

Chapter 6

In this chapter:

Staying Healthy during Pregnancy.....	68
Common Problems during Pregnancy.....	69
Risks and Danger Signs during Pregnancy.....	72
Prenatal Care (Check-ups during Pregnancy).....	76
Preparing for Labor and Birth	78
Giving Birth	80
Signs that labor is near	80
The 3 stages of labor	80
Danger signs during labor	85
Difficult Births	88
Danger Signs for the Baby at Birth	94
Caring for the Mother and Baby after Birth.....	95
Women with Extra Needs.....	98
To the Father	100
Working for Change	101

Most women 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 woman and her helpers, about care during pregnancy, and care both during and after the birth.

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

Pregnancy and Childbirth



Every pregnant woman needs good health, good food, and the love and support of her family and community. Many women feel very healthy during pregnancy and do not have difficult births. Most babies are born healthy.

At the same time, pregnancy can be one of the main dangers a woman faces in her life. About half a million women die each year from problems of pregnancy and birth (this is also called maternal mortality), mostly in poorer countries.

Most of these deaths could be prevented with basic care. This chapter has information that can help pregnant women care for themselves, or help others care for them.

HOW TO TELL IF YOU ARE PREGNANT

- You miss your *monthly bleeding*.
- Your breasts feel sore and grow bigger.
- You feel sick to your *stomach* and sometimes *vomit*.
- You have to pass *urine* more often.
- You feel tired.

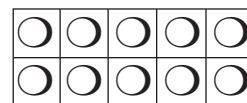
HOW TO KNOW WHEN THE BABY IS DUE

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



Without water, the crops would die; and without children, life in the community could not continue.

—Mixtec saying,
Mexico



Many women know when their baby will be born by counting the passing of 10 moons.

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*, builds a healthy baby, 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 suffer from mental slowness.
- **Sleep and rest more**. If you work standing up, try to sit or lie down several times during the day.

Do your daily work...



...but rest whenever you can.



- **Go for prenatal (before-birth) check-ups** to make sure there are no problems, and to find 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 your *vagina* will be stronger after the birth (see page 371).
- Try to **get daily exercise**. If you sit down at work, try to walk a little every day. But try not to tire yourself.
- **Get treatment if you think you have a sexually transmitted infection (STI) or other infection**.
- **Get tested for HIV**. Prevent HIV infection during pregnancy by using condoms when you have sexual intercourse.
- **Avoid taking modern or plant medicines**, unless a health worker who knows you are pregnant says it is OK.
- **Do not drink alcohol or smoke or chew tobacco** during pregnancy. They are bad for the mother and can harm the developing baby.
- **Avoid pesticides, herbicides, or factory chemicals**. They can harm the developing baby. Do not touch or work near them, or breathe in their *fumes*. Never store food or water in their containers.
- **Stay away from a child who's body has a rash all over it**. It may be caused by rubella (*German measles*), which can harm the baby.

When you are pregnant your body changes and you may have some of the following common problems. But 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.

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.

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, 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



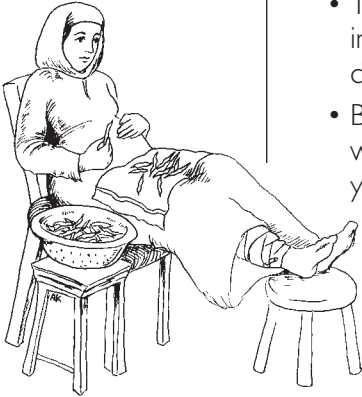
infections of the genitals

SWOLLEN VEINS (VARICOSE VEINS)

Blue swollen *veins* in the legs and around the vagina are called varicose veins. They are caused by 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.
- Be sure to 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.



Women with swollen veins should try to put their feet up when they can, and wrap their 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

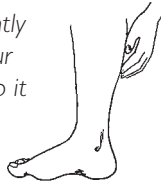
Pregnant women often get foot or leg *cramps*—especially at night, or when they stretch or point their toes down. Leg cramps may be caused by not enough *calcium* in the diet.

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:



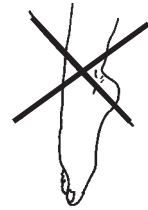
...then gently stroke your leg to help it relax.



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 your family for help with some of the heavy work.
- 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.

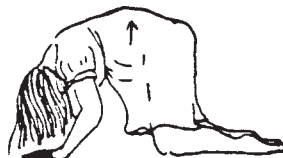


lifting and carrying heavy loads

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 for women who must stand all day.

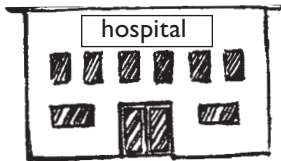
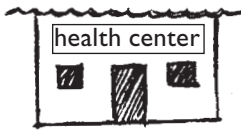
What to do:

- 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 they are swollen already when you wake up in the morning, or your hands and face also swell, these are signs of danger during pregnancy. See page 74.



swelling of the hands and face

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.

WOMEN WHO HAVE EXTRA RISKS

Women with any of the following problems can have more dangerous pregnancies and births. They should plan to go to a health center or hospital for birth, and they may need more prenatal care during pregnancy.

- **Weak blood** (*anemia*) makes a woman more likely to bleed heavily (hemorrhage) during birth, become ill after childbirth, or even die. For more on anemia, see the next page.
- **Sugar sickness** (*diabetes*) often causes very serious problems for the mother and the baby. The baby can die before birth or sometimes grows very large and gets stuck in the pelvis.
- **High blood pressure** can lead to severe headaches, seizures, and even death.
- **Older mothers** who have had many babies are more likely to have difficult labors, and heavy bleeding after the birth.
- **Mothers under the age of 17** are more likely to have *eclampsia* (seizures), long, difficult labors, babies born too early (premature), and blocked births, which may damage the *bladder*, *vagina*, and *womb* and can kill the mother (see page 370).
- **Mothers who had problems with past pregnancies**—such as seizures, birth by operation, heavy bleeding, a too-early or too-small baby, or a baby born dead—are more likely to have problems in another pregnancy or birth.
- **Women with disabilities**, with a loss of feeling in the body or difficulty walking, can have problems during both pregnancy and birth (see page 145.)
- **Women with HIV** risk having HIV spread to their babies, but can take medicines to prevent this (see page 520).

Other women who should try to give birth at a health center or hospital

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

- **A woman 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.
- **Women carrying twins** often have one baby in the wrong position for birth. Also, these mothers are more likely to bleed after birth.
- **Women who have their genitals cut** can have severe tearing of the *genitals* during the birth (see page 464). This can cause great pain, heavy blood loss, and *infection*.

