

CHAPTER 7

Learning a pregnant woman's health history

In this chapter:

Questions in a pregnancy health history.....	86
Does she have signs of pregnancy? . . .	86
How pregnant is she now? When is the baby due?.....	88
How old is she?.....	90
How many children has she had?	90
Has she had any miscarriages or abortions?.....	91
Has she had any problems with past pregnancies or births?	93
Is she healthy?.....	97
Malaria	98
HIV.....	99
Has she been vaccinated against tetanus? If yes, when?.....	102
Is she taking any medicines now? . . .	103
Has any medicine ever given her problems?	103
What else in her life might affect her pregnancy and birth?	104
Money	104
Living conditions	104
Distance from care	104
Work	105
Family	105
Making a transport plan.....	106

Learning a pregnant woman's health history

CHAPTER

7

To give good care to a pregnant woman, you should find out about her general health, her past health, and her past pregnancies and births. You also need to know what this pregnancy has been like so far. This is called a health history.

Learning a woman's health history will help you give advice to make this pregnancy and birth as safe as possible.

The best way to learn about a woman's history is to ask her. At first, she may not be comfortable talking with you. If she feels shy about her body or about sex, it may be difficult for her to tell you things that you need to know about her health. Try to help her feel comfortable by listening carefully, answering her questions, keeping what she tells you private, and treating her with respect.

This chapter suggests questions to ask each woman so you can learn more about her. You probably have some questions of your own that you want to ask but that we do not include here. For example, if there is hepatitis B in your community, you may want to ask the woman if she has hepatitis B or tell her how to prevent it. Think about the information you need to know in order to give her good care. What questions do **you** usually ask a pregnant woman?

If you can, write down what you learn about each pregnant woman. This information may be needed later in the pregnancy, or during labor or birth.

After learning a woman's health history, and every time you meet with a pregnant woman, you should do a regular pregnancy checkup. The next chapter of this book, Chapter 8, explains how to do the regular pregnancy checkup.



Questions in a pregnancy health history

Does she have signs of pregnancy?

Some signs of pregnancy are sure signs — they mean the woman is definitely pregnant. Some signs are probable signs, meaning the woman is probably pregnant, but the sign could be caused by something else.

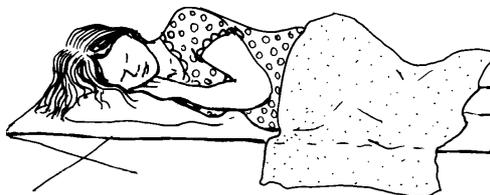
Probable signs of pregnancy

The woman's monthly bleeding stops. This is often the first sign of pregnancy. Other possible causes of this sign are poor nutrition, emotional troubles, or menopause (change of life).



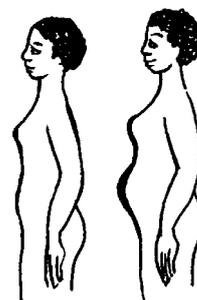
The woman has nausea or wants to vomit. Many pregnant women have nausea in the morning (which is why this feeling is often called “morning sickness”), but some women may feel this way all day. Nausea is common during the first 3 months of pregnancy. Other possible causes of this sign are illness or parasites.

The woman feels tired and sleepy during the day. This is common in the first 3 or 4 months of pregnancy. Other possible causes of this sign are anemia (see page 116), poor nutrition, emotional troubles, or too much work.

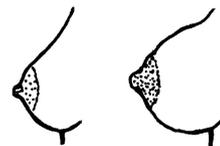


The woman needs to urinate often. This is most common during the first 3 months and the last 1 or 2 months of pregnancy. Other possible causes of this sign are stress, bladder infection (see page 128), or diabetes (blood sugar disease — see page 115).

The woman's belly grows. After 3 or 4 months, the pregnancy is usually big enough to be seen from the outside. Other possible causes of this sign are that the woman has a cancer or another growth in her belly or that she is just getting fatter.



The woman's breasts get bigger. A pregnant woman's breasts get bigger to prepare to make milk for the baby. Another possible cause of this sign is that breasts often get bigger just before monthly bleeding.



The woman feels light baby movements inside. Most women start to feel their babies move between about 16 weeks and 20 weeks of pregnancy (at about 4 or 5 months). Another possible cause of this sign is gas in the belly.

Sure signs of pregnancy

The woman feels strong baby movements inside. Most women begin to feel the baby kicking by the time they are 5 months pregnant.



The baby can be felt inside the womb. By the 6th or 7th month, a skilled midwife can usually find the baby's head, neck, back, arms, bottom, and legs by feeling the mother's belly.

The baby's heartbeat can be heard. By the 5th or 6th month, the heartbeat can sometimes be heard with tools made for listening, like a stethoscope or fetoscope. By the 7th or 8th month, a skilled midwife can usually hear the baby's heartbeat when she puts her ear on the woman's belly (see page 139).



A medical pregnancy test says the woman is pregnant. This test can be done with a kit at home or in a laboratory with a little of the woman's urine or blood. This test can be expensive and is usually not necessary. But it can be useful, for example, if a woman needs to know if she is pregnant before taking a medicine that might harm a baby inside her.



How pregnant is she now? When is the baby due?

Find out how many months pregnant the woman is at the time of her first checkup. This will also tell you the date that she will probably give birth (the due date).

