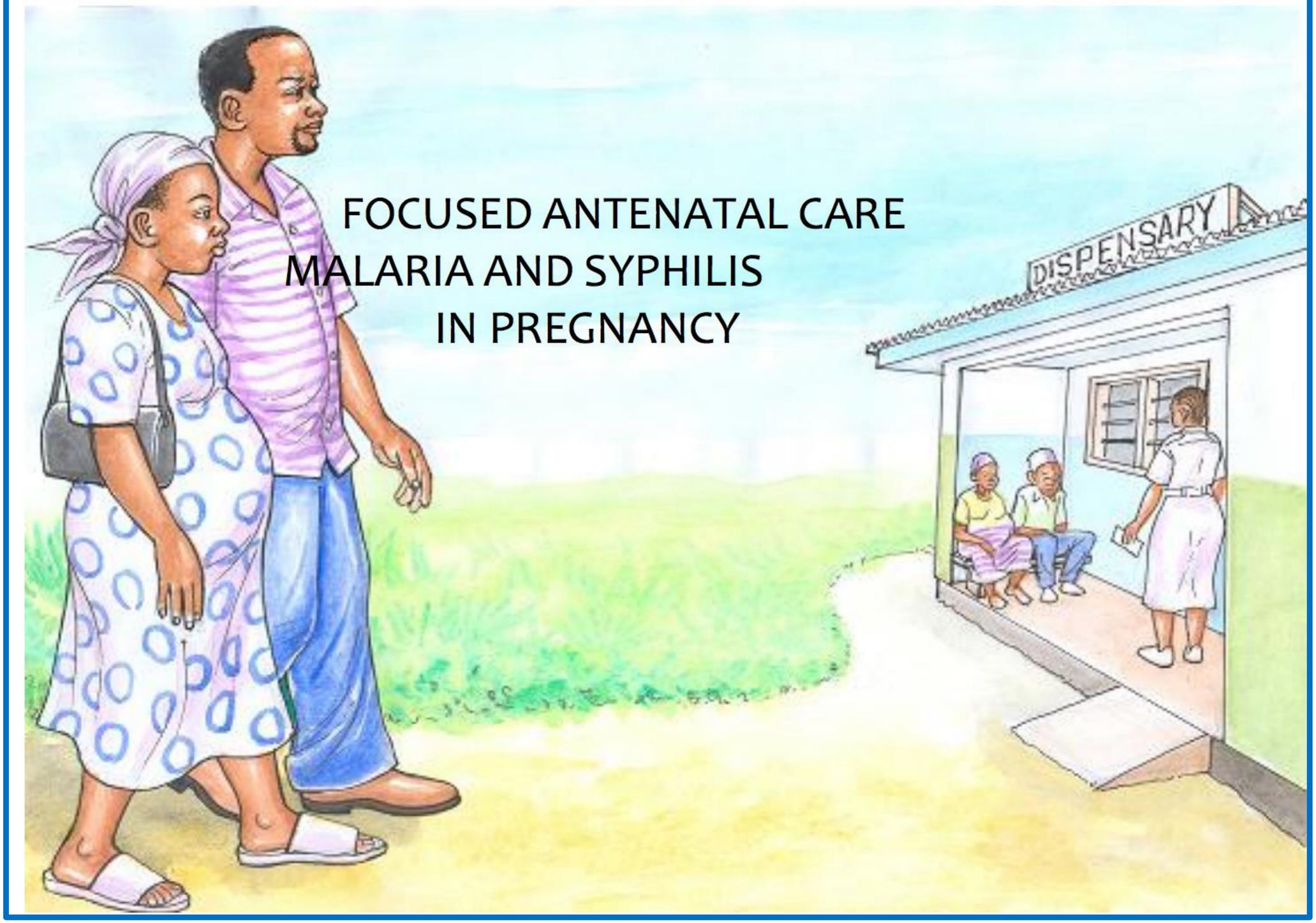
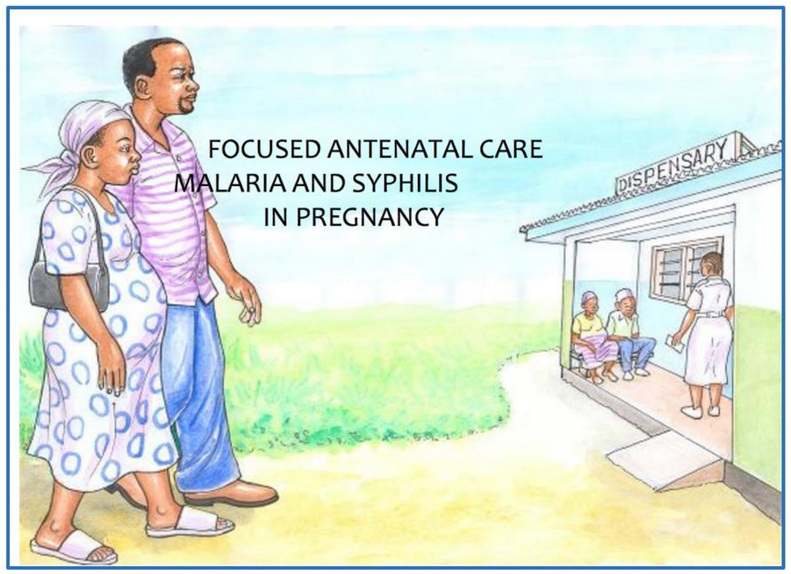

FOCUSED ANTENATAL CARE
MALARIA AND SYPHILIS
IN PREGNANCY
DISPENSARY

Course Overview



Course Objectives

By the end of this course participants should be able to:

- Provide Antenatal care (ANC) through 4 targeted visits during pregnancy
  - 12-16 weeks (preference for 12 weeks)
  - 20-24 weeks
  - 28-32 weeks
  - 36-40 weeks
- Ask a focused-history at each visit
- Conduct a focused physical exam at each visit
- Recognize and treat any abnormal finding in exams
- Screen for important diseases in pregnancy
- Treat hypertension, pre eclampsia or eclampsia, diabetes, anemia, syphilis, malaria and HIV using guidelines
- Counsel Mama on danger signs and what to do if they occur
- Counsel Mama on Healthy Pregnancy Practices including nutrition, ITN use and family planning
- Help Mama and partner develop a Birth Plan

Course Framework

- Invite Discussion to share Key knowledge
- Skills
- Quick Check
- Simulation

Course Supplies

- ❑ Course Flip Charts
- ❑ National guidelines for Syphilis and IPC
- ❑ ANC record keeping books- copies of checklists for practice
- ❑ Simulation Equipment- childbirth model and breast
- ❑ Gloves, aprons
- ❑ Protective goggles
- ❑ Hand soap
- ❑ Cotton gauze
- ❑ Rapid Plasma Reagin (RPR- syphilis screen- test kit (tube, pipette, test card, antigen)
- ❑ HIV test
- ❑ SP tablets for IPT
- ❑ Stethoscope or Fetoscope
- ❑ BP equipment
- ❑ Urine dip sticks
- ❑ Medications: (Iron-folic acid 5mg, folate-ferrous sulfate 200 mg, vaccines-tetanus toxoid, Mebendazole 500 mg, Sulfadoxine 500 mg, Pyrimethamine 25mg (SP), Benzathine Penicillin 2.4 MU IM, Amoxicillin tabs, Erythromycin 500 mg, Magnesium sulfate
- ❑ Distilled water for mixing medications
- ❑ Syringes (2mls, 5mls and 10 mls)
- ❑ Needles
- ❑ Sharps container
- ❑ Source of water
- ❑ 0.5% chlorine solution- bleach to prepare chlorine solution
- ❑ Decontamination container
- ❑ Emergency delivery kit
- ❑ Mama birth kit

Educational Advice

- Make sure you have all the supplies you need to run the course
- Review the knowledge and skill before teaching
- Have participants introduce themselves
- Ask participants about expectations for the course (record these on a flip chart)
- Review this list at the end of the course to see if you met expectations
- Establish Ground Rules for Safe Learning
  - Basic Assumption: Everyone here is Motivated, Sincere, Respectful, Intelligent and Here to improve their knowledge and skills
  - Hold this assumption when you hear your colleague share an opinion that may differ from your own
- Use an interactive style with your group for sessions. If possible, let participants tell you the information instead of lecturing
- Use a lot of think/pair and share- that is when you ask a question have the learners partner up, discuss the answer and then respond to your question- this approach will start the peer to peer mentoring process-with each learner helping each other come up with the right information- this is a great approach for helping participants who struggle with English as their partner can help interpret information to make sure they get the knowledge
- The course framework is developed using : ‘Key Points’, ‘Key Knowledge’, ‘Invite Discussion, Skill Review and Check where relevant and a section on “Educational Advice’ or Background Information
- All visits will. Start with a scenario to help identify current state of participants knowledge. This will allow you to focus on areas participants are not familiar with. For learning activities participants will be asked to role play the characters in a scenario switching roles to make sure everyone plays the health worker. Again this approach reinforces the value of peer to peer learning.

