Community Maternal and Newborn Health
And Mothers Nutrition

Trainer’s Manual
Maternal and Newborn Health in Ethiopia Partnership

Each year in Ethiopia, an estimated 22,000 women die from causes related to childbirth and 100,000 newborns die. Most of these deaths occur at home, due to lack of basic health care. The Health Sector Development Plan of Ethiopia and its key strategy the Health Extension Program, aim to address this shortcoming. The government’s policies are supportive of safe motherhood and newborn survival, and much has been accomplished in the past eight years to ensure that Health Extension Workers and health posts are in place in the rural areas of the country. Yet, an opportunity exists to collaborate with the Ministry of Health to further enable the Health Extension Program reliably address the needs of mothers and newborns during the time when they are most vulnerable.

The Maternal and Newborn Health in Ethiopia Partnership was a three-and-a-half year initiative (2009-2013) funded by Bill and Melinda Gates Foundation to demonstrate a community-oriented model for improving maternal and newborn health care in rural Ethiopia and to prepare for acceptance by the Ministry of Health for use nationwide. Under the leadership of the Ministry of Health, the initiative was led by Emory University, in collaboration with John Snow Research and Training Inc., University Research Co. LLC and Addis Ababa University. It was being implemented in three districts in Amhara and three districts in Oromia regions. The Maternal and Newborn Health Partnership will be expanded to the Afar region during 2012-2016, through a collaboration among the Afar Regional Health Bureau, Micronutrient Initiative and Emory University. This expansion is made possible through a grant from Canadian International Development Agency to Micronutrient Initiative.

The Maternal and Newborn Health Partnership initiative includes a package of proven essential care practices that can help to prevent maternal and newborn death and disability, such as maternal nutrition and antenatal care, clean delivery and essential care in the immediate and early postnatal period. Health extension and other frontline health workers, such as community health volunteers and traditional birth attendants, implement the package with women and their families using a structured, participatory approach that respects and builds on local knowledge and skills through discussion, demonstration, negotiation and practice. Together, they work towards safe practices that are culturally acceptable and likely to be used when needed.

To ensure the package of care reaches all women and newborns, in time, every time, the initiative incorporates a collaborative improvement approach that helps frontline workers and community members learn to identify any barriers that may prevent women and newborns from obtaining care, to develop and try possible solutions to these problems, and to know if their solutions are working. Examples of barriers to care for those in need include difficulties identifying women who are pregnant, getting them involved in antenatal care, learning when a pregnant woman begins labor and gives birth, ensuring a reliable supply of life saving medications, and transportation needed to reach a health facility in an emergency. The frontline workers and community members meet on a regular basis to share lessons and successful solutions to overcoming barriers, beginning the local acceptance of the lessons learned and successful solutions.

The initiative also aims to improve abilities of district health system managers at each level—hospital, health center, health post, woreda health office-- to advocate for, work with, and support frontline workers. A successful community-oriented model is a district health system that is capable of and committed to addressing the needs of childbearing women and their families, and has the ability to find and share solutions, creating environments for frontline workers to meet these needs. More broadly, this district health system will be able to tackle other critical challenges in health service delivery.

It is with acknowledgement and appreciation that the American College of Nurse-Midwives is recognized as a leader in reaching every mother with their Life Saving Skills series for facility and home based care. In particular, the Home Based Life Saving Skills, 2nd edition* curriculum and process of which generous permission was given to adapt and use for this Community Maternal and Newborn Health and Mothers Nutrition (CMNH) manual.

Community Maternal and Newborn Health
And Mothers Nutrition

Trainer’s Manual

A publication of the Maternal and Newborn Health in Ethiopia Partnership
MaNHEP AFAR

Updated May 2013
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OTHER MATERIALS FOR CMNH TRAINING†

- **Take Action Card Booklet.** The Take Action Card booklet has many take action cards and is a reference for use at home and in the community. On the front side there is a large drawing of a problem / danger sign and on the back side there are six drawings of actions which respond to the problem on the front side of the card. The drawings are to remind us of what we learned.

- **Family Health Card ‡** Health workers give the Family Health Card to all the families so that they can practice each of the actions which will ensure a healthy life style. It enables parents to recognize useful health actions, enables pregnant mothers to take care of themselves and their children’s health and to keep track of children’s growth.

- **Large Picture Cards.** Picture cards are an important training resource for helping people learn when they do not read or do not read very well. Picture cards are used in each community meeting. The picture cards are 8” X 10” drawings showing the problems and the actions discussed during training. These picture cards are usually printed and laminated or printed on card stock or other sturdy paper. The drawings are the same as on the take action card.

- **Pre Post Test.** The test is usually two or three selected skills used to evaluate the trainers at the beginning, at the end, and in one year following their training. The test is organized as a checklist and the same paper is used for all three evaluations. The results are shared with the trainers as participatory discussion.

- **CMNH and Mothers Nutrition Manual:** This manual is made up of community meetings. The meetings cover the most dangerous time for the woman and her baby. The meetings are presented in the same way each time to help the participants to become familiar with the process and know what to expect. This approach is particularly important for learners who do not read or do not read well. The woman and her family team are the focus at the health post or in the home. The FHC and TAC are used with discussions and role plays on topics listed in the table of contents.

- **Guide for Guide Team:** The Guide Team (GT)§ uses the guide to conduct family team meetings at the health post, in the community or in the home.

- **CMNH Key Messages:** A reference for community members on woman and baby problems and actions to save the lives of women and babies.

- **Integrated Refresher Training Manual for Health Extension Workers** is used to increase the knowledge, skills and competencies of health extension workers, community health promoters, model families, and households.

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† For other materials contact MaNHEP at Bole Tele Road, Reporter Building, Addis Ababa, Ethiopia. Phone: 116-62-99-46.


§ Guide Team may be CMNH trained SMS, HEWs, other health post staff, vCHW, or other community workers according to the needs of the area.

### FACILITATOR TRAINING

**Objectives**

1. To orient on the goal, content and approach of the CMNH and Mothers Nutrition program
2. To train on CMNH and Mothers Nutrition care with focus on skill components

### AGENDA

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
<th>DETAILS</th>
<th>RESPONSIBLE</th>
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</thead>
<tbody>
<tr>
<td><strong>DAY ONE</strong></td>
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<tr>
<td>8:30-8:45 A</td>
<td>Registration</td>
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<tr>
<td>8:45-9:00</td>
<td>Welcome / Introduction</td>
<td></td>
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<tr>
<td>9:00-9:45</td>
<td>CMNH and Mothers Nutrition Overview</td>
<td>- Overview in manual, topics</td>
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<tr>
<td></td>
<td>Goal, content, approach</td>
<td>- Using the training manual and family health card</td>
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<td></td>
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<td>- Understand purpose of family meetings</td>
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<tr>
<td>9:45-10:30</td>
<td>Setting the environment</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00-1:00</td>
<td>Pre-test (this amount of time is for 10 participants pretest on 2 topics)</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
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<tr>
<td>2:00-3:30</td>
<td>Community Meeting - Introduction for Communities</td>
<td>- Get to know each other</td>
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<td>- Demonstrate and discuss Road to Death, Road to Life</td>
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<td>- Agree how to work together</td>
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<tr>
<td>3:30-4:00</td>
<td>Tea Break</td>
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<tr>
<td>4:00-5:30</td>
<td>Community Meeting - Woman Danger Signs / Problems AND Woman Referral</td>
<td>- Introduce common problems for woman in FHC and TAC booklet</td>
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<td>- Preparation for referral</td>
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<td>- Demonstration of referral actions</td>
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<td>5:30</td>
<td>Close</td>
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<tr>
<td><strong>DAY TWO</strong></td>
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<tr>
<td>8:30-10:30</td>
<td>Continue as needed Community Meeting – Baby Danger Signs / Problems AND Baby Referral</td>
<td>- Introduce common problems for baby in FHC and TAC booklet</td>
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<td></td>
<td></td>
<td>- Preparation for referral</td>
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<td></td>
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<td>- Demonstration of referral actions</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00-1:00</td>
<td>Prevent problems during pregnancy: pregnancy care and mothers nutrition</td>
<td>- Review FHC key messages</td>
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<tr>
<td></td>
<td></td>
<td>- Introduce to pregnancy care and mothers nutrition</td>
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<td></td>
<td>- Demonstrate key actions</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
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<td>2:00-3:30</td>
<td>Continue above</td>
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<tr>
<td>3:30-4:00</td>
<td>Tea Break</td>
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<tr>
<td>4:00-5:30</td>
<td>Prevent problems before baby is born: birth preparation and mothers nutrition</td>
<td>- Review key message in FHC</td>
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<td></td>
<td></td>
<td>- Introduce how to prevent problems before baby is born</td>
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<td>- Demonstrate key actions</td>
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<td>5:30</td>
<td>Close</td>
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<tr>
<td><strong>DAY THREE</strong></td>
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<tr>
<td>8:30-10:30</td>
<td>Continue Before Baby is Born</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea Break</td>
<td></td>
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<tr>
<td>11:00-1:00</td>
<td>Community Meeting – After Baby is Born: First Actions</td>
<td>- Review FHC key messages</td>
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<td></td>
<td>- Introduce problems and how to prevent</td>
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<tr>
<td>TIME</td>
<td>ACTIVITIES</td>
<td>DETAILS</td>
<td>RESPONSIBLE</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
<td>- Demonstrate key actions</td>
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<tr>
<td>2:00-3:30</td>
<td>Continue above</td>
<td>- Continue above</td>
<td></td>
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<tr>
<td>3:30-4:00</td>
<td>Tea Break</td>
<td></td>
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<tr>
<td>4:00-5:30</td>
<td>Continue above</td>
<td>- Summary of first actions</td>
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<tr>
<td></td>
<td>TAC – Prevent Too Much Bleeding at All Births with Misoprostol</td>
<td>- Introduce Misoprostol</td>
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</tr>
<tr>
<td>5:30</td>
<td>Close</td>
<td>- Reading assignments</td>
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</table>

**DAY FOUR**

<table>
<thead>
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<th>ACTIVITIES</th>
<th>DETAILS</th>
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</thead>
<tbody>
<tr>
<td>8:30-10:30</td>
<td>Community Meeting – After Baby Is Born: Other Actions</td>
<td>- Introduce to problems in FHC and how to prevent them</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Demonstrate key actions</td>
<td></td>
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<tr>
<td>10:30-11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00-1:00</td>
<td>Continue above</td>
<td>- Continue</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
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<tr>
<td>2:00-3:30</td>
<td>Continue above</td>
<td>- Summarize the problems from FHC</td>
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<tr>
<td>3:30-4:00</td>
<td>Tea Break</td>
<td>- Summarize key actions</td>
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<tr>
<td>4:00-5:30</td>
<td>Community Meeting – Helping Baby Breathe (HBB)</td>
<td>- Review key problems in FHC</td>
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<td></td>
<td></td>
<td>- Introduce key elements of HBB</td>
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<tr>
<td>5:30</td>
<td>Close</td>
<td>- Reading assignments</td>
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</table>

**DAY FIVE**

<table>
<thead>
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<th>TIME</th>
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<th>DETAILS</th>
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<tbody>
<tr>
<td>8:30-10:30</td>
<td>Community Meeting – HBB</td>
<td>- Review key problems in FHC</td>
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<tr>
<td></td>
<td></td>
<td>- Demonstrate key actions</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00-1:00</td>
<td>Continue above</td>
<td>- Continue above</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
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<tr>
<td>2:00-3:30</td>
<td>Continue above</td>
<td>- Summary of actions</td>
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<tr>
<td>3:30-4:00</td>
<td>Tea Break</td>
<td></td>
<td></td>
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<tr>
<td>4:00-5:30</td>
<td>Community Meeting – Bleeding Too Much After Baby Is Born</td>
<td>- Review key problems in FHC</td>
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<td></td>
<td></td>
<td>- Introduce key causes</td>
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<td></td>
<td>- Discuss elements to help a woman with too much bleeding after baby is born</td>
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<tr>
<td>5:30</td>
<td>Close</td>
<td>- Reading assignments</td>
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</tbody>
</table>

**DAY SIX**

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
<th>DETAILS</th>
<th>RESPONSIBLE</th>
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<tbody>
<tr>
<td>8:30-10:30</td>
<td>Community Meeting – Bleeding Too Much After Baby Is Born</td>
<td>- Review key problems in FHC</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>- Demonstrate key actions</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00-12:00</td>
<td>Continue above if needed</td>
<td>- Continue</td>
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<tr>
<td>12:00 – 1:00</td>
<td>Summary and Demonstration</td>
<td>- Introduction to training cascade and schedules</td>
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<td>- Guide team discussion</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
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<tr>
<td>2:00-3:00</td>
<td>CMNH and Nutrition Family Meeting</td>
<td>- Using Guide for Guide Team</td>
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<td></td>
<td>- Discuss how to organize and conduct CMNH and Nutrition meetings</td>
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<td>3:00 – 3:30</td>
<td>Post Test</td>
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<td>3:30-4:00</td>
<td>Tea Break</td>
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<tr>
<td>4:00-5:30</td>
<td>Post test</td>
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<tr>
<td>5:30</td>
<td>Closing</td>
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## GENERIC CMNH TRAINING SCHEDULE

**Community Health Workers or Volunteers**

**AGENDA**

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
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<th>RESPONSIBLE</th>
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<tbody>
<tr>
<td><strong>DAY ONE</strong></td>
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<tr>
<td>8:30-8:45 A</td>
<td>Registration</td>
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<tr>
<td>8:45-9:00</td>
<td>Welcome / Introduction</td>
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<tr>
<td>9:00-9:45</td>
<td>CMNH Overview Goal, content, approach</td>
<td>• Overview in take action card (TAC), topics</td>
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<td></td>
<td></td>
<td>• Using TAC and family health card (FHC)</td>
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<td></td>
<td></td>
<td>• Understand purpose of family meetings</td>
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<tr>
<td>9:45-10:30</td>
<td>Setting the environment</td>
<td>Discuss schedule</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00-1:00P</td>
<td>Pre-test (this amount of time is for 10 participants pretest on 2 topics)</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
<td></td>
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<tr>
<td>2:00-3:30</td>
<td>Community Meeting - Introduction for Communities</td>
<td>• Get to know each other</td>
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<td>• Demonstrate and discuss Road to Death, Road to Life</td>
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<td>• Agree how to work together</td>
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<td>3:30-4:00</td>
<td>Tea Break</td>
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<tr>
<td>4:00-5:30</td>
<td>Community Meeting - Woman Danger Signs / Problems AND Woman Referral</td>
<td>• Introduce common problems for woman in FHC and TAC booklet</td>
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<td></td>
<td>• Preparation for referral</td>
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<td></td>
<td></td>
<td>• Demonstrate and practice of key actions</td>
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<td>5:30</td>
<td>Close</td>
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<td></td>
<td>• Assignments</td>
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<tr>
<td><strong>DAY TWO</strong></td>
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<td>8:30-10:30</td>
<td>Continue above</td>
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<tr>
<td></td>
<td>Community Meeting – Baby Danger Signs / Problems AND Baby Referral</td>
<td>• Introduce danger signs for baby in FHC and TAC booklet</td>
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<td></td>
<td></td>
<td>• Preparation for referral</td>
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<td></td>
<td>• Demonstrate and practice of key actions</td>
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<td>10:30-11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00-1:00</td>
<td>Prevent problems during pregnancy: pregnancy care and mothers nutrition</td>
<td>• Review FHC key messages</td>
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<td>• Introduce to pregnancy care and mothers nutrition</td>
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<td>• Demonstrate and practice key actions</td>
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<td>1:00-2:00</td>
<td>Lunch</td>
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<td>2:00-3:30</td>
<td>Continue above</td>
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<td>3:30-4:00</td>
<td>Tea Break</td>
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<tr>
<td>4:00-5:30</td>
<td>Prevent problems before baby is born: birth preparation and mothers nutrition</td>
<td>• Review key message in FHC</td>
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<td></td>
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<td>• Introduce how to prevent problems before baby is born</td>
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<td>• Demonstrate and practice key actions</td>
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<td>5:30</td>
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<td>• Assignments</td>
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<tr>
<td><strong>DAY THREE</strong></td>
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<tr>
<td>8:30-10:30</td>
<td>Continue Before Baby is Born</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea Break</td>
<td></td>
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<tr>
<td>11:00-1:00</td>
<td>Community Meeting – After Baby is Born: First Actions</td>
<td>• Review FHC key messages</td>
<td></td>
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<td></td>
<td></td>
<td>• Introduce how to prevent problems during birth</td>
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<td>• Demonstrate and practice key actions</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch</td>
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<td>2:00-3:30</td>
<td>Continue above</td>
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<tr>
<td>3:30-4:00</td>
<td>Tea Break</td>
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<tr>
<td>TIME</td>
<td>ACTIVITIES</td>
<td>DETAILS</td>
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</table>
| 4:00-5:30  | Continue above TAC – Prevent Too Much Bleeding at All Births with Misoprostol | • Summary of first actions  
• Introduce Misoprostol                                                   |                   |
| 5:30       | Close                                                                       | • Assignments                                                          |                   |
|            | **DAY FOUR**                                                                |                                                                        |                   |
| 8:30-10:30 | Community Meeting – After Baby Is Born: Other Actions  
• Introduce how to prevent problems after baby is born in FHC  
• Demonstrate and practice key actions |                                                                        |                   |
| 10:30-11:00| Tea Break                                                                   |                                                                        |                   |
| 11:00-1:00 | Continue above  
• Continue                                                                 |                                                                        |                   |
| 1:00-2:00  | Lunch                                                                       |                                                                        |                   |
| 2:00-3:30  | Continue above  
• Summarize the problems from FHC  
• Summarize key actions                                                   |                                                                        |                   |
| 3:30-4:00  | Tea Break                                                                   |                                                                        |                   |
| 4:00-5:30  | Community Meeting – Helping Baby Breathe (HBB)  
• Review key danger signs in FHC  
• Introduce key elements of HBB                                             |                                                                        |                   |
| 5:30       | Close                                                                       | • Assignments                                                          |                   |
|            | **DAY FIVE**                                                                |                                                                        |                   |
| 8:30-10:30 | Community Meeting – HBB  
• Review key danger signs in FHC  
• Demonstrate and practice key actions                                     |                                                                        |                   |
| 10:30-11:00| Tea Break                                                                   |                                                                        |                   |
| 11:00-1:00 | Continue above  
• Continue above                                                                 |                                                                        |                   |
| 1:00-2:00  | Lunch                                                                       |                                                                        |                   |
| 2:00-3:30  | Continue above  
• Summary of actions                                                                 |                                                                        |                   |
| 3:30-4:00  | Tea Break                                                                   |                                                                        |                   |
| 4:00-5:30  | Community Meeting – Bleeding Too Much After Baby Is Born  
• Review key danger signs in FHC  
• Discuss how to help a woman with too much bleeding after baby is born |                                                                        |                   |
| 5:30       | Close                                                                       | • Assignments                                                          |                   |
|            | **DAY SIX**                                                                 |                                                                        |                   |
| 8:30-10:30 | Community Meeting – Bleeding Too Much After Baby Is Born  
• Demonstrate and practice key actions  
• Summary of actions                                                       |                                                                        |                   |
| 10:30-11:00| Tea Break                                                                   |                                                                        |                   |
| 11:00-12:00| Continue above if needed  
Summary and Demonstration  
• Continue                                                                 |                                                                        |                   |
| 12:00 – 1:00| CMNH and Nutrition Family Meeting  
• Introduction to training cascade and schedules  
• Guide team discussion                                                   |                                                                        |                   |
| 1:00-2:00  | Lunch                                                                       |                                                                        |                   |
| 2:00-3:00  | CMNH and Nutrition Family Meeting  
• Use CMNH Guide for Guide Team  
• Discuss how to organize and conduct CMNH and Nutrition meetings |                                                                        |                   |
| 3:00 – 3:30| Post Test                                                                   |                                                                        |                   |
| 3:30-4:00  | Tea Break                                                                   |                                                                        |                   |
| 4:00-5:30  | Post test                                                                   |                                                                        |                   |
| 5:30       | Closing                                                                     |                                                                        |                   |
USING THE TRAINING MANUAL

Introduction

The curriculum is based on how adults learn.

- Everyone is learning. The participants and facilitators give and receive knowledge from each other’s experiences. This supports everyone’s learning.
- All people learn in different ways. Different teaching and learning methods of sharing information are used. This helps everyone “hear, see, do, and discover” as they learn. Each person can take in the information in a way that works best for them.

The meetings are written in a way to discuss areas that are sensitive and not always familiar. The meeting method helps everyone use experiences to see successes or need for improvement. Use of the method focuses on asking (rather than telling), listening (everyone’s experiences are important), and building agreement (may be more than one way for a solution). This approach may be called participatory facilitation. With this approach, the ability of the group to move toward solutions is developed.

The curriculum uses the following materials: the CMNH and Mothers Nutrition Trainers Manual, Family Health Card, Large Picture Cards, a Take Action Card booklet and other supplements. The curriculum is made up of community meetings. They are listed in the manual’s table of contents. The meetings use the same methodology. The exception is meeting 1, which is the foundation for the remaining meetings, but has a little different outline. Presenting the meetings in the same way each time allows the participants to become familiar with the process and know what to expect. With this foundation, the participants can think about the issues and compare them to their own experiences, learning and remembering the information. This is particularly important for learners who do not read or do not read well.

Community Meeting Method

The facilitator can provide a safe, secure, and welcoming learning environment by:

- Not being separated from participants by a desk, podium, or table.
- Sitting on the floor, if participants are seated on the floor.
- Encouraging group participation and ask all to sit in a circle. This puts the facilitator at the same level as participants and creates an environment of respect and equal learning.
- Thinking about how to speak and use body actions:
  - **Speak** in a clear, direct way using simple language so all participants can understand. Use the local language if possible. Technical words suggest superiority.
  - **Use body actions** to show an open and welcoming environment. These include smiling, greeting people, asking about local events, nodding one’s head, looking into the other’s eyes, and being aware of the participants’ comfort or discomfort. Humor often helps to make a more relaxed setting, and one-to-one contact makes each person feel welcome. Somebody actions may vary from culture to culture.
- Remembering that in all discussions:
  - Avoid telling people they are doing something wrong
  - Look for what is beneficial, help weigh the risks against the benefits
  - Respect beliefs and be sensitive in talking about customs
  - Work toward agreement
Step 1. Review the Previous Meeting. This step asks participants to share what they learned in the previous meeting and discuss what impact it had on them and their families.

Step 2. Ask What the Participant Knows. This step begins to build a connection between experiences, knowledge, and solutions. Participants are asked to share their experiences (practices and beliefs). This shows the facilitator’s respect and ability to listen. The facilitator’s role is not as the teacher or expert, but as a member of the group addressing a common issue. The facilitator starts by asking participants to find Family Health Card key messages about the topic. Participants are asked if they have ever seen or heard of the key messages. Using both “seen” and “heard” gives participants options to discuss what may be a painful experience. Allow all participants an opportunity to share, if they choose to share (this may make the meeting much longer but it is very important). Remember:

- Personal experiences with sickness or death can be blamed or thought to be someone’s “fault” or “cause of the outcome”.
- Using the word “heard” removes the fear or shame that can accompany such an event.
- A participant must be allowed to tell their entire story before the facilitator begins the series of questions below. Only interrupt if other participants become restless (suggest you would like to hear the rest of the story at break/lunch time).

