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**NIGERIA TRIP REPORT**

**MARCH 16 - APRIL 6, 1993**

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MotherCare/John Snow, Inc.**

**Report Prepared for  
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## **ACRONYMS**

|   |                |
|---|----------------|
| <b>American College of Nurse Midwives</b>                             | <b>ACNM</b>    |
| <b>Family Health Services Project</b>                                 | <b>FHS</b>     |
| <b>Information, Education, Communication</b>                          | <b>IEC</b>     |
| <b>Interpersonal Communication Skills</b>                             | <b>IPC</b>     |
| <b>The Johns Hopkins University/Population Communication Services</b> | <b>JHU/PCS</b> |
| <b>John Snow, Inc.</b>  | <b>JSI</b>     |
| <b>Local Government Administration</b>                                | <b>LGA</b>     |
| <b>Life Savings Skills</b>  | <b>LSS</b>     |
| <b>Primary Health Care</b>  | <b>PHC</b>     |
| <b>Public Opinion Polls, Inc.</b>                                     | <b>POP</b>     |
| <b>State Ministry of Health</b>                                       | <b>SMOH</b>    |
| <b>State Health Management Board</b>                                  | <b>SHMB</b>    |
| <b>Traditional Birth Attendant</b>                                    | <b>TBA</b>     |

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Thanks are extended to Mr. Gene Chiavaroli, AAO/USAID; Dr. John McWilliam, Project Administrator, FHS; Mr. Rudolph Thomas, PO, USAID; Mrs. Susan Krenn, Country Representative, JHU/PCS/FHS; Mrs. Lola Payne, MotherCare Country Coordinator; Mrs. Data Phido, MotherCare IEC Country Co-ordinator; Mr. U.S.A. Nnanta, MotherCare Administrator; Mr. George Oligbo, Director of Operations and His Staff, FHS for their assistance during the first life saving skills training of midwives in Oyo State.

Special thanks are expressed to Dr. Margaret Marshall for preparing the Oyo State LSS Trainers for their superb performance and to Dr. Joe Taylor, Obstetrician/Gynaecologist from Koforidua, Ghana for his stimulating participation in the Physicians workshop in Adeoyo hospital and his commitment to training professional midwives to exercise their proper and pivotal role in the Safe Motherhood Initiative.

## **I. Executive Summary**

The main objective of the MotherCare Women's Health Advisor's trip to Nigeria was to provide support to and observe performance of core trainers (during all shifts) in the first Life Saving Skills (LSS) training course (both theoretical and clinical) in Adeoyo Maternity Hospital, Ibadan, Oyo State.

### **Continuing Education Workshop for Doctors**

The Continuing Education workshop for Doctors from Oyo and Osun States was conducted in Adeoyo Maternity Hospital in Ibadan from March 17 - 19, 1993. There were fifteen senior and junior Physicians, among them four Obstetrician/Gynecologists, drawn from the main training centre (Adeoyo) and the sub-centres in Oyo and Osun State. The main objective was to familiarize the doctors with the magnitude, root causes and medical causes of maternal mortality; the MotherCare Project and the rationale for the LSS training for midwives and some of the recent developments in treating obstetric complications. Included was a half day training on interpersonal communication skills.

### **The First LSS Training Course in Oyo State**

The first three week training course, both theoretical and clinical, including interpersonal communication (IPC) skills, counseling and community outreach was conducted from March 22 to April 8, 1993.

Ten midwives with longstanding clinical experience, five from Oyo and Osun State each, attended this continuing education course. This was the first refresher course in their 15 to 25 years' career and it was very well received. Theory was followed by practice sessions. Both trainees and trainers rotated on the evening shift in the labor ward from 4.00 p.m. to 12 midnight. The IPC and counseling training contributed a great deal to the enhancement of the course. The planning and actual outreach visits to the community forged a real commitment by the midwives to organize community visits on return to their stations.

### **The Adeoyo Maternity Hospital**

The acquisition of new equipment, the infection control system in the labor ward and the additional site preparation workshops which had been held by the core trainers for the remaining staff who could not have that training last year, has added very much to the morale and working relationships among the staff and improved the care of women in the maternity unit. A revolving fund for emergency drugs in the labor ward has been set up and helps very much in prompt treatment of emergencies. Even though the bloodbank and the technician are in place, there is as yet no blood supply.

### **Follow-up Seminar for Midwives in Labor Ward**

Seeing that the Women's Health Advisor had conducted the monitoring of labor and partograph seminars last year, she took the opportunity to conduct a follow-up seminar with

as many midwives as possible on 23 March, 1993. The Chief Matron and the Matrons concurred with this idea. The participants had an opportunity to clarify problems. A short training was given on the active management of the third stage of labor and the vacuum extractor, including the showing of the film on the CMI vacuum extractor.

### **Evaluation tools**

The evaluation tools for antenatal risk assessment and the partograph were tried out by Dr. Marshall at the beginning of my visit in Adeoyo hospital and the results discussed with the Chief Matron, the Matrons and the writer.

Dr. Marshall will elaborate on the findings in her trip report.

Dr. Abosede, the Research Consultant, had made the new format for the delivery registers in the labor wards of all centres. Dr. Abosede has started with the changes on 6 April, 1993.

The exit interviews were started by FHS/JHU/PCS Staff in Oyo and Osun State during the last week of March. It was decided not to conduct any exit interviews in Adeoyo Maternity Hospital as site preparation seminars were completed and LSS training had started.

## **II. Purpose of the Visit**

**The primary objective of this trip to Nigeria was:**

- \* To provide support and observe performance of core trainers (during all shifts) in the first Oyo State Life Saving Skills (LSS) Training course (theory and clinical) to be held in Adeoyo Maternity Hospital.

**To this end specific task included:**

1. To attend all theoretical teaching sessions by both the IEC and LSS trainers.
2. To provide review and guidance following the daily LSS trainers' teaching.
3. To provide support and teaching in the clinical situation, particularly in emergency skills where the core trainers needed demonstration and practice.
4. To follow the IEC trainers and the LSS participants into the community.
5. To formulate, discuss and implement protocols for the partographic management and the oxytocin regimes for both augmentation of labor and induction with the Obstetrician/Gynecologist, the core trainers and the participants.

### **Other objectives:**

- \* To meet with physicians and staff to discuss further on LSS training and evaluation:
- 1. To provide an audience for questions and unresolved problems for physicians and staff of the Maternity Department.
- 2. To organize and give a seminar on certain LSS procedures (management of labor with the WHO partograph, the third stage of labor, vacuum extraction) to the Midwifery Staff of the Maternity Department.
- 3. To discuss the partograph evaluation with the Obstetrician/Gynecologist and the Staff of Adeoyo Maternity Hospital.

### **III. Trip Activities**

#### **1. Continuing Education Workshop for Doctors**

This workshop for Doctors from Oyo and Osun States was conducted in Adeoyo Maternity Hospital in Ibadan from March 17-19, 1993. There were fifteen senior and junior Physicians, among them four Obstetrician/Gynecologists, drawn from the main training centre (Adeoyo) and the sub-centres in Oyo and Osun States. Unfortunately, the Consultant Obstetrician/Gynecologist, Dr. Olabisi, from the State Hospital, Oyo was unable to attend this workshop. The workshop agenda is contained in Appendix A. Dr. S. Franklin, Obstetrician/Gynecologist from Adeoyo Hospital, Dr. Joe E. Taylor from Koforidua, Ghana, Dr. Margaret Marshall of ACNM and the two obstetrician/gynecologists from among the participants conducted lecture/seminars. One LSS Midwife Trainer was involved with the teaching of the partograph.

The main objective of the workshop was to familiarize the doctors with the magnitude, root causes and medical causes of maternal mortality, the MotherCare Project, recent developments in certain subjects impacting on the reduction of maternal mortality and morbidity and the rationale for the LSS training for midwives. Included was a half day training on interpersonal communication skills. By organizing this workshop for physicians it was hoped that they would be supporting the midwives to exercise their expanded role on return after training and to help them train those midwives for whom additional LSS training courses cannot be organized.

The Women's Health Advisor attended the last 1 1/2 days of the workshop and benefitted from Dr. Taylor's demonstration of the CMI vacuum extractor and the IPC training to the doctors. It also afforded time for discussions with the individual doctors, particularly related to the WHO partograph multicentre trial results. All physicians requested the film "Why did Mrs. X die" as a resource in their own working environment. The physicians also requested a visit by the Women's Health Advisor to their hospitals, which was unfortunately not possible this time.

## **2. The First LSS Training Course in Oyo State**

The first three week LSS training course was held in Adeoyo hospital from March 22 - April 8, 1993. The course schedule is contained in Appendix B and the schedule for clinical rotation in Appendix C. Five participants came from Oyo and Osun States each. The participants list is contained in Appendix D. The participants, the two trainers on evening duty and the writer were accommodated in the newly renovated physiotherapy department.

The participants arrived on Sunday evening, 21 March and were welcomed by the Deputy Director Primary Health Care who is also the Training Co-ordinator and the LSS Trainers. Administrative and household matters were discussed that night and the training started on Monday, 22 March without an official opening.

### **IEC**

The first three days were taken up by training in interpersonal communication and counselling skills, problem solving techniques and planning the community outreach visit. The film "Why did Mrs. X die" was played at the beginning of the training to identify barriers to maternity care and this was followed by a visit to all wards of the Maternity Hospital by the participants. The purpose of this visit was to identify barriers to care as observed by the participants through inspection of the environment, observation of staff and interviews with patients. The three day training was entirely participatory and interspersed with many role plays both by IEC trainers and the participants. All LSS trainers attended the sessions. Mrs. M. Bodede was the IEC Consultant and she discussed the training sessions with the IEC trainers at the end of each day. The IEC trainers felt that they were very pushed for time to cover the whole curriculum in three days. It was therefore decided that the next training courses would start a day earlier on the Sunday afternoon so that registration, pre-test and overview of maternal mortality can be done on Sunday. This would allow the IEC training to start on Monday morning.

Mrs. Bodede was also the consultant for the two days outreach and because of her heavy schedule, the community visits were changed from the third to the second week. In retrospect this had a beneficial effect as it came in the middle of the training and the experience could be internalized and applied by the participants during the remainder of the course. The IEC trainers had an additional evening session with the participants to finalize the question guides for their interviews in the community.

Pre- and post tests and a final evaluation were given by the IEC trainers. The forms are contained in Appendix E and F, but detailed results are not available to the writer, except that the range of the IEC pre-test and post-test were 20% - 40% and 50% - 85%, respectively.

### **LSS**

On the third day, from 3.00 p.m. the LSS trainers started teaching. It was from that evening that the trainers and participants worked the evening shift from 4.00 p.m. to 12 midnight on a rotation basis. There were always two trainers and either two or three participants on duty.

### The LSS core trainers

In spite of the fact that the Oyo State core trainers were prevented from participating in the first LSS training in Bauchi under the guidance of Dr. Margaret Marshall, the five trainers did a splendid job. Their teaching sessions were well organized and their teaching methods had gained vitality because of what they had learned through the IEC training. The daily review sessions between Barbara E. Kwast and the trainers provided an opportunity to clarify certain technical content issues and questions by the trainers. They also benefitted from the feed-back by each other. While the writer attended all theory sessions, omissions or errors were left uncorrected during the sessions as the trainers could expand on or correct issues during the review sessions the next day. The first run through provided the trainers with a sense on how long subjects would take to teach which would benefit their organization of a timeframe for classes in the future.

### The participants

The participants were very experienced midwives with between 15 and 25 years service in midwifery. With the evolution of midwifery training in Nigeria from direct entry midwifery training to pre-requisite nursing training and ever increasing educational entry requirements, the background of the participants was varied and this was obvious regarding the speed and absorption capacity of new theory. The trainers handled this masterly and with great patience. There was continuous encouragement and the enthusiasm and commitment by the trainees was inspiring. In spite of their longstanding clinical experience, they valued the new skill acquisition enormously. The whole process of this training and the effect it had on the midwives was fascinating and very moving. Working and studying long hours were not experienced negatively; on the contrary, the course was beneficial to all midwives who felt motivated afresh.

