

NEEDS AND RESOURCES - THE STORY OF MRS. X

Date: 05/02

(1 HOUR)

- OBJECTIVES:**
1. Participants will identify the predisposing factors to maternal death.
 2. Participants will discuss the importance of community-based care in relation to safe motherhood.

OVERVIEW FOR TRAINERS: We want to enable students to reflect on the factors that make maternal death more likely and to consider how these factors can be removed or reduced in their own locality through effective community-based health care.

METHOD	TIME	KNOWLEDGE
<p>Role Play: Two CHE's are discussing their village needs and strategies.</p> <p>1st I don't know if I like the idea of helping to educate our village women who are pregnant. I just don't know if it is that important.</p> <p>2nd I don't know if the committee would think it is something needed. Women are not very important, compared to lots of other problems we have.</p> <p>1st Most of us are not very educated and you really need to have a doctor to take care of a pregnancy. I don't want to deliver a baby!</p> <p>2nd Yes, and how could you ever be any help to a pregnant woman way out here in the village without a hospital and doctor?</p> <p>1st Sounds too complicated to me!</p> <p>2nd Me too!</p>	10"	

----SHOWD questions----

S = What do you **See**?
 H = What is **H**appening?
 O = Does this happen in **O**ur place?
 W = **W**hy does this happen?
 D = What will we **D**o about it?

- I. Case Study of Mrs. X
 Break into small groups and give each group a copy of the Mrs. X Case Study. They are to read aloud to their group the case study and answer the following question.
 - A. What are the factors that contributed to Mrs. X death? Write each factor on slips of paper (one factor per paper – write clearly in large print).

- I. Case Study of Mrs. X:
 We need to retrace the steps of Mrs. X along what one can describe as a road to Maternal Death. Mrs. X did not go voluntarily on that Road to Maternal Death.
 - A. Factors that contributed to Mrs. X death:
 1. Socioeconomic factors:
 - a. Illiterate
 - b. Status of women very low
 - c. Poverty
 - d. Malnutrition
 - e. Woman's needs considered

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<p>B. Discuss how community based perinatal and community health education could have reduced the factors that contributed to Mrs. X's death.</p>		<p>last</p> <ul style="list-style-type: none"> f. No prenatal care g. Too far to walk for care <p>2. Lack of family planning services:</p> <ul style="list-style-type: none"> a. No knowledge of family planning methods b. Multiple pregnancies made her high risk c. Advancing age d. Childbearing was her only acknowledged contribution to the society in which she lived e. Children were the only goods she could produce and deliver f. Her status as a woman depended completely on her role as a mother <p>3. Transportation and communication:</p> <ul style="list-style-type: none"> a. No arrangements for transportation in case of an emergency b. No prenatal care at clinic, so no one knew her risk factors c. Long distance to clinic <p>4. Community based health education:</p> <ul style="list-style-type: none"> a. No screening services to detect high risk status b. No prenatal home visit c. Anemia uncorrected d. Warning signals undetected e. Not taken to hospital in proper time while she was in good condition f. No health education to recognize complications and what to do g. No prenatal iron <p>5. Accessible hospital services:</p> <ul style="list-style-type: none"> a. Lack of resources available to hospital b. Not enough blood to give c. Delay in treatment d. Long distance away <p>B. Perinatal and community health education that could have reduced the factors that contributed to Mrs. X's death.</p> <ul style="list-style-type: none"> 1. Learn to read 2. Be gainfully employed 3. Learn proper nutrition

