

# 8

## RECOGNIZING, REFERRING AND REDUCING RISK

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## SESSION 8

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### Aims

- To enable students to understand that some factors which place a woman at risk during pregnancy and childbirth can often be reduced.
- To enable students to understand that they have the ability to promote safe motherhood by recognizing risk and implementing appropriate preventive care.
- To enable students to empathize with women and their families who are placed at risk, and are unable to receive the care that is their right.
- To motivate students to do everything they can to reduce risks through effective midwifery care.

### Objectives

On completion of Session 8, students will be able to:

- Define “risk” and “risk factor”, giving examples of each.
- Identify the problems that can occur when specific risk factors exist, giving reasons.
- Describe the action necessary to promote safe motherhood and prevent death from the risk factors identified.
- Discuss how some women are placed at an unfair disadvantage in life, and how the midwife can help to reduce the risks women face.
- Identify factors which interfere with the efficient function of existing systems of care and referral systems, and describe how these may be improved.

### Plan

Modified lecture (45 minutes).

Group work (2 hours).

Community visit, including peer assessment (½ day).

Tutorial (1 hour per group).

### Resources

Instructions for Students: risk analysis.

Worksheet.

Instructions for Students: peer assessment.

## INTRODUCTION

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*In preparation for the community visit in this session, review the information related to community visits included at the beginning of the introduction to Session 2. In addition, consider the “Instructions for Students”, and the example sheets for risk factors, found at the end of the session.*

*This session looks at risk factors. Risks may not always be avoided, but the dangers associated with risks can usually be reduced.*

*Risks may be reduced by:*

1. Assessing the woman’s condition during pregnancy and childbirth.
2. Developing a birth plan with the woman and her family, including a place for the birth and birth attendant, based on the woman’s individual needs and actions to be taken if a problem (complication) arises during pregnancy or birth.
3. Providing information and advice to the woman and her family about the danger signs during pregnancy and childbirth, and what to do if these occur.
4. Recognizing complications early and intervening quickly, including emergency care and referral when necessary. The woman should be encouraged to plan how she will get to an appropriate facility for treatment if a problem occurs unexpectedly.
5. Providing the woman with advice and care related to keeping healthy during pregnancy and childbirth.

## REFLECTING ON RISK

### General discussion

*Discuss the meaning of risk, and risk factors.*

*(a) **What is risk?***

*Ask students to form discussion groups in order to agree a definition of “risk”.*

*Then have the class as a whole agree on a definition. Write down the definition on the blackboard, flipchart or overhead transparency.*

*Compare the definition of “risk” agreed by students with the following definition:*

*Risk is the probability that an event will occur; e.g. that an individual will become ill or die within a stated period of time.*

**(b) What is a risk factor?**

*Have students work through the same process used for discussing and defining “risk”.*

*Compare the definition of “risk factor” agreed by students with the following definition:*

*A risk factor is a factor which makes a condition more likely to happen or more dangerous.*

*It is important that students understand the following:*

*“Risk factors” should not be used to predict complications during pregnancy and childbirth. The system of risk categorization, or the “risk approach”, used for pregnant women in the past is not useful because many women categorized as “high risk” do not experience a complication, while many woman categorized as “low risk” do. All pregnant woman should therefore be considered “at risk” of developing a complication.*

**Detailed discussion**

*Lead the students into a more detailed discussion.*

*Ask questions in order to promote discussion.*

*Help students to think about real life situations that childbearing women meet every day.*

*The following questions may help to lead the discussion.*

1. *Q: What might a woman feel whose life and health are at risk during pregnancy and childbirth?*

*A: Disappointment, frustration, fear, helplessness because she cannot change or influence the situation.*

2. *Q: What might a woman feel who is able to get the health care she needs during pregnancy and childbirth?*

*A: Relief, encouragement, safety, hope.*

3. *Q: Do some people meet more difficulties in life than others?*

*A: Yes.*

4. Q: *Does this seem unfair?*

A: *Yes! Life can seem unfair. Some women*

- *are born into very poor families*
- *do not have enough to eat*
- *do not grow properly*
- *do not have immunizations, and*
- *have no access to health care.*

*In fact, they are always at a disadvantage.*

5. Q: *Does a woman have any control over the risks she faces?*

A: *Women have little control over the risks they face.*

*Sometimes a risk is present but does not actually kill or injure the woman. But this is a matter of chance. Just like the snake hidden in the grass, it may not harm us, but while it is there we are in great danger and we would be very foolish to ignore it.*

