



## Safe Mother & Baby Toolkit

### Prenatal Tools

Intervention	Home	Midwife or CHW	Clinic	Hospital	Comments & What is needed:
MNP in prenatal dose starting at age 12 years	X				<p>MNP and distribution system Micronutrient Powder (with all 21 essential micronutrients) for Home Food Fortification for all girls and women over age 12 and throughout childbearing years, to:</p> <ul style="list-style-type: none"> <li>• Prevent anemia</li> <li>• Give adolescent girls chance for catch-up growth to avoid cephalopelvic disproportion at time of childbirth</li> <li>• Prevent intrauterine growth retardation</li> <li>• Prevent immune deficiency in malnourished mother and baby</li> </ul>
Anemia screening early in pregnancy		X	X		<p>Colour scale, lancets, blotter paper, alcohol Visual screen by colour MAMA Project can supply and train</p>
IV iron infusion one-time total dose to resolve anemia			X	X	<p>Form of Iron for infusion, that does not require test dose and can be given as total dose in one infusion (E.g.: Injectafer and Feinject ( Carboxymaltose) or Monofer (Isomaltoside) See chart Ref: Auerbach M, Deloughery T. Single-dose intravenous iron for iron deficiency: a new paradigm. Hematology Am Soc Hematol Educ Program. 2016 Dec 2;2016(1):57-66. doi: 10.1182/asheducation-2016.1.57. PMID: 27913463; PMCID: PMC6142502.</p>
BP monitoring in pregnancy	X	X	X	X	BP monitors and CHW training
BP monitoring in pregnancy and treatment of hypertensive emergency (greater than 140/90 X two at least 4 hours apart)	X	X	X	X	Nifedipine 10mg tablets for pregnancy related HBP crisis: Start with 10-20 mg by mouth and may repeat initial dose after 20 minutes, then repeat dose every 2-6 hour as needed for maximum of 180mg within 24 hours
Prenatal urine protein monitoring		X	X	X	Urine dipsticks
Pre-eclampsia Magnesium Sulfate injection		X	X	X	<p>Magnesium Sulfate vials 1g/2ml: IV: 4 mg IV plus 10mg IM loading dose, then 5 mg IM every 4 hours alternating buttocks for 24 hours</p>

AI enabled Ultrasound before 24 weeks to assess dates & screen for high-risk pregnancy & get scheduled C- section if needed		X	X	X	C-Section training of Clinical Officers
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**Labor & Delivery Tools: All of the supplies should be assembled and pre-packaged into a complete set, including instructions and doses in commonly understood languages and low literacy diagrams. When labor begins, the complete set of all of medicines and tools that may be needed for a safe labor and delivery are to be brought on site, immediately available for emergencies. The mother should be supported by her loved ones and a Midwife, Community Health Worker, Nurse, Clinical Officer or Doctor who has been trained in the life-saving interventions, & use of the medicines.**

## Labor

Intervention	Home	Midwife or CHW	Clinic	Hospital	Comments & What is needed:
Premature labor		X	X	X	<p><u>To delay premature labor:</u> To give time to mature baby lungs with Dexamethasone injection, give a medication to relax uterine muscles:</p> <ul style="list-style-type: none"> <li>• IV Magnesium Sulfate-In Hospital for up to 48hours</li> <li>• Calcium channel Blocker Nifedipine Starting dose of 3 tablets by mouth, 2 tablets in 90 minutes then 1 or 2 tablets every 4-8 hour for 48 hour</li> </ul>
		X	X	X	<p><u>To mature baby lungs:</u></p> <ul style="list-style-type: none"> <li>• Dexamethasone 12mg dose injected into muscle for 2 doses 12-24 hours apart. Usually given at 31-34 weeks gestation-</li> </ul>

Azithromycin 2-grams one dose if planning vaginal delivery. Take when labor starts	X	X	X	X	Cut sepsis by 1/3 in Sub Saharan Africa trial- Also passed to infant in breast milk
<b>Delivery</b>					
Use Clean Delivery Kit including a Calibrated Obstetric Drape		X	X	X	Clean Delivery Kit and calibrated Obstetric drape
Observe for Post Partum Hemorrhage	X	X	X	x	Collect blood in a Calibrated Obstetric Drape If more than 2 cups (500 cc, one pint or ½ liter of blood with 3 hours of delivery- or with 300ml if other changes in VS vital signs or clinical observations Immediately start the entire bundle interventions to stop the bleeding (Available from India mart of INR 1259 (\$1.50) for minimum 1000 quantity) Prof. Hadiza Galadanci E-Motive Study
START all of the 5 Interventions Below IMMEDIATELY & SIMULTANEOUSLY		X	X	X	Supplies for all interventions packages in a single kit with low literacy instructions
1-Uterine massage	X	X	X	X	Immediate and continuing until bleeding stops
2-Oxytocic drugs if oxytocin not available		X	X	X	Ergometrine after the delivery of the placenta IM or IV if no high blood pressure or pre-eclampsia ***** Methylergonovine ORAL (US BRAND Methergine) 0.2 mg tablet orally 3-4 times daily for up to 1 week, or 0.2 g IM q2-4 hour prn; May consider 0.2 mg IV q2-4 hour prn emergency use after placenta delivered ***** Misoprostol- under the tongue 600ug for prevention or 800ug for treatment of Post Partum Hemorrhage ***** Carbetocin-100mcg(1ml) injected IV over 1 minute into vein or IM, after delivery of the baby, preferably before the removal of the placenta
3- Tranexamic acid		X	X	X	Tranexamic acid is “Antifibrinolytic” to help blood to clot. Give1000 mg IV within 3 hours of delivery. may repeat X1 available from Imres

4-IV Fluids		X	X	X	Start IV at onset of labor. IV sets and NSSS
5-Examination of the genital tract for bleeding site and apply pressure or suture bleeding lacerations if needed	X	X	X	X	Vaginal speculum and suture set to suture lacerations
<b>BABY</b>					
Skin to skin contact and breast feed immediately at birth, and breast feed exclusively for 6 months	X	X	X	X	
Probiotic powder for 28 days "bifidobacteria" supplements to help digest breast milk Mix with expressed breast milk and give to baby, especially if premature or small.	X	X	X	X	Probiotic powder
Train CHW to treat pneumonia, diarrhea, malaria, malnutrition- Vitamin & mineral for entire family		X	X	X	Amoxicillin, Metronidazole, albendazole, praziquantel, ORS, Malaria prevention and treatments, RUTF, MNP