

MATERNAL AND CHILD HEALTH

**TEACHER'S GUIDE SENIOR 5
ASSOCIATE NURSING PROGRAM**

First Edition

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FOREWORD

Dear Teacher,

The Rwanda Basic Education Board is pleased to present this Teacher's Guide for the Associate Nursing Program. This guide is designed to support competence-based teaching and ensure consistency in delivering the Maternal and Child Health subject. The Rwandan educational philosophy aims to help student-associate nurses achieve their full potential, preparing them to address community health needs and pursue career opportunities.

To enhance education quality, the government of Rwanda emphasizes the alignment of teaching materials with the syllabus. Effective teaching relies on the relevance of content, pedagogical approaches, assessment strategies, and instructional materials. The guide focuses on activities that promote learning, allowing students to develop ideas and make discoveries.

In a competence-based curriculum, learning involves actively building knowledge and skills through activities, scenarios, and real-life applications. Your role as a teacher includes:

- Planning lessons and preparing teaching materials.
- Organizing group discussions and collaborative learning.
- Engaging students through active learning methods such as inquiry, research, and group work.
- Supporting and facilitating the learning process by valuing student contributions and guiding them towards integrating their findings.

This guide is divided into three parts:

1. Explains the book's structure and provides methodological guidance.
2. Offers sample lesson plans for reference.
3. Provides detailed teaching guidance for each concept in the student book.

Although the guide includes answers to student book activities, please review each question and activity before assessing student responses.

I extend my gratitude to everyone involved in developing this guide, including the Ministry of Health, University of Rwanda, and other institutions. Special thanks go to faculty members, nurses, midwives, teachers, illustrators, designers, Health Workforce development staff/MoH, and REB staff for their dedicated work.

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PART I. GENERAL INTRODUCTION

1.0 About the teacher's guide

This book is a teacher's guide for Maternal and Child Health subject, for senior five in Associate Nursing program. It is designed to accompany student book and intends to help teachers in the implementation of competence-based curriculum specifically Maternal and Child Health syllabus.

As the name says, it is a guide that teachers can refer to when preparing their lessons. Teachers may prefer to adopt the guidance provided but they are also expected to be more creative and consider their specific classes' contexts and prepare accordingly.

1.1 The structure of the guide

This section presents the overall structure, the unit and sub-heading structure to help teachers to understand the different sections of this guide and what they will find in each section.

Overall structure

The whole guide has three main parts as follows:

- **Part I: General Introduction.**

This part provides general guidance on how to develop the generic competences, how to integrate cross cutting issues, how to cater for students with special educational needs, active methods and techniques of Maternal and Child Health and guidance on assessment.

- **Part II: Sample lesson plan**

This part provides a sample lesson plan, developed and designed to help the teacher develop their own lesson plans.

- **Part III: Unit development**

This is the core part of the guide. Each unit is developed following the structure below. The guide ends with references.

Each unit is made of the following sections:

- **Unit title:** from the syllabus
- **Key unit competence:** from the syllabus
- **Prerequisites (knowledge, skills, attitudes and values)**

This section indicates knowledge, skills and attitudes required for the success of the unit. The competence-based approach calls for connections between units/topics within a subject and interconnections between different subjects. The teacher will find an indication of those prerequisites and guidance on how to establish connections.

- **Cross-cutting issues to be addressed**

This section suggests cross cutting issues that can be addressed depending on the unit content. It provides guidance on how to come up with the integration of the issue. Note that the issue indicated is a suggestion; teacher is free to take another cross-cutting issue taking into consideration the learning environment.

- **Guidance on the introductory activity**

Each unit starts with an introductory activity in the teacher's book. This section of the teacher's guide provides guidance on how to conduct this activity and related answers. Note that students may not be able to find the right solution but they are invited to predict possible solutions or answers. Solutions are provided by students gradually through discovery activities organized at the beginning of lessons or during the lesson.

- **List of lessons/sub-heading**

This section presents in a table suggestion on the list of lessons, lesson objectives copied or adapted from the syllabus and duration for each lesson. Each lesson /subheading is then developed.

- **End of each unit**

At the end of each unit the teacher provides the following sections:

- Summary of the unit which provides the key points of content developed in the teacher's book.
- Additional information which provides additional content compared to the student book for the teacher to have a deeper understanding of the topic.
- End unit assessment which provides answers to questions of the end unit assessment in the teacher's book and suggests additional questions and related answers to assess the key unit competence.
- Additional activities :(remedial, consolidation and extended activities). The purpose of these activities is to accommodate each student (slow, average and gifted) based on the end of unit assessment results.

Structure of each sub heading

Each lesson/sub-heading is made of the following sections:

Lesson /Sub heading title 1:

- **Prerequisites/Revision/Introduction:**

This section gives a clear instruction to teacher on how to start the lesson.

- **Teaching resources**

This section suggests the teaching aids or other resources needed in line with the activities to achieve the learning objectives. Teachers are encouraged to replace the suggested teaching aids by the available ones in their respective schools and based on learning environment.

- **Learning activities**

This section provides a short description of the methodology and any important aspect to consider. It provides also answers to learning activities with cross reference to student's book.

- **Exercises/application activities**

This provides questions and answers for exercises/ application activities.

1.2 Methodological guidance

1.2.1 Developing competences

Since 2015 Rwanda shifted from a knowledge based to a competence-based curriculum for pre-primary, primary and general secondary education. For TTCs, it is in 2019 that the competence-based curriculum was embraced. This called for changing the way of learning by shifting from teacher centered to a learner centered approach. Teachers are not only responsible for knowledge transfer but also for fostering teacher's learning achievement, and creating safe and supportive learning environment. It implies also that a student has to demonstrate what he/she is able to do using the knowledge, skills, values and attitude acquired in a new or different or given situation.

The competence-based curriculum employs an approach of teaching and learning based on discrete skills rather than dwelling on only knowledge or the cognitive domain of learning. It focuses on what learner can do rather than what learners know. Students develop basic competences through specific subject unit competences with specific learning objectives broken down into knowledge, skills and attitudes. These competences are developed through learning activities disseminated in learner-centered rather than the traditional didactic approach. The students are evaluated against set standards to achieve before moving on.

In addition to specific subject competences, students also develop generic competences which are transferable throughout a range of learning areas and situations in life. Below are examples of how generic competences can be developed in Maternal Child Health:

Generic competence	Examples of activities that develop generic competences
Critical thinking	<ul style="list-style-type: none"> • Describe the relationship and interdependence of sciences • Observe, record, interpret data recorded during experiments • Identify and use the applications of Maternal and Child Health concepts to solve problems of life and society
Research and Problem solving	<ul style="list-style-type: none"> • Research using internet or books from the library • Design a project for making bioplastics • Design a questionnaire for data collection during field visit
Innovation and creativity	<ul style="list-style-type: none"> • Create an experiment procedure to prove a point • Develop a graph to illustrate information • Design a data collection survey/questionnaire • Conduct experiments with objectives, methodology, observations, results, conclusions • Identify local problems and ways to resolve them
Cooperation, Personal and Interpersonal management and life skills	<ul style="list-style-type: none"> • Work in Pairs • Small group work • Large group work
Communication	<ul style="list-style-type: none"> • Organise and present in writing and verbally a complete and clear report of an experiment • Observe, record, interpret the results of a measurement accurately. • Select and use appropriate formats and presentations, such as tables, graphs and diagrams.

Lifelong learning	<ul style="list-style-type: none"> Exploit all opportunities available to improve on knowledge and skills. Reading scientific journals to keep updated.
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1.2.2. Addressing cross cutting issues

Among the changes in the competence-based curriculum is the integration of cross cutting issues as an integral part of the teaching learning process-as they relate to and must be considered within all subjects to be appropriately addressed. The eight cross cutting issues identified in the national curriculum framework are: genocide studies, environment and sustainability, gender, Comprehensive Sexuality Education (CSE), Peace and Values Education, Financial Education, standardization Culture and Inclusive Education.

Some cross cutting issues may seem specific to particular learning areas or subjects but the teacher needs to address all of them whenever an opportunity arises. In addition, student should always be given an opportunity during the learning process to address these cross-cutting issues both within and out of the classroom so as to progressively develop related attitudes and values.

Below are examples on how crosscutting issues can be addressed in Maternal Child Health:

Cross-cutting issues	Examples on how to integrate the cross-cutting issues
Inclusive education	Involve all students in all activities without any bias. Eg: Allow a student with physical disability (using wheelchair) to take notes or lead the team during an experiment.
Gender	Involve both girls and boys in all activities: No activity is reserved only to girls or boys. Teacher should ensure equal participation of both girls and boys during experiments as well as during cleaning and tidying up related activities after experiments.
Peace and Values Education	During group activities, debates and presentations, the teacher will encourage students to help each other and to respect opinions of colleagues.
Standardization culture	<ul style="list-style-type: none"> Some lessons involve carrying out experiments. Instruction should be clear for students to always check if they are not using expired chemicals or defective apparatus. In addition, when performing experiments students have to record data accurately. For tasks involving calculations, they have to always present accurate results.

Environment and sustainability	<ul style="list-style-type: none"> • In order to avoid the environment pollution, before, during or after experiments students avoid throwing away chemicals anywhere; special places or appropriate containers should be used. • Students also have to be aware of the impacts of the use of hydrocarbons as fuels, halogenoalkanes, and plastics on the environment.
Financial Education	When performing experiments, students are encouraged to avoid wasting chemicals by using the quantities that are just required. They are required to also avoid spoiling equipment and other materials...

1.2.3 Attention to special educational needs specific to each subject

In the classroom, students learn in different way depending to their learning pace, needs or any other special problem they might have. However, the teacher has the responsibility to know how to adopt his/her methodologies and approaches in order to meet the learning needs of each student in the classroom. Also, teacher must understand that students with special needs need to be taught differently or need some accommodations to enhance the learning environment. This will be done depending on the subject and the nature of the lesson.

In order to create a well-rounded learning atmosphere, teacher needs to:

- Remember that students learn in different ways so they have to offer a variety of activities (e.g. role-play, music and singing, word games and quizzes, and outdoor activities).
- Maintain an organized classroom and limits distraction. This will help students with special needs to stay on track during lesson and follow instruction easily.
- Vary the pace of teaching to meet the needs of each student-teacher. Some students process information and learn more slowly than others.
- Break down instructions into smaller, manageable tasks. Students with special needs often have difficulty understanding long-winded or several instructions at once. It is better to use simple, concrete sentences in order to facilitate them understand what you are asking.
- Use clear consistent language to explain the meaning (and demonstrate or show pictures) if you introduce new words or concepts.
- Make full use of facial expressions, gestures and body language.
- Pair a student who has a disability with a friend. Let them do things together and learn from each other. Make sure the friend is not over protective and does not do everything for the student-teacher. Both students will benefit from this strategy

- Use multi-sensory strategies. As all students learn in different ways, it is important to make every lesson as multi-sensory as possible. Students with learning disabilities might have difficulty in one area, while they might excel in another. For example, use both visual and auditory cues.

Below are general strategies related to each main category of disabilities and how to deal with every situation that may arise in the classroom. However, the list is not exhaustive because each student is unique with different needs and that should be handled differently.

Strategy to help students with developmental impairment:

- Use simple words and sentences when giving instructions.
- Use real objects that the student can feel and handle, rather than just working abstractly with pen and paper.
- Break a task down into small steps or learning objectives. The student should start with an activity that s/he can do already before moving on to something that is more difficult.
- Gradually give the student less help.
- Let the student work in the same group with those without disability.

Strategy to help students with visual impairment:

- Help students to use their other senses (hearing, touch, smell and taste) to play and carry out activities that will promote their learning and development.
- Use simple, clear and consistent language.
- Use tactile objects to help explain a concept.
- If the students have some sight, ask them what they can see. Get information from parents/caregivers on how the student manages their remaining sight at home.
- Make sure the student has a group of friends who are helpful and who allow the students to be as independent as possible.
- Plan activities so that students work in pairs or groups whenever possible.

Strategy to help students with hearing impairment:

- Strategies to help students with hearing disabilities or communication difficulties
- Always get the students attention before you begin to speak.
- Encourage the student to look at your face.
- Use gestures, body language and facial expressions.
- Use pictures and objects as much as possible.
- Ask the parents/caregivers to show you the signs they use at home for

communication use the same signs yourself and encourage other students to also use them.

- Keep background noise to a minimum.

Strategies to help children with physical disabilities or mobility difficulties:

- Adapt activities so that student who use wheelchairs or other mobility aids, or other students who have difficulty moving, can participate.
- Ask parents/caregivers to assist with adapting furniture e.g. The height of a table may need to be changed to make it easier for a student to reach it or fit their legs or wheelchair under.
- Encourage peer support friends can help friends.
- Get advice from parents or a health professional about assistive devices.

1.2.4 Guidance on assessment

Each unit in the teacher's guide provides additional activities to help students achieve the key unit competence. Results from assessment inform the teacher which student needs remedial, consolidation or extension activities. These activities are designed to cater for the needs of all categories of learners; slow, average and gifted learners respectively.

Assessment is an integral part of teaching and learning process. The main purpose of assessment is for improvement. Assessment for learning/ Continuous/ formative assessment intends to improve student-teachers' learning and teacher's teaching whereas assessment of learning/summative assessment intends to improve the entire school's performance and education system in general.

Continuous/ formative assessment

It is an ongoing process that arises out of interaction during teaching and learning process. It includes lesson evaluation and end of sub unit assessment. This formative assessment plays a big role in teaching and learning process. The teacher should encourage individual, peer and group evaluation of the work done in the classroom and uses appropriate competence-based assessment approaches and methods.

In Year two textbook, formative assessment principle is applied through application activities that are planned in each lesson to ensure that lesson objectives are achieved before moving on. At the end of each unit, the end unit assessment is formative when it is done to give information on the progress of students and from there decide what adjustments need to be done. Assessment standards are taken into consideration when setting tasks.

Summative assessment

The assessment done at the end of the term, end of year, is considered as

summative. The teacher, school and parents are informed on the achievement of educational objectives and think of improvement strategies. There is also end of level/ cycle assessment in form of national examinations.

1.2.5. Student teachers' learning styles and strategies to conduct teaching and learning process

There are different teaching styles and techniques that should be catered for. The selection of teaching method should be done with the greatest care and some of the factors to be considered are: the uniqueness of subjects, the type of lessons, the particular learning objectives to be achieved, the allocated time to achieve the objective, instructional available materials, the physical/sitting arrangement of the classroom, individual student teachers' needs, abilities and learning styles.

There are mainly four different learning styles as explained below:

a) Active and reflective learners

Active learners tend to retain and understand information best by doing something active with it, discussing or applying it or explaining it to others. Reflective learners prefer to think about it quietly first.

b) Sensing and intuitive learners

Sensing learners tend to like learning facts while intuitive learners often prefer discovering possibilities and relationships. Sensors often like solving problems by well-established methods and dislike complications and surprises; intuitive learners like innovation and dislike repetition.

c) Visual and verbal learners

Visual learners remember best what they see (pictures, diagrams, flow charts, time lines, films, demonstrations, etc.); verbal learners get more out of words (written and spoken explanations).

d) Sequential and global learners

Sequential learners tend to gain understanding in linear steps, with each step following logically from the previous one. Global learners tend to learn in large jumps, absorbing material almost randomly without seeing connections, and then suddenly "getting it."

1.2.6. Teaching methods and techniques that promote the active learning

The different student learning styles mentioned above can be catered for, if the teacher uses active learning whereby students are really engaged in the learning process.

What is Active learning?

Active learning is a pedagogical approach that engages students in doing things and thinking about the things they are doing. In active learning, learners are encouraged to bring their own experience and knowledge into the learning process.

The role of the teacher in active learning

- The teacher engages students through active learning methods such as inquiry methods, group discussions, research, investigative activities and group and individual work activities.
- He/she encourages individual, peer and group evaluation of the work done in the classroom and uses appropriate competence-based assessment approaches and methods.
- He provides supervised opportunities for students to develop different competences by giving tasks which enhance critical thinking, problem solving, research, creativity and innovation, communication and cooperation.
- Teacher supports and facilitates the learning process by valuing student-teachers' contributions in the class activities.

The role of learners in active learning

Learners are key in the active learning process. They are not empty vessels to fill but people with ideas, capacity and skills to build on for effective learning. A learner engaged in active learning:

- Communicates and shares relevant information with other learners through presentations, discussions, group work and other learner-centred activities (role play, case studies, project work, research and investigation)
- Actively participates and takes responsibility for their own learning
- Develops knowledge and skills in active ways
- Carries out research/investigation by consulting print/online documents and resourceful people, and presents their findings
- Ensures the effective contribution of each group member in assigned tasks through clear explanation and arguments, critical thinking, responsibility and confidence in public speaking
- Draws conclusions based on the findings from the learning activities.

Some active techniques that can be used in Maternal Child Health

The teaching methods strongly emphasised in the competence Based Curriculum (CBC) are active methods. Below are some active techniques that apply in sciences:

A. Practical work/ experiments:

Many of the activities suggested in Maternal and Child Health curriculum as well as in the teacher'sbook are practical works or experiments.

Practical work is vital in learning Maternal Child Health; this method gives the student the opportunity to implement a series of activities and leads to the development of both cognitive and hands-on skills. The experiments and questions given should target the development of the following skills in student-teachers: observation, recording and report writing, manipulation, measuring, planning and designing.

A practical lesson/Experiment is done in three main stages:

- **Preparation of procedure:** Checking materials to ensure they are available and at good state; try the procedure before the lesson; think of safety rules and give instructions to lab technician if you have any.
- **Performance of procedure:** Sitting or standing arrangement of student-teachers; introduction of the procedure: aims and objectives; setting up the apparatus; performing the procedure; write and record the data.
- **Discussion:** Observations and interpreting data; make generalisations and assignment: writing out the procedure report and further practice and research.

In some cases, demonstration by the teacher is recommended when for example the experiment requires the use of sophisticated materials or very expensive materials or when safety is a major factor like dangerous experiments and it needs specific skills to be learnt first.

In case your school does not have enough laboratory materials and chemicals, experiments can be done in groups but make sure every student participates. You can also make arrangements with the neighbouring science school and take your students there for a number of experiments.

B. Research work

Each student or group of students is given a research topic. They have to gather information from internet, available books in the library or ask experienced people and then the results are presented in verbal or written form and discussed in class.

C. Project work

Maternal and Child Health teachers are encouraged to sample and prepare project works and engage their students in, as many as possible. Students in groups or individually, are engaged in a self-directed work for an extended period of time to investigate and respond to a complex question, problem, or challenge. The work can be presented to classmates or other people beyond the school. Projects are based on real-world problems that capture learners' interest. This technique develops higher order thinking as the students acquire and apply new knowledge in a problem-solving context.

D. Field trip/industrial attachment

One of the main aims of teaching Maternal and Child Health in Rwanda is to apply its knowledge for development. To achieve this aim we need to show to students the relationship between classroom science lessons and clinical practice. This helps them see the link between theory and practice.

To be successful, the field visit/clinical placement should be well prepared and well exploited after the visit:

Before the visit, the teacher and student:

- agree on aims and objectives
- gather relevant information prior to visit
- brainstorm on key questions and share responsibilities
- discuss materials needed and other logistical and administrative issues
- discuss and agree on accepted behaviours during the visit
- Visit the area before the trip if possible to familiarise yourself with the place

After the visit

When students come back from trip, the teacher should plan for follow-up. The follow-up should allow students to share experiences and relate them to the prior science knowledge. This can be done in several ways; either: Students write a report individually or in groups and give to the teacher for marking. The teacher then arranges for discussion to explain possible misconceptions and fill gaps. Or students write reports in groups and display them on the class notice board for everyone to read.

Main steps for a lesson in active learning approach

All the principles and characteristics of the active learning process highlighted above are reflected in steps of a lesson as displayed below. Generally, the lesson is divided into three main parts whereby each one is divided into smaller steps to make sure that students are involved in the learning process. Below are those main parts and their small steps:

1) Introduction

Introduction is a part where the teacher makes connection between the current and previous lesson through appropriate technique. The teacher opens short discussions to encourage students to think about the previous learning experience and connect it with the current instructional objective. The teacher reviews the prior knowledge, skills and attitudes which have a link with the new concepts to create good foundation and logical sequencings.

2) Development of the new lesson

The development of a lesson that introduces a new concept will go through the following small steps: discovery activities, presentation of student-teachers' findings, exploitation, synthesis/summary and exercises/application activities, explained below:

- **Discovery activity**

Step 1

- The teacher discusses convincingly with students to take responsibility of their learning
- He/she distributes the task/activity and gives instructions related to the tasks (working in groups, pairs, or individual to instigate collaborative learning, to discover knowledge to be learned)

Step 2

- The teacher let the students work collaboratively on the task.
- During this period the teacher refrains to intervene directly on the knowledge
- He/she then monitors how the students are progressing towards the knowledge to be learned and boost those who are still behind (but without communicating to them the knowledge).

- **Presentation of student-teachers' productions**

- In this episode, the teacher invites representatives of groups to present the student-teachers' productions/findings.
- After three/four or an acceptable number of presentations, the teacher decides to engage the class into exploitation of the student-teachers' productions.

- **Exploitation of student-teachers' productions**

- The teacher asks the students to evaluate the productions: which ones are correct, incomplete or false
- Then the teacher judges the logic of the student-teachers' products, corrects those which are false, completes those which are incomplete, and confirms those which correct.

- **Institutionalization (summary/conclusion/ and examples)**

- The teacher summarises the learned knowledge and gives examples which illustrate the learned content.

- **Exercises/Application activities**

- Exercises of applying processes and products/objects related to learned unit/sub-unit
- Exercises in real life contexts

- Teacher guides students to make the connection of what they learnt to real life situations. At this level, the role of teacher is to monitor the fixation of process and product/object being learned.

3) Assessment

In this step the teacher asks some questions to assess achievement of instructional objective. During assessment activity, students work individually on the task/activity. The teacher avoids intervening directly. In fact, results from this assessment inform the teacher on next steps for the whole class and individuals. In some cases, the teacher can end with a homework assignment.

PART II. SAMPLE LESSON PLAN FOR UNIT I: POSTNATAL CARE

Sample lesson

Teacher's Name: School Name:

Term	Date	Subject	Class	Unit No	Lesson No	Duration	Class size
I	1st December 2021	Postnatal Care	S5	1	6 of 18	40 minutes	30 students
Type of Special Educational Needs and number of learners				For students with hearing disabilities and the teacher will use nonverbal communication like use of gestures or signs in order to help them.			
Topic area:				Women's Health.			
Sub-topic area:				Woman in Postpartum.			
Unit title				Postnatal Care			
Key Unit Competence:				Monitor a mother during postnatal period.			
Title of the lesson				Physiological changes and importance of vital signs monitoring to the mothers in the immediate postnatal period.			
Plan for this Class (location: in / outside)				In skills lab.			
Instructional Objectives				Using of different images illustrating the care given (vital signs monitoring) to the mother in postnatal period. The students will be able to identify the abnormal findings very early to the mother in postnatal period			
Learning Materials				Projector, machine (Laptop), marker and flipcharts, materials for vital signs like thermometer, stethoscope, BP cuff and a watch, pulse oxy meter, pain scale, mannequin, student book and teacher guide for Postnatal unit.			
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Timing for each step	Description of teaching and learning activity: The activities of this lesson will be conducted in 5 groups in the skills lab.		Competences and cross cutting issues to be addressed
	Teacher's activities	Learner's activities	
1.Introduction : 10 minutes	Asking some questions: <ul style="list-style-type: none"> • What are the components of health assessment? • What are the techniques used during physical examination? • What are the materials that can be used to assess the general status of the mother in postnatal period? 	Give answers. <ul style="list-style-type: none"> • Listening how teacher explains the components of health assessment (history taking, physical examination and laboratory examination), • Techniques of physical examination: inspection, palpation, auscultation, Percussion. • Materials used to assess the general status of the mother: thermometer, stethoscope, BP cuff etc. 	Competences: <ul style="list-style-type: none"> • Critical thinking skill will be developed when they are relating what they learned in fundamentals of nursing to this unit of postnatal care to the mothers in in the immediate postpartum period. • Communication skills will be developed during interaction between them and with the teacher.
2.Development of the lesson: in 35 minutes			
2.1.Discovery activity:10 minutes	<ul style="list-style-type: none"> • Ask students to observe the images of an associate nurse providing a care to the mother in postnatal period like taking the vital signs. • Provide materials and instructions to students. 	<ul style="list-style-type: none"> • Form five groups and share experience. • Taking materials needed for this activity. 	Competences: <ul style="list-style-type: none"> • Problem solving skills will be developed in group, discussion while answering to the given tasks.

	<ul style="list-style-type: none"> • Monitor how the students are progressing towards the knowledge, skills and attitudes to be learned and boost those who are still behind (but without communicating to them the knowledge). 	<ul style="list-style-type: none"> • Students work cooperatively on the task. • Both boys and girls participate actively and equally. 	<ul style="list-style-type: none"> • Communication skills will be developed during the group discussion while practicing the assigns tasks. • Manipulation skills will be developed during the hands on of taking the vital signs. • Cooperation skills will be developed while all of them are encouraged to participate equally. • Critical thinking will be developed while reflecting on those images
<p>2.2. presentation of findings: 15 minutes</p>	<p>Request the representatives of groups to present their findings.</p>	<ul style="list-style-type: none"> • Representatives of groups present their findings. • Others should follow to the presentation. 	<ul style="list-style-type: none"> • Communication skills will develop when the students shall present their work. <p>Inclusive education</p> <p>During observation of the image in the activity, the teacher will assist the students with hearing impairment and provide them as much as possible information related to the activity. They will also be given time to present what has been discussed in groups.</p>

<p>2.3. Exploitation of students findings: in 10 minutes</p>	<ul style="list-style-type: none"> • Ask students to evaluate the productions: which ones are correct, incomplete or false • The teacher judges the logic of the students' products, corrects those which are false, students' products, corrects those which are false, completes those which are incomplete, and confirms those which are correct. 	<ul style="list-style-type: none"> • Give comments on presentations. • Follow to the correction of teacher. 	<ul style="list-style-type: none"> • Communication skills will be used to evaluate the presentation of the other group and enables to know which answer that is; correct, incomplete or false. • Gender education is addressed through inviting both girls and boys to make presentation.
<p>2.4. Conclusion: 5 minutes</p>	<ul style="list-style-type: none"> • Recapitulate the learned knowledge, and give more clarification on the learned content. 	<ul style="list-style-type: none"> • Participate actively in summarizing the content. • Making short notes from the clarifications given by the teacher. 	<ul style="list-style-type: none"> • Listening skills will be developed while hearing the summary that the teacher is telling them on the clarifications of the learned content. • Writing skills will be developed while noting the input of the teacher to the learned content.
<p>3. Assessment: 20 minutes.</p>	<ul style="list-style-type: none"> • Engage students to work individually on questions of the self-assessment 3.1 in students' text books 	<ul style="list-style-type: none"> • Do exercises as indicated in students' text books. 	<p>Cross cutting issue: Peace and Values Education</p> <p>During group activities, debates and presentations, the tutor will encourage student-teachers to help each other and to respect opinions of colleagues, and to respect each other without separation,</p>

			<p>according to their groups (religions, skin color, and culture) and other variation among the human population.</p> <p>Inclusive education: The students with hearing impairments can do the assessment by writing on the papers.</p>
<p>Comments on the lesson delivered.</p>	<p>The lesson was conducted very nice since every learner was involved and is capable to achieve the key competence of the lesson.</p>		

PART III. UNIT DEVELOPMENT

1.1 Key unit competence

To monitor a mother during postnatal period

1.2 Prerequisite (knowledge, skills, attitudes and values)

The student should have studied health assessment in fundamentals of Nursing syllabus, drug administration in pharmacology, antenatal care and normal delivery in maternal and child health in S4, reproductive system in the biology syllabus.

For the knowledge and understanding; the students should know the definition of the term Obstetric and be able to explain the importance of post-natal care.

For the skills; the students have to perform the rapid initial assessment of a mother during postnatal period and should provide the care to the mother during postnatal period.

For the attitudes and values; the students should recognize the rapid initial assessment of a mother during postnatal period and master the provision of quality service to the mothers in the postnatal period.

1.3 Cross-cutting issues to be addressed

a) Inclusive education

This unit includes the collection of the materials used for taking the vital signs and requires the observation of images illustrating an associate nurse who is taking the vital signs of the mother in postnatal period. This may be a challenge to students with special educational needs especially children with visual impairment.

However, the teacher can make some arrangements like:

Grouping the students; Students with special educational needs are in the group with others and assigned roles basing on individual student's abilities.

Provision of materials for vital signs before the practice may help the students to be familiar with them. They can be drowned on the whiteboard or printed images depending on available resources. If you have children with low vision remember to print well visible images.

Every important point is written and spoken. The written points help students with visual impairment and speaking aloud helps students with hearing impairment. Remember to repeat the main points of the lessons.

b) Gender education

Instruct the students that during the presentation of the assigned tasks, boys and girls should share and participate equally. At the time of practice of taking the vital signs, all students have to practice irrespective of gender.

c) Environment and sustainability

Learners get basic knowledge from the procedure of taking the vital signs through the practice in the skills lab; learners understand and interpret principles of taking the vital signs. They also get skills and attitudes that will enable them in their everyday life to address at time to the identified health problems to the mothers in postnatal period.

The students are encouraged to clean, prepare and arrange the skills lab before the practice of taking the vital signs. After the procedure, the skills lab has also to be rearranged and the displaced materials should be repositioned to their previous positions.

1.4 Guidance on the introductory activity

This introductory activity helps the teacher to engage learners in the introduction of postnatal care and invite the learners to follow the next lessons.

Teacher's activity:

- Ask students to visualize the images and discuss the given questions.
- Engage students in working collectively on the activity.
- Help students with different problems.
- Ask any five students to present their findings while others are following.

The expected answers:

1. The images demonstrating the care given to the mother in the immediate postnatal period;
 - Image A shows a mother who is breastfeeding her baby,
 - Image B demonstrates an associate nurse, who is taking the pulse of the mother in postnatal period,
 - Image C illustrates an associate nurse who is taking the BP of the mother,
 - Image D shows an associate nurse who is preparing some medications to be given to the mother.
 - Image E shows a mother with severe vaginal bleeding which occurs after child birth.

