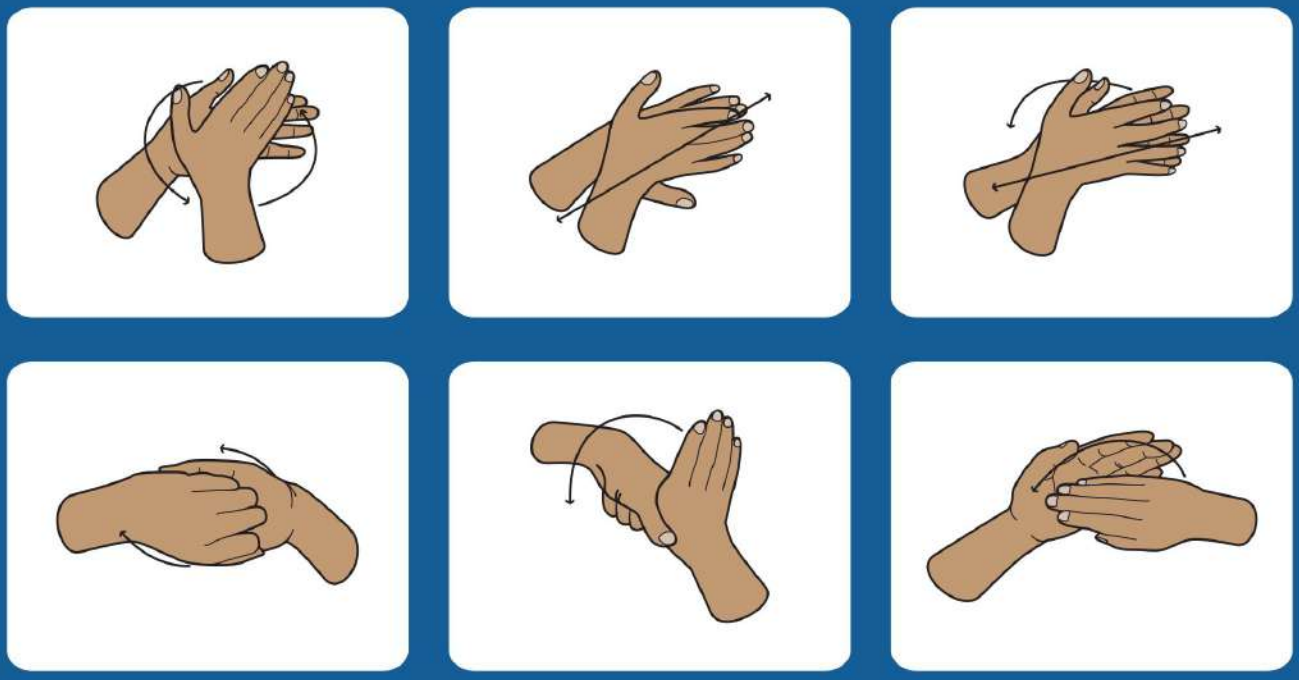
# HAND WASHING

| TECHNIQUE | MAIN PURPOSE | AGENTS | RESIDUAL EFFECT |
|---|---|---|---|
| **Routine hand washing** | Cleansing | Non medicated soap | Short |
| **Careful hand washing** | Cleansing after patient contact | Non medicated soap | Short |
| **Hygienic hand rub** | Disinfection after contamination | Alcohol | Short |
| **Surgical hand disinfection** | Pre-operative disinfection | Antibacterial soap Alcoholic solutions | Long |

## STEPS OF HAND WASHING



**Ensure handwashing for 5 minutes before surgical procedures**

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# INFECTION PREVENTION

## Puncture Proof Container


All Needles and Sharps
I.V. Cannulas
Broken Ampoules
All Blades

## Needle Destroyer


## Hand washing

## Use of protective attire

## Proper handling and disposal of sharps

## Ensuring general cleanliness (walls, floors, toilets, and surroundings)

## Bio-Medical Waste disposal

- Segregation
- Disinfection
- Proper storage before transportation
- Safe disposal

