Birth Preparedness Class
Curriculum/Facilitator's Guide
2

BPC Curriculum and Facilitator’s Guide

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NOTE TO FACILITATOR

Before we begin this training module it is important, we keep in mind some important concepts about adult learning. These will enable us to learn more and will contribute to a better sharing of the knowledge among the participants.

The first concept to remember is that learning is a process and it does not happen in isolation. It is also important to note that we all learn in different ways or possess information in different styles. It is therefore important to have patience in order to carry everybody along. It is important that everyone learns and hopefully meets their expectations from the course.

In addition, active participation improves the learning process. Research has also shown that active participation in training events improves how learning is achieved and how long information is retained. The singing and henna application aspects of this training is therefore aimed at increasing the engagement of the participants in the activity.

Objectives of Birth Preparedness Class

- To ensure that mothers attending the two classes in the course of pregnancy are linked back to ANC attendance (complete 4 ANC visit) and to give birth at a health facility.
- The class is expected to guide pregnant mothers, their spouses and families on how best to prepare for the delivery of the baby and steps to be taken when unexpected complications occur to the woman or the baby during pregnancy.
- To alleviate the unknown fear of pregnancy at facility delivery by providing ample information about maternal health and natural pain relief during labor and delivery.

Learning Objectives

At the end of this class, participants will understand:

1. The importance of ANC
2. Nutrition during pregnancy
3. Advanced Birth Preparedness
4. Danger signs of pregnancy
5. How to recognize the signs of labor
6. Risk of delivering at home/benefits of delivering at a facility:
7. Labor pain management
8. The importance of Breast Milk
9. The importance of PNC
10. Benefits of Family Planning

**DURATION**
1 hour – 1.30 hours

**PARTICIPANTS**
Pregnant Women

- **Class one**: The first class will target pregnant women who are in their 1st and 2nd trimester both user and non-user (Sunday).
- **Class two**: The second class will target pregnant women who are in their 3rd trimester both user and non-user (Wednesday).

**Training methodology**
The class facilitation methods will be guided by the BPC Training materials. Most of pregnant women linked to the MCH are from low income community and IDP’s therefore, facilitation will mainly be participatory so that we overpass diversity in the literacy background. The main language will be Somali as first language of cadres. The teaching methods will be the following:

- Short lectures
- Singing activities
- Video demonstration of breathing exercise and/or demonstration doll for breast feeding
- Visual materials like booklet and take a home material
- Henna application
- Tour to the delivery room for only women in 3rd trimester.

**1. Training venue**
The venue for this class is the MCH. It should be large enough, with at least one table and enough chairs set up in a U-shaped boardroom style, with plenty of room for each participant to move around, and easily work in groups. It should be free of noise; therefore, the least busy time of the day is preferred for the session. The period between 4.30-6pm has been identified as the most convenient.
Background

The Birth Preparedness class is a series of **two classes** that will be held at each MCH once every week, four times a month. One class is scheduled on a select **Sunday** afternoon, between 4:30pm – 6:00pm for group 1 (1st and 2nd trimester). Another class is scheduled on **Wednesday** same time next week for group 2 (3rd trimester). Other Weekdays can be selected depending on health facility activity schedule.

The birth preparedness class is integrated with fun activities like henna which intends to encourage expectant women to celebrate the pregnancy period and the childbirth experience as a unique moment while preparing for this spectacular event of couple’s life.

**Note to MCH:** Birth preparedness class is NOT a substitute for the current ANC classes but an addition innovation to help increase ANC attendance and facility delivery. A pregnant woman would only be required to attend **Two sessions** throughout her pregnancy and will be contacted to attend the second class within her last trimester by the facilitators and/or FCC.

