has felt fine but continued to have heavy and constant bleeding. Two weeks after delivery when the TBA visits, she finds that Maya is still having heavy bleeding one week after delivery.

Questions

1. What do you think is Maya's problem?
2. What may have caused this problem?
3. What could have been done to prevent this problem?
4. If you were caring for Maya, what would you tell her?

Answers

1. Constant and heavy bleeding after delivery are warning signs that Maya may still have pieces of placenta or tissue in her uterus.
2. This probably happened because all of the placenta did not come out after delivery. Pulling on the cord often causes the placenta to separate in pieces, and then placental tissue remains in the uterus.
3. It is very important to make sure that all of the placenta has come out after delivery. Immediate breastfeeding and external massage of the uterus will slow bleeding and help the uterus contract. Pulling on the cord to remove the placenta or reaching inside the woman's vagina to pull out the placenta is dangerous. If the placenta does not come out naturally within one hour after delivery of the baby, the woman should go to a nurse or doctor.
4. Explain that constant and heavy bleeding are warning signs of a serious postpartum problem and that she should go to be examined by a doctor or nurse as soon as possible. Make sure that Maya is not suffering from shock, which happens with severe bleeding.

Sita's story

Sita delivered her fifth baby one month ago. She had heavy bleeding for two days after the baby was born. One week after delivery, Sita had to start work in the fields harvesting rice. Sita worked long hours and did not have a chance to rest or to eat well. Sita continued to have heavy vaginal bleeding for one month. Now she feels weak and tired. When the TBA visits, she notices that Sita's conjunctiva and finger nails are very pale.

Questions

1. What do you think is Sita's problem?
2. What may have caused this problem?
3. How could this problem have been prevented?
4. If you were caring for Sita, what would you do?

Answers

1. Heavy vaginal bleeding that lasts more than 2 weeks is a warning sign of a serious postpartum problem. It may be a sign that her uterus is not getting smaller. Feeling tired and weak may be signs of anemia.
2. Beginning hard work too soon after delivery and not getting good food and rest can lead to or worsen either anemia or heavy vaginal bleeding. Anemia, poor nutrition or fatigue make it difficult to fight off infection.
3. To prevent these problems, new mothers should be encouraged to eat well, rest and return to work gradually. To do this, they need the support of their families. New mothers should be instructed to visit a clinic if they have heavy bleeding from the vagina for more than two weeks.
4. Explain that prolonged bleeding and tiredness are both warning signs which need to be examined by a nurse, midwife or doctor. She should visit a clinic as soon as possible in order to avoid even more serious problems.

Regina's story

Regina delivered her second baby two weeks ago. One week after delivery, her husband asked her to have sexual relations and they did. It was painful and Regina bled for two days afterwards. When the TBA visits, Regina has a high fever, foul smelling vaginal discharge and abdominal pain.

Questions

1. What do you think is Regina's problem?
2. What may have caused this problem?
3. How could this problem have been prevented?
4. If you were caring for Regina, what would you do?

Answers

1. A high fever, vaginal discharge and abdominal pain are warning signs of a serious postpartum problem. Regina may have a pelvic infection.
2. The incorrect belief that sexual relations can resume very soon after childbirth is the problem. Bacteria entered Regina's uterus when she had sexual relations with her husband and may be the cause of a pelvic infection.
3. To prevent this, new mothers and their partners should be told that it is best not to have sexual intercourse for at least two to four weeks after delivery because the cervix is open and bacteria can get inside causing infection.
4. Explain that these symptoms may be warning signs of a pelvic infection. This is a serious postpartum problem and should be examined by a nurse, midwife or doctor as soon as possible.

Teba's story

Teba delivered her second baby one month ago. There were no problems with the delivery. She wanted to breastfeed her baby and began right away. One morning, a week after delivery, she woke up with a swollen and tender breast and a high fever. When the TBA visited, she examined Teba and found a tender lump in her breast and a temperature of 38° C.

Questions

1. What do you think is Teba's problem?
2. What may have caused this problem?
3. What could have been done to prevent this problem?
4. If you were caring for Teba, what would you tell her?

Answers

1. A swollen breast or a tender lump in a breast and high fever are warning signs of a serious postpartum problem. They may be signs of an infection, such as an abscess or mastitis.
2. Infection inside the breast can occur if the mother has sore, cracked nipples; full, engorged breasts; wears a very tight bra; or is overtired or in poor health.
3. Preventing the above situations will help prevent breast infection. (See Unit 3.)
4. Explain that these are serious signs and that Teba should go be examined by a doctor, nurse or midwife as soon as possible.

Summary

This unit was about helping women care for themselves after delivery. It is important for TBAs to have accurate information to share with new mothers about returning to everyday life. Most women recover from delivery in one or two months. New mothers need to care for themselves well during this time by eating good food, washing their breasts and genitals, returning to hard work gradually and abstaining from sexual intercourse for 2 to 4 weeks. First-time mothers need to know what to expect and need additional support and encouragement.

Traditional practices about bathing, resting and sex should be identified and helpful practices should be encouraged. (Unit 3 will discuss how to assess traditional food practices.) Warning signs of serious postpartum problems need to be recognized and referred to a nurse, midwife or doctor. Review the warning signs of serious postpartum problems with the TBAs. Encourage these community health workers to visit women often after delivery, to check for health problems, to listen carefully to their concerns, answer their questions and encourage them.

Posttest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get four or five questions correct, go on to the next unit. If you get three or fewer questions correct, review the information in this unit again.

1. What normal changes occur in a woman's body after delivery?
   A) gains weight
   B) the uterus gets smaller and firmer
   C) hormones present during pregnancy decrease and it is possible to become pregnant again
   D) extra fat and water stored in the body are used to make breastmilk
   E) vaginal discharge changes color

2. During the home visit in the first weeks after delivery, the TBA should:
   A) check the new mother's temperature and pulse
   B) ask about her vaginal discharge (the amount and color)
   C) ask about how much and what the new mother is drinking and eating
   D) ask whether the new mother has any questions or concerns
   E) ask whether she is having any problems breastfeeding or caring for her newborn

3. The following physical problems are more common among first-time mothers during the postpartum period than mothers who have already had at least one baby:
   A) pelvic infections
   B) fistulas (an opening between the vagina and bladder or rectum)
   C) uterine prolapse
   D) vaginal bleeding
   E) difficulty coping with the stress of being a mother

4. Two weeks after delivery, women can return to:
   A) heavy labor
   B) light labor
   C) sexual relations
   D) moderate exercise
   E) whatever other activities she is comfortable doing

5. Which of the following postpartum warning signs should a TBA refer to a nurse, midwife or doctor?
   A) vaginal bleeding which lasts longer than two weeks
   B) fever of more than 38° C
   C) urine or stool leaking through the vagina
   D) a swollen, tender breast
   E) severe sadness

Vocabulary List

Abscess– a sac of pus caused by infection

Anemia– a disease in which the blood gets thin because of a lack of red blood cells and iron/folate

Antibiotics– medicine that fights infections caused by bacteria

Bacteria– tiny germs that can only be seen with a microscope and that cause many different infections; antibiotics like penicillin may be used to treat them

Cervix– the opening of the uterus at the back of the vagina

Clitoris– the tiny sensitive female genital organ which helps women feel sexual pleasure

Conjunctiva– the white part of the eye and underside of the eyelids

Crèche– a day care center for children

Episiotomy– a cut made in the perineum when the baby's head is crowning; when necessary, it may make delivery easier and avoid tearing of the perineum

Female genital mutilation or Female circumcision– the traditional practice, among some cultural groups, of cutting off some parts of a girl's or woman's external genitals, including sometimes the sensitive clitoris, labia minora and labia majora

Fistula– an abnormal opening between the bladder or rectum and the uterus or vagina resulting from an injury during delivery and causing urine or stool to leak through the vagina

Folate or Folic Acid– a nutritious substance in leafy green vegetables which prevents anemia; also contained in tablets

Genitals– the organs of the reproductive system

Hormone– chemicals made in parts of the body to do a special job, like estrogen and progesterone which regulate a woman's period

Iron– mineral in leafy green vegetables and red meat that prevents anemia; also contained in tablets

Lochia– the discharge from the vagina of mucous, blood and debris following childbirth

Mastitis– an infection of the breast, usually in the first weeks or months after delivering a baby. It causes swelling, pain and redness.

Menses– monthly bleeding or period in women

Neglect– not giving enough attention or not taking care of properly

Oral contraceptive pills– pills taken by mouth that contain a hormone that prevents pregnancy

Ovulation– the release of an egg from the ovary into the uterus in a woman; this usually happens monthly approximately one week before the period. A woman is fertile at this time.

Perineum or Perineal tissues– the pelvic floor, the area between the vaginal opening and the anus in females

Pessary– a round ring of rubber used to support a prolapsed uterus inside the vagina; must be fitted by a trained provider

Placenta– the dark and spongy lining inside the uterus that provides nourishment for the developing fetus through the umbilical cord; detaches from the uterus after delivery

Prolapse– (see Uterine prolapse)

Sexual intercourse or Coitus– sexual union between individuals of the opposite sex

Toxemia or Eclampsia or Pregnancy Induced Hypertension– convulsions and coma, occurring in a pregnant or postpartum woman, associated with high blood pressure, edema and protein in the urine

Urination or Urine– the body's waste water

Uterine prolapse– a condition in which the uterus comes partially outside the vulva, caused by weakened pelvic floor muscles (sometimes due to having many babies or very difficult labors)

Uterus– the womb, a hollow and muscular organ in the female pelvis which holds the growing fetus

Vagina– the genital cavity in the female which extends from the cervix to the vulva

Vulva– the skin folds protecting the opening of the vagina; the vulva includes the clitoris

Unit Three

NUTRITION AND BREASTFEEDING

Purpose

This unit has two primary purposes: to provide general information on nutrition for postpartum women and newborns, and to discuss breastfeeding.

Learning objectives

After studying this unit, you will be able to:

1. Discuss why good food is important for a woman after she has had a baby and while she is breastfeeding.
2. List the basic food groups and identify local foods that belong to these groups.
3. Identify helpful and harmful postpartum traditions about foods in the community.
4. List the benefits of breastfeeding.
5. Discuss common breastfeeding problems and how to treat them.

Pretest

Answer the following questions. For questions 1 to 4, select the correct answer or answers. You may circle more than one answer for these questions. Check your answers with the correct answers listed in Appendix B. Questions 5 to 8 will ask you to list several answers. Write your answer in the space provided. These questions don't have right or wrong answers. After completing this unit, you will answer these questions again.

1. What are the benefits of eating good food for new mothers and their breastfeeding babies?
   A) It provides the energy that new mothers need.
   B) It makes new babies grow.
   C) It protects new babies from illnesses.
   D) It makes new babies sleep more.
   E) It helps new mothers recover from delivery more quickly.
2. What are some benefits of breastfeeding? (Select all that are true.)
   A) It slows postpartum bleeding.
   B) It is easy for the baby to digest.
   C) If babies are breastfed every few hours and not given other liquids or food, it can prevent pregnancy for the first six months after delivery.
   D) Breastmilk is always available and free.
   E) It helps build a good relationship between the mother and her baby.
3. What should you tell a woman who is breastfeeding and has cracked or sore nipples? (Select all that are true.)
   A) Continue breastfeeding.
   B) After breastfeeding, leave a little breast milk on the nipple and let it air dry.
   C) Wash nipples with soap and water.
   D) While breastfeeding, position the baby so that the areola (the dark part around the nipple) is completely in the baby's mouth.
   E) Discontinue breastfeeding until the nipples heal.
4. What should you tell a woman who is breastfeeding whose breasts are full, swollen and painful? (Select all that are true.)
   A) Continue breastfeeding.
   B) Get additional rest.
   C) Put warm cloths on her breasts.
   D) Hand express some milk.
   E) Discontinue breastfeeding until the swelling decreases.
5. List two local foods that our bodies use quickly and provide a lot of energy. (These belong to the "energy food" group.)
   1)

   2)

6. List two local foods that our bodies use slowly and are high in protein. (These belong to the "growth food" group.)
   1)

   2)

7. List two local foods that are high in minerals and vitamins and prevent anemia, rickets and other illnesses. (These belong to the "protective food" group.)
   1)

   2)

8. List three local traditions about food during the postpartum period. For example, what is or is not eaten during the postpartum period?
   1)

   2)

   3)

Self-study content

Why good food is important for new mothers

It is important for everyone to eat good, nutritious food. Good food turns into energy. This energy helps us grow stronger and taller and protects us against illness. Women need extra nutrition when they are pregnant and after they have babies so that their bodies can resupply energy. New mothers who are young (less than 15 years old) or very thin need to eat more food than other women. New mothers should be encouraged to eat when they are hungry and to eat regularly from all three of the food groups.

Good food makes good breastmilk. A mother must eat a lot of good food and drink plenty of water to make breastmilk. Breastfeeding is the best food for babies, especially during the first six months of life. Breastmilk has the right mix of foods to give babies energy, to help them grow and to protect them from illness.

The food we eat often depends on what is available and how much money we have to buy food. Some good foods, like milk and meat, cost a lot of money. But there are many good foods that do not cost as much money.

Figure 12: Eating healthy food is good for the mother and for the baby.

Illustration source: Cabral M, et al., plate 31.

Food history

The following exercise will help you to learn what good foods are available in the local community. It will give you ideas about how you can teach others about improving nutrition for women and children.

Think about everything you ate and drank yesterday. Write everything in the spaces in the following box. Below the box, read about the basic groups of foods. Then, look back at what you ate. What kinds of foods did you eat? What was good for you? How could you have eaten a better diet? What foods are available locally?

What I ate yesterday...

Morning meal:

Midday meal:

Evening meal:

Snacks:

TRAINING TIP

You can use this exercise with the TBAs you train. The TBAs don't need to write their food history. Just talk with them about what they ate.

Basic groups of foods

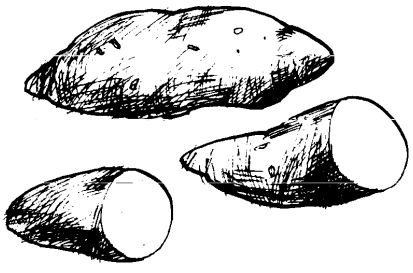


Figure 13: Yams are energy foods.
Illustration source: Linney B, Wilson B, p. 9.

1. Energy foods

The foods that are eaten most often in many countries and are the staples of the diet are energy foods. Energy foods are cereals like rice, wheat, and millet. Vegetables that are very starchy, like potatoes, yams, and cassava, are also energy foods. Fats and oils like butter, palm oil and vegetable oil are energy foods. Sugar, honey and molasses are energy foods too. Our bodies use these foods quickly to give us energy to work. Women who have had babies and are breastfeeding need energy foods.

2. Growth foods

Growth foods are foods that are high in protein. Growth foods are used more slowly than energy foods. Most foods from animals (such as meat, milk, eggs and fish) are growth foods. Animal foods are good for you, but they are not essential. Some vegetables are also growth foods. Beans, peas and nuts are growth foods. Eating two vegetable growth foods that are mixed together is just as good as eating one animal growth food. Examples of this would be eating rice and beans together, or corn and peas together. Are there any special meals in your areas made from growth foods?

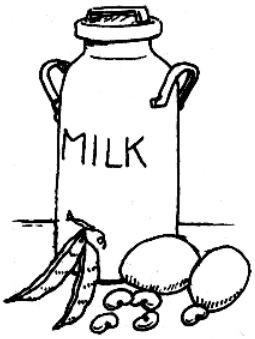


Figure 14: Milk, eggs and beans are growth foods.
Illustration source: Burns AA, et al., p. 173.

Figure 15: Bananas are protective foods.
Illustration source: Linney B, Wilson B, p. 10.

3. Protective foods

Protective foods are high in minerals and vitamins. They prevent anemia, rickets, and other illnesses. Protective foods help our immune system to fight infections. Most vegetables and fruits are protective foods. Green, leafy vegetables are usually high in vitamins. Orange and yellow fruits and vegetables are also high in vitamins. Mangoes, oranges, tomatoes and carrots are all protective foods. Women need lots of protective foods while they are pregnant and after they have had a baby. Iron, folic acid and vitamin A are especially important so women can recover from blood loss during delivery and prevent anemia. Iron and folic acid are available in green leafy vegetables like spinach and beet or radish tops. Vitamin A is available in yellow and orange fruits and vegetables. There is now good evidence that vitamin A absorption and iron absorption are linked. It is important **not** to drink coffee or tea during meals as this slows the body's absorption of iron from food. Babies get the vitamins from protective foods through the breastmilk.

Traditional beliefs about foods during the postpartum period

Many people believe that there are certain foods that a new mother should eat and other foods that she should not eat during the postpartum period. Women give different reasons for not eating certain foods. For example, women believe that certain foods will make their baby sick or not sleep or make their breastmilk become sour. These beliefs differ from place to place. Often there are no scientific reasons for some traditional beliefs about foods during the postpartum period.

Some traditional beliefs may be helpful, some may be harmful, and some are harmless. TBAs need to know what the local postpartum traditions are in order to assess this.

TRAINING TIP

Use this activity to share the local traditional beliefs about foods and learn which beliefs are helpful, harmful or harmless.

1. Ask each TBA to bring a traditional food that is either eaten or avoided by women after they have had a baby. Set the food on a table.
2. Have each TBA explain why women believe this food is good or bad.
3. Review the basic groups of foods: energy, growth and protective foods.
4. Discuss which of the beliefs are helpful, harmful or harmless. An example of a helpful tradition is eating eggs after delivery. Eggs give women lots of protein. An example of a harmful tradition is avoiding fresh fruit. Women need fresh fruit and vegetables so that they do not get anemic. You may decide to organize the information like the woman in the picture below.

