Prenatal Services

Policy and Procedure Manual

DRAFT 1

Purpose: To establish uniform guidelines/practices to be used by Family Health Unit and all clinics that provide services to pregnant women and all women of reproductive age group to assure that these populations receives uniform quality care in order to assure positive maternal and infant health outcome.

Policy Statement: Booking and Risk Assessment or Initial Booking – This is the initial Encounter to the Prenatal Clinic and should be encountered in the Koror-MCH Clinic. In this initial encounter, the client should be interviewed to establish the pregnancy and to identify any physical, social, and emotional factors that will positively or negatively affect the outcome of the pregnancy.

Perinatal Lifecycle

The first prenatal visit or entry into the care system before delivery is preferably in the first, trimester through history, examination or laboratory test.

Initial Prenatal Visit: the "Prenatal Form" is completed at the initial prenatal visit. The following evaluation is accomplished:

Medical History and Demographics
Menstrual History
Past Pregnancies
Historical Problem
Laboratory Screening and Education
Nutrition Education
Client Education/Orientation

A. Second visit: the following evaluation is accomplished.

1. Physical Examination including pelvic examination with estimation of uterine size and movement of the fetus.
2. Developing Problems.
3. Other Laboratory test
4. Risk Assessment and Plans
5. Immunization as indicated

B. Subsequent Prenatal Visits

1. Schedule for uncomplicated pregnancy:
   a. Every four weeks for the first 28 weeks
   b. Every two weeks at 28 to 32 weeks
   c. Every week at 36 weeks to delivery
2. Interim history including signs and symptoms, vaginal discharges, etc.
3. Physical Examination including wt, B/P, FH, FHR, etc.
4. Laboratory test including, urinalysis for protein and glucose, Hematocrit, plasma glucose screen at 25 to 28 weeks and antibody screen for Rh neg, women at 28 weeks, etc.
5. Other Laboratory tests or procedure as indicated by history or physical exam.
6. Ongoing risk assessment and plans

7. Case management
8. Nutrition Services
9. Psychosocial Services
10. Client education – relative to risk and need for special care

Referral/consultation for high risk conditions based on medical care needs of the patients.

Procedures/Protocols:

- Interview and complete the POPRAS Forms – The nurse who receives a client should interview the client, completes the necessary vital sign screening and fill out the POPRAS (ROP Form # 146). POPRAS form 1 to 4 includes Obstetric Index (past pregnancies, pregnancy complications, and history of previous infant), GYN problems, medical-surgical histories, habits and family history.

- Pregnancy test/establish gestation of pregnancy – If the client is unsure of pregnancy status, the nurse will request a pregnancy test to be done.

- Counsel and Referral for risk management – If the patient, during the initial interview is found to have any form of health risks, she is enrolled into the High Risk Clinic, and counseled on the "risk".

  - Behavioral risk,
  - Nutrition
  - Breastfeeding
  - Childcare/Growth and Development
  - Other risk factors identified
  - Medical Risk Factors:

RH sensitization	PIH/Severe eclampsia
Uterine bleeding	Diabetes mellitus
Size/Date discrepancies	incompetent cervix
Hydramnious	Herpes Type 2
Multiple pregnancy	IUGR
Premature rupture of membrane	

- Give patients the opportunity to express their individual concerns, questions, needs, and particular circumstances and again counseled extensively as needed.

- The MCH Case Manager is the assigned contact in the clinic and will work with the client throughout the pregnancy. Counsel about diet, activity, exercise, rest, infections, and HIV testing. . Some of these risk factors may involve:

- Request Laboratory Tests - (Urine for routine microscopic tests, Hemoglobin/Hematocrit, RPR, Hepatitis B & C, and HIV (if the client voluntarily agrees for HIV screening) others). For HepB & C and HIV, testing and counseling, refer to the protocols. Reference is made to Addendum A of this Manual.

  Get a panel of prenatal labs that includes blood type and Rh, Hemoglobin and Hematocrit count, RPR test for syphilis, Hepatitis B&C tests, and Urine for routine microscopic

- Dental Examination/Correction – Client is then referred to the on-site dental nurse for oral health examination. If the client is found to need dental care, she is given an appointment to the Dental Clinic for care.

- The client is given an appointment for the next visit which will be the “Initial Doctors Examination” (Responsible persons: Family Health Unit Nurses)

Policy Statement: **Initial Doctors Examination** – This is the second Prenatal Clinic Encounter which is the first Obstetric visit in the clinic. The doctor will perform a complete physical examination that includes pelvic exam, review lab works that were done in the previous encounter and treat any infections that are indicative in the laboratory tests results. In this visit, the client health and medical histories are reviewed including personal issues relating to medical, surgical, genetic, infectious risks, family and social histories.

Procedures/Protocols:

- Complete Vital Signs including weight and height measurements, review results of all Laboratory Tests and test for Sugar/Protein (this will be performed by nurses prior to patient seeing the physician)

- The Doctor will complete Head to Toe Physical Examination and will discuss with client results of the examination including those that are in need of attention.