Facilitator Roles

1. Each facilitator will manage one class per week, 4 classes per month.
2. Facilitators will act as the class managers - they will be tasked to continually identify how to make the class engaging for the women ensure everyone is comfortable, participating, and keep attending the ANCs visit and to deliver at the facility. (You can invite TBA's)
3. Run through the various topics in the booklet and take away home material, explaining each topic in detail (take questions from the mother and respond accordingly)
4. Demonstrate the various pain management/ breathing techniques (can use videos to support the class)
5. Demonstrate breastfeeding positions by using the baby doll and other materials for proper latching. (allocate time for practice)
6. Facilitate the gathering of feedback after the session with the mothers.
7. Facilitate tour of the maternity ward (for those in the third trimester class) and get feedback about what they’d like improved in the delivery rooms.
Female Community Champion Roles

- Mobilize the community and collect participants according to stage of pregnancy (trimester)
- Invite respected traditional birth attendant in the community to birth preparedness class.
- Follow up with mothers who attended class 1, to partake class 2 during their 3rd trimester.

Topics covered Per Class

<table>
<thead>
<tr>
<th>Class</th>
<th>Trimester</th>
<th>Topics</th>
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</table>
| 1     | 1st / 2nd Trimester | Session 1: Importance of ANC  
              |                                                                  | Session 2: Nutrition during pregnancy  
              |                                                                  | Session 3: Advance birth preparedness  
              |                                                                  | Session 4: Danger signs of pregnancy  
              |                                                                  | Session 5: Risk of delivering at home/benefits of delivering at a facility  
              |                                                                  | Session 7: Importance of breast milk (breastfeeding demo doll)  
| 2     | 3rd Trimester   | Session 3: Advance birth preparedness  
              |                                                                  | Session 4: Danger signs of pregnancy/Recognizing signs of labor  
              |                                                                  | Session 5: Risk of delivering at home/benefits of delivering at a facility  
              |                                                                  | Session 6: Labor pain management (breathing exercise-video demo)  
              |                                                                  | Session 8: Importance of PNC and family planning.  
              |                                                                  | Tour of the labor room  

Session 1: Importance of Antenatal care

Duration
(10 Minutes)

Training Methodology: Group discussions
• Brainstorming sessions
• Demonstrations

Training material
• Handouts

The objectives of ANC visits
• Early detection and treatment of problems
• Prevention of complications using safe, simple and cost-effective interventions
• Preparation for birth
• Promotion of health
• Encourage pregnant women on birth preparedness.

Key Messages:
• A minimum of 4 ANC visits are recommended for all women, but women with complications or chronic medical problems will need more visits as appropriate to their treatment needs.
• It’s important that expectant mother take all the necessary vaccination during her pregnancy.

The 4 ANC visits are timed as follows

ANC 1
< 12 week

ANC 2
14 - 26 week

ANC 3
28 - 34 week

ANC 4
36 - 39 week
Session 2: Nutrition during pregnancy

Duration
(10 Minutes)

Training Methodology: Group discussions
- Brainstorming sessions
- Demonstrations

Classes of Food to eat
Training material
Handouts Food to eat:
- Staples: grains such as maize, wheat, rice, millet, oatmeal, bread and sorghum and tubers such as potatoes.
- Legumes such as beans, lentils, groundnut seeds such as sesame and peas
- Vitamin A rich fruits, iron/folate and vegetables such as mango, papaya, fruits, oranges, dark-green leaves, carrots, and other fruits/vegetables such as banana, avocado, watermelon, tomatoes, eggplant and cabbage.
– Animal-source foods including foods such as meat, chicken, fish, liver, well-cooked egg and dairy products such as milk, yogurt and ice-cream.
– Oil and fat such as oil seeds, margarine, and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy.

Key Messages:

• It’s always important to eat a balanced diet — and it’s even more important when the woman is pregnant because what she eat is the main source of nutrients for her baby.
• Encourage pregnant women to eat small frequent meals. Eating 5 small meals a day, or 3 meals and 3 snacks (food taken in between main meals), helps to keep your blood sugar levels balanced all day. This helps with morning sickness in the first trimester and in the third trimester, you will have less heartburn and indigestion.
• Eat different types of local available food each day and drink at least 8 glasses of water every day.
• Avoid taking tea or coffee while pregnant because these has shown to interfere with iron absorption.

