



Surmang Foundation

**Community Health Worker Program
Executive Summary and Annual Report 2011**

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Community Health Worker (CHW) Program – Background

Based on the results of the 2004 Surmang Foundation KAP survey [1] which showed high maternal mortality and infant mortality rates, the Community Health Worker (CHW) Training program was initiated and funded in 2006 through Surmang Foundation. The CHW program, based on working models in Nepal and India [2], sought to train women in the community to perform safe antenatal care and delivery. CHW Training was expressly designed to provide basic instruction on hygiene concepts and emergency measures that would set a framework for future training.

The overall goal of the project is to improve knowledge, attitudes and practices on the household level. By training community health workers to conduct prenatal visits, identify danger signs, attend births and visit newborns, we hope to reduce deaths preventable by simple interventions and timely referral for complications.

*-Saad El-Dien, Program Manager
Community Health Worker Project, 2006[3]*

The CHW program represented a shift in focus for the Surmang Foundation from an ambulatory clinic largely serving male patients, to a community based care model supporting and recognizing the maternal/child healthcare needs of area women. A group of 33 women, 10 in the catchment of Surmang and 23 in two villages roughly 60 kilometers west of Surmang, were identified by village leaders and trained in basic antenatal care and delivery. The 33 women were trained in 2007 and 2009[4], and in 2010, a group of 6 women from the nearby community of Zatch were added to the roster of community health workers. All 39 women were trained in 2010 and 2011, with roughly 75% of deliveries attended by trained CHWs in 2011 [Table 1]. The guiding goal for the CHW program since its inception in 2006 has been to reduce both maternal and infant mortality rates in the Surmang Township catchment area of Qinghai province, China.

CHW Program 2010: The effect of *Sangee* - the Earthquake

At 7:46 am April 14, 2010, an earthquake with the magnitude of 8.2 hit Yushu prefecture, the epicenter in the capital town of Yushu. Buildings collapsed killing and burying thousands of Tibetans. Phuntsok Dundrop, Surmang's clinic doctor and manager, was among those buried. Five hours later he was able to free himself and his family from the rubble in their Yushu home. Others were not so lucky; the devastation was massive and overnight the Chinese brought in military personnel to assist in disaster recovery. Post-earthquake, many Lamas and Tibetan spiritual leaders encouraged families to have children to "replace the dead". One CHW reported that she had two sisters who had IUDs placed following the deaths of their respective children. Both had their IUDs removed after the earthquake and got pregnant within the next month. One had her sixth, the other her fourth child. This story was echoed across the span of more than 10 villages where the CHWs live and work. The statistics for delivery by the CHWs show a modest increase in attended births in comparison to the last year. A larger change was the number of visits by the CHWs pre and post-delivery. Hospital deliveries remained unchanged for the year.

2011 CHW Schedule and Training

The Training schedule this year included two-day courses for Rongdou/Mendo villages, Zatch and Xiewu clinic. While the Surmang CHWs were carefully interviewed for their participation in delivery and antenatal care for payment, the Surmang CHWs did not have an exclusive training due to scheduling. The Rural Health Festival finished with a CHW training session of management of third stage delivery for every CHW attendee. Each CHW was paid for her five-day participation 300 RMB.

The Rural Health Festival, September 6-11 Surmang

The Rural Health Festival in Surmang emerged from a prototype Indonesian weaver festival organized to celebrate culture, achievement, and empowerment. The idea grew to bring together all of the CHWs together for a gathering of sharing and discussion about the benefits and barriers of the role of CHW personally and within the community. During the five days of the festival, women discussed their joys and achievements through group meetings led by Tibetans, role-play and traditional song and dance. The CHW's thoughts and ideas about their future included everything from a request for immunizations, medical training and equipment to funds to build roads, bridges and schools. In an extraordinary turn of events, one CHW from Mendo delivered her daughter on the final day of the Festival, under the care of sister, also a CHW and So Drogha, Surmang's female doctor.

