Home Based Life Saving Skills

Basic Information

HOME BASED LIFE SAVING SKILLS

Home Based Life Saving Skills Curriculum

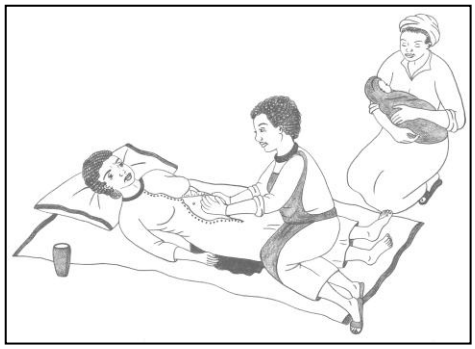
This curriculum consists of the Home Based Life Saving Skills (HBLSS) Manual, Large Picture Cards, and a Take Action Care booklet. In addition, the planning and implementation book, *Guidelines for Decision Makers and Trainers*, can be used to support program activities.

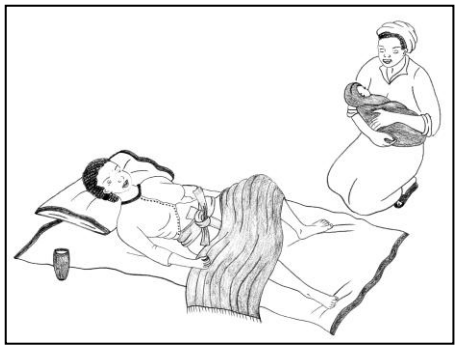
HBLSS Manual

The HBLSS manual contains three books: Basic Information, Woman Information, and Baby Information. Each book outlines the process to use when conducting a community meeting to teach HBLSS. Always use the Basic Information book first, and then use the meetings in the Woman Information and Baby Information books in the order that best suits the needs of the community.

Large Picture Cards

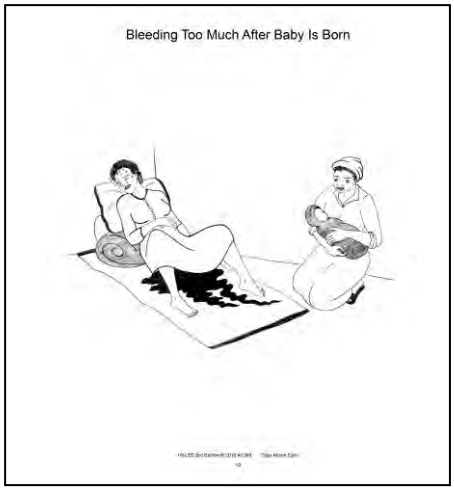
Picture cards are used in each community meeting and are an important resource to help people learn when they do not read or do not read very well. The picture cards (8-inch by 10-inch drawings) show the problems and actions that are discussed during the meeting. The cards are usually laminated or printed on card stock or other sturdy paper, or they can be copied and placed in a plastic sleeve. The same drawings are used on the picture cards and the Take Action Cards. Below are samples of two drawings from the community meeting Too Much Bleeding.





Take Action Card Booklet

The Take Action Card booklet is a reference for use at home and in the community. The front of the Take Action Card shows a drawing of a problem, and the back of the card has six boxes showing the actions to respond to the problem. The drawings can be used to remind people what they learned to do to help with a problem. See the sample below showing both sides of one Take Action Card.



problem side (front) **action side (back)**

Home Based Life Saving Skills

2nd Edition

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USING THE HBLSS CURRICULUM

INTRODUCTION

The Home Based Life Saving Skills (HBLSS) curriculum is based on how adults learn:

1. Everyone is learning. Both the participants and the facilitators give and receive knowledge from each others' experiences, which supports everyone's learning.
2. People learn in different ways, so different methods of teaching and learning are important to help everyone "hear, see, do, and discover" as they learn. Each person can take in the information in a way that works best for them.

This curriculum consists of 12 community meetings that use the same methodology, except for meetings 1 and 2, which provide the foundation for the other meetings. Using the same methodology each time allows participants to become familiar with the process. The participants can think about the issues and compare them to their own experiences, thus learning and remembering the information. This is particularly important for learners who do not read, or who do not read well. The methodology, which focuses on asking (rather than telling), listening, and building agreement ("participatory facilitation"), helps participants to see successes or the need for improvement and develops the group's ability to move toward solutions.

The facilitator can provide a safe, secure, and welcoming learning environment by:

- Not being separated from participants by a desk, podium, or table.
- Encouraging group participation by asking participants to sit in a circle, and by sitting on the floor if the participants are seated on the floor (this puts the facilitator and participants at the same level and creates an environment of respect and equal learning).
- Speaking clearly and directly, and using simple language that is understood by all participants. Use the local language if possible and avoid using technical words, which suggests superiority.
- Using body language to create an open and welcoming environment (e.g., smiling, greeting people, asking about local events, nodding one's head, looking into the other's eyes, being aware of the participants' comfort or discomfort). Humor often helps to make a more relaxed setting, and one-on-one contact makes each person feel welcome. Some forms of body language may vary from culture to culture.
- Remembering in all discussions to: avoid telling people that they are doing something wrong; look for what is beneficial, and help weigh the risks against the benefits; respect participants' beliefs and be sensitive when talking about local customs; and work toward agreement.

METHODOLOGY

Except for the first two meetings, each HBLSS meeting uses the methodology described below.

Step 1. Review the Previous Meeting. This step asks participants to share what they learned in the previous meeting and discuss what effect it had on them and their families.

Step 2. Ask What the Participant Knows. This step begins to build a connection between the participants' experiences, knowledge, and solutions. Participants are asked to share their experiences, practices, and beliefs, and the facilitator demonstrates her/his respect and ability to listen. The facilitator's role is not as the teacher or expert, but as a member of the group addressing a common issue.

The facilitator shares a discussion starter story, and participants are asked if they have ever seen or heard of such a story. Using both "seen" and "heard" gives participants options to discuss what is often a painful experience. Give all participants an opportunity to share their experiences if they choose (this may make the meeting much longer but it is very important). Remember:

- Personal experiences with sickness or death can be thought to be someone's "fault" or "cause of the outcome."
- Using "heard" removes the fear or shame that can accompany a painful or traumatic event.
- Allow a participant to tell their entire story before beginning the series of questions below. Only interrupt if the other participants become restless (e.g., suggest you would like to hear the rest of the story at break/lunch time).

Four questions are asked during this step:

- What did you see? (signs)
- What did you do? (action)
- What happened? (outcome)
- What can cause the problem? (cause)

Always ask these questions in the same order, which helps participants begin to understand the relationship between actions, outcomes, and causes in their stories. The facilitator writes down the participants' responses to the "actions" taken; this information will be used in Step 4 to build a connection (bridge) of shared beliefs and actions between the community and the trained health worker (THW). When the facilitator stays focused on the questions and the order in which they are asked, the discussion remains focused and directed.

Step 3. Share What the THW Knows. In this step, the facilitator reviews the signs of the problem that participants agreed upon in Community Meeting 2, Woman and Baby Problems, and shares the THW's actions by using a demonstration. This allows participants to **see the actions** done for a problem, which may be things that they do not know from their own experiences, and allows participants to **learn more about THWs** and what they do.

The "What/Why Box" allows the facilitator and participants to think about the reasons why key actions were performed in the demonstration. The facilitator reminds the participants about an action by reading the "what" part of the box, and participants are asked to explain "why" the action was done (based on their experiences). This shows that the facilitator is interested in their ideas. The participants and facilitator then discuss why each action is helpful for the problem.

Step 4. Come to Agree on What to Do. In this step, participants and the facilitator decide together on safe and acceptable actions to help a woman or baby who has a problem. The

facilitator discusses **actions that are the same** and **actions that are different** that participants (in Step 2) and the THW (in Step 3) do to help a problem. The facilitator and participants then negotiate and come to agree on which actions to use for the problem.

Participants also learn to "read" the large picture cards (in a separate book) that represent the problem and actions. For each problem, there is a picture to remind participants of the problem and pictures to remind them of the actions. Sample picture cards are shown on the inside front cover of this book. Once the facilitator and participants agree on what to do for a problem, they review the picture card. The facilitator shows the picture for the problem and the pictures for the actions, or passes them around to the group. Participants need time to carefully look at each picture. While showing the picture, the facilitator asks:

- Does the picture remind us of (the problem)?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of (the problem)?

After all participants have seen the picture, the facilitator places the picture on a table or on the ground so that everyone can still see it. This helps reinforce the environment of a learning group, rather than teacher and student. Remember, no drawing can ever perfectly show an action in all countries and cultures. The picture is just a way to "remind" us of the action.

Step 5. Practice the Actions. This step has two parts: 1) Participants learn to use the action cards in the Take Action Card booklet. A sample Take Action Card is shown on the inside front cover of this book. The facilitator shows each large picture card from Step 4 and asks participants to say what the picture is and to find the same picture in their Take Action Card booklet, or to place a pebble or other object on the large picture card to demonstrate being able to "read" the picture. 2) Participants practice the actions agreed upon in Step 4. It is important that all participants have the opportunity to practice the demonstration and repeat the actions until they feel comfortable and are able to perform the actions. A group feeling of trust and coaching is very important. Ask participants to help each other using the Take Action Card as a reminder.

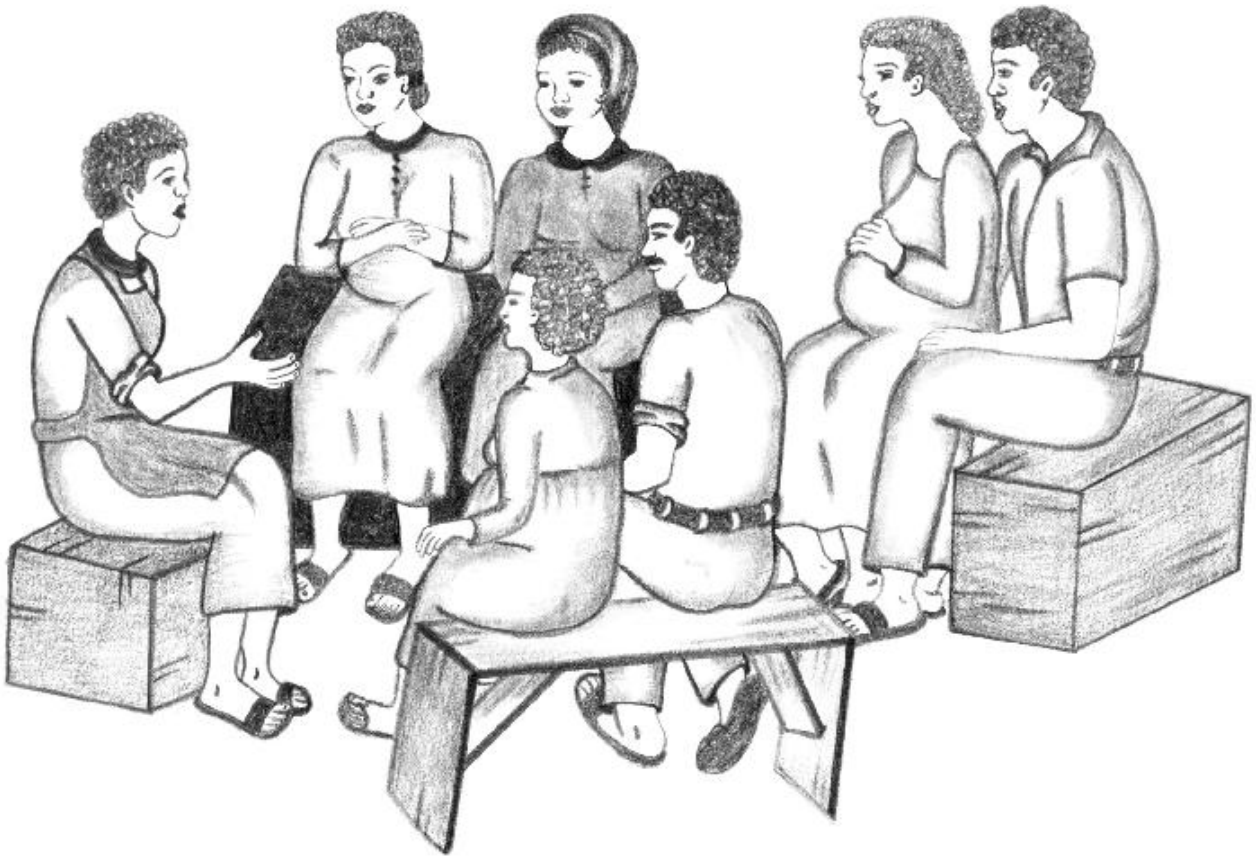
Step 6. How Will You Know the Actions Are Helpful? This step strengthens participants' knowledge by asking them to evaluate themselves and if what they are doing is helpful. It also focuses the community's ability to evaluate their own actions. Allow participants plenty of time to explore these questions so they can learn to continue this exploration on their own.

Step 7. What Can We Do to Prevent [the Problem]? The prevention aspect of this step is found only in the meetings that focus on problems. The facilitator and participants discuss what was done to help the problem, what can be done about the problem, and what can cause the problem. Once the cause is identified, the discussion turns to ideas for preventing the problem.

Review. At the end of each meeting, the facilitator uses a summary box to remind participants about important messages. Next, the facilitator leads a discussion and asks participants to suggest ways to improve the day's meeting. This shows respect for the participants' contributions and helps to improve the participants' capacity to think through the process and its results. Note the participants' suggestions and use them in later meetings.

Home Based Life Saving Skills

Community Meeting 1
Introduction to HBLSS



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COMMUNITY MEETING 1
Introduction to Home Based Life Saving Skills

INFORMATION FOR THE FACILITATOR*

Health is wealth, says an old proverb. No one likes to be sick. Yet women and their babies get sick and sometimes die during pregnancy and birth. There are many reasons why women and babies have a hard time being healthy. These reasons may include not having enough money, medical care, or education. Other reasons may include harmful beliefs and women's position in the family and community. Women and their families may not have good information about the causes of common sicknesses. They may not understand what they can do to stay healthy.

In this meeting, participants will learn about each other. They will learn about Home Based Life Saving Skills (HBLSS) and what to expect from the HBLSS community meetings. They will share experiences of women and babies during pregnancy and birth. Sharing experiences will help participants agree on why women and babies get sick and die. When participants share an understanding of the causes, they can learn what they can do to stop women and babies from getting sick and dying.

This meeting has much important information. It is divided into two sections: 1) Woman Discussion and 2) Baby Discussion. If you are teaching woman problems, use the Woman Discussion. If you are teaching baby problems, use the Baby Discussion. If you are teaching both sections, use the discussions as you think appropriate. Take plenty of time with each section. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

By the end of this first meeting, each participant and the facilitator will:

- Get to know each other.
- Understand the purpose of HBLSS meetings.
- Agree on how to work together in the HBLSS meetings.

---

* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

PLAN

PREPARATION	
How the facilitator prepares: • Review meeting plan • Get needed resources • Practice exercise • Practice telling stories • Review picture cards: Ragini's Story: The Road to Death; Kamal's Story: The Road to Life; Modupe's Story: The Circle of Sickness; Kema's Story: Breaking the Circle of Sickness	**How the participants prepare:** • None
Location: • The community	**Time:** • Four hours: two meetings, each meeting is two hours long • Be flexible and go at the pace of the participants
RESOURCES	
Get to Know You Exercise: • Small picture cards cut in half • A basket	**Other resources:** • Picture cards: Ragini's Story: The Road to Death; Kamal's Story: The Road to Life; Modupe's Story: The Circle of Sickness; Kema's Story: Breaking the Circle of Sickness

1. WOMAN DISCUSSION

Activities

Step 1. Welcome and Introductions

First, welcome the participants and thank them for coming:[1]

- Ask everyone to sit comfortably in a circle so that everyone can see each other.
- Welcome the participants to the meeting.

Say: Today we will get to know a little about each other. Then we will talk about the HBLSS meetings: what they are, when we want to have them, and other questions.

Second, use the **Get to Know You** exercise. ***Say***:

- Pick half of a picture from the basket.
- Look for a partner who has the other half of the picture.
- Sit with your partner. Find out your partner's name and where they live. Together, partners may introduce each other and/or make a short story, poem, or song for all to enjoy.

Thank participants and continue.

Step 2. Ask What the Participants Know

First, ***say***: Today we will talk about women who become sick and sometimes die during pregnancy, birth, or after birth.

Second, ***ask***: Have you ever seen or heard about a woman during pregnancy, birth, or after birth who became sick or even died? If yes, would you like to tell us?

- What did you see? (signs)
- What did you or others do to help the woman? (action)
- What happened to the woman? (outcome)
- What can cause a woman to become sick or die? (cause)

Thank the participants for sharing their experiences and let them know that they can discuss this topic more in other meetings.

Third, ***say***: During the first HBLSS meetings we will use all of our experiences to talk about problems in a woman or a baby and how to prevent problems. In other meetings we will share our experiences and come to agree on what to do when a woman or a baby has a problem. We will practice together what to do. We will discuss how to help the woman and the baby.

Step 3. Share What the Trained Health Worker Knows[2]

First, ***say***: I am going to tell you a story about Ragini. I am going to show you pictures as I tell the story. If you cannot see, please move around so you can see.

Second, tell **Ragini's Story: The Road to Death**.[3]

Ragini's Story: The Road to Death	
1	This is Ragini. She is pregnant. Ragini has four children still living, two girls and two boys. She does not want more children. She does not know what to do.
2	Her husband is a farmer and they live in a remote village.
3	One morning Ragini wakes up and finds blood on her sleeping clothes. She does not know anything is wrong, so she does not tell anyone.
4	Ragini goes to do her laundry.
5	The next morning Ragini wakes and finds too much blood. She is afraid.
6	It takes four hours for the family to find money and transportation. It takes another two hours to reach the referral place. She is very sick.
7	Ragini is too sick. The blood transfusion does not help.
8	Ragini dies.

Third, ***ask***:

- What problems did Ragini have?
- Have you ever seen or heard about a woman with any of these problems?

Fourth, tell **Kamal's Story: The Road to Life**.[4]

Kamal's Story: The Road to Life	
1	Kamal and her husband live in a remote village. She is pregnant with her second child. They have saved a little money so Kamal can buy good food and pay for transportation to the health worker.
2	Kamal and her husband learned from the health worker that it is best for their children and good for Kamal to try to wait until her baby is at least two years old before she tried to become pregnant again. With family planning, Kamal and her husband waited two years for their second pregnancy.
3	Kamal meets with the health worker and learns about problems during pregnancy. Kamal learns that any bleeding during pregnancy is a problem. She learns that if she sees any bleeding, she must tell someone right away.
4	One day Kamal sees some blood when she wakes up. She remembers what the health worker said, so Kamal tells her husband and her mother-in-law right away.
5	They take Kamal immediately to the health worker. The health worker goes with them to the referral place.
6	Kamal has not bled too much by the time she arrives at the hospital. She is not too weak. The blood transfusion helps Kamal.
7	Soon Kamal has her baby. Kamal feels strong and her family is very happy.

Fifth, ***ask***:

- What happened to Kamal?
- What helped Kamal?
- Do you feel that some problems have no solution?
- Are there any other ideas in Kamal's story you want to talk more about?

Sixth, ***say***: Thank you for sharing. Bleeding during pregnancy is a serious problem. We will decide together in another meeting what we can do to help a woman who is bleeding during pregnancy.

Step 4. Come to Agree on the Problems and Solutions

First, ***say***: We talked about some of the problems that caused Ragini to become sick and solutions to help Kamal live.

Second, ***ask***:

- Which of Ragini's problems of no money, no family planning, no trained health worker, no birth plan, and no knowledge of danger signs have we seen in our area?
- Has anyone seen other problems for women in our area?
- Which of the solutions that helped Kamal to live have we seen in our area?
- Are there other solutions that we have found in our area?

Step 5. Home Based Life Saving Skills

First, share about HBLSS.

Say: HBLSS is a series of meetings in the community where we come together to talk and learn from each other how to keep women and babies from dying. The HBLSS program is based on two beliefs. One belief is that each of us has experiences to share and that only together can we find solutions to problems. The other belief is that the heart of the program is the pregnant woman and her helpers. The helpers are the people who are closest to the woman and who help as she goes through pregnancy, birth, and after birth. The pregnant woman and this group of helpers are called the birth team. The group of helpers may include a birth attendant.[5]

In each meeting, we will use these two important beliefs while we talk about problems of women and babies. When we understand all the problems, we can find solutions. Together, we will decide and agree what solutions and actions are the best ones to take. Then we will demonstrate and practice the actions.

Second, ***say***: HBLSS meetings are offered throughout the year. Meetings can be arranged to fit your needs. Meetings can be held in the morning or in the afternoon or even in the evening. Meetings can be held every day or once a week. It is important that everyone can attend the meetings during pregnancy, before the baby is born.

Third, hold up a Take Action Card booklet for the participants to see. ***Say***: During the meetings we will be using a booklet called the Take Action Card booklet. This booklet has pictures to help us remember how to help a woman or baby with a problem.

Remind the participants:

- There are many stories like Ragini's. Many of these women can be saved.
- We can all learn to help a woman with a problem.
- You can be part of the solution in your community.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make the next meeting as helpful as possible?

Use the note space at the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting:

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare for the next meeting, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

2. BABY DISCUSSION

Activities

Step 1. Welcome and Introductions

First, welcome the participants and thank them for coming:

- Ask everyone to sit comfortably in a circle so that everyone can see each other.
- Welcome the participants to the meeting.

Say: Today we will get to know a little about each other. Then we will talk about the HBLSS meetings: what they are, when we want to have them, and other questions.

Second, use the **Get to Know You** exercise. ***Say***:

- Pick half of a picture from the basket.
- Look for a partner who has the other half of the picture.
- Sit with your partner. Find out your partner's name and where they live. Together, partners may introduce each other and/or make a short story, poem, or song for all to enjoy.

Thank participants and continue.

Step 2. Ask What the Participants Know

First, ***say***: Today we will talk about babies who become sick in the first month of life and sometimes die.

Second, ***ask***: Have you ever seen or heard about a baby in the first month of life who was too sick to take breast milk or even died? If yes, would you like to tell us?

