

**Operational Guidelines for Basic
Emergency Obstetric Care Training Under
NRHM, RCH-II**

July 2008

**Directorate of Family Welfare
Department of Health and Family Welfare
Swasthya Bhawan, Jaipur**

Training of Medical Officers/ Supporting Nursing Staff:
Administrative Guidelines

Background:

Rajasthan is a state with high Maternal mortality ratio, though various interventions have been planned and implemented and MMR has shown a declining trend, however current trends are far from achieving Millennium Development Goals. It is quite evident that all pregnant woman are at risk, life threatening complications occurs before, during and after delivery. They are neither predictable nor preventable, however if they are identified and addressed timely and if the basic and comprehensive emergency obstetric services are provided to all the pregnant women nearer to their homes, most of the maternal deaths can be averted. Early identification, initiation of early treatment and timely referrals are the crucial component for success of any maternal health intervention. Therefore it is imperative to impart the knowledge and skills of early identification, onset of complication and initiation of treatment to all the health functionaries of the State. For ANMs/ Staff nurses and MBBS doctors posted at the 24*7 PHCs/ CHCs training on identification and management of complications and management of normal labour is being conducted. These guidelines are developed for addressing the operational issues related to these trainings.

Objectives of Training Programme:

1. To strengthen the knowledge and skills of MBBS doctors of identified institutions to identify and manage common obstetric complications
2. To orient participants on the concepts and components of Basic Emergency Obstetric care.
3. To orient the Medical officers and the Staff/ LHV on MIS required to track the progress in Basic Emergency Obstetric Care facilities.

Criteria for selection of MOs /SNs /LHVs/ for the training:

A team of Medical Officer and Staff Nurse/LHV working at identified health institutions shall undergo a training programme at the district hospital. The criteria for the selection are as follows;

1. The health service providers who are selected for the training should preferable be providing services for normal delivery.
2. The health service providers should be staying at the headquarters
3. The identified health institution should be a primary health centre preferably 24*7 Centre where gynaecologists is not available.
4. The batch size will be two teams, one from each of the identified institution. Each team will consist of one Medical Officer and one Staff Nurse /LHV/ ANM.
5. In case specialist doctors (except OB & GY specialists) at identified facilities are interested to undergo this training, they can be considered depending on case load or availability of medical officers at the institution.

A list of MOs /SNs/ LHVs/ ANMs selected for training in BEmOC will be prepared in every district by the CMHO/RCHO/DPM concerned. The CM&HO of respective districts will issue orders of deputation for the training.

Training site and Duration:

This training will be a residential training of fifteen days. Trainees shall stay within the hospital premises if possible or at convenient place near the hospital, that they are easily accessible when they are called to attend emergency cases. The training programme will be conducted at the district Hospital/ Medical college hospitals which have sufficient case load for hands on experience and skill enhancement for BEmOC.

1. Reorientation of identified key facilitator of district Hospital / Medical college hospitals will be done at the State level.
2. The team will consist of one specialist and staff nurse /LHV incharge of labour room. They will be the key trainers for training in BEmOC for the concerned districts.
3. The criteria for the selection of the trainers will be
 - a. Should be qualified gynaecologists
 - b. The staff nurse should be the nurse from the labour room
 - c. Should be willing to practice evidence based interventions
 - d. Should have undergone orientation

The key trainers will identify and orient co- trainers, i.e. specialists /MO working in the maternity ward. Similarly, staff nurse /LHV trained in consultation with Key trainer will identify and orient co- trainers, i.e., Staff nurse /LHV working in maternity ward. It will facilitate Philosophy of the training teams. These co- trainers will be responsible for imparting hands on training to the trainees in case management for conducting normal delivery, identifying complications and their management. Thus district training team will be responsible for imparting all the skills required for providing BEmOC services to the trainees.

Attendance :

100% attendance would be necessary during entire duration of (fifteen days) training, no causal leave will be granted during the training. In cases of an emergency /unavoidable circumstance PMO of respective hospital will take a decision according to the situation, if the trainee has to take leave, his/her training will be extended for those many days.. In such a case, the candidate will have to join the same training or a later training for those many days to be declared as having successfully completed the training course.

While every effort shall be made in selecting the right candidate, if trainers find that any trainee is not taking interest in the training then the PMO will take a decision in consultation with CMHO, RCHO and Key trainer for the candidate. The same has to be mentioned in the service record of the candidate , after being reasonably certain of the facts. In such a case, no certificate will be issued to the candidate and TA/DA for the number of days of stay will be given to the candidate.

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Monitoring and Management of training quality

Reproductive and Child Health Officer in consultation with PMO of the respective District Hospital will develop a calendar of BEmOC training latest by 15 August 2008. The RCHO will be assisted by District Child Health Coordinators/ DPM (where district child health coordinators are not available.) in developing calendar. RCHO will also prepare a list of institutions from where Doctor are to be trained for the complete year. The participants should receive official letter at least one week before date of initiation of training.

The Principal Medical Officer in consultation with unit head of Gyne./Obs will prepare and forward the training schedule (model training schedule as annexure 1) to the training cell of the Directorate well in time. The Principal Medical officer will undertake monitoring visits at the training site and interact with trainers and trainees regularly during the training period. A team of officials from Directorate/ SIHFW/ representative of the identified development partners like UNICEF and UNFPA will visit the district & observe the ongoing training programme. In the initial stages more than one visits can be made.

