



INTEGRATED MANAGEMENT OF PREGNANCY AND CHILDBIRTH: ANTENATAL CARE

ASSESS AND CLASSIFY THE PREGNANT WOMAN: PREGNANCY STATUS, BIRTH, AND EMERGENCY PLAN



- Use this chart to assess the pregnant woman at each of the four antenatal care visits.
- During first antenatal visit, prepare a birth and emergency plan using this chart and review them during following visits.
- Modify the birth plan if any complications arise.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	INDICATIONS	PLACE OF DELIVERY	ADVISE
ALL VISITS <ul style="list-style-type: none"> ▪ Check duration of pregnancy. ▪ Where do you plan to deliver? ▪ Any vaginal bleeding since last visit? ▪ Is the baby moving? (after 4 months) ▪ Check record for previous complications and treatments received during this pregnancy. ▪ Do you have any concerns? 	<ul style="list-style-type: none"> ▪ Feel for trimester of pregnancy. 	<ul style="list-style-type: none"> ▪ Prior delivery by caesarian. ▪ Age less than 14. ▪ Transverse lie or other obvious malpresentation within one month of expected delivery. ▪ Tubal ligation or IUD desired immediately after delivery. ▪ Documented third degree tear. ▪ History of or current vaginal bleeding or other complication during this pregnancy. 	REFERRAL LEVEL	<ul style="list-style-type: none"> ▪ Explain why delivery needs to be at referral level. ▪ Develop the birth and emergency plan.
FIRST VISIT <ul style="list-style-type: none"> ▪ How many months pregnant are you? ▪ When was your last period? ▪ When do you expect to deliver? ▪ How old are you? ▪ Have you had a baby before? If yes: ▪ Check record for previous pregnancies or if there is no record ask about: <ul style="list-style-type: none"> ⇒ Number of prior pregnancies/deliveries. ⇒ Prior caesarian section, forceps, or vacuum. ⇒ Prior third degree tear. ⇒ Heavy bleeding during or after delivery. ⇒ Convulsions. ⇒ Stillbirth or death in first day. ⇒ Do you smoke, drink alcohol, or use drugs? ⇒ HIV status and ARV treatment. 	<ul style="list-style-type: none"> ▪ Look for caesarian scar. 	<ul style="list-style-type: none"> ▪ First birth. ▪ Last baby born dead or died in first day. ▪ Age less than 16 years. ▪ More than six previous births. ▪ Prior delivery with heavy bleeding. ▪ Prior delivery with convulsions. ▪ Prior delivery by forceps or vacuum. ▪ HIV-positive woman. 	INSTITUTIONAL HEALTH CARE LEVEL	<ul style="list-style-type: none"> ▪ Explain why delivery needs to be at primary health care level. ▪ Develop the birth and delivery plan.
THIRD TRIMESTER <p>Has she been counseled on family planning? If yes, does she want tubal ligation or IUD?</p>	<ul style="list-style-type: none"> ▪ Look for obvious multiple pregnancy. ▪ Feel for transverse lie. ▪ Listen to fetal heart 	<ul style="list-style-type: none"> ▪ None of the above. 	ACCORDING TO WOMAN'S PREFERENCE	<ul style="list-style-type: none"> ▪ Explain why delivery should be with a skilled birth attendant, preferably at a facility. ▪ Develop a birth and emergency plan.



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> ▪ Blood pressure at last visit? 	<ul style="list-style-type: none"> ▪ Measure blood pressure in sitting position. ▪ If diastolic blood pressure is ≥ 90 mmHg, repeat after 1 hour rest. ▪ If diastolic blood pressure is still ≥ 90 mmHg, ask the woman if she has: <ul style="list-style-type: none"> ⇒ Severe headache. ⇒ Blurred vision. ⇒ Epigastric pain. ⇒ And check protein in urine. 	<ul style="list-style-type: none"> ▪ Diastolic blood pressure ≥ 110 mmHg and 3+ proteinuria, or ▪ Diastolic blood pressure ≥ 90 mmHg on two readings and 2+ proteinuria, and any of: <ul style="list-style-type: none"> ⇒ Severe headache ⇒ Blurred vision ⇒ Epigastric pain 	<p>SEVERE PRE-ECLAMPSIA</p>	<ul style="list-style-type: none"> ▪ Revise the birth plan. ▪ Refer urgently to hospital.
		<ul style="list-style-type: none"> ▪ Diastolic blood pressure 90-110 mmHg on two readings and 2+ proteinuria. 	<p>PRE-ECLAMPSIA</p>	<ul style="list-style-type: none"> ▪ Revise the birth plan. ▪ Refer to hospital.
		<ul style="list-style-type: none"> ▪ Diastolic blood pressure ≥ 90 mmHg on 2 readings. 	<p>HYPERTENSION</p>	<ul style="list-style-type: none"> ▪ Advise to reduce workload and to rest. ▪ Advise on danger signs. ▪ Reassess at next antenatal visit or in 1 week if >8 months pregnant. ▪ If hypertension persists after 1 week or at next visit, refer to hospital.
		<ul style="list-style-type: none"> ▪ None of the above. 	<p>NO HYPERTENSION</p>	<ul style="list-style-type: none"> ▪ No treatment required.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> Do you tire easily? Are you breathless (short of breath) during routine household work? 	<p>On first visit:</p> <ul style="list-style-type: none"> Measure haemoglobin <p>On subsequent visits:</p> <ul style="list-style-type: none"> Look for conjunctival pallor. Look for palmar pallor. If pallor: <ul style="list-style-type: none"> Is it severe pallor? Some pallor? Count number of breaths in 1 minute. 	<ul style="list-style-type: none"> Haemoglobin <7 g/dl AND/OR Severe conjunctival and palmar pallor or Any pallor with any of: <ul style="list-style-type: none"> >30 breaths per minute Tires easily Breathlessness at rest 	<p>SEVERE ANAEMIA</p>	<ul style="list-style-type: none"> Revise birth plan so as to deliver in a facility with blood transfusion services. Give double dose of iron (1 tablet twice daily) for 3 months. Counsel on compliance with treatment. Follow up in 2 weeks to check clinical progress, test results, and compliance with treatment. Refer urgently to hospital.
		<ul style="list-style-type: none"> Haemoglobin 7-11 g/dl. OR Conjunctival or palmar pallor. 	<p>MODERATE ANAEMIA</p>	<ul style="list-style-type: none"> Give double dose of iron (1 tablet twice daily) for 3 months. Counsel on compliance with treatment. Reassess at next antenatal visit (4-6 weeks). If anaemia persists, refer to hospital.
		<ul style="list-style-type: none"> Haemoglobin >11 g/dl. No pallor. 	<p>NO CLINICAL ANAEMIA</p>	<ul style="list-style-type: none"> Verify that the mother is taking iron during the second and third trimesters of pregnancy. Counsel on compliance with treatment.

CHECK FOR SYPHILIS



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> ▪ Have you been tested for syphilis during this pregnancy? ⇒ If not, request VDRL test. ▪ If test was positive, have you and your partner been treated for syphilis? ⇒ If not, and test was positive, ask: "Are you allergic to penicillin?" 		<ul style="list-style-type: none"> ▪ VDRL test positive. 	SYPHILIS	<ul style="list-style-type: none"> ▪ Refer to hospital. ▪ Plan to treat the newborn. ▪ Encourage woman to bring her sexual partner in for treatment. ▪ Counsel on safer sex including use of condoms to prevent new infection.
		<ul style="list-style-type: none"> ▪ VDRL test negative 	NO SYPHILIS	<ul style="list-style-type: none"> ▪ Counsel on safer sex including use of condoms to prevent infection.

