

# **Facilitators' Guide**

## **for**

# **The MiGroup Model**



**developed for the**

## **GRAND Research Project**

## **GRoup ANtenatal care Delivery project**

The development of this manual was supported by research grant 1 R01 HD096277-01 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health (Dr. Jody R. Lori, PI). The content is solely the responsibility of the author and does not necessarily represent the official views of the Eunice Kennedy Shriver National Institute of Child Health and Human Development or the National Institutes of Health.

**2019**





## **GROUP ANTENATAL CARE**

### **ENROLLMENT & INDIVIDUAL ASSESSMENT**

At the initial intake, pregnant women are offered group care and assigned to a group if they choose to participate. Everything your clinic does at the first antenatal care (ANC) meeting should be completed before women enter Group Antenatal Care at their second healthcare appointment. This usually includes history, counseling, lab tests, and physical exam. The woman will have a consult with the midwife and receive her Maternal Child Health (MCH) Record or ANC Card at the first meeting. The woman is then scheduled to return with the date and time marked in her MCH Record or ANC Card. The next meeting becomes the first Group Antenatal Care meeting.

The midwife who initially sees the woman for her individual assessment maintains a register or group list of the women she is assigning to group care (see Training Manual – Appendix A). She also records a mobile number and alternative mobile number if available for each woman. Numbering the groups or using the name of the midwife can designate the groups.

## GROUP ANTENATAL CARE Meeting 1

### INTRODUCTION TO GROUP ANTENATAL CARE

#### **Notes for Facilitators**

The initial group meeting will need preparation prior to the visit and may feel chaotic at first. Materials need to be assembled, record keeping organized, a dedicated space to hold the meetings and orientation for the participants to group care. The rationale for group visits is that a unique process occurs when people come together in a group. The group bonding and camaraderie that develops over time, from woman-to woman interaction and from the interactive discussion between health care providers and the group, give individual participants a chance to learn that they are not alone with their concerns and to learn from others experiences.

Read through the material for the meeting a few times. Set the group space up before the women arrive and arrange the chairs/benches in a circle. Designate a private room or space for individual visits with the equipment and supplies you will need.

<b>Plan</b>	
<ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstrations</li> </ul>	<ul style="list-style-type: none"> <li>• Review <b>Self-Assessment Card</b></li> </ul>
<b>Gathering Your Resources</b>	
<ul style="list-style-type: none"> <li>• Group attendance list</li> <li>• Self-Assessment card and marker for each participant</li> <li>• Blood pressure cuff and scale</li> <li>• Items for midwife consultations (fetoscope, tape measure, any other items used for care)</li> </ul>	<ul style="list-style-type: none"> <li>• A ball of yarn or string</li> <li>• MCH Record or ANC Card at every visit</li> </ul>

Prepare the Group ANC space by placing chairs or benches in a circle so that everyone is facing each other. Group facilitators should sit across from each other.

## **WELCOME**

Welcome each woman as she arrives and thank her for coming. Ask the women to sit down in the circle of chairs. When you are ready, sit down with the women in the circle and welcome them as a group.

## **ACTIVITY: Meet Each Other Through Yarn/String Toss**

*Gather the ball of yarn/string.*

### **Say:**

Today we will get to know a little bit about each other. Stand in a circle. We will toss the ball of yarn/string. When you receive it, tell us your name, what number baby this is for you and something you like to do. Then while holding on to a piece of the yarn/string, throw the ball to another woman in the group.

*As the facilitator, start by introducing yourself. When everyone has spoken, there will be a large web of yarn/string.*

### **Say:**

We have created a web that connects all of us. I hope that during our meetings we will get to know each other and support each other.

*Once activity is completed, have participants sit in a circle.*

## **Explain Group Care**

*Share about this new approach for antenatal care.*

### **Say:**

At your first antenatal visit, you agreed to be part of a group with other pregnant women for your antenatal care. We will come together as a group for antenatal visits to talk and learn from each other how to keep women from becoming sick in pregnancy. This is different than the traditional one-to-one midwife visit. The group visits will include health assessments like measuring blood pressure and weight that you will learn to do yourself. You will also have a private visit with the midwife where your belly will be measured for growth of the baby, listening to the baby's heartbeat and other concerns as needed.

Group antenatal care is based on two beliefs. One belief is that each of us has experiences to share and that together we can find solutions to problems. The other belief is that the heart of the program is the pregnant woman and her helpers. The helpers are the people who are closest to the woman and who help as she goes through pregnancy, birth and after birth.

At each ANC visit, we will use these two important beliefs while we talk about problems of women. When we understand all the problems, we can find solutions. Together, we will decide and agree what solutions and actions are the best ones to take. Then we will demonstrate and practice the actions.

Group antenatal care allows you to go through pregnancy together, learn new information knowing that you are not alone with your concerns and to learn from each other.

### **Meeting Schedule**

**Say:**

These ANC visits are offered on the same schedule as regular antenatal care. We will call them meetings. You will meet with the same group of women throughout your antenatal care to discuss and learn how to identify problems, prevent problems before and after the baby is born and when to see your health care provider. We will meet 8 times before baby is born.

*Review the dates of the meetings and help women write dates down in their MCH Record or ANC Card.*

### **Confidentiality**

**Say:**

We may sometimes talk about some private issues during our meetings. We want you to feel comfortable sharing your feelings and ideas.

**Ask:**

- Can we all agree that what is said here is private and confidential and that we will protect each other's privacy by not sharing personal information outside this group?
- Are there any questions or concerns about this issue?

### **Norms for the Group**

**Say:**

To function well as a group we need a few norms. We already agreed we will not share personal information.

**Ask:**

Are there other norms we want for our group?

*Write down responses from group. Make suggestions using the following norms if not mentioned by the participants. Such examples are:*

- *Try to attend group visits on time, both women and health care providers*
- *To notify midwife/ staff at the clinic if you will miss a visit in advance*
- *Silence mobiles, non-use by both staff and women in the group space*
- *To actively participate in the group, ask questions and share ideas*

*Repeat the list of norms proposed by group.*

**Ask:**

Can we agree to these norms for our group?

## 1) SELF-ASSESSMENT & CHECK-IN WITH MIDWIFE

### Teach and Do Self-Assessments

#### **Notes for Facilitator**

Allow for 20-25 minutes to do self-assessments including blood pressure, weight and urine checks. Self-assessment is an empowering activity for pregnant women. Some women may need help, encourage the group members to help each other. While self-assessments are being done, at least one facilitator should be present to assist in the process. Suggest that they do their self-assessments in pairs.

Begin the meeting 30 minutes after the meeting start time or when the women have completed their self-assessments. If you have not completed consultations, they can be continued later in the meeting if necessary. Let women know this as well if you do not finish consultations now.

### Introduce Self-Assessments and Self-Assessment Card

*Hand out the large laminated Self-Assessment picture card and markers.*

#### **Say:**

At the start of each visit you will help to assess and record things about your own health on the Self-Assessment card. You will share the Self-Assessment card with the midwife during your private consultation. At every visit you will:

- Take and record your own blood pressure
- Take and record your own weight
- Check and record danger signs

### ACTIVITY: Learn to interpret the pictures

#### **Say:**

We will use pictures a lot during our meetings. These pictures represent the assessments we just talked about – measuring weight and blood pressure. The pictures of the woman represent danger signs, things that can go wrong during pregnancy. At each meeting you should circle any you have experienced since the last meeting and let the midwife know. Others should be crossed off.

Let's learn to read the pictures together. Turn to the person next to you and talk about what you think the pictures mean. It's okay if you are unsure.

*Allow for a few minutes of discussion.*

#### **Ask:**

- What do you think the pictures mean?
- Are there any other ideas?

*Clarify the intent of the each picture by naming the danger sign and symptoms seen.*

#### **Say:**

Danger signs are often signs of emergencies. You should go to a health facility right away if you experience them. We will talk more about danger signs and

problems in pregnancy at the next meeting. There are also pictures of danger signs on the back of your MCH Record.

### **The Importance of Blood Pressure**

#### **Ask:**

- How many of you have had your blood pressure taken before?
- Did you know why it was being taken?
- Does anyone have ideas about what blood pressure is and why it's so important to check when you are pregnant?
  - *(If no one responds, follow up with "Would you like to know?")*

#### **1. Provide information about blood pressure. Ask questions as needed.**

##### **Say:**

- Blood pressure measures the force that is needed to pump blood through your body.
- When this force is too high, it can cause damage to your body, make you sick and lead to death. We don't always know what causes it to be high.
- When you are pregnant, it is also the first sign of a disease that only happens in pregnancy and is very, very dangerous for you and your baby. It is called eclampsia, toxemia or fits.

*Show the images on the Self-Assessment card for eclampsia. Explain what symptoms each image represents - headache, blurred vision, fits.*

- Most of the time when your blood pressure is too high, you won't know unless you have it checked.
- When the force is too low, you can also get sick because blood and oxygen don't make it to all the parts of your body that need it. This usually happens because someone has bled too much, such as after birth.

#### **2. Demonstrate taking blood pressure**

*Point to the picture on the Self-Assessment picture card that corresponds to the blood pressure device.*

##### **Say and Demonstrate using CRABLE VSA:**

- A. Sit and relax for 5 minutes before taking your blood pressure.
- B. Remove any clothing from your arm. If that is not possible, place the cuff over your sleeve.
- C. Ensure that both feet are flat on the ground.
- D. Choose the right size cuff. There are two sizes and we will help you choose the correct size today.
- E. Place the cuff on the arm in the correct position.
  - The yellow tab should be two fingers width above the elbow crease.
  - Support the arm on a table, cushion or by your side. The elbow should be at the level of the heart.



- The metal bar should cross the black marker.
  - Use the Velcro to tighten the cuff so it is secure on the arm but not too tight. You should be able to insert two fingers under the cuff.
- F. Press the on/off button to turn the instrument on and then release the button. Pump the pump ball by repeatedly squeezing it until you hear a beep sound and the flashing arrows disappear.
- G. Stop pumping and allow the device to measure the blood pressure.
- H. The display screen will show a red, yellow, or green light; maybe an arrow, and 3 numbers – top blood pressure number, bottom blood pressure number and pulse, which is how many times your heart beats in a minute.
- I. Record these on the Self-Assessment card  
*(Note: Have everyone practice, using the results from the demonstration. Walk around slowly so that everyone can see the screen and copy the information. Check that everyone can see the screen and copy the information. Check that everyone has filled in correctly, and encourage women to help each other if needed.)*
- J. Next to display screen you will see a green, yellow or red flashing light.
- If the light is yellow or red, tell the midwife right away.
  - If it doesn't tell you the blood pressure, let the midwife know.

### **Discuss and Demonstrate Measuring Weight**

**Ask:**

Why do you think it can be useful to know your weight during pregnancy?

**Say:**

Weight gain in pregnancy is expected. A sudden weight gain can be a sign of a problem.

*Explain that women will also take and record their own weight. Do a demonstration, highlighting where the numbers can be read on the scale and where to record them on the Self-Assessment picture card.*

### **ACTIVITY: Do Self-Assessments and Check-In with Midwife**

For this first meeting, it will be very useful to have extra staff helping. Working in pairs, have women measure their weight and BP and record on the Self-Assessment card. Remind them to circle or cross out each danger sign. All available facilitators should walk around, observe and support the pairs as they do their self-assessments and record the results. Check that everyone has the correct size BP cuff, help her record results and encourage them to help each other. Some women may not have written before. As soon as the first women finish their self-assessments, the midwife should begin the private consultations while the other women are finishing. Review and record their self-assessments.

When the group finishes all their self-assessments, move on to the next activity. This first meeting you may need to finish the consultations towards the end of the meeting, during the “preparation for the next meeting.” Let the women know this is your plan.

### **Call Group Together** **Breathing Exercise**

**Say:**

We will begin each group meeting with a breathing exercise to help everyone be present in our group and leave other thoughts and worries behind. Take moderately deep, slow breaths and let your bodies relax, your jaw, your shoulders, legs and feet.

*Let the women breathe this way for at least 3 breaths.*

**Say:**

Start counting each breath silently as you exhale. Count your breaths up to five, then start again at “one.” You may find your mind wandering. That’s ok. You may think about what you need to do at home or what you want to eat. Before you know it, you’ve lost count of your breath. If this happens, don’t worry! Thoughts arise naturally in the mind. Just go back to “one” and start counting again. Do this breathing with counting until you hear the bell or chime.

*Repeat this breathing pattern two times. Ring the bell or chime to end.*

**Say:**

You can repeat breathing with counting several times a day or in labor.

**Say:**

Thank you for attending our first Group Antenatal Care meeting! We’re so happy you decided to join us! We begin a journey through pregnancy together, learning new information and sharing our stories.

**Ask:**

- What were some things you learned about self-assessment?
- Can you name a reason why we check blood pressure each meeting?
- Why do we check your weight at each meeting?

*Remind the participants that if they have not had a consultation with the midwife, there will be an opportunity at the end of the meeting.*

### **PREPARATION FOR NEXT MEETING**

**Say:**

At the next ANC we will be talking about **Preventing Problems Before Baby is Born**. The next meeting will be on {date} at {time}.

**Closing Ritual**

*Bring group together in a circle, and hold hands. Ask each woman in the group to say her name. Then, as the facilitator, try to remember the names of three women in the group. Ask, three other women to remember the names of three other women.*

**Say:**

Hopefully by the last meeting, we will know everyone's name!

**Group Song (optional)**

Introduce group song. Music is an important part of many cultures. Singing together helps people feel connected. It is also a great way to remember things and its fun! Try to create a refrain for a group care song, either by you or created together. You can use this refrain to start and end visits and call everyone together. After you've taught everyone the refrain, try to have the group add a verse related to today's meeting.

**Socialize and finish consultations if necessary.**

An important part of group care is allowing time for the group members to socialize in a non-structured way. This is a time to get to know each other.

**GROUP ANTENATAL CARE  
Meeting 2**

**PREVENT PROBLEMS BEFORE BABY IS BORN**

**Notes for Facilitators**

At this visit, participants will learn and practice how to prevent problems during pregnancy. They will also learn how to prevent sexually transmitted infections including HIV/AIDS, and how to tell when someone may have a sign of a sexually transmitted infection or HIV/AIDS. The topic of Intimate Partner Violence will be introduced and covered further in the next meeting.