### The LSS pre-test

|                          |     |
|--------------------------|-----|
| Mrs. Deborah Ayanlola    | 56% |
| Mrs. Grace Aduke Adedapo | 64% |
| Mrs. Felicia Oguntunde   | 32% |
| Mrs. Victoria Ogunniyi   | 8%  |
| Mrs. E.A. Oderinde       | 40% |
| Miss O.A. Olatunji       | 80% |
| Mrs. G.M. Arojojoye      | 64% |
| Mrs. S.O. Olarinde       | 68% |
| Mrs. F.O. Afolabi        | 52% |
| Mrs. B.F. Olaniyan       | 64% |

### Mid-course evaluation

Because of the hectic schedule of this course, it was considered useful to request a mid-course evaluation. The same form as for daily evaluation was used with three additional questions to ascertain the participants' perception of the balance between clinical experience and

theoretical teaching, and the areas where further clarification and reinforcement was required. The trainers found this evaluation very helpful and acted upon the requests immediately. The evaluation is contained in Appendix G and shows many valuable remarks.

The participants also expressed that co-operation of the Staff in the Maternity could be improved and this was acted upon by the Chief Core trainer and the writer through a discussion with the Chief Matron who would speak with the Matrons and Staff in the ward. In order to improve the feelings of the staff, the Women's Health Advisor gave a seminar to the ward staff which is described later. The LSS trainers emphasized participation of staff in the ward when teaching of new skills was ongoing and there was a marked improvement in the attitude of those who obviously felt disadvantaged by not being included in the full LSS training but had to give support to the trainees.

The participants expressed that IEC training is a priority both for the Staff of Adeoyo Hospital and the Staff in their respective sub-centres. As one midwife said: "We cannot achieve LSS without IEC skills", and: "All midwives should be taught interpersonal communication skills".

#### Change in the program

In view of the fact that only two of the ten participants had attended the site-preparation workshops previously, the sequence of subjects was changed to commence with monitoring of labor and the partograph, rather than starting with vacuum extraction when accuracy of vaginal examinations and assessment of cephalo-pelvic disproportion could not be taken for granted.

The film 'Vital Allies' could not be shown at the beginning and was watched after the community outreach. Also the WHO learning game designed by WHO Consultant and Midwife Educator Miss Gaynor Maclean: 'Where Mrs. X walked' was played and discussed after the community outreach (Copy of the game is in Appendix H). The intention is that every participant writes the story which transpired from her cards accumulated during the game. If the end-point was 'safe motherhood', the participant would write the story as if she was the woman in the game. If the player held the **Maternal Death** card the story must be written as if by a relative or friend. As this game and the eight WHO modules on midwifery education have been pre-tested in Botswana and Tanzania, we spent some time discussing the game and all stories were read to the group. The stories are attached in Appendix I. The game is educative and brilliant in its design to which the stories are testimony. The participants felt that the timing of playing the game was good 'because we have learned how to identify barriers to care and the problem solving method'. Other comments were: 'The game enables us to identify problems and find solutions'; 'it gives us a real picture of barriers to receiving health care and it drives the causes of maternal mortality home'. 'It gingers us up about maternal mortality at home'. 'Three negative cards are a foreboding of a maternal death'.

The same opinion was expressed regarding the timing of the film 'Vital Allies'. The participants of course know and have experienced maternal deaths, but they stated that they

had no idea of the magnitude of maternal mortality. **None of the participants had ever seen, visited or worked with a Traditional Birth Attendant!** But they all had opinions about her and traditional healers. When asked by the IEC trainers whether they thought that the TBAs' skills should be expanded, half of the group agreed and the other half disagreed. There was no perception that more than 50% of births and therefore a great number of maternal deaths take place outside the formal health system where none of the midwives have ever visited. It was this gradual understanding of the complexity of maternal mortality which committed the midwives to safe motherhood and partnerships with TBAs and other community leaders. As one participant said: **'When I return we will organize outreach - it is possible and we can do it, now that I have learned how to plan and organize such a visit.'** The writer suggested that each participant should try and create a partnership for safe motherhood with a surrounding village or community near their workplace.

### Clinical experience

The writer followed the core trainers and trainees to the clinical area every evening from 4.00 p.m. until midnight and on shifts during the weekend. This provided an opportunity to demonstrate a vacuum extraction with the new CMI vacuum extractor to Staff, trainers and trainees and subsequent supervision when first trainers started to perform the procedure. The same applied to manual removal of placenta, a procedure which is already being performed by Senior Sisters in the labor ward.

Unfortunately, the absence of doctors on duty in the hospital or those on call at home for the maternity, presented real concern. The Chief Matron, the Chief Core Trainer and the writer went to see the Chief Consultant about this problem on several occasions which prompted a visit by the Chief Consultant during several evenings at around 9.00 p.m. Little improvement was noted. Dr. S. Franklin, the Consultant Obstetrician/Gynecologist was on 'working' leave and was called several times for an emergency in the evening. Relatives have taken patients in critical condition to the nearby Roman Catholic Hospital when doctors were not available. This situation presents a real dilemma to the midwives in charge of the labor ward because on the one hand they are asked to carry enormous responsibility and on the other hand, they cannot find back-up support when problems arise.

### Management protocols

If partographic monitoring of labor is implemented, a management protocol needs to be applied. The writer wrote out the WHO protocol for partographic management and this was discussed with the core trainers and with Dr. Franklin for approval. The same applied to oxytocin regime and administration of antibiotics by midwives in the event of prolonged rupture of membranes. The protocols are displayed in the first stage room. Midwives have been taught on the subjects and Dr. Franklin was to discuss the protocols at the Doctors seminar to be held on Thursday 8 April, 1993.

All participants have been given these protocols and they will be discussed and handed out in future training courses. They are contained in Appendix J.

The writer discussed the issue of pelvic assessment by midwives on women in labor. It was agreed that midwives should perform pelvic assessments in labor as this should be fundamental to an internal examination during labor or on admission in labor. If midwives can perform and suture episiotomies and lacerations of the cervix, which is in essence a surgical function, there can be no objection to assess whether a woman may be at risk of obstructed labor. Furthermore, if midwives are to perform vacuum extraction successfully, they have a mandate to rule out a major outlet contraction so as to avoid damage with this procedure.

The core trainers were refreshed in the procedure of pelvic assessment. The writer has provided notes and the trainees were all taught as part of monitoring of labor.

Dr. S. Franklin, even though on 'working leave', participated in three lecture seminars on anemia, pregnancy-induced hypertension, puerperal sepsis and septic abortion. Dr. Franklin's participation will continue during the next three training courses and it is hoped that after the end of his leave he will be able to support the midwives with the practice of the LSS skills.

#### Follow-up of patients in the postnatal ward

Even though the schedule of the course was hectic, the participants were requested to follow up the women they had delivered and performed special procedures for, in the postnatal ward. This would provide reassurance that suturing was done well. It would also give an opportunity to counsel women about family planning and discuss plans for the inter-pregnancy interval.

### **3. Visits by the MCH Coordinators from Osun State**

The two MCH Coordinators from Osun State came to visit during the second week of the training to sit in on some of the theory sessions and to see the participants from their State.

There is great enthusiasm in Osun State for this training and the Ministry of Health is keen to start an LSS training once the first 20 midwives have been trained from their State in Adeoyo. The Coordinators requested that we identify participants from Osun State who we consider might be suitable as trainers in future. The writer discussed this at some length with the MCH Coordinators as this requires a training of trainers and equipment of the training centre and sub-centres. Furthermore, the IEC component needs to be arranged with the IEC trainers and consultants who are at present involved in Oyo State. All this is well understood and the writer got the impression that Osun State Ministry of Health would be able and willing to finance these components.

The Oyo State core trainers will be excellent pioneers to carry the LSS training to other States where they should be called upon to train trainers after the courses are completed in Oyo State, in the first instance in Osun State.

The MCH Coordinators also requested that one of them attend the whole LSS training. This was discussed with the Core Trainers who felt that this would not be feasible, other than if one of their selected participants would be substituted by the Coordinator. This, however, would create a precedent as the criteria for selecting participants clearly state that midwives should be practicing in the clinical area.

#### **4. The Adeoyo Maternity Hospital**

The acquisition of new equipment, the infection control system in the labor-ward and the site preparation workshops which had been held in January and February by the core trainers for the remaining staff who could not undergo that training last year, has added much to the morale and working relationships among the staff and improved the care of the women in the labor ward. Unfortunately many instruments had to be withdrawn due to rusting and premature dysfunction, but new instruments are in the process of being ordered.

The infection control system needs constant supervision to function properly and not to ruin instruments.

A revolving fund for emergency drugs has been set up in the labor ward and helps very much in the prompt treatment of emergencies. Even though the bloodbank and the technician are in place, there is as yet no blood supply. Unfortunately, during the one month long doctors strike a large number of pints of blood got spoiled in the central bloodbank in Ibadan, which prevented Adeoyo from getting an initial supply. However, the Chief Consultant is finding ways of getting a small blood supply, while women are sensitized in the antenatal clinic to bring donors when they are requested to be admitted.

The Hospital Management Board provided N 5,000.-- for emergency packs for cesarean section. This money was available since January, but only now one of the Senior Physicians in the Department and the core trainers have committed themselves to be responsible for the replenishing and checking of these packs. All equipment was bought when Barbara K. left Adeoyo.

#### **5. Follow-up Seminar for Midwives in the Labor Ward**

The writer took the opportunity to conduct a follow-up seminar as she had been involved in the site preparation in October/November 1992. Thirteen midwives attended on 23 March. Permission was asked from the Chief Matron and the Matrons who concurred with the idea. The participants had an opportunity to clarify problems. It remains almost impossible to complete a partograph at night with when there are about 20 admissions of women in labor and only two midwives are on duty. Midwives have problems getting hold of doctors when the woman's labor reaches the action line on the partograph.

A short training was given on the active management of the third stage of labor and the vacuum extractor, including the showing of the film on the CMI vacuum extractor.

## **6. The Evaluation**

The evaluation tools for antenatal risk assessment and the partograph were tried out by Dr. Marshall at the beginning of Barbara's visit in Adeoyo hospital and the results were discussed by her with the Chief Matron, the Matrons and the writer. Dr. Marshall will elaborate on the findings in her trip report. The completed evaluation forms are contained in Appendix K.

The Nigeria LSS trainers records of the five Oyo State Core Trainers are contained in Appendix L.

The writer was requested by Dr. Marshall to see about improvements regarding completion of the antenatal risk assessment. The Staff tell me, that at present there is considerable duplication between their records and the extra antenatal risk assessment form. With a workload of 200 - 300 antenatal women per clinic day, they can at present not manage better than they are doing even though they are trying.

Dr. Abosede, The Research Consultant, has made the new format for the delivery registers in the labor wards of all centres. Dr. Abosede has started with the changes on 6 April, 1993. The writer saw her briefly in FHS, Lagos on 5 April and the only thing requested by the writer is to add in the register whether a partograph was completed or not. This would facilitate the evaluation as the register also shows the admission dilatation and one could then immediately see whether a partograph was supposed to be completed or not.

The exit interviews were started by FHS/JHU/PCS Staff in Oyo and Osun State during the last week of March. It was decided not to conduct any exit interviews in Adeoyo Maternity Hospital as the site preparation seminars were completed and LSS training had already started.

## **IV. Recommendations**

1. The LSS training program as it is now structured should be continued with the next three training courses as the trainers are satisfied with the sequence of teaching the subjects.
2. The participation in the LSS training of Dr. S. Franklin, Obstetrician/Gynecologist, is recommended to continue during the next three training courses.
3. MotherCare and FHS/JHU/PCS need to discuss the possibility of organizing a 21/2 days IPC and counselling training as a priority in Adeoyo Maternity Hospital, followed by workshops in the major sub-centres in Oyo and Osun State. While the LSS trained midwives can pass on clinical skills and apply their IPC skills and act as role models, it is difficult for them to actually teach these subjects to their peers.
4. All participants recommended that this LSS training should continue beyond the present project. The writer, having witnessed the process and having experienced the

benefit to the patients from the LSS capability, is of the strong opinion that this program on an extended scale will have an effect on maternal mortality and morbidity.

