

# Chapter 6

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Most pregnant people in the world today do not get *prenatal* care or trained help during birth. They usually have their babies at home with the help of a local midwife or a family member. This chapter has information for both the pregnant person and their helpers about care during pregnancy and care both during and after the birth.

For more complete information about caring for someone during pregnancy and helping them with both uncomplicated and difficult births, see Hesperian's *A Book for Midwives* (for how to order it, see the last pages of this book).

# Pregnancy and Birth



Anyone who is pregnant needs good health, good food, and the love and support of their family and community. Many people feel very healthy during pregnancy and do not have difficult births. Most babies are born healthy.

Yet pregnancy can also be one of the main dangers someone faces in their life. About half a million women die each year from problems of pregnancy and birth (also called maternal mortality), mostly in poorer countries. Most of these deaths could be prevented by giving everyone good care during pregnancy and birth.

## HOW TO TELL IF YOU ARE PREGNANT

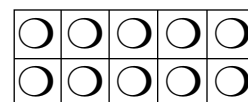
- Your menstrual period does not come.
- Your breasts may feel sore and grow bigger.
- You may feel sick to your *stomach* and sometimes *vomit*.
- You may have to pass *urine* more often.
- You may feel more tired than usual.
- You have a positive pregnancy test.

## HOW TO KNOW WHEN THE BABY IS DUE

Add 9 months plus 7 days to the date when your last menstrual period began. Your baby will probably be born any time in the 2 weeks before or after this date.



► Some people who are pregnant do not identify as women. Like anyone who is pregnant, they need good care to have healthy pregnancies and births, care that includes respect for who they are.



Many people count the passing of 10 moons to know when a baby will be born.

## Staying Healthy during Pregnancy



eating for good health



prenatal care

► Read about the “Danger signs during pregnancy,” starting on page 73, to learn when it is important to see a health worker.



STIs

► If there is malaria where you live, sleep under a bed net to avoid being bitten by mosquitos.

If you take good care of yourself while pregnant, you are more likely to have a safe pregnancy and birth and a healthy baby.

- Try to **eat enough nutritious foods**. Good *nutrition* gives strength, prevents *infection*, supports your baby’s development, and helps prevent too much bleeding during birth. Remember that you are feeding both yourself and your baby. Use iodized salt so your baby will not have cognitive delay.
- **Sleep and rest more**. If you work standing up, try to sit or lie down several times during the day.

Do your daily work...



...and rest whenever you can.



- **Go for prenatal (before-birth) check-ups** to get information, prevent health problems, and respond to problems before they become serious. If you have never had a *tetanus* immunization, get one as soon as you can. Get at least 2 before the end of the pregnancy (see page 161).
- **Keep clean**. Bathe or wash regularly and clean your teeth every day.
- **Practice squeezing exercises**, so the muscles around your *vagina* will be stronger after the birth (see page 371).
- Try to **get daily exercise**, but do not tire yourself. If you sit at work, try to walk a little every day.
- **Get testing and, if necessary, treatment for sexually transmitted infections (STIs), including HIV**. STIs can harm you and your developing baby during pregnancy. Protect yourself from STIs during pregnancy by using condoms during sex.
- **Avoid taking modern or plant medicines**, unless a health worker who knows you are pregnant says it is OK.
- **Do not use alcohol or drugs, or smoke or chew tobacco** during pregnancy. They can harm your health and also the developing baby.
- **Avoid pesticides, herbicides, and other chemicals**. Touching these chemicals, breathing *fumes*, or working near chemicals can harm you and a developing baby. Never store food or water in containers that once held chemicals.
- **Stay away from sick people**. Some illnesses, like COVID-19 or rubella (*German measles*), can be very harmful to the pregnant person or their developing baby.

When you are pregnant your body changes and you may have some of the following common problems. Remember, most of these problems are normal in pregnancy.

## SICK STOMACH (NAUSEA)

Although it is often called “morning sickness,” during pregnancy you may feel sick to your stomach at any time during the day or even all day long. It usually goes away by the end of the 3rd or 4th month.

### What to do:

- Drink a cup of ginger or cinnamon tea 2 or 3 times a day, before meals.
- Eat small meals often, and avoid foods that are oily or hard to digest.
- Lick a lemon.
- Ask the midwives in your community for good local plant medicines or remedies.

**IMPORTANT** See a health worker if you vomit so much that you cannot keep any food down, or if you are losing weight. Also watch for signs of dehydration (see page 298).

## HEARTBURN OR INDIGESTION

Heartburn causes a burning feeling in the throat and chest. It is most common in later pregnancy, and usually happens after eating or when lying down.

### What to do:

- Eat several small meals instead of one large meal.
- Avoid spicy or oily foods.
- Drink plenty of water and other clear liquids.
- Try not to lie down right after eating.
- Sleep with your head higher than your stomach.
- Take a cup of milk or yogurt, some bicarbonate of soda in a glass of water, or calcium carbonate (antacid).

## DISCHARGE FROM THE VAGINA

During pregnancy, it is normal to have more white discharge than usual from the vagina. But if the discharge itches, burns, or has a bad smell, you may have an infection of the genitals which should be treated. If the discharge is bloody or has mucus in it, or if there is a lot and it looks like water, see a health worker. You may be starting labor too early.

## Common Problems during Pregnancy

To help with morning sickness...



...try eating a biscuit, a tortilla, a piece of bread, a chapati, or a little rice or porridge when you wake up in the morning.



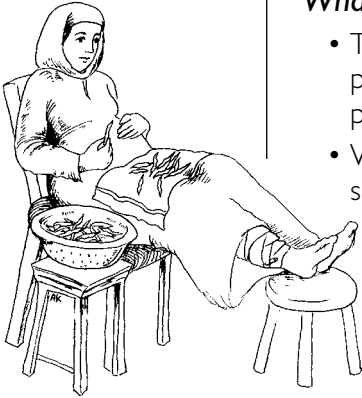
abnormal discharge

## SWOLLEN VEINS (VARICOSE VEINS)

These blue swollen *veins* in the legs and around the vagina are caused by hormone changes and the weight of the growing baby. They can become quite large and painful.

### What to do:

- Try not to stand up for too long. If you have to stand, walk in place or move your feet and legs. When you are sitting down, put your feet up as often as possible.
- Walk every day. If you have a *disability* and cannot walk, ask someone in your family to help move and exercise your legs.
- If the problem is severe, wrap your legs with cloths. Begin wrapping at the ankles and work up to just below the knee. The bandage should be tighter around the ankle and looser further up the leg. Take off the bandages at night.



If you have swollen veins, put your feet up when you can. Wrap your legs if the swelling is very bad.

## CONSTIPATION (DIFFICULTY PASSING STOOL)

Pregnancy makes the *bowels* work more slowly. This can make the stool harder, so it is more difficult to pass.

### What to do (these things also help *prevent* constipation):

- Drink at least 8 glasses of liquid every day.
- Get regular exercise.
- If you are taking *iron* tablets, try taking only one a day with fruit or vegetable juice. Or skip a few days.
- Eat plenty of fruits, vegetables, and foods with fiber—like whole grains and cassava (manioc) root.
- **Do not take *laxatives*.** They only solve the problem for a short while and then you need to take more.

## PILES (HEMORRHOIDS)

Hemorrhoids are swollen veins around the anus. They often itch, burn, or bleed. Constipation makes them worse.

### What to do:

- Sit in a basin or pan of cool water to relieve the pain.
- Follow the advice above for preventing constipation.
- Soak some clean cloth in witch hazel (a liquid plant medicine) if you can find it, and put it on the painful area.
- Kneel with your *buttocks* in the air. This can help relieve the pain.



If you have hemorrhoids, sitting in cool water can help with the pain.

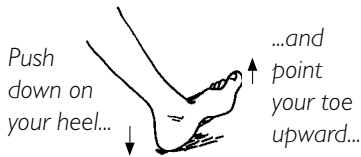


## LEG CRAMPS

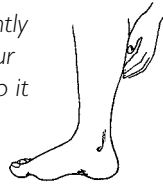
Someone who is pregnant often gets foot or leg *cramps*—especially at night or when they stretch or point their toes down. Leg cramps may be caused by not enough *calcium* in the diet.

### What to do:

- Eat plenty of foods that contain calcium, such as milk, cheese, sesame seeds, and green leafy vegetables.
- If your foot or leg cramps:



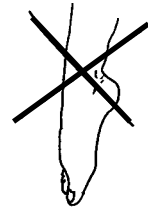
...then gently stroke your leg to help it relax.



**DO NOT** point your toe down. It can make the cramps worse.



foods with calcium



## LOW-BACK PAIN

Low-back pain is caused by the weight of the growing baby.

### What to do:

- Ask someone to rub or *massage* your back.
- Ask family or coworkers for help lifting heavy things.
- Take care to stand and sit with your back straight.
- Sleep on your side with a pillow or rolled up cloth between your knees.
- Do the “angry cat” exercise for a few minutes, 2 times each day, and whenever your back hurts.

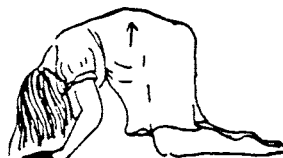


lifting and carrying heavy loads

### Angry cat exercise



Start on hands and knees with back flat.



Push the lower back up.



Return to flat back. Repeat.

## SWELLING OF THE FEET AND LEGS

Some swelling of the feet is normal during pregnancy—especially if you must stand all day.

### What to do:

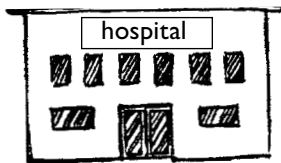
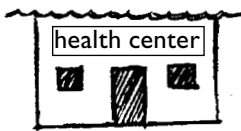
- Put your feet up as often as you can during the day.
- When resting, lie on your left side.