What supplements?

• Advise mothers to take iron and folic acid tablets during pregnancy and for at least 3 months after baby’s birth.
• Take iron tablets with meals to increase absorption

WHO recommendation

All women, from the moment they begin trying to conceive until 12 weeks of gestation (first trimester), should take a folic acid supplement (400 µg folic acid daily) because evidence suggest that it prevents neural tube defect such as spina bifida.
Session 3: Advance Birth preparedness for maternal health

Duration
(20 Minutes)

Training Methodology:
Group discussions
- Role play
- Brainstorming sessions
- Demonstrations

Training material
Handouts

Save money for unpredictable events during labor like CS.
Arrange transportation to the health facility.
Confirm the place of delivery (health facility) and the provider.
Identify support to look after the home and other children while the woman is away.
Encourage couple to check the blood group of the mother earlier and identify a compatible blood donor (among family) in case of emergency.
Provide information on how to identify signs of approaching labor.
Inform family members about the danger signs of pregnancy which need immediate attention from a health facility, without delay, whether it’s a day or night.
Identify supportive companionship during labor.

HOSPITAL BAG CHECKLIST:
FOR MOTHERS
- A set of clothes to wear when going back home
- Maternity underwear
- Socks
- Slippers
- Soap, Toothbrush and tooth paste
- Maternity pads
- Nursing bra
- Hair band or clips
- Moisturizer
- Cash for transport
- Snacks/drinks

FOR BABY
- Newborn baby blanket
- Newborn diapers
- Newborn clothes
- Newborn hats
- Baby socks or booties
Danger signs of pregnancy

Duration
(10 Minutes)

Training Methodology
- Group discussions
- Brainstorming sessions
- Demonstrations

Training material
- Handouts

If any of the following signs occur, the woman should be taken immediately to the MCH:

1. Vaginal bleeding
2. Convulsions/fits
3. Severe headaches with blurred vision
4. Fever and too weak to get out of bed
5. Severe abdominal pain
6. Swelling of legs
7. Severe vomiting

Recognizing signs of labor

If the pregnant woman has any one of the following signs, it indicates the start of labor:

- A bloody, sticky discharge from the vagina (‘show’).
- Painful uterine contractions increasing in duration, frequency and intensity with the passage of time.
- Feeling the baby has dropped lower AKA lightening this might cause a change in the shape of the abdomen because the baby starts moving lower as he/she gets ready to come out. This change can happen anywhere from a few weeks to a few hours before labor begins.
- Sudden gush of fluid: The amniotic sac is a fluid-filled membrane that cushions your baby in the uterus. At the beginning of or during labor, the membranes will rupture — also known as rupture of membrane.
Session 5: Risk of delivering at home/benefits of delivering at a facility:

Duration
(10 Minutes)

Training Methodology
• Group discussions
• Brainstorming sessions
• Demonstrations

Training material
Handouts

Key Messages:
Home birth is always a risk for the mother and the baby because complication during delivery can be unpredictable and can develop suddenly.

Key Messages:
In a health institution there are sterile equipment’s, supplies, drugs, and trained health care professional whom provide care to the mother and the newborn to improve their overall health and reduce maternal mortality.

Note
Explain to the women why delivery at a health facility is recommended and emphasize that unpredictable complications can develop at any time during pregnancy, during delivery or in the postnatal period. If they are handled by professionals at the health facility, they can cost the mother and/or the baby’s life.
SESSION 6
LABOUR PAIN MANAGEMENT

Session 6: Labor pain management

Duration
(10 Minutes)

Training Methodology: Video clips
• Role Play
• Demonstrations

Training material
• Handouts
• Television

During labor several physical processes occur that lead to pain during childbirth. The strong uterine contractions place tension on supporting ligaments; the baby moving through the birth canal puts pressure on the cervix, vagina, urethra, bladder, and rectum and stretches cervix, pelvic floor muscles, and vagina.

