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

Session 10 : Health problems during pregnancy and referral

Day : 3
Time Required : 1 hour and 15 minutes

Purpose :

To enable the ASHA to understand and recognize the main danger signs and emergencies during pregnancy so as to give appropriate advice to pregnant women, and to encourage them to seek early care should danger signs or emergencies arise. To orient ASHAs for non-emergency referrals.

Objectives :

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

1. Identify the danger signs in pregnant women that need emergency referral.
2. To state the problems which need referral but are not an emergency.
3. To explain the treatment of white discharge with G.V. paint.

Material

- Health education Flip Charts
- Reading Material 1 : Health problems during pregnancy and referral
- Flip charts / Blackboard / white paper
- Markers
- 14 card board Flash cards (size about 1/3 of an A4 sheet); one card prepared for each health problem requiring emergency or non-emergency referral.

Preparation

- Keep enough Flip Charts ready to be able to give one to each ASHA.
- Prepare flash cards in advance and have them ready. Prepare one card for each health problem. Prepare one card for itching/ scabies/ boil with pus on skin.

Training Methods

Discussion : (40 minutes) Health problems during pregnancy

Instructions to trainer:

1. Ask the participants about their experiences of emergencies / danger signs / problems that can arise during pregnancy. Listen to their answers and encourage participation.
2. List the points on the flip chart, and divide the answers into two lists; emergency referral and non-emergency referral.
3. Ask trainees what they think is meant by “emergency referral” and “non-emergency referral”? Listen to the answers, and correct misperceptions. *(Emergency referral means there is immediate danger to the life of the mother and / or baby. The woman has to visit the PHC or hospital that day itself (or, as*

soon as possible).

Non-emergency referral, means the woman needs to visit the PHC / hospital, but it could be the same day or even later. The woman is not at risk of dying, but she should get medical care to reduce her discomfort and / or the chances of her, or her baby being sick in the future)

4. Ask ASHAs to refer to Reading Material 1. Compare this list to the list developed with the help of the trainees. During pregnancy, which health problems are the same as the ones mentioned by the group? Which are the danger signs / problems not mentioned?
5. Trainer goes through each sign on content box below, discussing 'how to recognize' and 'action to be taken' with participants
6. Check if there are any questions and clarify any doubts.
7. Emphasize that pregnant women may show danger signs and can sometimes get very sick and even die if care is not provided immediately.
8. ASHAs should prepare the woman (and her family) to be able to identify danger signs. In addition, ASHAs should identify, with the help of supervisors, the health facility best able to take care of obstetric emergencies. ASHAs should also help the family decide to save a little extra money just in case an emergency arises during pregnancy, delivery or after delivery.

Content Box :

(A) Emergency referral during pregnancy

Danger signs in women	How to recognize	Action to be taken
Bleeding from vagina	Bleeding - any amount, (bright red bleeding, or clots or tissue)	Refer to FRU/ Distt./ Tertiary Hospital
Loss of foetal movement	Absence of movement, kicking	Refer to FRU/ Distt./ Tertiary Hospital
Headache/dizziness/blurred vision	Severe headache and blurred vision or severe headache and spots before the eyes	Refer to FRU/ Distt./ Tertiary Hospital
Swollen face /hands	Pitting oedema over back of palm	Refer to PHC
Convulsions/fits	Eyes roll, face and limbs twitch, body gets stiff and shakes, fists clinched	Refer to FRU/ Distt./ Tertiary Hospital

