INSTITUTO NACIONAL DE SAÚDE PÚBLICA
TIMOR-LESTE

Ministério da Saúde

KUIDADU MATERNAL NO INFANTIL

Iha Nível Kuidadu Saúde Primária

FONTES REFERENSIA

Maluk Timor
Advancing quality healthcare together

Tabela Konteudu

A5. Maternal and Infant Care/ Kuidadu Materna no Infantil

ANTENATAL CARE / KUIDADU ANTENATAL

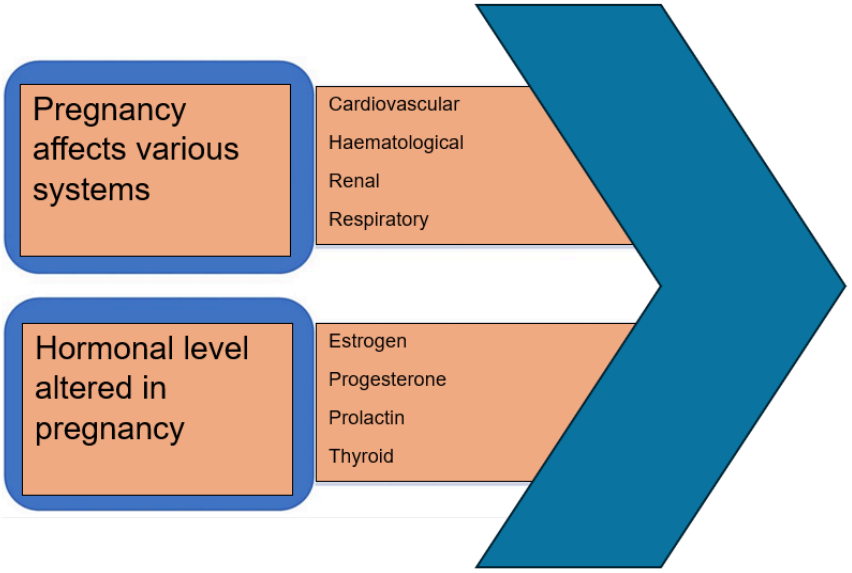
Basic Level / Nivel Baziku

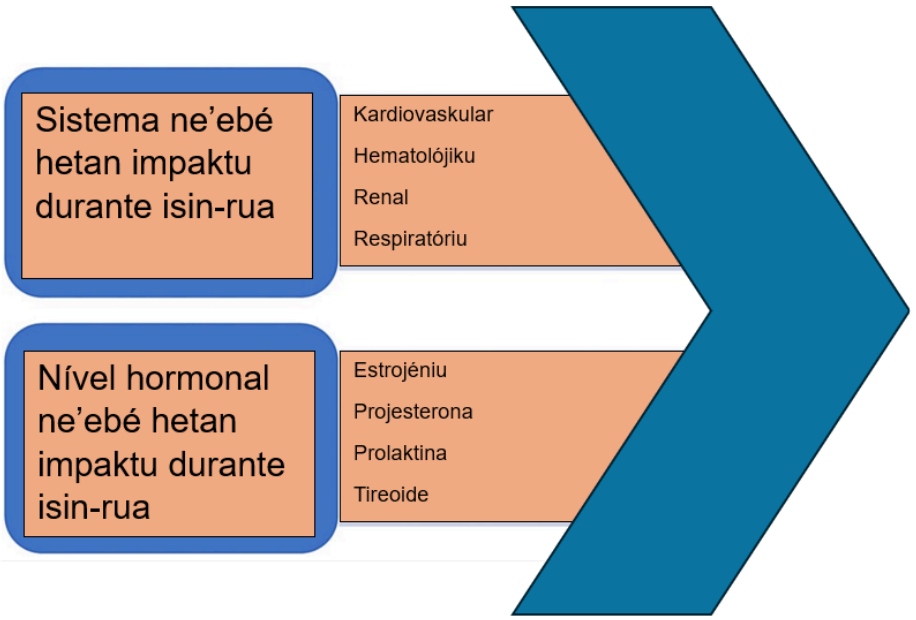
A5.1.1. Routine Antenatal Care / Kuidadu Antenatal Rutina

a) Diagnose and date pregnancy/ Diagnosa no kalkula idade jestasaun

Diagnosing pregnancy typically involves a combination of self-assessment, medical test and a visit to a healthcare provider. Diagnosa isin rua dalabarak envolve kombinasaun autoavaliasaun, ezame médiku no konsulta ho pesoal saúde.

The Physiological changes in pregnancy / Mudansa Fisiolójika durante isin rua





➢ Hormonal Changes / Mudansa hormonal

1) Progesterone: Synthesized by the corpus luteum during the first 10 weeks of pregnancy, and by the placenta mainly thereafter **[Collier et al., 2006]**. It is responsible for maintaining the lining of the uterus during pregnancy and preventing premature contractions.

   Projesterona: Sintetiza iha *corpus luteum* durante semana 10 primeiru idade jestasaun, no depois sintetiza husi placenta/kaan.[Collier et al., 2006] Ida ne'e responsavel atu mantein kapa interna oan fatin nian hodi prevene kontraksaun prematuru.

2) Oestrogen: Initially produced by the corpus luteum and later by the placenta. Its levels tend to rise towards the end of pregnancy. Oestrogen is responsible for stimulating the growth of the uterus and increasing blood flow to it. **[News Medical, n.d.]** Estradiol: Durante isin rua, kuantidade estradiol mos sa'e tanba produz mos husi placenta. Nia nivel sae makaas durante periodu ikus isinrua. Estrojeniu responsavel estimula kresimentu útero no hasa'e sirkulasaun raan ba oan fatin.[News Medical, n.d.]
3) HCG (Human Chorionic gonadotropin) / Gonadotropina corionica humana
4) Thyroid changes / Mudansa tiroidea

   During pregnancy, the thyroid gland becomes more enlarged and undergoes follicular hyperplasia. The TSH receptors can be stimulated by beta-human chorionic gonadotropin (β-hCG).

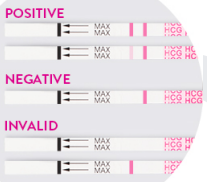
Durante isinrua, glandula tiroidea (Jee, S. B., & Sawal, A. (2024)./ Durante isinrua, glandula toroidea aumenta nia tamanu no rezulta hiperplasia folikular. Receptor TSh bele mos hetan estimulasaun husi beta gonadotropina korionika umana (b-hCG).

- ➢ Female Reproductive System/Genital changes/ Mudansa iha sistema reprodutiva feto
- ➢ Haemodynamic changes/ Mudansa hemodinamika

Pregnancy test [Anderson & Ghaffarian, n.d.]: Testu isin rua

- **Type**: Most home pregnancy tests are urine-based and available at pharmacies or supermarkets. They usually come in the form of test sticks or midstream urine tests. Tipu: maioria husi testu ba isin rua halo ho baze testu urina ne'ebe disponivel iha farmasia no supermerkadu sira.
- Dalabarak liu ho forma stick ka *midstream* testu.

imed medical group.



Accumed.

- **Accuracy**: Look for tests that are 99% accurate when used correctly. Always check the expiration date on the box to ensure the test is still valid. **Certeza**: Buka testu ne'ebe ho nia rezultadu serteza 99%. Sempre verifika nia data expira iha kaixa garante katak testu nafatin validu.

- **Timing**: For the most accurate result, wait until at least the **first day of a missed period**. If a test is done too early, there may not be enough **human chorionic gonadotropin (hCG)** in urine to give an accurate result. **Tempu**: Ba rezultadu ne'ebe akuradu liu, hein pelu menus loron primeiru husi data menstruasaun tuirmai. Karik testu

sedu liu, kuantidade human chorionic gonadotropin (hCG) iha mii/urina hodi fo rezultadu ne'ebe akuradu.

- **Morning Urine**: It's recommended to use your **first morning urine**, which contains the highest concentration of hCG. Urina dadersan nian: rekomenda uza urina/mii primeiru iha dadersan, iha ne'ebe kontein konsentrasaun hCG ne'ebe a'as.

- **Read the Instructions**: Carefully read the instructions on the test package. Different tests may have slightly different methods or timings for interpreting results. Le'e instrusaun: kuidadozamente le'e instrusaun iha kaixa testu. Testu balun iha diferensa oituan iha nia metodu no tempu ba interpretasaun rezultadu.

- **Gather Supplies**: Akumula rekursus:
  - Pregnancy test / Stick testu
  - Cup for urine / Masa urina
  - Timer or clock (if the test asks you to wait for a specific time, usually 3-5 minutes) / Relojiu (karik testu balun rekere atu hein ho tempu espesifiku normalmente minutu 3-5)
  - Gloves / luvas

Signs and Symptoms [Mayo Clinic, 2023] / Sinais no sintomas

- ➢ **Missed Period**: One of the most common early signs of pregnancy is a missed menstrual period, especially if your cycles are regular. / Menstruasaun la mai: ida husi sinal tempranu komun husi isin rua maka menstruasaun la mai, espesialmente iha siklu regular.
- ➢ **Morning Sickness**: Nausea and vomiting, often in the morning but can occur throughout the day, typically begin around the 4th to 6th week. / Sintomas sira iha dader: laran sae no muta, dalabarak liu iha dader, maibe bele akontese iha kualker oras iha loron tomak, tipikamente komesa iha alrededor semana dahaat to'o semana daneen.
- ➢ **Fatigue**: Feeling unusually tired or fatigued, which can begin as early as the first few weeks./ Kolee: sente kolee ne'ebe hahu iha semana sira dahuluk.

- **Breast Changes**: Swelling, tenderness, or darkening of the areolas[NHS, n.d.]./ Mudansa iha susun/mamae: Bubu, to'os, areola/susun matan nakukun.
- **Frequent Urination**: Increased urination, particularly in the early stages of pregnancy./ Mii/urina aumenta, partikularmente iha inisiu isinrua.
- **Mood Swings**: Hormonal changes may lead to mood swings or emotional changes./ Mudansa animu: Mudansa hormonal bele lori to mudansa animu ka mudansa emosional.
- **Food Cravings or Aversions**: A sudden desire for certain foods or an aversion to others[NHS, n.d.]./ Ngidam : hakarak derepente ba hahan balun no la gosta sasan balun.
- **Spotting or Light Bleeding**: Light bleeding or spotting (called implantation bleeding) can occur around the time the fertilized egg implants in the uterus./

Calculating the Gestational Age and Due Date / Kalkula idade jestasaun no data estimasaun partu

The first method to calculate gestational age is by monitoring the first day of the last menstrual period (LMP). This method is considered effective for women with regular menstrual cycles, typically lasting an average of 28 days. Metodu primeiru atu kalkula idade jestasaun maka liu husi identifika loron primeiru husi menstruasaun ikus. Metodu ida ne'e konsidera efetivu ba feto sira ho siklu menstrual regular, tipikamente loron 28.

Essentially, the first week of pregnancy can be determined by adding 7 days to the date of the first day of the last menstrual period (LMP). For example, if the first day of the last menstrual period falls on September 21, 2025, then the first week of the pregnancy is estimated to be on September 28, 2025.**[Siloam Hospital, 2024]** Esensialmente, semana dahuluk isinrua bele moz determina liu husi aumenta loron 7 ba loron dahuluk menstruasaun ikus. ezemplu, karik data menstrusaun ikus monu iha loron 21 setembru 2025, entaun semana dahuluk isinrua estima sei monu iha 28 setembru, 2025.

Furthermore, calculating the LMP can also help estimate the Estimated Due Date (EDD) using Naegele's Rule, which is:**[Johns Hopkins Medicine, n.d]** Tuirmai, kalkula estimasaun data partus liu husi data menstruasaun ikus utiliza rera Naegele, iha ne'ebe:

Naegele's Rule =(Year of LMP + 1), (Day of LMP + 7), and (Month of LMP - 3). For example, if the LMP of the mother is on September 21, 2025, then the calculation of the EDD using Naegele's Rule would be:

September 21, 2025 + 1 year = September 21, 2026.

September 21, 2026 + 7 days = September 28, 2026.

September 28, 2025 - 3 months = June 28, 2026.

Based on the formula above, the estimated EDD for the baby falls on June 28, 2026.

Regra Naegle = (tinan husi data mentruasaun ikus + 1), (loron husi data menstruasaun ikus +7), no fulan husi data menstruasaun ikus -3)

Ezemplu, karik data menstruasaun ikus monu iha setembru 21, 2025, nune'e estimasaun data partus tuir regra Naegele sei monu iha:

Setembru 21, 2025 + tinan 1 = Setembru 21, 2026

Setembru 21, 2025 + loron 7 = Setembru 28, 2026

Setembru 28, 2025 - 3 = Junu 28, 2026

Bazeia ba formula iha leten, estimasaun data party

sei monu iha 28 junu, 2026.

b) Promote delivery at health facility/ Promove partu iha fasilidade saúde

Benefit of delivery in health facility / Benefisiu partus iha fasilidade saúde

1. Prevents mother and newborn from infections by the use of sterilized instruments. / Prevene inan no oan husi infesaun liu husi utiliza instrumentu esteril
2. Help to manage maternal complications on time./ Ajuda maneja komplikasaun manterna ho tempu
3. Prevents the risk of postpartum hemorrhage (heavy bleeding), by the provision of recommended procedures (e.g. use of oxytocin and uterine massage)./ Prevene fator risku hemorrajia pospartum (Raan fakar todan), liu husi oferese prosedimentu sira ne'ebe rekomenda (ezemplu, uza oxytosina no masajen uterina)
4. Ensure the correct removal of the placenta by using appropriate (controlled cord traction) techniques./ Garante hasai bebe nia kaan ho loos liu husi utiliza tekniku apropriadu (kontrola traksaun kordaun)
5. Helps to recognise and manage neonatal complications if they occur - such as breathing difficulties of the newborn / Ajuda rekonese no

maneja komplikasaun neonatal hanesan dada-iis susar karik akontese.

c) Provide health education: healthy eating, physical activity, Birth Preparedness plan, normal signs of labour/Fornese edukasaun saúde: aihan saudavel, aktividade fisika, planu perparasaun partu

Healthy eating / Han saudavel

Healthy diets during pregnancy are crucial for the well-being of both the mother and the baby. Timor-Leste faces significant challenges related to malnutrition, this makes it important to promote good nutrition during pregnancy to improve health outcomes for both. Dieta saudavel durante isinrua krusial tebes ba inan no bebe nia bem-estar. Timor-Leste hasoru dezafiu signifikante tebes relasiona ho problema nutrisaun, ida ne'e halo importante atu promove dieta saudavel durante isin rua, hodi bele hetan rezultadu ne'ebe diak ba inan no oan.

Food Classification: Klasifikasaun ai-han [UNICEF, n.d.]

1. Ai-han fo forsa: (definisaun) (ezemplu)
   Definisaun husi Ai-han fo forsa (karbohidratu) mak ai-han ne'ebe atu fo forsa ba ita hodi halo servisu, estuda, ba eskola, halimar nst
   Exemplu: Etu, batar (sereal), talas, aifarina, fehuk midar, trigu (paun, supermi no pasta), mina husi plantasaun fornese nutriente esensial (asidu bokur).

2. Ai-han protesaun
   vitamina no mineral atu proteze isin husi moras no bele moris saudavel
   Exemplu: kankun, fore-tali, repolho, kouve, broccoli, bayam, salada matak, senoura, lakeru kinur, tomate, aidila tasak, ainanas, hudi tasak, saburaka, haas, lis mean, pipinu nst

3. Aihan haburas (kresimentu)
   Ai-han haburas mak hanesan ai-han ne'ebe atu fo kresimentu no dezemvolvimentu fiziku no mental.
   Exemplu**:** Na'an manu, ikan, manu-tolun, na'an karau, (tahu, tempe) koto, fore-keli, fore-maran, fore-rai, fore-metan, fore-mungu, no susubeen (yoghurt no keiju) nst.

Physical Activity during pregnancy[CDC, 2018] Atividade Fiziku durante isinrua

Moderate exercise is safe during pregnancy for most healthy individuals. It

can lower the chances of excessive weight gain and gestational diabetes while supporting the health of your heart and lungs. In the postpartum period (the first year after childbirth), engaging in physical activity can help alleviate symptoms of postpartum depression. When paired with calorie control, it can also aid in post-delivery weight loss. Ezersisiu moderadu durante isinrua seguru ba individu saudavel sira. Ida ne'e bele ajuda reduz risku ba gana pezu ne'ebe esesivu no diabetes jestasional iha tempu ne'ebe hanesan suporta mos fuan no pulmaun atu saudavel liutan. Iha periodu postpartum (tinan dahuluk hafoin partus), envolve iha atividade fiziku bele ajuda alivia sintoma sira depresaun postpartum nian. Bainhira apar ho kontrola kaloria, ida ne'e bele ajuda mos hatuun pezu hafoin partus.

Physical Activity Recommendation: Get at least 150 minutes (for example, 30 minutes 5 days a week) of moderate intensity aerobic activity a week during pregnancy and the postpartum period. Remember, some physical activity is better than none, so do what you can. Rekomendasaun atividade fiziku: ezersisiu pelu menus minutu 150 (ezemplu, minutu 30 dala 5 iha semana ida nia laran) atividade aerobika ho intensidade moderada iha semana ida nia laran durante isinrua no periodu postpartum. Hanoin nafatin katak, pratika atividade fizika diak liu duke la pratika, nune'e halo saida maka ita-bo'ot bele.

Benefits: / Benefisiu:

- Reduces the risk of excessive weight gain during pregnancy. / Reduz risku ba ganasia pezu esesivu
- Reduces the risk of gestational diabetes during pregnancy. / reduz risku ba diabetes jestasional
- Reduces symptoms of postpartum depression./ reduz sintomas depresaun postpartum

Examples of Moderate-Intensity Physical Activity: / Ezemplu husi atividade fizika ho intensidade moderada:

- Brisk walking. / Lao
- Some forms of yoga. / forma balun husi yoga
- Water aerobics. / aerobiku iha be'e laran

Note: After the first trimester, try to avoid activities that require lying flat on your back./ Nota: Depois de trimestre dahuluk, koko atu evita atividade sira ne'e presiza toba latan ka pozisaun supinu.

Components of birth preparedness plan [WHO, 2022][Limenih, M.A., 2019] Komponente sira planu preparasaun partus

- Identifying a place of delivery / Identifika fatin atu partus
- Identifying a mode of transportation / Identifika meiu transporte
- Saving money / Rai osan
- Identifying a skilled provider (Midwife, General Practitioner or Obgyn) and their contact details / Identifika pesoal saúde treinadu (parteira, mediku jeral ka espesialista) no sira nia numeru kontaktu
- Family and friends to provide support and who will be the companion of choice during labour and childbirth/ Familia no kolega ne'ebe sei apoiu no se maka sei sai akompanate durante prosesu partus
- Preparing essential items for childbirth / Prepara sasan esensial ba partus
- Aware of obstetric danger signs/ Alerta ho sinal perigu sira obstetriku nian

Normal sign of Labour / Sinal partu normal

Normal labour is that occurring after 37 weeks of gestation. Its should result in the spontaneous vaginal delivery with the baby within 24 hours of the onset or regular spontaneous contractions**[Collier, J., Longmore, M., & Brinsden, M., 2006]** . Following are the signs of labour: **[NHS, 2023][Hanretty, K. P.,2010] /** Partus normal maka partus ne'ebe akontese iha idade jestasaun 37 semana. Ida ne'e tenke rezolve ho partus vajinal espontanea ho bebe iha oras 24 nia laran husi inisiu kontraksaun espontanea regular. Tuirmai maka sinais sira husi partus:

- Contractions or tightenings / Kontraksaun
- A "Show", when the plug of mucus from your cervix comes away / 'Show", Bainhira mucus husi serviks sai
- Backache / Kotuk laran moras
- An urge to go to toilet / Sente atu soe be'e boot
- Waters breaking / Be'e manas fakar

d) Identify pregnancy warning (danger) signs / Identifika sinais perigu isin rua

Fonte: Unicef, Timor-Leste

Pregnancy Warning Signs / Sinal perigu sira isinrua nian

- Severe headache that won't go away or gets worse over time./ Ulun moras makaas ne'ebe maka la lakon no sai grave liutan
- Dizziness or fainting./ Oin halai ka oin nakukun
- Thoughts about harming yourself/ Hanoin atu hakanek aan rasik
- Changes in your vision./ Mudansa vizaun
- Fever of 38 celcius or higher. / Isin manas makaas liu 38 grau selsius
- Extreme swelling of your hands or face. / Oin no liman bubu makaas
- Trouble breathing. / Dada-iis araska
- Chest pain or fast-beating heart. / Hirus matan moras no fuan tuku makaas
- Severe nausea and throwing up (not like morning sickness). / Laran sae makaas no atu muta (la hanesan *morning sickness*)
- Severe belly pain that doesn't go away. / Kabun moras makaas ne'ebe la lakon
- Baby's movement stopping or slowing down during pregnancy./ Bebe nia movimentu para ka neneik durante isin rua
- Vaginal bleeding or fluid leaking during pregnancy. / Sangramentu vajinal no lakon fluidu durante isinrua
- Heavy vaginal bleeding or leaking fluid after pregnancy. / Raan fakar makaas no lakon fluidu depois de isinrua
- Swelling, redness, or pain of your leg. / Bubu, mean ka moras iha ain
- Overwhelming tiredness. / Kolee ne'ebe makas

e) Communicate with empathy and respect to patients and family members / Kumunika ho empatia no respeitu ba pasiente no membru familia sira

Communication during Antenatal Care / Komunikasaun durante Kuidadu Antenatal

Effective communication is crucial to any doctor-patient consultation, not least in pregnancy where the outcome affects more than one person.[Hilder J et al, 2020]/ Komunikasaun ne'ebe maka efetivu krusial tebes ba mediku-pesiente nia relasaun, la eseptu iha momentu isinrua iha ne'ebe efeitu husi bo'ot tebes ba ema ida.

Quality of the communication in the consultation: / Kualidade komunikasaun iha konsultasaun:

- Informative, thorough and clear communication / Komunikasaun informativu, direta no klaru
- Explanations delivered in clearly signalled components / Fo informasaun ho komponente no sinal klaru

- Feeling listened to and feelings/experience acknowledged (especially anxiety) / Sente ema rona no esperiensia rekonese (espesialemente bainhira asiedade)
- Feeling able to ask questions and get them answered/ Sente bele husu pergunta no hetan resposta sira
- Consideration of patient wishes and provision of options / Konsiderasaun ba pasiente nia dezeju no oferese opsaun
- Realistic and honest communication / Komunikasaun realistiku no onestu
- Good rapport / Komprensaun ne'ebe mutual
- Patient displays of knowledge / Pasiente bele demostra nia konesimentu

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Standard Level / Nivel Estandar

A5.2.1. Routine antenatal care/Kuidadu antenatal rutina

a) Register pregnancy and open LISIO booklet/Rejistu inan isin rua no loke librinu LISIO

In Timor-Leste, antenatal care (ANC) is an essential part of maternal health services, with the aim of ensuring healthy pregnancies and reducing the risks of complications for both mothers and infants. The frequency of antenatal care visits in Timor-Leste typically follows guidelines set by the World Health Organization (WHO) and national health policies./ Iha Timor-Leste, kuidadu Antenatal (KAN) hanesan parte esensial iha servisu saúde materna, ho objetivu garante isinrua ne'ebe saudavel no reduz risku ba komplikasaun ba inan no oan. Frekuensia vizita kuidadu antenatal iha Timor-Leste tipikamente tuir guiaun ne'ebe hatuur husi Organizasaun Mundial Saúde (OMS) no politika saúde nasional.

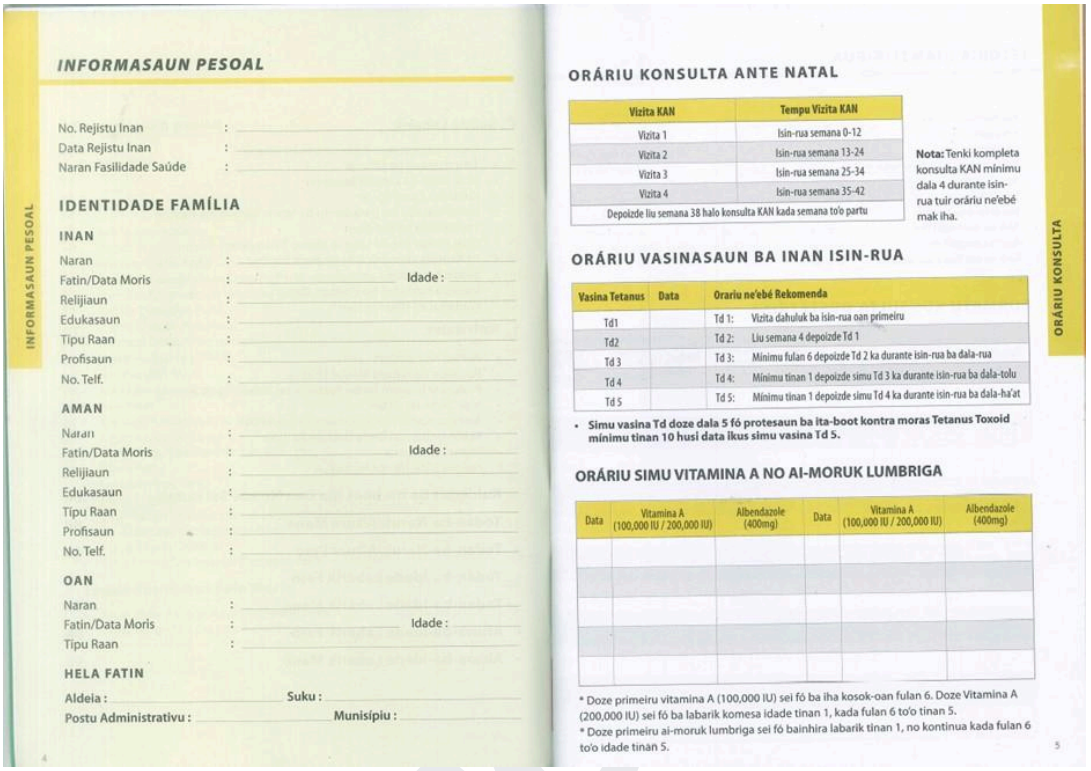
According to Standard Treatment Guideline Kuidadu Ante Natal(KAN) Timor-Leste in 2022 [STG ANC TL LIVRU KAN Final 2022_MTilman], the ante natal care(ANC) for non complicated pregnancy has at least 4 visits during pregnancy. / Tuir guiaun ba tratamentu estandarte kuidadu antenatal Timor-Leste iha 2022, konsulta antenatal ba isinrua la komplikadu pelu menus vizita dala ha'at (4) durante isinrua.

4 visits during pregnancy: / Vizita dala 4 durante isinrua:

- The first visit should ideally be within the first 12 weeks of pregnancy (early booking). / Vizita primeiru idealmente hala'o iha primeira semana 12 isinrua (rejistu sedu).
- A second visit should occur at around 26 weeks of gestation(second trimester). / Segunda vizita tenke akontese iha semana 26 jestasaun (trimestre daruak).
- A third visit is recommended at 32 weeks. / Vizita terseiru rekomenda iha semana 32 idade jestasaun.
- A fourth visit is typically at 36- 38 weeks./ Vizita daha'at tipikamente akontese iha 36-38 semana.

However, in Timor-Leste, the actual frequency of ANC visits can vary depending on factors such as geographical accessibility, healthcare infrastructure, and socio-economic conditions. In rural or remote areas, where health facilities may be limited, access to regular ANC services can be challenging, leading to lower attendance rates. / Maske nune'e, iha Timor-Leste, frekuensia vizita Antenatal varia depende ba fator sira hanesan

asesibilidade jeografika, infrastutura saúde, no kondisaun sosio-ekonomika. Iha area rural no remota, iha ne'ebe fasilidade saúde dalaruma limitadu, asesu ba kuidadu antenatal regular sai hanesan dezafiu ida, ne'ebe bele rezulta to'o frekuensia atendimentu ne'ebe oituan.



INFORMASAUN PESOAL

INFORMASAUN PESOAL

No. Rejistu Inan :
Data Rejistu Inan :
Naran Fasilidade Saúde :

IDENTIDADE FAMÍLIA

INAN

Naran :
Fatin/Data Moris : Idade :
Relijiaun :
Edukasaun :
Tipu Raan :
Profisaun :
No. Telf. :

AMAN

Naran :
Fatin/Data Moris : Idade :
Relijiaun :
Edukasaun :
Tipu Raan :
Profisaun :
No. Telf. :

OAN

Naran :
Fatin/Data Moris : Idade :
Tipu Raan :

HELA FATIN

Aldeia : Suku :
Postu Administrativu : Munisípiu :

4

ORÁRIU KONSULTA

ORÁRIU KONSULTA ANTE NATAL

Vizita KAN	Tempu Vizita KAN
Vizita 1	Isin-rua semana 0-12
Vizita 2	Isin-rua semana 13-24
Vizita 3	Isin-rua semana 25-34
Vizita 4	Isin-rua semana 35-42
Depoizde liu semana 38 halo konsulta KAN kada semana to'o partu	

Nota: Tenki kompleta konsulta KAN minimu dala 4 durante isin-rua tuir orariu ne'ebé mak iha.

ORÁRIU VASINASAUN BA INAN ISIN-RUA

Vasina Tetanus	Data	Orariu ne'ebé Rekomenda	
Td1		Td 1:	Vizita dahuluk ba isin-rua oan primeiru
Td2		Td 2:	Liu semana 4 depoizde Td 1
Td 3		Td 3:	Minimu fulan 6 depoizde Td 2 ka durante isin-rua ba dala-rua
Td 4		Td 4:	Minimu tinan 1 depoizde simu Td 3 ka durante isin-rua ba dala-tolu
Td 5		Td 5:	Minimu tinan 1 depoizde simu Td 4 ka durante isin-rua ba dala-ha'at

- **Simu vasina Td doze dala 5 fó protesaun ba ita-boot kontra moras Tetanus Toxoid minimu tinan 10 husi data ikus simu vasina Td 5.**

ORÁRIU SIMU VITAMINA A NO AI-MORUK LUMBRIGA

Data	Vitamina A (100,000 IU / 200,000 IU)	Albendazole (400mg)	Data	Vitamina A (100,000 IU / 200,000 IU)	Albendazole (400mg)

* Doze primeiru vitamina A (100,000 IU) sei fó ba iha kosok-oan fulan 6. Doze Vitamina A (200,000 IU) sei fó ba labarik komesa idade tinan 1, kada fulan 6 to'o tinan 5.
* Doze primeiru ai-moruk lumbriga sei fó bainhira labarik tinan 1, no kontinua kada fulan 6 to'o idade tinan 5.

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The government of Timor-Leste and international organizations are working to improve maternal health services, increase awareness about the importance of ANC, and ensure more widespread access to healthcare facilities. / Governu Timor-Leste no organizasaun Internasional ne'ebe servisu atu hasae kualidade servisu kuidadu saúde materna, hasa'e atensaun relasiona ho konsulta antenatal, no garante asesu ba servisu saúde ne'ebe luan liutan.

National health strategies emphasize: / Estratejia Nasional Saúde enfatiza:

- Increasing access to health centers for pregnant women. / Hasae inan isinrua nia asesu ba sentru saúde.
- Educating communities about the importance of early and regular ANC visits. / Eduka komunidade kona-ba importansia husi vizita antenatal sedu no regular.
- Ensuring skilled birth attendants are present for deliveries./ Garante prezenta husi pesoa entreinadu iha momentu partus.

The frequency and quality of antenatal care services are crucial factors in reducing maternal and infant mortality rates in Timor-Leste./ Frekuensia no

kuidadu servisu kuidadu antenatal hanesan fator krusial atu reduz mortalidade maternal no infantil iha Timor-Leste.

b) Following ANC protocol, check height, weight, BP, fundal height, foetal heartbeat/ Protokolu ANC tuir mai , sukat aas, tetu todan, BP, sukat altura kabun, kosok-oan nia fuan tuku

In Timor-Leste, weight measurements are often performed in community-based healthcare settings or by midwives. In rural areas, weight measurements may be done in mobile clinics or during home visits./ Iha Timor-Leste, tetu todan dalabrak liu halao husi parteira iha kuidadu saúde komunitaria. Iha area rural, tetu todan halao liu husi klinika movel ka durante vizita domisiliaria.

Procedure of measuring weight in pregnant women: / Prosedimentu atu tetu todan iha inan isinrua:

1. **Use a calibrated weighing scale**: Ensure that the scale is calibrated correctly, and preferably use a platform scale or digital scale designed for adults. It's important that the scale is on a hard, flat surface to avoid measurement errors./ Uza eskala makina ne'ebe kalibradu: Garante katak eskala tetu todan refere kalibradu ho loos, prefere utiliza eskala dijital iha adult. Importante tebes atu rai eskala refere iha fatin ne'ebe rijidu ka to'os, superfisie tetuk hodi evita rezultadu ne'ebe eru.

2. **Ensure correct posture**: The pregnant woman should be standing upright with her feet flat on the scale, shoulders relaxed, and arms hanging naturally at her sides./ Garate postura ne'ebe lo'os: Inan isinrua tenke hamriik ho lo'os ho ain labele fleksiona, kabaas ne'ebe maka relaxadu, ho liman ne'ebe husik ho loos iha isin nia sorin sorin.

3. **Remove heavy clothing**: Ask the woman to remove any heavy clothing, shoes, and accessories to avoid adding extra weight to the reading. / Hasai roupa todan sira: husu inan isinrua hasai roupa todan sira, sapatu, no asesoriu sira atu evita aumentu pezu extra iha rezultadu.
4. **Weighing Frequency**: Weight should be measured at regular intervals during pregnancy. The recommended interval can be monthly in the first and second trimesters and bi-weekly in the third trimester./ Tetu todan ho frekuensia: tetu todan tenke halo ho intervalu regular durante isinrua. Intervalu ne'ebe maka rekomenda bele kada fulan iha trimestre dahuluk no kada semana rua iha trimestre datoluk.