If your feet are very swollen, or are swollen when you wake in the morning, or your hands and face also swell, these are danger signs during pregnancy.



danger signs of pre-eclampsia

## Risks and Danger Signs during Pregnancy



A woman who is likely to have a dangerous birth should plan to have her baby in a health center or hospital.

### PROBLEMS THAT MAKE PREGNANCY MORE RISKY

Someone with any of the following problems should plan to go to a health center or hospital for birth, and should try to get regular prenatal care during pregnancy.

- **Anemia** makes someone more likely to bleed heavily (hemorrhage) during birth, become ill after birth, or even die. For more on anemia, see the next page.
- **Diabetes** can cause very serious problems during pregnancy. The pregnant person is more likely to develop pre-eclampsia (see page 74) and the baby may become very ill and die after birth.
- **High blood pressure** can lead to severe headaches, seizures, and even death. See page 74.
- **Being older** and having had many babies make someone more likely to have a difficult labor and heavy bleeding after birth.
- **Someone under the age of 17** is more likely to have *eclampsia* (seizures), a long, difficult labor, a baby born too early (premature), or a blocked birth, which may damage the bladder, vagina, and womb. These can even cause death.
- **Someone who had problems with a past pregnancy**—such as seizures, birth by operation, heavy bleeding, a too-early or too-small baby, or a baby born dead—is more likely to have problems in another pregnancy or birth.
- **Someone with a disability**, such as a loss of feeling in the body or difficulty walking, can have problems during both pregnancy and birth (see page 145).
- **Someone with HIV** risks spreading HIV to their baby, but can take medicines to prevent this (see page 520).

### Others who should try to give birth at a health center or hospital

Some people without the extra risks listed above are also likely to have dangerous births and should also try to give birth at a health center or hospital:

- **Someone with a baby in the wrong position for birth at the end of pregnancy** (see page 75) may die without surgery. Some positions of the baby lead to especially long and difficult labors.
- **Someone carrying twins** often has one baby in the wrong position for birth and is also more likely to bleed heavily after birth.
- **Someone whose genitals have been cut and sewn closed** may need them opened to avoid severe tearing during the birth (see page 464). Opening the genitals before the birth will prevent great pain, heavy blood loss, and *infection*.



## OTHER DANGER SIGNS DURING PREGNANCY

Someone with any of these signs may be in serious danger and should see a health worker. Find information about these problems on the next 2 pages.

- feeling very weak or tired
- pain in the belly
- bleeding from the vagina
- fever
- swelling of hands and face, or bad headache and blurred eyesight

### Feeling very weak or tired (anemia)

If you feel very weak or tired, you could be anemic (see page 172). Being very anemic in pregnancy means you are much more likely to have heavy bleeding after the baby is born.

#### What to do:

- Eat foods rich in iron—meat, fish, chicken, eggs, beans, peas, and leafy green vegetables.
- Take 325 mg of ferrous sulfate (iron) by mouth 2 times a day, and 400 mcg of folic acid by mouth once a day, until the baby is born. If you take iron tablets with fruits like oranges, mangoes, or papayas, your body uses the iron better.



foods rich in iron

### Pain in the lower belly (abdomen)

1. **Pain in the first 3 months** may be caused by a pregnancy that is growing outside the womb in the tube (a *tubal pregnancy*). As the tube stretches, it causes pain. If the pregnancy grows large enough, the tube will burst and bleed. **This is very dangerous.** You will bleed inside your abdomen and may die.

#### Signs of tubal pregnancy (ectopic pregnancy):

- missed menstrual period, and
- pain in the lower *abdomen* on one side, or
- slight bleeding from the vagina, or
- feeling dizzy, weak, or faint

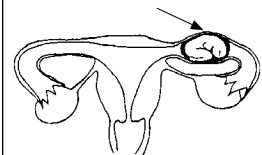


#### What to do:

Go to the nearest hospital.

2. **Strong pain that comes and goes (cramping) in the first 6 months** could mean you are losing the pregnancy (having a *miscarriage*). See page 234.
3. **Strong, constant pain in late pregnancy.** This could mean the afterbirth (*placenta*) is coming off the wall of the womb. **This is very dangerous. You could die if you do not get help. Go to the nearest hospital.**
4. **Pain that comes and goes in the 7th or 8th month** could mean you are going into labor too early (see page 75).

tubal pregnancy



► Strong pain in the abdomen does not always mean something is wrong with a pregnancy. For information about other possible causes, see pages 353 to 357.



**TRANSPORT!**





miscarriage



**TRANSPORT!**

► See **Where There Is No Doctor** for more information about malaria.

### Bleeding from the vagina

1. **Bleeding early in pregnancy.** Light bleeding from the vagina for a few days during the first 3 months of pregnancy can be normal. But pain with light bleeding could be a pregnancy in the tube, which is very dangerous (see page 73). If the bleeding gets heavier than your usual menstrual period, you are probably losing the pregnancy (having a miscarriage).
2. **Bleeding later in pregnancy.** Bleeding after the first 3 months can mean there is a problem with the afterbirth (*placenta*). **Both you and the baby are in danger.**

#### What to do:

- Go to the nearest hospital.
- On the way, lie down with your feet up.
- Do not put anything in your vagina.

### Fever

Fever over 38°C (100.4°F) with shivering, body aches and headache can be caused by *malaria*. For uncomplicated malaria during the first 3 months of pregnancy, take 600 mg of quinine and 300 mg of clindamycin, both by mouth 3 times a day for 7 days. At any time during pregnancy you can use the artemisinin combination therapy (ACT) recommended for your area instead.

### High blood pressure, a sign of pre-eclampsia

Blood pressure of 140/90 or higher can mean you have a serious problem called pre-eclampsia (toxemia). Pre-eclampsia can lead to seizures, and both you and the baby can die.

#### Signs of pre-eclampsia

- |                                   |  |  |
|-----------------------------------|--|--|
| • blood pressure 140/90 or higher | • changes in seeing: things are blurry or too bright, flashes of light, or blind spots | • sudden swelling of face, feet, and hands |
| • protein in the urine            |  | • severe pain high in the belly            |
| • severe headache                 |  |  |

#### What to do:

- Check your blood pressure and for protein in the urine. Go to a health center or hospital if necessary.
- If you are at risk for pre-eclampsia you can take a low-dose aspirin (81 mg) daily to help prevent it.
- Rest as often as possible, lying down on your left side.
- Plan to have the birth in a health center or hospital.



**TRANSPORT!**

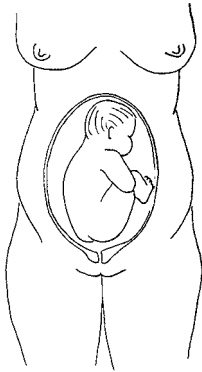
**IMPORTANT** Someone with high blood pressure and any signs of pre-eclampsia needs medical help fast. If already having seizures, see page 87.

## BABY IN THE WRONG POSITION WHEN LABOR STARTS

If the baby's head is not down, toward the womb opening, when labor starts, the birth can be more difficult or even dangerous. If you do not already know how, you can learn how to check the baby's position on page 77.

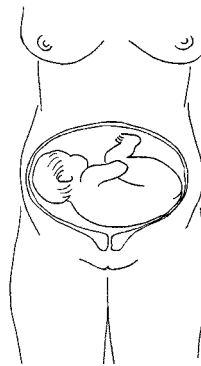
► *If the baby's head is down, the birth is more likely to go well.*

### Positions that cause difficult or dangerous births



*Baby with buttocks first (breech)*

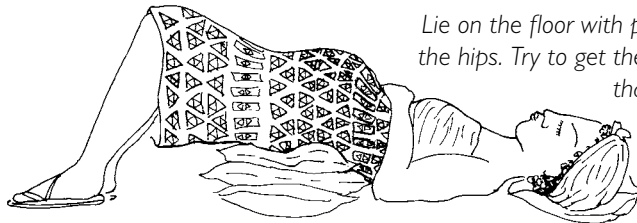
*If the baby's head is up, the birth may be more difficult. It may be safer to give birth in a hospital.*



*Baby lying sideways*

*If the baby is lying sideways, the birth must be in a hospital. The pregnant person and baby are both in danger. A baby that stays sideways cannot be born without medical help.*

During the last month of pregnancy, it may be possible to change the baby's position by lying in this position for 10 minutes, 2 times a day:



*Lie on the floor with pillows under the hips. Try to get the hips higher than the head.*

Do this exercise every day with an empty stomach, until the baby changes to a head-down position and then stop. The baby's position should be checked each week.

- If labor starts and the baby is still sideways, go to a health center or hospital where the baby's position can be changed, or where you can have an operation. Without medical help, you and your baby will almost certainly die.
- If labor starts and the baby is still buttocks first, see page 90.



**TRANSPORT!**

**IMPORTANT** *DO NOT try to change baby's position by hand yourself unless you have been trained to do it and have done it before successfully. You can tear the womb and harm both the pregnant person and the baby.*

## IF LABOR STARTS TOO EARLY (BEFORE THE 8TH OR 9TH MONTH)

Some babies born too early do not live, so stopping or slowing labor is important. Dehydration can cause early labor, so the pregnant person should drink a few glasses of water. Resting in bed with raised hips will sometimes stop labor (see the picture above). A hospital might have medicines to stop labor and equipment that can keep a baby alive if it is born too early. Also see page 94.

## Prenatal Care (Check-ups during Pregnancy)

► *Prenatal check-ups can help you decide the best place to have your baby: at home, or at a health center or hospital.*

**P**renatal check-ups save lives by finding and taking care of problems early—before they are dangerous. Good care is not difficult to give and does not require expensive equipment. Get check-ups:

Minimum (3 check-ups)	Best (10 to 15 check-ups)
As soon as you think you are pregnant	Every month up to 6 months
Around the 6th month of pregnancy	Twice each month during months 6, 7, and 8
A month before the baby is due	Every week for the last month

A midwife or health worker will ask about past pregnancies and births, including any problems, such as a lot of bleeding or babies that died. This information can help you both prepare for similar problems in this pregnancy. A midwife may also be able to:

- make sure you are eating well enough and suggest ways for you to eat better food, if necessary.
- give iron, which helps prevent anemia, and folic acid, which helps prevent disabilities in your baby.
- examine you to make sure you are healthy, physically and emotionally, and that the baby is growing well.
- give vaccinations to prevent tetanus (see page 161).
- give medicine to prevent malaria if it is common in the area.
- give tests for HIV (see page 288) and *syphilis*, along with other sexually transmitted infections (see page 261).
- give medicines so HIV does not infect your baby.