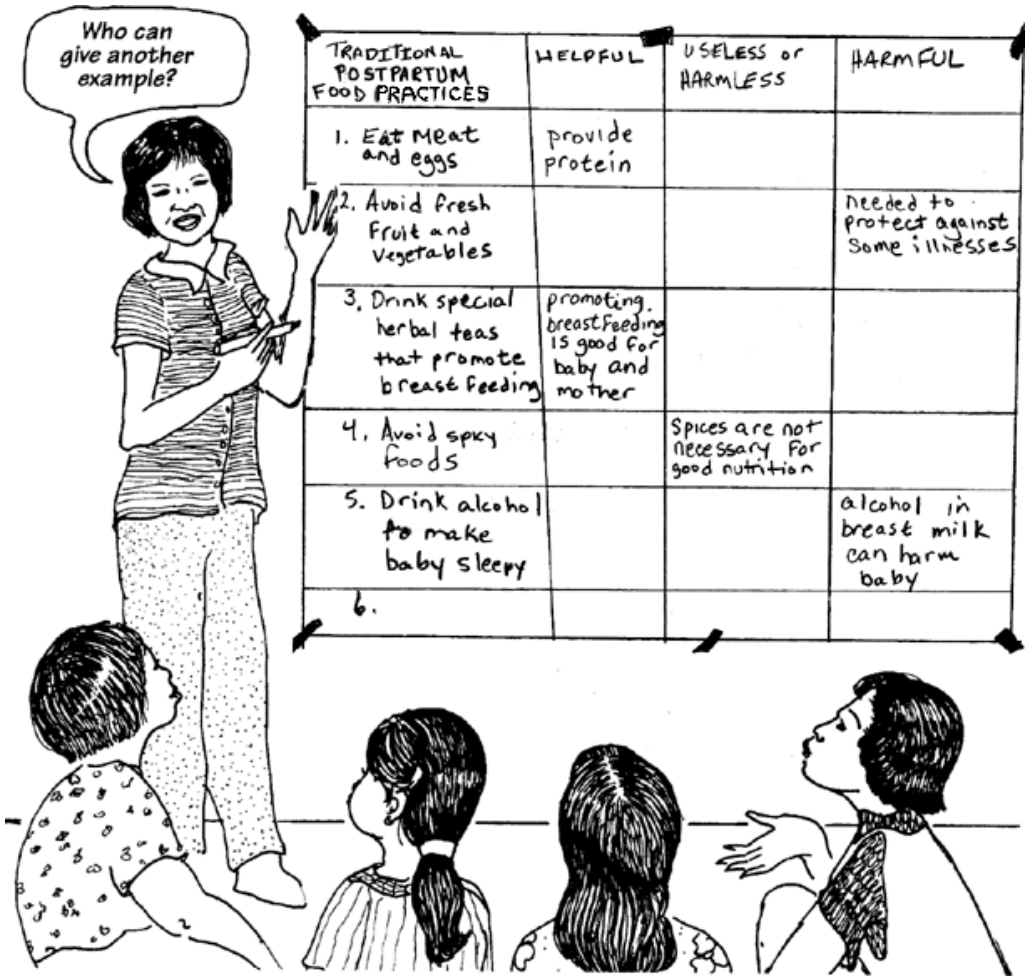


Figure 16: Sharing information about traditional food practices that are helpful, harmless or harmful.

Illustration adapted from: Klein S, p. 26.

Benefits of breastfeeding

for women:

Breastfeeding helps women to recover from having a baby. Breastfeeding in the first few days makes the uterus contract quickly and slows the bleeding. Women who breastfeed will more quickly lose the weight they gained during pregnancy. Breastfeeding is an important way for women to comfort and love their babies.

for babies:

Breastfeeding helps babies get a good start in life. The first milk, or colostrum, has powerful antibodies to fight infection and to make babies strong. It is important to breastfeed babies within one hour of birth and then at least every two or three hours. Breastmilk has the right mix of good foods for babies. It is easily digested. Breastmilk alone without other supplementary foods is the best way to feed babies for the first four to six months of life. After six months, other good foods should be added to the baby's diet. Breastfeeding should usually be encouraged for at least the first year of a child's life.

Figure 17: Breastfeeding is one of the oldest and healthiest practices in the world.

Illustration source: Burns AA, et al., p. 105.

for everyone:

Breastmilk is always clean and free from germs that cause infections. Breastfeeding does not require special preparation. It is always available, and it is free. If a woman breastfeeds her baby on demand and does not supplement with other foods, she will be much less likely to get pregnant in the first six months after delivery. Breastfeeding women whose menstrual periods have not returned are well protected against pregnancy. This is called LAM or the lactational amenorrhea method of family planning. (LAM is discussed more in Unit 6.)

Problems women sometimes have with breastfeeding

Women with twins or one very big baby (heavier than 4 kg) sometimes worry that they will not be able to produce enough breastmilk. The amount of breastmilk will increase to meet the need. However, these mothers should be counseled to eat, drink and rest even more in order to produce more milk. Reassure these mothers that they can make enough milk and that frequent breastfeeding will help them to do this.

Cracked or sore nipples, tender breasts and very full breasts are some of the most common problems women have during breastfeeding. These problems are frustrating, especially for new mothers. Sometimes women stop breastfeeding if the problems do not get better. Usually there are simple solutions that can help.

For cracked and sore nipples

1. Reassure the mother that the cracked nipples will heal.
2. Advise the mother to:
   - continue breastfeeding;
   - use clean water and no soap to clean her nipples before breastfeeding;
   - air dry her nipples, leaving a little breastmilk on the nipple, after nursing;
   - use vegetable oil on her nipples for comfort between feedings; and
   - position the baby so that the areola, the dark part around the nipple, is completely in the baby's mouth. Look at the picture below.

Figure 18: Correct position for breastfeeding: the areola is completely in the baby's mouth.

Incorrect position: only the nipple is in the baby's mouth.

Illustration source: Burns AA, et al., p. 108.

For engorgement or very full breasts

Advise the mother to:

- breastfeed frequently in different positions, including during the night;
- frequently put warm cloths on her breasts; and
- hand express some milk (see next page).

Take hold of the breast way back, like this.

Then move your hands forward, squeezing.

Finally, squeeze the milk out of the nipple.

Figure 19: Hand expressing some breastmilk.

Illustration source: Klien S, p. 337.

For red and tender breast(s) or infected breast(s) (mastitis)

1. Refer the woman to seek care from a nurse, midwife or doctor.
2. Advise the mother to:
   - continue breastfeeding frequently;
   - get plenty of rest; and
   - frequently put warm cloths on her breasts.

A special note about breastfeeding and AIDS

Women who are HIV positive or who have AIDS may, in some cases, pass the virus to their babies through their breastmilk. Although research is still ongoing, the current WHO/UNAIDS/UNICEF guidelines are:

- Women who are HIV negative or who do not know their HIV status should be encouraged to breastfeed.
- Women who are HIV positive should feed their babies with appropriately prepared formula, **if possible**. In some situations, the risk of passing AIDS is still less important than the health risks to the baby fed with formula that is not clean or not prepared appropriately.

It is a difficult decision, and women who are HIV positive or have AIDS should discuss breastfeeding with a nurse or doctor.

Summary

This unit was about nutrition and breastfeeding. Women need good food from all the food groups to recover from having a baby and to make good breastmilk. Babies need breastmilk for energy, to grow and to protect them from illness. Breastfeeding is the best way to feed babies. Breastmilk is clean, free and always available. Women need to be encouraged to start breastfeeding right after they have a baby and to continue for a year. It is important to support women who are breastfeeding and to encourage them to eat good foods.

Posttest

Answer the following questions. For questions 1 to 4, select the correct answer or answers. You may circle more than one answer for these questions. Check your answers with the correct answers listed in Appendix B. If you get three or four of the first 4 questions correct, go on to the next unit. If you get two or fewer questions correct, review the information in this unit again.

Questions 5 to 8 will ask you to list several answers. These questions do not have right or wrong answers.

1. What are the benefits of eating good food for new mothers and their breastfeeding babies?
   A) It provides the energy that new mothers need.
   B) It makes new babies grow.
   C) It protects new babies from illnesses.
   D) It makes new babies sleep more.
   E) It helps new mothers recover from delivery more quickly.

2. What are some benefits of breastfeeding? (Select all that are true.)
   A) It slows postpartum bleeding.
   B) It is easy for the baby to digest.
   C) If babies are breastfed every few hours and not given other liquids or food, it can prevent pregnancy for the first six months after delivery.
   D) Breastmilk is always available and free.
   E) It helps build a good relationship between the mother and her baby.

3. What should you tell a woman who is breastfeeding and has cracked or sore nipples? (Select all that are true.)
   A) Continue breastfeeding.
   B) After breastfeeding, leave a little breast milk on the nipple and let it air dry.
   C) Wash nipples with soap and water.
   D) While breastfeeding, position the baby so that the areola (the dark part around the nipple) is completely in the baby's mouth.
   E) Discontinue breastfeeding until the nipples heal.

4. What should you tell a woman who is breastfeeding whose breasts are full, swollen and painful? (Select all that are true.)
   A) Continue breastfeeding.
   B) Get additional rest.
   C) Put warm cloths on her breasts.
   D) Hand express some milk.
   E) Discontinue breastfeeding until the swelling decreases.

5. List two local foods that our bodies use quickly and provide a lot of energy. (These belong to the "energy food" group.)
   1)

   2)

6. List two local foods that our bodies use slowly and are high in protein. (These belong to the "growth food" group.)
   1)

   2)

7. List two local foods that are high in minerals and vitamins and prevent anemia, rickets and other illnesses. (These belong to the "protective food" group.)
   1)

   2)

8. List three local traditions about food during the postpartum period. For example, what is or is not eaten during the postpartum period?
   1)

   2)

   3)

Vocabulary List

Acquired immune deficiency syndrome (AIDS)– a progressive disease caused by a virus, usually transmitted sexually, in contaminated blood, or from mother to fetus or infant

Antibodies– natural substances in blood and breastmilk that help fight infection

Areola– the darkened area around the mother's nipple; breastfeeding babies suck on the areola and nipple

Colostrum– the first milk a mother's breasts produce; it looks watery but is rich in protein and protective substances to prevent infection in newborns

Contraceptive method or Contraception– any method used to prevent or space pregnancies; family planning method

Engorgement– a condition in which the breasts become hard, swollen and painful from being too full of milk; sometimes occurs during the first days and weeks postpartum

Human immunodeficiency virus (HIV)– the virus that causes AIDS

Lactational Amenorrhea Method (LAM)– intentionally using breastfeeding for a contraceptive effect; this is described in Unit 5

Minerals– simple metals or other things that the body needs, such as iron, calcium and iodine

Rickets– disease caused from lack of Vitamin D which results in softening of the bones

Vitamins– protective foods that the body needs to work properly and prevent illness

Unit Four

POSTPARTUM BLUES AND POSTPARTUM DEPRESSION

Purpose

The purpose of this unit is to review symptoms of postpartum blues and postpartum depression, and ways that TBAs can support new mothers who may be suffering from either of these.

Learning objectives

After studying this unit, you will be able to:

1. List signs and possible causes of postpartum blues.
2. List signs and possible causes of postpartum depression.
3. Discuss ways to support women who are at risk for or who have postpartum blues or depression.
4. Apply knowledge about postpartum blues and depression to selected case stories about new mothers.

Pretest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. What are signs of a woman having postpartum blues? (Select all that apply.)
   A) crying or getting angry easily
   B) feeling overwhelmed by the new responsibilities
   C) feeling unable to take good care of herself or her baby
   D) trying to hurt herself or her baby

2. What are the more serious signs of postpartum depression? (Select all that apply.)
   A) not wanting to eat
   B) not able to sleep OR sleeping all the time
   C) not able to care for herself or her baby
   D) trying to hurt herself or her baby

3. Things which make a woman more likely to suffer from postpartum depression are: (Select all that apply.)
   A) if the woman weighs a lot more than other women her same age and height
   B) if the woman has suffered from depression before
   C) if the woman's baby died
   D) if the woman is a first-time mother

4. Good ways to support new mothers include: (Select all that apply.)
   A) visiting women who have just delivered
   B) giving new mothers the opportunity to ask questions and express themselves
   C) encouraging the rest of the family to help the new mother
   D) leaving the mother to care for her baby without any help

Self-study content

Figure 20: Postpartum blues are common.
Illustration source: Klein S, p. 301.

Postpartum blues

Postpartum blues are very common. Most women have times when they feel very sad and overwhelmed after they have a baby. This is especially true for first-time mothers. Women with postpartum blues cry easily and get angry easily. Women with postpartum blues may feel that they cannot do a good job caring for themselves, their baby or the rest of their family.

Postpartum blues are caused by changes in a woman's body during pregnancy and changes in her lifestyle after she has her baby. These feelings usually go away within two weeks. New mothers need to sleep well, eat well and exercise moderately. They also need extra support during this time.

Postpartum depression

Postpartum depression affects only a few women. Postpartum depression is more serious than postpartum blues. Women who have been depressed before are more likely to have postpartum depression. Women who are first-time mothers or whose babies die are also more likely to have postpartum depression. Women with postpartum depression do not want to eat, have trouble sleeping or sleep all the time, and have no energy. Often, they do not want to care for their babies. Sometimes women with postpartum depression try to hurt themselves or their babies.

Postpartum depression can be very serious. It is important to be able to recognize the symptoms early. Some women with postpartum depression will get over it with rest and support. But women who are not caring for themselves or their babies need special help. These women should be checked by a doctor, midwife or nurse. Women with postpartum depression may need to take medicine. It is important to make certain that both the mother and her baby are cared for during this time. It is common for babies to get sick and die when their mothers are depressed.

Figure 21: Women with postpartum depression need special care and support.
Illustration source: Burns AA, et al., p. 99.

Ways TBAs can support new mothers

1. Visit women who have just delivered. Make sure they have enough good food and water. Check the baby and make sure the baby is feeding well. Give the new mother lots of opportunities to ask questions and to express her concerns.
2. Talk with other women in the family. Ask them if there are any problems. Encourage them to take good care of the new mother and baby.
3. Give extra attention to women who have been depressed before. If it is a woman's first baby, if her baby died, or if her baby has other problems, give her extra attention too.
4. Encourage women and their families to get help from a midwife, nurse or doctor if they have any of the following serious symptoms of postpartum depression:
   - inability to eat or sleep;
   - feeling like they cannot care for themselves or their baby;
   - thoughts about hurting themselves or their baby; or
   - hearing voices or not being able to think clearly.

TRAINING TIP

When you are training TBAs about postpartum blues and postpartum depression, make a list of ways to help women and their new babies. Include things like: watch the baby while the new mother rests or bathes, help to prepare food or gather wood, go for a short walk or outing with the woman, talk with the new mother about news of the community.

Case stories

Stories are a very useful learning tool for applying new knowledge. Read the following two case stories. Answer the questions after each story and then compare your answers with those given below the questions.

TRAINING TIP

Case stories are also a very useful training tool. You may choose to use or adapt these when you train TBAs. Review page 28 in Unit 2 for ways to use them.

Maria's story

Maria is a sixteen year old woman who had a normal pregnancy and delivered a healthy baby boy last week. She gave birth at the hospital and went home after two days. Maria's sister came from a nearby village to help care for her. Maria was doing well for the first few days, but now she cries very easily. She gets impatient when her baby has trouble breastfeeding. Maria is concerned she is not a good mother. She thinks her husband does not love her anymore.

Questions

1. What do you think is the matter with Maria?
2. What could be the cause of this problem?
3. If you were caring for Maria, what would you do?

Answers

1. Maria has postpartum blues.
2. Postpartum blues is very common with new mothers. It is caused by changes in a woman's body during pregnancy and changes in her lifestyle after her baby is born. Maria is more at risk because she is young and she is having problems breastfeeding.
3. Answer Maria's questions and explain to her that postpartum blues are very common and these feelings usually go away within two weeks of delivery. Talk with Maria's family and encourage them to give her extra support during the first months after delivery. Visit her frequently during the first two months to offer encouragement.

Anna's story

Anna is a thirty year old woman who delivered her sixth child one month ago. Anna had a quick labor and she gave birth at home with no one to help her. Anna has always been healthy, but gets sad and angry very easily. Since Anna delivered her baby she has refused to eat and does not want to feed the baby. At night, Anna hears people calling her who are not really there. Anna's baby is getting thin and very fussy.

Questions

1. What do you think is the matter with Anna?
2. What could be the cause of this problem?
3. If you were caring for Anna, what would you do?

Answers

1. Anna has postpartum depression.
2. Anna has a history of getting sad easily. Women who get sad easily are more likely to have postpartum depression and should be watched carefully.

Figure 22: Women like Anna need lots of rest and support.

Illustration source: Klein S., p 63.

3. Explain to Anna's family that postpartum depression is very serious. Women need lots of rest and support. Since Anna is not taking care of herself or her baby, recommend that she be checked by a doctor, midwife or nurse. She may need to take medicine. Make sure that Anna and her baby will receive good care from someone else during this time. Encourage Anna's family to be supportive and helpful. Visit her frequently during the first two months to offer support and encouragement.

Summary

This unit was about postpartum blues and postpartum depression. The information should help you understand why women may feel sad after having a baby. Postpartum blues are common and usually go away within two weeks. Postpartum depression is more serious. It is important to recognize the symptoms of depression early so that new mothers and their babies get help. All women need extra support for the first month or two after delivery. Encourage TBAs you train or supervise to visit new mothers often, talk with them and answer their questions.

Posttest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get three or four questions correct, go on to the next unit. If you get two or fewer questions correct, review the information in this unit again.

1. What are signs of a woman having postpartum blues? (Select all that apply.)
   A) crying or getting angry easily
   B) feeling overwhelmed by the new responsibilities
   C) feeling unable to take good care of herself or her baby
   D) trying to hurt herself or her baby

2. What are the more serious signs of postpartum depression? (Select all that apply.)
   A) not wanting to eat
   B) not able to sleep OR sleeping all the time
   C) not able to care for herself or her baby
   D) trying to hurt herself or her baby

3. Things which make a woman more likely to suffer from postpartum depression are: (Select all that apply.)
   A) if the woman weighs a lot more than other women her same age and height
   B) if the woman has suffered from depression before
   C) if the woman's baby died
   D) if the woman is a first-time mother

4. Good ways to support new mothers include: (Select all that apply.)
   A) visiting women who have just delivered
   B) giving new mothers the opportunity to ask questions and express themselves
   C) encouraging the rest of the family to help the new mother
   D) leaving the mother to care for her baby without any help

Vocabulary List

Postpartum blues– mild symptoms of sadness and fatigue that are common after childbirth and resolve within the first few weeks

Postpartum depression– severe symptoms of sadness after childbirth that interfere with a new mother's ability to eat, sleep and care for herself and her newborn; these women need to be referred for medical care

Unit 5

POSTPARTUM FAMILY PLANNING

Purpose

The purpose of this unit is to review the benefits of family planning for women, children and families and to provide information on safe and effective postpartum family planning methods for the first months after delivery.

Learning objectives

After studying this unit, you will be able to:

1. Define and discuss benefits of family planning and childspacing for women, children and their families.
2. List special considerations for choosing a family planning method during the postpartum period.
3. List family planning methods which are and are not recommended for use during the postpartum period.
4. Define the lactational amenorrhea method (LAM) and discuss when a woman can best use this method.
5. Explain how to correctly use all the family planning methods which are recommended.
6. Discuss ways TBAs can help new mothers with their family planning needs.
7. Apply knowledge about family planning methods to selected role plays.