- Image F shows a mother who is voiding her urinary bladder.
 - Image G illustrates how to measure the blood loss after child birth.
 - Image H shows an associate nurse who is assessing the baby in postnatal period.
2. It is necessary to have blood pressure machine, thermometer, pulse oximeter because they help the associate nurse to assess the general status of the mother, medications helps to relieve/ treat the mother's medical condition and toilet near the mother in the postpartum as it helps during the emptying of the urinary bladder.
 3. Voiding in immediate postnatal period helps the uterine retraction.
 4. Blood loss in immediate postnatal period is explained that; during vaginal delivery (severe blood loss: >500ml) and during C/ section (severe blood loss: >1000ml).

1.5 List of lessons/sub-heading

Lesson title		Learning objectives (from the syllabus including knowledge, skills and attitudes)	Number of periods
1	General assessment of the mother and its importance in the immediate post-partum period.	Define the term obstetrics, <ul style="list-style-type: none"> • Explain the importance of general assessment of a mother in postnatal care. 	2
2	Techniques and elements of general assessment the mother in immediate postnatal period.	To determine the techniques of health assessment.	2
3	Nursing interventions during general assessment of the mother in postnatal period.	To apply the nursing interventions during general assessment of the mother on the mannequin and between the students.	2
4	General assessment of the baby in immediate postnatal period.	To assess the general condition of the baby.	2
5	Practice of rapid general assessment of the baby.	To apply the rapid general assessment of the baby on the mannequin	2

6	Physiological changes and importance of vital signs monitoring in immediate postnatal period.	To identify the abnormal findings very early to the mother in postnatal period.	2
7	Practice on the taking vital signs in the immediate postnatal period	To apply the effective monitoring of vital signs in the immediate postnatal period	2
8	Protocol of vital signs monitoring in the immediate postnatal period.	To determine the frequency and rationale of taking vital signs to the mother in postnatal period.	2
9	Techniques and importance of assessing bladder fullness in the immediate postnatal period.	To explain the importance of bladder emptying in immediate postnatal period.	2
10	Nursing care in case of full bladder in the immediate postnatal period.	To explain the care provided to the mother with a full bladder in postnatal period.	2
11	Concepts, physiology and importance of measuring fundal height in immediate postnatal period.	To explain the concepts and importance of measuring fundal height.	2
12	Technique of assessing the fundal height in the immediate postnatal period.	To explain the techniques used to measure the fundal height in postpartum.	2
13	Physiology and importance of uterine retraction in immediate postnatal period.	To state the importance of uterine retraction in immediate postnatal period.	2
14	Monitoring of uterine retraction and uterine massage.	To determine how to monitor the uterine retraction.	2
15	Physiology, causes and signs of blood loss immediate postnatal period.	To explain the Physiology, causes and signs of blood loss immediate postnatal period.	2

16	Methods of blood loss assessment in the immediate postnatal period.	To differentiate the methods of blood loss in the immediate postnatal period.	2
17	Perineal and genital care to the mother in the immediate postnatal period.	To provide perineal and genital care.	2
18	After pains care and education to the mother in the immediate postnatal period.	To educate the mother on after pain and explain the management of after pain	2
	Skills lab	Practical assessment on the general assessment of the mother and the baby in the immediate postnatal period.	2
	End unit assessment	The lesson was conducted very nice since every student was involved and is capable to achieve the key competence of the lesson.	2

Lesson 1: General assessment of the mother and the importance of it in the immediate postpartum period.

a) Learning objectives:

- Define the term Obstetric.
- Explain the importance of general assessment of a mother in postnatal care.

b) Teaching resources

Student's book and teacher guide of the unit, mannequin, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction:

This is the first lesson of the first unit of postnatal care. In this lesson you will be dealing with general assessment of the mother and the importance of it during the immediate postpartum period. The first thing to do before starting teaching is to remind students that they have learnt about health assessment in fundamentals of nursing (S4), antenatal care and normal delivery in maternal and child health (S4), reproductive health in biology (S4), and let them discuss the meaning of some obstetric terms so that they can prepare themselves for this lesson.

d) Learning activities 1.1

Guidance:

- Provide an activity 1.1 given in student teacher textbook and ask them to do the related questions, attributed to each group,
- Provide the necessary materials.
- Move around in silence to monitor if they are having some problems
- Remember to assist those who are weak but without giving them the knowledge.
- Invites any five students to present their findings to the rest of students.
- Ask other students to follow carefully the presentations
- Note on white board / paper the student's ideas.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making that conclusion.

Answers for learning activity 1.1

1. The meaning of these images during the assessment to this mother: image A; the associate nurse is collecting subjective data while the image B; she is obtaining the objective data.
2. Advantages of the assessment to this mother: It helps to identify the general status of the mother.

Answers for self-assessment 1.1

Expected answers are:

1. Importance of assessment of the mother in the postnatal period:
 - To have the general picture of the mother's well being
 - To find out the level of consciousness
 - To find out if the woman's condition gives rise to concern
 - To find out the woman's and baby's urgent need of care
2. Safety considerations of general assessment in immediate postnatal period:
 - Perform hand hygiene
 - Introduce yourself to patient.

- Confirm patient ID using
- Explain process to patient.
- Be organized and systematic in your assessment.
- Use appropriate listening and questioning skills.
- Listen and attend to patient cues.
- Ensure patient's privacy and dignity.

Lesson 2: Techniques and elements of general assessment of the mother in immediate postnatal period.

a) Learning objectives:

To apply the techniques of health assessment.

b) Teaching resources

Student's book and teacher guide of the unit, mannequin, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction:

This is the second lesson of the first unit of postnatal care. In this lesson you will be dealing with techniques and elements of general assessment of the mother in immediate postnatal period. The first thing to do before starting teaching is to remind students that they have learnt about health assessment in fundamentals of nursing (S4), antenatal care and normal delivery in maternal and child health (S4), and let them discuss the meaning of some techniques of the assessment so that they can prepare themselves for this lesson.

d) Learning activities

Guidance:

- Ask students to work in pair and do the activity 1.2 in student's book.
- Provide the necessary materials to the learners.
- Move around in silence to monitor if they are having some problems, sharing ideas in pairs.
- Assist those who are weak but without giving them the knowledge.
- Invite any of the three pairs to present their findings to the rest of students.
- Ask other students to follow carefully the presentations
- Note on white board / paper the student's ideas.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Encourage the students to have more practice on the assessment of the mother.

- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion

Answers of learning activity 1.2

1. Image that is showing an associate nurse receiving information by looking the mother is A.
2. Image that is demonstrating an associate nurse obtaining information of the mother with the help of stethoscope is image C and stethoscope helps for auscultation.

Answers for self-assessment 1.2

1. The elements that can be assessed during inspection of the mother in the postnatal period: general appearance, skin colour, level of consciousness or mental status, and vaginal bleeding.
2. On lower limbs, inspect and palpate for pitting oedema, warmth and signs of inflammation for negative Homan's sign.
3. Homan's sign test also called dorsiflexion sign test is a physical examination procedure that is used to test for Deep Vein Thrombosis (DVT).
4. The elements of auscultation to the mother in the immediate postnatal period: bowel sounds with stethoscope.

Lesson 3: Nursing interventions during general assessment of the mother in postnatal period.

a) Learning objectives:

To apply the nursing interventions during general assessment of the mother in the immediate postnatal period.

b) Teaching resources

Student's book and teacher guide of the unit, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction

The students already know what the techniques and elements of general assessment of the mother in immediate postnatal period mean in the previous lesson, the teacher is also recommended to help them to work this activity of practice for applying the techniques of the assessment in the skills lab as it is in the student book and the teacher will use the student's ideas through the practice and student's presentations.

d) Learning activities 1.3

Guidance:

- Tell the students to go to skills lab.
- Ask the students to collect the necessary materials.
- Ask the students to brainstorm on how to apply the techniques of general assessment of the mother.
- Supervise the practice how it is being conducted and give the students' opportunity to work in their respective groups
- Ask students to record findings on the paper sheet
- Ask the students to present what they have done.
- Help the students to summarize what they have learnt.
- Guide the students to practice on the techniques of the general assessment.
- Encourage more practice on the assessment of the mother.

Answers of learning activity 1.3

1. The general assessment to the mother in immediate postnatal period is very important in order to avoid and overcome the complications related to physiological adjustment after delivery.
2. The advantages of regular assessment in immediate postnatal period are:
 - To have the general picture of the mother's well being
 - To find out the level of consciousness
 - To find out if the woman's condition gives rise to concern
 - To find out the woman's and baby's urgent need of care

Answers for self-assessment 1.3

1. In immediate postnatal period, the associate nurse must do the following essential care:
 - Assess the mother's general status, vital signs, bladder fullness, uterine retraction (involution), and vaginal bleeding
 - Rehydration and nutrition support to the mother
 - Provide hygiene (genital and perineal care, bed bath, bed making) to the mother

- Provide education and psychological support to the mother.
2. Postnatal period is the period beginning immediately after birth of a child and extends for about six weeks of life.

Lesson 4: General assessment of the baby in immediate postnatal period.

a) Learning objective:

To assess the general condition of the baby.

b) Teaching resources

Student's book and teacher guide of the unit, mannequin, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction

The teacher makes a revision on the general assessment, the activity in student book creates the clear connection to the assessment of the baby. The teacher will ask the learners some questions on the general elements that the associate nurse has to base on during the assessment of the baby.

d) Learning activities 1.4

Teacher's activities

- Ask the students to collect the materials needed to conduct the assessment of the baby.
- Ask the students to brainstorm techniques used to assess the baby.
- Supervise the practice how it is being conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Guide the student's techniques used to assess the baby.
- Encourage the students to have practice of assessment of the baby.

Answers for learning activity 1.4

The general elements that you think the associate nurse can base on in order to conduct the assessment of this baby are skin, respiration, body temperature, umbilical cord status.

Answers for self-assessment 1.4

1. The causes of the following:
 - a) Paleness of the skin: the bleeding of the baby's umbilical cord

- b) Blue skin(cyanosis): respiratory distress
 - c) Floppy and inactive baby: Hypoglycemia
 - d) Low body temperature: Exposure to coldness
 - e) Very or low respiration movement: respiratory distress
2. The elements of inspection on the baby in immediate postnatal period: skin colour, respiration rate, temperature.

Lesson 5: Practice on rapid general assessment of the baby.

a) Learning objectives:

To apply the rapid general assessment of the baby on the mannequin

b) Teaching resources

Student's book and teacher guide of the unit, mannequin, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction

The students already learned the general assessment of the baby and they are given enough time to practice the assessment of the baby and the teacher will ask different questions such as what do you think about the importance of performing the practice of general assessment of the baby? From the answers provided by the learners, the teacher gives the progress of the lesson.

d) Learning activities 1.5

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to separate figures located in student book based on their role.
- Ask the students to brainstorm on the interpretation of the figures.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Encourage the students to have more practice.

Answer for learning activity 1.5

1. Baby was crying because of hunger as indicated by mother that since birth baby didn't breastfeed.
2. General assessment from head to toes is needed to exclude any deviation from normal.

3. The nurse has to educate mother about breast feeding, how and when to breastfeed as she is a new mother.

Answers for self-assessment 1.5

Question 1:

- a) Baby care includes; breast feeding, cord care, baby birth and clothing, prevention of hypoglycemia and immunization.
 - b) Exclusive breastfeeding and its importance to the baby.
 - c) Education about danger signs to the baby and when to come back to hospital or when to alert care provider.
2. After noticing anything unusual or abnormal record findings and notifies to the senior staff and reassures the parents.

Lesson 6: Physiological changes and importance of vital signs monitoring in immediate postnatal period.

a) Learning objectives:

To identify the abnormal findings very early to the mother in postnatal period.

b) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, materials for vital signs like a thermometer, BP machine, pulse oximeter, a watch, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The introduces the physiological changes and importance of vital signs monitoring in immediate postnatal period and asking different questions such as what do you think that could be the importance of taking the vital signs of the mother in the postnatal period? What do you think about the use of thermometer? And in which condition of the mother, the vital signs shall be needed? From the answers provided by the learners, give you the progress of the lesson.

d) Learning activities 1. 6

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to separate figures located in student book based on the figures of the materials for vital signs.

- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Encourage the students to have more practice in taking the vital signs.

Answer for learning activity 1.6

1. The importance of taking the vital signs of a mother in the postnatal period is to determine the physiological changes that may occur after birth.
2. Thermometer helps to take the body temperature.
3. The immediate postnatal last 6 hours. The vital signs in this period must be taken every 15 minutes in the first hour, every 30 minutes for the following 2 hours and every hour for 3 hours.

Answers for self-assessment 1.6

1. The abnormal findings that may be reported while assessing the respiration rate in immediate postnatal period: Tachypnea, abnormal lung sounds, shortness of breath, chest pain, and anxiety, or restlessness.
2. Postnatal tachycardia may result from a complication of blood loss.

Lesson 7: Practice on the taking vital signs in the immediate postnatal period.

a) Learning objectives:

To demonstrate the effective use of BP cuff, thermometer, stethoscope, pulse oxymeter, a watch on the mannequin and between students.

a) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, materials for vital signs like a thermometer, BP machine, pulse oxymeter, a watch, mannequin, student books for this unit and teacher's guide book.

b) Prerequisites/Revision/Introduction

The students already know the materials of vital signs and they are given time for practice and the teacher may ask the learners some different question like what do you think that the practice of taking the vital sign will help to the mother in postnatal period? From the answers provided by the students, give the teacher the progress of the lesson.

c) Learning activities 1. 7

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to separate figures of the materials used to take the vital signs.
- Ask the students to brainstorm on how to use these materials of vital signs.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.7

1. It is done in the skillslab to practice the postnatal monitoring including vital signs measurement.
2. Thermometer helps to take the body temperature of the mother.
3. Stethoscope is used to auscultate the bowel sound.

Answers for self-assessment 1.7

1. Monitoring vital signs in immediate postnatal period and play the following role:
 - Help to detect the likely possible signs of shock
 - Helps to prevent immediate postnatal related complication including postpartum hemorrhage
 - Helps to intervene earlier if postpartum hemorrhage
 - To promote maternal safety
2. Blood pressure, pulse rate, body temperature, respiration rate, oxygen saturation and pain score.

Lesson 8: Protocol of vital signs monitoring in the immediate postnatal period.

a) Learning objectives:

To determine the frequency and rationale of taking vital signs to the mother in postnatal period.

b) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, materials for vital signs like a thermometer, BP machine, pulse oxymeter, a watch, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The students already know the materials for taking the vital signs and they are given time for practice and the teacher ask some different questions like what do you that the materials for vital signs can the associate during the general assessment of the mother in postnatal period? What do you think about the monitoring of vital signs to the mothers in postpartum period? From the answers provided by the learners, the teacher gives the progress of the lesson.

d) Learning activities 1.8

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read the case study located in the student book based showing a mother in postpartum period with the taken vital signs.
- Ask the students to brainstorm on how to take the vital signs in the immediate postpartum period.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Encourage the students to have more practice for taking the vital signs.

Answer for learning activity 1.8

1. It is necessary to monitor vital signs of the mother in the immediate postnatal period because it helps to determine any health problem like internal or external bleeding, hypotension.
2. The pain score of 4/10 means that the pain is moderate.

Answers for self-assessment 1.8

1. The protocol of vital signs monitoring in immediate postpartum to 3 hours; Vital signs have to be taken every 15 minutes in the first hour, every 30 minutes for the following 2 hours and every hour for the following 3 hours also.

2. Interpret the following vital signs found from a mother who delivered 2 hours ago: Blood pressure (85/50): hypotension and pulse rate (120 beats/ minute): tachycardia and respiration rates (25 movements/minutes): tachypnea.

Lesson 9: Techniques and importance of assessing the bladder fullness in the immediate postnatal period.

a) Learning objectives:

To explain the importance of bladder emptying in immediate postnatal period.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, bed pan, urinary catheter, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the importance of assessing the bladder fullness and the techniques that can be used and asking different questions such as what do you think that could be the cause of distended abdomen to this mother? How long do you think that the spontaneous voiding should return to this mother after birth? From the answers provided by the learners, the teacher offers the progress of the lesson.

d) Learning activities 1.9

Guidance:

- Give the students the materials to be used and guide them.
- Ask students to read the case study located in student book showing the mother with a full bladder in the postnatal period.
- Ask the students to brainstorm how on how to assess a full bladder.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for activity 1.9

1. The cause of distended abdomen to this mother is due to failure to void the urine that led to the insertion of the urinary catheter.
2. The spontaneous voiding should return to this mother after birth between 6-8 hours.
3. The mother is supposed to pass at least 150ml of urine per void in postnatal period.

Answers for self-assessment 1.9

1. The importance of emptying the full bladder to that mother:
 - To promote optimal bladder function after delivery
 - Reduce risks of uterine atony (bladder distension causes uterine atony)
 - Reduce and manage postpartum after pains
 - Reduce immediate postnatal stress to the mother due to increase after pains related to full bladder.
 - Promote the wellbeing of the mother in postnatal period
2. The methods used to empty her full bladder: Ask her to urinate within the first two to three hours. If she is too tired to get up and walk, she can squat over a bedpan on the bed or on the floor, if she has urine retention, she may need urinary catheter in place.
3. The consequences of full bladder to the mother in immediate postnatal period: A full bladder can displace the uterus and lead to postpartum hemorrhage. Therefore, assessing and emptying the full bladder can help in prevention of postpartum hemorrhage.

Lesson 10: Nursing interventions for full bladder in the immediate postnatal period.

a) Learning objectives:

To explain the interventions provided to the mother with a full bladder in postnatal period.

b) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, bed pan, urinary catheter, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the nursing care in case of full bladder in the immediate postnatal period and asking different questions such as what do you think that the full bladder may interrupt the uterine contraction after birth? Which technique do you think that can be helpful to the mother in order to empty the bladder? From the answers provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 1.10

Guidance:

- Give the students the materials to be used and guide them.

- Ask the students to read the case study located in student book showing a mother with difficult in passing out the urine which led to the full bladder.
- Ask the students to brainstorm on how to empty the bladder.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.10

1. The cause of that slight vaginal bleeding in postpartum period may be due to difficult in passing out the urine which leads to the bladder fullness.
2. Encourage the mother to pass urine regularly.

Answers for self-assessment 1.10

1. The strategies used to empty full bladder in the immediate postnatal period?
 - Check bladder fullness frequently in post-delivery period.
 - Encourage the woman to empty her bladder regularly
 - Check the amount of voiding for measuring input and output
 - If no void in 4-6 hours, encourage the mother to go to void
 - Stimulate voiding by running tap water or pouring warm water over the perineum if possible.
 - Provide or help the mother to take plenty fluid.
2. The roles of the associate nurse during the technique of bladder emptying: Ask the mother to urinate within the first two to three hours. If she is too tired to get up and walk, she can squat over a bowel on the bed or on the floor, if she has urine retention she may need urinary catheter in place.
3. When to decide to refer the mother to go where the urinary catheter can be inserted: If over 6 hours and the bladder is still full, refer her where the urinary catheter can be used to empty the bladder.

Lesson 11: Concepts, physiology and importance of measuring fundal height in immediate postnatal period.

a) Learning objectives:

To explain the concepts and importance of measuring fundal height.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, a tape, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The introduces the importance of measuring fundal height in immediate postnatal period and asking different questions such as what do you think that could be the importance of measuring the fundal height in the immediate postnatal period? Where do you think that the fundus may be located immediately after birth? From the answers provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 1.11

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read the case study located in student book based demonstrating how to measure the fundal height.
- Ask the students to brainstorm on how to measure the fundal height.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.11

1. The importance of measuring the fundal height in the immediate postnatal period: Assessing the fundal height allows identify:
 - The state of uterine involution progress
 - Identify uterine tone and the cause of uterine atony related bleeding
 - Prevent uterine atony related bleeding
 - Help the other reducing after pains through uterine massage
2. The fundus may be located immediately after birth at the midway between umbilicus and symphysis pubis.

Answers for self-assessment 1.11

Definition of the following terms:

- a. **Fundal height:** is the distance from the pubic bone to the top of the uterus measured in centimeters.

- b. Boggy uterus:** refers to a clinical condition in which the uterus is identified as enlarged and soft.
- c. Uterine retraction:** is a phenomenon of the uterus in labor or after delivery in which the uterine muscle fibers are permanently shortened.
- d. Uterine atony:** is defined as failure of the myometrium to contract and retract around the open blood vessels of the utero-placental implantation site following childbirth.

Lesson 12: Technique of assessing the fundal height in the immediate postnatal period.

a) Learning objectives:

To explain the techniques used to measure the fundal height in postpartum.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, a tape, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the assessment of the fundal height and continued with the techniques to be used and the teacher will ask some different questions such as What can propose as the materials to be used while measuring the fundal height? When do you think that the uterus is well contracted after the child birth? From the answers provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 1.12

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read a case study located in student book showing a mother with slight vaginal bleeding, soft uterus and the abdomen looks big after delivery.
- Ask the students to brainstorm on how to assess the fundal height after birth.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.12

1. The materials needed for measuring the fundal height: a tape measure, mannequin.

2. The fundus is assessed for approximately one hour post-delivery.

Answers for self-assessment 1.12

1. The fundus may be located at 1 cm below the umbilicus at 24 hours after delivery.
2. If the fundus is deviated or elevated above the level of umbilicus, the associate nurse should massage prior palpation and assess for any blood discharged during massage.
3. The fundus is palpable at the symphysis pubis at 7 th day after birth.

Lesson 13: Physiology and importance of uterine retraction in immediate postnatal period.

a) Learning objectives:

To state the importance of uterine retraction in immediate postnatal period.

b) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, mannequin, a tape measure, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the importance of uterine retraction in immediate postnatal period and ask different questions such as what do you think about importance of checking softness or firmness of the uterus in the postnatal period? From the answers provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 1.13

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read a case study located in student book showing a mother with enlarged uterus 2 cm above the umbilicus, moderate vaginal bleeding and rapid pulse which occurred after birth.
- Ask the students to brainstorm on how to assess the uterine retraction.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.13

1. The importance of checking softness or firmness of the uterus in the postnatal period include:
 - Early prevention of postpartum hemorrhage caused by uterine atone or placenta retains
 - Reducing risks of postpartum deaths due to postpartum hemorrhage
 - Reducing the intensity of severe postpartum after pains as uterine massage is always in the process of assessment of uterine retraction.
2. Before palpating the mother's abdomen, have the bladder empty prior to assessment because a distended bladder may delay the uterine retraction.

Answers for self-assessment 1.13

1. The oxytocin is a hormone involved in immediate postnatal period uterine retraction.
2. Factors hindering the uterine involution include; prolonged labor, incomplete separation and expulsion of placenta, grand multiparty, full bladder and anesthesia.
3. The importance of checking uterine retraction in the postnatal period include:
 - Early prevention of postpartum hemorrhage caused by uterine atone or placenta retains
 - Reducing risks of postpartum deaths due to postpartum hemorrhage
 - Reducing the intensity of severe postpartum after pains as uterine massage is always in the process of assessment of uterine retraction.

Lesson 14: Monitoring of uterine retraction and uterine massage.

a) Learning objectives:

To determine how to monitor the uterine retraction.

b) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, mannequin, a tape measure, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the importance of the uterine retraction monitoring and asking different questions such as what do you think about the time and frequency of checking the softness or firmness of the uterus in the postnatal period? What do you understand by the term uterine retraction? And in which conditions do we

consider a contracted uterus? From the answers provided by the learners, the teacher provides the progress of the lesson.

d) Learning activities 1.14

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to observe the figure located in student book showing how to assess the uterine retraction.
- Ask the students to brainstorm how separate the figures.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.14

1. The hand at the umbilicus will push down and in to feel the fundus (feel if the uterus is firm or hard, soft or displaced laterally). The support is needed to help prevent uterine inversion and prolapse.
2. The uterine retraction checking combined with uterine massage is generally performed every 10-15 minutes for the first hour after birth, and every 30 minutes during the second hour. After the first two hours this massage usually happens every 4-8 hours until discharge.

Answers for self-assessment 1.14

1. The uterine massage after birth for the first 48 hours is generally performed every 10-15 minutes for the first hour after birth, and every 30 minutes during the second hour. After the first two hours this massage usually happens every 4-8 hours until discharge
2. The impact of full bladder on the uterine retraction; it delays retraction which can lead to abnormal bleeding after birth.
3. The associate nurse will put the hand at the umbilicus will push down and in to feel the fundus (feel if the uterus is firm or hard, soft or displaced laterally) and the left-hand supporting uterus above symphysis pubis to prevent the uterine inversion while checking and performing the uterine massage in postnatal period.
4. The signs of well retracted uterus in immediate postnatal period includes hard uterus on palpation, firm not distended or displaced with normal vaginal bleeding.

Lesson 15: Physiology, causes and signs of blood loss immediate postnatal period.

a) Learning objectives:

To explain the Physiology, causes and signs of blood loss immediate postnatal period.

b) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, mannequin, a tape measure, student books for this unit and teacher's guide book

c) Prerequisites/Revision/Introduction

The teacher introduces of blood loss by reminding the learners on the importance of uterine retraction monitoring which reduces the risk of blood loss and asking different questions such as what do you think about benefits of estimating the amount of blood loss in immediate postnatal period? And in which conditions results can indicate a blood loss? From the answers provided by the learners, the teacher offers the progress of the lesson.

d) Learning activities 1.15

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to observe the image and read the case study located in student book showing a mother with blood loss in postpartum period.
- Ask the students to brainstorm on how to assess the blood loss in postpartum period.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.15

1. Felling dizzy, thirsty, vaginal bleeding, elevated maternal pulse, low blood pressure, bed sheets soiled with blood all these can indicate unusual blood loss.
2. It is important to of estimating the amount of blood loss in immediate postnatal period because the excessive blood loss is a significant cause of morbidity and mortality.

Answers for self-assessment 1.15

1. Immediately after birth, the first the blood comes out in little spurts or gushes (lochia rubra) when the uterus contracts, or when the mother coughs, moves, or stands up, but the flow should reduce over the next two to three days.
2. Normally after delivery of placenta the expected blood loss is: C) 250mls
3. Explain signs and symptoms of mild blood loss in immediate postnatal period
 - Uncontrolled bleeding.
 - Decreased blood pressure.
 - Increased heart rate.
 - Decrease in the red blood cell count.
 - Swelling and pain in the vagina and nearby area if bleeding is from a hematoma.

Lesson 16: Methods of blood loss assessment in the immediate postnatal period.

a) Learning objectives:

To differentiate the methods of blood loss in the immediate postnatal period.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, gauzes, a tape measure, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the assessment of blood loss and asking different questions such as how do you think that the blood loss can be estimated? And in which conditions results can indicate heavy vaginal bleeding? From the answers provided by the learners, the teacher gives the progress of the lesson.

d) Learning activities 1.16

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to observe the image located in student book showing how to measure the blood loss.
- Ask the students to brainstorm on how to measure the blood loss.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.16

1. The image D shows peri pad saturated with excessive amount of blood loss.
2. Blood loss can be estimated by visual estimation and weighing the collected blood.

Answers for self-assessment 1.16

1. The methods of estimating blood loss are by direct measurement of collected blood (swabs, pads, pampers etc.) and the other is by indirect measurement and later reflects blood loss by assessment of hemoglobin concentration in the blood.
2. The term lochia is the postpartum (post birth) vaginal discharge and it contains blood, mucous and placenta tissue. Lochia discharge typically continues for 4-6weeks after childbirth (while the reproductive organs return to their pre pregnancy state).
3. Lochia rubra is the first vagina discharge color lost following birth of baby, it is dark red (red) in color because it contains large amount of blood, this amount comes from the wound left behind inside the uterus where the placenta sheared away, it occurs for 3-5 days after birth.

Lochia serosa is the term for lochia that has thinned and turned brownish/ pink in color, it continues until around the 10th day post birth.

Lesson 17: Perineal and genital care to the mother in the immediate postnatal period.

a) Learning objectives:

To provide perineal and genital care.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, gauzes, a tape measure, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the perineal and genital care to the mother in the immediate postnatal period and asks different questions such as what do you think about perineal and genital care in immediate postnatal period? What do you think about changing pads and bedmaking in this period? From the answers provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 1.17

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to observe the pictures located in student book showing an associate nurse providing a perineal care in postnatal period.
- Ask the students to brainstorm on how perineal care can be done in postnatal period.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.17

1. The perineal and genital care in immediate postnatal period helps to prevent the occurrence of infections.
2. Changing pads and bedmaking in immediate postnatal period promotes the mother's comfortability.

Answers for self-assessment 1.17

1. It is necessary to clean the perineum in anteroposterior direction in order to prevent the infection.
2. It is discouraged to use alcohol or any other disinfectants to clean genital area because they can cause genital irritation.

Lesson 18: After pains care and education to the mother in the immediate postnatal period.

a) Learning objectives:

To educate the mother on after pain and explain the management of after pain.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, student book for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the after pains care and education to the mother in the immediate postnatal period and asks different questions such as what do you think it is after pains? What do you think that may be the predisposing factors of after pain to mother in postnatal period? What can you suggest as at least one method to use in order to relieve after pain? From the answers provided by the learners, give the teacher the progress of the lesson.

Learning activities 1.18

Guidance:

- Give the students the materials to be used and guide them.
- Ask learners to read a case study located in student book showing a mother with lower abdominal pain, looks unhappy, pain at the episiotomy site after birth.
- Ask the students to brainstorm on how to assess after pain in the postnatal period.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 1.18

1. After pains are the contractions that occur after labour and delivery.
2. The predisposing factors of after pain to mother in postnatal period: episiotomy stitches, primiparous and mothers with uterine over distended.
3. Application of a warm compress or water bottle to lower abdomen is one of the methods used to relieve after pain.
4. The associate should explain to the mother the cause of after pains, and that they are physiological, they increase during breastfeeding but she has to continue to breastfeed as it reduces the bleeding.

Answers for self-assessment 1.18

1. Questions on after pains:

- a) The non-pharmacologic comfort measures used to relieve after pains:
- Help the mother to place ice on the perineum to reduce swelling and pain
 - Apply warm compress or water bottle to lower abdomen
 - Assist the mother to sitting and/or lie in positions that can help her feeling more comfortable
 - Prone position with small pillow under abdomen (that position applies pressure to uterus and stimulates contraction).
 - Guide relaxation and breathing techniques to the mother (read books on relaxation and breathing technics)

- Keep the mother's bladder empty
- b) Encourage the mother to change sanitary pads if dirty Talk with mother during the assessment and care, teach her the things about her care as you go along, baby care, ask her what she needs, if she needs help let her have it.
- c) Rest is usually encouraged during the first hours preferably in prone position as this aids drainage from the uterus and vagina.

