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Training of Trainers in WHO Essential Newborn Care Course

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Contents

Introduction

In the World Health Organization's (WHO) South-East Asia (SEA) Region, 1.4 million children do not live beyond the neonatal period every year. More than 40% of all deaths of children below the age of five occur in the newborn period. Moreover, approximately a million stillbirths per year also occur in the Region. The Millennium Development Goal (MDG) 4, which seeks to reduce under-five mortality by two-thirds, cannot be met unless neonatal mortality is at least halved.

Neonatal outcomes are affected by maternal health and other factors such as care during pregnancy, childbirth and immediately after birth. Globally, about three-fourths of all neonatal deaths occur during the early neonatal period (0-7 days). Further, 25-45% of all neonatal deaths occur in the first 24 hours after birth. Maternal complications carry a high risk of neonatal death, particularly in the early neonatal period. A large proportion of deaths due to asphyxia and complications of premature birth occur in this period while the majority of deaths caused by infections and tetanus take place during the late neonatal period (7-28 days).

The capacity of skilled attendants, especially those working in peripheral health institutions or at the community level, on newborn care is limited. The misplaced perception that the care of the newborn improves complex technology further compounds the problem as these workers give up on newborn care even before it has begun. Most of the problems of newborn occur due to lack of basic and essential newborn care, such as ensuring proper breathing, temperature control, hygiene and proper feeding. Countries of the South-East Asia Region have articulated the need for strengthening public health initiatives for neonatal health in several forums, including the Regional Committee of WHO;s South-East Asia Region and the World Health Assembly, through resolutions 'Health of the Newborn' (SEA/RC56/R9), 'Skilled Care at Every Birth' (SEA/RC58/R2); and 'Working Towards Universal Coverage of Maternal, Newborn and Child Health Interventions' (WHA 58.31).

The Regional Office has also collaborated with its Member States and partners to develop a Regional Strategy for Neonatal Health in 2004. The World Health Report 2005, titled "Make Every Mother and Child Count", highlighted the need for maintaining a continuum of care to ensure optimal maternal, neonatal and child health outcomes. Member States along with national and international partners have reaffirmed their commitment to further reduce infant and child mortality through the MDGs.

General objectives

To develop/strengthen training capacities of trainers in essential newborn care for the tsunami-affected countries.

Specific learning objectives

The participants should be able to:

(1) Explain the objectives and basic principles of the WHO Essential Newborn Care Course (ENCC) package.

(2) Explain the principles of competency-based training for newborn care.

(3) Perform the essential skills within the ENCC package that includes essential care, i.e. feeding, temperature control, resuscitation and care in special circumstances.

Expected outcomes

The participants are expected to be familiar with the WHO-ENCC package on completion of the course and able to organize a competency-based training for essential newborn care in their respective countries.

Inaugural session

The training course was inaugurated by H.E. Professor (Dr) Mya Oo, Vice-Minister, Ministry of Health, the Union of Myanmar. In his address he spoke at length on the burden of newborn deaths, inequities in care provision and the preventable nature of these deaths. He shared the vision of the Ministry of Health and the priority accorded to newborn health

within the larger reproductive health strategy of the country and called upon the development partners for concerted and coherent efforts towards addressing newborn health issues.

The message of Dr Samlee Plianbangchang, Regional Director of WHO's SEA Region, was read out by Professor Adik Wibowo, WHO Representative to Myanmar. In his address, the Regional Director said that over the past two or three decades, Member States have made significant progress in reducing child mortality but the progress in reducing mortality during the neonatal period has been relatively modest. He emphasized the fact that a large number of neonatal deaths could be averted through simple, low-cost public health interventions. These include immediate newborn care, early and exclusive breastfeeding, temperature control, prevention of infections and early diagnosis and management of newborn problems. He also stressed the need to scale up evidence-based interventions for improving newborn health, especially at the primary care level.

The ENCC has been developed by the Making Pregnancy Safer (MPS) department at WHO headquarters and is based on the "WHO Pregnancy, Childbirth, Postpartum and Newborn care – A Guide for Essential Practice". It aims to train health-care providers at the community level to take care of the newborn baby during birth and thereafter.

This Intercountry Training of Trainers on Essential Newborn Care was held at the Central Women's Hospital in Yangon, which is a tertiary hospital conducting around 8000 deliveries per year. There were 16 experienced trainers and newborn care specialists from six countries – India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand – as participants along with 14 doctors and two nurses/midwives. The facilitators for the training comprised staff from WHO/HQ and the Regional Office. Two professionals from the Myanmar Country Office also attended the course as observers. The list of participants is at Annex 2.

The training course

The course was skills-based and conducted in line with the adult participatory learning techniques using a variety of teaching aids such as demonstrations, presentations, clinical practice, role play and discussions, etc.