Expert Evaluation

Prior to the Festival, four public health experts [5] arrived at Surmang to review and create a roadmap for a 3-5 year collaborative program between the Surmang Foundation and four Township Clinics under the Yushu Prefecture Public Health Bureau. The resulting three- part Report consists of specific key action points:

- 1) Mobilizing communities: strengthening community based care by expanding the training of CHWs, providing extra equipment and health education materials and exploring the HBLSS training
- 2) Linking communities to services: improving the referral system
- 3) Upgrading clinical services: ensuring skilled attendance at birth and basic EmONC. Quarterly training/case reviews for CHWs of Surmang/Zatch and Rongdou/Mendo, Recruitment and training of new CHWs
- 4) Training and capacity development: strengthening local capacity
- 5) Monitoring and evaluation: enhancing accountability [6]

Final Thoughts

2011 was an important and historical year for Surmang Foundation. Since the 2010 earthquake and with the newly created memorandum of understanding (MOU) between Surmang and the Yushu Prefecture of Public Health, Surmang has government endorsement to allow the expansion of the CHW prototype to four additional clinics in Yushu. The Rural Health Festival was the high point of the summer providing a unique – never before experience for both the CHWs and group of public health experts. The CHW program remains strong with a committed core of women who have increasingly demonstrated their sense of community cooperation and personal empowerment.

Addenda

- A. Rongdou/Mendo CHW Interview Template
- B. Rongdou/Mendo CHW Curriculum
- C. Rongdou/Mendo CHW Payment Worksheet
- D. Zatch CHW Interview Template
- E. Zatch CHW Curriculum
- F. Zatch CHW Payment Worksheet
- G. Xiewu Curriculum
- H. Festival Training
- I. Surmang Interview
- J. Surmang Payment Worksheet

CHW Program – Measure of Success

Statistics are collected each year and deliveries are calculated from CHW interviews. The success of the CHW program has been measured by the following:

- Continued participation in program. Attrition is minimal; two women dropped out of the training in 2008/2009. Both moved away to areas outside of the training sphere
- 100% participation in intensive trainings; women give up their daily duties for 1 – 5 days to join the training each year. In Rongdou/Mendo, the women adapt their schedules to participate with less than 24 hour notice
- Stories and self-report of avid participation in birth, delivery, antenatal teaching and clinic referral
- No maternal mortality in attended births
- Verbalized enthusiasm and support for the program by the CHWs.

References

- [1] Wellhoner, M., Lee, A., Deutsch, K., Wiebenga, M., et al. Maternal and Child Health in Yushu, Qinghai Province, China. 2011 *International Journal for Equity in Health*, 10, 42 doi:10.1186/1475-9276-10-42.
- [2] Shetty, Priya Rani and Abhey Bang – pioneers of healthcare in rural India. *The Lancet* Volume 377, Issue 9761, Page 199 15 Jan 2011
- [3] See CHW report 2007. www.surmang.org/pdf/Dawn07_CHW_Report.pdf
- [4] See CHW report 2009. www.surmang.org/pdf/2009.pdf
- [5] Amy Levi, CNM, PhD, Karen Deutsch, NP, MPH, Mary Wellhoner, MD, MPH, Mariette Wiebenga, MD, PhD
- [6] See Part II. Outline of Project Design, Levi, A, Deutsch, K, Wellhoner, M, Mariette Wiebenga. Available through www.surmang.org

Table I

2011 Community Health Worker (CHW) Delivery Statistics				
Calculated Q4 2010 - Q3 2011				
Delivery Statistics	Rongdou/Mendo	Zatch	Surmang	Total
Number of women visited by CHW	90	33	68	191
Number of women still PG* at interview	6	0	13	19
Number of deliveries (number seen - PG)	84	33	55	172
CHW attended deliveries	81% (68)	70% (23)	64% (35)	73%(126)
Hospital Deliveries	18% (15)	15% (5)	9% (5)	15% (25)
CHW referred woman to ultrasound	17% (15)	58% (19)	59% (40)	39% (74)
Infant mortality at 30 days**	6% (5)	3% (1)	9% (5)	6.3% (11)
Infant mortality at 6 months***	12% (8)	6% (2)	13% (7)	9.8% (17)
Infant mortality for Hospital Deliveries	13% (2)	20% (1)	40% (2)	16% (4)

*pregnant (PG)

