COUNSELLING SKILLS

"MODULE FOR HEALTH CARE PROVIDERS TO ADDRESS MATERNAL ANEMIA"

Liaquat University of Medical & Health Sciences
(LUMHS)

In collaboration with

White Ribbon Alliance Pakistan (WRAP)

THIS MODULE IS DESIGNED FOR THE TRAINING OF HEALTH CARE PROVIDERS TO ADDRESS

MATERNAL ANEMIA

WORKING GROUP/CONTRIBUTORS IN THE DEVELOPMENT OF THIS MODULE

1. **Professor. Dr. Aneela Atta Ur Rahman**
   Pro Vice Chancellor
   Dean Faculty of Community Medicine & Public Health Sciences
   Liaquat University of Medical & Health Sciences, Jamshoro, Pakistan

2. **Dr. Muhammad Ilyas Siddiqui**
   Associate Professor
   Community Medicine & Public Health Sciences
   Liaquat University of Medical & Health Sciences, Jamshoro, Pakistan

3. **Dr. Farah Naz Memon**
   Assistant Professor
   Community Medicine & Public Health Sciences
   Liaquat University of Medical & Health Sciences, Jamshoro, Pakistan

Acknowledgement list of skilled personnel participated in Brainstorming session of this module development

1. Prof Dr Khalida Naz Memon
   Chairperson, Community Medicine, LUMHS, Jamshoro
2. Prof Dr Hussain Bux Kolachi
   Chairperson, Community Medicine, ISRA University, Hyderabad
3. Prof Dr Muhammad Akbar Nizamani
   Professor of Pediatrics, Indus Medical College, Tando Muhammad Khan
4. Dr Muhammad Najeeb Memon
   Associate Professor, Community Medicine, LUMHS
5. Dr Rukhsar Shahani
   Associate Professor, Community Medicine, Khairpur Medical College, Khairpur
6. Dr Shehla Baloch
   Associate Professor, Obstetrics and Gynecology, LUMHS
7. Dr Yasmeen Memon
   Associate Professor of Pediatrics & Chairperson, LUMHS
8. Dr Shazia Memon
   Associate Professor of Pediatrics, LUMHS
9. Dr Samiullah Shaikh
   Associate Professor of Medicine, LUMHS
10. Dr Noor Ali Samoo
    Associate Professor, Community Medicine
    Peoples University of Medical & Health Sciences for Women, Shaheed Benazirabad
11. Dr Nusrat Nisar
    Assistant Professor, Obstetrics and Gynecology, LUMHS
12. Dr Shazia Rahman Shaikh
    Assistant Professor, Community Medicine, LUMHS
13. Dr Gulzar Usman
    Assistant Professor, Community Medicine, LUMHS

14. Dr Sohail Bijarani

   Assistant Professor, Community Medicine, LUMHS

15. Ms Parveen Akhter

   Assistant Professor, Peoples Nursing School, LUMHS

16. Dr Fozia Shaikh

   Lecturer, Biochemistry, LUMHS

17. Dr Jawad Ahmed Qadri

   Lecturer, Community Medicine, LUMHS

18. Dr Ghulam Shabir Abro

   Lecturer, Community Medicine, LUMHS

19. Dr Wali Muhammad Nizamani

   Lecturer, Community Medicine, LUMHS

20. Dr Zoheb

   Lecturer, Community Medicine, LUMHS

21. Dr Faiza Memon

   Lecturer, Community Medicine, LUMHS

22. Ms Quratulain

   Health Education Officer, Community Medicine, LUMHS

23. Ms. Almas Ghaffar

   Associate Professor, Peoples Nursing School, LUMHS

24. Mushtaque Ahmed Bhatti

   Station Manager, Community Health FM Radio, LUMHS

25. Moiz Rahman Memon

   Broadcast Engineer, Community Health FM Radio, LUMHS

26. Majid Hussain Rajper

   Program Controller, Community Health FM Radio, LUMHS

ABBREVIATIONS:

g/dl	Gram/deciliter
Hb	Heamoglobin
HCP	Health Care Provider
IUGR	Intra Uterine Growth Restriction
LBW	Low Birth Weight
LUMHS	Liaquat University of Medical & Health Sciences
OU	Open University
UNICEF	United Nations International Children’s Emergency Fund
WHO	World health Organization
WRAP	White Ribbon Alliance Pakistan

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COUNSELLING SKILLS

“MODULE FOR HEALTH CARE PROVIDERS TO ADDRESS MATERNAL ANAEMIA”

INTRODUCTION:

WHAT IS THE NEED TO DEVELOP THIS TOOL?

Anemia in women and children is one of the major public health issues in Pakistan, however often neglected to address in a proper way at community level. Moreover, it is a widespread perception that anemia and malnutrition are closely related to poverty, this perception cannot be denied due to complex interaction between poverty and nutrition along with the degree of women subjugation in our country.

A huge amount of local resources and support from external aid and grant have been invested on policy making at national levels and therapeutics feeding at hospital levels without realization the importance of community participation and taking them as major stakeholders. Consequently and "not surprisingly", the net impact of such type of interventions becomes negligible. On the other-hand, Pakistani women and children health problems have never been given great attention due to lack of political will, resulting in lack of national awareness programs or health education campaigns.

Furthermore, nutrition and anemia are been taught in medical schools but only to get their exams passed or to get their degrees and start curative practices, they are not been encouraged to use this knowledge for preventive purpose in the field for awareness of basic health needs in their own language.

Since healthy mother means healthy family, it is our pivotal role to keep the mother healthier through integrated awareness initiatives, therefore Liaquat University of Medical and Health (LUMHS) in collaboration with White Ribbon Alliances Pakistan (WRAP) started working on effective way of social communication to not only change the negative behaviours to positive side but at the same time to promote the positive behaviors in the society at large. This can only be possible by counseling skills of any health care provider.

Therefore, LUMHS and White Ribbon Alliance Pakistan has signed a MoU aimed to reduce maternal anemia indicator by improving the counselling skills of "Health Care Providers".