- What did you see? (signs)
- What did you or others do to help the baby? (action)
- What happened to the baby? (outcome)
- What can cause a baby to become sick or die? (cause)

Thank the participants for sharing their experiences and let them know that they can discuss this topic more in other meetings.

Third, ***say***: During the first HBLSS meetings we will use all of our experiences to talk about problems in a woman or a baby and how to prevent problems. In other meetings we will share our experiences and come to agree on what to do when a woman or a baby has a problem. We will practice together what to do. We will discuss how to help the woman and the baby.

Step 3. Share What the Trained Health Worker Knows[6]

First, ***say***: I am going to tell you a story about Modupe. I am going to show you pictures as I tell the story. If you cannot see, please move around so you can see.

Second, tell **Modupe's Story: The Circle of Sickness**.[7]

Modupe's Story: The Circle of Sickness	
1	This is Baby Modupe when she is born. Baby Modupe is born healthy.
2	Baby Modupe's mother decides to feed her with a bottle.
	Baby Modupe begins to get diarrhea.
3	Baby Modupe's mother uses the latrine and holds Modupe without washing her hands.
	Baby Modupe's diarrhea gets worse. She begins to look weak and sick.
4	Baby Modupe's mother feeds her the bottle in unclean surroundings. There are many flies.
	Baby Modupe's diarrhea gets worse. She becomes more sick and weak.
5	Baby Modupe's mother wants her baby to get better, so she gives her baby an enema.
	The enema makes Baby Modupe have watery diarrhea. Modupe becomes weaker.
6	Baby Modupe's mother decides to give Modupe only water with a cup and spoon.
	Baby Modupe vomits the water.
7	Baby Modupe's mother decides to stop giving her water.
	Baby Modupe becomes weak and dry. Baby Modupe's mother is very worried. She does not know what to do.
8	Baby Modupe is now very weak. Baby Modupe's mother tries to find money to go to the hospital. It takes very long.
	Baby Modupe dies on the way to the hospital.

Third, ***ask***:

- What problems did Modupe have?
- Have you ever seen or heard about a baby with any of these problems?

Fourth, tell **Kema's Story: Breaking the Circle of Sickness**.[8]

Kema's Story: Breaking the Circle of Sickness	
1	This is Baby Kema when she is born. Baby Kema is born healthy.
2	Baby Kema's mother breastfeeds her. Breast milk has many things to help the baby grow.
3	Baby Kema's mother washes her hands after using the latrine, before she holds her baby. If people wash their hands after using the latrine, their children may not get diarrhea as much.
4	Baby Kema's mother is cleaning the house. There are not many flies. If people clean their surroundings, there will be less flies and dirt. Baby Kema will not get diarrhea as much.
5	Baby Kema is feeling sick. Her mother continues giving her breast milk often, even when Kema is feeling sick.
6	If Baby Kema is too sick to suck the breast, her mother removes breast milk and gives the breast milk with a cup.
7	When Baby Kema gets sick, her mother uses money she has saved to take her baby to the health worker without delay.
8	Baby Kema's mother sees the health worker every month until Kema is one year old. She learns many things from the health worker: how to keep things clean, what to do when the baby gets diarrhea, and how immunizations help the baby.

Fifth, ***ask***:

- What happened to Kema?
- What helped Kema?
- Do you feel that some problems have no solution?
- Are there any other ideas in Kema's story you want to talk more about?

Sixth, ***say***: Thank you for sharing. A baby with diarrhea is a serious problem. We will decide together in another meeting what we can do to help a baby who is sick.

Step 4. Come to Agree on the Problems and Solutions

First, ***say***: We talked about some of the problems that caused Modupe to become sick and solutions to help Kema live.

Second, ***ask***:

- Which of Modupe's problems of feeding with a bottle, giving an enema, giving water when the baby has diarrhea, and giving nothing to a sick child do we see in our area?
- Has anyone seen other problems for babies in our area?
- Which of the solutions that helped Kema to live have we seen in our area?
- Are there other solutions that we have found in our area?

Step 5. Home Based Life Saving Skills

First, share about HBLSS.

Say: HBLSS is a series of meetings in the community where we come together to talk and learn from each other how to keep women and babies from dying.

The HBLSS program is based on two beliefs. One belief is that each of us has experiences to share and that only together can we find solutions to problems. The other belief is that the heart of the program is the pregnant woman and her helpers. The helpers are the people who are closest to the woman and who help as she goes through pregnancy, birth, and after birth. The pregnant woman and this group of helpers are called the birth team. The group of helpers may include a birth attendant.[9]

In each meeting, we will use these two important beliefs while we talk about problems of women and babies. When we understand all the problems, we can find solutions. Together, we will decide and agree what solutions and actions are the best ones to take. Then we will demonstrate and practice the actions.

Second, ***say***: HBLSS meetings are offered throughout the year. Meetings can be arranged to fit your needs. Meetings can be held in the morning or in the afternoon or even in the evening. Meetings can be held every day or once a week. It is important that everyone can attend the meetings during pregnancy, before the baby is born.

Third, hold up a Take Action Card booklet for the participants to see. ***Say***: During the meetings we will be using a booklet called the Take Action Card booklet. This booklet has pictures to help us remember how to help a woman or baby with a problem.

Remind the participants:

- There are many stories like Modupe's. Many of these babies can be saved.
- We can all learn to help a baby with a problem.
- You can be part of the solution in your community.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make the next meeting as helpful as possible?

Use the note space at the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting:

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare for the next meeting, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. According to local ways, facilitators may introduce everyone by name, including themselves, or ask each person to say her/his name—something to make the meeting feel friendly and welcoming. Someone living at the place where the meeting is held may share details such as where to get drinking water, where the toilet is located, etc.

2. The trained health worker or provider may be a midwife, nurse, medical assistant, doctor, or anyone formally trained in health care.

3. *Cycle of Health Cards* adapted from Rural Health Development Project, Lesotho (1982). Ragini's Story is adapted from WHO's *Why Did Mrs. X Die?* (1980).

   Instructions for telling Ragini's Story: The Road to Death:
   - Ask participants to sit in a circle with room in the middle to lay down cards.
   - Sit with the participants.
   - Use the picture cards while you tell this story.
   - Show each card separately in the correct order.
   - Hold the picture card up, and show it to everyone while you tell about that card.
   - Be sure everyone understands the idea shown on each card, then go to the next card.
   - When the group understands the picture, place the card on the ground to make a circle in the middle of the group.
   - Repeat these steps with each card until all of the cards are on the ground.
   - After showing and telling the story, encourage discussion by asking the group: What are the problems Ragini is having? Ask "why" questions that help the group begin to think about the causes of the problem.

4. Instructions for telling Kamal's Story: The Road to Life:
   - Use the picture cards while you tell this story.
   - Show each card separately in the correct order.
   - Continue until all the cards are talked about.
   - Point out that although we can stop many problems, we cannot stop the bleeding. Also, bleeding in pregnancy is unpredictable. Just like when we plant our fields and wait for rain, we cannot tell when the rain will come. Although we cannot predict bleeding, we can help if it happens. We can plan and go for help soon.

5. The birth team is a group of people helping the pregnant woman and includes the pregnant woman, one or more family members, and a birth attendant. The birth attendant is anyone (trained or untrained) who gives care to a woman during pregnancy, labor, and birth, and/or after the birth.

6. The trained health worker or provider may be a midwife, nurse, medical assistant, doctor, or anyone formally trained in health care.

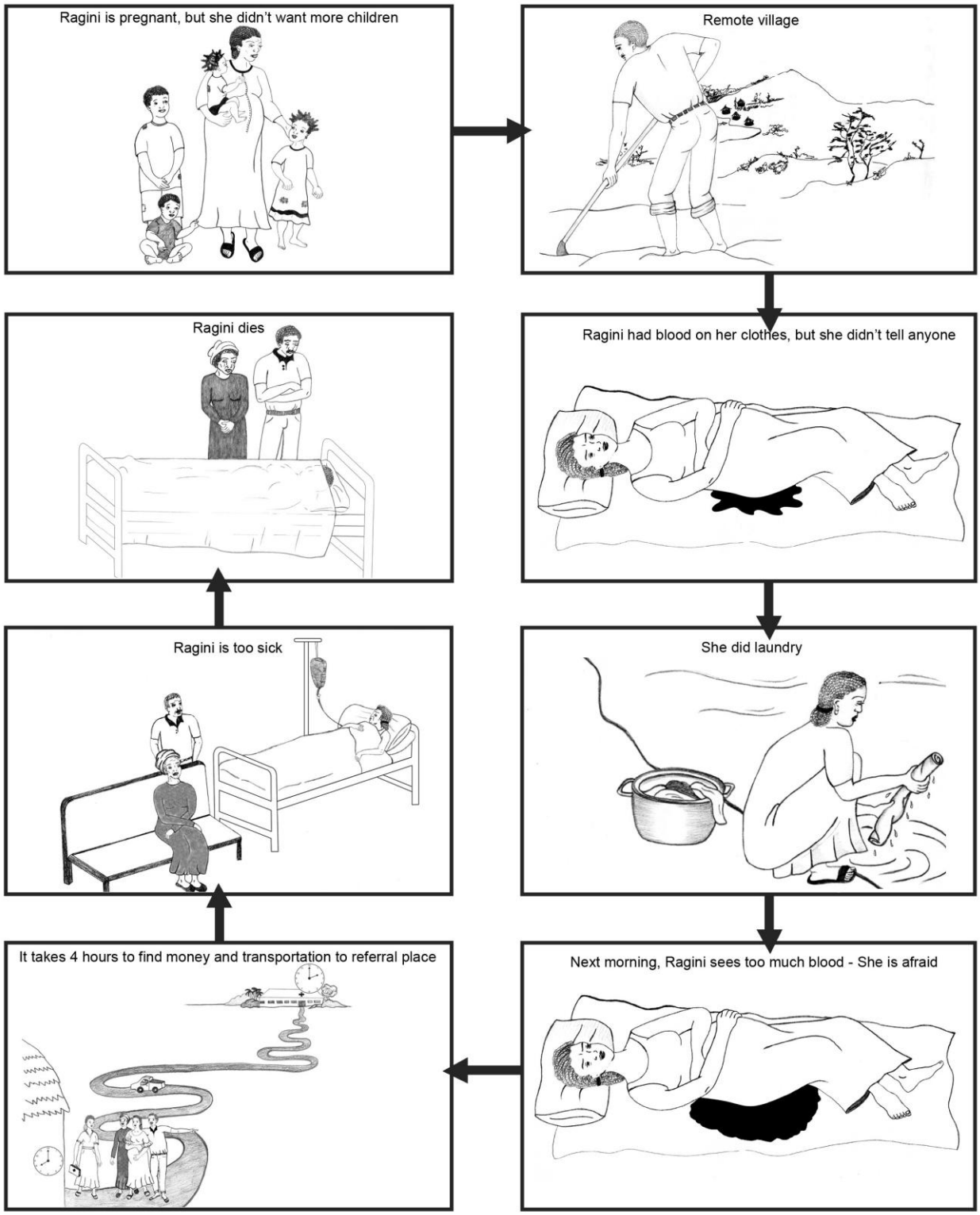
7. Instructions for telling Modupe's Story: The Circle of Sickness:
   - Ask participants to sit in a circle with room in the middle to lay down cards.
   - Sit with the participants.
   - Use the picture cards while you tell this story.
   - Show each card separately in the correct order.
   - Hold the picture card up, and show it to everyone while you tell about that card.
   - Be sure everyone understands the idea shown on each card, then go to the next card.
   - When the group understands the drawing, place the card on the ground to make a circle in the middle of the group.
   - Repeat these steps with each card until all of the cards are on the ground.
   - After showing and telling the story, encourage discussion by asking the group: What are the problems Modupe is having? Ask "why" questions that help the group begin to think about the causes of the problem.

8. Instructions for telling Kema's Story: Breaking the Circle of Sickness:
   - Use the picture cards while you tell this story.
   - Show each card separately in the correct order.
   - Continue until all the cards are talked about.
   - Point out that although we can stop many problems, we may not stop all sickness. Some sickness is unpredictable. Just like when we plant our fields and wait for rain, we cannot tell when the rain will come. Although we cannot predict sickness, we can help if it happens. We can plan and go for help soon.

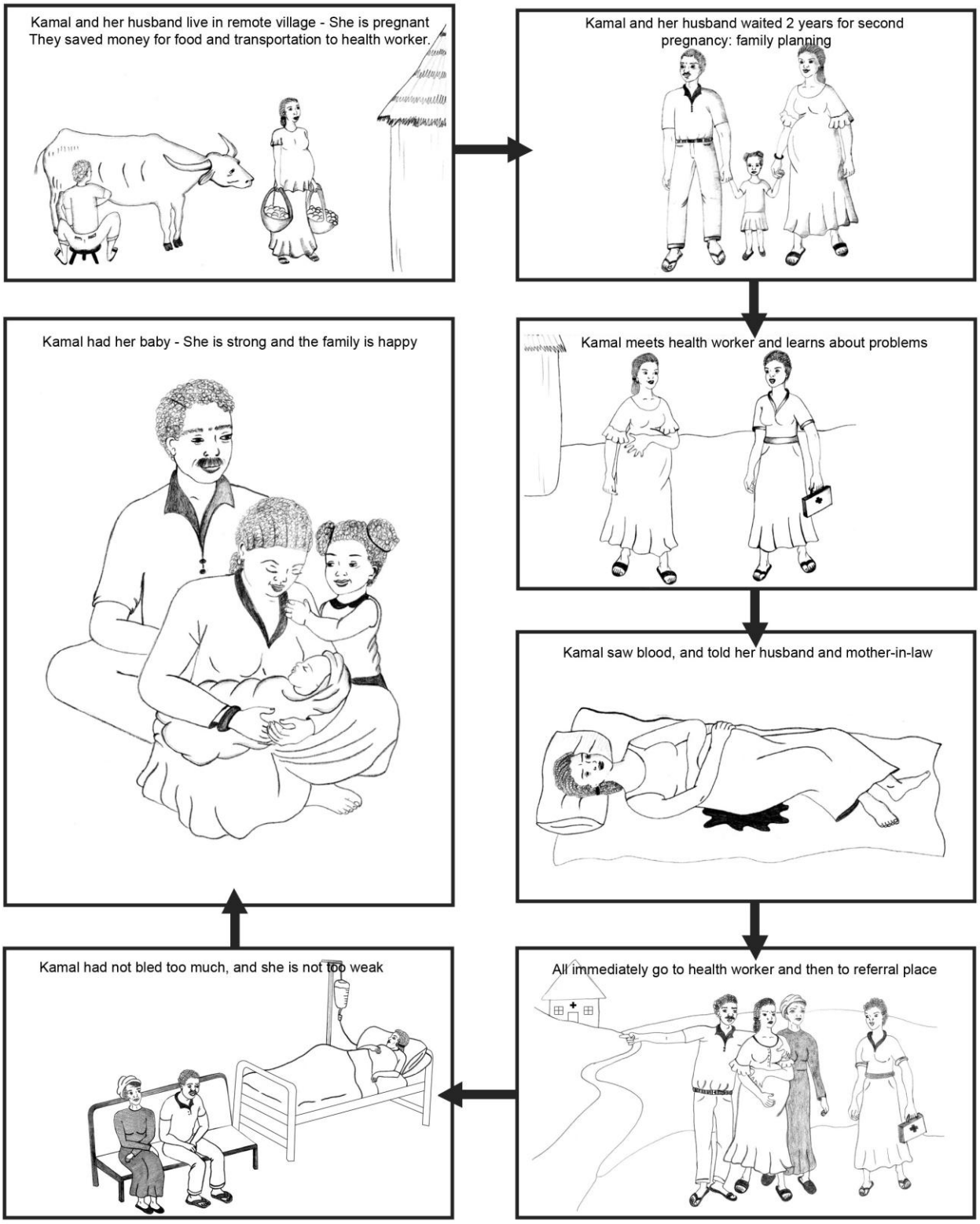
9. The birth team is a group of people helping the pregnant woman and includes the pregnant woman, one or more family members, and a birth attendant. The birth attendant is anyone (trained or untrained) who gives care to a woman during pregnancy, labor, and birth, and/or after the birth.

notes

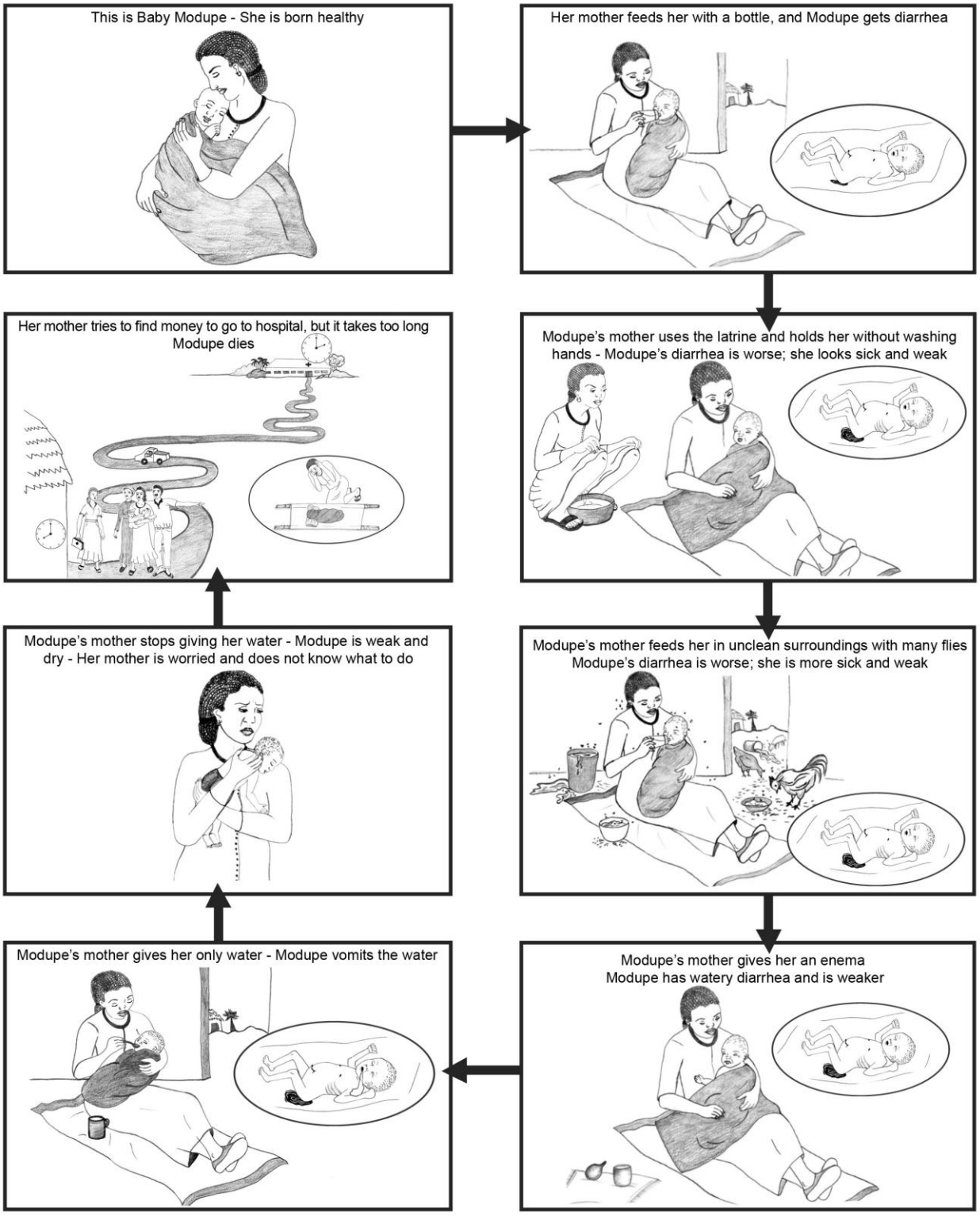
PICTURE CARDS
Ragini's Story: The Road to Death



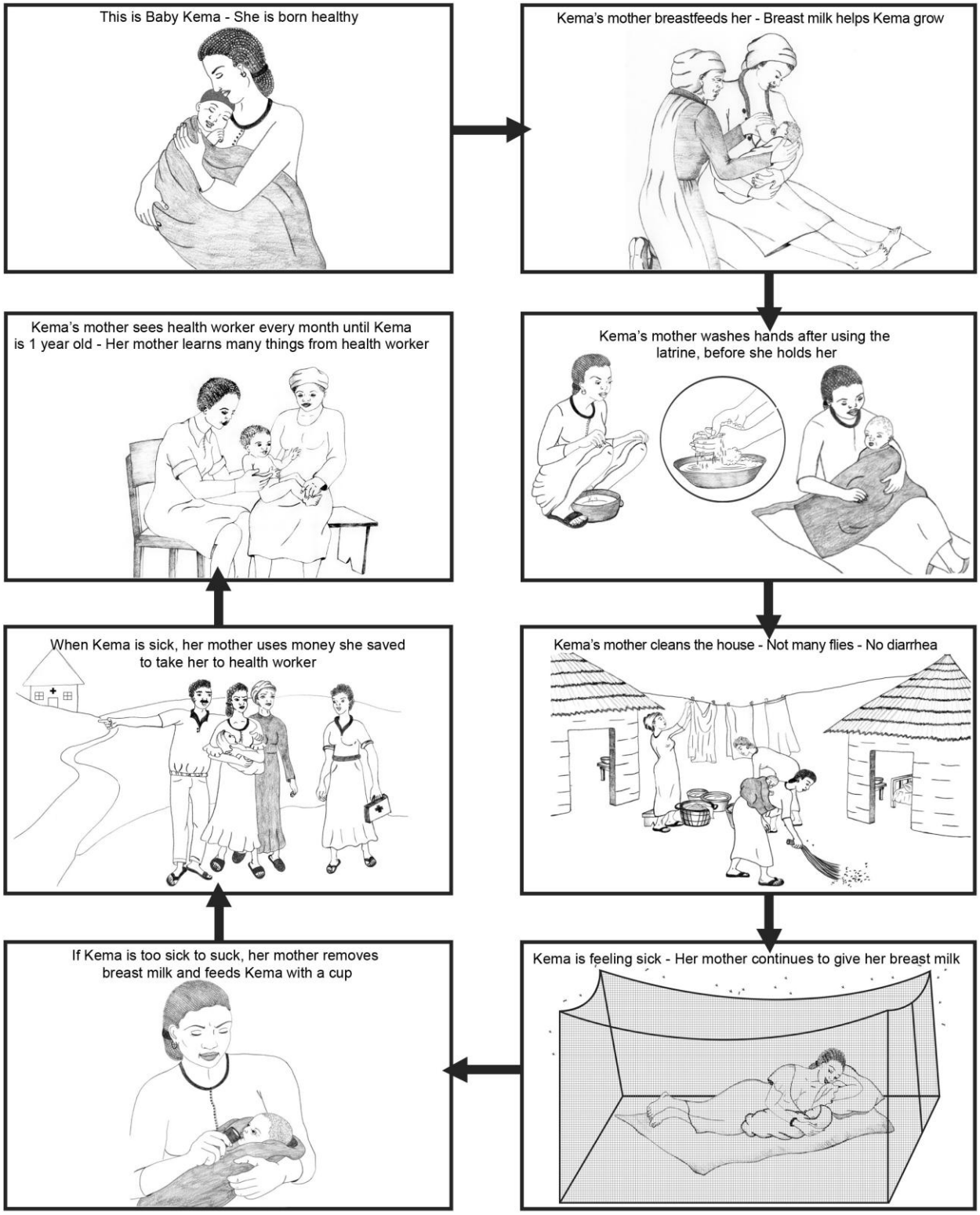
Kamal's Story: The Road to Life



Modupe's Story: The Circle of Sickness



Kema's Story: Breaking the Circle of Sickness



Home Based Life Saving Skills

Community Meeting 2
Woman and Baby Problems

Community Meeting 2: Woman and Baby Problems
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COMMUNITY MEETING 2
Woman and Baby Problems

INFORMATION FOR THE FACILITATOR*

Problems during pregnancy and childbirth cause serious sickness and death for women and babies throughout the world. Many women and babies die each year from pregnancy problems. Birth teams and birth attendants can help save the lives of women and babies by recognizing problems and taking action.