- The providers (doctor/nurses) will counsel client to re-enforce management of risk factors. If during this time, a client is deemed to need additional counseling from other professionals, that professional is brought in to counsel the client. Some example of this professional counseling maybe nutrition, breastfeeding, psychological or mental health related intervention.

- If during the laboratory tests review, the client is found to have infections present, the physician will prescribe appropriate treatment at this time.

- Iron and Vitamin supplements – these are provided during this visit.

- Update immunization – During this visit, the clients immunization records are reviewed. If there are delinquent immunizations, they will be updated at this time (specifically for TD and Hep B)

- Give Appointment for next clinic – The client is given an appointment for the next prenatal visit prior to discharge.

Policy Statement: Follow-up Care – These are all subsequent prenatal visits after the Initial Doctors Appointment and will continue until the client delivers. In these visits, the following protocols will be applied to all women. These visits are performed by clinic Nurses. Any indications of problems, the onsite Gynecologist or Obstetrician will be consulted.

Procedures/Protocols:

- Measurements of weight, blood pressure, urine check for protein and glucose.
- Fundal Height and fetal heart tone measurement.
- Provide wellness counseling of mom and unborn baby,
- Lab work. Blood sugar is requested at 24 to 28 wks of gestation. H&H test is requested on the following trimesters: initial clinic visits and also at the beginning of second and third trimester visits.
- Counseling and or refer for risk management – this continues throughout all visits. Topics covered are usually on breastfeeding, substance use, nutrition, diabetes and pregnancy induced hypertension, labor and delivery and child growth and development.
    - Blood Sugar - fasting and 3 hour glucose tolerance test – follow GDM protocol,
    - Protein (1+ and elevated blood pressure – follow protocol for PIH Management.
    - Mental/Behavioral/Social and Intervention

      All pregnant women who scores + on Psychosocial Hx will receive timely and quality interventions and help Any prenatal client identified to have any family, marital, financial problems , coping /support, unresolved grief, sexual, or domestic violence, and abuse of any type that can effect the outcome of the pregnancy.

Policy Statement: Prenatal diagnostic tests – These tests shall be provided at scheduled time throughout the course of the pregnancy. These tests are performed to assure the wellness of the fetus and the mother.

Protocols:

- At 18 – 20 weeks, pregnant patients are scheduled for **ultrasound** survey for fetal anatomy or dating to help determine any problems and calculated gestational age if there are discrepancies of date/size, or client is not sure of LMP.

- At 24 –28 weeks, patients are tested for **gestational diabetes** with a one hour 50 gram glucose tolerance test, and hemoglobin and hematocrit for anemia.

- At 34 weeks, pregnant patients are given and instructed to start doing the **fetal kick count** log to help assess the well being of the fetus. It is a more reliable predictor of outcome than reliance on the mother's informal impressions of fetal activity.

- At 36 weeks and up, patients are rescreened again for **gonorrhea and chlamydia**. **Hemoglobin and hematocrit** rechecked again.

- Other tests are to be done when indicated by the patient's individual circumstances. Perform other routine prenatal screening and diagnostic tests such as **ultrasound, nonstress test, Fasting blood sugar and urine for culture as the need is indicated.**

- Encourage and book all prenatal clients to attend **parenting class, Lamaze class, and breastfeeding sessions**. Make sure each client is provided oral health services.

At each prenatal visit the client shall be checked for:

  - Signs/ symptoms for abnormality such as vaginal bleeding, edema, headache, pain and vaginal discharges, progress/changes such as fetal movements, uterine contractions, risk reduction progress, and psychosocial changes.

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Policy Statement: **Promotion of Breastfeeding.** The Ministry of Health has adopted the WHO's Baby Friendly Hospital Framework. The Family Health Unit will work with the Belau National Hospital Baby Friendly Hospital Initiative to promote breastfeeding from birth to 12 months after birth.

Procedures: The Family Health Unit take measures to influence breastfeeding practice of its clients in the following manners:

1. At the first Prenatal Visit of Prenatal Clients, the Family Health Unit will begin breastfeeding education, via, Ministry of Health Breastfeeding.

    a. The benefits of breastfeeding for baby and mom
    b. BF as disease prevention
    c. Nutrition of breastfeeding
    d. Oral Health of breastfeeding
    e. What to do and not do during breastfeeding.

2. The Family Health Unit Staff, who is trained in breastfeeding practices, will make routine visits every morning to the Maternity Ward of BNH for the purpose of teaching new moms about breastfeeding in accordance with the Baby Friendly Hospital Framework.

3. The teaching will include breast and breast milk management in order to eliminate discomfort that may cause mom to cease any or all breastfeeding activity.

4. This teaching will be re-enforced on every prenatal clinic until the baby's 6 months of age.

Policy: **High Risk Pregnancy and Chronic Conditions Management – Family** Health Unit, through its case manager, will work to assure that all High Risk Pregnant women will receive services over and beyond those that are generally provided for normal pregnancies to assure the health of mother and the unborn fetus.

