



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

**A Reference Manual for
Health Care Providers**

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



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Additional Topic 2: Birth preparedness and complication readiness

When delays occur in recognizing problems and referring women to appropriate health care facilities, the result can lead to maternal and newborn deaths. One solution to combat these problems is to work with the pregnant woman and her family to develop two plans: a birth-preparedness plan and a complication-readiness plan.³⁶

Birth-preparedness plan

Having a birth plan can reduce delayed decision-making and increase the probability of timely care. A birth-preparedness plan is an action plan made by the woman, her family members, and the health care provider. Often this plan is not a written document, but instead is an ongoing discussion between all concerned parties to ensure that the woman receives the best care in a timely manner. Each family should have the opportunity to make a plan for the birth. Health care providers can help the woman and her family to develop birth-preparedness plans and discuss birth-related issues. Work with the woman to:

Make plans for the birth:

- Discuss the idea of a birth plan and what to include during the first visit.
- Inquire about the birth-preparedness plan during the third or fourth antenatal visits.
- Ask if arrangements are made for a skilled birth attendant and the birth setting during the antenatal visit in the eighth month.
- If planning a home delivery with a skilled birth attendant, discuss access to a safe delivery kit consisting of 1) a piece of soap for cleaning the birth attendant's hands and the woman's perineum, 2) a plastic sheet about one square meter for use as a clean delivery surface, 3) clean string for tying the umbilical cord (usually two pieces), and 4) a clean razor blade for cutting the cord.

Make birth-related decisions:

- Where to give birth.
- Who will be the skilled birth attendant.
- 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.
- How much money is needed and how to access these funds.

Prepare for the birth:

- Discuss items needed for the birth (perineal pads/cloths, soap, clean bed sheets, etc.) on the third antenatal visit.
- Confirm necessary items are gathered near the due date.

Note: In some cultures, superstition surrounds buying items for an unborn baby. If this is not the case, families can prepare for the birth by buying baby supplies such as blankets, diapers, and clothes.

Save money:

- Discuss why and how to save money in preparation for the birth during the first visit.
- Discuss how to plan to make sure that any funds needed are available at birth.
- Check that the woman and her family have begun saving money or that they have ways to access necessary funds.

Note: Encourage the family to save money so necessary funds are available for routine care during pregnancy and birth. Assess financial needs with the women as well as sources for accessing these funds so they are available before labor.

Complication-readiness plan

The complication-readiness plan is an action plan that outlines steps that can be discussed and determined prior to an emergency. Developing this plan helps the family to be prepared for and respond quickly when the woman or newborn has a complication and needs medical care. It is important that a complication-readiness plan is prepared with the woman and her chosen family members. Unless others are involved, the woman may have difficulties putting the plan into action should complications occur for her or her baby.

Recognize danger signs

Women, family members, and community caregivers must know the signs of life-threatening complications. Many hours can be lost from the time a complication is recognized until the time arrangements are made for the woman to reach help. For PPH, the time from the start of bleeding to death can be as little as two hours. In too many cases, families of women who died in pregnancy, birth, or postpartum, did not recognize the problem in time. It is critical to reduce the time needed to recognize problems and make arrangements to receive care at the most appropriate level of care. Women, family members, and community caregivers must know the signs of life-threatening complications.

Maternal danger signs include:

- Vaginal bleeding (any vaginal bleeding during pregnancy; heavy vaginal bleeding or a sudden increase in vaginal bleeding during the postpartum period).
- Breathing difficulties.
- Fever.
- Severe abdominal pain.
- Severe headache/blurred vision.
- Convulsions or loss of consciousness.
- Foul-smelling discharge from vagina, tears, and incisions.
- Calf pain with or without swelling.
- Night blindness.
- Verbalization or behavior indicating she may hurt the baby or herself.
- Hallucinations.



Newborn danger signs include:

- Breathing problems.
- Feeding difficulties or not sucking.
- Feels cold or has fever.
- Redness, swelling, or pus from eyes or around the cord or umbilicus.
- Convulsions or fits.
- Jaundice (yellow skin).

Save money

Similar to the birth preparedness plan, the family should be encouraged to save money so necessary funds are available for emergencies. In many situations, women either do not seek or receive care because they lack funding to pay for services.

Choose a decision-maker in case of emergency

In many families, one person is the primary decision-maker. Too often, other members of the family do not feel they can make decisions if that person is absent. This can result in death when an emergency occurs and the primary decision-maker is absent. It is important to discuss how the family can make emergency decisions without disrupting or offending cultural and family values. If possible, find out which family member can make a decision in the absence of the chief decision-maker.

Have an emergency transportation plan

Too many women and newborns die because they suffer serious complications and do not have access to transportation to the type of health care facility that can provide needed care. Each family should develop a transportation plan during the woman's early pregnancy in case the woman experiences complications and urgently needs a higher level of care. This plan should be prepared during pregnancy and after giving birth, either before discharge from the health facility or immediately after returning home. The plan should address the following:

- Where to go if complications arise.
- How to get to the next level of care in case of an emergency.
- Who in the family will accompany the woman.

Have an emergency blood donation plan

Many health care facilities lack an inadequate, safe blood supply for transfusions. After birth, women are more likely to need blood transfusions because the complications they experience from birth lead to blood loss. For these reasons, it is extremely important that the woman and her family determine blood donors that can be available if needed.

References

³⁶ JHPIEGO and Maternal and Neonatal Health (MNH). *Birth Preparedness and Complication Readiness*. Baltimore, MD: JHPIEGO/MNH; 2001.