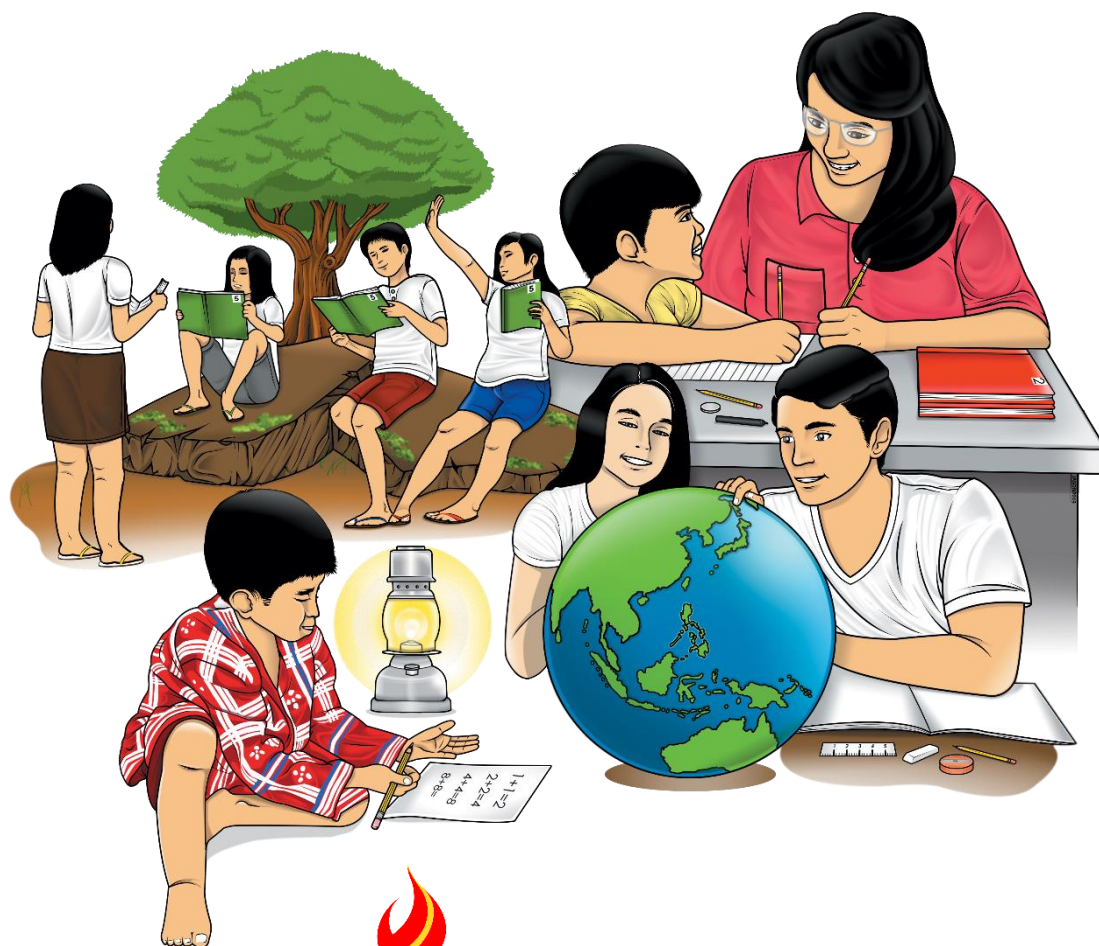


HEALTH

Quarter 2 – Module 4: Motherhood Journey



Health – Grade 8
Alternative Delivery Mode
Quarter 2 – Module 4: Motherhood Journey
First Edition, 2020

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Development Team of the Module

Writer: Maria Joan Princess C. Pulido
Editors: Antonio V. Salazar, Meller M. Acompañado, Narcie Fe M. Solloso, Ofelia C. Siangco
Reviewers: Ferdinand C. Elma, Jocelyn E. Plaza, Danny O. Baldos, Gelody Elumba
Illustrators: Krizza M. Ibardolaza, Mary Joy B. Oliverio
Layout Artists: Blessy T. Soroyoroy, Jaypee D. Platero, Ruth C. Cuesta,
Myleen C. Robiños
Language Reviewer: Ivy I. Naparan
Management Team: Francis Cesar B. Bringas, Isidro M. Biol, Jr., Josephine Chonie M. Obseñares, Bernard C. Abellana, Maripaz F. Magno, Lorenzo O. Macasocol, Gemma A. De Paz, Lorna P. Gayol, Avalota A. Cejas, Lelani R. Abutay, Abraham L. Masendo, Jocelyn E. Plaza, Joel P. Longaquit, Philip Trillana, Narciso C. Oliveros Jr., Menerva P. Barabar

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Department of Education – Caraga Region

Office Address: Teacher Development Center
JP Rosales Avenue, Butuan City, Philippines 8600
Telefax: (085) 342-8207/ (085) 342-5969
E-mail Address: caraga@deped.gov.ph

HEALTH

Quarter 2 – Module 4: Motherhood Journey

Introductory Message

This Self-Learning Module (SLM) is prepared so that you, our dear learners, can continue your studies and learn while at home. Activities, questions, directions, exercises, and discussions are carefully stated for you to understand each lesson.

