

Peer-to-Peer Practice Cases for Mother and Baby Care

*Supporting health providers through
peer-to-peer simulation learning*



Mama na Mtoto



Mama na Mtoto

*Peer-to-Peer Cases developed by
Mama na Mtoto, Tanzania*

June 2020



mnmtanzania.com

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Global Affairs
Canada

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CIHR
IRSC Canadian Institutes of
Health Research
Instituts de recherche
en santé du Canada



IDRC | CRDI

International Development Research Centre
Centre de recherches pour le développement international

Canada

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How to Use These Cases

This set contains 11 peer learning cases to facilitate hands-on skills practice for management of pregnancy, delivery and postnatal care for women and newborns:

- 5 cases for newborn management
- 5 cases for maternal management
- 1 case for postnatal discharge of mother and baby
- Cases describe practical cases that health providers may encounter at health facilities. Recommended management is based on Helping Babies Survive[®] and Helping Mothers Survive[®] training packages.
- Users work in pairs to practice hands-on skills in providing basic and emergency maternal and newborn care.
- Cases are designed for use with NeoNatalie™ and MamaNatalie[®] simulators.
- Introduction cards provide details useful for general set up and equipment preparation. Case cards provide instructions for the case and management.
- Kits containing all needed simulation equipment should be prepared in advance. For medication, we suggest using vials or syringes clearly marked for needed treatments.

Step-by-Step Ins

STEPS:

1. Identify a colleague.
2. Select one 'learner' and one 'facilitator.'
3. 'Learner' chooses one case.
4. 'Facilitator' and 'Learner' together set up equipment for case. Refer to 'Facilitator' Instruction case as needed.
5. 'Facilitator' and 'Learner' read case Side A.
6. 'Learner' demonstrates case management.
7. 'Facilitator' refers to Side B of case giving prompts when indicated.
8. 'Facilitator' provides feedback to 'learner' using participatory approach.
9. Switch roles. 'Learner' is 'facilitator' and 'Facilitator' is 'Learner.'
10. Repeat steps 3-8.
11. Record all cases practiced in logbook.

Using the NeoNatalie Simulator



How to fill Neonatalie

Pull out the filling cap from under the face skin. Unscrew the cap and remove. Use the ventilation bag to fill the doll with a little air to make filling with water easier. Use the circular mask upside down as a funnel and pour 2 litres of water into the doll. Put air with bagging unit until NeoNatalie feels full. Replace the cap and fold cap forward under the face.

Squeeze the **Green** bulb to show breathing.
Squeeze the **Red** bulb to show a heart rate.
Cord pulsations can be felt in the cord.
Squeeze the squeaker to show crying.

Medications and Calculating Drug Dose

- Ampicillin: 50 mg/kg
- Gentamycin:
 - 5 mg/kg (>2000 g)
 - 4 mg/kg (<2000 g)
- Vitamin K:
 - 1 mg (>1500 g)
 - 0.5 mg(<1500 g)

Example:

Calculate Ampicillin dose & volume for a 2.6 kg baby:

$2.6 \text{ kg} \times 50 \text{ mg} = 130 \text{ mg per dose}$

Ampicillin concentration after dilution is 50 mg/ml

Volume needed $130 \text{ mg}/50 = \mathbf{2.6 \text{ ml per dose}}$

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Baby Cases Preparation: Facilitator Instructions

1

Let's make introductions

2

Let's learn together,
let's be honest in our feedback

3

Let's choose one of us to be the
provider

4

Let's choose a case

5

Let's set up our equipment

6

Let's start the case

Equipment

Helping Babies Breathe

- | | |
|---|--|
| <input type="checkbox"/> NeoNatalie | <input type="checkbox"/> Bag and mask |
| <input type="checkbox"/> Gloves (2 pairs) | <input type="checkbox"/> Stethoscope |
| <input type="checkbox"/> Cloths (dry & clean) | <input type="checkbox"/> Timer (Clock/watch) |
| <input type="checkbox"/> Head covering | <input type="checkbox"/> Uterotonic |
| <input type="checkbox"/> Razor or Scissors | <input type="checkbox"/> HBB Action Plan |
| <input type="checkbox"/> Cord Ties or Clamp | <input type="checkbox"/> HBB Provider Guide |
| <input type="checkbox"/> Suction device | <input type="checkbox"/> Cup and Water |

Essential Care for Every Baby

- | | |
|---|--|
| <input type="checkbox"/> NeoNatalie | <input type="checkbox"/> Skin to Skin Cloth |
| <input type="checkbox"/> MamaBreast | <input type="checkbox"/> Breast milk container |
| <input type="checkbox"/> Infant Scale | <input type="checkbox"/> Vitamin K vial |
| <input type="checkbox"/> Thermometer | <input type="checkbox"/> Head Covering |
| <input type="checkbox"/> Cloths (dry & clean) | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Eye Ointment | <input type="checkbox"/> ECEB Action Plan |
| <input type="checkbox"/> Feeding Cup | <input type="checkbox"/> ECEB Provider Guide |
| <input type="checkbox"/> Syringe | |
| <input type="checkbox"/> Skin Cleaner | |

Baby 1: Preparing for Birth

Victoria is 8 cm dilated. **Prepare for delivery.**

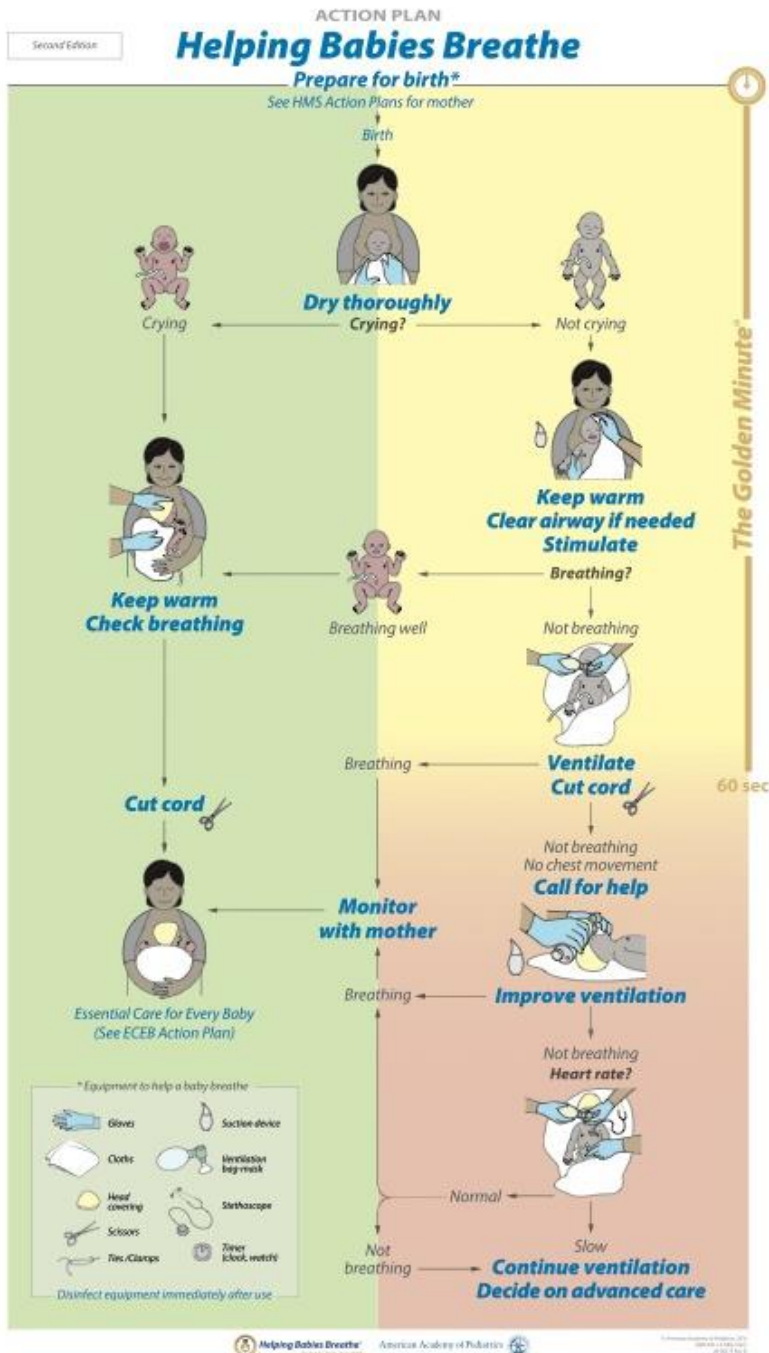
Expected Management	Prompt if not done
<input type="checkbox"/> Introduce self to Victoria	<i>Victoria: Who are you?</i>
<input type="checkbox"/> Identify helper <input type="checkbox"/> Review emergency plan Prepare area for delivery: <ul style="list-style-type: none"> <input type="checkbox"/> Warm room <input type="checkbox"/> Well lighted Wash hands <ul style="list-style-type: none"> <input type="checkbox"/> Own <input type="checkbox"/> Victoria <input type="checkbox"/> Helper 	[Facilitator]: Do you have any help? [Facilitator]: What if there is an emergency? <i>Victoria: I am cold.</i> <i>Victoria: Your hands are dirty.</i> [Facilitator]: Victoria's hands are dirty. <i>Victoria: I am dirty.</i>
<u>Prepare Resuscitation Area and Check equipment:</u> <ul style="list-style-type: none"> <input type="checkbox"/> NeoNatalie <input type="checkbox"/> Gloves (2 pairs) <input type="checkbox"/> Cloths (dry and clean) <input type="checkbox"/> Head covering <input type="checkbox"/> Razor or Scissors <ul style="list-style-type: none"> <input type="checkbox"/> Ties or Clamp <input type="checkbox"/> Suction device <input type="checkbox"/> Bag and Mask <input type="checkbox"/> Stethoscope <input type="checkbox"/> Timer (clock/watch) <input type="checkbox"/> HBB Action Plan <input type="checkbox"/> Uterotonic 	<div style="font-size: 4em; color: blue; vertical-align: middle; margin-right: 10px;">}</div> Do not prompt for missing items
<input type="checkbox"/> Check Bag and Mask function	[Facilitator]: The bag and mask didn't work last time