Procedures:

1. For indication of gestational diabetes, Implement Gestational Diabetes protocol

2. For indications of eclampsia and pre-eclampsia, implement protocol for Eclampsia and Pre-Eclampsia.

3. For indications/history of STI's and other Communicable Diseases, Follow protocol for STD's and other CDC's

4. For clients with history of IUDGR/fetal demise/Missed abortions – follow protocol for Abnormal Pregnancy

5. For emotional/mental/behavioral risk factors –

    - Refer client to social worker to be interviewed and assisted based on the need presented by client.

Responsible person: FHU Case Manager

Policy Statement: To assure that at least 90% of all births will occur to women who receive prenatal care in the First Trimester. This is an enrollment level of 12 or more prenatal visits during the pregnancy period.

Procedure: The Family Health Unit will work with other departments in the Ministry of Health, the School Health Program, Primary Health Care Dispensary System, Behavioral Health Services, Emergency Department to assure that identified positive pregnancy tests are referred, with consent from client, to the FHU Clinic for follow-up services.

1. FHU shall provide pregnancy test kits to all sites and will be used free of charge to clients.

2. Any Positive Test Results will be referred to Prenatal Clinic, provided a verbal consent is obtained from the client.

3. It is preferable that at the time that referral is made, a face to face encounter of the clinic nurse is performed.

4. Counsel client regarding the need for early prenatal service and what should be expected once she begins prenatal service.

5. If client agrees to enroll for prenatal services, provide an appointment and instruct what to bring when she comes for the first prenatal appointment

6. For clients who wish not to prolong the pregnancy, the Prenatal Clinic Nurse must provide information on alternative information prior to discharging the client.

7. After discharge, monitor a week after to assure that client is okay. If problem is identified during this time, refer to social work to continue assisting client until she decides what to do.

Policy Statement: Early Teen Pregnancy Identification – Pregnancy Test Kits will be available at all Primary Health Care Centers and the School Health Program for all women of reproductive age groups and provided to all women under 18 years of age Free of Charge at all times.

Procedure:

1. Family Health Unit will provide pregnancy test kits with instructions to all Clinic sites on "requisition" basis.

2. All clinic sites provide pregnancy screening/counseling on-site

3. Record result of test and record on Medical Record.

4. If test is positive, assure client of the confidentiality of the test / obtain consent from client for referral to Prenatal Clinic and refer through telephone call or computerized referral system to the FHU Clinic.

5. If pregnancy test is negative, provide family planning counseling and options that are available.

Well Child Health Providers Guide

Pediatric Lifecycle

Age/Visits **Activities**

1. Newborn

a) Immunization: - Hep. B Vac. #1
-H-Big for newborn of HbsAg (+) mothers

(these immunizations are given right after delivery)

b) Newborn assessment in nursery by Doctor and Nursery nurses (Wt., Ht., Hc., Cc., Rectal temperature).

1. High risk newborn referred to Public Health for follow-up upon discharge.

2. Screening: Hemoglobin and Hematocrit on second day Post-delivery

3. Education: Breast feeding, bath care, cord care, anticipatory guidance

4. Give appointment for the first two weeks visit at FHU Post partum clinic.

2. Two (2) wks (WBC)

a) Nurses: Wt., Ht., Hc., Cc.
General systems review and reinforce health education for newborn.

b) Fluoride 0.25mg po daily until age (1)

c) Nutritionist/Social Work:

3. Six (6) wks (WBC)

a) Nurses: Wt., Ht., Hc., Cc., Rectal temperature.
Gemera; assessment and History intake

b) Doctor: Complete P.E.

c) Immunization: -Hep. B Vac. #2
-DPT Vac. #1
-TOPV Vac. #1

d) Education: Immunization Compliance, Feeding Schedule, Anticipatory guidance.

4. Two (2) months

Nurse: Rectal Temperature
Immunization: Hib #1
Education: d Thermometer Reading

5. Three (3) months

Nurse: Wt., Ht., Hc., Cc.
Growth and development assessment

Education: Reinforce teaching for 6 wks. And 2 months

Anticipatory Guidance: Sleeping and activity, common illnesses.

6. Four (4) months

Nurse Wt., Ht., Hc., Cc., Rectal Temperature
General assessment and intake
Immunization: DPT #2
TOPV #2
Hib #2

Education: Teething, introduction of solid foods

7. Six (6) months

Nurse: Wt., Ht., Hc., Cc., Rectal Temperature
Growth and Development Assessment

Immunization: DPT #3
Hep. B Vac. #3
*** Hib #3 parents are instructed to return in two weeks for**
Hib vaccine.

Screening: Hgb and Hct for children born with low birth weight (below #5 2oz.) See protocol for management of anemia in children.

