**Bleeding after Birth:**

 **Prevention Diagnosis and Treatment of PPH**

**Facility-based Providers Course**

**[Location]**

**[Date]**

Bleeding after Birth (BAB) Prevention, Diagnosis and Treatment of post-partum hemorrhage (PPH) is a course designed to reduce deaths caused by PPH. BAB builds capacity of the entire team of health workers who care for women at birth.

In the “low-dose, high-frequency” (LDHF) approach, this hands-on course is done on-site, at the health center or hospital with the entire team to improve communication and teamwork, and reinforce early detection and management of PPH. A key component is using a short set of skills practice, drills, and quality improvement activities done by providers after training at their facility.

**Training Goal:**
By the end of this training, health workers will be able to prevent, detect and treat PPH according to the WHO 2005 consolidated guidelines for PPH. This incorporates use of the revised WHO diagnostic definition of PPH to identify women at risk of adverse outcomes and initiate first-response treatment. This includes recognizing PPH based on either (1) a measured blood loss of ≥300 ml accompanied by abnormal hemodynamic signs (pulse rate >100 bpm, shock index >1, systolic BP <100 mmHg, or diastolic BP <60 mmHg), or (2) a measured blood loss of ≥500 ml – whichever occurs first. In addition, health workers will identify if the first response treatment has worked and if not, will manage refractory PPH.

**Learning Objectives:**

At the end of the provider’s course, **Providers** will:

1. Identify factors associated with PPH;
2. Demonstrate respectful care and prevent infection.
3. Demonstrate assessment and recording of care as given during PP period.
4. Demonstrate prevention and early detection of PPH
5. Identify triggers to diagnose PPH and treat with the first response bundle;
6. All participants will demonstrate basic care to standard:
	1. Prevention of PPH;
	2. Use of blood loss measuring tool for early detection of PPH
	3. Demonstrate massage of uterus when soft.
	4. Demonstrate assessment of placenta for completeness
7. Describe interventions included in the first response bundle for PPH;
8. All participants will demonstrate management of PPH to standard:
	1. administer all interventions of the first response bundle;
	2. examination to identify causes of bleeding after birth;
9. Identify when escalation of care is necessary;
10. All participants will describe basic management of escalated PPH care to standard:
	1. Assign roles to team
	2. Describe initial assessment and management of shock
	3. Demonstrate escalated PPH care as team
		1. Provider 1: Perform massage, catheterization, clearing of cervix/uterus for debris and clots;
		2. Provider 2: Second IV, meds and documentation
11. Apply and remove the NASG safely and to standard (if being used)
12. Use UBT appropriately and to standard (if being used)
13. Assess for and repair deep vaginal lacerations and cervical lacerations (if appropriate for setting and health worker)
14. Describe the importance of LDHF at the facility after training

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Arrive 1 hour prior to training or the day before (as needed to set up and have materials ready)** |
| Lead facilitator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-facilitators (if required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The purpose of this time is to coordinate activities of the facilitators, 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. All facilitators must read through the instructions for facilitators, including all practice sessions throughout the Flip chart in advance.**Tasks:** * Ensure 1 facilitator and practice station for every 6 learners OR that multiple trainings are planned to capture all health workers.
* Ensure all supplies necessary (for every practice station) for a clean and safe childbirth and PPH (training prep checklist) are out and ready.
* Practice stations work best as chairs in a circle with a small table to the side for supplies.
* The agenda below lists the sequence of content and estimated duration for presenting each page or section of the Flipchart. In advance, determine if NASG, UBT, and cervical laceration repair will be covered and adjust the agenda accordingly.
* If more than 1 facilitator, assign roles for: welcome, role play, preparing blood station (11b), delivering content, each scenario, running OSCEs, timekeeper, etc. in the “Facilitators” column.
* Set up the training site with stations for practice complete with simulators, birthing kits, mock medication, Action Plans taped on walls, and Flip charts next to each station.
* Ensure all materials are printed in advance of training day.
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**Figure 1. Set up for training on “Bleeding after Birth: Prevention, diagnosis and treatment of PPH”**

