

**SHARING LESSONS FROM  
LIFE SAVING OBSTETRIC CARE TRAINING**

## **Sharing Lessons from Life-Saving Obstetric Care Skills Training**

*This guide was developed to assist maternal health care providers who have attended a Life-Saving Obstetric Skills training in sharing crucial lessons from the training with their fellow staff members.*

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## How to Use This Guide

“Sharing Lessons from Life-Saving Obstetric Care Training” is a tool for helping you to share some of the most important lessons from Life-Saving Obstetric Care training with other staff members at your worksite. This guide provides tips on how to share information on four main themes (Antenatal Care, Emergency Preparedness, Infection Prevention, Care for Women in Labour, and Record-keeping) from the training and how to lead effective discussions on providing quality maternal health care in these areas.

First, meet with your facility in-charge to debrief him or her on training and to explain the importance of sharing information with other colleagues, including the support staff. Work with the in-charge to schedule a staff meeting with all staff members from the facility within a few weeks of returning from training. It is important that all members of the facility’s staff attend the meeting, not just the health care providers. Cleaners, guards, receptionists, and other support staff members play important roles in providing quality maternal health care services.

As you return to your facility and try to incorporate the lessons you learned from the training into your daily work routines, you will need the support and cooperation of all of your co-workers. Sharing essential lessons learned from life-saving obstetric care training with your co-workers and discussing strengths and weaknesses in current service delivery will help to improve the facility’s capacity to provide quality health care to pregnant women and their families. At this meeting, you can begin to work together to identify and solve existing problems, to better prepare for emergencies, and to improve vital staff skills such as communication and record keeping. Each of the five sections of this guide should take about an hour; work with your facility in-charge to find times to meet with the staff to share these lessons.

### Format

Each section of this guide begins with a checklist outlining how you should prepare in advance of the meeting, as well as key points to convey through the session.

### Tips for the facilitator

Key principles that can serve as a guide for facilitators include:

- The role of the facilitator is to establish a climate of openness, trust, and acceptance within the group.
- Conflicts within a group should be dealt with diplomatically and with a sense of humor.
- Keep the discussion as lively and participatory as possible, while directing the discussion on the topic at hand.
- Remember that if the group is mixed—medical and non-medical staff—you will need to explain technical information in terms that non-medical staff will understand.

## Speaker's Introduction and Group Discussion on Safe Motherhood

### Checklist for Facilitator

- ✓ Familiarize yourself with the topic and your introductory notes on LSS training
- ✓ Have newsprint or other suitable large paper and a marker for recording the findings from the brainstorming session

Greet the other staff members and introduce yourself (if you are working in a hospital and some of your colleagues may not know you). Explain that you are going to share some of the lessons learned from the a life-saving obstetric care training program that you attended recently, and that the discussion should be broken into six separate meetings; each will last about an hour.

Tell the other staff members that you will be reviewing five topics covered in the training (antenatal care, emergency preparedness, infection prevention, care for women in labour, and record-keeping) and leading a discussion about how the staff at the facility can improve service delivery in each area.

Begin by leading a group discussion and brainstorming session on what “safe motherhood” means. Record the answers that your co-workers call out on newsprint.

Once everyone has contributed to the brainstorming session, share the definition of maternal death to make sure that all staff members start out with a common understanding:

*A **maternal death** is the death of a woman while pregnant or within 42 days of the end of her pregnancy from any cause related to, or made worse by, the pregnancy.*

Next, involve staff members in a discussion about the causes of maternal death that they see at the facility or that they have heard about occurring in the district. On a piece of newsprint, record the causes for maternal death that people call out as they brainstorm. Tape the newsprint up on the wall where everyone can see it clearly.

Now help the group to come up with a “patient’s bill of rights.” This is a list of the services and treatment that all patients can expect to receive at the facility. Start by conduct a brainstorming session on what “quality care” means. Ask the following questions to help the staff form their responses:

- ✓ What services do clients have a right to expect at this facility?
- ✓ What sort of personal treatment/ manners do you think the clients have a right to expect?
- ✓ If you were coming to this clinic, how would you want the staff to treat you?

Record the answers on a large piece of paper or newsprint and post it where it can be seen and referred to during the meeting.

After discussing the patient's bill of rights, take time to discuss why patients may not always receive such treatment when they come for services at the facility. Ask the group to brainstorm on what the barriers and frustrations are in providing the services and upholding the patient's bill of rights. Have a recorder write the list of barriers and frustrations on a piece of newsprint and post it near the patient's bill of rights.