Anticipatory Guidance:

- **Initial discussion on discipline**
- **Temper Tantrums**

- **Appropriate stimulation for age.**

8. Nine (9) months **Nurse:** **Wt., Ht., Hc., Cc.**
General Assessment, Growth and Development

Education: **Dental Care (BBTD), Nutrition**
Anticipatory Guidance: Sky Stage

9. Twelve (12) months **Nurse:** **Wt., Ht., Hc., Cc.**
General Assessment, Growth and Development

Screening: **PPD Skin Test**
Anemia screening for selected cases

Education: **Discuss decrease in use of bottle and sugar containing foods.**
*** Increase fluoride to 0.25 mg daily**

Anticipatory Guidance:
- **increased child activity**
- **exploring toilet training***
- **normal decrease in appetite**
- **negativism and discipline**

Play:
- **Fill and dump toys**
- **Pointing at objects and body parts**
- **Pots and pans**

10. Fifteen (15) months **Nurse:** **Wt., Ht., Rectal Temperature**
General Assessment

Immunization: **DPT #4**
TOPV #3
MMR #1
Hib #4

Screening: **Anemia screening may be done at this time.**

Anticipatory guidance: **Same as 9 and 12 months**

Stimulation: Picture books, paper and crayons for scribbling, push or pull toys, having child say word for objects.

11. Eighteen (18) months Nurse: Wt., Ht., general assessment
Growth and Development assessment

Screening: Anemia screening if not done already.

Education: Accidents prevention/awareness e.g. poisoning, burns, falls, etc.

Anticipatory guidance and stimulation:
Reinforce those at 15 months.

12. 2-3 years Nurse: Wt., Ht.

Screening: - Anemia screening if not done already.
- **UA and O&P then schedule for Doctor's P.E. clinic.**

***Fluoride Tabs 0.50 mg**

Anticipatory Guidance:

- **Temper tantrums**
- **Biting**
- **Development of rituals**
- **Not dry at night**
- **Normal changes in appetite**

Stimulation:

- **Dress up games**
- **Finger painting**
- **Stacking toys**
- **Simple puzzles**
- **Sand play**
- **Riding tricycle**
- **Dressing self**

13. 4-5 years

Nurse: Wt., Ht., BP., Pulse, Temperature if getting vaccinated.

Immunization:
DPT #5
TOPV #4
MMR #2

* Fluoride Tabs 1 mg

Screening:
Vision test
Hearing test
PPD skin test
Hemoglobin check every 1-2 years
Urinalysis check every 1-2 years
O&P check every 1-2 years
Request dental check-up

Education:
- yearly dental visits
- child should be brushing teeth after meals
- avoidance of sugar containing foods.
- Reinforce accident prevention to include drowning, crossing roads, etc.

Anticipatory Guidance:
- explain questions about sex; help to establish gender and identity.

Stimulation:
- group play
- ball games
- care for a plant or pet counting games
- painting

14. 6-8 years

Nurse: Ht., Wt., BP., Pulse
Assessment of growth and development nutrition.

Screening:
Vision test every 2-3 years.
Hearing test every 2-3 years.
Hemoglobin every 1-2 years.
Urinalysis every 1-2 years.

Anticipatory Guidance and Stimulation:
- increased peer involvement
- school adjustment
- personality development
- learning use of money
- encouraging homework

15. 9-12 years

Nurse: Wt., Ht., BP., Pulse
Assessment of growth and development nutrition

Screening:
Vision test
Hearing test

Hemoglobin check every 1-2 years
Urinalysis check every 1-2 years

Education:
- Health habits, diet, hygiene risk behavior.
- Reproductive System
  Secondary sex characteristics growth changes.
- May begin initial discussion on Family Planning and STD's.

17. 18-21 years

Nurse: Wt., Ht., BP., Pulse
General systems review

Screening:
- Vision test check every 2-3 years
- Hearing test check every 2-3 years.
- Hemoglobin check every 1-2 years.
- Urinalysis check every 1-2 years.
- Pap smear for sexually active female
  (follow protocol for Pap smear).

Education:
- Reinforce those at 13-17 years.
- Discuss responsibilities and feelings of independence.
- Relationships, marriage, parenthood.

Evaluation, Immunization and Recheck Schedule

Newborn Examination and Care (usually accomplished in hospital)

Complete physical examination to detect the number of newborns having a significant abnormality such as congenital hip dislocation, cardiac murmur or prematurity.

Silver nitrate drops installation to prevent neonatal gonococcal ophthalmia (estimated maternal gonococcal infection rate of 3%).

Vitamin K. 1 mgm, intramuscular injection to prevent hemorrhagic disease due to transient low production of factor VII (present in 1: 200-300 births).

Fluoride 0.25 po daily until age (1).

E. Counseling of parents about auto accidents as cause of death for very young and recommendation for auto safety restraints.

Immunizations: Hep B-1 to all newborns; HBIG to infant born to carrier mother.

Two weeks (Postpartum check) – Height, weight, head circumference – start growth chart.

Six weeks – height, weight, head circumference, DPT #2, Trivalent Oral Polio #2, HbCv #2.

Two months – Doctor PE temperature

Four months – height, weight, head circumference, DPT #2, Trivalent Oral Polio #2, HbCv #2

Six months – height, weight, head, temp circumference, DPT #3, Hep B #3, HbCv #3.