**BAB Prevention, Diagnosis and Treatment course - Facility Agenda**

**Day 1 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **30 minutes before training activity begins—Set-up** Ensure all supplies are set up and ready |
| **Time** | **Session Description** | **Materials** | **Facilitators** |
| **Introduction** |
| 08:30-9:00Arrival(30 min) | * Have the Flip chart **open to page 2** at the start of training.
* **Welcome**
* Have participants sign-in and begin filling out confidence assessments as they arrive.
* Have blood estimation table set up in back of room for later
 | Confidence assessment Flip chartSupplies (page 1b) |   |
| **Module 1** |
| 9:00-9:30Individual (30 min) | * Give out knowledge pre-test collectively. Participants have 20 minutes to finish and then collect
* When last knowledge test is collected, hand out **Provider Guide** to all participants
 | Knowledge testsProvider Guides (PG) |   |
| 9:30-9:50Group(20 min) | **Saving lives at birth** - **page 2b**Begin introduction to PPH Optional role-play. Whether you choose to do the role-play or not, invite **discussion** around experience with deaths or near misses from PPH and if anything could have been done to improve the outcome and how health workers felt. |  |   |
| 9:50-10:20Group(30 min) | \*\*\*\*\*Point to the **Action Plan** where it matches for each page.\*\*\*\*\***Main causes of bleeding after birth -- Provide respectful care & Prevent infection -- Prepare for birth-Check equipment & medications -- Assess and record** (**page 3b – 6b)*** Follow instructions on Flipchart pages and lead “Discuss” sections and knowledge check “Ask” questions. Ask learners to turn to Provider Guide (PG) pages when suggested and follow guidance.
* Ask participants to refer to the PPH Emergency checklist **(PG page 13)** for reference. The activity on page 12 is for after training day.
* Assess and record: Briefly review each section on the PP monitoring form **(PG page 8**) and briefly explain we will use this sheet to document care.
 | Action Plans 1 & 2 for all sessionsPP monitoring form |   |
| **Module 2** |
| 10:20-10:50Group(30 min) | **Prevent and early detection of PPH -- Give uterotonic -- Measure blood loss** (**page 7b – 9b**)* Review uterotonics available at the facility but let participants know which other uterotonics are also recommended for PPH prevention by the WHO (8b).
* Demonstrate and Practice tool placement (9b).
* Remember to document information as presented on the PP monitoring form
 |  |   |
| 10:50-11:05Group (15 min) | **Tea break and Learning Activity- Blood estimation activity** Have participants walk by the blood station and write down their guesses for each one. Release them to get tea and return to the room for discussion.  | Blood stationSupplies 10b |
| 11:05-11:15Group(10 min) |  **Blood Estimation- discussion (page 10b)** Discuss the difficulty of blood loss estimation. Emphasize importance of quantitative blood loss measurement for fast, accurate assessment. Without a tool, condition of the mother is a better indicator rather than improving estimation skills.  | Blood stationWhite board or flipchart paper |   |
| 11:15-11:55Group(40 min) | \*\*\*\*\*Remember to point to the **Action Plan** where it matches for each page.\*\*\*\*\***Be alert -- Cut cord & CCT -- Check tone -- Check placenta -- Check for tears -- Continue care (Page 11b-16b)*** Follow Discuss, Demonstrate, Knowledge checks as outlined
* Remind learners to document information provided on PP monitoring form as necessary.
 | Simulator |   |
| 11:55-12:30 Group & Stations(35 min) | **Scenario 1- PPH prevention (17b)**In in a larger group, break into small groups of 6 or fewer learners for practice. Facilitators should wear the simulator with participants acting as providers. Use the Action Plan to trace the steps of prevention and provide supportive feedback. Participants should use: **Postpartum monitoring form** | Simulators Supplies PP monitoring form | **All trainers** |
| 12:30-13:30(60 min) | **Lunch Break- Encourage review medication chart during the break.** Ask:Does your facility use a different regime for prevention than 10 IU oxytocin?  What is the max dose in 24 hours for Oxytocin? Do you routinely give more oxytocin than recommended or do you give an additional uterotonic for prevention? |
| 13:30-14:15Group(45 min) | **Placenta not out after 15”–Placenta not out in 30”– (Page 18b- 19b).** * Discuss CCT and assuring bladder is empty (18b)
* Follow local protocols for MROP (19b) Demonstrate (video if available or facilitator demo) and Practice
 |  |  |
| **Module 3** |
| 14:15-14:45Group (30 min) | **E-MOTIVE– PPH treatment -- Call for help -- Start PPH Bundle -- Examine causes (pages 20b – 23b**) * Follow prompts for Discuss, Demonstrate, Practice, Ask as outlined.