There are 3 ways to figure out how pregnant the woman is now and her due date:

- Use the date of her last monthly bleeding.
- Measure the size of her womb.
- Have the woman get an ultrasound at a medical center.

Note: It is normal and safe for the baby to be born as much as 3 weeks earlier or 2 weeks later than the due date.

Using the last monthly bleeding to predict the due date

If a woman bleeds regularly every 4 weeks, her pregnancy will start about 2 weeks after the first day of her last monthly bleeding. To find out if you can use this method to estimate her due date, you must first ask the mother 3 questions:

1. Has your monthly bleeding been mostly regular, once every 4 weeks (once every month)?
2. Was your last monthly bleeding normal for you (not unusually light or heavy)?
3. Do you remember the date of the first day of your last monthly bleeding?

If the woman answers “no” to any of these 3 questions, you cannot be certain this method will give you a correct due date.

If she answers “yes” to all 3 questions, you can figure out the due date and how pregnant the woman is at this visit.

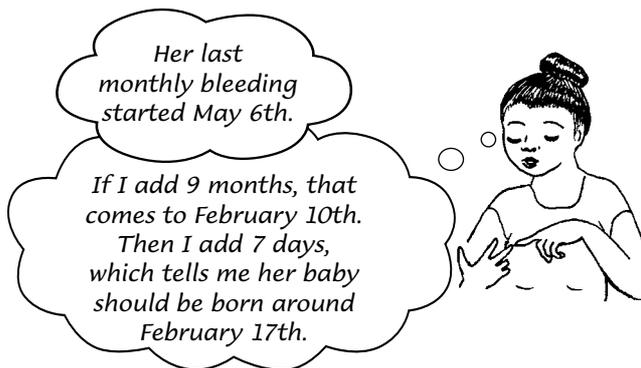
Remember that a pregnancy lasts about 40 weeks or 280 days. This is about 9 calendar months or 10 lunar months from the last monthly bleeding.

Using a calendar

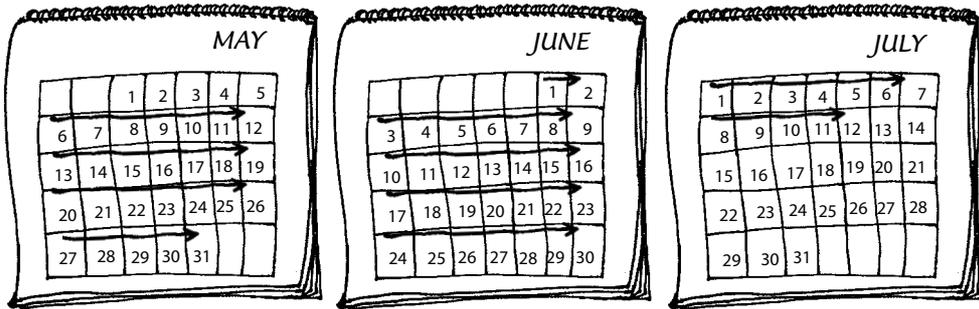
To figure out the due date, add 9 months and 7 days to the day that her last monthly bleeding began.

(You could also subtract 3 months and then add 7 days to get the same date.)

Use the tool on page 531 to estimate the due date, or use the Pregnancy Calculator in Hesperian's Safe Abortion app (see the last page of this book).



To figure out how pregnant the woman is now, take the first day of the last monthly bleeding and count the number of weeks that have passed between that day and this visit.



Using the moon

If you do not use calendars, you can find the due date using the moon. If a woman's monthly bleeding is usually about one moon (4 weeks) apart, the baby is due 10 moons after the first day of her last monthly bleeding. If a woman's monthly bleeding started on a quarter moon, the baby is due 10 quarter moons later. If her bleeding started on a new moon, the baby is due 10 new moons later, and so on.

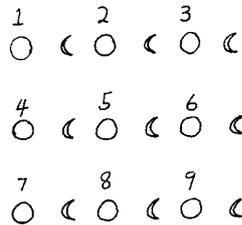
For example:



If her bleeding started on the full moon,



she probably got pregnant on the new moon.



The baby is due 10 lunar months after the first day of her last monthly bleeding —

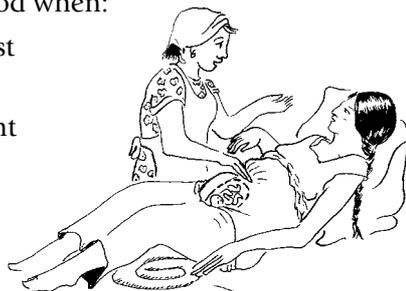


in this case, 10 full moons after the first day of her last monthly bleeding.

Measuring the womb

With practice, a midwife can feel the size of the woman's womb to know how long a woman has been pregnant. Use this method when:

- the woman does not remember when her last monthly bleeding started.
- the last monthly bleeding was unusually light or heavy.
- her monthly bleeding is not regular.
- the woman was breastfeeding and not bleeding regularly when she got pregnant.



There are two ways to measure the womb.

During the first 12 weeks (3 months) of pregnancy you can do a bimanual exam to feel the womb from inside the vagina (see page 387). After 3 months you can measure the womb from the outside (see page 130).

