

CHAPTER 24 Getting medical help

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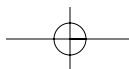
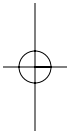
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Getting medical help



Even the most skilled and experienced midwives need help sometimes. For example, severe hemorrhage, eclampsia, or a prolapsed cord cannot be treated at home. These types of health problems can be solved only by using tools and skills available in a medical center or hospital.



This book suggests times you should get medical advice, get medical help, or go to a medical center or hospital. Sometimes you will have to decide for yourself that you need help. For example, there are probably procedures explained in this book that you have not been trained to do. You should get help from someone with experience, instead of trying to learn to do these procedures just from reading about them.

What medical centers and hospitals can provide

Hospitals and medical centers have life-saving tools, equipment, people with advanced training in medical skills, and medicines that you may not be able to get at home. Most hospital procedures are very useful when they are necessary. And sometimes these procedures and tools are the only way to save women's lives.

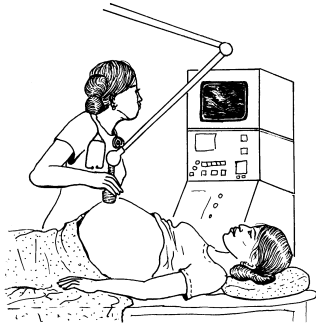
In this chapter, we list some of the types of help you may be able to get at a medical center or hospital. We give ideas for when to get help and how to work with hospital staff and other health workers.

— **Remember:** For most labors, advanced medical tools and procedures are not needed. In many hospitals, these tools are used much more than they should be. For example, pregnant women do not usually need to have a sonogram (a picture of the baby inside the womb). But at many hospitals, every pregnant woman is given one. Hospitals and doctors may do procedures that are not just unnecessary but also dangerous. For example, doctors may do an episiotomy (cut the vaginal opening) at every birth. This is not needed and can cause infection and other problems after the birth.

Lab tests

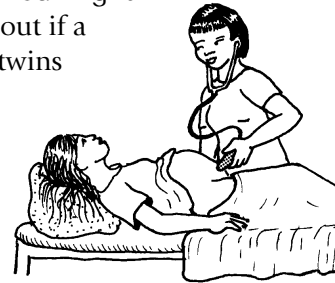
Laboratories have tools, such as microscopes, and people who are trained to test blood, urine, stool, and tissue for sicknesses and other health conditions. Sometimes a lab test is the only sure way to know what is causing a problem. For example, lab tests can show you if a woman has anemia, a bladder infection, or HIV.

Sonograms, Dopplers, and x-rays



Some medical centers have a machine that can take a picture of a baby inside the womb. This is called a sonogram or ultrasound. You might want a sonogram to find out if a woman is pregnant with twins or if her baby is breech.

An ultrasound fetoscope (Doppler) makes the baby's heart easier to hear but does not take a picture.

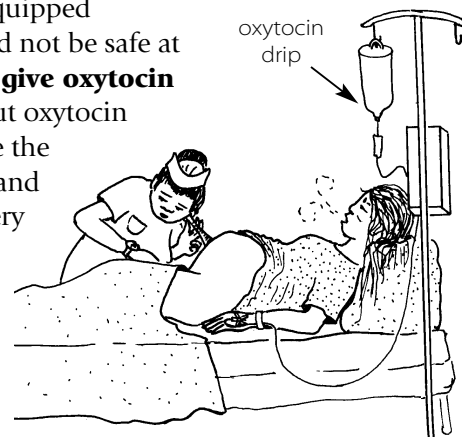


Another machine uses x-rays to take pictures of a person's bones inside of her body. This can show you if a bone is broken. X-rays cause damage to cells inside the body. A few x-rays will probably not cause problems, but being x-rayed many times can lead to cancer. **Pregnant women should never be x-rayed unless it is absolutely necessary.** If a pregnant woman needs an x-ray, her belly must be covered by a lead apron to protect the baby.

Medicines

A careful and well-trained doctor in a well-equipped medical center can give medicines that would not be safe at home. For example, midwives should **never give oxytocin at home to start or strengthen a labor.** But oxytocin can be given safely in a medical center where the mother and baby can be monitored closely, and where the baby can be born quickly by surgery if something goes wrong. If a woman has been in labor for too long (see page 186), oxytocin given at a medical center may help her deliver the baby.

At a medical center or hospital, you may also be able to get medicines for a sick baby. Medicines are often too dangerous or difficult to give to a baby at home.



With careful monitoring and access to surgery, oxytocin can be safely given in an IV.

Tools for labor and birth emergencies

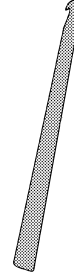
We explain some procedures here that may be used in a medical center to hasten labor or get the baby out quickly. These procedures save the lives of babies who are in distress, and of mothers who have been laboring for many, many hours, or who are at risk of infection.

Breaking the bag of waters

When a woman has been in labor for many hours but she is not making progress, some doctors (and midwives) use a sterile tool to break the bag of waters. This will often bring the baby's head down hard on the cervix and speed labor.

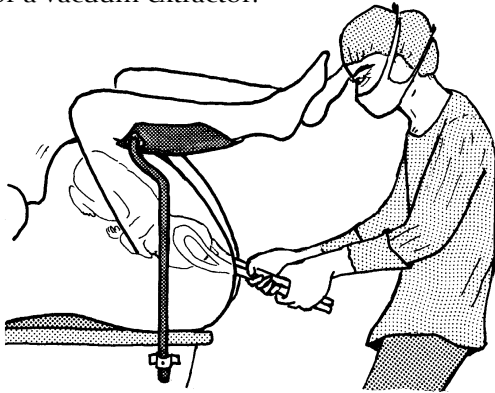
Breaking the bag of waters increases the chance of infection and can stall a labor if the head comes down fast in the wrong position.

amniohook —
a tool for
breaking the
bag of waters



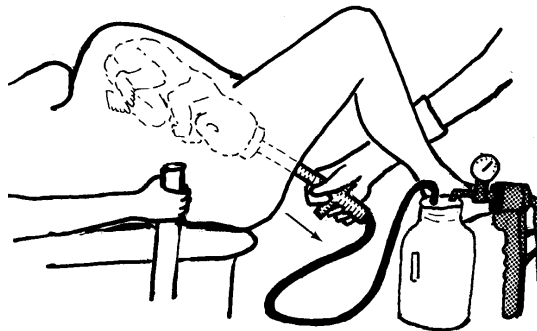
Instrument birth

A baby who is stuck in the vagina can often be pulled out using forceps or a vacuum extractor.



Forceps are used to grab a baby's head and pull him out of his mother's body.

A vacuum extractor attaches to the baby's head and uses suction to pull the baby out of the vagina.

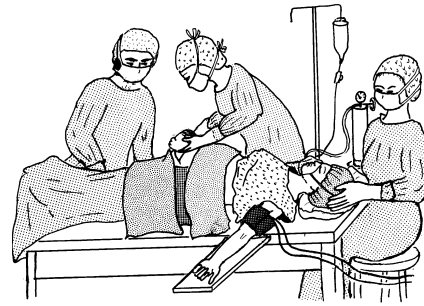


Forceps and vacuum extractors are rarely necessary and are much too dangerous to use at home. But if a baby is at risk of dying (and in some other emergencies), these tools are the best and fastest way to help a baby be born.

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Cesarean surgery (cesarean section)

Rarely, to save the life of a baby or mother, a baby must be born by surgery. For example, if the baby is in an impossible birth position, surgery is the only way the baby will come out. Surgery is also necessary when a baby and mother are in immediate danger, like when there is a detached placenta or a prolapsed cord.



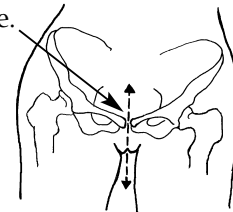
cesarean surgery

However, cesarean surgery can cause serious problems. For example, the woman may have an allergic reaction to anesthetic. The cut in her belly may not heal easily or may get infected. The woman may have trouble breastfeeding or caring for her baby because recovering from surgery is more difficult. A woman who has a cesarean birth needs extra rest, care, and help.

Note: Cesarean surgery is used much too often! Some doctors prefer cesarean surgery because they can choose the time of birth themselves, or because they can charge more money for it. In some places, most women have their babies by surgery. But **cesarean surgery should only be used in emergencies.**

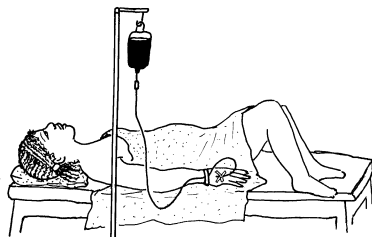
Symphysiotomy

Symphysiotomy is a cut in the middle of the mother's pubic bone. It is used to open a pelvis that is very small so a baby can be born vaginally. It is easier to do than a cesarean, but it is only done in a few places in the world because it does not always work. It can also cause problems, including a cut in the bladder or lifetime disability.

**Transfusion (giving blood through an IV)**

A woman who bleeds heavily after a birth or from other problems (like an unsafe abortion) may need to be given blood through an IV. In some places you must

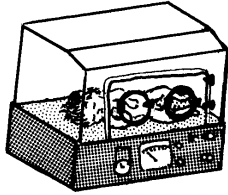
bring a family member who may be able to give blood for her.



When a woman has lost a lot of blood, a transfusion may save her life.

Transfusions should only be used in emergencies, because blood may carry infections like hepatitis and HIV. If a woman gets blood from someone with an infection, she is likely to get that infection too. In most places, blood is tested for serious illnesses, but there is always a small chance of getting sick from a transfusion.

Tools for helping sick babies



incubator

In places where there are few medical services, many babies who are born sick cannot get help. But a well-equipped hospital will have some resources for helping sick, small, or early babies.

An **incubator** is a box to keep a small or sick baby warm. Like many medical tools, it can be used too often. Most babies are best kept warm in their mother's arms, next to their mother's skin.

An **oxygen tent** or oxygen hood gives the baby extra oxygen. This can help a baby who is having trouble breathing.



respirator

A **respirator** helps a very sick baby breathe.



feeding tube

A **feeding tube** runs down a baby's nose and into her stomach. This is used when a baby is too weak to breastfeed. The hospital may give the baby formula through the tube, but usually breast milk removed by hand is better (see page 285).



heart monitor

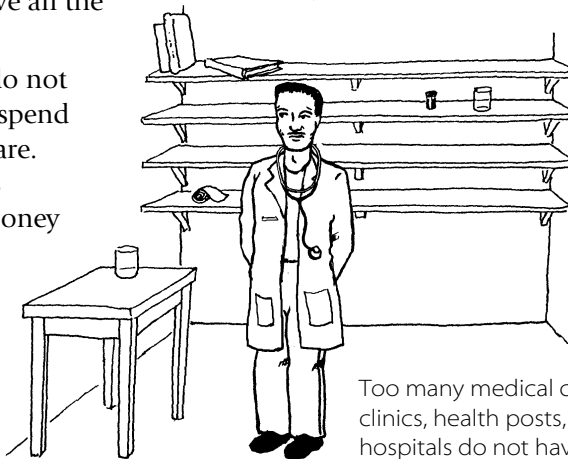
Heart monitors and other measuring devices stick to the baby's body to measure heart rate and other health signs.

Medical centers need community support

Every community should have a medical center with adequate supplies. At the least, a medical center should have skilled health workers and some basic tools for saving lives, including oxygen, certain medicines, and sterile equipment for doing basic surgeries. But sadly, most hospitals and health clinics do not have all the supplies they need.

Some communities do not have enough money to spend on hospitals or health care. And many communities choose to spend their money on making war or to benefit those who are already rich instead of meeting the basic health needs of the people.

Is there anything that midwives can do to change this?



Too many medical centers, clinics, health posts, and hospitals do not have what they need to provide basic health care.

Getting to a medical center

A woman with a serious health problem, or at risk for one, needs medical help right away. When a woman is in danger, her family or her midwife may believe there is no hope. This is not true. **Getting medical help fast can save a woman's life.**



For village women, the closest medical center might be days away. Some women take buses or walk for miles to get medical help. Even women who live close to a hospital may not get there because of lack of money or transportation. Together with each family and with the whole community, plan how you can bring a woman to medical help **before** there is an emergency. See page 106 for ideas about making a transport plan.

Decide quickly to get help

If you see a risk sign at any time, do not wait. If you can treat the problem at home, do so quickly. If you cannot treat it yourself, or if you have been trying to treat a problem that is not getting better — it is time to get medical help!

The more quickly you get help, the better able the health workers at the medical center or hospital will be to help the woman and her baby.

Working with medical centers and doctors

Midwives, nurses, doctors, and other health workers must all work together for the health of women and families.

Midwives need medical centers and doctors. When a woman is having a medical emergency, a wise midwife knows that a medical center is probably the best place for her to be.

Sadly, many doctors do not realize how much they need midwives. Doctors are trained to look for emergencies, and many treat every birth as an emergency. But midwives are experts on normal, healthy birth. They often have more of the patience and trust that a woman in labor needs to give birth. Many midwives know how to use plant medicines, how to use massage, how to turn a baby safely, or have other knowledge that is not taught in medical schools.

Doctors may not appreciate a midwife's special skills. Traditional midwives in particular may be looked down on and considered uneducated or not competent. It can be very difficult for a midwife to work with a medical center for the good of pregnant women.



Because of these challenges, it is important to build a relationship with medical centers and doctors **before** an emergency happens. This way, when you need help, you are more likely to be treated with respect. Try talking to just one doctor who seems to understand how important midwives are. Talk about the ways you would like to work with the hospital. If possible, a meeting between a group of midwives and a group of doctors can help everyone work together.

When midwives and hospitals work together, everyone benefits. If midwives refer women at risk more quickly, doctors can do more to prevent problems. And a midwife who is treated with respect will more readily bring a woman to the hospital. Here is a true story:

A midwife who would not give up

Neusa, a tiny farmwoman, is a health worker in Brazil. Laura, one of Neusa's patients, had been pregnant 3 times before but had lost each baby because of high blood pressure followed by convulsions during the last month of her pregnancy. Laura was a sad woman, quiet and resigned to her fate of never having children. Neusa talked with Laura about her health, and gave her vitamins and encouragement about her pregnancy, care she had never received before. Laura looked forward to Neusa's visits. One day in her 8th month, Laura woke up with a terrible headache and swollen legs. Laura had no mirror in her hut to see her face, but when Neusa arrived, she was shocked to see how swollen Laura's face was. Neusa knew that without help, Laura would once more lose her baby and possibly her own life!

Since it was the week before Christmas, the hospital had only a few doctors and nurses working. They did not want to take more patients, so they gave Laura an injection and told her to go home and wait until her baby was ready to be born. Neusa would not accept this and went to the hospital director's office to explain Laura's situation and past problems. But even after seeing her badge and hearing that she was a health worker, he told her there was "no room at the inn" and that Neusa must take Laura home and wait.

But Neusa would not give up. She knew that Laura's condition was too dangerous to return home. Instead, she took Laura to the police station. There Neusa made a ruckus. She may be a tiny woman, but she has a voice and a gleam in her eye that is unforgettable. When she is "in battle," she is not easily ignored!

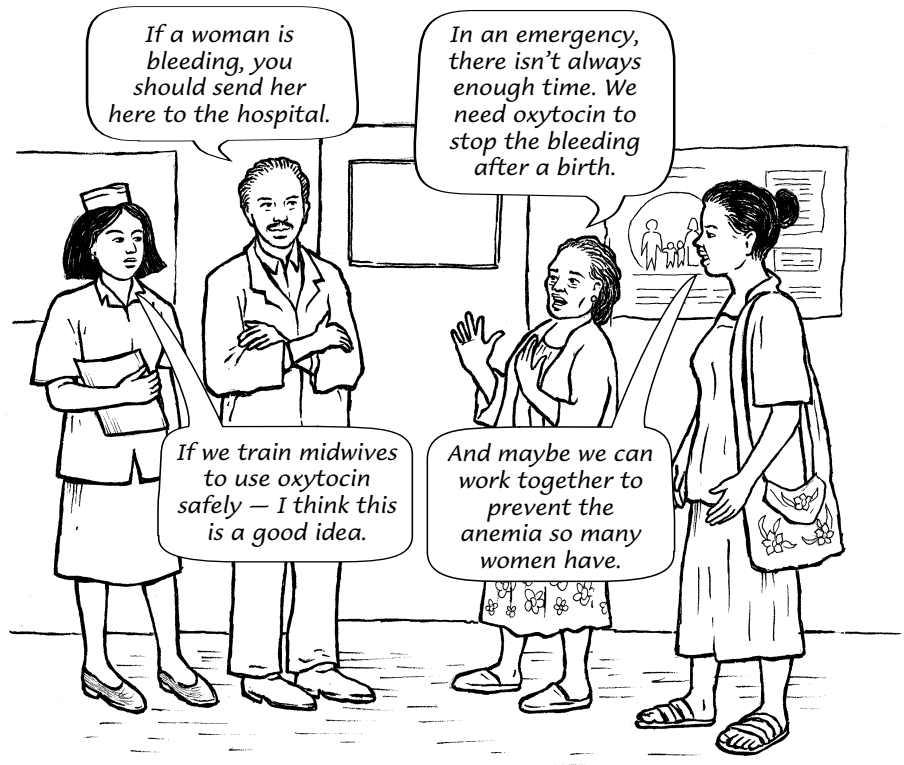
Finally, a police car took Neusa and Laura to a hospital an hour away from Neusa's village. By the time they arrived, Laura's blood pressure was very high, so the doctors did a cesarean and Laura gave birth to a healthy baby boy. Neusa's health knowledge, determination, and love for her work saved this baby's life — and perhaps his mother's too!



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In a health system that works well, midwives and doctors work together.

- When a midwife brings a woman to a medical center in an emergency, she should be able to stay with the woman throughout the birth. This will make the woman more willing to get medical help in an emergency, because she will feel more safe and calm. It also will allow the midwife to learn by watching how the medical center treats emergencies.
- Midwives, doctors, and other health workers should talk to each other about the common health problems in the community, and about how each of them can work to solve those problems.
- Midwives should be able to ask doctors medical questions, and doctors should freely answer them. Doctors and medical centers can provide training and equipment to midwives.



At the medical center

Medical centers and hospitals have their own rules and procedures. These will feel unfamiliar until you have experience with them.

If you are able to come to the medical center with a woman who is having a health problem, you can **learn** about these procedures and skills and **explain** them to the woman and her family. Perhaps you can even help **change** procedures that are not necessary.

Learn from medical centers

Watch everything that is done at the medical center. When you can, ask questions.



Explain what is happening

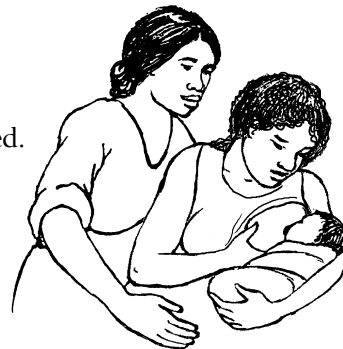
Let the woman and her family know why each procedure is happening. Make sure the woman understands and agrees to the treatment.

