Obstetric Rapid Response Team: 
A Simulation & Team Training Pilot
Nampula Province, Mozambique

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Problem: Human Resource Shortages
Solution: Expanded definitions of care team and roles
PRONTO’s Obstetric Rapid Response Team Curriculum
PRONTO International is built on:

- Effective use of highly realistic simulation & debriefing
- Train highly functional teams
- Empower teams to identify and respond to system gaps
- Practice kind and respectful care
Mozambican Context

- MMR: 408/100,000 (2011-2015)
- Births attended by SBA: 70% (2015 est.)\(^2\)
- PPH is leading cause of maternal death in Mozambique\(^3\)
- Traditional Midwives (TBAs) in Mozambique: 7,231
  - 23% are in Nampula (1663 TBAs)
- TBAs posted at health facilities
- TBAs trained by government in EBL, medications, supplies\(^4\)

1 IDS-2011, PESS, 2014-20197231
Obstetric Rapid Response Team: ARM Roles

**Activator**
- **Non-clinical:** Ask provider for help
- **Clinical:** Recognize hemorrhage

**Responder**
- **Non-clinical:** Hold baby
- **Clinical:** Insert IV

**Mover**
- **Non-clinical:** Taxi driver transports woman
- **Clinical:** Prepare for transport
Obstetric Rapid Response Team: Traditional Midwife (TBA) with Nurse Interprofessional training
### Obstetric Rapid Response Team

#### Days 1 & 2: TBAs Alone
- Introduction to Simulation
- Introduction to ARM Concept
- Discuss and define roles
- Simulation practice

#### Days 3-5: Nurses w/ TBAs
- Introduction to ARM Concept
- Simulation and Team Training Activities
- Discuss and define roles
- Simulation practice with TBAs
Successes

● Eager to implement
● Simulation provided opportunity to practice A-R-M roles
● Nurses developed new appreciation for TBAs as valuable team members

  “Sometimes I know there’s an emergency, and yet no one is helping me. Now I might realize that aha! I haven’t activated anyone. They don’t know there’s an emergency – we don’t have a shared mental model.” ~Nurse

● The teams discovered that TBAs were especially helpful providing RMC to mothers when nurses are overwhelmed.
Successes (cont.)

- Nurses were able to shift their mindset regarding value and importance of integrating TBAs into emergency response

“They [the TBAs] criticized sometimes the attitude of nurses, the way we treat them when they bring a patient to the facility. So, I learned that when they bring a patient, maybe the TBA has been the activator in the community. So, when she brings a patient, we need to pay attention to what she is saying.” ~Nurse
Challenges

- Language barriers
- Hierarchies and natural tensions exist
- Mindset & task-shifting
- Facilitating learners with different levels of knowledge and comfort with simulation
Lessons Learned

● Explore dynamics around personnel that are paid and unpaid, generational gap, education, etc.

● Include non-clinical paid personnel in next training

● Nurses acknowledge that TBAs bridge a communication gap between the providers and the community that is critical in building trust in the health system

● Create a “Safe Space” for feedback
Lessons Learned (cont.)

● TBAs were extremely responsive to simulation and team training

● Bring the *Mover* role discussion into the first training

● Interest in job aides about ARM roles and communication concepts posted at facilities and available to individual providers/TBAs
Thank you!

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