Questions are always asked in the same order. This helps participants begin to understand the relationship between action, outcome and cause in their stories. The questions are:

- What did you see? (signs)
- What did you do? (action)
- What happened? (outcome)
- What can cause the problem? (cause)

Asking these questions helps evaluate the impact of the actions on the problem. While listening to the stories and asking the questions, the facilitator writes the responses to “actions” taken to be used later. These “actions” are used again in Step 4, to build a connection (bridge) of shared beliefs and actions between the community and the trained health worker. When the facilitator stays focused on the questions and the order in which they are asked, the discussion remains focused and directed.

Step 3. Share What the Trained Health Worker (THW) Knows. The facilitator reviews signs of the problem for the meeting topic that participants agreed upon in Family Health Card Key Messages for Mother and Baby Danger Signs. The THW actions are shared with a demonstration. This step works in two ways:

- Participants see actions done for a problem, things they may not know from their own experiences.
- Participants learn more about THWs and what they do.

The “What/Why Box” at the end of Step 3 allows facilitator and participants to think and find reasons for key actions in the demonstration. The facilitator makes a statement reminding participants about an action during the demonstration (listed in the “what” part of the box). Next, the facilitator starts a discussion, asking participants why action was done (listed in the “why” part of the box). This gives participants a chance to explain why from their experiences. It also shows the facilitator wants their ideas of why this action was done in the demonstration. Participants and facilitator explore why this action is helpful for the problem.
Step 4. Come to Agree on What to Do. This step has two parts. Participants and facilitator, 1) decide together on safe and acceptable actions to help a woman or baby who has a problem, and 2) participants learn to “read” the pictures representing the problem and actions.

Agreeing on action. The facilitator discusses actions that are the same and actions that are different which participants (in Step 2) and the THW (in Step 3) use to help a problem. Each meeting outlines this discussion for the facilitator. The facilitator and participants use this discussion to negotiate and come to agree on which actions to use for the problem.

Learning to read the large picture cards.†† The community meetings use pictures to teach agreed upon actions. There is a picture to remind us of each problem and pictures to remind us of the actions for each problem. These pictures are found in a separate packet, not in the trainers manual. Once all agree what to do for a problem, the facilitator and participants begin to review the picture. Show the picture for the problem and the pictures for the actions, or pass them around to the group. Participants need time to carefully look at each picture. While showing the picture the facilitator asks:

- Does this remind us of (the problem or action)
- What do we see that reminds us
- Can we agree that this reminds us

After all have seen a picture, the facilitator places the picture on a table or the ground so all can still see it. This helps reinforce the environment of a learning group rather than teacher and student. Remember, no drawing can ever perfectly show a problem or action in all countries and cultures. The picture is a way to “remind” us of the problem or action.

Step 5. Practice the Actions. This step has two parts.

- Participants learn to use the Family Health Card‡‡ and the Take Action Card booklet.§§ Facilitator shows each large picture card from Step 4 and asks participants to say what the picture is and to find the same picture in their Take Action Card booklet.
- Participants practice the actions agreed upon in Step 4. It is important that all participants have the opportunity to practice the demonstration and repeat the actions until they feel comfortable and are able to perform the actions. A group feeling of trust and coaching is very important. Ask participants to help each other using the Take Action Card as a reminder.

†† Large Picture Cards. See Other Materials page at the beginning of this manual to learn more about picture cards. Look at the sample below of the picture card for the danger sign / problem Bleeding Too Much After the Baby is Born.

‡‡ Family Health Card. See Other Materials page at the beginning of this manual to learn more about the Family Health Card. See sample cover above on this page.

§§ Take Action Card booklet. See Other Materials page at the beginning of this manual to learn more about Take Action Card booklet. See the sample below showing both sides of one take action card.
Step 6. How Will You Know the Actions Are Helpful? This step continues to strengthen the knowledge of participants by asking them to evaluate themselves and how they will know if what they are doing helps. Although the questions are simple, they begin to focus the community’s ability to evaluate their own actions. Do not hurry. Allow participants time to explore these questions so they can learn to continue this exploration on their own.

Step 7. What Can We Do to Prevent [the Problem]? The prevention aspect of this step is found only in Community Meetings that focus on problems. The facilitator and participants together discuss what was done to help the problem, what can be done about the problem, and what can cause the problem. Once the cause is identified, the discussion turns to ideas for preventing the problem.

Review. At the end of each meeting, a “remember” box is used by the facilitator to remind participants about messages to remember. It is important to remember that this is a summary. Next, the facilitator leads a discussion of the day’s meeting, asking for feedback. This again sets the tone for learning together and shows respect for the contributions that all participants made. Give all participants a chance to suggest ways to improve the meeting. Note their suggestions and use them in later meetings. Asking participants to evaluate the meeting helps improve their capacity for carefully thinking through the process and its results.
FIRST VISIT
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COMMUNITY MEETING: INTRODUCTION FOR COMMUNITIES

Information for the Facilitator***

Health is wealth, says an old proverb. No one likes to be sick. Yet women and their babies get sick and sometimes die during pregnancy and birth. There are many reasons why women and babies have a hard time being healthy. These reasons may include not having enough money, medical care, or education. Other reasons may include harmful beliefs and women's position in the family and community. Women and their families may not have good information about the causes of common sicknesses. They may not understand what they can do to stay healthy.

In this meeting, participants will learn about each other. They will learn about Community Maternal and Newborn Health (CMNH) and Mothers Nutrition and what to expect from the community meetings. They will share experiences of women and babies during pregnancy and birth. Sharing experiences will help participants agree on why women and babies get sick and die. When participants share an understanding of the causes, they can learn what they can do to stop women and babies from getting sick and dying.

This meeting has much important information. It is divided into two sections: 1) Welcome and Introductions and 2) Woman Discussion. Take plenty of time with each section. Remember to give breaks and give the participants time to talk and think about the information.

The ideal place to conduct this meeting is at the health post by health workers (SMS / HEW). If this is not possible, the Guide Team or other health worker may conduct this important meeting with a family team in their home or community.

Objectives

By the end of this first meeting, each participant and the facilitator will:

- Get to know each other.
- Understand the purpose of CMNH and Mothers Nutrition community meetings.
- Agree on how to work together in the CMNH and Mothers Nutrition community meetings.

*** A facilitator is someone who uses the CMNH and Nutrition manual to help a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.
Plan

<table>
<thead>
<tr>
<th>PREPARATION</th>
<th>RESOURCES</th>
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<tbody>
<tr>
<td><strong>How the facilitator prepares:</strong></td>
<td><strong>How the participants prepare:</strong></td>
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<tr>
<td>• Review meeting plan</td>
<td>• None</td>
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<td>• Get needed resources</td>
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<td>• Practice exercise</td>
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<td>• Practice telling stories</td>
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<tr>
<td>• Review picture cards:</td>
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<tr>
<td>Ragini’s Story: The Road to Death</td>
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<tr>
<td>Kamal’s Story: The Road to Life</td>
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<tr>
<td><strong>Location:</strong></td>
<td><strong>Time:</strong></td>
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<tr>
<td>• The community / health post</td>
<td>• Two hours</td>
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<td>• Be flexible and go at the pace of the participants</td>
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<td><strong>Get to Know You Exercise:</strong></td>
<td><strong>Other resources:</strong></td>
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<tr>
<td>• Small picture cards cut in half</td>
<td>• Picture cards: Ragini’s Story: The</td>
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<tr>
<td>• A basket</td>
<td>Road to Death; Kamal’s Story: The</td>
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<td></td>
<td>Road to Life</td>
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<td>• A list of referral services</td>
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ACTIVITIES

Step 1. Welcome and Introductions

First, welcome the participants and thank them for coming:1 Say: Today we will get to know a little about each other. Then we will talk about the CMNH and Mothers Nutrition community meetings: what they are, when we want to have them, and other questions.

Second, use the Get to Know You exercise. Say:

- Pick half of a picture from the basket.
- Look for a partner who has the other half of the picture.
- Sit with your partner. Find out your partner’s name and where they live. Together, partners may introduce each other and/or make a short story, poem, or song for all to enjoy.

Thank participants and continue.

Step 2. Ask What the Participants Know

First, say: Today we will talk about women who become sick and sometimes die during pregnancy, birth, or after birth.

Second, ask: Have you ever seen or heard about a woman during pregnancy, birth, or after birth who became sick or even died? If yes, would you like to tell us?

- What did you see? (signs)
- What did you or others do to help the woman? (action)
- What happened to the woman? (outcome)
- What can cause a woman to become sick or die? (cause)

Thank the participants for sharing their experiences and let them know that they can discuss this topic more in other meetings.

Third, say: During the community meetings we will use all of our experiences to talk about problems in a woman or a baby and how to prevent problems. We will share our experiences and come to agree on what to do when a woman or a baby has a problem. We will practice together what to do. We will discuss how to help the woman and the baby.
Step 3. Share What the Trained Health Worker Knows

First, say: I am going to tell you a story about Ragini. I am going to show you pictures as I tell the story. If you cannot see, please move around so you can see.

Second, tell Ragini’s Story: The Road to Death.

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<tr>
<th>Ragini’s Story: The Road to Death</th>
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Third, ask:

- What problems did Ragini have?
- Have you ever seen or heard about a woman with any of these problems?

Fourth, tell Kamal’s Story: The Road to Life.

<table>
<thead>
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<th>Kamal’s Story: The Road to Life</th>
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Fifth, ask:

- What happened to Kamal?
- What helped Kamal?
- Do you feel that some problems have no solution?
- Are there any other ideas in Kamal’s story you want to talk more about?

Sixth, say: Thank you for sharing. Bleeding during pregnancy is a serious problem. We will decide together in another meeting what we can do to help a woman who is bleeding during pregnancy.

**Step 4. Come to Agree on the Problems and Solutions**

First, say: We talked about some of the problems that caused Ragini to become sick and solutions to help Kamal live.

Second, ask:

- Which of Ragini’s problems of no money, no family planning, no trained health worker, no birth plan, and no knowledge of danger signs have we seen in our area?
- Has anyone seen other problems for women in our area?
- Which of the solutions that helped Kamal to live have we seen in our area?
- Are there other solutions that we have found in our area?

**Step 5. Community Maternal and Newborn Health and Mothers Nutrition**

First, share about CMNH and Mothers Nutrition. Say: CMNH and Mothers Nutrition is a series of meetings in the community where we come together to talk and learn from each other how to keep women and babies from dying.

The CMNH and Mothers Nutrition program is based on two beliefs. One belief is that each of us has experiences to share and that only together can we find solutions to problems. The other belief is that the heart of the program is the pregnant woman and her helpers. The helpers are the people who are closest to the woman and who help as she goes through pregnancy, birth, and after birth. The pregnant woman and this group of helpers are called the family team. The family team may include a birth attendant.³⁶

In each meeting, we will use these two important beliefs while we talk about problems of women and babies. When we understand all the problems, we can find solutions. Together, we will decide and agree what solutions and actions are the best ones to take. Then we will demonstrate and practice the actions.

Second, say: CMNH and Mothers Nutrition meetings are offered at Antenatal Clinics and sometimes in the community. It is important that everyone can attend the meetings during pregnancy, before the baby is born.

Third, hold up a Family Health Card and a Take Action Card booklet for the participants to see.

Say: During the meetings we will be using booklets called the Family Health Card and the Take Action Card booklet. These booklets have pictures to help us remember how to help a woman and baby.
Remind the participants:
- There are many stories like Ragini’s. Many of these women can be saved.
- We can all learn to help a woman and a baby with a problem.
- You can be part of the solution in your community.

Talk about Today’s Meeting

Ask:
- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make the next meeting as helpful as possible?

Use the note space at the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting:
- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare for the next meeting, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations. Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.
Notes for Community Meeting Introduction for Communities.

The references for this meeting can be found at the back of this book.

1. According to local ways, facilitators may introduce everyone by name, including themselves, or ask each person to say her/his name—something to make the meeting feel friendly and welcoming. Someone living at the place where the meeting is held may share details such as where to get drinking water, where the toilet is located, etc.

2. The trained health worker or provider may be a midwife, nurse, medical assistant, doctor, or anyone formally trained in health care.


Instructions for telling Ragini’s Story: The Road to Death:
- Ask participants to sit in a circle with room in the middle to lay down cards.
- Sit with the participants.
- Use the picture cards while you tell this story.
- Show each card separately in the correct order.
- Hold the picture card up, and show it to everyone while you tell about that card.
- Be sure everyone understands the idea shown on each card, then go to next card.
- When the group understands the picture, place the card on the ground to make a circle in the middle of the group.
- Repeat these steps with each card until all the cards are on the ground.
- After showing and telling the story, encourage discussion by asking the group: What are the problems Ragini is having? Ask “why” questions that help the group begin to think about the causes of the problem.

4. Instructions for telling Kamal’s Story: The Road to Life:
- Use the picture cards while you tell this story.
- Show each card separately in the correct order.
- Continue until all the cards are talked about.
- Point out that although we can stop many problems, we cannot stop the bleeding. Also, bleeding in pregnancy is unpredictable. Just like when we plant our fields and wait for rain, we cannot tell when the rain will come. Although we cannot predict bleeding, we can help if it happens. We can plan and go for help soon.

5. The family team is a group of people helping the pregnant woman and includes the pregnant woman, one or more family members, and a birth attendant. The birth attendant is anyone (trained or untrained) who gives care to a woman during pregnancy, labor, and birth, and/or after the birth.
COMMUNITY MEETING: REFERRAL

INFORMATION FOR THE FACILITATOR†††

Problems can happen to a woman or baby during pregnancy, at birth, or after the birth. The family and community members must get help right away. If they do not get help quickly, the woman and baby may get very sick and may even die. Some help can be given at home, but sometimes only a trained health worker can give the care that is needed. A woman or baby with a danger sign or problem may need to be taken outside the home to a trained health worker at a clinic or hospital. This is called a referral.

Participants must get ready for referral before a danger sign is noted or before a problem happens. They must know how to see and remember danger signs using the Family Health Card (FHC). They must know where to go for help and how long it will take. They must have a way to go, money to pay for transportation and care, and someone to give blood if needed. Each participant must know how to help a woman or baby during the referral.

In this meeting, participants will talk about danger signs and problems, how to get ready and what actions to take during referral. Participants will talk about why delay happens during a referral and how to prevent delays. Remember, every minute can make the difference between life and death.

This meeting has much important information. It is divided into two sections: 1) Woman Danger Signs / Problems and Woman Referral and 2) Baby Danger Signs / Problems and Baby Referral. Take plenty of time with these sections. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

By the end of this meeting, each participant will be able to:

• Tell how to use the Family Health Card and Take Action Card to note danger signs / problems.
• Tell how to get ready before a danger sign / problem happens.
• Tell and show what actions to take during a referral.
• Tell why delay happens and how to prevent delay.

††† A facilitator is someone who uses the CMNH and Nutrition manual to help a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.
## PLAN

### PREPARATION

<table>
<thead>
<tr>
<th>How the facilitator prepares:</th>
<th>How the participants prepare:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review meeting plan</td>
<td>• Learn the name, location, and distance of places for care of woman and baby problems</td>
</tr>
<tr>
<td>• Get needed resources</td>
<td>• Find ways to get to a referral place for care of woman and baby problems</td>
</tr>
<tr>
<td>• Practice demonstrations</td>
<td>• Bring experiences with and stories about referral for woman and baby problems</td>
</tr>
<tr>
<td>• Review Family Health Card, Take Action Card booklet and picture cards: Woman Referral, Baby Referral, Woman Danger Signs / Problems, Baby Danger Signs / Problems</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The community / Health Post</td>
<td>• Four hours: two meetings, each meeting is two hours long</td>
</tr>
<tr>
<td></td>
<td>• Be flexible and go at the pace of the participants</td>
</tr>
</tbody>
</table>

### RESOURCES

<table>
<thead>
<tr>
<th>Demonstration Woman Referral:</th>
<th>Demonstration Baby Referral:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• pretend money</td>
<td>• pretend money</td>
</tr>
<tr>
<td>• transportation</td>
<td>• transportation</td>
</tr>
<tr>
<td>• blanket</td>
<td>• blanket</td>
</tr>
<tr>
<td>• cup with liquids to drink</td>
<td>• plate of food and cup of liquids to drink for woman</td>
</tr>
<tr>
<td>• sugar</td>
<td></td>
</tr>
<tr>
<td>• salt</td>
<td></td>
</tr>
<tr>
<td>• spoon</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice making sugar and salt water:</th>
<th>Other resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• sugar</td>
<td>• A list of referral services</td>
</tr>
<tr>
<td>• salt</td>
<td>• Picture cards: Woman Referral, Baby Referral, Take Action Card booklet: Woman Referral, Baby Referral</td>
</tr>
<tr>
<td>• drinking water</td>
<td>• Family Health Card for Woman Danger Signs / Problems and Baby Danger Signs / Problems</td>
</tr>
<tr>
<td>• cup and spoon</td>
<td></td>
</tr>
</tbody>
</table>

| | |
ACTIVITIES

**Step 1. Review the Previous Meeting**

**Ask:**
- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

**Step 2. Ask What the Participants Know**

Have paper and a pencil/pen ready. Write all actions the participants say they do in the home to help a woman who needs to see a THW.

**First,** ask the participants to open the Family Health Card to key messages 7, 13, and 26. Ask a volunteer(s) to read the key messages (danger signs during pregnancy, labor and postnatal).

**Ask:**
- Have you ever heard about a woman who had any of these danger signs and needed to go to the hospital?
- Have you ever seen a woman who had any of these danger signs and needed to go to the hospital?

**Second, ask:**
- Has anyone ever seen a woman who needed to go to the THW? If yes, ask:
  - What did you see to make you know the woman was very sick? (signs)
  - What did you do to help the woman? (action)
  - What happened to the woman? (outcome)
  - What can make a woman need to go to the THW? (cause)

**Third,** ask participants for the names, locations, and distances of places that care for a woman with a problem.

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

**Step 3. Share What the Trained Health Worker Knows**

**First, say:** The trained health worker (THW) learns that a woman is too sick or may die during pregnancy, labor, or after the baby is born if she sees:
- Bleeding during pregnancy or too much bleeding after birth
- Fever and pain in the womb or breast or when passing urine
- Birth delay, when it takes too long for the baby to be born
- Severe headache with or without fits, blurry vision or swelling of hands and feet
- Other sickness such as a change in the smell or color of vaginal drainage or malaria
- Baby hand, foot, or cord comes first
Second, say: the THW learns to help a sick woman go to a health facility. This is called a referral. Ask volunteers to help you do the demonstration Referral of a Woman.

Third, do the demonstration.

<table>
<thead>
<tr>
<th>Demonstration: Referral of a Woman</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actors:</strong> Ask for volunteers to play Kamal, the husband, another family member, and the THW. The Facilitator plays the family member, Auntie Sue, who attended CMNH and Mothers Nutrition community meetings.</td>
</tr>
<tr>
<td><strong>Props:</strong> Pretend money, transportation, blanket, cup with liquids to drink, sugar, salt, spoon, Take Action Card booklet, Family Health Card</td>
</tr>
<tr>
<td><strong>Situation:</strong> Explain who the volunteers are pretending to be, and tell the situation to those watching. <strong>Say:</strong> I am Auntie Sue who attended CMNH and Mothers Nutrition community meetings. When I see my niece Kamal, who is three months pregnant, she looks very weak and sick. Kamal is rubbing her head and holding her belly. She cannot walk to the toilet by herself and feels too weak.</td>
</tr>
</tbody>
</table>

**Demonstration:**

1. As soon as she sees Kamal, **Auntie Sue calls for help**: Help us! Someone get the driver and transportation! Kamal looks very weak, as if she is going to faint!

2. A **family member** goes for transportation and Kamal's **husband** goes for money. They go to the referral place as soon as transportation is ready.

3. While waiting and on the way to the THW, **Auntie Sue**:
   - Helps Kamal lie down on her side.
   - Covers Kamal.
   - Prepares a cup of liquid with sugar and salt to drink and gives to Kamal.
   - Continues to give Kamal about one cup of the liquid every hour or more often if Kamal wants to drink during the trip to the referral place.

4. When they arrive at the THW's place, **Auntie Sue** goes straight to the THW just like she learned in the CMNH and Nutrition meetings. **She does not wait in line. She does not just sit and wait.** Kamal is very, very sick and needs help as soon as possible from people who know best about pregnant women.

5. **Auntie Sue tells** the THW: My niece is three months pregnant. She became very weak about five hours ago. She cannot even walk to the toilet alone. I have not seen any blood. I have given her one cup of water with sugar and salt every hour during the journey to this place.

6. The **THW** explains everything to the family and shows them where to wait. **Auntie Sue and the family** listen carefully to the THW instructions. **Auntie Sue and the family** do not leave in case they are needed for something.

After the demonstration, thank the volunteers and give them time to join the group.
Fourth, read each step in the box below and ask why it was taken.

<table>
<thead>
<tr>
<th>Demonstration: Referral of a Woman</th>
<th>What?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call for help.</td>
<td>Others will get transportation and money and decide what to do.</td>
<td></td>
</tr>
<tr>
<td>2. Have the woman lie down on her side.</td>
<td>The woman needs rest.⁷</td>
<td></td>
</tr>
<tr>
<td>3. Cover the woman with a blanket.</td>
<td>Keep the woman warm to prevent more sickness.⁸</td>
<td></td>
</tr>
<tr>
<td>4. Give the woman one cup of liquid with sugar and salt to drink every hour.⁹</td>
<td>Liquids with sugar and salt prevent dryness and weakness.</td>
<td></td>
</tr>
<tr>
<td>5. Go straight to the THW at the referral place. Do not wait in line.</td>
<td>The woman is very sick and may die. The referral THW will know how to help.</td>
<td></td>
</tr>
<tr>
<td>6. Tell the THW what happened and what was done. Listen to the THW’s instructions.</td>
<td>When the THW hears the problem she can help very quickly. The THW may need the family to get supplies, food, drinks, or people to give blood.</td>
<td></td>
</tr>
</tbody>
</table>

Fifth, ask:
- What new ideas have you seen here?
- Do you have any other ideas about going with a woman for a referral?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote what the participants say they do, from Step 2, to compare the participant actions and the actions done in the demonstration.

First, review from Step 2.
Say: You said earlier today that you do the following during the referral of a woman: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:
Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, say: This is really wonderful that we do some things the same way during the referral of a woman.

Third, with the participants, identify differences: Say which participant actions listed in Step 2 and actions done in the demonstration are different.

For each difference, ask:
- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] during a referral of a woman?
Fourth, reach agreement on the picture of woman problems. Open the Family Health Card, show the pictures for woman problems one at a time and ask:

- Does the picture remind us of a woman with a problem who needs referral?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman with a problem who needs referral?

Fifth, reach agreement on the action cards. Show the cards one at a time and ask:

- Does the picture remind us of what we agreed to do for a woman during referral?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us what we agreed to do during referral?
- Can we agree that we will share what we learned from the pictures with others?

Step 5. Practice the Actions

First, if the participants have not received a Family Health Care and a Take Action Card booklet, give booklets to each participant. Say: This booklet is for you to use. Use the section on Woman Referral to practice the actions and use the Family Health Card to remind you of problems and actions at home. These are the same pictures we have used.

- Open the Family Health Card to woman danger signs / problems and the Take Action Card booklet to Woman Referral.
- Look at the pictures for woman danger signs / problems. Look at the actions.
- Show the Family Health Card – Woman Danger Signs / Problems. Ask participants to say the Danger Sign / Problem and to find the same picture in the Family Health Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in CMNH and Mothers Nutrition. Ask other participants to use the Take Action Card to help the volunteers.