CHECK FOR HIV STATUS



- Counsel all pregnant women for HIV at the first antenatal visit and recommend they be tested if they haven't been already.
- During first antenatal visit, prepare a birth and emergency plan using this chart and review them during following visits.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<p>Provide key information on HIV:</p> <ul style="list-style-type: none"> ▪ What is HIV and how is it transmitted? ▪ Advantage of knowing HIV status in pregnancy. ▪ Explain about HIV testing and counseling including confidentiality of the result. <p>Ask the woman:</p> <ul style="list-style-type: none"> ▪ Have you been tested for HIV? <ul style="list-style-type: none"> ⇒ If not: strongly recommend she be tested at a government clinic. ⇒ If yes, check result. (Explain to her that she has a right not to disclose the result.) ⇒ Are you taking any ARV? ⇒ Check ARV treatment plan. ▪ Has the partner been tested? 		<ul style="list-style-type: none"> ▪ Positive HIV test 	<p>HIV-POSITIVE</p>	<ul style="list-style-type: none"> ▪ Counsel on implications of a positive test. ▪ Verify that she is enrolled in proper supervision and/or treatment at the Institute of Tropical Medicine. ▪ Support adherence to ARV. ▪ Counsel on infant feeding options ▪ Counsel on safer sex including use of condoms. ▪ Counsel on benefits of disclosure (involving) and testing testing her partner. ▪ Provide support to the HIV-positive woman.
		<ul style="list-style-type: none"> ▪ Negative HIV test 	<p>HIV-NEGATIVE</p>	<ul style="list-style-type: none"> ▪ Counsel on implications of a negative test. ▪ Counsel on the importance of staying negative by practising safer sex, including use of condoms. ▪ Counsel on benefits of involving and testing the partner.
		<ul style="list-style-type: none"> ▪ She is unwilling to disclose the results of previous tests or no tests available. 	<p>UNKNOWN HIV STATUS</p>	<ul style="list-style-type: none"> ▪ Counsel on safer sex including use of condoms. ▪ Counsel on benefits of involving and testing the partner.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (1)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF NO FETAL MOVEMENT				
<ul style="list-style-type: none"> When did the baby last move? If no movement felt, ask woman to move around for some time, reassess fetal movement. 	<ul style="list-style-type: none"> Feel for fetal movements. Listen to fetal heart after 6 months of pregnancy. If no heart beat, repeat after 1 hour. 	<ul style="list-style-type: none"> No fetal movement. No fetal heartbeat. 	PROBABLY DEAD BABY	<ul style="list-style-type: none"> Inform the woman and her partner about the possibility of dead baby. Refer to hospital
		<ul style="list-style-type: none"> No fetal movement but fetal heart beat present. 	WELL BABY	<ul style="list-style-type: none"> Inform the woman that the baby is fine and likely to be well but to return if problem persists.
IF RUPTURED MEMBRANES AND NO LABOR				
<ul style="list-style-type: none"> When did your membranes rupture? When is your baby due? 	<ul style="list-style-type: none"> Look at pad or underwear for evidence of: <ul style="list-style-type: none"> ⇒ Amniotic fluid. ⇒ Foul-smelling vaginal discharge. If no evidence, ask her to wear a pad. Check again in 1 hour. Measure temperature 	<ul style="list-style-type: none"> Fever 38° C / 100.5° F. Foul-smelling vaginal discharge. 	UTERINE AND FETAL INFECTION	<ul style="list-style-type: none"> Refer urgently to hospital.
		<ul style="list-style-type: none"> Rupture of membrane at ≤8 months of pregnancy. 	RISK OF UTERINE AND FETAL INFECTION	<ul style="list-style-type: none"> Refer urgently to hospital.
		<ul style="list-style-type: none"> Rupture of membranes at >8 months of pregnancy. 	RUPTURE OF MEMBRANES	<ul style="list-style-type: none"> Manage as woman in childbirth.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (2)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF FEVER OR BURNING ON URINATION				
<ul style="list-style-type: none"> ▪ Have you had fever? ▪ Do you have burning on urination? 	<ul style="list-style-type: none"> ▪ If history of fever or feels hot: <ul style="list-style-type: none"> ⇒ Measure axillary temperature. ⇒ Look or feel for stiff neck. ⇒ Look for lethargy. ▪ Percuss flanks for tenderness. 	<ul style="list-style-type: none"> ▪ Fever >38° C and any of: <ul style="list-style-type: none"> ⇒ Very fast breathing. ⇒ Stiff neck. ⇒ Lethargy. ⇒ Very weak/not able to stand. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> ▪ Refer urgently to hospital.
		<ul style="list-style-type: none"> ▪ Fever >38° C and any of: <ul style="list-style-type: none"> ⇒ Flank pain. ⇒ Burning on urination. 	UPPER URINARY TRACT INFECTION	<ul style="list-style-type: none"> ▪ Refer urgently to hospital.
		<ul style="list-style-type: none"> ▪ Fever >38° C or history of fever (in last 48 hours). 	MALARIA	<ul style="list-style-type: none"> ▪ Refer to hospital.
		<ul style="list-style-type: none"> ▪ Burning on urination. 	LOWER URINARY TRACT INFECTION	<ul style="list-style-type: none"> ▪ Prescribe urine routine and culture. Give antibiotics/refer to hospital based on sensitivity results. ▪ Encourage her to drink more fluids. ▪ If no improvement in 2 days, refer to hospital.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (3)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF VAGINAL DISCHARGE				
<ul style="list-style-type: none"> ▪ Have you noticed changes in your vaginal discharge? ▪ Do you have itching at the vulva? ▪ Has your partner had a urinary problem? <p>If partner is present at the clinic, ask the woman if she feels comfortable if you ask him similar questions.</p> <p>If yes, ask him if he has:</p> <ul style="list-style-type: none"> ▪ Urethral discharge or pus. ▪ Burning on passing urine. <p>If partner could not be approached, explain importance of partner assessment and treatment to avoid infection.</p> <p>Schedule follow-up appointment for woman and partner (if possible).</p>	<ul style="list-style-type: none"> ▪ Separate the labia and look for abnormal vaginal discharge: <ul style="list-style-type: none"> ⇒ Amount. ⇒ Colour. ⇒ Odour/smell. ▪ If no discharge is seen, examine with a gloved finger and look at the discharge on the glove. 	<ul style="list-style-type: none"> ▪ Abnormal vaginal discharge. ▪ Partner has urethral discharge or burning on passing urine. <hr/> <ul style="list-style-type: none"> ▪ Curd like vaginal discharge. ▪ Intense vulval itching. <hr/> <ul style="list-style-type: none"> ▪ Abnormal vaginal discharge. 	<p>POSSIBLE GONORRHOEA OR CHLAMYDIA INFECTION</p> <hr/> <p>POSSIBLE CANDIDA INFECTION</p> <hr/> <p>POSSIBLE BACTERIAL OR TRICHOMONAS INFECTION</p>	<ul style="list-style-type: none"> ▪ Refer to hospital. ▪ Counsel on safer sex including use of condoms. <hr/> <ul style="list-style-type: none"> ▪ Refer to hospital. ▪ Counsel on safer sex including use of condoms. <hr/> <ul style="list-style-type: none"> ▪ Refer to hospital. ▪ Counsel on safer sex including use of condoms.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (4)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
-------------------	--------------------	-------	----------	------------------

IF SIGNS SUGGESTING HIV INFECTION (HIV status unknown)

<ul style="list-style-type: none"> ▪ Have you lost weight? ▪ Do you have fever? How long (>1 month)? ▪ Do you have diarrhoea (continuous or intermittent)? How long (>1 month)? ▪ Have you had cough? How long (>1 month)? 	<ul style="list-style-type: none"> ▪ Look for visible wasting. ▪ Look for ulcers and white patches in throat (thrush). ▪ Look at the skin: ⇒ Is there a rash? ⇒ Are there blisters along the ribs on one side of the body? 	<ul style="list-style-type: none"> ▪ Two of these signs: ⇒ Weight loss. ⇒ Fever >1 month. ⇒ Diarrhoea >1 month. OR ▪ One of the above signs and ⇒ One or more other signs or ⇒ From a risk group. 	<p>STRONG LIKELIHOOD OF HIV INFECTION</p>	<ul style="list-style-type: none"> ▪ Reinforce the need to know HIV status and advise on HIV testing and counselling. ▪ Counsel on the benefits of testing the partner. ▪ Counsel on safer sex including the use of condoms. ▪ Refer to TB center if cough.
---	---	---	--	---

Assess only if in high risk group:

- Occupational exposure?
- Multiple sexual partner?
- Intravenous drug use?
- History of blood transfusion?
- Illness or death from AIDS in a sexual partner?
- History of forced sex?

IF SMOKING, ALCOHOL OR DRUG ABUSE, OR HISTORY OF VIOLENCE

- Counsel on stopping smoking
- For alcohol/drug abuse or history of violence, refer to specialized care

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (5)



ASK, CHECK RECORD

LOOK, LISTEN, FEEL SIGNS

CLASSIFY

TREAT AND ADVISE

IF COUGH OR BREATHING DIFFICULTY

<ul style="list-style-type: none"> How long have you been coughing? How long have you had difficulty in breathing? Do you have chest pain? Do you have any blood in sputum? Do you smoke? 	<ul style="list-style-type: none"> Look for breathlessness. Listen for wheezing. Measure temperature. 	<p>At least 2 of the following signs:</p> <ul style="list-style-type: none"> Fever >38° C. Breathlessness. Chest pain. 	<p>POSSIBLE PNEUMONIA</p>	<ul style="list-style-type: none"> Refer urgently to hospital.
		<p>At least 1 of the following signs:</p> <ul style="list-style-type: none"> Cough or breathing difficulty for >3 weeks. Blood in sputum. Wheezing. 	<p>POSSIBLE CHRONIC LUNG DISEASE</p>	<ul style="list-style-type: none"> Refer to hospital for assessment. If severe wheezing, refer urgently to hospital.
		<ul style="list-style-type: none"> Fever <38° C and Cough <3 weeks. 	<p>UPPER RESPIRATORY TRACT INFECTION</p>	<ul style="list-style-type: none"> Advise safe, soothing remedy. If smoking, counsel to stop smoking.

IF TAKING ANTI-TUBERCULOSIS DRUGS

<ul style="list-style-type: none"> Are you taking anti-tuberculosis drugs? If yes, since when? Does the treatment include injection (streptomycin)? 	<ul style="list-style-type: none"> Taking anti-tuberculosis drugs. Receiving injectable anti-tuberculosis drugs 	<p>TUBERCULOSIS</p>	<ul style="list-style-type: none"> If anti-tubercular treatment includes streptomycin (injection), refer the woman to district hospital for revision of treatment as streptomycin is ototoxic to the fetus. If treatment does not include streptomycin, assure the woman that the drugs are not harmful to her baby, and urge her to continue treatment for a successful outcome of pregnancy. If her sputum is TB positive within 2 months of delivery, plan to give INH prophylaxis to the newborn. Reinforce advice on HIV testing and counselling If smoking, counsel to stop smoking. Advise to screen immediate family members and close contacts for tuberculosis.
---	---	----------------------------	---

- Advise and counsel all pregnant women at every antenatal care visit.