### What to expect at a prenatal check-up

A birth attendant or midwife should do these things at a prenatal check-up:

- Check the eyelids and finger nails for signs of anemia (see page 172).

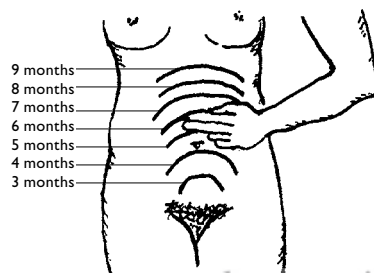


- Check the hands and face for swelling (see page 74).

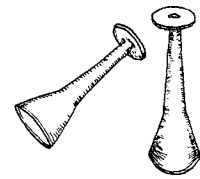


- Check weight, urine, and blood pressure (see page 532).

- Check the growth of the baby. Normally the womb grows 2 finger widths each month. At 4½ months it reaches the level of the navel. **If the womb seems too small or too big**, it may mean there is a problem.



To check whether the baby is healthy, a midwife may listen for the baby's heartbeat. It may be possible to hear it by putting one ear against the pregnant person's abdomen, but it is often difficult to tell the baby's heartbeat apart from the pregnant person's. It is easier with a fetoscope. Another sign the baby is healthy is if the pregnant person feels the baby move every day during the second half of the pregnancy, including the day of the check-up.



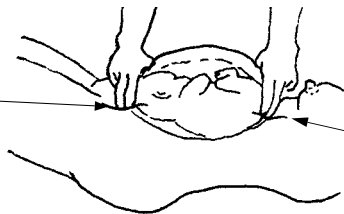
fetoscope

### How to check the baby's position

During pregnancy, it is common for a baby to change position several times in the womb. By the end of the pregnancy, the baby should be lying in the womb with its head down, toward the opening of the womb. This is the best position for birth. To check if the baby is head down, feel for the head like this:

1. Have the pregnant person breathe out all the way. Using both hands, feel the baby.

With the thumb and 2 fingers, push in here, just above the *pubic bone*.



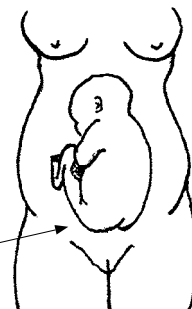
With the other hand, feel the top of the womb.

The baby's bottom is larger and wider...  
...and its head is harder and more round.



So bottom up feels larger high up...

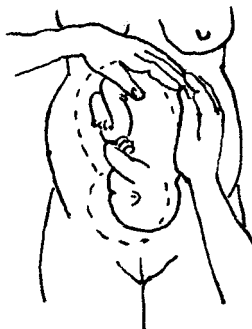
...and bottom down feels larger low down.



2. Push gently from side to side, first with one hand, then with the other. At the same time, feel what happens to the baby's body with the other hand as you push.

If the baby's bottom is pushed gently sideways, the baby's whole body will also move.

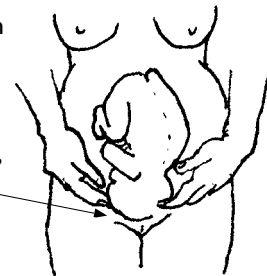
But if the head is pushed gently sideways, it will bend at the neck and the back will not move.



3. Just before birth, a baby will move lower in the womb to get ready for birth. So, late in pregnancy, you may not be able to feel the baby's head move.

If the baby is still high in the womb, you can move the head a little. But if it has already moved lower, you cannot move it.

A person's first baby may move lower about 2 weeks before labor begins. Second or later babies often do not do this until labor starts.



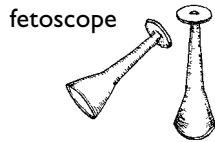
# Preparing for Labor and Birth

## THINGS TO HAVE READY BEFORE BIRTH

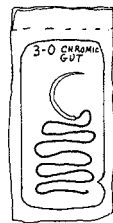
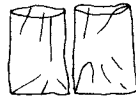
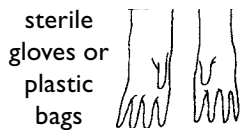
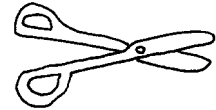
Try to have these things on hand by the seventh month of pregnancy:



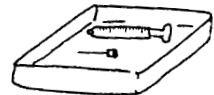
*These are some additional supplies a midwife or birth attendant may have:*



blunt-tipped scissors that have been sterilized, to cut the cord before the baby is born all the way

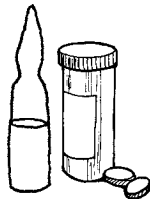


sterile syringe and needles

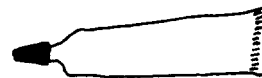


sterile needle and gut thread for sewing tears in the birth opening

several injections or tablets of ergonovine, ergometrine, oxytocin, or misoprostol



ART (HIV medicines) for adult and baby if pregnant person has HIV



antibiotic ointment, povidone-iodine solution, or silver nitrate solution for the baby's eyes



suction bulb for sucking mucus out of the baby's nose and mouth

This is also the time to:

- plan transportation in case you need to go to the hospital.
- clean the birth place.



## HELPING AT THE BIRTH

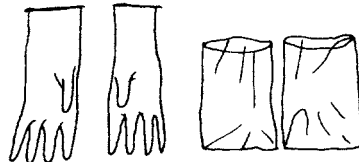
If you are pregnant, read these next few pages to know what to expect during labor and after the baby is born.

If you are helping someone give birth, reassure them so they will not be afraid. Remember that most babies are born without problems. Stay calm and cheerful, and let the person know that you trust their ability to give birth.

### DO

- Keep your nails clean and cut short.
- Wash your hands with soap and clean water. Let them dry in the air.
- Learn the “Danger Signs during Pregnancy” (see page 73) and find out if the person has any conditions that increase the risk of a difficult birth. If they have risks or danger signs, help them give birth in a health center or hospital.
- Learn the “Danger Signs during Labor” (page 85). Go to the hospital if they have any of these signs.
- Treat anyone in labor with kindness and respect.

**IMPORTANT** *Protect yourself from HIV and hepatitis by wearing clean gloves during a birth. If you do not have gloves, use washed plastic bags.*



### DO NOT

- Do not put your fingers or anything else in the vagina unless you have been trained to do vaginal exams. If labor is going well, wait at least 4 hours between exams. Do not start a vaginal exam during a contraction, and never do an exam if there is heavy or unusual vaginal bleeding.
- Do not give any medicine to speed up or strengthen labor. These medicines can kill someone giving birth as well as the baby. Medicines to contract the womb should only be used to stop bleeding after the baby is born.
- Do not tell someone to push before they are ready. When it is time, they will feel like they have to pass stool and will start pushing on their own.
- Do not push on the person's belly. This will not make a baby come out faster but can tear the womb or cause the placenta to separate from the womb too soon. Both the pregnant person and the baby can die.

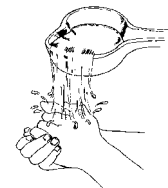
► Learning about labor and birth makes anyone better able to help when someone is having a baby.



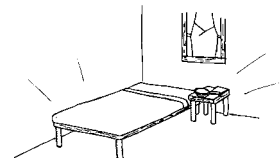
preventing infection

► For safe birth, practice the 3 cleans:

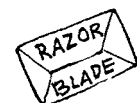
#### 1. Clean hands



#### 2. Clean place to give birth



#### 3. Clean tool to cut the cord



## Giving Birth

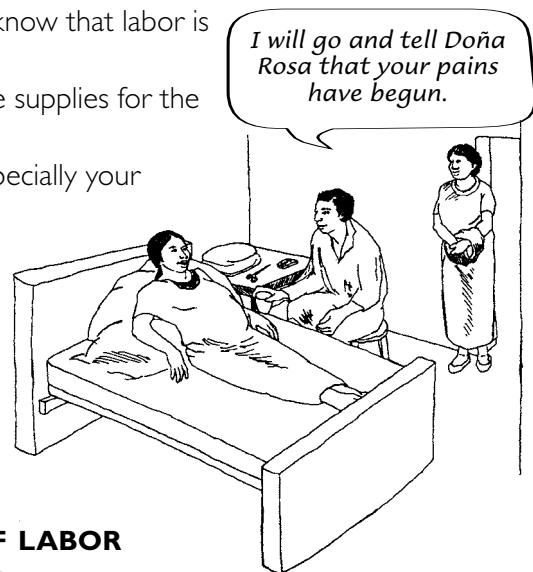
### SIGNS THAT LABOR IS NEAR

These 3 signs show that labor is starting or will start soon. They may not all happen, and they can happen in any order.

1. **Clear or pink-colored mucus comes out of the vagina.** During pregnancy, the opening to the womb (*cervix*) is plugged with thick mucus. This protects the baby and womb from infection. When the cervix starts to open, it releases this plug of mucus and also a little blood.
2. **Clear water comes out of the vagina.** The *bag of waters* may break just before labor begins.
3. **Pains (*contractions*) begin.** At first, contractions are usually far apart (10 to 20 minutes or more) and not evenly spaced. As labor continues, they get closer together and have about the same amount of time from one to the next.

When any one of these signs occurs, it is time to get ready for the birth. Here is a list of things you can do:

- Let your midwife know that labor is starting.
- Make sure that the supplies for the birth are ready.
- Wash yourself, especially your outer genitals.
- Continue to eat small meals and drink whenever you are thirsty.
- Rest while you can.