Participants will also learn about reading “Large Picture Cards” and using the “Take Action Cards Booklet.”

Take plenty of time and remember to give breaks. Give the participants time to talk and think about the information.

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<ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstrations</li> <li>• Review <b>Self-Assessment Card</b></li> </ul>	<ul style="list-style-type: none"> <li>• Review <b>Large Picture Cards for Prevent Problems Before Baby Is Born</b></li> </ul>
<b>Gathering Your Resources</b>	
<ul style="list-style-type: none"> <li>• Group attendance list</li> <li>• Self-Assessment card and marker for each participant</li> <li>• Blood pressure cuff and scale</li> <li>• Items for midwife consultations (fetoscope, tape measure, any other items used for care)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Large Picture Cards for Prevent Problems Before Baby Is Born</b></li> <li>• <b>Take Action Card Booklets</b> for each participant</li> </ul>

Prepare the Group ANC space by placing chairs or benches in a circle so that everyone is facing each other. Group facilitators should sit across from each other.

## **WELCOME**

Welcome each woman as she arrives and thank her for coming. Ask her to join the circle. Start the meeting at the agreed time! Review the self-assessment process briefly and begin consultations.

### **1) SELF-ASSESSMENT & CHECK-IN WITH THE MIDWIFE**

Allow for 20-25 minutes to do self-assessments including blood pressure and urine checks. Self-assessment is an empowering activity for pregnant women. Some women may need help. Encourage the group members to help each other. While self-assessments are being done, at least one facilitator should be present to assist in the process. Suggest that they do their self-assessments in pairs.

Begin the meeting 30 minutes after the meeting start time or when the women have completed their self-assessments. If you have not completed consultations, they can be continued later in the meeting if necessary. Let women know this as well if you do not finish consultations now.

### **Call Group Together**

Following individual assessments, the midwife re-joins the group. Signal it is time to begin the meeting as a group.

### **Breathing Exercise**

#### **Say:**

Remember, we will begin each group meeting with a breathing exercise to help everyone be present in our group and leave other thoughts and worries behind. Take moderately deep, slow breaths and let your bodies relax, your jaw, your shoulders, legs and feet.

*Let the women breathe this way for at least 3 breaths.*

#### **Say:**

Start counting each breath silently as you exhale. Count your breaths up to five, then start again at "one." You may find your mind wandering. That's ok. You may think about what you need to do at home or what you want to eat. Before you know it, you've lost count of your breath. If this happens, don't worry! Thoughts arise naturally in the mind. Just go back to "one" and start counting again. Do this breathing with counting until you hear the bell or chime.

*Repeat this breathing pattern two times.*

#### **Say:**

You can repeat breathing with counting several times a day or in labor.

## **2) REVIEW PREVIOUS MEETING**

### **Ask:**

- What were some things we talked about in the last meeting?
  - What were some things you learned about self-assessment?
  - Can you name a reason why we check blood pressure each meeting?
  - Why do we check your weight at each meeting?
- Did you share the information with anyone?
  - What did they think?
- Is there anything from the last meeting you want to discuss more today?

## **3) INTRODUCE TODAY'S MEETING**

### **Say:**

Today we will discuss how to **Prevent Problems Before Baby is Born**. Most of the time during pregnancy, a woman is well and has no problems. We will learn about what we can do to stay healthy and what we can do when there is a problem. Women can help prevent problems by watching for danger signs and taking action as needed. We will also learn about sexually transmitted infections, HIV, intimate partner violence and healthy communication. It is important that our families know these things as well. We will also begin talking about a birth plan.

## **4) ASK WHAT PARTICIPANTS KNOW**

### **Notes for facilitators:**

This is the first step of the facilitative process which begins to build the bridge of experiences, knowledge and solutions to issues. It is key that the facilitative process begins by asking the participants to share their practices and beliefs. It demonstrates respect and the ability to listen on the part of the facilitator. The stage is set so that the facilitator is neither viewed as the teacher or the expert, but rather a member of a community of people who have come together to address a common issue.

### ***Tell the discussion starter story:***

Maiza was walking to her friend's house. She felt the baby moving in her belly. She put her hand on her belly and thought, "One of these days I need to talk with my mother-in-law about what things I can do to take care of myself." Several days later, Maiza talked with her mother-in-law. She learned foods to eat, rest and other things.

### **Ask:**

- Have you *seen or heard* about a pregnant woman doing special things for herself like Maiza?
- What are some things that you or women you know can do to prevent problems and stay healthy while pregnant?
  - Why is this done?
  - What happens when this is done?

*Wait for answers. Encourage discussion.*

**Say:**  
Thank you for sharing your experiences.

**Say:**  
During our Group ANC meetings we will share our experiences to talk about problems in pregnancy and how to prevent the problems. We will come to agree on what to do when a woman has a problem. We will practice together what to do.

**Hand Out “Take Action Cards Booklet”**

*Give each woman in the group a “Take Action Card Booklet.”*

**Say:**  
The “Take Action Cards Booklets” are for you. They contain the same pictures we will use in our meetings. They will remind you of all the things we talk about in our group. Open your “Take Action Cards Booklet” and follow along with the pictures that remind us of what we learn today in ANC.

**5) EDUCATE THROUGH LARGE PICTURE CARDS**

**Notes for facilitators:**

Picture cards can provide a helpful “anchor” for groups to envision certain concepts and ideas, making these concepts and ideas more real and memorable. They can be particularly effective in communities in which people speak different languages and/or have low literacy skills and printed works would not be well understood.

**Directions:**

Have Large Picture Cards for **Prevent Problems Before Baby is Born** ready. Participants should have their Take Action Card Booklets open and ready.

Walk around the circle and show the Large Picture Card to each participant. Help everyone to locate the picture being shared.

The midwife completes steps A through D with one Large Picture Card before moving on to the next Large Picture Card. Repeat A through D with each Large Picture Card.

**Say:**  
Health care workers learn how to prevent problems before baby is born.

**A) FIND THE PICTURE**

*Walk around showing the Large Picture Card to each woman. Help the women locate the picture in their Take Action Card Booklets.*

**B) SHARE THE EVIDENCE & DISCUSS BARRIERS AND SOLUTIONS**

*Hold up and read the back of the picture card to participants. Facilitate discussion by reading the questions printed on the back of the picture card.*

### **C) COME TO AGREEMENT ON ACTIONS**

*Hold up card and Ask:*

Can we agree that {*read the title of the card*} helps prevent problems before baby is born?

### **D) INTERPRETING PICTURE CARDS**

*Hold up card and Ask:*

- Does the picture remind us of preventing problems before baby is born?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that the picture reminds us to {state action}?

*Place Large Picture Card in the middle of the circle for participants to see.*

## **6) PRACTICE THE ACTIONS**

**Say:**

Sometimes we need our family's help to prevent problems in pregnancy. Some things are more difficult to talk about than others, so we are going to practice!

*Set up the role-play demonstration in the middle of the circle. One of the facilitators should be the pregnant woman. Ask for volunteers to be the husband and mother-in-law; they should respond in a typical way. You can also have the other facilitator be the mother-in-law or husband to help demonstrate what a typical response could be. As the pregnant woman, use the "Take Action Cards Booklet" to talk to the family members about preventing problems in pregnancy.*

*After discussing at least 3 ways to prevent problems, end the demonstration.*

**Ask:**

Are there other ideas how to discuss these topics or respond to family members who disagree?

**Practice in small groups:** *Have the women turn to their neighbor. They will take turns being the pregnant woman and family members. Encourage them to use the "Take Action Cards Booklet" to help remember all of the ways to prevent problems before baby is born that were discussed.*

*Come back together.*



**Ask:**

- How did you feel sharing the information?
- Can you do this with your family?

**7) REFLECT ON PRACTICING THE ACTIONS**

**Ask:**

- What will you remember most about today's meeting?
- What from today's meeting will you share with your friends and family?
- Who should we share this information with?

**Say:**

- You can save lives by preventing problems before baby is born.
- A pregnant woman with any sign of a problem or danger sign should go to the midwife, clinic or hospital.
- It is important to always be ready in case of a problem. Be ready for complications and have a birth plan.

**8) PREPARATION FOR NEXT MEETING**

**Say:**

At the next ANC we will be talking about the **Road to Death, Road to Life** and **Danger Signs** which can be found in your "Take Action Cards Booklet". The next meeting will be on {date} at {time}. Remember to bring your "Take Action Cards Booklet" to the next meeting. Use your "Take Action Cards Booklet" to discuss with your family and friends what you learned today.

**Closing Ritual**

*Bring group together in a circle, and hold hands. Ask each woman in the group to say her name. Then, as the facilitator, try to remember the names of three women in the group. Ask, three other women to remember the names of three other women.*

**Say:**

Hopefully by the last meeting, we will know everyone's name!

**Group Song (optional)**

Introduce group song. Music is an important part of many cultures. Singing together helps people feel connected. It is also a great way to remember things and its fun! Try to create a refrain for a group care song, either by you or created together. You can use this refrain to start and end visits and call everyone together. After you've taught everyone the refrain, try to have the group add a verse related to today's meeting.

**Socialize and finish consultations if necessary.**

An important part of group care is allowing time for the group members to socialize in a non-structured way. This is a time to get to know each other.

## Meeting 2: Prevent Problems Before Baby is Born


Sleep and rest under a bed net. Take medication for malaria at ANC visit. Rest every day at least 1 hour



Eat an extra meal every day, drink liquids every day. Take iron and folic acid tablets daily



Protect against HIV/STIs and practice safe sex. Test for HIV




Intimate partner violence and healthy communication.



Common discomforts that women experience during pregnancy.



Regular exercise, daily bathing and brushing teeth, rest and avoid alcohol and tobacco, avoid exposure to smoking in the home





# Self-Assessment Card



**GROUP ANTENATAL CARE  
Meeting 3**

**DANGER SIGNS**

**Notes for Facilitators**

Health is wealth, says an old proverb. No one likes to be sick. Yet women and their babies get sick and sometimes die during pregnancy and birth. There are many reasons why women and babies have a hard time being healthy. These reasons may include not having enough money, medical care, or education. Other reasons may include harmful beliefs and women's position in the family and community. Women and their families may not have good information about the causes of common sicknesses. They may not understand what they can do to stay healthy.

In this meeting, participants will learn about each other. Sharing experiences will help participants agree on why women get sick and die. When participants share an understanding of the causes, they can learn what they can do to stop women from getting sick and dying.

This meeting has much important information. Take plenty of time with each section. Remember to give the participants time to talk and think about the information.

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<ul style="list-style-type: none"> <li>• Group attendance list</li> <li>• Self-Assessment card and marker for each participant</li> <li>• Blood pressure cuff and scale</li> <li>• Items for midwife consultation (fetoscope, tape measure, any other items used for care)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Large Picture Cards for Road to Death/Road to Life &amp; Danger Signs</b></li> </ul>

Prepare the Group ANC space by placing chairs or benches in a circle so that everyone is facing each other. Group facilitators should sit across from each other.

## **WELCOME**

Welcome each woman as she arrives and thank her for coming. Ask her to join the circle. Start the meeting at the agreed time! Review the self-assessment process briefly and begin consultations.

## **1) SELF-ASSESSMENT & CHECK-IN WITH THE MIDWIFE**

Allow for 20-25 minutes to do self-assessments including blood pressure and urine checks. Self-assessment is an empowering activity for pregnant women. Some women may need help, encourage the group members to help each other. While self-assessments are being done, at least one facilitator should be present to assist in the process. Suggest that they do their self-assessments in pairs.

Begin the meeting 30 minutes after the meeting start time or when the women have completed their self-assessments. If you have not completed consultations, they can be continued later in the meeting if necessary. Let women know this as well if you do not finish consultations now.

### **Call Group Together**

Following individual assessments, the midwife re-joins the group. Signal it is time to begin the meeting as a group.

#### **Ask:**

Did anyone practice the breathing we learned last meeting? What did you think of doing the breathing?

*After several responses, begin the group with breathing exercise to help everyone be present in our group and leave other thoughts and worries behind.*

### **Breathing exercise**

#### **Say:**

Take moderately deep, slow breaths and let your bodies relax, your jaw, your shoulders, legs and feet.

*Let the women breathe this way for at least 3 breaths.*

#### **Say:**

Start counting each breath silently as you exhale. Count your breaths up to five, then start again at “one.” You may find your mind wandering, that’s ok. You may think about what you need to do at home or what you want to eat. Before you know it, you’ve lost count of your breath. If this happens, don’t worry! Thoughts arise naturally in the mind. Just go back to “one” and start counting again. Do this breathing with counting until you hear the bell or chime.

*Repeat this breathing pattern two times.*

**Say:**

You can repeat breathing with counting several times a day or in labor.

**2) REVIEW PREVIOUS MEETING**

**Ask:**

- What were some things we talked about in the last meeting?
- Did you share the information with anyone?
  - What did they think?
- Is there anything from the last meeting you want to discuss more today?

**3) INTRODUCE TODAY'S MEETING**

**Say:**

Today, we will talk about women who become sick and sometimes die during pregnancy, birth or after birth. We'll also talk about danger signs for pregnant women. We'll also talk more about STIs and how to talk to our partners about getting tested and using condoms.

**4) ASK WHAT PARTICIPANTS KNOW**

**Notes for facilitators**

This is the first step of the facilitative process which begins to build the bridge of experiences, knowledge and solutions to issues. It is key that the facilitative process begins by asking the participants to share their practices and beliefs. It demonstrates respect and the ability to listen on the part of the facilitator. The stage is set so that the facilitator is neither viewed as the teacher or the expert, but rather a member of a community of people who have come together to address a common issue.

**Ask:**

- Have you *seen or heard* about a woman during pregnancy, birth, or after birth who became sick or even died?
  - Would you like to tell us?
- What did you see?
- What did you or others do to help the woman?
- What happened to the woman?
- What do you think caused the woman to become sick or die?

