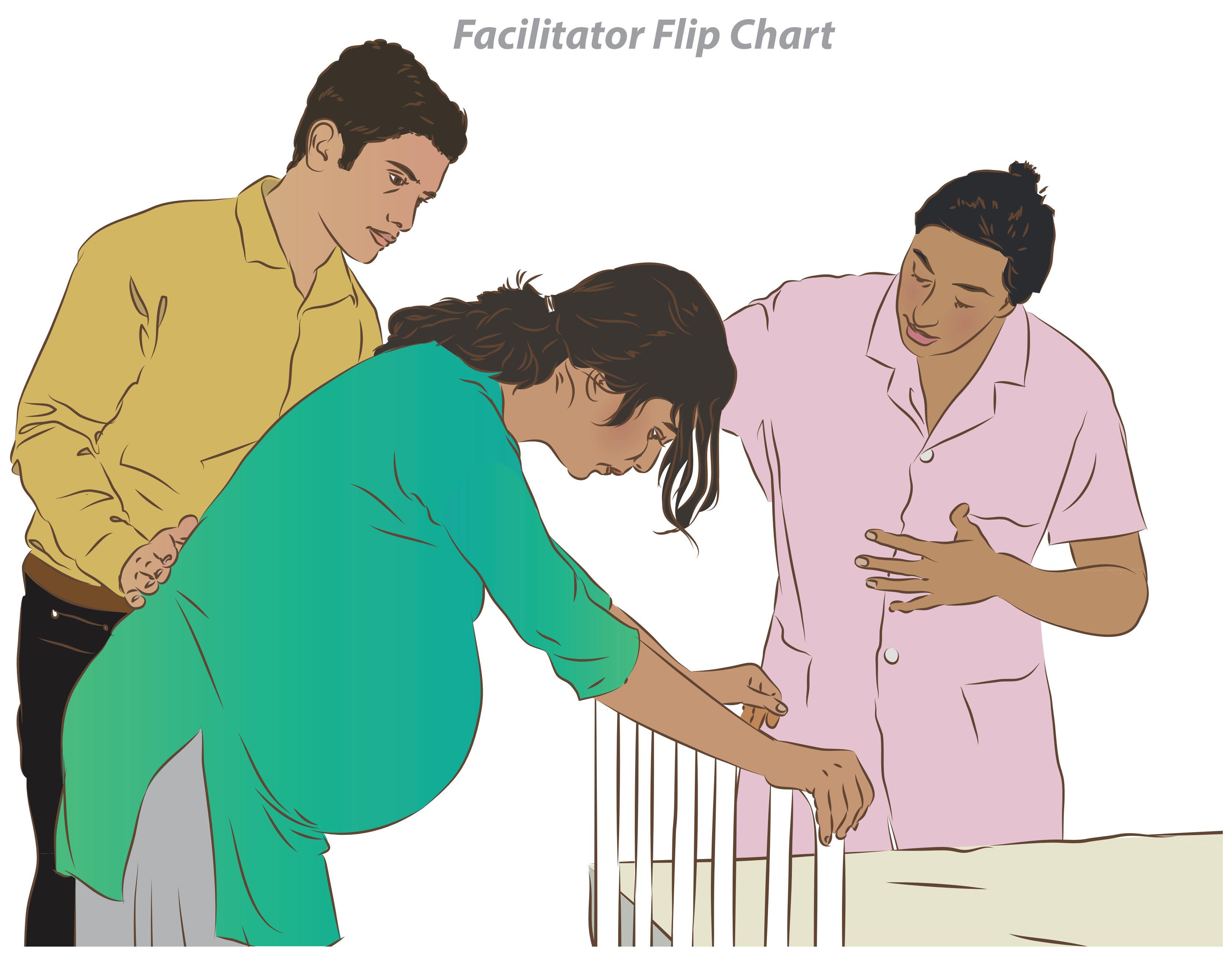
November 2019

Helping Mothers Survive

Essential Care for Labor & Birth

Facilitator Flip Chart



For the facilitator

How to facilitate hands on training and ongoing practice

1 Before the training

- Plan for training with leadership and local organizers well in advance.
- Visit www.helpingmotherssurvive.org to find the tools to help you prepare for and carry out training. You can download learning modules, a preparation checklist, sample agendas and other useful resources.
- Download the video chapter book (approx. 500 MB) created by Global Health Media Project. You will use the video clips from this video book when you see this icon ▶
- Review service delivery data and documentation practices with facility management so you know the strengths and gaps.

2 Arrange materials and equipment and put up the Action Plan

- You will need 1 practice station, facilitator and birthing simulator for every 6 learners. If you can have fewer learners per group, there will be more time for hands-on work.
- Set up video with sound if you are able to use video.
- Ensure you have the following at each practice station:

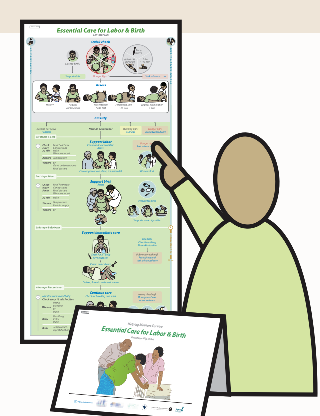
- *Pregnancy wheels or calendars*
- *Pens/pencils, paper, blank partographs and/or client records*
- *BP machine - 1 per 2 learners*
- *Stethoscope - 1 per 2 learners*
- *Thermometer*
- *Birth simulator with newborn model*
- *Gloves (clean and sterile)*
- *Fetoscope/Doppler and ultrasound gel*
- *Measuring tape*
- *Soap or alcohol based hand rub*
- *Videos and projector/laptop (if using)*
- *Towels, baby hat, and blanket*
- *Scissors or blade*
- *Hemostats, clamps, ties for cord*
- *Basin for placenta*
- *Personal protection for provider*
- *Mock oxytocin, misoprostol, syringes and needles*
- *Suction device for baby*
- *Ventilation bag and mask for baby*
- *Clock/watch*
- *Container for safe sharps disposal*
- *Gauze*

3 Welcome participants and identify level of knowledge and skills

- Welcome participants when they arrive.
- Hand out the Knowledge Assessment to be completed.
- Evaluate the participants and give feedback in a way that encourages learning.

4 Introduce the module and learning objectives

- Introduce the learning materials, including the Action Plan.
- Follow the content outlined in the Flipchart.
- As you teach, point out where you are on the Action plan. Review how you got to each step to reinforce steps in the Action plan.
- Always emphasize and model respectful care and good communication.



5 Engage every participant in discussion and practice

- As you explain and demonstrate, involve participants by inviting discussion. Engage them in skills practice, simulations and role-plays.
- Use the "Discuss" questions to identify local problems and find local solutions to achieve the best care possible.

6 Evaluate participants

- Use the Knowledge Assessments and OSCEs for each module to check knowledge and skills

7 Encourage continued practice and quality improvement

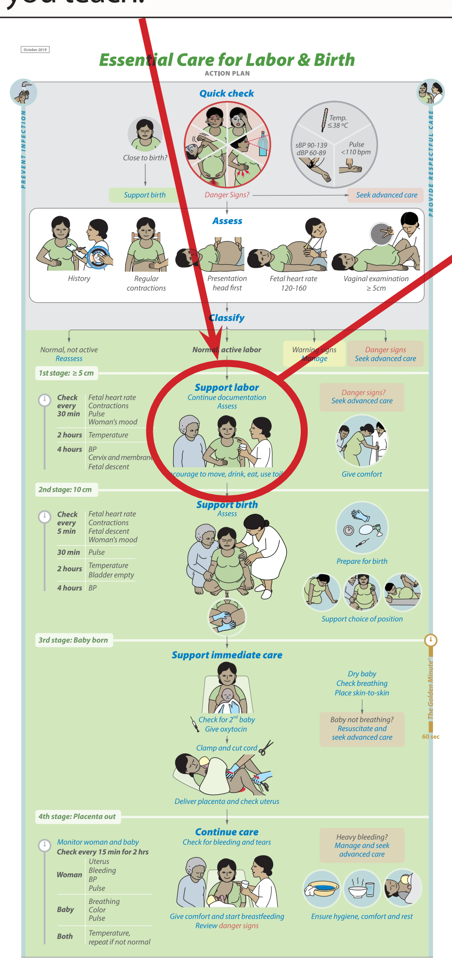
- Help participants plan changes that will improve care in the facility.
- Identify 2 providers at each facility to help their peers practice after training.
- Use the plan for LDHF practice and quality improvement activities found in the back of the Provider's Guide.
- Register your session information - what module, how many participated, where and when at www.helpingmotherssurvive.org

For the facilitator

How to use the course materials

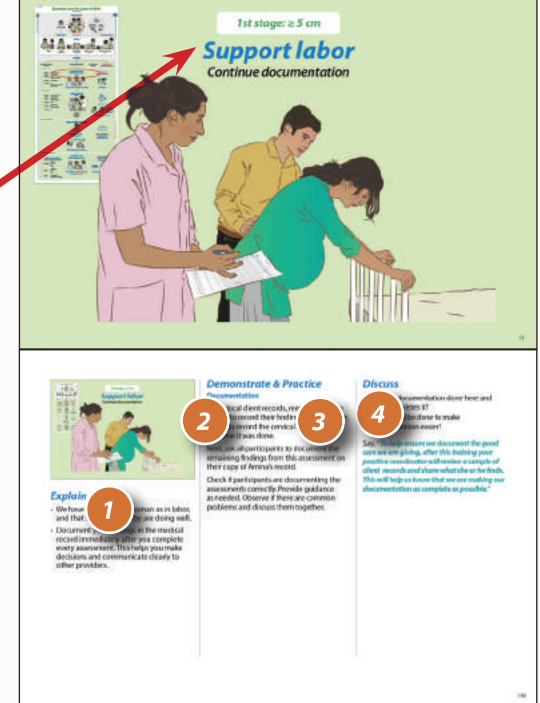
Action Plan

Point to the relevant action as you teach.

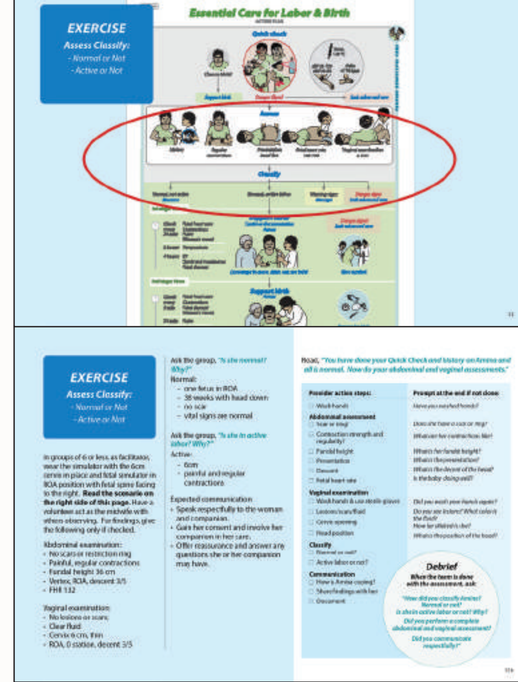


Flipchart

Use illustrations and text to teach the action.

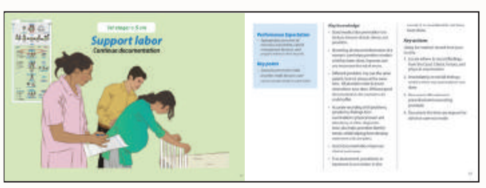


Practice the sequence of the Action Plan using the practice exercises.



Provider´s guide

Identify, plan for, and address changes that will improve care in the facility.



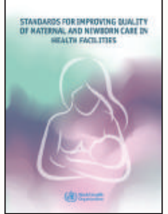
LDHF practice

Use the LDHF sessions in the back of the Provider's Guide to ensure ongoing practice in the facility.

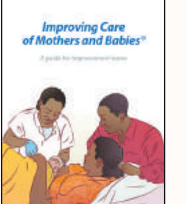
Additional resources

IMPAC Managing Complications of Pregnancy and Childbirth>

IMPAC Pregnancy, Childbirth, Postpartum, and Newborn Care>



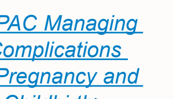
World Health Organization's Quality of Care Framework>



Survive & Thrive Quality Improvement Workbook>

Visit the FIGO website for tutorials on labor and birth.

https://www.glowm.com/resource_type/resource/tutorials



Scan QR Code

Use the camera if you have an Iphone, or download the QR Code App to go directly to the digital version of the Essential Care for Labor & Birth course materials.

www.helpingmotherssurvive.org

1 Explain and demonstrate

Explain: "Need to know" information to cover during this session. Involve participants by asking questions.

2 Demonstrate: Skills will be presented by video. If videos are not shown, give live demonstration as described and proceed to practice or the next section as directed.

3 Practice

Providers repeat newly learned or refreshed skills with feedback. Spend more time practicing than talking and use the group practices to ensure skills are mastered. Encourage self-reflection, feedback, and review of actions to improve performance (debriefing).

4 Discuss

Honor providers' experiences by encouraging them to share. Explore what is actually being done in their facility (Is this what you do now? Why or why not?). Identify ways to overcome barriers and put new skills into practice.

5 Knowledge check

Knowledge checks provide an opportunity to review and reinforce information learned.

You can make a difference

Explain

Start with a story
Before beginning, choose to either read both stories, pausing for discussion and reflection OR choose to begin at Story 2 based on your preference.

Story 1: Say to participants, ***"Close your eyes and imagine you are on duty when a woman arrives. She labored for 3 days at home before having her baby there. She did not go to the hospital because she was treated poorly by staff during her last birth in another village. When she begins to bleed heavily, her mother brings her in. By the time you see her, she is not conscious and you can barely feel her pulse. You provide emergency care. But it is too late."*** Pause. ***"She has died."***
Pause again to allow participants to reflect with their eyes closed.

Say, ***"Open your eyes. How do you feel? Have you known of women who do not come for care because they are afraid of being treated poorly?"*** Allow for response and continue with the next story.

Story 2: Say, ***"Imagine a woman comes to the labor ward. You welcome her, smile, and invite her and her companion to come into the labor ward. You do a Quick Check and find a problem. You act quickly to help. The woman gives birth safely and feels empowered by her experience. She and her baby are happy and healthy."*** Pause, then ask, ***"Now how do you feel? Would anyone like to share?"***

Thank participants and say, ***"Each of us can make a difference! Today we are going to review knowledge, skills, and decision-making to give the best possible respectful care at birth. We will focus on normal, healthy labor and birth. Let us get started."***

Helping Mothers and Babies Survive

Helping Mothers Survive (HMS) and **Helping Babies Survive (HBS)** modules build the capacity of all providers to give compassionate, routine and lifesaving care to women and babies; care that honors women's choices.

HMS learning materials:

Action Plan: helps identify and manage normal labor and birth
Flip Chart: used for instruction
Provider's Guide: includes checklists, more information and help for ongoing practice. We will use this today for some activities.
Birthing simulator: for skills demonstration and practice.

Say, ***"We will combine our learning today with online resources including videos. After today's session, we will ask you to do short practice sessions and other activities with a coordinator from your facility to help keep skills fresh."***

Say, ***"As we go through the day, we will write down any areas for improvement such as welcoming companions or offering choice of positions for birth. We will revisit these items at the end of the day. Can I ask for a volunteer to please write these for us as they come up?"***

Discuss

Introduce yourself and any other trainers, if you have not done so already. Then ask participants to introduce themselves if they do not know each other.

Key themes

Provide respectful care

Explain

Start with a question. Ask, ***"How would you describe a good birth experience for a woman?"*** As people share their responses, highlight examples of respectful care.

All women have the right to respectful care. For many women, childbirth is their first experience in a facility. If they have a bad experience, they may not come back. We can all make a difference by giving respectful care. It saves lives!

Welcome women when they arrive! Support them to have a companion they choose during labor and birth. Women who have companions are more likely to have normal births, less pain, and be happier with their experiences. These companions can also help us give support to women in labor.

Demonstrate

Respectful care

▶ Respectful care

If video is not available, see box below.

When video is not available

Role Play

Ask a volunteer to lie on table or bed covered by a drape. Instruct her to act as though she is a frightened woman in labor. As facilitator, you will act as provider.

Demonstrate disrespectful, abusive care during a 5 minute role play. Say things such as:

- ***"Lie on the bed so I can check the fetal heart……sh sh sh! Don't be so loud. You are wasting your energy!"***
- ***"If you're not going to let me examine you, how can I deliver the baby?"***
- ***"You look young for labor pains, where is your mother?"***
- ***"Give me time to record the findings before I am in trouble."*** (walk away)
- ***"You want to deliver in that position! Lie on your back for me so I can catch your baby!"***

Say, ***"Turn to PG page 70 for the White Ribbon Alliance Universal Rights for Women and Newborns."***

Ask for volunteers to read each right out loud. Then share:

- Care for women as you would like to be cared for.
- Communicate clearly to women and their families so they know what to expect.
- Do not leave a woman in labor alone. If you must leave, ensure someone stays with her.
- Ask permission before touching women and cover them as much as you can during exams.
- Younger women may need additional explanations, very gentle touch, and extra reassurance.

Discuss

Following the video or role play, ask:

1. What examples of disrespect did you see?
2. Have you ever seen or experienced this type of care?
3. How could the people in the video have been more respectful?" OR How could I have been more respectful?

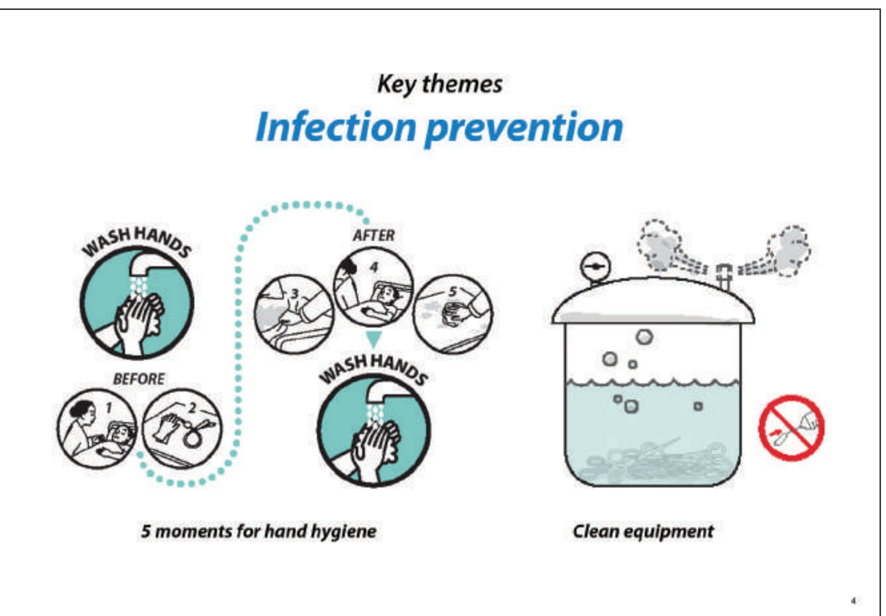
Set the tone. Say:
"During our time today, let us show respectful care with each other in all that we do during role plays, practice and simulations. Can we commit to this?"

Key themes

Infection prevention

5 moments for hand hygiene

Clean equipment



Explain

Infection prevention starts when a woman comes for care and continues after she and her baby go home.

Handwashing is the single most effective way to prevent infection.

If hands are soiled, wash with soap and water. If hands are not visibly soiled, you can use alcohol-based handrub.

Demonstrate

Preventing Infection

Preventing Infection

When video is not available

Review these points:
Wash with soap and water for 40 - 60 seconds. If using alcohol-based hand rub, rub hands for 20 - 30 seconds.
Encourage women and families to wash hands.

Point to the front of this page and explain WHO's 5 moments for hand hygiene:

1. Before touching clients/putting on gloves
2. Before "clean"/ aseptic procedures
3. After exposure to body fluids
4. After touching clients/ removing gloves
5. After contact with client surroundings

- Wear sterile gloves and protective clothing. Add eye protection during birth.
- Use high- level disinfected (HLD) or sterile instruments and equipment. After use, put all instruments in closed, leak and puncture-proof containers. Wash in soapy water, rinse, dry, and either sterilize or HLD before reuse.
- Clean all surfaces with detergent and water between clients. Decontaminate visibly soiled surfaces and spills.
- Handle, process, and store linens safely.
- Separate non-contaminated and contaminated waste and dispose per standards. Place sharps in puncture proof containers - do not recap needles!
- Bury placentas in deep pits or burn them per local standards.

Practice

Say, ***"Please turn to the WHO handwashing chart in the Provider's Guide page 54 and 55."*** Ask them to stand and practice handwashing as if they are at a sink. Have them choose a local song to sing while practicing.

Discuss

Do you have problems with handwashing in your facility? How can you overcome them?

Special Considerations for Labor and Birth

Special Considerations for Labor and Birth

Explain

Say, ***"Before reviewing routine care for women during labor and birth, let us take a few minutes to talk about cases that may need special care and attention. We will not be going into details today, but these are important to consider."***

Twins and breech

Ask, ***"For example, how do you manage breech or twin births here? Do you refer? Can you deliver them?"***

If this facility manages breech or twin births, ask providers to share how they are managed. Are there protocols to follow?

If this facility transfers women with breech or twins, when and how are women referred? If policies are not currently in place, note this for follow up.

Infectious diseases

Ask, ***"What about common infections? How often do you care for women who are positive for HIV, TB, or syphilis? What is different about their care in labor? We will not be reviewing these in detail however there are few important points."***

- Always observe best infection control practices.
- Always follow local guidelines for testing, diagnosis, vaccination, and management of infections, for both the woman and her newborn.

