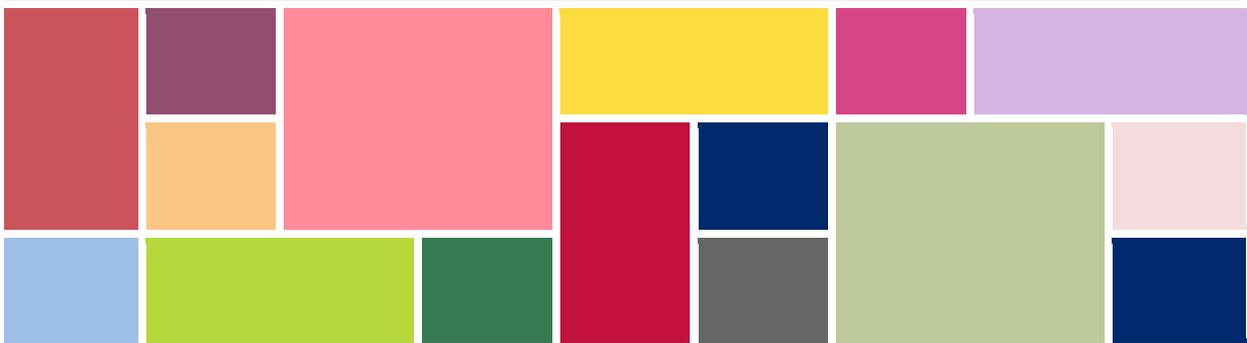




Session Plan: Determination of Gestational Age for Correct Administration of Intermittent Preventive Treatment of Malaria in Pregnancy with Sulfadoxine-Pyrimethamine (IPT_p-SP)

Date:

Venue:



MCSP is a global USAID initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and digital health, among others.

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May 2017

Learning Objectives

By the end of the session, learners will be able to do the following:

1. Describe the key elements of the 2012 World Health Organization (WHO) policy on use of intermittent preventive treatment of malaria in pregnancy with sulfadoxine-pyrimethamine (IPTp-SP).
2. Demonstrate correct assessment of gestational age (GA) in the early second trimester (on anatomic model and/or during client contact) through a combination of history and physical exam using a skills checklist.
3. Use job aid and pregnancy wheel to demonstrate correct administration of IPTp-SP as part of routine antenatal care (ANC) care, including correct timing of initiation of IPTp-SP based on accurate measurement of early second-trimester GA in pregnancy.
4. Understand local barriers and define action plan for improving implementation of WHO 2012 IPTp-SP guidelines in learner's work site (action plan).

Session Plan (4 Hours)

Time	Topic, Methods, and Activities	Facilitator	Resources
15 minutes	<p>Welcome and introductions</p> <ul style="list-style-type: none"> Facilitator introduces her/himself. Learners introduce themselves and write one expectation of the session on a flip chart. Facilitator reviews session objectives and learning materials. 		Handouts with session objectives, skills checklist, and gestational age (GA) job aid (ideally, job aid should be laminated or placed in plastic sleeves)
15 minutes	Complete written precourse knowledge assessment (KA). Do a “practice” true/false question to ensure everyone understands the format. Grade KAs in group.		Copies of KA, answer sheets, and pencils
45 minutes	<ul style="list-style-type: none"> Give interactive presentation and have discussion on use of IPTp-SP per 2012 WHO policy update, emphasizing: <ul style="list-style-type: none"> Differences from previous guidelines Encouraging women to attend antenatal care (ANC) as soon as they think they may be pregnant and continue ANC contacts per local guidelines Implications for maintaining adequate stocks of SP and recordkeeping (clinical cards, registers) Counseling clients about continuing use of long-lasting insecticide-treated nets and IPTp-SP, individually and/or in group setting 		<p>Laptop, LCD projector, slideshow presentation (or main points on flip chart pages), and flip chart page for “parking lot”</p> <p>See Appendix A for group activities #1, #2, and #4 illustrating challenges with SP provision.</p>
15 minutes	Tea break		See Appendix A for group activity #3 (SP shuffle).
30 minutes	Review job aid to determine gestational age in early second trimester, discussing each stem and branch.		Job aid handout
60 minutes (adjust time based on number of participants and models)	Review skills checklist as a group Demonstration and practice of assessment of GA in the second trimester using pregnancy model and job aid (demonstration by facilitator, each learner then practices)		<p>Pregnancy model configured for second trimester and skills checklist</p> <p>See Appendix A for group activity #5, case studies.</p>
15 minutes	Complete written postcourse KA. Do a “practice” multiple-choice question to ensure everyone understands the format. Grade KAs in group.		KAs, answer sheets, and pencils
30 minutes	Review objectives and expectations. Clarify learners’ questions placed in “parking lot.” Discuss key local barriers to implementation and formulate action plans for implementation of 2012 WHO guidelines using toolkit resources. Wrap up and review next steps.		“Parking lot” page Action plan template for each facility (p. 4)
15 minutes	Complete course evaluation and closing.		Evaluation forms (p. 11)