In this meeting, participants will learn about the different problems women and babies can have. They will agree on the signs that tell us the woman or baby has a problem. By sharing experiences, they will identify what problems happen most often in their area.

This meeting has much important information. It is divided into two sections: 1) Woman Problems and 2) Baby Problems. Take plenty of time with each section. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

During this meeting the participants will:

- Show and tell the most serious problems that cause sickness and sometimes death for women.
- Show and tell the most serious problems that cause sickness and sometimes death for babies.
- Agree on which problems are the most important to the participants.

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* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

PLAN

PREPARATION	
How the facilitator prepares: • Review meeting plan • Get needed resources	**How the participants prepare:** • Bring experiences with and stories about woman and baby problems
Location: • The community	**Time:** • Four hours: two meetings, each meeting is two hours long • Be flexible and go at the pace of the participants
RESOURCES	
• Picture cards: Woman Problems, Baby Problems • Counters for participants and the facilitator to place on picture cards (two counters per participant)	

1. WOMAN PROBLEMS

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?
- Is there anything from the last meeting you want to discuss more today?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the signs that the participants say which tell them that a woman is having a problem.

First, tell the discussion starter story. ***Say***:

> *Angeli was pregnant for the first time. Late one evening, during her 8th month of pregnancy, she started to bleed. Right away her husband looked for transportation and they went to the hospital. The efforts of the doctors saved her life.*

Ask:

- Have you ever *heard* about a pregnant woman with a problem like Angeli's?
- Have you ever *seen* a pregnant woman with a problem like Angeli's?

Second, ***ask***:

Have you ever seen or heard about a woman during pregnancy or after birth who became sick or even died? If yes, would you like to tell us about it?

- What did you see? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What caused this woman to become sick or die? (cause)

When the discussion is finished, thank the participants for sharing their experiences.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The trained health worker (THW) learns that a woman is too sick or may die if the woman has any of the following problems.[1]

As you say each problem, place the problem picture card one at a time on the floor in the middle of the circle, with the picture of the problem showing.

Say:
- Bleeding during pregnancy or too much bleeding after birth
- Fever and pain in the womb or breast or when passing urine
- Birth delay, when it takes too long for the baby to be born
- Headache, with or without fits
- Other sickness such as a change in the smell or color of vaginal drainage, or malaria[2]
- Many children or many pregnancies, children born too close together, or the pregnant woman is too young or too old

Second, ***ask***:

- Which of the woman problems we discussed are new to you?
- Do you have any other ideas about woman problems?

Thank the participants for sharing their ideas and continue.

Step 4. Come to Agree on Woman Problems

Look at your paper where you wrote the signs of woman problems the participants mentioned in Step 2. Compare the signs of woman problems known by the participants with the signs of woman problems known by the THW.

First, review from Step 2. ***Say***: You said earlier today that the following are signs that tell you that a woman has a problem: [read aloud the notes of participant signs you wrote during Step 2].

Second, with the participants, identify similarities:

Say which signs of woman problems known by the participants listed in Step 2 and signs of woman problems known by the THW are similar.

After saying which signs are similar, ***say***: This is really wonderful that we know some of the same signs of woman problems.

Third, with the participants, identify differences:

Say which signs of woman problems known by the participants listed in Step 2 and signs of woman problems known by the THW are different. For each difference, ***ask***:

- What do you see (signs) when a woman has [state problem]?
- Can we come to agree that [state problem] is a problem?

Fourth, reach agreement on the pictures for each sign of a woman with a problem. Show the picture cards one at a time and ***ask***:

- Does the picture remind us of a woman with [state problem]?
- What do you see in the picture (signs) that makes you think there is a problem?
- Can we come to agree that the picture reminds us of the following woman problems?
  - Bleeding during pregnancy or too much bleeding after birth
  - Fever and pain in the womb or breast or when passing urine
  - Birth delay, when it takes too long for the baby to be born
  - Headache, with or without fits
  - Other sickness such as a change in the smell or color of vaginal drainage, or malaria
  - Many children or many pregnancies, children born too close together, or the pregnant woman is too young or too old
- Can we agree that we will share what we learned from the pictures with others?

Step 5. Identify Important Woman Problems

First, ask each participant to take a picture card with a woman problem and tell the signs of the problem.

Second, vote on important woman problems:

- Ask for a volunteer to make a circle of the picture cards for woman problems.
- Ask for a new volunteer. Ask the volunteer to give each participant two counters.
- Ask each participant to place one counter on each picture card they think is a very important woman problem.[3] After everyone has voted, the facilitator should also vote.
- Ask for another volunteer. Ask the volunteer to count the votes for woman problems and tell which problems got the most votes.

Third, ***ask***:

- Are these the most important problems?
- Is any problem still missing?
- Can we come to agree that [state problems] are the most important problems?

Fourth, review the woman problems voted by the participants as the most important. If some of the topics are not scheduled to be included in HBLSS trainings, ***say***: Some of the woman problems that you said are important are not planned for HBLSS trainings right now. We will try to cover them in the future.

Remind the participants:

- To help a woman with a problem, you must know the signs of the problem.
- The woman and family must know what to do for a problem.
- Everyone can learn the signs of woman problems.
- Each of you can learn how to help a woman who has a problem
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have so that we can make the next meeting as helpful as possible?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

2. BABY PROBLEMS

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?
- Is there anything from the last meeting you want to discuss more today?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the signs that the participants say which tell them that a woman is having a problem.

First, ***tell*** the discussion starter story:

> *Leo was born when his mother was almost 8 months pregnant. Leo was small and his skin was very wrinkled. He had too much trouble sucking the breast. Sometimes his mother could not wake him up. She was very worried and did not know what to do.*

Ask:

- Have you ever *heard* about a baby with a problem like Leo's?
- Have you ever *seen* a baby with a problem like Leo's?

Second, ***ask***:

Have you ever seen or heard about a baby in the first month of life who was too sick to take breast milk? If yes, would you like to tell us about it?

- What did you see? (signs)
- What did you do to help the baby? (action)
- What happened to the baby? (outcome)
- What caused this baby to become sick or die? (cause)

When the discussion is finished, thank the participants for sharing their experiences.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The trained health worker (THW) learns that a baby at birth or in the first month of life is too sick or may die if the baby has any of the following problems:[4]

As you say each problem, place the problem picture card one at a time on the floor in the middle of the circle, with the picture of the problem showing.

Say:

- Trouble sucking or unable to suck
- Trouble breathing
- Fits or convulsions
- Low birth weight or baby looks too small
- Fever and pus in the eyes
- Fever and pus in the cord stump

Second, ***ask***:

- Which of the baby problems we discussed are new to you?
- Do you have any other ideas about baby problems?

Thank the participants for sharing their ideas and continue.

Step 4. Come to Agree on Baby Problems

Look at your paper where you wrote the signs of baby problems the participants mentioned in Step 2. Compare the signs of baby problems known by the participants with the signs of baby problems known by the THW.

First, review from Step 2. ***Say***: You said earlier today that the following are signs that tell you that a baby has a problem: [read aloud the notes of participant signs you wrote during Step 2].

Second, with the participants, identify similarities:

Say which signs of baby problems known by the participants listed in Step 2 and signs of baby problems known by the THW are similar.

After saying which signs are similar, ***say***: This is really wonderful that we know some of the same signs of baby problems.

Third, with the participants, identify differences:

Say which signs of baby problems known by the participants listed in Step 2 and signs of baby problems known by the THW are different. For each difference, ***ask***:

- What do you see (signs) when a baby has [state problem]?
- Can we come to agree that [state problem] is a problem?

Fourth, reach agreement on the pictures for each sign of a baby with a problem. Show the picture cards one at a time and ***ask***:

- Does the picture remind us of a baby with [state problem]?
- What do you see in the picture (signs) that makes you think there is a problem?
- Can we come to agree that the picture reminds us of the following baby problems?
  - Trouble sucking or unable to suck
  - Trouble breathing
  - Fits or convulsions
  - Low birth weight or baby looks too small
  - Fever and pus in the eyes
  - Fever and pus in the cord stump
- Can we agree that we will share what we learned from the pictures with others?

Step 5. Identify Important Baby Problems

First, ask each participant to take a picture card with a baby problem and tell the signs of the problem.

Second, vote on important baby problems:

- Ask for a volunteer to make a circle of the picture cards for baby problems.
- Ask for a new volunteer. Ask the volunteer to give each participant two counters.
- Ask each participant to place one counter on each picture card they think is a very important baby problem.[5] After everyone has voted, the facilitator should also vote.
- Ask for another volunteer. Ask the volunteer to count the votes for baby problems and tell which problems got the most votes.

Third, ***ask***:

- Are these the most important problems?
- Is any problem still missing?
- Can we come to agree that [state problems] are the most important problems?

Fourth, review the baby problems voted by the participants as the most important. If some of the topics are not scheduled to be included in HBLSS trainings, ***say***: Some of the baby problems that you said are important are not planned for HBLSS trainings right now. We will try to cover them in the future.

Remind the participants:

- To help a baby with a problem, you must know the signs of the problem.
- The woman and family must know what to do for a problem.
- Everyone can learn the signs of baby problems.
- Each of you can learn how to help a baby who has a problem.
- It is always important to be ready in case of a problem. Have a referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. The THW may use other words for woman problems, such as:
   - Hemorrhage: Bleeding during pregnancy or too much bleeding after birth.
   - Infection: Fever and pain in the womb or breast or when passing urine.
   - Prolonged or obstructed labor: Birth delay, when it takes too long for the baby to be born.
   - Pregnancy-induced hypertension: Headache, with or without fits.
   - Sexually transmitted infection: Change in the smell or color of vaginal drainage.

   The THW may also talk about family planning for the problems of many children, or children too close, or when the woman is too young or too old.

2. Other sickness can make both the woman and her baby very sick if not treated. Signs and treatment will vary according to country protocols. These sicknesses include malaria, birth canal drainage (sexually transmitted infections), chronic cough with blood (tuberculosis), cough and fever with dark sputum (pneumonia), hookworm (parasites), and signs of HIV/AIDS such as unexplained weight loss, chronic diarrhea, chronic thrush (yeast infection), chronic fever, and generalized dermatitis.

   Identification and treatment of sexually transmitted infections (considered a marker for HIV risk since both infections are contracted the same way), malaria (a major cause of maternal and infant death, also linked to increased mother-to-child transmission via placental infection), and nutritional deficiencies (lack of adequate nutrition may increase risk of HIV transmission due to low calorie intake and poor micronutrient status) during pregnancy can benefit all pregnant women and their babies (Israel & Kroeger, 2003).

3. It is **very important** to remind the group that the problems they choose may be different. It is fine to differ. Different ideas are expected to happen. Each person's own experience and what they have heard may be different. If you do not remind the group, participants may vote the same way as everyone else. This may not fit with their real thinking.

4. The THW may use other words for baby problems, such as:

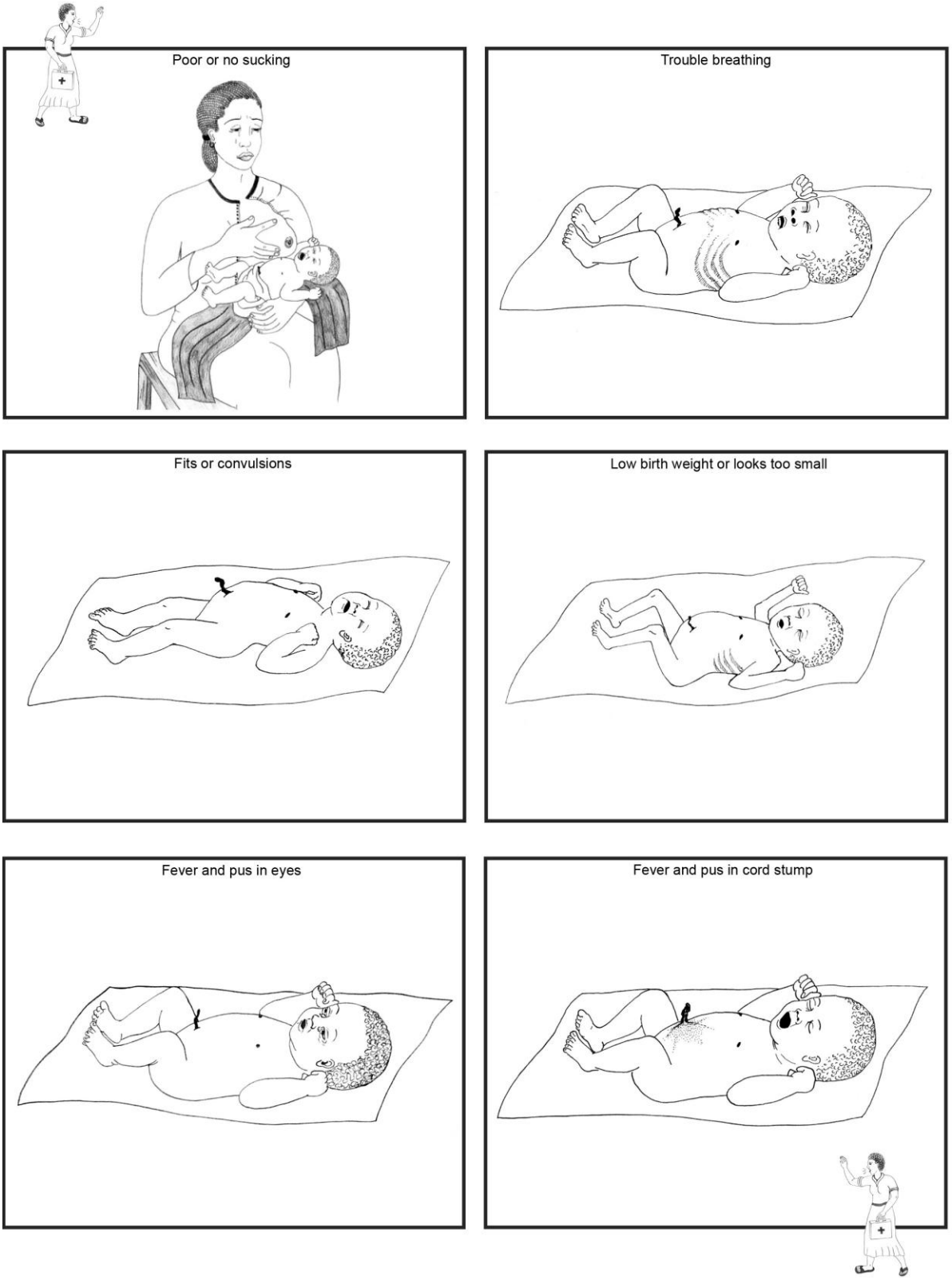
   - Asphyxia: Trouble breathing.
   - Tetanus or other sickness: A baby with fits or convulsions, or with trouble sucking or unable to suck.
   - Premature baby: A low birth weight or baby looks too small.
   - Infection: Fever and pus in the eyes or cord stump.

5. It is **very important** to remind the group that the problems they choose may be different. It is fine to differ. Different ideas are expected to happen. Each person's own experience and what they have heard may be different. If you do not remind the group, participants may vote the same way as everyone else. This may not fit with their real thinking.

notes

TAKE ACTION CARDS
Woman Problems

Baby Problems



Home Based Life Saving Skills

Community Meeting 3
Prevent Problems

Community Meeting 3: Prevent Problems
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COMMUNITY MEETING 3
Prevent Problems

INFORMATION FOR THE FACILITATOR*

Most of the time during pregnancy the woman is well and has no problems. After the baby is born, the woman and the baby are usually well and have no problems. But sometimes there is a problem. The family has to make decisions and do things to be ready before a problem occurs. The participant can help to prevent woman and baby problems during pregnancy and after the birth by helping the woman to be comfortable, giving her emotional and physical support, watching for problems, and taking action as needed. It is not always possible to prevent a problem, but being ready and giving safe care can help.

In this meeting, participants will learn and practice how to prevent problems by being ready and giving safe care to the woman and the baby during pregnancy and after the baby is born. They will also learn how to plan for a pregnancy, how to prevent sexually transmitted infections including HIV/AIDS,[1] and how to tell when someone may have a sign of a sexually transmitted infection or HIV/AIDS.

This meeting has much important information. It is divided into three sections: 1) Prevent Problems During Pregnancy, 2) Prevent Problems Before Baby Is Born, and 3) Prevent Problems After Baby Is Born. Take plenty of time with each section. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

By the end of this meeting, each participant will be able to tell and show how to:

- Prevent problems during pregnancy.
- Prevent problems before the baby is born.
- Prevent problems after the baby is born.
- Prevent sexually transmitted infections including HIV/AIDS.

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* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

PLAN

PREPARATION	
How the facilitator prepares: • Review meeting plan • Get needed resources • Practice demonstrations • Review Take Action Card booklet and picture cards: Woman Problems, Baby Problems, Prevent Problems During Pregnancy, Prevent Problems Before Baby Is Born, Prevent Problems After Baby Is Born	**How the participants prepare:** • Collect and bring items for delivery kit[2] • Bring experiences with and stories about women's experiences during pregnancy and birth • Bring ideas about how to prevent problems
Location: • The community	**Time:** • Nine hours: three meetings, each meeting is three hours long • Be flexible and go at the pace of the participants
RESOURCES	
Demonstration *Prevent Problems During Pregnancy*: • clean woman things: something for pregnant woman to rest on with her feet on a pillow/chair, blanket or cloth • food and drink: plate with foods containing calcium and iron and a cup with liquids to drink • iron and folic acid tablets • misoprostol (if approved practice) • condoms • baby model[3] • Take Action Card booklet	**Demonstrations *Prevent Problems Before Baby Is Born* and *Prevent Problems After Baby Is Born:*** • clean woman and baby things: mat/bed, clothing/cloths for warmth, rags/pads for fluid and blood • things for washing: soap, water, basin, pitcher (something to pour water), pail, household bleach, towel • clean cord care things: string, cord cutting tool • birth attendant or helper coverings: apron, gloves or other hand coverings • models: baby, placenta, uterus • misoprostol (if approved practice) • waterproof container for placenta • cup of liquids with sugar to drink • Take Action Card booklet
Other resources: • Take Action Card booklet and picture cards: Woman Problems, Baby Problems, Prevent Problems During Pregnancy, Prevent Problems Before Baby Is Born, Prevent Problems After Baby Is Born	**Optional germs demonstration:** • chile • sharp knife • water • towel

1. PREVENT PROBLEMS DURING PREGNANCY

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent problems during pregnancy.

First, ***tell*** the discussion starter story:

> *Shahlani was walking to her friend's home when she felt the baby moving around in her belly. She thought, "One of these days I must talk with my mother-in-law about how to take care of myself." When Shahlani talked with her mother-in-law, she learned about rest, foods to eat, and many other things.*

Second, ***ask***:

- Have you *heard* about a pregnant woman doing special things to care for herself like Shahlani?
- Have you ever *seen* a pregnant woman doing special things to care for herself like Shahlani?

Third, ***ask***: Have you ever seen a pregnant woman do special things to care for herself? If yes, ***ask***:

- What did the woman do to care for herself? (action)
- What happened to the woman? (outcome)
- What can happen if the pregnant woman does not care for herself? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The trained health worker (THW) learns to prevent problems during pregnancy. We will see in the demonstration what the THW learns about preventing problems during pregnancy.

Second, ask volunteers to help you do the demonstration **Prevent Problems During Pregnancy**.

Third, do the demonstration.

Demonstration: Prevent Problems During Pregnancy	
Actors:	Ask for volunteers to play Shahlani (the pregnant woman), the mother-in-law, and the husband, who have all attended HBLSS meetings. The facilitator plays the birth attendant trained in HBLSS.
Props:[4]	Clean woman things, food and drink, iron and folic acid tablets, condoms, misoprostol, baby model (place the model with the head down in a cloth wrapped around the woman), Take Action Card booklet
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: I am the birth attendant who has received HBLSS training. Today is the day the family and the birth attendant talk about preventing problems during pregnancy.

Demonstration:

1. The **birth attendant** greets the woman and family and ***asks***: What are you doing to help Shahlani?

2. The **mother-in-law** ***says***: Shahlani is doing the cooking but a helper collects water and firewood.

3. The **birth attendant** ***says***: Good! It is good the workload is less for Shahlani.

   She then ***asks*** Shahlani: Is there time to sit with your feet up like this or to lie down?