ASK, CHECK RECORD

- Check tetanus toxoid (TT) immunization status.
- Check when last dewormed.
- Ask if she (and children) are sleeping under bednets.

TREAT AND ADVISE

- Give tetanus toxoid if due.
- If TT1, plan to give TT2 at next visit.
- Deworm once in second or third trimester.
- Encourage sleeping under bednets.

First visit:

- Develop a birth and emergency plan.
- Counsel on nutrition.
- Counsel on importance of exclusive breastfeeding.
- Counsel on stopping smoking and alcohol and drug abuse.
- Counsel on safer sex including use of condoms.'

All visits:

- Review and update the birth and emergency plan according to new findings.
- Advise on when to seek care:
 - ⇒ Routine visits.
 - ⇒ Follow-up visits.
 - ⇒ Danger signs.

Third trimester:

- Counsel on family planning.

- Check woman's supply of the prescribed dose of iron/folate.
- Record all visits and treatments given.

- **Use the information and counseling sheet to support your interaction with the woman, her partner and family.**

COUNSEL ON NUTRITION

- Advise the woman to eat a greater amount and variety of healthy foods, such as meat, fish, oils, nuts, seeds, cereals, beans, vegetables, cheese, milk, to help her feel well and strong (give examples of types of food and how much to eat).
- Spend more time on nutrition counseling with very thin, adolescent and HIV-positive woman.
- Determine if there are important taboos about foods which are nutritionally important for good health. Advise the woman against these taboos.
- Talk to family members such as the partner and mother-in-law, to encourage them to help ensure the woman eats enough and avoids hard physical work?

ADVISE ON SELF-CARE DURING PREGNANCY

Advise woman to:

- Take iron tablets.
- Rest and avoid lifting heavy objects.
- Sleep under an insecticide impregnated bednet.
- Counsel on safer sex including use of condoms, if at risk for STI or HIV.
- Avoid alcohol and smoking during pregnancy.
- NOT to take medication unless prescribed at the health centre/hospital

DEVELOP A BIRTH AND EMERGENCY PLAN (1)



- **Use the information and counseling sheet to support your interaction with the woman, her partner and family.**

FACILITY DELIVERY

Explain why birth in a facility is recommended.

- Any complication can develop during delivery - they are not always predictable.
- A facility has staff, equipment, supplies and drugs available to provide best care if needed, and a referral system.
- If HIV-positive she will need appropriate ARV treatment for herself and her baby during childbirth.
- Complications are more common in HIV-positive women and her newborns. HIV-positive women should deliver in a facility.

Advise how to prepare.

Review the arrangements for delivery:

- How will she get there? Will she have to pay for transport?
- How much will it cost to deliver at the facility? How will she pay?
- Can she start saving straight away?
- Who will go with her for support during labour and delivery?
- Who will help while she is away to care for her home and other children?

Advise when to go.

- If the woman lives near the facility, she should go at the first signs of labour.
- If living far from the facility, she should go 2-3 weeks before baby due date and stay either at the maternity waiting home or with family or friends near the facility.
- Advise to ask for help from the community, if needed.

Advise what to bring.

- Home-based maternal record.
- Clean cloths for washing, drying and wrapping the baby.
- Additional clean cloths to use as sanitary pads after birth.
- Clothes for mother and baby.
- Food and water for woman and support person.

HOME DELIVERY WITH A SKILLED ATTENDANT

Advise how to prepare.

Review the following with her:

- Who will be the companion during labour and delivery?
- Who will be close by for at least 24 hours after delivery?
- Who will help to care for her home and other children?
- Advise to call the skilled attendant at the first signs of labour.
- Advise to have her home-based maternal record ready.
- Advise to ask for help from the community, if needed.

Explain supplies needed for home delivery

- Warm spot for the birth with a clean surface or a clean cloth.
- Clean cloths of different sizes: for the bed, for drying and wrapping the baby, for cleaning the baby's eyes, for the birth attendant to wash and dry her hands, for use as sanitary pads.
- Blankets.
- Buckets of clean water and some way to heat this water.
- Soap.
- Bowls: 2 for washing and 1 for the placenta.
- Plastic for wrapping the placenta.

DEVELOP A BIRTH AND EMERGENCY PLAN (2)



ADVISE ON LABOUR SIGNS

Advise to go to the facility or contact the skilled birth attendant if any of the following signs:

- A bloody sticky discharge.
- Painful contractions every 20 minutes or less.
- Waters have broken.

ADVISE ON DANGER SIGNS

Advise to go to the hospital/health centre **immediately, day or night, WITHOUT waiting** if any of the following signs:

- Vaginal bleeding.
- Convulsions.
- Severe headaches with blurred vision.
- Fever and too weak to get out of bed.
- Severe abdominal pain.
- Fast or difficult breathing.

She should go to the health centre **as soon as possible** if any of the following signs:

- Fever.
- Abdominal pain.
- Feels ill.
- Swelling of fingers, face, legs.

DISCUSS HOW TO PREPARE FOR AN EMERGENCY IN PREGNANCY

- Discuss emergency issues with the woman and her partner/family:
 - ⇒ Where will she go?
 - ⇒ How will they get there?
 - ⇒ How much it will cost for services and transport?
 - ⇒ Can she start saving straight away?
 - ⇒ Who will go with her for support during labour and delivery?
 - ⇒ Who will care for her home and other children?
- Advise the woman to ask for help from the community, if needed.
- Advise her to bring her home-based maternal record to the health centre, even for an emergency visit.

COUNSEL ON THE IMPORTANCE OF FAMILY PLANNING

- If appropriate, ask the woman if she would like her partner or another family member to be included in the counseling session.
- Explain that after birth, if she has sex and is not exclusively breastfeeding, she can become pregnant as soon as four weeks after delivery. Therefore it is important to start thinking early on about what family planning method they will use.
 - ⇒ Ask about plans for having more children. If she (and her partner) want more children, advise that waiting at least 2 years before trying to become pregnant again is good for the mother and for the baby's health.
 - ⇒ Information on when to start a method after delivery will vary depending whether a woman is breastfeeding or not.
 - ⇒ Make arrangements for the woman to see a family planning counselor, or counsel her directly.
- Counsel on safer sex including use of condoms for dual protection from sexually transmitted infections (STI) or HIV and pregnancy. Promote especially if at risk for STI or HIV.
- Her partner can decide to have a vasectomy (male sterilization) at any time.

Method options for the non-breastfeeding woman

Can be used immediately postpartum	Condoms Progesterone-only oral contraceptives Progesterone-only injectables Implant Spermicide Female sterilization (within 7 days or delay of 6 weeks) Copper IUD (immediately following expulsion of placenta or within 48 hours)
Delay 3 weeks	Combined oral contraceptives Combined injectables Diaphragm Fertility awareness methods

SPECIAL CONSIDERATIONS FOR FAMILY PLANNING COUNSELLING DURING PREGNANCY

Counseling should be given during the third trimester of pregnancy.

- If the woman chooses female sterilization:
 - ⇒ Can be performed immediately postpartum if no sign of infection (ideally within 7 days, or delay for 6 weeks).
 - ⇒ Plan for delivery in hospital or health centre where they are trained to carry out the procedure.
 - ⇒ Ensure counseling and informed consent prior to labour and delivery.
- If the woman chooses an intrauterine device (IUD):
 - ⇒ Can be inserted immediately postpartum if no sign of infection (up to 48 hours, or delay 4 weeks).
 - ⇒ Plan for delivery in hospital or health centre where they are trained to insert the IUD.

Method options for the breastfeeding woman

Can be used immediately postpartum	Lactational amenorrhoea method (LAM) Condoms Spermicide Female sterilization (within 7 days or delay of 6 weeks) Copper IUD (within 48 hours or delay 4 weeks)
Delay 6 weeks	Progesterone-only oral contraceptives Progesterone-only injectables Implants Diaphragm
Delay 6 months	Combined oral contraceptives Combined injectables Fertility awareness methods

- Encourage the woman to bring her partner or family member to at least 1 visit.

ROUTINE ANTENATAL CARE VISITS

1st visit		Before 16 weeks
2nd visit	6 months	24-28 weeks
3rd visit	8 months	30-32 weeks
4th visit	9 months	36-38 weeks

- All pregnant women should have 4 routine antenatal visits.
- First antenatal contact should be as early in pregnancy as possible.
- During the last visit, inform the woman to return if she does not deliver within 2 weeks after the expected date of delivery.
- More frequent visits or different schedules may be required according to national malaria or HIV policies.
- If women is HIV-positive ensure a visit between 26-28 weeks.

FOLLOW-UP VISITS

If the problem was:	Return in:
Hypertension	1 week if >8 months pregnant
Severe anaemia	2 weeks
HIV-positive	2 weeks after HIV testing



- Reinforce the importance of delivery with a skilled birth attendant.

INSTRUCT MOTHER AND FAMILY ON CLEAN AND SAFE DELIVERY AT HOME

If the woman has chosen to deliver at home without a skilled attendant, review these simple instructions with the woman and family members.

- Give them a disposable delivery kit and explain how to use it.