Each SLM is composed of different parts. Each part shall guide you step-by-step as you discover and understand the lesson prepared for you.

Pre-tests are provided to measure your prior knowledge on lessons in each SLM. This will tell you if you need to proceed on completing this module or if you need to ask your facilitator or your teacher's assistance for better understanding of the lesson. At the end of each module, you need to answer the post-test to self-check your learning. Answer keys are provided for each activity and test. We trust that you will be honest in using these.

In addition to the material in the main text, Notes to the Teacher are also provided to our facilitators and parents for strategies and reminders on how they can best help you on your home-based learning.

Please use this module with care. Do not put unnecessary marks on any part of this SLM. Use a separate sheet of paper in answering the exercises and tests. And read the instructions carefully before performing each task.

If you have any questions in using this SLM or any difficulty in answering the tasks in this module, do not hesitate to consult your teacher or facilitator.

Thank you.



What I Need to Know

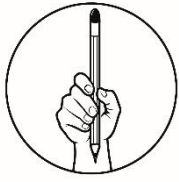
This module was designed and written with you in mind. It is here to help you master the maternal nutrition. The scope of this module permits it to be used in many different learning situations. The language used recognizes the diverse vocabulary level of students. The lessons are arranged to follow the standard sequence of the course. But the order in which you read them can be changed to correspond with the textbook you are now using.

The module contains:

- Lesson 1 – Maternal Health Concerns: Before, During and After Pregnancy

After going through this module, you are expected to:

1. Discuss various maternal health concerns (pre-during-post pregnancy) (H8FH-IIc-d-29)
 - a. identify various maternal health concerns (pre-during-post pregnancy);
 - b. compare the maternal health & maternal- related concerns;
 - c. create a pamphlet on the promotion of maternal health.



What I Know

Let us begin our journey in this module by knowing how much knowledge you have about pregnancy and maternal health concerns.

Multiple Choice

Directions: Choose the letter of the correct answer. Write your answer in your activity notebook.

1. The reproductive process wherein the male gamete and female gamete unite to form a new single cell.
A. fertilization
B. gestation
C. implantation
D. ovulation
2. The fertilized egg develops into a baby in the _____.
A. fallopian tube
B. ovaries
C. uterus
D. stomach
3. On the eighth week until birth, the developing human is called _____.
A. baby
B. embryo
C. fetus
D. zygote
4. Pregnancy is divided into three phases called _____.
A. divisions
B. sections
C. semesters
D. trimesters
5. The phase of pregnancy that starts from week 13 to 27.
A. first trimester
B. second Trimester
C. third Trimester
D. second and third trimester
6. The phase of pregnancy that lasts from week to birth.
A. first trimester
B. second Trimester
C. third Trimester
D. second and third trimester
7. The process of birth wherein the doctor surgically removes the baby from the womb.
A. caesarian section
B. normal delivery
C. painless delivery
D. forceps delivery

8. It refers to the severe, persistent nausea and vomiting during pregnancy — more extreme than "morning sickness".
- A. Anemia
B. Hyperemesis Gravidarum
C. Low-lying placenta
D. Pre-eclampsia
9. This refers to the type of anemia occurs when the body doesn't have enough iron to produce adequate amounts of hemoglobin.
- A. Folate deficiency
B. Iron deficiency
C. Placenta deficiency
D. Vitamin B12 deficiency
10. During the onset of pregnancy, this occurs when your body cannot process sugars effectively.
- A. Gestational Diabetes
B. Pre-eclampsia
C. Hypertension
D. Anemia
11. This is a complication of pregnancy in which the embryo is implanted outside the uterus.
- A. Ectopic Pregnancy
B. Anemia
C. Ovarian Cysts
D. Pre-eclampsia
12. It is a condition during pregnancy when a pregnant woman is having lower than the normal number of healthy red blood cells.
- A. Anemia
B. Hypertension
C. Nausea
D. Placenta Previa
13. It commonly includes mood swings, crying spells, anxiety and difficulty sleeping after childbirth.
- A. Heterotopic Pregnancy
B. Miscarriage
C. Ovarian Cysts
D. Post- Partum Disorder
14. It is also called toxemia. It can cause growth problems.
- A. Ectopic Pregnancy
B. Heterotopic Pregnancy
C. Ovarian Cysts
D. Pre-eclampsia
15. This is a rare pregnancy complication that occurs if the placenta attaches to the bottom part of a woman's uterine wall, partially or completely covering the cervix. When it occurs, it usually happens during the second or third trimester.
- A. Anemia
B. Hypertension
C. Nausea
D. Placenta Previa

Lesson

1

Maternal Health Concerns: Before, During and After

A. New Beginning

After marriage, a couple's desire is to build a family. What are the processes that a woman goes through while building a family?