A checklist for monitoring BEmOC training programme has been developed and attached as annexure -2. The supervisors will fill these checklist at training sites and submit to the Director RCH / SIHFW along with the visit report and follow-up actions. For post training follow-up, once in three to six months, the key facilitator/ CMHO/RCHO/ Officials from Joint Directorate/ Directorate should visit the BEmOC centre to interact with trainees (both MO and nurse) on problem areas, continuing medical education and also facilitate them to do timely referral (check list for monitoring BEmOC performance –annexure-3). Thus every quarter an interactive meeting of the trained BEmOC personnel (Medical Officer and LHV) and facilitators (both key and co-facilitators) should be organised to facilitate positive reinforcement and problem solving. The CM&HO/ RCHO will provide vehicle for mobility with in District.

Management of Training programme

- The key facilitators should orient all co-facilitators (doctors and nursing staff) ahead of the organization of training programme, so that there is common understanding about training design and every one is briefed about the responsibilities.
- The CMHO /RCHO /DPM/ District Maternal and Child Health Coordinator should make at least three visits during the training (one on first day, second after first week and last visit on 14th day of training) to address emerging problems.
- The RCHO will ensure availability of training module/ material to the trainees on the very first day of training.
 - The key facilitator will ensure that the following records are to be maintained during each training.
 - A training schedule (date wise indicating assignment of duties) which may not necessarily follow as what has been spelled out in

facilitators guidelines. A duty schedule is attached as annexure-4. This should be Shared with trainees.

- Record of all cases/procedures which are observed or conducted / assisted by the trainee to be maintained. (Daily dairy –in the format attached at annex -5).
- The key facilitator will make pre and post training evaluation of each trainee (model question and answer sheets annexure-6)
- After completion of training, key facilitator should submit a training completion report to RCHO and all records with in three days after training programme with following details:
 - The details of the training which includes the sessions plan and the methodology
 - Observations on acquisition of skills as per certification criteria for each trainee in tabular form
 - Comments in case trainee need more exposure to acquire some specific skills
 - The RCHO will use this report as a basis for the certification of trainee.

Norms for payment:

Fund Flow:

District Health Society will release the payment towards the honorarium of the trainers and the trainees and also for the arrangements for the training. The RCHO/ PMO will be responsible for submitting the expenditure to the District Health Society. DAM will assist RCHO in all financial matters pertaining to training.

Budget Guideline for one batch of BEMOC Training:

S. No.	Description	Amount (In Rs.)
1	Honorarium to Trainer Key Facilitator Doctor @ Rs. 400 per day*15 days) Co Facilitator Doctor @Rs. 300* per day*15 days) Key Facilitator labor room nurse @ Rs. 200* per day*15 days) Co Facilitator labor room nurse Rs. 175* per day* 15 days	6000 4500 3000 2625
2	Honorarium to Trainee Doctor @ Rs. 200*2 participants *15 days) Staff Nurse/ANM/LHV @ 150 *2 participants*15 days)	6000 4500
3	Contingency (Teaching material Consumables, miscellaneous expenses	2000
4	TA for participants (As actual)	2000
5	Boarding & Lodging (@ 200 Rs. per day per participants) 200*4 participants*15 days	12000
6	Working Lunch @ Rs 75/- per participants per day	5000
	Grand Total	47625

- Boarding and Lodging payment should be given to participant if hostel facility is not available/ could not be provided by training centre.
- DPM is responsible to collect Utilization certificate from PMO on completion of one batch of BEmOC training should be submitted to Directorate, within 3 days of completion of training.

N.B.: Extraordinary /unavoidable/ special circumstances, if a trainee taken a day-off/ causal leave, then the DA for that period will not be permissible to him/her. PMO and CM&HO will make arrangements for the stay of the trainees within the hospital premises. Staff nurse /LHV will be made to stay in ANM training centre. if this centre is located near the district hospital.

Training material:

- Regarding Material: The training manual prepared by MOHFW in consultation with GOR will be used for the training. Protocol standards can be used as training aids.
- **Certification**
On successful completion of the training, the key facilitator will issue a certificate. The printed certificate will be issued by CMHO /RCHO on the basis of report of key facilitator concerned. For certification of paramedical staff, the Key facilitator would be responsible for assessment of core competence and would issue the certificate.

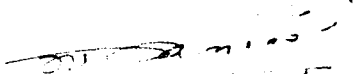
Minimum number of obstetric cases to be completed during the training period:

- Conduct five normal deliveries
- Assist in management of one case of eclampsia and manage one such case.
- Assist in management of two cases each of retained placenta, APH and PPH and independently manage two from each category.
- Assist in two uterine evacuations and perform two evacuations by MVA syringe.
- Management of two cases of birth asphyxia.
- **Minimum five night attachments in the district hospital.**


Director RCH 8/7/08

CC for information and necessary action for

- 1 Mission Director NRHM
- 2 Director (SIHFW) Additional Director (FW)
- 3 Joint Director Zones
- 4 All CMHOs/RCHOs/DPMs
- 5 All PMOs


Director RCH 8/7/08