Summer Training At
SEARCH
Gadchiroli, Rajasthan

Preparing Training Manual for Home Based Maternal Care

By
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Under the Guidance of
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CERTIFICATE

This is to certify that Mr. Madan B Patil student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from the Institute of Health Management Research, Jaipur has undergone summer training on the following topic Training Manual on HBMC (Home base Maternal care).

The candidate has successfully carried out the study assigned to him during summer training and his approach to the study has been sincere and analytical. He has been focused and diligent in his task.

I wish him all the success for the future endeavors.

Dr.Suresh Joshi
Professor

P. R. Sodani
Dean Training & Academic and Student Affairs

TRAINING MANNUAL FOR HOME BASED MATERNAL CARE

SUBMITTED TO

Home-Based Newborn and Child Care

SEARCH, Gadchiroli,India

IIHMR JAIPUR

SUBMITTED BY:-

Dr. MADAN B PATIL, PGDHM, IIHMR, JAIPUR

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EXECUTIVE SUMMARY

The training manual provides an overview of the roles and responsibilities of ASHA in meeting the health needs of the population, as well as key information and skills the CHWs require. Each chapter includes sections on: background, things to know, things to do and key points. Numerous health topics are addressed: personal and home hygiene, preventing common infectious diseases, maternal, newborn and child health, nutrition, first aid and mental health. The training manual also addresses key skills for CHWs, such as basic assessment and diagnosis, referral, communication, community mapping, , and basic drug administration,. The topics are based on the Basic Package of Health Services, the Community Based Health Worker Policy and the National Health Policy of India.

ACKNOWLEDGEMENT

Any accomplishment requires the effort of many people and there are no exceptions. The report being submitted today is a result of collective effort. Although the report has been solely prepared by me with the purpose of fulfilling the requirements of the course of Post Graduate Diploma in Health and Hospital Management at the Institute of Health Management Research, Jaipur, there are innumerable hands behind it who have guided me on my way.

First of all I would like to thank the Founders of SEARCH(Society for Education Action and Research in Community Health) ,**Dr Abhay and Dr Rani Bang** who gave me the opportunity of working in their organization and doing my summer training from there. I would also like to give my special thanks to **Dr Anand Bang,Dr Sanjay Baitule(**My Mentor at SEARCH**),Mahesh Deshmukh,** and the whole staff of SEARCH who helped me in my project and throughout my training period in SEARCH.

I would like to thank **Dr. P. R. Sodani**, Dean (Training), IIHMR who allowed me to do training at SEARCH and helping me in finding the training. Also I would like to give special thanks to my mentor **Dr Suresh Joshi,** IIHMR,Jaipur who helped me a lot in completing my report. Without his guidance and support making a good report would not have been possible.

I would also like to thank my family, friends and god for their support and guidance. I would like to express my sincere gratitude towards all those who have helped me in gathering valuable information and support during the term of my short tenure in the SEARCH knowingly or unknowingly.

Finally, if I have mistakenly omitted to giving credits, I want to accept the humble apology and I want them to know that without their support this would not have been possible.

Dr Madan B Patil

PGDHM-16

Introduction

The Post Graduate Diploma in Hospital and Health Management (PGDHM) at the Institute of Health Management Research (IIHMR), Jaipur, is a two-year full time programme approved by All India Council of Technical Education (AICTE), Government of India. After the first year we are required to do our summer training for a period of eight-week in a health care organization.

This summer training is an integral part of the course and is aimed to provide a better understanding of the health system in our country.

I did my summer internship from 'SEARCH-Society for Education, Action and Research in Community Health' – a non-profit organization working for improving health conditions for the rural and tribal population in their immediate surroundings. In addition they also envisaged serving the global community by impacting the health policy through research aimed at a more systematic and sustainable change, from Gadchiroli 10^{th} April 2012 – 1^{st} June 2012.

About The Organization

Organizational Mission

To work with the marginalized communities to identify their health needs, to develop 'community-empowering' models of health care to meet these health needs, to test these models by way of research studies, and then to make this knowledge available to others by way of training and publications. Thus the mission of SEARCH includes community health care, research and training.

VISION

Realisation of 'Aarogya-Swaraj', i.e. people's health in people's hands, by empowering individuals and communities to take charge of their own health, and thereby, help them achieve freedom from disease as well as dependence.