Participants should use: **PG page 11- SBAR**  | **PG** |  |
| 14:45-15:15Stations(30 min) | **Scenario Practice #2 – immediately after birth – E-MOTIVE (24b)**Facilitators should wear the simulator with participants acting as providers. Participants should use: **PG page 11- SBAR and Postpartum monitoring form**  | Simulators Supplies Postpartum monitoring form | **All trainers** |
| 15:15-15:30(15 min) | **Tea Break** |
| 15:30-16:00 Stations(30 min) | **Scenario Practice #3 – 15” after birth- EMOTIVE (25b)** Use a different set of learners than scenario 2. Escalated care small group practice following local protocols. Facilitators should wear the simulator with participants acting as providers. Use the Action Plan to trace the steps of escalated care response and provide supportive feedback.Participants should use: **PG page 11- SBAR and Postpartum monitoring form** | Simulators Supplies PG Postpartum monitoring form  | **All trainers** |
| 16:00-16:45Group(45 min) | **Skills test - OSCE 1 prevention*** Note - the time it takes to do OSCEs for all participants depends on how many facilitators you have. OSCE 1 takes 4 minutes for each person. 1 facilitator can assess 6 learners in 30 minutes with quick turnover.
 | Simulators Supplies  | **All trainers** |
| 16:45-17:00(15 min) | Review days activities and content * Logistics for tomorrow/closing
 |  |  |

