

TRAINING OF SKILLED BIRTH ATTENDENTS
(Operational Plan for Hands on training)

Objective

The objective of the proposed training is to upgrade skills of ANM/Staff Nurse posted in district hospital / CHC / PHC to improve quality of intra-partum and newborn care in institution and achieve better maternal and infant salvage.

Rationale

Review of current situation clearly indicates that appropriate organization of patient care from admission / referral to delivery and care of newborn does not follow, the laid down norms. Further discussions with faculty of Medical Colleges reveal that majority of Medical Colleges are also not following these guidelines. If the district hospital is to be used as a training center for below district personnel it is essential to ensure that all district hospitals follow the guidelines for care of pregnant women during labour and care of new born.

In order to ensure this, it is proposed to have an orientation training of the state level CTI so that they in turn orient the district hospital obstetrician who is then given the responsibility of reorganizing the system of care of parturient and new born in district hospital.

This will achieve the following:

- The district hospital will now be in a position to start training all institutions below in good quality intra-partum and newborn services.
- Improve quality of care in district hospital, which cater to substantial proportion of delivery in the EAG states.
- Improvement in services will result in a larger proportion of population accessing the district hospital for services and thus getting the quality of services that they need.
- With improvement in district hospital services even middle and upper income group will tend to access these services in district hospital so that the district hospital will be able to generate funds and utilize them for further improvement in availability and quality of services.

➤ **Meeting of Secretaries of the States to brief them about the Operational Guidelines so that appropriate identification of the Districts may be done quickly.**

➤ Orientation training of CTI about training strategy including monitoring and administrative aspects

It is expected that this training is begun immediately so that training of all CTIs is completed in three months.

S. No	Category of Participants	Trg load	Durat ion of trg	Bat ch size	No. of batches	Venu e	Trainer s	Timeli ne
1.	Faculty of CTI and State Programme Officers /State RCH Training Coordinators	25	2 days	20-25	1 Batch	NIHF W	Faculty of NIHF W / MOHF W	6 weeks

Funding as per RCH norms

➤ **Orientation training of Obstetricians of District Hospital**

They (CTI) in turn will start orientation of obst. of district hospitals with the largest caseload and over a year complete training of all district hospital representatives (Obstetricians). The trained Obstetricians will be given the responsibility and needed support for re-organization of district hospital services from appropriate provisions that are available under RCH programme. Initially five districts will be selected from each of the states. **The Obstetrician / MS etc. of the Identified hospitals will be the** trainers of the ANM/SN in the training of skilled birth attendants at the peripheral institutions.

S. No	Category of Participants	Trg load	Duration of trg	Batch size	No. of batches	Venue	Trainers	Timeline
1.	Med Supt/CMO One Obst, District Training Coordinator	25 (5 from each identified five districts)	2 days	20- 25	1 Batch	SIHW	Faculty of SIHFW	3 months

Funding as per RCH norms

➤ **Monitoring**

Monitoring will be done by CTI and NIHFW with mid course correction and re-training if needed.

Programme will be monitored through monthly progress report of hospital including:

- Total no. of deliveries
- No. of complicated delivery
- Caesarean section rates
- No. of cases referred
- Maternal mortality and morbidity
- Neo-natal mortality and morbidity

• **Overall Time-line**

Bringing the district hospital to follow the guidelines, which have been developed and which are essentially similar to what was circulated in 1998, should be completed in 1½ year. Thus the unfinished task of seven years of RCH-I improving services in district hospital will be completed expeditiously. It is expected that the needed changes are implemented and concerned staff are practicing the skills as per protocols. Time taken for implementation will be 3-4 months. At the end of this time if all are satisfactory then hospital can start training of peripheral staff.

• **Essential pre-requisites**

Once a district hospital Obst. is oriented, he/she should be given adequate facilities which are needed for their support for functioning from the provisions available under RCH.