Practice:
- The demonstration Referral of a Woman.
- Make sugar and salt water.

Third, after the practice, ask:

- What did you see?
- What did the person(s) trained in CMNH and Mothers Nutrition?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, ask:

- How did you feel about the referral practice when you did it?
- How did you feel about making the sugar and salt water?
- If you or your family member is too sick and needs referral, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.
Baby Referral

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all actions the participants say they do in the home to help a baby who needs referral.

First, ask the participants to open the Family Health Card to key message 25.

Ask:
- Have you ever heard about a baby who had any of these danger signs and needed to go to the hospital?
- Have you ever seen a baby who had any of these danger signs and needed to go to the hospital?

Second, ask:
- Has anyone ever seen a baby who needed to go to the THW? If yes:
  - What did you see to make you know the baby was very sick? (signs)
  - What did you do to help the baby? (action)
  - What happened to the baby? (outcome)
  - What can make a baby need to go to the THW? (cause)

Third, ask participants for the names, locations, and distances of places that care for a baby with a problem.

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, say: The trained health worker (THW) learns that a baby is too sick or may die if she sees:
- Refuses to breastfeed, trouble sucking, or unable to suck
- Trouble breathing, gasping or breathing too fast
- Fits or convulsions, weak or unconscious
- Very high or low body temperature (hot or cold to touch)
- Cord stump (umbilical cord) bleeding, inflamed, or has pus
- Low birth weight or looks too small

Second, say: the THW learns to help a sick baby go to a health facility. This is called a referral. Ask volunteers to help you do the demonstration Referral of a Baby.
Third, do the demonstration.

**Demonstration: Referral of a Baby**

**Actors:** Ask for volunteers to play the mother of Kema, the father of Kema, another family member, and the THW. The Facilitator plays Auntie Sue, who attended CMNH and Mothers Nutrition community meetings.

**Props:** Pretend money, transportation, blanket, plate of food, cup with liquids to drink, Take Action Card booklet

**Situation:** Explain who the volunteers are pretending to be, and tell the situation to those watching. **Say:** I am Auntie Sue who attended CMNH and Mothers Nutrition community meetings. When I see my niece (the mother of Kema), she is holding Kema and looking very sad. It has been three days since Kema was born, and she sucks poorly. She is sleeping all of the time.

**Demonstration:**

1. As soon as she sees Kema, **Auntie Sue calls for help:** Help us! Someone get the driver and transportation! Kema looks very weak!

   A family member goes for transportation and Kema's father goes for money. They go to the referral place as soon as transportation is ready.

2. While waiting and on the way to the THW, **Auntie Sue**:
   - Helps Kema's mother hold Kema close to her body.
   - Covers Kema, including her head.
   - Encourages Kema to suck the breast about every hour. **Auntie Sue says:** If referral takes more than four hours and the baby is still not feeding well, we will express breast milk in a cup and offer this to Kema.¹¹
   - Gives Kema's mother something to eat and drink, and continues to offer her something to drink about every hour during the trip to the referral place.

3. When they arrive at the THW’s place, **Auntie Sue** goes straight to the THW just like she learned in the CMNH and Mothers Nutrition community meetings. **She does not wait in line. She does not just sit and wait.** Kema is very sick and needs help as soon as possible from people who know best about newborn babies.

4. **Auntie Sue tells** the THW: My niece is three days after delivery. Her baby is not able to suck her breast. I have tried to get the baby to take the breast but she cannot. I have given my niece one cup of fluids every hour during the journey to this place.

5. The **THW** explains everything to the family and shows them where to wait. **Auntie Sue and the family** listen carefully to the THW’s instructions. **Auntie Sue and the family** do not leave in case they are needed for something.

After the demonstration, thank the volunteers and give them time to join the group.
Fourth, read each step in the box below and ask why it was taken.

<table>
<thead>
<tr>
<th>Demonstration: Referral of a Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What?</strong></td>
</tr>
<tr>
<td>1. Call for help.</td>
</tr>
<tr>
<td>2. Hold the baby.</td>
</tr>
<tr>
<td>3. Cover the baby.</td>
</tr>
<tr>
<td>4. Give the baby breast milk every hour. Give the mother something to eat and drink.</td>
</tr>
<tr>
<td>5. Go straight to the THW at the referral place.</td>
</tr>
<tr>
<td>6. Tell the THW what happened and what was done. Listen to the THW's instructions.</td>
</tr>
</tbody>
</table>

Fifth, ask:
- What new ideas have you seen here?
- Do you have any other ideas about going with a baby for a referral?

**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote what the participants say they do, from Step 2, to compare the participant actions and the actions done in the demonstration.

First, review from Step 2.
Say: You said earlier today that you do the following during the referral of a baby: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:
Say which participant actions listed in Step 2 and the actions done in the demonstration are similar.

After saying the similar actions, say: This is really wonderful that we do some things the same way during the referral of a baby.
Third, with the participants, identify differences: Say which participant actions listed in Step 2 and actions done in the demonstration are different.

For each difference, ask:
• Why is [state action] taken?
• What happens when you take [stated action]?
• Is it acceptable to [stated action] in the home?
• Can this be done in your home? Do you have enough resources?
• Can you see any possible problem with doing it? If yes, what?
• Can we agree to use this [stated action] during a referral of a baby?

Fourth, remind the participants to look in their Family Health Card booklet for the pictures of each sign of the baby with a problem who needs referral. Show the pictures one at a time and ask:
• Does the picture remind us of a baby with a problem who needs referral?
• What do you see in the picture (signs) that makes you think action is needed?
• Can we come to agree that the picture reminds us of a baby with a problem who needs referral?

Fifth, reach agreement on the action cards. Show the cards one at a time and ask:
• Does the picture remind us of what we agreed to do for a baby during referral?
• What do you see in the picture that makes you think action is being done?
• Can we come to agree that the picture reminds us what we agreed to do during referral?

• Can we agree that we will share what we learned from the pictures with others?

Step 5. Practice the Actions

First, if the participants have not received a Family Health Card booklet and a Take Action Card booklet, give booklets to each participant. Say: This booklet is for you to use. Use the section of the booklet on Baby Referral to practice the actions and the Family Health Card booklet to remind you of problems and actions at home. These are the same pictures we have used.
• Open the Family Health Card to Baby Problems.
• Look at the pictures for signs of the baby problems. Look in the Take Action Card booklet for the actions.
• Show the Family Health Card for Baby Problems. Ask participants to find the same picture in their Family Health Card booklet.
• Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in CMNH and Mothers Nutrition. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration Referral of a Baby.
Third, after the practice, ask:

• What did you see?
• What did the person(s) trained in CMNH and Mothers Nutrition do?
• Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, ask:

• How did you feel about the referral practice when you did it?
• If your baby or your family member’s baby is too sick and needs referral, will you be ready to take the actions we agreed on?
• If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

• How will you decide if these actions are helpful when a woman or baby is too sick and needs referral?
• How will you know if you need more practice helping a woman or baby during a referral?
• What can you do for more practice?

Step 7. What Can We Do to Prevent Delay?

First, remember the story of Kema in the demonstration.

Second, ask:

• Have you ever had delays when taking a baby to a THW?12
• What happened?
• Is there any reason not to go to the THW? If yes, what is the reason?

Third, ask each participant about what they would do if their baby had Kema’s problem or if there was a woman problem. Ask:

• Who will decide what the problem is? Who will decide to get help?
• Where will you go?
• How will you get there?
• How much will it cost for transportation and care? If you do not know, how will you find out?
• Who will you ask to help give care on the way?
• Who will be available to give blood if it is needed?

Fourth, after each participant decides what they would do, ask:

• How do you feel about the plan?
• Are you ready to take the actions we agreed on to prevent delay?
• If you are not ready to take the actions, what do you need to do to be prepared?13
Remind the participants:

- Each of you can have a referral plan to prevent delay before a problem happens.
- Each of you can help the baby who needs referral.
- Prevent delays wherever possible. Every minute saved may save a life.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today’s Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.
ENDNOTES

6. Other sickness can make both the woman and her baby very sick if not treated. Signs and treatment will vary according to country protocols. These sicknesses include malaria, birth canal drainage (sexually transmitted infections), chronic cough with blood (tuberculosis), cough and fever with dark sputum (pneumonia), hookworm (parasites), and signs of HIV/AIDS such as unexplained weight loss, chronic diarrhea, chronic thrush (yeast infection), chronic fever, or generalized dermatitis.

7. For more discussion ask: What if the transportation used has no room for the woman to stay in the side lying position? After the group responds, add this information. Say: The most important thing is to get the woman to the THW, so any position necessary will have to do. The transportation may be a cycle, a seat in a vehicle, or the back of a bullock cart. The transportation may be people carrying the woman on a litter, a chair, or on their backs.

8. If transportation is delayed, or if there is no transportation for referral, continue to stay with the woman. Give the woman liquids and have her lie down covered. Help the woman turn from side to side every hour. Watch to see that she is breathing, look for too much bleeding, and feel for fever. In other meetings we will learn how to help if any of these problems happen.

9. Give the woman one cup or 250 cc of any locally available liquid such as water, fruit juice, tea, soup, or sugar and salt water. This can be given every hour or more often if the woman requests. Do not give solid food to a person who is very sick. A woman who is very sick may need surgery. For surgery she is given medicine to sleep and when she wakes up from the surgery, she may vomit. If she has eaten solid food, she may choke when she vomits.

10. To make sugar and salt water: Mix sugar (2 teaspoons or a four-finger scoop) with salt (1/4 teaspoon or a pinch) in one cup or 250 cc of drinking water. You may use a packet of ORS instead. Follow the instructions on the ORS packet.

11. When the baby is not able to suck the breast, express breast milk in a cup. Feed the baby with the cup. To express breast milk, read the Take Action Card: Remove Breast Milk By Hand on the next page:
Take Action Card: Remove Breast Milk By Hand

1. Wash container and your hands.
2. Pour boiling water into cup.
3. When ready to remove breast milk, throw away water in cup. Put cup under the breast.
4. Place finger and thumb (on the breast) above and below the nipple. Press inward towards the chest wall.
5. Press and release behind the nipple with your finger and thumb.
6. Press finger and thumb on breast in the same way from the sides to remove all the milk from the breast.
12. Women and babies with life-threatening problems must get help or they may die.
   • Decision makers should be chosen during the pregnancy. Decisions should be agreed on by
     the family about where to go in case of a problem, who will go, when to go, how to go, and so
     on. When the THW is too far away, decisions must be made about the woman moving closer
     to the THW before a problem happens.
   • Money is a common reason for not going for medical treatment. THWs at some facilities may
     help even if there is not enough money. The community may have or may start an emergency
     fund to help families with the costs of transportation and care. Discuss how to plan for finding
     a family member or a friend who will help with money in case of a life-threatening problem.
     Explain that during a referral, the family should take along whatever money they have saved
     and offer to make plans to pay later in money or in kind. In other meetings we will talk more
     about how to know if a problem is serious so you can do something to save the woman and
     baby.
   • Sometimes we can find reasons we think someone died. Other times we may do everything
     we can and even reach the THW on time and the person still dies. This is the hardest part of
     helping someone; even when we learn and do good things, sometimes it still is not enough.

13. There are many things you can do to be prepared, such as arranging for a tour of facility or
    appointing one person in the community to always go with a family for referral.

   **To prevent delays:**
   • Visit the closest THW referral site during your pregnancy and know where to go when you
     have a problem.
   • Know how to get to the referral site.
   • Have money ready to cover the cost of transportation and care.
   • Have someone to help care for the woman and baby on the way.
   • Keep the mother and baby together for a referral.
   • Have someone ready to give blood or money to pay for blood.
SECOND VISIT

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COMMUNITY MEETING

Pregnancy Care and Mothers Nutrition

INFORMATION FOR THE FACILITATOR

Most of the time during pregnancy the woman is well, and has no problems. After the baby is born, the woman and the baby are usually well and have no problems. But sometimes there is a problem. The family has to make decisions and do things to be ready before a problem occurs. The participant can help to prevent woman and baby problems during pregnancy and after the birth by helping the woman to be comfortable, giving her emotional and physical support, watching for problems, and taking action as needed. It is not always possible to prevent a problem, but being ready and giving safe care can help.

In this meeting, participants will learn and practice how to prevent problems by being ready and giving safe care to the woman and the baby during pregnancy. They will also learn how to plan for a pregnancy, how to prevent sexually transmitted infections including HIV/AIDS, and how to tell when someone may have a sign of a sexually transmitted infection or HIV/AIDS.

This meeting has much important information. It is divided into two sections: 1) Pregnancy Care and Mothers Nutrition, and 2) Before Baby Is Born. Each section includes key messages including:

- Pregnancy registration at health facility
- Pregnant women visit health facility at least 4 times for antenatal care
- Take tetanus vaccine, hookworm medicine and malaria prevention.
- Take iron folic acid supplement with food.
- Eat extra meals and drink fluids.
- The mother sleep under bed net, rest on side.
- Husband and wife get tested for HIV

Take plenty of time with each section. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

By the end of this meeting, each participant will be able to tell and show how to:

- Use the Family Health Card and Take Action Card.
- Prevent problems during pregnancy: pregnancy care and mothers nutrition.
- Prevent problems before the baby is born.
- Prevent sexually transmitted infections including HIV/AIDS.

A facilitator is someone who uses the CMNH and Mothers Nutrition manual to help a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.
## PLAN

### PREPARATION

<table>
<thead>
<tr>
<th>How the facilitator prepares:</th>
<th>How the participants prepare:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review meeting plan</td>
<td>• Collect and bring items for delivery kit</td>
</tr>
<tr>
<td>• Get needed resources</td>
<td>• Bring experiences with and stories about women's experiences during pregnancy</td>
</tr>
<tr>
<td>• Practice demonstrations</td>
<td>• Bring ideas about how to prevent problems</td>
</tr>
</tbody>
</table>

### Location:
- The community / health post

### Time:
- Six hours: two meetings, each meeting is three hours long
- Be flexible and go at the pace of the participants

### RESOURCES

**Demonstration Prevent Problems During Pregnancy: pregnancy care and mothers nutrition:**
- clean woman things: something for pregnant woman to rest on with her feet on a pillow/ chair, blanket or cloth
- food and drink: plate with foods containing calcium and iron and a cup with liquids to drink, iodized salt
- iron and folic acid tablets
- hookworm medicine, malaria prevention, misoprostol (if approved practice)
- condoms (if approved practice)
- baby model
- Family Health Card and Take Action Card booklet

**Demonstrations Prevent Problems Before Baby Is Born:**
- clean woman and baby things: mat/bed, clothing/cloths for warmth, rags/pads for fluid and blood
- things for washing: soap, water, basin, pitcher (something to pour water), pail, household bleach, towel
- clean cord care things: string, cord cutting tool
- birth attendant or helper coverings: apron, gloves or other hand coverings
- models: baby, placenta, uterus
- misoprostol (if approved practice)
- waterproof container for placenta
- cup of liquids with sugar to drink
- Family Health Card and Take Action Card booklet

### Other resources:

### Optional germs demonstration:
- chile
- sharp knife
- water
- towel
PREVENT PROBLEMS DURING PREGNANCY:
Pregnancy Care and Mothers Nutrition

Activities

Step 1. Review the Previous Meeting

Ask:

• What were some things we talked about in the last meeting?
• Was the information useful to you?
• Did you share the information with anyone?
• If yes, what did they think?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent problems during pregnancy.

First, ask the participants to open the Family Health Card to key messages 1, 2, 3, 4, 5, 6, 7. Ask a volunteer(s) to read the key messages (actions during pregnancy and danger signs during pregnancy).

Second, ask:

• Have you heard about a pregnant woman doing special things to care for herself during pregnancy?
• Have you ever seen a pregnant woman doing special things to care for herself during pregnancy?

Third, ask: questions about problems during pregnancy:

Have you ever seen a woman do something to keep from getting weak blood, also called anemia? Or to prevent another sickness? If yes,

• What did the woman do? (action)
• What happened to the woman? (outcome)
• What can cause the blood to get weak? (cause)
• What can cause other sicknesses? (cause)

Have you ever heard about a woman doing something to keep from getting a sexually transmitted infection? Or HIV? If yes,

• What did the woman do? (action)
• What happened to the woman? (outcome)
• What can cause the sexually transmitted infection? (cause)
• What can cause HIV? (cause)

Have you ever seen a pregnant woman do something to help the baby grow before the baby is born? If yes,

• What did the woman do? (action)
• What happened? (outcome)
• What causes a baby to be born too small? (cause)
Have you ever seen a pregnant woman do something to keep the baby from getting lockjaw, also called tetanus? Or to prevent another sickness in the baby like HIV? If yes,

- What did the woman do? (action)
- What happened? (outcome)
- What can cause a baby to get a sickness like tetanus? (cause)
- What can cause a baby to get HIV? (cause)

Have you ever seen a pregnant woman eat anything special during pregnancy? If yes,

- What did she eat? (action)
- What happened? (outcome)
- Why does she eat this? (cause)

Is there anything the woman does not eat during pregnancy? If yes,

- What does she not eat? (action)
- What happened? (outcome)
- Why does she not eat this? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

**Step 3. Share What the Trained Health Worker Knows**

**First**, say: The trained health worker (THW) learns to prevent problems during pregnancy. We will see in the demonstration what the THW learns about preventing problems during pregnancy.

**Second**, ask volunteers to help you do the demonstration **Prevent Problems During Pregnancy**.

**Third**, do the demonstration.

| Demonstration: Prevent Problems During Pregnancy:  
Pregnancy Care and Mothers Nutrition |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actors:</strong> Ask for volunteers to play Shahani (the pregnant woman), the mother-in-law, the birth attendant and the husband, who have all attended CMNH and Mothers Nutrition meetings. The facilitator plays the birth attendant.</td>
</tr>
<tr>
<td><strong>Props:</strong> Clean woman things, food and drink, iron and folic acid tablets, see list under plan at the beginning of the meeting. The baby model is placed with the head down in a cloth wrapped around the woman. Family Health Card and Take Action Card booklet.</td>
</tr>
<tr>
<td><strong>Situation:</strong> Explain who the volunteers are pretending to be, and tell the situation to those watching. <strong>Say:</strong> I am the birth attendant who has received CMNH and Mothers Nutrition training. Today is the day the family and the birth attendant talk about preventing problems during pregnancy.</td>
</tr>
</tbody>
</table>
Demonstration: Prevent Problems During Pregnancy: Pregnancy Care and Mothers Nutrition

Demonstration:

1. The birth attendant greets the woman and family and asks: What are you doing to help Shahlani?

2. The mother-in-law says: Shahlani is doing the cooking but a helper collects water and firewood.

3. The birth attendant says: Good! It is good the workload is less for Shahlani. She then asks Shahlani: Is there time to sit with your feet up like this or to lie down?

4. The birth attendant shows Shahlani how to sit with her feet up and how to lie on the left side of her body at least one hour every day. She also says to Shahlani: If you are too tired or weak, rest as often as possible, go to sleep early in the evening, and don’t carry heavy loads. The birth attendant asks Shahlani: What do you eat and drink? Shahlani says: I try to eat a good meal two times in a day. I take some water during the day.

5. The birth attendant gives Shahlani some suggestions. She says: • Eat two extra meals every day—try to eat at least four times a day. Include food such as milk (camel milk is extra good for you) and dark leafy greens (to make your baby strong and keep you strong too).• Try to cook family foods with iodized salt for the family members to prevent goiter. • Drink six to eight glasses of liquids like water, milk, and juice each day to keep your urine and kidneys healthy. Do not drink alcohol. • Do not smoke.

6. The birth attendant says: sometimes women are told not to eat certain foods fearing these foods will harm the baby. Are there any foods pregnant women are not supposed to eat? Or any foods women are not supposed to eat? (Discuss responses as appropriate using information in endnote 18 explaining importance of ‘taboo’ foods).

7. What danger signs / problems in pregnancy did we talk about before?

8. Shahlani gets her Family Health Card and turns to Danger Signs During Pregnancy. She says as she reads the problems: any vaginal bleeding, fever, severe headache, blurry vision, or fits, feet and hands swollen. My husband and I will get tested for HIV.

9. The birth attendant is very happy and says: Good! Remember the problems and go to the THW right away if you have any of these problems or if you do not feel well.

10. The birth attendant asks: Have you seen a THW?

11. Shahlani says: Yes, I am registered at the health facility and I had two tetanus injections and hookworm medicine. I sleep and rest under a bed net and take medicine to prevent malaria (for malaria endemic areas). The THW said my blood pressure was good both times. The THW said to take iron and folic acid tablets with food, so my blood can stay strong. The THW asked me if I was planning to breastfeed. I said yes, I am going to breastfeed my baby just like my mother breastfed me.
12. The **birth attendant says**: Breastfeeding is good for you and your baby. Remember to keep your breasts and nipples clean. Do not wash your nipples with soap because this causes the nipples to dry and crack. How long before the baby is born?

13. **Shahlaní says**: It is about two months.

14. The **birth attendant says**: I would like to show you how to feel for the baby’s head. The THW does this each time she sees you. You will need to do this the last month before the baby is to be born. If the baby’s head is NOT down, you will need to go to the THW. The THW needs to know this at the time the baby is born. The birth attendant shows Shahlaní and her mother-in-law how to feel for the baby’s head.

15. The **mother-in-law** repeats all of the information to the birth attendant.

16. The **birth attendant says**: I learned from the THW that safer sex helps prevent getting pregnant before you are ready and helps prevent passing sickness to uninfected partners. It is good for the woman (and her baby) to use condoms for safer sex. I would like to give you these condoms (if approved practice). Talk with your husband. Do you know how condoms are used? (If no, explain.) After the baby is born, we can talk more.

17. The **birth attendant asks** Shahlaní and her family: Do you have any questions or want to talk about anything? Remember, it is not normal to see any blood or have sickness during pregnancy. If you have any FHC danger signs, go to the THW.

18. The **mother-in-law says**: Thank you so much for the information and help. Goodbyes are said.

After the demonstration, thank the volunteers and give them time to join the group.