Nine months – height, weight, head circumference.

Twelve months – height, weight, head circumference, TB skin test.

Fifteen months – developmental milestones (see "Pediatric Flow Sheet"), accident-poison-burn-drowning risk, immunizations: Mumps, Measles, Rubella (MMR), OPV #4, DPT #4, HbOV #4.

Eighteen months – height, weight, head circumference. General Assessment, growth/development.

Two Years – Annual hemoglobin is recommended, weight, height, head circumference, stool for O/P, urinalysis, doctor PE.

Four to six years – height, weight, DPR booster #2, Trivalent oral Polio #4, physical examination to include blood pressure, visual/hearing screen, urine analysis, dental examination.

Six to eight years – Physical Examination as above, plus Thyroid palpation, examination for scoliosis (particularly in females, as two per 1,000 have a correctable scoliosis of at least 30).

Eight to 12 years – Physical examination as above, counsel about accident prevention.

Tracking Methodology

Follow-up in the pediatric age group is in two phases:

Basic Immunization Phase

The health care team contacts by phone or mail those enrolled patients who fail to initiate or follow through with the immunization schedule to the 18 months completion point. These tracking efforts are entered in the patient chart.

Birthdate Recheck Phase

Subsequent to completion of the basic immunization schedule, the recommended annual TB skin test and hemoglobin determination is liked to the patient's birthdate for purpose of follow-up reminders. The reminders are phone or written messages initiated by health care team documented in the chart.

These annual visits afford opportunity for completion of the more extensive examinations, treatment and counseling as recommended periodically in the Health Care Plan. If there is no patient response to two reminders for follow-up care, the primary care provider reviews the patient situation and advises if further tracking efforts are justified.

Adolescent Lifecycle

Prevention Care Schedule

A preventive examination is recommended every two years. However, because of the importance of counseling about behavior patterns and therefore the necessity to establish rapport, each visit is seen as an opportunity to consider unspoken concerns as well as the particular complaint of the moment.

The examination includes:

Height and weight
Vision and hearing screening
Blood pressure
Thyroid palpation and laboratory test if indicated
Examination for scoliosis, particularly for females
Urinalysis and hemoglobin/hematocrit
Annual TB skin test preferred
Cervical pap smear if sexually active and if exposed to DES in utero
Gonorrhea culture, serology and saline prep if indicated
Annual dental examination

At age 15, or every 10 years, DT booster immunization is provided.

Family planning information, counseling and services are appropriate for both sexes and are offered to all adolescents.

Counseling

Nutrition assessment and information is provided by a nutritionist and other providers with referral for food assistance programs if indicated.

Education and counseling, about normal maturation, accident prevention, school and peer adjustment, family relationships, sexuality and substance abuse (alcohol, tobacco and drugs) are offered.

Psychosocial needs assessment is made and referral to social and mental health services is accomplished when appropriate.

Sexually transmitted disease information, screening and treatment or referral for treatment is provided.

Tracking Methodology

As with the pediatric group, the recommended annual TB screening test is linked to birthdate for the purpose of follow-up reminders. Written or phone messages by the health care team to adolescent clients near birthdate of each year is intended to yield, at a minimum, one complete preventive care examination, the DT booster immunization, and

anemia screen, and consideration of family planning. As much as possible of this care will be given during encounters for acute care.

Policy: All **missed appointment** prenatal clients must be recalled for reappointment to increase compliance for better pregnancy outcome.

Procedure

1. Do appointment reminder day before the clinic

2. If client misses the appointment, do rescheduling notification for the client to be seen within the same week.

3. If the client misses the appointment for the second time, call/inform client and do a home visit to assess the client and situation of why client cannot come to the clinic as scheduled.

4. If she continues to miss her appointments, repeat the same cycle again.

Missed Appointment/Recall and Follow-up –
First time – call and reappointment within the same week;
Second – call and arrange for a home visit the second week, –
home visit and reappointment at clinic, if now show – repeat same procedure.

Policy Statement: **Women with Special Needs (Disability) -** All Prenatal Clients who have a “special needs” are considered “high risk” clients will be referred to the FHU Case Manager for appropriate care follow-up and case managing.

Procedures:

Refer to the High Risk Pregnancies Policy and Procedure

Policy Statement: Contraception Services. All prenatal women must be counseled on contraceptive options that are available in the FHU Clinic. This counseling should take place during the Initial Booking and should emphasize contraceptives as a method for child spacing.

Procedure:

1. Provide one-on-one counseling on purpose of emergency contraception such as:

    - not ready to get pregnant
    - did not use any birth control methods
    - condom broke/slipped
    - missed 2 or more birth control pills / started pack of pill late
    - missed birth control shot/ diaphragm slipped raped / or forced to have sex against your will without protection.

2. Counsel on what is emergency contraception/ how they work and common side effects.

3. Inform them of places where they can obtain emergency contraception which includes family health unit clinic, outpatient department, BNH emergency room, outlying Super dispensaries and the school-based health clinic.

