

# Counseling and Assessment Guide for Providers: Talking to Women about AMA and HP Pregnancies

A woman is considered to be of advanced maternal age (AMA) when she is 35 years old or older. A woman is high parity (HP) when she has had five or more births. Research shows that pregnancies in women 35 and older or women who have had five or more births are associated with elevated health risks to a mother and her baby.

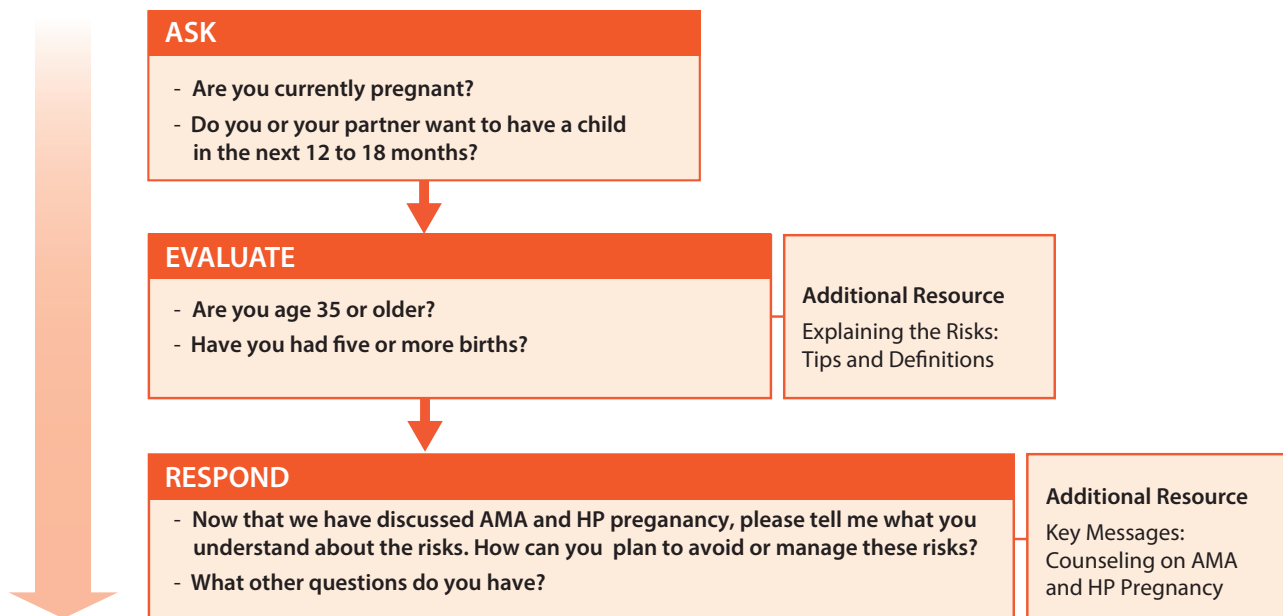
Consider using this counseling guide with women approaching AMA or HP status – that is, in the years before she turns 35 or has a fifth birth. It may help her and her partner understand the risks associated with future pregnancies. This guide also can be used by a provider to help a woman and her partner understand how using a modern family planning (FP) method can prevent a potentially dangerous AMA or HP pregnancy. Providers can also use this information to counsel young women about the risks of having children too late, so they can plan their reproductive lives well in advance.

## When to Use This Guide

Use this guide when counseling women during their antenatal services, immediately postpartum, during well-baby visits, as part of family planning services and during any community outreach. It will help you to **Ask** your client about current or planned pregnancies, **Evaluate** her risk for HP and AMA pregnancy and **Respond** to questions and concerns about AMA, HP and FP.

## How to Use this Guide

Read through the entire guide at least twice before you use it with a client. The guide encourages you to ask key questions according to three counseling stages – **Ask**, **Evaluate**, **Respond** (see below diagram). How your client answers the key questions – for example, “**Yes**,” “**No**,” or “**Not Sure**” – will determine what information you discuss with your client. You should progress through all counseling stages, but only need to review with your client the information in the guide that matches her response and situation. To deepen your conversation with your client, the guide has additional resources, including definitions of AMA and HP risks, and key counseling messages.



# Ask



## Ask Your Client:

### Are you currently pregnant?

#### Yes:

- Counsel her on the importance of nutrition, antenatal care (ANC), rest, paying attention to AMA and HP risk warning signs and how to talk to her partner about ANC.
- Schedule her first ANC visit.