## Quality Antenatal Care

### Checklist for Facilitator

- ✓ Familiarize yourself with the topic and your notes on antenatal care from the training
- ✓ Have newsprint or other suitable large paper and a marker for recording the findings from the brainstorming sessions
- ✓ Prepare one large piece of paper with a chart featuring the roles of the staff members at your facility (no names, just job titles). See page 7

### Key Points:

Quality antenatal care is essential in detecting and treating two main causes of maternal mortality: anaemia and pregnancy-induced hypertension. It is also a critical opportunity to promote birth-preparedness with the pregnant woman.

Ask the staff to explain or describe the purpose of antenatal care (ANC). Write the responses about the purpose of ANC on newsprint so that everyone can read it.

Explain to the group that there are two major causes of maternal mortality that can be identified and prevented by good antenatal care: **pregnancy-induced hypertension**, and **anaemia**. In addition, ANC is an important time to help the woman, and her family, identify specific steps they can take to prepare for delivery.

**Box 1. Background Notes on Antenatal Care**

**Two major causes of maternal mortality that quality ANC care can identify and prevent:**

**Pregnancy-induced hypertension (pre-eclampsia):**

- Characterized by the development of high blood pressure with protein in the urine (proteinuria) and oedema (swelling of the hands, feet, or face)
- Typically found in women who are pregnant for the first time, but can also occur in women who have given birth before
- Usually occurs after the 20th week of pregnancy

***Pregnancy-induced hypertension is detected by*** monitoring blood pressure throughout pregnancy, checking the woman's reflexes, taking her history of past pregnancies, and monitoring any swelling or oedema of hands, feet, face, or ankles that she may be experiencing.

**Anaemia:**

- Occurs for various reasons, but essentially means that blood lacks iron
- Classic symptoms are pallor, fatigue, breathlessness, and palpitations
- Iron deficiency makes people more vulnerable to infection

***Anaemia is detected by*** checking haemoglobin, monitoring weight during pregnancy, and asking about symptoms of feeling tired or breathless, palpitations, or dizziness, and by examining tongue, palms, and nail beds for pallor

Remind the staff that both pregnancy-induced hypertension and anaemia can be detected during antenatal visits and treated to prevent related life-threatening complications during childbirth.

Next, lead a group discussion about whether the measures to detect these problems are routinely performed at the antenatal clinic visits at the facility. Use the following points to get colleagues to discuss antenatal service at the facility:

- ✓ Are antenatal services offered at the facility every day?
- ✓ During antenatal visits, are blood pressure readings always taken?
- ✓ Are the blood pressure measurements recorded? Where are these measurements recorded?

- ✓ Is haemoglobin checked at the facility? How long does it take to get the results back? If haemoglobin is not checked at the facility, how can service providers screen for anaemia?
- ✓ Do health care providers at the facility discuss foods high in iron or folic acid with antenatal clients?
- ✓ At antenatal clinic visits, do service providers ask pregnant women about their preparations for birth, such as planning ahead for a facility delivery, arranging transport and setting aside money for delivery fees?
- ✓ If these elements of ANC are not regularly provided at the facility, why not?
- ✓ How can these problems be addressed?

After the group has brainstormed about antenatal services offered at the facility, explain that another essential part of antenatal care is getting women to come to the clinic. Lead a brainstorm session about some reasons why women might not attend ANC (i.e., factors that may make women not want to come.) Write on newsprint the responses that your colleagues suggest. Once everyone has contributed to the list of reasons why women may not attend antenatal clinic, go through the list with your colleagues and put stars next to the items that could be affected or influenced by the staff at the facility.

### **Birth-preparedness**

In addition to identifying to identify and treating anaemia and pre-eclampsia at antenatal visits, facility staff should also encourage pregnant women to make preparations for their upcoming deliveries. Explain to the staff members that birth preparedness — i.e. advance planning and preparation for delivery — can do much to improve maternal health outcomes. First, it helps ensure that women can reach a facility when labour begins. Also, preparing ahead of time can help reduce the delays that occur when women experience obstetric complications—delays in recognizing the complication and deciding to seek care; delays in reaching a facility where skilled care is available; and delays in receiving care from qualified providers at the facility.