- The essential forms for taking history, recording findings of pregnant women (ante-natal card, partograms intra-partum) and new born card will also have to be supplied in adequate numbers so that all

pregnant woman who come to district hospital could be categorized into those with or without complications and given appropriate intra-partum and new born care.

- Essential equipment and consumables will also have to be supplied under the existing provision of RCH programme.

The question therefore arises what can be done to improve the skills of ANM and Staff Nurse during this period.

➤ **Training of ANM and Staff Nurse in core skills**

Reviews of data from DLHS, NFHS reveal that ANM and Staff Nurse are not providing ante-natal care and people are not seeking ante-natal care from ANM, Staff Nurse. This is because of the fact that they are not checking BP, weight, symphysis – fundal height, abdominal girth, Hb which are simple but critical examination that have to be done in ante-natal period to detect complications. The RCH programme I and II envisages that ANM, Staff Nurse will be given the skills so that they will undertake these tasks.

Our review of training suggests that substantial proportion of ANMs, Staff Nurses have not been trained in these examinations. Even if they have been trained we do not have any indicator as to how often they are performing all these examinations, when they are visiting villages and how accurate are their findings.

This skill up-gradation has been an essential component of RCH I and in spite of the fact that 7 years have passed skills have not been acquired and utilized by PHCs / CHC / Sub-centre personnel.

• **Strategy**

During the period (when the district hospital is gearing up to take the training) the MO(PHC/CHC) should undertake training of the ANMs, Staff Nurses working in their institutions in all the basic skills so that their AN clinics really follow the RCH guidelines.

Once the PHC/CHC have set their house in order they will take on the training of ANM in the sub-centre by rotating them for a period of one month in PHC/CHC. It is essential that the ANMs and Staff Nurses have these skills for providing any intra-partum care because if these examinations are not correctly done and complications not detected, patients with complications will be kept back in inappropriate institutions for delivery thereby resulting in morbidity and mortality of both mother and newborn child. **The MOPHC should certify that the SN / ANM who are working under them are practicing the core skills correctly before nominating them for the training of SBA.**

This training will enable identification of complicated pregnancy and building up of referral, which will result in pregnant women with complications accessing FRUs and district hospitals and benefiting from the good quality care available in them.

• **Essential pre-requisites for training**

Every pregnant woman should have one AN card which is to be kept with her. Some cards may have to be retained in the center so every district should have antenatal and newborn cards equivalent to at least 1.5 times of the estimated number of pregnant women in the district

Essential basic equipment for such ante-natal care has to be made available to all ANMs / SN of PHCs./CHCs.

As and when each district hospital completes the system change and is in a position to undertake training of those staff nurses and ANMs who already have the skills of examination of pregnancy and identifying complications will be identified for training in IP care. After training they will go back and ensure that better care is provided to pregnancy and parturient women in the CHCs/PHCs.

- **Reporting and Monitoring**

- Every sub center ANMs should have adequate forms for filing returns and duplicates with them so reporting formats should be 2.5 times no. of sub-centers in the district.
- The reporting formats for institutions should also be 2.5 times the no. of institutions/district.
- Every month performance will be reviewed at district level.

This is the mechanism by which center and persons who are performing well are identified and given priority in completing the training.

All persons who have been trained will be provided with necessary equipment and consumable as is envisaged under RCH II.

- **Time line**

It is suggested that insitu training of the staff in all PHCs and CHCs and subsequent training of all sub-center ANMs in PHCs and CHCs should be taken up immediately and the entire task to be completed within 6-8 months.

➤ **Strategy for Training of Skilled Birth Attendant (ANM/LHV/SN)**

- **Criteria for selection of districts**

Each state will make a detailed training programme keeping in mind issues like caseload, no of training institutions, number of trainers who are actually practicing Partogram and inj. Magsulph etc.

Hospitals in the district will be the institution where training is to be done and existent practices in district hospital should be according to norms as proposed in MOHFW guidelines so that others from below district hospitals institutions can be trained as per these norms.