Using a sonogram

A sonogram (or ultrasound) machine takes a picture of the baby inside the womb by using sound waves (see page 438). A sonogram done in the first 6 months of pregnancy is an accurate tool for showing how far along the pregnancy is and if there are any problems. Sonograms are not dangerous for the baby.

How old is she?

Pregnancy can cause problems for women of any age. But very young women and much older women tend to have more problems.

Girls who become pregnant before they are 17 years old may not have finished growing themselves. A girl's pelvis might not be grown enough to give birth normally. Girls are more likely to have other problems too — like pre-eclampsia, long labors, and babies born too early. Girls who get pregnant when they are very young can be wonderful and caring mothers, but many of them will need extra advice and support.



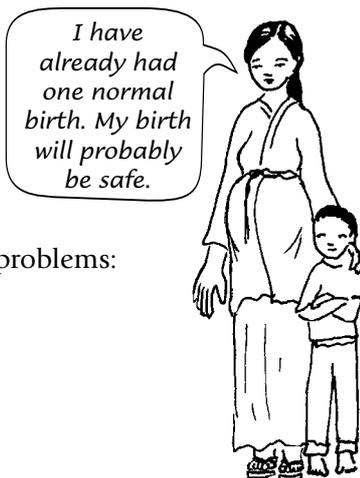
Older mothers also may have more problems in pregnancy and birth.

It may be safer for older women and very young women to give birth in a well-equipped medical center rather than at home.

How many children has she had?

Women who have had 1 or 2 babies and whose children were born alive and healthy usually have the fewest problems giving birth.

Other women may have more problems. First births are often more difficult than later births. It may be safer for a woman giving birth for the first time to give birth near a medical center. Watch carefully for risk signs and have transportation available for emergencies.



A woman who has given birth to 5 or more babies is more likely to have some of the following problems:

- a long labor
- a torn womb (after a long, hard labor)
- a fallen womb (prolapsed uterus)
- a baby in a difficult position for birth
- heavy bleeding after birth

For these reasons, it may be safer for a woman who has had 5 or more births to give birth in or near a medical center.

Has she had any miscarriages or abortions?

Miscarriage

A miscarriage (spontaneous abortion) is when a pregnancy ends before the woman is 6 months pregnant, while the baby is still too small to live outside the mother. This is common and often happens before the woman even knows she is pregnant.

It is usually difficult to know why a miscarriage happens, but some causes of miscarriage are preventable. Malaria, sexually transmitted infections, injury, violence, and stress can all cause a pregnancy to end.

Sometimes miscarriages happen because a woman has been near poisons or toxic chemicals. For example, women who work on farms often breathe or handle pesticides which can cause miscarriage. These women have more miscarriages than other women.

Some miscarriages can be prevented by treating women for illness and infection and by helping them avoid chemical poisons and violence. But some women have one miscarriage after another, with no obvious reason why. Get medical advice to find the cause and help her perhaps carry a pregnancy all the way through birth.



Women who work with pesticides or other chemicals are more likely to have miscarriages.

Abortion

Many women use plant medicines and other remedies to regulate or bring on their monthly bleeding, and sometimes to prevent or end a pregnancy. These remedies may or may not be safe, and may or may not work. Ask the woman if she has ever had a problem — such as pain, heavy bleeding, or infection — after using any plant or any kind of medicine.

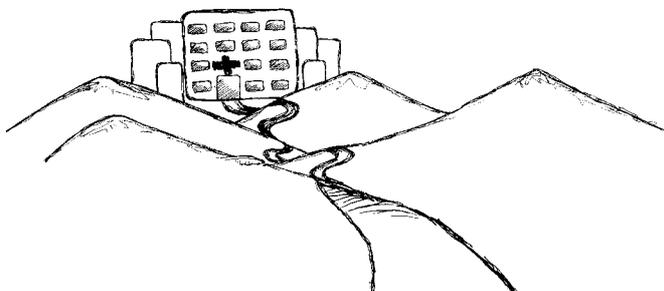


When a person, or the woman herself, does something to end a pregnancy, this is called an abortion. There are several ways to have a very safe abortion, especially in places where abortion is legal, available, affordable, and a woman can see a health worker if she has any problems. Safe abortion methods include:

- **Medication abortion.** The woman takes medicines that end the pregnancy and empty the womb. The safest and most effective medicines are misoprostol, used either by itself or with mifepristone. See pages 488 and 489 to learn how these drugs are used.
- **Vacuum aspiration.** A health worker uses a machine or manual vacuum aspiration (MVA) syringe to create suction that empties the womb (see Chapter 23). When vacuum aspiration is done correctly, it is very safe.
- **D&E (dilation and evacuation).** A health worker uses a combination of suction and sterile medical instruments to empty the womb. This should only be done by a trained medical worker.

In places where abortion is illegal, a woman trying to end a pregnancy may harm herself or turn to someone who does not give abortions safely. Unsafe abortions can cause heavy bleeding, serious infection, infertility, or even death. See Chapter 22 to learn how to help a woman after an unsafe abortion.