**Fourth**, read each step in the box below and ask why it was taken.

<table>
<thead>
<tr>
<th>Demonstration: Prevent Problems During Pregnancy: Pregnancy Care and Mothers Nutrition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What?</strong></td>
<td><strong>Why?</strong></td>
</tr>
<tr>
<td>1. Rest at least one hour a day or as often as possible. If too tired and weak, rest as often as possible. Sleep and rest under a bed net.</td>
<td>Rest prevents weakness. Sleep and rest help a pregnant woman stay strong. A bed net helps prevent malaria.</td>
</tr>
<tr>
<td>2. Eat an extra meal every day with foods containing calcium and iron. Try to cook with iodized salt.</td>
<td>A woman needs more food during pregnancy, because she shares the food with her baby. The woman will be healthy, have strong blood, have energy, grow a healthy baby, and prevent goiter.</td>
</tr>
<tr>
<td>Drink six to eight glasses of liquids a day.</td>
<td>Liquids prevent infection of the bladder/kidneys.</td>
</tr>
<tr>
<td>3. Take iron tablets and folic acid during pregnancy and for 40 days after the birth.</td>
<td>Iron and folic acid make blood strong for the woman and baby.</td>
</tr>
<tr>
<td>Always take iron tablets with food.</td>
<td>Prevent heartburn.</td>
</tr>
</tbody>
</table>
### Demonstration: Prevent Problems During Pregnancy:
Pregnancy Care and Mothers Nutrition

<table>
<thead>
<tr>
<th>What?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Watch for danger signs of problems: any vaginal bleeding; fever,</td>
<td>If you know the danger signs of problems, you will know when to go to the THW. The THW will know how to help. She can do something before the woman gets too sick.</td>
</tr>
<tr>
<td>severe headache, blurry vision, fits, feet and hands swollen, or</td>
<td></td>
</tr>
<tr>
<td>other sickness.</td>
<td></td>
</tr>
<tr>
<td>See a THW for blood pressure checks, and</td>
<td>To check for and prevent sickness and any problems such as: tetanus, malaria, weak blood, HIV, care for sickness, and learn about pregnancy care, nutrition, and infant feeding.</td>
</tr>
<tr>
<td>• Pregnancy registration at health facility</td>
<td></td>
</tr>
<tr>
<td>• Health facility visit at least 4 times for ANC</td>
<td></td>
</tr>
<tr>
<td>• Take tetanus vaccine.</td>
<td></td>
</tr>
<tr>
<td>• Sleep under bed net, rest on side.</td>
<td></td>
</tr>
<tr>
<td>• Hookworm treatment</td>
<td></td>
</tr>
<tr>
<td>• Woman and partner get tested for HIV</td>
<td></td>
</tr>
<tr>
<td>5. Feel for baby’s head one month before birth.</td>
<td>When the baby’s head is <em>not coming first</em>, the woman/baby must have help from a THW.</td>
</tr>
<tr>
<td>6. Parents use safer sex during pregnancy and plan their next</td>
<td>Safer sex protects the baby and woman from infections.</td>
</tr>
<tr>
<td>pregnancy if they want another baby.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The woman waits at least two years after a birth before becoming pregnant again so she has time to give her new baby love and become rested and strong again.</td>
</tr>
</tbody>
</table>

**Fifth, ask:**
- What new ideas have you seen here?
- Do you have any other ideas about preventing problems during pregnancy?

**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First,** review from Step 2. **Say:** You said earlier today that you do the following in the home when helping to prevent problems during pregnancy: [read aloud the notes of participant actions you wrote during Step 2].

**Second,** with the participants, identify similarities: **Say** which participant actions listed in Step 2 and the actions done in the demonstration are similar.

After saying the similar actions, **say:** This is really wonderful that we do some things the same way when helping to prevent problems during pregnancy.

**Third,** with the participants, identify differences: **Say** which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, **ask:**
- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help to prevent problems during pregnancy?
Fourth, reach agreement on the problem card. Show the problem card for prevent problems during pregnancy and ask:

- Does the picture remind us of a pregnant woman?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a pregnant woman?

Fifth, reach agreement on the action cards. Show the cards one at a time and ask:

- Does the picture remind us of helping to prevent problems during pregnancy?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?

Step 5. Practice the Actions

First, if the participants have not received a Family Health Card and Take Action Card booklet, give a booklet to each participant. Say: This booklet is for you to use. Use the section of the booklet on Prevent Problems to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.

- Open the booklet to Prevent Problems During Pregnancy.
- Look on Side One at the picture of the woman during pregnancy and on Side Two for the actions.
- Show the picture card of the pregnant woman. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in CMNH and Mothers Nutrition. Ask other participants to use the Take Action Cards to help the volunteers.

Practice the demonstration Prevent Problems During Pregnancy: Pregnancy Care and Mothers Nutrition.

Third, after the practice, ask:

- What did you see?
- What did the person(s) trained in CMNH and Mothers Nutrition do?
- Did the volunteers follow the agreed-on actions on the Take Action Cards?

Fourth, ask:

- How did you feel about helping Shahlani prevent problems during pregnancy?
- If you need to help prevent problems during pregnancy, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.
Step 6. How Will You Know the Actions Are Helpful?

Ask:

• How will you decide if these actions are helpful to prevent problems?
• How will you know if you need more practice helping a woman prevent problems?
• What can you do for more practice?

Remind the participants:

• You can save lives by preventing problems during pregnancy.
• Take action during pregnancy to help the woman and baby using the Family Health Card and the Take Action Card booklet.
• A woman with any sign of a problem or sickness must be referred to the THW.
• It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

• What has been most helpful to your learning in this meeting today?
• What has not been helpful to your learning today?
• What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

• Look at the materials for the next meeting. See what participants need to do to prepare.
• Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
• Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.
notes
BEFORE BABY IS BORN: BIRTH PREPARATION AND MOTHERS NUTRITION

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent problems before the baby is born.

First, ask the participants to open the Family Health Card to key messages 8, 9, 10, 11, 12, and 13. Ask a volunteer(s) to read the key messages (preparation for birth and danger signs during labor).

Second, ask:

- Have you heard about a pregnant woman doing special things for herself or her baby to get ready for the birth?
- Have you ever seen a pregnant woman doing special things for herself or her baby to get ready for the birth?

Third, ask: Has anyone ever seen a pregnant woman do something special to get ready for the baby? If yes, ask:

- What did the woman do? (action)
- What happened? (outcome)
- What can happen if the woman does not prepare? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, say: The THW learns to prevent problems before the baby is born. We will see in the demonstration what the THW learns about preventing problems.

Second, ask volunteers to help you do the demonstration Prevent Problems Before Baby Is Born: Birth Preparation and Mothers Nutrition.

Third, do the demonstration.
### Demonstration: Prevent Problems Before Baby Is Born: Birth Preparation and Mothers Nutrition

<table>
<thead>
<tr>
<th>Actors:</th>
<th>Ask for volunteers to play Shahlaní (the pregnant woman), the mother-in-law, and the husband. The facilitator plays the birth attendant trained in CMNH and Mothers Nutrition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Props:</td>
<td>Clean woman and baby things, things for washing, clean cord care things, birth attendant or helper coverings, baby model, misoprostol (if approved practice), waterproof container for placenta, Family Health Card and Take Action Card booklet</td>
</tr>
<tr>
<td>Situation:</td>
<td>Explain who the volunteers are pretending to be, and tell the situation to those watching. <strong>Say:</strong> Today is the day the family and birth attendant meet to talk about birth preparation and mothers nutrition before the baby is born. It is about one month until the baby is expected to be born. The family team must try to get the woman to the health facility for help from a THW for the birth of the baby. If this is not possible, try to get help from the THW at home. If the birth happens without the help of a THW make sure to immediately report to a THW for care after the baby is born. It is important to be prepared for the baby.</td>
</tr>
</tbody>
</table>

#### Demonstration:

1. **The birth attendant** greets everyone and **asks** Shahlaní: How are you?

2. **Shahlaní says:** I am feeling well. I get time to rest. The THW says my blood pressure is good.

3. **The birth attendant asks:** What have you done to get ready for the baby?

4. **Shahlaní says:** We have started to get the place clean.

5. **The birth attendant says:** I am very happy you saw the THW and took time to clean. Make sure the place is warm so the baby does not get too cold. What foods and drinks will you have during labor?

6. **The mother-in-law says:** We usually use tea with sugar before the birth.

7. **The birth attendant says:** That is good. Fruit juices and light soup are also good. What have you done to get ready for the baby?

8. **The mother-in-law brings** a container with the clean birth things including soap, new blade, boiled (sterilized) thread, clean cloth, clean carpet or mat, water for washing, a bottle of household bleach, and a waterproof container. **The mother-in-law says:** we will take these things with us to the health facility.

9. **The birth attendant says:** I am so happy you have started to get ready for the baby! What other things have you done?

10. **The mother-in-law says:** We were waiting for you to come and talk with us.

11. **The birth attendant says:** I learned from a THW that everything touching the woman and baby must be clean before the baby is born and after the baby is born. The THW calls this prevent infection:

    - Wash things with soap and water, just like you do laundry.
Demonstration: Prevent Problems Before Baby Is Born: Birth Preparation and Mothers Nutrition

- Dry them in the sunshine.
- Keep washed things clean in a covered container. You can find them when needed.
- Shahlani may take a bath every day and use clean clothing.
- Prepare at least two cloths to dry the baby at birth, and some clean, warm clothing and a hat for the baby.
- Prepare some clean clothes or rags for Shahlani when her baby is born, and extra clothes, rags, or pads to soak up fluids and blood.
- Prepare a bleach solution in a waterproof container to use during and after the birth to put things stained with blood.

12. The **mother-in-law says**: This is no problem. I will make sure we have these things.

13. The **birth attendant says**: It is important for everyone touching the woman and baby to have clean hands:
   - Have a pitcher with clean water and a bowl for hand washing.
   - It is a good idea for the person helping at birth to use hand covers and an apron.
   - You will also need a waterproof container for the placenta.

14. The **birth attendant** shows the pictures in the Family Health Card or Take Action Card booklet and says: You can use this to help you remember what things are needed.

15. The **birth attendant says**: There is one important medicine called misoprostol (if approved practice) that can help prevent too much bleeding after the baby is born. You can get the medicine at the health facility. It must be stored very carefully and used exactly like this:
   - Get the medicine to prevent too much bleeding when Shahlani is about eight months pregnant.
   - Make sure Shahlani knows where the medicine is safely stored, because she is the only person who will definitely be at the birth! Take the medicine with you when you go to the facility for your baby to be born.
   - Following the birth of the baby, take the medicine **after you are sure there is no second baby**. If a trained birth attendant is with you, they can feel to make sure there is not a second baby. It is very important that if no one is trained to feel for a second baby, you should take the medicine as soon as the placenta comes out.
   - Watch for side effects such as shivering, nausea, vomiting, diarrhea, and fever. They are very common and will go away in a short time. For comfort, cover Shahlani with a blanket if she is shivering, and apply a cool cloth to her forehead if she has a fever.
   - Can you please repeat back to me how this important medicine must be used?

16. The **birth attendant** explains there are some other things to talk about and family decisions to make. She says: You have decided to go to the health facility for the birth and you have started to prepare the place and the things so that everything is clean and ready. You need to know and decide:
   - When the baby is expected
   - Where you should be when it is close to the time the baby will be born
   - Who will help with the birth
   - Who knows where the misoprostol is stored
   - Who will prepare a container with light foods and drinks for Shahlani
   - Who will remember the signs of problems when Shahlani or the baby is sick and needs to go to the THW
   - How to get to the THW
   - Who will care for other children and your home if there is a problem
Demonstration: Prevent Problems Before Baby Is Born: Birth Preparation and Mothers Nutrition

- Who the helpers are, one helper to help care for baby
- Who will get enough money to pay for transportation, be available to give blood if needed, and care for Shahani in case she needs referral.

17. The mother-in-law says: We want you, the birth attendant, to help with the birth.

18. The birth attendant says: I am happy to go with you to the health facility. Remember, as soon as Shahani has pink-colored drainage or liquid from the birth canal or birth pains (contractions), call me. These signs show that it is time for the baby. When any of these signs happen, it is time to call me. Someone must feel for the baby’s head as soon as any of these signs happen. If the baby’s head is NOT down, we must go to the THW as soon as possible.

Do you remember how to feel for the baby’s head?

19. Shahani says: Yes, it is the same thing we do during pregnancy. I will show you.

20. The birth attendant says: I am pleased you remember about feeling for the baby’s head. You have made many decisions and are getting ready for the baby.

21. Good byes are said.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

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<p>| Demonstration: Prevent Problems Before Baby Is Born: Birth Preparation and Mothers Nutrition |</p>
<table>
<thead>
<tr>
<th>What?</th>
<th>Why?</th>
</tr>
</thead>
</table>
| 1. Get ready for the baby:  
- Clean the area where woman and baby will be: sweep, remove animals, and wash with soap and water.  
- Wash things with soap and water, hang them in the sunshine to dry.  
- Keep washed things in a covered place so dirt and dust cannot get on them. | A clean place and clean things for the birth and after the baby is born helps protect mother and baby from infection. |
| 2. Warm place where the baby will be. | A warm place helps keep the baby warm (prevents heat loss). |
| 3. Agree on a plan for helpers, money, and transportation. | Family team ready to know where to go, how to get there, how much money you need and who will help to prevent delay when it is time for the baby to be born. |
| 4. Get misoprostol (if approved practice) when mother is 8 months pregnant. Store safely. | Misoprostol prevents too much bleeding. THW gives misoprostol when baby is born. If no THW, mother takes misoprostol after the placenta comes out. |
# Demonstration: Prevent Problems Before Baby Is Born:
## Birth Preparation and Mothers Nutrition

<table>
<thead>
<tr>
<th>What?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.</strong> Eat light foods. Drink liquids (at least one cup) such as water, fruit juice, tea, soup, honey or sugar water every hour.</td>
<td>Food and drinks help the woman and baby stay strong during labor and help the woman make breast milk for the baby.</td>
</tr>
<tr>
<td><strong>3.</strong> Clean birth things: new or clean cord threads and clean cord cutting tool.</td>
<td>To prevent unclean things from getting in cord, and prevent bleeding from cord.</td>
</tr>
<tr>
<td>For woman and baby: Clean clothes, baby hat and clean cloths, mats, pads, and rags.</td>
<td>To keep the woman/baby warm, clean, and dry, and to soak up fluids and blood.</td>
</tr>
<tr>
<td>Waterproof container for placenta.</td>
<td>To help keep blood off clothes and people, and help prevent infection including hepatitis and HIV.</td>
</tr>
<tr>
<td><strong>4.</strong> Clean woman. Bathe when labor begins and wear clean clothes.</td>
<td>To prevent unclean things from touching the woman or baby.</td>
</tr>
</tbody>
</table>
| **5.** Clean helpers:  
  • Wash hands with soap and water.  
  • Use gloves or other hand coverings.  
  • Use apron.  
  • Wash things with household bleach and dry in the sun. | Wash to remove dirt/germs from hands. Use gloves and apron to keep blood/fluids off hands and clothing to prevent infection including hepatitis and HIV. Clean up to remove blood and fluid from birth things and clothes. Protect hands and wash things to prevent touching anything that is bloody. This prevents infection. |
| Helper for the baby | One person to keep baby dry, warm. |
| **6.** Watch for danger signs / problems: any vaginal bleeding, fever, birth delay (labor for more than 12 hours), fits, unconscious, or child’s arm, feet or umbilical cord comes out of birth canal first. | If you see any danger signs during labor REFER. Take the woman to a higher health facility immediately. You need THW help urgently. This will help save both the woman and baby’s life. |
| FEEL baby’s head. | If baby's head is not down, REFER. You need THW help urgently. |

**Fifth, ask:**

- What new ideas have you seen here?
- Do you have any other ideas about preventing problems before the baby is born?
Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. Say: You said earlier today that you do the following in the home when helping to prevent problems before the baby is born: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, say: This is really wonderful that we do some things the same way when helping to prevent problems before the baby is born.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ask:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help to prevent problems before the baby is born?

Fourth, reach agreement on the problem card. Show the problem card for prevent problems before the baby is born and ask:

- Does the picture remind us of a woman before the baby is born?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman before the baby is born?

Fifth, reach agreement on the action cards. Show the cards one at a time and ask:

- Does the picture remind us of helping to prevent problems before the baby is born?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
**Step 5. Practice the Actions**

**First,** if the participants have not received a Take Action Card booklet, give a booklet to each participant. **Say:** This booklet is for you to use. Use the section of the booklet on Prevent Problems to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.

- Open the booklet to Prevent Problems Before Baby Is Born.
- Look on Side One at the picture of the woman before the baby is born and on Side Two for the actions.
- Show the picture card of the woman before the baby is born. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

**Second,** ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in CMNH and Mothers Nutrition. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Prevent Problems Before Baby Is Born.**

**Third,** after the practice, **ask:**

- What did you see?
- What did the person(s) trained in CMNH and Mothers Nutrition do?
- Did the volunteers follow the agreed-on actions on the Take Action Cards?

**Fourth,** **ask:**

- How did you feel about helping Shahlani prevent problems before the baby is born?
- If you need to help prevent problems before the baby is born, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

**Step 6. How Will You Know the Actions Are Helpful?**

**Ask:**

- How will you decide if these actions are helpful to prevent problems?
- How will you know if you need more practice helping a woman prevent problems?
- What can you do for more practice?
Remind the participants:

- You can save lives by preventing problems before the baby is born.
- Take action before a birth to help the woman and baby using Family Health Card and Take Action Card booklet.
- A woman or baby with any sign of a problem or sickness must be referred to the THW.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today’s Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.
NOTES

The references for this topic can be found at the back of the manual.

14. “The majority of women are not infected [with sexually transmitted infection or HIV/AIDS]... Five to ten percent of mother-to-child transmission [of HIV] is estimated to occur during pregnancy, mostly late in pregnancy. Normally, the HIV virus does not cross the mother’s placenta to the fetus, but the placental (protective) barrier can be broken down by infections, such as malaria and certain sexually transmitted infections” (Israel & Kroeger, 2003).

15. The delivery kit contains at least soap for washing of hands, new blade to cut the umbilical cord, clean (sterilized) thread to tie the cord, clean cloth to wipe and wrap the baby, a clean space and a carpet or mat.

16. The use of models to make the demonstration more life-like can be made by the trainers and participants. These models include a baby, a uterus, a placenta, and a cord, breasts. Locally available cloth and thread are used to make these models. The following patterns are in the HBLSS Guidelines for Decision Makers and Trainers, American College of Nurse Midwives 2004.
Uterine Model.

It is helpful to have a uterine model to demonstrate internal and external bimanual compression and evacuation of clots from the cervix. You will need paper at least 8 inches (20 cm) by 8 inches (20 cm), two pieces of fabric the same size, 12 inches of ribbon or cord, cotton or something to fill the uterus, sewing thread and needle.

b. Unpin paper from fabric. Pin fabric right sides together. Stitch ¼ inch along the edge of the uterus leaving the “cervical” edge unstitched.
c. Fold back ½ inch of material along the “cervical edge and stitch to form a casing open at the end.
d. Cut a piece of ½ inch ribbon or cord long enough to pass through the casing and extend 12 inches past the end of the open end of the casing.
e. Pin a safety pin to the end of the ribbon/cord and work the ribbon/cord through the casing so each end of the ribbon extends six inches from the open end of the casing.
f. Turn the uterus so it is right side out.
g. Stuff the uterus lightly with gauze, cotton, or pillow stuffing.
h. Pull the ribbon / cord and tie to “close the cervix”.

Shape of nonpregnant uterus
Breast Model.

It is helpful to have a breast model that can be used to demonstrate correct position for attachment of the breastfeeding baby and to practice removing breast milk by hand. You will need 1 pair of panty hose or nylon stockings, Large T-shirt or piece of cloth about 1 meter square, Red or brown marking pen, 2 rubber bands or string, Sewing thread and needle, Cotton or something to fill the ‘breasts’.

a. Take one stocking and fill the end of it with cotton to about the size of your fist.
b. Tie a knot in the stocking to keep the cotton in the stocking.
c. Use the marking pen to color a round area in the center of the ‘breast’ for the areola and nipple.
d. Pull a piece of the colored stocking and stuffing (about the size of your thumb) and wrap a rubber band or thread around it to form the ‘nipple’.
e. Repeat this process to make the second breast.
f. Attach the breasts to the shirt or cloth. Mark on the shirt or piece of cloth where you want to attach the breasts. You can put on the shirt or hold the piece of cloth and mark the places for the ‘breasts’. Sew the breasts on to the area you have marked.
g. You now have a breasts model.

17. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

18. A pregnant woman should eat more food than usual. The extra food gives a pregnant woman energy and strength and helps her baby grow well. A pregnant woman should eat at least two extra meals each day. If a pregnant woman receives a ration of supplementary food, she should not share it with other family members because it is needed for her health and the health and growth of her baby.

Feeding difference between Male and Female (IRT for HEWs, Module II 2011.)

- Some people believe women should not eat as much as men, which is one of the harmful traditional beliefs in Ethiopia. Women are expected to eat after the family. This means she would eat only what is left. This is particularly dangerous during pregnancy.
- Girls are fed less than boys during childhood in many communities. However, girls need as much food as boys — to grow, learn and work. If a girl does not get enough food, her bones may not grow well. This can cause serious problems during labor when the girl becomes a woman and has babies of her own.

19. A pregnant woman should eat as many different kinds of foods as possible every day, especially beans, lentils, animal meat and eggs, dark green leafy vegetables and red/orange foods (pumpkins, ripe mangoes, papaya, carrots). She should eat more food than usual. Extra food gives a pregnant woman energy and strength and helps her recover faster after birth. The growing fetus (unborn baby) needs a variety of foods to grow healthy, to be strong, and to be born with the capacity to learn well. Milk is a good fluid for a pregnant woman. It is a source of protein, Vitamin C (in camel milk), Vitamin A, B vitamins and calcium.

20. Cook family foods with iodized salt so the family members have enough iodine in their diets. The iodine in iodized salt is very important for a pregnant or breastfeeding woman because it helps growth and brain development in the baby. Consuming iodized salt prevents goiter (swelling of the neck) in adults. Only iodized salt has enough iodine to prevent these problems. Regular salt does not have iodine in it. Iodine tablets 0.5 mg (500 mcg) to 0.8 mg (800 mcg) can be taken by
the pregnant or breastfeeding woman daily if iodized salt is not available.

21. **Liquids** help the woman’s kidneys clean her blood and put waste into the urine. This can help to prevent bladder and kidney infections. Good liquids for a pregnant woman to drink are water, juice, and milk. The pregnant woman should not drink too much coffee or tea.

22. **Traditionally tabooed/prevented foods during pregnancy** (IRT for HEWs, Module II 2011.)
   - Pregnant women are told not to eat certain foods fearing those foods will harm the baby. In some communities in Ethiopia, pregnant women are prohibited from eating milk and milk products, which are important sources of energy, protein, vitamins and minerals.
   - In some community women are told to avoid egg and meat, which they wrongly think causes vernix (the sticky white substance on the baby’s skin at birth). They think that vernix is dirty. In fact, eggs and meat are important sources of protein, and vernix is good for the baby because it protects the baby’s skin.
   - There is also a taboo in Ethiopia about pregnant women eating vegetables and fruit. Vegetables and fruits are important sources of vitamins and minerals.

23. The "**consistent use of condoms** during pregnancy" will “avoid new infection, and/or further transmission [of HIV]; and promote protection throughout the pregnancy” (Israel & Kroeger, 2003).

It is essential that the family and people in the community have information about HIV/AIDS. **Adapt the following information according to country protocols.** "HIV is the virus that causes AIDS. HIV is spread through unprotected sexual contact and injection-drug use. Approximately 25% (1 out of 4) of HIV-infected pregnant women who are not treated during pregnancy can transmit HIV to their infants during pregnancy, during birth, or through breastfeeding. A woman might be at risk for HIV infection and not know it, even if she has had only one sex partner. Effective interventions such as highly active combination anti-retroviral medicines for HIV-infected pregnant women can protect their infants from acquiring HIV and can prolong the survival and improve the health of these mothers and their children. For these reasons, HIV testing is recommended for all pregnant women (if available in area/country). Services are available to help women reduce their risk for HIV (including use of condoms) and to provide medical care and other assistance to those who are infected. Women who decline testing must not be denied care for themselves or their infants” (CDC, 2001/02).

Vaginal drainage or discharge may be a sign of sexually transmitted infections. “Sexually transmitted infections are markers for HIV risk since they are contracted the same way [as HIV]” (Israel & Kroeger, 2003).

“Malaria is a major cause of high maternal and infant mortality and is linked to increased mother-to-child transmission (MTCT) via placental infection… The placental (protective) barrier can be broken down by infections, such as malaria and certain sexually transmitted infections” (Israel & Kroeger, 2003).

24. Hookworm prevention should be taken in the second or third trimester of pregnancy. Hookworm feeds on blood and can cause anemia. Anemia can cause tiredness and weakness, and problems during delivery.