*Wait for answers. Encourage discussion.*

**Say:**

Thank you for sharing your experiences. I am going to tell you a story about **Julie**. I am going to show you pictures as I tell the story. If you cannot see, please move around so you can see.

*Using the picture cards, **Tell Julie's Story: The Road to Death***

**Ask:**

- What problems did Julie have?
- Have you ever *seen or heard* about a woman with any of these problems?

Using the picture cards, **Tell Aisha's Story: The Road to Life.**

**Ask:**

- What happened to Aisha?
- What helped Aisha?
- Are there any other ideas in Aisha's story you want to talk about?

**Say:**

Thank you for sharing. Bleeding during pregnancy is a serious problem.

**ACTIVITY: Problem or Danger Sign**

**Notes for Facilitator**

Use the **List of Changes in Pregnancy** below. For each one listed, have participants guess which is normal (hand up) and a danger sign (wave hand) With each statement, the facilitator will say which answer is correct and explain.

**Say:**

We are discussing problems that women have and how we can recognize them and take action. Many changes happen in pregnancy. Some are uncomfortable but normal. Others are a sign of danger and require action.

We have a list of changes in pregnancy. Show which changes are normal by putting your hand up and which are danger signs and require action by waving your hand.

**Changes in Pregnancy:**

1. Swelling of the feet (normal)
2. Constipation (normal)
3. Fever (danger)
4. Morning sickness (normal)
5. Darkening of the skin (normal)
6. Not sleeping well sometimes (normal)
7. Bleeding from vagina (danger)
8. Passing urine frequently (normal)
9. Pain and burning with passing urine (danger)
10. Fatigue (normal)
11. Lower abdominal pain, cramping (danger)
12. Persistent vomiting (danger)
13. Excessive saliva (normal)



14. Severe headaches and trouble seeing (danger)
15. Reduced or absent fetal movement (danger)
16. Leaking fluid from the vagina (danger)
17. Heartburn (normal)
18. Swelling of face (danger)

**Ask:**

- Which of these danger signs are new to you?
- Do you have any other ideas about danger signs in pregnancy?

*Wait for answers. Encourage discussion.*

## **5) EDUCATE THROUGH LARGE PICTURE CARDS**

**Notes for facilitators:**

Picture cards can provide a helpful “anchor” for groups to envision certain concepts and ideas, making these concepts and ideas more real and memorable. They can be particularly effective in communities in which people speak different languages and/or have low literacy skills and printed works would not be well understood.

**Directions:**

Have Large Picture Cards for **Danger Signs** ready. Participants should have their Take Action Card Booklets open and ready.

Walk around the circle and show the Large Picture Card to each participant. Help everyone to locate the picture being shared.

The midwife completes steps A through D with one Large Picture Card before moving on to the next Large Picture Card. Repeat A through D with each Large Picture Card.

**Say:**

We just discussed what are normal changes in pregnancy and danger signs. Health workers learn that a woman is too sick or may die if she has any of the following danger signs.

### **A) FIND THE PICTURE**

*Walk around showing the Large Picture Card to each woman. Help the women locate the picture in their Take Action Card Booklets.*

### **B) SHARE THE EVIDENCE & DISCUSS BARRIERS AND SOLUTIONS**

*Hold up and read the back of the picture card to participants. Facilitate discussion by reading the questions printed on the back of the picture cards.*

### **C) COME TO AGREEMENT ON ACTIONS**

*Hold up card and Ask:*

- Can we come to agree that the picture reminds of *{read the title of the card}*?

#### **D) INTERPRETING PICTURE CARDS**

*Hold up card and Ask:*

- Does the picture remind us of a women with *{read the title of the card}*?
- What do you see in the picture that makes you think there is a problem?
- Can we agree that *{read the title of the card}* is a problem and if we see a woman with *{read the title of the card}* including ourselves, we will go or refer her to a health care provider, clinic or hospital?

*Place Large Picture Card in the middle of the circle for participants to see.*

*Once all cards are placed in the center of the circle, Ask:*

Can we agree that if a woman, including ourselves, has any of these danger signs we will go or refer her to the health care provider, clinic or hospital?

*Wait for participants response.*

**Say:**

I am glad we will go to a trained health care provider if we experience any of these danger signs and that we will be able to help other women by referring them.

#### **6) PRACTICE THE ACTIONS**

**Say:**

Sexually transmitted infections such as HIV and syphilis can spread very easily.

- Condoms help protect against transmission of STIs.
- You can become infected even if only having sex with one other person if they are having sex with someone else.
- You can't tell who has HIV by looking at them.
- Remember, STI infections acquired during pregnancy can be especially dangerous for the baby.

**Say:**

Now we are going to practice taking action to reduce your risk of STIs in pregnancy.

#### **ACTIVITY: Partner Negotiation**

**Say:**

In our first meeting, we briefly talked about protecting against HIV and STIs and practicing safe sex. Talking to our partners about STIs can be difficult, so we're going to practice.

## 1. Discuss strategies

### Ask:

- Do you have any ideas about how to talk to your partners about why and how to practice safer sex during pregnancy?
- What will help them hear the message?

*Wait for answers. Encourage discussion.*

### Ask:

- Why is partner testing for STIs important?
- What arguments might partners have against testing?
- What could you say to your partner to help convince them to be tested?

### Say:

Some common concerns/arguments against testing include:

- Trust
- Privacy
- Past relations exposed
- Scared
- Don't want to know results
- Stigmatization

### Say:

Some reasons for testing:

- It is the standard, what everyone is supposed to do
- If you are positive, it could be from a previous relationship before we were together, doesn't mean you cheated
- Ends worry about past behaviors if you are negative
- If results are different, gives you the opportunity to protect your partner and child
- Access to treatment
- If negative, opportunity to remain so

## 2. Practice

### Say:

Turn to a partner. Using your "Take Action Cards Booklet," one person will try to convince her partner to remain monogamous and use condoms all the time, even while she's pregnant. The other person should respond as their partner would. Take turns playing the woman convincing her partner to get tested for HIV.

*Allow time for the women to practice.*

## 3. Come back together

### Ask:

- How did you feel playing the pregnant woman?

- Did you hear any new ideas?
- Can you do this with your partner?

## **7) REFLECT ON PRACTICING THE ACTIONS**

### **Ask:**

- What will you remember most about today's meeting?
- What from today's meeting will you share with your friends and family?
- Who should we share this information with?

### **Say:**

- To help a woman with a problem, you must know the signs of the problem.
- Everyone can learn the danger signs.
- It is important to always be ready in case of danger signs. Have a birth plan and know when to go to the hospital.

## **8) PREPARATION FOR NEXT MEETING**

### **Say:**

At the next ANC we will be talking about **Birth Preparedness & Complication Readiness** which can be found in your "Take Action Cards Booklet". The next meeting will be on {date} at {time}. Remember to bring your "Take Action Cards Booklet" to the next meeting. Use your "Take Action Cards Booklet" to discuss with your family and friends what you learned today.

### **Closing ritual**

*Bring group together in a circle and hold hands. Ask each woman in the group to say her name. Then, as the facilitator, try to remember the name of one woman in the group. Ask, the other women to remember the name of one other woman.*

### **Say:**

Hopefully by the last meeting, we will know everyone's name!

### **Group Song (optional)**

Remind everyone of the refrain that was created at the last meeting. Invite the women to add a verse that relates to today's meeting topics. Once that verse is created, sing the entire song. Write down the new verses so you can remind everyone of the verses as the song grows with each meeting.

If the group is not creating a song, use another activity for a closing ritual. This signifies the end of the group visit.

### **Socialize and finish consultations if necessary.**

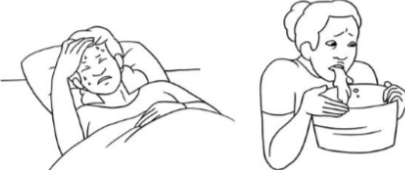
An important part of group care is allowing time for the group members to socialize in a non-structured way. This is a time to get to know each other.

# Meeting 3: Danger Signs


In pregnancy, any blood coming from the vagina is a danger sign.




Fever is a sign of infection and sickness. Persistent vomiting is also a danger sign in pregnancy.




Headache with or without fits




Pain and burning with urination



Leaking fluid from the vagina



Watch for signs of early labor and decreased fetal movement





## Road to Life: Aisha's Story

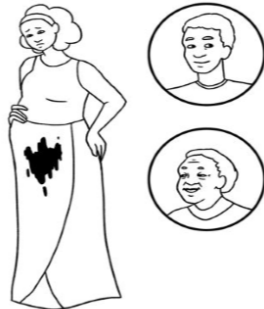
Aisha and her husband live in a remote village. She is pregnant. They waited 2 years to become pregnant and use family planning.



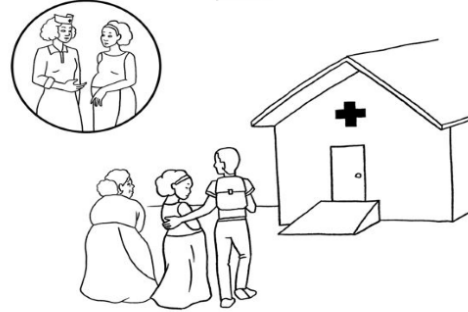
Aisha meets with midwife and learns about problems and preparing for birth. She and her husband have saved extra money for transportation and food.



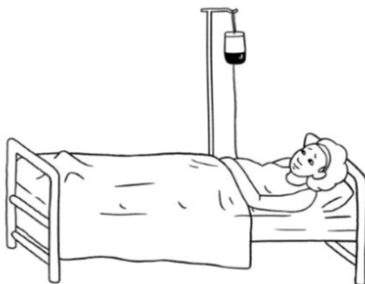
Aisha saw blood and told her husband and mother-in-law.



All immediately go to the clinic and then to referral place.



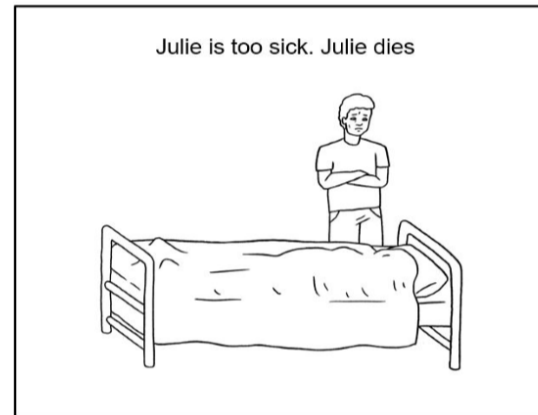
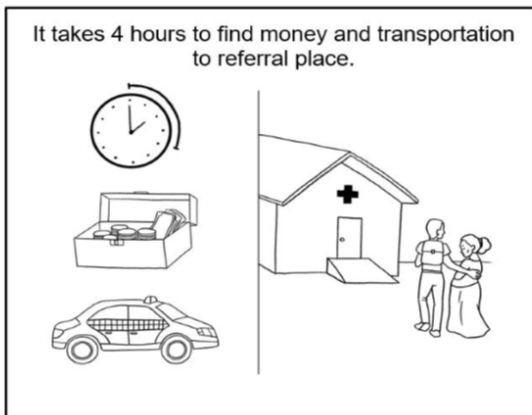
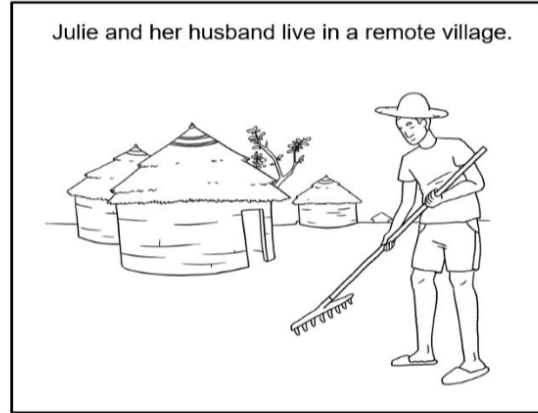
Aisha had not bled too much, and she is not too week.



Aisha had her baby. She is strong and the family is happy.



## Road to Death: Julie's Story





**GROUP ANTENATAL CARE  
Meeting 4**

**BIRTH PREPAREDNESS & COMPLICATION READINESS**

**Notes for facilitators**

Most of the time during pregnancy a woman is well and has no problems. We can help to prevent woman problems during pregnancy by helping women to be comfortable, giving her emotional and physical support, watching for problems, and taking action as needed. But sometimes even when we do everything right there is still a problem. The woman and family members must be ready to get help right away. If they do not get help quickly, the woman may get very sick and may even die. It is not always possible to prevent a problem, but being ready and giving safe care can help. A woman should be encouraged to deliver at a hospital or healthcare facility. This is called birth preparedness and complication readiness.

Participants must be prepared for birth and ready for complications when they happen. They must recognize a problem, know where to go for help, and how long it will take. They must have a way to go to the hospital, money to pay for transportation and care, and someone to give blood if needed.

At this visit, participants will talk about how to get ready for birth and what actions to take when there is a complication. Participants will talk about why delay happens and how to prevent delays. Remember, every minute can make the difference between life and death.

This meeting has much important information. Take plenty of time. Remember to give breaks. Give the participants time to talk and think about the information.

<b>Plan</b>	
<ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstrations</li> <li>• Review <b>Self-Assessment Card</b></li> </ul>	<ul style="list-style-type: none"> <li>• Review <b>Large Picture Cards for Birth Preparedness &amp; Complication Readiness and Intimate Partner Violence</b></li> </ul>
<b>Gathering Your Resources</b>	
<ul style="list-style-type: none"> <li>• Group attendance list</li> <li>• Self-Assessment card and marker for each participant</li> <li>• Blood pressure cuff and scale</li> <li>• Items for individual assessment (fetoscope, tape measure, any other items used for care)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Large Picture Cards for Birth Preparedness &amp; Complication Readiness</b></li> <li>• <b>Large Picture Cards for Intimate Partner Violence</b></li> </ul> <p><b>Items for Demonstration:</b></p> <ul style="list-style-type: none"> <li>• Birth bag items and display box</li> <li>• A ball</li> </ul>

Prepare the Group ANC space by placing chairs or benches in a circle so that everyone is facing each other. Facilitators should sit across from each other.