DANGER SIGNS DURING PREGNANCY

In addition to the problems just listed, these danger signs may occur during pregnancy. A woman with any of these signs may be in serious danger and should see a health worker. See the next few pages for more about them.

- 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). Women who are very anemic 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 iron 2 times a day, and 1mg of folic acid 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. **Strong, constant 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 monthly bleeding, and
- pain in the lower *abdomen* on one side, or
- slight bleeding from the vagina, or
- feeling dizzy, weak, or faint

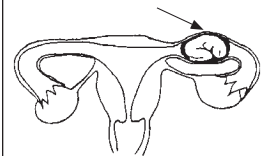


What to do:

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



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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 if you have pain with the light bleeding, it could mean a pregnancy is developing outside the womb, which is very dangerous (see page 73). If the bleeding gets heavier and stronger than a normal monthly bleeding, you are probably losing the pregnancy (having a miscarriage).
2. **Bleeding later in pregnancy.** Bleeding after the first 3 months can mean there is something wrong 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

High fever, especially along with shivering, body aches and severe headache, can be caused by *malaria*. Treatment for malaria depends on where you live. In the first 3 months of pregnancy, the best treatment is usually 600 mg of quinine by mouth 3 times a day and 300 mg of clindamycin by mouth 4 times a day. Take both for 7 days. See **Where There Is No Doctor** for more information.

High blood pressure, a sign of pre-eclampsia

Blood pressure of 140/90 or higher can be a sign of 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 (see page 532 for how to take blood pressure)
- protein in the urine
- severe headache
- swollen face or swelling all over in the morning
- severe pain high in the stomach
- dizziness
- blurred vision



foods rich in protein



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What to do:

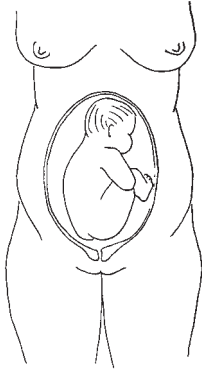
- Check your blood pressure and for protein in the urine. Go to a health center or hospital if necessary.
- Rest as often as possible, lying down on your left side.
- Try to eat more foods with a lot of protein every day.
- Plan to have the birth in a health center or hospital.

IMPORTANT *If a woman has high blood pressure and any of the other signs of pre-eclampsia, she needs medical help fast. If she is already having seizures, see page 87.*

BABY IN THE WRONG POSITION WHEN LABOR STARTS

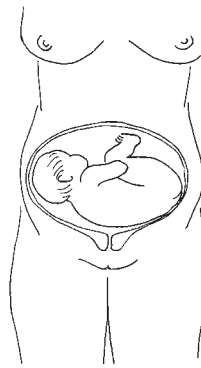
If the baby is buttocks first (breech) when labor starts, the birth can be more difficult. If the baby is lying sideways when labor starts, the baby cannot be born without an *operation*. (Turn the page to learn how to check the baby's position.)

► *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)

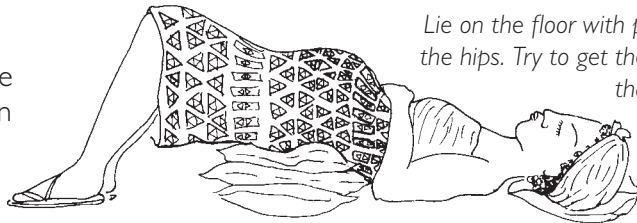
If the baby's head is up, the birth may be more difficult. It may be safer for the mother to give birth in a hospital.



Baby lying sideways

If the baby is lying sideways, the mother should give birth in a hospital. She and the baby are in danger. A baby that stays sideways cannot be born without an operation.

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

IMPORTANT *DO NOT try to change the 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 mother and the baby.*



TRANSPORT!

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

Some babies born too early might not live. A woman may be able to slow or stop labor by lying in bed with her hips raised, and resting until the labor stops (see the picture above). If she can go to a hospital, they may be able to stop the labor. Even if they cannot stop the labor, they can sometimes keep the baby alive. (Also see page 94 for how to care for a baby born too early.)

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.*

Prenatal check-ups are important to find and take care of problems early—before they become dangerous. Good prenatal care is not difficult to give and does not require very expensive equipment. It can save many lives.

If you are pregnant, try to have at least 3 check-ups:

1. As soon as you think you are pregnant.
2. Around the 6th month of pregnancy.
3. A month before the baby is due.

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 a woman is eating well enough and suggest ways for her to eat better food, if necessary.
- give iron and folic acid tablets, which help prevent anemia and birth defects.
- examine the mother, to make sure she is healthy and that the baby is growing well.
- give vaccinations to prevent tetanus, a disease that can kill both mothers and babies (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 to prevent a woman's HIV from spreading to her baby.

What to expect at a prenatal check-up

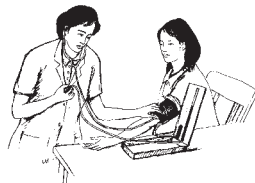
A birth attendant or midwife should do these things at a prenatal check-up:

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

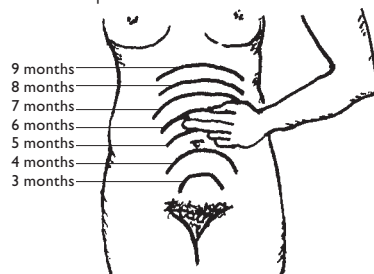


- Check the hands and face for swelling (see page 74).

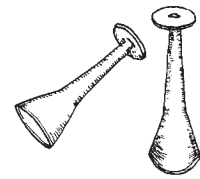
- Check weight, urine, and blood pressure (see page 532).



- Check the growth of the baby in the womb. Normally the womb will grow 2 finger widths each month. At 4½ months it is usually at the level of the navel. **If the womb seems too small or too big or grows too fast**, 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 woman's abdomen, but often you cannot tell the baby's heartbeat apart from the mother's. It is easier with a fetoscope. Another sign the baby is healthy is if the mother feels the baby move every day, and if she has felt it move on the day of the check-up.



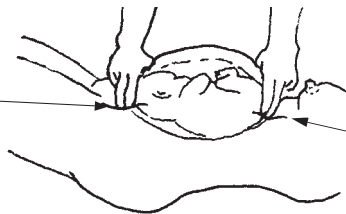
fetoscope

Checking 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. This is the best position for birth. To make sure the baby is head down, feel for the head like this:

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

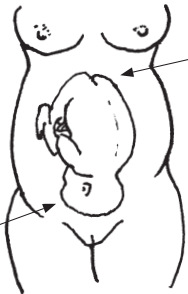
With the thumb and 2 fingers, push in here, just above the *pubic bone*.



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...