4. Inform client that the use of emergency contraception can reduce the chance of getting pregnant by 75 percent if taken within 72 hours from the last unprotected sex.

5. Inform that every woman can take emergency contraception if she is not already pregnant, but it **should not be used as a means for family planning methods**.

6. Emergency contraception will not affect breast milk, if client is breastfeeding.

Addendum A

Hepatitis B & C Clinical Protocol

Definition: Hepatitis is a disease of the liver caused by microorganism, than can infect humans. .Hepatitis B is caused by hepatitis B virus which causes the liver to become enlarged, irritated, and sometimes scarred. Hepatitis C is caused by hepatitis C virus which the common symptom is fatigue and if left untreated will cause scarring of the liver (cirrhosis), as well as increased chances of liver cancer. Both forms of Hepatitis can spread through blood-borne diseases, or blood to blood route, Sex and transmission from mother to baby are two other ways these hepatitis spread or passed on.

Subjective: History of positive pregnancy test or diagnosis of pregnancy

Objective: Records of having been tested in the past or have not been tested

Assessment: Pregnant women in need of testing and follow-up management depends on the test results

Plan: 1.Provide individual pre-test counseling including assessment of risks factors
2. Fill the forms and refer to lab for blood drawing and testing

If the clients have been tested in the past, test results will determine actions to be taken. (Hepatitis B)

a. Negative ---------- Start Hep B immunization series
b. Positive ---------- Counsel, obtain contacts for Follow-up
c. Immune ---------- counsel and reassure

For Hepatitis C if the result is:

a. Negative ---------- counsel on prevention measures
b. Positive ---------- Refer to Physician for further Workup and treatment

1. Refer to High risk prenatal care if tested positive for either one of the hepatitis.

Persons Responsible: Family Health Unit RN's and NP's, Dr's and the person responsible for STD clinic.

Addendum B

STI's Clinical Protocol

- Std is treated during Initial Doctors Examination, re-testing at 36 weeks gestation and up and again, treated if indication of infection continues

Definition: Infection of the vagina, vulva, urethra, cervix with any sexually transmitted infections, or tested to be positive for HIV and Hep B infections.

Subjective: May include discharge with or without burning, vulvovaginal irritation or soreness, dyspareunia, pain on urination, or lower abdominal pain or discomfort.

Objective: Erythematous, and/or excoriated vulva and/or vagina, cervix or urethra, yellow, yellow-green, thin or thick frothy discharges, strawberry patches or red, friable cervix, or + blood tests.

Assessment: 1. Obtain STI screening history at the initial booking
2. Check medical record, Hepatitis registry for screening status for Hep B tests, do HIV testing.

Plan: Perform evaluation for all sexually transmitted infections

a. Perform test for chlamydia and gonorrhea, HIV testing, and Hepatitis B.
b. Examine carefully for condyloma
c. Screen for other sexually transmitted diseases as appropriate

Treatment options: Give appropriate treatments based on protocols for each infection.

Follow up: Give appointments for test of cure after treatments, contacts follow-up and treatment as needed.

Persons Responsible: Family Health unit RN's and NP's will do all the screening, testing, treatments, follow-up, contact tracings, and counseling as needed, or make necessary referrals to MD's if beyond capabilities of care.

Addendum C

Protocol for Prenatal HIV/AIDS Screening

Policy Statement: To provide free of charge screening for HIV/AIDS to all prenatal services clients on a voluntary basis.

Protocols: Palau has adopted CDC recommendation of universal HIV screening for pregnant women. Voluntary offering of HIV testing and early diagnosis of HIV infection helps to identify women who can benefit from antiviral treatment to minimize fetal infection.

Subjective: History of positive pregnancy test or diagnosis of pregnancy, excluding HIV positive patients.

Objective: Signs or no signs of immuno-compromised

Assessment: Pregnant women to be offered HIV testing

Plan: 1. Provide individual pre-test counseling including assessment of risks factors
2. Obtain consent, draw blood and send according to State lab specifications
3. If patient refuses test, chart in the prenatal records "HIV test declined"
4. Provide patient with results in person

a. If negative, inform patient she may still have an early HIV infection and encourage repeat test in 3 months if she has a risk factor. Reinforce safer sex practices.
b. If positive: Provide HIV appropriate counseling, test for other STD's, refer for crisis intervention if needed, refer to high risk OB clinic for treatment ASAP, and reinforce safe sex practices.

5. Patient Education : Educate patient of precautions designed to preserve confidentiality of test results, and limitations of test, like its inability to detect infection if exposure is too recent meaning undetermined result, and again reinforce, counsel and stress importance of safe sex practices including follow-up and testing of sexual contacts.

Person Responsible: Family Health Unit RN's and NP's, Doctors, and STD clinic nurses.

Addendum C

Protocol for Psychosocial Assessment

Subjective: Clients will let the provider knows that a certain problem does exist and need help in coping with it.

