



**Prevention of  
Postpartum  
Hemorrhage:  
Implementing Active  
Management of the  
Third Stage of Labor  
(AMTSL)**

**Participant's Notebook**

**Additional Topic 2:  
Birth preparedness and  
complication readiness**



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**POPPHI**

Prevention of Postpartum  
Hemorrhage Initiative

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## Additional topic 2: Birth preparedness and complication readiness

Because all pregnancies carry risks, providers must work with all pregnant women and their families to develop a birth preparedness plan. This planning helps women receive high-quality, timely care for both normal and complicated pregnancy, labor, and childbirth. The following topic provides information on developing birth-preparedness and complication-readiness plans.

### Objectives

By the end of this topic, participants will have the knowledge to:

- Identify the components of the birth-preparedness plan and the complication-readiness plan.
- Describe how these plans can prevent maternal and newborn deaths.



### Notes

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## Individual learning activities

Read the following **case study** carefully and answer the questions that follow. Justify your responses.

**Case study:** Ms. K's (age 32) first antenatal visit is at 32 weeks. Her village is 15 km away, and she arrived in the back of an open truck—the only transportation available. Her traditional birth attendant suggested she come to the health center for antenatal care.

She has given birth 8 times, and only two of her children are alive today. Her last baby was stillborn, the result of a long, difficult labor; she says the baby was moving well until the end of labor. After 24 hours of labor, the traditional birth attendant decided to send her to the health center. Because her husband was away at the time and no one wanted to take responsibility for her, they waited another day for her husband to return home. Although the husband decided to send her to the health center, it took several hours for him to gather enough money for the trip. The doctor delivered the baby with a vacuum, and after the birth, Ms. K bled significantly.

### Discussion questions

1. What about Ms. K's case indicates why it is important she have a birth plan and plan in case of complications?
2. Where do you recommend Ms. K give birth?
3. List the important topics to address in birth-preparedness and complication-readiness plans.



## Answers to learning activities: Additional Topic 2

### BPP and CRP

Read the following **case study** carefully and answer the questions that follow. Justify your responses.

**Case study:** Ms. K's (age 32) first antenatal visit is at 32 weeks. Her village is 15km away, and she arrived in the back of an open truck—the only transportation available. Her traditional birth attendant suggested she come to the health center for antenatal care.

She has given birth 8 times, and only two of her children are alive today. Her last baby was stillborn, the result of a long, difficult labor; she says the baby was moving well until the end of labor. After 24 hours of labor, the traditional birth attendant decided to send her to the health center. Because her husband was away at the time and no one wanted to take the responsibility for her, they waited another day for her husband to return home. Although the husband decided to send her to the health center, it took several hours for him to gather enough money for the trip. The doctor delivered the baby with a vacuum, and after the birth, Ms. K bled significantly.

### Discussion questions

1. What about Ms. K's case indicates why it is important she have a birth plan and plan in case of complications?
  2. **Geographic and transportation issues:**
    - **Her village is 15 km away;**
    - **An open truck because is the only form of transport available;**
    - **Financial and decision-making issues:**
      - **After labor had gone on for 24 hours, the traditional birth attendant decided to send her to the health centre, but her husband had been away and no one wanted to take the responsibility of sending her, so they had to wait another day until the husband came home.**
      - **Even though the husband decided to send her to the health centre, it took him several hours to get enough money to send her.**
  3. **Previous obstetric complications:**
    - **She has given birth 11 times, only 2 of her children are alive; Her last baby was stillborn, and apparently died during a long, hard labor (she says the baby was moving well until the end of labor);**
    - **The doctor delivered the last baby with a vacuum;**
    - **After the birth, she says she bled a lot.**
1. Where would you recommend Ms. K gives birth?
    - **Ms. K should give birth with a skilled provider, most likely in a health centre where vacuum birth/cesarean operation are possible or at the hospital.**

3. List the important topics to address in birth preparedness and complication readiness plans.

***Developing a Birth Preparedness Plan***

- ***Make plans for the birth***
  - ***Place of birth***
  - ***Chosen skilled provider***
  - ***How to contact the provider***
  - ***How to get to the place of birth***
  - ***Who will be the birth companion***
  - ***Who will take care of the family while the woman is absent***
- ***Prepare the necessary items for birth***
- ***Establish a financing plan/scheme***
  - ***How much money will be required and how to get access to this money***

***Developing a complication readiness plan***

- ***Know danger signs***
- ***Establish a savings plan/scheme***
- ***Make a plan for decision-making in the case of an emergency that occurs in the absence of the chief decision-maker***
- ***Arrange a system of transport in case of emergency***
- ***Arrange for a blood donor***