FACILITATOR'S GUIDE

FOR

CONDUCTING TRAINING FOR ANMS, LHVS AND STAFF NURSES AS A SKILLED BIRTH ATTENDANT

Maternal Health Division
Department of Family Welfare
Ministry of Health and Family Welfare
Government of India
2006

Contents

I. Background and Genesis of the Training Programme

Majority of births in India take place at home and a large proportion are assisted by unskilled persons. In such situations, women who experience life threatening complications seldom receive the required life saving emergency services because of several factors including lack of skilled birth attendant at the time of delivery. The major causes of maternal deaths have been identified as haemorrhage, sepsis, obstructed labor, toxaemia, and unsafe abortion. Anemia as an indirect cause, contributes to one fifth of maternal deaths. It is estimated that for each woman who dies, as many as 30 other women develop chronic debilitating conditions which seriously affect their quality of life. Most of these causes cannot be reliably predicted; early detection and timely management can save many of these women's lives.

In the last few decades various Government of India (GoI) programs focused on women and children have addressed the issue of maternal morbidity and mortality. The focus has shifted from providing mere essential obstetric care and training of TBAs to include emergency obstetric care and skilled attendance at birth.

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, GoI has launched the National Rural Health Mission (NRHM) to carry out necessary architectural correction in the basic health care delivery system. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. Some of the MCH indicators to which the NRHM is committed are: Infant Mortality Rate reduced to 30/1000 live births; Maternal Mortality Ratio reduced to 100/100,000; and Total Fertility Rate reduced to 2.1.

The Reproductive and Child Health (RCH) interventions that are being implemented by the GoI are expected to provide quality services and achieve multiple objectives There has been a positive paradigm shift from the method-mix target based activity to client centered, demand driven quality services The Government of India is making efforts to re-orient the program and change the attitude of the service providers at the grass-root level, as well as to strengthen the services at the outreach level.

The key maternal health strategies under the RCH II are

- Essential Obstetric Care.
- Skilled Attendance at birth (domiciliary & health facilities).
- Operationalise Emergency Obstetric Care.
- Strengthen Referral Systems.
- Promote Institutional Deliveries.
- Safe Abortion Services at PHC level.

Skilled Attendance at Birth

There is enough evidence globally to demonstrate that skilled birth attendance and provision of a package of essential obstetric services close to the woman's house at the time of an obstetric emergency are effective in reducing maternal mortality. Traditionally a **Skilled Birth Attendant** (SBA) is defined as "an accredited health professional-such as midwife, doctor or nurse-who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period and in the identification, management and referral of complications in women and newborns."

GOI considers the skilled birth attendant as a person who can handle common and major obstetric and neonatal emergencies as well and recognizes when the situation reaches a point beyond his/her capability and refers the woman or the newborn to a FRU/Doctor.

GoI's Skilled Attendance at Birth (SAB) Initiative

As a first step towards providing the envisioned skilled attendance at birth at various levels of health care, the Ministry of Health and Family Welfare (MoHFW) has developed the following guidelines:

(1) Guidelines for Ante-natal Care and Skilled Attendance at Birth by ANMs, LHVs and SNs
(2) Guidelines for Pregnancy Care and Management of Common Obstetric Complications by Medical Officers
(3) Life Saving Anaesthetic Skills for Emergency Obstetric Care: Training Programme for MBBS Doctors
(4) Guidelines for Operationalising First Referral Units
(5) Guidelines for Operationalising a Primary Health Centre for Providing 24-Hour Delivery and Newborn Care under RCH-II
(6) Guidelines for Setting up Blood Storage Centres at First Referral Units

With the 'Guidelines for Ante-natal Care and Skilled Attendance at Birth by ANMs, LHVs and SNs' ready and being disseminated in the States, the task before the Government of India is to train the health personnel (ANMs, LHVs, SNs and MOs) in the practice of skilled attendance at birth and management of emergency obstetric and newborn complications.

In an effort to create a standardized training package for a residential training of ANMs, LHVs and Staff Nurses in performing the role of a Skilled Birth Attendant (SBA), GoI has developed this facilitators guide and an ANM handbook.

GoI's 'Guidelines for Ante-natal Care and Skilled Attendance at Birth by ANMs, LHVs and SNs' and ANM handbook contain technical information on topics that the SBA is expected to master and will be used in conjunction with the facilitator's guide by the Trainers.

SBA at Community Level: Additional Strategies

To empower Health Worker at the community level to carry out some basic Emergency Obstetric Care interventions the following new strategies have been approved by the GoI.

- Permission to use drugs for prevention of PPH.
- Permission to use drugs in emergency situations before referral
- Permission to perform basic procedures at community level in emergency situations

The drugs and interventions that SBA can use under the new guidelines are listed in the table below.

Table 1. Additional Drugs and Interventions Approved for the SBA

Skills	Drugs/Interventions	Additional Comments
Prevention of PPH	T.Misoprostol 600 mcg.(3 tabs of 200mcg each)S/L or orally	Approved by DCGI
Management of PPH	10 units Oxytocin IM+ IV Infusion-Ringer Lactate or Dextrose—20 units Oxytocin/500ml.	Refer to FRU after initial intervention
Eclampsia	Inj. Mag Sulph-Ist dose -10 ml. (5gm) deep I/M in each buttock (10gm total).	Refer to FRU following immediate intervention.
Prevention and management of infection	Antibiotic therapy— Premature Rupture of Membranes, Prolonged labor, manual interventions, UTI, Puerperal sepsis	Before referral give Ist dose of Antibiotic Inj.Gentamycin/Inj.Ampicillin/ Oral Metrogyl
Removal of retained products of conception	Incomplete abortion with bleeding-digital evacuation by ANM/S/N	
Manual Removal of Placenta	MO in health facility	
Active Management of Third Stage of Labor	Uterotonics, Controlled Cord Traction, Uterine Massage	
Assisted vaginal delivery(forceps &vacuum extraction)	MO	
Use of Partograph	ANM/S/N use for diagnosis of prolonged labor and referral	
Repair of perineal and vaginal tears	ANM-apply pad and press to superficial tears differentiate superficial and deep tears 2nd and 3rd degree tears-refer to PHC/FRU 2nd degree tear-S/N can repair under supervision of MO PHC 3rd degree refer to FRU	

II. Training Strategy

The aim of this entire training is to improve intrapartum and newborn care services provided in institutions. To achieve overall impact at all levels the strategy is to implement it in two phases.

First Phase

Starts immediately and will involve interventions at district hospitals and peripheral centers. Interventions at district hospitals include:

- Orientation training of Obestetrics and Gynecology doctors as Master trainers by Core Trainers
- Improvement in services by training/orientation of all personnel within the hospital
- Alteration or streamlining of district hospital as per RCH norms and protocols by the Programme Manager
- Three months following the orientation, assessment of the training site by Core group (DGFW, Director SIHFW, State RCH Officer, State Training Officer) for readiness to train ANMs (Annexure 1 Checklist for training site readiness)

Interventions at the peripheral centers include:

- Orientation training of PHC Medical Officers PHC for O-J-T
- Nomination of ANMs and LHVs with Core skills (Annexure 2 Checklist for Core Skills). PHC Medical Officer will recommend those ANMs for clinical training at DH, who are currently conducting delivery and are competent in core skills. First the ANMs posted at the PHC will be recommended followed by sub-centre ANMs.
- Training in core skills at PHC for staff of PHCs/CHCs and ANMs of sub-centre. This process is expected to take 6-8 months

Second Phase

Starts after District Hospitals are functioning as per RCH norms. The interventions include:

- Training of ANM, LHVs, SNs of FRU/CHC/24 hour PHC in Skill Birth Attendance
- Training of sub-center ANMs in Skill Birth Attendance at District Hospitals/FRUs will start after the initial 6-8 months are over.

2.1 Training Objectives

This training is meant to upgrade the skills of practicing birth attendants. It aims to achieve the mandatory minimum standard for a skilled birth attendant at all levels. Given that more facilities and supervisory capacity is available at institutional level (PHCs/CHCs) additional skills may be practiced by ANMs, LHVs and Staff Nurses. Technical topics covered in the guidelines, facilitators guide and the ANM handbook, however, provide information on the minimum required skills.

2.1.1 Knowledge based objectives

At the end of the training the participants are expected to have improved understanding of:

1. Steps in the care and importance of health of the woman and the baby during antenatal, labour, delivery and postnatal period.
2. Steps of essential newborn care and their importance for the health of the baby.
3. The clinical features and management of common obstetric complications during pregnancy, labour, delivery and postpartum period.
4. The importance of quality of care for midwifery services through client-centered approach, using infection prevention practices, community involvement and supportive environment to the mother and family.

2.1.2 Skills based objectives

At the end of the training the participants are expected to perform the following skills as per standards detailed in section 3.1:

1. Measure the blood pressure, height and weight, fundal height, foetal lie, presentation and foetal heart sounds accurately.
2. Measure haemoglobin and examine urine for protein and sugar.
3. Provide care and counseling to the woman during antenatal, labour and postpartum period.
4. Monitor labour and identify prolonged labour using partograph.
5. Conduct delivery with active management of third stage of labour {use of uterotonic drug, controlled cord traction (CCT) and uterine massage} using infection prevention practices.
6. Provide essential newborn care, and newborn resuscitation, weigh the newborn.
7. Identify danger signs during pregnancy, labour, delivery and postpartum period and danger signs in newborns; provide supportive care prior to referral at home/in community.
8. Insert Intravenous (IV) line and give IV fluids.
9. Give deep intramuscular injections (magnesium sulphate) and IM/IV antibiotics.
10. Perform uterine massage to expel clots in case of PPH and digital removal of clots and POC for bleeding after an abortion.

11. Prepare High Level Disinfected (HLD) gloves and instruments.

2.2 Selection of Trainees and Responsibilities

The trainees for this training are ANMs from sub-centers and PHCs, LHVs from PHCs and Staff Nurses from PHC/CHCs. Each trainee is expected to have a list of core skills before attending this training. The core skills are detailed in Annexure II. The Medical Officer of a PHC will be responsible for identifying trainees, assessing them for presence of core skills and nominating them for the training.

Because of the unique nature of SAB training, the responsibilities of the trainee in this training program are somewhat different than if that same trainee was attending a traditional, group-based training course. Each trainee must:

- possess general midwifery skills
- possess general counseling skills
- be interested in providing the new/upgraded midwifery services
- be interested in learning and be motivated to learn independently using the training material to become competent to provide domiciliary/outreach delivery services and supportive care for SAB at their sub-centers.

2.3 Selection of Training Institutions, Trainers and their Responsibilities

This guide intends to facilitate trainers to conduct the training at District Hospital or any other identified clinical training site for the a) ANM, LHVs, SNs of FRU/CHC/24 Hr PHC; and b) ANMs of sub-centers. OBGYN doctors will be identified and oriented as Master Trainers. They will further train MOs/ANM trainers/Nursing Teachers to act as trainers for the above category of staff. A pediatrician will act as a co-facilitator for the sections pertaining to neonatal health.

The venue of training will be the labor room, postnatal and antenatal wards of the District Hospital/Training site. The training site will be identified and approved on the basis of readiness as detailed in Annexure I. The training site is expected to be equipped as per the list provided (Annexure I) and will be assessed to evaluate its readiness. This assessment will be carried out by the facilitators prior to the beginning of the training.

2.3.1 Responsibilities of the Trainer/Facilitator in SAB Training

Critical to the success of the SAB training program is the trainer/facilitator. The trainer/facilitator is the primary contact for the trainee and will have a tremendous influence on the development of the trainee's knowledge and skills. The trainer should:

- demonstrate proficient service provision and counseling skills for midwifery services
- demonstrate an understanding of the clinic-based approach to training
- demonstrate an understanding of the components of the SAB training package

- follow the SAB training schedule and try to manage time appropriately
- prepare the training site for the SAB training program (Annexure 1: Checklist for training site readiness)
- ensure that training material, equipment and supplies are available to support classroom and clinical training
- demonstrate effective infection prevention skills
- create a positive training climate
- use interactive training techniques
- employ an experiential approach to clinical training including the use of role-plays and models
- coach in a clinical setting using self assessment clinical skills checklists given in the Handbook
- identify and manage learning and training problems
- use competency-based self assessment checklists to assess clinical skills
- determine if the trainee is qualified and skilled to provide a clinical service for midwifery care and stabilizing and referral for complications with a focus at domiciliary/outreach delivery services
- maintain SAB training records

2.3.2 Nursing Teachers/ANM trainer (of the labor room)

Being competent in clinical knowledge and skills to conduct normal delivery, the Staff Nurse/ANM of the labour room should facilitate/conduct the sessions on:

- plotting the partograph and monitoring labour
- conducting normal delivery with active management of third stage of labour
- management of third stage of labour and prevention of PPH
- providing essential newborn care immediately after birth
- use infection prevention practices
- facilitate demonstration, supervise and guide trainees in labour room to conduct:
  - monitoring of labour using partograph
  - normal delivery with active management of third stage of labour using infection prevention practices
  - essential newborn care and newborn resuscitation if required
  - management of third stage of labour and prevention of PPH

The SAB training is participatory, competency and skill based with performance improvement approach. It focuses on learning by doing. Practising a skill is very important. Therefore, the skills required by the trainees will be practiced several times during the training.

2.3.3 Critical Instructions for the Facilitators

- Ensure that the trainees are assessed for the core skills before including them in the training

- Ascertain from the Medical Officer incharge of the training health facility that the site is appropriate for training.
- The training schedule is flexible and the facilitator should use her/his judgment to plan sessions. Importance should be given to practical demonstration of skills
- Every opportunity to practice on a woman should be utilized
- Key messages which are additional to the traditional training should be ingrained in the trainees
- Ensure the use of checklists as a supportive tool rather than an evaluation tool.

2.4 Duration of Training

There will be separate batches for Staff nurses and for ANMs and LHVs. Each batch of training will contain 4-5 trainees. The training for both the groups will be strictly **residential** with day and night duties of the trainees at the District Women's Hospital or identified training site.

For staff nurses: The duration of training may be flexible from two to three weeks depending on the availability of clients and competency of the trainees.

For ANMs and LHVs: The total duration of the course will be for a minimum of three weeks which can be extended for six weeks.

During the training, the trainees will work in the antenatal clinic and ward, labour room, postnatal ward and laboratory of the identified clinical training site for hands-on training to perform midwifery skills with special focus to provide domiciliary/outreach delivery services under supervision of the trainer/facilitator. **(Refer to section 2.5.4, Suggested Training Schedule in this guide).**

2.5 Contents/ Curriculum

GoI's 'Guidelines for Ante-natal Care and Skilled Attendance at Birth by ANMs, LHVs and Staff Nurses' are the reference guide for clinical practice of skills.

Clinical practice-The trainees will practice the skills required to provide skilled attendance at birth on clients/patients in the clinic using the relevant self assessment checklists in the Handbook for ANMs, LHVs and SNs for SAB. The trainees will first observe the trainer perform the skills on the client then they will assist the trainer and finally perform the skill independently under trainer's supervision. In case there are no patients to observe/practice a particular skill, then the trainers will use innovative techniques, use models and exercises suggested in this guide in the relevant session plans to enable the trainees practice those skills **(Refer to Annexure 6: Session Plans)**.

Preferably, the trainee may follow a case from the time she is admitted in the hospital until she is discharged. For cases which develop complications, the ANMs and LHVs are suggested to follow the case to the stage they are entitled to provide supportive care and handover (refer) the case when expert care provider attends her and then again follow the

case during the post procedure period. **The ANMs and LHVs are not required to observe or attend procedures beyond their scope of work.**

Skills to be practiced by the ANM for skilled attendance at birth and their indicator conditions

Condition	Skill/Interventions
Incomplete abortion with bleeding P/V	Digital removal of retained products of conception (POC).
Prevention of PPH	Active management of third stage of labour.
Diagnosis of prolonged labour	Maintaining a partograph for every delivery; using it for the diagnosis of prolonged/obstructed labour and timely referral.
Vaginal/perineal tears	Identification and differentiation between the various degrees of tears. Apply pad and pressure to the superficial tears to prevent vaginal bleeding and refer.
Prevention of hypothermia in newborns	
Breastfeeding initiation	
Managing Asphyxia	
Prevention of infection in newborn	

2.6 Training Design

2.6.1 Training methodology

The following training techniques and methods will be used to conduct the SAB training:

- interactive presentation and discussion
- demonstration and simulated practice of skills on models and clients/patients
- intensive hands-on guided practical training on clients/patients under supervision of the trainers/facilitators of the training site

The trainers should know these techniques well so that they can conduct the training efficiently and effectively.

