Making Pregnancy Safer

Dr Rita Kabra
Department of Making Pregnancy Safer, WHO

WHO-UNFPA Strategic partnership Programme
Workshop on Introduction, adaptation, implementation of WHO guidelines on Maternal and newborn Health and Family planning
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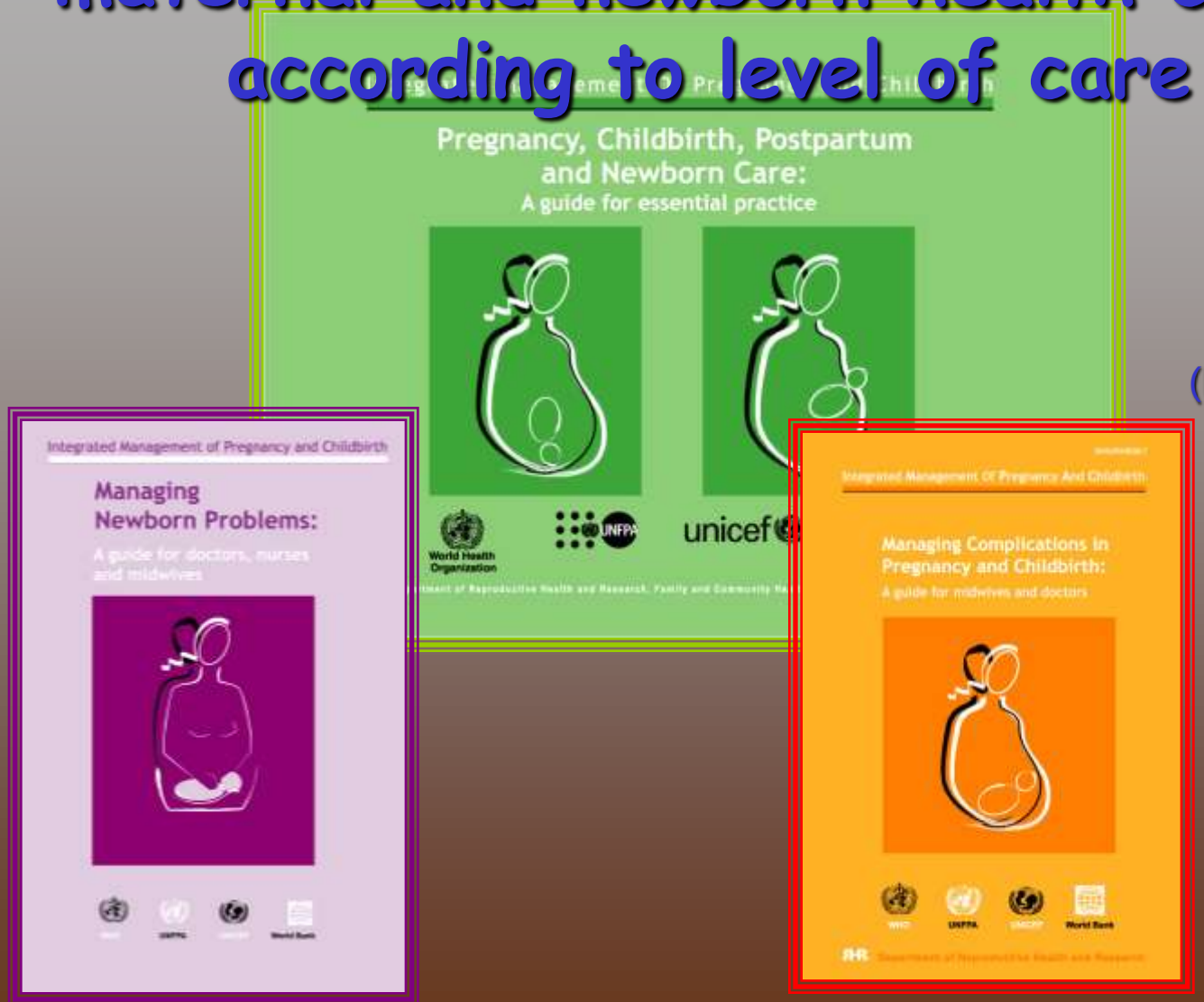
Outline of the presentation

- Pregnancy, Childbirth, Postpartum and newborn care: A guide to essential practice :PCPNC
- Managing complications in pregnancy and childbirth: MCPC
- Managing Newborn problems: MNP

Evidence-based practice guidelines for maternal and newborn health care: according to level of care



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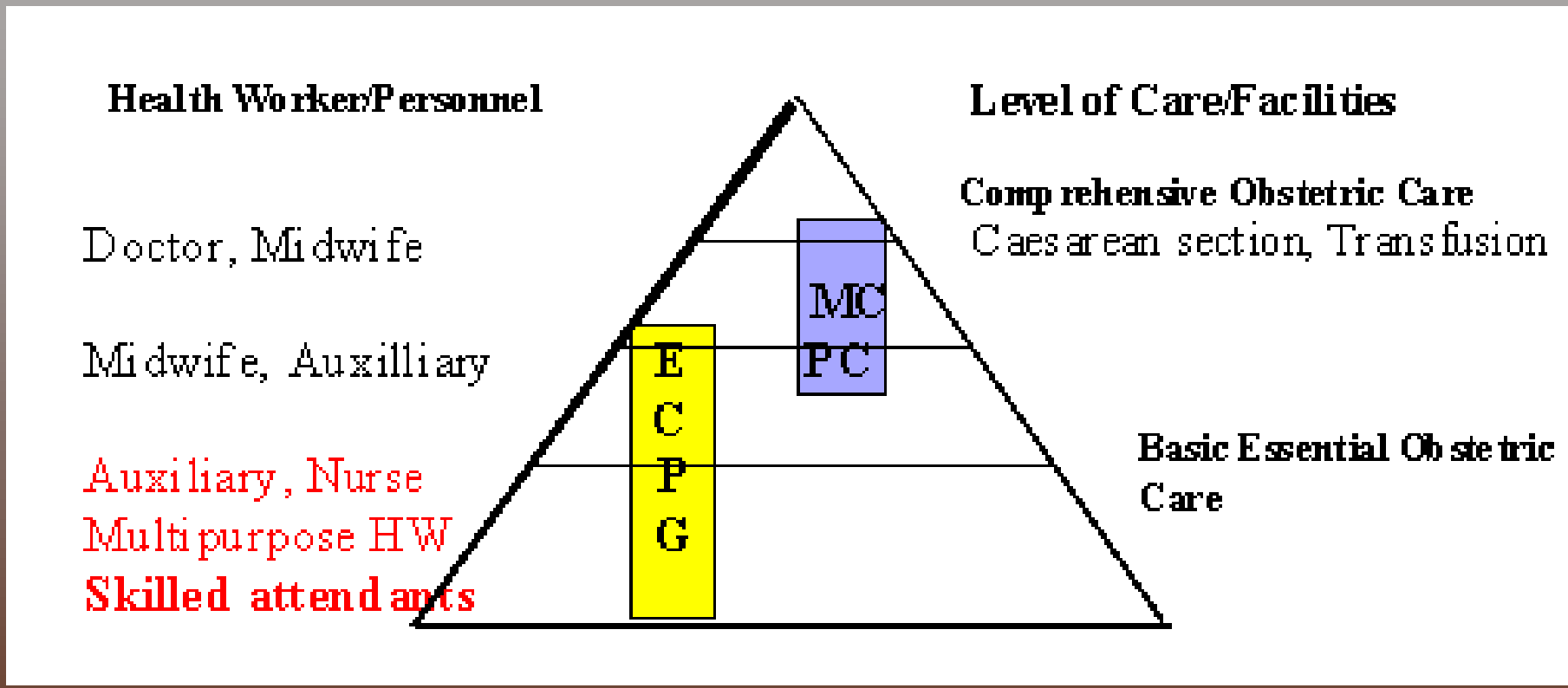
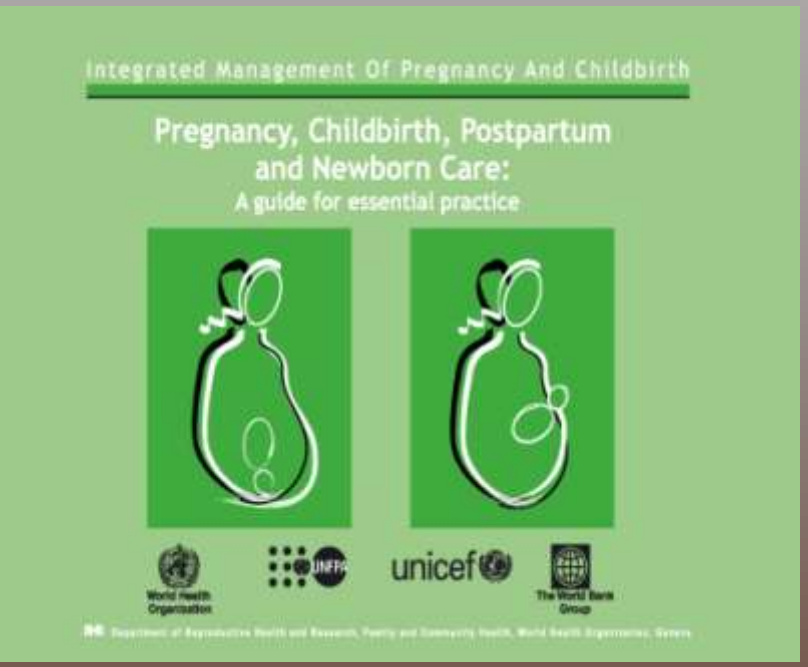
IMPAC guidelines



What is PCPNC ?



Practice guide on <u>essential</u> routine and emergency care which should be available at <u>all</u> levels of health care particularly at **the primary health care level**, during pregnancy, child birth, post-partum and post-abortion periods.

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Target audience

- Health care providers /Skilled birth attendant
- Health planners
- Programme managers
- Trainers and educators

Principles of the guide

- Continuum of care for the mother and newborn
- Core set of essential interventions
- Major causes of maternal and neonatal mortality
- Evidence based interventions
- Integrated approach
- Clinical decision making based on signs and symptoms
- Consistent approach to management

Principles of the guide

- Treat at first encounter, early detection, stabilisation and appropriate referral
- Quality of care
- Communication with women
- Confidentiality
- Organisation of services
- Universal precautions for infection control

Contents

- Clinical
- Health Promotion
- Administrative

Clinical Components

- Rapid assessment & management section B
- Bleeding in early pregnancy / Post-abortion care
- Antenatal care section C
- Child birth, Labour and delivery and immediate postpartum care section D
- Postpartum care section E
- Care of the new-borns section J and K

Health promotion

- Integrated in each clinical section
- Inform and counsel on HIV section G
- Women with especial needs- adolescents, women living with violence section H
- Community support, Linkages with community groups, other health care providers, dais section I
- Information/counselling sheets section M
- Family planning section C, D

Administrative activities

- Introduction
- Principles of good care section A
- Equipment, supplies and medicines section L
- Laboratory: RPR, HIV, Hb, urine analysis
- Records and forms section N

Principles of good care

PRINCIPLES OF GOOD CARE

ORGANIZING A VISIT

Receive and respond immediately

Receive every woman and newborn baby seeking care immediately after arrival (or organize reception by another provider).

- Perform Quick Check on all new incoming women and babies and those in the waiting room, especially if no-one is receiving them B2
- At the first emergency sign on Quick Check, begin emergency assessment and management (RAM): B1-B7 for the woman, or examine the newborn D1-D11
- If she is in labour, accompany her to an appropriate place and follow the steps as in *Childbirth: labour, delivery and immediate postpartum care* D1-D29
- If she has priority signs, examine her immediately using *Antenatal care*, *Postpartum or Post-abortion* care charts C1-C18 E1-E10 B18-B22
- If no emergency or priority sign on RAM or not in labour, invite her to wait in the waiting room.
- If baby is newly born, looks small, examine immediately. Do not let the mother wait in the queue.