Each state will make a detailed training programme. Phasing may have to be done. The suggested criteria for selection of hospital **and training center** are.

- Those district hospitals/**FRU** with adequate caseload **manpower already practicing the skills and / or having other facilities for practicing the skills and are** agreeable to providing opportunities for practice of the skills to be transferred **(especially in case of private voluntary NGO sector) and with provision of residential facilities in the hospital or near by.**
- Those districts in difficult areas

- **Skills to be upgraded include (Annexure 1)**

Since the ANM/SN will already have core skills. Now skills to be acquired are:

- P/V for dilatation, effacement, station of presenting part, CPD, moulding etc.
- Plotting of Partograph
- Use of Inj. Mag sulph and Tab Misoprostol
- Managing I, II and III stage of labour including conducting delivery.

- **Who is to be trained**

Only those personnel (ANM SN) who have the core skills who are posted at

- Functional FRUs Or to be upgraded shortly and currently conducting delivery.
- **CHCs and currently conducting deliveries.**
- Posted at 24 hrs PHCs or in a place which is to be upgraded and currently conducting deliveries

I/c of place of work should certify that she has been practicing the core skills correctly.

Trainer (specialist) should verify on 1st day of training whether the nominee has the core skills and hence will be able to upgrade within the training period only after this will the nomination be accepted, otherwise the trainee will be sent back.

- **Who is to be the trainer**

- Should be practicing all the skills, which are to be transferred to the trainee.

Trainers will be the following staff of the identified district hospital/FRU etc who will undergo 2 days orientation training at SIHFW:

- Staff Nurse and ANM of district hospitals posted in labour room and nursery and who are conducting deliveries and oriented for handling common obstetric complications
- Obst. & Gynecologist

One training team (team leader being the specialist) to have at least two trainees and not more than four for adequacy of basic skills.

- **Role of Trainer**

The trainers need to ensure

- Acceptance of nominations after ensuring that the trainee possess core skills and will be able to upgrade the skills
- Adequate opportunity for the trainee to acquire skills
- Training/supportive supervision on-the-job at each level by personnel of one level above
- Evaluating and providing supportive supervision including continuous guidance to the ANM etc. following the training
- That the protocols given in the module provided by MOHFW are followed.
- Compliance as per the norms of proficiency certification and only then certifying the trainee to be proficient.

- **Batch Size**

Batch size will depend upon the case load so that trainees have acquired adequate skills.

If the no. of delivery per month is	Recommended Batch size
150	2
150 – 250	3
> 250	4

- Ideal batch size ANM/LHV/Nurse should be 2 and never to exceed 4
- Two trainees / gynecologist in District Hospital / FRU.

- **Training Site**

Any District Hospital/ Sub-District Hospital with adequate caseload as given above but not less than 150 deliveries per month may be selected. In case NGO, Private Hospital, Faith based organizations are identified, it may be ensured that these hospital are selected where hand-on-training in all listed procedures in the proficiency norms are permitted to be conducted besides and who are practicing all the protocols which are given in MOHFW's guidelines.

- **Training Material**

Prototype material will be "Guidelines for Ante-Natal Care & Skilled Attendance at Birth by ANMs & LHVs". prepared by MOHFW. Training material could be adapted and translated to local language if need be by the states.

The training guidelines may be provided to all concerned (trainer, trainees, hospital superintendent, State & district Programme Manager). State Programme Officer should provide the guidelines to all.

- **Duration of Training: 15 days**

Based on proficiency (but not to exceed 3 weeks).