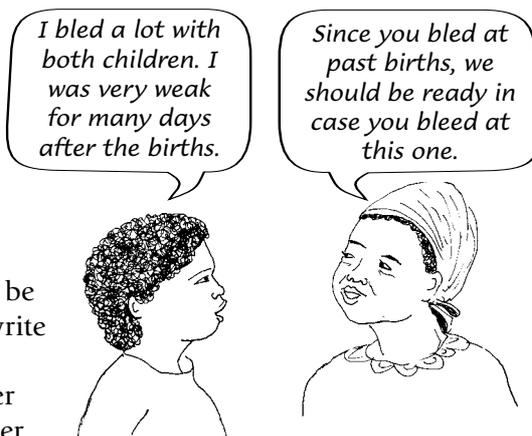
A woman who was sick, injured, or bled heavily after any kind of abortion may have scars in her womb that could cause problems in this pregnancy or birth. It is probably safest for her to give birth in or near a hospital or medical center.



Has she had any problems with past pregnancies or births?

If a woman has had problems with past pregnancies or births, she may have problems with this birth too.

Ask the mother to tell you the story of each of her past pregnancies and births. Let her tell you everything: the good **and** the bad. Then ask the following questions to learn more about problems in past pregnancies and what to be prepared for during this one. If you can, write down what you learn. (Many of these problems are explained more fully in other parts of this book. Turn to the page number listed to learn more about the problem.)



Was she tired or weak (anemic)?

Extreme tiredness or weakness in pregnancy is usually caused by anemia (lack of iron in the blood). If she had anemia in another pregnancy, she is likely to have it again in this pregnancy. Anemia causes problems in pregnancy and birth, but it can be prevented by eating lots of foods with protein and iron in them and by taking iron pills. (See page 116.) Women with anemia are often also at risk for pre-eclampsia.

Did she have high blood pressure?

If she had high blood pressure in a past pregnancy, she is likely to get it again. High blood pressure (see page 124) can be a sign of pre-eclampsia.

Did she have pre-eclampsia?

If a woman had pre-eclampsia in a past pregnancy, she is in danger of getting pre-eclampsia again. Check her blood pressure and other signs of pre-eclampsia regularly in this pregnancy. (See page 125.) Be prepared to get medical help if pre-eclampsia develops.

Did she have fits (convulsions)?

If she had convulsions in a past pregnancy or birth, get medical advice. She probably had eclampsia (see page 181). She is likely to get it again, and she should give birth in a medical center or hospital.



Did she have diabetes (blood sugar disease)?

If she had diabetes in a past pregnancy, she is more likely to get it again. If possible, she should be tested by a doctor or health worker. Diabetes in the mother can lead to miscarriage or other problems with the mother or baby after birth. (See page 115.)

Did she have a very long labor or a long pushing stage?

Was her labor longer than 24 hours for a first baby, or longer than 12 hours for other babies (see page 186)? Did she push for more than 2 hours? Ask if her long labor caused problems for her or her baby. If that birth was healthy and the baby was OK, then she will probably not have a problem with this birth. If that birth was not normal, ask her if she knows why the labor was long. Did she have anemia? Was the baby in a difficult position or very big? Was she very afraid? You may need to get medical advice.

Did she have a fistula?

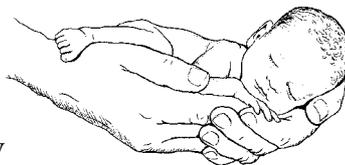
If she had a long labor leading to a fistula (an opening in the tissue of the vagina) she should have this birth in a hospital. (See page 273.)

Did she have a very short labor (less than 3 hours)?

If the mother had a very short labor in the past, make sure she and her family know what to do if you do not get there in time. You can teach the family how to deliver a baby in an emergency.

Did she have an early birth?

If she had a baby born more than a month early, ask her if she has signs of bacterial vaginosis (BV, see page 328). Bacterial vaginosis can lead to early births. Be ready in case this baby is early too, and watch for signs of labor. (See page 149.)



Did she have a small baby (less than 2.5 kilograms or 5 pounds)?

Find out if the baby was born early (it is normal for early babies to be small). If the baby came on time, ask the mother if she had anemia, high blood pressure, or pre-eclampsia. Also ask if she had enough to eat, or if she smoked cigarettes or used drugs. Any of these things could have made the baby small.

Check to see if this baby is growing normally. If you think this baby may be very small for her age, the mother should probably give birth in or near a medical center, because small babies can have more health problems. (See pages 221 and 256.)

Did she have a big baby (over 4 kilograms or 9 pounds)?

Ask if the birth was difficult. If it was not, this birth will probably be OK too. Look for signs of diabetes (see page 115). Check carefully to see if this baby seems big too. If possible, have the mother tested for diabetes.



Did she have heavy bleeding before or after the birth?

If she bled a lot in a past pregnancy or birth, it is likely to happen again. Ask her to tell you as much as she can remember about her bleeding. Did she need medical help? Was she anemic? Was she too weak to stand? The answers to these questions will help you prepare for what may happen at this birth. If possible, a woman who bled heavily before should have her babies in a medical center. Be ready to treat her for heavy bleeding after the birth. (See page 224.)

Did she have any problems with the placenta?

If the woman's placenta did not come out easily in a past birth (see page 227), she may have the same problem again. Be ready to treat her for bleeding. It is better if she gives birth in or near a medical center.



Did she have a fever or infection of the womb during or after the birth?

This birth may be fine, but she has more risk of infection than other women. Be sure to check her for signs of vaginal infection (see Chapter 18).

Was she very sad (depressed) after the birth?