6. Q: *Do women have any choice about health care accessible to them?*

A: *No, in many cases access to health care is not within the choice of the woman.*

7. Q: *How would you feel if you went to a health facility that did not function properly?*

A: *Disappointed, frustrated, annoyed, helpless.*

8. Q: *Do we have the ability to remove risks and build and repair health services/facilities?*

A: *Yes, absolutely.*

*We can:*

*Assess the woman's condition during pregnancy and childbirth.*

*Develop a birth plan with the woman and her family, including a place for the birth and birth attendant, based on the woman's individual needs.*

*Provide information and advice to the woman and her family about the danger signs to look out for during pregnancy and childbirth, what to do if these occur, where to go, and advice on provisional arrangements for transport to a facility if any problem occurs. Arranging transport at the last minute may mean that transport will be unavailable.*

*Recognize complications early and intervene quickly, including emergency care and referral when necessary.*

*Provide advice and care related to keeping healthy during pregnancy and childbirth.*

## **GROUP WORK**

*Divide the students into small groups and give them the Instructions for Students and the Worksheet for risk analysis. Write down on the blackboard the risk factors listed on the example sheet, and let the students copy them down. Divide the risk factors among the groups to save time.*

*Instruct each pair of students to work on the risk analysis following the way it is set out in the four columns on the Worksheet.*

*Work through one example with the students.*

*After the students have finished their group work, allow each group to report back. Use the example sheet as a guide.*

## **REDUCING THE RISKS**

*After analysing the risks, the students should be ready to take action in order to help reduce the risks.*

*Students should work in pairs. Each pair should select:*

- 1. A risk factor.*
- 2. A community where that risk factor is known to exist.*
- 3. An individual or group of people with whom to work (e.g. teenagers, pregnant women, older women, mothers-in-law, TBAs, health workers, community leaders).*
- 4. A method which they will use, such as:*
  - discussion*
  - drama*
  - song*
  - dance.*

*Alternatively, the teacher may decide to arrange the same activity for all students. For example, they could:*

- *assess a woman's needs*
- *develop a birth plan with her, or*
- *review referral systems from several communities, or*
- *organize information sessions to help prevent a particular problem.*

*On the other hand, the teacher may decide to allow students complete freedom of choice in the selection of the risk and the way in which they will address it.*

*Next, ask students to write down and submit an action plan (this will enable you to give guidance and advice).*

*Arrange for community visits so students can implement their plans.*

*Instruct students to undertake peer assessment while they are putting their plan into action. Give students the instructions on peer assessment included at the end of the session.*

*Finally, arrange for tutorial groups in order to discuss and evaluate the experience. (Tutorial groups of about 8 students, i.e. 4 pairs, are recommended. A suggested outline for the tutorials is given below).*

## **Tutorial**

*Encourage discussion about:*

1. **Why** certain factors place women at risk.
2. **How** risk factors can be reduced.
3. **What** they did in the community with respect to reducing risk factors.
4. **How** effective they think they were.
6. **What** they have learned through the experience, and what they learned from each other through peer assessment.
7. **What** needs to be done next in order to further reduce risk factors, e.g.
  - Women in village "A" understand the need for good diet and iron supplementation but now they need to learn how to produce nourishing food at a price they can afford, or
  - A supply of iron tablets should be issued to every health facility for distribution.