Preventing Infection

Hand Hygiene

Prevent disease spread

Personal Protective Equipment (PPE)

Protect yourself

Decontamination, Cleaning & Sterilization

Clean and disinfect equipment after use

Waste Management

Safely dispose of waste

Housekeeping

Keep environment clean

Traffic Flow

Restrict traffic flow

Preventing Infection

Invite Discussion

Handwashing

What should you use to wash your hands?

- soap and water or antiseptic

When should you wash your hands?

- before and after gloving
- before and after direct contact with patient
- after exposure to mucus, blood, body fluid
- after touching any soiled instruments or patient items.

Personal Protective Equipment (PPE)

What is Personal protective equipment (PPE)?

- The use of equipment to protect your self and the patient from infection

What do you use PPE for?

- Sterile procedures: sterile gloves single use
- Patient exam/linen: nonsterile gloves
- Blood or body fluid: eyewear, mask, gown, apron, cap, booties
- HIV positive or status unknown: gloves, goggles

How do you remember what to wear to protect yourself and the patient in different conditions?

- Assume all contacts points are infectious

Decontamination and Cleaning

What do dispensaries do to decontaminate, clean or sterilize?

- Soak contaminated or soiled equipment in 0.5% chlorine solution (strong solution) for at least 10 minutes
- Boil or steam equipment in a pot with lid for 20 minutes
- Use a chemical soak 10-24 hours
- Autoclave 20 minute unwrapped or 30 minutes wrapped
- ***Use dry heat 170 degrees for 60 minutes (preferred method)***

Handling Waste and Soiled Equipment

Do you cap a needle?

- No because doing so increases risk of a needle stick injury

How do you deal with contaminated waste in Tanzania?

- Use sharps only once and put in special sharp bins after use
- Use gloves to separate into contaminated and liquid waste
- Dispose by incinerating, burning or burying.

Housekeeping

How do we manage contaminated surfaces?

- Clean with chlorine bleach solution

When you have completed a procedure who should take the sharps off the table?

- User of the equipment

Traffic

What areas in our facilities do we want to restrict traffic to to protect patients from infection?

- Areas where sterile procedures are happening
- Operating room
- Labor room
- Areas where patients are vulnerable to infection
- Areas used for decontamination and cleaning

Quick Check

1. Which of the following statements is NOT TRUE?
   a) Health workers should wash hands before and after direct contact with patients
   b) Health workers should wash their hands before counselling Mama and her partner
   c) Health workers should wash their hands before they enter the health facility
   d) Health workers should wash their hands after removing a their gloves
2. Using dry heat at 170 degrees for 60 minutes is preferred to boiling a contaminated instrument
   a) True
   b) False

Background Information

To make **Strong chlorine solution** for disinfecting equipment and the environment you need to wear PPE and mix the following:

(a) From 5% liquid bleach- pour 1 part bleach to 9 parts water in bucket and repeat until the bucket is full: label strong chlorine solution for cleaning only – store in shade not sun. (CDC February 2015)

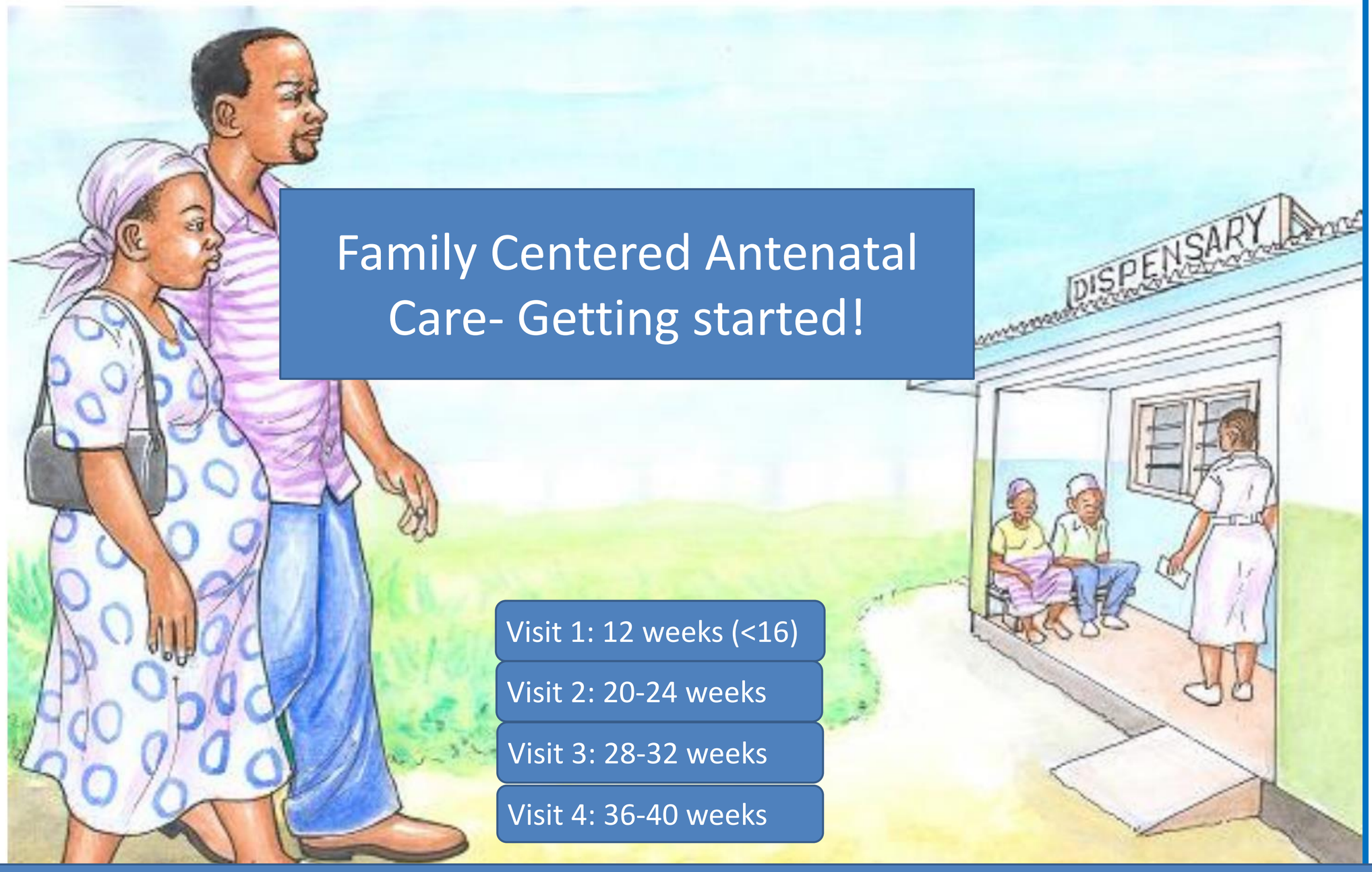
(b) From 70% chlorine powder: Wear PPE - put 10 tablespoons 70% HTH in 20 litres of water- stir well and wait 30 minutes to use. Label strong 0.5% chlorine solution for cleaning only- cover with a lid and store in shade

To make **mild chlorine solution** for ungloved hand washing wear PPE and do the following:

a) Pour 9 parts of water and 1 part strong (0.5%) chlorine solution in a bucket- repeat till full-water- label mild chlorine solution for hand washing only- cover and put at handwashing stations

b) From HTH 70% powder-add 1 tablespoon to 20 litres of water- label mild chlorine solution for hand washing only- cover and put at handwashing stations

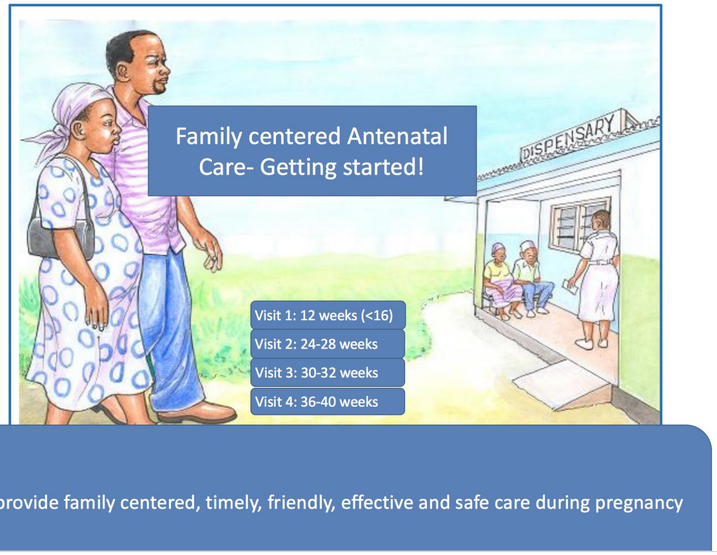
Family Centered Antenatal Care- Getting started!



- Visit 1: 12 weeks (<16)
- Visit 2: 20-24 weeks
- Visit 3: 28-32 weeks
- Visit 4: 36-40 weeks

To provide family centered, timely, friendly, effective and safe care during pregnancy

Family Centered Antenatal Care



Invite Discussion

What is focused antenatal care?