**Box 2. Background Notes on Birth Preparedness**

<b>Key Elements of Birth Preparedness</b>	
<ul style="list-style-type: none"> <li>• Attending antenatal care at least four times during pregnancy;</li> <li>• Identifying a skilled provider and making a plan for reaching the facility during labour;</li> <li>• Setting aside personal funds to cover the costs of traveling to and delivering with a skilled provider and any required supplies.</li> <li>• Recognizing signs of complications;</li> <li>• Knowing what community resources — emergency transport, funds, communications, etc. — are available in case of emergencies;</li> <li>• Having a plan for emergencies — i.e. knowing what transport can be used to get to the hospital, setting aside funds; identifying person(s) to accompany to the hospital and/or to stay at home with family; and identifying a blood donor</li> </ul>	

**Staff Roles in Providing Quality Antenatal Care**

Next, ask about which staff members (not by name, but by job title) are involved in providing ANC. What role can they play in ensuring that high-quality antenatal care is available?

Post the following chart (prepared earlier) up where everyone can see it. Ask your colleagues to help complete it. Refer to the brainstorming sessions you have had earlier in this session: on what is the purpose of ANC, and on what reasons might keep a woman from attending ANC.

<b>Staff position</b>	<b>Possible steps taken by this staff member to improve quality of antenatal care provided at the facility:</b>
Registered Clinical Officer	
Nurse-Midwife	
Cleaner	
Guard	
Receptionist	
Record-keeping staff	
Laboratory staff	

## Emergency Preparedness

### Checklist for Facilitator

- ✓ Familiarize yourself with the topic and your notes on emergency preparedness from LSS training
- ✓ Prepare one large piece of paper with a chart featuring the roles of the staff members at your facility (no names, just job titles)
- ✓ Have newsprint or other suitable large paper and a marker for recording the findings from the brainstorming sessions

#### Key Points:

Emergency preparedness refers to being ready for obstetric emergencies. This means being ready at all times to provide care for women arriving with an emergency/complications in any stage of pregnancy or delivery.

Begin by reviewing the essential elements of emergency preparedness:

- Availability and readiness of essential drugs, supplies and ready emergency trays at the facility
- Ability of a facility to provide emergency care after/outside normal working hours
- Availability of transportation and communication systems to ensure speedy referrals

Next, lead a brainstorming session about what sort of obstetric emergencies that present at this facility. Ask your co-workers to call out the types of pregnancy-related emergencies they have seen arrive at the facility. Write your co-workers' responses on newsprint so that everyone can read them.

After brainstorming, identify which case study is most appropriate to share with the facility, according to which types of emergencies typically present at your facility. Then tell the staff members that you will present a case study of an obstetric emergency. Read the case study to them, and then ask the questions following the case studies.

#### Case Study 1 (haemorrhage)

*Mrs. Odhiambo, a woman in her thirties, arrives at the health centre in wheelbarrow in the early morning. She is lying on a mat soaked with blood and fluid. Mrs. Odhiambo delivered at home the night before and is having a severe postpartum haemorrhage. Her pulse is not detectable.*

#### Case Study 2 (infection)

*A 43-year-old woman, Mrs. Juma, arrives at the health centre at closing hour, assisted by her concerned family. She delivered at home six days ago, and a traditional birth attendant had sutured her perineal laceration with a sewing thread.*

*Mrs. Juma complains of severe lower abdominal pain and pus coming from her wounds, dizziness, a fever, and she can't walk.*

**Case Study 3 (obstructed labour)**

*Ms. Atieno, a primipara young woman aged 16, arrives at the health centre after labouring at home with a TBA for two days. She arrives at the clinic at 11pm, assisted by her family and the TBA. Ms. Atieno is crying and asking for help. The fetal heart rate is 100.*

**Group Discussion:** After reading the case study, ask the group what role each staff member would have in helping this woman, from her first arrival at the clinic, to her examination and treatment, and referral to a higher level facility if necessary. Use the staff chart you prepared ahead of time to help you organize the discussion. Refer also to the earlier brainstorming session on quality of care. Remind the group that quality of care refers both to technical procedures and compassionate behavior toward clients.

Once staff roles have been identified, lead a discussion on the facility's procedure for obstetric emergencies that arrive outside of clinic hours. Use the following questions to help your colleagues in their discussion:

- ✓ Are there staff members who are on-call nearby and quickly accessible in case of emergencies such as this? What is the process for calling them to the health facility? How could this process be hastened?
- ✓ What equipment and supplies are needed for obstetric emergencies? At this facility, are the equipment and supplies prepared ahead of time in case of emergencies? Are emergency trays set up for examination at all times, including after hours?
- ✓ How can the referral system for obstetric emergencies at this facility be improved?
- ✓ Is there any means of communication from your facility to the referral facilities?
- ✓ What transport options are there? How long does it take currently to arrange transport in case of emergency?
- ✓ What is the distance to the next referral facility?
- ✓ Is there any way to shorten the time it takes to arrange emergency referral transport?

