

## Maternal health board game

**Theme** Maternal health

Age group 10 +

**Group size** 2-8, or play in several groups

Time 30-45 min

Overview

This activity explores the key issue of MDG 5: the reduction of maternal mortality and improvement of maternal health. In the board game, participants will be asked to think about the options effecting how a mother is supported in terms of health care through pregnancy.

### **Objectives**

- To explore what happens during pregnancy
- To develop an understanding of different care for different people
- To see the risks to maternal health, if care is not provided

#### Material and room

- Either the board below copied or sheets of paper stuck on the ground with 1-40 written on them.
- A dice and playing pieces for each player
- Chance cards
- Role cards

### Preparation

- Copy the cards (if possible chances and roles on different coloured paper) and put them in two piles in the middle of the playing area.
- Copy the board, or stick numbers from 1-40 on the floor.

### **Instructions**

- 1. Explain that each player is a pregnant woman. Each player should take a role card, this will determine who they are and what choices they have to make.
- 2. Each player should roll a dice to see who goes first. The one with the highest number starts.
- 3. In turns the players roll the dice and move forward the number of places on the dice.
- 4. If a player lands on an even number square, then they should pick up a 'chance' card. Each chance card explains a scenario.
- 5. Using the role card that the player picked up at the beginning, he or she should then follow the instructions on the chance card and either move forward, stay still, move backwards or return to the start.
- 6. Some chance cards will ask the players to change roles. When one of these cards is picked up,



all the players should put back their role cards. The cards should be shuffled and then re-distributed. Then the players continue the game in their new roles.

7. The game ends when one person passes square 40.

#### **Debriefing**

- Was it easier or harder in some situations to get further around the board?
- How does this replicate (copy) real life?
- Maternal mortality is one of the worst performing Millennium Development Goals. Why do you
  think it is so hard to fight against mortality (death) or morbidity (women getting ill due to pregnancy)? Explain that when they had to start from the beginning again, it indicated mortality.
  Where they had to move back it indicated morbidity and were they moved forward it indicated
  advanced health treatment to ease pregnancy.
- What could be done to reduce mortality or morbidity?

### **Playing board**

You're pregnant	1	2	3	4	5
11	10	9	8	7	6
12	13	14	15	16	17
23	22	21	20	19	18
<b>2</b> 4	25	26	27	28	29
35	34	33	32	31	30
36	37	38	39	40	Your child is born!



# Role cards

You are wealthy and have access to full medical treatment during pregnancy and birth.	You are not wealthy, but you live in a country that will give you full treatment during preg- nancy and birth.	You have access to only limited treatment during pregnancy. There will be a trained midwife but no other medical support during birth.	Your nearest medical centre is 3 hours walk away; you will visit it once during the pregnancy. During the birth a non-trained 'community' worker will help.
You have no money to access any treatment. During the birth there will be only your nontrained mother.	You can afford regular check-ups during pregnancy, although the nearest medical support is 3 hours drive away. During birth the local doctor will be there.	You have access to regular medical treatment. You plan to give birth at home with the aid of a trained midwife.	You have limited access to medical treatment before birth, but during birth you will go into hospital for full medical treatment.
You will have only limited medical treatment during pregnancy, but during birth you go to hospital – the hospital however has limited access to medical equipment.	You live in a place that has limited medical resources, but offers free access to trained midwives during pregnancy and birth. No other facilities are available.	You are wealthy and have access to full medical treatment during pregnancy and birth.	You are not wealthy, but you live in a country that will give you full treatment during preg- nancy and birth.
You have access to only limited treatment during pregnancy. There will be a trained midwife but no other medical support during birth.	Your nearest medical centre is 3 hours walk away. You will visit it once during the pregnancy. During the birth a non-trained 'community' worker will help.	You will have only limited medical treatment during pregnancy, but during birth you go to hospital – the hospital however has limited access to medical equipment.	You live in a place that has limited medical resources, but offers free access to trained midwives during pregnancy and birth. No other facilities are available.
You have no money to access any treatment. During the birth there will be only your nontrained mother. If you miss-carry (the baby dies during pregnancy), it will bring shame to you.	You can afford regular check-ups during pregnancy. Although the nearest medical support is 3 hours drive away, during pregnancy the local doctor will be there.	You have access to regular medical treatment. You plan to give birth at home with the aid of a trained midwife.	You have limited access to medical treatment before birth, but during birth you will go into hospital for full medical treatment.



