

Community Health Worker manual: Promote safe motherhood in your community

In-service training, 2014

Facilitator's Guide

Prepared for the Ministry of Health, Government of Fiji
by the Fiji Health Sector Support Program

Version AD1.0, December 2013



© Commonwealth of Australia, 2013

Copyright protects this publication. Except for purposes permitted by the Australian *Copyright Act 1968* and the Fijian *Copyright Act, 1999*, reproduction, adaptation, electronic storage, and communication to the public is prohibited without prior written permission. Enquiries should be addressed to Abt JTA, PO Box 1874, Milton QLD 4064, Australia.

The Ministry of Health, Government of Fiji, has a non-exclusive, non-expiring licence to copy, publish, and adapt this publication.

Any third party material, including images, contained in this publication remains the property of the specified copyright owner unless otherwise indicated, and is used subject to their licensing conditions.


Version: AD1.0

Edition: December 2013

The Fiji Health Sector Support Program (FHSSP) is an Australian Government initiative, providing support to the Fiji Ministry of Health to deliver essential health services to the people of Fiji. The FHSSP supports activities that contribute to improving health outcomes in maternal and child health, strengthening diabetes and hypertension prevention and management, and revitalising primary health care and targeted health systems strengthening. FHSSP is implemented by Abt JTA on behalf of the Australian Government.

Contents

Foreword	iii
Acknowledgements	iv
Abbreviations	v
Glossary of key terms	vi
Overview	1
Training plan	2
Units of Competency	7
Session 1 — Welcome and introduction	13
1.1 Role of the CHW	14
Session 2 — Promote antenatal care	19
2.1 Factors affecting maternal death and illness	20
2.2 Antenatal care	23
2.3 Strategies to promote antenatal care in the community	28
2.4 Summary	30
Session 3 — Support planning for safe motherhood	33
3.1 Why plan?	34
3.2 Family planning — a safe start	34
3.3 Birth Preparedness Plan	36
3.4 Summary	40
Session 4 — Support planning for obstetric emergencies	43
4.1 Obstetric emergencies	44
4.2 Complication Readiness Plan	51
4.3 Collaborating with other health workers	54
4.4 Summary	55
Session 5 — Support community to respond to obstetric emergencies	57
5.1 Role of the community	58
5.2 Developing partnerships	59
5.3 Support community planning for emergency blood supplies	64
5.4 Summary	64



5.5 Conclusion	67
Annexes	69
Annex A — PowerPoint slides	70
Annex B — Participant feedback form	71
Annex C — Trainer feedback form	72

Foreword

Community or Village Health Workers work voluntarily in their communities to provide First Aid emergency response, engage with the community to develop healthy outcomes, and implement health promotion programs.

This manual is a guide to train Community/Village Health Workers in the competencies they are expected to have to promote safe motherhood in their communities.



It is the culmination of the collaborative effort of key stakeholders of primary health care in Fiji. The Ministry of Health, together with other ministries and donor partners, continue to engage with communities to promote healthy lifestyles and behaviour change to reduce the double burden of disease in our midst.

Promoting safe motherhood in the community is a key function of the Community/Village Health Worker.

It is our hope that this guide will be used by all those who have the passion to train the volunteers to gain the knowledge and skills to equip them to perform their role well in the communities they serve.

Mrs Una Bera

Acting Deputy Secretary for Public Health
Ministry of Health

Acknowledgements

We would like to thank the following for their support, extensive knowledge and expertise, which together has resulted in the production of the manual:

- Ministry of iTaukei Affairs
- Ministry of Health staff
- Australian Government through the Fiji Health Sector Support Program.

Abbreviations

ANC	Antenatal care [see also Antenatal clinic]
ANC	Antenatal clinic [see also Antenatal care]
BPP	Birth Preparedness Plan
CHW	Community Health Worker
CRP	Complication Readiness Plan
FP	Family Planning
HC	Health Centre
IEC	Information, education, and communication [materials]
MCH	Maternal and child health
MDG	Millennium Development Goal
MoH	Ministry of Health
NCD	Non-communicable disease
NGO	Non-government organisation
SOB	Shortness of breath
WHO	World Health Organization

Glossary of key terms

Antenatal care	The care that is given to a pregnant woman to make sure that the woman and her baby are healthy, identify and address any problems, and to help her prepare for a safe birth.
Birth Preparedness Plan	A Birth Preparedness Plan is an action plan made by the woman, her family members, and the healthcare provider. Often this plan is not a written document, but an ongoing discussion between all concerned parties to ensure that the woman receives the best care in a timely manner.
Blood donor	Someone who gives some of their blood for use in the treatment of people who need a blood transfusion.
Blood transfusion	The transfer of blood from one person to another usually to replace blood lost through severe bleeding.
Burden of disease	The total impact of a health problem, such as non-communicable diseases, on the community.
Consent	To agree to or give permission for something to happen or be done.
Communicable disease	An infectious disease that can be transmitted from one person to another.
Complication Readiness Plan	An plan that is developed in anticipation of an emergency that helps the pregnant woman and those supporting her to identify and agree upon all of the actions that need to take place in the event of an emergency and to ensure that the necessary arrangements are in place.
Early booking	Refers to the early initiation/commencement of antenatal care
Early labour (first-stage labour)	The muscles of the womb begin to contract (tighten) at regular intervals and push the baby into the birth passage.
Early labour (pre-term labour)	Labour that starts more than 3 weeks before the baby is due and can lead to an early birth. Early babies often have complicated medical problems.
Eclampsia	Complication in pregnancy with danger signs, such as high blood pressure, swelling, headaches, blurred vision, and fits.
Haemorrhage	Massive blood loss that is difficult to stop.
Health promotion	Activities that help individuals and communities to identify and reduce their risk factors for disease, and to behave in ways that will make them safer and healthier.

High-risk pregnancy	A pregnancy that is more likely than other pregnancies to have problems or complications. Things that can make a pregnancy high-risk for a woman include being younger than 18 or older than 35, having already given birth to 5 or more children, having a medical problem like HIV/AIDS, diabetes or high blood pressure.
Family planning	Family planning is planning that allows individuals and couples to determine the desired number of children and the spacing and timing of their births through the use of contraceptive methods.
Four delays	A model that emphasises the critical role of timing to prevent maternal mortality through the management of: delays in recognising problems, delays in deciding to seek care, delays in reaching appropriate care, delays in receiving quality care.
Maternal morbidity	Medical complications or illness in a woman caused by pregnancy, labour, or delivery.
Maternal mortality	The death of a woman while pregnant from any cause related to or aggravated by the pregnancy or its management but not from accidental causes.
Non-communicable disease	A non-infectious disease caused by risk factors such as physical inactivity, poor diet, and smoking, e.g. diabetes and heart disease.
Obstetric complications	Life-threatening medical conditions that occur in pregnancy or during or after labour and delivery.
Toxaemia	Complication in pregnancy with danger signs, such as high blood pressure, swelling, headaches, blurred vision, fits.
Prevention	Strategies to promote wellness and reduce the occurrence of accidents, illnesses, and injuries in a community.
Safe motherhood	A worldwide initiative that was launched to reduce the burden of maternal mortality and morbidity and make maternal health an urgent priority.
Transportation plan	An action plan that identifies where and when to go if complications arise, how to get to the nearest health facility in case of an emergency, who in the family will accompany the woman.
Wellness	A state of health that looks holistically at social, emotional, spiritual, environmental, occupational, intellectual, and physical dimensions.





Overview

Welcome to your Facilitator's Guide to assist you in delivering Community Health Worker (CHW) training. This training will develop the skills of Community Health Workers to communicate clear messages in their communities about birth preparedness planning and complication readiness planning. These efforts will support health service strategies to reduce death and illness for mothers and babies.

Read this guide prior to starting the training, to make sure you are familiar and comfortable with the information, scenarios, questions, and suggested activities. It is also useful to help you prepare other resources you may need.

Check that all participants have a copy of the *Community Health Worker manual: Promote safe motherhood in your community — Participant's Guide*. The Participant's Guide is designed to be used during their training and as an ongoing reference in the CHW workplace.

Evidence-based training

Explain that evidence or competency-based training means using evidence provided by the participants to show they are building their ability or competence to:

- Promote antenatal care
- Support planning for safe motherhood
- Support planning for obstetric emergencies
- Support the community to respond to obstetric emergencies.

By participating in and completing the activities in the facilitated training sessions, and/or in the clinical setting, participants will have a range of opportunities to demonstrate their abilities and knowledge. The successful completion of these activities will provide 'evidence of competence' for the participants and for you as their facilitator.

Role of facilitator

To deliver the training you must have a copy of this Facilitator's Guide and the Participant's Guide. Before you commence any training sessions, please read all chapters.

Prepare other resources

Aside from a general resource kit (outlined further in this section), please read this guide and identify other resources you may need to be ready for every session of training.



Training plan

- This workshop will be conducted in local community venues, which are familiar, accessible, and almost always available to CHWs.
- Community Health Workers from a number of communities will attend each training session, as well as representatives of village or community groups (e.g. Turaga ni Koro or village spokesman, representatives from church, women's groups, and youth groups).
- The training will be provided over one day.
- A training timetable will be provided to CHWs when they attend the training.

Topics covered

Topics covered in this training include:

- Review of the CHW role.
- Causes of maternal death in Fiji.
- Four delays.
- Strategies to reduce maternal death and illness.
- What is antenatal care?
- Advantages of early booking.
- Ongoing antenatal care requirements.
- Strategies to promote antenatal care in the community.
- Why plan?
- Family planning — a safe start.
- What is family planning?
- Benefits of family planning.
- Increase access to family planning information and referral services.
- What is a Birth Preparedness Plan?
- Elements of a Birth Preparedness Plan.
- Signs of early labour.

- Danger signs of obstetric complications.
- Four delays.
- What is a Complication Readiness Plan?
- Elements of a Complication Readiness Plan.
- Collaborate with other health workers.
- Role of the community.
- Strategies for developing partnerships.
- Maintaining a directory of contacts.
- Support community planning for emergency blood supplies.
- Obtaining consent.

What is a Community Health Worker?

In Fiji, a Community Health Worker, or CHW, is someone who:

- Volunteers in their community to promote health and wellness.
- Works with other individuals and groups to create a healthy community.
- Promotes health and wellness, particularly for maternal and child health.
- Focuses on reducing 'lifestyle' diseases or non-communicable diseases (NCDs), such as diabetes, cancers, and heart disease.

They can do this in many ways, such as:

- Helping to organise the community for local health planning.
- Encouraging increased use of the existing health services.
- Promoting good health practices.
- Teaching and working with the community to make a healthy place for all.
- Monitoring activities and telling people about:
 - Practices that have improved health in their community.
 - Major health problems in the community.