<u>Philosophy at SEARCH</u>: - Think globally, act locally!

SEARCH believes that an important role for the voluntary organization is 'path finding' or research.

'Research' in the context of SEARCH means to identify the problems of people and to develop new and appropriate solutions.

As the name suggests, the philosophy at SEARCH can be summarized as follows:

- Initiate a dialogue with the community by living with them.
- Select the health problems, which are their priorities.
- Rigorously investigate the problem applying epidemiological methods.
- Find a solution that is feasible and effective at the community level.
- Train the manpower from the community to implement those solutions using appropriate management practices.
- Create a model that is replicable on a larger scale in places facing similar problems.
- Do social advocacy on a larger scale to sensitize the community to the problem, find the solutions and train organizations to replicate the model.

Using this approach, SEARCH has been able to make some important breakthroughs in the public health problems of India, and the World.

Organizational Structure: Departments and HODs:

Community life in Shodhgram (SEARCH)

•Dr. Abhay & Dr.Rani Bang

Administration Department

•Mr.Tushar Khorgade

Research Department

•Mr. Mahesh Deshmukh

Living University

Mr. Anand Bang

Tribal friendly hospital (MDD-Maa Danteshwari Hospital)

•Dr Rani

HBNC Department

•Dr. Baitule

Tribal Health Department

•Mr Tushar Khorgade

Alcohol & Tobacco control and deaddiction

•Mr.Santosh Sawalkar

Adolescent Reproductive Eduction Department

•Mr. Dnyaneshwar Patil

Office Section

•Mr.Digamber Deotale

Construction& Maintenance Department

•Mr.Vivek Kadukar

Nirmaan

•Mr. Amrut Bang

Community Health Worker :-AROGYADOOT

Who are the arogyadoot?

Arogyadoot were the female volunteers to provide home based neonatal and maternal care (postnatal, delivery and antenatal care). They were given 18 medicines by SEARCH and could administer IM injections as they gave vit K injections on 1month of pregnancy and in neonatal sepsis gave IV of gentamicin. They give 5 ANC visit before delivery and post delivery they give visits on 3rd or 4th, 5th, 7th, 8th and on 9h day if the baby and mother is normal. If not then, they give daily visit to them for 7 days followed by an alternate day visit for further 13 days.

The health problems in developing country

The provision of health care services to the population of India requires a system that meets the most important needs of communities and brings services as close to people as possible. Currently, only a minority of the population of our country have easy access to a health facility, and for women and children it is even more difficult. The two groups of people that suffer most from sickness and preventable deaths are pregnant women and children. Children have high rates of pneumonia, diarrhea, malaria and malnutrition, and a quarter of them die before their fifth birthday. Women in India have one of the highest rates of maternal mortality in the world. This is mostly because it is so difficult for them to get to hospital when complications of pregnancy and childbirth occur.Hence there is a requirement to provide equitable services to them.

Community based Health Care: AROGYADOOT

To meet the needs of the community, the SEARCH ,Gadchiroli emphasized on Community-based Health Care (CBHC)whom they named as Arogyadoot. The principles of CBHC include the prevention of disease through a healthy environment and healthy behaviors, and making it easier for people to receive essential preventive and curative health care. In SEARCH, this is being achieved through the training of women as Arogyadoot.This policy has started reduction the high morbidity and mortality among children and women.

A key principle of Arogyadoot is to empower the community to be able to identify their needs, decide which are the most important issues, and take action themselves to improve their health. In addition, the community and health facility staff should develop cooperative relationships and establishes linkages with the health facility for referrals of very sick persons. Health workers at all levels of the health care system should receive orientation .

Selection:-

Community leaders were asked to give 3 names from their community of the females who were married had two children, was the resident of the community and had studied from 4th to 7th class. The initial 3 days were for the registration. On 4th day they gave a test on reading skills, writing skills, behavior, memory and their attitude.

Training:-

In the first year they had a step ladder training in which every month for 3 to 4 days they were taught three subjects which included the usage of the medicine. After these subjects were taught a test was conducted in which they needed to secure atleast 90% marks .once secured the required marks they were sent to the field for rest 26 days to practice the theory. There 60 to 70% of work was done in the field .apart from the main training they were given refresher training every 2 months in which they discussed the cases and certain disease which they encountered least and further discussed about its treatment schedule ex Birth Asphyxia which occur in 10 in 100 cases such that they don't forget. After every 2 months training a test was conducted .if in case they secured less marks they were made to learn again and their scores were further evaluated till they secure desired scores.