Pretest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. What are the benefits when a woman chooses to space her children or limit the number of children she will have? (Select all that apply.)
   A) the mother is healthier
   B) newborns are healthier
   C) other children in the family are healthier
   D) families have more resources to feed and educate each child
   E) allows more time for the mother to get more education
2. Select the family planning methods which are recommended for use by breastfeeding women during the first 6 months after delivery. (Select all that apply.)
   A) breastfeeding, using the lactational amenorrhea method (LAM)
   B) condoms and spermicides
   C) progestin-only pills (POPs)
   D) combined oral contraceptives (COCs)
   E) natural family planning methods
3. A woman using the lactational amenorrhea method (LAM) of family planning: (Select all that apply.)
   A) can get pregnant again after six months of only breastfeeding
   B) can get pregnant if she starts to supplement her baby's diet with other fluids or cereal during the first six months
   C) can get pregnant if her menses return in the first six months
   D) should start to use another method of family planning when her baby is six months old to prevent pregnancy
4. If a new mother would like an intrauterine device (IUD), when is the best time to have it inserted postpartum? (Select all that apply.)
   A) more than 8 weeks after delivery, if the woman is abstaining or using LAM or another family planning method
   B) within the first 48 hours after delivery
   C) anytime
   D) between 48 hours and 4 weeks after delivery
   E) 4 to 8 weeks after delivery
5. TBAs can help women with their family planning needs after delivery by. . . (Select all that apply.)
   A) educating women about all the options and answering questions
   B) talking with other people in the family who have questions or concerns
   C) telling women and their partners where to go to get family planning methods in their community
   D) offering to go with them to the health post, pharmacy or hospital
   E) talking with women about family planning during their prenatal visits

Self-study content

Family planning and childspacing

Family planning enables women and their partners to choose the number of children they want and the time they want to have them. There are many family planning methods that couples can safely use to prevent, to space or to time pregnancies.

Childspacing is when a woman and her partner choose to wait at least two years between pregnancies by using an effective method of family planning.

Benefits of family planning

for women:

Family planning helps women stay healthy by limiting and spacing the number of children they have during their life. The best time for women to have children is when they are between twenty and thirty-five years old. Women need at least two years between each pregnancy so that their bodies can rest and recover.

Women who are young (less than 18 years old) or older (more than 35 years old) are more likely to have problems when they are pregnant. Women who have had too many pregnancies or whose pregnancies are less than two years apart are more likely to have problems. Women who have frequent pregnancies have less opportunity to go to school or work outside the home, and they have less time to spend with each of their children.

Figure 23: **More risk**
The woman is younger than 18 or older than 35.
Illustration source: Klein S, p. 80.

for children:

When there are fewer children in a family, each child can be well cared for. Spacing pregnancies at least two years apart will give every baby an opportunity for good food and good health. Their mothers will be able to provide breastmilk for them until they are old enough to eat family meals. They will get more attention and care. All of the children in a family will be less likely to be malnourished or sick.

for families:
Mothers stay strong and healthy so they can care for themselves and their children. In families with fewer children, there is less worry about money. There are more time and resources to care for children and to give them the food, clothing, shelter and education they need.

Special considerations during the postpartum period

1. **Women can get pregnant after childbirth quickly.**
   The normal hormones that cause ovulation can return within a few weeks. Women can get pregnant **even before** they have their first menses after delivery. This is because the egg is released into the uterus before menses. Many women will have no menses or irregular menses for many months after delivery. They can still get pregnant. Women can also get pregnant very soon after having an abortion or miscarriage. Most couples abstain from sexual intercourse for some period of time after delivery. Many women will postpone deciding about family planning because they do not think they will have sexual intercourse for awhile, or because they do not think they can get pregnant right after delivery.

2. **Women can get pelvic infections more easily during the early postpartum period.**
   It is best for couples to abstain for at least one month to avoid getting a pelvic infection. During the first month, the cervix is still open and it is easy for bacteria to get inside the uterus and cause infections.

3. **Estrogen (a type of hormone) can reduce the amount of breastmilk a woman makes.**
   Family planning methods which have estrogen are not the first choice for women who are breastfeeding. Estrogen is present in combined contraceptive pills, and in monthly combined contraceptive injections.

Family planning for the postpartum period

There are many different methods of family planning, and many resources for learning about family planning. The reference list in Appendix G will direct you to more information. This unit will cover only basic information about family planning methods that are recommended for women who have just had a baby.

The available family planning methods may differ from place to place. Discuss with the TBAs you are training where the various methods of family planning are available and who distributes each.

TRAINING TIP

When you train TBAs about family planning, bring samples of the different methods (condoms and spermicide, IUDs, oral contraceptive pills, etc.) to show the TBAs. Sometimes TBAs will be able to have a supply of condoms and spermicide, or progestin-only pills (POPs) to give or sell to women and their partners. For other family planning methods, TBAs will usually need to refer women to the local health post, pharmacy or hospital.

Are some family planning methods better for breastfeeding women?

Yes, there are special considerations for breastfeeding women:

- Several family planning methods have the hormone estrogen, a kind of hormone made by the body. This hormone reduces the amount of breastmilk in breastfeeding women. Because of that, family planning methods with estrogen are not recommended for new mothers who are breastfeeding.
- Natural family planning methods are not recommended for any postpartum women, whether they are breastfeeding or not, because most women do not have a regular menstrual cycle after delivery and it is not reliable.
- Fully breastfeeding women can use the lactational amennorhea method (see below) for the first six months after the baby's birth, if the mother's menses have not returned.

Figure 24: LAM is a very good method of family planning for the first 6 months after delivery.
Illustration source: Gordon G, p. 105.

Lactational Amenorrhea Method (LAM)

All TBAs know that breastfeeding women are less likely to become pregnant. Why? Breastfeeding (lactating) women who have not yet resumed their menses during the six months after delivery are said to be in a state of lactational amenorrhea. The amenorrhea (absence of regular menses) occurs because new mothers are not releasing an egg every month. Women who do not release an egg are not at risk for pregnancy. While breastfeeding alone will not reliably prevent pregnancy, breastfeeding without giving the baby other foods or fluids will reliably prevent pregnancy for six months after childbirth **if the woman has no menses**. This method of family planning is called the lactational amenorrhea method (LAM). TBAs and the women they care for need to know that bleeding in the first two months after delivery is not menstrual bleeding.

LAM works because the newborn's sucking action on the mother's breast prevents the woman from releasing an egg into the uterus. LAM is a very good method of family planning for the first six months after delivery.

For LAM to be effective, a woman must:

1. Be six months or less postpartum.
2. Have not yet started having her menses after delivery. (Note: bleeding in the first six weeks postpartum does not count as "menses".)
3. Be fully or nearly fully breastfeeding her baby:
   - start breastfeeding as soon as she delivers her baby.
   - breastfeed her baby every 4 to 6 hours day and night.
   - not give her baby supplemental feedings (like baby formula, milk, gruel or cereal) for the first six months.
4. Start to use another family planning method six months after delivery, or sooner if she has a menses or starts to substitute other foods for a breastfeeding meal.

The following flowchart could be used by a TBA to help decide whether a new mother is protected from pregnancy by LAM, or whether she needs to start using another family planning method. Fieldtested, culturally-appropriate pictures may need to be added to make the flowchart useful to non-reading TBAs.

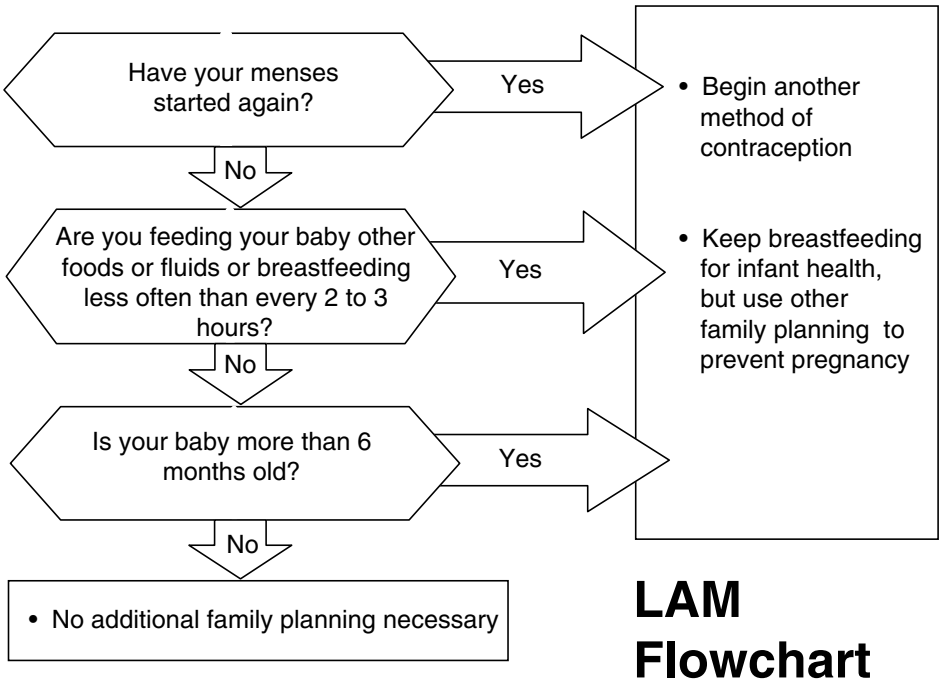


Figure 25: Flowchart for decision-making about LAM.

Illustration adapted from: Family Health International, slides.

Condoms and Spermicide

A condom is a thin sheath, usually made of latex, that the man wears over his erect penis while having sex. Condoms catch the sperm so that it does not go into the vagina. A condom must be put on the penis as soon as the penis is erect, but before the penis goes into the vagina. The man must hold the condom on the penis as he removes his penis from the vagina so that the sperm does not leak into the vagina. Each condom can be used only once. For extra protection against pregnancy, come condoms are made with a spermicide (sperm-killing cream, gel or foam) on them. Also, the woman can put spermicide into her vagina (as a cream or foaming tablet) before each episode of intercourse. Condoms, or condoms and spermicide used together, are very effective in preventing both pregnancy and the spread of sexually transmitted infections, including AIDS.

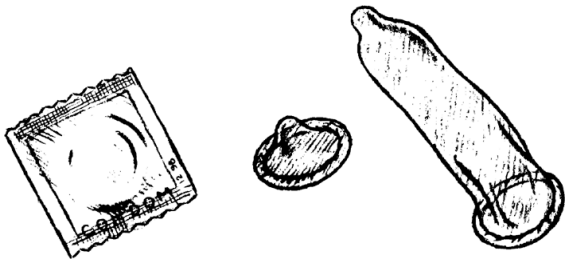


Figure 26: Condoms.
Illustration source: Arkutu A, p. 151.

Intrauterine Devices (IUDs)

Intrauterine devices (IUDs) are small pieces of plastic, or plastic with copper, that are inserted into the uterus by a doctor, midwife or nurse to prevent pregnancy. An IUD insertion must be performed at a health post or hospital. Copper IUDs work by stopping the sperm from reaching the egg. Most IUDs can prevent pregnancy for ten or more years (depending on the type of IUD).

If there is a trained provider available, an IUD can be inserted right away after delivery after the placenta comes out. If the IUD is not inserted within the first two days, the woman should wait four to eight weeks after delivery (until her uterus has returned to its normal size). Insertion within the first 48 hours or after 4 weeks postpartum will decrease the chance of infection or expulsion (the IUD coming out). Mothers can also have the IUD inserted after 8 weeks postpartum, if they have been abstaining or if they are using a reliable family planning method (such as LAM or injectable progestins or POPs).

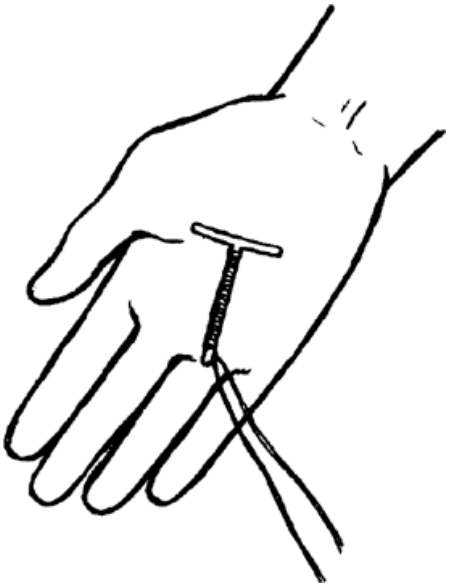


Figure 27: An IUD.
Illustration source: Arkutu A, p. 161.

Voluntary Surgical Contraception (VSC) for women

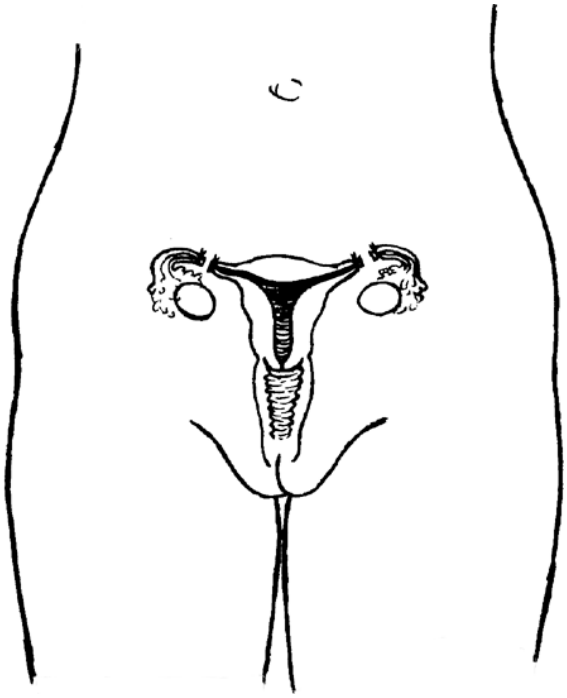


Figure 28: Tubal ligation.
Illustration source: Arkutu A, p. 163.

Women can choose to have voluntary surgical contraception. The operation is also called tubal ligation or tubectomy. During this operation, the tubes between the ovaries and the uterus are cut so that the eggs cannot get into the uterus. This operation must be performed by a doctor at the hospital or health center. VSC may be appropriate for women who are certain that neither they nor their partners want any more children. Women who have a chronic or communicable disease like AIDS, or women who may become ill or die if they get pregnant again, can also choose to have VSC. Some women will have VSC at the hospital right after delivery (within the first two days). If a new mother wants VSC, but does not have it in the first two days after delivery, then she should wait at least two months until her uterus has returned to its normal size. VSC does not affect the experience of sexual intercourse at all, for either the woman or her partner.

Voluntary Surgical Contraception (VSC) for men

Men can also choose voluntary surgical contraception. They can have an operation called a vasectomy. During this operation, the tube that carries sperm from the scrotum to the penis is cut so that sperm cannot get into the woman. This operation is simpler than the operation for women, and it can be performed any time by a trained doctor or other trained health provider. A vasectomy is so simple, the doctor does not even use a scalpel; only a tiny hole is made, and it heals quickly. A vasectomy does **not** affect the experience of sexual intercourse at all, nor does it affect the man's ability to work.

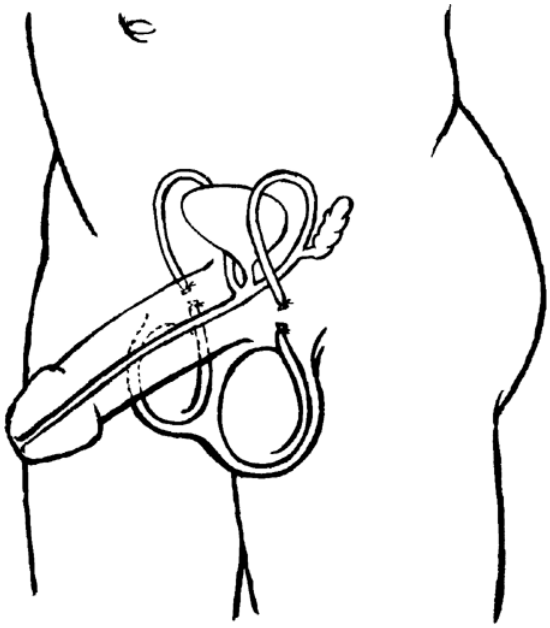


Figure 29: Vasectomy.
Illustration source: Arkutu A, p. 162.

Depo-Provera® injections and NORPLANT® Implants

These two family planning methods contain a progestin, a hormone that inhibits ovulation. Breastfeeding women can safely start to use either of them six weeks after delivery. They will NOT decrease a woman's breastmilk supply. Non-breastfeeding women can start these methods immediately after delivery. Remember that women who don't breastfeed can become pregnant again quickly, often by 6 weeks postpartum.

Depo-Provera® comes in an injection. It protects against pregnancy for three months. Every three months, a woman needs to get another injection from the hospital, health post or other provider.

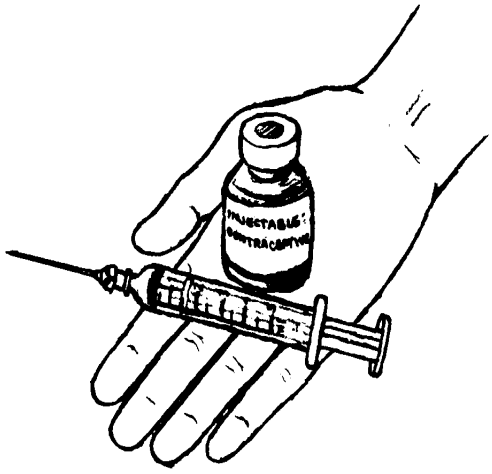


Figure 30: Depo-Provera® injection.
Illustration source: Arkutu A, p. 159.

Figure 31: NORPLANT® Implants.
Illustration source: Arkutu A, p. 160.

NORPLANT® Implants are made from the same hormone as Depo-Provera®. Small rubber tubes containing a progestin are inserted under the skin of a woman's arm by a nurse, midwife or doctor. NORPLANT® Implants protect against pregnancy for up to five years.

Both Depo-Provera® and NORPLANT® Implants can cause irregular menses or amenorrhea (no menses). Women who want to use either of these methods need to be referred to a nurse, midwife or doctor.