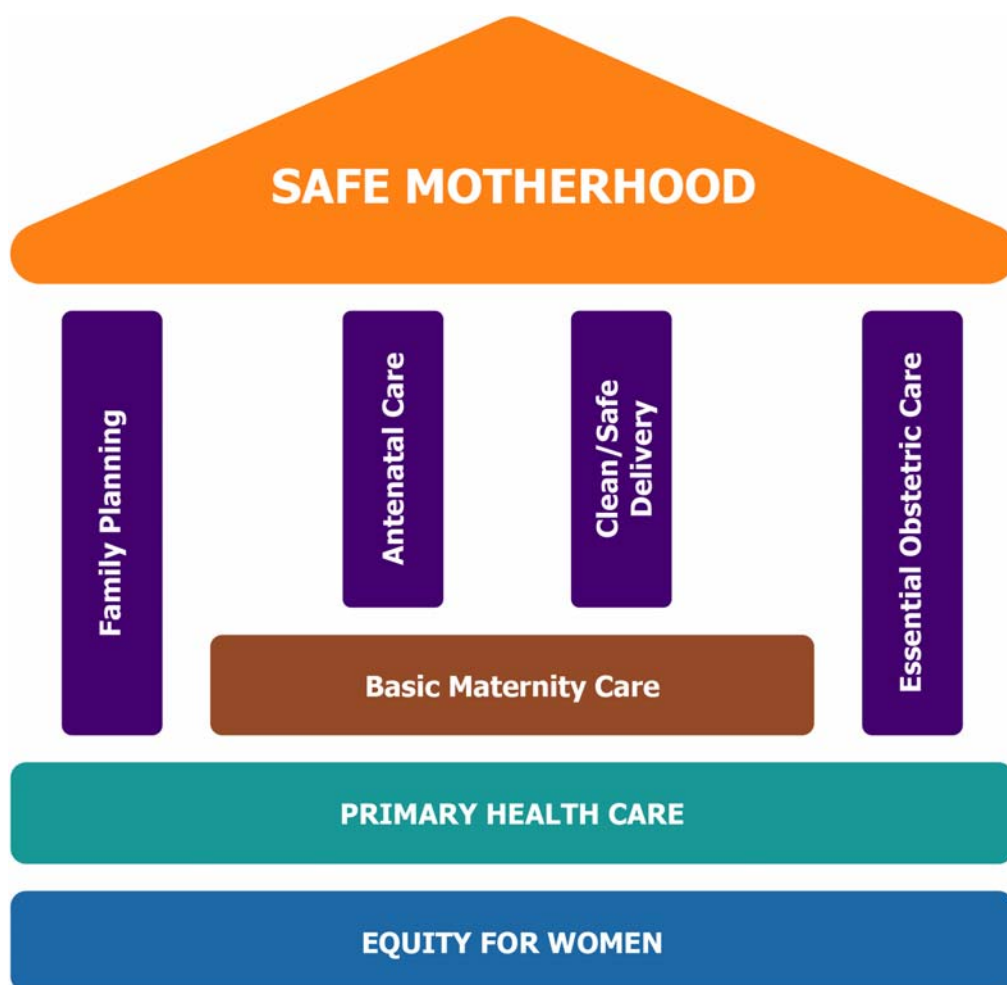
What is safe motherhood?

Safe motherhood is about making sure that all women receive the information and care they need to be safe and healthy throughout pregnancy and childbirth.

The World Health Organization (WHO) encourages a focus on four pillars of safe motherhood:

1. Family planning services.
2. Antenatal care.
3. Clean and safe delivery (skilled attendants and Ministry of Health requirement to deliver at health service).
4. Essential obstetric care (early identification and referral in emergencies).

The four pillars of safe motherhood



Adapted from WHO, Maternal Health and Safe Motherhood Programme. (1996). *Mother-baby package: Implementing safe motherhood in countries*. Retrieved 14 January 2014, from <http://helid.digicollection.org/en/d/Jwho36e/4.html>.

Promoting safe motherhood involves:

- Communication (advocacy and partnership with community and health services).
- The primary health care framework.
- Equity for women.

Any actions that improve these factors will help improve the health of mothers and reduce deaths. This happens because pregnant women, their families, and the community have better knowledge and planning to support birth, and can respond rapidly to obstetric emergencies.

Why have this training for CHWs?

This training was created to strengthen the role of CHWs to support safe motherhood in communities throughout Fiji.

Maternal death and illness in Pacific Island countries, including Fiji, will continue to challenge everyone with a stake in safe motherhood.

The delays for mothers in receiving health care can be prevented at four different levels: the woman/client, the family, the community, and the health institution. If these delays are not dealt with appropriately at each of these levels, they can harm the mother and the baby.

It has been recognised globally that one of the strategies to reduce maternal death and illness is to plan in advance for delivery. Birth preparedness helps to ensure that pregnant women reach skilled attendants and professional delivery care when their labour begins.

The saying that 'prevention is better than cure' applies when elements of Birth Preparedness Plans are carried out in a timely manner. These elements include making plans for birth, deciding birth plan issues, preparing what is needed for birth, and saving money.

Government of Fiji, Ministry of Health. (2012). *Birth preparedness and complication readiness plan: Trainer manual*. Suva: Ministry of Health.

Role of Community Health Workers

Community Health Workers are well-placed in the rural villages and urban communities, and have a role to help support and promote healthy living in their community. The CHW links women and their families to the closest source of pregnancy care. They provide social support and guidance to women during pregnancy, birth, and in the early period after the birth of the baby.

The focus of CHWs continues to be on:

- **Supporting** families and communities.
- **Promoting** access to health services, so people will seek treatment early.
- **Managing** existing health issues.

Training manuals for CHWs

The following manuals make up the full training package for the Community Health Worker training program:

- Community Health Worker manual: Core competencies
- Community Health Worker manual: Promote safe motherhood in your community [this manual]
- Community Health Worker manual: Promote child health in your community
- Community Health Worker manual: Promote wellness in your community.

This manual is about promoting safe motherhood in the community, and can be completed after the core competencies training. Each Community Health Worker manual is targeted to support the CHW to develop knowledge and skills to share with their community to promote:

- Child health
- Safe motherhood
- Wellness.

Why are learners participating in the training?

The participants in this training are all volunteers from their communities, who have been selected for the role of Community Health Workers by their communities.

These CHWs have received basic First Aid training and Core Competencies training. Now they need to extend their general knowledge and skills to promote safe motherhood within each community. Their goal is to raise awareness among pregnant women and their families, and to spread the knowledge and skills to support safe motherhood in their communities.



Units of Competency

Participants will gain the following knowledge and skills from this training to **Promote safe motherhood in their community**.

Competency	1. Promote antenatal care
A critical area of knowledge and skills required to perform the job role of participants	
Training elements	Demonstrated evidence
The specific knowledge and skills that participants will gain by the end of this training	The measurable evidence that participants must be able to demonstrate to prove their competence for each training element
1. Encourage and assist early booking.	1.1 Identify factors affecting maternal mortality and morbidity in Fiji.
	1.2 Describe the advantages of early booking for antenatal care.
2. Support and encourage ongoing antenatal care.	2.1 Describe ongoing antenatal care requirements for pregnant women.
	2.2 Explain the importance of consistent antenatal contact with pregnant women.

Competency A critical area of knowledge and skills required to perform the job role of participants	2. Support planning for safe motherhood
Training elements The specific knowledge and skills that participants will gain by the end of this training	Demonstrated evidence The measurable evidence that participants must be able to demonstrate to prove their competence for each training element
1. Assist women to access family planning information and referral services.	1.1 Describe family planning information and referral services available to women in this area.
2. Encourage and assist pregnant women to access health services to develop a Birth Preparedness Plan.	2.1 Describe the elements of the Birth Preparedness Plan (BPP) to pregnant women.
	2.2 Demonstrate how to assist pregnant women and families to identify the nearest birth facility, skilled attendants, appropriate support persons, and transport arrangements.
	2.3 Demonstrate how to assist pregnant women and families to identify resources they will need for the arrival of the new baby.

Competency A critical area of knowledge and skills required to perform the job role of participants	3. Support planning for obstetric emergencies
Training elements The specific knowledge and skills that participants will gain by the end of this training	Demonstrated evidence The measurable evidence that participants must be able to demonstrate to prove their competence for each training element
1. Assist pregnant women to obtain information about the signs and delays that contribute to obstetric emergencies.	1.1 Describe the signs of early labour, as well as the danger signs for obstetric emergencies to pregnant women and their families.
	1.2 Explain the four delays and how they contribute to maternal and neonatal mortality and morbidity.
2. Encourage and assist pregnant women to access health services to develop a Complication Readiness Plan.	2.1 Describe the elements of the Complication Readiness Plan (CRP) to pregnant women.
	2.2 Demonstrate how to assist pregnant women to decide what to do in the event of an emergency.

3. Collaborate with other health workers to support planning for obstetric emergencies in the community.	3.1 Explain how to maintain relationships with nursing staff from the medical area to report health issues or concerns and promote regular/scheduled visits to the community.
--	---

Competency A critical area of knowledge and skills required to perform the job role of participants	4. Support community to respond to obstetric emergencies
Training elements The specific knowledge and skills that participants will gain by the end of this training	Demonstrated evidence The measurable evidence that participants must be able to demonstrate to prove their competence for each training element
1. Work in partnership with the community to promote rapid response to obstetric emergencies.	1.1 Identify community partners (such as health services, government representatives, NGOs, and church organisations) and maintain a directory of contacts to promote rapid response to obstetric emergencies.
	1.2 Demonstrate effective communication and networking relationships to develop community partnerships.
	1.3 Describe how to support community planning for emergency blood supplies.

Contact details

Provide learners with your name and contact details.

Using this Facilitator's Guide

This guide will assist you to plan the delivery of each session by providing:

- Topics
- Suggested activities
- A list of resources and materials required
- Elements of competency and demonstrated evidence.

Mode of delivery

It is recommended that you aim to deliver the training face-to-face in a group setting with a group of no more than 20 participants over two consecutive days of training. For some groups it may be necessary to increase the training to three days; for example, if the group is particularly inexperienced, or if there is one or more of the competencies that require additional focus in a particular area.

Training space

Aim to provide training in a central space in the district areas, close to where people work. This is a useful way for colleagues to get to know those workers from their region and help to build a network of contacts.

Training tips and preparation

The following tips provide suggestions and strategies to support effective delivery of this training.

Before delivering this training, take some time to familiarise yourself with the Participant's Guide, and this Facilitator's Guide. Also review the following training suggestions to assist you to prepare for a successful training program.

Training suggestions

Training delivery

It is suggested that you:

- Deliver sessions in the order they appear. However, some sessions may be appropriately grouped together for practical purposes.
- Allow sufficient time for questions, reflection, and review. Plan how long you think each activity should take to complete, and monitor this for variations that may be needed with different groups.
- Aim to get feedback from participants after each activity and have general group discussion to confirm everyone has understood the information and the activity and feels confident to progress.

Create a comfortable and encouraging learning environment

To create an environment where participants are comfortable with you as the facilitator and encouraged to share their ideas, consider the following steps:

- Welcome participants and acknowledge them as colleagues who have experience. Explain that this training is an important upgrade, and part of their professional development.
- Introduce yourself (more than your name and role — provide a brief overview of your professional experience).
- Indicate your pleasure to be there and your gratitude for the participants' attendance.
- Tell participants that the training is a place and time to learn and share knowledge and experiences. Everyone is there to learn, including you as the facilitator.
- Establish that all questions are encouraged (reinforce that all questions are welcome and you are keen to answer what you can or help the participants to find answers).
- Create some guidelines with the group about how to achieve the best learning place. For example, add up the number of years of experience as CHWs that exists in the whole group. Emphasise this total as a resource for everyone. The training can draw on that wealth of experience if participants will share their knowledge and skills. Learning about different ways of working as CHWs enriches the learning for everyone.
- Different ways and different views are also a valuable resource. Discussing these differences is a learning tool. This needs to be done with respect for all in the group, to ensure the learning space is comfortable for everyone.