2. Questions on education:

- a) Encourage the mother to maintain the baby's warmth through putting the baby on skin-to-skin on the mother's abdomen, the hat on the baby's head and dressing the baby with warm clothes. The mother is also encouraged to observe frequently umbilical cord for any bleeding and ensure hygienic care of the baby's umbilical cord stump.
- b) Encourage the mother immediately start to breastfeeding after birth and frequently as it helps alleviating after pains, for breast milk production and helps and preventing hypoglycemia to the newborn.
- c) Encourage the mother to increase the fluid and food intake with increasing intake of fruits and vegetables in order to gain strength and maintain hydration.
- d) Tell the mother to wash hands every time she comes from toilet before changing her pad or breastfeeding her baby

1.6 Summary of the unit for unit I

Obstetrics is the field of study concentrated on pregnancy, childbirth and the postpartum period.

Postnatal care is defined as a care given to the mother and her newborn baby immediately after the birth of the placenta and for the first six weeks of life.

In the postnatal period, all these dynamic body systems (uterus, heart, lungs, blood volume and blood contents, reproductive system, breasts, immune system and hormones) have to adjust from the pregnant state back to the pre-pregnant state, and there is potential risks of complications as these adjustments occur. Common examples are postpartum hemorrhage, deep vein thrombosis (blood clots in the veins of the legs), infections and others.

To avoid and overcome complications related to physiological adjustments after delivery, all mothers and their babies must receive active and ongoing assessment and care in the immediate postnatal period. This is called 'immediate postnatal care.'

1.7 Additional information

The activity requires the teacher to take students inside the skills lab and help them to do it. As teacher, you have to divide the students into groups, provide necessary materials to be used and guide them accordingly. Remember to call student for presentation of their results.

1.8 End unit I assessment

SECTION A: Multiple choices and true or false

Multiple choices

1. B
2. D
3. B
4. D
5. B
6. Answer by true or false question:
 - a) False
 - b) True
 - c) True
 - d) True
 - e) False

SECTION B: Short answers

7. The associate nurse when s/he finds uterus as hard, s/he will leave it alone between checks and if it is soft, s/he has to rub/ massage the abdomen.
8. The fundal height immediately after birth is found at the midway between umbilicus and symphysis, and at 2hours will be at level of umbilicus level or just slightly below the pubis and at 12 hours 1cm above the umbilicus.
9. Constant, trickle lochia saturating one pad in less than an hour and lochia with the presence of large (i.e., golf-ball sized) blood clots.
10. The associate nurse will use this technique for emptying the urinary bladder:
 - Check bladder fullness frequently in post-delivery period.
 - Encourage the woman to empty her bladder regularly
 - Check the amount of voiding for measuring input and output
 - If no void in 4-6 hours, encourage the mother to go to void
 - Stimulate voiding by running tap water or pouring warm water over the perineum if possible.

11. In palpation, moist skin will indicate that the mother is falling into the shock status which can be related to postpartum hemorrhage.
12. The whitish (pale) conjunctiva to the mother in postpartum period indicates anemia and that might be related to postpartum hemorrhage.
13. The mothers are more likely to experience after pains compared to their peers. Multiparous and mothers with uterine over distention (e.g., large baby, multiple gestation, polyhydramnios) are more likely to experience after pains, due to the continuous pattern of uterine relaxation and vigorous contractions.
14. The medications can be given to the mothers who are experiencing after pains resisting to non-pharmacological methods are ibuprofen, diclofenac.
15. After delivery the uterus contracts and relaxes as it shrinks back to its pre-pregnancy status. This cramping is also called "after pains." It may feel like menstrual cramps or even labor contractions. After-pains are contractions that occur after labor and delivery.
16. Rest is usually encouraged during the first hours preferably in the prone position as this aids drainage from the uterus and vagina.
17. The components of inspection during the general assessment of the mother in the immediate postnatal period: general appearance, skin color, level of consciousness or mental status, and vaginal bleeding.
18. The physical checks during the assessment of the mother in the immediate postnatal period the associate nurse can assess different parts like;
 - Skin (moist and cold skin indicate the mother is falling into the shock status which can be related to postpartum hemorrhage)
 - The conjunctiva (pale/whitish conjunctiva indicate anemia and that might be having postpartum hemorrhage)
 - Pulse rate (fast and rising pulse indicate potential shock to the mother)
 - Breast nipple for ensuring the presence of colostrum breast
 - Bladder fullness
 - Lower limbs for pitting edema, warmth for negative Homan's sign.
19. The importance of monitoring vital signs in the immediate postnatal period are;
 - Help to detect the likely possible signs of shock
 - Helps to prevent immediate postnatal related complications including postpartum hemorrhage
 - Helps to intervene earlier for any arising complications like: postpartum hemorrhage
 - To promote maternal safety

The expected normal ranges of vital signs in postnatal period are as follows:

Vital Sign	Normal Value
Temperature	36-37 °C
Pulse	60-100 beats/ minute
Respiration Rate	12-20 breaths/ minute
Blood Pressure	SBP: 90-140 mmHg DBP: 60-90 mmHg
Pulse Oxymeter	94-100%

20. A full bladder can displace the uterus, inhibit it from contracting normally and lead to postpartum hemorrhage. This is because uterus located above and close to the bladder so when bladder becomes full it displaces uterus that's why it can lose its firmness and becomes unable to contract from there postpartum hemorrhage can happen due full bladder.

1.9 Additional activities

1.9.1 Remedial Activities:

1. What do you understand with term obstetrics?

Answer: Obstetrics is the field of study concentrated on pregnancy, childbirth and the postpartum period.

2. What do you understand by the term postnatal care?

Answer: Postnatal care is defined as a care given to the mother and her newborn baby immediately after the birth of the placenta and for the first six weeks of life.

3. What do you think is importance of postnatal care?

Answer:

- Early detection, prevention, and treatment of complications occurring within the first six hours after delivery for the mother such as bleeding, infections, postnatal depression and for the baby include; unable to breastfeed, convulsions, lethargy, fast breathing with chest indrawing, jaundice and skin lesions.
- Provision of counseling on breastfeeding, birth spacing, immunization and maternal nutrition.
- Early identification and Referral / management of emergencies for mother and baby.

Answer:

- Assess the mother's general status, vital signs, bladder fullness, uterine retraction(involution), and vaginal bleeding
- Rehydration and nutrition support to the mother

- Provide hygiene (genital and perineal care, bed bath, bed making) to the mother
 - Provide education and psychological support to the mother
4. What are the techniques of general assessment of the mother?

Answer: inspection, palpation, percussion and auscultation.

1.9.2 Consolidation activities

1. Why is it necessary to study health assessment in fundamentals of nursing from S4 before starting this unit of postnatal care?

Answer: It is necessary to study health assessment in fundamentals of nursing from S4 before start this unit of postnatal care because in health assessment, they learn how to assess the client by taking the vital signs and in postnatal care; taking vital signs to the mothers after child birth helps to detect early any abnormal findings and provides an opportunity of helping these mothers on time.

2. Observe the following image and try to give its interpretation, its contribution during the assessment and in time of provision of care to the mother in postnatal period.

Answer: Customer care always play an important role in the health system.

An associate nurse should provide the mother a warm welcome, try to listen to complains of the mother, showing empathy, providing explanation to the mother's medical condition after completing the general assessment.

The associate nurse should tell the mother about the advantages of taking the prescribed medications and request her to report to the health care provider about any side effects from the drugs.

1.9.3 Extended activities

1. During the postnatal care, an associate nurse is requested to perform uterine massage and encourage the mother to eat and drink some fluids. Why is it necessary to do this?

Answer: The uterine massage stimulates the uterine contraction which reduces the risk of postpartum hemorrhage and the mother has to eat and drink in order to prevent hypoglycemia.

2. Why is it necessary to do the general assessment of the baby during postnatal period?

Answer: General assessment of the baby during postnatal period is very important because it helps to identify the general status of the baby, early detection of any congenital abnormalities and any medical condition.

2.1 Key unit competence

Identify obstetrical danger signs in women during postnatal period and manage the woman accordingly.

2.2 Prerequisite (knowledge, skills, attitudes and values)

The students learnt the labor monitoring and management of the third stage of labor in the syllabus of maternal and child health in S4. Remind the students on the importance of postnatal care they have learnt in S5. Review on the management of 3rd stage of labor provide to the students more detailed information as it helps to prevent some postnatal obstetric danger signs. During the lessons, create awareness in students the fact that the content in this unit will help the learner to gain knowledge, skills attitudes and values which can lead the learners to be able to identify the obstetrical danger signs in women during postnatal period and manage the woman accordingly.

2.3 Cross-cutting issues to be addressed

a) Inclusive education

This unit involves the observation of some images illustrating the assessment and management of some postnatal obstetric danger signs. These activities require the students to take enough time by observing these images and try to think on their interpretation. This may be challenging to students with special educational needs especially students with visual impairment. However, the teacher can make some arrangements like: grouping the students with special educational needs in groups with others and assigned roles basing on individual student's abilities.

Availing the materials depending on the type of the procedure to be taught before gives the students an opportunity to be familiar with them. They can be given to them/ drawn on the white board or printed depending on available resources. If you have students with low vision, remember to print in appropriate fonts.

Every important point is written and spoken. The written points help students with visual impairment and speaking aloud helps students with hearing impairment. Remember to repeat the main points of the lessons.

b) Gender education

Inform the students that the boys and girls have the same opportunity of presenting the work irrespectively to the gender. Even during the time of practice in the skills

lab, the boys and girls have to practice equally without any discrepancy.

c) Environment and sustainability

Students get basic knowledge from the postnatal obstetric danger signs as they have the opportunity of learning it in the skills lab and this method of learning helps the student to understand the lesson more due to hands on the mannequin. They also get skills and attitudes that will enable them in their everyday life to address the Identified obstetrical danger signs in women during postnatal period and manage the woman accordingly.

The students are also encouraged to clean, prepare and arrange the skills lab before starting the practice and to rearrange the displaced materials to their original place at the completion of their practice.

2.4 Guidance on the introductory activity

This introductory activity helps the teacher to engage the students in the postnatal obstetric danger signs and invite the students to follow the next lessons.

Teacher's activity:

- Ask students to observe the images and discuss to the given questions.
- Engage students in working collectively the activity.
- Help students with different problems.
- Ask any five students to present their findings while others are following.

The expected answers

1.
 - a) If the mother continues to bleed after delivery she may develop severe postnatal complications including shock, leading to death.
 - b) Image A shows a mother who has experienced severe vaginal bleeding.
2. The complications that are likely occur due to severe vaginal bleeding are: postpartum hypotension, the mother may be unconscious, hypovolemic shock, anemia and death.
3. First aid in the case of seizures:
 - Ensure the patient' safety (it is one of the main considerations during seizure activity)
 - Remember DRSABC: (Danger; Response; Send for help; Airway; Breathing; Circulation)
 - Stay with the patient and call for help.

- Time the seizure and note its characteristics
 - Protect the patient's head, especially with any convulsive movements occurring that may injure the patient.
4. First aid to the mother with fast/ difficult breathing:
 - Position the mother in semi sitting position,
 - Monitor vital signs closely if the oxygen saturation is below the 90%,
 - The mother has to receive oxygenotherapy,
 - Encourage the mother to perform regular breathing exercises.
 - Request the mother to report any breathing difficulties during this kind of exercise and manage according to the cause.
 5. How to reduce the high body temperature: Ice packs may be helpful, Rest and adequate fluid intake are also required and administration of antipyretic and analgesia may be required.
 6. Management of postpartum headache:
 - Management of postpartum headaches depends on severity and cause the headache.
 - Tension and migraine headaches can be treated with non-steroidal anti-inflammatories, such as ibuprofen.
 - For puerperal stress related headache, the management can be done through psychological counseling and relation techniques.
 7. Management of deep vein thrombosis:
 - For superficial blood clots: The associate nurse can apply warm compresses, compression bandages, and elevation of the limb.
 - For deep vein thrombosis or pulmonary embolism: At hospital the gynecologist and cardiologist can prescribe drugs such as: Heparin given by subcutaneous injection or warfarin.

2.5 List of lessons/sub-heading

Lesson title		Learning objectives (from the syllabus including knowledge, skills and attitudes):	Number of periods
1	Assessment of vaginal bleeding as an obstetric danger sign in the postnatal period.	Define the main postnatal obstetric danger signs. To explain the vaginal bleeding as obstetrical danger sign.	2

2	Management of vaginal bleeding as an obstetric danger sign in the postnatal period.	To explain management of vaginal bleeding.	2
3	Complications and prevention of vaginal bleeding in postnatal period.	To explain complications that can arise due to severe vaginal bleeding after delivery. To explain preventive measures for vaginal bleeding in postpartum.	2
4	Assessment of the mother with seizures as an obstetric danger sign in postnatal period.	To describe seizures as an obstetric danger sign in postpartum.	2
5	Nursing management of the mother with seizures in the postnatal period.	To apply nursing management of mother with postpartum seizures.	2
6	Fast or difficult breathing as an obstetric danger sign in the postnatal period.	To explain the fast / difficult breathing that can arise in postpartum period.	2
7	Pathogenesis, causes, symptoms and management of puerperal fever.	To determine causes, clinical manifestations and management of postpartum fever.	2
8	Nursing intervention and prevention of puerperal fever.	To apply nursing interventions and preventive measures for postpartum fever.	2
9	Postpartum hypotension as an obstetric danger sign.	To explain postpartum hypotension.	2
10	Assessment of the severe headache as an obstetric danger sign in the postnatal period.	To explain severe headache in postpartum period.	2
11	Management and prevention of postpartum headaches.	To describe the management and preventive measures of headache in postpartum period.	2

12	Blurred vision as an obstetric danger sign in the postnatal period.	To explain blurred vision as obstetric danger signs in postpartum.	2
13	Assessment of the signs of deep vein thrombosis (DVT) as an obstetric danger sign in the postnatal period.	Explain signs and symptoms of deep vein thrombosis in postpartum period.	2
14	Nursing management of deep vein thrombosis as an obstetric danger sign in the postnatal period.	Describe nursing management of deep vein thrombosis in postpartum period.	2
	Skills lab (Practical assessment on the postnatal obstetric danger signs like vaginal bleeding, hypotension, seizure, DVT, headache & Blurred vision)	To demonstrate practice to the learners by use of scenarios on mannequins to detect and take action in relation to the identified complications in the postpartum period.	2
	Assessment	The lesson was well conducted and all students were involved and they are capable to achieve the key competence of the lesson.	2

Lesson 1: Assessment of vaginal bleeding as an obstetric danger sign in the postnatal period.

a) Learning objectives:

To explain the vaginal bleeding as obstetrical danger sign.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, mannequin, simulated blood, mackintosh, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction:

This is the first lesson of the first unit of postnatal obstetric danger signs. In this

lesson the teacher will be dealing with the meaning of vaginal bleeding which occurs in postpartum period. The first thing to do before starting teaching is to remind students that they have learnt about management of the third stage of labor and labor monitoring in S4 and postnatal care in S5 and let them discuss on the complications which are likely to occur if the management of third stage labor was not well managed and this helps the students to prepare themselves for this lesson.

d) Learning activities 2.1

Guidance:

- Ask the students to observe the image that is at the activity 2.1 showing the mother with postnatal vaginal bleeding in their student books.
- Request the students to work in 5 groups
- Provide the necessary materials.
- Move around in silence to monitor if they are having some problems on that image.
- Remember to assist those who are weak but without giving them the knowledge.
- Invites any five students to present their findings to the rest of students.
- Ask other students to follow carefully the presentations
- Note on white board / paper the student's ideas.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making that conclusion.

Answers for learning activity 2.1

1. Bleeding after delivery.
2. Bleeding from vagina, feeling fainting upon standing, rapid pulse, hypotension, increased respiratory rate.

Answers for self-assessment 2.1

Expected answers are:

1. Bleeding more than 500mls following vaginal delivery and 1000mls following Caesarean section.
2. **Conditions that distend the uterus beyond average capacity.** Multiple gestations, hydramnios, a large baby, and the presence of uterine myomas

predispose to postpartum hemorrhage. **Conditions that could have caused cervical or uterine lacerations.** A woman who underwent operative birth (caesarean section) or rapid birth could develop lacerations that would cause bleeding. **Conditions with varied placental site attachment:** Placenta previa and abruption placenta also cause heavy maternal bleeding. **Uterus could not contract readily:** Conditions such as deep anesthesia during caesarean delivery, advanced maternal age, and high parity could cause the uterus not to contract and therefore result in bleeding. **Inadequate blood coagulation:** Disseminated intravascular coagulation (DIC) in a woman could cause heavy bleeding postpartum.

3. Tone (70%), Trauma (20%), Tissue (9%), Thrombin (1%).

Lesson 2: Management of vaginal bleeding as an obstetric danger sign in the postnatal period.

a) Learning objectives:

To explain management of vaginal bleeding.

b) Teaching resources

A projector, computer, white board, flipchart, markers, mannequin, drugs (oxytocin and misoprostol), student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction:

This is the second lesson of the first unit of postnatal obstetric danger sign. In this lesson you will be dealing with management of vaginal bleeding as an obstetric danger sign in the postnatal period. The first thing to do before starting teaching is to remind students that they have learnt about the assessment of vaginal bleeding a postnatal obstetric danger sign lesson in this unit asks them to discuss on the clinical manifestation of postpartum vaginal bleeding so that they can prepare themselves for this lesson.

d) Learning activities

Guidance:

- Ask students to observe the image showing a mother with postpartum vaginal bleeding being care by the team of health care providers and it is in the activity 2.1.2 in student's book.
- Ask the students to work in five groups
- Provide the necessary materials to the students.
- Move around in silence to monitor if they are having some problems, sharing ideas in pairs.
- Assist those who are weak but without giving them the knowledge.
- Invite the five from the groups to present their findings to the rest of students.

- Ask other students to follow carefully the presentations
- Note on white board / paper the student's ideas.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers of learning activity 2.2

1. The severe postpartum haemorrhage is managed through: Transfusion of red blood cells, platelets and clotting factors, Blood pressure vasopressor drugs to raise up blood pressure, Uterine packing, aorta compression, balloon tamponade, and bimanual compression of the uterus. The main goal is to treat the cause and replace the lost.
2. Monitor for ongoing blood loss (preferably quantitative measurement and vital signs. Assess for signs of anaemia (fatigue, shortness of breath, chest pain, lactation problems, frequently assess for bladder fullness, Report findings.
3. However, Blood transfusion is done in highly equipped health settings so it's necessary to refer the patient where prompt treatment is possible.

Answers for self-assessment 2.2

1. Call for help, assess ABC, give oxygen, obtain IV line, give fluids, monitor vital signs, and assess need for transfusion, laboratory investigations.
2. Oxytocin and misoprostol.
3. Postpartum hemorrhage

Lesson 3: Complications and prevention of vaginal bleeding in postnatal period.

a) Learning objectives:

Explain the signs and symptoms of deep vein thrombosis in postpartum period.

To explain complications that can arise due to severe vaginal bleeding after delivery.

To explain preventive measures for vaginal bleeding in postpartum.

b) Teaching resources

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers, mannequin, and student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The learners already know what postnatal vaginal bleeding mean in the previous lessons, the teacher continues to ask the students on the problems that may occur if the postnatal vaginal bleeding is not well managed and the students' answers help the teacher to prepare for this lesson.

d) Learning activities:

Guidance:

- Ask learners to brainstorm the problems that may occur when postpartum vaginal bleeding is not well treated.
- Ask students to work in pair and do activity 2.3 in student's book.
- Provide the necessary materials to the learners.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers of learning activity 2.3

1. This scenario shows a mother who developed vaginal bleeding in postpartum period as obstetric complication.
2. Vaginal bleeding after delivery has various complications to the mother including but not limited to anaemia, dilutions coagulopathy, fatigue, myocardial disorders, orthostatic hypotension, postpartum depression, anterior pituitary ischemia with delay or failure of lactation (Sheehan syndrome or postpartum pituitary necrosis), hypovolemic shock when not detected and managed early.

Answers for self-assessment 2.3

1. The active management of the third stage of labour.
2. Uterine massage and uterine retraction checking in first 6 hours postpartum
 - Close blood loss amount checking
 - Close monitoring of postpartum vital signs.
 - Emptying the bladder and avoid bladder fullness in first 6 hours postpartum
 - Ensuring rest of the other in first 6 hours postpartum

Lesson 4: Assessment of the mother with seizures as an obstetric danger sign in postnatal period.

a) Learning objectives:

To describe seizures as an obstetric danger sign in postpartum.

b) Teaching resources

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers, and student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

Ask the students to think and brainstorm what postnatal seizures mean, what could be the clinical manifestations of seizures and what can be done to the mother with postpartum seizures? The students' answers help the teacher to prepare for this lesson.

d) Learning activities 2.4

Guidance:

- Ask the students to read the case study 2.4 for the mother with postnatal seizures and it is in the student book.
- Ask the students to brainstorm on the clinical manifestations of the postnatal seizures.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers for learning activity 2.4

1. It is an obstetric complication developed in postnatal period characterized by fits.
2. It is related to the elevated blood pressure as it is seen in the case study.

Answers for self-assessment 2.4

1. Risk factors of seizures in postpartum period include eclampsia, cerebral venous thrombosis, dural puncture in case of anaesthesia and idiopathic.
2. signs of seizures in postpartum period are;
 - Rapid eye movements or staring,
 - Sudden falling, stiffening of the body,
 - Confusion, temporary stop in breathing.
 - Uncontrolled convulsions,
 - Loss of bladder or bowel control.

Lesson 5: Nursing management of the mother with seizures in the postnatal period.

a) Learning objective:

To apply nursing management of mother with postpartum seizures.

b) Teaching resources

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers and student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces nursing management of the mother with seizures in the postnatal period by showing them a case study for the mother with some clinical manifestations of postnatal seizures and asking different questions such as what do you think about the safety of this mother? What can be done in order to help this mother? From the answers provided by the students, give the teacher the progress of the lesson.

d) Learning activities 2.5

Guidance:

- Ask learners to read the case study that is in the student book showing a mother with a history of preeclampsia, delivered by spontaneous vaginal delivery at 36 weeks of gestation and presented some convulsions 3 hours after birth.
- Give the learners the materials to be used and guide them.
- Ask learners to brainstorm on how the mother with seizures can be helped.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.

- Ask learners to present what they have done
- Help learners to summarize what they have learnt. Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answer for learning activity 2.5

1. These convulsions may be related to eclampsia as the mother was having history of pre-eclampsia.
2. Ensure the patient' safety (it is one of the main considerations during seizures).

Answers for self-assessment 2.5

1. Eclampsia and cerebral venous thrombosis.
2. Ensure the patient' safety (it is one of the main considerations during seizure activity).
 - Remember DRSABC: (Danger; Response; Send for help; Airway; Breathing; Circulation),
 - Stay with the patient and call for help. Time the seizure and note its characteristics.
 - Protect the patient's head, especially with any convulsive movements occurring that may injure the patient.
 - The nurse can protect the patient from harming themselves by placing something soft under their head and shoulders.
 - The surrounding area must be made clear to decrease the risk of injury, however, do not try to physically restrict the movement of the patient's limbs as this can cause musculoskeletal damage.
 - Do not put anything in the patient's mouth or attempt to move them.
 - As soon as you are able to do so, roll the patient onto their side in the recovery position to prevent aspiration due to excessive saliva production and ensure their airway remains patent. If the patient has vomited or has food or fluids in their mouth, it is crucial to do this immediately.
 - Clean and clear the mouth and nose and provide oxygen.
 - Monitoring of vital signs is imperative, especially respiratory function.
 - Following the seizure, manage any resulting injuries. Continue to monitor the patient's airway, using suction as needed, and do not disturb the patient if they

fall sleep. When they wake, calmly tell them where they are and that they are safe. Provide reassurance, as this can understandably be quite distressing for the patient.

- Frequent monitoring of vital signs and neurological observations will need to be performed in order to monitor the patient's condition
3. Seizures in postpartum period should be treated as eclampsia until proven.

Lesson 6: Fast or difficult breathing as an obstetric danger sign in the postnatal period.

a) Learning objectives:

To explain the fast / difficult breathing that can arise in postpartum period.

b) Teaching Resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers and student books for this unit and teacher's guide book.

c) Prerequisite:

Start the lesson by asking learners questions such as: what do you think that about the postnatal obstetric danger signs? What do you think about the position that can be given to the mother with difficulty of breathing in postpartum? Proceed with the lesson by introducing to them activity 2.6 in students' book as follows:

d) Learning activities 2.6

Guide learners to develop competencies of this lesson by doing the following:

- Ask learners to observe the image 2.6 that is in the student book which is showing a mother with a difficult breathing in postpartum.
- Give the learners the materials to be used and guide them.
- Ask learners to brainstorm on how to interpret this image.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt. Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers for learning activity 2.6

- a) Fast or difficulty in breathing.
- b) Position the mother in semi sitting position
- c) Oxygen administration is considered to help this mother and in case spo2 is < 90%.

Answers for self-assessment 2.6

1. A mother with fast breathing may present with some of the following signs and symptoms:
 - Increase in number of breaths/minute (it means that the person is having trouble breathing or not getting enough oxygen,
 - Skin color changes,
 - Grunting or wheezing, and nasal flaring.
 - Other signs accompanying shortness of breath include: coughing up blood, dizziness, and feeling faint.
2. Blood analysis like FBC and imaging like chest x-ray and CT scan.
3. Position the mother in semi sitting position, monitor vital signs closely if the oxygen saturation is below the 90%, the mother has to receive oxygenotherapy, encourage the mother to perform regular breathing exercises. Request the mother to report any breathing difficulties during this kind of exercise and manage according to the cause.

Lesson 7: Pathogenesis, causes, symptoms and management of puerperal fever.

a) Learning objectives:

To determine causes, clinical manifestations and management of postpartum fever.

b) Teaching Resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers and student books for this unit and teacher's guide book.

c) Pre-requisite/ revision/ introduction.

Start the lesson by asking learners to mention the postnatal obstetric danger signs. Ask students to brainstorm on the clinical manifestations and causes of postnatal fever. The students' answers give the teacher the progress to the lesson.

d) Learning activity 2.7

Guidance:

- Ask learners to observe the image 2.4.1 that is in the student book which is showing a mother with a fever in postpartum.
- Give the learners the materials to be used and guide them.
- Ask learners to brainstorm on how to interpret this image.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers for learning activity 2.7

1. Fever
2. A mother with more than 38°C of body temperature and chills, feeling unwell, sometimes headache and loss of appetite.

Answers for Self-assessment 2.7

1. The most common causes associated with postpartum fever are endometritis (higher among patients who have a cesarean delivery, compared with those who have a vaginal delivery), wound infections (e.g., surgical site infection), and urinary tract infections, genital tract infection (painful inflamed perineum), Mastitis (breast inflammation caused by nipple trauma and cellulitis), deep venous thrombosis (Painful, swollen calf), viral infection.
2. Clinical manifestations of puerperal fever include; fever greater than 38 °C, chills, feelings of discomfort or illness, headache, loss of appetite.
3. The management of postpartum fever will depend on the cause and clinical manifestations, fever below 38°C will be resolved gradually, icepacks will help for perineal wounds and mastitis, rest and adequate fluid intake for breast feeding mothers, antipyretic in case of high fever and broad-spectrum antibiotics.

Lesson 8: Nursing intervention and prevention of puerperal fever.

a) Learning objectives:

To apply nursing interventions and preventive measures for postpartum fever.

b) Teaching Resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers, mannequin, and student books for this unit and teacher's guide book.

c) Prerequisite

This is a practical based lesson and as a teacher, you need to guide learners throughout in order to develop and acquire knowledge and skills as well as attitudes and values on the management of postnatal fever.

d) Learning activity 2.8

Guidance:

- Ask learners to read the case study 2.8 that is in the student book which is showing a mother with a fever (39oc), chills loss of appetite and pain, swelling at surgical site post c/ section in postpartum.
- Give the learners the materials to be used and guide them.
- Ask learners to brainstorm on how to interpret this image.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers for learning activity 2.8

1. Review prenatal, intrapartum, and postpartum record, Demonstrate and maintain a strict hand-washing policy for staff, client, and visitors. It helps prevent cross-contamination
 - Instruct the proper disposal of contaminated linens, dressings, and peri pads. Maintain isolation, if indicated. It helps preventing the spread of infection
 - Demonstrate correct perineal cleaning after voiding and defecation, and frequent changing of peri pads, instructs mothers who are under gone c/s

care of the incision site to prevent infection. Advise mothers about good nutrition and balanced diet.

2. It is related to the surgical site infection as she is also presenting pain and swelling to the site.

Answers for self-assessment 2.8

1. It helps the associate nurse to identify factors that place client in high-risk category for development/spread of postpartum infection.
2. It increases the blood circulation; promotes clearing of respiratory secretions and lochia drainage; enhances healing and general well-being.
3. Measures to prevent puerperal fever:
 - Early mobilization of delivered mothers will help to protect against venous thrombosis.
 - New mothers should be helped to acquire the skills required for successful hygiene, and breastfeeding in order to reduce the risk of mastitis and other possible infections.
 - Any infection identified during pregnancy or labor should be treated
 - The use of prophylactic antibiotics during prolonged labour or caesarian section should be done.
 - Perineal wound should be cleaned and sutured as soon as possible after delivery.