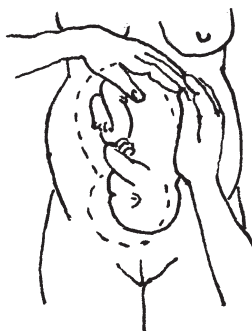
...and bottom down feels larger low down.



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 buttocks are pushed gently sideways, the baby's whole body will also move.

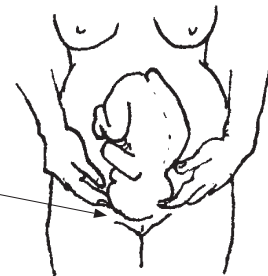
But if the head is pushed gently sideways, it will bend at the neck and the back will not move.



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.

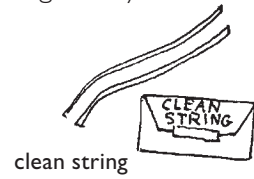
A woman's first baby sometimes moves lower about 2 weeks before labor begins. Second or later babies often do not do this until labor starts.



Preparing for Labor and Birth

THINGS TO HAVE READY BEFORE BIRTH

A pregnant woman should have these things ready by the seventh month of pregnancy:



► If you do not have a new razor blade, you can use rust-free scissors or a knife if you boil them for 20 minutes just before cutting the cord.

clean cloths

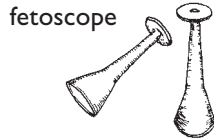
new razor blade

two bowls, one for washing, one for holding the afterbirth

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

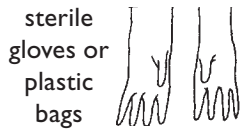
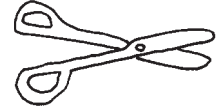


flashlight

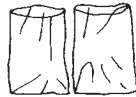


fetoscope

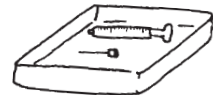
blunt-tipped scissors for cutting the cord before the baby is born all the way



sterile gloves or plastic bags



sterile syringe and needles



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

several injections of ergonovine, ergometrine, oxytocin, or misoprostol



HIV medicines for mother and baby if mother has HIV



tetracycline or erythromycin ointment 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 A WOMAN GIVE BIRTH

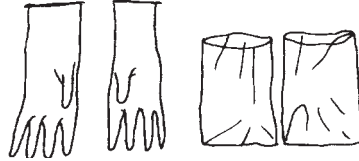
If you are pregnant, read this information to know what to expect during *labor* and after the baby is born. It will also make you better able to help other women during birth.

If you are helping a woman give birth, reassure the mother so that she will not be afraid. Remember that most babies are born without problems. Stay calm and cheerful, and let her know that you trust her 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.
- Know which women have extra risks and learn the 'Danger Signs during Pregnancy' (see page 73). Make sure the mother gives birth in a health center or hospital if she has any of these risks or danger signs.
- Learn the 'Danger Signs during Labor' (page 85). Take the woman to a hospital if she has any of these signs.
- Treat her 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

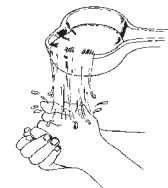
- Do not put your fingers or anything else in the woman's vagina. Checking how much the womb has opened does not help the baby to be born, and may cause a dangerous infection.
- Do not give any medicine to speed up labor or to make labor stronger. These medicines can kill the mother and the baby. (Medicines that cause the womb to contract should only be used to stop bleeding after the baby is born.)
- Do not tell her to push before she is ready. When it is time for the baby to be born, she will feel like she has to pass stool and will start pushing on her own.
- Do not push on the outside of her womb to make the baby come out faster. This can tear her womb or cause the placenta to separate from the womb too soon. Both the mother and the baby can die.



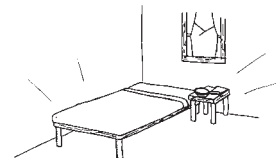
preventing infection

► For safe childbirth practice the 3 cleans:

1. Clean hands



2. Clean place to give birth



3. Clean tool to cut the cord



Giving Birth

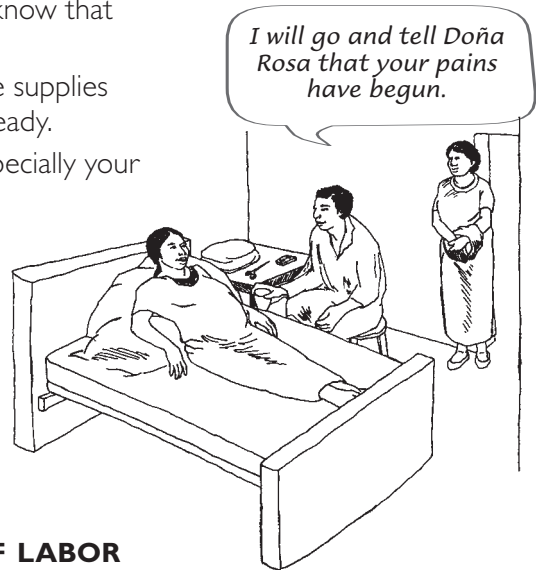
SIGNS THAT LABOR IS NEAR

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* can break just before labor begins, or at any time during labor.
3. **Pains (*contractions*) begin.** At first contractions may come 10 or 20 minutes apart or more. Real labor does not begin until contractions become regular (have about the same amount of time between each one).

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 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. When it is the mother's first birth, this stage usually lasts 10 to 20 hours or more. In later births, it often lasts from 7 to 10 hours. It can vary a lot.

Stage 2 begins when the cervix is open and ends when the baby is born. This stage is usually easier than Stage 1, and should not take more than about 2 hours.

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

Stage 1: The cervix opens

To make sure that labor is going well, check:

- 1. How long has the woman been having contractions 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 she has had a contraction 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 her 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 mother's abdomen (see page 77). If the baby is sideways or breech, you must take her to a health center or hospital.

You can also help the mother by reassuring her that she is doing well and by encouraging her to:

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



Walking helps the womb open. It can also make the pain less and help the mother 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, let the woman choose the most comfortable positions. For many years, doctors and some midwives asked women to lie on their backs, but this is often a difficult position for going through labor and giving birth. Encourage a woman in labor to try different positions. Most women find it easier to push the baby out when they are kneeling, squatting or sitting propped up.