- **Quality Care** for the pregnant women and her partner (family) that focused on: **evaluation of woman's health, intervention for disease and risk factors, and health promotion- education and counselling**.
- **Currently 4 visits in Tanzania- 12-16 weeks, 20-24 weeks, 28-32 weeks, & 36-40 weeks**

Why is Focused Antenatal care important?

- Can be a key entry point for positively impacting gender and social inequality- contact with the most vulnerable woman who have the highest illness and death rates allowing
  - Identification and treatment of established disease
  - Early detection of complications and problems that can affect outcomes in pregnancy- mama and baby
  - Prophylaxis and treatment for anemia, malaria and STI including HIV, urinary tract infections and tetanus.

Why Family Centered Care (FCC)?

- The care we give to the mother affects partner (family) too so we should treat the mother and partner (family) as the unit of care- this approach reduces barriers caused by the view that pregnancy is a woman's domain.
- FCC adapts care to meet the needs of the mother and family- regardless of tribe, marriage, status, education, wealth, past deliveries, age and # of ANC visits.
- **When a women feels like her care meets her needs and the needs of her family she is more likely to follow advice and more likely to choose a safe place to deliver**
- Women cite lack of partner involvement and finances as influential in decision to seek care
- FCC helps the women feel safe
- FCC shows respect for privacy and dignity whether or not they have a partner
- FCC Involves the partner or father (family) in ANC visits where possible - only 3% of partners come
  - Active partner engagement can reduce barriers for women wanting to attend ANC
  - Involving Partners in birth planning is more likely to lead to decision making that will work for the family

What does family centered care look like at your facility?

- Use the GATHER pneumonic to guide communication
  - **G**reet the Pregnant woman and her partner (family)
  - **A**sk about her History and current health
  - **T**ell her what you need to do in any examine or blood and urine screen
  - **H**elp the pregnant woman and partner develop a birth plan
  - **E**xplain pregnancy especially if this is her first pregnancy so she knows what to expect
  - **R**eview and **R**einforce when she should return or where she needs to go if she has any problems

Background Information

It is very important in providing respectful care to Mama and her partner that at each visit Mama and her partner are given an opportunity to ask questions and the question are answered. If you can not answer the question refer Mama and her partner to someone who can answer them. Secondly it is important to believe what Mama tells you- and lastly you need to make sure anything that is recommended is doable for her and if not help adapt it or make it doable. Emphasizing a family centered approach is a key message that recognizes a pregnant woman and her family taking away a sole focus on just the woman.

Educational Advice

The course format was developed to actively engage participants in key knowledge. Each invite discussion section starts with a question. As a facilitator only provide answers participants can not answer. This approach is more likely to lead to retention of learning as well as a great approach into the potential performance gaps you will need to focus on as a facilitator.

At Each Visit

Ask History

Screen & Treat

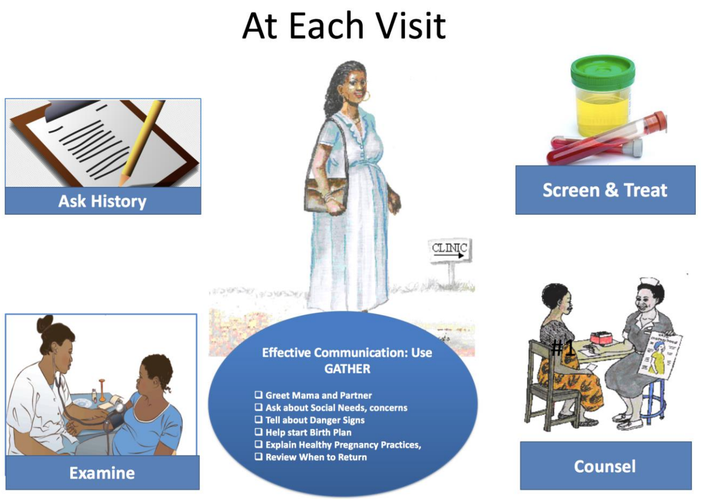
Examine

Effective Communication: Use GATHER

- ❑ Greet Mama and Partner
- ❑ Ask about Social Needs, concerns
- ❑ Tell about Danger Signs
- ❑ Help start Birth Plan
- ❑ Explain Healthy Pregnancy Practices,
- ❑ Review When to Return

Counsel

At each visit



Invite Discussion

Why are ANC guidelines used to guide activities?

- They focus on quality care activities supported by evidence that aim to REDUCE MATERNAL AND CHILD morbidity and mortality.

What type of questions should we ask in the history component at each visit?

- Questions about general health, current daily living activities, and family situation-resources and needs

What care activities should be completed in the exam component of each visit?

- Appearance, weight and vital signs including blood pressure are done at each visit. In addition there will be other specific exam requirements depending on the visit, Mama's due date and Mama's clinical presentation.
- Every woman should be tested for HIV/AIDS if status is unknown.
- Awareness to any clinical findings suggestive of danger signs and immediate referral if present.

What care activities should be completed in the screen and treat?

- Hemoglobin, Screen for Malaria, Anemia, Syphilis if the woman has symptoms
- HIV status if unknown
- Screen urine for sugar and protein
- Treat Mama with IPT, Tetanus toxoid if not up to date, deworming medication, folic acid and iron
- If danger or concerning signs and symptoms, REFER IMMEDIATELY.

What care activities should be completed in the counselling part of each visit?

- Discussion about Healthy Pregnancy (nutrition, activity, disease prevention and ANC visits)
- Review of all Danger Signs (should be reviewed during EVERY visit)
- Discussion about Birth Plan and preparedness-this will be discussed in more detail shortly

Diseases that Create Risk in Pregnancy

What are the diseases?

- Malaria, anemia and syphilis

Why is Malaria dangerous in pregnancy?

- Malaria causes 20% of Maternal deaths

How do we diagnose it?

- Symptoms (parasites can hide in placenta so treat if symptoms and negative RDT
- Positive rapid diagnostic test for malaria + symptoms

How do we prevent it?

- IPT in pregnancy: 3 doses SP 4 weeks apart after 20 weeks is recommended for all pregnant women

How do we treat it?

- Quinine 1st trimester
- Artemether/Lumefantrine(Alu) 2nd or 3rd trimester

What is anemia in pregnancy?

- Mild (7-11g/dl) and < 36 weeks
- Severe (HB<7g/dl) and > 36 weeks

How do we treat it?

- Mild and < 36 weeks: FeSO4 200 mg three times a day and 3 months post natal, Folic acid 5 mg daily
- Severe and > 36 weeks: referral for blood transfusion before labor, oxygen; prop up head of bed; Consider diuretics such as furosemide.

What about syphilis?

- Clinical symptoms: non painful ulcer on genital, mouth or anus
- Positive VDRL

How do we treat it?

- Benzathine Penicillin 2.4 MU IM: ½ dose each buttock
- Allergy to Penicillin: Erythromycin 500 mgs 4x/day for 15 days.
- Counsel mama and partner about safe sex
- Partner and baby should be treated if syphilis positive (baby at birth)

Quick Check

1. The newborn should be given a single dose of penicillin at birth if Mama was positive for syphilis even if Mama was treated
   a) **True**
   b) False
2. Mama's 34 weeks pregnant presents with severe headache high fever and severe anemia. Her RDT is negative. Her treatment should include:
   a) Oral quinine
   b) ALU
   c) Injectable quinine
   d) Penicillin

Background Information

Malaria, anemia and syphilis are frequently associated with poor outcomes in pregnant woman and therefore should be detected early and treated.

Educational Advice.

This is just an overview of the activities that are provided at each visit in the various visit components. Each visit will provide ANC guidelines which will include more care activities.