If a woman became depressed after a past birth, it may happen again. Be prepared to help if this happens (see page 274).



Did the baby get sick or die before, during, or after the birth?

Find out if the baby was sick or died. If some of her babies died, she may have a problem in her blood called Rh incompatibility (see page 508). Or the deaths could have had other causes. Check the mother for high blood pressure (see page 122), diabetes (see page 115), anemia (see page 116), malnutrition (see page 117), and illness. These can all cause death in babies. Get medical advice.

Did her baby have birth defects?

- Some birth defects run in the family. Ask about the type of birth defect and if anyone else in her or the baby's father's family has that birth defect. The next baby may have the same problems.
- Some defects are caused by illnesses like herpes or rubella. If the woman had herpes or rubella in a past pregnancy, it probably will not cause birth defects in this pregnancy. Pregnant women should avoid people who are sick.
- Some birth defects are caused by exposure to toxic chemicals, drugs, or medicines. (See pages 45 to 47.)
- Some birth defects are caused by poor nutrition. (See pages 33 to 39.)
- Some birth defects just happen — no one knows why.

See page 266 to learn more about birth defects.

Did she have a cesarean surgery (birth by operation)?

In a cesarean surgery, a doctor cuts open the woman's belly and womb to get the baby out. After the baby is out, the doctor sews the womb and belly closed. This leaves one scar on the womb and a second scar on the belly. Sometimes a cesarean surgery is done because the baby does not fit through the mother's pelvis. Sometimes it is done because the baby is in danger and must be born very quickly.

—● **Note:** Cesarean surgeries save lives, but in many places they are used too much — usually for the convenience of the doctor or because women falsely believe that a cesarean will be easier. Cesareans should only be used in emergencies.

Most women can have a safe vaginal birth even if they had a cesarean with a previous baby. But there is a very small chance that the scar on the womb may tear open during labor. If this happens, the woman could bleed inside and she or the baby could die. For this reason, it is safest for a woman who has had a cesarean to give birth in or near a medical center or hospital. If she is planning to give birth at home, arrange for her to have medical care in case there are any problems during the labor.

If any of the following are true, this woman should definitely go to a medical center for the birth:

- The cesarean was less than 2 years ago.
- This baby is big or in a difficult birth position.
- The woman had a cesarean because her pelvis was not formed well as a child. This is usually caused by poor nutrition.
- The scar on the womb is up-and-down.

Unfortunately, you cannot tell anything about the scar on the womb by looking at the belly. The scar on the belly can be one way, and the scar on the womb inside can be another. You can only find out by checking the medical records at the hospital or by asking the doctor who did the surgery.



A scar that goes one way on the outside...



...may be hiding a scar on the womb that goes another way.

A scar on the womb that goes this way is more likely to open up in labor.

Is she healthy?

A pregnancy is more likely to go well for a woman who is in good health. See Chapter 4 for general ideas for staying healthy. Also see Chapter 18 to learn about avoiding vaginal infections. Some general health problems can cause serious problems in pregnancy.

Ask if she uses tobacco, alcohol, or other substances or works with chemicals. See pages 46 and 47.

If a pregnant woman has, or might have, any of the following problems, she should be tested, get medical help to plan for her needs during pregnancy, and decide if it would be safer for her to give birth in a medical center:



- diabetes (see page 115)
- HIV (see page 99)
- bladder or kidney infection (see page 128)
- malaria (see page 98)
- fever over 38°C (100.4°F) for more than 2 days (see page 178)
- any sexually transmitted infections (STIs), especially syphilis or gonorrhea (see Chapter 18)
- high blood pressure (see page 122)
- liver disease (hepatitis, especially hepatitis B, see page 336)
- heart problems
- tuberculosis
- deformity of the hips or lower back

If a woman has EVER had any of the following problems, she should see a doctor or experienced health worker during her pregnancy to find out whether she still has a problem:

- hepatitis (see page 336)
- kidney infection (see page 128)
- pre-eclampsia (see page 125)
- frequent fevers
- tuberculosis



Malaria

Malaria is an infection of the blood that causes chills and fever. It is very common in young girls, first-time mothers, and women who are sick with other illnesses. Malaria is especially dangerous for pregnant women and their babies. A pregnant woman with malaria is more likely to have anemia, miscarriage, early birth, small baby, stillbirth (baby born dead), or to die from problems like eclampsia or bleeding.

It is important for pregnant women to avoid malaria — and to be treated quickly if they get sick. Malaria medicines may be costly and can have side effects, but **these medicines are much safer than becoming sick with malaria.**

Unfortunately, malaria treatment is not the same everywhere or for every person. The medicines that were once used to prevent or treat malaria do not always work anymore. Newer medicines or combinations of medicines are given now. Also, someone who is very sick with malaria may need a different treatment than someone who is only mildly sick. Some malaria medicines, such as primaquine, are not safe during pregnancy.



Where malaria is common, all pregnant women may be given medicines to prevent it. Find out what medicines the local health authority recommends for this.

If a woman is already sick with malaria, she should be treated right away with an artemisinin-based combination therapy, or ACT. There are many types of ACT, so find out what the local health authority recommends. One common combination is below.