Action Plan

District: _____ Facility: _____

Date of action plan: _____ Developed by: _____

Key Local Barrier	Root Causes	Solutions	Resources Needed	Person(s) Responsible	Date to Be Completed	Comments
1.						
2.						
3.						
4.						
5.						

Gestational Age Assessment: Precourse Knowledge Assessment

Please circle “T” if question is true or “F” if question is false.

Learner number: _____ Cadre and position: _____

• Negative consequences of malaria in pregnancy for the mother include severe anemia.	T	F
• Negative consequences of malaria in pregnancy for the newborn include low birthweight.	T	F
• The 2012 WHO guidelines on use of IPTp-SP recommend giving the first dose of SP as early as possible in the second trimester (i.e., around 13 weeks).	T	F
• Quickening must occur before giving the first dose of IPTp-SP.	T	F
• Sulfadoxine-pyrimethamine is safe for the mother and fetus in the second trimester of pregnancy.	T	F
• IPTp-SP should not be given after 36 weeks of pregnancy (i.e., in the last month of pregnancy).	T	F
• IPTp-SP should only be given with food.	T	F
• Women taking cotrimoxazole prophylaxis can also receive IPTp-SP.	T	F
• IPTp-SP can safely be given with iron and 0.4 mg folic acid.	T	F
• At 13 weeks gestation, the uterus can be palpated at about 3 fingerbreadths above the symphysis pubis.	T	F

Gestational Age Assessment: Precourse Knowledge Assessment—Answer Key

<ul style="list-style-type: none"> Negative consequences of malaria in pregnancy for the mother include severe anemia. 	T	F
<ul style="list-style-type: none"> Negative consequences of malaria in pregnancy for the newborn include low birthweight. 	T	F
<ul style="list-style-type: none"> The 2012 WHO guidelines on use of IPTp-SP recommend giving the first dose of SP as early as possible in the second trimester (i.e., around 13 weeks). 	T	F
<ul style="list-style-type: none"> Quickening must occur before giving the first dose of IPTp-SP. 	T	F
<ul style="list-style-type: none"> Sulfadoxine-pyrimethamine is safe for the mother and fetus in the second trimester of pregnancy. 	T	F
<ul style="list-style-type: none"> IPTp-SP should not be given after 36 weeks of pregnancy (i.e., in the last month of pregnancy). 	T	F
<ul style="list-style-type: none"> IPTp-SP should only be given with food. 	T	F
<ul style="list-style-type: none"> Women taking cotrimoxazole prophylaxis can also receive IPTp-SP. 	T	F
<ul style="list-style-type: none"> IPTp-SP can safely be given with iron and 0.4 mg folic acid. 	T	F
<ul style="list-style-type: none"> At 13 weeks gestation, the uterus can be palpated at about 3 fingerbreadths above the symphysis pubis. 	T	F

Gestational Age Assessment: Postcourse Knowledge Assessment

Learner number: _____ Cadre and position: _____

Please circle **one** correct answer to each question below.

1. Providing IPTp-SP at 13 weeks gestation is important because:
 - a. Women may not return for more ANC contacts.
 - b. It can prevent parasites from invading the placenta very early in pregnancy.
 - c. Women feel fewer side effects early in pregnancy.
2. Which dose of folic acid can be given with IPTp-SP?
 - a. 5 mg
 - b. 0.4 mg
 - c. Folic acid should not be given with IPTp-SP.
3. When counseling women about when to return to the ANC clinic:
 - a. Tell them to come only if they have danger signs.
 - b. Ask them to return based on your country's guidelines for ANC contacts and provide IPTp-SP at every scheduled contact if at least one month has elapsed since the last dose.
 - c. Tell them they will not receive more IPTp-SP after this contact.
4. Malaria parasites attack the placenta:
 - a. Only in the third trimester
 - b. Only if the woman has fever and a positive malaria rapid diagnostic test
 - c. As early as the first trimester, even if a woman has no symptoms of malaria
5. IPTp-SP can be given:
 - a. Up to the time of delivery
 - b. Only until the eighth month of pregnancy
 - c. Anytime the woman comes for an ANC contact, no matter when her last contact was
6. Care that should be provided at each ANC contact includes:
 - a. Take blood pressure, measure uterine size, listen for fetal heart sounds, and determine eligibility for IPTp-SP.
 - b. Take blood pressure and listen for fetal heart sounds.
 - c. Determine eligibility for IPTp-SP.

7. Pregnant women should use insecticide-treated nets:
 - a. Only in the first trimester
 - b. Only if they don't take IPTp-SP
 - c. Throughout pregnancy and the postpartum period
8. Women receiving cotrimoxazole prophylaxis:
 - a. Should receive IPTp-SP at every ANC contact as long as it has been one month since the last dose.
 - b. Don't need to use insecticide-treated nets.
 - c. Should not receive IPTp-SP during pregnancy.
9. The uterus at 13 weeks of pregnancy:
 - a. Is about the size of a small lemon and cannot be palpated above the symphysis pubis.
 - b. Is midway between the symphysis pubis and the umbilicus.
 - c. Can be palpated about 3 cm, or 3 fingerbreadths, above the symphysis pubis.
10. The most important element(s) to consider when determining gestational age include:
 - a. Visualization of the cervix
 - b. Asking the woman if she "feels" pregnant
 - c. Asking the woman the first day of her last menstrual period and measuring symphysis-fundal height

Gestational Age Assessment: Postcourse Knowledge Assessment—Answer Key

Please circle **one** correct answer to each question below.

1. Providing IPTp-SP at 13 weeks gestation is important because:
 - a. Women may not return for more ANC contacts.
 - b. It can prevent parasites from invading the placenta very early in pregnancy.**
 - c. Women feel fewer side effects early in pregnancy.
2. Which dose of folic acid can be given with IPTp-SP?
 - a. 5 mg
 - b. 0.4 mg**
 - c. Folic acid should not be given with IPTp-SP.
3. When counseling women about when to return to the ANC clinic:
 - a. Tell them to come only if they have danger signs.
 - b. Ask them to return based on your country's guidelines for ANC contacts and provide IPTp-SP at every scheduled contact if at least one month has elapsed since the last dose.**
 - c. Tell them they will not receive more IPTp-SP after this contact.
4. Malaria parasites attack the placenta:
 - a. Only in the third trimester
 - b. Only if the woman has fever and a positive malaria rapid diagnostic test
 - c. As early as the first trimester**
5. IPTp-SP can be given:
 - a. Up to the time of delivery**
 - b. Only until the eighth month of pregnancy
 - c. Anytime the woman comes for an ANC contact, no matter when her last contact was
6. Care that should be provided at each ANC contact includes:
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 - b. Take blood pressure and listen for fetal heart sounds.
 - c. Determine eligibility for IPTp-SP.

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 - b. Don't need to use insecticide-treated nets.
 - c. Should not receive IPTp-SP during pregnancy.**
9. The uterus at 13 weeks of pregnancy:
 - a. Is about the size of a small lemon and cannot be palpated above the symphysis pubis.
 - b. Is midway between the symphysis pubis and the umbilicus.
 - c. Can be palpated about 3 cm, or 3 fingerbreadths, above the symphysis pubis.**
10. The MOST important element(s) to consider when determining gestational age includes:
 - a. Visualization of the cervix
 - b. Asking the woman if she "feels" pregnant
 - c. Asking the woman the first day of her last menstrual period and measuring symphysis-fundal height**

Determination of Gestational Age Workshop Evaluation

Please indicate your opinion of the course components using the following rating scale:
5 – Strongly agree, 4 – Agree, 3 – No opinion, 2 – Disagree, 1 – Strongly disagree

Course Component		Rating
1.	The length of the workshop was adequate.	
2.	I understand the updated 2012 WHO guidelines on initiation of IPTp-SP early in the second trimester.	
3.	The job aid will help me to remember to give IPTp-SP and long-lasting insecticide-treated nets to all eligible pregnant women.	
4.	The demonstration and practice on the pregnancy model using the checklist were helpful to improve my skills for diagnosis of the early second trimester.	
5.	I am confident that I can accurately diagnose a pregnancy at 13 weeks gestation.	
6.	Formulation of the action plan for my facility will help increase the number of eligible pregnant women receiving IPTp-SP and long-lasting insecticide-treated nets.	
7.	I achieved my expectation(s) for the workshop.	
8.	I achieved the workshop objectives.	

Additional Comments

1. What topics (if any) should be added to improve the workshop, and why?

2. What topics (if any) should be deleted to improve the workshop, and why?

3. General comments:

Appendix A: Sample Group Activities

To add more interactive learning to a session, facilitators can consider these or other group activities, which are designed to reinforce and spur discussion on key content in the toolkit.

1. Don't miss the chance!
 - a. After pre-test, everyone stands up (either at their places or another area of the room).
 - b. Explain that we all represent the pregnant women of X country.
 - c. Ask participants to estimate how many of us will never go to antenatal care (based on context). Ask X number of participants to sit down based on approximate proportion.
 - d. Of the remaining, have relevant proportion of participants sit down who will not enter care until third trimester.

When group decides on how many enter care at beginning of second trimester, compare size of that small group to original large group and talk about importance of seizing opportunity to provide these clients with first dose of IPTp-SP at the right time.

2. What is standing in her way?
 - a. When initiating discussion of barriers, have the small handful of participants who were early second trimester stand up and sip from a bottle of water to simulate the first dose of IPTp-SP.
 - b. Have participants talk about all the things that stand in the way of these clients getting to the other side of the room (people can stand up to represent barriers, such as stock-outs, provider knowledge gaps, long queues, client fears of taking medication in pregnancy, etc.).
 - c. As you discuss possible strategies to removing barriers, "barrier participants" can sit back down and pregnant women can get closer to that first dose until they have arrived at the other side of the room.
3. The "SP Shuffle"
 - a. For use as an energizer during tea breaks or other times: If you have Internet access, please use a search engine to find the video of a dance called "The Cupid Shuffle" (from the 2007 album *Time for a Change* by the artist Cupid). You can devise your own song, but as an example, you could use:
 - b. 13, 13, 13, 13!
 - c. Weeks, weeks, weeks, weeks!
 - d. SP! SP! SP! SP!
 - e. Every month, every month, every month, every month!
4. Folic Acid Show-and-Tell
 - a. Staff member with adequate authorization to do so obtains representative samples of what is available in pharmacy or clinic for iron/folic acid supplementation.
 - b. Discuss available options and whether they are appropriate in the context of IPTp-SP delivery.
 - c. Emphasize avoiding the 5 mg dose of folic acid and rationale.

5. Case Scenarios

Include a focus on whether to give or not to give SP, plus recommended counseling messages and other interventions. Can be revised based on common local scenarios.

- a. Case 1: Unknown last menstrual period, can't palpate uterus in the abdomen. What happens at this contact?
- b. Case 2: First dose of SP received at 20 weeks, returns for second contact at 39 weeks to antenatal care and feels some cramping that may or may not be early labor. What happens at this contact?
- c. Case 3: Presents for first antenatal care contact at about 18 weeks. Hasn't yet had HIV test, but knows partner is living with HIV. She is not taking any medications. What happens at this contact?
- d. Case 4: Woman comes in at 13 weeks and gets all recommended antenatal care/malaria in pregnancy interventions, including SP; returns two weeks later for problem contact (headache). What happens at this contact?
- e. Case 5: Same woman as Case 4: Returns at 17 weeks. You recommend SP, but she is afraid to take it in case her headache was due to SP. How do you counsel her?