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METHOD	TIME	KNOWLEDGE
<p>II. Place on the floor a large curved road, with a hut drawn at one end and a hospital/clinic (illustrated with a red cross on the roof). You can place a doll lying prone on the clinic to illustrate Mrs. X's death (or you can case the Mrs. X handout). In a large group take turns having each small group place on the floor one piece of paper with a factor that contributed to Mrs. X's death. They should place the factor near the location where it could have been dealt with. (ex: anemia - Mrs. X's hut/village, lack of blood for transfusion-clinic)</p> <p>A. Discuss as a large group the second question of how a community based perinatal health education program could have helped save Mrs. X's life.</p>		<ol style="list-style-type: none"> 4. Family planning education 5. Simple prenatal health screening 6. Health education regarding complications, nutrition, anemia 7. Arrangements made for clinic prenatal visits/check for high risk status 8. Arrangements made for hospital in proper time while she was still in good condition <p>II. Knowledge from above. Most of the factors should be placed near the community—fewer factors will be near the clinic/hospital</p> <p>A. Some topics covered in perinatal health education include:</p> <ol style="list-style-type: none"> 1. Nutrition 2. Pregnancy discomforts 3. Substances harmful to mother and baby 4. Prevention and recognition of complications 5. Family planning – how to help a family 6. Childbirth education 7. Pain control 8. Postpartum self care 9. Newborn care 10. Prevention of STDs 11. Tetanus prevention

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ATTITUDE: Good understanding of how important health education is when preparing for a healthy pregnancy and baby.

SKILL: The participants will understand what areas of perinatal health education are not available in their area

EVALUATION: The participants can approach the topic of pregnancy needs and resources by explaining the concepts clearly.

MATERIALS:

- Newsprint
- Marking pens
- Masking tape
- Strips of paper
- Story of Mrs. X* handout
- Story of Mrs. X Picture* handout or doll
- Drawing of the Road to Maternal Death
- Stack of pieces of paper, 3x12 inches

This lesson is used in: Physical Health – Pregnancy-CHEPS, Women's Cycle of Life

Story of Mrs. X

This is the story of one case of maternal death. For the sake of anonymity, let us call our unfortunate woman Mrs. X.

Mrs. X died during labor in a small district hospital. The physician in charge had no doubt why Mrs. X died. It was a straightforward clinical diagnosis—a case of antepartum hemorrhage due to placenta previa, which means that the placenta, or what we call “the afterbirth”, was situated too low down in the uterus. A woman with this condition will inevitably develop bleeding in the latter part of pregnancy or before delivery. The physician was satisfied about the diagnosis, looked up the book of International Classification of Diseases, entered the right code number for the condition and closed the file on Mrs. X.

But the question is not really completely answered, and there are others who are still looking for other answers. An obstetrical committee met and opened the file on Mrs. X.

On reading the file of Mrs. X, the committee found out that there were two striking points in her hospital record. The first point was that although she was admitted to hospital with a case of severe bleeding and in a condition of shock, she received only 500 cc or ½ liter of blood by transfusion. That was all the blood the hospital had available to give her and that amount was barely sufficient to compensate for the severe blood loss she had. The second point was that Mrs. X had to undergo a caesarean section in the hospital to stop the bleeding. That operation was carried out three hours after her admission. Mrs. X died during the operation.

It took Mrs. X four hours to reach hospital from the time she started bleeding severely, because transport was not readily available to take her to the hospital.

It was also revealed that this was not the first time she suffered bleeding. In fact she had two minor episodes of bleeding during the same month and on both occasions the bleeding stopped spontaneously. Now this is a very dangerous signal in late pregnancy. It always indicates that a severe attack of bleeding is imminent, yet Mrs. X was never warned about this and no action was taken.

Mrs. X was not a very healthy woman. Even before pregnancy, she suffered from chronic iron deficiency anemia caused by malnutrition and parasitic infestations. That severe anemia must have contributed to the fact that she could not endure the additional severe blood loss. Her reserves of blood were already at a very low level.

Mrs. X did not have access to any type of prenatal care during her pregnancy.

Mrs. X was 39 years old, five of her children are still living, three of them are males, and Mrs. X really did not want another child. In addition, because of her age and how many pregnancies she had had, her pregnancy carried a much higher risk than her previous pregnancies.

Mrs. X never had access to any family planning education and had never used any family planning method.

Mrs. X was also a housewife and her husband was a poor agricultural laborer. She was an illiterate woman and she lived with her husband in a remote village.

What are the factors that contributed to Mrs. X death?

In your group write each factor on slips of paper provided. (One factor per paper-write in large print clearly.)

Then discuss how a CHEPS program could have helped save Mrs. X. (Can use the list of topics from the CHEPS manual)

Story of Mrs. X Picture