Procedure of Measuring Height in Pregnant Women: / Prosedimentu atu sukat altura iha inan isinrua:

1. **Use a stadiometer or height measurement board**: A stadiometer is the most accurate tool for measuring height. If not available, a flat wall with a straightedge and a tape measure can also work. / Utiliza estadiometru: estadiometru hanesan ekipamentu hodi sukat altura ne'ebe akuradu liu. Karik la disponivel, bele utiliza parede ka sintametrika.
2. **Ensure correct posture**: The woman should stand with her back against the wall, feet together, heels touching the wall. Her shoulders should be relaxed, and her head should be aligned with her spine, with her eyes looking straight ahead. / Garante postura ne'ebe loos: Inan isinrua tenke hamriik fila kotuk ba parede, ain besik malu, ain tuban kona parede. Nia kabaas tenke relaxadu, no nia ulun tenke alinea ho nia ruin kotuk ho matan hateke loos .
3. **Measuring**: When the woman is in the correct posture, use a flat object (like a piece of wood or a ruler) to press gently on the top of her head while keeping her chin level. Take the reading from the bottom of the heel to the top of the head. / Sukat: Bainhira feto ida iha postura ne'ebe loos, uza objetu kabelak (hanesan ai rohan ka regua) atu hanehan ho didiak iha nia ulun leten iha tempu ne'ebe hanesan, maintain nia keixu. Haree leitura husi okos to'o leten.
4. **Consistency**: Always measure height at the same time of day (morning is best, before the woman has eaten or drunk fluids), as height can vary slightly during the day due to spinal compression./ Konsistensia: Sempre kalkula altura iha tempu ne'ebe hanesan (kapaas liu iha dader, antes nia han ka hemu), tanba altura bele varia oituan durante loron tanba kompresaun espinal.

Height measurements are typically recorded at the first prenatal visit, but they may not be repeated throughout pregnancy unless required for specific medical reasons (such as monitoring growth or identifying potential complications). In rural areas or community settings in Timor-Leste, stadiometers might not always be available. In this case, measuring a woman's height against a wall./ Kalkula altura ne'e tipikamente halao iha vizita antenatal dahuluk, maibe bele mos la repete durante isinrua to'o bainhira presiza tanba razaun mediku balun (hanesan monitoriza kresimentu ka identifika komplikasaun potensial). Iha area rural ka komunidade iha kontextu Timor-Leste, estadiometru dalaruma la disponivel. Iha kazu ida ne'e, sukat feto ida nia altura ho parede.

Calculate the Body Mass Index(BMI) in pregnant women / Kalkula

Indise Masa Korporal

Calculating BMI in pregnant women is a bit different from the standard method because pregnancy naturally changes a woman's weight and body composition. While the typical **BMI formula (weight in kg / height in m²)** can still be used. / Kalkula indise masa korporal iha inan isinrua diferente ho metodu estandarte tanba isinrua naturalmente muda feto ida nia todan no kompozisaun isin. Sei bele uza formula **IMK formula (todan iha kg / altura iha m²).**

When pregnant women start the ANC in the second trimester, subtract 4 kg weight of the pregnant woman, and for the third trimester visit, subtract 8 kg of weight before calculating the BMI. [STG ANC TL LIVRU KAN Final 2022_MTilman] / Bainhira inan isinrua ida hahu KAN iha trimestre daruak, substrai kilograma 4 pezu husi inan isinrua, no ba trimestre datoluk, substrai kilograma 8 antes kalkula Indise masa korporal.

Here are the classifications of BMI in Pregnancy according to ANC: / Tuimai klasifikasaun Indise Masa Korporal iha inan isinrua tuir KAN:

BMI	Category
<18.5 kg/m²	Underweight
18.5 - 24.9 kg/m²	Normal
25.0 - 29.9 kg/m²	Overweight
30.0 - 34.9 kg/m²	Obesity grade I
35.0 - 39.0 kg/m²	Obesity grade II
>40.0 kg/m²	Obesity grade III

(KAN, 2022)

Indise Masa Korporal	Kategoria
<18.5 kg/m²	Todan menus
18.5 - 24.9 kg/m²	Normal
25.0 - 29.9 kg/m²	Todan liu
30.0 - 34.9 kg/m²	Obesidade grau I

35.0 - 39.0 kg/m²	Obesidade grau II
>40.0 kg/m²	Obesidade grau III

(KAN, 2022)

Following is the example of calculate the BMI of a pregnant women: / Tuirmai ezemplu kalkula Indise masa korporal inan isinrua:

Let's assume a woman weighs 45 kg before pregnancy and her height is 1.60 meters. Use the standard BMI formula:/ Asume feto ida iha todan 45kg antes isinrua no nia altura 1.60 metru. Utiliza formula estandarte IMK :

BMI = weight (kg) / height (m)²

1. **Height in meters**: 1.60 m
2. **Weight in kilograms**: 45 kg

- First, square her height: 1.60 m × 1.60 m = 2.56 m²
- Now, calculate her BMI: BMI = 45 kg / 2.56 m² = **17.58kg/m²**

IMK: Todan(kg) / altura (m)²

1. **Altura iha metru** : 1.60 m
2. **Pezu iha Kilograma** : 45 kg
    - Dahuluk, todan kuadradu: 1.60 m x 1.60 m = 2.56 m²
    - Agora, kalkula IMK : IMK = 45kg / 2.56 m² = **17.58kg/m²**

This result places her in the **underweight** category, as her BMI is below 18.5kg/m². Rezultadu ida ne'e klasifika nia iha kategoria todan menus, tanba nia IMK menus husi 18.5kg/ m²

Measure the blood pressure in pregnancy / Koko tensaun iha inan isinrua

The Australasian Society for the Study of Hypertension in Pregnancy published following recommendation on blood pressure measurement: [Brown et al., 2001] / Sosiedade Australasian ba estudu hipertensaun iha isinrua publika rekomendasaun tuirmai relasiona ho koko tensaun iha inan isinrua:

1. It is recommended that the patient be seated, with feet supported, for 2–3 minutes before blood pressure is measured. / 1. Rekomenda pasiente atu tu'ur, suporta ain, ba minutu 2-3 antes koko tensaun.

2. Blood pressure should be taken on both arms at the first antenatal

visit. / 2. Tensaun tenke koko iha liman 2 iha vizita antenatal dahuluk.

3. The right arm should be used thereafter if there is no significant difference between the arms./ 3. Prepara liu uza liman los, karik la iha diferensia ne'ebe signifikante entre liman rua.

4. When measuring blood pressure, SBP should be palpated at the brachial artery before inflating the cuff to 20 mmHg above the recorded level. / 4. Bainhira koko tensaun, tensaun sistolika tenke kaer iha arteria brakial antes hatama anin ba tensimetru to'o 20 mmHg husi level ne'ebe rekorda.

5. The cuff should then be deflated slowly. / 5. Tensimetru tenke hatu'un neneik-neneik.

6. DBP is recorded as Korotkoff phase V (K5) and if K5 is not present, can be recorded as Korotkoff phase IV (K4). / 6. Tensaun diastoliku dokumenta hanesan Korotkoff faze V (K5) no karik K5 la iha, bele dokumenta hanesan Korotkoff faze IV (K4)

7. A standard cuff should be used for arms with a circumference of ≤33 cm while the large cuff (15 × 33 cm bladder) should be used for arms with a circumference of >33 cm. / 7. Tensimetru estandarte tenke uza iha liman ho sirkunferensia ≤33cm, tensimetru ne'ebe boot (15x33cm) tenke uza ba liman ho sirkunferensia >33 cm

8. The mercury sphygmomanometer remains the 'gold standard' for blood pressure measurement in pregnancy./ 8. Sphygmomanometru merkuriu nafatin sai hanesan estandarte osan mean ba koko tensaun iha inan isinrua.

BLOOD PRESSURE CATEGORIES

Blood Pressure Category	Systolic Blood Pressure	Diastolic Blood Pressure
Normal	<120 mmHg	<80 mmHg
Elevated	120-129 mmHg	<80 mmHg
Hypertension Stage 1	130-139 mmHg	80-89 mmHg
Hypertension Stage 2	140 or higher	90 or higher

Hypertensive crisis	>180 mmHg	>120 mmHg

[Whelton et al., 2017]

KATEGORIA TENSAUN

Kategoria Tensaun	Tensaun Sistoliku	Tensaun Diastoliku
Normal	<120 mmHg	<80 mmHg
Elevadu	120-129 mmHg	<80 mmHg
Hipertensaun estadiu 1	130-139 mmHg	80-89 mmHg
Hipertensaun estadiu 2	140 or higher	90 or higher
Krize hipertensiva	>180 mmHg	>120 mmHg

[Whelton et al., 2017]

Fundal Height Measurement / Koko Fundu Uterinu

After 20 weeks of pregnancy (when the fundus can be felt at or near the umbilicus in a woman with a normal body type and a singleton pregnancy in the vertex position), the size of the uterus can be measured using a tape measure, known as the fundal height measurement.[Casanova et al., 2019]/ Depois de semana 20 husi idade jestasaun (bainhira fundu uterinu bele sente besik husar husi inan isinrua ho tipu isin normal no oan ida iha pozisaun vertex), tamanu husi uteru bele koko utiliza sintametrika, konesidu ho koko fundu uterinu.

Assessing the Fundal Height [Wolters Kluwer, n.d] / Koko Fundu Uterinu

1. Perform hand hygiene. Wash hands with soap and water. / 1. Performa ijiene liman. Fase liman ho sabaun no be'e.

2. Verify the patient's name and date of birth. / 2. Verifika pasiente nia naran no data moris.

3. Put the gloves to protect health professional from any contamination. / 3. Uza luvas atu proteje pesoal saúde husi kualker kontaminasaun

4. Lowering the head of the bed to about 20 degrees can be helpful for pregnant women, it improved breathing, reduced acid reflux, offer comfort and rest. / 4. Hatuun kama ulun ba 20 grau bele fo benefisiu ba inan isinrua, ida ne'e ajuda dada-iis ho diak liutan, reduz refluxu asidu, favorese konfortu no deskansa.

5. Placing a pillow under one hip helps to avoid lying flat on the back, which can put pressure on the uterus and major blood vessels, potentially affecting circulation and causing discomfort. This position can also improve blood flow to the baby and reduce the risk of complications like supine hypotensive syndrome, where blood pressure drops due to the weight of the uterus compressing the veins./ 5. Koloka sumasu iha inan isinrua nia kidan okos ajuda atu evita deskansa supine total, ne'ebe bele fo presaun ba uteru ka oan fatin no vazu sangineo bo'ot sira, potensialmente afeta sirkulasaun no kauza diskonfortu. Pozisaun ida ne'e bele ajuda hadia sirkulasaun raan ba bebe no reduz risku komplikasaun hanesan Sindrome Hipotensaun Supinu, ne'ebe bele hatu'un tensaun tanba uteru nia todan komprime vena sira.

6. Expose the patient's abdomen to facilitate the accurate abdominal examination./ 6. Expoz pasiente nia kabun hodi fasilita ezaminasaun ne'ebe akuradu.

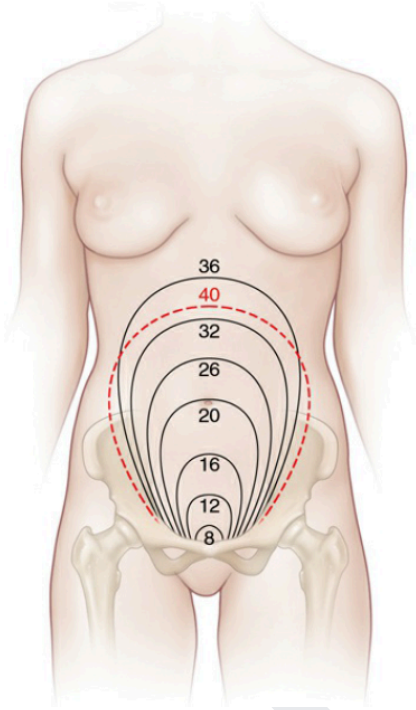
7. Place a paper measuring tape midline at the top of the patient's pubic bone. / 7. Koloka sintametrika iha linea klaran iha ruin sifise pubis pasiente nian.

8. Smooth the tape along the patient's abdomen until the top of the uterus is palpated. / 8. Koloka sintametrika ho suave iha pasiente nia kabun to'o kaer kona fundu uteru.

9. Determine the number of centimeters from the pubic bone to the fundus of the uterus. By week 18, the top of the uterus should measure 18 cm. Between weeks 18 and 36, each week corresponds to 1 cm of growth (for example, a pregnancy at 32 weeks gestation would be expected to measure 32 cm). After week 38, the height may decrease as the fetus begins to engage into the pelvis. Fundal height can provide an estimate of gestational age and assist the provider in identifying fetal growth trends over time./ 9. Determina numeru sentimetru hahu husi ruin pubiku to'o iha uteru nia fundu. Iha semana 18, fundu uteru tenke iha valor 18cm. Entre semana 18-36, kada semana koresponde kresimentu 1cm (ezemplu, isinrua 32 semana, rezultadu ne'ebe espekta maka 32 cm). Hafoin 38 semana, altural uterina bele tu'un

tanba fetu hahu tama ba iha pelvis. Altura uterina bele fornese estimasaun idade jestasaun no ajuda profesional saúde atu identifika kresimentu fetal durante isinrua.

10. Document the findings and how the patient tolerated the procedure. / 10. Dokumenta rezultadu no oinsa pasiente tolera rezultadu prosedimentu. .

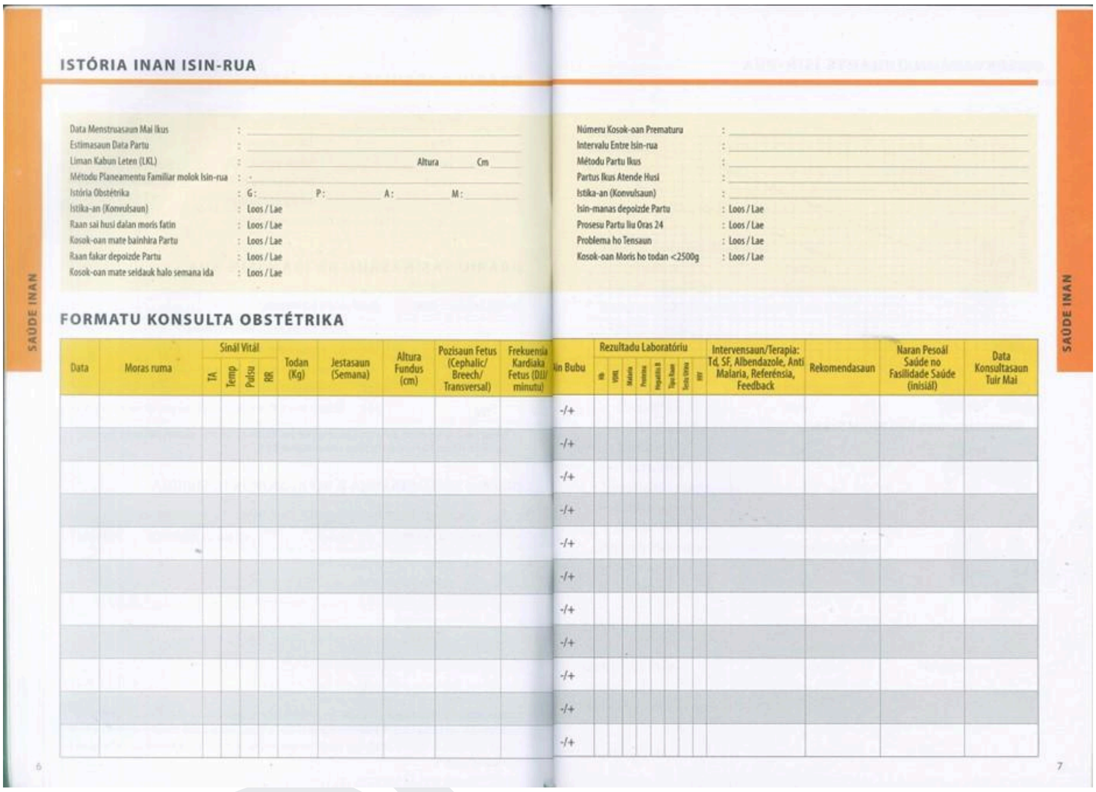


How to differentiate between Maternal heart and Fetal heart beat? / Oinsa halo diferensa entre frekuensia kardiaka inan no fetu?

Fetal heart rate should be checked at each visit, either through direct listening or by using a fetal Doppler ultrasound device. The normal fetal heart rate (FHR) typically ranges from **120 to 160 beats per minute (bpm)**. [STG ANC TL LIVRU KAN Final 2022_MTilman]. / Frekuensia kardia fetal tenke koko iha kada vizita antenatal, liu husi rona direta ka liu husi utiliza ultrasonidu Doppler. Fetu nia frekuensia kardiaka normal tipikamente hahu husi 120 to'o 160 batimentu kada minutu.

The maternal pulse can sometimes be detected by the Doppler device as well, so it may be necessary to simultaneously check the maternal pulse and listen to the fetal heartbeat to distinguish between the two. Any abnormalities in the heart rate or occasional arrhythmias should be thoroughly assessed.

[Casanova et al., 2019]/ Pulsu maternal bele mos detekta liu husi sasan hanesan Doppler, nune'e nesesariu atu koko pulsu maternal no rona fetu nia frekuensia kardiaka atu bele distinge entre rua ne'e. Iha abnormalidade ruma iha frekuensia kardiaka ka okasionalmente detekta aritmia tenke halo avaliasaun ho detallu.



c) Following ANC protocol, provide tetanus immunisation, folic acid, ferrous sulphate, deworming, MUAC with correct technique/Protokolu ANC tuir mai, fornese imunizasaun tetanus, asidu foliku, sulfatu ferrous, fo aimoruk lumbriga, SUKAT LIMAN KABUN LETEN ho tekniku ne'ebe koretu

Tetanus immunisation/ Imunizasaun tetanus

Pregnant women and those planning a pregnancy should receive immunizations as per the national immunization program, including Tetanus toxoid during antenatal care. An adult woman with complete immunization including boosters, need only 1 booster dose of TT vaccine. Women of childbearing age and pregnant women who have not been previously immunized should follow this schedule:[STG ANC, 2021]/ Inan isinrua no

hirak ne'ebe planu atu isinrua tenke hetan imunizasaun tuir programa Nasional Imunizasaun, inklui Toxoide Tetanus durante kuidadu antenatal. Feto adultu ida ne'ebe ho imunizasaun kompletu inklui booster, presiza tan deit booster doze ida vasina TT. Feto ho idade fertil no isinrua ne'ebe maka seidauk hetan imunizasaun antes, tenke tuir orariu tuirmai:

- TT1 - at first visit / TT1 - iha vizita dahuluk
- TT2 - at least 4 weeks after TT1 / TT2 - iha pelu menus semana 4 depois de vizita dahuluk
- TT3 - at least 6 month after TT2 / TT3 - iha pelu menus fulan 6 depois de TT2
- TT4 - at least 1 year after TT 3 or during subsequent pregnancy / TT4 - iha pelumenus tinan 1 depois de TT3 ka durante isinrua
- TT5 - at least 1 year after TT4 or during subsequent pregnancy / TT5 - iha pelumenus tinan 1 depois de TT4 ka durante isinrua

Folic Acid and Ferrous Sulphate / Asidu Foliku no Sulfatu ferru

According to STG ANC Timor-Leste, it is necessary to indicate SF+FA supplements for pregnant women to prevent anemia, sepsis and preterm born./ Tuir STG KAN Timor-Leste, nesesariu atu indika suplementu SF+FA ba inan isinrua atu prevene anemia, sepsis no partu preterminu.

To prevent anemia, the recommended dosage are 60mg of SF and 0.4mg of FA. If the mother was diagnosed with anemia in first visit the dosage is increased to 120 mg daily till she acquired the normal level of Hb (>11g/dl), then reduced the dosage to 60mg daily. [STG ANC, 2021] / Atu prevene anemia, rekomenda dosajen 60mg Sulfatu Feru no 0.4mg Asidu Foliku. Karik inan ida diagnosa ho anemia iha vizita dahuluk, nune'e dosajen hasae to'o 120mg kada loron to'o nia hetan level normal Hemoglobina >11mg/dl, tuirmai reduz dosajen ba 60mg kada loron.

Deworming/ Anti lumbringa

Preventive chemotherapy (deworming) with a single dose of either albendazole (400 mg) or mebendazole (500 mg) is recommended as a public health measure for pregnant women after the first trimester. This recommendation applies to regions where: / Prevene Kemoterapia ho dosajen uniku albendazol (400mg) ka mebendazol (500mg) rekomenda saúde publika ba inan isinrua depois de trimestre dahuluk. Rekomendasaun ida ne'e aplika ba rejiaun sira iha ne'ebe:

- The baseline prevalence of hookworm and/or T. trichiura infection among pregnant women is 20% or higher, and / Prevalensia infeksaun

lumbriga no T. trichiura iha inan isinrua 20% ka a'as, no

- Anaemia is a significant public health issue, with a prevalence of 40% or greater among pregnant women. The goal is to reduce the worm burden of hookworm and T. trichiura infections.[WHO, 2016] / Anemia signifikante tebes iha problema saúde publika, ho prevalensia 40% ka liu entre inan isinrua. Objetivu maka atu reduz lumbriga no infeksaun T. trichiura.

Mid Upper Arm Circumference (MUAC)

Midupper arm circumference (MUAC) has been recognised as a fast tool adopted to monitor nutritional status, and it is strongly correlated with BMI. A study related to the correlation between MUAC and BMI shows that MUAC has the advantages over BMI due to simplicity of application. It does not require the calculation of other measures and is independent of prepregnancy weight recall. [Miele M J et al, 2021] / Sirkunferensia liman kabun Leten (MUAC) rekonesidu hanesan metodu ne'ebe lais liu atu monitoriza estadu nutrisional no ida ne'e relasiona tebes ho Indise Masa Korporal. Estudu relasionadu ho korelasaun entre MUAC no IMK haiku katak MUAC iha vantajen liu kompara ho IMK tanba nia aplikasaun ne'ebe simples. Ida ne'e la rekere kalkulasaun husi nia sukat no independente husi todan antes isinrua.

MUAC cut off for classification of nutritional status

Group	Severe acute malnutrition (SAM)	Moderate acute malnutrition (MAM)	Normal nutritional status
Children 6-59 months	MUAC <115 mm	MUAC ≥115 mm - <125 mm (Kinur)	MUAC ≥12.5 cm

Group	Severe acute malnutrition	Normal nutritional status
Pregnant/≤ 6 Months Postpartum Women	MUAC < 23 mm	MUAC ≥23 mm

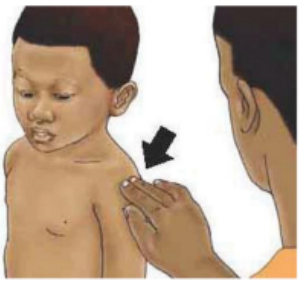
Grupu	Malnutrisaun Aguda	Normal

Isinrua/ < fulan 6 postpartum	MUAC < 23 mm	MUAC ≥23 mm

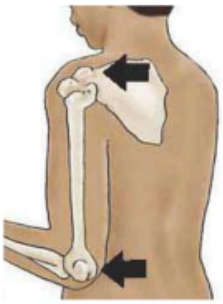
Technique of measuring MUAC [Pakote formasaun kompletu Jestaun integradu malnutrisaun aguda, 2016] / Tekniku koko MUAC

1. Bend your elbow to 90 degrees / Lulun liman kabun karuk 90 grau.

   Note: it is recommended to use the left hand, if the left hand is not available (e.g. injured) the right hand can be used to measure.
   Nota: rekomenda atu uza liman kabun karuk, se liman-kabun karuk la bele (e.g.kanek) bele uza liman kabun los hodi sukat



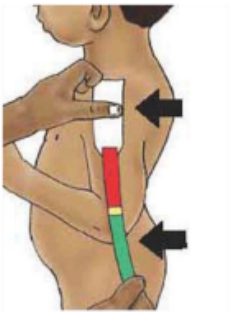
2. Locate the tip on the shoulder / Lokaliza ponta iha kaba'as



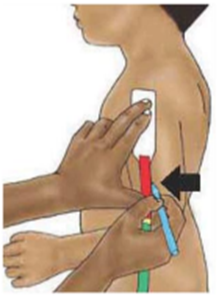
3. Locate the tip of the elbow / Lokaliza ponta husi liman-sikun

4. Place 0 cm tape at the base of the shoulder/ Tau fita cm 0 iha kaba'as nia hun

5. Pull the end of the ribbon on the other end of the folded arm and read the upper arm length/ Dada fita nia rohan iha ponta seluk husi liman-sikun dobradu no le liman-kabun-leten nian naruk

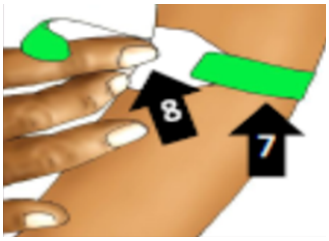


6. Calculate the midpoint and mark it with a penl./ Kalkula pontu mediu no tau marka ho lapijeira



7. Extend the elbow and position the MUAC band close to the midpoint./ Estika liman-kabun no koloka fita SLKL besik ba iha pontu mediu

8. Place the tape in the window of the SLKL tape, correct the tape tension (not too soft and not too tight)./ Koloka fita iha jenela husi fita SLKL nian, korije tensaun fita nian (labele mamar liu no labele aperta liu).



d) Following current ANC protocol, perform laboratory tests appropriately and interpret results: urine dipstick, Hb, group and Rh, glucose, VRDL, HIV, HbSAg, malaria RDT/Protokolu ANC atual tuir mai, halao teste laboratoriu ho apropiadu no interpreta rezultadu sira

Laboratory test for pregnant woman: / Teste laboratoriu ba inan isinrua:

CBC (Hb)

Cross match (group and rhesus)

Rapid Glucose level
Rapid HIV test
Rapid HbSAg test
Rapid VDRL test
Rapid Malaria RDT test
Urine dipstick

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A5.2.2. COMPLICATIONS IN ANTENATAL CARE/ KOMPLIKASAUN IHA KUIDADU ANTENATAL

a) Detect pregnancy complications: anaemia, malaria, UTI, pregnancy-induced hypertension, pre-eclampsia, gestational diabetes, STI, HIV/AIDS/ Deteta komplikasaun inan isin rua : Anemia, malaria, ITU, Hipertensaun indusida isin rua, Pre-eclampsia, diabetes jestasional, infesaun transmisaun sexual, HIV/AIDS

Anaemia

Definition / Definisaun

World Health Organization (WHO) has defined anaemia in pregnancy as the haemoglobin (Hb) concentration of less than 11 g/dl.[Stephen et al., 2018] Consider as severe anaemia when the Hb<7 g/dL. Anaemia in pregnancy is diagnosed by clinical assessment and Hb level. WHO estimated that 37% of pregnancies are affected by anemia.[World Health Organization, 2023] Organizasaun Mundial Saúde (OMS) define anemia iha inan isin rua bainhira konsentrasaun hemoglobina (Hb) menus husi 11g/dl. [Stephen et al., 2018] Konsidera anemia severa bainhira Hb,7 g/dl%. Anemia iha inan isin rua diagnosa liu husi asesmentu klinika no level Hb iha raan. OMS estima 37% inan isin rua maka afeta anemia. [World Health Organization, 2023]

Classification and causes of anaemia/ Klasifikasaun no kauza anemia [Murtagh, 2007]

Anaemia is classified according to Mean Corpuscular Volume (MCV): Klasifikasaun anemia tuir volume korpuskular principal (MCV) :

- Microcytic : MCV ≤ 80 fL / Mikrositika : MCV ≤ 80 fL
  - Iron deficiency anemia / Anemia defisensia ferro
  - Thalassemia / Talasemia
  - Sideroblastic / Sideroblastika
  - Anaemia of chronic disease / Anemia tanba moras kronika
- Normocytic : MCV 80-98 fL/ Normositika: MCV 80-98 fL
  - Acute blood loss/occult / Lakon raan agudu ou okultu
  - Anaemia of chronic disease / Anemia tanba moras kronika
  - Haemolysis/ Hemolisis
  - Endocrine disorders (e.g. hypothyroidism) / Problema endokrinu (ez. Hipotiroidismu)
- Macrocytic : MCV > 98 fL / Makrositika: MCV > 98 fL
  - Megaloblastic / Megaloblastika
  - Myelodysplastic disorders / Trastornu mielodisplasika

Sign and symptoms of Anaemia / Sinais no sintomas Anemia[Murtagh, 2007][Smith, 2009]

- Asymptomatic / Asintomatika
- Pallor / Kamutis
- Tachycardia / Takikardia ka fuan tuku maka'as
- Systolic flow murmur / Soplo sistoliku
- Fatigue / kole
- muscles weakness / Isin fraku
- Pica: Ice craving, (Iron deficiency) / Pika; Dezeju han es (defisensia ferro)
- Spooning or ridging of fingernails / tata liman kukun
- Joint and bone pain (sickle cell anemia) / Artikulasaun no ruin moras (Sicklemia)
- Dysphagia (B12 and iron deficiency) / Tolan kabe'en sente moras (defisensia vitamina B12 no defisensia ferro)
- Dizziness / Oin halai
- Palpitations / Palpitasaun
- Dyspnea in exertion / iis bo'ot bainhira halo ejersisiu
- Jaundice (haemolytic anaemia) / Isin kinur (anemia hemolitika)
- Koilonychia / Koilonikia ka liman kukun modelu hanesan kanuru

Note: Always check for underlying cause of anaemia; do not forget malaria (only in selected area).

Prophylaxis/ Profilaxis

Give anaemia prophylaxis for all pregnant women with Hb level of ≥ 11g/dl: Fo profilaxis anemia ba inan isin rua sira ho Hb level ≥ g/dl:

a) Iron(60mg) and folic acid(0.4mg) supplement, 1 tab daily throughout pregnancy and post-partum for 3 months. [STG ANC TL LIVRU KAN Final 2022_MTilman]. Suplementu Sulfato Ferroso - Acido Folico musan ida loron-loron ba inan isinrua no ba inan pospartum durante fulan tolu(3). [STG ANC TL LIVRU KAN Final 2022_MTilman]
b) Address compliance and absorption of iron tablets:
    i) Discourage excessive consumption of tea or coffee; La enkoraja konsumu xa no kafe ho exsesivu;
    ii) Advise taking iron tablets during meals if side effects are affecting compliance; and Fo hanoin atu konsumu tableta ferro durante han, karik mosu efeitu adversu ; and

iii) Avoid taking the iron tablets at the same time as calcium tablets./ Evita konsumu tableta ferro hamutuk ho tableta calcium.

c) Provide health education about healthy nutrition high in iron and folic acid. / Fornese edukasaun saúde kona-ba hahan nakonu ho ferro no acido folico.

d) Three tablets sulfadoxine/pyrimethamine monthly for prophylaxis of malaria. / Tableta tolu sulfadoxine/pyrimethamine kada fulan ba profilaxis malaria.

e) Repeat Hb at 28-32 weeks and again at 36 weeks for all women with Hb ≥ 11g/dl. / Repete Hb iha idade jestasaun 28-32 semana no iha 36 semana ba feto hotu ho Hb ≥ 11g/dl.

f) Dietary advise: konsellu ba dieta

i) Eat more protein foods – red meat, fish, peanuts, and eggs. / Han hahan nakonu ho proteina - na'an karau, ikan, fore rai, no manutolun.

ii) Eat plenty of leafy green vegetables.[World Health Organization, 2017] / Konsumu vejetais ka modo tahan matak barak.

Notes: Notas:

1. Transfer to HNGV, all the pregnant women with Hb <7 g/dL, term./ Transfere ba HNGV, inan isinrua hotu ho Hb <7g/dl, terminu.
2. If severe anaemia is suspected i.e. palmar pallor, breathlessness, nail beds pale, inner eyelids very pale blood levels of Hb < 7gm/dl then: Refer and admit the patient to hospital for further investigation and determine the cause of severe anaemia./ Karik suspeita anemia severa ezemplu, limanlaran palidu, dada-iis araska liman kukun palidu, matan laran kamutis tebes ho Hb<7g/dl level iha raan
3. Iron should be taken after food to avoid gastrointestinal irritation./ Ferru tenke konsumu hamutuk ho hahan atu evita iritasaun gastrointestinal

Malaria

Pregnant women have a reduced immune response and, therefore, less effectively clear malaria infections. In addition, malaria parasites sequester and replicate in the placenta. Pregnant women are three times more likely to develop severe disease than non-pregnant women who acquire malaria in the same geographic area. Malaria infection during pregnancy can lead to miscarriage, premature delivery, low birth weight, congenital infection, and/vor perinatal death.[CDC, n.d]/ Inan isinrua iha responsta imune ne'ebe menus, tanba ne'e ladun efetivu atu halakon infeksaun malaria. Nune'e mos, parasitu malaria replika iha plasenta. Inan isinrua 3x risku ba

dezenvolve sai severa kompara ho hirak ne'ebe la isinrua no hetan infeksaun malaria iha area jeografika ne'ebe hanesan. Infeksaun malaria durante isinrua bele lori ba iha abortu, partus prematuru, pezu moris kiik, infeksaun konjenital, no morte perinatal.

Urinary Tract Infection (UTI)/ Infeksaun Tratu Urinariu

Urinary tract infections are classified based on the site of infection: lower urinary tract (ASB or cystitis) or upper urinary tract (pyelonephritis). Infeksaun Tratu Urinariu ka infeksaun dalan mii klasifika bazeia ba fatin infeksaun : Tratu urinariu okos (Asintomatiku bakteriuria ka Sistitis) ka Tratu urinariu leten (Pielonefritis).

Asymptomatic bacteriuria, the presence of significant bacterial counts in the urine without symptoms, is identified in 2–10% of pregnant patients. [Nicolle LE, et al., 2019] / Bakteriuria asintomatiku, prezensa numeru bakteria ne'ebe signifikante iha rins sein sintomas ruma, identifika iha 2-10% pasiente inan isinrua.