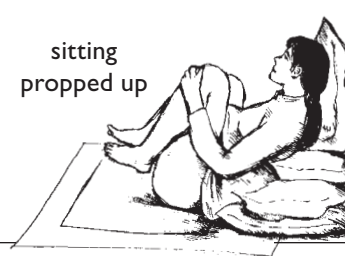
kneeling



squatting



sitting propped up



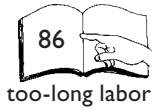
Stage 2: Pushing the baby out

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

- The mother feels a strong need to push. It may feel like needing to pass stool.
- During contractions, you can see the mother's bottom 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:

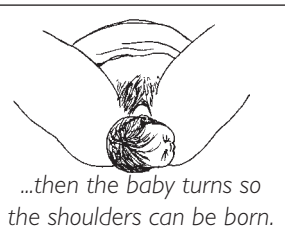
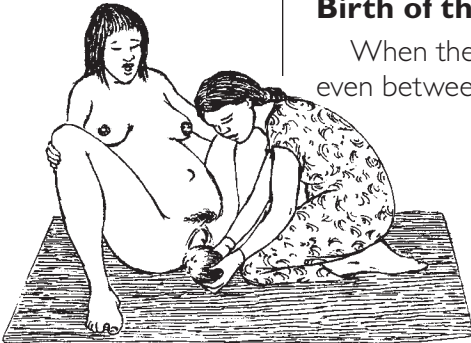
- Stay with the mother all the time and reassure her that she and the baby are doing well.
- Each contraction will come with a very strong urge to push. When the mother feels like pushing, have her take a deep breath and push as if she were passing stool, but with all her strength. Many women find it 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 the woman has been pushing for more than 2 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 mother 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 mother's skin 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 mother's back (away from her 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:

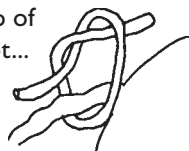
- Wipe its mouth and nose with a clean cloth. To help the *mucus* drain, keep the baby's head lower than its body. If there is a lot of fluid or mucus, remove it with a suction bulb (see page 86).
- Give the baby to the mother right away. Put a clean cloth around both of them. Do this as soon as possible so the baby stays warm.
- Put the baby to the mother's breast immediately. When the baby sucks, the mother's womb tightens and stops the bleeding. This will also help the *placenta* come out more quickly.
- Tie and cut the *cord* only when it turns white and stops pulsing. To prevent tetanus, a serious disease that kills many babies, cut the cord close to the baby's body.



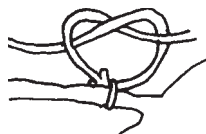
To cut the cord:

1. When the cord 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.

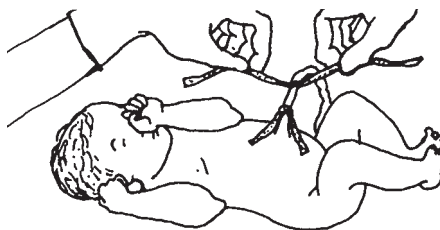
The first loop of a square knot...



...the second loop of a square knot.



2. Cut the cord between these 2 ties with a new razor blade. If you must use something else to cut the cord, make sure it has been boiled for 20 minutes.



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

Gonorrhea can cause blindness. Since many women do not know they are infected, put 1% erythromycin or tetracycline eye ointment in each of the baby's eyes within the first 2 hours after birth.



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



problems in newborn babies

Stage 3: The placenta comes out

When the baby is wrapped and at the mother's breast, it is time for the placenta to come out.

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 mother to push out the placenta. Do not pull on the cord.

If the placenta does not come out right away and there is no bleeding, it is OK to wait up to 1 hour.

To help the placenta come out:

- Have the mother squat and push. If she cannot push, have her blow into a bottle, sneeze, or cough.
- Ask the mother to pass urine.
- Encourage the baby to nurse, or have someone roll the mother's nipples. This will help make her womb contract.
- If nothing else works, give her an injection of 10 Units of oxytocin in her buttock or thigh. Or give 600 micrograms of misoprostol by mouth (see the Green Pages).
- If the mother starts to bleed, see page 92.



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.



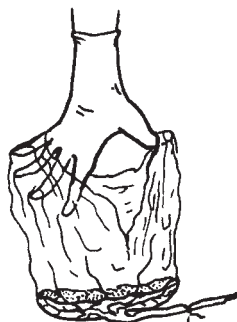
too much bleeding

Check the placenta

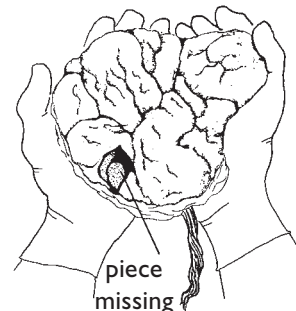
Usually the placenta comes out whole, but sometimes a piece gets left inside. This could cause bleeding or infection later. To see if everything has come out, check the top and bottom of the placenta, and the membranes from the bag of waters.



If the mother is 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 or "fits"

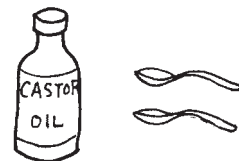
Waters break but labor does not start

Most women will give birth within 24 hours after their waters break. If labor has not started after 12 hours, the woman and her baby could get a serious infection.

What to do:

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



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 an operation. 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:

Take the mother 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 the mother is bleeding bright red blood, 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:

Take the mother to the hospital right away. If possible, start an IV and give her IV fluids.



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



TRANSPORT!



► A woman who is only a little warm may just need to drink more fluids.



TRANSPORT!

Too-long labor

If the mother has been in strong labor for more than 12 hours, or has been pushing for more than 1 hour with no signs of the baby moving toward birth, there may be a problem.

If after 12 hours of strong labor or 1 hour of pushing there is no progress, take her to a health center or hospital. She may need medicines to help her labor or an operation for the baby to be born.

What to do:

If her contractions do not come every 2 or 3 minutes and lasting for a full minute, she may not be in strong labor. Encourage her to sleep. If she cannot sleep, ask her to roll her nipples and walk between contractions to make labor stronger. Give light foods and fruit juices or tea with sugar to give her energy.

Green or brown waters

Brown or green waters can mean that the baby is in trouble.

What to do:

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

If the mother is in Stage 2 of labor and the baby is going to be born soon, have the mother push as hard as she 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 is usually a sign of infection.

What to do:

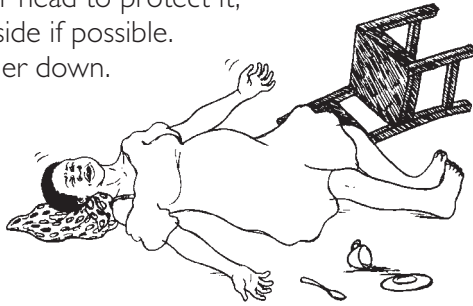
Touch the woman's forehead with the back of one of your hands, and touch your own forehead with your other hand. (See page 530 for taking *temperature* with a thermometer if you have one.) If she feels a little warmer than you, she may just need fluids. Give her plenty of water, tea, or juice. Remind her to pass urine every few hours.

