Training of Health Facility Staff
(Skilled Birth Attendant)

Clean and Safe Delivery and
Management
of Postpartum Haemorrhage (PPH)

Trainer Handbook

South Sudan Integrated Service Delivery Program
May 2013
Forward

[insert MOH text here]
Acknowledgements

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This document was adapted from the *Trainers' Manual for the Training of CHWs* developed by the Health Services Support Project, a Jhpiego-led USAID-funded programme in Afghanistan, as well as the basic emergency obstetric and newborn care (BEmONC) training materials from the Jhpiego-led MAISHA Program in Tanzania. It was adapted by Sheena Currie, Laura Fitzgerald, Isabella Ochieng and Victoria Mshiki.

About MCHIP

MCHIP is the USAID Bureau for Global Health’s flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening. Visit [www.mchip.net](http://www.mchip.net) to learn more.
### Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMTSL</td>
<td>Active management of third stage of labour</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal care</td>
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<tr>
<td>BEmONC</td>
<td>Basic emergency obstetric and newborn care</td>
</tr>
<tr>
<td>BP/CR</td>
<td>Birth preparedness and complication readiness</td>
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<td>CCT</td>
<td>Controlled cord traction</td>
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<td>CHW</td>
<td>Community health worker</td>
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<tr>
<td>HHP</td>
<td>Home health promoter</td>
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<tr>
<td>IM</td>
<td>Intramuscular/intramuscularly</td>
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<td>IU</td>
<td>International units</td>
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<tr>
<td>IV</td>
<td>Intravenous/intravenously</td>
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<tr>
<td>MCHW</td>
<td>Maternal and child health worker</td>
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<td>MNCH</td>
<td>Maternal, newborn, and child health</td>
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<tr>
<td>MNH</td>
<td>Maternal and newborn health</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>PHCC</td>
<td>Primary Health Care Centre</td>
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<td>PHCU</td>
<td>Primary Health Care Unit</td>
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<tr>
<td>PPH</td>
<td>Postpartum haemorrhage</td>
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<tr>
<td>TBA</td>
<td>Traditional birth attendant</td>
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<tr>
<td>UBT</td>
<td>Uterine balloon tamponade</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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### Introduction

To help address high maternal mortality, a comprehensive approach for the reduction of postpartum haemorrhage (PPH) in South Sudan spearheaded by the Ministry of Health (MOH) is being implemented. Ensuring health care providers are updated to support these activities includes an initial competency based training followed by supportive supervision so providers can build their competence and confidence in implementing these new practices. For years, much of maternal and newborn care has been provided according to “tradition” and “routine” practice rather than according to evidence. Today, we know that to be effective, care should be evidence-based. In designing the training materials for this course, particular attention has been paid to making them “user friendly” and to permitting the course participants and clinical trainer the widest possible latitude in adapting the training to the participants’ (group and individual) learning needs.

This Training Package helps to provide updates on best practices needed to teach service providers the most current evidence-based care. Use of this package assumes that basic skills, such as normal antenatal care and birth are already being practiced by the participants. The Training package consists of the following components:
A Trainer handbook, which includes trainer instructions, course content and outlines, learning activities including case studies and role plays and answer guides, pre and mid course knowledge assessment questionnaires and answer keys, and detailed information for conducting the course.

A Participants’ Handbook which details the practices and knowledge with learning activities (trainers must also have and read a copy of this as it contains many of the materials to be used). This serves as the “text” for the participants and the “reference source” for the trainer however additional resources can be used. In addition, because the manual and additional reference materials only contain information that is consistent with the course goals and objectives, they become an integral part of all classroom activities, such as giving an interactive lecture or leading a discussion.

Course Overview

This 5-day training is designed to prepare the skilled health care workers who are based at health facilities and are primarily responsible for providing ANC, labour and delivery, and care after childbirth to women and their newborns, to prevent PPH and manage PPH at the facilities and thereby reduce maternal deaths in South Sudan. Specifically, the course will prepare the health facility staff to:

- Counsel women attending ANC clinic on making birth preparedness and complication readiness (BP/CR) plans and preventing PPH using misoprostol during home births.
- Provide safe and clean birth including prevention and management PPH cases at the health facility and refer cases to higher level as appropriate.

This training course is based on the principles of competency based training and learning. Competency-based learning is learning by doing—learning that emphasizes how the participant performs (i.e., a combination of knowledge, attitudes, and most important, skills). The trainer assesses participants’ skill competency by evaluating their overall performance.

The use of competency-based checklists to measure clinical skills or other observable behaviours in comparison to a predetermined standard is an integral part of learning new skills. A checklist contains the individual steps or tasks in sequence (if necessary) required performing a skill or activity in a standard way. If opportunities allow, the participants will also practice skills with patients.

Learning to perform a skill occurs in three stages:
1. **Skill acquisition**: The participant knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance
2. **Skill competency**: The participant knows the steps and their sequence (if necessary) and can perform the required skill or activity
3. **Skill proficiency**: The participant knows the steps and their sequence (if necessary) and efficiently performs the required skill or activity

**CORE COMPETENCIES**

The participants are expected to develop the following competencies in order to successfully prevent and manage PPH.

1. Assist pregnant women and their family members to develop a Birth Preparedness and Complication Readiness (BP/CR) plan using BP/CR counselling flip charts.
2. Use PPH prevention flip charts, counsel pregnant women on the use of misoprostol and provide misoprostol for the prevention of PPH.
3. Demonstrate clean and safe childbirth, including active management of the third stage of labour and immediate essential newborn care.
4. Provide essential newborn interventions, including those for warmth, cord care and eye care, newborn resuscitation, recognize danger signs, and promote early and exclusive breastfeeding.
5. Identify the presenting symptoms and signs of shock.
6. Perform adult resuscitation and management of shock.
7. Identify the presenting symptoms and signs, determine the probable diagnosis, and use simplified management protocols for vaginal bleeding after childbirth.

COURSE GOAL
To provide the participants with essential knowledge, skills, and attitudes in prevention of PPH at community and health facility levels and manage cases of PPH at health facilities.

PARTICIPANTS’ LEARNING OBJECTIVES
By the end of this training, the participants will be able to:
• Describe the current status of maternal and newborn health and maternal and newborn mortality in South Sudan
• Identify interventions for making pregnancy safer
• Define maternal death
• Use interpersonal and communication skills to counsel a pregnant woman
• Describe the components of BP/CR plans
• Perform the steps of clean and safe delivery including active management of 3rd stage of labour (AMTSL) and immediate essential newborn care
• Manage the cases of PPH at the health facility using the PPH management protocol and refer in a timely manner when needed
• Provide supportive supervision to the HHPs attached to their health facility

PARTICIPANTS’ LEARNING ACTIVITIES
In order to achieve the learning objectives, participants will carry out following activities.
• Complete the pre- and post-course theory assessment
• Practice skills including clean and safe birth with AMTSL and immediate newborn care, manage shock, and perform bimanual uterine compression and manual removal of placenta on anatomical models.

TRAINING/LEARNING METHODS
• Interactive presentations
• Large group discussion
• Small group work
• Case studies
• Practice in role play setting
• Clinical simulations

TRAINING MATERIALS
• PPH prevention and BP/CR flip cards
• Recordkeeping forms
• Government of South Sudan clinical guidelines on prevention and management of PPH
• Participants reference materials
• Anatomical models (Mama Natalie and Neonatalie)
• Instruments and equipment for conducting normal labour, management of PPH, manual removal of placenta, uterine balloon tamponade and newborn resuscitation
• Infection prevention supplies
• Videos

PARTICIPANT SELECTION CRITERIA
Participants for this course are:
• Skilled birth attendants who have recently been/are conducting deliveries
• Released for the training by their supervisors and have the support of their supervisors to implement new skills
• Interested in updating their skills and knowledge to prevent and manage PPH

NOTE: Community Health Workers (CHWs) have a limited role in maternal, newborn, and child health (MNCH) activities and are not currently permitted to administer uterotonics or perform any activities related to managing PPH other than arranging referral and, if needed, massaging the uterus if it is soft and administering oral rehydration salts.

METHOD OF EVALUATION
Participants: A pre-test will be completed on Day 1 and a post-test on Day 4. However, the main focus is participants’ ability to prevent and manage PPH. The evaluation includes:
• Pre-course knowledge assessment
• Post-course knowledge assessment
• Evaluation of skills on models

Although the training is short the goal is that ALL participants will be COMPETENT on a model in ‘assisting a normal birth with AMTSL and essential newborn care’. As the clinical trainer(s) you will observe and rate the participant’s performance on each step of this skill on the checklist. The participant must be rated “Satisfactory” for each skill/activity group covered in the checklist in order to be evaluated as qualified.

Course Duration: 5 Days

1 In some cases, maternal and child health workers (MCHWs) may also participate and the training will need to be modified according to their skills level.
Suggested Course Composition: 16 participants, four trainers

BEFORE STARTING THIS COURSE:

Conducting successful clinical training courses is dependent on effective and efficient planning and preparation. In this section, you will find some TIPS to help you improve preparation for the training of health care providers in prevention and management of PPH. Please review the checklist (page X) on preparation for this training.

Preparing for the Training

- The trainers should meet with the training organizer at least 1 week before the course and review preparations as well as assign topics to themselves.
- The training venue should have been identified.
- Participants will have been invited and their participation has been confirmed.
- Arrangements have been made for participants’ accommodation.
- Arrangements for meals and refreshment have been finalized.
- Arrangements have been made for translation, if needed.
- Supplies for the workshops, including the training materials, have been procured. All the supplies needed for skills sessions are listed in Appendix X.