Lesson 9: Postpartum hypotension as an obstetrical danger sign.

a) Learning objective:

To explain postpartum hypotension.

b) Teaching resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers, mannequin, and student books for this unit and teacher's guide book.

c) Prerequisite/introduction

Start the lesson by asking learners questions like: what do you think to be the condition for the mother who soaked the whole pampers due to vaginal bleeding in the postpartum period and bleeding stopped after receiving misoprostol. Ask students to brainstorm on the problems which may occur due to this postpartum vaginal bleeding. Clearly, introduce activity 2.5 in the students' books.

d) Learning Activities 2.9

Guidance:

- Ask learners to read the case study 2.9 that is in the student book which is showing a mother with generalized body weakness and feeling like going to faint while sitting on her bed. Her vital signs showed that BP; 86/48mmHg, pulse; 118beats per minute, SPO2; 96%, body temperature; 36°C, respiration rate; 18 cycles per minute in postpartum.
- Give the learners the materials to be used and guide them.
- Ask learners to brainstorm on how to interpret this image.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers for learning activity 2.9

1. Postpartum hypotension
2. Postpartum vaginal bleeding

Answers for Self-assessment 2.9

1. Severe lightheadedness when standing, or dizziness, feeling sick, blurred vision, generally feeling weak, confusion and faintness.
2. Severe postpartum hemorrhage, inadequate intake of fluids after delivery, severe nausea and vomiting, spinal anesthesia side effects.
3. The treatment will depend on the underlying cause of hypotension. Treatment could include: medications for heart disease, diabetes, or infection. Assist and encourage drinking plenty of water to avoid hypotension due to dehydration, Provision of IV fluids (normal saline). Blood transfusions in case of severe postpartum related to hypovolemia caused by postpartum hemorrhage, encourage the patient to take salty food, taking and monitoring frequently blood pressure and pulse rate of the patient. Take safety measures to avoid risks for falling.

Lesson 10: Assessment of the severe headache as an obstetric danger sign in the postnatal period.

a) Learning objectives:

To explain severe headache in postpartum period.

b) Teaching resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers and student books for this unit and teacher's guide book.

c) Prerequisite

The teacher introduces the lesson of postnatal headache by asking the students some questions like what do you think that a postnatal obstetric danger sign where a mother feel a discomfort at head? What do you suggest that can be done to this mother? The students' answers help the teacher to progress to the lesson.

d) Learning Activities 2.10

Guidance

- Ask learners to observe the image 2.10 that is in the student book which is showing a mother with a postnatal headache in postpartum.
- Give the learners the materials to be used and guide them.
- Ask learners to brainstorm on how to interpret this image.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers for learning activity 2.10

1. Severe headache
2. Postpartum headaches are closely link to the significant estrogen and progesterone level drop after delivery.

Answers for Self-assessment 2.10

1. A sharp drop in hormones, not enough fluids, not eating enough, not enough sleep, Muscle tension from pushing out your baby, High blood pressure, Preeclampsia (high blood pressure in pregnancy), Sinus infection, Blood clot, Major bleeding, Having an epidural or spinal anesthesia.
2. Migraines: Typically felt on one side of the head and they cause throbbing pain, nausea, and sensitivity to light, noise, and smells. Tension headache: This usually includes the pain on both sides and sometimes sensitivity to light and sound. Cluster headache: Often felt on one side of your head, behind one eye. It can happen at the same time of day for several weeks. Hypnic headache: This occurs at night, typically in people between the ages of 40 and 80.
3. Women with headaches before being pregnant, older, or have had many births, are also at risk of having a postpartum headache.

Lesson 11: Management and prevention of postpartum headaches.

a) Learning objectives:

To describe the management and preventive measures of headache in postpartum period.

b) Teaching Resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers and student books for this unit and teacher's guide book.

c) Prerequisite

Remember in the previous lesson of postpartum headache assessment, students were explained how to assess the mother with postnatal headache and the teacher asks also some questions like what do you think that can be done in order to help the mother with this medical condition? The students' answers give the teacher the progress to the lesson.

d) Learning Activity 2.11

Guidance:

- Ask learners to observe the image 2.11 that is in the student book which is showing a mother with a headache which is not being relieved by rest fluid, relaxation or anti-inflammatory drugs in postpartum.
- Give the learners the materials to be used and guide them.

- Ask learners to brainstorm on how to interpret this image.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers for learning activity 2.11

1. She has severe headaches should be seen by the doctor immediately and may require a higher level of treatment to prevent more serious symptoms or complications from occurring.
2. Prompt recognition of vital sign abnormalities and risk factors assessment by nursing and immediate physician notification can help reduce delays in diagnosis or misdiagnosis
 - Identification of social stressors contributing to or causing the patient's presentation with subsequent referral to case management professionals or social support services prevents bounce-back visits and readmission.
 - Recognition of traumatic causes of headache by members of the healthcare team can lead to a referral to resources for safe-houses
 - Assisting the patient to get enough and adequate fluids and food can help reducing risks of postpartum headaches.

Answers for Self-assessment 2.11

1. Management of postpartum headaches varies and most of the time depend on severity and cause of the headache.
2. Taking of self-care is an important way to prevent tension and migraine headaches. Here are some tips to teach the patient for preventing the occurrence of primary headaches: Get enough rest: Try to take naps when the baby naps and ask the partner or a friend to watch over the baby between feedings. Drink plenty of fluid: Put a large water bottle around or make sure you have a glass of water by your side. Eat healthy foods regularly: Stock the refrigerator and pantry with nutritious foods that are convenient to prepare and eat. Try to relax in order to reduce stress: Take an easy walk, read a book, or chat with a friend to alleviate stress.

Lesson 12: Blurred vision as an obstetric danger sign in the postnatal period.

a) Learning objective:

To explain blurred vision as obstetric danger signs in postpartum.

a) Teaching resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers, and student books for this unit and teacher's guide book.

b) Prerequisite

The teacher introduces this lesson by asking the students some of the postnatal obstetric danger signs in order to rich to this lesson entitled blurred vision and the teacher needs to guide students throughout in order to develop and acquire knowledge and skills as well as attitudes and values.

c) Learning activity 2.12

Guidance:

- Ask learners to read the case study 2.12 that is in the student book which is showing a mother with severe headache, unable to see variety of things clearly in postpartum period. During assessment, the associate nurse asked this mother to state what he was holding in his hand and the mother responded that she was not seeing it clearly.
- Give the learners the materials to be used and guide them.
- Ask learners to brainstorm on how to interpret this image.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers for learning activity 2.12

1. This mother's condition is blurred vision related to the pre-eclampsia.
2. The prompt management is to treat the underlying condition and pain-relieving medication for headache.

Answers for self-assessment 2.12

1. Postpartum blurred vision is defined as a type of vision impairment that affects the sharpness or focus of an image and experience a decreased clarity in vision after delivery.
2. Symptoms of blurred vision include;
 - **Sensitivity to light:** Bright lights may irritate the eyes,
 - **Dizziness:** Blurred vision may lead to a feeling of dizziness and nausea.
 - **Double vision:** Outlines may seem blurred and the mother might see images overlapping.
 - **Intermittent blur:** This can happen occasionally, where certain things, like road signs, appear blurred.
 - **Strain on eyes:** The eyes will feel tired and stressed all the time.
 - **Flashes and floaters:** Bright flashes of light or wavy lines in the sight of the vision and may appear due to retinal detachment, caused by strained pushing during labor.

Lesson 13: Assessment of the signs of deep vein thrombosis (DVT) as an obstetric danger sign in the postnatal period.

a) Learning objective:

To explain the signs and symptoms of deep vein thrombosis in postpartum period.

b) Teaching resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers and student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The students are required to know how to assess the deep vein thrombosis in order to distinguish it from other postnatal obstetric danger signs and start to think/he can help the mother who may suffer from deep vein thrombosis.

d) Learning activity 2.13

Guidance:

- Ask learners to observe the images 2.13 that are in the student book which is showing a mother with deep vein thrombosis in postpartum.
- Give the learners the materials to be used and guide them.
- Ask learners to brainstorm on how to interpret this image.

- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask learners to present what they have done
- Help learners to summarize what they have learnt.

Answers to the learning activity 2.13

1. Deep vein thrombosis.
2. No/Yes

Answers for self-assessment 2.13

1. Deep vein thrombosis (DVT), is the development of a blood clot in a deep vein. Blood clots occur in a deep vein of the leg, calf or pelvis. 90% of DVTs occur in the left leg.
2. Skin color change, warmth in the area of swelling, swelling and pain of the leg or affected area.

Lesson 14: Nursing management of deep vein thrombosis as an obstetric danger sign in the postnatal period.

a) Learning objective:

To describe nursing management of deep vein thrombosis in postpartum period.

b) Teaching resources:

This lesson requires some materials as cited below: a projector, machine (Laptop), white board, flipchart, markers, mannequin, and student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The students are required to know the clinical manifestations of deep vein thrombosis as described in the previous lesson and this helps the students detect this condition at time and provide the care without a delay.

d) Learning activity 2.14

Guidance:

- Ask learners to read the case study 2.14 that is in the student book which is showing a mother with superficial blood clots diagnosis was made after finding that that patient had unilateral leg edema and pelvic and lower left limb pain in postpartum period. The attending obstetrician on duty started to tell the associate nurse on shift that the DVT management must be initiated immediately.

- Give the learners the materials to be used and guide them.
- Ask the students to brainstorm on how to interpret this image.
- Supervise the work how it is conducted and give the learners' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making their own conclusion.

Answers to the learning activity 2.14

1. Use of warm compresses, wearing compression stockings, elevation of the leg, giving pain relieving medications and treatment of DVT.
2. Encourage early ambulation, walking and stretching if the mother has been sitting for more than two to three hours, moving the legs while the mother is sitting (elevates and lowers the heels and then the toes).
 - Taking extra precautions when the mother is on travel, including drinking lots of water, getting up frequently to walk (or stretching the legs from a seated position).
 - Use of anti-embolism stockings for those women at risk and prophylaxis medications.

Answers to the self-assessment 2.14

1. The associate nurse will apply warm compresses, compression bandages, and elevation of the limb.
2. The mother moves legs through elevating and lowering the heels and then the toes.
3. Preventive measures of postpartum deep vein thrombosis:
 - Getting plenty of pregnancy-safe exercise.
 - Encourage early ambulation
 - Walking and stretching if the mother has been sitting for more than two to three hours
 - Moving the legs while the mother is sitting (elevates and lowers the heels and then the toes).

- Taking extra precautions when the mother is on travel, including drinking lots of water, getting up frequently to walk (or stretching the legs from a seated position).
- Use of anti-embolism stockings for those women at risk
- Encourage the woman not to smoke

2.6 Summary of the unit

Most cases of pregnancy-related complications are unpredictable that could result in the death of the mother and infant. Globally, the majority (80%) of maternal deaths are happening due to direct obstetric complications.

Major danger signs during the postpartum period include; severe vaginal bleeding, foul-smelling vaginal discharge, and loss of consciousness after childbirth and fever. Hemorrhage remains the leading cause of maternal mortality, accounting for approximately one third of deaths.

Lack of awareness about obstetric danger signs contributes to delays in seeking and receiving skilled care. Subsequently, early recognition of these danger signs is very important in order to avoid delay in decision to seek health care, the second most important contributor of maternal mortality. Having knowledge of obstetric danger sign is a crucial step to get an appropriate and timely obstetric care.

The capacity of women and their families to recognize obstetric danger signs and prompt seeking of health care play key role in preventing and minimizing maternal morbidity and mortality.

Visiting a health facility for care is the best way to identify any problem that may endanger the health of the mother/ born baby and take actions early and promptly.

2.7 Additional information

The activity requires the teacher to take the students inside the skills lab and help them to some practices on different procedures. The teacher has to divide the students into groups, provide necessary materials to be used and guide them accordingly. Remember to call student for presentation of their results.

2.8 End unit assessment 2

Section A:

Multiple choice answers:

1. A
2. B

3. C
4. B
5. B
6. C

Answer by true or false

1. False
2. True
3. False
4. False
5. True

Section B: Assay and short answer-based questions

1. Postpartum blurred vision is defined as a type of vision impairment that affects the sharpness of focus of an image and the mother may experience a decreased clarity in vision.
2. General measures must be used: Ice packs may be helpful for pain from perineal wounds or mastitis. Rest and adequate fluid intake are required, particularly for mothers who are breastfeeding.
3. Administration of broad-spectrum antibiotics is recommended (Antibiotics should be commenced after taking specimens and should not be delayed until the results are available) Attention: Breastfeeding limits the use of some antimicrobials; hence, the advice of a consultant should be sought at an early stage. Administration of antipyretic and analgesia may be required
4. The signs and symptoms of puerperal fever:
 - Pyrexia (greater than or equal to 39°C).
 - Sustained tachycardia (≥ 90 beats/minute).
 - Breathlessness (respiratory rate ≥ 20 breaths/minute).
 - Abdominal or chest pain.
 - Diarrhea and/or vomiting - may be due to endotoxins.
 - Uterine or renal angle pain and tenderness.
 - The woman is generally unwell or seems unduly anxious or distressed
5. Postpartum hypotension that could be related to spinal anesthesia.
6. Bright flashes of light or wavy lines in the sight of the vision and may appear due to retinal detachment.
7. The cause Flashes and floaters: caused by strained pushing during labor.

8. Increased intake replaces losses and enhances circulating volume, preventing dehydration and aiding in fever reduction.
9. Assess circulation, asymmetry, sensory and motor function of extremity; Observe edema from groin to foot; Measure and record calf/thigh circumference of both legs as appropriate. Report proximal progression of inflammation, traveling pain.
 - Assess respiration and auscultate for lung sounds, noting crackles or friction rub.
 - Investigate reports of chest pain or feelings of anxiety.
 - Instruct client to avoid massaging or rubbing the affected extremity. Instruct client to avoid massaging or rubbing the affected extremity.
 - Maintain bed rest with elevation of feet and lower legs in above heart level during the acute phase.
 - Elevate client's legs when resting or sitting in a chair. Elevate client's legs when resting or sitting in a chair. Elevate client's legs when resting or sitting in a chair.
 - Instruct client to avoid crossing the legs or wear constrictive clothing. Instruct client to avoid crossing the legs or wear constrictive clothing.
 - Encourage increased fluid intake of 2500 ml/day unless contraindicated
 - Emphasize the importance of deep-breathing exercises.
 - Facilitate and assist with active or passive (Range of motion) ROM while on bedrest; Assist with gradual resumption of ambulation as advised.
 - Apply warm, moist compresses or heating pad to affected extremity as ordered.
 - Apply elastic support hose. Caution is advised to prevent a tourniquet effect.
 - Apply mechanical devices such as sequential compression stockings, thromboembolic (TED) stockings as indicated.
 - Monitor laboratory studies
 - Administer medication as indicated
 - Prepare client for surgical intervention as indicated.

2.9 Additional activities

2.9.1 Remedial Activities:

1. What do you understand by the term postpartum hemorrhage?

Answer: Postpartum hemorrhage is defined as a blood loss of 500 ml or more within 24 hours after birth.

2. What is the 4 T's mnemonic used to identify the four most common causes of postpartum hemorrhage?

Answer: Tone, Trauma, Tissue and Thrombin

3. Explain the management of difficult breath to the mother in postnatal period?

Answer: Position the mother in semi sitting position, monitor vital signs closely if the oxygen saturation is below the 90%, the mother has to receive oxygenotherapy, encourage the mother to perform regular breathing exercises. Request the mother to report any breathing difficulties during this kind of exercise and manage according to the cause.

4. What are the signs and symptoms of postpartum hypotension?

Answer: Lightheadedness or dizziness, feeling sick, blurred vision, generally feeling weak and confusion.

2.9.2 Consolidation activities

1. Discuss on the types of postpartum headache.

Answer:

- Migraines: Typically felt on one side of the head, migraines can cause throbbing pain, nausea, and sensitivity to light, noise, and smells.
- Tension headache: This usually includes the pain on both sides and sometimes sensitivity to light and sound.
- Cluster headache: Often felt on one side of your head, behind one eye, cluster headache can happen at the same time of day for several weeks.
- Hypnic headache: This occurs at night, typically in people between the ages of 40 and 80.

2. Discuss on the signs and symptoms of blurred vision.

Answer:

- Sensitivity to light: Bright lights may irritate the eyes.
- Dizziness: Blurred vision may lead to a feeling of dizziness and nausea.
- Double vision: Outlines may seem blurred and the mother might see images overlapping.
- Intermittent blur: This can happen occasionally, where certain things, like road signs, appear blurred.
- Strain on eyes: The eyes will feel tired and stressed all the time.
- Flashes and floaters: Bright flashes of light or wavy lines in the sight of the vision and may appear due to retinal detachment, caused by strained pushing during labour.

2.9.3 Extended activities

1. Describe the Pathophysiology of deep vein thrombosis in postpartum period.

Answer:

- **Reduced blood flow:** Venous stasis occurs when blood flow is reduced, when veins are dilated, and when skeletal muscle contraction is reduced.
 - **Damage:** Damage to the intimal lining of blood vessels creates a site for clot formation.
 - **Phlebitis:** Formation of a thrombus frequently accompanies phlebitis, which is an inflammation of the vein walls.
 - **Platelet aggregates:** Venous thrombi are aggregates of platelets attached to the vein wall that have a tail-like appendage containing fibrin, white blood cells, and many red blood cells.
 - **Fragmentation:** Fragmentation of the thrombus can occur spontaneously as it dissolves naturally, or it can occur with an elevated venous pressure.
 - **Recanalization:** After an acute episode of DVT, recanalization or reestablishment of the lumen of the vessel typically occurs.
- 2) Explain the preventive measures of postpartum headache:

Answer:

- **Get enough rest:** Try to take naps when the baby naps and ask the partner or a friend to watch over the baby between feedings.
- **Drink plenty of fluid:** Put a large water bottle around or make sure you have a glass of water by your side.
- **Eat healthy foods regularly:** Stock the refrigerator and pantry with nutritious foods that are convenient to prepare and eat.
- **Try to relax in order to reduce stress:** Take an easy walk, read a book, or chat with a friend to alleviate stress.

3.1 Key unit competence:

Detect, manage and refer a newborn with danger signs.

3.2 Prerequisite (knowledge, skills, attitudes and values):

The student should have studied antenatal care, management of the third stage of labor, normal labor and the immediate care of the new born in the maternal and child health syllabus.

For the knowledge and understanding; the students should know the definition of the term new born danger signs, describe the classification of the respiratory problems of a newborn and be able to explain the breastfeeding/ feeding disorders in the newborns.

For the skills; the students have to perform the rapid initial assessment of a new born in order to rule out any new born danger signs and should provide the care to the new born.

For the attitudes and values; the students should recognize the rapid initial assessment of a new born with danger signs and master the provision of quality service to the new born in the immediate care of a new born.

3.3 Cross-cutting issues to be addressed

a) Inclusive education

This unit includes the collection of the materials used for care of the new born and requires the observation of images illustrating an a new born with danger signs and how an associate nurse is providing a care to the new born with danger signs as the immediate care of the new born. This may be a challenge to students with special educational needs especially children with visual impairment.

However, the teacher can make some arrangements like:

Grouping the students; Students with special educational needs are in the group with others and assigned roles basing on individual student's abilities.

Provision of materials for the care of the new born with danger sings before the practice may help the students to be familiar with them. They can be drowned on the whiteboard or printed images depending on available resources. If you have children with low vision remember to print well visible images.

Every important point is written and spoken. The written points help students with

visual impairment and speaking aloud helps students with hearing impairment. Remember to repeat the main points of the lessons.

b) Gender education

Instruct the students that during the presentation of the assigned tasks, boys and girls should share and participate equally. At the time of practice of assessing and providing the care of the new born, all students have to practice irrespective of gender.

c) Environment and sustainability

Learners get basic knowledge from the procedure of assessing and providing the care to the new born with danger signs through the practice in the skills lab; learners understand and interpret principles of assessing the new born with danger signs. They also get skills and attitudes that will enable them in their everyday life to address at time to the identified health problems to the new born in the immediate care of the new born.

The students are encouraged to clean, prepare and arrange the skills lab before the practice of assessing and providing the care to the new born with danger signs. After the procedure, the skills lab has also to be rearranged and the displaced materials should be repositioned to their previous positions.

3.4 Guidance on the introductory activity

This introductory activity helps the teacher to engage learners in the introduction of the new born with danger signs and invite the learners to follow the next lessons.

Teacher's activity:

- Ask students to visualize the images and discuss the given questions.
- Engage students in working collectively the activity.
- Help students with different problems.
- Ask any five students to present their findings while others are following.

The expected answers:

- a) Breastfeeding mother
- b) Neonate baby refused breast
- c) Neonatal jaundice
- d) Neonate with cyanosis or pallor
- e) Neonate with hypothermia
- f) Neonate with respiratory distress
- g) Hypotonic baby

- h) Neonate with seizures
- i) Neonate with eye infection
- j) Neonate with skin rashes/problems

3.5 List of lessons/sub-heading

Lesson title		Learning objectives (from the syllabus including knowledge, skills and attitudes)	Number of periods
1	General assessment of the Newborn danger signs.	<ul style="list-style-type: none"> • To identify danger signs of a newborn • To explain neonatal danger signs. 	2
2	Respiratory problems in newborns and hypoxia.	<ul style="list-style-type: none"> • To define the respiratory disorders in newborns. • To describe the classification of respiratory disorders • To explain the role of the nurse in the management of respiratory distress in the neonates. 	2
3	Breastfeeding/ feeding disorders (inability to breastfeed/poor feeding).	<ul style="list-style-type: none"> • To determine the causes and factors associated with newborn's inability to feed/breast feeding. • Discuss the management of the new born with inability to feed or with poor feeding. 	2
4	Lethargy/ Hypotonia	<ul style="list-style-type: none"> • To enumerate the measurements to be taken for newborn. • To recall about the nursing management of a neonate with hypotonia/ lethargy. 	2
5	Neonatal Hypothermia	<ul style="list-style-type: none"> • To determine the newborns who at risk of developing the hypothermia. • To criticize about the ways used to keep the new born warm. 	2
6	Hyperthermia	<ul style="list-style-type: none"> • To define the term hyperthermia. • To identify the causes of hyperthermia. 	2
7	Umbilical cord infection (omphalitis)	<ul style="list-style-type: none"> • To enumerate the signs of omphalitis, • To develop the nursing management of omphalitis. 	2

8	Neonatal umbilical cord bleeding	<ul style="list-style-type: none"> To list cause and risk factors of the neonatal umbilical cord bleeding. To discuss about the management of bleeding umbilical cord. 	2
9	Skin infections in newborns	<ul style="list-style-type: none"> To explain the management of skin infection. 	2
10	Seizures or convulsions in newborns.	<ul style="list-style-type: none"> To list the clinical manifestations of seizure. To explain the common etiologies of neonatal seizures. 	2
11	Neonatal jaundice	<ul style="list-style-type: none"> To define the term neonatal jaundice. To explain the assessment of neonatal jaundice using Modified Kramer 'scale. 	2
12	Classification, diagnosis and management of neonatal jaundice.	<ul style="list-style-type: none"> To develop the classification of neonatal jaundice. To enumerate the symptoms of severe neonatal jaundice. To describe the management of neonatal jaundice. 	2
13	Neonatal Hypoglycemia	<ul style="list-style-type: none"> To define the term neonatal hypoglycemia. To distinguish the causes of neonatal hypoglycemia. To clarify the of neonatal hypoglycemia. 	2
14	Neonatal cyanosis	<ul style="list-style-type: none"> To differentiate the types of cyanosis in the new born. To discuss about the management of neonatal cyanosis. 	2
15	Neonatal gastro intestinal problems.	<ul style="list-style-type: none"> To list the common causes of vomiting in the neonatal period. To state the meaning of abdominal distension in the new born. To describe the management of diarrhoea in the new born. 	2

16	Red, swollen eyelids and pus discharge from the eyes.	<ul style="list-style-type: none"> To define the term neonatal red eye. To distinguish the causes of neonatal conjunctivitis. 	2
17	Skills lab for newborn danger signs assessment.	<ul style="list-style-type: none"> Assess respiratory system danger signs (Tachypnea, bradypnea, Oxygen saturation, cyanosis) Assessment of feeding disorders (inability to breastfeed/poor feeding) Assessment of lethargy/hypotonia signs (sleepiness, unresponsiveness, poor feeding) Assessment of problem of thermoregulation (body temperature, acrocyanosis, respiratory associated signs) Assessment of umbilical related danger signs (local bleeding, local infection) Assessment of skin infection and jaundice (color of skin, skin eruptions, etc) Assessment of seizures and convulsions (twitching, rhythmic lip or jaw movements, eye twitching, extension of extremities, clenching of fists, stiffening or jerking of limbs or trunk, lip-smacking movements, heart rate, blood pressure, respiration, salivation, pupillary dilation) Assessment of hypoglycemia signs and symptoms (shakiness, cyanosis, or pallor, apnea, or polypnea, hypothermia, floppy muscles, poor feeding, lethargy, seizures, weak or high-pitched cry) Assessment of gastro intestinal problems (vomiting and diarrhea patterns, hydration status, abdomen distension) Assessment of eye problems (red, swollen eyelids, pus discharge from the eyes, itching, tenderness and tearing of the eyes) 	2
18	End unit assessment	The lesson was conducted very well and all students were involved and they are capable to achieve the key competences of the lesson.	2

Lesson 1: General assessment of the Newborn danger signs

a) Learning objectives:

- To identify danger signs of a newborn
- To explain neonatal danger signs.

b) Teaching resources

Student's book and teacher guide of the unit, mannequin, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction:

This is the first lesson of the third unit of new born danger signs. In this lesson, the teacher will be dealing with the explanation of different new born danger signs which should be assessed during the time of assessing the new born. The first thing to do before starting teaching is to remind students that they have learnt about antenatal care, management of the third stage of labor, normal delivery and immediate care of the new born in maternal and child health (S4 & S5) and let them discuss the elements of the new born assessment so that they can prepare themselves for this lesson.

d) Learning activities 3.1

Guidance:

- Provide an activity 3.1 given in student teacher textbook and ask the students in groups to read the case study of a new born with different clinical manifestations.
- Provide the necessary materials.
- Move around in silence to monitor if they are having some problems
- Remember to assist those who are weak but without giving them the knowledge.
- Invites any five students to present their findings to the rest of students.
- Ask other students to follow carefully the presentations
- Note on white board / paper the student's ideas.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and engage the students in making that conclusion.

Answers for learning activity 3.1

1. The baby has respiratory distress(tachypnea)
2. Hypothermia(34°C)
3. Prematurity (2.2kg and born at 3 weeks before term)

Answers for self-assessment 3.1

Expected answers are:

1. The neonatal period extends from birth through the first month of life.
2. Clinical signs that indicate a high risk of neonatal morbidity and mortality and require immediate therapeutic interventions.
3. One-third of all neonatal deaths occur on the first day of life, almost half within 3 days and nearly three-quarters within the first week of life.

Lesson 2: Respiratory problems in newborns and hypoxia

a) Learning objectives:

- To define the respiratory disorders in newborns.
- To describe the classification of respiratory disorders
- To explain the role of the nurse in the management of respiratory distress in the neonates.

b) Teaching resources

Student's book and teacher guide of the unit, a watch, mannequin, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction:

This is the second lesson of the third unit of the new born danger signs. In this lesson you will be dealing with the classification of respiratory disorders during the assessment of the new born. The first thing to do before starting teaching is to remind students that they have learnt about normal delivery and immediate new born care in maternal and child health (S4 &S5), and let them discuss some elements of new born assessment so that they can prepare themselves for this lesson.

d) Learning activities

Guidance:

- Ask students to work in pair and do the activity 3.2 in student's book.
- Provide the necessary materials to the learners.
- Move around in silence to monitor if they are having some problems, sharing ideas in pairs.
- Assist those who are weak but without giving them the knowledge.
- Invite any of the five students to present their findings to the rest of students.
- Ask other students to follow carefully the presentations
- Note on white board / paper the student's ideas.

- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Encourage the students to have more practice on the assessment of the mother.
- Harmonize and conclude on the learned knowledge and engage the students in making their own conclusion.

Answers of learning activity 3.2

1. Baby A is suffering from respiratory problems and the baby B is quite as he/ she is sleeping peacefully
2. I will surely manage to breath by the mouth.
3. The chest of Baby A is depressed; I think he or she is having respiratory problem. The chest of baby B is regular because he/ she is breathing well.

Answers for self-assessment 3.2

1. Respiratory disorders in newborns are conditions characterized by abnormal respiratory rate (RR), increased work of breathing that result in hypoxia.
2. -Tachypnea which is an abnormally rapid and often shallow respiratory rate > 60breaths/minute
-Bradypnea which is a slow respiratory rate < minute 30breaths/ minute
-Apnea which is a cease breathing for a period > 20 seconds or less when associated with bradycardia or cyanosis
3. It is a sound produced when the baby struggles to breathe and exhales against a partially closed glottis.
4. It is a decrease of oxygen in the tissues that normally help to sustain body functions.

Lesson 3: Breastfeeding /feeding disorders (inability to breastfeed/poor feeding).

a) Learning objectives:

- To determine the causes and factors associated with newborn's inability to feed/breast feeding.
- Discuss the management of the new born with inability to feed or with poor feeding.

b) Teaching resources

Student's book and teacher guide of the unit, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction

The students already know about the elements of immediate new born care during the assessment of the new born learnt in the previous units, the teacher is also recommended to help them to work on this activity of reading the case study of a mother with a baby who is not able suck on the breast as it is in the student book and the teacher will use the student's ideas on the causes which may interrupt the baby from breastfeeding and student's presentations hence preparing for the next lesson.

d) Learning activities 3.3

Guidance:

- Tell the students to go to the class room.
- Give the students to student book and ask them to read the activity 3.3.
- Ask the students to brainstorm on the causes that can interrupt the baby from breastfeeding.
- Supervise the action of reading how it is being conducted and give the students an opportunity to work in their respective groups
- Ask students to record findings on the paper sheet
- Help the students to summarize what they have learnt.
- Ask the students to present what they have done.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making that conclusion.

Answers of learning activity 3.3

1. Mother's milk is healthy because it contains antibodies that actively protects against infection and allergies.
2. Baby is sick, infection or trauma in the mouth.

Answers for self-assessment 3.3

1. Neonatal illness

2. It is fairly common in newborns. This is because the sphincter muscle between the stomach and the esophagus (the tube from the mouth to stomach) is weak and immature.
3. It can indicate a problem of feeding. If the baby is formula-fed, vomiting may occur after overfeeding or because of intolerance to formula. If the baby is breastfed or formula-fed, he or she may have a physical condition that prevents normal digestion and may cause vomiting.