### THE 3 STAGES OF LABOR

Every birth has these 3 parts.

**Stage 1** begins when contractions start to open the cervix and ends when the cervix is fully open. How long it lasts varies a lot, especially for early labor when contractions come less often. Stage 1 can last from more than 20 hours (during a first birth) to less than 10 hours (in later births).

**Stage 2** begins when the cervix is open and ends when the baby is born. This stage is usually easier than Stage 1, and usually takes 2 to 3 hours.

**Stage 3** begins when the baby is born and ends when the placenta comes out.



## Stage I: The cervix opens

To make sure that labor is going well, check:

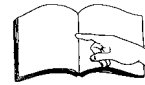
1. **How long ago did the contractions begin and how often do they come?** At first, they may come every 10 or 20 minutes and last for a minute or less. After some time they will come more quickly—about every 2 to 5 minutes—and each one will last longer, about a minute and a half, until the baby is born. If strong contractions come every 10 minutes or faster for more than 12 hours and the baby is not ready to be born, see “Too-long labor,” page 86.
2. **Have the waters broken?** If they have, ask when. If it has been more than a day, see “Waters break and labor does not start in a few hours,” page 85. If the waters are green or brown, see “Green or brown waters,” page 86.
3. **Is the baby in a head-down position?** Feel the abdomen (see page 77). If the baby is sideways or breech, you must go to a health center or hospital.

You can also help by reassuring the person in labor that they are doing well. Encourage them to:

- stay active.
- eat light foods, not heavy or oily foods.
- drink as much sweet liquid and warm tea as they want.
- pass urine often.
- take deep, slow breaths during contractions, and breathe normally between them.
- not push until they feel a strong need to push (see page 82).



*Walking helps the womb open. It can also make the pain less and help someone in labor feel calmer.*



too-long labor, 86  
waters break and labor does not start, 85  
green or brown waters, 86  
checking the baby's position, 77

During labor, help someone choose the positions they are most comfortable in. For many years, doctors and some midwives asked people in labor to lie on their backs, but this is often a difficult position for going through labor and giving birth. Encourage someone in labor to try different positions. Most find it easier to push the baby out when they are kneeling, squatting or sitting propped up.

kneeling



squatting



sitting propped up



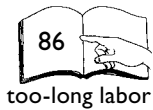
**Stage 2: Pushing the baby out**

**Signs that it is time to push (this means the cervix is fully open):**

- The person feels a strong need to push. It may feel like needing to pass stool.
- During contractions, you can see their vulva bulging and you may see the baby’s head at the opening of the vagina. At first, the baby’s head moves back inside between contractions.

**What to do:**

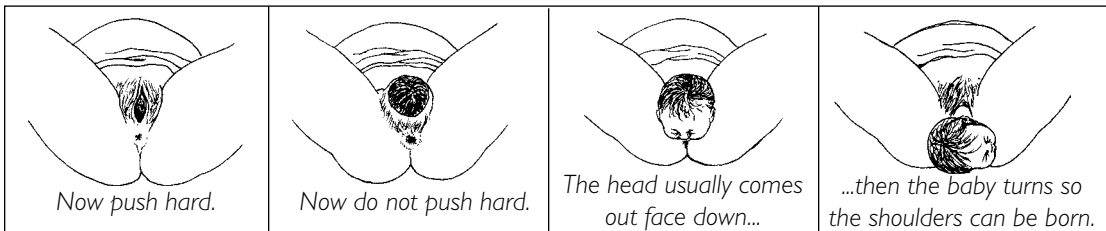
- Stay with them all the time and be reassuring—say how well they and the baby are doing.
- Each contraction will come with a very strong urge to push. When they feel like pushing, have them take a deep breath and push as if they were passing stool, but with all their strength. Many people in labor find it helpful to moan or groan in a deep voice with the pushes.
- Make sure that everything is going well and is ready for the birth. If someone has been pushing for more than 2 or 3 hours, see “Too-long labor,” page 86.



**Birth of the head**

When the baby’s head stays at the opening of the vagina, even between contractions, it is time for the head to be born:

1. Tell the person pushing not to push hard, but to give little grunts or little pushes.
2. Allow the head to come out slowly, between contractions. This will help to prevent the skin around the vagina from tearing.
3. After the head is born, wipe the baby’s mouth and nose with a clean cloth.



**Birth of the shoulders**

**To help the shoulders come out:**

1. Gently hold the baby’s head and guide it toward the laboring person’s back (away from their abdomen). This lets the front shoulder be born first. **Never pull or twist the head.**
2. The rest of the baby will then come out easily. **Be ready!** Hold the baby so it does not fall.

## Care of the baby at birth

A healthy baby will start breathing, move its arms and legs, and start crying right away. To care for the baby:

- Wipe its mouth and nose with a clean cloth. To help the *mucus* drain, keep the baby's head lower than its body. If there is a lot of fluid or mucus, remove it with a suction bulb (see page 86).
- Give the baby to the parent right away. Put a clean cloth around both of them so the baby stays warm.
- Put the baby's mouth to the parent's nipple immediately. When the baby sucks, the womb tightens and stops the bleeding. This will also help the *placenta* come out more quickly.



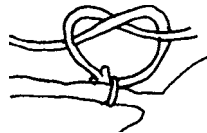
### To cut the cord:

1. When the cord turns white and stops pulsing, put 2 clean ties around it, using square knots. Put one tie about 2 finger widths from the baby and put the other one about 2 more finger widths farther from the baby.

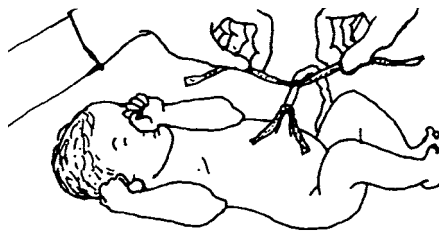
The first loop of  
a square knot...



...the second loop of  
a square knot.



2. Cut the cord between these 2 ties with a new razor blade. If you must use a different tool to cut the cord, be sure it has been sterilized (see pages 526 to 528).



Tie the cord in 2 places before cutting. The chance of a baby getting tetanus is greater when the cord is cut far from its body.

**IMPORTANT** To avoid tetanus and other infections, the cord and anything that touches it must be very clean. Never put dirt or animal dung on the cord stump.

## Care of the eyes

To prevent blindness, put medicine in each of the baby's eyes within 2 hours of birth. Use 0.5% erythromycin ointment, 1% tetracycline ointment, or 2.5% povidone-iodine solution. If you cannot get one of these, use 1% silver nitrate solution, although it does not work as well and may irritate the baby's eyes. It is better than not using anything.



Pull down the lower lid to put a little bit of ointment inside. Putting ointment outside the eye does no good.



*Rolling the nipples can help the womb contract and stop bleeding.*

► When the placenta is out, put it in a bowl and check it to make sure it is all there.



too much bleeding

### **Stage 3: The placenta comes out**

When the baby is wrapped and at the breast, the placenta should come out soon.

Watch the vagina to see when the cord gets longer. This means the placenta is separating from the womb. Also watch to make sure there is no heavy bleeding. When the cord lengthens, tell the person in labor to push out the placenta. Do not pull on the cord.

To help the placenta come out:

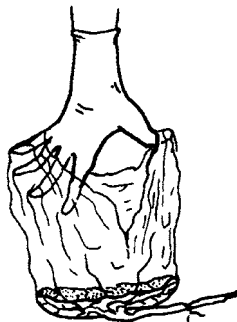
- Have the person squat and push. If they cannot push, have them blow into a bottle, sneeze, or cough.
- Ask them to pass urine.
- Encourage the baby to nurse or have someone roll the person's nipples. This will help make the womb contract.
- If the placenta does not come out right away and there is no bleeding, it is OK to wait up to 1 hour.
- If nothing else works, inject 10 Units of oxytocin in the buttock or thigh (see the "Medicines Pages").
- If there is heavy bleeding, see page 92.

### **Check the placenta**

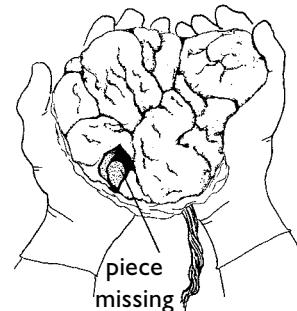
Usually the placenta comes out whole, but sometimes a piece gets left inside. This could cause bleeding or infection later. To see if everything has come out, check the top and bottom of the placenta, and the membranes from the bag of waters.



If there is heavy bleeding, or there seems to be a piece of the placenta or membranes missing, follow the instructions on page 92 for too much bleeding.



*Try to make sure the membranes are all there. You should be able to imagine them fitting together as a sack.*



## DANGER SIGNS DURING LABOR

- waters break but labor does not start
- baby lying sideways
- bleeding before the baby is born
- too-long labor
- green or brown waters
- fever
- convulsions (seizures)

### Waters break but labor does not start

In most births, the baby is born within 24 hours of the waters breaking. If labor has not started after 12 hours, the pregnant person and baby could get a serious infection.

#### What to do:

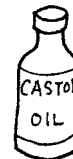
- Do not put anything in the vagina. Do not have sex. This could cause an infection.
- If there is fever or there is a bad smell from the vagina, an infection is starting. The person needs *intravenous (IV) antibiotics*. Even if labor starts, the pregnant person and baby could die. **Go to a health center or hospital.**
- Try to get labor started. The pregnant person should swallow 2 tablespoons of castor oil and roll their nipples, or have someone suck them for a while every few hours until labor starts. There may also be special local teas that you can use to start labor. If labor still does not start after a few more hours, go to a health center or hospital.

