

# Community Health Worker manual: Promote safe motherhood in your community

In-service training, 2014

## Participant's Guide

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

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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.

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## 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

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

## Glossary of key terms

<b>Antenatal care</b>	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.
<b>Birth Preparedness Plan</b>	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.
<b>Blood donor</b>	Someone who gives some of their blood for use in the treatment of people who need a blood transfusion.
<b>Blood transfusion</b>	The transfer of blood from one person to another usually to replace blood lost through severe bleeding.
<b>Burden of disease</b>	The total impact of a health problem, such as non-communicable diseases, on the community.
<b>Consent</b>	To agree to or give permission for something to happen or be done.
<b>Communicable disease</b>	An infectious disease that can be transmitted from one person to another.
<b>Complication Readiness Plan</b>	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.
<b>Early booking</b>	Refers to the early initiation/commencement of antenatal care
<b>Early labour (first-stage labour)</b>	The muscles of the womb begin to contract (tighten) at regular intervals and push the baby into the birth passage.
<b>Early labour (pre-term labour)</b>	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.
<b>Eclampsia</b>	Complication in pregnancy with danger signs, such as high blood pressure, swelling, headaches, blurred vision, and fits.
<b>Haemorrhage</b>	Massive blood loss that is difficult to stop.
<b>Health promotion</b>	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.



<b>High-risk pregnancy</b>	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.
<b>Family planning</b>	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.
<b>Four delays</b>	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.
<b>Maternal morbidity</b>	Medical complications or illness in a woman caused by pregnancy, labour, or delivery.
<b>Maternal mortality</b>	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.
<b>Non-communicable disease</b>	A non-infectious disease caused by risk factors such as physical inactivity, poor diet, and smoking, e.g. diabetes and heart disease.
<b>Obstetric complications</b>	Life-threatening medical conditions that occur in pregnancy or during or after labour and delivery.
<b>Pre-eclamptic toxemia (PET)</b>	Complication in pregnancy with danger signs, such as high blood pressure, swelling, headaches, blurred vision, fits.
<b>Prevention</b>	Strategies to promote wellness and reduce the occurrence of accidents, illnesses, and injuries in a community.
<b>Safe motherhood</b>	A worldwide initiative that was launched to reduce the burden of maternal mortality and morbidity and make maternal health an urgent priority.
<b>Transportation plan</b>	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.
<b>Wellness</b>	A state of health that looks holistically at social, emotional, spiritual, environmental, occupational, intellectual, and physical dimensions.





## Overview



### 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 when you 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.
- Increasing 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.

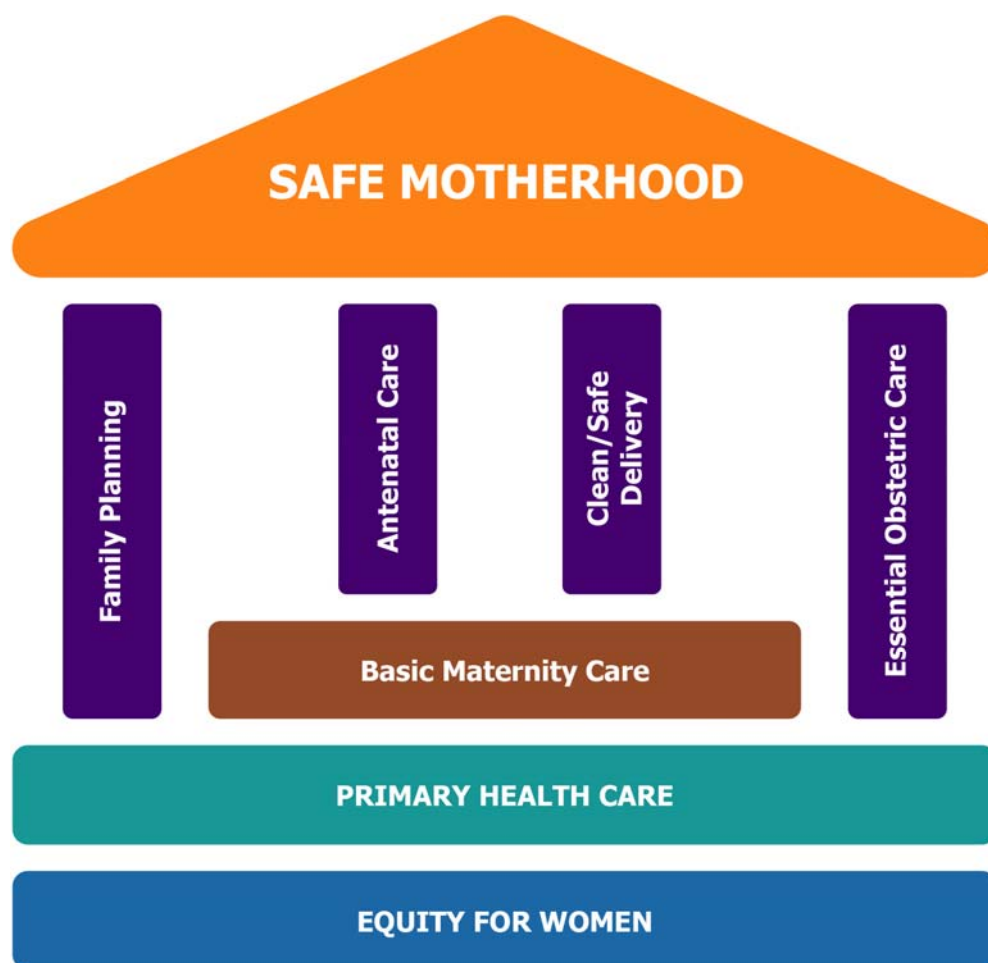
## What is safe motherhood?