## **WELCOME**

Welcome each woman as she arrives and thank her for coming. Ask her to join the circle. Start the meeting at the agreed time! Review the self-assessment process briefly and begin consultations.

### **1) SELF-ASSESSMENT & CHECK-IN WITH THE MIDWIFE**

Allow for 20-25 minutes to do self-assessments including blood pressure and urine checks. Self-assessment is an empowering activity for pregnant women. Some women may need help, encourage the group members to help each other. While self-assessments are being done, at least one facilitator should be present to assist in the process. Suggest that they do their self-assessments in pairs.

Begin the meeting 30 minutes after the meeting start time or when the women have completed their self-assessments. If you have not completed consultations, they can be continued later in the meeting if necessary. Let women know this as well if you do not finish consultations now.

### **Call Group Together**

Following individual assessments, the midwife re-joins the group. Signal it is time to begin the meeting as a group.

### **Breathing Exercise**

#### **Say:**

Remember we begin each group meeting with a breathing exercise to help everyone be present in our group and leave other thoughts and worries behind. Take moderately deep, slow breaths and let your bodies relax, your jaw, your shoulders, legs and feet.

*Let the women breathe this way for at least 3 breaths.*

#### **Say:**

Start counting each breath silently as you exhale. Count your breaths up to five, then start again at "one." You may find your mind wandering. That's ok. You may think about what you need to do at home or what you want to eat. Before you know it, you've lost count of your breath. If this happens, don't worry! Thoughts arise naturally in the mind. Just go back to "one" and start counting again. Do this breathing with counting until you hear the bell or chime.

*Repeat this breathing pattern two times.*

#### **Say:**

You can repeat breathing with counting several times a day or in labor.

## **2) REVIEW PREVIOUS MEETING**

**Ask:**

- What were some things we talked about in the last meeting?
- Did you share the information with anyone?
  - What did they think?
- Is there anything from the last meeting you want to discuss more today?

## **3) INTRODUCE TODAY'S MEETING**

**Say:**

Today we will talk about how to prepare for birth and to be ready for complications. Most of the time during pregnancy a woman is well and has no problems. But sometimes even when we do everything right, there is still a problem. The woman and family members must be ready to get help right away. If they do not get help quickly, the woman may get very sick and may even die. It is not always possible to prevent a problem, but being ready and giving safe care can help. This is called birth preparedness and complication readiness.

### **ACTIVITY: Birth Bag**

**Say:**

To prepare for the birth, it is a good idea to collect things you will need when the baby comes before you go into labor. What do you need to bring to the hospital when you go into labor?

*As the women answer, Ask:*

- Why do you think {item} should be part of the birth bag?

**Say:**

Here are the items you should have in your birth bag:

- 4 clean cloths
- Clean, warm clothing for the baby
- Light foods and drinks for labor
- Soap for baby
- Pads for bleeding
- Clean clothes for yourself
- Emergency money
- Items specific to facility where women will deliver (e.g. Macintosh, rubber sheets, chlorhexidine or gloves)

**Ask:**

Any other suggestions for items to add?

**Say:**

***Remember to bring your MCH card when you are in labor.***

#### **4) ASK WHAT THE PARTICIPANTS KNOW**

##### **Notes for facilitators**

This is the first step of the facilitative process which begins to build the bridge of experiences, knowledge and solutions to issues. It is key that the facilitative process begins by asking the participants to share their practices and beliefs. It demonstrates respect and the ability to listen on the part of the facilitator. The stage is set so that the facilitator is neither viewed as the teacher or the expert, but rather a member of a community of people who have come together to address a common issue.

##### **Say:**

We've talked about what to put in a birth bag. There are some other things to talk about and family decisions to make to be prepared for birth or if a complication happens.

##### **Ask:**

- Have you *seen or heard* about a pregnant woman doing things to be prepared for birth or if a complication happens?
- What are some things that you or women you know can do to be prepared for birth or if a complication happens?
  - Why is it done? What happens when this is done?

*Wait for answers. Encourage discussion.*

##### **Ask:**

What can happen if a woman and her family is not prepared for birth or if a complication happens?

*Wait for answers. Encourage discussion.*

##### **Say:**

Thank you for sharing your experiences.

#### **5) EDUCATE THROUGH LARGE PICTURE CARDS**

##### **Notes for facilitators:**

Picture cards can provide a helpful “anchor” for groups to envision certain concepts and ideas, making these concepts and ideas more real and memorable. They can be particularly effective in communities in which people speak different languages and/or have low literacy skills and printed works would not be well understood.

##### **Directions:**

Have Large Picture Cards for **Birth Preparedness & Complication Readiness** ready. Participants should have their Take Action Card Booklets open and ready.

Walk around the circle and show the Large Picture Card to each participant. Help everyone to locate the picture being shared.

The midwife completes steps A through D with one Large Picture Card before moving on to the next Large Picture Card. Repeat A through D with each Large Picture Card.

**Say:**

Health care workers also learn to be prepared for birth or if a complication happens.

**A) FIND THE PICTURE**

*Walk around showing the Large Picture Card to each woman. Help the women locate the picture in their Take Action Card Booklets.*

**B) SHARE THE EVIDENCE & DISCUSS BARRIERS AND SOLUTIONS**

*Hold up and read the back of the picture card to participants. Facilitate discussion by reading the questions printed on the back of the picture card.*

**C) COME TO AGREEMENT ON ACTIONS**

*Hold up card and Ask:*

Can we agree to {*read the title of the card*} to be prepared for birth or if a complication happens?

**D) INTERPRETING PICTURE CARDS**

*Hold up card and Ask:*

- Does the picture remind us {*read the title of the card*}?
- What do you see in the picture that makes you think {*read the title of the card*}?
- Can we come to agree that the picture reminds us to {*read the title of the card*}?

*Place Large Picture Card in the middle of the circle for participants to see.*

**6) PRACTICE THE ACTIONS**

**Say:**

We will practice making a birth plan. Using the pictures of Birth Preparedness & Complication Readiness in your Take Action Card Booklet, turn to the person next to you and discuss your birth plan.

*Allow time for the women to practice.*

**Ask:**

- Is someone willing to share your birth plan?
- Are there any actions you need help with in making a plan?
- Will your birth plan be acceptable to all your family members?
  - If not, what do you need to do to convince them of your birth plan?

*Wait for answers. Encourage discussion.*

**Say :**

Thank you for your participation. We now all have a birth plan!

**ACTIVITY: Intimate Partner Violence and Healthy Communication**

**Note for Facilitators**

Have the Large Picture Card displaying **Intimate Partner Violence and Healthy Communication** available.

**Say:**

We will now talk about intimate partner violence and healthy communication. Healthy communication is important in all relationships. Violence can occur in households around the world. Remember, it is not your fault if you experience violence through hitting, kicking, punching, shouting, or being forced to have sex.

**Tell the Starter Story:**

Anne is making jollof rice for her family to eat while her five children are playing around the home. One of her children injures themselves on a piece of wire. While she is helping the crying child the jollof rice burns. When her husband comes home a short time later he stands over the woman and yells and hits her for burning the rice.

**Say:**

Let us talk about what happened in the story.

**Ask:**

- What did you hear in the story?
- Is what happened in the story OK?
- What are some solutions to keep a woman safe from a dangerous encounter with her husband?

*Wait for answers. Encourage discussion.*

**Say:**

Here are some ways to keep yourself safe:

- Do not shout back. Leave the house and come back later.
- Walk outside into a more public setting.
- If it is not safe to leave, seek help from a trusted friend, family member, or community leader.
- Use small words in brief sentences, use positive language, and repeat your message.
- Use a calm voice.
- Be aware if your partner/husband is getting angrier. Try to remove yourself from the situation.

**Say:**

You are the expert in your own situation. You know best how your partner or husband may react to your behavior. You can seek help from the police, your health care provider, town chief, queen mother, or religious leaders.

## **7) REFLECT ON PRACTICING THE ACTIONS**

**Ask:**

- What will you remember most about today's meeting?
- What from today's meeting will you share with your friends and family?
- Who should we share this information with?

**Say:**

- You can save lives by helping a woman prepare for birth.
- A pregnant woman with any sign of a problem or danger sign should go to the midwife, clinic or hospital.
- It is important to always be ready in case of a problem. Be ready for complications and have a birth plan.

## **8) PREPARATION FOR NEXT MEETING**

**Say:**

At the next ANC we will be talking about **Labor & Birth** which can be found in your "Take Action Cards Booklet". The next meeting will be on *{date}* at *{time}*. Remember to bring your "Take Action Cards Booklet" to the next meeting. Use your "Take Action Cards Booklet" to discuss with your family and friends what you learned today.

**Closing Ritual: Ball Toss**

*Stand in a circle. Use a ball. Begin with the facilitator tossing the ball to a woman.*

**Say:**

Tell us one action that you can do to prepare for birth and be ready for complications.

*The ball is tossed around the circle and participants call out different actions that women can do to prepare for birth and be ready for complications. End the exercise when all women have caught the ball and given an answer.*

**Group Song (optional)**

Remind everyone of the refrain they created that was created at the last meeting. Invite the women to add a verse that relates to today's meeting topics. Once that verse is created, sing the entire song. Write down the new verses so you can remind everyone of the verses as the song grows with each meeting.

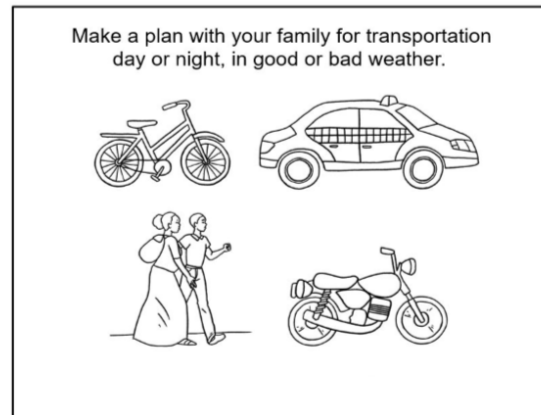
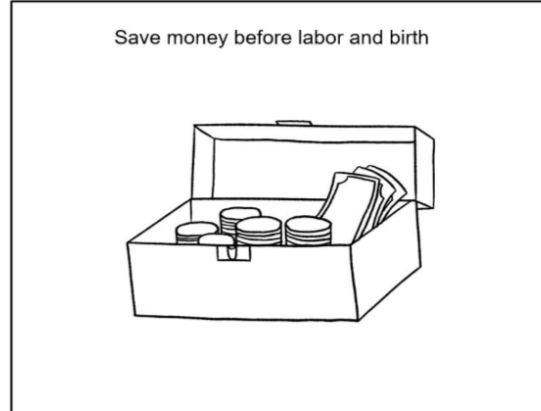
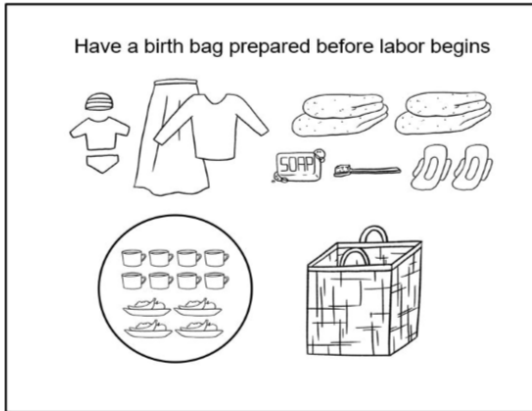
If the group is not creating a song, use another activity for a closing ritual. This signifies the end of the group visit.

**Socialize and finish consultations if necessary**

An important part of group care is allowing time for the group members to socialize in a non-structure way. This is a time for participants to visit with each other.



## Meeting 4: Birth Preparedness & Complication Readiness



**GROUP ANTENATAL CARE  
Meeting 5**

**LABOR & BIRTH**

**Notes for facilitators**

Most women have heard birth stories from friends and family. Some women in the group will have already had children and will have stories about their own births. This meeting is an opportunity for women to learn from each other about the birth process and for the facilitator to dispel myths about labor, birth, and hospital procedures. The birth plan introduced in the previous meeting will be reviewed and developed to help prevent delays in getting to the hospital before birth. Women will also learn about the labor and birth process and what they can do for themselves. It is also an opportunity for the facilitator to prepare women for what will happen once they are in the hospital. Information about labor and birth can help decrease women's concerns and worries about childbirth and help her have a more positive birth experience. Respectful maternity care and informed consent will also be introduced and discussed.

**Plan**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstrations</li> <li>• Review <b>Self-Assessment Card</b></li> </ul> | <ul style="list-style-type: none"> <li>• Practice exercises</li> <li>• Review <b>Large Picture Cards for Labor &amp; Birth</b></li> </ul> |
|--|---|

**Gathering Your Resources**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Group attendance list</li> <li>• Self-Assessment card and marker for each participant</li> <li>• Blood pressure cuff and scale</li> <li>• Items for midwife consultation (fetoscope, tape measure, any other items used for care)</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Large Picture Cards for Labor &amp; Birth</b></li> </ul> <p><b>Items for Demonstration:</b></p> <ul style="list-style-type: none"> <li>• Model for demonstrating birth (sock, ball, rubber band)</li> <li>• Mat for floor demonstrations</li> <li>• Fabric wraps</li> </ul> |
|---|---|

Prepare the Group ANC space by placing chairs or benches in a circle so that everyone is facing each other. Other facilitators should sit across from each other.

## **WELCOME**

Welcome each woman as she arrives and thank her for coming. Ask her to join the circle. Start the meeting at the agreed time! Review the self-assessment process briefly and begin consultations.

### **1) SELF ASSESSMENT & CHECK-IN WITH MIDWIFE**

Allow for 20-25 minutes to do self-assessments including blood pressure and urine checks. Self-assessment is an empowering activity for pregnant women. Some women may need help. Encourage the group members to help each other. While self-assessments are being done, at least one facilitator should be present to assist in the process. Suggest that they do their self-assessments in pairs.

Begin the meeting 30 minutes after the meeting start time or when the women have completed their self-assessments. If you have not completed consultations, they can be continued later in the meeting if necessary. Let women know this as well if you do not finish consultations now.