The purpose of developing this module is that; we believe that the innovative and effective communication strategies in simple and local language can not only target the misconceptions of the communities but also educate them about the correct practices keeping in view the sensitive cultural myths, ideas and practices.

Module is divided into different sessions, the first session is purely on the learning of counselling skills by the health care provider, next sessions are on how a health care provider addresses maternal anemia using these skills to decrease this very important health issue of our country.

Acknowledgement:

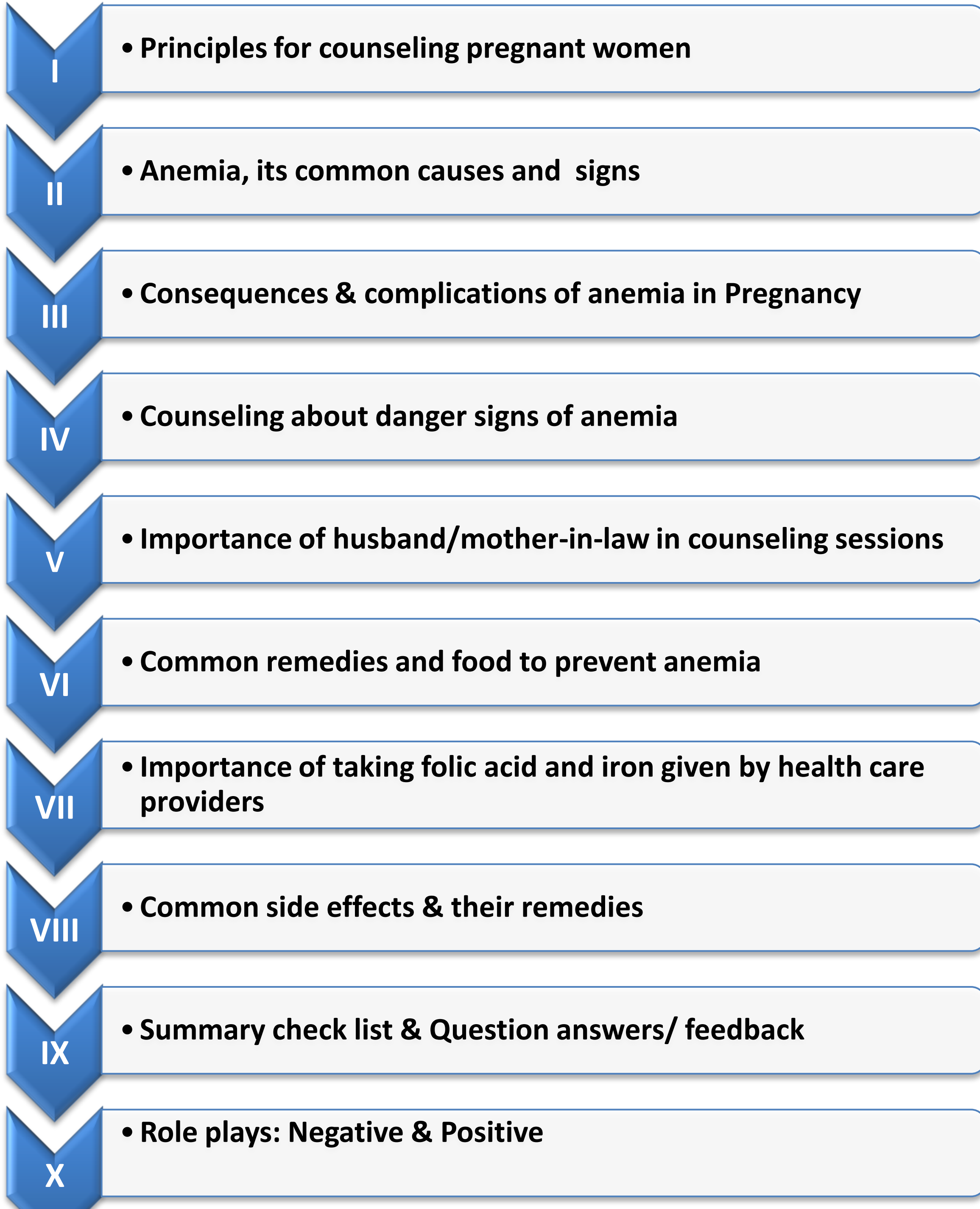
Apart from the combined efforts by collaborative organizations, we are acknowledging the efforts by Faculty of Community Medicine & Public Health Sciences LUMHS, highly skilled personnel from LUMHS & other different medical universities in a brainstorming session in consultative workshop. Moreover, we highly appreciate the related material available on internet from well known international organizations such as; WHO, UNICEF, PDHS, OU & publications from different database which made this journey possible.

By Health Care Provider (HCP) we mean; doctors, students, nurses, community health workers or any other personnel providing Health care to the community

WHAT WILL BE THE LEARNING OUTCOMES?

Each session of this module will take not more than half an hour for counselling

The learning objectives of this tool/module are given in following sessions:



SESSION I:

PRINCIPLES OF COUNSELLING:

In this session the participants (HCP) will be able to learn the principles of counselling, so that when they go to the field they can easily counsel pregnant women.

PRINCIPLES FOR COUNSELING PREGNANT WOMEN

The effective counselling in the women's own language can enable them to think about themselves that what is right or wrong for them and their child growing inside their womb, and at what time to get help from family, health workers in the community and health care providers at health facility.

This session will be for the training of counsellors regarding creation of general principles of counselling and the special features of counseling pregnant women.

- The aim of counselling is to help the client on the basis of needs of the client, manage their problems more effectively and to empower the client using available opportunities and converting threats into strengths.
- Effective counselling for health education in the language that the women commonly use in her community can understand well and will enable them to know when to get help quickly from you or from a health facility.
- Counselling to a pregnant women is a two-way interpersonal communication in which counselor with counseling skills, is creating a friendly environment with her client in such a way that client feel free to communicate her problems. This two-way communication will help to establish trust of client on counsellor to express her worries and needs in a realistic way.

It is very important for the counsellor to understand that the pregnant woman is also an expert lady on her own needs and situation especially if she had a previous experience of pregnancy. During her daily experiences she learnt many things with strong beliefs about pregnancy which may be right or wrong. Therefore, never discourage her from expressing her beliefs and thoughts to you.