It is recommended to use an antibiotic regimen for 7 days (e.g., Nitrofurantoin) in cases of asymptomatic bacteriuria (ASB) to prevent persistent bacteriuria, preterm labor, and low birth weight in newborns. ASB is characterized by the presence of bacteria in the urine without the typical symptoms of an acute urinary tract infection.[KAN, 2022] Asymptomatic bacteriuria (ASB) is commonly seen in pregnancy, with rates reaching up to 74% in some countries, often with low to average outcomes. Escherichia coli is responsible for around 80% of the isolated microorganisms. Other pathogens include species such as Klebsiella, Proteus mirabilis, and Group B Streptococcus (GBS). Rekomenda atu uza rejime antibiotiku ba loron 7 (ezemplu Nitrofurantoina) iha kazu sira bakteriuria asintomatiku (ASB) atu prevene bakteriuria persistente, partus preterminu, no neonato ho pezu kiik. ASB karakteriza ho prezensa bakteria iha urina sem aprezenta sintoma sira tipiku ba infeksaun tratu urinariu. Bakteriuria asintomatiku (ASB) jeralmente hare'e iha isinrua, ho frekuensia to'o 74% iha Nasaun baru, dalabarak ho rezultadu kiik to'o naton. Escherichia coli responsavel ba alrededor 80% husi mikroorganismu izoladu.

While ASB in the fetus and newborn is typically harmless (without causing symptoms), urinary tract infections (UTIs) can lead to urinary flow obstruction due to the enlarging uterus, causing urinary stasis and raising the risk of acute pyelonephritis. If untreated, up to 45% of cases may develop complications, which are linked to a higher risk of preterm delivery. Bakteriuria asintomatiku iha neonatu tipikamente la perigu (sem kauza sintomas), Infeksaun Tratu Urinariu bele lori ba obstrusaun iha dalan mii tanba alargamentu uteru, kauza estasia urinaria no aumenta risku ba pielonefritis aguda. Karik la trata, 45% husi kazu bele dezenvolve komplikasaun, iha ne'ebe liga ba risku a'as partu preterminu.

- Screening and treatment for ASB should consider the local prevalence of

ASB and preterm birth, particularly when prevalence is low in the region. / Filtra no tratamentu ba Bakteriuria asintomatiku tenke konsidera prevalensia lokal ASB no partus preterminu, partikularmente bainhira iha regiaun refere prevalensia menus.

- Indicators for preterm birth should be carefully monitored, including interventions that address changes in antimicrobial resistance. / Indikador sira ba partus preterminu tenke monitoriza ho kuidadu, inklui intervensaun ne'ebe atensaun ba mudansa rezistensia antimikrobiana.

Hypertension in pregnancy / Hipertensaun iha inan isinrua

Hypertension in pregnancy is defined as blood pressure(BP) ≥140/90 mm Hg. [ACOG, 2013] Hypertensive disorders of pregnancy (HDP) encompass chronic hypertension, gestational hypertension, preeclampsia/eclampsia, and preeclampsia superimposed on chronic hypertension. / Hipe rtensaun iha inan isinrua define hanesan tensaun ≥140/90 mm Hg. [ACOG, 2013] Problema tensaun a'as iha inan isinrua engloba hipertensaun kroniku, hipertensaun jestasional, pre-eklampsia/eklampsia, no preeklampsia asosia ho hipertensaun kroniku.

Symptoms and signs: / Sintomas no sinais:

- Oedema / Bubu
- Proteinuria / Proteinuria
- Frontal headache / Ulun moras (frontal)
- Visual disturbances / Problema vizual
- Epigastric pain / Estomagu moras
- Nauses / Laran sa'e
- Vomiting / Muta

Blood pressure should be monitored at every antenatal visit. Make sure the patient has rested for 30 minutes to 60minutes before measuring the Blood pressure and if it is high then repeat the BP again in an hour. Tensaun a'as tenke monitoriza iha kada vizita antenatal. Garante katak pasiente deskansa minutu 30 to'o minutu 60 antes koko tensaun no karik rezultadu hatudu tensaun sa'e, tuirmai repete depois de oras ida.
Always test for protein (Albumin) in mid stream urine (always do mid stream urine test for albumin). Sempre koko moz proteina (albumina) iha urina *mid stream* (sempre uza urina mid stream hodi teste albumina).

Following is the recommended treatment and referral of women with HTN in

pregnancy: / Tuirmai tartamentu no referal isinrua ho tensaun aas ne'ebe rekomenda:

1. Refer urgently to secondary care for pre-eclampsia, if: / 1. Refere lalais ba atensaun sekundaria ho preeclampsia, karik:
    - Patient present hypertension with proteinuria more then 2+ / Pasiente aprezenta tensaun a'as ho proteinuria pozitivu 2+
    - Hypertension is above 150/100 mmHg or there is a sudden increase in blood pressure / Tensaun a'as liu 150/100 mmHg ka tensaun ne'ebe sae derepente
    - There is a decrease of urinary output <400 ml/24h. Small amounts of urine passed, dark in colour / Urina menus husi 400 ml/24h. Urina ho kuantidade oituan, kor nakukun

2. Must be referred to hospital immediately for preeclampsia and carefully monitor blood pressure if possible in 6 hours or the next day. Check for albuminuria and monitor FHB:/ Tenke refere ba hospital ho imediatu pre-eclampsia no monitoriza tensaun ho kuidadu karik posivel iha oras 6 ka loron tuirmai:
    - Woman with BP slightly raised; BP less than 150/100 mmHg but more than 140/90 mmHg (or 15 mmHg above normal), but no oedema or albuminuria present / Feto ho tensaun sa'e oituan; tensaun menus husi 150/100 mmHg maibe liu husi 140/90 mmHg (ka 15 mmHg liu husi normal), maibe la iha bubu la aprezenta albumina iha urina

3. Refer the patient for further investigation and management. If BP becomes normal again educate pregnant women and partner about warning signs of pre-eclampsia i.e. headaches, blurred vision, epigastric pain and sudden swelling of legs/back/face: / Refre pasiente ba investigasaun no manejamentu. Karik tensaun fila fali ba normal, eduka inan isinrua no nia parseiru kona-ba sinais perigu husi preeclampsia ezemplu, ulun moras, haree la moos, estomagu moras no bubu iha ain, kotuk, oin ne'ebe mosu derepente:
    - If BP remains slightly raised, even if there is no oedema or albuminuria / Karik tensaun maintein sae oituan, maske karik iha bubu ka albumina iha urina

4. Refer to hospital for investigation and management / refere ba Ospital atu halo investigasaun no manejamentu
    - If warning signs develop inform the woman to return to healthcare immediately / Karik dezenvolve sinais perigu iha inan isinrua atu ba fali sentru saúde ho lalais

5. Give oral Nifedipine 10 mg or IV Hydralazine 5 mg. IV MgSO4 4 gram, then

IM MgSO4 10 gram and refer urgently to hospital, if: / Fo Nifedipina ora 10mg ka hidralazina IV 5mg. Sulfatu magnesium IV 4g, tuirmai Sulfatu magnesium 10g no refere urjentemente ba Ospital, karik:

- BP above 160/110 mmHg in the presence of symptoms and signs of impeding eclampsia / Tensaun sae ba 160.110 mmHg ho prezensa sinais no sintomas perigu husi eclampsia pendiente

Note: / Nota:

1. Never lie a pregnant woman on her back. This may result in fainting and false reading of BP. Measure BP in sitting position with legs rested in left or right tilt of 15°. Nunka hatoba inan isinrua fila kotuk ba kama. Ida ne'e bele rezulta oin nakukun no falsu rezultadu tensaun. Koko tensaun iha pozisaun tu'ur ho ain deskansa ba karuk ka loos ho 15 grau.
2. Whenever your patient needs IV fluids, use normal saline, do not give dextrose 5%. And with precaution not to overloading the patient in view of the risk of pulmonary oedema. Bainhira pasiente presiza fluidu, uza Normo salina, labele fo dextrosa 5%. No ho kuidadu labele fo fluidu barak ba pasiente tanba risku ba edema pulmonar.

Gestational Diabetes / Diabetes Gestasional

Gestational diabetes is the onset or initial recognition of abnormal glucose tolerance during pregnancy. / Diabetes gestasional hanesan inisiu husi tolerensia la normal durante isin rua.

Diagnosis[Murtagh, 2007] / Diagnostiku

- Fasting blood glucose > 5.5 mmol/L or / Glukoza iha jejun > 5.5 mmol/L ou
- Post pandrial glucose level > 8.0 mmol/L/ Glukoza pos pandrial level > 8.0 mmol/L

Effect of Diabetes on pregnancy [Hanretty, 2010][Collier, Longmore, & Brinsden, 2006][Smith, 2009] can cause following complications: / Efeitu husi Diabetes iha inan isin rua bele kauza komplikasaun hanesan tuirmai:

a) Mother / Inan
   - Diabetic ketoacidosisc / Diabetes ketoasidosis
   - Glucosuria / glukosuria
   - Hyperglicemian / Hiperglisemia
   - Polyhydramnios / Polihidramnios
   - Pre-eclampsia / Pre-eclampsia
   - Pregnancy induced hypertension / Hipertensaun indusida isin rua
   - Preterm labour/ Partus pre terminu
   - UTI / Infeksaun Tratu urinariu
   - Retinopathy/ Retinopatia

- Postpartum uterine atony/ Postpartum atonia uterina

b) Fetal / Fetu
   - Fetal demise / Morte fetal
   - Hydramnios / Hidramnios
   - Hyperbilirubinemia / Hiperbilirubinemia
   - Hypocalcemia / Hipokalsemia
   - Hypoglycemia / Hipoglisemia
   - Macrosomia / Makrosomia
   - Polycythemia / Polisitemia
   - Prematurity / Prematuru
   - Respiratory Distress Syndrome / Sindrome distres respiratoria
   - Spontaneous abortion / Abortu espontaneo
   - Delay of Fetal lung maturation/ Madurasaun pulmonar fetal retardadu

Indication for Glucose Tolerance Test (GTT)[Hanretty, 2010][STG ANC TL LIVRU KAN Final 2022_MTilman] / Indikasaun ba ezame Toleransia Glukoza (GTT)

GTT is recommended for pregnant women with this following condition:/ GTT rekomenda ba inan isinrua ho kondisaun tuirmai:

- Family history of diabetes/ Istoria familiar diabetes
- Previous medical history of gestational diabetes/ Istoria diabetes jestasional antes
- More than two episodes of glucosuria on routine testing / Glucosuria iha teste urina liu epizodiu 2
- Previous macrosomic / Makrosomia previu
- Maternal weight greater than 85kg / Pezu inan bo'ot liu 85kg
- Previous unexplained perinatal death / Istoria morte perinatal deskonesidu

Management of pregnancy with diabetes/ Manejamentu isinrua ho diabetes

Proper management of diabetes during pregnancy is crucial for minimizing risks to both the mother and the baby. With good medical care and careful monitoring, most babies born to diabetic mothers can grow and develop healthily./ Manejamentu apropriadu ba diabetes jestasional krusial ba minimizasaun risku iha inan no oan. Ho kuidadu saúde ne'ebe diak no monitorizasaun, bebe barak ne'ebe moris husi inan diabetiku bele krese no dezenvolve ho saudavel.

a) **During antenatal care / Durante kuidadu antenatal**

Blood Sugar Control: Maintaining tight control of blood glucose levels throughout pregnancy is crucial for reducing the risks to both the mother and the baby. This often involves regular monitoring of blood sugar levels, dietary changes, exercise, and sometimes insulin therapy or oral medications. /

Kontrola raan minar: mantein kontrolu extritu ba nivel raan midar durante isinrua krusial ba redusaun risku ba inan no oan. Ida ne'e dalabarak envolve monitorizasaun regular nivel raan midar, mudansa dieta, ezersisiu, no dalaruma terapia insulina no medikamentus hipoglisemiante oral.

b) Intrapartum / Intrapartum

Planning the Delivery: In some cases, early delivery may be planned to avoid complications related to the baby's size. The healthcare team will consider factors such as the baby's growth, lung development, and the mother's health before making delivery decisions. **Planu partus:** Iha kazu balun, planu partus sedu bele halo atu evita komplikasaun sira ne'ebe relasiona ho tamanu bebe nian. Ekipa pesoal saude sei konsidera fator sira hanesan kresimentu bebe, dezenvolvimentu pulmaun, no saúde maternal antes foti desizaun partus.

c) Post-partum / postpartum

Post-Birth Monitoring: After birth, the baby's blood sugar levels should be closely monitored to detect and treat any hypoglycemia. Neonatal care teams are often prepared for potential complications such as jaundice or breathing problems. / Monitorizasaun depois de moris: Depois de moris, bebe nia nivel raan midar tenke monitoriza hodi detekta no trata kualker hipoglisemia. Ekipa kuidadu neonatal dala barak preparadu ba komplikasaun hanesan kulit kinur ka problema respirasaun.

Breastfeeding: Breastfeeding is encouraged as it can help regulate the baby's blood sugar levels and provide important nutrients and antibodies for the baby's health. Oral Hypoglycemic is contraindicated.[Collier, Longmore, & Brinsden, 2006] / Fo susu: Enkoraja tebes fo susu tanba bele ajuda regula bebe nia nivel raan midar no fornese nutrisaun importante no antibodi ba bebe nia saúde. Hipoglisemiante oral kontraindikadu ba bebe.

Postpartum Glucose tolerance test: encourage Postpartum GTT at 6 weeks. And then every 5 years.[Murtagh, 2007] / Teste Toleransia glukoza postpartum: Enkoraja teste Toleransia glukoza postpartum iha semana dane'en. Tuirmai kada tinan 5.

Syphilis, hepatitis B no HIV/AIDS / Sifilis, Hepatitis B no HIV/SIDA

During the antenatal care, it is necessary to do serology check that include hepatitis B, HIV and syphilis. The blood test needs to be done as early as possible in

pregnancy, ideally by 10 weeks, so the treatment can start early to reduce vertical transmission. Durante kuidadu antenatal, nesesariu atu halo teste serolojia ne'ebe inklui hepatitis B, HIV no sifilis. Teste raan presiza halo sedu se posivel surante isinrua, idealmente semana 10, atu nune'e tratamentu bele hahu sedu hodi reduz transmisaun vertikal.

Hepatitis B affects the liver and can cause immediate (acute) and long-term (chronic) illness. It's passed on in the blood and other body fluids, for example through sexual contact or sharing infected needles. Hepatitis B afeta aten no bele kauza moras imediatu (agudu) no tempu naruk (kroniku). Ida ne'e pasa liu husi raan no fluidu seluk iha isin, ezemplu liu husi kontaktu seksual ka uza hamutuk daun ne'ebe infektadu.

HIV weakens the immune system, making it difficult to fight off infections. If left untreated, it can lead to AIDS(acquired immune deficiency syndrome). HIV is passed on in blood and other body fluids through sexual contact or infected needles. HIV can be passed on to baby during pregnancy, birth or breastfeeding if it's not treated. HIV halo fraku sistema imunidade, halo nia difisil atu funu hasoru infesaun sira. Karik husik hela no la trata, bele lori to'o SIDA (Sindrome Inmunodefisiensia Adkirida). HIV pasa liu husi raan no fluidu isin sira seluk liu husi kontaktu seksual ka daun ne'ebe infetadu. HIV bele transmite ba bebe durante isinrua, partus ka fo susu karik la trata.

Syphilis is usually passed on through close contact with a syphilis sore during sex. it can also be passed on to a baby during pregnancy. If untreated, syphilis can causa serious health problems for your baby, or cause miscarriage or stillbirth. The earlier it is treated, the lower the risk of passing it on to the baby.[NHS, n.d] Sifilis bain-bain pasa liu husi kontaktu besik ho lezaun sifilis durante relasaun seksual. Bele moz pasa ba bebe durante isinrua. Karik la trata, sifilis bele kauza problema saúde ne'ebe seriu ba bebe, ka kauza abortu ka morte fetal. Trata sedu, halo risku atu pasa ba bebe mos ki'ik.

b) Identify & refer obstetric complications e.g. early pregnancy loss, threatened/incomplete/complete miscarriage/Identifika & refere komplikasaun obstetricia sira .e.j. Lakon isin rua sedu, ameasa abortu /la kompletu/kompletu

Abortion is a termination of pregnancy or the expulsion of a fetus from the uterus before it has reached the stage of viability (in human beings, usually about the 20th week of gestation).[KAN, 2022] Abortu hanesan terminasaun isinrua ka ekspulsaun fetu husi uteru antes kompleta nia viabilidade (iha ser umanu, normalmente iha semana 20 idade jestasaun).

Physical health risks associated with unsafe abortion include:[WHO,2024] / Risku saúde fiziku asosia ho abortu la seguru inklui:

- Incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus) / Abortu la kompletu (falla atu hasai tesidu sira isinrua nian husi uteru)
- Haemorrhage (heavy bleeding) / Hemorrajia (raan fakar makaas)
- Infection / Infesaun
- Uterine perforation (caused when the uterus is pierced by a sharp object) / Perforasaun uterina (kauza husi uteru ne'ebe hetan sona husi sasan kroat)
- Damage to the genital tract and internal organs as a consequence of inserting dangerous objects into the vagina or anus. / Lezaun iha tratu jenital ka orgaun internu hanesan konsekuensia husi hatama sasan perigu ba iha vajina ka anu.

Diagnosis of different types of abortion / Diagnosa tipu seluk husi abortu

Sign and Symptom	Diagnosis	Conduct
Light bleeding, Closed cervix, Uterus corresponds to dates, Cramping/lower abdominal pain, Uterus softer than normal	Threatened abortion	Refer to specialist for USG
Heavy bleeding, Dilated cervix, Uterus corresponds to dates, Cramping lower abdominal pain, Tender uterus, No expulsion of products of conception	Inevitable abortion	<3months; Evacuate (MVA)/digital evacuation possible in case of incomplete abortion Monitor BP, Pulse Counsel about next pregnancy as appropriate Refer if bleeding continues. >3months Refer to specialist.
Heavy bleeding, Dilated cervix, Uterus smaller than dates, Cramping/lower	Incomplete abortion	Evacuate (MVA)/digital evacuation possible in case of incomplete abortion. Monitor BP, Pulse, Counsel about next pregnancy as

abdominal pain, Partial expulsion of products of conception		appropriate, refer if bleeding continues.
Light bleeding, Closed cervix, Uterus smaller than dates, Uterus softer than normal, Light cramping/ lower abdominal pain History of expulsion of products of conception	Complete abortion	Monitor BP, Pulse, Counsel about next pregnancy as appropriate, Refer if bleeding continues

(KAN, 2022)

Sinais no sintomas	Diagnosa	Kondukta
Raan mean naroman, serviks taka, uteru koresponde ho idade jestasaun, kabun kidun moras, uteru mamar liu bain-bain	Ameasa abortu	Refere ba espesialista hodi halo ultrasonidu
Raan fakar barak, serviks dilatadu, uteru koresponde ho idade jestasaun, kabun kidun moras, uteru to'os, La iha expulsaun husi produtu konsepsaun	Abortu inevitavel	<fulan 3, evakua (aspirasaun intrauterina manual) ka evakuasaun dijital posivel karik iha abortu inkompletu, monitoriza Tensaun, pulsu, konsellu kona-ba isinrua tuirmai hanesan apropriadu, refere karik raan fakar kontinua. >fulan 3, refere ba espesialista
Raan fakar makaas, dilatasaun serviks, uterus kiik liu idade jestasaun, kabun kidun moras, expulsaun parsial husi produtu konsepsaun	Abortu inkompletu	Evakua (MVA)/ evakuasaun dijital posivel iha kazu abortu inkompletu. Monitoriza tensaun, pulsu, fo konsellu kona-ba isinrua tuirmai, refere karik raan fakar kontinua.

Raan fakar naroman, serviks taka, uterus kiik liu idade jestasaun, uterus mamar liu normal, kabun kidun moras, istoria expulsaun produtu konsepsaun	Abortu kompletu	Monitoriza tensaun, pulsu, fo konsellu ba isinrua tuirmai, refere ba espesialista karik raan fakar kontinua

(KAN, 2022)

Note: REFERE TO EmONC/KEmON GUIDELINE

c) **Assess & manage non-emergency obstetric complications e.g. mild hyperemesis gravidarum, reflux/Halo avaliasaun no maneja komplikasaun obstetricia sira ne'ebe laos emergensia, ezemplu, Hiperemesis gravidarum leve, refluxu**

Hyperemesis gravidarum

Nauseas and vomiting are common in early weeks of pregnancy, it is often described as morning sickness, although the symptoms can occur at any time of the day.[Hanretty, 2010] Hyperemesis gravidarum can progress from a mild nauseas and vomiting to the rejection of all food and drink. / Laran sa'e no muta komun iha trimestre primeiru isin rua, ida ne'e dala barak describe hanesan *morning sickness*, maske nune'e sintomas sira ne'e bele akontese iha kualker oras iha loron tomak [Hanretty, 2010]. Hiperemesis gravidarum bele progresa hahu husi laran sa'e no muta kama'an to'o rejeita kualker hahan.

Sign and symptoms of hyperemesis gravidarum[Smith, 2009]/ Sinais no sintomas hiperemesis gravidarum

- Nauseas and vomiting / Laran sa'e no muta
- Dehydration / Dehidratasaun
- Ketone formation / Formasaun keton
- Electrolyte disturbance / desekilibriu elektrolitu

symptoms generally begin between the fourth and eighth week, lasting until 16 weeks or longer./ Sintomas dala barak liu hahu entre kuarta no oitava semana, prolonga to'o semana 16 ou liu.

Management of hyperemesis gravidarum / Manejamentu hiperemesis gravidarum

Non-pharmacology:/ Non-farmalojia [KAN, 2022]

- Small and frequent feeding with blands foods/ Han hahan ne'ebe mamar oituan no bebeik
- Spicy foods should be avoided/ Evita han aimanas
- Eat protein rich foods at bed time/ Konsumu hahan nakonu ho proteina antes toba

Pharmacology treatment:/ Tratamentu farmakolojia : Metoclopamide PO 10 mg every 6 hours till recovers. [KAN,2022]

d) Identify and refer obstetric complications e.g. antepartum haemorrhage, gestational diabetes, pre-eclampsia/eclampsia, pre-term Labor, malpresentation, infection / Identifika no refere komplikasaun obstetrika tardia ezemplu hemorrajia antepartum, diabetes jestasional, pre-eclampsia, partus prematuru, malprezentasaun, infeksaun

ANTEPARTUM HAEMORRHAGE (APH)[WHO,2017] / HEMORRAJIA ANTEPARTUM

Antepartum hemorrhage (APH) refers to vaginal bleeding that occurs after 20 weeks of pregnancy and up until delivery. It may result from:/ Hemorrajia antepartum refere ba sangramentu vajinal ne'ebe akontese depois de semana 20 isinrua no termina iha partus. Bele rezulta husi:

- **Placental causes**: Abruptio placentae, placenta praevia, vasa praevia. / Kauza plasental: Abruptio placentae, plasenta previa, vasa previa.
- **Non-placental causes**: Uterine rupture, vaginal and cervical lesions (including cancer), cervical infections, trauma, and decidual bleeding./ Kauza non plasental: ruptura uterina, lezaun vajinal ka servikal (inklui kankru), infesaun servikal, trauma, no raan fakar desidual.
- **Unknown causes**: APH of unknown origin./ Kauza deskonesidu: Hemorrajia antepartum husi orijen deskonesidu.

Important Note: Never perform a digital vaginal examination in cases of APH, as it may lead to severe bleeding, making delivery an urgent need. However, a speculum examination can help determine the source of bleeding. Always admit a woman presenting with antepartum hemorrhage, even if the bleeding has stopped and she appears well. All cases of APH should be treated as obstetric emergencies until properly assessed. **Nota importante:** Nunka halo ezaminasaun tatu vajinal iha kazu hemorrajia antepartum, tanba bele provoka raan fakar severa, halo partus hanesan nesesidade urjente. Maske nune'e, ezaminasaun uza espekulu bele ajuda determina orijen husi

raan fakar. Sempre fo baixa ba inan isinrua ho hemorrajia antepartum, maske raan fakar para no nia sente diak deit. Kazu hemorrajia antepartum hotu tenke trata hanesan emerjensia obstetrisia to'o avalia ona ho apropriadu.

Initial Management of APH:/ Manejamentu inisial ba hemorrajia antepartum:

1. **Call for help**: Initiate ABCs for resuscitation if the patient is in shock. / Kontaktu husu ajuda: Inisia ABC ba resusitasaun karik pasiente aprezenta shock.
2. **Assess for shock**: Look for signs such as pallor, increased pulse rate, and low blood pressure./ Avaliasaun shock: haree sinais shock hanesan kamutis, takikardia, tensaun tuun.
3. **If in shock**: Insert an IV cannula (16G) and begin resuscitation with 2 L of normal saline or Ringer-Lactate, followed by 1 liter every 4 hours for maintenance./ Karik shock: monta kanula (16G) no hahu resusitasaun ho NS 0.9% ka RL 500ml litru 2 , tuir tan litru 1 kada oras 4 ba mantenimentu.
4. **Maintain airways**: Provide 100% oxygen via nasal catheter (2-4 L/minute) if necessary./ Fornese oxijeniu nasal prong (2-4 litru/min) karik nesesariu.
5. **Determine the cause of bleeding**: Manage according to the specific cause./ Determina kauza raan fakar: Maneja tuir kauza espesifiku.
6. **Consult with an obstetrician**: Refer for further management./ Konsulta ho espesialista: refere ba sp atu halo manejamentu avansadu.
7. **Stabilize**: Maintain stability while awaiting transfer./ Estabiliza: Maintain estabilidade bainhira transfere.

Komparasaun entre plasenta previa, Abruptio placentae no Rotura uterina

	Plasenta Previa	Abruptio Placentae	Rotura uterina
Pasiente	Often previous caesarean section. Dalabarak iha kanek sezariana anterior.	Dalabarak tensaun a'as. Bele mos ho istoria trauma abdominal.	CS anterior/ sirurjia uterine anterior/ partus obstrutivu.
Sintomas	Bain-bain la moras.	Sempre iha moras.	Moras makaas/ bele reduz

	Movimentu fetal normal.	Movimentu fetal ausente ka reduzidu.	depois de ruptura
Ezaminasaun abdominal	Mamar, dalabarak ho malprezentasaun ka parte prezentasaun aas.	To'os, uteru toos, boot liu data espekta.	Lakon estasaun, abdomen to'os, la iha kontraksaun.
Raan fakar	Raan mean no naroman	Raan metan ho koagulasaun, iha tempu la iha sangramentu vizivel.	Raan mean no naroman
Ultrasonidu	Placenta implants besik serviks ka taka serviks	Fetu bele mate, placenta normal. Bele haree koagulasaun retro-plasental.	NA

[WHO, 2017]

Comparison between Placenta previa, Abruptio placentae and Uterine rupture

	Placenta Previa	Abruptio Placentae	Uterine rupture
Patient	Often previous caesarean section.	Often hypertensive. There may be history of abdominal trauma.	Previous CS/ previous uterine surgery IOL/ Obstructed labour.
Symptoms	Usually painless. Foetal movements usually normal.	Pain almost always present. Foetal movements may be absent or reduced.	Painful/ may decrease after rupture

Abdominal examination	Soft, none tender uterus, often with malpresentation or high presenting part.	Hard, tener uterus, large for expected dates.	Loss of station, tender abdomen, cessation of contraction.
Bleeding	Bright red blood	Dark blood with clots, at times no external bleeding visible.	Bright red blood
Ultrasound	Placenta implanted close to or over the cervix.	Foetus may be dead, placenta normally situated. Retro-placental clot may be seen.	NA

[WHO, 2017]

Multiple Pregnancy[WHO, 2017] / Isinrua Multiple

A family history of multiple pregnancies and history of ovulation induction should raise suspicion of twin pregnancy. Suspect multiple pregnancy if any of these conditions are present: / Familia ho istoria isinrua multiple no istoria induksaun ovulasaun tenke iha suspeitu ba isinrua kaduak. Suspeita isinrua multiple karik aprezenta kondisaun sira balun tuirmai:

- Exaggerated symptoms of pregnancy / sintomas Isinrua exajerada
- Fundal height larger than gestational age. Whenever the fundal height grows to more than 40cm, twins should be suspected. / Fundu uterine boot liu idade jestasaun. Bainhira deit fundu uterinu krese liu 40cm, tenke suspeita kaduak.
- Term uterine size but only a small head presenting. / Tamanu uteru terminu, maibe aprezenta ulun kiik.
- More than two foetal poles felt, multiple foetal parts and more than one foetal heart heard. / Sente polu fetal liu 2, parte isin fetu nian barak no rona batimentu fuan iha fatin 2.
- Polyhydramnios, PET, family history of multiple pregnancy and persistent anaemia make one suspicious of twins. / Polihidramnios, PET, istoria familia ho isinrua multiple no anemia persistente halo suspeitu ba kaduak.

- Ultrasound will confirm the diagnosis of twins. / Ultrasonidu sei konfirma diagnosa kaduak.

Antenatal care / Kuidadu ante natal

- Give double dose of Fefol, and regular monthly sulfadoxine/pyrimethamine. / Fo doze 2 Fefol, no sulfadoxine/pyrimethamine regular kada fulan.
- Frequent antenatal care contacts – every 4 weeks to 28 weeks then 2 weekly till 36 weeks then weekly till delivery. / Kontaktu antenatal bebeik - kada semana 4 to'o 28 semana idade jestasaun, hafoin kada semana 2 to'o idade jestasaun 36 semana, Ikus kada semana to'o partus.
- Prophylactic dexamethasone between 28 and 34 weeks. / Fo dexametasona profilaktiku entre semana 28-34 idade jestasaun.
- Ultrasound scan for: / Ezame ultrasonidu atu:
    - Chorionicity and amnionicity at first contact / Buka korionisidade no amniosidade fetu sira nian
    - Subsequent growth/ scan monthly. / kresimentu/ ezamina kada fulan
    - Foetal wellbeing scan if indicated : Presenting part of the leading twin, Exclude possibility of conjoint or locked twins./ Bein estar fetal karik indika: fetu kaduak nia aprezentasaun, esklui tia fetu belit malu.

Note: Multiple pregnancy is a high risk pregnancy and should be managed in a hospital setting./ Nota: ida jestasaun multiple iha risku a'as durante isinrua no tenke maneja iha Ospital.

PROLONGED PREGNANCY (POSTMATURITY)

The normal duration of pregnancy is 37- 42 weeks from the first day of LNMP. All postdated (>41 weeks) pregnancies should be referred for further management at hospital level./ Durasaun normal isinrua semana 37 to;o 42 idade jestasaun hahu husi loron dahuluk menstruasaun ikus. Postdate sira hotu (>41 semana) tenke refere ba Ospital.

FOETAL DEATH IN UTERO (FDIU)/ STILLBIRTH / MORTE FETAL

Defined as death of a foetus after 28 weeks gestation. Causes include foetal growth restriction, foetal infection, cord accident congenital anomalies or infections particularly syphilis where prevalent. Define hanesan fetu ne'ebe mate iha kabun laran depois de semana 28 idade jestasaun. Kauza sira inklui kresimentu fetal retardadu, infesaun fetal, anomalia konjenita kordaun ka infesaun, partikularmente sifilis iha ne'ebe prevalensia.

Typical clinical findings include: / Aprezentasaun klinika tipiku inklui:

- Absent foetal movements. / Ausensia movimentu fetal
- Disappearance of symptoms of pregnancy. / Lakon sinais no sintomas isinrua
- Symphysis-fundal height does not increase as expected. / sinfisi-Altura uterina la aumenta hanesan ida ne'ebe espekta
- Difficult or abnormal foetal palpation. / Difisil ka detekta anormalidade iha palpasaun fetal
- Foetal heart not heard./ La rona batimentu kardiaku fetal

Confirm by ultrasound scan, if available. Consult Obstetrician who will decide on place and method of delivery and further management. Konfirma ho ultrasonidu, karik disponivel. Konsulta ho obstetriku ne'ebe sei decide fatin no metodu party no manejamentu kontinua.

e) Refer HIV seropositive mothers for ART according to current NAP policy/ Refere inan sira ho seropositivu HIV ba ART bazeia ba atual politika NAP

The results are provided same day in community health centres (CHCs) and if test results are positive, persons are linked to ART for a lifelong ART. Confidentiality of the test reports should be maintained by all staff involved in the test. It is a shared confidentiality, meaning the result can be shared only with healthcare professionals who are directly involved in the care of the person (like midwife, counsellor, doctor and nurse). It should not be shared with health care workers who are not directly involved in the care of the person or any non-health care workers. / Rezultadu sira sei fo sai iha momentu ne'ebe hanesan iha Sentru Saúde no karik testu pozitivu, ema refere sei liga ba tratamentu ART(Anti Retroviral Treatment) ba moris tomak. Konfidensialidade ba rezultadu testu tenke mantein entre pesoal saúde sira ne'ebe involve iha testu refere. Ida ne'e konfidensialidade ne'ebe partilla, signifika rezultadu so bele fahe deit ho pesoal saúde sira ne'ebe envolve direta iha kuidadu ba individu refere (hanesan parteira, konselleiru, mediku no enfermeiru). Ida ne'e labele fahe ho pesoal saúde seluk ne'ebe maka la involve direita iha kuidadu ba individu refere ka ema sira ne'e laos pesoal saúde.

Post-test counselling is provided after the availability of test results. All pregnant women who underwent HIV test should be provided post-test counselli ng. The post-test counselling on an average could take 15–20 minutes for a woman with negative test result and 20–30 minutes for a woman with positive test result. However,this time duration is likely to vary depending on the knowledge and understanding of both the client and the health care provider. / Konsellu Post-testu sei halo hafoin rezultadu testu sai. Inan isinrua hotu ne'ebe ba testu HIV tenke fo konsellu post-testu. Konsellu

post-testu jeralmente halo durante 15-20 minutus ba inan isinrua ho rezultadu testu negativu no 20-30 minutus ba inan ho rezultadu teste pozitivu. Maske nune'e, durasaun refere bele varia depende ba konesimentu no kompreensaun entre pesoal saúde no pasiente.

