**** **Helping Mothers Survive**

**Prolonged & Obstructed Labor**

 **Training**

**[Location]**

 **[Date]**

Helping Mothers Survive (HMS) Prolonged and Obstructed Labor (P&OL) is a learning module designed to help providers assess, give supportive care and close monitoring, and manage women whose labor is not progressing normally. HMS P&OL builds capacity of the entire team of providers who care for women at birth using a “low-dose, high-frequency” (LDHF) approach. Skills are built on-site reinforce respectful care and women’s choice in order to provide the best experience of care during labor and childbirth. A key component of HMS is the short set of LDHF skills practice and quality improvement activities done by providers after training activities have been completed.

**Audience:**

**P&OL** is designed for all providers who have the responsibility of assessing and caring for women whose labor is not progressing normally, including providing pre-referral / pre-operative care for women that require advanced care.

**Learning Objectives:**

**P&OL** Part 1: Assessment of women with suspected prolonged and obstructed labor

1. Identify women whose labor is not progressing well in active phase of first stage of labor and second stage of labor;
2. Demonstrate effective communication with team members, including use of the SBAR communication tool;
3. Provide respectful care for women experiencing prolonged or obstructed labor;
4. Provide counseling for women and their family when there is an intrapartum intrauterine fetal demise or stillbirth;
5. Conduct a comprehensive assessment of women whose labor is not progressing normally;
6. Identify the most likely cause of unsatisfactory progress in labor;
7. Identify women with prolonged or obstructed labor that need advanced care;
8. Identify malpositions and malpresentations that require a cesarean birth;
9. Communicate a timely referral plan for women needing advanced care;
10. Monitor and provide general care for women with prolonged labor;
11. Identify the cause of fever in women in labor;
12. Identify, treat, monitor, and care for women with a uterine infection;
13. Demonstrate to standard:
14. WHO Quick Check and assessment of fetal heart rate;
15. Taking a history for a woman who may be having a complication
16. Assessment of the 4 Ps
17. Evaluation of intrapartum fever

**P&OL** Part 2: Management of prolonged and obstructed labor

At the end of the champion course, **Providers** will:

1. Appropriately augment labor with oxytocin;
2. Monitor and care for women whose labor is being augmented with oxytocin;
3. Identify, treat, monitor, and care for hyperstimulation;
4. Identify and manage shoulder dystocia;
5. Monitor, care for, and assist vaginal birth for women with complete or frank breech with a flexed head;
6. Manage prolapsed cord;
7. Identify and manage newborn complications resulting from shoulder dystocia or breech birth;
8. Provide postpartum care for women who had prolonged labor;
9. Provide newborn care for women whose labor was prolonged;
10. Demonstrate to standard:
11. Starting oxytocin with 2.5 units/500 mL
12. Appropriately increasing and maintaining the oxytocin drip
13. Managing hyperstimulation
14. Managing shoulder dystocia
15. Managing vaginal birth with complete or frank breech with a flexed head.
16. Describe the importance of LDHF at the facility after training.

**Preparation Day:**

**Facilitators:**

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| **4–8 hours as required based on the experience of the training team and the context** |
| The purpose of this day is to coordinate activities of the trainers, assign roles, procure any last minute items, print required documents (sign-in sheet, learner assessments, etc.) and manage logistics. Some of this can and should be done in advance, but often trainers are traveling to the training venue and will need to become familiar with the training site.**Tasks:** * Ensure 1 trainer for every 4 learners
* Review materials to ensure completeness
* Assign roles for welcome, role play, preparing stations, delivering content, running OSCEs, timekeeper, etc.
* Set up the training site with stations for practice complete with s, mock medication, Action Plan taped on wall or flip chart next to each station OR agree to meet ½–1 hour prior to the training to set up. Ensure materials are printed in advance of training day.
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**Date: ­­­­­­­­\_\_\_\_\_\_\_\_\_ P&OL Day 1 training for all participants**

**Facilitators:**

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| **7:30–8:00 am—Set-up and Welcome** Arrive to greet Facility Head and set up for training if not done the night before. Choose an area to set up and use facility equipment. |
| **Time**  | **Session Description**  | **Materials**  | **Facilitator** |
| 8:00-8:30 Arrival  | * Welcome and Sign in
* Hand out participant characteristics & confidence assessment - ask learners to complete them and hand them in with the pretest.

**NOTE:** For all sessions today, have P&OL Flipchart - Part 1 of 2 and Action Plan posted for reference during all sessions, simulators, and videos and projector/ laptop (if using)  | * Sign In sheet
* Learner characteristics & confidence assessment
 |  |
| 8:30-9:00 | * Give pretest collectively
 | Knowledge assessment |  |
| 9:00 – 9:10 Group | * Collect knowledge test
* Pass out PG and a client record to all learners
 | * PG Part 1 of 2
* Client record
 |  |
| 9:10-9:20 Group | You can make a difference (page 2b)* **Visualization.**  After the story, ask learners to share reflections
 |  |  |
| 9:20-9:25  Group | Provide respectful care (page 3b) * Ask questions to have learners use information about respectful care for care with women with a complication
 |  |  |
| **Key themes** |
| 9:25-9:40 Group and small group | Provide emotional support (page 4b)* **Role play in small groups**: Break into groups of three, practice providing information to a woman who is being referred for obstructed labor
 |  |  |
| 9:40-9:55 Group and small group | Communication (pages 5b-6b)* **Small group work – Case studies**: Break into groups of three-four, and ask groups to review the scenarios on page 5 in the PG and find solutions
 |  |  |
| 9:55-10:10 Group | Decision-making for labor complications (page 7b) |  |  |
| 10:10-10:15Group | Preventing infection (page 8b)* **IP Video** / If no video, ask questions to review handwashing
 |  |  |
| 10:15 – 10:30 | *Break*  |  |
| 10:30-10:40 Group / Stations   | Rapid Assessment (page 9b). * Review **the Rapid Assessment** page. Point to the Action Plan where it matches the **Rapid Assessment** steps.
* **Demonstrate the Rapid Assessment**.  Ask participants to refer to page 8 in the PG.
 |  |  |
| 10:40-10:50  Group  | Manage abnormal fetal heart rate (page 10b)  * Point to the Action Plan where it matches checking FHR.
* **Video: Listening to the Baby’s Heart** (3 minutes 30 seconds) / If no video, **ask participants to refer to pages 7-8 in the PG and demonstrate** assessment and management of FHR <120 or >160 bpm.
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| 10:50–11:00  Group  | If no fetal heart rate, provide counseling (page 11b)* **Ask participants to refer to page 11 in the PG** to read counseling points for intrapartum fetal death
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| 11:00-11:20 Small group / Stations | **Exercise – Rapid Assessment** (page 11b)* **Demonstrate:** In groups of four or fewer, as facilitator wear the simulator and take the role of the “woman”. Two learners play the roles of “provider” and “companion”
* **Small group work – Practice stations**: Ask learners to follow “Checklist” on page 8 of the PG and practice conducting the **Rapid Assessment** and pages 12-15 in the PG for interventions for abnormal findings
 |  |  |
| 11:20-11:35  Group and small group | If you identify a danger sign = Seek advanced care (page 13b)* Ask participants to refer to page 17-18 in the PG for the SBAR tool
* **Work in pairs**: Have each participant write a communication note using the SBAR format based on the case study for Ms. Z.
 |  |  |
| **Assess** |
| 11:35-11:45  Group / Case study | Assess: Labor documentation tool and history (page 14b) * Ask learners to refer to “Checklist” on page 19 of the PG and ask learners to respond to questions.
* Ask learners to refer to the case study on page 20 in the PG. After they have read the case study, ask: “What potential problems have you identified?”
 |  |  |
| 11:45-12:05  Group | Assess the four “P”s (page 15b)* Point to Action Plan as you describe the four P’s
 |  |  |
| 12:05-12:20  Group / Stations | Assess Patient – Coping (page 16b)* Ask learners to refer to the PG on page 22 and review together what to assess and how to respond if the woman is not coping
* **Role play in small groups**
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| 12:20-12:30  Group  | Assess Patient – Hydration, position (page 17b)* Ask learners to refer to page 23 in PG and respond to questions
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| 12:30-13:30  | *Lunch*  |
| 13:30-14:00  Group & small group | Assess power – Contractions & Cervical dilatation (page 18b, 19b, 20b)* **Ask Knowledge check (page 19b)**
* **Exercise – Assess power (page 20b)**

**Case studies: Divide** learners into groups of groups of 3-4 and assign one scenario to each group on page 26 of the PG. Have groups work together to answer the questions for each scenario. |  |  |
| 14:00-14:15  Group | Assess power – Fetal descent/station (page 21b)Assess passenger – Abdomen, Fetal presentation / Position / Lie and Estimated fetal weight (page 22b)* **Exercise:** Have learners describe what they would find on abdominal exam for different malpositions / malpresentations. Then have them show the fetus in the identified presentation/ position to demonstrate.
 |  |  |
| 14:15-14:25  Group | Confirm the baby’s position (page 23b) Have learners turn to pages 29-33 in the PG for helpful tips* **Exercise:** Have learners describe what they would find on vaginal exam for different malpositions / malpresentations. Then have them put the fetus in the simulator in the identified presentation/ position to demonstrate.
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| 14:25-14:30  Group | Assess passage (page 24b) |  |  |
| **Classify** |
| 14:30-15:05  Small group work / Stations | Classify (page 25b)**Exercise – Classify** (page 26b)* Practice in groups of 3-4. Wear the simulator with the 6 cm insert in place with the baby in LOP position. Ask for a volunteer to be the provider.
* Debrief after the demonstration.
 | Completed labor documentation tool for demo  |  |
| 15:05-15:15  Group | Signs of CPD/obstruction - Give Pre-referral / Pre-operative care (page 27b)* Ask participants to turn to the “Key Actions” for pre-referral care on pages 37-38 of the PG to respond to the questions.
 |  |  |
| 15:15-15:30  | **Tea break**    |
| 15:30-15:45 Group    | If signs of prolonged labor - Provide general care (page 28b)* **Video: Good care in labor** (8 min 55 seconds) – if the video is not available, **demonstrate** giving supportive care
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| 15:45-15:55 Group | If signs of prolonged labor with malposition- Provide general care (page 29b) |  |  |
| 15:55-16:15 Group / Stations | If signs of prolonged labor – Watch for maternal fever (page 30b)* **Demonstrate:** Ask participants to turn to “Key Actions” for evaluating fever in labor on page 42-43 of the PG. Ask a volunteer to play the role of the woman while you demonstrate.  **Practice –** (page 31b) Evaluation of fever in labor. Divide learners into groups of 3-4. As facilitator, play the role of the “woman” and a learner plays the role of “provider”.
 |  |  |
| 16:15-16:25Group | If uterine infection - Give IV fluids and antibiotics / Give fever reducer (page 32b)* **Video – Uterine infection** (5 minutes 19 seconds). If the video is not available, **demonstrate** giving IV antibiotics.
 |  |  |
| **Evaluation** |
|  Individual  | **OSCE 1**: Rapid assessment when prolonged labor is suspected * Note - the time it takes to do OSCEs for all learners depends on how many facilitators you have. Each OSCE takes 4 minutes for each person.
 | OSCE 1 checklist |  |
| Group | * Closing
* Reflections on Day 1
 |  |  |
| Facilitators | * Facilitators debrief and prep for next day
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**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P&OL Day 2 training**

**Facilitators:**

| **Time**  | **Session Description**  | **Materials**  | **Facilitator** |
| --- | --- | --- | --- |
| 8:30 – 8:50Arrival  | * Welcome
* Sign in
* Pearls from P&OL Day 1

NOTE: P&OL Flipchart- Part 2 of 2 and Action Plan posted at all stations, videos and projector/laptop if using, simulators, and delivery equipment set up at stations. Pass out PG Part 2 of 2 | Sign In sheet |  |
| **Augmentation of labor** |
| 8:50-9:00Group | Classify- Ineffective uterine contractions (page 2b)* Be sure to continue pointing to the Action Plan
 | Provider’s Guide 2 |  |
| 9:00-9:20Work in pairs | **Exercise – Is augmentation needed?** (page 3b)* **Case studies**: Have learners turn to page 4 of the PG for the scenarios and answer the questions for each scenario.
 |  |  |
| 9:20-9:35Group & Stations | If ineffective contractions, start oxytocin (page 4b)* Ask participants to refer to job aids in the PG on pages 7-10.
* **Video -** [**Treating prolonged labor with oxytocin**](https://vimeo.com/369327371/0a05c99127)(9 minutes 46 seconds). If the video is not available, **demonstrate** starting an oxytocin infusion using the checklist on page 5 of the PG.
* **Practice**: Use the IV perfusion set that is available in the facility and have learners calculate the drip rate and then regulate the IV.
 | IV bag with infusion pump or drip set |  |
| 9:35-9:45 Group | If on oxytocin infusion, assess the woman, fetus, and progress (page 5b)* **Learning activity:** Have learners refer to the job aids: “Increas­ing oxytocin infusion” and “Monitoring and decision-making during oxytocin infusion” on pages 9 & 10 of the PG to answer the ques­tions
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| 9:45-10:00Group | Manage hyperstimulation (page 6b)* **Demonstrate** how to respond to hyperstimulation caused by augmentation of labor
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| 10:00-10:15Small group | **Exercise** – Manage oxytocin infusion (1) (page 7b)* **Case studies**: Divide learners into groups of 3 and have them turn to scenarios on page 12 of the PG and use the job aids on pages 7-10 of the PG to complete the questions for each scenario.
 |  |  |
| 10:15-10:30  Group | Continue oxytocin and monitoring (page 8b)* **Learning activity:** Ask learners to refer to the job aids “Increas­ing oxytocin infusion” and “Monitoring and decision-making during oxytocin infusion” on pages 9 & 10 of the PG to answer questions
* Review the advanced care note
 |  |  |
| **10:30 – 10:45 Tea break** |
| 10:45-10:55Small group | **Exercise** – Manage oxytocin infusion (2) (page 9b)* **Case studie**s: Divide learners into groups of 3 and have them turn to scenarios on page 12 of the PG and use the job aids on pages 7-10 of the PG to complete the questions for each scenario.
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| 10:55-11:00 Group | Be aware of shoulder dystocia (page 10b)* Inform learners that management of shoulder dystocia will be discussed shortly.
 |  |  |
| 11:00-11:15Group | If on oxytocin infusion - Support birth (page 11b)* **Demonstrate** supporting birth in different positions with an IV infusion
 |  |  |
| **Manage shoulder dystocia** |
| 11:15-11:25Group | Manage shoulder dystocia: Getting ready (page 12b)* Ask learners to refer to “Key Actions” on page 15 in the PG and answer questions
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| 11:25-11:40Group & small groups | Manage shoulder dystocia: Hyperflex both legs and apply suprapubic pressure (page 13b)* **Demonstrate:** Divide learners into groups of 3-4. To demonstrate how suprapubic pressure works
* **Demonstrate**: Ask participants to refer to page 17 in PG to follow as you demonstrate hyperflexion of both legs and application of suprapubic pressure.
 |  |  |
| 11:40-11:55Group & small groups | Manage Shoulder Dystocia: Internal rotation maneuvers (page 14b)* **Demonstrate** internal rotation maneuvers. Ask participants to refer to pages 18-19 in PG to follow the demonstration.
 |  |  |
| 11:55-12:10Group & small groups | Manage Shoulder Dystocia: Deliver the posterior arm (page 15b)* **Demonstrate** delivery of the posterior arm. Ask participants to refer to page 19 in PG to follow the demonstration.
 |  |  |
| 12:10-12:25Group & small groups | Manage Shoulder Dystocia: Get on hands and knees (page 16b)* **Demonstrate** performing the Gaskin maneuver. Ask participants to refer to page 20 & 21 in PG to follow the demonstration.
 |  |  |
| 12:25 – 13:25 Lunch |
| 13:25-13:45Group & small groups | Exercise- (page 17b)* **Knowledge Check** first
* **Video** (11 minutes 14 seconds) – Stuck shoulders
* **Practice**: In groups of 3, have learners turn to pages 16 - 24 of the PG. In groups of 3 or 4, have learners practice the maneuvers as a team – starting at the begin­ning, and going through each maneuver.
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| **Time**  | **Session Description**  | **Materials**  |  |
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| 13:45-14:00 Group & small groups | Manage Shoulder Dystocia: Zavanelli maneuver (page 18b) * **Demonstrate** performing the Zavanelli maneuver. Ask participants to refer to page 25 in PG to follow the demonstration.
 |  |  |
| 14:00-14:15Group | Immediately after birth with shoulder dystociaProvide care and record (page 18b) * Ask learners to refer to page 26 in the PG to answer questions about the newborn.
 |  |  |
| **Frank or complete breech** |
| 14:15-14:25Group | Classify: Frank or complete breech (page 20b) * **Video – Breech birth** (8 minutes 8 seconds). If no video, continue to the next page.
 |  |  |
| 14:25-14:40Group | Assess woman, fetus, and progress (page 21b) * **Demonstrate** steps to manage prolapsed cord. Ask participants to refer to page 29 in PG to follow the demonstration.
 |  |  |
| 14:40-14:55Group | Assist spontaneous breech birth (page 22b) * **Demonstrate** maneuvers to support spontaneous breech birth. Ask participants to refer to pages 30-31 in PG to follow the demonstration.
 |  |  |
| 14:55-15:10Group & small groups | Deliver – Deliver the aftercoming head head (page 23b) * **Demonstrate** the Mauriceau-Smellie-Veit maneuver. Ask participants to refer to page 32 in PG to follow the demonstration.
 |  |  |
| 15:10-15:25  | **Tea break**    |

| **Time**  | **Session Description**  | **Materials**  |  |
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| 15:25-15:40 Group & small groups | Breech – If legs do not deliver spontaneously (page 24b) * **Demonstrate** Pinard’s maneuver. Ask participants to refer to page 33 in the PG to follow the demonstration.
 |  |  |
| 15:40-15:55 Group & small groups | Breech –if the arms do not deliver spontaneously (page 25b) * **Demonstrate** how to deliver the arms if they do not delivery spontaneously. Ask participants to refer to pages 34-35 in PG to follow the demonstration.
 |  |  |
| 15:55-16:05 Group | If frank or complete breech: Support birth (page 26b)  |  |  |
| 16:05-16:15 Group | Breech birth: Care after birth and documentation (page 27b) * Ask learners to refer to page 37 in the PG to respond to questions.
 |  |  |
| 16:15-16:45 Group & small group | Exercise – Breech maneuvers (page 28b – 29b) * **Knowledge check** first
* **Practice:** Work in groups of 3 and have each learner practice the maneuvers as a team – starting at the beginning, and going through all the maneuvers page 30-35 in PG
 |  |  |
| 16:45-16:55 Group | Monitor woman and baby closely and continue care (page 30b)  |  |  |
| **Evaluation** |
| Individual | * **OSCE 2**: Evaluation for eligibility for oxytocin infusion
* **OSCE 3:** Shoulder dystocia
* Post-test (Day 2)
* Post-training confidence assessment
* Training evaluation
 | OSCE checklistsTimer Post-Test Confidence assessmentTraining evaluation form |  |
|  Group | * Ongoing LDHF practice and QI activities, Practice Coordinators, and importance of continued skills practice page 41 of PG
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| Group | * Distribution of certificates
 |  |  |