On the contrary, you should develop tolerance for every woman's values and beliefs, while you gently and sensitively try to dispel any important misconceptions she might have. Respect and tolerance for wrong beliefs doesn't mean accepting that they cannot be changed. Sensitivity and tolerance are two of the most important qualities of an effective counsellor.

What do we mean by counselling to a pregnant woman?

It is an interactive process between the skilled attendent/health worker and a woman and her family, during which information is exchanged and support is provided so that the woman and her family can make decisions, design a plan and take action to improve their own health

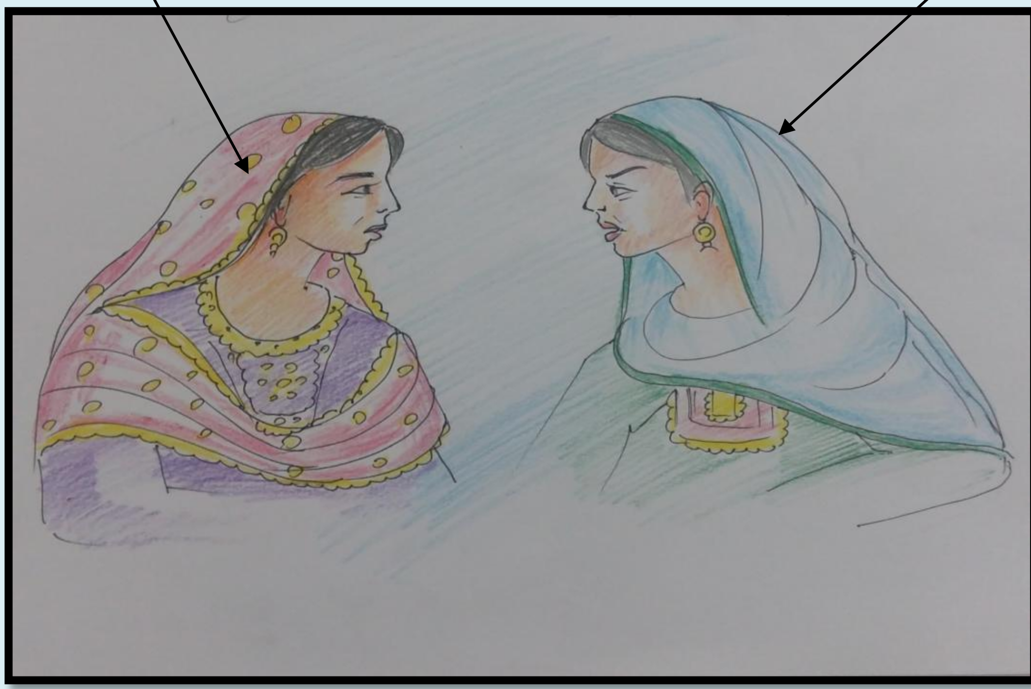
Stages of Counselling Process

- Building professional relationships with pregnant women through few ice breaking questions.
- Exploring their issues
- Facilitating two-way exchange of information
- Show thankfulness to your client and give next appointment at closing time of counselling session

PICTORIAL TO SHOW HOW TO DEVELOP TWO-WAY COMMUNICATION WITH PREGNANT WOMEN MAINTAINING HER CONFIDENTIALITY

- Welcome the woman and ask her to sit nearby facing to you.
- Smile and make good eye contact with her.
- Reassure her that you will always maintain her privacy and confidentiality.
- Without her permission, do not include a third person in the meeting.
- Use simple non-medical language and terminologies throughout the session, so that she can understand the message clearly.
- Actively listen to her, using gestures and verbal communication to show her that you are paying attention to what she says.
- Encourage her to ask questions, express her needs and concerns, and seek clarification of any information that she does not understand.
- Ideally, she should talk for about two-thirds of the time, and you talk for only one-third as shown in the picture given below.

Pregnant woman **[Eye to eye contact]** **HCP**



WHAT IS SPECIAL ABOUT COUNSELLING PREGNANT WOMEN?

- General purpose of counseling a pregnant woman is to provide her with essential information for improving or maintaining her health and the health of her baby before and after birth.
- Specifically, the counselling will help the pregnant woman to stay healthy by advising her about health promotion issues such as nutrition, iron, folic acid and vitamin intake.
- Also to know the common symptoms of health risks that may affect her or her baby.
- Most importantly, counselling will be an entry point to the family, in particular to her husband/family member, so they also know the potential risks encountered during pregnancy and get prepared for them both psychologically and economically.

HCP is counselling to a group of community women

SESSION II:

ANEMIA AND ITS COMMON SIGNS IN GENERAL AND IN PREGNANT WOMEN:

The learning objectives of this session will be:

By the end of this session the target audience will be able to understand in simple language that;

1. What is anemia?
2. What are its signs?
3. What do we mean by anemia in pregnancy?
4. What are the common sings of anemia in pregnancy?

Before describing anemia, Health Care Provider (HCP) should describe to pregnant women and her family about what is normal blood

To understand anemia we have to understand little bit about blood:

Blood is made up of more than fifty five percent fluid part (55% plasma) and forty five percent solid part made up of red cells white cells and platelets (45% cells).

- Red cells (hemoglobin) carry oxygen around the body.
- White cells are called defense cells of the body against infections.
- Platelets help the blood to clot when there is bleeding.

Note: The important test we usually do to check in blood is hemoglobin test to see if we have enough blood or not.

Red Blood Cells

PICTURE 1

Showing normal pinkish red color of under lower eye lid, hands and nails:

WHAT IS ANEMIA?

- It is a condition in which the body does not have enough healthy red blood cells to bring oxygen to body tissues. Usually Anemia is manifestation of under nutrition and poor dietary intake of Iron.

- It is multi-factorial (many reasons) in etiology.

- Iron and folate deficiency are common causes of anemia.

- Iron deficiency is related to overall nutritional deficiency, intestinal worms (helminthic) infestation and folate deficiency due to poor intake of folic acid and chronic breaking of red cells (hemolytic) stage in few conditions.