**Staff Roles in Emergency Preparedness**

Post the following chart (prepared earlier) up where everyone can see it. Ask your colleagues to help complete it. Refer to the brainstorming and discussions about emergency preparedness.

<b>Staff position</b>	<b>Possible steps taken by this staff member to improve emergency preparedness at the facility:</b>
Registered Clinical Officer	
Nurse-Midwife	
Cleaner	
Guard	
Receptionist	
Record-keeping staff	
Laboratory staff	

## Infection Prevention

### Checklist for Facilitator

- ✓ Familiarize yourself with the topic and your notes on infection prevention from LSS training
- ✓ Prepare one large piece of paper with a chart featuring the roles of the staff members at your facility (no names, just job titles)

#### Key Points:

Universal precautions for infection prevention must be carried out at all times while giving care, using equipment, and disposing of waste to reduce the risk that women and babies, providers, and other staff may have contact with blood or other body fluids that carry diseases such as Hepatitis B and HIV/AIDS. Infection prevention is also crucial to preventing sepsis during delivery.

Start this session with a discussion of what “infection prevention” means. Ask your colleagues to brainstorm about what infection prevention is. Use the following questions to help facilitate the discussion, and refer to Box 3 for information as needed:

- ✓ What is infection prevention?
- ✓ Why is infection prevention important?
- ✓ What measures need to be taken to ensure the prevention of infections at the facility?
- ✓ What are the problems currently faced by staff on infection prevention techniques, and how can these problems be resolved?

**Box 3. Background Notes on Infection Prevention**

<b>Key Measures for Infection Prevention</b>	
✓	Hand washing (remove rings, watch, bangles, etc.)
✓	Wearing gloves on both hands when caring for mothers and babies or when handling contaminated waste materials or soiled instruments.
✓	Using antiseptic solutions, including soap and water, for cleaning the skin before procedures.
✓	Using drapes during surgical procedures.
✓	Wearing protective clothing (goggles, mask, apron, foot coverings) when in contact with blood or body fluids, such as when rupturing membranes, cleaning instruments and so forth. Protective clothing should always be available at the facility.
✓	Decontaminating, cleaning and sterilizing or high-level disinfecting instruments and other items. It is preferable to use disposable gloves rather than to sterilize and reuse gloves.
✓	Changing uniforms or clothing worn during the work shift before leaving work to prevent transferring germs from the work setting into the home.

**Staff Roles in Infection Prevention**

Next, brainstorm on the roles of each staff member in maintaining infection prevention techniques. Using the chart with each job title listed that you have prepared ahead of time, work with your colleagues to determine what role each staff member has in keeping the worksite clean and infection-free. Record the agreed-upon duties in each appropriate cell.

<b>Staff position</b>	<b>Possible steps taken by this staff member to maintain and improve infection prevention methods provided at the facility:</b>
Nurse-Midwife	
Registered Clinical Officer	
Cleaner	
Guard	
Receptionist	
Record-keeping staff	
Laboratory staff	

## Care for Women in Labour

### Checklist for Facilitator

- ✓ Familiarize yourself with the topic and your notes on management of labour and on caring behaviours from LSS training
- ✓ Have newsprint or other suitable large paper and a marker for recording the findings from the brainstorming sessions, and enough paper for small group work
- ✓ Have a copy of a blank partograph ready
- ✓ Prepare one large piece of paper with a chart featuring the roles of the staff members at your facility (no names, just job titles)

### Key Points:

Managing labour appropriately is the basis of Life Saving Skills. While the technical skills necessary to manage labour fall to the service providers, other staff members can play an important role in providing a caring environment to clients, in helping to ensure that partographs are

### Caring Behaviours

Start this session with a discussion of caring behaviours. Explain that while managing labour requires technical and medical skills, it also involves treating women with support and compassion. Ask participants for a definition of a caring behavior. Write their ideas on the newsprint. After everyone has contributed, read the following definition:

Caring behaviours are simple actions that staff members can take to show women **kindness** and **respect**, to **give them privacy** and to **make them feel comfortable**.

Additionally, women receive caring behaviours when staff members **respond to their needs promptly**, and **provide reassurance and information**.

