

TRAINING SEMINAR FOR TRADITIONAL MEDICINE PRACTITIONERS (TRADITIONAL BIRTH ATTENDANTS AND HEALERS)

FINAL REPORT

TITLE: ESSENTIAL CARE OF THE NEWBORN: MODULE 2

1. Context and Introduction

SUPPORT embarked in 2013 on a long term development aid project, first together with our then partner Arctic Infrastructure and later with our present local partner IROHES Initiative (Iroko Healthcare Support Initiative). The aim was, in response to the outcry of the community for help in 2012, to assist in establishing a community primary healthcare system of an integrated primary healthcare system of conventional and traditional medicine in the Makoko/Iwaya community.

The focus lies in maternal, newborn and child health thereby raising general awareness and contribute to abating the high rate of maternal and neonatal mortality, primarily in the community.

The Makoko/Iwaya Waterfront community is a marginalised informal fishing community of upwards of 50'000 economically underprivileged inhabitants, without any access to reliable clean drinking water, electricity, sewage or other waste disposal, nor to conventional health care services.

2. Initial Project Activities

In order to achieve the envisaged overall goal, we strived to first empower the forces already on ground, the Traditional Birth Attendants and Healers (together also known as Traditional Medicine Practitioners or TMPs), who are the only providers of the healthcare needs of the community members and who functioned mostly in a clandestine status. Empowering them involved training sessions in basic themes of conventional medicine but specifically in themes of their professed activities – physiology and selected pathology of pregnancy and childbirth but also in areas of general hygiene and Infection prevention.

The **first training, Module I, pregnancy and pregnancy related themes**, was carried out between November 2016 and November 2018. This was followed a year later by a survey among the participants of the training, to ascertain and evaluate the applicability of defined skills and lessons learnt from the training – recognising patients with conditions of Pre-Eclampsia and Eclampsia (one of the main causes of maternal mortality in low and middle income countries like Nigeria), through routine measurement and recording of the blood pressure of their pregnant clients. Recognising such clients and referring them to higher healthcare centres, they would contribute to avoiding pregnancy related mortality in the community.

Other project activities in the same period included awareness raising, promotion of health literacy and capacity building in the community as well as empowerment and special training for selected high school graduates as 'Health Champions' for advocacy engagement on healthcare issues in the community.

3. TRAINING ESSENTIAL CARE OF THE NEWBORN: Module 2, Part I (Theory)

“Care of the healthy and sick Newborn – Helping Babies Survive”

Date: 21st to 23rd September 2021

Venue: The Cedar Centre, Yaba Lagos, Nigeria

Facilitators: - **Lead Facilitator:** Solomon Adeyanju Oyetoyan, MBBS, MPH, MSc. (Epid). Lagos, Nigeria
- **Ass. Facilitator:** Ms_Christina_Adeboboye,_SRN, SRM, CHO Lagos, Nigeria,
- **Vincent da Silva, MD,** Switzerland (virtually, Co-ord.)

Attendance: 25/26 TMPs completed the full 3 day course

Mode of communication: In-Person (Lagos) and virtually per Zoom (from Switzerland)

Language: YORUBA (and English)

Activities, Outputs and Outcomes

The general objectives of this training were laid out thus: After the training in Module I, where the pregnant mother and pregnancy related themes were the issues, the focus of this course is the **Essential care of the Newborn**.

The introduction of the subject matter began with acquainting the participants with statistical facts about child mortality especially of the newborn worldwide, and in particular in Nigeria. They were reminded that Nigeria has the second highest Newborn mortality rate in the world according to WHO. The main causes of these neonatal deaths are attributed to lack of quality and professional care before and after birth. Thus, the importance of well-trained and knowledgeable traditional Birth Attendants could therefore not be more emphasized. Here in Makoko, it is also their duty to contribute their part to the general efforts to lower the high rate of maternal and neonatal mortality especially in this country.

Activities

After months of preparation 34 willing TMPs were recruited and registered as participants. Finally, 25 out of 26 completed the 3-day course with one drop out after first day.

Due to the pandemic constrains, only the theoretical course was conducted and the practical part II postponed till spring of 2022. Later however, the official relaxation of the pandemic safety measures allowed sessions without splitting into smaller groups.

- The course was conducted by two seasoned medical Instructors/Facilitators with longstanding teaching experience: Dr. Solomon Oyetoyan, Medical Doctor and Mrs Christina Adeboboye, State registered Midwife/Staff nurse and Community Health Officer.
- The course lasted three (3) days.

The following themes below, served as basis for the training.