Figure below shows illustration of a family. Observe the pictures and answer the questions below.



Illustrated by: Krizza M. Ibardolaza

1. What is the role of the father/man in establishing his own family?
2. What is the role of the mother/woman in the family?

How do you build a strong family? It is done by paying attention not only to individual family members but to the family as a group. Filipinos view marriage as a sacrament and a lifelong commitment. Husband and wife work for the successful and harmonious relationship at home and among family members. Trust, respect, kindness, and love are essential factors to attain this goal.



What's In

In the previous module, you learned that marriage is a lifelong partnership of a man and a woman by studying the factors necessary to consider in choosing a lifetime partner for a healthy and successful married and family life.

This time, let's check your understanding about the previous lesson by doing the next activity.

Directions: Identify the qualities that should be considered in choosing a lifetime partner. Choose the answer from the box and write it in your activity notebook.

GOOD CHARACTER

MATURITY

FIDELITY

COMMITMENT

LOVE

ECONOMIC READINESS

PHYSICAL MATURITY

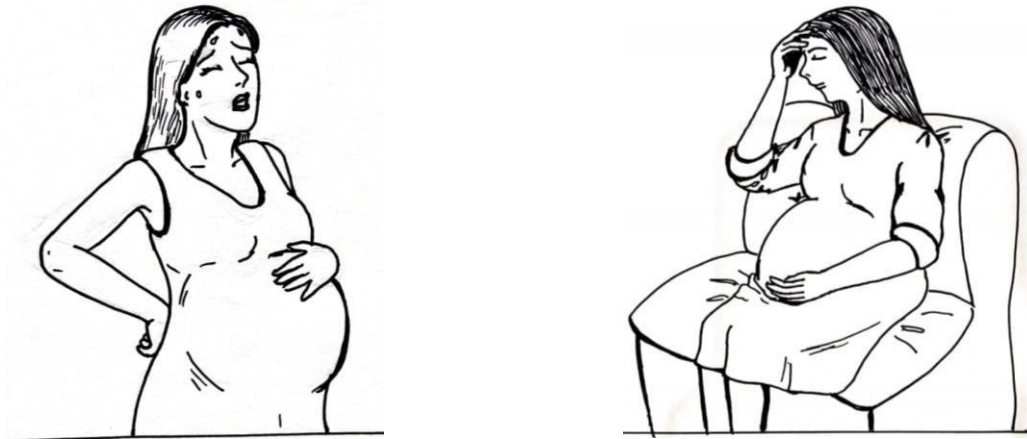
- _____ 1. Respectful and compassionate.
- _____ 2. Both partners need to speak about problems, not just sharing the good times
- _____ 3. God-fearing.
- _____ 4. Handles relationship responsibly.
- _____ 5. Endures until death.
- _____ 6. Maintains stable job or business that can support a family.
- _____ 7. Has a healthy body.
- _____ 8. Sincere and true to promises made to one's partner.
- _____ 9. Strengthens the relationship with the partner.
- _____ 10. Dedicated in fulfilling his / her responsibilities



What's New

Activity 1. Picture Analysis

Directions: Observe the picture below and answer the questions comprehensively.



Illustrated by: Mary Joy B. Oliverio

Figure 1. Changes in a Mother's Body

1. What do you observe in the picture?

2. What do you think is the person in the picture experiencing?

3. What are the possible concerns a pregnant woman may encounter?

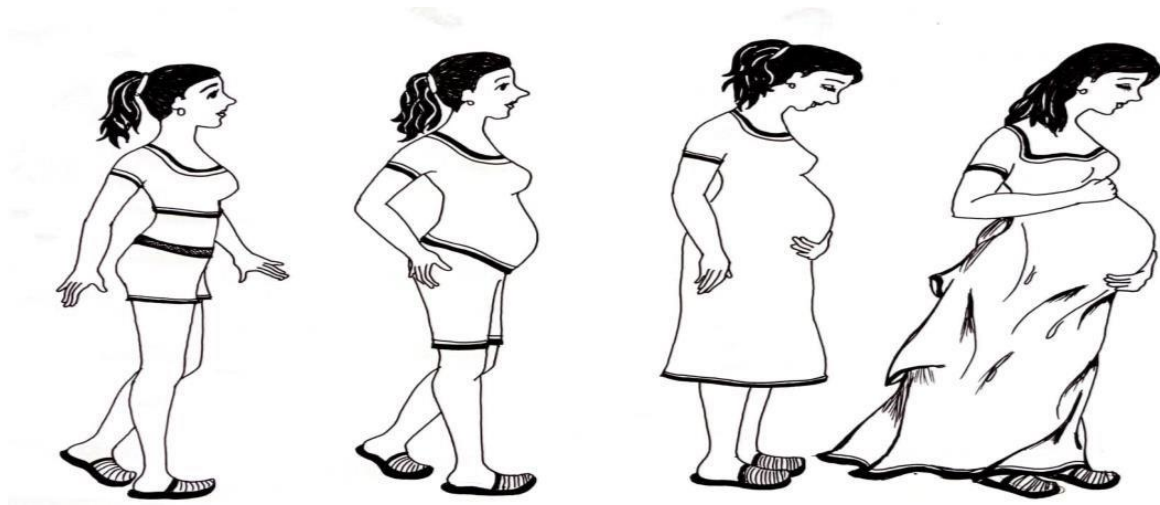
4. How do these changes affect the mother?