- Besides these, malaria and other chronic diseases like tuberculosis, HIV and cancers remain as major contributors to anemia.

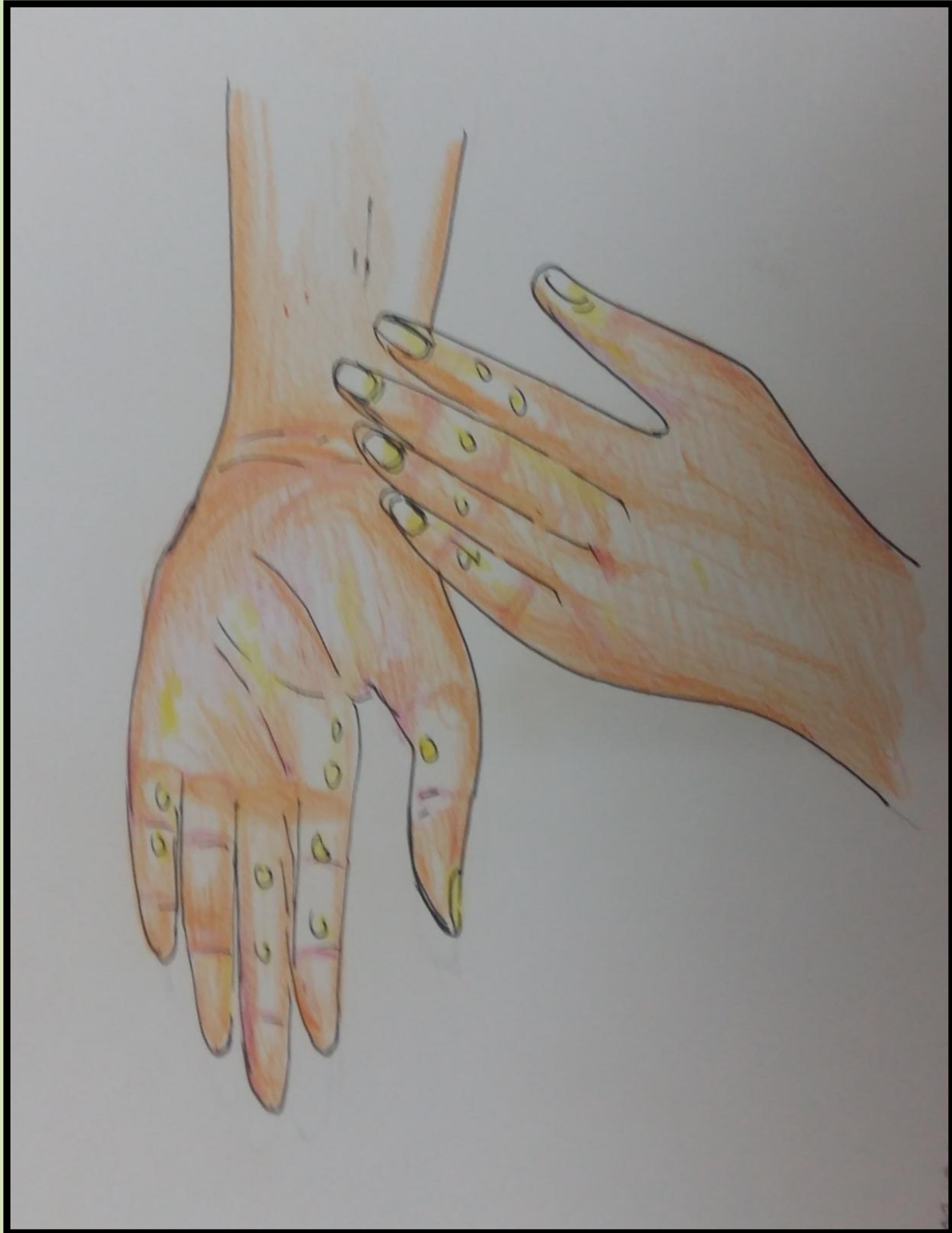
Poverty is not a sole determinant of anemia.

PICTURE 2:

Showing anemia with discoloration of under eye lids, hands and nails:

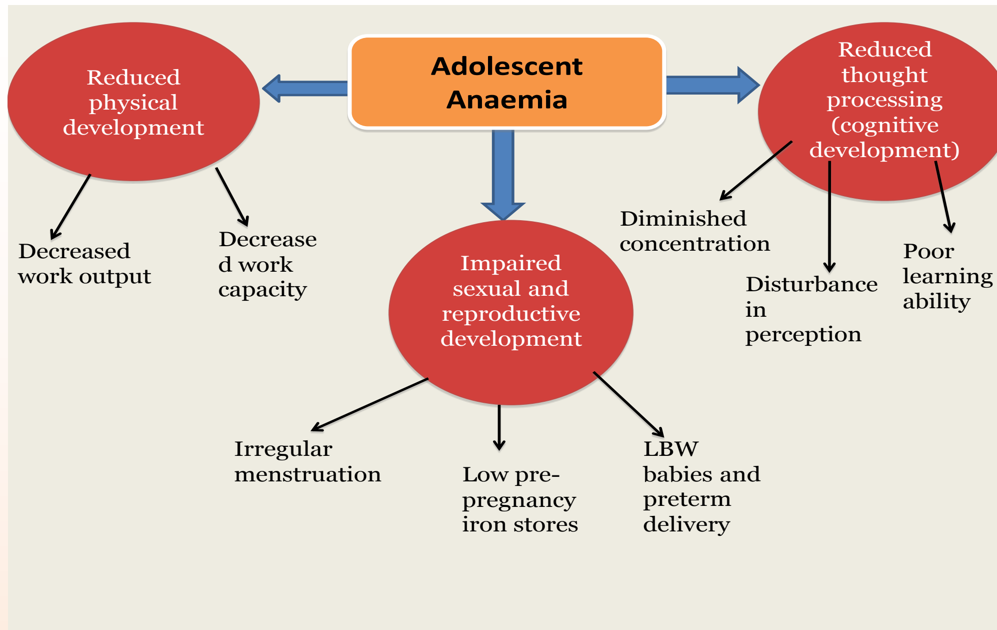
PICTURE 3:

Showing anemia with yellowish white discoloration of hands & nails:

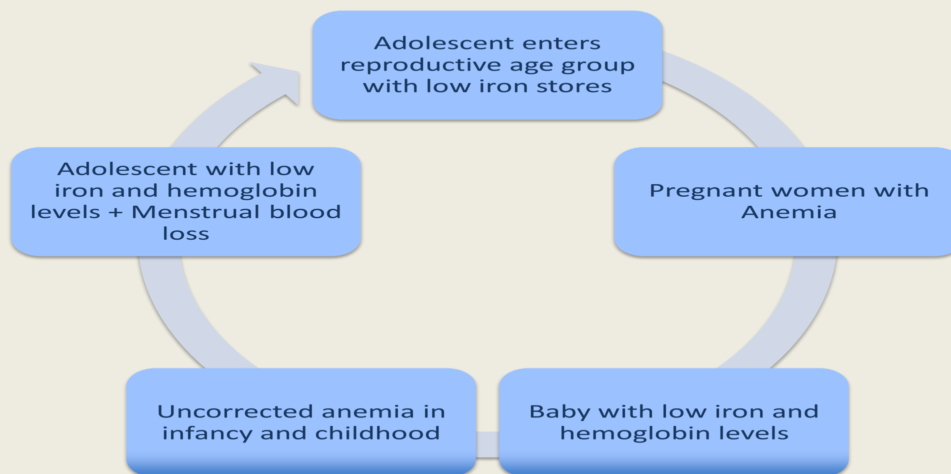


The pictures given below explain causes of anemia, which if not prevented can lead to many bad things to occur:

<u>WHAT ARE SIGNS AND CONSEQUENCESES OF ANEMIA?</u>



- It is very important to know the cycle of anemia in our life which is explained in the diagrams given below:



Changes in blood during pregnancy:

During pregnancy there are amazing normal changes in the body for helping women to grow healthy baby while remaining healthy by themselves. The most dramatic change occurs in her blood, the amount of blood circulating in her body is increased by fifty percent. This is mostly fluid part (plasma) in which the blood cells are floating, however red cells also increase but not so much. It means during pregnancy the blood becomes diluted which resulted in slight drop in hemoglobin. Although this slight drop is a good sign during pregnancy but if this drop is too much then it creates danger for both mother and her growing child.

Anemia during pregnancy

By far the most common blood related problem pregnant women face is anemia.

When anemia occurs or remains during pregnancy then it is called anemia in pregnancy. It is quite normal to see haemoglobin (a measure of anemia) decline in pregnancy without an effect on the woman due to the dilution effects already described. Haemoglobin, the protein found in red blood cells, transports oxygen in the blood and is essential for keeping us alive and healthy. Anemia occurs when there is a lack of red blood cells due to a reduction in their production or an increase in their loss. The most common cause of anemia is that not enough red blood cells are being made to meet the needs of the baby, and the mother is running low on the required iron and vitamins.

Anemia during pregnancy

The World Health Organization defines anemia as haemoglobin of less than 11g/dl but this is not a reasonable level on its own for many pregnant women. Generally we investigate further if the woman is showing symptoms of anemia or her haemoglobin has dropped below 10g/dl.

Red blood cells are made in your bone marrow and last about four months before they disintegrate and are replaced by new red blood cells. In order for your body to produce blood cells you need an adequate supply in your diet of iron, vitamin B12 and folic acid. If one or more of these is lacking anaemia will eventually develop. When the supply of red blood cells drops significantly you will usually get symptoms such as paleness and increased tiredness.

Tiredness, however, is a common complaint during pregnancy and does not by itself indicate anaemia. When anemia worsen women can suffer from dizziness, breathlessness and even heart palpitations, multiple episodes of headache and chest pain if the anemia is severe.

COMMON CAUSES OF ANEMIA:

1. The most common cause of anemia is reduction in iron stores due to;

- Increase demand of iron during pregnancy
- Close pregnancies without gaps.
- Twin pregnancies.
- Diet low in iron.
- Diet low in folic acid and vitamin B12.
- Loosing blood due to haemorrhoids and menorrhagia.

2. The other common causes may be;

- Having worms in intestine.
- Malaria infection.
- Malabsorption syndrome.
- Chronic infections.

DIAGNOSIS OF ANEMIA:

Anemia is often detected through routine blood tests done during pregnancy.

Blood tests are done during the first antenatal visit and then again at around 28 weeks of pregnancy and 36 weeks of pregnancy. The blood test results describe the red blood cells in detail so we can tell whether you are likely to be anemic and advise further tests that look at your stores of iron.

Iron deficiency is the most common cause of anemia in pregnancy worldwide

SESSION III:

COMPLICATIONS OF ANEMIA

In this session your clients will learn about the complications of anaemia:

MATERNAL ANEMIA IS KNOWN AS A PREVENTABLE KILLER

It means that; it is that killing process which is in our hands to prevent it by minimum efforts. Signs of anemia in pregnancy are same as in non- pregnant women but the severity and dangers might become doubled due to pregnancy. The explanation given below explains its causes which if not prevented can lead to many bad things to occur:

- **Anaemia in pregnant women reduces women's ability to survive bleeding during and after child birth.**
- **Risk of maternal mortality decreases by about 20%f or each one g/dl increase in Hb.**
- **Reduction in severe anemia is evidenced in pregnant women who receive regular malaria prophylaxis in malaria endemic areas.**
- **34.5% of the preterm deliveries are in low income severely anaemic women.**
- **During pregnancy Hb <10g/dl at 13-24 wk gestation had 1.18 to 1.75 fold higher relative risk of preterm birth, LBW and preterm mortality.**
- **Early supplementation reduces the iron depletion in the last trimester of pregnancy.**
- **Pregnant women who are in mild to moderate anemia are also at risk of dying.**
- **Severe maternal anemia <7g/dl increases the risk of death due to rapid cardiac decompression even without the additional stress of true post partum haemorrhage <500ml blood loss during delivery could be fatal. Twenty percent (20 %) maternal deaths are attributable due to anemia.**

CAUSES OF MATERNAL DEATH & CONTRIBUTION OF IRON DEFICINCY ANAEMIA

Iron is micronutrient essential for development of hemoglobin;

- Micronutrient deficiencies during pregnancy results in spontaneous abortions, Pre term labour, IUGR, LBW babies and maternal deaths.
- The cost implications include:
  - Increased length of hospital stay
  - Expenses related to referral, transport of cases to hospitals with pediatric care facilities

SESSION IV:

DANGER SIGNS OF ANEMIA:

In this session your client will learn that how Danger signs of anaemia.

