



**National Guidelines for**  
**SAFER HOME BIRTH**

**A REFERENCE GUIDE FOR PROGRAMS SUPPORTING  
COMMUNITY-BASED MATERNAL HEALTHCARE**

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**Reproductive Health Task Force  
Safe Motherhood Unit  
Ministry of Public Health  
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## PREFACE

Women in Afghanistan face serious health risks, especially related to complications of pregnancy and childbirth. More than 90% of deliveries occur at home. The Ministry of Public Health recognizes these risks and is working to address them by adopting and implementing a focused strategy to reduce maternal mortality. One key element of that strategy is the promotion of skilled care at every birth.

*I live 6 hours from the hospital. There is no midwife in my community. I have to have my baby at home. But I don't know what to do to make it safer.*

While skilled care at birth is the right of every Afghan woman, it is clear that it will take some time before this goal is realized. In the meantime, efforts must be made to improve the chances of survival of women who give birth at home and their babies. Therefore, the *National Guidelines for Safer Home Birth* has been developed to assist the national Safe Motherhood program by providing clear guidance on simple steps that can be taken to reduce the risks of a home birth and improve survival of women and their newborn babies.

These guidelines answer the following basic question that program managers face: “As I design a program for improving maternal health in our community, what information should I include about home birth?” The overall goal of this document is to improve program efforts in community-based maternal healthcare—specifically the care that is focused around the time of birth.

### **These guidelines can be used to:**

- guide policy makers and program managers who are working in maternal health in determining what focal areas and strategies should be included in community-based efforts to improve birthing care;
- provide clear information about the elements that should be considered in these programs; and
- provide appropriate technical guidance to the developers of community-based programs and information, education, and communication (IEC) materials.

### **The audience for this document includes:**

- developers and managers of community-based programs;
- developers of IEC materials related to Safe Motherhood programs;
- designers of community health worker (CHW) training programs; and
- designers of midwife training programs.

## INTRODUCTION

Every pregnant woman who gives birth at home should be encouraged to develop a birth plan and provided with information that will help her to prepare for childbirth. The woman should also receive messages about how to conduct a clean and safe birth in the home, as well as messages on postpartum and newborn care.

Although the majority of births progress normally and without complications, it is still important that the woman's birth plan help her and her family respond to complications that may arise. Critical to this are a recognition of danger signs, preparation for responding to emergencies, and a decision to seek care at the nearest appropriate health facility if a complication arises.

## BIRTH PLAN

Each woman who presents for antenatal care should be supported to develop a birth plan. Women who do not present to a facility for antenatal care should develop a birth plan with the help of their local community health workers. **The woman and her family should make all the arrangements for the birth by the 7th month of pregnancy** (two months before the expected due date).

It is critical that each pregnant woman be provided with information on how to prepare for a clean and safe birth and educated about what to do in case of emergency. In developing a birth plan, the woman should include the following:

- **Birth attendant/support**—The woman should identify who will attend her birth and support her during the process. The attendant should have some information on what to do during the birth. The woman should NEVER be left alone during childbirth.
- **Decision making**—The woman needs to determine how decisions will be made when labor begins or if danger signs arise, including identification of who the key decision maker is, as well as identifying a person to make decisions if that person is not present.
- **Signs of labor**—The woman and the identified decision maker should be aware of the signs of labor (see **Box 1**, below).
- **Items for clean birth and immediate newborn care**—The woman should gather the necessary items needed for a clean and safe birth, as well as items needed for immediate newborn care (see **Box 2**, below).
- **Appropriate healthcare facility**—The woman should identify a healthcare facility to go to if danger signs arise.
- **Transportation**—The woman should ensure that transportation is available in case she needs to go to a healthcare facility for any complications that she or her newborn baby experience.
- **Funds**—The woman and her family should have funds available to pay for the items needed for a clean and safe birth. The woman should also have emergency funds available to respond to complications that may arise.
- **Blood donor**—The woman should identify an appropriate blood donor and ensure that this person is available in case of emergency.
- **Danger signs**—The woman and the identified decision maker should be aware of danger signs during pregnancy, labor, childbirth, and the postpartum period, as well as newborn danger signs (see **Boxes 3 to 5**, below).