### DANGER!! Do

*not use injections to start labor. They can cause contractions that are so strong that they can kill the pregnant person or the baby.*



**TRANSPORT!**



### Baby lying sideways (transverse)

If labor has started and the baby's arm comes out first, it almost always means the baby is sideways. Check the baby's position (see pages 75 and 77). A baby lying sideways cannot be born without medical help. Do not try to change the position of the baby once labor has started. This can tear the womb or separate the placenta from the womb wall.

#### What to do:

Go to the hospital.

### Bleeding before the baby is born

Some light, pink-colored fluid, or mucus and brown blood during labor is normal. But if there is bright red bleeding, it could mean that the placenta is separating from the womb wall or is covering the opening of the womb. **This is very dangerous.**

#### What to do:

Go to the hospital right away. If possible, give IV fluids on the way.

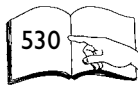


**TRANSPORT!**

A woman in labor should not see the sun rise twice.  
—Proverb from Niger



**TRANSPORT!**



how to use a thermometer



**TRANSPORT!**

### Too-long labor

If someone has been in strong labor for more than 12 hours, or has been pushing for more than 2 hours with no signs of the baby moving toward birth, there may be a problem.

Take the person to a health center or hospital. They may need medicines to help the labor or an operation for the baby to be born.

#### What to do:

In strong labor, contractions should come every 2 or 3 minutes and last for a full minute. If this is not happening, encourage the person to sleep. If they cannot sleep, ask them to roll their nipples and walk between contractions to make labor stronger. Give light foods and fruit juices or tea with sugar for energy.

### Green or brown waters

Brown or green waters can mean that the baby has passed stool in the womb. The stool can get inside the baby's mouth and nose, and make breathing hard or cause infection after they are born.

#### What to do:

If it is still early in labor and pushing has not started, it is best for this baby to be born in a hospital.

If the labor is in Stage 2 and the baby is going to be born soon, have the person in labor push as hard as they can and get the baby out quickly. As soon as the baby's head is born, wipe its mouth and nose with a clean cloth or use a suction bulb to suck the mucus out. Keep the baby's head lower than its body to help the mucus come out. If the baby has difficulty breathing, take it to a hospital.

### Fever

Fever, a *temperature* over 38°C (100.4°F), is usually a sign of infection. To check for fever, use a thermometer or touch the person's forehead with the back of one of your hands, and touch your own forehead with your other hand.

If the person feels only a little warmer than you, they may just need fluids. Give plenty of water, tea, or juice. Remind them to pass urine every few hours.

#### What to do:

Someone with chills who is very hot to touch needs medical help right away. Take them to a health center or hospital. If you have it, inject 2 g ampicillin in the muscle one time. After 6 hours, inject 1 g and repeat every 6 hours. Also inject 80 mg gentamicin in the muscle every 12 hours, and give 500 mg metronidazole by mouth every 8 hours. Stop giving these medicines 24 hours after the birth if the person has no fever.

## Seizures (convulsions) with eclampsia

If someone in labor has a seizure:

- Put something under their head to protect it, and put them on their left side if possible. But do not try to hold them down.
- Keep them cool.
- Send someone to get emergency transportation and take the person to the nearest hospital.
- If possible, give a medicine for seizures.



Because someone having seizures cannot swallow pills, medicine must be injected or given in the rectum (the butt). See the box below.



danger signs during pregnancy



**TRANSPORT!**

► For more information about these medicines, see the “Medicines Pages.”

### Treatment for seizures

Magnesium sulfate works best and is safest during pregnancy. If you do not have magnesium sulfate, give diazepam in the rectum (it does not work as well when injected).

#### How to give magnesium sulfate

Give 10 g magnesium sulfate 50% solution by injecting 5 g deeply into each buttock. Then inject 5 g magnesium sulfate 50% solution every 4 hours, alternating buttocks. Continue for 24 hours after the birth or after the last seizure (whichever is later).

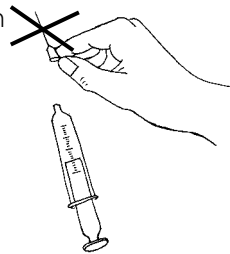
#### How to give diazepam

Diazepam comes as a liquid or as pills you can crush to give in the rectum. Use a syringe to give medicine in the rectum, but except for drawing liquid into the syringe, **YOU MUST REMOVE THE NEEDLE.**

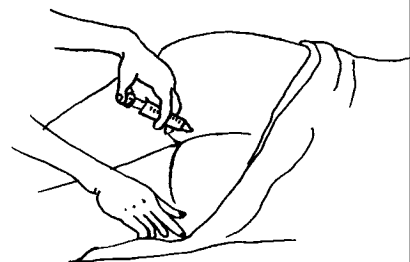
The dose is 10 mg after the first convulsion. Then wait 15 minutes. If convulsions do not stop, you can give 10 mg more, but do not give more after that.

**For liquid diazepam:** First load the syringe and then **TAKE OFF THE NEEDLE.** Put the barrel of the syringe gently into the rectum and empty it inside. Hold the syringe in place for at least 5 minutes—it will keep the medicine from leaking out. If some fluid comes out, it is OK to give 5 mg more.

**For diazepam pills.** Crush 10 mg of pills into fine powder and mix with clean, cool water. The powder will not dissolve completely. Draw the mixture into a syringe **WITHOUT A NEEDLE** and put it into the rectum using the instructions above for liquid diazepam.



To give diazepam in the rectum, be sure to take off the needle!

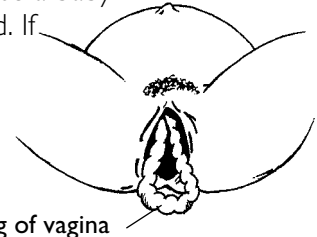




## Difficult Births

### Cord comes out before the baby

Until birth, oxygen (and everything else a baby needs) comes through the umbilical cord. If the cord comes out before the baby's head, the cord can be squeezed shut when the head comes down. The baby can get a brain injury or die from lack of oxygen.



cord at opening of vagina

#### What to do:

If the baby is coming very fast, have the person in labor squat and push as hard as they can to get the baby out.



**TRANSPORT!**



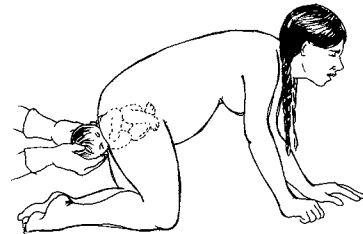
If the baby is not coming quickly, put the person in labor in the knee-chest position, help them to stop pushing, and go quickly to a hospital. The baby needs to be born by operation.

### Baby's shoulders get stuck

If a baby is very big, the shoulders can sometimes get stuck after the head is born. The baby can die or be harmed if it is not born soon.

#### What to do:

1. Have the person in labor get on hands and knees, and push. The stuck shoulder will usually slip out and the baby can be born.
2. If the hands-and-knees position does not work, move the person in labor's bottom to the edge of the bed. Ask them to pull their knees back as far as they can while someone else pushes straight down just above the pubic bone. Then tell them to push as hard as they can during the next contraction.
3. If the baby still does not come out, slide your hand along the baby's neck until your fingers are touching the baby's back. Push the baby's upper shoulder forward at the same time the person in labor pushes with a contraction.



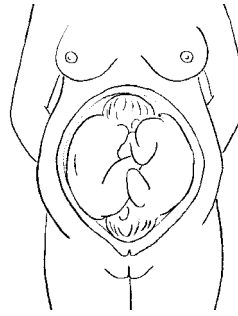
**DO NOT**  
try to pull  
the baby  
out. This  
can hurt or  
kill the baby.



**IMPORTANT** *DO NOT push on the TOP of the womb. This can make the baby more stuck and can tear the womb.*

## Twins

If someone is pregnant with more than one baby, it is best to give birth in a health center or hospital. It is more likely that one baby will be in a wrong position, or that there will be heavy bleeding after the birth. But if you must help someone give birth to twins, here is what to do:



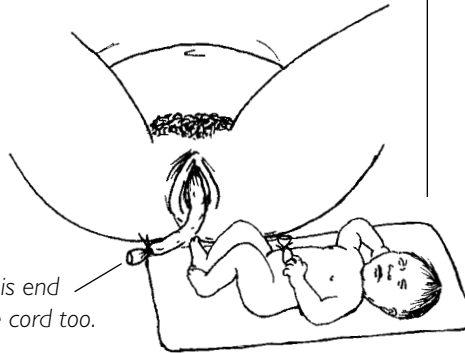
### What to do:

1. Deliver the first baby just as you would any single baby.

2. When you cut the first baby's cord, carefully tie the end that is coming out of the mother. If you do not, the second baby could die.

3. **Do not** give oxytocin or other medicines to prevent heavy bleeding yet.

*Tie this end of the cord too.*



cutting the cord

4. Put the first baby to the breast to begin feeding. This will help the second baby be born.

5. The second baby should be born within 15 to 20 minutes. Feel for its position. If the second baby is sideways, you can gently try to turn it. If it will not turn easily, you must go to the hospital.

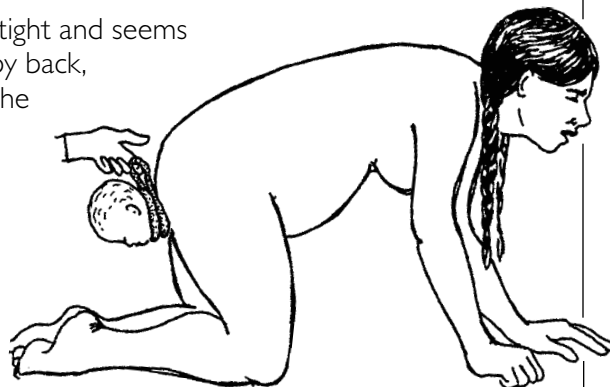


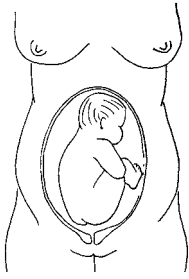
**TRANSPORT!**

## Cord around the baby's neck

Sometimes the cord is wrapped around the baby's neck. Usually you can just loosen the cord and slip it over the baby's head or shoulder.

