

Interventions and Services Provided	Community (TBAs etc)	MCHP/CHP	CHC	District Hospital
Manage Complications of Pregnancy				
Manage threatened or complete abortion	Refer	Refer	Yes	Yes
Manage incomplete abortion (Manual Vacuum Aspiration)	Refer	Refer	Yes	Yes
Manage Complicated abortion	Refer Immediately	Refer Immediately	Refer	Yes
Manage ectopic Pregnancy	Refer Immediately	Refer Immediately	Refer Immediately	Yes
Manage urinary tract infection	Refer	Refer	Yes	Yes
Manage fever / malaria (Rapid diagnostic test)	Refer	Initiate treatment and	Yes	Yes
No foetal movements	Refer	Refer	Refer	Yes
Ruptured membranes, not in labour	Refer	Refer	Refer	Yes
Bleeding per vagina	Refer immediately	Refer immediately	Assess and Refer	Yes

7.1.2. Supervision of Labour and Childbirth

The MDGs call for an increase in the proportion of deliveries assisted by a skilled attendant to 90% by 2015. In order to meet these targets, all deliveries should be supervised and conducted by midwives, who play a key role in the supervision of labour and childbirth. They are the most cost effective health providers in reducing maternal and neonatal deaths. The current shortage of qualified midwives compromises the attainment of the MDGs. Therefore, until sufficient support is provided to midwifery training to increase the number of midwives in the country, it will be difficult to increase the proportion of deliveries supervised by a skilled attendant.

Health facilities, especially hospitals, should be strengthened to provide 24 hour services. However, midwives working in district hospitals should concentrate on supporting and supervising the Maternal and Child health aides in their catchment area to promote clean deliveries, improve newborn care and recognize both maternal and newborn danger signs, including the use of the Partograph and early referral

Table 6: Supervision of Labour and childbirth

Interventions and Services Provided	Community (TBAs etc)	CHP/MCHP	CHC	District Hospital
Assess and monitor progress in labour/Recognize delay	Refer all women for institutional delivery	Partograph / Refer	Partograph / Refer	Partograph / Manage
Active management of third stage of labour Oxytoxics drugs (Syntometrine/Ergot) and controlled cord traction)	No	Yes	Yes	Yes
Episiotomy and repair of tears	No	Refer	Yes	Yes
Breech delivery	No	Recognize & Refer	Assess and refer	Yes
Transverse lie	Refer	Refer	Refer	Yes
Vacuum extraction	No	No	Yes	Yes
Induction of labour	No	No	No	Yes
Caesarean section	No	No	No	Yes
Ante partum haemorrhage	Recognise & Refer	Resuscitate & refer	Resuscitate & refer	Yes
Treat shock	Refer	Resuscitate and refer	Yes and refer	Yes
Give blood transfusion	No	No	No	Yes
Bimanual Compression of uterus	No	Yes	Yes	Yes
Manual removal of retained placenta	Recognize & Refer	Yes	Yes	Yes
Manage convulsions or unconsciousness: eclampsia	Recognise & Refer	First aid & refer	First Aid (Magnesium sulphate IM) & refer	Yes
Manage convulsions or unconsciousness with fever: malaria / sepsis	Recognise & Refer immediately	First aid and refer immediately	First aid and refer	Yes
PMTCT	Refer	Yes	Yes	Yes

7.1.3 Emergency Obstetric and Neonatal Care

EmONC has been identified as evidence based strategy for the reduction of maternal and infant mortality. The provision of emergency obstetric and neonatal care (EmONC) for the five main complications of pregnancy and childbirth: obstetric haemorrhage, eclampsia, obstructed labour, puerperal sepsis and the complications of incomplete and unsafe abortions should form the basis for all maternal and newborn care packages.

EmONC is divided into two categories: Basic EmONC and Comprehensive EmONC (See table 7 below).

Table 7: Basic and Comprehensive Emergency Obstetric Care

Basic EmONC Functions (Performed in a health centre without the need for an operating theatre)	Comprehensive EmONC Functions (Requires an operating theatre and is performed in district hospitals)
IV/IM Antibiotics IV/IM Oxytoxics IV/IM Anticonvulsants Manual removal of placenta Assisted vaginal delivery Removal of retained products of conception Neonatal Resuscitation	All seven Basic EmONC functions plus: Caesarean Section Blood Transfusion

All EmONC facilities should be as accessible as possible.

7.1.4 Postnatal care

The postnatal period can be a stressful time for the mother and she needs social and medical support. It is a time when life threatening conditions such as eclampsia, puerperal sepsis and secondary haemorrhage may ensue. In addition, there may be a variety of other minor complaints that require advice or management. Anaemia is also common as a result of pregnancy and blood loss at delivery.

The mother's condition and that of the baby should be checked by the midwife or other skilled attendant immediately after delivery. The mother should also be seen at the end of the first week for anaemia, breast examination and uterine involution. Vitamin A, Iron and folic acid should be given to all postpartum mothers to ensure recovery of haemoglobin and other micronutrients. This is also the best time to discuss with the mother her plans for exclusive breast feeding, contraception, birth spacing and bonding.