<b>Box 1. Signs of Labor</b>	
<ul style="list-style-type: none"> <li>• Regular, progressively painful contractions</li> <li>• Lower back pain radiating from lower abdomen</li> </ul>	<ul style="list-style-type: none"> <li>• Bloody discharge from vagina (“bloody show”)</li> <li>• Rupture of membranes</li> </ul>

## **CONDUCTING A CLEAN AND SAFE CHILDBIRTH**

- All necessary items for the birth and immediate newborn care (see **Box 2**, below) should be available when labor begins.
- The area where the woman gives birth should be clean, warm, and private.
- At the beginning of labor, the woman should wash herself and change into a clean outfit.
- The attendant should wash her hands and lower arms before assisting the birth.
- The attendant should clean the woman’s perineum using warm water and soap. If the woman passes stool during the birth, her perineum should be cleaned again.
- During labor, the woman can take any position that is comfortable for her. Walking will help to stimulate labor.
- The woman can eat and drink during labor. She should be offered liquids with sugar, and she can eat nutritious foods such as leti (like porridge), ferini, and eggs.
- The woman and the attendant should be aware of the danger signs during labor and childbirth (see **Box 3**, below).
- When the woman squats for the birth, the plastic sheet should be placed under her.
- After the birth takes place, the baby should be placed on the mother’s abdomen, and the baby should be dried using a warm and clean blanket or cloth.
- Immediately after birth the baby’s eyes should be cleaned using cotton.
- The mother should attempt to breastfeed the baby immediately after birth. Breastfeeding helps to deliver the placenta and stop the bleeding.
- After the baby is dried and covered, the umbilical cord should be tied and cut. Two ties should be tied approximately one hands-breadth away from baby, and then a third tie one hands breadth away from the first two ties. The cord should be cut between the second and third tie using a clean blade on a clean surface.
- After the placenta is delivered, it should be wrapped in the plastic sheet and either burned or buried deeply.
- The attendant should closely observe both the mother and the baby for at least two hours after delivery of the placenta.

<b>Box 2. Items for Clean Childbirth and Immediate Newborn Care</b>	
<ul style="list-style-type: none"> <li>• Nail-cleaning stick</li> <li>• Soap and two buckets of warm water for washing hands of attendant before birth and cleaning the woman’s perineum before and during birth</li> <li>• New, clean razor blade with cutting surface to cut umbilical cord</li> <li>• Clean cord ties to tie umbilical cord before cutting (the tie should be boiled and dried before use)</li> <li>• Plastic sheet to spread under woman during birth</li> </ul>	<ul style="list-style-type: none"> <li>• A clean outfit for woman to wear during labor and birth</li> <li>• Perineal pads/cloths to be used by woman after birth</li> <li>• Two warm cloths—one to receive the baby with and the other to dry the baby after birth</li> <li>• Diapers/napkins for baby</li> <li>• Warm blankets for baby</li> <li>• Clean and warm clothes for baby, including a hat</li> <li>• Clean cotton gauze or swabs to clean baby’s eyes</li> </ul>

### Box 3. Danger Signs During Pregnancy, Labor and Childbirth

- Vaginal bleeding
- Difficulty in breathing
- Fever
- Prolonged labor (more than 12 hours)
- Severe abdominal pain
- Severe headache/blurred vision
- Convulsions/loss of consciousness
- Foul-smelling vaginal discharge/fluid from vagina
- Decreased/absent fetal movements
- Leakage of greenish/brownish (i.e., meconium-stained) fluid from vagina

#### IMPORTANT!

Do not leave the woman alone during labor or birth.  
Do not put anything (hands and fingers, oil, herbs, etc.) in the birth canal.  
Do not push on the abdomen of the mother during labor  
Do not pull on the umbilical cord to deliver the placenta.

### POSTPARTUM CARE

- The woman should know about the postpartum danger signs (see **Box 4**, below) and seek advice from a skilled care provider if any danger signs arise.