The following “do’s and don’ts” should ALWAYS be kept in mind by the trainer during any training session:

DO's

- Maintain good eye contact
- Prepare in advance
- Involve trainees
- Use visual aids
- Speak clearly
- Speak loud enough
- Encourage questions
- Recap at the end of each session
- Bridge one topic to the next
- Encourage participation
- Write clearly and boldly
- Demonstrate skills on clients and get return demonstration by trainees.
- Observe trainees using checklists while practicing skills and provide constructive feedback.
- Use good time management
- Keep it simple
- Give feedback
- Position visuals so everyone can see them
- Avoid distracting mannerisms and distractions in the room
- Be aware of the trainees' body language
- Keep the group focused on the task
- Provide clear instructions
- Check to see if your instructions are understood
- Use logical sequencing of topics
- Evaluate as you go
- Allow trainees to practice the skills using self assessment checklists
- Be patient
- Summarize

DON'Ts

- Don't talk to the flipchart or the blackboard
- Don't block visual aids
- Don't stand at one spot. Move around in the room.
- Don't leave a skill practice on models only
- Don't ignore the trainees' comments and feedback (verbal; and non-verbal)
- Don't read from the curriculum
- Don't shout at trainees

2.6.2 Opening Activities

During the opening session, trainees should be introduced to the Skilled Attendance at Birth approach and to each other. Begin with the following:

- **Welcome** the trainees to the training facility. Introduce yourself and other co-trainers/facilitators and support staff.

- **Introduce** trainees to each other using a warm-up activity. Even when trainees already know each other, the trainers need to become acquainted with the trainees.

- **Elicit** why has the trainee come for this particular training? Ask the trainees what do they think they will learn during the training? Let each trainee give one expectation while the trainer lists them on the flip chart. Group the expectations and point out most commonly listed expectations. Leave the complete trainee expectation list on the flip chart.

- Present the training objectives. Compare objectives with trainee's expectations, identifying the expectations which will not be met during the training. Do not spend

more than five minutes discussing expectations outside the purpose of this training programme.

- Objectives for each session are written in this guide under the section on detailed session plans (Annexure 5). Trainers will assess through questioning (having trainees explain) or observing (skill performance, role plays) if learning objectives have been met. Assessing if objectives have been met after each session is a very important part of training because if skills and knowledge are not acquired, the trainer has to try another approach or give the trainee additional attention.

- The trainer should explain to the trainees that there is some flexibility in this training. The trainer may not be present with the trainee always. Therefore, the trainee should be willing to learn on her own and practice with clients using the guidelines and checklists. If there are no clients, then also the trainee should be present near the clinic area so that she can go to a client for observation or practice when she comes. In the absence of clients, the trainee can practice skills on models using the Guidelines and checklists in a room near the clinical area with her co-trainees to encourage peer learning.

The trainer will decide how much time to devote to review and discuss the following:

- Programme objectives and training objectives
- Performance-based approach to clinical training used in the course.
- Training materials and how they will be used (e.g., GoI's Guidelines, Handbook for ANMs, LHVs and SNs, training models, exercises etc.)
- Training schedule in the Facilitator's Guide and general organization of the training
- Other facilities such as:
    - daily starting and ending times
    - expectations regarding reading assignments
    - per diem and other financial matters
    - lodging arrangements
    - meal arrangements and facilities
    - location of telephones, toilet facilities, etc.
    - time off, other activities (warm-up exercises)
    - whom to consult for problems
    - norms to be followed by the trainees during training should be written on a flip chart with their involvement and displayed on the wall of the training room throughout the duration of training.

- the trainers should distribute the different sessions among themselves to conduct the training.

The trainers can also give reading assignments to the trainees. They can give the trainees sections from the Guidelines which have been discussed during the day or will be discussed the following day to read during their free time or evening for better understanding of the topics

2.6.3 Training Material

The following training material will be used during the training:

- The training package consisting of
  - ❖ GoI's Guidelines for Ante-natal Care and Skilled Attendance at Birth by ANMs, LHVs and Staff Nurses
  - ❖ Facilitator's Guide for Operationalizing Guidelines for Ante-natal Care and Skilled Attendance at Birth by ANMs, LHVs and Staff Nurses
  - ❖ Handbook for ANMs, LHVs and SNs for skilled attendance at birth

- Anatomic (female pelvic) models, baby with placenta, cord and membranes and female bony pelvis
- Equipment and drugs (listed in **Annexure 1)**
- Daily register, pen, pencil, eraser, ruler
- Plastic folders or file covers to keep training record and checklists of trainees and any other papers related to training
- Reporting formats.

2.6.4 Suggested Training Schedule

Residential training of ANMs, LHVs and Staff nurses will be conducted at the identified district level clinical training site using the required training material.

Posting schedule (Three weeks).

WEEK- ONE

Day	Morning	Afternoon	Remarks
1	Assessment of trainees for core skills on pregnant women including filling ANC card using the checklist for core skills (Annexure 1) and relevant self assessment checklist (Handbook) for the standard of skills.	Assessment of core skills continued Discuss Women's rights; gender sensitivity; clinical ethics.	If not competent, the trainee may require extra attention of the trainer during clinical practice for competency in core skills.
	Discuss abnormalities of history and findings during pregnancy in general and any abnormality identified in the pregnant women.	Discuss what to do in such abnormalities: • Which require referral • Which can be managed by them o on the first visit o on subsequent visits	
2.	Teach new skills on clients: Discuss what is labour; identify true/false labour, the three stages of labour and monitor I stage of labour; feel uterine contractions, plot and interpret partograph.	Practice in the labour room under supervision of trainer, the skills discussed/observed in the morning-uterine contractions, assess FHS, maternal and foetal condition, plot in partograph	If there are no clients in labour, trainers can use samples of normal and abnormal partograms given in the Handbook and make trainees fill them/interpret them
3.	Practice cervical dilatation (cutout on cardboard box or different size bangles if no clients or also during free time), plot on partograph starting from 3 cms., 7 cms., upto 10 cms.	Practice on clients to monitor labour and assess cervical dilatation and plotting on partograph until competent	

	Discuss and demonstrate infection prevention practices- preparing gloves, instruments, injection safety, waste disposal.		
4.	Pelvic examination for pelvic capacity to identify normal and small pelvis plus all the above; intranatal care; Deep IM injection, starting an IV line	Practice during afternoon, evening and night for monitoring labour, plotting partogram independently under supervision of labour room staff (only after assessed as competent by the trainer)	The trainees should try not to miss any patient of labour.
5.	Management of labour- I stage monitoring with partogram, identify prolonged labour and what to do and referral; II stage of labour Essential newborn care	Practice monitoring and conducting labour	Emphasize that the trainees should encourage the woman to pass urine frequently during labour or the bladder will get full and slow the progress of labour.
6.	Conduct III stage of labour with active management, identification of PPH and management, check tears and manage them; discuss and help identify and refer for any other complications (inversion, rupture uterus).	Observe and assist delivery of III stage of labour with active management, check placenta and membranes, check for PPH, tears; and essential newborn care	Use flowchart for PPH from the Guidelines, Dissolve Maroon liquid bindi in 500 ml, 250 ml, 300 ml water using measuring can. Pour it in a bowl, put some on clothes, some on floor for visual impression to identify amount of blood lost in different ways.
7.	Practice monitoring labour using partograph, conducting delivery with active management of III stage of labour, provide essential newborn care, check for PPH and tears and manage them, start IV line if required.	Continue practice in the labour room	**Note:** The trainees can separate and alternate duties in the labour room during the day and night so that no client is missed during the training period.

WEEK- TWO and Three

Day	Morning	Afternoon	Remarks
8.	The trainees should go to the ANC OPD or ward, labour room depending on the availability of clients and practice skills there.	Normal puerperium on clients in the PNC ward, abnormalities of pregnancy and puerperium	Hypothetical cases can be discussed for abnormal pregnancy and puerperium if they are not available during the training period.
9 to 21.	Continue practice during day and night in batches for all the new skills learned until the end of training.	Continue practice during day and night in batches for all the new skills learned until the end of training.	

2.7 Financial Guidelines

Awaiting MOHFW inputs.

Note: States are advised to use the RCH flexipool funds for monitoring and other expenses.

III Assessments, Feedback and Mentoring

The trainers/facilitators will assess the learning and performance of the trainees on a **day-to-day basis** during the interactions and practice sessions in the clinic:

3.1 Using Skill-Based Self Assessment Checklists

In the handbook for ANMs, LHVs and SNs for skilled birth attendance, Checklists have been developed for skills required for SAB. The checklists are intended to assist the trainee in learning the correct steps and sequence for providing counseling, antenatal, delivery, postpartum, newborn care, identify women and newborns with complications and stabilize them prior to referral. These checklists can be used by the trainers to assess the skills for competency and provide constructive feedback to the trainees during client practice. These checklists can also be used by trainees during clinical practice for self or peer assessment while learning. While using the checklists, the trainer should emphasize the steps that are critical for that particular skill and should be performed according to standard or else there is a possibility of danger to the life of the patient, provider or the community.

The trainer should observe a skill with a checklist keeping the following points in mind:

SN	Question
1	Explain to the trainees what is expected of them and what the trainer is doing with the checklist.
2	Create a non-threatening environment.
3	Ensure that the trainer/trainee is able to see and hear adequately.
4	Avoid discussion about the procedure in the middle of observation (unless client's health is threatened).
5	Discuss the gaps in the demonstration with the trainee.
6	Provide appropriate and supportive feedback immediately after the procedure.

The trainer/facilitator should consider the following criteria to label a trainee competent or **Performing to Standards** (PTS) in a particular skill:

- The trainee performs the supervised and independent clinical exercise in the hospital on a **minimum number** of clients/patients as specified against each procedure in the recommended client practice table given in section 3.2. For example: The trainee has to 'carry out examination of placenta, its membranes and umbilical cord' at least after 8 deliveries.

- The checklists for each skill have certain steps. Each step is scored as either a) needs improvement; or b) competency achieved. To be competent or PTS in a particular skill, the facilitator must assure that the trainee gets a score of 'competency achieved' on at least 80% of the steps in the checklist. In the previous example, there are 10 steps in examining a placenta. , of which 7 are critical. Therefore to achieve 'competency achieved' the trainee should perform at least 9 of these steps correctly.

- ❖ In the checklists where all the steps are critical, the trainee should get a score of 'competency achieved' all the steps (100%). Example: It is recommended that the trainee performs 10 per-vaginal (PV) examinations. There are six steps to be completed to perform a per-vaginal examination. All these steps are critical. Therefore for a trainee to be PTS a per-vaginal examination, she has to score 'competency achieved on all 6 steps (100%)

- ❖ Out of the number of cases recommended for each clinical skill, for the trainee to be declared as competent and PTS in the clinical skill, she should perform at least 75% of the recommended number of cases as per standards. In the example of PV examinations for a trainee to be PTS a per-vaginal examination, she has to score 'competency achieved on all 6 steps (100%) on at least 7-8 cases of the 10 (75%) recommended cases.

- ❖ If a trainee fails to score competence level in the number of cases specified under each skill in the column three of the table below, she should continue practice under supervision until she performs the skill as per standard.

At the beginning of the training the trainers will assess the trainees for core skills on clients as per **Annexure 2: Checklist for Core skills**. These trainees will be those who are currently providing delivery services at their centers. If a trainee is not able to perform these skills to standards, the trainer will have to take extra effort to ensure that the trainee is trained in the skills she is lacking. For this, the trainer may use the relevant session plan for the core skill and train the ANM/LHV during the course of SAB training.

At the end of the training the trainers will assess the trainees on clients (women during pregnancy, labour, postpartum period and on newborns) for skills essential for providing SAB. In the absence of clients, the clinical skills can be assessed using models and peers. A certificate will be given to the successful trainees. **A trainee will be considered successful if she achieves 80% in the final assessment of skill competency using the relevant checklists for that skill with all critical steps performed to standards**. The trainees not able to succeed in the final assessment will not be certified to practice the skills in which they are not competent. For clinical practice to become competent, such trainees will be posted for another week at the district Women's Hospital or a CHC/PHC where delivery services are being provided frequently as a routine. These trainees will be assessed for competency in the required skill and certified as performing to standards by the district Women's Hospital trainer or the CHC/PHC Medical Officer and allowed to provide delivery and supportive services for SAB at their centres.

The trainers will provide immediate **constructive feedback** to the trainees as and when required to encourage correct learning.

The **trainers of the Core group** will observe and **mentor** the training. They will provide supportive feedback to trainers for performance improvement using relevant checklists. Whenever required, they will assist and support the trainers during a session while conducting the training.

3.2. Recommended Client Practice by each trainee:

Purpose: to enable trainees develop competency in the clinical skills as per standards to provide skilled attendance at birth and emergency obstetric and newborn care.

Activity	Observe	Assist	Perform Independently
Preparing clean gloves	5	5	20
Setting up of IV lines	2	5	10
Preparing delivery trolley/table/equipment	5	5	10
Monitor labour using partograph	5	-	15
Perform per vaginal examination	5	5	10
Chart Partograph	2	5	8
Conduct normal delivery with active management of III stage	2	5	8
Identify tear and manage	2	2	2
Tablet Misoprost administration	2	5	8
Controlled cord traction for delivery of placenta	2	5	8
Management of PPH	2	2	2
Examination of placenta, membranes and umbilical cord	5	-	8
Identify prolonged labour and manage	2	-	2
Assess and provide newborn care including newborn resuscitation and check weight	2	5	8
Perform suction, maintain airway, establish breathing	2	5	5
Assist breast feeding correctly	2	5	10
Administration of deep IM injection (any)	2	-	10
Administration of deep IM injection Magsulph	2	-	1
Nursing management of Eclampsia	1	-	1
Conduct postpartum care including neonatal care at different time period	5	5	5
Identification and management of complications of pregnancy (Bleeding, fits, hypertension)	5	5	5
Identification and management of complications of labour (obstructed/prolonged labour)	3	2	5
Identification and management of complications of postpartum period (PPH, mastitis, perpueral pyrexia)	2	2	3
Identification and management of complications of neonatal period (in normal babies born by LSCS)	2	2	4
Perform removal of products of conception/clots under supervision	2	-	2

Recommended Client Practice by each trainee for newborn care

Activity	Observe	Assist	Perform Independently
Weighing the baby	5	5	20
Temperature Assessment	2	5	20
Signs of possible serious bacterial infection	2	2	5
Signs of local bacterial infection	2	2	2
Assessment of diarrhoea	1	1	2
Signs of feeding problem	5	5	10
Classify young infant	2	2	10
• Identify treatment	5	5	10
• Treat for local bacterial infection	2	2	2
• Treat for feeding problem	2	5	10
• Pre referral treatment	2	2	2
Conducting home visit	2	1	5

Note: in case there is no client/patient in whom any of the above skills cannot be performed, then in such situations, the trainer should use models or innovative approaches suggested to enable the trainees to perform the skills.

3.3 Record Keeping

3.3.1 Trainees

The trainees will be required to maintain a record for the activities/skills completed during their posting in various sections of the clinical training site in their Self Assessment Checklists in the Handbook. Their level of competency acquired will be certified and indicated by the trainer supervising the skill/activity in a separate checklist. The skills which are not performed to standards will be repeated by the trainee until she acquires the desired level of competency. The trainers will compile a final record of client practice by trainees in the Client Practice Record Log. (**Refer to Annexure 3: Cumulative Client Practice Record for SAB Training**).

The trainees will be oriented to the formats for maintaining service records for providing skilled attendance at birth at their work site after the training. They will submit these reports to their supervisors monthly along with their routine reports. This can also be done by the MO PHC after training of ANMs/LHVs during one of the regular monthly meetings at the PHC.

3.3.2 Trainers

The trainers will maintain a batch-wise record of the training activity and client practice record of the trainees and send it to the CMO for information and records (Refer to Annexure 3). The trainers should use the existing Training Activity reporting formats available at their institution or the ones provided by the Programme Manager for the purpose.

3.4. Evaluation

The training process and the training material will be evaluated by the trainers and the trainees on a trainer's and trainee's feedback form respectively. The nodal trainer will get these forms filled by the other trainers who participated in the training including self and all the trainees at the end of the training. **(Refer to Annexure 4: Trainers' and Trainees' Feedback form for SAB Training of ANMs, LHVs and SNs).** While conducting the sessions and practice on clients, the trainers should assess the time allotted to each session and the recommended number of client practice respectively for their adequacy. If they have any comments regarding these issues, they should make a note of it during the session or client practice and provide their suggestion in the feedback form at the end of the training.

3.6 Certification Process

At the end of the training, the trainers will assess the trainees for clinical skills to provide SAB on clients using relevant self assessment checklist for each trainee and give the certificate to only those trainees who performed the skill as per standard. If the trainee lacks competency in any skill at the time of final assessment, the trainer should mention that the trainee needs further training to achieve competency in that skill and should not be permitted to perform the skill independently until certified as competent later. However, she may be allowed to practice the skills in which she is competent. The trainers may use the relevant checklists to assess the trainees at the end of the training and note their observation and remarks in the Final Assessment Record Form **(Annexure 4)**.

