

Checklists for community health workers (CHWs) providing intermittent preventive treatment in pregnancy with sulfadoxine-pyrimethamine (IPTp with SP)

Instructions

These checklists can be used:

- To help CHWs remember the steps they are to take during home visits
- As observation checklists:
 - For classroom practice during training
 - During supportive supervision in the field

If using as observation checklists, place a “Y” in the case column if the step is **performed satisfactorily**, an “N” if it is **not performed satisfactorily**, or an “N/O” if it is **not observed**.

- **Satisfactory:** Performs the step according to the standard procedure or guidelines
- **Unsatisfactory:** Performs the step but does not meet standard procedure or guidelines
- **Not observed:** Step not performed by participant during observation

Checklist 1: For CHW interaction with pregnant women to give first IPTp dose

Step	Cases				
Prepare for home visit					
1. Review community map and register of pregnant women.					
2. Check contents of project bag for completeness: <ul style="list-style-type: none"> • <i>Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers' Counseling Flip Chart [Counseling Flip Chart]</i> • Patient education handouts • Blister packs of quality-assured SP tablets • CHW register • Antenatal care (ANC) cards, appointment cards, and referral forms • Pregnancy wheel • Notebook and pen • Optional: sachets of drinkable water and paper cups 					
3. Review record of previous visits to the area (where applicable).					
4. Put on branded attire of the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project (T-shirt, cap, etc.).					
Visit pregnant woman at home					
5. Knock on the door of selected household.					
6. Greet the household member respectfully and kindly.					
7. Introduce yourself and ask for the head of the household.					
8. Ask to confirm that there is a pregnant woman in the household.					
9. Ask head of household for permission to discuss the burden of malaria in pregnancy (MiP) with the pregnant woman and her family.					
Use the <i>Counseling Flip Chart</i> to counsel on MiP					
10. Ask to sit in a convenient spot where all household members can see the <i>Counseling Flip Chart</i> .					
11. Present the content of the <i>Counseling Flip Chart</i> , including: <ul style="list-style-type: none"> • Effects of malaria on pregnant women and unborn children • Importance of ANC attendance as early as possible before 13 weeks (3 months) of pregnancy • Benefits of comprehensive ANC (nutritional supplements, early detection and management of pre-existing problems, early detection and management of complications of pregnancy, etc.) • Interventions for the prevention and control of MiP: <ul style="list-style-type: none"> - Sleeping inside an insecticide-treated bed net or long-lasting insecticidal net - Taking a minimum of three doses of IPTp with SP - Prompt diagnosis and treatment of women with symptoms and signs of MiP 					
12. Encourage listeners to ask questions and provide answers.					

Step	Cases				
Assess pregnant woman for eligibility to receive the first dose of IPTp with SP (in countries where CHWs are allowed to give medicines)					
13. Ask the pregnant woman about the date of the first day of her last normal menstrual period .					
14. Use a pregnancy wheel to determine gestational age (age of pregnancy) if trained to do so. If the woman is 13 weeks pregnant or more, she is eligible for SP.					
15. If woman is unsure of her last normal menstrual period, ask if quickening has occurred (i.e., the baby has started to move in the womb) which suggests a pregnancy of 16 or more weeks. If YES, the pregnant woman is eligible for SP.					
16. Ask if the pregnant woman has received SP or any other sulfa-containing drugs (e.g., Septrin, Bactrim, Fansidar) in the last 4 weeks. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).					
17. Ask if the pregnant woman is taking co-trimoxazole medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).					
18. Ask if the pregnant woman has had any severe adverse reaction to a medication taken, especially a sulfa-containing medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 27 (ANC card).					
19. Based on the history taking outlined in Steps 13–18, determine whether woman is eligible for SP at this home visit (≥13 weeks pregnant, no history of allergy or adverse reaction to sulfa-containing drugs including SP or co-trimoxazole, has not taken sulfa-containing drugs in last 4 weeks). If so, provide SP.					
Provide first dose of IPTp with SP to an eligible pregnant woman (in countries where this is allowed)					
20. Inform the pregnant woman that she has a right to refuse any medication. Request her verbal consent to give her SP medicine.					
21. If pregnant woman agrees, ask her to get a cup of clean drinkable water.					
22. Give woman three tablets of SP to swallow.					
23. Observe woman swallowing the SP with water (directly observed therapy).					
24. Keep the blister packs of consumed SP in a safe place in your bag.					
Provide post-IPTp counseling					
25. Advise the woman not to take folic acid for 7 days to avoid its interaction with SP. She can resume taking her folic acid after 1 week.					
26. Remind woman to get her second dose of SP in 4 weeks' time at the nearest health facility. Inform her of the date when she should get the next dose.					
Carry out documentation					