The "Continuum of Care for the Newborn" actually begins at conception! The ante-natal care of the pregnant mother is therefore absolutely essential. The statutory checks during pregnancy, the preventive and protective measures for the pregnant were recaptured and revised in series of Q & A sessions. The participants had ample opportunity to relate their professional experiences and suggestions on the issues during pregnancy. These include among others, their views that husbands should accompany their wives to the ante-natal checks and general men's involvement and support in the households during the pregnancy of their wives!

Factors of essential care for every newborn baby:

- Stages of development of the baby during pregnancy: from embryo to foetus and newborn.
- Hazards during pregnancy till delivery
- Adaptation of the baby as newborn – immediate care at birth
- General basic care of the newborn
- Assessment at first 90 minutes
- Classification steps – problem Identification
- Definition and recognition of danger signs
- Problem categories
- Problem management → Referral for advanced care (secondary/tertiary institutions)
- Obstetric data recording (registration of all births and deaths)
- Parents guidance for vaccination regime and homecare

Outputs

In open interactive mode and in the understood local language (Yoruba), we conducted a lively three day seminar focussing on the development stages of the newborn from foetus to delivery but more importantly the condition of the normal newborn at birth, immediate care measures and assessment of the newborn in the first 90 minutes. The importance of general cleanliness and use of only clean materials in their workplace was again emphasized.

This was followed by recognition and assessment of emergency situations and recommended remedies (e.g. when referral of a sick newborn is imperative), as well as the care of the newborn on discharge from their facilities.

A familiar topic also touched and revised, was the necessity of blood pressure measurement of every pregnant mother at every consultation, in order to detect the possible incidence of gestational hypertension.

The facilitators delivered the subject matter concise, interactive and with the extensive use of audio-visual materials and very well adapted to the prevailing educational level of the attendees.

Outcomes

At the end of the training participants have acquired the following:

- The importance of caring for the newborn, their own role and responsibility as professional Birth Attendants
- The importance of and requirements of ante-natal care and learn to care for the newborn at birth
- Immediate needs of the newly born:
 - Thermal protection – dry baby and begin skin to skin with mother

- Hygienic care – care of the umbilical cord
- Early breastfeeding – exclusive breastfeeding
- How to assess and recognise risks and danger signs in the newborn
- When to refer the newborn appropriately to secondary institutions
- Registration of all births (and deaths where applicable)
- Plan with the parents the vaccination regimes of the newborn

***The theory of change is that improved skills and knowledge and an accessible network for advanced care referral in place, a change in attitude in the care of the newborn is achieved*. The TMPs are professionally empowered in the essential care of the newborn.**



4. TITLE: ESSENTIAL CARE OF THE NEWBORN: Module 2, Part II (Practical)

Care of the healthy and sick Newborn – Newborn Resuscitation **(“Continuum of Care of the Newborn”)**

Date: Tuesday, May 24th to Thursday, May 26th 2022

Venue: The Cedar Centre, Yaba Lagos, Nigeria

Facilitators: - **Lead Facilitator: Vincent da Silva, MD Switzerland, Lagos**
 - **Assistant Facilitator: Mrs Afusat Balogun, SRN; CHO, Lagos**
 - **Dr. Renate Grossmann, MD (2/3.Coord.) Switzerland, visual**
 - **Prof. Hanspeter Gnehm, MD (1/3.Coord.) Switzerland, visual**

Attendance: 28/31 TMPs completed the full 3-day course

Mode of Communication: In-Person (Lagos) and virtually per Zoom (from Switzerland)

Language: English/Yoruba and some translations into Egun (mother tongue of TMPs)

Activities, Inputs, Outcomes

The objectives of this practical course is to empower the TMPs in the skill of newborn resuscitation when the unexpected situation at birth demands skilful management of reanimation before the referral journey begins.

Day 1: To understand the context, the first day was expended exclusively for a recap of the topics of the last theory course of September 2021 – recap of lessons learnt on the essential care of the newborn and recognition of the sick baby

In a lively interactive opening Q & A session each theme was revised, enhanced with audio-visual aids.

After reviewing the causes of newborn mortality, participants were invited to relate their experiences regarding neonatal mortality and their remedy practices. As answers were not up-rightly forthcoming, the assistant facilitator reminded of failed practices she encountered during her supervisory engagement as Community Health Officer in the community. Previous "Bad Habits" have since been corrected, a spokesperson for the TMPs offered.

The **Dos and Don'ts** when a baby is born, in reference to some common unusual (some dangerous) habits in house-deliveries in the community were then reviewed and strongly advised to refrain from these habits.

Emphasis was laid foremost on the Dos – meeting the needs of the newborn and monitoring breathing as explained earlier. These are flanked by other aspects like noting the time of birth, sucking the airways free, wiping and keeping the baby dry and warm, cleaning of the eyes, when to clamp and cut the cord, taking the weight and length of the baby, Vitamin K-prophylaxis among others.