Annexure 1

Checklist for Training Site Readiness

Name of training site_____

District and State_____

Date of assessment_____

Name and designation of Assessor_____

SN	Item	Observation Yes/No	Remarks
A.	* **The training site providing SAB as per GoI Guidelines** (monitoring labour using partograph, active management of III stage of labour, providing deep IMI Magsulph		
B.	**Place and Furniture** (especially in the labour room)		
1.	* Privacy maintained		
2.	* Adequate light to visualize cervix		
3.	* Electricity supply with back-up facility (generator with POL)		
4.	* Attached toilet facilities		
5.	* Delivery table with mattress and macintosh and Kelly's pad		
6.	* Area marked for newborn care and newborn resuscitation		
7.	Table 1 and chairs 5 in the side room of the labour room		
C.	*** Infection Prevention equipment**		
1.	Dustbin		
2.	Bucket with tap (10 litres) or running water		
3.	Plain plastic tub 12" at base for 0.5% chlorine solution		
4.	Autoclave/Boiler		
5.	Stove in working condition		
6.	Plastic mug 1 litre		
7.	Tea spoon		
8.	Surgical gloves No. 7		
9.	Utility gloves (thick rubber)		
10.	Soap in a covered Soapdish		
11.	Puncture proof container		
SN	**Item**	**Observation Yes/No**	**Remarks**
D.	*** Emergency Drug tray**		
1.	Injection Oxytocin		
2.	Injection Diazepam		

3.	Tablet Nifedipine		
4.	Injection Magnesium sulphate		
5.	Injection Lignocaine Hydrocholide		
6.	Tablet Misoprostol		
7	Sterilized cotton and gause		
8.	At least 2 pairs of gloves		
9.	Sterile syringes and needles (different sizes)		
10.	Sterile I/V sets at least 2		
E.	**Equipment, Supplies and other Drugs**		
1.	* Delivery kits including those for normal deliveries and assisted deliveries (forceps and Ventouse extraction) at least two each		
2.	* Cheattle forceps in a dry bottle		
3.	* Foetal stethoscope		
4.	* Baby weighing scale		
5.	Radiant warmer		
6.	Table lamp with 200 watt bulb		
7.	Phototherapy unit		
8.	* Self inflating bag and mask (neonatal size)		
9.	Oxygen hood (neonatal)		
10.	Laryngoscope and endotracheal tubes		
11.	* Mucus extractor with suction tube and foot operated suction machine		
12.	Feeding tubes		
13.	* Blankets		
14.	* Clean towels		
15.	Baby feeding cup		
16.	* BP apparatus and stethoscope		
17.	* Sterile/clean pads		
18.	* Bleaching powder		
19.	* Betadine solution		
20.	* Spirit		
21.	* Micropore tape		
22.	*Antenatal card		
23.	*Partograph		
22.	*Inj.Gentamycin		
23.	*Inj.Ampicillin		
24	*Oral Metrogyl		

Note: Items marked with an asterix (*) are critical for the training of ANMs, LHVs and SNs and should be present at the training site prior to initiation of training. All the items mentioned in the list are critical for the functioning of the district Women's Hospital and should be present at the training site after the orientation of district level trainers.

Annexure 2

Checklist for Core Skills

Name of training site and District----------

Date of Assessment (Date/month/year)----------

Name of Trainees					
Core Skills	**Competent (Y/N)**				
1. Antenatal history taking					
2. Antenatal physical examination-BP, Pallor, Abdominal examination					
3. Antenatal Counselling and interventions					
4. Conducting normal delivery and newborn care					
5. Providing postpartum care to normal mothers and newborns					
6. Identification of danger signs during pregnancy, labour, delivery and postpartum period					
7. Give deep intramuscular injections					
8. Establish I/V line and give fluids					
9. Fill client card and referral slip					
10. Health Education and Counselling					
Trainer's remarks and signatures					

Annexure 3
Cumulative client practice record for SAB training

Name of Training site and District_____

Dates of Training From (Date/Month/Year)_____ **to (Date/Month/Year)**_____

SN	Activity	Name of Trainee				Name of Trainee			
		Observed	Assisted	Performed Independently		Observed	Assisted	Performed Independently	
				Number	PTS			Number	PTS
1.	Preparing sterile gloves								
2.	Setting up IV lines								
3.	Preparing delivery table/equipment **(Trolley-PHC)**								
4.	Monitor labour using partograph								
5.	Perform per-vaginal examination								
6.	Conduct normal delivery with active management of III stage								
	• Identify tear and manage								
	• Partograph								
	• Tablet Misoprost administration								
	• Controlled cord traction for delivery of palcenta								
7.	Management of PPH								
8.	Examination of placenta, membranes and umbilical cord								
9.	Identify prolonged labour and manage								
10.	Assess and provide newborn care including newborn resuscitation and check weight								
11.	Perform suction, maintain airway, establish breathing								
12.	Assist breast feeding correctly								
13.	Administration of deep IM injection (any)								
14.	Administration of deep IM injection Magsulph								

SN	Activity	Name of Trainee				Name of Trainee			
		Observed	**Assisted**	**Performed Independently**		**Observed**	**Assisted**	**Performed Independently**	
15.	Nursing management of Eclampsia			**Number**	**PTS**			**Number**	**PTS**
16.	Conduct postpartum care including neonatal care at different time period								
17.	Identification and management of complications of • pregnancy								
	• labour								
	• Postpartum period								
	• Neonatal period								
18.	Identification and management of complications of neonatal period (in normal babies born by LSCS)								
19.	Perform digital removal of products of conception/clots from vagina								
	Trainer's remarks								

Signature of trainer_____

Name of trainer_____

Annexure 4

Final Assessment Record Form for SAB Training of ANMs, LHVs and SNs

Name of training site and District_____

Name of State_____ **Date of Assessment**_____

Dates of Training From (date/month/year)_____ **to (date/month/year)**_____

Name of trainee						
SN	**Skill**	**Observation for PTS (Yes/No)**				
1.	Monitoring labour using partograph and interpreting it correctly					
2.	Infection prevention procedures for preparing equipment, gloves, syringes and needles					
3.	Conducting normal delivery with active management of III stage of labour, newborn care and immediate postpartum care					
4.	Giving deep intramuscular injections/Injection Magsulph					
5.	Setting up an I/V line and giving fluids					
	Trainer's remarks and signatures					

Annexure 5

Trainers' and Trainees' Feedback Form for SAB Training of ANMs, LHVs and SNs

Name of training site and District_____

Dates of Training (from-to: date/month/year)_____

Feedback (tick the appropriate category) Trainer_____ **Trainee**_____

Note: The purpose of this form is to give trainers and program managers information regarding the quality of this training activity. For each statement below, please tick (√) the response that best describes your feelings or reactions about that aspect of training. All the trainers and trainees participating in the training will fill this form separately. There are some questions which are relevant for trainees only and some for trainers only. The rest of the statements are common to both the trainers and trainees and should be completed.

1. Workshop objectives were clear and were achieved.

   Yes_____ No_____

If No specify_____

2. Both the content covered and the duration of the workshop were adequate.

   Yes_____ No_____

If No suggest the optimum duration_____

3. This training was directly related to the work I do or am going to do.

   Yes_____ No_____

4. Training facilities and arrangements were adequate.

   Yes_____ No_____

If No give suggestions for improvement_____

_____

5. The trainers for this training were effective in helping me learn and apply concepts and skills (for trainees only) Yes_____ No_____

If No suggest what would have helped you learn better_____

_____

1. Below are training materials used during the training. Please indicate how well each contributed to understanding or learning.

Training material	**Very useful**	**Somewhat useful**	**Not useful**	**Undecided**
GoI's Guidelines	_____	_____	_____	_____
Handbook	_____	_____	_____	_____
Flip chart	_____	_____	_____	_____
Models (dummy pelvis, doll)	_____	_____	_____	_____
Bony pelvis	_____	_____	_____	_____
Facilitator's guide (Trainers only)	_____	_____	_____	_____

2. Below are training methods used during the SAB training. Please indicate how well each contributed to understanding or learning.

Training method	**Very useful**	**Somewhat useful**	**Not useful**	**Undecided**
Demonstration	_____	_____	_____	_____
Practice on model	_____	_____	_____	_____
Practice on clients	_____	_____	_____	_____
Skills Checklists	_____	_____	_____	_____
Role play	_____	_____	_____	_____
Discussion	_____	_____	_____	_____
Partograph exercises	_____	_____	_____	_____
Any other_____	_____	_____	_____	_____

8. Do you feel confident to provide delivery and supportive services including newborn care services applying the new skills learned during this training at your work site? (For trainees only)

Yes_____ No_____ Undecided_____

If No or undecided specify the services/skills in which you feel you need more practice

_____

Annexure 6

Antenatal Card

झारखण्ड सरकार

जच्चा-बच्चा रक्षा कार्ड

II-III दूसरे से तीसरे साल तक (12-36 महीने)

तिथि	तिथि	तिथि
डी.पी.टी-बू	पोलियो-बू	विटामिन ए-2
तिथि	तिथि	तिथि
विटामिन ए-3	विटामिन ए-4	विटामिन ए-5

क्रम संख्या

जच्चा का नाम

पति का नाम

शिशु होने की सम्भावित तिथि

घर नं0 गाँव/वार्ड

पी.एच. सी./नगर

उप-केन्द्र/क्लिनिक

शिशु का नाम

लड़का/लड़की जन्म तिथि

● कार्ड का यह भाग स्वास्थ्य कार्यकर्ता के पास रहेगा।

स्वास्थ्य कार्यकर्ता के हस्ताक्षर

कार्ड यहाँ से अलग करें

II-III दूसरे से तीसरे साल तक (12-36 महीने)

उचित टीकाकरण सूची

गर्भवती महिलाओं को :-	
गर्भावस्था में जितनी जल्दी हो सके	टेटनस-1 का टीका
टेटनस-1 के 1 माह बाद	टेटनस-2 या बूस्टर का टीका
बच्चे के लिए :-	
1½ माह पर	बी. सी. जी.* व डी. पी. टी.-1 के टीके और पोलियो-1 की खुराक
2½ माह पर	डी. पी. टी. - 2 का टीका और पोलियो-2 की खुराक
3½ माह पर	डी. पी. टी. - 3 का टीका और पोलियो-3 की खुराक
9 माह पर	खसरे का टीका
16 से 24 माह के बीच में	डी. पी. टी. - और पोलियो का बूस्टर टीका/खुराक

- यदि किसी टीके/खुराक के लिए आपको देरी हो जाए, तो भी आप इसे जरूर लगवाइये। इस विषय में आप अपने स्वास्थ्य कार्यकर्ता से सलाह लें।
- इस कार्ड को अपने पास संभाल कर रखें।
- आप जब भी स्वास्थ्य केन्द्र आयें, इस कार्ड को अपने साथ जरूर लाएँ।
- टीकाकरण के बाद इस कार्ड में टीके/खुराक लेने की तारीख जरूर दर्ज करवाएँ।

★ यदि बच्चे का जन्म अस्पताल/क्लिनिक में हुआ है, तो उसे जन्म के समय ही बी.सी.जी. का टीका लगाएँ।

● कार्ड का यह भाग जच्चा/बच्चे की माँ के पास रहेगा।

कार्ड यहाँ से अलग करें

झारखण्ड सरकार

जच्चा-बच्चा रक्षा कार्ड

क्रम संख्या

जच्चा का नाम

पति का नाम

शिशु होने की सम्भावित तिथि

घर नं0 गाँव/वार्ड

पी.एच. सी./नगर

उप-केन्द्र/क्लिनिक

शिशु का नाम

लड़का/लड़की जन्म तिथि

राष्ट्रीय टीकाकरण मिशन
भारत सरकार

गर्भावस्था में जाँच और टीकाकरण का ब्यौरा

स्थिति	स्थिति	स्थिति
तिथि	तिथि	तिथि
जाँच-1	जाँच-2	जाँच-3
तिथि	तिथि	तिथि
आयरन	आयरन	आयरन
तिथि	तिथि	
टेटनस-1	टेटनस-2 (बूस्टर)	

- गर्भवती महिला को स्वास्थ्य कार्यकर्ता से मिलकर अपने स्वास्थ्य की नियमित जाँच कराते रहना चाहिए।
- याद रहे, गर्भावस्था में, टेटनस के दो टीके अथवा टेटनस का 1 बूस्टर टीका लगवाना और तीन महीनों में आयरन की 100 गोलियां लेना बहुत जरूरी है।
- याद रखिए कि टेटनस-2 (बूस्टर) का टीका शिशु होने की सम्भावित तिथि से कम से कम 1 माह पहले दिया जाना चाहिए।

राष्ट्रीय टीकाकरण मिशन
भारत सरकार

कार्ड यहाँ से मोड़ें

शिशु रक्षक टीकों का ब्यौरा

1 पहले साल में (0-12 महीने)

तिथि		
बी.सी.जी	स्थिति	स्थिति
तिथि	तिथि	तिथि
डी. पी. टी.-1	डी. पी. टी.-2	डी. पी. टी.-3
तिथि	तिथि	तिथि
पोलियो-1	पोलियो-2	पोलियो-3
तिथि	तिथि	
खसरा	और विटामिन ए - 1	

- सभी टीके सही समय पर लगवाएँ और उन्हें यहाँ दर्ज करवाएँ।
- याद रखिए, डी.पी.टी. और पोलियो का हर टीका/खुराक के बीच में एक महीने का अंतर होना चाहिए।

स्वास्थ्य कार्यकर्ता के हस्ताक्षर

राष्ट्रीय टीकाकरण मिशन
भारत सरकार

गर्भावस्था में जाँच और टीकाकरण का ब्यौरा

तिथि	तिथि	तिथि
जाँच-1	जाँच-2	जाँच-3
तिथि	तिथि	तिथि
आयरन	आयरन	आयरन
तिथि	तिथि	
टेटनस-1	टेटनस-2 (बूस्टर)	

शिशु रक्षक टीकों का ब्यौरा

1 पहले साल में (0-12 महीने)

तिथि		
बी.सी.जी		
तिथि	तिथि	तिथि
डी. पी. टी.-1	डी. पी. टी.-2	डी. पी. टी.-3
तिथि	तिथि	तिथि
पोलियो-1	पोलियो-2	पोलियो-3
तिथि	तिथि	
खसरा	और विटामिन ए-1	

राष्ट्रीय टीकाकरण मिशन
भारत सरकार

Annexure 7

Session Plans

Training of Sub-centre ANMs as Skilled Birth Attendants

Note: The training schedule is flexible based on the availability of clients in the hospital. If the clients are present, the sessions may be conducted at bedside of the client. If there are no clients, or a particular session needs to be discussed, it may be conducted in the side room of the ward/labour room of the hospital.

It is suggested that the trainers focus on building the skills of the trainees to conduct deliveries, give deep intramuscular injections and intravenous fluids and initial management of complications prior to referral. The trainers can use any session plan depending on the availability of the clients. Although the trainees are expected to come skilled in the core skills of antepartum and postpartum care both for the mother and newborn, the trainees who are observed with gaps and require improvement in these core skills may be trained using the relevant session plans.

The following sessions can be tailored to suit the needs of your facility and students

Session 1-History taking
Session 2-General exam
Session 3-Practice history taking and general examination
Session 4-Abdominal exam and Lab investigations including practice session
Session 5-Interventions & counseling including practice session
Session 6- Summary and recap ANC
Session 7- Deciding Stage of Labour
Session 8- Partograph
Session 9-(Practice of Session 7 and 8)
Session 10-Managment of 2nd and 3rd Stages of labour, immediate postpartum care including newborn care
Session 11-Infection Prevention
Session 12-Postpartum care including Essential Newborn care
Session 13-Practice session of sessions 10, 11 and 12
Session 14-Complications of pregnancy, labour, delivery and postpartum period including supportive care
Session 15- Practice session of session 14
Session 16-Recapitulation and clarifying doubts
Session 17-Practice session for care of normal and complicated antenatal, intranatal and postpartum periods

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period - Antenatal Care

Session 1 Introduction and History-taking

Session at a glance

Time: 2 hrs 30 mins

Objectives : By the end of the session, participants will be able to :

- Explain the importance of early registration of pregnancy
- Estimate the number of pregnancies in a year in their work-areas
- Describe the number and timing of antenatal check-ups
- Calculate EDD of a pregnant woman
- List the points to keep in mind while taking a detailed history of a pregnant woman

Steps to conduct the session

Steps	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	10 min	Importance of early registration	Interactive Discussion	Guidelines
3	30 min	Estimation of # of pregnancies annually	Presentation and small group work	Guidelines, Flip chart, markers, Exercises
4	15 min	How to keep a record of pregnant women	Interactive Discussion	ANC Client card
5	15 min	Number and timing of antenatal check-ups	Interactive Discussion	Guidelines
6	1 hour 15 min	History taking and calculation of EDD Summarize	Interactive Discussion Exercise	Guidelines, Exercises

Step 1: Introduction and objectives of session

- Introduce the session and its objectives. Tell that this session is on how to take comprehensive history of a pregnant woman and how history helps in deciding if the pregnant woman needs regular or special care.