   The birth attendant shows Shahlani how to sit with her feet up and how to lie on the left side of her body at least one hour every day. She also ***says*** to Shahlani: If you are too tired or weak, rest as often as possible, go to sleep early in the evening, and don't carry heavy loads.

4. The **birth attendant** ***asks*** Shahlani: What do you eat and drink?

   Shahlani ***says***: I try to eat a good meal two times in a day. I take some water during the day.

5. The **birth attendant** gives Shahlani some suggestions. She ***says***:

   - Eat an extra meal every day—try to eat four times a day and include food with calcium and iron such as milk and some dark, leafy greens.
   - Take iron tablets two times a day and folic acid once a day so your blood can stay strong.
   - Drink six to eight glasses of liquids like water, milk, and juice each day to keep your urine and kidneys healthy. Do not drink alcohol (beer).
   - Do not smoke.

6. The **birth attendant** ***asks***: What problems in pregnancy did we talk about before?

7. **Shahlani** gets her Take Action Card booklet and turns to Woman Problems. She ***says*** as she reads the problems: any bleeding, fever and pain, headache or fits, birth canal drainage, or other sickness, such as malaria.

8. The **birth attendant** is very happy and ***says***: Good! Remember the problems and go to the THW right away if you have any of these problems or if you do not feel well.

Demonstration: Prevent Problems During Pregnancy

9. The **birth attendant *asks***: Have you seen a THW?

10. **Shahlani *says***: Yes, I had two tetanus injections. I sleep and rest under a bed net and take medicine to prevent malaria (for malaria endemic areas). The THW said my blood pressure was good both times. The THW asked me if I was planning to breastfeed. I said yes, I am going to breastfeed my baby just like my mother breastfed me.

11. The **birth attendant *says***: Breastfeeding is good for you and your baby. Remember to keep your breasts and nipples clean. Do not wash your nipples with soap because this causes the nipples to dry and crack.[5] How long before the baby is born?

12. **Shahlani *says***: It is about two months.

13. The **birth attendant *says***: I would like to show you how to feel for the baby's head. You will need to do this the last month before the baby is to be born. If the baby's head is NOT down, you will need to go to the THW and you may need help from the THW at the birth. The birth attendant shows Shahlani and her mother-in-law how to feel for the baby's head.[6]

14. The **birth attendant *says***: There is one important medicine called misoprostol[7] (if approved practice) that can help prevent too much bleeding after the baby is born. You can get the medicine at the clinic or buy it in the market. It must be stored very carefully and used exactly like this:

    - Get the medicine to prevent too much bleeding when Shahlani is about eight months pregnant.
    - Make sure Shahlani knows where the medicine is safely stored, because she is the only person who will definitely be at her birth!
    - Following the birth of the baby, take the medicine **after you are sure there is no second baby**. If a trained birth attendant is with you, they can feel to make sure there is not a second baby.[8] It is very important that if no one is trained to feel for a second baby, you should take the medicine as soon as the placenta comes out.
    - Watch for side effects such as shivering, nausea, vomiting, diarrhea, and fever. They are very common and will go away in a short time. For comfort, cover Shahlani with a blanket if she is shivering, and apply a cool cloth to her forehead if she has a fever.
    - Can you please repeat back to me how this important medicine must be used?

15. The **mother-in-law** repeats all of the information to the birth attendant.

16. The **birth attendant *says***: I learned from the THW that safer sex helps prevent getting pregnant before you are ready[9] and helps prevent passing sickness to uninfected partners. It is good for the woman (and her baby) to use condoms for safer sex. I would like to give you these condoms. Talk with your husband. Do you know how condoms are used? (If no, explain.[10]) After the baby is born, we can talk more.

17. The **birth attendant *asks*** Shahlani and her family: Do you have any questions or want to talk about anything? Remember, it is not normal to see any blood or have sickness during pregnancy.

18. The **mother-in-law *says***: Thank you so much for the information and help.

19. Goodbyes are said.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Demonstration: Prevent Problems During Pregnancy	
What?	**Why?**
1. Rest at least one hour a day or as often as possible. Sleep and rest under a bed net.	Rest prevents weakness. Sleep and rest help a pregnant woman stay strong. A bed net helps prevent malaria.
2. Eat an extra meal every day with foods containing calcium and iron.[11]	The mother will be healthy, have strong blood, have energy, and grow a healthy baby.
Drink six to eight glasses of liquids a day.	Liquids prevent infection of the bladder/kidneys.
3. Take iron tablets and folic acid during pregnancy and for 40 days after the birth.[12]	Iron and folic acid make blood strong for the woman and baby.
At eight months, get misoprostol (if approved practice). Store safely.	The medicine is ready when needed. Misoprostol can prevent too much bleeding after the baby is born.
Remember: After the birth of the baby, take the medicine by mouth **after you are sure there is no second baby**.	Taking misoprostol when there is a baby in the womb can hurt the baby and the mother.
Remember: If side effects happen, cover with a blanket for shivering, and apply a cool cloth for fever.	This will make the mother feel better until the side effects go away.
4. Watch for signs of problems: any bleeding; fever; pain of womb, breast, or when passing urine; headaches/fits; other sickness.[13]	If you know the signs of problems, you will know when to get the THW. The THW will know how to help. She can do something before the woman gets too sick.
See a THW for blood pressure checks, tetanus shots, malaria prevention, when not feeling well, or when there is any sign of a problem.	To check for sickness/high blood pressure, prevent tetanus, prevent malaria, care for sickness, and learn about pregnancy care and infant feeding.[14]
5. Feel for baby's head one month before birth.	When the baby's head is *not coming first*, the woman/baby must have help from a THW.
6. Parents use safer sex[15] during pregnancy and plan their next pregnancy if they want another baby.	Safer sex protects the baby and woman from infections.[16]
	The woman waits at least two years after a birth before becoming pregnant again so she has time to give her new baby love and become rested and strong again.[17]

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about preventing problems during pregnancy?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. ***Say***: You said earlier today that you do the following in the home when helping to prevent problems during pregnancy: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and the actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way when helping to prevent problems during pregnancy.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help to prevent problems during pregnancy?

Fourth, reach agreement on the problem card. Show the problem card for prevent problems during pregnancy and ***ask***:

- Does the picture remind us of a pregnant woman?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a pregnant woman?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of helping to prevent problems during pregnancy?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?

Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. ***Say***: This booklet is for you to use. Use the section of the booklet on Prevent Problems to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.[18]

- Open the booklet to Prevent Problems During Pregnancy.
- Look on Side One at the picture of the woman during pregnancy and on Side Two for the actions.
- Show the picture card of the pregnant woman. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Cards to help the volunteers.

Practice the demonstration **Prevent Problems During Pregnancy**.

Third, after the practice, ***ask***:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Cards?

Fourth, ***ask***:

- How did you feel about helping Shahlani prevent problems during pregnancy?
- If you need to help prevent problems during pregnancy, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful to prevent problems?
- How will you know if you need more practice helping a woman prevent problems?
- What can you do for more practice?

Remind the participants:

- You can save lives by preventing problems during pregnancy.
- Take action during pregnancy to help the woman and baby using Take Action Cards.
- A woman with any sign of a problem or sickness must be referred to the THW.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

2. PREVENT PROBLEMS BEFORE BABY IS BORN

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent problems before the baby is born.

First, ***tell*** the discussion starter story:

> *Shahlani is talking with her mother-in-law because it is about time for the baby to be born. Shahlani is excited because the baby should be born in the next few days. She is wondering whether she has everything ready for the baby. Her mother-in-law reminds Shahlani that she also needs to have things ready for herself.*

Second, ***ask***:

- Have you *heard* about a pregnant woman doing special things for herself or her baby to get ready for the birth like Shahlani?
- Have you ever *seen* a pregnant woman doing special things for herself or her baby to get ready for the birth like Shahlani?

Third, ***ask***: Has anyone ever seen a pregnant woman do something special to get ready for the baby? If yes, ***ask***:

- What did the woman do? (action)
- What happened? (outcome)
- What can happen if the woman does not prepare? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The THW learns to prevent problems before the baby is born. We will see in the demonstration what the THW learns about preventing problems.

Second, ask volunteers to help you do the demonstration **Prevent Problems Before Baby Is Born**.

Third, do the demonstration.

Demonstration: Prevent Problems Before Baby Is Born	
Actors:	Ask for volunteers to play Shahlani (the pregnant woman), the mother-in-law, and the husband. The facilitator plays the birth attendant trained in HBLSS.
Props:[19]	Clean woman and baby things, things for washing, clean cord care things, birth attendant or helper coverings, baby model, misoprostol (if approved practice), waterproof container for placenta, Take Action Card booklet
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: Today is the day the family and birth attendant meet to talk about preventing problems before the baby is born. It is about one month until the baby is expected to be born.

Demonstration:

1. The **birth attendant** greets everyone and ***asks*** Shahlani: How are you?
2. **Shahlani *says***: I am feeling well. I get time to rest. The THW says my blood pressure is good.
3. The **birth attendant *asks***: What have you done to get ready for the baby?
4. **Shahlani *says***: We have started to get the place clean.
5. The **birth attendant *says***: I am very happy you saw the THW and took time to clean. Make sure the place is warm so the baby does not get too cold. What foods and drinks will you have during labor?
6. The **mother-in-law *says***: We usually use tea with sugar before the birth.
7. The **birth attendant *says***: That is good. Fruit juices and light soup[20] are also good. What have you done to get ready for the baby?
8. The **mother-in-law** brings a container with the clean birth things including cord strings, a clean cord cutting tool, a bar of soap, a bottle of household bleach, and a waterproof container.
9. The **birth attendant *says***: I am so happy you have started to get ready for the baby! What other things have you done?
10. The **mother-in-law *says***: We were waiting for you to come and talk with us.
11. The **birth attendant *says***: I learned from a THW that everything touching the woman and baby must be clean. The THW calls this prevent infection before birth:
    - Wash things with soap and water, just like you do laundry.
    - Dry them in the sunshine.
    - Keep washed things clean in a covered container. You can find them when needed.
    - Shahlani may take a bath every day and use clean clothing.

Demonstration: Prevent Problems Before Baby Is Born

- Prepare at least two cloths to dry the baby at birth, and some clean, warm clothing for the baby.
- Prepare some clean cloths or rags for Shahlani when her baby is born, and extra cloths, rags, or pads to soak up fluids and blood.
- Prepare a bleach solution in a waterproof container to use during and after the birth to put things stained with blood.[21]

12. The **mother-in-law** ***says***: This is no problem. I will make sure we have these things.

13. The **birth attendant** ***says***: It is important for everyone touching the woman and baby to have clean hands:

    - Have a pitcher with clean water and a bowl for hand washing.
    - It is a good idea for the person helping at birth to use hand covers and an apron.
    - You will also need a waterproof container for the placenta.

14. The **birth attendant** shows the pictures in the Take Action Card booklet and ***says***: You can use this to help you remember what things are needed.

15. The **birth attendant** explains there are some other things to talk about and family decisions to make. She ***says***: You have decided where the birth will happen and you have started to prepare the place and the things. You need to know and decide:

    - When the baby is expected
    - Where you should be when it is close to the time the baby will be born
    - Who will help with the birth
    - Who knows where the misoprostol is stored
    - Who will prepare a container with light foods and drinks for Shahlani
    - Who will remember the signs of problems when Shahlani or the baby is sick and needs to go to the THW
    - How to get to the THW if there is a problem
    - Who will care for other children and your home if there is a problem
    - Who the helpers are
    - Who will get enough money to pay for transportation, be available to give blood if needed, and care for Shahlani in case she needs referral.

16. The **mother-in-law** ***says***: We want you, the birth attendant, to help with the birth.

17. The **birth attendant** ***says***: I am happy to help. Remember, as soon as Shahlani has pink-colored drainage or liquid from the birth canal or birth pains (contractions), call me. These signs show that it is time for the baby. When any of these signs happen, it is time to call me. Someone must feel for the baby's head as soon as any of these signs happen. If the baby's head is NOT down, we must go to the THW as soon as possible. Do you remember how to feel for the baby's head?

18. **Shahlani** ***says***: Yes, it is the same thing we do during pregnancy. I will show you.

19. The **birth attendant** ***says***: I am pleased you remember about feeling for the baby's head. You have made many decisions and are getting ready for the baby.

20. Good byes are said.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Demonstration: Prevent Problems Before Baby Is Born	
What?	**Why?**
1. Get ready for the baby:[22] • Sweep, remove animals, and wash toilet area with soap and water. • Wash things with soap and water, and hang them in the sunshine to dry. • Keep washed things in a covered place so dirt and dust cannot get on them. • Warm the place where the baby will be. • Agree on a plan for helpers, money, and transportation.[23]	A clean place for the birth and a clean toilet help prevent infection. A warm place helps keep the baby warm (prevents heat loss).[24]
2. Eat light foods. Drink liquids (at least one cup) such as water, fruit juice, tea, soup, or honey or sugar water every hour.	Food and drinks help the woman and baby stay strong during labor and help the woman make breast milk for the baby.
3. Clean birth things: new or clean cord strings and clean cord cutting tool.	To prevent unclean things from getting in cord, and prevent bleeding from cord.
For woman and baby: Clean clothes and clean cloths, mats, pads, and rags.	To keep the woman/baby warm, clean, and dry, and to soak up fluids and blood.
Waterproof container for placenta.	To help keep blood off clothes and people, and help prevent infection including hepatitis and HIV.
4. Clean woman. Bathe when labor begins and wear clean clothes.	To prevent unclean things from touching the woman or baby.
5. Clean helpers: • Wash hands with soap and water. • Use gloves or other hand coverings. • Use apron. • Wash things with household bleach and dry in the sun.	Wash to remove dirt/germs from hands. Use gloves and apron to keep blood/fluids off hands and clothing to prevent infection including hepatitis and HIV. Clean up to remove blood and fluid from birth things and clothes. Protect hands and wash things to prevent touching anything that is bloody.[25] This prevents infection.
6. Watch for problems. FEEL baby's head.	If baby's head is not down or you see signs of another problem, **REFER**. You need THW help **urgently**.

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about preventing problems before the baby is born?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. ***Say***: You said earlier today that you do the following in the home when helping to prevent problems before the baby is born: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way when helping to prevent problems before the baby is born.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help to prevent problems before the baby is born?

Fourth, reach agreement on the problem card. Show the problem card for prevent problems before the baby is born and ***ask***:

- Does the picture remind us of a woman before the baby is born?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman before the baby is born?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of helping to prevent problems before the baby is born?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?

Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. ***Say***: This booklet is for you to use. Use the section of the booklet on Prevent Problems to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.[26]

- Open the booklet to Prevent Problems Before Baby Is Born.
- Look on Side One at the picture of the woman before the baby is born and on Side Two for the actions.
- Show the picture card of the woman before the baby is born. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Prevent Problems Before Baby Is Born**.

Third, after the practice, ***ask***:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Cards?

Fourth, ***ask***:

- How did you feel about helping Shahlani prevent problems before the baby is born?
- If you need to help prevent problems before the baby is born, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful to prevent problems?
- How will you know if you need more practice helping a woman prevent problems?
- What can you do for more practice?

Remind the participants:

- You can save lives by preventing problems before the baby is born.
- Take action before a birth to help the woman and baby using Take Action Cards.
- A woman or baby with any sign of a problem or sickness must be referred to the THW.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

3. PREVENT PROBLEMS AFTER BABY IS BORN

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Prevent Problems After Baby Is Born: First Actions

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent problems after the baby is born (first actions).

First, ***tell*** the discussion starter story for preventing problems after the baby is born (first actions):

> *Luisa just had her baby. She had clean things ready for her helper. The helper praised Luisa for getting everything ready for the baby and clean clothes for herself.*

Second, *ask*:

Has anyone ever seen or helped a pregnant woman or her family do special things to prevent problems after the baby is born (first actions)? If yes,

- What did you see to know that special things were ready when the woman had her baby? (signs)
- What did you do to help get special things ready? (action)
- What happened to the woman? (outcome)
- What can happen if the woman does not have special care when baby is born? (cause)

Third, ask questions about preventing problems after the baby is born. ***Ask***:

Is anything special done for the baby? If yes,

- What is done, who helps, who decides? (action)
- What happens? (outcome)
- Why are these things done? (cause)

Is anything special done for breastfeeding? If yes,

- What is done, who helps, who decides? (action)
- What happens? (outcome)
- Why are these things done? (cause)

Is anything special done for the woman? If yes,

- What is done, who helps, who decides? (action)
- What happens? (outcome)
- Why are these things done? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The THW learns to prevent problems as soon as the baby is born. This is called First Actions. We will see in the demonstration what the THW learns about preventing these problems.

Second, ask volunteers to help you do the demonstration **Prevent Problems After Baby Is Born: First Actions**.

Third, do the demonstration.

Demonstration: Prevent Problems After Baby Is Born: First Actions	
Actors:	Ask for volunteers to play Shahlani (who has just given birth), the mother-in-law, and the husband. The facilitator plays the birth attendant trained in HBLSS.
Props:[27]	Clean woman and baby things, things for washing, clean cord care things, birth attendant or helper coverings, models, misoprostol (if approved practice), waterproof container for placenta, cup of liquids with sugar, Take Action Card booklet
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: We are in the house of Shahlani and her husband. The helpers have clean gloves on. Shahlani is semi-sitting on a cloth-covered mat,[28] and the baby was just born.

Demonstration:

The **birth attendant** has gloves and an apron on. The **birth attendant**:

1. Holds the baby and wipes the baby's face including the nose and mouth. She dries the baby (removing all blood and fluid) and rubs the baby's back using one clean cloth; with the second clean cloth, covers the baby including the head (does not cover the face). [The baby is crying.]

2. Hands the baby to Shahlani and helps her hold the baby close to her.

3. Feels for a second baby. If the **birth attendant is sure there is no second baby**, she ***says***: I do not feel another baby. Shahlani, it is time for you to take the misoprostol (if approved practice). *(It is very important that if no one is trained to feel for a second baby or if there is a second baby, Shahlani should take the medicine as soon as the placenta comes out.)*[29]

4. Ties and cuts the cord.

5. After some time, asks Shahlani to let her mother-in-law hold the baby. She helps Shahlani squat and pass urine.

6. Helps Shahlani to a semi-sitting position and helps the baby attach to the breast and suck. If the baby does not suck, use nipple stimulation.

7. Waits for the placenta to come out. She DOES NOT squeeze, push, or press on the womb. She does not pull on the cord.

8. After the placenta comes out, she rubs the womb and puts the placenta into a waterproof container that another helper is holding.

9. Helps Shahlani hold the baby in good sucking position to breastfeed.

10. Cleans up things.[30]

11. The **family member** asks Shahlani what she would like to eat and drink. The **husband** is happy and goes to tell his friends.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Prevent Problems After Baby Is Born: First Actions	
What?	**Why?**
1. As soon as the baby is born: • Hold the baby and wipe the baby's face. • Dry all of the baby. Rub baby's back. • Cover all of the baby (not face).	Wipe to remove liquid from the mouth and nose so air can enter. Drying/rubbing and covering helps baby breathe and stay warm.[31]
Give misoprostol if approved practice.	Misoprostol prevents too much bleeding.
2. Tie and cut cord.	Cut the cord to separate the baby and placenta.
3. Have woman squat and pass urine.	Passing urine helps the placenta come out and prevents too much bleeding.
4. Help woman sit in semi-sitting position. Help baby attach to breast. Wait for placenta.	Breastfeeding helps the woman and baby to bond, and helps the placenta come out.
5. Rub womb.	Rubbing makes the womb hard. A hard womb prevents too much bleeding.

Prevent Problems After Baby Is Born: First Actions	
What?	**Why?**
6. Put placenta in a waterproof container.	This prevents the person disposing of placenta from touching blood and fluids, which can cause sickness.
Clean helpers: • Wash hands with soap and water. • Use gloves or other hand coverings and apron. • Wash things with bleach and dry in sun.	Wash to remove dirt/germs from hands. Gloves and apron keep blood/fluids off hands and clothing to prevent infection including hepatitis and HIV. Protect hands and wash things to prevent touching anything that is bloody.[32]

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about preventing problems after the baby is born?

Time for a break.

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. ***Say***: You said earlier today that you do the following in the home when helping to prevent problems after the baby is born: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way when helping to prevent problems after the baby is born.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help to prevent problems after the baby is born?

Fourth, reach agreement on the problem cards. Show the problem cards for prevent problems after the baby is born (first actions). For each card, ***ask***:

- Does the picture remind us of a woman after the baby is born?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman after the baby is born?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of helping to prevent problems after the baby is born?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?

Prevent Problems After Baby Is Born: Other Actions

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help prevent problems after the baby is born (other actions).

First, ***tell*** the discussion starter story for prevent problems after baby is born (other actions):

> *Shahlani was visiting with her friend while she was breastfeeding her two-day-old baby. The friend asked, "Why are you breastfeeding your baby? It takes so much time." Shahlani said, "We learned from the birth attendant that breastfeeding is good for my baby and prevents me from bleeding too much. I must remember to eat and drink good things. I need to remember to keep myself clean."*

Ask:

- Has anyone every *seen* or *heard* about a woman or her family doing other things after the baby is born to care for herself like Shahlani?

Second, ask questions about preventing problems after the baby is born. ***Ask***:

Is anything special done for the baby? If yes,

- What is done, who helps, who decides? (action)
- What happens? (outcome)
- Why are these things done? (cause)

Is anything special done for breastfeeding? If yes,

- What is done, who helps, who decides? (action)
- What happens? (outcome)
- Why are these things done? (cause)

Is anything special done for the woman? If yes,

- What is done, who helps, who decides? (action)
- What happens? (outcome)
- Why are these things done? (cause)

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The THW learns to prevent problems after the baby is born and everything is cleaned up. This is called Other Actions. We will see in the demonstration what the THW learns about preventing these problems.

Second, ask volunteers to help you do the demonstration **Prevent Problems After Baby Is Born: Other Actions**.

Third, do the demonstration.