HIV positive pregnant women / Inan isinrua ho HIV pozitivu

- Explanation of test result and ensure the client understands it / Esplika koana rezultadu teste no garante katak pasiente komprende ida ne'e
- Prevention of transmission of HIV to others and provision of condoms / Prevene transmisaun HIV no ba ema seluk no oferese kondom
- Testing sexual partners and children/ Halo teste ba parente sexual no labarik
- Screening for the need of ART for their own heath / Filtra hirak ne'ebe presiza tartamentu Retroviral ba sira nia saúde
- Role of ART on prevention of MTCT / Papel ART ba prevensaun MTCT
- Importance of adherence to drugs / Importansia aderensia ba aimoruk
- Infant feeding and care of exposed child / Fo haan ba bebe no fo kuidadu ba labarik ne'ebe hetan expoz
- Family planning and provision of condoms/ Planeamentu familiar no oferese kondom
- Institutional delivery and other MCH-related counselling / Partus iha instituisaun saúde no fo konsellu kona-ba kuidadu maternal infantil

Once the pregnant woman is diagnosed HIV infected, the midwife should enter details of pregnancy in the separate ANC cohort register for HIV-infected pregnant women and fill the ANC card for HIV-infected women. Bainhira inan isinrua ida infetadu ho HIV, parteira tenke hatama detallu inan isinrua iha rejistu KAN separadu ba inan isinrua afetadu ho HIV no preenxe karta KAN ba inan ho infesaun HIV.

Every HIV positive pregnant woman will be referred to the ART centre and provided ART free of cost for a lifetime. Timor-Leste has a low HIV prevalence, and hence the estimated number of HIV positive pregnant mothers is also low. With the "test and treat'/ 'treat all' strategy adopted since 2017, all diagnosed HIV positives are linked to ART and provided free ART for a lifetime. / Inan isinrua hotu ho HIV pozitivu sei refere ba sentru ART no oferese ART gratuitu durante moris tomak. Timor-Leste iha prevalensia HIV kiik, no estimasaun numeru inan isinrua ho HIV mos kiik. Ho "testu no tratamentu"/ "trata hotu-hotu" estatejia adopta desde 2017, ema hotu ne'ebe ho diagnosa HIV pozitivu tenke submete ba tratamentu HIV gratuita no ba moris tomak.

Note: In Timor-Leste, every diagnosed HIV positive is eligible for free ART

irrespective of their CD4, Viral Load and WHO staging criteria./ Nota: Iha Timor-Leste, kada HIV pozitivu elijivel ba hetan ART gratuitu independente husi nia nivel CD4, Viral Load no OMS kriteria estadiu husi OMS.

ART should be initiated as early as feasible, irrespective of gestational age, for all pregnant women and mothers who require ART for their own health. All pregnant women irrespective of CD4 cell count, HIV V L and WHO clinical stage require ART. However, ART should be initiated only if underlying opportunistic infections (OIs) are either ruled out or the person is stabilized after initiating management for OIs. / ART tenke hahu sedu , sein haree ba idade jestasaun, inan isinrua hotu ne'ebe presiza ART ba sira nia saúde. Inan isinrua hotu independente husi selula CD4, Viral load no Estadiu kliniku husi OMS. Maske nune'e, ART tenke hahu bainhira infeksaun oportunista deskartadu ona ka pasiente estabiliza ona bainhira inisia manejamentu ba infesaun oportunista.

The recommended first-line ART regimens for eligible HIV-infected pregnant women and mothers are the same as for non-pregnant HIV-infected women. The preferred first-line ART regimen is:(1) Tenofovir (TDF) 300 mg plus Lamivudine (3TC) 300 mg plus Dolutegravir 50 mg as fixed dose combination (FDC) daily;(2) Tenofovir (TDF)300 mg plus Lamivudine (3TC) 300 mg plus Efavirenz (EFV) 400 mg as FDC daily; (3) Alternative recommended regimens are: Zidovudine (AZT) 300 mg plus Lamivudine 150 mg (Twice a day) plus Efavirenz 400 mg once a day or Tenofovir 300 mg plus Lamivudine 300 mg plus Nevirapine (NVP) 200 mg for 14 days, and then 200 mg twice a day to continue. Rekomendasaun lina dahuluk ba rejimentu ART ba inan isinrua infetadu ho HIV no hanesan mos ba inan ne'ebe la isinrua ne'ebe mos ho infesaun HIV. Lina dahuluk rejimentu ne'ebe prefere maka: (1) Tenofovir (TDF) 300mg + Lamivudine (3TC) 300mg + Dolutegravir 50mg hanesan doze kombinasaun fixu hodi hemu loron-loron; (2) Tenofovir(TDF) 300mg + Lamivudine (3TC) 300mg + Efavirenz (EFV) 400mg hanesan doze kombinasaun fixu hodi hemu loron-loron; (3) Rejimentu alternativu ne'ebe rekomenda maka: Zidovudine (AZT) 300mg + Lamivudine 150mg + 300mg + Nevirapine (NVP) 200mg ba loron 14, no depois kontinua 200mg loron ida dala rua.

Women presenting very late in pregnancy who are not able to initiate ART before delivery should receive ART whenever they present to health system. Women receiving ART who become pregnant require counselling on:/ Inan sira ne'ebe aprezenta infesaun HIV tarde durante isinrua ne'ebe labele hahu ART antes partus tenke hetan ART iha momentu detekta infesaun HIV bainhira inan refere ba konsulta:

- Possible risk of infant HIV infection (very small but there is a possibility) / Posivel risku infesaun HIV iha labarik (risku kiik maibe iha

posibilidade)

- Potential drug toxicity for mother and infant / Potensial intoksikasaun aimoruk ba inan no oan
- Safer sexual practices / Pratika seksual seguru
- General health messages / Mensajen saúde jeral
- Offer possibility of joining groups for PLHIVs (PLHIV groups in Timor-Leste such as Estrela Plus and Esperança) / Oferese posibilidade atu envolve iha grupu ema moris ho HIV (grupu ema moris ho HIV iha Timor-Leste hanesan Estrela Plus no Esperensa)

Note: ART should be continued without interruption for women who become pregnant while on ART. / Nota: TAR tenke kontinua sein interupsaun ba inan ne'ebe isinrua durante ho hela Tratamentu Antoretroviral (TAR).

Clinical and laboratory monitoring of pregnant women and mothers receiving ART for their own health should be done as is recommended for non-pregnant HIV-infected adult and HIV- uninfected pregnant women. / Monitorizasaun kliniku no laboratoriu ba inan isinrua no inan sira ne'ebe hetan hela tratamentu antiretroviral ba sira nia saúde tenke halo tuir ida ne'ebe maka rekomenda ona ba adultu ho infesaun HIV no inan isinrua ne'ebe la ho infesaun HIV.

The 2016 ART guidance from WHO suggests the use of 12 weeks of ARV prophylaxis instead of 6 weeks with at least two ARV drugs, AZT+NVP for 6 weeks and then both or only NVP for another 6 weeks. The 2018 guidance from WHO reaffirms the need for enhanced prophylaxis for high risk infants. In Timor-Leste, programmatic data suggest that there may be adherence issues with PLHIVs on ART as well as the average CD4 count during diagnosis was < 100/mL. This would correspond to high HIV VL in the initial period and slow decline of HIV VL due to multiplicity of factors. In short, the HIV- exposed infant is at high risk for transmission. This would justify the rationale of ePNP for 12 weeks and would give a higher benefit compared to the emergence of side-effects due to longer period of exposure to HIV ART drugs. / Guiaun TAR 2016 husi OMS sujere uza profilaksis antiretroviral durante semana 12, duke semana 6 ho pelu menus aimoruk Antiretroviral rua, AZT + NVP ba semana 6 no, tuirmai aimoruk rua ne hotu ka aimoruk NVP deit ba semana 6 seluk. Giaun 2018 husi OMS reafirma nesesidade atu haforsa profilaksis ba babe ho risku a'as. Iha Timor-Leste, data programatiku hatete katak, bele mos iha problema aderensia ho ema moris ho HIV ho tratamentu Antiretroviral hanesan mos ho hirak ne'ebe ho kuantidade CD4 <100/mL. Ida ne'e sei responde ba *Viral Load* iha periodu inisial no reduz neneik HIV VL tanba fator lubuk ida. Habadak, labarik ne'ebe espoz ba HIV iha risku transmisaun a'as. Ida ne'e sei justifika rationale husi ePNP ba semana 12 no sei fo benefisiu a'as kompara ho efeitu kolateral tanba periodu

naruk tratamentu aimoruk antiretroviral.

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INTRAPARTUM CARE / KUIDADU INTRAPARTUM

BASIC LEVEL/ NIVEL BAZIKU

A5.1.2. ROUTINE INTRAPARTUM CARE/ KUIDADU RUTINA INTRAPARTUM

a) Prepare for normal delivery in a healthcare facility with clean environment and clean necessary supplies / Perpara ba partu normal iha fasilidade kuidadu saúde ho ambiente no fornesimentu moos nesesariu

Warm and clean room ▪ Sufficient examination tables or beds with clean linens ▪ Light source ▪ Heat source ▪ Clean and accessible bathrooms for the use of women in labour ▪ Curtains if more than one bed	**Equipment** ▪ Sphygmomanometer or other blood pressure machine ▪ Stethoscope ▪ Body thermometer ▪ Fetal stethoscope or Doppler
Hand washing ▪ Clean water supply ▪ Soap ▪ Nail brush or stick ▪ Clean towels ▪ Alcohol-based hand rub	**Medication** ▪ Bag of IV fluids ▪ Oxytocin ▪ Injectable magnesium sulfate ▪ Antibiotics ▪ Antiretroviral ▪ Antihypertensive ▪ Analgesics ▪ Anaesthetic
Waste ▪ Bucket for soiled pads and swabs ▪ Receptacle for soiled linens ▪ Container for sharps disposal	**Sterilization** ▪ Instrument sterilizer ▪ Jar for forceps ▪ Vacuum extractor
Miscellaneous ▪ Printed LCG ▪ Wall clock ▪ Torch with extra batteries and bulb ▪ Log book ▪ Medical records ▪ Informed consent forms ▪ Refrigerator ▪ Basic accommodation facilities for companions (chair, space to change, clothes, access to a toilet) ▪ Private physical space for the woman and her companion ▪ Power supply ▪ Food and drinking water	**Supplies** ▪ Gloves ▪ Urinary catheter ▪ Syringes and needles ▪ Sterilized blade/scissors ▪ IV tubing ▪ Suture material for tear or episiotomy repair ▪ Antiseptic solution (iodophors or chlorhexidine) ▪ Spirit (70% alcohol) ▪ Swabs ▪ Bleach (chlorine-based compound) ▪ Impregnated bed net ▪ Urine dipsticks ▪ Clamps ▪ Oxygen cylinder/concentrator

[WHO,2020]

No.	**Clean Environment/ Hamo'os ambiente**
1	Clean water supply, soap and clean towels/ Fornese be'e mo'os, sabaun no hena mo'os
2	Delivery bed/ Kama partus
3	Curtains if more than one bed/ Kurtina bainhira kama liu-hosi ida
4	Newborn bed with resuscitation, suction, light and heat source/ Kama ba neonatu ho resusitasaun, suksaun, lampu no manas
5	Container for sharps disposal/ Kontainer sasan kroat deskartavel
6	Bucket for soiled pads and swabs/ Balde hodi tau pensu
7	Bowl and plastic bag for placenta/ Basia no plastiku hodi tau plasenta
No.	**Necessary Supplies/ Sasan ne'ebe nesesariu**
1	Blood pressure machine and stethoscope/ Makina koko tensaun no estetoskopiu
2	Body thermometer/ Termometru isin
3	Fetal stethoscope/ Estetoskópiu fetal
4	Baby scale/ Skala bebe
5	Partus kit sterile/ Partus kit esteril
6	Forceps/ Forceps
7	Vaginal speculum/ espékulu vajinal
8	Gloves/ Luvas
9	Urinary catheter/ Kateter Urinariu
10	Syringes and needles/ Siringa no daun
11	Canula/ Kanula
12	Alcohol swabs / kapas alkohol
13	Antiseptic solution/ Solusaun antiseptiku

14	Clean plastic sheet/ Plastiku mo'os

(Source: WHO, 2015)

Standard precautions and cleanliness[WHO, 2015]

1. **Wash hands/ Fase liman**
    - Wash hands with soap and water: Before and after caring for a woman or newborn, and before any treatment procedure; Whenever the hands (or any other skin area) are contaminated with blood or other body fluids; After removing the gloves, because they may have holes; After changing soiled bed sheets or clothing. Fase liman ho sabaun no be'e mo'os. Molok no depois kous bebe ou bebe foin moris, molok no depois prosedimentu. Bainhira liman (ou kulit seluk) hetan kontaminadu ho ra'an ou fluidu seluk; Depois hasai luvas, tamba iha kuak balun; depois troka hena kama ou roupa.
    - Keep nails short. Liman kukun badak

2. **Wear gloves/ Uza luvas**
    - Wear sterile gloves when performing vaginal examination, delivery, cord cutting, repair of episiotomy or tear, blood drawing. Uza luvas esteril bainhira halo ezaminasaun vajinal, fo partus, tesi husar, tesi no suku episiotomia, Kaer raan.
    - Wear long sterile gloves for manual removal of placenta. Uza luvas esteril ne'ebe naruk ba hasai plasenta manual.
    - Wear clean gloves when: Handling and cleaning instruments; Handling contaminated waste; Cleaning blood and body fluid spills. Uza luvas mo'os bainhira: uza ka hamoos intrumentu sira; maneja sasan foer sira; hamoos raan ka fluidu isin ne'ebe fakar.
    - Drawing blood. Hasai raan.

3. **Practice safe sharp disposal / Pratika soe sasan kroat ho seguru**
    - Keep a puncture resistant container nearby. / Mantein daun iha konteiner to'os ne'ebe besik.
    - Use each needle and syringe only once. / Utiliza daun ka seringa dalaida deit.
    - Do not recap, bend or break needles after giving an injection. / Labele taka fila fali nia matan, silu ka harahun hafoin injesaun.

- Drop all used (disposable) needles, plastic syringes and blades directly into this container, without recapping, and without passing to another person./ Soe daun uzadu sira, seringa no sasan kroat sira diretamente ba kontainer, sein taka, no sein pasa ba ema seluk.
- Empty or send for incineration when the container is three-quarters full./ Hamamuk ka manda ba insenerasaun bainhira kontainer nakonu ⅓.

4. **Practice safe waste disposal / Pratika soe foer ho seguru**
    - Dispose of placenta or blood, or body fluid contaminated items, in leak-proof containers./ Soe plasenta ka raan, ka sasan sira ne'ebe kontaminadu ho fluidu isin, iha kontainer ne'ebe metin.
    - Burn or bury contaminated solid waste./ Sunu ka hakoi sasan foer kontaminadu.
    - Wash hands, gloves and containers after disposal of infectious waste./ Fase liman, Luvas no kontainer hafoin soe sasan foer.
    - Pour liquid waste down a drain or flushable toilet./ Fakar likidu foer sira ba drenajen.
    - Wash hands after disposal of infectious waste./ Fase liman hafoin soe lixu infesiozu.

5. **Deal with contaminated laundry / Maneja roupa kontaminadu sira**
    - Collect clothing or sheets stained with blood or body fluids and keep them separately from other laundry, wearing gloves or use a plastic bag. DO NOT touch them directly. / Kolleta roupa ka hena ne'ebe kontaminadu ho raan ka fluidu sira no maintain sira separadu husi roupa sira seluk, uza luvas ka uza plastiku. Labele kaer sira diretamente.
    - Rinse off blood or other body fluids before washing with soap./ Solur tia roupa ne'ebe kontaminadu ho raan ka fluidu isin nian antes fase ho sabaun.

6. **Sterilize and clean contaminated equipment / Estereliza no hamoos sasan kontaminadu**
    - Make sure that instruments which penetrate the skin (such as needles) are adequately sterilized, or that single-use instruments are disposed of after one use. / Asegura katak instrumentu sira ne'ebe penetra iha kulit (hanesan daun) tenke esteriliza ho adekuadu, ka instrumentu sira ne'ebe indika atu uza dalaida, so bele uza dalaida deit.

- Thoroughly clean or disinfect any equipment which comes into contact with intact skin (according to instructions). / Hamoos ho didiak ka desinfeta ekipamentu saida deit ne'ebe maka uza iha liur (tuir instrusaun).
- Use bleach for cleaning bowls and buckets, and for blood or body fluid spills. / Utiliza rinso atu hamoos basia no balde sira, no ba raan ka fuidu isin ne'ebe fakar.

b) (Pharmacists) Identify relevant medications and consumables required for routine delivery(Farmasista)/ Identifika medikamentu no konsumivel relevante ne'ebe presiza ba partu rutina.

Medications required [WHO,2015] / Medikamentu ne'ebe rekere

Drugs / Aimoruk

- Oxytocin
- Misoprostol
- Magnesium sulphate
- Calcium gluconate
- Diazepam
- Hydralazine
- Ampicillin
- Gentamicin
- Metronidazole
- Benzathine penicillin
- Cloxacillin
- Amoxycillin
- Adrenaline
- RL 500ml
- NS 0,9%
- Water for injection
- Antimicrobial eye ointment

Vaccines / Vasina

- Vitamin K
- Hepatitis B
- BCG
- OPV

c) Provide emotional support to patient and family throughout/ Fornese suporta emosional ba pasiente no familia tomak

Providing emotional support:[WHO, 2013] / Fornese suporta emosional

1. Encourage self-care: / Enkoraja kuidadu pesoal:
    - Encourage the woman to bathe, shower or wash her genitals at the onset of labour and as often as she feels she wants to. / Enkoraja inan isinrua atu haris, fase orgaun jenital iha inisiu partu no frekuentemente tuir inan refere nia hakarak.
    - Encourage her to move around and get into the position she feels most comfortable in. / Enkoraja inan isinrua atu book an no hola pozisaun ne'ebe nia sente konfortavel.
    - It is also important to encourage her to drink fluids and eat as she wishes throughout labour (as long as a C-section/surgery is not indicated), and to empty her bladder frequently. / Importante mos atu enkoraja inan isinrua atu hemu be'e no han tuir nia hakarak durante partu (se bainhira la iha indikasaun atu halo sirujia), no hamamuk mamiik frekentemente.
    - Teach her to notice her normal breathing and then encourage her to breathe out more slowly, or to pant at the end of the first stage or at the height of a painful contraction to prevent pushing. / Hanorin nia atu rekonese nia dada iis normal no tuirmai enkoraja nia atu hasai iis neneik, ka dada iis naruk iha fin husi faze dahuluk ka iha momentu kontraksaun moras makaas hodi prevene hakaas.
    - During the birth of the head, ask her not to push but to breathe steadily or to pant. / Durante partu bebe nia ulun, husu nia atu labele dudu maine dada iis naruk.
    - Following the birth of the baby, it is important to maintain communication with the mother and childbirth companion and inform them of how the baby is doing./ H
    - Encourage skin-to-skin contact, and put the baby directly on the mother's upper abdomen and cover both of them, ensuring skin-to-skin contact that will help to stimulate breastfeeding.
    - It is also important to offer the mother drinks and food as she is likely to be dehydrated following labour.

2. Talking to the woman
    - Anything you have to say should be directed to the woman.
    - If you need to talk about her with colleagues or with the companion, you should go elsewhere.
    - Demonstrate respect – talking about her when she can overhear you is not respectful and not inclusive.

3. Dealing with distress / Maneja distress
    - Women may scream or shout, or they may become uncooperative or difficult. / Inan isinrua bele dalaruma hakilar,

ka sira bele sai la kooperativa ka difisil.

- Under no circumstances should you raise your voice, complain that she is doing something wrong, or physically or verbally abuse her in any way. / Labele koalia ho voz makaas,
- Women can become even more distressed if the labour or birth becomes complicated. It is important that those around the woman remain calm.
- Try to reassure them all and advise them to remain calm and supportive to the woman to help her through the labour and birth. It is especially important to maintain communication with the woman and her companion if there is a problem with the baby.

4. Support and reassurance: / Suporta no reasegura:
    - Labour is physically and emotionally demanding. Women need to be praised, encouraged and reassured that things are going well and that they are doing what is necessary for the safe birth of their baby. / Partu demanda fizika no emosionalmente. Inan isinrua presiza apresia, enkoraja no reasegura katak sasan sira lao ho loos no sira halo saida maka nesesariu ba partu ida ne'ebe seguru.
    - Let the childbirth companion know his/her job is to encourage the woman to do what she feels she needs to do to feel comfortable during labour. / Husik akompanante inan isinrua hatene katak nia papel maka atu enkoraja inan isinrua hodi halo saida maka nia sente nia presiza atu halo nia sente konfortavel durante partu.

5. Confidentiality and privacy: / Konfidensialidade no privasidade:
    - First, find out from the woman how much or what information she wants shared with the companion, and what she wants to remain confidential. / Dahuluk, husu inan isinrua informasaun saida maka nia hakarak fahe ho nia akompanante, no saida maka nia hakarak mantein hanesan konfidensialidade.
    - If you have to carry out any physical examinations ask her whether she wants her companion present, and get her consent before you touch her body. / Karik ita-bo'ot presiza atu halo ezaminasaun fiziku, husu nia, nia hakarak akompanante akompana hotu ka lae, no foti nia konsentimentu antes kaer nia isin.

It is important to tell the birth companion what they SHOULD NOT DO and explain why: / Ida ne'e importante atu hatete ba akompanante inan isinrua ida ne'ebe sira labele halo no esplika tanba saida:

- DO NOT encourage the woman to push. / Labele enkoraja inan isinrua atu hakaas.
- DO NOT give advice other than that given by the health worker. / Labele fo konsellu seluk husi konsellu ne'ebe fo husi profesional saúde.
- DO NOT keep the woman in bed if she wants to move around. / Labele husik inan isin rua iha kama leten karik nia hakarak book an.
- DO NOT administer any local herbs or medicine. / Labele administra kualker herbal ka medikamentu.

d) Communicate appropriately with patient and family throughout/ Komunika ho pasiente no familia tomak ho apropiadu

Communicating with woman and her companion:[WHO, 2015] / Komunikasaun ho inan isinrua no nia akompanante:

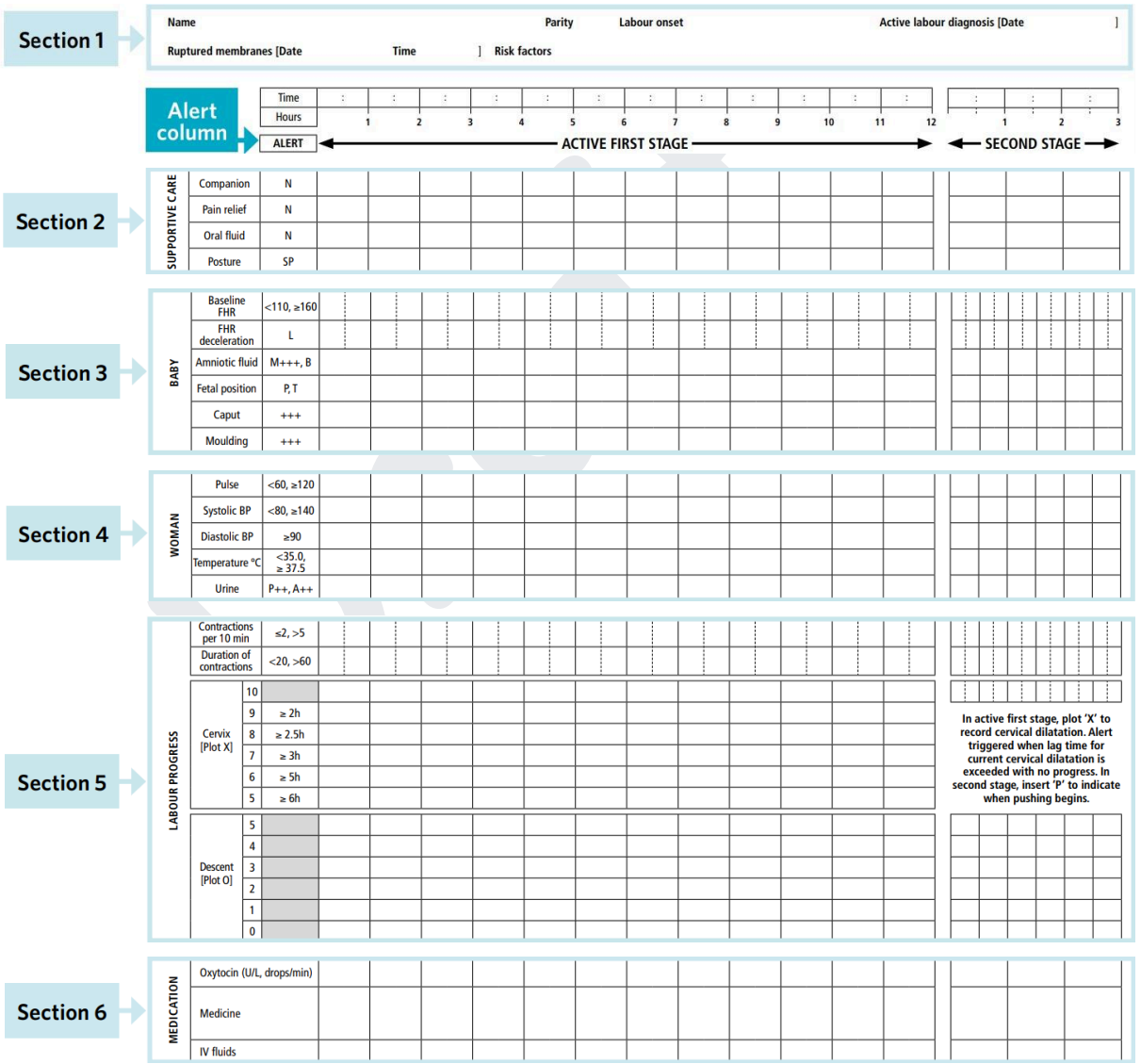
- Make the woman (and her companion) feel welcome. / Halo inan isinrua (no nia akompanante) sente konfortavel.
- Be friendly, respectful and non-judgmental at all times. / Amigavel, respeitoza no la julga.
- Use simple and clear language. / Utiliza linguajen simples no klaru.
- Encourage her to ask questions. / Enkoraja inan isinrua no husu pergunta.
- Ask and provide information related to her needs./ Husu no fornese informasaun relasiona ho inan refere nia nesesidade.
- Support her in understanding her options and making decisions. / Suporta inan isinrua kompreende nia opsaun no desizaun ne'ebe nia foti.
- At any examination or before any procedure: seek her permission and inform her of what you are doing. / Iha ezaminasaun saida deit ka antes kualker procedures: husu nia konsentimentu no informa nia saida maka ita-bo'ot halo hela.
- Summarize the most important information, including the information on routine laboratory tests and treatments./ Halo rezumu ba informasaun ne'ebe importante liu, inklui informasaun iha teste laboratoriu rutina no tratamentu sira.

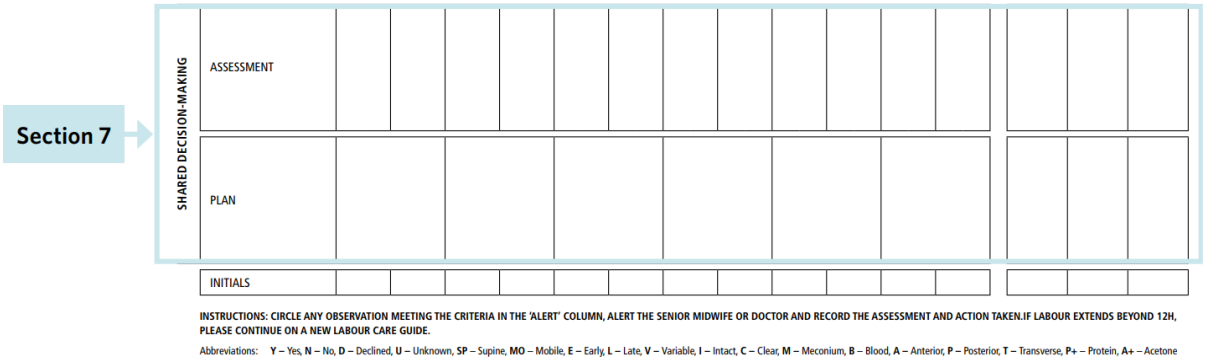
STANDARD LEVEL/ NIVEL ESTANDARTE

A5.2.3. ROUTINE INTRAPARTUM CARE / KUIDADU INTRAPARTUM RUTINA

a) Using LCG, monitor progress of labour/ Utiliza Guia Kuidadu Partu, monitoriza progresu partu

WHO LABOUR CARE GUIDE (LCG)





(WHO,2020)

The **WHO Labour Care Guide** is a comprehensive tool developed by the World Health Organization to enhance the quality of care during labour. It aims to provide evidence-based, respectful, and woman-centred care across diverse healthcare settings. [WHO, 2020] OMS Guia Kuidadu Partu hanesan rekursu ida ne'ebe dezenvolve husi OMS hodi hasae kualidade kuidadu ba inan isinrua durante prosesu partu. Ho objetivu oferese kuidadu bazeia ba evidensia, respeitozu no sentradu ba inan iha kontestu oin-oin kuidadu saúde.

Key Objectives of the Labour Care Guide (LCG)[WHO, 2020] / Objetivu Xave husi Guia Kuidadu Partu (GKP)

- Monitor maternal and fetal well-being. / Monitoriza bein estar maternal no fetal.
- Promote supportive and respectful maternity care. / Promove kuidadu maternu suportivu no respetozu.
- Promptly identify and address labour complications. / Identifika no trata ho lalais konplikasaun sira durante partu.
- Reduce unnecessary medical interventions. / Reduz intervensaun medika ne'ebe la nesesariu.
- Facilitate audits and improve labour care practices. / Fasilita auditoria no mellora pratika kuidadu durante prosesu partu.

To Who, Where and When to Use the LCG[WHO, 2020] / Ba se, iha ne'ebe no bainhira maka uza Guia Kuidadu Partu

- Who: All women in labour, especially low-risk pregnancies. / Se : Inan hotu ne'ebe iha prosesu partu, espesialmente inan isinrua ho risku kiik.

- When: Start when the woman is in the active phase of labour (≥5 cm cervical dilation). / Bainhira: Hahu bainhira inan ida iha faze ativa traballu partu (dilatasaun servikal ≥5 cm)

- Where: Usable in all health facility levels—from primary to tertiary. / Iha

ne’ebe: Bele utiliza iha nivel fasilidade hotu-hotu - hahu husi primaria to’o tersiaria.

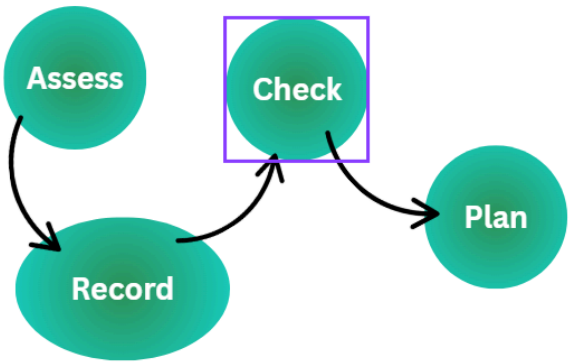
Structure of the Labour Care Guide / Estrutura Guia Kuidadu Partu

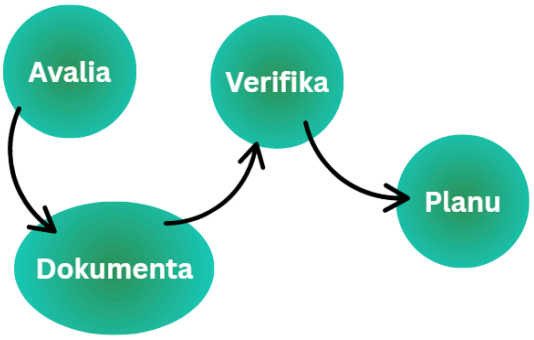
The LCG is divided into seven sections: / Guia Kuidadu partu divide ba iha sesaun 7:

1. Identifying Information and Admission Characteristics / Identifika informasaun no karakteristika admisaun
2. Supportive Care (e.g., presence of a companion, pain relief) / Kuidadu suportivu (ezemplu, prezensa akompanante, alivia moras)
3. Care of the Baby (e.g., fetal heart rate, amniotic fluid) / Kuidadu bebe (ezemplu, Frekuensia kardiaka fetal, fluidu amniotiku)
4. Care of the Woman (e.g., vital signs, urine analysis) / Kuidadu ba inan (ezemplu, Sinais vitais, analiza urina)
5. Labour Progress (e.g., cervical dilation, fetal descent) / Progresu traballu partu (ezemplu, dilatasaun servikal, desida fetal)
6. Medication (e.g., oxytocin, IV fluids)/ Medikamentu (ezemplu, Oksitosina, Likidu intravenozu)
7. Shared Decision-Making / Foti desizaun kompartilla

How to Use the Guide / Oinsa atu utiliza Guia

A four-step process is recommended: / Etapa ha’at ne’ebe rekomenda:





If any observation meets the alert criteria, care providers must respond accordingly and document both the concern and the planned intervention. / Karik iha observasaun balun ne'ebe preenxe kriteria alerta, profesional saúde tenke responde adekuadamente no dokumenta tantu preokupasaun nune'e mos intervensaun planeada.

EXAMPLE OF FILLING WHO LABOUR CARE GUIDE (LCG)

WHO LABOUR CARE GUIDE

Name Mary Jane Williams Parity 2 Labour onset spontaneous Active labour diagnosis [Date 06/07/20]

Ruptured membranes [Date 06/07/20 Time 5:00] Risk factors History of stillbirth; anaemia

Section 2.

			Time	6:00	7:00	:	:	:	:	:	:	:	:	:	:	:	:	:
			Hours	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
			ALERT	← ACTIVE FIRST STAGE →												← SECOND STAGE →		
SUPPORTIVE CARE	Companion	N		(N)	Y													
	Pain relief	N		(N)	Y													
	Oral fluid	N		Y	Y													
	Posture	SP		MO	(SP)													

Section 3.

BABY	Baseline FHR	<110, ≥160	140	136	132	148																		
	FHR deceleration	L	N	N	V	N																		
	Amniotic fluid	M+++, B	C																					
	Fetal position	P, T	(P)																					
	Caput	+++	0																					
	Moulding	+++	0																					

Section 4.