Lesson 4: Lethargy/ Hypotonia

a)) Learning objective:

- To enumerate the measurements to be taken for newborn.
- To recall about the nursing management of a neonate with hypotonia/ lethargy.

b) Teaching resources

Student's book and teacher guide of the unit, mannequin, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction

The teacher makes a revision on the assessment of the new born immediately after birth, the activity in student book creates the clear connection to the measurements that could be based on for further assessment of the new born. The teacher will ask the learners some questions related to the measurements which may help to assess the new born appropriately after birth.

d) Learning activities 3.4

Teacher's activities

- Ask the students to read the case study that is in the activity 3.4 found in the student book.
- Ask the students to brainstorm on the causes to look as if he/she is very weak.
- Supervise the task how it is being conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done.
- Help the students to summarize what they have learnt.
- Tick the correct findings and correct those ones which are incorrect and try again to complete those which are incomplete.
- Harmonize and conclude on the learned knowledge and still engage students in making that conclusion.

Answers for learning activity 3.4

1. Lethargy/ Hypotonia

2. Severe hypoglycemia itself can lead to a presentation similar to these newborns in activity, poor tone, and an inability to maintain body temperature.

Answers for self-assessment 3.4

1. Lethargy is pathological state of sleepiness or deep unresponsiveness.
2. Initial management should be focused on stabilizing the infant and then evaluate the most likely causes of illness.
3. Lethargy may be caused by the infection, anemia, low blood sugar or hypoxic ischemic encephalopathy (HIE).

Lesson 5: Neonatal hypothermia

a) Learning objectives:

- To determine the newborns who at risk of developing the hypothermia.
- To criticize about the ways used to keep the new born warm.

b) Teaching resources

Student's book and teacher guide of the unit, mannequin, and materials for vital signs, white board, computer, projector, flipcharts, marker, papers and pens.

c) Prerequisites/Revision/Introduction

The students already learned the vital signs monitoring during the assessment of the new born and they are given enough time to practice the assessment of the new born and the teacher will ask different questions on the vital parameters and the materials to be used for taking the vital signs of the new born may reveal whether the baby has a normal body temperature or not. From the answers provided by the learners, the teacher gives the progress of the lesson.

d) Learning activities 3.5

Guidance:

- Give the students the materials to be used for taking the vital signs of the new born and guide them.
- Ask the students to read the case study in the activity 3.5 located in student book.
- Ask the students to brainstorm the new born who are at risk for developing low body temperature in the new born.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

- Encourage the students to have more practice of taking the vital signs of the new born.

Answer for learning activity 3.5

1. Neonatal hypothermia
2. The infant is underweight for gestational age and is also wasted. Both these conditions may cause hypothermia as the infants have little white and brown fat. In addition, the infant probably became cold after the bath because he was not well dried and the room was cold.

Answers for self-assessment 3.5

1. A baby is hypothermic when axillary temperature is below 35.5°C, core temperature is below 36°C or when rectal temperature below 35 °C is particularly dangerous. The neonatal hypothermia leads to dyspnea, poor feeding, hypoglycemia and lethargy
2.
 - i. Maternal body heat (skin-to-skin care) or KMC,
 - ii. A closed incubator,
 - iii. Radiant warmers,
 - iv. Warm room,
 - v. Dressing the infant/covering the baby.

Lesson 6: Hyperthermia

a) Learning objectives:

- To define the term hyperthermia.
- To identify the causes of hyperthermia.

b) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, thermometer, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the lesson by showing the students a case study illustrating a new born with high body temperature and ask different questions such as what do you think that could be the condition to this newborn? What do you think that can be the cause of elevated body temperature to the neonate? From the answers provided by the learners, give you the progress of the lesson.

d) Learning activities 3. 6

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read the case study from the activity 3.6 found in the student book.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Encourage the students to have more practice on taking the body temperature of the new born.

Answer for learning activity 3.6

1. Neonatal hyperthermia
2. Infection

Answers for self-assessment 3.6

1. Hyperthermia is defined as body temperature above 37.6 oC
2. Overheating from incubators, radiant warmers, or hot ambient environmental temperature, maternal fever, maternal epidural anesthesia, Phototherapy lights, sunlight, excessive bundling or swaddling, infection, CNS disorders (i.e., asphyxia), and dehydration.
3. Tachycardia, tachypnea, apnea, warm extremities, flushing, perspiration (term newborns), dehydration, lethargic, poor feeding, Irritability, and weak cry.

Lesson 7: Umbilical cord infection (omphalitis)

a) Learning objectives:

- To enumerate the signs of omphalitis,
- To develop the nursing management of omphalitis.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces this lesson by demonstrating a case study showing a new born with an infection of the umbilical cord and the teacher may ask the learners some different question like What do you think that could be the problem? What

do you think that could be the cause? From the answers provided by the students, give the teacher the progress of the lesson.

d) Learning activities 3.7

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read the case study from the activity 3.7 found in the student book for the new born with an infection of the umbilical cord.
- Ask the students to brainstorm on the signs of the umbilical cord infection.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 3.7

1. Infection of umbilical cord
2. Delivering at home and poor hygiene

Answers for self-assessment 3.7

1. Omphalitis is an infection of the umbilical stump. It typically presents as a superficial cellulitis
2. Red, swollen, warm, or tender skin around the cord
 - Pus (a yellow-greenish liquid) oozing from the skin around the cord
 - a bad smell coming from the cord
 - Fever
 - A fussy, uncomfortable, or very sleepy baby
3. The risk factors for omphilitis:
 - Septic delivery,
 - Unplanned home delivery,
 - Maternal chorioamnionitis,
 - Prolonged rupture of membranes,
 - Low birth weight, and umbilical vessel catheterization.
 - Mainly lack of hygiene from the mothers and caregivers.
 - Aerobic bacteria are present in approximately 85% of infections, predominated

by Staphylococcus aureus, group A streptococcus, escherichia coli, klebsiella pneumoniae, and Proteus mirabilis.

- Methicillin-resistant S aureus.

Lesson 8: Neonatal umbilical cord bleeding.

a) Learning objectives:

- To list cause and risk factors of the neonatal umbilical cord bleeding.
- To discuss about the management of bleeding umbilical cord.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the lesson by showing some pictures of a new born with umbilical cord bleeding and the teacher ask some different questions like What do you reflect on that condition? What do you think that are the causes of that condition? From the answers provided by the learners, the teacher gives the progress of the lesson.

d) Learning activities 3.8

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to observe the pictures of the new born with the umbilical cord bleeding.
- Ask the students to brainstorm on the causes and risk factors of neonatal umbilical cord bleeding in the new born.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Encourage the students to have more practice for assessing the abdomen of the new born for ruling out any bleeding from the umbilical cord.

Answer for learning activity 3.8

1. Bleeding umbilical cord
2. Unwell tied umbilical cord and hemorrhagic disorders.

Answers for self-assessment 3.8

1. Improperly, inherited coagulation disorder, vitamin K deficiency or immune-mediated thrombocytopenia. Disseminated intravascular coagulation (DIC).
2. Heavy bleeding from umbilicus, pale skin, lethargy, inability to breastfeed and sometimes signs of shock and anemia.
3. Serious cardiovascular and neurological effects.

Lesson 9: Skin infections in newborns

a) Learning objectives:

To explain the management of skin infection.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces this lesson by showing some images of a new born with skin infections and the teacher ask will some different questions such as among the skin infections, which one do you think that affect the skin like those mentioned on these images? From the answers provided by the learners, the teacher offers the progress of the lesson.

d) Learning activities 3.9

Guidance:

- Give the students the materials to be used and guide them.
- Ask students to observe the images illustrating a new born with skin infection from the activity 3.9 found in the student book.
- Ask the students to brainstorm on the causes of neonatal skin infections.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 3.9

1. Image A =Rashes and Image B=Erythema toxicum

Answers for self-assessment 3.9

1. The benign causes include erythema toxicum neonatorum, transient neonatal pustular melanosis, and neonatal acne. The most common causes of infectious pustular skin lesions include bacterial infections, which may be initially localized (*Staphylococcus aureus*) or septicemic (*Listeria monocytogenes*); viral infections (herpes simplex, varicella-zoster); fungal infections (*Candidiasis*, *Malassezia furfur*); or parasitic disorders (scabies).
2. Deep skin infections (cellulitis), kidney inflammation, or meningitis. It causes distinctive blisters or sores.
3. *S. aureus* infection usually first appears as a skin and soft tissue infection, but may rapidly progress to osteomyelitis and pneumonia or cause bacteremia.

Lesson 10: Seizures or convulsions in newborns.

a) Learning objectives:

- To list the clinical manifestations of seizure.
- To explain the common etiologies of neonatal seizures.

b) Teaching resources

A projector, machine (Laptop), white board/wall, flipchart, markers, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces this lesson by explaining the clinical manifestation of seizure and etiology of the neonatal seizures in the new born and the teacher will ask some questions such as what do you think about the newborn described in scenario's condition? What do you think could be the cause of the above newborn's condition? From the answers provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 3.10

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read the case study from the activity 3.10 found in the student book for the new born with neonatal seizures.
- Ask the students to work in groups.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 3.10

1. Convulsion
2. Asphyxia, fever, meningitis and other brain disorders

Answers for self-assessment 3.10

1. Twitching, rhythmic lip or jaw movements, eye twitching, extension of extremities, clenching of fists, stiffening or jerking of limbs or trunk, lip-smacking movements.
2. Hypoglycemia, hypocalcaemia, hypomagnesaemia, hypo/ hypernatremia, metabolic or respiratory acidosis/alkalosis.
3. Start phenobarbital IV if the seizure lasts more than 3 minutes, or recurs (> 2 to 3 episodes in one hour), or is associated with cardiorespiratory disturbance.

Lesson 11: Neonatal jaundice

a) Learning objectives:

- To define the term neonatal jaundice.
- To explain the assessment of neonatal jaundice using Modified Kramer 'scale.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the lesson by showing the case study of a new born with a yellowish skin and the teacher asks some questions such as what do you think could be the condition to neonate baby described above? What do you think could be the risk factor or cause of that condition? From the answers provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 3.11

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read the case study for the new born with the yellowish skin and it located in the student book from the activity 3.11.
- Ask the students to work in groups.
- Supervise the work how it is conducted and give the students' opportunity to

work in their respective groups.

- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 3.11

1. Jaundice of the neonate baby
2. Delay of initiation to early breastfeeding, macrosomia, caesarian section.

Answers for self-assessment 3.11

1. Kernicterus as permanent brain damage
2. Types of brain damage that can result from high levels of bilirubin in a baby's blood. It causes athetoid cerebral palsy, hearing loss, problems with vision and teeth and intellectual disabilities to the baby.
3. Pre term babies, Low birth weight, Sepsis, cephalo-hematoma or bruises, Lactation failure/ failure to feed, Newborn of diabetic mothers, Siblings with history of severe neonatal jaundice are also prone to neonatal jaundice.

Lesson 12: Classification, diagnosis and management of neonatal jaundice.

a) Learning objectives:

- To understand the classification of neonatal jaundice.
- To enumerate the symptoms of severe neonatal jaundice.
- To describe the management of neonatal jaundice.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, materials for HBB, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the lesson by showing some images illustrating the new born who is under phototherapy and the teacher asks some different questions such as What do you think about the image A and B? What do you think about how that blue light on image can help in neonatal jaundice management? From the answers provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 3.12

Guidance:

- Give the students the materials to be used and guide them.

- Ask the students to observe the images located in student book (activity 3.12) demonstrating a new born under phototherapy.
- Ask the students to work in groups.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 3.12

1. Phototherapy
2. The light changes the bilirubin to a form that can easily pass out of the body.

Answers for self-assessment 3.12

1. Dehydration causes bilirubin levels to rise more up
2. Mild jaundice goes away after 1 or 2 weeks as a baby's body gets rid of the extra bilirubin on its own. Only breastfeeding is given.
3. The phototherapy light changes the bilirubin to a form that can easily pass out of the body.
4. The best way to accurately measure bilirubin is with a small blood sample from the baby's heel.

Lesson 13: Neonatal Hypoglycemia

a) Learning objectives:

- To define the term neonatal hypoglycemia.
- To distinguish the causes of neonatal hypoglycemia.
- To clarify the of neonatal hypoglycemia.

b) Teaching resources:

A projector, machine (Laptop), white board/wall, flipchart, markers, mannequin, glucometer, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the lesson by showing the students a case study for the new born with lethargy, inability to suck on breast and was born from the mother with gestational diabetes and the teacher asks different questions such as a. What do you think about the condition of the baby described in scenario? What do you think could be the risk factor to the condition of that baby? From the answers

provided by the learners, give the teacher the progress of the lesson.

d) Learning activities 3.13

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to read the case study from the activity 3.13 located in the student book.
- Ask the students to work in groups.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 3.13

1. Neonatal hypoglycemia
2. Diabetic mother, Birth weight >4kg

Answers for self-assessment 3.13

1. Babies who are at risk for neonatal hypoglycemia:
 - Babies born to mothers with diabetes
 - Small for gestational age or growth-restricted
 - Preterm babies, especially those with low birth weights
 - Born under significant stress
 - Large for their gestational age
2. The signs and symptoms of neonatal hypoglycaemia:
 - Shakiness
 - Blue color to skin and lips (cyanosis) or pallor
 - Stopping breathing (apnea) or fast breathing
 - Low body temperature (hypothermia)
 - Floppy muscles (poor muscle tone)
 - Not interested in feeding
 - Lack of movement and energy (lethargy)
 - Seizures

- Weak or high-pitched cry
3. The neonates that should be screened for neonatal hypoglycemia:
- Baby with Hypothermia
 - Baby with irritability or tremors
 - Baby having bradypnea or apnea or cyanosis
 - Baby having hypotonia or poor response to stimulation or who is having impaired consciousness and or seizures.

Lesson 14: Neonatal cyanosis

a) Learning objectives:

- To differentiate the types of cyanosis in the new born.
- To discuss about the management of neonatal cyanosis.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces the lesson by showing some pictures of a new born with neonatal cyanosis and the teacher ask some different questions like what do you reflect on image A? What do you reflect while observing image B? From the answers provided by the learners, the teacher gives the progress of the lesson.

d) Learning activities 3.14

Guidance:

- Give the students the materials to be used and guide them.
- Ask the students to observe the pictures of the new born with the neonatal cyanosis.
- Ask the students to brainstorm on the types of the neonatal cyanosis.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.
- Encourage the students to have more practice for assessing the new born for ruling out any other danger sign.

Answer for learning activity 3.14

- Pale neonate
- Neonatal cyanosis

Answers for self-assessment 3.14

1. **Acrocyanosis/ Peripheral cyanosis:** refers to the cyanosis found in the extremities, particularly the palms of the hands and the soles of the feet. It can also be seen on the skin around the lips. Acrocyanosis is often normal in babies, as long as no cyanosis is present in the central part of the body. This is relatively common in new borns, and is generally a physiologic finding due to the large arteriovenous oxygen difference that results during slow flow through peripheral capillary beds.

Central cyanosis: refers to cyanosis found on “central” parts of the body, including the mouth, head and torso. Central cyanosis is never normal in the newborn period, and is almost always linked to a lower amount of oxygen in the blood. Central cyanosis indicates the presence of potentially serious and life-threatening disease, and requires immediate evaluation. It could be due to a problem of the heart, lungs or blood.

2. Abnormalities of the heart, the lungs or the blood, Abnormalities in the lungs, Events that limit the amount of oxygen (smoke inhalation from house fires, carbon monoxide poisoning, etc.)

A blockage in the airway that limits the amount of oxygen getting into your lungs (choking on a foreign body, croup, etc.). Primary lung disease (asthma, pneumonia, bronchiolitis, etc.), congenital heart abnormalities.

3. It can be caused by illness, emotional stress, anemia and any other condition that can reduce the amount of oxy-hemoglobin.

Lesson 15: Neonatal gastro intestinal problems.

a) Learning objectives:

- To list the common causes of vomiting in the neonatal period.
- To state the meaning of abdominal distension in the new born.
- To describe the management of diarrhea in the new born.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, mannequin, student books for this unit and teacher’s guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces this lesson by showing case study of a new born with vomiting, abdominal distension and diarrhea where the baby passed watery stool 4 x in 1 hour at 8th day of life and the teacher ask will some different questions such as what do you think about this baby? What do you think that can show you that

this baby is critically sick? From the answers provided by the learners, the teacher offers the progress of the lesson.

d) Learning activities 3.15

Guidance:

- Give the students the materials to be used and guide them.
- Ask students to read the case study from the activity 3.15 found in the student book for the new born with neonatal gastro intestinal problems.
- Ask the students to brainstorm on the causes of neonatal vomiting, abdominal distension and diarrhea.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 3.15

1. Gastro-intestinal problems with vomiting and diarrhea.
2. Abdominal distension and repetitive vomiting, heart rate 138bts/min, temperature of 35.0c, watery diarrhea with 4 stools/hour.

Answers for self-assessment 3.15

1. Vomiting green bile can indicate a bowel obstruction, which needs immediate attention.
2. The vomiting may be significant to the neonate baby when:
 - The vomitus contains blood (red or black)
 - The vomitus is bile (green, not yellow)
 - The baby also has diarrhea
 - The abdomen is distended
 - There is a delay in the passage of meconium
 - The baby is dehydrated (dry mouth, decreased wet nappies, hypotonic).
 - The vomiting is causing choking and aspiration.
3. The neonatal vomiting is classified as:
 - Mild: 1 - 2 times/day
 - Moderate: 3 - 7 times/day
 - Severe: Vomits everything, nearly everything or 8 or more times/day

Lesson 16: Red, swollen eyelids and pus discharge from the eyes.

a) Learning objectives:

- To define the term neonatal red eye.
- To distinguish the causes of neonatal conjunctivitis.

b) Teaching resources

A projector, machine (Laptop), white board, flipchart, markers, mannequin, student books for this unit and teacher's guide book.

c) Prerequisites/Revision/Introduction

The teacher introduces this lesson by showing some images of a new born with the swollen eyes, eyes with pus discharge and red eyes in newborns and the teacher ask will some different questions such as what do you think on the newborn's eyes seen on image A? What do you reflect on image B and C? From the answers provided by the learners, the teacher offers the progress of the lesson.

d) Learning activities 3.16

Guidance:

- Give the students the materials to be used and guide them.
- Ask students to observe the images illustrating a new born with the swollen eyes, eyes with pus discharge and red eyes in newborns from the activity 3.16 found in the student book.
- Ask the students to brainstorm on the causes of neonatal conjunctivitis.
- Supervise the work how it is conducted and give the students' opportunity to work in their respective groups.
- Ask the students to present what they have done
- Help the students to summarize what they have learnt.

Answer for learning activity 3.16

- a) Conjunctivis of the newborn
- b) Sub-conjunctival haemorrhages of the neonate.

Answers for self-assessment 3.16

1. The infection (bacteria or viruses.) and the chemical reactions (called chemical conjunctivitis).
2. The symptoms neonatal conjunctivitis are:

- Redness, itching, swelling, or tenderness and tearing of the eyes.
 - Eye discharge or crusting around the eyes can be present
 - Sub-conjunctival haemorrhage may present a bright red patch appearing in the white of the eye.
3. Teach pregnant women the importance of treating sexually transmitted infections, such as herpes simplex, gonorrhoea, and chlamydia in order to decrease the incidence of neonatal conjunctivitis; routine administration of tetracycline or silver nitrate eye ointment is put into each of the newborn's eyes after delivery to prevent conjunctivitis caused by *Neisseria gonorrhoeae*.
 4. The sub-conjunctival haemorrhages of the neonate are red spots or bruises of the eye that are common in new-borns and typically result from the normal trauma of birth. As new-borns are squeezed through the birth canal blood vessels (on the eyes and elsewhere) can rupture.

3.6 Summary of the unit for unit 3 for the new born danger signs.

Early detection of neonatal illness is an important step towards improving new born survival. A mother is the nearest person to a neonate to identify, present, and manage the neonates' problem, which ensures that neonates can lead a healthy life. If mothers know appropriate manifestations of the causes of death in newborns (neonatal danger signs), it is possible to avert related neonatal mortality. Because of the health-seeking behaviour of mothers highly relies on their knowledge of neonatal danger signs.

General management to all new born danger signs.

Stabilize the neonate before transfer to the neonatal unit:

- Position the head to open the airway.
- Administer oxygen with an appropriate nasal cannula, at a maximum flow rate of 2 liters/ minute (aim for SpO₂ 90-95%).

In the case of apnea or if RR < 20/minute: perform bag and mask ventilation

Check blood glucose and/or treat for hypoglycemia.

While awaiting transfer:

- Keep neonate warm in a room at 23-25 °C wrapped in a blanket or under an infant warmer, and cover the head with a cap.
- Closely monitor temperature, respiratory rate and SpO₂.
- Start treatment for neonatal infection
- Ensure routine neonatal care

- Start or continue feeding only, if necessary, complement feeds with a nasogastric tube and/or IV fluids.

In the case of severe respiratory distress, abdominal distension, or coma, do not feed the neonate by mouth. Start IV fluids if possible. Neonates suspected to have severe neonatal infection. Danger signs may indicate an underlying severe infection which requires transfer to a neonatal unit and antibiotic therapy.

While awaiting transfer to a neonatal unit, start antibiotic therapy: The first line treatment is the combination of ampicillin IV + gentamicin IM. Ampicillin is preferably used IV; the IM route is an option if the context does not permit proper IV administration. To avoid multiple IM injections.

If meningitis is suspected, do not use procaine benzylpenicillin. If the infection is cutaneous in origin, replace the ampicillin with cloxacillin IV. The total treatment duration is 7 to 10 days according to clinical response. Gentamicin should be stopped after 5 days of treatment.

3.7 Additional information

The activity requires the teacher to take students inside the skills lab and help them to do it. As teacher, you have to divide the students into groups, provide necessary materials to be used and guide them accordingly. Remember to call student for presentation of their results.

3.8 End unit 3 assessment

1. Nine neonatal danger signs which include: baby not able to feed or stopped feeding well, convulsions, fast breathing, severe chest indrawing, fever, hypothermia, yellow soles, movement only when stimulated or no movement, and signs of local infection (umbilicus red or draining pus, skin infection, or eyes draining with pus).
2. A baby in respiratory distress needs to be resuscitated and the associate nurse will first call for help from experienced caregivers and following actions will be done:
 - Immediately resuscitate the newborn using current guidelines
 - Stabilize and admit to neonatal unit
 - Monitor Vital signs with focus on respiratory rate and oxygen saturation frequently.
 - Initial evaluation includes a detailed history and physical examination. The clinician should monitor vital signs and measure oxygen saturation with pulse oximetry.
 - The blood gas measurement may be considered;

- Lab exams (Full blood count)
 - Take pulse oximetry after 24 hours but before hospital discharge to screen for any critical congenital heart
 - Always assess for cyanosis
 - Assess for feeding or nutrition possibilities
 - Avoid hypothermia
3. The consequences of the baby who is unable to breastfeed: The newborn may become more sick and may die from hypoglycemia, neonatal jaundice, and infections such as diarrhea, gastrointestinal infections.
 4. If the neonate is completely unable to feed or vomit all the times, it is an emergency and parenteral feeding must be considered at an advanced health setting through Nasogastric tube.
 5. The temperature should not be taken over the liver/right upper abdomen as this is a very warm organ. The skin temperature should have been taken over the left side of the abdomen. An axillary temperature could also have been taken.
 6. The management of hyperthermia in the new born:
 - Exposing him or her to room temperature.
 - Sponging with tepid water at about 35.0°C
 - Move the baby away from the source of heat, and undress her/him
 - Breastfeed frequently to replace fluids
 - Give extra fluids through intravenous or NGT if unable to breastfeed.
 - Monitor vital signs every 15-30 minutes until stable
 - Give a cold bath if temperature is 40°C and above
 7. Omphilitis can spread to involve the entire abdominal wall and may progress to necrotizing fasciitis, myonecrosis, or systemic disease.
 8. The management of impetigo in the new born: In most cases, the antibiotic cream is prescribed to speed up the healing process. With antibiotic treatment, the baby's impetigo should clear up within a week to 10 days. If the symptoms don't start to improve within five days of starting treatment, take back to the dermatologist and pediatrician.
 9. The signs accompanying neonatal seizures a part from jerky movements of eyes, lips and limbs: Change in vital signs such as alteration in heart rate, blood pressure, respiration and salivation, pupillary dilation.
 10. When a mother has to suspect a neonatal jaundice to his/her neonate:

- When the baby is very yellow or orange starting from the head and spread to the toes.
 - Baby is hard to wake up or will not sleep at all.
 - Baby is not breastfeeding or sucking from a bottle well.
 - Baby is very fussy.
 - Baby does not have enough wet or dirty diapers (at least 4-6 thoroughly wet diapers in 24 hours and 3 to 4 stools per day by the fourth day).
11. The major complications of neonatal hypoglycemia: Neurologic damage resulting in mental retardation, recurrent seizure activity, developmental delay, personality disorders and impaired cardiovascular function.
 12. Neonatal cyanosis, particularly central cyanosis, can be associated with significant and potentially life-threatening diseases due to cardiac, metabolic, neurologic, infectious, and parenchymal and non-parenchymal pulmonary disorders.
 13. The major causes of neonatal abdominal distension: Congenital malformations may be the major cause of abdominal distension in early newborns.
 14. The causes of neonatal diarrhea: Infective diarrhea (often non-breast-fed baby), maternal ingestion of drugs (ampicillin, laxatives), metabolic disorders, neonatal thyrotoxicosis, Maternal drug addiction.
 15. The management of neonatal diarrhea and vomiting:
 - Rehydrating the neonate is well-hydrated is the first step
 - If the new born is repeatedly vomiting and is unable to hold down fluids provide IV fluids (Normal saline)
 - Search for causes of diarrhea and vomiting and treat or refer for treatment in a specialized health setting
 - The associate nurse should refer this baby urgently
 - Close monitoring of vital signs is required
 - Ensuring adequate breastfeeding to the neonate is also important
 - Prevention of hypothermia and hypoglycemia is necessary.
 16. The treatment of neonatal conjunctivitis caused by chlamydia: The treatment for conjunctivitis caused by chlamydia, is treated by erythromycin or azithromycin.

3.9 Additional activities

3.9.1 Remedial Activities:

1. Explain the management of respiratory distress in the newborn?

Answer: The following actions will be done:

- Immediately resuscitate the newborn using current guidelines
 - Stabilize and admit to neonatal unit
 - Monitor Vital signs with focus on respiratory rate and oxygen saturation frequently.
 - Initial evaluation includes a detailed history and physical examination. The clinician should monitor vital signs and measure oxygen saturation with pulse oximetry.
 - The blood gas measurement may be considered;
 - Lab exams (Full blood count)
 - Take pulse oximetry after 24 hours but before hospital discharge to screen for any critical congenital heart
 - Always assess for cyanosis
 - Assess for feeding or nutrition possibilities
 - Avoid hypothermia
2. Discuss the nursing management of hypotonic/lethargy on neonate:

Answer: The nursing management of hypotonic/lethargy on neonate include:

- Initial management should be focused on stabilizing the infant and then evaluate the most likely causes of illness.
 - Start with evaluation for hypoglycemia and sepsis and provide respiratory support.
 - Take laboratory samples for checking blood glucose and FBC to rule out infection and anemia
 - Take and monitor closely vital signs
 - Manage and care the neonate according to the cause of hypotonia
3. List the number of ways to keep an infant warm.

Answer: The ways to keep an infant warm:

- Maternal body heat (skin-to-skin care)
- A closed incubator
- Radiant warmers
- Warm room

- Hot room
- Dressing the infant
- Thermal blanket
- Perspex heat shield

4. Enumerate the signs and symptoms of hyperthermia.

Answer: Tachycardia, tachypnea, apnea, warm extremities, flushing, perspiration (term newborns), dehydration, lethargic, poor feeding, Irritability, weak cry.

5. What are the risk factors for omphalitis?

Answer: The risk factors for omphalitis included septic delivery, unplanned home delivery, maternal chorioamnionitis, prolonged rupture of membranes, low birth weight, and umbilical vessel catheterization. Mainly lack of hygiene from the mothers and caregivers.

6. What are interventions of heavy umbilical cord bleeding?

Answer: The interventions of heavy umbilical cord bleeding:

- Call for help
- Retie the umbilical cord thoroughly
- Take vital signs
- Resuscitate the neonate in case of shock and respiratory problems
- Monitor closely vital signs
- Draw blood for lab examination (if possible)
- Ensure the nutrition (breastfeeding or parenteral)
- Remember to transfer the neonate to the neonatology or pediatrics specialist.

3.9.2 Consolidation activities

1. Discuss about the management of neonatal skin infections.

Answer: The management of neonatal skin infections:

- For management of pustule melanosis: No treatment is indicated. Reassure parents that neonatal pustular melanosis is a benign finding and that it disappears.
- For neonatal staphylococcal skin infections: Blebs should be punctured as soon as formed and topical ointment/lotion should be applied. Full recovery usually occurs in 2-3 week.
- For management of impetigo: In most cases, the antibiotic cream is prescribed to speed up the healing process. With antibiotic treatment, the baby's impetigo should clear up within a week to 10 days. If the symptoms

don't start to improve within five days of starting treatment, take back to the dermatologist and pediatrician.

- For management of transient neonatal pustular melanosis: It is benign, requiring no treatment apart from only local cleansing and washing.
2. The risk factors for neonatal hyperbilirubinemia.

Answer: The risk factors for neonatal hyperbilirubinemia include:

- Delayed breast feeding and Lactation failure
- ABO incompatibility (simply maternal–infant incompatibility in ABO system. When red blood cells break down, a chemical called 'bilirubin' is released, and this makes the skin to become yellow.
- Premature birth (<38 week). A newborn's immature liver often can't remove bilirubin quickly enough, causing an excess of bilirubin.
- Post-term and macrosomia. Those newborn babies are born with high amount of RBC and need to break down them. Therefore, a lot of red blood cells, but their liver isn't developed enough to get rid of the bilirubin. This results in a bilirubin overload, which leads to jaundice
- Maternal and neonatal infection /sepsis
- Cephalohematoma,
- Birth asphyxia (Apgar score ≤ 6)
- G6PD enzyme deficiency,
- Other causes and risk factors are: low birth weight, Neonates from diabetic mothers, neonates with siblings 'history of severe neonatal jaundice, hypothermia and hypoglycemia.

3.9.3 Extended activities

1. Explain the causes of hypoglycemia in a newborn baby.

Answer: Hypoglycemia can be caused by conditions such as:

- Poor nutrition for the mother during pregnancy
- Making too much insulin because the mother has poorly controlled diabetes
- Incompatible blood types of mothers and baby (severe hemolytic disease of the newborn)
- More insulin in the baby's blood for other reasons, such as a tumor of the pancreas
- Birth defects
- Congenital metabolic diseases or hormone deficiencies. Some of these run in families.
- Not enough oxygen at birth (birth asphyxia)

- Liver disease
 - Infection (certain medicines the mother may have been taking for diabetes at the time of birth, such as sulfonylurea medicines, can cause sepsis or other severe infections).
2. Explain the management of neonatal cyanosis.

