Helping Mothers Survive: Bleeding after Birth

Innovative Training Helps Frontline Health Workers to Save Lives

To improve the quality of care during the day of childbirth—and thus reduce maternal mortality—Jhpiego, in conjunction with Laerdal, has designed Helping Mothers Survive (HMS), a simulator-based training package for frontline providers in countries with high burdens of maternal mortality. While this training alone does not turn providers into skilled birth attendants, it will provide them with essential skills to address the primary causes of maternal mortality, thus representing an example of the kind of concerted actions needed for a large number of countries to achieve Millennium Development Goals 4 and 5.1

The HMS package uses an innovative simulator, MamaNatalie®, for teaching. The first module of the package, Bleeding after Birth (BAB), is aimed at preventing maternal deaths from postpartum hemorrhage (the leading cause of maternal death globally2), particularly in countries where skilled birth attendants are limited3 and where routine care in labor and birth is provided by a wide variety of cadres of health workers. Accordingly, this training is designed for all levels of workers (midwives, medical doctors, nurses, clinical officers, assistant medical officers, health extension workers, technicians, medical or nurses’ aides, and other cadres) who attend births at a facility or who are called on to manage complications. These birth attendants have a wide range of skills and training, and may or may not meet the global definition of a skilled birth attendant, but the goal of the BAB module is the same for all of them: to provide them with the skills necessary to prevent deaths from postpartum hemorrhage.

Although various training programs already address quality service provision for childbirth—for example, pre-service training for skilled birth attendants, and in-service training in basic emergency obstetric and newborn care—these programs currently do not reach all providers who are called on to attend births. In addition, this training is designed to reinforce existing training. After an initial, onsite, one-day training, providers continue reinforcing skills using “low-dose, high-frequency” training with peers in their facilities. Using MamaNatalie or similar models where they exist, peer trainers are responsible for short, but frequent, refresher training for fellow providers and initial simulation training for new staff. The potential impact of the BAB training method and materials is

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especially high, given that it makes local, facility-level training available to providers who are at the periphery of care. The BAB module has already been field-tested in India, Malawi and Zanzibar, and results from these field tests showed widespread acceptance and enthusiasm for its use. Training materials for the module—an Action Plan (a graphic job aid to assist in decision-making), Training Flip Book and Facilitation Guide—are all consistent with international standards for obstetric care and were reviewed by external stakeholders from: the International Federation of Gynecology and Obstetrics, International Confederation of Midwives, World Health Organization, American Congress of Obstetricians and Gynecologists, American College of Nurse-Midwives and American Academy of Pediatrics.

The BAB training materials and methods were designed to be highly consistent with Helping Babies Breathe (HBB), a simulator-based training using a different model, NeoNatalie®, which teaches immediate newborn care and resuscitation at birth. This purposeful similarity promotes the essential linkage between the care of mother and baby and will minimize confusion among trainers and health workers being trained. As part of Saving Lives at Birth: A Grand Challenge for Development, Jhpiego is preparing to roll out this new approach for frontline health workers in Uganda and deliver the BAB module in concert with HBB training. Results from this rollout will inform further efforts to bring this innovative training approach to providers in low-resource settings so they can broaden their skills to save lives.