### **Call Group Together**

Following individual assessments, the midwife re-joins the group. Signal it is time to begin the meeting as a group.

### **Breathing Exercise**

#### **Say:**

Remember we begin each group meeting with a breathing exercise to help everyone be present in our group and leave other thoughts and worries behind. Take moderately deep, slow breaths and let your bodies relax, your jaw, your shoulders, legs and feet.

*Let the women breathe this way for at least 3 breaths.*

#### **Say:**

Start counting each breath silently as you exhale. Count your breaths up to five, then start again at “one.” You may find your mind wandering. That’s ok. You may think about what you need to do at home or what you want to eat. Before you know it, you’ve lost count of your breath. If this happens, don’t worry! Thoughts arise naturally in the mind. Just go back to “one” and start counting again. Do this breathing with counting until you hear the bell or chime.

*Repeat this breathing pattern two times.*

#### **Say:**

You can repeat breathing with counting several times a day or in labor.

## **2) REVIEW PREVIOUS MEETING**

### **Ask:**

- What were some things we talked about in our last meeting?
- Did you share the information with anyone?
  - What did they think?
- Is there anything from the last meeting you want to discuss more today?

*Wait for answers. Emphasize the messages from **Birth Preparation & Complication Readiness**.*

### **Say:**

In our first group meeting, **Preventing Problems Before Baby is Born** we discussed having a birth plan. In our previous meeting, **Birth Preparation & Complication Readiness**, we practiced making a birth plan and discussed talking to your family about the birth plan.

### **Ask:**

- Have you shared your birth plan with your family?
- Would anyone like to share what it was like to discuss the birth plan with your family?

## **3) INTRODUCE TODAY'S MEETING**

### **Say:**

Today we'll talk about labor and birth. We can share stories if we have given birth and discuss possible delays to getting to the health facility before birth and some solutions. We'll also talk about what we and our families can do to have a positive childbirth experience.

## **ACTIVITY: What to expect in labor and birth**

### **Notes for facilitators**

You will need to demonstrate the labor and birth process. You can use a doll and pelvis to show how the baby moves through the pelvis during labor and birth, if you have one.

You can also use a sock, tennis ball, and rubber band. Place the ball inside the tube sock and put the rubber band around the sock, below the ball. The ball is the baby. The part of the sock around the ball is the uterus. The rubber band is the cervix. The sock below the rubber band is the vagina. The opening of the sock is the vulva. Squeeze the part of the sock where the ball is (uterus) to force the ball to widen the rubber band (cervix).

You will also want to have a mat for participants to use for demonstrations.

### **Ask:**

- Who here is afraid of labor?

- Who knows when it is time to go to the hospital?
- Who here has had a baby?

*Allow women time to respond.*

**Say:**

Let us all share something we have heard about labor and birth but do not know whether or not to believe it. The rest of the group will guess whether it is true by putting a hand up if it is true or by shaking our hand if it is false.

*Allow the women to share and discuss among themselves if it is true or not. Facilitate if there is no discussion. Interject if a dangerous myth is thought to be true.*

**Explaining Labor and Birth**

*Use a model to show labor and birth. Identify the cervix, uterus and pelvis as the birth process is described.*

**Stages of Labor**

**Say:**

Labor has 4 stages. The 1<sup>st</sup> stage is the opening of the cervix. The 2<sup>nd</sup> stage is pushing and the birth of the baby. The 3<sup>rd</sup> stage is the delivery of the placenta (*use the local term*). The 4<sup>th</sup> stage is the transition of the baby to outside life and the mother's physical and psychological adjustment to having delivered her baby.

**Say:**

The first stage of labor has 3 phases: early, active and transition. During the early phases the cervix softens and thins and begins to open. In active labor contractions are strong and painful, needing a lot of concentration by the woman, and usually come every 4-5 minutes. You need to be in the hospital then, or earlier if your water breaks. Transition is when contractions are long and hard, but it doesn't take long before you can start to push.

**Ask:**

The women who have had babies, would you share your experience?

- How did you know you were in labor? (*After a few responses, review the signs of labor discussed earlier in the meeting.*)
- What happened to you when you went to the hospital? (*Review important details about what happens in the health facility when the woman arrives.*)
  - Which entrance do you use at night?
  - How do you reach the hospital if a problem arises?
- What does a contraction feel like?
- What did you do to cope with labor contractions?
- Who was with you during labor and birth?
- What happens when it is time to have the baby?
- How does the baby get out?
- How long does labor and birth take?

*Wait for answers. Encourage discussion.*

**Say:**

Thank you for sharing your experiences.

#### **4) ASK WHAT THE PARTICIPANTS KNOW**

##### **Notes for facilitators**

This is the first step of the facilitative process which begins to build the bridge of experiences, knowledge and solutions to issues. It is key that the facilitative process begins by asking the participants to share their practices and beliefs. It demonstrates respect and the ability to listen on the part of the facilitator. The stage is set so that the facilitator is neither viewed as the teacher or the expert, but rather a member of a community of people who have come together to address a common issue.

***Tell the discussion starter story:***

Elsa had her baby a few days ago. Her neighbor is pregnant and comes to visit her. She asks about Elsa's experience giving birth. Elsa tells her neighbor about what she did before labor to be ready, about arriving at the hospital before birth and other things she did to have a positive childbirth experience.

**Ask:**

- Have you *seen or heard* of a pregnant woman or her family doing special things to have a positive childbirth experience?
  - What did she do before labor to be ready?
    - Why? What happens when this is done?
  - What did she do to arrive at the hospital before birth?
    - Why? What happens when this is done?
  - What did she do during labor to help her have a positive childbirth experience?
    - Why? What happens when this is done?

*Allow women time to respond.*

**Say:**

Thank you for sharing your experiences.

#### **ACTIVITY: Comfort Measures - actions that will help you to have a positive childbirth experience**

**Say:**

A woman in labor needs people around her she trusts and feels comfortable with. Choose a companion who will support you and keep you energized during this time. Being alone during labor and birth can be very frightening. It is your right as a pregnant woman to have a companion during ANC visits, labor, and birth.

**Ask:**

Who will you choose to be by your side during labor and birth?

*Allow women time to respond.*

**Say:**

We are going to go through some things that you can do to help you relax during labor. Relaxation is important to helping you cope with your labor.

*Have two women play the roles of: pregnant woman and husband. The midwife who is facilitating the meeting plays the midwife. The midwife discusses the comfort measure through role-play with the pregnant woman and husband.*

**Breathing:** We have been practicing breathing at the beginning of each meeting. Try these breathing patterns with me:

- Deep Abdominal Breathing: It is good for early labor, and is the most relaxing. Breathe in slowly for 10-15 seconds and breathe out just as slowly.
- Shallow Chest Breathing, breathe in through your nose, out through your mouth in very shallow breaths. You shouldn't feel your chest move much. This way is good for stronger contractions.

**Walking and Moving Around****Labor Positions:**

- Hands and knees, being on all four.
- Pelvic tilt with pressure on the lower back.
- Squatting
- Left side position, pillow or towel between legs, back rub
- Child's pose

**Emptying Bladder Frequently**

**Light Eating and Drinking of Fluids:** You will need to bring your own food and fluids to take during labor. Who can help you with this?

**Touch:**

- Massage
- Rubbing your belly
- Back pressure
- Foot massage

**Birth Positions:** Once the cervix is completely open, the baby will begin to move down in the pelvis like we saw in the demonstration of labor. This is the second stage of labor. It usually doesn't take too long compared to labor. You will begin to feel pressure in the rectum and vagina, similar to an urge to have a bowel movement. Some women do have a bowel movement when they push. This is normal. The midwife or nurse will help you with that. You are encouraged to listen to your body and follow your own urge to push.

There are several positions you can use to push the baby out. You can change positions to make yourself more comfortable.

*Choose someone from the group to help the midwife demonstrate positions.*

- Left side with right leg pulled out
- Semi-sitting with knees bent and legs pulled out
- Squatting, in the bed or by the side of the bed

**The Birth:** Once the baby is pushed out, the midwife will wipe the baby off and place the baby on your belly. She'll also place a blanket over you and the baby. Placing the baby on your belly is referred to as skin-to-skin contact and is helpful in stabilizing both you and the baby from the demands of the birth process.

Shortly after the baby is born the placenta will come out. The nurse or the midwife will massage the uterus to stay firm and prevent too much bleeding.

The baby may begin to nuzzle, put her hands in her mouth or show other signs of wanting to nurse as soon as 15-20 minutes after birth.

Breastfeed as soon as the baby will take the breast and you are ready within the first hour after birth.

*Allow women time to ask questions.*

**Say:**

Thank you for participating. Would you like to take a short break or do an energizer?

## **5) EDUCATE THROUGH LARGE PICTURE CARDS**

### **Notes for facilitators:**

Picture cards can provide a helpful "anchor" for groups to envision certain concepts and ideas, making these concepts and ideas more real and memorable. They can be particularly effective in communities in which people speak different languages and/or have low literacy skills and printed works would not be well understood.



**Directions:**

Have Large Picture Cards for **Labor & Birth** ready. Participants should have their Take Action Card Booklets open and ready.

Walk around the circle and show the Large Picture Card to each participant. Help everyone to locate the picture being shared.

The midwife completes steps A through D with one Large Picture Card before moving on to the next Large Picture Card. Repeat A through D with each Large Picture Card.

**Say:**

Health care workers learn that preparing for labor and delivery can help women have a positive childbirth experience.

**A) FIND THE PICTURE**

*Walk around showing the Large Picture Card to each woman. Help the women locate the picture in their Take Action Card Booklets.*

**B) SHARE THE EVIDENCE & DISCUSS BARRIERS AND SOLUTIONS**

*Hold up and read the back of the picture card to participants. Facilitate discussion by reading the questions printed on the back of the picture card.*

**C) COME TO AGREEMENT ON ACTIONS**

*Hold up card and Ask:*

Can we agree to {*read the title of the card*} to help women have a positive childbirth experience?

**D) INTERPRETING PICTURE CARDS**

*Hold up card and Ask:*

- Does the picture remind us of things we can do to have a positive childbirth experience?
- What do you see in the picture that reminds you of {*read the title of the card*}?
- Can we come to agree that the picture reminds us to {*read the title of the card*}?

*Place Large Picture Card in the middle of the circle for participants to see.*

**6) PRACTICE THE ACTIONS**

Practice the demonstration for having a positive birth experience.

**Say:**

We will practice explaining information about having a positive birth experience to our families and friends. Using the pictures of Labor and Birth in your Take Action

Cards Booklet, turn to the person next to you and practice telling your partner and family members what you learned and how you could do these actions when you are in labor.

*Allow time for the women to practice.*

**Ask:**

- How did it feel to be telling your family what you want for a positive childbirth experience?
- Are you ready to take the actions we agreed on?
- If you are not ready, what do you need to do to be prepared? Who can help you?

*Allow women time to respond.*

**Say:**

It ok to ask for help.

**Respectful Maternity Care**

**Note for facilitators**

This is a challenging topic to breakdown into simple terms but is important for women to know their rights. Women who are more informed about this topic are less likely to be subject to disrespect and abuse during maternity care.

**Say:**

We have talked about actions we can take for a positive childbirth experience. There are some other things we want you to know about your experience. You are entitled to trust, respect and privacy during your care. This is known as Respectful Maternity Care and includes:

1. Freedom from harm and ill treatment
2. Right to information, informed consent and refusal, and respect for choices and preferences, including companionship during maternity care
3. Confidentiality, privacy
4. Dignity, respect
5. Equality, freedom from discrimination, equitable care
6. Right to timely healthcare and to highest attainable level of health
7. Liberty, autonomy, self-determination and freedom from coercion

Kindness is a way of showing respect.

**7) REFLECT ON PRACTICING THE ACTIONS**

**Ask:**

- What will you remember most about today's meeting?
- What from today's meeting will you share with your friends and family?
- Who should we share this information with?

**Say:**

- You can have a positive childbirth experience.
- A pregnant woman with any sign of a problem or danger sign should go to the midwife, clinic or hospital.
- It is important to always be ready in case of a problem. Be ready for complications and have a birth plan.

**8) PREPARATION FOR NEXT MEETING**

**Say:**

At the next ANC we will be talking about **Preventing Problems After Birth for Mother** which can be found in your “Take Action Cards Booklet”. The next meeting will be on {*date*} at {*time*}. Remember to bring your “Take Action Cards Booklet” to the next meeting. Use your “Take Action Cards Booklet” to discuss with your family and friends what you learned today.

**Closing Ritual**

*Bring group together in a circle, hold hands. Ask each woman in the group to say her name. Then, as the facilitator, try to remember the names of three women in the group. Ask, three other women to remember the names of three other women.*

**Say:**

Hopefully by the last meeting, we will know everyone’s name!

**Group Song (optional)**

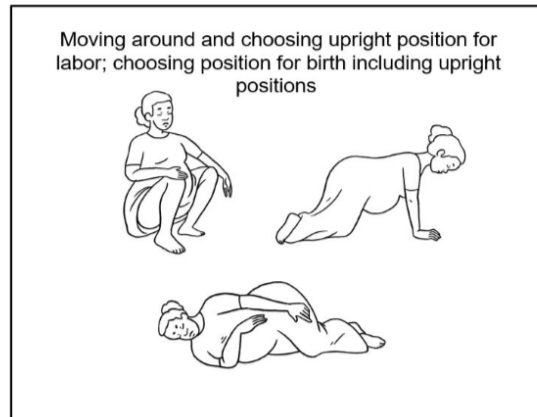
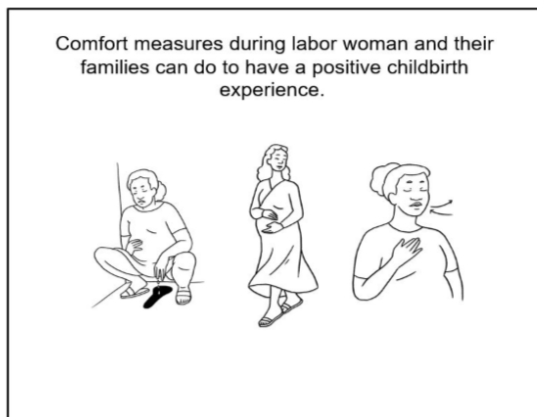
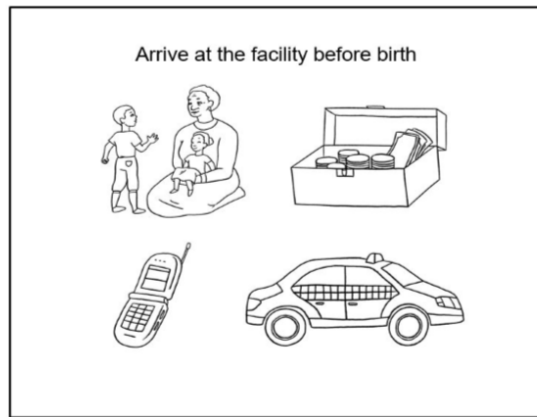
Remind everyone of the refrain they created that was created at the last meeting. Invite the women to add a verse that relates to today’s meeting topics. Once that verse is created, sing the entire song. Write down the new verses so you can remind everyone of the verses as the song grows with each meeting.

