



HEALTHY BIRTHING TEACHING GUIDE FOR EXPECTANT FATHERS (Antenatal Care Lessons for Men)



By

Cameroon Agenda for Sustainable
Development (CASD)

INTRO

Despite tremendous effort towards the reduction of maternal mortality around the world, many women and newborns still die from preventable causes in the process of pregnancy, child birth and post-natal care. Most of the maternal and newborn deaths occur in the developing nations where about 830 women die daily and over 300,000 children (under-five years) die annually.

Specifically in Cameroon, the national maternal mortality ratio currently stands at 590 per 100,000 live births, and under-five mortality is 88 per 1000 live births. Only 62% of the women get the WHO recommended ANC (4 visits), and postnatal care attendance is limited to 37%. To worsen the situation, less than 21% of the babies born in Cameroon are privileged to get exclusive breastfeeding, a factor that contributes to the 33% stunted rate among under-five children [WHO, 2015].

In most sub-Saharan African countries, gender disparity gives men an upper hand in everything. Men decide the politics and economics of their families; meaning the pre-natal and post-natal care received by pregnant women is highly determined by the financial and social support they can get from their spouses. Unfortunately, men have little interest in supporting their spouses to get the necessary ANC and postnatal care. The women sometimes have to pretend they are sick just to get some money from their husbands to go for ANC. Less than 1% of the men accompany their spouse for clinic, not to talk of watching the birth of their babies in the labour room. Once the baby is born, it becomes the mothers' responsibility to determine how the baby feeds. The men have limited understanding of the need for exclusive breastfeeding and other postnatal care recommendations including family planning. The bottom line is that, there is need for men to participate in the continuum of care for healthy birthing if mother-baby must survive and thrive.

This document is produced as part of the "Paternity Project" implemented by CASD in Cameroon with the generous support of Global Force for Healing (GFH) and the Ministry of Public Health Cameroon. The objective is to increase knowledge resources on ANC and Postnatal care targeting expectant fathers in limited resource settings.

Organizations, families and individuals can use this document to enhance the skills of expectant fathers on their role in achieving a healthy childbirth. The manual takes the man from identifying a pregnant woman, supporting the pregnancy, assisting in the delivery, providing care to the newborn, and planning for the next child (if needed).

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CHAPTER ONE

IDENTIFYING A PREGNANT WOMAN

Pregnancy is the state of carrying a developing embryo or foetus within the female body and it is the period from conception to birth. It usually lasts for 9 months and is divided into 3 trimesters, each lasting for 3 months.

The only way to be sure of pregnancy is by taking a pregnancy test, but there are early signs and symptoms that suggest the presence of pregnancy. These are the changes that a woman's body undergoes during pregnancy. This is because every part and organ of her system has to adjust to the pregnancy and the needs of the foetus. Most women experience the signs and symptoms but some do not feel pregnant. For some women, the early signs and symptoms begin during the first few weeks after conception. Every woman is different and so are her experiences of pregnancy. Therefore not every woman has the same symptoms or even the same symptoms from one pregnancy to the other. Some signs and symptoms of pregnancy can be confused with other illnesses. The following are signs and symptoms that will tell you a woman is pregnant:

1.1 SIGNS AND SYMPTOMS OF PREGNANCY

1.1.1 Missed Period

One of the most common symptoms of pregnancy is missing a period. However, not all missed periods are caused by pregnancy. Missing periods could also be as a result of stress, illness, diet, weight fluctuations, etc. Therefore other signs and symptoms have to be looked for.

1.1.2 Swollen and Tender Breasts

Another sign of pregnancy is the change in the size and feeling of the breast. As early as a few days after conception, this pregnancy symptom may occur. The breasts may become larger and change shape as they prepare to produce milk. They may become very tender and sensitive for a few months as a result. Some women may also experience very sharp and tingling sensations. The veins may become more visible and the nipples may darken and stand out. The tenderness of the breasts often disappears a few weeks later.

1.1.3 Nausea with or without Vomiting

A pregnant woman may feel sick and nauseous and/or vomit. This is commonly called morning sickness. Nausea during pregnancy may occur at any time of the day but is most common in the morning and can vary from an occasional fainting sensation to overwhelming vomiting and nausea. Pregnant women might also find that smells that never disturbed them before now cause nausea.

1.1.4 Tiredness

Many women experience fatigue as one of their symptoms of pregnancy. It is common to feel tired or even exhausted during pregnancy and this symptom begins early. Hormonal changes taking place in the body at this time can make a woman feel tired (it takes lots of energy to create a baby). If a woman is pregnant, the chances are, she will start to feel less tired around week 12, when the placenta is fully formed.

1.1.5 Darkening of the Areola

In many women, the areolas, the circles around the nipples widen and darken during pregnancy. This happens as the body is being prepared for breastfeeding. Thus, if there is darkening of the areola, this could be considered one of the signs of pregnancy. This darkening of the area around the nipples can occur throughout the entire pregnancy.

1.1.6 Frequent Urination

As early as two weeks after conception, this sign of pregnancy can start manifesting. A pregnant woman may feel the need to pee (urinate) more often than usual. During pregnancy, the uterus presses directly on the bladder leading to more frequent urination and the more the baby grows, the more the uterus presses against the bladder and other organs.

1.1.7 Changes in Taste and Smell

Many women have an increased sense of smell during pregnancy. This symptom is one of the most common early signs that you could be pregnant. During early pregnancy, a woman may find that some foods or drinks she previously enjoyed become irritable. Many women may find that certain foods make them nauseous while others experience a craving for particular foods. The following might also be noticed: a strange taste in the mouth (which many women describe as being metallic) and a more sensitive sense of smell than usual, for example, to the smell of food or cooking.

1.1.8 Constipation

During pregnancy, hormonal changes cause the digestive system to slow down, which can lead to constipation. The hormone, progesterone causes food to move more slowly through the intestines. It is important for pregnant women to look after their diet and maintain regular bowel habits.

1.1.9 Spotting and Cramping

A few days after conception, the fertilized egg gets attached to the wall of the uterus. This can cause one of the earliest signs of pregnancy, spotting (light bleeding) and sometimes, cramping. It is called implantation bleeding and generally lasts for a short time and occurs around the time of the menstrual

period, but is usually much lighter than menstrual bleeding/cramping. So a woman can have a light period and still be pregnant.

1.1.10 Dizziness

Pregnancy causes blood vessels to dilate and blood pressure to drop. As a result, many pregnant women experience periods of dizziness or feeling lightheaded.

1.1.11 Mood Swings

Many women experience emotional mood swings throughout pregnancy. It is natural to go through a variety of emotions as hormones are adjusting and the body is changing. The hormonal changes that occur during early pregnancy can cause a woman to be unusually emotional and weepy.

1.1.12 Headaches and Back Pain

Many pregnant women experience frequent mild headaches while others experience back pain. The frequency of migraine headaches can increase with pregnancy.

1.1.13 Vaginal Discharge

Besides bleeding, a pregnant woman may also notice a white, milky, odorless discharge from her vagina. The increased growth of cells lining the vagina and the thickening of the vagina's walls cause the discharge. This discharge can continue throughout the pregnancy and it is harmless and does not require treatment.

CHAPTER TWO

FIRST TRIMESTER OF A PREGNANCY

Pregnancy lasts for about 40 weeks, counting from the first day of the last normal period. The weeks are grouped into 3 trimesters, with the first trimester beginning from week 1 to the end of week 12 (0 to 3 months). It is during this trimester that the baby grows faster than at any other stage. The baby's body structure and organ systems develop and most miscarriages and birth defects occur during this stage.

During the first trimester, the body undergoes a lot of changes. Certain substances called hormones are produced in increasing amounts and these hormonal changes affect almost every system of the body. Although there are some common signs and symptoms, every woman has a different experience. Many of them stop by the end of the first trimester, while others continue throughout the pregnancy.

