Module 2 : Working in the Community and Home-visiting During Pregnancy

Session 8 : Home visiting and use of the Pregnancy Form - Part 1

Day : 2
Time Required : 2 hours and 5 minutes

Purpose

To introduce the ASHA to new terms and their meanings so that she will be able to complete Part 1 of the Pregnancy Form.

Objectives

At the end of the session the ASHA will be able to :

1. Determine the number of past pregnancies a woman has had and their outcomes.
2. Define abortion, stillbirth, neonatal death, and *Inde*[1].
3. Complete Part I of Pregnancy Form.

Materials

- Worksheet 1 : Pregnancy Form – Part 1
- Worksheet 2 : Exercises to determine 'abortion', 'stillbirth', or 'neonatal death'
- Training Aid 1 : Answers to exercises to determine 'abortion', 'stillbirth', or 'neonatal death'
- Worksheet 3 : Worksheet to determine number of pregnancies and births
- Blackboard or white paper/flip chart paper
- Markers

Preparation

- Ensure availability of adequate copies of Worksheets 1, 2 and 3, depending on the number of trainees.

Training Methods

Presentation (30 minutes)

Instructions to Trainers :

1. Distribute Worksheet 1 the Pregnancy Form – Part 1. Go through each question in Part 1 (questions 1 - 6), explaining unfamiliar terms (see Content Box).
2. Explain how to use the form to determine total number of pregnancies and delivery outcomes (question 4).
3. Check if there are any questions and clarify doubts, if any.
4. Explain the following:
   - Part 1 of the Pregnancy Form should be completed after the pregnancy is confirmed (during the home visit every two months), or after the woman has completed her fourth month of pregnancy (in the 5th month).
   - In total, four visits should be made during pregnancy: in the 5th month (registration), and at the beginning of 7th, 8th and 9th months, when the ASHA will begin giving health education (ASHAs will

learn this in a subsequent session). The Pregnancy Form is to be filled in 5th , and the beginning of 8th and 9th months. During the visits, the form will be filled in and appropriate health education will be imparted

- In India, up to 50% of pregnant women in rural areas return to their parents' village for their delivery. It is important that these women and their newborns also receive care.
- If a pregnant woman comes to the village in the 8th month of pregnancy, visit her, register her, provide her health education, and screen her for problems. Fill the Pregnancy Form (Part I and the 8th month screening in Part 2). Visit the woman again in the 9th month to complete the screening (Part 2) and provide health education on preparing for delivery. (Health education should only be started after the ASHA learns how to give health education.)

Content Box :

- **Gestation :** Duration of pregnancy
- **Live Birth :** Baby (born after more than 6 months and 15 days of gestation) shows any one of the signs of life[1] at birth (even if briefly): breathing, crying, or movement of limbs.
- **Abortion :** If the foetus dies before 6 months and 15 days of gestation. An abortion can occur naturally (miscarriage) or it can be performed by a medical person (Medical Termination of Pregnancy MTP). Sometimes unqualified people also perform abortions, which is dangerous.
- **Stillbirth :** Baby (more than 6 months and 15 days gestation) is born without any sign of life[1] i.e., breathing, crying or movement of limbs; and hence, is dead at birth.
  1. **Fresh Stillbirth :** Baby looks normal but is not alive. A fresh stillbirth means the baby died inside the mother's womb only recently.
  2. **Macerated Stillbirth :** Baby does not look normal; skin is falling off and is decaying. In a macerated stillbirth, the baby was dead inside the mother's womb for some time.
- **Neonatal Death :** If a baby (with a gestation more than 6 months and 15 days) who was born alive dies between birth and 28 days of life. Even if the baby only breathes once and then dies, it is still considered a neonatal death.
- **Pregnancy occurs without resuming monthly bleeding (*Inde*) :** A woman becomes pregnant before she resumes her monthly bleeding after her last delivery.

- If a woman comes to the village only in the 9th month, register her, provide her health education, and check her for any problems. If possible, visit her two times in the 9th month in order to reinforce the health education messages.
- If a woman delivers outside the village and returns to the village within 28 days after delivery, visit her, ask her about her pregnancy and delivery, and complete the Pregnancy Form. (Health education can be given only after you have learnt it yourself).

Practice: Determining abortion, stillbirth, live birth or neonatal death (30 minutes)