#### Not sure:

- Assess your client to confirm if she is pregnant or not. Once confirmed follow guidelines for **Yes** or **No**.

#### No:

- Continue to next question about desired pregnancy within the next 12 to 18 months.

### Do you or your partner want to have a child in the next 12 to 18 months?

#### Yes:

- Determine if she is a candidate for an FP method until the time she wants to become pregnant.
- Continue to the **Evaluate** section to determine if she is at risk for an AMA or HP pregnancy.

#### No:

- Provide FP methods or counseling:
  - » Ask her which FP method she prefers.
  - » Determine if that or other methods would be a good fit for her, based on when she wants to get pregnant, whether or not she is breastfeeding and her current health status.
  - » Discuss other methods' benefits, safety, side effects and cost.
  - » Answer any questions about FP methods you can. If you are not sure of other information, try to find out by consulting national and international guidelines, your supervisor or other colleagues.
  - » If you do not have the method she requests, refer her to a facility that does and help her set up that appointment on the spot.

Continue to the Evaluate Section

# Evaluate



## Ask Your Client:

### Are you age 35 or older?

#### Yes:

- Ask your client if she has suffered any of the following health risks with a previous pregnancy:
  - » Hypertension
  - » Diabetes
  - » Fetal (respiratory) distress
  - » Caesarean delivery
  - » Pre-term or early delivery
  - » Stillbirth
  - » Abnormalities in the baby
  - » Low or high birth weight of the baby
- Discuss further if the client is unsure for any of the conditions or symptoms.
- Explain that all of the above are risks of AMA pregnancy, and complications may result in the death of the mother or baby. Definitions of these risks and complications are provided after the **Evaluate** section.
- Encourage the client to bring her partner to discuss with you the dangers of AMA pregnancies for her and her baby.

#### *If she is pregnant now, also do the following:*

- Assess her for the relevant pregnancy danger signs listed previously (hypertension, diabetes, in-utero fetal distress).
- Assess her for the following, and tell her to contact a healthcare provider if she experiences:
  - » The baby becoming much less active (a possible sign of fetal distress or death)
  - » Vaginal bleeding (a possible sign of pre-term labor or placental complications)
  - » Contractions occurring or her water breaking well before the baby is due (possible signs of pre-term delivery)
  - » Long-lasting and severe headaches, swelling, stomach pain and trouble seeing (possible signs of preeclampsia)
- Reassure her that despite the risks associated with pregnancies at age 35 or older, there are ways to stay healthy, particularly by paying attention to any danger signs and attending regular ANC visits with a healthcare provider.

- Ask her to come in regularly for ANC (at least four visits). The World Health Organization<sup>1</sup> recommends at least four ANC visits between the first trimester and 37 weeks for a healthy pregnancy. Based on a woman's level of AMA or HP risk, you might request more visits.
- Advise her to give birth with a skilled attendant in a health facility.

***Or, if she plans to be pregnant in the next 12 to 18 months, do the following:***

- Gently tell her to consider FP methods to prevent an AMA pregnancy because of the risks.
- Determine whether she is eligible for an FP method, and provide FP counseling.

**No:**

- Encourage the client to bring her partner to discuss with you the dangers of AMA pregnancy and how to plan births to avoid AMA pregnancy later in life.
- Explain how using FP to avoid pregnancy can help her stay healthy longer.

**Have you had five or more births?**

**Yes:**

- Ask if she has suffered any of the following health risks with a previous pregnancy:
  - » Anemia
  - » Hypertension
  - » Diabetes
  - » Placental complications
  - » Fetal malpresentation
  - » Macrosomia (high birth weight of the baby)
  - » Caesarean delivery
  - » Preterm delivery
  - » Postpartum hemorrhage
- Explain that all of the above are risks of HP pregnancy and complications may result in death of the mother or baby. Definitions of these risks and complications are provided after the **Evaluate** section.
- Encourage the client to bring her partner to discuss with you the dangers of AMA pregnancies for her and her baby.