Progestin-only Oral Contraceptive Pills (POPs)

Progestin-only oral contraceptive pills (POPs) contain only a progestin (similar to Depo-Provera® injections and NORPLANT® Implants). POPs prevent pregnancy in two ways: 1) they block the release of an egg from the ovary, and 2) they make the mucus in the birth canal too thick for sperm to reach any egg that might be released. POPs are very effective if taken at the same time every day. POPs can be used immediately postpartum, even by breastfeeding women. Women who want to use POPs can usually get them from the pharmacy, MCH worker or local health post.

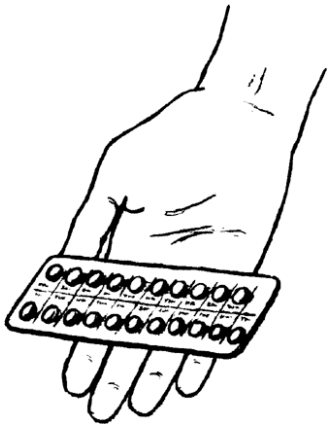
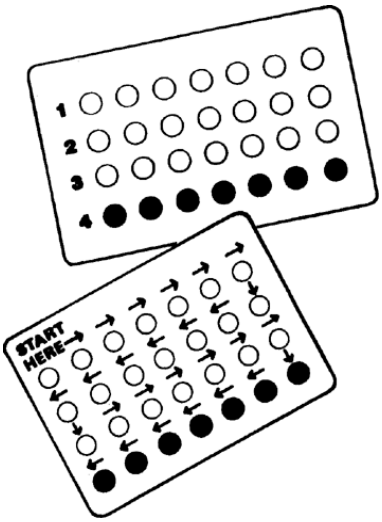


Figure 32: Progestin-only pills (POPs).
Illustration source: Arkutu A, p. 157.

Combined Oral Contraceptive Pills (COCs)



Combined oral contraceptive pills (COCs) contain two hormones: an estrogen and a progestin. COCs prevent a woman's ovaries from releasing eggs. COCs are very effective when they are taken every day. However, the estrogen in COCs decreases the amount of breastmilk produced. Because of this, **COCs are not the best method of family planning for breastfeeding women in the first 6 months postpartum.**

Women who are not breastfeeding can start to use COCs 2 to 3 weeks after delivery. Since women who have just had a baby are at risk for blood clots, estrogen is avoided for 2 to 3 weeks postpartum to prevent blood clots.

Figure 33: Combined oral contraceptive pills (COCs).
Illustration source: Population Communication Services, p. 21.

Monthly Combined Injectable Contraceptives (CICs)

In some communities, a new injectable family planning method is available. It contains both an estrogen and a progestin and is given monthly. Like COCs, **CICs are not recommended for breastfeeding women in the first six months postpartum because they contain estrogen**.

Diaphragms and Cervical Caps

Diaphragms and cervical caps both work the same way. They are round pieces of rubber that fit inside the vagina and cover the cervix (the entrance to the uterus). Because they cover the cervix, diaphragms and cervical caps block the entry of sperm to the uterus. Both diaphragms and cervical caps need to be used with spermicide. Like condoms, they need to be used every time a couple has intercourse. A woman needs to have a pelvic exam by a nurse, midwife or doctor in order to get a diaphragm or cervical cap which fits her uterus. **Diaphragms and cervical caps are not effective methods of family planning during the first two months after delivery.** The woman's uterus must return to its normal size before a diaphragm or cervical cap will fit well.

Figure 34: Diaphragm and spermicide.
Illustration source: Barcelona D, p. 61.

Natural Family Planning, using the menstrual cycle

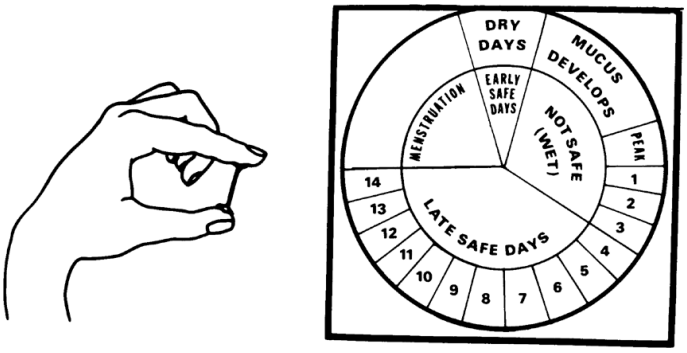


Figure 35: Natural family planning using the menstrual cycle.
Illustration source: Population Communication Services, p. 53.

Natural family planning means avoiding sexual intercourse during the time in a woman's menstrual cycle when she is fertile (when an egg is going to be released into the uterus). **This is NOT an effective family planning method during the postpartum period.** Women often do not have regular menses and cannot tell when they are fertile. Women can get pregnant again before the first menses. Women should not plan to use this method postpartum.

The roles of TBAs and MCH workers in family planning counseling

TBAs and community MCH workers can help women and their partners space and limit pregnancies by giving them accurate information and answering their questions about family planning. They can discuss with women the health benefits of family planning. They can talk to partners or other family members who have questions or concerns about family planning. They can also help with referrals to the health post or hospital. They can teach women and their partners about LAM and can tell them where to get condoms and spermicide in the community.

TRAINING TIP

Role plays about postpartum family planning
Counseling women and their partners about family planning is important and takes practice. Good counseling means providing information and helping women and their partners make decisions that are appropriate for them. You can adapt and use these role plays when you are training TBAs.

Role play #1: One TBA acts the part of a woman who has never used any family planning and has just had her fifth child. This woman does not want any more children. A second TBA acts as a counselor.

Role play #2: One TBA acts the part of a fifteen year old girl who just had her first child. She says that her older husband doesn't want her to use family planning, and he won't use condoms. A second TBA acts as the counselor.

Role play #3: One TBA acts the part of a woman who wants to stop breastfeeding because she thinks her husband's sperm will spoil her breastmilk. A second TBA acts as the counselor.

Summary

This unit was about postpartum family planning. Family planning helps women space and limit the number of pregnancies they have. Family planning has many benefits for women, children and families. Women can get pregnant again right away after delivery. Recommended methods of postpartum family planning are LAM, condoms and spermicide, Depo-Provera® injections, NORPLANT® Implants and progestin-only pills. Methods with estrogen are not recommended for breastfeeding women in the first 6 months postpartum or for any postpartum woman in the first 2 to 3 weeks. Counseling new mothers about family planning methods and helping them decide on a method which meets their needs is an important skill for TBAs.

Important points to review about postpartum family planning

1. Women can get pregnant again right away after delivery.
2. LAM can be a very good method of postpartum family planning for the first six months, IF a woman is fully breastfeeding and IF she has not started her menses again.
3. Condoms, or condoms and spermicide used together, are a good postpartum family planning method. Condoms also prevent the spread of sexually transmitted infections and AIDS.
4. An intrauterine device (IUD) is a good postpartum family planning method IF it is inserted by a trained provider within the first two days after delivery or after four to eight weeks after delivery, or anytime a woman is not pregnant.
5. Voluntary surgical contraception for women or men is another good family planning method postpartum. If a woman does not have the operation within the first two days after delivery, she should wait at least two months after delivery for her uterus to return to its normal size. Men can have VSC anytime.
6. The methods which contain only progestins (Depo-Provera® injections, NORPLANT® Implants and progestin-only pills (POPs)) are good postpartum family planning methods. They do not affect breastfeeding and can be started six weeks after delivery.
7. Combined oral contraceptive pills (COCs) and monthly combined injectable contraceptives (CICs) are not recommended for breastfeeding women in the first six months postpartum, because they contain estrogen.
8. Diaphragms and cervical caps are not recommended for postpartum contraception. Natural Family Planning (NFP) is not reliable postpartum (it is better for women with regular monthly menses).
9. Women and their partners should get counseling about family planning during prenatal visits and right after the woman delivers, and should decide together what method they will use before resuming sexual intercourse.

Posttest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get four or five questions correct, go on to the next unit. If you get three or fewer questions correct, review the information in this unit again.

1. What are the benefits when a woman chooses to space her children or limit the number of children she will have? (Select all that apply.)
   A) the mother is healthier
   B) newborns are healthier
   C) other children in the family are healthier
   D) families have more resources to feed and educate each child
   E) allows more time for the mother to get more education
2. Select the family planning methods which are recommended for use by breastfeeding women during the first 6 months after delivery. (Select all that apply.)
   A) breastfeeding, using the lactational amenorrhea method (LAM)
   B) condoms and spermicides
   C) progestin-only pills (POPs)
   D) combined oral contraceptives (COCs)
   E) natural family planning methods
3. A woman using the lactational amenorrhea method (LAM) of family planning: (Select all that apply.)
   A) can get pregnant again after six months of only breastfeeding
   B) can get pregnant if she starts to supplement her baby's diet with other fluids or cereal during the first six months
   C) can get pregnant if her menses return in the first six months
   D) should start to use another method of family planning when her baby is six months old to prevent pregnancy
4. If a new mother would like an IUD, when is the best time to have it inserted postpartum? (Select all that apply.)
   A) within 10 minutes of delivery of the placenta
   B) within the first 48 hours after delivery
   C) anytime
   D) between 48 hours and 4 weeks after delivery
5. TBAs can help women with their family planning needs after delivery by. . . (Select all that apply.)
   A) educating women about all the options and answering questions
   B) talking with other people in the family who have questions or concerns
   C) telling women and their partners where to go to get family planning methods in their community
   D) offering to go with them to the health post, pharmacy or hospital
   E) talking with women about family planning during their prenatal visits

Vocabulary List

Abortion– the removal of the fetus from the uterus before the fetus is viable; this usually means an induced abortion

Amenorrhea– absence of menses or monthly period

Cervical cap– a small, round piece of rubber which fits over the cervix and is used during intercourse to prevent sperm from entering the uterus

Childspacing– practicing a planned amount of time between pregnancies (usually 2 years)

Combined injectable contraceptives (CICs)– injections containing an estrogen and a progestin, two hormones that prevent pregnancy for one month

Combined oral contraceptive pills (COCs)– birth control pills that contain both an estrogen and a progestin, and prevent pregnancy by stopping ovulation

Communicable– infections that can be spread from one person to another

Condom– a latex sheath that covers the man's penis to prevent sperm from entering the vagina; also prevents the spread of sexually transmitted infections (STIs) and AIDS

Contraceptive method or Contraception– any method used to prevent or space pregnancies; family planning methods

Depo-Provera®– an injection of a progestin, a hormone that can be given to women and that prevents pregnancy for three months

Diaphragm– a round piece of rubber which fits into the vagina and prevents sperm from entering the uterus

Expulsion– coming out without being purposely taken out

Family planning method– any method used to prevent or space pregnancies; contraceptive method

Family planning– choosing when to have a pregnancy and the number of children the woman and her partner want to have

Intrauterine device (IUD)– a small piece of copper or plastic which is inserted into the uterus by a doctor or nurse and prevents pregnancy by stopping the egg from implanting in the uterus

Lactational Amenorrhea Method (LAM)– intentionally using breastfeeding for a contraceptive effect, this is described in Unit 5

Malnourished or Malnutrition– health problem caused by not eating enough of the foods that the body needs

Miscarriage– the death of the developing fetus in the uterus and the expulsion of the fetus, blood, and placenta; also called spontaneous abortion

Natural family planning– avoiding intercourse during the time when a woman is most fertile (during ovulation approximately 10 to 14 days before the menses)

NORPLANT® Implants– small rubber tubes containing a progesterone hormone which are inserted under the skin of a woman's arm by a doctor or nurse and prevent pregnancy for up to five years

Penis– the external male organ of intercourse and urination

Prenatal– during pregnancy, before delivery

Progestin-only pills (POPs)– birth control pills which contain only a progestin and prevent pregnancy by inhibiting ovulation and stopping the egg from implanting in the uterus

Scrotum– the skin–covered pouch between the legs in the male that contains the testes

Sexually transmitted infections (STIs)– infections spread by sexual contact

Sperm– the male cells which are released during intercourse and can unite with an egg in a woman's uterus to form a pregnancy

Spermicide– a chemical contained in creams, suppositories, foam or jellies to destroy the sperm, used during intercourse with condoms, diaphragms and cervical caps to prevent pregnancy

Spontaneous abortion– miscarriage

Tubal ligation or Tubectomy– method of voluntary surgical contraception (VSC) for women, operation by which the tubes between the ovaries and the uterus are cut so that the eggs cannot get into the uterus

Vasectomy– method of voluntary surgical contraception (VSC) for men, operation by which the tubes that carry sperm are cut so that sperm is not released during intercourse

Voluntary surgical contraception (VSC)– the permanent family planning methods of tubal ligation (for women) and vasectomy (for men)

Unit Six

POSTABORTION CARE

Purpose

This unit has three primary purposes:

1. to provide information on induced and spontaneous abortions (miscarriages);
2. to review general recommendations about returning to work, exercise and sexual relations after an abortion; and
3. to provide information on warning signs of serious health problems women sometimes have after an abortion that need to be cared for by a nurse, midwife or doctor.

Learning objectives

After studying this unit, you will be able to:

1. Discuss types of abortions.
2. List signs of a complete and incomplete abortion, and what to do.
3. Identify how most induced abortions are performed in the community.
4. Discuss general recommendations for work, exercise, personal hygiene and sexual relations after an abortion.
5. Discuss family planning for women who have had abortions.
6. List warning signs of serious postabortion health problems which must be referred to a clinic or hospital.

Pretest

Answer the following questions. For questions 1 through 5, select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. Questions 6 and 7 do not have a correct answer because practices differ from one community to another. After completing this unit, you will answer these questions again.

1. Signs of a spontaneous abortion (miscarriage) may include: (Select all that apply.)
   A) pain in the lower abdomen
   B) swollen ankles
   C) vaginal bleeding
   D) passing blood clots
2. In an incomplete abortion, when part of the fetus and placenta remain in the uterus: (Select all that apply.)
   A) a woman may feel very tired
   B) there is a high chance of infection
   C) heavy bleeding is likely to continue
   D) a woman will have headaches
3. Women who have had a spontaneous or an induced abortion should: (Select all that apply.)
   A) avoid strenuous exercise or hard work for at least one week
   B) drink a lot of liquids
   C) avoid using family planning methods containing estrogen for at least two months
   D) watch for signs of infection like abdominal pain, high fever, and vaginal discharge
4. Warning signs of problems related to an abortion which must be referred to a clinic or hospital are: (Select all that apply.)
   A) heavy vaginal bleeding
   B) foul smelling discharge
   C) high fever or chills
   D) severe abdominal pain
5. Special considerations for women choosing a family planning method postabortion include: (Select all that apply.)
   A) Women postabortion will not get pregnant for at least two months.
   B) Women postabortion can get pregnant again right away.
   C) Abortions do not affect bleeding patterns and therefore natural family planning is recommended for women postabortion.
   D) Women who have signs of infection after an abortion should not have an IUD inserted.
6. How are most induced abortions performed in the community where you work?

7. What do women in your community do to recover after induced abortions?

Self-study content

Types of abortion

An **induced abortion**, or planned abortion, is when a woman purposely acts to end a pregnancy before a baby is formed fully enough to survive. She may seek treatment from a doctor, another health worker or traditional healer, or she may try to perform it herself. When a woman tries to perform an abortion herself it is sometimes called a home abortion. When abortions are done at home or by untrained persons (including experienced traditional midwives, abortionists and TBAs), they can be very dangerous. In some places home abortions are a major cause of death for women 12 to 50 years old. An induced abortion is what most people mean when they use the word "abortion".

A **spontaneous abortion,** or miscarriage, is when a woman has an unplanned, natural loss of a pregnancy. "Spontaneous" means that the abortion starts on its own. Miscarriages are quite common. Miscarriages often occur because there is a problem with the developing fetus and the pregnancy cannot continue normally. At least one of every four or five pregnancies result in a miscarriage. Women need to know that there is little they can do to prevent them or to cause them. If a woman has several miscarriages (usually more than three), there may be a physical problem with her or her partner. Some chemicals, especially pesticides (chemicals used on plants), and some diseases may cause repeated miscarriages. Women who have had three or more miscarriages should be referred to a specialist.

Sometimes, because the fetus or placenta does not come out, it is necessary for a nurse, midwife or doctor at a clinic or hospital to perform an operation to clean out the uterus. Common names for these operations are "manual vacuum aspiration (MVA)", "suction completion" or "dilation and curettage (D and C)".

Signs of a possible spontaneous abortion and what to do

Sometimes women will have a spontaneous abortion very early in the pregnancy before they even know that they are pregnant. Sometimes it will occur later. There are two main signs of a miscarriage: bleeding from the vagina and pain or cramping in the lower abdomen. The bleeding is usually slight to begin with, but gets heavier and big clots and tissue are passed. Both the bleeding and the pain can be quite similar to those experienced during a heavy menstrual period, especially for an early miscarriage. It may therefore be difficult to tell when a miscarriage happens, especially if the woman did not know she was pregnant.

Figure 36: The pain and bleeding from a miscarriage begin like a normal monthly bleeding. Illustration source: Burns AA, et al., p. 98.

Miscarriages can be complete, when all the tissues of the fetus and placenta pass through the vagina, or incomplete, when part of the fetus or placenta remain inside the uterus. Any woman with a miscarriage should follow the recommendations for returning to everyday life on the following page.

If a miscarriage is incomplete, bleeding will continue. There is a good chance that the tissue will become infected in the uterus. Signs of infection are fever and severe pain in the abdomen. If the infection is not treated, it can cause severe pelvic infection, which can make a woman infertile, or have chronic pelvic pain and discharge. Therefore, it is very important that a woman go to a clinic or hospital as soon as possible if she has any signs of infection after a miscarriage. Infection can also spread through the blood, causing sepsis and shock which require emergency transportation to a clinic for treatment.

Figure 37: Heavy bleeding is the most common problem after an abortion or miscarriage.
Illustration source: Burns AA, et al., p. 251.

A miscarriage is often emotional and traumatic to both the mother and her family. Special care and support are necessary. The woman may be depressed. Many women believe they are responsible for the miscarriage. The TBA should encourage the woman to express her grief and her concerns, and talk to her and her family. Women should know that they can get pregnant again and most women have healthy pregnancies and babies after a miscarriage.

Abortion in your community

The more you know about abortion practices in your community, the better prepared you are to deal with problems which may be caused by them.

TRAINING TIP

On the following page is a list of questions to ask yourself and those people you train. Adapt the questions to be more relevant to your situation. Write down the answers so that you can refer to them later. In many communities the subject of abortion is very sensitive. To create trust, be sure to explain to the TBAs you train that their answers to the following questions are confidential. The information will only be used to help them understand what happens in their community. This training will enable them to better care for women in their community who have had induced and spontaneous abortions.