**Example sheet for risk factors:**

Risk Factor	Complications caused by risk to mother (** = special risk to baby)	Risk is due to	Action necessary to prevent death and promote safe motherhood
Age less than 18 years	Unsafe abortion Eclampsia**  Obstructed labour**	Unwanted pregnancy Unknown cause Research shows increased incidence  Small pelvis  Early age of marriage	Education, counselling and family planning services  Careful monitoring  Advise woman to plan for delivery in a health facility. Appropriate management, use of partograph, caesarean section if necessary. Use of maternity waiting home  Discuss custom with women, families, community leaders
Woman measures less than 145 cm in height	Obstructed labour**	Cephalopelvic disproportion	Advise woman to plan for delivery in a health facility. Appropriate management: use of partograph, caesarean section if necessary. Use of maternity waiting home
Not immunized against tetanus	Puerperal sepsis	Infection with clostridium tetani - genital infection leading to poisoning of the nervous system. Unhygienic traditional practices	Ensure full immunization. Avoid prolonged and obstructed labour, anaemia, unnecessary intervention - especially contamination with earth/cow dung - educate TBAs, clean, safe delivery
<b>Previous or existing medical problems:</b>			
(a) TB	Infertility, later spontaneous abortion, intrauterine fetal death (IUFD) with associated risk of coagulopathy (clotting failure) following macerated stillbirth	Poor maternal general health often includes anaemia. Clotting failure triggered by release of thrombo-plastin from dead fetal tissues	Treat existing disease, improve diet, hygiene and associated socioeconomic deprivation, e.g. overcrowded housing and sleeping conditions
(b) anaemia	Spontaneous abortion, preterm labour,** IUFD, (see above), PPH, puerperal sepsis	Poor maternal general health	Consider cause and treat e.g. malnutrition, malaria, gynaecological. Consider socioeconomic problems. Advice, education and help
(c) malaria	Anaemia including folic acid deficiency. Spontaneous abortion, preterm birth,** IUFD (see above), PPH, puerperal sepsis	Rapid destruction of red blood cells by parasites. Hyperpyrexia	Ensure malaria prophylaxis. Treat any existing malaria and anaemia
(d) hypertension	Eclampsia,** superimposed on essential hypertension	Hypertension worsened by pregnancy	Control blood pressure before pregnancy; monitor and control carefully throughout pregnancy, labour and the postnatal period
(e) HIV/AIDS	Anemia, malnutrition, infections **mother to child transmission (MTC), LBW, fetal loss, abortion, preterm	High viral load increases risk for MCTC mode of delivery, feeding practices	HIV screening, counselling on self care Antiretroviral treatment. Advice and planning for birth and infant feeding



**Example sheet for risk factors:**

Risk Factor	Complications caused by risk to mother (** = special risk to baby)	Risk is due to	Action necessary to prevent death and promote safe motherhood
Rhesus negative mother	Rhesus incompatibility if the fetus is Rhesus positive and fetal and maternal blood mix.** No particular risks for the mother, apart from interventions such as preterm induction of labour. Causes haemolytic disease in the newborn which can lead to severe anaemia and jaundice at birth or IUFD	Isoimmunization leading to haemolysis of fetal red blood cells	Anti-D immunization for mother. Ensure future pregnancies are supervised in a health facility where expert monitoring in pregnancy and special neonatal care are available. Advise on family planning after first affected baby and consider sterilization when family complete.
<b>Previous gynaecological surgery to:</b>			
(a) cervix	Spontaneous abortion, preterm birth**	Cervical incompetence	Refer to health facility for cervical cerclage and subsequent care in pregnancy, including removal of the cervical stitch before term
(b) uterus	Ruptured uterus with shock and haemorrhage**	Obstructed labour or weakened scar tissue	If hysterectomy not performed following rupture, avoid pregnancy within 2 years of repair (FP). Book for care in higher level health facility for any future pregnancies
(c) external genitalia: previous trauma including third degree tear or female genital mutilation	Prolonged and obstructed labour,** further trauma to vulva and/or perineum	Fibrosed scar tissue	Examination and discussion of traditional practices with community leaders, legislation to protect women from unnecessary mutilation. Skilled management of labour and delivery (partograph). Episiotomy, if necessary.
History of disease or accident to bony pelvis	Prolonged or obstructed labour**	Cephalopelvic disproportion - misshapen pelvis	Referral to health facility for early assessment and trial of labour or elective caesarean section
Habit of:			
(a) taking alcohol in excess	Impairing all body systems, addiction, fetal alcohol syndrome**	Toxic effects of alcohol on mother and fetus	Education, counselling, support
(b) smoking	Cardiovascular and malignant disease, intrauterine growth retardation (IUGRI)**	Toxic effects of tobacco on mother and fetus	As above