The pain caused by these processes is a positive sign that labor is progressing and while we don’t want to stop them, we should figure out how to minimize the pain we experience as a result.

Pain Alleviation Technique:
• **Breathing** techniques provide comfort and focus while assisting labor progress. Planned breathing helps to increase oxygen supply to the baby and to the uterus, which in turn reduces pain.
• **Focus and distraction** Focusing on breathing, positive thoughts and even visualizing the cervix opening and the baby moving down can help to manage pain. Distractions will also help you to divert your attention from the pain. These can be realized through verbal coaching. (Although these techniques do not work during immense pain it will help you reduce fear and anxiety and thus pain).
• **Eat** foods that are easy to digest and will give you energy, like dates, bananas, pancakes, pasta or rice during early labor.
• Drink water, juice, soup, throughout labor.

• Movement and changing positions will help to find a position that minimizes your pain and can help progress labor through the effects of gravity and changing the shape of your pelvis. Going to the bathroom regularly reduces pressure on the bladder. Walking is also helpful in the early stages of labor.

• Touch and massage can send pain-reducing messages to the brain e.g: holding hands, placing a hand on a painful spot, stroking the cheek or a tight embrace. Massage can take various forms e.g: rubbing/kneading/stroking the hands and feet, neck, shoulders, back, thighs, applying continuous steady pressure on the low back.

• ANC visits will help you track your baby’s progress throughout the pregnancy. Knowledge of what to expect during labor will help immensely with fear and anxiety.

Emotional and psychological issues from our past can affect our ability to cope with pain. Awareness of these issues, counseling at ANC visits, and supportive companionship during labor can help with this.

Breathing techniques for the first stage of labor

Cleansing Breath

- **How to:** At the beginning of each contraction, take a deep breath in through your nose, then exhale through your mouth, loud enough that others can hear the exhale. When a contraction ends, take another deep cleansing breath, perhaps also yawning or stretching to release tension.

- **Benefits:** Welcoming breath gives both mother and baby an extra boost of oxygen, serves as a signal to relax and focus, and informs support people that a contraction has begun. Closing breath serves as a release, informs support people that contraction has passed, and serves as a reminder to relax between contractions.

Relaxed Abdominal Breathing

- **How to:** Inhale slowly through your nose, allowing your belly to expand first, then your chest. Exhale slowly through your mouth, pursing your lips. Breathing should be slow and relaxed, about half your normal rate. 6-9 breaths per minute.

- **When to use:** Use it through as much of labor as possible. Some women use it for their entire labor. Other women find that at some point in labor, they can no longer relax with this technique, and use other patterns and variations described below.

- **Benefits:** Relancing, slow, and effortless. Many women find that breathing slowly can induce a sense of peacefulness and safety that helps to release tension.

Her Breathing

- **How to:** Inhale and exhale through the mouth. Lips are relaxed, with a slight smile. On exhale, make a soft “hee” sound. To avoid hyperventilation, focus most of your attention on this exhale – let the inhale happen easily. Breathing is shallower than in slow breathing. Frequency: Approximately one breath per second.

- **When to use:** When deep breathing no longer seems enough to help with contraction.

- **Benefits:** Helps with relaxation, distracts attention from contraction.

**Key Messages:**

- It is important to practice these breathing techniques before labor.
- Deep abdominal breathing can be practiced at any time.
- Get comfortable with these techniques.
- Practice them every day for two minutes without feeling out of breath.
- If you begin to feel lightheaded or dizzy, take a deep cleansing breath, and start over again.
Breathing Techniques for Second-Stage Labor

Breathing to Avoid Pushing

❖ How to: Lift your chin and arch your back a little. Either: Breathe deeply, relaxing your body or pant, blowing lightly. Some people recommend visualizing a feather and blowing just enough to keep the feather bouncing up and down in the air above your lips.