## Hand Washing

## Protective Attire

Anatomical waste, chemical waste, soiled waste, chemotherapy waste, discarded linen and medicines and laboratory waste


Contaminated plastic waste


Glass waste and metallic implants


Metal sharps


# Place the waste in designated colour coded bins

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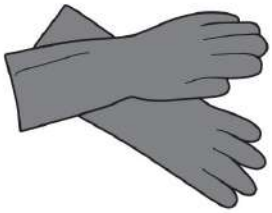
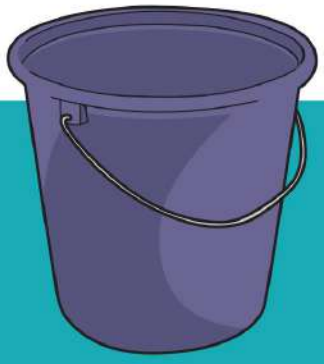
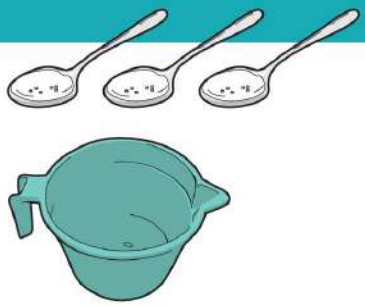
# PREPARATION OF 1 LITRE BLEACHING SOUTION



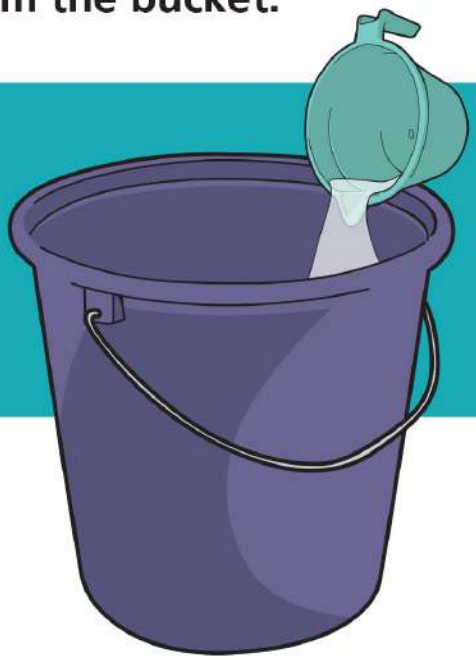
Wear utility gloves and plastic apron.



Take 1 litre of water in plastic bucket.



Make thick paste in a plastic mug with 3 level tea-spoons of bleaching powder and some water from the bucket.



Mix paste in the bucket of water to make 0.5% chlorine solution.

Maintain same ratio for larger volumes.