Work to change unnecessary, disrespectful, or harmful practices

Some hospital practices are not necessary. They may cause a woman discomfort for no good reason. For example, there is no need to shave a woman's pubic hair before a normal birth. This is an unnecessary but common hospital practice. Another common medical practice that can cause problems is episiotomy (cutting the vaginal opening) before every birth to be sure there will be enough room. This is not necessary. It can cause deeper tears into the rectum and may not heal as well as a small tear.

If you have a good relationship with a medical center, you may be able to suggest a few changes. You will probably have the most success if you suggest only one change at a time. Here are a few things that you might focus on:

- Procedures should be clearly explained to anyone who is receiving care.
- Women should be able to eat and drink during labor.
- Women should be allowed (and encouraged!) to sit, stand, or walk during labor.
- Women should be allowed to give birth sitting, squatting, or standing.
- Unnecessary procedures and surgery (like routine episiotomy or cesarean surgery) should be avoided.
- Women should be allowed to hold their new babies right after the birth. They should be encouraged to breastfeed right away.
- Babies should be kept by their mothers, not in a nursery unless there is an emergency.



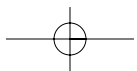
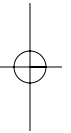
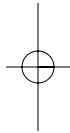


CHAPTER 25

Homemade tools and teaching materials

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Homemade tools and teaching materials



Low-cost equipment

This section describes a few tools you can make to help with your work as a midwife.

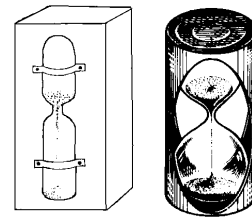
Homemade timers

If you do not have a watch or clock, you can make a simple timer to measure the number of heartbeats or breaths in a minute. None of these timers are as accurate as a clock, but they work fairly well. (When you first make the timer, you will need to use a clock to measure the length of a minute.)

Sand timers

A sand timer consists of a tube of glass closed at both ends, with a narrow neck in the middle. It is partly filled with fine sand. The sand runs from the upper to the lower half in an exact period of time.

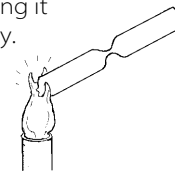
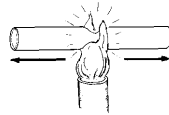
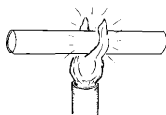
Egg timers, or 3-minute sand timers, can be purchased at low cost in some areas. To use one, count the number of heartbeats or breaths for 3 minutes, and then divide by 3 to know the number of heartbeats or breaths a minute. You can also use this timer to tell when contractions are 3 minutes apart.



1-minute sand timer

To make a 1-minute sand timer, follow these steps:

1. Heat the middle of a glass tube over a Bunsen burner or other small, very hot flame.
2. Stretch the tube to make a thin neck in the middle.
3. Seal one end of the tube by melting it slowly.



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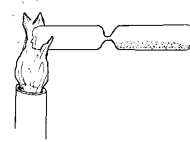
4. Wash some fine sand to remove the dirt. Dry it in the sun, and sift it through a very fine strainer. Then heat the sand to remove moisture.



5. Put just enough sand in the tube so that it takes exactly 1 minute for all of it to run from one part to the other. Use someone's watch with a second hand to check this.



6. Seal the other end of the tube.



An easier method is to use a "soft glass" test tube, or a blood collection tube. Make a thin neck in the middle of the tube using a hot flame. You do not need to melt the open end — simply seal it with a cork or rubber stopper. This timer may be less accurate in a moist climate.

Do not be surprised if you have to make a sand timer several times before you get it right. If the sand sticks, find a smoother, finer sand, and be sure it is absolutely dry. Be sure you have the right amount of sand before you seal the tube. Protect the timer by keeping it in a box padded with cotton or cloth. It can break very easily at the neck.

Water timers

Water timers are easy to make but less accurate than sand timers.

Use a glass or plastic tube. The longer and thinner the tube, the more accurate it will be as a timer.

To form a narrow hole in a glass tube, hold it over a hot flame, then stretch, cool, and break it.

Hold the tube upright and fill it with water exactly to the top.

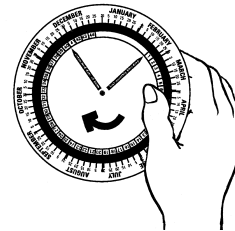
Using a watch with a second hand, measure how far the water level drops in exactly one minute. Check this a few times, and then mark the spot with ink, nail polish, or a piece of tape.



Note: Sometimes a water or sand timer will get partly clogged and give a false reading. So it is a good idea to check your timer against a clock or watch from time to time.

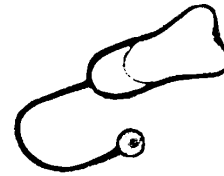
Homemade due date calculator

See page 527 for a tool you can make that shows a woman's likely due date if you know the date of her last monthly bleeding.



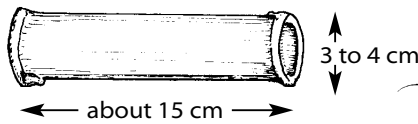
Homemade stethoscopes

A stethoscope is a hollow tube that makes it easier to listen for sounds inside a person's chest or belly. It is a good tool for listening to the baby's heartbeat inside the womb.

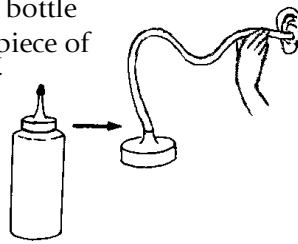


The best stethoscopes are made of metal and plastic, and can be expensive. But there are several homemade stethoscopes you can make:

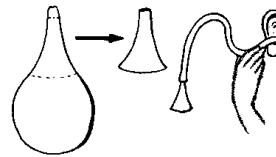
- Use a hollow tube of bamboo, wood, or clay.



- Use the top of a narrow-necked plastic bottle and a piece of rubber tube.



- Cut off the top of a rubber suction bulb, and use it with a piece of rubber tube.



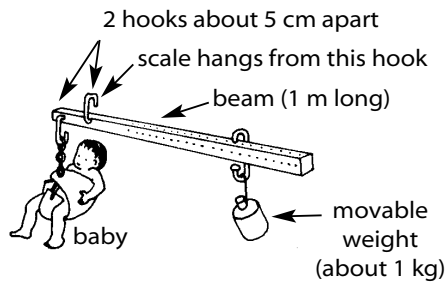
Homemade scales

A store-bought scale is more accurate and easier to use than these scales, but these are cheap and easy to make.

4 kinds of scales

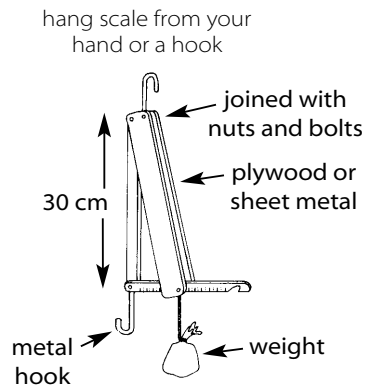
Beam scale

This is the easiest kind to make and probably the most accurate. The beam can be made of dry wood or bamboo. The movable weight can be a bag, bottle, or tin can filled with sand.



Folding scale

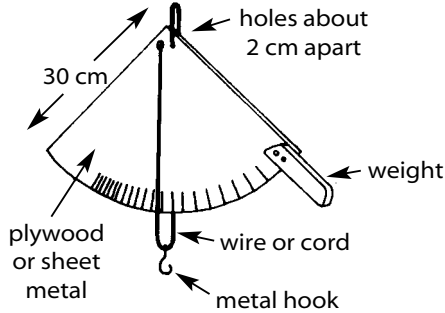
This scale is easy to carry from place to place. It works best if made of metal or plywood strips.



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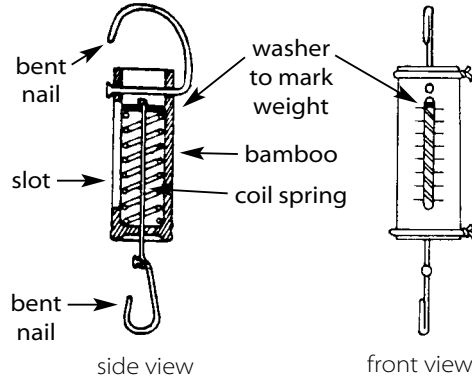
Quarter-circle scale

If this scale is made with plywood, use sheet metal to reinforce the upper corner. The weight should be between 1 and 2 kilograms. It can be made from scrap metal or a piece of heavy pipe.



Spring scale

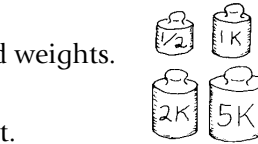
This scale is made with a coil spring inside a bamboo tube. The spring should be about 30 centimeters long and squeeze to half its length with a weight of 15 kilograms.



How to make the scales accurate

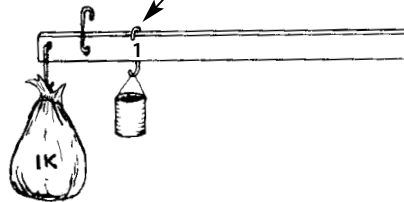
To mark the scale accurately, you will need some standard weights. Perhaps you can:

- borrow some weights from a merchant at the market.
- use a merchant's scales to make your own weights by filling bags with sand.
- use 1-kilogram packages or cans of food.



To mark your scale

1. Hang a 1-kilogram weight on it.
2. Balance the movable weight.
3. Mark the spot with a small line and write a "1."
4. Now add 1 more kilogram at a time, rebalancing the weight and making a mark each time, until you have 6 or 7 marks on the scale.

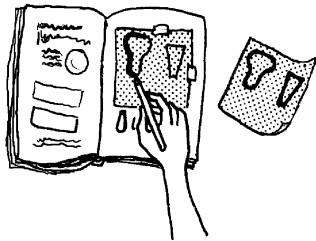


Teaching materials

This section tells how to make some materials for teaching about women's bodies, pregnancy, and birth. These materials can be used when teaching other midwives, pregnant women and their families, or people in the community who want to learn about women's reproductive health. Most people learn more easily using these types of teaching materials than they would learning only from a book.

3 basic methods for making teaching materials

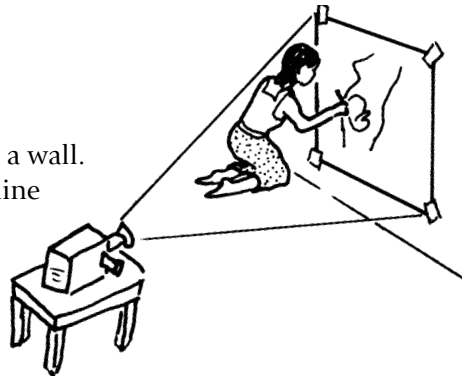
Copying a pattern



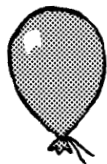
Some of these teaching materials include patterns for making models. To copy a pattern, put a thin sheet of paper over it. If possible, tape it down lightly so it does not move around. Then trace the pattern onto the thin paper. Remove the thin paper and pin or tape it on the cloth or cardboard you are going to cut out.

Making a slide into a poster

Put a large piece of paper or a large cloth on a wall. Then put a slide into a slide projector and shine the picture onto the piece of paper or cloth. Trace the picture exactly. Once you have the outline, color it in.

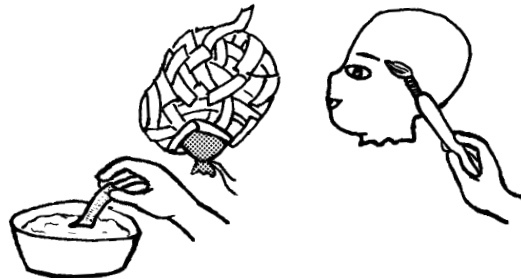


Making models out of papier maché



Papier maché is a good material for making models of parts of the body. For example, if you want to make a model of a baby's head, use a balloon or some dry, crumpled newspaper in a plastic bag.

Then make a paste of flour and water. Dip strips of newspaper or other paper in it, and layer the strips over the balloon. Make several layers and let it dry. It dries well in the sun. Paint the outside so it looks like a baby's head.

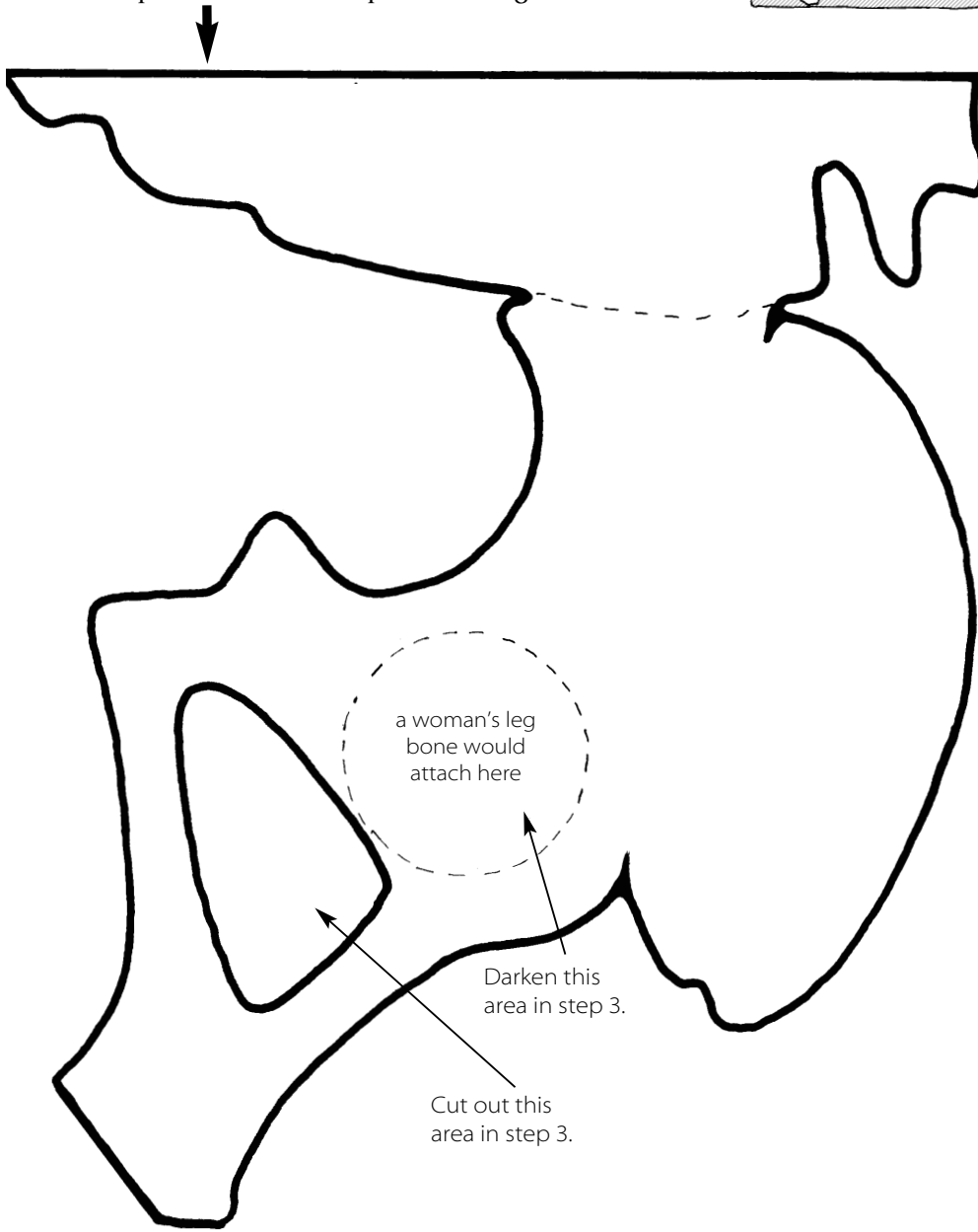
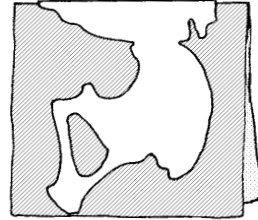


Models of a pelvis, womb, and vagina

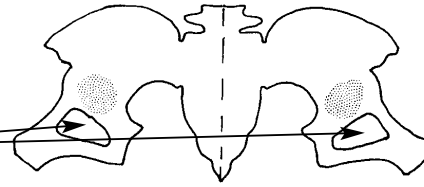
A paper pelvis

You can make a simple model of the pelvis using a piece of stiff paper or thin cardboard.

1. First, make a pattern by tracing the shape below on thin paper.
2. Fold the piece of stiff paper in half. Then put this side of the pattern along the fold.

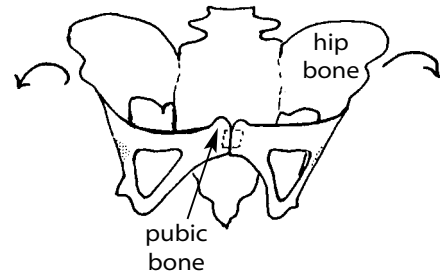


3. Cut the paper along the edges of the pattern, then unfold the paper. Draw a dark spot on each side to show where the leg bones go. Cut out the holes here.



back view

4. Bend the paper around and join the ends together to make a pubic bone in front. Be sure to keep the dark spots on the outside. To keep the front of the pelvis round, put a thin strip of cardboard across the inside of the pubic bone. Gently curl the hip bones (at the top on each side) back.