**includes hospital mortality

***includes 30 day mortality

CHW Delivery Statistics 2007 - 2011							
Calculated Q4(Oct/Dec) - Q3(July/Sept) of following year							
Number of deliveries attended by CHW	Rongdou/Mendo	Zatch	Surmang	Total			
2007	6	N/A	26	32			
<i>program suspended in 2008</i>							
2009	32	N/A	18	50			
2010	39	N/A	30	69			
2011	68	23	55	126			
Prenatal visits by CHW			Postnatal visits by CHW				
	Surmang	Rongdou/Mendo(R/M)	Total	Surmang	Rongdou/Mendo(R/M)	Total	
2007	25	40	65	23	21	44	
2008	<i>CHW program suspended in 2008; 2009 contains 2 years of data</i>						
2009	64	0	64	37	0	37	
2010	85	47	132	37	35	72	
	Surmang	R/M	Zatch	Surmang	R/M	Zatch	
2011	153	197	96	100	136	90	326

*For 2011, Surmang includes Zatch data

2011 CHW Reported Maternal Statistics				
Calculated Q4 2010 - Q3 2011				
Maternal Demographics	Rongdou/Mendo	Zatch	Surmang	Total Mortality reported to CHWs
Average age of mother	30.12	31.39	30.61	
- age range	17-51	21-47	19-44	
Average number of children	2.88	3.45	3.19	
History of infant mortality*	9% (8/90)	24%(8/33)	16%(11/68)	14%
Reported maternal mortality in 2010/2011	0	0	0	0%

*CHW told of previous infant mortality by mother this number is likely underestimated

Addendum B:
Curriculum For CHW Training
Rongdou/Mendo townships
8.3 and 8.4.11

DAY ONE

9:30 – 18:00 CHW Interviews collected

14:00 – 18:00 CHW Training conducted

14:00 – 15:00 **Prenatal Teaching**

Pregnancy danger signs

Referral to clinic for ultrasound

15:00 – 16:00 Review of anatomy/physiology – Universal Picture Book

17:00 – 18:00 **Review of Delivery**

Postnatal teaching

Signs of newborn illness

DAY TWO

10:30 – 11:00 **Family Planning**

Why are women having babies every year?

Birth spacing is good for mother's health

What are birth control options?

IUD – mixed popularity

This year Chumlane Drolma reported that two of her family members had IUDs placed after each had lost a child during delivery the previous year. Following the earthquake in 2010, both women had their IUDs removed after feeling pressure from religious leaders to have more children to replace the dead. In both cases, the women got pregnant with 1 - 2 months and delivered a fourth and sixth child, respectively.

11:00 – 12:00 **Role Play**

Group divided into six groups with one lead CHW. The lead CHW was chosen based on having described the experience during interview. The following scenarios were selected:

1. Young, unmarried woman is shy about her pregnancy. CHW notices that she has swollen ankles and steps in to help
2. CHW identifies a woman as high risk: eyes are swollen and she has high blood pressure. CHW recommends that she seek medical attention for further follow-up. Mother refuses, as caterpillar fungus season has arrived and she will not be able to participate if she goes to clinic
3. Pregnant woman wants to use Tibetan medicine because she felt it helped her before she became pregnant. CHW counsels her about IV meds
4. Post delivery, placenta remains inside mother. What can CHW do immediately?

5. Warning signs in the newborn
6. Mother is older, has had many children and feels that she does not need to have ultrasound or go to the hospital because she has always delivered her own children. How can the CHW help her understand her elevated risk?

Upon completion of the role play there was a group debrief and discussion about the content of the skits and emphasis on the CHW's successful problem solving skills.

At the end of the training, supplies were distributed including eye ointment, soap. The CHWs received payment for deliveries and training. See payment addendum

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- 1:00PM Clean Delivery Kits
- Kits will be distributed today
 - Each CHW will receive 1-2 kits depending on village need, more kits with Lead CHWs as needed
 - Appropriate substitutions:
 - Soap for hand washing
 - Clean towels for mother and baby
 - Sterilizing procedure for instrument to cut cord
 - Clean pieces of cloth to tie umbilical cord
 - Warm blanket and hat for baby
 - Practice hand washing
- 2:15PM Review Key Concepts of Birth Process
- Calculating approximate date of childbirth
 - Birth plan
 - Preparing the home for delivery, CHW supplies
 - Anatomy and Physiology
 - Signs of Labor
 - Overview of labor and immediate after care
 - How to use bulb syringe, infant ambu bag, and emergency breathing procedure
 - Practice emergency procedures
 - Practice in Birth Process:
 - 1) Developing a birth plan with mother and her family