2.1 PHYSICAL AND PSYCHOLOGICAL DEVELOPMENT OF THE WOMAN

2.1.1 PHYSICAL DEVELOPMENT OF THE WOMAN

a. Lower abdominal cramps

Some women experience lower abdominal cramps, known as implantation cramping which is due to implantation of the fertilized egg in the wall of the uterus. This is sometimes accompanied by spotting. Abdominal cramps can also occur in the early weeks of pregnancy due to the stretching and growing of the uterus. These cramps are usually irregular and last for a number of weeks.

b. Tender and/or swollen breasts

The breasts start getting ready to nurse the baby and a number of hormonal changes occur. These changes cause the breasts to retain more fluids and feel heavier and fuller (swollen), sore or more sensitive and tender. The breasts may be tender as early as a week or two after conception.

c. Increased urination

A pregnant woman might find herself urinating more often than usual. This is because the kidneys are working overtime to remove wastes from the body and also, the enlarging uterus exerts pressure on the bladder and this can cause urine to leak during sneezing, coughing and laughing.

d. Fatigue

Feeling tired 24 hours a day is a very common side effect of pregnancy. The body is working hard to enhance the growth of the baby. During this stage, the ovaries produce the hormone progesterone which is thought to have a sedative effect. Another cause of excess fatigue is anemia.

e. Food cravings and aversions

A strong desire or dislike for certain foods may be experienced. This is connected to hormonal changes which are most dramatic during the first trimester. A woman might find herself having craving for foods she disliked when not pregnant or disliking foods she normally enjoyed.

f. Morning Sickness

Common among first trimester symptoms are nausea and vomiting and these affect majority of women. These may be experienced during the day and not just in the morning.

g. Changes in appetite

Loss of appetite often comes hand in hand with nausea and vomiting. Increasing hormonal levels play a role in increasing nausea and sensitivity to smell while decreasing appetite. Some women however, may rather have an increased appetite during this stage of the pregnancy.

h. Dizziness

Pregnancy causes blood vessels to dilate and blood pressure to drop, which might make a pregnant woman feel dizzy. Also, it takes a little longer than normal for blood that has been diverted to the uterus to make its way back to the brain when she stands up thus causing dizziness. Dizziness can also be a result of low blood sugar.

i. Changes in Libido

The rise in hormones and blood flow can affect the vagina and clitoris, making them softer and hypersensitive. For some women, it can lead to an increased desire for sex while others might have a decrease.

j. Heartburn and constipation

Pregnancy slows the movement of food through the digestive system. This gives nutrients more time to be absorbed into the bloodstream and reach the baby. However, this can lead to constipation. Pregnancy hormones relaxing the valve between the stomach and esophagus can cause the acid in the stomach to leak into the esophagus thus causing heartburn.

2.1.2 PSYCHOLOGICAL CHANGES

Each trimester, whether it proceeds smoothly or with associated problems, can create a mental state that the mother may experience as unique, irrespective of the fact that she may or may not be pregnant for the first time. In addition to her physical health, a woman's emotional well-being can also play an important role in pregnancy. Forthcoming parenthood causes psychological changes in the expectant mother. Physical stress, hormonal changes, coping with a changing body shape, and still going about in life

and performing daily activities, attending to the needs of the family and children all together may affect the emotional state of the would-be mother.

The most common psychological changes that can affect a pregnant woman are mood swings. Being angry and unreasonable, feeling good and depressed successively, being tensed and unable to relax are all part of her accepting her changing body shape and hormonal levels. The woman is just unknowingly responding to the changes that are affecting her during pregnancy. Pregnancy might cause a woman to feel anxious and exhausted and sometimes to feel all of these at once. It's natural for a pregnant woman to worry about her baby's health, her adjustment(s) to being a mother and the financial demands of raising a child. She might be worried about what the sex of the child is, being abandoned by the partner because of changes in her appearance, how the baby will affect her relationship with her partner or what type of parent she will be. If she is working, she might also worry about her productivity on the job and how to balance the demands of her family and career. A pregnant woman might also experience moments of weepiness or mood swings.

2.2 ROLE OF THE SPOUSE IN THIS TRIMESTER

Expectant fathers should know that they have great influence on the psychological wellbeing of their pregnant spouses. Firstly, they must understand that the changes that occur physically, psychologically or socially in and on a woman's body are not caused by her but by the biological changes in her system and therefore she needs all the support required to aid her go through this period. Research has shown that the amount of support a woman receives from her spouse impacts her mental health and can affect her pregnancy and recovery after delivery. The care given to the pregnant woman will depend on the stage at which the pregnancy is because each stage of pregnancy requires particular attention. Thus, the expectant father is expected to satisfy both the physical, psychological and financial needs of the mother and be supportive as follows.

a. Don't expect her to be the same

During this period, the woman might feel out of control and she cannot help it. If she says she cannot eat her favorite food, the spouse should not make fun of her. If she wants to take a bath in the middle of the afternoon, let her. If she cries, just comfort her. She needs your support and understanding.

b. Let her rest

She needs extra sleep right now. Women tend to be especially tired in the first trimester. As her spouse, the man should let her sleep and rest if she wants to. He should permit her rest more than usual and do not expect her to keep working at the same rate as before.

c. Understand her food cravings and/or aversions

Pregnant women do not voluntarily or willingly crave for foods. Something that was delicious on one day may be completely disliked on the next. It is normal. The spouse should not be upset with her or ask why

she wanted it in the first place if she will not eat it. Quietly keep it away and try not to be upset or force her to eat it.

d. Listen to her

She is extra sensitive and emotional during this time and something that might not normally bother her might now make her break down in tears. She has a lot of worries and fears about whether the pregnancy is normal, the baby is or will be normal, the labour and birth will be okay, etc. All these worries are normal and her spouse should give an ear, let her talk to him and share these thoughts and fears. If she is anxious, encourage her to talk about it. Try to avoid getting into arguments. She may also want to share her excitement over finding the perfect bedding, getting an ultrasound, or feeling the baby kick for the first time. Let her share that too.

Remember what behavior to expect from her, who you need to call and when, and what you can do to make things easier for her.

e. Attend ANC and doctor's appointments

The man should try to as much as possible to go to every antenatal test and check with his spouse. Attending antenatal clinic (ANC) with her will help him learn to better assist and help her. If possible he should attend the doctors' appointments with her especially, if she is sick. If it is not possible for him to go with her, he can show some interest by asking her about the appointments later. He could just ask how they went, if she is better, etc. Having her spouse's support will make her feel he is truly interested in the baby.

f. Plan for the future together

Pregnant women have many plans. They have to pick the baby's name, buy clothes, bedding, furniture, and so much more. If she's going back to work, she may need to select a daycare. Her spouse should help her with these tasks.

g. Pamper her

Pregnancy can cause the woman to be tired and uncomfortable. Some pampering will be of great help. Preparing her bath, rubbing her feet/back, offering her water, and generally making her to feel good could be real medicine.

h. Help with chores

The spouse may not normally participate in cooking/washing, but if he sees that his partner is struggling, he should offer to help. Even the most hardworking woman is bound to be tired, emotional and in need of help often.

i. Be tolerant with her attitude towards sex

During pregnancy, a woman's sexual desire may change; it may increase or decrease. Whatever the case may be, the spouse should understand with her and satisfy her as needed.

j. Take her to the Hospital if you find the following danger signs.



Figure 1: Danger signs in pregnancy

2.3 SUMMARY

Table 1: First Trimester Changes and Support Needed

Physical changes	Psychological	Support
<ul style="list-style-type: none"> - Lower abdominal cramps - Tender and/or swollen breasts - Increased urination - Fatigue - Food cravings and aversions - Morning sickness - Increase or decrease in appetite - Dizziness - Changes in libido - Heartburn and constipation 	<ul style="list-style-type: none"> - Mode swings; anger, depression, excitement, anxiety - Worry about being abandoned by spouse because of her changing shape and size - Worry about sex of the baby 	<ul style="list-style-type: none"> - Help with chores, pamper her - Listen to her - Let her rest - Pamper her - Understand her food cravings and/or aversions - Be tolerant with attitude towards sex - Plan for the future together - Attend ANC with spouse

CHAPTER THREE

SECOND TRIMESTER OF A PREGNANCY

The second trimester is the middle three months of pregnancy, months 4, 5 and 6 (13 to 28 weeks). This trimester is often the most comfortable trimester. Most of the unpleasant symptoms that occur in the first trimester like morning sickness, dizziness and tiredness reduce or cease at this stage but however, the woman will still experience many physical changes. Certain first trimester symptoms may persist and new ones may begin for the first time as the stomach continues to grow and the levels of pregnancy hormones rise.

3.1 PHYSICAL AND PSYCHOLOGICAL DEVELOPMENT OF THE WOMAN

3.1.1 PHYSICAL DEVELOPMENT OF THE WOMAN

a. Breast Changes

The breasts continue getting larger as additional fat keeps accumulating and in preparation for production of milk. Women may notice that the areolas and nipples become larger and darkened. Some women also find that their nipples become harder. These changes take place in preparation for breastfeeding.

b. Skin changes

Hormonal changes during pregnancy stimulate an increase in the cells producing melanin in the skin. As a result, there might be dark patches on the forehead or cheeks which look like a mask. Also common is the development of a dark line (linea nigra) from the navel down to the abdomen which is more prominent. Also, the pregnancy mask becomes more prominent.

c. Stretch marks

A woman might notice pink, red or purple streaks along her abdomen, breasts, buttocks or thighs during this trimester. The stretching skin might also be itchy. Stretch marks eventually fade in intensity after pregnancy.

d. Vaginal discharge

There might also be a thin, cream-white vaginal discharge. This acidic discharge helps to suppress the growth of potentially harmful bacteria or yeast. However, if the discharge has an offensive odour, is any colour different from cream-white, or if it is accompanied by pain, soreness or itching. This could indicate a vaginal infection.

e. Growing belly

The stomach becomes bigger as the uterus becomes heavier and expands to make room for the baby.

f. Dizziness

In some women, dizziness might reduce during the second trimester while others have a different experience.

g. Mild swelling of the ankles and feet

This occurs when body fluids increase in order to nurture both the mother and fetus. These fluids may turn to accumulate in tissues as a result of increased blood flow and pressure of the growing uterus on the pelvic veins and vena cava (a vein that supplies blood to the heart). There may also be mild swelling in the hands. To reduce puffiness, try to keep active, kick up your feet when you're not moving, avoid long periods of standing or sitting and sleep on your side.

h. Pain in the lower abdomen

This may be experienced as the ligaments that support the stomach stretch to support the stomach's increasing size

i. Changes in appetite

The woman may continue to experience a decrease or increase in appetite during this trimester.

j. Weight gain

Within these months, a woman may experience an increase in weight as her appetite likely increases and thus eats more in order to support and provide the needs of her growing baby.