- **Proficiency Certificate**

1. Daily diary to be maintained and counter signed by trainer
2. Norms of Proficiency Certification

Activity	Observe	Assist	Perform Independently
Preparing clean gloves	5	5	20
Setting up of IV Lines	2	5	20
Delivery trolley	5	5	20
Partograph	5	-	15
Per vaginal examination (under guidance)	5	5	10
Conduct Normal Delivery	2	5	10
• Partograph	2	5	10
• Tablet Misoprost, Administration	2	5	10
• Controlled cord traction for delivery of placenta.	2	5	10
Examination of placenta, membranes & umbilical cord	5	-	15
Attend new born & check weight	2	5	10
Suction, maintain airway, Establish breathing	2	5	10
Assist breast feeding correctly	2	5	10
Administration of deep IM injection (any)	2	-	10
Administration of deep IM Inj Magsulph	2	-	1

- **Monitoring** (24 hrs of PHCs/CHCs etc.)
 - Total no. of deliveries
 - No. of complicated delivery
 - Vaccum / Forceps
 - No. of cases referred
 - Maternal mortality and morbidity
 - Neo-natal mortality and morbidity

- **Reward**

As a measure of accelerating the progress it is suggested that the performance based additional support to further improve availability and Quality of Care may be provided to the top 3 institutions / individuals in any year at district and below district level. Alternatively institutions/individuals, which crosses some benchmark, can be given a performance-based incentive. This is a kind of reward for the work they have put in and the additional work that they perhaps are getting because of improvement in Quality of Care.

Goals for 31st March 2006

1. Orientation of Secretaries of the States at MOHFW.
2. Orientation Programme at NIHFW.
3. Selection of districts by the SIHFW and State Programme Officers
4. Orientation Programme at SIHFW.
5. **Orientation of MOPHCs of the identified district by their respective CMOs in order to be able to ensure that ANM / Staff Nurse who are certified to be practicing the skills correctly are nominated for training of skill birth attendant.**

Job responsibilities

- **The Secretary: Secretary would be required to**
 1. **Identification of the District which fulfill the criteria for the training.**
 2. **Ensure that all concerned officers are informed about the strategy.**
 3. **All Institutions within the districts have the necessary equipment consumables etc. on a continuous basis especially in the identified hospitals.**
 4. **Ensured that nominations are timely and are appropriately done.**

- **Role of SIHFW and State PMU**
 - **Assist the State Governments in appropriate identification of the district.**
 - **Orientation of the HOD Gyne. of State Medical College, MS District Hospital, District Gynecologist and Gynecologists of other training institutes.**
 - **Coordination of the training at the district level.**
 - **Certify preparedness of institutes with the help of NIHFW.**
 - **Review of training plan of appropriations below district level.**
 - **Monitoring of the training at district and below district level.**

- **Role of CMO and Districts PMU**
 1. Orientation of all MOPHCs / CHCs of the identified district in order to be able to ensure skills are practiced correctly and then nominate the trainees for training of skill birth attendant.
 2. Ensure the supply of essential equipments, drugs and forms including partograph as per RCH norms at district Hospitals / CHCs / PHCs.
 3. Monitoring of training.

- **Role of Trainer**

The trainers needs to ensure

- Acceptance of nominations after ensuring that the trainee possess core skills and will be able to upgrade the skills
- Adequate opportunity for the trainee to acquire skills
- Training/supportive supervision on-the-job at each level by personnel of one level above
- Evaluating and providing supportive supervision including continuous guidance to the ANM etc. following the training
- That the protocols given in the module provided by MOHFW are followed.
- Compliance as per the norms of proficiency certification and only then certifying the trainee to be proficient.

- **Role of MOPHC**

1. **Providing supportive supervision of the ANMs and Staff Nurses.**
2. **Ensuring preparedness of the ANM / SN by ensuring that they have core skills.**
3. **Nomination of the trainees after certifying that they are correctly using the core skills.**
4. **To ensure the procurement of essential equipments and forms as per RCH norms.**
5. **Certify those who are correctly using their skills and nominate them for the training.**
6. **Preparation and submission of monthly report.**

Role of NIHFW

- **Provide guidelines**
- **Orientation of CTIs**
- **Coordination of the training**
- **Periodic review of progress of training.**
- **Review of training plan for appropriateness.**