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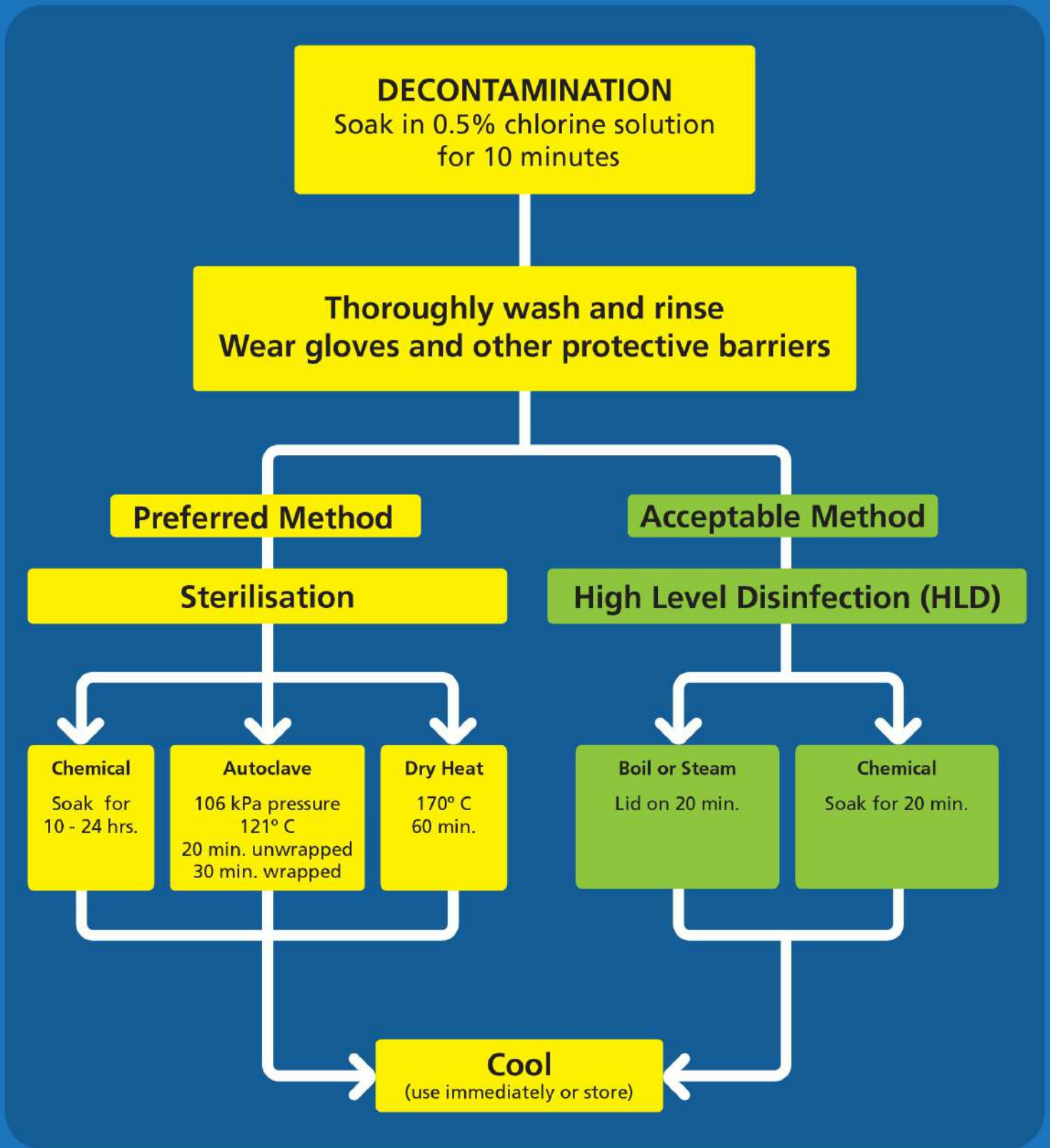
# PROCESSING OF USED ITEMS

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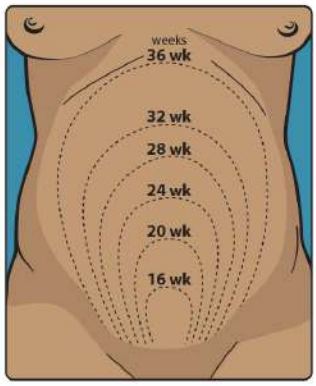
# ANTENATAL EXAMINATION

## FUNDAL HEIGHT

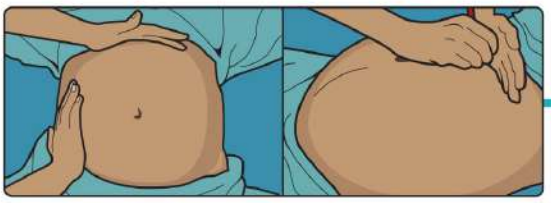
### Preliminaries

- Ensure privacy
- Woman evacuates bladder
- Examiner stands on right side
- Abdomen is fully exposed from xiphi-sternum to symphysis pubis
- Patient's legs are straight
- Centralise the uterus