Questions about spontaneous abortion (miscarriage) and induced abortion

1. How common is it for women to have spontaneous abortions (miscarriages) or induced abortions?
2. What explanations do women have for a spontaneous abortion? Are there any diseases or health problems that women believe cause abortions? What about eating any special food, water from a certain source, or exposure to certain chemicals?
3. What complications do women sometimes have after a spontaneous abortion or an induced abortion?
4. Where do women go if they have problems after a spontaneous abortion or an induced abortion?
5. What method do women usually use to induce an abortion? Have an operation? Take medicine? Take an injection? Insert something into the vagina? Other method?
6. Are there traditional practices which women follow after abortions? What about bathing, eating or abstaining from sexual intercourse?
7. Are these traditional practices healthy, or could they cause complications?

Recommendations for returning to everyday life after an abortion

Women who have had induced or spontaneous abortions need to take good care of themselves. The general recommendations about postabortion care are similar to the postpartum recommendations discussed in Unit 2. If a woman has an abortion at the beginning of pregnancy (within the first three months), she will probably recover quickly. If a woman has an abortion later in pregnancy, she will recover more slowly. The recommendations are the same for women who have had induced abortions and women who have had spontaneous abortions.

1. Take it easy and eat good food.

Women need to rest after an induced or spontaneous abortion, but they do not need to stay in bed. Walking will help the uterus to return to its normal size. All women should eat foods high in iron and folate (like green vegetables) to prevent anemia. Many women are anemic all the time. If they lose lots of blood with an abortion, their anemia may get worse.

2. Return to work and exercise gradually.

Most women can return to normal activities after an abortion. Women who have had heavy bleeding or an infection with an abortion should not return to hard work and exercise for at least one week after an abortion. If a woman returns too quickly to hard labor, her uterus will not return to its normal size as quickly. These activities may cause prolonged bleeding and pelvic infections.

3. Stay clean.

Women who have had abortions should wash the outside of their genitals with soap and water. They should not douche or try to wash inside their vagina for two weeks. Women should use clean cloths to catch the blood from the vagina and should wash these cloths everyday. Women who have had an unsafe induced abortion may be at risk for tetanus from dirty instruments. They should receive antibiotics against the bacteria which causes tetanus, and they should receive a tetanus immunization as soon as possible.

4. Wait at least two weeks before having sexual intercourse.

Women should be advised not to have sexual intercourse at all for at least two weeks after an abortion, or until the vaginal bleeding has stopped. It is easier to get an infection during this time because the cervix has opened. Women can get pregnant also right away after having an abortion.

5. Choose an appropriate method of family planning.

Women can get pregnant right away, as early as 11 days after an abortion or miscarriage. Therefore, women and their partners should decide what method of family planning they plan to use before they start to have sexual intercourse again.

Women can use most family planning methods after an abortion (see Unit 5). There are important considerations for women who are choosing a family planning method postabortion. If a woman has any sign of infection, an IUD should not be inserted after an abortion. In addition, women can safely use family planning methods that contain estrogen (combined oral contraceptives or combined injectable contraceptives) because they will not be breastfeeding. Because women often have irregular bleeding for a few months, natural family planning is not effective after an abortion. Irregular bleeding makes it impossible for a woman to predict when she is fertile.

Figure 38: Choosing an appropriate method of postabortion family planning.

Illustration source: Burns AA, et al., p. 249.

Family Planning following Postabortion Treatment

Every health care provider can help.

Treat the woman with respect.

- If she does not feel well, counsel her when she feels better.
- Show concern for her feelings and her experience.
- Keep counseling private.

Find out about the woman's needs and situation.

- Ask the woman if she wants to become pregnant again soon.
- Ask if she has used family planning and if there were any problems in using it.
- Ask if she has a preferred method.

Provide the information that is appropriate for her.

- Help her get her preferred method.
- Do not pressure her if she wants to get pregnant again soon.
- Make follow-up appointments or referrals for any other reproductive health needs.

Every woman treated for abortion complications needs to know three facts.

She could become pregnant again right away.

She can delay or prevent another pregnancy by using family planning.

Her health care provider can help her get and use family planning.

Source: Winkler J, Leonard AH: Family Planning following Postabortion Treatment (wallchart). *Advances in Abortion Care* 1997;6(2):1.

WARNING SIGNS
of serious postabortion problems

If a woman develops ANY of the following warning signs after an abortion, she should be referred to a nurse, midwife or doctor as soon as possible.

Emergency referral (transport the woman immediately):

1. A fast, weak pulse, sweating, pale or cool skin and confusion may be signs of shock. Shock is caused by severe bleeding or infection. **Women with signs of shock need to be taken on a stretcher to a nurse, midwife or doctor immediately.**

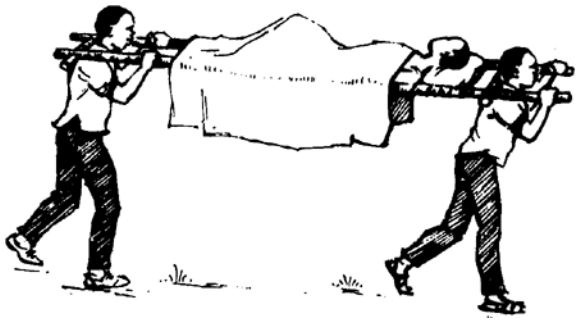


Figure 39: Transporting a woman to a health center.
Illustration source: Werner D, title page.

Referral as soon as possible:

2. High fever, severe abdominal pain and/or foul smelling vaginal discharge are likely signs of a pelvic infection.
3. Bleeding problems which may be signs that the uterus is not getting smaller, or that there is a tear in the cervix or vagina, include:

- very heavy bleeding OR
- bleeding with severe abdominal cramping OR
- bleeding for more than 5 days WHILE having a spontaneous abortion OR
- bleeding for more than 2 weeks AFTER having an operation to treat an incomplete abortion.

4. Severe abdominal pain, and a distended or hard abdomen may be signs of a perforation (hole) in the uterus.
5. Extreme fatigue, pale conjunctiva, pale lips and pale fingernails are likely signs of anemia.
6. Difficulty eating and sleeping and extreme sadness may be signs of serious depression. Many women experience strong emotions of grief or guilt after abortions. (See Unit 4 on Postpartum Blues and Postpartum Depression.)

TBAs should counsel women with signs of postabortion problems to get medical help. No one should make a woman who has had an abortion feel ashamed. No one should prevent a woman who is having problems after an abortion from getting appropriate and timely health care.

Summary

This unit was about helping women care for themselves after a spontaneous or induced abortion. It is important for TBAs to have accurate information to share with women about returning to everyday life after abortions. They can also help women prevent induced abortions by encouraging women and their partners to use family planning.

Postabortion problems are often very serious and cause many women to get sick and die. These problems include shock, prolonged bleeding, perforation of the uterus, pelvic infections and anemia. TBAs need to be able to recognize the warning signs of postabortion problems and refer women with these signs for medical care. TBAs and other community-level MCH workers have a very important role to play in caring for women who have had abortions, or who are at risk for unwanted pregnancies. Encourage TBAs to talk openly with women in their communities and answer questions about spontaneous and induced abortions.

Posttest

Answer the following questions. For questions 1 through 5, select the correct answer or answers. You may circle more than one answer for these questions. Check your answers with the correct answers listed in Appendix B. If you get four or five of the first 5 questions correct, go on to the next unit. If you get three or fewer questions correct, review the information in this unit again.

Compare your answers to questions 6 and 7 here with those answers you gave in the pretest and think about what you have learned.

1. Signs of a spontaneous abortion (miscarriage) may include: (Select all that apply.)
   A) pain in the lower abdomen
   B) swollen ankles
   C) vaginal bleeding
   D) passing blood clots
2. In an incomplete abortion, when part of the fetus and placenta remain in the uterus: (Select all that apply.)
   A) a woman may feel very tired
   B) there is a high chance of infection
   C) heavy bleeding is likely to continue
   D) a woman will have headaches
3. Women who have had a spontaneous or an induced abortion should: (Select all that apply.)
   A) avoid strenuous exercise or hard work for at least one week
   B) drink a lot of liquids
   C) avoid using family planning methods containing estrogen for at least two months
   D) watch for signs of infection like abdominal pain, high fever, and vaginal discharge
4. Warning signs of problems related to an abortion which must be referred to a clinic or hospital are: (Select all that apply.)
   A) heavy vaginal bleeding
   B) foul smelling discharge
   C) high fever or chills
   D) severe abdominal pain
5. Special considerations for women choosing a family planning method postabortion include: (Select all that apply.)
   A) Women postabortion will not get pregnant for at least two months.
   B) Women postabortion can get pregnant again right away.
   C) Abortions do not affect bleeding patterns and therefore natural family planning is recommended for women postabortion.
   D) Women who have signs of infection after an abortion should not have an IUD inserted.
6. How are most induced abortions performed in the community where you work?

7. What do women in your community do to recover after induced abortions?

Vocabulary List

Abortion– the removal of the fetus from the uterus before the fetus is viable; this usually means an induced abortion

Abstinence or abstaining (from sexual intercourse)– not having any sexual intercourse

Confusion– state of being mixed up or unclear in the mind and thinking

Dilation and curettage (D and C) or Suction completion– an operation for cleaning out the uterus after an abortion or miscarriage. The walls of the uterus are scraped with special instruments to remove the tissue.

Distended– swollen and hard

Douche– a stream of liquid directed into the vagina for cleaning purposes

Manual Vacuum Aspiration (MVA)– an operation for cleaning out the uterus after an abortion or miscarriage. The tissue in the uterus is sucked out with special instruments.

Miscarriage– the death of the developing fetus in the uterus and the expulsion of the fetus, blood, and placenta; also called spontaneous abortion

Perforation– a hole or break in the wall of the uterus

Sepsis– a serious infection that has spread into the blood

Shock– a dangerous condition of severe low blood pressure and/or infection, caused by hemorrhage, injury, infection or dehydration

Spontaneous abortion– miscarriage

Unit Seven

NEWBORN ASSESSMENT AND CARE

Purpose

This unit has three primary purposes -- to review:

1. how to assess the health of a newborn during a home visit;
2. warning signs of serious newborn health problems that require medical care by a nurse, midwife or doctor; and
3. general recommendations for newborn care.

Learning objectives

After studying this unit, you will be able to:

1. Describe the primary steps to assess a newborn during a home visit in the first days and weeks after delivery.
2. List warning signs of serious newborn problems which must be referred to a clinic or hospital.
3. Review special counseling topics, such as immunizations and growth monitoring for newborns.
4. Review general recommendations about newborn care.

Pretest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. To assess the newborn's health, important questions to ask the mother are: (Select all that apply.)
   A) how often the baby breastfeeds
   B) how many times the baby wets or urinates each day
   C) what color the baby's eyes were at birth
   D) whether the baby is breastfeeding well (sucking well)

2. During the newborn's physical examination, important things the TBA should inspect are: (Select all that apply.)
   A) the baby's breathing
   B) fontanelle (soft spot)
   C) any bleeding or infection of the umbilical stump
   D) color of the newborn's tongue

3. Warning signs of serious newborn health problems include: (Select all that apply.)
   A) newborn who throws up with every feeding
   B) newborn who wants to eat every 2 to 3 hours
   C) sunken fontanelle (soft spot)
   D) discharge, redness or foul smell around the umbilical stump

4. Counseling topics to discuss with the new mother include: (Select all that apply.)
   A) immunizations (when to get them and where to go to get them)
   B) naming the baby
   C) growth monitoring
   D) how to clean the umbilical cord stump

5. Immunizations which the baby should have within the first week: (Select all that apply.)
   A) BCG to prevent tuberculosis
   B) oral polio vaccine
   C) measles vaccine
   D) DPT to protect against diphtheria, whooping cough and tetanus

6. Newborn care topics which the TBA should discuss with the new mother include: (Select all that apply.)
   A) breastfeeding
   B) bathing the newborn
   C) keeping the newborn warm
   D) common newborn sleep patterns

Self-study content

The newborn

Newborns go through a period of adjustment in the first few weeks of life. While inside their mother's uterus, babies are safe, warm and well fed. After birth, newborns have to adapt their patterns of feeding, breathing and staying warm. It is very important to help them meet their new needs for nutrition, body warmth, protection from infection and loving relationships during the first weeks after delivery. This is a time when newborns are very vulnerable and can get sick quickly.

It is generally recommended that the baby be checked by a TBA or other MCH worker immediately after the delivery, and then a few other times during the first day and weeks after delivery. Because other excellent materials provide information on what to check in the first hours and days of a newborn's life, this unit will focus on the period after that time.

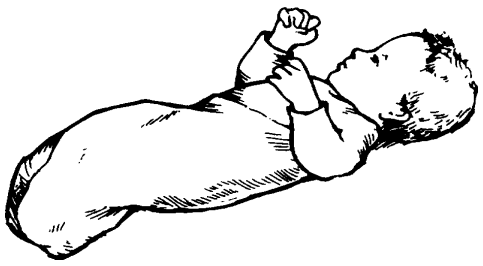


Figure 40: Newborn baby.
Illustration source: Burns A A et al., p. 218.

Caring for a newborn is always hard work. Women and their newborns need extra attention and support. Many mothers will have experience in caring for newborns or will have help from other women in their families. Some will need more guidance.

TBAs can play an important role in newborn health by checking on new babies in their community frequently, supporting new and first time mothers and answering questions about newborn care.

Assessing the newborn

This section reviews basic steps to assess newborns in the first few weeks of life. (For excellent information on assessment during the immediate period after delivery or more detail on assessment during the first weeks after delivery, see the reference list for sources.)

The newborn assessment is divided into three sections here: 1) observing the mother and newborn; 2) asking the mother questions about the newborn; and 3) the newborn examination. The information you gather in these three steps and in the following pages will help you identify what to tell the TBAs you train to counsel the mother about and the problems that need to be referred to a nurse, midwife or doctor.

1. Visit with and observe the new mother and baby.

When a TBA makes a home visit to check a new mother and her newborn, she should spend the first few minutes visiting. If the mother is breastfeeding, the TBA should allow her to finish before examining the newborn.

She can use the time to observe and/or ask general questions about:

- how well the baby is doing
- whether the new mother has any problems or questions about breastfeeding or her own health (See Units 2 and 3.)
- whether there are other people in the house or close by to help the new mother
- the home (cleanliness, available food and water)
- the general mood of the new mother and how the mother interacts with the baby

2. Ask questions about how the baby is doing.

(For information about assessing the new mother's health, see Unit 2.)

- When was the baby born? (If the TBA was not at the delivery.)
- Is the baby growing and gaining weight?
  Many babies lose weight in the first week of life. However, if the baby weighed less than 2.5 kg at birth and has not gained any weight after one week or if the baby continues to lose weight after the first week, advise the mother to take the baby to a nurse, midwife or doctor.
- Has the baby had any of the nine warning signs of serious newborn problems? (See page 90.)
- Is the baby breastfeeding well?
  - Does the baby have a good suck?
  - Does the baby breastfeed at least every 2 to 4 hours?
  - Does the baby wet 6 to 8 times a day?
    (Newborns who do not breastfeed well may have one of the serious problems listed on page 90. If the newborn is not breastfeeding well, advise the mother to take the baby to a nurse, midwife or doctor.)
- Has the baby had a fever?
  If the baby feels hot or cold-to-touch (or has a temperature above 38°C or 100.4°F, or below 36°C or 97°F, if the TBA can check it), advise the mother to take the baby to a clinic.
- Is the baby alert when she is awake? Do her eyes follow her mother's movements?
  If the baby sleeps all night and much of the day, this behavior could be a sign of illness. Advise the mother to take the baby to a clinic.

3. Examine the newborn.

Useful tools to have for home visits and assessments include: antiseptic, soap and clean cloths for teaching new mothers about bathing newborns; a rectal thermometer to take the newborn's temperature; and a scale or measuring tape for growth monitoring. In some communities, babies are weighed with a hanging scale and in other places their arms or chests are measured with special, color-coded plastic tapes. It may be very difficult for some TBAs to get equipment to do this. If equipment is available, TBAs should be taught how to use them properly. Talk to the TBAs you train, and teach them to use this equipment if it is available in their community.

Before the examination, the TBA should first ask the new mother if she can look at the baby. The TBA should also wash her hands with soap and water. During the examination, she should:

- check the baby's breathing. Is the baby having any difficulty breathing (either taking very small and quick breaths or struggling to breathe)?
- check the baby's fontanelle (soft spot). Is it soft and flat? A sunken fontanelle could be a sign of dehydration. A swollen fontanelle could be a sign of infection.
- check the baby's umbilical cord or stump. Is it clean? Are there signs of infection or bleeding? Are there any signs that ashes, dirt or other harmful substances are being placed on the umbilical cord or stump?
- check for any other signs of serious infection. (See list on page 90)
- check the baby's eyes. Is there discharge? Do the whites of the eyes look yellow?
- If a scale is available, weigh the baby and record weight on a growth chart.
- If a rectal thermometer is available, take and record the baby's temperature.

Figure 41: Weighing the baby.
Illustration source: Arkutu A, p.131.

WARNING SIGNS
of serious newborn problems

Newborns with any of the following nine warning signs should be referred to a midwife, nurse or doctor for medical care immediately.

1. Newborns who have a birth weight less than 2.5 kg, or newborns who do not gain any weight in the first month.
2. Newborns who have a rectal temperature of less than 36 degrees centigrade or more than 38 degrees centigrade.
3. Newborns who do not suck well at all or who vomit a lot with every feeding. (Most babies spit up some after feedings.)
4. Newborns who are very irritable, or who are listless.
5. Newborns who take quick and shallow breaths or who are struggling to breathe.
6. Newborns who have a sunken fontanelle (soft spot); dry, cracked or loose skin; do not urinate often; or who otherwise look dehydrated.
7. Newborns with bleeding or signs of infection (discharge, redness, and foul smell) around the umbilical cord stump.
8. Newborns with signs of a tetanus infection, including fits or seizures, stiffness, or difficulty breathing and eating.
9. Newborns who must be woken up to eat after four or more hours on a regular basis (some newborns will sleep four to six hours at night).

Figure 42: Taking a newborn with serious problems to a midwife, nurse or doctor.
Illustration source: Werner D, p. 17.

Special Counseling Topics

1. Get immunizations.

Immunizations or vaccinations are injections which prevent serious infections like polio, tetanus and whooping cough. If a baby is born at the hospital or health post, the baby will probably get some of these immunizations before she or he goes home. But babies who are born at home often do not get them. New mothers should take their new babies for immunizations as soon as possible.