3.1.2 PSYCHOLOGICAL CHANGES

These changes are the same as during the first trimester. As the pregnancy progresses, various positive and negative emotions can surface. Many women seem to be more balanced in their emotions and are calm and accept the pregnancy. However, some women feel uncomfortable with the changes taking place in their bodies.

The woman might become angry and unreasonable, feeling good and depressed successively, being tensed and unable to relax are all part of her accepting her changing body shape and hormonal levels. The woman is just unknowingly responding to the changes that are affecting her during pregnancy. Pregnancy might cause a woman to feel anxious and exhausted and sometimes to feel all of these at once. It's natural for a pregnant woman to worry about her baby's health, her adjustment(s) to being a mother and the financial demands of raising a child. She might be worried about what the sex of the child is, being abandoned by the partner because of changes in her appearance, how the baby will affect her relationship with her partner or what type of parent she will be. If she is working, she might also worry about her productivity on the job and how to balance the demands of her family and career. A pregnant woman might also experience moments of weepiness or mood swings.

A woman may still experience moments of tears and many women have a new sense of vulnerability about their relationships. There may be positive or negative fears about the changes in the shape and size of her body. They have the fear of being left alone or losing their partners and so may want their partners to be close by as a way of reassuring the bond between them. Others feel vulnerable because of the continued fear of the unknown about the rest of the pregnancy, labour, delivery, and the sex of the child.

This trimester can also bring about excitement, as the mother feels her baby move for the first time. Usually, there is a sense of general well-being, the fear of miscarriage disappears and the discomforts of the first trimester reduce.

3.2ROLE OF THE SPOUSE IN THIS TRIMESTER

The care and support the spouse needs to give his spouse during this trimester are the same as during the first trimester but should be more intensive.

a. Don't expect her to be the same

During this period, the woman might feel out of control and she cannot help it. If she says she cannot eat her favorite food, the spouse should not make fun of her. If she wants to take a bath in the middle of the afternoon, let her. If she cries, just comfort her. She needs your support and understanding.

b. Let her rest

She needs extra sleep right now. Women tend to be especially tired in the first trimester. As her spouse, the man should let her sleep and rest if she wants to. He should permit her rest more than usual and do not expect her to keep working at the same rate as before.

c. Understand her food cravings and/or aversions

Pregnant women do not voluntarily or willingly crave for foods. Something that was delicious on one day may be completely disliked on the next. It is normal. The spouse should not be upset with her or ask why she wanted it in the first place if she will not eat it. Quietly keep it away and try not to be upset or force her to eat it.

d. Listen to her

She is extra sensitive and emotional during this time and something that might not normally bother her might now make her break down in tears. She has a lot of worries and fears about whether the pregnancy is normal, the baby is or will be normal, the labour and birth will be okay, etc. All these worries are normal and her spouse should give an ear, let her talk to him and share these thoughts and fears. If she is anxious, encourage her to talk about it. Try to avoid getting into arguments. She may also want to share her excitement over finding the perfect bedding, getting an ultrasound, or feeling the baby kick for the first time. Let her share that too.

Remember what behavior to expect from her, who you need to call and when, and what you can do to make things easier for her.

e. Attend ANC and doctor's appointments

The man should try to as much as possible to go to every antenatal test and check with his spouse. Attending antenatal clinic (ANC) with her will help him learn to better assist and help her. If possible he should attend the doctors' appointments with her especially, if she is sick. If it is not possible for him to go with her, he can show some interest by asking her about the appointments later. He could just ask how they went, if she is better, etc. Having her spouse's support will make her feel he is truly interested in the baby.

f. Plan for the future together

Pregnant women have many plans. They have to pick the baby's name, buy clothes, bedding, furniture, and so much more. If she's going back to work, she may need to select a daycare. Her spouse should help her with these tasks.

g. Pamper her

Pregnancy can cause the woman to be tired and uncomfortable. Some pampering will be of great help. Preparing her bath, rubbing her feet/back, offering her water and generally making her to feel good is simple love and affection that works like medicine.

h. Help with chores

The spouse may not normally participate in cooking/washing, but if he sees that his partner is struggling, he should offer to help. Even the most hardworking woman is bound to be tired, emotional and in need of help often.

i. Be tolerant with her attitude towards sex

During pregnancy, a woman's sexual desire may change; it may increase or decrease. Whatever the case may be, the spouse should understand with her and satisfy her as needed.

j. Take her to the Hospital if you find the following danger signs.



Figure 2: Danger signs in pregnancy [Curtesy Ministry of Health and Population Development, Nepal]

k. Ensure compliance to the following checklist.


























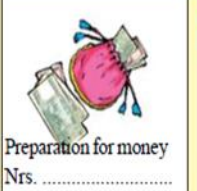
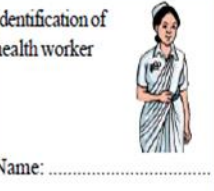
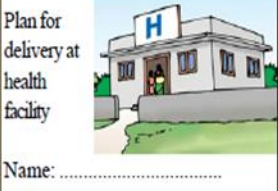
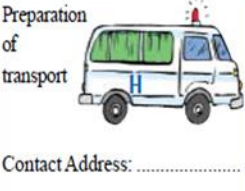

Expected Date of Delivery		Apr.	May.	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.																								
Preparations and Services During Pregnancy																																					
 <p>1 2 3 4</p> <p>ANC visits at health facility</p>				 <p>took deworming tablet</p>		 <p>Received TT injection</p>		<table border="1"> <thead> <tr> <th colspan="6">Months</th> </tr> <tr> <th>4th</th> <th>5th</th> <th>6th</th> <th>7th</th> <th>8th</th> <th>9th</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: center;">Received iron tablets</td> </tr> </tbody> </table>						Months						4th	5th	6th	7th	8th	9th							Received iron tablets					
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Received iron tablets																																					
 <p>Took nutritious food</p>			<p>Maintained Personal Hygiene</p> 			 <p>No smoking/alcohol</p>			 <p>Rest and do not lift heavy loads</p>																												
 <p>Preparation for money Nrs.</p>		<p>Identification of health worker</p>  <p>Name:</p>		<p>Plan for delivery at health facility</p>  <p>Name:</p>		<p>Preparation of transport</p>  <p>Contact Address:</p>		<p>Got Clean Delivery Kit</p> 																													

Figure 3. Preparations and services during pregnancy. [Curtsey Ministry of Health and Population Development, Nepal]

Figure 3: Preparations and services during pregnancy

3.3 SUMMARY

Table 2: Second Trimester Changes and Support Needed

Physical changes	Psychological	Support
<ul style="list-style-type: none"> - Larger breasts and nipples, larger and/or darkened areolas - Line on the abdomen and mask become more prominent - Stretch marks - Stomach becomes larger - Dizziness - Mild swelling of ankles and feet - Lower abdominal pain - Increase or decrease in appetite - Weight gain - Fatigue - Food cravings and aversions - Morning sickness - Changes in libido 	<ul style="list-style-type: none"> - Mode swings; anger, depression, excitement, anxiety - Worry about being abandoned by spouse because of her changing shape and size - Worry about sex of the baby 	<ul style="list-style-type: none"> - Help with chores, pamper her - Listen to her - Let her rest - Understand her food cravings and/or aversions - Be tolerant with attitude towards sex - Plan for future together - Attend ANC

CHAPTER FOUR

THIRD TRIMESTER OF A PREGNANCY

The third trimester of pregnancy is from week 28 to week 40 (months 7, 8 and 9). It can be physically and emotionally challenging as the baby grows larger and its size and position might make it hard for the mother to be comfortable. During this trimester, the baby's movements become more obvious and are often accompanied by increasing discomfort along with other symptoms.