Tell her/them:

- To ensure a clean delivery surface for the birth.
- To ensure that the attendant should wash her hands with clean water and soap before/after touching mother/baby. She should also keep her nails clean.
- To, after birth, dry and place the baby on the mother's chest with skin-to-skin contact and wipe the baby's eyes using a clean cloth for each eye.
- To cover the mother and the baby.
- To use the ties and razor blade from the disposable delivery kit to tie and cut the cord. The cord is cut when it stops pulsating.
- To wipe baby clean but not bathe the baby until after 6 hours.
- To wait for the placenta to deliver on its own.
- To start breastfeeding when the baby shows signs of readiness, within the first hour after birth.
- To NOT leave the mother alone for the first 24 hours.
- To keep the mother and baby warm. To dress or wrap the baby, including the baby's head.
- To dispose of the placenta in a correct, safe and culturally appropriate manner (burn or bury).

-
- Advise her/them on danger signs for the mother and the baby and where to go.

ADVISE TO AVOID HARMFUL PRACTICES

For example:

NOT to use local medications to hasten labour.

NOT to wait for waters to stop before going to health facility.

NOT to insert any substances into the vagina during labour or after delivery.

NOT to push on the abdomen during labour or delivery.

NOT to pull on the cord to deliver the placenta.

NOT to put ashes, cow dung or other substance on umbilical cord/stump.

Encourage helpful traditional practices.

ADVISE ON DANGER SIGNS

If the mother or baby has any of these signs, she/they must go to the health centre **immediately, day or night, WITHOUT waiting**

Mother

- Waters break and not in labour after 6 hours.
- Labour pains/contractions continue for more than 12 hours.
- Heavy bleeding after delivery (pad/cloth soaked in less than 5 minutes).
- Bleeding increases.
- Placenta not expelled 1 hour after birth of the baby.

Baby

- Very small.
- Difficulty in breathing.
- Fits.
- Fever.
- Feels cold.
- Bleeding.
- Not able to feed.

POSTPARTUM CARE

- Use this chart for examining the mother after discharge from a facility or after home delivery.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> ▪ When and where did you deliver? ▪ How are you feeling? ▪ Have you had any pain or fever or bleeding since delivery? ▪ Do you have any problem with passing urine? ▪ Have you decided on any contraception? ▪ How do your breasts feel? ▪ Do you have any other concerns? ▪ Check records: <ul style="list-style-type: none"> ⇒ Any complications during delivery? ⇒ Receiving any treatments? ⇒ HIV status. 	<ul style="list-style-type: none"> ▪ Measure blood pressure and temperature. ▪ Feel uterus. Is it hard and round? ▪ Look at vulva and perineum for: <ul style="list-style-type: none"> ⇒ Tear. ⇒ Swelling. ⇒ Pus. ▪ Look at pad for bleeding and lochia. <ul style="list-style-type: none"> ⇒ Does it smell? ⇒ Is it profuse? ▪ Look for pallor. ▪ If caesarian, look at wound. 	<ul style="list-style-type: none"> ▪ Mother feeling well. ▪ Did not bleed >250 ml. ▪ Uterus well contracted and hard. ▪ No perineal swelling. ▪ Blood pressure, pulse and temperature normal. ▪ No pallor. ▪ No breast problem, is breastfeeding well. ▪ No fever or pain or concern. ▪ No problem with urination. 	<p>NORMAL POSTPARTUM</p>	<ul style="list-style-type: none"> ▪ Make sure woman and family know what to watch for and when to seek care. ▪ Advise on Postpartum care and hygiene, and counsel on nutrition. ▪ Counsel on the importance of birth spacing and family planning. ▪ Refer for family planning counselling. ▪ Verify that 3 months iron and 6 months calcium supplies have been dispensed and counsel on compliance. ▪ Give any treatment or prophylaxis due: <ul style="list-style-type: none"> ⇒ Tetanus immunization if she has not had full course. ▪ Promote use of impregnated bednet for the mother and baby. ▪ Record on the mother's home-based maternal record. ▪ Advise to return to health centre within 4-6 weeks.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (1)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF ELEVATED DIASTOLIC BLOOD PRESSURE				
<ul style="list-style-type: none"> History of pre-eclampsia or eclampsia in pregnancy, delivery, or after delivery? 	<ul style="list-style-type: none"> If diastolic blood pressure is ≥ 90 mmHg, repeat after a 1 hour rest. 	<ul style="list-style-type: none"> Diastolic blood pressure ≥ 110 mmHg. 	SEVERE HYPERTENSION	<ul style="list-style-type: none"> Refer urgently to hospital.
		<ul style="list-style-type: none"> Diastolic blood pressure ≥ 90 mmHg on 2 readings. 	MODERATE HYPERTENSION	<ul style="list-style-type: none"> Reassess in 1 week. If hypertension persists, refer to hospital.
		<ul style="list-style-type: none"> Diastolic blood pressure < 90 mmHg after 2 readings. 	BLOOD PRESSURE NORMAL	<ul style="list-style-type: none"> No additional treatment

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (2)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF PALLOR, CHECK FOR ANAEMIA				
<ul style="list-style-type: none"> Check record for bleeding in pregnancy, delivery or postpartum. Have you had heavy bleeding since delivery? Do you tire easily? Are you breathless (short of breath) during routine housework? 	<ul style="list-style-type: none"> Measure haemoglobin if history of bleeding. Look for conjunctival pallor. Look for palmar pallor. If pallor: <ul style="list-style-type: none"> ⇒ Is it severe pallor? ⇒ Some pallor? Count number of breaths in 1 minute. 	<ul style="list-style-type: none"> Haemoglobin <7 g/dl AND/OR Severe palmar and conjunctival pallor or Any pallor and any of: <ul style="list-style-type: none"> ⇒ >30 breaths per minute. ⇒ Tires easily. ⇒ Breathlessness at rest. 	SEVERE ANAEMIA	<ul style="list-style-type: none"> Give a second 3 month supply of iron to double the dosage given by during home visits. Refer urgently to hospital. Follow up in 2 weeks to check clinical progress and compliance with treatment.
		<ul style="list-style-type: none"> Haemoglobin 7-11 g/dl OR Palmar or conjunctival pallor. 	MODERATE ANAEMIA	<ul style="list-style-type: none"> Give a second 3 month supply of iron to double the dosage given by during home visits. Reassess at next postnatal visit (in 4 weeks). If anaemia persists, refer to hospital.
		<ul style="list-style-type: none"> Haemoglobin >11 g/dl. No pallor 	NO ANAEMIA	<ul style="list-style-type: none"> Continue treatment with iron for 3 months altogether.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (3)



- Use this chart for HIV testing and counselling during postpartum visit if the woman is not previously tested.
- If the woman has taken ARV during pregnancy or childbirth refer her to HIV services for further assessment.

ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
CHECK FOR HIV STATUS				
<p>Provide key information on HIV.</p> <ul style="list-style-type: none"> ▪ What is HIV and how is HIV transmitted? ▪ Advantage of knowing the HIV status. ▪ Explain about HIV testing and counselling including confidentiality of the result. <p>Ask the woman:</p> <ul style="list-style-type: none"> ▪ Have you been tested for HIV? <ul style="list-style-type: none"> ⇒ If not: tell her that she should be tested for HIV, unless she refuses. ⇒ If yes: check result. (Explain to her that she has a right not to disclose the result.) ⇒ Are you taking any ARV treatment? ⇒ Check treatment plan. ▪ Has the partner been tested? 		<ul style="list-style-type: none"> ▪ Positive HIV test. 	HIV POSITIVE	<ul style="list-style-type: none"> ▪ Counsel on implications of a positive test. ▪ Refer the woman to HIV services for further assessment. <ul style="list-style-type: none"> ⇒ Counsel on infant feeding options. ⇒ Provide additional care for HIV-positive woman. ⇒ Counsel on family planning. ⇒ Counsel on safer sex including use of condoms. ⇒ Counsel on benefits of disclosure (involving) and testing her partner. ⇒ Provide support to the HIV-positive woman. ▪ Follow up in 2 weeks.
		<ul style="list-style-type: none"> ▪ Negative HIV test. 	HIV NEGATIVE	<ul style="list-style-type: none"> ▪ Counsel on implications of a negative test. ▪ Counsel on the importance of staying negative by practicing safer sex, including use of condoms. ▪ Counsel on benefits of involving and testing the partner.
		<ul style="list-style-type: none"> ▪ She refuses the test or is not willing to disclose the result of previous test or no test results available. 	UNKNOWN HIV STATUS	<ul style="list-style-type: none"> ▪ Counsel on safer sex including use of condoms. ▪ Counsel on benefits of involving and testing the partner.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (4)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF HEAVY VAGINAL BLEEDING				
		<ul style="list-style-type: none"> More than 1 pad soaked in 5 minutes. 	POSTPARTUM BLEEDING	<ul style="list-style-type: none"> Refer urgently to hospital.
IF FEVER OR FOUL-SMELLING LOCHIA				
<ul style="list-style-type: none"> Have you had: Heavy bleeding? Foul-smelling lochia? Burning on urination? 	<ul style="list-style-type: none"> Feel lower abdomen and flanks for tenderness. Look for abnormal lochia. Measure temperature. Look or feel for stiff neck. Look for lethargy. 	<ul style="list-style-type: none"> Temperature >38° C and any of: <ul style="list-style-type: none"> ⇒ Very weak. ⇒ Abdominal tenderness. ⇒ Foul-smelling lochia. ⇒ Profuse lochia. ⇒ Uterus not well contracted. ⇒ Lower abdominal pain. ⇒ History of heavy vaginal bleeding. 	UTERINE INFECTION	<ul style="list-style-type: none"> Refer urgently to hospital.
		<ul style="list-style-type: none"> Fever >38° C and any of: <ul style="list-style-type: none"> ⇒ Burning on urination. ⇒ Flank pain. 	UPPER URINARY TRACT INFECTION	<ul style="list-style-type: none"> Refer urgently to hospital.
		<ul style="list-style-type: none"> Burning on urination. 	LOWER URINARY TRACT INFECTION	<ul style="list-style-type: none"> Prescribe urine routine and culture. Give antibiotics/refer to hospital based on sensitivity results. Encourage her to drink more fluids. Follow up in 2 days. If no improvement, refer to hospital.
		<ul style="list-style-type: none"> Temperature >38° C and any of: <ul style="list-style-type: none"> ⇒ Stiff neck ⇒ Lethargy. 	VERY SEVERE FEBRILE DISEASE	<ul style="list-style-type: none"> Refer urgently to hospital.
		<ul style="list-style-type: none"> Fever >38° C. 	MALARIA	<ul style="list-style-type: none"> Refer to malaria clinic.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (5)