Preparing Training Materials

The training materials for the participants include:

- The Participant’s Handbook
- Birth Preparedness and Complication Readiness flipcards
- PPH prevention flipcards
- Clinical guidelines for PPH prevention and management
- Samples Recordkeeping forms

Preparing to Train

As an effective trainer, you must practice and prepare yourself for the training by becoming competent in using/performing the following:

- BPCR and PPH prevention flipcards
- Clinical guidelines for prevention and management of PPH
- Clean and safe delivery, AMTSL, newborn resuscitation, bimanual compression of uterus, uterine balloon tamponade, manual removal of placenta on anatomical models and perineal repair
- Clinical drill for management of PPH
- Recordkeeping forms for both PPH prevention and management at the facility level

This course prepares you to become a competent provider of PPH prevention and management services and a clinical trainer (with support of an experienced trainer) When
If you conduct training of health facility providers, you will be part of a group of trainers. To prepare yourself as a trainer, please do the following:

- Read the Trainer’s Handbook thoroughly, several times if necessary.
- Review the Participant’s Handbook for training in “clean and safe delivery and managing PPH.”
- Review the course syllabus to thoroughly understand the course goals and objectives, the set of training materials, the participant selection criteria, and the evaluation approach.
- After you review the schedule, you should study the course outline in detail as this explains how each session should be conducted. Pay particular attention to the skills Checklists in the Participant Handbook as they must be demonstrated and practiced exactly.
- Also review the checklists (at the end of this handbook) for making effective classroom presentations, making effective clinical demonstrations, as well as coaching during practice, to ensure that you use training methods effectively and following adult learning principles (A, B, C, D).
- Lastly, practice all the sessions in order to complete your preparation as a trainer.

Finally, it is the clinical trainer’s responsibility to observe each participant’s overall performance in performing obstetric and newborn care procedures. This provides a key opportunity to observe the way the participant uses what s/he has learned e.g., her/his attitude for respectful care toward women—a critical component of quality service delivery.

On successful completion of the course, each participant should have the opportunity to apply her/his new knowledge and skills as soon as possible. Failure to do so quickly leads to loss of provider confidence and ultimately loss of competence. An action plan is included in the Participant Handbook Appendix X.

### Training on Clean and Safe Birth and Preventing/Managing Postpartum Haemorrhage

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
<th>AM (4 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM (4 hours)</td>
<td>AM (4 hours)</td>
<td>AM (4 hours)</td>
<td>AM (4 hours)</td>
</tr>
<tr>
<td>Welcome and opening</td>
<td>Agenda and warm-up</td>
<td>Agenda and warm-up</td>
<td>Agenda and warm-up</td>
</tr>
<tr>
<td>Participant introductions</td>
<td>Video: Assisting a normal birth</td>
<td>Trainer demonstration: Management of shock linked to PPH</td>
<td>Clinical simulation: Management of shock linked to PPH</td>
</tr>
<tr>
<td>Overview of the workshop: Course expectations, training goals and objectives, schedule, training materials and training approach; group norms</td>
<td>Conducting clean and safe delivery:</td>
<td>Skill practice in teams: Management of shock linked to PPH</td>
<td>Trainer demonstration: Episiotomy and perineal repair</td>
</tr>
<tr>
<td>Pre-test</td>
<td>Trainer demonstration: Clean and safe delivery including AMTSL and immediate routine care of mother and newborn</td>
<td>Tea break</td>
<td>Tea break</td>
</tr>
<tr>
<td><strong>Tea break</strong></td>
<td>Case study 1: Management of postpartum haemorrhage.</td>
<td><strong>Tea break</strong></td>
<td><strong>Tea break</strong></td>
</tr>
<tr>
<td>Overview of maternal health situation in South Sudan and PPH prevention project</td>
<td>Trainer demonstration:</td>
<td><strong>Skills practice and Perineal repair others</strong></td>
<td><strong>Skills practice classroom checkout</strong></td>
</tr>
<tr>
<td>Group work around 3 delays (includes referral process)</td>
<td>Bimanual uterine compression</td>
<td><strong>Skills practice</strong></td>
<td></td>
</tr>
<tr>
<td>Review BP/CR and PPH prevention flip cards</td>
<td>Uterine balloon tamponade (UBT)</td>
<td><strong>Perineal repair and others</strong></td>
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<tr>
<td></td>
<td>Aortic compression</td>
<td><strong>Tea break</strong></td>
<td></td>
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<tr>
<td></td>
<td>Participants practice:</td>
<td><strong>Tea break</strong></td>
<td></td>
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<tr>
<td></td>
<td>Bimanual uterine compression</td>
<td><strong>Tea break</strong></td>
<td></td>
</tr>
<tr>
<td>PM (3 hours)</td>
<td>Warm-up</td>
<td>Pre-test results and discussion</td>
<td>Role play 1: Communicating with pregnant women</td>
</tr>
<tr>
<td>LUNCH</td>
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**Tea break**
- Update on infection prevention:
  - Handwashing activity
  - Personal protective equipment
  - Decontamination
  - Instrument processing
- **Summary of the day**

**Assignments:** Review checklist—assisting normal birth and PPH guidelines

| PM (3 hours) | Warm-up | Overview of birth asphyxia | Newborn resuscitation demonstration | Newborn resuscitation practical session | Practice continues |
| LUNCH | | | | |

**Tea break** will be taken during the practice
- Overview of postpartum and newborn care and discussion
- **Trainer presentation:** Management of postpartum haemorrhage protocol
- **Summary of the day**

**Assignments:** Review PPH guidelines and checklists

| PM (3 hours) | Warm-up | Misoprostol quiz | **Trainer demonstration:** Manual removal of placenta | Participants practice: Manual removal of placenta |
| LUNCH | | | | |

- Ensuring supply and safe storage of oxytocin
- Skills practice in classroom as time allows
- **Summary of the day**

**Assignments:** Revise all materials, review checklists and BP/CR and PPH prevention flip cards

| PM (3 hours) | Warm-up | Groupwork: the referral process | Trainer demonstration: Counselling her family using PPH prevention flip charts |
| LUNCH | | |

- Participant demonstration: Skills practice in classroom when able
- **Role Play 2:** Supervisor participation
- Practice continues classroom and checkout when able
- **Summary of the day**

**Assignments:** Action plans. Ask participants to begin completing these – to be continued on Day 5

### COURSE OUTLINE

The course outline guides you on how to conduct each session on the agenda. It also provides suggested time limits as well as the materials needed for training. It is very important that you review the methodology described in the outline well before the start of the training and familiarize yourself with the outline. This outline is to guide you and you should feel free to make changes based on the group’s learning needs.

The times in the left column are recommended and are planned to fit a 7 hour training day excluding breaks. Managing time and activities is the lead facilitator’s responsibility – there is some flexibility in these and where possible participants can have opportunities to have additional practice on models.

**SAFE AND CLEAN BIRTH WITH AMTSL AND**
# NEWBORN CARE AND MANAGING PPH

## COURSE OUTLINE

Include a 15-minute break during the morning and afternoon each day.

### DAY 1

By the end of Day 1, the participants will be able to:
- Identify co-participants and trainers
- Outline the training program they will undertake, including training materials
- Describe the current status of maternal health and maternal mortality in South Sudan
- Interventions for making pregnancy safer
- Birth preparedness and complication readiness as a component of antenatal and postpartum care
- Recommended infection prevention practices for all aspects of maternal and newborn care