4.1 PHYSICAL AND PSYCHOLOGICAL DEVELOPMENT OF THE WOMAN

4.1.1 PHYSICAL DEVELOPMENT OF THE WOMAN

a. Stretch marks

At this stage, the mother's abdomen is becoming larger and heavier and so are the breasts and thighs. These can cause stretch marks to develop on these areas (if they had not developed earlier in the pregnancy). After birth, the marks gradually reduce in intensity and may even disappear in some women.

b. Increased Urination

A pregnant woman at this stage may feel the need to urinate more often and urgently. This is because the growing baby exerts pressure on the bladder thus the bladder does not get completely filled before it is emptied out, particularly on her left side she relieves the pressure on the main vein that supplies blood to the kidneys, thereby increasing the efficiency of their function. This is why mom needs to urinate more at night.

c. Increased vaginal discharge

As the pregnancy comes to an end, more mucus is passed out through the vagina in preparation for the baby's passage. Vaginal swelling also increases at this time and may result in discomfort during sexual intercourse.

d. Contractions

Contractions called Braxton-Hicks contractions (false labour) may become stronger and more apparent as delivery approaches. This is normal as the uterus is contracting to soften and thin the cervix in preparation for labour. The woman may feel a sharp pain in her groin if she moves suddenly. This pain is caused by stretching of the round ligaments that are a main support of the uterus and that extend into the groin area on both sides.

e. Shortness of breath

Shortness of breath is common because the uterus is pushing up to the diaphragm and reaches the ribcage. As a result of this women often report that they have a hard time taking a deep breath. Some women also experience nasal congestion and may even have nosebleeds. The diameter of the woman's chest may even expand due to the upward pressure.

f. Skin Changes

Also common among women is itchy and or dry skin, especially on the breasts, belly and legs. It is typically caused by the stretching of the skin to accommodate the mother's increasing size. The mother may develop an itchy rash that can spread to the extremities. This rash is common in first time mothers or those carrying more than one baby but it should disappear shortly after birth. Also, skin pigmentation may become more apparent, especially dark patches of skin on the face.

g. Backache

The extra weight gained puts added pressure on the back making it feel achy. There might also be some discomfort in the pelvis and hips as ligaments loosen to prepare for labour.

h. Swelling of extremities

It is common at this time of a pregnancy for the mother's blood pressure to rise slightly due to the increased workload of the cardiovascular system. It is also common for pregnant women to experience problems with swelling, particularly in the lower extremities. This is due to the pressure exerted by the baby on the blood vessels that lead to the lower body, thus trapping fluid in the legs. Swelling of the ankles, hands and face may occur as fluids continue to be retained.

i. Changes in the digestive system

The growing uterus puts pressure on the stomach and intestines, pushing them up and back. Heartburn and belching are common among women in this trimester as the digestive organs are being compressed by the growing baby. Problems with constipation may continue as experienced earlier on in the pregnancy. Some women may not be able to eat a large meal, but instead eat small meals throughout the day.

j. Breast Changes

During this trimester, the breasts are working hard in preparation for breastfeeding. They continue to grow and the mother may notice a yellowish, milky substance, called colostrum coming out from her nipples. This is very normal and is nothing to be concerned about. Colostrum is a fluid in the breasts that serves as the baby's first food and it sustains the baby for a few days after birth until real breast milk starts to come out.

k. Changes in Libido

The mother's libido (sexual drive) may decrease.

i. Leg Cramps

Leg cramps occur when there is poor absorption of calcium or local deficiency of blood supply.

m. Fatigue

Once again, the woman becomes easily tired and has little energy to do many things. Carrying around the extra weight and changes in progesterone levels may cause fatigue.

n. Sleeplessness

Many pregnant women at this stage have difficulty sleeping as the weight of the baby and shape of their body makes it impossible to be totally comfortable in bed.

4.1.2 PSYCHOLOGICAL CHANGES

In the 3rd trimester, most women are anticipating and focusing more on labour, delivery and the baby's arrival as a whole. It is common to find a woman being afraid or worried about childbirth and caring for the baby after birth. Some women may experience a drop in self-esteem and feel less attractive due to changes in their shapes and sizes. The woman being angry and unreasonable, feeling good and depressed successively, being tensed and unable to relax are all part of the emotional changes she experiences as her body and hormonal levels change. Mothers may also have strange dreams about labour, childbirth, the sex of the baby and their life as a new mother.

4.2 ROLE OF THE SPOUSE IN THIS TRIMESTER

With delivery at hand, care and support as during the other trimesters have to be more intensified. As delivery draws near, the woman becomes easily tired and has little energy to do many things. This is due to the increased growth of the baby. Some women have difficulty sleeping at this stage of pregnancy as the weight of the baby and shape of their body makes it difficult to be totally comfortable in bed. The spouse may find his own sleep being disturbed. He should try to be sympathetic and know that any disruptions he is experiencing are only a fraction of the difficulty the woman is dealing with.

During the third trimester, visits to the health facility will become more frequent as the due date approaches, and it is important for the spouse to make himself familiar with the birth plans as they are being made. Attending appointments with the health personnel will keep you informed.

Financially, money has to be handy, at least 50,000FCFA for delivery. The emergency bag should be made ready and contain all items as requested by the health care provider. It is the duty of the spouse to know the contents of the bag, make sure all the items are available in the bag and know where the bag is being

kept. The spouse should make provision for his partner’s maternity gown, slippers, baby’s clothes and other items needed for delivery.

Table 3: Contents of Emergency Bag

	Item	Use
1.	Gloves	Worn by the midwife during delivery
2.	Baby wipe	Used to clean baby immediately after delivery
3.	Surgical blade	Cut umbilical cord
4.	Umbilical cord clamp	Clamp umbilical cord
5.	Bed pad	Woman lies on during delivery
6.	La croix	Disinfection
7.	Sanitary soap	Wash hands

4.4. SUMMARY

Table 4: Third Trimester Changes and Support Needed

Physical changes	Psychological	Support
- Stretch marks	- Mood swings; anger, depression, excitement, anxiety	- Help with chores, pamper her
- Increased urination		- Listen to her
- Increased vaginal discharge		- Endure spouse’s sleeplessness
- Uterine contractions	- Worry about being abandoned by spouse because of her changing shape and size	- Let her rest
- Shortness of breath		- Understand her food cravings and/or aversions
- Mask becomes more prominent	- Worry about sex of the baby	- Be tolerant with attitude towards sex
- Backache	- Increased anxiety about labour and delivery	- Plan for future together
- Swelling of legs, hands, face		- Ensure emergency bag is set
- Heartburn and/or constipation	- Dreams about labour, delivery, sex of baby, etc	- Attend ANC
- Breasts become larger		- Money should be handy, at least 50,000FCFA
- Decrease in sexual drive		- Accompany to hospital for delivery
- Leg cramps		- Be present in delivery room
- Fatigue		- Double check compliance to the “Preparation and Services during pregnancy Checklist” on page 17.
- Sleeplessness		
- Larger breasts and nipples,		
- Morning sickness		
- Changes in libido		

CHAPTER FIVE

LABOUR

5.1. SIGNS OF LABOUR

Giving birth will be different for every woman. Child birth progresses in 3 stages: labour, delivery of the baby and delivery of the placenta, each with specific signs associated with them.

5.1.1. Stage one

Unless labour is cut short by a C-section, all women undergo labour, which is the first stage of childbirth. This stage is broken down into 3 phases: early, active and transitional. During the first stage of labour, the body is getting ready for delivery. The first signs of actual labour, or early labour, can differ from woman to woman but here are some of the more common signs of labour.

Phase 1: Early or Latent Labour

In this phase, mild to moderate contractions that last about 30 to 45 seconds (could be shorter and irregular or regular) will be experienced. These contractions push the baby down and open the cervix (entrance to the womb), getting it ready for the baby to go through. They may occur at intervals of 20 minutes (more or less) and become progressively closer together, but not necessarily in a consistent pattern. The following signs may also be experienced:

- Backache
- Menstrual-like cramps
- Lower abdominal pain
- Warm sensation in the abdomen
- Diarrhea
- Indigestion
- Rupture of amniotic membrane (breaking of water); an unborn baby develops and grows inside a bag of fluid called the amniotic sac. When it's time for the baby to be born, the sac breaks and the amniotic fluid drains out through the vagina. This is referred to as waters breaking. Most women's waters break during labour, but it can also happen before labour starts. The woman may feel a slow drip or a sudden gush of water that cannot be controlled.
- Blood-tinged mucous discharge (the "show"); during pregnancy, mucus is present in the cervix. Just before labour begins or in early labour, it is passed out of the vagina. This small amount of sticky, jelly-like pink mucus is called a 'show'. It might come away as one blob, or in several pieces. It is pink in colour because it is blood-stained. The show indicates that the cervix is starting to open. Some women do not have a show.

Phase 2: Active labour

Contractions continuously become more intense (painful), are stronger, last longer (around 40 to 60 seconds) and are more frequent (coming every 3 to 4 minutes, though the pattern may not be regular). These signs may accompany the contractions:

- Increasing backache
- Increasing pain and discomfort
- Increasing bloody “show”
- Leg discomfort or heaviness
- Fatigue
- Rupture of the membranes if they haven’t already ruptured

Phase 3: Transitional (advanced) labour

The intensity of contractions suddenly increases. They may become very strong and 60 to 90 seconds long. During transition, a woman may feel:

- Strong pressure in the lower back
- Rectal pressure, with or without an urge to push or move the bowels
- An increase in bloody show as capillaries in the cervix rupture
- Feeling very warm and sweaty or chilled
- Crampy legs that may tremble uncontrollably
- Nausea and/or vomiting
- Drowsiness between contractions
- A tightening sensation in your throat or chest
- Fatigue or exhaustion

5.1.2 Stage 2: Delivery of the baby

The second stage of labour is the period of time from when the cervix is fully dilated to when the baby is born. In the second stage the woman may experience; longer and stronger contractions, with a one to two minute intervals, increased pressure in your bottom. The desire or urge to push, cramps, nausea and vomiting, stretching and burning feelings in the vagina.