Step 2: Importance of early registration

- Ask the participants the importance of providing ANC to pregnant women. (**refer** to Guidelines Module 1: Introduction section and its box).

- Then ask them, by when do they usually get to know of a pregnant woman in their work-area and register her? Note the responses of the trainees on the flip chart.

- Discuss the importance of early registration and timing of first visit/registration and how they can take the help of community–based functionaries like AWWs, ASHA, dais etc. to identify pregnant women. (**refer** to Guidelines Module 1: from Early registration to Importance of early registration).

Step 3: Estimation of number of pregnancies annually

- Explain that any pregnancy can develop complications any time so "every pregnancy should be considered at risk of complications". Therefore it is important for ANMs to register all pregnant women in their work areas as early as possible.

- Ask the participants, how many pregnant women do they usually register in a year?

- Now using a flip chart explain how to estimate the number of expected pregnancies to be registered in a year, if the population covered by the sub-centre is 5000. **(refer** to Guidelines Module 1: Estimation of number of pregnancies to be registered annually)

- **Group work:** Divide the participants into two small groups. Give one exercise to each group to calculate the expected number of pregnant women in a year:-

  Group 1: Exercise 1: if the population of a SubCentre is 6000, what will be the expected number of pregnancies in a year in that SubCentre?

  Group 2: Exercise 2: if the population of a SubCentre is 7000, what will be the expected number of pregnancies in a year in that SubCentre?

  Facilitate the groups while they are making the calculations. Allow one representative from each group to share their answers with the whole group. Check their answers and make corrections if required with the inputs of other group.

Step 4: How to keep a record of pregnant women

- Ask the participants how do they keep a record of pregnant women and how do they fill up the antenatal card for every pregnant women.

- Explain the importance of keeping record of every pregnant woman using the GoI ANC card.

Step 5: Number and timing of antenatal check-ups

- Ask the participants how many antenatal check-ups do they usually provide to a pregnant woman in their areas? Note their responses.

- Inform them, that according to the current GoI guidelines, every pregnant woman should make at least four visits for antenatal check-ups, including the first visit /registration.

- Discuss the timing of these visits (**refer** to Guidelines Module 1: Antenatal check-up-Number and timing of visits).

- Ask the participants what preparations do they make for conducting antenatal check-ups? Note their responses on a flip chart. If required, add points from the guidelines. (**refer** to Guidelines Module 1: Preparation for Antenatal care).

Step 6: History taking and calculation of EDD; Summarize

- Explain to the group that it is very important to take comprehensive history of a pregnant woman as it is from the history that you can find out if the woman requires routine antenatal care or she has any risks or conditions during pregnancy and childbirth requiring special care and referral.

- Now ask the participants to tell what questions they ask a pregnant woman during history taking and discuss the rationale of each question. If required, complete the list of questions. (**refer** to Guidelines Module 1: from History taking to History of intake of habit-forming or harmful substances).

- Emphasise the following points related to history taking-
  - Before taking history, create a calm and quiet atmosphere so that the woman is relaxed and comfortable
  - Ensure privacy and maintain confidentiality
  - Ask questions in such a way that she is not alarmed or intimidated
  - Record all the facts correctly and neatly in the antenatal card
  - Highlight any abnormal findings.

- Ask the trainees how do they calculate a pregnant woman's expected date of delivery **(**EDD)? If required, explain through two examples with different dates of last menstrual period (LMP).

- Summarize the session by asking the trainees what new information did they learn from this session? Note their responses and correct them if required.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period - Antenatal Care

Session 2 Physical Examination-General Examination

Session at a glance

Time: 1 hr

Objectives : By the end of the session, participants will be able to :

- Explain the importance of general physical examination of a pregnant woman
- List the steps for BP examination
- List the steps of conducting breast examination

Steps to conduct the session

Steps	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	55 min	General Examination, BP and Breast examination Summarize	Interactive Discussion Demonstration	Guidelines, Handbook, ANC client card, weighing machine BP apparatus, stethoscope

Step 1: Introduction and objectives of the session

- Introduce the session and its objectives.

- Tell that it is very important to conduct a complete general physical examination of a pregnant woman including measuring her BP correctly as a lot can be made out from the findings of the examination.

- This helps in deciding whether the woman needs regular care or special care and referral to a higher health facility.

Step 2: General Physical Examination; Summarize

- Ask the trainees what general physical examination do they perform when a pregnant woman comes to them for antenatal check up? Note their responses on a blank flipchart. If required

complete the list as follows(Guidelines-Mod 1-Physical examination-General examination, Refer to the figures of Assessing Blood Pressure in the Handbook)

- Weight
- Blood Pressure
- Pallor
- Respiratory rate
- Generalised oedema
- Breast examination

- Discuss the importance and relevance of each examination

- Emphasise that in order to provide quality services, the following points should always be kept in mind when examining a pregnant woman:
  - Before examination, create a calm and quiet atmosphere so that the woman is relaxed and comfortable
  - Ensure privacy and confidentiality of the woman

- Ask volunteers to come forward and demonstrate how they conduct each exam. Observe them carefully.

- Demonstrate the correct way of each examination (refer to the Guidelines-Annexures-A: Methods of examination A I and A II).

- Demonstrate breast examination on a client or a trainee with her permission. (Refer to the Guidelines-Module 1) for the importance of performing a breast examination in a pregnant woman.

- Ask the trainees to explain how to fill the information in the ANC client card. Assist them if required.

- To summarize the session, ask the trainees to describe the key points of general physical examination. Ask them what is different in these procedures from the way they were practicing? Note their responses. Ask them that do they think the new methods learnt are useful for their practice? Note their responses. Ask them will they have any problem to perform them. Note their responses and try to resolve their issues if possible.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period - Antenatal Care

Session 3 Practice Session History Taking and General Physical Examination of a Pregnant Woman

Session at a glance

Time: 3 hrs

Objectives: By the end of the session, participants will be able to :

- Demonstrate taking a detailed history of a pregnant woman
- Demonstrate how to conduct general physical examination of a pregnant woman

Steps to conduct the session

Step	**Time**	**Content**	**Training method**	**Training material**
1	5 mins	Introduction and objectives of the session	Presentation	
2	2 hrs 55 mins	Practice session on history taking and general physical examination Summarize	Practice through Role plays	Guidelines, Handbook, Role play cards, ANC client cards, BP apparatus, stethoscope, weighing machine, watch with seconds hand

Step 1: Introduction and Objectives of the session:

- Explain to the trainees that now they will practice taking history and conducting general physical examination of a pregnant woman.

- Tell the trainees that this activity will be conducted through simulated exercises-situations they see in their practice. These situations will be role played by them. Therefore, the trainees will volunteer to participate in this activity.

- Explain that each trainee will get a chance to practice these skills first in a simulated situation and then on clients (pregnant women) in the clinic and hospital setting.

- Present the objectives of the session.

Step 2: Practice session on history taking and general examination of a pregnant woman; Summarize

- Explain to the participants that now they will practice taking a history of the pregnant woman as discussed during session 1. Explain that two volunteers will come forward and perform a **role play** in which a health care provider will take the history of a pregnant woman. The other trainees will observe the role play as they will participate in a discussion after the role play is over.

- Explain to the trainees that each pair of volunteers will be given a situation on a card. The volunteer who will play the role of the pregnant woman will enact the situation given in the card. The other volunteer will play the role of the health care provider. She will take the history and perform the general examination of the pregnant woman. Give the trainees 10 mins to perform the role play.

- After the role play, thank the volunteers and discuss the performance with the help of the questions given after the role play. Ask other trainees who observed the role play to analyze it and describe what was good about it and what else could have been done in the given situation.

- Similarly have the remaining role plays enacted by other trainees and discussed. Ensure that each trainee gets a chance to play the role of a health care provider.

- After all the role plays are enacted and discussed and there is spare time for the session, then ask the trainees to practice taking history and perform general examination on each other simultaneously in small groups. For this one trainee may be a pregnant woman and based on her experience she can enact and answer the questions of the health care providers. The health care providers may refer to the Self Assessment Checklist 2 Antenatal History, Physical Examination and Basic Care in the Handbook during this activity. The trainers should facilitate this activity by moving from one group to the other.

- Have all the participants practice on co trainees or pregnant women in the antenatal OPD/ward how to conduct general physical examination. Ensure that each trainee practices the following using Checklist 2- Antenatal care and Checklist 3 for Physical Assessment and Vital Signs in the Handbook.
  - Weight
  - Blood Pressure
  - Pallor
  - Respiratory rate
  - Generalised oedema
  - Breast examination

- Ask the trainees to fill the information in the ANC client card.

- At the end of the session, elicit from the trainees the key issues to be kept in mind while taking history and performing general examination of the pregnant woman.

Role Plays for History Taking

Note to trainers: Write each situation on a separate card prior to the session. Give one card to the volunteer trainees who will play the role of the pregnant woman one-by-one.

Case # 1-Babita
Your name is Babita. You are a 16 year old married girl. You are pregnant for the first time. Your last period was about 3 months ago. You have loss of appetite and nausea. You feel very weak. You do not have any other health problem. Your father has high blood pressure. You do not take any tobacco or alcohol. You have come to the health care provider at her clinic because you are upset about missing your periods and nausea.

Points to be noted and discussed after the role-play:
- How did the health provider initiate communication with the client?
- While taking the history of Babita, which relevant points did she elicit?
- Based on the history, would Babita require routine or specialized antenatal care and why?

Case # 2-Lajwanti
Your name is Lajwanti. You are 24 year old married woman. You are pregnant for the fourth time. Now your last period was about 4 months ago. You have pain in lower abdomen, especially if you sit and work for long time. Yesterday you had little bleeding along with pain but now it is ok.

You have two daughters aged four and two years respectively. Your last child was born 2 years ago at home. You had an abortion of three months three years ago at home. You had to go to a private doctor for help as your bleeding did not stop after the abortion where the doctor did cleaning operation. There is no health problem in your family.

You do not have any other health problem.

Points to be noted and discussed after the role-play:
- How did the health care provider initiate communication with the client?
- While taking the history of Lajwanti, which relevant points did she elicit?
- Based on the history, would Lajwanti require routine or specialized antenatal care and why?

Case # 3-Rukhsana

Your name is Rukhsana. You are 30 year old married woman. You are pregnant for the fifth time. Your last period was about 3 months ago. You feel very weak and have difficulty in breathing. Sometimes you feel as though you are having a 'blackout' and cannot see things properly.

You have no live children as you had spontaneous abortions three times. Your last abortion was two years ago, you had a premature birth at home and the baby was very small. He died after 6 days.

There is no significant health problem in your past or your family.

Points to be noted and discussed after the role-play:

- How did the health provider initiate communication with the client?
- While taking the history of Rukhsana, which relevant points did she elicit?
- Based on the history, would Rukhsana require routine or specialized antenatal care and why?

Case # 4-Saraswati

Your name is Saraswati. You are 22 year old. You have one son who is 3 years old.
After his birth your husband used condoms for 2 years.

Now you are pregnant for the second time. Your last period was about 2½ months ago.
You have no complaint except a little nausea and frequency of urination.

Three years ago, you had a normal delivery at home, conducted by a nurse.

Points to be noted and discussed after the role-play:

- How did the health care provider initiate communication with the client?
- While taking the history of Saraswati, which relevant points did she elicit?
- Based on the history, would Saraswati require routine or specialized antenatal care and why?

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period

Session 4 Antenatal Care-Physical Examination-Abdominal Examination and Lab Investigations

Session at a glance

Time: 4 hrs

Objectives : By the end of the session, participants will be able to

- Explain the importance of abdominal examination of a pregnant woman
- List the lab investigations required for a pregnant woman
- Demonstrate how to conduct abdominal examination of a pregnant woman
- Demonstrate how to conduct lab investigations of a pregnant woman

Steps to conduct the session

Steps	**Time**	**Content**	**Training method**	**Training material**
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	1 hour	Abdominal Examination of a pregnant woman to determine- fundal height, foetal lie & presentation, foetal heart sounds & rate, single/multiple pregnancy	Interactive Discussion Demonstration	Guidelines, Model of female pelvis, doll, foetoscope, inch-tape
3	55 min	Lab investigations for Hb estimation, urine examination for albumen and sugar	Interactive Discussion Demonstration and practice	Guidelines, equipment and reagents for urine and Hb estimation
4	2 hours	Practice session: How to conduct abdominal exam and lab investigations of a pregnant woman Summarize	Practice on co-trainers and models	Guidelines, Handbook, Models equipment and reagents for urine and Hb estimation

Step 1: Introduction and objectives of session

- Introduce the session and its objectives.

- Tell the trainees that it is very important to conduct an abdominal examination every time a pregnant woman comes for a check up as it helps in knowing that the foteus is growing well and what is the lie (presentation) of the baby.

- Explain to the trainees that it is equally important to conduct lab investigations, eg Hb and routine urine examination for a pregnant woman to know if she has any problem and requires any special care. If Hb is less than 11 gms%, we can know she has anemia. If there is albumin in urine, it is likely that she may have preclampsia. Explain that this information helps to identify women who require special care and may need referral to a higher facility for further care.

Step 2: Abdominal Examination

- Ask the trainees what all has to be observed during the abdominal examination of a pregnant woman and why? Note down their responses on a flipchart.

- If required complete the list and discuss details of abdominal examination (Refer to Guidelines-Mod 1 Abdominal Examination and –AnnexureA III, IV and V: Method of Examination)
  - Fundal height
  - foetal lie and presentation
  - foetal heart sound and rate
  - single/multiple pregnancy

- Ask volunteers to come forward and demonstrate on the dummy pelvis and doll or a co-trainee with her permission, how do they conduct an abdominal examination of a pregnant woman? Observe them carefully.

- If they perform the steps correctly, congratulate them. If not then, demonstrate the correct way of performing an abdominal examination. You can demonstrate these steps using a female pelvic model and doll. (Refer to Guidelines- Annexure A III to V).

- Ask what does it mean if there is disparity between the height of the uterus and the gestational age? Explain the possible reasons for fundal height less than the gestational age. Similarly explain the possible reasons for fundal height more than the gestational age. (Guidelines-Mod 1-Abdominal examination-fundal height)

- Emphasize that in cases where fundal height is not equal to the period of gestation, the woman should be referred to the Medical Officer for further investigations and care.

- Ask the trainees, why is it important to know the lie, presentation of the foetus and foetal heart sounds. Note their responses and correct any wrong information.

Step 3: Lab investigations

- Ask the trainees which are the investigations required during pregnancy? Note their responses on a flipchart. If required, complete the list. (Refer to Guidelines-Mod 1-Laboratory investigations).

- Now explain how each investigation is conducted. (Refer to Guidelines-Mod 1-AnnexureBI, II and III: Procedures for conducting investigations). Encourage trainees to clarify their doubts, if any.

- Take the trainees to the lab and demonstrate assessment of Hb% and examination of the urine for albumen and sugar by the GoI recommended technique.

Step 4: Practice session on Abdominal Examination and lab investigations; Summarize

- Before beginning the practice session for abdominal examination, ask what is the first thing to do? Emphasize the need for asking the woman to empty her bladder. Also stress that ensuring privacy and confidentiality while dealing with a client is an indicator of providing quality services.

- Now have all the trainees practice how to conduct abdominal examination using the model of female dummy pelvis and doll. Ensure that each trainee practices and learns it using Self Assessment Checklist (CL) 2 -Antenatal care from the Handbook.

- Similarly, let the trainees practice how to conduct laboratory investigations of a pregnant woman. They can practice this on the samples in the lab or on each other.

- Ask the trainees to fill the findings in the ANC client card.

- At the end of the session, ask the trainees to summarize key issues and steps while conducting an abdominal examination and lab investigations of a pregnant woman.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period - Antenatal Care and

Session 5 Interventions and Counselling

Session at a glance

Time : 3 hrs.

Objectives: By the end of the session, participants will be able to:

- Explain the interventions that have to be given to every pregnant woman
- Demonstrate how to counsel a pregnant woman regarding birth preparedness, complication readiness, diet and rest, infant feeding and contraception.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	25 min	Prophylactic interventions-Iron folic acid supplementation, Injection Tetanus toxoid & Malaria prophylaxis	Interactive Discussion	Guidelines, Flip Chart, markers,
3	1 hr	Counselling during pregnancy-Counselling about Birth preparedness and complication readiness; Counselling about diet, rest, infant feeding and contraception	Interactive Discussion and Presentation	Guidelines, Flip chart, markers, samples of contraceptives (condoms, pills, Copper- T, CycleBeads)
4	1 hour 30 min	Practice session on interventions and counseling including supportive care Summarize	Practice through Role plays	Role play cards Iron folic acid tablets, syringes, needles

Step 1: Introduce the session and its objectives

- Tell the trainees that this session is on the essential interventions that have to be given to every pregnant woman. Tell them that we will also discuss how to counsel the pregnant woman during pregnancy and ensure supportive care to her by her family members. This helps the pregnant woman and her family to take healthy decisions and look after her health properly.