To treat malaria with ACT

- give 560 mg artemether with lufemantrine by mouth, 2 times a day for 3 days (80 mg artemether with 480 mg lufemantrine)

Other ACT combinations may be recommended in your area. Do not give ACT to women in the first 3 months of pregnancy. Instead, give these two medicines:

To treat malaria in the first 3 months of pregnancy

- give 600 mg quinine by mouth, 3 times a day for 7 days

and

- give 300 mg clindamycin by mouth, 4 times a day for 7 days

Malaria is spread by mosquitoes. To prevent malaria, avoid mosquito bites.

- Get rid of standing water and stay away from wet places where mosquitoes breed.
- Use local remedies to get rid of mosquitoes. Some people use citronella oil on their skin.
- Use mosquito repellent when mosquitoes are biting.
- Sleep under treated bed nets or hang treated curtains in doors and windows.



Treated bed nets are safe, but do not spray pesticides on bedding.

There is now a rapid test for malaria. Midwives can learn to use it to know quickly who should be receiving treatment.

HIV

HIV is a virus that weakens a person's immune system so he or she cannot fight illness. Ongoing, regular treatment with medicines (called ART) can control it so a person with HIV can live a healthy life. Without treatment, a person with HIV may seem healthy for years, but will become ill more and more often, struggle to get well, but eventually will die from serious illness. Medicines and good nutrition are both important for someone with HIV to stay healthy. Treatment also helps keep the virus from spreading.

How HIV spreads

HIV lives in the body fluids of people who are infected with HIV: blood, semen, wetness from the vagina, and breast milk. The virus spreads when those fluids get into the body of another person. This means that HIV can be spread by:

sex with someone who has HIV, if the person does not use condoms.



unsterile needles or tools that pierce or cut the skin.



infected blood that gets into cuts or an open wound of another person.



the blood inside a woman infected with HIV to a baby during pregnancy, birth, or breastfeeding



In places where blood has not been tested for HIV, people have also been infected with HIV from blood transfusions.

It is impossible to know by looking at someone whether he or she has HIV. People can take a blood test for HIV, but without this most people do not know they have HIV until they are very sick. Their HIV can spread at any time though. For this reason, it is important for everyone to protect themselves from HIV by practicing safer sex, using condoms consistently and correctly (see page 302) and by sterilizing tools and equipment (see page 59).

HIV cannot live long on its own in the air or water. So **HIV cannot spread in these ways:**

- touching, hugging, or kissing
- sharing food or dishes
- sharing a bed or clothing
- sharing latrines
- insect bites



Touching spreads caring.
Touching does not spread HIV.

Midwives can help stop HIV

With treatment, HIV is a manageable illness, but preventing it is still important. As a midwife, you can work to stop the spread of HIV. Encourage all pregnant women and their partners to be tested for HIV. Help women who have HIV plan carefully for pregnancy, and prevent pregnancies they do not want (see Chapter 17). Help women who are pregnant or breastfeeding avoid becoming infected with HIV. New HIV infections during pregnancy are very likely to spread HIV to the baby too.

An important way to help prevent HIV is to teach men and women about using condoms. Remember though, even when people know how condoms protect them from HIV, they may need support to use this knowledge. For example:

- Some people, especially young people and women, cannot choose how they have sex. If they do not want sex, or they want to use condoms, their partners may not agree.
- Some people do not want to use condoms. Other people cannot afford to buy condoms, or cannot find them easily.
- Some people just feel hopeless, especially if life in general is very hard and many people around them are dying.

HIV medicines can protect a women from HIV. In some places, a woman at risk of HIV because her partner is infected (or might be) may be able to take medicine regularly that prevents HIV infection. This is called Pre-Exposure Prevention, or PrEP. See page 101.

How can I ask my husband to use a condom?



My husband would use them but we cannot afford them.

These challenges are not easily solved. But the health and future of all of us depend on stopping HIV. Find ways to talk to people and to encourage them to talk to each other about HIV, about why people have difficulty protecting themselves from HIV, and how to change this.

Care for pregnant women with HIV

Give a pregnant woman with HIV the same respect and care you would give any woman. If they are using ART medicines, women with HIV can safely be pregnant and have healthy babies.

Note: Some women first find out they have HIV when they are tested during pregnancy. These women need support to cope with this news and what it may mean for their families. Health workers and midwives should take care not to discuss a woman's HIV status with anyone (including each other) without her knowledge and consent.

Pregnant women with HIV need to take even more care with their health than others. Eating well, avoiding infections, and treating illness quickly are most important. Encourage a pregnant woman with HIV to start ART treatment for her HIV right away, and if possible, an HIV treatment program or a support group. Explain why she should see you or another health worker regularly, and help her identify where to get good medical care nearby in case she needs it. If there is a well-equipped medical center in your area, it might be better for her to give birth there.

Watch women with HIV for signs of other sexually transmitted infections, especially syphilis (see Chapter 18). Help them prevent malaria (see page 98) and get tested for TB (tuberculosis) and hepatitis. Help women (and their partners) get treatment for these or other infections.

A woman with HIV who is 3 months pregnant or more can prevent many infections (pneumonia, diarrhea, malaria, and others) by taking a low-cost antibiotic called cotrimoxazole every day (see page 481).

Medicines that fight HIV also protect developing babies

Without treatment, about 1 out of every 4 babies born to women with HIV is infected with HIV at birth. But pregnant women with HIV who take ART medicines for their HIV can lower the risk of HIV infection for the baby to 1 out of every 50. The baby will also need ART medicines after birth.