Encourage participants to say what they think, and also encourage and role model constructive criticism or disagreement with the points being discussed, not the person making the comment. Make positive comments such as: 'Thank you for that question. I am sure others wanted to know the answer to that too'.

When working with the training participants, their responses may be varied, as with any group. Some may interact freely in a group setting of training. Others may be more withdrawn, quiet, and minimally responsive. Catering your training delivery to suit a range of learning styles (even in the same group) is more effective, particularly with minimally responsive participants, and can include strategies such as:

- Discussing third party stories or case studies from elsewhere as examples to reinforce training, then inviting local experience. For example, 'How does this compare with what you see here?', 'Can you tell me what happens in your community in this scenario?'
- Asking for responses from the group rather than calling on selected individuals. For example, 'You all have experience as Community Health Workers. What do you think are some of the problems/solutions/issues?'
- Providing alternative opportunities for sharing of local experiences. For example, invite participants who are very quiet to write about what is happening for couples, families, mothers, and children in their communities, perhaps working together in the group to do this. Then ask them to share this information with you and the rest of the group. This is particularly effective if you provide materials for participants to use, such as butcher's paper, art supplies, magazines, and health information.
- Encouraging sitting around in the training as a group (not behind desks). The facilitator should also be a part of this group.

- Providing audio-visual and written information, including accessing samples where relevant.

Activities such as these can help you to establish an appropriate comfort level. They may assist you to find an appropriate icebreaker to start the session, so that you and the participants start to feel comfortable with each other.

Consider different ways of learning

Adults learn in a number of different ways, including:

- **Visual** learning (use pictures, videos, and diagrams).
- **Auditory** learning (use lectures, group discussions).
- **Kinaesthetic** learning (use models, role-plays, demonstrations, and on-the-job activities).

Brainstorming

Some tips for brainstorming are:

- Capture all ideas.
- Encourage different ideas and other ways of doing things.
- Encourage everyone to offer their ideas (either by writing or drawing alone or in groups, and then presenting their ideas in the group).
- Build on other people's ideas.
- Use words and pictures.
- Keep going until everyone agrees they can't think of anything else.
- When the group is finished, share some case studies or examples of ideas, strategies, resources, projects, or methods other people have used (choose these carefully to be as similar to the characteristics or situation as the one you are training the group about).

Other tips to support participants

Participants completing this training will be diverse and at varying levels of capacity, experience, and education. To manage this:

- Gain as much information as possible about the participants and the community.
- Establish and maintain a high level of communication and sharing to encourage participant involvement and interest.
- Discuss having a common purpose with participants to support them to build their skills and knowledge as health workers to collect, report, and respond to accurate health data to affect health outcomes in Fiji.
- Develop an oral and written feedback system, so that participants can genuinely contribute their ideas, experiences, and suggestions about the training.

Training toolbox

Your 'training toolbox' contains the resources you bring to every session and should include:

- Coloured markers, whiteboard markers, pens for writing, coloured pencils.
- Butcher's paper and tape, labels for name badges.
- Relevant documents, including the Guides for this training, and topic-relevant materials, such as case studies, photos, pamphlets, relevant equipment and models, and posters.



Session 1 — Welcome and introduction

Session 1	Welcome and introduction
Topics to be covered	<ul style="list-style-type: none"> Review of the CHW role
Mode of delivery	<ul style="list-style-type: none"> Face-to-face in group setting.
Resources/materials	<ul style="list-style-type: none"> Check each participant has their own copy of the Participant's Guide. Name badge(s). Pens or pencils. Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> Make sure you are familiar with the content and activities in this section. If you need to use any specific local examples or materials, make sure you have them prepared in advance.

Welcome

Welcome all participants and introduce the training. Review the objectives of this training, as detailed in the competencies table.

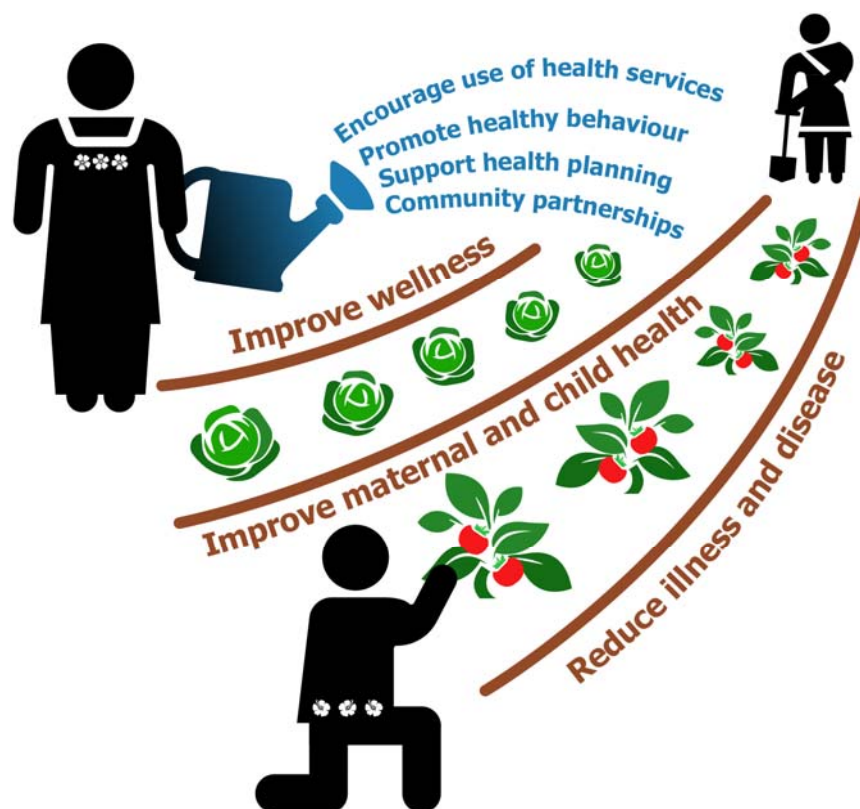
Explain that the purpose of this training is to support safe motherhood in the community, and to prevent maternal death and illness by developing the skills of Community Health Workers.

This session reviews the fundamental skills and knowledge that a CHW will need to demonstrate.

1.1 Role of the CHW

Review the role of the CHW that was introduced in garden diagram in the Core Competencies training.

- Remind the CHWs that they have three primary roles.
- Reinforce the four ways that CHWs meet these roles.



(FHSSP, 2013)

As identified in the core training, CHWs can improve wellness and reduce illness by:

- Working with the community for local health planning.
- Promoting more use of existing health services.
- Promoting good health practices.
- Teaching and working with the community to make a healthy village for all.
- Monitoring activities to see whether they have improved health in the community.
- Identifying and telling people if there are any major health problems.
- Improving maternal and child health.
- Reducing the burden of communicable and non-communicable diseases.

Improving maternal and child health

Explain that in this training CHWs will learn how to improve maternal and child health by promoting safe motherhood in the community.

Show the following PowerPoint slide to participants about the four ways that CHWs can support safe motherhood in the community. See Annex A for a copy of this slide or draw something similar on butcher's paper or a whiteboard/chalkboard.



(FHSSP, 2013)

Discuss with participants that when they are working to promote safe motherhood in their community they will need to demonstrate the skills to:

- Encourage and assist early booking for ongoing antenatal care.
- Support and encourage women to access ongoing antenatal care according to the recommended schedule.
- Assist women to access family planning information and referral services.
- Encourage and assist pregnant women to access health services to develop a Birth Preparedness Plan.

- Assist pregnant women to obtain information about the signs and delays that contribute to obstetric emergencies.
- Encourage and assist pregnant women to access health services to develop a Complication Readiness Plan.
- Work with other health workers to support planning for obstetric emergencies in the community.
- Work in partnership with the community to promote rapid response to obstetric emergencies.
- Support community planning for emergency blood supplies.

These skills and knowledge are covered in more detail throughout the training.



A Community Health Worker assists a pregnant woman to access health services and encourages her to plan for the birth of her baby (FHSSP, 2013)

Topics covered

The **topics** covered in this manual aim to develop the competencies CHWs are required to demonstrate:

► Role of the CHW

► Promote antenatal care

- Causes of maternal deaths in Fiji
- Four delays
- Strategies to reduce maternal death and illness
- What is antenatal care?
- Advantages of early booking
- Ongoing antenatal care requirements
- Strategies to promote antenatal care in the community.

► Support planning for safe motherhood


- Why plan?
- Family planning — a safe start.
- What is family planning?
- Benefits of family planning.
- Increase access to family planning information and referral services.
- What is a Birth Preparedness Plan?
- Elements of a Birth Preparedness Plan.

► Support planning for obstetric emergencies

- Signs of early labour.
- Danger signs of obstetric complications.
- Four delays.
- What is a Complication Readiness Plan?
- Elements of a Complication Readiness Plan.
- Collaborating with other health workers.

► Support community to respond to obstetric emergencies

- Role of the community.
- Strategies for developing partnerships.
- Maintaining a directory of contacts.
- Support community planning for emergency blood supplies.
- Obtaining consent.



Remind participants that completing all of the activities in this training will provide evidence of their competence as CHWs in promoting safe motherhood in the community.



Session 2 — Promote antenatal care

Session 2	Promote antenatal care
Topics to be covered	<ul style="list-style-type: none"> • Causes of maternal deaths in Fiji. • Four delays. • Strategies to reduce maternal death and illness. • What is antenatal care? • Advantages of early booking. • Ongoing antenatal care requirements. • Strategies to promote antenatal care in the community.
Elements of competency	<ol style="list-style-type: none"> 1. Encourage and assist early booking. 2. Support and encourage ongoing antenatal care.
Mode of delivery	<ul style="list-style-type: none"> • Face-to-face in group setting.
Activities	<ul style="list-style-type: none"> • Discussion. • Practical activities. • Group activities. • Partner activity.
Resources/materials	<ul style="list-style-type: none"> • Check each participant has their own copy of the Participant's Guide. • Name badge(s). • Pens or pencils. • Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). • Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> • Make sure you are familiar with the content and activities in this section. • If you need to use any specific local examples or materials, make sure you have them prepared in advance.

Each year it is estimated that over half a million women die due to complications during pregnancy and birth. Most of these deaths are preventable.

A commitment to improve maternal health was one of the Millennium Development Goals (MDGs) adopted at the Millennium Summit in 2000. An international target was set to reduce maternal mortality by 75% by 2015.

To help prevent maternal deaths and achieve these goals, it is essential for women to be able to:

- Plan their families and the number and spacing of children.
- Monitor their health and the health of the baby throughout the pregnancy.
- Safely deliver their baby using timely and appropriate levels of care.

