

## **MODULE V:**

# **TECHNICAL INFORMATION FOR TRADITIONAL BIRTH ATTENDANTS**



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# INTRODUCTION

This module on the principal obstetric and neonatal emergencies was developed for training workshops with traditional birth attendants (TBAs). The module is structured as follows:

A. **Key Points of the Topic**

This section contains a one-page summary of the most important points which TBAs should learn regarding each topic. This summary should be used to review key points or to evaluate the comprehension of a topic.

B. **Questions**

This series of questions can be used to stimulate discussion about what the complication is, why it is important, how to recognize it, and what the TBA can do about it.

C. **Answers**

Correct responses to the questions mentioned above are provided so that the educator can evaluate the TBAs. This section is intended to facilitate TBA participation and understanding through questions and discussions of the most important points on each topic.

D. **Practical Activities to Develop the Topic**

This section suggests practical activities that can be used in the presentation of each topic. The visual material in this module is given in the presentation of each topic.

**Note:** The topic "Prenatal Care" appears fourth rather than first because the detection of complications such as hemorrhage, premature rupture of membranes and pre-eclampsia are found in the section on Prenatal Care. A review of the activities necessary in a prenatal visit is easier to reach if each of the complications has been individually treated beforehand.

The language used in this module is very basic so that the educator has less trouble adapting his/her technical vocabulary to the TBAs' level.

# COMPLICATIONS DURING PREGNANCY

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## 1. BLEEDING DURING PREGNANCY

### KEY POINTS

#### ■ *What is vaginal bleeding during pregnancy?*

Vaginal bleeding during pregnancy is always abnormal. It is dangerous. There should not be any bleeding at any time during pregnancy.

#### ■ *What is the danger?*

The mother and the baby may die.

#### ■ *What must the TBA examine?*

- Look to see if blood is coming from the vagina.
- Feel the position and presentation of the baby.

#### ■ *What questions must the TBA ask?*

- Is there blood coming from the vagina?
- Does the woman have pain with the bleeding?
- Was there bleeding that stopped on its own?

#### ■ *What must the TBA do?*

- Counsel all pregnant women about the dangers and signs of bleeding and about the need to go to the hospital in the case of bleeding.
- Refer the bleeding patient to the hospital.
- Keep the patient lying down. If possible, she should remain lying down during transport.
- Give liquids.
- If a bleeding patient refuses to go to the hospital, tell her she should remain lying down in her bed and that she should have the baby in the hospital.
- Send all patients who have had bleeding that stopped on its own to the hospital to have the baby.

# DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well:

## ■ *What is bleeding during pregnancy?*

### Questions for the TBAs:

- What do you think causes bleeding during pregnancy?
- Have you ever seen a woman with bleeding during pregnancy?
- What was it like? What happened to the woman? What happened to the baby?

### Answers:

- Any vaginal bleeding during pregnancy is abnormal.
- It is always dangerous.

## ■ *Why is bleeding during pregnancy dangerous?*

### Questions for the TBAs:

- Why is it important to know about bleeding during pregnancy?
- What are the dangers to the mother?
- What quantity of blood can a person lose before fainting or dying?

### Answers:

- Many mothers and babies have died because of bleeding in pregnancy. The mother can bleed to death in a very short time.
- The blood usually comes from the uterus.
- Women who are malnourished (anemic) may faint or die even if they only lose a very small amount of blood.
- We cannot see inside the body of a woman to see why she is bleeding. The problem may be worse than we realize.

## ■ *How do we recognize bleeding during pregnancy?*

### Questions for the TBAs:

- How much bleeding is normal in pregnancy?
- How do you know when a woman is suffering from bleeding during pregnancy?
- How does a woman know she is bleeding?
- Does the woman always know when she is bleeding?
- Do women know that bleeding in pregnancy is dangerous?
  
- Is there pain with bleeding during pregnancy?

### Answers:

- Any quantity of vaginal bleeding during pregnancy is abnormal and dangerous.
- The bleeding may be drop by drop or a little at a time for a long time, or it may be a large amount of blood in a short period of time.
  
- Even if it stops on its own, the problem may continue inside the uterus. The bleeding may return later on in the pregnancy or during labor.
- Sometimes the woman feels pain in the lower abdomen or belly; sometimes she does not feel pain.

### **PRACTICAL ACTIVITIES**

See Module IV, page 12, Hemorrhage: "Bleeding during pregnancy."

1. Demonstration of bleeding.
2. Demonstration of how blood is absorbed by clothes, sheets, strips of cloth, etc.

■ ***What can the TBA do in the case of bleeding?***

Questions for the TBAs:

- What should you counsel pregnant patients concerning bleeding during pregnancy?
- What should be done when a woman has bleeding during pregnancy?
- When a pregnant woman has had bleeding that stopped on its own, what should be done and why?
- What should be done when a woman with bleeding does not want to go to the hospital?

Answers:

- Counsel all pregnant women and their families on the dangers of bleeding during pregnancy.
- Teach the pregnant woman who has bleeding that she must go to the hospital immediately.
- Send all pregnant women with bleeding to the hospital immediately.
- Give plenty of liquids to the woman during transport. Do not let her walk. Keep her lying down as much as possible.
- When a pregnant woman has had bleeding that stopped on its own, she must be sent to the hospital to deliver her baby because the problem that caused the bleeding may still be present inside the uterus. We cannot see inside and the bleeding may return during delivery.
- If a bleeding woman does not want to go to the hospital, advise her to stay in bed, to drink plenty of fluids, and insist that she deliver her baby in the hospital.

**PRACTICAL ACTIVITIES**

1. Counselling a pregnant woman to report bleeding and telling her why she should do so.
2. Referring a woman with bleeding to the hospital. The TBA must explain the danger to the pregnant woman and her family and convince them of the necessity of the referral.
3. Convincing a pregnant woman who has had bleeding that stopped spontaneously why she must have the baby in the hospital.
4. Taking care of a woman with bleeding who refuses to go to the hospital.
5. Taking care of a woman with bleeding during her transfer to the hospital.

## **2. HIGH BLOOD PRESSURE AND SWELLING DURING PREGNANCY**

### **KEY POINTS**

■ ***What is high blood pressure and swelling during pregnancy?***

When the woman's blood pressure gets too high during pregnancy, her hands, face, and feet may get swollen. This occurs after the sixth month of pregnancy.

■ ***What is the danger?***

Swelling and high blood pressure can cause the mother to have a stroke. It can also cause the death of the mother and the baby.

■ ***What must the TBA examine?***

- If there is a bad headache, blurred vision, dizziness, heartburn, convulsions, swelling of the hands or face.

■ ***What must the TBA do?***

- Counsel the patients about the dangers and signs of high blood pressure and swelling of the hands and face.
- Send all patients to the health center or post after the sixth month so that they can have their blood pressure taken at least once every month.
- Send women with swelling or other danger signs to the health center or post to have their blood pressure taken immediately.
- If a woman has high blood pressure, refer her to the hospital immediately so that she can be treated. All pregnant women with high blood pressure should have their baby in the hospital.
- If the woman does not want to go to the hospital, she should drink plenty of liquids and remain lying down on her left side. In addition, the TBA should visit her every day to see how she is. If she worsens, she must be urgently taken to the hospital.



## DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

### ■ *What are swelling and high blood pressure during pregnancy?*

#### Questions for the TBAs:

- Do you know what high blood pressure and swelling are?
- Have any of you seen a woman with high blood pressure and swelling?
- What did you see? What happened to the mother? What happened to the baby?

