**Helping Mothers Survive**

**Vacuum-Assisted Birth**

**Training and Mentoring Preparation Checklist**

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Participants \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **TASK** | **Due date** | **Completed** |
| **Logistics** |  |  |
| Arrange and meet with facility head to confirm date for training. |  |  |
| Ensure all labor ward staff participants have been invited. |  |  |
| Ensure the training room is reserved and meets requirements. |  |  |
| Ensure your transportation to training site is arranged (if needed). |  |  |
| Organize printing of all training documents (list is below) |  |  |
| Organize vendor for food and drinks for lunch and breaks, if relevant. |  |  |
| **Week Before Training:** Ensure that you have the necessary training materials ready to take with you. | | |
| **Based on the number of participants and guidance given for each item, calculate the number of supplies needed.** Items underlined are in MamaNatalie kits; all other items must be obtained separately. NOTE: Do not waste drugs. Use empty vials or plain vials labeled. | **Quantity needed** | **Obtained?**  **(Y/N)** |
| This HMS training preparation checklist | 1 |  |
| 1 facilitator per table and for every 4 participants |  |  |
| Flipbook – 1 per table |  |  |
| Provider’s Guide – 1 per participant |  |  |
| Action Plan - 1 per table |  |  |
| Blank client records/ labor documentation tool, referral forms – 2-3 per participant |  |  |
| Pens/pencils, notebook – 1 per participant |  |  |
| MamaBirthie and BabyBirthie simulator – 1 per table |  |  |
| Stethoscope - 1 per 2 participants |  |  |
| BP Machine - 1 per 2 learners |  |  |
| Pregnancy Wheel - 1 per two participants |  |  |
| Tape Measure - 1 per table |  |  |
| Thermometer - 1 per table |  |  |
| Gloves (clean and sterile)– 1 box of each per table |  |  |
| Vacuum extractor and cups - 1 per table |  |  |
| Fetoscope or Doppler - 1 per table |  |  |
|  | **Quantity needed** | **Obtained?**  **(Y/N)** |
| Soap or alcohol based hand rub - 1 per table |  |  |
| Towels/blanket x 2, baby hat - 1 per table |  |  |
| White skull - 1 per table |  |  |
| Cervical inserts - 1 per table |  |  |
| Scissors and/or blade - 1 per table |  |  |
| Hemostats, clamps - 2 per table |  |  |
| Ties for cord - 1 per table |  |  |
| Basin/receiver for placenta - 1 per table |  |  |
| Personal protection for provider - 1 per learner |  |  |
| Mock oxytocin, ampicillin, gentamicin, rubbing alcohol, syringes and needles - 1 each per table + more syringes |  |  |
| IV giving set, tourniquet, and fluids (normal saline, Ringer’s Lactate, 5% glucose) - 1 per table |  |  |
| Indwelling catheter with collection bag - 1 per table |  |  |
| Ventilation bag and mask for baby - 1 per table |  |  |
| Clock (1 per training venue) or watch (1 per table) |  |  |
| Container for safe sharps disposal – 1 per table |  |  |
| Box of gauze – 1 per table |  |  |
| Waste bin – 1 per table |  |  |
| Flip chart for parking lot |  |  |
| Markers |  |  |
| Tape for hanging Action Plans that is safe for walls |  |  |
| Videos and projector/laptop (if using) |  |  |
| **Day Before Training** |  |  |
| Set up training room and simulation stations |  |  |
| Ensure all training documents are printed (list is below) |  |  |
| Ensure all videos are downloaded (if using) in case there is disruption of internet |  |  |
| Ensure Practice Coordinator Orientation Session Plan, Practice Coordinator Evaluation are there. |  |  |

**List of HMS Vacuum-Assisted Birth Documents for Facility-Based Training or Master Training Workshop**

Number of Participants \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **ITEM** | **QUANTITY**  **(WRITE IN IF BLANK)** | **CHECKED**  **IF PACKED** |
| 1. This HMS training prep checklist | 1 |  |
| 1. Sign in sheet | 1 |  |
| 1. HMS Champion or Master training or Practice Coordinator Orientation Session Plan - 1 per facilitator and 1 per participant in the relevant training activity |  |  |
| 1. Blank client records / labor documentation tool, referral forms – 2-3 per participant |  |  |
| 1. Participant characteristics - calculate 1 per participant |  |  |
| 1. Confidence assessment - calculate 2 per participant – one for pre-test and one for post-test |  |  |
| 1. **HMS Knowledge test - calculate 2 per participant – one for pre-test and one for post-test** |  |  |
| 1. HMS OSCE #1 Check for criteria - calculate 1 participant |  |  |
| 1. HMS OSCE #2 VAB procedure - calculate 1 per participant |  |  |
| 1. Champion certificates - calculate 1 per participant |  |  |
| 1. Trainer or Master Trainer certificates – 1 per appropriate participant |  |  |
| 1. Practice Coordinator certificate – 1 per coordinator |  |  |
| 1. Champion training evaluation - calculate 1 per participant |  |  |
| 1. Trainer or Master Trainer training evaluation – 1 per appropriate participant |  |  |
| **\*Notes about assessments:**  **All participants must achieve at least 80% on the post-test and post-training OSCE assessments. Peer practice coordinators should follow up and repeat the tests for any providers who do not achieve at least 80%.** | | |

After training is complete, please register your training on the [Helping Mothers Survive](https://www.jhpiego.org/hms/) website using information from your sign in sheet.