Access to health care that is timely, acceptable, affordable, and appropriate is a basic human right.

In Fiji, Ministry of Health policy states that all births must take place in a hospital or be attended by a skilled health professional.

2.1 Factors affecting maternal death and illness

2.1.1 Causes of maternal deaths in Fiji

Direct causes

Direct causes of maternal deaths in Fiji include:

- Postpartum haemorrhage [bleeding after birth] (19.35%)
- Toxaemia/eclampsia [danger signs, high blood pressure, swelling, blurred vision] (19.35%)
- Ectopic pregnancy [pregnancy outside of the womb] (17.74%)
- Cardiac-related conditions in pregnancy [heart conditions] (14.52%)
- Puerperal infection [infection of the mother after the birth] (8.06%)
- Unexpected complications of birth (15%)

Government of Fiji, Ministry of Health. (2012). *Obstetric emergency protocols manual* (p. 8). Suva: MoH.



Key point

Many of these deaths can be easily avoided by:

- Preventing high-risk pregnancies.
- Identifying early risks and monitoring them.
- Ensuring access to quality care for treatment and follow up.



Discussion

Ask CHWs to consider whether they know of any women or babies who have died because of complications during pregnancy or childbirth.

Without breaching the privacy of the individuals or families involved, ask them to write what they believe were the cause(s) of death. Encourage them to discuss this with a partner.

Indirect causes

There are also a number of indirect factors that increase a woman's risk of maternal death. These include:

- Poverty.
- Women's status in society.
- Women's ability to make informed decisions about their sexual and reproductive health.
- Access to and knowledge of contraception and family planning services.
- Access to adequate health facilities and health personnel.

2.1.2 Four delays

Many women and their babies would survive pregnancy and childbirth if they received care when they needed it. Four delays, which are generally preventable, have been identified as major contributing factors to maternal mortality.

These are delays in:

- Recognising the problem.
- Deciding to seek care.
- Reaching care at the appropriate facility.
- Receiving quality care.

Preparation and planning for birth and complications at the individual and community level can significantly reduce delays.

The focus of this session is on identifying problems. Delays will be covered in more detail in Session 4.



Pregnant woman crossing river on raft to access health services (FHSSP, 2013)

2.1.3 Strategies to reduce maternal death and illness

The CHW promotes safe motherhood by supporting key strategies in the community. These strategies, which identify risks and complications early and reduce delays, include:

- Promoting antenatal care.
- Supporting planning for safe motherhood, including family planning and birth preparedness planning.
- Supporting planning for obstetric emergencies, including complication readiness planning.
- Supporting the community to respond to obstetric emergencies.

This session focuses on promoting antenatal care.

2.2 Antenatal care

2.2.1 What is antenatal care?

Antenatal care (ANC) is the care that is given to a pregnant woman to:

- Make sure that the woman and her baby are healthy.
- Identify and address any problems.
- Help her prepare for a safe birth.

Antenatal care is usually provided at local health clinics, hospitals, and sometimes at nursing stations by trained nurses.

Role of the Community Health Worker

To promote antenatal care the Community Health Worker will:

- Explain what antenatal care is and the benefits of antenatal care to the pregnant woman and her family members.
- Remind the pregnant woman and family members about regular attendance of antenatal visits and the need to book dates in advance for these visits.
- Remind the pregnant woman to take her prescribed iron and folic acid tablets.
- Help the pregnant woman and her family members identify danger signs and go to the clinic immediately.
- Support the advice given by the nurse about nutrition.
- Direct the woman to family planning services and information.
- Give information and support to the pregnant woman and her family about:

- Birth preparedness planning
- Complication readiness planning.

What happens at antenatal visits?

At antenatal visits the nurse will:

- Monitor the mother and baby throughout the pregnancy — e.g. blood tests, urine test, height and weight measurements, blood pressure, dental, abdomen and heart of baby, and scan of baby.
- Look for changes that might lead to a high-risk pregnancy.
- Give advice about nutrition.
- Explain activity recommendations or restrictions — e.g. exercise, smoking, alcohol.
- Discuss how to manage common pregnancy complaints, such as morning sickness, backaches, leg pain, frequent urination, constipation, and heartburn.
- Give information and support to the pregnant woman and her family about:
 - Family planning
 - Birth preparedness planning
 - Complication readiness planning
 - Counselling and health education programs available, such as antenatal classes.

The Fiji Ministry of Health (MoH) recommends a minimum of four antenatal visits, with the first visit ideally occurring **early in pregnancy**, preferably in the first 12 weeks of pregnancy.



Nurse sharing information about safe pregnancy at an antenatal visit (FHSSP, 2013)

2.2.2 Advantages of early booking

Antenatal visits allow doctors and nurses to identify and treat problems early and to discuss and reinforce positive health messages with pregnant women. As previously mentioned, it is important to encourage women to come for the first antenatal visit **early** in pregnancy, preferably before 12 weeks of pregnancy.

Women should be encouraged to visit the clinic as soon as possible if they are sexually active and have missed a menstrual period.

Babies of mothers who do not attend antenatal care are:

- **Three times more likely to have a low birth weight than babies born to mothers who do get care.**
- **Five times more likely to die than those born to mothers who do get care.**

Advantages of antenatal care include:

- Health workers can find health problems early. This allows doctors to treat them early and to plan ahead for complications.
- Early treatment can cure many problems and prevent others.
- Health workers can talk to pregnant women about things they can do to give their unborn babies a healthy start to life.

Ask each CHW to think about antenatal care in their community and then complete the following activity.



Practical activity

Ask each CHW to think about how they can promote antenatal care in their community. They should then answer the following questions:

- Who provides antenatal care to pregnant women in your community?
- Where is the nearest birth facility?
- How can pregnant women get there?
- Where can you gather IEC materials about antenatal care to share with pregnant women?

Ask participants to discuss their answers with the group.

2.2.3 Ongoing antenatal care requirements

The CHW has a role to encourage pregnant women to go to antenatal visits and to continue receiving antenatal care.

Recommended schedule

Explain that:

- The Fiji Ministry of Health recommends a minimum of four antenatal visits for a normal pregnancy.
- Additional visits are often scheduled for women who have higher-risk pregnancies or complications.
- Complications can develop suddenly, and ongoing monitoring is essential to maintain the health of mothers and babies.

Explain the recommended schedule below and that CHWs should use this as a guide to support pregnant women to plan and book antenatal visits.

Visit	Weeks of pregnancy
1	Within first 12 weeks of pregnancy
2	16–20 weeks
3	26–28 weeks
4	30–34 weeks
5	35–36 weeks
6	36 weeks
7+	Weekly visits from 36 weeks

Follow-up visits

Sometimes the nurse will request that CHWs follow-up pregnant women who have not shown up for booked antenatal care visits. The CHW should remind these women of the benefits of antenatal care and support them to make a new booking.



Group and partner activity: Making an antenatal booking

Brainstorm

As a group, ask participants to brainstorm any barriers that may prevent women from seeking antenatal care in their community.

Barriers might include: distance, transport, child care, work commitments, and family support.

Role-play

Now have the CHWs role-play working with a pregnant woman to encourage her to book her first and follow-up antenatal visit.

Ask participants to work with a partner to:

- Role-play how they would encourage a pregnant woman to make an antenatal booking.
- Use the discussion tool below to help guide their discussion with the mother.
- Discuss with the woman whether there are any challenges that will make it difficult for her to go to the first visit and all other visits.

Discussion tool

Discussion topics	Notes
Benefits to mother and baby	
Name	
Date of first booking	
How will I get there?	
Who will go with me?	

Who will look after other children?	
Does it cost anything?	
Other	



Key point

Antenatal care is a key component of a healthy pregnancy and safe birth. Ongoing antenatal care helps to:

- Identify and treat complications of pregnancy
- Inform planning and decision-making for a safe birth.

2.3 Strategies to promote antenatal care in the community

There are lots of different strategies that you can use to promote antenatal care in the community.

Introduce the following brainstorm activity.



Group activity

Ask participants to work with the group to brainstorm the following questions:

- Who else in the community do you need to work with to support pregnant women to access antenatal care?
- What strategies can you use to work with them?

Write the answers on a whiteboard or on a piece of butcher's paper for all to see.

Discuss the following six strategies for working with people in the community to promote antenatal care.

Remind CHWs that the way that they communicate with others can greatly affect the impact of their message. Reinforce the key points on the next page.

2.3.1 Six strategies for promoting antenatal care in the community

1. Gain the support of decision-makers and leaders

Encourage CHWs to talk with family decision-makers (e.g. husband, in-laws, children, extended family, and others) and community opinion leaders (e.g. religious leaders, women's groups, locally-elected leaders, and others) to gain their support for antenatal care, so they will become strong promoters of antenatal care in their communities. For example, the involvement of men in antenatal care can greatly influence whether women attend antenatal care visits.

2. Help to organise a health campaign

CHWs should work with other health workers and their local health committee to identify issues in the community and to plan activities that create interest and awareness of antenatal care through different media, e.g. posters, artwork, craft, song, and dance.

3. Make the most of special occasions

CHWs should use opportunities when the community is gathered together (e.g. festivals, celebrations, and ceremonies) to assist in distributing information about antenatal care, and involving the community in fun activities that support maternal and neonatal health.

4. Start group discussions

CHWs might also like to assist a health worker (e.g. a nurse) to give a presentation about the benefits of antenatal care to a small group in your community, and encourage discussion and problem-solving.

5. Provide individual health information

CHWs need to create awareness of their presence in the community, so that people know where to contact them if they want to find out how to access antenatal care.

6. Talk to people casually in the community

CHWs can also talk about antenatal care when they are in the marketplace, e.g. when they see a mother with children they could:

- Talk to her about her children.

- Talk about the CHW's job to help support women to be safe in pregnancy and birth.
- Ask her to tell other pregnant women about antenatal care.



Key point

- **Two-way communication** is the best way to promote health education messages to individuals or groups.
- There are lots of different ways to communicate with people, e.g. stories, songs, dance, and art.

2.4 Summary

CHWs have a health promotion role to encourage and motivate pregnant women to use antenatal services and allow them to make informed decisions about their health and the health of their babies.

To effectively promote antenatal care services in the community, CHWs should be able to:

- ☐ Explain all antenatal care services provided in their service area.
- ☐ Describe the main causes of maternal deaths in Fiji.
- ☐ Explain the four delays and how they contribute indirectly to maternal deaths.
- ☐ Describe what antenatal care is and its benefits.
- ☐ Describe the benefits of early booking and ongoing care.
- ☐ Identify and gather information, education, and communication (IEC) or other resource materials about early antenatal care from the Ministry of Health or NGOs for use in health promotion activities, or be able to create these if they are not available.
- ☐ Demonstrate effective communication skills to deliver appropriate health promotion activities for antenatal care.