- 2) Slow delivery of baby to prevent maternal lacerations or tears
- 3) Deploying emergency procedures, as necessary, if baby is not breathing
- 4) Safely tying/cutting the umbilical cord with clean razor
- 5) Cleaning baby post delivery and cord care
- 6) Wrapping baby in towel to keep warm post delivery and giving baby to mother's breast
- 7) Applying eye ointment within the first hour
- 8) Delivering placenta, what to look for
- 9) Maternal hemorrhage management, uterine massage
- 10) Cleaning mother after birth to prevent infection or complications

4PM Practice Entire Delivery Process

5:30PM Wrap-Up and Preview of Tomorrow's Training

DAY TWO

9AM Welcome and Refreshments

9:30AM Prenatal Counseling

Three visits during pregnancy, referral to clinic for ultrasound

- Identifying maternal risk factors
 - Under 15, over 40, over 35 at first pregnancy
 - More than five children
 - Pregnant with twins
 - Petite mother with small hips
 - Complications with previous pregnancies or deliveries
 - Bleeding before labor
 - Any sign of toxemia (swelling, headache, trouble with vision)
 - Signs of anemia (pale, weak, tired)
 - Chronic health conditions
 - Recommend more visits with these women, emphasize referral to clinic, and discuss importance of delivery in hospital setting
- Identifying warning signs – requiring immediate visit to clinic or Hospital
 - Bleeding during pregnancy
 - Headache
 - Swelling in hands, feet, or face
 - Signs of anemia
 - Shortness of breath
- Nutrition
 - Hand washing and clean food preparation

- Eating well by having foods rich in protein, iron, vitamins, and calcium
- Iodized salt
- Drinking lots of fluids (boiled water, soup, milk)
- Importance of taking only necessary medications or no medications while pregnant

10:30AM Practice with Prenatal Counseling

- Role plays:
 - Pregnant woman who is unaware she is high risk (2)
 - Woman who is shy about her pregnancy and has a warning sign (2)
 - Pregnant woman who wants to know what to eat during pregnancy
 - Poor pregnant woman has questions about what are the most important foods to eat during pregnancy that she can afford
 - Pregnant woman who thinks prenatal check-up is unnecessary
- Is this woman at risk? Group review of maternal risk factors

11:30AM Lunch

12PM Postnatal Counseling

First phase:

Taking care of baby's immediate needs (warmth, breastfeeding)

Second phase:

Maternal care (thorough cleaning of mother, rehydration, comfort)

Maternal and well baby follow-up:

Cord care

Maternal health

Hygiene of mother and baby

Postnatal visit to clinic to weigh baby and record birth

Role plays:

- Mother has poor appetite post delivery
- Mother is not drinking fluids post delivery
- CHW checks if cord is healing properly
- Mother is not feeling well and has a fever
- Mother wants to wrap a tight belly band around the baby's cord
- Mother doesn't know if she should wash herself post delivery
- Store owner tells mother to take IV and medications to increase her strength and baby's health

1:15PM Break

1:30PM Neonatal Care

Signs of Neonatal Illness

1. Infection in the umbilical cord
 - a. Assess for drainage (pus) from the umbilical cord
 - b. Assess odor
 - c. Refer to clinic if cord is infected
2. Fever
 - a. Signs of dehydration – sunken fontanel
 - b. Is baby breastfeeding?
 - c. Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
 - d. Refer to clinic for high fever
3. Diarrhea
 - Amount and frequency
 - Is baby breastfeeding?
 - Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
 - Refer to clinic if baby is not breastfeeding or is not taking rehydration fluid
4. Vomiting
 - Assess for amount: healthy babies burp, but if a baby has vomiting, loses weight, becomes dehydrated, or has concurrent diarrhea - baby is sick and needs help.
 - If the vomit is yellow or green, assess whether the abdomen is swollen – this could be a sign of a bowel obstruction. This condition is an emergency.
 - Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)

Baby stops sucking (> 4 hours)

 - a. Assess breathing – rapid, blue color, grunting, skin around ribs moving
 - b. Assess skin color – white, blue, yellow
 - c. Feel the soft spot on the top of the head – sunken; dehydration, swollen; meningitis possibility
5. Review of Neonatal Illness: Five warning signs of illness – infected umbilical cord, fever, diarrhea, vomiting, baby stops sucking – difficulty breathing.