(B) Non Emergency referral during pregnancy

Problem	How to recognize	Action to be taken
Severe anemia	Tongue very pale ,weakness, general swelling on body	Refer to PHC/ Distt./ Tertiary Hospital
Night blindness	Pregnant woman finds it difficult to see at dusk	Refer to ANM or PHC
Fever	Skin warm to touch , Temp.>100^0 F (37.8^0 C)	Give Paracetamol tab. If no relief after 48 hours, refer to PHC
Pain/burning when urinating	Frequent urination & urgency, or pain/burning when passing urine	Have mother drink water (about 2 glasses in morning, afternoon and evening. If no relief after 24 hours, refer to PHC
White discharge	Passage of white discharge per vagina, itching in private parts	Teach mother to use gentian violet; placed high in her vagina daily. If no relief after 5 days, refer to PHC
Itching /Scabies /boil with pus on skin	Skin rashes with ithching – could be present in other family members as well - Scabies - Presence of pus filled boils	For boils, advise woman to apply hot formentations to the area thrice daily. If no improvement after 2 days, refer to PHC. For scabies, refer to ANM/PHC
Bad obstetric history	Past history of abortion, still birth, neonatal death	Refer to FRU/ Distt./ Tertiary Hospital
Multiple pregnancy	Suspicion / Knowledge	Refer to FRU/ Distt./ Tertiary Hospital
Malpresentation	Suspicion / Knowledge	Refer to FRU/ Distt./ Tertiary Hospital

Flash card game (30 minutes) Reinforce learning of problems during pregnancy

Instructions to trainer:

1. Put the 14 flash cards in a pile.
2. Divide the trainees into two Teams A and B. One trainer will ask questions and the other will keep the score between Team A and Team B.
3. Show one card to the first 'player' in Team A. She will have to state whether the danger sign is for immediate referral or non-immediate referral. If she gets it right, the Team gets 1 point. If she doesn't answer correctly, ask Team B (they are allowed to answer collectively). If they answer correctly they get 1 point.
4. The next player in Team A has to explain how the first danger sign is recognized. If she is correct, the Team gets a point.

5. The next player in Team A has to state the action to be taken for the first danger sign. If correct, Team A gets 1 point. If at any point the answer is not correct, the other Team gets the chance to answer, and if judged correct, they receive the point instead.
6. After the 3 questions have been answered for the first danger sign, turn to Team B, and show their first player another card. Follow the same pattern. If a player does not answer correctly, ask the next Team member the same questions. Repeat this pattern so that both teams together answer 14 cards (for a total of 14 danger signs).
7. The Team with the most points at the end 'wins'.
8. At the end of the activity, ask the trainees: "At community level, who all should have the knowledge of the danger signs for women and babies?" Listen to the answers and fill in any gaps as below:
   - ✓ *women*
   - ✓ *family members*
   - ✓ *community members*
   - ✓ *ASHAs*
   - ✓ *TBAs*
9. Have participants look at the Health Education flipchart cards 7 to 12. Cards 7, 8, 9 are for problems during pregnancy, for which the mother needs to the referred, but these will not be emergency referrals. Cards 10, 11, 12 are for the danger signs which need emergency referrals. These health problems are explained clearly in the flipchart. In future sessions, ASHAs will have the time to practice the use of the flipchart for counseling mothers.
10. Discuss the treatment for white discharge
    - To treat this, instruct the woman to :
      - Take a cotton ball and soak it with gentian violet paint
      - Swab the inside of vagina with it
      - Throw away the cotton ball
      - Use twice a day: the first time after her bath in the morning, and then again before sleeping
      - Use for 5 days
      - If there is no improvement, refer her to PHC
    - **Caution :**
      - **GV paint stains hands and clothes when wet**
      - **Wait for 2 minutes after applying so that it can dry up**
      - **Keep GV paint away from children**
      - **DO NOT DRINK GV PAINT**

Summary (5 minutes)

- Encourage participants to state danger signs requiring immediate referral, and how these are recognized
- Encourage participants to state health problems for non-emergency referrals, and how these are recognized
- Ask the participants what should be done if any danger sign is observed
- Ask a participant how to treat white discharge with G.V. paint

Evaluation of the session

Objective	Assessment Method	Output
Identify the danger signs in pregnant women that need emergency referrals.	Flash card game/questions and answers	Score on the flash card game for identifying danger signs that need referral
State the problems which need referrals but are not emergencies.	Questions and answers	Score on the flash card game for identifying danger signs that need referral but are not emergencies
Learn the treatment of white discharge in pregnant women with G.V. paint	Questions and answers	--