Practical activity

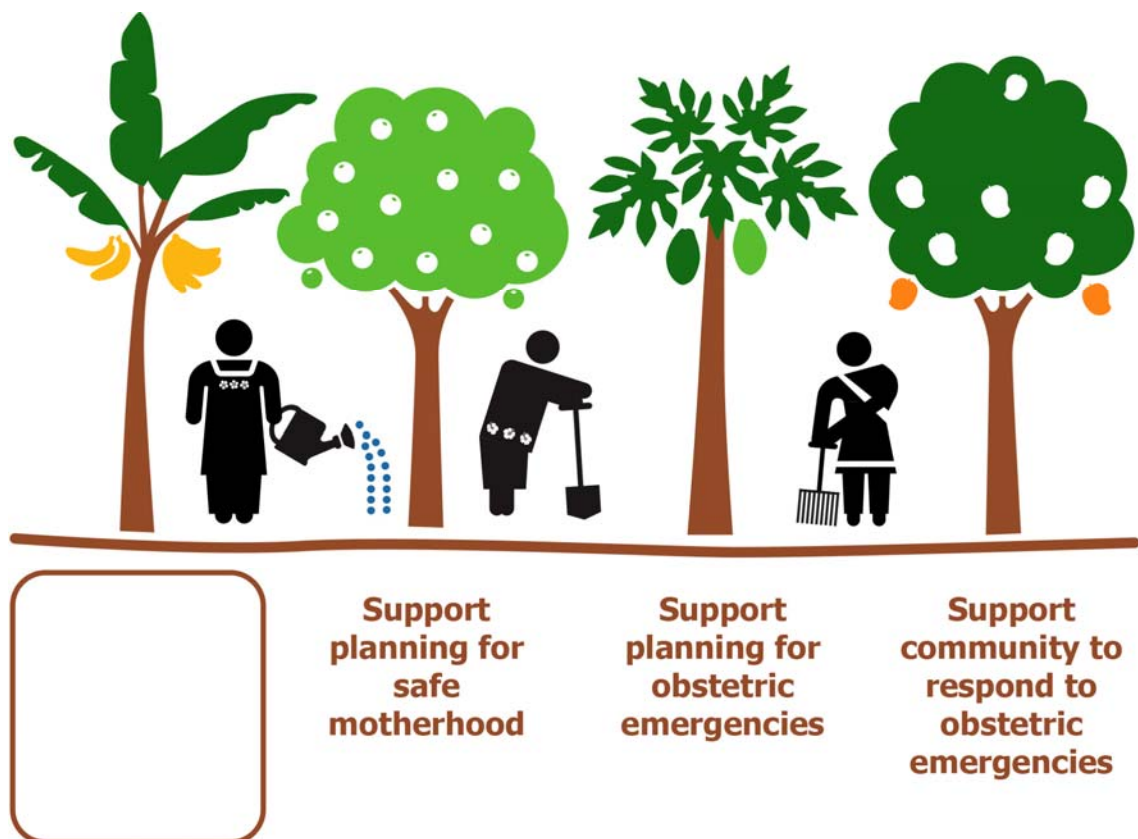
Ask each participant to look at the diagram 'Support safe motherhood in the community'.

The session began with this diagram of four trees that represent how CHWs can support safe motherhood in the community. This diagram is the same, but it does not name the first tree.

Ask participants to recall the first way to support safe motherhood in the community.

They should fill in the box under the first tree on the diagram in their Participant's Guide.

Give participants enough time to write 'Promote antenatal care' into their manual. Work with the whole group to check that everyone has the correct answer. You might like to show the PowerPoint of the diagram with the first role completed.







Session 3 — Support planning for safe motherhood

Session 3	Support planning for safe motherhood
Topics to be covered	<ul style="list-style-type: none"> • Why plan? • Family planning — a safe start. • What is family planning? • Benefits of family planning. • Increase access to family planning information and referral services. • What is a Birth Preparedness Plan? • Elements of a Birth Preparedness Plan.
Elements of competency	<ol style="list-style-type: none"> 1. Assist women to access family planning information and referral services. 2. Encourage and assist pregnant women to access health services to develop a Birth Preparedness Plan.
Mode of delivery	<ul style="list-style-type: none"> • Face-to-face in group setting.
Activities	<ul style="list-style-type: none"> • Group activity. • Practical activities. • Partner activity.
Resources/materials	<ul style="list-style-type: none"> • List of family planning providers in participants' areas. • Check each participant has their own copy of the Participant's Guide. • Name badge(s). • Pens or pencils. • Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). • Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> • Make sure you are familiar with the content and activities in this section. • If you need to use any specific local examples or materials, make sure you have them prepared in advance.

3.1 Why plan?

Careful planning for safe motherhood starts even before a woman becomes pregnant. This planning can significantly reduce the risk of maternal deaths and increase the likelihood of a safe pregnancy and birth.

Planning helps individuals and communities to:

- Choose the number and birth spacing of children.
- Identify risks early and work out how to respond to them.
- Reduce risks that contribute to maternal deaths.
- Anticipate delays and work out how they will overcome them.
- Identify the nearest birth facility, skilled attendants, appropriate support persons, and transport arrangements before labour begins.

3.2 Family planning — a safe start

Explain that the CHW has a role to assist health workers to:

- Distribute family planning information, e.g. brochure or pamphlets.
- Refer women to family planning services.
- Explain that family planning is a key strategy for spacing children and promoting contraceptives to improve the health of the mother.
- Encourage and remind women about consistent family planning and follow-up. For example, encourage women to attend family planning services before the contraception (i.e. the pill, injection, implant or loop check) runs out.

3.2.1 What is family planning?

Family planning is planning that allows individuals and couples to determine the desired number of children, and the spacing and timing of their births through the use of contraceptive methods.

‘A woman’s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.’

WHO. (2013). *Family planning* (Factsheet no. 351). Retrieved 14 January 2014 from http://www.who.int/topics/family_planning/en/.

3.2.2 Benefits of family planning



Group activity: Brainstorm benefits of family planning

Ask the participants to work together as a group to brainstorm some of the benefits of family planning in their communities.

Discuss the following benefits with the group:

- Helps women make informed choices about their sexual and reproductive health.
- Helps women and their partners plan pregnancies.
- Reduces the number of unwanted pregnancies and the number of unsafely performed abortions.
- Reduces the number of high-risk pregnancies, such as:
 - Adolescents under 18
 - Women over 35
 - Multiparous women (women who have given birth to 5 or more children)
 - Women with HIV/AIDS and other serious health conditions.
- Limits the number of pregnancies and achieves the desired number of children.
- Increases birth spacing.
- Reduces infant mortality.
- Improves the health and wellbeing of children.
- Increases opportunities for education and participation in community.

Adapted from: WHO. (2013). *Family planning* (Factsheet no. 351). Retrieved 14 January 2014, from <http://www.who.int/topics/family_planning/en/>.

3.2.3 Increasing access to family planning information and referral services

In Fiji family planning is greatly underused. Emphasise how important it is to build community support for family planning.

As previously noted, the CHW can play an important role in assisting health workers to:

- Distribute family planning information
- Refer women to family planning services.

Reinforce the importance of having a current directory of services and contacts, so that the CHW knows in advance where to gather the right kind of information and who to encourage women to contact when a service is needed.

Remind CHWs to update information in this contact directory and add family planning contacts.



Practical activity

Ensure you have a list of family planning providers in the local area available for participants to access for this activity.

Ask participants to consider:

- Who provides family planning services in their community?
- Where are family planning services available in their community?

Encourage participants to add this information to their contact directory now or when they go home.

3.3 Birth Preparedness Plan

In Fiji, Ministry of Health policy states that all births must take place in a hospital or with a health professional.

The CHW has a role to support planning for birth by:

- Asking women in the community whether they have made arrangements for delivery in a health facility.
- Promoting the idea of a Birth Preparedness Plan and what it includes.
- Encouraging women to complete their Birth Preparedness Plan.



All births should take place in a hospital or with a health professional (FHSSP, 2013)

3.3.1 What is a Birth Preparedness Plan?

A Birth Preparedness Plan is an action plan made by the woman, her family members, and her healthcare provider. Often this plan is not a written document, but an ongoing discussion between all concerned parties to ensure that the woman receives the best care in a timely manner. Each family should have the opportunity to make a plan for the birth. Healthcare providers can help the woman and her family develop a Birth Preparedness Plan and discuss birth-related issues.

3.3.2 Elements of a Birth Preparedness Plan

Elements that may be included in a Birth Preparedness Plan are:



Which hospital or health facility to attend for delivery.



How to contact the healthcare provider.



How to get to the place of birth: travel by road, flight, or boat.



Who will accompany the mother to hospital?



Who will take care of the family while the woman is absent?



Items needed for the birth, e.g. preparation list.



How to save money in preparation for the birth (e.g. fuel, bus fare, ferry etc.)



How to plan to make sure that any funds needed are available at birth.



Discussing a Birth Preparedness Plan (FHSSP, 2013)



Partner activity

Ask participants to work with a partner to role-play how to help a pregnant woman understand the importance of planning and preparing for the birth of her baby and to start thinking about elements of the Birth Preparedness Plan that she can discuss further with her healthcare provider. Include a discussion about things she might be able to do to budget for the birth.

In addition to the Birth Preparedness Plan, pregnant women and their families should also be encouraged to plan for unexpected complications. The Complication Readiness Plan is discussed in the next section.

3.4 Summary

CHWs have a health promotion role to:

- Assist the community to access family planning services.
- Support and encourage pregnant women to prepare a Birth Preparedness Plan.

To effectively support planning for safe motherhood, CHWs should be able to:

- ☐ Describe what family planning is and the benefits.
- ☐ Explain the family planning and referral services provided in their service area.
- ☐ Identify and gather IEC and other resource materials about family planning from family planning services, as well as contacts for use in health promotion activities.
- ☐ Describe what a Birth Preparedness Plan is.
- ☐ Describe the elements of a Birth Preparedness Plan.
- ☐ Demonstrate how to encourage a pregnant woman and her family to develop a Birth Preparedness Plan.
- ☐ Explain how to monitor the development and implementation of Birth Preparedness Plans by pregnant women in the community.