COUNSELLING ABOUT THE DANGERS OF ANAEMIA

Counselling will be successful when the pregnant woman;

- Feels she got the help she wanted
- Understands the common danger symptoms
- Knows what to do and feels confident that she can come earliest possible if she develops one of the danger symptoms
- Feels respected, listened to and appreciated
- Comes back when she needs your help along with regular antenatal visits

The greatest physical danger associated with anaemia is the mother's inability to withstand blood loss during the birth. If you are already running low on your iron stores and then loss a large amount of blood; this can put you at danger of not having enough oxygen transported around your body. This is why anaemia needs to be detected as early as possible to give you time to build up your iron stores. Haemoglobin levels usually return to normal between 5-12 weeks following the birth. However, if you had a large blood loss or were quite low in iron before the birth this can take longer. Breastfeeding can put added demand on your iron stores.

You will need to discuss with your midwife or doctor whether you should continue to take iron tablets or indeed commence them after the birth. Women who lose a large amount of blood during the birth (postpartum haemorrhage) are given iron tablets to take for several weeks after the birth. Having low haemoglobin can also make motherhood so much harder and increases the risk of women feeling depressed, difficulty in postnatal period and poor lactation.

The occurrence of the common danger signs/symptoms that can be felt or noticed by the pregnant woman vary in their timing in relation to the gestational age

SESSION V:

PRESENCE OF HUSBAND/MOTHER-IN-LAW IN COUNSELLING SESSIONS.

This session will emphasize the importance of the presence of husband/mother-in-law in counseling sessions.

BENEFITS OF INVOLVING HUSBAND AND MOTHER-IN-LAW IN COUNSELLING SESSIONS

- Helps the partner/husband to become aware of the clinical problem/danger symptoms the woman may encounter during the pregnancy.
- Will make him more caring and more concerned.
- Helps him to take action (early reporting) when danger symptoms appear.
- Alerts him to save money for possible emergencies, e.g. transport to the health facility.
- Alerts the family to decide on their preferred place of delivery.
- Helps the family get prepared for caring for the mother and her baby after the birth.
- Husband and mother-in-law will help to raise general public awareness regarding the potential risks during pregnancy.

PICTURE 4:

Showing presence of two main stakeholders of family in counseling session along with pregnant lady:

SESSION VI:

PREVENTION OF ANEMIA.

In this session your client will learn about prevention of anaemia.

HOW TO PREVENT ANEMIA DURING PREGNANCY

- A woman needs twice as much iron when pregnant.
- This is an increase from fifteen milligrams a day to thirty milligrams a day.
- The best way to prevent anaemia is to make sure that you have a balanced diet rich in foods (according to available resources) that are high in iron, such as red meat, whole-meal, bread, eggs, green leafy vegetables and dried fruits.
- To help your body to absorb the maximum amount of iron from your diet you need vitamin C (oranges, lemon).
- This can be obtained from oranges, lemons, limes and raw vegetables.
- It is important to talk to your midwife or doctor early about diet during pregnancy and whether or not you may need iron supplements.
- Even if you are not pregnant yet, or have had a baby and are planning to have another one, you can ask your general practitioner to do a blood test that will determine if you are anaemic. This will enable you to boost your iron stores before embarking on pregnancy.
- Women are more likely to suffer from anemia because after each menstrual period women's iron reserves are drawn on.
- This is also the case with each pregnancy especially if they are close together. Some studies indicate that one in ten women are low in iron even before pregnancy and one in five once pregnant.

Here you learn how you will communicate the common ways of improving & treat anemia:

HOW TO PREVENT & TREAT ANEMIA

With the end of this session you will be able to: Describe the major dietary constituents for good health in a pregnant woman and explain women about eating well even if they have very little money for additional food.

Common remedies and food to prevent anemia:

- ✓ **Eating well**: Means eating a variety of healthy foods and also eating *enough* food. This combination helps a pregnant woman and her baby stay healthy and strong because it:
- Helps a woman resist illness during her pregnancy and after the birth
- Keeps a woman's teeth and bones strong
- Gives a woman strength to work
- Helps the baby grow well in the mother's uterus
- Helps a mother recover her strength quickly after the birth
- Supports the production of plenty of good quality breast milk to nourish the baby.

- ✓ **Eating a variety of foods:** The first essential step in treating anaemia is to make sure your diet has plenty of foods rich in iron.

  It is important for pregnant women (like everyone else) to eat different kinds of food such as;
- Main foods (carbohydrates) such as bread (roti), rice, potatoes
- Grow foods (proteins) such as egg, pulses, peas
- Glow foods (vitamins and minerals) papaya, lemon, yogurt and
- Go foods (fats, oils and sugar) along with plenty of fluids.