If she feels very hot to touch and she has chills, take her to a health center or hospital. She needs antibiotics right away. Give ampicillin, 2 g by mouth every 6 hours, along with 80 mg of gentamicin, IV or IM, every 8 hours, until you can get to a hospital. If you cannot give gentamicin, then give metronidazole with the ampicillin instead, 400 to 500 mg by mouth every 8 hours until you can get to a hospital. If she is allergic to penicillins, give 500 mg of erythromycin every 6 hours instead of ampicillin.

Seizures (“fits”) with eclampsia

If the mother starts to have a seizure (“fit”):

- Put something under her head to protect it, and put her on her left side if possible. But do not try to hold her down.
- Keep her cool.
- Send someone to get emergency transportation and take her to the nearest hospital.



If possible, give one of the following medicines:

- magnesium sulfate, 50% solution. Inject 5 g deeply into each buttock muscle once. Repeat after 4 hours if needed.



danger signs during pregnancy



TRANSPORT!

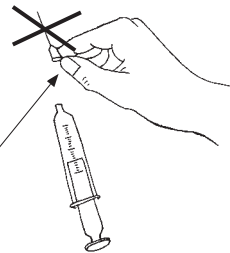
► For more information about these medicines, see the “Green Pages.”

How to give diazepam

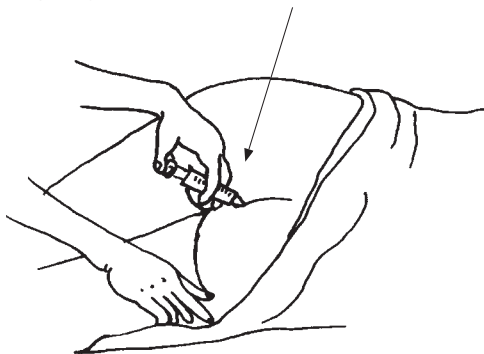
A woman having seizures (“fits”) cannot swallow pills, and diazepam may not work well when injected into a muscle during a seizure. So it is usually best to put either liquid (injectable) diazepam or diazepam pills that have been crushed and mixed with water into the mother’s *rectum*.

Liquid diazepam. Give 20 mg after the first convulsion. 30 minutes after the first dose you can give another 10 mg, but do not give more than that.

To give liquid diazepam, first load a syringe and then **TAKE OFF the needle.**



Be sure to take off the needle!



Put the barrel of the syringe gently into the rectum about 2 inches and empty it inside. Hold the barrel of the syringe in place for at least 5 minutes. It will act as a plug to keep the medicine from coming out. If some fluid leaks out of the anus, it is OK to give 5 mg more.

Diazepam pills. If you only have diazepam pills, you can crush them and mix them with clean, cool water. The pills will not completely dissolve. Crush 20 mg of pills.

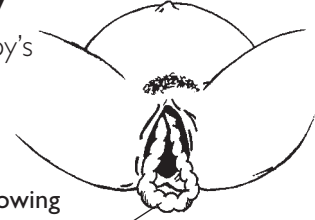
To give the pills, draw the water and pill mixture up into a syringe with the needle already removed, and put it into the rectum—the same as above.

Difficult Births



Cord comes out before the baby

If the cord comes out before the baby's head, the cord gets squeezed when the head comes down. The baby can die or get brain damage from too little oxygen.



cord showing at opening of vagina

What to do:

If the baby is coming very fast and is almost born, have the mother push as hard as she can in a squatting position and get the baby out.



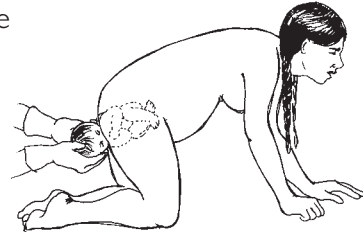
If the baby is not coming quickly, put the mother in the knee-chest position, help her to stop pushing, and get her to a hospital. The baby needs to be born by operation.

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 mother get on her 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, bring the mother's bottom to the edge of the bed. Ask her to pull her knees back as far as she can while someone else pushes straight down just above the mother's pubic bone. Have the mother push as hard as she can during her 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 mother pushes with a contraction.



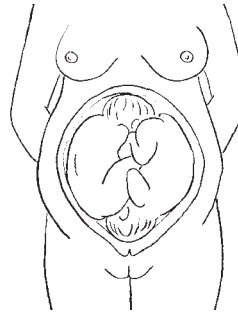
DO NOT try to pull the baby out. This can hurt or kill the baby.



IMPORTANT DO NOT let anyone push on the TOP of the mother's womb. This can make the baby more stuck and can tear the mother's womb.

Twins

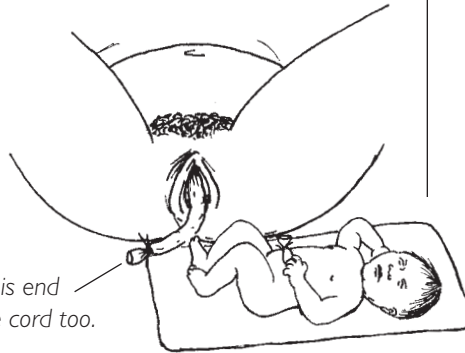
When a mother is carrying more than one baby, it is best for her to give birth in a health center or hospital. It is more likely that one baby will be in a wrong position, or that there will be heavy bleeding after the birth. But if you must help a woman give birth to twins here is what to do:



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.

Tie this end of the cord too.



cutting the cord

3. DO NOT give any injections.
4. Give the first baby to the mother to begin breastfeeding. This will help get the second baby 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.

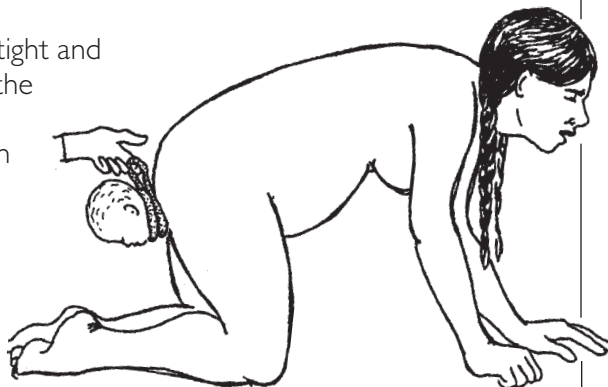


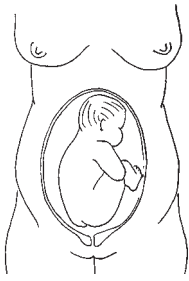
TRANSPORT!

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 clean scissors. Be careful not to cut the baby or the mother.