Practical activity

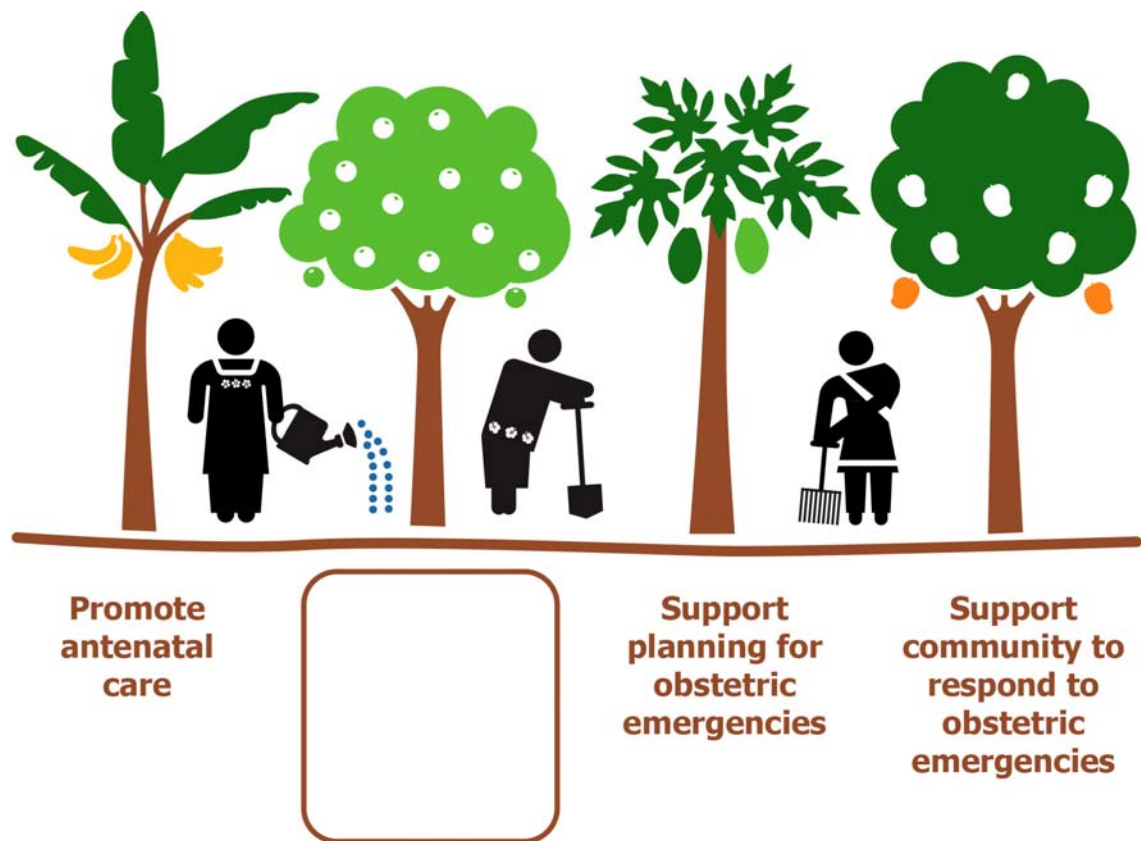
Ask each participant to look at the diagram 'Support safe motherhood in the community'.

The session began with this diagram of four trees that represent how CHWs can support safe motherhood in the community. This diagram is the same, but it does not name the second tree.

Ask participants to recall the second way to support safe motherhood in the community.

They should fill in the box under the second tree on the diagram in their Participant's Guide.

Give participants enough time to write 'Support planning for safe motherhood' into their manual. Work with the whole group to check that everyone has the correct answer. You might like to show the PowerPoint of the diagram with the second role completed.







Session 4 — Support planning for obstetric emergencies

Session 4	Support planning for obstetric emergencies
Topics to be covered	<ul style="list-style-type: none"> • Signs of early labour. • Danger signs of obstetric complications. • Four delays. • What is a Complication Readiness Plan? • Elements of a Complication Readiness Plan. • Collaborating with other health workers.
Elements of competency	<ol style="list-style-type: none"> 1. Assist pregnant women to obtain information about the signs and delays that contribute to obstetric emergencies. 2. Encourage and assist pregnant women to access health services to develop a Complication Readiness Plan. 3. Collaborate with other health workers to support planning for obstetric emergencies in the community.
Mode of delivery	<ul style="list-style-type: none"> • Face-to-face in group setting.
Activity	<ul style="list-style-type: none"> • Partner activities. • Practical activities. • Case studies.
Resources/materials	<ul style="list-style-type: none"> • Check each participant has their own copy of the Participant's Guide. • Name badge(s). • Pens or pencils. • Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). • Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> • Make sure you are familiar with the content and activities in this section. • If you need to use any specific local examples or materials, make sure you have them prepared in advance.

The previous sessions of this training have discussed:

- The reasons why women die in pregnancy and childbirth in Fiji.
- The advantages of antenatal care for identifying and responding to problems early.
- That planning in pregnancy can improve timely access to care and reduce delays.

Explain that this section looks at how the CHW can promote safe motherhood in the community by supporting planning for obstetric emergencies.

4.1 Obstetric emergencies

Pregnant women often die because they do not receive the care they need quickly enough. Early identification and timely referral of women showing signs of early labour or obstetric complications can save lives.

CHWs need to know the signs of early labour and danger signs of obstetric emergencies, and be able to explain them to pregnant women and their families, so that they can seek care quickly.





In an emergency a pregnant woman should go to her nearest health facility (FHSSP, 2013)

4.1.1 Danger signs

Signs of early labour

Signs of early labour include:

- Contractions or cramps (more than five in one hour).
- Bright red blood.
- Swelling or puffiness of the face or hands.
- Pain during urination (possible urinary tract, bladder, or kidney infection).
- Sharp or prolonged stomach pain.
- Acute or continuous vomiting.
- Sudden gush of clear, watery fluid.
- Low, dull backache.
- Intense pelvic pressure.

Sourced and adapted from: Women's Health Specialists. (2012). Complications to watch for. *Pregnancy timeline: 24 weeks*. Retrieved 14 January 2014, from <<https://whsobgyn.com/ob-t-week24.html>>.



Partner activity

Ask participants to work in pairs to:

- Help each other to learn the nine signs of early labour.
- Memorise them.
- Check with each other that they can list all of the nine signs..

Danger signs of obstetric complications

Danger signs of obstetric complications include:

- Any bleeding from the birth passage during pregnancy, or any heavy or sudden bleeding after delivery.
- Any leaking or sudden flow of clear or blood-stained fluid from the birth passage (not urine or diarrhoea).
- Decreased movements by the baby.
- Shortness of breath, difficulty breathing, or chest pain.
- Fever.
- Severe stomach pain.
- Severe headache/blurred vision.
- Fits or passing out.
- Pain when passing urine, or bloody or very little urine passed.
- Bad-smelling discharge from birth passage (or from any tear or injury to the birth passage after birth)
- Calf pain, with or without swelling.
- Night blindness.
- Mother speaking about hurting herself or baby.
- Hallucinations (seeing or hearing things that are not there).

Sourced and adapted from: Government of Fiji, Ministry of Health. (2012). *Birth preparedness and complication readiness plan: Trainer manual*. Suva: MoH.



Key point

A pregnant woman should seek care immediately, even if she is experiencing only one of the danger signs listed.



Practical activity

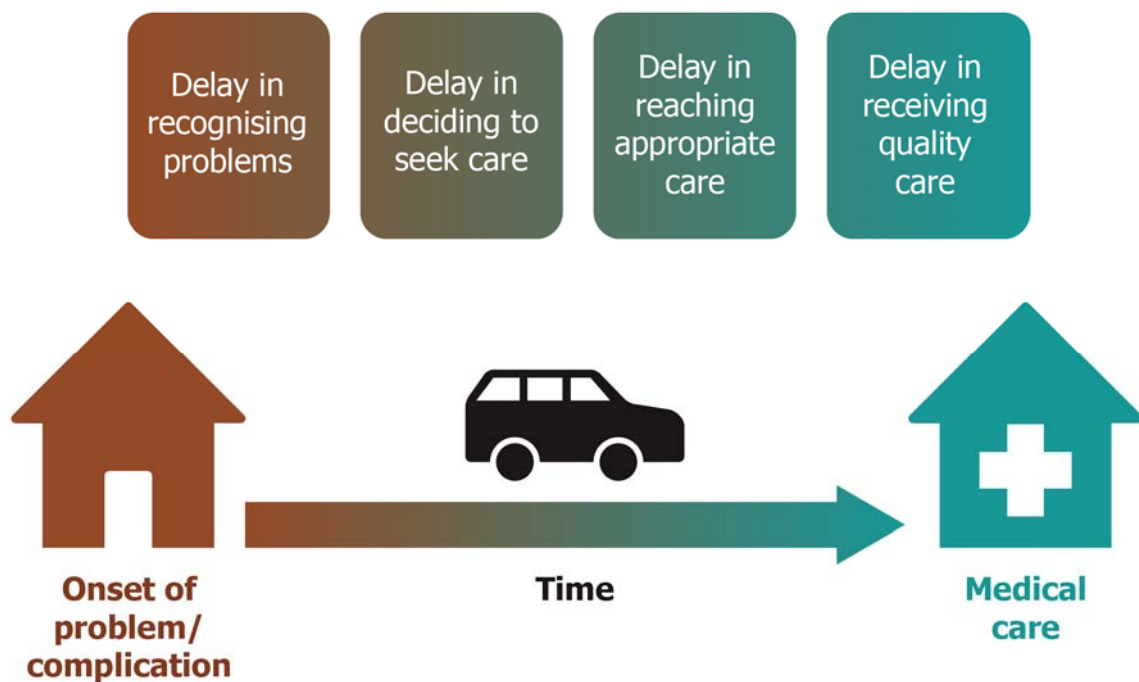
Have participants work with a partner to prepare a poster that explains the danger signs of obstetric emergencies that you could share with your community.

Present your poster to the group.

4.1.2 Four delays

In emergencies, timely arrival at the health service is critical to avoid serious injury and death of the pregnant women and her baby.

Four delays have previously been identified as major contributing factors to maternal deaths.



(FHSSP, 2013)

These delays have many causes, such as:

- Logistical and financial concerns
- Unsupportive policies or beliefs
- Gaps in health services
- Lack of awareness and concern about maternal and newborn health issues.



Key point

Family and the community are a pregnant woman's closest support. To reduce delays, it is important for families and the community to be able to recognise and respond to danger signs and the onset of labour.

Addressing delays involves everyone, including policy-makers, health workers, families, husbands, and the community.

Ask participants to work through the following case studies.



Case study

Ask participants to work with a partner to:

- Read the following case studies.
- Identify where the delays are for this woman in each case study.
- Discuss how planning could prevent the delays described in each case study.
- Present their responses to the group when they are finished.

Case study 1

Mrs X, a 40-year-old housewife in a remote rural district, is pregnant with her seventh child. She is now 8 months pregnant and has attended clinic two times. She has been advised by the registered District Nurse at the Nursing Station that everything is satisfactory, and her baby is growing well.

At 10 pm she starts experiencing labour pains, and 4 hours later she packs her bags and makes her way to the Nursing Station. She spends 8 hours at the Nursing Station, but is then advised to go to the Health Centre, because a Midwife is available there.

The Midwife in the Health Centre makes an assessment of the mother and baby. According to her assessment, the Midwife recommends that it would be best for the baby to be delivered at the Divisional Hospital.

Mrs X is transferred to the Divisional Hospital in an ambulance. She arrives at the hospital 5 hours later due to the poor road conditions brought about by heavy rain. She is immediately taken to the operating theatre for a caesarean section after labouring for more than 20 hours.



Extreme weather and poor road conditions can increase delays (FHSSP, 2013)

Case study 2

Mrs M is a 26-year-old expecting her second child. Her husband works away from home, and her mother and two younger sisters and one younger brother also live with them. To get to the nearest Divisional Hospital she must travel in a bus for almost an hour or take an expensive taxi ride.

Everything has been going well with her pregnancy so far and she has attended all of her scheduled antenatal visits. Her due date is in three weeks. She has been preparing for the birth and very busy working in the community garden and caring for her household and 2-year-old son.

Mrs M begins to experience some abdominal pain and vaginal bleeding. It's not too bad at first and so she continues with her day. Later that night, she realises it hasn't improved at all and mentions this to her mother, who tells her that she should try to see the Nurse in the morning before deciding whether to go to the hospital.