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 your 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.

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. The 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.



### Competency

This is competency-based training, designed to build your knowledge and skills in this area of your work. This means you will demonstrate your ability and knowledge at training sessions, to provide evidence of your competency to:

1. **Promote antenatal care.**
2. **Support planning for safe motherhood.**
3. **Support planning for obstetric emergencies.**
4. **Support community to respond to obstetric emergencies.**

#### To do this you will learn to:

- Encourage and assist early booking.
- Support and encourage ongoing care.
- Assist women to access family planning information and referral services.
- Support pregnant women to develop a Birth Preparedness Plan.
- Assist pregnant women to identify signs and delays that contribute to obstetric emergencies.
- Support pregnant women to develop a Complication Readiness Plan.
- Collaborate 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.

For more detail about the Units of Competency that this training is based upon, see Annex A of this Participant's Guide.



## Contact details

Please write your facilitator's name and contact details in the boxes below.

Facilitator's name	Contact phone



## My notes

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## Section 1 — Welcome and introduction

### Welcome

Welcome to this training for Community Health Workers. The objectives of this training are to develop your knowledge and skills, so you can:

1. Promote antenatal care.
2. Support planning for safe motherhood.
3. Support planning for obstetric emergencies.
4. Support community to respond to obstetric emergencies.

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

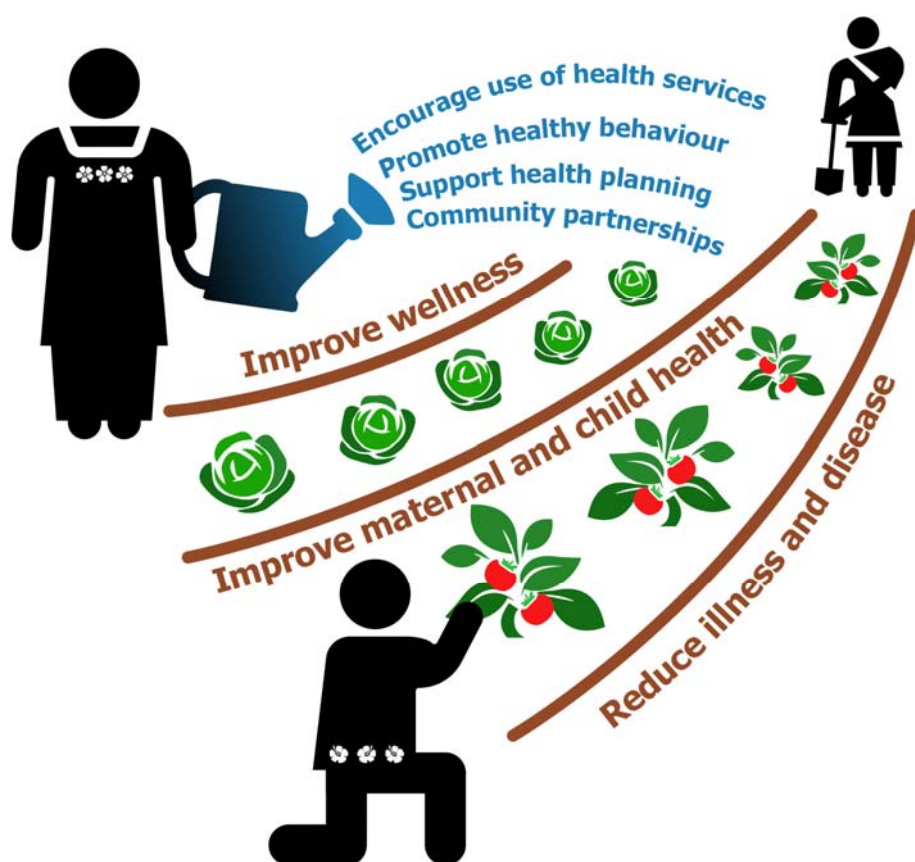
This session reviews the fundamental skills and knowledge that you will need to demonstrate.