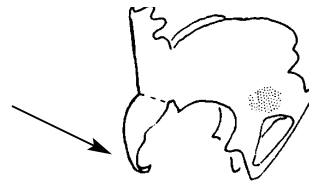
pubic bone

5. Bend the tailbone back.

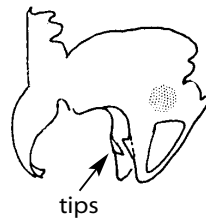


side view

6. Then curl it forward.



7. Fold the little tips so that they point inward.



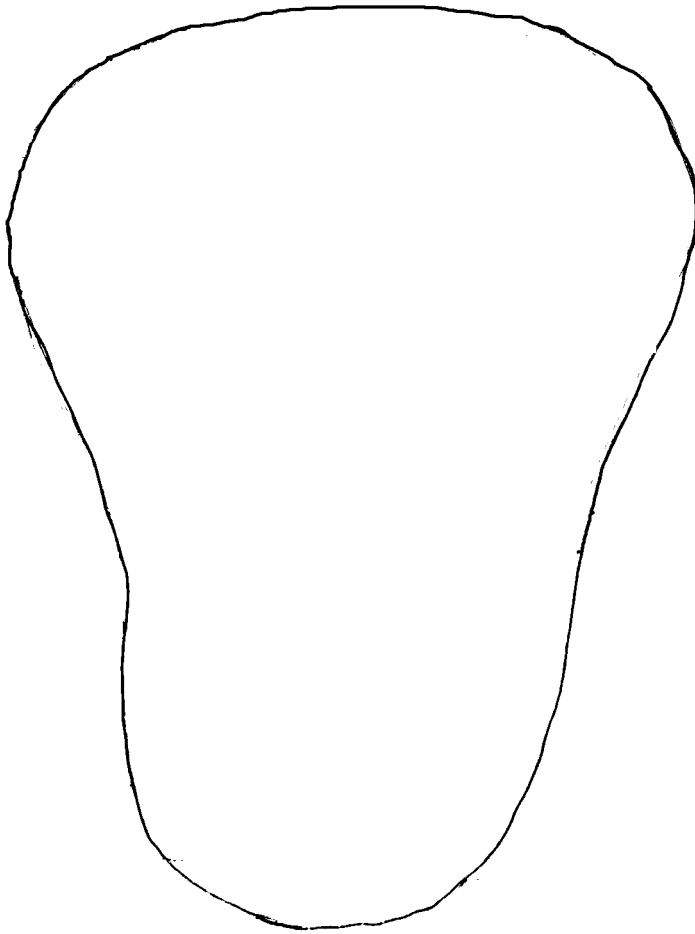
tips

You can use this pelvis with a doll (see page 459) to show how a baby passes through a woman's pelvis to be born.

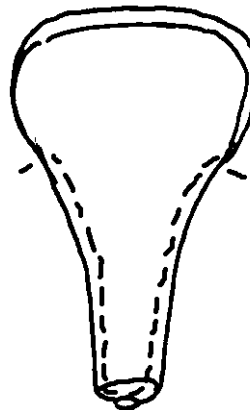
A womb and vagina made from cloth

The womb

1. To make a non-pregnant womb, cut 2 pieces of cloth this size.
Stretchy material is best. (If you do not have stretchy material, cut the material a little larger than this picture.)

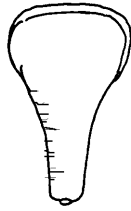


2. Put the womb pieces together and sew along the dotted line. Leave the top end open.

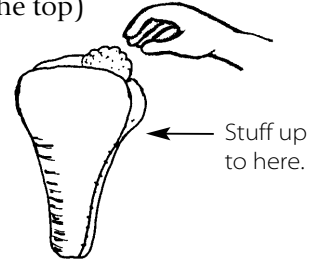


Leave this end open — right sides are on the inside.

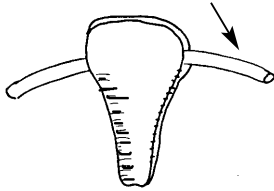
3. Turn the womb inside out.



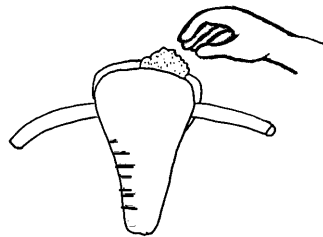
4. Stuff the inside of the womb (almost to the top) with soft material.



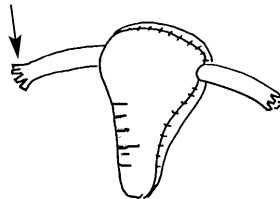
5. Put a plastic straw or tube of cloth out each side of the top of the womb, like this:



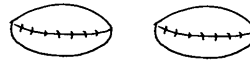
6. Stuff more soft material in the top.



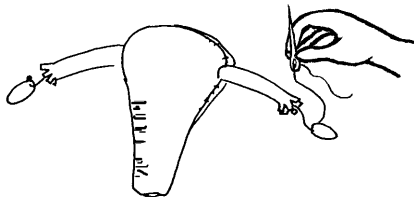
7. Sew the top closed, and make a fringe on the ends of the tubes, like this:



8. Make 2 small cloth balls this shape to show the ovaries, where the mother's eggs are made. Stuff them with soft material.

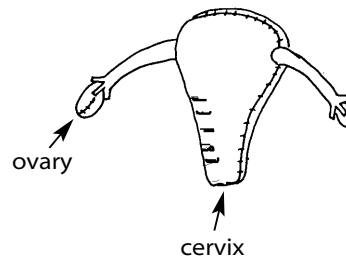


9. If you are using a plastic straw to show the tubes, sew a strong string to one ovary.



Put the string through the straw and attach it to the other ovary. If you are using cloth tubes, sew one ovary to each end.

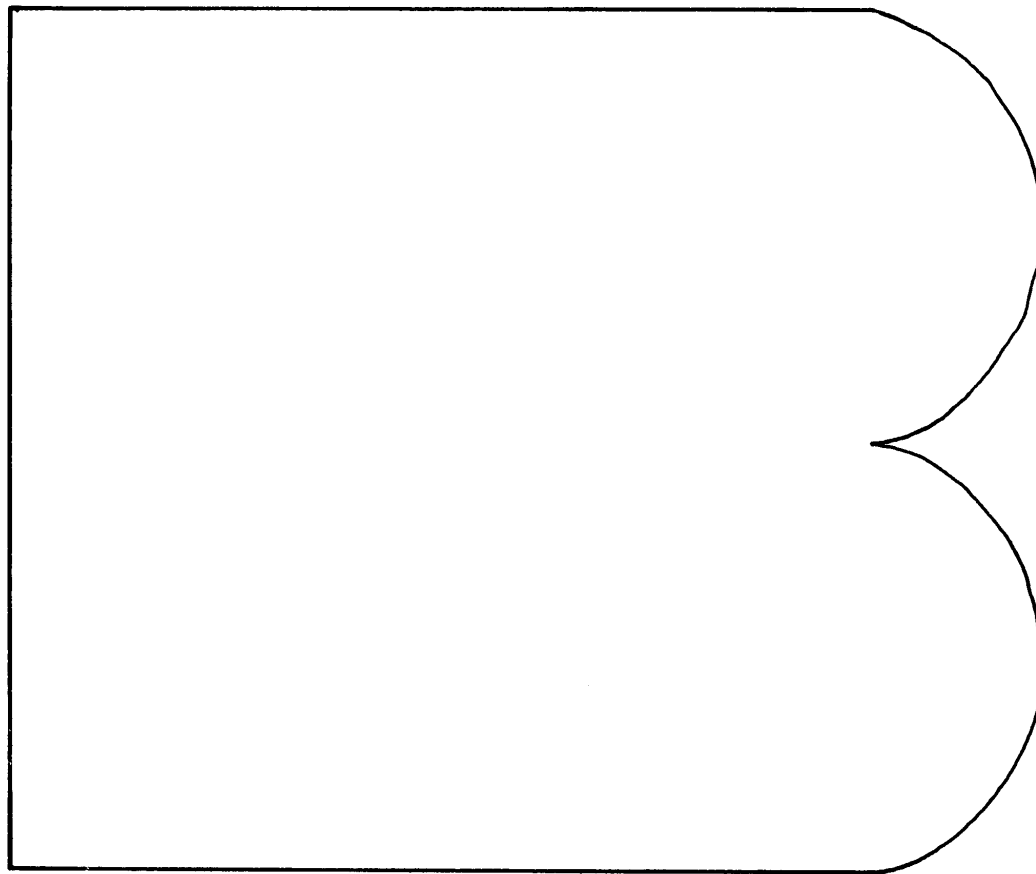
10. The finished womb should look like this:



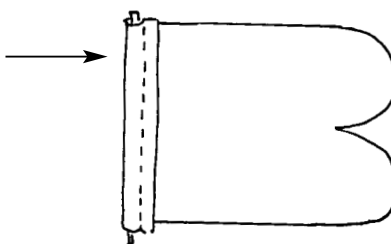
Chapter 25: Homemade tools and teaching materials

The vagina

1. Cut a piece of material this size and shape:

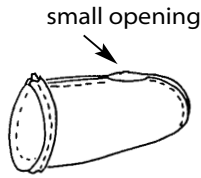


2. Sew a little soft wire or plastic along the flat edge of the material.

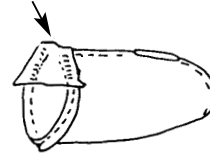


3. Fold the material together to make a tube.

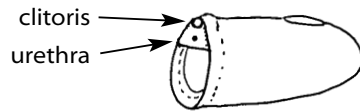
Sew, leaving a small opening just big enough to fit the cervix of the womb into.



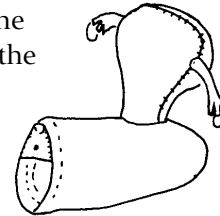
4. Sew a piece of cloth here.



5. Turn the tube so the right sides face out. Make a knot here to show the clitoris. Make a dot or a hole to show the urethra (opening that urine comes out of).



6. Attach the womb to the vagina by putting the bottom of the womb into the opening in the vagina.



Using the model

Here are a few ways you can use this model in teaching:

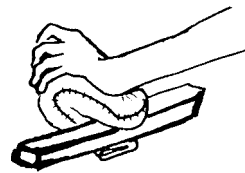
1. Students can put their fingers into the vagina and feel the cervix.



2. You can hold the womb in front of your belly so people understand where the womb is in the body.



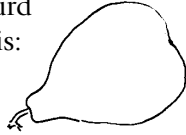
3. You can show how to stop a hemorrhage after birth. Fold the womb over a board or stick to show how to press the womb against the pubic bone.



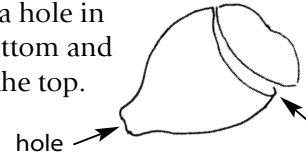
A model of pregnancy: the womb, placenta, cord, and baby

A womb made from a gourd

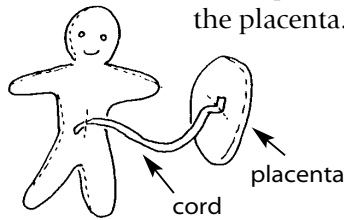
1. Look for a gourd shaped like this:



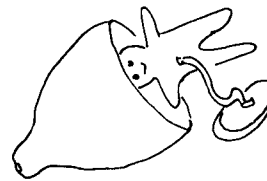
2. Make a hole in the bottom and open the top.



3. Make a simple doll from cloth. Make the doll small enough to fit inside the gourd. Use a small piece of rope or string for the cord, and a small pillow for the placenta.

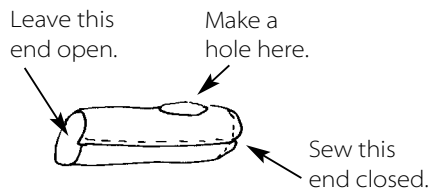


4. Put the doll inside the gourd. You can glue the placenta to the inside wall of the gourd.

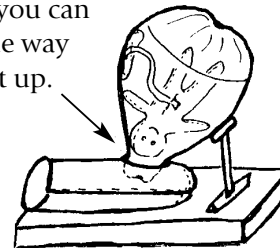


(For another way to make a doll, see page 459.)

5. Make a vagina out of a tube of leather, cardboard, rubber, or some other material. Make a hole in the top. Leave one end open and sew the other end closed.



6. Put the bottom of the womb into the hole in the top of the vagina. Perhaps you can find some way to prop it up.

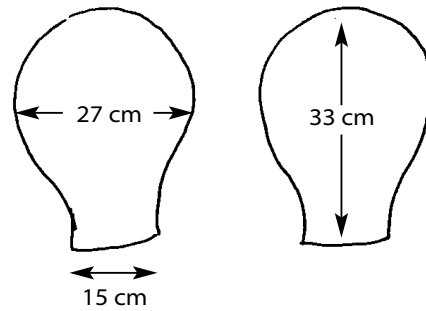


7. If you want to show an open cervix, make another gourd womb with an open bottom, like this:



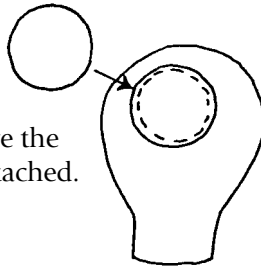
A womb made from cloth

1. Cut 2 pieces of material this shape. The material should be about 33 centimeters (13 inches) long. It should be about 27 centimeters (10½ inches) wide at the top and about 15 centimeters (6 inches) wide at the bottom. Stretchy material is best.

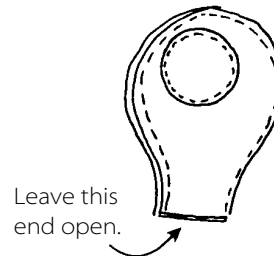


2. Cut a circle of cloth the same size as the placenta (see page 456).

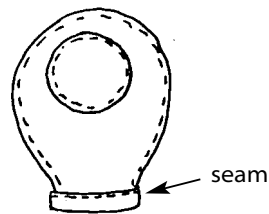
Sew it to one of the womb pieces. This circle shows the spot where the placenta is attached.



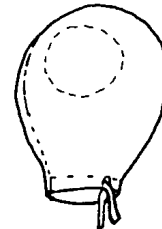
3. Put the sides of the womb together and sew like this:



4. Turn up the open end and sew a seam. Leave enough space for a drawstring to fit inside. This will be the cervix.

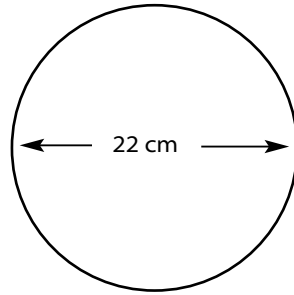


5. Turn the womb right side out. Put a drawstring or a piece of elastic through the seam at the bottom.

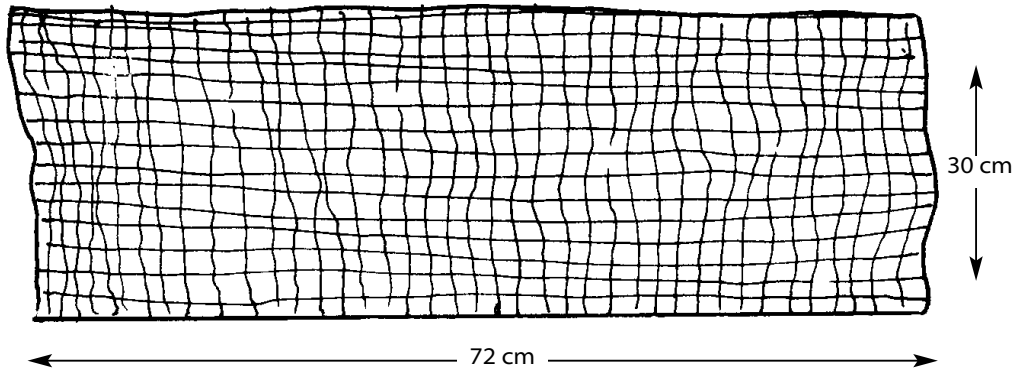


The placenta

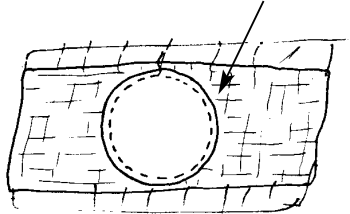
1. To make the placenta, cut 2 pieces of cloth in a big circle. The circles should be at least 22 centimeters (8½ inches) across. They do not have to be exactly round.



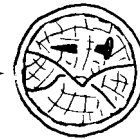
2. To make the membranes (the bag of waters), use thin material you can see through. Cut the material about 30 centimeters (12 inches) wide and about 72 centimeters (28 inches) long.



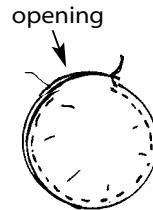
3. Lay one of the circles face down on the middle of the thin cloth. Sew the circle down, leaving a space around the edge.



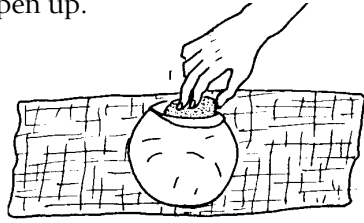
4. Turn the thin cloth over. Fold the thin cloth carefully away from the edge of the circle and pin it down so it is entirely contained in the circle. Leave the edge of the circle sticking out.



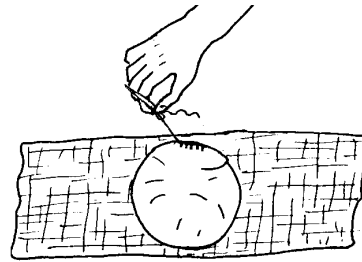
5. Put the other circle face down over the first circle and folded thin cloth. Sew almost all the way around, leaving a small opening.



6. Turn the circles inside out. Take out the pin, and the membranes will open up.



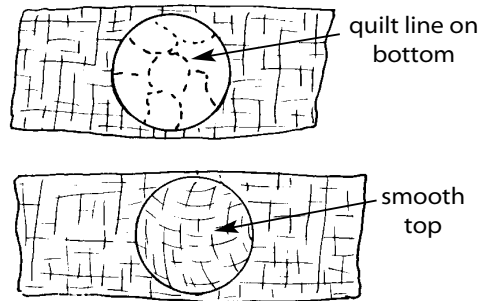
7. Sew the opening closed.



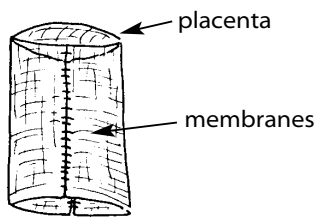
Stuff the placenta with some soft material like foam rubber, old rags, or dried grass.

8. Turn the placenta to the side that has no thin cloth over it. This is the bottom of the placenta — the side that is attached to the womb wall.

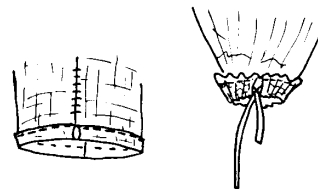
If you like, quilt the bottom to show the segments in the placenta. Do not let the quilting go through to the top side of the placenta. The top should be smooth.



9. Let the thin material hang down, and sew the sides together to make a tube.



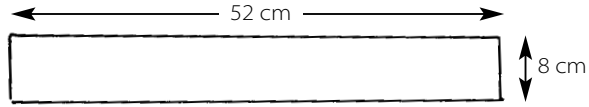
10. Turn up the bottom of the tube and sew it, leaving a space that a drawstring can fit through. Thread a drawstring through the bottom of the tube.



Chapter 25: Homemade tools and teaching materials

The cord

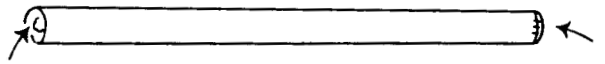
1. Cut a long piece of cloth about 52 centimeters (20 inches) long and 8 centimeters (3 inches) wide.



2. Fold the material together, lengthwise, and sew along the edge.



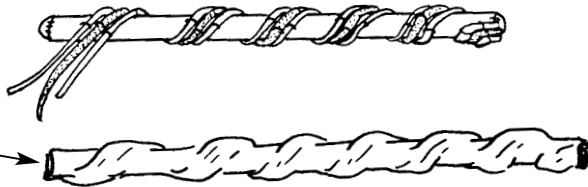
3. Turn the material inside out. Stuff it with something soft, just as you stuffed the placenta.