Answer: Management of neonatal cyanosis:

- Mostly cyanosis in neonates is a result of “acrocyanosis” and does not need treatment. If there is a primary lung or heart issue, cyanosis will go away when the neonate has the underlying condition treated either medically or surgically.
- Severe cyanosis requires urgent supportive therapy while a diagnosis is established. The infant should be maintained in a thermos-neutral environment using a radiant warmer.
- Oxygen should be provided, although there are increasing concerns about the potential risks associated with this therapy
- Close monitoring of vital signs is required
- Ensuring adequate breastfeeding to the neonate is also important
- Prevention of hypothermia and hypoglycemia is necessary

4.1 Key unit competence

Provide counselling in reproductive health

4.2 Prerequisite

Biology, pharmacology, fundamentals of Nursing

4.3 Cross- cutting issues

a) Gender

With a good understanding of the principles of Gender Equality, it is intended that future generations will ensure that the potential of the whole population is realized. Involve both girls and boys in all activities: No activity is reserved only to girls or boys. Teachers should ensure equal participation of both girls and boys during learning activities

b) Peace and Values

Peace and values are crucial to the success of the nation. It is important for learners to have the knowledge, skills and abilities to better avoid, address and manage conflicts and prevent violence. During group activities, debates and presentations, the teacher will encourage learners to help each other and to respect opinions of colleagues.

c) Inclusive education

The issue of inclusive education will be addressed through activities that will be conducted. As a facilitator, involve every individual regardless of gender or ability including those with learning difficulties and disabilities and ensure they participate in different given activities. Learners with different learning styles and other difficulties can achieve their potential when the teacher has a positive attitude, by adapting the learning resources, differentiation of teaching and learning methods and working together.

d) Environment and sustainability

Because Environment and Sustainability is a very important cross-cutting issue, learners have to be helped to know maximum skills and attitudes on the environmental sustainability and to be responsible in caring for student's environment. Learners also need knowledge, skills and attitudes that will enable them in their everyday life to avoid the environment pollution, avoid throwing away hazards anywhere; special places or appropriate containers should be used.

4.4 Guidance on the introductory activity:

This introductory activity helps you to engage learners in the introduction of the unit 4 “counselling in Reproductive Health” and invite the learners to follow the next lessons after considering their ideas and inform what they will learn in the unit.

- Ask students to observe the pictures A, B and C.
- Allow students to have pair discussion about the given questions
- Help students with different problems.
- Ask and allow students to present their findings while others are following.
- Consider their ideas and then give the expected answers:

Answers to introductory activity

1. Describe the situation on the above pictures.

The picture A, B and C are showing a group of people discussing with a nurse.

2. What are the signs that characterize the people' situation on pictures A, B and C?

On image A: A group of women looking like in same age are sitting close to the nurse who seem to be teaching them.

On Image B: a couple is discussing with the nurse

On image C: A nurse is discussing with a woman.

4.5 List of lessons

No	Lesson title	Learning objectives	Number of periods
1	key concepts in counselling	<ul style="list-style-type: none">• Define the concepts of counselling in reproductive health	2
2	The process, principles and skills of counselling in RH	<ul style="list-style-type: none">• Describe the principles of counselling• Describe the skills of counselling	2
3	Frameworks of counselling in Reproductive Health	<ul style="list-style-type: none">• Describe the REDI framework• Describe the GATHER framework	2

4	Premarital Counselling	<ul style="list-style-type: none"> • Explain the goals and objectives of Premarital Counseling • Describe the steps of premarital counselling 	2
5	Voluntary Counselling and Testing	<ul style="list-style-type: none"> • Define Voluntary Counselling and Testing • Explain the benefits of VCT • Explain the barriers to VCT • Describe the Principles of VCT • Explain the steps of VCT 	2
6	Assessment	<ul style="list-style-type: none"> • Explain the components of counselling in reproductive health 	2

Lesson 1: Concepts of counselling

a) Learning objectives

Define the concepts of counselling in reproductive health

b) Teaching resources

Student's book, teacher's guide, Library, computer lab, screen, projector, flip charts or whiteboard or blackboard, markers.

c) Prerequisites/Revision/Introduction

This is the first lesson of the 4th unit counselling in Reproductive Health. In this lesson you will be dealing with the meaning of concepts of counselling.

d) Learning activities 4.1

Guidance

- Ask learners to do individually activity 4.1 in their student book
- Provide the necessary materials to the learners or allow them to go to computer lab and library
- Move around in silence to monitor if they are having some problems.
- Assist those who are weak but without giving them the knowledge.
- Invite any of the students to present their findings to the rest of students
- Ask other students to carefully follow the presentations
- Note on chalk board or flip charts or whiteboard the student's ideas.
- Harmonize and conclude on the learned knowledge by immediate positive feedback.

Answer to the learning activity 4.1

1. **Reproductive Health** is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.
2. **Reproductive counseling** supports individuals and couples in their journey to become parents; provides an opportunity to receive support, better understand the reproductive options and choices, and explore the impact of these events on client relationships.

e) Self-assessment 4.1

Ask the students to answer in pairs the self-assessment 4.1

Answer to self-assessment 4.1

1. **Counseling** is defined as a face-to-face communication or interactive process that a healthcare provider has with a client or couple in order to help them arrive at voluntary and informed decisions is defined as
2. **Reproductive Health** is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.

Lesson 2: The process, principles and skills of counselling in RH

a) Learning objectives

- Describe the principles of counselling
- Describe the skills of counselling

b) Teaching resources

Student's book, teacher's guide, Library, computer lab, screen, projector, flip charts or whiteboard or blackboard, markers.

c) Prerequisites/Revision/Introduction

This is the second lesson of the 4th unit Counselling in Reproductive Health. In this lesson you will be dealing with principles and skills of counselling. The first thing to do before starting teaching is to remind students that they have learnt about different concepts of counselling and ask them to discuss the meaning of counselling so that they can prepare themselves for this lesson.

d) Learning activity 4.2

Guidance

- Ask students to work in pair and do activity 4.2 in student's book.

- Provide the necessary materials to the learners or allow them go to the computer lab or library.
- Move around in silence to monitor if they are having some problems, sharing ideas in pairs.
- Assist those who are weak but without giving them the knowledge.
- Invite any of the pairs to present their findings to the rest of students
- Ask other students to carefully follow the presentations
- Note on chalk board or flip charts or whiteboard the student's ideas.
- Harmonize and conclude on the learned knowledge by immediate positive feedback.

Answer to the learning activity 4.2

1. The Counselling process

There are six steps for counselling. Through these steps, the counsellor can give support and guidance **Steps of counselling:**

- Assess the situation:** Engage the individual in interactive discussion. Ask questions to better understand the situation and the needs of the client
- Define problems, needs and information gaps:** Review with the client what it is about the situation that prevents from addressing the needs. What makes the situation a problem, what are the causes of the problem? What does the client know already? Assess the need of additional information.
- Generate alternative solutions:** Review with the client how can better address the needs by looking at what is currently being done, and what else could be done. Identify what other information, resources or support is needed.
- Prioritize solutions:** by reviewing the advantages and disadvantages of the various alternatives, work out with the client which of the alternatives are most feasible to address the problem and/or meet the needs. Assist the client to work out how to overcome potential disadvantages.
- Develop a plan:** make a plan together
- Review and evaluate:** in the following counselling sessions review implementation of the plan with the client. Is the plan working or should another alternative be required?

2. The principles of counselling

These are values and process that are used in provision of professional assistance and guidance in resolving personal or psychological issues.

Principle 1. Establish and maintain rapport with the client

Establishing and maintaining rapport with a client is vital to the encounter and achieving positive outcomes. This can begin by creating a welcoming environment and should continue through every stage of the client encounter, including follow-up.

Principle 2. Assess the client's needs and personalize discussions accordingly

Each visit should be tailored to the client's individual circumstances and needs.

Principle 3. Work with the client interactively to establish a plan

Working with a client interactively to establish a plan, including a plan for follow-up, is important. Establishing a plan should include setting goals, discussing possible difficulties with achieving goals, and developing action plans to deal with potential difficulties. The amount of time spent establishing a plan will differ depending on the client's purpose for the visit and health-care needs. A client plan that requires behavioral change should be made on the basis of the client's own goals, interests, and readiness for change.

Principle 4. Provide information that can be understood and retained by the client

Clients need information that is medically accurate, balanced, and nonjudgmental to make informed decisions and follow through on developed plans. When speaking with clients or providing educational materials through any medium (e.g., written, audio/visual, or computer/web-based), the provider must present information in a manner that can be readily understood and retained by the client.

Principle 5. Confirm client understanding

It is important to ensure that clients have processed the information provided and discussed. One technique for confirming understanding is to have the client restate the most important messages in her or his own words. This teach-back method can increase the likelihood of the client and provider reaching a shared understanding, and has improved compliance with treatment plans and health outcomes.

e) Self-assessment 4.2

Let students do in pairs self-assessment activity 4.2

Answer to Self-assessment 4.2

a) Counselling skills

The key skills needed for counselling are: two-way communication; forming an alliance; active listening; open questioning; providing information; facilitation.

1. Two-way communication: good communication is central to good counselling and involves the exchange of information and is most productive when it is a two-way process which offers an opportunity for each of the parties involved to clarify issues, provide feedback and discuss topics. Many of the skills we discuss for good counselling are also important to good communication.

2. Forming an alliance:

The counsellor's first communication task is to build an alliance, or a partnership, with the client and this alliance serves as the foundation that encourages the client to actively participate in the session. You can help form an alliance with a client by identifying similarities between yourselves, sharing information about one another.

3. Demonstrating active listening:

Listening is more than just hearing someone else's words; it involves being attentive and demonstrating that you have heard and understood what is being communicated to you.

Demonstrating that you really are listening will increase the client's trust and confidence in you as a counsellor, and will make her feel more at ease thus helping to form an alliance. Demonstrating that you have heard and understood what has been said to you can be done by paraphrasing, whereby you repeat back what has been said to you using different words.

4. Providing information

As a counsellor, you need to provide clear and understandable information, pertinent to the client, her family and their situation. It is important to make sure that the information you provide has been understood. You can ask if there is anything that needs further explanation or clarification, or sometimes you may wish to ask the client to repeat back in her own words what has been discussed.

5. Facilitation

Facilitation is the word given to the process of assisting problem-solving. Facilitation is about assisting client to find his/her own solutions, as well as supporting him/her to take the action needed. In a counselling situation, if you make decisions for a client then responsibility and control is taken away from her/ him and it may lead to greater dependency and feelings of inadequacy. It is important that a client is provided with

the opportunity to think out her/his situation and try to resolve needs. One way to facilitate is to ask the client to list all the possible solutions identified. If you can think of others, you might suggest them to be added to the list of alternatives, but do not push your ideas too strongly. Then explore each alternative one by one. Get her/him to think about the advantages and disadvantages. Keep summarizing what have discussed and feed this back. Once the client reaches a decision, you can follow a similar process to help facilitate a plan of action to carry out the decision.

b) The principles of counselling

These are values and process that are used in provision of professional assistance and guidance in resolving personal or psychological issues.

Principle 1. Establish and maintain rapport with the client

Establishing and maintaining rapport with a client is vital to the encounter and achieving positive outcomes. This can begin by creating a welcoming environment and should continue through every stage of the client encounter, including follow-up.

Principle 2. Assess the client's needs and personalize discussions accordingly

Each visit should be tailored to the client's individual circumstances and needs.

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Working with a client interactively to establish a plan, including a plan for follow-up, is important. Establishing a plan should include setting goals, discussing possible difficulties with achieving goals, and developing action plans to deal with potential difficulties.

The amount of time spent establishing a plan will differ depending on the client's purpose for the visit and health-care needs. A client plan that requires behavioral change should be made on the basis of the client's own goals, interests, and readiness for change.

Principle 4. Provide information that can be understood and retained by the client

Clients need information that is medically accurate, balanced, and nonjudgmental to make informed decisions and follow through on developed plans. When speaking with clients or providing educational materials through any medium (e.g., written, audio/visual, or computer/web-based), the provider must present information in a manner that can be readily understood and retained by the client.

Principle 5. Confirm client understanding

It is important to ensure that clients have processed the information provided and discussed. One technique for confirming understanding is to have the client restate the most important messages in her or his own words. This teach-back method can increase the likelihood of the client and provider reaching a shared understanding, and has improved compliance with treatment plans and health outcomes.

Lesson 3: Frameworks of counselling in Reproductive Health

a) Learning objectives

- Describe the REDI framework
- Describe the GATHER framework

b) Teaching resources

Student's book, teacher's guide, Library, computer lab, screen, projector, flip charts or whiteboard or blackboard, markers, skills lab, skills lab equipments.

c) Prerequisites/Revision/Introduction

This is the 3rd lesson of the 4th unit Counselling in Reproductive Health. In this lesson you will be dealing with frameworks of counselling in Reproductive Health. Remind learners that already know different concepts, principles and skills of counselling. Ask them to discuss about the previous lessons so that they can be prepared for this lesson.

d) Learning activities 4.3

Guidance

- Ask learners to work in pair and do activity 4.3 in their student book
- Provide the necessary materials to the learners or allow them to go to computer lab and library
- Move around in to monitor if they are having some problems
- Help those who are weak but without giving them the answer
- Randomly ask any 3 pairs to present their findings to the rest of students.
- Ask other students to carefully follow the presentations
- Harmonize and conclude on the learned knowledge by immediate positive feedback

Answer of the learning activity 4.3

The two different frameworks of counselling in Reproductive Health are the REDI framework and the GATHER framework

e) Self-assessment 4.3

Facilitate students to work in pairs for the self-assessment activity 4.3

Answers to self-assessment 4.3

The REDI framework (which stands for **R**apport-building, **E**xploration, **D**ecision-making, and **I**mplementing the decision) and it is a client centered counselling framework.

Phase 1: Rapport-Building

1. **Welcome the client** by greeting the client warmly and helping the client to feel comfortable and relaxed
2. **Make introductions** by identify the reason for the client's visit and ask general questions, such as name, age, number of children, category of client (new, satisfied, etc.)
3. **Introduce the subject of counselling:** Explain the reasons for asking questions and explain that the client does not have to answer questions
4. **Assure confidentiality:** Explain the purpose of and the policy on confidentiality and create an atmosphere of privacy by ensuring that no one can overhear your conversation, even if you are not able to use a separate room

Phase 2: Exploration

1. **Explore the client's needs, risks, and circumstances** (Identify the reason for the visit in detail) by assessing what the client understands about his or her situation, what worries or concerns he or she might have, and what he or she specifically hopes to accomplish through the visit
2. **Assess the client's knowledge and give information, as needed** by assessing the client's knowledge of the reason of visit and correct misinformation and fill in gaps, as needed
3. **Assist the client to perceive or determine his or her own problem's risk** by asking the client if he or she feels at risk for reproductive health problems, help the client to recognize and acknowledge his or her risks and explore the reasons.

Phase 3: Decision Making

1. **Identify what decisions the client needs to make in this session** by helping the client to prioritize the decisions, to determine which are the most important to address and explain the importance of the client's making his or her own decisions
2. **Identify the client's options for each decision** by helping the client to lay out the various decisions that a client could make and to explore the consequences of each.

- 3. Weigh the benefits, disadvantages, and consequences of each option** by making sure the discussion centers on options that meet the clients' individual needs, taking into account their preferences and concerns; providing more detailed information, as necessary, on the options that the client is considering; considering who else would be affected by each decision.
- 4. Assist the client to make his or her own realistic decisions:** Ask the client what is his or her decision; why he or she is making this decision; check to see that this decision is the choice of the client free of pressure and help the client to assess whether his or her decision can actually be carried out, given his or her relationships, family life, and economic situation, among other issue.

Phase 4: Implementing the Decision

- 1. Make a concrete, specific plan for carrying out the decision:** Be specific. If a client says that he or she is going to do something, find out when, under what circumstances, and what his or her next steps will be in each situation. Asking a client "What will you do next?" is important in developing a plan to reduce risk. For example, if a client says that he will start to use condoms, the provider should ask, "How often?" "Where will you get the condoms?" "How will you pay for them?" "How will you tell your partner that you want to use them?" and "Where will you keep them so you will have them with you when you need them?"
- 2. Identify barriers that the client may face in implementing the plan:** Ask about possible consequences of the plan: "How will your partner(s) react?" "Do you fear any negative consequences?" "How will the plan affect relationships with your partners?" "Can you communicate directly about the plan with your partners?" and "Will indirect communication be more effective at first?"
- 3. Develop strategies to overcome the barriers:** Ask about social supports. Who in the client's life can help the client carry out the plan? Who might create obstacles? How will the client deal with a lack of support or with individuals who interfere with the client's efforts to reduce risk? Make a "Plan B"—that is, if the plan does not work, then what can the client do?

Make a plan for follow-up: Invite the client to return for a follow-up visit to provide ongoing support with decision making, negotiation, and behavior change; explain timing for medical follow-up visit; make referral for services not provided at your facility.

The GATHER framework (which stands for Greet, Ask, Tell, Help, Explain and schedule a Return)

G = GREET the client politely and warmly. This includes praising the client for

coming in and explaining that the discussion is confidential, including the facility's confidentiality policy, if applicable. These are both important parts of building "rapport" with a client developing feelings of safety and trust so that clients will feel comfortable talking with you about their concerns.

A = ASK the client about himself or herself, his or her family members, and his or her general life circumstances. Ask the client why he or she has come to the facility.

As the client gives you information about why he or she has come in, ask probing questions as part of the assessment process.

T = TELL the client about what kinds of services the facility offers, to make informed choices and good decision, clients need clear, accurate, specific information about the range of their choices. Let clients understand their possible choices. Information should be tailored that is important to client's decision. Information should be personalized, put in term of client's own life.

H HELP the client make the decision that is best for him or her, this does not mean making the decision for the client; it means helping the client determine if he or she is at risk and helping the client decide what he or she will do to reduce these risks. In this way, the provider helps the client to reach a decision.

E = EXPLAIN whatever needs explanation or clarification: how the facility works, how the decision taken works, explore how the client will follow through on a plan, explore how the client will confront and address obstacles, the provider explains to the client how to carry out client's decision and tries to tailor and personalize instructions to suit the individual client's way of life.

R = Schedule a RETURN visit: Whenever possible, schedule follow-up appointments with clients to assess their ongoing progress in carrying out their plan for reducing risk and to make changes in the plan, if necessary. Provide additional information, resources, or referrals, as needed.

Lesson 4: Premarital Counselling

a) Learning objectives

- Explain the goals and objectives of Premarital Counseling
- Describe the steps of premarital counselling

b) Teaching resources

Student's book, teacher's guide, screen, projector, flip charts or whiteboard or blackboard, markers,

c) Prerequisites/Revision/Introduction

This is the 4th lesson of the 4th unit Counselling in Reproductive Health. In this lesson you will be dealing with goals, objectives of premarital counselling and steps

for premarital counselling. Learners are reminded about the covered content in this unit from previous lessons and invite them to this lesson.

d) Learning activities 4.4

Guidance

- Ask learners to work in a group of 5 and do activity 4.4 in their student books
- Provide the necessary materials to the learners
- Move around in to monitor if they are having some problems
- Randomly ask any students to present their findings to the rest of students.
- Ask other students to carefully follow the sharing findings
- Harmonize and conclude on the learned knowledge by immediate positive feedback

Answer of the learning activity 4.4

Premarital counseling helps couples to prepare for marriage. By participating in premarital counseling prior to their wedding, couples can begin to build a healthy, strong relationship that helps provide a healthier foundation for their union. Premarital counseling can help couples of any gender, race, or religion identify and address potential areas of conflict in their relationship. Additionally, counseling can prevent small issues from escalating into serious concerns at some point in the future. Premarital therapy also helps couples identify their expectations for the marriage and address any significant differences they might have.

Goals and Objectives of Premarital Counseling

Change the view of the relationship: During the therapeutic process, the counselor helps each partner examine the relationship in a more objective manner and assists the couple in learning how to perceive their interactions in a positive light.

Understand how cultural issues affect a relationship: Family of origin and cultural beliefs affect how the partners understand all the relationships in their lives. It also affects day to day behaviors, such as eating, working, and managing money. Differences in cultural expectations can cause difficulties in the relationship. The sooner the couple learns to identify and manage these differences, the better. A counselor can help reveal these problems and teach the couple how to use the art of compromise.

Eliminate dysfunctional behavior: Premarital counseling helps couples identify and correct dysfunctional behaviors, such as issues with dominance and control and addiction.

Improve communication: Effective communication is one of the most important factors in a healthy relationship. A premarital therapist helps couples learn how to talk to each other openly and express their thoughts and feelings in a healthy, supportive manner.

Identify strengths: A premarital counselor can help the couple identify strengths in the relationship as a whole or in each individual partner. A thorough understanding of the stronger aspects of the union helps build resilience and a solid foundation upon which to build the marriage.

Decrease emotional isolation and avoidance: Many people have difficulty expressing their feelings, so some partners simply avoid doing so. This type of isolation almost always leads to serious problems in the relationship. A premarital therapist assists the couple in learning how to express their feelings in a way that draws them together rather than further apart.

e) Self-assessment 4.4

Answers to self-assessment 4.4

Make group of 5 students and ask them to answer the questions of self-assessment activity 4.4

1. Goals and Objectives of Premarital Counseling

Change the view of the relationship: During the therapeutic process, the counselor helps each partner examine the relationship in a more objective manner and assists the couple in learning how to perceive their interactions in a positive light.

Understand how cultural issues affect a relationship: Family of origin and cultural beliefs affect how the partners understand all the relationships in their lives. It also affects day to day behaviors, such as eating, working, and managing money. Differences in cultural expectations can cause difficulties in the relationship. The sooner the couple learns to identify and manage these differences, the better. A counselor can help reveal these problems and teach the couple how to use the art of compromise.

Eliminate dysfunctional behavior: Premarital counseling helps couples identify and correct dysfunctional behaviors, such as issues with dominance and control and addiction.

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Decrease emotional isolation and avoidance: Many people have difficulty expressing their feelings, so some partners simply avoid doing so. This type of isolation almost always leads to serious problems in the relationship. A premarital therapist assists the couple in learning how to express their feelings in a way that draws them together rather than further apart.

2. The steps of premarital consultation

- *Welcome: welcome the couple politely and warmly.* This includes thanking the couple for coming to the health facility, and explaining the process of counselling for couples. the provider has to ensure to the couple that the discussion will be private and confidential.
- Provide a safe environment for the couple to feel free of discussing their issues and request for support and ask the reason of consultation
- Inform the couple about all the services that are offered in the health facility.
- Provide support or orientation to the couple depending on their needs during counselling.
- Schedule a next visit or refer the couple to the next level if they needed

Lesson 5: Voluntary Counselling and Testing

a) Learning objectives

- Define Voluntary Counselling and Testing
- Explain the benefits of VCT
- Explain the barriers to VCT
- Describe the Principles of VCT

b) Teaching resources

Student's book, teacher's guide, screen, projector, flip charts or whiteboard or blackboard, markers,

c) Prerequisites/Revision/Introduction

This is the 5th lesson of the 4th unit Counselling in Reproductive Health. In this lesson you will be dealing with Voluntary Counselling and Testing. Learners are reminded about the covered content in this unit from previous lessons and invite them to this lesson.

d) Learning activities 4.5

Guidance

- Ask learners to work in pair and do activity 4.5 in their student books
- Provide the necessary materials to the learners
- Move around in to monitor if they are having some problems
- Randomly ask any students to present their findings to the rest of students.
- Ask other students to carefully follow the sharing findings
- Harmonize and conclude on the learned knowledge by immediate positive feedback

Answer to the learning activity 4.5

1. The definition of Voluntary counselling and testing (VCT)

Voluntary counselling and testing (VCT) is the process by which an individual undergoes confidential counselling to enable the individual to make an informed choice about learning his or her HIV status and to take appropriate action. If the individual decides to take the HIV test, VCT enables confidential HIV testing. Counselling for VCT consists of pre-test, post-test and follow-up counselling.

2. Benefits of VCT for clients and society

VCT is an effective strategy for facilitating behavior change for both clients that test negative and Positive and for the society

e) Self-assessment 4.5

Make group of 4 students and ask them to answer the questions of self-assessment activity 4.5

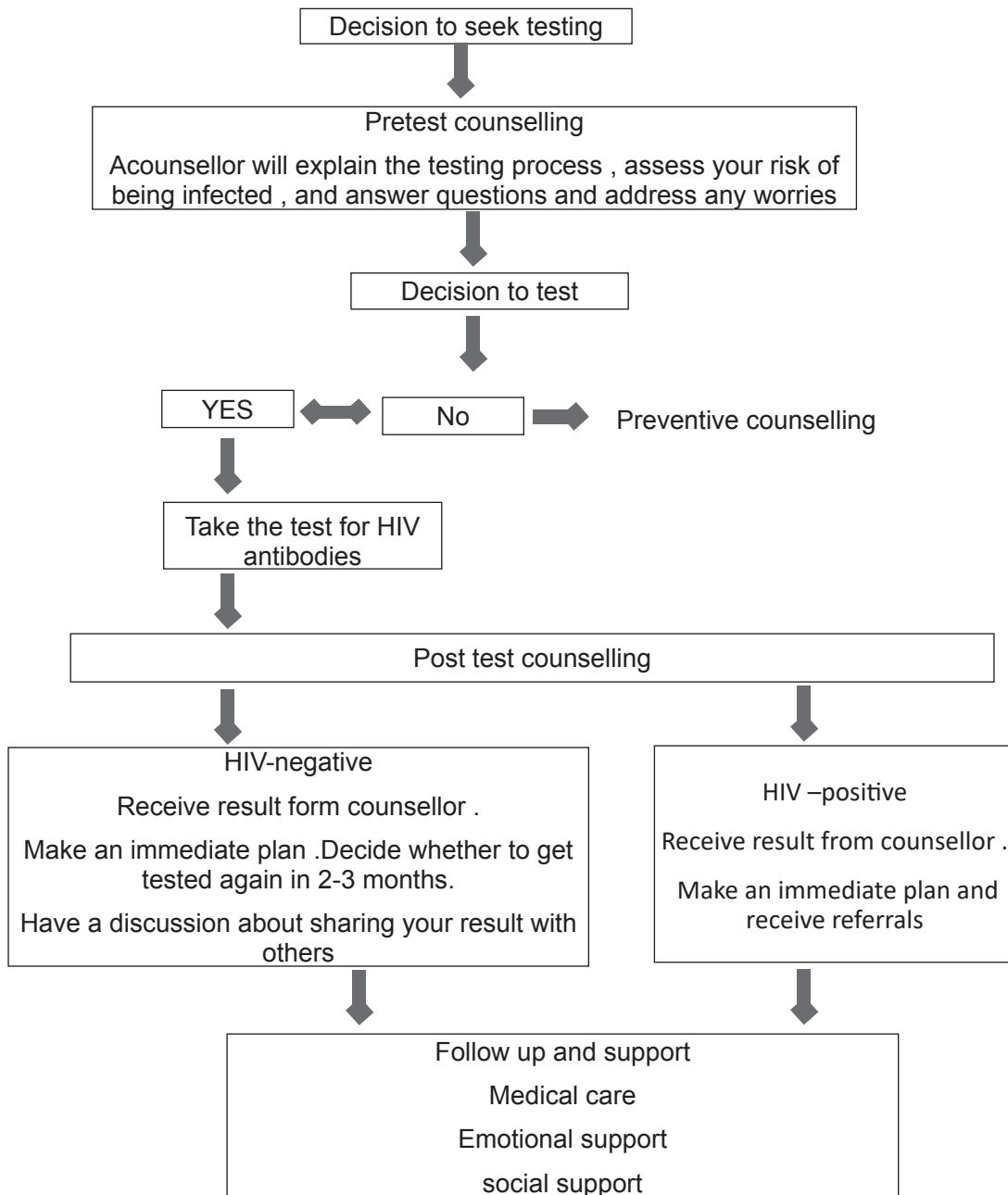
Answer to self-assessment 4.5

Question 1:

Pre-test counselling includes a private session with a counsellor, who explains the testing procedure and how the results will be given and gives an individual (or a couple or group) the opportunity to explore and analyses their situation and consider being tested for HIV. Each individual makes an informed decision of whether or not to take the HIV test after they have been given information and supported to reach an understanding of what is involved after having the chance to ask questions about the test, and share any fears or worries. Counselling helps people identify the implications of a negative or positive result.

Post-test counselling supports people in understanding their test result and its implications, whether the result is positive or negative. Counselling also helps clients explore whom they might share the test result with, and how to approach sharing their test result. Follow-up counselling supports clients in coping with issues raised as a result of learning HIV status, and is relevant for both clients that test positive or negative

Question 2: Steps of VCT



The steps of Voluntary Counselling and Testing for HIV as shown in the following figure include pretest counseling; testing; post-test counseling.

4.6 Summary of the unit

The reproductive health counselling includes: premarital counselling, family planning counseling, the key concepts of reproductive health counselling such as the definitions of reproductive health and counselling and Voluntary HIV testing counselling.

The counselling follows strict steps such as Assessing the situation, defining the problems, needs and information gaps, generating the alternative solutions, prioritize solutions, developing a plan, review and evaluate the implemented activities.

Counselling has the principles including: Establish and maintain rapport with the client, Assess the client's needs and personalize discussions accordingly. Work with the client interactively to establish a plan, provide information that can be understood and retained by the client, confirm client understanding. Two counselling frameworks are commonly used in reproductive health: REDI and GATHER.

4.7 Answer to the end unit assessment

1. The common barriers to VCT

Stigma

HIV is stigmatized in all countries, resulting in those with the virus experiencing discrimination or rejection. Fear of rejection or stigma is a common reason for not wanting to know or disclose the HIV status. VCT itself can be an important strategy in reducing stigma because, as more people become aware of their HIV status, HIV will become more normalized.

Lack of perceived benefit

For people living in areas with few resources, there may be a perception that little support will be available to them if they learn they are infected with HIV. Clients and the community have to be supported in understanding that people infected with HIV may remain healthy for many years.