### 1.1 Role of the CHW

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

As shown in the diagram:

- CHWs have three primary roles:
  - Improve wellness
  - Improve maternal and child health
  - Reduce illness and disease.
- There are four ways that CHWs meet these roles:
  - Encourage use of health services
  - Promote healthy behaviour
  - Support health planning
  - Community partnerships.



(FHSSP, 2013)

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

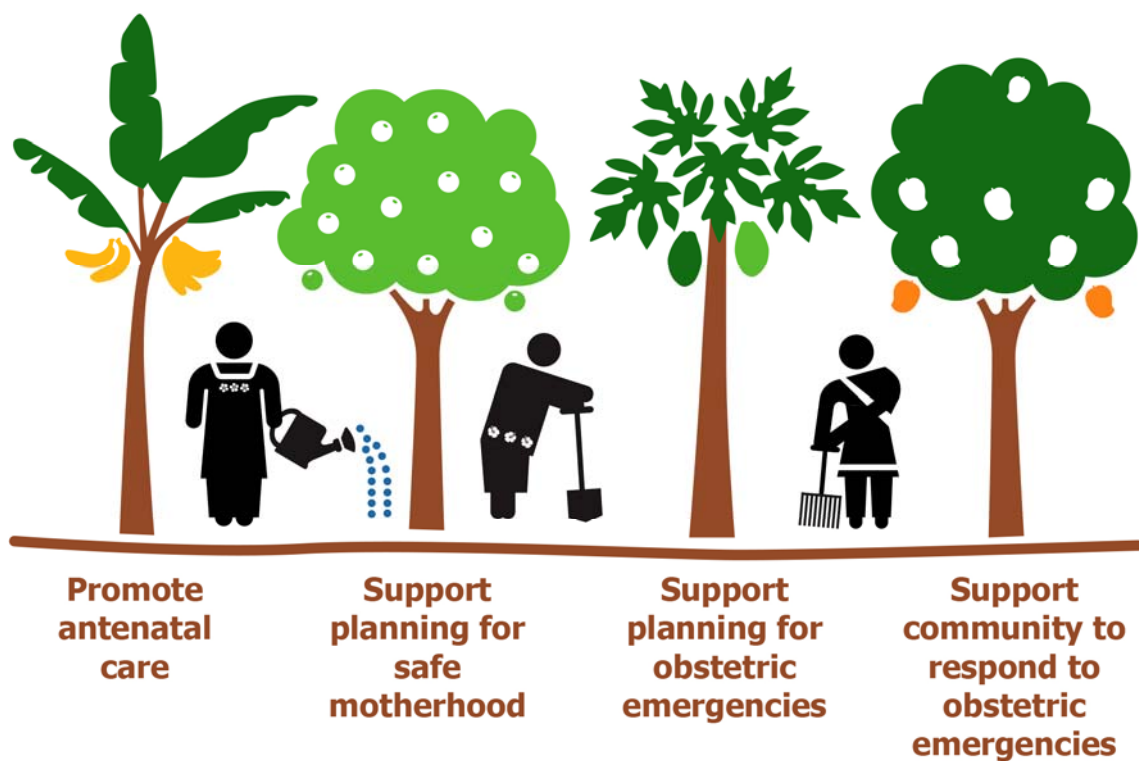
- Working with the community for local health planning.
- Promoting more use of existing health services.
- Promoting good health practices.
- Teaching and working with the community to make a healthy village for all.
- Monitoring activities to see whether they have improved health in the community.
- 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

In this training, you will learn how to improve maternal and child health by promoting safe motherhood in your community.

The diagram below shows the four ways that CHWs can support safe motherhood in the community.

### Support safe motherhood in the community



(FHSSP, 2013)

When you are working to promote safe motherhood in your community, you will need to demonstrate the following skills:

- 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 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.

### ► 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.

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## Section 2 — Promote antenatal care

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

Consider whether you 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, write what you believe were the cause(s) of death. Discuss this with a partner.

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### 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 section is on identifying problems. Delays will be covered in more detail in Section 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 women and their family members identify danger signs and go to the clinic immediately.
- Support the advice given by the nurse about nutrition.
- Direct women 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.

Think about antenatal care in your community and then complete the following activity.



### Practical activity

Think about how you can promote antenatal care in your community and then answer the following questions:

- Who provides antenatal care to pregnant women in your community?

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- Where is the nearest birth facility?

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- How can pregnant women get there?

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- Where can you gather IEC materials about antenatal care to share with pregnant women?

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Now discuss your 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

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.

The following schedule is recommended to guide booking of 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. You 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, brainstorm any barriers that may prevent women from seeking antenatal care in their community.

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### Role-play

Now role-play working with a pregnant woman to encourage her to book her first and follow-up antenatal visits.