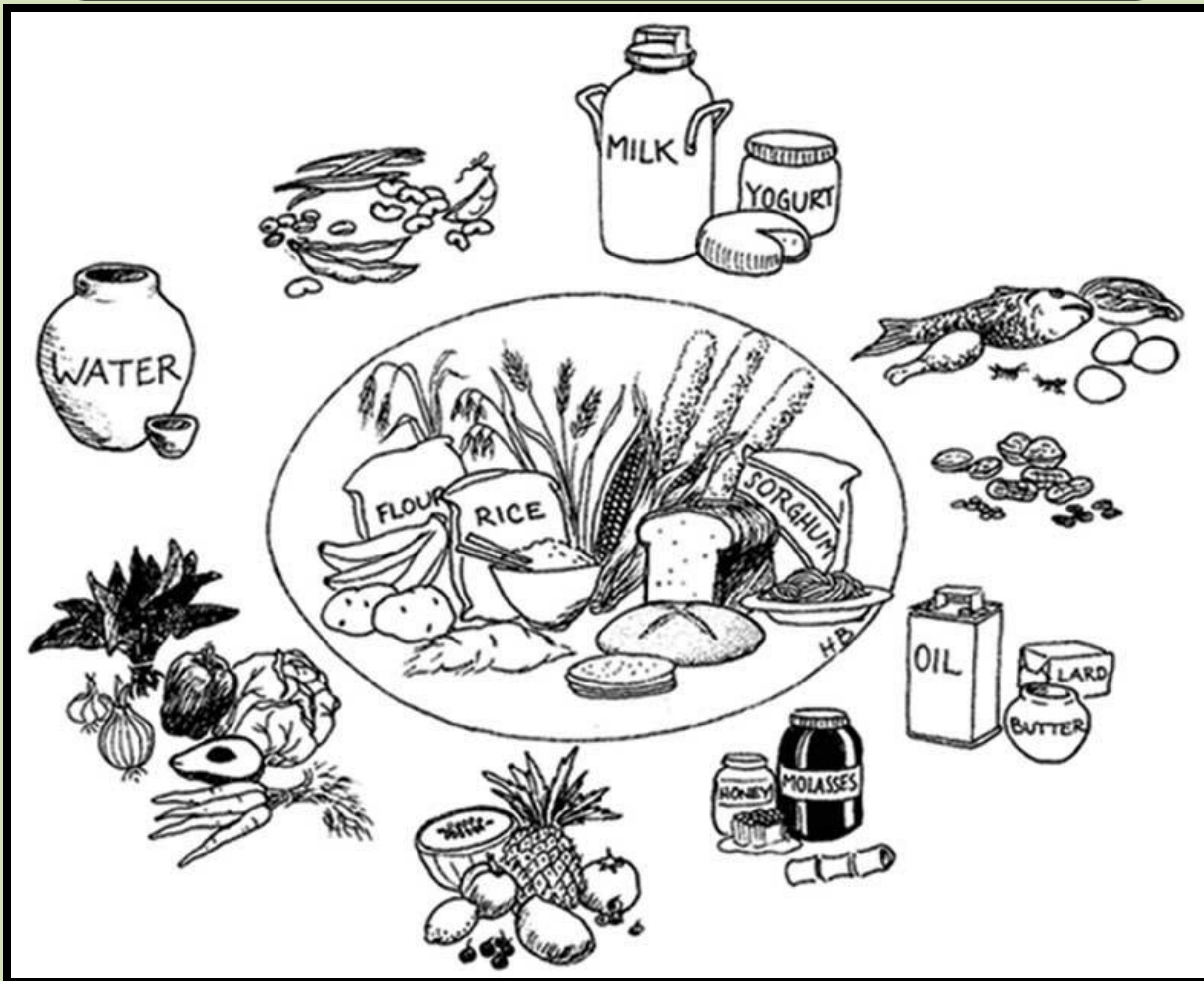
- ✓ **Eat more food:**
- Pregnant women and women who are breastfeeding need to eat more than usual. The extra food gives them enough energy and strength, and helps their babies grow. They need to increase their usual food intake by at least 200 calories per day, or even more than this if they were underweight before they became pregnant. There are many ways to increase daily food intake by this amount: for example, one more serving of maize porridge and 12 groundnuts a day would meet this additional requirement.
- Some pregnant women feel nauseated and do not want to eat. But they need to eat enough even when they do not feel well. Simple foods like dalia & rice can be easier for these women to eat. For women who suffer from nausea, encourage small and frequent meals.

Lack of folic acid and/or vitamin B12 can also lead to anaemia.

Although with the increased awareness about folic acid this is getting less deficient but folate deficiency is still the second most common cause of anaemia in pregnancy.

Commonly available foods containing Folic acid are banana, beans, rice, etc.

Vitamin B12 is generally not present in vegetables. It is present in good quantity in eggs, milk, cheese, etc.



PICTURE 5:

Showing Common diet, fruits & vegetables to be increased in intake during pregnancy

Eating well means eating a variety of foods to get all the right nutrients, especially during pregnancy and breastfeeding, and eating enough food for good health

SESSION VII:

IMPORTANCE OF TAKING FOLIC ACID & IRON IN PREGNANCY

By the end of this session pregnant woman and her family will be able to understand the importance of taking folic acid and iron given by health care providers

IMPORTANCE OF TAKING FOLIC ACID AND IRON GIVEN BY HEALTH CARE PROVIDERS

- Usually good quality, free of cost iron and folic acid tablets are provided by the government at primary health care centers which you can ask from your health care provider.
- It is the simplest way to correct your anaemia along with dietary care.
- It is wrong impression that they are not effective; it is only a myth since they are very easily available and cheap so people wrongly think that they are not effective.
- Apart from them some other brands are also available in the market; the point is you should take it according to your health care provider's advice.
- Folic acid is needed for the development of the baby's spinal cord and general growth.
- Folate deficiency if diagnosed as the cause of anaemia is easily rectified by taking a high dose of folic acid.
- Vitamin B12 also can be a cause of anaemia. As vitamin B12 is bound to animal protein it is more commonly found in vegetarians.
- Injections of vitamin B12 can rectify this deficiency. Sometimes you can have a combination of a couple of different causes of anaemia.
- Midwives and doctors are used to looking at blood test results and deciding what to investigate further and how to treat the particular type of anaemia diagnosed.

SESSION VIII:

COMMON SIDE EFFECTS OF TREATMENT

In this session you will learn about what are some common side effects & their simple remedies.

COMMON SIDE EFFECTS OF TREATMENT AND THEIR REMEDIES

- Constipation and sometimes diarrhoea are common side effects of taking iron tablets.
- Some woman experience stomach upset such as; nausea and heart burn.
- Discoloration of urine and stool.

Side effects are the most common reason women will cease taking iron tablets

- If you are advised to take an iron tablet and it does not suits you, rather than ceasing it ask your health professional to suggest you another form of it.

RECOMMENDATIONS:

- ✓ We usually recommend you to take iron tablets at afternoon after taking meal or at night just before going to bed, ideally with a glass of orange juice to give you the vitamin C needed to help absorption.
- ✓ Meat also seems to enhance the uptake of iron as well as containing iron.
- ✓ Do not take iron with, milk, tea or coffee as this lowers the body's ability to use iron.
- ✓ It is important for women to be aware that iron will cause their bowel motions to be a dark colour, this is quite normal.
- ✓ Urine can also be in a much brighter colour as well.
- ✓ Usually avoid taking iron, but folic acid can be taken.

NOTE: It is a common mistake that usually people are taken medicine with milk but be careful while you are taking iron, it can decrease iron absorption.

Milk, calcium and antacids should NOT be taken at the same time as iron supplements

SESSION IX:

SUMMARY CHECK LIST & QUESTION ANSWERS:

Finally you should conclude this session with a checklist that you can use to evaluate your own counselling skills using WHO recommended counselling skill tool (GATHER counselling skills modified for pregnant women) and attitudes in the table below. It has been adapted for use in counselling pregnant women, but it incorporates the general principles of counselling that you can apply to any client in your health care.

	Did You:
Great	Welcome each pregnant woman on arrival? Discuss in a comfortable and private place? Assure the pregnant woman of confidentiality? Express caring and acceptance by words and gestures throughout the meeting? Explain what to expect?
Ask	Ask the pregnant woman's reason for the visit? Encourage the pregnant woman to do two-thirds of the talking? Ask mostly 'open' questions? Pay attention to both *what* the client said and *how* it was said? Put yourself in the woman's shoes — expressing understanding of what she said without criticism or judgment? Ask about the pregnant woman's feelings? Ask about her preferences?
Tell	Start the discussion focusing on the pregnant woman's preference(s)? Discuss the danger symptoms of pregnancy in relation to the gestational age? Give information about danger symptoms of pregnancy to help her make her own decisions? Avoid 'information overload'?

	Use words familiar to the client? Discuss the advantages of early reporting if she encountered danger symptoms during pregnancy?
Help	Let the pregnant women know that the decision is hers? Help the pregnant women be able to realise common danger symptoms? Help her think over the consequences for her own or her baby's life? Advise the pregnant women without controlling and frustrating? Let the pregnant women decide? Make sure the pregnant women's choices are based on accurate understanding? List any medical, social, cultural or religious reasons for making a different decision – probably different from what you might like to achieve?
Explain	Provide what the client wants, if there is no medical reason not to? Explain when the woman should come to you if one of the danger symptoms appeared? Help her to explain in her own words how much she understands each of the danger symptoms of pregnancy? Explain using printed instructions, pictures and diagrams?
Return	Plan when the next visit should be? Discuss with the pregnant woman if she can come back with her husband or partner? Assure the pregnant woman that she should come back at any time, for any reason? Assure her to come back soon, even if she missed the day of her scheduled appointment for some reason beyond her control? Assure her that it is her full right to go to any other health facility at any time? Appreciate the pregnant woman for attending antenatal care?

SESSION X:

ROLE PLAYS TO BE PEFORMED BY HCPs: NEGATIVE & POSITIVE

Keeping in view the counselling skills you learnt during this training; a scenario is given below supposing that you are in the field, in your clinic or community.

SCENARIO:

Marium is coming alone in primary health care center, you are health care worker there, you saw her but at that moment you are busy in attending a phone call. By an obvious appearance Marium is looking pale and very tired as if dragging herself with difficulty. It is her fourth pregnancy in six years and she was clearly a busy woman. She dismissed her tiredness as part of the reality of having three young children to care for whilst growing a baby. When she came to you (HCP), she leant her head against the wall and in a breathless voice said 'I'm so exhausted. I just don't know how I am going to be able to manage a new baby'. She thinks she is tired and breath-less due to some dangerous disease, then promptly burst into tears.

What will be your role?

(Make two role plays one showing negative picture and other showing positive picture using all counselling skills)

ROLE PLAY I (Negative).

ROLE PLAY II (Positive).

HOW TO PREVENT ANEMIA DURING PREGNANCY

- A woman needs twice as much iron when pregnant.
- This is an increase from fifteen milligrams a day to thirty milligrams a day.
- The best way to prevent anaemia is to make sure that you have a balanced diet rich in foods (according to available resources) that are high in iron, such as red meat, whole-meal, bread, eggs, green leafy vegetables and dried fruits.
- To help your body to absorb the maximum amount of iron from your diet you need vitamin C (oranges, lemon).
- This can be obtained from oranges, lemons, limes and raw vegetables.
- It is important to talk to your midwife or doctor early about diet during pregnancy and whether or not you may need iron supplements.
- Even if you are not pregnant yet, or have had a baby and are planning to have another one, you can ask your general practitioner to do a blood test that will determine if you are anaemic. This will enable you to boost your iron stores before embarking on pregnancy.
- Women are more likely to suffer from anemia because after each menstrual period women's iron reserves are drawn on.
- This is also the case with each pregnancy especially if they are close together. Some studies indicate that one in ten women are low in iron even before pregnancy and one in five once pregnant.

TAKE HOME MESSAGES FOR PREGNANT WOMEN

WHO RECOMMENDATIONS FOR SELF-CARE DURING PREGNANCY

- Visit your health centre at least four times during your pregnancy, even if you do not have any problems.
- If you have any concerns about your health or your baby's health, go to the health centre.
- Bring your home-based maternal record to every visit.
- Eat healthier foods including more fruits and vegetables, beans, meat, fish, eggs, cheese, milk.
- Take iron tablets and any other supplements or medicines you have been given every day as explained by your health worker.
- Rest when you can. Avoid lifting heavy objects.
- Sleep under a bednet treated with insecticide.
- Do not take any medication unless prescribed by the health centre.
- Do not drink alcohol or smoke.
- Practise safe sex, including use of a condom correctly in every sex act to prevent STIs or HIV/AIDS, if you or your partner is at risk of infection.
- Know the signs of labour – painful contractions every 20 minutes or less; bag of waters break; bloody sticky discharge.