ASK, CHECK RECORD LOOK, LISTEN, FEEL SIGNS CLASSIFY TREAT AND ADVISE

IF DRIBBLING URINE

<ul style="list-style-type: none"> ▪ Dribbling or leaking urine. 	<p>URINARY INCONTINENCE</p>	<ul style="list-style-type: none"> ▪ Check perineal trauma. ▪ Prescribe urine routine and culture. Give antibiotics/refer to hospital based on sensitivity results. ▪ If conditions persists more than 1 week, refer the woman to hospital
---	------------------------------------	---

IF PUS OR PERINEAL PAIN

<ul style="list-style-type: none"> ▪ Excessive swelling of vulva or perineum. 	<p>PERINEAL TRAUMA</p>	<ul style="list-style-type: none"> ▪ Refer the woman to hospital.
<ul style="list-style-type: none"> ▪ Pus in perineum. ▪ Pain in perineum. 	<p>PERINEAL INFECTION OR PAIN</p>	<ul style="list-style-type: none"> ▪ Remove sutures, if present. ▪ Clean wound. Counsel on care and hygiene. ▪ Give paracetamol for pain. ▪ Follow up in 2 days. If no improvement, refer to hospital

IF VAGINAL DISCHARGE 4 WEEKS AFTER DELIVERY

<ul style="list-style-type: none"> ▪ Do you have itching at the vulva? ▪ Has your partner had a urinary problem? <p>If partner is present in the clinic, ask the woman if she feels comfortable if you ask him similar questions. If yes, ask him if he has:</p> <ul style="list-style-type: none"> ▪ Urethral discharge or pus ▪ Burning on passing urine. <p>If partner could not be approached, explain importance of partner assessment and treatment to avoid reinfection.</p>	<ul style="list-style-type: none"> ▪ Separate the labia and look for abnormal vaginal discharge: <ul style="list-style-type: none"> ⇒ Amount. ⇒ Colour. ⇒ Odour/smell. ▪ If no discharge is seen, examine with a gloved finger and look at the discharge on the glove. 	<ul style="list-style-type: none"> ▪ Abnormal vaginal discharge, and partner has urethral discharge or burning on passing urine. 	<p>POSSIBLE GONORRHOEA OR CHLAMYDIA INFECTION</p>	<ul style="list-style-type: none"> ▪ Refer woman and partner to hospital. ▪ Counsel on safer sex including use of condoms.
		<ul style="list-style-type: none"> ▪ Curd like vaginal discharge. ▪ Intense vulval itching. 	<p>POSSIBLE CANDIDA INFECTION</p>	<ul style="list-style-type: none"> ▪ Refer woman and partner to hospital. ▪ Counsel on safer sex including use of condoms.
		<ul style="list-style-type: none"> ▪ Abnormal vaginal discharge. 	<p>POSSIBLE BACTERIAL OR TRICHOMONAS INFECTION</p>	<ul style="list-style-type: none"> ▪ Refer woman and partner to hospital. ▪ Counsel on safer sex including use of condoms.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (6)



IF FEELING UNHAPPY OR CRYING EASILY

- How have you been feeling recently?
- Have you been in low spirits?
- Have you been able to enjoy the things you usually enjoy?
- Have you had your usual level of energy, or have you been feeling tired?
- How has your sleep been?
- Have you been able to concentrate (for example on newspaper articles or your favourite TV programmes)?

- Two or more of the following symptoms during the same 2 week period representing a change from normal:
- Inappropriate guilt or negative feeling towards self.
 - Cries easily.
 - Decreased interest or pleasure.
 - Feels tired, agitated all the time.
 - Disturbed sleep (sleeping too much or too little, waking early).
 - Diminished ability to think or concentrate.
 - Marked loss of appetite.

**POSTPARTUM
DEPRESSION
(USUALLY
AFTER FIRST
WEEK)**

- Provide emotional support.
- **Refer the woman urgently to hospital.**

- Any of the above, for less than 2 weeks.

**POSTPARTUM
BLUES
(USUALLY IN
FIRST WEEK)**

- Assure the woman that this is very common.
- Listen to her concerns. Give emotional encouragement and support.
- Counsel partner and family to provide assistance to The woman.
- Follow up in 2 weeks, and refer if no improvement.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (7)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
IF COUGH OR BREATHING DIFFICULTY				
<ul style="list-style-type: none"> How long have you been coughing? How long have you had difficulty in breathing? Do you have chest pain? Do you have any blood in sputum? Do you smoke? 	<ul style="list-style-type: none"> Look for breathlessness. Listen for wheezing. Measure temperature. 	At least 2 of the following signs: <ul style="list-style-type: none"> Fever >38° C. Breathlessness. Chest pain. 	POSSIBLE PNEUMONIA	<ul style="list-style-type: none"> Refer urgently to hospital.
		At least 1 of the following signs: <ul style="list-style-type: none"> Cough or breathing difficulty for >3 weeks. Blood in sputum. Wheezing. 	POSSIBLE CHRONIC LUNG DISEASE	<ul style="list-style-type: none"> Refer to hospital for assessment. If severe wheezing, refer urgently to hospital.
		<ul style="list-style-type: none"> Fever <38° C and Cough <3 weeks. 	UPPER RESPIRATORY TRACT INFECTION	<ul style="list-style-type: none"> Advise safe, soothing remedy. If smoking, counsel to stop smoking.
IF TAKING ANTI-TUBERCULOSIS DRUGS				
<ul style="list-style-type: none"> Are you taking anti-tuberculosis drugs? If yes, since when? 		<ul style="list-style-type: none"> Taking anti-tuberculosis drugs. 	TUBERCULOSIS	<ul style="list-style-type: none"> Assure the woman that the drugs are not harmful to her baby, and of the need to continue treatment. If her sputum is TB positive within 2 months of delivery, plan to give INH prophylaxis to the newborn. Reinforce advice on HIV testing and counselling. If smoking, counsel to stop smoking. Advise to screen immediate family members and close contacts for tuberculosis.

RESPOND TO OBSERVED SIGNS OR VOLUNTEERED PROBLEMS (8)



ASK, CHECK RECORD	LOOK, LISTEN, FEEL	SIGNS	CLASSIFY	TREAT AND ADVISE
-------------------	--------------------	-------	----------	------------------

IF SIGNS SUGGESTING HIV INFECTION (HIV status unknown)

<ul style="list-style-type: none"> ▪ Have you lost weight? ▪ Do you have fever? How long (>1 month)? ▪ Do you have diarrhoea (continuous or intermittent)? How long (>1 month)? ▪ Have you had cough? How long (>1 month)? 	<ul style="list-style-type: none"> ▪ Look for visible wasting. ▪ Look for ulcers and white patches in throat (thrush). ▪ Look at the skin: <ul style="list-style-type: none"> ⇒ Is there a rash? ⇒ Are there blisters along the ribs on one side of the body? 	<ul style="list-style-type: none"> ▪ Two of these signs: <ul style="list-style-type: none"> ⇒ Weight loss. ⇒ Fever >1 month. ⇒ Diarrhoea >1 month. OR ▪ One of the above signs and <ul style="list-style-type: none"> ⇒ One or more other signs or ⇒ From a risk group. 	<p>STRONG LIKELIHOOD OF HIV INFECTION</p>	<ul style="list-style-type: none"> ▪ Reinforce the need to know HIV status and advise on HIV testing and counselling. ▪ Counsel on the benefits of testing the partner. ▪ Counsel on safer sex including the use of condoms. ▪ Examine further and consider referral to the Institute of Tropical Medicine. ▪ Refer to TB centre if cough.
---	---	--	--	---

PREVENTIVE MEASURES AND ADDITIONAL TREATMENTS FOR THE WOMAN

PREVENTIVE MEASURES (1)



GIVE TETANUS TOXOID

- Immunize all women.
- Check the woman's tetanus toxoid (TT) immunization status:
 - ⇒ When was TT last given?
 - ⇒ Which dose of TT was this?
- If immunization status unknown, give TT1.
- Plan to give TT2 in 4 weeks.