25. Use a bed net to prevent malaria (in malaria areas). Sleep and rest under a bed net. A bed net helps prevent malaria. Malaria can cause anemia. Anemia can cause tiredness and weakness. Pregnant women with signs of malaria (headache, fever, chills, sweating, decreased appetite, vomiting, diarrhea) must go to the THW as soon as possible.

26. Iron and folate acid tablets are important to prevent anemia. Anemia can cause tiredness and weakness. If possible have fruits at the same time you take the tablets. Do not drink milk at the same time you take the tablets as milk does not let the medicine be used by your body. The husband or other family member should remind the woman every day to take her tablets.

27. In the past, health workers in hospitals taught mothers to wash their nipples before every feed. We now know that this is not necessary and that frequent washing, especially with soap, removes the natural oil from the nipple. The skin becomes dry and is more easily damaged and cracked. **Advise the mother to wash her breasts one time a day, and not to use soap** (King et al., 2003).
28. Decide whether the baby's head is coming first. When the head is NOT coming first, the birth may need help from a THW. Show the woman and family how to feel the baby's head.

**Demonstration suggestion: Feel for the baby's head.** Wrap a cloth around the woman so that you can put a baby model (head down) in place in the "woman's belly." Do this without the participants watching. Help the woman lie down and show how the THW learns where the baby's head is.

29. Help pregnant women decide how to avoid pregnancy after childbirth (WHO & JHU/CCP, 2007):
- Waiting until her baby is at least two years old before a woman tries to become pregnant again is best for the baby and good for the mother, too.
- A woman who is not fully or nearly fully breastfeeding is able to become pregnant as soon as four to six weeks after childbirth.
- A woman who is fully or nearly fully breastfeeding is able to become pregnant as soon as six months after the baby is born.

30. Show how to use a condom (if country practice).

<table>
<thead>
<tr>
<th>Using the Condom Method</th>
<th>What?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Use a new condom every time you have sex.</td>
<td>A used condom may be dirty or damaged.</td>
<td></td>
</tr>
<tr>
<td>Store new condoms in a place that is dark and not too hot.</td>
<td>Heat and light will make the condom weak and it may break.</td>
<td></td>
</tr>
<tr>
<td>Take the condom out of the wrapper; be careful not to tear the condom.</td>
<td>A damaged condom will not prevent pregnancy or disease.</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Put the condom on when the penis is hard.</td>
<td>The condom is easier to put on.</td>
<td></td>
</tr>
<tr>
<td>Make sure the condom rim is on the outside, away from the penis.</td>
<td>The condom is easier to put on.</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Unroll the condom until it covers all of the penis.</td>
<td>To prevent breaking the condom.</td>
<td></td>
</tr>
<tr>
<td>Leave a space in the condom at the end of the penis.</td>
<td>The space makes room for the sperm and liquid semen.</td>
<td></td>
</tr>
<tr>
<td>The penis should not touch the vagina until the penis has a condom on.</td>
<td>Some sperm from the man can come out early and can make the woman pregnant. Also, any touching between the penis and vagina without a condom may spread disease.</td>
<td></td>
</tr>
<tr>
<td>Do not use oil or petroleum-based creams or lotions for lubrication (wetness).</td>
<td>Oil or petroleum-based creams and lotions will make the condom weak and it may break.</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> After sex the man should hold the condom on his penis (hold at the rim of the condom), and pull his penis out of the woman's vagina before the penis gets soft.</td>
<td>Hold the condom onto the penis to make sure the condom does not come off while the penis is inside the woman. Hold the condom on the penis at the condom's rim to make sure the man is holding the whole condom.</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Look at the condom before throwing it away.</td>
<td>To be sure the condom did not break. If condom is broken or torn, the woman should see the THW for emergency family planning if she does not want to become pregnant.</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Throw the used condom away in a safe place such as the toilet, or bury or burn it.</td>
<td>So children or animals cannot touch the condom, and to prevent the spread of infection.</td>
<td></td>
</tr>
</tbody>
</table>

31. **Diet and nutrition.** Where possible, a pregnant woman should attend food programs and kitchen garden groups. Lack of adequate nutrition may increase the risk of HIV transmission due to low calorie intake and poor micronutrient status (PAHO, 1999).
Note: Adapt following using local foods.

A pregnant woman should eat one extra serving of Group 1 each day. Eat foods from the other food groups at least three times a day and drink at least 6 - 8 glasses of water or juice each day.

**Group 1** – MAIN FOODS (carbohydrates): These foods give you energy: barley, wheat, tef, sorghum, rice, and other cereals and root foods like false banana and ‘godere’.

Add Other Local foods: __________________________________________

**Group 2** – BODY BUILDING FOODS (protein): These foods help you grow muscles, bones, strong blood, and good breast milk. PLANTS: beans, peas, chicken beans, lentils, soybeans. ANIMAL: meat, egg, chicken, milk. Milk (camel, goat, cow) is a good fluid for a pregnant woman.

Add Other Local foods: __________________________________________

**Group 3** – PROTECTING FOODS (vitamin and minerals): Foods that have vitamins and minerals help protect you from infection and keep your eyes, skin, & bones healthy and strong. Vitamin A prevents night blindness, calcium makes bones and teeth strong, iron makes blood healthy and prevents anemia, iodine prevents goiter. VITAMIN FOODS: papaya, mango, banana, orange, pumpkin, avocado, carrot, spinach, limes, liver, oil, milk, eggs. MINERAL FOODS: milk, red meat, liver, cereals, dark green leafy vegetables, iodized salt.

Add Other Local foods: __________________________________________

**Group 4** – ENERGY FOODS. Fats and sugars in moderation give you energy and make the food taste good too: fats (nuts, seeds, avocados, vegetable oil, butter, ghee, lard), and sugar (fruits, honey, molasses).

Add Other Local foods: __________________________________________

**Liquids** help the woman’s kidneys clean her blood and put waste into the urine. This can help to prevent bladder and kidney infections. Good liquids for a pregnant woman to drink are water, juice, and milk. The pregnant woman should not drink too much coffee or tea.

32. During pregnancy the woman needs more iron than she can get from food. Tablets of iron (320 mg taken two times a day) and folic acid (1 mg once a day) will help the woman’s body continue to be strong. The woman should take the iron and folic acid tablets for at least 90 days during pregnancy and at least 40 days after birth (Beck et al., 1998). Dose according to country protocols.

33. Vaginal drainage or discharge may be a sign of sexually transmitted infections. “Sexually transmitted infections are markers for HIV risk since they are contracted the same way [as HIV]” (Israel & Kroeger, 2003).

“Malaria is a major cause of high maternal and infant mortality and is linked to increased mother-to-child transmission (MTCT) via placental infection... The placental (protective) barrier can be broken down by infections, such as malaria and certain sexually transmitted infections” (Israel & Kroeger, 2003).

34. THW protocols vary according to country. Reducing maternal morbidity and mortality is a primary goal of all countries, and integrating prevention of MTCT presents the opportunity to move that agenda further along. Integrated antenatal services include: 1) history taking, 2) physical exam and vital signs, 3) abdominal exam, 4) tetanus toxoid, 5) nutrition assessment and counseling, 6) sexually transmitted infection screening, 7) screening and care for other infections, 8) antimalarials, 9) infant feeding counseling, 10) danger signs counseling, 11) involvement of partner [helper] and family, 12) effective contraceptive plan, 13) voluntary and confidential counseling and testing for HIV, 14) antiretroviral drugs, and 15) referral to home or community based health worker and support system (Israel & Kroeger, 2003).

“In many places women will NOT know their HIV status, in which case exclusive breastfeeding should be promoted and supported. If the woman knows she is HIV-positive, counseling is
essential to assist in infant feeding decision” (Israel & Kroeger, 2003).

“The conclusion by world AIDS organizations is that the UNAIDS recommendation—**for all women to exclusively breastfeeding, unless HIV status is known to be positive and there is a safe, reliable means of replacement feeding**—should guide infant feeding counseling in the facility and the community” (Israel & Kroeger, 2003).

35. The **consistent use of condoms** during pregnancy” will “avoid new infection, re-infection, and/or further transmission [of HIV]; and promote dual protection throughout the postpartum and breastfeeding periods” (Israel & Kroeger, 2003).

36. It is essential that the family and people in the community have information about HIV/AIDS. **Adapt the following information according to country protocols.** “HIV is the virus that causes AIDS. HIV is spread through unprotected sexual contact and injection-drug use. Approximately 25% (1 out of 4) of HIV-infected pregnant women who are not treated during pregnancy can transmit HIV to their infants during pregnancy, during birth, or through breastfeeding. A woman might be at risk for HIV infection and not know it, even if she has had only one sex partner. Effective interventions such as highly active combination anti-retroviral medicines for HIV-infected pregnant women can protect their infants from acquiring HIV and can prolong the survival and improve the health of these mothers and their children. For these reasons, HIV testing is recommended for all pregnant women (if available in area/country). Services are available to help women reduce their risk for HIV (including use of condoms) and to provide medical care and other assistance to those who are infected. Women who decline testing must not be denied care for themselves or their infants” (CDC, 2001/02).

37. Advise the woman about her return to fertility and the chance of an unintended pregnancy. Explain that after the baby is born, the mother ovulates and can become pregnant before her first monthly bleeding. Encourage healthy timing and spacing of pregnancies: The World Health Organization recommends that there should be at least 24 months from the last birth to the next pregnancy. This lowers the risk of woman or baby sickness or death and supports the recommendation of breast feeding for at least two years. To reduce the risk of sickness or death of the mother or newborn, the woman should wait at least six months after a miscarriage or abortion before trying to become pregnant again (Marshall et al., 2008).

38. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

39. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

40. Give plenty of food and water or other fluids to the woman to help her have strength during labor.

41. **Where household bleach is not readily available**, a family can still prevent infection before birth. To prevent infection, use soap and water to wash the cord ties, cord cutting tool, clothes, cloths, and linens. After washing, let the items dry in the sun. It is best to use new gloves, a clean cord tie, and a new razor blade to cut the cord if they are available. After the birth, safely dispose of the gloves, cord cutting tool, placenta, and bloody disposable items such as cloths and perineal pads. Burn or bury these things to dispose of them safely. Safe disposal is recommended so that no one touches any bloody thing—this prevents the transmission of infections including HIV.

42. **General information for trainers about misoprostol:**

**Protocol and Counseling**

Give the woman the misoprostol tablets (or advise her to buy them) when she is about eight months pregnant. It is important that she have the tablets because she is the only person who will definitely be at her birth! After the birth of the baby, the woman takes three tablets (600 mcg) of misoprostol by mouth after you are sure there is no second baby. If no one is trained to feel for a second baby, the woman should take the three tablets as soon as the placenta(s) come out. Protocols may vary by country and include different doses or routes of administration of misoprostol. Follow your country’s guidelines if they differ from this suggested protocol.
Why use misoprostol? Remember, every woman is at risk of bleeding too much after birth. Where oxytocin injection is not available, misoprostol taken immediately after the baby is born can decrease the risk of postpartum hemorrhage (PPH) by approximately two thirds. It works by helping the uterus contract and become small and hard, which prevents too much bleeding. Misoprostol comes in 200-microgram tablets and can be taken by mouth, under the tongue, rectally, or vaginally. It is low cost and is not damaged by heat or light. It acts fast (but not as fast as injectables), is safe and effective, and can remain with the woman and be taken by herself or given by a birth attendant. A 2006 joint statement from the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) states that, “In home births without a skilled attendant, misoprostol may be the only technology available to control PPH.” The World Health Organization (WHO) recommends using misoprostol when a safe injection of oxytocin is not possible (WHO, 2007). Use of misoprostol for PPH prevention is effective in reducing postpartum blood loss after vaginal delivery. When compared with no prophylactic administration of a uterotonic drug during the third stage of labor, misoprostol lowers postpartum blood loss. Studies have shown misoprostol to be less effective than oxytocin, and as good as oral ergometrine if not better (Gynuity, 2007).

Precautions: The most important thing to remember is that a woman should NOT take any misoprostol before the baby is born. Taking it while the woman is pregnant may cause the baby to die or the uterus to rupture. This is because it may cause the uterus to contract too much, too early. It will not cause the uterus to rupture when taken after the baby is born and is very safe for the mother.

Side Effects: There are some side effects commonly associated with misoprostol but they are not serious, require no intervention, and will go away on their own after a short amount of time. These side effects include shivering, nausea, vomiting, diarrhea, cramping, and increased body temperature (fever). They are discussed below. Prolonged or serious side effects are rare (Venture Strategies Innovations, 2008).

- **Shivering** is the most common side effect of postpartum administration of misoprostol. It usually occurs within the first hour of taking misoprostol and will subside two to six hours after delivery.
- **Fever** is less common than shivering and does not necessarily indicate infection. Elevated body temperature is often preceded by shivering, peaks one to two hours after taking misoprostol, and gradually subsides within two to eight hours. An antipyretic drug can be used for relief of fever, if needed. If fever or shivering persists beyond 24 hours, the woman should seek medical attention to rule out infection.
- **Diarrhea** may occur after administration of misoprostol but should resolve within a day.
- **Nausea and vomiting** may occur and will resolve two to six hours after taking misoprostol. An antiemetic can be used if needed.
- **Cramping or painful uterine contractions**, as commonly occurs after childbirth, usually begins within the first few hours and may begin as early as 30 minutes after misoprostol administration. Nonsteroidal anti-inflammatory drugs or other analgesia can be used for pain relief without affecting the success of the method.

43. After the birth of the baby, the THW should confirm that there is no undisagnosed second twin before giving misoprostol. If there is any uncertainty, or if the birth attendant is unqualified to make the decision (including at a home birth without a THW), then misoprostol is best given after delivery of the placenta (Gynuity, 2007). The counseling messages on correct timing of use of misoprostol (i.e., after the birth of the last baby) are very important, particularly given the possibility of multiple births (Sanghvi et al., 2009).

44. Below are several important points to prevent infection before birth to help protect all people helping with the birth from germs like: yellow jaundice (hepatitis), HIV/AIDS, lockjaw (tetanus), and other sicknesses with fever. Sick people or animals should **not** be close to the woman or her baby at birth.

**Clean place for the birth:** Sweep the area, get all animals out, wash toilet area (with soapy or chlorine water), and wash clothes and bedding and dry them in the sun. The woman and her helpers should bathe and wear clean clothes.
Clean hands. Wash hands with soap and water. Use new gloves or waterproof material when touching the baby or anything with blood and body fluids. Cover clothes with apron or cloth.

Clean birth things: Use soap and water to wash hands and gloves to keep them clean. Use a clean bowl for washing with lots of water. Use soap to wash cloths and clothes, and hang them in the sun to dry. Make sure you have clean water to wash the woman (boil and cool water), clothes to keep the woman warm, and baby clothes and blankets to keep the baby warm after birth. Use a clean cord cutting tool to cut the cord. If scissors or a knife is used, prepare them using the Prevent Infection Steps below. Use clean cord tie material such as string or thread. When using a new razor blade and cord tie, the following infection prevention steps for the cord cutting tool and tie are not needed.

Clean people and helpers: Helpers need to bathe when labor begins and wear clean clothes. Use clean cloths/rags to soak up fluids and blood during and after birth. Use gloves or waterproof bags to keep blood and fluids off hands. Use an apron covering to keep blood and fluids off clothes. Use a waterproof container to dispose of the placenta.

Use Prevent Infection Steps to prepare before birth AND to clean up after the birth. Things that are nondisposable and soiled with blood and fluid need special care using these steps:

| Completely cover items | and soak 10 minutes in 0.5% chlorine bleach solution. This kills germs and loosens blood and soil in things used to care for the woman and baby. If the liquid bleach is 5% chlorine, use 1 part bleach to 9 parts water to make 0.5% chlorine bleach solution according to WHO recommendations. The solution should never feel slick or slippery, which means it is too strong. |

How to Prepare 0.5% Chlorine Decontamination Solution
(Mix according to the strength of the locally available brand of bleach.)

<table>
<thead>
<tr>
<th>Type or Brand (by Country)</th>
<th>Active Chlorine</th>
<th>Water to Chlorine = 0.5% Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIQUID BLEACH (Sodium Hypochlorite Solution)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 ° Chlorum</td>
<td>2.4%</td>
<td>Mix 10 ml bleach in 40 ml water (1 part bleach to 4 parts water)</td>
</tr>
<tr>
<td>12 ° Chlorum; JIK (Africa); Robin Bleach (Nepal); Ajax (Jamaica)</td>
<td>3.5%</td>
<td>Mix 10 ml bleach in 60 ml water (1 part bleach to 6 parts water)</td>
</tr>
<tr>
<td>Clorox or bleach (Indonesia, Peru, USA, Canada); ACE (Turkey); Eau de Javal (France, Vietnam)</td>
<td>5%</td>
<td>Mix 10 ml bleach in 90 ml water (1 part bleach to 9 parts water)</td>
</tr>
<tr>
<td>15 ° Chlorum; Lejia (Peru); Blanqueador or Cloro (Mexico)</td>
<td>6%</td>
<td>Mix 10 ml bleach in 110 ml water (1 part bleach to 11 parts water)</td>
</tr>
<tr>
<td>Lavandina (Bolivia)</td>
<td>8%</td>
<td>Mix 10 ml bleach in 150 ml water (1 part bleach to 15 parts water)</td>
</tr>
<tr>
<td>Chloros (UK); Liguria (Peru)</td>
<td>10%</td>
<td>Mix 10 ml bleach in 190 ml water (1 part bleach to 19 parts water)</td>
</tr>
<tr>
<td>Chloros (UK); Extrait de Javel (France); 48 ° Chlorum</td>
<td>15%</td>
<td>Mix 10 ml bleach in 290 ml water (1 part bleach to 29 parts water)</td>
</tr>
</tbody>
</table>

* The chlorine concentration may be measured in chlorometric degrees (* Chlorum). One ° Chlorum is about 0.3% available chlorine (Marshall et al., 2008).

Wash with ordinary laundry detergent soap and water. Use gloves to wash things. Rinse with clean water and dry in the sun. Store in a clean, dry, covered container or bag. Water alone will not remove blood, oils, bleach, and other things.

Boil cord cutting tool and cord tying material. Put the cord cutting tool and cord tying
material in a pot and completely cover them with clean water. Bring water to a boil and cover 
pot. Boil 20 minutes, the time it takes rice to cook. Drain water. Cover pot until things are 
needed. This kills germs and prevents infection of the baby’s cord.

Dispose of the placenta, gloves, cord cutting tool, and other disposable things by burying or 
burning. This prevents sickness by preventing contact of people and animals with blood and 
body fluids.

45. "Most cooling of the newborn happens during the first minutes after birth. In the first 10–20 
minutes, the newborn may lose enough heat to make the body temperature fall 2–4 degrees C. 
The baby can lose even more heat as time passes if proper care is not given" (Save the Children, 
2003).

46. Some things to discuss:

- Decide who the helpers are.
- The family and helpers need to know when the baby is expected.
- Decide where to be when it is near the time for the baby to be born. Decide where to have the 
  baby.
- Decide how to get to the THW if there is a problem.
- Decide who will care for other children and your home if there is a problem.
- Decide who will get enough money to pay for transportation, be available to give blood if 
  needed, and care for the woman if there is a problem.
- Prepare a container with light foods and drinks for the woman.

Everyone helping should know the signs of problems to know if the woman (and baby after 
birth) is very sick and needs to go to the THW.

47. If household bleach is not readily available, a family can prevent infection by washing the blood-
soiled clothes and clothes with soap and water and drying in the sun. Anyone washing the blood-
soiled clothing should wear gloves or other hand coverings if available. Safe disposal (by burning 
or burial) of gloves and bloody disposable items such as rags and perineal pads is recommended 
to make sure that no one touches anything that is bloody.

Put all blood-soiled nondisposable things in a container with household bleach or soap and water 
to soak for 10 minutes to loosen the blood and kill any germs. Dry all nondisposable things in the 
sun.

48. If it is not possible to give a Take Action Card booklet to each participant, place the large picture 
cards on the ground. Ask participants to place a pebble or other object on the picture that shows 
the action stated by the facilitator.
**THIRD VISIT**

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COMMUNITY MEETING
Prevent Problems After Baby Is Born

INFORMATION FOR THE FACILITATOR

Most of the time during pregnancy the woman is well and has no problems. After the baby is
born, the woman and the baby are usually well and have no problems. But sometimes there
is a problem. The family has to make decisions and do things to be ready before a problem
occurs. The participant can help to prevent woman and baby problems during pregnancy
and after the birth by helping the woman to be comfortable, giving her emotional and
physical support, watching for danger signs / problems, and taking action as needed. It is not
always possible to prevent a problem, but being ready and giving safe care can help.

In this meeting, participants will learn and practice how to prevent problems by being ready
and giving safe care to the woman and the baby after the baby is born. They will learn how
to use the Family Health Card to see danger signs / problems after the baby is born. They
will also learn how to plan for a pregnancy, how to prevent sexually transmitted infections
including HIV/AIDS, and how to tell when someone may have a sign of a sexually
transmitted infection or HIV/AIDS.

This meeting has much important information. It is divided into two sections: 1) Prevent
Problems after Baby Is Born: First Actions and 2) Prevent Problems after Baby Is Born:
Other Actions. Take plenty of time with each section. Remember to give breaks and give the
participants time to talk and think about the information.

OBJECTIVES

By the end of this meeting, each participant will be able to tell and show how to:

• Use Family Health Card to note danger signs / problems after the baby is born.
• Prevent problems after the baby is born: first actions.
• Prevent problems after the baby is born: other actions.
• Prevent sexually transmitted infections including HIV/AIDS.

§§§ A facilitator is someone who uses the CMNH and Mothers Nutrition Manual to help a group of
people understand their common objectives and assists them to plan to achieve them without taking a
particular position in the discussion. The facilitator will try to assist the group come to agreement on
shared community and THW problems and actions. The role has been likened to that of someone
who helps in the process of birth but is not the producer of the end result.
## PLAN

### PREPARATION

<table>
<thead>
<tr>
<th>How the facilitator prepares:</th>
<th>How the participants prepare:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review meeting plan</td>
<td>• Collect and bring items for delivery kit</td>
</tr>
<tr>
<td>• Get needed resources</td>
<td>• Bring experiences, stories, ideas about how to prevent problems after the baby is born</td>
</tr>
<tr>
<td>• Practice demonstrations</td>
<td></td>
</tr>
</tbody>
</table>

### Location:

- The community / health post

### Time:

- Six hours: two meetings, each meeting is three hours long
- Be flexible and go at the pace of the participants

### RESOURCES

**Demonstrations *Prevent Problems After Baby Is Born***:

- clean woman and baby things: mat/bed, clothing/cloths for warmth, rags/pads for fluid and blood
- things for washing: soap, water, basin, pitcher (something to pour water), pail, household bleach, towel
- clean cord care things: string, cord cutting tool
- birth attendant or helper coverings: apron, gloves or other hand coverings
- models: baby, placenta, uterus
- misoprostol
- waterproof container for placenta
- cup of liquids with sugar to drink

### Other resources:


### Optional germs demonstration:

- chile
- sharp knife
- water
- towel
Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all actions the participants say they do in the home to help prevent problems after baby is born.

First, ask the participants to open the Family Health Card to key messages 8, 9, 10, 11, 12, 14, 15, 16, 17, 18. Ask a volunteer (s) to read the key message(s).