#### Answers:

- High blood pressure and swelling are problems that pregnant women get.
- The hands and face are swollen and the blood pressure gets high.
- There may be headaches and problems with vision. If it is very severe, there may be convulsions. High blood pressure can cause a stroke.
- The mother and baby may die.

### PRACTICAL ACTIVITIES

See Module IV, page 9, Pre-Eclampsia: "Swelling."

1. Dramatize a person with convulsions to make sure the TBAs know what we are talking about. Have one of them play the part of the sick mother.

■ *Why is it important to know about swelling and high blood pressure during pregnancy?*

Questions for the TBAs:

- Why do you think it is important to know about high blood pressure and swelling during pregnancy?
- What do you think can happen to pregnant women who suffer from high blood pressure and swelling during pregnancy?
- What do you think can happen to babies when their mothers suffer from high blood pressure and swelling?

Answers:

- It is a disease/a problem that can be very serious and can kill the mother and the baby.

■ *How do we recognize swelling and high blood pressure during pregnancy?*

Questions for the TBAs:

- Can it happen during the delivery or in the postnatal period?
- Is the swelling most common at the beginning or at the end of the pregnancy?
- What is the difference between abnormal swelling and the swelling that is "normal" in pregnancy?
- How can you recognize abnormal swelling?

Answers:

- This problem usually begins after the 6th month of pregnancy and can occur from that time until one or two days after delivery.
- Normal swelling is seen only in the feet, not in the rest of the body.
- The signs are swelling of the face and hands. There may be very high blood pressure, a bad headache, and blurred vision. When it is very serious there can be convulsions.
- When there are convulsions, the lives of the mother and the baby are in greater danger.

**PRACTICAL ACTIVITIES**

See Module IV, Page 9, Pre-Eclampsia: "Swelling."

1. Demonstration of swollen hand - glove.
2. Demonstration of swollen hands and feet with a skit of a patient with headache, blurred vision, and epigastric pain.

■ ***What can the TBA do in the case of swelling and high blood pressure during pregnancy?***

**Questions for the TBAs:**

- What should you do when you see a woman with swollen hands and face?
- What can you do so that mothers and babies do not die from this?
- What can you do when a woman has swollen hands and face and does not want to go to the hospital?

**Answers:**

- Counsel pregnant women about the dangers and signs of swelling and high blood pressure.
- After the 6th month of pregnancy, the TBA should send all patients to the health center or post to have their blood pressure taken.
- Look for signs of dangerous swelling in all pregnant women after the 6th month.
- Immediately send all patients with high blood pressure to the hospital for treatment. All women with high blood pressure should deliver the baby in the hospital.
- A woman who has swollen hands and face and does not want to go to the hospital must stay in bed. Visit her daily. If she gets worse, the TBA must insist on referring her to the hospital.

**PRACTICAL ACTIVITIES**

Skits may be performed about the following points:

1. How to teach women about swelling.
2. How to refer a woman with abnormal swelling to a hospital.
3. How to convince a woman with signs of swelling to be referred to the hospital.
4. Taking care of a woman with signs of high blood pressure (swelling) who refuses a referral to the hospital.

### **3. WHEN THE WATER BAG BREAKS TOO SOON**

#### **KEY POINTS**

■ ***What is it?***

When the water bag breaks 12 hours or more before it is time to have the baby, it is too soon. Water leaks out because the bag in which the baby lies has got a leak.

■ ***What is the danger?***

The water bag leaks from a tiny hole. Germs can enter the uterus from this same hole and give the mother and the baby an infection. They can both die from this infection.

■ ***What must the TBA examine?***

- Is water leaking from the vagina? When the water bag is normal, it is cloudy and whitish, like the water from inside a coconut. There is more leakage when the woman gets up and walks.
- If the woman has pain.
- If the woman has a fever.
- If the vaginal discharge smells bad.

■ ***What must the TBA do?***

- Counsel women about the signs and dangers of early rupture of the membranes and about the need for telling the TBA quickly that this has happened.
- If the water has been broken for 12 hours or more and labor does not begin, send the woman to the hospital.
- If the water bag is broken and the woman has a fever or bad-smelling vaginal discharge, take her to the hospital immediately.

## DISCUSSION GUIDE

Use the following questions to help the TBA understand this topic well:

### ■ *What happens when the water bag breaks too soon?*

#### Questions:

- When do you think the water bag should break in a normal situation?
- When do you think it is too soon for the water bag to break?

#### Answers:

- Usually the water bag breaks when the baby is born.
- Early breaking of the water bag is when it breaks more than 12 hours before labor begins.

### ■ *Why is it important to know about the water bag that breaks too soon?*

#### Questions for the TBAs:

- Why is the water bag important?
- What is the water bag for?
- Have you ever seen a case where the water bag broke too soon?
- If yes, what happened to the mother? What happened to the baby?
- What can happen to the mother and the baby when the water bag breaks more than 12 hours before labor begins?

#### Answers:

- When the water bag is not broken or when it is completely closed, it protects the mother and the baby from germs.
- Once the water bag breaks, germs can enter and infect the mother and the baby. If they become infected, there is great danger that they may die.

■ *How do we know that the water bag has broken?*

Questions for the TBAs:

- What does the water from the uterus look like?
- How do you know it is the water from the uterus and not blood, urine or vaginal discharge? How are these different?
- What is the normal odor of the water from the uterus?
- How does the water smell when it is infected?
- If the water bag has broken, how long can you wait for labor to begin or for the birth of the baby?
- If the woman doesn't say, is it possible to know if the water bag has broken?
- Do women know how important this is?

Answers:

- When the bag of water breaks, water leaks from the vagina.
- She may feel wet when she gets up from a chair or bed, or when she lies down.
- There may be a lot of water all at once, or it may come drop by drop over a long period of time.
- Normally, the water smells like coconut water.
- Water that is infected smells bad.
- If labor pains do not begin within 12 hours, it is a sign that the water bag broke too early.

**PRACTICAL ACTIVITIES**

See Module IV, page 14, Premature rupture of membranes:  
"When the water breaks too soon."

Perform a demonstration on:

1. The water bag
2. The rupture of the water bag
3. Cord prolapse
4. The functions of the cord

■ ***What can the TBA do when the water bag breaks too soon?***

Questions for the TBAs:

- How can you know if the water bag has broken in a pregnant woman who hasn't yet begun labor?
- Do women know that they must immediately tell the TBA when the water bag breaks?
- Do women know why it is dangerous when the water bag breaks too early?
  
- How many hours can you wait for the birth of the baby after the water bag has broken?
  
- What are the signs that tell us that the pregnant woman is infected and must immediately be taken to the hospital for treatment?
  
- How can you explain to your patients the importance of reporting when the water bag breaks?

Answers:

- Counsel pregnant women about the dangers and signs they should know regarding the water bag breaking, and the importance of telling the TBA rapidly.
  
- Send the woman to the hospital immediately if labor does not begin within 12 hours of when the water bag breaks.
- Water that is infected smells bad and the woman may have a fever.
- Send the woman to the hospital immediately if her water bag breaks and she has a fever or foul-smelling vaginal discharge.
  
- Once the bag of water breaks, germs can enter and infect the mother and the baby. If they become infected, there is great danger that they may die.

**PRACTICAL ACTIVITIES**

Skits can be performed on the following points:

1. How to teach pregnant women to identify and report when the water bag breaks.
2. Convincing a woman whose water bag breaks too early that she must go to the hospital and explaining the dangers of the situation.

## **4. PRENATAL EXAMINATIONS**

### **KEY POINTS**

#### ■ ***What are prenatal examinations?***

Prenatal care is much more than an examination. Every pregnant woman should have prenatal examinations during her pregnancy to see if everything is going well and to find out if she should give birth in the hospital because of some danger to herself or her baby.

#### ■ ***Why is it important?***

If pregnant women do not receive necessary care and regular check-ups which permit possible dangers to be detected, the baby or the mother may have problems during labor and delivery.

#### ■ ***What must the TBA examine?***

- The position and presentation of the baby, especially in the ninth month.
- If there are twins.
- If there is a scar from a previous cesarean section.
- If the hands or the face of the mother is swollen.

#### ■ ***What questions must the TBA ask?***

- When was the last menstrual period?
- If the water bag has broken.
- If there has been bleeding.
- If there was a previous cesarean section.

#### ■ ***What must the TBA do?***

- Calculate the date when the baby will be born.
- Send all pregnant women to the health center or post after the sixth month to have their blood pressure taken and to confirm the fetal presentation.
- Counsel all pregnant patients about the seven danger signs of pregnancy.
- Send pregnant women with signs of danger to the hospital because they should not have the baby in their homes.



■ ***THE SEVEN DANGER SIGNS OF PREGNANCY ARE:***

1. TWINS
2. WHEN THE BABY IS COMING IN AN ABNORMAL PRESENTATION
3. PREVIOUS CESAREAN SECTION
4. PREMATURE LABOR
5. WHEN THE WATER BAG BREAKS TOO SOON soon
6. BLEEDING IN PREGNANCY
7. SWELLING

## DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

### ■ *What is good prenatal care? Why is it important?*

#### Questions for the TBAs:

- Do you give prenatal care?
- Why do you give prenatal care?
- What do you do during prenatal visits?
- What other things should you do during prenatal visits and why?
  
- When (in which month) do you think prenatal visits are important and why?

#### Answers:

- In a prenatal visit, the pregnant woman should be examined. She should be asked how the pregnancy has been going.
- This is done to find out if there is any problem or complication, and to see if the woman needs to be sent for treatment.
- It is very important to counsel pregnant women during prenatal visits.
- Prenatal visits promote the best possible outcome.
- The TBA should do at least one prenatal visit in the ninth month of pregnancy. It should be in the ninth month in order to know what position the baby will be in for delivery. In the ninth month, the baby will rarely turn inside the mother. It usually stays in its position, ready to be born.

### ■ *Why is prenatal care important?*

#### Questions for the TBAs:

- Why do you think prenatal care is important?
- Have you had any experience with women who have had problems during their pregnancies?
- What problems or illnesses can occur during pregnancy?
- In what cases do you think it wouldn't be safe to give birth at home?
- What topics do you think you should discuss with pregnant women?

#### Answers:

- Dangers or complications can be detected during a prenatal visit.
- Pregnant women in danger can then be sent to the health center or post to receive treatment.
- During the prenatal visit, we can also see if the woman can have the baby in her home or if she should be sent to the hospital to give birth.
- It provides time to counsel the pregnant woman about danger signs and things she must know and to prepare her for having the baby.

### ■ *What must the TBA do in the prenatal visit?*

#### Questions for the TBAs:

- What should you ask during the prenatal visit?
- What should you examine during the prenatal visit?
- How can you determine the position of the baby?
- What do you do to find the baby's head when you examine the belly?
- How is the examination of the belly different from a massage?
- How do you look for abnormal swelling?
- How do you calculate the date when you expect the birth/delivery?

#### Answers:

- Ask the woman about ruptured membranes or vaginal bleeding during the pregnancy.
- Examine and palpate the belly to discover the baby's position and presentation, especially in the ninth month. See where the baby's head is. See if there are twins or if there is a scar from a previous cesarean section.
- Examine the woman to see if there is any abnormal swelling (hands or face).
- Figure out the date when you expect the baby to be born (nine months after the last period or menstruation).

- What dangers do you counsel your pregnant patients about?  
Why?
- Counsel pregnant women about the dangers and signs of:
  - \* The water bag breaking too soon.
  - \* Premature labor.
  - \* Bleeding in pregnancy.
  - \* Swelling of the hands and face.
  - \* The need for a hospital delivery in the case of malpresentation of the baby, twins or a previous cesarean section.
- In which cases must a woman have the baby in the hospital?
- Send any woman who has complications to the hospital for treatment.
- When should pregnant women go to the health center or post so that they can be examined? What for?
- Between the seventh and ninth months, send the woman to the health center or post so that they can check her blood pressure, the baby's position, and presentation.
- How can you remember to do all of these things in the prenatal visit?

### **PRACTICAL ACTIVITIES**

See Module IV, pages 9-18, "Bleeding during pregnancy," "Swelling," "When the water breaks too soon," "How one baby or twins come," and "Operation."

Skits can be performed about the following points:

1. Examine a real, live pregnant woman. If this is not possible, examine a non-pregnant volunteer.
2. Practice calculating the estimated delivery date and gestational age.

# COMPLICATIONS DURING LABOR AND DELIVERY

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## 5. NORMAL BIRTH AND DANGEROUS BIRTH

### KEY POINTS

#### ■ *What is a dangerous birth?*

Dangerous birth is when the woman has a problem that puts her life or the life of her baby in danger. These problems include bleeding during pregnancy, swelling, ruptured membranes too early, twins, previous cesarean section, malposition of the baby, labor pains for more than 12 hours, and labor pains before it is time.

#### ■ *What is the danger?*

If any of these problems exists, the life of the mother and of the baby is in danger.

#### ■ *What must the TBA examine?*

- When she attends a delivery, especially if the woman has not had prenatal care, the TBA must examine the woman to determine the position and presentation of the baby, if there are twins, if there is a scar from a previous cesarean section, if she is swollen and if the water bag broke too early.
- She must ask the woman if she had any hemorrhage and if she has completed nine months of pregnancy.
- The TBA must see how long the labor pains last.

#### ■ *What must the TBA do?*

- If the pregnant woman has a complication, the TBA should tell her about the complication and why she needs to have the baby in the hospital.
- The TBA should attend the delivery in the cleanest manner possible.
- If the pregnant woman has a complication, the TBA should send her to the hospital to have the baby.
- The TBA should explain that if the labor pains last for more than 12 hours and the baby has not been born, the woman should go to the hospital.
- The TBA should have the woman push only when she feels the urge to push, when she has the urge to go to the bathroom, and when she has a pain.

- If the woman has pushed for one hour and the baby has not been born, the TBA should refer her to the hospital.
- Injections must NOT be used during labor and delivery because these can kill the baby and rupture the woman's uterus.
- The woman must NOT be given alcohol.
- Vaginal examinations should NOT be performed.

# DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

## ■ *What are normal labor pains?*

### Questions for the TBAs:

- How long should labor last for women with their first baby and for women who have already had a baby?
- What presentation should the baby normally be born in?

### Answers:

- Normal labor pains last no more than 12 hours for women with their first baby and 8 hours for women who have already had a baby.
- The baby is normally born head first.

## ■ *Why is it important to know about labor pains?*

### Questions for the TBAs:

- Why is it important to know about labor pains?
- What problems can there be? (Prolongation, oxytocin)
- Have you seen problems with labor pains? What problems? What did you do? What happened?
- Why can a baby die during labor?

### Answers:

- If the labor lasts for too long or the baby isn't coming right, the baby can die.

■ *How can you know if the woman has real labor pains?*

Questions for the TBAs:

- How do you know if the woman has real labor pains?
- What are the signs that you know?  
(The TBA should formulate her own definition of active labor.)

Answers:

- Real labor is when the woman can no longer sleep because of the pain and does not eat. The pains are stronger when the woman walks. The uterus becomes very hard. Each pain is stronger, longer and closer together than the one before. There is a pain at least every 5 to 10 minutes.

**PRACTICAL ACTIVITIES**

A skit can be performed in the following manner:

Ask some of the more experienced TBAs how a woman behaves when she is in active labor, and ask them to explain the difference between active labor and false labor.



■ *How do we know that it is time for the baby to be born?*

Questions for the TBAs:

- How do you know that it is time for the baby to be born?
  - What is the sign?
  - When should the woman push?
  - When should the woman not push?
- 
- What happens if you have the woman push very early?

Answers:

- It is time for the baby to be born when the woman has pains very frequently, sweats a lot, and feels like she is going to have a bowel movement. This happens when the baby is about to be born. This is when you should have the woman push, never before.
- If she pushes before this time, she will just get tired and her genitals will get swollen. Later on, when she really needs to push, she will not be able to.

■ *What problems can occur with labor pains?*

Questions for the TBAs:

- What position should the baby be in to deliver normally?
- How long should labor last?
- How long can the water bag be broken without problems?
- How can we know that the woman has completed nine months of pregnancy and that the labor is not starting too early?
- What problems can occur with labor pains?

Answers:

- When the baby is not coming in the normal position and presentation (head first). For example, it is buttocks or feet first, or transverse.
- When labor lasts for more than 12 hours.
- When the water bag has been broken for a 12 hours before labor begins.
- When the woman hasn't reached her ninth month of pregnancy.
- When there are twins.
- When oxytocin injections are used (labor injections).

## ■ *What is the danger of labor injections?*

### Questions:

- What does the labor injection do?  
How does it function?
- What can happen to the baby?
- What can happen to the mother?
- Why is it preferable not to use injections?

### Answers:

- Labor injections make the pains stronger and closer together. This is not normal and can harm the mother and the baby.
- The baby can suffocate when the labor pains are very close together and do not allow the baby to breathe. The baby can also be harmed by the uterus, if it squeezes or compresses the baby too much.
- It is dangerous for the mother because the uterus is working very hard and can rupture, killing the mother and the baby. It can also cause bleeding after delivery because the womb is tired and cannot contract.
- Labor injections should not be used if we want to prevent some of the above mentioned problems.

### **PRACTICAL ACTIVITIES**

See Module IV, page 25, The use of Oxytocin: "Labor injections."  
Demonstrate the effect of oxytocin.

## ■ *What should the TBA do during labor?*

### Questions:

- What is the most important thing a TBA should do when she arrives at the house of a woman in labor?

### Answers:

- When she arrives at the woman's house, she must:
  - Ask what time labor began in order to know how long the woman has been in labor.

- How can she help the woman?
- What must she do if the baby is not coming in the normal head-first position?
- What must she do if the pains last for too long?
- What must she do if there are twins or if the woman has had a previous cesarean section?
- What must she do if the water bag broke more than 12 hours before labor began?
- Examine the woman's belly to see what is the baby's position and presentation.
- See if there are twins, if there is a scar from a previous cesarean, or if there is any other complication.
- Encourage the woman. Give her plenty of liquids to drink and have her urinate frequently.
- Refer any woman with a complication to the hospital.

### PRACTICAL ACTIVITIES

A skit can be performed about the following points:

1. Examining a woman in labor.
2. Referring a woman whose baby has a malpresentation.
3. A breech baby whose mother does not want to be referred.

#### ■ *What should the TBA not do during labor?*

##### Questions for the TBAs:

- What can the TBA do to make labor and delivery safer?
- When should she tell the women to push?
- Why are labor injections dangerous?
- Why is it bad to give alcohol?

##### Answers:

##### **REMEMBER:**

- **NO** labor injections.
- **NO** alcohol.
- **DO NOT** tell the woman to push before it is time.
- **NO VAGINAL EXAMINATIONS.**

## **PRACTICAL ACTIVITIES**

A skit can be performed about:

1. How to determine if the patient is ready to push or if she is pushing involuntarily.
2. How to respond to a patient who is in active labor and asks for an injection.
3. A situation where the mother-in-law or other family member is telling the patient to push when it is still very early, and the TBA must try to explain why she should not push.

## **6. WHEN THE BABY IS COMING IN A DANGEROUS POSITION**

### **KEY POINTS**

#### ■ ***What is malpresentation?***

Malpresentation is when the baby is not coming head first, but rather is coming feet or buttocks first or is in a transverse position, coming with the shoulder or arm first.

#### ■ ***What is the danger of malpresentation?***

Babies who are lying transverse cannot be born alive through the vagina. They can only be born by cesarean section. Also, the woman's uterus can rupture causing the death of the mother and the baby. The head of the baby who comes feet or buttocks first can be trapped inside, and the baby can suffocate.

#### ■ ***What must the TBA examine?***

The woman's belly must be examined at each prenatal visit to see what position and presentation the baby is in. Babies can turn around, so when you arrive to attend a delivery, the woman's belly must be examined again.

#### ■ ***What must the TBA do?***

- Always refer the woman to the hospital if her baby is not coming head first. When possible, go with her to the hospital.
- If the feet are already outside and there isn't time to send the woman to the hospital, put the woman in the squatting position and have her push hard with each contraction. It is she who delivers the baby. Do not grab the baby when it is delivering, and never pull on the baby because this can cause the baby to stretch out its arms and become trapped. The baby delivers by itself.

## DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

### ■ *What is the breech position?*

#### Questions:

- Normally, which part of the baby should deliver first?
- What happens when the baby comes feet or buttocks first?

#### Answers:

- The head should normally be born first.
- Breech birth is when the baby comes feet or buttocks first. These are difficult presentations.

### ■ *What is a transverse lie?*

#### Questions:

- What is the transverse lie?

#### Answers:

- The transverse lie is when the baby is crosswise inside the mother. This is a dangerous presentation.

### ■ *Why is it important to know if the baby is coming in a difficult presentation?*

#### Questions for the TBAs:

- Have you ever seen a breech delivery?
- What was the delivery like? What happened to the baby?
- Why is a breech delivery more difficult?
- Why is a breech delivery more dangerous for the baby and what can happen to the baby?
- Why is it dangerous when the baby is transverse?
- What can happen to the baby?
- What can happen to the mother?
- Why can't a baby in the transverse lie be born normally?

#### Answers:

- If the baby is in the breech or transverse presentation, it can die. A baby in the transverse lie can only deliver by cesarean section. If the baby comes buttocks or feet first, the head can be trapped inside and the baby dies. When the baby is in the transverse lie and a cesarean section is not performed, the baby will die, and the mother's uterus can rupture and she can die as well.

## **PRACTICAL ACTIVITIES**

See Module IV, page 21, Transverse lie: "Crosswise baby,"  
Breech presentation: "Baby coming feet or buttocks first."

1. Demonstration, with a basket, of a baby in the transverse lie.

### **■ *How can you tell if the baby is coming buttocks first?***

#### **Questions:**

- How can you tell what position the baby is in?
- What is the difference between doing a massage and doing an examination to see how the baby is coming?
- How does the baby's head feel?
- How can you differentiate between the head and the buttocks of the baby?
- Where is the baby's head found when the baby is coming normally?
- Where is the baby's head found if the baby is coming buttocks first?

#### **Answers:**

- The TBA must examine the woman's belly and see where the head is.
- If the buttocks rather than the head is in the lowest area, this means that the baby is not coming normally. This is seen at birth, as the feet or buttocks deliver first.

■ ***How can you tell if the baby is in the transverse lie?***

**Questions:**

- Where is the baby's head found when the baby is in the transverse lie?
- Where are the baby's buttocks when the baby is in the transverse lie?
- What do you feel in the lowest part of the mother's belly?
- How does the belly look when the baby is in the transverse lie?

**Answers:**

- In the transverse lie, the baby's head is on one side and the buttocks and feet on the other side. The space above and below is empty.
- The belly appears very wide.

**PRACTICAL ACTIVITIES**

See Module IV, page 21, Transverse lie: "Crosswise baby,"  
Breech presentation: "Baby coming feet or buttocks first."

A skit may be performed in the following manner:

1. Place a doll in the breech or transverse lie beneath the apron of a TBA. Have another TBA examine her and explain what she finds.
2. Do a demonstration with a cloth apron.



■ *What can a TBA do if a baby is coming with a dangerous presentation?*

Questions:

- When should a woman be examined to see what position the baby is in?
- What should be done if the baby is buttocks first?
- What should be done if the baby is transverse?

Answers:

- The woman's belly should be examined at the end of the pregnancy and when labor starts to see where the baby's head is. The most important thing to do is to see if the baby is in a normal presentation or if it is coming in an abnormal presentation.
- If the baby is not head first, the woman must be rapidly sent to the hospital to give birth there. The TBA must accompany the woman to the hospital and must be prepared in case the woman gives birth on the way.

**PRACTICAL ACTIVITIES**

A skit can be performed in the following manner:

1. A TBA calms a woman whose baby is in the breech or transverse presentation, and explains the dangers of a breech or transverse birth and why she must have the baby in the hospital.

## ■ *How do you attend a breech delivery?*

### Questions:

- Have you ever seen a breech delivery? What was it like and what did you do?
- When should you NOT touch the baby?
- Should you pull on the baby's body?
- What is the best position for the easiest delivery of the baby?
- What can happen if you pull on the baby's body?

### Answers:

- If the baby is coming out, the following things must be done:
  - Do NOT touch the baby.
  - Do NOT pull on the baby's body.
  - The woman should be on her knees or squatting, and you should help her push hard when she has a strong contraction.
  - The baby delivers by itself with the help of the mother. It is she who delivers the baby by pushing hard when she has pains.
  - You must never pull the baby's body or grab it because the baby startles inside the uterus and stretches its arms and extends its head. It can thus become trapped and unable to deliver.

### **PRACTICAL ACTIVITIES**

See Module IV, page 21, Transverse lie: "Crosswise baby,"  
Breech presentation: "Baby coming feet or buttocks first."

1. Demonstration of the birthing box.
2. Demonstration of the basket.

# COMPLICATIONS AFTER DELIVERY

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## 7. BLEEDING AFTER DELIVERY

### KEY POINTS

#### ■ *What is bleeding after delivery?*

Bleeding after delivery is when the woman bleeds a lot after giving birth. This may happen when the placenta is still inside or it may happen after it has come out.

Bleeding after delivery is a serious emergency. It is important to immediately get a car or other transportation to the nearest health facility.

#### ■ *What is the danger?*

- If the uterus does not become firm or if the placenta does not deliver, the woman can bleed to death very quickly in one or two hours.
- Remember that once the baby has been born the mother should not bleed. If she does, she may be in great danger.

#### ■ *What must the TBA examine?*

- Find out whether the placenta came out within 30 minutes of the birth of the baby.
- Find out if the blood was bright red just after the delivery of the baby (about five minutes).
- See if the uterus is firm after the delivery of the placenta.
- See if the woman continues bleeding after the delivery of the placenta.

#### ■ *What must the TBA do?*

- If the placenta does not come out and there is no bleeding, have the woman urinate, massage the uterus to make it firm, have the woman squat and push, push the uterus upwards and pull gently and continuously on the cord in a downwards direction. If the placenta does not deliver within 30 minutes, send the patient to the hospital immediately. Continue massaging the uterus on the way.

- If the placenta has come out and there is bleeding, continuously and vigorously massage the uterus to make it firm. Have the woman urinate. Put the baby to the breast and give the woman plenty of fluids. Meanwhile, find a way to transport the woman immediately to the hospital. Continue massaging the uterus and giving liquids on the way.

## DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

### ■ *What is hemorrhage or bleeding after delivery?*

#### Questions:

- What is bleeding after delivery?
- How can you tell if a woman is bleeding too much?
- Normally, how many cloths or kotex does a woman use in the first day after delivery? How many on the second day? How many on the third day?

#### Answers:

- Hemorrhage is when a woman bleeds ½ liter or more of red blood immediately after delivery or in the following days. In other words, it is when a woman bleeds more than normal.

### ■ *What is the cause of bleeding after delivery?*

#### Questions:

- Why does bleeding after a birth occur?
- How long after delivery should the placenta (afterbirth) come out?
- What happens if pieces of the placenta remain inside the uterus?
- What should happen to the uterus after delivery?
- Have you ever seen a woman who got a tear in the vaginal opening?
- What do labor injections have to do with bleeding after delivery?

#### Answers:

Bleeding after birth occurs because:

- The uterus remains soft and does not become firm after the delivery.
- The placenta remains inside more than ½ hour after the delivery.
- Pieces of the placenta remain inside.
- The woman tears inside or outside during the delivery.
- Sometimes the uterus does not become firm because labor injections were used. Because of the injections, the uterus does not have the energy to make itself firm after delivery.

## PRACTICAL ACTIVITIES

See Module IV, page 27, Hemorrhage: "Bleeding after delivery."

1. Demonstration of uterine contraction--firm uterus--soft uterus.
2. Demonstration of placental retention.

### ■ *Why is it important to know about bleeding after delivery?*

#### Questions:

- Why do you believe it is important to know about bleeding after delivery?
- From what you have seen and heard, why do women die in childbirth?
- How long does it take for a woman to bleed to death?

#### Answers:

- Bleeding after delivery is what kills the majority of women who die in childbirth. Half of those who die do so because of bleeding.
- Women can die in one, two, or three hours--very rapidly--and because of this you must know what to do.

### ■ *How can you recognize bleeding after delivery?*

#### Questions:

- Have you ever seen a case of bleeding after delivery? If yes, what was the bleeding like, a lot or in drops? What happened to the woman?
- How much blood do you think is too much?
- How can you tell if a woman is bleeding too much?
- How long after the delivery of the placenta should the bright red bleeding stop?

#### Answers:

- After the delivery the TBA should observe the woman's vagina to see if there is bleeding. If the woman is not examined, the bleeding will not be noticed.
- The bright red bleeding should stop rapidly when the placenta delivers.
- If bright red bleeding (not clots) continues for five minutes or more after the delivery of the placenta, be it a little or a lot, this is a sign that the woman is hemorrhaging.

- How should the uterus feel after the delivery of the placenta?
- What is usually used to collect or absorb the blood? How many towels, sheets or whatever is used, are usually necessary?
- What do women feel when they are losing plenty of blood?
- The uterus has not become firm. It continues to be soft, and because of this it continues bleeding.
- If there are big puddles of blood on the floor or if there are plenty of towels or sheets soaked with blood, this means that there is a hemorrhage.
- Women begin to feel dizzy and/or nauseous. They may vomit, faint or lose consciousness.

### **PRACTICAL ACTIVITIES**

See Module IV, page 27, Hemorrhage: "Bleeding after delivery."

Perform a demonstration about:

1. Firm uterus--soft uterus.
2. Rapid bleeding--slow bleeding.
3. Absorption of blood by sheets, cloth, etc.

A skit can be performed on how a woman feels and acts when she is losing a lot of blood and feels faint.

### **■ *How does the placenta deliver?***

#### Questions:

- How does the placenta normally deliver?
- How long does it take?
- What problems have you seen?
- What should you do after the placenta has delivered?
- How can you tell if the uterus is very firm?
- What can you do when the uterus is soft?

#### Answers:

- The placenta should deliver within ½ hour of the delivery of the baby.
- After the delivery of the placenta, the uterus must be felt to see if it has become firm. It should be firmly massaged every 10-15 minutes for two or three hours after the delivery so that there will be little bleeding and so that any clots will deliver.

- What can you do to help a woman deliver the placenta when a lot of time has passed and it has not delivered by itself?
- If the placenta delays in delivering, you must act in the following manner: (1) massage the uterus so that it becomes firm, (2) have the woman urinate, (3) put the baby to the breast, (4) have the woman squat and push. After this, you can pull gently but continuously on the cord, moving your hand towards the pubis and then towards the rectum to guide the placenta out. While doing this, you must also gently press above the uterus. If the placenta does not deliver within ½ hour, send the woman to the hospital as rapidly as possible.
- If there is a lot of hemorrhage, you must not wait. You must urgently look for transportation and take the woman to the hospital. Massage the uterus constantly during the trip to the hospital.

### **PRACTICAL ACTIVITIES**

See Module IV, page 27, Hemorrhage: "Bleeding after delivery."

Do a demonstration about:

1. Massaging of the uterus.
2. How to deliver the placenta.

In the demonstration on how to massage the uterus, one TBA can massage another so that she can feel how strongly one must massage. Remember, it is not just rubbing the belly.



■ ***What must the TBA do when there is bleeding?***

Questions:

- Have you ever seen a woman with bleeding? What did you do, and what happened to the woman?
- What can you do to stop bleeding after delivery?
- How long do you wait before taking a bleeding woman to the hospital?
- How long does it take for a woman to die from bleeding?
- What must be done with the woman on the way to the hospital?

Answers:

- If the placenta has delivered but the woman has a lot of bleeding, you must vigorously massage the uterus to make it firm and to remove any clots. You must have the woman urinate. Stimulate the nipples because this will help her uterus to contract.
- Look for a car to take the woman immediately to the hospital in case the bleeding doesn't stop.
- Remember that many woman have died as a result of this bleeding and that they can die in only one or two hours.
- Give the woman plenty of fluids on the way to the hospital. This will help replace what she is losing. Do not stop massaging the uterus during the entire trip to the hospital.

**PRACTICAL ACTIVITIES**

A skit can be performed about:

1. Taking care of a woman with postpartum hemorrhage, convincing her and her family why she needs to go to the hospital. Perform all of the maneuvers in the required order.

■ ***What should be done if a woman has a tear (laceration)?***

**Questions:**

- How can you know if a woman tore and is bleeding from a laceration?
- What must be done for a woman with a laceration?

**Answers:**

- A light should be used to examine the woman's genitals and to see where she has torn and if she is bleeding.
- If she is bleeding from a tear, you should press on the area with a cloth for ten minutes or until the bleeding stops.
- You should then take the woman to the hospital for stitches to sew up the tear.

## **8. INFECTION AFTER THE DELIVERY**

### **KEY POINTS**

#### ■ ***What is infection after delivery?***

When the uterus becomes infected after delivery.

#### ■ ***What is the danger?***

If the infection is not noticed and treated rapidly, it can kill the woman.

#### ■ ***What must the TBA examine?***

- She must feel the belly to see if the uterus is firm and if it is tender.
- She must look to see if the woman's breasts are full and if they hurt.
- She must examine the woman to see if she has vaginal bleeding and if the blood smells bad, is chocolate-colored, or if there is pus.

#### ■ ***What questions must the TBA ask?***

Is there constant belly pain, a fever or chills?

#### ■ ***What must the TBA do?***

- She needs to counsel the woman about the danger signs of infection after delivery.
- She should visit each patient daily for two to three days after delivery and examine her to see if there is an infection.
- If the woman has an infection, the TBA must refer her to the hospital and give her plenty of liquids on the way.
- She should advise all her patients to breastfeed their babies.

## DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

### ■ *What is infection after delivery?*

#### Questions:

- What causes infection after delivery?
- How do the germs enter?
- When and how can a parturient mother become infected?

#### Answers:

- Women can get an infection in the uterus after delivering their baby. The germs or the infection can enter during labor or after the delivery.

### ■ *Why is it important to know about infection after delivery?*

#### Questions:

- Why is it important to know about infections after delivery?
- What can happen to a woman who has an infection after delivery?
- Have you ever seen women with an infection after delivery? What signs did these women have and what happened to them?

#### Answers:

- The infection can kill the woman if she does not receive treatment. Many women die from these infections.

## ■ *How can you recognize infection after delivery?*

### Questions:

- How can we tell if a woman has an infection in her uterus after delivery?
- What are normal afterbirth pains like?
- What is "milk fever"?
- What is vaginal discharge normally like after childbirth?
- What is the difference between a normal fever caused by milk production and a fever due to infection after delivery?
- What is it like when a woman's breast becomes infected?
- What is the vaginal discharge like when a woman has an infection after delivery?
- Why is it important to visit women several times after the delivery?
- What must be examined to find out if a woman has an infection?

### Answers:

- After delivery, you must visit the woman in her home several times and examine her to see if she has any sign of infection. The signs of infection are:
  - Fever and/or chills.
  - Pain in the lower belly where the womb is.
  - Dark, foul smelling vaginal discharge.
  - Continued bleeding.
- Talk with the woman about the signs of infection and about how one can tell if there is an infection. A woman may not always have all of these signs. For example, she may have just a fever or just belly pain.
- The belly pain is not like afterbirth pains that come and go. It is a constant pain that does not go away.
- Sometimes women have a slight fever when the milk comes in; this happens on the second or third day after delivery. This is normal and the fever goes away afterwards.
- The TBA must talk to her clients about the danger signs of infection. That way, women can advise her when they think they may have an infection.

■ ***What can the TBA do when a woman has an infection after delivery?***

**Questions:**

- What must be done when a woman has an infection after delivery?
- What must you explain to the woman?
- Should the baby stop nursing when the mother has an infection after delivery?

**Answers:**

- If the woman has signs of infection, she must be sent to the hospital because she needs treatment with antibiotics. The woman and her family need to be counselled about the dangers of the infection.
- If she has a fever, give the woman plenty of liquids to drink.
- Even if there is an infection, the mother should continue breast feeding the baby. The milk will still be as good for the baby as always.

**PRACTICAL ACTIVITIES**

See Module IV, page 29, Sepsis: "Infection after delivery."

Here are some ideas for skits:

1. Practice making visits to different women who have just given birth: a woman who has an infection postpartum, a woman who has afterbirth pains, and a woman with "milk fever." Practice making referrals to the hospital.

Demonstration:

1. Drawing about postpartum infection.

# COMPLICATIONS IN THE NEWBORN

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## 9. BABIES WHO ARE BORN TIRED, OR HAVE ALMOST SUFFOCATED

### KEY POINTS

#### ■ *What is it?*

Babies are born tired either because they suffer while being born, because of labor that lasts more than 12 hours, or because the baby comes feet or buttocks first.

#### ■ *What is the danger?*

Babies suffer inside the uterus if they don't get enough air during labor pains. They can suffocate and be born very tired or dead.

#### ■ *What must the TBA examine?*

She must examine the newborn immediately after birth to see if it cries, moves, breathes or grunts and moans when breathing. If the baby does not do these things and is blue, it is probably very tired or asphyxiated.

#### ■ *What must the TBA do?*

- Refer women with more than 12 hours of pains or with babies coming feet, buttocks, or shoulder/arm first to the hospital.
- When a baby is born tired, rapidly clean the nose and mouth, dry the baby and rub his or her head and back. If the baby does not respond, give mouth-to-mouth resuscitation for 30 breaths and see how the baby responds. If the baby does not begin to breathe on its own, give 30 more breaths and examine the baby again. If the baby still does not breathe on its own, give another 30 breaths (for a total of 90). Here is how to give mouth-to-mouth resuscitation to a baby. Cover the baby's mouth and nose with your mouth. Blow just a little air into the baby's lungs, as they are small and can burst if a lot of air is blown in. Always separate your mouth from the baby's mouth between one breath and the next to allow the air in the lungs to come out. If the baby does not react after 90 breaths, it may be dead. To give good mouth-to-mouth resuscitation, put the baby on a flat, hard surface, such as a table or board.
- **DO NOT** use oxytocin injections during labor.

## DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

### ■ *What is a baby like who is born tired?*

#### Questions:

- How can you recognize when a baby is born tired?
- Why is it important for the baby to continue receiving oxygen while inside the mother's belly?
- How does the air get to the baby when it is still inside the mother's belly?
- What can happen to a person or to a baby when they don't get enough air?

#### Answers:

- It is a newborn who suffers inside the mother's belly when it is being born. The baby lacks air and the birth is difficult. The baby is born very tired, and because of this it can die.

### PRACTICAL ACTIVITIES

Have the TBAs hold their breath for as long as they can. Time how long they can hold their breaths and have them describe how they feel.

### ■ *Why is it important to know about babies who are born tired?*

#### Questions:

- Why is it important to know about babies who are born tired?
- Have you ever seen a baby who was born tired?
- What did you do with the baby, and what happened to it?

#### Answers:

- Because people do not know about this, many babies have died in their mothers' bellies or after being born. If they do not die, they can become mentally handicapped due to the lack of oxygen.



## ■ *Why are babies sometimes born tired?*

### Questions:

- In what cases are babies born tired, and why does this happen?
- What do labor pains have to do with this?
- What does the baby's position have to do with this?
- How does oxygen get to the baby inside the mother's belly?
- What do labor injections have to do with this problem?
- How can you keep babies from being born tired? What can the TBA do so that this doesn't happen?

### Answers:

- When the labor pains can last for too long, more than 12 hours.
- When the baby comes feet or buttocks first and the head remains trapped inside. When the baby lies transverse.
- When labor injections are given to the woman, and she therefore has pains that are closer together, longer and stronger. These pains don't allow enough air to get to the baby.

### **PRACTICAL ACTIVITIES**

See Module IV, pages 24-25, Prolonged labor: "When the pains last too long,"  
The use of oxytocin: "Labor injections."

1. Duration of labor.
2. Oxytocin use.

See Module IV, page 21, Transverse lie: "Crosswise baby,"  
Breech presentation: "Baby coming feet or buttocks first."

1. Demonstration of how a baby is born in the breech-transverse position.

■ ***How can you tell if a baby was born asphyxiated or tired?***

Questions:

- Have you ever seen a baby who was born tired?
- How did the baby look?
- What does a baby look like when it is born tired?
- How does a normal baby cry?
- How does a tired baby cry?
- How does a normal baby move?
- What does it move the most?
- How does an asphyxiated baby move?
- What color is a normal baby's skin?
- What color is an asphyxiated baby's skin?
- How does a normal baby breathe?
- How does an asphyxiated baby breathe?

Answers:

- Immediately after birth, the baby must be thoroughly examined. Find out if the baby breathes, cries, moves, and is pink.
- The following are signs of asphyxiation or tiredness:
  - The baby does not cry or cries weakly.
  - The baby does not breathe or breathes weakly or irregularly.
  - The baby is limp.
  - The baby is purple or very pale.

**PRACTICAL ACTIVITIES**

Here are some ideas for skits: Have the TBAs imitate the activity of a normal baby and then of a tired baby. Afterwards, discuss their characteristics.

■ ***What can a TBA do for a baby who is born tired?***

Questions:

- How can you prevent a baby from being born tired?
- What must you do immediately after the birth of the baby?
- Why must the nose be cleaned?
- Why must you rub the baby's body?
- Why must you give mouth-to-mouth resuscitation?
- How long do you give mouth-to-mouth resuscitation?

Answers:

- To prevent babies from being born asphyxiated, refer patients to the hospital who have labor that lasts too long, babies in an abnormal position and presentation, or when the cord comes out first. Never use labor injections.
- When the baby is born, the TBA should examine it right away to see:
  - how it cries
  - how it breathes
  - the color of the skin
  - if it moves enough normally
- Rapidly clean the baby's nose and mouth and rub its entire body with a clean cloth to dry and stimulate the baby.
- If the baby does not react to this, immediately give mouth-to-mouth resuscitation 30 times and wait briefly to see if the baby responds and breathes on its own. If it does not, give another 30 breaths and observe the baby. If it still does not breathe on its own, give a final 30 breaths. To give good mouth-to-mouth resuscitation, place the baby on a flat, hard surface, such as a table or board.
- If the baby does not respond after this, the baby is dead.

**PRACTICAL ACTIVITIES**

See Module IV, page 31, Asphyxia: "Baby born tired, almost dead."

Do a demonstration on: Resuscitation of a baby born tired.

## 10. INFECTION IN THE NEWBORN

### KEY POINTS

#### ■ *What is infection in the newborn?*

The infection may start with the flu or a cold, an infection in the umbilicus, or from another source. It is more common in premature and small babies.

#### ■ *What is the danger?*

A newborn does not have the means to protect or defend itself from an infection. If treatment with antibiotics is not given rapidly, the newborn can die in 1 or 2 days.

#### ■ *What must the TBA examine?*

The danger signs of an infection are:

- The baby becomes cold or hot.
- The baby either cries a lot and is inconsolable or does not cry and is sad and listless.
- The baby does not want to breastfeed and grunts or moans while breathing or has difficulty breathing.

#### ■ *What must the TBA do?*

- Cut the cord with something clean, such as a new razor blade or scissors that have been washed with soap and water and boiled. You can also burn the cord with a candle or a red-hot knife.
- Talk with the mother about the danger signs and the urgency of an infection in a newborn so that she is prepared, especially if the baby is small.
- Visit mothers and newborns frequently after birth.
- If you find a newborn with any of the danger signs of infection, take it immediately to the hospital. Do not lose time. Wrap it well for the trip, and encourage the mother to keep breastfeeding during the trip.

## DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

### ■ *What is infection in the newborn?*

#### Questions:

- Why do newborns get infections after birth?
- How do newborns get infected?
- Where can germs enter to infect the newborn?

#### Answers:

- Infection is when germs attack the newborn and cause an infection. An infection in a newborn is very serious and can kill it within one or two days if treatment with antibiotics is not given. The newborn does not yet have the good defenses of an older child or an adult.

### ■ *Why is it important to know about infection in the newborn?*

#### Questions:

- Why is it important to know about infection in newborns?
- Why do so many newborns die from infections?
- Have you ever seen a newborn with an infection?
- What happened to the newborn?
- How did the newborn look like?
- What can happen to an infected newborn if it does not receive treatment and/or medicine?

#### Answers:

- Newborns with infection can die. The majority of people don't know the signs of infection in the newborn and thus do not send them to the hospital or health center/post for treatment. The majority of these newborns die of infection.
- But if you see that a newborn is infected and you give treatment rapidly, the baby can be cured and be healthy.

## ■ *How can you know if a newborn has an infection?*

### Questions:

- What is a normal newborn like and what does it do?
- What does an infected newborn look like? What signs does it have?
- Have you ever seen a newborn with an infection?
- What did you find; what did you see?
- Have you ever seen a newborn die? How did it appear before dying? What did it have?
- How often does a normal newborn breastfeed? How does it suck when nursing?
- How does a healthy newborn cry? When do you think or believe that it is crying too much? When do you think it is crying too little?
- How do you console a newborn who cries but is not sick? Is it easy to console and calm such a baby?
- What is a normal newborn like? How does it move and what does it do?
- How can you tell if a newborn has a fever or is very cold?
- How does a normal baby breathe? How does a sick baby breathe?

### Answers:

- The most important danger signs are:
  - not wanting to breastfeed, breastfeeds less, or breastfeeds with less vigor
  - cries a lot, is inconsolable or does not cry
  - is sad, listless
  - is limp
  - baby's body feels hot or cold; also, the baby's mouth feels hot or cold when breastfeeding
  - has difficulty breathing or breathes very rapidly

## **PRACTICAL ACTIVITIES**

The following skits are suggested:

1. Have the TBAs imitate the facial expressions, behavior, sucking and breathing of a normal newborn.
2. Have the TBAs imitate the facial expressions, behavior, sucking and breathing of an infected newborn.
3. Have the TBAs discuss what can be considered a normal cry in a newborn. Discuss how to teach a first-time mother what is considered excessive crying and what is too little crying. Have the same sort of discussion regarding breastfeeding, fever, breathing and general behavior.

See Module IV, page 33, Sepsis: "Infection in the baby."

1. Drawings of danger signs.

■ *What can a TBA do to keep newborns from getting infected or dying of infection?*

Questions:

- How should you cut the cord?
- How do you know if a newborn is all right?
- What should you do if a newborn has any of the signs of infection?
- How should you explain the danger signs to the newborn's family?
- How do you explain what the newborn needs if it is infected?

Answers:

- The umbilical cord must be cut with something very clean, such as a new razor blade, scissors washed with soap and water and boiled, or a red-hot knife. It can be burned with a candle. This way the umbilicus will not become infected.
- You must teach the parents about the danger signs of infection in the newborn.
- Visit the newborn every day to see if it has any sign of infection.
- If the newborn has any sign of infection, send it to the hospital so that it can get treatment. You must not wait.
- You must take even more care with newborns that are small or premature.

**PRACTICAL ACTIVITIES**

Here are a few ideas for skits:

1. Teaching a first-time mother about the symptoms of infection that she must recognize.
2. Making a postpartum visit, and examining the mother and newborn.
3. Referring a sick newborn to the hospital.



## **11. PREMATURE BABIES**

### **KEY POINTS**

#### ■ ***What does premature mean?***

When babies are born before nine months or when they weigh less than 5½ pounds, they are premature.

#### ■ ***What is the danger of being premature?***

Because these babies are very small, they do not have normal defenses and are not as strong as they need to be. They have trouble maintaining their body temperature, and they can get sick very quickly and die.

#### ■ ***What must the TBA examine?***

- She must ask the mother if the baby was born before nine months of pregnancy were over.
- If she has a scale, she must weigh the baby to see if it weighs less than 5½ pounds.
- Some of the signs are being very red and small, having difficulty breathing, and having difficulty breast feeding.

#### ■ ***What must the TBA do?***

- Talk to the mother about the dangers of a small newborn.
- Take the baby to the hospital, because it needs special care.
- Do not bathe the baby.
- Give the baby only breast milk. Breast feed frequently.
- Keep the baby warm with hot-water bottles, or put the baby inside the mother's blouse. The mother must cover herself well and breast feed the baby frequently.
- If the mother has the baby inside her blouse (skin-to-skin contact), she must sleep semi-sitting.
- Do not allow sick people to see the baby.
- Always refer a baby to the hospital when it does not breastfeed or it has difficulty breathing.
- Visit the baby in the home very frequently to examine it and see that it does not get sick and that it is being well taken care of. Wash your hands well before touching the baby.

## DISCUSSION GUIDE

Use the following questions to help the TBAs understand this topic well.

### ■ *What is a "premature" newborn?*

#### Questions:

- What does premature mean?
- How long does a normal pregnancy last?
- How big is a normal baby after nine months of pregnancy?
- What is a healthy weight?
- What is a "premature" baby like?

#### Answers:

- "Premature" newborns include those that weigh less than 5½ pounds, and those born before completing nine months of pregnancy.
- "Premature" babies are very small and weak. Their defenses and their bodies have not yet matured, and they have not grown enough to be able to live easily outside their mother's belly.

### ■ *Why is it important to know about "premature" babies?*

#### Questions:

- Why do you think it is important to know about "premature" babies?
- What problems can a "premature" baby have?
- Have you ever attended a "premature" baby?
- If yes, what happened to the baby during labor? What happened after the delivery?

#### Answers:

- "Premature" babies can die during labor.
- After birth, their lungs can easily become infected because they are not mature. This can put their lives in danger.
- As they do not have good defenses, they can become infected easily and can be too weak to breastfeed.
- It is also difficult for them to keep warm, and they can become very cold.

■ *How do you recognize a premature baby?*

Questions:

- Can you tell if a woman is in labor before it's time?
- How do you calculate the date when you can expect the birth?
- How does a premature baby look? What are the differences between a premature and a normal newborn?

Answers:

- When the TBA arrives to attend a birth, she must ask the patient how many months pregnant she is and whether she has reached nine months or not. She must calculate how many months along the pregnancy is. This is done to see if it is time or if the baby is going to be born early.
- A baby that is born prematurely is recognized by its low birth weight, weak cry, weak sucking and limp body.
- Some babies are born very small even at nine months. When they are born, they are very little.

**PRACTICAL ACTIVITIES**

If possible, take the TBAs to a prenatal clinic so that they can see and feel the uterine size of various pregnant women. They can also go and visit the pregnant women they know, calculate how many months along the pregnancies are, and see and feel the size of the uterus.

■ *What can the TBA do to prepare for the birth of a "premature" baby?*

Questions:

- Why should you refer to the hospital the women who have labor pains before the nine months of pregnancy?
- Do women know that labor and delivery before time carries a high risk of death for their baby?
- How can you convince a woman with labor pains before time that she must go to the hospital?
- Do women know that the hospital has medicine and equipment to help premature babies breathe and fight infections, and to feed them while they grow enough to survive by themselves?

Answers:

- Help prevent premature babies by rapidly referring to the hospital those women who begin labor too early. It may be possible to stop the labor, allowing the pregnancy to reach nine months.
- If a birth before time cannot be prevented, send the woman to the hospital to give birth. There are personnel in the hospital trained to treat these cases.

■ *What care must be given to a "premature" baby in the home?*

Questions:

- Are you familiar with caring for "premature" newborns?
- Are the people in the communities accustomed to giving special care to "premature" newborns?
- How can you attend a "premature" newborn at home?
- What should you give it to eat?
- How often should it be fed?
- How can you avoid infections?
- When can you bathe it?
- How can you keep it warm?

Answers:

- If there is a "premature" baby in the home because the family refuses to take it to the hospital:
- Teach the family how to care for it.
- Keep it warm (using gloves or mittens, cap and socks). Put three or four layers of clothes on it. Use hot-water bottles.
- Make sure the baby is in direct contact with the mother (skin to skin).
- Do not bathe the baby for at least a week.
- Keep sick people away from the baby.
- The TBA must wash her hands before touching the baby.
- The baby should breastfeed as often as he or she wants to. Do not give it anything else, only breast milk.

**PRACTICAL ACTIVITIES**

See Module IV, page 35, Low birthweight or premature baby:  
"How to care for a little baby."

1. Demonstration of an incubator.
2. Demonstration of a kangaroo mother.

The TBAs must practice how to care for "premature" babies and how to teach the mothers the kangaroo method using dolls.

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