5.1.3 Stage 3: Delivery of the placenta

The third stage begins after the baby is born and ends when the placenta has been delivered. During this stage, there will be more contractions to expel the placenta and there will be a feeling of fullness in the vagina.

The man should advise his spouse on;

- stay at home
- have regular snacks to build up energy reserves

- rest as much as possible
- try relaxing
- go to the toilet regularly and empty the bowels.
- start your breathing exercises
- stay hydrated i.e. take in fluids to replace that which is being lost and keep the mouth moist
-

When there is less than 3 to 5 minutes between each wave of contraction, it is time to go to the hospital. It may not always be clear whether labour has started. If it is uncertain or you are worried, call your hospital. During the course of the conversation, the midwife may decide it is time to go to the hospital.

During the second stage, the woman should;

- concentrate on the contractions and have some rest in between them
- try different positions – sitting, standing or walking
- if she feels hot, a cold face wash can be of help
- try a bath or shower to help her relax and manage the pain

In the third stage once the placenta and membranes are out, the midwife will examine it to ensure nothing has been left behind and will also check the woman’s stomach to see if the uterus is contracting to stop the bleeding from where the placenta peeled away.

Table 5: Stages of Labour

Stage 1	Stage 2	Stage 3
<p>Phase 1: Early/latent labour</p> <ul style="list-style-type: none"> - Moderate to mild contractions lasting about 30-45 seconds, with intervals of about 20 minutes - Backache - Menstrual-like cramps - Warm sensation in abdomen - Diarrhoea - Indigestion - Breaking of water - Bloody discharge <p>Phase 2: Active labour</p> <ul style="list-style-type: none"> - More intense contractions - Increasing backache - Increasing pain and discomfort - Increasing bloody discharge - Fatigue - Breaking of water <p>Phase 3: Transitional/advanced labour</p>	<ul style="list-style-type: none"> - Longer and much stronger contractions, with about 2 minutes intervals between them - Increased pressure in the bottom - Urge to push - Cramps - Nausea - Vomiting - Stretching and burning sensation in the vagina 	<ul style="list-style-type: none"> - More contractions

<ul style="list-style-type: none"> - Stronger pressure in lower back - Very warm and sweaty feeling or chilled - Leg cramps - Nausea and/or vomiting - Drowsiness between contractions - Tightening sensation in throat or chest - Fatigue or exhaustion 		
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5.2 ROLE OF THE SPOUSE

As the father to the unborn child and partner to the pregnant woman, it is the man's full right to accompany his spouse into the labour room and aid in the delivery of his baby without any restrictions whatsoever.

- a. The expectant father is part of the delivery team as he supports and encourages his partner, provides assistance to the delivery team, ensures that the woman's wishes are followed as much as possible, and the delivery goes on safely and successfully.
- b. It is also the man's duty to check and make sure the emergency bag and boxes, and their contents are put in place and to make arrangements for transportation well before time. See content of emergency bag in Table 3 above.
- c. In a comfortable transportation means, accompany her to the hospital as contractions become more frequent and to the delivery room because he is her main source of courage.
- d. He should reassure the expectant mother with kind words. Let her know that help is always available and that he is there for her.
- e. Massage her back to relief pains and her legs in case of any muscle cramps.
- f. Encourage the mother to urinate as often as possible to keep her bladder empty because a constantly full bladder will be painful, can get injured and hinder the decent of the presenting parts.
- g. Do frequent changes of perinea pads and change of soiled clothing.
- h. Encourage a warm bath.
- i. Make available a bucket closer to her in case of vomiting to avoid inconvenience.
- j. Encourage moving exercises and try to prevent her shouting during labour contractions to save her strength and energy.
- k. Encourage the in and out respiration exercise when she feels contractions.
- l. Immediately after delivery, the father should encourage bonding by insisting that their baby be put on the breast immediately 3-5minutes after birth. This encourages uterine contraction, placenta descend and reduces post-partum hemorrhage
- m. Even though it is the responsibility of the health workers to address danger signs during delivery and post-natal period, it may also be helpful if the spouse understands the following danger signs and can call the attention of the health worker when necessary.



Figure 4: Danger signs during pregnancy

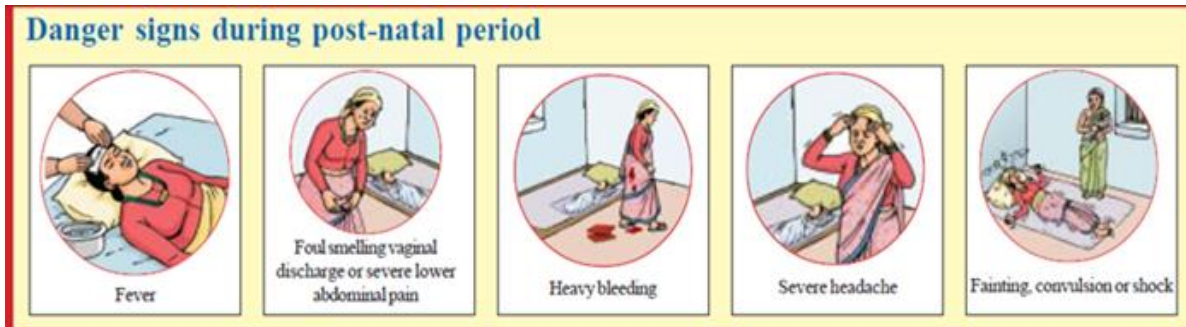


Figure 5: Danger signs during post-natal period

CHAPTER SIX

NEWBORN SURVIVAL

6.1 CHARACTERISTICS OF A NEWBORN (APGAR SCORE)

The APGAR score is the first test given to a newborn and is done in the delivery room immediately after the baby is born. The test is done to quickly evaluate the newborn's physical condition and to see if there is an immediate need for extra medical care. This score rates the newborn for: **A**ppearance, **P**ulse, **G**rimace, **A**ctivity and **R**espiration, with a number from 0 to 2 (2 being the best score). The five numbers are then totaled.

The test is usually given to a baby twice: once at the first minute after birth, and again at 5 minutes after birth. Sometimes, if there are concerns about the baby's condition or the score at 5 minutes is low, the test may be scored for a third time at 10 minutes after birth.

6.1.1 Appearance (skin color)

- If the skin color is pale blue, the infant scores 0 for color.
- If the body is pink and the extremities are blue, the infant scores 1 for color.
- If the entire body is pink, the infant scores 2 for color.

6.1.2 Pulse (heart rate)

Heart rate is evaluated by stethoscope. This is the most important assessment:

- If there is no heartbeat, the infant scores 0 for heart rate.
- If heart rate is less than 100 beats per minute, the infant scores 1 for heart rate.
- If heart rate is greater than 100 beats per minute, the infant scores 2 for heart rate.

6.1.3 Grimace response (reflexes)

Describes response to stimulation, such as a mild pinch:

- If there is no reaction, the infant scores 0 for reflex irritability.
- If there is grimacing or facial movement only, the infant scores 1 for reflex irritability.
- If there is grimacing and a cough, sneeze, or vigorous cry, the infant scores 2 for reflex irritability.

6.1.4 Activity (muscle tone)

- If muscles are loose and floppy, no movement, the infant scores 0 for muscle tone.
- If there is some muscle tone, arms and legs are flexed with little movement, the infant scores 1.
- If there is active motion, the infant scores 2 for muscle tone.

6.1.5 Respiration (breathing rate and effort)

- If the infant is not breathing, the respiratory score is 0.
- If the respirations are slow or irregular, weak cry, the infant scores 1 for respiratory effort.

- If the infant cries well, the respiratory score is 2.

