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| **Unit** | **Timing** | **Content** | **Objectives**  At the end of the unit, participants will be able to: | **Methodology** |
| **DAY 1** | | | | |
|  | 8:00-8:30  (30 min) | Registration of participants   * Knowledge pre-test |  | Needs assessment |
| **Introduction** | | | | |
| 1 | 8:30-9:00  (30 min) | Welcome and introduction   * Introductions/ Icebreaker * Expectations and ground rules * Overview of the training and training materials, objectives, and agenda | * Introduce each other and facilitators * Reflect on expectations of the training * Explain the objectives of the training * Agree on the ground rules/norms for the training * Describe training materials and key teaching and learning approaches, including guided reading/self-study and assessment of training | Presentation  Discussion |
| **Overview of Emergency Obstetric and Newborn Care (EmONC)** | | | | |
| 2 | 9.00–9.30  (30 min) | * What is EmONC and why is it needed? * Minimum Initial Service Package (MISP) for Sexual and Reproductive Health | * Explain the principles of prevention of excess maternal and newborn mortality and morbidity in humanitarian settings * Discuss how basic emergency obstetric and newborn care (BEmONC) supports the implementation of the MISP for Sexual and Reproductive Health in an emergency | Interactive presentation |
| **Respectful Maternity Care** | | | | |
| 3 | 9:30-10:15  (45 min) | * Respectful maternal and newborn care in emergencies | * Discuss issues that contribute to the mistreatment of women and newborns * Share examples of mistreatment * Explain the concept of respectful maternity care as a core component of quality care | Presentation  Video  Discussion |
| **10.15-10.30 (15 min) Tea Break (blood estimation exercises can be included here)** | | | | |
| **Identification and Treatment of Shock** | | | | |
| 4 | 10.30 - 11.30  (60 min) | * Rapid assessment and management * Identification and treatment of shock | * Quickly identify and treat an obstetric emergency * Initiate treatment of shock | Presentation  Role play |
| **Prevention and Management of Postpartum Hemorrhage** | | | | |
| 5 | 11:30-12:30  (60 min) | * Preparing for safe birth * Identifying postpartum hemorrhage * Estimating blood loss * Management of postpartum hemorrhage | * Demonstrate active management of the third stage of labor * Identify and manage the most common causes of postpartum hemorrhage following normal vaginal birth * Accurately identify normal and abnormal postpartum blood loss | Role play  Interactive presentation  Skill demonstration  Video |
| 5 | 12:30-13.00  (30 min) | * Oxytocic drugs * Appropriate use of oxytocic drugs | * Utilize supplies available including in the Inter-Agency Emergency Reproductive Health (IARH) Kits to treat postpartum hemorrhage | Exercise  Interactive presentation Discussion |
| **13.00-14.00 (60 min) Lunch** | | | | |
| 5 | 14.00:14.45  (45 min) | * Management of postpartum hemorrhage continued: * Bimanual compression uterus * Clinical decision making | * Identify and manage the most common causes of postpartum hemorrhage following normal vaginal birth | Case study: Clinical Simulation on model and supplies  Group debriefing |
| 5 | 14.45 – 15.00  (15 min) | * Referral to a higher level of care * Ongoing care after postpartum hemorrhage | * Identify and appropriately refer women requiring a higher level of care | Documentation  Interactive presentation  Discussion |
| **Manual Removal of the Placenta** | | | | |
| 6 | 15.00 -15.45 (45 min) | * Manual removal of placenta | * Recognize indications for manual removal of the placenta at multiple levels of care * Demonstration manual removal of the placenta | Presentation  Model and supplies |
| **15:45-16:00 (15 min) Working Tea Break - show UBT Animation (optional skill)** | | | | |
| 5+6 | 16.00-17.15  (75 min) | * Group 1: Active management of the third stage of labor * Group 2: Manual removal of placenta * Group 3: Bimanual compression | * Demonstrate active management of the third stage of labor * Demonstrate manual removal of the placenta * Demonstrate bimanual compression of uterus | Skills practice |
| 5+6 | 17:15-17:30  (15 min) | * Group debrief of skills practice | * Discuss issues arising in managing postpartum hemorrhage | Discussion |
| 5+6 | 17.30–17.45  (15 mins) | * Wrap up and guided reading | * Review Day 1 and prepare for Day 2 by reading about maternal sepsis and severe pre-eclampsia/eclampsia |  |
| **DAY 2** | | | | |
| **Review and Day 2 Agenda** | | | | |
| 5+6 | 8:15-8:45 | * Review of previous day (quiz)   *Note to facilitator: Prepare a few questions on new information from Day 1. Have group stand in a circle and toss a ball to each other – whoever catches ball answers question*   * Review Day 2 agenda * Warm up – handwashing activity   *Note to facilitator: Ask volunteer to lead group handwashing activity with hand gel* | * Review information from Day 1 * Discuss the agenda for Day 2 using a flip chart * Demonstrate proper handwashing technique | Quiz  Activity |
| **Transport and Referral** | | | | |