A continuation of LSS training should retain a strong IEC/IPC component and community outreach.

5. During the debriefing with Mr. R. Thomas, USAID and Mrs. Lola Payne, MotherCare Coordinator, Nigeria, the writer requested for Mr. Chiavaroli, Mr. Thomas and Mrs. S. Ross to visit Adeoyo Maternity Hospital during a training course, preferably during the second week, and interview both trainers and trainees about their experiences in this course.

## **VI. Follow-up Activities**

1. Mrs. Payne together with Mrs. C. Akindele (Chief Core Trainer) needs to arrange the distribution of equipment and supplies to the sub-centres during her visit to Adeoyo on April 7, 1993, as participants are anxious to start using and teaching the new skills immediately on return to their centres.
2. Mr. U.S.A. Nnanta is requested to retype the program for the LSS training in Oyo and supply photocopies to Mrs. C. Akindele. (The writer left an amended copy).
3. Mrs. Payne will further discuss the issue of a contribution of N 500. from Osun State for their participants as requested by the Ministry of Health, Oyo State. MotherCare, Nigeria may have to cover these contributions and this will be settled with the authorities concerned and Mrs. Patricia Daunas when she travels to Nigeria.
4. Mrs. Lola Payne and Mrs. Patricia Daunas will also discuss the contribution for the hospitality accorded to Dr. B.E. Kwast, who was accommodated at the hostel with no expense to herself other than food and supplies.
5. The MCH Coordinators of Osun State and Trainers are requesting that the LSS Manuals be duplicated locally, so that they can be available for wider distribution.
6. Mrs. Payne has been briefed about the desire of Osun State to commence LSS training.
7. Certificates for Core Trainers and certificates for those midwives having attended site-preparation workshops in January/February 1993 need to be supplied. Mrs. Payne will follow up.
8. A Two-day workshop for Matrons is planned on 13 and 14 April 1993 in Adeoyo Maternity Hospital.

9. Mrs. Payne will follow up the suggestion that all midwives receive the IPC and counselling training in Adeoyo Maternity Hospital. This needs to be discussed with Mrs. S. Krenn and Mrs. Data Phido.

Life Saving Skills Training Program  
Continuing Education Workshop for Doctors  
Oyo and Osun States at Adeoyo Maternity Hospital Ibadan  
March 16 - 19, 1993

~~Tuesday~~, March 16

8 AM Welcome, Introductions-  
Registration

Film: Why did Mrs. X Die?

Overview of Maternal Mortality in the World - Peg Marshall or  
Dr. Franklin

Overview of Maternal Mortality in Nigeria - Dr. Sola Franklin

Tea Break

10:30 Registration and overview of the MotherCare Project -  
Mrs. 'Lola Payne

Progress to date with the Oyo State LSS Training Program

Some solutions to high Maternal Mortality problem in Nigeria -  
Dr. Sola Franklin

Lunch

2:00 What solutions to high Maternal Mortality have been tried in  
other places?

Film: Vital Allies

Life Saving Skills Program in Ghana: How expanded roles for  
midwives and management protocols (e.g. partograph) can improve  
maternity care - Dr. Joseph Taylor

~~Wednesday~~, March 17th

8 AM Update on Vacuum Extraction: Use of the CMI soft cup system -  
Dr. Joseph Taylor

Film: The CMI Vacuum Extraction Setup

Tea Break

10:30 Update on the Management of Anaemia - Dr. A. Obisesan  
Introduction to the Antenatal Risk Assessment Form and how we can track our high risk populations - Peg Marshall

Lunch

2:00 Update on Pregnancy Induced Hypertension - Dr. Shola Franklin

Update on the Management of prevention of obstructed Labour  
Introduction to the Partograph - Jumoke Adekogba  
Management of obstructed Labour and its Sequelae -  
Dr. Joseph Taylor

Thursday, March 18th

8 AM Implementation of the WHO partograph protocols -  
Dr Sola Franklin and Peg Marshall

Tea Break

10:30 AM Update on the Management of Hemorrhage - Dr. O. Williams,  
Consultant Alafia Hospital, Ibadan

Update on the Management of Sepsis - Dr. A. Awomolo - Iwo  
Specialist Hospital, Osun State

Lunch

2 PM What are the short, intermediate, and long term steps we must take to reduce maternal and infant mortality?

Panel Discussion:

Dr. Ojengbede  
Dr. O. Williams  
Dr. N.A.O. Williams  
Dr. Sola Framsibi  
Dr. O. Obisesan  
Dr. A. Awomolo

Friday March 19

8.am Interpersonal Communication - Mrs. Mako

13A

Evening of arrival receive book of modules.  
 Homework: Study module on Maternal Mortality

|          | DAY 1 - MONDAY 22  | DAY 2 - TUESDAY 23   | DAY 3 - WEDNESDAY 24  |
|----------|--|--|---|
| 8:00 AM  | Welcome<br>Introductions<br>Overview of Course<br>Overview of Maternal Mortality - Eban<br>Video: Vital Allies X<br>Registration<br>Pre-Test | Review Maternal Mortality & Communications<br>Visit to the Wards<br>VC and IPC<br>Introduction to Barriers to MCH Care<br><br><i>IEC Consultants</i> | Review Communications & Barriers to Care<br><br>Using the Problem Solving Approach on Barriers to Care  |
| 10:30 AM | BREAK  | BREAK  | BREAK   |
| 11:00 AM | Introduction to the <del>clinical</del> Problem Solving Method -<br><i>Barriers, Motivations</i>   | <i>IPS Skills</i>  | <i>Preparation for field visit.</i>   |
| 2:00 PM  | LUNCH  | LUNCH  | LUNCH   |
| 3:00 PM  | Values Clarification and Interpersonal Communications  | Barriers to Quality Maternal Child Health Care<br>Video: Why Did Mrs. X Die<br><i>Counseling</i>   | Review of the Clinical Problem Solving Method - Eban 30-45 mins<br><del>Vacuum Extraction Seminar</del><br><del>Video on Vacuum Extraction</del><br><i>Introduction to the use of the <sup>1 1/2</sup> partograph</i> |
|          | CLINICAL ASSIGNMENT:   | CLINICAL ASSIGNMENT:   | CLINICAL ASSIGNMENT   |
|          |  | <del>8:00 AM TO 8:00 PM - MIDWIVES 1,2,3 ON CALL</del><br><br><del>8:00 PM TO 8:00 AM - MIDWIVES 4,5 ON CALL</del>                                   | 8:00 AM TO <sup>4.00</sup> <del>8:00</del> PM - MIDWIVES 6,7,8 ON CALL<br><br><sup>4.00</sup> <del>8:00</del> PM TO <sup>12.00</sup> <del>8:00 AM</del> - MIDWIVES 9,10 ON CALL                                       |
|          |  | Homework:<br>Study Module on Vacuum Extraction-Review handouts<br><i>partograph</i>  | Homework:<br>Study Module on Episiotomy and Laceration Repair-Handouts on AIDS  |

p14

APPENDIX B

NIGERIA - LIFE-SAVING SKILLS

|                                      | DAY 4 THURSDAY 25  | DAY 5 - FRIDAY 26  | DAY 6 - SATURDAY 27  |
|--------------------------------------|--|--|--|
| 8:00 AM<br>- 9.15 AM<br>9.45 - 10.30 | <del>Review material on Vacuum Extraction</del><br>Use of partograph for Episiotomy and Laceration Repair Seminar<br>Labour management | Review Episiotomy and Laceration Repair<br>Prevention and Treatment of Haemorrhage<br>Active Management of the Third Stage<br>Manual Removal of the Placenta<br>Bimanual Compression of Uterus | <b>CLINICAL ASSIGNMENT:</b><br>8:00 AM TO 8:00 PM - MIDWIVES 1,2,3 ON CALL<br>8:00 PM TO 8:00 AM - MIDWIVES 4,5 ON CALL  |
| 10:30 AM                             | BREAK  | BREAK  |  |
| 11:00 AM                             | Suturing Practice  | <del>Introduction to Use of the Partograph</del><br>Review use of partograph<br>Note on partograph   |  |
| 1:00 PM                              | LUNCH  | LUNCH  | DAY 7 - SUNDAY 28  |
| 3:00 PM                              | AIDS and the Practice of Midwifery   | ↓  | <b>CLINICAL ASSIGNMENT:</b><br>8:00 AM TO 8:00 PM - MIDWIVES 6,7,8 ON CALL<br>8:00 PM TO 8:00 AM - MIDWIVES 9,10 ON CALL |
|                                      | <b>CLINICAL ASSIGNMENT</b>   | <b>CLINICAL ASSIGNMENT</b>   |  |
|                                      | 8:00 AM TO 8:00 PM - MIDWIVES 4,5 ON CALL<br>8:00 PM TO 8:00 AM - MIDWIVES 1,2,3 ON CALL   | 8:00 AM TO 8:00 PM - MIDWIVES 9,10 ON CALL<br>8:00 PM TO 8:00 AM - MIDWIVES 6,7,8 ON CALL  |  |
|                                      | Homework:<br>Study Module on Prevention and Treatment of Haemorrhage   | Homework:<br>Study on <del>Monitoring Labour Progress</del> Vacuum Extraction<br>Review Module   |  |

NIGERIA - LIFE-SAVING SKILLS

|          | DAY 8 - MONDAY 29   | DAY 9 - TUESDAY 30   | DAY 10 - WEDNESDAY 31  |
|----------|---|--|--|
| 8:00 AM  | <p>Review Prevention and Treatment of Haemorrhage 1.15</p> <p><del>Use of Partograph for Labour Management</del></p> <p>Vacuum Extraction Seminar 1.15</p> <p>Film on Vac</p> | <p><del>Review use of the Partograph</del></p> <p>Review material on More on the Partograph</p> <p>Vacuum extraction</p> | <p>Review Antenatal Risk Assessment</p> <p>Use of the Antenatal Risk Assessment Tool in Prevention and Treatment of Anemias and Pregnancy Induced Hypertension</p> |
| 10:30 AM | BREAK   | BREAK  | BREAK  |
| 11:00 AM | <p>Continue 11 - 1 PM</p> <p>Vital Allies 1 - 2 PM</p>  | <p>Introduction to use of Antenatal Assessment Tool</p>  | <p>Practice use of Tool at Antenatal Clinic</p>  |
| 2:00 PM  | LUNCH   | LUNCH  | LUNCH  |
| 3:00 PM  | Aseptic Technique   |  |  |
|          | <b>CLINICAL ASSIGNMENT:</b>   | <b>CLINICAL ASSIGNMENT:</b>  | <b>CLINICAL ASSIGNMENT:</b>  |
|          | <p>8:00 AM TO 8:00 PM - MIDWIVES 1,2 ON CALL</p> <p>8:00 PM TO 8:00 AM - MIDWIVES 3,4,5 ON CALL</p>   | <p>8:00 AM TO 8:00 PM - MIDWIVES 6,7 ON CALL</p> <p>8:00 PM TO 8:00 AM - MIDWIVES 8,9,10 ON CALL</p>                     | <p>8:00 AM TO 8:00 PM - MIDWIVES 3,4,5 ON CALL</p> <p>8:00 PM TO 8:00 AM - MIDWIVES 1,2 ON CALL</p>  |
|          | <p>Homework:</p> <p>Study Module on <del>Partograph</del></p> <p>Antenatal risk assessment</p>  | <p>Homework:</p> <p>Study Module on Antenatal Risk Assessment</p>  | <p>Homework:</p> <p>Study Modules on Hydration and Management of Sepsis</p>  |