### Box 4. Danger Signs During Postpartum Period

- Severe headache/blurred vision
- Placenta not delivered more than one hour after birth
- Pallor (pale complexion, fingernails, conjunctiva, or tip of tongue) and shortness of breath
- Heavy vaginal bleeding (more than heavy menses) or sudden increase in bleeding
- Fever
- Foul-smelling discharge from vagina
- Pain in perineum or pus/foul-smell from perineum/perineal tears
- Feeling deeply unhappy or crying easily
- Dribbling of urine or leakage of feces from vagina
- Severe abdominal pain
- Convulsions/loss of consciousness
- Pain in calf muscle

### Breastfeeding and Breast Care

- The woman should breastfeed her baby exclusively for the first 6 months of life (see *Breastfeeding in Newborn Care* section, below, for additional details).
- The woman should use both breasts at each feed, if possible.
- The more the baby is breastfed, the more milk the mother will produce.
- Extra fluid and food intake is important for the woman while she is breastfeeding. For the health of the woman, she should drink at least one glass of fluids for every time the baby breastfeeds and eat the equivalent of one extra meal per day. Her diet should include nutritious foods such as eggs, soup, vegetables, meat, and milk.
- The woman should keep her nipples clean and dry, and wash them with a clean cloth and warm water only (no soap) no more than once per day.

## Self-Care and Hygiene

- The woman should keep her perineal area as clean and dry as possible.
- Perineal pads/cloths should be changed at least 6 times per day during the first week postpartum, and at least twice per day after that.
- The woman should avoid sexual contact for at least the first four weeks postpartum.

## Family Planning for Birth Spacing

- Exclusively breastfeeding for the first 6 months can prevent pregnancy as long as the woman’s menses have not returned and the woman gives the baby no other food or liquid during this time.
- If the woman chooses not to exclusively breastfeed, if her menses have returned, or if she is more than 6 months postpartum, she should be aware of the available contraceptive methods (e.g., condoms, oral contraceptives, intrauterine device [IUD]) that she can use to space her next birth.

## NEWBORN CARE

- The woman should know about newborn danger signs (see **Box 5**, below). The baby should urgently be taken to the nearest health center should any of these signs arise.
- In general, if the family feels that the baby is “not doing well” or “looks sick,” they should take the baby to the appropriate healthcare facility for evaluation as soon as possible.

Box 5. Newborn Danger Signs	
<ul style="list-style-type: none"><li>• Preterm (born before 37 weeks of pregnancy) or small baby</li><li>• Difficulty in breathing</li><li>• Convulsions, spasms, loss of consciousness, or arching of the back</li><li>• No passage of urine or feces (the baby should urinate at least once on the first day and pass stool within the first two days after birth)</li><li>• Very hot or cold to the touch</li></ul>	<ul style="list-style-type: none"><li>• Pus from umbilical cord and/or red skin on the abdomen around the cord</li><li>• Pus or drainage from eyes</li><li>• Not sucking well, especially after 24 hours of life</li><li>• Blue color of tongue and lips</li><li>• Floppy or very sleepy</li><li>• Spinal or abdominal malformations</li></ul>

## Breastfeeding

- The mother should attempt to breastfeed the baby immediately after the birth. It is important that the woman give her colostrum (first milk) to the baby. Colostrum is the perfect first food for a baby, as it provides all essential nutrients and contains ingredients that help the baby fight infections.
- The baby should be breastfed exclusively for the first 6 months of life. The baby should not be given anything else to drink or eat during this time—no water, juice, breast-milk substitute, rice, or any other food or drink.
- The baby should be breastfed whenever s/he wants (“on demand”), day and night. In general, the baby should be breastfed every 2–3 hours (8–12 times per day) during the first weeks of life.

## **Maintaining Warmth**

- The room where the mother and baby stay should be kept warm (25°C or more) and free of drafts.
- The baby should be kept in skin-to-skin contact with the mother, covered with a clean and dry blanket/cloth, as much as possible for at least the first 6 hours after birth.
- The baby's head should be covered with a hat to help prevent heat loss.
- The baby should not be bathed in the first 24 hours of life.
- If the baby's feet and hands feel cold to the touch, the baby should be rewarmed using skin-to-skin contact; if skin-to-skin contact is not possible, the baby should be covered with an additional layer of clothing and blankets/cloths.

## **Care of Umbilical Cord**

- The baby's cord should be kept dry, even when the baby is being bathed.
- No dressings or substances of any kind should be placed on the cord stump.
- The cord should be kept outside of the diaper/napkin to avoid contaminating it with urine or feces.

### **IMPORTANT!**

Do not wash the baby during the first 24 hours after birth.  
Do not use an unclean knife for cutting the umbilical cord.  
Do not apply any substance to the baby's umbilical cord.