Role of MOHFW

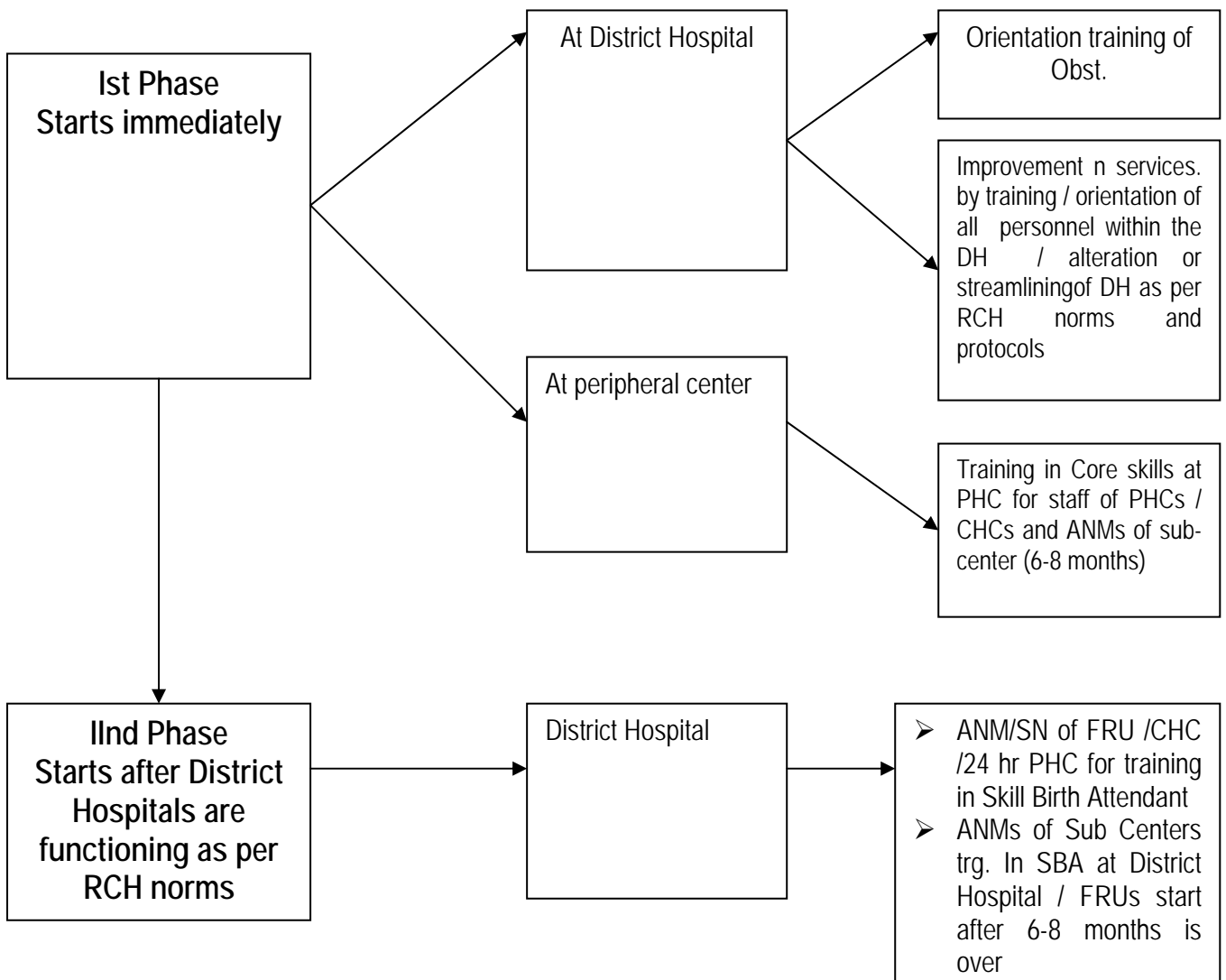
- **Provide guidelines**
- **Meeting of Secretaries**
- **Acting as resource persons.**
- **Monitoring and evaluation**