Mrs M doesn't sleep well, as she is starting to be very worried. She can't contact her husband while he is working to talk to him about it. In the morning she tells her mother that she wants to go to the hospital right away. Her mother agrees, but reminds her that the bus won't arrive until lunchtime. The Nurse is also not available, as she had to travel away to a funeral. Mr M hasn't been paid yet this month and this was an unexpected expense, but her siblings lend her some money to get to the hospital by taxi.

When she finally arrives at the hospital she is quite distressed, in pain, and still losing blood. The doctor is able to stabilise her condition, but recommends she now stays in hospital until the baby is born, for the sake of her health and the baby's. She knows this is good advice, but is worried about her son and how her mother will cope with looking after him and the household expenses until her husband returns.



(FHSSP, 2013)



Key point

Time saves lives!

4.2 Complication Readiness Plan

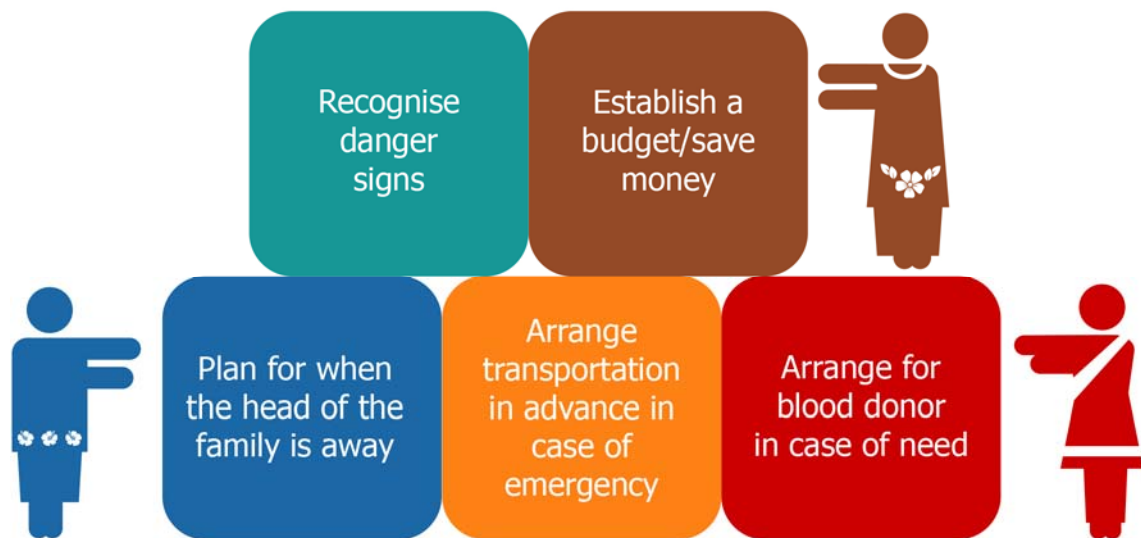
Discuss that even with regular antenatal care and a healthy pregnancy, complications can develop that require urgent medical action. Explain that planning in advance for emergencies can reduce delays and save lives.

4.2.1 What is a Complication Readiness Plan?

The Complication Readiness Plan is an action plan. It outlines steps that can be discussed and decided before an emergency.

A plan helps the family to prepare and respond quickly.

4.2.2 Elements of the Complication Readiness Plan



(FHSSP, 2013)

1. Recognise danger signs

Women, family members, and community caregivers must know the signs of life-threatening complications. In too many cases, families of women who died in pregnancy, birth, or postpartum, did not recognise the problem in time. It is critical to reduce the time needed to recognise problems and make arrangements to receive care at the most appropriate level of care.

2. Establish a budget/save money

In many situations, women do not seek or receive care because they lack funds to pay for services.

CHWs should encourage families to save money necessary for emergencies.

3. Plan for when the head of the family is away

It is important to discuss how the family can make emergency decisions without disrupting or offending cultural and family values. If possible, find out which family member can make a decision in the absence of the husband or the head of the family.

4. Arrange in advance for transportation in case of emergency

Unfortunate deaths from serious complications have occurred because the woman did not have access to transport to the nearest health facility. Each family should be assisted to develop a **transportation plan** during the woman's early pregnancy in case the woman experiences complications and urgently needs a higher level of care. This plan should be prepared during pregnancy and after giving birth, either before

discharge from the hospital or immediately after returning home. The plan should include:

- Where and when to go if complications arise
- How to get to the nearest health facility in case of an emergency
- Who in the family will accompany the woman.



BA Mission Hospital transport (FHSSP, 2013)

5. Arrange for blood donor in case of need

After birth, women are more likely to need blood transfusions, because the complications they experience from birth lead to blood loss. For these reasons, it is extremely important that the woman and her family identify blood donors that will be available if needed.

Sourced and adapted from: Government of Fiji, Ministry of Health. (2012). *Birth preparedness and complication readiness plan: Trainer manual*. Suva: MoH.



Partner activity: Role-play

Ask participants to work with a partner to role-play how to encourage a pregnant woman to develop a Complication Readiness Plan with her family and healthcare provider.

4.3 Collaborating with other health workers

The CHW has a role in assisting women to obtain the referrals they need for important health care. To do this, the CHW needs to establish good relationships with other healthcare workers from the medical area.

Review 'Section 3.4 Work well with nursing staff and medical areas' in the *Community Health Worker manual: Core competencies*.

The key reasons for CHWs to collaborate with other health workers include:

- Sharing and receiving information and updates.
- Notifying if there are any major safe motherhood issues in the community (or incoming referrals).
- Arranging health team visits at least quarterly.
- Promoting positive and regular safe motherhood messages and health promotion from nurses to the Community Health Committee and community.
- Involving nurses as key stakeholders in education and training of community leadership groups.



Nurse sharing information with Community Health Worker about safe pregnancy (FHSSP, 2013)

4.4 Summary

CHWs have a health promotion role to:

- Assist women to be able to identify the danger signs of obstetric emergencies and the signs of early labour.
- Encourage and support women to be prepared in case complications arise.
- Refer women quickly to quality health care.

To effectively support planning for obstetric emergencies, CHWs should be able to:

- ☐ Describe the signs of early labour to pregnant women and their families.
- ☐ Describe danger signs of obstetric complications to pregnant women and their families.
- ☐ Identify some of the causes of delays in their community.
- ☐ Explain how delays might be prevented in their community.
- ☐ Describe what a Complication Readiness Plan is.
- ☐ Describe the elements of a Complication Readiness Plan.
- ☐ Demonstrate how to encourage a pregnant woman and her family to develop a Complication Readiness Plan with her healthcare provider.
- ☐ Explain how to establish and maintain good referral relationships with nursing staff from the medical area.
- ☐ Describe the benefits of collaborating with nursing staff and other health workers in the medical area.



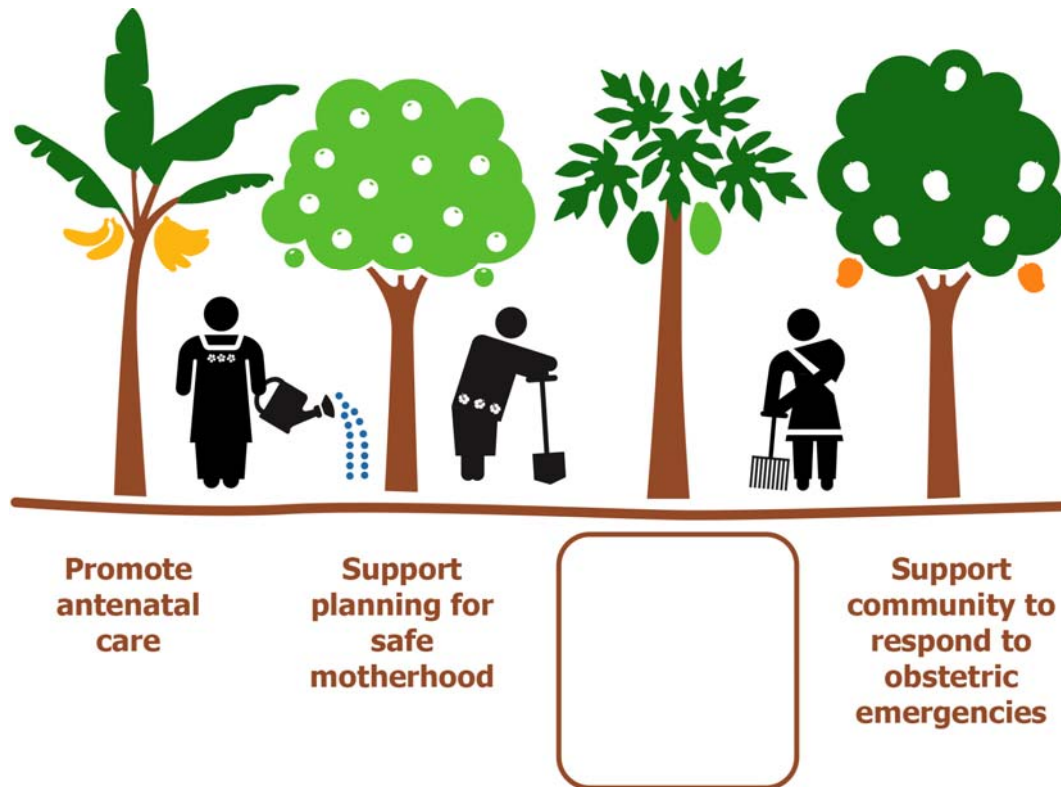
Practical activity

Ask each participant to look at the diagram 'Support safe motherhood in the community'.

The session began with this diagram of four trees that represent how CHWs can support safe motherhood in the community. This diagram is the same, but it does not name the third tree.

Ask participants to recall the third way to support safe motherhood in the community. They should fill in the box under the third tree on the diagram in their Participant's Guide.

Give participants enough time to write 'Support planning for safe motherhood' into their manual. Work with the whole group to check that everyone has the correct answer. You might like to show the PowerPoint of the diagram with the third role completed.





Session 5 — Support community to respond to obstetric emergencies

Session 5	Support community to respond to obstetric emergencies
Topics to be covered	<ul style="list-style-type: none"> • Role of the community. • Strategies for developing partnerships. • Maintaining a directory of contacts. • Support community planning for emergency blood supplies. • Obtaining consent.
Elements of competency	1. Work in partnership with the community to promote rapid response to obstetric emergencies.
Mode of delivery	<ul style="list-style-type: none"> • Face-to-face in group setting.
Activities	<ul style="list-style-type: none"> • Group activity. • Discussions. • Practical activities.
Resources/materials	<ul style="list-style-type: none"> • Check each participant has their own copy of the Participant's Guide. • Name badge(s). • Pens or pencils. • Data projector and PowerPoint presentation (print a master copy of the PowerPoint slides as a backup). • Whiteboard/butcher's paper and markers.
Preparation	<ul style="list-style-type: none"> • Make sure you are familiar with the content and activities in this section. • If you need to use any specific local examples or materials, make sure you have them prepared in advance.

Explain that this is the final session for CHW training in promoting safe motherhood in the community. In this session CHWs will explore the crucial role that community plays in preventing deaths caused by obstetric emergencies, and how they can support the community to recognise and respond to danger signs and avoid delays.