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

☐ Record this case in logbook.

Baby 1: Preparing for Birth



You are attending this pregnant woman.
Please tell me what you are doing.
I will give you information you cannot get from the doll.
I am the pregnant woman and the facilitator.
Any questions?

Victoria is 8 cm dilated.
Prepare for delivery.

Baby 2: Helping Baby Breathe

Baby Kabula is not crying. **Show how you will help the baby breathe.** You have dried, stimulated, and suctioned.

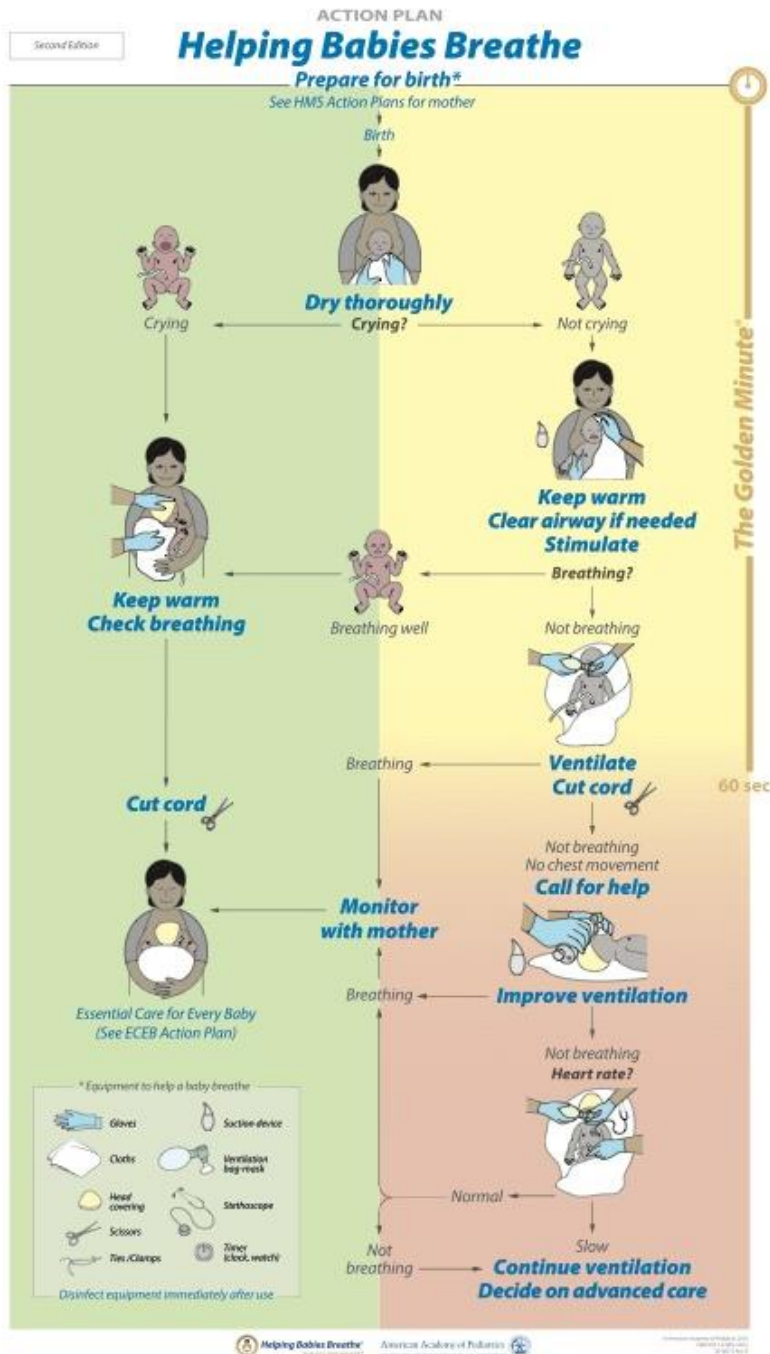
Expected Management	Prompt if not done
<input type="checkbox"/> Identify the baby needs help breathing <input type="checkbox"/> Explain to mother you will move baby <input type="checkbox"/> Clamp or tie and cut cord <input type="checkbox"/> Move baby to ventilation area <input type="checkbox"/> Stand at baby's head	<p>[Facilitator]: The baby is <u>still</u> not crying</p> <p>[Facilitator]: You can't move the baby</p>
<input type="checkbox"/> Ventilates baby <ul style="list-style-type: none"> <input type="checkbox"/> 40 breaths per minute <input type="checkbox"/> Chest movement 	<p>Has chest movement → [Facilitator] → Observe for 1 minute</p> <p>No visible chest rise → [Facilitator] → Demonstrate correct method</p> <p>Rate too fast or slow → [Facilitator]: Is that 40 breaths a minute?</p>
[Facilitator]: Baby Kabula's chest is no longer rising. Show the steps to improve ventilation.	
<input type="checkbox"/> Improve ventilation: <ul style="list-style-type: none"> <input type="checkbox"/> reapply mask <input type="checkbox"/> reposition head <input type="checkbox"/> clear mouth and nose of secretions <input type="checkbox"/> open mouth slightly <input type="checkbox"/> squeeze bag harder 	<p>Review and demonstrate incomplete steps during feedback</p>
<input type="checkbox"/> Explain to mother you are helping baby breathe	<input type="checkbox"/> <i>Mother: What is happening to my baby?</i>

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

☐ **Record this case in logbook.**

Baby 2: Helping Baby Breathe



You are attending this baby.
Please tell me what you are doing.
I will give you information you cannot get from
the doll.
I am the mother and a skilled helper and the
facilitator.
Any questions?

Baby Kabula is not crying.
**Show how you will help the
baby breathe.**
You have dried, stimulated,
and suctioned.

Baby 3: Skin-to-Skin Care

Baby Moses is a small baby. **Show how you will warm him.**
He weighs 1.8 kg. He is 36.3°C. He is 1 hour old. He has a hat and cloth.

Expected Management	Prompt if not done
<input type="checkbox"/> Communicate with Mother <input type="checkbox"/> Wash hands	<i>Mother: What you are doing?</i> <i>Mother: Your hands are dirty</i>
<input type="checkbox"/> Check mother has correct clothing [loose shirt] <input type="checkbox"/> Cover baby's genitalia with diaper or cloth <input type="checkbox"/> Cover the head	<i>Mother: What do I wear?</i> <i>Mother: What happens if my baby urinates?</i>
<u>Correct Technique:</u> <input type="checkbox"/> Directly on skin <input type="checkbox"/> Upright between breasts <input type="checkbox"/> Frog position, head turned to side <input type="checkbox"/> Cover with cloth <input type="checkbox"/> Close mother's shirt <input type="checkbox"/> Increase room temperature <input type="checkbox"/> Replace wet clothing	<i>Mother: My baby is uncomfortable and cold</i> <i>[Facilitator]: Demonstrate correct positioning</i>
<input type="checkbox"/> Check temperature with thermometer in 1 hour <input type="checkbox"/> Show mother how to check temperature <div style="margin-left: 20px;"> <input type="checkbox"/> Use touch </div>	<i>Mother: Is my baby warm now?</i> <i>Mother: How can I check if my baby is warm?</i>

Give Feedback:

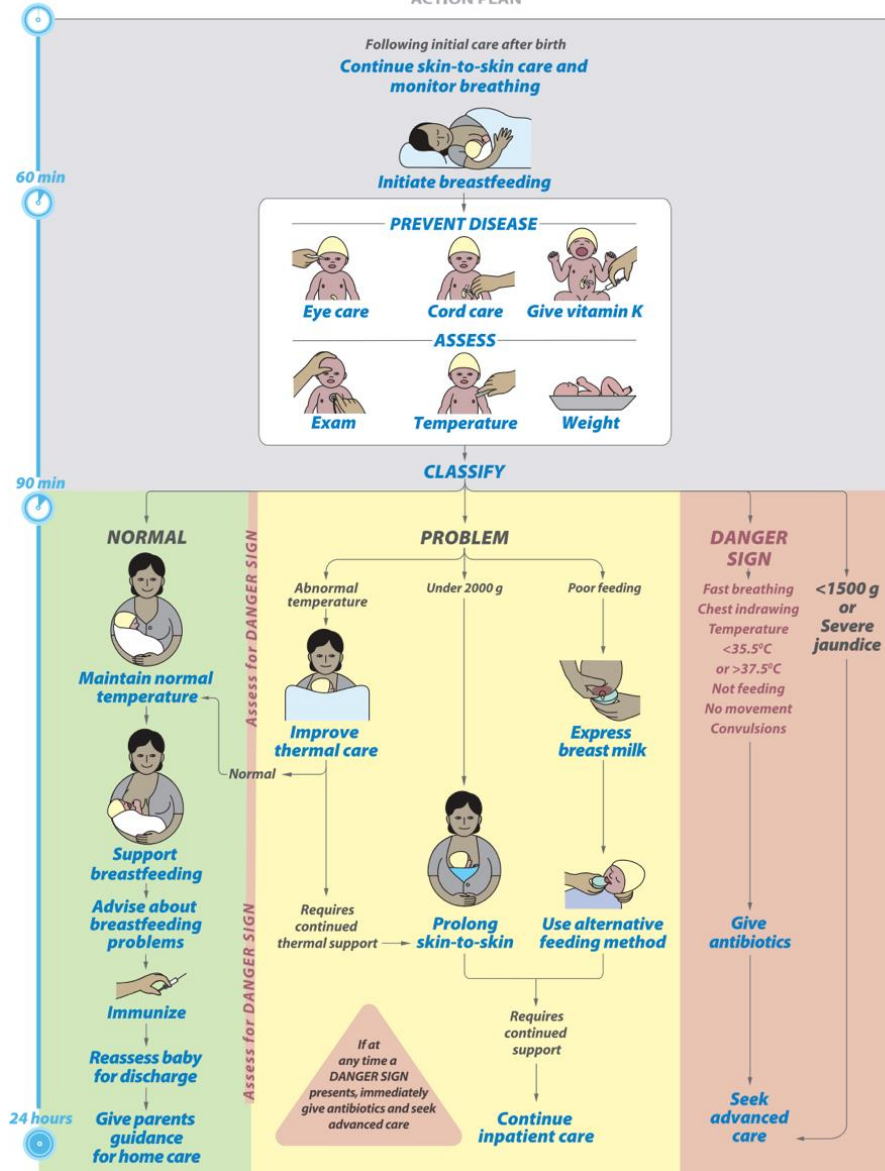
- What went well?
- What will you change next time?
- Review checklist.

☐ Record this case in logbook.

Baby 3: Skin-to-Skin Care

Helping Babies Survive Essential Care for Every Baby

ACTION PLAN



You are attending this mother and baby.
Please tell me what you are doing.
I will give you information you cannot get from the doll.
I am the mother and the facilitator.
Any questions?

Baby Moses is a small baby.
Show how you will warm him.
He weighs 1.8 kg.
He is 36.1°C. He is 1 hour old.
He has a hat and cloth.

Baby 4: Expressing Breast Milk and Cup Feeding

Baby Mary is feeding poorly. **Teach her mother to express breast milk and cup feed Mary.**

Mary is 6 hours old and weighs 2.2 kg. She has no Danger Signs. Her mother sits comfortably. Your hands are clean.

The mother's breasts and hands are clean.

Expected Management	Prompt if not done
<p><u>Demonstrate steps to express breast milk (using MamaBreast)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Proper hand position: thumb above and first finger below and behind nipple <input type="checkbox"/> Press breast gently toward chest wall; compress between thumb and finger <input type="checkbox"/> Collect EBM with clean cup <input type="checkbox"/> Alternate between breasts <input type="checkbox"/> Express EBM every 2-4 hours, at least 8 times per day <input type="checkbox"/> EBM Storage: 6 hours if cool 	<p><i>Mother: My milk is not coming.</i> → If proper position: <i>Mother: The milk is coming.</i></p> <p><i>Mother: How often should I do this?</i> <i>Mother: How do I store my milk?</i></p>
<p><u>Demonstrate cup feeding:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Feed according to baby cues, at least 8 times per day <input type="checkbox"/> Place amount of milk in cup <ul style="list-style-type: none"> <input type="checkbox"/> 15 ml per feed [total per day 130 mls=50-60 ml/kg/d] <input type="checkbox"/> Baby in semi-upright position <input type="checkbox"/> Rest cup on lower lip, tip so milk reaches lips <input type="checkbox"/> Let baby lick milk from cup (do not pour) 	<p>[Facilitator]: Baby is 6 hours old and weighs 2.2 kg. How much volume will you give each feed?</p> <p><i>Mother: My baby is coughing and not swallowing.</i></p>

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

☐ Record this case in logbook.

Baby 4: Expressing Breast Milk and Cup Feeding

Helping Babies Survive Essential Care for Every Baby ACTION PLAN

Following initial care after birth
Continue skin-to-skin care and
monitor breathing



Initiate breastfeeding

PREVENT DISEASE



Eye care



Cord care



Give vitamin K

ASSESS



Exam



Temperature



Weight

CLASSIFY

NORMAL



Maintain normal
temperature



Support
breastfeeding

Advise about
breastfeeding
problems



Immunize

Reassess baby
for discharge

Give parents
guidance
for home care

Assess for DANGER SIGN

Normal

Assess for DANGER SIGN

PROBLEM

Abnormal
temperature



Improve
thermal care

Requires
continued
thermal support



Prolong
skin-to-skin

Requires
continued
support



Continue
inpatient care

If at
any time a
DANGER SIGN
presents, immediately
give antibiotics and seek
advanced care

Under 2000 g



Express
breast milk



Use alternative
feeding method

Requires
continued
support



Continue
inpatient care

Requires
continued
support

Continue
inpatient care

Continue
inpatient care

Continue
inpatient care

Poor feeding



Express
breast milk



Use alternative
feeding method

Requires
continued
support



Continue
inpatient care

Continue
inpatient care

Continue
inpatient care

Continue
inpatient care

Continue
inpatient care

DANGER SIGN

Fast breathing

Chest indrawing

Temperature
<35.5°C
or >37.5°C

Not feeding

No movement

Convulsions

<1500 g
or
Severe
jaundice

Give
antibiotics

Seek
advanced
care

Seek
advanced
care

Seek
advanced
care

Seek
advanced
care

Seek
advanced
care

Seek
advanced
care

Seek
advanced
care

Seek
advanced
care

Seek
advanced
care

You are attending this mother and baby.

Please tell me what you are doing.

I will give you information you cannot get from the doll.

I am the mother and the facilitator.

Any questions?

Baby Mary is feeding poorly.
Teach her mother to express breast milk and cup feed Mary.
Mary is 6 hours old and weighs 2.2 kg. She has no Danger Signs. Her mother sits comfortably. Your hands are clean. The mother's breasts and hands are clean.

Baby 5: Newborn Danger Signs

Olga says her newborn baby does not seem well. **Assess baby for Danger Signs and manage.**
The baby is 6 hours old and weighs 3 kg. You have washed your hands.