Gender inequalities

Couple counselling in VCT, when conducted in a skilled manner, may play a role in reducing gender-based violence, discrimination, isolation, or abandonment experienced by some women who test HIV positive.

Lack of understanding of risk

Many people, particularly in low prevalence areas where knowledge levels about HIV/AIDS may be low may not perceive that they are at risk. In high prevalence

areas, people may believe that they are already infected. VCT services can help people understand their personal level of risk, encourage safer sex practices, and support people to access care early if they are infected.

2. What are the principles of VCT?

Voluntary	Knowledge of HIV status is voluntary. The decision to have a test must be made by the client.
Confidential	Information shared during counselling must not be shared with others. The HIV test result must only be reported to the client unless the client states the desire to share the test result with a family member, partner or close friend.
Counselling	Pre-test counselling provides an opportunity for clients to explore their risk of HIV and how to reduce it, and helps clients decide whether or not to take the HIV test. Counselling must be offered to any client considering taking a test. Clients are informed of their HIV test result during post-test counselling.
Testing	The presence of antibodies against HIV in the blood, saliva or urine confirms a diagnosis of HIV. Positive test results are confirmed using additional tests. A system for HIV testing on-site or through referral must be developed.
Informed consent	The client agrees to HIV testing through giving their informed consent
Privacy	The physical environment must allow private discussions between client and counsellor. The service provider must keep clients' personal details private
Referral	Clients must have access to prevention, care and support services as available. Referral services should be made with respect for the client's confidentiality.
Counsellors	Characteristics of counsellors include being non-judgmental, empathetic, respectful, and supportive. Staff with counselling duties must be trained in HIV counselling techniques.
Equality	HIV positive people should not be discriminated against
Adherence	The service should adhere to local and national protocol, laws and regulations governing the provision of HIV services.
Monitoring and evaluation	Counselling and testing services should be monitored and evaluated, both quantitatively and qualitatively, to ensure the services are of high quality.

3. The REDI framework (which stands for Rapport-building, Exploration, Decision-making, and implementing the decision) and it is a client centered counselling framework.

The GATHER framework (which stands for Greet, Ask, Tell, Help, Explain and schedule a Return)

ensures that providers are client-focused and emphasizes learning about the client and having a dialogue together, rather than talking at the client. Ensuring informed choice is a critical element of GATHER.

4. Name each phase of REDI:

R = Rapport –Building

E = Exploration

D = Decision making

I = Implementing the decision

5. The benefit of following a counseling framework, like REDI, is that it provides a structure for talking with clients, so providers do not miss important steps. **TRUE**
6. In order to be effective, the provider needs to follow the REDI steps in the order in which they are listed. **TRUE**

4.8 Additional activities

4.8.1 Remedial Activities:

- 1) What other types of counselling methods other than REDI and GATHER?
- 2) What are the possible challenges to the counselling for HIV testing?
- 3) What are the barriers to the VCT related to:
 - Individual?
 - Community?
 - Health settings?

4.8.2 Consolidation activities:

To fix what they have learn

Mr. Kab, came to the health setting with her fiancée. They are planning their marriage in the next 3 months. However, they wanted to be tested on HIV or any other infections before getting married.

You have received them and you are ready to provide the requested services

What is the framework can you use for their counselling?

Which steps are you going to follow during VCT?

5.1 Key Unit Competence

Provide counselling in reproductive health related conditions

5.2 Prerequisite

This unit requires that students get equipped with a range of knowledge, skills, and attitudes essential for them to conduct a counselling related to PMTCT and STIs including HIV. The teacher should make sure that at the end of the unit, students are competent to educate clients including women, men, and couples when attending antenatal care appointments and/or when seeking STIs and HIV screening services.

For this unit to be taught successfully, students must have prior knowledge of the Biology, Pharmacology, and Fundamentals of Nursing. As for attitudes and skills, students must have studied about counselling and communication techniques applied to counselling in reproductive health, and must have studied nursing ethics and professional code of conduct.

5.3 Cross-cutting issues to be addressed

When engaging with students into activities set for this unit, the teacher needs to ensure that principles of diversity, inclusion, and gender are acknowledged. By inclusion, the teacher has to make sure the needs of people with disabilities are respected and that students with special learning needs are grouped with others and are assigned roles basing on their abilities. The teacher has to make sure that students with special needs have all necessary teaching-learning materials required for them to get knowledge, skills, and attitudes needed for conducting counselling in PMTCT and STIs including HIV. In addition to this, the teacher needs to cultivate positive attitudes among students by teaching them to embrace neutrality and being non-judgmental when providing counselling to clients. The teacher has to ensure that students are competent and fluent in languages spoken in Rwanda.

5.4 Guidance on the Introductory Activity 5

Using pictures illustrated in the Student Textbook, the teacher tests the students' knowledge regarding the PMTCT and STIs including HIV counselling.

The teacher groups students each one having five to six students and requests them to open the student' Textbook to attempt answering the questions related to

the introductory activity. The teacher moves around the class to support groups who may need guidance on the questions. After students' discussion, the teacher calls each group to present their findings. After presentation, the teacher summarizes shared ideas and encourage students to ask questions regarding the points they have discussed. The ideas shared in the class will serve as the introduction of the lesson about PMTCT and STIs including HIV counselling.

Tentative answers for the Introductory Activity 5

- a) The PMTCT means prevention of mother to child transmission of HIV. The main PMTCT goals include early identification of pregnant women with HIV, to reduce new pediatric HIV infections, and providing mothers and babies with appropriately and timely manner to prevention, care, and treatment services.
- b) The difference between STIs and HIV counselling: for STIs it is about sexually transmitted infections also they discuss about sexual practices. For HIV counselling is a confidential dialogue between a client and a counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS.
- c) The counselling for STIs and HIV involves prevention and reduction of the complications of STIs. For people who test HIV/STIs, a counsellor provides them with health information about their HIV/STIs status report.
- d) Stages of counselling for STIs and HIV include pre-test counselling, helping clients to assess their risks of STIS and HIV and post-test counselling.

5.5 Teaching learning resources

Projectors, screen, computer and videos, chairs, flipcharts of PMTCT, STIs, and HIV/AIDS, and other props students will need to use in their simulation activities

LIST OF LESSONS

No	Lesson title	Learning objectives	Number of periods
1	Introduction to PMTCT (Prevention of mother to child transmission)	<ul style="list-style-type: none"> • Conduct a counselling related to prevention of mother to child transmission. • Recognize the purpose and procedure in Prevention of mother to child transmission • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	1

2	Counselling pregnant women and their partners about PMTCT	<ul style="list-style-type: none"> • Conduct a counselling related to prevention of mother to child transmission for pregnant women and their partners. • Recognize the purpose and procedure in Prevention of mother to child transmission • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	1
3	PMTCT pre-test counselling	<ul style="list-style-type: none"> • Conduct a pre-test counselling related to prevention of mother to child transmission. • Recognize the purpose and procedure in Prevention of mother to child transmission • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	2
4	PMTCT Post-Test counselling	<ul style="list-style-type: none"> • Conduct a post-test counselling related to prevention of mother to child transmission. • Recognize the purpose and procedure in Prevention of mother to child transmission • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	2

5	Counselling a client before taking a STI test	<ul style="list-style-type: none"> • Conduct counselling before conducting a STI test. • Recognize the purpose and procedure in the screening and prevention of STIs. • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	1
6	Helping clients to assess their risk of STIs	<ul style="list-style-type: none"> • Support clients to assess their risk of STIs before conducting the STIs test. • Recognize the purpose and procedure in the screening and prevention of STIs. • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	1
7	Counselling a client with an STI diagnosis	<ul style="list-style-type: none"> • Support clients to assess their risk of STIs before conducting the STIs test. • Recognize the purpose and procedure in the screening and prevention of STIs including HIV. • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	2

8	Introduction to HIV counselling	<ul style="list-style-type: none"> • Conduct counselling before conducting the HIV test. • Recognize the purpose and procedure in the screening and prevention of HIV. • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	1
9	Pre-test HIV counselling	<ul style="list-style-type: none"> • Conduct counselling before conducting the STIs test. • Recognize the purpose and procedure in the screening and prevention of STIs including HIV. • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	2
10	Post-test counselling of HIV	<ul style="list-style-type: none"> • Conduct counselling before conducting the STIs test. • Recognize the purpose and procedure in the screening and prevention of STIs including HIV. • Use appropriate language while providing counselling • Respect rights and privacy when providing counselling • Demonstrate professionalism while providing counselling. 	2
	End unit assessment	<ul style="list-style-type: none"> • To check if all objectives were achieved 	1

Lesson 1: Introduction to PMTCT (Prevention of mother to child transmission)

a) Learning objectives

- Conduct a counselling related to the prevention of mother to child transmission of HIV.
- Recognize the purpose and procedure in Prevention of mother to child transmission
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Student Textbooks, videos illustrating how HIV is transmitted from the mother to the baby, computer, internet, flip charts, markers, and projectors.

c) Prerequisites, revision, and introduction

Basing on the introductory activity, the teacher asks students to brainstorm about sexually transmitted infections (STIs) they know, and how these infections are acquired. The teacher asks the students to also brainstorm about what they know about PMTCT. For this lesson to be facilitated effectively, students must have studied counselling applied to reproductive health in general. Students should also have prior knowledge of anatomy and physiology of the reproductive system, fundamentals of nursing, and pharmacology.

d) Learning activity 5.1.1

The teacher uses interactive teaching approach to ask students to group themselves in pairs. The teacher asks students to brainstorm about what they know about Prevention of Mother to Child Transmission (PMTCT) based on what they have learnt about sexually transmitted infections from the Fundamentals of Nursing book. The teacher provides Student Textbooks to each pair of students to facilitate them do Activity 5.1. The teacher checks with each pair to assist groups that may be having any challenges answering questions asked in the textbook. After students' discussion, the teacher gives students the opportunity to report their answers. The teacher notes down the answers of each group presentation on the flipchart. Based on students' findings, the teacher summarizes students' presentation.

Answers to learning activity 5.1.1

1. HIV can be transmitted to babies from the mothers can be transmitted during pregnancy, childbirth, and breastfeeding. In HIV-positive pregnant women, the virus is found abundantly in the birth canal (cervix and vagina) and in

the mother's blood. Therefore, if the baby is exposed to vaginal fluid or to the mother's blood during labour and delivery, there is an increased chance of mother to child transmission (MTCT) occurring. Normally, there is no direct mixing between the maternal and fetal blood in the uterus. However, if anything breaks the barrier between the placenta and the wall of the uterus, there will be an increased the risk of MTCT of HIV.

2. The term Prevention Mother to Child Transmission stands for all effective services to prevent baby from getting HIV before or after birth.

e) Self-assessment 5.1.1

This activity will be done individually in the classroom.

Answers to self-assessment 5.1.1

1. The main PMTCT goals include early identification of pregnant women with HIV, to reduce new pediatric HIV infections, and providing mothers and babies with appropriately and timely manner to prevention, care, and treatment services.
2. Objectives of PMTCT include:
 - To help clients to understand what actions they can take to prevent the transmission of HIV to their children.
 - To assist women and men to minimize the risk of HIV infection during conception and pregnancy.
 - To provide information on the extra risk of transmission to the child if mother is infected during pregnancy or breast-feeding.
 - To help mothers and families to weigh up the benefits and risks of different infant feeding options.

Lesson 2: Counselling pregnant women and their partners about PMTCT

a) Learning objectives

- Conduct a counselling related to prevention of mother to child transmission for pregnant women and their partners.
- Recognize the purpose and procedure in Prevention of mother to child transmission
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Student Textbooks, copies of the extract of part three titled 'Women and HIV/AIDS' from the book titled 'A handbook for Building Skills: Counselling for Maternal and Newborn Health Care' computer, internet, flip charts, and markers, projectors

c) Prerequisites, revision, and introduction

This lesson continues from the previous lesson. The teacher asks students to discuss how they can provide counselling related to STIs including HIV to pregnant women and their male partners. For this lesson to be facilitated effectively, students must have studied the pathophysiology of sexually transmitted diseases and how they can be transferred from the mother to the baby. Students should also have prior knowledge of fundamentals of nursing and counselling in reproductive health.

d) Learning activity 5.1.2

The teacher uses interactive teaching approach to introduce this activity. The teacher hands out to students copies of part three (Women and HIV/AIDS) from the book titled 'A handbook for building skills: Counselling for Maternal and Newborn Health Care'. After reading that extract, the teacher asks students to answer questions of Activity 5.1.2 found in the Student Textbook in pairs. To encourage participation of everyone, the teacher moves around the class to answer questions some students may have. The teacher invites the students to present their work. The teacher notes down the answers of each group presentation on the flipchart. Based on students' findings, the teacher compiles the content of the lesson and concludes it.

Answers to learning activity 5.1.2

When counselling to the pregnant woman and partner, consideration should be given to the following:

- Both partners need to be aware of the importance of safer sex throughout pregnancy and breastfeeding.
- Both partners should be tested and counselled for HIV.
- Both partners should be made aware of and provided with PMTCT interventions.
- Both partners should be provided with condoms.

It is often helpful to counsel the couple together so they can then talk with you as a couple about these issues, to help them better understand risks, and find solutions that are agreeable to both. Another key to HIV prevention is partner testing and counselling.

e) Self-assessment 5.1.2

Students will do this activity in pairs during the classroom hours.

Answers to self-assessment 5.1.2

1. The nurse should appreciate the assurance of woman confidentiality. This means that only health staff directly involved in her care will know her test results. Otherwise, let the woman decide herself if and when she wants to share her test results with anyone else including her partner.
2. It is important to counsel the couple together because they can talk with you as a couple about the issues, to help them better understand risks, and find solutions that are agreeable to both.

Lesson 3: PMTCT pre-test counselling

a) Learning objectives

- Conduct a pre-test counselling related to prevention of mother to child transmission.
- Recognize the purpose and procedure in prevention of mother to child transmission
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Student Textbooks, videos illustrating how HIV is transmitted from the mother to the baby, computer, internet, flip charts, markers, props to use while simulating pre-test counselling, and projectors.

c) Prerequisites, revision, and introduction

The teacher using images of a nurse providing counselling to a couple asks students to observe and discuss about the topics covered during the pre-test counselling for the purposes of PMTCT. For this lesson to be facilitated effectively, students must have studied about the mechanisms of labour. Students must have prior knowledge of anatomy and physiology of the reproductive system, labour monitoring, and fundamentals of nursing.

d) Learning activity 5.1.3

The teacher uses interactive teaching approach to assign students to groups of five students each. The teacher asks students each group to use five minutes to collect what they know about pre-test PMTCT counselling. The teacher asks each group to present what they have compiled answering questions of Activity 5.3 found in the Student Textbooks. The teacher notes down the answers of each group presentation on the flipchart. Based on students' presentations, the teacher summarizes the content of the lesson.

Answers to learning activity 5.1.3

1. Pre-test counselling of the PMTCT sessions covers topics that educate and inform the client (s) about the difference between HIV and AIDS, the importance of being tested, modes of transmission, and means of prevention, possible results and their implications, availability of care and treatment services.
2. In that case a counsellor needs to spend a bit of extra time with her to find out why she refused. Use open questioning and active listening skills, and see if you can help her with any problems related to accepting the HIV test. But remember to present the information in a neutral, non-biased way without judgment.

e) Self-assessment 5.1.3

Ask students to answer this activity individually in the classroom.

Answers to self-assessment 5.1.3

1. It is important to provide counselling during routine antenatal care. During ANC sessions, women are reached with information about HIV/AIDS. They are also encouraged to take STIs and HIV tests. All pregnant women attending ANC receive HIV Testing and Counselling preferably with their partners.
2. Some women may be afraid to get an HIV test, do not want to know their HIV status, or do not want to discuss results with their partner.
3. One of the ways to address the women's fears is help them understand the benefits and risks of knowing their HIV status, not only for themselves but also for their infant and partners.

Lesson 4: PMTCT Post-Test counselling

a) Learning objectives

- Conduct a post-test counselling related to prevention of mother to child transmission.
- Recognize the purpose and procedure in Prevention of mother to child transmission
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Student Textbooks, videos, computer, internet, flip charts, images, props to use in

simulating the post-test PMTCT counselling, markers, projectors

c) Prerequisites, revision, and introduction

The teacher asks students to brainstorm what they know about post-test PMTCT counselling based on what they have learnt in the previous lesson. For this lesson to be facilitated effectively, students must have prior knowledge of fundamentals of nursing especially sexually transmitted infections.

d) Learning activity 5.1.4

The teacher uses interactive teaching approach to group students in pairs. The teacher asks each pair of students to reflect on what they have learnt in pre-test PMTCT counselling to answer Activity 5.4 found in the Student Textbook. The teacher facilitates students' presentation. The teacher records on the flipchart students' answers. Using the students' presentation, the teacher refines the content of the lesson, and provides a summary to students.

Answers to learning activity 5.1.4

1. Post-test PMTCT counselling seeks to achieve the following goals:
 - Give counselling to a pregnant woman who has tested HIV-negative and
 - Give counselling to a pregnant woman who has tested HIV positive
2. For topics covered during the post-test PMTCT counselling, see the answer in the Student Textbook.

e) Self-assessment 5.1.4

The activity will be done as an individual work in the classroom.

Answers to self-assessment 5.1.4

1. When a woman's HIV test is negative, the counselling should focus on the following components:
 - Educate the client of the risk reduction and HIV prevention strategies;
 - Explanation about the seroconversion period and its implications.
 - Negative clients who are not at high risk of HIV infection should be advised to keep protecting themselves against HIV seroconversion and plan to retest only after any other risky contact.
 - Negative clients who are at high risk should be advised to get tested every six months.
2. The post-test counselling for woman with positive HIV test should cover the following messages:

- Linkage to care and treatment
- **childbirth plans:** providers should encourage HIV-positive pregnant women to deliver in a health facility for their own well-being as well as to ensure access to PMTCT services;
- **use of ARVs for the client's health,** when indicated and available, as well as the use of **ARVs to prevent transmission to the infant;**
- the importance of **partner testing** and information on the availability of couples testing services;
- ensuring **screening for TB** and testing for other infections such as syphilis;
- **counselling on adequate maternal nutrition,** including iron and folic acid;
- advice on **infant feeding** options and support to carry out the mother's infant feeding choice;
- **HIV testing for the infant** and needed follow-up for HIV-exposed infants.

Lesson 5: Counselling a client before taking a STI test

a) Learning objectives

- Conduct counselling before conducting a STI test.
- Recognize the purpose and procedure in the screening and prevention of STIs.
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Student Textbooks, computer, internet, books about counselling, flip charts, images, manila papers, props to use during simulation, and markers, projectors

c) Prerequisites, revision, and introduction

The teacher asks students to brainstorm about counselling that can be provided to a client before testing STIs. Students must have prior knowledge of STIs, fundamentals of nursing, and counselling in reproductive health.

d) Learning activity 5.2.1

- The teacher groups students in pairs and asks students to read a book about counselling that will be provided to them;
- Asks students to answer questions of Activity 5.2.1
- Invites each group to present their findings
- Compile students' answers on the flipcharts.

- Encourage students to ask questions and/or seek clarifications from the presenting groups.
- Summarize the lesson.

Answers to learning activity 5.2.1

1. It is important to provide counselling to a client before taking the STI test because it contributes to primary and secondary prevention of STIs.
2. Counselling to prevent STIs includes any intervention that aims to reduce an individual's likelihood of acquiring an STI. The primary prevention is very significant because it reduces the risk of acquiring an STI and it aims to promote the following behaviour: Reduction of the number of partners; Advise an individual to adopt low risk sexual practices; Consistent and correct use of condoms when engaged in sexual intercourse. For the secondary prevention, counselling aims at reducing the complications of STIs. It seeks to promote treatment seeking behaviours among people who suspect they have been infected and further promote safe sex behaviours.

e) Self-assessment 5.2.1

This activity will be done in class as a quiz.

Answers to self-assessment 5.2.1

1. The term 'unsafe sex practices' refers to the high-risk sexual activities. Any practice with a person who might have HIV infection that allows blood, semen or vaginal fluids inside the body through the mucous membranes of the mouth, vagina, penis or anus or through broken skin.

Examples include:

- Vaginal and Anal intercourse without a condom
 - Any type of blood contact, including menstrual blood, semen or vaginal fluid entering breaks in the skin.
 - Sharing sex toys without cleaning them between partners
 - Any type of sex that damages the delicate tissues in the vagina, head of penis or rectum. For example, dry sex, rough sex, and abrasive substances in vagina.
2. The primary prevention is very significant because it reduces the risk of acquiring an STI. It also seeks to promote the following behaviours among clients:
 - Reduction of the number of partners;

- Advise an individual to adapt low risk sexual practices;
 - Consistent and correct use of condoms when engaged in sexual intercourse.
3. This activity will be done in classroom. Students will be grouped in pairs. The teacher hands in the STIs test counselling checklist. The teacher asks each pair to come up with sketches simulating counselling provided to a client seeking STIs testing services.

Lesson 7: Helping clients to assess their risk of STI and HIV infection

a) Learning objectives

- Support clients to assess their risk of STIs before conducting the STIs test.
- Recognize the purpose and procedure in the screening and prevention of STIs including HIV.
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Student Textbooks, computer videos, internet, flip charts, images, manila papers, props to simulate risk assessment of STIs, checklists, markers, projectors

c) Prerequisites, revision, and introduction

The teacher asks students to discuss about how they can do risk assessment of STIs with the clients. Students must have studied fundamentals of nursing and counselling applied to reproductive health.

d) Learning Activity 5.2.2

- The teacher asks students to answer questions of the learning activity 5.2.2
- The teacher encourages students who are not participating to provide their answers to the questions
- The teacher notes down students' answers, summarizes the lesson, and concludes the lesson.

Answers to learning activity 5.2.2

1. When helping client to assess his/her risk of STI and HIV infection, you should begin with sharing knowledge about how STI/HIV is transmitted and then exploring the possibility of transmission in clients' lives. Help them to reflect on their (and their partners) past and present sexual and drug-using behaviour and whether this may have put them at risk of STI and HIV

infection. They also need to think about their medical history and whether they might be at risk from blood transfusions.

2. The client may have or have had partners of the same sex or the opposite sex now or in the past. A married person may have relationships outside marriage or their partner may have such relationships. An adolescent may be abused at home.

e) Self-assessment 5.2.2

Questions for this activity will be done in groups in class and students will be marked.

Answers to self-assessment 5.2.2

Students will create a scenario reflecting how they can encourage a client to discuss about their concerns over STIs.

Lesson 8: Counselling a client with an STI diagnosis

a) Learning objectives

- Support clients to assess their risk of STIs before conducting the STIs test.
- Recognize the purpose and procedure in the screening and prevention of STIs including HIV.
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Student Textbooks, computer, blackboard, pieces of chalk, props for simulating counselling, internet, flip charts, images, manila papers, and markers, projectors

c) Prerequisites, revision, and introduction

The teacher introduces the lesson by asking students to discuss about the case study presented to them in the Students' Book. Students must have studied fundamentals of nursing, and counselling in reproductive health.

d) Learning activity

The teacher asks students to sit in pairs. He requests them to keep away their students' textbooks. The teacher writes questions to discuss in groups on the blackboard and ask students discuss about the questions given to them. The teacher moves around the class to support students who may have challenges. The teacher facilitates students' presentation. The teacher encourages students from other groups that are not presenting to ask questions. After the presentation, the teacher summarizes students' discussion and further clarify on some issues from the students' presentation.

Answers to learning activity 5.2.3

1. Based on the case of Mr. Gakuru, it is important to assure privacy and confidentiality when taking client STIs history in order to relieve the discomfort many clients feel when talking about issues related to their partners and sexual practices and facilitate open communication.
2. Some of the precautions to be taken when providing post STI diagnosis counselling include the following:
 - Explain to the clients why they need to tell all their sexual partners about the infection so that they get treatment because partners can re-infect each other every time they have sex if they are not both treated.
 - Acknowledge that for some people, it is difficult to disclose their STI infection.
 - If clients are anxious about telling their partners or are not able to do so, explore alternatives with them. Take great care not to push them into a potentially dangerous situation.
 - Both partners should abstain from sex until they are completely cured. If they are unable to do this, they should use condoms each time they have sex.
 - Explain that STIs increase the risk of HIV. Stress the importance of prevention of STI and ask if clients wish to consider taking an HIV test.
3. Informing partners about the STI diagnosis is necessary because they can get treatment as partners can re-infect each other every time they have sex if they are not both treated.

e) Self-assessment

This activity will be given as a quiz to be marked.

Answers to self-assessment 5.2.3

1. It is necessary to plan a follow-up to see whether they are cured and how their relationship is going
2. The following steps need to be followed when offering counselling post STIs screening:
 - Affirm your client and assure her or him of confidentiality.
 - Encourage your client to tell you about any signs and symptoms, recent sexual interactions, fears and what they have already done to try to solve the problem.
 - Explain that the examination or test showed that they have an infection in their genitals passed through sexual intercourse.

- Explain that STIs can have serious consequences if they are not treated as quickly as possible.
 - Explain the potential consequences of your client's particular STIs if they are not treated.
 - Explain that most STIs are curable if they are treated early with a complete course of the correct drugs.
 - Explain about the prognosis for your clients STI and stress the importance of taking the full course of correct drugs.
3. The teacher guides students to organize themselves in pairs. Students read the case study given to them and prepare a sketch to simulate how they will provide counselling in accordance with the case given to them. This activity is presented in the classroom.

Lesson 9: Introduction to HIV counselling

a) Learning Objectives

- Conduct counselling before conducting the STIs test.
- Recognize the purpose and procedure in the screening and prevention of STIs including HIV.
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Student textbooks, books about STIs and HIV counselling, props to use while simulating counselling of clients pre and post HIV counselling, blackboards, manila papers, internet, flipchart, videos and pictures

c) Prerequisite/revision/introduction

The teacher starts the lesson asking the students to recall about HIV/AIDS. The teacher further proceeds by asking students to attempt reporting what they know about HIV Counselling. For this lesson to run smoothly, students should have prior knowledge of fundamentals of nursing especially the unit about STIs including HIV/AIDS, ethics and professional code of conduct

d) Learning activity

The teacher uses interactive teaching approach asks the students to make groups. The teacher hands copies of the book titled the book 'Programme guidance on Counselling for STI/HIV prevention in sexual and reproductive health settings' and ask them to read chapter two of that book. The teacher asks students to answer the questions found in the student's textbook. The teacher checks with each group to stimulate students who may be passive to answer questions. After discussion,

the teacher gives students the opportunity to present their answers. The teacher takes notes of each group presentation. Based on students' findings, the teacher compiles the content of the lesson.

Answers to learning activity 5.3.1

1. HIV counselling is a confidential dialogue between a client and a counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS.
2. The topics to cover during the counselling sessions:
 - Adjustments to sexual behaviour and other lifestyle issues;
 - Misconceptions about HIV transmission;
 - Safer sex practices;
 - The partner's and the patient's psychological responses to the diagnoses or result, such as anxiety or depression.

e) Self-Assessment 5.3.1

Students will answer these questions individually in the classroom.

Answers to self-assessment 5.3.1

1. HIV and AIDS counselling has two general aims: (1) the prevention of HIV transmission and (2) the support of those affected directly and indirectly by HIV.
2. Difficulties that people diagnosed of HIV may suffer include suffering psychosocial and psychological stresses caused by the fear of rejection, social stigma, disease progression, and the uncertainties associated with future management of HIV.
3. Providing counselling plays a role in addressing these concerns and helps an individual to adapt safe sexual practices.

Lesson 10: Pre-test HIV counselling

a) Learning objective

- Conduct counselling before conducting the STIs test.
- Recognize the purpose and procedure in the screening and prevention of STIs including HIV.
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Text books, videos, flip chart, internet source, videos, blackboard, and pictures.

c) Prerequisite, revision, and introduction

The teacher will ask students to think about and try to explain what they know about pre-test HIV. This can be achieved when students have prior knowledge in reproductive health counselling, and fundamentals of nursing.

d) Learning activity

The teacher will use interactive teaching approach by asking students to pair themselves. Students watch a video about HIV pre-test counselling. The teacher gives students the textbooks to guide them to do the activity pertaining to this lesson. The teacher will move around the class to encourage the students to answer the questions. After the group work, the teacher asks each group to present their work. The teacher takes notes of each group and further encourages other groups to only focus on what the previous groups have not mentioned. Based on students' findings, the teacher compiles the content of the lesson and concludes it.

Answers to Learning activity 5.3.2

1. Pre-test counselling refers to a private session with a counsellor, who explains the testing procedure and how the results will be given to an individual client.
2. Pre-test counselling helps to prepare the client for the HIV test, explains the implications of knowing that one is or is not infected with HIV, and facilitates discussion about ways to cope with knowing one's HIV status.

e) Self-Assessment 5.3.2

This activity will do this activity individually in the classroom.

Answers to self-assessment 5.3.2

1. Pre-test counselling contributes to HIV testing by preparing a client for the HIV test, explaining the implications of knowing that one is or is not infected with HIV, and facilitating discussion about ways to cope with knowing one's HIV status.
2. For people at minimal risk of HIV infection, pre-test discussion provides a valuable opportunity for health education and for safer sex messages to be made relevant to the individual.

Lesson 11: Post-test counselling of HIV

a) Learning objective

- Conduct counselling before conducting the STIs test.
- Recognize the purpose and procedure in the screening and prevention of STIs including HIV.
- Use appropriate language while providing counselling
- Respect rights and privacy when providing counselling
- Demonstrate professionalism while providing counselling.

b) Teaching resources

Text Book, videos, maternal health books, flip charts, props to use when simulating HIV post-test counselling, and pictures

c) Prerequisite/revision/introduction

This lesson builds from the content of the previous lesson. The students will brainstorm about HIV post-test counselling. The students should have prior knowledge on first and second stage of labour.

d) Learning activity 5.3.3

The teacher will use interactive teaching approach by showing students the videos in the class to guide them to do the activity. The teacher will move around the class to encourage the students to answer the questions. The teacher gives chance to students to present their work. The teacher takes notes of each group presentation. Based on students' presentations, the teacher compiles the content of the lesson and concludes it.