Next, divide participants into groups of 2 or 3 (If your facility has fewer than 4 staff members, work together in one big group). Ask the groups to list out as many caring behaviours as possible. Ask them to focus on caring behaviours that all staff members, not just service providers, can show towards clients, especially towards women in labour. Explain that they have 10 minutes to identify as many caring behaviors as possible. Give each group a piece of newsprint and marker to list their caring behaviors. Refer them to the patient's bill of rights that was created in the first meeting to help them get started.

After ten minutes, ask that one member of each small group share the caring behaviours that the group listed. Keep the groups' lists posted where everyone can see them.

Next, explain to the staff that aside from demonstrating caring behaviours towards women in labour, there are two other key steps that staff members can work together on to manage labour appropriately: ensuring that partographs are available, and helping to prepare for referrals.

### ***Monitoring Labour Using a Partograph***

Ask staff members why it is necessary to monitor women in labour. Record the answers that your colleagues call out.

Next, explain that service providers monitor the progress of labour in order to identify any problems with the baby or with the woman. Monitoring the progress of labour allows the health care provider to identify mothers who are at risk during labour, and provide life-saving care to them.

Next, introduce the partograph: The partograph is the tool for monitoring and managing labour. Pass around a copy of a blank partograph so that all staff members can see it. Briefly explain that a partograph measures the length of time of each stage of labour, how much the woman has dilated, and whether or not there are symptoms of fetal distress or maternal complications. The partograph helps avoid delays and ensures that service providers recognize when they should refer a woman to a higher-level facility.

After explaining that the partograph is an essential tool for saving women's lives, ask your colleagues what steps can be taken to make sure that the facility always has blank copies of the partograph available. Record the ideas that your colleagues come up with on a piece of newsprint.

Next, ask your colleagues to explain what happens after the service provider has determined, using the partograph, that a woman is experiencing a problem that will require more services than the facility can provide. Ask them to explain what steps are involved in getting the woman ready to go and on her way. Record the answers that your colleagues call out.

### ***Making Timely Referrals***

After your colleagues have identified the steps that take place at the facility to prepare a woman for referral, ask them to look at the list of steps and identify where there may be delays. Ask them to identify which steps could be shortened or prepared ahead of time to ensure that the woman is ready to go quickly. Refer to Box 4 below for a list of referral preparations.

**Box 4. Preparations for Making a Referral**

- After determining that a woman needs to be referred to a higher level facility for care, the staff must prepare the woman for referral by:
- Stabilize the patient in preparation for the journey to the referral facility
  - Quickly record notes on the diagnosis and what treatment/ medication have been administered at the original facility
  - Obtain consent from the patient for any surgical procedures and blood transfusions that she may need
  - Arrange for a relative of the patient to accompany her to the referral facility
  - Prepare a referral letter with the signature of the facility in-charge
  - Prepare the woman for the surgical theatre (shaving her, etc.)

***Staff Roles in Making Preparations for Referrals***

Next, brainstorm on the roles of each staff member in preparing patients for referral. Using the chart with each job title listed that you have prepared ahead of time, work with your colleagues to determine what role each staff member has in mobilizing the patient quickly. Record the agreed-upon duties in each appropriate cell.

<b>Staff position</b>	<b>Possible steps taken by this staff member to help prepare a patient for referral:</b>
Nurse-Midwife	
Registered Clinical Officer	
Cleaner	
Guard	
Receptionist	
Record-keeping staff	
Laboratory staff	

## Record-keeping

### Checklist for Facilitator

- ✓ Familiarize yourself with the topic and your notes on record-keeping from LSS training
- ✓ Have newsprint or other suitable large paper and a marker for recording the findings from the brainstorming sessions

#### Key Points:

Record-keeping is the process of recording day-to-day activities and events. Records can be used for planning interventions at the facility and district levels, to make projections about caseload for re-ordering drugs and for scheduling staff, for pricing, and for research.

Begin this session by leading a brainstorming session on record-keeping. Ask the following questions of the staff to get the discussion started:

- ✓ What is the purpose of record-keeping?
- ✓ What records are kept at this facility?
- ✓ What happens to the data that is collected in these facility registers?

After the staff has discussed the purpose of record-keeping and has identified what the data is used for, ask for the staff to brainstorm on some reasons why records may not always be kept consistently. What factors contribute to incomplete registers and record logs? Write on a large piece of paper the reasons that your co-workers call out.

Once the group has brainstormed on the reasons why records are not always kept consistently, ask them to discuss what steps can be taken to address these problems. For each reasons listed on the newsprint, discuss possible ways to alleviate the problem. Record the possible solutions on a piece of newsprint.