Put stuffing in.

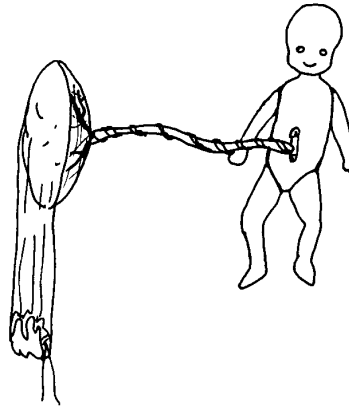
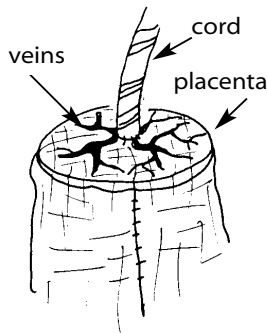
Sew ends closed.

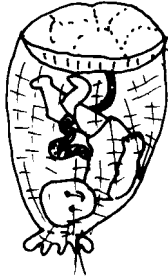
4. To show the arteries and vein in the cord, wind 3 thick strings or pieces of yarn around the cord and sew them down so they do not get tangled. Two of the strings should be the same color. If possible, cover the cord with a piece of thin material like you used for the membranes, so it looks like this:



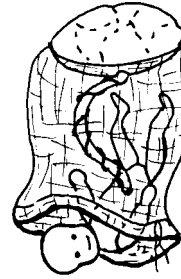
5. Sew one end of the cord onto the top side of the placenta (the side covered with thin material). Draw veins on this side of the placenta with a felt tip or ink pen.

6. Attach the other end of the cord to a doll (see page 459). You can sew the cord to the doll or fasten it with a safety pin.





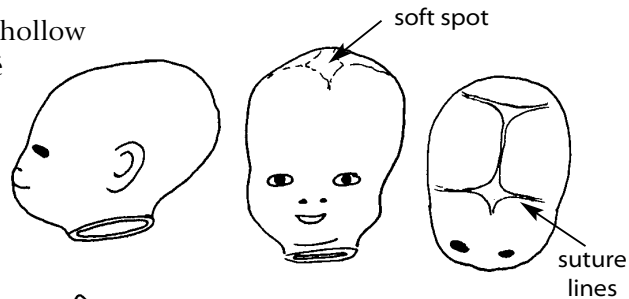
To show the baby inside the bag of waters, put the doll into the bag and close the drawstring. To show the bag breaking, open the drawstring.



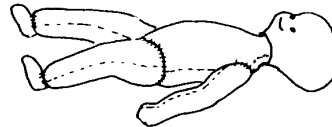
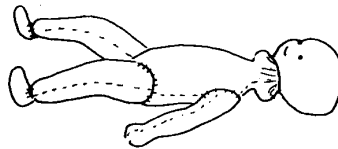
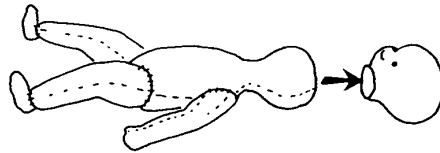
The baby

Although any doll can be used as a baby, the best kind of doll has a hard head and a soft body. If you are making a doll, follow these instructions:

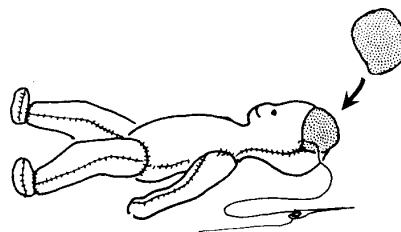
1. Make a hard head with a hollow center from papier maché (see page 447). Paint a face on the head, and then paint on the soft spots or suture lines (see page 259).



2. Sew a life-size body for the doll, with a round head a little smaller than the hard head you just made. Stuff the cloth with foam rubber, rags, or dried grass, so that it looks like a baby's body. Then stuff the cloth head into the hollow center of the hard head.



If papier maché is not easy to use, you can try this way of making a hard head. Stuff the body and face with soft material, then stuff the top of the head with one of these: a gourd; a hard ball; a smooth, round piece of wood; or a round stone.

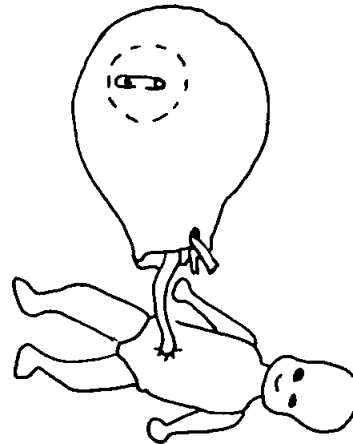
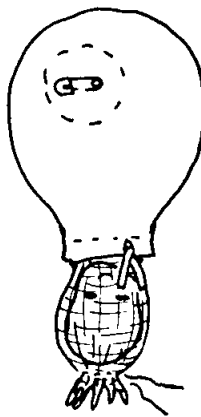
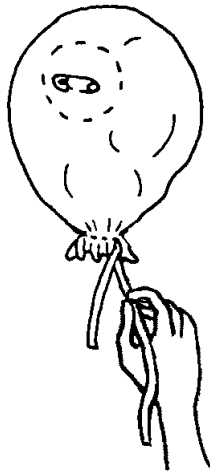


Chapter 25: Homemade tools and teaching materials

Using models to teach

To show how the baby, placenta, and membranes fit inside the womb, put the baby inside the membranes with the placenta, then put the membrane bag into the womb. Put the bottom of the placenta up against the red circle inside the womb and pin it with a pin.

1. Pull the drawstring to close the cervix.
2. Then open the drawstring so the baby can be "born." (If you want to show that the waters have broken, open the drawstring on the membranes.)



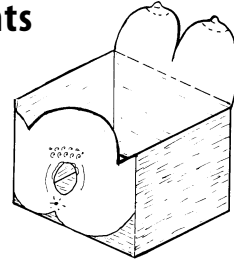
3. Take off the pin and squeeze the placenta out to show the birth of the placenta.
4. Explain that the red circle inside the womb is like an open wound that bleeds. Squeeze the womb to show how it must contract to stop the bleeding.



A model of birth: the birth box and birth pants

The birth box

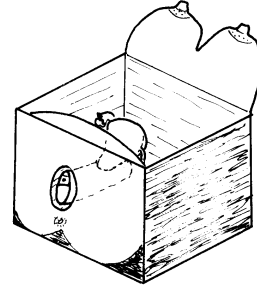
To demonstrate birth, cut and paint a cardboard box to look like a woman's body. Make a hole that the doll can fit through. Make a belly out of the front flap of the box and breasts out of the back flap.



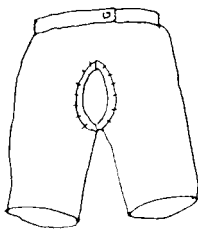
To make the box more real, you can put it on a cot under a cloth or blanket. Put a doll above the box on the cot so it looks like a woman, then have someone lie underneath the cot. This person can push up on the box to show contractions and make panting and moaning sounds as if giving birth.



Or you can put the womb and vagina you made in the birth box to give people an idea of how the womb and vagina fit in the body.



The birth pants



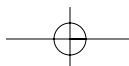
Birth pants give a more real view of birth. Cut a large old pair of pants with a hole for the vaginal opening. Then have a woman wear the birth pants over her clothes and act like a woman in labor. The woman then pushes a doll hidden in her own clothing out through the hole in the birth pants.



Medicines: uses, dosage, and precautions for the medicines referred to in this book

In this chapter:

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| Avoid taking more than 1 medicine at the same time | 464 |
| Know and watch for signs of problems with a medicine | 464 |
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Medicines

uses, dosage, and precautions for the medicines referred to in this book

Medicines are drugs that are used to help the body fight problems like bleeding, allergy, or infection. Some medicines reduce pain.

When we refer to medicines in this book, we usually mean both modern and traditional medicines, but this part of the book is mostly about the modern medicines that are used for women and babies during pregnancy, birth, and after birth.



Traditional medicines vary a lot from one place to another, so a remedy that is used in one place may not be available anywhere else. You can write down the local medicines that you use in the back of this section — and if you translate this book, be sure to include traditional medicines from your community.



WARNING! Most of the time, pregnancy and birth are normal and safe and medicine is not needed. Most health problems are best treated by resting, drinking plenty of liquids, and eating healthy foods. Medicines can be expensive and many have uncomfortable or dangerous side effects. Most medicines pass through the mother's blood or breast milk to her baby. For all of these reasons, **pregnant and breastfeeding women should avoid using medicines** unless they are truly needed.

When to use medicines

Only use a medicine when you know what is causing a problem and you are sure the medicine will help that problem. See Chapter 2, page 13, to decide the cause and find the best treatment for a problem.

Before giving a medicine to a woman, ask yourself these questions:

- Will she get better without this medicine?
- Is there a home remedy or traditional medicine that will work as well or better?
- Are the benefits of using this medicine greater than the cost and the risks?

Medicines

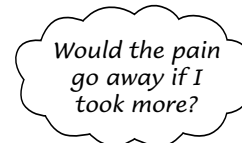
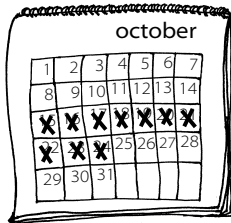
How to take medicines safely

- Take the full amount.
- Do not take too much.
- Avoid taking more than 1 medicine at the same time.
- Know and watch for signs of problems.
- Know as much as you can about a medicine.

Take the full amount

Many medicines, particularly antibiotics (see page 470) must be taken for a number of days to work. A woman who is taking medicines must take them for the full number of days she is supposed to — even if she feels better before then. This is because the medicine kills the weakest germs first and takes longer to kill the stronger germs. If some germs are not killed, the infection may come back. And because these stronger germs are harder to kill, the drug may not work to fight the disease anymore — for the individual

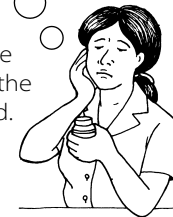
woman who did not take her full amount of medicine, or for others in the community who get sick with the same disease. This is called drug resistance.



Do not take too much

Some people think that taking more medicine will heal the body faster. This is not true and can be dangerous! **If you take too much medicine at one time or take a medicine too often, it may cause serious harm.** See page 466.

Never take more medicine than the amount advised.



Avoid taking more than 1 medicine at the same time

Some medicines can stop other medicines from working. Some medicines cause problems when they are taken with other medicines.

Avoid combination medicines (2 or more medicines in 1 tablet). Some combination medicines are necessary, but they usually cost more, and you may be putting medicine in your body that you do not need. For example, some eye drops and eye ointments contain both antibiotics and steroids. The steroids can be harmful. Combination medicines can also cause more side effects.

Know and watch for signs of problems with a medicine



Side effects

Many medicines have side effects. These are unintended effects of the medicine that are annoying or uncomfortable. Common side effects are nausea, stomach aches, headaches, or sleepiness.

Side effects can sometimes be very severe — like damage to the organs inside the body. A medicine with these effects is usually only worth taking in emergencies. Sometimes you should only take a medicine for a short time and then stop to avoid being hurt by the side effects.

Whenever you give a medicine to a woman, tell her what side effects she might have. If she has these effects, she will know it is normal and she is more likely to keep taking the medicine for the needed number of days. She will also know which effects are not normal side effects, and might show that she has an allergy.

Allergy

Some people are allergic to certain medicines. When a person is given that medicine, her body has a reaction. She may have a small, uncomfortable reaction or a very serious reaction that can endanger her life.

Do not give a medicine to someone who is allergic to that medicine. Do not give the person any medicines from the same family (see page 470).

To prevent an allergic reaction from a medicine:

1. Before giving any medicine, ask the woman if she has had itching or other problems after taking that medicine or a similar medicine in the past. If she has had a reaction in the past, do not give that medicine or any medicine from the same family.
2. Stay with a woman for 30 minutes after giving an injection. During this time, watch for signs of allergic reaction.
3. Have medicines ready to fight allergic reaction.



Signs of allergic reaction:

- skin rash
- swelling of the lips or face
- itching skin or eyes
- wheezing



For allergy

- give 25 mg diphenhydramineby mouth, 1 time

or

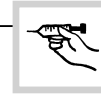
- give 25 mg promethazineby mouth, 1 time

You can give another 25 mg of either medicine in 6 hours if rash, itching, swelling, or wheezing has not stopped.

Signs of severe allergic reaction or allergic shock:

- pale skin
- difficulty breathing
- cold, sweaty skin
- low blood pressure
- weak, rapid pulse or heartbeat
- loss of consciousness

Medicines

**For allergic shock**

Get medical help. On the way:

- inject 1:1000, 0.5 ml adrenaline.....under the skin, 1 time only
(subcutaneous injection)
- and**
- inject 50 mg diphenhydramine.....in the muscle, 1 time only
- and**
- inject 500 mg hydrocortisone.....in the muscle, 1 time only

Taking too much

Some common signs of taking too much of a medicine are:

- nausea
- dizziness
- vomiting
- ringing in the ears
- pain in the stomach
- fast breathing
- headache

These can also be side effects for some medicines. If you are not sure whether the woman has taken too much, use the descriptions of the drug on the following pages to check for its common side effects.

If a woman has any of these signs and they are not common side effects of the medicine she is taking, she should stop taking the medicine and get medical help.

Poisoning

Taking too much of a medicine can kill a person, especially a child. Keep medicines away from children. If you think a person may have poisoned herself from taking too much medicine, act quickly to help her:



- Try to make the person vomit. She may be able to get the extra medicine out of her body before it harms her more.
- Give activated charcoal (see page 473). Activated charcoal can absorb some kinds of drugs and keep them from acting as poison.
- Get medical help immediately.

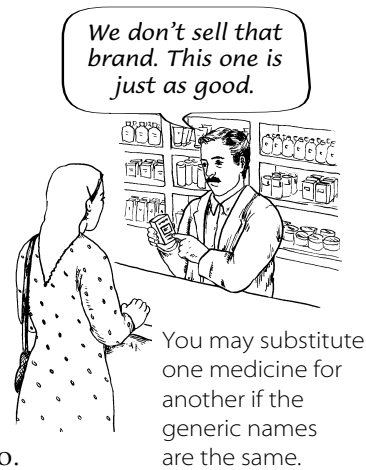
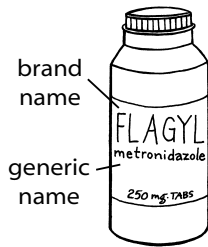
Know as much as you can about the medicine

Many medicines must be taken at a certain time of day, with food, or on an empty stomach. Certain medicines are never safe for certain people to take. For example, a woman with high blood pressure should not take ergometrine, which can make blood pressure even worse. Read the descriptions of each drug on the following pages and any information that comes with the drug, or ask pharmacists or health workers so you can learn who can take the medicine safely — and how they should take it for it to be most effective.

How to give medicines

Medicine names

Medicines usually have 2 names. The generic (or scientific) name is the same everywhere in the world. Some companies that make medicines give each medicine they make a brand name. The same medicine made by 2 different companies will have 2 different brand names. In this book, we use generic names. If you need a certain medicine, any brand will do. Some brands cost much less than others.



Forms of medicines

Medicines come in different forms:

- Tablets, pills, capsules, and liquids are usually taken by mouth. Sometimes they may need to be inserted in the vagina or rectum.
- Inserts (suppositories, pessaries) are put into the vagina or the rectum.
- Injections (see page 345) are given with a needle — into a large muscle (IM), under the skin (intra-dermal injection), or into the blood (IV).
- Liquids and syrups that are taken by mouth.
- Creams, ointments, or salves that contain medicine are applied directly to the skin or in the vagina.

In this book, we use pictures to show how a medicine should be given.



Inject medicines when we show this picture.



Give tablets, pills, capsules, or inserts when we show this picture.



Use ointment or cream when we show this picture.

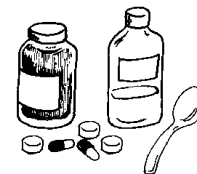


Give drops when we show this picture.



Give syrup when we show this picture.

Often, the same medicine can be given in different forms. For example, many medicines can be given by mouth or given by an injection. Usually, it is best to give medicines by mouth, because injecting can have risks. But in an emergency, injecting the medicine may be better, because it will usually work more quickly. In this book, we recommend the most effective ways to give each medicine, but you may be able to give a medicine in another form. We do not explain how to give medicines by IV (in the vein), because this method has more risk.



Medicines

How much medicine to give

Pills, tablets, and capsules come in different weights and sizes. To be sure you are giving the right amount, check how many grams (g), milligrams (mg), micrograms (mcg), or Units (U) each pill or capsule contains.

For tablets, capsules, inserts, and injectable medicines

Most tablets, capsules, inserts, and injectable medicines are measured in grams (g) and milligrams (mg):

1000 mg = 1 g
(one thousand milligrams is the same as one gram)

1 mg = 0.001 g
(one milligram is one one-thousandth part of a gram)

For example: One aspirin tablet has 325 milligrams of aspirin.

You could say that one aspirin tablet has:





.325 g
0.325 g
325 mg

All of these are different ways to say 325 milligrams.

= means **equal to** or **the same as**

+ means **and** or **plus**

$\frac{1}{2}$ tablet = **half** of a tablet = 

$\frac{1}{4}$ tablet = **one quarter** (or one fourth) of a tablet = 

Some medicines, such as birth control pills, are weighed in micrograms (mcg or μcg):

1 μcg = 1 mcg = 1/1000 mg = 0.001 mg
This means there are 1000 micrograms in a milligram.

Injectable medicines may be measured in Units (U) or International Units (IU).

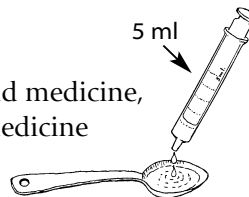
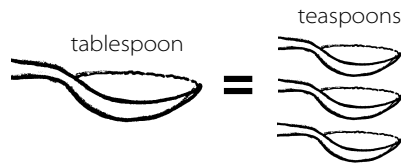
For liquid medicines

Syrups, suspensions, and other liquid medicines are usually given in milliliters (ml) or cubic centimeters (cc). A milliliter is the same as a cubic centimeter.

1 ml = 1 cc
1000 ml = 1 liter

Sometimes liquids are given in teaspoons (tsp) or tablespoons (Tbs).

1 tsp = 5 ml
1 Tbs = 15 ml
1 Tbs = 3 tsp

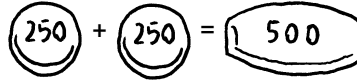


To be sure you are taking the right amount of a liquid medicine, be sure that your teaspoon is 5 ml, or measure the medicine in a syringe.

If your pharmacy does not have the correct weight or size of a medicine

You may have to give part of a pill, or more than one to get the right dose.