Immunizations which newborns should have within their first week are:

1. BCG vaccine to prevent tuberculosis; and
2. oral polio vaccine to prevent polio soon after birth.

In some places, hepatitis B vaccine is also given in the first few days. In many places, it is not available or too expensive.

Figure 43: Immunizations protect the new baby from serious infections.

Illustration source: Uganda Ministry of Health, p. 73.

The newborn should also get DPT to protect against diphtheria, pertussis (whooping cough) and tetanus. The first DPT shot should be given at 6 to 8 weeks of age and the second DPT shot should be given 4 to 8 weeks later. The third DPT shot is given 4 to 8 weeks after the second. The measles vaccine is usually given at 9 to 12 months of age. Ask the mother if she got at least 2 tetanus toxoid vaccines while pregnant. If not, remind her to get vaccines too.

Find out where immunizations are given in the communities where you train. Encourage TBAs to help new mothers get immunizations for their newborns.

2. Monitor growth.

Growth monitoring is the measuring of the height and weight of children. Growth monitoring is an important way to see if a baby is healthy and well nourished. Healthy babies get heavier every month, and babies who lose weight are sick. Newborns should be weighed soon after birth, and should be weighed every month for the first year of life. Find out where the growth monitoring station is in the communities where you train. It will probably be at the same place where immunizations are given. Encourage TBAs to weigh or measure the newborns they care for, and to encourage new mothers to go to the growth monitoring station to have their newborns checked every month for the first year of life.

3. Get enough Vitamin A for nutrition and to fight infections.

Vitamin A is an important vitamin for good newborn nutrition. Yellow fruits and vegetables, green leafy vegetables, eggs, liver and fish all contain vitamin A. If the mother eats these foods, her newborn will get vitamin A through the breastmilk. Vitamin A helps the skin and tissues heal after infections and prevents blindness. Vitamin A is especially important where night blindness and measles are common.

In areas where children do not get enough vitamin A in foods, vitamin A capsules are sometimes given to women after delivery or given to newborns in the first month of life. These Vitamin A capsules will help fight infection. One capsule of Vitamin A lasts 4 to 6 months. Too much Vitamin A can be dangerous and can cause seizures, so no more than one capsule should be taken every 4 to 6 months. Vitamin A capsules are usually available at the health post or growth monitoring station.

Care of the Newborn

1. Bathe the newborn.

Some new mothers will know how to bathe their babies, but others will need help. The TBA should ask the new mother if there are any traditions about massaging new babies, or any special bathing customs. Many of these traditions are harmless, but too much irritation of the baby's skin is dangerous and can cause infections. A newborn should not have a full bath until his umbilical cord has dried and the stump healed. After this, babies should be bathed once every day or two. The baby should not get cold. It is good for babies to be exposed to some sunlight, but direct sun for more than a few minutes can burn their skin.

Figure 44: Bathing the new baby.
Illustration source: Gordon G, p. 108.

To bathe the newborn, the new mother should:

1. wash her hands before bathing the baby;
2. use clean, warm water for the bath;
3. clean the umbilical cord stump with antiseptic and let it dry in the air; (**NOTHING else should be put on the cord stump**. Ashes, dung, herbs and other potions can all cause tetanus and other infections.); and
4. dry the newborn with clean cloths after the bath and wrap or dress the newborn warmly.

2. Allow the newborn to sleep.

For about two weeks after birth, a newborn sleeps most of the time. Slowly a baby starts to stay awake more between feedings. If you are not carrying the baby, place the baby on his side or back to sleep (do not use a pillow). A baby should sleep out of drafts but with some fresh air. If the back of the baby's neck is perspiring, the baby is too warmly wrapped. A baby should be alert when awake.

3. Breastfeed the newborn.

The baby should breastfeed at least every 2 to 4 hours. The baby should wet at least 6 to 8 times a day. The baby should be sucking well.

Figure 45: Keep the new baby nearby so she can breastfeed when she wants.

Illustration source: Burns AA, et al., p 111.

Summary

This unit was about newborn care. TBAs can play an important role in helping new mothers care for their newborns. They can assess the newborns' health during the first weeks after delivery when they are more vulnerable. TBAs can recognize signs of serious newborn health problems and refer these newborns for timely medical care. They can teach new mothers about bathing and feeding their babies, help them get important newborn immunizations and teach them how to monitor their child's growth.

TBAs should visit all new mothers and their newborns frequently to check for health problems and to listen carefully and answer questions.

Posttest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get five or six questions correct, go on to the next unit. If you get four or fewer questions correct, review the information in this unit again.

1. To assess the newborn's health, important questions to ask the mother are: (Select all that apply.)
   A) how often the baby breastfeeds
   B) how many times the baby wets or urinates each day
   C) what color the baby's eyes were at birth
   D) whether the baby is breastfeeding well (sucking well)
2. During the newborn's physical examination, important things the TBA should inspect are: (Select all that apply.)
   A) the baby's breathing
   B) fontanelle (soft spot)
   C) any bleeding or infection of the umbilical stump
   D) color of the newborn's tongue
3. Warning signs of serious newborn health problems include: (Select all that apply.)
   A) newborn who throws up with every feeding
   B) newborn who wants to eat every 2-3 hours
   C) sunken fontanelle (soft spot)
   D) discharge, redness or foul smell around the umbilical stump
4. Counseling topics to discuss with the new mother include: (Select all that apply.)
   A) immunizations (when to get them and where to go to get them)
   B) naming the baby
   C) growth monitoring
   D) how to clean the umbilical cord stump
5. Immunizations which the baby should have within the first week: (Select all that apply.)
   A) BCG to prevent tuberculosis
   B) oral polio vaccine
   C) measles vaccine
   D) DPT to protect against diphtheria, whooping cough and tetanus
6. Newborn care topics which the TBA should discuss with the new mother include: (Select all that apply.)
   A) breastfeeding
   B) bathing the newborn
   C) keeping the newborn warm
   D) common newborn sleep patterns

Vocabulary List

Antiseptic– a soap or cleaning liquid that prevents the growth of bacteria

BCG vaccine– vaccination to prevent tuberculosis, BCG stands for bacillus Calmette-Guerin

Communicable– infections that can be spread from one person to another

DPT vaccine– vaccination to prevent diphtheria, pertussis (whooping cough) and tetanus

Growth monitoring– measurement of the height and weight of children to check growth and nutrition

Immunizations– medicines that give protection against specific diseases, usually given by injection (except oral polio vaccine); also called vaccinations

OPV vaccine– drops given by mouth to prevent polio; OPV stands for oral polio vaccine

Polio or poliomyelitis– a viral infection which is initially similar to a cold but which sometimes causes long-term weakness and paralysis of the limbs

Tetanus– an infection caused by bacteria which enters the body through a wound or the umbilical cord and causes stiffness, seizures and difficulty eating due to lockjaw

Thermometer– an instrument used to measure how hot a person's body temperature is

Tuberculosis– a serious and communicable infection of the lungs. It causes fever, coughing, poor appetite and loss of weight, and it can spread to the bones, skin and other organs.

Umbilical cord– the cord that connects a baby from its navel to the placenta on the inside of its mother's womb, stump left after the cord is cut after delivery

Vaccinations– immunizations

Whooping cough– an infection which causes a bad cough and difficulty breathing, also known as Pertussis

Unit Eight

MANAGEMENT OF COMMON NEWBORN PROBLEMS

Purpose

This unit has two purposes:

1. to provide information on signs and management of common newborn health problems, and
2. to discuss care of special newborns.

Learning objectives

After studying this unit, you will be able to:

1. List signs of common health problems of newborns that can be treated at home. Distinguish these signs from signs that mean the baby must be referred to a nurse, midwife or doctor.
2. Discuss how to treat mild respiratory infections.
3. Discuss how to treat mild diarrhea.
4. Discuss how to treat mild eye and skin infections.
5. Discuss how to care for special newborns who may be at risk for health problems and/or neglect.

Pretest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. Signs of common newborn problems that can be treated at home are:
   A) heavy discharge from the eye
   B) mild cough
   C) low fever
   D) any illness lasting more than three days
   E) blood in the stool

2. A mother who has a newborn with mild respiratory infection should:
   A) keep the newborn's nose clear of mucous
   B) keep the newborn away from smoke
   C) watch for signs of difficulty breathing or a bad cough
   D) give the baby cough medicine from the health post
   E) go to the nurse, midwife or doctor if the illness lasts more than three days

3. A mother who has a newborn with mild diarrhea should:
   A) breastfeed frequently
   B) stop breastfeeding until the diarrhea stops
   C) give oral rehydration solution by spoon after each breastfeed
   D) give the baby food (like bananas) that cause constipation
   E) go to the nurse, midwife or doctor if the illness lasts more than three days

4. To make a home-made oral rehydration solution (ORS), a mother needs:
   A) one teaspoon (two pinches) of salt
   B) orange juice
   C) vitamin A
   D) one liter of boiled and cooled water
   E) eight teaspoons (one handful) of sugar

5. A mother who has a newborn with a mild eye infection should:
   A) wipe the newborn's eyes with a clean cloth which has been wet with clean water
   B) put ashes around the eyes
   C) wash the newborn's eyes with soap and water
   D) do nothing but wait for the infection to go away
   E) go to the nurse, midwife or doctor if there is heavy discharge or pus

6. Special newborns who may need extra care include:
   A) babies who sleep a lot
   B) babies who are born early and/or weigh less than 2.5 kg. at birth
   C) babies with birth defects
   D) babies with birth marks
   E) babies of first-time mothers

Self-study content

Preventing common newborn health problems

Newborns have some natural protection against common illnesses because of the protective substances passed through the placenta during pregnancy. Newborns continue to get extra protection against illness through breastmilk. For example, breastmilk helps prevent diarrhea and respiratory illnesses. (See Unit 3 for more information.)

Newborns who are small or premature do not have as much natural protection. These special newborns should be breastfed for more months than babies born on time, be given extra attention and watched carefully for signs of health problems.

There is a strong relationship between nutrition and infection in newborns. Newborns who are malnourished are more likely to get infections. Newborns who get infections often do not eat well and get even sicker. Sometimes mothers will not feed newborns who are sick because the newborn does not seem to be hungry, or because they think that the newborn will get more diarrhea. The newborn then gets worse and cannot fight off the infection. It is very important that TBAs teach mothers to continue to breastfeed their newborns, even when they are sick.

Common newborn problems which can be treated at home

Mild respiratory infections, mild diarrhea and mild skin and eye infections are all common newborn health problems which can be treated at home. It is important that TBAs teach new mothers how to recognize the symptoms of these problems and be able to distinguish them from the more serious problems which need to be seen by a doctor, nurse or midwife. (See Unit 7 to review warning signs of these problems.)

There are simple ways to treat these mild illnesses. However, if symptoms get worse or last longer than three days for any type of illness, the mother should take the newborn to a health clinic or hospital as soon as possible.

Respiratory Infections

Mild acute respiratory infections (ARIs) are common in all children. Many respiratory infections are due to viruses and get better by themselves. Newborns with mild respiratory illnesses can be cared for at home. However, more serious respiratory infections, do occur in newborns and must be referred to a clinic or hospital.

Symptoms of a mild respiratory infection:

- a runny nose;
- a mild cough; or
- a low fever (less than 38.0 degrees centigrade).

To care for the newborn, the new mother should:

1. clean out the mucous in the newborn's nose with a clean cloth;
2. watch for signs of a bad cough or difficulty breathing; and
3. keep the newborn warm and clean and away from smoke from cigarettes or cooking fires. (Smoke will irritate the respiratory tract and make the newborn cough.)

WARNING SIGNS of a serious respiratory infection

If a newborn has any of the following four warning signs of a serious infection, the new mother should take the baby to a nurse, midwife or doctor immediately:

- a high fever (more than 38.0 degrees centigrade);
- a bad cough;
- difficulty breathing and breastfeeding; or
- a respiratory infection that lasts for more than three days.

Diarrhea

Most newborns have some natural protection against diarrhea. Diarrhea is more common around the time when babies are weaned from breastfeeding because they begin to eat other foods which may not be clean. Babies who are small (less than 2.5 kg), poorly nourished, or who have older brothers and sisters with diarrhea, are more likely to get diarrhea.

Any child with watery diarrhea is in danger of dehydration. This means that they don't have enough water left in their bodies. Newborns with mild diarrhea can be cared for at home.

Symptom of mild diarrhea:

- fewer than 5 to 6 stools per day (loose or watery stools).

To care for the newborn, the new mother should:

1. continue to breastfeed as long as the baby wants; and
2. after breastfeeds, give oral rehydration solution by a spoon (see instructions below).

WARNING SIGNS of serious diarrhea

If a newborn has any of the following five warning signs of serious diarrhea, the new mother should take the baby to a nurse, midwife or doctor immediately:

- newborn has more than 5 to 6 stools/day;
- newborn has blood in the stool;
- newborn has a high fever (more than 38.0 degrees centigrade);
- newborn appears dehydrated (has a sunken fontanelle, sunken eyes with no tears, little or no urine, and wrinkled or dry skin); or
- diarrhea lasts more than three days.

Oral rehydration solution (ORS)

Oral rehydration solution (ORS) can prevent babies with diarrhea from becoming dehydrated. In some communities, ORS packets will be available from the health post or in the pharmacy. These are fine to use. Newborns with mild diarrhea should continue to breastfeed and should also be given ORS with a spoon after and in between breastfeeding to prevent dehydration. Mothers can give newborns ORS slowly by the spoonful in between breastmilk feedings. The newborn should drink about 5 to 10 spoonfuls of ORS every time he or she passes a watery stool. If ORS packets are not available, below is a simple formula to make an oral rehydration solution at home. (For other formulas, see the references listed in Appendix G.)

Figure 46: Making oral rehydration solution.
Illustration source: Gordon G, p. 156.

To prepare ORS at home

1. Boil and cool one liter of water.
2. Add eight level teaspoons (or one handful) of sugar.
3. Add one level teaspoon (or two pinches) of salt.
4. Stir and store the ORS in a covered, clean container. It can be used for 24 hours if kept covered and clean. After 24 hours, throw unused ORS away and make another batch.

Remember that if a newborn has diarrhea for more than 3 days, even while taking ORS, the mother should take the newborn to a nurse, midwife or doctor.

TRAINING TIP

Practice preparing ORS when you train TBAs. Make certain they understand how much salt and sugar to use, and how to feed the newborn with a spoon. If ORS packets are available, practice preparing these too.

Eye infections and skin infections

Eye infections and skin infections are common in newborns. This is especially true if the newborn is not kept clean and if the house is crowded with many people or is very smoky.

TBAs should teach mothers to wipe their newborns' eyes with a clean cloth which has been wet with clean water. **NOTHING** should be placed in or around a newborn's eyes. Ashes and other substances which are often put around the eyes can cause infections and these practices should be discouraged. In hospitals, antibiotic ointment is sometimes placed in the eyes right after delivery to prevent infection. Babies born at home may not get this treatment, and are more likely to get eye infections. Newborns with a heavy discharge or pus in their eyes need to see a midwife, nurse or doctor right away. Eye infections can cause blindness if they are not treated right away.

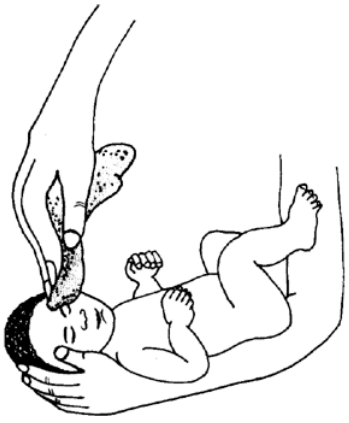


Figure 47: Wiping a newborn's eyes with a clean cloth and clean water.
Illustration source: Gordon G, p. 108.

Skin infections are also common. If the skin is broken open or irritated, skin infections can spread quickly. Review the information on bathing newborns and cleaning the umbilical cord stump (see Unit 7). Most mild skin infections will get better with regular washing and application of antiseptic. Signs of serious skin infections are: increasing redness and swelling or discharge of pus. More serious skin infections need to be seen by a nurse, midwife or doctor so that the newborn can be given antibiotics.

Symptoms of mild eye or skin infection:

- irritation
- slight redness

To care for the newborn with a mild eye infection, the new mother should:

1. use a clean cloth that has been wet with clean water to gently wipe around the eyes.
2. not put other things (like ashes or other substances) around the eyes.

To care for the newborn with a mild skin infection, the new mother should:

1. Bathe the newborn daily in clean water with mild soap.
2. If there is mild redness at the umbilicus, apply an antiseptic (e.g., gentian violet) once a day.

WARNING SIGNS of serious skin or eye infection

If a newborn has either of the following symptoms of serious infection, the new mother should take the baby to a nurse, midwife or doctor immediately:

- heavy discharge of pus from the eyes (Serious eye infections can cause blindness if they are not treated right away.) or
- increasing redness or swelling and discharge of pus from the skin or umbilical stump (or redness lasting more than 3 days).

Special Newborns

Newborns who are small, sickly, or who have a birth defect are often given less attention by new mothers and families. The new mother (or family) may think that the baby will not be healthy or that the baby is going to die. When these newborns get less attention, they often do get sick and die.

Figure 48: Special newborns need a lot of love and care.

Illustration source: Burns AA, et al., p 118.

Most newborns who start out small, who have a birth defect like a shortened leg, or who have birthmarks on the skin, grow up to be healthy. It is important that special newborns be recognized early so that they can be given the extra attention they need. Small newborns (less than 2.5 kg) need to breastfeed frequently and be kept warm. Newborns with problems like a shortened leg or a cleft palate need to be seen by a doctor, nurse or midwife. Most of these problems can be fixed. Many newborns have birthmarks on the skin. Sometimes these birthmarks go away, and sometimes they do not. All newborns need a lot of love and care from their mothers.

TBAs can help care for special newborns by referring any babies that are small or who have obvious birth defects to a nurse, midwife or doctor, and by reassuring new mothers

that their babies will most likely be healthy. They should check on these newborns frequently to make sure they are eating well, growing and being cared for.

Case stories

Stories are a very useful learning tool for applying new knowledge. Read the following three case stories. Answer the questions after each story and then compare your answers with those given below the questions.

TRAINING TIP

Case stories are also a very useful training tool. You may choose to use or adapt these when you train TBAs. Review page 28 in Unit 2 for ways to use them.