- List the objectives of the session.

Step 2: Prophylactic interventions -Iron folic acid, Injection Tetanus toxoid & Malaria prophylaxis

- Brainstorm the interventions that are required for pregnant woman when she comes for antenatal check up.

- Listen carefully to their answers and if required, complete the list of interventions by referring to the Guidelines –Module 1-interventions:

  - Iron folic acid supplementation
  - Injection Tetanus toxoid
  - Malaria prophylaxis

- Emphasise that Iron folic acid supplementation and Injection Tetanus toxoid should be given to every pregnant woman and Malaria prophylaxis should be given to those women who live in malaria-endemic areas, as per National Anti Malaria Programme (NAMP) guidelines.

- Ask the trainees why do they give iron folic acid tablets to pregnant women? Note their responses on a flipchart.

- Ask the trainees what dose of iron folic acid tablets do they advise to pregnant women? Note their responses on a flipchart. Emphasise the different doses of iron folic acid tablets for prophylaxis and for treatment of anemia.(Refer to Guidelines-Mod 1 section Interventions: Iron folic acid supplementation.)

- Discuss why many women do not take the tablets even if they are provided with them and how to promote intake of iron?

- Ask the trainees why do they give Injection Tetanus toxoid (TT injection) to pregnant women and when do they usually give the injections? Note their responses on a flipchart. (Refer to Guidelines-Mod 1 section Interventions: Injection Tetanus toxoid). Discuss the importance of giving TT injection early in the second trimester. Explain to the trainees that it takes about 3-4 weeks for the immunity to develop after the second TT injection. Hence it is important that the second dose of TT injection is also given in the second trimester, one month after the first injection. If for some reason, the second dose can not be given in the second trimester, the health worker should ensure that it is given early in the third trimester at least during the 7^{th} month. If the second dose of TT is given late in the third trimester, there is a possibility that the immunity may not have developed adequately to protect the woman from tetanus at the

time of delivery. Hence such a woman has the risk of getting infected and dying with tetanus if adequate infection prevention measures are not taken at the time of delivery.

- Ask the trainees whether they provide malaria prophylaxis to pregnant women in endemic areas as per the National Anti Malaria Programme Guidelines? Ensure that the group knows how to provide the prophylaxis.

Step 3: Counselling – Women's rights, birth preparedness and complication readiness and diet, rest, infant feeding and contraception.

- Ask the trainees what are the rights of a woman? Discuss the rights of a woman (refer to Guidelines Module 3, counselling and supportive environment: introduction and rights of women). Emphasise that while counseling a pregnant woman, it should always be kept in mind that you treat her with respect, and maintain her privacy and confidentiality.

- Discuss how to counsel a woman about birth preparedness and complication readiness. If required add points from the guidelines Module 1- birth preparedness and complication readiness.

- Discuss how to counsel a pregnant woman about diet, rest, infant feeding and contraception. If required add points from the guidelines Module 1 Counselling.

- Emphasize the fact that any pregnancy or labour can become complicated hence, it is important to advise the pregnant woman and her support persons to plan for an institutional delivery under care of a skilled birth attendant at the PHC/CHC or an FRU which ever is near her home.

Step 4 : Practice session on counselling; Summarize

- Explain to the trainees that now they will practice counseling a pregnant woman as discussed during this session. Tell them this practice will first be conducted in the classroom with co-trainees through role-plays of simulation exercises and later with pregnant women in the clinic and hospital setting.

- Ask two volunteers to come forward and perform a role play in which a health care provider counsels a pregnant woman.

- Give Cards for Case # 1 to 4 one-by-one for a role play to the volunteer who will play the role of the pregnant woman and explain that she has to enact the situation given in the card. The trainee playing the role of the health care provider will provide the interventions and counsel the client as appropriate for her. Ask the remaining trainees to observe the role play as they will participate in a discussion after it is over. Give the participants 10 mins to perform the role play.

- After the role play, discuss the points given at the end of each role play by asking other trainees who observed the role play. Ask the trainees to describe what was good about the role play and what else could have been done in this situation.

- Ensure that each participant gets a chance to play the role of a health care provider.

- At the end of the session ask the trainees to list out key interventions and counselling points for a pregnant woman during her antenatal care.

Role Plays on Counselling

Note to trainers: Write the details of the client on a card and explain the situation to the volunteer playing the role of the pregnant woman. Give the situation card to her for reference.

Case # 1 – Babita

Your name is Babita. You are a 16 year old married girl. You are pregnant for the first time.

You are 5 months pregnant and have come to the health care provider at her clinic for your second antenatal check up. You have no problems except you feel some movements in the lower abdomen.

The volunteer acting as health care provider will provide the antenatal care interventions and counselling relevant for Babita.

Points to be noted and discussed after the role-play:

- How did the health provider initiate communication with the client?
- While counseling Babita about diet and rest, which relevant points did she elicit?
- What more could be done while counseling Babita?

Case # 2-Lajwanti

Your name is Lajwanti. You are 24 year old married woman. You are pregnant for the fourth time. Now your last period was about 8 months ago and you have had two check ups. You have gone for the third check up.

The health provider counsels Lajwanti about birth preparedness and complication readiness.

Points to be noted and discussed after the role-play:

- How did the health care provider initiate communication with the client?
- While counseling Lajwanti, which relevant points did she elicit?
- What more could be done while counseling Lajwanti?

Case # 3-Rukhsana

Your name is Rukhsana. You are 30 year old married woman. You are pregnant for the fifth time. You have no live children as you had spontaneous abortions three times. Your last abortion was two years ago, you had a premature birth at home and the baby was very small. He died after 6 days. Now you are six months pregnant and have come to the health provider with your sister-in-law.

You had weakness and difficulty in breathing in early pregnancy. Sometimes you had felt as though you are having a 'blackout' and cannot see things properly on getting up from a sitting position. You had come to the health provider in the third month. The health care provider had given you iron folic acid tablets for three months to start from the fourth month of pregnancy. You are still continuing the tablets and are feeling better.

The health care provider will estimate Rukhsana's Hb status and counsel her regarding continuing the iron folic tablets. She will also counsel the family member accompanying rukhsana for supportive care during pregnancy.

Points to be noted and discussed after the role-play:

- How did the health provider initiate communication with the client?
- While counseling Rukhsana, which relevant points did the health provider elicit?
- What more could be informed while counselling Rukhsana?

Case # 4- Saraswati

Your name is Saraswati. You are 22 year old. You have one son who is 3 years old. Now you are pregnant for the second time and expecting the delivery in one month's time. You have come for your fourth check up.

The health care provider counsels Saraswati about infant feeding and contraception.

Points to be noted and discussed after the role- play:

- How did the health care provider initiate communication with the client?
- While counseling Saraswati, which relevant points did she elicit?
- What more could be done while counseling Saraswati?
- To summarize, at the end of the session, ask the trainees to list out key interventions and counselling points to be kept in mind for a pregnant woman during her antenatal care.

Session 6 – Summary and Recap of Antenatal Care

Session at a glance

Time : 1 hr

Objectives : By the end of the session, participants will be able to :

- Based on symptoms and signs in a pregnant woman, tell the probable diagnosis and actions to be taken at the sub-centre level.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	55 min	Symptoms and signs during pregnancy, probable diagnosis and actions to be taken at the sub centre	Recap through questions using Guidelines Module 1 table 1	Guidelines, Flip chart, markers

Step 1: **Introduce the session and its objective:**

- Tell the trainees that in this session we will recap whatever we have discussed and learnt so far.
- Present the objective of the session.

Step 2: **Symptoms and signs during pregnancy, probable diagnosis and actions to be taken at the sub-centre**

- Tell the trainees that you will now tell symptoms of a pregnant woman one-by-one and they have to tell the presenting sign, probable diagnosis and actions that they can take for her.
- Ask questions as per the **Guidelines – Table 1 – Symptoms and signs that an ANM might encounter, probable diagnosis and actions required to be taken at the sub centre level** so that the trainees tell the probable diagnosis and actions that have to be taken for each symptom and sign.

Note for trainers: The trainees may not be able to tell the antibiotics or giving I/V fluids. This will be covered after they have learnt to identify and manage complications of pregnancy, labour and postpartum period during session 14. Here, it is sufficient if the trainees can identify which case can be managed by her through routine care, which cases require special care by her and which require referral to a higher facility for further investigation and care.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period-Intrapartum Care and
Module 3 Supportive Care Duirng a Normal Delivery

Session 7 Care During Normal Delivery: Deciding Stage of Labour

Session at a glance

Time: 1 hour 30 minutes

Objectives : By the end of the session the trainees will be able to :

- Explain the stages of labour
- Explain the difference between true and false labour pains
- List the supplies required for normal delivery
- Explain how supportive care should be provided to a woman in labour
- Decide the stage of labour

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	20 min	Stage of labour; true labour pains vs. false pains	Interactive discussion	Guidelines, flipchart, markers
3	10 min	Supplies required for a home delivery	Interactive Discussion, Demonstration	Guidelines, flip chart, markers, delivery kits and supplies
4	25 min	Supportive Care during labour	Interactive Discussion	Guidelines, flipchart, markers
5	30 min	Deciding stage of labour Summarize	Demonstration by trainer and practice by trainees	Model of dummy female pelvis, doll bony pelvis, bangles/rings of sizes 3 cms to 10 cms.

Step 1: Introduce the session and its objectives

- Tell the trainees that in this session we will discuss how to decide the stage of labour when a woman comes to us in labour. Explain that we will also discuss how to provide supportive care to her as it is very helpful for her.

- List the session objectives.

Step 2: Stages of labour

- Brainstorm the trainees to list the stages of labour they know. Listen carefully to their answers and if required, explain the different stages of labour and their duration as per the Guidelines Module 1 Care during labour and delivery.

- Ask the trainees what do they understand by false labour pains? Ask them how do they decide if a woman is having true labour pains or false labour pains? If required, explain as per the guidelines.

- Explain cervical dilatation using different sized bangles or rings with cut out inner circles from 3 cms to 10 cms. Tell them when the cervix is 10 cms dilated it is said to be fully dilated and cannot be felt through the vagina as it merges with it. Emphasize that in true labour, the cervix dilates progressively and if there is no change in the cervical dilation with good contractions, it is a matter of concern and the woman needs care at a PHC/CHC/FRU.

Step 3: Supplies required for home delivery

- Ask the trainees what supplies and equipments do they use for conducting a delivery? Note their answers on a flipchart. Discuss the supplies required for normal delivery as per the list in the Guidelines Module 1 Intrapartum care-supplies required for home delivery.

Step 4: **Supportive care during labour**

- Ask the trainees what supportive care do they provide to the woman during delivery? Note their responses. Discuss how supportive care should be provided to a woman in labour. (Refer to the Guidelines Module 1 Intrapartum care and Module 3 Counselling and Supportive environment-Supportive care during a normal delivery).

- Emphasize the importance of maintaining the woman's privacy and reassurance to her throughout labour as indicators of quality services.

Step 5: Demonstration and practice of deciding stage of labour

- Discuss and demonstrate the steps for performing a vaginal examination to decide the stage of labour on a model of bony pelvis and female dummy pelvis (refer to Guidelines Module 1-Intrapartum care-vaginal examination to decide stage of labour).

- Use the cut out rings or different size bangles with inner diameter of 3 cms, 5 cms, 7 cms, 8.5 cms and 10 cms to demonstrate different sizes of cervical dilatation. Put your index and middle finger in the inner circle of the rings and separate them to touch the inner edge of the ring/bangle. Show this step to the trainees in different sized rings.

- Tell the trainees to put their index and middle fingers in the rings and separate them to touch the inner edges of the rings/bangles. Explain that this exercise is to help them understand the gradual cervical dilatation during labour.

- Use the bony pelvis to demonstrate the sacral promontory and sacral curve. Explain that normally during a vaginal examination the vaginal fingers cannot touch the sacral promontory and the sacrum is well curved. Discuss the importance of sacral promontory if it can be reached during vaginal examination or the sacrum is flat. This means that the sacrum is prominent and can reduce the space of the pelvis for the presenting part especially the head to pass through it. This is a problem and will have to be referred to a CHC/FRU for management. (Refer to the figures of pelvic assessment in the Handbook).

- Demonstrate how to feel the ischial spines. Explain that normally the two ischial spines cannot be touched simultaneously by the vaginal fingers. Explain that if the two ischial spines are prominent and can be touched simultaneously by the vaginal fingers, it means that the bony birth canal at the mid level is tight. This may delay the passage of the presenting part or may prevent it from coming down with the force of uterine contractions. This is a common cause of obstructed or prolonged labour and should be referred to a CHC/FRU as soon as possible for further care. (Refer to the figures of pelvic assessment in the Handbook).

- Demonstrate the presence or absence of membranes over the presenting part using dummy female pelvis and doll with membranes, placenta and cord. Make the trainees feel the presenting part with membranes and without membranes.

- Stress that vaginal examination should be done once every 4 hours during labour to check its progress. Frequent pelvic examinations (P/V exams) cause vaginal infection and may lead to puerperal sepsis later.

- Discuss the danger of using oxytocic injection before the delivery of the baby. Explain that such a use is associated with rupture of the uterus followed by severe antepartum haemorrhage (APH).

- Emphasize that to have a correct picture of the level of the presenting part and condition of the cervix and adequacy of the pelvis, it is important that the woman empties her bladder.

- To summarize the session, ask the trainees to describe the new things they learnt during the session and which steps were different from what they have been practicing at their work site. Tell the trainees that they will get enough opportunities to assess women in labour in the hospital by performing vaginal examination and decide stage of labour.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period-Intrapartum Care

Session 8 Management of First Stage of Labour and Plotting Partograph

Session at a glance

Time: 1 hour 30 minutes

Objectives : By the end of the session the trainees will be able to :

- State the steps to monitor the first stage of labour.
- Describe the management of first stage of labour.
- Describe the conditions to record on a partograph.
- State the conditions to identify active labour.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	25 mins	Management of first stage of labour	Interactive discussion and presentation	Guidelines
3	1 hr	Introduction and description of the partograph Summarize	Presentation	Guidelines, Partograph Handbook

Step 1: Introduction and objectives of the session

- Tell the trainees that after completing the care to be provided during the antenatal period, we will now discuss and learn how to monitor and manage labour.

- Ask the trainees to recall the different stages of labour discussed in session 7. Explain that each stage is different in its characteristics and attention of the health care provider required to manage it.

- Stress that a normal pregnancy may turn abnormal in any of the stages of labour, hence it is very crucial to monitor and manage each stage of labour adequately.

- Tell the trainees that in this session we will discuss how to monitor and manage first stage of labour.

- Present the objectives of the session.

Step 2: Management of first stage of labour

- Ask the trainees, how do they manage the first stage of labour? Note their responses on the flip chart.

- Explain and discuss the passive and active phases of labour (refer to the guidelines Module 1-Intrapartum Care-management of first stage of labour). Discuss the indicators and frequency of monitoring the passive and active phases of labour. Discuss how to provide supportive care to the woman during first stage of labour.

Step 3: Introduction and description of the partograph; Summarize

- Tell the trainees that there is a very good tool to monitor the progress of labour and record salient conditions of mother and foetus. It helps to identify the need for action at the appropriate time and prompt referral.

- Refer to the Guidelines and describe the different sections of the partograph and the information to plot in it.

- Refer to the section on Partograph in the Handbook and demonstrate and explain plotting a normal partograph. Tell the trainees that they will practice plotting partograph using exercises to plot partograph from their handbook and while monitoring women in labour in the hospital.

- Encourage the trainees to ask questions if they have not understood any section of the partograph. Clarify their doubts.

- To summarize the session, ask questions from trainees regarding key points in management of first stage of labour. Ask them to compare the management discussed during the session with the management they practice. Ask them which steps are different and do they agree that the new steps are beneficial for the woman? Ask the trainees, will they change their current practice of management of first stage of labour to include the new steps? Try to resolve any issues or concerns they have.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period-Intrapartum Care and Module 3 Supportive Care During a Normal Delivery

Session 9 Practice Session: Management of First Stage of Labour and Plotting Partograph

Session at a glance

Time: 3 hours

Objectives : By the end of the session the trainees will be able to :

- Demonstrate the steps of performing a per vaginal examination to assess the stage of labour
- Explain the indicators to decide stage of labour
- Demonstrate supportive care for a woman in labour
- Explain the different sections of the partograph
- Plot partograph as per the exercises

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	10 mins	Introduction and objectives of session	Presentation	Flipchart, Markers
2	2 hrs 50 mins	Practice management of first stage of labour including monitoring of labour by plotting partograph Summarize	Practice with co-trainees and on models	Guidelines, Handbook, partographs, pencils, erasors, sharpeners, gloves, soap and water, bony female pelvis, dummy female pelvis, doll with membranes, placenta and cord, gloves, rings/bangles of 3 cms, 7 cms, 8.5 cms and 10 cms. inner diameter

Step 1: Introduction and objectives of the session

- Explain to the trainees that now they will practice how to manage first stage of labour as discussed during the previous session # 8.