***If she is pregnant now, also do the following:***

- Assess her for pregnancy danger signs listed previously (e.g., anemia, hypertension, diabetes, etc.).
- Assess her for the following, and tell her to contact a healthcare provider if she experiences:
  - » The baby becoming much less active (a possible sign of fetal distress or death)
  - » Vaginal bleeding (possible sign of pre-term labor or placental complications)
  - » Contractions or her water breaking well before the baby is due (possible signs of pre-term delivery)
  - » Long-lasting severe headaches, swelling, stomach pain and trouble seeing (possible signs of preeclampsia)

<sup>1</sup> [http://www.who.int/gho/maternal\\_health/reproductive\\_health/antenatal\\_care\\_text/en/](http://www.who.int/gho/maternal_health/reproductive_health/antenatal_care_text/en/)

- Reassure her that despite the risks, there are ways to stay healthy, like paying attention to danger signs and meeting regularly with a healthcare provider.
- Ask her to:
  - » Return regularly for ANC during her pregnancy. The World Health Organization<sup>2</sup> recommends at least four ANC visits between the first trimester and 37 weeks for a healthy pregnancy. Based on a woman's level of AMA or HP risk, you might request more visits.
  - » Give birth with a skilled attendant in a health facility.

***Or, if she plans to be pregnant in the next 12 to 18 months, do the following:***

- Gently tell her to consider FP methods to prevent a risky HP pregnancy.
- Determine whether she is eligible for an FP method, or refer her for FP counseling so she can choose a method that is right for her.
- Explain how using FP to avoid pregnancy can help her stay healthy longer.

**No:**

- If she has not yet had five births, **or** if she is planning for her first or second pregnancy, explain HP pregnancy risks and how using FP to space or, where appropriate, limit, births can help her stay healthy longer.

**Continue to the Respond Section**

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<sup>2</sup> [http://www.who.int/gho/maternal\\_health/reproductive\\_health/antenatal\\_care\\_text/en/](http://www.who.int/gho/maternal_health/reproductive_health/antenatal_care_text/en/)

## Explaining the Risks: Tips and Definitions

Explain to your client that being pregnant from the age of 35 or after five births can be dangerous for the mother and baby. If a woman is both AMA and HP, the risk to the mother and baby may be higher. The risks, described below, may seem very scary to your clients since this may be the first they are hearing of them. Take time to make sure your client understands the dangers of AMA and HP pregnancies and that **you are there to help her**.

Using modern FP methods can prevent AMA and HP pregnancies. If your client is nervous about risks or side effects of modern FP methods, counsel her on the safety of these methods, the ease of managing side effects and the option to switch to another method. Explain that FP method side effects are much less dangerous than a complicated AMA or HP pregnancy.

Many of the conditions below can result in death of the baby in-utero, stillbirth, or death of the mother if untreated.

The health risks of an **AMA or HP** pregnancy or birth include:

- **Maternal hypertension** – Also known as high blood pressure during a mother's pregnancy, maternal hypertension can lead to preterm birth, poor development of the fetus and stillbirth. It can also increase the need for delivery interventions, such as Caesarean sections.
- **Pregnancy-related Diabetes** – Gestational diabetes is a condition occurring when a mother has high levels of sugar (glucose) in her blood that her body is not processing properly. It can cause high blood pressure and preeclampsia, early delivery or miscarriage. Gestational diabetes can also result in overweight babies, which create other complications in childbirth for women and health complications for the child.
- **Caesarean delivery** – Surgical removal of the baby from the mother's abdomen may be required if vaginal delivery is considered too difficult or dangerous, or due to the above or other pregnancy or delivery complications. Caesarian deliveries require rapid and major surgery, which can increase risks of infection, errors during surgery and too much blood lost in the mother. Complications like these can cause maternal death.
- **Preterm delivery** – When a baby is born early or before it is fully developed, it can be dangerous to the mother and the infant. Preterm delivery may be caused by a number of health conditions already listed here, such as preeclampsia, anemia and others.
- **Preeclampsia** – A condition that some women develop during pregnancy. Signs and symptoms include high blood pressure, high level of protein in urine, and often swelling of feet, legs and hands. This condition usually appears after the 20th week of pregnancy and, if not diagnosed, can lead to eclampsia putting mother and infant at risk of illness and death.

**AMA pregnancies or births** also have an increased risk of:

- **Low or elevated birth weight** – When the baby is too small or too large (macrosomia), this can increase the chance of sickness and even death in the mother or baby, during or after delivery.
- **Fetal (especially respiratory) distress** – This includes any indication that the fetus is not doing well inside the mother, during pregnancy or birth, and can signal or cause a number of other health conditions in the infant.
- **Birth and chromosomal abnormalities** – For example, Down Syndrome.