See page 499 for more about these uses of ART. (Also see page 293 to learn about preventing the spread of HIV while breastfeeding.)

Along with causing infections, HIV can also cause a woman to have more problems with her pregnancy, including:

- miscarriage, especially late in pregnancy (loss of pregnancy and stillbirth).
- early birth.
- bleeding and infection after birth.

A midwife should be prepared for any of these if caring for a pregnant woman with HIV.



Has she been vaccinated against tetanus? If yes, when?

Tetanus (lockjaw) is caused when a germ that usually lives in dirt or stool enters the body through a wound. A woman can get tetanus if something that is not sterile is put into her womb or vagina during or after childbirth or from an unsafe abortion. A baby can get tetanus if the cord is cut with something that is not sterilized, or when anything (like dirt or dung) is put on the cord stump.

Tetanus vaccinations

Everyone should get a series of vaccinations to prevent tetanus (lockjaw). Every country has its own schedule of when to give them and which vaccines are given together. In general, a child gets 3 injections during the first year of life, and three more (called “boosters”) afterwards. The combination vaccines have names including DPT, Tdap, Dt, DTaP, and others. It is best if these vaccinations happen early in life to prevent ever getting sick with tetanus. If someone did not get all 6 injections, and has not had an anti-tetanus vaccination in the past 10 years, they need a “booster” now to be protected.

People who have received all the 6 vaccinations will not get sick if they are exposed to tetanus.

If a pregnant woman has not received all the 6 vaccinations, give her an anti-tetanus vaccine when you begin seeing her. She will need a “booster” in 10 years.

These shots will protect you and the baby against tetanus — for a while.



Vaccinations during pregnancy will also protect the baby from tetanus during the first few weeks after birth. But the baby must be vaccinated after birth so that the protection will continue.

It is hard to know how much protection a woman already has against tetanus. Most people do not remember if they had the vaccinations or not. If you do not know that someone has had the vaccinations, assume that she has not. Vaccinate her in this pregnancy — an extra vaccination will not harm her.

Is she taking any medicines now?



It is best for a woman to avoid most modern medicines and plant medicines during pregnancy. Many medicines can harm the baby inside the womb.

If a woman needs to take a medicine, see the medicine pages at the end of this book to find out whether that medicine is listed as **safe** in pregnancy. If the medicine is not listed, get medical advice.

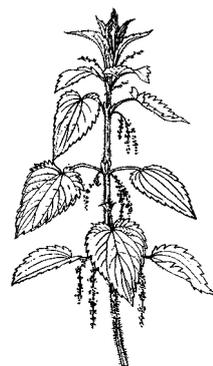
Supplements and tonics

Some modern and plant medicines that are not dangerous are called supplements or tonics. Prenatal vitamins and iron pills are healthy and safe supplements. They help the body get the vitamins and minerals it needs.

Some plants are not used to heal sickness, but to make the body stronger. These herbs have vitamins and minerals that help the baby grow. They are safe and helpful in pregnancy. Some of these tonic plants are nettles, alfalfa, and red raspberry leaf. These plants have different names around the world, so ask someone experienced with plant medicines before giving any tonic herbs to pregnant women.

Stinging nettles (*Urtica dioica*) contain calcium, vitamin K, folic acid, and other important nutrients.

But cover your hands when you pick them or you will be stung!



Has any medicine ever given her problems?



If the woman has ever had a health problem after taking a medicine, like a rash, swelling, or difficulty breathing, **do not give her that medicine.** Those problems are signs of allergy. If a woman takes a medicine that she is allergic to, she might become very sick or even die. An allergic reaction can happen at any time during the rest of her life.

Write down the name of the medicine so you can both remember it. Explain to the woman that she must never use the medicine again, and that she should always tell her doctors or health workers what happened when she used the medicine.

Note: Some kinds of medicines come in “families.” They are very similar to each other. For example, penicillin and ampicillin are in the same family. This is why their names are similar. If a woman is allergic to one member of a family of medicines, she is probably allergic to the other members of that family. See page 475 to learn more.

Medicines that are not in the same family as the one she is allergic to are as safe for her as for anyone else.

What else in her life might affect her pregnancy and birth?

Money

Not having enough money causes many problems for women during pregnancy. Eating poorly then is dangerous for both the mother and the baby. Money worries add to stress, fear, and sadness, which can make the pregnancy and any other health problems more difficult. Lack of money may limit options if emergency care is needed.

If the woman you are helping cannot afford enough food to be healthy, help her find resources in the community. Religious groups or mother and child health programs may have food assistance they can provide, such as powdered

Living conditions

- Is there a clean and private place she can give birth?
- Is clean water available?
- Does anyone in her house have a serious disease that she might catch (contagious disease)?
- Does anyone smoke cigarettes in the house? Is there a smoky cooking stove inside the house? This smoke is very harmful.

Help her find a clean, safe place to give birth.