For example, if you only have 250 mg tablets of amoxicillin and you are supposed to give 500 mg each time, you must give 2 pills each time.



250 mg + 250 mg = 500 mg

Or, if you only have 500 mg tablets of amoxicillin and you need to give 250 mg each time, you must cut each pill in half.

Dosing by weight

For most medicines in this book, we suggest doses that any adult woman can use. But for some medicines, especially ones that can be dangerous, it is better to figure out the dosage according to a person’s weight (if you have a scale).

For example, if you need to give gentamicin, and the dosage says 5 mg/kg/day, this means that each day you would give 5 milligrams (mg) of the medicine for each kilogram (kg) the person weighs.

So a 50 kg woman would receive 250 mg of gentamicin during 24 hours.

This amount should be divided up into separate doses. Dosage instructions will say how many times the medicine should be given each day.

Gentamicin should be given 3 times a day so you would give 80 mg in each dose.



When to take medicines

Some medicines should be taken once a day. Most must be taken more often. You do not need a clock. If the directions say:

“1 tablet every 8 hours” or “3 tablets a day”take 1 at sunrise, 1 in the afternoon, and 1 at night.

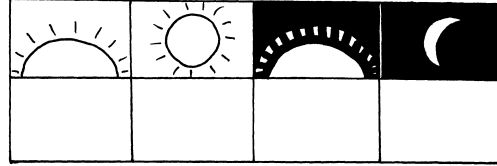
“1 tablet every 6 hours” or “4 tablets a day”take 1 in the morning, 1 at midday, 1 in the late afternoon, and 1 at night.

“1 tablet every 4 hours”take 6 pills a day, allowing the same amount of time between each pill.

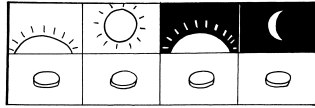
This is because a medicine only works while it is in the body. After a certain length of time, it passes out of the body. The person must take it regularly throughout the day to keep enough medicine in her body. And taking too much at once can cause poisoning.

Medicines

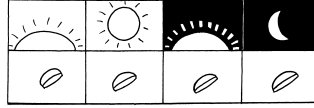
To remind someone who cannot read how often to take their medicine, you can draw them a picture like this: →



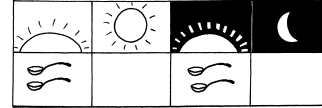
In the blanks at the bottom, draw the amount of medicine to take and carefully explain what it means. For example:



This means they should take 1 tablet 4 times a day: 1 at sunrise, 1 at midday, 1 in the late afternoon, and 1 at night.



This means 1/2 tablet 4 times a day.



This means 2 spoons of syrup 2 times a day.

Kinds of medicine

There are several different kinds of medicine listed in this book — antibiotics, pain medicines, medicines to stop allergic reactions or bleeding, and medicines to treat pre-eclampsia. We describe many individual medicines on the following pages. One group of medicines, antibiotics, needs explanation as a group.

Antibiotics

Antibiotics are used to fight infections caused by germs. Antibiotics that are similar to each other are said to come from the same family.

Antibiotics from the same family can usually treat the same problems. If you cannot get one antibiotic, another one from the same family may work instead.

A person who is allergic to one antibiotic is often also allergic to the other antibiotics in the same family. She should not take any antibiotic from that family.



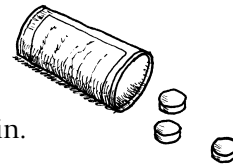
Antibiotics and their families

Penicillins: amoxicillin, ampicillin, benzathine penicillin, benzylpenicillin, dicloxacillin, procaine penicillin, and others

Penicillins work well for a variety of infections. They have very few side effects and are safe to take if pregnant or breastfeeding. They are widely available, low-cost, and can be taken by mouth or injected. Unfortunately, many people are allergic to them. Penicillins have been overused and some diseases are now resistant to them — the diseases have gotten stronger, and cannot be killed by penicillin anymore.

Macrolides: azithromycin, erythromycin, and others

Erythromycin is widely available and fights many of the same infections as penicillin and doxycycline. It is safe for a woman who is pregnant or breastfeeding, or who is allergic to penicillin.



Tetracyclines: doxycycline, tetracycline

Tetracycline and doxycycline both treat many different infections and are low-cost and widely available. **Tetracyclines should not be taken by pregnant or breastfeeding women or by children under 8 years of age.**

Sulfas (sulfonamides): sulfamethoxazole (part of co-trimoxazole), sulfisoxazole

These medicines fight many different kinds of infections and they are cheap and widely available. They can be taken during pregnancy, but **it is better for pregnant and breastfeeding women to take a different medicine.** Many people are allergic to sulfas. Also, some infections have become resistant to them.

Aminoglycosides: gentamicin, streptomycin, and others

These are effective and strong medicines, but most of them can cause serious side effects and can only be given by injection. They should only be used for severe infection when no safer drug is available. **It is better for pregnant and breastfeeding women to take a different medicine.**

Cephalosporins: cefixime, ceftriaxone, cephalexin, and others

These powerful drugs treat many infections that have become resistant to the older antibiotics. They are safer and have fewer side effects than many other antibiotics, but can be very expensive and hard to find. They are safe to use during pregnancy and breastfeeding.

Use antibiotics only when necessary

Antibiotics are used much too often.

- Antibiotics can cause problems like nausea, vomiting, diarrhea, and vaginal yeast infections. Some can cause more serious side effects or allergic reactions.
- Using antibiotics when they are not needed, or for diseases they cannot cure, has made some harmful germs stronger and resistant to the medicine — so it can no longer cure the disease.

Antibiotics cannot cure illnesses caused by viruses, like colds, hepatitis, or HIV/AIDS.

Medicines

How to use the list of medicines

This section gives detailed information about the medicines mentioned in this book. Each medicine is listed by its generic (scientific) name, in the order of the alphabet:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Information about birth control pills and medicines for HIV/AIDS starts after the alphabetical list, on page 490.

To use this list, look up a medicine by its name or use the index of problems below. This index gives the page number where more information about a health problem can be found, and names the medicines we suggest for treating that health problem. Be sure to read more about any health problem before trying to treat it.

| Problem | See pages | See medicines |
|---|------------------|---|
| allergic reaction..... | 465, 466..... | diphenhydramine, promethazine, adrenaline, hydrocortisone |
| bleeding | | |
| after birth..... | 231..... | ergometrine, oxytocin, misoprostol |
| after a miscarriage or abortion..... | 407..... | ergometrine, misoprostol |
| infection | | |
| bladder or kidney..... | 129..... | amoxicillin, co-trimoxazole |
| in pregnancy..... | 179..... | ampicillin, metronidazole |
| after birth..... | 271..... | gentamicin, ampicillin, metronidazole |
| in a newborn..... | 279..... | ampicillin, gentamicin, benzylpenicillin |
| breast..... | 289..... | dicloxacillin, erythromycin |
| in the womb, from untreated STI..... | 325..... | erythromycin, amoxicillin, ceftriaxone, cefixime, metronidazole |
| from female genital cutting..... | 369..... | erythromycin |
| after a miscarriage or abortion..... | 410, 411..... | ampicillin, gentamicin, metronidazole, doxycycline, tetanus toxoid, tetanus antitoxin |
| bacterial vaginosis | 328..... | metronidazole |
| chancroid | 331..... | erythromycin, ceftriaxone |
| chlamydia | 324..... | erythromycin, amoxicillin |
| emergency contraception | 316..... | birth control pills (ethinyl estradiol, levonorgestrel) |
| eclampsia | 182..... | magnesium sulfate, diazepam |
| eye care for newborns | 261..... | erythromycin, tetracycline |
| genital warts (HPV) | 333..... | bichloroacetic acid, trichloroacetic acid |
| gonorrhoea | 324..... | ceftriaxone, cefixime |
| herpes | 332..... | acyclovir |
| HIV | 335, 492..... | lamivudine, nelfinavir, nevirapine, stavudine, zidovudine |
| malaria | 98 to 99..... | chloroquine, artesunate, clindamycin |
| medication to numb | | |
| for sewing a tear or doing MVA..... | 360, 424..... | lidocaine |
| pain | 289, 420..... | paracetamol |
| placenta not coming out | 228..... | oxytocin, misoprostol |
| preventing infection of the womb | | |
| after an invasive procedure..... | 231..... | amoxicillin, metronidazole |
| syphilis | 330..... | benzathine benzylpenicillin, erythromycin |
| trichomonas | 326..... | metronidazole |
| yeast | 327..... | gentian violet, miconazole, nystatin |

activated charcoal

Activated charcoal is a specially prepared charcoal used to treat poisonings by drugs like aspirin, paracetamol, chloroquine, or other medicines or chemicals, by absorbing them in the stomach.

Important: Do not give activated charcoal if the person has swallowed fuel, kerosene, lighter fluid or other petroleum products.

Side effects: Black stool, vomiting, diarrhea.

Often comes in: liquid of 25 g per 120 ml; powder 15 g



How to use:

For treating poisoning, give 30 to 100 g by mouth all at one time.



WARNING: After giving activated charcoal, get medical help immediately. People who take too much of a drug or chemical can get very sick and need much more help than activated charcoal.

WARNING!

acyclovir



Acyclovir is a medicine that fights viruses including herpes.

Important: Acyclovir can reduce the symptoms of herpes infection — but it will not cure it or prevent it from coming back.

Side effects: headache, dizziness, nausea, vomiting.

Often comes in: tablets of 200 mg; powder for mixing injections.

continued...

acyclovir *continued*



How to use:

To lessen the first outbreak of herpes (see p. 332), give 200 mg by mouth 5 times a day for 7 days.



WARNING: This medicine may have some harmful effects in pregnancy. For pregnant women, it is best only to give this medicine for an initial herpes outbreak, or to prevent an outbreak during labor.

adrenaline

(epinephrine)

Adrenaline is used for allergic reactions or shock, for example, allergic shock caused by penicillin. It is also used for severe asthma attacks.

Important: Take the person's pulse before injecting. Inject into skin (subcutaneous injection) on the back of the upper arm, not into the buttocks. If the pulse increases by more than 30 beats a minute after the first injection, do not give another dose. Do not give more than 3 doses.

Side effects: Fear, restlessness, nervousness, tension, headaches, dizziness, increased heart rate.

Often comes in: Ampules for injection of 1 mg in 1 ml.



How to use:

For allergic reaction or shock (see p. 466), inject 1:1000, 0.5 ml just under the skin (subcutaneous injection). If signs do not improve, repeat in 20 minutes. You will also need to give other medicines. See page 466.

Medicines

amoxicillin

Amoxicillin is an antibiotic of the penicillin family used to treat womb infections, urine system infections, pneumonia, and other infections. It is now used instead of ampicillin in many places.

Important: Take with food. If you do not start to get better in 3 days, get medical help. You may need a different medicine.

Side effects: Diarrhea, rash, nausea, vomiting. May cause yeast infection in women or diaper rash in children.

Often comes in: tablets of 250 and 500 mg; liquid for injection of 125 or 250 mg per 5 ml; syrup of various strengths.

**How to use:**

For kidney infection (see p. 129), give 500 mg by mouth 3 times a day for 7 days.

For chlamydia (see p. 324), give 500 mg by mouth 3 times a day for 7 days.

For pelvic infection (see p. 325), give 500 mg by mouth 3 times a day for 14 days.

For infection after genital cutting (see p. 369), give 500 mg by mouth 3 times a day for 10 days.

For preventing infection after an invasive procedure (see p. 231), give 1 g by mouth, 1 time only. Also give metronidazole.

Other drugs that may work: Ampicillin can almost always be used instead of amoxicillin. A person who is allergic to penicillins can try erythromycin.



WARNING: Do not give amoxicillin to someone who is allergic to drugs in the penicillin family.

ampicillin

Ampicillin is an antibiotic of the penicillin family used to treat many kinds of infections.

Important: Take ampicillin before eating.

Side effects: May cause stomach upset, diarrhea, and rash. May cause yeast infection in women or diaper rash in children.

Often comes in: tablets or capsules of 250 and 500 mg; liquid for injection of 125 or 250 mg per 5 ml; powder for mixing injections.

**How to use:**

For infection during labor (see p. 179), give 2 g by mouth 4 times a day for 7 to 10 days.

For infection after birth (see p. 271), give 2 g by mouth 4 times a day until fever has been gone for 48 hours. Give other antibiotics too.

For infection in a newborn baby (see p. 279), inject 300 mg in the muscle 2 times a day for 7 days.

For infection after abortion (see p. 410), inject 2 g in the muscle 4 times a day until fever has been gone for 48 hours. Give other antibiotics too.

or give 3.5 mg by mouth 1 time only.

Other drugs that may work: Amoxicillin can almost always be used instead of ampicillin. A person who is allergic to penicillins can try erythromycin.



WARNING: Do not give ampicillin to someone who is allergic to drugs in the penicillin family.

WARNING!

artemisinin



(artesunate, artemether, wormwood)

Artemisinin is a family of medicines used to fight malaria. There are other drugs used against malaria, but not all of them still work because of “drug resistance” (see p. 464). Talk to your health ministry to find out what works against malaria where you live.

Important: Artemisinin seems to become stronger if you also drink grapefruit juice.

Prevent malaria by sleeping under treated bednets.

Often comes in: artesunate tablets 50 mg; artemether ampules for injection 80 mg/ml in 1 ml.



How to use:

For malaria (see p. 98), give 300 mg artesunate by mouth once a day for 7 days. You must also give clindamycin.

Other drugs that may work: chloroquine, quinine, clindamycin, others.



WARNING: It is not known whether artemisinin is safe in the first 3 months of pregnancy.

benzylpenicillin (penicillin G)

Benzylpenicillin is an antibiotic of the penicillin family used to treat serious infections.

Important: Be ready to treat an allergic reaction (see p. 465).

Side effects: May cause yeast infection in women or diaper rash in children.

Often comes in: Powder for mixing injections of 1 or 5 million Units.

continued...

benzylpenicillin *continued*



How to use:

For tetanus in a newborn (see p. 278), inject 100,000 Units into the muscle in the front of the thigh, 1 time only.

Other drugs that may work: ampicillin, procaine penicillin.



WARNING: Do not give benzylpenicillin to someone who is allergic to drugs in the penicillin family.

benzathine benzylpenicillin (penicillin G benzathine)

Benzathine benzylpenicillin is a long-acting antibiotic of the penicillin family used to treat syphilis, genital ulcers, and other infections. It is always given as an injection into muscle.

Important: May cause yeast infection in women or diaper rash in children. Be ready to treat an allergic reaction (p. 465).

Often comes in: powder for mixing injections of 1.2 or 2.4 million Units in a 5 ml vial.



How to use:

For syphilis (see p. 330), inject 2.4 million Units into muscle 1 time only.

If a baby needs to be treated, inject about 150,000 Units into muscle 1 time only (or 50,000 Units per kilogram of the baby’s weight).

Other drugs that may work: erythromycin.



WARNING: Do not give benzathine benzylpenicillin to someone who is allergic to medicines in the penicillin family.

Medicines

BCG vaccine

The BCG vaccine helps to protect against getting tuberculosis (TB).

Important: The BCG vaccine is a live vaccine so it must be kept cold at all times or it will not work.

Side effects: The vaccination usually makes a sore and leaves a scar.

Often comes in: liquid for injection.



How to use:

Inject 0.1 ml in the skin (intradermal injection), usually on the upper arm.

cefixime

Cefixime is an antibiotic of the cephalosporin family that is used to treat many infections including gonorrhea, pelvic infection, and others.

Important: Be ready to treat an allergic reaction (see p. 465). People who have liver problems should be careful when taking cefixime.

Side effects: Nausea, diarrhea, headache. May cause yeast infection in women or diaper rash in children.

Often comes in: tablets of 200 or 400 mg; liquid with 100 mg in 5 ml.



How to use:

For gonorrhea (see p. 324) or pelvic infection (see p. 325), give 400 mg by mouth one time only.

Other drugs that may work: ceftriaxone, erythromycin.



WARNING: Do not give cefixime to someone who is allergic to medicines in the cephalosporin family.

ceftriaxone

Ceftriaxone is a very strong antibiotic of the cephalosporin family that is injected into muscle. It is used for many infections including gonorrhea, pelvic infection, kidney infections, and serious infections after abortion, childbirth, or miscarriage.

Important: Be ready to treat an allergic reaction (see p. 465).

Side effects: May cause yeast infection in women or diaper rash in children.

Often comes in: In vials for injection of 250 and 500 mg, and 1 gram, 2 grams, and 10 grams.



How to use:

For gonorrhea (see p. 324) or chancroid (see p. 331), inject 250 mg into muscle 1 time only.

For gonorrhea in a newborn (see p. 324), inject 125 mg ceftriaxone into the thigh muscle 1 time only.

Other drugs that may work: cefixime, erythromycin.



WARNING: Do not give ceftriaxone to someone who is allergic to medicines in the cephalosporin family.

chloroquine

Chloroquine is used against malaria.

Important: Take chloroquine with food.

Chloroquine often must be taken along with other medicines to work. Check with your local health authorities to see what works where you live.

Prevent malaria by sleeping under treated bednets.

Side effects: Blurring of vision that should stop after you stop using it.

Often comes in: chloroquine phosphate comes in tablets of 250 mg; chloroquine sulfate comes in tablets of 200 mg.

**How to use:**

For malaria (see p. 98), give 600 mg by mouth once a day for 2 days. Then on the third day, give 300 mg.

Other drugs that may work:

artemisinin, clindamycin, quinine, others.



WARNING: In many parts of the world, chloroquine no longer stops malaria.

People with epilepsy should not use chloroquine.

clindamycin**WARNING!**

Clindamycin is a strong antibiotic. In this book, we only describe how to use it to treat malaria.

Side effects: Diarrhea, vomiting, rash, metallic taste in the mouth. May cause yeast infection in women or diaper rash in children.

Often comes in: capsules of 150 mg; liquid for injection of 150 mg per ml.

**How to use:**

For malaria (see p. 99), give 600 mg by mouth 2 times a day for 7 days. You must also give artesunate (see artemisinin).

Other drugs that might work:

artemisinin, chloroquine, quinine, others.



WARNING: Clindamycin can cause serious problems with the colon.

It also passes through a breastfeeding mother's milk to her baby.

Only use this drug when it is truly needed.

Medicines

WARNING!

co-trimoxazole
(trimethoprim + sulfamethoxazole)

Co-trimoxazole is a combination of 2 antibiotics (one from the sulfa family) that is used to treat bladder, kidney, and other infections. It also helps prevent diarrhea and pneumonia for people with HIV/AIDS.


Important: Take with lots of water.

Side effects: Stop taking co-trimoxazole if it causes allergic reactions like itching or rashes. It may also cause nausea or vomiting.

Often comes in: tablets of 120, 480, and 960 mg; liquid of 240 mg per 5 ml.

How to use:
For kidney infections (see p. 129), give 960 mg (160 mg trimethoprim and 800 mg sulfamethoxazole) by mouth 2 times a day for 7 days.