Story #1

A baby girl was born after only seven months of pregnancy. The baby weighed 2 kg at birth. The new mother had three older children to care for. She decided not to name the baby since her family told her the baby would die anyway. She stopped breastfeeding and left the baby in her mother's care when she returned to work. The baby girl died within two weeks.

Questions

1. Why did this baby girl die?
2. What did the baby need that she did not get from her mother?
3. What could have been done to prevent this baby from dying?

Answers

1. Since the mother's family told her the baby would die because she was so small, the mother stopped breastfeeding her and taking care of her.
2. The baby needed to be breastfed frequently and be kept warm. She needed a lot of love and care from her mother.
3. The mother could have been counseled to take the baby to a nurse, midwife or doctor and to take special care of her by breastfeeding frequently and keeping her warm. The TBA could reassure the mother and frequently check on the newborn to make sure she is eating well, growing and being cared for.

Story #2

A baby boy was born with both feet turned in. His mother thought this was a sign of a curse and that it meant bad luck for the family. She did not pay attention to the baby and he got sick and died in the first month.

Questions

1. Why did this baby boy die?

2. What did the baby need that he did not get from his mother?
3. What could have been done to prevent this baby from dying?

Answers

1. The mother did not pay attention to the baby boy, even when he got sick.
2. The baby needed a lot of love and care from his mother.
3. The mother could have been reassured that the baby would most likely be healthy, but that she should take him to a nurse, midwife or doctor to have his feet checked and cared for.

Story #3

A baby boy was born with a big birthmark on his back. The boy's father did not have any dark spots on his skin and said that this must not be his baby. The new mother took the baby to the hospital to be checked, and the nurse there assured her that the mark was just dark colored skin from a birthmark. The mother told her husband, and he was relieved. The baby grew strong and healthy.

Questions

1. Why did this baby grow and do well?
2. What did his mother do right?
3. What could a TBA have said to reassure this mother and father?

Answers

1. The baby's mother was determined to care for the baby.
2. She took him to a hospital to be checked, and she reassured her husband that the nurse told her the mark was just dark colored skin from a birthmark.
3. A TBA could have told the mother and father that many newborns have birthmarks on the skin and that sometimes the birthmarks go away. If the parents were still not reassured, they could take the baby to a nurse, midwife or doctor to be checked.

Summary

This unit was about the most common newborn health problems. Nutrition and infection are related. It is very important for mothers to know that they should continue to breastfeed their newborns even if they are sick. Mild respiratory infections and diarrhea can be treated at home if mothers are given instructions and support. More serious infections need to be referred to a midwife, nurse or doctor as soon as they are recognized. TBAs should visit and check the newborns in their community often, especially newborns who are small, malnourished or at risk of neglect and illness. Make certain that your trainees understand symptoms of serious illness and how to refer newborns. TBAs can help new mothers care for common newborn health problems, and can prevent illness and death by recognizing and referring serious health problems.

Posttest

Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get five or six questions correct, go on to the next unit. If you get four or fewer questions correct, review the information in this unit again.

1. Signs of common newborn problems that can be treated at home are:
   A) heavy discharge from the eye
   B) mild cough
   C) low fever
   D) any illness lasting more than three days
   E) blood in the stool
2. A mother who has a newborn with mild respiratory infection should:
   A) keep the newborn's nose clear of mucous
   B) keep the newborn away from smoke
   C) watch for signs of difficulty breathing or a bad cough
   D) give the baby cough medicine from the health post
   E) go to the nurse, midwife or doctor if the illness lasts more than three days
3. A mother who has a newborn with mild diarrhea should:
   A) breastfeed frequently
   B) stop breastfeeding until the diarrhea stops
   C) give oral rehydration solution by spoon after each breastfeed
   D) give the baby food (like bananas) that cause constipation
   E) go to the nurse, midwife or doctor if the illness lasts more than three days
4. To make a home-made oral rehydration solution (ORS), a mother needs:
   A) one teaspoon (two pinches) of salt
   B) orange juice
   C) vitamin A
   D) one liter of boiled and cooled water
   E) eight teaspoons (one handful) of sugar
5. A mother who has a newborn with a mild eye infection should:
   A) wipe the newborn's eyes with a clean cloth which has been wet with clean water
   B) put ashes around the eyes
   C) wash the newborn's eyes with soap and water
   D) do nothing but wait for the infection to go away
   E) go to the nurse, midwife or doctor if there is heavy discharge or pus
6. Special newborns who may need extra care include:
   A) babies who sleep a lot
   B) babies who are born early and/or weigh less than 2.5 kg. at birth
   C) babies with birth defects
   D) babies with birth marks
   E) babies of first-time mothers

Vocabulary List

Acute respiratory infection (ARI)– lung infection caused by a virus or bacteria; symptoms include cough, fever, and difficulty breathing

Birth defect– physical or mental problems a child is born with such as cleft lips, club feet, and mental retardation

Birthmark– a mark on the skin that a child is born with

Cleft palate– a split in the roof of the baby's mouth

Dehydration– a larger than normal loss of water and salts from the body

Diarrhea– frequent runny or liquid stools

Malnourished or Malnutrition– health problem caused by not eating enough of the foods that the body needs

Measles or Rubella– a severe viral infection, symptoms include rash, fever, difficulty breathing, diarrhea and dehydration

Night blindness– an eye disease caused from Vitamin A deficiency, the first symptom is difficulty seeing at night, but this can progress to cause permanent eye damage and blindness

Oral rehydration solution (ORS)– a solution of sugar, salt and water which is used to prevent and treat dehydration

Pneumonia– acute respiratory infection

Respiratory tract– the organs that are used for breathing: bronchioles, bronchi and lungs

Virus– a germ that causes an infection (viruses are different from bacteria, so antibiotic medicines like penicillin will not treat viruses)

Vitamin A– a vitamin in yellow vegetables, green leafy vegetables, eggs, liver, and fish which helps skin and other tissues heal and prevents blindness

Appendices

Appendix A

Checklist for Completing Self-Study Manual

This checklist is for you to use to use to follow your progress through the manual. The pretest and posttest scores are for your reference only. The scores will remind you what you learned well and what you need to review.

Checklist: (Place an X in the box next to each unit after you finish it.)

Unit 1. Community Assessment

_____ Pretest score

_____ Posttest score

Unit 2. Postpartum Assessment and Care

_____ Pretest score

_____ Posttest score

Unit 3. Nutrition and Breastfeeding

_____ Pretest score

_____ Posttest score

Unit 4. Postpartum Blues and Postpartum Depression

_____ Pretest score

_____ Posttest score

Unit 5. Postpartum Family Planning

_____ Pretest score

_____ Posttest score

Unit 6. Postabortion Care

_____ Pretest score

_____ Posttest score

Unit 7. Newborn Assessment and Care

_____ Pretest score

_____ Posttest score

Unit 8. Management of Common Newborn Problems

_____ Pretest score

_____ Posttest score

Appendix B

Answers to Unit Pretests and Posttests

Unit 1
Community Assessment

Answers to these questions will be different in different communities. There are no correct answers.

Unit 2
Postpartum Assessment and Care

1. B, C, D, E
2. A, B, C, D, E
3. A, B, D, E
4. B, C, D, E
5. A, B, C, D, E

Unit 3
Nutrition and Breastfeeding

1. A, B, C, E
2. A, B, C, D, E
3. A, B, D
4. A, B, C, D
5. This will depend on what foods are available in the community.
6. This will depend on what foods are available in the community.
7. This will depend on what foods are available in the community.
8. This will depend on what foods are available in the community.

Unit 4
Postpartum Blues and Postpartum Depression

1. A, B, C
2. A, B, C, D
3. B, C, D
4. A, B, C

Unit 5
Family Planning

1. A, B, C, D, E
2. A, B, C
3. A, B, C, D
4. A, B, E
5. A, B, C, D, E

Unit 6
Postabortion Care

1. A, C, D
2. A, B, C
3. A, B, D
4. A, B, C, D
5. B, D
6. This will be different in different communities.
7. This will be different in different communities.

Unit 7
Newborn Assessment and Care

1. A, B, D
2. A, B, C
3. A, C, D
4. A, C, D
5. A, B
6. A, B, C, D

Unit 8
Management of Common Newborn Problems

1. B, C
2. A, B, C, E
3. A, C, E
4. A, D, E
5. A, E
6. A, B, C, D, E

Appendix C

Tips for Training TBAs and Evaluating Training

This appendix was developed to aid trainers and supervisors who intend to develop group trainings for TBAs and other community-level MCH workers. It is divided into three sub-sections, including: preparation for group training; 7 useful planning questions to ask when developing training; and conducting and evaluating group training. The following appendix contains a suggested timetable for training on the material presented in this manual.

1. Preparation for training

TBA and community MCH worker training about postpartum and newborn care often takes place in communities where there is not access to highly technical medical equipment, training manuals and/or models. You will be able to do a better job of training if you prepare ahead and have supplies to work with. This page lists basic supplies that are helpful to have during training. Some training programs also provide "safe delivery kits" for some community health workers, as well as certain methods of family planning (usually condoms and/or oral contraceptives). Preparation of these basic kits are described in other resources included in the reference list.

Basic training supplies

1. Flipchart and pens/pencils or a blackboard with chalk, masking tape and newsprint.
2. Posters or books with pictures of male and female reproductive systems and pictures of newborns.
3. Antiseptic, soap, water, and clean cloths for demonstrating personal hygiene for new mothers and women who have had abortions.
4. Samples of family planning methods (especially condoms and spermicide, IUDs and oral contraceptive pills).
5. A doll the size of a newborn, and soap, water, antiseptic and clean cloths to demonstrate bathing and cleaning the umbilical cord of newborns.
6. A one liter container, a teaspoon, sugar, salt and water to demonstrate making home-based oral rehydration solution.
7. A rectal thermometer for measuring newborn temperature (if used).
8. Referral cards and growth monitoring cards (if these are used in the TBA or community MCH worker's community). Some TBAs will be literate, and others need pictorial cards and graphs.
9. A newborn scale or measuring tape (if used) for growth monitoring.

Information trainers need to know about the community

It is vital to know what problems TBAs and community MCH workers typically see in their community, how they treat these problems and why. It is also useful to know what questions they typically have. Unit 1: Community Assessment describes ways of finding out about these issues.

Many of the units in this manual provide information about referring new mothers and newborns for medical care to a nurse, midwife or doctor. TBAs and community MCH workers need to know how, where, and when to refer. They need to know where family planning, immunization and growth monitoring services are available in their communities. They also

need to know what other helpful resources the community has. This includes day care centers or crèches, community centers, village health workers and other women who are experienced caring for newborns. Spend time learning this information before you begin training so that you can give your trainees accurate and useful information. If possible, invite other local health providers to meet the TBAs during training and to attend any ceremony at the end of training.

2. The Seven Planning Questions

The seven planning questions were developed by INTRAH staff as a planning aid for family planning programs. They are basic in planning any training program. The seven questions are included here as a reference for trainers. Think about and answer these questions before you begin to develop training in postpartum and newborn care. Use the resources in the reference list to find more information about planning and training. The complete 1992 INTRAH Appointment Calendar for Trainers which describes the use of the seven planning questions is included in the reference list.

The 7 Planning Questions

1. What is the problem or opportunity?
2. Who are the trainees?
3. What do I want the trainees to be able to do?
4. Where and for how long will training take place?
5. What training methods will I use?
6. What training materials do I need?
7. How will I know how effective the training was?

3. Conducting and Evaluating Group Training

Formal training of TBAs and other community MCH workers is an important, but difficult task. In some places, these workers function independently in their communities and may not be well connected to other health workers, the local health post, or the nearest hospital. TBAs and other community-level health workers may be used to their own ways of providing care and use a combination of modern and traditional practices. Sometimes these practices are helpful and sometimes they are harmful. Although all of these community-level providers want to help women and children, it is sometimes difficult for them to learn new information and to change their practices. This is especially true because most do not have much formal education and may not be literate.

A number of authors have written extensively about training and evaluating TBAs and other community MCH workers. For more information, refer to Appendix F.

Below are some basic tips on conducting and evaluating the training.

- **Identification and registration of TBAs and other community MCH workers**

  Village health committees and villagers should be involved in the planning stages of training. They can identify TBAs and other community MCH workers in the community and motivate them to take part in training. The name and location of each TBA and community MCH worker should be registered during the training in order to establish written records of everyone currently in the community. TBAs and other community health workers should be reassured that they will not be punished for unauthorized practices or identified to government sources for tax or licensing purposes.

- **Training TBAs and other community MCH workers**

  TBAs and MCH workers should be trained at a site that is as close as possible to their own communities, and at times which are convenient for them. It is important to remember that often TBAs and MCH workers are volunteering their time and do not get paid. They have other responsibilities like family and housework too. TBAs and community MCH workers should be asked what they want to learn about, and what they already know. Before planning the training, talk with TBAs and other community-level health workers about the women and children they currently care for. Discuss any illnesses or deaths of women or newborns they have cared for, and answer any questions.

  The information in this manual can be adapted and incorporated into most existing training curricula. It can be used as a refresher course for continuing education. It can also be used in one-on-one sessions between TBAs or MCH workers and their supervisors. A suggested timetable for a refresher course on postpartum and newborn care is included in Appendix D. Use active training methods with these audiences, including demonstrations, role plays and games. These techniques make it easier to remember important information.

- **Evaluating training**

  If you are conducting a group training, carry out evaluation throughout the training by asking questions at every session. You can assess whether the trainees understand content by discussing case stories together. Give feedback to your trainees whenever possible. If possible, make home visits with the TBAs and community MCH workers to observe how they counsel and support women.

  Some TBA and community MCH worker training programs include picture-based records to help TBAs and community MCH workers keep track of the mothers and newborns they care for. If your trainees already use a record, consider making postpartum care and newborn care part of it. If they do not use a record, consider designing one with them. Information about picture-based records is included in some of the materials in the resource list in Appendix F.

  A graduation ceremony provides a good opportunity for trainees to demonstrate their new skills to the community and recognition for their time and effort. It reinforces the importance of learning to care for women and children appropriately and safely. Recognize TBAs and community MCH workers who complete training by distributing certificates, safe delivery kits or other useful supplies. Invite local community members and other health providers to this ceremony if possible.

Appendix D

Suggested Timetable for Refresher Training

This is a suggested timetable for a five day refresher course in postpartum and newborn care. It can give trainers ideas about how to use the manual in a training for TBAs who are often not literate or have very limited skills in reading and writing. If your trainees are literate, you may use handouts in simple language with pictures to emphasize the most important information. If your trainees are not literate, you may make pictorial handouts which represent the problems they need to recognize and refer.

Limit short talks to 10 to 15 minutes so that trainees don't get tired of listening. Use participatory training methods whenever possible. These include: role plays, games, question and answers, stories, demonstration/return demonstration and small group discussions.

DAY ONE

TIME:	TOPIC:	METHOD:	MATERIALS:	ASSESSMENT:
9am	Registration and introductions	Make nametags; introduce	Newsprint, pens, postpartum/ newborn care self-study manual	
9:30am	Warm-up	Appropriate game or other activity for getting training started		
10am	Trainee expectations, logistics of the course	Discuss expectations, review logistics of course		
10:45am	TEA BREAK			
11am	**Unit 1.** Postpartum care in the trainee's community	In small groups, discuss answers to Interview Questions from Unit 1		Completed answers to questions
12:30pm	SNACKS/LUNCH		Provide nutritious, local foods!	
1:30pm	Community mapping	Draw map representing where women go for help in their community.	Sticks, stones or small rocks, leaves, etc. as needed to make "maps"	
2:30pm	Referrals	Visit to or arrange visit from clinic or hospital. Discuss referrals in the community.	Referral cards (if used)	
3:30pm	Wrap-up	Discussion about trainees' reactions to the day's activities; give homework assignment	**HOMEWORK:** Bring a local food that postpartum women eat or avoid eating	

DAY TWO

TIME:	TOPIC:	METHOD:	MATERIALS:	ASSESSMENT:
9am	Warm-up	Appropriate game or other activity	newsprint, pens/pencils	
9:15am	**Unit 2.** Postpartum assessment and care: normal changes in a woman's body	Short talk about normal changes; discussion about a typical postpartum home visit	pictures and simple checklist (designed by trainer)	participation and contribution to discussion
9:45am	The first time mother	Discuss, in small groups, what is special about first time mothers and their babies and how TBAs can help, including community resources	newsprint	participation and contribution to discussion
10:45am	TEA BREAK			
11am	Recommendations for returning to everyday life	Short talk; then discuss in large group traditional postpartum practices that are helpful, harmful and harmless.	Training Tip on traditional postpartum practices in Unit 2	
11:45am	Warning signs of serious postpartum problems	Discuss in large group, question/answer format	Distribute appropriate handouts	participation and contribution to discussion
12:30pm	SNACKS/LUNCH			
1:30pm	Women with postpartum problems	In small groups, read and answer Unit 2 case stories	Case stories from Unit 2	answers to case stories
2pm	**Unit 3.** Nutrition and breastfeeding	Short talk using foods displayed and other local foods	Local foods representing all basic food groups	
2:20pm	Food history	In small groups, review food histories	Format for food histories	completed food history
3pm	Postpartum nutrition	Trainees explain the foods they have brought	Local foods the TBAs have brought	
3:30pm	Mid-course evaluation	Review what trainees have learned, ask for feedback on the program/ facilities; then give homework assignment.	**HOMEWORK:** Come prepared to tell a story about a woman who was "sad" after delivery.	