If HIV or other infections are common, open the Provider's Guide to page 7 to review key points. If they are less common, share the following summary points:

HIV

- Follow local guidelines for infant prophylaxis and breastfeeding.
- Routine cesarean birth is not recommended.
- Women with HIV are at increased risk for sepsis. Promptly identify and manage prolonged labor and prolonged rupture of membranes.

Syphilis

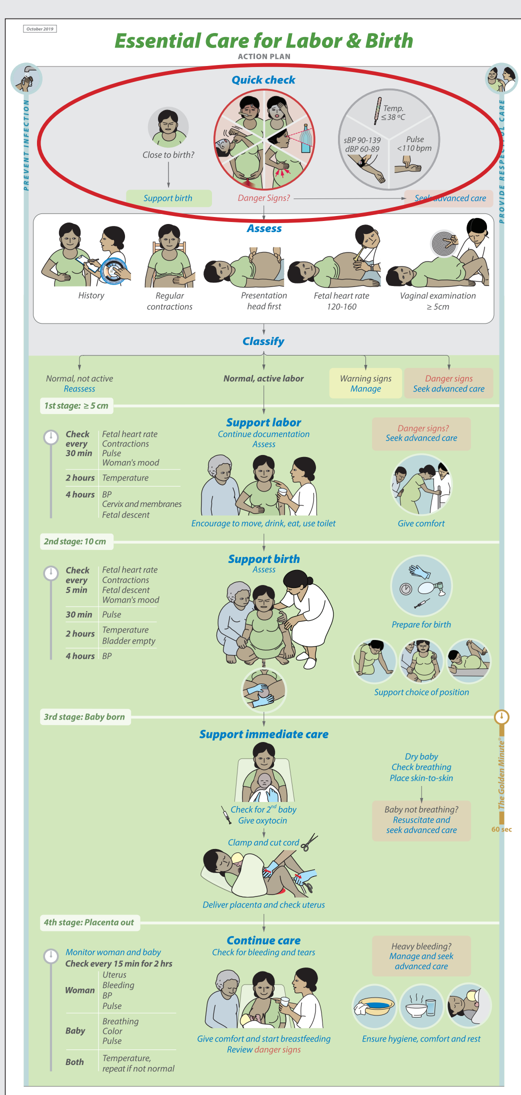
Infant death related to syphilis is preventable! If a woman is positive at any time, treat her and her newborn per national guidelines.

Female genital mutilation or cutting (FGM/C)

Ask, ***"How often do you care for women who have experienced FGM/C?"***

If participants care for women with FGM/C have them open the Provider's Guide to page 7 to review key points for care in labor. If they have not seen this, remind them that this guidance is in the Provider's Guide if needed.

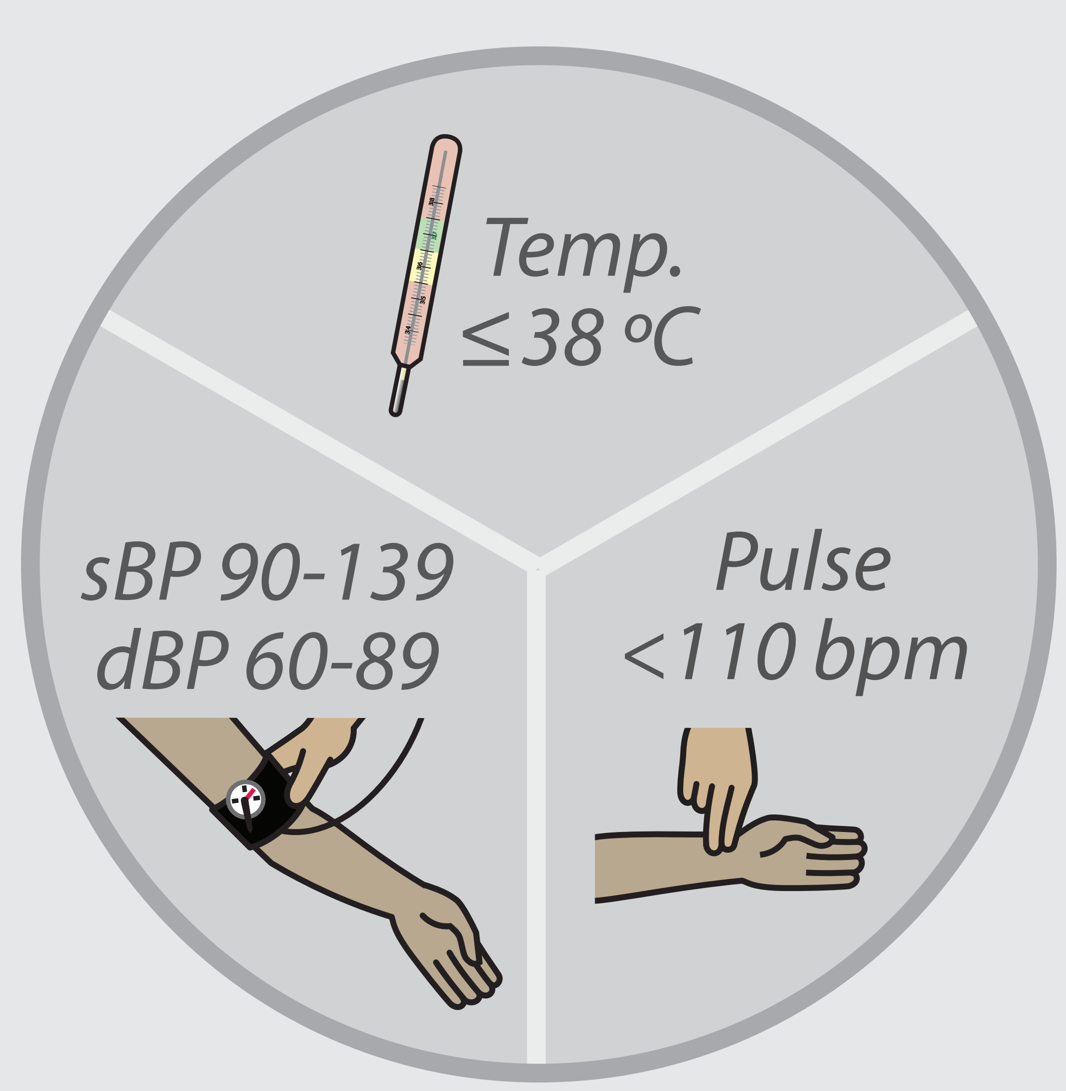
Say, ***"Remember that women may have other kinds of special needs which should be addressed. They may have medical problems or physical or mental disabilities. All women deserve care that meets these needs. Even though we will not review these today, let us keep them in mind."***



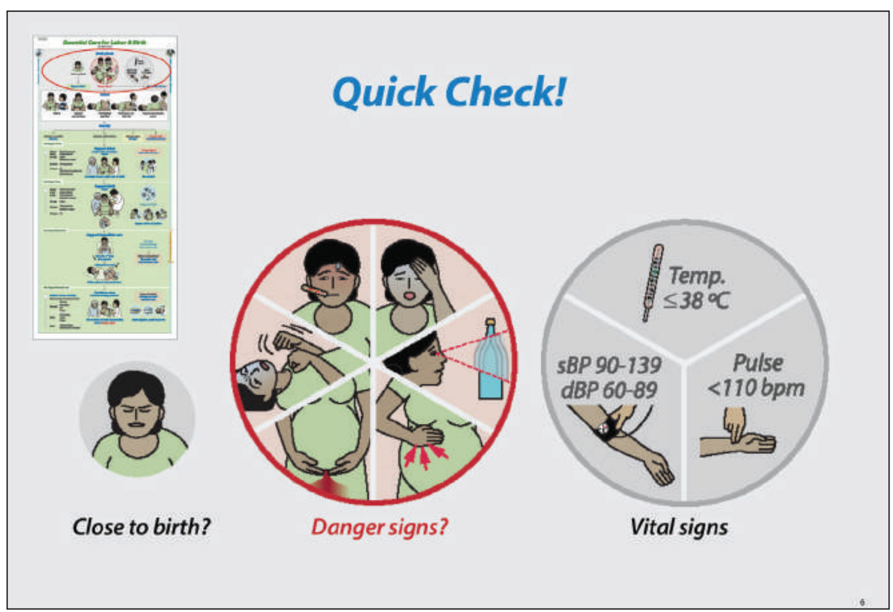
Quick Check!

Close to birth?

Danger signs?



Vital signs



Explain

When a woman first comes for care, she needs a "Quick Check" to be sure she and her baby are ok. This lets us know who needs help right away, and who can wait if the facility is very busy. Welcome women and their companions when they first arrive, introduce yourself, ask why she has come. Then do the World Health Organization (WHO) **"Quick Check":**

- Is she grunting or wanting to push, suggesting she is close to giving birth?
- Does she have any danger signs?
  - headache
  - vision problems
  - convulsions/unconscious
  - high fever
  - bleeding
  - severe abdominal pain
  - severe vomiting
  - other problems or concerns
- Now check her vital signs. Are they normal?
  - Maternal pulse is 60-110 beats per minute
  - Temperature is ≤ 38 °C
  - Systolic BP is 90–139 mmHg and diastolic BP is 60–89 mmHg
- Does she have signs of anemia or dehydration?
  - Look at her conjunctiva and palms for pallor suggestive of anemia.
  - Check for dehydration by looking for sunken eyes and dry mouth. Pinch the skin of her forearm: does it go back quickly?

If you cannot do a full assessment within one hour, repeat the Quick Check and vital signs every hour. Be sure she has a clean place to wait, access to water and toilet.

Say, ***"If birth is close, prepare for birth. If any findings are not normal, act fast! Start treatment and refer as needed. If everything is normal, provide a clean, comfortable place for the woman to wait if you cannot attend to her right away."***

Demonstrate

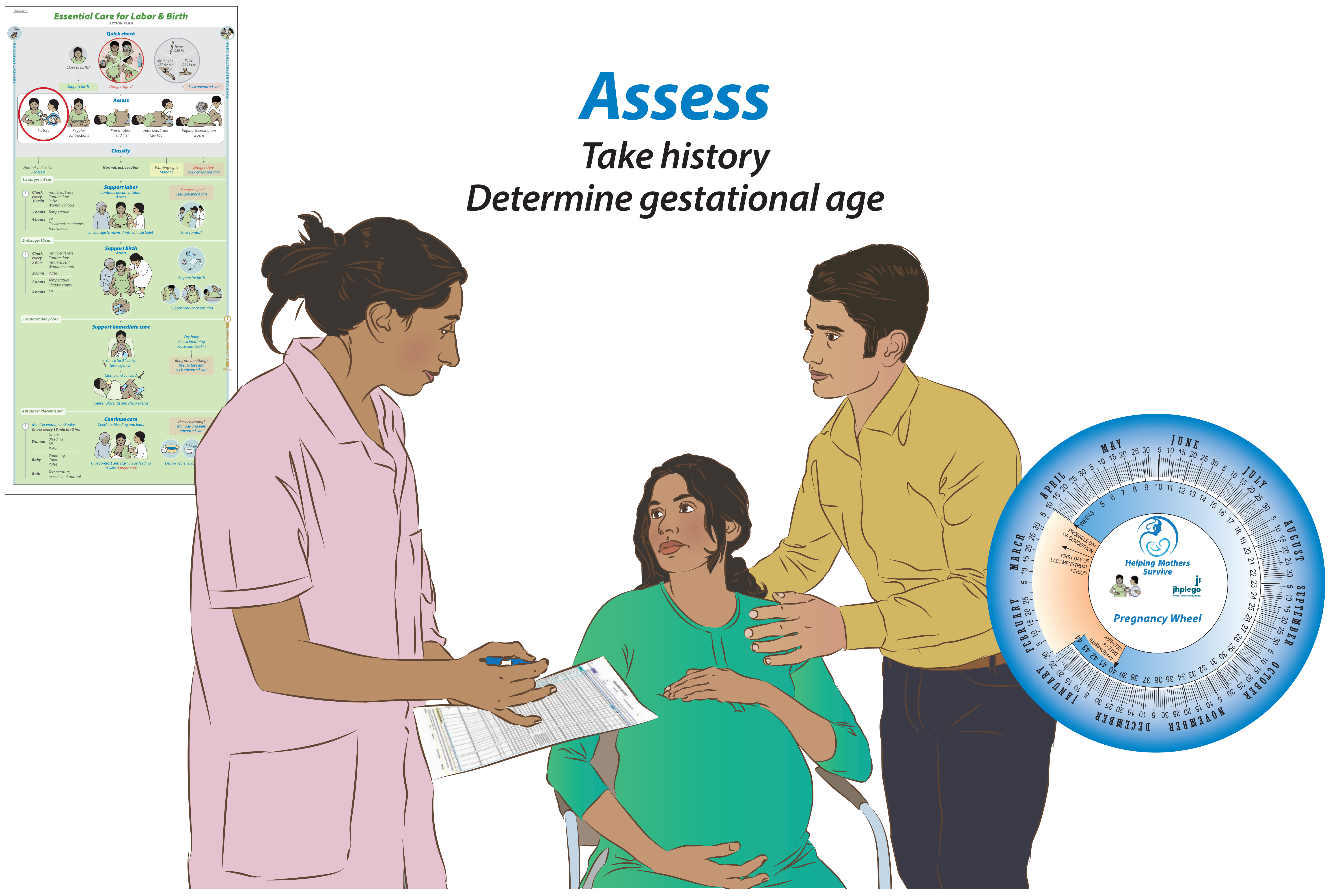
Quick Check

Ask a participant to wear the simulator and act as the woman. As the facilitator, you will demonstrate the **Quick Check**:

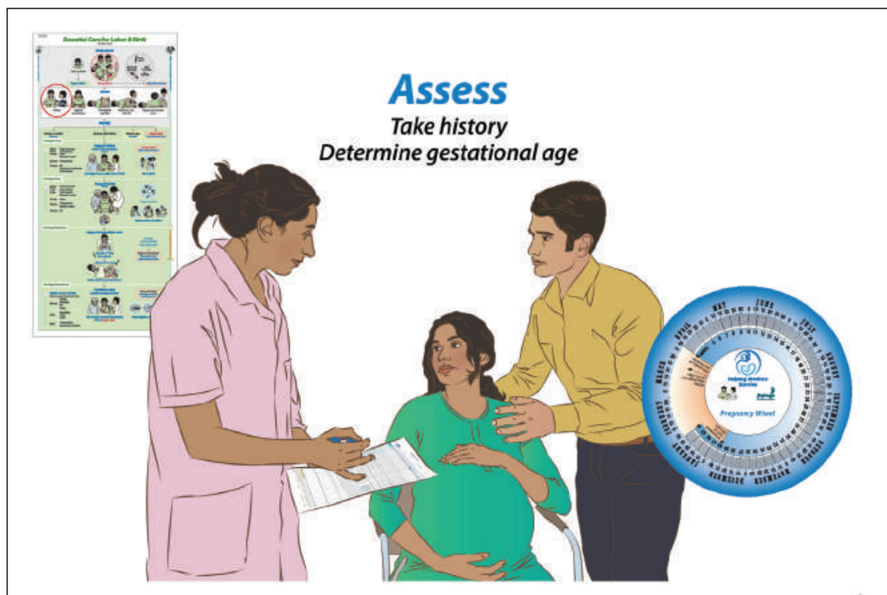
- Smile, welcome her and introduce yourself.
- Explain that you will do a **Quick Check** to make sure she is ok.
- Describe your actions and findings as you:
  - Look, listen, and feel to see if the birth is near.
  - Ask her about danger signs.
  - Check vital signs.
  - Check for anemia and dehydration.

Discuss

1. Do you usually do a **Quick Check** when woman first arrive for care? Why or why not?
2. How can we be sure that the **Quick Check** is done for all women as soon as they arrive?



Assess
Take history
Determine gestational age
Essential Care for Labor & Birth
ACTION PLAN
Quick check
Assess
History
Classify
Support labor
Support birth
Support immediate care
Continue care
Helping Mothers Survive
jhpiego
Pregnancy Wheel
PROBABLE DAY OF CONCEPTION
FIRST DAY OF LAST MENSTRUAL PERIOD
APPROXIMATE DATE OF DELIVERY
WEEKS
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER



Explain

As soon as you are able, begin your assessment. Take a complete history by reviewing the woman's record and asking questions. To put her at ease, first ask if she has any concerns and gain her consent.

Determine her due date:

- Ask for her antenatal care (**ANC**) record to review her history and confirm her dates. If no record, ask for the first day of her last menstrual period (**LMP**).
- Confirm with the ANC record or calculate her expected date of delivery (**EDD**) by: First day of LMP + 7 days - 3 months OR First day of LMP + 7 days + 9 months

Calculate the gestational age (GA):

- Use a pregnancy wheel or mobile app OR
- Count the weeks on a calendar between today and the EDD and subtract from 40.

Practice

Determine Gestational Age

Ask, ***"What do you use to determine GA? Calendar, tape measure, pregnancy wheel, fundal height, mobile app?"***

In groups of up to 6, ask learners to share their birthdays. Use the most recent as a woman's LMP.

- Calculate the EDD using the formula above, wheels or calendars.
- Count the weeks and days between today's date and the EDD. GA = 40 weeks minus the number of weeks and days between today and the EDD.

If learners find this hard, do the first calculation as a group. Continue using others' birthdays to practice.

Demonstrate

History

Ask learners turn to page 56 of the PG. Invite a learner to be the woman and take her history using 14 days from today as her due date. Use the local client record to document your findings.

Practice

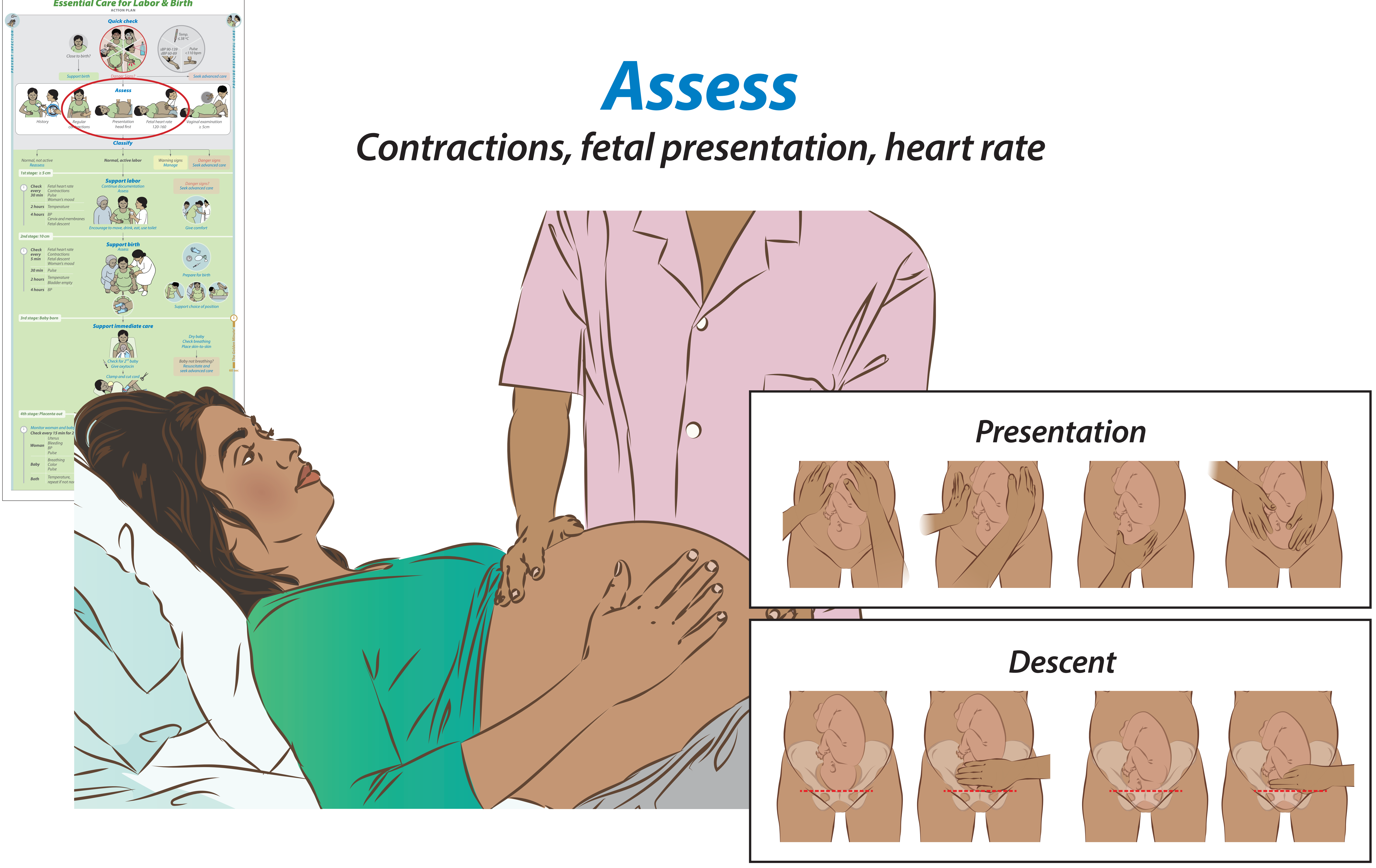
Quick Check & History

In pairs, have learners practice doing a **Quick Check**, taking a history, and determining GA on each other. Ensure everyone has a blank record. **Have them begin documenting care for Amina using local records.**

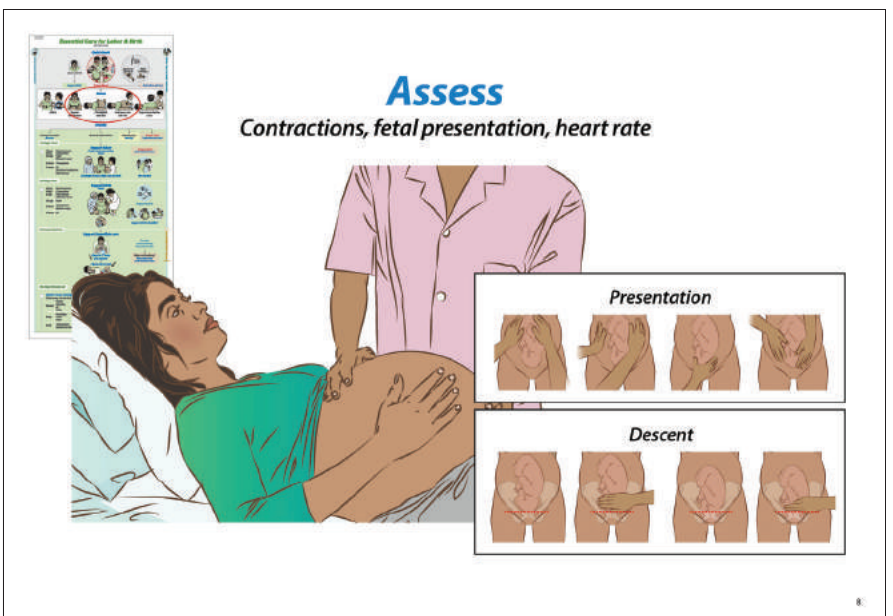
Say, ***"During the day today, we will be following a woman named Amina through her labor and birth. Are we ready to begin?***

Amina has just arrived for care. She has had a normal pregnancy and her EDD is 2 weeks from today. Her contractions started 8 hours ago and she has had clear fluid leaking from her vagina for 1 hour. You will each take turns playing the role of Amina and the provider. Providers, please do a quick check then take the history. Those acting as Amina, please make up normal findings. Document everything on the local client record."