<table>
<thead>
<tr>
<th>OBJECTIVES/ACTIVITIES</th>
<th>TRAINING/LEARNING METHODS</th>
<th>RESOURCE MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity:</strong> Welcome the participants</td>
<td>Welcome by representatives from the organization(s) sponsoring and supporting the training course. The Ministry of Health (MOH) should take lead.</td>
<td>Course Equipment: LCD and or laptop, screen, flip chart with markers, anatomic models, instruments, and supplies (see Appendix A)</td>
</tr>
<tr>
<td><strong>Activity:</strong> Facilitate introductions of the participants</td>
<td>First, ask participants to divide into pairs and interview each other. Then, participants should introduce each other by name, position, and any unique characteristics. The trainers should also be involved in this activity. A fun way to identify ‘pairs’ is to use matching terms (day and night, sun and moon etc) – write these on pieces of paper and mix up; participants then select and have to find their partner.</td>
<td>Pieces of paper</td>
</tr>
<tr>
<td><strong>Activity:</strong> Identify participants’ expectations</td>
<td>Ask participants to share their expectations of the course and write their responses on a flip chart. Attach the flip chart page to the wall for reference throughout the course.</td>
<td>Participant’s Handbook: Schedule</td>
</tr>
<tr>
<td><strong>Activity:</strong> Identify course norms</td>
<td>Ask participants to propose and agree the norms of the training. Attach the flip chart page to the wall for reference throughout the course.</td>
<td>Participant’s Handbook</td>
</tr>
<tr>
<td><strong>Activity:</strong> Provide an overview of the course</td>
<td>Review the schedule. Discuss the goals of the course and the participant learning objectives.</td>
<td>Participant’s Handbook and MOH/ Government of the Republic of South Sudan Clinical Guidelines for the Prevention and Management of PPH in South Sudan</td>
</tr>
<tr>
<td><strong>Activity:</strong> Review course materials</td>
<td>Distribute, review, and discuss materials used in the course. Provide folders or bags; ask participants to put their name on all documents.</td>
<td>Participant’s Handbook</td>
</tr>
<tr>
<td><strong>Activity:</strong> Provide overview of training approach and focus on skill practice</td>
<td>Tell participants that this training is very different as it involves sharing experiences, discussion, small group work, practicing in role play as well as practicing on anatomic models, and responding to case studies and individual reading. Review Checklist 1 and discuss with participants whether they have used a checklist before and the advantages of using a standardized approach.</td>
<td>Participant’s Handbook</td>
</tr>
<tr>
<td><strong>Activity:</strong> Assess participants’ pre-course knowledge</td>
<td>Distribute copies of the Pre-test and ask participants to answer each of the questions. Give each participant a number to ensure anonymity (and record participants’ names and numbers for trainer reference only). Papers can be marked by peers or by facilitators.</td>
<td>Trainer Handbook: Pre-Test</td>
</tr>
<tr>
<td>Activity: Overview of maternal health situation in South Sudan and discussion of the PPH prevention project</td>
<td>Group Discussion: Provide background information on the magnitude of maternal mortality and PPH in South Sudan. Discuss misoprostol for prevention of PPH: Experiences of misoprostol program to date.</td>
<td>Presentation Graphic: Prepared flip chart with key points</td>
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<tr>
<td>Activity: Group work around the three delays</td>
<td>Ask the group to identify the reasons why women are not getting the care they need in a timely way. Introduce the concept of the “three delays” and divide the larger group into three smaller groups to brainstorm about the causes of delays at each level and what can be done to address them. Have each group present. Refer participants to Figure 1 - the “three delays”.</td>
<td></td>
</tr>
<tr>
<td>Activity: Review BP/CR and PPH prevention flipcards</td>
<td>Orient the group to these materials, and provide explanation of their usage generally as well as in the HHP program. Involve the participants to discuss possible ways to meet the key steps of birth preparedness and complication readiness in their communities.</td>
<td>Birth preparedness and complication readiness flip charts</td>
</tr>
<tr>
<td>Activity: Warmup</td>
<td>Ask a trainer or participant to conduct a warmup</td>
<td></td>
</tr>
<tr>
<td>Activity: Identify individual and group learning needs</td>
<td>Review the answers to the Pre-Test. Using the Individual and Group Assessment Matrix, ask participants to help chart the number of correct answers for each of the questions. Examine the data in the matrix to determine the collective strengths and weaknesses of the group, and plan with the participants how to best use the course time to achieve the desired learning objectives.</td>
<td>Trainers’ Handbook: Pre-Test Answer Key and Individual and Group Assessment Matrix</td>
</tr>
<tr>
<td>Activity: Role play on communicating on a woman’s rights to safe motherhood</td>
<td>Role Play: Use the discussion questions in the role play to discuss the importance of good communication. Pause at appropriate intervals to emphasize particular points and encourage discussion.</td>
<td>Role Play 1: Communicating a woman’s rights to safe motherhood</td>
</tr>
<tr>
<td>Activity: Apply infection prevention practices for care during pregnancy and childbirth</td>
<td>Demonstration: The demonstration should be carried out in the classroom using the appropriate equipment. Skills stations can be set up for each activity. Drawing a tap on a piece of flip chart paper can simulate running water. Ask for volunteers form the group to demonstrate each of the following practices, provide an explanation of the steps involved and encourage participants to ask questions at any point during the demonstration as well as identify any gaps in performance: • Handwashing • Personal protective equipment • Decontamination – prepare 0.5% chlorine solution if required • Sharps handling • Waste disposal • Instrument handling and preparation</td>
<td>Faucet or graphic depiction of a sink PPE including apron, goggles, boots, and gloves Buckets for chlorine solution, soapy water, and clean water Sharps container Sample instruments for processing VIDEOS on infection prevention are optional</td>
</tr>
<tr>
<td>Activity: Review of the day’s activities</td>
<td>Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flip chart, in preparation for the opening session. The schedule in the Participant’s Handbook should be used. Ask one or more of the other participants to plan an opening activity or warmup for the next day. Ensure participants are clear on the reading assignment for the next day.</td>
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Clean and Safe Delivery and Management of PPH—Participant Handbook
**DAY 2**

**OBJECTIVES:**
Day 2, the participants will be able to:

- Provide supportive care to mother during the birth of a normal birth, including active management of the third stage of labour, examination of the placenta, and inspection of the vagina and perineum for tears.
- Demonstrate best practices for care during second stage of labour, active management of the third stage, and immediate postpartum and newborn care.
- Provide essential newborn interventions, including those for warmth, cord care and eye care, recognition of danger signs, and promotion of early breastfeeding.
- Perform newborn resuscitation.
- Explain postpartum and newborn care and key FP messages to the woman during postpartum visit.

**OBJECTIVES/ACTIVITIES**

<table>
<thead>
<tr>
<th>Activity</th>
<th>TRAINING/LEARNING METHODS</th>
<th>RESOURCE MATERIALS</th>
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</thead>
<tbody>
<tr>
<td><strong>Activity:</strong> Agenda and opening activity</td>
<td>Review the agenda with participants, as outlined on the flip chart. Ask the participant(s) who volunteered for the opening activity or warmup to lead the activity.</td>
<td></td>
</tr>
<tr>
<td><strong>Activity:</strong> Observe and discuss best practices during delivery</td>
<td><strong>Presentation and Discussion:</strong> Show the video to illustrate updated delivery practice. Do they see any differences with what they do now? Then have participants discuss how they can implement the suggested practices.</td>
<td><strong>LCD and or laptop</strong>&lt;br&gt;<strong>Video:</strong> Assisting a normal birth (JSI)</td>
</tr>
<tr>
<td><strong>Activity:</strong> Demonstrate and Practice clean and safe childbirth</td>
<td><strong>Skill Demonstration and Practice:</strong> The skill is to be demonstrated by trainers and practiced by participants in a simulated setting using the relevant models and checklist.</td>
<td><strong>Participant Handbook:</strong> Checklist 1 Assisting a Normal Birth</td>
</tr>
<tr>
<td><strong>Activity:</strong> Warmup</td>
<td>Ask a trainer or participant to conduct a warmup.</td>
<td><strong>Flipchart and pens</strong></td>
</tr>
<tr>
<td><strong>Activity:</strong> Overview birth asphyxia</td>
<td><strong>Overview Presentation:</strong> Begin the session by explaining the main causes of newborn death are birth asphyxia, infection, and low birth weight/prematurity and simple interventions at the time of birth can save many babies lives. Also the need for monitoring the maternal and fetal condition in labour. Ask the participants why a newborn may not breathe/breathe well after birth? Explain the importance of the golden minute; discuss their experiences of managing newborn resuscitation and birth asphyxia. Emphasize the need for essential supplies and being prepared.</td>
<td>Participant Handbook: Checklist 2 - Helping a Baby Breathe/ Newborn Resuscitation</td>
</tr>
</tbody>
</table>

**CLEAN AND SAFE DELIVERY AND MANAGEMENT OF PPH—PARTICIPANT HANDBOOK**

- **Clean and Safe Delivery and Management of PPH—Participant Handbook**

16
**Activity:** Postpartum and newborn care and key family planning (FP) messages

**Overview Presentation and Group Discussion:** Ask the participants what they know about postpartum and newborn care. Emphasize that most women and newborns die in the first 48 hours after birth. Emphasize the need for women to have a complication readiness plan; know the danger signs for mother and baby.

- Ask participants the benefits of FP for woman and her family.
- Using the job aid, review the benefits of FP.
- Review the FP methods available in South Sudan health care facilities that can be used during postpartum period.
- Ask participants to encourage postpartum women to go to the nearest PHCU and PHCC for more information and services.
- Tell participants that in future they may receive additional training on family planning.

**Activity:** Management of postpartum haemorrhage – review of protocol

**Interactive presentation:** Ask the participants if they know any woman in the community who had bleeding after childbirth and what happened to that woman. Use the presentation graphics and copies of the guidelines to review and discuss best practices for managing vaginal bleeding after childbirth. Pause at appropriate intervals to emphasize particular points and encourage discussion. For example, ask participants to cite the possible causes of vaginal bleeding after childbirth and describe the way in which they manage each of the causes. If there are differences between the recommended “best practices” for management and current practices at their worksites, discuss the reasons for this. Is there a need to change current practices? If so, how?

**Activity:** Provide instructions for clinical practice if applicable and a visit to the facility

Trainers should explain to participants how the forthcoming evenings of clinical practice are structured and what is expected of them as individual practitioners and as team members. Trainers should be identified for each of the teams of four so that participants are clear about who will provide guidance during clinical practice.

**Activity:** Review of the day’s activities

Involves participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flip chart, in preparation for the opening session. The schedule in the Participant’s Handbook should be used. Ask one or more of the other participants to plan an opening activity or warmup for the next day.
**OBJECTIVES**

Day 3, the participants will be able to:

- Recognize and manage shock
- Define postpartum haemorrhage
- Identify the causes of postpartum haemorrhage
- Presenting symptoms and signs and determine the probable diagnoses associated with vaginal bleeding immediately after childbirth
- Use simplified management protocols for the specific diagnoses associated with vaginal bleeding immediately after childbirth
- Perform manual compression of the uterus
- Use a uterine balloon tamponade
- Manual removal of the placenta
- Explain the importance of safe storage of oxytocin