Expected Management	Prompt if not done
<input type="checkbox"/> Assess for Danger Signs: <ul style="list-style-type: none"> <input type="checkbox"/> Chest indrawing or fast breathing <input type="checkbox"/> Temperature (too low or high) <input type="checkbox"/> Not feeding <input type="checkbox"/> No movement <input type="checkbox"/> Convulsions 	<p>[Facilitator]: Are there any (more) Danger Signs to assess?</p> <p>[Facilitator] Feedback for Danger Signs Assessment: Baby has chest indrawing with RR 70; 36.5°C, not feeding, limp, no convulsions</p>
<input type="checkbox"/> Identifies baby has 3 Danger Signs: <ul style="list-style-type: none"> <input type="checkbox"/> Chest indrawing and fast breathing <input type="checkbox"/> Not feeding <input type="checkbox"/> No movement (lethargy) 	<p>[Facilitator]: Does baby have Danger Signs?</p>
<input type="checkbox"/> Identifies need for antibiotics <input type="checkbox"/> Draws up and gives antibiotics: <ul style="list-style-type: none"> <input type="checkbox"/> 150 mg Ampicillin (50 mg/kg) <input type="checkbox"/> 15 mg Gentamycin (5 mg/kg) 	<p>[Facilitator]: How will you treat this baby?</p> <p>[Facilitator]: What medications will you give? Please show me. What dose? What dilution?</p>
<input type="checkbox"/> Recognizes need to seek advanced care <input type="checkbox"/> Calls referral facility <input type="checkbox"/> Identify the need to prepare a referral note <input type="checkbox"/> Communicates referral need to family <input type="checkbox"/> Advises to continue skin to skin and breastfeeding	<p>[Facilitator]: Should you continue to treat this baby here?</p> <p>[Facilitator]: Do you want to talk to someone about the baby?</p> <p>[Facilitator]: Is there anything you need to send in writing?</p> <p><i>Mother: What will happen now?</i></p> <p><i>Mother: How do I look after my baby during transport?</i></p>

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

☐ **Record this case in logbook.**

Baby 5: Newborn Danger Signs

Helping Babies Survive Essential Care for Every Baby

ACTION PLAN

Following initial care after birth
Continue skin-to-skin care and
monitor breathing



Initiate breastfeeding

PREVENT DISEASE



Eye care



Cord care



Give vitamin K



Exam



Temperature



Weight

CLASSIFY

NORMAL



Maintain normal temperature



Support breastfeeding

Advise about breastfeeding problems



Immunize

Reassess baby for discharge

Give parents guidance for home care

Assess for DANGER SIGN

PROBLEM

Abnormal temperature



Improve thermal care

Normal

Requires continued thermal support

Prolong skin-to-skin

Use alternative feeding method



Requires continued support

Continue inpatient care

If at any time a DANGER SIGN presents, immediately give antibiotics and seek advanced care

Under 2000 g

Poor feeding



Express breast milk

Use alternative feeding method



Requires continued support

Continue inpatient care

Requires continued support

Continue inpatient care

Continue inpatient care

Continue inpatient care

DANGER SIGN

Fast breathing

Chest indrawing

Temperature <35.5°C or >37.5°C

Not feeding

No movement

Convulsions

<1500 g or Severe jaundice

Give antibiotics

Seek advanced care

Seek advanced care

Seek advanced care

Seek advanced care

Seek advanced care

Seek advanced care

Seek advanced care

You are attending this mother and baby.
Please tell me what you are doing.
I will give you information you cannot get from the doll.
I am the mother and the facilitator.
Any questions?

Olga says her newborn baby does not seem well.
Assess baby for Danger Signs and manage.
The baby is 6 hours old and weighs 3 kg. You have washed your hands.

Mother/Baby 1: Giving Discharge Advice

Mageni and her baby are ready for discharge. **Provide discharge instructions for mother and baby.**
Delivery was unremarkable. Baby received all essential care.

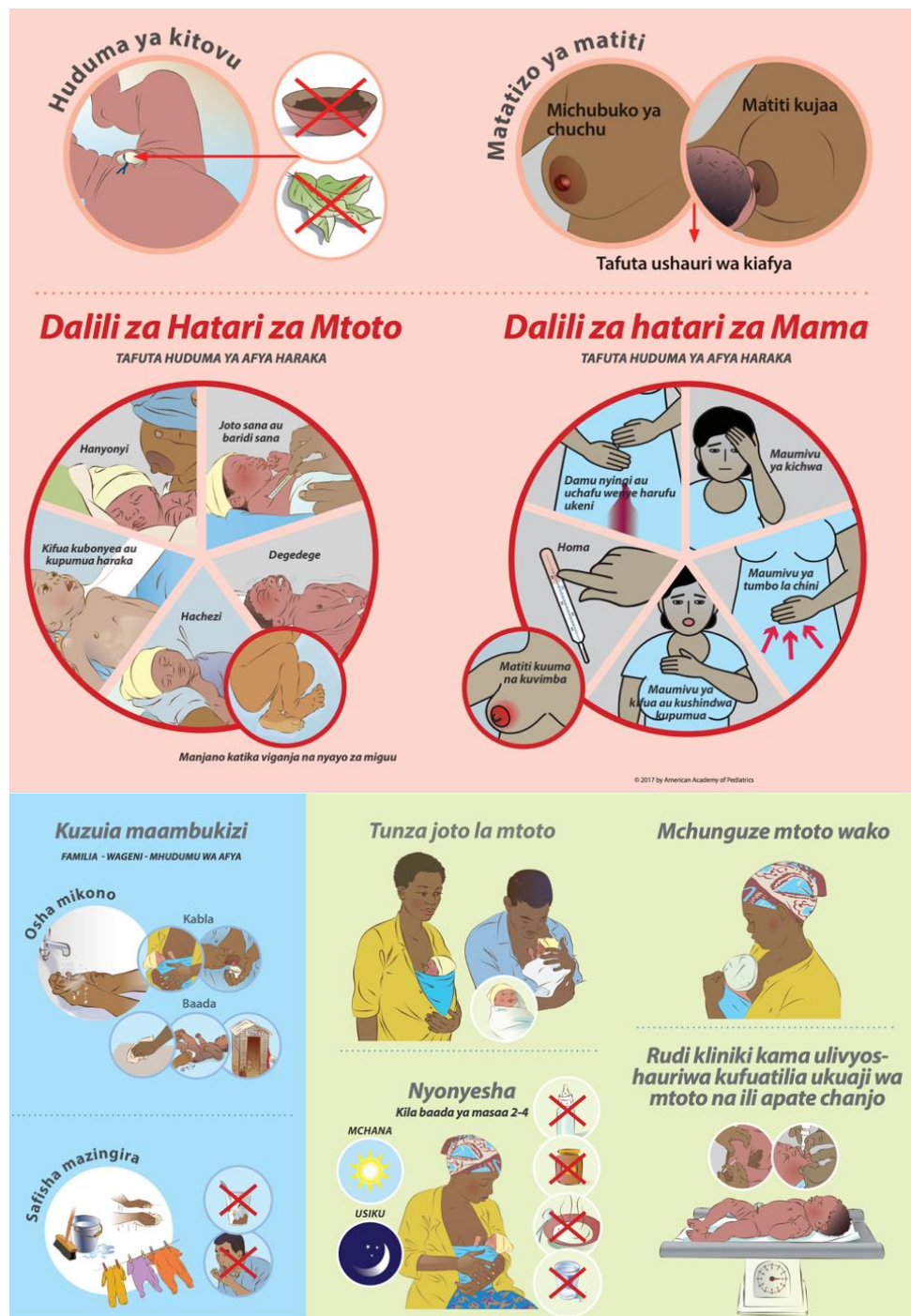
Expected Management	Prompt if not done
<input type="checkbox"/> Advise when to return for PNC	<i>Mother: When do I need to come back for a check up?</i>
Advise about healthy practices: <ul style="list-style-type: none"> <input type="checkbox"/> Clean hands <input type="checkbox"/> Clean surroundings <input type="checkbox"/> Keep baby warm <input type="checkbox"/> Exclusive breastfeeding day/night q2-4 hours <input type="checkbox"/> Cord care-keep clean and dry <input type="checkbox"/> Seek advice for breast problems (cracked nipples, full breasts) <input type="checkbox"/> Give mother a chance to ask questions 	<i>Mother: What advice can you provide to me before I leave about how to take care of myself and my baby? Anything else?</i>
Advise about Mother Danger Signs: <ul style="list-style-type: none"> <input type="checkbox"/> Headache <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Tender and red breasts <input type="checkbox"/> Fever <input type="checkbox"/> Excessive bleeding <input type="checkbox"/> Difficult breathing or chest pain 	<i>Mother: When should I be worried about my own health? Anything else?</i>
Advise about Baby Danger Signs: <ul style="list-style-type: none"> <input type="checkbox"/> Chest indrawing or fast breathing <input type="checkbox"/> Not feeding <input type="checkbox"/> Too hot or too cold <input type="checkbox"/> Convulsions <input type="checkbox"/> No movement <input type="checkbox"/> Yellow palms or soles of feet 	<i>Mother: When should I be worried about my baby's health? Anything else?</i>
<input type="checkbox"/> Instruct to return to facility immediately for any Danger Sign	<i>Mother: Where should I go if I or my baby has Danger Signs?</i>

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

☐ Record this case in logbook.

Mother/Baby 1: Giving Discharge Advice



You are attending this mother and baby.
Please tell me what you are doing.
I will give you information you cannot get
from the doll.
I am the mother and the facilitator.
Any questions?