If due:

- Explain to the woman that the vaccine is safe to be given in pregnancy; it will not harm the baby.
- The injection site may become a little swollen, red and painful, but this will go away in a few days.
- If she has heard that the injection has contraceptive effects, assure her it does not, that it only protects her from disease.
- Give 0.5 ml TT IM, upper arm.
- Advise woman when next dose is due.
- Record on mother's card.

Tetanus toxoid schedule

At first contact with woman of childbearing age or at first antenatal care visit, as early as possible.	TT1
At least 4 weeks after TT1 (at next antenatal care visit)	TT2

GIVE VITAMIN A POSTPARTUM

- Give 200,000 IU vitamin A capsules after delivery or within 6 weeks of delivery:
- Explain to the woman that the capsule with vitamin A will help her to recover better, and that the baby will receive the vitamin through her breast milk.
 - ⇒ Ask her to swallow the capsule in your presence.
 - ⇒ Explain to her that if she feels nauseated or has a headache, it should pass in a couple of days.
- **DO NOT** give capsules with high dose of vitamin A during pregnancy.

Vitamin A

1 capsule	200,000 IU	1 capsule after delivery or within 6 weeks of delivery
-----------	------------	--

PREVENTIVE MEASURES (2)



CHECK IRON, FOLIC ACID, AND CALCIUM SUPPLEMENTATION

- Health workers should be giving all pregnant and postpartum women:
 - ⇒ Iron once daily (twice daily as treatment for anaemia) during second and third trimesters of pregnancy and for 3 months postpartum.
 - ⇒ Folic acid once daily during all trimesters of pregnancy.
 - ⇒ Calcium once daily during third trimester of pregnancy and for 6 months postpartum.
- Check woman's supply of iron, folic acid, calcium at each visit.
- Advise to store supplements safely:
 - ⇒ Where children cannot get it
 - ⇒ In a dry place.

MOTIVATE ON COMPLIANCE WITH IRON TREATMENT

Explore local perceptions about iron treatment (examples of incorrect perceptions: making more blood will make bleeding worse, iron will cause too large a baby).

- Explain to mother and her family:
 - ⇒ Iron is essential for her health during pregnancy and after delivery.
 - ⇒ The danger of anaemia and need for supplementation.
- Discuss any incorrect perceptions.
- Explore the mother's concerns about the medication:
 - ⇒ Has she used the tablets before?
 - ⇒ Were there problems?
 - ⇒ Any other concerns?
- Advise on how to take the tablets:
 - ⇒ With meals or, if once daily, at night.
 - ⇒ Iron tablets may help the patient feel less tired. Do not stop treatment if this occurs.
 - ⇒ Do not worry about black stools. This is normal.
- Give advice on how to manage side-effects:
 - ⇒ If constipated, drink more water.
 - ⇒ Take tablets after food or at night to avoid nausea.
 - ⇒ Explain that these side effects are not serious.
 - ⇒ Advise her to return if she has problems taking the iron tablets.
- If necessary, discuss with family member, TBA, other community-based health workers or other women, how to help in promoting the use of iron and folate tablets.
- Counsel on eating iron-rich foods.

ADDITIONAL TREATMENTS FOR THE WOMAN (1)



ADVISE TO USE INSECTICIDE-TREATED BEDNET

- Ask whether woman and newborn will be sleeping under bednet:
- If yes,
 - ⇒ Has it been dipped in insecticide?
 - ⇒ When?
 - ⇒ Advise to dip every 6 months.
- If not, advise to use insecticide-treated bednet, and provide information to help her do this.

GIVE PARACETAMOL

If severe pain

Paracetamol	Dose	Frequency
1 tablet = 500 mg	1-2 tablets	Every 4-6 hours

BREASTFEEDING, CARE, PREVENTIVE MEASURES AND TREATMENT FOR THE NEWBORN

COUNSEL ON BREASTFEEDING (1)



COUNSEL ON IMPORTANCE OF EXCLUSIVE BREASTFEEDING DURING PREGNANCY AND AFTER BIRTH

INCLUDE PARTNER OR OTHER FAMILY MEMBERS IF POSSIBLE

Explain to the mother that:

- Breast milk contains exactly the nutrients a baby needs.
 - ⇒ Is easily digested and efficiently used by the baby's body.
 - ⇒ Protects a baby against infection.
- Babies should start breastfeeding within 1 hour of birth. They should not have any other food or drink before they start to breastfeed.
- Babies should be exclusively breastfed for the first 6 months of life.
- Breastfeeding
 - ⇒ Helps baby's development and mother/baby attachment.
 - ⇒ Can help delay a new pregnancy

HELP THE MOTHER TO INITIATE BREASTFEEDING WITHIN 1 HOUR, WHEN BABY IS READY

- After birth, let the baby rest comfortably on the mother's chest in skin-to-skin contact.
- Tell the mother to help the baby to her breast when the baby seems to be ready, usually within the first hour. Signs of readiness to breastfeed are:
 - ⇒ Baby looking around/moving.
 - ⇒ Mouth open.
 - ⇒ Searching.
- Check that position and attachment are correct at the first feed. Offer to help the mother at any time.
- Let the baby release the breast by her/himself; then offer the second breast.
- If the baby does not feed in 1 hour, examine the baby. If healthy, leave the baby with the mother to try later. Assess in 3 hours, or earlier if the baby is small.
- If the mother is ill and unable to breastfeed, help her to express breast milk and feed the baby by cup. On day 1 express in a spoon and feed by spoon.
- If mother cannot breastfeed at all, use one of the following options:
 - ⇒ Donated heat-treated breast milk.
 - ⇒ If not available, then commercial infant formula.
 - ⇒ If not available, then home-made formula from modified animal milk.

SUPPORT EXCLUSIVE BREASTFEEDING

- Keep the mother and baby together in bed or within easy reach. **DO NOT** separate them.
- Encourage breastfeeding on demand, day and night, as long as the baby wants.
 - ⇒ A baby needs to feed day and night, 8 or more times in 24 hours from birth. Only on the first day may a full-term baby sleep many hours after a good feed.
 - ⇒ A small baby should be encouraged to feed, day and night, at least 8 times in 24 hours from birth.
- Help the mother whenever she wants, and especially if she is a first time or adolescent mother.
- Let baby release the breast, then offer the second breast.
- If mother must be absent, let her express breast milk and let somebody else feed the expressed breast milk to the baby by cup.

DO NOT force the baby to take the breast.

DO NOT interrupt feed before baby wants.

DO NOT give any other feeds or water.

DO NOT use artificial teats or pacifiers.

- Advise the mother on medication and breastfeeding
 - ⇒ Most drugs given to the mother in this guide are safe and the baby can be breastfed.
 - ⇒ If mother is taking cotrimoxazole or fansidar, monitor baby for jaundice.

TEACH CORRECT POSITIONING AND ATTACHMENT FOR BREASTFEEDING

- Show the mother how to hold her baby. She should:
 - ⇒ Make sure the baby's head and body are in a straight line.
 - ⇒ Make sure the baby is facing the breast, the baby's nose is opposite her nipple.
 - ⇒ Hold the baby's body close to her body.
 - ⇒ Support the baby's whole body, not just the neck and shoulders.
- Show the mother how to help her baby to attach. She should:
 - ⇒ Touch her baby's lips with her nipple.
 - ⇒ Wait until her baby's mouth is opened wide.
 - ⇒ Move her baby quickly onto her breast, aiming the infant's lower lip well below the nipple.
- Look for signs of good attachment:
 - ⇒ More of areola visible above the baby's mouth.
 - ⇒ Mouth wide open.
 - ⇒ Lower lip turned outwards.
 - ⇒ Baby's chin touching breast.
- Look for signs of effective suckling (that is, slow, deep sucks, sometimes pausing).
- If the attachment or suckling is not good, try again. Then reassess.
- If breast engorgement, express a small amount of breast milk before starting breastfeeding to soften nipple area so that it is easier for the baby to attach.

GIVE SPECIAL SUPPORT TO BREASTFEED THE SMALL BABY (PRETERM AND/OR LOW BIRTH WEIGHT)

COUNSEL THE MOTHER:

- Reassure the mother that she can breastfeed her small baby and she has enough milk.
- Explain that her milk is the best food for such a small baby. Feeding for her/him is even more important than for a big baby.
- Explain how the milk's appearance changes: milk in the first days is thick and yellow, then it becomes thinner and whiter. Both are good for the baby.
- A small baby does not feed as well as a big baby in the first days:
 - ⇒ May tire easily and suck weakly at first.
 - ⇒ May suckle for shorter periods before resting.
 - ⇒ May fall asleep during feeding.
 - ⇒ May have long pauses between suckling and may feed longer.
 - ⇒ Does not always wake up for feeds.
- Explain that breastfeeding will become easier if the baby suckles and stimulates the breast her/ himself and when the baby becomes bigger.
- Encourage skin-to-skin contact since it makes breastfeeding easier.