<table>
<thead>
<tr>
<th>OBJECTIVES/ACTIVITIES</th>
<th>TRAINING/LEARNING METHODS</th>
<th>RESOURCE MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity:</strong> Agenda and opening activity</td>
<td>Review the agenda with participants, as outlined on the flip chart. Ask the participant(s) who volunteered for the opening activity or warmup to lead the activity. Discuss cases from clinical experience previous evening.</td>
<td><strong>Participant Handbook:</strong> Trainers Handbook Checklist 3 – Adult resuscitation and managing shock linked to PPH</td>
</tr>
<tr>
<td><strong>Activity:</strong> Recognize and manage shock</td>
<td><strong>Skill Demonstration and Practice:</strong> Managing shock – following demonstration/simulation of shock, participants practice in teams of two to four learners.</td>
<td><strong>Participant Handbook:</strong> Trainers Handbook Case Study 1 Vaginal Bleeding After Childbirth (Atonic Uterus) and Answer Key</td>
</tr>
<tr>
<td><strong>Activity:</strong> Case study on vaginal bleeding after childbirth</td>
<td><strong>Case Study:</strong> Use the case study on vaginal bleeding after childbirth (atonic uterus). Divide participants into groups of three or four. Allow approximately 20 minutes for the groups to work on the case study, then 5–10 minutes for one participant from each group to report back to the class as a whole. Use the case study answer keys to guide discussion.</td>
<td><strong>Participant Handbook:</strong> Checklists 4 for Bimanual Compression of the Uterus</td>
</tr>
<tr>
<td><strong>Activity:</strong> Demonstrate and practice bimanual compression of the uterus</td>
<td><strong>Skill Demonstration and Practice:</strong> The skill is demonstrated by trainers and practiced by participants in a simulated setting using the relevant models and checklist.</td>
<td><strong>Participant Handbook:</strong> Appendix Checklist 5 for Uterine Balloon Tamponade</td>
</tr>
<tr>
<td><strong>Activity:</strong> Practice insertion of uterine balloon tamponade</td>
<td><strong>Skill Demonstration and Practice:</strong> The skills are to be demonstrated by trainers and practiced by participants in a simulated setting using the relevant models and checklist.</td>
<td><strong>Participant Handbook:</strong> Appendix Checklist 5 for Uterine Balloon Tamponade</td>
</tr>
<tr>
<td><strong>Activity:</strong> Aortic compression</td>
<td><strong>Skill Demonstration:</strong> Trainer should select a volunteer and demonstrate Compression of the Abdominal Aorta (no checklist – see diagram Participant Handbook: Figure 6),</td>
<td><strong>Participant Handbook:</strong> Figure 6</td>
</tr>
<tr>
<td><strong>Activity:</strong> Warm up</td>
<td>Request a trainer or participant to conduct a warm up. Follow with QUIZ. The group can be divided into 2 groups and compete against each other</td>
<td><strong>Trainer Notebook Misoprotol Quiz</strong></td>
</tr>
</tbody>
</table>

**LUNCH**
### Activity: Demonstrate and practice manual removal of placenta

**Skill Demonstration and Practice:** The skills are to be demonstrated by trainers and practiced by participants in a simulated setting using the relevant models and checklist.

**Participant Handbook:** Checklist 6 for Manual Removal of Placenta.

### Activity (cont.): Practice bimanual compression of the uterus, insertion UBT and manual removal of placenta

**Skill Demonstration and Practice:** The skills are to be practiced by participants using the relevant models and checklists: Bimanual Compression of the Uterus, UBT and Manual Removal of Placenta.

**Participant Handbook:** Checklists 4, 5 and 6

**Trainer’s Handbook:** Equipment per Appendix.

### Activity: Skill practice and skill evaluations

Trainers should evaluate the participants’ skills using the relevant models and checklists. Those participants who need more time can be coached. Focus on: Bimanual compression of uterus, abdominal aortic compression, manual removal of placenta using model.

### Activity: Ensuring supply and safe storage of oxytocin.

Have a brief discussion about the importance of cold storage to assure quality and potency of oxytocin. Emphasize that Oxytocin is the drug of choice for prevention PPH and there should be sufficient supply for both prevention of PPH with every woman as well as managing PPH.

**Participant Handbook:** Safe Oxytocin Supply Pg 10 and MOH circular in Appendix.

### Activity: Review of the day’s activities

Involves participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flip chart, in preparation for the opening session. The schedule in the Participant’s Handbook should be used. Ask one or more of the other participants to plan an opening activity or warmup for the next day.

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### DAY 4

#### LEARNING OBJECTIVES

By the end of Day 4, the participant/student will be able to:

1. Demonstrate the technique of local anaesthesia, and repair of vaginal and perineal lacerations, and episiotomy
2. Discuss how the referral process can be strengthened
3. Counsel a woman on prevention of PPH using the flipcards
4. Provide supportive supervision to HHPs attached to their health facility

<table>
<thead>
<tr>
<th>TIME</th>
<th>OBJECTIVES/ACTIVITIES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td><strong>Activity:</strong> Agenda and opening activity</td>
<td>Review the agenda with participants, as outlined on the flip chart. Ask the participant(s) who volunteered for the opening activity or warmup to lead the activity. Describe lessons learned during clinical practice</td>
</tr>
<tr>
<td>20 minutes</td>
<td><strong>Activity:</strong> Assess participants’ post-test knowledge</td>
<td>Make copies of the post-test and distribute to participants. Review the instructions for completing the questionnaire with participants. Have participants complete the questionnaire. Trainers should score the Post test during the break and review the results with the entire group (time is allocated for this later in the session).</td>
</tr>
<tr>
<td>30 mins</td>
<td><strong>Activity:</strong> Clinical simulation on management of vaginal bleeding after childbirth</td>
<td><strong>Clinical Simulation:</strong> Guide participants through the clinical simulation on management of vaginal bleeding after childbirth, following the guidelines provided. This may be role played using Mamanatalie</td>
</tr>
<tr>
<td>20 minutes</td>
<td><strong>Activity:</strong> Review the results of the Post test</td>
<td>The results of the post test should be reviewed with the class as a whole, emphasizing collective strengths and weaknesses. Trainers may allocate time to meet with participants who scored less than 85% and discuss missed items and/or incorrect responses. The test can be repeated as needed.</td>
</tr>
<tr>
<td>60 minutes</td>
<td><strong>Activity:</strong> Demonstration and Practice episiotomy and perineal repair</td>
<td><strong>Skill Demonstration and Practice:</strong> The skill is to be demonstrated by trainers and practiced by participants in a simulated setting using the relevant models and checklist. This skill if new may require additional practice at a later stage.</td>
</tr>
<tr>
<td>As time allows</td>
<td><strong>Activity:</strong> Skill practice and skill evaluations</td>
<td>Trainers should evaluate the participants’ skills using the relevant models and checklists. Those participants who need more time can be coached according to gaps observed</td>
</tr>
<tr>
<td><strong>LUNCH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 minutes</td>
<td><strong>Activity:</strong> Warmup</td>
<td>Ask a trainer or participant to conduct a warmup.</td>
</tr>
<tr>
<td>30 minutes</td>
<td><strong>Activity:</strong> Group work on strengthening the referral process</td>
<td>Divide the group into three small groups to review the questions about referral of complicated cases. This activity builds upon discussion about the “three delays”; the goal is to think about ways to <strong>decrease the second delay</strong>, especially from lower to higher level health facilities. Smaller groups will discuss their assigned question and draft responses for presentation to the group and a larger group brainstorming session. Summarize using Referral Checklist.</td>
</tr>
</tbody>
</table>
| 60 minutes | **Activity:** Counselling on prevention of PPH | **Skill demonstration and practice:** Counselling a woman and her family using PPH prevention flip charts.  
- Two trainers demonstrate how to counsel a pregnant woman and her family on preventing PPH in a role play situation for 10 minutes. During the role play, the trainer playing the role of the counsellor makes several mistakes such as not listening to the woman, being a little rude, not answering her questions, not asking for permission to enter the house, and continuing counselling even if the woman says that she wants to have her husband included in the conversation. The counsellor also provides incorrect information.  
- Once the demonstration is finished, have the participants give comments about one thing they liked about the counselling demonstration and one thing that they did not like. When they mention one thing that they did not like, ask them how they would counsel the woman. Involve other participants in the discussion (10 minutes).  
- Review the main tips of being an effective counsellor (See **Text Box 10**).  
**Participants practice in pairs:** Counselling women on prevention of PPH  
- Summarize by asking all the participants to give at least one tip for effective counselling. |
| 45 minutes | **Activity:** Overview of supportive supervision, and supportive supervision role play | Facilitate group discussion on the following:  
- What is supportive supervision?  
- What are the qualities of a good supervisor?  
**Role Play 2:** Supportive Supervision. Use this role play to highlight the following issues:  
- Roles and responsibilities in supervising HHPs  
- Conducting monthly meeting with HHPs  
- Collecting, verifying, and correcting forms  
- Solving problems and answering questions |
| As time allows | **Activity:** Skill practice and skill evaluations | Trainers should evaluate the participants’ skills using the relevant models and checklists. Those participants who need more time can be coached according to gaps observed |
| 10 minutes | **Activity:** Review of the day’s activities | Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flip chart, in preparation for the opening session. The schedule in the Participant’s Handbook should be used. Ask one or more of the other participants to plan an opening activity or warmup for the next day. |
Day 5

Learning Objectives
By the end of Day 5, the participants will be able to:
- Complete the essential forms and records for the PPH programme
- Describe the roles and responsibilities of HHPs/MCHWs in implementing PPH prevention interventions at community level
- Provide supportive supervision to the HHPs attached to their health facility
- Prepare action plans for implementing new skills in health facilities

<table>
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</thead>
<tbody>
<tr>
<td><strong>Activity: Agenda and opening activity</strong></td>
<td>Review the agenda with participants, as outlined on the flip chart. Ask the participant(s) who volunteered for the opening activity or warmup to lead the activity.</td>
<td></td>
</tr>
<tr>
<td><strong>Activity: Recordkeeping and reporting</strong></td>
<td>The purpose of this activity is to ensure that the appropriate records and reports are completed correctly. Review HHP pictorial form, misoprostol supply and tracking (monthly report form), and serious adverse reporting/health facility admission form. Group work: Arrange the participants into pairs. Complete reporting exercises for HHP forms and health facility admission /adverse events forms. <strong>Review Monthly Misoprostol &amp; Oxytocin Consumption Log Books</strong> Review national delivery register – emphasise the importance of having good data to include administration of a uterotonic, cases of PPH, newborn and other problems. Review roles and responsibilities (Textbox 8 – PHB)</td>
<td>Copies of forms and records: – HHP reporting form – Health facility admission form – Monthly Misoprostol &amp; Oxytocin Consumption Log Book – Delivery registers Trainer Handbook: Groupwork 2</td>
</tr>
<tr>
<td><strong>Activity: Skill evaluations</strong></td>
<td>Trainers should evaluate the participants’ skills using the relevant models and checklists. Those participants who need more time can be coached according to gaps observed. Focus on ensuring all are competent in assisting a normal birth on a model.</td>
<td>Participant Handbook – all checklists</td>
</tr>
<tr>
<td><strong>Activity: Complete action plans for implementing new skills in health facilities</strong></td>
<td>Support participants to complete the action to guide on how the acquired knowledge, skills, and attitudes from the training are going to be used in contributing to strengthening the quality of MNH care. They can do this individually or in small groups if from the same facility. Where possible support requests for supplies so they can apply new skills and /or follow up.</td>
<td>Participant Handbook: Action plans</td>
</tr>
</tbody>
</table>