6.2 POST-NATAL CARE OF THE INFANT, 100 DAYS (3 MONTHS) AFTER DELIVERY

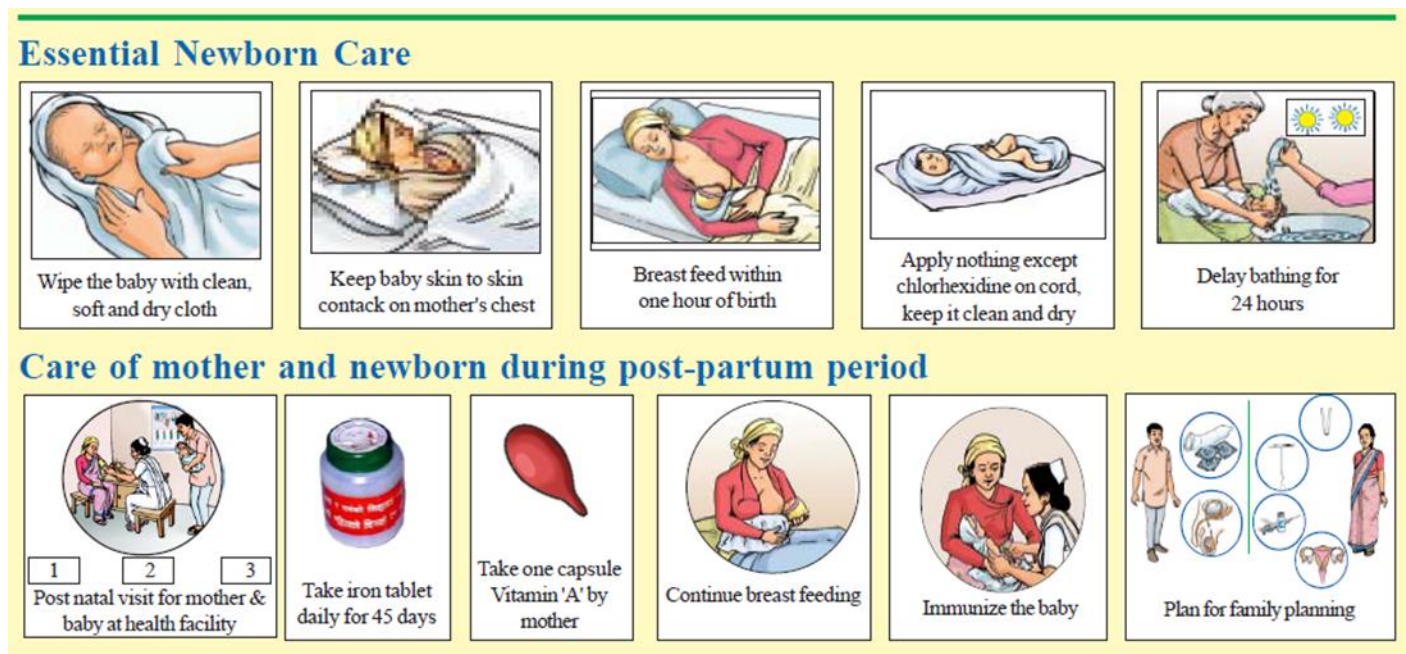


Figure 6: Care of newborn and mother after delivery

- Observe the baby closely and check for breathing, colour changes, which can be on the skin or in the eye(s), bleeding, which could be after circumcision or from the umbilical cord, movement of the limbs (baby should be active)
- Reflexes should be observed i.e hearing, sight, etc.
- Observe the mouth for any patches inside and the movement of the tongue.
- Make sure the baby is passing out stool and urine. The baby must pass out stool or urine within the first 24 hours after delivery.
- Monitor the temperature. This can be done locally using the back of the hand to feel the stomach.
- Check if the baby cries excessively and is inconsolable or irritable.
- Newborns should sleep on the stomach or back with the head turned to the side. The direction of the head should be changed from time to time (after about 2 hours).
- Dress the baby according to the weather. If the baby is sweating, it means he is overdressed and if cold means he is underdressed.
- When the baby is crying, check if he is hungry, diaper is wet, is over or under dressed (hot or cold), or if he is feeling pain or has fever.
- The baby should be fed exclusively with breast milk for the first 6 months. Breastfeeding is sufficient without even water.
- Drugs should be mixed with breast milk and not water.
- Babies sleep often during their first month of life but should be waked to feed or change diaper every 2 to 3 hours.

- m. Ensure the baby is vaccinated according to the calendar provided.
- n. Baby should sleep under a treated mosquito net.
- o. Do not give herbs to the baby.
- p. Baby should not be pumped as this can cause gastrointestinal problems like obstruction or perforation and bruising of the anus.
- q. The first colour of baby's stool is dark but changes to yellow after about 3 days.
- r. It may be normal for the baby not to stool for even a week because every nutrient it obtains from breast milk is absorbed.
- s. Prompt medical care/attention should be sought in case of fever or any other cause for concern.
- t. Hands should be washed before attending to the baby.
- u. It is advisable for the baby to sleep very close to the mother for thermal care and easier breastfeeding.
- v. Check the baby from time to time at night to breastfeed, change diapers, etc.
- w. Fathers should be actively involved in the care of the baby, bathing, feeding, and changing of diapers, especially at night.
- x. Spouses must also always watch out for these danger signs and consult a medical doctor immediately.

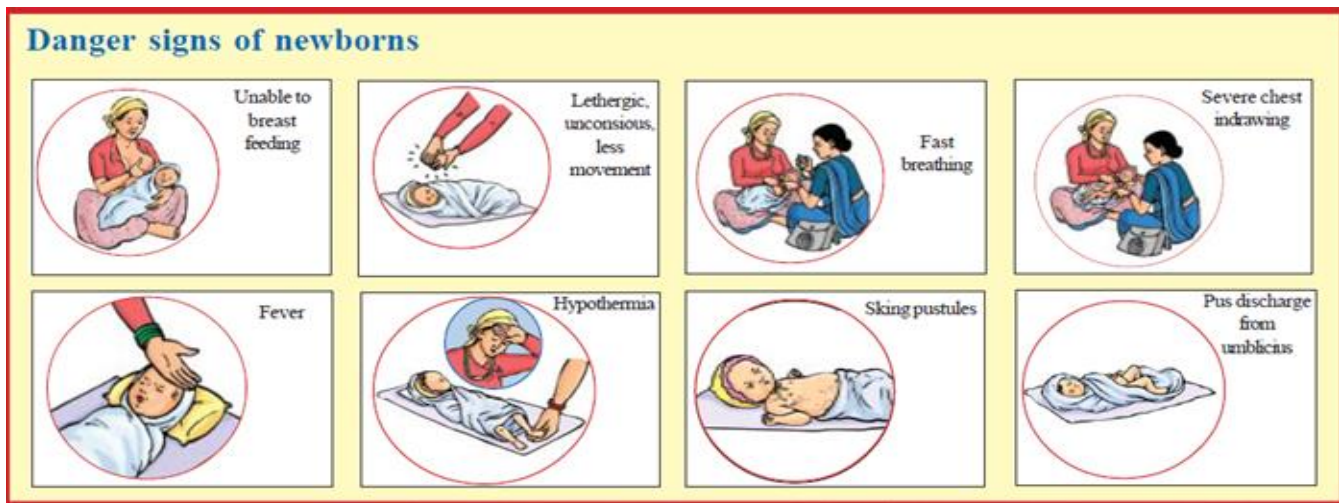


Figure 7: Danger signs of newborns

CHAPTER SEVEN BREASTFEEDING

7.1 WHAT IS EXCLUSIVE BREASTFEEDING

It means an infant receives only breast milk, and no other liquids or solids (even water), with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines. WHO recommends that infants should be exclusively breastfed for the first six months of life in order to achieve optimal growth, development and health. Breast milk is the natural food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life. To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend:

- Initiation of breastfeeding within the first hour of life
- Exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water
- Breastfeeding on demand – that is as often as the child wants, day and night
- No use of bottles, teats or pacifiers (WHO, 2016)

7.2 ADVANTAGES

7.2.1. To the baby

a) Breast milk contains antibodies to diseases and aids in the development of the baby's immune system. Breast milk contains antibodies that help the baby fight viruses and bacteria. Breastfeeding passes the mother's immunity to the child which helps protect from life threatening infectious diseases such as measles and diarrhea and helps for a quicker recovery during illness

b) Breast milk provides perfect infant nutrition. Breast feeding provides the best nutrition for the child therefore should be highly encouraged by both parents (exclusively from 0-6months).

c) Breast milk promotes sensory and cognitive development. Breastfed children perform better on intelligence tests and have higher school attendance.

d) Breast milk is naturally at the right temperature and taste.

e) Breast milk is more digestible than formula milk. Babies can digest breast milk more easily than the milk of other animals. Breast milk forms softer curds in the infant's stomach than cow's milk and is more quickly assimilated into the body system.

7.2.2. To the mother

a. Reduces risk of post-partum hemorrhage

Breastfeeding few minutes after birth helps to stop bleeding from the uterus (postpartum hemorrhage) and facilitates expulsion of the placenta. Breastfeeding the baby after delivery causes the mother's body to release oxytocin, which stimulates contractions of the uterus back and helps expel the placenta. These contractions also shut off the maternal blood vessels that formerly fed the baby and discourage excessive bleeding.

b. Reduces risk of no flow of breast milk

The more the baby suckles at the breast, the more milk will be made. Thus reducing the risk of breast milk not flowing

c. Bonding

Breastfeeding bonds the mother to the baby. In the case of bottle feeding, the child may be fed by someone else and is likely to get lesser stimulation.

d. Delayed conception

When a woman exclusively breastfeeds her baby and her period is delayed, she is very unlikely to get pregnant within that period of time. It helps to space children.

e. Faster regain of figure

A woman who breastfeeds regains her figure fast. This is because the fat in her body that accumulates during pregnancy in different parts of her body are used for the production of breast milk. Also, as the baby breastfeeds, hormones are produced in the mother that make her enlarged uterus to contract and return to its normal shape. This causes the abdomen of the breastfeeding mother to return to its shape fast.

f. Convenience

Breast milk does not need any preparation. It is always ready to be given to the baby. It does not get spoilt in the breast even if the mother is not able to feed her baby for a number of days. It is also cheap. In addition, artificially fed children are more at risk to illnesses like diarrhea and pneumonia. The family may have to spend a lot for the treatment of such diseases.

g. Breastfeeding reduces the risk of ovarian and breast cancers.

h. Reduces risk of iron-deficiency anaemia

Exclusive breastfeeding delays the return of menstruation, and thereby prevents iron loss through menstrual flow and thus iron-deficiency anaemia.