Begin each emergency care visit

- Introduce yourself.
- Ask the name of the woman.
- Encourage the companion to stay with the woman.
- Explain all procedures, ask permission, and keep the woman informed as much as you can about what you are doing. If she is unconscious, talk to the companion.
- Ensure and respect privacy during examination and discussion.
- If she came with a baby and the baby is well, ask the companion to take care of the baby during the maternal examination and treatment.

Care of woman or baby referred for special care to secondary level facility

- When a woman or baby is referred to a secondary level care facility because of a specific problem or complications, the underlying assumption of the Guide is that, at referral level, the woman/baby will be assessed, treated, counselled and advised on follow-up for that particular condition/complication.
- Follow-up for that specific condition will be either:
  - → organized by the referral facility or
  - → written instructions will be given to the woman/baby for the skilled attendant at the primary level who referred the woman/baby.
  - → the woman/baby will be advised to go for a follow-up visit within 2 weeks according to severity of the condition.
- Routine care continues at the primary care level where it was initiated.

Begin each routine visit (for the woman and/or the baby)

- Greet the woman and offer her a seat.
- Introduce yourself.
- Ask her name (and the name of the baby).
- Ask her:
  - → Why did you come? For yourself or for your baby?
  - → For a scheduled (routine) visit?
  - → For specific complaints about you or your baby?
  - → First or follow-up visit?
  - → Do you want to include your companion or other family member (parent if adolescent) in the examination and discussion?
- If the woman is recently delivered, assess the baby or ask to see the baby if not with the mother.
- If antenatal care, always revise the birth plan at the end of the visit after completing the chart.
- For a postpartum visit, if she came with the baby, also examine the baby:
  - → Follow the appropriate charts according to pregnancy status/age of the baby and purpose of visit.
  - → Follow all steps on the chart and in relevant boxes.
- Unless the condition of the woman or the baby requires urgent referral to hospital, give preventive measures if due even if the woman has a condition "in yellow" that requires special treatment.
- If follow-up visit is within a week, and if no other complaints:
  - → Assess the woman for the specific condition requiring follow-up only
  - → Compare with earlier assessment and re-classify.
- If a follow-up visit is more than a week after the initial examination (but not the next scheduled visit):
  - → Repeat the whole assessment as required for an antenatal, post-abortion, postpartum or newborn visit according to the schedule
  - → If antenatal visit, revise the birth plan.

During the visit

- Explain all procedures,
- Ask permission before undertaking an examination or test.
- Keep the woman informed throughout. Discuss findings with her (and her partner).
- Ensure privacy during the examination and discussion.

At the end of the visit

- Ask the woman if she has any questions.
- Summarize the most important messages with her.
- Encourage her to return for a routine visit (tell her when) and if she has any concerns.
- Fill the Home-Based Maternal Record (HBMR) and give her the appropriate information sheet.
- Ask her if there are any points which need to be discussed and would she like support for this.

Organizing a visit A5

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Decision-making chart

Quick check

B2

QUICK CHECK, RAPID ASSESSMENT AND MANAGEMENT OF WOMEN OF CHILDBEARING AGE

QUICK CHECK

A person responsible for initial reception of women of childbearing age and newborns seeking care should:

- assess the general condition of the careseeker(s) immediately on arrival
- periodically repeat this procedure if the line is long.