Other drugs that may work:
amoxicillin.

 **WARNING:** Women in the last 3 months of pregnancy should not use this drug.

Do not give co-trimoxazole to someone who is allergic to medicines in the sulfa family.


WARNING!

diazepam


Diazepam is a tranquilizer used to treat and prevent convulsions and seizures.

Side effects: Sleepiness, loss of balance, confusion.

Often comes in: tablets of 5 or 10 mg; liquid for injections of 5 mg per 1 ml.

 **How to use:**
For convulsions (see p. 182), give 20 mg of injectable diazepam in the rectum using a syringe without a needle (see p. 182). Repeat if needed using 10 mg, 20 minutes after the first dose. Do not give more than 30 mg in 8 hours. Crush diazepam tablets into water if you do not have injectable diazepam.

Other drugs that may work:
magnesium sulfate.

 **WARNING:** Diazepam is an addictive (habit-forming) drug.

Do not use diazepam with alcohol or other drugs that can make you sleepy.

Frequent or large doses of diazepam during pregnancy can cause birth defects.

This medicine also passes through breastmilk, so breastfeeding mothers should avoid it except in emergencies.

dicloxacillin

Dicloxacillin is an antibiotic of the penicillin family used to treat breast and skin infections.

Important: Be ready to treat an allergic reaction (see p. 465).

Side effects: Nausea, vomiting, diarrhea. May cause yeast infection in women or diaper rash in children.

Often comes in: capsules of 125, 250, and 500 mg; liquid with 62.5 mg per 5 ml.

**How to use:**

For breast infection (see p. 289), give 500 mg by mouth 4 times a day for 7 days.

Other drugs that may work: erythromycin.



WARNING: Do not give dicloxacillin to someone who is allergic to medicines in the penicillin family.

diphenhydramine

Diphenhydramine is an antihistamine that treats allergic reactions and allergic shock. It is also used for treating chronic itching and sleep problems for people with AIDS.

Side effects: Sleepiness and dryness in the mouth and nose. May cause nausea and vomiting. Very rarely causes excitement rather than sleepiness.

Often comes in: tablets or capsules of 25 or 50 mg; syrup with 12.5 mg per 5 ml; ampules for injection with 10, 30, or 50 mg in 1 ml.

**How to use:**

For mild to moderate allergic reaction (see p. 465), give 25 mg by mouth every 6 hours until signs go away.

For allergic shock (see p. 466), inject 50 mg into muscle. Repeat in 4 hours if signs do not improve.

Other drugs that may work: promethazine.



WARNING: Diphenhydramine is best taken by mouth. Only inject it for severe allergic reactions and shock.

Do not use diphenhydramine with alcohol or tranquilizers. It makes the effects dangerously strong.

This medicine is OK to use in emergencies, but should not be used regularly in pregnancy or while breastfeeding.

Medicines

doxycycline**WARNING!**

Doxycycline is an antibiotic of the tetracycline family used to treat many different infections.

Important: Do not take with milk or other dairy products or with antacids. Take pills while sitting up and with lots of water. Stay out of the sun or you may get a rash.

Side effects: Diarrhea, upset stomach. May cause yeast infection in women or diaper rash in children.

Often comes in: tablets of 50 and 100 mg.

**How to use:**

For infection after abortion (see p. 410), give 100 mg by mouth 2 times a day for 10 days.

Other drugs that may work: amoxicillin, metronidazole.



WARNING: Women who are pregnant or breastfeeding should not take this medicine.

Doxycycline may not be safe to use after it has passed its expiration date.

ergometrine**(ergonovine, methylergonovine)**

Ergometrine causes contractions of the womb and its blood vessels and is used to control heavy bleeding after childbirth or an abortion.

Side effects: Nausea, vomiting, dizziness, sweating.

Often comes in: tablets of 0.2 mg; in vials for injection of 0.2, 0.25, and 0.5 mg in 1 ml.

**How to use:**

For heavy bleeding after childbirth (see p. 231), give 0.2 mg by mouth every 6 to 12 hours,

or inject 0.5 mg in muscle every 6 to 12 hours.

For heavy bleeding after an abortion (see p. 408), inject 0.5 mg in the muscle,

or give 0.2 mg by mouth.

Other drugs that may work: misoprostol, oxytocin.



WARNING: Do not use ergometrine to start or speed up labor or to cause an abortion.

Do not give this drug before the baby and the placenta have come out.

erythromycin

Erythromycin is an antibiotic of the macrolide family used to treat many infections. It can be used safely during pregnancy and is often a good choice when a woman is allergic to penicillin family antibiotics.

Important: Erythromycin works best when taken 1 hour before or 2 hours after a meal. If this makes a person nauseated, take with a little food.

Do not break up tablets. Tablets are often coated to prevent strong stomach juices from breaking down the drug before it can begin to work.

Side effects: Upset stomach, nausea, diarrhea. May cause yeast infection in women or diaper rash in children.

Often comes in: tablets or capsules of 250 mg; powder for solution of 125 mg per 5 ml; ointment of 1%.

**How to use:**

For newborn eye care (see p. 261), use 0.5% or 1% ointment 1 time only, within 2 hours of the birth.

For breast infection (see p. 289), **chlamydia** (see p. 324), or **chancroid** (see p. 331), give 500 mg by mouth 4 times a day for 7 days.

For a baby with chlamydia (see p. 324), give 30 mg syrup by mouth 4 times a day for 14 days.

For syphilis (see p. 330) or **pelvic infection** (see p. 325), give 500 mg by mouth 4 times a day for 14 days.

For infection after genital cutting (see p. 369), give 500 mg by mouth 4 times a day for 10 days.

continued...

erythromycin *continued***Other drugs that may work:**

amoxicillin, benzathine benzylpenicillin, ceftriaxone, dicloxacillin, iodine, procaine penicillin, tetracycline eye ointment.



WARNING: Do not give erythromycin to someone who is allergic to drugs in the macrolide family.

ferrous sulfate**(iron)**

Iron is a mineral that everyone, especially a pregnant woman, needs to have healthy blood and enough energy. It is possible but difficult to get enough iron by eating meat or lots of green leafy vegetables.

Important: Eating fruits and vegetables high in vitamin C can help the body use iron better.

Side effects: Nausea, diarrhea, constipation. Iron is best taken with food.

Often comes in: tablets of many different strengths.

**How to use:**

To prevent anemia in pregnancy, give 300 to 325 mg by mouth once a day with meals, throughout pregnancy.

To treat anemia (see p. 116), give 300 to 325 mg by mouth 2 or 3 times a day until the woman no longer has signs of anemia, or throughout pregnancy.



WARNING: High doses of iron can be poisonous. Keep iron away from children.

Medicines

folic acid
(folate, folacin)

Folic acid is an important mineral that helps prevent birth defects in pregnancy.

Often comes in: tablets of 0.1 mg, 0.5 mg, 0.8 mg (100, 500, and 800 micrograms).



How to use:

To prevent birth defects (see p. 37), give 0.5 to 0.8 mg by mouth every day.

gentamicin *continued*

Other drugs that may work:

ampicillin, benzylpenicillin, doxycycline, metronidazole, others.



WARNING: Gentamicin can damage the kidneys and cause deafness. When it is given in pregnancy, it may cause birth defects in a baby. Do not give gentamicin to someone who is allergic to drugs in the aminoglycoside family.

WARNING!

gentamicin



Gentamicin is a very strong antibiotic of the aminoglycoside family that is used to treat serious infections.

Important: Use gentamicin only if the woman cannot take other drugs without vomiting, or if no other antibiotic is available. Give with plenty of fluids.

Side effects: May cause yeast infection in women or diaper rash in children.

Often comes in: vials for injection of 10 or 40 mg per ml.



How to use:

For womb infection after birth (see p. 271), inject 80 mg gentamicin in the muscle, 3 times a day until fever has been gone for 48 hours.

For infection after abortion (see p. 410), inject 300 mg in the muscle 1 time a day until fever has been gone for 48 hours. You must give other antibiotics too.

(**Or** use 5 mg for each kg the mother weighs, injected in the muscle 1 time a day.)

For infection in a newborn (see p. 279) inject 4 mg per kg the baby weighs, in the muscle, once a day for 7 days. So for a 3 kg baby, inject 12 mg a day.

continued ...

gentian violet

(crystal violet, methylosanilinium chloride)

Gentian violet is a disinfectant used to fight fungus infections of the skin, mouth, and vagina.

Important: Stop using gentian violet if it irritates the skin. A person with a yeast infection should not have sex until she is cured, to avoid passing the infection to her partner. Gentian violet will stain skin and clothes purple.

Often comes in: liquid of 0.5%, 1%, and 2%; tincture of 0.5%; dark blue crystals to mix in water where 1 teaspoon in 1/2 liter of water makes a 2% liquid.



How to use:

For yeast infections in a baby's mouth (thrush) (p. 290), wipe the baby's mouth and the mother's nipples with a 0.25% liquid once a day for up to 5 days.

For yeast infections of the vagina (see p. 327), make a vaginal insert by soaking clean cotton in 1% liquid and place high in the vagina every night for 3 nights (remember to remove the insert in the morning).

Other drugs that may work:

miconazole, nystatin.

hydrocortisone**(cortisol)**

Hydrocortisone fights swelling and itching and can be used to treat rashes. It also helps treat allergic shock.

Often comes in: creams or ointment of 1%; tablets of 5, 10, and 20 mg; liquid for injection; powder for mixing for injections of various strengths.

**How to use:**

For allergic shock (see p. 466), inject 500 mg into muscle. Repeat in 4 hours if needed. Also give other drugs.



WARNING: Pregnant and breastfeeding women should not use this medicine regularly — only in emergencies to treat allergic shock.

lidocaine**(lignocaine)**

Lidocaine is an anesthetic. It blocks pain in the part of the body where it is injected. It can be used to sew tears or episiotomies, or to prevent pain during a manual vacuum aspiration.

Important: Check the label: only use lidocaine without epinephrine because the epinephrine can stop the flow of blood to the area and cause great damage.

Often comes in: liquid for injection in strengths of 0.5%, 1%, or 2% ml.

**How to use:**

For a local anesthetic, inject 5 to 30 ml 1% solution in the skin.

magnesium sulfate

Magnesium sulfate is used to stop convulsions in pregnant women with eclampsia.

Important: Injecting magnesium sulfate requires a big needle and may be uncomfortable. You can split the dose in half and give 2 smaller doses, 1 in each buttock. If you have it, you could also use a little lidocaine to lessen the pain.

Often comes in: liquid for injection of 10%, 12.5%, 25%, or 50%.

**How to use:**

To stop a convulsion in a woman with eclampsia (see p. 182), inject 10 grams of 50% solution into muscle. If necessary, give another dose after 4 hours.

Other drugs that may work: diazepam.




WARNING: Only use this drug if a woman's blood pressure is over 160/110 or if she is having a convulsion. If her breathing is slower than 16 breaths a minute or if she has not urinated for 4 hours, stop using this drug and get medical help.

Women with kidney problems should not use magnesium sulfate.

Medicines

WARNING!


metronidazole 

Metronidazole is used against some bacteria, amoebic dysentery, trichomonas, and vaginal infections.

Important: Drinking alcohol while taking metronidazole will cause nausea.

Side effects: Metallic taste in mouth, dark urine, nausea, vomiting, headache.

Often comes in: tablets of 200, 250, 400, and 500 mg; inserts of 500 mg; injection of 500 mg in 100 ml vial; suspension of 200 mg in 5 ml.



How to use:

For womb infection in pregnancy (see p. 179), give 400 to 500 mg by mouth 3 times a day for 7 to 10 days.

For infection after birth (see p. 271), give 400 to 500 mg by mouth 3 times a day until fever has been gone for 48 hours.

To prevent infection in the womb after an invasive procedure (see p. 231), give 1 g by mouth 1 time only. Also give amoxicillin.

For bacterial vaginosis (see p. 328) or **trichomonas** (see p. 326), give 400 to 500 mg by mouth 2 times a day for 7 days,

or put a 500 mg insert high in the vagina every night for 7 nights.


For pelvic infection (see p. 325), give 400 to 500 mg by mouth 3 times a day for 14 days. You must give other antibiotics too.

For infection after abortion (see p. 410), give 400 to 500 mg by mouth 3 times a day until fever has been gone for 48 hours. You must give other antibiotics too.


Other drugs that may work: amoxicillin, ampicillin, benzylpenicillin, gentamicin, doxycycline.

continued...

metronidazole *continued*

 **WARNING:** It is best not to use metronidazole during the first 3 months of pregnancy. People with liver problems should not use this drug.


WARNING!

miconazole 

Miconazole fights yeast and other fungus infections in the mouth (thrush), the vagina, or the skin.

Important: Stop using miconazole if it irritates the skin. A person with a yeast infection should not have sex while using miconazole to avoid passing the infection to her partner.


Often comes in: cream of 2%; inserts of 100 and 200 mg.



How to use:

For yeast infections of the vagina (see p. 327), put a 200 mg insert high in the vagina every night for 3 nights.

Other drugs that may work: gentian violet, nystatin.

 **WARNING:** Do not use miconazole during the first 3 months of pregnancy.

mifepristone

Mifepristone can be used with misoprostol or other medicines to end a pregnancy in the first 9 weeks.

Important: It is best to be close to medical help when taking this medicine in case it does not empty the womb completely.

Often comes in: tablets of 200 mg.



How to use:

See directions for using with misoprostol below.

Other drugs that may work: misoprostol.



WARNING: If this medicine does not end the pregnancy completely, the womb must be emptied by MVA or D&C abortion.

misoprostol

Misoprostol helps empty the womb or stop heavy bleeding after a birth.

Important: Misoprostol is usually used with another medicine called mifepristone to end a pregnancy. Used by itself, misoprostol may not completely empty the womb. An abortion caused by misoprostol may take several hours to several days to finish.

After an incomplete abortion, misoprostol can empty the womb and help save a woman's life.

Wetting misoprostol tablets before giving them may make them more effective.

continued...

misoprostol *continued*

Side effects: Nausea, vomiting, diarrhea, headache. If the woman is breastfeeding, misoprostol will cause diarrhea in infants.

Often comes in: tablets of 100 or 200 micrograms.



How to use:

For delivering the placenta (see p. 228), give 600 micrograms by mouth.

To slow heavy bleeding after a birth (see p. 231), put 1000 micrograms in the rectum.

For incomplete abortion (see p. 408), put 800 micrograms high in the vagina. You can repeat the dose 24 hours later if necessary.

To end a pregnancy with misoprostol and mifepristone (see p. 408), give 200 mg mifepristone by mouth and then 2 days later put 800 micrograms misoprostol high in the vagina.

or if you do not have mifepristone, put 800 micrograms misoprostol in the vagina once a day for 2 days. Be ready to get medical help if the womb does not empty completely.



WARNING: Do not use misoprostol to empty the womb (end a pregnancy) after the 3rd month.

Never use misoprostol to speed up or start a labor. It could cause the womb to tear open.

Medicines

nystatin

Nystatin fights yeast and other fungus infections in the mouth (thrush), the vagina, or the skin.

Important: Stop using nystatin if it irritates the skin.

A person with a yeast infection should not have sex while using nystatin to avoid passing the infection to her partner.

Nystatin works only against candida yeast infections, while miconazole works against other fungal infections as well.

Side effects: Diarrhea and stomach upset.

Often comes in: Inserts, lozenges for the mouth, and cream of 100,000 Units; liquid with 100,000 Units per ml.

**How to use:**

For mouth or throat infections, put 1 ml of liquid in mouth, swish around both sides of mouth for 1 minute, and swallow. Do this 3 or 4 times a day for 5 days.

For vaginal infections (see p. 327), put one 100,000 Unit insert high in the vagina every night for 14 nights.

Other drugs that may work: gentian violet, miconazole.

oxytocin

Oxytocin is used to cause contractions of the womb and its blood vessels to control heavy bleeding after abortion or childbirth.

Often comes in: 10 Units in 1 ml for injection.

**How to use:**

For delivery of the placenta (see p. 228) or **to stop bleeding after the baby is born** (p. 231), inject 10 Units in the muscle. Repeat after 10 minutes if needed.

Other drugs that may work: ergometrine, misoprostol.



WARNING: Do not use oxytocin to start or speed up labor. Oxytocin can make the womb contract so strongly that it will tear open.

Do not use this drug to cause an abortion because it could kill the woman before ending the pregnancy.

paracetamol (acetaminophen)

Paracetamol is used to ease pain and lower fever. It is one of the safest pain killers.

Important: Paracetamol does not cure sickness, it only eases pain or fever. It is important to find the cause of the pain and fever and treat that.

Often comes in: tablets of 100, 325, and 500 mg; liquid of 120 and 160 ml per 5 ml.



How to use:

Take 500 to 1000 mg by mouth every 4 to 6 hours.

Other drugs that may work:

Aspirin or ibuprofen may work, but do not use either during pregnancy.



WARNING: Paracetamol should not be used by women with liver or kidney damage, and can cause damage if taken regularly during or after drinking alcohol.

procaine penicillin (benzylpenicillin procaine, PAM)

Procaine penicillin is a medium- to long-lasting antibiotic of the penicillin family used to treat womb and other infections.

Important: When taken with probenecid, the amount of penicillin in the blood increases and lasts longer, making the treatment more effective. Be ready to treat for allergic reaction (see p. 465).

Side effects: May cause yeast infection in women or diaper rash in children.

Often comes in: vials for injection of 300,000 and 400,000 and 600,000 Units; powder for mixing injections where 1 gram = 1 million Units.



How to use:

For serious infection during labor (see p. 179), inject 1.2 million Units in the muscle. Repeat after 12 hours if needed.

Other drugs that may work: ampicillin, benzylpenicillin.



WARNING: Procaine penicillin can cause asthma attacks in people who have asthma.



Never use this drug with tetracycline.

Do not give procaine penicillin to someone who is allergic to antibiotics in the penicillin family.

Medicines

promethazine



WARNING!

Promethazine is an antihistamine used to treat allergic reactions and allergic shock.

Side effects: Dry mouth and nose, blurry vision. Rarely, twitching of the body, face, or eyes.


Often comes in: tablets of 10, 12.5, and 25 mg; syrup of 5 mg per 5 ml; ampules for injection of 25 mg in 1ml.

How to use:
For moderate allergic reaction (see p. 465), give 25 mg by mouth. Repeat in 6 hours if needed.

For allergic shock (see p. 466), inject 50 mg in muscle. Repeat in 6 hours if needed.

Other drugs that may work: diphenhydramine.



WARNING: Promethazine is best taken by mouth. Only inject it for severe allergic reactions and shock.

This medicine is OK to use in emergencies, but should not be used regularly in pregnancy or while breastfeeding.

tetanus antitoxin (tetanus immunoglobulin)

Tetanus antitoxin and tetanus immunoglobulin are similar medicines which can be given to people who have been exposed to tetanus but have not received tetanus toxoid vaccinations.

continued...


tetanus antitoxin *continued*

Important: Many people are allergic to tetanus antitoxin. Give an antihistamine like diphenhydramine 15 minutes before giving tetanus antitoxin.