If the group is not creating a song, use another activity for a closing ritual. This signifies the end of the group visit.

**Socialize and finish consultations if necessary**

An important part of group care is allowing time for the group members to socialize in a non-structure way. This is a time for participants to visit with each other.

## Meeting 5: Labor and Birth



**GROUP ANTENATAL CARE  
Meeting 6**

**PREVENTING PROBLEMS AFTER BIRTH FOR MOTHER**

**Notes for facilitators**

After the baby is born, the woman and the baby are usually well and have no problems. But sometimes there is a problem. The family has to make decisions and do things to be ready before a problem occurs. Women and families can help to prevent women problems after the birth by helping the woman to be comfortable, giving her emotional and physical support, watching for problems and taking action as needed. Most maternal and infant deaths occur in the first month after birth, almost half of maternal deaths occur within the first 24 hours, and two thirds during the first week.

It is not always possible to prevent a problem, but being ready and giving safe care can help. In this meeting, participants will learn and practice how to prevent problems by being ready and giving safe care to the woman after the baby is born. Breastfeeding will also be discussed.

<b>Plan</b>	
<ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstrations</li> <li>• Review <b>Self-Assessment Card</b></li> </ul>	<ul style="list-style-type: none"> <li>• Review <b>Large Picture Cards for Prevent Problems After Birth for Mother</b></li> </ul>
<b>Gathering Your Resources</b>	
<ul style="list-style-type: none"> <li>• Group attendance list</li> <li>• Self-Assessment card and marker for each participant</li> <li>• Blood pressure cuff and scale</li> <li>• Items for midwife consultations (fetoscope, tape measure, any other items used for care)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Large Picture Cards for Prevent Problems After Birth for Mother</b></li> </ul> <p><b>Items for Demonstration:</b></p> <ul style="list-style-type: none"> <li>• Doll for demonstrating breastfeeding positions</li> </ul>

Prepare the Group ANC space by placing chairs or benches in a circle so that everyone is facing each other. Other facilitators should sit across from each other.

## **WELCOME**

Welcome each woman as she arrives and thank her for coming. Ask her to join the circle. Start the meeting at the agreed time! Review the self-assessment process briefly and begin consultations.

### **1) SELF-ASSESSMENT & CHECK-IN WITH MIDWIFE**

Allow for 20-25 minutes to do self-assessments including blood pressure and urine checks. Self-assessment is an empowering activity for pregnant women. Some women may need help, encourage the group members to help each other. While self-assessments are being done, at least one facilitator should be present to assist in the process. Suggest that they do their self-assessments in pairs.

Begin the meeting 30 minutes after the meeting start time or when the women have completed their self-assessments. If you have not completed consultations, they can be continued later in the meeting if necessary. Let women know this as well if you do not finish consultations now.

### **Call Group Together**

Following individual assessments, the midwife re-joins the group. Signal it is time to begin the meeting as a group.

### **Breathing Exercise**

#### **Say:**

We will begin each group meeting with a breathing exercise to help everyone be present in our group and leave other thoughts and worries behind. Take moderately deep, slow breaths and let your bodies relax, your jaw, your shoulders, legs and feet.

*Let the women breathe this way for at least 3 breaths.*

#### **Say:**

Start counting each breath silently as you exhale. Count your breaths up to five, then start again at “one.” You may find your mind wandering. That’s ok. You may think about what you need to do at home or what you want to eat. Before you know it, you’ve lost count of your breath. If this happens, don’t worry! Thoughts arise naturally in the mind. Just go back to “one” and start counting again. Do this breathing with counting until you hear the bell or chime.

*Repeat this breathing pattern two times.*

#### **Say:**

You can repeat breathing with counting several times a day or in labor.

## **2) REVIEW THE PREVIOUS MEETING**

### **Ask:**

- What were some things we talked about in the last meeting?
- Did you share the information with anyone?
  - What did they think?
- Is there anything from the last meeting you want to discuss more today?

## **3) INTRODUCE TODAY'S MEETING**

### **Say:**

Today we will discuss how to **Prevent Problems After Birth for the Mother**. It is recommended that you remain in the hospital for the first 24 hours after birth to respond to any changes in you or your baby's condition. It is important that someone stay with you during those first 24 hours. Many complications can occur in the first 24 hours and the first week after birth. We will also talk about breastfeeding and danger signs and problems after birth for mothers.

## **4) ASK WHAT PARTICIPANTS KNOW**

### **Notes for facilitators**

This is the first step of the facilitative process which begins to build the bridge of experiences, knowledge and solutions to issues. It is key that the facilitative process begins by asking the participants to share their practices and beliefs. It demonstrates respect and the ability to listen on the part of the facilitator. The stage is set so that the facilitator is neither viewed as the teacher or the expert, but rather a member of a community of people who have come together to address a common issue.

### ***Tell the discussion starter story:***

Ella was breastfeeding her two-day old infant when her friend visited. The friend asked, "Why are you breastfeeding your baby? It takes so much time." Ella said, "We learned from the midwife that breastfeeding is good for my baby and prevents me from bleeding too much. I must remember to eat and drink good things. I need to remember to keep myself clean."

### **Ask:**

- Have you ever *seen or heard* about special things to prevent problems for after birth for mothers?
  - What is done?
  - Who helps?
  - Who decides?
  - Why are these things done?

*Allow women time to respond.*

- Have you ever *seen or heard* about special things done for breastfeeding?
  - What is done?

- Who helps?
- Who decides?
- Why are these things done?

*Allow women time to respond.*

**Say:**

Thank you for sharing your experiences.

### **ACTIVITY: Promoting Breastfeeding**

#### **Notes for facilitators**

Breastfeeding is one of the most effective interventions in reducing infant and child mortality. Cultural practices and beliefs have an influence on breastfeeding practices. This exercise focuses on the reasons to breastfeed and provides information to help women choose to breastfeed and to share with their families for support during breastfeeding.

**Say:**

What's so good about breastfeeding?

*Allow participants to give several reasons.*

**Say:**

There are some myths about breastfeeding. Let's see if we can learn more about breastfeeding. I will read a statement about breastfeeding. Put your hand up if that is true, shake your hand if it is not.

*After each prompt, ask why they chose either answer. Then give an explanation. Allow for questions and discussion.*

**Say:**

1. Breast milk provides all the nutrients that a baby needs for the first six months of life to grow and develop. (True)

This is referred to as exclusive breastfeeding. Exclusive breastfeeding means that the baby is not given any other food or drink, not even water. They are only given breast milk. The baby should also not be given milk, herbal preparations, glucose water or any food other than breast milk for six months. One cultural belief is that breastfeeding for a long duration is counterproductive. This is not true. Breast milk continues to provide high-quality nutrients and helps protect against infection up to two years of age or more. Exclusive breastfeeding is also recommended for HIV positive mothers.

2. Breastfeeding is more expensive than bottles, rubber nipples, and formula. (False)



Breastfeeding is easier to carry out than feeding formula, it takes no preparation, is always the correct temperature, it is always clean and is always available. It is the perfect nutrition for babies.

3. Colostrum, the first produced breast milk, which is yellowish, is dirty and taboo. (False)

The mother will have mostly colostrum and little milk for the first few days. This is normal and healthy for the mother and baby. It protects the baby from diseases and boosts immunity, like a first immunization. Don't throw it away. It helps baby clear out meconium, first stools. Colostrum is exactly the food the baby needs before the true breast milk comes in.

4. Breastfeed frequently, day and night. Allow the baby to feed for as long as she wants. It is normal for a baby to feed up to 8 times a day. (True)

Babies usually want to feed frequently. If the baby does not demand to feed by crying or making sucking motions, the mother should offer her breast at least every 3 hours. This frequency allows women to use Lactation Amenorrhea Method for Family Planning, which we will discuss in the next meeting.

5. Breastfeeding can contribute to preventing pregnancy and helps the mother's womb to contract reducing the risk of bleeding too much after birth. (True)

When the baby is skin-to-skin with the mother and the baby is sucking on the breast, a hormone called oxytocin is produced that contracts the womb after birth.

## **5) EDUCATE THROUGH LARGE PICTURE CARDS**

### **Notes for facilitators:**

Picture cards can provide a helpful "anchor" for groups to envision certain concepts and ideas, making these concepts and ideas more real and memorable. They can be particularly effective in communities in which people speak different languages and/or have low literacy skills and printed works would not be well understood.

### **Directions:**

Have Large Picture Cards for **Preventing Problems After Birth for Mother** ready. Participants should have their Take Action Card Booklets open and ready.

Walk around the circle and show the Large Picture Card to each participant. Help everyone to locate the picture being shared.

The midwife completes steps A through D with one Large Picture Card before moving on to the next Large Picture Card. Repeat A through D with each Large Picture Card.

**Say:**

Health care workers learn that breastfeeding can prevent problems after birth for mother.

**A) FIND THE PICTURE**

*Walk around showing the Large Picture Card to each woman. Help the women locate the picture in their Take Action Card Booklets.*

**B) SHARE THE EVIDENCE & DISCUSS BARRIERS AND SOLUTIONS**

*Hold up and read the back of the picture card to participants. Facilitate discussion by reading the questions printed on the back of the picture card.*

**C) COME TO AGREEMENT ON ACTIONS**

*Hold up card and Ask:*

Can we agree to { *read the title of the card* } to help prevent problems after birth for mother?

**D) INTERPRETING PICTURE CARDS**

*Hold up card and Ask:*

- Does the picture remind us of preventing problems after birth for mother?
- What do you see in the picture that makes you think action is being done?
- Can we come to agree that picture reminds us to { *read the title of the card* }?

*Place Large Picture Card in the middle of the circle for participants to see.*

**6) PRACTICE THE ACTIONS**

*Demonstrate role-play.*

**Say:**

Sometimes we need our family's help to prevent problems after birth. Some things are more difficult to talk about than others, so we are going to practice!

**Ask:**

What are some topics we have discussed that may be particularly difficult to talk about with family members?

*Allow the women time to respond. If no responses, suggest topics like: family members saying not to breastfeed, not to use colostrum – but to use foods or other liquids, not to stay in the hospital for 24 hours.*

**Say:**

Turn to two neighbors. One woman will be the pregnant woman, another will be the husband, a third will be the mother-in-law. Everyone should respond in a typical way. As the pregnant woman, use the **Take Action Cards Booklet** to talk to the family members about preventing problems after birth for mother.

*Allow women time to practice.*

**Ask:**

- Are there any ideas on how to discuss difficult topics or respond to family member who disagree?
- How did you feel playing the pregnant woman?
- Can you do this with your family?

## **7) REFLECT ON PRACTICING THE ACTIONS**

**Ask:**

- What will you remember most about today's meeting?
- What from today's meeting will you share with your friends and family?
- Who should we share this information with?

**Say:**

- You can save lives by preventing problems after birth for mothers.
- A woman with any sign of a problem or danger sign should go to the midwife, clinic, or hospital.
- It is important to always be ready in case of a problem. Be ready for complications and have a birth plan. Know when to go to the hospital or healthcare facility.

## **8) PREPARATION FOR NEXT MEETING**

**Say:**

At the next ANC we will be talking about **Family Planning** which can be found in your "Take Action Cards Booklet". The next meeting will be on *{date}* at *{time}*. Remember to bring your "Take Action Cards Booklet" to the next meeting. Use your "Take Action Cards Booklet" to discuss with your family and friends what you learned today.

### **Closing Ritual**

*Bring group together in a circle, hold hands. Ask each woman in the group to say her name. Then, as the facilitator, try to remember the names of three women in the group. Ask, three other women to remember the names of three other women.*

**Say:**

Hopefully by the last meeting, we will know everyone's name! Is there anyone here who could name everyone in the group?

**Group Song (optional)**

Remind everyone of the refrain they created at the last meeting. Invite the women to add a verse that relates to today's meeting topics. Once that verse is created, sing the entire song. Write down the new verses so you can remind everyone of the verses as the song grows with each meeting.

If the group is not creating a song, use another activity for a closing ritual. This signifies the end of the group visit.

**Socialize and finish consultations if necessary**

An important part of group care is allowing time for the group members to socialize in a non-structured way. This is a time for participants to visit with each other.

## Meeting 6: Prevent Problems After Birth for Mother

Breastfeeding women need more calories to keep their strength and produce enough breastmilk for their baby.



Breastfeed soon after birth within first hour, then every two hours.



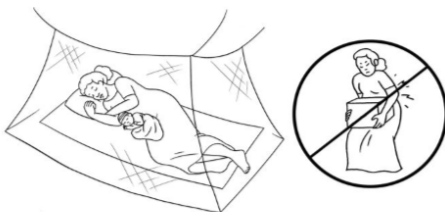
Use a good position for breastfeeding and give only breastmilk until the baby is six months old.



Resume sex when ready and practice safe sex.



Sleep under an insecticide treatment bed net with your baby. Do not work lift anything heavier than your baby for two weeks.