LUNCH
| Activity: Identify next steps | Trainers should discuss with participants the following aspects of post-training follow-up:  
• Responsibilities of participants as individuals and team members  
• Supportive supervision of HHPs |
<table>
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<tbody>
<tr>
<td><strong>Activity: Course Evaluation</strong></td>
<td>Share the form with all participants and encourage participants to complete it clearly and honestly, giving examples where possible.</td>
</tr>
<tr>
<td><strong>Activity: Course summary</strong></td>
<td>Provide a brief review of the topics and skills covered during the course. Emphasize that this is the conclusion of the first part of the course.</td>
</tr>
<tr>
<td><strong>Activity: Closing ceremony</strong></td>
<td>Invite local MOH representatives as well as one of the participants to make closing remarks.</td>
</tr>
</tbody>
</table>

### TEXT BOX A: MISOPROSTOL QUIZ

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many tablets of misoprostol does a woman have to take for prevention of bleeding after birth?</td>
<td>Three</td>
</tr>
<tr>
<td>How should a woman take the tablets?</td>
<td>By mouth with a glass of water</td>
</tr>
<tr>
<td>How does misoprostol prevent bleeding after childbirth?</td>
<td>By contracting the womb, which helps the placenta to come out.</td>
</tr>
<tr>
<td>What are the side effects of misoprostol?</td>
<td>Nausea, Diarrhoea, Fever, and Chills</td>
</tr>
<tr>
<td>At what stage during the birth should the woman take misoprostol tablets?</td>
<td>After the last baby is born and before the placenta comes out.</td>
</tr>
<tr>
<td>Where should a woman store the tablets?</td>
<td>In a cool, dry place away from the reach of the children; it should be a place that other adult family members are aware of.</td>
</tr>
<tr>
<td>What should a woman do if the placenta comes out before the woman can take the tablets?</td>
<td>Still take the tablets; it helps.</td>
</tr>
<tr>
<td>When should a woman NOT take misoprostol?</td>
<td>Before the baby is born</td>
</tr>
<tr>
<td>How many doses of misoprostol should a woman take?</td>
<td>Only ONE - a dose is 3 tablets.</td>
</tr>
<tr>
<td>How much do misoprostol tablets cost?</td>
<td>Nothing - they are FREE.</td>
</tr>
</tbody>
</table>
ROLE PLAY 1: COMMUNICATING ABOUT A WOMAN’S RIGHT TO SAFE MOTHERHOOD

ANSWER KEY

DISCUSSION QUESTIONS
1. How did the midwife approach Jane and her mother?

2. Did the midwife give Jane and her mother enough information about the role of the midwife? About the health centre? About her right to safe motherhood?

3. How did Jane and her mother respond to the midwife?

4. What did the midwife do to demonstrate emotional support and reassurance during her interaction with Jane and her mother? Were the midwife's explanations and reassurance effective?

ANSWERS

The following answers should be used by the teacher to guide the class discussion after the role play. Although these are “likely” answers, other answers provided by the learners during the discussion may be equally acceptable.

1. The midwife should introduce herself and address Jane and her mother by name. She should speak in a calm and reassuring manner, using words that the women will easily understand.

2. Sufficient information should be provided about the role of midwifery care at the health centre and in the community, including: prenatal and postnatal care, care during labour and birth, care of the newborn, FP, prevention of complications, and early recognition of complications and referral to the appropriate facility.

3. The midwife should describe safe motherhood, emphasizing Jane’s right to receive the care that she needs to be safe and healthy throughout pregnancy and childbirth. She should reassure Jane and her mother that most complications during pregnancy and childbirth can be prevented with appropriate care.

4. The midwife should listen to the questions and concerns that Jane and her mother express. She should address each of their questions with respect, ensuring that the women fully understand the care that is available. Nonverbal behaviours, such touching or squeezing Jane’s hand or a look of concern, may be enormously helpful in providing emotional support and reassurance for Jane.
ROLE PLAY 2: SUPPORTIVE SUPERVISION
ANSWER KEY

DISCUSSION QUESTIONS

The trainer should use the following questions to facilitate discussion after the role play.

1. How did Midwife Alice let HHP Sarla know that there was a problem affecting her performance as a HHP?
2. What interventions did MW Alice suggest to improve HHP Sarla’s performance?
3. How will MW Alice monitor improvements in HHP Sarla’s performance?

ANSWERS

The following answers should be used by the teacher to guide discussion after the role play. Although these are “likely” answers, other answers provided by learners during the discussion may be equally acceptable.

1. Midwife Alice should communicate clearly and effectively with HHP Sarla to let her know, in a non-judgemental manner, that there is a problem affecting her performance as a HHP and, therefore, the quality of the care and the accuracy of the information she is providing to the women in her community.

   Midwife Alice should ask Sarla to explain what information she is giving to the women as she counsels them on birth preparedness and complication readiness as well as the use of misoprostol. She should encourage Sarla to explain and listen attentively to what Sarla has to say.

2. Midwife Alice should discuss with Sarla the best ways to resolve the problem so that her performance can be improved and she will give accurate information. Midwife Alice should observe Sarla counseling a woman on BPCR and coach her on the gaps, ensuring Sarla understands that she explains the benefits of delivering with a skilled birth attendant but also assists the woman to make preparations for birth at her home if this is her choice. The solutions should be realistic and mutually acceptable to Midwife Alice and HHP Sarla and should aim to achieve improvement in Sarla’s performance. She should ensure that Sarla understands how to counsel women.

3. Midwife Alice should also discuss how best to monitor Sarla’s performance to ensure that her performance improves over the next month. Monitoring HPD’s Sarla’s performance should be carried out in a manner that is non-threatening and encourages her to overcome the problem and improve her performance.
CASE STUDY 1: VAGINAL BLEEDING AFTER CHILDBIRTH ANSWER KEY

Annie is 20 years old. She gave birth to a full-term newborn 2 hours ago at home. Her birth attendant was the local traditional birth attendant (TBA), who has brought Annie to the health centre because she has been bleeding heavily since childbirth. The duration of labour was 12 hours, the birth was normal, and the placenta was delivered 20 minutes after the birth of the newborn.

ASSESSMENT
(History, Physical Examination, Screening Procedures/Laboratory Tests)

1. What will you include in your initial assessment of Annie, and why?
   - Annie and the TBA should be greeted respectfully and with kindness.
   - They should be told what is going to be done and listened to carefully. In addition, their questions should be answered in a calm and reassuring manner.
   - A rapid assessment should be done to check for the following signs to determine if she is in shock and in need of emergency treatment/resuscitation: rapid, weak pulse; systolic blood pressure less than 90 mm Hg; pallor; sweatiness or cold, clammy skin; rapid breathing; confusion. She should also be assessed to determine whether the uterus contracted well after the delivery of the placenta and whether the placenta and membranes were complete.

2. What particular aspects of Annie’s physical examination will help you make a diagnosis immediately or identify her problems/needs, and why?
   - Annie’s uterus should be checked immediately to see whether it is contracted. If the uterus is contracted and firm, the most likely cause of bleeding is genital trauma. If the uterus is not contracted and the placenta is complete, the most likely cause of bleeding is an atonic uterus. The most important causes of bleeding can be suspected by palpating the uterus. If the uterus is not contracted, uterine massage should be started immediately.
   - Annie’s perineum, vagina, and cervix should be carefully examined later for tears.

DIAGNOSIS
(Identification of Problems/Needs)

You have completed your rapid assessment of Annie and your main findings include the following:

- Her pulse rate is 108 beats/minute, her blood pressure is 80/60 mm Hg, her respiration rate is 24 breaths/minute and her temperature is 36.4° C.
- She is pale and sweating.
- Her uterus is soft and does not contract with fundal massage. She has heavy, bright red vaginal bleeding.
- The TBA says that she thinks the placenta and membranes were complete.
4. Based on these findings, what is Annie's diagnosis, and why?
   - Annie's symptoms and signs (e.g., immediate postpartum haemorrhage, uterus soft and not contracted, shock) are consistent with atonic uterus.

CARE PROVISION
(Planning and Intervention)

5. Based on your diagnosis, what is your plan of care for Annie and why?
   - Call for help/assistance, as many things have to be done simultaneously. Annie should not be left unattended.
   - Uterine massage should continue.
   - Oxytocin 10 units should be given IM (Intramuscularly) to help the uterus contract, and uterine massage should continue.
   - Annie should be treated for shock immediately:
     - Position her on her side.
     - Ensure that her airway is open.
     - Give her oxygen at 6–8 L/minute by mask or cannula.
     - Keep her warm.
     - Elevate her legs.
     - Monitor her pulse, blood pressure, respiration, and temperature.
     - Start an IV using a large bore needle for rapid infusion of fluids (1 L of normal saline or Ringer's lactate in 15–20 minutes with 20 IU oxytocin added).
     - Monitor her intake and output (an indwelling catheter should be inserted to monitor urinary output).
   - If the uterus does not contract, manual exploration should be performed to check for and remove retained placental fragments.
   - Blood should be drawn for haemoglobin and cross-matching, and blood for transfusion should be made available as soon as possible.
   - The steps taken to manage the complication should be explained to Annie she should be encouraged to express her concerns, listened to carefully, and provided emotional support and reassurance.