Second, ask:

Has anyone ever seen or heard of a woman or her family do special things to prevent problems after the baby is born? If yes:

- What did you see to know that special things were ready when the woman had her baby? (signs)
- What did you do to help get special things ready? (action)
- What happened to the woman? (outcome)
- What can happen if the woman does not have special care when baby is born? (cause)

Third, ask:

Is anything special done for the baby? If yes:

- What did you see to know that something special was done? (signs)
- What is done, who helps, who decides? (action)
- What happens? (outcome)
- Why are these things done? (cause)

When the discussion is finished, thank the participants for sharing their experiences.
**Step 3. Share What the Trained Health Worker Knows**

First, **say**: The trained health worker (THW) learns to prevent problems when baby is born.

Second, ask volunteers to help you do the demonstration **After Baby is Born: First Actions**.

Third, do the demonstration.

<table>
<thead>
<tr>
<th>Demonstration: After Baby Is Born: First Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actors:</strong> Ask for volunteers to play Ydnas, a family member, and Ydnas’s husband. The Facilitator plays the birth attendant trained in CMNH and Mothers Nutrition.</td>
</tr>
<tr>
<td><strong>Props:</strong> Things for a clean place, things for a clean birth, things for clean cord care, things for washing, things for clean helpers, waterproof container, cup of liquids with sugar, baby model, misoprostol</td>
</tr>
<tr>
<td><strong>Situation:</strong> Explain who the volunteers are pretending to be, and tell the situation to those watching. <strong>Say:</strong> We are in the house of Ydnas and her husband. Someone has called the birth attendant trained in CMNH and Mothers Nutrition. The family member is explaining to the birth attendant, they could not find transport to go to the health post. The baby was just born. The baby is crying and is covered with a cloth. Ydnas is lying on her side. The birth things are ready.</td>
</tr>
</tbody>
</table>

**Demonstration:**

1. The **birth attendant** quickly washes her hands with soap and water, puts on gloves and washes the gloves with soap and water. She **says** to the **family member**: Help Ydnas semi-sit.

2. She holds the baby. Dries the baby (removing all blood and fluid) and rubs the back of the baby using one clean cloth. Removes the first cloth. With the second clean cloth, covers the baby including the head (she does not cover the face). [The baby is crying.] **NOTE:** If baby has trouble breathing, is gasping or not breathing see endnote to help baby breathe.

3. Hands the baby to Ydnas and helps her hold the baby close to her.

4. She feels for a second baby. If the **birth attendant is sure there is no second baby**, she **says**: I do not feel another baby. Ydnas, it is time for you to take the misoprostol. (*It is very important that if no one is trained to feel for a second baby or if there is a second baby, Ydnas should take the medicine as soon as the placenta comes out.*)

5. Ties and cuts the cord.

6. After some time, asks Ydnas to let her mother-in-law hold the baby. She helps Ydnas squat and pass urine.

7. Helps Ydnas to a semi-sitting position and helps the baby attach to the breast and suck. If the baby does not suck, use nipple stimulation.
Demonstration: After Baby Is Born: First Actions

8. Waits for the placenta to come out. She DOES NOT squeeze, push, or press on the womb. She does not pull on the cord.

9. After the placenta comes out, she rubs the womb and puts the placenta into a waterproof container that another helper is holding.

10. The birth attendant hands the baby to Ydnas and helps her hold the baby close to her. She helps Ydnas hold baby in good sucking position to breastfeed.

11. Cleans up things.54

12. The family member asks Ydnas what she would like to eat55 and drink56. The husband is happy and goes to tell his friends.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

<table>
<thead>
<tr>
<th>Demonstration: First Actions</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>What?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. As soon as the baby is born:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dry and cover baby. Wipe the baby's face.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rub baby's back.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Wait to bathe baby for 24 hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tie and cut cord (after 2-3 minutes).58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have woman squat and pass urine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(When placenta comes out, mother takes misoprostol if not taken before.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Rub womb.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Why?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wipe to remove any liquid from the mouth and nose so air can enter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drying/rubbing and covering helps baby breathe (look at color and listen to cry), and stay warm.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut the cord to separate the baby from the placenta. Blood volume is increased when cord tying is delayed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passing urine helps the placenta come out and prevents too much bleeding.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding helps the woman and baby to bond (close and sucking), and helps the placenta come out (do not pull on cord).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no trained attendant, mother should take misoprostol after the placenta comes out, to prevent too much bleeding.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubbing makes the womb hard. A hard womb prevents too much bleeding.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This prevents the person disposing of the placenta from touching the blood and fluids of the placenta. Sometimes these blood and fluids can cause sickness.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Demonstration: First Actions

<table>
<thead>
<tr>
<th>What?</th>
<th>Why?</th>
</tr>
</thead>
</table>
| Clean helpers:  
- Wash hands with soap and water.  
- Use gloves or other hand coverings.  
- Use apron.  
- Wash things with household bleach and dry in the sun. | This prevents infection.  
- Wash to remove dirt/germs from hands.  
- Use gloves and apron to keep blood/fluids off hands and clothing to prevent infection including hepatitis and HIV.  
- Clean up to remove blood and fluid from birth things and clothes.  
- Protect hands and wash things to prevent touching anything that is bloody. |

Fifth, ask:

- What new ideas have you seen here?
- Do you have any other ideas about how to prevent problems after baby is born: first actions?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote what the participants say they do, from Step 2, to compare the participant actions and the actions done in the demonstration.

First, review from Step 2.  
Say: You said earlier today that you do the following in the home to prevent problems after baby is born: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:  
Say which participant actions listed in Step 2 and actions for after baby is born done in the demonstration are similar.

After saying the similar actions, say: This is really wonderful that we do some things the same way to prevent problems after baby is born.

Third, with the participants, identify differences: Say which participant actions listed in Step 2 and actions for prevent problems After Baby Is Born: First Actions done in the demonstration are different.

For each difference, ask:  
- Why is [state action] taken?  
- What happens when you take [stated action]?  
- Is it acceptable to [stated action] in the home?  
- Can this be done in your home? Do you have enough resources?  
- Can you see any possible problem with doing it? If yes, what?  
- Can we agree to use this [stated action] to help prevent problems after baby is born?
Fourth, reach agreement on the picture card. Show the picture card for prevent problems After Baby Is Born: First Actions and ask:
- Does the picture remind us of a woman after baby is born?
- What do you see in the picture (signs) that makes you think action is being done?
- Can we come to agree that the picture reminds us of a woman after baby is born?

Fifth, reach agreement on the action cards for prevent problems After Baby Is Born: First Actions. Show the cards one at a time and ask:
- Does the picture remind us of helping a woman to prevent problems after baby is born: first actions?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

**Step 5. Practice the Actions**

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. Say: This booklet is for you to use. Use the booklet to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.

- Open the booklet to Prevent Problems After the Baby Is Born: First Actions.
- Look on Side One at the picture of the First Actions. Look on Side Two for the actions to do after baby is born – first actions.
- Show the picture card of the first actions. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in CMNH and Mothers Nutrition. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration Prevent Problems After Baby Is Born: First Actions.

Third, after the practice, ask:

- What did you see?
- What did the person(s) trained in CMNH and Mothers Nutrition do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, ask:

- How did you feel about helping a woman to prevent problems: first actions?
- If you or a family member is giving birth, will you be ready to take the actions we agreed on to prevent problems: first actions?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.
Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful to prevent problems: first actions?
- How will you know if you need more practice helping a woman to prevent problems after baby is born: first actions?
- What can you do for more practice?

Remind the participants:

- Everyone can learn to help a woman prevent problems after baby is born.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.
Activities

Step 1. Review the Previous Meeting

Ask:
- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all actions the participants say they do in the home to help prevent problems after the baby is born.

First, ask the participants to open the Family Health Card to key messages 12, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31,32. Ask a volunteer(s) to read the key message(s).

Ask:
- Have you heard about a woman with a newborn baby doing special things to care for herself?
- Have you ever seen a woman with a newborn baby doing special things to care for herself?

Second, ask questions about preventing problems after the baby is born. Ask:
- Is anything special done for the baby? If yes,
  - What is done, who helps, who decides? (action)
  - What happens? (outcome)
  - Why are these things done? (cause)

- Is anything special done for breastfeeding? If yes,
  - What is done, who helps, who decides? (action)
  - What happens? (outcome)
  - Why are these things done? (cause)

- Is anything special done for the woman? If yes,
  - What is done, who helps, who decides? (action)
  - What happens? (outcome)
  - Why are these things done? (cause)

When discussion is finished, thank participants for sharing their experiences. Time for break.

Step 3. Share What the Trained Health Worker Knows

First, say: The THW learns to prevent problems after the baby is born. We will see in the demonstration what the THW learns about preventing these problems.

Second, ask volunteers to help you do the demonstration Prevent Problems after Baby Is Born: Other Actions.
Third, do the demonstration.

<table>
<thead>
<tr>
<th>Demonstration: Other Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actors:</strong> Ask for volunteers to play Shahlani (who gave birth about 4 hours ago), the mother-in-law, and the husband. The facilitator plays the birth attendant trained in CMNH and Mothers Nutrition.</td>
</tr>
<tr>
<td><strong>Props:</strong> Tea and sugar, Take Action Card booklet, Family Health Card</td>
</tr>
<tr>
<td><strong>Situation:</strong> Explain who the volunteers are pretending to be, and tell the situation to those watching. <strong>Say:</strong> We are in the house of Shahlani and her husband. The family are visiting with Shahlani who had her baby about 4 hours ago. Shahlani has just finished eating and they are having tea.</td>
</tr>
</tbody>
</table>

1. The birth attendant arrives and greets everyone.

2. The birth attendant looks at the Take Action Card: Prevent Problems After Baby Is Born: Other Actions with Shahlani. They talk about what to do to prevent problems. The birth attendant says:
   - Bathe yourself as needed. Bathe your baby after 24 hours. Wash around cord stump every day beginning tomorrow. Let the cord stump dry in the air.
   - Pass urine often. Wash your genitals front to back each time after passing urine.
   - Drink one cup liquid at least every time you breastfeed. Eat at least four times a day or at least two extra meals a day. Eat a variety of foods. Continue to take iron tablets two times a day with food, and folic acid once a day so your blood can stay strong.61
   - Bathe the baby in a good sucking position at least every two hours during the day.62 Breastfeed often to give the baby nourishment and breastfeed at least once during the night to prevent another pregnancy too soon.63
   - Do not work or lift anything for 12 days.
   - Expose your baby to sunlight 20-30 minutes a day for strong bones – keep the baby's head covered.64 Keep the baby warm. Sleep with your baby using bednet (in malaria areas).
   - Use a condom when ready for sexual relations.

3. The birth attendant says to Shahlani and family members: You must remember to WATCH FOR PROBLEMS/DANGER SIGNS.65
   - Bleeding is very serious. It is not normal to bleed too much after birth. Any amount of continuous bleeding is not normal. Large, fist-sized clots are not normal. If Shahlani feels weak or faints, it is very serious.
   - Look in the FHC key messages: 25 and 26. REFERRAL is necessary for all these danger signs / problems.
   - See the THW after the baby is born to make sure the woman and baby are healthy, for Vitamin A, and to discuss about family planning.

4. The birth attendant reminds Shahlani and her family to watch for danger signs /problems using the Family Health Card.66 All problems and sickness need THW help. After taking tea, the birth attendant says goodbye and leaves.

After the demonstration, thank the volunteers and give them time to join the group.
**Fourth,** read each step in the box below and ask why it was taken.

| Prevent Problems After Baby Is Born: Other Actions |
|---------------------------------|---------------------------------|
| **What?** | **Why?** |
| 1. Woman and baby bathe every day. Let baby’s cord stump dry in the air. | Bathing prevents infection. Air dry the cord stump (do not rub to dry it) to prevent too much bleeding from cord stump. |
| 2. Pass urine often. Wash genitals front to back after passing urine. | Passing urine and washing help prevent infection. |
| 3. Drink one cup liquid at least every time of breastfeeding. Eat at least two extra meals a day. | Liquids and food give strength, energy, enough breast milk and help the woman recover better after birth. |
| 4. Breastfeed in good sucking position at least every two hours during the day and at least once during the night. | Breastfeeding gives the baby nourishment (colostrums and breast milk) and helps to make enough breast milk. |
| 5. Do not work or lift anything for 12 days. Baby sleeps with mother (use bed net in malaria areas). | The woman needs rest for strength and to prevent too much bleeding. The baby sleeps with the mother to keep warm and prevent infection. |
| Practice safe sex. | Practice safe sex to prevent infection, too much bleeding, or pregnancy too soon. |
| Expose baby to sunlight every day for 20-30 minutes. Always cover baby’s head. | Sunlight (Vitamin D) helps baby have strong bones. |
| 6. Watch for danger signs / problems and sickness. See the THW after the baby is born. | Watch for signs of problems to know if a referral is needed. The THW can help prevent problems and give woman and baby Vitamin A. The THW can discuss family planning with the woman and husband. Two years is good spacing before becoming pregnant again. |

**Fifth, ask:**
- What new ideas have you seen here?
- Do you have any other ideas about preventing problems after the baby is born?

Time for a break.
Step 4. Come to Agree on What to Do

Look at your paper where you wrote what the participants say they do, from Step 2, to compare the participant actions and the actions done in the demonstration.

First, review from Step 2.
   Say: You said earlier today that you do the following in the home when helping to prevent problems after the baby is born: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:
   Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

   After saying the similar actions, say: This is really wonderful that we do some things the same way when helping to prevent problems after the baby is born.

Third, with the participants, identify differences: Say which participant actions listed in Step 2 and actions done in the demonstration are different.

   For each difference, ask:
   • Why is [state action] taken?
   • What happens when you take [stated action]?
   • Is it acceptable to [stated action] in the home?
   • Can this be done in your home? Do you have enough resources?
   • Can you see any possible problem with doing it? If yes, what?
   • Can we agree to use this [stated action] to help to prevent problems after the baby is born?

Fourth, reach agreement on the problem cards. Show the problem card for prevent problems after the baby is born (other actions). For the card, ask:
   • Does the picture remind us of a woman after the baby is born (other actions)?
   • What do you see in the picture (signs) that makes you think action is needed?
   • Can we come to agree that the picture reminds us of a woman after the baby is born?

Fifth, reach agreement on the action cards for other actions. Show the cards one at a time and ask:
   • Does the picture remind us of helping to prevent problems after the baby is born?
   • What do you see in the picture that makes you think action is being done?
   • Can we come to agree that the picture reminds us to [state action]?

   • Can we agree that we will share what we learned from the pictures with others?
Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. Say: This booklet is for you to use. Use the section of the booklet on Prevent Problems to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.

- Turn in the booklet to Prevent Problems after Baby Is Born: Other Actions.
- Look on Side One at the picture of the woman after the baby is born and on Side Two for the actions.
- Show the picture card of the woman after the baby is born: other actions. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in CMNH and Mothers Nutrition. Ask other participants to use the Take Action Cards to help the volunteers.

Practice the demonstration After Baby Is Born: Other Actions.

Third, after the practice, ask:

- What did you see?
- What did the person(s) trained in CMNH and Mothers Nutrition do?
- Did the volunteers follow the agreed-on actions on the Take Action Cards?

Fourth, ask:

- How did you feel about helping Shahlani prevent problems after the baby is born?
- If you need to help prevent problems after the baby is born, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.
Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful to prevent problems?
- How will you know if you need more practice helping a woman prevent problems?
- What can you do for more practice?

**Remind the participants:**

- You can save lives by preventing problems after the baby is born.
- Take action after a birth to help the woman and baby using Take Action Cards.
- A woman or baby with any sign of a problem or sickness must be referred to the THW.
- A breastfeeding woman should:
  - Eat as many different kinds of foods as possible every day.
  - Eat more food than usual.
  - Take iron and folic acid tablets with food every day for 40 days after baby is born.
  - Take Vitamin A supplement within 45 days after baby is born.
- It is important to always be ready in case of a problem. Have a referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.
NOTES FOR COMMUNITY MEETING: PREVENT PROBLEMS

The references for this meeting can be found at the back of this book.

49. “The majority of women are not infected [with sexually transmitted infection or HIV/AIDS]... Five to ten percent of mother-to-child transmission [of HIV] is estimated to occur during pregnancy, mostly late in pregnancy. Normally, the HIV virus does not cross the mother's placenta to the fetus, but the placental (protective) barrier can be broken down by infections, such as malaria and certain sexually transmitted infections” (Israel & Kroeger, 2003).

50. The delivery kit contains at least a small piece of soap, clean cord ties, clean cord cutting tool, and clean cloth.

51. Prevention: Some problems can be prevented if the participant understands what actions to take. Sometimes it is hard to know when a problem is going to happen. The THW has learned that many times problems can be prevented by giving special care to a woman and baby during pregnancy, labor and birth, and after the birth. Discuss how to prevent the problem by asking questions about the problem in the discussion starter story. Agree on what can be done to prevent the problem. During the demonstration, explain each step that the THW does. Explain why the THW does each step. Allow time to practice the agreed-on actions.

52. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

53. Dry, warm, position, clear airway (mucous extractor), stimulate. If the baby is breathing, give baby to mother for warmth, stimulation, love and breastfeeding. If the baby has trouble breathing, is gasping, or is not breathing, help the baby breathe. This baby needs help right away (ventilation with ambu or mouth to mouth).

54. Clean up things after the baby is born:
   - Cord cutting tool: If a new razor blade was used, place the blade in the container for disposal. If scissors or a knife was used, clean the tool by placing it in the household bleach solution (see endnote about prevent infection before birth, above). If a household bleach solution is not available, place the tool in soap/water solution to soak for ten minutes.
   - Other disposable soiled things: put in the container for disposal.
   - Aprons, linens, and clothing soiled with blood and fluid: put in a large pail to soak for ten minutes in chlorine bleach solution or in soap and water solution.
   - Gloves: take off gloves by turning them inside out. Place the gloves with waste to be burned. Dry all nondisposable things in the sun.

55. Breastfeeding women should eat as many different kinds of foods as possible every day, especially animal foods, lentils, fruits and vegetables.

56. Milk is a good source of protein, Vitamin C (in camel milk), Vitamin A, B vitamins and calcium. (Sadler 2009).

57. Babies lose heat quickly after birth. If skin-to-skin contact with the mother at birth is culturally acceptable, put the baby on the mother’s abdomen or in her arms, skin-to-skin, for warmth. Skin-to-skin contact:
   - keeps the baby warm and allows the baby to get used to the smell and warmth of mother.
   - keeps the baby in close contact with the mother, which supports mother and baby bonding.
   - helps with early breastfeeding. Most babies are ready to breastfeed for the first time within 15–55 minutes after birth.
   - helps to prevent infections because the newborn’s skin will first have contact with its mother’s skin bacteria (Save the Children, 2003).
58. Marshall et al, 2008 states: Tie and cut the cord 2-3 minutes after birth or even longer. “Blood volume is increased when cord clamping is delayed 3 or more minutes, even when the baby is placed on the mother’s abdomen.” Prevent blood splashing when cutting the cord:

- Tie cord on baby’s side
- Milk cord to drain blood toward the placenta
- Tie cord on placental side
- Cut the cord between the two ties

59. If household bleach is not readily available, a family can prevent infection by washing the blood-soiled clothes and clothes with soap and water and drying in the sun. Anyone washing the blood-soiled clothing should wear gloves or other hand coverings as available. Safe disposal (by burning or burial) of gloves and bloody disposable items such as rags and perineal pads is recommended to make sure that no one touches anything that is bloody.

Put all blood-soiled nondisposable things in a container with household bleach or soap/water to soak for 10 minutes to loosen the blood and kills any germs. Dry all nondisposable things in the sun.

60. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

61 When breastfeeding the woman needs more iron than she can get from food. The woman should take the iron and folic acid tablets at least 40 days after birth to help the woman’s body continue to be strong. (Beck et al., 1998). Dose according to country protocols.

A breastfeeding woman should eat more food than usual. The extra food gives her energy and strength and helps her breast milk be plenty. A breastfeeding woman should at least eat an extra meal each day. If she receives a ration of supplementary food, she should not share it with other family members because it is needed for her health and the health and growth of her baby.

A breastfeeding woman should eat as many different kinds of foods as possible every day, especially beans, lentils, animal meat and eggs, dark green leafy vegetables and red/orange foods (pumpkins, ripe mangoes, papaya, carrots). She should eat more food than usual. Extra food gives a pregnant woman energy and strength and helps her recover faster after birth. The growing baby needs nourishing breast milk to grow healthy, and to be strong.

Milk (cow, goat, camel) is a good fluid for a breastfeeding woman. It is a source of protein, milk has many vitamins and calcium. Camel milk also has Vitamin C.

62. An ideal pattern is feeding on demand (that is, whenever the baby wants to be fed) at least 10 to 12 times a day in the first few weeks after the baby is born, and 8 to 10 times a day thereafter, including at least once at night in the first months. For LAM to be successful, daytime feedings should be no more than 4 hours apart, and night time feedings should be no more than 6 hours apart. Some babies may not want to breastfeed 8–10 times a day and may want to sleep through the night. These babies may need gentle encouragement to breastfeed more often so that LAM is successful in preventing another pregnancy (WHO & JHU/CCP, 2007).

LAM is a successful short-term family planning method when the following criteria are always followed:

- The woman’s menstrual periods have not returned,
- The baby is less than six months old, and
- The baby breastfeeds at least 10 times each 24 hours – no bottles, no water, nothing else
- The baby feeds frequently with no more than 4-hour intervals between any two daytime feeds and no more than 6 hours between any two night time feeds, and the baby is not receiving regular supplements.” (Farrell, 1995). If the baby does not demand to feed by crying or sucking on the fist, the mother should gently wake the baby and offer her breast to the baby.

63. Signs That a Baby Is Getting Enough Breast Milk:

- The baby feeds at least eight to ten times in 24 hours.
• The baby wets at least six times in 24 hours and the urine is clear to pale yellow in color.
• The baby has frequent yellow, seedy stools after the first days.
• The baby seems contented, with hungry times, quiet awake times, and sleepy times. It is NOT a good sign if a baby sleeps all the time.

64. Skin exposed to sunlight is an important source of Vitamin D. Nelson Textbook of Pediatrics 18th edition.


65. The Family Health Card discusses signs of woman problems: too much bleeding; fever; pain of womb, breast, or when passing urine; headaches and fits, blurry vision, swelling of hands and feet; bad smelling vaginal drainage; malaria; and other sicknesses. Other signs of sickness are: unexplained weight loss, chronic diarrhea, chronic thrush or yeast infection, chronic fever, and generalized dermatitis (adapt these HIV/AIDS signs according to country protocols). Other sicknesses include: malaria, vaginal discharge (sexually transmitted infections), chronic cough with blood (tuberculosis), cough and fever with dark sputum (pneumonia), and hookworm (parasites) (Israel & Kroeger, 2003; CARE, 1998)

66. Baby problems include: refuses to breastfeed, poor or no sucking, trouble breathing, gasping or breathing too fast, fits or convulsions, weak or unconscious, low birth weight or looks too small, very high or low body temperature (hot or cold to touch), cord stump (umbilical cord) bleeding, inflamed, or has pus. (Pictures may also be found in the Take Action Card Booklet)

67. Put the newborn baby together with the mother right after birth, within the first hour. Wait to bathe the baby for 24 hours to avoid hypothermia (loss of body heat), which can cause shock (Israel & Kroeger, 2003). Keep the baby warm by lying the baby close to the woman and covering them both. The baby should sleep next to the woman on the same bed or mat.