❖ When to use: If you are experiencing the urge to push, and your caregiver has told you that it is too early to begin pushing, or that there is some need to stop pushing temporarily.

❖ Benefits: This won’t prevent your uterus from pushing, and it won’t take away the urge to push. However, it does keep you from adding your voluntary strength to a pushing effort, which can cause tearing.

Breathing for Birth or J breathing

❖ Breathing the baby out: Breathe in deeply through the nose, exhale with your mouth closed moving the breath down the back of the throat into the abdomen. Visualize the breath moving down in a J-shape and pushing the baby out. Continue this pattern through the contraction.

❖ Pushing the baby out: During a contraction, when the urge to push becomes irresistible, then hold breath for five to seven seconds, while pushing. Then breathe deeply in and out again until the urge to push becomes strong. Repeat through contraction.

Comfort techniques for labor and birth

Changing positions, and moving around during labor and birth, offers several benefits.

1. Increase comfort / reduce pain
2. Distraction from the pain and relieve the sense of being overwhelmed and out of control
3. Having something active to do and feel in control
4. Change the shape and size of the pelvis, which can help the baby’s head move to the optimal position during first stage labor
5. Helps the baby with rotation and descent during the second stage
6. Help with the frequency, length, and efficiency of contractions and sometimes even reduce the duration of labor.
7. The effects of gravity can help the baby move down more quickly
8. Changing positions helps to ensure a continuous oxygen supply to the fetus.

Activity during labor

Walking, climbing stairs, lunging. Walking is more effective in active labor and transition when baby has descended far enough to put pressure on mother’s cervix and encourage the cervix to open.

Hand and knees/ Kneeling positions for back pain relief

These positions can help relieve back pain, help a posterior baby rotate and allows easy access for backrubs. It also helps to sway side to side, rock back and forth, or do pelvic tilts to aid rotation and increase comfort in these positions. Rest the upper body on pillows, chair, or a birthing ball. Kneeling on something soft will help the knees.
Session 7: Importance of Breast Milk

Duration:
(10 Minutes)

Training Methodology:
- Group discussions
- Roleplay
- Demonstrations

Training material
- Handouts
- Doll baby/Crochet

Benefits of Colostrum (initiation of breastfeeding)
- The colostrum milk is thick, yellow, and nutritious for the baby’s health and immunity. It helps to prevent postpartum hemorrhage and facilitate uterine contraction.
- It is recommended to encourage mothers to initiate breastfeeding as soon as possible after birth. In that first hour or hour and half, babies tend to be very awake and alert which is the ideal time to initiate breastfeeding.

Exclusive breastfeeding for the first six months:
- Counsel, and convince the mother that only breast feeding and nothing else, but breast milk should be given to the baby for the first six months.
- Assure the mother that breast milk has enough water to quench the baby’s thirst.
How long to breastfeed?

- WHO recommends full or exclusive BF for the first 6 months then the continuation of breastfeeding along with complementary food.
- Continue breast feeding until your baby is two years old as it is written in Holy Quran.
- Most breastfeeding sessions take 20 to 30 minutes. But that's on average.
- A newborn should have at least eight to 12 feedings a day, even if demand is not up to that level yet, for the first few weeks. Break that down and the mother will probably be nursing every two to three hours, day and night (counting from the beginning of each nursing session).

Signs that the baby is hungry

1. Nuzzling against your breasts
2. Sucking furiously on her/his thumbs, or anything else
3. Opening his/her mouth
4. Rooting reflex (baby opens her/his mouth and turns head to the side with her mouth open to find the food source)
5. Sucking on lip or tongue (which can look like she’s sticking her tongue out)

Note:

Hind milk is the high-fat, high-calorie breast milk that your baby gets toward the end of a feeding. It's richer, thicker, and creamier than foremilk. The color of hindmilk is creamy white.