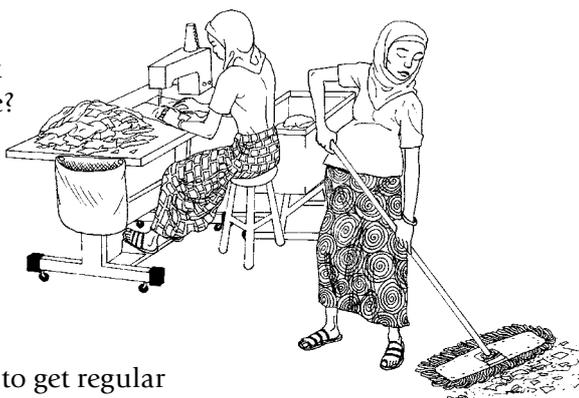
Distance from care

- Will she be able to come to her pregnancy checkups? Can you go to her?
- If she lives far away, can you teach her to do some of the pregnancy checkup herself?
- How far is the maternity center, clinic, or hospital? Does she need to stay nearby at the end of her pregnancy to be closer?
- How can she get there quickly if she needs help?
- Is there a telephone or radio she can use in an emergency?



Work

- How much does she work at home and outside her home?
- Does she have time to rest?
- Does her work expose her to dangers — like chemicals? (See page 47.)
Can she be protected from work dangers?



It is important for the woman to get regular breaks from her work. She should be able to eat, drink, and urinate often. Her work should not put too much strain on her body.



Family

Partners and other family members can be supportive and can share in the responsibility of the pregnancy. They can help with housework, care for other children, help the woman get enough good food and rest, and can enjoy the growing pregnancy with the woman.

Some women need extra support

Women who do not get much help from their family, have no partner, or who have a partner who is not supportive may need extra care.

Single mothers are often wonderful and caring parents, but their lives may be harder than those of married women. People may treat single mothers badly, making assumptions about their morals and ignoring their needs. Give single mothers the kindness they deserve, and offer extra care if they do not have family or friends to help.

Very young mothers may have been forced into marriage as young girls, often to much older partners. These girls need particular support.

Women with abusive partners who get drunk or abuse drugs, are often away from home, have sex with other people, or abuse the woman will need support from family, friends, and you. A woman may need to leave her partner, or may choose to stay until she has a safe place to go. See the book *Where Women Have No Doctor* for more information on abusive partners.



Families save lives

Partners and family are usually the key to a good emergency plan. Find out if the woman needs permission to get medical help in an emergency. For example, if the community expects the husband to give the woman permission to go to a medical center or hospital, he should do so during the pregnancy, so that if he is away during the birth there will be no delay in getting life-saving care.

Teach the husband, mother-in-law, or other close family members the warning signs that mean a woman must be taken to get medical help.

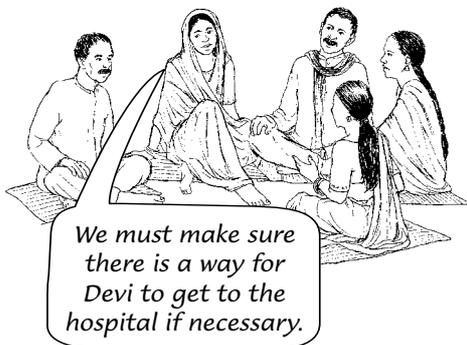
Warning signs in pregnancy and birth — get medical help fast!

- bag of waters breaks early, and labor does not start within 24 hours (see pages 174 to 175)
- labor is too long — longer than 24 hours (see page 186)
- pre-eclampsia (see page 125)
- infection (see page 178)
- heavy bleeding (see page 224 to 226)



Making a transport plan

Any woman can have serious problems that require medical help. If a woman has heavy bleeding, an infection, pre-eclampsia, or some other serious problem during labor or birth, she may need emergency care. A family with no car who lives far from medical help may have no way to get there. A family with little money may be unable to pay what the local hospital demands.



If everyone waits until a problem arises to think about how to solve it, the help may come too late. But by planning before the birth — while the woman is still pregnant — the woman, her family, her midwife, and her community can make a plan that can save the life of the woman or her baby. Make a transport plan before the birth with each woman. Involve her family and community in making the plan.

A community transport plan should address all the reasons for delays in getting medical help. To understand these reasons, talk to other midwives who have lost mothers or babies during labor or birth. Talk to families who lost a baby or a mother too. Ask about when the midwife or family first knew there was a problem, and how long it took them to get help. Find out why the midwife and family did not go for help sooner. If possible, these families could meet and all talk to each other. Invite community leaders to listen to what these families and midwives have to say.



A midwife or a family might delay getting emergency care for many reasons:

- The person who must give permission for the woman to get care is not available.
- The midwife may feel afraid that people at the medical center will blame her for causing the problem.
- The family or the midwife may feel there is no hope — that going to a medical center will not help. Or the family may not trust the hospital.
- The family may not have money.
- There may be no car, truck, or other transportation.

After naming the reasons why families in the community do not get help, find solutions. You may be able to find a solution within the family. If the husband must give permission for the woman to go to the hospital, he can give permission in advance of the birth in case he is not home. Some problems are best solved by the whole community. In some villages, every family contributes a small amount of money every year. Anyone in the community who needs medical help can use the pool of money to pay for transportation to a medical center in an emergency.

Teach family members the warning signs. If everyone understands the problems that women in labor face, they can work together to help women get medical care. By talking to families and communities about the need for emergency medical care, you can help them make a plan that works. See *Hesperian's Health Actions for Women* for ways to begin these conversations.

