PREVENTION OF POSTPARTUM HAMMORRHAGE

Reference Manual

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Ministry of Health and Population
Department of Health Services
National Health Training Center, Family Health Division, National Health Education
Information and Communication Center

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CHAPTER I

POSTPARTUM HEMORRHAGE AND MATERNAL DEATH

Most babies in the world are delivered by midwives and other delivery attendants who are not health care providers (non health care provider delivery attendant), especially in developing countries where 98% of pregnancy-and-delivery-related mortality cases in the world happen. It is estimated that almost 600,000 women who are pregnant, in labor or delivery die each year and millions of other will develop significant pregnancy complication. Apart from that 7 million perinatal mortality occurred due to maternal health problems. \(^1,^2\)

Till to date, there has not been any documented publication stating lower mortality rate or convincing evidence about one specific way that can speed up decrease of maternal mortality rate. International and governmental organizations from various countries have worked together to manage the high maternal mortality since 1987 mortality rate.

Therefore it is important to find other ways to lower maternal mortality rate.

**What does Maternal Mortality Rate mean?**

*Maternal Mortality Rate (MMR)* is the number of maternal deaths due to pregnancy, delivery process and postpartum compared to the number of live births. The number describes the awareness level of health behavior, nutritional status and maternal health, environmental health condition, level of health care service especially for pregnant, in labor and postpartum women.

MMR in Nepal is 539 per 100,000 live births. Nepal government is targeting to lower MMR to 250 per 100,000 live births by 2017.

**Do many women deliver with non-medical attendant?**

One of the important factors that affect maternal condition in Nepal is that they prefer to deliver at home. Annual Report 2003/2004 showed that 4 out of 5 babies in Nepal were delivered at home. 88.9% of the deliveries take place at home (DHS 2001). It showed an increase of 1% compared to that in 1995. Although the Ministry of Health has recommended the women to deliver at Health Centers, or hospital, the fact is that only 7% of deliveries happened at these public health facilities and 2% deliveries in clinics and private hospitals. As many deliveries happen at home most of birth complications also happen at home and not in health facilities.

**Did many women die because of hemorrhage?**

The country data on birth complication, including the cause of maternal mortality, are not available in Nepal. Annual report reports that 4 out of 5 babies in Nepal were delivered at home (Annual Report 2003/2004). SNMP had conducted a study on Morbidity and mortality in 3 districts of Nepal in 1998.
Table 1.1. Maternal Mortality Cause in Nepal

<table>
<thead>
<tr>
<th>Maternal Mortality Causes in Nepal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemorrhage</td>
<td>47%</td>
</tr>
<tr>
<td>Obstructed labour</td>
<td>16%</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>14%</td>
</tr>
<tr>
<td>Postpartum Sepsis</td>
<td>12%</td>
</tr>
<tr>
<td>Abortion complications</td>
<td>5%</td>
</tr>
<tr>
<td>APH</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Maternal Morbidity and Mortality study, 1998

It is clearly shown that postpartum hemorrhage (PPH) is the major cause for maternal mortality in Nepal, which is 47% out of all maternal mortalities.

**Postpartum hemorrhage is:**

Bleeding through the birth canal after delivery that exceeds 500 ml or soaks 2 cloths or more. The bleeding can happen immediately after the birth of the baby or after 24 hours after delivery.

1. **Meaning of Postpartum Hemorrhage and how it can be prevented**

Hemorrhage means bleeding. A certain amount of bleeding occurs normally after every childbirth. Postpartum hemorrhage means excessive or heavy bleeding from the woman’s womb after she has had a baby. This bleeding can occur within 24 hours of delivery (primary PPH) or within 42 days of delivery (secondary PPH). Postpartum hemorrhage is known by its initials - PostPartum Hemorrhage - PPH.

1.b. There is excessive bleeding if:

- Mother herself complains of excessive bleeding, or
- There is passage of blood clots, or
- More than two cloths are soaked within 30 minutes of birth, and
- The woman is pale and feels faint and weak.

**It is important to note that every woman is at risk of having heavy bleeding during and after delivery.**

**Note for Trainer**

Ask participants how their communities talk about postpartum hemorrhage. What are the words they use to describe or name postpartum hemorrhage?
1.c. Postpartum hemorrhage happens because
- The woman’s womb (uterus) remains soft and large after the baby is born.
- The afterbirth (placenta) does not come out completely.
- There are cuts on the opening of the woman’s womb (cervix) or her birth canal (vagina)
- The womb tears open (ruptures)

When women die after childbirth, it is most often because of PPH. The women who die because of PPH are women you know, who live in your village.