Demonstration: Prevent Problems After Baby Is Born: Other Actions	
Actors:	Ask for volunteers to play Shahlani (who has just given birth), the mother-in-law, and the husband. The facilitator plays the birth attendant trained in HBLSS.
Props:[33]	Clean woman and baby things, things for washing, cup of liquids, Take Action Card booklet
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: We are in the house of Shahlani and her husband. Shahlani is cleaned up and is sitting comfortably, holding her baby. Shahlani has eaten. The helpers have cleaned up everything.
1. **Shahlani** is cleaned up and has eaten. The **birth attendant** looks at the Take Action Card: Prevent Problems After Baby Is Born—Other Actions with **Shahlani**. They talk about what to do to prevent problems. The **birth attendant *says***: • Bathe yourself as needed. Bathe your baby after 24 hours. Wash around the cord stump every day beginning tomorrow. Let the cord stump dry in the air. • Pass urine often. Wash your genitals from front to back each time after you pass urine. • Drink one cup liquid at least every time you breastfeed. Eat at least four times a day. • Breastfeed the baby in a good sucking position at least every two hours during the day.[34] Breastfeed often to give the baby nourishment and breastfeed at least once during the night to prevent another pregnancy too soon. • Do not work or lift anything for 12 days. Keep the baby warm. Sleep with your baby. • Use a condom when ready for sexual relations. 2. The **birth attendant *says*** to Shahlani and family members: You must remember to WATCH FOR PROBLEMS:[35]	

- Bleeding is very serious. It is not normal to bleed too much after birth.
- Any amount of continuous bleeding is not normal.
- Large, fist-sized blood clots are not normal.
- If Shahlani feels weak or faints, it is very serious.
- REFERRAL is necessary for all problems.
- See the THW after the baby is born to make sure the woman and baby are healthy and to discuss family planning options.

3. The **birth attendant** reminds Shahlani and her family to watch for baby problems using the Take Action Card: Baby Problems.[36] All problems and sickness need THW help.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Prevent Problems After Baby Is Born: Other Actions	
What?	**Why?**
1. Woman and baby bathe every day.[37] Let baby's cord stump dry in the air.	Bathing prevents infection. Air dry the cord stump (do not rub to dry it) to prevent too much bleeding from cord stump.
2. Pass urine often. Wash genitals front to back after passing urine.	Passing urine and washing help prevent infection.
3. Drink one cup liquid at least every time of breastfeeding. Eat at least four times a day.	Liquids and food give strength, energy, and enough breast milk.
4. Breastfeed in good sucking position[38] at least every two hours during the day and at least once during the night.	Breastfeeding gives the baby nourishment and helps to make enough breast milk.[39]
5. Rest. Do not work or lift anything for 12 days. Baby sleeps with mother under bed net. Practice safe sex.	The woman needs rest for strength and to prevent too much bleeding. The baby sleeps with mother to prevent infection and keep warm. Safe sex will prevent infection, too much bleeding, or another pregnancy too soon.[40]
6. Watch for problems and sickness. See the THW after the baby is born.	Watch for signs of problems to know if referral is needed. The THW can help prevent problems and discuss family planning options with the woman. The woman waits at least two years after a birth before becoming pregnant again.[41]

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about preventing problems after the baby is born?

Time for a break.

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. ***Say***: You said earlier today that you do the following in the home when helping to prevent problems after the baby is born (other actions): [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way when helping to prevent problems after the baby is born.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] to help to prevent problems after the baby is born?

Fourth, reach agreement on the problem cards. Show the problem cards for prevent problems after the baby is born (other actions). For each card, ***ask***:

- Does the picture remind us of a woman after the baby is born?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman after the baby is born?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of helping to prevent problems after the baby is born?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to [state action]?

Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. ***Say***: This booklet is for you to use. Use the section of the booklet on Prevent Problems to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.[42]

- Open the booklet to Prevent Problems After Baby Is Born: First Actions.
- Look on Side One at the picture of the woman after the baby is born and on Side Two for the actions.
- Show the picture card of the woman after the baby is born (First Actions). Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.
- Turn in the booklet to Prevent Problems After Baby Is Born: Other Actions.
- Look on Side One at the picture of the woman after the baby is born and on Side Two for the actions.
- Show the picture card of the woman after the baby is born (Other Actions). Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Cards to help the volunteers.

Practice the demonstration **Prevent Problems After the Baby Is Born: First Actions and Other Actions**.

Third, after the practice, ***ask***:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Cards?

Fourth, ***ask***:

- How did you feel about helping Shahlani prevent problems after the baby is born?
- If you need to help prevent problems after the baby is born, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these first actions and other actions are helpful to prevent problems?
- How will you know if you need more practice helping a woman prevent problems?
- What can you do for more practice?

Remind the participants:

- You can save lives by preventing problems after the baby is born.
- Take action after a birth to help the woman and baby using Take Action Cards.
- A woman or baby with any sign of a problem or sickness must be referred to the THW.
- It is important to always be ready in case of a problem. Have a referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

4. MORE INFORMATION FOR TRAINING CONDUCTED AT A CLINICAL SITE

This section is for facility-based training only. Use this section when a meeting is conducted at a facility for active birth attendants. Do not use this section for meetings conducted in a community. Review and adapt the information in this section to reflect local protocols and practices.

Provide the participants with information on how to help pregnant women and families. This may include:[43]

- Providing care during pregnancy, birth, and after the baby is born.[44]
- Encouraging people to develop an emergency transportation system.
- Offering home visits during pregnancy and after the baby is born.
- Providing links between people in the community and staff at the facility.
- Teaching women about becoming fertile again after a pregnancy.[45]
- Treating with anti-retroviral drugs, as appropriate.

Provide additional information on other relevant topics, such as HIV and breastfeeding.

HIV

Use your country's HIV protocol to provide women with information about HIV. This may include:

- Telling women that HIV testing is available.[46]
- Dispelling local myths and giving women facts about HIV.[47]
- Informing women about feeding options that are safe, available, and affordable.[48]
- Teaching how to avoid the sexual transmission of HIV.

Breastfeeding

Help a woman to breastfeed successfully by:

- Putting the newborn baby with the woman right after birth, within the first hour. Wait to bathe the baby at least 24 hours. Keep the baby warm by laying the baby close to the woman and covering them both.
- Helping the woman with the first breastfeeding. Watch to make sure the baby is well attached and has plenty of the mother's nipple in the mouth. The mother's arms need to be well supported.
- Allowing the baby to sleep next to the mother on the same bed or mat, under a bed net.
- Encouraging the mother to breastfeed the baby at least every two hours during the day and at least every six hours during the night. Babies usually want to feed frequently. If the baby does not demand to feed by crying or making sucking motions, the mother should offer her breast to the baby at least every three hours during the day. If the baby sleeps more than three hours, the mother should gently wake the baby and offer her breast.

- Giving ONLY colostrum and breast milk. Other feeds—including water—can make the baby sick, not feel hungry, and decrease the mother's milk supply because her breasts produce milk according to how much the baby sucks. Other feeds also decrease the success of the lactational amenorrhea method of family planning (LAM) because the baby does not take the breast frequently enough.

Signs That a Baby Is Getting Enough Breast Milk:

- The baby feeds at least eight to ten times in 24 hours.
- The baby wets at least six times in 24 hours and the urine is clear to pale yellow in color.
- The baby has frequent yellow, seedy stools after the first days.
- The baby seems contented, with hungry times, quiet awake times, and sleepy times. It is NOT a good sign if a baby sleeps all the time.
- The mother's breasts feel soft or empty after a feed.
- The mother can feel the tingling let-down sensation when the baby starts sucking, or soon after.
- The mother can hear quiet little swallowing sounds as the baby swallows.
- The baby gains weight.

- Teaching the mother and her family that colostrum:
  - Boosts the baby's health and immunity to disease (like a first immunization).
  - Helps the baby clear out meconium (first stools).
  - Is exactly the food the baby needs before the breast milk comes in.
- Reminding mothers that the first two or three days, before their milk comes in:
  - The baby's stools are dark and sticky.
  - The baby does not wet very much.
  - There are less swallowing sounds when nursing.
  - The mother does not feel much let-down sensation when the baby is nursing.
- Avoiding bottles and pacifiers because they confuse the baby and may cause the baby to refuse the mother's nipple or to attach poorly.

Remind the participants:

The mother will have mostly colostrum and little milk for the first few days. This is normal and healthy for the mother and baby. The baby gets enough to eat, and if the mother keeps breastfeeding, her milk will come in soon. Many mothers give up breastfeeding because they think they can't make enough milk.

NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. "The majority of women are not infected [with sexually transmitted infection or HIV/AIDS]… Five to ten percent of mother-to-child transmission [of HIV] is estimated to occur during pregnancy, mostly late in pregnancy. Normally, the HIV virus does not cross the mother's placenta to the fetus, but the placental (protective) barrier can be broken down by infections, such as malaria and certain sexually transmitted infections" (Israel & Kroeger, 2003).

2. The delivery kit contains at least a small piece of soap, clean cord ties, clean cord cutting tool, and clean cloth.

3. The use of models to make the demonstration more life-like can be made by the trainers and participants. These models include a baby, a uterus, a placenta, and a cord. Locally available cloth and thread are used to make these models. The patterns are in the *HBLSS Guidelines for Decision Makers and Trainers*.

4. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

5. In the past, health workers in hospitals taught mothers to wash their nipples before every feed. We now know that this is not necessary and that frequent washing, especially with soap, removes the natural oil from the nipple. The skin becomes dry and is more easily damaged and cracked. **Advise the mother to wash her breasts one time a day, and not to use soap** (King et al., 2003).

6. Decide whether the **baby's head is coming first**. When the head is NOT coming first, the birth may need help from a THW. Show the woman and family how to feel the baby's head.

   Demonstration suggestion: Feel for the baby's head. Wrap a cloth around the woman so that you can put a baby model (head down) in place in the "woman's belly." Do this without the participants watching. Help the woman lie down and show how the THW learns where the baby's head is.

7. **General information for trainers about misoprostol:**

   Protocol and Counseling
   Give the woman the misoprostol tablets (or advise her to buy them) when she is about eight months pregnant. It is important that she have the tablets because she is the only person who will definitely be at her birth! After the birth of the baby, the woman takes three tablets (600 mcg) of misoprostol by mouth **after you are sure there is no second baby**. **If no one is trained to feel for a second baby, the woman should take the three tablets as soon as the placenta(s) come out.** Protocols may vary by country and include different doses or routes of administration of misoprostol. Follow your country's guidelines if they differ from this suggested protocol.

   Why use misoprostol? Remember, every woman is at risk of bleeding too much after birth. Where oxytocin injection is not available, misoprostol taken immediately after the baby is born can decrease the risk of postpartum hemorrhage (PPH) by approximately two thirds. It works by helping the uterus contract and become small and hard, which prevents too much bleeding. Misoprostol comes in 200-microgram tablets and can be taken by mouth, under the tongue, rectally, or vaginally. It is low cost

and is not damaged by heat or light. It acts fast (but not as fast as injectables), is safe and effective, and can remain with the woman and be taken by herself or given by a birth attendant. A 2006 joint statement from the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) states that, "In home births without a skilled attendant, misoprostol may be the only technology available to control PPH." The World Health Organization (WHO) recommends using misoprostol when a safe injection of oxytocin is not possible (WHO, 2007). Use of misoprostol for PPH prevention is effective in reducing postpartum blood loss after vaginal delivery. When compared with no prophylactic administration of a uterotonic drug during the third stage of labor, misoprostol lowers postpartum blood loss. Studies have shown misoprostol to be less effective than oxytocin, and as good as oral ergometrine if not better (Gynuity, 2007).

Precautions: The most important thing to remember is that a woman should NOT take any misoprostol before the baby is born. Taking it while the woman is pregnant may cause the baby to die or the uterus to rupture. This is because it may cause the uterus to contract too much, too early. It will not cause the uterus to rupture when taken after the baby is born and is very safe for the mother.

Side Effects: There are some side effects commonly associated with misoprostol but they are not serious, require no intervention, and will go away on their own after a short amount of time. These side effects include shivering, nausea, vomiting, diarrhea, cramping, and increased body temperature (fever). They are discussed below. Prolonged or serious side effects are rare (Venture Strategies Innovations, 2008).

- **Shivering** is the most common side effect of postpartum administration of misoprostol. It usually occurs within the first hour of taking misoprostol and will subside two to six hours after delivery.
- **Fever** is less common than shivering and does not necessarily indicate infection. Elevated body temperature is often preceded by shivering, peaks one to two hours after taking misoprostol, and gradually subsides within two to eight hours. An antipyretic drug can be used for relief of fever, if needed. If fever or shivering persists beyond 24 hours, the woman should seek medical attention to rule out infection.
- **Diarrhea** may occur after administration of misoprostol but should resolve within a day.
- **Nausea and vomiting** may occur and will resolve two to six hours after taking misoprostol. An antiemetic can be used if needed.
- **Cramping or painful uterine contractions**, as commonly occurs after childbirth, usually begins within the first few hours and may begin as early as 30 minutes after misoprostol administration. Nonsteroidal anti-inflammatory drugs or other analgesia can be used for pain relief without affecting the success of the method.

8. After the birth of the baby, the THW should confirm that there is no undiagnosed second twin before giving misoprostol. If there is any uncertainty, or if the birth attendant is unqualified to make the decision (including at a home birth without a THW), then misoprostol is best given after delivery of the placenta (Gynuity, 2007). The counseling messages on correct timing of use of misoprostol (i.e., after the birth of the last baby) are very important, particularly given the possibility of multiple births (Sanghvi et al., 2009).

9. Help pregnant women decide how to avoid pregnancy after childbirth (WHO & JHU/CCP, 2007):
   - Waiting until her baby is at least two years old before a woman tries to become pregnant again is best for the baby and good for the mother, too.
   - A woman who is not fully or nearly fully breastfeeding is able to become pregnant as soon as four to six weeks after childbirth.

- A woman who is fully or nearly fully breastfeeding is able to become pregnant as soon as six months after the baby is born.

10. Show how to use a condom.

Using the Condom Method	
What?	**Why?**
1. Use a new condom every time you have sex.	A used condom may be dirty or damaged.
Store new condoms in a place that is dark and not too hot.	Heat and light will make the condom weak and it may break.
Take the condom out of the wrapper; be careful not to tear the condom.	A damaged condom will not prevent pregnancy or disease.
2. Put the condom on when the penis is hard.	The condom is easier to put on.
Make sure the condom rim is on the outside, away from the penis.	The condom is easier to put on.
3. Unroll the condom until it covers all of the penis.	To prevent breaking the condom.
Leave a space in the condom at the end of the penis.	The space makes room for the sperm and liquid semen.
The penis should not touch the vagina until the penis has a condom on.	Some sperm from the man can come out early and can make the woman pregnant. Also, any touching between the penis and vagina without a condom may spread disease.
Do not use oil or petroleum-based creams or lotions for lubrication (wetness).	Oil or petroleum-based creams and lotions will make the condom weak and it may break.
4. After sex the man should hold the condom on his penis (hold at the rim of the condom), and pull his penis out of the woman's vagina before the penis gets soft.	Hold the condom onto the penis to make sure the condom does not come off while the penis is inside the woman. Hold the condom on the penis at the condom's rim to make sure the man is holding the whole condom.
5. Look at the condom before throwing it away.	To be sure the condom did not break. If condom is broken or torn, the woman should see the THW for emergency family planning if she does not want to become pregnant.
6. Throw the used condom away in a safe place such as the toilet, or bury or burn it.	So children or animals cannot touch the condom, and to prevent the spread of infection.

For more information, see Community Meeting 9: Many Children.

11. Where possible, a pregnant woman should attend food programs and kitchen garden groups. Lack of adequate nutrition may increase the risk of HIV transmission due to low calorie intake and poor micronutrient status (PAHO, 1999). Note: Adapt all supplemental recommendations according to local protocols.

    Foods: A pregnant woman should eat four kinds of foods at every meal:

    - Main foods (rice, maize, wheat)
    - Body building foods (meat, chicken, beans, lentils, eggs, or nuts)
    - Protecting foods (vegetables and fruits)
    - Energy foods (oils, butter, nuts, sugar/fruit, honey)

    Minerals: A pregnant woman should make sure she gets enough of these minerals:

- ***Calcium*** makes the woman's and baby's bones and teeth strong. Calcium is in milk, yogurt, bone meal, shellfish, and powdered egg shells.
- ***Iron*** makes the woman's and baby's blood strong. Iron is in all types of meat, chicken, fish, organ meats, beans, peas, and grains. Avoid tea and coffee because they prevent the body from using the iron in food.
- ***Vitamin C*** helps the body use the iron in the food. Foods high in vitamin C are fruits and vegetables like green leafy vegetables, tomatoes, peppers, and pumpkins. Do not overcook the vegetables, because that destroys the vitamin C.

Liquids help the woman's kidneys clean her blood and put waste into the urine. This can help to prevent bladder and kidney infections. Good liquids for a pregnant woman to drink are water, juice, and milk. The pregnant woman should not drink too much coffee or tea.

12. During pregnancy the woman needs more iron than she can get from food. *Tablets of iron* (320 mg taken two times a day) *and folic acid* (1 mg once a day) will help the woman's body continue to be strong. The woman should take the iron and folic acid tablets for **at least 90 days during pregnancy and at least 40 days after birth** (Beck et al., 1998). Dose according to country protocols.

13. Vaginal drainage or discharge may be a sign of sexually transmitted infections. ―Sexually transmitted infections are markers for HIV risk since they are contracted the same way [as HIV]" (Israel & Kroeger, 2003).

    ―**Malaria** is a major cause of high maternal and infant mortality and is linked to increased mother-to-child transmission (MTCT) via placental infection… The placental (protective) barrier can be broken down by infections, such as malaria and certain sexually transmitted infections" (Israel & Kroeger, 2003).

14. THW protocols vary according to country. Reducing maternal morbidity and mortality is a primary goal of all countries, and integrating prevention of MTCT presents the opportunity to move that agenda further along. Integrated antenatal services include: 1) history taking, 2) physical exam and vital signs, 3) abdominal exam, 4) tetanus toxoid, 5) nutrition assessment and counseling, 6) sexually transmitted infection screening, 7) screening and care for other infections, 8) anti-malarials, 9) infant feeding counseling, 10) danger signs counseling, 11) involvement of partner [helper] and family, 12) effective contraceptive plan, 13) voluntary and confidential counseling and testing for HIV, 14) antiretroviral drugs, and 15) referral to home or community based health worker and support system (Israel & Kroeger, 2003).

    ―In many places women will NOT know their HIV status, in which case exclusive breastfeeding should be promoted and supported. If the woman knows she is HIV-positive, counseling is essential to assist in infant feeding decision" (Israel & Kroeger, 2003).

    ―The conclusion by world AIDS organizations is that the UNAIDS recommendation—**for all women to exclusively breastfeed, unless HIV status is known to be positive and there is a safe, reliable means of replacement feeding**—should guide infant feeding counseling in the facility and the community" (Israel & Kroeger, 2003).

15. The ―**consistent use of condoms** during pregnancy" will ―avoid new infection, re-infection, and/or further transmission [of HIV]; and promote dual protection throughout the postpartum and

breastfeeding periods" (Israel & Kroeger, 2003).

16. It is essential that the family and people in the community have information about HIV/AIDS. ***Adapt the following information according to country protocols***. —HIV is the virus that causes AIDS. HIV is spread through unprotected sexual contact and injection-drug use. Approximately 25% (1 out of 4) of HIV-infected pregnant women who are not treated during pregnancy can transmit HIV to their infants during pregnancy, during birth, or through breastfeeding. A woman might be at risk for HIV infection and not know it, even if she has had only one sex partner. Effective interventions such as highly active combination anti-retroviral medicines for HIV-infected pregnant women can protect their infants from acquiring HIV and can prolong the survival and improve the health of these mothers and their children. For these reasons, HIV testing is recommended for all pregnant women (if available in area/country). Services are available to help women reduce their risk for HIV (including use of condoms) and to provide medical care and other assistance to those who are infected. Women who decline testing must not be denied care for themselves or their infants" (CDC, 2001/02).

17. Advise the woman about her return to fertility and the chance of an unintended pregnancy. Explain that after the baby is born, the mother ovulates and can become pregnant before her first monthly bleeding. Encourage healthy timing and spacing of pregnancies: The World Health Organization recommends that there should be at least 24 months from the last birth to the next pregnancy. This lowers the risk of woman or baby sickness or death and supports the recommendation of breast feeding for at least two years. To reduce the risk of sickness or death of the mother or newborn, the woman should wait at least six months after a miscarriage or abortion before trying to become pregnant again (Marshall et al., 2008).

18. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

19. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

20. Give plenty of food and water or other fluids to the woman to help her have strength during labor.

21. **Where household bleach is not readily available**, a family can still prevent infection before birth. To prevent infection, use soap and water to wash the cord ties, cord cutting tool, clothes, cloths, and linens. After washing, let the items dry in the sun. It is best to use new gloves, a clean cord tie, and a new razor blade to cut the cord if they are available. After the birth, safely dispose of the gloves, cord cutting tool, placenta, and bloody disposable items such as cloths and perineal pads. Burn or bury these things to dispose of them safely. Safe disposal is recommended so that no one touches any bloody thing—this prevents the transmission of infections including HIV.

22. Below are several important points to prevent infection before birth to help protect all people helping with the birth from germs like: yellow jaundice (hepatitis), HIV/AIDS, lockjaw (tetanus), and other sicknesses with fever. Sick people or animals should **not** be close to the woman or her baby at birth.

    Clean place for the birth: Sweep the area, get all animals out, wash toilet area (with soapy or chlorine water), and wash clothes and bedding and dry them in the sun. The woman and her helpers should bathe and wear clean clothes.

    Clean hands. Wash hands with soap and water. Use new gloves or waterproof material when

touching the baby or anything with blood and body fluids. Cover clothes with apron or cloth.

Clean birth things: Use soap and water to wash hands and gloves to keep them clean. Use a clean bowl for washing with lots of water. Use soap to wash cloths and clothes, and hang them in the sun to dry. Make sure you have clean water to wash the woman (boil and cool water), clothes to keep the woman warm, and baby clothes and blankets to keep the baby warm after birth. Use a **clean cord cutting tool** to cut the cord. If scissors or a knife are used, prepare them using the Prevent Infection Steps below. Use **clean cord tie material** such as string or thread. When using a **new razor blade and cord tie**, the following infection prevention steps for the cord cutting tool and tie are not needed.