Mageni and her baby are
ready for discharge.
**Provide discharge
instructions for mother and
baby.**
Delivery was unremarkable.
Baby received all essential
care.

Feeding Volumes

Suggested Feeding Volumes in ml per Feeding

Birth Weight (kg)	Frequency of Feeding	Day of Birth Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
2.0-2.5 kg	Every 3 h	15	20	25	30	35	40	40+
1.75-2.0 kg	Every 3 h	10	15	20	25	30	35	35+
1.5 – 1.75 kg	Every 3 h	8	12	16	20	24	28	32+

Suggested Feeding Volumes in mL/kg/day

Birth Weight (kg)	Frequency of Feeding	Day of Birth Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
2.0-2.5 kg	Every 3 h	60	80	100	120	140	160	160+
1.75-2.0 kg	Every 3 h	50	70	90	110	130	150	160+
1.5 – 1.75 kg	Every 3 h	40	60	80	100	120	140	160+

After Day 7:

- Some babies may require 160 -180 ml/kg/day to grow
- Some babies may require higher calorie feedings

Ampicillin IM
Dose: 50 mg per kg
every 12 hours

Gentamicin IM
Dose: 5 mg per kg every 24
hours if term; 4 mg per kg
every 24 hours if preterm

Weight mg/ml	Add 2.5 ml sterile water to 500 mg vial – 200 mg/ml	20 mg per 2 ml vial – 10
1.0 – 1.4 kg	0.35 ml	0.5 ml
1.5 – 1.9 kg	0.5 ml	0.7 ml
2.0 – 2.4 kg	0.6 ml	0.9 ml
2.5 – 2.9 kg	0.75 ml	1.35 ml
3.0 – 3.4 kg	0.85 ml	1.6 ml
3.5 – 3.9 kg	1 ml	1.86 ml
4.0 – 4.4 kg	1.1 ml	2.1 ml

Tips for using the Mama Natalie Simulator

- Fill NeoNatalie with 2 litres of water.
- Push filling extension under face skin until it fits in holder.
- Fold sides of hard skull upwards; place triangular fontanelle on forehead; Unfold skull to cover ears; tighten with back strap.
- Connect umbilical cord.
- Use suction device to inflate uterus air reservoir.
- Fill blood tank with 1.5 litres- add 2 drops of artificial blood.
- Fill bladder using 20 mls of water in syringe.
- Place Neonatalie in uterus in desired position.
- Attach placenta to uterus velcro.
- Close abdominal extender.
- Insert cervix strap through loops and tighten to desired dilation.
- Have mother tap on back of uterus skeleton to simulate FHR.



Medications

- ☐ **Oxytocin** – 10 IU IM or Misoprostol 600 mcg (3 X 200 mg)
- ☐ **Nifedipine** – 10 mg po; Methyldopa 250 mg po
- ☐ **Hydralazine** – 5-10 mg IV
- ☐ **Hydralazine** – 25 mg po
- ☐ **Magnesium Sulfate (MgSO_4):**
 - ☐ Loading dose of 4 grams in 20 mls (8 mls of 50% MgSO_4 with 12 mls of normal saline).
 - ☐ Maintenance dose of 5 grams in 10 mls (undiluted 50% solution) divided into two syringes of 5 ml each. One dose for each buttock.

Mother Cases Preparation: Facilitator Instructions

1

Let's make introductions.

2

Let's learn together.
Let's be honest in our feedback.

3

Let's choose one of us to be the provider.

4

Let's choose a case.

5

Let's set up our equipment.

6

Let's start the case.

Equipment

Helping Mothers Survive

- | | |
|--|---|
| <input type="checkbox"/> MamaNatalie® | <input type="checkbox"/> Blood pressure machine |
| <input type="checkbox"/> Soap or alcohol hand rub | <input type="checkbox"/> Timer |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Uterotonic (Oxytocin or Misoprostol) |
| <input type="checkbox"/> Scissors or blade | <input type="checkbox"/> Magnesium Sulfate |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Labetalol or Nifedipine |
| <input type="checkbox"/> Ties or clamp | <input type="checkbox"/> Antibiotics (Ampicillin) |
| <input type="checkbox"/> Personal protection (apron, shoes, mask, goggles) | <input type="checkbox"/> BAB Action Plan |
| <input type="checkbox"/> Suction bulb | <input type="checkbox"/> PE-E Action Plan |
| <input type="checkbox"/> Ventilation bag and mask | <input type="checkbox"/> Provider Guide |
| <input type="checkbox"/> Floor protector | <input type="checkbox"/> Fetoscope/Pinard |
| <input type="checkbox"/> Basin for placenta | |
| <input type="checkbox"/> Stethoscope | |

Mother 1: Pre-Eclampsia

Asma is referred from a local clinic to your facility because of high blood pressure. She is 30 weeks gestation.

Recheck her BP, manage and classify.

Expected Management	Prompt if not done
<input type="checkbox"/> Recheck BP <ul style="list-style-type: none"> <input type="checkbox"/> Seated with both feet on the floor <input type="checkbox"/> Cuff placement (upper arm, 2 cm above elbow) <input type="checkbox"/> Rapid cuff inflation to 180 mmHg <input type="checkbox"/> Release air slowly 	[Facilitator] (When done): BP 145/94
<input type="checkbox"/> Check urine for protein	[Facilitator]: Did you check the urine? [Facilitator] (When done): Urine is positive for protein
<input type="checkbox"/> Check for Danger Signs: <ul style="list-style-type: none"> <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headache <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Decreased urine output <input type="checkbox"/> Visual Changes 	[Facilitator]: Does she have any Danger Signs? <i>Asma (when asked): No shortness of breath, yes headache for one day; no abdominal pain, urine output is ok, no visual changes</i>
<input type="checkbox"/> Recheck BP in 15 minutes	[Facilitator]: Did you assess BP after paracetamol? [Facilitator] (When done): BP 140/90
<input type="checkbox"/> Classify as Pre-Eclampsia	[Facilitator]: How would you classify her condition?
<input type="checkbox"/> Advise regarding Danger Signs: <ul style="list-style-type: none"> <input type="checkbox"/> Blurred vision <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Decreased urine 	[Facilitator]: What advice will you give?
<input type="checkbox"/> Advise to return in one week	[Facilitator]: What follow-up is needed?

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

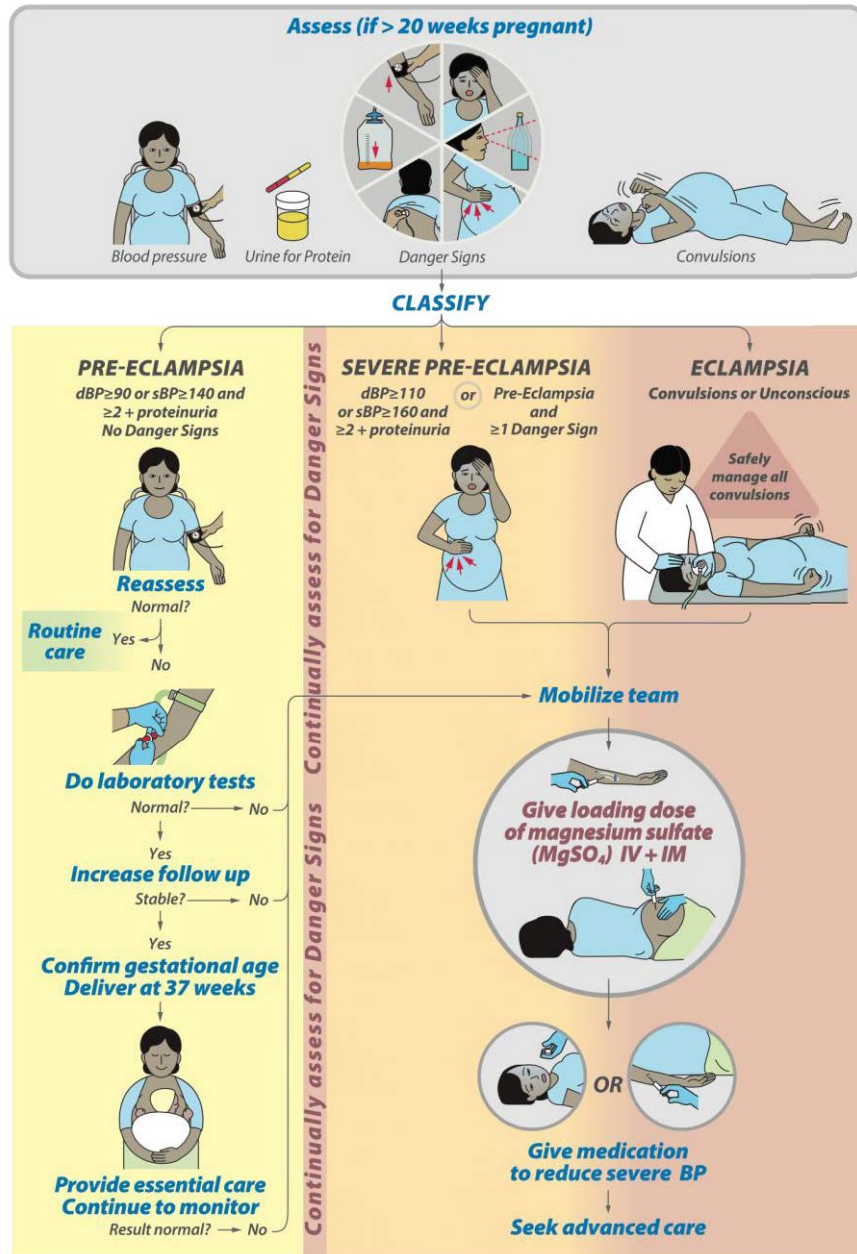
☐ **Record this case in logbook.**

Mother 1: Pre-Eclampsia

January 2017

Helping Mothers and Babies Survive Pre-Eclampsia & Eclampsia

ACTION PLAN 1



You are attending to this mother and her baby. Please tell me what you are doing and I will give you any information you can not get from the mother. I will be the mother and the facilitator.