Fundal height in cms. corresponds to weeks of gestation after 28 weeks

Correct dextrorotation



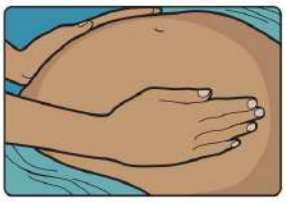
Ulnar border of left hand is placed on upper most level of fundus and marked with pen

Measure distance between upper border of pubic symphysis and marked point

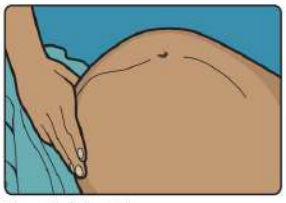
## GRIPS

Legs are slightly flexed and seperated for obstetrical grips

Fundal Grip

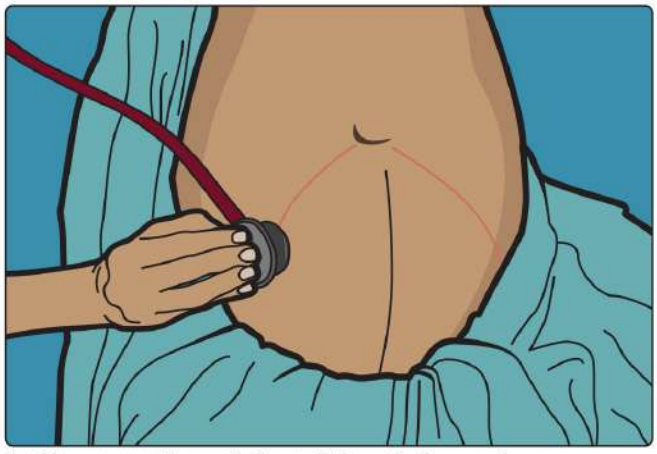


Lateral Grip



First Pelvic Grip

Second Pelvic Grip



Fetal heart sound is usually located along the lines as shown

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# THE SIMPLIFIED PARTOGRAPH

## Identification Data

Name: W/o: Age: Parity: Reg. No.:

Date & Time of Admission: Date & Time of ROM:

### A) Foetal Condition

Foetal heart rate

200 190 180 170 160 150 140 130 120 110 100 90 80

Amniotic fluid

### B) Labour

Cervic (cm) (Plot X)

10 9 8 7 6 5 4

Alert

Action

Hours 1 2 3 4 5 6 7 8 9 10 11 12

Time

Contraction per 10 min.

5 4 3 2 1

### C) Interventions

Drugs and I.V. fluid given

### D) Maternal Condition

Pulse and BP

180 170 160 150 140 130 120 110 100 90 80 70 60

Temp (°C)

**Initiate plotting on alert line**

**Refer to FRU when ALERT LINE is crossed**

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# KANGAROO CARE

Place baby prone on mother's chest in
an upright and extended posture,
between her breasts, in skin to skin contact

Cover the baby with mother's pallu or gown.
Wrap baby-mother with added blanket/shawl.