If the cord is very tight and seems to be holding the baby back, you may have to tie the cord in 2 places and then cut it. Use clean string and sterile scissors. Be careful not to cut the baby or the person in labor.





### Breech birth

A breech birth is when the baby comes out buttocks first. (See page 77 for how to check the baby's position before birth.) If this is a first baby, it may be best to have the baby in the hospital. If it must be at home, try to have an experienced midwife or doctor there to help.

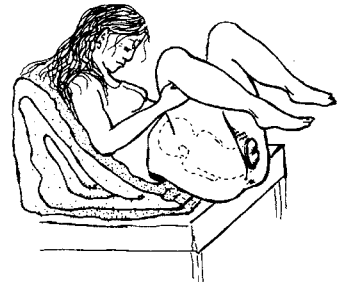
#### What to do for a breech birth:

1. Stop the person in labor from pushing until you see the baby's bottom at the vagina. It is very important for the cervix to be fully open.

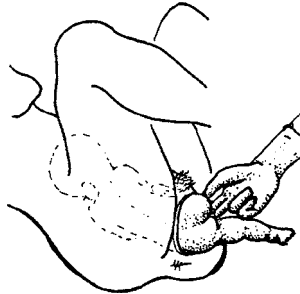
2. Help the person in labor get into a standing squat position.



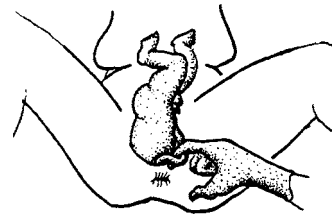
Or if they are unable to squat, help them move their bottom to the edge of the bed as soon as the baby's legs or bottom come out.



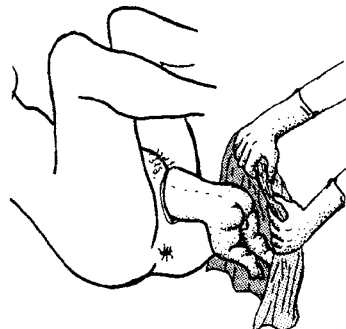
3. Encourage them to push the rest of the baby's body out slowly. The legs usually fall out but you may need to reach inside the vagina to bring them out.



4. Gently loosen the cord a little so it does not get pulled tight later. If the cord is under the pubic bone, move it to the side where the flesh is softer.

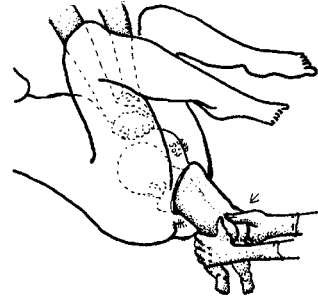
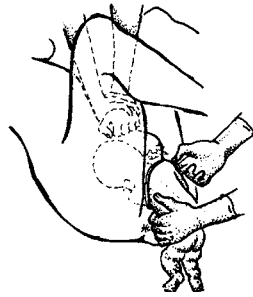


5. Wrap the baby's body in a dry warm cloth. This will help you hold the baby better and will keep the baby from trying to breathe before the head is born. (In the rest of the pictures, we will not draw the towel. This is so that you can see better. But in a real birth, keep the baby wrapped while you deliver it.)

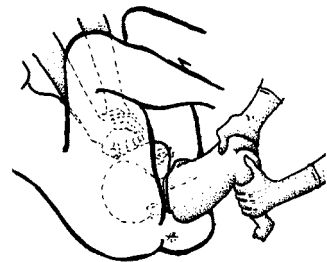


6. Have a helper put pressure on the pubic bone (not the abdomen). This is to keep the baby's head tucked to its chest, not to push the baby out. Carefully guide the baby's body down to deliver the top shoulder. Hold the baby by the hips or legs. **Be careful! Pressure on the baby's back or abdomen can injure its insides.**

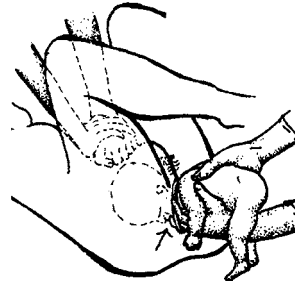
You may need to put your fingers inside the vagina to bring the arms out. Try to grasp the arms by following them down from the shoulder. Bring the arm across the chest by gently pulling on the elbow. Deliver the top shoulder.



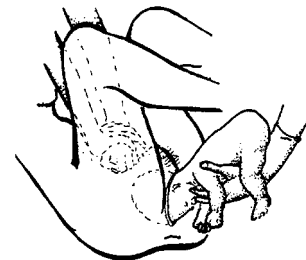
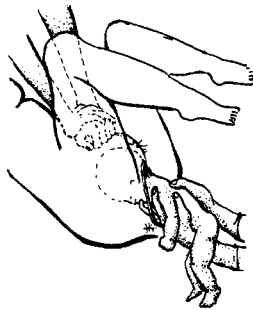
7. Carefully lift the baby to deliver the back shoulder.



8. The baby now needs to turn so it faces down towards the person in labor's bottom. You may wish to support its body with your arm, placing your finger in the baby's mouth to help the head stay tucked. This is because when the baby's chin is tucked to its chest, it passes more easily through the hip bones.



9. Lower the baby until you can see the hairline on the back of the neck. **Do not pull the baby! Do not bend the neck or it may break!**



10. Keep the baby's head tucked in while you raise the body to deliver the face. Let the back of the head stay inside the vagina.

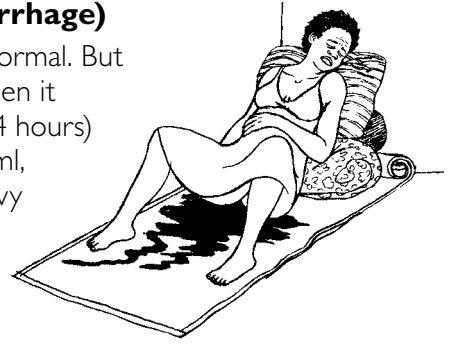
11. The person in labor should relax, stop pushing, and "breathe" the baby out. The back of the head should be born slowly. If it comes too fast, the baby could bleed in the brain and die or be severely injured.





### Too much bleeding (hemorrhage)

Some bleeding after birth is normal. But bleeding is a serious problem when it does not stop within one day (24 hours) after birth, or if it is heavy (500 ml, or about 2 cups). Bleeding is heavy when someone soaks through 2 pads or cloths in an hour.



#### What to do:

1. Go to a hospital.
2. While you are on the way, do the following.

#### For too much bleeding before the placenta comes out:

- Have the person squat and push the placenta out.
- Have the person pass urine.
- Put the baby's mouth to the parent's nipple to start suckling. If the baby will not suckle, have the person roll their nipples or have someone else roll the person's nipples. This will help the womb contract and push the placenta out.
- You can also give 10 Units of oxytocin by injection in the buttock or thigh.

**If the person is bleeding a lot and cannot push the placenta out, go to the nearest hospital.** On the way, you can try to help guide the placenta out. Only do this if you believe the person's life is in danger. First look for signs that the placenta has separated.

1. Tie a clean string around the cord about a hand's width from the opening of the vagina.
2. Put one hand on the abdomen just above the pubic bone. Wait until the womb feels hard and then push upward toward the chest and head.
3. If the string tied around the cord moves toward the vagina, the placenta is probably still attached to the womb. Do not try to guide it out. If the string on the cord does not move, the placenta may be lying in the vagina and you can try to guide it out.
4. With your other hand, hold the cut end of the cord (a dry cloth will help). When you feel the womb get hard again, gently and slowly pull the cord downward and outward. Do not pull hard. If you do not feel the placenta moving down, **STOP**.
5. When the placenta comes out, squeeze the top of the womb with one hand until it stays very hard. At the same time, push the bottom of the womb upward with your other hand.
6. Give fluids either in the vein (IV) or in the rectum (see page 541).

**If the bleeding starts after the placenta comes out:**

- Have the person pass urine.
- Keep the person lying down and put the baby to their nipple. If the baby will not suckle, try rolling the person's nipples. This will make the womb contract and stop bleeding.
- Firmly rub or squeeze the top of the womb (near the navel) until the womb becomes hard. Keep rubbing until the bleeding has stopped.
- If the womb does not become hard after a few minutes of rubbing, or if bleeding continues, give medicine to stop the bleeding.



Rolling the nipples can help the womb contract and stop bleeding.

Medicines to stop bleeding from the womb after the placenta is out		
Medicine:	How much to give:	How to give:
oxytocin.....10 Units .....inject in the side of the thigh muscle If bleeding has not stopped after 30 minutes, give one of the other medicines below.		
<b>OR</b>		
ergometrine .....0.2 mg .....inject in the side of the thigh muscle You can give this dose again in 15 minutes if bleeding does not stop, and then repeat the dose every 4 hours as needed. Do not give more than 5 doses of ergometrine (1.0 mg total). <i>Do not give ergometrine to someone with high blood pressure.</i>		
<b>OR</b>		
misoprostol .....800 mcg (micrograms) .....dissolve in mouth then swallow. If unable to swallow, put in rectum. Let the tablets dissolve under the tongue for 30 minutes and then swallow what is left. <i>If you give misoprostol in the rectum, wear a glove while putting in the pills, then throw the glove away and wash your hands.</i> See page 483 for more information about medicines to stop bleeding.		

**If bleeding continues, take the person to the health center or hospital.** Send 2 family members along to give blood if needed. In the meantime, watch for signs of *shock*. See page 254 for signs of shock and how to treat it.



shock



**TRANSPORT!**

## Danger Signs for the Baby at Birth



### Baby born too early or too small

A baby born before 8 months is born too early. A baby that weighs less than 2500 grams (about 5.5 pounds) is born too small. These babies need special care.

