

## ANGAU MEMORIAL HOSPITAL REDEVELOPMENT PROJECT

### Brief for the support of the Clinical Services Program - Midwifery education advisors, August 2021

#### Background

A Joint Understanding on Further Bilateral Cooperation on Health, Education and Law and Order was agreed between Papua New Guinea (PNG) and Australia in July 2013, commencing the reconstruction and redevelopment of the then-named ANGAU Memorial General Hospital.

Following the 2019 inauguration of the Morobe Provincial Health Authority, this health facility has now been named the ANGAU Memorial Provincial Hospital (ANGAU Hospital) and the ANGAU Master Plan was completed in 2015, providing a framework for health changes, including a system-wide reconfiguration in alignment with the PNG National Standards and Key Result Areas.

Johnstaff International Development (JID) were engaged by the Department of Foreign Affairs and Trade (DFAT) in 2017 as Project Manager Contract Administrator (PMCA) for the ANGAU Hospital Redevelopment Project.

The WHO Collaborating Centre at the University of Technology Sydney (WHO CC UTS) is working with JID, in partnership with the PNG National Department of Health (NDOH), DFAT, University of PNG (UPNG) and other key stakeholders to provide a clinical support program (CSP) for the redevelopment of ANGAU Memorial Hospital. Specifically, the WHO CC UTS developed a detailed scoping brief for training requirements for the birthing suites and paediatrics services at ANGAU Hospital.

Since the development and opening of this new birthing unit requires a new and different way of working, it is necessary to upskill the workforce in this facility in order to prepare them for this new environment.

The resulting data collected for the scoping assessment of training requirements for the new birthing suites

indicated that Birthing Unit staff members would benefit from adapted Essential Obstetric Care (EOC) and Emergency Obstetric Care (EmOC) programs developed by the Reproductive Health Training Unit (RHTU). EOC covers respectful care, antenatal care, indications for referral, normal and abnormal labour and birth, early deterioration of mother and baby post-delivery, and immediate and early post-birth care. EmOC covers respectful care, all four stages of labour (normal and abnormal), including care of the baby, prevention, recognition and management of common obstetric emergencies including postpartum hemorrhage, shock from any cause, severe pre-eclampsia and eclampsia, sepsis, neonatal emergencies including prolapsed cord, suspected fetal compromise, shoulder dystocia, undiagnosed twins and breech delivery.

The programs include practical elements such as clinical scenario based role plays, and interactive learning quizzes with team work, communication and problem solving.

The adapted EOC and EmOC programs would cover many of the areas outlined by the participants in the agreed recommendations, including workflow assessment, call bell and support person protocols and planning for new facilities. WHO CC UTS is also working collaboratively with JID and Catalpa to adapt online courses and make them accessible on mobiles via the Canoe online platform. The course is comprised of three modules: Room Readiness, Leadership in Midwifery, and Respectful Maternity Care (RMC). These modules were developed by Prof. Kathleen Baird, Dr Vanessa Scarf and A/Prof. Lin Lock, members of the UTS Midwifery Educator Advisors team.

#### Activities to date

Since the end of June 2021, WHO CC UTS, in collaboration with JID Australia, has worked closely with four midwives acting as educational advisors at ANGAU Hospital and Port Moresby General Hospital to implement and deliver the EOC and EmOC training programs.

Upon their arrival at PNG, the midwifery education advisors prepared a revision and refinement of EmOC



and EOC training programs to fit the needs of the hospitals.

From the 15<sup>th</sup> of July until the 13<sup>th</sup> of August, 20 EmOC trainings were conducted at ANGAU hospital by the midwifery educators, and 259 multidisciplinary health workers have participated. Educators at Port Moresby General Hospital provided EmOC and EOC to more than 60 participants, who have each individually attended 40 hours of training.

*Australian medical experts working at PNG.*

## Emergency Obstetric Care (EmOC) program

### Day 1

In mid July, midwifery educators Heather Gulliver and Lisa Peberdy delivered one of the modules of the EmOC program. Midwife educators Phoebe O’Carrigan and Jane Menke also delivered the EmOC program at Port Moresby General Hospital.