EVALUATION

Some placental tissue has been removed from Annie's uterus. Fifteen minutes after the initiation of treatment, the bleeding is less and the uterus is firm. Her pulse is 80 beats/minute and her blood pressure 100/60 mm Hg.

6. Based on these findings, what is your continuing plan of care for Annie, and why?
   - Continue to monitor vital signs, uterine tone and vaginal bleeding.
   - Encourage Annie to stay overnight and ensure she has her baby with her and she has breastfed.
• All care should be explained to Annie. She should be encouraged to express her concerns, listened to carefully, and provided continuing emotional support and reassurance.

REFERENCES
MANAGING COMPLICATIONS IN PREGNANCY AND CHILDBIRTH: PAGES S-25 TO S-31 AND PPH GUIDELINES IN SOUTH SUDAN (2012)

GROUP WORK 1: STRENGTHENING REFERRAL PROCESSES

DIRECTIONS

The larger group will divide into three smaller groups to reflect on the questions below about referral processes in South Sudan. This activity builds upon discussion about the “three delays”; the goal is to think about ways to decrease the second delay including between health facilities. Smaller groups will discuss their assigned question and draft responses for presentation to the group and a larger group brainstorming session.

QUESTIONS

Group 1: What is needed for a functional maternal referral system?
Group 2: What are the steps in an efficient, effective client referral?
Group 3: What can you do in your facilities to improve the referral process?

Discussion: Currently, where is the system working well, and where are the gaps? What can be proposed as solutions to those gaps?

Answer Key

Group 1: What is needed for a functional maternal referral system?
• A referral strategy (How can community and health system resources meet the need?)
• Strong collaboration between referral levels
• Reliable and timely communication
• Reliable and timely transport (and backup options)
• Agreement protocols for referrals
• Accountability for provider’s performance and supportive supervision
• Plan for covering referral costs
• Capacity to monitor effectiveness

Group 2: What are the steps in an efficient, effective client referral?
• Refer to the referral checklist (in Participant Handbook)

Group 3: What can you do in your facilities to ensure a functional and effective client referral system?
• Ensure means of transport
• Refer the most serious cases urgently
• Keep comprehensive patient records
• Prepare a referral-ready first aid box
• Follow up on referrals
• Have emergency trolleys ready and prepared
• Post and use a referral checklist

CLINICAL SIMULATION 1: MANAGEMENT OF VAGINAL BLEEDING AFTER CHILDBIRTH

**Purpose**: The purpose of this activity is to provide a simulated experience for learners to practice problem-solving and decision-making skills in the management of vaginal bleeding after childbirth, with emphasis on thinking quickly and reacting (intervening) rapidly.

**Instructions**: The activity should be carried out in the most realistic setting possible, such as the labour and delivery area of a health centre where equipment and supplies are available for emergency interventions.

- One learner should play the role of patient and a second learner the role of skilled provider. Other learners may be called on to assist the provider.

- The teacher will give the learner playing the role of provider information about the patient’s condition and ask pertinent questions, as indicated in the left-hand column of the chart on the next page.

- The learner will be expected to think quickly and react (intervene) rapidly when the teacher provides information and asks questions. Key reactions/responses expected from the learner are provided in the right-hand column of the chart on the next page.

- Procedures such as starting an IV and bimanual examination should be role played, using the appropriate equipment.

- Initially, the teacher and learner will discuss what is happening during the simulation in order to develop problem-solving and decision-making skills. The italicized questions in the simulation are for this purpose. Further discussion may take place after the simulation is completed.

- As the learner’s skills become stronger, the focus of the simulation should shift to providing appropriate care for the life-threatening emergency situation in a quick, efficient and effective manner. All discussion and questioning should take place after the simulation is over.

**Resources**: mamanatalie model, sphygmomanometer, stethoscope, equipment for starting an IV infusion, oxygen cylinder, mask and tubing, syringes and vials, speculum, sponge forceps, high-level disinfected or sterile surgical gloves.
### SCENARIO 1
(Information provided and questions asked by the teacher)

- Mrs. A. is 24 years old and has just given birth to a healthy baby girl after 7 hours of labour. Active management of the third stage was performed, and the placenta and membranes were complete. The midwife who attended the birth left the health centre at the end of her shift. Approximately 30 minutes later, a MCHW rushes to tell you that Mrs. A. is bleeding profusely.

  - What will you do?

- On examination, you find the Mrs. A.’s blood pressure is 86/60 mm Hg and pulse 120 beats/minute and weak. Her skin is cold and clammy.

  - What is Mrs. A.’s problem?
  - What will you do now?

#### Discussion Question 1: How do you know when a woman is in shock?

**Expected Responses:** Pulse greater than 110 beats/minute; systolic blood pressure less than 90 mm Hg; cold, clammy skin; pallor; respiration rate greater than 30 breaths/minute; anxious and confused or unconscious

- You find that Mrs. A.’s uterus is soft and not contracted.

  - What will you do now?

- After 5 minutes, Mrs. A.’s uterus is well contracted, but she continues to bleed heavily.

  - What will you do now?

- On further examination of the placenta, you find that it is complete. On examination of Mrs. A.’s cervix, vagina and perineum, you find a deep vaginal tear. She continues to bleed heavily.

  - If you are competent prepare to repair the tear.
  - Tell Mrs. A. what is happening, listen to what she has to say and provide reassurance.
  - Have a staff member assisting check Mrs. A.’s vital signs.

### KEY REACTIONS/RESPONSES
(Expected from learners)

- Shout for help to urgently mobilize all available personnel.
- Make a rapid evaluation of Mrs. A.’s general condition, including vital signs (temperature, pulse, blood pressure and respiration rate), level of consciousness, color and temperature of skin.
- Explain to Mrs. A. what is going to be done, listen to her and respond attentively to her questions and concerns.

- State that Mrs. A. is in shock from postpartum bleeding.
- Palpate the uterus for firmness and massage if soft.
- Ask one of the staff that responded to your shout for help to start an IV infusion, using a large-bore cannula and normal saline or Ringer’s lactate at a rate of 1 L in 15–20 minutes with 10 units oxytocin.
- While starting the IV, collect blood for appropriate tests (haemoglobin, blood typing and cross-matching, and bedside clotting test for coagulopathy).

- Massage the uterus to expel blood and blood clots and stimulate a contraction.
- Start oxygen at 6–8 L/minute.
- Catheterize bladder.
- Cover Mrs. A. to keep her warm.
- Elevate legs.
- Continue to monitor (or has assistant monitor) blood pressure, pulse, and blood loss.

- Examine the cervix, vagina and perineum for tears.
- Ask one of staff assisting to locate placenta and examine for missing pieces.
**What will you do now?**

- If you are not competent to suture the tear and there are no other competent staff available prepare for urgent referral ensuring you have family members to accompany Mrs A and preferably a blood donor.

---

**SCENARIO 1**

*(continuation)*

**KEY REACTIONS/RESPONSES (continuation)**

**Discussion Question 2:** What would you have done if examination of the placenta had shown a missing piece *(placenta incomplete)*?

**Expected Responses:**

- Explain the problem to Mrs. A. and provide reassurance.
- Give diazepam IV slowly.
- Give a single dose of prophylactic antibiotics -ampicillin 2 g IV /IM.
- *Use sterile or high-level disinfected gloves to feel inside the uterus for placental fragments and remove with hand, ovum forceps or large curette.*
GROUP WORK 2: REPORTING EXERCISES

ANSWER KEY

DIRECTIONS

The teacher will divide the large group into pairs to work on the following two reporting exercises. The goal of this activity is to have supervisors interact with the forms and grow comfortable with their usage.

Exercise 1: HHP Pictorial Form

An HHP, Martha, comes back to your facility seeking assistance with filling the Home Health Promoter Pictorial Form. She is not able to write, so Martha is requesting that you help her document the information she remembers from the past month. Martha tells you the following:

“I visited a pregnant woman named Alice, she is the wife of Richard Mathews, who is a local farmer. She could not remember exactly when her last menstrual cycle was, but guesses that she has not had her menses in 3 months. I reviewed the flip book with Alice and talked about birth preparedness and complication readiness and told her that I would come back again when it was closer to her estimated delivery date.

I also visited another woman, Mary, who delivered a few days ago. I met with her about 2 weeks before she had her baby, and I counseled and gave her three misoprostol tablets. Mary delivered at home and took all of the tablets immediately after she gave birth. She said that she had some shaking and vomiting after taking the pills, but it only lasted for a short time. This is Mary’s first baby and she is having difficulty with breastfeeding. Mary said that her baby did not want to breastfeed and could not suckle, so I assisted her to take the baby to the health facility.”

Based on this information:

1. What additional questions do you have for Martha? Based on this information, are you able to assist Martha with completing the HHP Pictorial forms? Do you have any questions about follow-up for Alice or Mary?

2. Please use two blank HHP Pictorial Forms, and complete them according to the information provided from Martha.

Exercise 2: Health Facility Admission Form

In pairs, ask participants to complete the Health Facility Admission Form, based on the following scenario.

Annie is 20 years old. She gave birth to a full-term newborn 2 hours ago at home. Her birth attendant was the local traditional birth attendant (TBA), who has brought Annie to the health centre because she has been bleeding heavily since childbirth. The duration of labour was 12 hours, the birth was normal, and the placenta was delivered 20 minutes after the birth of the newborn. Annie was given misoprostol by her HHP, but her TBA advised her not to take it, and she has left it at home. You are able to control Annie’s bleeding by giving her IM oxytocin and massaging her uterus until it is firmly contracted. You also gave her IV fluids and kept her in the facility overnight for observation.
How do you document this adverse event with the form provided?