What is It

A New Beginning

One of the reasons why a man and a woman marry because they want to build a family. How does one build a family? Pregnancy is a time of many changes. Your body will go through a lot on the way to creating a new person.



Illustrated by: Mary Joy B. Oliverio

Figure 2. Changes in a Mother's Body

Humans are reproduced through sexual reproduction. In this kind of reproduction, the reproductive cells of man and woman join together to make a new human cell. This process is called **fertilization**.

Fertilization is a reproductive process wherein half of the genes of the father and mother are combined to form a single cell; the new cell then divides and forms more cells. This ball of cells enters the uterus and attaches itself to the uterine wall. The attachment of the developing cells to the uterus is called **implantation**.

Pregnancy is the time when a new cell is formed during fertilization, grows and develops into a baby in the woman's uterus. From the time that the ovum and the sperm cell unite until the end of the eighth week, the developing human is called **embryo**. From the eighth week until birth, the developing human is called the **fetus**. A normal pregnancy generally lasts until 9 months or 38-40 weeks.

Pregnancy is divided into three phases, called **trimesters**. Pregnancy trimesters are the three phases of a pregnancy, each with its own significant developmental milestones.

Phases of pregnancy

The first trimester (weeks 1-12) is the most fragile period, during which all major organs and systems in your baby's body are formed. Most birth defects and miscarriages occur during the first trimester. During the second trimester (weeks 12-24), the fetus has now developed all its organs and systems and will now focus on growing in size and weight. The third trimester (weeks 24-40) marks the home stretch, as the mother to be prepares for the delivery of her baby.

First Trimester

During the first trimester your body undergoes many changes. Hormonal changes affect almost every organ system in your body. These changes can trigger symptoms even in the very first weeks of pregnancy. Your period stopping is a clear sign that you are pregnant. Other changes may include:

- Extreme tiredness
- Tender, swollen breasts. Your nipples might also stick out.
- Upset stomach with or without throwing up (morning sickness)
- Cravings or distaste for certain foods
- Mood swings
- Constipation (trouble having bowel movements)
- Need to pass urine more often
- Headache
- Heartburn
- Weight gain or loss

As your body changes, you might need to make changes to your daily routine, such as going to bed earlier or eating frequent, small meals. Fortunately, most of these discomforts will go away as your pregnancy progresses. And some women might not feel any discomfort at all! If you have been pregnant before, you might feel differently this time around. Just as each woman is different, so is each pregnancy.

Second Trimester

Most women find the second trimester of pregnancy easier than the first. But it is just as important to stay informed about your pregnancy during these months.

You might notice that symptoms like nausea and fatigue are going away. But other new, more noticeable changes to your body are now happening.

Your abdomen will expand as the baby continues to grow. And before this trimester is over, you will feel your baby beginning to move!

As your body changes to make room for your growing baby, you may have:

- Body aches, such as back, abdomen, groin, or thigh pain
- Stretch marks on your abdomen, breasts, thighs, or buttocks
- Darkening of the skin around your nipples
- A line on the skin running from belly button to pubic hairline
- Patches of darker skin, usually over the cheeks, forehead, nose, or upper lip. Patches often match on both sides of the face. This is sometimes called the mask of pregnancy.
- Numb or tingling hands, called carpal tunnel syndrome
- Itching on the abdomen, palms, and soles of the feet. *(Call your doctor if you have nausea, loss of appetite, vomiting, jaundice or fatigue combined with itching. These can be signs of a serious liver problem.)*
- Swelling of the ankles, fingers, and face. *(If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor right away. This could be a sign of preeclampsia.)*

Third Trimester

You're in the home stretch! Some of the same discomforts you had in your second trimester will continue. Plus, many women find breathing difficult and notice they have to go to the bathroom even more often. This is because the baby is getting bigger and it is putting more pressure on your organs. Don't worry, your baby is fine and these problems will lessen once you give birth.