*Jane and Phoebe deliver EmOC training at Port Moresby General hospital.*

The birthing suites staff at ANGAU hospital and port Moresby general Hospital were introduced to the program and watched a presentation that covered the main maternal issues in PNG.

Participants also watched a presentation on preventing and identifying shock in its early stages and then revised the principles of management of shock in obstetric patients. The first day ended with a lecture on essential newborn care and neonatal resuscitation.



*Phoebe facilitates the neonatal resuscitation skills training at Port Moresby General hospital.*

### Day 2

At the beginning of day 2, participants learned about the most common errors in estimating blood loss and the main reasons for bleeding in pregnancy.



*Day 2 presentation at Port Moresby General Hospital – estimating blood loss.*

Participants had the opportunity to practice managing third stage labour, postpartum hemorrhage and manual removal of the placenta.



*Simulation of postpartum hemorrhage at ANGAU hospital.*

In the last session of day 2, the staff watched a presentation on puerperal sepsis. Learning objectives covered:

- Knowing the common body sites of puerperal sepsis and predisposing factors
- Identifying opportunities for prevention
- Identifying signs and symptoms of sepsis and septic shock and principles of management

### Day 3

The third day of the EmOC program started with a lesson on the management of Eclampsia and Severe Pre-Eclampsia. Participants learned how to provide first aid, prevent seizures, stabilize, perform the delivery and monitor the patient.

The following session covered the management of fetal emergencies such as fetal distress, cord presentation and prolapse, and shoulder dystocia.

The subject of the last session of the day was neonatal emergencies, and the learning goals were to learn how to properly manage breeches and deliveries of twins.



*Discussion among participants at ANGAU hospital.*



*Simulation of breech at Port Moresby General Hospital.*

### Day 4

On day 4, participants revised the Stages of Labour, learned about the care & observations to assess the labour progress, understood the rules of safe progress and practised using PNG partograph to be able to tell if the mother & baby are well & that the progress is normal.

They were reminded on how to identify abnormal labour and when to refer the patient.

During the last session of the day, the birthing suites midwives watched a presentation on how to perform vacuum extraction and participated in a practice exercise afterwards.

### Day 5

The last day of the EmOC program consisted of a written exam and a practical skills assessment. In the afternoon, participants received their results and feedback from the midwifery educators.

## **Essential Obstetric Care (EOC) program**

### Day 1

The first day of EOC course started with an introduction to the EOC course and its teaching objectives. Some of the teaching objectives are to improve health worker knowledge, attitudes and skills related to antenatal care, essential care in labour and essential postnatal care.

The second presentation on day 1 covered the main maternal health issues in PNG. The presentation focused on the main causes of maternal death and how to prevent it.

The presenters highlighted the importance of supervised labour and delivery, and its correlation to better outcomes for baby and mother. The presentation also outlined the phases of more significant risk for women during pregnancy, and emphasized negative health outcomes that delaying care can cause.

After a short break, participants were invited to think about their attitudes towards patients and consider changes that could help facilities in providing respectful maternity care. They then participated in a quiz and were encouraged to provide feedback to fellow staff members.

The last presentation of the day covered antenatal care and its benefits. As part of the learning goals, the attendees watched a presentation on how to prevent, identify, and treat problems that might already exist, early detection of common pregnancy complications, plan for a supervised facility delivery, provide antenatal counselling and conduct family planning. The participants had a chance to refresh their knowledge pertaining to conducting first antenatal visits and which questions to ask.

### Day 2

On day 2, the learning objectives were to discuss “every opportunity” antenatal visits, becoming familiar with the PNG Obstetric and Gynaecology Standard Treatment Manual and how to use it for antenatal care, discussing General and Obstetric examination, knowing relevant tests and treatments in PNG, choosing useful antenatal care education topics, know the antenatal danger signs, subsequent antenatal visits.

As a practical activity, participants designed a group antenatal education session about sex during pregnancy.

Later in the day, participants watched a presentation about identifying and managing anaemia, managing miscarriage, high blood pressure during pregnancy and managing referral/transfer to another unit.