Clean people and helpers: Helpers need to bathe when labor begins and wear clean clothes. Use clean cloths/rags to soak up fluids and blood during and after birth. Use gloves or waterproof bags to keep blood and fluids off hands. Use an apron covering to keep blood and fluids off clothes. Use a waterproof container to dispose of the placenta.

Use Prevent Infection Steps to prepare before birth **AND** to clean up after the birth. Things that are nondisposable and soiled with blood and fluid need special care using these steps:

Completely cover items and soak 10 minutes in 0.5% chlorine bleach solution. *This kills germs and loosens blood and soil in things used to care for the woman and baby. If the liquid bleach is 5% chlorine, use 1 part bleach to 9 parts water to make 0.5% chlorine bleach solution according to WHO recommendations.* The solution should never feel slick or slippery, which means it is too strong.

How to Prepare 0.5% Chlorine Decontamination Solution
(Mix according to the strength of the locally available brand of bleach.)

Type or Brand (by Country)	Active Chlorine	Water to Chlorine = 0.5% Solution
LIQUID BLEACH (Sodium Hypochlorite Solution)*		
8 ° Chlorum	2.4%	Mix 10 ml bleach in 40 ml water (1 part bleach to 4 parts water)
12 ° Chlorum; *JIK* (Africa); *Robin Bleach* (Nepal); *Ajax* (Jamaica)	3.5%	Mix 10 ml bleach in 60 ml water (1 part bleach to 6 parts water)
Clorox or bleach (Indonesia, Peru, USA, Canada); *ACE* (Turkey); *Eau de Javal* (France, Vietnam)	5%	Mix 10 ml bleach in 90 ml water (1 part bleach to 9 parts water)
15 ° Chlorum; *Lejia* (Peru); *Blanqueador* or *Cloro* (Mexico)	6%	Mix 10 ml bleach in 110 ml water (1 part bleach to 11 parts water)
Lavandina (Bolivia)	8%	Mix 10 ml bleach in 150 ml water (1 part bleach to 15 parts water)
Chloros (UK); *Liguria* (Peru)	10%	Mix 10 ml bleach in 190 ml water (1 part bleach to 19 parts water)
Chloros (UK); *Extrait de Javel* (France); 48 ° Chlorum	15%	Mix 10 ml bleach in 290 ml water (1 part bleach to 29 parts water)

* The chlorine concentration may be measured in chlorometric degrees (° Chlorum). One ° Chlorum is about 0.3% available chlorine (Marshall et al., 2008).

Wash with ordinary laundry detergent soap and water. Use gloves to wash things. Rinse with clean water and dry in the sun. Store in a clean, dry, covered container or bag. *Water alone will not remove blood, oils, bleach, and other things.*

Boil cord cutting tool and cord tying material. Put the cord cutting tool and cord tying material in a pot and completely cover them with clean water. Bring water to a boil and cover pot. Boil 20 minutes, the time it takes rice to cook. Drain water. Cover pot until things are needed. *This kills germs and prevents infection of the baby's cord.*

Dispose of the placenta, gloves, cord cutting tool, and other disposable things by burying or burning. *This prevents sickness by preventing contact of people and animals with blood and body fluids.*

23. Some things to discuss:

    - Decide who the helpers are.
    - The family and helpers need to know when the baby is expected.
    - Decide where to be when it is near the time for the baby to be born. Decide where to have the baby.
    - Decide how to get to the THW if there is a problem.
    - Decide who will care for other children and your home if there is a problem.
    - Decide who will get enough money to pay for transportation, be available to give blood if needed, and care for the woman if there is a problem.
    - Prepare a container with light foods and drinks for the woman.

    Everyone helping should know the signs of problems to know if the woman (and baby after birth) is very sick and needs to go to the THW.

24. —Most cooling of the newborn happens during the first minutes after birth. In the first 10–20 minutes, the newborn may lose enough heat to make the body temperature fall 2–4 degrees C. The baby can lose even more heat as time passes if proper care is not given" (Save the Children, 2003).

25. If household bleach is not readily available, a family can prevent infection by washing the blood-soiled cloths and clothes with soap and water and drying in the sun. Anyone washing the blood-soiled clothing should wear gloves or other hand coverings if available. Safe disposal (by burning or burial) of gloves and bloody disposable items such as rags and perineal pads is recommended to make sure that no one touches anything that is bloody.

    Put all blood-soiled nondisposable things in a container with household bleach or soap and water to soak for 10 minutes to loosen the blood and kill any germs. Dry all nondisposable things in the sun.

26. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

27. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

28. According to local practice, the woman may be on a mat, cloth, mackintosh, bed, or something else.

Everything must be clean to prevent infection. Whatever the woman uses to sit, squat, or lie on when her baby is born must be prepared before the time of birth. It must be washed with soap and water and dried in the sun.

29. See notes 7 and 8.

30. Clean up things after the baby is born:

    - Cord cutting tool: If a new razor blade was used, place the blade in the container for disposal. If scissors or a knife was used, clean the tool by placing it in the household bleach solution (see note 21 about prevent infection before birth, above). If a household bleach solution is not available, place the tool in soap/water solution to soak for ten minutes.
    - Other disposable soiled things: put in the container for disposal.
    - Aprons, linens, and clothing soiled with blood and fluid: put in a large pail to soak for ten minutes in chlorine bleach solution or in soap and water solution.
    - Gloves: take off gloves by turning them inside out. Place the gloves with waste to be burned. Dry all nondisposable things in the sun.

31. Babies lose heat quickly after birth. If skin-to-skin contact with the mother at birth is culturally acceptable, put the baby on the mother's abdomen or in her arms, skin-to-skin, for warmth. Skin-to-skin contact:

    - keeps the baby warm and allows the baby to get used to the smell and warmth of mother.
    - keeps the baby in close contact with the mother, which supports mother and baby bonding.
    - helps with early breastfeeding. Most babies are ready to breastfeed 15–55 minutes after birth.
    - helps to prevent infections because the newborn's skin will first have contact with its mother's skin bacteria (Save the Children, 2003.).

32. If household bleach is not readily available, a family can prevent infection by washing the blood-soiled cloths and clothes with soap and water and drying in the sun. Anyone washing the blood-soiled clothing should wear gloves or other hand coverings if available. Safe disposal (by burning or burial) of gloves and bloody disposable items such as rags and perineal pads is recommended to make sure that no one touches anything that is bloody.

    Put all blood-soiled nondisposable things in a container with household bleach or soap/water to soak for 10 minutes to loosen the blood and kill any germs. Dry all nondisposable things in the sun.

33. See the list of resources at the beginning of the meeting for a complete list of items for the demonstration.

34. An ideal pattern is feeding on demand (that is, whenever the baby wants to be fed) at least 10 to 12 times a day in the first few weeks after the baby is born, and 8 to 10 times a day thereafter, including at least once at night in the first months. For LAM to be successful (see Community Meeting 9), daytime feedings should be no more than 4 hours apart, and night time feedings should be no more than 6 hours apart. Some babies may not want to breastfeed 8–10 times a day and may want to sleep through the night. These babies may need gentle encouragement to breastfeed more often so that LAM is successful in preventing another pregnancy (WHO & JHU/CCP, 2007).

35. Meeting 2 discusses signs of woman problems: too much bleeding; fever; pain of womb, breast, or

when passing urine; headaches and fits; bad smelling vaginal drainage; malaria; and other sicknesses. Other signs of sickness are: unexplained weight loss, chronic diarrhea, chronic thrush or yeast infection, chronic fever, and generalized dermatitis (adapt these HIV/AIDS signs according to country protocols). Other sicknesses include: malaria, vaginal discharge (sexually transmitted infections), chronic cough with blood (tuberculosis), cough and fever with dark sputum (pneumonia), and hookworm (parasites) (Israel & Kroeger, 2003; CARE, 1998).

36. Baby problems include: poor or no sucking, trouble breathing, fits, looks too small, and fever and pus draining from eyes or cord stump.

37. Put the newborn baby together with the mother right after birth, within the first hour. Wait to bathe the baby for 24 hours to avoid hypothermia (loss of body heat), which can cause shock (Israel & Kroeger, 2003). Keep the baby warm by lying the baby close to the woman and covering them both. The baby should sleep next to the woman on the same bed or mat.

38. Help the woman to breastfeed. Watch to make sure the baby is well attached to the mother's breast and has plenty of the mother's nipple in the mouth. The woman's arms need to be well supported.

39. A woman's milk comes in two to three days after the birth. Before that, her breasts make a thick, yellowish liquid (colostrum) that is good for the baby. **It is important to give the baby ALL the colostrum. Do not throw any of it away.** When the baby sucks the colostrum, the woman will have more milk sooner. The woman and her family need to know that colostrum:

    - Boosts the baby's health and immunity to disease (like a first immunization).
    - Helps the baby clear out meconium (first stools).
    - Is exactly the food the baby needs before the breast milk comes in.

    Give ONLY colostrum and breast milk during the first six months of life. Other feeds including water can make the baby sick, not feel hungry, and decrease the mother's milk supply because her breasts produce milk according to how much the baby sucks. Other feeds also have a bad effect on the success of the lactational amenorrhea method (LAM) of family planning. Avoid bottles and pacifiers, which confuse the baby and may cause the baby to refuse the woman's nipple or to attach poorly.

    Whenever the baby shows signs of wanting to be fed (sucking on hand, moving or opening mouth, or moving head around) during day or night, the mother should breastfeed her baby for as long as the baby wants to remain on the breast. The baby should have a minimum of eight feeds during a 24-hour period and at least one feeding during the night without any interval more than four to six hours.

40. Dual protection (condom and LAM/other method) throughout the postpartum and breastfeeding periods [is very important] to prevent an unplanned pregnancy and mother-to-child transmission (MTCT) of HIV because new infection during this time increases the (possibility of) MTCT of HIV due to the high viral load characteristic of early HIV infection (Israel & Kroeger, 2003). Family planning information is discussed in Meeting 9.

    LAM is a successful short-term family planning method when the following criteria are always followed:
    - The woman's menstrual periods have not returned,
    - The baby is less than six months old, and
    - The baby breastfeeds at least 10 times each 24 hours—**no bottles**.

—The baby feeds frequently with no more than four-hour intervals between any two daytime feeds and no more than six hours between any two night time feeds, and the baby is not receiving regular supplements" (Farrell, 1995). If the baby does not demand to feed by crying or sucking on the fist, the mother should gently wake the baby and offer her breast to the baby.

41. Encourage healthy timing and spacing of pregnancy. When the time between the birth of a baby and the next pregnancy is less than 24 months, there is a higher risk the baby will have problems. The World Health Organization recommends at least 24 months from the last birth to the next conception. Every couple must decide for themselves how they want to plan their family. They need accurate information about family planning methods. No one can decide for them. See Community Meeting 9 for more information on family planning (Marshall et al., 2008).

42. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

43. Adapted from Israel & Kroeger (2003).

44. Most women in the world have their babies at home, either by choice, because there is no alternative, or because the health facility is not an option due to cost, distance, practices, or conditions. Birth attendants can be trained to provide links between families and facilities and can promote a safer birth through training in HBLSS with additional experience in:

    - normal pregnancy care;
    - anemia prevention and management including finding out about side effects of iron and local causes, dietary customs and restrictions, and taboos;
    - prevention of malaria and hookworm;
    - normal labor and birth, including finding out about culturally acceptable safe positions, and how to minimize lacerations of the perineum;
    - how HIV is prevented and transmitted during labor and birth;
    - how to prevent infection for themselves, mothers and babies, and families;
    - the importance of not inserting anything into the birth canal;
    - spontaneous rupture of membranes and what to do;
    - identify, provide first aid, and refer women and babies with signs of infection;
    - identify, provide first aid, and refer women and babies with problems; and
    - normal postpartum care for the mother and baby.

45. The **post-abortion (after miscarriage) period** needs rapid fertility protection to prevent unintended pregnancy. Fertility returns rapidly following first trimester pregnancy loss—a woman can conceive even within 10–11 days of a miscarriage. It is very important that women understand the risk of unintended pregnancy after an early pregnancy loss (WHO & JHU/CCP, 2007).

    The **postpartum period (later pregnancy loss and for non-lactating postpartum women)** requires rapid fertility protection to prevent pregnancy and to allow the woman and family to rest following the pregnancy and birth. After later pregnancy loss and for non-lactating postpartum women, menses resumes within four to six weeks of delivery. Fertility returns and ovulation occurs before the anticipated menses. Approximately one third of first cycles are anovulatory, but there is no guarantee that a woman will not conceive during the early postpartum months (WHO & JHU/CCP, 2007). New studies show that longer intervals are even better for the survival and health of both infants and

mothers. Children born three to five years after a previous birth are about 2.5 times more likely to survive than children born before two years (Population Reports, 2002).

46. Protocols vary according to country. Before HIV testing, health-care providers should provide the following minimum information:
    - HIV causes AIDS. HIV is spread through unprotected sexual contact and injection-drug use. Approximately 25% of HIV-infected pregnant women who are not treated during pregnancy can transmit HIV to their infants during pregnancy, during labor/delivery, or through breastfeeding.
    - A woman may be at risk for HIV infection and not know it, even if she has had only one sex partner.
    - Effective interventions (such has highly active combination anti-retroviral drugs) for HIV-infected pregnant women can protect their infants from acquiring HIV and can prolong the survival and improve the health of these mothers and their children.
    - Services are available to help women reduce their risk for HIV and to provide medical care and other assistance to those who are infected.
    - For these reasons, HIV testing is recommended for all pregnant women. Women who decline testing should not be denied care for themselves or their infants (CDC, 2001/02).

47. According to Israel & Kroeger (2003), ―Ignorance about HIV/AIDS fuels the epidemic… Most people do not have an accurate understanding of basic anatomy and physiology regarding sex and pregnancy, sexually transmitted infections, or other routes of HIV infection. Reversing existing norms that prohibit open discussions of sex, sexuality, and reproductive health are crucial to HIV prevention. Community volunteers (and birth attendants) can be trained and supported to provide basic information in an understandable and culturally acceptable form."

48. ―During the first two months of life, babies who are not breastfed have a six times greater risk of dying from infections" (WHO Collaborative Study Team, 2000).

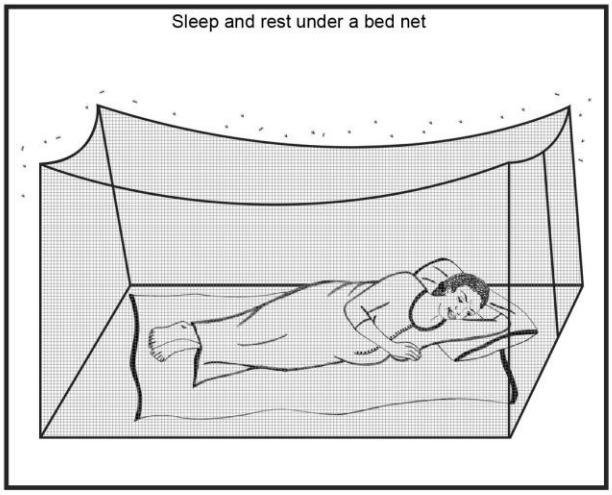
    Suggested baby feeding options (adapt according to country protocol):
    - Mother's HIV status unknown: promote breastfeeding as safer than artificial feeding where HIV testing is not available and risk of infant death due to artificial feeding is high.
    - Mother HIV negative: promote breastfeeding as safest infant feeding method.
    - Mother HIV positive and chooses to breastfeed: promote safer breastfeeding—exclusively breastfeed up to six months, prevent and treat breast problems of mother and thrush in infant, shorten duration of breastfeeding when replacements are safe and feasible.
    - Mother HIV positive and chooses to feed artificially: help mother and family choose safest alternative infant feeding, support mother/family with education on hygienic preparation, health care, family planning services, etc." (LINKAGES, 2000).
    - Early weaning is linked to higher mortality of infants born to HIV-infected mothers. New WHO guidelines encourage postnatal use of antiretrovirals through the duration of breastfeeding to prevent mother-to-child transmission (Barclay, 2010).
    - Elevations in mortality associated with weaning persist into the second year of life among uninfected children born to HIV-infected mothers. Shortening the normal duration of breastfeeding for uninfected children born to HIV-infected mothers living in low-resource settings is associated with significant increases in mortality extending into the second year of life. Intensive nutritional and counseling interventions reduce but do not eliminate this excess mortality (Kuhn et al., 2010).
    - Maternal antiretroviral therapy while breastfeeding could be a promising alternative strategy in low-resource countries (Peltier et al., 2009).

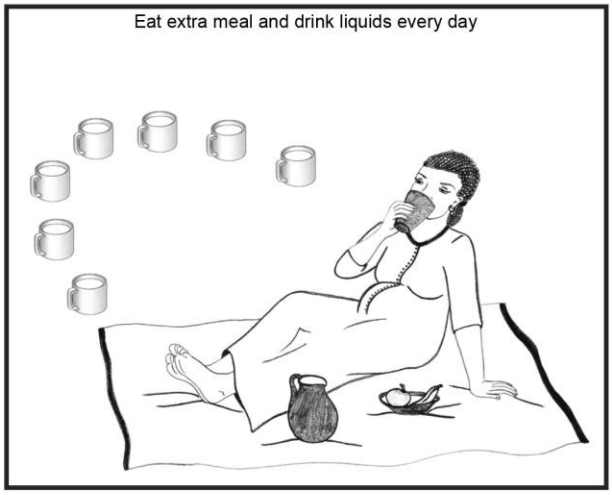
notes

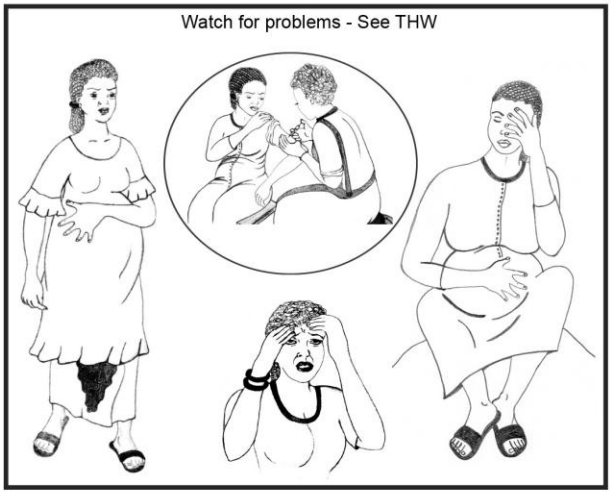
notes

PICTURE CARDS AND TAKE ACTION CARDS
Prevent Problems During Pregnancy

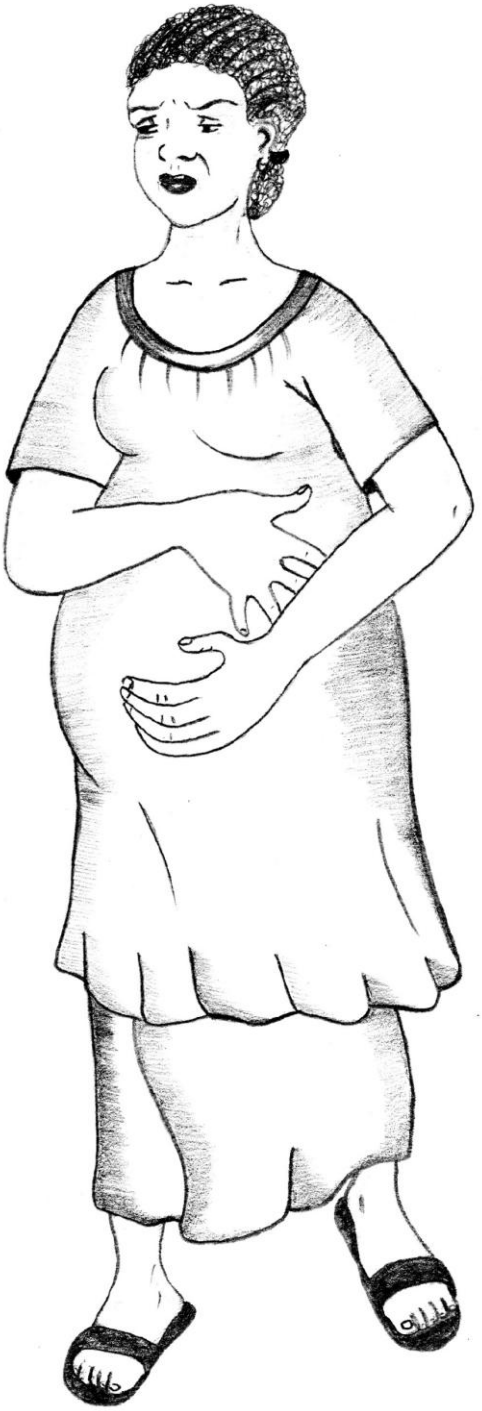
Take Action Card: Prevent Problems During Pregnancy