Any questions?

Asma is referred from a local clinic to your facility because of high blood pressure. She is 30 weeks gestation. **Recheck her BP, manage and classify.**

Mother 2: Severe Pre-Eclampsia

Helen is 38 weeks gestation. Her BP is 152/115. Her urine has protein. Her vision is blurred. She complains of a headache. She has not had convulsions. **Manage her pre-eclampsia.**

Expected Management	Prompt if not done
<input type="checkbox"/> Classify as severe PE <input type="checkbox"/> Mobilize team <input type="checkbox"/> Gives medication to reduce BP	[Facilitator]: How do you classify her condition? [Facilitator]: Do you need help? [Facilitator]: Will you treat the BP?
<input type="checkbox"/> Starts MgSO ₄ <input type="checkbox"/> Starts IV <input type="checkbox"/> Give loading dose of 4 g of 20% MgSO ₄ IV- (mix 8 mls of 50% MgSO ₄ with 12 mls of normal saline). Give over 20 minutes. <input type="checkbox"/> Give maintenance dose of 5 mls of undiluted 50% solution IM to each buttock (10 mls split between two syringes).	[Facilitator]: Are you worried about fits? [Facilitator]: Should you give a loading IV dose before the IM maintenance dose? [Facilitator]: What is the IM MgSO ₄ dose 2?
<input type="checkbox"/> Continue to assess for Danger Signs <input type="checkbox"/> Monitor- needs maintenance dose MgSO ₄ every 4 hours until after birth	[Facilitator]: What do you continue to asses? [Facilitator]: When will she next need a MgSO ₄ dose?
<input type="checkbox"/> Transport to advance care	[Facilitator]: Will you keep her here?

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

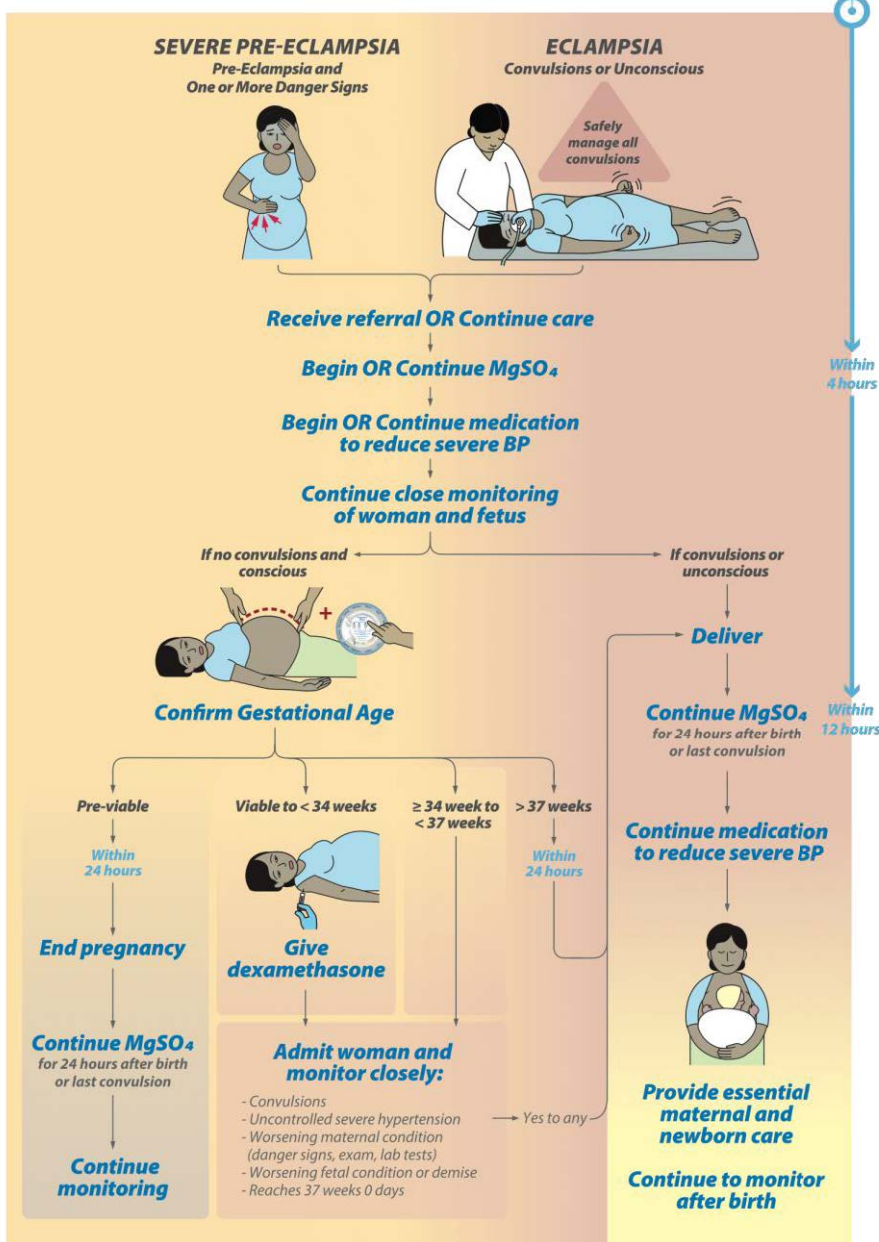
☐ Record this case in logbook.

Mother 2: Severe Pre-Eclampsia

January 2017

Helping Mothers and Babies Survive Pre-Eclampsia & Eclampsia

ACTION PLAN 2 - ADVANCED CARE



You are attending to this mother and her baby. Please tell me what you are doing and I will give you any information you can not get from the mother. I will be the mother and the facilitator.
Any questions?

Helen is 38 weeks gestation. Her BP is 152/115. Her urine has protein. Her vision is blurred. She complains of a headache. She has not had convulsions. **Manage her pre-eclampsia.**

Mother 3: Bleeding After Birth-AMSTL

Tishala just delivered her baby. The placenta has not delivered. **Demonstrate management of the third stage of labor.**