After completing the **Quick Check**, vital signs, and history, debrief as a pair and provide each other with feedback. Then switch roles. As the facilitator, circulate and offer guidance if needed. Be sure learners are documenting on the record.



Assess
Contractions, fetal presentation, heart rate
Presentation
Descent
Essential Care for Labor & Birth
ACTION PLAN
Quick check
Assess
Classify
Support labor
Support birth
Support immediate care



Explain

Now it is time for physical examination. Begin with the abdomen to look for scars, feel for contractions, measure the fundal height, and assess the baby for presentation, decent, heart rate, and number of babies. This can rapidly alert you to problems. For example, if the baby is lying sideways (transverse) in a woman in labor, this is an emergency and she needs advanced care!

Demonstrate

Abdominal Examination

Position of the Baby

When video is not available

Demonstrate on a volunteer wearing a simulator. Say each action aloud and describe what you are doing and why.

- Ask the woman to empty her bladder.
- Wash your hands.
- Measure fundal height (see pg. 57 of PG) and look for scars. Look for a horizontal ridge across the lower abdomen, a sign of obstructed labor.
- Feel for contractions. Note how often and how long they last and how she is coping. See if she feels pain when you palpate.
- Feel for fetal presentation, lie, decent and how many babies.
- Check fetal heart rate (FHR): normal is 120-160 beats/min

Practice

Abdominal Examination

If in a big group, do abdominal and vaginal examination practice after the next page.

If you have a small group, practice abdominal exam now. Wear the simulator placing the baby in different positions and pretend to have contractions. Providers should practice assessing:

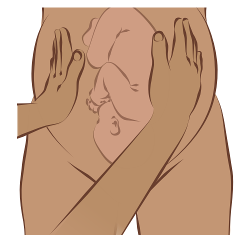
1. Contractions - frequency and duration
2. Fundal height and check for scars
3. Presentation
4. Descent
5. FHR

Have participants describe what they see, feel and hear. Allow everyone to practice.

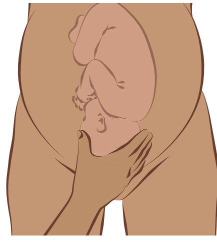
Facilitation Note

Abdominal palpation

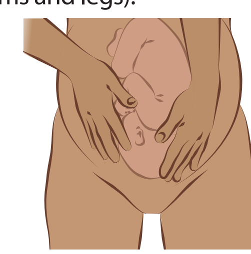
At the fundus, buttocks are smaller than the head and less mobile.



As you press each side, one side may have a firm long shape (the back) and the other may have small bumps (arms and legs).

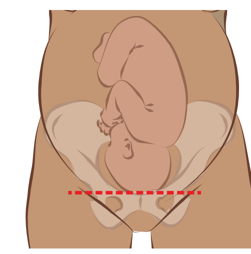


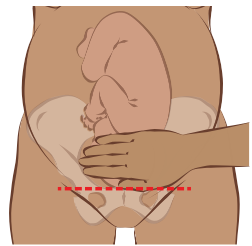
Above the pubic bone, you will most likely feel the head or buttocks.



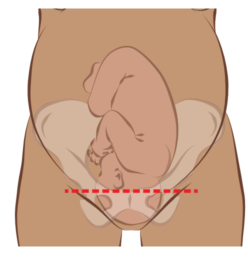
If the head is down, as your fingers press towards the pelvis, one hand stops before the other helping assess which way the baby faces and if the head is tucked in.

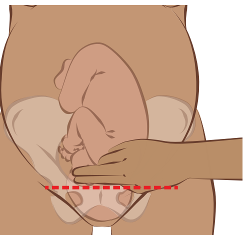
Feel for descent





With one hand above the pubic bone, a "floating" head will be 5 fingers above the pubic bone "5/5". If the head is fully engaged, it cannot be felt. Descent will be 0/5

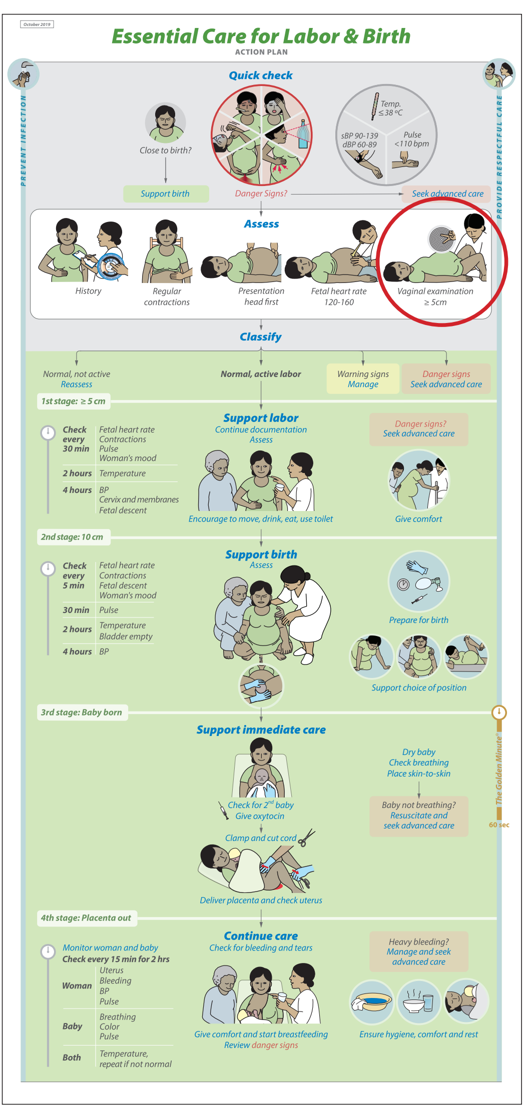




Give findings. For example, say: "This is a single vertex presentation with the back on the left and decent of the head 2/5"

Listen to the fetal heart

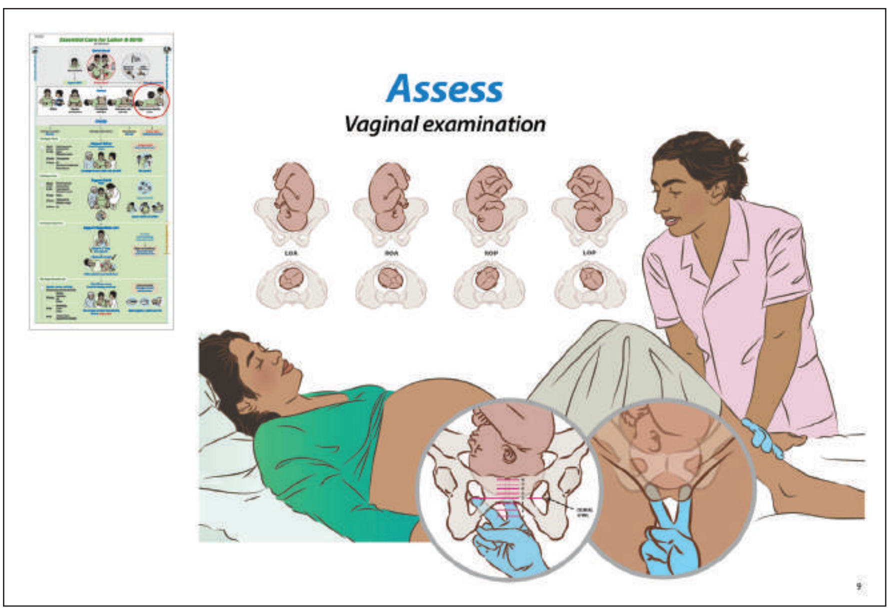
From feeling you can guess where the back is. Listen for FHR on that side. Count for 1 min after a contraction.



Vaginal examination

LOA
ROA
ROP
LOP

-4
-3
-2
-1
0
1
2
3
ISCHIAL SPINE



Explain

A vaginal examination (VE) helps determine stage of labor and confirms fetal position.

- VEs are uncomfortable. If a woman is young, has never been examined before, or seems afraid, take extra time and care.
- Do not do a VE during a contraction.
- Be sure her bladder is empty.
- While cleaning vulva with clean water, look for lesions, bleeding or scars.
- Be mindful of how she is coping during VE.
- Left occiput anterior (LOA, or baby lying on the woman's left side looking toward her back) is the most common position.
- If the baby is posterior (baby looking toward the front), the labor may take longer and be more painful.

Demonstrate

Vaginal examination

Vaginal Exam in Labor

When video is not available

Explain and Demonstrate using the birthing simulator worn by a helper. Talk through each step aloud.

- VEs can increase the risk of infection: do not do one more than every 4 hours without a good reason.
- Always gain consent, wash hands, and wear sterile gloves.
- Wash your hands, put on gloves, and ask her to relax her legs. Never force her legs apart!
- Clean vulva with clean water.
- Check color and odor of any fluid and look for sores or scars.
- When there is no contraction, gently insert 2 fingers into vagina to check:
- **Cervix:** Where is it? How thin/effaced, soft, and dilated? Is it swollen?
- **Presenting part & position:** What is presenting? If it is the head, where are the sutures and fontanelles? Use them to describe position of the baby.
- **Molding:** Is there any?
- **Station:** Compare station with descent from abdominal examination. 0 station is at the level of the ischial spine, with - 1 being 1 cm above, and +1 being 1 cm below, etc.
- Remove and properly dispose of gloves. Wash hands and note findings.

Demonstrate

Position of the head

Hold up the newborn simulator with the white skull placed on the head. Show both occiput anterior (OA) and occiput posterior (OP) positions and ask participants to tell you which they are.

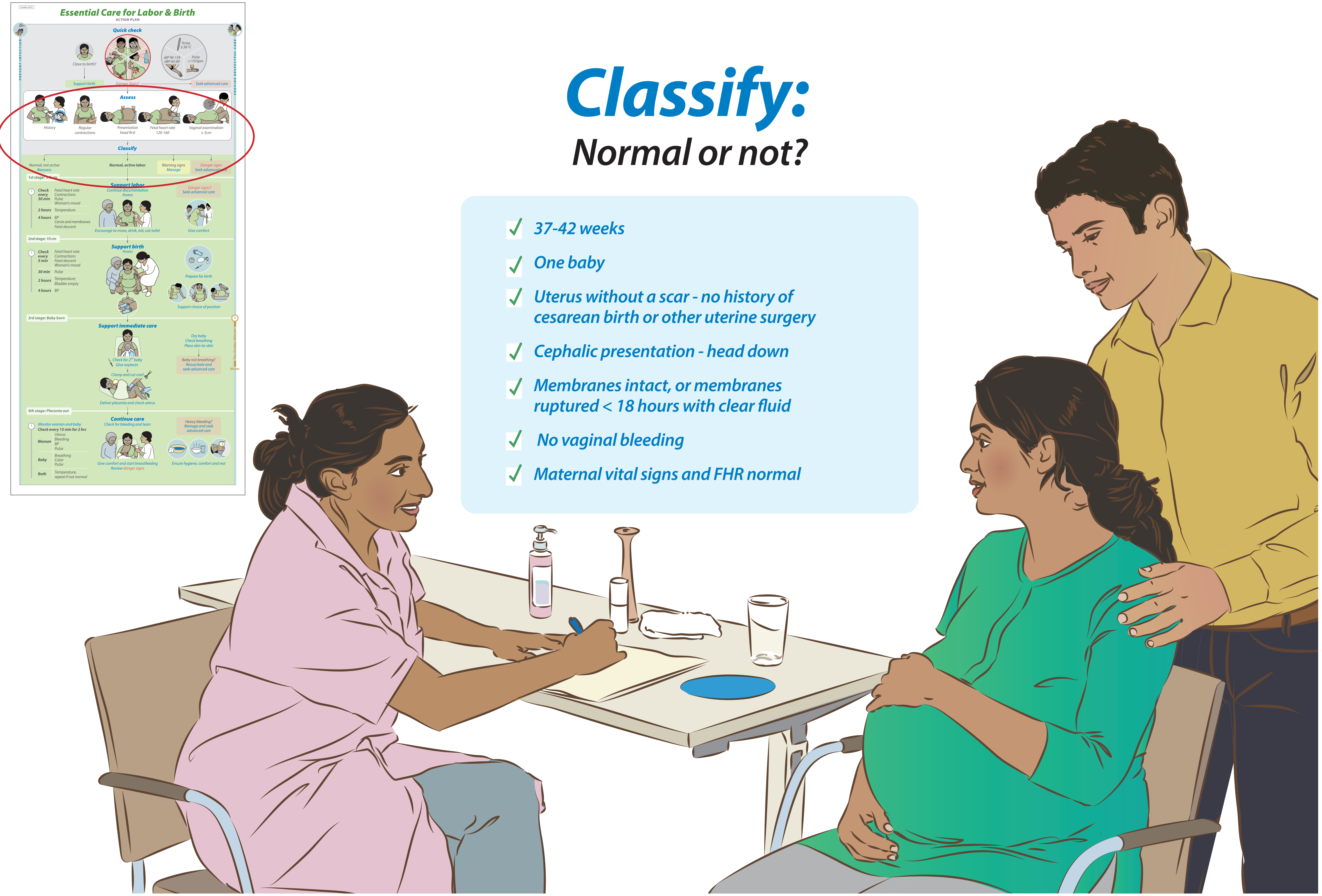
Practice

Vaginal examination

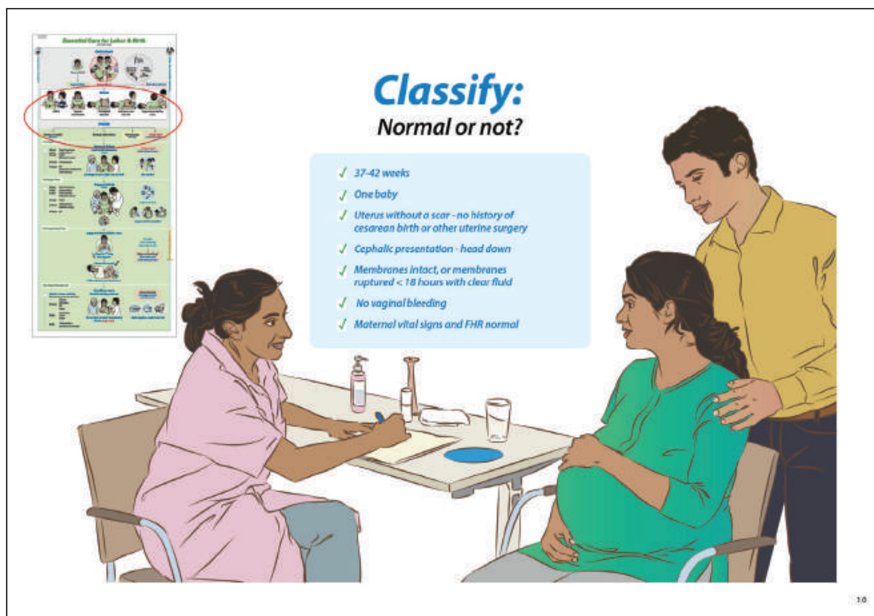
In groups of 6 or less, practice abdominal examination if not yet done and then move to VE. Wear the simulator using cervix inserts to change dilation and position. Give everyone a chance to practice.

Providers should:

- Be sure the woman has emptied her bladder and gain her consent.
- Wash hands and put on sterile gloves.
- Use clean technique to wash the labia with water.
- Look for lesions, bleeding, fluid before starting the VE.
- Stop the VE if she has a contraction.
- Watch how the woman is coping during VE.
- Assess dilation and effacement (thin or thick?), membranes, presentation, position, and descent. Is there molding?
- Communicate and be respectful.



Essential Care for Labor & Birth
Classify:
Normal or not?
37-42 weeks
One baby
Uterus without a scar - no history of cesarean birth or other uterine surgery
Cephalic presentation - head down
Membranes intact, or membranes ruptured < 18 hours with clear fluid
No vaginal bleeding
Maternal vital signs and FHR normal



Explain

Your assessment will tell you if the woman and her baby are both okay. Point providers to the "Classify" section of the Action Plan.

For the labor to be classified as NORMAL, there must be:

- GA of 37-42 weeks - if dates are unknown, the estimated weight is at least 2.5 kgs
- One baby
- Uterus with no scar: no history of cesarean birth or other uterine surgery
- Cephalic presentation - head down
- Membranes intact, or membranes ruptured < 18 hours with clear fluid
- No vaginal bleeding
- Maternal vital signs and FHR normal
  - Maternal pulse: 60-110 beats/min
  - Temperature: ≤ 38 degrees C
  - BP: systolic BP of 90–139 mmHg / diastolic BP of 60–89 mmHg
  - FHR: 120-160 beats/min

If any of the above are not normal, the woman and her baby are at higher risk. **Seek advanced care if you cannot provide it!**

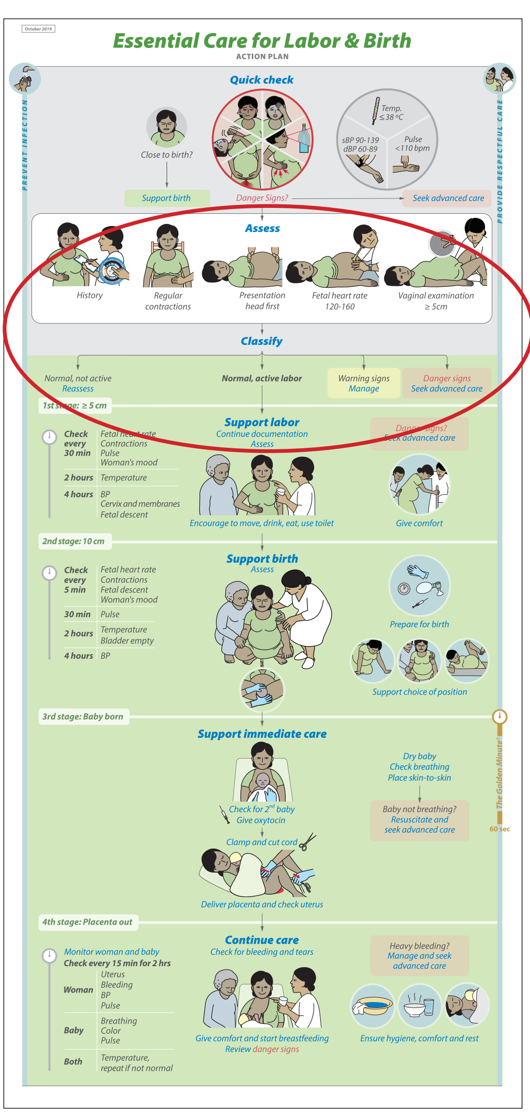
Advanced Care Note

If a woman is in active labor but is having a problem, such as high blood pressure or fever, you may continue to manage her labor if you are trained and authorized to do so. You should not follow this ECL&B action plan for her labor and birth, since she may need closer monitoring and additional care.

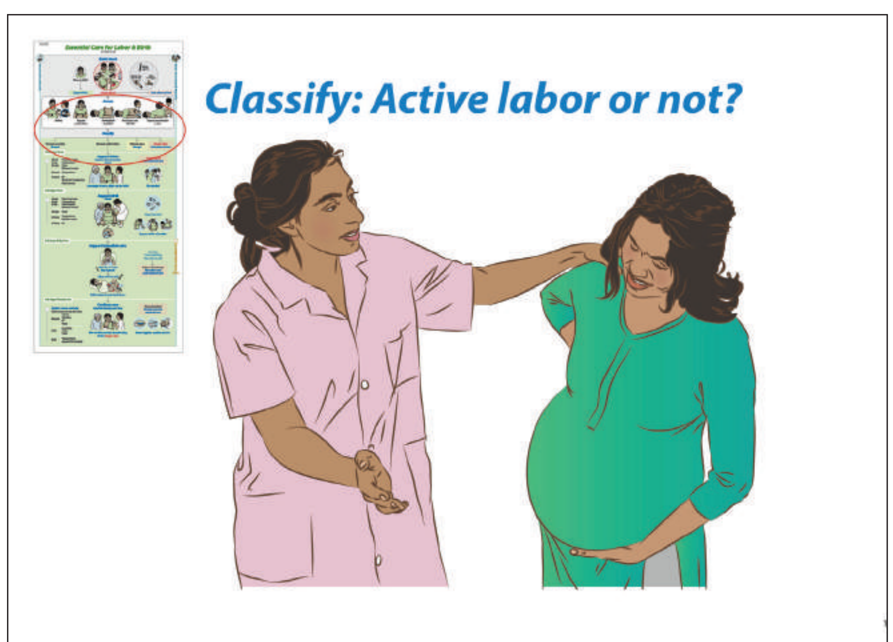
Knowledge check

Classify the following clients as normal or not normal.