If a woman is very sick, talk to her companion.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT
■ Why did you come? → for yourself? → for the baby? ■ How old is the baby? ■ What is the concern?	**Is the woman being wheeled or carried in or:** ■ bleeding vaginally ■ convulsing ■ looking very ill ■ unconscious ■ in severe pain ■ in labour ■ delivery is imminent **Check if baby is or has:** ■ very small ■ convulsing ■ breathing difficulty	If the woman is or has: ■ unconscious (does not answer) ■ convulsing ■ bleeding ■ severe abdominal pain or looks very ill ■ headache and visual disturbance ■ severe difficulty breathing ■ fever ■ severe vomiting.	**EMERGENCY FOR WOMAN**	■ Transfer woman to a treatment room for Rapid assessment and management B3-B7 ■ Call for help if needed. ■ Reassure the woman that she will be taken care of immediately. ■ Ask her companion to stay.
		■ Imminent delivery or ■ Labour	**LABOUR**	■ Transfer the woman to the labour ward. ■ Call for immediate assessment.
		If the baby is or has: ■ very small ■ convulsions ■ difficult breathing ■ just born ■ any maternal concern.	**EMERGENCY FOR BABY**	■ Transfer the baby to the treatment room for immediate Newborn care J1-J11 ■ Ask the mother to stay.
		■ Pregnant woman, or after delivery, with no danger signs ■ A newborn with no danger signs or maternal complaints.	**ROUTINE CARE**	■ Keep the woman and baby in the waiting room for routine care.

IF emergency for woman or baby or labour, go to B3
IF no emergency, go to relevant section

Structure of clinical component

- Rapid assessment and management of emergency
- Routine care for the essential elements of maternal and neonatal care pertinent to specific visit
- Respond to problem
- Preventive measures
- Advice and counsel

Antenatal care

- Rapid assessment B6 to B7
- Routine care for the essential elements of maternal and neonatal care pertinent to specific visit C2 to C6
- Respond to problems C7 to C11
- Preventive measures C12
- Advice and counsel C13 to C18

Rapid Assessment and Management (RAM)

Triage **all** women of childbearing age

Emergency / danger signs:

- **First** assess the woman for:
  - Airway & breathing
- **Then** for:
  - Circulation
  - Vaginal bleeding
  - Convulsions
  - Severe abdominal pain
  - Dangerous fever

→ If a main symptom is present:

Assess the woman further for signs related to the main symptom

→ **Identify** urgent pre-referral treatment.

Give the treatment

→ **Refer** the woman urgently to hospital

ABSENT

Priority sings:

- Labour pain
- Severe pallor
- Severe headache
- Fever > 38°C
- Ruptured membranes
- Abdominal pain
- Blurred vision, vomiting

→ If a symptom is present provide **prompt** full assessment and treatment using appropriate charts

ABSENT

Routine care

Ask whether pregnant or delivered

→ Provide full assessment and treatment using appropriate charts

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Assessment, management charts

- Decision making tools: ask, look, treat. similar to IMCI
- Colour coded scheme
  - Red: immediate action
  - Yellow: specific treatment
  - Green: Home management

CHECK FOR ANAEMIA

Screen all pregnant women at every visit

ASK:

- Ask about exercise/work tolerance. Do you tire easily?
- Are you breathless (short of breath) during routine household work?

LOOK:

- Look for conjunctival pallor.
- Look for palmar pallor.

If pallor:

- Is it severe pallor?
- Some pallor?
- Count the breaths in 1 minute.

- If able to measure haemoglobin, check on first visit or if woman has pallor on any visit.

SIGNS	CLASSIFY	TREAT AND ADVISE
• Severe palmar and conjunctival pallor and/or haemoglobin less than 70g/l OR • Any pallor with - 30 or more breaths/ minute - poor exercise tolerance (tires easily)	**SEVERE ANAEMIA**	➢ **Refer urgently to hospital** if last 2 months of pregnancy. (p.16) In all other cases refer to health centre for clinical assessment and haemoglobin and other tests. ➢ Revise birth plan so as to deliver in a facility with blood transfusion services. (p.24) ➢ Give double dose of iron/folate (1 tablet twice daily) for 3 months and counsel on compliance with treatment. (p.87) ➢ Counsel on nutrition. (p.36) ➢ Give appropriate oral antimalarial. (p.88) ➢ Follow up in 2 weeks to check clinical progress, test results and compliance with treatment.
• Palmar or conjunctival pallor • Haemoglobin 70 to <110 g/l	**MODERATE ANAEMIA**	➢ Give double dose of iron/folate (1 tablet twice daily) for 3 months and counsel on compliance with treatment. (p.87) ➢ Counsel on nutrition. (p.36) ➢ Give appropriate oral antimalarial if due (not given in the past month). (p.88) ➢ Reassess at next antenatal visit (4-6 weeks). If anaemia persists refer to hospital.
• No pallor • Haemoglobin 110 g/l or more	**NO ANAEMIA**	➢ Give iron/folate 1 tablet once daily for 3 months and counsel on compliance with treatment. (p.87) ➢ Counsel on nutrition. (p.36)