HELP THE MOTHER:

- Initiate breastfeeding within 1 hour of birth.
- Feed the baby every 2-3 hours. Wake the baby for feeding, even if she/he does not wake up alone, 2 hours after the last feed.
- Always start the feed with breastfeeding before offering a cup. If necessary, improve the milk flow (let the mother express a little breast milk before attaching the baby to the breast).
- Keep the baby longer at the breast. Allow long pauses or long, slow feed. Do not interrupt feed if the baby is still trying.
- If the baby is not yet suckling well and long enough, do whatever works better in your setting:
 - ⇒ Let the mother express breast milk into baby's mouth.
 - ⇒ Let the mother express breast milk and feed baby by cup. On the first day express breast milk into, and feed colostrum by spoon.
- Teach the mother to observe swallowing if giving expressed breast milk.
- Weigh the baby daily (if accurate and precise scales available), record and assess weight gain.

GIVE SPECIAL SUPPORT TO BREASTFEED TWINS

COUNSEL THE MOTHER:

- Reassure the mother that she has enough breast milk for two babies.
- Encourage her that twins may take longer to establish breastfeeding since they are frequently born preterm and with low birth weight.

HELP THE MOTHER:

- Start feeding one baby at a time until breastfeeding is well established.
- Help the mother find the best method to feed the twins:
 - ⇒ If one is weaker, encourage her to make sure that the weaker twin gets enough milk.
 - ⇒ If necessary, she can express milk for her/him and feed her/him by cup after initial breastfeeding.
 - ⇒ Daily alternate the side each baby is offered.

ALTERNATIVE FEEDING METHODS (1)



EXPRESS BREAST MILK

- The mother needs clean containers to collect and store the milk. A wide necked jug, jar, bowl or cup can be used.
- Once expressed, the milk should be stored with a well-fitting lid or cover.
- Teach the mother to express breast milk:
 - ⇒ To provide milk for the baby when she is away. To feed the baby if the baby is small and too weak to suckle.
 - ⇒ To relieve engorgement and to help baby to attach.
 - ⇒ To drain the breast when she has severe mastitis or abscesses.
- Teach the mother to express her milk by herself. **DO NOT** do it for her.
- Teach her how to:
 - ⇒ Wash her hands thoroughly.
 - ⇒ Sit or stand comfortably and hold a clean container underneath her breast.
 - ⇒ Put her first finger and thumb on either side of the areola, behind the nipple.
 - ⇒ Press slightly inwards towards the breast between her finger and thumb.
 - ⇒ Express one side until the milk flow slows. Then express the other side.
 - ⇒ Continue alternating sides for at least 20-30 minutes.
- If milk does not flow well:
 - ⇒ Apply warm compresses.
 - ⇒ Have someone massage her back and neck before expressing.
 - ⇒ Teach the mother breast and nipple massage.
 - ⇒ Feed the baby by cup immediately. If not, store expressed milk in a cool, clean and safe place.
- If necessary, repeat the procedure to express breast milk at least 8 times in 24 hours. Express as much as the baby would take or more, every 3 hours.
- When not breastfeeding at all, express just a little to relieve pain.
- If mother is very ill, help her to express or do it for her directly into the baby's mouth.

HAND EXPRESS BREAST MILK DIRECTLY INTO THE BABY'S MOUTH

- Teach the mother to express breast milk.
- Hold the baby in skin-to-skin contact, the mouth close to the nipple.
- Express the breast until some drops of breast milk appear on the nipple.
- Wait until the baby is alert and opens mouth and eyes, or stimulate the baby lightly to awaken her/him.
- Let the baby smell and lick the nipple, and attempt to suck.
- Let some breast milk fall into the baby's mouth.
- Wait until the baby swallows before expressing more drops of breast milk.
- After some time, when the baby has had enough, she/he will close her/his mouth and take no more breast milk.
- Ask the mother to repeat this process every 1-2 hours if the baby is very small (or every 2-3 hours if the baby is not very small).
- Be flexible at each feed, but make sure the intake is adequate by checking daily weight gain.

ALTERNATIVE FEEDING METHODS (2)



CUP FEEDING EXPRESSED BREAST MILK

- Teach the mother to feed the baby with a cup. Do not feed the baby yourself. The mother should:
 - Measure the quantity of milk in the cup.
 - Hold the baby sitting semi-upright on her lap.
 - Hold the cup of milk to the baby's lips:
 - ⇒ Rest cup lightly on lower lip.
 - ⇒ Touch edge of cup to outer part of upper lip.
 - ⇒ Tip cup so that milk just reaches the baby's lips.
 - ⇒ But do not pour the milk into the baby's mouth.
 - Baby becomes alert, opens mouth and eyes, and starts to feed.
 - The baby will suck the milk, spilling some.
 - Small babies will start to take milk into their mouth using the tongue.
 - Baby swallows the milk.
 - Baby finishes feeding when mouth closes or when not interested in taking more.
 - If the baby does not take the calculated amount:
 - ⇒ Feed for a longer time or feed more often.
 - ⇒ Teach the mother to measure the baby's intake over 24 hours, not just at each feed.
 - If mother does not express enough milk in the first few days, or if the mother cannot breastfeed at all, use one of the following feeding options:
 - ⇒ Donated heat-treated breast milk.
 - ⇒ Home-made or commercial formula.
 - Feed the baby by cup if the mother is not available to do so.
 - Baby is cup feeding well if required amount of milk is swallowed, spilling little, and weight gain is maintained.

QUANTITY TO FEED BY CUP

- Start with 80 ml/kg body weight per day for day 1. Increase total volume by 10-20 ml/kg per day, until baby takes 150 ml/kg/day. See table below.
- Divide total into 8 feeds. Give every 2-3 hours to a small size or ill baby.
- Check the baby's 24 hour intake. Size of individual feeds may vary.
- Continue until baby takes the required quantity.
- Wash the cup with water and soap after each feed.

APPROXIMATE QUANTITY TO FEED BY CUP (IN ML) EVERY 2-3 HOURS FROM BIRTH (BY WEIGHT)

Weight (kg)	Day 0	1	2	3	4	5	6	7
1.5-1.9	15 ml	17 ml	19 ml	21 ml	23 ml	25 ml	27 ml	27+ml
2.0-2.4	20 ml	22 ml	25 ml	27 ml	30 ml	32 ml	35 ml	35+ml
2.5+	25 ml	28 ml	30 ml	35 ml	35 ml	40+ml	45+ml	50+ml

SIGNS THAT BABY IS RECEIVING ADEQUATE AMOUNT OF MILK

- Baby is satisfied with the feed.
- Weight loss is less than 10% in the first week of life.
- Baby gains at least 160 g in the following weeks or a minimum 300 g in the first month.
- Baby wets every day as frequently as baby is feeding.
- Baby's stool is changing from dark to light brown or yellow by day 3.

WEIGH BABY IN THE FIRST MONTH OF LIFE

WEIGH THE BABY:

- Monthly if birth weight normal and breastfeeding well. Every 2 weeks if replacement feeding or treatment with isoniazid.
- When the baby is brought for examination because not feeding well, or ill.

WEIGH THE SMALL BABY:

- Every day until 3 consecutive times gaining weight (at least 15-g/day).
- Weekly until 4-6 weeks of age (reached term).

ASSESS WEIGHT GAIN

Use this table for guidance when assessing weight gain in the first month of life

Age	Acceptable weight loss/gain in the first month of life
1 week	Loss up to 10%
2-4 weeks	Gain at least 160 g per week (at least 15 g per day)
1 month	Gain at least 300 g in the first month

If weighing daily with a precise and accurate scale

First week	No weight loss or total less than 10%
Afterward	Daily gain in small babies of at least 20 g

SCALE MAINTENANCE

Daily/weekly weighing requires precise and accurate scale (10 g increment):

- Calibrate it daily according to instructions.
- Check it for accuracy according to instructions.

Simple spring scales are not precise enough for daily/weekly weighing.

GIVE SPECIAL SUPPORT TO THE MOTHER WHO IS NOT YET BREASTFEEDING

(Mother or baby ill, or baby too small to suckle)

- Teach the mother to express breast milk. Help her if necessary.
- Use the milk to feed the baby by cup.
- If mother and baby are separated, help the mother to see the baby or inform her about the baby's condition at least twice daily.
- If the baby was referred to another institution, ensure the baby gets the mother's expressed breast milk if possible.
- Encourage the mother to breastfeed when she or the baby recovers.

IF THE BABY DOES NOT HAVE A MOTHER

- Give donated heat treated breast milk or home-based or commercial formula by cup.
- Teach the carer how to prepare milk and feed the baby.
- Follow up in 2 weeks; weigh and assess weight gain.

ADVISE THE MOTHER WHO IS NOT BREASTFEEDING AT ALL ON HOW TO RELIEVE ENGORGEMENT

(Baby died or stillborn, mother chose replacement feeding)

- Breasts may be uncomfortable for a while.
- Avoid stimulating the breasts.
- Support breasts with a well-fitting bra or cloth. Do not bind the breasts tightly as this may increase her discomfort.
- Apply a compress. Warmth is comfortable for some mothers, others prefer a cold compress to reduce swelling.
- Teach the mother to express enough milk to relieve discomfort. Expressing can be done a few times a day when the breasts are overfull. It does not need to be done if the mother is uncomfortable. It will be less than her baby would take and will not stimulate increased milk production.
- Relieve pain. An analgesic such as ibuprofen, or paracetamol may be used. Some women use plant products such as teas made from herbs, or plants such as raw cabbage leaves placed directly on the breast to reduce pain and swelling.
- Advise to seek care if breasts become painful, swollen, red, if she feels ill or temperature greater than 38°C.