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 for the woman to have the baby in the hospital. If she stays at home, try to have an experienced midwife or doctor there to help her.

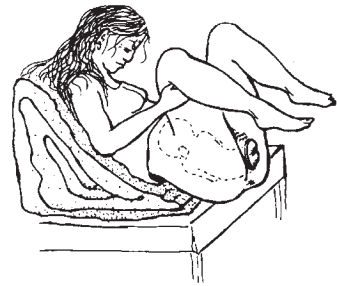
What to do for a breech birth:

1. Help the mother keep from pushing until you see the baby's bottom at the vagina. It is very important for the cervix to be fully open.

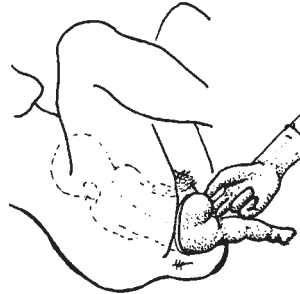
2. Have the mother get into a standing squat position.



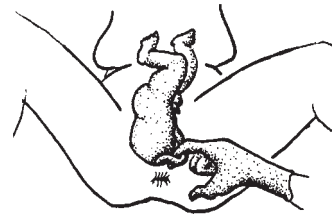
Or if the mother is unable to squat, help move her bottom to the edge of the bed as soon as the baby's legs or bottom come out.



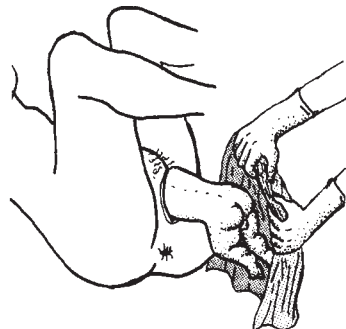
3. Encourage her to push the rest of the baby's body out slowly. The legs usually fall out but you may need to put your fingers inside the mother to bring them out.



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

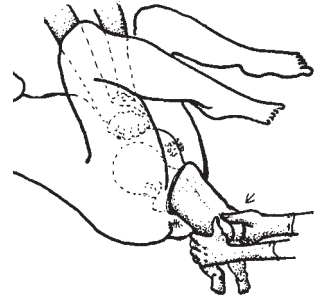
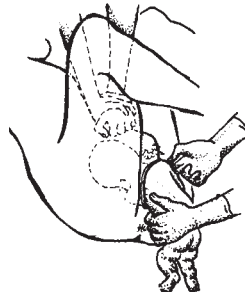


5. Wrap the baby's body in a dry warm cloth. This will help you hold the baby better and will keep the baby from trying to breathe before the head is born. (In the rest of the pictures, we will not draw the towel. This is so that you can see better. But in a real birth, keep the baby wrapped while you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



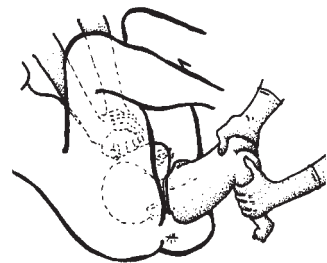
6. Have a helper put pressure on the mother's pubic bone (not her abdomen). This is to keep the baby's head tucked to its chest, not to push the baby out. Carefully guide the baby's body down to deliver the top shoulder. Hold the baby by the hips or legs. **Be careful! Pressure on the baby's back or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

You may need to put your fingers inside the mother 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.

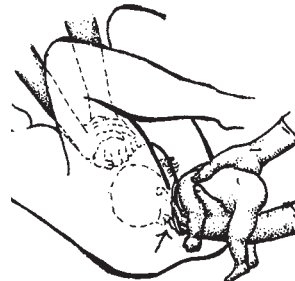
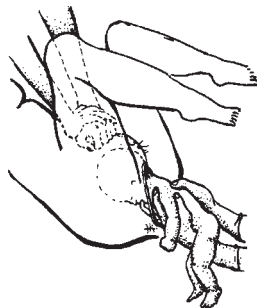


7. Carefully lift the baby to deliver the back shoulder.

8. The baby now needs to turn so it faces down towards the mother'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.

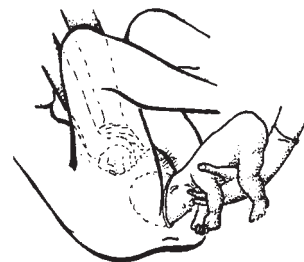
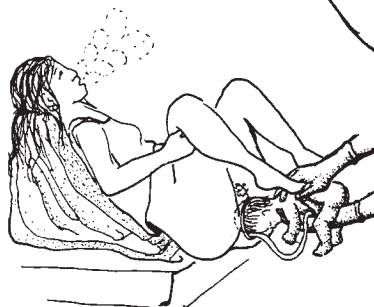


9. Lower the baby until you can see the hairline on the back of the neck. **Do not pull the baby! Do not bend the neck or it may break!**



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 mother.

11. The mother 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 damaged.





Too much bleeding (hemorrhage)

It is normal for a woman to bleed a little after childbirth. **But bleeding is a serious problem if it does not stop within an hour after birth, or if there is a lot of blood—more than 2 cupfuls, or enough to soak through 2 thick pads in an hour.**



What to do:

1. Take the woman to a hospital.
2. While you are transporting her, do the following.

For too much bleeding before the placenta comes out:

- Ask the mother to squat and push the placenta out.
- Ask her to pass urine.
- Put the baby to the mother's breast to start suckling. If the baby will not suckle, have the mother roll her nipples or have someone else suck on her breasts. 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, or give 800 mcg (micrograms) of misoprostol under the tongue, one time only.

If the mother is bleeding a lot and cannot push the placenta out, take the mother to the nearest hospital. While you are transporting her, you can try to help guide the placenta out. Only do this if you believe the woman'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 mother's abdomen just above her pubic bone. Wait until her womb feels hard and then push upward toward her 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:

- Ask the mother to pass urine.
- Keep the mother lying down and put the baby to her breast. If the baby will not suckle, try rolling the mother's nipples. This will make the womb contract and stop bleeding.
- Firmly rub the top of her womb at the level of her 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.

Medicine:	How much to give:	When and how to give:
oxytocin.....	10 Units	inject in the side of the thigh muscle You can give this dose again in 20 minutes if bleeding does not stop.
OR		
ergometrine	0.2 mg	inject in the side of the thigh muscle
OR		
ergometrine pills.....	0.2 mg.....	give by mouth You can give ergometrine every 2 to 4 hours for severe bleeding, or every 6 to 12 hours for less severe bleeding, but continue to give the medicine until bleeding has stopped and the womb is hard, usually about 48 hours. <i>Pills do not work as quickly as injections. Do not give ergometrine to a woman with high blood pressure.</i>
OR		
misoprostol.....	800 mcg (micrograms).....	dissolve in mouth then swallow. If she cannot swallow, insert in rectum. Have the woman dissolve tablets against her cheek or under her tongue for 30 minutes and then swallow the remaining parts. <i>If you give misoprostol in the rectum, wear a glove while inserting the pills, then throw the glove away and wash your hands.</i> See page 483 for more information about medicines to stop bleeding.