Work with a partner to:

- Role-play how you would encourage a pregnant woman to make an antenatal booking.
- Use the discussion tool below to help guide your 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.



### Group activity

As a group, brainstorm the following questions:

- Who else in the community do you need to work with to support pregnant women to access antenatal care?

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- What strategies can you use to work with them?

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### 2.3.1 Six strategies for promoting antenatal care in the community

#### 1. Gain the support of decision-makers and leaders

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

Work with other health workers and your 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

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

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

Create awareness of your presence in the community, so that people know where to contact you if they want to find out how to access antenatal care.

#### 6. Talk to people casually in the community

Talk about antenatal care when you are in the marketplace, e.g. when you see a mother with children you could:

- Talk to her about her children.
- Talk about your job to help support women to be safe in pregnancy and birth.
- Ask her to tell other pregnant women about antenatal care.



### Key point

- Listen and create discussion — **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, you should be able to:

- ☐ Explain all antenatal care services provided in your 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.

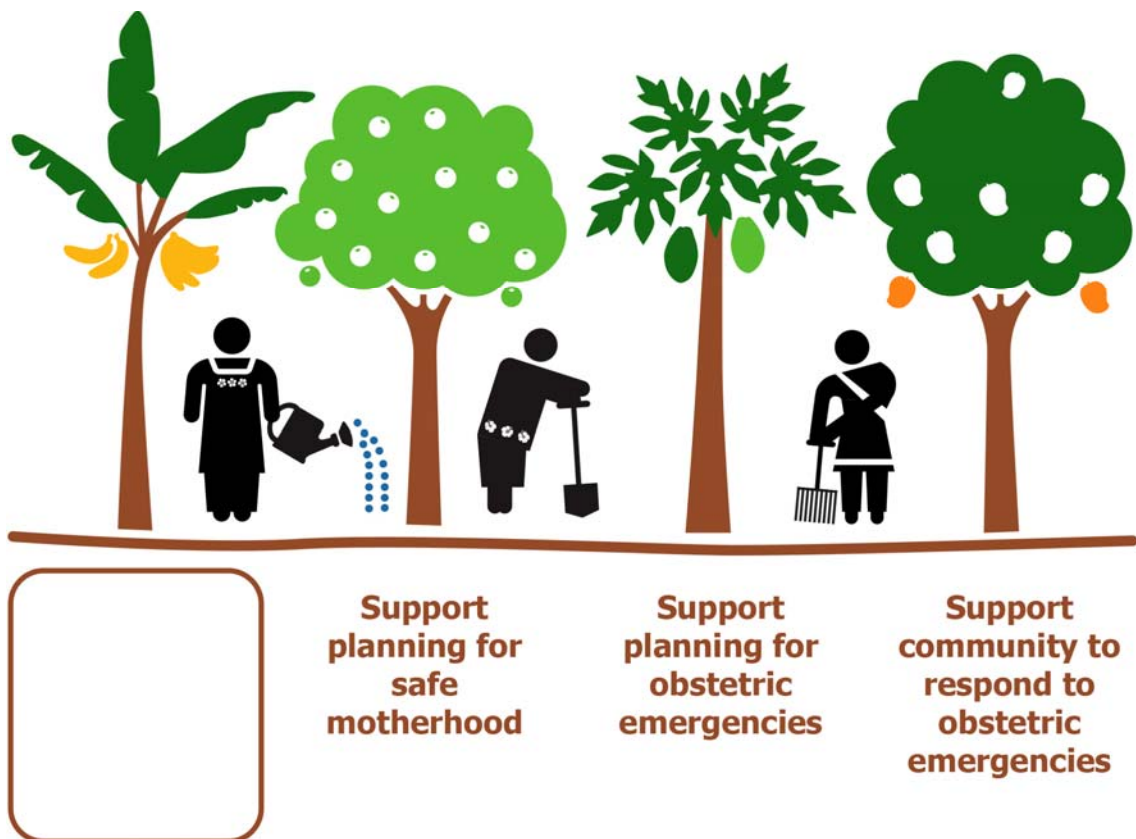


## Practical activity

Look at the following 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.

What is the first way to support safe motherhood in the community? Fill in the box under the first tree in the diagram below.



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## Section 3 — Support planning for safe motherhood

### 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

The CHW has a role to assist health workers to:

- Distribute family planning information, e.g. brochures 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/](http://www.who.int/topics/family_planning/en/).

### 3.2.2 Benefits of family planning



#### Group activity: Brainstorm benefits of family planning

As a group, brainstorm some of the benefits of family planning for people in your community.

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Some examples include that family planning:

- 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/](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.

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

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

A current directory of services and contacts helps you to know in advance where to gather the right kind of information, and who to encourage women to contact when a service is needed.