Pharmacological treatments to reduce milk supply are not recommended.

The above methods are considered more effective in the long term.



KEEP THE BABY WARM

AT BIRTH AND WITHIN THE FIRST HOUR(S):

- Warm delivery room: for the birth of the baby the room temperature should be 25-28°C, no draught.
- Dry baby: immediately after birth, place the baby on the mother's abdomen or on a warm, clean and dry surface. Dry the whole body and hair thoroughly, with a dry cloth.
- Skin-to-skin contact: Leave the baby on the mother's abdomen (before cord cut) or chest (after cord cut) after birth for at least 2 hours. Cover the baby with a soft dry cloth.
- If the mother cannot keep the baby skin-to-skin because of complications, wrap the baby in a clean, dry, warm cloth and place in a cot. Cover with a blanket. Use a radiant warmer if room not warm or baby small.

SUBSEQUENTLY (FIRST DAY)

- Explain to the mother that keeping baby warm is important for the baby to remain healthy.
- Dress the baby or wrap in soft dry clean cloth. Cover the head with a cap for the first few days, especially if baby is small.
- Ensure the baby is dressed or wrapped and covered with a blanket.
- Keep the baby within easy reach of the mother. Do not separate them (rooming-in).
- If the mother and baby must be separated, ensure baby is dressed or wrapped and covered with a blanket.
- Assess warmth every 4 hours by touching the baby's feet: if feet are cold use skin-to-skin contact, add extra blanket and reassess (see Rewarm the newborn).
- Keep the room for the mother and baby warm. If the room is not warm enough, always cover the baby with a blanket and/or use skin-to-skin contact.

AT HOME

- Explain to the mother that babies need one more layer of clothes than other children or adults.
- Keep the room or part of the room warm, especially in a cold climate.
- During the day, dress or wrap the baby.
- At night, let the baby sleep with the mother or within easy reach to facilitate breastfeeding.

Do not put the baby on any cold or wet surface.

Do not bath the baby at birth. Wait at least 6 hours before bathing.

Do not swaddle – wrap too tightly. Swaddling makes them cold.

Do not leave the baby in direct sun.

KEEP A SMALL BABY WARM

- The room for the baby should be warm (not less than 25°C) with no draught.
- Explain to the mother the importance of warmth for a small baby.
- After birth, encourage the mother to keep the baby in skin-to-skin contact as long as possible.
- Advise to use extra clothes, socks and a cap, blankets, to keep the baby warm or when the baby is not with the mother.
- Wash or bath a baby in a very warm room, in warm water. After bathing, dry immediately and thoroughly. Keep the baby warm after the bath. Avoid bathing small babies.
- Check frequently if feet are warm. If cold, rewarm the baby (see below).
- Seek care if the baby's feet remain cold after rewarming.

REWARM THE BABY SKIN-TO-SKIN

- Before rewarming, remove the baby's cold clothing.
- Place the newborn skin-to-skin on the mother's chest dressed in a pre-warmed shirt open at the front, a nappy (diaper), hat and socks.
- Cover the infant on the mother's chest with her clothes and an additional (pre-warmed) blanket.
- Check the temperature every hour until normal.
- Keep the baby with the mother until the baby's body temperature is in normal range.
- If the baby is small, encourage the mother to keep the baby in skin-to-skin contact for as long as possible, day and night.
- Be sure the temperature of the room where the rewarming takes place is at least 25°C.
- If the baby's temperature is not 36.5°C or more after 2 hours of rewarming, reassess the baby.
- If referral needed, keep the baby in skin-to-skin position/contact with the mother or other person accompanying the baby.



- **Always wash hands before and after taking care of the baby. DO NOT share supplies with other babies.**

CORD CARE

- Wash hands before and after cord care.
- Put nothing on the stump.
- Fold nappy (diaper) below stump.
- Keep cord stump loosely covered with clean clothes.
- If stump is soiled, wash it with clean water and soap. Dry it thoroughly with clean cloth.
- If umbilicus is red or draining pus or blood, examine the baby and manage accordingly.
- Explain to the mother that she should seek care if the umbilicus is red or draining pus or blood.

DO NOT bandage the stump or abdomen.

DO NOT apply any substances or medicine to stump.

Avoid touching the stump unnecessarily.

SLEEPING

- Use the bednet day and night for a sleeping baby.
- Let the baby sleep on her/his back or on the side.
- Keep the baby away from smoke or people smoking.
- Keep the baby, especially a small baby, away from sick children or adults.

HYGIENE (WASHING, BATHING)

AT BIRTH:

- Only remove blood or meconium.

DO NOT remove vernix.

DO NOT bathe the baby until at least 6 hours of age.

LATER AND AT HOME:

- Wash the face, neck, underarms daily.
- Wash buttocks when soiled. Dry thoroughly.
- Bath when necessary:
 - ⇒ Ensure the room is warm, no draught.
 - ⇒ Use warm water for bathing.
 - ⇒ Thoroughly dry the baby, dress and cover after bath.

OTHER BABY CARE:

- Use cloth on baby's bottom to collect stool. Dispose of stool as for woman's pads. Wash hands.

DO NOT bathe the baby before 6 hours old or if the baby is cold.

DO NOT apply anything in the baby's eyes except an antimicrobial at birth.

SMALL BABIES REQUIRE MORE CAREFUL ATTENTION:

- The room must be warmer when changing, washing, bathing and examining a small baby.

IMMUNIZE THE NEWBORN

- Give BCG, OPV-0, Hepatitis B (HB-1) vaccine in the first week of life, preferably before discharge.
- If un-immunized newborn first seen 1-4 weeks of age, give BCG only.
- Record on immunization card and child record.
- Advise when to return for next immunization.

Age	Vaccine
Birth < 1 week	BCG OPV-0
6 weeks	DPT-1 OPV-1 Hep B-1

TEACH THE MOTHER TO TREAT THE BABY AT HOME

- Explain carefully how to give the treatment. Label and package each drug separately.
- Check mother's understanding before she leaves the clinic.
- Demonstrate how to measure a dose.
- Watch the mother practice measuring a dose by herself.
- Watch the mother give the first dose to the baby.

TREAT LOCAL INFECTION

TEACH MOTHER TO TREAT LOCAL INFECTION:

- Explain and show how the treatment is given.
- Watch her as she carries out the first treatment.
- Ask her to let you know if the local infection gets worse and to return to the clinic if possible.
- Treat for 5 days.

TREAT SKIN PUSTULES OR UMBILICAL INFECTION:

Do the following 3 times daily:

- Wash hands with clean water and soap.
- Gently wash off pus and crusts with boiled and cooled water and soap.
- Dry the area with clean cloth.
- Wash hands.

TREAT EYE INFECTION:

Do the following 6-8 times daily:

- Wash hands with clean water and soap.
- Wet clean cloth with boiled and cooled water.
- Use the wet cloth to gently wash off pus from the baby's eyes.
- Apply 1% tetracycline eye ointment in each eye 3 times daily.
- Wash hands.

REASSESS IN 2 DAYS:

- Assess the skin, umbilicus or eyes.
- If pus or redness remains or is worse, refer to hospital.
- If pus and redness have improved, tell the mother to continue treating local infection at home.

ROUTINE VISITS

	Return
Postnatal visit	Within the first week, preferably within 2-3 days.
Immunization visit (If BCG, OPV-0 given in first month of life)	At age 6 weeks.

FOLLOW-UP VISITS

If the problem was:	Return in:
Feeding difficulty	2 days
Red umbilicus	2 days
Skin infection	2 days
Eye infection	2 days
Thrush	2 days
Mother has either: ⇒ Breast engorgement or ⇒ Mastitis	2 days
Low birth weight, and either: ⇒ First week of life or ⇒ Not adequately gaining weight	2 days
Low birth weight, and either: ⇒ Older than 1 week or ⇒ Gaining weight adequately	7 days
Orphan baby	14 days
INH prophylaxis	14 days
Treated for possible congenital syphilis	14 days
Mother HIV-positive	14 days

ADVISE THE MOTHER TO SEEK CARE FOR THE BABY

Use the counselling sheet to advise the mother when to seek care, or when to return, if the baby has any of these danger signs:

RETURN OR GO TO THE HOSPITAL IMMEDIATELY IF THE BABY HAS:

- Difficulty breathing.
- Convulsions.
- Fever or feels cold.
- Bleeding.
- Diarrhoea.
- Very small, just born.
- Not feeding at all.

GO TO HEALTH CENTRE AS QUICKLY AS POSSIBLE IF THE BABY HAS:

- Difficulty feeding.
- Pus from eyes.
- Skin pustules.
- Yellow skin.
- A cord stump which is red or draining pus.
- Feeds <5 times in 24 hours.

REFER BABY URGENTLY TO HOSPITAL:

- After emergency treatment, explain the need for referral to the mother/father.
- Organize safe transportation.
- Always send the mother with the baby, if possible.
- Send referral note with the baby.
- Inform the referral centre if possible by radio or telephone.

DURING TRANSPORTATION

- Keep the baby warm by skin-to-skin contact with mother or someone else.
- Cover the baby with a blanket and cover her/his head with a cap.
- Protect the baby from direct sunshine.
- Encourage breastfeeding during the journey.
- If the baby does not breastfeed and journey is more than 3 hours, consider giving expressed breast milk by cup.