Role of Medical College

1. **Monitoring of RCG Activity and providing feed back**
2. **system of referral to be developed**

6. SUMMARY

Aim: Improvement in Intrapartum and newborn care services by training in Institutions



Some new Maternal Health Intervention for ANM, LHV and Staff Nurse

Complications	Intervention
Prevention of PPH And Active management of 3 rd stage of labour	<p>Tab Misoprostol Sublingually or Orally 600 mcg (3 tablets of 200 mcg each) immediately after the delivery of baby; Used as prophylaxis against PPH, in all deliveries as part of active management of 3rd stage of labour</p> <ul style="list-style-type: none"> • Tablets Misoprostol is a methyl ester (a synthetic analogue of natural prostaglandin E1. Administered orally or sublingually, peak plasma concentrations are achieved in less than 30 minutes
Management of PPH	<p>ANM will be trained to start IV line and maintain it.</p> <ul style="list-style-type: none"> • Give I/M Oxytocin 10 IU in all cases of PPH; • Start I/V infusion in all cases of PPH before referral. Add 20 IU Oxytocin in I/V infusion; • In case I/V can not be given, patient may be referred to medical officer immediately, after I/M oxytocin.
Management of Eclampsia	<ul style="list-style-type: none"> • Immediate referral to FRU/District Hospital • First dose of inj Magsulf 10 ml of 5 Gms deep I/M in each buttock (A total of 10 gms/20 ml of 50% solution injection Magsulf) and refer. <ul style="list-style-type: none"> – Magnesium sulfate works on cells and organs in the body and manipulates enzymatic reactions. It affects blood vessels and the transmission of impulses between nerve cells throughout the system – Large doses of magnesium sulfate supplements can cause complications, such as respiratory distress in the mother.
Prevention and management of infection	<ul style="list-style-type: none"> • First dose of antibiotic (80 mg of Inj Gentamycin I/M stat, 1 Gm of Ampicillin, and 400 mg Metronidazole orally • Antibiotic therapy is recommended for: <ul style="list-style-type: none"> – Premature rupture of membranes; – Prolonged labour; – Anything requiring manual interventions – UTI • Puerperal sepsis

Illustrated Budget Per Batch for Training of Skilled Birth Attendant

Sample budget

	Batch size of 2	Batch size of 3	Batch size of 4
Honorarium to 1 participants (Rate x No. of Participant x no. of days)	100 x 2 x 15 = 3000	100 x 3 x 15 = 4500	100 x 4 x 15 = 6000
Honorarium to training team of trainers	200 x 15 x 3= 9000	250 x 15 x 3 = 10250	300 x 15 x 3 = 13500
Contingency per participant (Teaching Material, Course Material & Miscellaneous Expenses = 2 x 15 x 100)	Rs. 3000/-	Rs. 4500/-	Rs. 6000/-
Sub Total	Rs. 15000/-	Rs. 19250/-	Rs. 25500/-
IOH @15% of Sub Total	Rs. 2250/-	Rs. 2870	Rs. 3825
TA	As per State Rules	As per State Rules	As per State Rules

- Funds for establishment of the training cells shall be provided @ Rs.15,000/- per centre(one time) to District and Sub-District training institutions for procuring stationeries, different monitoring forms, partogram and other day to day required items for establishing cell shall be released by the State Health Society/SCOVA to the District Health Societies, which in turn will place the funds at the disposal of the training institutions. For conducting training of SNs/LHVs and ANMs, at the designated training institutions similar mechanism of funds flow will be adopted.
- Funds for conducting 2 days training of trainers at SIHFWs and also for monitoring of training programmes in Districts shall be provided to the concerned SIHFW from the RCH – Flexi Funds placed with the State Health Society/SCOVA.
- The entire cost of SBA training shall be met out of the RCH- flexible pool placed at the disposal of States.
- The National level orientation training at NIHFW will be met out of RCH training funds.