# **Chance cards**

All change roles	All change roles	Your blood pressure is high. 3 places forward if you are checked and treated. Don't move if you are checked, but not treated. 3 places back if you have no idea that your blood pressure is high.	You get ill with Rubella (German Measles) 5 places forward if you are vaccinated already. Don't move if you get treatment. 3 places back if you don't get treatment
You faint and need medical attention. 3 places forward if you receive it straight away. Don't move if you receive it after some travel. 3 places back if you don't receive it.	You think you are pregnant. 3 places forward if a doctor can confirm. 3 places back if you have no access to a doctor.	You have early contractions caused by dehydration. 3 places forward if you have access to clean water. Don't move if you have to walk to get clean water. 3 places back if you don't receive clean water.	During the birth there are complications. 2 places forward if you have full medic support. Don't move if you get non-medical help. 3 places back if you don't receive help.
You need a check- up. 3 places forward if you receive it straight away. Don't move if you have to travel a long way. 2 places back if you can't afford it or ac- cess it.	You need caesarian during birth.  3 places forward if you are in a hospital and receive it straight away. Go to the start if you don't receive it.	You don't get enough vitamin D and your baby is at risk of diseases. 3 places forward if you receive supple- ments. Don't move if you have a balanced diet. 3 places back if you don't increase your intake.	You experience bleeding. 3 places forward if you go to the hospital. 2 places back if you travel a long distance or get nonmedical support. Go to the start if you can't afford to get help.



You are underweight. 3 places forward if someone tells you this is problematic and you can afford to eat more. 3 places back if you cannot afford to eat more.	You have severe morning sickness. 3 places forward if you can take time off and you have people around who take care of you.Don't move if you can reduce working hours, but no one is taking care of you. 3 places back if you cannot change your way of life.	You feel very tired.  3 places forward if your doctor prescribes iron supplement against tiredness.  Don't move if you don't do anything.	You have a urinary tract infection. 3 places forward if your doctor saw this at a regular check-up and treats it. Don't move if you went to a doctor after you felt severe pain. Go to the start if you lose your baby because you didn't receive treatment.
The baby is born dead. 3 places forward if you receive counseling support. Don't move if you get nothing. 3 places back if you are accused of deliberately misscarrying.	You give birth too early, the baby cannot breathe alone.  3 places forward if the baby is taken care of in hospital.  Go to the start if no one can help the baby.	Labour lasts more than 20 hours and you risk exhaustion and uterine infection. 3 places forward if you receive care and medicine. Don't move if someone takes care of you, but you don't receive medicine. 3 places back if no one can help you.	The baby is born feet first. It is difficult to get it out.  3 places forward if more than one trained midwife or doctor is around.1 place forward if one trained doctor or midwife is around.  2 places back if no trained doctor or midwife is around.
You want to abort. 3 places forward if a doctor does this in a hospital. Don't move if you can pay a doctor to do this in secret at home. 5 places back if a non-trained community member does this.	Your baby is at risk of spina bifida if you don't increase your folic acid intake.  3 places forward if you can afford to take supplements. 3 places back if you can't.	You're a smoker. Your baby is at risk. 3 places forward if you were offered support and gave up before pregnancy. Stay still if you had no support but gave up. 3 places back if you were not informed of the risk.	You are not ready to be a parent. 3 places forward if you know about and can access contra- ception. Stay still if you don't have access to con- traception.