Latching baby onto your breast

In the beginning, it might take a few tries to get the baby into the right position. First, it's essential to know a good latch, since improper latching is the most common cause of breast discomfort. The baby's mouth should cover both the nipple and the areola, so that baby's mouth, tongue and lips massage milk out of your milk glands. (Sucking on just the nipple will not only leave your infant hungry because the glands that secrete the milk won’t be compressed, it will also make your nipples sore and cracked.)
Positions and tips for making breastfeeding work

Here are some time-tested positions, plus tips to make nursing go smoothly.

1. **The cradle holds**
   
   This classic breastfeeding position requires you to cradle your baby’s head with the crook of your arm. Support the baby’s bottom or thigh with the same hand. Use the opposite hand to support your breast with your finger in a U shape. Use pillows for support if needed and rest your feet on a stool, or other raised surface to avoid leaning down toward your baby.
   
   **Best for:** The cradle hold often works well for full-term babies or older babies who were delivered vaginally and for experienced mother with breastfeeding.

2. **Crossover hold**
   
   Also known as the cross-cradle hold, this position differs from the cradle hold in that you don’t support your baby’s head with the crook of your arm. Instead, your arms switch roles. If you’re nursing from your right breast, use your left hand and arm to hold your baby. Rotate his body so his chest and tummy are directly facing you. With your thumb and fingers behind his head and below his ears, guide his mouth to your breast.
   
   **Best for:** This hold may work well for small babies and for infants who have trouble latching on.

3. **The clutch or football hold**
   
   As the name suggests, in this position you tuck your baby under your arm (on the same side that you’re nursing from) like a football or handbag. First, position your baby at your side, under your arm. Baby should be facing you with his/her nose level with your nipple and his/her feet pointing toward your back. Rest your arm on a pillow in your lap or right beside you, and support your baby’s shoulders, neck, and head with your hand. Using a C-hold guide her to your nipple, chin first.
   
   **Best for:** This position is good after a Cesarean section (to avoid having the baby rest on your stomach). And if your baby is small or has trouble latching on.

   It also works well for women who have large breasts or flat nipples, and for mothers of twins and when you are a new to breast feeding.

4. **Reclining position**
   
   Lie on your side with a pillow supporting your back. The baby should be on its side facing you cuddled close to you with your hand supporting its back. Use the C hold to guide the nipple to the baby’s mouth. The baby shouldn’t strain to reach your nipple, and you shouldn’t bend down toward him/her. You may need to lift your breast, with your finger’s underneath, so he can reach comfortably.
   
   **Best for:** You may want to nurse lying down if you’re recovering from a cesarean or difficult delivery, sitting up is uncomfortable, or you’re nursing in bed at night or during the day.
Session 8:

1). Importance of PNC visit

Duration:
(10 Minutes)

Training Methodology:
• Group discussions
• Brainstorming sessions

Training material
• Handouts

Post-natal care is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks postdelivery. It is very important because women regain their strength and maintain their health as they adjust to life with their new baby.

Somalia STG recommendation:

It is recommended that a woman stays for at least 24 hours in the maternity after delivery. Women are encouraged to mobilize as soon as appropriate after birth. After returning home, she should be comeback for postnatal visits to see the midwife on:
• Day 3
• Between the 1st and 2nd week
• Around the 6th week
2). Family planning

Birth spacing is one of the most important practices to maximize the health and nutrition of women, young children and families. The use of modern methods of birth has a huge impact in reducing deaths of women and babies.

Key messages:

- Birth spacing gives the mother time to replenish vital nutrients that were lost during child birth and the recovery time to allow organs to restore back to normal.
- Space your children for 2 years in order for you to have a full recovery and your child grow well.
- Consult with the health care providers on the different methods available to space your children.

Below are available family planning contraceptive methods in the country and it should be thoroughly explained to the mother to understand the range of contraceptives available to her:

- IUD
- Implanon
- Jadelle
- Depo-provera
- POP
- COC
- Condoms

REFERENCES

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