If the mother continues to bleed, take her to the health center or hospital. Send 2 family members with her to give blood if needed. In the meantime, watch her 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

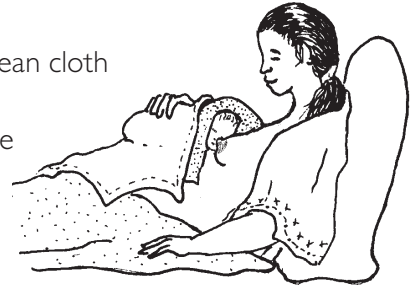


Baby born too early or too small

A baby born before 8 months is born too early. A baby that weighs less than 2500 grams or 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 the naked baby against the mother's body. Cover the baby with many warm cloths or blankets. Make sure the head is covered and the room is warm.
3. Put the baby to the mother's breast. Small babies need to nurse at least every 2 hours.
4. DO NOT bathe the baby. It must stay warm.



Keep baby warm and dry.

Baby does not breathe

A baby must begin to breathe on its own within 2 to 3 minutes after the cord becomes white or the placenta separates from the womb wall. If the baby does not start to breathe, it can suffer serious brain damage or die.

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 a hard surface, like a table or the floor.
2. Open the baby's throat by tilting her head back slightly.
3. Put your mouth over the baby's mouth and nose, and gently blow little puffs of air into the baby. Blow about 40 puffs per minute (which is a little faster than you breathe when resting). Let the baby breathe out between puffs.
4. The baby's belly and chest will 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 damage them. Blow little puffs of air from your cheeks and not from your chest.*

CARING FOR THE MOTHER JUST AFTER THE BIRTH

Encourage the mother to breastfeed her baby, which will help her to stop bleeding sooner. Also:

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

BABY CARE

Keep the baby with the mother so it can suck the breast and stay warm. Encourage the mother 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 mother 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 benzylpenicillin.

Caring for the Mother and Baby after Birth



breastfeeding



HIV medicines and childbirth



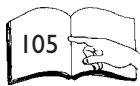
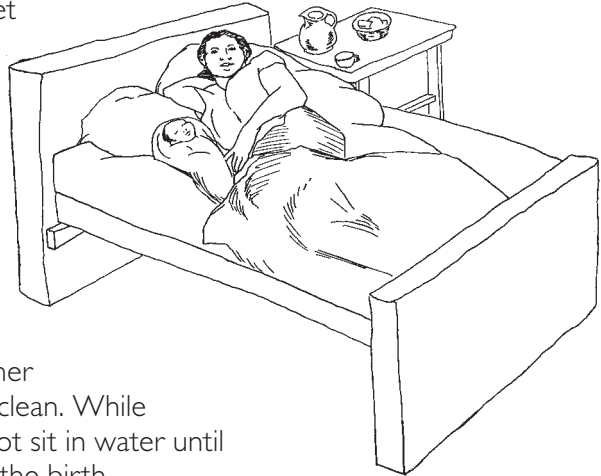
TRANSPORT!

IN THE FIRST WEEKS AFTER BIRTH

Caring for a new mother

Mothers need care after birth just as the baby does. People are often so busy looking after the baby that the mother's needs may be forgotten.

- To **prevent infection** the mother should not have sex or put anything in her vagina until her bleeding stops.
- She should get a lot of **rest** for at least 6 weeks.
- She should try to stay clean. It is good for her to wash and to keep her genitals very clean. While bathing, do not sit in water until 1 week after the birth.
- A new mother needs to eat more food than usual. She can eat any kind of food: fish, meat, beans, grains, vegetables, and fruit will all help her heal from the birth and have energy to be a good mother.
- She should drink plenty of fluids.
- If she is breastfeeding her baby and giving no other milk, the breastfeeding can protect her from getting pregnant again too soon. For full protection, see the directions on page 218.
- If she has a tear at the opening of her vagina, she should keep it clean. She can apply a hot, damp cloth and honey to the tear to help it feel better and to heal more quickly. If the tear causes burning, she can pour water over her genitals while she passes urine.



breastfeeding



family planning

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

- She should start a **family planning** method soon, especially if she ever feeds her baby something other than breast milk. For her good health, she should start using a family planning method before she has sex again, or she could become pregnant too soon.

Women with Extra Needs

LOSS OF A PREGNANCY (MISCARRIAGE)

A miscarriage is a pregnancy that ends by itself before the baby is fully developed. It is often the body's way of ending a pregnancy when the unformed baby has a serious problem that would have kept it from developing well. Most miscarriages happen in the first 3 months of pregnancy. After a miscarriage, a woman can still become pregnant again and have a normal pregnancy and a healthy baby.

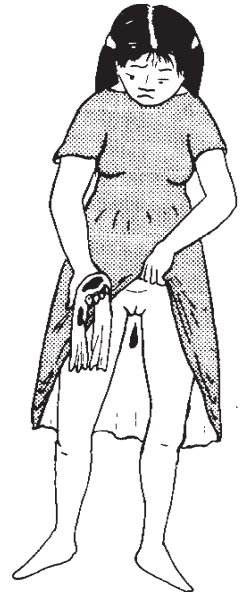
The signs of miscarriage are pain and bleeding. (For more information on other possible causes, see page 234.) The bleeding and pain usually begin like normal monthly bleeding and then get heavier and stronger. There may also be some *tissue* or clots with the blood.

If the bleeding and pain continue for more than a few days, if the bleeding is much heavier than normal monthly bleeding, or if a woman gets a fever or has a bad-smelling fluid from her vagina, part of the pregnancy may still be inside the womb. This is called an *incomplete miscarriage*. It can lead to heavy blood loss, a dangerous infection, or even death. The woman should go to a health center or hospital where a trained health worker can empty the womb.

If a woman has strong, constant pain in her lower abdomen, she may have a pregnancy in the tube. This is very dangerous (see page 73).

After a miscarriage a woman should rest and avoid heavy work or lifting for 2 weeks. She should not douche or wash inside her vagina. Also she should avoid sex until all bleeding stops because her womb is still open and could get infected.