Step	Cases				
27. Complete an ANC card for the woman indicating first dose of IPTp was given if so. Give the pregnant woman an appointment card to go to the ANC clinic to receive other benefits of comprehensive ANC.					
28. Complete the CHW register to indicate first dose of IPTp given (if so), ANC card and appointment card given, and referral form completed and given (if so) to the woman.					
29. Ask woman if she has any questions and provide answers. If unable to provide an answer, tell woman to ask the health care worker when she gets to the ANC clinic.					
30. Thank the woman and her family for their time and wish the woman an uneventful pregnancy and safe delivery in a health facility.					
31. Invite the pregnant woman and her family to any upcoming community activity on MiP (e.g., village drama or talks).					
32. Depart from the home.					

Checklist 2: For CHW to conduct a follow-up visit with a registered pregnant woman

Step	Cases				
Prepare for follow-up home visit					
1. Review community map and register of pregnant women.					
2. Check contents of project bag for completeness: <ul style="list-style-type: none"> <i>Interpersonal Communication for Prevention and Control of Malaria in Pregnancy: Community Health Workers' Counseling Flip Chart [Counseling Flip Chart]</i> Patient education handouts Blister packs of quality-assured SP tablets CHW register Antenatal care (ANC) cards, appointment cards, and referral forms Pregnancy wheel Notebook and pen Optional: sachets of drinkable water and paper cups 					
3. Review record of previous visits to the area.					
4. Put on branded attire of the Transforming Intermittent Preventive Treatment for Optimal Pregnancy project (T-shirt, cap, etc.).					
Visit pregnant woman at home					
5. Knock on the door of selected household.					
6. Greet the household member respectfully and kindly.					
7. Introduce yourself and ask for the head of the household.					
8. Ask to confirm that the registered pregnant woman is at home.					
9. Ask head of household for permission to follow up with the pregnant woman.					

Step	Cases				
Assess pregnant woman for eligibility to receive a follow-up dose of IPTp with SP					
10. Ask to see the ANC card of the pregnant woman.					
11. Review the ANC card to confirm the number of doses of IPTp with SP the woman has received.					
12. Ask if the pregnant woman has received SP or any other sulfa-containing drugs (e.g., Septrin, Bactrim, Fansidar) in the last 4 weeks. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).					
13. Ask if the pregnant woman is taking co-trimoxazole medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).					
14. Ask if the pregnant woman has had any severe adverse reaction to a medication taken, especially a sulfa-containing medicine. If the answer is YES, she is not eligible for SP at this time. Refer her to ANC and continue this checklist at Step 25 (answer questions).					
15. Based on the history taking outlined in Steps 10–14, determine whether the woman is eligible for SP at this home visit (≥13 weeks pregnant, previously received SP dose, no history of allergy or adverse reaction to sulfa-containing drugs including SP or co-trimoxazole, has not taken sulfa-containing drugs in last 4 weeks). If so, provide SP.					
Provide follow-up dose of IPTp with SP to an eligible pregnant woman					
16. Inform the pregnant woman that she has a right to refuse any medication. Request her verbal consent to give her SP medicine.					
17. If pregnant woman agrees, ask her to get a cup of clean drinkable water.					
18. Give woman three tablets of SP to swallow.					
19. Observe woman swallowing the SP with water (directly observed therapy).					
20. Keep the blister packs of consumed SP in a safe place in your bag.					
Provide post-IPTp counseling					
21. Advise the woman not to take folic acid for 7 days to avoid its interaction with SP. She can resume taking her folic acid after 1 week.					
22. Remind woman to get her next dose of SP in 4 weeks' time at the nearest health facility. Inform her of the date when she should get the next dose.					
23. Update the ANC card for the woman to indicate IPTp with SP dose given.					
24. Update the CHW register to indicate IPTp with SP dose given.					

Step	Cases				
25. Ask woman if she has any questions and provide answers. If unable to provide an answer, tell woman to ask the health care worker at the ANC clinic.					
26. Thank the woman and her family for their time and wish the woman an uneventful pregnancy and safe delivery in a health facility.					
27. Invite the pregnant woman and her family to any upcoming community activity on MiP (e.g., village drama or talks).					
28. Depart from the home.					