3PM Break

3:15PM Family Planning

- Having the number of children you want
- Child spacing
- Family planning and women's health
- Ways to prevent pregnancy (conventional and traditional)

- Referral to clinic if there are problems with birth control method
- Role plays:
 - Woman feels she is too old to have another child
 - Woman has a health condition and feels she is too weak to have another child
 - Woman would like to delay the birth of her next child
 - Woman doesn't want another child and needs help to discuss this issue with her husband
 - Husband does not want to use condoms, what other options are available
 - Birth control pills are too expensive, what other options are available, ways for woman to get pills for free
 - CHW notices a woman who has many children and would like to discuss birth control with her

4PM CHW Worksheet for Recordkeeping
 Distribute soap and other supplies
 Photos, Payment, and Group Photo

Distribute supplies: Soap, one ambu bag per village, 2 picture books (H.E.A.R.T book and Universal Childbirth book), and one bulb syringe per village.
 Each CHW receives one copy of the CHW Worksheet.
 Clean delivery kits forthcoming in August/September.

5PM Conclusion and Appreciation

Addendum E:
Curriculum For CHW Training
Zatch townships
8.11 and 8.12.11

Introduction

9:00 Welcome and Interviews

12:00 Lunch

Prenatal Teaching

13:00 – 15:00

Review of anatomy/physiology – Universal Picture Book

Three visits during pregnancy, referral to clinic for ultrasound

- Identifying maternal risk factors
 - Under 15, over 40, over 35 at first pregnancy
 - More than five children
 - Pregnant with twins
 - Petite mother with small hips
 - Complications with previous pregnancies or deliveries
 - Bleeding before labor
 - Any sign of toxemia (swelling, headache, trouble with vision)
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 - Chronic health conditions

Recommend more visits with these women, emphasize referral to clinic, and discuss importance of delivery in hospital setting

- Identifying warning signs – requiring immediate visit to clinic or Hospital
 - Bleeding during pregnancy
 - Headache
 - Swelling in hands, feet, or face
 - Signs of anemia
 - Shortness of breath
- Nutrition
 - Hand washing and clean food preparation
 - Eating well by having foods rich in protein, iron, vitamins, and calcium
 - Iodized salt
 - Drinking lots of fluids (boiled water, soup, milk)
 - Importance of taking only necessary medications or no medications while pregnant

Practice with Prenatal Counseling

Role plays:

1. Pregnant woman who is unaware she is high risk
2. Woman who is shy about her pregnancy and has a warning sign
3. Pregnant woman who wants to know what to eat during pregnancy
4. Poor pregnant woman has questions about what are the most important foods to eat during pregnancy that she can afford
5. Pregnant woman who thinks prenatal check-up is unnecessary

Is this woman at risk? Interactive group review of maternal risk factors

Review of Delivery

Postnatal teaching

Signs of Neonatal Illness

1. Infection in the umbilical cord
 - a. Assess for drainage (pus) from the umbilical cord
 - b. Assess odor
 - c. Refer to clinic if cord is infected
2. Fever
 - a. Signs of dehydration – sunken fontanel
 - b. Is baby breastfeeding?
 - c. Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
 - d. Refer to clinic for high fever
3. Diarrhea
 - Amount and frequency
 - Is baby breastfeeding?
 - Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
 - Refer to clinic if baby is not breastfeeding or is not taking rehydration fluid
4. Vomiting
 - Assess for amount: healthy babies burp, but if a baby has vomiting, loses weight, becomes dehydrated, or has concurrent diarrhea - baby is sick and needs help.
 - If the vomit is yellow or green, assess whether the abdomen is swollen – this could be a sign of a bowel obstruction. This condition is an emergency.
 - Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
5. Baby stops sucking (> 4 hours)
 - a. Assess breathing – rapid, blue color, grunting, skin around ribs moving
 - b. Assess skin color – white, blue, yellow
 - c. Feel the soft spot on the top of the head – sunken; dehydration, swollen; meningitis possibility

Review and Test of Neonatal Illness: Five warning signs of illness – infected umbilical cord, fever, diarrhea, vomiting, baby stops sucking – difficulty breathing.