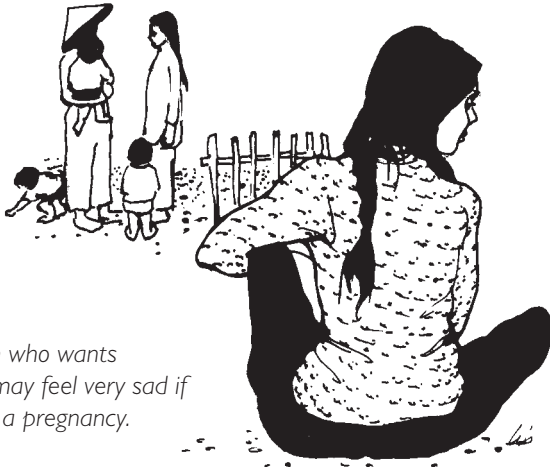
Many women feel very sad after a miscarriage. Some do not. This is all normal. Some women may find it helpful to talk with other women who have lost a pregnancy.



emptying the womb



pain



A woman who wants children may feel very sad if she loses a pregnancy.

HELPING WOMEN WHO HAVE TROUBLE CARING FOR THEMSELVES AND THEIR BABIES

Some women are more likely to have difficult births and problems following birth, and their babies are more likely to be unhealthy. Mothers who are alone, very poor, very young, mentally slow, or who already have poorly nourished or sick children may have a harder time caring for themselves and their babies.

If someone takes special interest in these mothers, and helps them get the food, care, and companionship they need, it can often make a great difference in the well-being of both the mothers and their babies.

IF THE BABY DIES

Most women have healthy pregnancies and give birth to healthy babies. But sometimes, no matter what anyone does, the baby dies.

This is always a hard time for a mother. She feels great sadness and loss. At the same time, she has been through a pregnancy and birth and she needs to rest and get her strength back, just like a mother with a new baby.

The following advice may also help:

- her breasts will probably be sore, especially around the 3rd day after the birth when her milk comes in. Cloths soaked in cool, clean water may reduce the soreness.

She should:

- not squeeze out either the first yellow milk (colostrum) or the regular breast milk. Removing milk will cause the body to make more.
- watch for signs of breast infection and treat if necessary (see page 117).
- wait for at least 3 months before trying to get pregnant again. A woman's body needs time to heal.
- start using a family planning method as soon as possible. She can become pregnant again too soon.

For many women, this is a death like any death of someone she is close to, and she will need to mourn her loss. She needs special care, kindness, and support.



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



family planning

► A woman needs extra care and support when her baby dies.

To the Father



► Throughout pregnancy, childbirth and after, be alert for danger signs in the mother and baby. Seek help if you think there is a problem.

PREGNANCY

Showing your wife that you care about her can help her both physically and emotionally. Make sure she has help with her work. If you cannot do some of the work yourself, get someone else to help. Make sure she eats healthy foods and goes for prenatal care (see page 68). Get tested and treated for STIs, including HIV. If you have HIV, use condoms during sex.

CHILDBIRTH

You can help your wife have a safe labor and birth by:

- making sure there is enough water and food in the house.
- bringing her midwife or health worker to the house to help with the birth, and making sure transport is available in case of an emergency.
- taking care of the other children.

If you stay with her during the birth, you can help by giving her both emotional and physical support. Encourage her and tell her she is doing well. Give her water to drink. Help her walk or squat during contractions or rub her back.

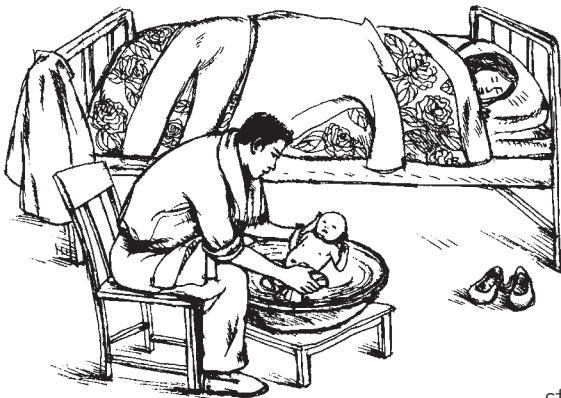
AFTER BIRTH

The first 6 weeks after birth are the most important time for a woman to feel strong and healthy again. During this time she needs a lot of healthy foods and plenty of rest. You can

help her rest more by doing some of her 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.

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

Do not have sex until the bleeding stops to prevent an infection in her womb.



family planning

FAMILY PLANNING

To have healthy mothers and babies, it is best to wait at least 2 years between pregnancies. One of the most important ways you can help your family be more healthy is by using family planning. Visit the family planning clinic with your wife and decide together which method will work best. Then share the responsibility for using it.

Throughout the world, millions of women die needlessly from problems during pregnancy and childbirth. Many of these deaths happen because a woman or her family wait too long to get help for emergencies.

Here is the story of a group of women who 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.

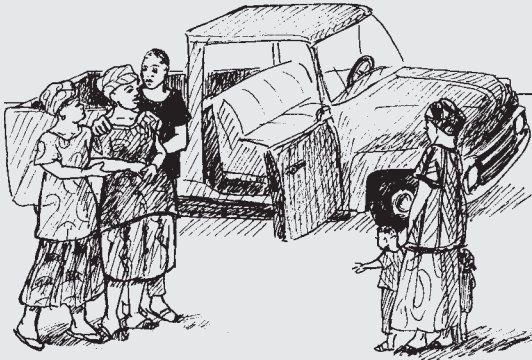


We learned several important things. Everyone agreed that the biggest problem was that women wait a very long time before they call a doctor or go to the health center. Sometimes a woman cannot ask for help without her husband's permission. Many times, like with my friend Ekwefi, the husband is not in 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, read the chapter on "Solving Health Problems."

How to help save more childbearing women's lives

Most deaths and injuries from pregnancy and birth could be prevented through better nutrition, child spacing (with family planning), access to safe *abortion*, good care during pregnancy and birth, good transportation, and good blood services. Here are some ways to help:

- Learn the danger signs during pregnancy, birth, and after birth.
- Plan how to get help before it is needed.
- Try to organize your community so that emergency transportation, money, and blood donations will be ready when difficult births happen.
- Work with local leaders to build small houses near a hospital where women from remote areas can stay until it is time to give birth.

How health workers can help save women's and children's lives:

- Offer family planning services to prevent unsafe abortions and to help women avoid having births too close together.
- Offer STI treatment and prevention to all women and girls 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 all women.
- Learn how to detect problems during pregnancy, birth, and after birth.
- Refer women 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 all women to breastfeed for at least 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).
 - gloves or clean plastic bags.
 - new razor blades.
 - enema bag or can for rectal fluids.

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



preventing infection



medicines that can save a woman's life