- Tell the trainees that they will use the models and partographs to learn managing the first stage of labour.

- Present the objectives of the session.

Step 2: Practice management of first stage of labour including monitoring of labour by plotting partograph and Summarize

- The trainer should make two groups of the four trainees each group having two trainees.

- Give different tasks to the two groups to practice:

Group 1 The trainer should give the trainees the cut-out rings of cervical dilatation, dummy pelvis with doll, placenta and membranes and pelvic girdle for practice.

Group 2 Ask the trainees to open the Handbook and do the exercises to plot the partograph. Tell this group to plot partographs with a pencil so that it can be erased and corrected if wrong and the same partograph can be used several times once the trainees understand how to fill it.

- The two trainers should also separate to supervise the trainees so that each group has one trainer. The trainer supervising the group with clinical tasks will do that for both the groups and the trainer facilitating the partograph exercise will continue to do the same with the other group. This will help standardization of skills and messages in a batch of four trainees during one training activity.

- (To have competency in both the skills, these trainers may exchange the tasks in the next training activity with new trainees).

Task for Group 1:

- Tell the trainees to perform a vaginal examination to decide whether the woman is in labour and what is her stage of labour.

- The trainees should perform the activity by washing their hands and wearing gloves.

- As the trainees progress performing the procedure, tell them to speak what they are doing and why. For cervical dilatation and assessment of pelvis tell them to show it on the rings and pelvic girdle.

- Ask the trainees questions regarding what important things do they need to keep in mind while performing these procedures. Ask them what will be the consequences of not doing them correctly. Explain any gaps identified in the trainee's knowledge or skills.

- Counsel the client in first stage of labour. For this the co-trainee can act as a client and listen to what the trainee ANM is counseling her and ask questions as a client would do.

- While the trainees are performing the skills, ask them to refer to checklist 2 Management of first stage of labour, to learn the procedure step-by-step.

- When one trainee has completed the practice the other trainee can do the same and the first trainee will observe her performing the procedure.

Task for Group 2:

- Tell the trainees to open the partograph section in the Handout and to first describe what information will be filled in each section of the partograph, one-by-one. Corect them if they are wrong.

- Ask the trainees to plot the partographs as per the information in the exercises given in the partograph section of the Handbook. Both trainees should fill separate parographs individually. After they have completed the recording of exercise1, ask them the questions related to it. Compliment them on correct answers or help to clarify their doubts and discuss the right answers. Refer the trainees to the guidelines for technical information if required.

- Similarly complete other exercises one by one and ask questions and clarify giving the right information.

- Once both the trainees in both the groups have completed the procedures, tell them to change task and do what the other group was doing.

- **Summarize:** Tell the trainees to list the key points which they need to keep in mind while managing first stage of labour.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period-Intrapartum Care

Session 10 Management of Second and Third Stages of Labour with Active Management of Third Stage and Immediate Essential Newborn Care

Session at a glance

Time: 2 hours

Objectives : By the end of the session the trainees will be able to :

- State the steps to manage the second stage of labour.
- List key points to be kept in mind during management of second stage of labour.
- List the elements of essential newborn care.
- List criteria for Apgar score.
- Explain the steps of active management of third stage of labour
- Explain the danger signs to be informed to the immediate postpartum woman.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	1hr 15 mins	Management of second stage of labour	Interactive discussion and demonstration	Guidelines, Handbook, dummy female pelvis, doll with placenta, membranes and cord, bony female pelvis, delivery kit, clothes to cover the mother and baby, soap and water
3	40 mins	Management of third stage of labour	Interactive discussion and demonstration	Guidelines, Handbook, dummy female pelvis, doll with placenta, membranes and cord, bony female pelvis, delivery kit, soap and

				water
4.	15 mins	Immediate postpartum care and counseling Summarize	Interactive discussion	Guidelines, Handbook, dummy female pelvis, doll with placenta, membranes and cord, bony female pelvis, delivery kit, soap and water

Step 1: Introduction and objectives of the session

- Tell the trainees that after discussing the monitoring of I stage of labour, we will now discuss and learn the identification and management of II and III stages of labour.

- Present the objectives of the session.

Step 2: Management of second stage of labour

- Ask the trainees to recall the characteristics of second stage of labour mentioned in the previous session. Refer to the Guidelines Module 1: Management of II stage of labour and describe the characteristics of II stage. Explain that these characteristics will help the health care provider to understand that the first stage of labour has progressed to II stage and delivery is imminent.

- Stress the frequency and indicators to monitor during the initial stages of second stage of labour.

- Ask the trainees that in which positions do women usually prefer to deliver the baby at home or at sub-centres? Record their responses. Refer to the Guidelines and discuss that the woman should be encouraged to deliver in the position she feels comfortable.

- Explain and discuss how to assist and explain the woman how to push when she has a contraction. Explain when bearing down efforts are effective and should be encouraged.

- Explain to the trainees the disadvantage of bearing down before the cervix is fully dilated and hence woman should be discouraged to do so. Refer to the Guidelines and discuss what should be done in such a situation. Demonstrate how to explain panting and relaxing with breaths to the woman in labour.

- Emphasize that health care providers at sub-centre level should not give the woman oxytocics to hasten the delivery.

- Demonstrate using a dummy pelvis and doll with placenta, cord and membranes how to perform a controlled delivery of the head. Discuss the precautions to be kept in mind while delivering the head to prevent tearing the perineum and vaginal wall.

- Demonstrate how to examine a cord round the neck and if present how to deliver the baby. Explain that if it is not done now and if it is missed, then there is a possibility that the cord may get tight round the neck and prevent the baby from taking the first breath properly after the head is delivered or may tear off leading to bleeding.

- Demonstrate the delivery of the shoulders and rest of the body. Explain that care should be taken during this step also to prevent tear of perineum and vagina.
- Demonstrate and discuss the immediate newborn care and how to tie and cut the cord. Stress that the baby should be put on the chest of the mother to prevent loss of body heat. (Refer to the Guidelines Essential Newborn Care and routine newborn care).

- Discuss the importance of performing an abdominal examination to rule out the presence of another baby.

- Demonstrate how to cover the baby and encourage mother to initiate breast feeding.

- Discuss the importance of weighing the baby. Refer to Handbook: Interpreting the weight of the newborn, to decide the management.

Step 3: Management of third stage of labour

- Ask the trainees how do they assist the woman during delivery of placenta? Note their responses. Explain that by waiting for a placenta to separate spontaneously, there are chances that the woman may have bleeding which may be dangerous if she is anaemic. Therefore, active management of third stage of labour helps to prevent postpartum haemorrhage (PPH) and excessive loss of blood and helps to save lives of mothers during delivery.

- Present and discuss the three activities of active management of third stage of labour (AMTSL) (refer to the guidelines Module 1- management of third stage of labour). Explain the time, dose and route of administration of Tablet Miosoprostol, a drug which helps the uterus to contract firmly. Explain the importance of excluding another baby who may die in the uterus due to strong contractions.

- Demonstrate and explain controlled cord traction (CCT), uterine massage and examination of the placenta (refer to the guidelines Annexure C III, IV and V). Tell the trainees that these steps are also present in the Self Assessment Checklist 5 for Assisting a birth in the Handbook. They can refer to these checklists to prepare for assisting or conducting the delivery on clients. They can refer to them during practice of conducting delivery on models also.

Step 4: Immediate postpartum care and counseling and Summarize

- Explain how to examine for tears and clean the woman after delivery. The trainers should keep in mind that the ANMs at their sub-centres do not have helpers and will have to complete all the procedures herself. Therefore, she should be trained accordingly.

- Discuss how to dispose of the placenta especially in a rural setting. Ask the trainees what is the practice of disposing the placenta in their work area? Discuss the importance of putting the placenta in a leak-proof bag and burning or burying it. Explain to the trainees that they may face some resentment from the community to this new practice of disposing the placenta hence they should explain the dangers due to the current practice and benefits of the new one for the whole community. If the family members still insist on burying the placenta in their homes, do is as it would be done in a pit as recommended.

- Refer to the Guidelines Module 1 Immediate post partum care-counselling and discuss the counselling issues for a recently delivered woman.

- **Summarize:** Ask the trainees which steps in the session were different from their practice? Ask them which of these practices they think are beneficial for the mother and the baby? Ask the trainees that do they think they will start practicing the new steps when they return to their centre? You will have to work in the community to gradually convince them to change their old practices and beliefs for the new beneficial ones. If you have problems, you can discuss these practices with influential people in your community such as Pradhan, school teaches, ladies of the mahila mandal and other community level workers such as TBAs, ISMPs, ASHA to advocate the new practices for maternal care and waste disposal during their interaction with the community.

Module 3 Ensuring the Quality of Care

Session 11 Prevention of Infection

Session at a glance

Time: 1 hour

Objectives : By the end of the session the trainees will be able to :

- State the importance of ensuring prevention of infection while dealing with a woman during antenatal, labor, delivery and postpartum periods.
- List principles of prevention of infection.
- List the standard precautions for prevention of infection.
- Describe the steps of waste disposal.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	10 mins	Sources of infection and Principles of prevention of infection	Interactive discussion and presentation	Guidelines
3	45 mins	Standard Precautions for prevention of infection Summarize	Interactive discussion and presentation, demonstration	Guidelines, Handbook, delivery kit, gloves, syringes, needles, soap and water, leak proof containers, puncture proof containers

Step 1: Introduction and objectives

- Tell the trainees that while working with clients it is important to provide services using infection prevention practices during clinical procedures. It is an indicator of quality of care. Such procedures help to prevent spread of infection to clients, health care staff and the community.

- Present the objectives of the session.

Step 2: Sources of infection and Principles of prevention of infection

- Discuss sources of infection, why should infection be prevented and the principles of prevention of infection (refer to the guidelines Module 3 Ensuring quality of care-Prevention of Infection).

Step 3: Standard Precautions for prevention of infection and Summarize

- Ask the trainees what measures do they take to prevent infection while providing services to clients at their worksite? Note their responses.

- Discuss the standard precautions for prevention of infection. Ask the trainees to demonstrate how do they wash hands before or after a clinical procedure? If they do it correctly, congratulate them, if there are gaps, demonstrate hand washing and discuss its importance for infection prevention (refer to the guidelines module 3).

- Ask the trainees how do they prepare gloves, equipment, needles and syringes for use at their work sites? Refer to the guidelines Module 3 prevention of infection and discuss how to prepare these as per the standard precautions. Tell the trainees that these steps are also given in the Self Assessment Checklist 1 for preparing gloves, instruments, equipment, needles and syringes.

- Discuss the waste disposal procedure to prevent spread of infection in the health care staff, community and accidental injuries from handling waste.

- **Summarize** the session by asking the trainees the importance and need for prevention of infection during provision of services to woman or any client. Ask the trainees to list standard precautions and describe the steps discussed which are different from their current practice and which steps will they practice at their worksite.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period-Intrapartum Care

Session 12 Postpartum Care and Essential Newborn Care

Session at a glance

Time: 1 hour

Objectives : By the end of the session the trainees will be able to :

- State the number and timing of providing postpartum care to the mother.
- List the elements of essential and routine newborn care.
- Explain the care to be provided to mother and newborn during postpartum period.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	30 mins	Providing postpartum care including essential and routine newborn care and counseling during first postnatal visit	Interactive discussion and demonstration	Guidelines, Handbook, dummy female pelvis, doll, gloves, clothes to cover the mother and baby, soap and water
3	25 mins	Providing postpartum care during second and third postpartum visits Summarize	Interactive discussion	Guidelines

Step 1: Introduction and Objectives of the session

- Refer to Guidelines Module 1-Care after delivery-Postpartum care and tell the trainees the relation of postpartum period (PPP) with maternal deaths. Explain that care provided to the mother and her newborn during first six weeks after delivery are crucial for their health and survival. Stress that the PPP is a neglected component of maternal care. Present the proportion of mothers receiving postpartum care (PPC) and explain that we will discuss postpartum care which includes essential newborn care.

- Present the objectives of the session.

Step 2: Providing postpartum care including essential and routine newborn care and counseling during first postnatal visit

- Ask the trainees how many times and how many days after delivery do they provide postpartum care to the mother and her baby? Note their responses. Tell the trainees that current GoI guidelines recommend at least 3 postpartum visits to the mother and her baby (refer to the Guidelines Module 1 Care after delivery-PPC).

- Ask the trainees what do they assess in a woman and her baby on the first postpartum visit? Note their responses. Refer to Guidelines and explain what to ask the recently delivered woman and what to examine her for.

- Explain that if they observe any abnormality during their examination, they should refer the woman to a PHC after giving her the initial care. Refer to self assessment checklist for Postpartum Care in the Handbook.

- Discuss the issues for counseling postpartum clients (refer to the guidelines Module 1-postpartum care-Counselling).

Step 3: Providing postpartum care during second and third postpartum visits and Summarize

- Discuss and demonstrate the postpartum care on women 3 and 7 days after delivery.

- Stress that the ANM should go to the woman's home and make the postpartum visit on day 3 and 7 after delivery and provide care to her and the baby. If any abnormality is observed in the mother or the newborn, then she should refer them to the PHC after providing initial care as recommended in the guidelines. For these recommendations in the mother, refer the trainees to the relevant problems in Module 2.

- **Summarize** the session by asking the trainees questions to elicit that the session objectives are met. Ask them what new information or skills did they learn during this session.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period-Intrapartum Care and Module 3 Ensuring Quality of Care

Session 13 Practice Session-Management of Second and Third Stages of Labour with Essential Newborn Care and Immediate Postpartum care

Session at a glance

Time: 3 hours

Objectives : By the end of the session the trainees will be able to :

- Demonstrate the steps to manage the second stage of labour.
- Describe key points to be kept in mind during management of second stage of labour.
- Demonstrate the elements of essential and routine newborn care.
- Demonstrate the steps of active management of third stage of labour.
- Describe the key points to be kept in mind during the delivery of the placenta and membranes.
- Demonstrate steps of Standard Precautions for prevention of infection.
- Demonstrate immediate postpartum care (within 24 hrs of birth) for the mother and the newborn.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	2 hours	Management of second and third stages of labour including essential newborn care with infection prevention practices	Practice on models	Guidelines, Handbook, dummy female pelvis, doll with placenta, membranes and cord, bony female pelvis, delivery kit, clothes to cover the mother and baby, soap and water, boiler/autoclave
3	55	Immediate postpartum	Interactive	Guidelines, Handbook, dummy

	mins	care Summarize	discussion and demonstration	female pelvis, doll with placenta, membranes and cord, bony female pelvis, delivery kit, soap and water, baby weighing scale

Step 1: Introduction and Objectives of the session

- Tell the trainees that they will now practice how to conduct a delivery and provide immediate postpartum care to a woman. Tell them that they will perform these activities using models and may take the help of their co-trainees to answer their questions while taking history and performing general examination. Tell the trainees that they will perform the procedures demonstrating the elements of quality of care.

- Present the objectives of the session.

Step 2: Management of second and third stages of labour including essential newborn care with infection prevention practices

- Tell the trainees to practice managing II and III stages of labour including newborn care at birth, one by one, as if they are in their sub-centre. They should practice the steps for infection prevention to prepare the equipment and perform the procedure. For counseling the client, the co-trainee may play the role of a client. The trainer should supervise the practice session and provide constructive feedback immediately after the procedure and demonstrate the steps which need improvement. Stress the importance of doing a step correctly and the dangers if it is not done as recommended.

- During the practice session on models and while performing them on clients, the trainers should encourage the trainees to use the guidelines and checklists 3 and 4 for the skill they are performing.

Step 3: Immediate postpartum care and Summarize

- Tell the trainees to practice immediate postpartum care (within 1 hour of delivery) with help of their co-trainers as a client and models of dummy pelvis and doll **without** cord and placenta. The trainees should use CL 3 for providing immediate postpartum care.

- The trainer can give different situations to the trainees such as:
  On examination you find the woman
  - is trickling blood continuously
  - is passing clots
  - has a soft and flabby uterus
  - has a vaginal tear
  - has high fever
  - her BP is below 120/80 and she is feeling dizzy.

  On examination of the baby you find:

- Difficulty in breathing, the baby is gasping
- The baby is blue and is too cold to touch
- The baby has birth weight less than 2000 gm.

- **Summarize:** Ask the trainees, which steps practiced during the session were difficult to perform? Tell them to practice those steps more frequently during other practice sessions with clients so that they may become skilled in it before they complete the training. Ask them while conducting a delivery, which important things should they keep in mind to prevent the woman and the newborn from developing any problems in the immediate postpartum period.