Objective: Clients may present complaints of feeling of sadness and hopelessness, changes in appetite, sleep disturbance, and physical complaints, drugs/alcohol use, showing signs of anxiety/depressions.
Signs of physical abuse visible (black/blue marks, scratch, or inflicted wounds and fractures)

Assessment: 1. Obtain a full psychosocial history.
2. Obtain consent for social service intervention
3. Fill forms / refer to social worker on site

Plan: Refer to Social worker on site at the clinic setting for early intervention and follow-up
Assure feedback through progress report from the social worker prior to next clinic visit.
Person Responsible: Family Health Unit RN's and NP's, Social Workers, VOCA, Mental Health Office, and other agencies that can provide help.

VI. Policy: At all subsequent visits, all clients should receive comprehensive and quality care for the best outcome of the pregnancy.

Addendum D

EMERGENCY CONTRACEPTION

Emergency contraception can help prevent pregnancy but you must take them within 3 days after unprotected sex (within 72 hours from your last unprotected sex).

Reasons you can take ECP's:

1. Scared of pregnancy
2. You didn't use any birth control
3. The condom broke
4. You missed 2 or more birth control pills or you started your pack late.
5. Your diaphragm slipped
6. You missed your birth control shot
7. You were raped.
8. An IUD has come out of place

What are ECP's: Emergency contraceptive pills are ordinary birth control pills taken in special doses within 3 days after sex to prevent pregnancy. They reduce your chance of getting pregnant by 75 percent.

How they work: ECP's can prevent pregnancy by temporarily stopping eggs from being produced. They also may stop fertilization or stop a fertilized egg from attaching to the uterus. ECP's will not work if you are already pregnant.

Are there any side effects: ECP's make some women feel sick to their stomach or vomit. Some women may also have sore breasts or headaches. These side effects last only a day or so. ECP's can also cause your period to come early or late.

- Emergency contraceptive pills are not for regular use because:
  - 1. They are not as effective as regular birth control methods.
  - 2. They do not protect you from diseases like AIDS.

- How can I get ECP's :
  - Family planning clinic at Public Health,
  - School Health Clinic,
  - Emergency Room at the Hospital.
  - For info call FP hotline at 488-1756.

Instructions for use of Emergency Contraceptive pills

Types of Pills	First dose	Second dose (12 hrs later)
Ovral	**2 white tablets**	**2 white tablets**
L/Ovral	**4 white tablets**	**4 white tablets**
Triphasil	**4 yellow tablets**	**4 yellow tablets**
Trilevlen	**4 yellow tablets**	**4 yellow tablets**
Levlen	**4 light-orange tabs**	**4 light orange tabs**
Nordette	**4 light orange tabs**	**4 light orange tabs**
Lofemenal	**4 white tabs**	**4 white tabs**
Microval (Minipills) (Progestin only pills)	**20 or 25 tabs**	**20 or 25 tabs**

******* Progestin only pills are better than combined oral contraceptives for emergency contraception. Used for emergency contraception, progestin-only pills are more effective and cause less nausea and vomiting. (Based on a large WHO study). *******

Specific reasons to return to a Health care provider:

- If her next period is unusually light (possible pregnancy)
- If her next period does not start within 4 weeks (possible pregnancy)
- If her next period is unusually painful (possible ectopic pregnancy. But emergency contraception does not cause ectopic pregnancy.)

Policy: At initial prenatal booking, providers must assure that clients know and understand the Ministry of Health Breastfeeding Policy which addresses the following components.

a. Aims to assist mothers and infants in achieving breastfeeding success by standardizing teaching, eliminating inconsistent and contradictory advice and implement practices that are conducive to long term breastfeeding success.
b. To provide conducive atmosphere for the establishment of breastfeeding
c. To increase the incidence and duration of breastfeeding
d. To bring Belau National Hospital up to a Baby Friendly hospital initiative standard.

Procedures:

1. All prenatal clients be provided with the copy of the breastfeeding policy
2. Discuss the benefits of exclusive breastfeeding for baby and mom
3. Teach how to breastfeed exclusively for six month and continue up to two years, importance of early breastfeeding initiation, bonding, correct positioning/attachment, and expression/storing of breast milk.
4. Inform of the nutritional value of breast milk and its protection against infection.
5. Stress the importance of rooming -in, feeding on demand, and how to assure enough milk. (maintaining lactation).
6. Discuss the benefits of fewer orthodontic and dental problems, lower risk of childhood diabetes, cancer, ear infections of babies that are exclusively breastfed.
7. Assure correct feeding position and lactation prior to discharge from the hospital.
8. Refer to the breastfeeding support group upon discharge/or where to go help if any problem arise.
9. Follow –up on the breastfeeding practices at two and six weeks clinic or do a home visit prior to the clinic date if any problem is encountered.

BREASTFEEDING POLICY FOR THE MINISTRY OF HEALTH SERVICES REPUBLIC OF PALAU

Vision: The Ministry of Health believes that breastfeeding of infants will lessen the risk of many preventable childhood illnesses and will contribute to development of people who are healthy in the "mind, body and soul".