DAY THREE

TIME:	TOPIC:	METHOD:	MATERIALS:	ASSESSMENT:
9am	Warm-up	Appropriate game or other activity		
	Breastfeeding	Short talk: Benefits of breastfeeding and common breastfeeding problems	pictures of breasts and breastfeeding infants, if available	
	Breastfeeding	Role play counseling women with breastfeeding problems	Stories about women with breastfeeding problems	participation in role plays
9:15am	**Unit 4.** Postpartum blues and depression	In small groups, tell story about a mother who was "sad" after delivery		shared stories
10am	Postpartum blues and depression	In large group, review stories in Unit 4 about postpartum blues and depression.		participation and contribution to case stories
10:45am	TEA BREAK			
11am	**Unit 5.** Family planning (FP) methods	Set up stations with 1 FP method at each; rotate, give short explanations.	Samples of FP supplies: (as available; use pictures and diagrams, if not)	
12noon	Role of trainees in FP	Short talk and discussion on role of TBAs in FP.		
12:30pm	SNACKS/LUNCH			
1:30pm	Postpartum FP counseling	Role plays: in small groups, each TBA role play FP counseling	Descriptions of roles in Unit 5; sample FP methods	counseling skills, correct information given in role plays
3:30pm	Wrap-up	Discussion about trainees' reactions to the day's activities; give homework assignment	**HOMEWORK:** Have trainees bring what they use to weigh and measure babies (if anything)	

DAY FOUR

TIME:	TOPIC:	METHOD:	MATERIALS:	ASSESSMENT:
9am	Warm-up	Appropriate game or other activity		
9:15am	**Unit 6.** Abortion in the community	Large group discussion: use questions from Unit 6		participation in the discussion
10:15am	Postabortion care	Short talk: General postabortion care		
10:45am	TEA BREAK			
11am	Warning signs of postabortion problems	Discuss in a large group. Use question/ answer format.	Distribute handouts of warning signs if TBAs are literate, use pictures if not literate.	correct identification of warning signs of postabortion problems
12:30pm	SNACKS/LUNCH			
1:30pm	**Unit 7.** Information about newborn care	Short talk: information about newborn care and assessment		
2pm	Assessing and caring for a newborn	Demonstrate steps. Practice in small groups.	Scale, measuring tapes, thermometer, water, soap, antiseptic, doll/ newborn	correct performance of steps, counseling topics
3pm	Warning signs of serious newborn problems	Discuss in a large group, question/ answer format	Distribute appropriate handouts of warning signs	correct identification of warning signs
3:30pm	Wrap-up	Discussion about trainees' reactions to the day's activities; give homework assignment	**HOMEWORK:** Come prepared to share examples of newborn illnesses they have seen	

DAY FIVE

TIME:	TOPIC:	METHOD:	MATERIALS:	ASSESSMENT:
9am	Warm-up	Appropriate game or other activity		
9:15am	**Unit 8.** Common newborn health problems	Short talk and discussion of common newborn illnesses	Samples of local Vitamin A rich foods	
9:45am	Home based oral rehydration (OR) solution	Demonstration, practice making OR solution	one liter container, water salt, sugar, teaspoon	correctly mixing OR solution
10:15am	Symptoms of serious newborn illness	Discuss in a large group, question/ answer format	Distribute appropriate handouts of symptoms of serious newborn illness	correct identification of symptoms
10:45am	TEA BREAK			
11am	Special newborns	Short talk and discussion		
11:30am	Stories about special newborns	Small group discussions of case stories	Case stories of special newborns in Unit 8	answers to case stories
12:30pm	SNACKS/LUNCH			
1:30pm	Closing discussion of postpartum and newborn care	Review what has been discussed, learned? How will it be applied?		
2:30pm	End of course evaluation	Ask for suggestions, plan further training, follow-up		
3pm	Closing ceremony	Invite village health committee, etc. Present certificates	course certificates, other (safe delivery kits, condoms, etc.), if available	

Appendix E

Vocabulary

Abortion– the removal of the fetus from the uterus before the fetus is viable; this usually means an induced abortion

Abscess– a sac of pus caused by infection

Abstinence or abstaining (from sexual intercourse)– not having any sexual intercourse

Acquired immune deficiency syndrome (AIDS)– a progressive disease caused by a virus, usually transmitted sexually, in contaminated blood, or from mother to fetus or infant

Acute respiratory infection (ARI)– lung infection caused by a virus or bacteria; symptoms include cough, fever, and difficulty breathing

Amenorrhea– absence of menses or monthly period

Anemia– a disease in which the blood gets thin because of a lack of red blood cells and iron/folate

Antibiotics– medicine that fights infections caused by bacteria

Antibodies– natural substances in blood and breastmilk that help fight infection

Antiseptic– a soap or cleaning liquid that prevents the growth of bacteria

Areola– the darkened area around the mother's nipple; breastfeeding babies suck on the areola and nipple

Assessment– the process of making observations and measurements in order to make judgments based on the results of these measures

Bacteria– tiny germs that can only be seen with a microscope and that cause many different infections; antibiotics like penicillin may be used to treat them

BCG vaccine– vaccination to prevent tuberculosis; BCG stands for bacillus Calmette–Guerin

Birth defect– physical or mental problems a child is born with such as cleft lips, club feet, and mental retardation

Birthmark– a mark on the skin that a child is born with

Cervical cap– a small, round piece of rubber which fits over the cervix and is used during intercourse to prevent sperm from entering the uterus

Cervix– the opening of the uterus at the back of the vagina

Cesarean section– an operation to remove the baby through an incision in the abdominal wall and uterus of a woman

Childspacing– practicing a planned amount of time between pregnancies (usually 2 years)

Cleft palate– a split in the roof of the baby's mouth

Clitoris– the tiny sensitive female genital organ which helps women feel sexual pleasure

Colostrum– the first milk a mother's breasts produce; it looks watery but is rich in protein and protective substances to prevent infection in newborns

Combined injectable contraceptives (CICs)– injections containing the hormones estrogen and progesterone that prevent pregnancy for one month

Combined oral contraceptive pills (COCs)– birth control pills that contain both estrogen and progesterone and prevent pregnancy by stopping ovulation

Communicable– infections that can be spread from one person to another

Condom– a latex sheath that covers the man's penis to prevent sperm from entering the vagina; also prevents the spread of sexually transmitted infections (STIs) and AIDS

Confusion– state of being mixed up or unclear in the mind and thinking

Conjunctiva– the white part of the eye and underside of the eyelids

Contraceptive method or Contraception– any method used to prevent or space pregnancies; family planning methods

Crèche– a day care center for children

Dehydration– a larger than normal loss of water and salts from the body

Depo-Provera®– a injection of a progesterone hormone that can be given to women and that prevents pregnancy for three months

Diaphragm– a round piece of rubber which fits into the vagina and prevents sperm from entering the uterus

Diarrhea– frequent runny or liquid stools

Dilation and curettage (D and C) or Suction completion– an operation of cleaning out the uterus after an abortion or miscarriage. The walls of the uterus are scraped with special instruments to remove the tissue.

Distended– swollen and hard

Douche– a stream of liquid directed into the vagina for cleaning purposes

DPT vaccine– vaccination to prevent diphtheria, pertussis (whooping cough) and tetanus

Engorgement– a condition in which the breasts become hard, swollen and painful from being too full of milk; sometimes occurs during the first days and weeks postpartum

Episiotomy– a cut made in the perineum when the baby's head is crowning; when necessary, it may make delivery easier and avoid tearing of the perineum

Expulsion– coming out without being purposely taken out

Family planning method– any method used to prevent, space, or time pregnancy; contraceptive method

Family planning– choosing when to have a pregnancy and the number of children the woman and her partner want to have

Female genital mutilation or Female circumcision– the traditional practice, among some cultural groups, of cutting off some parts of a girl's or woman's external genitals, including sometimes the sensitive clitoris, labia minora and labia majora

Fistula– an abnormal opening between the bladder or rectum and the uterus or vagina resulting from an injury during delivery and causing urine or stool to leak through the vagina

Folate or Folic Acid– a nutritious substance in leafy green vegetables which prevents anemia; also contained in tablets

Fontanelle– the soft spot on the top of a young baby's head

Genitals– the organs of the reproductive system

Growth monitoring– measurement of the height and weight of children to check growth and nutrition

Hormone– chemicals made in parts of the body to do a special job, like estrogen and progesterone which regulate a woman's period

Human immunodeficiency virus (HIV)– the virus that causes AIDS

Immunizations– medicines that give protection against specific diseases, usually given by injection (except oral polio vaccine); also called vaccinations

Intrauterine device (IUD)– a small piece of copper or plastic which is inserted into the uterus by a doctor or nurse and prevents pregnancy by stopping the egg from implanting in the uterus

Iron– mineral in leafy green vegetables and red meat that prevents anemia; also contained in tablets

Lactational Amenorrhea Method (LAM)– intentionally using breastfeeding for a contraceptive effect; this is described in Unit 5

Lochia– the discharge from the vagina of mucous, blood and debris following childbirth

Malnourished or Malnutrition– health problem caused by not eating enough of the foods that the body needs

Manual Vacuum Aspiration (MVA)– an operation for cleaning out the uterus after an abortion or miscarriage. The tissue in the uterus is sucked out with special instruments.

Mastitis– an infection of the breast, usually in the first weeks or months after delivering a baby. It causes swelling, pain and redness.

Measles or Rubella– a severe viral infection, symptoms include rash, fever, difficulty breathing, diarrhea and dehydration

Menses– monthly bleeding or period in women

Minerals– simple metals or other things that the body needs, such as iron, calcium and iodine

Miscarriage– the death of the developing fetus in the uterus and the expulsion of the fetus, blood, and placenta; also called spontaneous abortion

Natural family planning– avoiding intercourse during the time when a woman is most fertile (during ovulation approximately 10 to 14 days before the menses)

Neglect– not giving enough attention or not taking care of properly

Night blindness– an eye disease caused from Vitamin A deficiency, the first symptom is difficulty seeing at night, but this can progress to cause permanent eye damage and blindness

NORPLANT® Implants– small rubber tubes containing a progesterone hormone which are inserted under the skin of a woman's arm by a doctor or nurse and prevent pregnancy for up to five years

OPV vaccine– drops given by mouth to prevent polio; OPV stands for oral polio vaccine

Oral contraceptive pills– pills taken by mouth that contain a hormone that prevents pregnancy

Oral rehydration solution (ORS)– a solution of sugar, salt and water which is used to prevent and treat dehydration

Ovulation– the release of an egg from the ovary into the uterus in a woman; this usually happens monthly approximately one week before the period. A woman is fertile at this time.

Penis– the external male organ of intercourse and urination

Perforation– a hole or break in the wall of the uterus

Perinatal period– time period from the 28th week of pregnancy until seven days after delivery.

Perineum or Perineal tissues– the pelvic floor, the area between the vaginal opening and the anus in females

Pessary– a round ring of rubber used to support a prolapsed uterus inside the vagina; must be fitted by a trained provider

Placenta– the dark and spongy lining inside the uterus that provides nourishment for the developing fetus through the umbilical cord; detaches from the uterus after delivery

Pneumonia– acute respiratory infection

Polio or poliomyelitis– a viral infection which is initially similar to a cold but which sometimes causes long-term weakness and paralysis of the limbs

Postpartum– time period after the delivery of the placenta until four to eight weeks after birth (42 days, or six weeks, is often used). The “perinatal period” is the time period from the 28th week of pregnancy until seven days after delivery. The perinatal period is a time of maternal morbidity and mortality; however, the focus of this manual is the postpartum period.

Postpartum blues– mild symptoms of sadness and fatigue that are common after childbirth and resolve within the first few weeks

Postpartum depression– severe symptoms of sadness after childbirth that interfere with a new mother's ability to eat, sleep and care for herself and her newborn; these women need to be referred for medical care

Prenatal– during pregnancy, before delivery

Progestin-only pills (POPs)– birth control pills which contain only progesterone and prevent pregnancy by inhibiting ovulation and stopping the egg from implanting in the uterus

Prolapse– (see Uterine prolapse)

Respiratory tract– the organs that are used for breathing: bronchioles, bronchi and lungs

Rickets– disease caused from lack of Vitamin D which results in softening of the bones

Scrotum– the skin-covered pouch between the legs in the male that contains the testes

Seizure– a sudden attack of "fits" or shaking of the limbs, usually with a loss of consciousness

Sepsis– a serious infection that has spread into the blood

Sexual intercourse or Coitus– sexual union between individuals of the opposite sex

Sexually transmitted infections (STIs)– infections spread by sexual contact

Shock– a dangerous condition of severe low blood pressure and/or infection, caused by hemorrhage, injury, infection or dehydration

Sperm– the male cells which are released during intercourse and can unite with an egg in a woman's uterus to form a pregnancy

Spermicide– a chemical contained in creams, suppositories, foam or jellies to destroy the sperm, used during intercourse with condoms, diaphragms and cervical caps to prevent pregnancy

Spontaneous abortion– miscarriage

Tetanus– an infection caused by bacteria which enters the body through a wound or the umbilical cord and causes stiffness, seizures and difficulty eating due to lockjaw

Thermometer– an instrument used to measure how hot a person's body temperature is

Toxemia or Eclampsia or Pregnancy Induced Hypertension– convulsions and coma, occurring in a pregnant or postpartum woman, associated with high blood pressure, edema and protein in the urine

Tubal ligation or Tubectomy– method of voluntary surgical contraception (VSC) for women, operation by which the tubes between the ovaries and the uterus are cut so that the eggs cannot get into the uterus

Tuberculosis– a serious and communicable infection of the lungs. It causes fever, coughing, poor appetite and loss of weight, and it can spread to the bones, skin and other organs.

Umbilical cord– the cord that connects a baby from its navel to the placenta on the inside of its mother's womb, stump left after the cord is cut after delivery

Urination or Urine– the body's waste water

Uterine prolapse– a condition in which the uterus comes partially outside the vulva, caused by weakened pelvic floor muscles (sometimes due to having many babies or very difficult labors)

Uterus– the womb, a hollow and muscular organ in the female pelvis which holds the growing fetus

Vaccinations– immunizations

Vagina– the genital cavity in the female which extends from the cervix to the vulva

Vasectomy– method of voluntary surgical contraception (VSC) for men, operation by which the tubes that carry sperm are cut so that sperm is not released during intercourse

Virus– a germ that causes an infection (viruses are different from bacteria, so antibiotic medicines like penicillin will not treat viruses)

Vitamin A– a vitamin in yellow vegetables, green leafy vegetables, eggs, liver, and fish which helps skin and other tissues heal and prevents blindness

Vitamins– protective foods that the body needs to work properly and prevent illness

Voluntary surgical contraception (VSC)– the permanent family planning methods of tubal ligation (for women) and vasectomy (for men)

Vulva– the skin folds protecting the opening of the vagina; the vulva includes the clitoris

Whooping cough– an infection which causes a bad cough and difficulty breathing, also known as Pertussis

Many of the definitions in this vocabulary list were adapted from the following sources:

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Appendix F

Training Resources

Training Curricula for Traditional Birth Attendants and MCH Workers

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Organizations to Contact for Additional Training Materials and Resources

Alan Guttmacher Institute
120 Wall Street
New York, NY 10005 USA
info@agi-usa.org
http://www.agi-usa.org/

American College of Nurse Midwives
1522 K Street NW, Suite 100
Washington DC 20005 USA
info@acnm.org
http://www.acmn.org

Healthlink Worldwide
(formerly Appropriate Health Resources and Technologies Action Group (AHRTAG))
1 London Bridge Street
London SE1 9SG
United Kingdom
publications@healthlink.org.uk
http://www.artag.org

Centre for International Child Health (CICH)
Institute of Child Health
30 Guilford Street
London WC1N 1EH
United Kingdom
mgreen@ ich.ucl.ac.uk
http://cich.ich.ucl.ac.uk/

Child to Child Trust
Institute of Education
20 Bedford Way
London WC1H OAL
United Kingdom

Global Health Action (GHA)
PO Box 15086
Atlanta GA 30333 USA
global_health_action@ecunet.org`
http://www.globalhealthaction.org

The Hesperian Foundation
PO Box 1692
Palo Alto CA 94302 USA
bookorders@hesperian.org
http://www.hesperian.org/

Intermediate Technology Publications
Unit 25, Longmead
Shaftesbury, Dorset
SP7 8PL
United Kingdom
itpubs@itpubs.org.uk
http://www.oneworld.org/itdg/publications.html

INTRAH
(Program for International Training in Health)
The University of North Carolina at Chapel Hill
1700 Airport Road, Campus Box #8100
Chapel Hill NC 27514 USA
intrah@intrah.org
http://intrah.org

Ipas
303 E. Main St.
PO Box 100
Carrboro NC 27510 USA
info@ipas.org
http://www.ipas.org

MAP International
PO Box 215000
Brunswick GA 31520-5000 USA
mapus@map.org
http://www.map.org

MotherCare
John Snow, Inc.
1616 N. Ft. Myer Drive, 11th Floor
Arlington VA 22209 USA
mothercare_project@jsi.com
http://www.jsi.com/intl/mothercare/home.htm

Prevention of Maternal Mortality Program
Center for Population and Family Health
Columbia University
60 Haven Avenue, Level B-3
New York, NY 10032 USA
cpfh@columbia.edu
http://cpmcnet.columbia.edu/dept/sph/popfam/pmm.html

Program for Appropriate Technology in Health (PATH)
4 Nickerson Street
Seattle WA 98109-1699 USA
info@path.org
http://www.path.org/

Safe Motherhood Initiative
An Inter-Agency Group
c/o Family Care International 588 Broadway, Suite 503 New York, NY 10012
info@safemotherhood.org
http://www.safemotherhood.org/

Save the Children
17 Grove Lane
London SE5 8RD
United Kingdom
publications@scflondon.ccmail.compuserve.com
http://www.oneworld.org/scf/

Teaching Aids at Low Cost (TALC)
PO Box 49
St Albans Herts AL1 4 AX
United Kingdom

Tearfund
100 Church Road
Teddington, Middlesex
TW11 8QE
United Kingdom
enquiry@tearfund.dircon.co.uk
http://www.tearfund.org.uk/index.html

Unit for International Child Health
Department of Pediatrics
University Hospital
S-715 85 Uppsala, Sweden
Kristine.Eklund@ich.uu.se
http://www.ich.uu.se/

World Health Organization (WHO)
Maternal and Newborn Health / Safe Motherhood Programme
Division of Reproductive Health
Technical Support) (RHT)
1211 Geneva 27, Switzerland
safemotherhood@who.ch or lamberts@who.ch
http://www.who.int/rht/msm/index.html

Appendix G

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Appendix H

Feedback Questionnaire

Your answers will provide helpful information about who is using this manual and how useful it is. This questionnaire is not a test of you; it is a test of the manual. Please complete the questionnaire when you have finished the entire manual. Mail it to:

The PRIME Project
INTRAH (Publications Program)
1700 Airport Road, Campus Box #8100
Chapel Hill, North Carolina 27599-8100 USA

1. What is your age? _____
2. How many years of formal education have you had? _____
3. What is your occupation? _____

Describe how you are involved, or will be involved in TBA and/or community MCH worker training (e.g., number of trainees; training content; training location, etc.).

_____
_____
_____

4. Please comment on what you liked about the manual.

_____
_____
_____

5. Please comment on what you did not like about the manual:

_____
_____
_____

6. Was there any information that you disagreed with or did not understand? Please describe:

_____
_____
_____

7. Is there any information that needs to be added or taken out? Please list.

_____
_____
_____

8. How can the manual be improved? Please describe:

_____
_____
_____

9. Other comments.

_____

Thank you for completing this questionnaire. The information you provide will be used to revise and improve this manual.

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