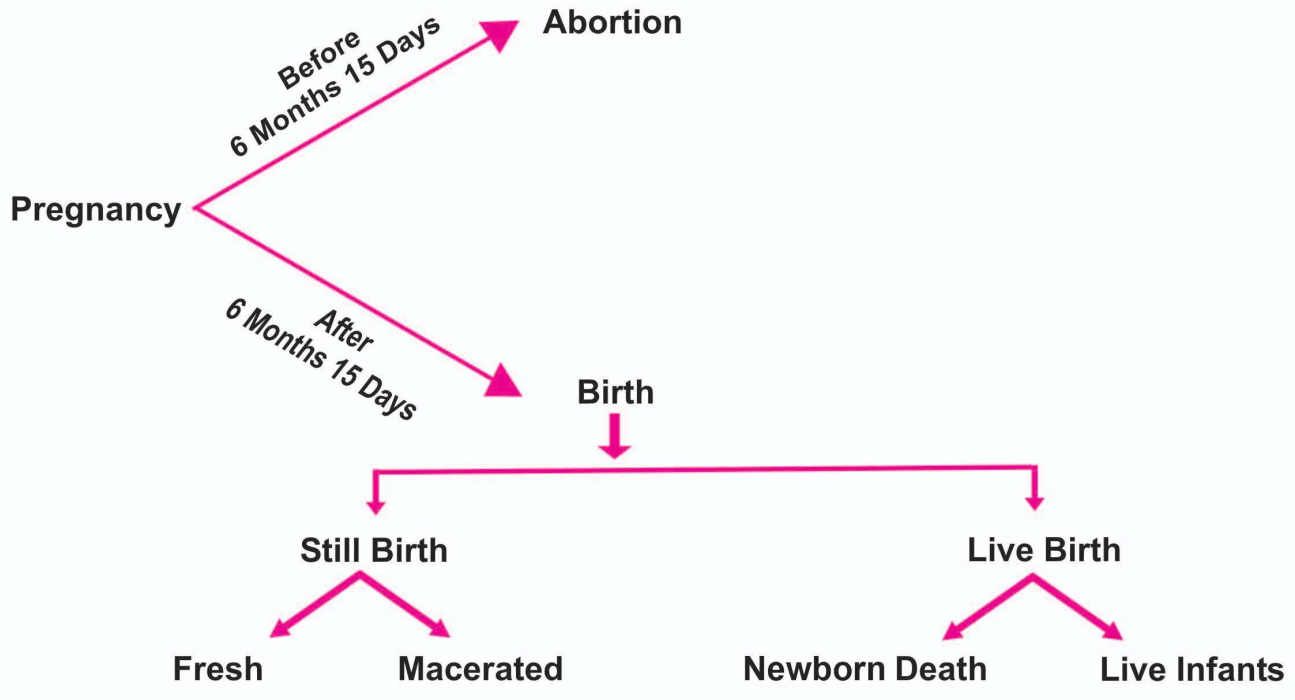
Instructions to Trainers :

1. Draw a 'time line' (as in the exercises) on the blackboard or flip chart paper and explain where on the

[1] Other signs of life include heart beating and umbilical pulsation. These have not been included in the definition here because ASHAs may find these signs difficult to recognise.

timeline, abortion, stillbirth, live birth or newborn death take place. If there is any confusion, draw a decision tree as follows:

2. Distribute Worksheet 2: Exercise Sheet, one to each trainee.
3. Have the trainees work individually (or in a small group of no more than three) to determine if the baby who died was due to an abortion, or it was a stillbirth or neonatal death.
4. After each scenario, have them mark an 'x' on the timeline where the death occurred, and write whether it was an abortion, stillbirth or neonatal death.



5. After the exercise, have trainee volunteers present each scenario; on the blackboard, draw the timeline, mark an 'x' where the death occurred, and say whether it was an abortion, stillbirth or neonatal death.
6. Check for questions and clarify using Training Aid 1 for reference.

Demonstration/Practice : Determining total number of pregnancies and births (30 minutes)

Instructions to Trainers :

1. Have trainees look at question 4 of the Pregnancy Form. Discuss how to use the form for determining total number of pregnancies and birth outcomes.
2. Distribute Worksheet 3 : Worksheet to determine number of pregnancies and births. Explain that the worksheet contains five copies of question 4; use one copy for each interview.
3. Working in pairs, have each trainee interview another trainee to find out how many pregnancies and births she has had. Complete the first box of questions.
4. Have trainees change partners and interview four other trainees (total of five) to determine how many pregnancies and births they have had.
5. Observe and assist as needed.

Practice: Filling in the Pregnancy Form Part 1 (30 minutes)

Instructions to Trainers :

1. Make sure each trainee has five copies of Part 1 of the Pregnancy Form.
2. Working in pairs, have each trainee interview her partner and complete Part 1 of the Form. Allow 5 to 10 minutes for each interview.
3. Have trainees change partners to complete at least five interviews.
4. Observe and help when needed.

Summary (5 minutes)

- Ask a trainee to define abortion, another trainee to define fresh stillbirth, still another, macerated stillbirth, etc. till all new terms are defined.
- Make corrections if any are required and add missing information.
- Praise the ASHAs for their good work.

Evaluation of the session (during session)

Objective	Assessment Method	Output
Determine the number of past pregnancies a woman has had and their outcomes.	Practice exercise worksheet 3	Score the worksheet. Give 1 point for each correct entry. Save the sheets filled by ASHAs
Define abortion, stillbirth, neonatal death, and "*Inde*".	Timeline exercise Worksheet 2 Observe the interview process	Score the worksheet. Give 2 points for each correct entry. Save the sheets filled by ASHAs.
Complete Part 1 of Pregnancy Form.	Observe the interview process Review Pregnancy Form Part 1	Pregnancy forms filled in by ASHAs