Client		Classification
First baby at 38wks, single, cephalic, intact membranes, normal vital signs	→	*Normal*
Second baby at 40wks, vaginal birth of first baby, single, cephalic, membranes ruptured 24 hours ago (clear), normal vital signs	→	*Not normal*
First baby at 37wks, twins, both breech, intact membranes, normal vital signs	→	*Not normal*
Second baby at 41wks, vaginal birth first baby, cephalic, membranes ruptured 2 hours ago with clear fluid, normal vital signs	→	*Normal*



Classify: Active labor or not?



Explain

For a labor to be classified as ACTIVE:

- The cervix must be dilated at least 5 cms
- The woman must have regular, painful contractions.

If she does not meet these 2 requirements, she is not in active labor. She may be in false or early (latent) labor.

If she is ***not in labor, her membranes are intact, and all else is normal***, follow local guidelines about whether to send her home, admit her to the labor ward or keep her for observation.

If she is in latent phase, offer her a clean, comfortable space to wait where she can be monitored hourly with cervical checks every four hours. If her cervix does not change after eight hours and all else is normal, she may return home to wait for labor. Review warning signs with her and when to return for labor. Women who have given birth several times or who have a history of fast labor should stay nearby since labor may progress quickly.

If a woman is in active labor, begin labor care. Listen to her experience and try to honor her wishes. Tell her what to expect, how to get liquids to drink, and how to find you if she needs you.

If her cervix is < 5cm, do not try to speed up her labor by using oxytocin or other drugs or by rupturing her membranes.

Discuss

1. In this facility, how do you decide if you should keep a woman or send her home?
2. How can you care for her if she is not in active labor but you want to observe her to see if she progresses?

Knowledge check

Classify the following clients as in active labor or not in active labor.

Painful, regular contractions, cervix 2 cms and thick	→	*Not active labor*
Painful, regular contractions, cervix 5 cms and thin	→	*Active labor*

EXERCISE

Assess Classify:

- Normal or Not
- Active or Not

Essential Care for Labor & Birth

ACTION PLAN

Quick check

Close to birth?

Temp. ≤38 °C

sBP 90-139
dBP 60-89

Pulse
<110 bpm

Support birth

Danger Signs?

Seek advanced care

PROVIDE RESPECTFUL CARE

Assess

History

Regular contractions

Presentation head first

Fetal heart rate 120-160

Vaginal examination ≥ 5cm

Classify

Normal, not active
Reassess

Normal, active labor

Warning signs
Manage

Danger signs
Seek advanced care

1st stage: ≥5 cm

Support labor

Continue documentation
Assess

Check every 30 min	Fetal heart rate Contractions Pulse Woman's mood
2 hours	Temperature
4 hours	BP Cervix and membranes Fetal descent

Encourage to move, drink, eat, use toilet

Danger signs?
Seek advanced care

Give comfort

2nd stage: 10 cm

Support birth

Assess

Check every 5 min	Fetal heart rate Contractions Fetal descent Woman's mood
30 min	Pulse

Prepare for birth

EXERCISE

Assess Classify:

- Normal or Not

- Active or Not

In groups of 6 or less, as facilitator, wear the simulator with the 6cm cervix in place and fetal simulator in ROA position with fetal spine facing to the right. **Read the scenario on the right side of this page.** Have a volunteer act as the midwife with others observing. For findings, give the following only if checked.

Abdominal examination:
- No scars or restriction ring
- Painful, regular contractions
- Fundal height 36 cm
- Vertex, ROA, descent 3/5
- FHR 132

Vaginal examination:
- No lesions or scars;
- Clear fluid
- Cervix 6 cm, thin
- ROA, 0 station, decent 3/5

Ask the group, ***"Is she normal? Why?"***

Normal:
- one fetus in ROA
- 38 weeks with head down
- no scar
- vital signs are normal

Ask the group, ***"Is she in active labor? Why?"***

Active:
- 6cm
- painful and regular contractions

Expected communication
- Speak respectfully to the woman and companion.
- Gain her consent and involve her companion in her care.
- Offer reassurance and answer any questions she or her companion may have.

Read, ***"You have done your Quick Check and history on Amina and all is normal. Now do your abdominal and vaginal assessments."***

Provider action steps:	**Prompt at the end if not done:**
☐ Wash hands	*Have you washed hands?*
Abdominal assessment	
☐ Scar or ring?	*Does she have a scar or ring?*
☐ Contraction strength and regularity?	*What are her contractions like?*
☐ Fundal height	*What is her fundal height?*
☐ Presentation	*What is the presentation?*
☐ Descent	*What is the decent of the head?*
☐ Fetal heart rate	*Is the baby doing well?*
Vaginal examination	
☐ Wash hands & use sterile gloves	*Did you wash your hands again?*
☐ Lesions/scars/fluid	*Do you see lesions? What color is the fluid?*
☐ Cervix opening	*How far dilated is she?*
☐ Head position	*What is the position of the head?*
Classify	
☐ Normal or not?	
☐ Active labor or not?	
Communication	
☐ How is Amina coping?	
☐ Share findings with her	
☐ Document	

Debrief

When the team is done with the assessment, ask:

"How did you classify Amina? Normal or not? Is she in active labor or not? Why?

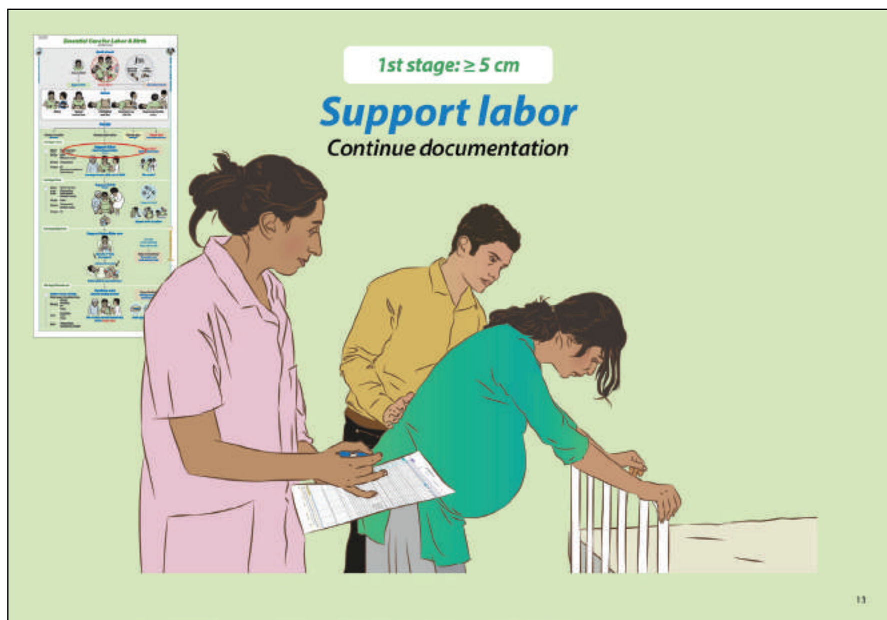
Did you perform a complete abdominal and vaginal assessment?

Did you communicate respectfully?"

1st stage: ≥ 5 cm

Support labor

Continue documentation



Explain

- We have classified the woman as in labor, and that she and her baby are doing well.
- Document your findings in the medical record immediately after you complete every assessment. This helps you make decisions and communicate clearly to other providers.

Demonstrate & Practice

Documentation

Using local client records, remind providers where to record their findings. Demonstrate where to record the cervical examination and time it was done.

Next, ask all participants to document the remaining findings from this assessment on their copy of Amina's record.

Check if participants are documenting the assessments correctly. Provide guidance as needed. Observe if there are common problems and discuss them together.

Discuss

1. When is documentation done here and who completes it?
2. What could be done to make documentation easier?

Say, ***"To help ensure we document the good care we are giving, after this training your practice coordinator will review a sample of client records and share what she or he finds. This will help us know that we are making our documentation as complete as possible."***

Support labor

Assess

Explain

Now that the woman is in our care for healthy labor, we need to monitor her closely. Careful monitoring is the only way to know if labor is progressing and if she and her baby are doing well.

Act fast! Begin treatment or refer if you suspect a problem! Involve the woman and her companion in the emergency plan.

Point to the front of this page as you explain what to check and when during the 1st stage of labor. Ask participants what the normal range is for each:

Every 30 minutes

- FHR: 120 - 160 beats per minute
- Contractions: regular and painful, resulting in continued cervical change
- Pulse: 60 -110 beats per minute
- Woman's mood and behavior: coping well, not overly distressed or anxious

Every 2 hours

- Temperature: ≤38 °C

Every 4 hours

- Woman's BP: systolic BP 90–139 mmHg/ diastolic BP 60–89 mmHg
- Cervix: not swollen, soft, keeps dilating Remember, do not do VEs more often than every 4 hours unless there is a reason.
- Membrane status: Check whenever examining the cervix or if leaking, fluid should be clear.
- Fetal descent: baby should be moving downward.

As long as all findings remain normal, the woman needs continued monitoring, emotional support and comfort.

The active first stage of labor lasts from 5 cms until 10 cms. It usually is not > 12 hours in first labors and not > 10 hours in subsequent labors.

Never try to shorten labor with oxytocin or rupturing membranes if the woman and baby are doing well, the cervix continues dilating, and her labor is within these limits.

Discuss

1. Can you monitor women this closely? If not, what are the challenges?
2. How long do you typically listen to the fetal heart rate? Note it should be for one full minute.
3. How often are VEs done here? Is it typical for women to be examined by more than one person OR more often than every 4 hours? If yes, why? How can we change this?

Knowledge check

For healthy women with no problems in active 1st stage of labor, what 4 assessments should be done every 30 minutes?
Contractions, fetal heart rate, woman's pulse, and woman's mood and behavior

Which assessment should be done every 2 hours?
Woman's temperature

What 2 assessments should be done every 4 hours?
Woman's BP, cervical dilation, membrane status and descent

Essential Care for Labor & Birth
Support Labor
Encourage to move, drink, eat, use toilet
Give comfort

Explain

Ask, ***"How do you support women in labor at this facility?"*** Encourage providers to share what they do.

Demonstrate

▶ Giving Good Care in Labor

When video is not available

Encourage the woman and help her companion to give labor support. Offer reassurance and explain what to expect. Help her to:

- Find positions that are comfortable and keep her off her back
- Move and change position as desired
- Drink water, tea, or juices - at least 1 cup per hour
- Eat light food when hungry
- Keep bladder empty
- Make noises such as groaning and singing if it helps her cope.

Give comfort.
You and her companion can:

- Sponge her with cool or warm water.
- Help her bathe or shower.
- Help her find different positions for comfort.
- Offer light food and drinks.
- Offer massage.
- Fan her to keep her cool.
- Ensure she is not left alone.

The baby's position may cause women to feel pain in certain areas. If a baby is turned so her back presses on the mothers spine (LOP, ROP, OP), this may cause women to have more back pain. Positions such hands and knees or leaning over can be helpful. Applying pressure to her lower back can also help.

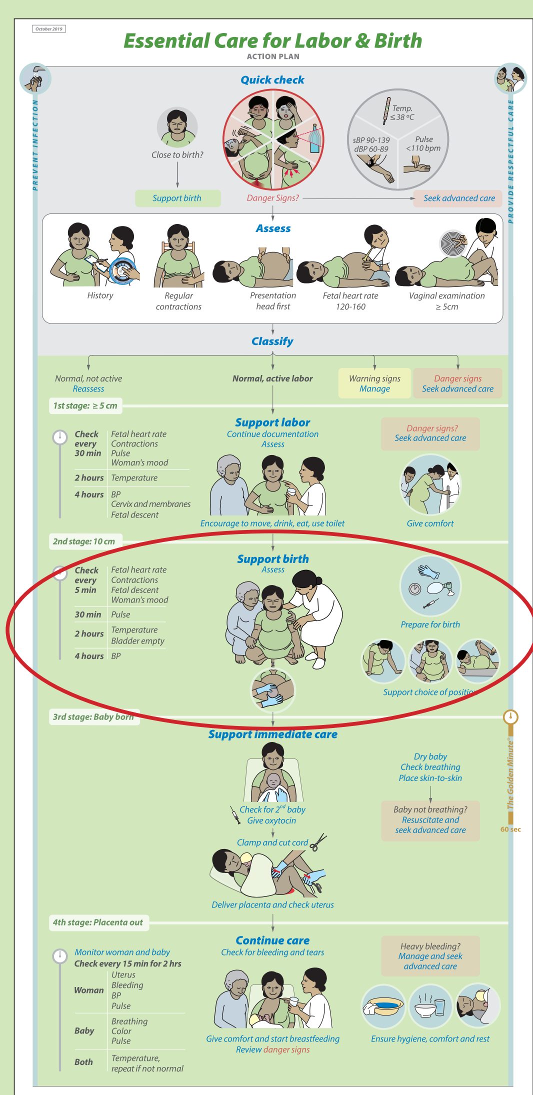
Healthy pregnant women requesting additional pain relief during labor should be offered pain management options - such as epidural or opioid analgesia - based on their preferences and availability.

Avoid interventions that are not clinically indicated or potentially harmful - such as routine augmentation of labor, vaginal cleansing with chlorhexidine, perineal shaving, and enemas.

Discuss

As you lead the following discussion, have your volunteer write ideas that come up so they can be used to take action later.

1. Are you able to provide this kind of care?
2. What are some things we can do to give this kind of support?
3. What are some things that women here prefer to do or have during labor?
4. What might help you offer women more freedom to move?
5. Are there routine practices that may be harmful to women in labor, such as trying to speed up labor with drugs or rupturing membranes, that are practiced here? If yes, what are they and what can be done to change these practices?

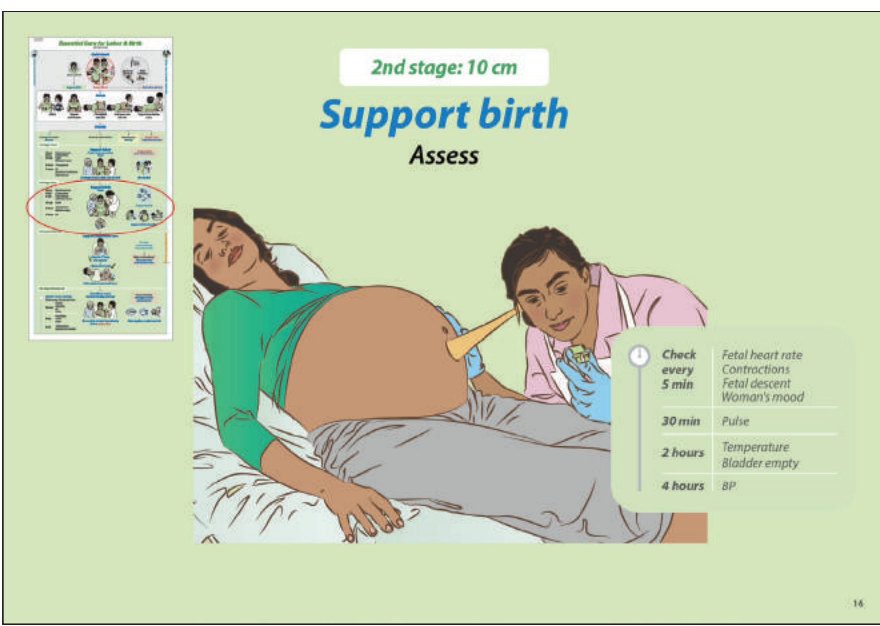


2nd stage: 10 cm

Support birth

Assess

Check every 5 min	*Fetal heart rate* *Contractions* *Fetal descent* *Woman's mood*
30 min	*Pulse*
2 hours	*Temperature* *Bladder empty*
4 hours	*BP*



Explain

We have been carefully monitoring and providing support for the woman during the first stage of her labor. When her cervix is 10 cm, or fully dilated, she has entered the 2nd stage of labor. She now needs more support and closer monitoring.

- You may first realize she has reached the second stage if she says she feels the urge to push. You may do a VE to confirm that she is fully dilated.
- You may find she is 10 cm but does not have the urge to push. It is important to allow her to rest if she is not ready to push.
- The 2nd stage of labor can last 2 - 3 hours.
- Encourage her to continue to drink water, tea, juice and to keep her bladder empty.

Point to the front of this page as you explain what to assess and when during the 2nd stage. Ask participants what the normal range is for each:

Every 5 minutes assess

- Fetal heart rate
- Contractions vary in 2nd stage, should be palpable, regular, and result in descent of baby.
- Descent - visually check for descent during contractions.
- Woman's mood and behavior

Continue to assess every 30 minutes

- Pulse

Continue to assess every 2 hours

- Encourage empty bladder
- Temperature

Continue to assess every 4 hours

- Woman's BP

Document immediately after every assessment.

If findings are normal, the woman requires only ongoing supportive, respectful care. Share your findings with the woman and her companion and reassure them if findings are normal.

Discuss

Are you able to monitor this closely in 2nd stage? If not, what are the barriers?

Knowledge check

During second stage

What do you monitor every 5 minutes?
Fetal heart, contractions, visual descent of the baby, woman's mood and behavior

What do you monitor every 30 minutes?
Woman's pulse

What do you monitor every 2 hours?
Bladder, woman's temperature

What do you monitor every 4 hours?
Woman's BP

Support birth

Prepare for birth

Explain

Ensure that the woman and her companion know where the birth will take place and what to expect during and immediately after birth.

Gain her consent and tell her that you will:

- Place her baby directly onto her chest to keep the baby warm.
- Recommend an injection in her thigh to help the placenta deliver and prevent heavy bleeding. Ask her permission while preparing for birth, if possible.
- Feel her uterus often to make sure it is contracted after the placenta delivers and that you will watch her bleeding closely.

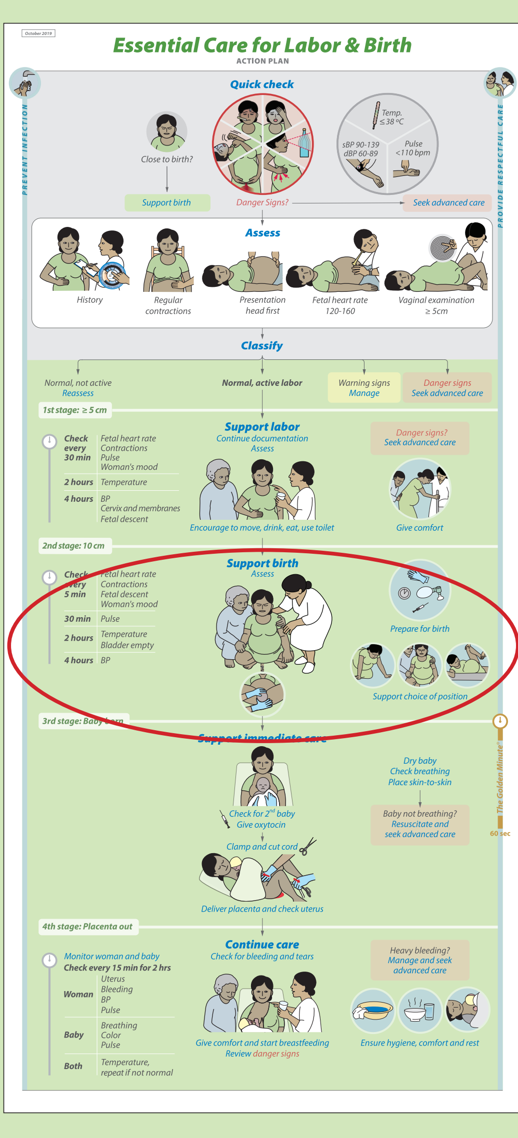
Once she enters second stage, or earlier if this is not her first birth, be sure you have what you need:

- **Draw up 10 IU oxytocin into a syringe OR prepare 400-600 mcg of misoprostol if oxytocin is not available BEFORE birth and have it within reach.**
- Ensure the area is private, clean, warm, and well lit.
- Have everything in easy reach for birth.
- **Check the bag and mask for newborn resuscitation.**
- Alert another provider or helper that the birth will happen soon so that he or she is ready to help.

Discuss

As you lead discussion, have your volunteer be ready to write ideas so they can be used to take action later.

1. Who do you call to help you during birth?
2. Are things organized so that it is easy to get equipment needed for birth?
3. Who is responsible to prepare equipment? When is it prepared?



Support birth

Support choice of position

Explain

Women should be encouraged to choose their own positions to push and give birth.

- Discourage women from pushing while lying on their backs; it may limit blood flow and oxygen to the baby.
- Upright positions (standing, squatting, or kneeling) may shorten labor, reduce the need for vacuum or forceps, and may result in fewer problems with the fetal heart rate.
- Encourage and help companions to support women to be in the positions they choose.