**Note for Trainer**
- Ask participants if anyone knows a woman who has died after childbirth.
- What was the cause of the woman’s death?
- What could have been done to prevent the woman’s death?

The reason so many die due to PPH is because it is hard to know when PPH will happen or to know which women will have PPH and which women will not. It is also hard to know when the normal bleeding after childbirth becomes excessive bleeding. This is because bleeding may happen slowly over many hours and the problem may not be recognized until the woman has severe weakness or is unconscious (is in shock) and it is too late to get help. Also, the woman and family may not know how much bleeding there is because the blood may be mixed with birth fluids and urine, or is soaked up by clothes or towels, or spilled on the floor.

There are several things to know about the above definitions:

1. Estimated blood loss usually is not as much as the actual if it mixes with amniotic fluid or urine.
2. Estimated blood loss can be less than the actual if it spills on sponge, towel, cloth, floor or so forth.
3. The consequence that follows due to blood loss may vary depending on the woman’s hemoglobin level. A woman with normal hemoglobin level can adjust better to a certain amount of blood lost but it can be fatal to a woman with anemia. However, it is necessary to remember that blood loss can also be fatal to many healthy and non-anemic women.
4. Hemorrhage can happen slowly (little by little) and continue up to several hours. The woman and family sometimes are not aware of this condition until shock comes. (loss of consciousness).

PPH problem is important not only because the number of cases is high but also because it causes immediate death to woman who gets it. The table below serves as comparison.
Table 1.2. Length of time to death based on type of complications

<table>
<thead>
<tr>
<th>Estimated length of time from the start of complication to death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Complications</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Hemorrhage:</td>
</tr>
<tr>
<td>• Postpartum</td>
</tr>
<tr>
<td>• Antepartum</td>
</tr>
<tr>
<td>Uterine Rupture</td>
</tr>
<tr>
<td>Eclampsia</td>
</tr>
<tr>
<td>Obstructed Labor</td>
</tr>
<tr>
<td>Sepsis</td>
</tr>
</tbody>
</table>

Source: Indonesia's ("Prevention of PPH Program") Cadre's Handbook

What a skilled birth attendant can do to prevent PPH:

These women do not have to die because PPH can be prevented. The best way to prevent PPH is to have a skilled provider attend her birth, either at home or at a healthcare facility. A skilled provider is a doctor, staff nurse and ANM (or any other healthcare provider who has had training in midwifery skills).

One of the main reasons that a skilled provider should attend the birth is because she will know if there is a problem with the labor or birth or the baby. The skilled provider can then either treat the problem, or help the woman get to a health facility for care.

Note for Trainer

- Ask the participants how many women in their communities give birth with a skilled provider.
- Why do women not use a skilled provider?
- What would they say to a woman, her support persons, and her family to convince her to use a skilled provider for birth?

The skilled provider can also stop a problem from happening. The way that the skilled provider can stop PPH from happening is to make sure that the womb gets firm and that all of the afterbirth comes out. The skilled provider does this by performing several steps immediately after the birth of the baby. These steps are:

- The skilled provider gives the woman an injection of a drug called “oxytocin to help the womb contract.
- The skilled provider helps the afterbirth come out and makes sure that all of the afterbirth comes out.
- The skilled provider massages the woman’s uterus.

As it is impossible to predict PPH accurately therefore all women in labor should deliver with skilled healthcare providers who have the ability to perform active management of the third stage. Active management of the third stage includes administration of 10 units oxytocin immediately after delivery of the baby and before expulsion of the placenta and followed by controlled cord traction to help placenta deliver faster and finally massaging the uterus so that it continues to contract after delivery of the placenta.
Factors influencing the high MMR in Nepal

1. Three delays\textsuperscript{6,7,8}

According to WHO (1998) the followings are three phases of delay that are closely related to maternal mortality rate:

*Delay one*: delay in making a decision to refer or seek help from the nearest health facilities or from one health facility to another health facility with better medical ability.

Factors that influence phase one is the delay in recognizing risky delivery, far from health facility, cost, perceptions of health care quality and effectiveness.

*Delay two*: delay in arriving at a health facility. It can happen because of difficulty or minimum transportation means, length of transportation, road condition and transportation cost.

*Delay three*: delay in receiving adequate care.

The factor that influences this phase is the delay in receiving first care at hospital or other health facility. The delay is due to lack of equipment in the hospital, medicine and skilled providers availability.
CHAPTER II

MATRI SURAKSHA CHAKKI TABLETS

Prevention of PPH at home

However, if the skilled provider does not have the drug oxytocin, or if the woman does not give birth with a skilled provider there is another way to prevent PPH. To prevent PPH at home birth, the woman has to use a drug named “Matri Suraksha Chakki” that comes in the form of tablet.