Module 2 Management of Complications During Pregnancy, Labour, Delivery and in the Postpartum Period

Session 14 Identification and Management of Obstetric Complications

Session at a glance

Time: 4 hours

Objectives: By the end of the session, the participants will be able to:

- List the signs and symptoms to identify complications related to bleeding during pregnancy, labour and postpartum period including retained placenta and vaginal and perineal tears; identify and differentiate between hypertension, pre-eclampsia and eclampsia/convulsions; premature/pre-labour rupture of membranes (PROM); obstructed/prolonged labour using partograph; pre-term labour; foetal distress and prolapsed cord; anaemia, urinary tract infection (UTI) during pregnancy and postpartum period and puerperal sepsis
- State the line of management for the above mentioned complications
- Demonstrate how to identify and manage the above mentioned obstetric complications.

Steps to conduct the session

Step #	Time	Content	Training methods	Training material
1.	10 mins	Introduction and objectives of the session	Presentation	Flipchart, markers
2.	1 hr	Bleeding during early and late pregnancy, postpartum period (abortions, APH, PPH), retained placenta and vaginal and perineal tears	Interactive discussion, Presentation, Demonstration	Guidelines, Handbook, Dummy pelvis, placenta with membranes and cord, long clamp (long Artery forceps), gloves, thread, bowl, flipcharts, markers
3.	30 mins	Hypertension during pregnancy, pre-eclampsia and eclampsia/convulsions	Interactive discussion, Presentation, Demonstration	Guidelines, Handbook, BP Instrument, stethoscope, needle and syringe, Hip model, flipcharts, markers
4.	10 mins	Premature/Pre-labour rupture of membranes (PROM)	Interactive discussion, Presentation	Guidelines, flipchart, markers
Step	**Time**	**Content**	**Training methods**	**Training material**

#				
5.	15 mins	Obstructed/Prolonged labour	Interactive discussion, Presentation	Guidelines, Handbook, partographs, flip charts, markers, lead pencils and erasers
6.	10 mins	Pre-term labour	Interactive discussion, Presentation	Guidelines, Dummy pelvis, baby with cord and placenta, clamp, DDK, Delivery kit
7.	15 mins	Foetal distress, prolapsed cord	Interactive discussion, Presentation,	Guidelines, partograph, dummy pelvis, foetus with placenta and cord
8.	30 mins	Anaemia, UTI, puerperal sepsis including sore/cracked nipples	Interactive discussion, Presentation,	Guidelines, handbook, flash cards/flip book, flipchart, markers
9.	1 hour	Practice session Summarize	Practice through role plays, case studies and situations from Guielines Module 1 Table 1	Guidelines, handbook, partographs, lead pencils, erasers, needles, syringes, BP instrument, stethoscope, equipment to test urine and HB, small empty vials/bottles, models of hip, pelvis and baby with placenta and cord

Step 1: Introduction and Objectives of the session

- Introduce the topic of the session. Remind the trainees that while discussing normal pregnancy, labour and postpartum period, we had agreed that any of these stages can turn abnormal. Hence, it is important to be alert regarding the condition of the woman during these periods.

- Ask the trainees which problems related to pregnancy, labour and postpartum periods do they know or have seen during their service delivery?

- Ask the trainees whether they think that identifying problems during pregnancy, labour and postpartum periods are important? If they say 'yes', then ask them why do they think so? Note their response and explain that by identifying problems and abnormalities during these periods will help the ANMs and LHVs to manage the woman accordingly and refer her to a higher facility of health care where she can get appropriate care. Stress the fact that only identification of the problems, their management and referral is not enough. This will be effective only if the problem is identified **early** and care provided **promptly and appropriately**. Therefore, the pregnant women, her family members and community also

should be made aware regarding the danger signs during pregnancy, labour and postpartum period and what action may be taken by them such as seeking appropriate medical help.

- Tell the trainees that in this session, we will discuss and observe some obstetric problems which may endanger the life of the woman and her baby.

- Present the objectives of the session.

Step 2: Bleeding during early and late pregnancy, postpartum period (abortions, APH, PPH), retained placenta and vaginal and perineal tears

- Ask the trainees, which problem they think is responsible for most maternal deaths? Note their responses. Tell the trainees that bleeding related to pregnancy and childbirth is one of the most important causes of maternal deaths. This bleeding may be during early or late pregnancy; during delivery and after delivery in the postpartum period. Explain to the trainees that we will discuss the identification and management of each one separately.

- **Bleeding during early pregnancy:** (For this section, refer to Guidelines; Module 2: 1. Vaginal Bleeding- Early Pregnancy; Annexure C II- How to insert an I/V line and give I/V fluids; Checklist 8 Identification and management of bleeding during pregnancy for 'Digital removal of retained products of conception').

- Explain that bleeding during early pregnancy is said to be when it occurs any time before 20 weeks of pregnancy.

- Ask the trainees to list the causes of bleeding during early pregnancy. Note their responses on the flip chart. Compare their list with the causes given in the guidelines. (Refer to Guidelines Module 2: 1. Vaginal Bleeding Early Pregnancy).

- Ask the trainees how do they diagnose whether the bleeding is due to causes related to early pregnancy? List their responses. Add any symptoms or signs which may be missed. (Refer to Guidelines Module 2, # 1-Vaginal Bleeding Early Pregnancy). Explain to the trainees that usually the woman or her family members tell the service provider that the woman is bleeding and most of the times the bleeding is visible. Discuss that to ascertain if the woman is pregnant, ask the patient for a history of amenorrhoea, and pain in lower abdomen preceeding the bleeding.

- Ask the trainees if they have seen women with bleeding during pregnancy less than 20 weeks? If the response is 'yes', ask them what do they do to help the woman in such situations? Note their response. Explain to the trainees that to decide how to manage the woman and what immediate action is required, examination of the woman's condition is essential.

- Refer to the Guidelines (Module 2:1. Vaginal bleeding, early pregnancy) and describe how to assess a woman with bleeding during early pregnancy and how to manage her if she is bleeding heavily or in shock. Present the signs of shock using a pre-prepared flip chart-fast, weak pulse rate (110 beats/minute or more); low BP (less than 90/60 mmHG); pallor; sweating; rapid breathing (respiratory rate 30/minute); anxious, confused or unconscious.

Explain that if a woman is bleeding heavily or is in shock, it is an emergency and the ANM or LHV need to act quickly to stabilize the woman by starting intravenous (I/V) fluids rapidly before referral to an appropriate facility 24 hour PHC or a CHC whichever is nearer. The woman should be given a properly filled referral slip and the amount of fluids given.

- Demonstrate on a client how to insert an I/V line. (Refer to Guidelines Annexure C II- How to insert an I/V line and give I/V fluids). Ask the trainees to refer to the checklist 5 'How to insert an I/V line and give I/V fluids' in the Handbook.

- Explain to the trainees that while the I/V fluids are running, the ANM should inform and counsel the family members of the woman to take her to the nearest 24 hour PHC or CHC as soon as possible. Discuss that the ANM may send the relative of the woman to call for a transport which she may have arranged in the village for emergencies. Explain that during transport, the woman should be kept warm. It will be good if the ANM accompanies such a woman as the I/V line is on. She should carry an extra bottle of ringer lactate or normal saline with her.

- Now discuss the identification and management of a woman in early pregnancy who is not bleeding heavily and is not in shock. (Refer to Guidelines Module 2:1. Vaginal bleeding, early pregnancy). Explain that in case the os is open and the products of conception (POC) are protruding out of the cervical os, they can be removed digitally (with the index finger) using standard precautions and procedures for infection prevention. Discuss the management in cases of threatened and complete abortions. It is always useful to ask a woman if any external intervention was carried out to induce or treat the abortion especially by untrained providers. This will help the ANM to exclude the possibility of infection.

- Demonstrate how to do a vaginal examination and evacuation by digital removal of POC on the pelvic model. Ask the trainees to refer to the checklist 6 for 'Digital removal of retained products of conception' in the Handbook.

- Discuss the advice that should be given to a woman who has had an abortion regarding when to return for follow-up; self care and family planning. Stress the fact that ANMs and LHVs should advise the woman that after an abortion she can get pregnant soon. Therefore, she must consider using a family planning method and must come for check up or go to the Medical Officer of a 24 hour PHC if she does not get her periods after 4-6 weeks of abortion.

- To assess trainees' understanding, ask them questions regarding how will they assess and identify a woman with bleeding during early pregnancy and what will they do to manage her.

- **Bleeding during late pregnancy:** {For this section, refer to Guidelines; Module 2: 1. Vaginal Bleeding- Late Pregnancy Antepartum Haemorrhage (APH)}.

- Discuss with the trainees that bleeding occurring after 20 weeks of pregnancy is called APH and is very dangerous for the mother.

- Explain that the ANM and LHV should assess the condition of the woman with bleeding in late pregnancy by assessing her vital signs (pulse, BP, temperature) and severity of bleeding as told by the woman or her relatives and the blood visible on her pad/cloth. Stress the fact that a vaginal examination **SHOULD NOT** be done.

- The woman should be managed by stabilizing her general condition by giving I/V fluids and **immediately** referring her to a First Referral Unit (FRU) or a CHC where facilities for carrying out blood transfusion and operation are present. Refer the trainees to the checklist 6 for 'Management for Bleeding during late pregnancy' in the Handbook.

- **Bleeding during and within 24 hours after delivery {Immediate Postpartum Haemorrhage (PPH)}:** {For this section, refer to Guidelines; Module 2: 1. Vaginal Bleeding- During and within 24 hours after delivery {Immediate Postpartum Haemorrhage (PPH); Guidelines Figure 1- Flow chart to diagnose the cause of immediate postpartum haemorrhage (PPH) and its management; Guidelines Annexure C IV-How to carry out uterine massage and expel clots}.

- Ask the trainees, have they seen or heard of a case of PPH in their work area? If they say 'yes', ask them that how long after the delivery did the woman start bleeding heavily? Note their response. Ask them what happened to that case and how was she managed? Again note their response on the flip chart.

- Referring to the guidelines, discuss the amount of blood loss considered as PPH. Tell the trainees that PPH may be immediate or delayed depending on the duration it starts from the time of delivery. Hence it may be immediate, starting during or within 24 hours of delivery or it may be delayed starting after 24 hours of delivery.

- Explain the difficulty to assess exact amount of blood loss as it may be soaked in the clothes and bed linen of the woman or spilled on the floor. Referring to the guidelines explain how to approximately assess blood loss and diagnose it as Immediate PPH.

- Tell the causes of immediate PPH. Explain to the trainees that only some of these conditions can be partially managed at the domiciliary and sub-centre level before referring them to an appropriate facility and the rest have to be referred to an FRU after 'general management' for PPH.

- Using the Flowchart of Immediate PPH in the Guidelines, explain and discuss how to diagnose the cause of immediate PPH and its management. Hold the demonstration of management of PPH until all the conditions leading to PPH have been discussed. Tell the trainees that they will use this flow chart again to diagnose and decide on the line of management for immediate PPH during their practice session in the classroom and with patients in the hospital.

- Refer to the guidelines to explain the general steps to be taken for the management of PPH to stabilize the woman before referring her to an FRU.

- Demonstrate how to perform a uterine massage to expel blood and blood clots. (Refer to Guidelines: Annexure C IV-How to carry out uterine massage and expel clots).

- Stress that the interval from onset of bleeding to death in a case of PPH is as little as 2 hours. Hence, it is important to act fast to provide immediate and appropriate life saving steps while managing a case of PPH before referral. The ANM and LHV should ensure that the woman reaches the FRU as soon as possible within these two hours.

- **Bleeding after 24 hours of delivery (delayed/secondary PPH):** {For this section refer to the Guidelines; Module 2: 1. Vaginal Bleeding- after 24 hours of delivery (delayed/secondary PPH); Guidelines Figure 1/Job-aid- Flow chart to diagnose the cause of immediate postpartum haemorrhage (PPH) and its management; General steps for management of PPH}.

- Referring to the guidelines differentiate between the two types of delayed PPH and their causes.

- Explain to the trainees that infection in such women can be identified by the presence of fever and presence of foul smelling vaginal discharge.

- Using the Guidelines, describe the steps of management of infection in a woman with PPH- start I/V fluids; give first dose of antibiotics (ampicillin 1 g orally, metronidazole 400 mg orally and gentamycin 80 mg IM stat); refer the woman to the MO at the PHC.

- Describe the steps of management for a woman with delayed PPH. Explain that general steps of management of PPH can be applied to all cases of PPH and should be followed appropriately.

- **Retained placenta and placental fragments:** (For this section refer to Guidelines Module 2: 11 Retained placenta and placental fragments; Guidelines Figure 1/Job-aid- Flow chart to diagnose the cause of immediate postpartum haemorrhage (PPH) and its management; General steps for management of PPH; Handbook: Checklist 9 Identification and management of Immediate and Delayed Postpartum Haemorrhage for 'Removing a partially separated placenta').

- Ask the trainees whether they have seen or heard of a woman whose placenta did not deliver within one hour of delivery of the baby? If they say 'yes', ask them what had happened and what did the trainee do to help the woman? Note their response. Ask them how long after the delivery of the baby do they consider a placenta to be retained? Note their response. Ask them whether they give any medication to such cases? If 'yes' ask them what do they give, in what dose and route of administration and when? Note their response.

- Refer to the Guidelines Module 2.11 to present and discuss the details of identification, causes and management of retained placenta and placental fragments.

- Stress the fact that retained placenta is an important cause of PPH and is dangerous for the woman. Hence immediate steps need to be taken to stabilize and refer the woman to the

Medical Officer of the 24 hour PHC. Explain that ANMs and LHVs should not be tempted to try to remove the retained placenta or its fragments from the uterus at the domiciliary or sub-centre level. However, if the placenta is partially separated and is lying partly in the vagina, then she can assist the woman by gently and slowly removing it from with a gloved hand in the vagina.

- Using a pelvic and placental models and gloves, demonstrate how to assist removal of a partially separated placenta from the vagina. Refer the trainees to see the checklist 7 for 'Removing a partially separated placenta' in the Handbook.

- **Vaginal and perineal tears:** (For this section refer to Guidelines Module 2.12 Vaginal and perineal tears; Handbook: Checklist 9 for 'Identifying and managing vaginal and perineal tears').

- Ask the trainees, who all conduct deliveries at their work site or in outreach settings? Ask them have they encountered tears in the perineum or vagina? How did they identify them and differentiate them from deeper tears? Note their responses. Ask them what did they do in such situations to manage the problem? Note their responses.

- Refer to the guidelines and explain and discuss with the trainees how to identify superficial and deep perineal tear, how to manage them in which conditions the woman should be referred to the MO at PHC, what steps to be kept in mind for transportation of the woman.

- Stress that it is not necessary to refer a woman with superficial perineal tears which can be managed at the domiciliary and sub-centre level.

- Demonstrate on a model how to identify retained and partially separated placenta, exaine for perineal and vaginal tears and how to manage them.

- Summarize this section by asking the trainees what are the new things that were discussed to identify and manage bleeding during early and late pregnancy and during or after delivery including in the postpartum period. List their responses on the flipchart and compare with their earlier practice for managing these cases. Ask them will they be able to perform these steps and skills at their worksite if the need arises? Tell them that they will be allowed to perform these skills on such patients in the hospital before they go back from this training. Try to resolve their concerns which are within your control. For the rest, note their responses and inform the programme manager during his monitoring visits at the training site so that he can take measures to facilitate their work environment.

Step 3: Eclampsia/Convulsions; Hypertension and pre-eclampsia

(Refer to Guidelines Module 2: # 2 and # 3- Convulsions; Hypertension and pre-eclampsia respectively).

- Ask the trainees whether they have dealt with a woman with fits during pregnancy, labor or postpartum period? Ask them what did they do to help the woman? Note their responses

on the flip chart. Ask them what was the outcome of their problem and management if any for these women? Note the responses on the flipchart.

- Refer to the Guidelines Module 2: 2 Convulsions and explain that convulsions occurring any time during pregnancy, labour or postpartum period should be considered as Eclampsia unless proved otherwise. Explain that eclampsia is also a dangerous condition for the mother and her baby if it is during pregnancy and labour and for the mother and indirectly for her newborn if it occurs during postpartum period. Eclampsia is also one of the major causes of maternal deaths.

- Explain to the tranees that fits of eclampsia resemble the fits of epilepsy. Hence it is always good to ask the client while taking history, if she suffers from epilepsy. The difference between the two is that apart from fits eclampsia also has high BP and proteinuria and occurs during pregnancy, labour or postpartum period.

- Discuss the management of a woman with fits by referring to the guidelines Module 2. 2. Explain that the first step in management of a woman with fits is supportive care. Explain each step of supportive care from the guidelines.

- Explain how to give injection magnesium sulphate (Inj. Magsulph). Stress that it should be given as a deep intramuscular (IM) injection in the buttock. Explain the symptoms which a woman may feel during or after the injection. Refer to the guidelines for these symptoms.

- Stress that the ANM should give only the first dose of Inj. Magsulph and refer the woman to a CHC/FRU. The woman should reach the FRU within 2 hours of receiving the first dose of Inj. Magsulph for early termination of pregnancy by experts. The ANM **should not** repeat the dose except under the supervision of the Medical Officer (MO).