Demonstrate

▶ Managing the Second Stage of Labor

When video is not available

When the cervix is fully dilated and the woman feels the urge to push, encourage and support her to push:

- according to her own urge
- in the position of her choice - with legs relaxed and open while half-sitting, on hands and knees, squatting, or lying on her side
- without holding her breath

This is the time to:

- Encourage her to empty her bladder but avoid pit latrines so the baby is not born there!
- Help her to get into the position she chooses. Note that pushing on hands and knees may help with babies who are posterior.
- Show her companion how to support her.
- Counsel the woman and companion what to expect during birth.
- Double check that the equipment is ready.

As second stage progresses, the perineum will thin and bulge with contractions.

If after 30 minutes of pushing you do not see this bulging, do a VE to confirm that the cervix is fully dilated and have the women change positions. If there is no progress after 1 hour of pushing with strong contractions, the woman and baby are at risk and may need advanced care.

Demonstrate & Practice

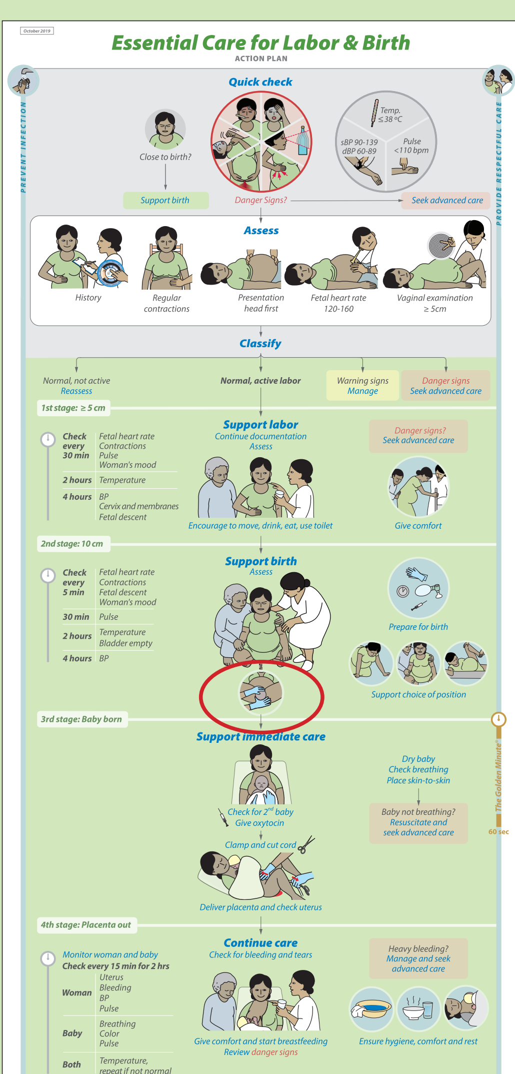
Supporting Pushing Positions

Demonstrate different positions for pushing and show how to help support a woman in those positions.

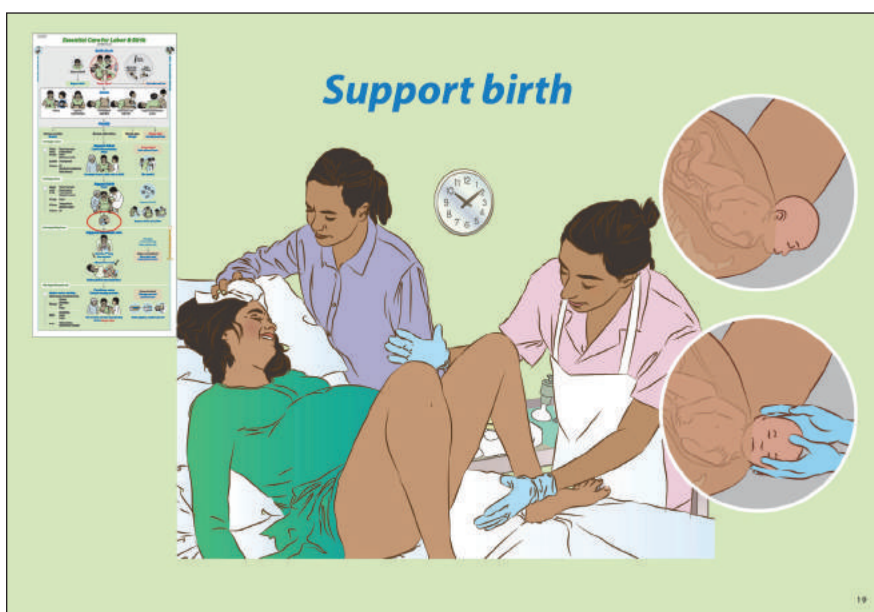
Divide into pairs; have participants practice other positions (half-sitting, hands and knees, squatting, lying on side, or standing) as both woman and birth companion.

Discuss

1. Are women in your facility encouraged to push or give birth in positions they choose?
2. How comfortable do you feel delivering women who choose to give birth in other positions?



Support birth



Explain

- When birth is close, communicate with the woman and her companion.
- Alert and gather your team.
- Be sure to wash hands, double glove, put on a mask and eye protection.

Demonstrate

Birthing the Baby

When video is not available

Explain these steps. Demonstration of birth through immediate postpartum care will be done on 24b.

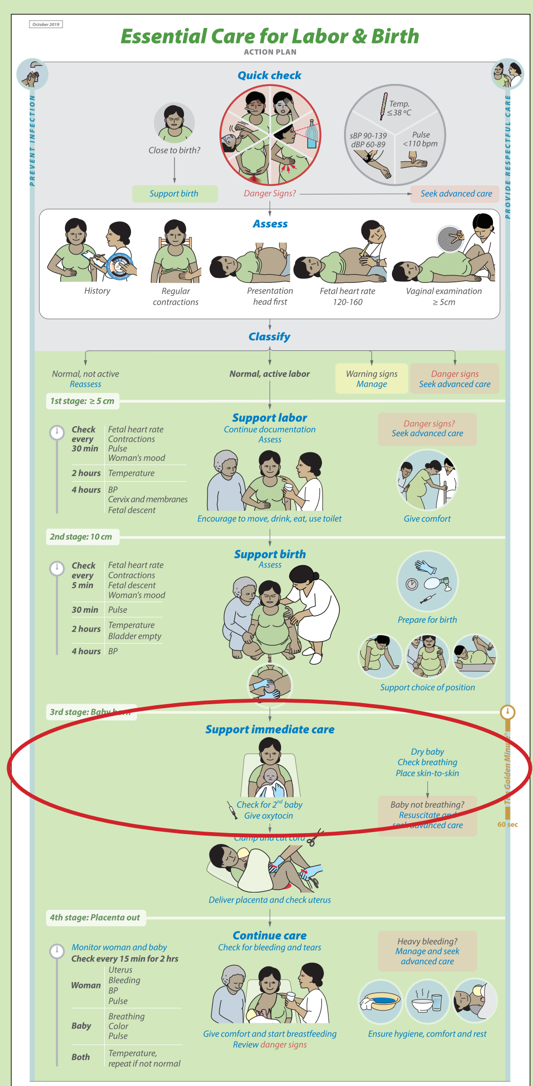
- Clean perineum with soap and water if soiled with stool.
- Prepare a clean surface under the woman and place a blanket on her abdomen for the baby.
- Encourage her to follow her urge to push.
- When the head delivers, allow it to turn naturally. You may wipe the nose and mouth, but do not suction routinely.
- Check for a cord and slip over head if you can.
- Wait for a contraction before assisting delivery.
- Deliver the baby to the mother's abdomen and begin to dry and assess.
- Note time of birth.
- Remember to congratulate her!

Avoid these harmful practices:

Do not...	Because...
Apply fundal pressure	***May increase risk of uterine rupture or cause baby´s shoulder to become stuck***
Stretch the perineum	***May cause tears in the vaginal wall***
Cut episiotomies routinely	***Increases risk of bleeding and 3rd and 4th degree tears. Episiotomy is only needed in an emergency.***
Manipulate baby's head instead of allowing external rotation of the head to happen naturally	***Can result in serious injury or nerve damage to the newborn***
Reach in to deliver arms after shoulder is born	***May cause tears in the vaginal wall***

Discuss

- Are any of the harmful practices listed above common at your facility?
  If so, how can we stop them?



Support immediate care

Dry baby
Check breathing
Place skin-to-skin

Explain

- All babies should start breathing in the first "golden" minute after birth.
- Healthy babies will breathe on their own or cry and have good muscle tone.
- Babies can quickly become very cold, even in a warm room.

Immediately after birth:

- Dry baby thoroughly with a clean, dry cloth. This helps the baby stay warm and stimulates breathing.
- Remove the wet cloth.
- Place the baby skin-to-skin on the woman's abdomen and cover the baby with a clean, dry cloth.
- Continually assess the baby for breathing.
- Keep the baby dry, warm, skin-to-skin with the mother, and covered with a dry cloth and a hat.

Practicing skin-to-skin for first hour helps:

- keep baby warm
- the mother bond with her baby
- support early breastfeeding

Care if the baby is not breathing

Most babies begin breathing right away. Stimulation by drying helps some babies start to breathe. Some babies need bag and mask ventilation to start breathing.

- If secretions are blocking the airway, clear the mouth first and then the nose with a suction device. Routine suctioning is not recommended for babies who breathe on their own.
- If baby is not breathing, call for help and begin bag and mask ventilation. Do not delay or stimulate longer.
- If the baby is not breathing after you have cleared the mouth and nose and rubbed the back, immediately begin bag and mask ventilation.

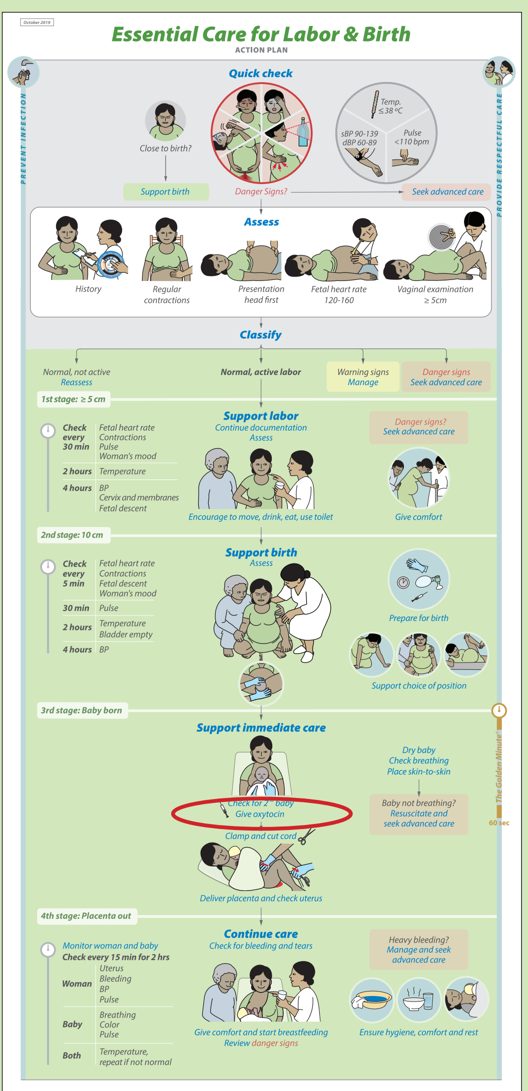
See HBS Helping Babies Breathe.

Avoid these harmful practices:

Do not...	*Because...*
Routine suctioning of baby	***No benefit to this practice. It may interfere with first breath and can slow breathing.***
Slapping, squeezing or shaking the baby or holding her upside down	***These can cause pain and do not help the baby breathe.***

Discuss

- Are any harmful practices I just mentioned common at your facility? Are there others? If so, how can we stop them?



Support immediate care

Check for second baby
Give oxytocin

Explain

To prevent heavy bleeding, begin active management of the third stage of labor (AMTSL) within 1 minute of birth to help the uterus contract and deliver the placenta.

- Oxytocin 10 IU IM is the recommended uterotonic for AMTSL, but it loses strength if it gets too warm for too long.
- Keep oxytocin refrigerated at 2 - 8 degrees C before use. Follow manufacturer's instructions for storage.
- Check for a second baby! If there is a twin, giving any uterotonic before the second baby is born can cause a strong contraction which could kill the baby and rupture the uterus.
- If you have not asked the woman already, get her permission to give oxytocin.

If you don´t have oxytocin give:

Misoprostol 400 or 600 μg orally (2 or 3 tablets of 200 μg each).

OR

Ergometrine/methylergometrine 200 μg IM/IV

OR

The fixed-dose combination of 5 IU oxytocin/500 μg ergometrine IM

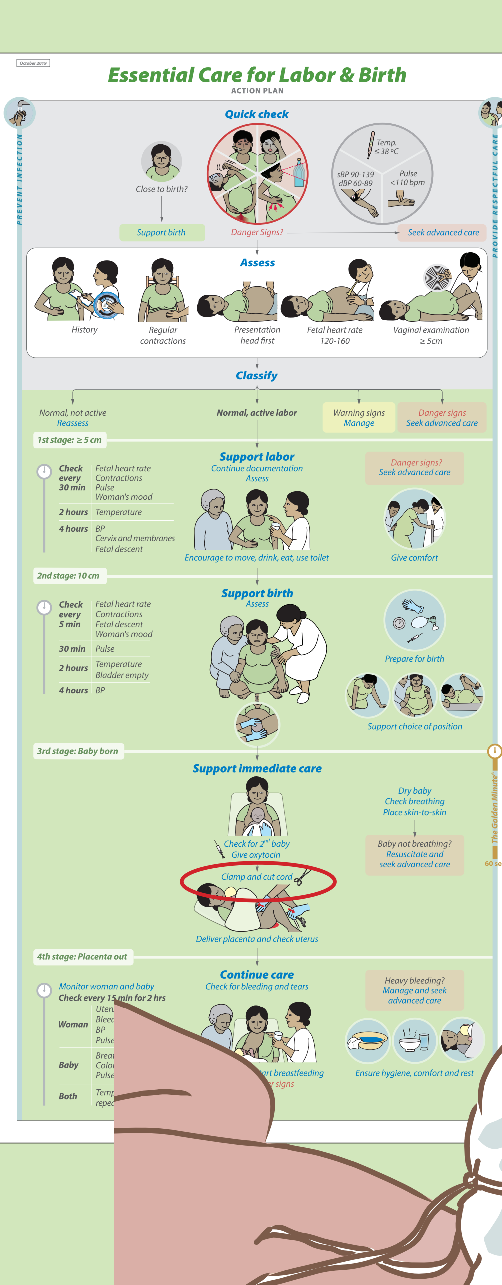
OR

Carbetocin 100 μg, IM/IV

NOTE: Do not give ergometrine to women with pre-eclampsia, eclampsia or high blood pressure.

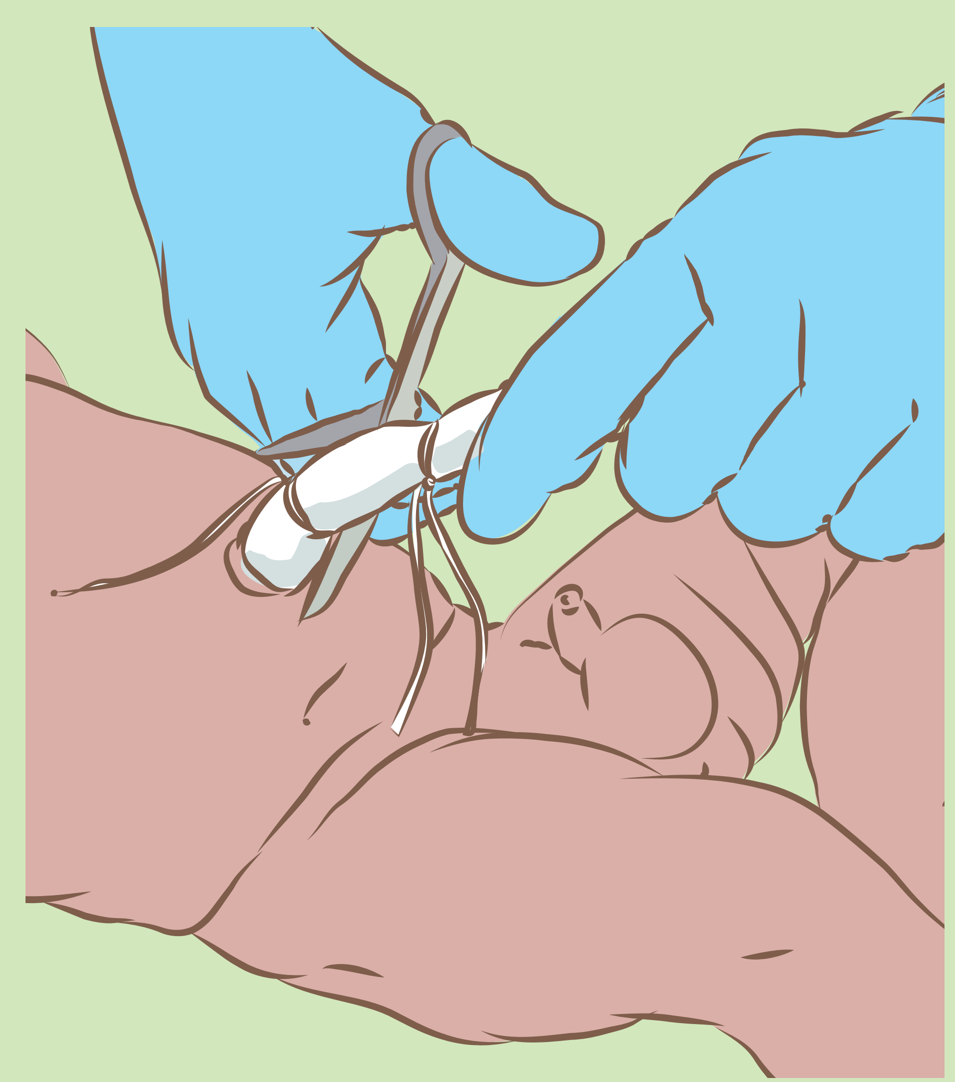
Discuss

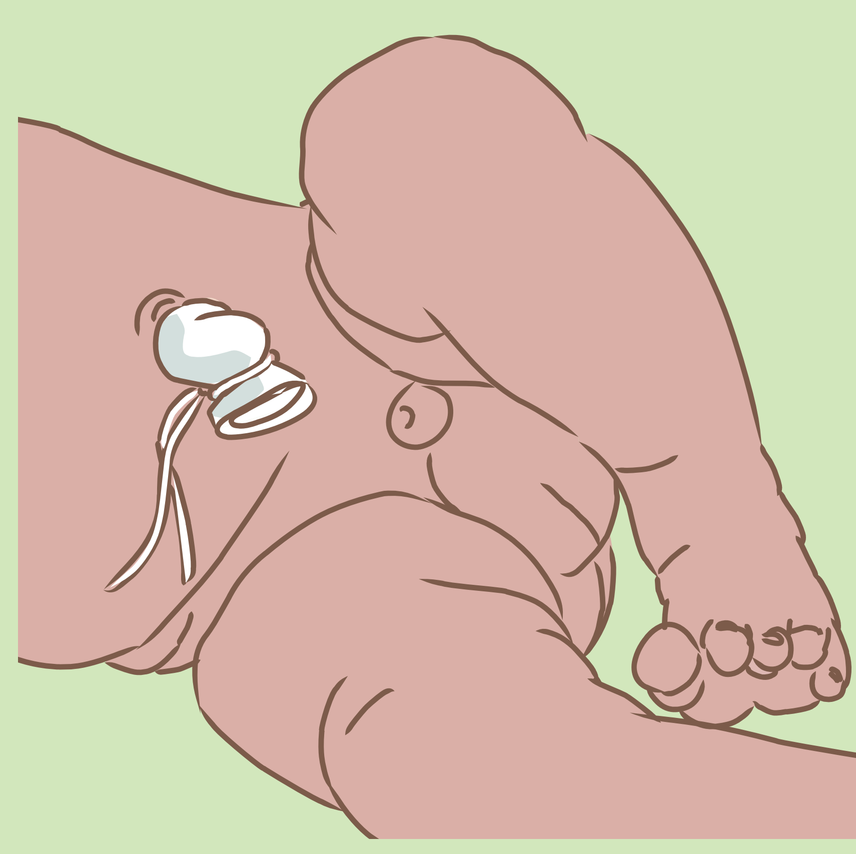
1. What uterotonic do you have here?
2. Do you ask women for permission before giving a uterotonic?
3. When do you usually give oxytocin after birth? If not within 1 minute, why not?
4. If oxytocin or ergometrine are the uterotonics you use, are they refrigerated? If not, what can you do to keep these drugs cool?