What is called Matri Suraksha Chakki?

Matri Suraksha Chakki is a prostaglandin E1 (PGE1) analogue available in tablet form. It was first developed for treatment of stomach ulcers but has become an important drug in obstetric practice due to its ability to make the uterus contract and become firm. (Goldberg et al 2001). Its action is similar to oxytocin, but its advantage is that it can be given orally and also by rectal and vaginal route.

How is the medication to be taken?

For prevention of postpartum hemorrhage (PPH) 600mcg of Matri Suraksha Chakki (3 tablets of 200mcg each) should be taken orally immediately after the birth of the baby and before the expulsion of the placenta. The medicine should not be taken before the birth of the baby. If the placenta comes out too quickly, the medicine should be taken after the placenta has been expelled.

Is Matri Suraksha Chakki Effective in Preventing PPH?

Matri Suraksha Chakki is effective in preventing PPH, but slightly less effective than oxytocin. Therefore, Midwives who assist home births should continue to use oxytocin, unless they are unable to store oxytocin in a cool place or cannot guarantee safe injection.

El-Rafey et al (1997) showed that Matri Suraksha Chakki given immediately after birth of the baby resulted in significantly lower rates of PPH than those found in physiologically managed third stage of labor. Several other studies have demonstrated that oral or rectally administered Matri Suraksha Chakki is effective in reducing PPH (Broekhuizen, 2000). WHO multicentre trial concluded that in hospital settings, oxytocin is preferable to Matri Suraksha Chakki in active management of third stage (Gulmezoglu et al 2001). From a recent meta analysis of several studies, it was concluded that 18% of women would have PPH if placenta was delivered on its own, 2.7% would have PPH if oxytocin was used and 3.6% would have PPH if Matri Suraksha Chakki was used. (Prendeville 1988, Villar 2002). So for home births, where a skilled birth attendant is not present, Matri Suraksha Chakki is an effective option.

Is the medicine safe?

Matri Suraksha Chakki taken immediately after the birth of the baby is very safe. Common discomforts associated with Matri Suraksha Chakki use are shivering, fever, nausea and loose stool.

El-Rafey et al (2001) found shivering in 72% of women given Matri Suraksha Chakki and 37% of women given oxytocin compared to 20% of women reporting shivering during postpartum period who delivered without taking any uterotonic drugs. In the Hong Kong study, Ng et al (2001) found that 32% of women using Matri Suraksha Chakki had shivering.
Shivering starts within 5-10 minutes of taking the drug and lasts for 20-30 minutes. Five percent of patients taking Matri Suraksha Chakki also had a self-limiting rise in temperature of 2 degrees centigrade. Nausea, vomiting and watery stool were more common with oxytocin than with Matri Suraksha Chakki. Lumbiganaon et al (1999) documented that these side effects are dose dependent and determined that the optimal dose of Matri Suraksha Chakki for postpartum use is 600-mcg.

Goldberg et al (2001) concluded in their review that where oxytocin is not available, Matri Suraksha Chakki use to prevent PPH be considered a category. Finally, the US Pharmacopoeia Expert Advisory Panel recommends that prevention of postpartum hemorrhage (PPH) be considered an “acceptable” indication in the US Drug Information monograph on Matri Suraksha Chakki (Carpenter, 2001).

What if Matri Suraksha Chakki is Inadvertently Taken before Birth of the Baby?

The 600mcg (3 tablets of 200mcg) dose should never be given before the birth of the baby, because there is a risk of rupture of the uterus. Because of this reason pregnant woman and her family who may be supporting her during delivery will receive counseling (one to come information) from FCHV who has been trained about the appropriate time to take this drug, which is after delivery of the baby. Woman and the support person will receive the information in one meeting or more during pregnancy. The woman is requested to repeat the information correctly before she gets the drug. The drug should be used only after birth of the baby, should not be given to anyone and should be returned when it is unused. The woman should retain the used package. FCHV will collect it during her postpartum visit.

Where can the woman get Matri Suraksha Chakki?

The woman can obtain this drug from her VDC’s Female Community Health Volunteer once she completes 8th month of her pregnancy. She should consume the three tablets immediately after the baby is born, but before the delivery of the placenta. A skilled provider does not have to be with the woman when she takes the drug. Matri Suraksha Chakki is safe for the woman and baby when taken as directed.