You will need to keep your contact directory up-to-date and make sure it includes relevant family planning contacts.



## Practical activity

Now consider and answer the following questions:

- Who provides family planning services in your community?

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- Where are family planning services available in your community?

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If you don't already have this information in your contact directory, you can use this information to update it now.

## 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

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, you 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.



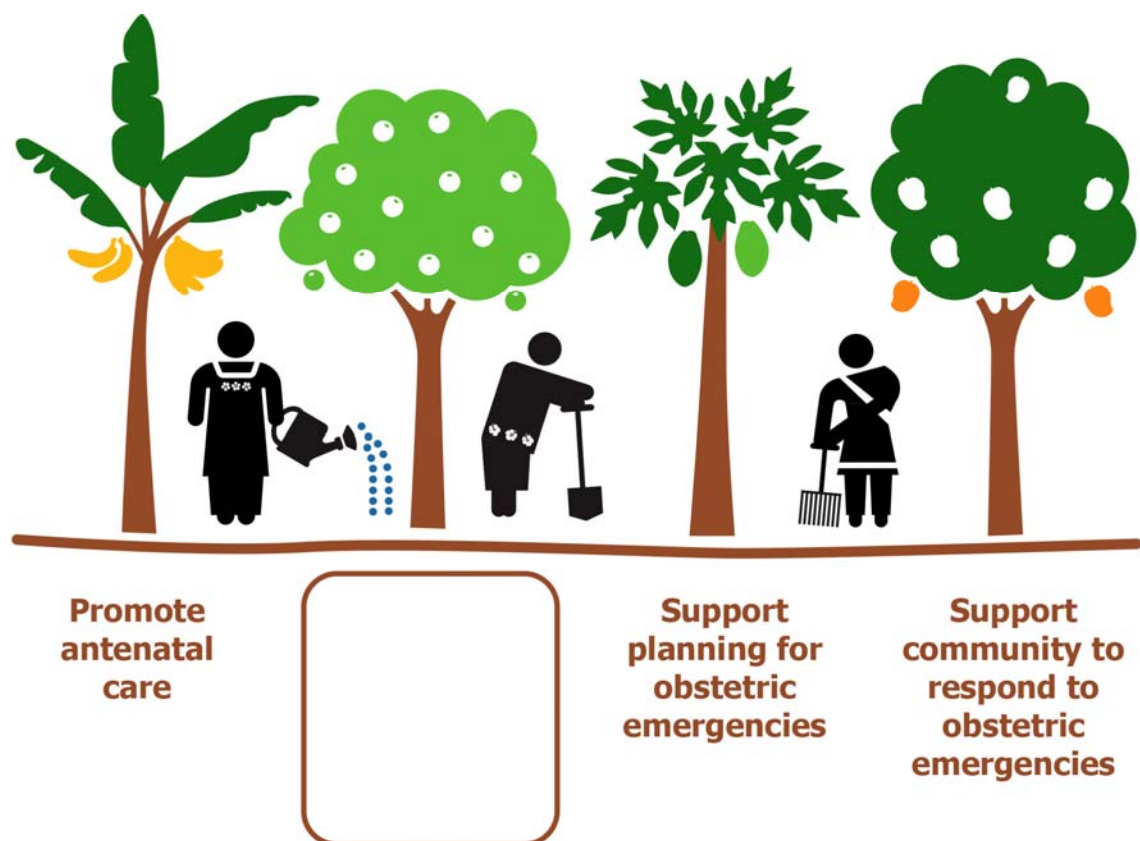


## Practical activity

Look at the following 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.

What is the second way to support safe motherhood in the community?  
Fill in the box under the second tree in the diagram below.



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## Section 4 — Support planning for obstetric emergencies

The previous sections of this guide 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.

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

Work in pairs to:

- Help each other to learn the nine signs of early labour.
- Memorise them.
- Check with each other that you 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