WOMAN		1	2	3	4	5	6	7	8	9	10	11	12	R1	R2	R3	R4	R5	R6
Pulse	<60, ≥120	88				96													
Systolic BP	<80, ≥140	120				128													
Diastolic BP	≥90	80				84													
Temperature °C	<35.0, ≥ 37.5	36.5				36.9													
Urine	P++, A++	-/-				-/-													

Section 5.

LABOUR PROGRESS			1	2	3	4	5	6	7	8	9	10	11	12	R1	R2	R3	R4	R5	R6
Contractions per 10 min		≤2, >5	3; 3	3; 3	3; 3	3; 3	3; 3	3; 4	3; 3	3					3; 4	4				
Duration of contractions		<20, >60	40; 40	40; 40	40; 45	40; 45	50; 50	50; 40	50; 50	50					50; 50	50				
Cervix [Plot X]	10									x					P; P	P				
	9	≥ 2h																		
	8	≥ 2.5h					x													
	7	≥ 3h																		
	6	≥ 5h																		
	5	≥ 6h	x																	
Descent [Plot O]	5																			
	4		o																	
	3						o													
	2									o										
	1																			
	0														o	o				

In active first stage, plot 'X' to record cervical dilatation. Alert triggered when lag time for current cervical dilatation is exceeded with no progress. In second stage, insert 'P' to indicate when pushing begins.

Section 6.

MEDICATION	1	2	3	4	5	6	7	8	9	10	11	12	R1	R2	R3
Oxytocin (U/L, drops/min)	N	N	N	N	N	N	N	N					N		
Medicine	N	N	N	N	N	N	N	N					N		
IV fluids	N	N	N	N	N	N	N	N					N		

Section 7.

SHARED DECISION-MAKING	1	2	3	4	5	6	7	8	9	10	11	12	R1	R2	R3
ASSESSMENT	PAIN RELIEF REQUIRED	NORMAL PROGRESS	NORMAL PROGRESS	NORMAL PROGRESS	PAIN RELIEF REQUIRED	NORMAL PROGRESS	NORMAL PROGRESS	NORMAL PROGRESS					NORMAL PROGRESS		
PLAN	Offer companionship and relaxation techniques; continuation of routine monitoring		Continuation of routine monitoring		Offer companionship and manual pain relief; encourage mobilization; continue monitoring		Continuation of routine monitoring						Continuation of routine monitoring		
INITIALS	LA	LA	LA	GP	GP	GP	GP	GP					GP		

INSTRUCTIONS: CIRCLE ANY OBSERVATION MEETING THE CRITERIA IN THE 'ALERT' COLUMN, ALERT THE SENIOR MIDWIFE OR DOCTOR AND RECORD THE ASSESSMENT AND ACTION TAKEN.IF LABOUR EXTENDS BEYOND 12H, PLEASE CONTINUE ON A NEW LABOUR CARE GUIDE.

Abbreviations: Y – Yes, N – No, D – Declined, U – Unknown, SP – Supine, MO – Mobile, E – Early, L – Late, V – Variable, I – Intact, C – Clear, M – Meconium, B – Blood, A – Anterior, P – Posterior, T – Transverse, P+ – Protein, A+ – Acetone

b) Coach labouring women about pushing to control expulsion of presenting part/ Fo treinu feto sira kona ba hakaas atu kontrola ekspulsaun husi parte ne'ebe aprezenta

Rastreiu traballu Partu / Labor Management Checklist [EMONC]

1. Dekontaminasaun no hamós área servisu nian / Decontamination and Cleaning of the Work Area

2. Asegura disponibilidade no arranja: / Ensure availability and preparation of:
    - Mantein temperatura sala partu iha 25 grau selsius / Maintain delivery room temperature at 25°C
    - Naroman / lampu adekuadu / Adequate lighting / lamp
    - Hena, xumasu, lensol no hena plástiku / Gloves, gauze, sheets, and plastic covers
    - Lixeiru -fatin ho matan
    - Sabaun, bé no toalha mós ba liman / Soap, water, and towel for handwashing
    - Luvas (foun ou reutilizável nebé esteriliza tiha-ona) / Gloves (new or reusable that are already sterilized)
    - Pomada antiséptiku / Antiseptic ointment
    - Seringga (esteríl) no injesaun oksitosina / Sterile syringe and oxytocin injection
    - Klem ou tali atu kesi kordaun umbilikal, kateri (esteríl) / Clamp or cord tie to clamp umbilical cord, sterile scissors
    - Estrator muku no basia nebé dezinfetadu nível altu / Mucus extractor and container disinfected at high level
    - Termómetru, aparatu PA, estetoskopiu, relojiu / Thermometer, BP apparatus, stethoscope, watch
    - Troli partu funsional no troli resusitasaun neonatal / Functional delivery trolley and neonatal resuscitation trolley
    - Halo lakan aparelhu hamanas bebé (radiant warmer/heater) / Set up the radiant warmer/heater for the baby
    - Toalha moos rua iha aparellu hamanas bebé nia okos atu halo morna toalha hodi simu bebé / Two dry towels under the radiant warmer to warm them for receiving the baby
    - Solusaun klorin % 0.5 / 0.5% chlorine solution
3. Kuidadu suportivu ba inan / Supportive Care for the Mother
    - Enkoraja inan atu asumi pozisaun dorsal hodi prepara aan ba partu, asegura privasidade wainhira posível / Encourage the mother to assume a dorsal position to prepare for labor, ensure privacy whenever possible
    - Esplika ba inan kona-ba saida maka atu halo, no enkoraja atu husu pergunta no responde ba pergunta sira ne'e / Explain to the mother what will be done, encourage her to ask questions and respond to them
    - Fornese apoiu emosional kontínua / Provide continuous emotional support
    - Informa ba família kona-ba prosedimentu / Inform the family about the procedure
4. Fornesedor : FASE LIMAN WAINHIRA ULUN VIZÍVEL ONA IHA PERÍNEU NO ULUN LA DADA-AAN FALI BA LARAN/RETRAI ENTRE KONTRASAUN /

Provider: HANDS-ON PHASE WHEN THE HEAD IS VISIBLE AT THE PERINEUM AND NOT RETRACTING BETWEEN CONTRACTIONS

- Uza barreira protetivu pesoal. / Use personal protective barriers
- Fase no kose liman ho sabaun no bé no husik maran rasik ou hamaran ho hena mós / Wash and dry hands thoroughly or clean with antiseptic solution
- Uza luvas dezinfetadu nível altu ou luvas sirúrjiku esteríl hodi la kontamina sira / Use high-level disinfected gloves or sterile surgical gloves to prevent contamination

5. Hamós inan nia períneu ho bé no sabaun ou solusaun antiséptiku, hamós husi oin ba kotuk / Clean the mother's perineum with water and soap or antiseptic solution, wiping from front to back
6. Observa períneu nebé bubu (bulging perineum) no intróitu vajinal atu hare bebé nia ulun nebé mai daudaun. / Observe the bulging perineum and vaginal introitus to watch for the baby's descending head
7. Husu ba inan atu la hakaas wainhira kontrasaun no wainhira bebé nia ulun komesa sai (crowning) iha períneu / Ask the mother not to push when the baby's head begins to crown
8. Fó partu bebé nia ulun ne'e entre kontrasaun úteru: mantein fleksaun ulun wainhira crowning, suporta períneu nesesáriamente, husik bebé nia ulun halo estensaun gradualmente / Assist in the delivery of the baby's head between uterine contractions: maintain flexion during crowning, support the perineum as needed, and allow the head to extend gradually
9. Palpa bebé nia kakorok atu haré iha kordaun umbilikal ga lae, (sé karik iha, halo mamar no hasai husi bebé nia ulun ou dudu husi kabás wainhira bebé nia isin sai husi kanal partu. Nota: Wainhira kordaun umbilikal hale'u metin-lós iha bebé nia kakorok, tau forsep arteria rua ho distansia cm 3 no ko'a entre klem rua ne'e. / Palpate the baby's neck to check for the umbilical cord (if present, either clamp and cut or gently slip it over the baby's head or push it over the shoulders when the body is delivered. **Note:** If the cord is tightly around the neck – clamp two arteries 3 cm apart and cut between them
10. Hamós inus no ibun husi muku ou flúidu uza extrator (kuandu iha mekóniku uza tipu meconium trap) / Suction the nose and mouth of mucus or fluid using an extractor (if meconium is present, use a meconium trap)
11. Observa rotasaun kabás ba inan nia pélviku nia plana anterior-posterior / Observe rotation of the shoulders to the anterior-posterior pelvic plane
12. Husu ba inan atu hakaas neineik ho kontrasaun uterina / Ask the mother to push gently with uterine contractions
13. Suporta ho delikadu bebé nia ulun entre liman rua, aplika trasaun ho delikadu : ho diresaun ba kraik hodi hasai kabás anterior; ho diresaun ba leten hodi hasai kabás posterior. / Support the baby's head delicately with both hands, apply gentle traction: downward to deliver the anterior shoulder; upward to deliver the posterior shoulder

14. Suporta isin nebé sai husi kanal moris ho liman rua / Support the body as it exits the birth canal with both hands
15. Pozisiona bebé nia ulun badak-liu uitoan ninia isin-lolon atu promove drenajem flúidu / Position the baby slightly lower than the body to promote fluid drainage
16. Tau bebé iha inan nia kabun leten. (Nota: Kontinua ho kuidadu postpartum imediatu ba neonatu) / Place the baby on the mother's abdomen (**Note:** Continue with immediate postpartum neonatal care):
    a. Hamós bebé nia oin (xupa wainhira nesesáriu). / Wipe the baby's face (suction if necessary).
    b. Simu bebé iha toalha morna no maran: hamaran bebé didi'ak, fó atensaun espesial ba ulun, kalilin, no kelen- leet, kuidadu atu la hasai verniks ; Hasai toalha bokon. / Receive the baby in a warm and dry towel: dry the baby well, giving special attention to the head, back, arms, and legs, being careful not to remove the vernix; then remove the wet towel.
    c. Hatudu bebé ba nia inan / Show the baby to the mother.
    d. Anota oras partu / Note the time of birth.
    e. Avalia bebé nia respirasaun enkuantu hamaran bebé no kuandu la dada-iis, hakilar husu ajuda no komesa halo resusitasaun ba neonatu/bebé foin moris. / Assess the baby's breathing while drying the baby, and if there is no spontaneous breathing, call for help and begin neonatal resuscitation.
    f. Klem no tesi kordaun umbilikal: Hábit kordaun, maiz-ou-menuz cm 3 no cm 5 husi bebé nia husar; Tesi kordaun entre fatin-hábit rua ne'e / Clamp and cut the umbilical cord: place the first clamp about 3 cm from the baby's abdomen, and the second one about 5 cm; cut the cord between the two clamps.
    g. Mantein bebé labele malirin; pozisaun kulit-ho-kulit (skin-to-skin) ho inan (entre inan nia susun) no taka bebé nia ulun no isin ho toalha morna ida seluk / Ensure the baby does not become cold; place the baby skin-to-skin with the mother (between the mother's breasts) and cover the baby's head and body with another warm towel.
17. Fó oksitosina unidade 10 intramuskular (iha minutu 1 nia laran depoiz-de bebé moris) / Administer 10 units of intramuscular oxytocin (within the first minute after birth)
18. Hasai plasenta ho TKK: / Deliver the Placenta with Controlled Cord Traction (CCT):
    - Klem kordaun besik ba períneu no kaer kordaun nebé klem ne'e ho liman ida / Clamp the cord close to the perineum and hold the clamp with one hand
    - Tau liman iha inan nia símfise pubiku nia leten ho liman laran see ba inan nia husar, hodi aplika trasaun kontra ba úterus (dudu uterus ba leten) atu estabiliza úterus no prevene inversaun uterina / Place one

hand just above the mother's pubic bone and apply upward counter traction to stabilize the uterus and prevent inversion

- Mantein tensaun uituan iha kordaun no hein kontrasaun úteru nebé maka'as (minutu 2-3) / Maintain slight tension on the cord and wait for strong uterine contraction (2-3 minutes)
- Wainhira úterus sai kabuar ou kordaun sai estende, dada kordaun neineik ho diresaun ba kraik hodi hasai plasenta. / When the uterus contracts or the cord lengthens, gently pull the cord downward to deliver the placenta
- Kontinua atu aplika trasaun kontra ho liman ida seluk. / Continue to apply counter traction with the other hand
- Wainhira plasenta la-tuun durante segundu 30-40 ho TKK, hamamar tiha tensaun ba kordaun, hafoin repete fali ho kontrasaun tuir-mai / If the placenta does not descend within 30–40 seconds of CCT, release cord tension and repeat with the next contraction
- Wainhira plasenta sai ona, atu prevene membrana labele naklees, kaer plasenta ho liman rua no dulas neineik plasenta too membrana sai nakdulas. / Once the placenta is out, to prevent tearing of membranes, hold it with both hands and gently twist until the membranes are delivered
- Dada tuun neneik hodi kompleta hasai plasenta. / Slowly lower and fully extract the placenta
- Tau plasenta iha balde laran / Place the placenta in a container

19. Avalia kontrasaun úteru. Wainhira la iha kontrasaun, halo masajem uterus atu ajuda kontrasaun no espulsaun husi koágulu) / Assess uterine contraction. If not contracted, massage the uterus to aid contraction and expulsion of clots.
20. Informa ba inan katak plasenta sai ona. / Inform the mother that the placenta has been delivered.
21. Halo inspesaun ba plasenta hodi kaer iha liman-laran, ho parte maternal nian see ba leten: Haré se lobus hotu-hotu prezente no belit-hamutuk Membrana / Inspect the placenta with gloved hands, maternal side facing up: check if all lobes are present and complete.
22. Kaer kordaun ho liman, hodi husik plasenta no membrana tabele-aan ba kraik, hafoin hatama liman ida seluk iha membrana laran ho liman-fuan sira hafahek membrana hodi inspesiona atu haré: Kompletu no Fatin insersaun / Hold the cord and let the placenta and membranes hang down, insert the other hand into the membranes to inspect for completeness and site of insertion.
23. Inspesaun ba kordaun nebé tesi ona nia tutun: númeru artéria ho veia (artéria rua no veia ida) / Examine the cord: number of arteries and vein (2 arteries and 1 vein).
24. Halo ezaminasaun ba laserasaun iha vajina no períneu (ezaminasaun bele halo depois, maibé sei presiza atu uza luvas foun): / Perineal and Vaginal Examination for Tears (May be done later, but use new gloves)

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- Esplika prosedimentu ba inan no razaun halo prosedimentu nee. Informa bá katak nia sei sente deskonfortu uitoan. / Explain the procedure and reason to the mother. Inform her that it may cause slight discomfort.
- Separa neineik labia hodi inspesiona vajina parte kraik atu hare laserasaun ka naklees. / Gently separate the labia to inspect the lower vagina for tears or lacerations.
- Inspesaun ba raan-fakar (anota nia kuantidade, kor no progresaun) / Inspect blood loss (note quantity, color, progression).
- Inspesaun ba períneu atu haré laserasaun ou naklees / Inspect perineum for tears or lacerations.
- Ho delikadu, hamós períneu ho bé morna no hena moos. / Gently clean the perineum with warm water and antiseptic.
- Tau pensu ka hena mós iha vulva leten. / Apply a sanitary pad or gauze on the vulva.

25. Hatama no hoban liman rua iha reseptákulu solusaun klorin % 0.5; hasai luvas hodi muda laran-ba-liur no soe luvas iha solusaun klorin nia laran no tau instrumentu sira no sasán kontaminadu seluk atu dezinfeta, hafoin halo-tuir pasu hirak ba dekontamina kama partu no rai. / Soak both hands in 0.5% chlorine solution; remove gloves, turn them inside out, and discard in chlorine solution, Place instruments and other contaminated materials in the disinfectant, Follow procedures for decontaminating the delivery bed and area.
26. Fase liman ho sabaun no bé no husik maran rasik ou hamaran ho hena mós. / Wash and dry hands thoroughly or clean with antiseptic solution.

Checklist for Second Stage of Labour:

c) Assess need for episiotomy and perform correctly only if required/ Halo avaliasaun se pasiente presiza episotomia no tuir lolos halao deit wainhira presiza

An episiotomy refers to the incision made at the perineum, which is the area between the vagina and the anus, in order to enlarge the vaginal opening during labor and delivery.[Osmosis, 2025]

The American College of Obstetricians and Gynecologists (ACOG) recommends that episiotomies only be conducted when they are absolutely necessary, which includes situations where the fetus is stressed (e.g. low

heart rate), the fetus is stuck behind the mother's pelvic bone (e.g. shoulder dystocia), or to prevent larger tears that may happen during vaginal delivery. A surgical incision is preferred to a severe, uncontrolled perineal tear as it is important to avoid nearby tissue damage (e.g. torsion of external and internal anal sphincters). [ACOG, 2020]The 2 most common types of episiotomies are midline and mediolateral.

- **Median (midline) episiotomy: [Barjon K, Vadekekut E S, Mahdy H, 2024]**
    1. The incision starts at the posterior fourchette and runs along the midline through the central tendon of the perineal body.
    2. The incision originates within 3 mm of the midline and is angled between 0 degrees and 25 degrees.
    3. The incision extends to about half the length of the perineum.

- **Mediolateral episiotomy:**
    1. The incision begins at the midline of the posterior fourchette but is directed laterally and downward at a minimum angle of 60 degrees.
    2. This method is designed to avoid the anal sphincter and is typically directed toward the ischial tuberosity.
    3. The mediolateral episiotomy is more common in Europe and usually results in a 45-degree angle post delivery.

d) Delay cord clamping; perform with correct technique/Atrazu kesi husar talin; halao ho tekniku ne'ebe los

Cord Clamping technique / Teknika tesi husar talin

Delayed umbilical cord clamping (not earlier than 1 minute after birth) is recommended for improved maternal and infant health and nutrition outcomes.[WHO,2018] In term infants, delaying umbilical cord clamping increases hemoglobin levels at birth and enhances iron stores during the first few months of life, which can positively impact developmental outcomes. /

However, there is a slight rise in the incidence of jaundice requiring phototherapy in term infants undergoing delayed cord clamping. Therefore, obstetricians, gynecologists, and other obstetric care providers implementing delayed cord clamping should ensure proper systems are in place to monitor and manage neonatal jaundice. In preterm infants, delayed umbilical cord clamping offers substantial neonatal benefits, including improved circulatory transition, better red blood cell volume establishment, reduced need for blood transfusion, and a lower risk of necrotizing enterocolitis and intraventricular hemorrhage.[ACOG, 2020]

Umbilical cord hygiene

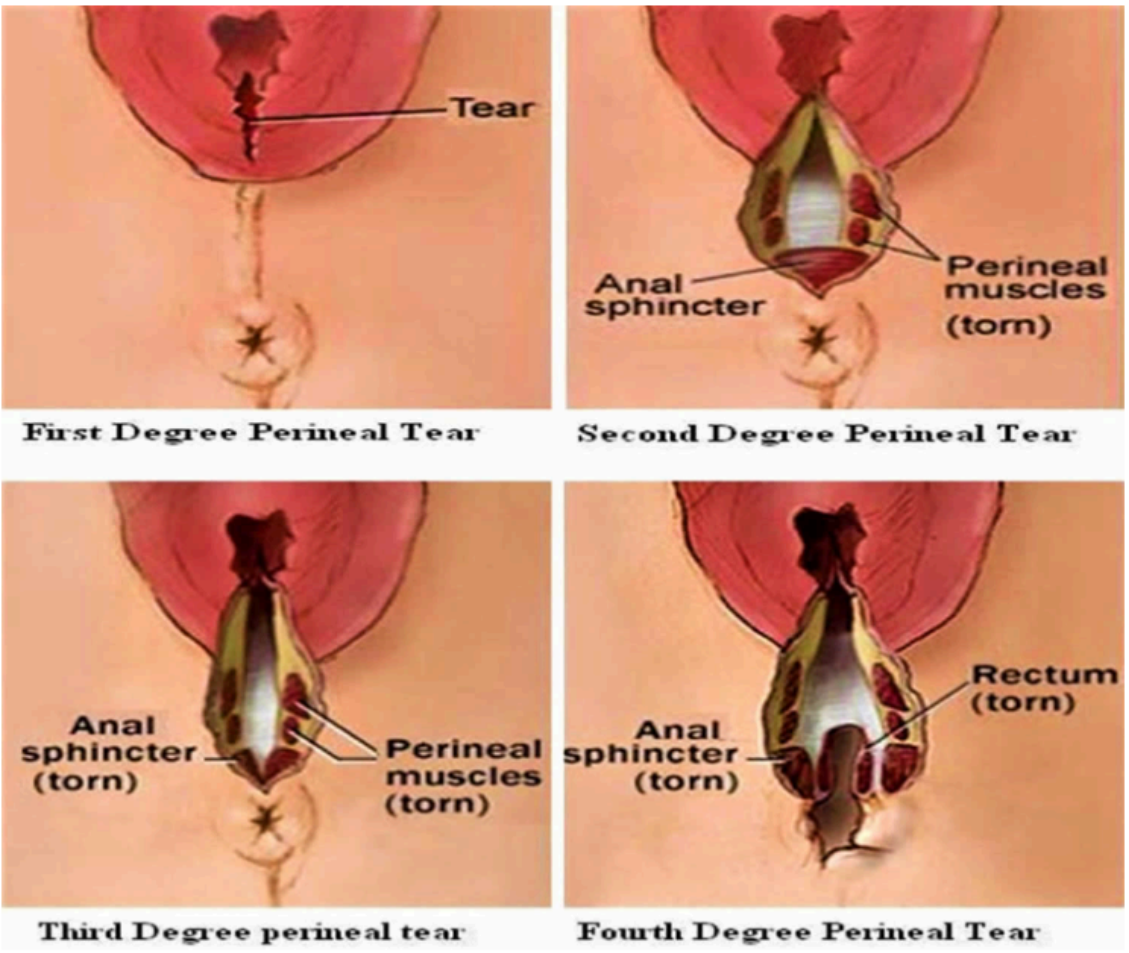
It is recommended to apply daily chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine) to the umbilical cord stump during the first week of life for newborns born at home in areas with high neonatal mortality rates (30 or more neonatal deaths per 1,000 live births). (New in 2013)

For newborns born in health facilities or at home in low neonatal mortality settings, clean and dry cord care is recommended. The use of chlorhexidine in these cases may be considered only if it replaces the application of harmful traditional substances, such as cow dung, to the cord stump.[WHO, 2015]

e) Inspect vaginal/perineal areas for trauma and repair with correct technique/ Halo inspesaun area vajinal/perineal ba trauma no hadia ho teknika ne'ebe los

Obstetric perineal lacerations, frequently occurring during childbirth, can affect the perineum, labia, vagina, and cervix. Most clinicians use the Sultan classification to stratify perineal lacerations into the following 4 primary categories:[Ramar, C.N., Grimes, W.R. (2021)]

- First Degree: superficial injury to the vaginal mucosa that may involve the perineal skin
- Second Degree: first-degree laceration involving the vaginal mucosa and perineal body
- Third Degree: second-degree laceration with the involvement of the anal sphincter complex, which can be further classified into the following 3 subcategories:
    - A: Involvement of <50% of the external anal sphincter
    - B: Involvement of >50% of the external anal sphincter
    - C: External and internal anal sphincters are torn
- Fourth Degree: Tearing of the anal sphincter complex and the rectal mucosa



Severe perineal lacerations, which include third- and fourth-degree lacerations, are referred to as obstetric anal sphincter injuries (OASIS).

Repair perineal trauma [Ramar, C.N., Grimes, W.R. (2021)]

When preparing to repair a vaginal laceration, the clinician will need appropriate lighting, tissue exposure, and anesthesia for examination and repair. For first or second-degree lacerations, local anesthetic infiltration is typically sufficient. Regional or general anesthesia may be considered for OASIS repair. Additionally, betadine or chlorhexidine solution is recommended to clean the perineal area. Surgical glue, suture, needle drivers, Allis clamps, forceps, sterile gloves, sponges, and suture scissors will also be required to complete the repair.

Second-Degree Perineal Laceration Repair Technique:

- Anchor the suture distal to the apex of the laceration in the vaginal epithelium.

- Close the vaginal epithelium, underlying muscularis, and rectovaginal fascia with a nonlocking suture in a running fashion to the level of the hymenal ring.
- Then, using the same suture in the same fashion, close the bulbocavernosus and transverse perineal muscles from the axial plane parallel to the perineal muscles.
- With the same suture, repair the subcuticular perineal skin in a running fashion, working back up to the hymenal ring.
- Tie the suture knot behind the hymenal ring.
- Perform a rectal exam to confirm adequate repair of the laceration and no misplaced sutures.

REEDA refers to a scale used to assess all types of postpartum perineal trauma and healing in vaginal birth. It includes five factors associated with the healing process: hyperemia, edema, ecchymosis, discharge, and approximation of the wound edges (Redness, Edema, Ecchymosis, Discharge, Approximation, or REEDA). For each assessed item, a score ranging from 0 to 3 can be assigned by the healthcare provider, with a higher score indicating a greater level of tissue trauma and less healed wound compared to lower scores.[Osmosis, 2025]

The interpretation of the total score on the REEDA scale reveals healed: 0; moderately healed: 1 to 5; mildly healed: 6 to 10; and not healed: 11 to 15.

Redness	Edema	Ecchymosis	Discharge	Approximation	Score
None	None	None	None	Closed	0
<0.25cm of incision bilaterally	Perineal, <1cm from incision	<0.25cm bilaterally or 0.5cm unilaterally of incision	serous	Skin separation <3mm	1
<0.5cm of incision bilaterally	Perineal, 1-2cm from incision	<0.25cm-1cm bilaterally or 0.5cm-2cm unilaterally of incision	Serosanguinous	Skin & Subcutaneous fat separation	2
>0.5cm of	Perineal,	>1cm bilaterally or	Bloody, purulent	Skin, subcutaneous	3

incision bilaterally	>2cm from incision or affects vulvar area	2cm unilaterally of incision		fat & fascial separation	

(Alverenga, M.B, 2015) (Osmosis, 2025)

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A5.2.4. COMPLICATED INTRAPARTUM CARE AND INTRAPARTUM EMERGENCIES / KUIDADU INTRAPARTUM KOMPLIKADU NO EMERJENSIA INTRAPARTUM

a) Identify early and manage pre-eclampsia/eclampsia, PPROM, preterm labour/Identifika sedu no maneje pre-eclampsia/eclmapsia, PPROM, partu preterminu

ECLAMPSIA [WHO,2017] EKLAMPSIA
Diagnosis / Diagnosa

- Fitting or seizures after 20 weeks gestation / konvulsaun ne'ebe akontese hafoin semana 20 idade jestasaun.
- Diastolic BP > 90 mmHg on repeated readings / Tensaun diastolic >90mmHg iha leitura repetitivu.
- Hyper-reflexive and other neurological signs (blurred vision, epigastric pain) / Hiperreflexu no sinal sira neurolojiku sira seluk (hare'e la mos, estomagu moras)
- Proteinuria may or may not be present / Bele moz iha proteinuria.

In Health Center / Iha Sentru Saúde
If presenting with seizure, note that the seizure is self-limiting. It is important to maintain, airway, breathing and circulation : / Karik iha konvulsaun, nota katak konvulsaun bele difikulta tebes atividade loron-loron nian. Importante atu mantein dalan iis, dada iis, no sirkulasaun :

- Call for help / Husu ajuda
- Ensure woman is safe and put in left lateral position / Garante katak inan isinrua seguru no koloka iha pozisaun lateral.
- Assess and record patient's condition and level of consciousness: Maintain airways, 100% oxygen at 2-4 L/minute by nasal catheter. / Avalia no rejistu kondisaun pasiente no nivel konsiensia: mantein dalan iis, saturasaun mantein iha 100% ho oksijeniu 2-4L/min liu husi kateter nasal.
- Insert IV cannula / Tau kanula

Consult with Obstetrician and refer. Stabilize whilst waiting for transfer. Assess for other causes of fitting if patient has high fever, neck stiffness with a normal BP – e.g. cerebral malaria or meningitis. / Konsulta ho espesialista no transfere pasiente. Estabiliza pasiente iha momentu hein hela atu transfere. Avalia kauza seluk konvulsaun karik pasiente aprezenta isin manas makaas, kakorok to'os ho presaun arterial normal - ezemplu malaria

selebral ka menijitis.

- Control seizures using MgSO4 regime / Kontrola konvulsaun utiliza rejimentu sulfatu magnesium.
- If diastolic BP is >110mmHg, give: / Karik presaun diastolic >110 mmHg, fo:
    - 300ml of n/saline IV to support circulation as hydrallazine can cause hypotension, which might cause foetal hypoxia. / 300ml NS 0.9% IV hodi suporta sirkulasaun, tanba hidralazina bele kauza Hipotensaun, iha ne'ebe bele kauza mos hipoxia fetal.
    - Hydrallazine 10mg IV stat and 2.5-5mg every 30minutes until diastolic BP settles to 90mmHg. / Hidralazina IV 10mg STAT no 2.5-5mg kada minutu 30 to'o presaun diastolic mantein iha 90mmHg.
    - Once BP stabilizes, check BP 1-2 hrly. Do not try to bring Diastolic BP below 90mgHg. / Bainhira estabiliza ona presaun arterial, koko presaun arterial kada oras 1 ka 2. Labele koko atu hatu'un presaun diastolic menus liu 90mmHg.
- Indwelling catheter for monitoring and recording urine output every hour (minimum urine output should be 30ml/hour). If urine output drops below this, consult obstetrician. / Koloka kateter vesikal hodi monitoriza no rejistu evakuasaun urina kada oras (minimu evakuasaun urina tenke 30ml/h)
- If in advanced labour prepare for delivery and newborn resuscitation in consultation with the Obstetrician. Refer to hospital for further management. / Karik iha isinrua avansadu prepara partu no resusitasaun bebe foin moris iha konsultasaun ho Obstetra. Transfer ba Ospital ba manejamentu avansadu.
- If pulmonary oedema develops, give 40g IV frusemide (lasix). / Karik dezenvolve edema pulmonar, fo furosemida IV 40mg.

PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM) [WHO, 2017] [EMONC]/ ROTURA PRETERMU PREMATURA MEMBRANA

PPROM (Preterm Premature Rupture of Membranes) refers to the rupture of membranes before 37 weeks of gestation./ Rotura pretermu premature membrana refere ba ruptura membrana ne'ebe akontese iha semana 37 idade jestasaun.

Sintoma : Inan keixa iha fluídu / bé nebé suli derepenti husi vajina, ka fluídu nebé suli intermitente.

Rotura iha periúdu termu:

- Diagnóstiku konfirmadu liu husi ezaminasaun pélviku - membrana la

iha / auzente. Okazionalmente, wainhira membrana iha hela, maibé bé-manas kontinua suli, nunee diagnóstiku nebé posível liu mak rotura membrana parte posterior.

Rotura pré-termu:

- Ezaminasaun espékulu 'bi-valve' estéril ou dezinfesaun nível aas, atu haré akumulasaun fluídu amniótiku nia lihun. Wainhira la iha fluid nalihun iha forniks posterior, husu inan atu mear, hodi hare líkidu sai husi sérviku nia ibun.
- Wainhira koloka pensu iha vulva, no ezamina liu tiha oras ida, karik pensu sei bokon no / ka iha íis (iha kazu inkontinénsia urinária, bele horon íis nebé tipikal mí nian)
- Ezaminasaun vajina dijital la ajuda atu estabelese diagnóstiku no bele introdúz infesaun nune'e LABELE HALO ou TENKI EVITA.

Sinal infesaun intra-uterina:

- Takikardia maternal
- Isin manas > o C 38
- Takikardia fetal
- Moras iha úteru wainhira hanehan
- Sekresaun vajinal ho iis dois
- Sekresaun vajinal nebé fo'er no kahor ho ran

Management Steps: / Etapa manejamentu:

1. Take a detailed history, confirm gestational age, and perform baseline observations. / Foti istoria ho detalu, konfirma idade jestasaun, no performa observasaun linea baze.
2. Avoid performing a digital vaginal examination as it may increase the risk of infection. / Evita halo ezaminasaun vajinal tanba bele hasae risku infesaun.
3. Perform a sterile and gentle speculum examination to confirm the diagnosis of SROM (Spontaneous Rupture of Membranes) and check for cord prolapse. / Performa ezaminasaun espekulu esteril hodi konfirma diagnosa Ruptura Membrana Espontanea no buka prolapse kordaun.
4. Begin oral Erythromycin 250 mg, four times a day for 10 days, and monitor the baby. / Hahu eritromisina oras 250mg, loron ida dala haat ba loron 10, no monitoriza bebe.
5. If the patient is not in labor, treat conservatively./ Karik pasiente la iha partu, trata konzervativu.
6. If gestational age is > 37 weeks, do not attempt to stop labor. / Karik idade jestasaun >37 semana, labele koko atu hapara partu.

7. Do not perform digital vaginal examinations until the patient has at least two hours of strong contractions and the fetal head has engaged. / Labele halo ezaminasaun abdominal to'o pasiente iha pelu menus kontraksaun forte oras rua no bebe nia ulun tu'un ona.
8. Monitor vital signs: temperature, pulse, fetal heart rate, and check pads every 6 hours. / Minitoriza sinais vitais: temperatura, pulsu, frekuensia kardiaka fetal, no verifika pensu kada oras 6.
9. Perform an abdominal examination and check for tenderness. / Halo ezaminasaun abdominal no verifika nia to'os.
10. Consult with an obstetrician for possible referral if labor does not begin within 24 hours if the gestational age is < 37 weeks. / Konsulta ho obstetra karik iha posibilidade transferensia karik seidauk iha sinal traballu partu iha oras 24 nia laran iha inan ho idade jestasaun <37 semana.
11. Avoid performing a vaginal examination until the patient is in established labor.
12. If contractions start within the first 24 hours of admission, consider tocolysis to suppress labor.
13. Initiate dexamethasone 8 mg IM every 8 hours for 3 doses to promote fetal lung maturity.
14. Continue monitoring temperature, pulse, fetal heart rate, and pad checks every 6 hours.
15. Perform regular abdominal examinations and check for tenderness.
16. Consult with an obstetrician and refer the patient to a hospital if necessary.