Women can receive information about PPH and Matri Suraksha Chakki from a FCHV who has received training on PPH and Matri Suraksha Chakki.
DO NOT GIVE THE DRUG TO A WOMAN WHO HAS NOT RECEIVED COUNSELING

THE WOMAN SHOULD NOT SHARE THE DRUG TO ANOTHER PERSON FOR ANY REASON
CHAPTER III
FCHV’S ROLE AND RESPONSIBILITY

As it is already known not all pregnant women plans to have skilled health care provider at birth. Some of them who had the plan turn out to have no assistance from those providers due to one or other reasons and therefore they do not get uterotonic (oxytocin injection) as a means of protection against PPH.

CB-MNC program is now targeting all those pregnant women to get some protection against PPH by using Matri Suraksha Chakki tablets distributed by FCHVs when midwives and doctors do not assist their deliveries.

FCHVs in the village can play an important role for PPH prevention. The "Distributor FCHVs" are responsible to find, enroll and follow up pregnant women in their villages. They will visit the women, explain about PPH prevention program, provide PPH counseling and use of Matri Suraksha Chakki tablet and then at an appropriate time give Matri Suraksha Chakki tablet to those pregnant women. The "Non Distributor FCHVs" should give information about the PPH prevention program and ask the pregnant woman and her family to meet the "Distributor FCHV" from her ward for further information on PPH program.

Pregnant women detection and data collection

With the permission from the FCHV sub committee the "Distributor FCHV" will conduct the following activities in their working area:

1. FCHV monitors whether there are pregnant women in the area that she is assigned for.
   • Mothers Group
   • By asking maternal and child health workers (MCHW) and village health workers (VHW)
   • FCHVs and TTBAs who are trained in giving counseling for Birth Preparedness
   • By asking people in community
2. Complete data of the pregnant women on the forms that she has. (FCHV’s register form no. 2)
3. Monthly FCHVs reports pregnant women data to her supervisor (ANM/MCHW/SN) in her work area covering late or new pregnancy.

Identification and distribution of Matri Suraksha Chakki by "Distributor FCHVs".

FCHV can visit pregnant woman in her house once or twice depending on the gestation when she visits the first time. FCHV should check whether another FCHV has visited her or the woman has received information and counseling from a midwife.

If during “First visit” FCHV finds that the gestation is less than 8 months and the woman has received information and counseling from another FCHV, she should say thank you to the woman and explain that she does not have to provide another explanation to her. Later on her peer FCHV will come again on the agreed time.
1. If during “First visit” FCHV found that gestation is less than 8 months, the woman never received information from another FCHV then the FCHV will offer information on PPH Prevention Program and provide counseling for the woman. Try to have family member (or others) who will support the woman during labor and delivery to be present during the counseling. FCHV should make an appointment with the pregnant woman when (date, month and year) she should come again for follow up visit. The agreed time should be written down in FCHV’s handbook and visit reports as well as woman’s ANC card if she has visited a midwife for ANC. If the woman has never had any ANC then FCHV should recommend her to go to a midwife for ANC.

2. If during “first visit” gestation enters 8th month but for a reason that she has never received information and counseling from another FCHV or midwife. Then FCHV should provide the information on PPH prevention Program and counseling to the woman. FCHV should try to get family member (or other) who will be the woman’s support person during counseling. When she is sure that the woman understands FCHV may give the drug to her. Don’t forget to check the drug serial number and write it down on FCHV’s register form no 2. If the woman refuses the drug then FCHV should write it down including the reason.

3. Next, as agreed before, when the woman gestation enters 8th month FCHV, should revisit her (“8th month visit”) to check the her knowledge on PPH and use of Matri Suraksha Chakki, and repeat counseling so that the she really understands. When the woman can repeat all the information on Matri Suraksha Chakki the FCHV will give the drug to the woman. Don’t forget to check the drug serial number and write it down in the FCHV’s register form no 2. If the woman refuses the drug, FCHV should write it down including the reason (CBMNC register, form no. 2).

4. If the woman has moved to another house within the FCHV’s area, FCHV will find out where the woman lives and visits her. If the woman no longer lives in the household within the area but in the same VDC then FCHV needs to inform CBMNC Coordinator that she cannot follow her up and another FCHV from that ward should replace her. If the woman moves outside Coordinator’s area then s/he has to report it to the DPHO.

5. There is a possibility that during the 8th month visit the woman is no longer pregnant (due to abortion, premature delivery or miscalculated term delivery) FCHV should write it down and report it to CBMNC Coordinator. CBMNC Coordinator will report it to the head of Health facility.

