

Counseling and Assessment Guide for Community Health Workers: Talking to Women about AMA and HP Pregnancies

A woman is 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. Pregnancies in AMA or HP women can be risky for a mother and her baby.

CHWs should use this counseling guide with:

- Women in the years **before** they turn 35 or have a fifth birth
- Women who are **already** 35 or older and have already had five or more births
- Young women who are just starting to have children

CHWs can also use this guide with:

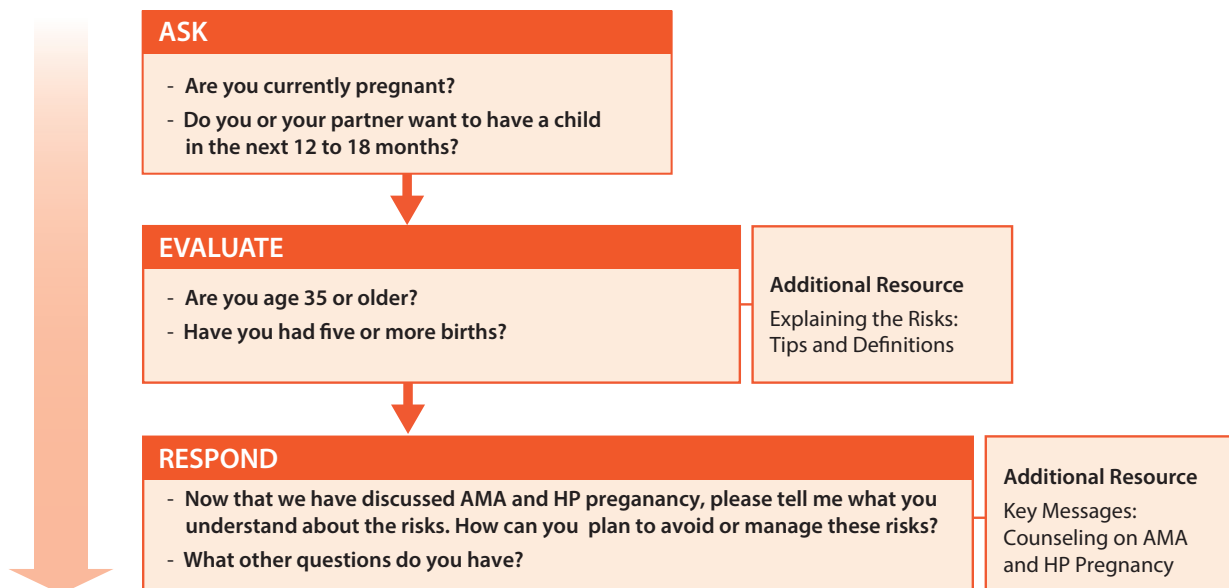
- Couples, to help women and male partners understand the risks of AMA and HP pregnancies and how using modern family planning (FP) can prevent risky pregnancies

When to Use This Guide

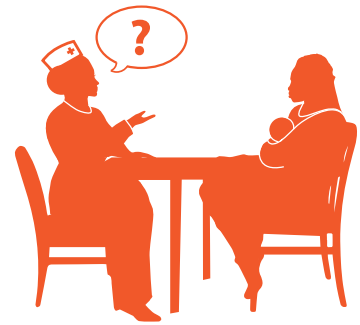
Use this guide during community outreach with a woman or couple. Use it to help you **Ask** your client about current or planned pregnancies, **Evaluate** her risk for HP and AMA pregnancy and **Respond** to questions and concerns about AMA, HP and FP.

How to Use This Guide

Read through the entire guide at least two times before you use it with a client. The guide shows how to ask key questions during 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 talk about with your client. You should go through all counseling stages, but only need to talk with your client about the information in each step that matches her response and situation. The guide also has additional resources, such as definitions of AMA and HP risks, and key counseling messages.



Ask



Ask Your Client:

Are you currently pregnant?

Yes:

- Help her schedule an antenatal care (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 FP until the time she wants to become pregnant.
- Continue to the **Evaluate** section to understand 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 good for her, based on when she wants to get pregnant, whether or not she is breastfeeding and her current health status.
 - » Discuss the method's benefits, safety, side effects and cost.
 - » Answer any of her questions you can, and refer her to a health care provider for answers to her other questions.
 - » If she wants a method you do not have, refer her to a FP provider who has that method.
- If you do not provide FP methods or counseling, refer her to a FP provider for counseling about available methods.