Day Two

9:00 Review of Infant Delivery and Delivery kit

10:00 Guest teacher: Dr. Timothy Silbaugh

Maternal CPR

Each CHW reviewed and role-played for this emergency

11:30 Review and Learnings

Supplies distributed

Addendum G:
Curriculum For CHW Training
Xiewu Clinic
8.29 and 8.30.11

Introduction

Day One: 14:00 – 14:30

Day Two: 9:00 – 9:30

Surmang Program history 2006 – 2011

Goals of CHW Program

- Identify high risk women
- Referral to clinic for ultrasound/ well baby check
- Deliver babies safely

Successes of CHW program

- Early identification of pregnancy, high risk
- Timely referral
- Increase clinic deliveries

Long Term

- Reduce maternal/infant mortality

How do the CHWs work with village/township doctors?

CHWs can identify women in village who are pregnant and encourage them to visit village/township doctors

CHWs role compliments doctors role

- CHW do not have medical degrees
- Can be the eyes/ears in the community
- Identify family first

Prenatal Teaching

Day One: 14:30 – 16:00

Day Two: 9:30 – 11:00

Review of anatomy/physiology – Universal Picture Book

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 - Swelling in hands, feet, or face
 - Signs of anemia
 - Shortness of breath

- Nutrition
 - Hand washing and clean food preparation
 - Eating well by having foods rich in protein, iron, vitamins, and calcium
 - Iodized salt
 - Drinking lots of fluids (boiled water, soup, milk)
 - Importance of taking only necessary medications or no medications while pregnant

Review of Delivery

Postnatal teaching

Day One: 16:00 – 17:00

Day Two: 11:00 – 12:00

Signs of Neonatal Illness

1. Infection in the umbilical cord
 - a. Assess for drainage (pus) from the umbilical cord
 - b. Assess odor
 - c. Refer to clinic if cord is infected
2. Fever
 - a. Signs of dehydration – sunken fontanel
 - b. Is baby breastfeeding?
 - c. Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
 - d. Refer to clinic for high fever
3. Diarrhea
 - Amount and frequency
 - Is baby breastfeeding?
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 - Refer to clinic if baby is not breastfeeding or is not taking rehydration fluid
4. Vomiting
 - Assess for amount: healthy babies burp, but if a baby has vomiting, loses weight, becomes dehydrated, or has concurrent diarrhea - baby is sick and needs help.

- If the vomit is yellow or green, assess whether the abdomen is swollen – this could be a sign of a bowel obstruction. This condition is an emergency.
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5. Baby stops sucking (> 4 hours)

- a. Assess breathing – rapid, blue color, grunting, skin around ribs moving
- b. Assess skin color – white, blue, yellow
- c. Feel the soft spot on the top of the head – sunken; dehydration, swollen; meningitis possibility

Review and Test of Neonatal Illness: Five warning signs of illness – infected umbilical cord, fever, diarrhea, vomiting, baby stops sucking – difficulty breathing.

The Village Doctors of Xiewu were given colored tickets to track clinic referrals for ultrasound and well-baby checks as an example of how these processes work in Surmang. The women expressed great interest in continuing to learn about antenatal care and delivery and requested further treatment when it became available.

Addendum H:
Festival Training
September 11, 2011

Review of 3 Stages of Labor

1st Stage – Contractions begin

2nd Stage – Pushing baby out

3rd Stage – Placenta delivery

1. Review 3rd Stage Physiology

- What happens after woman pushes baby out?
- Are there contractions?
- Does the placenta come fast or slow?

2. Why is it important for placenta to be delivered quickly?

- Sometimes when placenta is still inside, it may not be adhered to the wall
- If not adhered, blood is likely forming
- When the uterus is big it will bleed more. When it is small there is less bleeding
- *Even if you don't see the blood you don't know if too much blood is coming into uterus*
- If too much blood is lost, mother won't produce milk
- If too much blood is lost, mother will be weak

3. To assist in delivering placenta quickly

- massage uterus; when mother has contraction placenta can be removed
- when uterus is hard like a ball, place hand low to steady uterus, then pull gently on cord, placenta should come out easily
- after placenta is removed, apply uterine massage to make sure uterus stays hard

Review of postpartum care

- a. Deliver the placenta as quickly as possible to prevent excessive bleeding
- b. The less bleeding the better – some bleeding is normal; no requirement for medications to encourage bleeding
- c. Apply uterine massage after placenta is delivered
- d. Keep mother well hydrated throughout postpartum period