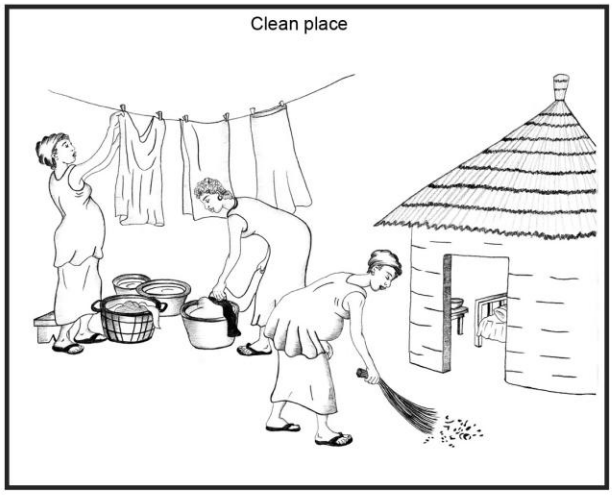


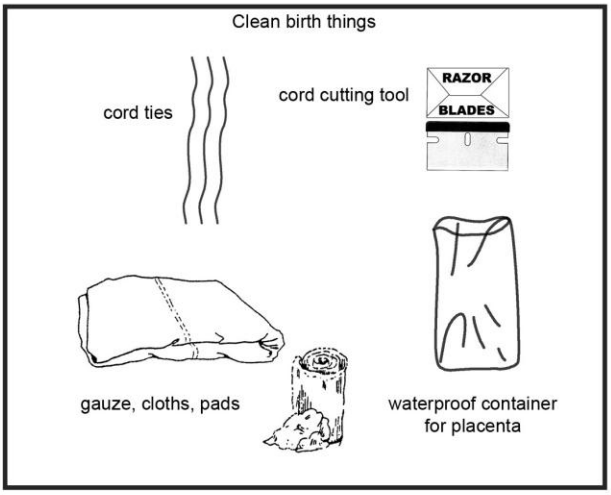


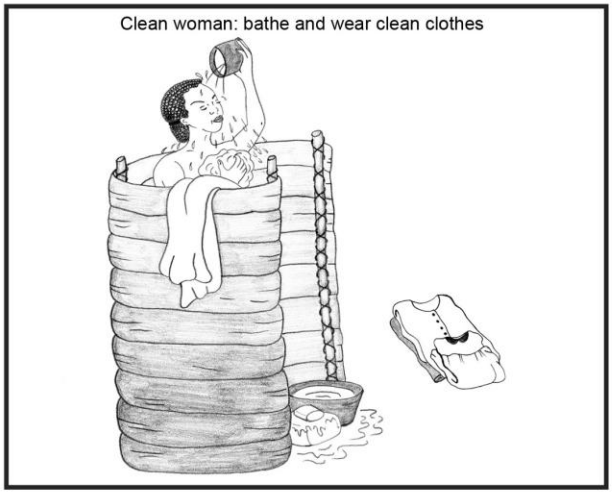
Prevent Problems Before Baby Is Born

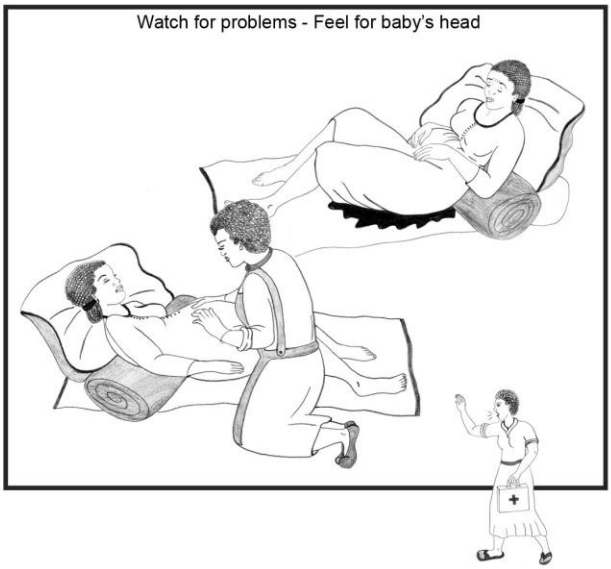


Take Action Card: Prevent Problems Before Baby Is Born



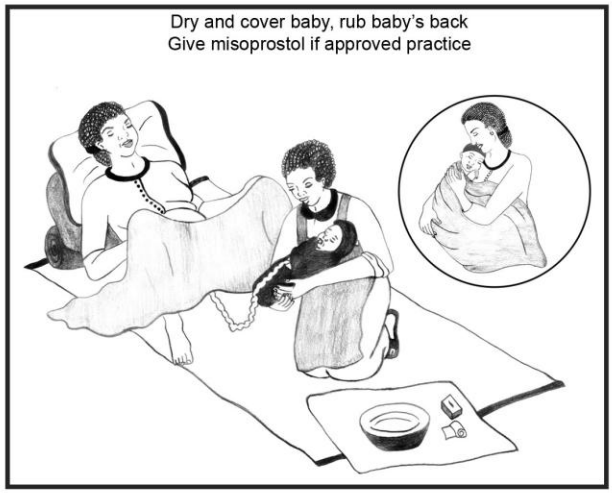


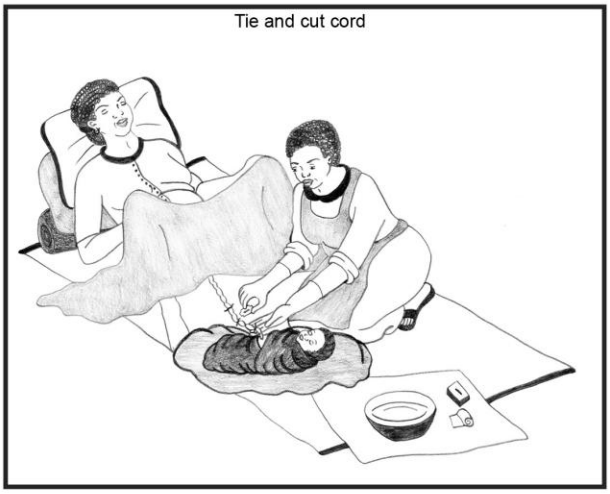


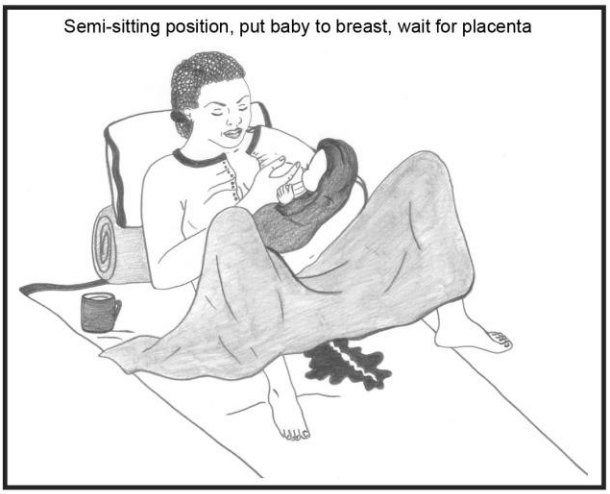


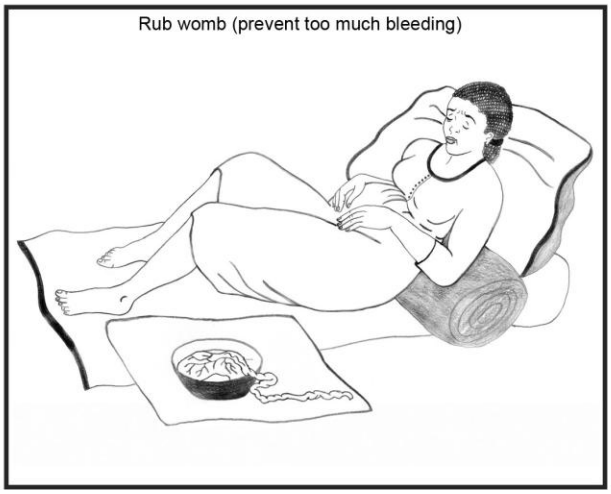
Prevent Problems After Baby Is Born: First Actions

Take Action Card: Prevent Problems After Baby Is Born: First Actions



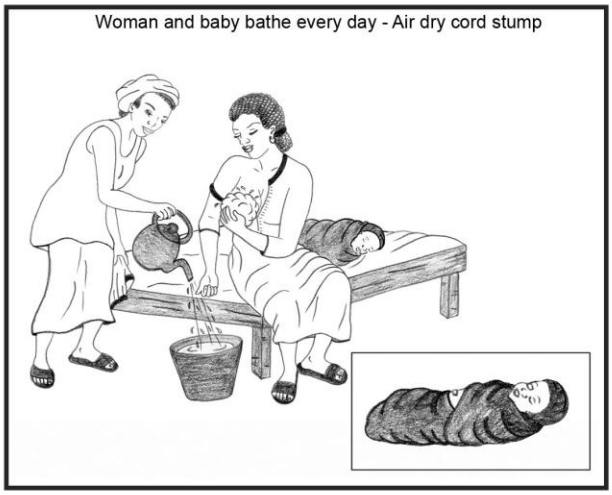


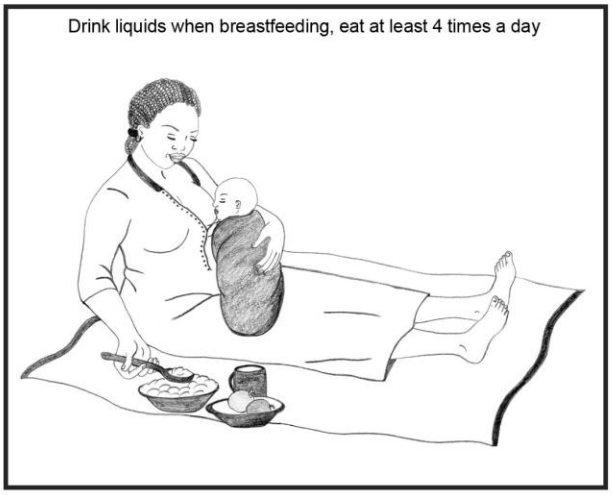


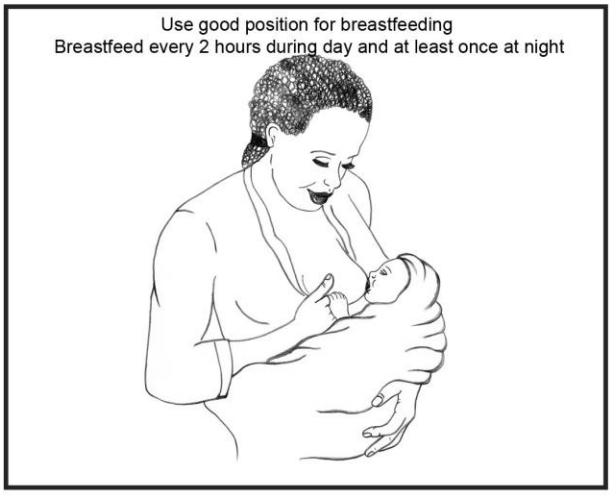


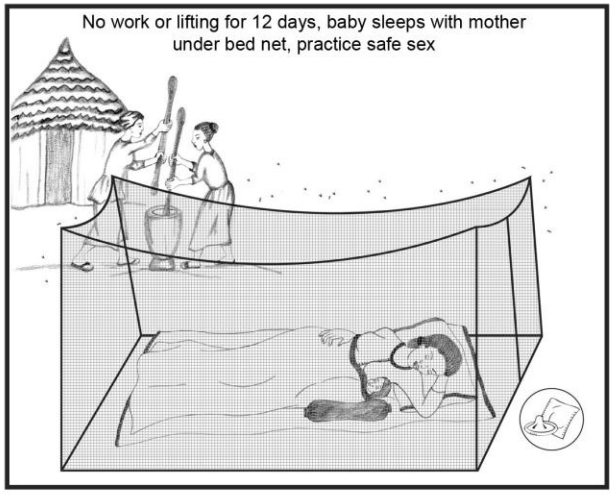
Prevent Problems After Baby Is Born: Other Actions

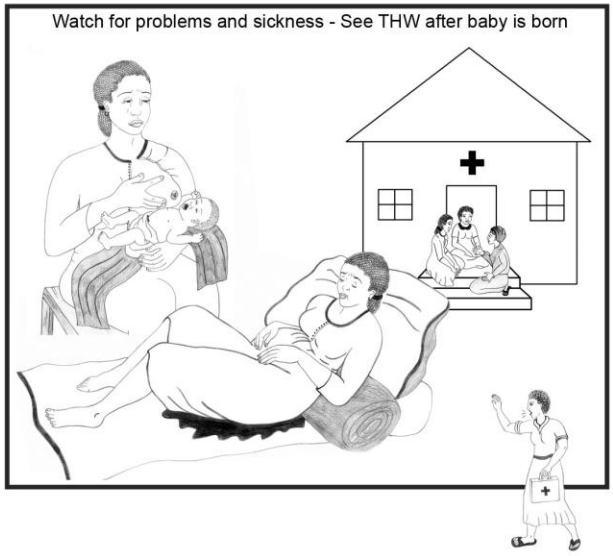
Take Action Card: Prevent Problems After Baby Is Born: Other Actions











Home Based Life Saving Skills

Community Meeting 4
Referral

Community Meeting 4: Referral
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COMMUNITY MEETING 4
Referral

INFORMATION FOR THE FACILITATOR*

Problems can happen to a woman or baby during pregnancy, at birth, or after the birth. The family and community members must get help right away. If they do not get help quickly, the woman and baby may get very sick and may even die. Some help can be given at home, but sometimes only a trained health worker can give the care that is needed. A woman or baby with a problem may need to be taken outside the home to a trained health worker at a clinic or hospital. This is called a referral.

Participants must get ready for referral before a problem happens. They must know where to go for help and how long it will take. They must have a way to go, money to pay for transportation and care, and someone to give blood if needed. Each participant must know how to help a woman or baby during the referral.

In this meeting, participants will talk about how to get ready and what actions to take during referral. Participants will talk about why delay happens during a referral and how to prevent delays. Remember, every minute can make the difference between life and death.

This meeting has much important information. It is divided into two sections: 1) Referral of a Woman and 2) Referral of a Baby. Take plenty of time with these sections. Remember to give breaks and give the participants time to talk and think about the information.

OBJECTIVES

By the end of this meeting, each participant will be able to:

- Tell how to get ready before a problem happens.
- Tell and show what actions to take during a referral.
- Tell why delay happens and how to prevent delay.

---

* A **facilitator** is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion. The facilitator will try to assist the group to come to agreement on shared community and THW problems and actions. The role has been likened to that of someone who helps in the process of birth but is not the producer of the end result.

PLAN

PREPARATION	
How the facilitator prepares: • Review meeting plan • Get needed resources • Practice demonstrations • Review Take Action Card booklet and picture cards: Referral of a Woman, Referral of a Baby, Woman Problems, Baby Problems	**How the participants prepare:** • Learn the name, location, and distance of places for care of woman and baby problems • Find ways to get to a referral place for care of woman and baby problems • Bring experiences with and stories about referral for woman and baby problems
Location: • The community	**Time:** • Four hours: two meetings, each meeting is two hours long • Be flexible and go at the pace of the participants
RESOURCES	
Demonstration *Referral of a Woman*: • pretend money • transportation • blanket • cup with liquids to drink • sugar • salt • spoon • Take Action Card booklet	**Demonstration *Referral of a Baby*:** • pretend money • transportation • blanket • plate of food and cup of liquids to drink • Take Action Card booklet
Practice making sugar and salt water: • sugar • salt • drinking water • cup and spoon	**Other resources:** • A list of referral services • Picture cards: Referral of a Woman, Referral of a Baby, Woman Problems, Baby Problems • Take Action Card booklet: Referral of a Woman, Referral of a Baby

1. REFERRAL OF A WOMAN

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful to you?
- Did you share the information with anyone?
- If yes, what did they think?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a woman who needs to see a trained health worker (THW).

First, ask a volunteer to tell the story of Kamal on the Road to Life.[1]

Ask:

- Have you ever *heard* about a woman who needed to go to the hospital?
- Have you ever *seen* a woman who needed to go to the hospital?

Second, ***ask***:

Has anyone ever seen a woman who needed to go to the THW? If yes, ***ask***:

- What did you see to make you know the woman was very sick? (signs)
- What did you do to help the woman? (action)
- What happened to the woman? (outcome)
- What can make a woman need to go to the THW? (cause)

Third, ask participants for the names, locations, and distances of places that care for a woman with a problem.

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The THW learns that a woman is too sick or may die if she sees:

- Bleeding during pregnancy or too much bleeding after birth
- Fever and pain in the womb or breast or when passing urine, or malaria
- Birth delay, when it takes too long for the baby to be born

- Headache, with or without fits
- Other sickness such as a change in the smell or color of vaginal drainage[2]

The THW learns to help a sick woman go to a health facility. This is called a referral.

Second, ask volunteers to help you do the demonstration **Referral of a Woman**.

Third, do the demonstration.

Demonstration: Referral of a Woman	
Actors:	Ask for volunteers to play Kamal, the husband, another family member, and the THW. The Facilitator plays the family member, Auntie Sue, who attended HBLSS meetings.
Props:	Pretend money, transportation, blanket, cup with liquids to drink, sugar, salt, spoon, Take Action Card booklet
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: I am Auntie Sue who attended HBLSS meetings. When I see my niece Kamal, who is three months pregnant, she looks very weak and sick. Kamal is rubbing her head and holding her belly. She cannot walk to the toilet by herself and feels very weak.

Demonstration:

1. As soon as she sees Kamal, **Auntie Sue *calls for help***: Help us! Someone get the driver and transportation! Kamal looks very weak, as if she is going to faint!

2. A **family member** goes for transportation and Kamal's **husband** goes for money. They go to the referral place as soon as transportation is ready.

3. While waiting and on the way to the THW, **Auntie Sue**:

   - Helps Kamal lie down.
   - Covers Kamal.
   - Prepares a cup of liquid with sugar and salt to drink and gives to Kamal.
   - Continues to give Kamal about one cup of the liquid every hour or more often if Kamal wants to drink during the trip to the referral place.

4. When they arrive at the THW's place, **Auntie Sue** goes straight to the THW just like she learned in the HBLSS meetings. *She does not wait in line. She does not just sit and wait.* Kamal is very, very sick and needs help as soon as possible from people who know best about pregnant women.

5. **Auntie Sue *tells*** the THW: My niece is three months pregnant. She became very weak about five hours ago. She cannot even walk to the toilet alone. I have not seen any blood. I have given her one cup of water with sugar and salt every hour during the journey to this place.

6. The **THW** explains everything to the family and shows them where to wait. **Auntie Sue and the family** listen carefully to the THW instructions. **Auntie Sue and the family** do not leave in case they are needed for something.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Demonstration: Referral of a Woman	
What?	**Why?**
1. Call for help.	Others will get transportation and money and decide what to do.
2. Have the woman lie down.	The woman needs rest.[3]
3. Cover the woman with a blanket.	Keeps the woman warm to prevent more sickness.[4]
4. Give the woman one cup of liquid with sugar and salt to drink every hour.[5]	Liquids with sugar and salt prevent dryness and weakness.
5. Go straight to the THW at the referral place. Do not wait in line.	The woman is very sick and may die. The referral THW will know how to help.
6. Tell the THW what happened and what was done. Listen to the THW's instructions.	When the THW hears the problem she can help very quickly. The THW may need the family to get supplies, food, drinks, or people to give blood.

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about going with a woman for a referral?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. ***Say***: You said earlier today that you do the following during the referral of a woman: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way during the referral of a woman.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] during a referral of a woman?

Fourth, reach agreement on the picture cards. Show the picture cards for woman problems from Community Meeting 2 one at a time and ***ask***:

- Does the picture remind us of a woman with a problem who needs referral?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a woman with a problem who needs referral?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of what we agreed to do for a woman during referral?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us what we agreed to do during referral?
- Can we agree that we will share what we learned from the pictures with others?

Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. ***Say***: This booklet is for you to use. Use the section on Referral of a Woman to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.[6]

- Open the booklet to Referral of a Woman.
- Look on Side One at the pictures for signs of the woman problems. Look on Side Two for the actions.
- Show each picture card of woman problems. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice:

- The demonstration **Referral of a Woman**.
- Make sugar and salt water.[7]

Third, after the practice, ***ask***:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, ***ask***:

- How did you feel about the referral practice when you did it?
- How did you feel about making the sugar and salt water?
- If you or your family member is too sick and needs referral, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful when a woman is too sick and needs referral?
- How will you know if you need more practice helping a woman during a referral?
- What can you do for more practice?

Step 7. What Can We Do to Prevent Delay?

First, remember the story of Kamal in the demonstration.

Second, ***ask***:

- Have you ever had delays when taking a woman to a THW?[8]
- What happened?
- Is there any reason not to go to the THW? If yes, what is the reason?

Third, ask each participant about what they would do if they had Kamal's problem. ***Ask***:

- Who will decide what the problem is? Who will decide to get help?
- Where will you go?
- How will you get there?
- How much will it cost for transportation and care? If you do not know, how will you find out?
- Who will you ask to help give care on the way?
- Who will be available to give blood if it is needed?

Fourth, after each participant decides what they would do, ***ask***:

- How do you feel about the plan?
- Are you ready to take the actions we agreed on to prevent delay?
- If you are not ready to take the actions, what do you need to do to be prepared?[9]

Remind the participants:

- Each of you can have a referral plan to prevent delay before a problem happens.
- Each of you can help a woman who needs referral.
- Prevent delays wherever possible. Every minute saved may save a life.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

2. REFERRAL OF A BABY

Activities

Step 1. Review the Previous Meeting

Ask:

- What were some things we talked about in the last meeting?
- Was the information useful?
- Did you share the information with anyone?
- If yes, what did they think?

Step 2. Ask What the Participants Know

Have paper and a pencil/pen ready. Write all the actions that the participants say that they do in the home to help a baby who needs referral.

First, ask a volunteer to tell the story of Kema: Breaking the Circle of Sickness.[10]

Ask:

- Have you ever *heard* about a baby who needed to go to the hospital?
- Have you ever *seen* a baby who needed to go to the hospital?

Second, ***ask***:

Has anyone ever seen a baby who needed to go to the THW? If yes:

- What did you see to make you know the baby was very sick? (signs)
- What did you do to help the baby? (action)
- What happened to the baby? (outcome)
- What can make a baby need to go to the THW? (cause)

Third, ask participants for the names, locations, and distances of places that care for a baby with a problem.

When the discussion is finished, thank the participants for sharing their experiences. Time for a break.

Step 3. Share What the Trained Health Worker Knows

First, ***say***: The THW learns that a baby is too sick or may die if she sees:

- Trouble sucking or unable to suck
- Trouble breathing
- Fits or convulsions
- Low birth weight or baby looks too small
- Fever and pus in the eyes
- Fever and pus in the cord stump

The THW learns to help a sick baby go to a health facility. This is called a referral.

Second, ask volunteers to help you do the demonstration **Referral of a Baby**.

Third, do the demonstration.

Demonstration: Referral of a Baby	
Actors:	Ask for volunteers to play the mother of Kema, the father of Kema, another family member, and the THW. The Facilitator plays Auntie Sue, who attended HBLSS meetings.
Props:	Pretend money, transportation, blanket, plate of food, cup with liquids to drink, Take Action Card booklet
Situation:	Explain who the volunteers are pretending to be, and tell the situation to those watching. ***Say***: I am Auntie Sue who attended HBLSS meetings. When I see my niece (the mother of Kema), she is holding Kema and looking very sad. It has been three days since Kema was born, and she sucks poorly. She is sleeping all of the time.