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 with a previous pregnancy:
 - » Hypertension
 - » Diabetes
 - » Fetal (respiratory) distress
 - » Caesarian delivery
 - » Pre-term/early delivery
 - » Stillbirth
 - » Abnormalities in the baby
 - » Low or high birth weight of baby
- Explain that these are all risks of AMA 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 the dangers of AMA pregnancies for her and her baby.

... And if she is pregnant now:

- Assess her for the 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 (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 sign of pre-term delivery)
 - » Long-lasting severe headaches, swelling, stomach pain and trouble seeing (possible signs of preeclampsia)
- Reassure her that despite the risks, there are things she can do to stay healthy, like paying attention to danger signs and meeting regularly with a healthcare provider.
- Ask her to go for regular ANC visits during her pregnancy. Help her schedule these if needed. The World Health Organization¹ recommends at least four ANC visits between the first trimester and 37 weeks for a healthy pregnancy. A woman at risk for AMA or HP complications might need more than four visits.
- Advise her to give birth with a skilled attendant in a health facility.

¹ http://www.who.int/gho/maternal_health/reproductive_health/antenatal_care_text/en/

... Or if she plans to be pregnant in the next 12 to 18 months:

- 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, or refer her for FP counseling so she can choose a method that is right for her.

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 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 these are all 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.

... And if she is pregnant now:

- 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 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 (signs of pre-term delivery)
 - » Long-lasting severe headaches, swelling, stomach pain and trouble seeing (possible signs of preeclampsia)
- 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 go regularly for ANC. Help her schedule these if needed. The World Health Organization² recommends at least four ANC visits between the first trimester and 37 weeks for a healthy pregnancy. A woman at risk for AMA or HP complications might need more than four visits.
- Advise her to give birth with a skilled attendant in a health facility.

² http://www.who.int/gho/maternal_health/reproductive_health/antenatal_care_text/en/

... Or if she plans to be pregnant in the next 12 to 18 months:

- 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

Explaining the Risks: Tips and Definitions

Explain that being pregnant from age 35 or from five births can be dangerous for the mother and baby. If a woman is both AMA and HP, the risk may be higher. Some of the risks are described below. They may seem very scary to your client. Take the time to make sure that she understands the dangers of AMA and HP pregnancies and that **you are there to support her**.

Using modern FP methods can prevent AMA and HP pregnancies. If she or her partner is nervous about modern FP method side effects, counsel her/her partner on the safety of these methods, how side effects can be easily managed and that she always has the option to switch to another method. Explain that FP method side effects are usually temporary, and are much less dangerous than an AMA or HP pregnancy.

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

- **Hypertension** – Also known as high blood pressure, it can lead to early delivery and stillbirth.
- **Pregnancy-related diabetes** – Diabetes is when a mother has high levels of sugar in her blood. It can cause high blood pressure, miscarriage and overweight babies.
- **Anemia** – When mothers don't have enough iron in their blood. Left untreated, it can lead to sickness or death in the mother or 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.
- **Postpartum hemorrhage** – Too much bleeding after delivery is the main cause of maternal death.
- **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.
- **Early delivery** – Being born before it is fully developed can be dangerous to both the baby and the mother.
- **Low or high birth weight** – When the baby is too small or too large, the chance of sickness or death in the mother or baby increases. If the baby is too large, it may need to be removed by Caesarian delivery.
- **Abnormalities** such as Down Syndrome.

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

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 pregnant, remember to:

- Counsel on:
 - » Nutrition (low salt, lots of low-fat protein such as beans, fish and chicken)
 - » Getting enough rest
 - » Regular ANC visits once pregnant
 - » How she and her partner can talk to each other about health
 - » Pregnancy danger signs (see above)
- Stress the importance of:
 - » Talking with a health care provider
 - » Knowing when and where to seek ANC
 - » The importance of having a birth plan (where she will deliver, how she will get there, having enough resources to carry out the plan)

If she is planning a future pregnancy:

- Repeat that FP will help her stay healthy and will help her avoid high-risk AMA and HP pregnancy.
- Help her decide whether to begin an FP method:
 - » Explain the FP methods she is interested in or eligible for
 - » Counsel her on the method's availability, benefits and side effects
 - » Counsel her on discussing modern FP with her partner
- If she wants and is eligible for a method you distribute, give it to her on the spot.
- Help her schedule a visit with a healthcare provider.

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.
- Help her schedule a visit with a health care provider.

What other questions do you have?

- Give your client the chance to ask about any other worries she has before ending the counseling session.
- If you do not know an answer to a question, tell her you will find out and follow up with her by phone later, or during 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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