| 7 | 8.45-9.30  (45 min) | * Transport and referral * Intravenous (IV) insertion and fluid administration | * Safely stabilize and prepare a woman for transport after postpartum hemorrhage * Practice IV access and fluid administration * Describe how to ensure effective communication with the facility receiving the referred woman or newborn * Practice use of the non-pneumatic anti- shock garment (*optional*) | Presentation  Skills practice |
| 7 | 9.30 – 10.30  (60 min) | * Open skills practice | * Managing postpartum hemorrhage – continue skills practice * Include uterine balloon tamponade, if used | Checklists  All supplies |
| **10:30-10.45 Tea Break – show video on infection prevention if time allows** | | | | |
| **Prevention and Management Peripartum Infections** | | | | |
| 8 | 10:45—11.15  (30 min) | * Identification and treatment of peripartum infections | * Review and apply prevention, assessment, diagnosis, treatment, and evaluation of peripartum infection * Identify and refer women to a higher level of care for severe infection (sepsis) | Presentation  Discussion |
| 8 | 11:15-12:15  (60 min) | * Case study * Group debrief |  | Learning activity  Discussion |
| **Prevention and Management Severe Pre-eclampsia/Eclampsia** | | | | |
| 9 | 12:15-13.00  (45 min) | * Classifying hypertensive disorders of pregnancy * Accurate blood pressure and urine assessment * Quick check/Assess danger signs | * Explain classification of hypertensive disorders in pregnancy * Demonstrate ability to accurately measure and record blood pressure * Demonstrate ability to assess for severe pre-eclampsia and eclampsia in limited resource settings | Interactive Presentation and Discussion |
| **13:00-14:00 (60 min) Lunch** | | | | |
| 9 | 14:00-15:00  (60 min) | * Safe administration of magnesium sulfate * Safe administration of anti-hypertensive medications | * Demonstrate ability to safely prepare magnesium sulfate for intramuscular (IM) and IV administration * Discuss treatment protocols for anti-hypertensive medication administration | Presentation  Video  Skills practice |
| 9 | 15:00-16:00  (60 min) | * Clinical Simulation * Debriefing - reflect on use MgSO4 and other skills | * Diagnose and initiate treatment of a patient | Simulation in small groups and debriefing |
| **16.00 – 16.15 Tea Break** | | | | |
| 9 | 16.15 – 17.15 (60 min) | * Continued skills practice according to participant needs | * Manage severe pre-eclampsia/eclampsia through continued skills practice * Manage shock through continued skills practice | Skills practice |
| 9 | 17.15 – 17.30 | * Wrap up and guided reading | * Review materials on essential newborn care for Day 3 |  |
| **DAY 3** | | | | |
| **Essential Newborn Care and Newborn Resuscitation** | | | | |
| 9 | 8:15-8:45  (30 min) | * Review of previous day (quiz)   *Note to facilitator: Prepare a few questions on new information from Day 2. Have group stand in a circle and toss a ball to each other – whoever catches ball answers question*   * Review Day 3 agenda * Warm up   *Note to facilitator: Ask volunteer to lead group warm up energizer* | * Review information from Day 2 * Discuss the agenda for Day 3 using a flip chart * Demonstrate proper handwashing technique with hand sanitizer | Quiz  Activity  Flip chart |
| 10 | .45- 9.30  (45 min) | * Overview newborn mortality and essential newborn care | * Discuss the main causes of newborn deaths and challenges for essential newborn care in humanitarian settings | Interactive Presentation  Discussion |
| 10 | 9.30 – 10.15  (45 min) | * Essential newborn care | * Explain essential newborn care | Skills demonstration |
| **10.15- 10.30 Tea Break** | | | | |
| 10 | 10.30 – 11.30  (60 min) | * Newborn resuscitation | * Demonstrate newborn resuscitation using a bag and a mask * Perform newborn resuscitation using a bag and mask | Skills demonstration and practice |
| 10 | 11.30 – 13.00  (90 min) | * Competency assessments for postpartum hemorrhage, pre-eclampsia/eclampsia, and newborn resuscitation | * Demonstrate competency in postpartum hemorrhage,  pre-eclampsia/eclampsia, and newborn resuscitation | Skills assessment |
| **13.00 – 14.00 Lunch break** | | | | |
| 11 | 14.00 – 14.30  (30 min) | * Post-test and results | * Assess the information learned over the three-day training | Post-test |
| 11 | 14:30-15:00  (30 min) | * Review and sharing of available resources | * Explain how to access and use training resources and job aids | Discussion |
| 11 | 15:00-15:45  (45 min) | * Ongoing education and practice exercises * Develop action plan | * Identify strong clinical leaders to champion ongoing practice in the health care facility * Discuss options for ongoing skills practice and post-training activities * Develop a simple action plan for improving readiness for BEmONC | Discussion  Activity |
| 11 | 15:45-16:00  (15 min) | * Course evaluation * Closing/Certificates | * Explain how the training met their expectations and course objectives | Discussion  Evaluation  Certificates |
| **Summary and Closing** | | | | |
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| Note: If time and facilities permit, participants can stay and apply the new learnings in actual clinical care. Complications may be infrequent. Emphasize that continuing practice in pairs or small groups on models supports skill retention. | | | | |