4 weeks after giving antitoxin or immunoglobulin, start giving tetanus vaccinations. If you will not be able to see the woman again in 4 weeks, it is OK to give the vaccine on the same day as the antitoxin or immunoglobulin. But do not inject tetanus antitoxin or tetanus immunoglobulin into the same spot where you inject tetanus toxoid vaccination — it will stop the vaccination from working.

Side effects: Allergy.

Often comes in: tetanus antitoxin comes in vials of 1,500, 20,000, 40,000, and 50,000 Units. Tetanus immunoglobulin comes in vials of 250 Units.




How to use:
For someone who has a wound that could cause tetanus (like from an unsafe abortion, see p. 411) **and has not been vaccinated against tetanus**, inject 1,500 Units tetanus antitoxin in the muscle,

or inject 250 Units tetanus immunoglobulin in the muscle.

If a person develops signs of tetanus inject 50,000 Units of tetanus antitoxin in the muscle,

or inject 5000 Units tetanus immunoglobulin in the muscle.

Other drugs that may work: benzylpenicillin, tetanus toxoid vaccine.



WARNING: Tetanus can easily kill a person. Get medical help even after giving antitoxin or immunoglobulin.

tetanus toxoid vaccine

Tetanus toxoid is an immunization given to prevent a tetanus infection. It can be given during or after pregnancy, or after abortion or female genital cutting. If a woman gets 2 injections (or better still, 3 injections — see schedule) when pregnant, it will also prevent this deadly infection in her newborn baby.

Important: Tetanus immunizations should be given to everyone starting in childhood. Tetanus immunization is often given to children as part of a combined immunization called DPT, and the 3 DPT immunizations are equal to the first 2 tetanus toxoid immunizations.

Side effects: Pain, redness, warmth, slight swelling.

Often comes in: single dose (0.5 ml) ampules for injection or liquid for injection.



How to use:

To give lifetime protection from tetanus (see p. 102), inject 5 immunizations of 0.5 ml into the muscle of the upper arm and then 1 booster injection every 10 years.

- Injection 1.....As soon as possible
- Injection 2.....4 weeks after injection 1
- Injection 3.....6 months after injection 2
- Injection 4.....1 year after injection 3
- Injection 5.....1 year after injection 4
- Booster10 years after injection 5

To prevent tetanus infection if a woman may already have been exposed (see p. 411), inject 0.5 ml in the muscle. You must also give 1500 Units tetanus antitoxin.

WARNING!



tetracycline

Tetracycline is an antibiotic of the tetracycline family used to treat many infections. In this book we recommend it only for blindness prevention for newborns.

Often comes in: Ointment of 1%.



How to use:

For newborn eye care (see p. 261), use 1% ointment in each eye at birth, 1 time only, within 2 hours of the birth.

Other drugs that may work: erythromycin, iodine.



WARNING: Tetracycline by mouth can be dangerous during pregnancy and breastfeeding.

trichloroacetic acid (bichloroacetic acid)

Either trichloroacetic acid or bichloroacetic acid can be used to treat genital warts.

Important: Use very carefully. It can burn normal skin badly enough to cause a scar. If it spills onto healthy skin, wash off with soap and water.

Often comes in: liquids of varying strengths from 10% to 90%.



How to use:

To treat genital warts (see p. 333) first protect the area around the wart with petroleum jelly. Then put on the trichloroacetic acid. It will hurt for 15 to 30 minutes. Then clean off. Repeat after a week if necessary, but do not use this more than 1 time each week.

Oral contraceptives (birth control pills)

Most birth control pills contain 2 hormones similar to the hormones that a woman's body normally makes. These hormones are called estrogen (ethinyl estradiol) and progestin (levonorgestrel). Birth control pills come in different strengths of each hormone and are sold under many different brand names. Some of the brand names are listed on the next page.



Usually, brands that contain a smaller amount of both hormones are the safest and work best for most women. These "low dose" pills are found in Groups 1, 2, and 3.

To assure effectiveness and minimize spotting (small amounts of bleeding at other times than normal monthly bleeding), take birth control pills at the same time each day, especially with pills that have low amounts of hormones. If spotting continues after 3 or 4 months, try one of the brands in Group 3. If there is still spotting after 3 months, try a brand from Group 4.

As a rule, women who take birth control pills have less heavy monthly bleeding. This may be a good thing, especially for women who are anemic. But if a woman misses her monthly bleeding for months or is disturbed by the very light monthly bleeding, she can change to a brand with more estrogen from Group 4. For a woman who has very heavy monthly bleeding or whose breasts become painful before her monthly bleeding begins, a brand low in estrogen but high in progestin may be better. These pills are found in Group 3.

Women who continue to have spotting or miss their monthly bleeding when using a brand from Group 3, or who became pregnant before while using another type of pill, can change to a pill that has a little more estrogen. These "high dose" pills are found in Group 4.

Women who are breastfeeding, or who should not use regular pills because of headaches or mild high blood pressure, may want to use a pill with only progestin. These pills in Group 5 are also called "mini-pills."

Progestin only pills should be taken at the same time every day, even during the monthly bleeding. Menstrual bleeding is often irregular. There is also an increased chance of pregnancy if even a single pill is forgotten.

group 1 — triphasic pills

These contain low amounts of both estrogen and progestin in a mix that changes throughout the month. Since the amounts change, it is important to take the pills in order.

Brand names:

| | |
|------------|-----------|
| Logynon | Triquilar |
| Synophase | Triphasil |
| Tricyclen | |
| Trinordiol | |
| Trinovum | |

group 2 — low dose pills

These contain low amounts of estrogen (35 micrograms of the estrogen "ethinyl estradiol" or 50 micrograms of the estrogen "mestranol") and progestin in a mix that stays the same throughout the month.

Brand names:

| | |
|------------------------|---------------------------|
| Brevicon 1 + 35 | Ortho-Novum 1/35, 1/50 |
| Neocon | |
| Noriday 1 + 50 | Ovysmen 1/35 |
| Norimin | Perle |
| Norinyl 1 + 35, 1 + 50 | |

group 3 — low dose pills

These pills are high in progestin and low in estrogen (30 or 35 micrograms of the estrogen "ethinyl estradiol").

Brand names:

Lo-Femenal
Lo-Ovral
Microgynon 30
Microvlar
Nordette

group 4 — high dose pills

These pills are higher in estrogen (50 micrograms of the estrogen "ethinyl estradiol") and most are also higher in progestin.

Brand names:

| | |
|----------|-----------|
| Denoval | Nordiol |
| Eugynon | Ovral |
| Femenal | Primovlar |
| Neogynon | |

group 5 — progestin only pills

These pills, also known as "mini-pills," contain only progestin.

Brand names:

| | |
|------------|-----------|
| Femulen | Microlut |
| Micronor | Microval |
| Micronovum | Neogest |
| Nor-Q D | Neogeston |
| | Ovrette |

These brands can also be used for emergency contraception (see p. 316).

Medicines

Medicines for HIV/AIDS

Pages 99 and 334 give detailed information about HIV/AIDS and how to prevent it. This page gives an explanation of medicines for HIV/AIDS.



People who have HIV/AIDS can live much longer, healthier lives with the help of medicines. Medicines can also help prevent the spread of HIV from a mother to her baby. Unfortunately, these medicines are complicated. New medicines are being developed all the time. Experience and testing show new and better ways that existing medicines should be given. Always talk to your local health authority about what the best medicines or combination of medicines are in your area and for each woman.

There are a number of different combinations of medicines for treating HIV/AIDS. This section gives the best treatments known at the time this book is being printed (December 2004). No matter what medicines you give, remember that:

- you must give a combination of 3 or 4 medicines (treating HIV with only 1 or 2 medicines is not effective) and,
- combinations of medicines may be available as 1 pill. This makes medicines easier to take and less expensive. Two combined pills are *Combivir*, a combination of lamivudine and zidovudine, and *Triomune*, a combination of lamivudine, stavudine, and nevirapine.

Anyone taking medicine to treat HIV/AIDS must have regular health care visits with someone who understands HIV/AIDS treatment.

To treat a woman who is sick with HIV/AIDS



(has signs of AIDS and the diseases that people with AIDS frequently get)

- give 150 mg lamivudine (3TC).....by mouth, 2 times a day, every day
and
- give 300 mg zidovudine (ZDV).....by mouth, 2 times a day, every day
and
- give 1250 mg nelfinavir.....by mouth, 2 times a day, every day
(Nelfinavir is a type of drug called a protease inhibitor. You may be able to give a different protease inhibitor in its place, but some are not safe in pregnancy. Ask your local health authority.)

Nelfinavir is still very difficult to get in most of the world. If you do not have nelfinavir, there are 2 alternative combinations that also work well.

Give only 1 of these combinations. Any of these combinations will work well, so give the combination of medicines that you can get most easily. Then stay with that combination unless a knowledgeable health worker suggests a change.

Alternative 1



- give 150 mg lamivudine (3TC)by mouth, 2 times a day, every day

and

- give 300 mg zidovudine (ZDV)by mouth, 2 times a day, every day

and

- give 200 mg nevirapine (NVP)by mouth, once a day for 14 days, then give it 2 times a day, every day

or

Alternative 2



- give 150 mg lamivudine (3TC)by mouth, 2 times a day, every day

and

- give 40 mg stavudine (D4T).....by mouth, 2 times a day, every day (if the woman weighs less than 60 kg, give only 30 mg, 2 times a day)

and

- give 200 mg nevirapine (NVP)by mouth, once a day for 14 days, then give it 2 times a day, every day

After giving any of the above 3 treatments during pregnancy, you should also treat the baby when she is born.

To protect a baby from HIV infection



- give 2 mg oral suspension nevirapine for each kilogram of weight (5 mg for a 3 kg baby), by mouth, within 3 days of the birth

and

- give 4 mg zidovudine oral solution for each kilogram of weight (12 mg for a 3 kg baby), by mouth, 2 times a day for 7 days

See the next page for more treatments to protect a baby from HIV infection during birth.

Medicines

In many communities, medicines are not available for most people with HIV/AIDS. Perhaps if US and European drug companies and governments allow medicines to be made generically and locally (rather than in expensive, brand name, imported forms), more people will be able to use them. It will require more money from rich countries to make these medicines available. It will also require a better use of the resources that poor countries do have. In any case, millions of women do not have access to the medicines they need to treat their own HIV/AIDS. But it is often possible to get medicines that can prevent the spread of HIV from a mother to her baby.

To prevent passing HIV/AIDS from a mother to her baby
when the mother is not taking other AIDS medicines,
or when she has HIV but is not sick with AIDS

- give 300 mg zidovudine (ZDV)by mouth, 2 times a day every day, starting at 28 weeks (about 7 months) of pregnancy

and

- give 600 mg zidovudine (ZDV)by mouth, 1 time at the beginning of labor

and



- give 200 mg nevirapine (NVP).....by mouth, 1 time at the beginning of labor

Then, for the baby

- give 2 mg oral suspension nevirapine for each kilogram of weight (5 mg for a 3 kg baby), by mouth, within 3 days of the birth

and

- give 4 mg zidovudine oral solution for each kilogram of weight (12 mg for a 3 kg baby), by mouth, 2 times a day for 7 days



If you cannot get zidovudine, nevirapine alone can prevent the passing of HIV from a mother to her baby during birth, but giving nevirapine in this way (without zidovudine) may prevent it from working to treat the mother later.

To prevent passing HIV/AIDS from a mother to her baby
when you only have nevirapine

- give the mother 200 mg nevirapine (NVP).....by mouth, 1 time at the beginning of labor

and

- give the baby 2 mg oral suspension nevirapine for each kilogram of weight (5 mg for a 3 kg baby), by mouth, within 3 days of the birth

WARNING!**lamivudine
(3TC)**

Lamivudine is used in combination with other medicines to treat AIDS, and can help people with HIV/AIDS live longer. It can also help prevent passing HIV from a mother to her baby during birth.

Important: You must give other medicines for HIV/AIDS with this medicine. It is very important to take this medicine every day, in the recommended dose.

Side effects: Nausea, tingling or pain in the hands, arms, feet, or legs, mouth sores.

Often comes in: tablet of 150 mg; oral solution of 50 mg per 5 ml.

**How to use:**

To treat a person sick with AIDS (see p. 492 and 493), give 150 mg by mouth 2 times a day, every day. You must also give other medicines.

Other medicines that might work: nevirapine, stavudine, zidovudine, others.



WARNING: Unless a woman is very sick with AIDS, it may be best to start giving this medicine after the 3rd month of pregnancy.

It is still unknown whether this medicine can be harmful during breastfeeding. But it probably offers protection against passing HIV from a breastfeeding mother to her baby — so it is usually best to continue taking it.

WARNING!**nelfinavir
(NFV)**

Nelfinavir is used in combination with other medicines to treat AIDS, and can help people with HIV/AIDS live longer. It can also help prevent passing HIV from a mother to her baby during birth. It is a type of medicine called a protease inhibitor.

Important: You must give other medicines for HIV/AIDS with this medicine. It is very important to take this medicine every day, in the recommended dose.

Side effects: Diarrhea, nausea, rash.

Often comes in: tablet of 250 mg; oral powder of 50 mg per gram.

**How to use:**

To treat a person sick with AIDS (see p. 492), give 1250 mg by mouth 2 times a day, every day. You must also give other medicines.

Other drugs that may work: lamivudine, nevirapine, stavudine, zidovudine, others.



WARNING: This medicine may cause serious health problems when combined with some other medicines. Ask your local health authority.

Unless a woman is very sick with AIDS, it may be best to start giving this medicine after the 3rd month of pregnancy.

It is still unknown whether this medicine can be harmful during breastfeeding. But it probably offers protection against passing HIV from a breastfeeding mother to her baby — so it is usually best to continue taking it.

Medicines

WARNING!



**nevirapine
(NVP)**

Nevirapine is a medicine used to treat AIDS, and to prevent passing HIV/AIDS to a baby during birth.

Important: If a woman uses this medicine to prevent passing HIV/AIDS to her child in birth, it may not work to treat her own sickness with AIDS later.

Side effects: Rash, chills, fever, sore throat, mouth sores.

Often comes in: Tablets of 200 mg; suspension of 50 mg per 5 ml.



How to use:

To treat a person sick with AIDS (see p. 493), give 200 mg by mouth once a day for 14 days, then give 200 mg 2 times a day, every day. Also give other medicines.

To prevent passing HIV to a baby in a pregnant woman who has not taken medicines for HIV/AIDS during pregnancy (see p. 494), give 200 mg by mouth when labor begins. Then give the baby 2 mg for each kilogram of weight (5 mg for a 3 kg baby) immediately after the birth. This treatment works best if zidovudine is also given.

Other medicines that might work: lamivudine, stavudine, zidovudine, others.



WARNING: Nevirapine can cause serious problems in the liver. Stop giving this drug if the person has signs of hepatitis (see p. 336).

Unless a woman is very sick with AIDS, it may be best to start giving this medicine after the 3rd month of pregnancy.

It is still unknown whether this medicine can be harmful during breastfeeding. But it probably offers protection against passing HIV to a breastfeeding baby — so it is usually best to continue taking it.

WARNING!



**stavudine
(D4T)**

Stavudine is used in combination with other medicines to treat AIDS, and can help people with HIV/AIDS live longer. It can also help prevent passing HIV from a mother to her baby during birth.

Important: You must give other medicines for HIV/AIDS with this medicine. It is very important to take this medicine every day, in the recommended dose.

Side effects: Numbness or tingling.

Often comes in: Capsules of 15 mg, 20mg, 30mg, 40mg; powder for oral solution of 5 mg per 5 ml.



How to use:

To treat a person sick with AIDS (see p. 493), give 40 mg by mouth 2 times a day, every day. If the woman weighs less than 60 kg, give only 30 mg 2 times a day. You must also give other medicines.

Other drugs that may work: lamivudine, nevirapine, zidovudine, others.



WARNING: Avoid alcohol while taking this medicine. Severe nausea or stomach pain while taking this medicine can be a sign that it is causing problems in the organs of the body. Do not give stavudine with zidovudine.

Unless a woman is very sick with AIDS, it may be best to start giving this medicine after the 3rd month of pregnancy.

It is still unknown whether this medicine can be harmful during breastfeeding. But it probably offers protection against passing HIV from a breastfeeding mother to her baby — so it is usually best to continue taking it.

WARNING!
zidovudine
(ZDV, AZT)

Zidovudine is used in combination with other medicines to treat AIDS, and can help people with HIV/AIDS live longer. It can also help prevent passing HIV from a mother to her baby during birth.

Important: This medicine works best given with other medicines. It is important to take this medicine every day, in the recommended dose.

Side effects: nausea, loss of appetite, vomiting, headache, weakness. These effects usually get somewhat better after a few weeks.

Often comes in: tablets of 300 mg; capsules of 100 mg, 250 mg; oral solution or syrup of 50 mg per 5ml; liquid for injection of 10 mg per ml in 20 ml vial.


How to use:

To treat a person sick with AIDS (see p. 492 and 493), give 300 mg by mouth 2 times a day, every day. You must also give other medicines.

To prevent the spread of HIV from a mother to her baby during birth (see p. 494), give 300 mg by mouth, 2 times a day, every day, starting at 28 weeks of pregnancy. Then give the mother 600 mg by mouth, once at the beginning of labor. Then give the baby 4 mg oral solution for each kilogram of weight (12 mg for a 3 kg baby), by mouth, 2 times a day for 7 days. You should also give nevirapine.

Other drugs that may work: lamivudine, nevirapine, stavudine, others.

continued...

zidovudine, continued


WARNING: Zidovudine can cause severe anemia. Check the woman's hemoglobin before starting zidovudine, and regularly while she uses it. Do not give zidovudine with stavudine.

Unless a woman is very sick with AIDS, it may be best to start giving this medicine after the 3rd month of pregnancy.

It is still unknown whether this medicine can be harmful during breastfeeding. But it probably offers protection against passing HIV from a breastfeeding mother to her baby — so it is usually best to continue taking it.

To learn more

Organizations

These groups provide training, educational materials, or advocacy for midwives and health workers in many parts of the world.

Averting Maternal Death and Disability (AMDD)

Works with developing countries and international agencies to improve access to and quality of emergency obstetric care. AMDD has some training materials available for free on their website.

60 Haven Avenue
New York, NY 10032, USA
fax: (1-212) 544-1933
<http://cpmcnet.columbia.edu/dept/sph/popfam/amdd/>

Childbirth Graphics

Sells educational tools including books, posters, and models for teaching about pregnancy, birth, and women's health.