At the end of the day, attendees revised the stages of labour, the care and observations to be provided,

understood rules of safe progress in labour, used the PNG Partograph to assess if the mother and baby are well and that the progress is normal. They also reviewed the 3 questions to be asked after every set of observations and how to identify when the labour is abnormal and when to refer the patient.

### Day 3

The main learning objective for the first presentation on day 3 was informing attendees on how to use PNG’s Standard Treatment Manual to help solve pregnancy and labour complications.

The second presentation on day 3 focused on reviewing harmful practices, knowing what to have ready for every birth, describing routine care at birth for PNG newborns, describing basic neonatal resuscitation, assessing equipment requirements, knowing the ‘30 second cycle’ for assessment, exploring decision-making, and demonstrating technique for effective ventilation.

The last session on day 3 covered the third stage of labour and common issues that may occur during this stage. The presenters explained the importance of the Active Management of the Third Stage of Labour (AMTSL) in preventing post-partum hemorrhages.

### Day 4

Day 4 started with a session on the 4<sup>th</sup> stage of labour & post-natal care in PNG. The main learning objectives in this sessions were:

- Defining the “4<sup>th</sup> stage of labour”
- Identifying the differences between “taking observations” and “providing care”
- Defining the minimum care and observation requirements for post-natal newborn care in PNG
- Identifying the post-natal danger signs and symptoms for PNG women and newborns
- Being able to use a pre-discharge checklist

The presenters highlighted the importance of the 4<sup>th</sup> stage of labour for mother’s and newborn’s health, and stressed the need for post-natal care and education before discharge. The presenters also spoke about the post-natal period and the importance of teaching mothers how to identify normal and abnormal development signs, danger signs for woman and baby, managing issues at home and getting the family involved in maternal and child health.

During this session, attendees watched an explanation of why the first six hours post-partum are of great risk for both mother and baby, and what are the main complications which occur in that window. The attendees were then invited to reflect on the differences between taking observations of mother's and newborn's health statuses and providing post-natal health care. Attendees were then instructed on which are the minimum observations that should be carried out for both mother and baby in the first 6 hours post-partum.

The presenters then discussed the best course of action for fever after childbirth management. They also discussed common problems for the newborn, including: feeding problems, sepsis, and jaundice.

The second session on day 4 covered family planning and contraception issues in PNG. Some of the learning objectives for the this session were:

- Identifying the differences between "Family Planning" and "Contraception"
- Knowing the effectiveness of the different methods available
- Considering some of the Advantages & Disadvantages of FP in PNG
- Knowing some accurate facts about Family Planning & Contraception

The participants were invited to discuss their definitions of family planning and contraception. They were then informed regarding various contraceptive methods and their effectiveness. Participants discussed the advantages of family planning and modern, effective methods of contraception in PNG for women, babies, families and communities, such as:

- Reducing the risk of pregnancy related complications and death associated with it
- Avoiding the risk of unwanted pregnancy and unsafe abortion
- Reducing risk of teen pregnancy
- Reducing Infant deaths by: spacing birth to more than 2 years and delaying births until maternal age greater than 18 years

### Day 5

The last day of the EOC program consisted of a written exam and a practical skills assessment. In the afternoon, participants received their results and feedback from the

midwifery educators.



*Participants receiving their EOC certificates at ANGAU.*

### **Canoe online birthing courses**

The Room Readiness module is completed and ready to be launched in September. The UTS midwifery educators team is reviewing the Leadership in Midwifery and Respectful Maternity Care Course.



*Meeting between WHO CC UTS team and Catalpa.*

## Midwifery education advisors and secretariat

### *Midwifery education advisors*

<b>Names</b>	<b>Institution/Hospital</b>
Phoebe O’Carrigan	JID/PMGH
Jane Menke	JID/PMGH
Lisa Peberdy	JID/ANGAU
Heather Gulliver	JID/ANGAU

### **Secretariat**

Michele Rumsey	Director Faculty of Health WHO CC UTS
Lin Lock	Academic and Research Leader Faculty of Health WHO CC UTS
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Kathleen Baird	Professor Midwifery Faculty of Health WHO CC UTS
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