**ANSWERS**

After the participants have had an opportunity to complete the exercises, the trainer should use the following answers to guide the class discussion about the documentation process. Although these are “likely” answers, other answers provided by the learners during the discussion may be equally acceptable.

**Exercise 1: HHP Pictorial Form**

1. For Alice, the provider may want to ask the HHP Martha when exactly she intends to go back for her next visit to Alice and whether there were any outstanding questions or concerns (such as previous pregnancy complications) that might require particular attention. For Mary, the provider will want to find out what happened after Mary and her baby went to the Primary Health Care Unit to address breastfeeding problems. Did Mary get the care she needed? Is the situation improving, or was she referred? When will the HHP next visit Mary?

2. Discuss the completion of the pictorial forms using these two examples. Where did participants have difficulty? Help address any questions or concerns.

**Exercise 2:**

1. Ask participants to comment on how they found the health facility admission form. Was it easy to fill out? Do they have questions? Were they able to fill it completely based on the scenario?

2. Discuss other examples of when this form might be used, who should complete it, where it will go, and why it is important.
APPENDIX A:

PRE and POST TEST

HOW THE RESULTS WILL BE USED

The main objective of the Pre-Test is to assist both the trainer and the participant as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topics. This allows the trainer to identify topics that may need additional emphasis during the course. Providing the results of the pre-test to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

Some questions are presented in a true-false format and some in multiple choice format. A special form, the Individual and Group Assessment Matrix, is provided to record the scores of all course participants. Using this form, the trainer and participants can quickly chart the number of correct answers for each of the questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how to best use the course time to achieve the desired learning objectives.

For the trainer, the questionnaire results will identify particular topics that may need additional emphasis during the learning sessions.

Post test

Knowledge will be assessed toward the end of the classroom sessions. A score of 85% or more correct indicates knowledge-based mastery of the material presented during classroom sessions. For those participants scoring less than 85% on their first attempt, the clinical trainer may review the results with the participant individually and guide her/him on using the reference manual(s) to learn the required information. Participants scoring less than 85% can take the post test again at any time during the remainder of the course.
### INDIVIDUAL AND GROUP ASSESSMENT

COURSE/VENUE: ________________________________  
DATES: __________________  
TRAINER(S): __________________________________

<table>
<thead>
<tr>
<th>Question Number</th>
<th>CORRECT ANSWERS (Participants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C A 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21</td>
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<td>2</td>
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<td>20</td>
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</tbody>
</table>
Training in clean and safe birth and managing PPH
Pre- Post Test

Instructions: In the space provided, print a capital T if the statement is true or a capital F if the statement is false.

1. Postpartum haemorrhage (PPH) is the main cause of death of women after delivery in South Sudan. **T**

2. More than 60% of maternal deaths occur in the first 48 hours after childbirth. **T**

3. Having accurate information about maternal and newborn deaths can help improve the quality of care. **T**

4. Every pregnant woman should have at least six antenatal check-ups by a skilled birth attendant. **T**

5. A good counselor does not allow a woman and her family to ask questions because they do not know anything about childbirth. **F**

6. Misoprostol tablets prevent bleeding by contracting the uterus and helping the placenta to deliver. **T**

7. A woman should take three tablets of misoprostol 1 hour before delivery in order to prevent PPH. **T**

8. Severe leg pain is one of the side effects of misoprostol. **F**

9. Vaginal bleeding in excess of 500 ml after childbirth is defined as postpartum haemorrhage. **T**

10. Continuous supportive care from a caring health provider or a relative improves birth outcomes. **T**

Instructions: Circle the letter of the single best answer to each question.

11. Interventions that have proven most successful in reducing maternal mortality
    a. Use of risk approach to determine which women need specialized care **T**
    b. The use of a skilled birth attendant who has access to emergency care **F**
    c. Providing universal antenatal care **F**
    d. Increasing the number of caesarean sections **F**

12. When counseling a pregnant woman about a birth preparedness and complication readiness plan, the provider should tell her:
    a. If she has no risk factors, she can give birth at home with a traditional birth attendant **F**
    b. There are ways of knowing whether she will develop a complication **F**
    c. It is not recommended that she have a companion during labour and childbirth **F**
    d. She should put money aside to pay for the expenses of the birth including possible complications **F**

13. If the woman trusts the provider and feels that s/he cares about the outcome of the pregnancy, she will be more likely to: **T**
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Return for scheduled ANC visits</td>
</tr>
<tr>
<td>b.</td>
<td>Return immediately if a danger sign appears</td>
</tr>
<tr>
<td>c.</td>
<td>Comply with recommended treatment</td>
</tr>
<tr>
<td>d.</td>
<td>All of the above</td>
</tr>
</tbody>
</table>

14. What measures can be taken to prevent postpartum haemorrhage?
   - a. Reducing the length of second stage by encouraging the woman to push hard during contractions
   - b. Administering a uterotonic immediately after the birth for all women
   - c. Cutting an episiotomy
   - d. Giving a grand multipara an injection of ergometrine IV (intravenously) immediately after the birth

15. Before applying controlled cord traction during active management of the third stage of labour:
   - a. Oxytocin is administered intramuscularly immediately after the birth of the baby
   - b. The mother is asked to push
   - c. Pressure is applied to the fundus
   - d. None of the above

16. Management of postpartum haemorrhage caused by an atonic uterus involves:
   - a. Massaging the uterus through the abdominal wall to expel clots and cause uterine contraction
   - b. Helping the woman to urinate or catheterizing the bladder
   - c. Giving an oxytocic drug
   - d. All of the above

17. To help prevent heat loss, the newborn should be:
   - a. Dried thoroughly immediately after the placenta is delivered
   - b. Dried thoroughly after the cord has been cut
   - c. Dried thoroughly and covered with a clean cloth immediately after birth
   - d. Separated from the mother and placed on a table in the corner
   - e. All of the above

18. Breastfeeding should begin:
   - a. After the baby’s first bath
   - b. When the baby starts to cry
   - c. Within the first hour following birth
     - a. When the mother’s milk comes in

19. A woman who suffers shock as a result of an obstetric emergency may have:
   - a. A weak, fast pulse
   - b. High blood pressure
   - c. Normal breathing
   - d. A good urine output

20. Infection can be transmitted from clients to health care workers through:
   - a. Contaminated needles or other sharps instruments that pierce the health worker’s skin
   - b. Splashes in the health care worker’s eye of contaminated blood or body fluids
   - c. Broken skin that is exposed to contaminated blood and body fluids
   - d. All of the above
Training for Health Facility Staff in clean and safe birth
Prevention and Management of Postpartum Haemorrhage in South Sudan:
Training for Health Facility Staff
Pre-Post-Test ANSWER KEY
Training in clean and safe birth and management of PPH

COURSE EVALUATION FORM
(To be completed by participant)

Date: ________________________    Training Venue: ________________________

The purpose of completing this form is to give trainers information about the quality of the training activity just concluded.

Do not write your name please circle, tick (√) or cross the right response.

<table>
<thead>
<tr>
<th>MANAGEMENT AND LOGISTICAL ISSUES</th>
<th>Very useful</th>
<th>Useful</th>
<th>Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue</td>
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<tr>
<td>General organization</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TECHNICAL ISSUES</th>
<th>Very useful</th>
<th>Useful</th>
<th>Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop objectives were clear and achieved</td>
<td></td>
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<td></td>
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<tr>
<td>Ability of facilitators</td>
<td></td>
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<tr>
<td>Coverage of contents</td>
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<tr>
<td>Mode of facilitation was good</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Level of participants /involvement</td>
<td></td>
<td></td>
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<tr>
<td>Adequacy of resource materials</td>
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<tr>
<td>Teaching facilities</td>
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<tr>
<td>Duration of training</td>
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<tr>
<td>Mode of evaluation</td>
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<tr>
<td>Selection of participants</td>
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</tbody>
</table>

Below is a list of major topics that were presented in the workshop. Please tick in the appropriate column to indicate how useful you found them.

| NB: Trainers: Please be sure to fill in topics before giving this form out to the trainees |
|----------------------------------|-------------|--------|--------|
| Topic | Very useful | Useful | Not useful |
| 1 Introduction to maternal and newborn morbidity and mortality |             |        |            |
| 2 Infection Prevention and Control |             |        |            |
| 3 Management of Normal Birth and prevention of PPH |             |        |            |
| 4 Newborn resuscitation |             |        |            |
| 5 Management of shock |             |        |            |
| 6 Management of PPH – bimanual compression of uterus, uterine balloon tamponade, manual removal of placenta |             |        |            |
2.0 RECOMMENDATIONS

1. Do you have any suggestions to improve the training?
________________________________________________________________________
________________________________________________________________________

2. Any other comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

THANK YOU
APPENDICES

List A - Equipment and Supplies for Clinical Sessions

1. **Infection Prevention**
   - Flip chart paper and marker
   - Soap/antiseptic hand cleanser
   - Nail brush/small brush for cleaning instruments
   - Gloves - examination and heavy duty
   - Plastic apron
   - Goggles, boots, or covered shoes
   - Hat and mask
   - Instruments
   - Needles and syringes
   - Plastic receptacles
   - Chlorine solution

2. **Assisting a normal birth: Checklist of equipment and supplies**
   - Childbirth simulator
   - Examination or surgical gloves
   - Personal protective barriers
   - Delivery kit with 2 clamps, cord tie, scissors and receptacle for placenta
   - Clean dry drapes/cloths/towels
   - 0.5% chlorine solution and receptacle for decontamination
   - Leakproof container or plastic bag
   - Oxytocin 10 iu /misoprostol 600mcg and syringe and needle