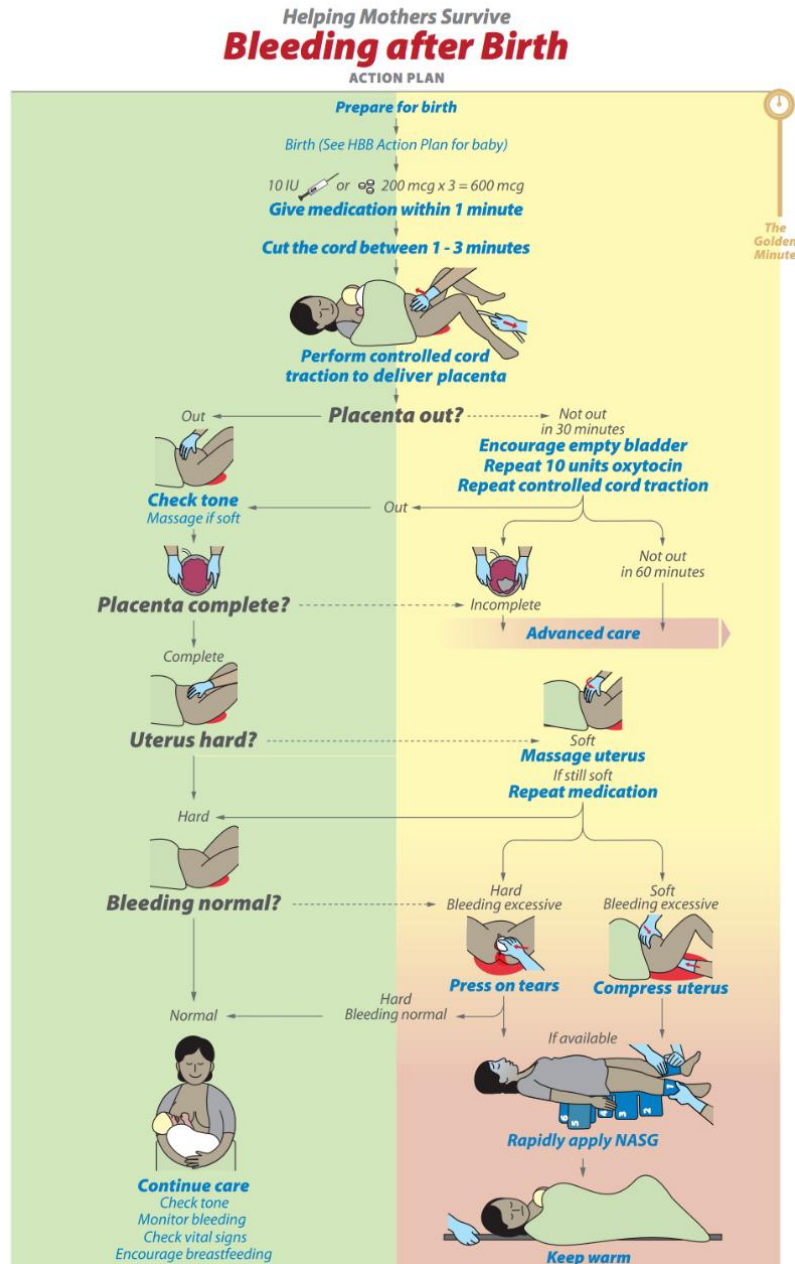
Expected Management	Prompt if not done
<input type="checkbox"/> Check for second baby	[Facilitator]: Is there only one baby?
<input type="checkbox"/> Give oxytocin or misoprostol to mother within 1 minute of delivery	[Facilitator]: Bleeding is now heavy.
<input type="checkbox"/> Cut the cord between 1–3 minutes after birth	[Facilitator]: Cord is still attached.
<input type="checkbox"/> Deliver the placenta <ul style="list-style-type: none"> <input type="checkbox"/> Give gentle downward traction only during contractions <input type="checkbox"/> Stabilize the uterus with one hand above the uterus <input type="checkbox"/> Assess uterine tone once the placenta delivers and massage if soft 	[Facilitator]: There is no contraction. [Facilitator]: Where should your hand be? [Facilitator]: Would you massage the uterus?
<input type="checkbox"/> Check placenta for completeness <input type="checkbox"/> Check for vaginal bleeding <input type="checkbox"/> Check for tears <input type="checkbox"/> Continue to check mother and baby every 15 minutes for 2 hrs post delivery	[Facilitator]: Is placenta complete? [Facilitator]: The mother is bleeding heavily. [Facilitator]: Are there any tears? [Facilitator]: How often will you monitor mother and baby?

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

☐ Record this case in logbook.

Mother 3: Bleeding After Birth-AMSTL



You are attending to this mother and her baby.
Please tell me what you are doing and I will give
you any information you cannot get from the
mother. I will be the mother and the facilitator.
Any questions?

Tishala just delivered her baby.
The placenta has not delivered.
**Demonstrate management of
the third stage of labor.**

Mother 4: Uterine Atony

Mary delivered her 6th child, a 4.5 kg baby 30 minutes ago. Complete placenta was delivered spontaneously. She had a dose of uterotonic. She feels like she is urinating. **Assess and manage vaginal bleeding.**

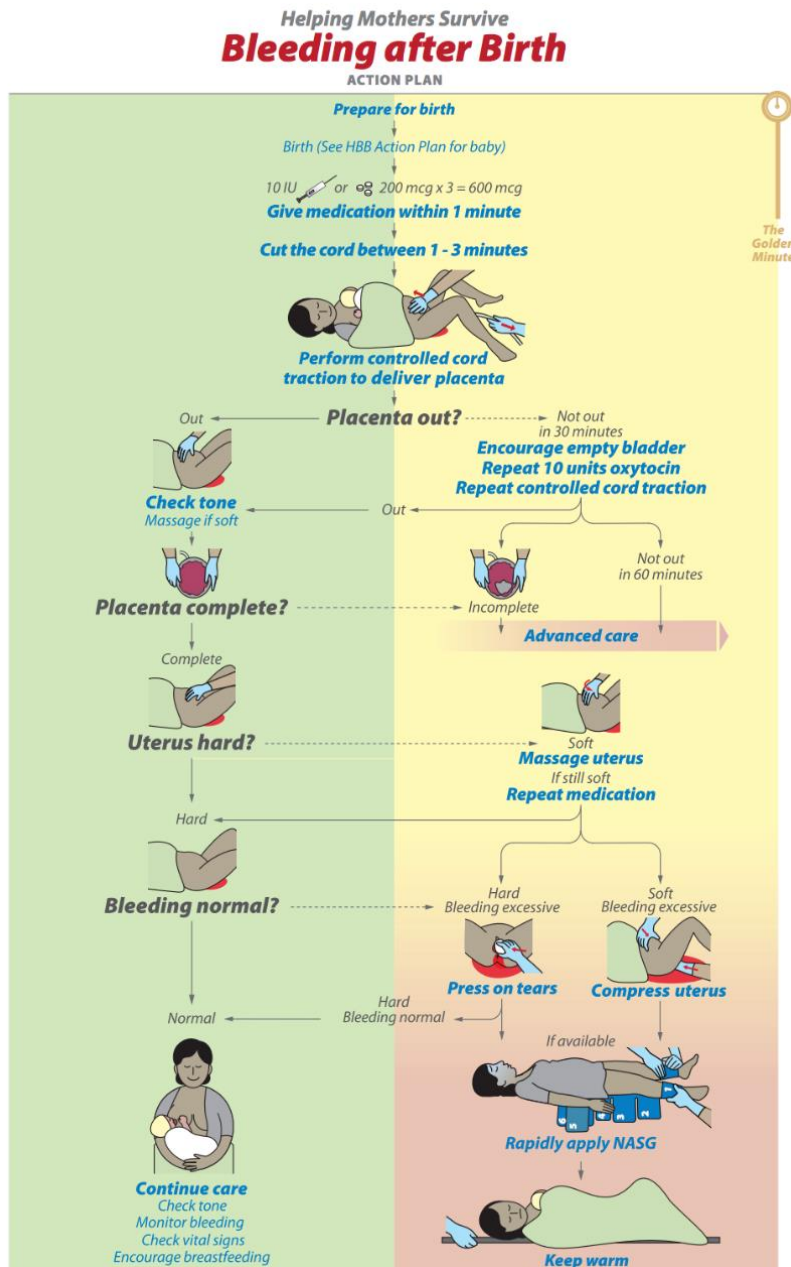
Expected Management	Prompt if not done
<input type="checkbox"/> Check tone of uterus <input type="checkbox"/> Press firmly into the mother's abdomen, just below the navel, to feel for the uterus. Massage uterus in a circular motion <input type="checkbox"/> Watch the mother's bleeding while massaging the uterus	<p>[Facilitator]: There is lots of vaginal bleeding.</p> <p>[Facilitator]: Mother continues to bleed.</p> <p>[Facilitator]: Bleeding continues.</p>
<input type="checkbox"/> Identifies massage as not working <input type="checkbox"/> Empties bladder <input type="checkbox"/> Give a second dose of uterotonic – oxytocin	<p>[Facilitator]: Massage is not working.</p> <p>[Facilitator]: Could her bladder be full?</p> <p>[Facilitator]: Mother is still bleeding excessively- uterus remains soft. Are there any medications you could give?</p>
<input type="checkbox"/> Identifies emergency; starts advanced care <input type="checkbox"/> Washes hands and puts on sterile gloves to elbow <ul style="list-style-type: none"> <input type="checkbox"/> Starts bimanual compression <input type="checkbox"/> Squeezes uterus between fist and upper vagina <input type="checkbox"/> Hand on abdomen until bleeding controlled and uterus hard, at least 5 minutes 	<p>[Facilitator]: Do you think you need help?</p>
<input type="checkbox"/> Monitors mother's pulse and BP <input type="checkbox"/> Identify need to seek advanced care	<p>[Facilitator]: What will you monitor?</p> <p>[Facilitator]: Will you keep the mother here?</p>

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

☐ Record this case in logbook.

Mother 4: Uterine Atony



You are attending to this mother and her baby.
Please tell me what you are doing and I will give you
any information you can not get from the mother.

I will be the mother and the facilitator.

Any questions?