Antibiótiku profiláktiku

- Eritromisina mg 250, oral, doze ida molok transfere. Wainhira Eritromisina la iha, fo Amoksisilana 500 mg, Oral, doze ida, molok transfere.

Kortikosteroide

Wainhira idade jestasaun menus husi semana 34, administra Deksametazon mg 6, IM, doze ida molok transfere.
SEI FO KORTIKOISTEROIDE WAINHIRA LA IHA SINAL INFESAUN.

PREMATURE LABOUR [WHO, 2017] / PARTU PREMATURU

Premature labor refers to regular, painful contractions that lead to cervical effacement and dilation after 28 weeks but before 37 completed weeks of gestation. The management of premature labor depends on gestational age

and/or estimated fetal weight (determined through palpation or ultrasound). Partu prematuru refere ba kontraksaun regular, moras ne'ebe lori ba dilatasaun servikal depois de semana 28 maine antes kompleta semana 37 husi idade jestasaun. Manejamentu ba partus premature depende ba idade jestasaun no/ka estimasaun pezu fetal (determina liu husi palpasaun ka ultrasonidu).

Steps in Management: / Etapa manejamentu:

1. Confirm gestational age./ Konfirma idade jestasaun.
2. Investigate possible causes of preterm labor such as chorioamnionitis, other infections (e.g., fever and tachycardia), or abruptio placentae. / Investiga posivel kauza partus pretermiu hanesan korioamnionitis, infesaun seluk (ezemplu isin manas no takikardia), ka abruptio placentae.
3. If fever is present, rule out conditions like acute UTI, malaria, dengue, etc., and begin appropriate treatment./ Karik iha isin manas, deskarta tia kondisaun hanesan infesaun tratu urinariu agudu, malaria, dengue, nsst., no hahu tratamentu apropriadu.
4. There is no need to transfer from a clinic or community health center to a hospital if there are no complications and the pregnancy is ≥ 34 weeks.. / La nesesariu atu transfere husi kliniku ka sentru saúde ba Ospital karik la iha komplikasaun no idade isinrua ≥ 34 semana.
5. For pregnancies between 28 and < 37 weeks gestation with intact membranes, perform a vaginal examination to assess cervical dilation. If dilation is <3 cm, attempt to stop labor, provided there are no other obstetric complications like PET, APH, or chorioamnionitis. / Ba inan isinrua sira ho idade jestasaun entre 28 to'o 37 semana ho membrana intaktu, performa ezaminasaun vajinal atu avalia dilatasaun servikal. Karik dilatasaun servikal < 3cm, tenta atu hapara isinrua, karik la iha komplikasaun seluk hanesan pre-eclampsia, antepartum hemorrajia ka korioamnionitis.
6. Consult and refer to an obstetrician to suppress labor / Konsulta no refere ba obstetriku atu hapara isinrua.

Suppression of Labor: / Supresaun partu:

- Administer Oral Nifedipine: 20 mg orally stat, then repeat in 30 minutes, and again after 1 hour. Continue every 6 hours for 24 hours. Ensure the tablet is swallowed whole (do not chew or take sublingually). / Administra Nifedipina oras: 20mg STAT, tuirmai repete iha minutu 30, no repeta tan iha oras 1. Kontinua kada oras 6 to'o oras 24. Garante katak konsumu tableta tomak (labele nata ka tau ba sublingual).

- Contraindications to Nifedipine: Cardiac diseases, hypotension./ Kontraindikasaun Nifedipina: moras fuan, Hipotensaun.
- Other contraindications for tocolysis include: / Kontraindikasaun seluk ba tocolysis inklui:
    - Mother does not consent to suppression. / Inan lakohi atu halo supresaun
    - Lethal fetal anomaly or intrauterine fetal death. / Anomalia fetal letal ka morte fetal intrauterinu
    - Suspected chorioamnionitis (clinical signs of infection)./ Suspeita korioamnionitis (sinais kliniku infesaun)
    - Severe hypertensive conditions in pregnancy, abruptio placentae, or severe intrauterine growth restriction (IUGR). / Kondisaun hipertensaun severa iha isinrua, abruptio placentae, ka retriksaun kresimentu intrauterina severa.

Fetal Lung Maturity: / Maturidade Pulmonar Fetal

- Administer Dexamethasone 6 mg IM every 8 hours for 3 doses between 28 and 37 weeks gestation to promote fetal lung maturity. / Administra Dexametasona 6mg IM kada oras 8 ba doze 3 entre 28-37 semana jestasaun hodi promove maturidade pulmonar fetal.

b) Identify early and manage intrapartum emergencies e.g. antepartum haemorrhage (placenta praevia or abruptio), obstructed labour (e.g. malpresentation, shoulder dystocia)/ Identifika sedu no maneje intrapartu emergensia sira, e.j. Hemorajia antepartum(plasenta previa ka abrupsaun), partu obstrutivu(e.j. Malpresentasaun,distosia kabaas)

Placenta Previa / Placenta Previa

Placenta previa occurs when the placenta partially or completely covers the internal os of the cervix. It is a significant risk factor for postpartum hemorrhage and can lead to complications and even death for both the mother and the newborn. This condition prevents a safe vaginal delivery and necessitates a cesarean delivery for the birth of the baby. Most cases are identified early in pregnancy through sonography, while others may present in the emergency room with painless vaginal bleeding during the second or third trimester. Placenta previa can also increase the risk of placenta accreta spectrum (PAS), which includes placenta accreta, increta, and percreta. This activity reviews the assessment and management of patients with placenta previa and emphasizes the role of an interprofessional team in caring for these patients to improve outcomes for both mother and fetus. [Anderson B. F. M., & Sze A., 2023] / Plasenta previa akontese bainhira plasente

parsialmente ka kompletamente taka serviks. Ida ne'ebe hanesan fator risku prinsipal ba hemorrajia postpartum no bele lori ba komplikasaun no bele to'o mate ba inan no oan. Kondisaun ida ne'e prevene partu vajinal seguru no presiza sesariana atu partu bebe. Kazu lubuk ida ne'ebe bele identifika sedu durnte isinrua liu husi sonografia, no seluk bele moz aprezenta iha sala emerjensia ho sangramentu vajinal ne'ebe la moras durante trimestre daruak no datoluk isinrua. Plasenta previa bele mos aumenta risku ba placenta akreta spectrum (PAS), iha ne'ebe inklui mos plasenta akreta, inkreta no perkreta. Atividade ida ne'e hare'e fila fali avaliasaun no manejamentu pasiente ho plasenta previa no enfatiza papel ekipa interprofesional iha kuidadu ba pasiente sira ne'e hodi hadia rezultadu diak ba inan no bebe.

References

1. Anderson-Bagga, F. M., & Sze, A. (2023). *Placenta previa*. StatPearls. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK539818/

POSTPARTUM CARE / KUIDADU POSTPARTUM

BASIC LEVEL / NIVEL BAZIKU

A5.1.3. ROUTINE POSTPARTUM CARE/ KUIDADU POSPARTUM RUTINA

a) Immediate postpartum care for mother and newborn, including vital signs monitoring/Imediatu kuidadu pospartum ba inan no kosok oan, inklui halo monitoring signus vitais

Immediate Newborn care / Kuidadu Neonatu Imediatu

A newborn must assess using the APGAR Scoring System in 1st minute and in 5th minutes. Five signs are given scores of 0, 1, or 2, for a total of up to 10. APGAR: A- Appearance(Skin color), P-Pulse (Heart Rate), G - Grimace (reflexes), A- Activity (Muscle tone), and R - Respiration. Neonatu ida tenke avalia uza sistema valor APGAR iha minutu 1 dahuluk no minutu 5 hafoin moris. Sinais 5 sei fo valor 0,1, ka 2, ho total bele to'o 10. APGAR: A- Aparensia (kor kulit), P- Pulsu (Frekuensia Kardiaka), G- *Grimace* (Reflexu), A-Atividade (tonu muskular) no R- Respirasaun.

APGAR Scoring System

Sign	0	1	2
Color	Blue or pale	Acrocyanotic	Completely pink
Heart rate	Absent	<100 bpm	>100 bpm
Reflex activity response to simulation	No response	Grimace	Cry or active withdrawal
Muscle tone	Limp	Some flexion	Active motion
Respirations	Absent	Weak cry; hypoventilation	Good, crying

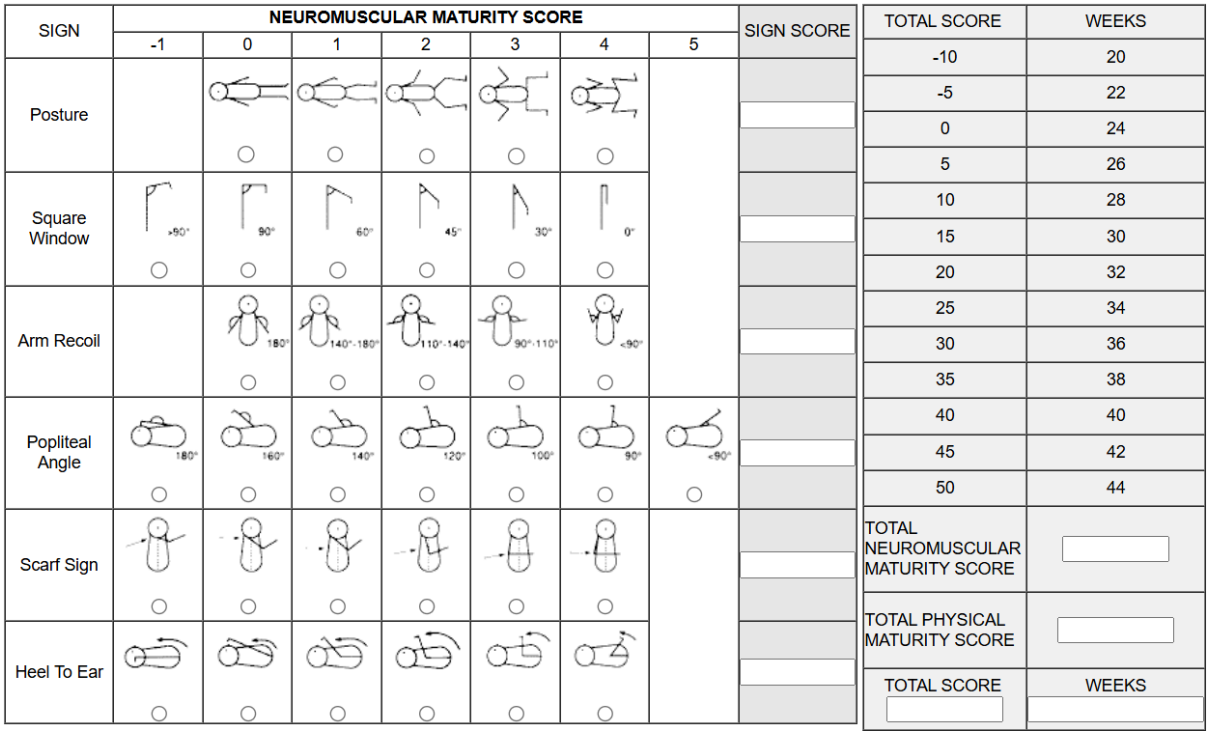
[Casanova, R., et al. 2019] [ACOG, 2021]

Sistema Valor APGAR

Sign	0	1	2
Kor kulit	Azul ka kamutis	Azul ka kamutin iha liman no ain	Kor pink kompletamente
Frekuensia Kardiaka	La iha	<100 bpm	]>100 bpm
Reflexu	La iha	Oin namkurut	Tanis ka book an ho ativu
Tonu muskular	Fraku	Reflexu balun deit	Mosaun ativu
Respirasaun	La iha	Tanis fraku, Hipoventilasaun	Diak, tanis

[Casanova, R., et al. 2019] [ACOG, 2021]

Ballard Score



SIGN	PHYSICAL MATURITY SCORE							SIGN SCORE
	-1	0	1	2	3	4	5	
Skin	Sticky, friable, transparent ○	gelatinous, red, translucent ○	smooth pink, visible veins ○	superficial peeling &/or rash, few veins ○	cracking, pale areas, rare veins ○	parchment, deep cracking, no vessels ○	leathery, cracked, wrinkled ○	
Lanugo	none ○	sparse ○	abundant ○	thinning ○	bald areas ○	mostly bald ○		
Plantar Surface	heel-toe 40-50mm: -1 <40mm: -2 ○	>50 mm no crease ○	faint red marks ○	anterior transverse crease only ○	creases ant. 2/3 ○	creases over entire sole ○		
Breast	imperceptable ○	barely perceptable ○	flat areola no bud ○	stippled areola 1-2 mm bud ○	raised areola 3-4 mm bud ○	full areola 5-10 mm bud ○		
Eye / Ear	lids fused loosely: -1 tightly: -2 ○	lids open pinna flat stays folded ○	sl. curved pinna; soft; slow recoil ○	well-curved pinna; soft but ready recoil ○	formed & firm instant recoil ○	thick cartilage ear stiff ○		
Genitals (Male)	scrotum flat, smooth ○	scrotum empty, faint rugae ○	testes in upper canal, rare rugae ○	testes descending, few rugae ○	testes down, good rugae ○	testes pendulous, deep rugae ○		
Genitals (Female)	clitoris prominent & labia flat ○	prominent clitoris & small labia minora ○	prominent clitoris & enlarging minora ○	majora & minora equally prominent ○	majora large, minora small ○	majora cover clitoris & minora ○		

[Ballard Jl et al. n.d]

Routine postnatal care[Casanova, R., et al. 2019] / **Kuidadu postnatal rutina**

- **Warming/ Halo manas:** First, the newborn is carefully dried to help regulate body temperature. This can be achieved using warm blankets, skin-to-skin contact with the mother, or a radiant warmer. Uluk nanain, halo maran didiak bebe foin moris atu ajuda regula temperatura isin. Ida ne'e bele hetan liu husi utiliza hena ne'ebe mahar, kontaktu isin-ba-isin ho inan, ka uza warmer radiante.

  For healthy, full-term infants, skin-to-skin contact promotes bonding with the mother and encourages breastfeeding during the first hour of life. Premature infants struggle more with temperature regulation and are at higher risk of cold stress. Ba saudavel, bebe terminu, kontaktu isin-ba-isin promove koneksaun ho inan no enkoraja fo susu durante oras primeiru moris. Bebe prematuru iha dezafiu relasiona ho regulasaun temperatura no iha risku a'as ba malirin.

  These infants require additional warmth from warming pads, heated towels, and a preheated radiant warmer. Their temperature should be closely monitored to avoid overheating. The target is to maintain an axillary temperature of around 36.5°C (97.7°F). Bebe foin moris sira ne'e presiza warmer additional husi toalla manas, no radiante warmer.

Sira nia temperatura tenke monitoriza bebeik atu evita manas ne'ebe demaziadu. Tarjetu temperatura axial/kalilin 36.5°C (97.7°F),

- **Umbilical Cord Care:** After the umbilical cord is clamped and cut, it is left exposed to air to allow for drying and separation. The application of antimicrobial agents (such as triple-dye, iodophor ointment, or hexachlorophene powder) is commonly used, but it does not offer any additional benefit over dry umbilical cord care in preventing omphalitis in developed countries. However, these agents may help reduce neonatal morbidity and mortality in low-resource settings. Within the first 24 hours after birth, the umbilical cord loses its bluish-white color. After a few days, the blackened, dried stump will fall off, leaving a healing wound. If cord blood banking is requested, the sample should be collected and stored at delivery. It's important to note that delayed cord clamping will significantly reduce both the volume and the total nucleated cell count of the cord blood. / Kuidadu Husar Talin: Hafoin habit no tesi husar talin, husik expoz ba ar hodi permite maran no separasaun. Aplikasaun ajente antimikrobiu (hanesan triple-dye, krema iodophor, ka hexachlorophene powder) maka dala barak liu uza, maibe ida ne'e dalabarak liu la fornese benefisiu additional konpara ho hamaran husar talin hodi prevene onfalitis. Maske nune'e, ajente sira ne'e bele ajuda reduz morbilidade no mortalidade neonatal iha kontekstu rekursu limitadu. Iha oras 24 dahuluk hafoin moris,

- **Vital Signs:** The temperature, heart rate, respiratory rate, core and peripheral color, level of alertness, muscle tone, and activity of an infant should be assessed at birth and every 30 minutes thereafter until these parameters remain stable for a minimum of 2 hours.

- **Practices to Promote Breastfeeding:** Maternity care practices can play a significant role in the success of breastfeeding, and obstetricians are in a unique position to influence positive change by encouraging breastfeeding during pregnancy and especially in the postpartum period. Many hospitals are supporting breastfeeding success by adopting the World Health Organization's "Ten Steps to Successful Breastfeeding," a set of evidence-based practices that promote breastfeeding physiology, including early skin-to-skin contact, rooming-in, and feeding on demand. Randomized controlled studies have shown that skin-to-skin contact during the first hour of life can increase the duration of breastfeeding by more than 42 days.

- **Transitional Care:** After the initial assessment and routine care of a healthy newborn, ongoing close monitoring is essential during the stabilization–transition period (the first 6 to 12 hours after birth) to

detect any potential issues. The following signs should prompt increased vigilance and closer observation: temperature instability, changes in activity such as refusal to feed, abnormal skin color, irregular heart or respiratory patterns, abdominal distention, bilious vomiting, excessive lethargy or sleep, delayed or abnormal stools, and delayed urination. / Kuidadu tranzisional: Hafoin hahu avaliasaun no kuidadu rutina ba neonatu saudavel, monitorizasaun kontinua esensial tebes durante estabilizasaun - periodu tranzisaun (oras 6-12 hafoin moris) hodi detekta kualker problema potensial. Sinal sira tuirmai tenke hasae vijilansia no observasaun: inestabilidade temperatura, mudansa atividade hanesan rejeita han, kor kulit la normal, fuan tuku irregular ka padraun dada iis, distensaun abdominal, muta biliozu, isin fraku, la sintina ka sintina la normal, no la soe bee.

Routine Postpartum Care for mother / Kuidadu postpartum rutina ba inan

The puerperium is the 6- to 8-week period following birth during which the reproductive tract returns to the nonpregnant state.[Casanova, R., et al., 2019] / Periodu puerperium hahu husi partu to'o semana 6-8 iha ne'ebe traktu reprodutivu fila fali ba estadu la isinrua.

Immediate postpartum care of mother:[WHO, 2013]/ Kuidadu postpartum imediatu ba inan:

- Stay with the mother for first two hours after delivery of placenta / Hamutuk ho inan iha oras 2 dahuluk hafoin partu plasenta.
- Examine the mother before leaving her / Ezamina inan postpartu antes husik hela pasiente
- Advice on postpartum care, nutrition and family planning/ Fo konsellu kona-ba kuidadu postpartum, nutrisaun no planeamentu familiar
- Ensure that someone will stay with the mother for the first 24 hours./ Garante katak ema ruma sei akompana inan postpartum iha oras 24 dahuluk

Halo ezaminasaun pós-partu ba Inan

- Fase liman no tau luvas
- Observa inan nia nivel enerjia no ton emosional durante ezaminasaun
- Observa lala'ok la'o
- Observa kulit atu haré ematoma ou kanek ruma
- Ezamina konjuntiva atu haré kamutis
- Fó esplikasaun enkuantu halo prosedimentu ezaminasaun
- Husu liu-tan pergunta ba klarifikasaun enkuantu halo ezaminasaun

nesesáriu no apropriadu
- Sukat todan
- Koko PA, frekuensia kardíaka no temperatura
- Husu ba inan atu hasai nia roupa, asegura privasidade
- Asisti inan atu toba iha meza ezaminasaun
- Inan toba ho liman rua iha sorin-sorin, no halo ezaminasaun ba susun:
    - Susun-matan: haré sekresaun (susu-bén ou sekresaun kahur ho ran), susun kanek
    - Susun bubu
    - Absesu
- Inan toba haklenan ho ain tur fleksu, hafoin halo inspesaun abdómen atu haré:
    - Fitar– hahú maran /infetadu
    - Distensaun mamík
    - Pozisaun úteru
- Halo palpasaun ba úteru atu haré ninia medida, pozisaun, konsistensia, moras wainhira hanehan
- Halo palpasaun iha área supra-púbiku atu haré mamík nakonu
- Palpasaun área kosto-vertebral atu haré moras wainhira hanehan
- Inspesaun ain atu haré:
    - Moras wainhira hanehan; manas
    - Veia varikoze (varizes)
    - Tibia (ain-rén) no tornozelu atu haré edema
    - Halo dorso-fleksaun ba ain, atu haré prezensa ou auzénsia husi moras iha ain-kabun (sinal Homan)
- Asisti inan atu toba ho pozisaun apropriadu ba ezaminasaun no esplika kona ba lala'ok prosedimentu
- Husu inan atu hasai roupa interior no hasai pensu. Asegura privasidade.
- Hasai luvas fo'er no tau luvas esteril
- Halo inspesaun ba vulva, períneu no rektum atu haré:
    - Trauma, mean, ematoma, lezaun/injúria/kanek
    - Halo palpasaun ba labia minora atu haré bubu, sekresaun, moras wainhira hanehan no kanek,
    - Sé-karik iha epiziotomia ou reparasaun ba laserasaun.
- Inspesaun sekresaun vajina (lokia) atu haré:
    - Kór
    - Montante
    - Koágulu ou fragmentu husi tesidu
    - Halo inspesaun ba inan nia pensu atu haré lokia, sangramentu no iis dois
- Ajuda inan atu tuun husi kama no husu nia atu hatais fila fali nia roupa
- Agradese inan ba ninia kooperasaun

- Hatama liman nebe uza hela luvas ba solusaun klorin % 0.5 no hasai luvas ho maneira fila laran ba liur no hatama iha solusaun klorin
- Fase liman no hamaran ho anin ou hamaran ho toalha mós

b) Active management of 3rd stage of labour/ Aktiva manejementu husi 3ro faze ba partu

Management of the third stage is of vital importante in minimising post-partum haemorrhage, retained placenta, maternal morbidity and maternal death. [Permezel M., Walker S. & Kyprianou K., 2015] Manejamentu faze datoluk partus ne'e vital, importante atu minimiza hemorrajia postpartum, plasente retidu, morbilidade maternal no morte maternal.

Monitoring Baby and mother during 3rd stage:[WHO, 2013] Monitoriza bebe no nia inan durante faze datoluk:

- Monitor mother every 5 minutes and baby every 15 minutes / Monitoriza inan kada minutu 5 no bebe kada minutu 15
- Feel the uterus of the mother is it in normal contraction / Sente kontraksaun uteru inan nian normal ka lae
- Aware of distress and anxious in mother / Vijilia sinal distres ka asiendade iha inan
- Monitoring the respiration of the baby / Monitoriza bebe nia dada iis
- Look for changing color in baby (cyanosis) / Haree mudansa kor iha bebe (sianoze)
- Check the temperature of the baby / Koko temperatura bebe
- Records findings, treatments and procedures in obstetric notes and partograph / Dokumenta rezultadu, tratamentu no presedimentu iha nota obstetriku no partograf
- Give supportive care / Fo kuidadu suportivu

Active management of third stage of Labour / Manejamentu ativu iha faze datoluk partus

- Oxytocin administration/ Administra oksitosina
- Await strong uterine contraction (2-3 minutes) and deliver placenta by controlled cord traction:/ Hein to'o kontraksau uterina (2-3 minutu) no partus plasenta liu husi kontrola kordaun ka husar talin:
    - Place side of one hand (left hand) above symphysis pubis with palm facing towards the mother's umbilicus. This applies counter traction to the uterus during controlled cord traction. At the same time, apply steady, sustained controlled cord traction. / Koloka liman ida (liman karuk) iha sinfise pubis ho liman laran alinea ho inan nia husar talin. Aplika traksaun kontra ba uterus

durante kontrola traksaun kordaun.

- If placenta does not descend during 30-40 seconds of controlled cord traction, release both cord traction and counter traction on the abdomen and wait until the uterus is well contracted again. Then repeat controlled cord traction with counter traction./ Karik plasenta la tuun durante 30-40 segundu husi kontrola traksaun kordaun, husik traksaun kontrariu kordaun-abdomen no hein to'o uterus kontrae ho diak fila fali. Tuirmai repete kontra traksaun kordaun-abdomen.
- As the placenta is coming out, catch in both hands to prevent tearing of the membranes./ Bainhira plasenta sai ona, simu ho liman rua atu prevene nakles.
- If the membranes do not slip out spontaneously, gently twist them into a rope and move them up and down to assist separation without tearing them. / Karik membrana la sai kompletu ho espontanea, ho kuidadu book sa'e no tu'un atu favorese separasaun seim halo nakles.

c) Identify post-partum haemorrhage and respond to it as an emergency/Identifika pospartum hemorajia no responde hanesan emergensia ida

Post-partum haemorrhage / Hemorrajia postpartum

Postpartum haemorrhage (PPH) is the bleeding of more than 500 mL vaginally after delivery of the baby. / Hemorrajia postpartum maka raan fakar ne'ebe liu 500ml liu husi vajina depois de partus bebe.

1. Primary PPH is bleeding within the first 24 hours / 1. HPP primaria maka raan fakar ne'ebe akontese iha oras 24 nia laran.
2. Secondary PPH is bleeding after 24 hours / 2. PPH sekundaria maka raan fakar ne'ebe akontese depois de oras 24.

Causes of PPH / Kauza husi Hemorrajia post-partum

Postpartum Hemorrhage (PPH) has four primary causes, often referred to as the "4 T's": / Hemorrajia post-partum iha kauza primaria 4, dalabarak refere ba 4 T's:

1. Tone (Uterine Atony) / 1. Tonu (tonu uterinu)
2. Trauma (Lacerations or Uterine Rupture) / Trauma (Laserasaun ka ruptura uterina)
3. Tissue (Retained Placenta or Clots)/ Tesidu (plasenta retida)
4. Thrombin (Coagulation Deficiency) / Trombina (defisiensia koagulasaun)

Uterine atony is the most common cause of PPH, accounting for about 70% of cases. Numerous risk factors contribute to PPH, including advanced maternal age, nulliparity (first-time pregnancy), and grand multiparity (many previous births). However, most of these risk factors are linked to underlying causes.[Lin et al, 2019] / Atonia uterina hanesan kauza hemorrajia post-partum ne'ebe frekuente, mais ou menus porsentu 70 kazu. Fator risku lubuk ida ne'ebe kontribui ba iha HPP, inklui idade maternal avasadu, nuliparidade (isinrua ba dahuluk), no multiparidade bo'ot (Partus lubuk ida antes). Maske nune'e, maioria husi fator risku hirak ne'e liga ho kauza lubuk ida.

Secondary PPH is typically associated with: / PPH sekundaria tipikamente asosia ho:

- Retained placenta / Plasenta retidu
- Subinvolution of the placental site / Subinvolusaun plasenta iha nia fatin
- Inherited blood clotting disorders / Problema koagulasaun raan adkirida
- Infectious causes / Kauza infesioza

Risk Factors by Etiology:[Federspiel JJ et al, 2023][Bienstock JL, 2021] / Fator risku tuir etiolojia:

1. Uterine Atony / Atonia uterina
    - Chorioamnionitis / korioamnionitis
    - Magnesium sulfate therapy / Terapia sulfatu magnesiu
    - Prolonged labor or rapid delivery / Partu prolongadu ka partu rapidu
    - Labor induction or augmentation / Indiksaun partu ka augmentasaun
    - Uterine fibroids / Fibroide uterinu
    - Uterine inversion / Inversaun uterinu
    - Conditions causing uterine overdistention, such as: / Kondisaun sira ne'ebe kauza overdistensaun uterina, hanesan:
        - Multiple gestations/ Jestasaun multiple
        - Fetal macrosomia (large baby)/ Makrosomia feta (bebe bo'ot)
        - Polyhydramnios (excess amniotic fluid)/ Polihidramnios (fluidu amniotiku barak)

2. Trauma / Trauma
    - Cesarean delivery / partus sesariana
    - Instrument-assisted vaginal birth / Partus vajinal ho instrumentu

asistidu

- Midline episiotomy/ Episiotomia linea media
- Precipitous (rapid) delivery/ Partus presipitadu (rapidu)
- Persistent occiput posterior position (baby's head facing backward)/ Pozisaun posterior occiput persistente (bebe nia ulun hateke ba kotuk)

3. Tissue / tesidu
    - Previous Cesarean delivery/ Partus sezariana previu
    - Placenta accreta (abnormal placental attachment)/ Placenta akreta (implantasaun plasenta la normal)
    - Placental abruption (detachment of placenta from the uterus), often with hypertension / Abruptio Placentae (plasenta haketak an husi uteru), dalabarak asosia ho tensaun a'as
    - Uterine anomalies / anomalia uterinu

4. Coagulopathy/ Koagulopatia
    - Severe preeclampsia and eclampsia / Preeklampsia severa no eklampsia
    - HELLP syndrome (Hemolysis, Elevated Liver Enzyme Levels, and Low Platelet Count) / Sindrome HELLP (hemolize, elevasaun enzima aten, no Plaketa menus)
    - Intrauterine fetal death / Morte fetal intrauterinu
    - Placental abruption / Abruptio placentae
    - Amniotic fluid embolism / Embolismu fluidu amniotiku
    - Inherited coagulopathies (e.g., von Willebrand disease)/ Koagulopatia adkirida (ezemplu moras Von Willebrand)

d) Initiate breastfeeding in 1st hour after delivery/ Hahu fo susu ben inan iha oras primeru hafoin partu

The International Federation of Gynecology and Obstetrics (FIGO) acknowledges breastfeeding as a vital, life-saving practice and advises that it should begin within the first hour of life, known as the "golden hour." The World Health Organization (WHO) also emphasizes the importance of early and prompt breastfeeding during this crucial period, highlighting its significant benefits for both the mother and the baby.[FIGO, n.d] *International Federation of Gynecology and Obstetrics (FIGO)* rekonese fo susu hanesan vital, pratika salva vida no rekomenda katak ida ne'e tenke hahu husi oras primeiru moris, konesidu hanesan oras osan mean. Organizasaun Mundial Saúde mos enfatiza importansia husi fo susu sedu durante periodu krusial ida ne'e, foka ba nia benefisiu signifikante ba inan no oan.

e) **Promote skin to skin contact for all newborns/Promove kontatu kulit ba kulit ba kosok oan sira hotu**

Immediate skin-to-skin contact helps regulate a newborn's body temperature and introduces beneficial bacteria from the mother's skin, which protect the baby from infections and support immune system development. Kontaktu Isin-ba-isin imediatu ajuda regula bebe foin moris nia temperatura no introduz bakteria benefisiu sira husi inan nia kulit, iha ne'ebe proteje bebe husi infesaun no suporta dezenvolvimentu sistema imunidade.