**Day 2 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **30 minutes before training activity begins—Set-up** Ensure all supplies are set up and ready |
| **Time**  | **Session**  | **supplies** | **Facilitators** |
| **Welcome to day 2** |
| 08:30-9:00Arrival (30min) | * Have the Flip chart **open to page 27b** at the start of training.
* Welcome - Any questions?
* Invite 2 or 3 participants to share something new they learned
 | Flip chartSupplies (page 1b) |   |
| **Module 4** |
| 09:00-09:30Stations(30 min) | **Scenario Practice #4 – Retained placenta (26b)**Small group practice following local protocols. Facilitators should wear the simulator with participants acting as providers. Trace the steps for MROP and provide supportive feedback.Participants should use: **PG page 28- checklist, PG page 11- SBAR, and Postpartum monitoring form** | Simulators Supplies PG Postpartum monitoring form  | **All trainers** |
| 09:30-09:50 Group(20 min) | **Escalate– Communicate, Assign roles & manage shock (27b) -- Arrange transfer or surgery (28b) –** **Rapidly apply NASG (29b)**\*\*\*Remember to point to the **Action Plan** where it matches each page.\*\*\* * Review shock signs and shock index and note it on the PP monitoring form
 | NASG if using |  |
| 09:50-10:30Stations(40 min) | **Case Scenario #4 – NASG (30b)** Skip if NASG is not available in learner’s facility.Divide learners into small group with one NASG per group and have them take turns applying it to volunteers.Refer to **page 31 in PG**.  | NASGs Supplies PG  | **All trainers** |
| 10:30-10:45(15 min) | **Tea break** |
| 10:45-11:15Group (30 min) | **Provider 1-continue massage, cath bladder, remove clots/debris – Provider 2- 2nd IV, additional uterotonics, repeat TXA, assess and record (31b-32b)*** Demonstrate and Discuss as instructed
 |   |  |
| 11:15-11:45Stations(30 min) | **Case Scenario #5 – Assessing care after PPH bundle (33b)**Ensure different learners have the opportunity to practice. Escalated care small group practice. Facilitators should wear the simulator with participants acting as providers. Use the Action Plan to trace the steps of escalated care response and provide supportive feedback.Participants should use: **PG page 11- SBAR and Postpartum monitoring form** | Simulators Supplies PG Postpartum monitoring form  | **All trainers** |
| **Module 5**  |
| 11:45-12:05Group(20 min) | **Advanced interventions -- bimanual compression (page 34b-35b)** \*\*\*Point to the **Action Plan** where it matches the page\*\*\*. * Follow prompts for Discuss, Demonstrate, Practice as outlined.
 |  |   |
| 12:05-12:30(25 min) | **UBT (page 36b)*** Follow prompts for Discuss, Show video (if available) Demonstrate, Practice as outlined.
 |  |  |
| 12:30-13:30(60 min) | **Lunch Break** |
| 13:30-13:45(15 min) | **UBT continued (page 36b)*** Continue practice so all participants may complete their turns
 |  |  |
| 13:45-14:30(45 min) | **Repair deep tears, Provide post-PPH care (page 37b-38b)*** Follow prompts for Discuss, Show video (if available) Demonstrate, Practice, as outlined.
 |  |  |
| **Module 6 – Working tea – set out tea in training space and give participants a few minutes to collect their tea and return to their seats** |
| 14:30-15:00Group (30 min) | **Ongoing practice and quality improvement (39b)*** Explain: low dose high frequency and value of it to maintain skills
* Introduce Practice Coordinators, and importance of continued skills practice
 | PG |  |
| **Post-training activities** |
| 15:00-15:30 (30 min) | Knowledge post-test  | Knowledge Tests  |  |
| 15:30-16:30 Individual(60 min)  | **Skills tests. OSCE 2 and OSCE 3**Pass out course evaluations so participants can fill those in while they await their skills testing. Note - the time it takes to do OSCEs for all participants depends on how many facilitators you have. OSCE 2 and OSCE3 take 10 minutes for each person. 1 facilitator can assess 6 learners in 60 minutes with quick turnover. | SimulatorsSuppliesOSCE checklistsCourse Evaluation | **All trainers** |
| 16:30-17:00 Group(30 min) | Reflections on training activityWrap up and certificates | Post Confidence & Certificates |   |

**Bleeding after Birth**

 **Prevention Diagnosis and Treatment of PPH**

**Orientation Session Plan for Practice Coordinator**

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|  **DATE:** | **FACILITY:** | **DURATION: 4 hours (takes place after the WHO BAB course)** |
| **Topic:** Prepare selected practice coordinators (PC) to facilitate low dose high frequency (LDHF) practice sessions |
| **Session objectives:** By the end of this session, learners will be able to:1. Set up and operate any required simulators
2. Facilitate practice and quality improvement sessions in PPH training Provider Guide
3. Maintain the practice session logbook
4. Coordinate with trainers as required
5. Orient new staff to PPH in facility (monitoring tool, data collection, practice sessions, supplies)
 |
| **Set-up:** 1. 1:1 or 1:2 or 3 learners to facilitator ratio.
2. Have the simulators, equipment, supplies, Action Plan, Flipchart, Provider Guide, Practice session logbook,

set out for reference.  |
| **Methods and Activities**  | **Resources**  |
| **Intro/Activity:** Explain that learner has been selected for the role of practice coordinator based on her/his: 1. Interest in supporting the team’s ongoing maintenance of essential clinical competencies
2. Maternal health clinical proficiency
3. Ability to collect and record practice sessions on log

**Content** 1. Discuss the concept of ongoing practice and the evidence supporting it.
2. Coach learners through proper set up of simulators.
3. Coach learners through simulation of each practice session.
4. Review effective and supportive techniques to use with colleagues during practice.
5. Discuss Trainer and Practice Coordinator collaborative expectations regarding:
	1. Frequency of practice
	2. Contact between Trainer and Practice coordinator
	3. Training logistics
	4. Maintenance of the practice log
	5. Transition in the event that either cannot continue their roles
 | * Simulators
* PPH Flipbook,

Provider Guide, Action Plans * Supplies from PPH Provider Guide
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