7.3 DISADVANTAGES OF EARLY INTRODUCTION OF ALTERNATIVE FEEDING, INCLUDING FORMULA MILK

Many people are aware of the importance of exclusive breastfeeding on the well-being of infants and the family as a whole. Yet, there are situations in which many mothers have to bottle feed or introduce alternative feeding for their infants before 6 months. No matter whether it is because of unavoidable reasons or just because of the mother's or family's wish, mothers who do not practice exclusive breastfeeding for 6 months should be aware of the disadvantages.

7.3.1 Increased risk of under nutrition

Babies who stop exclusive breastfeeding early are more likely to be under-nourished. Breast milk contains all the nutrients the baby needs to support its growth for up to 6 months. Breast milk is rich with nutrients, so that even though the baby's stomach cannot hold much food, he can still get a good quantity of nutrients from just a little quantity of breast milk. Giving the baby solid foods before 6 months replaces the highly concentrated source of nutrients (breast milk) with a less concentrated form. If your baby starts eating solids too early, they will fill up on these and not drink as much breast milk. This means they will miss out on nutrients and energy which are vital for their growth.

7.3.2 Less breast milk production

Breast milk production is driven by frequent and effective breastfeeding. Early introduction of other foods affect the mother's breast milk supply as the baby will breastfeed less often and thus cause less production breast milk.

7.3.3. Over nutrition

Feeding a baby with solid foods before 6 months of age also increases the likelihood of him developing problems with overeating, including nutritional disorders like obesity. If solid foods are given in addition to breastfeeding, a baby less than six months old will be eating too much and they may get into a habit of eating too much.

7.3.4 More allergies

Allergic diseases like asthma and eczema are common in infants who are not exclusively breastfed.

7.3.5 Increased Risk of iron-deficiency anaemia

Studies have shown that there is a higher risk of iron-deficiency anaemia among children who were given mixed feeding before the age of 6 months. This is known to be linked to irreversible adverse mental, motor and psychosocial outcomes for the children.

CHAPTER 8

FAMILY PLANNING

8.1 WHAT IS FAMILY PLANNING

Family planning is the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception or voluntary sterilization. It is the means whereby individuals and families can voluntarily determine the number as well as the timing and spacing of children through postponement or prevention of pregnancy thereby reducing mortality and improving health. Family planning allows individuals and couples to anticipate and attain their desired number of children. It is achieved through the use of contraceptive methods. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

8.2 ROLE OF FAMILY PLANNING IN MATERNAL AND INFANT SURVIVAL

Some two other factors that affect the likelihood of babies dying during their first year are: the age at which women have their children and the length of the interval between births. These factors, in turn, are strongly affected by women's use of modern contraceptive methods to control the timing of their births.

a. Choosing if and when to get pregnant has a direct impact on the health and general well-being of a woman. Family planning allows spacing of pregnancies and can delay pregnancies in young women who are at an increased risk of health problems and death from early childbearing. The use of an appropriate contraceptive method can prevent pregnancies among older women who are late in their childbearing years as they and their foetuses would also face increased risks.

b. Evidence suggests that women who have more than four children are at an increased risk of maternal mortality due to bleeding and other causes. By reducing rates of unintended pregnancies, family planning also reduces the need for couples to seek unsafe abortions.

e. Family planning prevents closely spaced pregnancies and births, which contribute to some of the world's highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of poor health and death. Additionally, a woman's body needs time (usually about 24 months) to recover between pregnancies.

f. Use of family planning and contraceptives helps to reducing the risk of unintended pregnancies among women living with HIV, thus resulting in less number of infected babies and orphans.

g. Also, by having smaller families, parents can invest more in each child both educationally and health wise.

h. The practice and use of birth control methods reduces adolescent pregnancies. Pregnant adolescents are more likely to have pre-term or low birth-weight babies. Additionally, rates of neonatal mortality

among babies born to adolescents are higher. Girls under the age of 18 are more likely to die in childbirth because their bodies are not fully grown. Thus family planning helps to reduce these risks (WHO,2016)

8.3 METHODS OF FAMILY PLANNING

A variety of family planning methods exist and your choice of a method will depend on a number of factors, including your health, how often you have sex, and whether or not you want children. These methods are grouped into barrier, hormonal and permanent methods of birth control.

8.3.1 Barrier Methods of Birth Control

Barrier methods of birth control work by creating a physical barrier between sperm and egg cells so that fertilization cannot occur. The most common forms of barrier contraception in use in Cameroon are the male and female condoms.

A condom is a thin latex or polyurethane sheath. The male condom is worn over the erect penis. The female condom is placed inside the vagina before intercourse. A condom must be worn at all times during intercourse to prevent pregnancy. They help protect against pregnancy and sexually transmissible infections (STIs). You do not need a prescription to get condoms.



Figure 8: Male and female condoms

8.3.2 Hormonal Methods of Birth Control

Hormonal methods of birth control prevent eggs from being released from the ovaries, thicken cervical mucus to prevent sperm from entering the uterus, and thin the lining of the uterus to prevent implantation. Types of hormonal birth control methods accepted in Cameroon include:

a. Pills

Pills prevent pregnancy mainly by stopping ovulation. They must be taken daily to function properly.



Figure 9: Pills

a. Implants

These are small rods about the size of a matchstick which are put under the skin in the inside of the arm.



Figure 10: Implant

They slowly release a continuous dose of hormone called progestogen into the body to prevent ovulation. Implants last either three or five years depending whether there are one or two rods. They also thicken cervical mucus and so prevent sperms from travelling up to meet an egg.

b. Injections

They prevent pregnancy by stopping the ovaries releasing an egg each month. There are also changes to the lining of the womb (endometrium). The injection is administered into the muscles of the upper arm or buttocks once every 3 months.



Figure 11: Injection

e. Intra Uterine Device (IUD)

The IUD is a small plastic or copper device shaped like a "T" that is placed inside the uterus.



Figure 12: IUD

It prevents pregnancy by stopping sperms from reaching and fertilizing eggs. Some IUDs release small amounts of hormones. IUDs may be left in place for 5 to 10 years, depending on the type.

g. Fertility awareness method

Also known as natural **family planning** or rhythm **method**, it is a way to predict **fertile** and infertile periods of a woman's menstrual cycle.

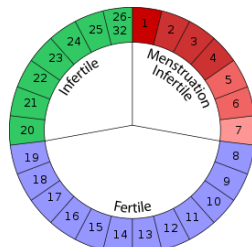


Figure 13: Menstrual cycle

8.3.3 Permanent Methods of Birth Control

These methods are best for men, women, and couples who feel certain they do not want to have children in the future. They include vasectomy (cutting and sealing of the vas deferens in men) and tubal ligation (closing both fallopian tubes in a woman). These procedures can sometimes be reversed if a pregnancy is desired at a later time. However, the success rate for reversal is not high.

CHAPTER NINE

KEY POINTS TO NOTE

- a. All pregnant women should go for early antenatal care in order to ensure healthy baby and mother to prevent complications (prevention is better than cure).
- b. It is important to do at least one echography during pregnancy. It gives information on the well-being of the baby inside the womb.
- c. It is very important for all men to support their spouses and be actively involved throughout the course of pregnancy.
- d. Sex is important during pregnancy except if the woman has the following: incompetent cervix, recurrent abortions, bleeding, lower abdominal pain, bed rest given by a doctor or any other reason given by the medical personnel.
- e. It is extremely important for the man to accompany his partner to the hospital during labour.
- f. Blood donors should be on standby in case there is excessive bleeding and the need for blood transfusion.
- g. Plans should be made well ahead of time on where the baby will be delivered and the means of transport that will be used to take the pregnant woman to the hospital.
- h. Money should be handy, a minimum of 50,000FCFA.
- i. The man should know the content and position of the emergency bag.
- j. Colostrum is very important for the baby. So breastfeeding should start in the delivery room itself, soon after the baby is born.
- k. Breast milk is all the baby needs for the first 6 months. No water is required even on a very hot day.