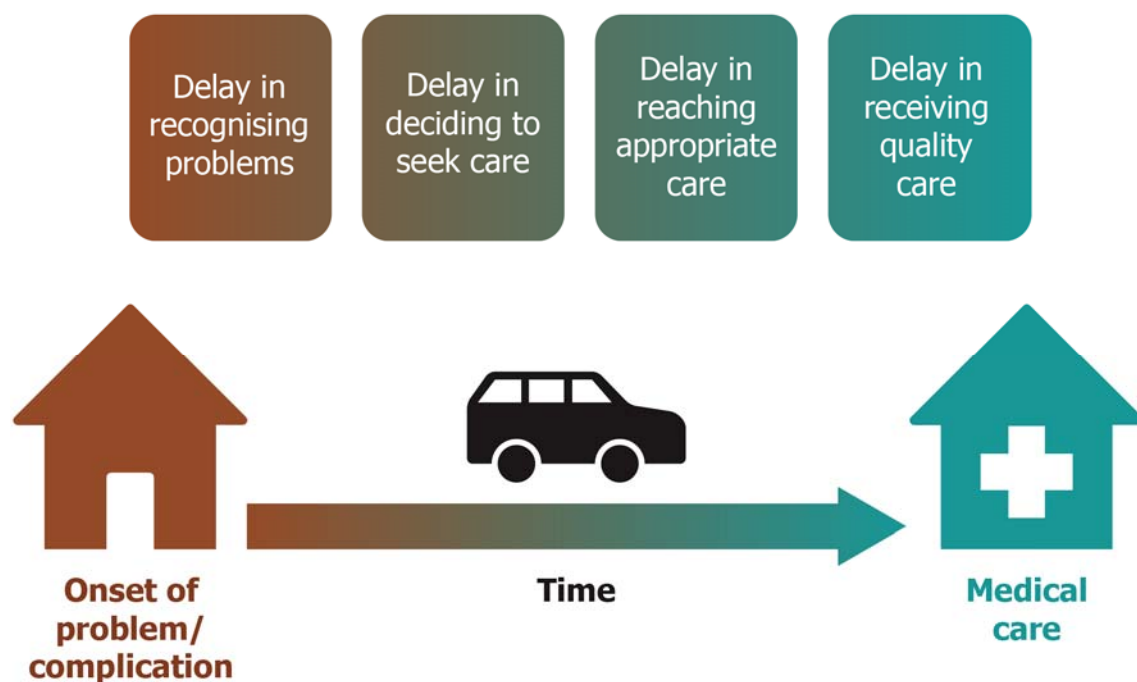
Work with a partner to prepare a poster that explains the danger signs of obstetric emergencies that you could share with your community.

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.



### Case study

Work with a partner to:

- Read the following case studies.
- Identify where the delays are for the woman in each case study.
- Discuss how planning could prevent the delays described in each case study.
- Present your response to the group when everyone is 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)

### Questions

- Identify where the delays are.

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- How could planning prevent the delays described?

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## 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 a more 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 doesn't seem too bad 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.





Saving money for emergency transport can reduce delays reaching care (FHSSP, 2013)

### Questions

- Identify where the delays are.

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- How could planning prevent the delays described?

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### Key point

**Time saves lives!**

## 4.2 Complication Readiness Plan

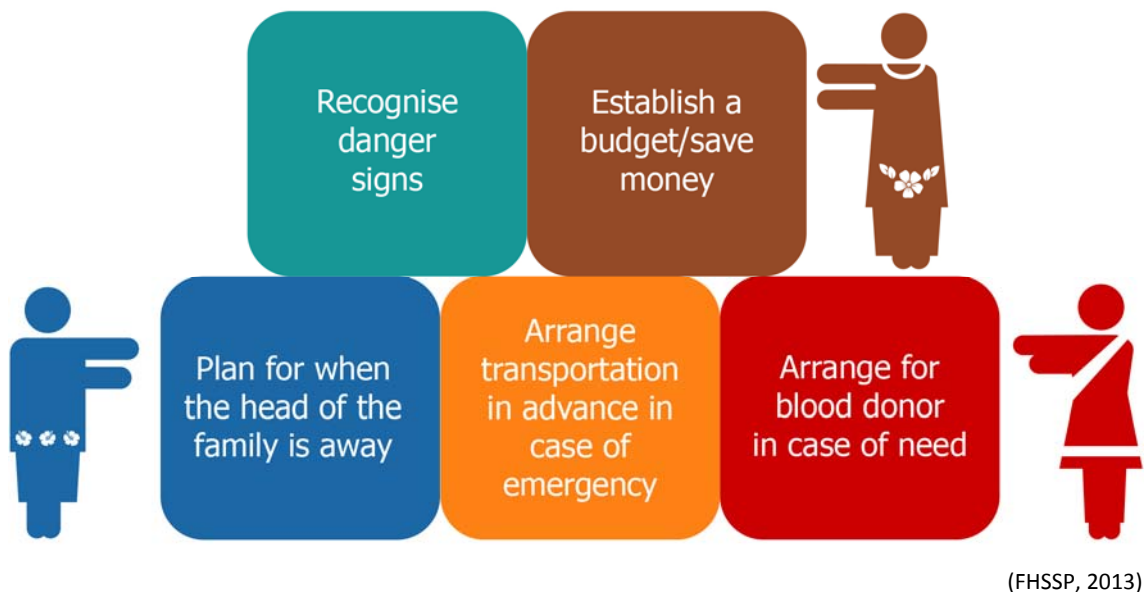
Even with regular antenatal care and a healthy pregnancy, complications can develop that require urgent medical action. Planning in advance for emergencies can reduce delays and save lives.