### Determining Estimate Date of Delivery

If the woman has an ANC card FCHV can check the card to find out the gestation and due date. However, if the woman does not have it then FCHV needs to calculate it herself when the woman starts her 8th month and her due date by asking the date, month and year of the woman’s “Last Menstrual Period” (LMP). Follow the formula below to estimate due date: Date plus 7, Month plus 9 and Year plus 1. The result is the estimate due date.
Determining whether the woman has entered 8th month of pregnancy

To make it easier for field FCHV to determine whether the woman has entered 8th month of pregnancy, the easiest way is to: Subtract due date by 2 months. If the date is today (which is the interview day) or past the subtracted date then the woman has entered 8th month of pregnancy.

**Example:**

A woman’s last menstrual period is 12 Baishak 2061.
Her due date will be

\[
\begin{align*}
12 + 7 &= 19 \\
1 + 9 &= 10 \\
2061 &= 2061
\end{align*}
\]

So, her estimated due date is: 19 Magh 2061

**Question:**

A woman’s first day of last menstrual period is 12 Baishak 2061
Date of interview is 9 Kartik 2061
Has her gestation past 8 months?

**Answer:**

Determined due date is 19 Magh 2061.
The result subtracted by 2 months makes: 19 Kartik 2061.
Because now it is still 9 Kartik 2061, it means that the woman has not yet started her 8th month.

From the calculation above, FCHV knows that the woman will be eligible to received Matri Suraksha Chakki Tablet in 10 days. That is why FCHV should make an appointment with the woman between 19 Kartik till end of the month whether the woman has time for her visit. It is better to explain again about the purpose of follow up visit.
EXERCISE TO DETERMINE APPROXIMATE DUE DATE

Case 1:

A woman’s first day of last menstrual period is 16 Jestha 2061.
Then her due date

............... (Day) + ................ (Day) = ............ (Day)
............... (Month) - ............ (Month)= ........ (Month)
Date 2061 ...........

is estimated to be on: ...... ...... 2061

Case 2:

A woman’s first day of last menstrual period is 30 Shawan 2061.
Then her due date

............... (Day) + ................ (Day) = ............ (Day)
............... (Month) - ............ (Month)= ........ (Month)

2061 + 1 = 2062

is estimated to be on: ...... ...... 2062

Case 3:

A woman’s first day of last menstrual period is 28 Magh 2061.
Then her due date

............... (Day) + ................ (Day) = ............ (Day)
............... (Month) - ............ (Month)= ........ (Month)

2061 +1 = 2062

is estimated to be on: ...... ...... 2062
EXERCISE TO DETERMINE (APPROXIMATE) WHETHER A WOMAN HAS ENTERED 8\textsuperscript{th} MONTH OF HER PREGNANCY.

A woman’s first day of last menstrual period is 04 Mangsir 2061.  
Date of interview is 14 Asar 2062.  
Has her pregnancy has entered or over 7\textsuperscript{th} month?  

Answer:  
Determine approximate due date: ...............  
The result is subtracted by 2 months means: ...............  
Answer: as now is already date ...............  
It means that she ............... entered 7\textsuperscript{th} month of her pregnancy.

If drug is damage or missing  
If a woman reports that the drug is damage or missing FCHV has no right to replace it with a new one but she should record the incident and report it to the CBMNC coordinator. The latter will decide whether it is feasible to give out replacement.

Data Collection  
In general the purpose of data collection is to find out the following:  

1) How many women are pregnant.  
2) How many will deliver soon so that health care providers (especially midwives) will be able to anticipate it.  
3) Woman’s knowledge on PPH and prevention before and after program application.  
4) How many women delivers before there is time to offer Matri Suraksha Chakki Tablet  
5) Woman’s willingness to receive Matri Suraksha Chakki Tablet.  
6) Woman’s ability to take Matri Suraksha Chakki Tablet at an appropriate time after delivery.  
7) How many women forget to take Matri Suraksha Chakki Tablet.

Data Collection tools  
Data collections tools include:  
CBMNC FCHV’s register which contents different forms.
FCHV’s job

1. Detect pregnant woman

2. Visit the pregnant woman to:
   a. Encourage her to have ANC with a midwife
   b. Provide information and counseling
   c. Distribute drugs
   d. Monitor drug use and woman’s condition after childbirth

3. Complete available report forms
CHAPTER IV

PROVIDING INFORMATION TO PREGNANT WOMEN

Good communication will help much to establish good relation between FCHV and pregnant woman. The good relation will encourage the feeling of trust from both parties so that the woman believes and acts on FCHV’s information.

High level of patience and effective communication technique are must-have requirements for every health care provider in conveying and probing information from the pregnant woman and her family. Health care provider should do her best to make the woman feel happy and fortunate to get the information provided, not the other way around as to make it a burden or frighten them.