Supervision and Accountability :-

Dierctor(Dr Rani Bang)

⇩

Coordinator (Dr Baitulye)

⇩

Three supervisors (suman , laxmi, mala)

⇩

39 Arogyadoot

In 1st year the coordinator visited three villages each day to supervise. The Arogyadoot gave initial 10 injections in front of the coordinator. After the 1st year 3 Supervisors were made out of the 43 Arogyadoot and each of them were given 13 villages which they had to monitor in1 month. The supervision was first done by supervisors and a record was maintained through the case management form meant for each beneficiary which then decided their payment. This was then further checked by the coordinator Dr Baitulye.

Finance:-

A fixed 200 Rs were given to them for all records they maintained and rest was based on the punishment and the reward system. Reward of 10 Rs was given for providing health education.150 Rs for getting the delivery done in her presence. Deduction of 60 Rs for not getting the delivery done in her presence and deduction of 10 Rs for not taking temperature of mother and the child.

Strengths:-

0% attrition rate was observed among Arogyadoot. 0% failure rate in injecting IM and IV was observed. Reduction of IMR from 121 (1985) to 70(1994) to 25 (2010).there was Increase in in the diagnosis of Pneumonia from 54% to 82%. More than 3000 cases of pneumonia have been treated by these workers with less than 1% case fatality rate and pneumonia mortality declined by 75%

Innovations with a different approach: Breadth Counter

Initially before the advent of Arogyadoot there were TBA and they were literate to make them teach how to diagnose pneumonia. They gave them an idea of of visual identification as neither could they count more than a dozen nor they good understand the clock. Hence 50% of the borderline cases got undiagnosed. To overcome this problem they came out with a new instrument called as the breadth counter. In which both abacus n 1 minutes and timer were combined in wooden frame. It has two rows of beads the first two rows was for infant's up to two months of age and the second above 2 months to 4 years. Pictorial representation of both infant and toddler was put on either side of the rows for identification. Each beat was moved to other side with every 10 breadth count and a red bead indicated a borderline case.

Provision of supplies to CHW:

The Arogyadoot are provided with necessary supplies in the standard CHW kit, approved bySEARCH. The CHW receives a new set of supplies and medicines after each phase of the training. After training is completed, the CHW kit should be inspected regularly by the Community Health Supervisor and supplies renewed on a regular basis.

Records of the CHW's work:

The Arogyadoot keep a simple record, which needs to be integrated with the national Health Management Information System. The form that has to be completed by all CHWs is the Pictorial Tally Sheet. This is a record of the different services provided to community members during the month. The Community Health Supervisor will use the Pictorial Tally Sheet to complete the Monthly Activity Record (MAR) for each health post at the end of the month.

This information is added to the information from other areas and the health facility to complete a record of all the services provided in the catchment area of the health facility. At many health posts, the CHWs will also keep a Pictorial Register and a Community Map. These keep a record of the services that have been used and that are still required by each family in the community. The CHW use this information to encourage full use of all health services by families in the community.

Rationale

The Sample Registration Survey of India, 2009, shows stagnation in the Maternal mortality rate reduction in the country. In fact, in some states there has been a slight increase in the Maternal Mortality Rate.

JSY has provided tremendous opportunities to Governments to Maternal mortality by reaching health services in the first 48 hours after birth to a large number of women and newborns who earlier had no access to these. However, after the first 48 hours, services need to be reached at home.

Home based care services such as in the period of ANC, delivery and PNC has been identified as the weak link in providing a continuum of care to the newborn and Mother.

To fill the gap in provision of services at home, several packages to train ASHA and other grassroots
health workers in home based care for the Mother there was need to Design a Training Manual for ASHA and Supervisors.

It is well recognized that a supervisory system plays a critical role in developing and maintaining the
skills that ASHA learns during her training. Supervisors also help in motivating ASHA, enhancing her capacity further, improving data capture and its quality and act as first line verification of ASHA's home visits.

The current Manual entitled 'Delivery of Home Base Maternal Care by ASHA – Manual for Supervisors forms part of a series of Manuals, Checklists and Communication tools developed and Training Aids.

Who is this Manual meant for?

This Manual is meant for, and is addressed to ASHA involved in providing Home Based Maternal Care Services to the community. Since successful service delivery by ASHA is imperative to the success of HBMC.

This manual will provide the framework within which the ASHA, must work. But that is not its only purpose. It will make some of their tasks easier, for example, by suggesting ways in which you can organize their visits for HBMC; ways in which the ASHAs can be supported; trained through their difficulties, thus, building on their capacities and achieving the HBMC objectives all at the same time.

Purpose of this Manual

1. This manual is an outline or a WORKING FRAMEWORK for Home Based Maternal Care (HBMC). It spells out clearly the roles and responsibilities of the ASHA .

2. It helps ASHA, suggesting ways to organise better Home visits and achieve their targets.

3. It can also be used as a FACILITATOR Manual to train ASHA. [A list of steps that the facilitators must follow while training the ASHA has been prepared separately for the facilitators but should be referred to in relation to this manual]

Objectives of HBMC Training:-

To improve the quality of HBMC service delivery by the building the capacity of the ASHAs.

- To streamline the processes involved in the HBMC system as practiced in the field.
- To help integrate the HBMC intervention within the regular health system in order to provide organized, sustainable and quality care to maximum numbers, thereby making a visible improvement to Maternal Mortality rate.

Community Health Worker (CHW)

Job Description

The Community Health Worker (CHW) is a person (female, male) selected by the community as per selection criteria reflected in the Policy on Community Health Worker (CHW) capable of recognizing common danger signs and life threatening problems and addressing them properly as the core competency and skills.

The ASHA is accountable to the local people for performance and community satisfaction and technically to a person (supervisor) assigned by authorities

General Responsibilities:

A. Community awareness and collaboration:

1. Actively participate in the related community meetings and community major events.

2. Encourage family/community participation in the immunization of their children and women of child bearing age.

3. Ensure administration of vitamin A to their children 6 months to five years during NIDs.

4. Support actions for national initiatives at their village level and actively participate in all campaigns/ activities.

5. Create awareness within the community and provide information on the hazards of addictive substances such as tobacco, naswar, heroin and hashish.

B. Direct Services:

6. Collaborate with and support community midwife activities in the catchment area, including health promotion, pregnancy related referrals, and distribution of micronutrients.

7. Promote hygiene and sanitation, and promotion of safe drinking water as stated in competency list.

8. Identify and manage ARI, diarrhea, malaria and other common communicable disease as per the CHW competency list. Treat mild cases and refer complicated cases to the nearest health center.

9. Following completion of the initial phase of treatment at the health facility, ensure compliance of TB patients with treatment course, based on Direct Observation Treatment Strategy (DOTS), and create awareness among the community on prevention of TB.

10. Promote use of Oral Re-hydration Salt (ORS) and other home-made rehydration fluids for prevention and control of diarrhea and dehydration. Community Health Worker

11. Promote good nutrition practices as per competency list and encourage early and exclusive breastfeeding of children less than age six months.

12. Communicate the importance of antenatal and postnatal care as taught to them

13. Encourage the use of skilled birth attendants where possible, and help families to make birth plans. Provide and teach the use of a clean delivery kit. Teach family members to recognize the signs of complications of pregnancy and childbirth, and the need to make preparations for emergency referral. Identify high risk pregnancies for first referral to suitable health facility.

14.Encourage couples to receive family planning services. Distribute oral contraceptives and condoms to eligible and willing members of the target population. Distribute and administer Depo Provera to those who have received a first dose in the health facility. Encourage interested families to seek long-term family planning methods at a health facility.

15. Provide first aid services for common accidents at the family and community

16. Promote psychosocial well-being/mental health in catchments area.

17. Counsel patients on correct use of medications included in the CHW kit.

C. Management:

18. Know the members of the community, and develop a map of the eligible families and the services used in the catchments area.

19. In collaboration with Shura, register and report all births, deaths (maternal, neonatal, under 1 and 5 children), and other activities included in the report form of the health post.

20. Manage the health post, maintaining supplies and drugs given to CHWs and report utilization of drugs/supplies.

The CHW Teaching-Learning materials.

The teaching and learning materials for CHW training include this manual, the CHW Trainers' Guide, sets of IEC materials, and some job-aids.

The CHW Manual is designed as a reference for both the teacher and for literate CHWs.

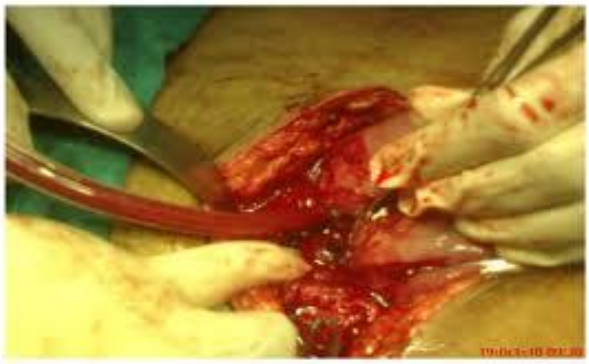
All CHWs will receive a copy of the manual. It is organized in three sections that match

the three phases of the training curriculum. Each chapter has two main sections: Things to Know and Things to Do. The Things to Do section describes the activities of the CHW and the skills she or he must learn. The Things to Know sections describe the Training of Community Health Workers knowledge that is needed so that the CHW can perform the activities and skills effectively.

The CHW Trainers' Guide gives practical guidance to the CHW teacher about how to organize the training for each part of the curriculum, and how to evaluate the progress of the CHWs. The IEC materials are important tools for communicating with people in the community. They are also summaries of what the CHW should learn.

If the teacher and the CHWs use the flip charts or cloth charts, the pictures and the story in the IEC materials will make it easier for everyone to learn and explain the information. This is especially important for CHWs who are illiterate or find it difficult to read the manual. Job-aids are things that help the CHW to do the work more effectively. The Community Map and the Pictorial Register help the CHW to know which families have used services and which ones still need to be persuaded to use services. The Maternal and Child Health Guides will help the CHW remember how to provide care to pregnant women, advice mothers of young children about diet and immunizations, and how to manage sick children.

Secondary PPH (Post Partum Hemorrhage)



1.1 Local beliefs and terminologies about Secondary PPH

Session-1

Local beliefs and terminologies about PPH (Postpartum Hemorrhage)

Purpose:

To give ASHAs an opportunity to talk about their understanding of and list the terms used to identify the problem. This will help them in diagnosing, taking care and referring the cases of PPH.

Objective:

At The end of session ASHAs will be able to:

1) Prepare a glossary of terms related with PPH, its causes and effects

2) Prepare a list of the causes and effects (complaints and complications) of PPH

After delivery, on mother and baby, based on the understanding of the ASHAs.

Material

1) Sketch pen
2) Century papers/ Flip charts
3) 100 pages Note Books

4) Chalk
5) Black Board
6) LCD
7) Lap Top
8) Board for displaying Flip Chart paper.

Preparation:

1) Have enough Note Books to be given to each ASHA.
2) 20 Century Papers for summarizing the discussions of the groups twice.
3) 10 Sketch pens
4) The trainer will have a list of general causes and effects (Complaints and Complications) of PPH to initiate or to lead the discussion.
5) The trainer will have a list of causes of increased PPH after delivery and its effects (Complaints and Complications) on mother during PNC, just to initiate and lead the discussion
6) The trainer will have a list of effects of increased PPH on baby during PNC, to initiate and lead the discussion.

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Training Methods:

Instructions to trainers:

Large Group discussion (15 min)

1. Gather the trainees in a large group.
2. Initiate the discussion by asking the trainees what they understand by the term PPH.
3. Has any ASHA seen the patient of blood pressure?
4. What are the causes of PPH according to them?
5. What are the complaints of these patients of PPH?
6. What according to you are the effects and complications of increased PPH on body?
7. Write down the answers on a Flip chart paper displayed on a board.

8. Try to involve all ASHAs. Take care not to give opportunity to a chosen few. Otherwise others may feel neglected and will mentally withdraw from the session.
9. Complete the list. The list may include (bleeding, weakness, giddiness, decreased food intake etc).
10. Refine and consolidate the list using the trainer's list on computer.
11. This will be used in subsequent session for distributing to the ASHA and for documentation of the process.

Small group discussion (30 min)

1. Divide the ASHAs in group of 5 each, total 6 groups.
2. One trainer will sit with each of the group.
3. Ask them to identify the effects on mother and her complaints caused by PPH during PNC and make a list.
4. Ask them to identify the effects on baby and the complaints caused by PPHduring PNC and make a list.
5. Ask one representative from each group to present the discussion from their group.
6. During the presentations, simultaneously keep making list of these effects and complaints on the Flipchart displayed on the board and keep adding to it.
7. Check their lists with the lists on computer prepared by the trainer.
8. Refine and consolidate.
9. This will be used in subsequent session for distributing to the ASHA and for documentation of the process

Evaluation of the session:

Objective	**Assessment Method**	**Output**
Prepare a glossary of terms related with PPH, its causes and effects	Completeness, variety of the terms in the list prepared by the trainee, compared to the standard list prepared by the trainer	Refined and consolidated glossary of the terms
Prepare a list of causes and effects of PPH during pregnancy and post partum,	Completeness, variety of the terms in the list prepared by the trainee,	Refined and consolidated list of causes and effects of PPH during pregnancy and

according To the best of their knowledge for Mother and Baby.	compared to the standard list prepared by the trainer	post partum.

1.2 Diagnosis of Secondary PPH

Session 2

Purpose:

To orient ASHA in diagnosis of PPH so that she can manage PPH in the community.

Objectives:

At the end of the session each ASHA will be able to,

1) List the symptoms and signs of PPH.
2) List and diagnose each diagnostic criteria of PPH.
3) Using the diagnostic criteria diagnose a case PPH.

PPH (Postpartum Hemorrhage)

- Usually, after Delivery there is little bit bleeding for 7 days.
- But the bleeding gradually decreases.
- If any, Disease is there the bleeding increases otherwise it does not decrease as expected.
- That's why ASHA ask questions regarding bleeding. (As per the taught information given below) and accordingly PPH is Diagnosed(As per the taught information given below)

PPH Form as following Questions.

1. Is there any bleeding today?

2. How many pads did you change from yesterday morning's bath till today's morning bath?
3. From day before yesterday's morning bath till yesterday's morning bath how many pads did you change?
4. The bleeding which has stopped earlier, did it restart again?

How to ask following questions to mother and how to fill the form?

1) Is there any bleeding today?

:(Use the appropriate word to address the women) Are you having bleeding today?

: If she says 'yes' then fill 'yes' in the form.

: If she says 'No' then fill 'No' in the form.

2) From yesterday morning's bath till today's morning bath how many pads did u changed?

: Usually women use new pads after Bath.

: Write down the number (of pads used by the women) in the form.

3) From day before yesterday's morning bath till yesterday's morning bath how many pads did you change?

: Write down the number (of pads used by the women) in the form.

4) The bleeding which has stopped earlier, did it restart again?

: Is your bleeding fully stopped?

: If she says yes then ask which day it has stopped?

: If there is bleeding then write it as yes in the form.

PPH Diagnoses Criteria

1) Bleeding fully stopped and then restarted.
2) After Pregnancy from fifth day or from fifth day onwards in the past 24 hours how many pads did you changed?
3) As compared to day before Yesterday you have used two more pads as on yesterday.

"If it satisfies any one of the above given three criteria then diagnose it as PPH"

Information about Criteria for the Diagnosis of PPH

1) The bleeding which has stopped earlier, did it restart.

:if she says bleeding stooped on certain day /till that day ,and now it has restarted then this criteria is to be considered as' yes' .

2) After Pregnancy from fifth day or from fifth day onwards in the past 24 hours how many pads did you changed?

: You regularly visit to postnatal women.

: Likewise after visit of 5th day if you found that within 24 hours she has changed 5 or more then 5 pads then tick this criteria as 'yes'.

3) As compared to day before Yesterday you have used two more pads as on yesterday.

: You ask question to the women that how many pads did you changed yesterday and day before yesterday.

: If she, as compared to day before yesterday changed two more pads as on yesterday then tick these criteria as 'yes'.

There are many Training Aids which are made in this Part as for Aarogydhoot/ASHA to know the various Diagnostic criteria of Secondary PPH they are as follows:-

Case Study

Model Role Play

Case Idea

Puzzle

Questionnaire (With and Without Answer)

PPT (Power point Presentation)

Handouts

Flip Chart

Posters

History and Diagnosis form

Secondary post partum hemorrhage			**Days (0-8)**					
1)How many pads have you changed from yesterday's bath till today's bath?								
2)How many pads have you changed from day before yesterday's bath till yesterday's bath?								
3)Have you changed 5 or more then 5 pads on 5th day after delivery /in last 24 hrs after it?			**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**
4)Does the bleeding started again after when stopped once?			**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**	**Yes/ No**
Diagnosis- bleeding once stopped started again/ 2 pads used as extra also changed/ changed more then 5 pads on 5th day after delivery or changed 5 or more pads in last 24 hrs after it. **If any one of the conditions is present then it is diagnosed as 'sec. PPH', refer her to nurse/doctor.** **Did you refer her?**	**Yes/ No/ NA**	**Yes/ No/ NA**	**Yes/ No/ NA**	**Yes/ No/ NA**	**Yes/ No/ NA**	**Yes/ No/ NA**	**Yes/ No/ NA**	**Yes/ No/ NA**

1.3 Management of Secondary PPH

Session 3

A] Causes:

1. Infection of Uterus and birth canal.
2. Uterus not contracting well.
3. Placental pieces remaining inside.
4. Injury to the birth canal.
5. Prolonged labor/ Obstructed labor.

B] Complaints of the Mother:

1. Bleeding not stopping.
2. Increased in bleeding by 2 pads compared to previous day.
3. Bleeding again starting after stopping.
4. Weakness and Giddiness.
5. Lower abdominal pain.
6. Fainting/ Unconsciousness.

C] Maternal Complications:

1. Anemia.
2. Sepsis.
3. Unconsciousness and Shock
4. Maternal Death

D] Complications of the Baby:

1. Malnourishment as unable to receive maternal breast milk if mother dead or critically ill.
2. Predisposed to infections due to same reasons.

E] What ASHA will do:`1

1. Give regular home visits. Assess the women's health. Decide whether improving or deteriorating. Take proper steps.

2. Give and explain tablet Methergin to control bleeding.
3. Diagnose whether the woman has any other disease. Take proper steps.
4. Will do health education of the mother and family regarding sec PPH and danger signals when the woman should immediately call the ASHA.

F] Simple measure the mother should take:

1. Take daily bath with warm water. Cut nails. Wash hands regularly with Soap. Maintain hygiene.
2. Use washed and sun dried clean pads.
3. Take at least 10 to 15 glasses of water/ tea/ ambil every day.
4. Take food at least 3 times daily.
5. Take medicine as per advised.
6. Inform the ASHA if any danger signals present as told.
7. Inform the ASHA of mother has any of the following: Foul smelling/ pus like discharge, abdominal pain, fever, increased bleeding, difficulty in breast feeding the baby, feeling very weak, has nausea/ vomiting, has itching over body or rash. Or any of the features in the Danger Signals.

Information Regarding Medicine

Name of the Medicine-Methorgin

Form -Tablet

Dose – 0.125 mg

What does it do?

Due to this medicine Uterus contracts and bleeding from uterus stops.

Instructions on how to take the medicine:

One tablet in the morning and one tablet in the evening.

How many days the medicine should be taken?

For 5 days

Other Instruction:

- Take the Tablet after meals
- If it is taken before meals then their is possiblity of vomiting/acidity, thats way the Tablet is recommande after meals.
- Keep the medicine safe.
- Keep it away from the dust and water
- Its should be kept away from childern

Possible side effects:

- Vomitting
- Acidity
- Quantity of milk decreases
- Urticeria
- If it is taken before delivery then there are chances of still birth
- Increease in blood pressure

What to do if side effects:

- Usually the side effects are extremely rare. Also none of the above side effects are fatal.
- The ASHA will be visiting you regularly to see if you are having any of the side effects.
- If you suffer from any of the side effects, immediately call the ASHA.
- If any side effect severe, then stop the medicine and observe.
- If rash appears, immediately take the patient to doctor.
- If mother has relief from side effects within 1 or 2 days of stopping the medicine and is not also having emesis, then no need to further continue the medicines. Manage only with lifestyle modifications.
- If side effect is not subsiding within 2 days even after stopping medicine, then take the advice of ASHA regarding consulting an obstetrician.