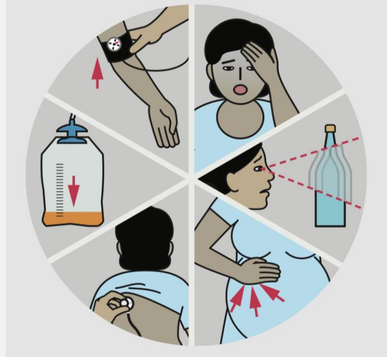
A focus on counselling

Communication: GATHER

- **G**reet the Pregnant woman and her partner
- **A**sk about her History and current health
- **T**ell her what you need to do in any examine or screening test
- **H**elp the pregnant woman develop a birth plan
- **E**xplain pregnancy especially if this is her first so she knows what to expect
- **E**xplain any clinical findings suggest potential problems
- **E**xplain plan of care
- **E**xplain how to have a healthy pregnancy
- **R**eview danger signs and what Mama should do if she experiences any.
- **R**einforce when she should return or where she needs to go if she has any problems

Danger Signs

- Vaginal bleeding
- Convulsions
- Severe headache + blurred vision
- Fever + too weak to get out of bed
- Severe abdominal pain
- Fast and difficult breathing
- Swelling of fingers, face or legs

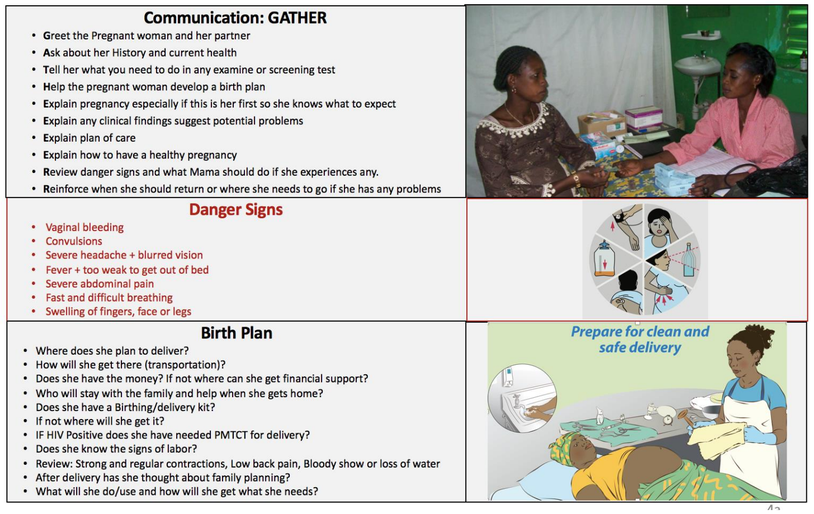


Birth Plan

- Where does she plan to deliver?
- How will she get there (transportation)?
- Does she have the money? If not where can she get financial support?
- Who will stay with the family and help when she gets home?
- Does she have a Birthing/delivery kit?
- If not where will she get it?
- IF HIV Positive does she have needed PMTCT for delivery?
- Does she know the signs of labor?
- Review: Strong and regular contractions, Low back pain, Bloody show or loss of water
- After delivery has she thought about family planning?
- What will she do/use and how will she get what she needs?

A focus on counselling

A focus on Counselling



Key Knowledge: Invite Discussion

What is the difference between communication and counselling?

- Communication is how you send and receive information and counselling is what you tell the mother and family (health education and health promotion) to help them have a health pregnancy and baby.

How do we make sure communication is effective?

- We listen carefully to the woman and partner's ideas and opinion and clarify when unsure of meaning
- We acknowledge what they tell us
- When we see behaviors that create risk to Mama and the baby we share the evidence and potential advantages of the recommended approach
- We check in regularly with the woman and partner to make sure they understand and agree with our advice and care- is our care meeting their expectations? If not what can we do to make that happen?
- We use simple words they understand in their language
- We use pictures or an interpreter when they do not speak the same language
- We give them time to answer questions and when possible let them read the question along with hearing it before they answer- some people will understand better when they see the question?
- We use ANC guidelines to guide counselling

What should be reinforced in counselling at each visit ?

- The women's current health in the pregnancy and any recommendations to support her health and the baby's health
- Information about diet and nutrition, moderate exercise, use of an ITN, IPT, and PMTCT if Mama is HIV positive and baby is at risk
- Available support services for Mama and her family
- Danger signs- if Mama experiences any sign she needs to seek help immediately at the nearest health facility!
- The importance of making a birth and changing it to meet any changing needs
- **What should be included in the birthing plan?**
- Where she plans to delivery (you may need to guide her with her choice if the place is not suitable for her risk status)
- Any birthing supplies she needs to bring to the delivery facility or a delivery kit if she plans to deliver at home
- Transportation to the facility and costs associated with both transport and any special care that may be needed for her or the baby
- Family support- during labor, and when Mama gets home with the new baby: this may be a partner or another family member. Invite the person to attend the visits with Mama
- Plans for feeding the baby; suggest exclusive breastfeeding and explain advantages
- Family planning after delivery

Quick Check

1. Effective communication with Mama is important because:
   a) It builds Mama's trust and confidence
   b) It supports good decision making by the woman and partner
   c) It may lead Mama to encourage others to attend FANC
   d) All of the above
2. Which of the following is a danger sign?
   a) Backache
   b) Severe headache with blurred vision
   c) Heartburn
   d) Protein in the urine

Background *Effective communication skills are often assumed but not clearly discussed or practiced. The key to effective communication is active listening- really hearing what the woman shares and needs and adapting care to meet those needs. As humans we are prone to acting on assumptions without checking to make sure the assumption is or is not accurate. Communication and ultimately care will be more meaningful if we check our assumptions in counselling.*

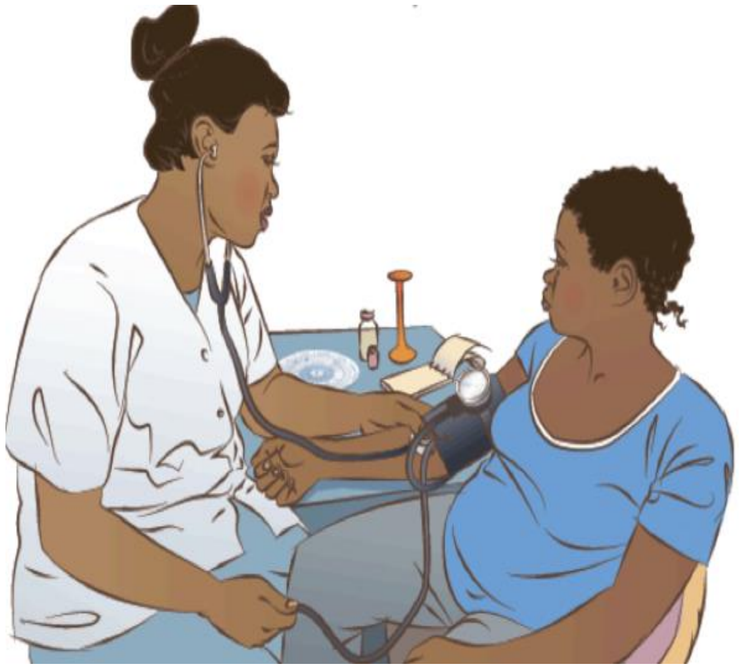
Educational Advice

Make sure participants use strategies to effectively communicate with the patient in scenarios. These strategies include checking assumptions, asking for clarification of meaning and asking the patient if the recommendation or intervention will help them.

1st Visit: 12 weeks (< 16 weeks)

Ask History

- ❑ Greet
- ❑ Name and age
- ❑ Menstrual History
- ❑ Current Health
- ❑ Previous Pregnancies and Outcomes
- ❑ HIV and STI status (counsel first)
- ❑ Family and Social History



Screen & Treat

Screen

- ❑ Blood
- ❑ Urine

Treat

- ❑ Tetanus toxoid
- ❑ Mebendazole
- ❑ Iron/folic acid
- ❑ Other (i.e. PMTCT, syphilis)

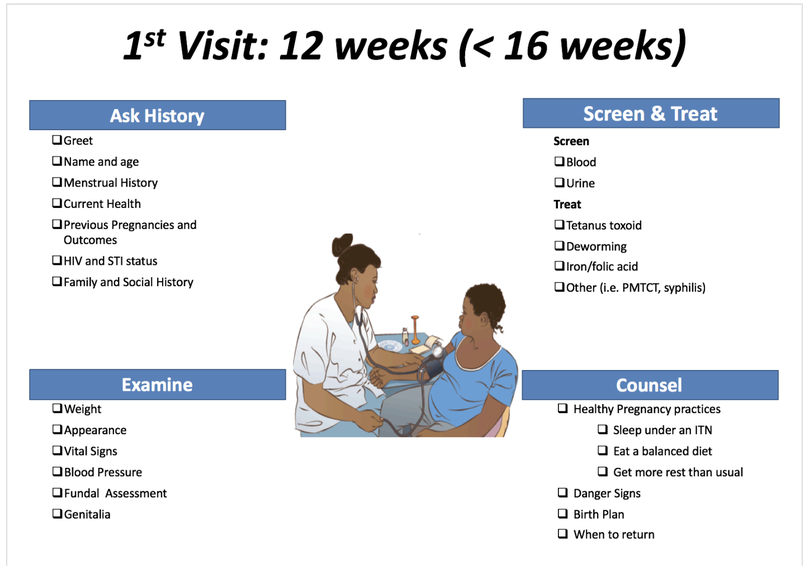
Examine

- ❑ Weight
- ❑ Appearance
- ❑ Vital Signs
- ❑ Blood Pressure
- ❑ Fundal Assessment
- ❑ Genitalia

Counsel

- ❑ Healthy Pregnancy practices
  - ❑ Sleep under an ITN
  - ❑ Eat a balanced diet
  - ❑ Get moderate exercise
- ❑ Danger Signs
- ❑ Birth Plan and Preparedness
- ❑ When to return

The first visit - 12 weeks (< 16 weeks)



Invite Discussion

What should you ask the woman and partner in the first visit?