**HP pregnancies also carry increased risk of:**

- **Anemia** – The condition when mothers have a decrease of iron in their red blood cells. It is fairly common, but if left untreated can lead to preterm delivery, low fetal birth weight, sickness and even death in the mother or child. It may also increase the chance of the infant being anemic later in life.
- **Postpartum hemorrhage** – Excessive bleeding after natural or Caesarean delivery is the leading cause of maternal death.
- **Macrosomia** – Large birth weight of an infant, macrosomia can be the result of gestational diabetes and can cause many birth complications, including the baby becoming wedged in the birth canal. This is dangerous for the mother and for the baby, and may require a Caesarean delivery.
- **Fetal malpresentation** – Also known as abnormal position of the fetus in the birth canal. This may make vaginal delivery too difficult or impossible, and can require in a Caesarean delivery.
- **Placental complications** – The location of the placenta can move at or before childbirth (placenta abruption), or can block the birth canal of the baby (placenta previa). These complications can present danger to the mother and make delivering the baby more difficult, and can also endanger the baby.

# Respond



## Ask Your Client:

**Now that we have discussed AMA and HP pregnancy, please tell me what you understand about the risks. How can you plan to avoid or manage these risks?**

- Make sure your client repeats correct information from your counseling. If she forgets any details, respond by repeating that information and gently asking her to say it back to you in her own words.
- Make sure you have included many or all discussion points listed in **Key Messages: On Counseling on AMA and HP Pregnancy** in the box on the next page.
- Take this opportunity to share other helpful information, listed below.

### **If she is AMA or HP and pregnant, remember to:**

- Counsel her and her partner on nutrition (which is particularly important – low salt, low-fat protein such as fish, chicken and beans), rest, regular ANC services when she does get pregnant, how she and her partner should talk to each other and how to schedule a follow-up appointment.
- Stress the importance of knowing when and where to seek ANC, and the importance of having a birth plan (where she will deliver, how she will get there, ensuring she has adequate resources to support her plan).
- Schedule a follow-up visit if needed.

### **If she is planning a future pregnancy, help her decide whether to begin an FP method now:**

- Emphasize that FP will help her stay healthy and will help her avoid high-risk AMA and HP pregnancy.
- Explain the methods she is interested in or eligible for, based on her current health situation, planned timing of next pregnancy, etc.
- Make sure to counsel on method availability, effectiveness, safety, side effects and benefits, and how to discuss it with her partner.
- Counsel her on discussing modern FP with her partner.
- Try to prescribe or administer a fitting FP method on the spot, rather than through a follow-up visit.

### **If she is not sure about future pregnancies:**

- Recommend that she discuss the risks of AMA and HP pregnancy and the benefits of FP methods with her partner.
- Schedule a follow-up appointment with the woman and her partner.

## What other questions do you have?

- Make sure your client has the opportunity to ask you about any other concerns she has before concluding the counseling session. If you do not know the answer to her question, tell her you will find out, and follow up with her by phone afterward, or at your next visit.

## Conclude the Counseling Session – Thank the client for coming in.

### Key Messages: Counseling on AMA and HP Pregnancy

In your FP method counseling, consider or include these discussion points:

- Preventing pregnancy in women age 35 or older, or after a fifth birth, reduces the likelihood of negative health conditions for the mother and the baby.
- If a woman is or plans to be pregnant and is 35 or older or has already had five or more births, she should (1) get regular/monthly check-ups with a trained health care provider and (2) plan delivery with a skilled birth attendant or at a health center to minimize AMA and HP pregnancy risks.
- Correct use of modern FP methods can prevent dangerous AMA and HP pregnancies, which can endanger the life of the mother and her baby.
- Using a modern FP method helps ensure an organized and healthy family.
- When the family is healthy and well cared for, the household can be healthy and happy.
- Modern FP can help a woman keep her energy and her youth; a healthy woman is a better mother, partner and wife.
- Modern FP methods can help the family prepare better for future pregnancies and can reduce the likelihood of complicated AMA or HP pregnancies.
- The risks of an AMA or HP pregnancy are more dangerous than the side effects of modern FP methods.
- If a client feels uncomfortable discussing family planning with her partner, a health provider can help with that conversation in the home or at the health center.
- Women in polygamous marriages sometimes continue to have children to inherit more or gain favor with their partner. Try to convince such women that ensuring a better family life for the partner can help improve her family's status right now rather than waiting for inheritance.



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