#### Treatment:

1. Dry the baby with a warm, clean cloth immediately after birth.
2. Put a hat and diaper on the baby and lay the baby against the skin of a parent or other caregiver. Keep skin-to-skin contact day and night.
3. Keep the baby warm. Use many blankets, keep their head covered, and keep the room warm. **DO NOT** bathe the baby.
4. Feed the baby as much breast milk as they will take, as often as they will take it.



*Keep baby warm and dry.*

### Baby does not breathe

A baby must begin to breathe on its own within 1 to 2 minutes after the cord becomes white or the placenta separates from the womb wall. A baby who does not start to breathe can suffer serious brain injury or death.

**What to do:** Clear the baby's mouth and nose, and firmly rub its back and feet. If the baby still does not start to breathe, **do rescue breathing:**

1. Lay the baby on its back on a hard surface, like a table or the floor, on a cloth or blanket to keep it warm. Do not cover its chest.
2. Open the baby's throat by tilting the head back slightly.
3. Put your mouth over the baby's mouth and nose. Breathe into the baby using only as much air as you can easily hold in your cheeks. Give about 40 breaths every minute. Let the baby breathe out between puffs.
4. The baby's belly and chest should rise and fall with each breath. If the belly stays up, it means that air is going into the baby's stomach, not its lungs. Try changing the position of the head. Make sure nothing is blocking the throat.



*Chest and abdomen rise.*



*Chest and belly fall between puffs.*

**IMPORTANT** The new baby's lungs are very delicate. If you blow too hard, you will harm them. Blow little puffs of air from your cheeks and not from your chest.



## JUST AFTER THE BIRTH

Encourage the parent to breastfeed the baby. This will help stop any bleeding sooner. Also:

- Feel the top of the womb. It should be hard and rounded, at about the level of the navel. If the womb feels soft, ask the person to pass urine, then rub the womb until it gets hard. Keep checking the womb to see if it gets soft again. Check for bleeding. Teach the person how to feel their womb and rub it if it gets soft.
- Look at the vagina. If there is a long, deep tear or a tear that will not stop bleeding, it should be stitched by someone who knows how.
- Give plenty to drink and eat as soon as the person feels hungry.

## BABY CARE

Keep the baby and parent together so the baby can stay warm and breastfeed as often as it wants. Encourage the family to keep the baby warm and clean and to let it suckle as often as it likes.

Babies often have a little yellowish mucus coming from their eyes in the first weeks after birth. You can wash out the eyes with breast milk or cool, boiled water and a clean cloth. If the baby's eyes get red, swollen, and have a lot of pus in them, see a health worker.

If the birth parent has HIV, giving HIV medicines to the baby after birth can protect the baby from becoming infected (see page 520).

## Care of the cord

Keep the cord stump on the baby clean and dry. If possible, clean it with alcohol and a clean cloth with every diaper (nappy) change. It will turn black and fall off during the first week. You do not need to cover it with anything unless there are flies or dust. Then you can use a very clean piece of gauze or cloth to cover it loosely.

If you notice redness or pus around the cord, the baby may have an infection. The baby should be seen by a health worker and be given antibiotics right away.

## Tetanus of the newborn

### *Danger signs of tetanus in the newborn*

- |                                 |                           |                          |
|---------------------------------|---------------------------|--------------------------|
| • fever                         | • baby cries all the time | • baby's body gets stiff |
| • baby cannot suckle the breast | • fast breathing          |                          |



### **What to do:**

**Take the baby to a health center or hospital right away.** If the hospital is more than 2 hours away and you know how, first inject the baby with 100,000 Units of benzathine benzylpenicillin in the thigh muscle.

## Care After the Birth



breastfeeding



HIV medicines and childbirth

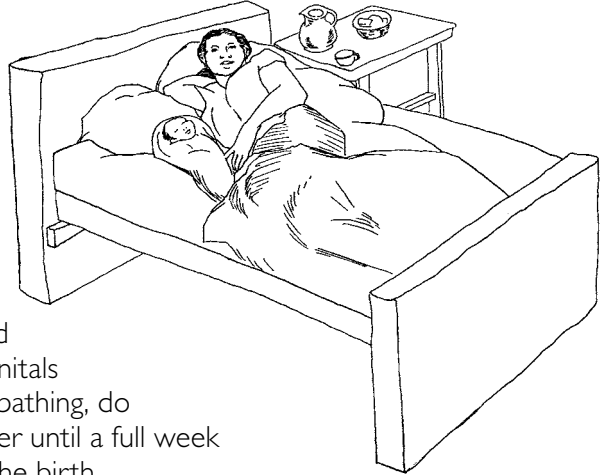


**TRANSPORT!**

## IN THE FIRST WEEKS AFTER BIRTH

Someone who has just given birth needs care afterward. This is often forgotten because people are so busy looking after the new baby.

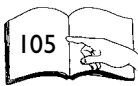
- To **prevent infection**, they should not have sex or put anything in their vagina until their bleeding stops.
- They should get a lot of **rest** for at least 6 weeks.
- They should try to stay clean—to wash well and keep their genitals clean. While bathing, do not sit in water until a full week passes after the birth.



- Someone who just gave birth needs to eat more food than usual. Any kind of food—fish, meat, beans, grains, vegetables, and fruit—will all help someone heal from the birth and have energy to be a good parent.
- They should drink plenty of fluids.
- If they are breastfeeding and giving no other liquids to the baby, breastfeeding can protect against getting pregnant again too soon. For best protection, see the instructions on page 217.
- If there is a tear at the opening of their vagina, it should be kept clean. They can apply a hot, damp cloth and honey to the tear to help it feel better and to heal more quickly. If the tear is painful, pouring water over their genitals while passing urine may help.

Any plant medicines used to help the genitals heal should be clean (boiled is best). **Do not put plant medicines inside the vagina.**

- Help the parents start a **family planning** method, especially if the baby is fed anything in addition to breast milk. Using a family planning method will protect against another pregnancy happening too soon. See page 160 for the benefits of spacing children with family planning.



breastfeeding



family planning

## DANGER SIGNS IN THE FIRST FEW DAYS AFTER BIRTH

### Bleeding

Bleeding that starts more than a day after the birth is most often caused by pieces of placenta left in the womb or womb infection.

#### **Danger signs of too much bleeding:**

- soaks more than 2 pads or cloths in an hour, the day after birth
- a small flow of bleeding that does not stop in the days or weeks after birth
- foul-smelling bleeding, fever, or signs of anemia (see page 172)

#### **What to do:**

1. If the womb feels large and soft, firmly rub or squeeze it until it gets very hard and the bleeding stops. Have the baby suckle, or have someone roll the parent's nipples.
2. Give medicines to stop the bleeding (see box on page 93).
3. **Get medical help.** Continue to squeeze the womb as you go.
4. If there are signs of infection, give antibiotics for womb infection.

➤ If the birth parent says they do not feel well, watch carefully for signs of infection.



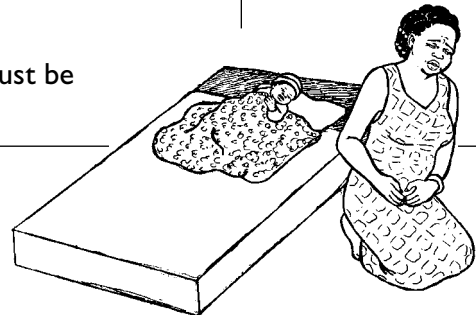
**TRANSPORT!**

### Womb infection

Infection of the womb is **very dangerous**. It must be treated or it can cause infertility or death.

#### **Danger signs of womb infection:**

- fever and chills
- pain and tenderness in the belly
- bad-smelling fluid from the vagina



### Medicines to treat womb infection

**Medicine:**

**How much to give:**

**How to give:**

ampicillin . . . . .2 g (2000 mg) . . . . .inject in the muscle, then reduce dose  
 . . . . . first time only . . . . .to 1 g (1000 mg) 4 times a day

AND

gentamicin . . . . . 80 mg . . . . . inject in muscle, 2 times a day

AND

metronidazole . . . . .500 mg . . . . .by mouth, 3 times a day

Stop giving these antibiotics after 48 hours with no fever. Then give the antibiotics below.

**When fever has been gone for 48 hours, give:**

doxycycline . . . . .100 mg . . . . .by mouth, 2 times a day for 10 days

AND

metronidazole . . . . . 500 mg . . . . . by mouth, 3 times a day for 10 days

AND

amoxicillin/clavulanic acid. . . .500 mg amoxicillin. . . . .by mouth, 3 times a day for 10 days  
 + 125 mg clavulanic acid

## People Who Need More Support



emptying the womb



pain

### LOSS OF A PREGNANCY (MISCARRIAGE)

A miscarriage is a pregnancy that ends by itself during the first half of pregnancy, before the baby is fully developed. Most miscarriages happen in the first 3 months of pregnancy. A person can become pregnant again after a miscarriage and have a healthy pregnancy and healthy baby.

The most common signs of miscarriage are pain and bleeding from the vagina. This may be like a menstrual period or may be heavier and stronger. Some tissue or clots may come out with the blood.

If bleeding and pain continue for more than a few days, if bleeding is much heavier than a menstrual period, or if there is fever or a bad-smelling fluid coming from the vagina, part of the pregnancy may still be inside the womb. This is an incomplete miscarriage and can lead to heavy blood loss, a dangerous infection, or even death. Go to a health center or hospital where a trained health worker can empty the womb.

Someone with strong, constant pain in the lower abdomen may have a pregnancy in the tube. This is very dangerous (see page 73).

After a miscarriage, rest and avoid heavy work or lifting for 2 weeks. Do not douche or wash inside your vagina. Do not put anything in your vagina and avoid sex until all bleeding stops because your womb is still open and could get infected.

People have many different feelings after a miscarriage, including sadness, anger, and misplaced feelings of guilt. You may find it helpful to talk with others who have lost a pregnancy.