68. Milk is a good source of protein, Vitamin C (in camel milk), Vitamin A, B vitamins and calcium. (Sadler 2009).

69. Breastfeeding women should eat as many different kinds of foods as possible every days, especially beans, lentils, animal meat and eggs, dark green leafy vegetables and red/orange foods (pumpkins, ripe mangoes, papaya, carrots). Women who are breastfeeding should eat more food than usual. Extra food gives breastfeeding women energy and strength and helps her recover faster after birth.

70. When breast feeding, the woman needs more iron than she can get from food. The woman should take the iron and folic acid tablets at least 40 days after birth to help the woman’s body continue to be strong. (Beck et al., 1998). Dose according to country protocols.

71. Iron and folic acid tablets are important to prevent anemia. Anemia can cause tiredness and weakness. If possible have fruits at the same time you take the tablets. Do not drink milk at the same time you take the tablets as milk does not let the medicine be used by your body. The husband or other family member should remind the woman every day to take her tablets.

72. Help the woman to breastfeed. Watch to make sure the baby is well attached to the mother’s breast and has plenty of the mother’s nipple in the mouth. The woman’s arms need to be well supported.

73. A woman’s milk comes in two to three days after the birth. Before that, her breasts make a thick, yellowish liquid (colostrum) that is good for the baby. It is important to give the baby ALL the
**colostrum. Do not throw any of it away.** When the baby sucks the colostrum, the woman will have more milk sooner. The woman and her family need to know that colostrum:

- Boosts the baby's health and immunity to disease (like a first immunization).
- Helps the baby clear out meconium (first stools).
- Is exactly the food the baby needs before the breast milk comes in.

Give ONLY colostrum and breast milk during the first six months of life. Other feeds including water can make the baby sick, not feel hungry, and decrease the mother's milk supply because her breasts produce milk according to how much the baby sucks. Other feeds also have a bad effect on the success of the lactational amenorrhea method (LAM) of family planning. Avoid bottles and pacifiers, which confuse the baby and may cause the baby to refuse the woman's nipple or to attach poorly.

Whenever the baby shows signs of wanting to be fed (sucking on hand, moving or opening mouth, or moving head around) during day or night, the mother should breastfeed her baby for as long as the baby wants to remain on the breast. The baby should have a minimum of eight feeds during a 24-hour period and at least one feeding during the night without any interval more than four to six hours.

74. Dual protection (condom and LAM/other method) throughout the postpartum and breastfeeding periods [is very important] to prevent an unplanned pregnancy and MTCT because new infection during this time increases the (possibility of) MTCT due to the high viral load characteristic of early HIV infection (Israel & Kroeger, 2003).

75. Vitamin A supplement will give breast milk extra nutrients to help your baby stay healthy.

76. Encourage healthy timing and spacing of pregnancy. When the time between the birth of a baby and the next pregnancy is less than 24 months, there is a higher risk the baby will have problems. The World Health Organization recommends at least 24 months from the last birth to the next conception. Every couple must decide for themselves how they want to plan their family. They need accurate information about family planning methods. No one can decide for them. (Marshall et al., 2008).
FOURTH VISIT
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COMMUNITY MEETING
Baby Has Trouble Breathing At Birth (Helping Baby Breathe)

INFORMATION FOR THE FACILITATOR****

Many babies throughout the world die because they have trouble breathing at birth. A baby may have trouble breathing if labor is too long, if the birth is difficult, or if there is some other problem during the woman’s pregnancy.

It is easy to tell if the baby is not breathing. See key message 25 in Family Health card for difficulty breathing, gasping for air or breathing fast. The baby’s chest does not rise and the baby does not cry. If the baby is not helped to breathe within the first five minutes of birth, the baby will either die or suffer serious damage.

In this meeting, participants will share experiences about babies who have trouble breathing at birth. They will learn how to tell if the baby has trouble breathing at birth and what can be done to help save the baby’s life.

This meeting has much important information. Take plenty of time with the meeting. Remember to give breaks and give the participants time to talk and think about the information.

Note for facilitator:
Before using this meeting, participants must complete Prevent Problems First Actions and Other Actions.

OBJECTIVES

By the end of this meeting, each participant will be able to:

• Use Family Health Card to tell when a baby is having trouble breathing at birth.
• Tell and show how to help a baby who has trouble breathing at birth.
• Tell and show how to prevent a baby from having trouble breathing at birth.

**** A facilitator is someone who uses the CMNH and Mothers Nutrition Manual to help a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.
# PLAN

## PREPARATION

<table>
<thead>
<tr>
<th>How the facilitator prepares:</th>
<th>How the participants prepare:</th>
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</thead>
<tbody>
<tr>
<td>• Review meeting plan</td>
<td>• Collect and bring items used to help a baby breathe at birth</td>
</tr>
<tr>
<td>• Get needed resources</td>
<td>• Bring experiences with and stories about babies who had trouble breathing at birth</td>
</tr>
<tr>
<td>• Practice demonstration</td>
<td>• Bring ideas about what to do when a baby has trouble breathing at birth</td>
</tr>
<tr>
<td>• Review Take Action Card booklet and picture cards for: Baby Has Trouble Breathing at Birth</td>
<td></td>
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### Location:

- The community / health post

### Time:

- Seven hours: one meeting
- Be flexible and go at the pace of the participants

## RESOURCES

**Demonstration Baby Has Trouble Breathing at Birth:**

- baby model (if possible, use a special model called a resuscitation doll)
- clean things for baby: at least two cloths big enough to cover all of the baby (one to dry the baby and one to warm the baby) and head covering if available
- clean cord care things: string, cord cutting tool
- clean helper things: apron, gloves or other hand coverings
- clean place: locally available sleeping mat or bed, pillow
- placenta model
- waterproof container
- misoprostol (if approved practice)
- pretend money
- transportation

**Other resources:**

- Take Action Card booklet and picture cards: Baby Has Trouble Breathing at Birth
- Family Health Card: picture of baby having difficulty breathing
BABY HAS TROUBLE BREATHING AT BIRTH (HELPING BABY BREATHE)

Activities

Step 1. Review the Previous Meeting

Ask:
- What were some things we talked about in the last meeting?
- Was the information useful?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do to help a baby who has trouble breathing at birth.

First, ask the participant to open the Family Health Card to key message 25. Ask a volunteer to read the key message (child has difficulty breathing, is gasping for air or breathing fast danger signs/problems).

Ask:
- Have you ever heard about a baby with a problem of difficulty breathing, gasping for air, or breathing fast?
- Have you ever seen a baby with a problem of difficulty breathing, gasping for air, or breathing fast?

Second, ask:

Have you ever seen a baby who had trouble breathing at birth? If yes, ask:
- What did you see? (signs)
- What did you do to help the baby? (action)
- What happened to the baby? (outcome)
- What can cause a baby to have trouble breathing at birth? (cause)

Third, ask participants to show the items they brought that are used to help a baby who has trouble breathing at birth.

Thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, say: The trained health worker (THW) learns that a baby is having trouble breathing at birth if she sees any of the following:

- Baby has difficulty breathing - the baby’s chest does not rise and the baby does not cry.
- Baby is gasping or breathing fast - the area between the ribs is pulled in when the baby breathes in.
- The baby is weak and limp.
Second, ask for volunteers to help you do the two demonstrations for Baby Has Trouble Breathing at Birth.

Third, do the demonstrations.

<table>
<thead>
<tr>
<th>Demonstration 1: Baby Has Trouble Breathing at Birth</th>
</tr>
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<tbody>
<tr>
<td><strong>Actors:</strong> Ask for volunteers to play Letty and her husband, both trained in CMNH and Mothers Nutrition community meetings, and Letty’s friend. The Facilitator plays the mother-in-law, who is also trained in CMNH and Mothers Nutrition.</td>
</tr>
<tr>
<td><strong>Props:</strong> Baby model, clean things for baby, clean cord care things, clean helper things, clean place, placenta model, waterproof container, misoprostol (if approved practice), pretend money, transportation</td>
</tr>
<tr>
<td><strong>Situation:</strong> Explain who the volunteers are pretending to be, and tell the situation to those watching. <em>Say:</em> Letty is squatting. Her baby is just born and is not breathing. The mother-in-law is helping and has on an apron and gloves. The husband is finding transportation and Letty’s friend is waiting.</td>
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</table>

**Demonstration:**


2. The *mother-in-law says* to Letty: I wish your husband would hurry and bring the transportation and money. We did not get prepared in time to get to the health post for the birth but now we must get to the THW as soon as possible.

3. At the same time, the *mother-in-law* uses one cloth to dry the baby from head to toes, wipe the baby’s mouth and nose. She removes the wet cloth and quickly covers the baby using another big cloth.

4. The *mother-in-law* helps *Letty* hold the covered baby in a position to keep the airway open and rub her hand up and down the baby’s back.

5. *Letty* looks to see if the baby is breathing. She *says:* Oh baby, please breathe, come on and breathe! Yes, you are breathing! Good!

6. *Letty* continues to keep the baby warm and continues to rub the baby’s back.

7. The *mother-in-law* ties and cuts the cord.

8. The *mother-in-law says* to *Letty:* Put your baby close to your breast, skin to skin.⁷⁸ Soon your baby will want to breastfeed. Keep your baby covered.

9. After the placenta comes out, the *mother-in-law* rubs Letty’s womb. Letty takes misoprostol tablets if approved practice (see Prevent Problems First Actions for more information). She puts the placenta in the container. She *says to Letty:* Rub your womb to prevent too much bleeding. I hear your husband and others coming. As soon as we get ready, we will all go to the THW.
### Demonstration 2: Baby Has Trouble Breathing at Birth

**Actors:** Ask for volunteers to play Abimbola and her husband, both trained in CMNH and Mothers Nutrition, and Abimbola’s friend. The Facilitator plays the CMNH and Mothers Nutrition trained mother-in-law.

**Props:** Baby model, clean things for baby and cord care things, clean helper things, clean place, misoprostol (if approved practice), pretend money, transportation

**Situation:** Explain who the volunteers are pretending to be, and tell the situation to those watching. Say: Abimbola’s baby is just born and is not breathing. The mother-in-law is helping and has on an apron and gloves. The husband is waiting, and Abimbola’s friend has gone for help to get to THW for the birth.

<table>
<thead>
<tr>
<th>Demonstration:</th>
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<tbody>
<tr>
<td>1. The <strong>mother-in-law</strong> calls the husband. She ask the friend to get transportation and money. She <strong>says</strong> to the <strong>husband</strong>: Help Abimbola rest in a semi-sitting position.</td>
</tr>
<tr>
<td>2. At the same time, the <strong>mother-in-law</strong> uses one cloth to dry the baby from head to toes, wipe the baby’s mouth and nose. She removes the wet cloth and quickly covers the baby using another big cloth.</td>
</tr>
<tr>
<td>3. The <strong>mother-in-law</strong> helps <strong>Abimbola</strong> hold the covered baby in a position to keep the airway open and rub her hand up and down the baby’s back. <strong>Abimbola</strong> looks to see if baby is breathing. She says: Oh baby is not breathing!</td>
</tr>
<tr>
<td><strong>IF BABY IS NOT BREATHING:</strong></td>
</tr>
<tr>
<td>4. <strong>Abimbola</strong> wipes the baby’s mouth and milks the baby’s nose with a dry cloth or finger (may use bulb syringe or mother may mouth suck if traditional practice).</td>
</tr>
<tr>
<td>5. <strong>Abimbola</strong> holds the baby to keep the airway open (in sniffing position) and blows two puffs of air and looks to see the chest move. She says: Your chest moves but Oh no! You are still not breathing.</td>
</tr>
<tr>
<td><strong>IF BABY IS NOT BREATHING:</strong></td>
</tr>
<tr>
<td>6. <strong>Abimbola</strong> quickly ties and cuts the umbilical cord. She moves in a position to lay her baby on a flat place (table, bed, or mat) and keeps the baby’s airway open (sniffing position). She blows 40 puffs of air into the baby looking to see the chest move.</td>
</tr>
<tr>
<td>7. <strong>Abimbola</strong> continues to keep the baby warm and rub the baby’s back.</td>
</tr>
<tr>
<td>8. <strong>Abimbola</strong> looks to see if the baby is breathing and <strong>says</strong>: Oh baby, please breathe, come on and breathe! Yes, you are breathing! Good!</td>
</tr>
<tr>
<td>9. The <strong>mother-in-law</strong> ties and cuts the cord (if it was not cared for above).</td>
</tr>
<tr>
<td>10. The <strong>mother-in-law</strong> hands the baby to the husband and helps Abimbola. The <strong>husband</strong> holds the baby skin to skin and continues rubbing the baby’s back.</td>
</tr>
<tr>
<td>11. <strong>After the placenta comes out,</strong> the <strong>mother-in-law</strong> rubs Abimbola’s womb. Abimbola takes misoprostol tablets (see Prevent Problems First Actions). The mother-in-law puts the placenta in the container. She <strong>says</strong> to Abimbola: Rub your womb to prevent too much bleeding. As soon as I get you cleaned up, we will go to the THW.</td>
</tr>
</tbody>
</table>
After the demonstrations, thank the volunteers and give them time to join the group.

**Fourth,** read each step in the box below and ask why it was taken.

<table>
<thead>
<tr>
<th>Demonstration: Baby Has Trouble Breathing at Birth</th>
<th>What?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call for help.</td>
<td>Call others to help with referral, transportation, care, and money.</td>
<td></td>
</tr>
<tr>
<td>2. Dry baby. Wipe the baby's mouth and nose with a clean, dry cloth.</td>
<td>To remove fluid from baby's mouth and nose. Fluid makes it harder for air to get in the baby. The baby needs air to breathe.</td>
<td></td>
</tr>
<tr>
<td>3. Rub the baby’s back firmly and quickly.</td>
<td>Helps baby breathe. A baby can be hurt or get weaker or colder if back is slapped or the chest is squeezed, or if the baby is put in hot or cold water or held upside down.</td>
<td></td>
</tr>
<tr>
<td>4. Wipe mouth and nose again.</td>
<td>To remove any fluid from baby’s mouth and nose and make it easier for air to get in the baby.</td>
<td></td>
</tr>
<tr>
<td>5. Hold baby to keep airway open (sniffing position).</td>
<td>To make room for air to go into baby.</td>
<td></td>
</tr>
<tr>
<td>6. Go to referral site.</td>
<td>The THW gives special care, medicine.</td>
<td></td>
</tr>
</tbody>
</table>

| If the baby is not breathing:                       | |
| 4. Wipe mouth and nose again.                       | To remove any fluid from baby’s mouth and nose and make it easier for air to get in the baby. |
| 5. Hold baby to keep airway open (sniffing position).| To make room for air to go into baby. |
| 6. Go to referral site.                             | The THW gives special care, medicine. |

**Fifth. ask:**
- What new ideas have you seen here?
- Do you have any other ideas about helping a baby who has trouble breathing at birth?
**Step 4. Come to Agree on What to Do**

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

**First**, review from Step 2.

*Say*: You said earlier today that you do the following for a baby who has trouble breathing at birth: [read aloud the notes of participant actions you wrote during Step 2].

**Second**, with the participants, identify similarities:

*Say* which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, *say*: This is really wonderful that we do some things the same way when helping a baby who has trouble breathing at birth.

**Third**, with the participants, identify differences:

*Say* which participant actions listed in Step 2 and actions done in the demonstration are different.

For each difference, *ask*:

- Why is [stated action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a baby who has trouble breathing at birth?

**Fourth**, reach agreement on the picture cards. Show each picture card for the signs of a baby who has trouble breathing at birth and *ask*:

- Does the picture remind us of a baby who has trouble breathing at birth?
- What do you see in the picture that makes you think action is needed?
- Can we come to agree that the picture reminds us of a baby who has trouble breathing at birth?

**Fifth**, reach agreement on the Take Action Cards. Show the cards one at a time and *ask*:

- Does the picture remind us of helping a baby who has trouble breathing at birth?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?
Step 5. Practice the Actions

First, if the participants have not received a Family Health Card and Take Action Card booklet, give a booklet to each participant. **Say:** This booklet is for you to use. Use the section of the booklet on Baby Has Trouble Breathing at Birth to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.  

- Open the booklet to Baby Has Trouble Breathing at Birth.
- Look on Side One at the picture for the signs of a baby who has trouble breathing at birth. Look on Side Two for the actions.
- Show the picture card of the problem. Ask participants to find the same picture in the Family Health Card or Take Action Card booklet.
- Show each picture card of the action. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstrations in groups. Encourage everyone to take a turn to be the person trained in CMNH and Mothers Nutrition. Ask other participants to use the Take Action Card to help the volunteers.

Practice the two demonstrations for **Baby Has Trouble Breathing at Birth**.

Third, after the practice **ask**:

- What did you see?
- What did the person(s) trained in CMNH and Mothers Nutrition do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, **ask**:

- How did you feel about helping a baby who has trouble breathing at birth?
- If you or your family member has a baby who has trouble breathing at birth, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

**Ask**:

- How will you decide if these actions are helpful when a baby has trouble breathing at birth?
- How will you know if you need more practice helping a baby breathe at birth?
- What can you do for more practice?
Step 7. What Can We Do to Prevent a Baby from Having Trouble Breathing at Birth?

First, say: Remember the story of Sonia and her baby who was not breathing at birth.

Second, ask:

- What did we agree today could have been done to help Sonia’s baby?

  Answers can include:
  - Call for help.
  - Dry all of the baby.
  - Clear baby’s mouth and nose.
  - Mother warms the baby skin to skin.
  - Covers with a dry cloth.
  - Hold baby in a position to keep the airway open.
  - Stimulate the baby by rubbing the back firmly and quickly.

- What can cause a baby to have trouble breathing at birth?

  Answers can include:
  - Baby has birth fluids in the mouth or nose and the air cannot get in the baby. The baby cannot breathe.
  - Baby is born too early or too small. The baby may not be strong enough to breathe.
  - Woman was too sick before or during her pregnancy\(^*\) and the baby is tired from the sickness. The baby may be too tired to breathe.
  - The labor was too long and the baby may be too tired to breathe.
  - The birth was delayed and it took a very long time for the baby to be born. The baby may be hurt during the birth or too tired to breathe.

- What can be done to prevent a baby from having trouble breathing at birth?

  Answers can include:
  - Be ready to care for the baby: dry and warm the baby, clear the baby’s nose and mouth, position the baby to keep the airway open, stimulate the baby, breathe for the baby by blowing puffs of air from the cheeks.
  - Give the woman food and drink during labor to keep her strong. This may prevent the baby from being too tired at birth.
  - Wipe baby’s mouth and nose as soon as possible after birth to make sure there are no fluids in the mouth or nose.
  - The woman should see the THW during pregnancy if she is sick, her bag of water breaks and she has no birthing pains, she has fever or is bleeding, or if the baby is coming too soon. All of these problems may make the baby too tired or sick to breathe well at birth.
Remind the participants:

- Everyone can learn to help a baby breathe.
- Quick action can help the baby breathe.
- A baby who has trouble breathing at birth must see a THW as soon as possible.
- A sick pregnant woman must see a THW as soon as possible.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.
NOTES FOR HELPING BABY BREATHE

The references for this meeting can be found at the back of this book.

77. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

78. Caring for a small baby is sometimes called Kangaroo Mother Care. The small baby needs more help and time to get used to life outside the womb. They also need help to stay warm and get enough nourishment to grow and mature. There are three parts of the special care for small babies:

- **Skin-to-skin contact** between the front of the baby and the mother’s chest should start at birth and continue day and night. The baby wears a head covering to prevent cooling of the head, and may wear cloths to soak up stool and urine. **Wrap the baby and mother:**
  - Place the baby between the mother’s breast, with the baby’s feet below the mother’s breasts and the baby’s hands above the mother’s breasts.
  - The mother and baby should be chest-to-chest with the baby’s head turned to the side.
  - Snugly wrap the mother and baby together by placing the center of a long cloth over the baby on the mother’s chest, wrapping both ends of the cloth around the mother under her arms to her back, crossing the cloth ends behind the mother, and bringing both ends again to the front. Tie the ends of the cloth in a knot under the baby.
  - Support the baby’s head by pulling the wrap up to just under the baby’s ear. Another family member may do the skin-to-skin contact for short periods when the mother bathes or must do something else.
  - If skin-to-skin contact with the mother is culturally unacceptable to her, dry and wrap the baby. Make sure the head is covered. Place the baby next to the mother.

- **Exclusive breast feeding** begins right after birth and continues frequently thereafter. The cloth that wraps around the mother and baby is loosened for the breastfeeding. See below for more information about how to help a mother breastfeed her small baby.

- **Support the mother and baby** by supplying everything the mother and baby need without separating them. At home the family will support the mother and baby. In a health facility the staff will provide the support.

The advantages of skin-to-skin contact are:

- Mother’s warmth keeps baby warm.
- Close contact between mother and infant supports bonding.
- Position helps with early breastfeeding.
- Contact helps to prevent infections because the newborn’s skin will first have contact with the mother’s skin bacteria, not bacteria from others.

Adapted with permission from Saving Newborn Lives (2003).

79. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

80. If the mother is alone, she must tie and cut the cord quickly. The cord can wait if someone is with the mother to help the baby breathe. Breathe for the baby about 40 puffs in a minute. Breathe using only the air in your mouth, not from your chest. Do not blow too hard or too much as the baby’s lungs are very small and fragile. LOOK to see that baby’s chest moves to know that air is going in the baby’s lungs.

If you are not the family member, mouth to mouth breathing has a small risk of passing infection...
between the baby and the helper. Wiping all blood and fluid from mouth / nose, washing the face, and using a protective cloth or gauze may help reduce that risk.

81. If the baby does not start breathing, try to blow 40 puffs of air. If still not breathing, blow 40 puffs of air again and repeat until the baby is breathing, or stop after 20 minutes if the baby is not breathing.)

82. If chest does not move, make sure baby is positioned to keep airway open and repeat puffs of air

83. If the mother is alone, she must tie and cut the cord quickly. The cord can wait if someone is with the mother to help the baby breathe.

84. If it is not possible to give a Family Health Card and Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

85. Signs of sickness are discussed in Referral Meeting. When the pregnant woman is sick with any of these signs, the baby may be weak or sick: too much bleeding, fever and pain of womb or breast or when passing urine, headache and fits, or other sickness (bad smelling vaginal drainage or malaria). Other signs of sickness in the pregnant woman include: unexplained weight loss, chronic diarrhea, chronic thrush or yeast infection, chronic fever, and generalized dermatitis (adapt HIV/AIDS signs according to country protocols). Other sickness such as chronic cough with blood (tuberculosis), cough and fever with dark sputum (pneumonia), and hookworm (parasites) may also affect the baby (Israel & Kroeger, 2003; CARE, 1998).
COMMUNITY MEETING BLEEDING TOO MUCH

INFORMATION FOR THE FACILITATOR††††

Many women throughout the world die because they have too much bleeding during childbirth. A woman may bleed too much if the womb does not stay hard after birth, or if the placenta does not come out of the womb. She may also die if she bleeds too much from a bad tear in the birth canal.

Sometimes it is hard to tell when the woman is bleeding too much. The bleeding may be too much when it is any amount of continuous bleeding or when there are large clots the size of a fist. Too much bleeding (severe bleeding), if not stopped, causes fainting and even death. A woman who bleeds too much after the baby is born, can bleed to death in two to three hours.