NIGERIA - LIFE-SAVING SKILLS

|          | DAY 11 - THURSDAY 1/4  | DAY 12 - FRIDAY 2/4   | DAY 13 SATURDAY 3/  |
|----------|--|---|---|
| 8:00 AM  | <p><del>DAY 15</del><br/>                     Review Antenatal Risk Assessment</p> <p>IV Fluid Management</p> <p>Recognition and Treatment of Sepsis:</p> <p>PROM<br/>                     Puerperal Fevers<br/>                     Incomplete and Septic Abortions</p> | <p><del>DAY 16</del><br/>                     Review Hydration, Rehydration and Sepsis</p> <p><del>Cardio Pulmonary Resuscitation and Heimlich Maneuver</del></p> | <p>CLINICAL ASSIGNMENT</p> <p>8:00 AM TO 8:00 PM - MIDWIVES 6,7,8 ON CALL</p> <p>8:00 PM TO 8:00 AM - MIDWIVES 9,10 ON CALL</p> |
| 10:30 AM | BREAK  | BREAK   |   |
| 11:00 AM | Continue   | Community Assessment: Preparation for Field Visits  |   |
| 2:00 PM  | LUNCH  | LUNCH   | DAY 14 - SUNDAY   |
|          | CLINICAL ASSIGNMENT:   | CLINICAL ASSIGNMENT:  | CLINICAL ASSIGNMENT:  |
|          | 8:00 AM TO 8:00 PM - MIDWIVES 8,9,10 ON CALL<br><br>8:00 PM TO 8:00 AM - MIDWIVES 6,7 ON CALL  | 8:00 AM TO 8:00 PM - MIDWIVES 1,2,3 ON CALL<br><br>8:00 PM TO 8:00 AM - MIDWIVES 4,5 ON CALL  | 8:00 AM TO 8:00 PM - MIDWIVES 1,2,3 ON CALL<br><br>8:00 PM TO 8:00 AM - MIDWIVES 4,5 ON CALL                                    |
|          | Homework:<br>Study Modules on Cardio-Pulmonary Resuscitation and Heimlich Maneuver   | Homework:<br>Review all Modules   |   |

NIGERIA - LIFE-SAVING SKILLS

|          | DAY 15 - MONDAY <i>5/4</i>  | DAY 16 - TUESDAY <i>6/4</i>  | DAY 17 WEDNESDAY <i>7/4</i>   |
|----------|---|--|---|
| 8:00 AM  | 1/2 Group on all day Field Visit:<br>Community Assessment<br>Midwives: 1,2,3,9,10<br>1/2 Group in AP or L&D | 1/2 Group on all day Field Visit:<br>Community Assessment<br>Midwives: 4,5,6,7,8<br>1/2 Group in AP or L&D | Debriefing on Field Visits  |
| 10:30 AM | BREAK   | BREAK  | BREAK   |
| 11:00 AM | <del>Theory + Practice</del><br>1/2 Group Practice CPR<br><br><i>Game: Where Has X walked</i>               | <del>Theory + Practice</del><br>1/2 Group Practice CPR<br><br><i>Game: Where Has X walked</i>              | Review any/all content areas  |
| 2:00 PM  | LUNCH   | LUNCH  | LUNCH   |
|          | CLINICAL ASSIGNMENT:  | CLINICAL ASSIGNMENT:   | CLINICAL ASSIGNMENT:  |
|          | 8:00 AM TO 8:00 PM<br>MIDWIVES 6,7,8 ON CALL<br><br>8:00 PM TO 8:00 AM<br>MIDWIVES 9,10 ON CALL             | 8:00 AM TO 8:00 PM<br>MIDWIVES 4,5 ON CALL<br><br>8:00 PM TO 8:00 AM<br>MIDWIVES 1,2,3 ON CALL             | 8:00 AM TO 8:00 PM<br>MIDWIVES 9,10 ON CALL<br><br>8:00 PM TO 8:00 AM<br>MIDWIVES 6,7,8 ON CALL |
|          | Homework:<br><br>Review all Modules   | Homework:<br><br>Review all Modules  | Homework:<br><br>Review all modules and handouts  |

**NIGERIA - LIFE-SAVING SKILLS**

|                 | <b>DAY 18 - THURSDAY</b> 8/4  | <b>DAY 19 - FRIDAY</b> 9/4                                    |  |
|-----------------|---|---|--|
| <b>8:00 AM</b>  | 1/2 Midwives work<br>Antenatal Clinic<br><br>1/2 Midwives work<br>Intrapartum | Review post-test<br><br>Review any area needing<br>discussion |  |
| <b>10:30 AM</b> | <b>BREAK</b>  | <b>BREAK</b>  |  |
| <b>11:00 AM</b> | Post-test given   | <b>CLOSING CERMONY</b><br><b>CERTIFICATES DISTRIBUTED</b>     |  |
| <b>2:00 PM</b>  | <b>LUNCH</b>  | <b>LUNCH</b>  |  |
| <b>3:00 PM</b>  |   | <b>HOME BOUND!!!</b>  |  |
|                 | <b>CLINICAL ASSIGNMENT:</b>   |   |  |
|                 | Those most in need of<br>Clinical Opportunities                               |   |  |

S:MOTHER\MOTHER\MATERIAL\LIFESCH

# END STATE LIFE-SAVING SKILLS CLINICAL TRAINING SCHEDULE

## MIDWIVES

| DAY | DATE                  | WEEKDAY   | 8am-4pm                              |                           | 4pm-12pm |  | TRAINERS |         |       |         |          |
|-----|-----------------------|-----------|--------------------------------------|---------------------------|----------|--|----------|---------|-------|---------|----------|
|     |                       |           | NOS                                  |                           | NOS      |  | ERUN     | COMPORT | CLARA | MATILDA | JUMMY    |
| 1   | MARCH 2 <sup>ND</sup> | MONDAY    | 1-10                                 | CLASS                     |          |  |          |         |       |         |          |
| 2   | ✓ 23 <sup>RD</sup>    | TUESDAY   | 1-10                                 | CLASS                     |          |  |          |         |       |         |          |
| 3   | ✓ 24 <sup>TH</sup>    | WEDNESDAY | CLASS                                | 1, 2, 3                   |          |  |          |         |       |         |          |
| 4   | ✓ 25 <sup>TH</sup>    | THURSDAY  | 7, 8, 9                              | 4, 5, 6                   |          |  |          |         |       |         |          |
| 5   | ✓ 26 <sup>TH</sup>    | FRIDAY    | 1, 2, 3                              | 10 & 7                    |          |  |          |         |       |         |          |
| 6   | ✓ 27 <sup>TH</sup>    | SATURDAY  | 10, 5, 6                             | 8 & 9                     |          |  |          |         |       |         |          |
| 7   | ✓ 28 <sup>TH</sup>    | SUNDAY    | 4 & 7                                | 1, 2, 3                   |          |  |          |         |       |         |          |
| 8   | ✓ 29 <sup>TH</sup>    | MONDAY    | 8 & 9                                | 10 & 7                    |          |  |          |         |       |         |          |
| 9   | ✓ 30 <sup>TH</sup>    | TUESDAY   | 1, 2, 3                              | 4, 5, 6                   |          |  |          |         |       |         |          |
| 10  | ✓ 31 <sup>ST</sup>    | WEDNESDAY | 10 & 7                               | 8 & 9                     |          |  |          |         |       |         |          |
| 11  | APRIL 1 <sup>ST</sup> | THURSDAY  | 4, 5, 6                              | 7, 8 (12, 3, 9, 10 FIELD) |          |  |          |         |       |         |          |
| 12  | ✓ 2 <sup>ND</sup>     | FRIDAY    | 1, 2, 3, 9, 10 (4, 5, 6, 7, 8 FIELD) |                           |          |  |          |         |       |         |          |
| 13  | ✓ 3 <sup>RD</sup>     | SATURDAY  | 10 & 7                               | 4, 5, 6                   |          |  |          |         |       |         |          |
| 14  | ✓ 4 <sup>TH</sup>     | SUNDAY    | 1, 2, 3                              | 8 & 9                     |          |  |          |         |       |         |          |
| 15  | ✓ 5 <sup>TH</sup>     | MONDAY    | 4, 5, 6                              | 10 & 7                    |          |  |          |         |       |         |          |
| 16  | ✓ 6 <sup>TH</sup>     | TUESDAY   | 8 & 9                                | 1, 2, 3                   |          |  |          |         |       |         |          |
| 17  | ✓ 7 <sup>TH</sup>     | WEDNESDAY | 4, 5, 6                              | 10 & 7                    |          |  |          |         |       |         |          |
| 18  | ✓ 8 <sup>TH</sup>     | THURSDAY  | CLOSING CEREMONY - EVALUATION.       |                           |          |  |          |         |       |         |          |
| 19  | ✓ 9 <sup>TH</sup>     | FRIDAY    | POST TEST                            |                           |          |  |          |         |       |         |          |
|     |                       |           |                                      |                           |          |  |          |         |       |         | HOMERUN! |

**APPENDIX D**

**ADDRESSES OF FIRST LSS TRAINEES OF OYO/OSUN STATES**

Mrs. G.A. Adedapo  
State Hospital  
Osogbo  
Osun State

Miss Olukemi A. Olatunji  
State Hospital P.M.B. 1021  
Oyo, Oyo State

Mrs. F.O. Afolabi  
State Hospital P.M.B. 1021  
Oyo, Oyo State

Mrs. Grace M. Arojoye  
P.O. Box 19188  
Ibadan, Oyo State

**OR**

State Hospital  
Iwo, Osun State

Mrs. Deborah Ayanlola  
State Hospital P.M.B. 1021  
Oyo, Oyo State

Mrs. E.A. Oderinde  
State Hospital  
Osogbo ~~or~~ P.O. Box 948  
Osogbo

Mrs. V.T. Ogunniji  
P.O. Box 128  
Oyo Local Government Health Centre  
Oyo, Oyo State

Mrs. F.O. Oguntunde  
Oyo Local Government Health Center  
Oyo, Oyo State

Mrs. Stella Olaoti Olarinde  
P.O. Box 1456  
Osun State  
Osogbo

**OR**

State Hospital  
Osogbo  
Osun State

Mrs. Bose Olariyan  
No 18-B B.C.G.A. Road  
Osogbo

**OR**

State Hospital  
Iwo, Osun State

**Pre/Post Workshop Questionnaires**

**Interpersonal Communication & Counseling**

**Workshop for Midwives**

1. List any five barriers to maternal health care.
2. How would you <sup>describe</sup> ~~define~~ interpersonal communication
3. List two ways in which people communicate.
4. In what way, do values affect mid wifery practice (List 3 ways)
5. List 5 steps of effective counseling
6. List 3 reasons for community outreach by midwives.

## MotherCare/Interpersonal Communication Workshop Evaluation

1. Overall, how would you rate the training methodology  
 Exc:..... VG:..... Fair:..... Poor:.....  
 Any other comments? .....
2. Which session(s) did you like best.....  
 Why?.....
3. Which session(s) did you like least of all?.....
- b. Make your suggestions for improvement: .....
4. Was enough time allotted for the various sessions?
 

|                 | <u>Adequate</u> | <u>Inadequate</u> | <u>Suggestion</u> |
|-----------------|-----------------|-------------------|-------------------|
| Session 1 ..... | .....           | .....             | .....             |
| Session 2 ..... | .....           | .....             | .....             |
| Session 3 ..... | .....           | .....             | .....             |
| Session 4 ..... | .....           | .....             | .....             |
| Session 5 ..... | .....           | .....             | .....             |
| Session 6 ..... | .....           | .....             | .....             |
| Field trip      |                 |                   |                   |
5. Please comment on the following:
  - Accommodation .....
  - Workshop environment .....
  - Workshop facilitation .....

- **Session contents** .....
- **Meals** .....
- **Transportation** .....
- **Schedules** .....
- **Trainers** .....

6. **Any recommendation/suggestions for future workshops.**  
.....  
.....  
.....  
.....