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CHECK FOR PRE-ECLAMPSIA

Screen all pregnant women at every visit

ASK:	LOOK AND FEEL:
	• Measure blood pressure in sitting position. • If diastolic blood pressure is 90 mmHg or greater - Repeat after 1 hour rest.
Do you have: • Severe headache • Blurred vision • Epigastric pain	If still high: • Check protein in urine

SIGNS	CLASSIFY	TREAT AND ADVISE
• Diastolic blood pressure 110 mmHg or greater or • Diastolic blood pressure 90 mmHg or greater with 2+ proteinuria, with: - severe headache or - blurred vision or - epigastric pain	**SEVERE PRE-ECLAMPSIA**	➢ Give magnesium sulphate. (p.13) ➢ Revise the birth plan. (p.24) ➢ **Refer urgently to hospital.** (p.16)
• Diastolic blood pressure 90 mmHg or greater with 2+ proteinuria	**PRE-ECLAMPSIA**	➢ Revise the birth plan. (p.24) ➢ Refer to hospital.
• Diastolic blood pressure 90 mmHg or greater on two readings	**HYPERTENSION**	➢ Advise to reduce work load and to rest. ➢ Advise on danger signs. (p.37) ➢ Reassess at the next antenatal visit or in 1 week if >8 months pregnant. ➢ If hypertension persists, after 1 week or at next visit, refer to hospital or discuss case with doctor or midwife, if available.

p. 13

p. 24

p. 37

- ***Give magnesium sulphate***

If convulsions (severe pre-eclampsia and eclampsia).

- ***Important considerations in caring for a woman with eclampsia***

ADVISE ON WHEN TO SEEK CARE

- ***Routine antenatal care visit***
- ***Follow-up visit***

PREGNANCY STATUS AND BIRTH PLAN

Use this chart for all women for every antenatal visit

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Essential newborn care

- For **all and** especially for **small infants**
- **Monitoring** closely for danger signs systematically and continuously first hours after birth or until well
- Thermal protection, support for exclusive **breastfeeding**, hygiene and cord care
- **Resuscitation**
- Immunization
- Advise for home care, follow-up, danger signs and care-seeking
- **Treating selected conditions**
- Referring for higher level of care after providing **pre-referral treatment**
- **IMPORTANT DIFFERENCE COMPARED TO IMCI!!**

Supporting material

- Facilitators guide
- Adaptation guides & summary of evidence
- Training material: locally adapted

Accompanying material

- Counselling book
- Various training modules/courses on maternal and newborn care
- Users guide (A guide to familiarise with the material), facilitators guide
- Adaptation guide
- Standards of care with evidence referenced
- Reference Library
- Various other material (poster): see WHO/HQ MPS and RHR web-sites

Assumptions and adaptation

- Transmission of falciparum malaria
- Anaemia and hookworm
- HIV/ STI/ gonorrhoea

Need for adaptation to suit local situation and available resources

How to use these guides

- At pre service level
- At in service level
- Revise medical and midwifery curriculum
- Improve quality of care
- Review the health system needs
- Increase community awareness
- Strengthen referral system

How to use these guides

PCPNC is useful . It could be used to address the organisation of the primary health system,

- *equipment, drugs, infrastructure, the referral system*
- *the skills of health providers for managing normal pregnancy, early detection and timely management of complications,*
- *improve knowledge and awareness of community*

reviewer PCPNC

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