### HELPING THOSE WHO HAVE MORE NEEDS

People who are very poor or very young, who have cognitive delay, who already have sick or malnourished children, or who are raising children without any support are more likely to have difficult births and problems following birth.

Helping struggling parents get food, care, and companionship can make a great difference in the lives of these families.



## Pregnancy for someone who does not live as a woman

Pregnant people who do not live as women need informed and thoughtful support. Their healthy pregnancies depend on health workers using respectful language to talk with them about their bodies, helping them with difficult feelings about gender that pregnancy can cause, and preparing them for birth and feeding. Health workers who can provide this care are greatly needed.

## DEPRESSION AFTER GIVING BIRTH

Feeling anxious, sad, or numb after giving birth is not unusual, and those feelings usually go away. If not or if they return and continue, the person may have postpartum depression, which is very common and can be treated. People who feel this way need support to talk about their feelings regarding the baby and all the changes that are happening. They often need help to care for their health, home, and family. And they need to know that they are not alone. While medicines for depression might help, the support of a trusted friend or friends is most important.

Postpartum depression is more likely if someone has been depressed before, if they had a difficult birth, if they or the baby are sick or have physical problems, or if they are away from or have difficult relations with their family.



*Do not wait for those in need to come to you. Go to them.*

## WHEN A BABY DIES

Most pregnancies are healthy and produce healthy babies. But sometimes, no matter what anyone does, the baby dies.

Great sadness and loss make this a hard time for parents. The person who has been through a pregnancy and birth needs to rest and get their strength back, just like someone with a new baby.

Let the person know:

- The breasts will probably be sore, especially around the 3rd day after the birth when the milk comes in. Cloths soaked in cool, clean water may reduce the soreness.
- Do not squeeze out the first yellow milk (colostrum) or the regular breast milk. This only causes the body to make more.
- Treat breast infection if necessary (see page 117).
- Consider waiting at least 6 months before getting pregnant again. Start using a family planning method as soon as possible to postpone pregnancy.

Families will have different ways of mourning the loss of their baby. Help with this if you can.

► Give someone extra care and support when their baby dies.



family planning

## To the Partner



► Throughout pregnancy, birth, and after, be alert for danger signs in your partner or baby. Seek help if you think there is a problem.

## PREGNANCY

Showing your pregnant partner that you care about them can help them both physically and emotionally. Make sure you help with the daily work. If you cannot do this yourself, find someone else who can. Help your partner eat healthy foods and go for prenatal care (see page 68). Get tested and treated for STIs, including HIV. If you have HIV, use condoms during penis-in-vagina sex. Find ways to express anger that will not harm your partner.

## BIRTH

You can help your partner have a safer labor and birth by:

- making sure there is enough water and food in the house.
- bringing the midwife or health worker to the house for the birth and organizing transport in case of emergency.
- taking care of any other children.

If you help during the birth, you can give both emotional and physical support. Encourage your partner during labor. Say things like “You are doing great!” Offer water to drink. Help with walking or squatting during contractions or rub your partner’s back when it aches.

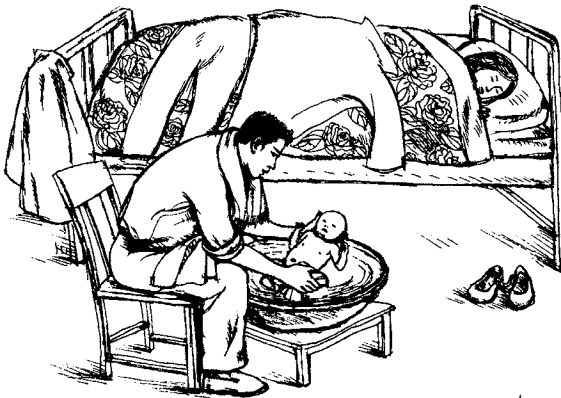
## AFTER BIRTH

The first 6 weeks after giving birth are the most important time for a person to feel strong and healthy again. A lot of healthy foods and plenty of rest are needed. You can help your

partner rest more by doing some of their work—like fetching water or fire wood, taking care of your other children, or preparing meals. If you cannot help, try to find someone else who can.

When you take time to hold and care for your baby, your partner will have a chance to sleep and you can be close to your new child.

Do not have sex until bleeding stops. This will prevent womb infection.



family planning

## FAMILY PLANNING

To have healthy families, it is best to wait at least 2 years between pregnancies. Using a family planning method will help you do this. Visit the family planning clinic with your partner and decide together which method will work best. Then share the responsibility for using it.

**T**hroughout the world, millions of people die needlessly from problems during pregnancy and childbirth. Many of these deaths happen because a pregnant person or their family wait too long to get help for emergencies.

This story tells how a group of people worked in their community to understand and solve some of these problems.

## Working for Change

During the last rainy season, my friend Ekwefi was pregnant. When it was time for her to give birth, her husband had gone away on a trip. Several wise women were there to help her. But the labor was too long and Ekwefi started bleeding. I said that we needed to take her to the health center. No one could decide what to do. Her husband was gone and he was the one who should decide. Soon after we realized that Ekwefi and the baby would not survive, they both died in front of us.

This made me very sad. Ekwefi was my friend, and we could not help her. I started talking with other women in my village. We had to do something about this problem. Ekwefi was not the first woman to die while she was giving birth. Many other women lost their babies during birth. Some women said this is how things are in our small village and we should accept it. But we said no, we can do something to solve this problem.

We decided to have a meeting to learn more about the problem of women and babies dying during birth. During our meeting we decided to talk to the families with this problem. Six women in our group agreed to visit families where a woman had died from a difficult birth during the past two years, or where a woman was still recovering from one.



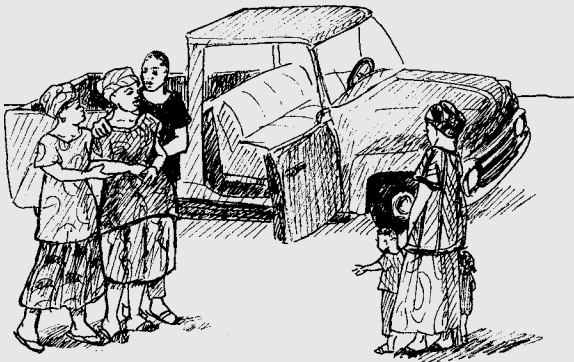
We learned several important things. Everyone agreed that the biggest problem was that women wait a very long time before they call a doctor or go to the health center. Sometimes a woman cannot ask for help without her husband's permission. Many times, like with my friend Ekwefi, the husband is not in the village when the woman needs to ask his permission to get help. The neighbors are afraid to give help, because they do not want the husband to be angry or offended. We also learned that most husbands do not know about the many risks women face during labor.



We decided to walk the 7 miles to the health center to talk to the midwife. We told her what we had learned and asked her to help us find ways to solve this problem. The midwife was very happy to help us. She talked to the head of our village and asked for a meeting with the elders. During the meeting, the midwife talked to the elders about the health risks of a long labor. She also told them what



we had learned about women dying while giving birth in our village. The elders all agreed that this was a very serious problem for the whole village. They asked the midwife how this problem could be solved. The midwife told the elders that this was not just a problem in our village but in many villages in Nigeria. She suggested that the village pick 12 men and 12 women to go to a five-day training on *reproductive health* and family planning. These villagers would become reproductive health workers, and would work to teach and motivate the rest of the village.



After the training, the men who had gone realized that they had to be actively involved in solving this serious problem. They decided to work hard to teach the other men in the village about the risks of labor and how to help women in labor. They also decided to have a transportation committee to help women get to the health center when they needed it.

We all worked very hard to solve this health problem in our village. In the beginning, many people said that women often die giving birth and there was nothing we could do about it. But we did not get discouraged. By working together with the women, the midwife, the elders, and the men of the community, we came up with a solution that works in our village. And the answer to our problem wasn't more money or a new technology. The answer was in our time and effort. All of us from our village encourage you to work together to improve the life and health of your community.

To learn more about thinking about and solving health problems, see Chapter 2, "Solving Health Problems."

## ***Together, we can save more lives during pregnancy and birth***

Most deaths and injuries from pregnancy and birth could be prevented through better nutrition, child spacing (using family planning), and access to health care including prenatal care, safe abortion, emergency transportation, and blood transfusions.

- Learn the danger signs during pregnancy, birth, and after birth, and plan how to get help if needed.
- Organize your community so emergency transportation, money, and blood donations are ready when difficult births happen.
- Work with local leaders to build small houses near a hospital where pregnant people from remote areas can stay until it is time to give birth.

### ***How health workers can help:***

- Offer family planning services to help people avoid unwanted pregnancies and pregnancies that are too close together.
- Offer STI treatment and prevention to anyone who can become pregnant and is old enough to have children.
- Promote condom use and other ways to have safer sex.
- Provide testing and treatment for HIV, including medicines and other support to prevent HIV spreading to a baby during pregnancy, birth, or breastfeeding.
- Make tetanus vaccines available to everyone.
- Learn how to detect problems during pregnancy and birth, and after birth.
- Refer anyone with problems in a pregnancy (now or in the past) to a health center that has emergency transportation.
- Teach birth attendants and midwives how to prevent infection and how to watch for and treat danger signs during pregnancy and birth.
- Encourage everyone to breastfeed for 2 years.
- Have a medicine box that includes:
  - oxytocin, ergometrine, misoprostol, and local plants to prevent and control severe bleeding after the birth.
  - antibiotics to treat infection.
  - equipment to do injections in the muscle (IM) and the vein (IV).
  - medicines to treat eclampsia (see page 87).
  - pregnancy test strips.

Also include gloves or clean plastic bags, new razor blades, an enema bag or can for rectal fluids, and a thermometer.

*I am going to help my wife have a safe and healthy pregnancy and birth.*



► For community activities to make pregnancy and birth safer, see Chapter 8 in Hesperian's **Health Actions for Women**.



preventing infection



medicines for a community emergency medical kit