Mid - Course  
~~DAILY~~ EVALUATION

DATE: \_\_\_\_\_

1. Is the group/team working well together? [ ] Yes [ ] No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
2. How could the interaction/communication among the group members be improved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What topics did you find most useful? \_\_\_\_\_  
\_\_\_\_\_  
Why? \_\_\_\_\_  
\_\_\_\_\_
4. What topics did you find least useful? \_\_\_\_\_  
\_\_\_\_\_  
Why? \_\_\_\_\_  
\_\_\_\_\_
5. What topics need more discussion? \_\_\_\_\_  
\_\_\_\_\_
6. What can the facilitator/trainer do to be more helpful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What can the group members do to make this<sup>e</sup> activity<sup>ies</sup> more useful to them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other suggestions or comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How do you feel about the clinical experience? \_\_\_\_\_  
\_\_\_\_\_

9. What is your opinion about the allocation of time to theory and practice? \_\_\_\_\_  
\_\_\_\_\_

10. Do the IPC skills make a difference in your work in the labour ward?  
\_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Mid-Course Evaluation  
10 Participants

March 30, 1993

|  | <u>NUMBER</u> | <u>%</u> |
|--|---------------|----------|
| 1. <u>Is the group/team working well together</u>                                      | 10            | 100      |
| <u>Comments:</u>   |               |          |
| "Because we are a group and interact and communicate and plan"                         | 10            | 100      |
| "We exchange and learn from each other"  | 1             |          |
| "With cooperation of trainers and the staff the team works well"                       | 4             |          |
| "Trainers and the group are working well together except the staff is not cooperating" | 1             |          |
| 2. <u>How could the interaction/communication among the group members be improved?</u> |               |          |
| "It can be improved by putting more time for it"                                       | 1             |          |
| "It can be improved by group discussion plus role play"                                | 4             |          |
| "Satisfactory"   | 2             |          |
| <u>Six</u> of the ten participants felt that there was room for improvement.           | 6             |          |
| Two participants did interpret the question incorrectly                                | 2             |          |
| 3. <u>What topic did you find most useful (5 Modules so far)</u>                       |               |          |
| All topics   | 5             | 50       |
| Prevention and treatment of hemorrhage   | 2             | 20       |
| Repair of laceration and episiotomy  | 1             | 10       |
| Monitoring of labour   | 2             | 20       |

25

| <u>Why:</u>  | <u>NUMBER</u> | <u>%</u> |
|--|---------------|----------|
| For hemorrhage: "because it is the major cause of maternal mortality"  | 1             | 10       |
| For laceration: "because we have not been doing it before"   | 1             | 10       |
| For all topics: "though we have practiced before, with the new methods, <u>midwifery practice</u> can improve" | 3             | 30       |
| "Gained more knowledge and understanding"  | 1             | 10       |
| "Can recognize abnormalities early"  | 4             | 40       |
| 4. <u>What topic did you find least useful</u>   |               |          |
| None   | 9             | 90       |
| One trainee found vacuum extraction least useful as it will not be done in her maternity centre.               | 1             | 10       |
| 5. <u>What topics need more discussion:</u>  |               |          |
| Vacuum extraction  | 2             | 20       |
| New method of suturing/episiotomy  | 2             | 20       |
| Introduction to maternal mortality   | 1             | 10       |
| Prevention and treatment of hemorrhage   | 2             | 20       |
| Interpersonal communication skills   | 1             | 10       |
| Monitoring of labour progress  | 4             | 40       |
| 6. <u>What can the facilitator/trainer do to be more useful</u>  |               |          |
| To help staff of the ward to know more about LSS skills and monitoring of labour                               | 2             | 20       |
| Very helpful already   | 4             | 40       |
| Ask questions as she teaches   | 1             | 10       |

|   | <u>NUMBER</u> | <u>%</u> |
|---|---------------|----------|
| Continuous practice and teaching  | 2             | 20       |
| Not relevant  | 1             | 10       |
| 7. <u>What can the group members do to make these activities more useful to themselves?</u>           |               |          |
| "Group member should intensify their practice and impart knowledge to others"                         | 7             | 70       |
| "By working in a team with the community/TBA and visit them to educate and help"                      | 2             | 20       |
| "Group discussion after the lecture"  | 2             | 20       |
| <u>Other comments and suggestions:</u>  |               |          |
| "Extend training to 4 weeks"  | 1             | 10       |
| "Provision of materials/equipment to hospitals and maternity centers to make work more easy"          | 2             | 20       |
| "To inform ward staff that LSS are for all of us" to encourage interaction between staff and trainees | 2             | 20       |
| "Need for more practical experience"  | 1             | 10       |
| No comments   | 4             | 40       |
| 8. <u>How do you feel about the clinical experience?</u>  |               |          |
| "Wonderful, but ward staff need to know about LSS"  | 1             | 10       |
| "Helps to make me confident to practice what I have learned"  | 8             | 80       |
| "Very interesting because I gained experience on procedures I have not done before"                   | 1             | 10       |
| 9. <u>What is your opinion about the allocation of time to theory and practice</u>                    |               |          |
| "Alright because we have limited number of days"  | 1             | 10       |

|   | <u>NUMBER</u> | <u>%</u> |
|---|---------------|----------|
| "If theory can be done first and then practical"  | 1             | 10       |
| "Fine, it gives time to practice what we learn"   | 7             | 70       |
| Only one person felt that there was insufficient time for reading                                     | 1             | 10       |
| 10. <u>Do the IPC skills make a difference in your work in the labour world?</u>                      |               |          |
| YES   | 10            | 100      |
| <u>Explain:</u>   |               |          |
| "Added to my power of tolerance not only with clients but others in society"                          | 1             | 10       |
| "Helps me to know how to deal with clients and solve problems"  | 4             | 40       |
| "Helped me in the caring for clients which has made them to have confidence in the treatment of them" | 3             | 30       |
| No explanation  | 1             | 10       |



WORLD HEALTH ORGANIZATION



SAFE MOTHERHOOD INITIATIVE: EDUCATIONAL PROJECT

RULES of the GAME

and

INSTRUCTIONS for LEARNERS:



"WALKING WHERE MRS X WALKED"



Prepared by: Gaynor D. Maclean  
[WHO Consultant]  
with illustrations by  
Sarah E. Thomas.

REVISED RULES after 1st pre-testing



THE AIM of this learning game is:-

To assist students to identify with the hopeless set of circumstances in which many women in the community find themselves. To appreciate in a deeper way, the reality of these circumstances. To encourage discussion of factors which influence safe motherhood.

You are provided with:-

The "board",  
7 sets of cards: Large cards: "Hills of Health",  
"Socio-economic swamp",  
"Communication Coastline",  
"X Factor".  
Small cards: "Safety Pass"  
"Safe Motherhood",  
"Maternal Death"

You will also need:-

- A small table for the players to sit around so that they can all easily see and reach the board.
- A dice
- A coloured button for each player.

The game is suitable for from 3 to 6 players.

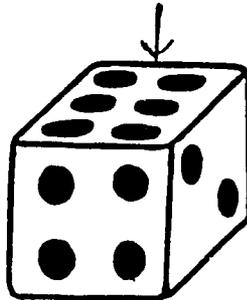
1. Place the board in the centre of the table.
2. Place the 7 sets of cards in piles on the centre of the board. There is a space for each set marked with the same picture as you see on the cards.
3. Let each player choose a different coloured button which they should place on the table in front of them.

Playing the game:

1. Each player in turn must shake the dice once.  
-The aim is to throw a 6.  
-If, after 2 turns, a player does not throw a 6, you may agree to let her start in order to avoid delay.

6 means "PREGNANCY CONFIRMED" so the player now places her button on the corner square marked: START.

2. The player who has thrown the 6 now has another turn. She then moves her button forward the number of squares shown on the dice.

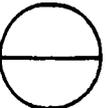


3. If the player lands on a square marked:

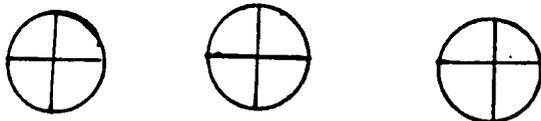
"Hills of Health"  
"Socio-economic Swamp"  
"Communication Coastline" or  
"X Factor"

- she must pick up the matching card from the pile of cards  
-READ IT OUT LOUD so that everyone can hear, then place it with writing uppermost on the table in front of her.
4. Each card has on it a statement and either a + or a - sign

The + sign  indicates the situation is GOOD,

The - sign  that it is BAD or HARMFUL.

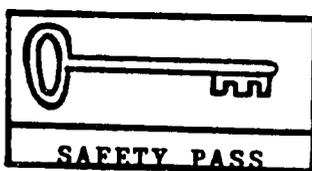
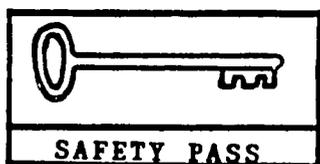
5. A player who has collected 3+ cards should claim a **SAFETY PASS**.



(She must keep all her cards as she will need them for the exercise at the end of the game)

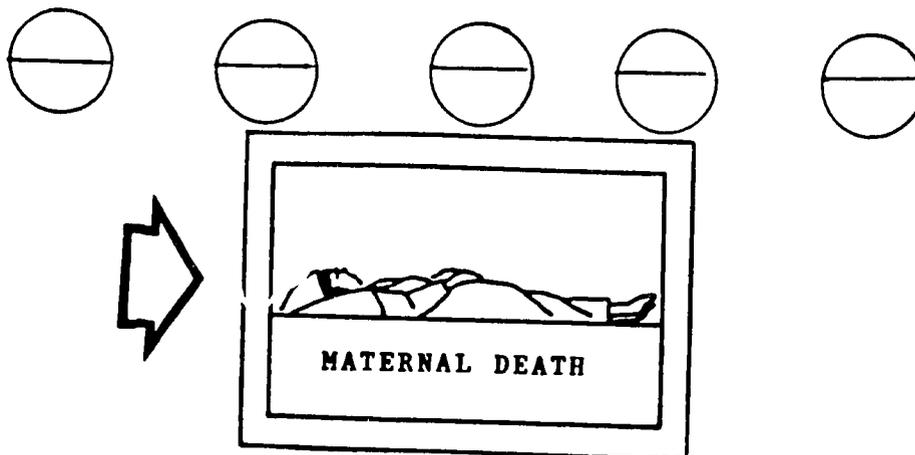
6. A player who has collected 2 SAFETY PASSES should claim a **SAFE MOTHERHOOD** card.

It is the aim of the game to achieve a **SAFE MOTHERHOOD CARD**.



7. BUT if a player holds 5 " -cards":

-she must exchange them for a **"MATERNAL DEATH"** card.  
But it is possible to get rid of some of these " - cards":-

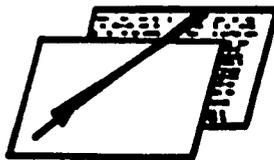


8. It is possible to get rid of some of the negative cards:-  
 -a) by using certain positive cards eg: "you are severely anaemic" can be cancelled by "severe anaemia corrected" or "blood transfusion available".

Each situation must be discussed by all the players who must agree that a negative card can be cancelled by a player.

b) read also the instructions on some of the squares on the board: eg: if a player lands on "MATERNITY WAITING HOME" she may pick up one "SAFETY PASS" and if she lands on "HOSPITAL" she may cancel one of her negative cards. She must act immediately when landing on one of these squares and may not wait until later or change her mind about which card she will cancel.

9. When every player either achieves Safe Motherhood OR reaches Maternal Death, they must then copy down what is written on all the cards they are holding. (This includes cards which have been cancelled and why they were cancelled).



10. After the game: Each player must write down her own story. The stories will be shared with the rest of the group during a tutorial which will be arranged with the tutor.

If the player achieved Safe Motherhood the story should be written as if by the woman in the game.

If the player held a Maternal Death card the story must be written as by a relative or friend.

Using the information on all the cards she held each player should write a profile of the Mrs X in the game giving her a name.

Each player will need to start:

"I/she [name] \_\_\_\_\_ lived in \_\_\_\_\_ then:

eg: I/she was the wife of a poor agricultural labourer, our village was 80km from the nearest health facility. My/her pregnancy was complicated by iron deficiency anaemia and I/she already suffered with a parasitic infection -  
 MALARIA .....