The course covered main areas of neonatal care including care at birth, initiating and supporting early breastfeeding, thermal control, examination of the normal newborn, neonatal resuscitation, Kangaroo mother care, communication skills and special care for the low birth-weight baby. The theory and simulation teachings were imparted in the morning and participants attended did the clinical practice sessions with mother-and-baby pairs in the afternoon. Since the course was in modular form, it provide the desired flexibility to trainers to conduct it in various convenient ways.

On the first day the participants were introduced to the course content and teaching methodology. An orientation of the departments and wards concerned was conducted to familiarize with participants the hospital setting so as to facilitate the clinical practice sessions. The training course for trainers is so designed that the participants can themselves conduct the training sessions with facilitation from international trainers. This ensured hands-on training for the participants who would eventually import their expertise at the national and sub-national level. The country teams decided on the topics that would be studied for the course and divided the responsibility among themselves. By the end of Day 1 it was clear who would conduct which session. The international facilitators were available to the participants to help with the preparation of the session whenever needed.

To ensure that each participant had enough opportunity to practice all the teaching methodologies the course was conducted in two groups simultaneously.

The participants took over the training sessions from Day 2 onwards. For the clinical practice sessions, task sheets and checklists provided in the course were used extensively to ensure that all practical aspects were taken care of. The participants were divided into four groups for the clinical practice sessions and the course director ensured that everything was in place for them. After the clinical practice sessions conducted, discussions were held by the smaller group among themselves after which the larger group assembled in the plenary. The three participants from Myanmar acted as interpreters for the benefit of the international participants and facilitators.

Course evaluation

Structured evaluation forms were used to obtain feedback from the participants on the course content and methodology as well as the utility of the course and what they planned to do to change existing practices at the

individual and country level. The feedback from the participants was positive to the extent that all of them found the course to be very useful and said that it could be implemented at the country level after mailing necessary adaptations to suit specific country needs. The modules on resuscitation and breastfeeding were especially appreciated. The clinical practice sessions were also praised by all participants. They also suggested simplification of the course design and cutting down on the number of references and cross-references.

Country participants had some concrete suggestions on expanding the essential newborn care training at the country level. Myanmar had already planned to run a national course for trainers from June 24-28 immediately after the regional training of trainers' course.

Maldives announced plans to conduct a similar course at the national level for pediatricians, obstetricians and nurse midwives. Sri Lanka and Thailand also plan to implement the course at the country level.

The Indonesian authorities would use the course to embellish the existing newborn care course. In India, the course would be conducted in the state of Rajasthan using the modular approach. The participant from the All India Institute of Medical Sciences in New Delhi, India, who was the principal of the nursing school, said she planned to introduce the course in the current session for nurse-midwifery training to strengthen the levels of pre-service expertise of nurse-midwives in newborn care.

Conclusion

The concluding session was presided over by Dr San Shway Wynn, Deputy Director-General (Public Health), Department of Health, Myanmar who officially signalled the end of the training course. Certificates were distributed to all participants and facilitators. In his closing remarks, he expressed the hope that the training would be carried forward to the primary care level for which it was intended.

The WHO Representative to Myanmar thanked all the participants, the Ministry of Health in Myanmar and the organizers of the course for their valuable support in making the session a success.

Annex 1

Course time table

Day 1

08:30	Welcome and opening ceremony
09:30	Introduction to PCPNC
10:30	*Break*
11:00	Universal precautions
11:30	Keeping the baby warm (alternative session outline) in clinical area/deliveries
13:00	*Lunch*
14:00	Care of the newborn baby at the time of delivery
15:00	*Break*
15:30	Care of the baby at the time of delivery
16:00	Facilitators/trainers meeting

Day 2

08:30	Review of Day 1
09:00	Communication skills
10:30	Break
11:00	Clinical practice 1 Deliveries
13:00	Lunch
14:00	Practice review
15:00	Break
15:30	Breastfeeding and the newborn baby: ensuring a good start
16:30	Facilitators/trainers meeting

Day 3

08:30	Review of day 2
09:00	Examination of the newborn baby
10:30	Break
11:00	Clinical practice 2
12:30	Practice review
13:00	Lunch
14:00	Resuscitation
15:00	Break
15:30	Resuscitation
16:30	Facilitators/trainers meeting

Day 4

08:30	Review of day 3
09:00	Routine care of the newborn baby
10:30	Break
11:00	Clinical practice 3
13:00	*Lunch*
14:00	Practice review
15:00	Break
15:30	Alternative methods of feeding
16:30	Facilitators/trainers meeting

Day 5

08:30	Review of day 4
08:45	The small baby
09:45	Kangaroo mother care
10:45	Break

11:15	Clinical practice 4
13:00	*Lunch*
14:00	Practice review and action plans
15:00	*Break*
15:30	Certificate and closing ceremony
16:30	Facilitators/trainers meeting

Annex 2

List of participants

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