- Explain that the management of fits in a woman in the first stage of labour and pregnancy are same to hasten the process of delivery at an FRU/CHC. Explain the management of a woman with fits during labour with imminent delivery.

- Demonstrate how to give deep IM injection on the buttock. For this first demonstrate how to identify the upper outer quadrant of the hip. Explain the danger that if the injection is not given deep in the muscle, an abscess may form at the injection site. If the injection is given lower down, then there is a possibility of injuring the nerve going to the leg which may cause tingling, weakness or paralysis if the leg. To give the deep IM Inj. You can attach a thick sponge over the iliac bone of the bony pelvis model. Ask your co-trainer to hold the pelvic girdle in position as if it would appear if the woman was lying on her side. Demonstrate how to load the syringe with the needle intact keeping in mind not to suck in air bubbles in the syringe (you can fill it with 10 cc water). Show how to give the deep IM injection slowly. Stress the fact that if given rapidly, the drug may cause difficulty in breathing and respiratory problems in the mother and the baby. After the demonstration, the sponge can be squeezed to remove the water. Ask the trainees to identify the site of deep IM injection on each other or on the bony pelvis and practice giving deep IM

injection. If there is a client/patient in the ANC/PNC ward who has been prescribed any IM injection, supervise the trainees to give the injection as deep IM injection.

- Ask the trainees to refer to the guidelines for identifying and managing fits, hypertension and pre-eclampsia during pregnancy, labour and post partum period when they are working with clients.

- **Hypertension and Pre-eclampsia:** Explain that a woman with a history of hypertension in previous pregnancies is more prone to high blood pressure in the present pregnancy. Refer to the guidelines to differentiate between Hypertension, pre-eclampsia, imminent eclampsia and eclampsia.

- Discuss the line of management for hypertension and pre-eclampsia from the guidelines.

- Explain that like eclampsia, imminent eclampsia or severe pre-eclampsia is a life threatening condition for the mother and her baby during pregnancy and labour. Therefore, the woman and her family members should be made aware of the danger signs. Refer the trainees to the guidelines Module 2. 3 and list the danger signs.

- Tell the trainees to refer to the Checklist 10 to Identify and Manage Hypertension, Pre-eclampsia and Eclampsia, while working with clients.

Step 4: Premature/Pre-labour rupture of membranes (PROM)

- Ask the trainees, what do they understand by premature or pre-term rupture of membranes? Refer them to the Guidelines Module 2. 6 and tell them the definition of PROM. Compare it with what the trainees have said and indicate any difference between the two.

- Explain how to identify and manage PROM by referring to the Guidelines.

- Explain that there is an increased chance of infection traveling up to the uterus and foetus if the membranes rupture before 8 months of pregnancy or if the labour does not start within 8-12 hours of rupture of membranes.

- Discuss the dose and route of administration of the combination of antibiotics to be given as the first dose to prevent or control infection in such cases.

- Stress the importance of referring the woman to a FRU and not to a PHC as the woman may need caesarean section or an assisted delivery to save the life of the mother and the baby.

Step 5: Obstructed and/or Prolonged Labour:

- Refer the trainees to the Guidelines 2.7 and explain the symptoms and signs to help diagnose obstructed labour. Explain the difference between obstructed labour and prolonged labour.

Ask the trainees to recall the duration of first and second stages during a normal labour. Tell them that they are usually 12 hours and 2 hours and 6 hours and one hour in primi and multigravida respectively. Normally, in the presence of good uterine contractions a labour should usually get completed during this period. If the labour takes longer in any of the two stages for the two categories of women, it is called prolonged labour. Prolonged labour may be associated with obstructed labor or may be independent of it but obstructed labour may lead to prolonged labour. The woman gets exhausted during obstructed or prolonged labour and needs support and help immediately.

- Explain that obstructed labour is another important cause of maternal deaths as it may lead to rupture uterus. Stress that abnormal presentation, especially transverse lie is an important cause of obstructed labour.

- Explain that obstructed labour and or prolonged labour is an obstetric emergency and requires caesarean section immediately.

- Refer the trainees to the Guidelines Module 2.7 and discuss the management of obstructed labour. Tell the trainees to use Checklist 4 for Assessment of Llabour in the Handbook while monitoring labour to identify obstructed and prolonged labour.

Step 6: Preterm labour

- Ask the trainees what do they understand by preterm labour? Refer them to the Guidelines to tell them the definition of preterm labour.

- Explain the management of preterm labour referring the guidelines.

- Tell the trainees, that breech presentation is common in preterm deliveries hence, it is important to assess foetal presentation accurately.

- Explain that if the delivery is imminent and there is no time to transport the woman to a PHC, the delivery should be conducted carefully with controlled delivery of the head to prevent perineal tears.

Step 7: Foetal Distress; Prolapsed Cord

- Ask the trainees to recall the normal range of foetal heart rate (FHR) that is between 120-160 beats per minute. Explain that foetal distress is diagnosed if the FHR is either less than 120 or more than 160 beats per minute. Foetal distress is also diagnosed if the amniotic fluid is greenish/brownish in colour. Normally the amniotic fluid should be clear or opaque. Refer the trainees to the Guidelines Module 2 to learn how to identify foetal distress.

- Explain the different situations that may be encountered in cases of foetal distress and what to do to help save the baby and either conduct the delivery or refer the woam to a PHC.

- Explain to the trainees that prolapse of the cord mean that the cord has either slipped passed the presenting part during rupture of membranes or is a cord presentation and has come out in the vagina with rupture of membranes.

- Ask the trainees what do they understand by prolapse of the cord? Refer to the Guidelines Module 2.9 and 10 to explain the importance of prolapsed cord as it is associated with foetal distress and may cause foetal death. Hence, it is an emergency and the woman should be referred to the PHC or CHC/FRU immediately. Stress that in cases of foetal distress, the ANM should look for the presence of prolapsed cord.

- Refer to the Guidelines and discuss the management of a woman with cord prolapse. Explain that cord prolapse is usually associated with an ill fitting presenting part in the pelvis such as transverse lie. Hence, the presentation of the foetus should be carefully assessed during abdominal examination.

- Demonstrate to the trainees how a prolapsed cord looks like and feels using the dummy pelvis and doll with cord. Demonstrate how to put the cord back in the vagina. Tell the trainees they will also practice this on the models and see it if such a client comes to the hospital.

Step 8: Anaemia, UTI, Puerperal Sepsis, Sore and Cracked Nipples

- Ask the trainees to recall how to identify anaemia and dangers due to anaemia in the pregnant woman as discussed during antenatal care.

- Stress that Anaemia is dangerous for the mother and baby during pregnancy and to t he mother during labour and postpartum period.

- Ask trainees to recall the prophylactic and therapeutic doses of IFA to prevent and treat anaemia respectively, as discussed during antenatal care.

- Refer the trainees to Guidelines Module 2.4 to discuss how to diagnose and manage anaemia during pregnancy.

- Explain that women with anaemia in the postpartum period should continue taking 1 tablet IFA twice daily for 100 days and if cured 1 tablet daily for 6 months postpartum to prevent anaemia.

- Refer to Guidelines 2.5 and discuss with the trainees how to identify and manage Urinary Tract Infection (UTI). Explain that it is common for women to have UTI during pregnancy and postpartum period if perineal hygiene is not maintained properly.

- Refer to Guidelines Module 2.13 and Checklist 11 to identify and manage puerperal sepsis. Explain that if the general condition of the woman is poor with puerperal sepsis then it will help the woman if you stabilize her condition before referring her to a PHC. For stabilizing a woman with puerperal sepsis, IV fluids are started at 30 drops per minute and first dose of antibiotics are given. Then the woman is referred to the MO at PHC for further care.

- Ask the trainees which common problems of the breast have they seen during postpartum period? Discuss that sore and cracked nipples usually occur during lactation due to improper attachment of the baby to the breast.

- Explain to the trainees, that pain in the nipples due to cracks and soreness prevents women from breast feeding their babies. This leads to breast engorgement, more pain and often associated with fever.

- Refer to Guidelines Module 2.14 and discuss signs of proper attachment of the baby to the breast and how to manage cracked nipples.

Step 9: Practice through Case studies/symptoms

- Give the trainees different situations of pregnant women with abnormal findings from the trainers' experience and ask them to tell how will they identify and manage the woman? Ask them to list and keep aside the equipment or supplies they will require for managing each situation. The trainers can also use the symptoms from Module 1 table 1 to now complete the signs and management of pregnancies with problems.

Summarize: Referring to the Guidelines Module 2, summarize the points to keep in mind while referring a woman for complications during pregnancy, labour, delivery and postpartum period. Refer to Module 3 and discuss the supportive care during an emergency/complications and general principles of communication and support.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period-Intrapartum Care and Module 3 Ensuring the Quality of Care

Session 15 Practice Session: Management of Pregnancy, Labour, Delivery and Postpartum Period Including Essential Newborn Care

Session at a glance

Time: 3 hours

Objectives : By the end of the session the trainees will be able to :

- Demonstrate the steps of management of normal pregnancy
- Demonstrate the steps of giving deep intramuscular injections and starting an IV drip
- Explain supportive care for a woman during pregnancy
- Demonstrate per vaginal examination to decide the stage of labour
- Demonstrate supportive care for a woman in labour
- Explain the different sections of the partograph
- Plot partograph as per the exercises or monitoring actual labour
- Demonstrate steps to conduct a normal delivery including standard precautions for prevention of infection
- Demonstrate steps of active management of third stage of labour
- Explain how to identify postpartum haemorrhage and describe management of PPH at sub-centre level
- Demonstrate immediate postpartum care
- Demonstrate postpartum care at 3rd and 7th days of delivery.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	10 mins	Introduction and objectives of session	Presentation	Flipchart, Markers
2	2 hrs 50 mins	Practice management of pregnancy, labour, delivery, postpartum period including plotting partograph, essential newborn care, infection prevention practices and supportive care to the mother Summarize	Practice with co-trainees and on models	Guidelines, Handbook, weighing scales (adult and newborn) partographs, pencils, erasors, sharpeners, gloves, soap and water, bony female pelvis, dummy female pelvis, doll with membranes, placenta and cord, rings/bangles of 3 cms, 7 cms, 8.5 cms and 10 cms. inner diameter

Step 1: Introduction and objectives of the session

- Tell the trainees that they will now practice managing a woman right from when she first came to you for registration of her pregnancy to the time of her post partum care.

- Present the objectives of the session.

Step 2: Practice management of pregnancy, labour, delivery, postpartum period including plotting partograph, essential newborn care, infection prevention practices and supportive care to the mother and Summarize

- Tell the trainees that they can use the same situations as mentioned in the role plays in the Handbook or can make up their own situations or the trainers can give them different situations (both normal and abnormal) for the practice of skills. Tell the trainees that they will have to provide the whole spectrum of services to her from antenatal, monitoring labour using partogram, conducting delivery and providing postpartum care to the mother and newborn.

- Once the trainee performs a skill as per standards, the trainer can twist the situation to make it abnormal such as:
  - during the third antenatal care the woman has developed blood pressure 140/100 mm Hg
  - normal progress of labour has become slow and the woman is getting exhausted,
  - the baby has delivered but is not breathing
  - the baby has delivered and the placenta is not coming out.

  The trainer can make any number of situations to help the trainees practice different situations

- Encourage the trainees to use guidelines and self assessment checklists of the relevant skills while practicing. The trainer may give different findings for plotting the partograph while monitoring labour. Tell the trainees not to hesitate in asking any question if they face some difficulty or are not clear how to do a particular step.

- Supervise the trainees closely and provide constructive feedback immediately and help correct the gaps.

- **Summarize:** Ask the trainees, which steps they found difficult to perform. Help them get the correct technique of the step. For this the trainer can ask any trainee who did not have difficulty performing the step to demonstrate. This will encourage peer learning which may prove helpful to the trainees later at their work site; where, if faced with any difficulty they can consult their well performing peers during a monthly meeting at the PHC or through phone.

Modules 1, 2 and 3 Management of Pregnancy, Labour and Postpartum Period and Ensuring the Quality of Care

Session 16 – Summary and Recap-Normal and Complicated Pregnancy, Labour and Postpartum period

Session at a glance

Time : 2 hrs

Objectives : By the end of the session, participants will be able to :

- Based on symptoms and signs in a pregnant woman, tell the probable diagnosis and actions to be taken at the sub-centre level.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	5 min	Introduction and objectives of session	Presentation	Flipchart, Markers
2	55 min	Symptoms and signs during pregnancy, probable diagnosis and actions to be taken at the sub centre	Recap through questions using Guidelines Module 1 table 1	Guidelines, Flip chart, markers

Step 1: **Introduce the session and its objective:**

- Tell the trainees that in this session we will recap whatever we have discussed and learnt so far.
- Present the objective of the session.

Step 2: **Symptoms and signs during pregnancy, probable diagnosis and actions to be taken at the sub-centre**

- Tell the trainees that you will now tell symptoms of a pregnant woman one-by-one and they have to tell the presenting sign, probable diagnosis and actions that they can take for her.

- Ask questions as per the **Guidelines – Table 1 – Symptoms and signs that an ANM might encounter, probable diagnosis and actions required to be taken at the sub centre level** so

that the trainees tell the probable diagnosis and actions that have to be taken for each symptom and sign.

Note for trainers: The trainees will be able to tell how and which antibiotics to give or when and how to give I/V fluids. During this session it is important for the ANM to understand her limit of responsibility beyond which she should not keep the case with her but arrange to refer and transport her to an appropriate higher facility as soon as possible. The trainee should be able to tell by now which cases she will refer to the PHC, and which ones to the CHC or FRU for further investigation and care.

Module 1 Management of Normal Pregnancy, Labour and Postpartum Period-Intrapartum Care and Module 3 Ensuring the Quality of Care

Session 17 Practice Session: Management of Pregnancy, Labour, Delivery and Postpartum Period Including Essential Newborn Care

Session at a glance

Time: 3 hours

Objectives : By the end of the session the trainees will be able to :

- Demonstrate the steps of management of normal pregnancy
- Demonstrate the steps of giving deep intramuscular injections and starting an IV drip
- Explain supportive care for a woman during pregnancy
- Demonstrate per vaginal examination to decide the stage of labour
- Demonstrate supportive care for a woman in labour
- Explain the different sections of the partograph
- Plot partograph as per the exercises or monitoring actual labour
- Demonstrate steps to conduct a normal delivery including standard precautions for prevention of infection
- Demonstrate steps of active management of third stage of labour
- Explain how to identify postpartum haemorrhage and describe management of PPH at sub-centre level
- Demonstrate immediate postpartum care
- Demonstrate postpartum care at 3rd and 7th days of delivery.

Steps to conduct the session

Step #	Time	Content	Training method	Training material
1	10 mins	Introduction and objectives of session	Presentation	Flipchart, Markers
2	2 hrs 50 mins	Practice management of pregnancy, labour, delivery, postpartum period including plotting partograph, essential newborn care, infection prevention practices and supportive care to the mother Review of maternal deaths Summarize	Practice with co-trainees and on models	Guidelines, Handbook, weighing scales, partographs, pencils, erasers, sharpeners, gloves, soap and water, bony female pelvis, dummy female pelvis, doll with membranes, placenta and cord, rings/bangles of 3 cms, 7 cms, 8.5 cms and 10 cms. inner diameter

Steps 1 and 2:

- This session will be conducted as in session 15 for more practice. This practice may be on clients and/or on models for specific conditions if its clients are not available.

- **Summarize:** The trainer should encourage the trainees to initiate practicing the skills learnt during this training at their work site.

- Encourage them that they should consult their supervisor or the staff nurse and MO of the PHC for any problem which she experiences during her work.

- Tell them, that to provide skilled attendance at birth and to ensure that the ANMs' skills are maintained at high standards, the staff trained at the PHC for skilled attendance at birth will be supportive to help her.

- Tell the trainee to initiate counseling the community regarding the benefits of having a delivery at the PHC. Start promoting institutional deliveries so that the women do not waste time during transportation in case an emergency arises. At the PHC/CHC/FRU the woman will have skilled staff at the centre to attend to her immediately. This will help save the lives of many women and especially newborns. Stress the fact once again that the ANMs should not be tempted to keep a case with complications beyond her scope in the hope that she may get normal or the ANM may handle the case. This decision may prove harmful and dangerous for the woman.

- Refer to the Guidelines Module 3 Ensuring Quality of Care-Community involvement and encourage the trainees to involve as many people in the community as her advocates for promoting institutional delivery and early identification of problems during pregnancy, labour and postpartum period and seek help from the nearest health facility as soon as possible. Discuss the social review of maternal deaths with the trainees and encourage them to discuss this with the leaders and community level providers in her work area. Explain that whenever a maternal death occurs in her area, in coordination with the Panchayati Raj members of her area she should conduct the social review of the maternal death. With such reviews, the community will gradually come to understand the importance of institutional deliveries and support of skilled attendance at birth. This will also help improve the ANMs credibility in the sub-centre area.