3. **Newborn Resuscitation**
   Examination gloves
   Newborn model to simulate
   - 2-3 Cloths /towels for drying and wrapping
   - Simple suction
   - Bag
   - Masks size 0 and 1

4. **Shock**
   - Oxygen and face mask (can be simulated)
   - Oxytocic injection
   - Intravenous fluids and giving set (Ringers Lactate or Normal Saline)
   - Cannulas
   - Adhesive tape
   - Urinary catheter & bag
   - Blood pressure machine and stethoscope
   - Syringes
   - Small blood specimen bottle
5. **Bimanual compression**
   - Long sleeved sterile gloves
   - Oxytocic injection
   - Intravenous fluids and giving set
   - Cannulas
   - Adhesive tape
   - Urinary catheter
   - Blood pressure machine and stethoscope
   - Syringes

**Uterine Balloon Tamponade**

- Uterus model
- Small empty bottles about the size of 500ml, one
- Normal saline/clean water (approximately 1 litre) NOTE: In clinical setting would use 500 ml saline IV
- Bowls for clean water, one for every 2-3 participants
- Condoms
- Foley catheter (#14 or #16)
- Ligature/string
- Large syringes (20-cc or larger)
- Luer lock
- IV set
- Clock
- Booklets for each English speaking participant
- A wall poster for each facility labor room and to use during training
- Training UBT kits, one for every 2-3 participants
- Copies of the retrospective and prospective data sheets for each facility
- A copy of the Data Card and the UBT card to show when demonstrating.
- Numbered and recorded UBT kits to be left for use at the facility

6. **Manual Removal of Retained Placenta**

- Intravenous supplies
  - Cannula
  - Giving set
  - Ringers lactate or normal saline
- Soap and water
- Analgesia or anaesthesia
- Gloves: sterile long sleeved gloves
- Swab/gauze
- Urethral catheter
- Oxytocin
- Diazepam if available
• Antibiotics – Ampicillin

7. **Perineal Repair**
   • Pelvic model or “foam block” that would enable episiotomy and repair to be performed
   • High-level disinfected or surgical gloves
   • Personal protective barriers
   • Examination light
   • Local anesthetic
   • Needle and syringe
   • Suture materials
APPENDICES – Trainer’s Checklists

1. TRAINER’S CHECKLIST FOR PREPARATION OF TRAINING

<table>
<thead>
<tr>
<th>KEY PREPARATION STEP</th>
<th>COMPLETED</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants Selection and Management</strong></td>
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<tr>
<td>Ensure that participants are selected per the selection criteria</td>
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<tr>
<td>Invitations have been sent to the participants clarifying transportation, housing arrangements and per diem rates as applicable.</td>
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<tr>
<td>Transportation, housing arrangements, per diem are clearly communicated in the invitation.</td>
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<tr>
<td><strong>Classroom Logistics</strong></td>
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<tr>
<td>Ensure that appropriate classroom space is finalized.</td>
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<tr>
<td>Classroom is large enough to accommodate participants.</td>
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<tr>
<td>Classroom is well lit and ventilated.</td>
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<tr>
<td>There are enough chairs for participants and trainers.</td>
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<tr>
<td>The room is set up the day before the start of the training.</td>
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<tr>
<td><strong>Training Materials</strong></td>
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<tr>
<td>Birth preparedness and complication readiness flipcards for participants and trainers</td>
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<tr>
<td>PPH Prevention counselling flipcards for participants and trainers</td>
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<tr>
<td>Recordkeeping forms: 2 copies for each participants and 1 copy for trainer</td>
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<tr>
<td>* Health facility admission/SAE form</td>
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<tr>
<td>* CHW register or pictorial forms</td>
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<tr>
<td>* Monthly Misoprostol &amp; Oxytocin Consumption Log Books</td>
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<tr>
<td>* Delivery registers</td>
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<tr>
<td>Trainer’s Handbook, one for each trainer</td>
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<tr>
<td>Stationery for each participant: Folder for keeping handbook and other training materials, pencil, eraser, sharpener,</td>
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<tr>
<td>Copies of participant handbook, PPH clinical guidelines, handouts</td>
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<tr>
<td>Copies of the pre and post -test</td>
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<tr>
<td>Sufficient numbers of models and all supplies for skills sessions per list</td>
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<tr>
<td><strong>Trainer Preparation</strong></td>
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<tr>
<td><strong>Communicate in advance with other trainers, and ensure they have copies of all the materials. Then meet / communicate with other trainers and review the course schedule and assign topics.</strong></td>
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<tr>
<td><strong>Practice the use of BPCR and PPH Prevention flipcards.</strong></td>
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<tr>
<td><strong>Review the course syllabus.</strong></td>
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<tr>
<td><strong>Review course outline.</strong></td>
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<tr>
<td><strong>Review the clinical guidelines on PPH.</strong></td>
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</tr>
</tbody>
</table>
## CHECK LIST FOR CLASSROOM PRESENTATION SKILLS

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>OBSERVATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Present an effective introduction.</td>
<td></td>
</tr>
<tr>
<td>2. State the objective(s) as part of the introduction.</td>
<td></td>
</tr>
<tr>
<td>3. Ask questions of the entire group.</td>
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<tr>
<td>4. Target questions to individuals.</td>
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<tr>
<td>5. Ask questions at a variety of levels.</td>
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<tr>
<td>6. Use participants’ names.</td>
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<tr>
<td>7. Provide positive feedback.</td>
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<tr>
<td>8. Respond to participants’ questions.</td>
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<tr>
<td>9. Follow trainer’s notes and/or a personalized reference manual.</td>
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<tr>
<td>10. Maintain eye contact.</td>
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<tr>
<td>11. Project voice so that all participants can hear.</td>
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<tr>
<td>12. Move about the room.</td>
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</tr>
<tr>
<td>13. Use audiovisuals effectively.</td>
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<tr>
<td>14. Display a positive use of humour.</td>
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<tr>
<td>15. Present an effective summary.</td>
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<tr>
<td>16. Provide for application or practice of presentation content.</td>
<td></td>
</tr>
<tr>
<td>STEP/TASK</td>
<td>OBSERVATIONS</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>1. Use trainer’s notes or a personalized reference manual.</td>
<td></td>
</tr>
<tr>
<td>2. State the objective(s) as part of the introduction.</td>
<td></td>
</tr>
<tr>
<td>3. Present an effective introduction.</td>
<td></td>
</tr>
<tr>
<td>4. Arrange demonstration area so that participants are able to see each step in the procedure clearly.</td>
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</tr>
<tr>
<td>5. Never demonstrate an incorrect procedure or shortcut.</td>
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</tr>
<tr>
<td>6. Communicate with the model or client during demonstration of the skill/activity.</td>
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<tr>
<td>7. Ask questions and encourage participants to ask questions.</td>
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<tr>
<td>8. Demonstrate or simulate appropriate infection prevention practices.</td>
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<tr>
<td>9. When using a model, position model as an actual client.</td>
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<tr>
<td>10. Maintain eye contact with participants as much as possible.</td>
<td></td>
</tr>
<tr>
<td>11. Project voice so that all participants can hear.</td>
<td></td>
</tr>
<tr>
<td>12. Provide participants opportunities to practice the skill/activity under direct supervision.</td>
<td></td>
</tr>
</tbody>
</table>
# CHECKLIST FOR CLINICAL COACHING SKILLS

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>OBSERVATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEFORE PRACTICE SESSION</strong></td>
<td></td>
</tr>
<tr>
<td>1. Greet participant.</td>
<td></td>
</tr>
<tr>
<td>2. Ask the participant to review her/his performance in previous practice sessions.</td>
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<tr>
<td>3. Ask the participant which steps or tasks s/he would like to work on during the practice session.</td>
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<tr>
<td>4. Review any difficult steps or tasks in the checklist that will be practiced during the session.</td>
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<tr>
<td>5. Work with the participant to set specific goals for the practice session.</td>
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</tr>
<tr>
<td><strong>DURING PRACTICE SESSION</strong></td>
<td></td>
</tr>
<tr>
<td>1. Observe the participant as s/he practices the procedure.</td>
<td></td>
</tr>
<tr>
<td>2. Provide positive reinforcement and suggestions for improvement as the participant practices the procedure.</td>
<td></td>
</tr>
<tr>
<td>3. Refer to the checklist during session /observation.</td>
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</tr>
<tr>
<td>4. Record notes about participant performance on the checklist during the observation.</td>
<td></td>
</tr>
<tr>
<td>5. Be sensitive to the client when providing feedback to the participant during a clinical session with clients.</td>
<td></td>
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<tr>
<td>6. Provide corrective comments only when the comfort or safety of the client is in doubt.</td>
<td></td>
</tr>
<tr>
<td><strong>AFTER PRACTICE FEEDBACK SESSION</strong></td>
<td></td>
</tr>
<tr>
<td>1. Greet the participant.</td>
<td></td>
</tr>
<tr>
<td>2. Ask the participant to share feelings about the practice session.</td>
<td></td>
</tr>
<tr>
<td>3. Ask the participants to identify those steps performed well.</td>
<td></td>
</tr>
<tr>
<td>4. Ask the participant to identify those steps where performance could be improved.</td>
<td></td>
</tr>
<tr>
<td>5. Refer to notes on the checklist.</td>
<td></td>
</tr>
<tr>
<td>6. Provide positive reinforcement regarding those steps or tasks the participants performed well.</td>
<td></td>
</tr>
<tr>
<td>7. Offer specific suggestions for improvement.</td>
<td></td>
</tr>
<tr>
<td>8. Work with the participants to establish goals for the next practices session.</td>
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</tr>
</tbody>
</table>