**Example sheet for risk factors:**

Risk Factor	Complications caused by risk to mother (* = special risk to baby)	Risk is due to	Action necessary to prevent death and promote safe motherhood
Gravida 5 or more (high parity)	Prolonged or obstructed labour, PPH, sepsis (if anaemic)	Lax uterine and abdominal muscles, risk of anaemia	Family planning services. Treatment of anaemia and careful monitoring in pregnancy and labour, including use of partograph; active management of third stage. Prepare equipment for intravenous infusion
Interval of less than 2 years since last birth	High parity (see above), anaemia	Insufficient time to recover since last pregnancy and risk of anaemia increased	Family planning services accessible and acceptable. Effective treatment of anaemia.
Previous prolonged or obstructed labour, difficult delivery or caesarean section	May recur	For same reason e.g. cephalopelvic disproportion	Early antenatal assessment and booking in a higher level health facility. Trial of labour using partograph or elective caesarean section
Previous PPH and/or retained placenta	Often recurs	Atonic uterus Tendency for adherent placenta	Advise woman to plan for birth at a health facility; correct anaemia; avoid prolonged labour; active management of third stage, set up IV infusion, have blood donors available
Vaginal infection	Puerperal sepsis Premature rupture of membranes**	Causative organism	Treat during pregnancy and in postnatal period, if necessary
Urinary tract infection	Preterm labour**	Infection	Midstream specimen of urine for culture and sensitivities. Give appropriate antibiotic and copious oral fluids
Syphilis	Spontaneous abortion Preterm birth, IUGR** Congenital syphilis**	Infection	Prenatal screening; treat in early pregnancy with penicillin to prevent adverse effects on fetus
Malpresentation at term	Prolonged or obstructed labour**	Cephalopelvic disproportion if brow, posterior face or shoulder presentation	Refer early to higher level health facility for assessment and operative delivery, if necessary

**Example sheet for risk factors:**

Risk Factor	Complications caused by risk to mother (* = special risk to baby)	Risk is due to	Action necessary to prevent death and promote safe motherhood
Uterus large for dates and/or multiple pregnancy diagnosed	Prolonged and obstructed labour** PPH	Multiple pregnancy, large baby or polyhydramnios cephalopelvic disproportion, overstretched uterine muscle	Refer to higher level health facility for assessment and possible complicated delivery. Active management of third stage to reduce blood loss
High fever	Labour**	Possibly malaria	Investigate and treat accordingly
Lack of fetal movements	Compromised fetus; risk of IUGR and IUD. Coagulopathy if macerated fetus retained in utero for 3 or 4 weeks or more. PPH	Lack of oxygen in utero. Coagulopathy	Refer immediately to higher level health facility with special care baby and facilities for fetal assessment. If IUGR or IUD, induction of labour and expert neonatal care
Unwanted pregnancy	Unsafe abortion Puerperal sepsis  Haemorrhage	Woman desperate to terminate pregnancy  Infection	Make family planning advice and services available, accessible and acceptable. Promote use of services. Examine FP policies  If septic abortion, give IV antibiotics and refer urgently to higher level health facility. Give oxytocic drugs and IVI for control of bleeding

## INSTRUCTIONS FOR STUDENTS

### **Risk Analysis:**

1. You should have received a worksheet for risk analysis from your teacher.
2. Write down the risk factors in the first column. (Copy them from the blackboard).
3. Decide on the complications which this risk would cause. These complications may threaten either the life or health of mother and/or baby. Write these down in the second column.
4. Explain the reason(s) or cause(s) of the risk. Write this down in the third column.
5. Suggest the action which would prevent death or morbidity and promote safe motherhood. Write this down in the fourth column.



**WORKSHEET**

Risk Factor	Complications caused by risk to mother (** = special risk to baby)	Risk is due to	Action necessary to prevent death and promote safe motherhood

## INSTRUCTIONS FOR STUDENTS

### Peer assessment:

Peer assessment is a method of helping each other. You have probably done this already in an informal way. You may study with a friend, and then test each other to see what you have learned.

Please work with your partner. You have already developed an action plan. Your teacher will have given you help and advice where needed. Now put your plan into action. While your partner is working, go along with her/him. Help your partner and take note of the way in which she/he is working.

#### 1. Make a list of the good things she/he does, e.g.

- her/his approach is kind
- her/his record keeping is clear
- the way she/he shares information is helpful.

#### 2. Make a list of the areas where she/he needs to improve, e.g.

- she/he did not spend enough time with a woman who was anxious
- she/he seemed to be “talking down” to the TBAs, rather than regarding them as individuals of equal value
- her/his visual aids were not quite large enough to be seen by the teenagers in a large classroom.

#### 3. Discuss together:

- what you have learned through the experience
- what your next action should be. Remember that you should **never** carry out an exercise only for your own learning! It must always benefit the client. Women and their families must be sure you will keep any promises you made and continue any care you have started
- what you will share with your teacher and other students in the tutorial.