WRS Group, Ltd.
PO Box 21207
Waco, TX 76702, USA
tel: (1-800) 299-3366
fax: (1-888) 977-7653
sales@wrsgroup.com
www.childbirthgraphics.com

or

PO Box 1090
Pulborough, West Sussex
RH20 4YY, UK
tel: (44-1903) 74-5444
fax: (44-1903) 74-0716
edwardchurch@wrsgroup.com

International Confederation of Midwives

An organization of midwives and midwifery groups from around the world. Organizes international conferences for midwives and helps organize smaller, local conferences too.

Eisenhowerlaan 138
2517 KN The Hague, The Netherlands
tel: (31-70) 306-0520
fax: (31-70) 355-5651
info@internationalmidwives.org
www.internationalmidwives.org

International Planned Parenthood Federation (IPPF)

IPPF promotes and supports family planning activities worldwide. They also publish information on all aspects of family planning. IPPF has offices around the world. For more information or to find a local office, contact:

Regent's College, Inner Circle
Regent's Park, London NW1 4NS, UK
tel: (44-171) 487-7900
fax: (44-171) 487-7950
info@ippf.org
www.ippf.org

Ipas

Works to prevent death and injury from unsafe abortion. Creates and distributes training materials, MVA syringes and cannula, and other equipment. Ipas has offices in many countries around the world. For information or to find a local office, contact:

PO Box 5027
Chapel Hill, NC 27516, USA
tel: (1-919) 967-7052
fax: (1-919) 929-0258
ipas@ipas.org
www.ipas.org

Marie Stopes International

Provides information and services for sexual health to people around the world. To find a local office, contact:

153-157 Cleveland Street
London W1T 6QW, UK
tel: (44-0207) 574-7400
fax: (44-0207) 574-7417
info@mariestopes.org.uk
www.mariestopes.org.uk

To learn more

PAC Consortium

A group of agencies that are working to inform health workers and the public about health problems caused by unsafe abortion, and to promote postabortion care. The PAC Consortium also releases a newsletter 2 times a year in Arabic, French, English, Portuguese, Russian, and Spanish.

The CATALYST Consortium
1201 Connecticut Ave NW, Suite 50
Washington, DC 20036, USA
tel: (1-202) 775-1977
info@pac-consortium.org
www.pac-consortium.org

PATH

Creates simple health care tools that are affordable and easy to use, and helps to improve local health systems around the world. Some of the tools they have created include simple test kits for HIV and other STIs and illnesses, easy-to-use scales, delivery kits, and syringes that can only be used one time.

1455 NW Leary Way
Seattle, WA 98107, USA
tel: (1-206) 285-3500
fax: (1-206) 285-6619
info@path.org
www.path.org

Pathfinder International

Works with local governments and organizations to make family planning and women's health services available by giving training and helping to create health care systems.

9 Galen Street, Suite 217
Watertown, MA 02472, USA
tel: (1-617) 924-7200
fax: (1-617) 924-3833
information@pathfind.org
www.pathfind.org

Regional Prevention of Maternal Mortality Network (RPMM)

A network of doctors, midwives, and others working to prevent maternal mortality in sub-Saharan Africa. This group focuses on making emergency obstetric care easier to access and use.

PO Box 1177
Mamprobi
Accra, Ghana
tel: (233-21) 76-3284
fax: (233-21) 76-3285
rpmm4ak@africaonline.com.gh
www.rpmm.org

Teaching-aids at Low Cost (TALC)

Gives away books, videos, teaching materials, and simple health tools, for free or at low cost.

PO Box 49, St Albans,
Herts, AL1 5TX, UK
tel: (44-0172) 785-3869
fax: (44-0172) 784-6852
info@talcuk.org
www.talcuk.org

White Ribbon Alliance for Safe Motherhood

A network of organizations and people who are working to prevent death and injury of women during pregnancy and birth. There are local offices in many parts of the world.

1050 17th Street, N.W., Suite 1000
Washington, DC 20036, USA
tel: (1-202) 775-9680
fax: (1-202) 775-9699
wra2@whiteribbonalliance.org
www.whiteribbonalliance.com

Books and more

This is a short list of books and other materials that might be useful for learning:

The Childbirth Picture Book

F. Hoskin, WIN News

187 Grant Street
Lexington, MA 02420, USA
winnews@igc.org
www.feminist.com/win.htm

Available in English, Spanish, French, Arabic, and Somali.

Healing Passage, A Midwife's Guide to the Care and Repair of the Tissues Involved in Birth

A. Frye, Labrys Press

7528 NE Oregon Street
Portland, OR 97213, USA
tel: (1-503) 255-3378
fax: (1-503) 255-1474
anne@midwiferybooks.com
www.midwiferybooks.com

Healthy Women, Healthy Mothers: An Information Guide

A. Arkutu, Family Care International, Inc.

588 Broadway, Suite 503
New York, NY 10012, USA
tel: (1-212) 941-5300
fax: (1-212) 941-5563
info@familycareintl.org
www.familycareintl.org

Available in English and French.

Life-Saving Skills Manual for Midwives

M.A. Marshal, and S. Buffington, American College of Nurse Midwives

Available in English, French, and Spanish.

and

Home Based Life Saving Skills Manual

S. Buffington, L. Sibley, D. Beck, D. Armbruster, American College of Nurse Midwives

8403 Colesville Rd, Suite 1550
Silver Springs, MD 20910, USA
tel: (1-240) 485-1800
fax: (1-240) 485-1818
www.shopacnm.com

Managing Complications in Pregnancy and Childbirth

Department of Reproductive Health and Research, World Health Organization

Department of Reproductive Health and Research

Documentation Centre
1211 Geneva 27, Switzerland
tel: (41-22) 791-4447

fax: (41-22) 791-4189

reproductivehealth@who.int

www.who.int/reproductive-health/impac

Available in English, French, and Spanish.

Midwifery Today Magazine

PO Box 2672
Eugene, OR 97402, USA
tel: (1-800) 743-0974 (US and Canada)
Fax: (1-541) 344-1422
inquiries@midwiferytoday.com
www.midwiferytoday.com

Mother To Be, A Guide to Pregnancy and Birth for Women with Disabilities

J. Rogers and M. Matsumura, Demos Medical Publishing

386 Park Ave S. # 201
New York, NY 10016, USA
tel: (1-212) 683-0118

Obstetrics Illustrated

K. Hanretty, T. Turner, J. McGregor, S. Hood, Churchill Livingstone

Elsevier Books Customer Services
Linacre House, Jordan Hill
Oxford OX2 8DP, UK
eurobkinfo@elsevier.com
www.elsevier.com

To learn more

Safe Motherhood newsletter

Department of Reproductive Health and Research, World Health Organization

Department of Reproductive Health and Research
Documentation Centre
1211 Geneva 27, Switzerland
tel: (41-22) 791-4447
fax: (41-22) 791-4189
safemotherhood@who.ch
www.who.int/reproductive-health

Available in English and French.

For the Arabic version, mail to:

WHO Regional Office for the Eastern Mediterranean
PO Box 1517
Alexandria 21511, Egypt

For the Chinese version, mail to:

Institute of Medical Information
3 Yabao Road
Chaoyang District, Beijing 100020 China

The Anti-shock Garment

The Anti-shock Garment is a rubber suit that closes tightly around a woman's lower body. It stops hemorrhage during pregnancy and birth, from ectopic pregnancy, from ruptured uterus, or from other causes, and treats shock by sending blood from the legs to the brain, heart, and lungs. Contact:

Suellen Miller
Women's Global Health Imperative
74 New Montgomery Street, Suite 400
San Francisco, CA 94105, USA
tel: (1-415) 597-9394
fax: (1-415) 597-9300
smiller@psg.ucsf.edu

Spiritual Midwifery

I. Gaskin, The Book Publishing Company

PO BOX 259
Summertown, TN 38483, USA
tel: (1-931) 964-3574
farmcatalog@farmcatalog.com
www.farmcatalog.com

Varney's Midwifery

H. Varney, J. Kriebs, and C. Gegor, Jones and Bartlett Publishers

40 Tall Pine Drive
Sudbury, MA 01776, USA
tel: (1-978) 443-5000
fax: (1-978) 443-8000
ISEcustserve@jbpub.com
www.jbpub.com

Technical and medical words

In this book we use simple and clear words as often as we can. We hope this makes the book easy to use for most people. Sometimes we use a simple word where most medical workers would usually use a more technical one, but it can be very helpful to know the technical word too. This is a short list of some of the words you might hear in a midwifery training program or in a hospital or medical center. If you want to know the meaning of a word that you do not see on this list, it may be explained somewhere in the rest of the book. Check the index, starting on page 505.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

amniotic fluid The liquid that surrounds the baby inside the womb.

anesthesia Medicine used to keep a person from feeling pain from a medical procedure. General anesthesia is a medicine given to make someone sleep during surgery. Local anesthesia is injected into the body to numb a small area.

bacteria Germs that cause infections. Bacteria can usually be killed with antibiotic medicines.

bilirubin A chemical in the bile or blood. When too much bilirubin builds up, it causes jaundice (the skin turns yellow).

biopsy When a piece of tissue or fluid is taken from part of the body and is examined in a laboratory to see if it is healthy or diseased.

bowel The end of the large intestine, near the anus where stool comes out of the body.

circulation Blood flowing through the heart, arteries, and veins.

complication A problem or thing that goes wrong.

contagious When an illness can pass from one person to another. These illnesses are caused by bacteria or viruses.

ectopic pregnancy (pregnancy in the tubes) A pregnancy that grows in the fallopian tubes or anywhere outside the womb.

embryo The beginning stage of a baby early in pregnancy, from the second to the eighth week.

engagement (engaged) When a baby's head is deep in the pelvis soon before birth.

engorgement (engorged) When a part of the body is filled with fluid, often blood. Breasts engorged with milk are common after birth and can be very painful.

fallopian tubes (tubes) The tubes that connect the ovaries to the womb. A woman's eggs travel through the tubes.

fertilization (conception) When a woman's egg joins with a man's sperm — the beginning of pregnancy.

forceps Medical tools for pulling. A small forceps can be used to hold tissues or sewing needles. Obstetrical forceps are used to help bring a baby out.

genitals The inner and outer parts of the body that are used in sex and producing babies - including the labia and vagina, and the penis and testicles.

hemorrhage Severe bleeding.

hemostat A medical tool for clamping. Hemostats can be used to clamp the cord so that blood does not come out of it when it is cut.

Technical and medical words

High Level Disinfection (HLD) A way to remove most germs from an instrument or tool, very similar to sterilization. In this book, whenever we say a tool should be sterilized, we actually mean it can be sterile or HLD.

intestine A long, winding tube that carries food from the stomach and then waste to the anus.

invasive procedure A medical procedure deep inside the body or that cuts the skin.

kidneys Two large organs in the lower back that make urine by cleaning waste from the blood.

ligaments Strong fibers in a person's body that help hold muscles and bones in place.

membranes The bag that holds the baby and waters (amniotic fluid) during pregnancy.

menstrual cycle The time and changes in a woman's body from the beginning of one monthly bleeding to the beginning of the next. This includes bleeding, some days when a woman is not fertile, and the days when the lining of her womb grows to prepare for a possible pregnancy and an egg is released from her ovary.

menstruation (monthly bleeding) When bloody fluid comes out of a woman's womb and out of her vagina. It happens about once a month and lasts a few days.

midwife A person who cares for a woman's health needs, especially during pregnancy and birth.

obstetrics The branch of medicine that deals with the care of women during pregnancy and childbirth.

premature Before full development. A baby is premature if born before 37 weeks of pregnancy.

prolapse When part of the body drops or falls. When the cord comes out before the baby is born it is a prolapsed cord.

Rh factor A blood type that can cause problems in pregnancy. A person with a certain protein in her blood is said to have "Rh+" blood. People who do not have this protein have "Rh-" blood. If a woman with Rh- blood is pregnant, and her baby has Rh+ blood (this can only happen if the father has Rh+ blood), her body can produce antibodies that fight any future pregnancies she has. This can cause miscarriages or other problems in those future pregnancies. If a woman has a miscarriage or stillbirth, and does not know why, you could have a laboratory check her blood. If she is Rh-, she may be able to get a medicine called Rho(D) Immune Globulin during her next pregnancy to protect her baby from problems.

scrub Washing the hands, fingernails, and forearms carefully and thoroughly for several minutes to remove most germs.

sterilize To kill or remove all the germs on something. Tools must be sterile or HLD to be safely used for invasive medical procedures.

tissue The material that makes up the muscles, fat, and organs of the body.

uterus (womb) The organ in the body where monthly bleeding comes from and where a baby grows during pregnancy.

virus A germ that can cause infections and sicknesses. Viruses cannot be killed with antibiotics, but there are some new drugs that can help fight some viral infections.

Index

This index lists topics covered in the book in the order of the alphabet.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

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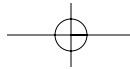
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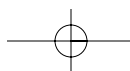
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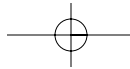
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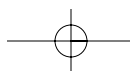
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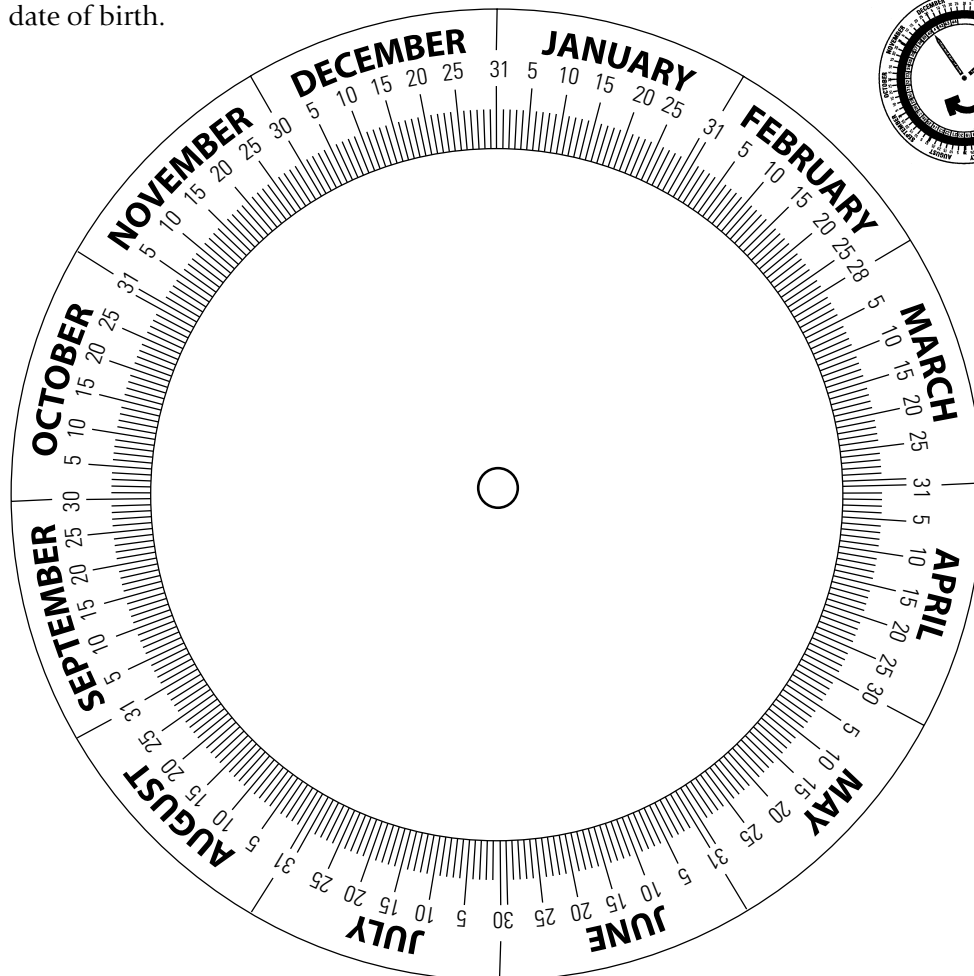
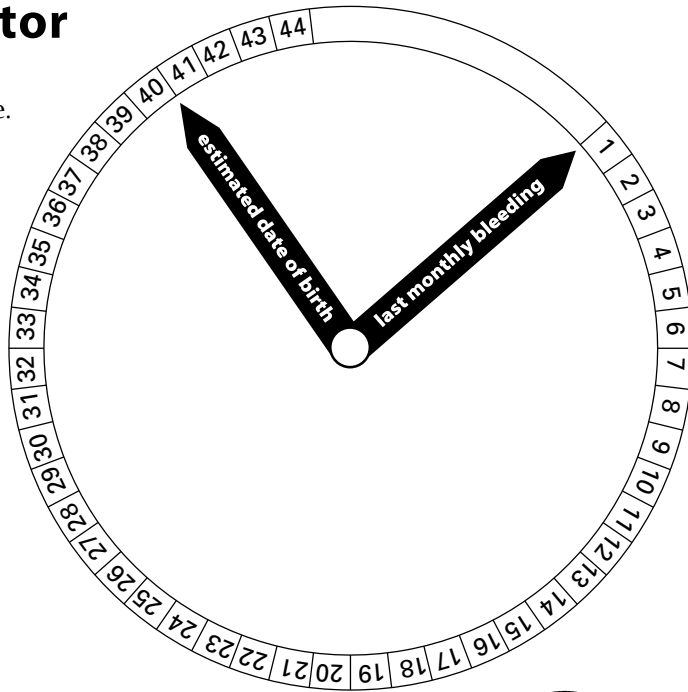
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Due date calculator

This simple tool can show you what a woman's due date will be. See page 88 to learn more about due dates.

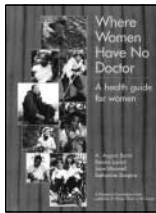
Copy this page and paste it onto a piece of cardboard or stiff paper. Then cut the circles out. Put the smaller circle on top of the larger circle and fasten them together through the center.

To use the wheel, point the arrow that says "last monthly bleeding" to the first day of the woman's last monthly bleeding. The other arrow will then be pointing to the baby's estimated date of birth.



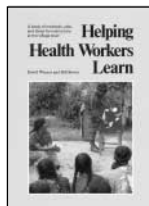
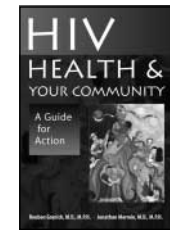
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Where There Is No Doctor, by David Werner with Carol Thuman and Jane Maxwell. Perhaps the most widely used health care manual in the world, this book provides vital, easily understood information on how to diagnose, treat, and prevent common diseases. Emphasis is placed on prevention, including cleanliness, diet, and vaccinations, as well as the active role people must take in their own health care. 512 pages.



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HIV, Health, and Your Community: A Guide for Action by Reuben Granich and Jonathan Mermin is an essential resource for community health workers and others confronting the growing HIV/AIDS epidemic. This clearly written guide emphasizes prevention and also covers virus biology, epidemiology, and ideas for designing HIV prevention and treatment programs. Contains an appendix of common health problems and treatments for people with HIV/AIDS, along with other practical tools for health workers. 245 pages.



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