### 4.2.1 What is a Complication Readiness Plan?

A 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



### 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.

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



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, you need 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 your *Community Health Worker manual: Core competencies*.

The key reasons 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, you 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 your community.
- ☐ Explain how delays might be prevented in your 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.

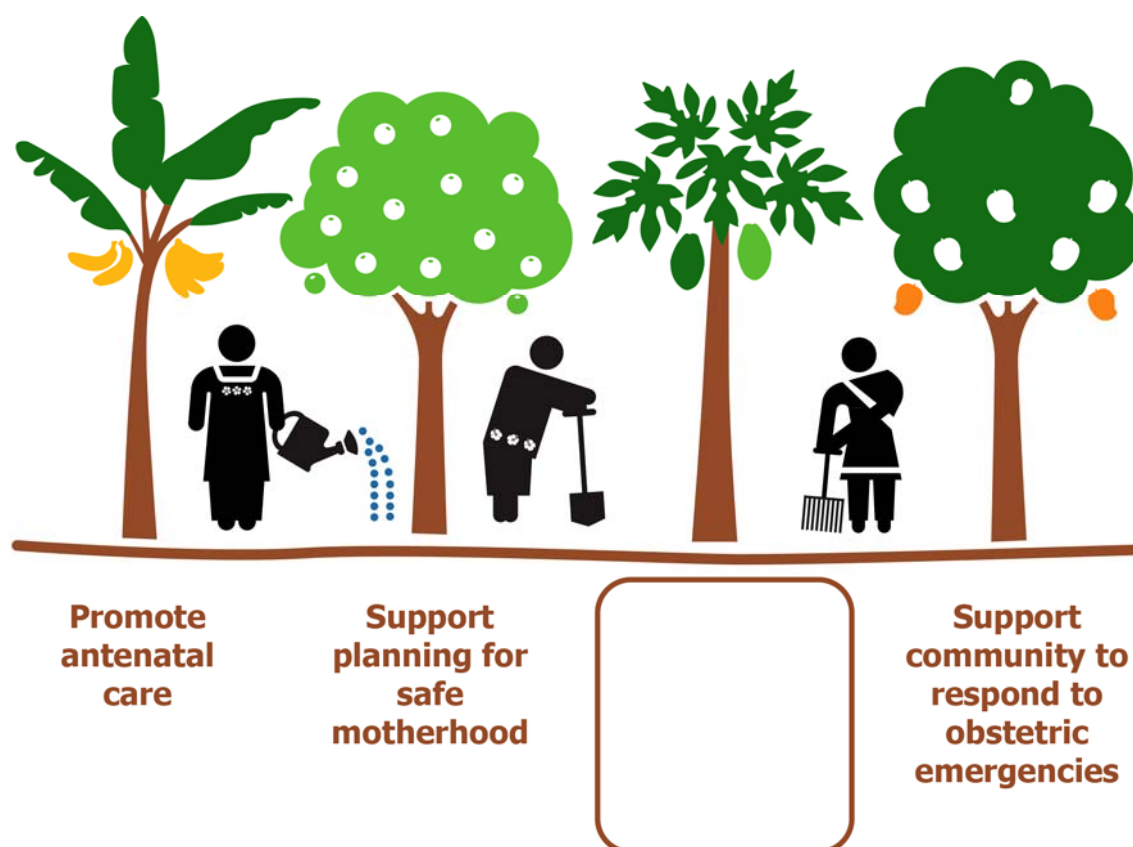


## Practical activity

Look at the following 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.

What is the third way to support safe motherhood in the community?  
Fill in the box under the third tree in the diagram below.



[illegible]





## Section 5 — Support community to respond to obstetric emergencies

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 below 'What is a healthy community?' This diagram was introduced in the CHW core training. It shows many of the factors that contribute to a healthy community. 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, you 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, brainstorm the reasons why a mother and new baby depend on action from the community in an obstetric emergency.

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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.

Important contacts in your community might include:

- 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

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.

Consider the following questions for your community and discuss your answers with the rest of the group.

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

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

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### 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

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

This contact directory should be kept up-to-date and in a safe location.



### Practical activity

The following table is an example of the types of information that are important for you to include in your obstetric emergency contact directory. Use this to write some important contacts for obstetric emergencies for your community.

**Contact directory for obstetric emergencies**

<b>Community partner or network</b> Identify the name of the person/organisation.	<b>Contact details</b> Identify the phone number, address etc.	<b>Type of help provided</b> For example, transport, financial, child care, other.	<b>Role</b> 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, discuss the following questions:

- What health promotion strategies can you use to encourage support for blood donation in your community?

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- What concerns do you think people will have about donating blood?

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- How can/should you talk to them about these concerns?

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## 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, you 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.