In addition to these benefits, skin-to-skin contact right after birth and continuing until the first breastfeeding session offers other advantages. It has been shown to increase the likelihood of breastfeeding, prolong the duration of breastfeeding, and improve the rates of exclusive breastfeeding.[Unicef, 2018] Adisional husi benefisiu sira ne'e, kontaktu isin-ba-isin direita hafoin moris no kontinua ho sesaun fo susu ba dahuluk oferese mos vantajen seluk. Ida ne'e hatudu ona atu hasae fo susu ba bebe, prolonga duransaun fo susu, no hadia frekuensia fo susu esklusivu.

f) **Conduct pre-discharge postnatal check-up for mother (breastfeeding, infection, haemorrhage)/ Antes fo alta halao checkup posnatal ba inan (susuben inan, infesaun,hemorajia)**

Halo ezaminasaun jeral ba bebé-foin-moris [EMONC]

- Observa bebé nia aparénsia jeral, hodi nota buat hirak tuir mai ne'e:
  - Bebé nia postura iha pozisaun haklenan (haré movimentu asimétriku ruma, konvulsaun, kontrasaun involuntáriu /espasmu ou kotuk-laran forma arku/kleuk)
  - Isin nia proporsaun no asimetria
  - Kulit nia kór (sianótiku, iktériku ou kamutis),testura, ematoma, eritema, nódulu (fukan).
  - Atividade espontáneu
  - Tanis (frekuensia no lian-tanis/pitch)
  - Esforsu respiratóriu
- Esplika prosedimentu ezaminasaun hotu-hotu, enkuantu hala'o
- Sé-karik nesesáriu, husu pergunta adisional apropriadamente atu halo klarifikasaun enkuantu hala'o ezaminasaun
- Halo hakmatek bebé, nesesariamente
- Husu ba inan atu hatoba bebé iha meza ezaminasaun nia leten
- Husu ba inan atu hasai bebé nia hatais
- Fase liman ho bé no sabaun, hafoin uza luvas mós

- Sura
    - Frekuensia kardiaka (fuan-tuku) no ritmu
    - Frekuensia respiratoria no ritmu iha minutu ida nia laran, no observa sé-karik iha dada-iis nakoron (grunting) ou retrasaun iha hirus-matan (chest indrawing)
    - Temperatura
- Sukat pezu, naruk no sirkumferénsia ulun
- Movimentu no postura (sé-karik iha movimentu asimétriku ruma, konvulsaun, kontrasaun involuntáriu/ espasmu ou kotuk forma arku/kleuk)
- Nível alertu no tônus muskular (responde ba estimulasaun ga lae, letárjiku ga lae, irritável ga lae)
- Fontanela – karik iha bubu
    - Halo inspesaun ba matan, atu haré - sangramentu, pus, reasaun pupil ba naroman, esklera nia kor, refleks kornea nst.
- Haré inus patente ka lae
- Haré tilun, iha kanal ga lae, reasaun ba lian maka'as.
- Haré ibun simétriku ga lae, ibun sakat, palatum sakat
- Koko bebé nia refleksu susu (xupa)
- Determina grau husi movimentu kakorok
- Halo inspesaun susun atu haré susun bubu, sekresaun husi susun-matan, retrasaun iha hirus-matan, or dada-iis nakoron
- Inspesaun abdómen atu haré:
    - Tamanhu (karik iha distensaun)
    - Forma (protruzaun iha nível umbilikal)
    - Kordaun umbilikal – sé-karik kor mean, infetadu, no iha inflamasaun iha kulit hale'u
- Halo palpasaun abdómen atu haré sé-karik iha separasaun iha múskulu abdominal, prezensa no auzénsia husi ernia
- Halo inspesaun ba brasu, liman no liman fuan sira nia tamanhu, forma no deformidade ruma, no liman-kukun-okos nia kór.
- Determina grau husi múskulu nia mosaun (movimentu) halo inspesaun ba kelen, ain no ain fuan sira nia tamanhu, forma no deformidade ruma, no ain-kukun-okos nia kór.
- Determina grau husi múskulu nia mosaun no tonus
- Cek sé-karik iha dislokasaun iha kidan ruin
- Cek refleksu sira – palmar
- Uza luvas hodi halo ezaminasaun jenitalia esterna: Sé bebé feto: Ezamina jenitalia esterna atu haré edema, sekresaun, sangramentu, iritasaun no mean. Sé bebé mane: haré penis, halo retrasaun ba prepusium atu haré se iha mean, iritasi, sekresaun, ezamina eskrotum no halo papasaun atu haré sé-karik testíkulu tun ga lae.
- Haré anus nia patensia (anus ku'ak iha ga lae)
- Hasai luvas no tau iha líkidu dekontaminasaun

- Hi'it sa'e bebé no haré bebé nia koluna vertebral nia mobilidade, iha evidensia husi dimples ou nakloke
- Koko refleksu la'o/hakat, koko refleksu moro
- Husu inan atu fó-hatais fali ninia bebé no fo obrigadu/a ba ninia kooperasaun
- Fase liman ho bé no sabaun no hamaran ho anin ou ho toalha mós HALO OBSERVASAUN BA FÓ-SUSU no 'BONDING'

The management of the immediate postpartum period need to focus on:[Casanova, R., et al., 2019] Periodu manejamentu post partum imediatu presiza foka ba iha:

- Hospital stay: In the absence of complications, the postpartum hospital stay ranges from 48 hours after a vaginal delivery to 96 hours after a cesarean delivery, excluding day of delivery./ Estadia iha Ospital: La iha komplikasaun, rangu estadia iha ospital hafoin partu vajinal espontanea maka oras 48 no oras 96 hafoin partu sezaria, exklui tia loron partu.
- Maternal-infant bonding: The mother should have sustained skin-to-skin contact with her infant as soon as possible./ Ligasaun maternal-infantil: Inan tenke iha kontaktu isin-ba-isin ho bebe imediatamente.
- Postpartum complications: Identify sign of infections such as fever; early detection of postpartum haemorrhage(primary or secondary), uterine palpation through the abdominal wall is repeated at frequent intervals during the immediate postpartum period to prevent and/or identify uterine atony; Perineal pads are applied, and the amount of blood on these pads as well as the patient's pulse and pressure are monitored closely for the first several hours after delivery to detect excessive blood loss. Treatment should focus on the underlying etiology and may include uterotonic agents such as Intramuscular (IM) oxytocin 10 IU [WHO, 2013]./ Komplikasaun post-partum: identifika sinal infeksaun sira hanesan isin manas; deteksaun sedu hemorrajia postpartum (primaria no sekundaria), palpasaun uterina liu husi ezmainasaun ba parede abdominal repetidu no frekuente durante periodu postpartum imediatu hodi prevene ka identifika atonia uterine; Koloka pensu perineal, no monitoriza kuantidade raan ne'ebe lakon nune'e mos presaun pulsu iha oras balun hafoin partu hodi detekta lakon raan ne'ebe exsesivu. Tratamentu tenke foka ba iha nia kauza no bele inklui moz ajente uterotoniku hanesan Oksitosina IM 10 IU.
- Pain Management: Analgesic medication may be necessary to relieve perineal or episiotomy pain and facilitate maternal mobility after vaginal delivery. / Manejamentu moras: medikamentu analjesiku bele moz nesesariu atu alivia moras iha perineal ka epiziotomia no fasilita

bo'ok an hafoin partu vajinal.

- Ambulation: Postpartum patients should be encouraged to begin ambulation (with assistance as needed) as soon as they feel able to do so. Early ambulation may help avoid urinary retention, puerperal venous thrombosis and pulmonary emboli. / Ambulasaun ka lao: Pasiente postpartum tenke enkoraja atu hahu lao (ho asistensia karik nesesaria) sedu bainhira sira sente bele lao. Ambulasaun sedu bele ajuda evita retensaun urina, tromboze venoza puerperal no embolia pulmonar.
- Breast care: If the breasts become painful, they should be supported with a well-fitting brassiere. Ice packs and analgesics may also help relieve discomfort. Always look for engorgement, plugged duct, mastitis and breast abscess in breast examination of postpartum mother. / Kuidadu ba iha susun: Karik susun sente moras makaas, presiza suporta ho sutian ne'ebe konfortavel. Kompres ho jelu no anajesiku bele ajuda reduz diskonfortu. Sempre buka karik iha mean, obstrusaun iha duktu, mastitis no absesu durante ezaminasaun susun ba inan postpartum.
- Bowel and bladder function: It is common for a patient not to have a bowel movement for the first 1 to 2 days after delivery, because they have often not eaten for a long period. Patients' urinary output should be monitored for the first 24 hours after delivery./ Funsaun instestinu no mamiik: Komun tebes ba pasiente ho problema movimentu intestinu iha oras 1-2 hafoin partu, tanba sira dalabarak la han ba periodu ne'ebe naruk. Evakuasaun urina tenke monitoriza bebeik iha oras 24 dahuluk hafoin partu.
- Care for perineum: During the first 24 hours, perineal pain can be minimized using oral analgesics, topical anesthetic sprays or creams, application of an ice bag to minimize swelling. Always look for hematoma and dehiscence or any sign of infection. / Kuidadu ba iha perineum: Durante oras 24 dahuluk, moras iha rejiaun perineal bele minimiza liu husi utiliza analjesiku, anestesia spray topikal ka krema, aplikasaun jelu hodi minima bubu. Sempre buka karik iha hematoma no kabas kotu ka sinal infesaun ruma.

g) Give appropriate counselling regarding postnatal care, danger signs and follow-up/Fo konsellu ho apropiadu kona ba kuidadu posnatal, sinais perigu no follow-up

POSTPARTUM DANGER SIGNS IN THE WOMAN [WHO, 2013]/ SINAIS PERIGU IHA INAN POSTPARTUM

She should go to the hospital or health centre immediately, day or night. SHE

SHOULD NOT WAIT if she has any of the following danger signs: / Nia presiza ba Ospital ka fasilidade saúde imediatu, loron ka kalan. Nia labele hein karik iha sinais perigu sira tuirmai ne'e:

- Vaginal bleeding has increased / Sangramentu vajinal aumenta
- Fits / Konvulsaun
- Fast or difficult breathing / Dada iis lais ka dada iis susar
- Fever and too weak to get out of bed / Isin manas no isin fraku los halo labele sai husi kama leten
- Severe headaches with blurred vision / Ulun moras makaas no haree la moos
- Calf pain, redness or swelling; shortness of breath or chest pain. / Ain kabun moras, mean ka bubu; iis bo'ot ka hirus matan moras

She should go to the health centre as soon as possible if she has any of the following signs:

- swollen, red or tender breasts or nipples
- problems urinating, or leaking
- increased pain or infection in the perineum
- infection in the area of the wound (redness, swelling, pain, or pus in wound site)
- smelly vaginal discharge
- severe depression or suicidal behaviour (ideas, plan or attempt)

h) Describe the benefits of breastfeeding for both mother and baby, the recommended duration of breastfeeding, and when to introduce solids to supplement diet / Descreve benefisiu husi susuben inan ba sira nain rua inan no oan, rekomendasaun durasaun susuben inan, no wainhira mak atu fo aihan solidu ba suplementu dieta

The benefits of breastfeeding for Newborn[CDC, n.d] / Benefisiu fo susu ba bebe foin moris:

- Breast milk is the best source of nutrition for most babies. As the baby grows, the mother's breast milk will change to meet the baby's nutritional needs. / Susu been inan hanesan fontes nutrisaun ba bebe sira. Bainhira bebe krese, inan nia susu been sei transforma atu hatan ba nesesidade nutritional ne'ebe bebe presiza.
- Breastfeeding can help protect babies against some short- and long-term illnesses and diseases. / Susu been inan bele ajuda proteje bebe hasoru moras sira kortu ka longu prazu.
- Breast milk shares antibodies from the mother with her baby. These

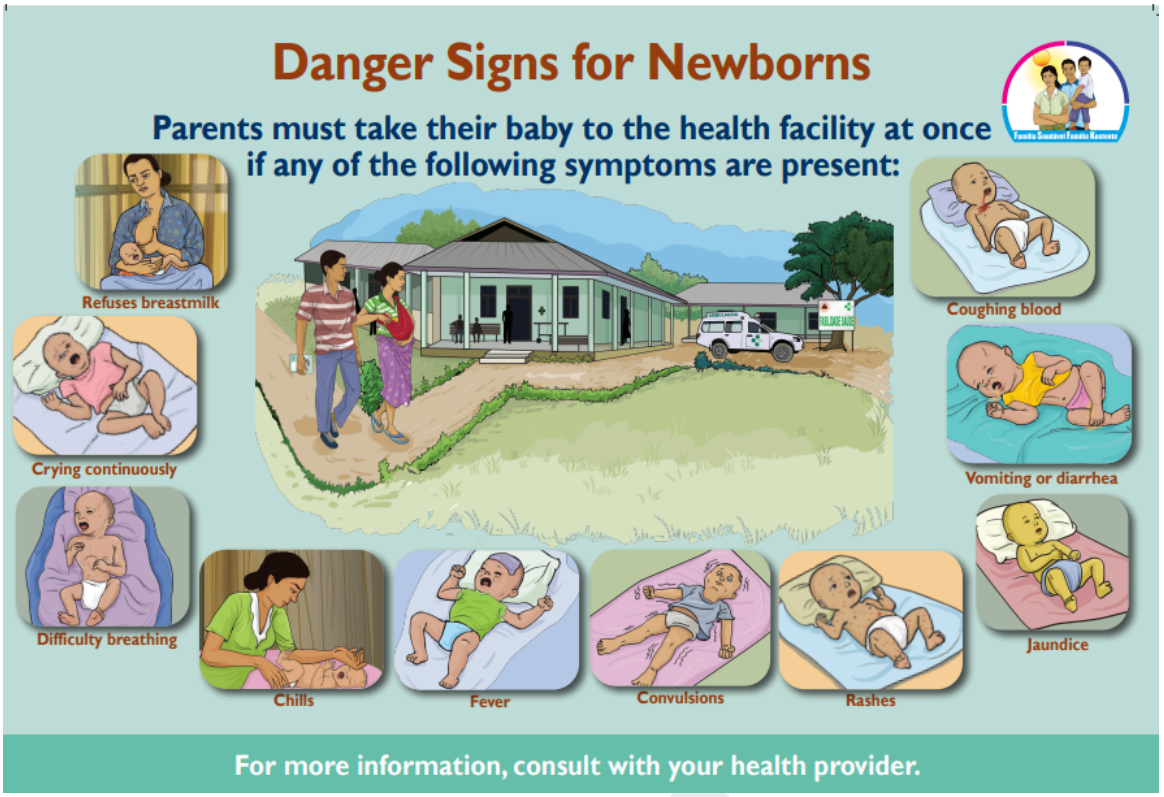
antibodies help babies develop a strong immune system and protect them from illnesses./ Susu been inan partilla antibodi husi inan ba nia oan. Antibodi sira ne'e ajuda bebe dezenvolve sistema imunidade ne'ebe forte no proteje sira kontra moras.

The benefits of breastfeeding for mother / Benefisiu husi fo susu (ba inan):

- Breastfeeding has health benefits for the mother too! Breastfeeding can reduce the mother's risk of breast and ovarian cancer, type 2 diabetes, and high blood pressure./ Fo susu iha mos benefisiu saúde ba inan! Fo susu bele reduz risku kankru susun no kankru ovariu ba inan, diabetes tipu 2, no tensaun a'as.
- Women who breastfeed seem less likely to develop postpartum depression, compared to mothers who wean early or do not breastfeed [Bjarnadottir A., 2024] / Inan ne'ebe fo susu ladun iha risku atu dezenvolve depresaun postpartum, kompara ho inan sira ne'ebe hapara fo susu ho sedu no hirak ne'ebe la fo susu.
- Breastfeeding helps the uterus contract. [Bjarnadottir A., 2024] / Fo susu ajuda kontraksaun uteru.

Exclusive breastfeeding for about the first six months is recommended. The American Academy of Pediatrics and the World Health Organization also recommend exclusive breastfeeding for about 6 months, with continued breastfeeding along with introducing appropriate complementary foods for up to 2 years of age or longer.[CDC, n.d.] Fo susu ho exklusivu ba fulan 6 dahuluk rekomenda tebes. *American Academy of Pediatrics* no Organizasaun Mundial Saúde moz rekomenda fo susu exklusivu durante fulan 6, no kontinu fo susu hamutuk ho introdusaun hahan komplementariu hafoin fulan 6 to'o tinan 2.

i) **Give appropriate counselling regarding essential newborn care, how to manage common newborn ailments, identification of danger signs / Fo konsellu apropiadu kona ba kuidadu esensial kosok-oan**



[Source: UNICEF, n.d]

Danger signs of newborn:[UNICEF, n.d][KPN, 2022]

- Refuses breastmilk / Lakoi hemu susu
- Crying continuously/ Tanis bebeik
- Difficulty breathing/ Difisil dada-iis
- Chills/ Bedoko
- Fever/ Isin manas
- Seizure/ Konvulsaun
- Rashes/ Kanek mean iha kulit
- Jaundice/ Isin kinur
- Vomiting or diarrhea/ Muta ka diarea
- Coughing blood/ Tafui raan

j) Support and follow up to lactating mothers for children 6-23 months / Suporta no follow up ba inan sira ne'ebe fo susuben inan ba labarik fulan 6-23

Counselling and informational support on optimal breastfeeding practices for mothers improves initiation and duration of breastfeeding, which has many health benefits for both the mother and infant. Fo konsellu no informasaun relasiona ho pratika fo susu ne'ebe optimal ba inan sira hodi hadia inisiu no durasaun fo susu, iha ne'ebe iha vantajen ba saúde lubuk ida ba inan no oan.

Mothers need continuing support to maintain exclusive and continued breastfeeding, to implement other methods of infant feeding when breastfeeding is not possible, and to establish adequate complementary feeding when the child is 6 months of age and older. WHO recommends breastfeeding should continue up to 2 years. [WHO, 2023] / Inan sira presiza suporta kontinua no maintain fo susu exklusivu no kontinua, atu implemente metodu fo susu seluk bainhira inan ida la disponivel no atu estabelese fo susu komplementariu ne'ebe adekuadu bainhira labarik to'o ona idade fulan 6 ka liu. OMS rekomenda fo susu tenke kontinua to'o tinan 2.

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   infants.J Pediatrics 1991; 119:417-423.
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4. Casanova, R., et al. (2019). *Beckmann and Ling's Obstetrics and Gynecology* (8th ed.). Elsevier.
5. Unicef, n.d. Danger Signs for Newborns. Retrieved Feb 10, 2025 from https://www.unicef.org/timorleste/media/1601/file/Wall%20Hanging%204%20(English)%20Print.pdf

STANDARD LEVEL / NIVEL ESTANDARTE

A5.2.5. COMPLICATIONS IN POSTNATAL CARE/KOMPLIKASAUN IHA KUIDADU POSNATAL

a) Estimate and record maternal blood loss and take appropriate action/Estima no dokumenta lakon ran inan nian no foti asaun apropiadu

The most common method of measuring blood loss during the third stage of labour is visual estimation, during which the birth attendant makes a quantitative or semi-quantitative estimate of the amount of blood lost. [Diaz V, Abalos E, Carroli G, 2018] / Metodu komun atu sukat lakon raan durante faze datoluk partu maka estimasaun vizual, iha ne'ebe durante asistende party halo estimasaun kuantitativu ka semi-kuantitativu ba kuantidade raan ne'ebe lakon.

b) Identify, manage and refer post-partum haemorrhage as an emergency/ Identifika, jere no refere hemorajia pospartum hanesan emergensia ida

Post-partum haemorrhage / Hemorrajia postpartum

Postpartum haemorrhage (PPH) is the bleeding of more than 500 mL vaginally after delivery of the baby. / Hemorrajia postpartum maka raan fakar ne'ebe liu 500ml liu husi vajina depois de partus bebe.

1. Primary PPH is bleeding within the first 24 hours / 1. HPP primaria maka raan fakar ne'ebe akontese iha oras 24 nia laran.
2. Secondary PPH is bleeding after 24 hours / 2. PPH sekundaria maka raan fakar ne'ebe akontese depois de oras 24.

Management of PPH[STG, 2022] / Manejamentu Hemorrajia post-partum (HPP)

1. Primary PPH: / HPP primaria
    - Refer to EmoNC Protocol. / Refre ba protokolu EmOnC.
    - PPH occurs in the first 24 hours after delivery. / HPP akontese iha oras 24 dahuluk hafoin partu.
    - If uterus is not contracted rub or massage to contract give: / Karik uteru la halo kontrasaun, kaer ka halo masajen hodi estimula kontrasaun:
        - Oxytocin, Initial dose: 10 units IM, IV./ Fo doze inisial Oksitosina 10U IM, IV.
        - Continuing uterine massage during 10 minutes / Kontinua masajen uterinu durante minutu 10.

- If heavy bleeding persists give: Oxytocin IV infusion Initial dose: 20 units in 1 liter Normal saline or Ringer-Lactate solution at 60 drops/minute. / Karik raan sai makaas nafatin: fo oksitosina infuzaun endovenoza doze inisial 20U iha 1L NS ka RL ho frekuensia 60 gotas/min.
- Continuing dose: 10 units in 1 liter of Ringer-Lactate solution at 30 drops/minute./ Doze kontinuasaun: 10U iha 1L RL ho frekuensia 30 gotas/min.

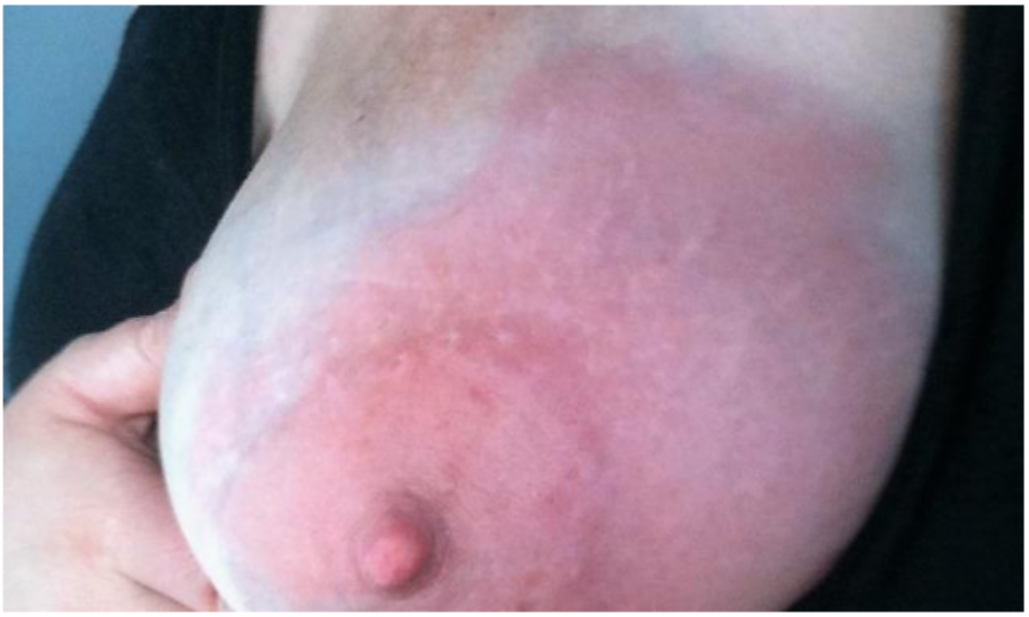
2. Secondary PPH: Monitor at risk women for at least the first 10 days after delivery: / HPP sekundaria: Monitoriza inan ne'ebe iha risku pelu menus iha loron 10 dahuluk hafoin partu:
    - Retained fragments of placenta and membranes / Fragmentu plasenta ka membra ne'ebe retenidu
    - Prolonged labor / Partu prolongadu
    - Instrumental or complicated deliveries / Partu instrumental ka komplikadu
    - Breakdown of wound following caesarean section / Kanek ne'ebe nakloke hafoin sesaria.
    - Breakdown of wound following episiotomy / Kanek ne'ebe nakloke hafoin halo espiziotomia
        - If there are signs of infection give antibiotic treatment until the patient is fever-free for 48 hours / Karik iha sinal infesaun, fo tratamentu antibiotiku to'o pasiente la isin manas iha oras 48 nia laran.
        - If the infection is not severe, Amoxicillin PO 500 mg can be given by mouth every 8 hours instead of Ampicillin injection. Metronidazole 500 mg every 8 hours can be given by mouth instead of IV. / Karik infesaun refere grave, fo amoxicilina via oral 500mg kada oras 8, duke fo injesaun ampicilina. Bele moz fo metronidazol 500mg kada oras 8 via oral duke fo via endovenoza.
        - If fever is still present after 72 hours after starting antibiotics, re-evaluate and revise diagnosis. / Karik isin manas nafatin kontinua hafoin loron tolu ona ho antibiotiku, evalua fila fali no revee diagnostiku.
        - If signs and symptoms of shock present then start IV infusions with: Sodium chloride 0.9%, IV infusion Infuse at a high infusion rate until pulse becomes stronger; then reduce infusion rate. / Karik sinal no sintoma sira ba shock nia iha, hahu infusaun ho: NS 0.9%, guyur, to'o pulsu forte fila fali.
    - Refer to the woman with her baby immediately. Refere inan isinrua ho nia oan imediatu.

c) Identify, treat and/or refer postnatal complications appropriately (mastitis, infection, constipation/piles, depression, postpartum or post-miscarriage sepsis etc)/ Identifika, trata no/ka refere komplikasaun posnatal sira ho apropiadu(mastitis,infesaun,constipasaun/butuk, depresaun, pospartum ka sepsis hafoin abortu, etc

Mastitis [WHO, 2017] / Mastitis
Mastitis is an inflammatory condition of the breast, which may or may not involve an infection. It should not be confused with breast engorgement, which is a temporary increase in lymphatic and venous blood flow before lactation, and is not caused by an over-distention of the breast with milk.

Symptoms and Signs:

The onset of mastitis is usually rapid, and typically, only one breast is affected. Common symptoms include:

- Painful, swollen, and red breast
- A wedge-shaped area visible on the breast
- Tenderness of the breast
- 

Treatment of Breast Infections:

- Cloxacillin 500mg four times a day for 7 days, or Erythromycin 250mg orally every 8 hours for 10 days (for patients allergic to penicillin).

- Support and encourage the mother to continue breastfeeding, but she should be advised to express the milk without giving it to the baby.
- Oral pain relief with paracetamol 500mg every 4 to 6 hours as needed.
- If an abscess forms, drainage may be necessary; consult a doctor.
- Support the breasts with a binder or brassiere.
- Provide reassurance to the mother.
- A **follow-up visit** in three days is recommended to ensure appropriate response to treatment.

Checklist for Postnatal and Emergency Management

Maternal Postnatal Assessment:

- Active management of third stage of labor (AMTSL).
- Monitor uterine involution and lochia.
- Check for signs of postpartum infection.
- Assess maternal emotional well-being and mental health.

Neonatal Postnatal Assessment:

- Full newborn physical examination before discharge.
- Assess jaundice, hydration, and feeding effectiveness.
- Screen for congenital anomalies and danger signs.
- Ensure newborn vaccinations and vitamin K administration.

Emergency Postnatal Management:

- PPH: Quantify blood loss, administer uterotonics, stabilize patient.
- Postnatal Preeclampsia: Monitor BP, manage hypertensive crisis, determine need for referral.
- Neonatal Jaundice: Assess bilirubin levels, determine need for phototherapy.
- Newborn Not Passing Meconium: Identify signs of obstruction, escalate appropriately.

Reference

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A5.2.6. Well newborn assessment/ Asesmentu diak ba kosok-oan

a) Conduct pre-discharge postnatal check up (umbilical cord, malformations, caput, cephalohaematoma, subgaleal haematoma etc) / Halao chek-up posnatal antes fo alta (husar talin, malformasaun, kaput/modelu ulun, cefalohematoma, hematoma subgaleal etc)

Checklist for Newborn Pre-Discharge Examination

Category	Checklist Items
General	Skin tone, activity, normal cry, symmetrical movement.
Head & Neck	Inspect fontanelles, skull shape, assess red reflex, ear position, and cleft palate.
Cardiopulmonary	Auscultate heart murmurs, lung sounds, check femoral pulses.
Abdomen & Umbilicus	Palpate for organomegaly, inspect umbilical cord stump.
Extremities	Perform hip assessment (Barlow, Ortolani), assess tone and reflexes.
Neurological	Moro reflex, sucking reflex, response to stimulation.

Kategoria	Checklist Items
Jeral	Tonu kulit, aktividade, tanis normal, movimentu simetriku

Ulun no kakorok	Inspeksaun fontanela, modelu ulun, avalia reflexu importante sira, pozisaun tilun, no paladar hendidu
Kardiopulmonariu	Rona sons fuan, sons pulmaun, verifika pulsu femoral
Kabun no umbilicus	Palpa hodi buka organomegalia ruma, inspeksiona kordaun umbilikal
Extremidade	Performa asesmentu kidan (Barlow, Ortalani), avalia tonu no reflexu
Neurolojiku	Refleksu Moro, refleksu suksaun, resposta ba estimulasaun

b) Conduct home visit for postnatal care (e.g. 6 weeks) for mother and baby: history and examination/Halao vizita uma ba kuidadu postnatal (e.z. Semana 6) ba inan no oan: istoria no ezaminasaun

All mothers are encouraged to return for a postnatal contact at six weeks with their babies. [WHO, 2017] Inan hotu enkoraja atu konsulta postnatal iha semana daneen ho nia oan

Check: / verifika:

- General wellbeing of mother and Mental status / Bein estar jeral husi inan no nia estadu mental
- BP, pulse, temperature and weight/ Tensaun, pulsu, temperatura no pezu
- Lochia (amount /colour/smell) / Lochia (kuantidade/kor/iis)
- Uterine involution / Involusaun unterinu
- Healing of any wounds (perineum, C/S, T/L) / Rekoperasaun ba kualker kanek (perineum, C/S, T/L)
- Observe a breast feed / Observa fo susu

Provide: / Fornese:

- FP method of choice / Metodu hili Planeamentu familiar
- HIV counselling and testing if not already done if HIV positive screen for TB / Fo konsellu kona-ba halo teste HIV, karik seidauk halo teste, karik HIV pozitivu halo mos teste ba TB
- Screening for cervical cancer / Ezamina karik iha kankru servikal
- Clinical breast examination / Ezaminasaun susun klinikamente
- Screening for STI / Halo *screening* ba Moras Transmisaun Seksual
- Treatment for any complications detected and referral as appropriate / Trata kualker komplikasaun ne'ebe detekta no transfere ho apropriadu

Counsel on: / Konsellu kona-ba:

- Danger signs and where to seek medical help / Sinais perigu sira no atu buka ajuda mediku iha ne'ebe
- Exclusive breast feeding and Breast care / Fo susu been inan ho esklusivu no kuidadu ba susun
- Family planning and birth spacing and provide method / Planeamentu familiar no espasu partu no fornese metodu
- Harmful practices / Pratika ne'ebe perigu
- Personal hygiene and hand washing for the caregiver / Ijiene pesoal no fase liman ba Kuidadora
- Nutrition, diet and importance of exclusive breastfeeding for 6 months and continued up to 2 years with suitable weaning foods. / Nutrisaun, dieta no importansia husi fo susu exklusivu durante fulan 6 nia laran no kontinua to'o tinan 2 ho ablaktasaun ne'ebe diak
- Return date and record in PNC register and Mother Child booklet / Rejistu iha Atensaun Postnatal no iha livrinu Inan-oan
- On intimacy/ Intimasaun

A5.2.7. Newborn complications and resuscitation/ Komplikasaun no resusitasaun kosok-oan

a) **Identify danger signs e.g. bradycardia, tachypnoea, cyanosis and perform basic resuscitation/Identifika sinais perigu e.j. Brakikardia,takipnea,cianosis no halao resusitasaun basiku**

General Checklist for Newborn Resuscitation (ABCs Approach, adapted from Matadalan Nasional Kuidadu Pos-Natal, Timor-Leste) /

1. Airway:
    - Clear the airway: Suction if needed (only for obstruction).
    - In the case of the baby not breathing or crying, position and gently tap the baby to get a response. Position of head: Neutral or slightly extended.
    - Insert airway support: Supraglottic airway or endotracheal tube if necessary.
2. Breathing:
    - Observe if the baby is breathing for 6 seconds. If the baby is not breathing and is unresponsive, begin chest compressions immediately. If the baby is not in respiratory distress, chest compressions are not necessary.
    - Oxygen levels: Use pulse oximetry to monitor SpO2 and heart rate. This will guide your next actions.

i. If **oxygen saturation is below normal range** then **administer supplemental oxygen** via nasal cannula or mask (target **SpO_2 90-95% by 10 minutes** after birth)
ii. If oxygen saturation is normal (>95%), there is no need to give oxygen! Giving excessive oxygen to babies, especially premature ones, can cause serious retinal damage and lead to blindness.

- If the baby has **labored breathing (grunting, retractions) or SpO_2 remains low despite supplemental oxygen**, initiate **bag-mask ventilation** i.e. positive pressure ventilation (BVM/PPV) with room air or blended oxygen.
- If the **heart rate falls below 100 bpm**, also **initiate PPV immediately**.
- Monitor chest rise. If there is chest rise, review your ventilation technique.
- If there is still no chest rise, check the mask/facial seal position and reapply the long inflation breaths for 5 seconds.

3. Circulation:
   - If the **heart rate falls below 60 bpm**, **start chest compressions** and PPV.
   - Compression-to-ventilation ratio: 3:1 (90 compressions per minute, 30 inflations per minute).
   - Medications: Administer adrenaline if heart rate remains below 60 bpm despite effective ventilation and chest compressions.
4. Monitoring:
   - Heart rate: Monitor continuously with ECG or pulse oximetry.
   - Oxygenation: Maintain SpO2 between 60-90% during resuscitation (adjust as needed).
   - Temperature management: Keep the newborn warm to avoid hypothermia (radiant warmer or polyethylene bag for preterm babies).

b) Diagnose common malformations and syndromes which require referral/Diagnosa malformasaun no sindrome komun sira ne'ebe presiza referal

Congenital disorders are also known as congenital abnormalities, congenital malformations or birth defects. They can be defined as structural or functional anomalies (for example, metabolic disorders) that occur during intrauterine life and can be identified prenatally, at birth, or sometimes may only be detected later in infancy, such as hearing defects. Broadly, congenital refers to the existence at or before birth.[WHO, 2023]

Common syndromes and congenital malformation in Newborn[Lipson M.H. , 2005]

1. **Down syndrome**
2. **Trisomy 13 and 18**
3. **Turner syndrome**

Down Syndrome Factsheet for Healthcare Workers Examining Newborns

Essential Information

What is Down Syndrome?

Down syndrome is a genetic condition caused by an extra copy of chromosome 21, affecting physical and cognitive development.

Clinical Features to Check at Birth:

- Flattened face, especially nasal bridge
- Almond-shaped, upward-slanting eyes
- Small ears, hands, and feet
- Single palmar crease
- Excess skin at nape of neck
- Poor muscle tone (hypotonia)
- Heart murmurs (indicative of congenital heart defects)

Critical Clinical Assessments:

- Heart Examination: Auscultate carefully for murmurs; immediate referral if abnormal.
- Feeding Evaluation: Monitor feeding closely; poor feeding or slow weight gain requires prompt intervention.
- Vision and Hearing: Initial assessments recommended; refer to specialists as needed.

How to Communicate Diagnosis to Parents:

- First of all congratulate parents for the safe birth of their baby.
- Speak in clear, simple language avoiding medical jargon.
- Explain Down syndrome simply: a genetic condition present from birth which will affect baby's physical and developmental growth. It is not caused by anything the mother did during the antenatal period.
- Acknowledge parents' emotional responses with empathy.
- Emphasize positive potential outcomes with proper support.

- Provide clear guidance on newborn care and essential follow-up steps.