Some new body changes you might notice in the third trimester include:

- Shortness of breath
- Heartburn
- Swelling of the ankles, fingers, and face. *(If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor right away. This could be a sign of preeclampsia.)*
- Hemorrhoids
- Tender breasts, which may leak a watery pre-milk called colostrum (kuh-LOSS-struhm)
- Your belly button may stick out
- Trouble sleeping
- The baby "dropping", or moving lower in your abdomen
- Contractions, which can be a sign of real or false labor

Knowing the phases of pregnancy is very essential for mothers to be guided on what to expect during the process of conceiving. Likewise, knowing the complications it might bring is equally important as well.

In the next pages of this module, you are going to study the different pregnancy complications a pregnant may or may not experience before, during and after pregnancy. Do not forget to take note of it for you to answer the assessment later.

Common Pregnancy Complications Pre-Pregnancy

- **Heterotopic pregnancy (HP)** is often used to describe the coexistence of an intrauterine and an ectopic pregnancy. It is a seldom but yet fatal condition whose diagnosis can easily be missed. Heterotopic pregnancies are thought to be caused by multiple ovulations; the incidence is thus expected to be higher amongst women with assisted reproductive techniques.

Heterotopic pregnancies are rare in spontaneous conceptions. Nonetheless, when it does occur, the intrauterine pregnancy is usually viable. We herein present a true rarity of the coexistence of a blighted ovum and an ectopic pregnancy.

- **Ectopic pregnancy** is a complication of pregnancy in which the embryo is implanted outside the uterus. Signs and symptoms classically include abdominal pain and vaginal bleeding.

An ectopic pregnancy most often occurs in a fallopian tube, which carries eggs from the ovaries to the uterus. This type of ectopic pregnancy is called a **tubal pregnancy**. Sometimes, an ectopic pregnancy occurs in other areas of the body, such as the ovary, abdominal cavity or the lower part of the uterus (cervix), which connects to the vagina.

- **Polycystic ovary syndrome (PCOS)** is a hormonal **disorder** common among women of reproductive age. Women with **PCOS** may have infrequent or prolonged menstrual periods or excess male hormone (androgen) levels. The **ovaries** may develop numerous small collections of fluid (follicles) and fail to regularly release eggs.

- **Ovarian cysts** are common during early pregnancy, even though you're no longer menstruating. Ovarian cysts are small fluid-filled sacs that develop in a woman's ovaries. Most cysts are harmless, but some may cause problems such as rupture, bleeding, or pain.

During Pregnancy

Anemia

Anemia is having lower than the normal number of healthy red blood cells. Treating the underlying cause of the anemia will help restore the number of healthy red blood cells. Women with pregnancy related anemia may feel tired and weak. This can be helped by taking iron and folic acid supplements. Your health care provider will check your iron levels throughout pregnancy.

Common types of anemia during pregnancy:

Iron-deficiency anemia. Iron deficiency is the most common cause of anemia in pregnancy. This type of anemia happens when the body doesn't have sufficient iron to produce adequate amounts of hemoglobin. That's protein in red blood cells. It transports oxygen from the lungs to the rest of the body.

In iron-deficiency anemia, the blood cannot carry enough oxygen to tissues throughout the body.

Folate-deficiency anemia. Folate is the vitamin found naturally in certain foods like green leafy vegetables A type of B vitamin, the body needs folate to produce new cells, including healthy red blood cells.

Throughout pregnancy, women need additional folate. But sometimes they don't get enough from their diet. When that happens, the body can't make enough normal red blood cells to transport oxygen to tissues throughout the body. Man-made supplements of folate are called folic acid.

Folate deficiency can directly contribute to certain types of birth defects, such as neural tube abnormalities (spina bifida) and low birth weight.

Vitamin B12 deficiency. The body needs vitamin B12 to form healthy red blood cells. When a pregnant woman doesn't get enough vitamin B12 from their diet, their body can't produce adequate healthy red blood cells. Women who don't eat meat, poultry, dairy products, and eggs have a greater risk of developing vitamin B12 deficiency, which may contribute to birth defects, such as neural tube abnormalities, and could lead to preterm labor.

Low-lying placenta

Placenta previa is a rare pregnancy complication that occurs if the placenta attaches to the bottom part of a woman's uterine wall, partially or completely covering the cervix. When it occurs, it usually happens during the second or third trimester.

Some women have a low-lying placenta in early pregnancy, however. A doctor will monitor the condition. But often the placenta moves to the appropriate place without any intervention.

Placenta previa becomes a more serious condition in the second or third trimesters. It can result in heavy vaginal bleeding. If left untreated, placenta previa can lead to bleeding heavily enough to cause maternal shock or even death. Luckily, most cases of the condition are recognized early on and treated appropriately.