Demonstration:

1. As soon as she sees Kema, **Auntie Sue *calls for help***: Help us! Someone get the driver and transportation! Kema looks very weak!

A **family member** goes for transportation and **Kema's father** goes for money. They go to the referral place as soon as transportation is ready.

2. While waiting and on the way to the THW, **Auntie Sue**:

   - Helps Kema's mother hold Kema close to her body.
   - Covers Kema, including her head.
   - Encourages Kema to suck the breast about every hour. **Auntie Sue *says***: If referral takes more than four hours and the baby is still not feeding well, we will express breast milk in a cup and offer this to Kema.[11]
   - Gives Kema's mother something to eat and drink, and continues to offer her something to drink about every hour during the trip to the referral place.

3. When they arrive at the THW's place, **Auntie Sue** goes straight to the THW just like she learned in the HBLSS meetings. *She does not wait in line. She does not just sit and wait.* Kema is very

Demonstration: Referral of a Baby
sick and needs help as soon as possible from people who know best about newborn babies. 4. **Auntie Sue *tells*** the THW: My niece is three days after delivery. Her baby is not able to suck her breast. I have tried to get the baby to take the breast but she cannot. I have given my niece one cup of fluids every hour during the journey to this place. 5. The **THW** explains everything to the family and shows them where to wait. **Auntie Sue and the family** listen carefully to the THW's instructions. **Auntie Sue and the family** do not leave in case they are needed for something.

After the demonstration, thank the volunteers and give them time to join the group.

Fourth, read each step in the box below and ask why it was taken.

Demonstration: Referral of a Baby	
What?	**Why?**
1. Call for help.	Others will get transportation and money and decide what to do.
2. Hold the baby.	The baby needs rest.
3. Cover the baby.	Keeps the baby warm to prevent more sickness.
4. Give the baby breast milk every hour. Give the mother something to eat and drink.	Food and liquids prevent dryness and weakness.
5. Go straight to the THW at the referral place.	The baby is very sick and may die. The THW will know how to help.
6. Tell the THW what happened and what was done. Listen to the THW's instructions.	When the THW hears the problem she can help. The THW may need the family to get supplies, food, drink, or people to give blood.

Fifth, ***ask***:

- What new ideas have you seen here?
- Do you have any other ideas about going with a baby for a referral?

Step 4. Come to Agree on What to Do

Look at your paper where you wrote the actions that the participants mentioned in Step 2. Compare the actions done by the participants with the actions done in the demonstration.

First, review from Step 2. ***Say***: You said earlier today that you do the following during the referral of a baby: [read aloud the notes of participant actions you wrote during Step 2].

Second, with the participants, identify similarities:

Say which participant actions listed in Step 2 and the actions done in the demonstration are similar.

After saying the similar actions, ***say***: This is really wonderful that we do some things the same way during the referral of a baby.

Third, with the participants, identify differences:

Say which participant actions listed in Step 2 and actions done in the demonstration are different. For each difference, ***ask***:

- Why is [state action] taken?
- What happens when you take [stated action]?
- Is it acceptable to [stated action] in the home?
- Can this be done in your home? Do you have enough resources?
- Can you see any possible problem with doing it? If yes, what?
- Can we agree to use this [stated action] during a referral of a baby?

Fourth, remind the participants that they reached agreement on the pictures for each sign of the baby with a problem who needs referral in Meeting 2. Show the pictures one at a time and ***ask***:

- Does the picture remind us of a baby with a problem who needs referral?
- What do you see in the picture (signs) that makes you think action is needed?
- Can we come to agree that the picture reminds us of a baby with a problem who needs referral?

Fifth, reach agreement on the action cards. Show the cards one at a time and ***ask***:

- Does the picture remind us of what we agreed to do for a baby during referral?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us what we agreed to do during referral?
- Can we agree that we will share what we learned from the pictures with others?

Step 5. Practice the Actions

First, if the participants have not received a Take Action Card booklet, give a booklet to each participant. ***Say***: This booklet is for you to use. Use the section of the booklet on Referral of a Baby to practice the actions and to remind you of problems and actions at home. These are the same pictures we have used.[12]

- Open the booklet to Referral of a Baby.
- Look on Side One at the pictures for signs of the baby problems. Look on Side Two for the actions.
- Show each picture card of the Baby Problems. Ask participants to find the same picture in the Take Action Card booklet.
- Show each picture card of the actions. Ask participants to say what the action is, and to find the same picture in the Take Action Card booklet.

Second, ask participants to practice the demonstration in groups. Encourage everyone to take a turn to be the person trained in HBLSS. Ask other participants to use the Take Action Card to help the volunteers.

Practice the demonstration **Referral of a Baby**.

Third, after the practice, ***ask***:

- What did you see?
- What did the person(s) trained in HBLSS do?
- Did the volunteers follow the agreed-on actions on the Take Action Card?

Fourth, ***ask***:

- How did you feel about the referral practice when you did it?
- If your baby or your family member's baby is too sick and needs referral, will you be ready to take the actions we agreed on?
- If you are not ready to take the actions, what do you need to do to be prepared?

Thank the participants and continue.

Step 6. How Will You Know the Actions Are Helpful?

Ask:

- How will you decide if these actions are helpful when a baby is too sick and needs referral?
- How will you know if you need more practice helping a baby during a referral?
- What can you do for more practice?

Step 7. What Can We Do to Prevent Delay?

First, remember the story of Kema in the demonstration.

Second, ***ask***:

- Have you ever had delays when taking a baby to a THW?[13]
- What happened?
- Is there any reason not to go to the THW? If yes, what is the reason?

Third, ask each participant about what they would do if their baby had Kema's problem. ***Ask***:

- Who will decide what the problem is? Who will decide to get help?
- Where will you go?
- How will you get there?
- How much will it cost for transportation and care? If you do not know, how will you find out?
- Who will you ask to help give care on the way?
- Who will be available to give blood if it is needed?

Fourth, after each participant decides what they would do, ***ask***:

- How do you feel about the plan?
- Are you ready to take the actions we agreed on to prevent delay?
- If you are not ready to take the actions, what do you need to do to be prepared?[14]

Remind the participants:

- Each of you can have a referral plan to prevent delay before a problem happens.
- Each of you can help the baby who needs referral.
- Prevent delays wherever possible. Every minute saved may save a life.
- It is important to always be ready in case of a problem. Have a birth and referral plan.

Talk about Today's Meeting

Ask:

- What has been most helpful to your learning in this meeting today?
- What has not been helpful to your learning today?
- What suggestions do you have to make this meeting as helpful as possible the next time?

Use the note space in the back of this meeting to write the suggestions.

Prepare for Next Meeting

Explain what the group will talk about and share at the next meeting.

- Look at the materials for the next meeting. See what participants need to do to prepare.
- Ask participants to prepare, and tell them how to prepare. If needed, ask for volunteers to help with demonstrations.
- Thank participants for their time and hard work today. Agree on the day and time of the next meeting.

Say: Good bye and safe journey.

NOTES

A complete list of references for the first edition is in the *HBLSS Guidelines for Decision Makers and Trainers*. The references for this meeting can be found at the back of this book.

1. *Road to Life Story*: Kamal and her husband live in a remote village. She is pregnant with her second child. They have saved a little money so Kamal can buy good food and pay for transportation to the health worker. Kamal and her husband decided to have only two children. With family planning, Kamal and her husband have prevented more pregnancies. Kamal meets with the health worker and learns about problems during pregnancy. Kamal learns that any bleeding is a problem. She learns that if she sees any bleeding, she must tell someone right away. One day Kamal sees some blood when she wakes up. She remembers what the health worker said, so Kamal tells her husband and her mother-in-law right away. They take Kamal immediately to the health worker. The health worker goes with them to the referral place. Kamal has not bled too much by the time she arrives at the hospital. She is not too weak. The blood transfusion helps Kamal. Soon she has her baby. Kamal feels strong and her family is very happy.

2. Other sickness can make both the woman and her baby very sick if not treated. Signs and treatment will vary according to country protocols. These sicknesses include malaria, birth canal drainage (sexually transmitted infections), chronic cough with blood (tuberculosis), cough and fever with dark sputum (pneumonia), hookworm (parasites), and signs of HIV/AIDS such as unexplained weight loss, chronic diarrhea, chronic thrush (yeast infection), chronic fever, or generalized dermatitis.

3. For more discussion ask: What if the transportation used has no room for the woman to lie down? After the group responds, add this information. ***Say***: The most important thing is to get the woman to the THW, so any position necessary will have to do. The transportation may be a cycle, a seat in a vehicle, or the back of a bullock cart. The transportation may be people carrying the woman on a litter, a chair, or on their backs.

4. If transportation is delayed, or if there is no transportation for referral, continue to stay with the woman. Give the woman liquids and have her lie down covered. Help the woman turn from side to side every hour. Watch to see that she is breathing, look for too much bleeding, and feel for fever. In other meetings we will learn how to help if any of these problems happen.

5. Give the woman one cup or 250 cc of any locally available liquid such as water, fruit juice, tea, soup, or sugar and salt water. This can be given every hour or more often if the woman requests. Do not give solid food to a person who is very sick. A woman who is very sick may need surgery. For surgery she is given medicine to sleep and when she wakes up from the surgery, she may vomit. If she has eaten solid food, she may choke when she vomits.

6. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the action stated by the facilitator.

7. To make sugar and salt water: Mix sugar (2 teaspoons or a four-finger scoop) with salt (1/4 teaspoon or a pinch) in one cup or 250 cc of drinking water. You may use a packet of ORS instead. Follow the instructions on the ORS packet.

8. Women and babies with life-threatening problems must get help or they may die.

   - Decision makers should be chosen during the pregnancy. Decisions should be agreed on by the family about where to go in case of a problem, who will go, when to go, how to go, and so on. When the THW is too far away, decisions must be made about the woman moving closer to the THW before a problem happens.
   - Money is a common reason for not going for medical treatment. THWs at some facilities may help even if there is not enough money. The community may have or may start an emergency fund to help families with the costs of transportation and care. Discuss how to plan for finding a family member or a friend who will help with money in case of a life-threatening problem. Explain that during a referral, the family should take along whatever money they have saved and offer to make plans to pay later in money or in kind. In other meetings we will talk more about how to know if a problem is serious so you can do something to save the woman.
   - Sometimes we can find reasons we think someone died. Other times we may do everything we can and even reach the THW on time and the person still dies. This is the hardest part of helping someone; even when we learn and do good things, sometimes it still is not enough.

9. There are many things you can do to be prepared, such as arranging for a tour of facility or appointing one person in the community to always go with a family for referral.

   To prevent delays:

   - Visit the closest THW referral site during pregnancy and know where to go when there is a problem.
   - Know how to get to the referral site.
   - Have money ready to cover the cost of transportation and care.
   - Have someone to help care for the woman and baby on the way.
   - Keep the mother and baby together for a referral.
   - Have someone ready to give blood or money to pay for blood.

10. *Breaking the Circle of Sickness*: Baby Kema is born healthy. Baby Kema's mother is breastfeeding her. Breast milk has many things to help the baby grow. Baby Kema's mother washes her hands after using the latrine, before she carries her baby. If people wash their hands after using the latrine, their children may not get so much diarrhea. Baby Kema's mother is cleaning the house. There are not many flies. If people clean their surroundings, there will be less flies and dirt, and baby Kema will not get so much diarrhea. Baby Kema is feeling sick. Baby Kema's mother gives her baby breast milk often, even when Kema is feeling sick. If Baby Kema is too sick to suck the breast, her mother removes breast milk and gives the breast milk from a cup. When Baby Kema gets sick, her mother uses money she has saved to take her baby to the health worker without delay. Baby Kema's mother sees the health worker every month until Kema is one year old. She learns many things from the health worker: how to keep things clean, what to do when the baby gets diarrhea, and how immunizations help the baby.

11. See Meeting 11 for more information about expressed breast milk.

12. If it is not possible to give a Take Action Card booklet to each participant, place the large picture cards on the ground. Ask participants to place a pebble or other object on the picture that shows the

action stated by the facilitator.

13. Women and babies with life-threatening problems must get help or they may die.

    - Decision makers should be chosen during the pregnancy. Decisions should be agreed on by the family about where to go in case of a problem, who will go, when to go, how to go, and so on. When the THW is too far away, decisions must be made about the woman moving closer to the THW before a problem happens.
    - Money is a common reason for not going for medical treatment. THWs at some facilities may help even if there is not enough money. The community may have or may start an emergency fund to help families with the costs of transportation and care. Discuss how to plan for finding a family member or a friend who will help with money in case of a life-threatening problem. Explain that during a referral, the family should take along whatever money they have saved and offer to make plans to pay later in money or in kind. In other meetings we will talk more about how to know if a problem is serious so you can do something to save the baby.
    - Sometimes we can find reasons we think a baby died. Other times we may do everything we can and even reach the THW on time and the baby still dies. This is the hardest part of helping someone; even when we learn and do good things, sometimes it still is not enough.

14. There are many things you can do to be prepared, such as arranging for a tour of facility or appointing one person in the community to always go with a family for referral.

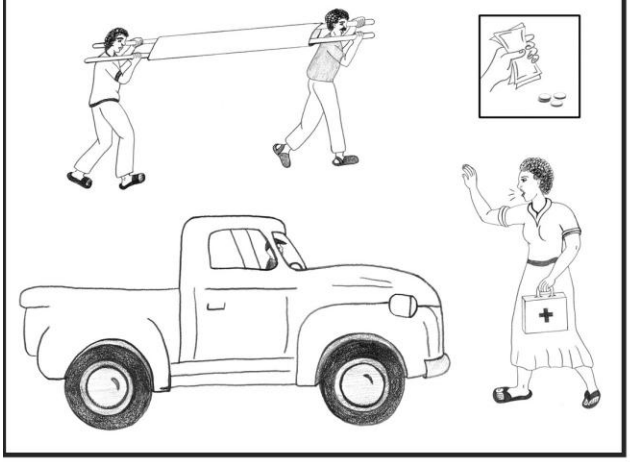
    To prevent delays:

    - Visit the closest THW referral site during pregnancy and know where to go when there is a problem.
    - Know how to get to the referral site.
    - Have money ready to cover the cost of transportation and care.
    - Have someone to help care for the woman and baby on the way.
    - Keep the mother and baby together for a referral.
    - Have someone ready to give blood or money to pay for blood.

notes

TAKE ACTION CARDS
Referral of a Woman

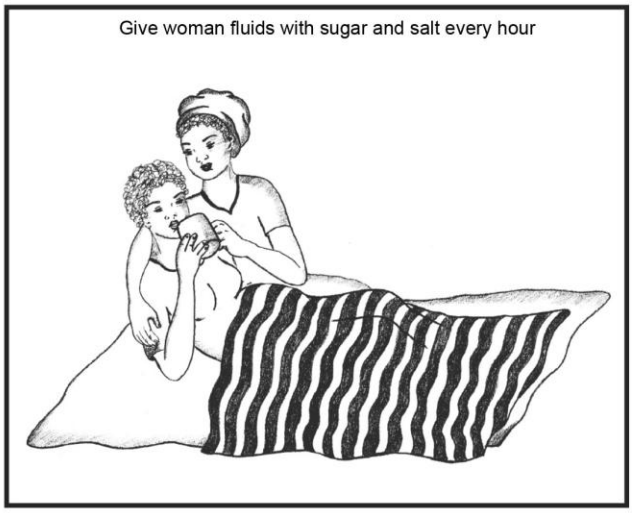
Call for help (transportation, care, money)



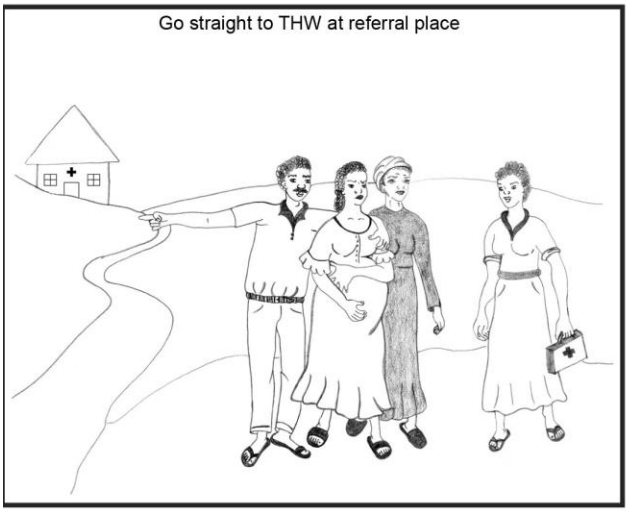
Help woman lay down

Cover woman with blanket

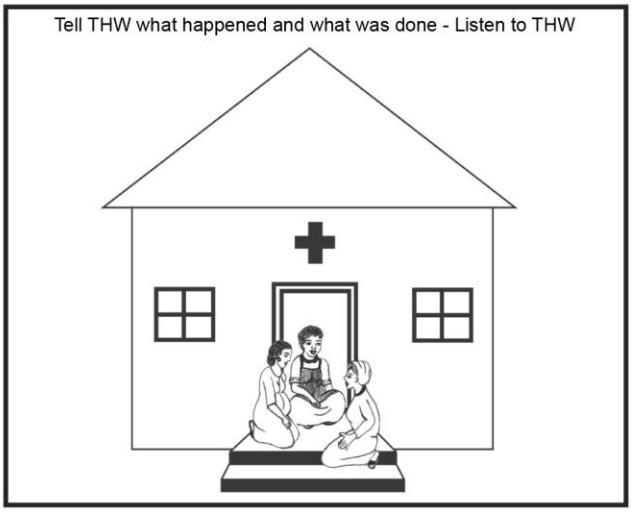
Give woman fluids with sugar and salt every hour



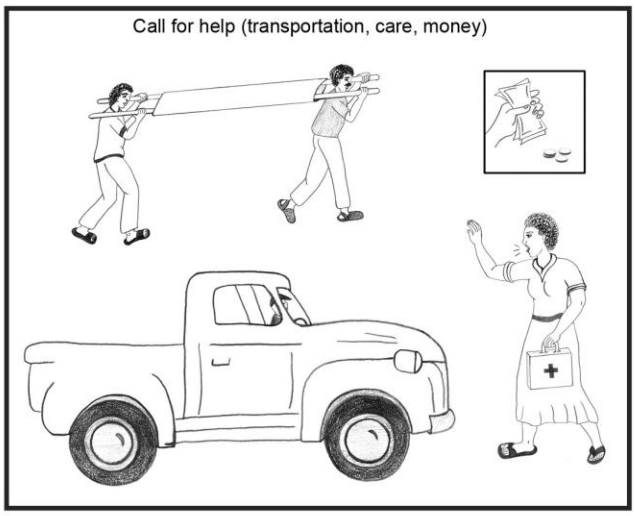
Go straight to THW at referral place

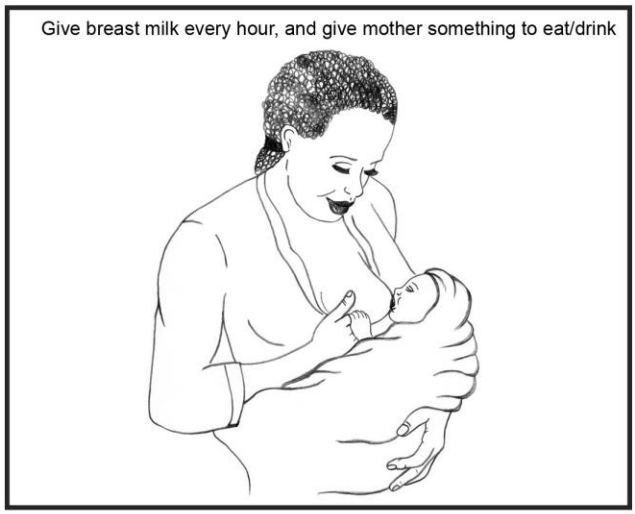


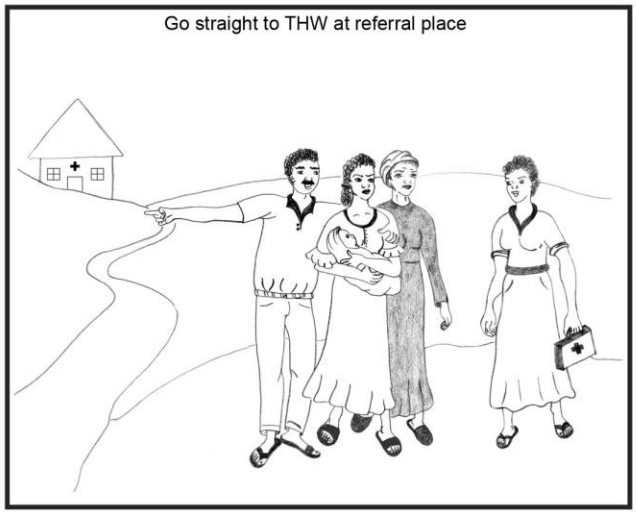
Tell THW what happened and what was done - Listen to THW

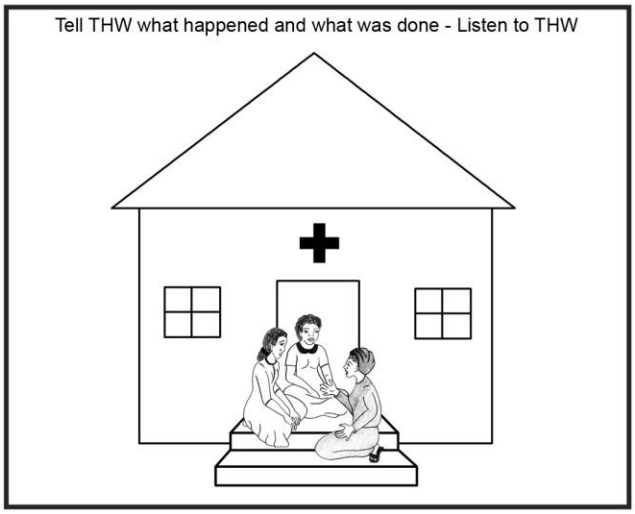


Referral of a Baby









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notes

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