- **Introduce yourself and greet Mama and partner**
- Full Name
- Age- Identifying under 16 and over 40 as "at risk"
- Menstrual History- LNMP
- Current Health- HIV and STI status
- Previous Pregnancies and Outcomes
  - Stillbirth, neonatal loss, spontaneous abortion, low birth weight baby, large baby – refer
- Family and Social History
- Mama's Expectations from visits – asking this shows you care about what she thinks and needs
  - Knowing mama's expectations can help you adapt visits to meet her needs and hopefully motivate her to come back for the next visit.

What should be included in the physical exam?

- Weight
- Mama's general appearance
  - Pallor – palms and conjunctiva
- Vital Signs: HR, RR, Temp
- Blood Pressure (SBP>140 or DBP >90mmHG = hypertension)
  - Fundal Assessment
    - Uterus at level of symphysis pubis (2 fingers below belly button)
    - Abdomen – previous surgery scars
  - Genitalia (sores, discharge, scars, PV bleeding)

What should be included in the screen and test?

- HIV status if not known- counsel before doing
- Blood group- Rhesus factor
- Hemoglobin
- Syphilis (RPR)
- Malaria (RDT or blood smear)
- Urine dipstick: sugar and protein

What should be included in counselling?

- Information about pregnancy especially if this is the first
- Healthy Pregnancy practices
  - Sleep under an ITN
  - Eat a balanced diet
  - Get moderate exercise
- Danger signs
- Birth plan
- When to return (next visit, return sooner if concerns arise, return immediately if danger signs occur)

Skills

What skills are needed at this visit?

Estimating Due Date

Add 7 days to first day of LNMP; subtract 3 months if month is above March and add 9 months if month is below April and add 1 year if month is above April.

- Identifying pallor by assessing the palms and conjunctiva-suggesting anemia

Quick Check

1. A woman arrives to visit #1 with her partner. You should:
   - **a)** Ask the partner to step out of the room when you exam her
   - **b) Ask her if she would like the partner to stay in the room with the exam**
   - c) Don't ask and just tell the partner to wait outside
   - d) Invite the partner to join the exam
2. Which of the following behaviors of the health worker will foster trust and confidence in the relationship?
   - **a) The health tells Mama and her partner what she is doing before doing it**
   - b) The health worker follows ANC guidelines with exception of physical exam
   - c) The health worker feels Mama's abdomen and tell her she is good
   - d) The health worker tells Mama she should have come sooner

Background Information

The preferred time for visit #1 is 12 weeks but it is important to adapt to when ever the woman presents and provide the same high level of care using the ANC guidelines. Be aware that currently there is discussion about making the number of visits 8 again and some women may come based on this information. Never turn any woman away but welcome all and do your best to care for them. Care guidelines for each visit will be adapted if and when this is made official

Educational Advice

You may need to spend some time on EDD if health workers do not have the wheel or need practice in this area- ask your participants if it would be helpful.

1st Visit Scenario

Mama Olga arrives at your facility. She is pregnant and asks for your help. Her last pregnancy did not go well. Ask about her history, talk through the Physical Exam, Screening and Treatment relevant for this visit. Counsel Mama following ANC guidelines for visit 1.

Management Expectations 1st Visit Scenario

History	
Activity	Facilitator Prompt (Tell them if they ask and if they don't ask discuss in feedback)
❑ Greet ❑ Name and age	• Age-Olga, 42 years old –single no partner right now – RISK (they should identify this and if they do not good point in feedback.
❑ Menstrual history	• Regular every 28 days; LNMP June 6th 2017 . They should work out EDD as March 13 2018- 14 weeks
❑ Current Health	• Generally well though always tired, no vaginal bleeding or fever, no medications; HIV negative HIV- last test 2 years ago; Syphilis treatment 1 year ago
❑ Previous Pregnancies	• G5P4, last pregnancy 2000g, stillborn delivered at home: should identify this as RISK- feedback
❑ Family and social history	• Lives with her mother and children. Baby sits other children to make money- has her mom to help her.
Examine	
❑ Weight ❑ Height	She weights 54 kg She is 165 cm
❑ Appearance	If they ask tell them Mama has pale conjunctiva and palms
❑ Vital signs- take partner's vital signs	Her HR 80, RR 18, Temperature 37.1, BP 128/82
❑ Completes a fundal assessment	You feel the uterus just above pubic bone- no surgical scars
❑ Genitalia- talk through	If they ask about sore tell them No sores, no circumcision, swelling, or discharge
Screen and Test	
Screen & Treat ❑ Blood group ❑ Hemoglobin- recognize and treat mild anemia ❑ Syphilis ❑ Urine for sugar and protein	Screen & Treat • A positive • 9.8g/dl- Iron and folic acid QD • Has had multiple partners but VDRL/RPR negative • Negative sugar and protein
❑ HIV ❑ Ask about Malaria- start on IPT ❑ Deworming- give Mebendazole	• If they test for this tell them she is Negative- if they don't discuss importance in feedback • No symptoms- do not start on IPT till visit 2 • No medication for deworming in last year- Mebendazole
Counselling	
❑ Discusses Healthy pregnancy practices	• Doesn't use ITN • Doesn't eat eggs and meat- worried about causing vernix on baby • Gets moderate exercise
❑ Shares information about benefit of meat and eggs in pregnant diet and dispels myth	
❑ Discusses Danger signs	• Ask them what they will say- did they review: Vaginal bleeding, Convulsions, Severe headache + blurred vision, Fever + too weak to get out of bed, Severe abdominal pain, Fast and difficult breathing, Swelling of fingers, face or legs
❑ Discusses starting a birth plan	Ask them what they would cover on the birth plan
❑ Discusses when to return	20-24 weeks unless experiences any danger signs and then go to nearest health facility right away

Feedback

How did that feel?

What went well?

- If they can't identify anything share your thoughts

What did not go as well as you would have liked? Why?

- Be sure to close any performance gap if they do not close it.

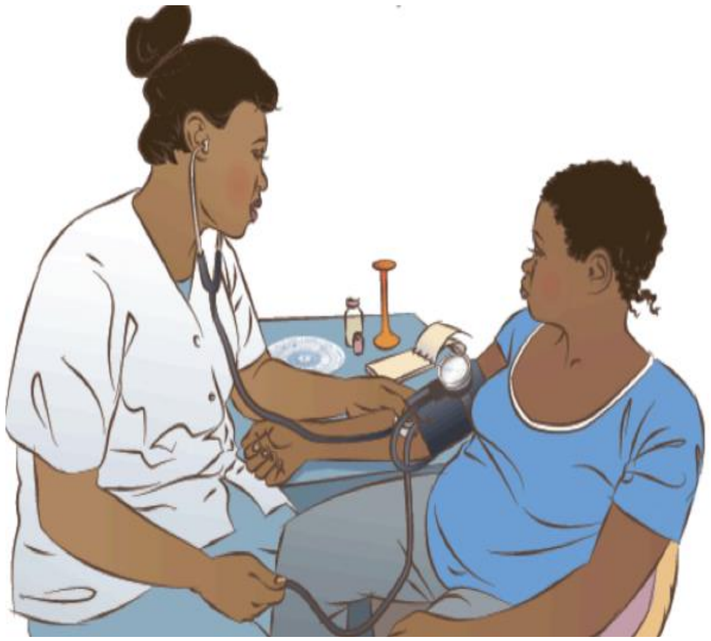
Observation, Point of view and question approach to check an assumption (OPQ)

- What you saw or heard or didn't see or hear, what do you think about it, and ask them a question about it.

2nd Visit: 20-24 Weeks

Ask History

- ❑ Greet
- ❑ Current Health
- ❑ Any concerns today



Screen & Treat

Screen

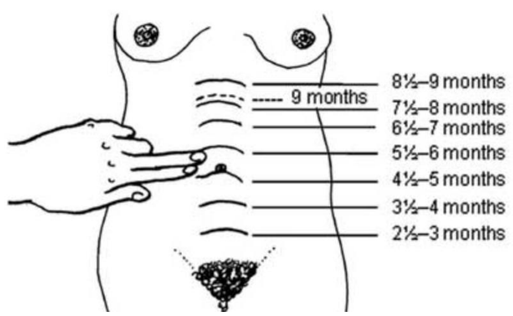
- ❑ Haemoglobin
- ❑ Blood (Malaria symptoms)
- ❑ Urine (hypertension or symptoms)

Treat

- ❑ IPT (Consider Fansidar 3 tablets)
- ❑ Malaria treatment if RDT positive and symptoms or RDT negative and symptoms
- ❑ Iron and folic acid
- ❑ Other (i.e. PMTCT, syphilis)