Each player must include all the facts on the cards she holds at the end of the game.  
Other facts may be added to make the story complete providing they make sense and do not deny any facts given on the cards which were held.The facts may be challenged by other players if they do not make sense:eg:a player states that:her anaemia was corrected by blood transfusion BUT she held a card "Health centre has no facilities for blood transfusion"which she was not able to cancel.

ENJOY THE GAME and LEARN THROUGH IT!



WHO/SMI/Ed.Pr/10.91.



WORLD HEALTH ORGANIZATION

SAFE MOTHERHOOD INITIATIVE

EDUCATIONAL PROJECT

A LEARNING GAME:

"WALKING WHERE MRS X WALKED"

Designed by:

Gaynor D. Maclean.

BA RM RGN MTD

[WHO Consultant]

Illustrated by:

Sarah E. Thomas.

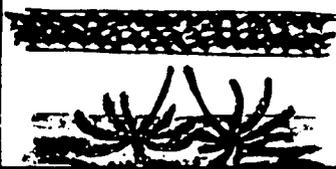
Copyright:WHO: ©

Modified after 1st pretesting:10/91.

HILLS OF HEALTH

MATERNITY WAITING  
HOME: Claim 1 Safety  
Pass on 1st visit!

COMMUNICATION  
COASTLINE

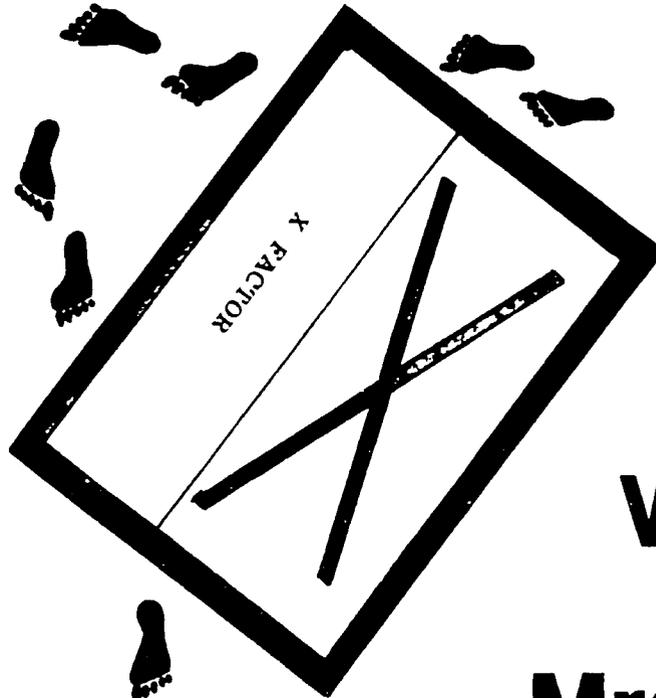


SAFETY PASS



# Walking

## Mrs X



SOCIO-ECONOMIC SWAMP

X FACTOR

HILLS OF HEALTH

FRIENDS' HOUSE  
Rest here for 1 turn

..PREGNANCY  
CONFIRMED! ;



COMMUNICATION  
COASTLINE

FAMILY HOME  
Rest here  
for 2 turns

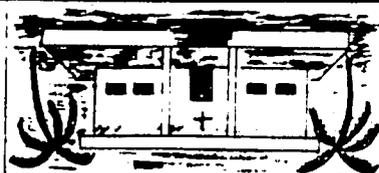
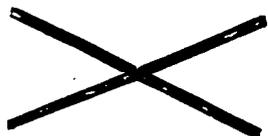
SOCIO-ECONOMIC SWAMP

- when you throw  
a 6.....

X FACTOR

HOSPITAL  
You may cancel ONE of  
your NEGATIVE cards

HILLS OF HEALTH



SOCIO-ECONOMIC SWAMI



Where

Walked



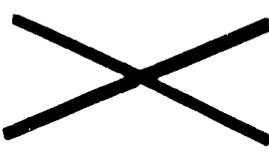
HEALTH CENTRE



COMMUNICATION  
COASTLINE



HILLS OF HEALTH



X FACTOR

TBA'S HOUSE

HILLS OF HEALTH

VILLAGE  
WELL

Mrs. Ogunniyi

The story of how Mrs. X died by her husband Mr. X.

My wife got her 7th pregnancy. I, (Mr.X) had no money to book her in the hospital. I have got a poor job with little money and find it difficult to get our daily bread.

Later she had problems and complaints like vaginal bleeding, feeling very weak but there was no hospital nor clinic in our village. Thereby we had to travel four hours journey before we could get to the hospital also on very rough road.

We set out on the journey and we got delayed by the bushfire but we got over that.

We still continued the journey and we reached another barrier which was a broken bridge.

At last we got to the hospital and there was a new drug supply but there was no equipment in the hospital so the Dr. could not render her any help though she was in the hospital. Caesarian section ought to be done on her for vaginal bleeding in pregnancy but there was no equipment to perform the operation thus she bled to death like that.

### Story on the Game - Safe Motherhood

As I got to the maternity health centre, the health staff welcomed me and they were interested in me. I opened up, I was carrying my 8th pregnancy. Seven children are alive. I didn't expect this pregnancy, but the family planning method I used, failed.

During the ante-natal visit, the health staff took care of me, my problem of shortage of blood was treated with haematinics.

During my delivery, the staff gave me special attention and I had a normal and safe delivery. I and my husband were counseled on a permanent way of family planning to which both of us agreed and it was done on me before I was discharged home, in satisfactory condition.

By: Matilda Olojede (LSS Trainer)

## A Safe Motherhood Story

Mrs. Felicia O. Afolabi

I got married at the early age without any job but to an average man who will be able to cater for me. Ever before I got married, I have decided to have many children who will support me in old age.

My husband was not in support of me on the matter of having many children because he has been told about family planning, yet I refused because of what my grandmother used to say on "Abiku".

I had my second pregnancy, but the death of my child did not allow me to turn up for the clinic because the clinic was about 4 kilometers to our village. I had even forgotten some of the foods we were advised to take during pregnancy so this affects my health, because I could only remember those that my mother used to say are not good for pregnant woman, such as snail, egg, milk and so on. I even used to eat my foods raw without minding any hygienic method and this lead me to have an attack of dysentery which was treated promptly by my mother-in-law who has learned about oral rehydration therapy. Yet, I felt very tired, dizzy and was having headache. My husband then decided to take me down to the hospital, but the only vehicle to take me down was with the mechanic, and so my condition was very, very bad before our arrival to the hospital.

At the course of the prompt attention given to me, I was found to need blood transfusion but there was no blood, and the weather did not allow the hospital ambulance to go to the blood bank in the next town. Fortunately, the weather improved and they were able to go for blood, and the transfusion was done. This led to improvement of my health and consequently to a safe delivery.

It was my own case on diet that prompted our community elites to arrange a seminar on "Diet for all girls in the village to be reviewed in order to improve nutritional status before childbearing age".

## Story of Safe Motherhood

Mrs. F.O. Oguntunde

It was too far for me to walk to midwifery care because it took me 4 hours journey away over the rough road. As I was going, the hospital vehicle developed a puncture so I could not travel further. Fortunately for me the driver has mechanical training and mended the hospital vehicle which conveyed me to the health centre.

On getting to the health centre, I met highly professional staff and I was warmly welcomed and they took a personal interest in me. All investigations were carried out and they detected that I was HIV positive and also had chronic iron deficiency anaemia, which was treated with essential drugs and antibiotics.

Health education was given to me on the type of food to be taking like okro, green vegetables, pepper, etc. When I got home, I explained everything to my family, so they relieved me of the heavy work by giving me some money to buy the necessary food to improve my blood.

With my improved condition of health I got into labour safely, had normal labour, delivery and puerperium.

## Safe Motherhood

Mrs. B.F. Glamiyan (BOSE)

Mrs. X got married and the husband had no relations. Both of them decided to have several children.

One day after having six children, all alive, and she was pregnant again, and suddenly the youngest fell sick with meningitis and died, she could not attend the next ante natal clinic because of the funeral service.

Mrs. X later went to her maternity centre and explained the reason why she could not come to the clinic and the midwives took special interest in her.

Mrs. X is a complete housewife. She had six children. She is very poor and developed severe anaemia and needed blood transfusion. Fortunately the district hospital had newly set up a blood bank and she was transfused.

Few weeks later, the pregnancy has advanced she and fell into labour and was identified to be severely anemic. Again while in labour, she was referred to a bigger hospital. It was in the rainy season but the weather improved and the journey was possible.

She arrived in the hospital, blood transfusion was given and advise in good nutrition. She was sent to the social welfare department after delivery and puerperium where she received training on craft work and was eventually gainfully employed.

She was advised on family planning and she had bilateral tubal ligation.

A Safe Motherhood Story of Mrs. X

Mrs. Grace Momi Arojojoye

Mrs. X Gravida 2, Para 1, alive, premature delivery for the first baby. With this second pregnancy, she had an attack of dysentery, she was taken to the health clinic in her village, the antibiotic drugs ordered for her were not available. She was treated with the oral rehydration therapy her mother-in-law prepared for her and she got better.

In Mrs. X's village, there was a maternity home where she used to receive antenatal care. During her ante-natal visit she was noticed to have low lying placenta and she was booked for hospital delivery.

There was a good referral system in her village as she was about to be transferred to the hospital for the confinement. There was a heavy rain downfall which caused trees to fall on the road thus causing delay in the journey. All communication was cut off due to the weather condition.

With the help of the community people, the bridge was repaired and the travelling was made possible.

Mrs. X got to the hospital, where operation was performed and she had a live bouncing baby boy.

The Sad Journey of Mrs. X

Mrs. E.A. Oderinde (Lady Oderinde)

Mrs. X, a friend, Gravida 7, Para 6+0, did not attend antenatal clinic regularly during her last pregnancy. She had obstructed labour and had caesarian section in a hospital in a city 11 month ago. She developed fever in this pregnancy, to have proper treatment, she has to attend a clinic. She went to a village health centre which was well staffed.

Mrs. X was treated for high fever. Instead of getting better, she was found to have chronic iron deficiency anaemia. She cannot be managed in this village health centre any longer and needs to be referred to an urban hospital. While the arrangements for her referral were going on, there was an information that the stretcher bearer fell on rough ground and had fracture of the right femur. He could neither walk nor carry anything.

Mrs. X has to walk since she said that she will try. On the way to the hospital there was a very big tree blocking the road, nobody could climb this tree, and there was no other road to take her and this caused a great delay. The condition became worse and worse and this led to the death of Mrs. X because she was unable to get to where she can be helped.

## A Maternal Death

Miss Oluwakemi Ajibike Olatunji (Gentle Lady)

My friend Mrs. X was pregnant for the second time. She went to the district hospital to book. During the visit she was told about the necessary foods to be taken i.e. protein, vitamins, iron and folic acid, but due to some taboos concerning food, her diet was deficient in protein.

Fortunately for her, a healthy eating project was started in her village so this made her to improve in her diet. Also a blood bank was set up at the district hospital and she was sent there for some blood test.

During the test she was rated to be HIV positive and some drugs were prescribed for her and her husband was wealthy enough and ready to pay but unfortunately for her, the drugs in stock were out of date and dangerous. Therefore she could not get the drugs prescribed. She was given an appointment to come back to the clinic and for the drugs but her first child had measles and she missed the visit so as to care for her child.

During the time she was taking care of her child she developed problems and was rushed to one of the untrained TBAs who was unable to cope with her problems and before she could be transferred to the district hospital she died.

It was after her death that the community leader decided to raise the age of marriage.

## Safe Motherhood Story

Stella Olaoti Olarimre (De Stella O)

Mrs. X is a Gravida 2, Para 1+0, 1 alive. Her status to produce children was good because she is a working class type. She had a barrier in getting to midwifery care because she cannot walk, but because of the help of the community leader she can get to the centre easily. On getting to the centre she realized that they have a good referral system in the village in case problems arise, and that the staff there are highly professional because she was welcomed warmly and their IPC was good. All their blood for transfusion was screened for AIDS. She realized that the staff raises funds to buy new equipment to save more lives. She got to maternity centre in good time and she delivered safely with the help of the staff who are highly professional and she was discharged home happily with her baby.