**Keep room warm. Breastfeed frequently.**

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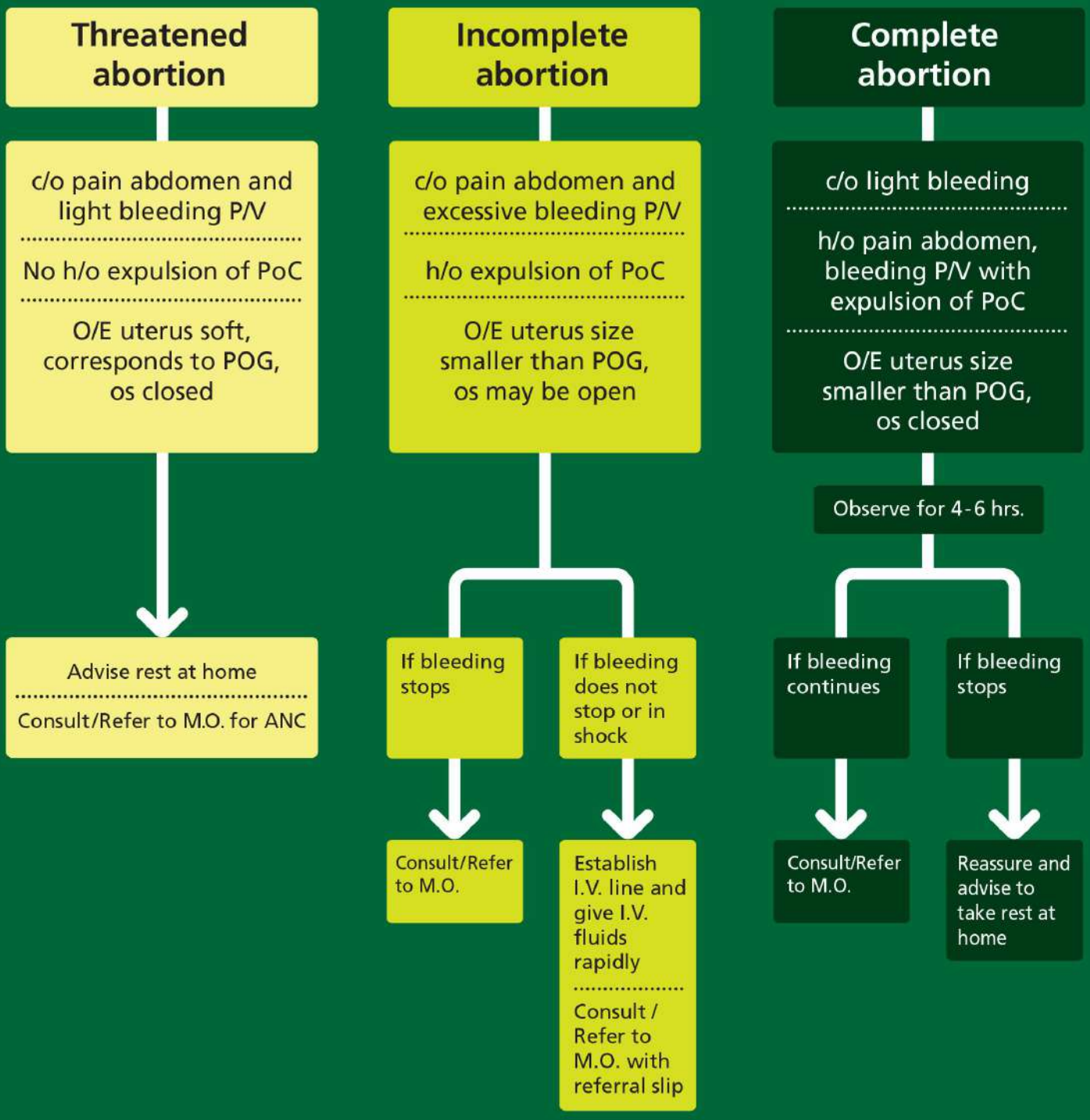
# VAGINAL BLEEDING BEFORE 20 WEEKS

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# ANTEPARTUM HEMORRHAGE

## VAGINAL BLEEDING AFTER 20 WEEKS

**PLACENTA PREVIA**
(Placenta lying at or near os)

**ABRUPTIO PLACENTAE**
(Detachment of normally placed placenta before birth of fetus)

Establish I.V. line

Start I.V. Fluids

Monitor vitals - PR, BP

**NO P/V TO BE DONE**

Refer to FRU

Arrange for blood donors

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# ECLAMPSIA

**Convulsions**
**BP ≥ 140/90 mmHg**
**Proteinuria**

## Immediate Management

Position woman on her left side

Ensure clear airway (use padded mouth gag after convulsion is over)