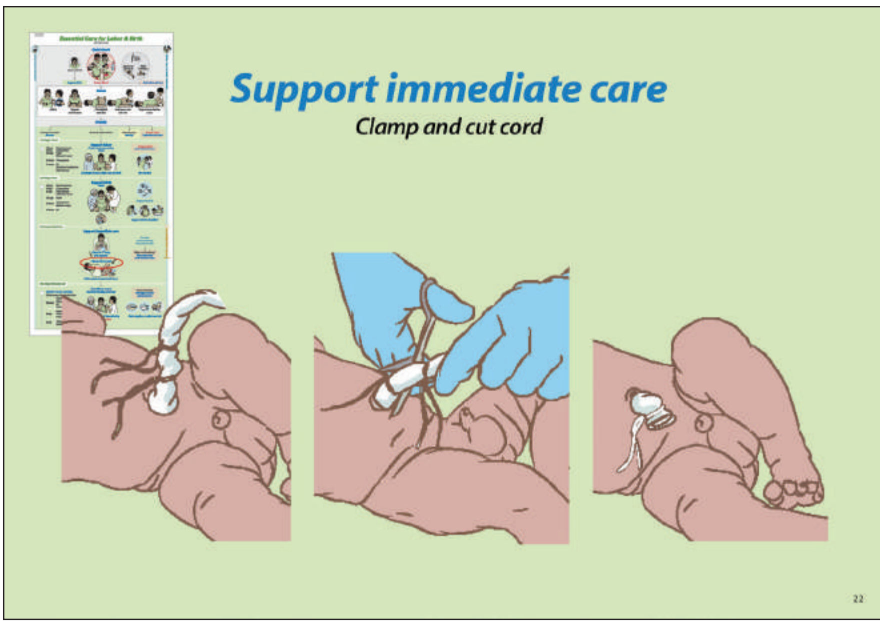


Support immediate care

Clamp and cut cord







Explain

- Wait 1 - 3 minutes to clamp or tie and cut the umbilical cord so the baby receives blood from the placenta.
- Delayed cord clamping reduces the risk of anemia in the baby. It is also recommended for women who are living with HIV or whose HIV status is unknown.
- All supplies used for clamping and cutting the cord should be sterile.

When cutting the cord:

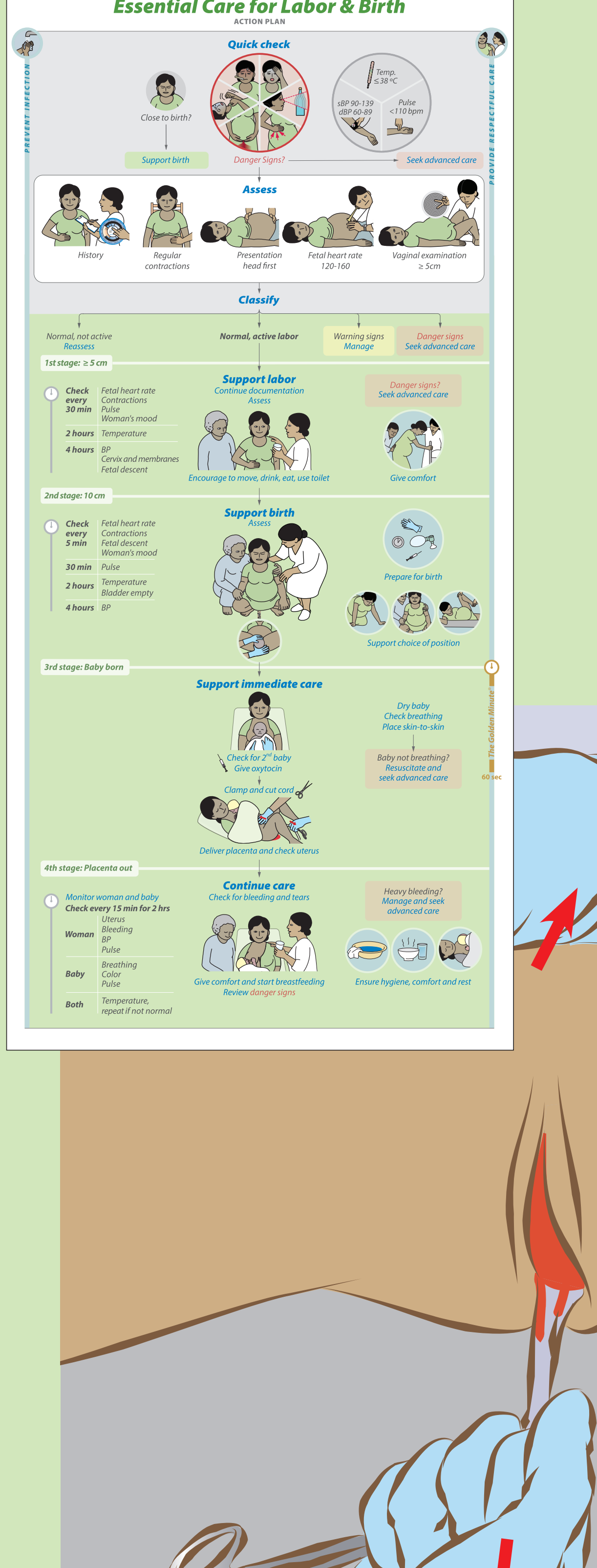
- Change your gloves or remove the first pair.
- Place clamps or ties 2 and 5 finger-breadths from the abdomen.
- Cut between clamps or ties with sterile scissors or blade.
- Do not put anything on the cord unless national guidelines call for use of chlorhexidine gel.
- Leave the cut end of the cord open to air to dry.
- Keep the baby skin-to-skin and replace the dry cloth.
- Ensure that the cord is not bleeding. Re-tie or re-clamp if needed.

Variation
Timing of cutting the cord may vary if there is a problem:

- If the baby is not breathing after drying and stimulation and you need to move the baby for resuscitation, cut the cord immediately, call for help, and immediately help the baby breathe using a bag and mask.
- If the woman is bleeding heavily, clamp and cut the cord, and call for help.

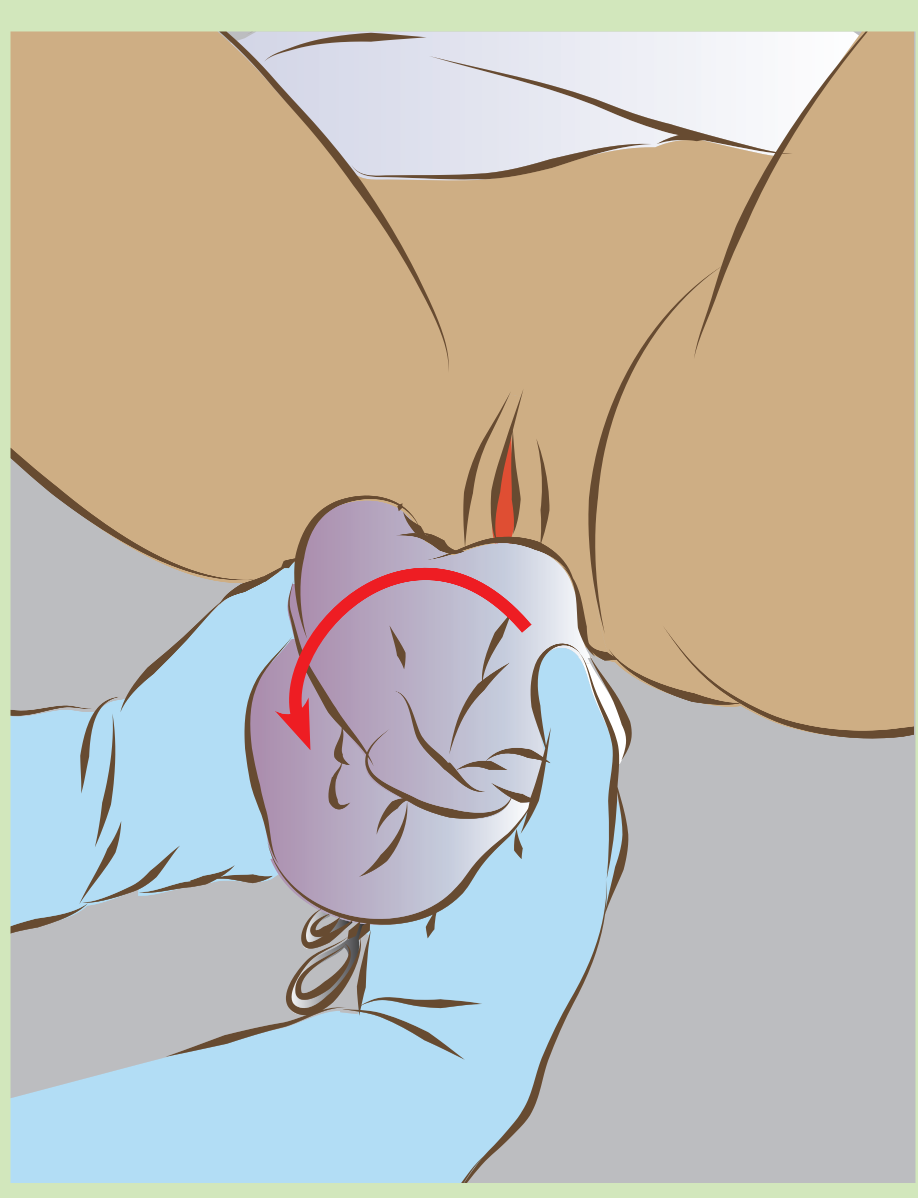
Discuss

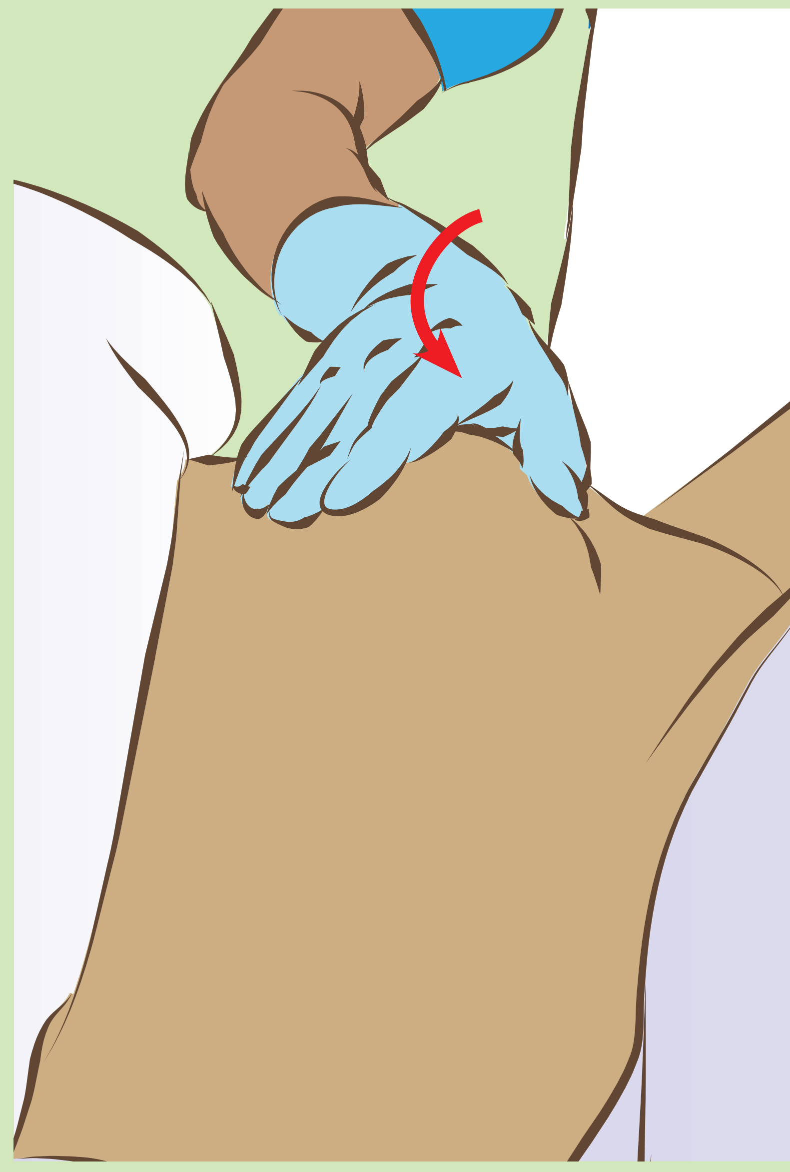
- Do the providers at your facility practice delayed cord clamping? If not, why not?

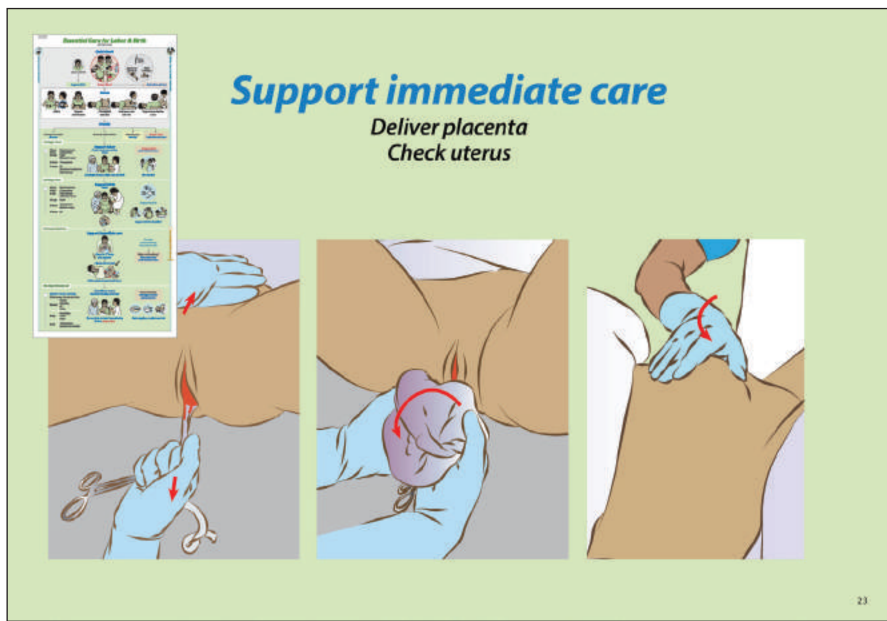


Support immediate care

Deliver placenta
Check uterus







Explain

- Most placentas deliver within 10 minutes, but up to one hour is still considered normal if the woman is not bleeding heavily.
- Watch for signs that the placenta has separated such as the cord getting longer, the uterus rising, and a small gush of blood.
- When you see these signs, use gentle, controlled cord traction only during contractions to help the placenta deliver. Always use counter traction to guard the uterus. Stop all cord traction between contractions.
- Remember, if you pull too hard or when there is no contraction, you may tear the cord off. If you do not use counter traction, you may invert the uterus.
- When the placenta is visible, twist to help the membranes deliver. Immediately after it delivers, place a hand on the uterus to check for tone and massage if soft.
- Check placenta for completeness.
- If the placenta does not deliver in 30 minutes repeat oxytocin 10 IU IM. Do not repeat misoprostol. Continue with controlled cord traction.

If the placenta does not deliver in 1 hour OR the placenta is out but not complete OR the woman is bleeding heavily at any time, seek advanced care.

See HMS Bleeding after Birth Complete

Demonstrate

Immediate postnatal care

Immediate care after birth

Once finished, continue to "Advanced Care Note".

When video is not available

Move to Advanced Care Note. Demonstration will be done on 24b.

Advanced Care Note

Providers may have the training and authorization to provide more advanced care. Act within your scope of practice.

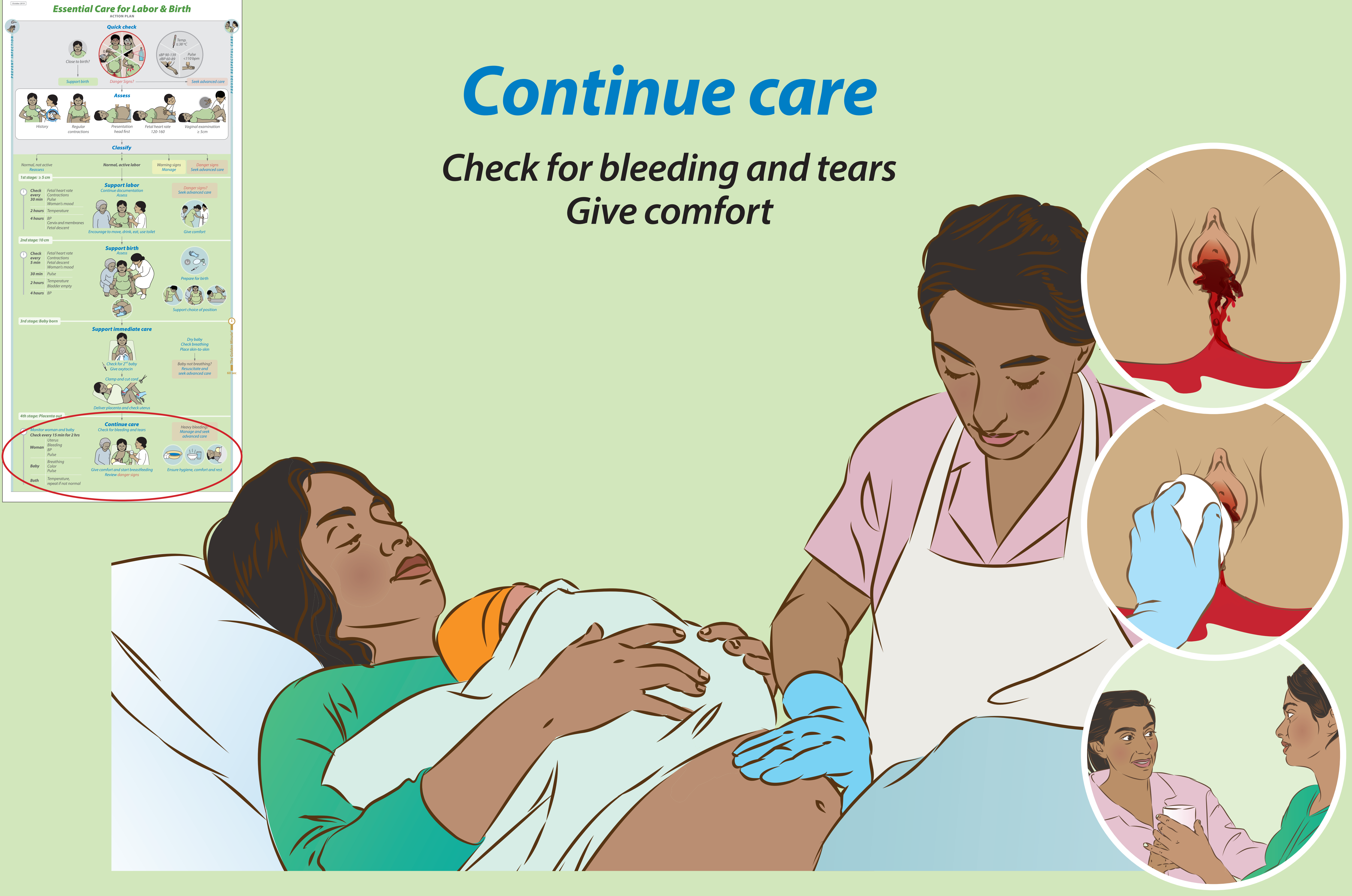
You may be trained to insert a postpartum IUD after delivery of the placenta. Now is the time to do so if a woman has chosen this as her family planning method.

Knowledge check

What can happen if you pull the cord too hard or when there is not a contraction?
You can pull the cord off or pull the uterus out.

Continue care

Check for bleeding and tears
Give comfort



Explain

After birth, a healthy woman will have:

- A contracted uterus with minimal bleeding
- Pulse 60-110 bpm and BP 90-139/60-89
- No bleeding tears

And a healthy baby will be:

- Breathing well and pink
- Alert with good tone

Check on women and babies frequently to ensure that they are doing well.

Postpartum hemorrhage (PPH) causes the majority of maternal deaths and is blood loss > 500 ml. Women who are anemic may be at risk even if they lose less than 500ml.

Act quickly if you see heavy bleeding, her pulse is >110, a low BP or if she feels unwell!

Demonstrate

Birth through immediate postnatal care

If you have used video, move to next page.