Pre-eclampsia is a condition that affects some pregnant women usually during the second half of pregnancy (from around 20 weeks) or immediately after delivery of their baby. Preeclampsia is also called **toxemia**. It occurs after the first 20 weeks of a pregnancy and causes high blood pressure and possible problems with your kidneys.

Women with pre-eclampsia have high blood pressure, fluid retention (oedema) and protein in the urine (proteinuria). If it's not treated, it can lead to serious complications and in one to two per cent of cases can be life threatening. In the unborn baby, pre-eclampsia can cause growth problems.

Gestational Diabetes Mellitus (GDM) is a severe and neglected threat to maternal and child health. Many women with GDM experience pregnancy-related complications including high blood pressure, large birth weight babies and obstructed labor. Approximately half of women with a history of GDM go on to develop type 2 diabetes within five to ten years after delivery.

Gestational diabetes occurs when your body cannot process sugars effectively. This leads to higher-than-normal levels of sugar in the bloodstream. Some women will need to modify their meal plans to help control blood sugar levels. Others may need to take insulin to keep their blood sugar levels in control. Gestational diabetes usually resolves after pregnancy.

Hyperemesis Gravidarum (HG) – Severe, persistent nausea and vomiting during pregnancy — more extreme than "morning sickness"

- Nausea that does not go away
- Vomiting several times every day
- Weight loss
- Reduced appetite
- Dehydration
- Feeling faint or fainting

- **Miscarriage** – Pregnancy loss from natural causes before 20 weeks. As many as 20 percent of pregnancies end in miscarriage. Often, miscarriage occurs before a woman even knows she is pregnant. Signs of a miscarriage can include:
 - Vaginal spotting or bleeding*
 - Cramping or abdominal pain
 - Fluid or tissue passing from the vagina
 - Spotting early in pregnancy doesn't mean miscarriage is certain. Still, contact your doctor right away if you have any bleeding.

Premature labor

Labor is considered preterm when it occurs after 20 weeks and before 37 weeks of pregnancy. Traditionally, the diagnosis is made when regular uterine contractions are associated with either opening (dilation) or thinning out (effacement) of the cervix.

The majority of premature labor and birth cases occur spontaneously. However, up to one-fourth are a result of an intentional decision. These cases are generally due to complications in either the mother or the baby. They are best treated by proceeding with delivery, despite the fact that the mother is not yet at her due date.

Preterm labor requires prompt medical attention. A woman who experiences symptoms of premature labor may be put on bed rest or be given medication to stop contractions. Many actually go on to deliver at term.

There are a host of risk factors associated with premature labor and delivery, including:

- smoking
- inadequate prenatal care
- a history of multiple abortions
- a history of preterm births
- an incompetent cervix
- uterine fibroids
- urinary tract and other infections

Post or After Pregnancy

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect — depression.

Most new moms experience **postpartum** "baby blues" after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty

sleeping. Baby blues typically begin within the first two to three days after delivery, and may last for up to two weeks.

But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Rarely, an extreme mood disorder called postpartum psychosis also may develop after childbirth.

Postpartum depression isn't a character flaw or a weakness. Sometimes it's simply a complication of giving birth. If you have postpartum depression, prompt treatment can help you manage your symptoms and help you bond with your baby.

Other common postpartum complications

After childbirth, it's common to experience fatigue and discomfort, such as perineal pain and uterine contractions. You might not know the difference between a normal recovery and the symptoms of a complication — or when to seek medical care. If you give birth in a hospital, your health care team might not identify risk factors for serious postpartum complications before you are discharged.

Mothers also often don't see a health care provider until four to six weeks after childbirth, and as many as 40 percent don't attend a postpartum visit, likely due to limited resources. As a result, most receive little guidance on their postpartum recovery.

- Cardiovascular diseases
- Other medical conditions often reflecting pre-existing illnesses
- Infection or sepsis
- Excessive bleeding after giving birth (hemorrhage)
- A disease of the heart muscle that makes it harder for your heart to pump blood to the rest of your body (cardiomyopathy)
- A blockage in one of the pulmonary arteries in the lungs often caused by blood clots that travel to the lungs from the legs (thrombotic pulmonary embolism)
- Stroke
- High blood pressure (hypertensive) disorders of pregnancy
- A rare but serious condition that occurs when amniotic fluid or fetal material, such as fetal cells, enters the mother's bloodstream (amniotic fluid embolism)
- Anesthesia complications
- Discharge, pain or redness that doesn't go away or gets worse around ac-section incision (cut), episiotomy or perineal tear. A c-section (also called cesarean birth) is a surgery in which your baby is born through a cut that your doctor makes in your belly and uterus

(womb). An episiotomy is a cut made at the opening of the vagina to help let the baby out during birth. A perineal tear is a tear in the perineum, which is the area between the vagina and the rectum. Your perineum may tear naturally during vaginal birth.