Answers to the Learning activity 5.3.3

1. During the post-test counselling, clients are supported to understand their test result and its implications, whether the result is positive or negative. Counselling also helps clients explore whom they might share the test result with, and how to approach sharing their test result
2. For people who test HIV-negative, a counsellor provides them with health information about their HIV status report, how to prevent acquisition of HIV in the future, and where and how to link to HIV prevention services. People with significant ongoing risk may need more active support and linkage to HIV prevention services. In addition, counselling should also consider the following:
 - provision of male or female condoms, lubricant and guidance on their use;
 - emphasis on the importance of knowing the status of sexual partner(s),

- information about the availability of partner and couples testing services;
- referral and linkage to relevant HIV prevention services, including voluntary male medical circumcision (VMMC), Post exposure prophylaxis for people at substantial ongoing HIV risk;
- For high-risk clients who test HIV-negative such as commercial sex workers, men who have sex with men, or HIV-negative partners in discordant couples, encourage HIV risk reduction behaviours and the importance of retesting every 12 months.

e) Self-Assessment 5.3.3

This is an activity that will be done as a homework.

Answers to self-assessment 5.3.3

1. The positive HIV test result can lead to the risk of intimate partner violence, suicide, depression, and other mental health consequences.
2. For high-risk clients who test HIV-negative such as commercial sex workers, men who have sex with men, or HIV-negative partners in discordant couples, encourage HIV risk reduction behaviours and the importance of retesting every 12 months.
3. Students will be grouped to do this activity. Using the notes and the checklist for provide HIV post-test counselling, students are facilitated by the teacher to simulate the provision of post-test counselling for a client with a positive HIV test result.

5.6 Unit Summary

This unit focuses on the principles and techniques of counseling in reproductive health. It covers a range of reproductive health conditions, including sexual health, fertility issues, family planning, pregnancy, sexually transmitted infections (STIs), and reproductive health and rights. The unit is designed to equip healthcare providers (including associate nurses) with the knowledge and skills to support individuals and couples in making informed decisions about their reproductive health.

The PMTCT means prevention of mother to child transmission of HIV. The main PMTCT goals include early identification of pregnant women with HIV, to reduce new pediatric HIV infections, and providing mothers and babies with appropriately and timely manner to prevention, care, and treatment services.

The difference between STIs and HIV counselling: for STIs it is about

sexually transmitted infections also they discuss about sexual practices. For HIV counselling is a confidential dialogue between a client and a counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS.

The counselling for STIs and HIV involves prevention and reduction of the complications of STIs. For people who test HIV/STIs, a counsellor provides them with health information about their HIV/STIs status report.

Stages of counselling for STIs and HIV include pre-test counselling, helping clients to assess their risks of STIS and HIV and post-test counselling.

5.7 End unit assessment

Madam K came have been married to Sir K for the past 7 years. They have 3 children together and they are planning to have a last born. It was a sunny Thursday, when Madam K planned to go to the market and pass by the children school to pay their school fees. On her way home, she did not feel alright and she decided to pass by the nearest health center to consult. After assessment, the nurse at the HC the nurse informed her that she is pregnant and she should start ANC, and requested her to come back in morning to give other laboratory tests with her husband. Madam K left the HC happy, ready to announce to her family her pregnancy.

To reach home, she met a woman coming out of her room where her husband was. She got confused and started crying. In the next morning she convinced her husband to go with her at the HC, where they were received by the nurse who gave them the appointment. Madam K started by explaining to the nurse her worries that her husband may be cheating on her while she is pregnant and requested for her help.

1. What type of counselling should the nurse take this couple through and why?

- PMTCT and STIs and HIV counselling.
- HIV counselling and testing (HTC) is recommended for pregnant women as a key component of the package of care in all antenatal services. All pregnant mothers attending ANC will receive HTC preferably with their partners at the time of their first visit to ANC. Strong emphasis will continue being put in male partners' involvement in PMTCT cascade, starting by ANC together with couple's HIV counselling and testing.
- Some of the topics covered during the PMTCT counselling include basics of HIV transmission and prevention; HIV testing processes; benefits and risks of HIV testing; right to refuse testing (opt-out); implications of positive and negative test results; identification of supportive HIV services and treatment available; identification of PMTCT services and treatment available;

identification of sexual risks and plan for reduction of risks; importance of infant feeding and nutrition.

- The nurse should take the couple through STIs counselling due to the suspicion of the woman on her husband.

2. What are the main ways to prevent HIV infections and STIs that the nurse provides during the couple counselling?

The main ways to prevent HIV infection and STIs:

- Correct and consistent use of condoms during every sexual act;
- Practicing safer sex (choosing sexual activities that do not allow semen, fluid from the vagina, or blood to enter the mouth, anus or vagina of the partner, or to touch the skin of the partner where there is an open cut or sore.)
- Reducing the number of partners
- Sexual fidelity
- Abstinence.

3. Why do nurses need to create awareness among partners on PMTCT?

Efforts to prevent mother to child transmission of HIV should be as comprehensive as possible and acknowledge that both mothers and fathers have an impact on transmission of HIV to the infant.

4. Why is it important to involve partners during PMTCT Counselling?

When the male partner is involved and informed, the woman is more likely to be able to participate in PMTCT interventions. Some things that help prevent transmission from mother-to-child, such as exclusive replacement feeding or exclusive breastfeeding, can be difficult for women to adopt, especially if they do not share their HIV status with family.

Not only men will be supportive but also it is very crucial that the partner's HIV status in case of discordant couple. The partner's serological status helps in provision of health education for HIV prevention or management.

5.8 Additional activities

5.8.1 Remedial activities

A new wedded couple came in ANC care service a nurse guided them to PMTCT counselling room. What are the topics covered health education?

Some of the topics covered during the PMTCT counselling include:

- basics of HIV transmission and prevention;
- HIV testing processes;

- benefits and risks of HIV testing;
- right to refuse testing (opt-out);
- implications of positive and negative test results;
- identification of supportive HIV services and treatment available;
- identification of PMTCT services and treatment available;
- identification of sexual risks and plan for reduction of risks;
- Importance of infant feeding and nutrition.

When helping a client to assess his/her risk of STI and HIV infection:

i. How do you start the counselling?

Once the client accepts to proceed with counselling, as a nurse, you may find it easier to begin to talk about the risk of STI. To proceed, a counsellor shares with the client knowledge about how STI/HIV is transmitted and then explores the possibility of transmission in clients' lives. This is done through helping the client reflect on their past and present sexual practices and drug-using behaviour and further reflect on whether this may have put them at risk of STI. Moreover, the counsellor needs to also guide the client to recall on their medical history and whether there might have been any risk of contracting HIV from blood transfusions.

ii. What are the sexual activities a client may not talk about easily?

The client may have or have had partners of the same sex or the opposite sex now or in the past. A married person may have relationships outside marriage or their partner may have such relationships. An adolescent may be abused at home.

6.1 Key Unit Competence

Provide counselling in Gender Based Violence situations

6.2 Prerequisite

This unit requires that students get equipped with a range of knowledge, attitudes, and competences required to provide counselling in gender-based violence. The teacher should make sure that at the end of the unit, students are capable to facilitate the counselling covering the content of gender-based violence, offer counselling and advocacy to the victims. For this unit to be taught successfully, students must have prior knowledge of the Biology, Pharmacology, and Fundamentals of Nursing.

6.3 Cross-cutting issues to be addressed

The teacher needs to ensure that when engaging students into activities set in this unit include the acknowledgement of diversity, inclusion, and gender. As for inclusive education, the teacher has to make sure that students with special learning needs are grouped with others and are assigned roles basing on their abilities. The teacher has to make sure that students with special needs have all necessary teaching-learning materials required for them to get knowledge, skills, and attitudes needed for providing the counselling in gender-based violence. The teacher has to ensure that students are competent and fluent in languages spoken in Rwanda.

6.4 Guidance on the Introductory Activity 1

Using pictures that show the counselling in gender-based violence illustrated in the Student Textbook, the teacher tests the students' analytical capacity regarding to the counselling in gender-based violence situations. The teacher groups students in pairs and requests them to open the student' Textbook. The teacher moves around the class to support students who may need clarifications on the questions. After students' discussion, the teacher calls each group to present their work. Each pair of students presents their work. After presentation, the teacher summarizes shared ideas and encourage students to ask questions regarding the points they have discussed. The ideas shared in the class will serve as the introduction of the lesson about counselling in gender-based violence.

Tentative answers for the Introductory Activity 1

1. The above pictures are showing men abusing women and woman abusing a man.

2. The effects of gender-based violence are: divorce, suicide, death, depression, etc....
3. The counselling of avoiding conflicts, inform the authorities in case of misunderstanding, etc.....

6.5 Teaching learning resources

Illustrations, banners, copies of the Student Textbooks, YouTube videos, pictures displaying counselling in gender-based violence, national protocol on gender-based violence, laptops, projector, internet, whiteboard, markers, blackboard, Dusters, flipchart.

6.6 List of lessons of Unit six

No	Lesson title	Learning objectives	Number of period
1	Introduction to gender-based violence Types of gender-based violence	At the end of this lesson, students should be able: To define the gender-based violence. To differentiate the types of gender-based violence	1
2	Causes of GBV Consequences of GBV.	At the end of this lesson, students will be able to describe the causes and consequences of gender-based violence.	1
3	Introduction to counseling in gender-based violence.	At the end of this lesson, students should be able to: <ul style="list-style-type: none"> • To define the term counselling. • Provide the counselling in case of gender-based violence. • Use appropriate language while providing counselling in case of Gender Based Violence. 	2

4	Introduction to advocacy in gender-based violence	At the end of this lesson, students should be able to: <ul style="list-style-type: none"> • Define term advocacy. • Advocate against gender- based violence 	1
5	Summary of the module	At the end of this lesson, students should be able to: <ul style="list-style-type: none"> • Define gender- based violence concept • Advocate against gender- based violence • Provide the counselling in case of gender-based violence • Use appropriate language while providing counselling in case of Gender Based Violence • To provide advocacy in case of gender -based violence 	1
6	End unit assessment unit one	To evaluate the knowledge, skills, attitudes and values regarding unit six content.	1
7	Remedial activities	To evaluate the knowledge, skills, attitudes and values regarding unit six content.	1

Lesson 1: Introduction to gender-based violence

a) Learning objective

To define key concepts of gender-based violence.

To differentiate the types of gender-based violence

b) Teaching resources

Student Textbook, flipcharts, and internet (Video), pictures, white board, markers, dusters.

c) Prerequisites/revision/introduction

The teacher asks students to think about and attempt explaining what gender-based violence means to them and how family planning can be achieved in order to test students' knowledge on these prerequisites. Students should have prior knowledge of Biology, Pharmacology, and Fundamentals of Nursing.

Learning activity 6.1

The teacher uses interactive teaching approach asks students to group themselves in pairs. The teacher provides Student Books to help students do Activity 6.1. The teacher checks with each pair to stimulate students who may be passive to answer questions. After their discussion, the teacher gives students the opportunity to present their answers. The teacher takes notes of each group presentation. Based on students' findings, the teacher compiles the content of the lesson and concludes it.

Answers to learning activity 6.1

1. Gender based violence is referred to any harmful acts which is directed to an individual based on gender or sex, can be either a woman or a man.it is embedded in gender inequality, the abuse of power and harmful norms.
2. Types of GBV involved in this video are:
 - a) Intimate partner violence
 - b) Sexual violence
 - c) Physical violence

e) Self-Assessment 6.1

Ask students to work individually to answer questions of the application activity 6.1 in the classroom.

Answers to Self-Assessment 6.1

1. Gender based violence is referred to any harmful acts which is directed to an individual based on gender or sex, can be either a woman or a man.it is embedded in gender inequality, the abuse of power and harmful norms. GBV is serious violation of human rights and life threatening on one's health and protection concern. They are many forms of violence in the society e.g. Violence against women and girls (VAWG), Intimate partner violence (IPV), Domestic Violence (DV), Sexual Violence. Etc....

2. Types of gender-based violence:

- **Intimate partner violence**

An act or threat of violence or emotional harm and emotional towards a current spouse, acquaintance or partner or Ancient.

- **Sexual violence**

In this type of violence there is actual, attempted or threatened (vaginal, anal, or oral) rape, it involves marital rape: sexual abuse and exploitation; forced prostitution; transitional/ survival sex; sexual harassment, intimidation and humiliation.

- **Physical violence**

This is when there is actual, attempt or threatened physical assault; slavery or slave like practices and human trafficking. Some examples of physical violence are the following: beating, kicking, biting, hair pulling, strangling, causing injury, causing disability.

- **Emotional and psychological violence**

In this category of violence, one will be abused and humiliated like assaults; cruel and degrading treatment: convincing a person to get involved in humiliating acts and placing restrictions on liberty and freedom of movement. The following are examples of Emotional and psychological violence like verbal abusing, humiliating, intimidating harassment, persecution forcing to burn forcing to suicide forcing to use poison

- **Harmful traditional practices**

Harmful traditional or cultural practice include female genital mutilation/forced marriage; child marriage; honour or dowry killings or maiming; infanticide, sex selective, abortion practice; sex-selective neglect and abuse; denial of education and economic opportunities for women and girls.

- **Social-economic violence**

This involves discrimination and denial of chances or services on the basis of gender, sex or sex orientation social exclusion, obstructive legal practice like denial of the exercise and enjoyment of civil, social, economic, cultural and political rights, mainly to women and girls.

Lesson 2: Main Causes of gender-based violence

a) Learning objective

To differentiate the causes of gender-based violence.

To describe the consequences of gender-based violence

b) Teaching resources

Books regarding about counselling in gender-based violence where they find the content about causes and consequences of gender-based violence, whiteboard, blackboard, markers, dusters, chalks, flipchart and pictures.

c) Prerequisites/revision/Introduction

Begin this lesson asking students to brainstorm what they have read about causes and consequences of gender-based violence. The teacher use students' ideas and

then proceed with the learning activity provided in the Student Textbook. Students should have prior knowledge of gender-based violence' definition.

d) Learning Activity 6.2

The teacher guides students in making groups. The teacher should ensure that group composition is diverse and that every student from different groups, the teacher gets the opportunity to give his/her opinion regarding causes and consequences of gender-based violence. All groups must have the books that the students use during the work. After students have discussed the topic in their groups, the teacher moderates the group presentations. During the presentation, the teacher requests each group to present but they present only what other groups have not covered. After all presentations, the teacher gives a summarized content on the presentations.

Answers to Learning Activity 6.2

1. Causes of gender-based violence: Lack of physical security, Discriminatory social, cultural or religious laws, norms and practices that disregard women and girls; Lack of access to justice institutions and fairness
2. Consequences of GBV: disability, chronic pain, injury, depression, etc.....

e) Self-Assessment 6.2

Questions in this activity will be asked to students as the lesson wrap-up. The teacher asks students to group themselves in pairs. The teacher guides students to debate on the topic given to them. The teacher moderates group presentations. The teacher has to encourage students to describe the causes and consequences of gender-based violence.

Answers to Self-Assessment 6.2

1. The causes of gender-based violence in the society are the following:

Lack of physical security

There is lack of physical security owing to break-down of law and order, presence of armed forces/groups, collapse of law enforcement, justice institution and family, social or community structures. women and girls are particularly vulnerable when leaving their communities in such of work, food, water and firewood.in addition poverty also leads to lack of education, and livelihood opportunities, and inadequate access to shelter, food, water, fuel, and income generation can increase exposure to GBV like forced prostitution or survival sex.

Social, cultural, political factors

Discriminatory social, cultural or religious laws, norms and practices that disregard women and girls, where by their rights are not respected. Failure of family, social and communal structures and disrupted roles within the family often women and girls to risk with limited coping mechanism avenues for protection and redress. Lack of self-confidence and trust in social or public institutions, including law enforcement and justice institutions that discourage victims from looking for redress.

Judicial barriers of factors

Lack of access to justice institutions and fairness, leading to cultural impunity for violence and abuse.

Lack of suitable and affordable legal advice and presentation. Inadequate legal framework including national, traditional, customary and religious law, that discriminate against women and girls, fails to guarantee their rights, or exposes them to further harm and abuse like national law may fail to guarantee a certain right, fail to criminalize some acts like rape or narrowly explains it. In some instances, national law criminalizes the survivor e.g. (rape defined as adultery) or criminalizes acts that allegedly are primarily associated with women like witchcraft or sorcery. In certain instances, victims faces harassment, intimidation or severe punishment.

Individual barriers

There is fear of stigma, segregation and social exclusion, exposure to further violence at the hands of the offender, the community or the authorities, including arrest, detention, mistreatment and punishment. Lack of information on human rights and on how and where to seek advice.

Humanitarian programing obstacles

Failure to address or prioritize GBV assessments, strategy development, planning and programming because of a lack of information or understanding about the extent or nature of GBV. Lack of gender-sensitive design programmes, services like inadequate registration practices and distribution of food and other items. Sexual exploitation and abuse by peacekeepers, human rights and humanitarian workers. Lack of confidentiality, confusing reports and referral mechanisms and GBV committees that are isolated, under-resourced and weak, and lack of support from the wider community.

2. Impact of gender-based violence on Social and economical in the society like:

The examples of **fatal consequences** in gender-based violence are: homicide, suicide, maternal mortality, HIV/AIDS.

Acute physical consequences in gender-based violence include: injury including

fistulas, shock, disease, infection

Chronic physical consequences: disability, chronic pain or infection, gastrointestinal problems, eating or sleeping disorders, alcohol or drugs abuse

Reproductive consequences: miscarriage, unwanted pregnancy, unsafe abortion, including HIV/AIDS, menstrual disorders, pregnancy complications, gynecological disorders, sexual disorders

Emotional and psychological consequences: post-traumatic stress, depression, anger, anxiety and fear, shame, self-hate and self-blame, mental illness, suicidal thoughts and behavior.

Social and economical consequences: blaming of the victim/survivor, loss of role or functions in society, social stigma, rejection and isolation, feminization of poverty, increased gender inequalities, loss of livelihood and economic dependency, arrest, detention and punishment.

Lesson 3: Counseling in gender-based violence

a) Learning objective

- Provide the counselling in case of gender-based violence.
- To use appropriate language while providing counselling in case of Gender Based Violence

b) Teaching resources

Videos from internet, pictures, projector, laptops, flipchart, whiteboard, blackboard, markers, chalk and dusters.

c) Prerequisites/Revision/Introduction

Introduce the lesson by watching a video which shows how to provide the counselling and to use appropriate language while providing counselling in case of gender-based violence.

Learning activity 6.3

The teacher asks each individual student to report what they have heard from the video and he/she encourages all students to be active to answer the questions related to the video shown. The teacher has to clarify the correct responses to the students.

Answers to learning activity 6.3

Answers to this learning activity are found in the Student Textbook.

1. Concept counselling is: also translated as “helping relationship, consists of engaging in a sequence of verbal or non-verbal interventions with the aim of

making it easier for the victim to express, understanding and management of his or her experience. It is a must to create good relationship between the victim and the service provider, climate of trust and interaction allowing the victim to feel comfortable in discussing the violence suffered without shame or guilt.

2. Counselling in gender-based violence has the following aims:
 - a) Decrease emotions that destroy the victim
 - b) Be an objective mirror: help to understand the extent of the problem as it actually is
 - c) Make responsible without feeling guilty
 - d) Build new values, convictions that will permanently change his/her life
 - e) Help to understand his role
 - f) Support and accompany for social reintegration
3. How the health care provider delivers the counselling in case of gender-based violence

It is important to listen to the other person on two levels: verbally and non-verbal.

It is important to observe whether there is consistency between verbal and non-verbal messages.

It is important to be aware that you are expressing yourself at these two levels!

Self-Assessment 6.3

The teacher directs students to go to the library and read the books regarding the counselling in gender-based violence or the students can watch the video which shows how to provide the counselling in case of gender-based violence.

Answers to self-assessment 6.3

1. The aim of counselling:
 - Decrease emotions that destroy the victim
 - Be an objective mirror: help to understand the extent of the problem as it actually is
 - Make responsible without feeling guilty
 - Build new values, convictions that will permanently change your life
 - Help to understand his role
 - Support and accompany for social reintegration
2. Five rights of GBV's victims:

- **Information:** Being informed of the advantages of the availability of management of GBV and its use.
- **Access:** To benefit from services without distinction of sex, age, religion, race, origin, marital status or place of residence.
- **Safety:** Refer her to an authority or a place that ensures her safety physical and psychological
- **Intimacy:** Having a consultation in private
- **Confidentiality:** Be guaranteed that professional secrecy will be respected
- **Dignity:** Being listened to and treated with respect
- **Comfort:** Benefit from suitable reception conditions and services
- **Continuity:** Benefit from follow-up services for as long necessary
- **Opinion:** Freely expressing one's opinion on the services provided

Lesson 4: Advocacy in gender-based violence

a) Learning objectives

To advocate against gender- based violence

b) Teaching- resources

Projector, laptop, books about gender-based violence, internet resources, pictures, whiteboard, markers and dusters.

c) Prerequisites/Revision/Introduction

The teacher introduces the lesson by asking students to brainstorm on what they know about advocating for the gender-based violence' victims.

d) Learning activity 6.4

The teacher uses the brainstorming by asking the students to say what they know about the concept of advocacy and he/she encourages all students to be active to answer the questions asked. Write down students' answers and encourage students to ask questions. The teacher puts together students' ideas by clarifying the correct responses to the students and concludes the lesson.

Answer to learning activity 6.4

1. The concept of advocacy is: is referred to any action that speaks in favors of others, recommends, argues for a cause, support or defends or pleads on behalf of others and helping people find their voice. Gender based violence affects women and men of all ages and backgrounds. Women and girls are the primary victims like rape and other forms of sexual violence. Also, men and boys are frequently targeted as well, as they however face different forms of violence like to be forcibly recruited into armed forces

e) Self-Assessment 6.4

Questions for this activity will guide and help the students to understand very well what is the concept of advocacy.

Answers to Self-Assessment 6.4

a. 5 points to focus on for effective advocacy are:

- Assessment and analysis
- Coordination
- Information and communication activities
- Referral and response mechanism
- Physical safety and security
- Health
- Community mobilization
- Livelihoods
- Shelter and physical planning
- Justice
- Education
- Durable solutions

b. Example where one can advocate for gender-based violence:

Advocacy in gender-based violence should be done to the relevant actors, including national and local authorities, traditional, cultural or religious bodies, armed forces and security forces, law enforcement officials, civil society groups, and others, to ensure effective prevention and response, also include advocacy with non-state actors.

6.7. Summary of the module

Gender based violence is referred to any harmful acts which is directed to an individual based on gender or sex, can be either a woman or a man. It is embedded in gender inequality, the abuse of power and harmful norms. GBV happens everywhere, at home, at school, in the workplace or in the community in the broadest sense.

Gender based violence can base on many factors like, Cultural factors, legal factors, social-, economic factors and political factors. This violence is characterized by the direct violence against an individual based on gender and breaches the fundamental rights of life, liberty, security, dignity, equality between women and men. **Gender based violence affects** a person's sense of self-worth and self-

esteem.it also affect physical and mental health which leads to self-harm, isolation, depression and suicidal attempts.

Gender based has the following types like intimate partner violence, sexual violence, physical violence, emotional and psychological violence, harmful traditional practices, social-economic violence. the main causes of gender-based violence are: lack of physical security, social, cultural, political factors, judicial barriers of factors, individual barriers, humanitarian programing obstacles.

Counseling, also translated as “helping relationship, consists of engaging in a sequence of verbal or non-verbal interventions with the aim of making it easier for victim the expression, understanding and management of his or her experience. It must make it possible to create between the victim and the service provider a climate of trust and of interaction allowing the victim to feel comfortable in discussing the violence suffered without shame or guilt. Before engaging in the counseling process, it should be noted that the victim has the right on: information, access, safety, intimacy, confidentiality, dignity, comfort, continuity and opinion.

Advocacy is referred to any action that speaks in favors of others, recommends, argues for a cause, support or defends or pleads on behalf of others and helping people find their voice. Gender based violence affects women and men of all ages and backgrounds. Advocacy in gender-based violence should be done to the relevant actors, including national and local authorities, traditional, cultural or religious bodies, armed forces and security forces, law enforcement officials, civil society groups, and others.

6.7 Answers to end unit assessment unit 6

Section one: Open questions

1. The gender-based violence is:

Gender based violence is referred to any harmful acts which is directed to an individual based on gender or sex, can be either a woman or a man.it is embedded in gender inequality, the abuse of power and harmful norms.

2. The types of gender-based violence

a) Physical violence

Is when there is actual, attempt or threatened physical assault; slavery or slave like practices and human trafficking. Some examples of physical violence are the following: beating, kicking, biting, hair pulling, strangling, causing injury, causing disability.

b) Sexual violence

In this type of violence there is actual, attempted or threatened (vaginal, anal, or oral) rape, it involves marital rape: sexual abuse and exploitation; forced prostitution; transitional/ survival sex; sexual harassment, intimidation and humiliation

c) Emotional and psychological violence

In this category of violence, one will be abused and humiliated like assaults; cruel and degrading treatment: convincing a person to get involved in humiliating acts and placing restrictions on liberty and freedom of movement.

3. Two causes of gender-based violence in the society:

Lack of physical security

There is lack of physical security owing to break-down of law and order, presence of armed forces/groups, collapse of law enforcement, justice institution and family, social or community structures. women and girls are particularly vulnerable when leaving their communities in such of work, food, water and firewood. in addition poverty also leads to lack of education, and livelihood opportunities, and inadequate access to shelter, food, water, fuel, and income generation can increase exposure to GBV like forced prostitution or survival sex.

Judicial barriers of factors

Lack of access to justice institutions and fairness, leading to cultural impunity for violence and abuse.

Lack of suitable and affordable legal advice and presentation.

Inadequate legal framework including national, traditional, customary and religious law, that discriminate against women and girls, fails to guarantee their rights, or exposes them to further harm and abuse like national law may fail to guarantee a certain right, fail to criminalize some acts like rape or narrowly explains it.

In some instances, national law criminalizes the survivor e.g. (rape defined as adultery) or criminalizes acts that allegedly are primarily associated with women like witchcraft or sorcery. In certain instances, victims face harassment, intimidation or severe punishment.

Section two: Multiple choice questions

1. Gender based Violence can take place in the following places;
 - a) In homes
 - b) Schools
 - c) Work place
 - d) All of the above**
2. Gender based violence base on many factors
 - a) educational factors, age factors, status factors and cultural factors.
 - b) religious factors, political factors, humanitarian factor and Gender factors.

c) **Cultural factors, legal factors, social- economic factors and political factors.**

d) None of the above

3. The consequences of gender-based violence are except

a) **chronic** physical consequence, acute physical consequence

b) reproductive consequences, social and economic consequences.

c) **Answer is a and b**

d) Answer is b only

4. counselling aims at:

a) Decrease emotions that destroy the victim, be an objective mirror: help to understand the extent of the problem as it actually is

b) Make responsible without feeling guilty, build new values, convictions that will permanently change your life

c) Help to understand his role, Support and accompany for social reintegration

d) **All the above**

5. The victims or survivors of gender-based violence has the following rights

a) Being informed of the advantages of the availability of management of GBV and its use, to benefit from services without distinction of sex, age, religion, race, origin, marital status or place of residence.

b) Refer her to an authority or a place that ensures her safety physical and psychological, Having a consultation in private

c) Be guaranteed that professional secrecy will be respected., Being listened to and treated with respect

d) **All of the above**

6. Advocacy in Gender based violence is defined as;

a) Advocacy is any action that speaks in favors of others, recommends, argues for a cause, support or defends or pleads on behalf of others and helping people find their voice.

b) Gender based violence affects women and men of all ages and backgrounds. Women and girls are the primary victims like rape and other forms of sexual violence.

c) **Answer is a**

d) Answer is a and b

6.8 Remedial questions

1) Consequences of gender based violence:

- **Acute physical consequences** in gender based violence include: injury including fistulas, shock, disease, infection
- **Chronic physical consequences:** disability, chronic pain or infection, gastrointestinal problems, eating or sleeping disorders, alcohol or drugs abuse.

2) Five rights of victim in case of GBV before engaging in the counseling process:

Information: Being informed of the advantages of the availability of management of GBV and its use.

Access: To benefit from services without distinction of sex, age, religion, race, origin, marital status or place of residence.

Safety: Refer her to an authority or a place that ensures her safety physical and psychological

Intimacy: Having a consultation in private

Confidentiality: Be guaranteed that professional secrecy will be respected.

3) When counseling the victim of GBV, they are 6 elements that a counselor should to consider:

- Preparatory phase (suitable location, availability of everything necessary.
- Reception and maintenance
- Say hello, welcome and offer a seat
- Introduce yourself and others if present to put the client in confidence and comfortable
- Reassure the victim and assure him of your willingness to help and confidentiality of your interview (speak without raising your voice, have a place discreet and recall the private nature of the interview).
- Ask the victim what happened

4) The counselor has to listen well to the victim in case of GBV

It is important to listen to the other person on two levels: verbally and non-verbal.

It is important to observe whether there is consistency between verbal and non-verbal messages.

It is important to be aware that you are expressing yourself at these two levels!

Non-verbal communication Much of communication is non-verbal. This non-verbal communication takes different paths.

5) The concept of advocacy is:

Advocacy is referred to any action that speaks in favors of others, recommends, argues for a cause, support or defends or pleads on behalf of others and helping people find their voice. Gender based violence affects women and men of all ages and backgrounds.

6) Five points that a counsellor should emphasize on in order to make advocacy to be effective:

Assessment and analysis

Advocacy should be done to victims to have appropriate assessments must be undertaken by trained staff with expertise in the area of gender-based violence, identification of major causes for GBV.

Coordination

Ensure that GBV is addressed by the protection working group and other relevant coordination structures. This may include appointing a focal point or a working group on GBV. Standard operating procedures, outlining roles and responsibilities of relevant actors, should be agreed upon and implemented. Advocacy is done with other groups/sectors to ensure that gender concerns are taken into account and integrated in planning and programming activities at all levels.

Information and communication activities

Ensure that information about GBV prevention and response, including how and where to access relevant assistance and services, is readily available for all survivors of GBV.

Referral and response mechanism.

Ensure that adequate referral and response mechanisms are put in place, including clear and acceptable referral and reporting mechanisms that respect confidentiality and the rights of the victim/survivor.

Physical safety and security.

Advocacy should be done to improve safety and security in and around camps, settlements, villages and other areas, like food distribution sites, water points, areas for firewood collection, schools, public spaces, etc. Ensure that mechanisms are in place to guarantee the security of victims/survivors and witnesses in order to protect them against further harm.

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