Do gentle oral suction

**Give Inj. Magnesium Sulphate**
5g (10ml, 50% ) in each buttock deep I.M.

### Delivery imminent

Conduct delivery and refer to FRU

### Delivery not imminent

Refer immediately to FRU

# Management of PPH

Shout for Help: Mobilise available health personnel.
Quickly evaluate vital signs: Pulse, BP, Respiration.
Establish I.V. Line (draw blood for blood grouping & cross matching)
Infuse rapidly Normal Saline/Ringer Lactate 1L in 15-20 minutes.
Give Oxygen @ 6-8 L per minute by mask (if available)
Catheterize the bladder.
Check vital signs and blood loss (every 15 minutes).
Monitor fluid intake and urinary output.

Give Inj. Oxytocin 10 IU, I.M. (if not given after delivery)

Start Inj. Oxytocin 20 IU in 500 ml R/L @ 40-60 drops per minute (in other hand)

Check to see if placenta has been expelled

- Placenta not delivered
  - Retained placenta
    - Continue Inj. Oxytocin 20 IU in 500 ml, R/L @ 40-60 drops per minute
      - Refer to FRU
- Placenta delivered
  - Massage the uterus to expel the clots
  - Examine placenta & membranes for completeness
    - Complete
      - Feel the consistency of uterus per abdomen
        - Uterus well contracted (Traumatic PPH)
          - Pack the vagina and refer to FRU
          - Continue Inj. Oxytocin 20 IU in 500 ml, R/L @ 40-60 drops per minute
        - Soft and flabby uterus (Atonic PPH)
          - Bimanual compression of uterus
          - Continue Inj. Oxytocin 20 IU in 500 ml R/L / DNS-I/V
          - Administer another uterotonic drug (Inj. Methergine / Tab. Misoprostol)
          - Patient still bleeding
            - Refer to FRU
    - Not Complete
      - Continue Inj. Oxytocin 20 IU in 500 ml, R/L @ 40-60 drops per minute
        - Refer to FRU

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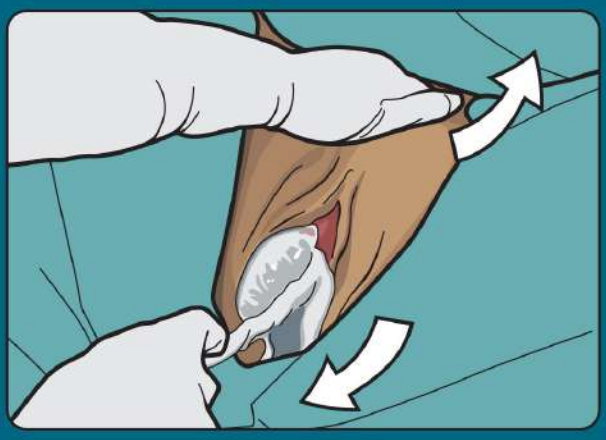
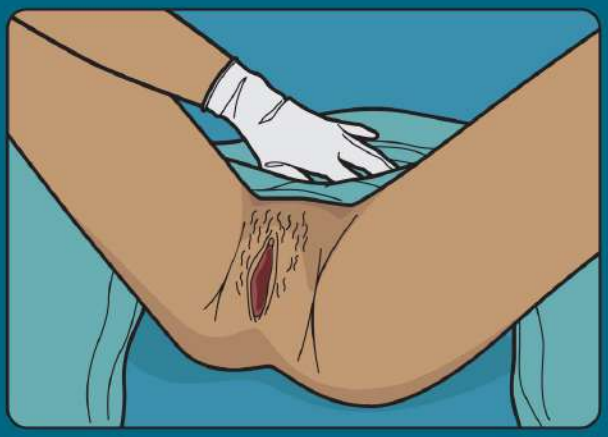
# Active Management of Third Stage of Labour

## (AMTSL)

After the birth of the baby, exclude the presence of another baby and give Injection Oxytocin 10 units I.M.



Once the uterus is contracted, apply cord traction (pull) downwards and give counter-traction with the other hand by pushing uterus up towards the umbilicus.