Watch for problems and danger signs after the baby is born and go to the health facility for postnatal checks in the first 24 hours, 6-7 days and at 6 weeks



## GROUP ANTENATAL CARE Meeting 7

### FAMILY PLANNING

#### **Notes for facilitators**

Some parents want many children. Parents may believe that they need more children to help with the work and to care for them later on. But some parents have learned that a large family may cause serious problems. It is harder to feed many children. The woman becomes weak when her babies are born too close together. If there are fewer than three years between children, the chances of the family losing a pregnancy are increased. The woman may have more problems before, during, and after many pregnancies.

There are many ways to prevent a pregnancy when it is not the right time. This is called family planning. Family planning can prevent sickness and death for women and babies by helping women and couples space pregnancies. It can help a young couple delay pregnancy until they are ready for a baby. Family planning can help a woman or a couple have the number of children they want and prevent additional pregnancies. It can also help parents space their children so babies are born at least three years apart. Family planning can also help take away fear of an unwanted pregnancy and make a couple's sex life more enjoyable. Some methods of family planning can also help couples identify the fertile phase in the woman's menstrual cycle to help them get pregnant when they want another baby.

Many women all over the world do not use family planning. The reasons for this are sometimes access (no health center nearby, no money or no transportation). Other reasons are cultural; that children are a blessing, or that using family planning means you are a "loose" woman or man. There are also many misconceptions about family planning; that it will make you unable to have children or that there are dangerous side effects. As healthcare providers we can help women and their husbands/partners make decisions regarding family planning by providing information in a non-biased way. In this meeting, participants will learn about experiences with family planning. They will learn methods of family planning and about the health benefits of some methods like dual protection and condoms.

This meeting has much important information. Take plenty of time with this meeting. Remember to give breaks and give the participants time to talk and think about the information.

<b>Plan</b>	
<ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstration</li> <li>• Review <b>Self-Assessment Card</b></li> </ul>	<ul style="list-style-type: none"> <li>• Review <b>Large Picture Cards for Family Planning</b></li> </ul>
<b>Gathering Your Resources</b>	
<ul style="list-style-type: none"> <li>• Group attendance list</li> <li>• Self-Assessment card and marker for each participant</li> <li>• Blood pressure cuff and scale</li> <li>• Items for midwife consultations (fetoscope, tape measure, any other items used for care)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Large Picture Cards for Family Planning</b></li> </ul> <p><b>Items for Demonstration:</b></p> <ul style="list-style-type: none"> <li>• Baby model</li> <li>• Condoms and penis model (if available)</li> <li>• Samples of locally available family planning methods or props from clinic: Oral contraceptives, Condoms, IUD, Injectable, etc. or flip chart of family planning methods</li> </ul>

Prepare the Group ANC space by placing chairs or benches in a circle so that everyone is facing each other. Other facilitators should sit across from each other.

## **WELCOME**

Welcome each woman as she arrives and thank her for coming. Ask her to join the circle. Start the meeting at the agreed time! Review the self-assessment process briefly and begin consultations.

### **1) SELF-ASSESSMENT & CHECK-IN WITH THE MIDWIFE**

Allow for 20-25 minutes to do self-assessments including blood pressure and urine checks. Self-assessment is an empowering activity for pregnant women. Some women may need help, encourage the group members to help each other. While self-assessments are being done, at least one facilitator should be present to assist in the process. Suggest that they do their self-assessments in pairs.

Begin the meeting 30 minutes after the meeting start time or when the women have completed their self-assessments. If you have not completed consultations, they can be continued later in the meeting if necessary. Let women know this as well if you do not finish consultations now.

### **Call Group Together**

Following individual assessments, the midwife re-joins the group. Signal it is time to begin the meeting as a group.

#### **Ask:**

Did anyone practice the breathing we learned last meeting? What did you think about using it? How did you use it?

*After several responses, begin the group with breathing exercise to help everyone be present in our group and leave other thoughts and worries behind.*

### **Breathing exercise**

#### **Say:**

Take moderately deep, slow breaths and let your bodies relax, your jaw, your shoulders, legs and feet.

*Let the women breathe this way for at least 3 breaths.*

#### **Say:**

Start counting each breath silently as you exhale. Count your breaths up to five, then start again at "one." You may find your mind wandering, that's ok. You may think about what you need to do at home or what you want to eat. Before you know it, you've lost count of your breath. If this happens, don't worry! Thoughts arise naturally in the mind. Just go back to "one" and start counting again. Do this breathing with counting until you hear the bell or chime.

*Repeat this breathing pattern two times.*



**Say:**

You can repeat breathing with counting several times a day or in labor.

**2) REVIEW PREVIOUS MEETING**

**Ask:**

- What were some things we talked about in the last meeting?
- Did you share the information with anyone?
  - What did they think?
- Is there anything from the last meeting you want to discuss more today?

**3) INTRODUCE TODAY'S MEETING**

**Say:**

Today we are going to talk about family planning, healthy timing and spacing of pregnancy. We will learn about family planning methods and using exclusive breast feeding to space future pregnancies.

**4) ASK WHAT PARTICIPANTS KNOW**

**Notes for facilitators**

This is the first step of the facilitative process which begins to build the bridge of experiences, knowledge and solutions to issues. It is key that the facilitative process begins by asking the participants to share their practices and beliefs. It demonstrates respect and the ability to listen on the part of the facilitator. The stage is set so that the facilitator is neither viewed as the teacher or the expert, but rather a member of a community of people who have come together to address a common issue.

***Tell the discussion starter story:***

Rebecca has a beautiful baby girl. Rebecca gave her baby girl the breast and sometimes the bottle. She started her monthly bleeding. Rebecca did not use any family planning method. When her baby girl was about four months old, Rebecca found out she was pregnant. Rebecca was afraid. She did not know how she could care for her new baby and be pregnant at the same time.

**Ask:**

- Have you *seen or heard* about someone like Rebecca?
- Has anyone ever seen:
  - A pregnant woman with many children?
  - A woman who is pregnant every year?
  - A pregnant woman who is too young and struggling to care for a baby?
  - A pregnant woman who is too old, and who does not have enough strength and energy to care for another baby?

*Allow women time to respond.*

**Ask:**

- Has anyone ever *seen or heard* of a woman using breastfeeding or Lactation Amenorrhea (LAM) or other family planning methods?
  - What did you see?
  - What can make a woman get pregnant when she does not plan to get pregnant?

*Allow women time to respond.*

**Say:**

Thank you for sharing your experiences.

## **5) EDUCATE THROUGH LARGE PICTURE CARDS**

**Notes for facilitators:**

Picture cards can provide a helpful “anchor” for groups to envision certain concepts and ideas, making these concepts and ideas more real and memorable. They can be particularly effective in communities in which people speak different languages and/or have low literacy skills and printed works would not be well understood.

**Directions:**

Have Large Picture Cards for about **Family Planning** ready. Participants should have their Take Action Card Booklets open and ready.

Walk around the circle and show the Large Picture Card to each participant. Help everyone to locate the picture being shared.

The midwife completes steps A through D with one Large Picture Card before moving on to the next Large Picture Card. Repeat A through D with each Large Picture Card.

**Say:**

Health care workers also learn that healthy timing and spacing of pregnancy helps keep you and your family healthy.

### **A) FIND THE PICTURE**

*Walk around showing the Large Picture Card to each woman. Help the women locate the picture in their Take Action Card Booklets.*

### **B) SHARE THE EVIDENCE & DISCUSS BARRIERS AND SOLUTIONS**

*Hold up and read the back of the picture card to participants. Facilitate discussion by reading the questions printed on the back of the picture card.*

### **C) COME TO AGREEMENT ON ACTIONS**

*Hold up card and Ask:*

- Can we agree to use family planning after birth?
- Can we agree to talk with our partners and use a family planning method we both agree on?

#### **D) INTERPRETING PICTURE CARDS**

*Hold up card and Ask:*

- Does the picture remind us of family planning after birth?
- What do you see in the picture that reminds you of family planning after birth?
- Can we come to agree that the picture reminds us of a method for family planning?

*Place Large Picture Card in the middle of the circle for participants to see.*

#### **6) PRACTICE THE ACTIONS**

##### **Notes for Facilitator**

Use the **Family planning truths and myths below**. For each one listed, have participants guess which is true (hand up) and which is false (wave hand) With each statement, the facilitator will say which answer is correct and explain.

**Say:**

We are discussing family planning and birth spacing. Some of the following are truths and some of the following are myths. Show which are truths by putting a hand up and which are myths by waving a hand. (Demonstrate hand up and hand waving.)

*Read the list.*

##### **Family planning truths and myths:**

1. Vasectomy will decrease a man's sexual ability (myth).
2. Start to breastfeed as soon as possible after the baby is born (truth).
3. Condoms are the only family planning method that also protects against STIs including HIV/AIDS (truth).
4. Sterilization is reversible (myth).
5. Your bleeding may change with the implant or IUD (truth).
6. LAM only works when the woman does not see her monthly bleeding (truth).
7. If you miss or skip a day of oral contraceptive pills you can become pregnant (truth).
8. LAM only works for one-year after your baby is born (myth).
9. If you take oral contraceptive pills you will have a hard time getting pregnant when you stop them (myth).
10. You may have irregular bleeding when using injectables for family planning (truth).

### **ACTIVITY: Condom Demonstration**

*Show a sample of a condom and demonstrate how to put on and take off a condom on a model penis.*

#### **Say:**

A condom stops the sperm so it cannot get into the woman. The condom can also stop sicknesses like sexually transmitted infections and HIV/AIDS so they cannot be passed between partners. The condom may be used to prevent pregnancy and protect against disease when:

- The woman is using LAM or another form of contraception (dual protection)
- The baby is any age
- The woman or man does not want a chance of a pregnancy
- The woman or man does not want a chance of sexually transmitted infections including HIV/AIDS

### **7) REFLECT ON PRACTICING THE ACTIONS**

#### **Ask:**

- What will you remember most about today's meeting?
- What from today's meeting will you share with your friends and family?
- Who should we share this information with?

#### **Say:**

- There are many different family planning methods that can help families' space children and have the number of children they want.
- Only condoms can prevent sexually transmitted infections and HIV/AIDS.
- Family planning and birth spacing keeps women and families healthy.

### **8) PREPARATION FOR NEXT MEETING**

#### **Say:**

At the next ANC we will be talking about **Preventing Problems after Birth for Baby**, which can be found in your "Take Action Cards Booklet". The next meeting will be our last meeting, on {date} at {time}. Remember to bring your "Take Action Cards Booklet" to the next meeting. Use your "Take Action Cards Booklet" to discuss with your family and friends what you learned today.

#### **Closing Ritual**

*Bring group together in a circle and hold hands. Ask the group to say together each woman's name. Start with your own name.*

#### **Group Song (optional)**

Remind everyone of the refrain they created that was created at the last meeting. Invite the women to add a verse that relates to today's meeting topics. Once that verse is created, sing the entire song. Write down the new verses so you can remind everyone of the verses as the song grows with each meeting.

If the group is not creating a song, use another activity for a closing ritual. This signifies the end of the group visit.

**Socialize and finish consultations if necessary**

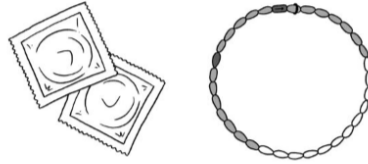
An important part of group care is allowing time for the group members to socialize in a non-structured way. This is a time for participants to visit with each other.

## Meeting 7: Family Planning

Lactation Amenorrhea or LAM – the breastfeeding method



Condoms and cycle beads are natural family planning methods that do not contain any medication or hormones



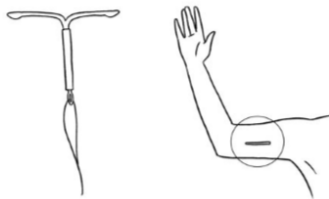
Another form of family planning available in pharmacies or the health center are oral contraceptive pills



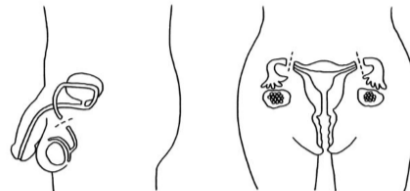
Another form of family planning available in many health centers are birth control injectables.



There are two long acting, reversible forms of family planning; one is an intrauterine device (IUD) and the other is an implant.



There are permanent methods of family planning, tubal ligation for women and vasectomy for men.



**GROUP ANTENATAL CARE  
Meeting 8**

**PREVENTING PROBLEMS AFTER BIRTH FOR BABY**

**Notes for facilitators**

In our second Group ANC meeting we told the story of Aisha and Julie on the Road to Death and the Road to Life. Today we are going to tell the story of Sophie and Hettie. Babies need to be kept clean and warm, be breastfed, and receive immunizations. Participants will share experiences of babies who get sick and die. Sharing experiences will help participants agree on why babies get sick and die. When participants share an understanding of the causes, they can learn what they can do to stop babies from getting sick and dying.

Many babies die each year from serious problems. You can help save the lives of babies by recognizing problems and taking action. At this visit, participants will learn about the different problems babies can have. They will agree on the signs that tell us the baby has a problem.

This meeting has much important information. Take plenty of time with each section. Remember to give the participants time to talk and think about the information.

<b>Plan</b>	
<ul style="list-style-type: none"> <li>• Review meeting plan</li> <li>• Get needed resources</li> <li>• Practice demonstration</li> </ul>	<ul style="list-style-type: none"> <li>• Review <b>Large Picture Cards for Prevent Problems After Birth for Baby</b></li> </ul>
<b>Gathering Your Resources</b>	
<ul style="list-style-type: none"> <li>• Group attendance list</li> <li>• A ball of yarn</li> <li>• Self-Assessment card and marker for each participant</li> <li>• Blood pressure cuff and scale</li> <li>• Items for midwife consultations (fetoscope, tape measure, any other items used for care)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Large Picture Cards for Prevent Problems After Birth for Baby, Circle of Sickness and Breaking the Circle of Sickness</b></li> </ul> <p><b>Items for Demonstration:</b></p> <ul style="list-style-type: none"> <li>• Doll for demonstrations</li> </ul>

Prepare the Group ANC space by placing chairs or benches in a circle so that everyone is facing each other. Facilitators should sit across from each other.