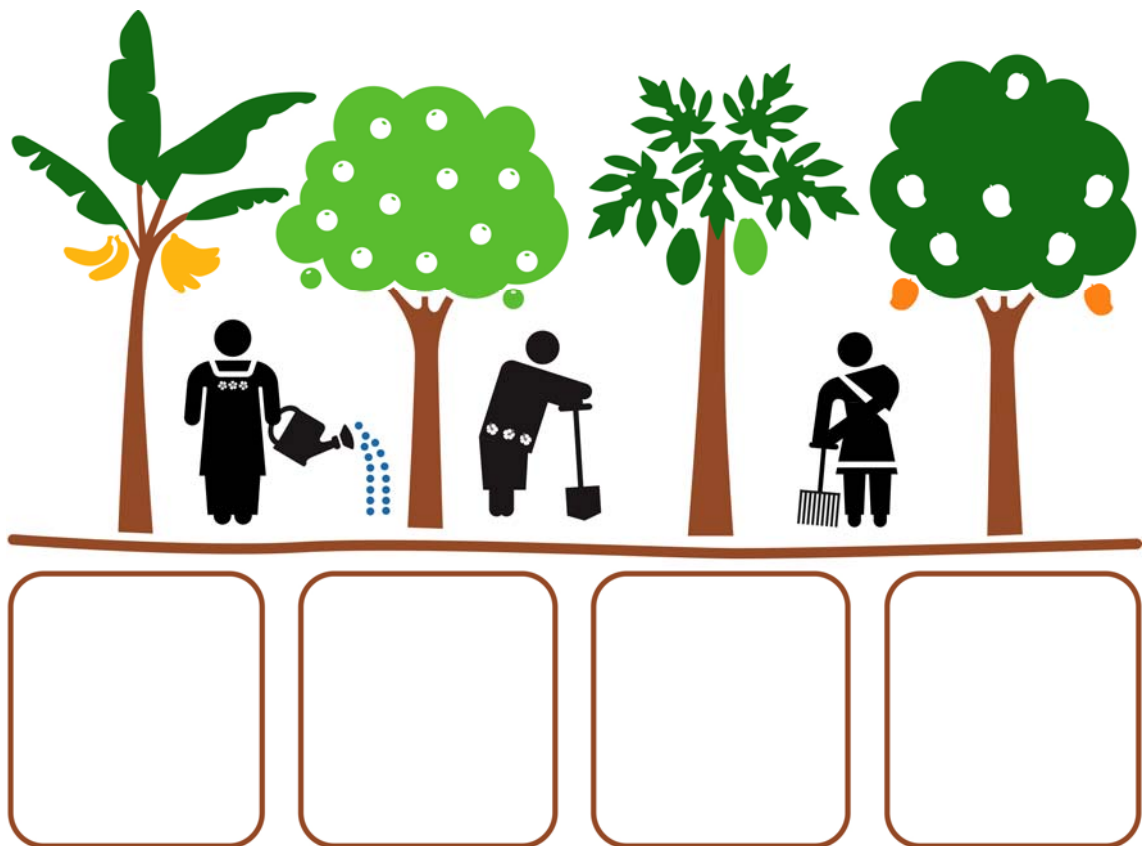


## Practical activity

Look at the following 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.

What are the four ways to support safe motherhood in the community?  
Fill in the boxes under all of the trees in the diagram below.



## 5.5 Conclusion



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

Thank you for attending and participating in this CHW training to promote safe motherhood in the community.

Congratulations for completing all elements of the training and demonstrating your competence in the activities and group work.

We hope that this training has provided you with the next steps of knowledge and skills to take back and share with members of your community. Ideally, this information will become easily available for all to use and to promote improved health and wellbeing.

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

Always maintain contact with the nursing staff at your local nursing station and medical area.

Please complete your Participant feedback form (see Annex B) and submit it to your facilitator before leaving the training.

[illegible]

[illegible]



## Annexes

**Annex A**

**Units of Competency**

**Annex B**

**Participant feedback form**

## Annex A — Units of Competency

For your information, this training is based on the following Units of Competency.

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	2. Support planning for safe motherhood
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. 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.

<b>Competency</b> A critical area of knowledge and skills required to perform the job role of participants	<b>3. Support planning for obstetric emergencies</b>
<b>Training elements</b> The specific knowledge and skills that participants will gain by the end of this training	<b>Demonstrated evidence</b> 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.

<b>Competency</b> A critical area of knowledge and skills required to perform the job role of participants	<b>4. Support community to respond to obstetric emergencies</b>
<b>Training elements</b> The specific knowledge and skills that participants will gain by the end of this training	<b>Demonstrated evidence</b> 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.



## Annex B — Participant feedback form

### CHW manual: Promote safe motherhood in your community

<b>Date:</b>	<b>Location:</b>
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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**

<b>Was the venue suitable?</b>	<b>Yes</b> Why?	<b>No</b> Why?
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