Uterine massage to prevent atonic PPH

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# BREAST FEEDING

**Baby well attached to the mother's breast**

1. Chin touching breast (or very close)
2. Mouth wide open
3. Lower lip turned outward
4. More areola visible above than below the mouth

**Baby poorly attached to the mother's breast**

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# ANTENATAL CHECKUP

Registration and Antenatal checkups during pregnancy:

- Necessary for well being of pregnant woman and foetus
- Help in identifying complications of pregnancy on time and their management.
- Ensure healthy outcomes for the mother and her baby

## Preferred Time for Antenatal Checkups*

| | |
|---|---|
| Registration & 1st ANC | In first 12 weeks of pregnancy |
| 2nd ANC | Between 14 and 26 weeks |
| 3rd ANC | Between 28 and 34 weeks |
| 4th ANC | Between 36 and term |

* Provide ANC whenever a woman comes for check up

## FIRST VISIT

- Pregnancy detection test
- Fill up MCH Protection Card & ANC register
- Give filled up MCH Protection Card & Safe Motherhood booklet to the pregnant woman
- Patient's past and present history for any illness/complications during this or previous pregnancy
- Physical examination (weight, BP, respiratory rate) & check for pallor, Jaundice & oedema

## CHECK UP AT ALL VISITS (From 1st to 4th)

- Physical examination
- Abdominal palpation for foetal growth, foetal lie and auscultation of Foetal Heart Sound
- Counselling:
  - Nutritional Counselling
  - Educate woman to recognise the signs of labour
  - Recognition of danger signs during pregnancy, labour and after delivery or abortion
  - Encourage institutional delivery/ identification of SBA/avail JSY benefits
  - Identify the nearest functional PHC/FRU for delivery and complication management
  - Pre Identification of referral transport and blood donor
  - To convey the importance of breastfeeding, to be initiated immediately after birth
  - For using contraceptives (birth spacing or limiting) after birth/abortion

## ADVISE

- Laboratory investigations

| At SC: | At PHC/CHC/FRU: |
|---|---|
| - Haemoglobin estimation | - Blood group, including Rh factor |
| - Urine test for sugar and proteins | - VDRL, RPR, HBsAg & HIV testing |
| - Rapid malaria test (in endemic areas) | - Rapid malaria test (if unavailable at SC) |
| | - Blood sugar( random) |

- Give Iron/Folic acid tablets and two doses of TT injection

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# POSTNATAL CARE

**Post natal care ensures well being of the mother and the baby.**

## Postnatal care

| | |
|---|---|
| 1st Visit | 1st day after delivery |
| 2nd Visit | 3rd day after delivery |
| 3rd Visit | 7th day after delivery |
| 4th Visit | 6 weeks after delivery |

Additional visits for Low Birth Weight babies on 14th, 21st and 28th days

## SERVICE PROVISION DURING VISITS

### Mother

- Check:
  - Pallor, pulse, BP and temperature
  - Urinary problems and vaginal tears
  - Excessive bleeding (Post partum Haemorrhage)
  - Foul smelling discharge (Purperal sepsis)
- Care of the breast and nipples
- Counsel and demonstrate good attachment for breast feeding
- Advice on Exclusive Breast Feeding for 6 months
- Provide IFA supplementation to the mother
- Advise for nutritious diet and use of sanitary napkins
- Motivate and help the couple to choose contraceptive method

### Newborn

- Check temperature, jaundice, umblical stump and skin for pustules
- Observe breathing, chest indrawing, convulsions, diarrhea and vomitting
- Confirm passage of urine (within 48 hours) and stool (within 24 hours)
- Counsel on keeping the baby warm
- Keep the cord stump clean and dry
- Observe suckling by the baby during breastfeeding
- Make more visits for the Low Birth Weight babies
- Emphasise on importance of Routine Immunisation

**NOTE: Manage the complications and refer if needed**

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