Immediate Actions and Referral: / Asaun imediatu no transferensia

- Assess and document any immediate cardiac or feeding difficulties; refer urgently if present. / Avalia no dokumenta kualker
- Provide guidance on routine newborn care, including breastfeeding support and signs indicating the need for urgent medical attention (poor feeding, lethargy, signs of infection)

Long-term Follow-up Advice for Parents: / Konsellu ba inan-aman sira iha konsulta kontinuasaun longu prazu:

- If baby shows signs of poor feeding or inadequate weight gain, seek healthcare assistance immediately. / Karik bebe hatudu sinal ladun haan ka gana pezu ne'ebe maka la adekuadu, buka asistensia pesoal saude ho imediatu.
- Regularly attend scheduled healthcare visits for monitoring growth and developmental milestones./ Atende orariu vizita ho regular hodi monitoriza progresu kresimentu no dezenvolvimentu.

c) Identify preterm/low birth weight (<2500g) baby/ Identifika preterminu/ Moris ho pezu kiik(<2500g)

Birth weight categories:

Birth weight in grams	Categories
>4000 g	Macrosomia
2500 g - 4000 g	Normal
<2500 g	Low birth weight
<1500 g	Very low birth weight
<1000 g	Extremely low birth weight

(Adams, M.M.,2010)

Pezu (gramu)	Kategoria
>4000 g	Makrosomia

2500 g - 4000 g	Normal
<2500 g	Desnutrisaun
<1500 g	Desnutrisaun grave
<1000 g	Desnutrisaun extremu

(Adams M.M., 2010)

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FAMILY PLANNING / PLANEAMENTU FAMILIAR

BASIC LEVEL / NIVEL BAZIKU

A5.1.4. FAMILY PLANNING/ PLANEAMENTU FAMILIAR

a) **Promote family planning among sexually active couples / Promove Planeamentu Familiar entre feen-laen ne'ebe mak halo relasaun seksual aktivu**

The benefits of family planning among sexually active couples: [USAID, 2012] Benefisiu husi planeamentu familiar entre parseiru ne'ebe halo relasaun seksual ativu:

- For couples, discussing the chance of pregnancy and seeking family planning counseling as soon as possible will help them prevent an unintended pregnancy./ Ba parseiru sira, diskute kona-ba isinrua no buka konsellu kona-ba planeamentu familiar lalais sei ajuda sira prevene isinrua la planeadu.
- Couples will be better able to provide and care for their families if they can decide whether and when to have a child based on their circumstances, including how many children they already have./ Parseiru sira sei fo kuidadu ne'ebe diak liutan ba sira nia familia sira karik sira bele deside hakarak iha oan ka lae, no hakarak oan hira bazeia ba sira nia sirkunstansia, inklui oan hira maka sira iha ona.
- Family planning enables couples to time pregnancies in a way most beneficial to the mother's and children's health./ Planeamentu familiar fasilita parseiru sira atu planu isinrua ho dalan ida ne'ebe benefisiu ba inan no oan nia saúde.
- Men as well as women need to know that contraceptive methods help prevent unintended pregnancies. / Mane nune'e mos feto presiza atu hatene katak metodu kontraseptivu prevene isinrua ne'ebe la planea.
- Those who influence a couple in their decisions about having children need to understand the health benefits of delaying or spacing pregnancies and the importance of having the number of children the couple can provide and care for./ Hirak ne'ebe influensia parseiru iha sira nia desizaun relasiona ho iha oan presiza komprende benefisiu husi adia ka fo espasu ba isinrua no importansia atu iha numeru oan ne'ebe parseiru sira bele ofere no kuidadu ba.
- Families will be happier and more stable when women and men treat each other with kindness and respect. This respect includes never forcing a partner to have sex and avoiding all forms of violence./ Familia sira sei sai kontente no estavel liutan bainhira trata malu ho

respeitu. Respeitu ida ne'e inklui nunka obriga nia parseiru atu hala'o relasaun seksual no evita kualker forma husi violensia.

b) Perform postpartum family planning counselling/Halao akonslamentu kona ba planeamentu familiar pospartum

Counsel on the importance of family planning:[WHO, 2013]Fo akonselamentu kona-ba importansia husi planeamentu familia:

- If appropriate, ask the woman if she would like her partner or another family member to be included in the counselling session / Karik apropriadu, husu feto refere karik nia hakarak nia parseiru ka membru familia ruma atu inklui iha sesaun akonselamentu.
- Explain that after birth, if she has sex and is not exclusively breasfeeding, she can become pregnant as soon as 4 weeks after delivery. Therefore it is important to start thinking early about what family planning method they will use. / Esplika katak, depois de partu, karik nia halao relasaun seksual no la fo susu ho esklusivu, nia bele isinrua lalais iha semana 4 nia laran hafoin partus. Tanba ne'e, importante atu hahu hanoin kona-ba planeamentu familiar ne'ebe sira sei uza.
    - Ask about plans for having more children. If she (and her partner) want more children, advise that waiting at least 2-3 years between pregnancies is healthier for the mother and child./ Husu kona-ba planu atu iha tan oan. karik nia (no nia parseiru) hakarak oan tan, fo akonselamentu atu hein pelu menus tinan 2-3 entre isinrua ne'ebe saudavel ba inan no oan.
    - Information on when to start a method after delivery will vary depending on whether a woman is breastfeeding or not./ Fo informasaun kona-ba bainhira maka atu hahu metodu ida depois de partus bele variadade depende ba feto refere fo susu hela ka lae.
    - Make arrangements for the woman to see a family planning counsellor, or counsel her directly. / Halo aranjamentu ba feto ida atu hasoru konselleru planeamentu familiar ka fo konsellu direta ba nia.
- Counsel on safer sex including use of condoms for dual protection from sexually transmitted infection (STI) include HIV and pregnancy. Promote their use , especially if at risk for sexually transmitted infection (STI) include HIV/ Fo konsellu kona-ba relasaun seksual ne'ebe seguru inklui uza kondom hanesan protesaun dupla ba infeksaun transmisaun seksual inklui HIV no prevene isinrua. Promove nia uzu, espesialmente karik iha risku ba infeksaun transmisaun seksual inklui HIV.
- Her partner can decide to have a vasectomy at any time. / Nia parseiru

bele deside atu halo vasektomia iha tempu saida deit.

STANDARD LEVEL / NIVEL ESTANDARTE

A5.2.8. FAMILY PLANNING METHODS AND SKILLS/METODU NO ABILIDADE PLANEAMENTU FAMILIAR

a) **Identification, initial management and appropriate referral for infertility/Identifikasaun,manejementu inisial no referral apropiadu ba infertilidade**

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility may occur due to male, female or unexplained factors. Some causes of infertility are preventable. Treatment of infertility often involves in-vitro fertilization (IVF) and other types of medically assisted reproduction.[WHO, 2024] Infertilidade hanesan moras ida ne'ebe afeta mane ka feto ida nia sistema reprodusaun define hanesan falla atu hetan oan depois de fulan 12 ka liu ho relasaun seksual regular la protejidu. Infertilidade bele akontese tanba mane, feto ka fator inesplikavel. Kauza balun husi infertilidade bele prevene. Tratamentu infertilidade dalabarak envolve fertilizasaun in-vitro (IVF) no tipu seluk ne'ebe uza medikamentus ba produsaun.

Causes of infertility[NHS, 2023]/ Kauza husi infertilidade
Common causes of infertility include:/ kauza komun inklui:

- Lack of regular ovulation/ Menus ovulasaun regular
- Poor quality semen/ Kualidade semen ne'ebe ladiak
- Blocked or damaged fallopian tubes/ Tubu falopiu ne'ebe blokeadu ka kanek
- Endometriosis/ endometriosis

Risk Factors[NHS, 2023]/ Fator risku sira
Risks factors that can affect fertility:/ Fator risku sira ne'ebe bele afeta fertilidade:

- Age/ idade
- Weight/ pezu ka todan
- Sexually transmitted infections/ Infeksaun transmisaun seksual
- Smoking/ Fuma
- Alcohol/ Hemu tua
- Environmental factors/ Fator ambiente
- Stress/ estress

b) Provide individualised recommendation of FP method using Medical Eligibility Criteria (WHO) and TL guidelines/Fornese rekomendasaun individual husi metodu planeamentu familiar Uza kriteria Elijibilidade Mediku (WHO)

Medical Eligibility Criteria[WHO,2015] / Kriteria Elijibilidade Mediku

Category 1	A condition for which there is no restriction for the use of the contraceptive method
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method
Category 4	A condition which represents an unacceptable health risk if the contraceptive method is used

Kriteria Elijibilidade Mediku

Kategoria 1	Kondisaun iha ne'ebe la iha restriksaun ba uzu metodu antikonseptivu
kategoria 2	Kondisaun iha ne'ebe vantajen uza metodu antikonseptivu a'as liu teorikamente ka risku sira ne'ebe prova ona
Kategoria 3	Kondisaun iha ne'ebe teorikamente ka risku sira ne'ebe prova ona dalabarak a'as liu vantajen husi uza metodu antikonseptivu
Kategoria 4	Kondisaun iha ne'ebe reprezenta risku saúde la aseitavel karik utiliza metodu antikonseptivu

Recommendations/ Rekomendasaun

- Women from menarche to < 40 years of age can use combined hormonal contraceptives (combined oral contraceptives, combined

contraceptive patch, combined contraceptive vaginal ring, combined injectable contraceptives) without restriction (MEC Category 1)./ Feto sira husi menarkia to menus husi idade 40 bele uza antikonseptivu kombinadu sem restriksaun (MEC kategoria 1)

- Women 40 years and older can generally use combined hormonal contraceptive methods (combined oral contraceptives, combined contraceptive patch, combined contraceptive vaginal ring, combined injectable contraceptives) (MEC Category 2)./ Feto ho idade 40 no liu jeralmente uza metodu antekonseptivu hormonal oral kombinadu (MEC kategoria 2)

Medical Eligibility Criteria for Male Condoms[WHO,2022]/ Kriteria elijibilidade mediku ba kondom mane (WHO, 2022)

All men can use latex male condoms safely, except for those who:/ Mane sira hotu bele uza kondom latex ho seguru, eseptu ba hirak ne'ebe:

- Have a severe allergic reaction to latex./ Iha reasaun alejia severa ba latex
- Are in special situations, such as high risk for STI or HIV, if the condom is non-latex. A qualified provider who evaluates the man's or woman's condition and situation can decide whether the person (man or woman) can use a latex condom./ Iha situasaun espesial, hanesan risku a'as ba infesaun transmisaun seksual ka HIV, karik kondom refere laos non-latex. Profesional kualifikadu ne'ebe evalua mane ka feto ida nia kondisaun no situasaun bele decide ema refere bele uza kondom latex.

c) Patient education on use of condom/ Edukasaun ba pasiente kona ba Uza kondom

Definition of condom / Definisaun Kondom

Condom is a dual anticonceptive. Many are made from latex. Male condoms are also made from other materials, including polyurethane, polyisoprene, synthetic skin, and nitrile. It works as a barrier that keeps or prevents sperm from entering the vagina, thus preventing pregnancy. It also prevents the transmission of infections in the semen, on the penis, or in the vagina, thereby preventing the infection of a partner.[WHO,2018] Kondom maka kontrasepsaun protesaun dupla. Barak maka halo husi latex. Kondom mane moz bele halo ho material seluk, inklui polyurethane, polyisoprene, synthetic skin, no nitrile. Nia servisu hanesan bareira ne'ebe prevene esperma hodi tama ba iha vajina, hodi prevene isinrua. Kondom mos prevene infeksaun transmisaun seksual liu husi mi ben, iha penis ka iha vajina, hodi nune'e

prevene infesaun ba parseiru.

How to use condom[CDC, n.d]

1. Read the package and check the expiration date / Le'e plastiku ne'ebe falun kondom no verifika nia data espira
2. Carefully open and remove condom from wrapper / Loke plastiku ne'ebe falun kondom ho kuidadu no hasai kondom husi nia fatin
3. Place condom in the head of the erect, hard penis. If uncircumcised, pull back the foreskin first / Koloka kondom iha penis ne'ebe erekta no to'os nia ulun. Karik penis seidauk halo sirkunsisaun, dudu uluk kulit ne'ebe taka penis nia ulun ba kotuk
4. Pinch the tip of the condom to keep air out and give space for the semen to go / Hanehan kondom nia tutun hodi hasai anin no fo espasu ba semen atu okupa.
5. Unroll condom all the way down the penis / Dada tuun kondom hodi kobre penis
6. After intercourse, hold the condom at the base before pulling out. Then, while keeping the condom in place, carefully withdraw / Hafoin halo relasaun sexual, antes hasai kondom, kaer iha nia baze. Tuirmai mantein kondom iha nia fatin, hasai ho kuidadu.
7. Tie the condom, and throw it to the trash / Kesi kondom no soe ba lixu.

Benefit of condom[WHO,2018 & 2022] / Benefisiu husi kondom

- Non-hormonal side effects / Efeitu seluk laos hormonal.
- Can be used as a regular method, temporary, or as a supportive method/ Bele uza hanesan metodu regular, temporari, ka hanesan metodu suporta
- Can be used as directed by a healthcare provider/ Bele uza tuir instrusaun husi pesoal saúde
- Available in many places and generally easy to obtain / Disponivel iha fatin barak no fasil atu asesu
- Helps protect against pregnancy and STIs, including HIV/ ajuda prevene isinrua no proteje kontra infesaun transmisaun seksual, inklui HIV
- Can allow for longer-lasting sexual relations / Bele permite relasaun seksual ba tempu naruk.

Materials that should not be used with latex condoms include: / Material sira ne'ebe labele uza ho kondom latex inklui:

- Any type of oil (such as baby oil, mineral oil, or any oil-based product)/

Kualker tipu ne'ebe kontein mina (hanesan baby oil, mina mineral ka produtu sira ne'ebe ho baze mina)

- Petroleum jelly / Jelly petroleum
- Creams / Kreme
- Medicated creams/ Kreme aimoruk
- Butter/ Manteiga
- Cocoa butter/ Manteiga kokoa

d) Prescribe oral contraceptive or depot injection with appropriate patient education/ Prevee kontraseptivu orál ka injesaun depot ho edukasaun pasiente apropriadu.

Oral Contraceptive Pill [MSI-TL, n.d. & Green books, WHO 2022] / Pill Kontraseptivu Oral

Oral contraceptive pills contain hormones that mimic those naturally produced by a woman's body. To effectively prevent pregnancy, the pill must be taken consistently at the same time every day. Its effectiveness relies on correct usage. There are two types of oral contraceptive pills: the combined oral contraceptive pill (COC) and the progestogen-only pill (POP). Pill kontraseptivu oral maka aimoruk musan kontein husi hormona ne'ebe mak hanesan ho hormona ida ne'ebe produz naturalmente husi feto ida nia isin. Atu preven isinrua ho efetivu, aimoruk musan/pill tenke hemu konstantemente iha tempu ne'ebe hanesan kada loron. Ninia efetividade depende ba uzu ne'ebe loos. Iha tipu 2 husi pill kontraseptivu oral: Ida kontraseptivu oral kombinadu no ida seluk kontraseptivu oral projesteron.

Combined Oral Contraceptive Pill (COC) / Kontraseptivu oral kombinadu
The combined oral contraceptive pill (COC) is a daily tablet containing two hormones, progestogen and estrogen, that prevents pregnancy.
The hormones in the pill work by preventing ovulation (the release of an egg) each month. Additionally, it thickens cervical mucus, making it more difficult for sperm to reach the uterus. Pill kontraseptivu oral kombinadu maka tableta ida ne'ebe kontein hormonal 2, projesterona no estrojen, ne'ebe prevene isinrua. Hormona iha pill refere sei servisu liu husi prevene ovulasaun (wainhira ovulu/tolun sai) kada fulan. Aleinde ida ne'e, halo mukoza servikal mahar, difikulta esperma atu ba to'o iha uteru ka oan fatin.

Advantages of Combined Oral Contraceptive Pill (COC) / Vantajen husi tableta antikonseptivu oral kombinadu

- Typically, it is 92% effective at preventing pregnancy with correct use./ Tipikamente, 92% efetivu atu prevene isinrua ho uzu ne'ebe loos.

- It may help treat period pain, heavy periods, premenstrual syndrome, and endometriosis./ Bele ajuda halo kamaan kabun kidun moras durante menstruasaun, menstruasaun makaas, sindrome pre-mestrual, no endometriosis.
- Does not interfere with sexual activity./ La interfere atividade seksual.

Precautions/ Atensaun

- Must be taken daily./ Tenke konsumu loron-loron
- Not suitable for women with high blood pressure./ La rekomenda ba feto ho tensaun aas
- Not recommended for women over 35 who smoke./ La rekomenda ba feto ho idade liu 35 no fumadora
- May not be appropriate for women who suffer from migraines./ Dalaruma la aprpriadu ba feto ne'ebe sofre migraina
- Missed pills, certain medications, vomiting, or severe diarrhea can reduce its effectiveness./ Haluha hemu aimoruk, aimoruk balun, muta ka diarea makaas bele reduz efetividade husi aimoruk refere
- Possible side effects include mood swings, breast tenderness, and headaches./ Posibilidade efeitu adversu inklui mudansa emosaun, susun to'os no ulun moras
- Small risk of blood clots./ Risku kiik ba koagulasaun raan
- Does not provide protection against sexually transmitted infections./ La fornese protesaun hasoru infesaun transmisaun seksual

Progestogen-Only Pill (POP) / Tableta Projesterona

The progestogen-only pill (POP) is a daily tablet that contains progestogen and prevents pregnancy. This hormone works by making it harder for sperm to enter the uterus and may alter the uterine lining, preventing egg development./ Tableta projesterona maka aimoruk ne'ebe kontein projesterona no prevene isinrua, tableta refere presiza hemu loron-loron, Hormona refere servisu prevene esperma atu ba to'o iha uteru no bele mos altera parede uterinu, prevene dezenvolvimentu ovu.

Advantages of Progestogen-Only Pill (POP)/ Vantajen tableta projesterona

- Typically, it is 92% effective at preventing pregnancy when used correctly. / Tipikamente, prevene isinrua to'o 92% bainhira uza ho loos
- A good option for women who cannot or prefer not to take estrogen (found in the combined pill) for health reasons./ Opsaun diak ba feto sira ne'ebe labele ka prefere la hemu estrojeniu (hetan iha tableta antikonseptivu oral kombinadu) tanba razaun saúde balun
- Suitable for women over 35 and those who smoke./ Diak ba feto sira

ne'ebe idade liu 35 no fumadora

- Can be used by breastfeeding women./ Inan ne'ebe fo hela susu mos bele hemu
- Does not interfere with sexual activity./ La intefere atividade seksual

Depot Injection Concept and Types / Konseitu no tipu injeksaun Depot
Depot injections contain hormones that are injected into the body to stop egg release. There are two types of injectable contraception: one provides protection for one month, and the other for three months. Injectables are a highly effective family planning method./ Injeksaun Depot kontein hormona ne'ebe bele hapara liberasaun ovu. Iha tipu 2 husi injeksaun antikonseptivu: ida fornese protesaun ba fulan ida nian laran, no ida seluk ba fulan tolu nia laran. Injeksaun hanesan metodu planeamentu familiar ho efetividade a'as.

Advantages of Depot Injection/ Vantajen husi injeksaun Depot

- The procedure is quick and painless./ Prosedimentu refere lalais no la moras
- Provides up to 12 weeks of highly effective contraception. / Fornese kontrasepsaun efetivu ne'ebe a'as bele to'o semana 12
- Can help with heavy periods / Bele ajuda ho menstruasaun todan

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🟩 PROM (Pre-labor Rupture of Membranes) Checklist

Lista Verifikasaun: Rotura Membrana Pré-Partu (RMPP)

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Greet and assess well-being	Kumprimenta no hare estado jeral	Build rapport, assess anxiety or discomfort	Halo relasaun diak ho pasiente, hare karik sente susar
Take obstetric history	Foti istoria obstétriku	Ask gestational age, fluid leakage, fetal movement	Husu idade isin-rua, be sai husi vajina, movimentu fetál
Avoid digital vaginal exam	Evita ezaminasaun vajina dijital	Prevent introduction of infection	Evita infesaun intra-uterina
Perform sterile speculum exam	Halo ezaminasaun ho espekulu estéril	Check for amniotic fluid pooling and cervical dilation	Hare likidu akumula iha forniks posterior, dilatasaun serviku
Observe for infection signs	Hare sinal infesaun	Maternal fever, tachycardia, uterine tenderness, foul discharge	Isin manas, takikardia, moras iha úteru, sekresaun fo'er
Give prophylactic antibiotics	Fo antibiotiku profilátiku	Erythromycin 250mg oral, or Amoxicillin 500mg if unavailable	Eritromisina 250mg, ka Amoksisilina 500mg
Administer corticosteroids (<34w)	Fo kortikosteroide (<34 semana)	Dexamethasone 6mg IM to mature fetal lungs	Deksametazon 6mg IM atu fó matuur ba inan-inan fetál
Refer appropriately	Transfere ba fasilidade	If <37w, prolonged rupture, or signs of infection	Transfere se la iha sinal infesaun maibé <37 semana, ka PROM liu oras 12
Educate mother	Hanorin inan	Explain risks and importance of care plan	Esplika perigu no nesesidade halo seguimentu

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🟨 Pregnancy with Anemia Checklist

Lista Verifikasaun: Gravidez ho Anemia

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Greet and review ANC card	Kumprimenta no hare livru KAN	Confirm previous care, assess frequency of visits	Konfirma sira nia partisipasaun iha kuidadu ante-natal
Ask fatigue, SOB, diet	Husu kona ba kole, dada-iis susar no ai-han	Assess common anemia symptoms	Husu karik sente kole barak, dada-iis susar, no tipu ai-han
Check conjunctiva & palms	Hare konjuntiva no liman-kukun	Pale mucosa suggests anemia	Kamutis iha liman no matan
Measure Hb if possible	Halo teste Hb	Classify anemia severity	Hb >10: mild, 7–10: moderate, <7: severe
Prescribe iron & folic acid	Preskrisaun sulfatu ferrosu ho ásidu fóliku	200mg iron + 400mcg folic acid (double dose if Hb <10)	Fo dose normal ka dobru depende ba severidade
Deworming after 12w	Fo aimoruk deparasita	Albendazole 400mg after 12 weeks gestation	Albendazol doze única depois semana 12
Nutrition counselling	Hanorin ai-han riku ho ferru	Foods: meat, tofu, baiaun, legumes	Han beesi, karau, koto, brókoli
Schedule follow-up	Marka vizita fali	Repeat Hb check in 3–4 weeks	Halo teste fila fali no hare progresu
Refer if severe or no response	Transfere se severu	If Hb <7 or no improvement	Transfere ba nivel spesialista se presiza

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🟦 Postpartum Care for Mother and Newborn (2–72 hours)

Lista Verifikasaun: Kuidadu Pós-Partu ba Inan no Bebé (oras 2–72)

🔸 For the Mother *(Ba Inan)*

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Assess vital signs	Hare sinal vital	Temperature, BP, pulse every visit	Koko PA, pulsasaun, temperatura
Palpate uterine fundus	Palpa fundu úteru	Ensure uterus is firm and descending	Hare úteru ne'ebé to'o, hafoin tama fali

Inspect perineum and lochia	Hare perineum no lokia	Look for signs of bleeding or infection	Hare lokia barak, kahor ho ran
Promote exclusive breastfeeding	Enkoraja fó-susu eskluzivu	Within first hour and every 2–3 hours	Hahú molok oras 1, kontinua regular
Support emotional status	Suporta estado emosional	Screen for baby blues or depression	Hare mudansa humor, laran susar
Educate danger signs	Hanorin sinal perigu	Bleeding, fever, headache, convulsions	Ran barak, isin manas, ulun moras
Discuss family planning	Hadebate planeamentu familiar	Offer method if desired	Hadebate PF no fo metodu se hakarak
Schedule postnatal check	Marka vizita pós-partu	Return in 7 days or as needed	Marka vizita klinika pós-partu

- **For the Newborn *(Ba Bebé-foin-moris)***

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Assess general condition	Hare estado jeral	Color, breathing, tone, feeding	Kór, respirasaun, tonus, susu
Check umbilical cord	Hare kordaun umbilikal	No redness, swelling, or discharge	La iha mean, fo'er, iis
Weigh the baby	Sukat peso	Monitor for weight loss	Kontrola karik peso naruk liu tan
Encourage breastfeeding	Enkoraja fó-susu	Frequent breastfeeding helps bonding and immunity	Fo-susu barak atu fó imunidade
Check for danger signs	Hare sinal perigu	Poor feeding, lethargy, fever, convulsions	La susu, toba barak, isin manas, konta
Administer vaccines	Fo imunizasaun	BCG, Hepatitis B at birth	BCG no Hepatitis B kuandu moris
Schedule follow-up	Marka vizita fali	Neonatal review in 7 days	Kontrole pós-natal ba bebé dala uluk iha loron 7

🟩 Malpresentation Checklist

Lista Verifikasaun: Mal-aprezentasaun (Aprezentasaun La Normal)

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Take obstetric history	Foti istoria obstetrika	Ask parity, previous breech, multiple gestation	Husu ba istoria partu, aprezentasaun pelviku, ka isin-rua múltiplu
Perform abdominal palpation	Halo palpasaun abdominal	Assess lie, presentation, position	Hare fétus nia situasaun, parte uluk mai (ulun, kidun, oin)
Confirm presentation via vaginal exam	Konfirma ho ezaminasaun vajinal	If in labor and membranes ruptured	Se inan iha partu no membrana nakfera ona
Diagnose breech/transverse	Diagnostika kidun/transversu	Fundal height may mismatch gestational age	Altura fundu úteru la korresponde ho tempu isin-rua
Assess for cord prolapse	Hare karik kordão tuun	If breech or transverse, risk increases	Kordaun bele tuun se aprezentasaun la normal
Manage breech in second stage	Jere partu kidun fase 2	Assist limbs/head, use special maneuvers	Asiste ho manobra partu pelviku
Refer transverse lie urgently	Transfere aprezentasaun transversu	Prepare mother in Trendelenburg position	Tau inan ho pozisaun haklena no transfere
Continue fetal monitoring	Kontinua monitora fuan-tuku	Detect fetal distress early	Hare ba distres fetál
Prepare for C-section if needed	Prepara sezariana se presiza	Especially for transverse or arrested breech	Se karik pelviku la progresa

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🟨 Hypertension in Pregnancy Checklist

Lista Verifikasaun: Ipertensaun iha Gravidez

Action	Tetun	Description (EN)	Deskrisaun (Tetun)

Prepare BP cuff and dipstick	Prontu esfígmomanómetru no dipstik	For initial evaluation	Atu koko presaun arterial no hare proteinuria
Review ANC card	Revê livru KAN	Check for pre-eclampsia history	Harek dalan isin-rua iha preeklampsia
Ask symptoms	Husu sintoma	Headache, blurred vision, swelling	Ulun moras, hare la-mós, matan lenok
Measure BP twice	Koko PA dala rua	4-hour interval, sitting position	Intervalu oras haat, toba haklena
Test for proteinuria	Testa urina ba protein	Dipstick ≥ +2 is significant	Se proteinuria +2 ka liu, konsidera preeklampsia
Classify severity	Klasifika nivel	Mild (140/90) to Severe (≥160/110)	Tuir valór PA
Administer $MgSO_4$ for seizure risk	Fo Sulfatu Magneziu	Dose 5g IM + Lidocaine, alternate buttocks	Preveni konvulsaun (eklâmpsia)
Start antihypertensives	Fo Nifedipina 10mg	If diastolic BP ≥110 mmHg	Atu reduce PA
Transfer to referral hospital	Transfere ba hospital	With fetal and maternal monitoring	Hodi prevene komplikasaun barak
Educate and monitor	Hanorin no monitora	Daily fetal movement count	Hare fétus bok-aan no PA

🟦 Reduced Fetal Movement / Fetal Distress Checklist

Lista Verifikasaun: Movimentu Fetal Reduzidu / Distres Fetal

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Ask about fetal movement	Husu kona ba fétus nia bok-aan	How many in last 12–24h	Husu bainhira uluk senti no dalan hira
Use Doppler or fetoscope	Rona ho Doppler	Count fetal heart rate (FHR)	FHR normal 120–160 BPM

Assess uterine tone	Hare úteru	Rigid uterus may indicate distress	Úteru naruk liu bele hatudu problema
Check amniotic fluid	Hare be iha vajina	Green/brown (meconium) = distress	Se meconium iha, hatudu distres fetal
Count contractions	Konta kontrasaun	Every 30 min during active labor	Hodi hare karik iha hiperstimulación
Initiate fetal resuscitation if bradycardia	Komesa halo resusitasaun fetal	Give oxygen to mother, left lateral position	Oksijénio, pozisaun ba sorin karuk
Commence partograph	Uza partograma	To record labor progress and FHR	Atu dokumenta progresu partu
Prepare for instrumental or C-section	Prepara estrasaun/cesariana	If FHR abnormal persists	Se fuan-tuku kontinua la normal
Counsel mother	Hanorin inan	Provide emotional support	Explica situasaun no fó laran metin

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Certainly! Here's a **detailed bilingual dosage guide** for **Magnesium Sulfate ($MgSO_4$)** administration in cases of **severe pre-eclampsia or eclampsia** based on standard protocols and your training manual.

🧪 Magnesium Sulfate Administration (for Seizure Prophylaxis or Treatment)

Fo Sulfatu Magnesiu ba Prevenesaun ka Tratamentu Konvulsaun (Eklâmpsia)

Step	English	Tetun
Indication	Severe pre-eclampsia or eclampsia (convulsions in pregnancy or postpartum)	Pre-eklâmpsia severu ka eklâmpsia (konvulsaun durante ka depois partu)
Preparation	50% Magnesium Sulfate ($MgSO_4$)	Sulfatu Magnesiu 50%

Dilution (for IV use)	Dilute 10 mL of 50% $MgSO_4$ in 90 mL Normal Saline to make a 10% solution	Dilui 10 mL $MgSO_4$ 50% ho 90 mL solusaun saline normal (halo solusaun 10%)

🔸 Loading Dose (*Dose Inisial*)

Route	English	Tetun
IM (Intramuscular)	5 g of $MgSO_4$ 50% + 1 mL of 2% Lidocaine in **each buttock**, total 10 g	Fo 5 g $MgSO_4$ 50% + 1 mL Lidokain 2% iha **ain-kuu rua**, total 10 g
OR		
IV (Intravenous)	4 g of $MgSO_4$ 50% diluted to 10% over 20 minutes	4 g $MgSO_4$ 50% (dilui ba solusaun 10%) iha 20 minutu

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🔸 Maintenance Dose (*Dose Kontínua*)

Route	English	Tetun
IM	5 g $MgSO_4$ 50% every 4 hours in alternate buttocks	5 g $MgSO_4$ 50% kada oras 4 iha ain-kuu alternadu
Check before each dose	Confirm urine output ≥ 30 mL/h, respiratory rate ≥ 16/min, reflexes present	Antes de fo dose fali, hare diuresi ≥ 30 mL/h, respirasaun ≥ 16/min, reflexu iha

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⚠️ Signs of Toxicity (*Sinal Toksisidade*)

English	Tetun
Absent reflexes	Reflexu la iha
Respiratory depression (RR < 12)	Dada-iis susar (respirasaun menus 12/min)
Decreased urine output	Diuresi menus
Confusion or cardiac arrest	La kompriende ka para fuan

🧴 Antidote (for $MgSO_4$ toxicity)

10% Calcium Gluconate 10 mL IV slowly over 10 minutes
Fo ba IV neineik 10 mL Kalsiu Glukonatu 10% iha 10 minutu

Based on the topics found in your **Participant Manual – Part II**, here are **detailed bilingual checklists** for three key modules:

🟥 Checklist: Vaginal Bleeding in Early and Late Pregnancy

Lista Verifikasaun: Sangramentu Vajinal iha Inisiu no Ikus Gravidez

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Assess history	Foti istória kliniku	Ask gestational age, type and volume of bleeding	Husu fulan tinan, kuantidade no kualidade raan-fakar
Check vital signs	Koko sinal vital	Temp, pulse, BP, respiratory rate	Temperatura, pulsasaun, PA, respirasaun
Abdominal & pelvic exam	Ezamina abdómen no pelviku	Determine uterine size, tenderness, cervical status	Hare tamanhu úteru, moras, no estadu serviku
Avoid vaginal exam if >22 weeks	Labele halo ezaminasaun vajinal se liu semana 22	Risk of placental complications	Evita halo lezaun iha plasenta
Identify probable diagnosis	Identifika diagnóstiku provável	Threatened/incomplete/missed abortion, ectopic pregnancy	Abortu ameasadu, inkompletu, ektopiku, molar
Provide immediate management	Fo kuidadu imediatu	Rest, observation, evacuation (AVM) if incomplete	Deskansa, observa, halo AVM se abortu inkompletu
Treat shock if present	Trata shock se presiza	IV fluids, oxygen, urgent referral	Soru IV, oksijénio, transferénsia urjente
Counsel and follow-up	Hanorin no akonselha	Include PF and emotional support	PF, apoio emosional, kuidadu kontínua

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🟧 Checklist: Postpartum Hemorrhage (PPH)

Lista Verifikasaun: Emorrajia Pós-Partu (EPP)

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Identify bleeding >500mL	Identifika raan liu mL 500	Blood loss after delivery	Raan-fakar barak duni liu partu
Check uterine tone	Hare tónus úteru	Soft uterus suggests atony	Úteru naruk/relaksadu = atonia
Massage uterus	Masa úteru	Stimulate contractions	Estimula kontrasaun
Give oxytocin 10 IU IM/IV	Fo oksitosina 10 IU IM/IV	First-line uterotonic	Uterotoniku prinsipál
Insert IV line & fluids	Tau linha IV no soru	Rapid infusion of 1L over 15–20 mins	Turuk livru 1L iha 15–20 minutu
Look for lacerations	Hare laserasaun	Check cervix, vagina, perineum	Hare karik iha laet
Retained placenta?	Plasenta seidauk sai?	If yes, manual removal with uterotonics	Halo remosaun manual
Balloon tamponade if needed	Tau kateter balaun	For uncontrolled bleeding	Atu para sangramentu
Monitor vitals closely	Monitoriza sinal vital	Every 15 mins until stable	Kada 15 minutu to'o estável
Refer if no improvement	Transfere se la diak	Ensure emergency backup	Prepara transferénsia

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🟨 Checklist: Management of Obstetric Shock

Lista Verifikasaun: Jestaun ba Shock Obstétriku

Action	Tetun	Description (EN)	Deskrisaun (Tetun)
Recognize shock signs	Identifika sinal shock	Pale, cold, weak pulse, low BP	Mutis, malirin, pulsasaun fraku, PA ki'ik
Call for help	Hakilar husu ajuda	Activate emergency response	Mobiliza ekipamentu kliniku

Lay woman flat, elevate legs	Tau toba latan ho ain sa'e	Improve blood flow	Aumenta fluxu raan
Establish IV access	Tau linha IV	Use large-bore cannula	Uza kanula boot
Rapid IV fluids	Soru IV turuk rapida	1L Normal Saline in 15–20 mins	Soru salina normal 1L iha minutu 15–20
Monitor pulse, BP, output	Monitoriza PA, pulsasaun, urina	Every 15 mins	Kada 15 minutu
Oxygen 5–10 L/min via mask	Fo oksijénio 5–10L/min	Support tissue oxygenation	Ajudu ba laran-hanoin no funsionamentu
Identify source of bleeding	Hare orijen raan-fakar	Look for uterine atony, rupture, trauma	Hare atonia, rotura, laet
Transfer if no stabilization	Transfere se la estável	Continue resuscitation during transfer	Kontinua kuidadu iha dalan
Document & explain to family	Dokumenta no hatete ba familia	Maintain respectful care	Hatudu empatia no kumunikasaun