## A Safe Motherhood Story

Mrs. G. A. Adedapo

I am gravida 6, para 5, all alive. There was no antenatal care in my village when I got to the 6th pregnancy. The TBA who was attending to me before felt she could not copy with me during this pregnancy, and she decided to send a message to the health provider. The messenger she sent got lost on his way and there was delay before the health provider got to the village.

When the health provider got to the village, she organized antenatal care but unfortunately one of my children got measles and I was unable to attend the clinic because I was caring for my sick child at home, but my family attended and related all the health teachings to me. At that particular time the health provider also organized a family planning clinic and there I was educated on family planning which helped me to limit the number of children.

At times when there were no funds, the staff and my husband raised funds to provide essential drugs and equipment, and facilities were made available for screening of blood for AIDS and so more lives were saved.

Few days later, I was in labour and was well attended to by the health provider. I had a normal delivery of a bouncing baby boy that very day I got to the clinic.

## Why Mrs. X Died

Mrs. Deborah Ayanlola (DEB)

Mrs. X's idea was that one's social life depends on ability to produce children. She was a Para 6+0, all alive. The 6th child was delivered by caesarean section 11 months ago for obstructed labour. After she was discharged, friends advised her to attend literacy classes, which she did.

After the 11th month, she went to the family planning clinic, which failed and caused another unexpected pregnancy. She developed complications. She was taken to the hospital and prompt attention was given to her. Her family supported her and ensured that she had good nutrition.

Mrs. X was a jovial woman so the health centre staff took a personal interest in her. She later had a high fever, which caused a lot of problems. Unluckily for Mrs. X, there was a shortage of essential drugs and as she was to be given blood transfusion too, the blood had to be screened for AIDS. But due to the bad weather and impassable roads, Mrs. X became helpless and she died because she could not get to help.

**MANAGEMENT OF ACTIVE PHASE**

1. **ON OR LEFT OF ALERT LINE**
  - ARM - at any time from 4 cms
  
2. **BETWEEN ALERT AND ACTION LINE**
  - ARM should be done
  
3. **AT OR IMMEDIATELY BEYOND ACTION LINE**
  - 1) Inform Medical Officer for full assessment
  - 2) REHYDRATION: start 500 mls or 1000 mls normal saline or Ringers Lactate or Hartmann's Solution
  - 3) ANALGESIA: 100 mg Pethidine IM or 20 mg Buscopan I.M.
  - 4) ANTIBIOTICS if membranes are ruptured for 12 hours
  - 5) EMPTY BLADDER
  - 6) OPTIONS:
    - a) C/S if fetal distress or obstructed labour
    - b) augmentation if no major CPD: 2 1/2 units in 500 mls N Saline
    - c) supportive management if strong contractions and delivery is near
  - 7) FURTHER REVIEW
    - vaginal examinations: after 3 hours
    - then: 2 more hours
    - then: 2 more hours

If there is NO PROGRESS between any of these examinations it means that delivery is indicated.

THE PATIENT MUST BE DELIVERED WITHIN 7 HOURS AFTER THE ACTION LINE

### **MANAGEMENT OF LATENT PHASE (0 - 2 cms)**

1. NO ARM
2. If still in latent phase after 8 hrs: INFORM M.O.

### **PROLONGED RUPTURE OF MEMBRANES AT 12 HOURS**

- 1) MIDWIVES SHOULD PRESCRIBE ANTIBIOTICS
  - 1) Ampicillin 500 mg qid p.o. x 5
  - 2) Metronidazole 200 mg qid p.o. x 5
- 2) INFORM M.O. for induction if not in labour (see oxytocin regime)

### **OXYTOCIN REGIME**

**DRIP RATE:** START 15 drops per minute. Increase every half hour with 15 drops:  
15-30-45-60 drops.

**AIM:** Achieve four contractions in 10 minutes lasting 50-60 seconds, then continue infusion at that rate.

#### **A. FOR INDUCTION**

- 1) Oxytocin infusion should preferably commence at morning ward round (9-10am)
- 2) Bishop's score should be done
- 3) Oxytocin infusion should be preceded by ARM (if not possible, rupture membranes soon after start of oxytocin infusion)
- 4) **DOSAGE** for induction:  
5 units oxytocin in 500 mls normal saline

Use oxytocin with great caution in the multiparous woman and only under supervision of an experienced MO who has excluded CPD.

\* **N.B.** If not delivered after 8 hours, inform M.O. and prepare for possible C/S.

**B. FOR AUGMENTATION AT ACTION LINE**

- 1) ARM must be done first
- 2) 2 1/2 units oxtocin in 500 mls in Normal Saline

**NOT for BREECH, previous C/S, or GRAND MULTIPARA.**

### MODIFICATION OF BISHOP'S SCORE

---

|                           | 0         | 1            | 2         | 3      |
|---------------------------|-----------|--------------|-----------|--------|
| Cervical dilatation (cm)  | < 1 cm    | 1-2 cm       | 2-4 cm    | > 4 cm |
| Length of the cervix (cm) | 4 cm      | 2-4 cm       | 1-2 cm    | < 1 cm |
| Consistency of cervix     | Firm      | Average      | Soft      | ---    |
| Position of cervix        | Posterior | Mid-anterior | Anterior  | ---    |
| Level of head             | 5/5 - 4/5 | 3/5          | 2/5 - 1/5 | ---    |

A score of 4 and below = Unfavourable for Induction

A score of 5 - 7 = Fair

A score of 8 and above = Favourable

If score is 4 and below but induction is indicated, consult  
a senior obstetrician/gynaecologist

2. DISTRICT HOSPITAL
3. LGA MATERNITY
4. PRIVATE MIDWIFE

Please check whether the information is recorded on the ARA Form and compare management with the Protocol set out in the LSS Manual

Plotting:

Management Appropriate:

1 = yes

1 = yes

Management Appropriate includes referral to

0 = no

0 = no

physician if: (a) Hgb < 8 gms when

9 = Not applicable

9 = NA

registering over 28 wks gestation (b) Hgb < 8 gms on visit and not improved to 8 mgs in 2-3 wks treatment (c) Reflexes hyperactive any visit (d) Blood Pressure over 140/90 or 15 or more points increase in diastolic

| Record Number   | 1  | 2                 | 3  | 4  | 5 | 6 | 7  | 8 | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | to<br>tal | a<br>vg |  |
|---|----|-------------------|----|----|---|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|-----------|---------|--|
| 1. Plots gestational age based on LNMP                        | 0  | ↓<br>not correct  | 1  | 1  | 0 | 1 | 1  | 1 | 1  | 1  | 0  | 1  | 0  | 1  | 0  | 1  | 1  | 0  | 1  | 0  | 1         |         |  |
| 2. Plots up & down single week's line                         | 0  | ↓                 | 1  | 1  | 0 | 1 | 1  | 1 | 1  | 1  | 0  | 1  | 0  | 1  | 0  | 1  | 1  | 1  | 0  | 1  |           |         |  |
| 3. Plots blood pressure, weight, & uterine growth every visit | 0  | ↓<br>1 visit only | 1  | 0  | 0 | 1 | 0  | 0 | 0  | 1  | 0  | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 0  | 0  | 1         |         |  |
| 4. If elevated BP 140/90, checks and records reflexes         | 0  | NA                | NA | NA | 0 | 0 | NA | 0 | NA | 0  | NA |           |         |  |
| 5. Plots growth on proper week gestation                      | 0  | 0                 | 1  | 0  | 0 | 0 | 0  | 0 | 0  | 1  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 1  |           |         |  |
| 6. Checks Hemoglobin first visit                              | 0  | 0                 | 0  | 0  | 0 | 0 | 0  | 0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0         |         |  |
| 7. Checks Hgb every visit until up to 8 gms or 55 %           | 0  | NA                | NA | NA | 0 | 0 | 0  | 0 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0         |         |  |
| 8. Fills history portion of graph completely                  | 1  | 1                 | 1  | 1  | 1 | 1 | 1  | 1 | 1  | 0  | 1  | 1  | 1  | 1  | 1  | 0  | 1  | 0  | 1  | 1  |           |         |  |
| 9. Records drugs ordered/given                                | 0  | 1                 | 1  | 1  | 0 | 1 | 0  | 0 | 0  | 1  | 0  | 1  | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 0  |           |         |  |
| 10. Refers to physician when abnormality noted                | NA | NA                | NA | NA | 1 | 0 | NA | 0 | NA | 1  | NA | 0  | NA |           |         |  |

No ARA in chart - 1

5 visits  
none graphed

4 visits  
3 visits  
no graphing

4 visits  
2 graphed  
1 graphed

3 visits  
2 graphed  
1 graphed  
3 visits  
1 graphed

4 visits  
1 graphed  
4 visits  
1 graphed  
4 visits  
2 graphed  
4 visits  
1 graphed  
2 visits  
1 graphed  
3 visits  
1 graphed

PARTOGRAPH REVIEW

PLACE  
TYPE OF FACILITY:

- NAME OF FACILITY  
 ① STATE HOSPITAL  
 2. DISTRICT HOSPITAL  
 3. LGA MATERNITY  
 4. PRIVATE MIDWIFE

STATE  
*Always Maternity Hospital*

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Please check whether the information is recorded on the partograph and compare management with the Protocol and/or case record:  
 Plotting: 1=yes  
 0=no  
 9=Not applicable (NA)  
 Management Appropriate: 1=yes  
 0=no  
 9=NA  
 Latent phase: Before & at Action line  
 Active phase: On or left Alert line  
 Between Alert line & Ac L.  
 At/beyond Action L.

| Record Number                               | 1  | 2      | 3      | 4      | 5      | 6  | 7  | 8 | 9      | 10 | 11 | 12 | 13 | 14 | 15 | 16        | 17 | 18     | 19          | 20 | Total | Average |  |
|---|----|--------|--------|--------|--------|----|----|---|--------|----|----|----|----|----|----|-----------|----|--------|-------------|----|-------|---------|--|
| 1. Start of Partograph correct              | 1  | 1<br>0 | 1<br>0 | 1<br>0 | 1<br>0 | 1  | 1  | 0 | 1<br>0 | 1  | 1  | 0  | 0  | 0  | 1  | 1         | 1  | 1<br>0 | 1<br>0      | 1  | 16    |         |  |
| 2. Plot cerv. dilat. 4 hrly in active phase | 1  | 1      | 1      | 1      | 1      | 1  | 1  | 0 | 1      | 1  | 0  | 0  | 0  | 0  | 0  | 0<br>5hr. | 1  | 1      | 1           | 1  | 13    |         |  |
| 3. Plot descent of head 2 hourly            | 0  | 0      | 0      | 0      | 0      | 0  | 0  | 0 | 0      | 0  | 0  | 0  | 0  | 0  | 0  | 0         | 0  | 0      | 0           | 0  | 0     |         |  |
| 4. Plot fetal heart at least 2 hourly       | 0  | 0      | 0      | 0      | 0      | 1  | 1  | 0 | 1      | 1  | 0  | 0  | 0  | 0  | 0  | 0         | 0  | 1      | 1           | 0  | 6     |         |  |
| 5. Plot contractions at least 2 hourly      | 0  | 0      | 0      | 0      | 0      | 1  | 1  | 0 | 1      | 1  | 1  | 0  | 0  | 0  | 0  | 0         | 0  | 1      | 1           | 0  | 7     |         |  |
| 6. Complete partograph at delivery          | 0  | 1      | 1<br>0 | 1<br>0 | 1<br>0 | 0  | 1  | 0 | 1      | 0  | 0  | 1  | 0  | 0  | 0  | 0         | 0  | 1<br>0 | 1<br>0      | 1  | 0     | 10      |  |
| 7. Latent phase mgt before 8 hrs            | NA | NA     | NA     | NA     | NA     | NA | NA | 0 | NA     | NA | NA | NA | NA | 0  | NA | NA        | NA | NA     | NA          | NA | NA    | 0       |  |
| 8. Latent phase Mgt at 8 hrs Action Line    | NA | NA     | NA     | NA     | NA     | NA | NA | 0 | NA     | NA | NA | NA | NA | 0  | NA | NA        | NA | NA     | NA          | NA | NA    | 0       |  |
| 9. Active phase on or left Alert L.         | NA | 1      | 1      | 1      | 1      | NA | NA | 0 | NA     | NA | 0  | NA | 0  | 0  | NA | NA        | 1  | 1      | NA          | NA | 6     |         |  |
| 10. Active Phase between AL and Act. L.     | 1  | NA     | NA     | NA     | NA     | 1  | 1  | 0 | 1      | 1  | NA | NA | NA | 0  | NA | 0         | NA | NA     | 1<br>to ARM | NA | 6     |         |  |
| 11. Active phase at/beyond Act L.           | 0  | NA     | NA     | NA     | NA     | NA | NA | 0 | NA     | NA | NA | 1  | NA | 0  | 0  | NA        | NA | NA     | NA          | 0  | 1     |         |  |