All about the importance of exclusive breastfeeding and remedies for the different difficulties that might ensue in the neonatal period and thereafter.

The signs of **illness and danger signs** of the neonate such as febrile conditions, feeding difficulties, lethargy, jaundice, anaemia, breathing difficulties, diarrhoea, infection of the cord and convulsions were systematically brought forward, discussed and rehearsed.

Participants are warned not to overestimate their abilities but to refer a newborn with any of the named conditions immediately to the next higher institution of healthcare (primary healthcare centre or the General Hospital)

Day 2 and 3: Initiated with a quick recapping of lessons learnt but primarily answering of Questions from the participants and clarifying misunderstood beliefs relating to baby's size etc. (prematurity, small for gestational age).

Neonatal **normal values** of respiration and heart beat were revisited in the Q & A session. Thereafter the importance of immunization and schedules in the newborn period was exhaustively discussed and explained.

Resuscitation of the Newborn:

a) Assisted Ventilation – Use of the Paediatric (Baby) Ambu Bag

Emphasis laid: **Resuscitation** of the newborn by TMPs is only necessary in case of emergency when the survival of the neonate is at stake. Therefore the importance and need for the TMPs to have an Emergency Plan in place at every delivery, was again emphasized.

Where a difficult delivery could be expected, the expectant mother should be referred before delivery so as to avoid complications that cannot be managed and that might lead to death of mother and unborn baby.

The purpose of the resuscitation of any endangered person is to save life! In order to help babies survive therefore, TMPs must be versed in the process of resuscitation of the newborn in emergency situation, which is the aim of this course.



Methods:

1. The components of a paediatric Ambu bag: Each single component demonstrated and function explained.
2. Demonstration of assembly of the components.
3. Demonstration of the correct placing of the mask on the baby's face to cover nose and mouth firmly and application of the Ambu bag with attached pressure gauge.
4. The significance of observing the pressure gauge to avoid injury to the lungs of the baby (pressure should not exceed the green margin) was emphasized!
5. The correct application shows an elevation of baby's chest wall when adequate pressure on the bag is applied.

After the theoretical explanation and demonstration of the manoeuvre, the lead and assistant facilitators engaged each participant individually in the correct application and practice in the use of the Ambu bag on the baby doll. **Every participant was able to demonstrate the correct ventilation procedure.**





b) Heart Massage

Indication: In case of emergency, in the situation of a pulseless or bradycard newborn! In such situations, a second person would be needed to assist in the ventilation with the Ambu bag. Keep record of vital signs taken.

- 1) Hold baby in palms of both hands so both thumbs converge at end of sternum and press both thumbs simultaneously with moderate pressure, the chest wall towards the spine (at frequency of 1-2x/sec.)
- 2) Alternate with assisted ventilation and repeat alternatingly until normalisation of vital signs or until successful referral to higher Institution of healthcare service.

Every participant was supervised in the correct demonstration of the procedures of heart massage on the baby doll.

The important message here therefore is to be prepared, and review emergency plan before delivery!

At the end of the training each participant was **presented with a personal paediatric Ambu bag and a Certificate of Training Attendance!** The participants in unison expressed joy and gratitude for the presents and assured they could be trusted with the correct use of the Ambu bag! We hope so.



Feedback and knowledge check of lessons learnt:

To ascertain the impact after the training, a modified crosschecked feedback was carried out:

At the end of the course day, participants formed groups of 5 individuals per group and each group worked together to arrive at the correct answers to a prepared multiple choice questionnaire. This was conducted semi-orally because of language barriers. Each group solved in rotation 5 groups of questions covering the topics of the training sessions.

- Results:**
1. 1 Group – 5/5 Question groups correct
 2. 3 Groups – 3/5 Question groups correct
 3. 1 Group – 2/5 Question groups correct
 4. 1 Group – 1/5 Question groups correct

Comment: The TMPs are unaccustomed to the multiple choice mode of 'examination' which is completely new to them and might explain the misunderstanding of some of the participants.

The take home message was still positively fresh among the majority of participants (66% scored Good – Very Good)

The Theory of change: 31 TMPs (28 completed the full 3 day course) learnt about the importance of the care and management of the newborn, and how to recognise signs of illness for immediate referral of the newborn. In case of the need for emergency resuscitation of the newborn, the TMPs are empowered in carrying out the necessary manoeuvres of assisted ventilation and heart massage. This training enables the TMPs to help more newborn babies survive the neonatal period, and as a consequence, contributing to reducing the incidence of maternal and newborn mortality in the community.



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