Convey as clear information as possible about the benefits that the woman will enjoy from PPH prevention program and spend some time to answer her every question.

✓ A woman has the right to know beforehand about various procedures performed on her and things expected of her.

✓ When she is receiving health information or counseling from health care provider she has her full right to stop the information and counseling process if she feels it discomforting for her or for any reason. At that time health care providers (cadre or midwife) should stop the activity and say thank her for her time.

✓ Health care provider should give immediate response when she shows signs of feeling uncomfortable about the information or counseling process that she is receiving.

During information and counseling process she has the right to ask questions. The provider should give her attention and try to answer as best she can. That is why health care provider should master any knowledge related to the information and counseling she is giving.

Communication Tips

Every health care provider who is communicating with a woman about her pregnancy or possibility that might happen during pregnancy, during and after delivery should apply basic communication techniques. Those techniques will help the provider to get attention, maintain trust and finally encourage the woman in providing the requested information. If communication during the first visit goes on well then it will be very easy for the FCHVs to get her approval for follow up visit. Woman’s interest and trust on FCHV will encourage her to ask questions about issues that she does not understand.
Health care provider should practice the following basic communication techniques:

1. Greet and introduce yourself
2. Call the woman and her family by name
3. Keep eye contact
4. Respect the person that you are talking to
5. Make positive attitude a habit
6. Use active listening technique, don’t interrupt or cut in mid sentence
7. Always try to understand what the other person says
8. Answer patient’s question seriously
9. Provide explanation in an easy to understand language, don’t use medical words or terms that are difficult to remember or understand
10. Show your interest with gesture, getting closer or other non-verbal language.

After FCHV is invited to enter the woman’s house and introduce herself, she has to explain to the woman about the purpose of her visit, especially if it is the first one (her gestation is not yet 7 months or has reached 7 months or greater but she has never been visited by FCHV or goes to a midwife).

**FCHV explains that the purpose of the visit is to:**

1. Find out the woman’s health status during this pregnancy
2. Provide information about PPH problem in Nepal
3. Provide information about PPH Prevention Program using misoprostol
4. Provide counseling about PPH and misoprostol

**Things That FCHV Needs to Know**

Although during FCHV’s visit the woman’s pregnancy is normal, remember that every pregnant woman is at risk of life threatening complications either during pregnancy (for example abortion), during delivery (obstructed labor) or after delivery (Postpartum Hemorrhage). Approximately 15 – 20% complications occurred in woman with normal pregnancy. It is one of the main reasons to remember, always encourage woman to deliver with skilled health care provider and have **at least four** visits to a health care provider during pregnancy (antenatal period) following this schedule:

- One visit as soon as she knows she is pregnant
- One visit when she is 5-7 months pregnant
- One visit after she completes 8 months of pregnancy.
- One visit during the last month of pregnancy or the last week of pregnancy

**Information about PPH, MMR and PPH Prevention**

Before informing the woman about the meaning of PPH and MMR, FCHV needs to ask whether she has ever heard the terms and understand her knowledge about PPH and MMR. If she says that she has never heard of them, don’t underestimate her. Tell her that it is OK for her to say that she has never heard those terms because soon she will learn, hear and know them. If the woman says that she has heard about them, but gives wrong description, tell her that it is good for her to have heard those terms and quite understand what they mean. Next
tell her that you will provide additional information so that she knows more about PPH and MMR.

Then FCHV will explain about PPH and MMR and government effort to prevent PPH. Try to make her understand the explanation well.

Information about PPH Prevention Program using Matri Suraksha Chakki

It is necessary for FCHV to explain to the woman that if she delivers with a midwife or other skilled health care providers (general practitioners or obstetric specialist) then she will get the prevention measure against potential incidence of PPH. But if anything happen and she has to deliver without skilled health care providers as mentioned above, now the government through the Ministry of Health has a PPH prevention program using Matri Suraksha Chakki called “Matri Suraksha Chakki”. The tablet can be taken without the assistance of skilled health care provider. PPH prevention program using Matri Suraksha Chakki is implemented in rural Banke district where unskilled providers attend many births.

The best way to prevent PPH is by conducting the delivery with the assistance of skilled health care providers because they perform “Active Management of the third stage” that include:

1. Immediate oxytocin administration after delivery of the baby
2. Controlled cord traction
3. Immediate uterine massage after placenta comes out
CHAPTER V

DRUG DISTRIBUTION AND MONITORING

Matri Suraksha Chakki

Matri Suraksha Chakki (Matri Suraksha Chakki Tablet) are white, plain, oval-shaped tablets. Each tablet contains 200-mcg Matri Suraksha Chakki and PPH prevention dose requires 3 tablets to be taken at once.