In this meeting, participants will share their experiences about bleeding. They will learn how to tell when a woman is bleeding too much using the key message 26 in Family Health Card. They will learn what they can do to help save her life. They will also discuss how to prevent contact with blood and the safe care of things with blood on them.86

This meeting has much important information about Bleeding Too Much After Baby Is Born. Take plenty of time. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

By the end of this meeting, each participant will be able to:

- Use the Family Health Card to tell when a woman is bleeding too much (severe bleeding) after the baby is born.
- Tell and show how to help a woman who is bleeding too much after the baby is born.
- Tell how to help a woman who is weak and faints from too much bleeding.
- Tell and show how to prevent blood from touching the baby and helpers.

†††† A facilitator is someone who uses the CMNH and Mothers Nutrition Manual to help a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.
# PLAN

## PREPARATION

<table>
<thead>
<tr>
<th>How the facilitator prepares:</th>
<th>How the participants prepare:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review meeting plan</td>
<td>• Bring experiences with and stories about women bleeding too much</td>
</tr>
<tr>
<td>• Get needed resources</td>
<td>• Bring ideas about what to do when a woman is bleeding too much</td>
</tr>
<tr>
<td>• Practice demonstrations</td>
<td>• Bring stories about how they helped a woman who bled too much</td>
</tr>
<tr>
<td>• Review Family Health Card and Take Action Card booklet and picture cards: Bleeding Too Much After Baby Is Born</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The antenatal clinic or community</td>
<td>• Four to five hours</td>
</tr>
<tr>
<td></td>
<td>• Be flexible and go at the pace of the participants</td>
</tr>
</tbody>
</table>

## RESOURCES

**Demonstration Bleeding Too Much After Baby Is Born:**

- things for a clean place: locally available sleeping mat or bed, pillow, pail for urine
- things for clean helpers: apron, gloves or other hand coverings
- things for washing: soap, water, basin, pitcher, pail, household bleach, towel
- cloth with red stain to look like blood
- clean cloth to cover the woman
- clean pads (or rags/cloths) for bleeding
- cup with liquids to drink
- models: baby, uterus, breast, placenta
- waterproof container
- transportation and pretend money

**Other resources:**

- A list of referral services
- Family Health Card, Take Action Card booklet, and picture cards: Bleeding Too Much After Baby Is Born
BLEEDING TOO MUCH AFTER BABY IS BORN

Activities

Step 1. Review the Previous Meeting

Ask:

• What were some things we talked about in the last meeting?
• Was the information useful to you?
• Did you share the information with anyone?
• If yes, what did they think?

Thank participants.

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a woman bleeding too much after the baby is born.

First, ask the participants to open the Family Health Card to key message 26. Ask a volunteer to read the key message for severe bleeding (too much bleeding) in postnatal danger signs.

Ask:

• Have you ever heard about a woman with severe bleeding after the baby is born?
• Have you ever seen a woman with severe bleeding after the baby is born?

Say: Remember when we talked about woman danger signs of problems.

Ask:

• What did we agree about bleeding too much after the baby is born?

Second, ask:

Has anyone ever seen a woman who had severe bleeding (bleeding too much) after the baby was born? If yes, ask:

• What did you see? (signs)
• What did you do to help the woman? (action)
• What happened to the woman? (outcome)
• What can cause a woman to bleed too much after the baby is born? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.
**Step 3. Share What the Trained Health Worker Knows**

**First, say:** The trained health worker (THW) learns that a woman is bleeding too much (severe bleeding) after the baby is born if she has:

- Any amount of continuous bleeding.
- Large, fist-sized clots, the size of my fist [show your fist].
- Weakness and fainting. The woman cannot stand up alone or she falls.

**Second, ask volunteers to help you do the demonstration Bleeding Too Much After Baby Is Born.**

**Third, do the demonstration.**

<table>
<thead>
<tr>
<th>Demonstration: Bleeding Too Much After Baby Is Born</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actors:</strong> Ask for volunteers to play Arely, mother-in-law, and her husband (all trained in CMNH and Mothers Nutrition), and a friend. The Facilitator plays the mother-in-law.</td>
</tr>
<tr>
<td><strong>Props:</strong> Things for a clean place, things for clean helpers, things for washing, cloth with red stain, clean cloth, clean pads, cup with liquids, models, waterproof container, transportation, pretend money</td>
</tr>
<tr>
<td><strong>Situation:</strong> Explain who the volunteers are pretending to be, and tell the situation to those watching. <strong>Say:</strong> The family has completed the CMNH and Mothers Nutrition meetings. Arely has just given birth with the help of the mother-in-law and is cleaned up. Arely took misoprostol according to country practice. The placenta is in a waterproof container. Arely returns from passing urine looking very weak. She says there were two very big blood clots and now the bleeding is continuous.</td>
</tr>
<tr>
<td><strong>Demonstration:</strong></td>
</tr>
<tr>
<td>1. The mother-in-law immediately <strong>calls for help:</strong> Help, someone help us please!</td>
</tr>
<tr>
<td>2. Right away the mother-in-law helps Arely lie down and rubs Arely’s womb.</td>
</tr>
<tr>
<td>3. The husband and a friend come in. The mother-in-law says to the husband: Arely is bleeding too much and needs to go to the THW. Quick! Get transportation and money!</td>
</tr>
<tr>
<td>4. The friend helps Arely put the baby to her breast. The friend asks the mother-in-law: Can you put something inside Arely’s birth canal to stop the bleeding?</td>
</tr>
<tr>
<td>5. The mother-in-law says: I learned at the CMNH meetings not to put anything in the birth canal because this can make Arely more sick.</td>
</tr>
<tr>
<td>6. The mother-in-law puts on gloves and continues to rub Arely’s womb. She helps Arely squat and pass urine and then puts a pad firmly between Arely’s legs.</td>
</tr>
<tr>
<td>7. The mother-in-law begins to do a two-hand hold of the womb.</td>
</tr>
</tbody>
</table>
8. The friend gives Arely some fluids to drink. The friend puts on gloves and removes the blood-soiled things and puts them in a waterproof container containing household bleach and water. She puts a clean cloth on Arely.

9. Arely’s husband comes rushing with the transportation and money. They go to the THW.

10. On the way to the THW, the mother-in-law continues the two-hand hold of the womb. The husband helps Arely with referral by helping her to lie down, covering her, and giving her fluids to drink.

11. The friend washes Arely’s things soiled with blood. When she is finished, she puts the things out to dry in the sun. She washes her hands with soap and water.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

<table>
<thead>
<tr>
<th>Demonstration: Bleeding Too Much After Baby Is Born</th>
<th>What?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call for help.</td>
<td>Call others to help with referral, transportation, care, and money. Help is urgently needed.</td>
<td></td>
</tr>
<tr>
<td>2. Put baby to breast or stimulate nipples if baby cannot suck the breast.</td>
<td>Makes the womb get hard to slow the bleeding.</td>
<td></td>
</tr>
<tr>
<td>3. Help woman squat and pass urine.</td>
<td>Too much urine can keep the womb from getting hard and can block clots from coming out. Squatting helps the placenta come out.</td>
<td></td>
</tr>
<tr>
<td>4. Rub womb.</td>
<td>Makes the womb get hard to slow the bleeding.</td>
<td></td>
</tr>
<tr>
<td>5. Do a two-hand hold of the womb.</td>
<td>Squeezes the womb, makes the womb hard, and slows bleeding.</td>
<td></td>
</tr>
<tr>
<td>6. Put a pad firmly between the legs on the place that is bleeding. Use more pressure than when using a pad or cloth for menstrual blood.</td>
<td>Pressure on the tear may help slow the bleeding.</td>
<td></td>
</tr>
<tr>
<td>Do not put anything in the birth canal.</td>
<td>Putting something in the birth canal may cause more serious bleeding.</td>
<td></td>
</tr>
<tr>
<td>REFER.</td>
<td>THW help is needed urgently.</td>
<td></td>
</tr>
<tr>
<td>Wear hand covers to:</td>
<td>Protect hands and wash things to prevent touching anything that is bloody. This prevents infection.</td>
<td></td>
</tr>
<tr>
<td>• clean the woman</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• wash blood-stained clothes with household bleach and water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• safely dispose of bloody items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash hands with soap and water.</td>
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<td></td>
</tr>
</tbody>
</table>
Fifth, ask:

- What new ideas have you seen here?
- Do you have any other ideas about helping a woman bleeding too much after the baby is born?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. Say: You said earlier today that you do the following in the home when a woman is bleeding too much after the baby is born: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, say: This is really wonderful that we do some things the same way when helping a woman who is bleeding too much after the baby is born.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ask:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help a woman who is bleeding too much after the baby is born?

Fourth, reach agreement on the picture card. Show the picture card for bleeding too much after the baby is born and ask:

- Does the picture remind us of a woman who is bleeding too much after the baby is born?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman who is bleeding too much after the baby is born?
Fifth, reach agreement on the action cards. Show the cards one at a time and ask:

- Does the picture remind us of helping a woman who is bleeding too much after the baby is born?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?
- Can we agree that we will share what we learned from the pictures with others?

**Step 5. Practice the Actions**

First, if the participants have not received a Family Health Card and a Take Action Card booklet, give booklets to each participant. Say: The booklets are for you to use. In the FHC find key message 26. Use the section of the booklet on Bleeding Too Much After Baby Is Born to practice and to remind you of problems and actions at home. These are the same pictures we have used.96

- Open the TAC booklet to Bleeding Too Much After Baby Is Born.
- Look in FHC to key message 26 for severe bleeding and on Side One at the picture of the woman bleeding too much after the baby is born. Look on Side Two for the actions.
- Show the picture card of the woman bleeding too much after the baby is born. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in CMNH and Mothers Nutrition. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Bleeding Too Much After Baby Is Born**.

Third, after the practice, ask:

- What did you see?
- What did the person(s) trained in CMNH and Mothers Nutrition do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, ask:

- How did you feel about helping with bleeding too much after the baby is born?
- If you need to help a woman who is bleeding too much after the baby is born, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.
**Step 6. How Will You Know the Actions Are Helpful?**

**Ask:**

- How will you decide if these actions are helpful when a woman is bleeding too much after the baby is born?
- How will you know if you need more practice helping a woman who is bleeding too much after the baby is born?
- What can you do for more practice?

**Step 7. What Can We Do to Prevent Bleeding Too Much After Baby Is Born?**

First, remember the story of Arely from the demonstration.

Second, ask:

- What happened to Arely after her baby was born? What was the problem?
  **Answer:** Arely was bleeding too much a few hours after her baby was born.

- What was done?
  **Answer:** Arely called her mother-in-law and they went with the baby to the THW.

- What did we agree today could have been done to help Arely?
  **Answer:** Call for help. Rub Arely’s womb, rub her nipples or put the baby to her breast, help her pass urine, help her lie down, do two-hand hold of the womb, and put a cloth or pad firmly between her legs. Refer to a THW.

- What caused the problem?
  **Answer:** Maybe too much urine, maybe poor nutrition, maybe we don’t know.

- What else can cause the problem?
  **Answer:** Arely’s womb is not hard enough, labor and birth took too long, infection.

**Remind the participants:**

- **TAKE ACTION RIGHT AWAY** when a woman is bleeding too much after the baby is born.
- Any bleeding can cause a woman and her baby to get very sick and sometimes die.
- Sometimes we do everything we know how to do, but still a woman may bleed too much.
- It is important to always be ready in case of a problem. Have a birth and referral plan.
Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of the meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.
NOTES FOR BLEEDING TOO MUCH AFTER BABY IS BORN

The references for this meeting can be found at the back of this book.

86. Helpers should minimize the baby’s contact with maternal blood and fluids. Helpers and birth attendants should protect hands with gloves and dispose of blood and waste safely. There should be a dedicated supply of antiretroviral drugs for anyone directly exposed to blood and body fluids. HIV/AIDS country protocols may vary (Israel & Kroeger, 2003).

Additional information is in Community Meeting: Prevent Problems: First Actions.

87. In Community Meeting Referral, we agreed that bleeding too much after the baby is born is a problem.

88. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

89. General Information for Trainers about Misoprostol:

Why use misoprostol? Remember, every woman is at risk of bleeding too much after birth. Where oxytocin injection is not available, misoprostol taken immediately after the baby is born can decrease the risk of postpartum hemorrhage (PPH) by approximately two thirds. It works by helping the uterus contract and become small and hard, which prevents too much bleeding. Misoprostol comes in 200-microgram tablets and can be taken by mouth, under the tongue, rectally, or vaginally. It is low cost and is not damaged by heat or light. It acts fast (but not as fast as injectables), is safe and effective, and can remain with the woman and be taken by herself or given by a birth attendant. A 2006 joint statement from the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) states that, “In home births without a skilled attendant, misoprostol may be the only technology available to control PPH.” The World Health Organization (WHO) recommends using misoprostol when a safe injection of oxytocin is not possible (WHO, 2007). Use of misoprostol for PPH prevention is effective in reducing postpartum blood loss after vaginal delivery. When compared with no prophylactic administration of a uterotonic drug during the third stage of labor, misoprostol lowers postpartum blood loss. Studies have shown misoprostol to be less effective than oxytocin, and as good as oral ergometrine if not better (Gynuity, 2007).

Precautions: The most important thing to remember is that a woman should NOT take any misoprostol before the baby is born. Taking it while the woman is pregnant may cause the baby to die or the uterus to rupture. This is because it may cause the uterus to contract too much, too early. It will not cause the uterus to rupture when taken after the baby is born and is very safe for the mother.

Make sure there is not a second baby: After the birth of the baby, the THW should confirm that there is no undiagnosed second twin before giving misoprostol. If there is any uncertainty, or if the birth attendant is unqualified to make the decision (including at a home birth without a trained health worker), then misoprostol is best given after delivery of the placenta (Gynuity, 2007). The counseling messages on correct timing of use of misoprostol (i.e., after the birth of the last baby) are very important, particularly given the possibility of multiple births (Sanghvi et al., 2009).

Side Effects: There are some side effects commonly associated with misoprostol but they are not serious, require no intervention, and will go away on their own after a short amount of time. These side effects include shivering, nausea, vomiting, diarrhea, cramping, and increased body temperature (fever). They are discussed below. Prolonged or serious side effects are rare (Venture Strategies Innovations, 2008).
• **Shivering** is the most common side effect of postpartum administration of misoprostol. It usually occurs within the first hour of taking misoprostol and will subside two to six hours after delivery.

• **Fever** is less common than shivering and does not necessarily indicate infection. Elevated body temperature is often preceded by shivering, peaks one to two hours after taking misoprostol, and gradually subsides within two to eight hours. An antipyretic drug can be used for relief of fever, if needed. If fever or shivering persists beyond 24 hours, the woman should seek medical attention to rule out infection.

• **Diarrhea** may occur after administration of misoprostol but should resolve within a day.

• **Nausea and vomiting** may occur and will resolve two to six hours after taking misoprostol. An antiemetic can be used if needed.

• **Cramping or painful uterine contractions**, as commonly occurs after childbirth, usually begins within the first few hours and may begin as early as 30 minutes after misoprostol administration. Nonsteroidal anti-inflammatory drugs or other analgesia can be used for pain relief without affecting the success of the method.

Protocols may vary by country and include different doses or routes of administration of misoprostol. Follow your country’s guidelines if they differ from this suggested protocol. Give the woman the misoprostol tablets (or advise her to buy them) when she is about eight months pregnant. Make sure she stores them in a safe place that she can access; she is the only person that will definitely be at her birth! Follow the counseling outline below to explain to her what the tablets are for and when she should take them. After talking with the woman, ask her to repeat information about misoprostol to make sure she understands the information.

**Prevent too much bleeding:** After the birth of the baby, take three tablets (600 mcg) by mouth after you are sure there is no second baby. **If no one is trained to feel for a second baby, take the three tablets as soon as the placenta comes out.**

**Treat too much bleeding:** If the placenta does not come out or the woman has too much bleeding, REFER. **If the woman did not take the misoprostol after the baby was born, she should take three tablets by mouth when she is bleeding too much.**

90. Sometimes the baby is not able to suck the breast. Nipple stimulation, which helps make the womb get hard, may be done by the woman or a member of the family when the baby is not able to suck the breast. You may use a breast model to demonstrate and practice how to do this.

91. It is very important for the helpers at home to use gloves or other hand coverings to prevent getting blood and body fluids on their hands. Helpers should wash their hands with soap and water once they remove the gloves.

92. “In many places women will NOT know their HIV status, in which case exclusive breastfeeding should be promoted and supported… The conclusion by world AIDS organizations is that the UNAIDS recommendation—for all women to exclusively breastfeed, unless HIV status is known to be positive and there is a safe, reliable means of replacement feeding—should guide infant feeding counseling in the facility and the community” (Israel and Kroeger, 2003).

93. The two-hand hold is called *external bimanual compression* by the THW. To perform this procedure: 1) help the woman lie on her back, 2) rub the womb, 3) place one hand on the abdomen behind the womb, 4) place the other hand flat and low on the abdomen, 5) press the hands together, 6) hold the womb for at least 20 minutes (the time it takes water to boil). If the womb is hard and the bleeding slows or stops, you can stop holding the womb. If the womb is not hard and there is bleeding, continue the two-hand hold until reaching the THW or until the bleeding stops and the womb is hard or until no one has strength to continue.
94. After the birth, if the **placenta is out and the womb is hard**, a **tear** in the birth canal **may be the cause of bleeding**. If the bleeding is not stopped, the woman can bleed to death in two to three hours. The tear can be caused from a first baby, a big baby, a woman pushing before it is time for the baby to be born, or a woman pushing the baby out too fast.

95. If chlorine bleach is not readily available, a family can prevent infection by washing the blood-soiled cloths and clothes with soap and water and drying in the sun. Anyone washing the blood-soiled clothing should wear gloves or other hand coverings. Safe disposal (by burning or burial) of gloves and bloody disposable items such as rags and perineal pads is recommended to make sure that no one touches anything that is bloody.

   Put all blood-soiled nondisposable things in a container with chlorine bleach or soap/water to soak for 10 minutes. This helps loosen the blood and kills any germs. Dry all nondisposable things in the sun.

96. If it is not possible to give a Take Action Card booklet and a Family Health Card to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.
# SUMMARY AND DEMONSTRATIONS

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CMNH MEETING
Summary and Demonstrations

INFORMATION FOR THE FACILITATOR

Nothing is more important than the involvement of the community in their own health care. The way the community is involved may be different from area to area. The emphasis should be, health with the people, rather than health by the people, since they cannot provide health services themselves. They can identify problems and solutions, as they have done in the other meetings. This helps the people make earlier decisions to go to the health provider for help.

Leading, organizing, and teaching the community, and its leaders, to care for itself is a great challenge as a facilitator. Community leaders should have a part to play in caring for women and babies. The community and the leaders need to learn to use its resources to provide care for itself and for the least fortunate members of the community. Imagination and much hard work will help the community succeed.

This meeting has much important information. Take plenty of time with the meeting. Remember to give breaks and give the participants time to talk and think about the information.

Note for facilitator:
Before using this meeting, participants must complete the first four visits.

OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell what things have been talked about in the community visits.
- Tell and show how to start a discussion in the community.
- Tell and show how to help a woman before the baby is born.
- Tell and show how to refer a baby and/or a woman with a problem.
- Tell and show how to help a baby and a mother after the baby is born.
- Tell and show how to help a woman who has too much bleeding after the baby is born.
- Tell and show how to help a baby who has trouble breathing.

AAAA A facilitator is someone who uses the CMNH and Nutrition Manual to help a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.
# PLAN

## PREPARATION

<table>
<thead>
<tr>
<th>How the facilitator prepares:</th>
<th>How the participants prepare:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Review meeting plan</td>
<td>- Bring experiences with and stories about using the Take Action Card booklet and the Family Health Card</td>
</tr>
<tr>
<td>- Get needed resources</td>
<td>- Bring ideas about what to do when a baby or mother has a problem</td>
</tr>
<tr>
<td>- Practice demonstrations</td>
<td>- Practice demonstrations</td>
</tr>
<tr>
<td>- Review Take Action Card booklet and picture cards for all topics</td>
<td>- Practice demonstrations for discussion and practice</td>
</tr>
</tbody>
</table>

## Location:

- The community / health post

## Time:

- Four hours: one demonstration for discussion and practice
- Be flexible and go at the pace of the participants

## RESOURCES

**Demonstrations refer to each demonstration in manual for resources:**

- Woman Referral
- Baby Referral
- Pregnancy Care & Mothers Nutrition
- Before Baby is Born – Birth Preparation and Mothers Nutrition
- After Baby is Born – First Actions
- After Baby is Born – Other Actions
- Too Much Bleeding
- Helping Baby Breathe

**Other resources:**

- Take Action Card booklet
- Family Health Card
SUMMARY AND DEMONSTRATIONS

Activities

Step 1. Review the Previous Meetings

Ask:

- What were some things we talked about in the last meetings?
- Was the information useful?
- Did you share the information with anyone?
- If yes, what did they think?

Thank participants.

Step 2. Ask What Demonstrations the Participants Know

Have paper and a pencil/pen ready. Mark all responses that the participants say they know or need practice. Share the outcomes and come to agree on the demonstration(s) to be practiced. Note: The facilitator may also suggest a demonstration needing practice. There may not be time to practice all requests, the facilitator may suggest that they help each other to practice after the meeting.

First, ask participants to name some of the demonstrations meetings they have done in the community or at the health post. Ask if they would like to practice any of the mentioned demonstrations? Note: Mark their responses in the box below. Thank the participants for their responses, and suggest that today in order to save time we will practice just one demonstration. Next time we may practice another. Suggest the participants may get together in the community and practice their demonstrations.

Ask the participants to fine the appropriate key message(s) in the Family Health Card and the demonstration in the Take Action Card booklet. Volunteers may choose roles for the demonstration.


<table>
<thead>
<tr>
<th>Demonstrations</th>
<th>Know</th>
<th>Need Practice</th>
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</thead>
<tbody>
<tr>
<td>Referral</td>
<td></td>
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<tr>
<td>Before Baby Is Born: Pregnancy Care and Mothers Nutrition</td>
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<td>After Baby is Born</td>
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<td>Helping Baby Breathe</td>
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<tr>
<td>Bleeding Too Much</td>
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</tbody>
</table>
**Step 3. Practice the Demonstrations**

**First**, remind the participants to open Take Action Card booklet and Family Health Card to the agreed upon demonstration. Use the booklets to practice the actions and to remind you of problems and actions at home.

**Second**, ask participants to practice the demonstrations in groups. Encourage everyone to take a turn to be the person trained in CMNH and Nutrition. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstrations. Thank everyone for helping each other.

**Third**, after the practice *ask*:

- Read each step in the What/Why box for the demonstration and ask why it was taken.

**Fourth, ask**:

- How did you feel doing the actions?
- If you or your family member has a [state problem], will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

**Step 4. How Will You Know the Actions Are Helpful?**

**Ask**:

- How will you decide if these actions are helpful?
- How will you know if you need more practice?
- What can you do for more practice?

**Step 5. What Can You Do to Continue Meetings?**

Many people are involved in CMNH and Mothers Nutrition meetings helping many more women and babies. CMNH and Mothers Nutrition meetings help community members learn ideas and skills for working together.

**Say**: You have learned to do and share many things. You might find it helpful to practice more together and share with others about the demonstrations we have been doing together. You can talk about ideas for more meetings:

- Where will the meetings be held?
- Who will be in charge? One person, a group?
- How will you let people know about the meetings?

If you would like me to come to a meeting or help you, please let me know.

THANK PARTICIPANTS FOR COMING AND WORKING TOGETHER.
REFERENCES FOR CMNH AND MOTHERS NUTRITION MANUAL AND TAKE ACTION CARDS


Baltimore: Johns Hopkins University Press.