12/2/92 24 discharges, only 5 pentographs  
12/8/92 12 discharges, only 3 pentographs  
12/16/92 23 discharges, 2 pentographs  
12/20/92 13 discharges, 4 pentographs  
12/30/92 21 discharges, 7 pentographs

Name: MRS I. D. Adekegbe Date Trained: October 26<sup>th</sup> - Nov 17<sup>th</sup>, 1992Centre where trained: Bauchi Specialist Hospital

## Nigeria LSS Skills Use Record

1993

1993

| Month                                  | Nov/92 - Mar/93 |  |  |
|--|-----------------|--|--|
| 1. Antenatal Risk Assess. Form         |                 |  |  |
| 2. Partograph Labour Forms             | 200             |  |  |
| 3. Active Management of 3rd State      | 120             |  |  |
| 4. Manual Removal of Placenta          | 6               |  |  |
| 5. External Bimanual Compression       | 4               |  |  |
| 6. Internal Bimanual Compression       |                 |  |  |
| 7. Digital Removal Products Conception |                 |  |  |
| 8. Vacuum Extraction                   |                 |  |  |
| 9. Infant Resuscitation                | 10              |  |  |
| 10. Adult Resuscitation                | 4               |  |  |
| 11. Heimlich Maneuver                  |                 |  |  |
| 12. Give Local Anesthesia              | 20              |  |  |
| 13. Repair Mediolateral Episiotomy     | 20              |  |  |
| 14. Repair Median Episiotomy           |                 |  |  |
| 15. Repair Cervical Laceration         |                 |  |  |
| 16. Repair Vaginal Laceration          | 2               |  |  |
| 17. Start Intravenous drip             | 18              |  |  |
| 18. Give rectal hydration fluids       | 1               |  |  |
| 19. Give Intraperitoneal Fluids        | 1               |  |  |
| 20. Give ORS/ORT                       | 48              |  |  |
| 21. Treat PROM                         | 2               |  |  |
| 22. Treat Sepsis                       |                 |  |  |
| 23. Other (specify)                    |                 |  |  |

Name: Mrs. Clara Sanda Date Trained: 26<sup>th</sup> Oct - 17<sup>th</sup> Nov

Centre where trained: Bauchi Specialist Hosp. Bauchi

Nigeria LSS Skills Use Record

199\_\_

| Month                                  | 15 <sup>th</sup> Nov - 15 <sup>th</sup> Dec |  |  |
|--|---|--|--|
| 1. Antenatal Risk Assess. Form         | 25  |  |  |
| 2. Partograph Labour Forms             | 240   |  |  |
| 3. Active Management of 3rd State      | 150   |  |  |
| 4. Manual Removal of Placenta          | 3   |  |  |
| 5. External Bimanual Compression       | 1   |  |  |
| 6. Internal Bimanual Compression       | 2   |  |  |
| 7. Digital Removal Products Conception | —   |  |  |
| 8. Vacuum Extraction                   | —   |  |  |
| 9. Infant Resuscitation                | 45  |  |  |
| 10. Adult Resuscitation                | —   |  |  |
| 11. Heimlich Maneuver                  | —   |  |  |
| 12. Give Local Anesthesia              | 25  |  |  |
| 13. Repair Mediolateral Episiotomy     | 30  |  |  |
| 14. Repair Median Episiotomy           | —   |  |  |
| 15. Repair Cervical Laceration         | —   |  |  |
| 16. Repair Vaginal Laceration          | 3   |  |  |
| 17. Start Intravenous drip             | 50  |  |  |
| 18. Give rectal hydration fluids       | —   |  |  |
| 19. Give Intraperitoneal Fluids        | —   |  |  |
| 20. Give ORS/ORT                       | 200   |  |  |
| 21. Treat PROM                         | 15  |  |  |
| 22. Treat Sepsis                       | —   |  |  |
| 23. Other (specify)                    |   |  |  |

Name: Mrs. M. A. Olojede Date Trained: October 20<sup>th</sup> - Nov. 17<sup>th</sup> 1992

Centre where trained: Bauchi Specialist Hospital

Nigeria LSS Skills Use Record

1993

| Month                                  | Nov 18 - Mar 18, 1993 |  |  |
|--|-----------------------|--|--|
| 1. Antenatal Risk Assess. Form         | 200                   |  |  |
| 2. Partograph Labour Forms             | 10                    |  |  |
| 3. Active Management of 3rd State      | 10                    |  |  |
| 4. Manual Removal of Placenta          | 1                     |  |  |
| 5. External Bimanual Compression       | Nil                   |  |  |
| 6. Internal Bimanual Compression       | Nil                   |  |  |
| 7. Digital Removal Products Conception | Nil                   |  |  |
| 8. Vacuum Extraction                   | Nil                   |  |  |
| 9. Infant Resuscitation                | 2                     |  |  |
| 10. Adult Resuscitation                | Nil                   |  |  |
| 11. Heimlich Maneuver                  | Nil                   |  |  |
| 12. Give Local Anesthesia              | 5                     |  |  |
| 13. Repair Mediolateral Episiotomy     | 5                     |  |  |
| 14. Repair Median Episiotomy           | Nil                   |  |  |
| 15. Repair Cervical Laceration         | Nil                   |  |  |
| 16. Repair Vaginal Laceration          | Nil                   |  |  |
| 17. Start Intravenous drip             | 2                     |  |  |
| 18. Give rectal hydration fluids       | Nil                   |  |  |
| 19. Give Intraperitoneal Fluids        | Nil                   |  |  |
| 20. Give ORS/ORT                       | 10                    |  |  |
| 21. Treat PROM                         | Nil                   |  |  |
| 22. Treat Sepsis                       | Nil                   |  |  |
| 23. Other (specify)                    | Nil                   |  |  |

Name: Comfort Tolosa Akintola Date Trained: Oct 26 - Nov 17

Centre where trained: Bauchi Specialist Hospital

Nigeria LSS Skills Use Record

199\_\_

| Month                                  | NOV 1992 | DEC 1992 | JAN 1993 |
|--|----------|----------|----------|
| 1. Antenatal Risk Assess. Form         | -        |          |          |
| 2. Partograph Labour Forms             | 62       |          |          |
| 3. Active Management of 3rd State      | 35       |          |          |
| 4. Manual Removal of Placenta          | 3        |          |          |
| 5. External Bimanual Compression       | 5        |          |          |
| 6. Internal Bimanual Compression       | -        |          |          |
| 7. Digital Removal Products Conception | -        |          |          |
| 8. Vacuum Extraction                   | -        |          |          |
| 9. Infant Resuscitation                | 15       |          |          |
| 10. Adult Resuscitation                | 1        |          |          |
| 11. Heimlich Maneuver                  | -        |          |          |
| 12. Give Local Anesthesia              | 6        |          |          |
| 13. Repair Mediolateral Episiotomy     | 6        |          |          |
| 14. Repair Median Episiotomy           | -        |          |          |
| 15. Repair Cervical Laceration         | -        |          |          |
| 16. Repair Vaginal Laceration          | -        |          |          |
| 17. Start Intravenous drip             | 5        |          |          |
| 18. Give rectal hydration fluids       | -        |          |          |
| 19. Give Intraperitoneal Fluids        | -        |          |          |
| 20. Give ORS/ORT                       | -        |          |          |
| 21. Treat PROM                         | -        |          |          |
| 22. Treat Sepsis                       | -        |          |          |
| 23. Other (specify)                    | -        |          |          |

Name: MRS E. O. FEDISI

Date Trained: 26<sup>th</sup> October - 17<sup>th</sup> November

Centre where trained: BACHU

Nigeria LSS Skills Use Record

199\_\_

|  | Month                |  |  |
|--|----------------------|--|--|
|  | July 1992 - March 93 |  |  |
| 1. Antenatal Risk Assess. Form         | 20                   |  |  |
| 2. Partograph Labour Forms             | 30                   |  |  |
| 3. Active Management of 3rd State      | 10                   |  |  |
| 4. Manual Removal of Placenta          | 2                    |  |  |
| 5. External Bimanual Compression       | —                    |  |  |
| 6. Internal Bimanual Compression       | —                    |  |  |
| 7. Digital Removal Products Conception | —                    |  |  |
| 8. Vacuum Extraction                   | —                    |  |  |
| 9. Infant Resuscitation                | 20                   |  |  |
| 10. Adult Resuscitation                | —                    |  |  |
| 11. Heimlich Maneuver                  | —                    |  |  |
| 12. Give Local Anesthesia              | 3                    |  |  |
| 13. Repair Mediobilateral Episiotomy   | 3                    |  |  |
| 14. Repair Median Episiotomy           | —                    |  |  |
| 15. Repair Cervical Laceration         | —                    |  |  |
| 16. Repair Vaginal Laceration          | —                    |  |  |
| 17. Start Intravenous drip             | —                    |  |  |
| 18. Give rectal hydration fluids       | —                    |  |  |
| 19. Give Intraperitoneal Fluids        | —                    |  |  |
| 20. Give ORS/ORT                       | 50                   |  |  |
| 21. Treat PROM                         | —                    |  |  |
| 22. Treat Sepsis                       | —                    |  |  |
| 23. Other (specify)                    |                      |  |  |

**CONTACT LIST**

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Mrs. Akinwale, Chief Matron, Adeoyo Hospital  
Mrs. Onipede, Mrs Fadare, Matrons, Adeoyo Hospital  
Dr. S. Franklin, Consultant Obstetrician/Gynecologist, Adeoyo Hospital  
Drs. Adediran Adeoye, Adeoyo Hospital  
Mrs. C.F. Akindele, Matron Labor and Delivery Ward, Adeoyo Hospital, Chief LSS Trainer  
Mrs. E.F. Oyediji, Principal, Midwifery School, Adeoyo Hospital, LSS Trainer  
Mrs. E.I. Apatira-Jawando, Hospital Secretary, Adeoyo Hospital  
Matrons and Midwifery Staff, Maternity Unit, Adeoyo Hospital  
Mrs. Jumoke Adekogba, LSS Trainer  
Mrs. Clara Sanda, LSS Trainer  
Mrs. Matilda Olojede, LSS Trainer

**PHYSICIANS ATTENDING CONTINUING EDUCATION WORKSHOP**

Dr. J.K. Fahm, Jericho Nursing Home, Ibadan  
Dr. (Mrs.) B.O. Adeyemi, St. Peter's Maternity Hospital, Aremo (Video)  
Dr. B.T. Kasika (Video), Maternal & Child Health Centre, Apata (Video)  
Dr. B.V.A. Bello (Video), World Bank Scholar, Adeoyo Maternity Hospital,  
Qrt 55, Jericho Nursing Home Compound  
Dr. L.O. Odesanmi, State Hospital, Iwo  
Dr. S.N.N. Ibeh, State Hospital Ilesa  
Dr. Anibasa O.F., State Hospital Eruwa, Oyo State  
Dr. Ogundiran, State Hospital, ILE-IFE, Osun State

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Mrs. Comfort Foluke Akindele, Matron, Adeoyo Maternity Hospital  
Mrs. Matilda Olojede, Nursing Sister, Adeoyo Maternity Hospital

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