- Pain or burning when you urinate (pee), pain in your lower back or side or needing to pee often. You may have a urinary tract infection (also called UTI), like a bladder infection called cystitis or a kidney infection called pyelonephritis.
- Red streaks on your breasts or lumps in your breast that are new and hurt. You may have a breast infection called mastitis. This can happen when you have a plugged duct, you miss or delay breastfeeding or your breasts become engorged (swollen and full of milk).
- Severe pain in your lower belly. You may have endometritis. This is inflammation (redness or swelling) in the lining of the uterus.



What's More

Great job! You are halfway through this module. This time, deepen and nourish your understanding of the concepts of maternal health issues by doing some activities. You may choose only one (1) activity to answer. Let's go!

Activity 1

Directions: Based on your observations, describe the different changes of a pregnant woman by answering the following questions:

- What are the observable changes of a pregnant woman?

- Why do pregnant women differ in the observable changes?

- What makes a pregnant woman healthy and strong?

Activity 2

Directions: Draw a rectangular box like the one below and list down the possible conditions a mother can possibly acquire before, during and post pregnancy.

<u>Pre-Pregnancy</u>	<u>During Pregnancy</u>	<u>Post Pregnancy</u>

Processing Question:

- Based on the discussion, can you share your learning about ways on how to prevent and ease the complications and conditions a mother is going through before, during and after pregnancy?

Activity 3

Directions: Read the following activities and decide whether it is advisable for a pregnant woman with maternal condition or not. Write the word CHECK if it advisable and draw an X if it is not.

- ___ 1. Eating foods from fast food chains
- ___ 2. Smoking cigarettes
- ___ 3. Drinking milk and food supplements
- ___ 4. Carrying a pail of water
- ___ 5. Going for walks/ jog

Processing Question:

- Note the things you answered “not advisable”. How do these activities contribute to a mother’s complications?

Activity 4

If you were on the shoes of a pregnant woman, think or list some of the health tips that you should remember during the phases of pregnancy and using the letters in the word PREGNANCY, form a keyword that you should remember in meeting the needs of a pregnant woman. The first item was already given. Write your answers in your activity notebook.

P repare and plan very well

R _____

E _____

G _____

N _____

A _____

N _____

C _____

Y _____

Pregnancy

a. First Trimester

b. Second Trimester

c. Third Trimester



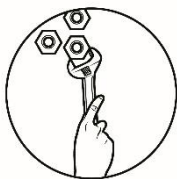
What I Have Learned

I used to think that...

I have realized that...

**How has your
understanding of and
thinking towards
pregnancy change after the
lesson?**

**I promise to promote a
healthy lifestyle
because...**



What I Can Do

Activity 1

Directions: Using any available materials, create a guide/pamphlet about maternal health promotion among pregnant women and its importance. Be guided by the rubric and make sure to include these information:

1. Common pregnancy-related concerns
2. Healthy habits for a pregnant woman
3. Preventive measures/ activities to avoid maternal complications

What you need: pencil, marker, bond paper, coloring materials, glue and any art materials available

Rubric	Score
There is a clear theme throughout the booklet or pamphlet.	30%
Sections have clear ideas and are supported with appropriate information and it is clear that the student thoroughly understands the core concepts relevant to this assignment.	30%
Diagrams, pictures, drawings and graphics are of high quality and add to the overall effectiveness of the booklet or pamphlet.	20%
The work is neat, presentable, creative, interesting and writing mechanics are of high quality.	20%
Total	100%



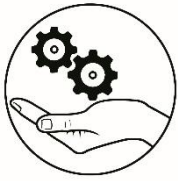
Assessment

Multiple Choice

Directions: Choose the letter of the correct answer. Write your answer in your activity notebook.

1. Which refers to the severe, persistent nausea and vomiting during pregnancy — more extreme than "morning sickness"?
 - A. Anemia
 - B. Hyperemesis Gravidarum
 - C. Low-lying placenta
 - D. Pre-eclampsia
2. Which pregnancy complication is also called toxemia?
 - A. Ectopic Pregnancy
 - B. Heterotopic Pregnancy
 - C. Ovarian Cysts
 - D. Pre-eclampsia
3. What complication commonly includes mood swings, crying spells, anxiety and difficulty sleeping after childbirth?
 - A. Heterotopic Pregnancy
 - B. Miscarriage
 - C. Ovarian Cysts
 - D. Post- Partum Disorder
4. Which type of anemia occurs when the body doesn't have enough iron to produce adequate amounts of hemoglobin?
 - A. Folate deficiency
 - B. Iron deficiency
 - C. Placenta deficiency
 - D. Vitamin B12 deficiency
5. Which of the following complications occurs when your body cannot process sugars effectively during the onset of pregnancy?
 - A. Gestational Diabetes
 - B. Pre-eclampsia
 - C. Hypertension
 - D. Anemia
6. What do you call the condition during pregnancy when a pregnant woman is having lower than the normal number of healthy red blood cells?
 - A. Anemia
 - B. Hypertension
 - C. Nausea
 - D. Placenta Previa