Examine

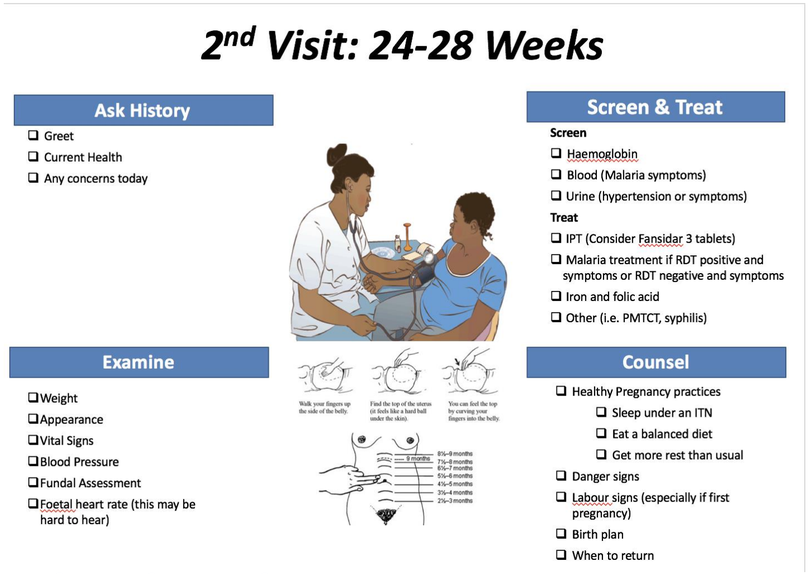
- ❑ Weight
- ❑ Appearance
- ❑ Vital Signs
- ❑ Blood Pressure
- ❑ Fundal Assessment
- ❑ Foetal heart rate (this may be hard to hear)



Counsel

- ❑ Healthy Pregnancy practices
  - ❑ Sleep under an ITN
  - ❑ Eat a balanced diet
  - ❑ Get moderate exercise
- ❑ Danger signs
- ❑ Labour signs (especially if first pregnancy)
- ❑ Birth plan
- ❑ When to return

2nd Visit: 24-28 Weeks



Invite Discussion

What is important to ask in the history at visit 2?

- Any changes in current health
- Any changes in social and financial support
- Any changes in Mama's Expectations – does Mama and her partner or family support member have any questions or new concerns

What if Mama's is 20 weeks but this is her first visit?

- Follow ANC guidelines for visit 1

What should be included in the physical exam?

- Care activities are the same minus a repeat height or genital exam unless Mama has symptoms
- You need to also do a Fundal Assessment at this visit.
  - Uterus should be at Mama's belly button if she is 20 weeks
- Foetal heartrate- this may be hard to hear with Foetal scope especially is Mama is less than 24 weeks

Why do we measure the fundal height?

- To see if the baby is growing normally
- Fundal height matches the gestational age of the baby
- Expect the fundus (top of the uterus) to rise at least 2 finger widths or 4cm a month

What should be included in the screen and test?

- HIV status if not known- counsel before doing
- Blood group- Rh factor if unknown
- Hemoglobin- if pallor noted
- Syphilis (RPR)- if symptoms or concern
- Malaria (RDT or blood smear) if symptoms
- Urine dipstick: sugar and protein

What should be included in counselling?

- ANC guidelines support review of the same information but be sure to adapt what you discuss based on new information from Mama and her partner (family)
- Always review all Danger signs and reinforce importance of Mama seeking care immediately at the closest health facility if she experiences any danger signs
- Adapt Birth plan or add more information if the woman has made some new decisions about her delivery and birth preparedness
- Always review when to return for another visit

Skills

How do we measure fundal height?

- Have woman lie on her back with support under knees and head.
- Explain what you will be doing before touching her abdomen
- Your touch should be firm but gentle.
- Walk your fingers up the side of her abdomen until you feel the top of her abdomen under the skin. It will feel like a hard ball. You can feel the top by curving your fingers gently into the abdomen.

Using a dip stick to detect sugar and protein- use egg white to dip urine stick in so they can see change in color with detection of protein

Quick Check

1. The fundal height gives us information about:
   a) Stability of the woman's pelvis
   b) How the woman's abdomen is adapting to the baby
   c) The woman's age
   d) How the baby is growing
2. Mama and her partner tell you they are worried about the costs of getting to a health center to deliver. You should:
   a) Tell her they should try and save the money now
   b) Tell her to spend less on feeding the children
   c) Tell her about local community agencies that may help
   d) Tell her not to worry right now as she still has time to figure it out

Background Information

Foetal heart rate is very hard to hear before 24 weeks.

Educational Advice

Practicing measuring the fundus is not easy with Mama Noelle but is possible. The focus should be on following the steps as outlined above in the guideline. Be sure to have participants explain what they are doing before they touch Mama Noelle and if they do not ask the person role playing Mama to tell them not to touch her.

2nd Visit Scenario

Mama Olga is now 27 weeks pregnant. Ask Mama about her History (current health), and talk through the Physical Exam, Screening and Treatment relevant for this visit. Counsel Mama following ANC guidelines for Visit 2.

Management Expectations 2nd Visit Scenario

History	
Activity	Facilitator Prompt (Tell them if they ask and if they don't ask discuss in feedback)
❑ Greet	Still Mama Olga- Saw Mama at visit 1
❑ Current Health	• Mama is more tired and has very swollen legs and feet • If they ask about shortness of breath- say she has none
❑ Asks if any new concerns?	• Having more financial struggles. Do not have the money for ITN and transportation to a health facility for delivery
Examine	
❑ Weight	She weights 58kg
❑ Appearance	Edema to legs and feet
❑ Vital signs- take partner's vital signs	Her HR 88, RR 22, Temperature 37, BP 146/94
❑ Completes a fundal assessment	If tape measure- 26 cm just below Mama's ribs. If using finger widths- 2 fingers above belly button
❑ Foetal Heartrate	140 beats/minute
Screen and Test	
Screen & Treat ❑ Recheck Hemoglobin- recognize improvement from visit 1	Screen & Treat • 10.6 g/dl- improving on Iron and folic acid- was 9.8 visit 1
❑ Urine for sugar and protein	• Positive for sugar and protein
❑ Start on IPT	• If they do not do this ask if they will do something to help prevent malaria
Counselling	
❑ Discuss changes in BP and urine screen- need for referral- hypertension and pre-eclampsia	• If they do not do this ask them if what they want to do with the new findings in urine and BP
❑ Discusses Healthy pregnancy practices ❑ Refers to local community agency to get funds for ITN and discuss support for transport	• Refers to.
❑ Asks about changes in diet after first visit	Mama is eating eggs and meat now. Wants to do anything that protects the baby
❑ Discusses Danger signs	• Ask them what they will say- did they review: Vaginal bleeding, Convulsions, Severe headache + blurred vision, Fever + too weak to get out of bed, Severe abdominal pain, Fast and difficult breathing, Swelling of fingers, face or legs
❑ Adapts birthing plan with new clinical findings- needs referral and delivery at health facility ❑ Discusses potential costs of referral and transport there – refers to agency for help	If this is not discussed ask if there are any changes they want to discuss with the birth plan, And birth preparedness
❑ Discusses referral- sends to specialist at community hospital	
❑ Completes referral note	• Ask what they will include in the note: suggest Olga Akinya, 42 years old, ID #1234, G5, P4; Stillborn 2200 gms last pregnancy, hypertension 146/94. Edema legs/feet, Urine dip +albumin and sugar. Last Hg 10.6- on iron and folate, ScNeg syphilis, Neg HIV, started on IPT at this visit.

Feedback

How did that feel?

What went well?

- If they can't identify anything share your thoughts

What did not go as well as you would have liked? Why?

- Be sure to close any performance gap if they do not close it.

Observation, Point of view and question approach to check an assumption (OPQ)

- What you saw or heard or didn't see or hear, what do you think about it, and ask them a question about it.

3rd Visit: 28-32 Weeks

Ask History

- ❑ Greet
- ❑ Current Health- any danger signs?
- ❑ Any concerns?

Screen & Treat

Screen

- ❑ Blood
  - ❑ RDT if symptoms of Malaria
  - ❑ Haemoglobin is pallor/tired
- ❑ Urine- sugar and protein

Treat

- ❑ Other (i.e. PMTCT, syphilis)

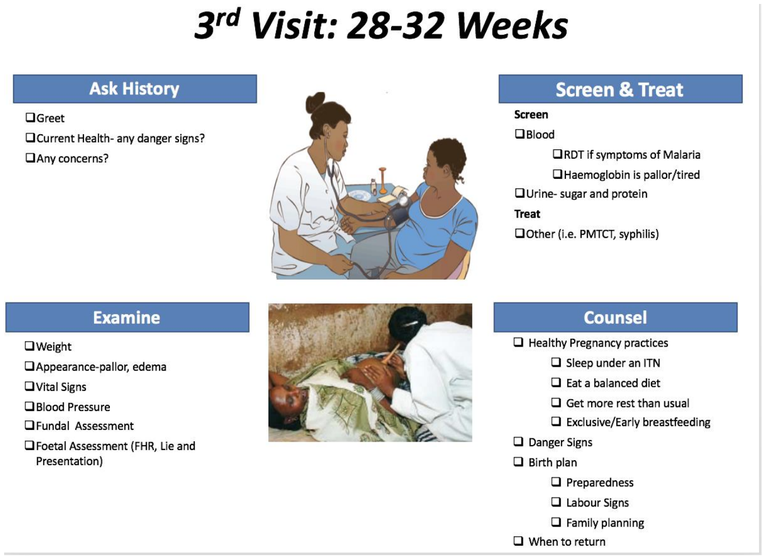
Examine

- ❑ Weight
- ❑ Appearance-pallor, edema
- ❑ Vital Signs
- ❑ Blood Pressure
- ❑ Fundal Assessment
- ❑ Foetal Assessment (FHR, Lie and Presentation)

Counsel

- ❑ Healthy Pregnancy practices
  - ❑ Sleep under an ITN
  - ❑ Eat a balanced diet
  - ❑ Get moderate exercise
  - ❑ Exclusive/Early breastfeeding
- ❑ Danger Signs
- ❑ Birth plan
  - ❑ Preparedness
  - ❑ Labour Signs
  - ❑ Family planning
- ❑ When to return

3rd Visit: 28-32 Weeks



Invite Discussion

What is important to ask in the history at visit 3?