## **WELCOME**

Welcome each woman as she arrives and thank her for coming. Ask her to join the circle. Start the meeting at the agreed time! Review the self-assessment process briefly and begin consultations.

### **1) SELF-ASSESSMENT & MIDWIFE CONSULT**

Allow for 20-25 minutes to do self-assessments including blood pressure and urine checks. Self-assessment is an empowering activity for pregnant women. Some women may need help. Encourage the group members to help each other. While self-assessments are being done, at least one facilitator should be present to assist in the process. Suggest that they do their self-assessments in pairs.

Begin the meeting 30 minutes after the meeting start time or when the women have completed their self-assessments. If you have not completed consultations, they can be continued later in the meeting if necessary. Let women know this as well if you do not finish consultations now.

***This week remember to assess the participants birth plan and plans for postnatal family planning. Record in the ANC register.***

### **Call Group Together**

Following individual assessments, the midwife re-joins the group. Signal it is time to begin the meeting as a group.

### **Breathing Exercise**

#### **Say:**

We will begin each group meeting with a breathing exercise to help everyone be present in our group and leave other thoughts and worries behind. Take moderately deep, slow breaths and let your bodies relax, your jaw, your shoulders, legs and feet.

*Let the women breathe this way for at least 3 breaths.*

#### **Say:**

Start counting each breath silently as you exhale. Count your breaths up to five, then start again at “one.” You may find your mind wandering. That’s ok. You may think about what you need to do at home or what you want to eat. Before you know it, you’ve lost count of your breath. If this happens, don’t worry! Thoughts arise naturally in the mind. Just go back to “one” and start counting again. Do this breathing with counting until you hear the bell or chime.

*Repeat this breathing pattern two times.*



**Say:**

You can repeat breathing with counting several times a day or in labor.

**2) REVIEW PREVIOUS MEETING**

**Ask:**

- What were some things we talked about in the last meeting?
- Did you share the information with anyone?
  - What did they think?
- Is there anything from the last meeting you want to discuss more today?

**3) INTRODUCE TODAY'S MEETING**

**Say:**

Today we will talk about babies who become sick in the first month of life and sometimes die. We will also discuss things that we can do to prevent problems after birth for baby.

**4) ASK WHAT PARTICIPANTS KNOW**

**Notes for facilitators**

This is the first step of the facilitative process which begins to build the bridge of experiences, knowledge and solutions to issues. It is key that the facilitative process begins by asking the participants to share their practices and beliefs. It demonstrates respect and the ability to listen on the part of the facilitator. The stage is set so that the facilitator is neither viewed as the teacher or the expert, but rather a member of a community of people who have come together to address a common issue.

**Ask:**

- Have you ever *seen or heard* about a baby in the first month of life who was too sick to take breast milk or even died?
  - What did you or others do to help the baby?
  - What happened to the baby?
  - What can cause a baby to become sick or die?

*Allow women time to respond.*

**Say:**

Thank you for sharing your experiences.

**Say:**

I am going to tell you a story about Sophie. I am going to show you pictures as I tell the story. If you cannot see, please move around so you can see.

*Using the picture cards, tell Sophie's Story: The Circle of Sickness*

**Ask:**

- What problems did Sophie have?
- Have you ever seen or heard about a baby with any of these problems

*Allow women time to respond.*

*Using the picture card, **tell Hettie's Story: Breaking the Circle of Sickness***

**Ask:**

- What happened to Hettie?
- What helped Hettie?
- Are there any other ideas in Hettie's story you want to talk more about?

*Allow women time to respond.*

**Say:**

Thank you for sharing. A baby with diarrhea is a serious problem.

## **5) EDUCATE THROUGH LARGE PICTURE CARDS**

**Notes for facilitators:**

Picture cards can provide a helpful "anchor" for groups to envision certain concepts and ideas, making these concepts and ideas more real and memorable. They can be particularly effective in communities in which people speak different languages and/or have low literacy skills and printed works would not be well understood.

**Directions:**

Have Large Picture Cards for **Preventing Problems after Birth for Baby** ready. Participants should have their Take Action Card Booklets open and ready.

Walk around the circle and show the Large Picture Card to each participant. Help everyone to locate the picture being shared.

The midwife completes steps A through D with one Large Picture Card before moving on to the next Large Picture Card. Repeat A through D with each Large Picture Card.

**Say:**

We learned from Sophie and Hettie's story about baby problems and some things we can do to prevent problems after birth for baby. Health workers learn that a baby is too sick or may die if the baby has any of the following problems or actions not done to prevent problems after birth for baby.

### **A) FIND THE PICTURE**

*Walk around showing the Large Picture Card to each woman. Help the women locate the picture in their Take Action Card Booklets.*

## **B) SHARE THE EVIDENCE & DISCUSS BARRIERS AND SOLUTIONS**

*Hold up and read the back of the picture card to participants. Facilitate discussion by reading the questions printed on the back of the picture card.*

## **C) COME TO AGREEMENT ON ACTIONS**

*Hold up card and Ask:*

- Does the picture remind us of {read title of the card}?
- What do you see in the picture that makes you think there is a problem or need for action?
- Can we come to agree that the picture reminds of {read title of the card}?

## **D) INTERPRETING PICTURE CARDS**

*Hold up card and Ask:*

Can we agree that it is a problem if we see a baby with {read title of the card} and we will go to a health care provider, clinic, or hospital?

*Once all cards are placed in the center of the circle, Ask:*

- Which of these problems are new to you?
- Do you have any other ideas about how to prevent problems in the newborn?

*Wait for answers. Encourage discussion.*

**Ask:**

Can we agree that if a baby, has any of these problems we will go to the health care provider, clinic, or hospital?

*Wait for participants response.*

**Say:**

I am glad we will go to a health care provider if we experience any of these problems and that we will be able to help other babies by bringing them.

## **6) PRACTICE THE ACTIONS**

### **ACTIVITY: Sharing Baby Problems and Actions with Family and Friends**

**Say:**

Turn to a neighbor. One person will explain three of the problems to her neighbor using the **Take Action Card Booklets**. The other person will respond with the actions to prevent these problems.

*Allow time for the women to practice.*

*Come back together.*

**Ask:**

- Are these the most important problems?
- Is any problem missing?
- Are these the most important actions?
- Is any action missing?
- Can we come to agree that all of these are important problems that need to be seen by the trained health worker?
- Can we come to agree that these actions are important to prevent problems after birth for baby?

**7) REFLECT ON PRACTICING THE ACTIONS**

**Ask:**

- What will you remember most about today's meeting?
- What from today's meeting will you share with your friends and family?
- Who should we share this information with?

**Say:**

- To help a baby with a problem, you must know the signs of the problem.
- The woman and family must know what to do for a problem and what actions can prevent problems after birth for baby.
- Everyone can learn the signs of baby problems and actions to prevent problems.
- Each of you can learn how to help a baby who has a problem and actions to prevent problems.
- It is important to always be ready in case of a problem. Have a plan. Know when to go to the hospital or healthcare facility.

**8) PREPARATION FOR THE NEXT MEETING**

**Say:**

This is the last of our group ANC visits. For everyone who has not had their baby in a week, you will come back for an individual visit with the midwife. We will schedule that before you leave today. You can expect to be seen weekly until your baby is born.

### **Closing Ritual: Yarn/String Toss**

*Have all the women gather in a circle.*

**Say:**

As our final ritual, we are going to toss the ball of yarn to each woman. When you catch the ball yarn/string, share your wishes or kind thoughts for everyone's birth. When you receive the yarn/string, hold onto the thread and toss it to the next woman until everyone is holding the yarn/string.

*After everyone has caught the ball, **Say:***

Thank you for your kind thoughts. You have created a web that connects each of us, even when we aren't together.

*With the women holding the yarn go around and cut the yarn/string so that each woman has a piece to take home to remind her of her connection to this group.*

**Say:**

You can tie the yarn/string around your wrist to remind you of the support of this group while you're in labor.

### **Group Song (optional)**

Remind everyone of the refrain that was created at the last meeting. Invite the women to add a verse that relates to today's meeting topics. Once that verse is created, sing the entire song. Write down the new verses so you can remind everyone of the verses as the song grows with each meeting.

If the group is not creating a song, use another activity for a closing ritual. This signifies the end of the group visit.

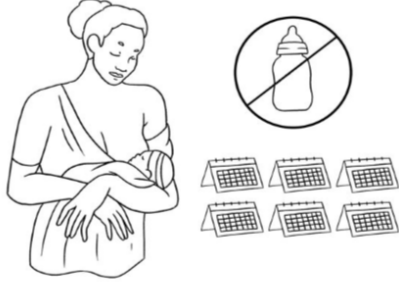
### **Socialize and finish consultations if necessary**

You may want to plan on more time for socializing during this visit, women may want to spend more time with each other this week.



## Meeting 8: Prevent Problems After Birth for Baby

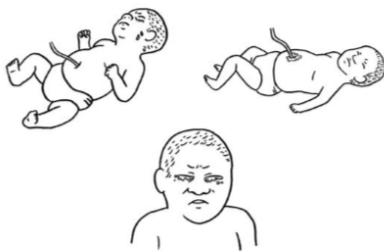
Giving breast milk only for the first 6 months provides perfect nutrition for the baby as well as helping prevent illness.



Washing hands is one way to prevent illnesses that can make you, your baby and family very sick



Baby can get very sick and even die from infections from the cord and eyes.



When a baby stops feeding this is sign of serious problem.



When a baby has trouble breathing or fits these are serious danger signs



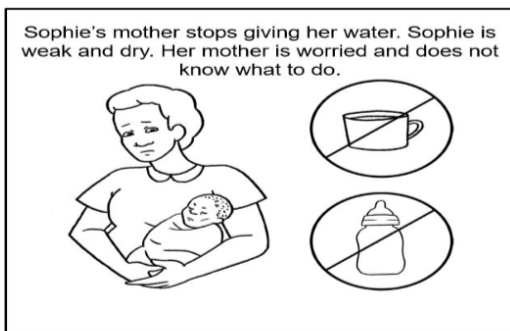
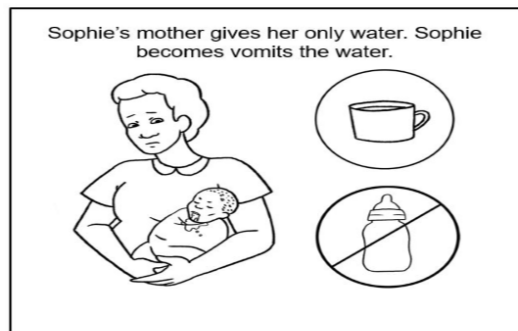
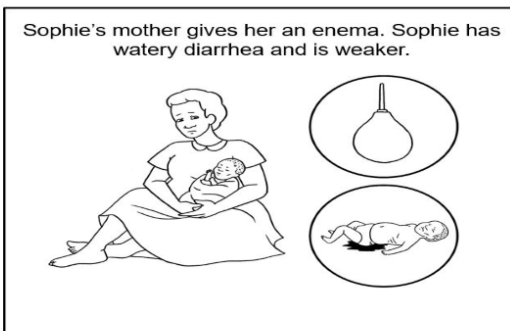
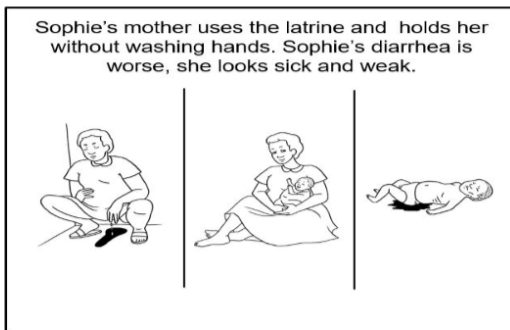
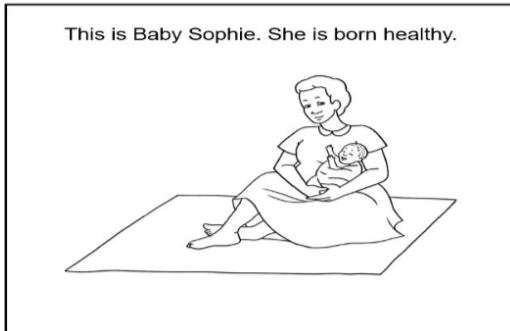
Remember to come for regular check-ups, 48 hours after birth, 6 to 7 days after birth and 6 weeks.







## Circle of Sickness: Sophie's Story

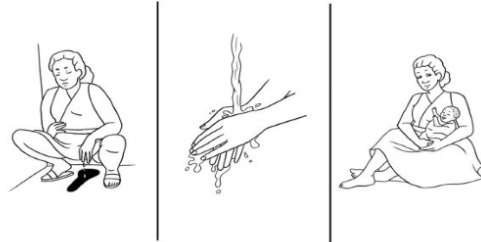


## Breaking the Cycle of Sickness: Hettie's Story

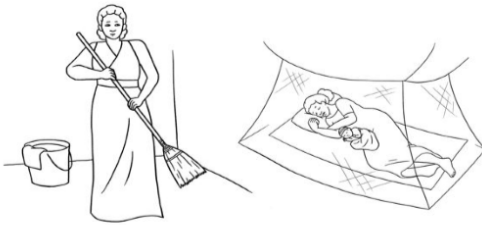
This is Baby Hettie. She is born healthy.



Hettie's mother washes hands after using the latrine, before she holds her.



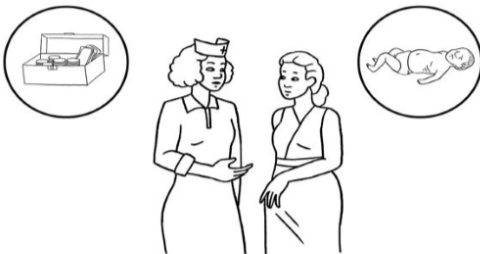
Hettie's mother cleans the house. Not many flies, no diarrhea.



Hettie's mother breastfeeds her. Breast milk helps Hettie grow.



When Hettie is sick, her mother uses money she saved to take her to the clinic.



Hettie's mother sees the health worker every month until Hettie is 1 year old. Her mother learns many things from the health worker.