5.1 Role of the community

Review the diagram ‘What is a healthy community?’ that was introduced in the CHW core training. Explain that this diagram shows many of the factors that contribute to a healthy community. Discuss that the role of the CHW is to help individuals and the community work together to achieve this goal.



(FHSSP, 2013)

In the context of safe motherhood, the CHW can particularly help the community to think about these factors and identify what can be done to reduce the four delays.



Group activity

With the whole group, ask CHWs to brainstorm the reasons why a pregnant woman and new baby depend on action from the community in an obstetric emergency.

Some of the ways that the community can help in an obstetric emergency include the following:

- Know the danger signs of obstetric emergencies.
- Encourage pregnant women to seek care quickly.
- Know where to send the woman to get the appropriate level of care.
- Provide any needed physical or financial support — e.g. child care or funds for transport to hospital.
- Provide transport (e.g. bus, boat, or car) to reach the hospital.
- Provide rapid communication to contact health workers/health facilities/ambulance — e.g. a telephone, bell, or drum.



Key point

The CHW can help mobilise communities to respond to obstetric emergencies by helping them to:

- Recognise danger signs.
- Reduce delays in receiving quality care to meet the woman's needs.

5.2 Developing partnerships

The CHW has a key role to promote and support emergency obstetric care for safe motherhood in the community, and with other services and organisations. To do this, the CHW needs to identify contacts and networks to discuss this with, and educate the community about safe motherhood and the importance of emergency obstetric care.

Work with CHWs to identify important contacts in their communities, such as:

- Other health workers and services
- Government representatives
- Non-government organisations
- Church organisations
- Community leaders and decision-makers, e.g. village chiefs
- Other community groups.

Responsibility for birth preparedness and complication readiness must be shared among all safe motherhood stakeholders.

The following case studies provide examples of how partnerships have been developed to promote safe motherhood.



Case study

Ask participants to work with a partner to:

- Read the following case studies.
- Discuss the questions that follow.
- Present your response to the group when everyone is finished.

Case study 1

Mere's husband is a casual worker, having lost his employment after the closure of the mine, and Mere is pregnant with their first child. Nilesh, their next door neighbour, owns a small carrier van, which he uses to run a business at the hospital located on the outskirts of the town, about a 40 minute drive away from their home. Each time Mere's husband finds a job, he makes a small advance payment to Nilesh. This advance payment helps to provide Mere with transport when her antenatal clinic visits are due, and will be there for her should labour pains begin, especially if this comes in the evening or at night time.

Case study 2

The local community operates a fund scheme to help provide for women who might need bus fares to the local health centre for antenatal visits. The community health committee monitors this fund very closely to avoid abuse. The biggest advantage about being able to closely monitor this fund is that the village members know each other well and only

provide for families that really need help. This includes families that have had a recent problem or event, which has made it hard for them to find finance to support the pregnant woman to attend her clinic visits at the health centre.

Ask CHWs to consider the following questions for their community and discuss their answers with the rest of the group.

- What support is available to pregnant women if there is an obstetric emergency in your community?

- Who can you partner with to help the community to provide support in obstetric emergencies?

5.2.1 Strategies for developing partnerships

A number of strategies can be used to build general support for emergency obstetric planning in the community. These include:

- Seeking representatives from the community to be involved in planning transportation.
- Attending regular community meetings and giving presentations.
- Working with other healthcare workers and community members to develop local resources about emergency obstetric planning and safe motherhood.
- Inviting other service providers to give presentations on safe motherhood.

5.2.2 Maintaining a directory of contacts

Discuss why CHWs should keep a record of all of their community contacts to promote rapid response to obstetric emergencies.

Explain that this contact directory should be kept up-to-date and in a safe location.



Practical activity

Below is an example of the types of information that are important for CHWs to include in their obstetric emergency contact directory. Ask CHWs to use this to write some important contacts for obstetric emergencies for their communities.

Note: CHWs may not be able to fill in all of the spaces provided, but they can still identify useful partners and networks that they can follow up with. CHWs can update their contact directory with this information when they return to their communities.

Contact directory for obstetric emergencies

Community partner or network Identify the name of the person/organisation.	Contact details Identify the phone number, address etc.	Type of help provided For example, transport, financial, child care, other.	Role Identify the partner or network's role in the community.

5.3 Support community planning for emergency blood supplies

Haemorrhage is the leading cause of maternal mortality worldwide. Haemorrhage is massive blood loss that is difficult to stop. When this happens, a blood transfusion — that is, giving the person blood donated by someone else — can be lifesaving.

The CHW has a role to:

- Encourage support for blood donation in the community.
- Talk to pregnant women and their family members about blood transfusions and where they can go to donate blood.

Blood donation and blood transfusions can save lives.



Discussion

With the whole group, ask participants to discuss the following questions:

- What health promotion strategies can CHWs use to encourage support for blood donation in their communities?
- What concerns do they think people will have about donating blood?
- How can/should the CHW talk to them about these concerns?

5.4 Summary

CHWs have a health promotion role to encourage and assist the community to prepare for and respond to obstetric emergencies, including promoting blood donation.

To effectively support the community to respond to obstetric emergencies, CHWs should be able to:

- ☐ Explain why it is important to partner with the community to respond to an obstetric emergency.
- ☐ Identify community contacts, partners, and networks in their communities that they can draw on to promote and support emergency obstetric care.
- ☐ Describe how they can build support for obstetric emergency planning in their community.
- ☐ Describe how they can motivate and mobilise the community to respond to an obstetric emergency.

- Explain how they can promote blood donation in their community.

Now use the diagram 'Support safe motherhood in the community' to summarise the knowledge and skills in the training.



Practical activity

Ask each participant to look at the diagram 'Support safe motherhood in the community'.

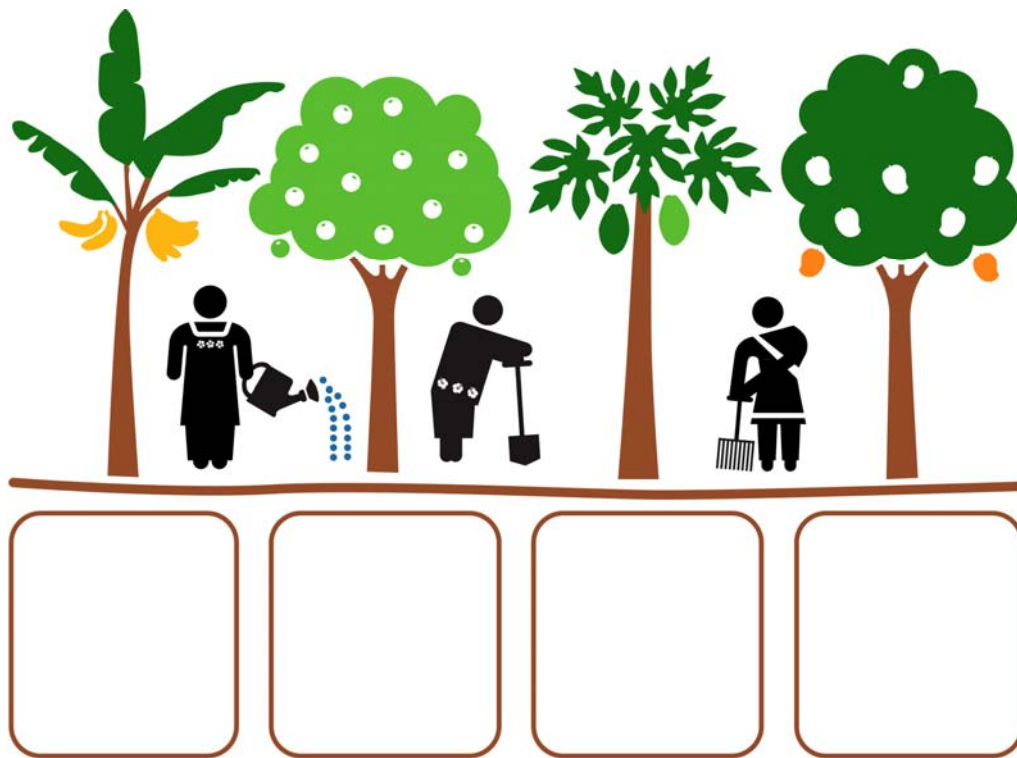
The session began with this diagram of four trees that represent how CHWs can support safe motherhood in the community. This diagram is the same, but it does not name any of the trees.

Ask participants to recall the four ways they need to support safe motherhood in the community. They should fill in all of the boxes under the trees on the diagram in their Participant's Guide.

Give participants enough time to write:

- Promote antenatal care
- Support planning for safe motherhood
- Support planning for obstetric emergencies
- Support community to respond to obstetric emergencies.

Work with the whole group to check that everyone has the correct answers. You may like to show the PowerPoint of the diagram with all of the roles completed.



5.5 Conclusion



Participants and facilitators celebrating the completion of training (FHSSP, 2013)

Thank participants for attending and participating in this CHW training to promote safe motherhood in their community. Congratulate them for completing all elements of the training and demonstrating their competence in the activities and group work.

Encourage participants to share the knowledge and skills provided in this training with members of their community. Ideally, this information will become easily available for all to use to promote improved maternal and child health.

Explain that this manual is a basic toolkit of ideas and methods for their use when sharing information and gaining involvement of community members and groups. It is ongoing work and not something that is only their responsibility.

Encourage CHWs to maintain contact with the nursing staff at their local nursing station and medical area.

Finally, remind the group to complete their Participant feedback forms (see Annex B) and submit them to you before leaving the training.





Annexes

Annex A	PowerPoint slides
Annex B	Participant feedback form
Annex C	Trainer feedback form

Annex A — PowerPoint slides



Annex B — Participant feedback form

CHW manual: Promote safe motherhood in your community

Date:	Location:
--------------	------------------

We value your feedback about the training you have just received, and appreciate any comments that will assist us to improve the training in the future.

Please indicate how useful you found the:	Very useful	Somewhat useful	Not useful
Training overall			
Topics/information covered			
Training manual/other materials			
Practical activities			

Please indicate how effective you found the:	Very effective	Effective	Not effective
Method and format of the training			
Style and expertise of the facilitator(s)			

What were the most relevant aspects of the training for you?

What changes can you suggest to make this training more relevant or useful for you?

How confident are you about applying this training to your own work and sharing the knowledge and skills with others in your team?

Comments

Was the venue suitable?	Yes Why?	No Why?
--------------------------------	--------------------	-------------------

Annex C — Trainer feedback form

CHW manual: Promote safe motherhood in your community

Date today:	Where/who you will be training:
--------------------	--

As you participate in this training, take a moment to consider how you might deliver the training to your audiences. Note some ways the training delivery and materials could be improved to make them more effective for when you are using them to train your audiences.

Part of training	Specific details Describe briefly what content or aspect you are providing feedback about	Your feedback <ul style="list-style-type: none"> Suggested information or activity that would help deliver this part of the training Change or addition to materials that would help to deliver this part of the training
Introducing training		
Section 1		
Section 2		
Section 3		
Section 4		
Section 5		
Concluding training		
Any other aspect of training		