- Any changes in current health- any danger signs?
- Any changes in social and financial support
- Any changes in Mama's Expectations – does Mama and her partner or family support member have any questions or new concerns

What should be included in the physical exam?

- Care activities as per 1st and 2nd visit.
- Fundal Assessment
  - Multiple pregnancies often detected by large fundal height measurements- larger than estimated weeks pregnant
- Foetal Assessment includes:
  - Foetal Heart Rate (normal 120-160 bpm)
  - Foetal lie and presentation
  - Expect the fundus (top of the uterus) to rise at least 2 finger widths or 4cm a month

What should be included in the screen and test?

- Screen for disease if Mama presents with symptoms
- Urine dipstick: sugar and protein- hypertensive disorders often present in late pregnancy

What should be included in counselling?

- ANC guidelines support review of the same information but be sure to adapt what you discuss based on new information from Mama and her partner (family)
- Always review all Danger signs and reinforce importance of Mama seeking care immediately at the closest health facility if she experiences any danger signs
  - Birth Plan: Ensure Family Planning is discussed
  - Discuss benefit of exclusive breastfeeding
  - Review Signs of labour in detail and ensure plan in place in case of early labour:
    - Strong and regular contractions- backache
    - Water breaks
    - Low back pain
    - Bloody vaginal discharge
- Always review when to return for another visit

Skills Fetal Lie/Presentation

- Fundal palpation to determine fetal lie/presentation
- Smooth and firm = back
- Bulge and movable = legs and arms
- Will be role modeled by local expert

Quick Check

1. Mama presents at 30 weeks and fundus measures 36 cm. What should you say to Mama and do?
   a) You are doing great. Come on back in 4 weeks
   b) I am worried about the possibility of twins and would like to send you to the specialist
   c) I think you are going to have a big baby- were the other babies big?
   d) You need to cut down on your eating or your baby may be too big to deliver vaginally
2. A urine that is positive for sugar and protein along with a high blood pressure could mean that Mama has:
   a) Too much sugar in her diet
   b) Too much protein in her diet
   c) Malaria
   d) Hypertension

Background Information

A Fundus that measures larger than expected should be referred to a specialist to rule out possibility of multiple pregnancies. One heartbeat does not ensure only one baby- look at size of uterus for expected dates.
Urine should always be dipped at this visit for protein and sugar as hypertensive disorders are often a late pregnancy finding

Educational Advice

Please model how to assess foetal lie and presentation as there are few diagrams that accurately show the skill.

3rd Visit Scenario

Mama Mary is 32 weeks pregnant. This is her 3rd visit. According to her ANC card, Mama is 23 years old, G1 P0, and past screening was negative for HIV, syphilis, and malaria. At 2nd visit, her Hb was 12g/dL, and urine dip normal. Ask about her History, talk through the Physical Exam, Screening and Treatment relevant for this visit. Counsel Mama following ANC guidelines for visit #3

Management Expectations 3rd Visit Scenario

History	
Activity	Facilitator Prompt (Tell them if they ask and if they don't ask discuss in feedback)
❑ Greet	Mama Mary; Scenario stem tells you Mary is 23 years old, G1P0. 32 weeks pregnant. EDD Jan 6th 2018. Previous screens negative for HIV, Malaria, syphilis. Haemoglobin was 12dl/l and urine dip at 28 weeks was negative
❑ Current Health	• Feeling very large and more tired than previous visits
❑ Asks if any new concerns?	• Not really just worried she is going to have a huge baby and she is bigger than most of her pregnant friends
Examine	
❑ Weight	She weights 58kg- 2 kg gain from 2nd visit
❑ Appearance	No pallor- looks well
❑ Vital signs- take partner's vital signs	Her HR 88, RR 22, Temperature 37, BP 132/82
❑ Completes a fundal assessment	If tape measure- 38 cm. If using finger widths- 8 finger widths above belly button
❑ Foetal Heartrate	138 beats/minute; cephalic presentation
Screen and Test	
Screen & Treat ❑ Urine for sugar and protein	Screen & Treat • Negative for sugar and protein
❑ Ask about IPT	• On IPT started at visit 2. Took second dose yesterday
Counselling	
❑ Discuss large fundal height finding ❑ Discusses referral to specialist to rule out multiple pregnancies- ask if they can get there	• If they do not do this ask them if they are concerned with fundal height finding? • If so what are they going to do
❑ Makes referral and completes referral note	• What will they write in the referral note: Mary 23 years of age. G1P0. 32 weeks pregnant. • EDD Jan 6th 2018. Previous screens negative for HIV, Malaria, syphilis. • Haemoglobin was 12dl/l and urine dip at 28 weeks was negative. Fundus 38 cm- concerned • about • Multiple pregnancies
❑ Reviews Healthy pregnancy practices	
❑ Review Danger signs	• Ask them what they will say- did they review: Vaginal bleeding, Convulsions, Severe headache + blurred vision, Fever + too weak to get out of bed, Severe abdominal pain, Fast and difficult breathing, Swelling of fingers, face or legs
❑ Adapts birthing plan with new clinical findings- needs delivery at health facility ❑ Discusses potential costs of referral and transport there – refers to agency for help	If this is not discussed ask if there are any changes they want to discuss with the birth plan, And birth preparedness

Feedback

How did that feel?

What went well?

- If they can't identify anything share your thoughts

What did not go as well as you would have liked? Why?

- Be sure to close any performance gap if they do not close it.

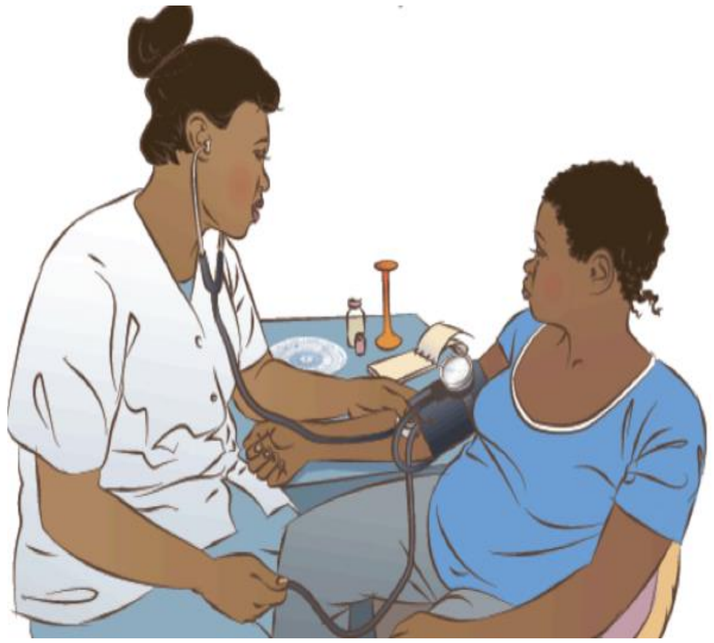
Observation, Point of view and question approach to check an assumption (OPQ)

- What you saw or heard or didn't see or hear, what do you think about it, and ask them a question about it.

4th Visit: 36-40 Weeks

Ask History

- ❑ Greet
- ❑ Current Health
- ❑ Any concerns?



Screen & Treat

Screen

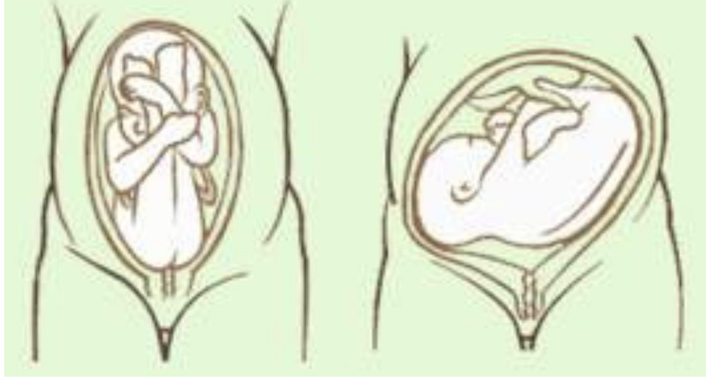
- ❑ Blood- RDT if malaria symptoms
- ❑ Urine dip for sugar and protein

Treat

- ❑ Other (i.e. PMTCT, syphilis, Malaria, hypertension))

Examine

- ❑ Weight
- ❑ Appearance-pallor, edema
- ❑ Vital Signs
- ❑ Blood Pressure!!
- ❑ Fundal Assessment
- ❑ Foetal Assessment (FHR, Lie and Presentation)



Counsel

- ❑ Healthy Pregnancy practices
  - ❑ Sleep under ITN
  - ❑ Eat a balanced diet
  - ❑ Get moderate exercise
  - ❑ Early/exclusive Breastfeeding
- ❑ Danger Signs
- ❑ Birth Plan
  - ❑ Confirm readiness
  - ❑ Labour signs
- ❑ When to return

4th Visit: 36-40 Weeks

4th Visit: 36-40 Weeks

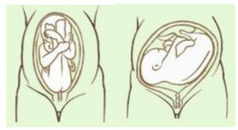
Ask History

- ❑ Greet
- ❑ Current Health
- ❑ Any concerns?