7. Which pregnancy complication that occurs if the placenta attaches to the bottom part of a woman's uterine wall, partially or completely covering the cervix?
- A. Anemia
B. Hypertension
C. Nausea
D. Placenta Previa
8. Where do fertilized eggs gradually develop into a baby?
- A. fallopian tube
B. ovaries
C. uterus
D. stomach
9. Which phase of pregnancy starts from week 13 to 27?
- A. first trimester
B. second trimester
C. third Trimester
D. second and third trimester
10. Which term refers to the phases of pregnancy?
- A. divisions
B. sections
C. semesters
D. trimesters
11. What is the process of birth wherein the doctor surgically removes the baby from the womb?
- A. caesarian section
B. normal delivery
C. painless delivery
D. forceps delivery
12. Which phase of pregnancy lasts from week to birth?
- A. first trimester
B. second Trimester
C. third trimester
D. second and third trimester
13. Which refers to the complication of pregnancy in which the embryo is implanted outside the uterus?
- A. Ectopic Pregnancy
B. Anemia
C. Ovarian Cysts
D. Pre-eclampsia
14. Which process refers to the reproductive process wherein the male gamete and female gamete unite to form a new single cell?
- A. fertilization
B. gestation
C. implantation
D. ovulation
15. What do you call the developing human from the time that the ovum and the sperm cell unite until the end of the eighth week?
- A. baby
B. embryo
C. fetus
D. zygote

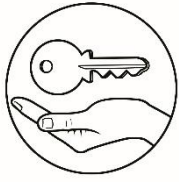


Additional Activities

General Directions: Observe proper health protocols in conducting your interview.

Directions:

1. Interview your mother, aunt or any woman who experienced pregnancy in your community.
2. Ask them the following questions and write their answer/s and response to your activity notebook.
 - What maternal health concerns had you experienced during pregnancy?
 - What did you do to overcome it?
 - Who helped you in overcoming your maternal health concerns?
 - What advice can you give to teenagers like me who are still young to experience pregnancy?



Answer Key

What I Know

1. A
2. C
3. A
4. D
5. B
6. D
7. A
8. C
9. B
10. A
11. A
12. A
13. D
14. D
15. C

What's In

1. Ovarian Cyst
2. Gestational Diabetes
3. Pre-eclampsia
4. Post-partum Disorder
5. Heterotopic Pregnancy
6. Gestation Diabetes
7. Pre-eclampsia
8. Ectopic Pregnancy
9. Ovarian Cysts
10. Post-partum

What's More

Activity 1- Question #1

- Extreme tiredness
- Tender, swollen breasts. Your nipples might also stick out.
- Upset stomach with or without throwing up (morning sickness)
- Cravings or distaste for certain foods
- Mood swings
- Constipation (trouble having bowel movements)
- Need to pass urine more often
- Headache
- Heartburn
- Weight gain or loss

What's More

Activity 1- Question #2

- Pregnant woman differ in changes because they have different coping mechanisms and different lifestyles.

Activity 1- Question #3

- Following a healthy lifestyle and healthy diet.

Activity 2

Before Pregnancy

- Ectopic Pregnancy
- Heterotopic Pregnancy
- Polycystic Ovarian Syndrome

What's More

Activity 2

During Pregnancy

- Anemia
- Low-lying Placenta
- Pre-eclampsia
- Gestational Diabetes
- Diabetes
- Hypertension
- Hyperemesis Gravidarum
- Miscarriage
- Pre-term Labor
- After Pregnancy Depression
- Post-Partum Depression
- Mastitis

I suggest that mothers should look after their health as pregnant and consult doctor always.

What's More

Activity 3

1. X
2. X
3. /
4. X
5. /

Maternal health is important for the mother and the baby. A healthy pregnancy means having a healthy child.

What I have Learned

I used to think that... Being a and going through Pregnancy is easy.

I have realized that... Pregnancy requires preparation.

I promise to promote healthy lifestyle because... life is precious.

Assessment

1. A
2. C
3. A
4. D
5. B
6. D
7. A
8. C
9. B
10. A
11. A
12. A
13. D
14. D
15. C

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For inquiries or feedback, please write or call:

Department of Education - Bureau of Learning Resources (DepEd-BLR)

Ground Floor, Bonifacio Bldg., DepEd Complex
Meralco Avenue, Pasig City, Philippines 1600

Telefax: (632) 8634-1072; 8634-1054; 8631-4985

Email Address: blr.lrqad@deped.gov.ph * blr.lrpd@deped.gov.ph