CHAPTER TEN

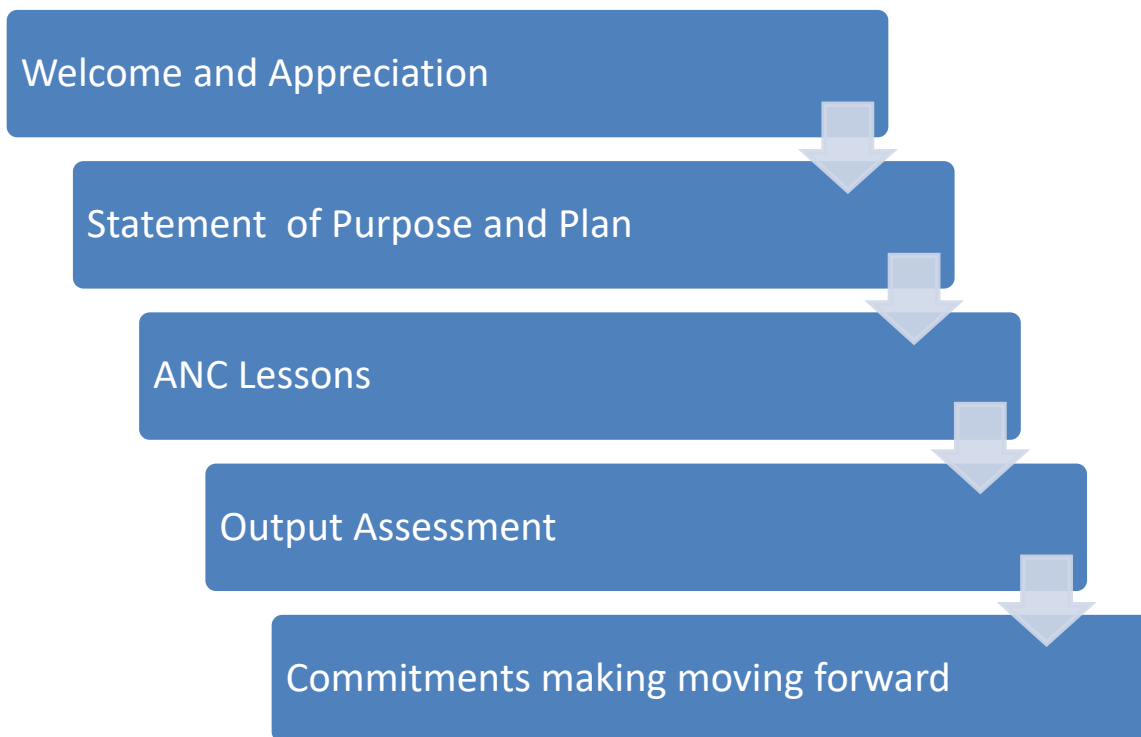
TEACHING METHODOLOGY

10.1. Introduction

Paternity ANC classes aren't supposed to looklike those you might get at maternity units or hospitals. They are supposed to be conducted in men-friendly corners in the form of group discussions, one-on-one educative talks or workshops. For men to put in time and attention on issues generally seen as “women issues” there must be a high degree of closeness between the tutor and the beneficiary. Thus, paternity ANC classes involving less than 20 men or couples are more likely to be successful than ones involving more persons.

10.2. Group Discussions

The user of this manual hereby referred to as the trainer or facilitator, may convene a meeting of three to twenty expectant fathers to discuss issues around the healthy birthing and their role to ensure mother-baby survival. Every group of people have different perceptions and may attract differing methods of engagement. However, the following steps may be helpful in keeping the men attentive and engaging.



- 1). **Appreciation:** The facilitator takes responsibility in driving the meeting, and starts by thanking the participants for coming despite their other schedules.
- 2). **Statement of purpose:** The facilitator reviews the purpose of the group, and the goals of the meeting, thereby setting the stage. Once the purpose is known, the facilitator then proceeds with a breakdown plan of how things will flow, and how the members can contribute. Lay out the ground rules. Encourage

open participation. Note: It's generally, advisable for the facilitator to lecture each module for 15 minutes and take questions and answers for five minutes before proceeding with the next module or chapter.

3). **Set the tone.** This is important, because probably few of your participants will have been in a group discussion before. Ask an opening question. This could be a very general question like "How do you feel seeing your wife pregnant?" or "what came to your mind when you received an invitation for this meeting?" Make sure that all opinions on that question get a chance to be heard.

Some common techniques of getting every opinion count

- Summarize what you think you have heard, and ask if the group agrees
- Phrase the same question in a different way
- Ask if anyone else has any comments on that question
- Ask a follow-up question
- Look around the room, and make brief eye contact, especially with those who may not have spoken

4). **ANC Lesson.** This teaching guide has grouped the main lessons in chapters. A good facilitator would lecture each chapter for about 15-20 minutes and then give room for questions and answers (which may last 5-10 minutes) before proceeding with the next course. Where there are many hands, different facilitators should present each lesson to enable diversity.

6). **Output Assessment.** At the end of the group discussions, the facilitator is supposed to ask quick questions to evaluate the accomplishment of objectives. Besides the content assessment, the facilitator is also required to assess the entire exercise for internal appreciation and improvement. This can be done by passing round assessment questionnaires for the participants to rate their satisfaction on different aspects from 1 – 5 points.

6). **Commitment Making.** After a satisfactory assessment, the facilitator may ask each father to make a personal positive commitment on any issue concerning their pregnant spouses. The commitment should be written on private sheets of papers and taken home to share with their spouses (in-cases where the spouses were not part of the meeting).

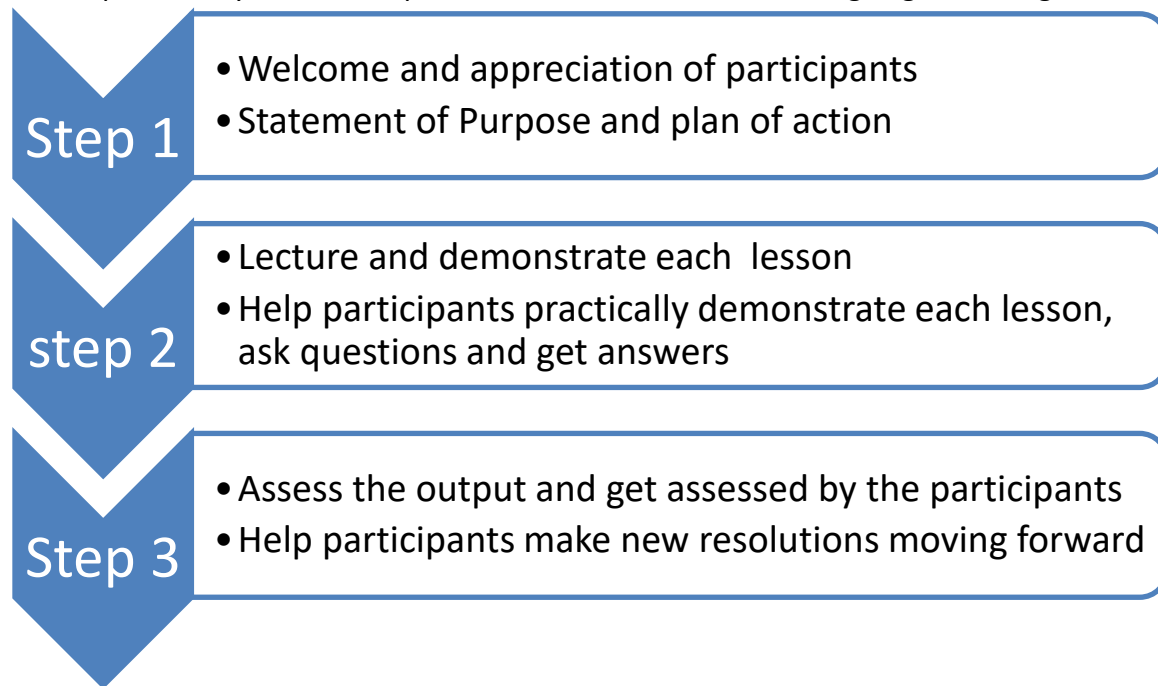
10.3. Workshops.

A workshop is a single, short (although short may mean anything from 45 minutes to two full days) educational program designed to teach or introduce to participants practical skills, techniques, or ideas which they can then use in their work or their daily lives. Most workshops have several features in common: Because there are a number of different ways to teach people things, and because people learn things in different ways, a workshop has some advantages over other methods that make it a good choice in certain circumstances. Workshops are particularly good for ANC classes when the participants are real time couples. It's called a workshop because participants (couples) generally get a chance to do something, to actually interact on their own terms with what's being presented. A facilitator can help make it easier

for them to have that experience, where an instructor might be more apt to tell them about the experience, or to structure it for them.

The disadvantage with hosting workshops is the time and logistic requirement. Workshops need a lot of planning because you will need a convenient space and tools like a projector, flip charts, markers, chairs, and physical learning aids. You might as well need to program refreshments and print handouts. An interesting workshop would have at least two facilitators lecturing and demonstrating lesson.

The style of your presentation both your personal style and the actual methods of presentation you employ will do much to determine the effectiveness of your workshop. Some of this will depend on your own personality and experiences, but the following general guide can be useful:



10.3. One-on-one educative talks.

This maybe time consuming but it's the best way to deliver an ANC class to a man. Once you get in contact with the target beneficiary and get his concern for the ANC class, thank him, state the purpose and plan of action, and then commence with the lessons. Since it's one-on-one, you can start each lesson by asking one or two questions that would help you understand the participant's level of information. Then comment on his answer(s) and deliver the facts. After the lessons, ask another set of questions to measure the difference between pre-class and post-class capacity levels. Also allow the participants ask questions before you move to the next lesson.

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