Mary delivered her 6th child, a
4.5 kg baby 30 minutes ago.
Complete placenta was
delivered spontaneously.
She had a dose of uterotonic.
She feels like she is urinating.
**Assess and manage vaginal
bleeding.**

Mother 5: Retained Placenta

Nalla delivered a 3.8 kg baby. The placenta delivered. The uterus is above her umbilicus. She starts to bleed as you massage her uterus. **Assess and manage for retained placenta.**

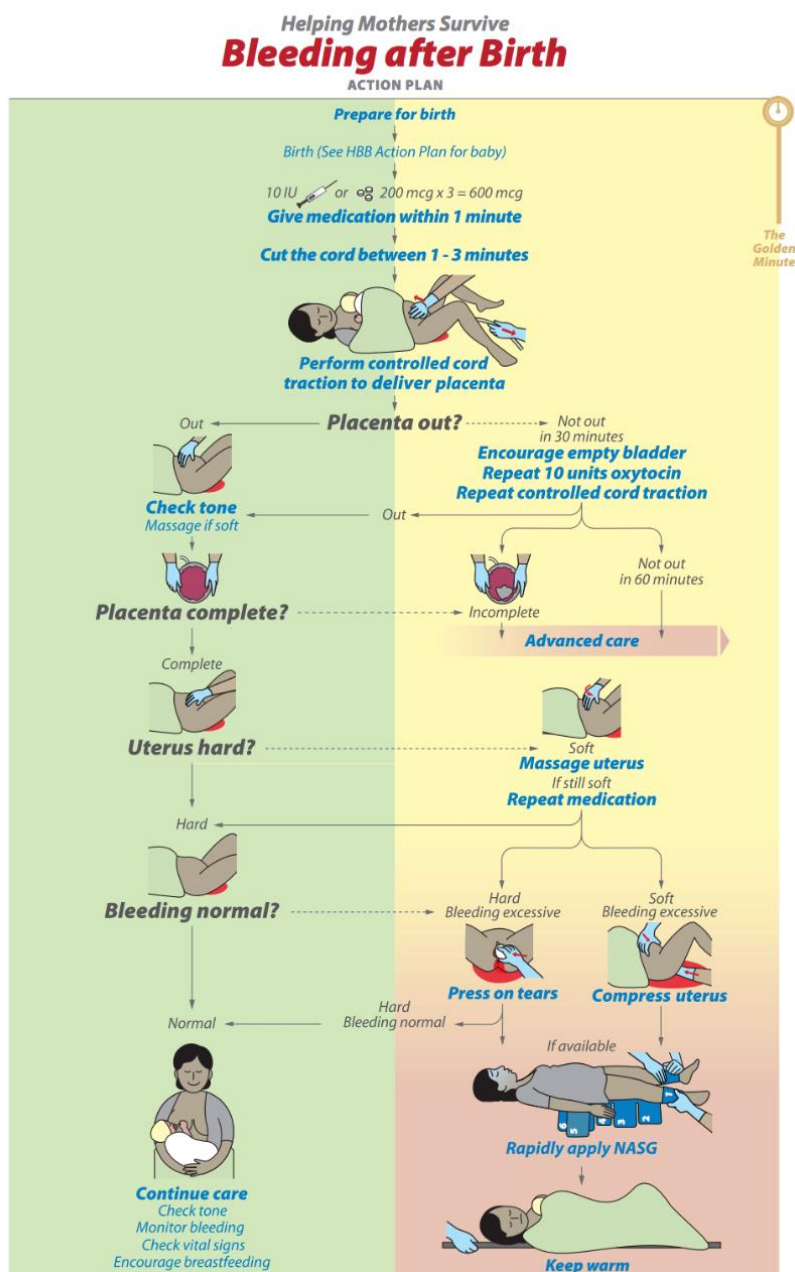
Expected Management	Prompt if not done
<input type="checkbox"/> Ask to see the placenta and check the placenta for completeness. Should see that a piece is missing	[Facilitator]: The placenta is in the basin.
<input type="checkbox"/> Identifies need for manual exploration of uterus. <input type="checkbox"/> Identifies need to seek advanced care-calls for help. <input type="checkbox"/> Washes hands and dons sterile gloves to elbow <input type="checkbox"/> Starts bimanual exploration of uterus <ul style="list-style-type: none"> <input type="checkbox"/> Places one hand on the top of the uterus and brings down to the lower hand <input type="checkbox"/> Explore the uterus for retained tissue	[Facilitator]: Vaginal bleeding is heavy, what could be happening? [Facilitator]: Do you think you need help? [Facilitator]: Mother continues to bleed. [Facilitator]: What are you looking for?
<input type="checkbox"/> Never leave the mother <input type="checkbox"/> If manual exploration, administer antibiotics <input type="checkbox"/> Transport to advanced care	<i>Mother: I am afraid to be here alone.</i> [Facilitator]: Should the mother receive antibiotics? [Facilitator]: Should you continue to treat this mother here?

Give Feedback:

- What went well?
- What will you change next time?
- Review checklist.

☐ Record this case in logbook.

Mother 5: Retained Placenta



You are attending to this mother and her baby.
Please tell me what you are doing and I will give
you any information you cannot get from the
mother.

I will be the mother and the facilitator.
Any questions?

Nalla delivered a 3.8 kg baby.
The placenta delivered.
The uterus is above her
umbilicus. She starts to bleed
as you massage her uterus.
**Assess and manage for
retained placenta.**

Mentorship Checklist

Item	/	Comment(s)
QIT meeting/plan		
SS visits		
CHW meetings		
HFGC meetings/minutes		
Referrals		
MNCH service areas observed		
Adv. deliveries/ C-S*		
Amb. Log*		
MNCH death/near miss		
Toll free phone (present/use)		
Sim Practice Log*		
Bag and mask observed		
MNCH case practice		
Discuss opportunities		
Discuss gaps/challenges		
Discuss next visit date		
Report to district MnM		

Core MNCH Equipment (all sites)

- ☐ Soap/alcohol hand rub
- ☐ Gloves and other PPE
- ☐ Infant weigh scale
- ☐ Thermometer
- ☐ Clean cloths
- ☐ Stethoscope
- ☐ Timer-clock/watch
- ☐ Scissors and/or blade
- ☐ Cord ties/clamp
- ☐ Fetoscope
- ☐ Suction device
- ☐ Infant bag-mask
- ☐ Towels
- ☐ Hemostats/clamps/ties
- ☐ Vitamin K
- ☐ Antibiotics
- ☐ Eye ointment
- ☐ Uterotonic (Oxytocin or Misoprostol)
- ☐ Magnesium sulfate
- ☐ Labetalol or Nifedipine
- ☐ Action Plans (posted in care area): HBB, ECEB, BAB, PEE, L &D
- ☐ Provider Guides: HBB, ECEB, BAB, PEE, L&D

Sim Equipment (if Sim Practice Site)

- ☐ NeoNatalie Simulator
- ☐ Mama Natalie
- ☐ Infant weigh scale
- ☐ Thermometer
- ☐ Clean cloths
- ☐ Stethoscope
- ☐ Head covering
- ☐ Timer-clock/watch
- ☐ Scissors and/or blade
- ☐ Cord ties/clamp
- ☐ Fetoscope
- ☐ Suction device
- ☐ Infant bag-mask
- ☐ Towels
- ☐ Hemostats/clamps/ties
- ☐ Vitamin K
- ☐ Antibiotics
- ☐ Eye ointment
- ☐ Uterotonic (Oxytocin or Misoprostol)
- ☐ Magnesium sulfate
- ☐ Labetalol or Nifedipine
- ☐ Action Plans: HBB, ECEB, BAB, PEE, L&D
- ☐ Provider Guides: HBB, ECEB, BAB, PEE, L&D

Clinical Mentorship Guidelines

1

Introductions

- Emphasize supportive nature of visit
- Goal is joint learning, shared gap and opportunity review

2

Tour Facility

- Use MNCH critical equipment/med/service checklist
- Compliment on strengths and improvements
- Observe any community/facility 'innovations'
- Observe and discuss gaps and plans to obtain

3

Discuss Recent, Actual MNCH Cases & Outcomes

- What went well?
- What could be improved?

4

Observe Actual MNCH Care

- Visit areas with active services/patients
- Identify strong service areas
- Identify gaps
- Demonstrate skills if needed
- Observe bag and mask ventilation

5

Simulation Practice

- If Sim site:
 - Review practice log book
 - Check Sim equipment
- All sites: Observe practice case(s) and provide feedback

6

Discuss Summary Feedback From Visit With In-Charge and/or Facility Team

- Review gaps, opportunities and strengths
- Discuss specific next steps for gaps and plan for improvement
- Thanks and compliment on improvements and strengths

7

Report Back to MnM/District

- Identify ideal next check in
- Report any needs to MnM
- Report to District

Date:

Facility Name:

Mentor Name:

Comments: