******Helping Mothers Survive**

**BABC Champion Training**

**[Location]**

**[Date]**

Helping Mothers Survive (HMS) Bleeding after Birth Complete (BABC) is a learning module designed to reduce deaths caused by post-partum hemorrhage (PPH). BABC builds capacity of the entire team of providers who care for women at birth using a “low-dose, high-frequency” (LDHF) approach. Training is done onsite, at the health center or hospital, to improve communication and teamwork, and reinforce active management of the third stage of labor, early detection and management of PPH. Depending on your learners, you may give Day 1 only or Day 1 & 2 is training skilled providers. A key component of HMS is the short set of LDHF skills practice and quality improvement activities done by providers after training at their facility. There are two skills in this module which are optional depending on program needs. These are use of the non-pneumatic anti-shock garment and repair of cervical lacerations and are denoted by shading below.

**Audience:**

* **BABC Day 1**: Designed for all who care for women and newborns at birth or assist those who do at any level of the health system. This day covers prevention, detection, and basic management of PPH.
* **Day 2:** Designed specifically for skilled birth attendants to enhance their ability for ongoing management of post-partum hemorrhage. This day covers recognition, prevention and management of shock in addition to advanced care skills. Length of this day depends on inclusion of two optional skills depending on location and resources. These include the non-pneumatic anti-shock garment (NASG) & cervical laceration repair which may or may not be in the scope of the program being designed.

**Learning Objectives:**

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

1. Identify causes of bleeding after birth;
2. Identify complications which lead to bleeding after birth;
3. Demonstrate effective communication with team members;
4. Communicate a timely referral plan for patients needing advance care;
5. Describe the importance of LDHF at the facility after training;
6. Day 1 participants will demonstrate to standard:
	1. active management of third stage of labor;
	2. initial care for retained placenta
	3. initial care for PPH from atony including bimanual uterine compression
	4. use of NASG (if using)
7. Day 2 participants will demonstrate to standard:
	1. management of shock from PPH;
	2. drug therapy for PPH & use of UBT
	3. manual removal of placenta
	4. identification and repair of cervical and deep vaginal lacerations (if doing)

**Facility training Day 1: (Date) BABC training for all participants**

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| **7:30–8:30 am—Set-up and Welcome** Ensure all supplies are set up and ready |
| **Time** | **Session Description** | **Materials** | **Facilitators** |
| 8:00-8:30Arrival | Welcome with brief instructions, have participants sign-in and begin filling out participant characteristics sheet and pre-confidence assessments as they arrive. | Participant characteristics& confidence assessment FlipbookBAB Action Plan 1 for all sessionsDelivery supplies |  |
| 8:30–9:10Group & Individual Tests | Give out knowledge pre-test collectively. When last knowledge test is collected, begin introduction to HMS (page 2b)**Role Play**: Flipbook page 2b. Either you or a preselected provider will come in precipitously delivering using the simulator. Call for help, encourage provider to come forward and assist in the delivery of the baby. Observe clinical skills but do not interrupt or give feedback. Have the baby “cry” when born, have the blood tank open full once the placenta delivers, have the mother die from hemorrhage. After role play, invite discussion around people’s experience of deaths or near misses. | FlipbookKnowledge testsSimulators Delivery Kit |  |
| 9:10-9:30Group | Key Themes (pages 3b – 7b) | Flipbook |  |
| 9:30–9:40 Group | Introduce BAB Action Plan and simulator, and connection with Helping Babies Breathe (page 8b) | FlipbookSimulators |  |
| 9:40-10:15 Group | HMS Bleeding after Birth—AMTSL (pages 9b-17b). Review AMTSL pages, asking any “Quick Check” questions and inviting discussion as prompted. Point to the Action Plan where it matches each page. On 13b, if possible show “Examining the placenta” video. **Demonstration:** Once you are on page 17b, demonstrate all steps. If available, watch “Managing 3rd stage of labor” video.  | FlipbookSimulators |  |
| 10:15- 10:30 Individual | *BREAK—Blood estimation exercise (page 18b)* |
| 10:30-10:40Group  | **Learning Activity:** Blood estimation review, flipbook page 18b (exercise #1). Discuss the difficulty of blood loss estimation. Emphasize condition of mother as indicator rather than improving estimation skills. | FlipbookBlood stations |  |
| 10:40-11:30 Stations | **Learning Activity:** AMTSL Small group practice, flipbook page 18b (exercise #2). Facilitator should wear the simulator with participants acting as providers. Use the Action Plan to trace the steps of AMTSL and provide supportive feedback. | Simulators |  |
| 11:30-12:10Group | Retained placenta: Deliver (pages 19b-20b). **Demonstrate**: Management of retained placentaPPH due to atony and tears (pages 21b-24b) **Demonstrate:** Management of atony | FlipbookSimulators |  |
| 12:10-12:30Group | If using NASG, show “NASG Training” video if available. If not using NASG, omit (page 25b). | NASGVideo (if possible) |  |
| 12:30–1:30 | *Lunch* |
| 1:30-2:00Stations | **Learning Activity:** NASG: If using, conduct NASG small group practice on (page 26b) or skip if not using.  | NASGs |  |
| 2:00-2:05Group | Advanced care and emergency transport (page 27b) | Flipbook |  |
| 2:05-3:00Stations | **Demonstration & Learning Activity:** Small group practice of bimanual uterine compression (page 28b). | Simulators |  |
| 3:00-3:15  | *Break*  |  |  |
| 3:15-4:00Group | **Role Play:** Full group PPH Integrated simulation with debrief (page 28b). Do group simulation then split to stations to repeat. | Simulators |  |
| 4:00-4:45Individual  | OSCE 1: AMTSL Note - the time it takes to do OSCE 1 for all participants depends on how many facilitators you have. OSCE 1 takes 4 minutes for each person. | SimulatorsOSCE checklists |  |
| 4:45-5:00Group | Reflections on Day 1 |  |  |

**Facility training Day 2: (Date) BABC Day 2 training for Skilled Birth Attendants**

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| **8:00–8:30 am—Set-up and Welcome** Return to facility or venue and be sure everything is ready for Day 2 if not done the night before.  |
| **Time** | **Session Description** | **Materials** | **Facilitators** |
| 8:30-8:45Arrival | Have participants sign-in and Flipbook open to page 29. Recap Day 1. Ask participants if there is one thing they will do differently based on what they learned during BABC Day 1 and write these on the Flip chart. | Flipbook Flip chartAction Plans 1 & 2: BAB & Shock management for all sessions |  |
| 8:45–9:15Group | **Rapid Assessment:** Flipbook page 29b. As soon as the content is given, begin role play.**Role Play**: Either you or a preselected provider will come in wearing the simulator as a post-partum woman. See page 29b Facilitation Note for instructions. Have the blood tank open on full and operate the simulator based on management. After role play, invite discussion around participant’s experience of shock from PPH. | FlipbookSimulators Delivery kitSupply list on page 28b |  |
| 9:15–9:35Group | Emergency management of shock (page 30b)**Demonstration & Learning Activity:** Demonstrate each step and then ask three learners to return the demonstration. | Flipbook |  |
| 9:35-10:00Group | Atonic uterus - medications and management (page 31b) | Flipbook |  |
| 10:00-10:15  | *Break*  |
| 10:15-11:15Group & Stations | Atonic uterus - assembly and insertion of uterine balloon tamponade (page 32b)**Demonstration & Practice:** Demonstrate assembly and insertion, then ask all learners to practice. | FlipbookSimulators |  |
| 11:15–12:15 Group &Stations | Retained placenta (page 33b)**Demonstration & Practice:** Demonstrate each step and then ask all learners to practice. | Simulators |  |
| 12:15–1:15 | *Lunch* |
| 1:15-2:15 Group & Stations | Tears – repair of cervical and deep vaginal lacerations (page 34b)**Demonstration & Practice:** Demonstrate repair of cervical tear and then ask all learners to practice. | FlipbookAction PlansSimulators |  |
| 2:15-2:45Group | Care after PPH (page 35b)**Learning Activity:** Counseling role play | FlipbookSimulatorsNASG |  |
| 2:45-3:30Group | **Learning Activity:** Integrated simulation (page 36b) | Simulators |  |
| 3:30–3:45 | *Break* |
| 3:45-4:00 Individual  | Post-test for Day 2  | Day 2 Knowledge Tests  |  |
| 3:15-4:00 Individual  | OSCE 2 & 3: Management retained placenta & Management of atony – 5 minutes per OSCE Note - the time it takes to do OSCE 2 & 3 for all participants depends on how many facilitators you have.  | SimulatorsOSCE 2 & 3 checklists |  |
| 4:00-4:15 Group | Ongoing LDHF practice and QI activities, Practice Coordinators, and importance of continued skills practice | Provider’s Guide pg. 63 |  |
| 4:15-4:30Group | Reflections on Day 2 |  |  |
| 4:30-4:45Individual  | Post Confidence & Course Evaluation | Post Confidence & Course Evaluation |  |
| 4:45-5:00Group | Wrap up and certificates/PG for participants Certificates for Master Trainers | Certificates |  |