Appendix C

Maternal Health Care Resource Materials

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Counseling during Maternal Health Care

Antenatal Counseling Approaches for the Customer, Family, and Community
Some information and counseling is targeted to the pregnant woman individually for her personal knowledge and behavioral change (“customer approach”). Other information needs to be delivered to important decision-making family members, like the husband or mother-in-law, as well as to the pregnant woman, for effective implementation (“family approach”). In addition, such messages are to be delivered to all strata of the community to raise awareness and cooperation (“community approach”).

Customer Approach: Information for the Pregnant Woman

Diet during Pregnancy
• From the daily normal diet list, eat an extra handful of food at every meal or eat one additional meal every day. Additional food should include fruits and vegetables and foods rich in iron, such as beans, fish, meat, liver, kidney, eggs, and dark green, leafy vegetables. Drink plenty of clean (boiled) water.

Rest and Activities
• Rest after lunch and sleep at least six to eight hours at night.
• Avoid long and tiresome journeys and avoid work that requires prolonged periods of standing or sitting (i.e., more than four to five hours).
• Make regular antenatal care visits to the health clinic.
• Besides routine checkups, come to the health clinic at any time during the pregnancy or post-delivery period if you feel unwell.

Personal Hygiene
• Keep yourself adequately clean. Maintain your personal hygiene, including a daily shower, brushing your teeth, and breast care (i.e., in case of cracked or inverted nipples).
• Avoid tight-fitting clothes during this time.

Immunization
• Take tetanus-typhoid immunization at an appropriate time.

Danger Signs during Pregnancy
Pregnancy can cause some serious complications. On the other hand, a woman also may already have had a disease that is aggravated by the pregnancy. It is essential that you and your family know the signs of serious complications and what to do if they arise.

Note: The material presented here is adapted from: Bangladesh Ministry of Health and Family Welfare, NIPHP, 1999.
Appendix C

Danger Signs during Pregnancy

If the following signs are seen in a pregnant woman, she should be immediately taken to a health care center or hospital:

- Pale eyelids, tongue, gums, or palms, or a constant feeling of tiredness and shortness of breath (signs of severe anemia)
- Any vaginal bleeding before delivery, with or without pain
- High blood pressure equal to or more than 140/90 mm Hg
- Severe headache, blurred vision, or spots before the eyes
- Swollen hands, ankles, and especially face
- Convulsion or fits
- Jaundice (yellow coloration of the eyes) and dark urine
- Excessive vomiting
- High fever (persistent fever more than 40 degrees C)
- Insufficient weight gain (less than 2 kg every month after the first trimester)
- Leakage of fluid through the vagina
- Rupture of the membrane three weeks or more before the due date (i.e., before the 37th week of pregnancy)

Family Approach: Information to Be Shared with Key Decision Makers in the Family

Danger Signs during Pregnancy
Close relatives should be aware of danger signs during pregnancy, so that when these signs appear, the family member can immediately take the pregnant woman to a hospital or clinic.

Preparation for Delivery
Some preparation for delivery is essential. The following things should be discussed and arranged as the delivery date gets closer:

- Choose the site of delivery—home or institution
- Choose a delivery care provider—a traditional birth attendant, a nurse, or a doctor
- Make contact with centers with facilities offering comprehensive emergency obstetric care, and identify potential blood donors, if necessary
- Arrange transport to the health clinic, hospital, or emergency obstetric care site (even if using a traditional birth attendant)
- Arrange sufficient money
- Arrange for care of other children (if any) while the mother is away (if needed)

Regular Antenatal Care Checkups
The pregnant woman should be sure to receive checkups at regular intervals, as advised by the health clinic staff.
Sexual Intercourse
There are no restrictions to sexual intercourse except when there is a threat of miscarriage or a previous history of abortion during the first trimester.

Activities to Avoid
• Doing heavy work and lifting heavy items (e.g., carrying or lifting filled buckets or pitchers)
• Smoking, drinking alcohol, and taking medicines without appropriate medical consultation
• Visiting people who have communicable diseases such as chicken pox and measles

Safe Delivery
Safe delivery should be ensured by the presence of a traditional birth attendant or a service provider during delivery. Hospitals or institutions with delivery facilities are also recommended.

Planning for after the Birth
• Exclusive breastfeeding has important benefits for both the mother and the child up to six months after delivery, including feeding of the colostrum immediately after birth.
• Plans should be made for a family planning strategy after childbirth.
• The new mother should go to the clinic for postpartum care services.
• The baby should be given immunization regularly as a preventive measure against diseases.
• The baby should be taken to the nearest health facility for any kind of sickness.

Community Approach: Messages to Be Delivered to the Community

Emergency Obstetric Care
Advocate for taking women to emergency obstetric care facilities in emergency situations and for making more such facilities available, where needed.

All Other Messages from the “Family Approach”
Use community outreach to get all of the important messages included in the family approach (above) to family members in general and to community leaders, to build more awareness and community-based support for antenatal and postpartum care for women.
Phases of Counseling for Pregnant Women and Families

The content of information and counseling should vary during the antenatal period, in order to help the woman and her family to focus on key issues and to remember vital information. By dividing the messages into three “phases” (for each trimester), it is hoped that the message-giving will be easier for providers, and the pregnant woman and her family will better understand, memorize, and follow the messages.

First-trimester Messages
• Emphasize diet, rest, and personal hygiene
• Explain the danger signs of pregnancy
• Discuss the plan for delivery (birth plan)

Second-trimester Messages
• Repeat the danger signs of pregnancy, with emphasis on:
  ▶ Whether weight is gained at a certain rate
  ▶ Leakage of fluid through vagina
• Discuss the birth plan again
• Ask about tetanus-typhoid vaccination
• Explain the importance of feeding colostrum and of breastfeeding exclusively, and discuss correct method of breastfeeding
• Discuss care of the newborn baby
• Discuss the importance of family planning after delivery

Third-trimester Messages
• Finalize the birth plan
• Discuss the importance of postpartum visits and what to do if postpartum danger signs appear (see next section)
• Discuss danger signs during pregnancy, with emphasis on labor and delivery
• Repeat discussions about breastfeeding and the importance of feeding the colostrum to the newborn
• Discuss again the care of the newborn and family planning after delivery

Postpartum Counseling Approaches for the Customer, Family, and Community

Customer Approach: Information for the Postpartum Woman

Diet and Supplementary Food
• Consume plenty of water and green, leafy vegetables, vegetables with a high water content, fresh fruits, eggs, fish, meat, and milk or milk products (Sour fruits should also be eaten.)
• Eat one extra handful of rice and one extra handful of beans (pulses) every day, one teaspoon of oil, and any seasonal fruit
• Take iron, folic acid, and calcium, as prescribed
• Take one vitamin A capsule (200,000 IU) within two weeks of delivery
• Use iodized salt in cooking; avoid taking excess salt
• Avoid drugs (without prior consultation with a doctor), cigarettes, chewing tobacco, and alcohol

**Rest, Exercise, and Other Activities**
• Get adequate rest
• For two months after delivery, avoid performing heavy physical activity and lifting heavy objects (such as lifting heavy baskets, buckets, or pitchers, or husking rice, among others)
• Gently exercise the perineum and lower abdominal muscles
• Allow the baby to breastfeed on demand, to prevent breast engorgement

**Personal Hygiene**
• Take a bath every day
• Clean your breasts and genitalia
• Use sanitary pads or clean cloths

**Newborn Care**
• Breastfeed only for up to six months (or following local health care guidelines)
• Immunize the newborn as per the immunization schedule provided by the health center
• Seek care for the baby immediately if he or she shows signs of diarrhea or acute respiratory infection

**Postpartum Danger Signs**
See box on page 212.

**Family Approach: Information to Be Shared with Key Decision Makers in the Family**

**Newborn Care**
• Encourage the mother to breastfeed only for up to six months (or following local health care guidelines)
• Immunize the newborn as per the immunization schedule provided by the health center
• Seek care for the baby immediately if he or she shows signs of diarrhea or acute respiratory infection

**For the Mother’s Health**
• Encourage the mother to take extra food
• Ensure vitamin A supplementation for the mother
• Be supportive of the couple’s adopting a contraceptive method
• Help the mother to attend to the general needs of the baby
• Seek immediate medical care for the mother if she has any postpartum danger sign
### Postpartum Danger Signs

If the following signs are seen in a woman after delivery, she should be taken immediately to a health care center or hospital:

- Fever (>38 degrees C)
- Bleeding that increases rather than decreases or large blood clots or pieces of placental tissue being passed
- Foul-smelling vaginal discharge
- Severe pain in the abdomen or pain that keeps increasing
- Signs of severe anemia (Hb <7 g per 100, breathlessness, palpitation, tiredness)
- Fainting, fits, or convulsions
- Severe pain in the chest or shortness of breath
- Pain, swelling, or redness in the breast
- Pain, swelling, redness, or discharge at the site of an incision (if the woman had a cesarean section or an episiotomy)
- Vomiting and diarrhea
- Urine or feces leaking out of the vagina
- Irritation or pain during urination