Matri Suraksha Chakki tablets are specially packed in seal able plastic bag so that the medicine will not spill out. In each package there is pictorial reminder card stating when and how to take the medicine correctly and danger that might occur if the woman take the medicine at an inappropriate time (before the delivery of the baby).

On each package there is serial number for the purpose of drug distribution and use monitoring. The serial number is given by the officer in charge at District drug store.

Drug Distribution

The pre-packed drug will be distributed from District drug store to ANM/MCHW in Health facility through the Head of Health facility. The distribution record will be kept with district drug store, head of Health facility and ANM/MCHWs. ANM/MCHWs and Head of Health facility will be responsible for the stock in their Health facility.

For safety reasons the tablets should be store in a safe place, which is in a locked cabinet in the room.

ANM/MCHWs, known by the head of Health facility, are responsible for the distribution of initial medicine stock of 5 packet/dose for every Matri Suraksha Chakki "Distributor FCHV" in her respective area. ANM/MCHWs will write down FCHV’s name, drug serial number and distribution date on a drug distribution sheet. The ANM/MCHWs and FCHV keep the sheets. One copy is given to the Head of Health facility.

Each FCHV is responsible for the drug that they have received. They should keep the drugs in a safe place in their homes where there is no possibility to get damaged, missing or stolen. At the appropriate time that is when pregnancy is 8 months or greater, FCHV will offer the drug to the woman. FCHV should write down the serial number of the package that they distribute to every woman and then they write report on distributed drug to the ANM/MCHWs monthly.

If the woman loses or damages the drug then FCHV should report it to the ANM/MCHW. Just for damaged drug, they should be returned to the ANM/MCHW before any replacement is given. Only the ANM/MCHW has the authority to decide whether the drug should be replaced with a new one. If the ANM/MCHW decides to replace it with a new one then the replacement is given through FCHV. The ANM/MCHW will write a note about the reason for replacement.
Drug Tracking

If there are only 2 packages / doses left with the FCHV, she can request for new stock to the ANM/MCHWs in the Health facility in order to return the number of drug to the initial number. The FCHV should bring the remaining stock along with visit and drug distribution lists for the ANM/MCHWs to check and verify legally that each tablet has been distributed.

ANM/MCHWs and CBMNC Coordinator should check the forms when FCHV returned them to make sure the serial number match— indeed distributed to eligible participants at appropriate time (that is after the 8th month and only 1 package/dose for each woman). On every routine monthly meeting in Health Facility, ANM/MCHWs will report to the Head of Health facility about the followings:

- The remaining stock in Health facility and with each FCHV
- Problems on the field, the effort to tackle them and recommendation to implement to prevent repeated problems.

During postpartum monitoring if FCHV find that the woman has not taken the medicine then they should ask the woman to return it and write down the reason. Then the drug should be handed over (documented) to the ANM/MCHWs.

If it turns out that the woman only takes 1 or 2 tablets (not 1 dose) then the remaining tablet should be retrieved, write down why she did not take them all and hand it over (documented) to the ANM/MCHWs. The FCHV should collect the used package from the pregnant woman.

Field Monitoring

CBMNC coordinator, field assistants and ANM/MCHWs should conduct field monitoring regularly to have direct assessment of the field implementation by FCHV. If there are defects or mistakes then directly show the FCHV how to do it correctly.

In general field monitoring has three purposes:

- To make sure information procedure is well conducted
- To make sure counseling and drug distribution comply to the standard protocol.
- To make sure data collection tools are completed appropriately and accurately according to the study protocol.
CHAPTER VI

COUNSELING FOR PREGNANT WOMAN AND SUPPORT PERSON

Counseling Material and Safety Reminder Card

PPH prevention program will provide counseling to participants about PPH prevention and the safe use of Matri Suraksha Chakki as an effective means to prevent PPH. Try to have other family member apart from the woman who will be support person to attend the counseling.

FCHV will provide counseling on the first home visit and then repeat it during follow up visit (if the woman’s gestation is less than 7 months in the first visit). Midwife will provide counseling in the antenatal clinic or health facility and then second counseling when the woman comes for ANC and gestation is 7 months or greater. At the end of each counseling session the women and family member/neighbor who will be support person will be requested to repeat in detail about:

- Dangerous bleeding signs
- What may cause postpartum heavy/dangerous bleeding
- Who is the safer birth attendant
- How and when to use Matri Suraksha Chakki tablet
- How to store Matri Suraksha Chakki tablet
- What to do if dangerous bleeding persists even after taking Matri Suraksha Chakki tablet, and
- Potential side effect that might come up related to the use of Matri Suraksha Chakki tablet.