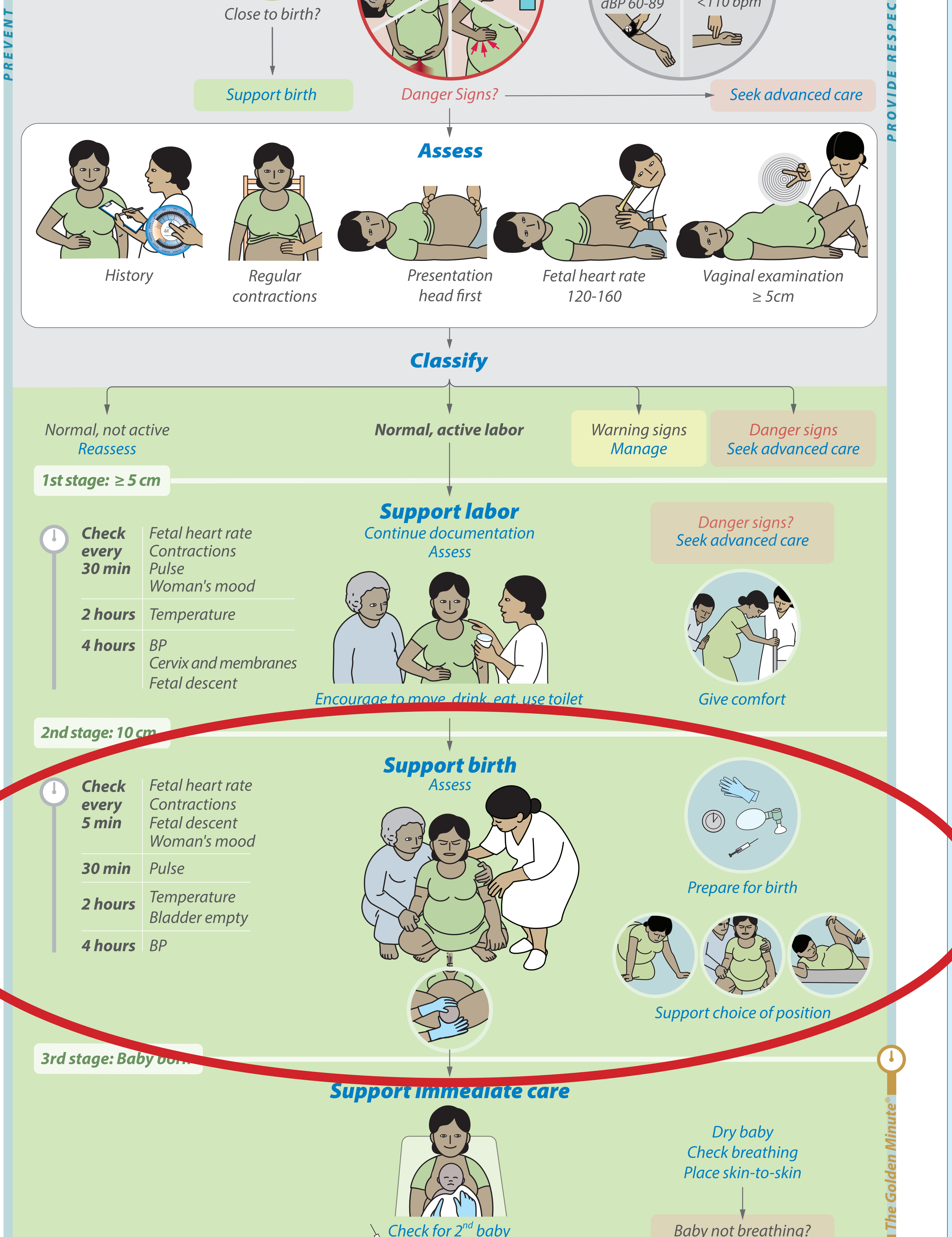
When video is not available

If you have not used video for demonstration, now is when you will demonstrate with a volunteer using the birthing simulator. Describe each step:

- Place a clean towel under the woman's buttocks and one on her abdomen.
- Use your hand to support her perineum.
- Encourage her to follow her urge to push.
- Keep the baby's head flexed towards the woman's back.
- Once the head delivers, allow it to turn naturally.
- Check for cord. If found, slip over the head or deliver the baby through the cord.
- Gently pull down on the head towards the woman's back to deliver the anterior shoulder. Then lift up towards her abdomen to deliver the posterior shoulder.
- Place the baby on the towel on the mother's abdomen and note time of birth. Congratulate her!
- Dry baby with towel while you check breathing. Remove the wet cloth and place skin to skin.
- Cover with clean dry cloth and hat.
- Check for second baby and give 10 IU IM oxytocin within one minute.
- Remove 1st pair of gloves or change gloves.
- Clamp the cord and cut between 1 and 3 minutes.
- Wait for a contraction then provide CCT while guarding the uterus. Be gentle!
- Cup the placenta and twist as it delivers. Immediately check for uterine tone. Massage if soft. Check bleeding. Inspect placenta and membranes.
- Check for tears and repair if needed.
- Provide clean linen and pad.
- Offer food and drink
- Document birth in the medical record.

EXERCISE:

Clean and Safe Birth



EXERCISE

Clean and Safe Birth

In groups of 6 or less wear the simulator as facilitator. **Read the scenario on the right side of this page.** After you finish reading, give them time to complete preparing for birth and then begin to push. Give birth while observing your learners. Ensure participants stay on track, but do not correct or interrupt. Use the checklist at the right to see how learners perform.

Debrief

When the birth is complete, debrief with participants. Provide supportive, constructive feedback after they have reflected on their experience. If there is time, allow others to practice.

Document

Ask all participants to document the birth on their copy of Amina's record. Check if participants are documenting the assessments correctly. Provide guidance as needed.

At the end of the session and if video is available, say, "**Do you have experience supporting birth in alternative positions?"**

Let them respond. If providers have not attended births in alternate positions, say, **"Watch this video with me so we can think about what might be possible."**

Demonstrate Birth in Alternative Positions

▶ *Birth in Alternative Positions*

Debrief

When the team is done, ask:

How was Amina's experience? The experience of her companion? Did they feel supported and respected?

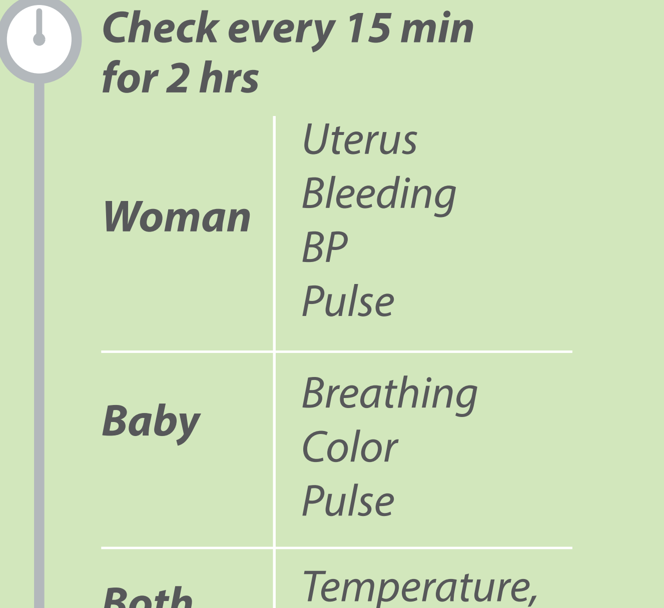
Does anything need to change at the facility in order to give this type of care for women and babies during and immediately after birth?

Read, ***"I am Amina, who you have cared for since I arrived in labor. During the last examination 20 minutes ago, you told me my cervix was 8 cm dilated. You are preparing supplies for my birth."***

Birth attendant action steps:	Prompt at the end if not done:
Prepare for birth	
☐ Prepare equipment	*Did you prepare your supplies and equipment?*
☐ Draw up oxytocin	
☐ Test bag and mask	
☐ Wash hands/sterile gloves	*Have you washed hands?*
Birth	
☐ Wash hands/sterile gloves	*Did you wash hands again before putting on sterile gloves?*
☐ Use good hand technique	
☐ Dry baby, remove wet cloth and place skin to skin	*Did you remember to remove the wet cloth?*
☐ Check for 2nd baby and give oxytocin within 1 minute	*Did you check for a second baby before giving oxytocin in 1 minute?*
☐ Change gloves before clamping and cutting the cord between 1 - 3 minutes	*Did you remember to change your gloves?*
☐ Properly manage cord and delivery of placenta	*Did you wait for a contraction before doing controlled cord traction?*
☐ Immediately check tone and bleeding	*Did you check tone and bleeding right after the placenta?*
☐ Inspect placenta, check for tears	
☐ Continually assess newborn breathing	*Is the baby doing well?*
☐ Give respectful care	
☐ Communicate with Amina	
☐ Document	*Did you document?*

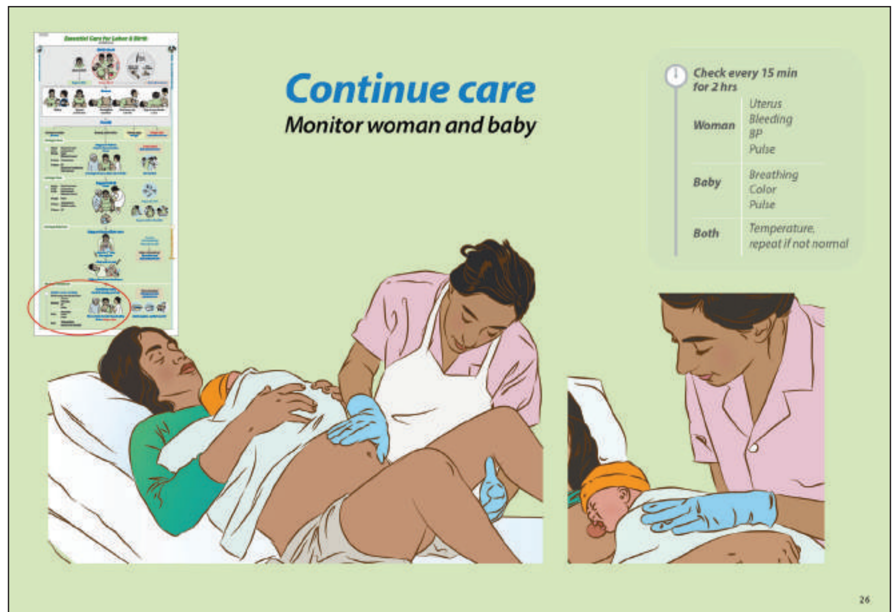
Continue care

Monitor woman and baby



Check every 15 min for 2 hrs

Woman	Uterus Bleeding BP Pulse
Baby	Breathing Color Pulse
Both	Temperature, repeat if not normal



Explain

Women and their newborns need to be watched closely for the first 6 hours after birth.

Demonstrate

Continue care

▶ Continue Care

Once finished, continue to "Discuss".

When video is not available

Explain:

- Monitor women and their babies every 15 minutes for 2 hours, every 30 minutes for the next 1 hour, then every hour for 3 hours after.

For the woman, check:

- **Uterine tone:** should be firm, in the center, and near the umbilicus. If soft, start massage, ensure empty bladder, and check bleeding.
- **Bleeding:** If bleeding is heavy or does not stop, check tone and massage the uterus if soft. Ensure empty bladder, give another 10 IU of oxytocin, start IV, and seek advanced care.

See HMS Bleeding after Birth Complete

- **Vital signs:** Temperature, BP, and pulse should be within normal range.

If BP is high see HMS Pre-eclampsia & Eclampsia

For the baby, check:

- **Temperature:** Feel the baby's feet and forehead. Use a thermometer within 90 minutes after birth or if the skin feels cool or hot. The temperature should be 36.5 - 37.5 ºC.
- **Breathing:** a baby should breathe easily between 40-60 times a minute. Count a baby's breathing rate for one minute.
- **Color:** pink is normal and may have bluish hands and feet. Lips and tongue should not be blue.
- **Pulse:** should be 100 - 160 beats/ min
- **Cord:** check for bleeding

Document all findings on the client record.

If any abnormal findings see HBS Essential Care for Every Baby

Discuss

1. Are you able to assess the woman and baby every 15 minutes in the first 2 hours?
2. What makes this difficult to do?

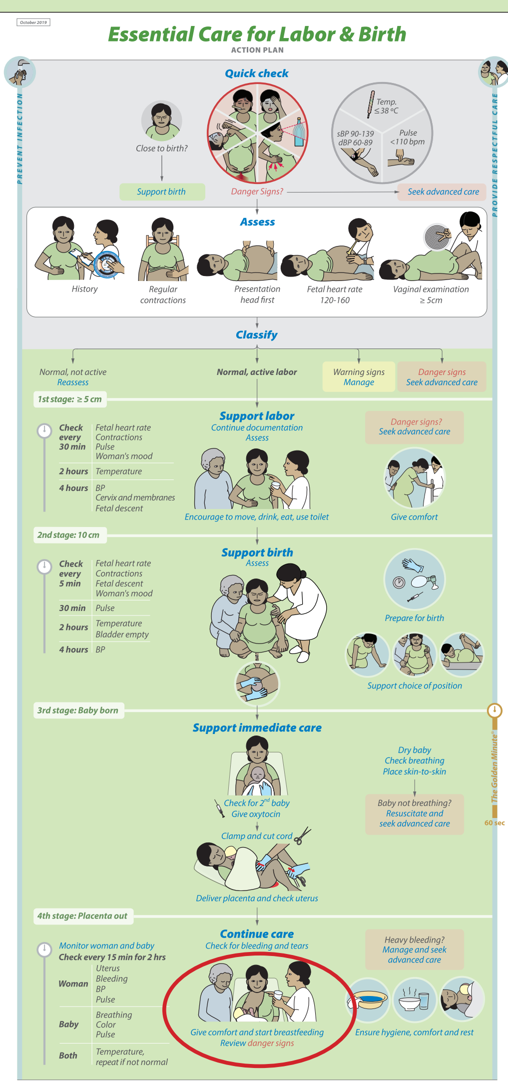
Knowledge check

What problems can women have after birth?
Heavy bleeding, pre-eclampsia/eclampsia, infection, retained placenta.

What problems can babies have right after birth?
Breathing problems, become cold, or show signs of infection

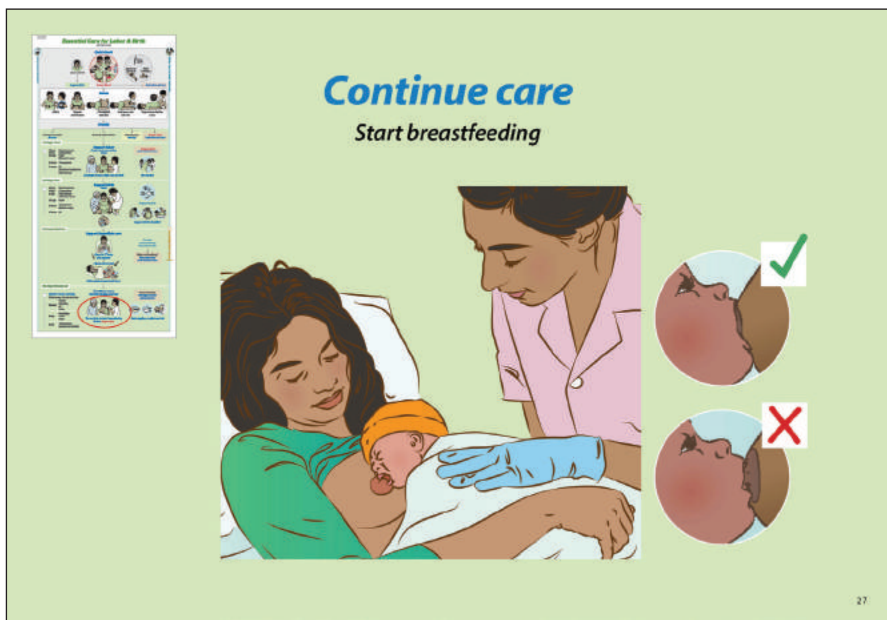
How often should you monitor the mother and her baby after birth?
Every 15 minutes for 2 hours, then every 30 minutes for the next hour, then hourly for 3 hours

"What will you check?"
Uterine tone, bleeding, pulse, BP, newborn breathing, temperature by touch, color, and heart rate.



Continue care

Start breastfeeding



Explain

Mothers and babies should stay together if both are well. For the first hour, keep the baby skin to skin and cover them both with a clean, dry blanket.

Congratulate the woman on her achievement and thank the birth companion for his or her help!

When video is not available

Demonstrate with a volunteer wearing the birthing simulator and explain:

- Gently check for tears.
- Clean the woman's perineum, move her to a clean, dry surface, cover her and her baby, and assist her into a comfortable position.
- Offer her something to drink.
- Check the baby for breathing, tone, color.
- Check the baby's cord for bleeding and feet for warmth.
- Feel the uterus and observe for bleeding.
- Take the woman's BP and pulse.
- After 1 hour, give eye treatment, vitamin K, and chlorahexidine gel to cord (if used) per national protocol. These treatments can be given while baby is skin-to-skin.

Explain:

- Assist babies to begin breastfeeding within the first hour and allow them to feed as long as they want. Some babies and mothers may need help to get started.
- Do not bathe the baby until at least 24 hours after birth.

See Helping Babies Survive Essential Care for Every Baby

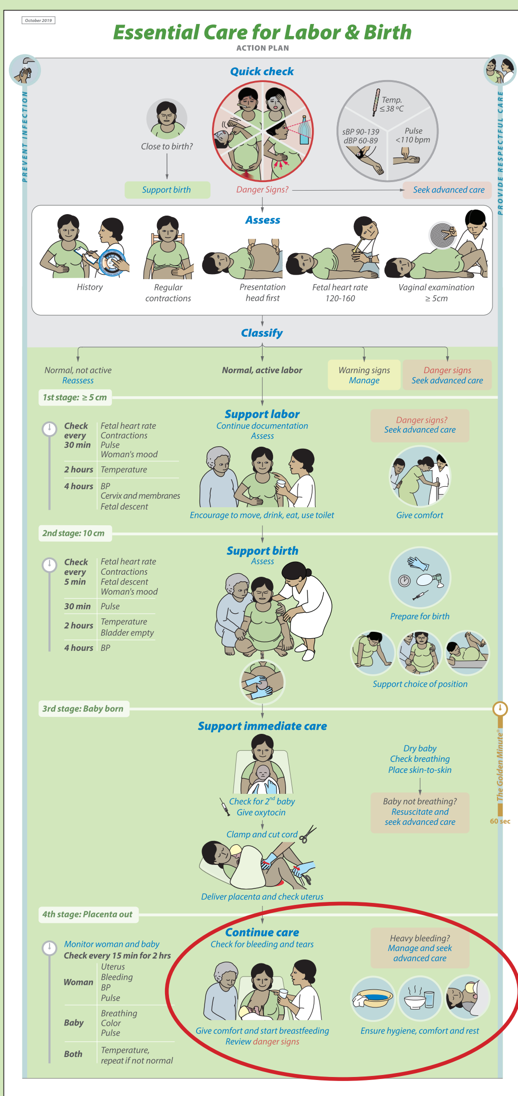
Clean up delivery area

Clean and sterilize delivery instruments.
Be sure to reprocess newborn suction, bag and mask.

- Dispose of medical waste and sharps safely.
- Decontaminate any blood on the floor.
- Make sure linens are properly processed.

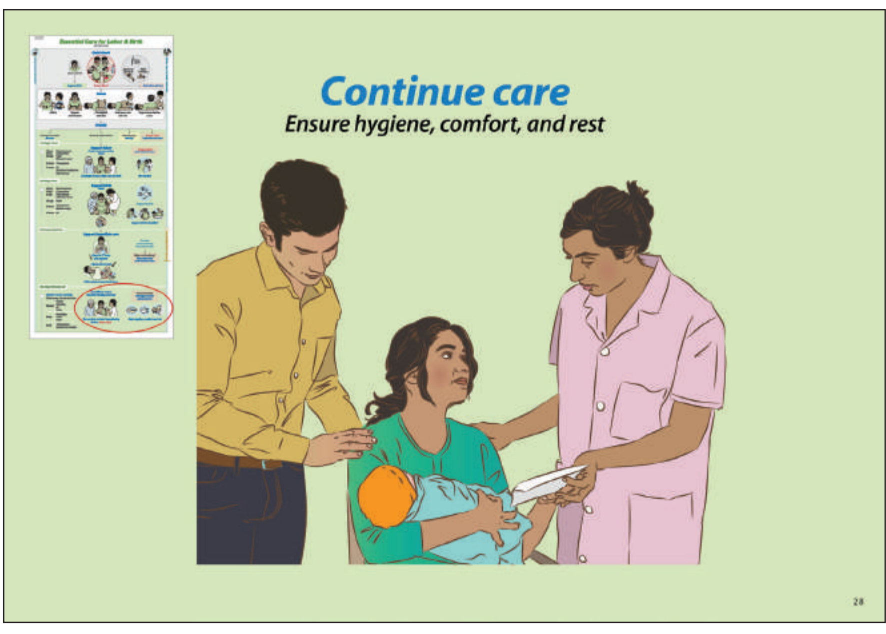
Discuss

1. If skin-to-skin is not routinely practiced for the first hour, how can you change this?
2. Do most women exclusively breastfeed?



Continue care

Ensure hygiene, comfort, and rest



Explain

Remember, healthy women and babies should stay at the facility for 24 hours after birth. Before discharge, counsel women about breastfeeding, baby care, self-care, and family planning.

Breastfeeding

- Encourage feeding whenever the baby seems hungry.
- Make sure mothers know how to get help if they have pain or if they think their baby is not gaining weight.
- Babies should receive only breastmilk for the first 6 months.

Baby care

- Remind women and family to wash hands before caring for or feeding babies.
- Keep the cord clean and dry. Do not apply anything unless chlorhexidine gel is recommended.
- If there is a risk of malaria, have her sleep with her baby under a bed net.

Bleeding

- Large gushes of blood or small, continuous trickles are not normal. She should get help immediately.

Food & rest:

- Women need healthy food and lots of fluids. She needs an extra meal each day or several extra snacks. Encourage rest.

Hygiene

- She should bathe daily and clean her perineum after using the toilet.

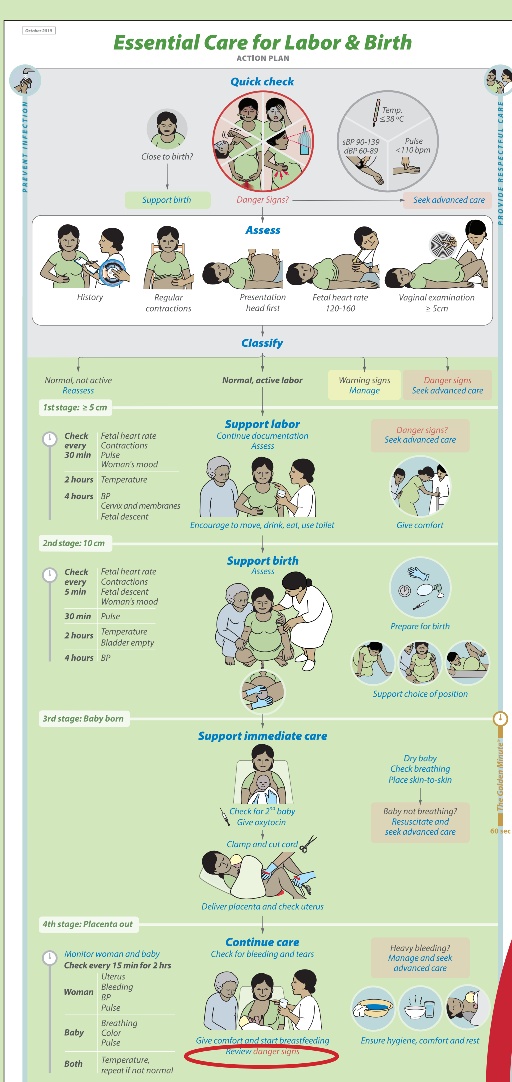
Family planning

- Ensure women leave your care with the family planning method of their choice. Offer condoms for protection from infection.
- Delaying pregnancy for at least 2 years is best for women and their children.
- It is safe to resume sex once bleeding stops and women feel ready.