Mission

The Ministry of Health is firmly committed to ensure that all infants born in Palau are breastfed and that *all women are supported to exclusively breastfeed their children for the first six months of life, and to continue breastfeeding with complementary food well into the second year*".

Purpose

We support the right of all parents to make informed choices about infant feeding. All our staffs are trained in breastfeeding promotion and will support you in your decisions. We believe that breastfeeding is the healthiest way to feed your baby and we recognize the important benefits which breastfeeding provides for both you and your child. We therefore encourage you to breastfeed your baby

Aims

- To assist mothers and infants in achieving breastfeeding success by standardizing teaching, eliminating inconsistent and contradictory advice and implementing practices that are conductive to long term breastfeeding success.
- To provide conducive atmosphere for the establishment of breastfeeding.
- To increase the incidence and duration of breastfeeding.

Objectives

- To ensure that all health care workers – midwives, doctors, community groups and Maternal and Child Health Nurses, are familiar with the aims of the policy so that the family unit may achieve long term breastfeeding success.
- To adhere to the aims of the World Health Organization International Code of Marketing of Breast Milk Substitutes.

1. This policy protects, promotes and supports breastfeeding in the Ministry of Health maternity services. The policy is to be adhered to by all staff who provide care to mothers and babies and to be visibly posted in all areas of the ministry that provide health care to mothers, infants, and young children. In addition, this policy will be displayed in both Palauan and English and to establish the fact that the Belau National Hospital and the Bureau of Public health is "baby friendly" in status. Copies of this policy will be provided to the quality assurance committee within the Ministry of Health.

2. Staff training will include protection, promotion and support of breast –feeding.

3. All ante-natal clients will be informed about the benefits of breast-feeding and will be encouraged to do so after delivery. They will also be informed that breastfeeding is enforced after delivery and will be discouraged to bring in artificial formulas on admission.

4. Initiation of breast-feeding: Adherence to the Breastfeeding Policy is required.

    a. **Delivery Room: As soon as possible, within thirty minutes of natural birth, the baby will be given to the mother to hold and establish close contact. At this time, breast-feeding will be initiated with assistance and encouragement by the nursing staff to the mother. If the mother is under sedation, this initial contact will be delayed until full recovery from sedation.**

b. Recovery Room: As soon as possible, within thirty minutes of mother regaining full consciousness the baby will be given to the mother to hold and establish close contact. At this time, breast-feeding will be initiated with assistance and encouragement by the nursing staff.

5. Post-partum ward: The nursing staff will teach mothers the correct position to hold babies while breast-feeding, and to supervise the primipara mothers until they are able to breast-feed properly. Infants will be breastfed on demand. Mothers who have problems and cannot breast-feed are to be taught how to manually express breast milk for their infants every four hours, or as ordered by the attending physician.

6. Practice rooming-in: encourage mothers and infants to stay together – 24 hours a day.

7. Glucose, water, or any food forms other than breast milk will not be given to infants in the hospital unless medically warranted. Promotion materials for infant foods or drinks other than breast milk are not allowed in any Ministry of Health facilities. Free or low cost supply of breast milk substitutes will not be accepted.

8. Pacifiers are not to be permitted in the hospital and the post-natal clinic and mothers are to be informed of this.

9. Discharge follow- up of mothers and babies will be done by appointment to the post-natal clinic for normal mothers and babies. For mothers or babies who need special attention, the nurses at the post-natal ward will arrange for follow up visits through referral to the MCH nurses at the Bureau of Public Health.

   This policy will be rendered effective upon affixation of the signatures of the Directors and the Minister of Health.

10. Refer mothers to breast-feeding support staff/groups on discharge from hospital.
    Day-time Phone No: 488-2420 (MCH Clinic)
    Evenings/weekends – Phone No: 488-9915 (OB Ward Hospital)

_____ _____

Sandra S. Pierantozzi Date
Vice President/Minister of Health

ACOG Standards for Normal Pregnancy

(Kotelchuck Index for Adequacy of Prenatal Care Utilization)

N u m b e r o f V i s i t s

GA by M/Wk	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 (1-4)															
2 (5-8)	X														
3 ((9-13)		X													
4 (14-18)			X												
5 (19-22)				X											
6 (23-27)					X										
7 (28-29) 7 (30-31)						X X									
8 (32-34) 8 (35–36)							X X								
9 (37)								X							
9 (38)									X						
9 (39)										X					
9 (40)											X				
9 (41+)												X			
9 (42+)													X		

Adequate Prenatal Care: PNC begins within the first 4 months of pregnancy

Adequate **80% of recommended visits for specific gestational age at birth (10 or more at GA 40 wks)**

Intermediate: **PNC starts within the first 4th month of pregnancy**
50 – 79% of recommended visits for specific GA at birth (5-9 at GA 40 wks)

Inadequate: **PNC starts after the 4th month of pregnancy**
< than 50% of recommended visits for specific GA at birth (less than 5 at GA 40 Wks)

Recommended Childhood and Adolescent Immunization Schedule
2003