Counseling ends when the woman (including support person, if available) correctly repeats the information given by FCHV correctly without looking at the pictures on the flip pages and determine who will be her birth attendant. By providing the information the expectation is that the woman will prefer health care provider (midwife or doctor) to assist her delivery. If the woman has decided that she will deliver with a health care provider, FCHV should still give Matri Suraksha Chakki tablet to her and explain that the tablet is to be on the safe side in case anything happens and the woman cannot deliver with a health care provider.

If the midwife on duty in the health facility area where the woman lives attends the delivery and the drug is not taken then she can give the drug to the FCHV when FCHV makes postpartum visit. However, if the a ANM/MCHW conducts her delivery in her mother in laws home in another VDC then she should keep the drug that she did not take and return it later when FCHV visit her at home to monitor her condition after delivery. If a doctor assisted the delivery and the woman does not take the drug then she should keep it and return it later when the FCHV visits her at home to monitor her condition after delivery.

REMEMBER

Misoprostol Tablet can only prevent hemorrhage caused by uterine atony (inadequate uterine contractions) and cannot prevent hemorrhage from other causes such as retained or remaining placenta and birth canal injury.
Key Message for Counseling

Slide 0: Introduction: Here is a woman who has recently had a baby with her community supports and family, including her husband, mother-in-law, father-in-law, midwife, TBA, FCHV

Slide 1: It is normal that woman bleeds a little during and after delivery.

Slide 2: Every woman is at risk of having heavy bleeding during and after delivery.

Slide 3: Identification of heavy bleeding: If one of this following occurs

- The mother herself tells she is bleeding heavily.
- 2 or more pieces of cloth are completely soaked with blood within half an hour
- Blood clots are passed
- The woman sweats, feels giddy, feels nauseous, feels weak and faint.

Causes of heavy bleeding are:

a. If womb does not get firm after placenta comes out.
b. Placenta or part of placenta is left in the womb
c. There is an injury or cut on the womb or the opening of the womb.

Note: If a woman is anemic, even little amount of bleeding can endanger the life of a post-natal woman.

Slide 4: If delivery is attended by skilled birth attendant maternal death due to PPH can be prevented.

Ways in which skilled birth attendant can prevent heavy bleeding:

- A skilled health provider will give oxytocin by injection immediately after the baby is born. This helps the placenta to come out faster and make the uterus firm.
- By assisting the delivery of the placenta
- Massaging the uterus

Slide 5: When skill birth attendant is not present at birth.

Give 3 tablets of Matri Suraksha Chakki to the woman immediately after delivery before the delivery of the placenta.

Matri Suraksha Chakki effectively helps in preventing and stopping heavy bleeding by making the womb firm and assisting in the delivery of the placenta.

Matri Suraksha Chakki can be taken by oneself, is easy to use and a life saving drug.

Even if the placenta gets delivered quickly after the delivery of the baby even without taking the medicine, you should still take the 3 tablets of Matri Suraksha Chakki.

Slide 6: Matri Suraksha Chakki is made available free of cost through female community health volunteers (FCHV) from your ward, after completing 8 months of pregnancy.

Slide 7: Matri Suraksha Chakki should be stored in a safe place where children cannot reach. The place should be such that the medicine can be found immediately when needed. All the support person should know the place where the drug is kept.
Slide 8: Few of the rare side effects of Matri Suraksha Chakki:
- Shivering.
- Nausea.
- Diarrhea.
- Fever.
- Headache.

Slide 9: Attention! Don’t take this tablet before the baby is born because it will harm the baby and the mother.

Slide 10: Even after taking Matri Suraksha Chakki, some women might still experience bleeding.
If heavy bleeding still occurs even after taking Matri Suraksha Chakki or the placenta is not delivered, it is important to seek care from a skilled birth attendant or a Primary Health Care Center or Hospital.

COUNSELING PROCES ENDS IF THE WOMAN UNDERSTAND THE COUNSELING MATERIAL PROVIDED

THE WOMEN IS CONSIDERED TO UNDERSTAND THE COUNSELING MATERIAL IF SHE CAN REPEAT THE INFORMATION CORRECTLY AND COMPLETELY ON:

1. Dangerous bleeding signs
2. The cause of heavy/dangerous bleeding
3. How and when to use Misoprostol Tablet
4. How to store Misoprostol Tablet
5. Potential side effect that might come up and what to do if they really occur