Follow-up care

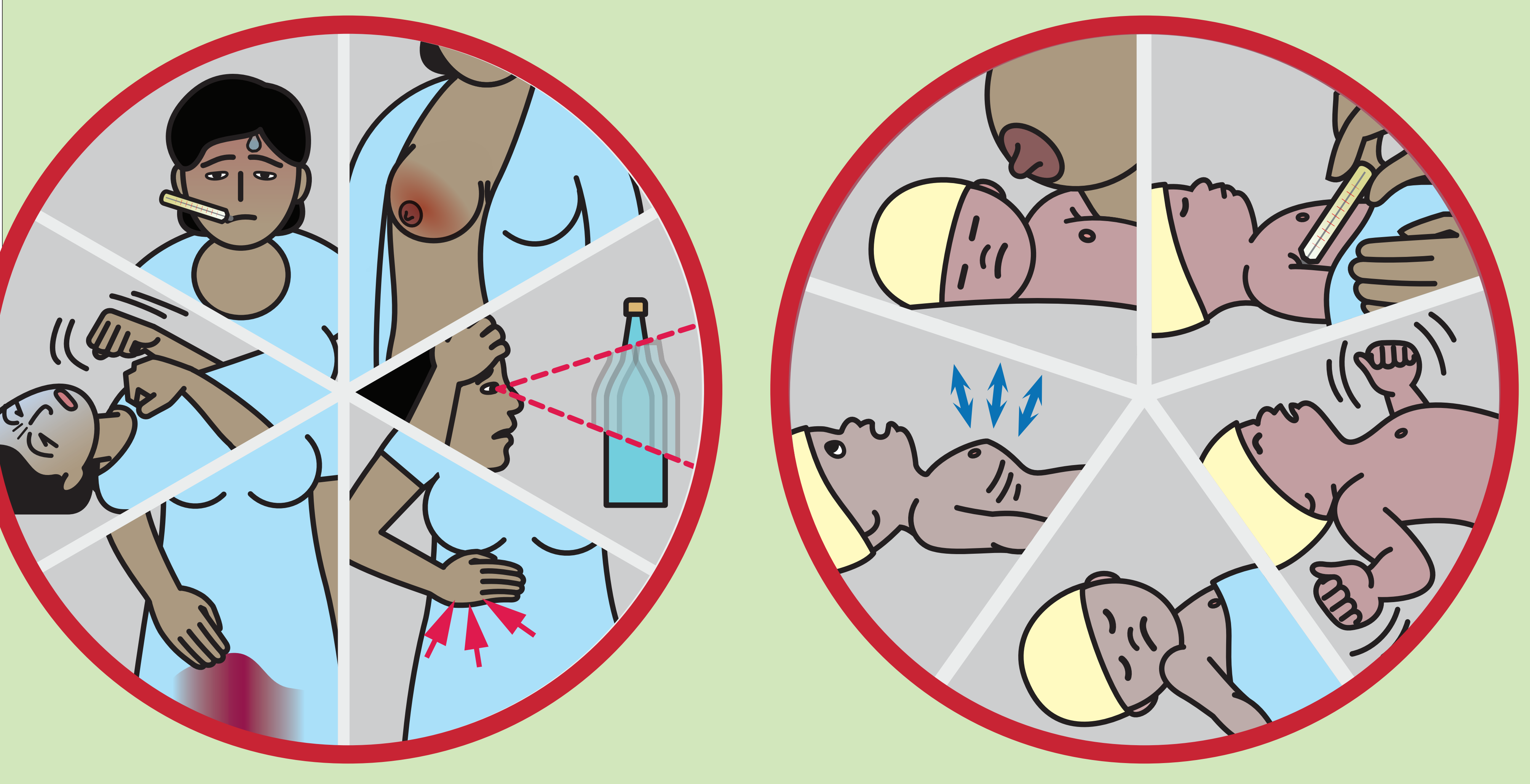
Return for 3 postnatal checks according to local guidance but ideally:

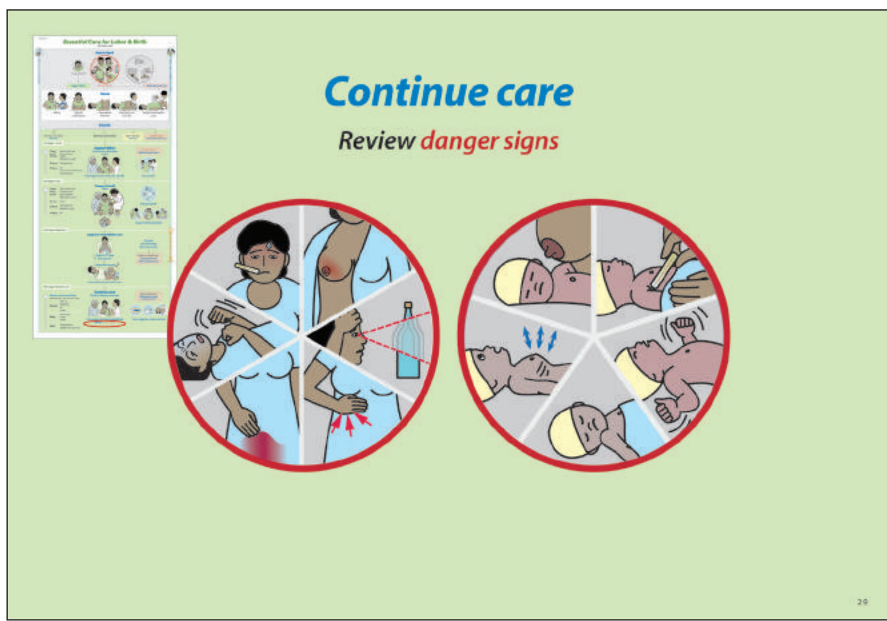
- After 48 – 72 hours
- After 7 to 14 days
- At 6 weeks
- For infant care and immunizations per local guidelines



Continue care

Review danger signs





Explain

Say, ***"Before discharge, counsel women about*** danger signs. ***Ask them where and how they will get care if there is a problem. Review these*** danger signs***:"***

Danger signs for the woman

- Bleeding: more than 2 or 3 pads soaked in 20-30 minutes OR bleeding increases rather than decreases.
- Convulsions
- Severe abdominal pain
- Severe headache or blurred vision
- Fast or difficult breathing or chest pain
- Fever
- Too weak to get out of bed
- Calf pain, redness or swelling
- Painful red, breasts or bleeding nipples
- Problems emptying bladder or leaking of urine
- Foul smelling vaginal discharge

Danger signs for the baby

- Breathing very fast or very slow: < 30 or > 60 breaths per minute
- Gasping or chest in-drawing: pulling in between ribs or below ribcage
- Grunting
- Convulsions: shaking of arms or legs
- Swollen abdomen
- Feels hot or cold to the touch
- Not feeding normally
- Skin color: very yellow in palms or soles OR blue on whole body
- Decreased movement, floppy or still
- Fast heart rate: > 180/min
- Bleeding or pus from umbilical cord, swelling of skin, redness or hardness around the stump

October 2019

Essential Care for Labor & Birth

ACTION PLAN

PREVENT INFECTION

PROVIDE RESPECTFUL CARE

Quick check

Close to birth?

Support birth

Danger Signs?

Seek advanced care

Temp. ≤38 °C

sBP 90-139 dBP 60-89

Pulse <110 bpm

Assess

History

Regular contractions

Presentation head first

Fetal heart rate 120-160

Vaginal examination ≥ 5cm

Classify

Normal, not active
Reassess

Normal, active labor

Warning signs
Manage

Danger signs
Seek advanced care

1st stage: ≥ 5 cm

Support labor
Continue documentation
Assess

Check every 30 min: Fetal heart rate, Contractions, Pulse, Woman's mood
2 hours: Temperature
4 hours: BP, Cervix and membranes, Fetal descent

Danger signs?
Seek advanced care

Encourage to move, drink, eat, use toilet

Give comfort

2nd stage: 10 cm

Support birth
Assess

Check every 5 min: Fetal heart rate, Contractions, Fetal descent, Woman's mood
30 min: Pulse
2 hours: Temperature, Bladder empty
4 hours: BP

Prepare for birth

Support choice of position

3rd stage: Baby born

Support immediate care

Dry baby
Check breathing
Place skin-to-skin

Baby not breathing?
Resuscitate and seek advanced care

The Golden Minute®

60 sec

Check for 2nd baby
Give oxytocin

Clamp and cut cord

Deliver placenta and check uterus

4th stage: Placenta out

Continue care
Check for bleeding and tears

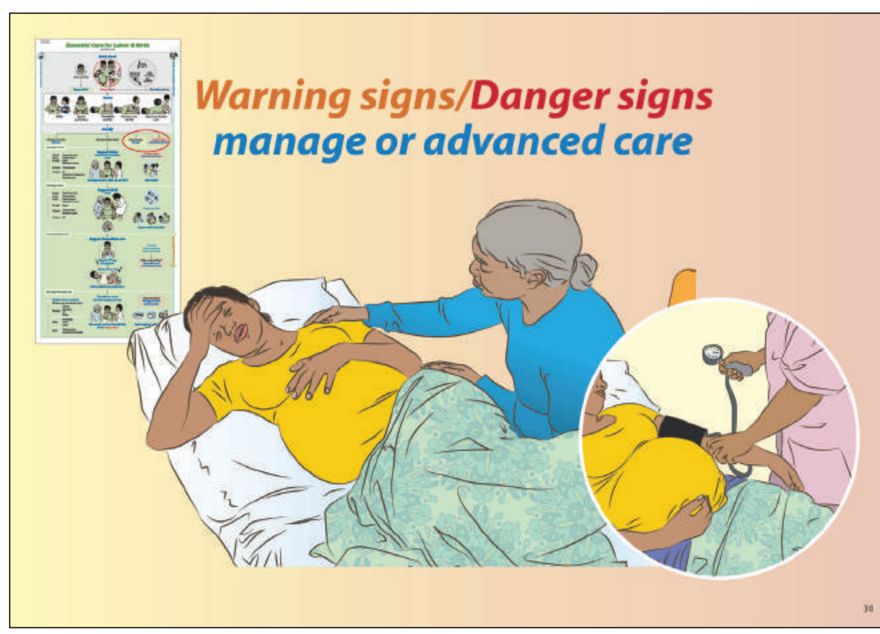
Monitor woman and baby
Check every 15 min for 2 hrs
Woman: Uterus, Bleeding, BP, Pulse
Baby: Breathing, Color, Pulse
Both: Temperature, repeat if not normal

Heavy bleeding?
Manage and seek advanced care

Give comfort and start breastfeeding
Review danger signs

Ensure hygiene

Warning signs/Danger signs
manage or advanced care



Explain

So far we have discussed care during labor and birth when all is normal. But what about when things are not normal?

- Problems may be mild, such as a slightly increased pulse or severe such as very high blood pressure or heavy bleeding.
- Always take action if something is not normal. Let the woman know what is happening. If something needs immediate attention or if a problem continues, call for help and seek advanced care.

Practice

Clinical decision making

Have providers turn to page 60 in the Provider's Guide.

Ask, ***"What should you do right away to address a fetal heart rate is 104?"***

Answers:

- Reposition the woman
- Hydrate her (IV or orally)
- Listen to the fetal heart to see if it increases
- Give oxygen
- Check the woman's pulse
- Perform a vaginal exam to assess for rapid descent or cord prolapse
- Assess uterine tone

Explain

If you identify a danger sign OR you have treated a problem and it is still there, seek advanced care. Depending on the problem, you may:

- Begin treatment.
- Ask a co-worker for help.
- Transfer to another facility.

If you must transfer her, what care can you give first? IV, oxygen, loading dose of $MgSO_4$, antibiotics?

Discuss

- What is advanced care in your facility?
- What care for complications can you provide here? $MgSO_4$, antibiotics, blood transfusion, vacuum or forceps, cesarean?
- Where do you refer women who need care your facility cannot provide and how do you transport them?

Explain

When seeking advanced care:

- Continue care and monitoring.
- Never leave a woman with a complication alone.
- Tell the woman and her family what the problem is, what you are doing to help and why.
- Explain to receiving provider the problem and care provided and give them a copy of her record including partograph.
- Do you communicate with referral hospital? If so, how? Do you call them? Provide a referral note?

EXCERCISE

Preparing for "LDHF"
Taking Action!

LDHF

Ongoing practice and quality improvement activities

Taking Action with S.M.A.R.T Goals

Specific	Put privacy curtains between all beds in the maternity ward.
Measurable	100% of maternity ward beds have privacy curtains.
Achievable	We have the resources to purchase material and make curtains.
Relevant	Privacy is important and will improve a woman's experience.
Time limited	It will take us 3 weeks to get material to make and put up curtains.

EXCERCISE

Preparing for LDHF Taking Action!

Preparing for LDHF
Ask, ***"What is LDHF? Does anybody know?" "LDHF means, "low-dose, high- frequency". It is an approach to training where we do small amounts of learning and practice at our facilities and with our colleauges to make it easier to give the best possible care."***
Have providers turn to page 62 of the Provider's Guide and so they can see the skills practice and quality improvement activities they will do after today. These activities will be coordinated by a peer who will be asked to help. Explain that they will work as a team and help each other do the activities.
Ask that they include all staff in these sessions even if they were not part of the training today.

Taking Action!
What will I do to make a difference?
Have each participant take 5 minutes to think of one thing they learned that they will do differently after today. Ask them to write it down and put a time limit on how long it will take them to do it.

What will we do differently together?
Ask the group what they think they are doing well when they care for women in labor. Then ask the group to review the list of items that came up during discussions today.

Ask if there is anything they learned today that will be easy to change. Ask what may be hard to change: Close monitoring? Allowing companions? Offering women to walk in labor? Encouraging choice of position for pushing and birth? Keeping the baby skin-to-skin and starting breastfeeding in the first hour?

Ask learners to reflect on the following questions as they review their list of items to address:
1. Which of these items do we want to change?
2. Which are we able to change on our own?
3. How are we going to make this change?

If you are in a large group, divide the group so there are 6 or fewer participants. Based on the discussion above, ask them to come up with 3 - 5 SMART goals to answer the question, ***"What will we do differently tomorrow?"***

Give **SMART** examples below**:**

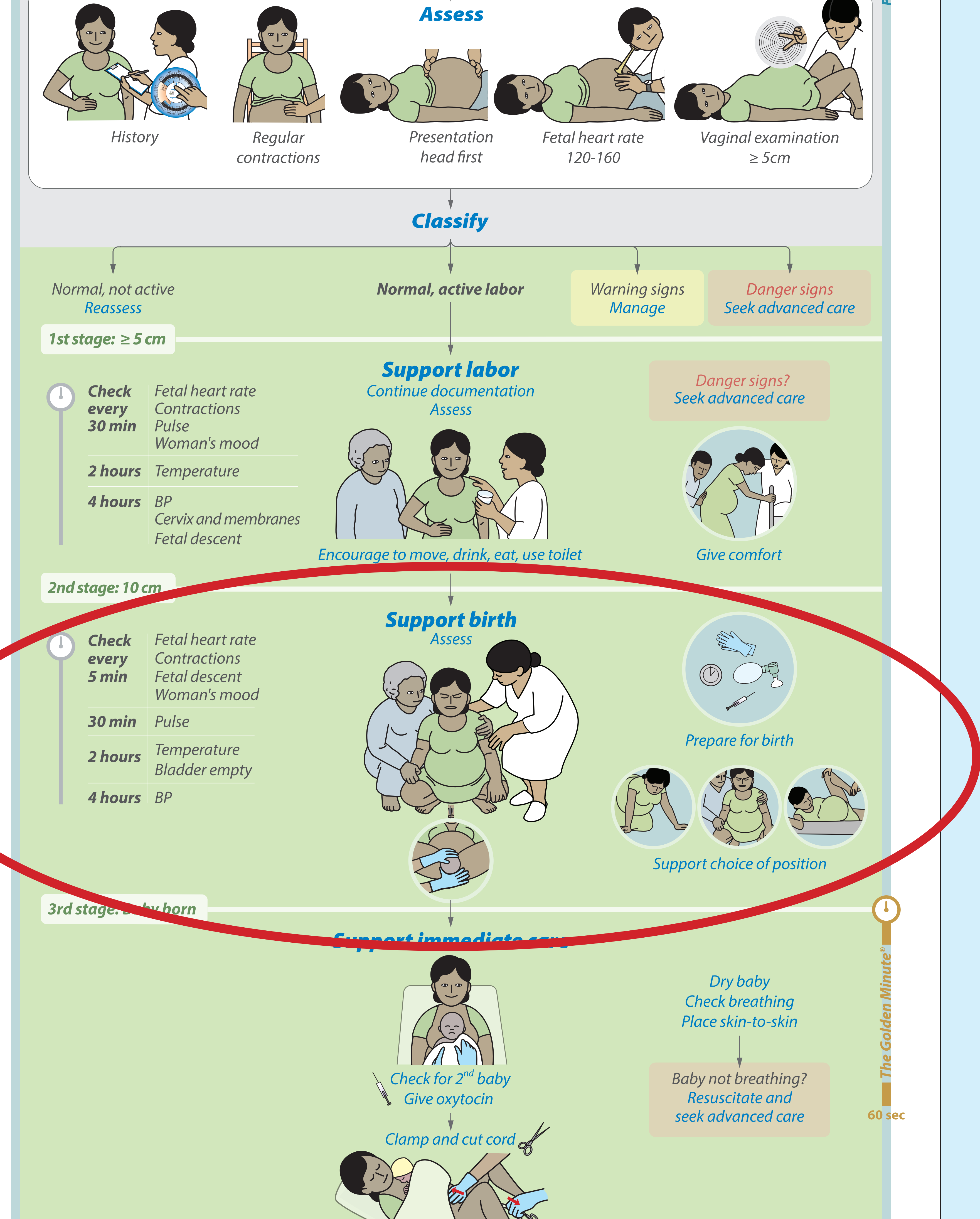
- **S**pecific - Put privacy curtains between beds in the maternity ward.
- **M**easurable - 100% of maternity ward beds have privacy curtains.
- **A**chievable - We have the resources needed to purchase and install curtains between the beds to ensure privacy.
- **R**elevant - Privacy is important and will improve women's labor experiences.
- **T**ime limited - It will take us 3 weeks to get the material to make and put up the curtains.

Have the groups share their goals. Point out that the first LDHF exercise is putting their plans into action!

The training day may stop here or you may decide to do the optional activity on the next page for birth in alternative positions.

EXERCISE

Supporting Birth in Alternate Positions



EXERCISE

Supporting Birth in Alternate Positions

Explain

Women should be encouraged to give birth in the position they find most comfortable.

Ask participants, ***"Why do you think most women lie down to give birth?"***

Allow group to respond. Answers may include:

- Physical set up of the delivery area
- Comfort and convenience for providers
- Provider training

Choices for alternative birth position include:
Standing, hands and knees, squatting, sitting, side-lying.

The mechanism of birth is the same regardless of position, but you may need change your hand maneuvers. Managing the third stage of labor is the same.

Demonstrate

Birth in Alternate Positions

Note to facilitators that this video should guide discussion and will show providers what is possible. Let providers know that there are some practices in the video that are not perfect.

When video is not available

Demonstration should be done only by a facilitator who is comfortable delivering women in these positions and should follow the the instructions for the birth demonstration on page 24b.

Practice

Ask learners to work in pairs for 20 - 30 minutes. One participant will be the woman wearing the simulator or holding a newborn simulator and the other will be the provider. Practice supporting birth in at least two different positions including hands and knees. Turn to page 58 in PG for tips on supporting birth in this position. Circulate and offer guidance as needed. Have learners switch roles.

Discuss

Do you have space in your facility where women can give birth in different positions? If not, what can be done to make this possible?

Read, ***"I am Amina whom you have cared for since I came to you in labor. I have been pushing for 45 minutes and I want to give birth lying on my side"***

Provider action steps:	Prompt at the end if not done:
Birth	
☐ Wash hands/sterile gloves	*Have you washed hands?*
☐ Use good hand technique	
☐ Dry baby, remove wet cloth and place skin to skin	*Did you remember to remove the wet cloth?*
☐ Check for 2nd baby and give oxytocin within 1 minute	*Did you check for a second baby before giving oxytocin in 1 minute?*
☐ Change gloves before clamping and cutting the cord between 1 - 3 minutes	*Did you remember to change your gloves?*
☐ Properly manage cord and delivery of placenta	*Did you wait for a contraction before doing controlled cord traction?*
☐ Immediately check tone and bleeding	*Did you check tone and bleeding right after the placenta?*
☐ Inspect placenta, check for tears	
☐ Continually assess newborn breathing	*How is the baby doing?*
☐ Give respectful care	
☐ Communicate with Amina	
☐ Document	

Debrief

When all the pairs are done, ask:

"What went well?"

"What did you find difficult, confusing, or uncomfortable?"

"Do you think you could help women give birth in these positions?"

Acknowledgments

Helping Mothers Survive Essential Care for Labor & Birth
Facilitator Flip Chart

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Jhpiego is an international, nonprofit health organization affiliated with Johns Hopkins University. For more than 40 years, Jhpiego has empowered frontline health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidenced-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world's most vulnerable populations.

The Helping Mothers Survive Essential Care for Labor & Birth module was conceived and developed by Jhpiego in partnership with the American College of Nurse Midwives and the International Confederation of Midwives and uses the design created for Helping Babies Breathe, a module developed by the American Academy of Pediatrics.

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