Screen & Treat

Screen
- ❑ Blood- RDT if malaria symptoms
- ❑ Urine dip for sugar and protein

Treat
- ❑ Other (i.e. PMTCT, syphilis, Malaria, hypertension))



Examine

- ❑ Weight
- ❑ Appearance-pallor, edema
- ❑ Vital Signs
- ❑ Blood Pressure!!
- ❑ Fundal Assessment
- ❑ Foetal Assessment (FHR, Lie and Presentation)

Counsel

- ❑ Healthy Pregnancy practices
  - ❑ Sleep under ITN
  - ❑ Eat a balanced diet
  - ❑ Get more rest than usual
  - ❑ Early/exclusive Breastfeeding
- ❑ Danger Signs
- ❑ Birth Plan
  - ❑ Confirm readiness
  - ❑ Labour signs
- ❑ When to return

Invite Discussion

What is important to ask in the history at visit 4?

- Any changes in current health- any danger signs?
- Any changes in social and financial support
- Any changes in Mama's Expectations – does Mama and her partner or family support member have any questions or new concerns

What should be included in the physical exam?

- Care activities as per previous visits
- Fundal Assessment
  - Multiple pregnancies often detected by large fundal height measurements- larger than estimated weeks pregnant
- Foetal Assessment includes:
  - Foetal Heart Rate (normal 120-160 bpm)
  - **Foetal lie and presentation- very important at this visit**
  - Expect the fundus (top of the uterus) to rise at least 2 finger widths or 4cm a month

What should be included in the screen and test?

- Screen for disease if Mama presents with symptoms
- Urine dipstick: sugar and protein- hypertensive disorders often present in late pregnancy

What should be included in counselling?

This information is exactly as per visit 3 but should be revisited. The more times someone hears something the more likely they are to remember it

- ANC guidelines support review of the same information but be sure to adapt what you discuss based on new information from Mama and her partner (family)
- Always review all Danger signs and reinforce importance of Mama seeking care immediately at the closest health facility if she experiences any danger signs
- Birth Plan: Ensure Family Planning is discussed
- Discuss benefit of exclusive breastfeeding
  - Review Signs of labour in detail and ensure plan in place in case of early labour:
  - Strong and regular contractions- backache
  - Water breaks
  - Low back pain
  - Bloody vaginal discharge
- Always review when to return for another visit

Skills Fetal Lie/Presentation

- Fundal palpation to determine fetal lie/presentation
- Smooth and firm = back
- Bulge and movable = legs and arms
- Will be role modeled by local expert

Quick Check

1. Mama presents at 39 weeks and tells you she thinks her water broke this morning. You should:
   a) **Ask about contractions and bloody show**
   b) Send her to the community hospital
   c) Tell her to go home until she gets regular contractions
   d) Tell her to go home and get her birthing supplies
2. Mama comes in at 36 weeks complaining of blurred vision and a bad headache? You should:
   a) Check her BP and urine
   b) Acknowledge danger sign and Refer immediately to specialist
   c) Observer her for 4 hours and if it doesn't get better refer her
   d) Tell her to wear sun glasses

Background Information *Any Mama with baby in a transverse lie needs to be referred to higher level center-when the baby is lying sideways across the abdomen. Can only be corrected into the normal 'head first' or vertex presentation by an obstetric specialist, or it must be delivered by caesarean surgery. Breech presentation: when the baby is 'head up' in the uterus near the end of gestation, with its buttocks, feet or legs pushing down into Mama's cervix. Can be delivered through the vagina in a health facility. If a woman 40 weeks gestation presents and does not go into labor by 41 weeks offer induction and when doing vaginal exam sweep membranes to help them go into labor - don't just wait for labor- increase in newborn mortality after 41 weeks*

Educational Advice

Although the information here is a review of visit 3- repetitive reviews of it will help participants remember the information in practice.

4th Visit Scenario

A 29 year old G2P1 Mama Sylvie, 39 weeks pregnant returns for her 4th Visit. Her pregnancy has gone well. Anemia, malaria, and syphilis screening was negative. She is HIV+ on Option B. Today she has pain in her abdomen and a genital sore. Mama is alone. Her partner has been in the village for 3 weeks. Ask about her History, talk through the Physical Exam, Screening and Treatment relevant for this visit. Counsel Mama following ANC guidelines for Visit #4.

Management Expectations 4th Visit Scenario

History	
Activity	**Facilitator Prompt (Tell them if they ask and if they don't ask discuss in feedback)**
❑ Greet	• Mama Sylvie is 29 year old G2P1, 39 weeks pregnant. HIV positive on Option B. Negative for malaria and syphilis at visit 1. Today complains of genital sore. Partner just back in the village for past 3 weeks.
❑ Current Health	• Abdominal cramps on and off; sore in genitalia
❑ Asks if any new concerns?	• Genital sore and abdominal pain. Worried she got something from my partner- she knows partner having relations with other women • 2 contractions in last 10 minutes while waiting
Examine	
❑ Weight	She weights 58kg- 2 kg gain from 2nd visit
❑ Appearance	No pallor- looks well
❑ Vital signs- take partner's vital signs	Her HR 92, RR 20, Temperature 37.1, BP 132/82
❑ Completes a fundal assessment	If tape measure- 39 cm. If using finger widths- 8 finger widths above belly button
❑ Foetal Heartrate and Lie	132 beats/minute; Transverse back up- should recognize this as a risk- needs referral- C-section
❑ Genitalia exam	Non painful ulcer is seen
❑ Cervix assessment	1 cm and long if they do a vaginal exam
Screen and Test	
❑ Syphilis	• VDRL positive
❑ Benzathine Penicillin 2.4 mu IM; ½ dose per buttock	• If they do not treat ask what they will do about finding • If they give wrong dose or wrong route discuss in feedback
Counselling	
❑ Transverse lie and labour signs and need for referral to specialist for potential C-section	• If they do not do this ask them if they are concerned with baby's position and what they plan to do?
❑ Makes referral and completes referral note ❑ Arranges transport as Mama in labour ❑ Asks how they can contact partner to let them know Mama being transferred in labour	• What will they write in the referral note: Mama Sylvie is 29 year old G2P1, 39 weeks pregnant. • HIV positive on Option B. • Positive for syphilis today] treated with benzathine penicillin 2.4 mu. Baby needs treatment at birth
❑ Discusses need for baby to be treated at birth with penicillin ❑ Discusses safe sex with partner	• If they do not discuss this ask them if there is any discussion they plan to have with Mama about the syphilis
❑ Asks if Mama has discussed PMTCT	• If may choose not to discuss because of emergency with transverse lie and onset of labour. OK can be discussed at birth
❑ Arranges to accompany Mama	

Feedback

How did that feel?

What went well?

- If they can't identify anything share your thoughts

What did not go as well as you would have liked? Why?

- Be sure to close any performance gap if they do not close it.

Observation, Point of view and question approach to check an assumption (OPQ)

- What you saw or heard or didn't see or hear, what do you think about it, and ask them a question about it.

Summary

Ask History

- ❑ Greet
- ❑ Name and age
- ❑ Menstrual History
- ❑ Current Health
- ❑ Previous Pregnancies and Outcomes
- ❑ HIV and STI status
- ❑ Family and Social History

Examine

- ❑ Weight
- ❑ Appearance
- ❑ Vital Signs
- ❑ Blood Pressure
- ❑ Fundal Assessment
- ❑ Foetal Assessment (Heartrate, lie and presentation)
- ❑ Genitalia

Screen & Treat

Screen

- ❑ Blood
- ❑ Urine

Treat

- ❑ Tetanus toxoid
- ❑ Deworming
- ❑ Iron/folic acid
- ❑ IPT
- ❑ Other (i.e. PMTCT, syphilis)

Counsel

- ❑ Healthy Pregnancy practices
  - ❑ Sleep under an ITN
  - ❑ Eat a balanced diet
  - ❑ Get moderate exercise
  - ❑ Exclusive/early breastfeeding
- ❑ Danger Signs
- ❑ Birth Plan- Preparedness and Family Planning
- ❑ When to Return